



2022

Quality Management Annual Evaluation

Executive Summary

June 2023

MISSION AND VISION

The purpose of the 2022 Annual Evaluation is to assess IEHP's Quality Improvement Program. This assessment reviews the quality and overall effectiveness of the program by reviewing all studies performed and implemented by various IEHP departments in 2022, including areas of success and needed improvements in services rendered, and if there is a need to restructure or change the QI program for the subsequent year. This annual evaluation reviews various committee and subcommittee structures, adequacy of resources, minutes and reports submitted both internally and externally, practitioner participation and leadership involvement in the program as well as data to review all program outcomes. The Quality Management Department leads IEHP's Annual Evaluation assessment in a collective and collaborative process utilizing data and reports from committees, departments, content experts, data analysts, and work plans to analyze and evaluate the effectiveness of the Quality Programs. Overall effectiveness of the programs is assessed by analyzing and trending the goals and actions of the studies, reviewing qualitative and quantitative results, providing a causal analysis and defining barriers, interventions, opportunities for improvement and next steps.

The design of IEHP's Quality Management Program is aligned to support IEHP's Mission, Vision and Values (MVV) as it aims to improve the quality of care, access to care, patient safety, and quality of services delivered to IEHP Members.

Mission: We heal and inspire the human spirit.

Vision: We will not rest until our communities enjoy optimal care and vibrant health.

Values: We do the right thing by:

- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health & well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.

QUALITY MANAGEMENT PROGRAM DESCRIPTION

IEHP supports an active, ongoing, and comprehensive Quality Management (QM) Program with the primary goal of continuously monitoring and improving the quality of care, access to care, patient safety, and quality of services delivered to IEHP Members. The QM Program provides the structure and framework necessary to monitor and evaluate the quality and appropriateness of care, identify opportunities for clinical, patient safety, and service improvements, ensure resolution of identified problems, and measure and monitor intervention results over time to assess any needs for new improvement strategies.

The Quality Management Committee (QMC) approves the QM Program annually. This includes review and approval of the QM Program Description, QM/QI Work Plan, and the QM Annual Evaluation to ensure ongoing performance improvement and program effectiveness. The QM Program is designed to oversee the quality of care provided to IEHP Members in all health care settings by:

1. Defining the Program structure;
2. Assessing and monitoring the delivery and safety of care;
3. Assessing and monitoring, population health management provided to Members, including behavioral health and care management services;
4. Supporting Practitioners and Providers to improve the safety of their practices;
5. Overseeing IEHP's QM functions through the QM Committee;
6. Involving designated physician(s) and staff in the QM Program;
7. Involving a behavioral healthcare Practitioner in the behavioral health aspects of the Program;
8. Involving Long-Term Services and Supports (LTSS) Providers and Professionals with expertise in LTSS in the QM Program;
9. Reviewing the effectiveness of LTSS programs and services;
10. Ensuring that LTSS needs of Members are identified and addressed leveraging available assessment information;
11. Identifying opportunities for QI initiatives, including the identification of health disparities among Members;
12. Implementing and tracking QI initiatives that will have the greatest impact on Members;
13. Measuring the effectiveness of interventions and using the results for future QI activity planning;
14. Establishing specific role, structure and function of the QMC and other committees, including meeting frequency;
15. Reviewing resources devoted to the QM Program;
16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and
17. Assessing and monitoring processes to ensure the Member's cultural, racial, ethnic, and linguistic needs are being met.

AUTHORITY AND RESPONSIBILITY

The QM Program includes tiered levels of authority and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through a number of different committees and subcommittees.

IEHP Governing Board: IEHP was created as a public entity as a result of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties. Two (2) Members from each County Board of Supervisors sit on the Governing Board as well as three (3) public Members from each county. The Governing Board provides direction for the QM Program, evaluates QM Program effectiveness, and evaluates and approves the annual QM Program Description.

Quality Management Committee: The QM Committee reports to the Governing Board and retains oversight of the QM Program with direction from the Chief Medical and Chief Quality Officers. The QM Committee disseminates the quality improvement process to participating groups, Physicians, Subcommittees, and internal IEHP departments. The QM Committee meets at least quarterly to report findings, reports actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommends policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

QM SUBCOMMITTEES: The following Subcommittees, chaired by the IEHP Chief Medical Officer, Chief Quality Officer or designee, report findings and recommendations to the QM Committee:

1. **Quality Improvement Subcommittee:** analyzes and evaluates QI activities and reports results; develops action items as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
2. **Peer Review Subcommittee:** The Peer Review Subcommittee serves as the committee for clinical quality review of Practitioners; evaluates and makes decisions regarding Member or Practitioner grievances and clinical quality of care cases.
3. **Credentialing Subcommittee:** provides discussion and consideration of all network Practitioners being credentialed or re-credentialed; reviews Practitioner qualifications including adverse findings; approves or denies continued participation in the network every three (3) years for re-credentialing.
4. **Pharmacy and Therapeutics Subcommittee:** reviews IEHP's medication formulary, monitors medication prescribing practices by IEHP Practitioners, under- and over-utilization of medications, provides updates to pharmacy related programs, and reviews patient safety reports related to medication.
5. **Utilization Management Subcommittee:** The UM Subcommittee reviews and approves the Utilization Management, Disease Management and Behavioral Health Programs annually. The Subcommittee monitors for over-utilization and under-utilization; ensures that UM & BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and CPGs that are not primarily medication related.

