



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

Date & Time: December 11, 2025 / 11:30 to 2:00 PM PT

Conference ID: Teams Meeting

Agenda Item	Discussion	Action Item	Responsible Party	Target Date
Call to Order	Meeting called to order by Dr. Scott Howell at 11:33 PM PST on December 11, 2025.		S. Howell/D. Stidham	
A. Previous Minutes				
Review of meeting minutes:	The team reviewed the previous meeting minutes, specifically the section related to MPC, to clarify the origin of an action item. Sandra Holzner explained that call center metrics for Part C and Part D are currently aggregated into a consolidated report, but Donna Stidham emphasized the need to understand performance by each part for management purposes. It was agreed that beginning in 2026, reports will be updated to segregate metrics by Part C and Part D. Melissa Ramos noted that separating these metrics requires reviewing individual queues, which can be cumbersome, as call handling is highly blended between Member Services and other teams. Anthony Dao added that while calls are routed through the phone tree, staffing overlaps impact performance, making segregation challenging. Tiffany Jarrett confirmed that differentiation is based on phone tree options, and Melissa clarified that this is primarily an internal reporting process. After discussion, the group acknowledged the complexity but agreed to implement segregation in future reporting. Finally, a motion was made by Cassandra Gomez to approve the September meeting minutes, seconded by Anthony Dao, and the motion carried.	Call center metric reports beginning in 2026 will be updated to segregate metrics by Part C and Part D.	S.Holzner/A.Dao / M.Ramos	
B. Action Item Log				
Action Items Plan Review	The meeting began with a review of action items. Joshua Duque noted the first item, originally assigned to Aaron, should be corrected to Anthony Dao, who will review DHCS-specific coverage criteria as they are released and update clinical guidelines accordingly. Tiffany Jarrett suggested maintaining an Excel-based action item tracker next year to include notes and due dates and they are to go into report manager. She also clarified that the first item will be reviewed at UMC and removed from the action	Coordinate scheduling of all facility meetings (e.g., MPC, UMC, Credentialing, etc.) so they occur prior to QIHEC, and ensure QIHEC happens before EOC.	A. Dao/ M. Hendricks/ E. Beneche/ T. Dubuisson/ S. Howell/ E. Yebelay/ S.	



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	<p>item list once completed and reflected in the minutes forwarded to QIHEC. The next item involved reviewing call center metrics, initially attributed to Sandra Najuna but corrected to Sandra Holzner. Discussion revealed that these metrics relate to CMS compliance for pharmacy and Member Services and are typically reviewed in MPC as part of Melissa Ramos’ presentation. Since all metrics have been met, the group agreed to revisit previous minutes for clarification. Sandra requested more context for action items ahead of meetings to ensure accurate reporting. Tiffany and Donna emphasized the need for committees to distribute action items within a week of meetings and suggested monthly reminders until completion. Sandra proposed using Report Manager for tracking, which was agreed upon by the group. The next action item presented was directed to Emelyne and Tamarra to review why UM was a top-trending issue for both PHP and PHC and prepare proposed interventions for discussion at the next meeting.</p> <p>The discussion then shifted to provider confusion regarding authorizations and referrals. Tamarra Dubuisson noted ongoing confusion, and Emelyne Beneche confirmed that most issues stem from providers not knowing whether a referral is needed, despite receiving bulletins stating no authorization is required. Tiffany suggested adding a clear section on the website listing services that require prior authorization and those that do not, making it easily visible to providers and members. This was agreed upon as an action item for Matthew Hendricks. Tiffany also confirmed that this particular item can be marked as closed once implemented.</p> <p>Additional action items were reviewed: Scott Howell will develop and present case studies for high-cost members, detailing utilization management and quality interventions, to be submitted to the Utilization Management Committee and documented in UMC minutes. Scott agreed to prepare initial case studies for the upcoming UMC meeting and continue quarterly submissions. Ermias Yebelay will create internal surveys to gather actionable member feedback ahead of the official CAHPS survey, ensuring demographic data is included for better follow-up.</p>	<p>Action Items are to be put back on a spreadsheet for annual tracking and imported into report manager so monthly reminders can be sent out.</p> <p>Matthew Hendricks to add a clear section on the website listing services that require prior authorization and those that do not, making it easily visible to providers and members and if there are any additional questions please contact UM.</p> <p>Joshua Duque to discontinue use of outdated VLS reports and adopt the new LabCorp-based report for accurate tracking.</p>	<p>Najuna/ M. Hobbs/ J. Duque</p>	



