REGULATORY COMPLIANCE AND QUALITY COMMITTEE
MEETING MINUTES
April 23, 2026
3:00 – 5:00 p.m.

The Regulatory Compliance and Quality Committee of the Board of Directors of Vaya Health conducted its regular meeting on Thursday, April 23, 2026 with PUBLIC ACCESS via electronic communication only (real-time two-way audio and/or visual communication, i.e., telephone and Microsoft Teams).

Committee Members:	**Attending:**	**Apologies:**
Billy Kennedy, Chair	X	
Pat McGinnis	X	
Ricky Graves	X	
Gwynneth Wildcatt	X	
Carson Ojamaa		X

Also participating in Regulatory Compliance and Quality Committee:
Steve Martin, General Counsel & Chief Compliance Officer; Larry Hill, Executive Vice President and Chief Financial Officer; Rhonda Cox, Executive Vice President & Chief Operating Officer; Richard Zenn, Chief Medical Officer; Andrea Hartman, Vice President of Regulatory Compliance; Kate Glance, Regulatory Reporting Director; Onika Wilson, Quality Management Director; Megan Mise, Executive Director of Clinical Quality Improvement; Nancy Zachary, Regulatory Performance Reporting Analyst; Ronnie Beale, Board Member; Mike Norris, Board Member; Nancy Baker, Board Member; Ashley Logan, Chief of Staff and Secretary to the Board; McLean Moore, Chief of Staff - Business Integrity; and no members of the public.

A. Welcome, Call to Order and Roll Call

Mr. Billy Kennedy, Regulatory Compliance and Quality Committee Chair, called the meeting to order at 3:06 p.m. Mr. Kennedy requested Ms. Ashley Logan, Chief of Staff and Secretary to the Board, conduct roll call. Ms. Logan facilitated roll call as requested, confirming a quorum of the Regulatory Compliance and Quality Committee.

B. Approval of Agenda and December 11, 2025 Meeting Minutes

Mr. Billy Kennedy made a motion to approve the Agenda and Meeting Minutes, as presented. Mr. Ricky Graves seconded the motion.
Motion unanimously approved.

C. Quarterly Comprehensive Performance Report

Ms. Kate Glance, Regulatory Reporting Director, presented the Quarterly Comprehensive Performance Report, including an overview of performance on Service Level Agreements (SLA), Clinical Quality Key Performance Indicators, HEDIS measures, delegated vendor performance, administrative key performance indicators, and compliance, risk, and provider oversight.

Ms. Glance opened the discussion with Service Level Agreements (SLA), including the non-Medicaid follow-up after discharge data, website function report metrics, and preferred formulary pharmacy utilization metrics. Dr. Richard Zenn, Chief Medical Officer, noted the Department implemented significant changes to the Preferred Drug List in October 2025 and April 1, 2026, emphasizing the disruptive impacts caused by the added pre-authorization requirement and future ability to meet the SLA requirement. Ms. Glance then shared data from the Member and Recipient Services, Provider Support, and Behavioral Health Crisis lines.

Next, Ms. Glance shared Clinical Quality Key Performance Indicators, including data on Tailored Plan penetration rates and inpatient readmissions. Mr. Ricky Graves asked whether there was a primary reason members were being readmitted. Dr. Zenn explained that the issue is complex. There are several factors that can contribute to readmission.

Continuing, Ms. Glance presented data on inpatient length of stay, facility-based crisis admissions, and emergency department admissions for behavioral health and physical health. Mr. Billy Kennedy inquired whether access to primary care physicians impacted physical health emergency department admissions. Dr. Zenn responded by stating it is a component that should be evaluated overtime to ensure individuals are not using the emergency department unnecessarily. Ms. Glance continued by presenting Transitions to Community Living (TCL) and vaccination rates. Ms. Nancy Zachary presented children boarding in emergency departments data. Ms. Glance continued by sharing the Innovations Waitlist Dashboard as of September 2025 and transitions completed by month for Money Follows the Person, pharmacy utilization for October through December 2025, and GLP-1 utilization. The Committee discussed the Oct. 1, 2025, sharp decline in plan spend for GLP-1s due to the Department ending use for obesity.

Next, Ms. Glance outlined HEDIS requirements and presented HEDIS data, including effectiveness of care measures, access and availability of care measures, utilization and risk adjusted utilization, and measures reported using electronic clinical data systems. Vaya will be performing monthly reviews of data which will allow target various factors for improvement.

Continuing, Ms. Glance presented delegated vendor performance, including the performance dashboards and access to care metrics for Avesis, Evicore by Evernorth, Modivcare, Navitus Health Solutions, National Medical Review (NMR), and Optum. Ms. Glance continued with performance updates on Prest & Associates, Carolina Complete Health (formerly WellCare of North Carolina), and the associated access-to-care metrics.

Next, Ms. Glance then transitioned to Administrative Key Performance Indicators, including employee headcount by divisions, monthly employe and 3-year annual turnover rates, human resources line reported incidents, and social media metrics.

In closing, Ms. Glance presented compliance, risk, and provider oversight data. The presentation included grievances and complaints by quarter and a breakdown by behavioral or physical health type, new provider investigation referral assignments, provider site review performance, Special Investigations Unit (SIU) data on open and closed cases and overpayments, HIPPA breach notification, privacy and security incidents, and external reviews. Mr. Kennedy commented on the difficulty of recoupment. Mr. Steve Martin, General Counsel and Chief Compliance Officer addressed SIU overpayments and the related process. Ms. Andrea Hartman, Vice President of Regulatory Compliance, expanded upon external review activity, highlighting the administrative compliance review resulting in a 100% score across the 13 subject areas and results from the performance measure validation review, network adequacy review and technical report review. Ms. Glance provided an overview if slides available in the appendix.

Mr. Billy Kennedy complimented the in-depth presentation by acknowledging the quantity and extensive nature of data compiled. Mr. Kennedy opened the floor to committee members to ask questions regarding the presentation.

Mr. Graves asked Dr. Zenn if any providers are using GLP-1s for mental health or substance use treatment in the catchment area. Dr. Zenn stated mental health and substance use diagnoses do not that allow for GLP-1 utilization at this time. Mr. Graves also inquired, in relation to the pharmacy report, whether members continue to use the high-cost medications. Dr. Zenn infusion medications are a one-time service.

Mr. Ronnie Beale, Board Chair, strongly commended Vaya staff for their work on the extensive data presented.

D. <u>Other Business</u>

Mr. Steve Martin, General Counsel and Chief Compliance Officer, provided an update on the amended Regulatory Compliance and Quality Committee schedule and noted that the

Committee will need to meet June 18, 2026 Mr. Martin confirmed no action is required at this time; the full Board will have the opportunity to approve the amended Regulatory Compliance and Quality Committee meeting schedule at the Board's May 21 regularly scheduled meeting.

E. Adjournment

Mr. Ricky Graves made a motion to adjourn. Ms. Pat McGinnis seconded the motion. Motion unanimously approved.

The Regulatory Compliance and Quality Committee adjourned at 4:44 p.m.

Ashley Logan
Chief of Staff and Secretary to the Board