DELEGATION OVERSIGHT

The Delegation Oversight Study provides an annual assessment of the Annual Delegation Oversight Audit (DOA) which evaluates the Delegate's abilities to carry out their delegated responsibilities in the areas of Quality Management (QM), Utilization Management (UM), Care Management (CM), Credentialing (CR), Compliance and Fraud, Waste and Abuse (FWA), HIPAA Privacy, and HIPAA Security. Oversight of Medi-Cal Delegates is conducted through regular extensive evaluations including monthly reporting and file audits, quarterly, semi- annual and annual reporting, and the annual DOA. The study period was July 2021 through June 2022.

In 2022, the goal of the study was to evaluate the Medi-Cal Delegates' overall performance from July 2020 through June 2021 for delegated responsibilities as compared to the 2019-2020 DOA performance results. The 2020-2021 DOA goals were to ensure that Delegates' performance demonstrated improvement in providing Member Care that is aligned with regulatory and IEHP requirements and guidelines. Monthly oversight monitoring activities allow IEHP to identify any challenges the Delegates may encounter throughout the year. This frequent monitoring ensures timely mitigation through a corrective action plan process that supports sustained resolution. The desktop audit and system validation audits allow IEHP to conduct more comprehensive file and policy documentation review and allows for interviewing of delegate staff involved in the delegated activity.

A year-to-year comparison of the 2021-2022 Delegation Oversight Audit Results and the 2020-2021 Delegation Oversight Audit demonstrated an overall increase in scores in the areas of CM Policy Review, Waiver Program File Audit and Credentialing Policy and Procedure. Although some Delegates fell just below the 90% threshold for Credentialing, most showed year over year improvement. Compliance and FWA and HIPAA Privacy scoring showed some improvement, but there were continued struggles with delegates producing evidence of their audit and monitoring (A&M) activities, and oversight of their downstream entities. Additionally, enhancements were made to the audit tools for 2021-2022, which included additional attributes to be tested and an updated scoring methodology.

As a result of the 2021-2022 DOAs conducted, IEHP's Delegation Oversight Committee will continue to further develop the Delegation Oversight Program to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as we see necessary and/or as requested by our Delegated IPA partners.

QUALITY IMPROVEMENT INITIATIVES

HEDIS®: The Healthcare Effectiveness Data and Information Set, HEDIS®, is one component that is utilized by the National Committee for Quality Assurance (NCQA) in the health plan accreditation process. HEDIS® is used by more than 90 percent of health plans in the United States to measure performance on important dimensions of care and service. IEHP uses HEDIS® results as a tool to help focus its quality improvement efforts and as a way of monitoring the effectiveness of services provided

HEDIS® 2021 includes 92 measures across 6 domains:

1. Effectiveness of Care.
2. Access/Availability of Care.
3. Experience of Care.
4. Utilization and Risk Adjusted Utilization.
5. Health Plan Descriptive Information.
6. Measures Collected Using Electronic Clinical Data Systems.

Data collection methods for HEDIS® measures include administrative, hybrid, survey, and electronic clinical data systems data (ECDS). Administrative information is collected through claim and encounter data. Hybrid measure information is captured using administrative data supplemented with medical record review of a sample population. Rates are reported separately for Medi-Cal and CMC lines of business. HEDIS® data is collected throughout the year. From January to May 2022, administrative data from claims/encounters continued to be captured and medical records were retrieved from Providers and reviewed for hybrid measures. IEHP reported HEDIS® MY 2021 results to NCQA in June 2022.

HEDIS® results are important because they are Required for NCQA accreditation and Required by the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) for quality monitoring. They are also Essential in identifying areas for quality improvement and used for quality oversight.

For Medi-Cal, IEHP reported HEDIS® measures and sub-measures that are a part of the NCQA Health Plan Ratings and DHCS MCAS measure set. All required measures were submitted timely, passing all independent audit validation requirements to DHCS and NCQA for Medi-Cal performance in measurement year 2021 (HEDIS® 2022).

Using benchmarks based on the 2022 NCQA Health Plan Ratings Percentiles and the 2022 NCQA Quality Compass National Benchmarks for Medicaid, IEHP's performance were in the following ratings categories:

- Four (4) measures demonstrated a rating in the 90th percentile
- Three (3) measures demonstrated a rating in the 75th percentile
- Twelve (12) measures demonstrated a rating in the 66th percentile
- Three (3) measures demonstrated a rating in the 50th percentile
- Twelve (12) measures demonstrated a rating in the 33rd percentile
- Five (5) measures demonstrated a rating in the 25th percentile
- Nineteen (19) measures demonstrated a rating in the 10th percentile
- Six (6) measures demonstrated a rating <10th percentile
- Four (4) measure have no rating (NA) due to significant changes in measure specifications for the 2021 MY

For the Cal MediConnect line of business, IEHP reported HEDIS® measures and sub-measures that are a part of the NCQA Health Plan Ratings IEHP's Health Plan Ratings performance were in the following ratings categories listed below. All benchmarks noted are based on the 2021 NCQA Health Plan Ratings Percentiles and the 2021 NCQA Quality Compass National Benchmarks for Medicare.

- One (1) measure demonstrated a rating in the 90th percentile
- Five (5) measures demonstrated a rating in the 75th percentile
- Five (5) measures demonstrated a rating in the 66th percentile
- Six (6) measures demonstrated a rating in the 50th percentile
- Thirteen (13) measures demonstrated a rating in the 33rd percentile
- Fifteen (15) measures demonstrated a rating in the 10th percentile
- Eleven (11) measures demonstrated a rating in the <10th percentile
- One (1) measure has no rating (NA) due to significant changes in measure specifications for the 2021 MY

Improvement activities are planned and/or in place for 2022-2023 to improve HEDIS® performance. Activities fall into one of four main categories: Incentives, Education, Member Support, and Data Improvements.

