

Quality Improvement and Health Equity Committee (QIHEC): Medi-Cal Program Q1 2026 Activity Summary

Reporting Period: Q1 2026

QIHEC Meeting Date & Time: March 26, 2026 | 8:00 AM – 10:00 AM

Topics Discussed

Quality Improvement & Population Health

QI Workplan (Q1 2026)

- Reviewed 2026 activity focus (no outcome data yet): PQP/provider collaboratives, monthly gap in care reporting, ADT daily feeds, incentive pilots
- New 2026 initiatives: health equity workgroup (Black/African American focus), Roots partnership for BP control, access improvement pilots (open access, weekend/after hours, weekend lab scheduling), HEDIS tracking for ECM/CCM
- Described Member Experience Quality Program using leftover PQP funds; participation routes: collaboratives, PQI Advisory Committee, one on one meetings
- Clarified funding mechanics and flexibility for sites with existing access programs

PHM Governance

- Introduced PHM governance body (cross departmental directors) to align PHM with DHCS requirements and organizational goals
- PHM framework: population strategy, member data collection, risk stratification, connection to programs/services
- First year priority: access/utilization/primary care engagement per DHCS six requirements
- Next steps: stand up operational workgroups to map policies, design workflows (delegated vs non delegated), pilot outreach (mailers/telephonic/transport), and define KPIs

Health Equity

CLS Program Evaluation (2025)

- 2025 highlights: ~25% increase in interpreter connections; >50% more connections within 10 minutes; interpreter education campaign; Latinx well child initiative (~1% compliance gain) and four CBO workshops
- Ongoing monitoring: interpreter surveys, grievance trends, delegate oversight
- 2026 priorities: enhance interpreter quality monitoring, expand delegate review of training/protocols, standardize CLS practices, produce targeted translated materials, increase MAC/community advocate integration

Behavioral Health

NMSHS Outreach and Education Plan/Updates (2026)

- 2025 outreach: pop up tabling, behavioral health newsletter article, general & DSNP brochures, MAC-recommended postcards for CBO distribution
- Needs/utilization: SMI down ~3.2% vs prior year, depression up ~4.5%; highest utilizers age 21–64; Spanish/Chinese high utilizers; Vietnamese/Russian lower utilizers
- Q4 2025: 5.57% increase in unique utilizers; avg ~7.55 visits/member
- 2026 plan: SFHP website/social campaigns, continued newsletters, postcard distribution in threshold languages; printed brochures to be provided at next QIHEC
- Flagged Care Plus Cantonese SMI subgroup for targeted interventions

Carelon Health Equity Program Description (2026)

- Presented CQMM-approved health equity framework aligned with ACA/DHCS/DMHC/NCQA.
- Key components: 24/7 language access (phone primary; video/in-person as needed), translated materials (6th-grade target), auxiliary aids for disabilities, and nondiscrimination/grievance process.
- Provider expectations: update demographic/language data, targeted recruitment to fill gaps, promote Cultural & Linguistic Toolkit.
- Monitoring: annual population assessment, provider/member surveys, grievance trends, stratify measures by race/ethnicity/language when possible.
- Flagged priority: Care Plus Cantonese subgroup with high SMI prevalence.
- Next step: complete annual evaluation within ~1 month and circulate 2026 intervention proposals.

Utilization Management

QAPI Program

- Introduced Dedicated LTC QAPI: five elements—design/scope, governance, data/systems/monitoring, PIPs, systemic analysis/action
- Monitoring focus: PQIs, facility star ratings, ED use, preventable hospitalizations/readmissions, adverse events/critical incidents, member experience
- Methods: dashboards, audits, facility engagement, root cause analyses, corrective action tracking, escalation through governance
- Next: initial audits/data collection underway; early findings to be reported at upcoming QI meetings

UM Trilogy Documents (Medi-Cal/DSNP Program)

- Presented UM trilogy: program description, 2025 evaluation, 2026 work plan
- 2025 successes: DSNP readiness/launch, fast auth/appeal turnaround, reduced prior-auth burden, stronger inpatient oversight
- Opportunities: data/report automation, delegate alignment, specialty access/coordination, expanded auditing
- 2026 priorities: Medicare/DSNP alignment, strengthen UMC governance, integrated dashboards, delegation oversight, prior-auth optimization, behavioral health integration

UM Criteria Annual Review (Medi-Cal/DSNP Program)

- Confirmed criteria hierarchy: federal/state mandates → evidence-based guidelines (NCG updated to 29th ed) → specialty/internal criteria as needed



- Incorporated NCG 29th-edition refinements for inpatient/surgical/ambulatory/post-acute criteria
 - Emphasized audit/chart-review validation of criteria application
-

Actions Taken

Approval of Consent Calendar Items:

- QIHEC Minutes (December 2025)
- ER Report (Q3 2025)
- Grievance Report (Q3 2025)
- Appeals Report (Q3 2025)
- PQI Report (Q3 and Q4 2025)
- UM Committee Minutes (Nov and Dec 2025)
- UM Performance Report (Q4 2025)
- UM Trilogy Documents and Executive Summaries
- UM Criteria Annual Review
- Health Services P&P Updates
- Facility Site Review Annual Report (2025)

Approved:

- UM Trilogy Documents (Medi-Cal/DSNP Program)
- UM Criteria Annual Review (Medi-Cal/DSNP Program)

Next Steps

- Stand up BPHM Operational Workgroup
- Convene PQP Advisory Committee
- One-on-one provider planning for leftover PQP funds
- Provide printed BH brochures at next QIHEC
- Collect and present early LTC QAPI audit data