



## Quality Improvement and Health Equity Committee: Medi-Cal Program Minutes

**Date:** March 26, 2026  
**Meeting Place:** 50 Beale Street, 12<sup>th</sup> Floor  
San Francisco, CA 94119

Microsoft Teams Meeting  
[+1 323-475-1528,,622792691#](https://teams.microsoft.com/join/323-475-1528-622792691)

**Meeting Time:** 8:00AM – 10:00AM

### QIHEC Members Present:

Dr. Kathleen Chung, Medical Director, Value Based Care, *SFHN*; Dr. David Ofman, Chief Medical Officer, *SFCCC*; Dr. Lisa Inman, Co-Chief Medical Officer, Deputy Medical Director, *SFHN BHS*; Dr. Jackie Lam, Medical Director/QI/QA Director, *NEMS*; Alecia Martin, Director of Quality Management, *SFDPH BHS* (online); Michael Stoutmire, *SFHP MAC Member*; Maria Contreras, *SFHP MAC Member*

*Not present:* Dr. Ana Valdes, Chief Healthcare Officer, *HealthRight360*; Dr. Kenneth Tai, Chief Health Officer, *NEMS*; Dr. Blake Gregory, Primary Care Director of Population Health and Quality, Medical Director, Complex Care Program, *SFHN*; Dr. Amy Lu, Chief Quality Officer, *UCSF*

### SFHP Staff Present:

Steve O'Brien, Chief Medical Officer; Jean Giggers, Sr. Director, Health Services Clinical Operations; Malaika Stoll, Sr. Medical Director; Melissa Hugo, Director, Medicare Risk Adjustment; Sonya Barnett-Smith, Director, Utilization Management; Shenita Hurskin, Director, Quality & Population Health Management; Yves Gibbons, Manager, Quality Improvement & Population Health; Emily Turpin Srock, Supervisor, Quality Improvement & Population Health; Lauren Jami-Williams, Sr. Program Manager, Quality Programs; Edgar Rodriguez, Program Manager, Population Health; Maya Velardez, Associate Program Manager, Quality Improvement; Kathy Pham, Associate Program Manager, Behavioral Health; José Méndez, Sr. Manager, Quality Data Analytics; Jorge Ramirez, Program Manager, Quality Data Analytics; Katie Vo, Clinical Pharmacist; SeDessie Harris, Sr. Manager, Clinical Operations; Morgan Kerr, Manager, Clinical Operations; Joanie Bowes-Warren, Nurse Manager, Long Term Care

### Guests Present:

Susan Garrels, QI Lead, Carelon

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	Meeting called to order at 8:04am by Steve O'Brien, MD, CMO, San Francisco Health Plan (SFHP).		
<b>Welcome/Updates</b>	Dr. O'Brien opened the meeting and welcomed attendees and introduced the agenda. He specifically acknowledged the new Member Advisory Committee (MAC) representative, Michael Stoutmire. Dr. O'Brien continued to speak on framed member experience (CAHPS) measures as the top priority for the plan, noting that member satisfaction scores are low and that a substantial capitation withhold (approximately 18%) is tied to performance. He emphasized the health plan's intent to deploy withheld PQP funds to support provider led access and member experience projects rather than retain those funds. During the exchange, Dr. O'Brien reiterated accountability expectations for provider groups. While the plan will supply data and funding mechanisms, provider organizations remain responsible for ensuring assigned members access primary care, and he encouraged providers to engage via collaboratives or one on one meetings to design feasible interventions tied to leftover PQP funding.		
<b>Consent Calendar</b>	<ul style="list-style-type: none"> <li>• QIHEC Minutes (December 2025)</li> <li>• ER Report (Q3 2025)</li> <li>• Grievance Report (Q3 2025)</li> <li>• Appeals Report (Q3 2025)</li> <li>• PQI Report (Q3 and Q4 2025)</li> <li>• UM Committee Minutes (Nov and Dec 2025)</li> <li>• UM Performance Report (Q4 2025)</li> <li>• UM Trilogy Documents and Executive Summaries</li> <li>• UM Criteria Annual Review</li> <li>• Health Services P&amp;P Updates</li> <li>• Facility Site Review Annual Report (2025)</li> </ul>		<p><b>Motion to Approve:</b> Dr. Lisa Inman  <b>Second:</b> Dr. David Ofman  <b>Opposed:</b> None  <b>Approved:</b></p> <ul style="list-style-type: none"> <li>• QIHEC Minutes (December 2025)</li> <li>• ER Report (Q3 2025)</li> <li>• Grievance Report (Q3 2025)</li> <li>• Appeals Report (Q3 2025)</li> <li>• PQI Report (Q3 and Q4 2025)</li> <li>• UM Committee Minutes (Nov and Dec 2025)</li> <li>• UM Performance Report (Q4 2025)</li> <li>• UM Trilogy Documents and Executive Summaries</li> <li>• UM Criteria Annual Review</li> </ul>