Quality Improvement Projects: IEHP implements a number of Performance Improvement Projects (PIPs) and MCAS PDSA projects that are required by regulatory agencies such as DHCS.

1. PIPs – Performance Improvement Projects that focus on testing interventions on a small scale utilizing the PDSA cycles over the course of three years. The PIP process is structured into four (4) phases and includes a total of four modules.
2. MCAS PDSA Projects – Conducted for Managed Care Accountability Set (MCAS) measures that did not meet the Minimum Performance Level (MPL), the PDSA projects consist of three short-term, small-scale intervention cycles to identify best practices for adoption and spread within the health plan.

These studies focus on one (1) or more clinical or non-clinical area(s) with the aim of improving health outcomes and/or Member satisfaction. All studies are developed in collaboration with regulatory agencies and are reported as outlined in the current regulatory requirements. The PIPs are generally three (3) years in length. IEHP provides timely updates to DHCS regarding the PIPs and PDSAs. The Quality Improvement Department is responsible for monitoring these programs and implementing interventions to make improvements.

- **DHCS Health Equity PIP - Controlling High Blood Pressure for Members Identified as Black assigned to IPA partners.**
 - Through analysis of the Medi-Cal Controlling High Blood Pressure measure, IEHP identified a health disparity for Members identified as Black and partnered with an IPA to deliver focused interventions to this group. IEHP's Pharmacy team issued Targeted Medication Review blast faxes to assigned Providers encouraging them to review their Members' medication regimen and to leverage 90-day supplies of medication. Additionally, the Pharmacy team conducted Member outreach to provide education on the availability and benefit of a 90-day medication supply.
- **DHCS Child/Adolescent Health PIP - Well Care Visits for Members 18-21 years of age assigned to Provider clinic.**
 - In analyzing IEHP's Well Care Visit measure, IEHP identified that Members 18-21 years of age demonstrated the lowest well care visit rates. IEHP partnered with a Provider clinic to complete Member outreach through phone and text, including an option to self-schedule an appointment, to encourage Members to complete their visit.
- **DHCS Diabetes Care – Hemoglobin A1c Poor Control PDSA.**
 - IEHP identified an opportunity to improve HbA1c testing rates among Members with diabetes ages 18-40. Through partnership with Provider sites with high volume of diabetic Member assignment, IEHP distributed monthly lists of Members newly diagnosed with diabetes for referral consideration to IEHP's Diabetes Self-Management Program via the secure IEHP Provider Portal.

Encounter Data Validation: IEHP conducts a review of Encounter Data Completeness and Encounter Data Accuracy using a random sample of IEHP medical records. The purpose of this study is to assess data completeness and accuracy by examining medical records for accurate

procedure codes, diagnosis codes, and elements such as Provider name and Member name in the medical record. The results of the Encounter Data Validation study reveal Medical Record Accuracy and Completeness overall score of 87.7%. This shows an increase in overall rate compliance from last year.

The Encounter Data Validation Study results reveal inaccurate and incomplete encounter data. IEHP will continue to work closely with PCPs and IPAs to help with meeting encounter data standards. Provider monitoring and education will continue for 2022. Improptu Payment Measure (IPM) audits will be utilized on a go-forward basis.

Encounter data is included in the IPA P4P Program as a data gate and is a primary data source for PCP measures. The goal is to incentivize PCPs and IPAs in meeting the encounter data submission goal.

ACCESS TO CARE

IEHP maintains access standards applicable to all Providers and facilities contracted with IEHP. All PCPs, BH Providers, and Specialists must meet the access standards in order to participate in the IEHP network. IEHP monitors practitioner access to care through access studies, review of grievances and collaboration of interventions. The access studies performed for 2021 include the following:

- **Provider Language Competency Study:** The Provider Language Competency Study (i.e., Spanish Language Audit) is conducted annually to verify Spanish-speaking staff is available to IEHP's Members. This annual study assessed the availability of Spanish speaking staff at the Providers office. The results were grouped into PCPs, OB/Gyn. Providers, and Vision Providers. The methodology from 2021 to this year was changed due to DHCS expanding the number of threshold languages for San Bernardino County. In 2021, it was just Spanish, and in 2022 it includes Spanish, Chinese (which includes Mandarin and Cantonese), and Vietnamese. For each metric set, IEHP met the goal of at least 85%. This means that for PCP and high-volume/impact specialist offices and for each threshold language, 85% of the offices confirmed either through fax or phone that the language is spoken at the office.
- **Provider Network Status Study:** The purpose of the Provider Network Status Study is to ensure IEHP is compliant with CMS, DHCS, and DMHC regulatory standards for time, distance, and Provider to Member ratios, as well as to monitor NCQA guidelines. Regulatory agencies establish these standards to ensure adequate access to primary and specialty care for Members. All Network Providers (including Non-Physician Practitioners, Midlevels, and Extenders), and Facilities, with a select specialty or facility type, active as of 11/01/2022, are included. The goal of the study for time (minutes) or distance (miles) is to achieve at least 90% compliance for non-NCQA specialties. Another goal of the study is for the Provider to Member ratios to meet or exceed the required number of Providers in each specialty. The results of the 2022 Provider Network Status Study reveal that all Provider types and Facilities met the time/distance standards. Overall, all 86 of the time/distance standards were met. For the Provider to Member ratio, 89 out 98

standards were met which resulted in a 91% compliance rate. The Providers, which are below the standard, are in the following Specialties: General/Family Practice Primary Care, Cardiology, Pain Management, Bariatric Surgery, Neurology, Pulmonology and Urology. This was due to a change in methodology for the Provider counts in 2021 and a continued increase in membership.

