INLAND EMPIRE HEALTH PLAN

2019

Quality Management Annual Evaluation

Executive Summary

July 2020

MISSION AND VISION

The purpose of the 2019 Annual Evaluation is to assess IEHP's Quality Program. This assessment reviews the quality and effectiveness of all studies performed and implemented by various IEHP departments in 2019. 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 IEHP's Quality Programs. Overall effectiveness of programs in this evaluation were assessed by analyzing the stated goals and planned actions of the program, reviewing qualitative and quantitative results, and identified barriers and next steps. IEHP's Quality Management Program supports IEHP's mission to improve the delivery of quality, accessible and wellness-based healthcare services. In 2019, IEHP prioritized the following five (6) core goals to support the mission:

- <u>Member Experience</u>: Ensure Members receive the high-quality care and services they need.
- <u>Network</u>: Provide a network that delivers high-quality and timely care.
- <u>Team Member</u>: Make IEHP a great place to work, learn, and grow.
- <u>Operational Excellence</u>: Optimize core processes to deliver compliant, high-quality, and efficient services.
- <u>Technology</u>: Deliver innovative & valuable technology solutions.
- <u>Financial Stewardship</u>: Ensure financial stability of IEHP in support of enterprise goals.

QUALITY MANAGEMENT PROGRAM DESCRIPTION

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 a Program structure;
2. Assessing and monitoring the delivery and safety of care provided to IEHP Members;
3. Assessing and monitoring, population health management activities provided to Members, including behavioral health and care management services;
4. Supporting Practitioners and Providers to ensure 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 aspects of the Program;
8. Involving Long -Term Services and Supports (LTSS) Providers 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 and linguistic (C&L) 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 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 Officer. The QM Committee disseminates the quality improvement process to participating groups, Physicians, Subcommittees, and internal IEHP departments. The following are functions of the QM Committee: meet at least quarterly to report findings, report 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 or designee, report findings and recommendations to the QM Committee:

1. **Quality Improvement Subcommittee**: reviews all Quality studies and Quality projects in accordance with the Subcommittee work plan. Provides oversight of all quality activities related to NCQA, DMHC, DHCS, and CMS.
2. **Peer Review Subcommittee**: reviews all Provider, Member, or Practitioner grievances and/or appeals, Practitioner related quality issues, and other peer review matters such as quality of care and utilization audits and medical-legal issues.
3. **Credentialing Subcommittee**: performs credentialing functions for Practitioners who directly contract with IEHP or for those submitted for approval of participation into the IEHP network by IPAs.
4. **Pharmacy and Therapeutic:** 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**: reviews UM criteria, new technologies, and new applications of existing technologies for consideration as IEHP benefits. Also perform review of clinical practice guidelines, review and update of UM criteria, preventive care and clinical practice guidelines (that are not primarily medication related). The UMSC directs the continuous monitoring of all aspects of UM, Care Management (CM), Disease Management (DM) and Behavioral Health (BH) administered to Members.

6. **Behavioral Health Advisory Committee**: The BH Advisory Subcommittee directs the continuous monitoring of all aspects of BH services administered to Members. The BH Advisory Subcommittee reviews and approves the Behavioral Health Program annually. The subcommittee monitors for over-utilization and under-utilization; ensures that BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and clinical practice guidelines.

DELEGATION OVERSIGHT

IEHP delegates certain Utilization Management, Care Management, Credentialing/Re-credentialing, and compliance activities to contracted Delegates that meet IEHP delegation requirements and comply with the most current National Committee for Quality Assurance (NCQA), Department of Health Care Services (DHCS), and Centers for Medicare and Medicaid Services (CMS) standards. Joint Operations Meetings (JOM) meetings are conducted by IEHP as a means of discussing performance measures and findings, as needed. The JOM includes representation from both the delegate and the IEHP Departments. In 2019, IEHP hosted JOMs for all 11 Medi-Cal IPAs. This served as a collaborative approach to discussing IPA performance regarding delegated responsibilities, data, Member Satisfaction results, grievance trends, Global Quality Pay for Performance (GQP4P) and any other findings as needed.