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	<p>Ermias confirmed alignment with the CAHPS survey and ongoing work on the demo version.</p> <p>The final discussion focused on viral suppression reporting. Joshua Duque explained that he, Sandra Najuna, and Maria Hobbs ran and compared reports, revealing discrepancies in population size between BI portal metrics and Ryan White metrics. BI portal accounted for only 16% of the population, while Athena reports showed 13% for PHC and 8% for PHP. Tiffany added that she and Josh worked with IT (Kamal and Xing) to create a new report using LabCorp data, including viral load suppression and CD4 counts, which will replace the inaccurate previous reports. The new report will be used moving forward for PHP and PHC. The older report showed only 60–70% suppression and covered a small subset of members, while the HAB measure report does not delineate between plans. The team agreed to discontinue use of outdated reports and adopt the new LabCorp-based report for accurate tracking.</p>			
C. New Business				
LTC QAPI/ Summary	<p>Tiffany Jarrett noted that the QAPI program is not a complete duplicate of the general quality program but shares many similarities, with minor nuances required by DHCS. She requested a motion to approve the program since it had not previously come before the committee. Donna Stidham moved for approval, and Sandra Holzner seconded the motion. Tiffany then introduced Ermias Yebelay for a brief presentation on QAPI. Ermias explained that QAPI merges quality assurance and performance improvement into a comprehensive, ongoing program guided by QIHEC to improve quality and safety in long-term care. He highlighted its focus on clinical care, quality of life, and evidence-based practices, noting the complexity and high-risk nature of skilled nursing facilities. Ermias outlined key monitoring areas, including adverse events, infections, medication errors, preventable readmissions, and HIV care indicators, emphasizing the importance of data-driven analysis. He reviewed aligned HEDIS measures and described strategies for implementing improvements, such as</p>		T.Jarrett / E. Yebelay	



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	collaboration with facilities, root cause analysis, Plan-Do-Study act, staff training, workflow enhancements, and policy updates. Finally, Ermias stressed sustainability through integration into operations, ongoing monitoring, accountability, and member engagement, and noted that future meetings will incorporate results from these measures.			
HRA Form	Tiffany Jarrett presented a revised document that included SOGI data including pronouns, preferred written language, reformatted to fit within two pages and requested committee approval. Matthew Hendricks noted that the material ID number needs to be updated due to recent changes and suggested creating a redlined version for clarity. He confirmed the new ID format should be DHCSMMDDYY PHC Form 61.5, replacing the previous 61.4 version, and explained the importance of accurate tracking for approved materials. Michael O’Malley added that the inclusion of “FR” in the ID differentiates full-risk materials from prior versions. Tiffany agreed to update the Word document and send it to Matthew for final adjustments before submission to DHCS. With these minor edits acknowledged, Anthony Dao moved to approve the document, Kassandra Gomez second, and the motion carried without opposition.		T. Jarrett	
He Reports – CLAS and SOGI	Kassandra Gomez presented health equity reports focused on demographic and SOGI data and noted that future reports will follow the same format. Sandra Holzner provided compliance feedback to place the reports on PHC letterhead and raised the question of whether these reports need to be posted on the website. Tiffany Jarrett asked Sandra for guidance on how much data should be publicly posted, referencing quality and utilization management policies and procedures. Sandra clarified that CMS requires posting all quality and UM policies and suggested PHC follow the same practice, though it is unclear if this specific report needs to be posted. Sandra requested that Kassandra confirm with Sandy Johansson whether posting the report is required under the contract. Kassandra acknowledged that findings must be reflected in QIHEC activities and meeting minutes but was unsure if the full report needs to be posted.		K. Gomez	



