

Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS

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Keep Your Patients Covered: Medi-Cal Renewal Reminders

Helping patients maintain their Medi-Cal coverage is an important part of ensuring they continue to receive the care and services they need. Providers play a key role by reminding patients to complete their annual Medi-Cal renewal and helping prevent unnecessary gaps in coverage. L.A. Care recently highlighted provider tools and resources to support these efforts, reinforcing the important role providers have in keeping patients connected to care.

How You Can Help

- Remind patients to keep their mailing address, phone number, and email up to date with their county Medi-Cal office.
- Encourage patients to watch for Medi-Cal renewal notices and respond by the required deadline.
- Refer patients who need assistance to available enrollment and renewal support services.
- Reinforce that maintaining Medi-Cal coverage helps ensure uninterrupted access to primary care, specialty care, medications, behavioral health services, and preventive care.

By taking a few moments during each patient visit to discuss Medi-Cal renewals, providers can help reduce coverage interruptions and improve continuity of care for the communities we serve.

Provider Tip: Ask patients if their contact information has changed and remind them to complete any Medi-Cal renewal forms they receive. These simple conversations can help patients avoid losing their health coverage.

For More Information: Visit L.A. Care's Medi-Cal Renewal: Provider Support Needed Now webpage: <https://lacare.org/providers/news/thepulse/medi-cal-renewal-provider-support-needed-now>



Visit us 24/7 on the web:
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Quality Improvement & Health Equity Program (QIHEP)

Our Quality Improvement & Health Equity Program (QIHEP) guides our efforts to improve the quality of care and reduce health disparities for the members we serve. Through collaboration with our provider network, we work to ensure members receive timely, equitable, and person-centered care while meeting state and national quality standards.

Our program is built on a continuous quality improvement approach that uses clinical data, member and provider feedback, and performance measures to identify opportunities for improvement. Together, we focus on improving health outcomes, enhancing the member experience, and increasing access to high-quality care.

QIHEP Focus Areas

- Improving clinical quality and member outcomes.
- Advancing health equity by identifying and addressing healthcare disparities.
- Supporting preventive care and early intervention.
- Monitoring quality measures, including HEDIS® and CAHPS® performance.
- Promoting culturally and linguistically appropriate services (CLAS).
- Partnering with providers to implement evidence-based best practices.

Working Together to Improve Care

Our providers are essential partners in achieving these goals. Your commitment to preventive care, timely follow-up, accurate documentation, and member engagement helps improve quality performance while ensuring our members receive the care they need.

We appreciate your continued partnership as we work together to deliver high-quality, equitable healthcare and improve outcomes for the communities we serve.



Behavioral Health Network Transition

Supporting Continuity of Care for Our Members

Effective January 1, 2026, Magellan Healthcare no longer provides behavioral health network services in California. To ensure a seamless transition and maintain continuity of care, AHF has established a behavioral health provider network that closely mirrors Magellan's existing network.

This transition was designed to minimize disruptions for members while preserving established provider relationships and access to behavioral health services.

What This Means for Providers

Providers can expect a smooth transition that prioritizes:

- Continued access to behavioral health providers.
- Preservation of existing referral relationships whenever possible.
- Continuity of care for members receiving behavioral health services.
- Ongoing collaboration to support timely access to behavioral healthcare.

PHC California and PHP remain committed to ensuring members continue to receive high-quality, coordinated behavioral healthcare throughout this transition.

Reminder: Please stay informed of future communications regarding behavioral health network updates and referral processes.



Quality Snapshot: HEDIS® & CAHPS® Update

Measurement Year (MY) 2025

Thank you for your continued commitment to delivering high-quality, person-centered care. Your partnership has contributed to meaningful improvements across several HEDIS® measures for both PHC California (Medicaid) and PHP (Medicare SNP). Together, we are improving preventive care, chronic disease management, and health outcomes for the members we serve.

Quality Highlights

PHP

Top Improvements

- Breast Cancer Screening: ▲ +15.02%
- Diabetic Eye Exams: ▲ +11.70%
- Blood Pressure Control for Diabetes: ▲ +3.84%
- Kidney Health Evaluation for Diabetes: ▲ +3.66%
- Influenza Vaccination: ▲ +3.15%
- Colorectal Cancer Screening: ▲ +1.07%

Opportunities for Improvement

- Pneumococcal Vaccination
- Td/Tdap Immunization
- Depression Screening & Follow-Up

PHC California

Top Improvements

- Pneumococcal Vaccination: ▲ +40.92%
- Depression Screening & Follow-Up: ▲ +7.81%
- Colorectal Cancer Screening: ▲ +4.92%

Opportunities for Improvement

- Breast Cancer Screening
- Influenza Vaccination

Provider Action Checklist

Help close care gaps by incorporating these best practices into every patient visit:

- Schedule preventive screenings before the patient leaves the office.
- Document blood pressure, BMI, chronic conditions, and preventive services accurately.
- Encourage diabetic retinal eye exams and annual kidney health evaluations.
- Complete medication reconciliation following hospital discharge.
- Submit claims promptly and respond to medical record requests in a timely manner.
- Review monthly HEDIS® gap reports and outreach lists to identify members due for services.