IEHP's Delegation Oversight Committee (DOC) monitors and evaluates the operational activities of contracted Delegates to ensure adherence to contractual obligations, regulatory requirements and policy performance. Elements of delegation are monitored on a monthly, quarterly and annual basis for trending and compliance. Delegates who fail to meet the requirements of delegated functions are placed on a corrective action plan (CAP) to ensure that deficiencies are clearly identified, analyzed for root cause analysis and that effective remediation plans are put into place.

The 2019 Annual Delegation Oversight Audit (DOA) was conducted using audit tools that are based on NCQA, DMHC, DHCS and CMS standards. Delegation oversight audits are performed by IEHP Medical Services departments, the Quality Management department, the Provider Services department and Compliance Staff. In 2019, IEHP performed the DOA for all 11 Medi-Cal IPAs.

When comparing the 2018-2019 Delegation Oversight Audit Results to the 2017-2018 Delegation Oversight Audit, there is an overall increase in scores in the areas of CM Policy Review, Approval File Review, Denial File Review and CM File Review for all focus areas of the audit. As a result of the 2018-2019 DOA conducted, IEHP will continue 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 IPA partners.

QUALITY IMPROVEMENT INITIATIVES

HEDIS Measures: The Healthcare Effectiveness Data and Information Set, HEDIS®, is one component of the NCQA 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. Each year, IEHP gathers data and performs analyses on clinical and service performance measures as delineated by NCQA. The following HEDIS® 2019 data was collected with multiple measures included in the categories listed below:

- The **"Effectiveness of Care: Prevention and Screening"** measures that did not meet the 90th percentile goal are: Adult BMI Assessment (ABA) and Breast Cancer Screening (BCS) for the Medi-Cal and Medicare lines of business, Weight Assessment and Counseling for Nutrition for Children/Adolescents (WCC), Childhood Immunization Status (CIS), Immunization for Adolescents (IMA), Cervical Cancer Screening (CCS), and Chlamydia Screening (CHL) for the Medi-Cal line on business, Colorectal Cancer Screening (COL) and Care for Older Adults (COA) for the Medicare line on business.

- The **"Effectiveness of Care: Respiratory Conditions"** measures that did not meet the 90th percentile goal are: Appropriate Testing for Children with Pharyngitis (CWP), Asthma Medication Ratio (AMR), and Medication Management for People with Asthma (MMA) for the Medi-Cal line of business. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) and Pharmacotherapy Management of COPD Exacerbation-System Corticosteroid (PCE) for the Medi-Cal and Medicare line of business did not meet the 90th percentile goal.

- The **"Effectiveness of Care: Cardiovascular Conditions"** measures that did not meet the 90th percentile goal are: Controlling High Blood Pressure (CBP), Persistence of Beta-Blocker Treatment after a Heart Attack (PBH) and Statin Therapy for Patients with Cardiovascular Disease (SPC) for the Medi-Cal and Medicare lines of business.

- The **"Effectiveness of Care: Diabetes"** measures that did not meet the 90th percentile goal are: All sub measures under the Comprehensive Diabetes Care (CDC, except the Nephropathy monitoring. In addition, Statin Therapy for Patients with Diabetes (SPD) for the Medi-Cal and Medicare lines of business did not meet the goal.

- The **"Effectiveness of Care: Musculoskeletal Conditions"** measures that did not meet the 90th percentile goal are: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) for the Medi-Cal and Medicare lines of business. Osteoporosis Management in Women Who Had a Fracture (OMW) for the Medicare line of business.

- The **"Effectiveness of Care: Behavioral Health"** measures that did not meet the 90th percentile goal for the Medi-Cal line of business are: Follow-Up Care for Children Prescribed ADHD Medication (ADD); both Initiation and Continuation phase, Diabetes

Monitoring for People with Diabetes and Schizophrenia (SMD), Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD),Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA),Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Follow-up after Emergency Department for Mental Illness (FUM), The Antidepressant Medication Management (AMM) measure did not meet the goal for Medi-Cal. Medicare.

