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

Summary Q1 – 2026

March 20, 2026

The following Sub-Committees reported to the QIHEC in Q1 2026:

1. Member and Provider Committee (MPC)
    a. No updates were reported for this quarter.
2. Risk Management Committee (RMC)
    a. Grievance trends for PHC California were reviewed using NCQA- and DHCS-aligned categories. Customer service and access-to-care grievances remained the highest trending categories and exceeded internal thresholds.
    b. Transportation punctuality and case management grievances showed slight decreases from the previous quarter. However, new concerns related to vehicle adequacy, including wheelchair accessibility, were identified, highlighting ongoing barriers for high-need member populations.
    c. Technology and telephone access issues continued to negatively impact member experience and timely communication, particularly at high-volume provider locations such as Hollywood.
    d. Additional provider-level and vendor-level grievance analyses were conducted to identify top trending provider sites, including Valley, Hollywood, and Downtown Los Angeles, in support of targeted monitoring and intervention efforts.
    e. Multiple grievances involving Beverly Radiology were reviewed following reports of incorrect member billing related to insurance verification issues and misidentification of member health plan coverage. Collaboration with Provider Relations was recommended to provide targeted vendor education regarding eligibility verification requirements prior to rendering services.
    f. Planned interventions include continued monitoring of high-risk providers and vendors, collaboration with operational departments, and implementation of corrective action plans (CAPs), as necessary, to address ongoing grievance trends and improve member experience outcomes.

3. Utilization Management Committee (UMC)
    a. PHC California utilization management (UM) turnaround time performance was reviewed, with initial review timeliness improving from 89% in Q3 to 93% in Q4, exceeding the established compliance target of 80%.
    b. Annual review timeliness improved from 55% to 62%; however, performance remained below the established compliance target, indicating the need for continued monitoring and operational improvement efforts.
    c. Retroactive member enrollment was identified as a primary contributing factor impacting annual review compliance, as delayed member attribution results in shortened review windows and operational challenges in meeting required turnaround timeframes.
    d. Documentation and reporting inconsistencies within the current UM reporting structure were discussed, including the lack of specificity regarding whether compliance metrics reflected initial, standard, or expedited authorization timelines.
    e. Discussion emphasized the importance of ensuring all UM reporting remains clearly defined, measurable, and aligned with NCQA expectations, including clearly labeled metrics, defined benchmarks, and standardized reporting methodologies.
4. Credentialing and Peer Review Committee (CPRC)
    a. PHC California credentialing activities were reviewed, with credentialing approvals decreasing from 184 in Q3 to 146 in Q4 due to staffing losses impacting operational capacity.
    b. Ongoing monitoring activities increased significantly from 2,129 providers identified in Q3 to 3,047 providers identified in Q4, reflecting expanded monitoring and oversight efforts.
    c. Supervising physician reviews decreased from eight in Q3 to three in Q4.
    d. Hospital arrangement reviews increased slightly from four in Q3 to five in Q4.
    e. Hospital privilege processing improved during the reporting period, decreasing from eight providers in process during Q3 to five in Q4, with three approvals completed.
5. Public Policy and Community Advisory Committee (PPCAC)
    a. PHC California member engagement and incentive program performance for Q4 were reviewed, with a total of 68 incentives issued during the reporting period. HIV follow-up and colorectal cancer screening (CRC) incentives were the highest-performing categories, while HRA participation remained moderate and mammogram incentive utilization

remained low, highlighting continued opportunities for preventive care outreach and education.

b. PPCAC engagement metrics reflected 39 attendees, including 13 PHC California members, with an average attendance duration of approximately 48 minutes, indicating strong member participation and engagement.
c. The incentive program was discussed as part of broader health education and engagement activities, including newsletters and advanced directive classes, with tracking conducted through Retool to support monitoring, documentation, and scalability of outreach efforts.