CAHPS® Spotlight: Every Interaction Matters

CAHPS® measures the member's experience with their healthcare. Providers can help improve member satisfaction by:

- Offering timely appointments.
- Listening carefully to members' concerns.
- Explaining diagnoses and treatment plans clearly.
- Coordinating care across providers and specialists.
- Following up after hospitalizations and emergency department visits.
- Returning phone calls promptly.
- Treating every member with courtesy, dignity, and respect.

Small improvements in communication can lead to stronger member experiences, improved health outcomes, and higher quality performance.

Quality Starts with Every Visit

Every Visit Counts • Every Documentation Matters
Every Member Benefits





Free HIV Education & Skills-Building Trainings

The Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) offers free educational and skills-building trainings for healthcare providers, case managers, health educators, administrators, and other professionals working in HIV prevention and care. Training topics are updated throughout the year and support best practices in HIV care and public health.

Training opportunities may include:

- HIV fundamentals and updates
- HIV prevention and sexual health
- Harm reduction strategies
- Cultural humility and health equity
- Skills-building for professionals serving people living with HIV

Registration is completed online, and new training dates are added throughout the year.

**Learn more and register:
LA County DHSP Training Calendar**



Provider Reminder: California Immunization Registry (CAIR)

California law requires healthcare providers who administer immunizations to report all administered vaccines, along with the patient's race and ethnicity, to a California Immunization Registry. This requirement, established under AB 1797, became effective on January 1, 2023.

Why It Matters

Timely and accurate reporting helps:

- Maintain complete immunization records.
- Improve care coordination across healthcare settings.
- Reduce missed vaccination opportunities.
- Support public health reporting and disease prevention efforts.

Providers who are not yet enrolled should register with CAIR2 to ensure compliance with state reporting requirements. Additional guidance, enrollment information, and system updates are available through the California Department of Public Health (CDPH).

For More Information:

California
Immunization
Registry (CAIR)



CAIR
Updates &
Releases



AB 1797
Immunization
Registry Information



Supporting American Indian & Alaska Native Members

Understanding DHCS All Plan Letter (APL) 24-002

PHC California is committed to advancing health equity by ensuring American Indian and Alaska Native members receive culturally responsive, high-quality care. In support of this commitment, the California Department of Health Care Services (DHCS) released All Plan Letter (APL) 24-002, which outlines requirements for Medi-Cal managed care plans to strengthen partnerships with Tribes, Tribal organizations, and Indian Health Care Providers (IHCPs).

The APL reinforces the importance of respecting Tribal sovereignty, improving care coordination, and ensuring American Indian and Alaska Native members have access to culturally appropriate healthcare services. It also requires managed care plans to designate a Tribal Liaison to support collaboration between providers, Tribes, and community partners.

How Providers Can Help

Providers play an important role in improving access to care for American Indian and Alaska Native members by:

- Promoting culturally responsive, person-centered care.
- Partnering with PHC California's Tribal Liaison when additional support or coordination is needed.
- Helping connect members with available Tribal and community resources.

Together, we can strengthen partnerships, reduce health disparities, and improve health outcomes for American Indian and Alaska Native communities.

For More Information

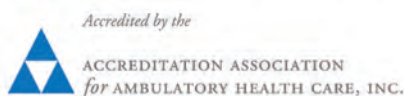


DHCS All Plan Letter (APL) 24-002: Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members



DHCS Office of Tribal Affairs

These resources provide additional information on Tribal partnerships, Indian Health Care Providers (IHCPs), Tribal Liaison responsibilities, and culturally responsive care for American Indian and Alaska Native Medi-Cal members.



Get Involved: Help Shape the Future of PHC California & PHP

PHC California and PHP value the voices of our providers, members, and community partners. Through our advisory committees, providers have the opportunity to share feedback, collaborate on quality improvement initiatives, and help guide programs and services that improve the health and well-being of our members.

We encourage providers to participate in these quarterly meetings and help shape the future of our health plans.

Member Advisory Committee (MAC)

The Member Advisory Committee (MAC) brings together PHP health plan staff, members, providers, and community advocates to discuss topics that impact the delivery of healthcare services and the member experience.

Meeting discussions include:

- Policy and procedure updates affecting providers and members.
- Health education initiatives and member materials.
- Health plan updates and quality improvement activities.
- Provider network access and utilization management.
- Member feedback and opportunities to improve care and services.