- The **"Medication Management"** measures that did not meet the goal of the 90th percentile are: Annual Monitoring for Patients on Persistent Medications (MPM) for the Medi-Cal and Medication Reconciliation Post-Discharge (MRP) for the Medi-Cal and Medicare lines of business. Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) for the Medicare line of business did not meet the goal.

- The **"Effectiveness of Care: Overuse/Appropriateness"** measures that did not meet the 90th percentile goal are: Appropriate Treatment for Children with Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB), Use of Imaging Studies for Low Back Pain (LBP) and Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) for the Medi-Cal line of business. Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC), Use of Opioids at High Dosage (UOD). Non-Recommended PSA-Based Screening in Older Men (PSA) and Use of High-Risk Medications in the Elderly (DAE) did not meet the goal for the Medicare line of business.

- The **"Access/Availability of Care"** measures that did not meet the 90th percentile goal are: Children's Access to Primary Care Practitioners (CAP), Timeliness of Prenatal Care (PPC) and Postpartum Care (PPC) for the Medi-Cal line of business. Adults' Access to Preventive/Ambulatory Health Services (AAP) and Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) did not meet the goal for the Medicare line of business.

- The **"Utilization"** measures that did not meet the 90th percentile goal for the Medi-Cal line of business are: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), Well Child Visits in the First 15 Months of Life (W15), Adolescent Well Care Visits (AWC). Plan All-Cause Readmissions (PCR) did not meet the goal for the Medicare line of business.

Quality Improvement Studies: IEHP implements a number of Performance Improvement Projects (PIPs), HEDIS® PDSA QIPs 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 cycle. The PIP process is structured into four (4) phases and includes a total of five modules.

2. HEDIS® PDSA QIPs – Conducted for each HEDIS® External Accountability Set (EAS) measure with a rate that does not meet the Minimum Performance Level (MPL)

or is given an audit result of "Not Reportable". IEHP evaluated ongoing quality improvement efforts on a quarterly basis.

These studies focus on one (1) or more clinical or non-clinical area(s) with the aim of improving health outcomes and 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 duration but can be longer or shorter depending on the study and performance. IEHP provides timely updates to DHCS regarding the PIPs and CCIPs. The Quality Improvement Department, under the direction of the Medical Director(s), is responsible for monitoring these programs and implementing interventions to make improvements.

- Asthma Medication Ratio (AMR): A review of IEHP's measurement year 2016 HEDIS results for asthma medication ratio (AMR) identified an opportunity for improvement. When comparing measurement years 2015 and 2016 AMR rates to other California Health Plans, IEHP recognized that the AMR measure performed significantly lower than the Medi-Cal Managed Care average. Asthma continues to be ranked one of the most common diagnosis among IEHP Members. IEHP Members struggle with adhering to their treatment plan due to the complexity or frequency of the dosage or opt to use rescue medications as needed. The intervention was selected due to significantly lower performance in this measure. The intervention was implemented over measurement year 2017-2019. The quality measures that were assessed included: Preveon (medication management program) Member Reach Rate, Member with an initial Pharm D Consulta, and Fully engaged Members. From this study, IEHP learned that more engagement in on-going education demonstrated a higher compliance rate when compared to Members who opted-out of clinical interventions after the initial PharmD consult.The results suggest that combining Provider and Member focused intervention components made for most effective impact on AMR rate improvement.

- **Childhood Immunization Status-Combo 10**: IEHP identified the Childhood Immunization Status (CIS) Combo 10 HEDIS® rate as an opportunity for improvement. IEHP observed a slight decline in rate over the three prior HEDIS measurement years. By focusing on improving immunization rates for children under two and improving the use of the California Immunization Registry to minimize missed opportunities, IEHP is aligning with the State's Quality Strategy priority of "Deliver Effective, Efficient, Affordable Care." Common reasons that were identified for noncompliance with the CIS Combo 10 measure include concerns about side effects, fear of autism, objection to the large number of injections, and lack of information. IEHP further identified a racial disparity in compliance with these immunizations in children before the age of two. Calendar year 2016 immunization data for Members residing in Riverside region who identify as Black demonstrated a compliance rate of 12.38%, five percentage points below the next ethnic group. The identified disparity within the population indicated the need to develop interventions specific to the cultural needs and perceived barriers of the population. IEHP determined that the Member's Caregiver has the largest potential impact on immunization compliance schedule and adherence. The study focuses on the Members and their Caregivers residing in the Riverside region who identify as Black, with the goal of improving children's health by closing the healthcare disparity gap for immunization rates in children under two.