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	Sandra reiterated that contract requirements should be reviewed to determine next steps. Cassandra agreed to follow up, and the discussion concluded with a note that Ermias will later share plans for monitoring and interventions.			
LOB Reporting for 2026	Kassandra Gomez concluded the health equity reporting discussion and introduced an update regarding line of business reporting for 2026. She explained that, moving forward, committee presentations will require separate PowerPoints for each line of business rather than combined reports. This change is intended to streamline audits and reduce manual separation of data. Tiffany Jarrett emphasized the need for this adjustment, citing recent DHCS audit requirements that necessitated extensive reformatting of reports. Sandra Holzner supported the change, noting that regulatory bodies require unredacted meeting minutes and that combined presentations could create compliance and litigation risks. The group agreed that while meetings can remain consolidated under a single time frame, reports and minutes must be separated for each line of business. Sandra also stressed the importance of correct branding on slides, including the appropriate logos for PHC, PHP, and AHF. Tiffany offered to share logos and suggested color-coding slides for consistency. The committee acknowledged these changes as part of the new reporting standards for 2026.		K. Gomez	
Revised Program Goals by EOY	Kassandra Gomez introduced the next agenda item revised program goals by end of year which was presented by Tiffany. Tiffany Jarrett emphasized NCQA accreditation requirements, which include creating a dynamic work plan with SMART goals for all quality-related activities and tracking performance throughout the year. Examples include goals for HEDIS, UMC, under-utilization (e.g., PCP visits), and over-utilization (e.g., inpatient or ED bed days). Tiffany requested that all business owners revise their program evaluation goals to SMART goals and ensure these are incorporated into the dynamic work plan.	All business owners must revise 2025 program evaluation goals into SMART goals. Submit 2025 performance data, provide new 2026 SMART goals, and identify items to include in the dynamic work plan.	T. Jarrett	January 31, 2026 EOM March 2026



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	<p>Tiffany reiterated expectations for timely deliverables and professional presentation during external meetings, including mandatory camera use. Donna Stidham reinforced the importance of meeting deadlines and maintaining professionalism.</p> <p>Maria Sandoval Navas shared that updated tables will be sent to all participants, containing 2024 and 2025 goals, and reminded everyone to ensure both years are fully completed. Tiffany provided examples of SMART goals, explaining that goals must be specific, measurable, realistic, and time-bound. She noted that vague goals like “grow census through expanded PCP network” need measurable targets and deadlines (e.g., increase PCP network from 30 to 50 providers by December 31, 2024). The group also discussed removing outdated or irrelevant committees and references from program evaluations and work plans. Tiffany and Sandra Holzner agreed that committees such as Pharmacy & Therapeutics, Infection Control, and Ryan White subcommittees should be removed from health plan reporting documents. Sandra confirmed she had already updated policies to eliminate these references during audit preparation. Tiffany noted that the program evaluation will be revised to align with current strategies, such as incorporating PNA into PHM strategy. Maria will coordinate with Tiffany before sending updated documents to ensure only relevant information is included.</p>			
<p>Provider Directory – Provider Language</p>	<p>The team discussed updates required for the provider directory to meet NCQA requirements, specifically adding language availability for provider office staff in both printed and online versions. Tiffany Jarrett clarified that the directory must delineate provider languages from staff languages and include interpreter availability where applicable. Kassandra Gomez noted that language data for staff is not currently collected and shared that she has started compiling a list of staff languages, with plans to coordinate testing through Language Line to ensure staff are qualified interpreters.</p>	<p>Provider Directory Updates – Add fields for staff language availability and interpreter access in both printed and online directories. Ensure clear delineation between provider and staff languages</p>	<p>T. Jarrett</p>	