- **Provider After-Hours Access Study:** The Provider After-Hours Access study is conducted annually to assess the after-hours accessibility of Providers within the IEHP network. The study assesses the after-hours call handling protocol of contracted Primary Care, Specialists, and Behavioral Health Practitioners. It is used to monitor Provider compliance and to ensure that IEHP Members have appropriate guidance and access if care is needed from their Providers after office hours. Annually, IEHP collects Provider after-hours access data from Provider offices using a standardized survey. Provider responses are then compared to acceptable protocols to determine compliance. PCPs and BH Providers (Psychologists, Psychiatrists, MFTs, and LCSW) were surveyed. The goal is to reach a 90% compliance rate for both call types; ability to connect to an on-call Physician, and appropriate protocol for a life-threatening emergency call. The 2021 results revealed the following compliance rates for an On-call Provider Access: PCP 54.0%, BH non-prescribing Provider 15.6%, and Psychiatrists 17.2%. For a life-threatening emergency call, the compliance rates are as follows: PCP 97.0% BH non-prescribing Provider 87.3%, and Psychiatrists 89.0%.
- **After-Hours Nurse Advice Line:** Annually, IEHP conducts ‘After-Hours Nurse Advice Line’ Study to assess the After-Hours availability for IEHP Members through a contracted after-hours Nurse Advice line (NAL). IEHP ensures the arrangement of a triage or screening service by telephone 24 hours a day, 7 days a week. During triage or screening call, the Member’s health is assessed via telephone by a qualified health professional for the purpose of determining the urgency of the need for care. IEHP must also ensure that triage or screening services are provided in a timely manner. The annual study evaluates the average speed of answer time to a Member’s call and the average call abandonment rate. The results for 2021 are as follows: average speed of answer time is 41.6 seconds and average call abandonment rate is 4.2%. IEHP did not meet the goal of < 30 seconds for average speed of answer time but did meet the goal of < 5.0% for call abandonment rate.
- **Assessment of Cultural, Ethnic, Racial and Linguistic Needs Study:** Annually, IEHP conducts the ‘Cultural and Linguistics’ Study is used to identify the cultural, racial, linguistic and ethnic diversity of IEHP’s PCP and Member populations. The 2022 Assessment of Ethnic and Linguistic Needs study results show that IEHP met the language distribution for English and Spanish PCPs to Member ratio, exceeding the standard of 1.0 PCPs per 2,000 Members for both English and Spanish languages. For Race and Ethnicity, IEHP met the ethnicity distribution for White and Asian Members but continued to fall short the goal of 1.0 PCPs per 2,000 Members for the Hispanic and Black populations. Race and Ethnicity is an optional field on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting application. Many Providers do not report their Ethnicity; therefore, this may not provide an accurate depiction of PCP to Member ratios.

- Provider Appointment Availability Access Study:** The purpose of the Provider Appointment Availability Access study is to assess appointment access for PCPs, Specialist Providers, and BH Providers in accordance with NCQA/DMHC and DHCS standards. This study examines the availability of practitioners for different appointment types such as urgent care appointments and routine care appointments. The 2021 Provider Appointment Availability study reveals an overall noncompliance among most Providers. The Provider and visit types which display improvement in performance from the prior year are PCP (routine visits), Specialists (both visit types) and non-prescribing BH Providers (urgent visits). PCP and Specialist IPA performance was higher for routine visits compared to urgent visits. Activities expected to support the access to care performance will continue in place for 2022 such as the GQP4P Program to incentivize Providers, the Network Expansion Fund and Specialty Recruitment efforts. To support the IPAs, the Delegation Oversight Team will continue to request corrective action plan, provider education, and follow up call campaigns completed by the IPAs.
- Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care:** Annually, IEHP conducts the ‘Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care’ Study. The IEHP Hospital P4P Program was developed to reward Hospitals for providing high quality care to IEHP Members. Specifically, the study assesses the effectiveness of the Hospital P4P Program in improving the following measures: Post Discharge Follow up, Manifest MedEx participation, Physicians Orders for life Sustaining Treatment (POLST) registry utilization, and Postpartum Care (PPC). Hospitals with an active IEHP contract for the Medi-Cal population at the beginning of the measurement year are eligible for Hospital P4P Program participation and were included in the 2021 study results. The set goals for two out of the four measures assessed in this study were not met for 2021. Barriers were identified and interventions for improvement were developed going forward. All measures in the study will continue to be assessed annually to measure performance and identify areas of opportunity. Furthermore, the Follow-Up Care for Mental Health or Substance Use Disorder Emergency Department (ED) – 7 Days measure was added to the 2022 Hospital P4P Program and will be assessed in next year’s assessment. The IEHP Quality Team supports Hospitals with quarterly performance reports and are available to assist Hospitals, individually as requested, with data concerns and overall P4P Program support.
- Physical Accessibility Review Survey (PARS) Timeliness:** The purpose of the PARS study is to capture completed PARS for active IEHP Specialist Sites, Ancillary Provider Sites and CBAS facilities identified as high volume and needing a PARS assessment in calendar year 2022. Each Site receives one of two *Level of Access* scores as determined by DHCS requirement: “Basic”, which meets all facility site access requirements (also referred as Critical Elements) or “Limited” which is deficient in one or more of the *Critical Elements*, facility site access requirements. The results of the 2022 Annual Physical Accessibility Review Survey (PARS) revealed an overall timely completion of all due PARS with the exception of twelve (12). Due to limited resources and site scheduling conflicts, these remaining twelve PARS were successfully scheduled and completed in early 2023. All IEHP PARS information has been updated and provided to DHCS and/or CMS regulators in a timely manner.