- **All-Cause Readmission (ACR):** The All-Cause Readmissions study evaluates IEHP's Utilization Management Transition of Care (TOC) team and two contracted vendors to reduce IEHP's all-cause readmissions rate. IEHP's TOC Team and two contracted vendors provide intervention efforts (e.g., coordination of medication reconciliation with the discharging facility, home visits when indicated, Member and caregiver engagement in the TOC process, and education to the Member and caregiver) to decrease the risk of hospital readmission within 30 days of discharge.

    The study period was January 1– November 30, 2018. Closing the study period on November 30 accounts for any 30 day readmits that may occur in the month of December. The measure includes all readmissions within 30 days regardless of the Member's original diagnosis at discharge. A total of 41,732 Members with an Index Discharge were identified. The calendar year 2018 ACR rate was 15.57%, demonstrating a 0.06 percentage point increase from the 2017 calendar year rate. IEHP intends to continue evaluating the effectiveness of these interventions on improving the all-cause readmissions rate by preparing annual studies.

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 80.5%. 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 IPA to help with meeting encounter data standards. Activities in place for 2020 will support to improve encounter data accuracy and completeness. Example of some activities include Provider education, IPA encounter data audits, and health plan data quality initiatives.

ACCESS TO CARE

With the rapid growth in IEHP's membership, access to care is a major initiative for the plan to which IEHP has dedicated a significant amount of resources to measuring and improving. 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 2019 include the following:

- **Availability of Providers by Language:** IEHP monitors network availability based on threshold languages. In order to ensure adequate access to PCPs, IEHP has established quantifiable standards for geographic distribution of PCPs for its threshold languages, which are English and Spanish. These two (2) languages cover over 98% of IEHP's

membership. 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. All Provider offices met the compliance goal of at least 85%. The 2018 results are as follows: PCPs are 95.0% compliant, OB/Gyn. offices are 92.9% compliant and Vision offices are 92.1% compliant.

- **Availability of Network Practitioners:** IEHP assesses the network availability for Provider to Member ratio and Time/distance standards for PCP, Specialists and Behavioral Health Practitioners. The results are compared against established ratio standards and time/distance standards (geographic distribution). For the Primary Care Provider time/distance results, over 99% of Members are within the standard. The results for the Specialty Provider, including high volume/high impact, Core Specialties, and Mental Health Specialties, reveal that over 98% of Members are within the standard. Furthermore, results for the Facilities reveal that 98% of Members are within the standard, except for CBAS facilities. The CBAS facilities fall within the IEHP "monitoring" range, since these facilities are close to a 90% compliance. The results for the Provider to Member ratio met the standards for all PCPs, Specialists, and Behavioral Health Specialties.

- **Appointment Access:** IEHP monitors appointment access for PCPs, Specialists, and Behavioral Health Providers and assesses them against timely access standards depending on the type of visit (e.g. Routine Visit or Urgent Visit). Annually, IEHP collects appointment access data from Practitioner offices using a timely access to care survey. Provider responses are then compared to acceptable appointment time frames to determine compliance. In addition to timely appointment availability, IEHP also evaluates grievance and appeals data to identify potential issues related to access. A combination of both activities helps to identify issues and implement opportunities for improvement. For the 2019 Appointment Availability Access study, the goal is for all Providers to reach a 90% compliance rate for an available urgent visit and an available routine visit. The results reveal that 78.6% of PCPs were compliant when surveyed for urgent visit availability and 85.6% were compliant with routine visit availability. For Specialists, 60.2% of Specialists were compliant with an urgent visit appointment, and 78.0% were compliant for routine visit appointments. For non-prescribing BH Providers, (LCSW, MFT, Psychologists) 49.5% and 74.4% of Providers received a compliance score for urgent and routine visits, respectively.