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	<p>The goal is to complete this process by February. Renee Barker confirmed that CAQH applications do not include fields for staff languages, so an addendum or updated demographic detail form will be needed. Michael O’Malley and Renee agreed to collaborate on amending the existing provider demographic form to include staff language information. The team also agreed to update credentialing and reappointment forms to capture this data and store it in Cactus for reporting to regulatory agencies such as CMS, DHCS, DMHC, and OIR. Tiffany shared examples from Aetna and LA Care directories, which delineate provider and staff languages and sometimes include interpreter availability, suggesting similar formatting for AHF. The group acknowledged that delegated groups may not currently provide this level of detail, so individual outreach may be necessary. Donna Stidham emphasized that this requirement applies to all AHF providers, including PHP, PHC, and Ryan White programs, and recommended working with HR to include interpreter qualifications in employee files and SuccessFactors for patient-facing staff. The team agreed to prioritize PCPs and AHF providers for initial implementation and finalize the format for data collection and reporting.</p>			
D. Committee Executive Summaries				
<p>1. Communication from the Executive Oversight Committee of the Board of Directors to QIHEC</p>	<p>No update.</p>		<p>D. Stidham/T. Jarrett</p>	
<p>2. Member & Provider</p>	<p>The presentation began with a discussion on separating the combined lines of business document into three distinct versions for clarity. Updates from the Ryan White subcommittee included progress on website content, with marketing engaging subject matter experts, and plans for Matthew and Jason to review provider data for a directory and search tool. Specialty contracting updates were shared, noting completed items and a significant budget reduction for Los Angeles County’s AOM medical subspecialty program, which will now operate under the AHF Ryan White</p>		<p>M. Hendricks</p>	



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	<p>Specialty Services Program with restricted referrals. MPC updates included approval of the PHC provider manual and pending review of the PHP manual, ongoing data collection for provider post-assessment and RNCM score comparisons, and deferred workgroups due to NCQA accreditation efforts. New MPC action items include updating provider orientation materials, implementing claims denial management, ServiceNow ticketing, and provider grievance tracking systems. The committee agreed to update MPC and subcommittee charters to include Xing and Natalya as voting members. Standing reports highlighted network development progress, grievance process redesign, provider orientations, health education newsletters, member engagement activities, provider survey analysis, and DHCS timely access metrics. Disenrollment analysis showed reduced totals compared to the previous quarter, prompting discussion on root cause analysis and mitigation strategies. The group emphasized enhancing quality reporting by including goals, performance measures, and corrective actions. Sandra proposed creating a standardized report template, which Tiffany agreed to draft, and Melissa raised the need to establish internal performance standards, suggesting 80% as a baseline with plans for continuous improvement. Additional discussion focused on expanding monitoring to other departments and incorporating metrics into reports. The meeting concluded with updates on medical hold trends, outreach efforts, and claims performance, noting a 6.9% decline in paid claims and a 42.8% decline in denied claims from Q1 to Q2. Sandra raised the need to report compliance with turnaround time metrics, denial rates, and appeal rates at MPC, while Donna requested analysis of PHC population trends, particularly Spanish-surname members, and strategies to maintain access. Xing noted discrepancies in IBNR estimates and suggested reviewing lag times and non-clean claim payment rules. Sandra also highlighted new DMHC requirements under APL 25-007 effective January 1, 2026, which shorten claims denial timeframes to 30 calendar days and prohibit retroactive denial of inpatient claims after prior authorization approval, except in cases of fraud or obvious error. Sandra</p>			



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	will share the DMHC presentation with MPC for awareness. Tiffany and Sandra stressed the importance of correcting improper denials to avoid interest penalties, and Xing noted the need to adjust IBNR and bids accordingly.			
3. Pharmacy	Anthony Dao presented an overview of the year-to-date Drug Utilization Review (DUR) campaigns conducted through MedImpact, which involve generating provider letters and outreach efforts. He highlighted the focus on polypharmacy, a potential five-star metric, noting that Medicare splits this measure into anticholinergics and CNS-activating medications, which include opioids and antipsychotics. While progress has been made, challenges remain due to patient comfort and long-standing medication regimens. Anthony also reviewed comprehensive medication reviews (CMRs), reporting strong performance but difficulty reaching the final few members, prompting collaboration with case management to complete outreach by year-end. For PHC-specific updates, he noted that PHC Medical RX recently transitioned from Magellan to Prime Therapeutics, providing access to more detailed reports, including those required by the Support Act. He shared data on providers and pharmacies with high opioid utilization, mentioning outreach efforts with Valley Pharmacy and pharmacist Samantha Kim to assist with gradual benzodiazepine titration. Lastly, Anthony discussed recent requirements for communicating DUR educational articles and updates to the website, thanking Matt for his assistance. He concluded by noting the role of the Medi-Cal DUR Board in driving quality initiatives and incorporating plan feedback.		A. Dao	
4. Public Policy & Client Advisory Committees	Kassandra Gomez provided updates on the PPCAC (Public Policy & Client Advisory Committees). She reported that the Q2 meeting in July had strong attendance, consistently meeting quorum. Efforts to enhance engagement include incorporating health equity and education topics beyond standing agenda items, sharing incentive updates for transparency, and discussing internal trainings such as DEI and TGI to keep members informed of ongoing quality and equity initiatives. Each meeting		K. Gomez	