- **Provider Directory Accuracy Study:** The purpose of the Provider Directory Accuracy Study is to verify that the information listed in the Provider Directory is correct. IEHP performs an annual evaluation of its physician directories for accuracy of office locations, accuracy of hospital affiliations, accuracy of accepting new patients, and awareness of physician’s participation in the health plan’s network. The results of the 2022 Provider Directory Accuracy Study revealed that IEHP exceeded the goal of at least 90% compliance for each factor and overall. The compliance rate for all four factors was relatively the same across all specialties. The overall accuracy rate for all factors combined decreased slightly from 99.8% in 2021 to 99.7% in 2022. IEHP will continue the current process of verifying the Provider directory on a bi-annual basis to ensure network accuracy.

MEMBER AND PROVIDER EXPERIENCE

IEHP is committed to improving the quality of health care delivered to its Members. The studies noted below were completed in and analyzed for results in developing interventions and a purposeful focus in improving the experience for Members and Providers.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey: IEHP conducts a comprehensive CAHPS® survey and analysis annually to assess Member experience with healthcare services. This standardized survey focuses on key areas like accessing needed care; accessing appointments to PCPs and Specialists (SPCs); satisfaction with IEHP and its Practitioners; and other key areas of the Plan operations. As a part of the annual evaluation, IEHP reviews the CAHPS® results to identify relative strengths and weaknesses in performance, determine where improvement is needed, and to track progress with interventions over time.

SPHA conducted the Member experience survey from February 2022 through May 2022. For the CAHPS® Adult section of this report, a random sample of 1,823 cases was drawn from IEHP Members 18 years of age or older as of December 31, 2021, who were continuously enrolled in IEHP for the last six months as of December 31, 2021.

For Overall Ratings scores: Rating of Personal Doctor rates at the 10th percentile. For Rating of Specialists at 90th percentile, Rating of Health Care at 66th percentile, and Rating of Health Plan at 66th percentile.

The highest-ranking composite is the ‘Customer Service’ composite at 25th percentile, while the lowest ranking composites are the ‘How well Doctors Communicate’, the ‘Getting Needed Care’ and the ‘Getting Care Quickly’ at the 10th percentile.

Provider Experience: Annually, IEHP conducts the ‘Provider Satisfaction’ survey. The annual survey assesses the satisfaction experienced by IEHP’s network of PCPs, Specialists, and Behavioral Health Providers. Information obtained from the survey allows IEHP to measure how well Providers’ expectations and needs are being met. The study examines Provider experience in the following areas: Overall Satisfaction, All Other Plans (Comparative Rating), Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, and Provider Relations. The results for 2022 reveal that IEHP scored at the 99th percentile for overall satisfaction when compared to the SPH Analytics Medicaid Book of

Business. (The Book of Business consists of data from 86 plans representing 16,398 respondents in Primary Care, Specialty, and Behavioral Health areas.) Additionally, 98.2% of Providers would recommend IEHP to other Physician Practices. The results for all other composites are as follows: Pharmacy Composite: 99th percentile, UM and QM Composite: 98th percentile, Finance Issues: 98th percentile, Call Center Service Staff Composite: 99th percentile, Network/Coordination of Care Composite: 96th percentile, Provider Relations Composite: 88th percentile.

Grievance and Appeals: The Grievance and Appeal Study is conducted annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. IEHP has established categories and quantifiable standards to evaluate those grievances (i.e., complaints) which are reported to IEHP by Members. Once received by IEHP, all grievances are categorized into the following categories, including but not limited to: Access, Attitude and Service, Benefits, Billing and Financial, Compliance Enrollment/Disenrollment, Quality of Care, and Quality of Practitioner site. For 2021 and continuing into 2022, for both declined and exempt grievances specifically, the grievance category with the largest volume and highest rate per Member months was the Quality of Service category, followed by access. Additionally, all grievances are assigned levels to determine the severity. The levels range from Level Zero (no issues found) to Level 4 (issue was found and resulted in significant harm to the Member) The Grievance and Appeals Department regularly analyzes all grievance and appeal data internally. The results of the 2022 Grievance and Appeals annual assessment revealed an increase in grievance case volume at 43,945 with specific trends identified in Attitude/Service for Transportation Provider, and IEHP internal department grievances. This was a 29% increase from 2021. The major contributor regarding the increase in overall grievance volume has been the changes in healthcare due to the pandemic.

IEHP's Member Portal: Annually, IEHP conducts a quality and accuracy assessment of Member information and functionality available on IEHP's Member Portal. Testing conducted by IEHP's Quality Assurance (QA) team included both positive and negative scenarios for Member ID cards and Member PCP changes. The goal is 100% in all accuracy and quality testing scenarios. IEHP's Quality Assurance team conducted testing scenarios to assess the quality and accuracy of Member information and functionality available on IEHP's Member Portal in February 2022. During the assessment, all of the tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios. The results of the testing done in 2022 were comparable to the results in 2021 and there were no significant changes or issues identified.