2026 Meeting Schedule

- Tuesday, May 12 – 11:00 a.m. PST
- Tuesday, August 13 – 10:00 a.m. PST
- Tuesday, November 19 – 10:00 a.m. PST

Public Policy & Community Advisory Committee (PPCAC)

The Public Policy & Community Advisory Committee (PPCAC) brings together PHC California health plan staff, members, providers, and community advocates to discuss public policy, community health priorities, health education, and opportunities to improve member care.

Meeting discussions include:

- Health plan performance and quality initiatives.
- Policy and regulatory updates.
- Member benefits and program changes.
- Review of health education materials.
- Community health trends and member feedback.

2026 Meeting Schedule

- Tuesday, March 31 – 11:00 a.m. PST
- Thursday, June 18 – 10:00 a.m. PST
- Friday, September 19, – 12:00 p.m. PST
- Thursday, December 3 – 10:00 a.m. PST



Why Participate?

Your experience and expertise help PHC California and PHP continue improving the quality of care we provide. By participating in the MAC or PPCAC, you can:

- Share your perspective on healthcare delivery and member needs.
- Learn about upcoming initiatives, policies, and quality improvement efforts.
- Collaborate with providers, members, community advocates, and health plan leadership.
- Help improve member experience, health outcomes, and health equity.

Interested in participating?

Contact Cassandra Gomez, MPH, Health Equity Officer, at Cassandra.Gomez@aidhealth.org to learn more about joining an upcoming MAC or PPCAC meeting.

Professional Development Spotlight

California Healthcare Best Practices Education Webinar Series

The California Area Indian Health Service (IHS) is offering the 2026 California Healthcare Best Practices Education Webinar Series, a virtual educational series designed to support healthcare professionals serving American Indian and Alaska Native communities. In place of the annual conference, these live webinars provide current information on tribal health, culturally responsive care, and best practices. Continuing education (CE) credit is available for participants who attend the live sessions.



Featured Webinar

Our Time Together: Strengthening MCP Tribal Liaison Engagement

This educational session highlighted strategies to strengthen partnerships between Medi-Cal Managed Care Plans, Tribal communities, and healthcare providers. Key discussion topics included:

- Enhancing understanding of the Tribal Liaison role and responsibilities.
- Building trust through culturally responsive provider outreach.
- Sharing best practices and opportunities for continuous improvement.
- Respecting Tribal sovereignty and treaty obligations to improve healthcare access.
- Supporting Tribal data sovereignty through respectful, community-driven data practices.

These educational opportunities help providers strengthen partnerships with Tribal communities while promoting equitable, culturally responsive healthcare for American Indian and Alaska Native members.

Continuing Education Available

Providers are encouraged to participate in upcoming webinars throughout the year.

Learn More:

<https://www.ihs.gov/california/index.cfm/professionals/bp/2026/>



CalAIM Provider Forum

CalAIM Provider Forum (Monthly Series)

PHC California encourages providers to participate in the CalAIM Provider Forum, a monthly virtual meeting that brings together healthcare professionals from across California to discuss CalAIM implementation, share experiences, and learn from one another.

The forum provides an opportunity for providers to stay informed on current CalAIM initiatives while collaborating with peers to improve care coordination and member outcomes.

What You Can Expect

Each monthly session includes:

- Updates on CalAIM programs and implementation.
- Provider networking and peer collaboration.
- Discussion of real-world challenges and best practices.
- Questions and answers with CalAIM subject matter experts.
- Dedicated peer coaching time to support shared learning and problem-solving.

Whether you are new to CalAIM or looking to strengthen your understanding of available programs and services, the CalAIM Provider Forum offers valuable insights and practical resources to support your practice.

Register for the CalAIM Provider Forum (Monthly Series):

https://us02web.zoom.us/join/zoom/register/tZltc-uqqDwsH9N4m1c4KnJ37cHDSOUx-AHC?_x_zm_rtaid=YdQataDjQp6w9iLb3kTE Lg.1704396059082.b11eb29114006b24c943a e27b439f0f1&_x_zm_rhtaid=368#/registration



Member Services: Here to Support You and Your Patients

PHC California and PHP Member Services are committed to supporting providers and members by providing timely assistance with benefits, eligibility, covered services, and health plan resources. Whether you have questions about a member's coverage or need help connecting a patient to available services, our Member Services teams are here to help.

Member Services Can Assist With:

- Member eligibility and enrollment
- Benefits and covered services
- Replacement member ID cards
- Interpreter and language assistance services
- Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT)
- Provider directory information
- Referrals to health plan programs and community resources
- General questions about PHP and PHC California

PHP

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We're Here to Help

Our goal is to make it easier for providers and members to navigate the healthcare system. If you have questions or need assistance, don't hesitate to contact the appropriate Member Services team. We look forward to partnering with you to ensure every member receives the high-quality, coordinated care they deserve.