- **After-Hours access to Care:** The Provider Access After-Hours 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 were surveyed as well as the following Specialists types: Cardiology, OB/Gyn, Orthopedic, Oncology/Hematology, Ophthalmology, Endocrinology, Gastroenterology, and Pain Medicine. BH Providers (Psychologists, Psychiatrists, MFTs, and LCSW) were also

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 2019 results revealed the following compliance rates for an On-call Provider Access: PCP 68.0%, BH Provider 30.6 %, and Specialist 62.1%. For a life-threatening emergency call, the compliance rates are as follows: PCP 80.9%, BH Provider 91.9%, and Specialist 89.6%.

- **After-Hours Nurse Advice Line:** The After-Hours Nurse Advice Line study assesses 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 2019 are as follows: average speed of answer time is 22.4 seconds and average call abandonment rate is 2.9%. Both annual rates have continuously met the compliance goal.

- **Addressing cultural and linguistic needs of Members:** The Cultural and Linguistics Annual Study is used to identify the linguistic and ethnic diversity of IEHP's PCP and Member populations. The 2019 Cultural and Linguistic 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/Ethnicity, IEHP continues to fall below the goal of 1.0 PCPs per 2,000 Members. 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.

MEMBER AND PROVIDER SATISFACTION

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.

The results for 'Rating of personal Doctor' remain at the 25th percentile, while all other 'Overall Rating' questions display an increase in percentile ranking. The largest increase was seen in 'Rating of Health Care' question which increased from <25th percentile in 2018 to the 50th percentile in 2019. 'Rating of Specialist' continues to increase from the 75th percentile to 90th percentile.

The 'Getting Needed Care' Composite shows an increase in percentile ranking from <25th percentile in 2018 to 25th percentile in 2019. Performance for the 'Getting Care Quickly' and 'Customer Service Composites' as well as the 'Coordination of Care' measure, all remain stable from the prior year.

The Summary rate for the Customer Service Composite decreased slightly from the prior year. Changes in the 'Getting Needed Care Composite', 'Getting Care Quickly' Composite and the 'Coordination of Care' Measure all display an increase in summary rate from the prior year.

Provider Satisfaction: IEHP monitors performance areas affecting Provider satisfaction. The annual Provider Satisfaction study 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, Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, and Provider Relations. The results for 2018 show 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 77 plans representing 18,710 respondents in Primary Care, Specialty, and Behavioral Health areas.) Additionally, 98.5% of Providers would recommend IEHP to other Physician Practices. The results for all other composites are as follows: Pharmacy Composite: 95th percentile, UM and QM Composite: 93rd percentile, Finance Issues: 97th percentile, Call Center Service Staff Composite: 95th percentile, Network/ Coordination of Care Composite: 98nd percentile, Provider Relations Composite: 99th percentile.

Grievance and Appeals: IEHP monitors performance areas affecting Member experience. 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. 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 purpose of the analysis is to identify trends and develop interventions. In 2019, the grievance category with the highest volume of grievances was the Attitude and Service category. Within that category, the top subcategories were 'Practitioner Customer Service', 'Practitioner Office Staff Customer Service', and 'Utilization Management'.

PATIENT SAFETY

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. The process includes a review of case documents (e.g. medical records) to determine severity and classify into one of the following levels: Level 1 is no issue found, Level 2 is opportunity for improvement, and Level 3 is Unacceptable care or service which requires a Corrective action plan. In 2019, IEHP received 901 Potential Quality Incident (PQI) cases compared to 550 cases in 2018. Cases increased by 64% in 2019. Of the total 'closed' cases (*850 out of the 901 cases*), 427 were

identified as Level 1 and 423 cases were identified as Level 2. There were 0 cases identified as a Level 3.

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 (1/1/2018 – 11/30/2018) 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 01/01/18 to 11/30/18.