Behavioral Health Treatment (BHT) Member Satisfaction Survey: The purpose of this study is to assess Member Experience with IEHP's Behavioral Health Treatment (BHT) services. BHT services, including Applied Behavior Analysis (ABA) and other evidence-based interventions are based on reliable evidence-based treatments that develop or restore, to the maximum extent practicable, the functioning of an individual. BHT Member satisfaction survey results reveal satisfaction in the majority of areas. Satisfaction with the IEHP BHT team was relatively higher than prior year in Members receiving the answers or help they needed (100% responding positively, an increase in nearly 3% from 2021). In addition, 84% of Members reported satisfaction with their BHT Provider, which remained stable from the previous year.

There was one question that demonstrated a lower satisfaction rate: 'Does the ABA provider work with the child's other health care and school experts', where only 44.6% of respondents reported

positively. It is important to note the possible impact of the public health emergency (PHE) may impact this question. In addition, as stated below, there are no specific mandates provided to schools nor BHT Providers, stipulating collaboration.

Behavioral Health Member Experience Survey: The BH Program Member Experience Survey is conducted annually by the Quality Systems Department in partnership with the Behavioral Health and Care Management Department. The survey assesses Members' overall experience with the services provided by the BH Program which include BH Providers and IEHP's BH Department. Additionally, an assessment of all grievances against any IEHP BH Provider, or the BH and CM Program staff was also included in the study. The objective is to assess the quality of IEHP's behavioral health services and identify any areas for improvement.

This is IEHP's sixth year utilizing the ECHO 3.0 survey to assess Members' overall experience with services provided by the Behavioral Health (BH) Program. Out of the 25 goals in 2022, 13 were met, which is a 12% increase from 2021. It is important to note that the overall rating questions as it pertains to the overall Health Plan, Counseling services, and rating of the Clinician all improved from the year prior as well. Additionally, the scores about receiving services sooner also improved compared to 2021.

The Public Health Emergency was extended into 2022 and as a result, Behavioral Health Services, specifically therapy services continued to be sought after at an increased rate. In 2022, 210 additional Members participated in this survey compared to 2021. Even though the Public Health Emergency remained, there was over a 2% increase in Members feeling like they received BH treatment quickly and a 2% increase in Members receiving an appointment as soon as they wanted one. Further, there was nearly a 2% increase in Members feeling like their Clinicians listened to them.

Assessment of Member Experience: This study provides a comprehensive review of Member experience using Member survey data as well as Health Plan data to evaluate Member experience related to health care services. Member surveys utilized in this report are the annual CAHPS® survey and IEHP's Member Experience surveys which assess Member experience related to access to care, coordination of care, ratings of personal doctor, health plan, and health care. Results from this study will assist IEHP in increasing the quality of care provided, identify areas of weaknesses and strength and plan for interventions. This comprehensive report found two (2) areas of strength and three (3) areas of opportunities for Member experience. Rating of Health Plan and Rating of Specialist (child survey) are noted areas of strength. Several areas in the CAHPS® surveys revealed improvements or met goals. The following areas were identified as areas of opportunity for IEHP: Experience with PCP Care, Getting Care Quickly, and Rating of Specialist.

PATIENT SAFETY

IEHP recognizes that patient safety is a key component of delivering quality health care and focuses on promoting best practices that are aimed at improving patient safety. IEHP engages Members and Providers in order to promote safety practices. IEHP also focuses on reducing the risk of adverse events that can occur while providing medical care in different delivery settings.

Potential Quality Incident: IEHP conducts a review of its Potential Quality Incidents (PQI) which include documentation and resolution of PQIs identified by Members and internal sources. In March 2022, IEHP implemented a new leveling system. The process includes a review of case documents (e.g., medical records) to determine severity and classify into one of the following levels: Level 0 is unsubstantiated PQI due to lack of evidence, documents, and/or information to open a PQI case; no documented evidence of harm to the Member; and/or no negative outcome(s) to the Member. PQI case to be cancelled; Level 1 is substantiated PQI with documented evidence or suspected Member inquiry or harm. Injury is minor or with temporary adverse effects to the Member. No long-term negative outcome to the Member. Member will recover fully with no limitations; Level 2 is substantiated PQI with documented evidence or suspected Member inquiry or harm. Injury is minor with minimal adverse effects to the Member. Minor negative impact to the Member but impact is reversible. Member will recover with minor limitations; Level 3 is substantiated PQI with documented evidence or suspected Member injury or harm. Major injury to the Member with moderate negative outcome but major negative impact to the Member. May have some prolonged or permanent residual effects. Member may recover with some limitations; Level 4, substantiated PQI with documented evidence or suspected Member injury or harm with a very serious negative outcome. Injury presented with permanent disability or mortality. By end of the third quarter of 2022, IEHP had received 176 Potential Quality Incident (PQI) cases.

The Quality Team's continued goal is to ensure all PQIs are investigated and closed within 120 calendar days upon receipt of the PQI. The Quality Department will continue to conduct internal department trainings for 2022 as requested. Quality will continue to support the Medical Director's and their staff to review PQI cases to reduce volume and maintain timeliness compliance.