			<ul style="list-style-type: none"> <li>• Health Services P&amp;P Updates</li> <li>• Facility Site Review Annual Report (2025)</li> </ul>
<p><b>Quality Improvement &amp; Population Health</b></p>	<ul style="list-style-type: none"> <li>• QI Workplan (Q1 2026) Yves Gibbons presented the QI work plan activities for 2026, noting that outcome data for 2026 were not yet available and the focus of this update was activities and new initiatives. They walked through the prioritized ongoing activities—provider quality performance (PQP) and the provider collaboratives (care experience, child/maternal health, behavioral health) which convene bi-monthly by topic; monthly gap-in-care reporting from the QDA team to provider groups and clinics; ADT daily data feeds to notify providers of inpatient events; and longstanding incentive activities including in-person gift card pilots for targeted measures. They continued to describe newly launched 2026 initiatives: a health equity and disparities workgroup focused on Black/African American populations across measures (breast cancer screening, blood pressure control, colorectal, prenatal, well-child), a partnership with Roots Community Health for BP control in Black/African American populations, access improvement pilots funded from leftover PQP funds (open access scheduling, weekend/after-hours clinics, weekend lab scheduling), and alignment of HEDIS tracking for ECM and CCM enrolled members. Dr. Jackie Lam asked about funding eligibility for existing weekend clinics. Yves explained the Member Experience Quality Program (MEQP) mechanism. This is when existing services can be documented and data collected, with future funding potentially split between implementation and performance. Providers expressed concern about withhold size and risk, but Yves and Dr. O'Brien explained leftover PQP funds are intended to be returned via projects and SFHP will tailor options and offer one-on-one planning. Yves noted Provider Collaboratives and the upcoming Provider Quality Performance Advisory Committee (starts summer) are entry points for engagement.</li> <li>• PHM Governance Emily Turpin Srock presented the newly established Population Health Management (PHM) governance body, its rationale, membership, scope, and first-year priorities. She explained PHM's DHCS-driven framework—population strategy alignment with local public health, systematic member information collection at enrollment and assessments, risk stratification to segment members by relative risk, and connection to programs/services (care management, transitional care, basic population health)—and noted the governance body is composed of department and team directors empowered to make resourcing and prioritization decisions. Emily described governance functions (oversight/monitoring, cross-functional corrective action, measuring program effectiveness) and the reporting structure (operational workgroups reporting to PHM governance and PHM governance reporting to QI). The group's initial focus is access, utilization, and primary care engagement per DHCS requirements: operational workgroups will inventory existing policies/procedures, develop and test cross-functional workflows (including delegated vs. non-delegated outreach models), pilot outreach strategies</li> </ul>		

	<p>(mailers and telephonic outreach with scheduling and transport support for prioritized populations), define KPIs to monitor progress (e.g., outreach completion, appointment scheduled vs. attended), and return results to governance for iterative refinement Dr. David Ofman asked about division of labor for identifying members not engaged with primary care. Emily clarified delegated groups will perform outreach where delegated, SFHP will for non-delegated groups, and pilots will test handoffs and monitoring approaches.</p>		
<p><b>Health Equity</b></p>	<ul style="list-style-type: none"> <li>• CLS Program Evaluation (2025)</li> </ul> <p>Emily presented the CLS (Culturally &amp; Linguistically Appropriate Services) Program Evaluation detailing 2025 activities and 2026 priorities. She summarized 2025 achievements: a nearly 25% increase in interpreter connections compared with 2024, more than a 50% improvement in connections established within ten minutes of request, an interpreter services education campaign, an annual interpreter services satisfaction survey, and a targeted Latinx infant well-child initiative that produced approximately a 1% compliance increase for ages 0–15 months supported by four educational workshops delivered in partnership with community organizations. Emily highlighted the program’s three core documents (program description, work plan, evaluation) and explained ongoing monitoring (grievances related to cultural/linguistic services, delegate oversight audits). For 2026 she identified priorities including enhanced interpreter service quality monitoring and remediation with the vendor, expanded delegate oversight to review training materials and protocols across providers, improved standardization of CLS practices, development of additional translated materials matched to population needs, and deeper integration of member advisory committee and community advocates into program design. When members asked about modalities, Emily confirmed most interpreter connections are telephonic, with video and in-person options available but less frequently used due to equipment and logistical constraints.</p>		
<p><b>Behavioral Health</b></p>	<ul style="list-style-type: none"> <li>• NMSHS Outreach and Education Plan/Updates (2026)</li> </ul> <p>Kathy Pham from the Behavioral Health team presented the 2026 non-specialty mental health outreach and education plan and summarized 2025 engagement activities conducted with Carelon, including pop-up tabling with Enrollment &amp; Outreach, a behavioral health article in the member newsletter, development of a general medical behavioral health brochure and a DSNP-specific brochure, and distribution plans via provider newsletters and provider network management; she reported MAC feedback recommending a postcard for Carelon services to distribute to community-based organizations. Kathy reviewed Carelon utilization and needs assessments showing a modest decline in serious mental illness prevalence (~3.22% decrease) but an increase in depression prevalence (~4.48%), and that in the Care Plus population Cantonese speakers are a sizable share with a notable SMI burden. Utilization patterns among behavioral health users indicated highest engagement among ages 21–64, higher representation of Latinx and Spanish/Chinese language users, and lower utilization among Vietnamese and Russian speakers; Q4 2025 data from Carelon showed a 5.57% increase in unique utilizers quarter-over-quarter and an average of 7.55 visits per utilizer,</p>		