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	<p>features either an internal or external subject matter expert to address member education or population needs, which has led to improved structure and engagement. Cassandra also highlighted the use of an action item tracker for PPCAC, assigning tasks to responsible business owners prior to meetings and reviewing completion status during meetings, with most items completed on time. Looking ahead to 2026, she plans to maintain the current format, continue sending reminders to members, and conduct outreach as needed to sustain momentum.</p>			
<p>5. Credentialing & Peer Review</p>	<p>Renee Barker presented credentialing updates for PHC California, PHP, and AHF/Ryan White programs. For PHC California, a total of 75 providers were approved for credentialing during the quarter, including 35 initial and 40 recredentialing approvals, with no delegated groups approved. Ongoing monitoring identified five CMS matches due to providers opting out, and hospital privileges included one approved and eight in process. PHP had identical numbers: 75 total approvals (35 initial, 40 recredentialing), zero delegated audits, five CMS matches, and one hospital privilege approved with eight in process. For AHF and Ryan White programs, there were 12 initial and 22 recredentialing approvals (total 34) for plan providers, and 28 initial and 23 recredentialing approvals (total 51) for Ryan White agreements. Supervising agreements were completed, eight hospital arrangement forms were processed, and hospital privileges included one approved and eight in process, with no delegated groups approved. Overall, the total credentialing activity across programs was 184.</p>		<p>R. Barker</p>	
<p>6. Member Advisory Committee</p>	<p>Kassandra Gomez provided an update on the Member Advisory Committee (MAC) for PHP. The Q2 meeting, held in Q3 on August 12, had strong attendance despite some members being unavailable. The meeting followed a similar structure to PPCAC, which has received positive feedback for its organization and engagement. Kassandra noted that she</p>		<p>K. Gomez</p>	



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	uses an action item tracker for the PHP side, monitors progress prior to each meeting, and conducts outreach to members as needed to ensure completion of tasks and participation.			
7. Risk Management Committee	<p>Emelyne Beneche presented grievance data for PHC, noting 79 reported issues involving 35 unit members, with referrals trending high. Key areas included Hollywood ACC, Care Coordination, Transportation, Doctor Davidson’s office, and quality concerns related to the incentive program. Access to care and customer service remains high and below threshold goals across quarters, prompting a goal-setting initiative for 2026 to identify areas generating the most grievances. Tiffany Jarrett clarified that access issues are primarily telephone-related, while customer service concerns involve staff attitude across providers and HCCs. Emelyne shared a breakdown by department and monthly reporting for DHCS compliance. Tiffany emphasized reporting interventions alongside trends, citing Hollywood’s phone issues and advising proactive IT engagement. For Doctor Davidson’s office, delays in appointment availability were noted, and Emelyne will explore reporting based on investigation rather than patient perception. Tiffany suggested adding resolution status (member vs. plan) in Salesforce for all cases. Incentive program tracking has been streamlined in Retool by Kassandra Gomez, expected to improve Q4 numbers. Transportation grievances remain high but show improvement, with Lyft leading issues. PHP data showed 59 reported issues, down from 72 in Q2, with similar access and referral concerns. Discussion highlighted confusion over Hollywood clinic naming systems, requiring verification to ensure accurate trending. Referral issues persist, and Emelyne raised concerns about a DME vendor (Ideal/Medox) requiring a cap due to delays, including a case where a member waited two months for a wheelchair. Sandra Holzner requested a contract review for non-responsiveness and corrective action plans, with documentation of outreach. Tiffany advised escalating to Renee for credentialing records. Donna Stidham proposed a meeting with the vendor’s CEO to present issues and request a corrective action plan, noting potential reporting to</p>		E. Beneche	