Management of Inpatient Discharge Transitions Study: The Transition of Facility to PCP Effectiveness Study assesses the Plan's effectiveness in managing Members' care transitions from Inpatient Facility to home to Primary Care Provider. Specifically, the study assesses the following three (3) areas: Health Plan Communications with the PCP during hospitalization, completion of a PCP visit within 14 and 30 days of discharge, and effectiveness of identifying admission and discharges at the Plan in a timely manner. The goal is to monitor and improve continuity and coordination of care across the health care network.

All Medi-Cal Members with evidence of a hospital discharge any time during the measurement year (1/1/2021 – 11/30/2021) were included in the study. For the Post Discharge follow-up with a Physician within 14 and 30 days of discharge measures, the discharges included in this study are from 01/01/2021 to 11/30/2021.

The 'Health Plan Communication with the PCP' measures reveal a 100% compliance in 3 of the 4 measures. Measure #4, 'Notifications viewed by PCP via Provider Portal' shows a decline for the past 3 measurements. The current rate of 0.09% did not meet the goal. The CM/BH Team is currently in the process of developing plan/workflow for transition of care for all Medi-Cal Members.

Screening for Provider Preventable Conditions through Encounter Data: The purpose of this study is to identify any Provider Preventable Conditions (PPCs) that may have not been captured

through standard self-reporting. Provider Preventable Conditions are strictly defined Quality Incidents. The objective of the encounter data mining process for PPCs is not only to detect any missed cases but to identify and potentially trend any issues that are discovered.

PPCs consist of Health Care-Acquired Conditions (HCAC) when they occur in acute inpatient hospital settings only and Other Provider-Preventable Conditions (OPPC) when they occur in any health care setting. HCACs are the same as Hospital-Acquired Conditions (HAC) for Medicare, except that the Department of Health Care Services Medi-Cal does not require providers to report deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age for Medi-Cal Members.

All Members from all lines of business who were enrolled with IEHP at any time during the measurement year (1/1/2021 – 12/31/2021) were included in the study.

There were thirteen (13) confirmed PPCs in CY 2021 (21%). This was a slight increase from CY 2020 which is likely due to the COVID-19 pandemic. A noted barrier was that during the pandemic, hospital priorities shifted which resulted in a lower number of Members accessing care. IEHP will continue to educate providers by communicating APL guidelines on an annual basis, as well as during hospital Joint Operation Meetings, as necessary.

POPULATION HEALTH MANAGEMENT

Population Health Management (PHM) Population Assessment: Annually, IEHP assesses the characteristics of the membership to identify Member needs and to review and update its PHM structure, strategy and resources. IEHP assesses areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI). Based on this assessment, IEHP will review its PHM structure, activities and other resources such as Community programs to ensure that Member needs are met.

The goal is to ensure that IEHP targets the appropriate populations in need of care. The analysis consists of different populations such as Overall Population, Children and Adolescent Population, Individuals with disabilities, and Individuals with serious and persistent mental illness (SMPI). An additional assessment of IEHP's costliest diagnoses assist the PHM Program to expand on any identified areas and further improve Member care. An analysis of HEDIS® disparities was also assessed to determine where efforts may be needed. A comprehensive analysis of findings and barrier considerations were assessed for PHM Program enhancements.

Data was collected from IEHP's claims and encounters systems, IEHP's Medical Management System, HEDIS® data and ACG data. All Members who were currently active at the time of the study were included in this analysis.

Based on medical claims and behavioral health claims data, the top diagnoses in the general population as well as the SPD population are Hypertension, Hyperlipidemia, Type 2 Diabetes and Obesity. For children and adolescents, the top diagnoses are disorders of refraction, obesity and

Vasomotor and allergic rhinitis. For BH Members, the top diagnoses are major depressive disorder, other anxiety disorders, and nicotine dependence. An analysis using HEDIS® measures to identify disparities was also included in this report. More specifically, disparities related to ethnic groups were identified in the following areas: For Pediatric Preventative Care, Black Ethnicity disparity across all measures was identified and For Women’s Health, Caucasian ethnicity had a disparity in 4 out of 5 measures for 3 consecutive years (MY 2019, MY 2020, MY 2021). For chronic conditions, Controlling Blood Pressure and Antidepressant medication management was identified as a disparity for Black Ethnicity. Diabetes A1C control under <8 as well as Antidepressant medication management was identified as a disparity for Hispanic ethnicity.

Population Health Strategy Effectiveness: The organization measures the effectiveness of its Population Health Management (PHM) strategy. Annually, IEHP Outlines its PHM Strategy for meeting the care needs of the Members and designs a cohesive plan of action to address Member’s needs. This study assesses the impact of the PHM strategy using clinical, utilization and Member experience measures and identifying opportunities for improvement. In 2021 (data reported in March 2022), the PHM Effectiveness study assessed the following Programs: Health Homes (HHP), My Path Palliative Program, IEHP’s Housing Initiative, and the Complex Case Management (CCM) Program.

For 2021, results from selected population health programs including Health Homes, My Path, IEHP’s Housing Initiative, and the Complex Case Management programs were reviewed. These programs target members with emerging risk, outcomes across settings, and members with multiple chronic illnesses. Overall, the results from these population health programs were favorable, with the majority of outcome, utilization, process, and satisfaction measures successfully met. Goals were not met in some measures for the My Path program and a more detailed assessment of the causes and opportunities for improvement are included below. In general, one of the largest areas for improvement is in IEHP’s ability to capture and share accurate and timely data.