6. New Business:
    a. PHC California health equity and staff training updates were presented, including DEI and TGI training compliance performance. DEI training achieved a 95% completion rate, while TGI training achieved a 100% completion rate among assigned staff.
7. Standing Reports
    a. Viral Load Suppression
        i. PHC California clinical outcomes remained stable across reporting quarters, with viral load suppression maintained at approximately 79.5%, CD4 compliance at approximately 70%, and dual compliance at 68%. Minimal fluctuations were primarily attributed to denominator changes rather than significant performance variation.
        ii. Potential data integrity concerns were identified related to missing viral load data despite the availability of corresponding CD4 results. Discussion included the possibility of laboratory feed or data integration issues impacting reporting accuracy. Further validation activities were recommended prior to implementing targeted interventions to ensure data accuracy and reliability.
    b. Quality Improvement Intervention and Monitoring
        i. Quarterly performance data for October through November were reviewed, with most measures demonstrating stable or improved performance. Advanced Care Planning remained low at 32%, with only minimal improvement observed during the reporting period.
        ii. Supplemental data sources, including EQ Health, continued to be utilized to support reporting activities. Potential data mapping issues related to Health Risk Assessment (HRA) responses were discussed, and follow-up activities were planned to validate data accuracy within Athena.
        iii. Improvements were observed in blood pressure control, functional assessments, diabetic eye exams, and ECDS measures. Breast cancer screening demonstrated a slight decline primarily due to

denominator changes, while improvements in colorectal cancer screening remain pending completion of LabCorp LOINC code integration.

iv. Incentive program performance was reviewed, including member incentives related to mammograms, diabetic eye exams, colorectal cancer screening, HRA completion, and HIV-related visits.

v. Clarification was provided that the HIV Wellness Visit is separate and distinct from the Annual Wellness Visit. Plans were discussed to update member outreach materials to reduce member confusion, and incentive impact reporting will be incorporated into the next reporting period.

c. Quality Improvement and NCQA Accreditation Update

i. Updates were provided on PHC California's NCQA Health Equity and Health Plan accreditation readiness activities. The NCQA Health Equity resurvey is scheduled for July 14, 2026, and the NCQA Health Plan resurvey is scheduled for July 28, 2026. Cross-functional preparation efforts remain ongoing to address prior findings, strengthen compliance readiness, and support successful resurvey activities.

ii. Ongoing efforts continue to focus on strengthening processes for verifying and documenting staff interpreter qualifications. Activities include assessment completion, certification tracking, and ongoing documentation monitoring to support compliance requirements and overall audit readiness.

iii. HEDIS reporting activities were reviewed, including the successful preparation, validation, and submission of PHC California data to the external vendor. Sampling activities have been completed, while hybrid measure abstraction activities remain in progress. The PHC California HEDIS audit is scheduled for April 15.

iv. CAHPS outreach activities remain ongoing through mail, email, and follow-up outreach efforts aimed at improving member engagement and supporting representative survey response rates.

d. Utilization Dashboard

i. PHC California utilization and cost performance trends were reviewed, including inpatient utilization, emergency department (ED) visits, observation stays, and overall cost patterns. Admissions per thousand decreased from Q3 to Q4 but remained elevated year over year, with discussion noting that Q4 2024 may represent an unusually low baseline impacting comparisons.

ii. Bed days per thousand demonstrated a slight decrease from the previous quarter but remained elevated compared to prior years, suggesting gradual increases in utilization intensity rather than isolated fluctuations. Seasonal utilization trends specific to PHC California were also discussed.
iii. Emergency department visits per thousand decreased by approximately 11% year over year, while observation stays increased during the reporting period. The most common diagnoses associated with ED and observation encounters included chest pain and headache.
iv. Skilled nursing facility (SNF) utilization reflected two unique utilizers during the reporting month, with associated costs reported at approximately $530,000 per thousand members.
v. Overall costs increased year over year, primarily driven by inpatient spending, while outpatient costs remained relatively stable across reporting periods. Continued monitoring of utilization intensity and cost trends was recommended.

8. Voted and Approved
    a. The Q4 2025 QIHEC Meeting Minutes were reviewed and approved.
9. Upcoming Meetings
    a. The next QIHEC meeting is scheduled for June 19, 2026.