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	DMHC/DHCS if unresolved. The group acknowledged network dependency on the vendor but agreed on exploring remedies, including breach notices. Emelyne concluded with a breakdown by location, vendor, and department. Tiffany requested coordination with Nicole for extended meeting time next year and suggested removing infection control updates from agendas as they are no longer relevant.			
8. Utilization Management	Tamarra Dubuisson reported compliance metrics: PHC IHRA compliance at 89.33%, PHP at 100%, annual HRA for PHC at 54.52% and PHP at 71.99%. PHC year-to-date at 71.93%, with PHP surpassing 85% at 86% overall. Tiffany shared that Kamal updated PHC thresholds from 45 to 90 days, improving compliance rates. Tamarra confirmed the BI reflects this change and noted UM turnaround time remains at 99% across all lines of business. She added that audits and projects are ongoing, with collaboration continuing with EQ Health to ensure reporting meets organizational needs. Sandra Holzner clarified that the seven-day standard applies, and Tamarra confirmed compliance with CMS and DHCS guidelines is expected by end of Q4, with NCQA resurvey pending for Q1 2026. Tiffany emphasized strict adherence to DHCS timelines and provider accountability for complete information. Tamarra highlighted issues with providers submitting requests for services that do not require authorization via the portal or fax, causing delays. Tiffany suggested asking EQ Health to implement an alert or stop-gap in the portal for non-authorization-required services, and Tamarra agreed, noting CPT code ranges would need to be provided. Tiffany confirmed CPT ranges (e.g., 992 series) could be shared. Tamarra concluded with no further questions, and Tiffany announced resurvey dates: July 14 for health equity and July 28 for health plan.		T. Dubuisson	
E. Standing Reports (Plan)				
1. Utilization Dashboard	Xing Liu presented the dashboard data, starting with PHC inpatient utilization, noting that December figures were mistakenly included but November average length of stay ended at 6.3 and admissions were		T. Jarrett/ X. Liu	



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	<p>around 204 per thousand. Inpatient admissions by race were reviewed for 2025, followed by emergency department visits, which remained relatively stable at 511 per thousand. Outpatient expenses versus utilizers were discussed, showing 268 utilizers and \$4.6 million annualized costs. Inpatient costs have been declining more significantly than admissions per thousand, which requires further discussion. SNF data indicated two unique utilizers for the month with costs of \$530,000 per thousand members. PHP data showed November admissions at 257 per thousand, an average length of stay of 5.5 days, IP by race, and emergency department visits at 257 per thousand. Outpatient costs for PHP were down, and inpatient costs peaked earlier in the year but have since declined. Data reflected similar trends with costs per thousand decreasing.</p> <p>Donna Stidham requested cost data expressed as cost per member per month (PMPM) rather than per thousand, emphasizing that budgeting and capitation payments are based on PMPM. Xing agreed to adjust formulas to provide this view. Donna noted the importance of comparing both PMPM and per-thousand metrics and asked for analysis of the percentage of capitation spent on inpatient services. Tiffany Jarrett requested adding health equity data elements—such as class, social factors, and age—to the LTC slide and all trending slides to identify inequities. Tiffany will send these elements to Xing for inclusion.</p>			
2. QI & Accreditation Update	<p>The team discussed upcoming health plan learning opportunities, specifically focusing on member rights and responsibilities, which need to be included in the P&P. SMART goals were previously addressed. The conversation then shifted to PMP uniformity and standardization. Sandra clarified that templates are already consistent, but Tiffany emphasized avoiding CMS or DHCS/DMHC language in AHF, CMS language in PHC California P&Ps and DMHC/DHCS language in PHP P&Ps, with Donna noting exceptions for finance and Medicaid-related language. The group</p>		T. Jarrett	



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3. HEDIS/STAR Ratings Update	<p>Ermias Yebelay shared a quarterly update covering October to November, noting that most measures are performing well except for Advanced Care Planning, which remains at 32% with minimal improvement. He confirmed EQ Health is still being used for supplemental data and suggested reviewing HRA questions for potential mapping issues. Tiffany Jarrett clarified that the questions have not changed and emphasized checking Athena data. Thomas Twentyman reported Annual Wellness Visit compliance nearing 80%, with a goal of 85%. Ermias mentioned ongoing vendor follow-up for integration issues and highlighted improvements in blood pressure, functional assessments, eye exams, and ECDS measures for both plans. PHC Breast cancer screening showed a slight decline due to denominator changes, while colorectal cancer screening improvements are pending LabCorp’s incorporation of LOINC codes. Incentive programs were reviewed, including gift cards for mammograms, diabetic eye exams,</p>		E. Yebelay	