IEHP VALUE BASED PAYMENT ARRANGEMENTS

Value Based Payment Arrangements Study: Annually, IEHP assesses the percentage of dollars spent in Value Based Payment Arrangements compared to total medical cost. This study was based on applying NCQA’s definitions of Value-Based Payment Arrangements to IEHP’s Calendar Year 2022 financial reporting of programs that meet those definitions at the time of this writing: Capitation, Pay-for-Performance Programs and Shared Savings Programs. IEHP Value-Based Payments for IEHP Medi-Cal reported for Calendar Year 2022 represent 23% of IEHP’s Medi-Cal Medical expenditures (\$1.1 billion). At \$961 million, Capitation represents 84% of IEHP’s all Value-Based Payments and at \$177 million, Pay-for-Performance represents 16% of IEHP’s Value-Based Payments.

CONCLUSION

Overall, IEHP’s QM Program was effective in reviewing data, assessing trends, identifying opportunities for improvement and developing improvement activities within the Health Plan related to access to care, member and provider experience and quality of care. The current

structure of all committees was positive, and we had robust practitioner participation and leadership involvement for 2022. For 2023, IEHP will focus on meeting the Program goals and completing all initiatives as outlined in the 2023 QM Work Plan.

During 2022, IEHP continued to produce and distribute the Quality Report. Inside the Quality Report, we walk through our quality journey by looking at our performance over the past year with critical measures. We show how data translates into tangible outcomes for our Members, Providers and Team Members. While there were many areas where we excelled, there were also places where we found opportunities for improvement. The goal of the Quality Report is to be transparent. This journey is ongoing, and we hope to learn from it so we can do better and be better for those who rely on it most. This year, IEHP came up with innovative ways to serve our 47,000 new Members in Blythe, Needles, and Trona and other rural areas that were added to our service are through the CalAIM initiative. Additionally, we placed greater importance on our relationships with our Partners, especially Providers.

In March 2022, IEHP conducted a Quality Systems Value Stream Analysis (VSA), *Improving IEHP's Quality Management Program*, in an effort to improve the quality of care provided to our Members, ensuring safe, effective, culturally appropriate and coordinated care. This event included several leaders from throughout the organization. IEHP's Aim was to effectively detect poor quality, effectively remediate issues identified, effectively track and monitor progress of quality improvement work, effectively engage participants and key stakeholders in the process and be well coordinated and transparent. As a result of this VSA, the QI program was restructured in certain areas to ensure adequate resources and overall compliance with both regulatory and accreditation policies and standards. Process improvement events that occurred in 2022 are as follows.

- Provider Detection System Rapid Improvement Event (RIE)
- Problem Solvers Task Force RIE
- Redesign Quality Improvement Subcommittee RIE
- Redesign Subcommittee RIE
- Redesign Quality Management Committee RIE
- Subcommittee Charter Template Just Do It (JDI)
- Subcommittee Standard Report Format JDI
- Redesign QM Workplan Project
- Subcommittee Minutes Project

Major accomplishments in 2022 include the Problem Solvers Task Force which focused on PCP Referral Timeliness. Updates to the Provider Portal referral submission page for better data capture of time between “referral need” and “submission of referral”. The Subcommittee Redesign event resulted in new Subcommittees being formed during 2022 and continuing throughout 2023. New Subcommittees that were formed include, Provider Network Access, D-SNP Model of Care Monitoring and Oversight, Population Health Management, Member Experience and Patient Safety. Lastly, a new Quality Improvement Council (QIC) was formed. The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Furthermore, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues. Council Members and Supporting Representatives include leaders from various subcommittees across the organization with

supporting representatives being invited on an ad hoc basis for presentation or discussion of topics related to their respective subcommittees or departments. The QIC provides information to IEHP's Quality Management Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed. The QIC will meet on a monthly basis and are set to begin January 2023.

Key priority areas of improvement for 2023 include: Preventive Care; Chronic Care; Access to Care; Provider Customer Service; and Coordination of Care.

To align with the DHCS Comprehensive Quality Strategy and Population Health Management Strategy and Roadmap, IEHP is adding "preventive care" as a future priority. These key areas are as follows.

- Children's Preventive Care
- Supporting Care Transitions
- Health Equity

Lean activities continued to be a main source for continuing to improve IEHP's quality performance. During 2022, IEHP successfully executed one (1) VSA, 14 RIE's, multiple workshops, visioning sessions, design events, and mapping sessions. During 2022, IEHP executed our 5th Annual Lean Conference, showcasing and recognizing our Team Member's Lean improvements implemented in 2021/2022. There were a total of 47 Teams who participated and competed in the virtual conference. IEHP successfully developed the MDI playbook for which all future MDI rollout planning will be executed. Additionally, IEHP increased our connection to Strategy in all our Process Improvement work by working with the Strategy Team to incorporate Goals and Objectives into Huddles/Meetings and Discussions. As part of IEHP's Team Member Goals and Compensation Enhancement Program for Fiscal Year 2021-2022, Team Members were asked to reach a goal of 500 implemented improvement ideas (i^3) by June 30, 2022, and well exceeded our goal at 1370 i^3 (a 20% increase from 2021 to 2022). We continue to expand our communication and collaboration platforms such as MC Teams, Mural and OneNote to create virtual Mission Control Rooms and Huddle Boards and improve our virtual facilitation skills, including our PI LEAN presence in the IEHP media space.

IEHP is committed to improving the quality of healthcare delivered to its Members through proactive analysis of shared processes and integration of health initiatives that align with the industry and government quality standards; including a preventive health model for outreach and preemptive intervention related to health outcomes. It is with this commitment that IEHP will reach the 5-Star Health Plan Rating.