	<p>signaling increasing engagement. Kathy detailed the 2026 outreach strategy—launching member education on SFHP web/social channels, continued member/provider newsletter dissemination, production and distribution of postcards in threshold languages per MAC recommendations—and committed to providing printed behavioral health brochures for distribution at the next QIHEC.</p> <ul style="list-style-type: none"> <li>Carelon Health Equity Program Description (2026)</li> </ul> <p>Susan Garrels, a QI Lead at Carelon, presented the California Health Equity Program: a CQMM-approved, regulatory-aligned framework to reduce disparities and ensure culturally and linguistically appropriate services. Key points—24/7 language access (primarily telephonic, video and in-person as needed), translated materials for threshold languages (6th-grade readability, 21-day turnaround for non-vital), auxiliary aids for disabilities, non-discrimination processes and grievance coordination, provider expectations for demographic/linguistic attestation and targeted recruitment to fill gaps, workforce training (interpreters, cultural competence, structural racism, gender-affirming care), and routine monitoring (annual population assessment, quarterly provider access surveys, member/provider experience surveys, grievance trend analysis). She flagged Care Plus/Cantonese SMI prevalence as a priority, committed to completing the annual evaluation within a month, and will circulate targeted 2026 interventions for committee review.</p>		
<p><b>Utilization Management</b></p>	<ul style="list-style-type: none"> <li>QAPI Program</li> </ul> <p>SeDessie Harris presented the Dedicated Long-Term Care QAPI program required by DHCS: a five-element framework covering design/scope, governance, data/systems/monitoring, performance improvement projects, and systemic analysis/action. The program will monitor PQIs, facility star ratings, ED use, preventable hospitalizations/readmissions, adverse events/critical incidents, and member experience using dashboards, audits, and facility engagement. The team will investigate incidents, require root-cause analyses, track corrective actions, and escalate risks through governance. Initial data collection and audits are underway; early findings will be reported at upcoming QIHEC meetings and the team requested input on PIP priorities and monitoring thresholds.</p> <ul style="list-style-type: none"> <li>UM Trilogy Documents (Medi-Cal/DSNP Program)</li> </ul> <p>Morgan Kerr summarized the UM trilogy—program description, 2025 program evaluation, and 2026 UM work plan—reporting 2025 successes (DSNP readiness/launch, strong authorization and appeal turnaround, reduced prior-authorization burden, strengthened inpatient oversight and delegate governance) and identified opportunities (data/reporting automation, delegate alignment/accountability, specialty access and care coordination, expanded inpatient/post-service auditing). The 2026 work plan priorities are Medicare/DSNP alignment, strengthened UMC governance, integrated/actionable reporting and dashboards, enhanced delegation oversight, prior-authorization optimization and system automation, improved specialty access and care coordination, and greater behavioral health integration. The trilogy</p>		<p><b>Motion to Approve:</b> Dr. Malaika Stoll  <b>Second:</b> Dr. Kathleen Chung  <b>Opposed:</b> None  <b>Approved:</b></p> <ul style="list-style-type: none"> <li>UM Trilogy Documents (2025 UM Evaluation, 2026 UM Program Description and Workplan)</li> <li>UM Criteria Annual Review</li> </ul>

	<p>updates align UM operations with regulatory and NCQA expectations and were presented as voting items.</p> <ul style="list-style-type: none"> <li>UM Criteria Annual Review (Medi-Cal/DSNP Program)</li> </ul> <p>SeDessie reviewed the annual UM criteria update: UM decisions follow a tiered hierarchy— federal/state mandates and DHCS/CMS guidance first, then evidence-based guidelines (primarily MCG, updated to the 29th edition), WPATH where applicable, and specialty/internal criteria only when external guidance is lacking. The MCG 29th-edition updates were incorporated to refine inpatient, surgical, ambulatory and post-acute criteria. She emphasized adherence to these tiers for medical-necessity determinations, ongoing audit/chart-review processes to validate application, and that the criteria review was included in the voting items approved by the committee.</p>		
<b>DSNP-Care Plus Program (9:29am – 9:39am)</b>			
<b>Meeting Adjourned</b>	Meeting adjourned at 9:39am		

Signed by: Steve O'Brien 6/11/2026  
 Signed by: Edwin Poon 6/11/2026

Minutes are considered final only with approval by the QIHEC at its next meeting.