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	<p>colorectal screenings, HRA completion, and HIV-related visits. Thomas clarified that the HIV Wellness visit is distinct from the Annual Wellness visit, and Donna suggested patient education materials to avoid confusion. Tiffany requested updates to PHP flyers to differentiate the HIV follow-up visit and include Annual Wellness visit details. Cassandra agreed to update outreach materials for the new year. Ermias concluded by noting that impact reports for incentive programs will be added next quarter.</p>			
4. Viral Load Suppression	Deferred		J. Duque	
5. Medicare Risk Adjustment	<p>Thomas Twentyman presented the official numbers for Annual Wellness Visit (AWV) completion through the end of September. He explained that the team is monitoring progress daily to identify members with the largest gaps and strategize on getting everyone scheduled. Thomas noted that some members have met AWV requirements through alternative means and are included in the 25% completion rate. Currently, there are about 10 members targeted for scheduling before year-end, with one appointment confirmed for today at 4:00 PM in Long Beach. He expressed optimism about closing these gaps and credited Dominic from Tiffany’s team for assisting with scheduling that visit.</p>		T. Twentyman	
6. P&P’s	<p>Sandra Holzner explained that all policies and procedures approved by the Quality Management Committee are being reapproved to align them on the same cadence for future reviews, ensuring they can be queued for approval in the last quarter of each year and start fresh in the new year. She noted that PHP policies must be posted online per CMS requirements and confirmed updates were made based on Chapter 5 of the Medicare manual and PHC contract requirements. A motion to approve all policies was made by Tiffany Jarrett, seconded by Donna Stidham, and approved unanimously. Thomas Twentyman asked if all PHP and PHC policies were included and raised the need to approve the risk adjustment delete process policy for 2025. Sandra requested Thomas resend the policy, and after presenting it, the committee approved it with the approving committee updated to QIHEC. Sandra will forward it to the EOC for final</p>		S. Holzner	



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<p>7. Timeliness status of Plan Policies & Procedures.</p>	<p>This topic was addressed during the discussion of Agenda item 6: P&P's.</p>			
<p>F. Standing Reports (AHF)</p>				
<p>1. Ryan White Quality</p>	<p>Neil Walker presented an overview of the Ryan White quality management areas, highlighting exceptional viral suppression rates of 96% and 95%, which exceed the national Ryan White average of 91%. He emphasized the importance of maintaining these high standards and shared examples of quality improvement projects, including PDSA cycles implemented in Fulton County, Palm Beach County, and the Bronx to improve cervical cancer screening and social determinants of health assessments. Anisha Pal reported on Brooklyn's first Ryan White audit, noting positive feedback from contract managers and detailing a quality improvement project focused on enrollment challenges. Through three PDSA cycles, her team identified workflow changes that improved referral accuracy by involving Ryan White peers in screening, resulting in enrollment rates increasing from 50% in February/March to 100% in April. Neil concluded by mentioning ongoing activities in Texas and Western regions, with expectations for a more detailed Q4 report, and shared a heat map from Domo used to identify potential quality improvement projects related to retention in care and substance use screening.</p>		<p>N. Walker-(East) S. Najuna-(West) S. Clemmons-(PNW)</p>	



AHF/PHP/PHC
Quality Improvement Health Equity Committee Meeting

Date & Time: December 11, 2025 / 11:30 to 2:00 PM PT

Conference ID: Teams Meeting

Agenda Item	Discussion	Action Item	Responsible Party	Target Date
2. Public Health Division Report/Linkage	Deferred		M. Gorre	
E. Open Discussion				
Adjourn	Meeting adjourned by Doctor Howell at 2:50PM PST December 11, 2025		S. Howell/D. Stidham	
<p>Next Meeting: TBD Reports and documents are due two weeks prior to scheduled meeting.</p>				

Minutes Reviewed and Approved: _____

Date: 3.17.26