For the PCP visit follow up (within 14 and 30 days), the rates increased from the prior year and met the set goals for both 14-day and 30-day follow up. IEHP's Transition of Care (TOC) Team will continue to support the facilities in making appointments for Member follow ups.

Reducing Hospital Readmission: The purpose of this study is to assess the effectiveness IEHP's efforts in reducing acute hospital readmission rates utilizing both internal and external resources. Resources include: 1) IEHP's Utilization Management Transition of Care (TOC) Team, 2) IEHP's contracted vendor Charter Healthcare Group (CHG) Transition Care Services, and 3) another IEHP contracted vendor Landmark Services.

IEHP's TOC Team, CHG, and Landmark provide intervention efforts to decrease the risk of hospital readmission within 30 days of discharge and to improve overall health of the Member. Examples of intervention efforts include coordination of medication reconciliation with the discharging facility, home visits, Member and caregiver engagement in the TOC process, and Member and caregiver education such as Hospital Emergency department use. Readmission rates are compared among high-risk Members using a modified Healthcare Effectiveness Data and Information Set (HEDIS®) Plan All-Cause Readmissions (PCR) measure methodology, as defined by the Department of Health Care Services.

The study period was January 1– November 30, 2018. Closing the study period on November 30 accounts for any 30 day readmits that may occur in the month of December. The Reducing Hospital Readmissions study provided IEHP the opportunity to evaluate the effectiveness of the IEHP Transition of Care (TOC) Program, Charter Healthcare Group, and Landmark Healthcare interventions on the All-Cause Readmission rate. The 12% goal was not achieved in calendar year 2018, the All-Cause Readmission rate remained stable from 15.51% in 2017 to 15.57% in 2018. The readmission rates for Members enrolled in the Programs was assessed. The results are as follows. TOC Members= 22.97% readmission rate. Charter Healthcare Members= 24.96% readmission rate. Landmark Members= 11.17% readmission rate. IEHP will continue to monitor the success of each intervention by conducting causal analysis when goals are not met and implementing appropriate action items to address barriers.

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.

Primary data was collected via survey distributed through a text messaging campaign to Members who had opted in to receiving text messages from IEHP. Secondary data was obtained from IEHP's claims, pharmaceutical services, and encounter systems. Once the data collection and analysis was complete, IEHP conducted a needs assessment.

Overall, Membership who responded to the survey, reported fair to good physical health and fair to good mental health. Based on medical claims and behavior health claims data, overweight and obesity was ranked the most frequent diagnosis across both lines of business and nearly 96,000 Members had a diagnosed depressive disorder. These same factors were also seen in the child and adolescent populations. And, although many Members have multiple chronic conditions, most only have one or two which reduces the complexity of addressing these health needs.

Healthcare access remains a need for many Members. Over the past year, about 20,000 Members access the transportation benefit and about 50% of Members reported being aware that IEHP offered a transportation benefit to assist them with medical and non-medical transport. However, many Members, about a third, reported not needing any assistance in accessing the care they need. These data indicate that there may be a small proportion of Members that may need transportation assistance but may not be aware of it or how to use it.

Addressing homeless Member's needs as well as Members that the plan has identified as potentially homeless should also remain a priority in the year to come. Although Members who responded to the survey reported low levels of homelessness or being at risk of being homeless, the plan's method for identifying those potentially homeless indicates that this need may be underestimated. Across all HEDIS measures, those who are homeless always performed worse than those Members who were not homeless

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 2019, 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.

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. Overall, the IEHP population health management strategy is effective, but has an opportunity to expand in scope. As accurate, timely, integrated, and actionable data is foundational for any population health management program, IEHP will work on improving its ability to capture and share data across systems. Going forward, IEHP plans to improve documentation and reporting of the Advanced Care Planning, Medication Review, Functional Status Assessment, and Pain assessment measures for the My Path Program and also improve PCP visits for Members enrolled in the Housing, My Path, and CCM Programs.

CONTINUITY AND COORDINATION OF CARE

Behavioral Health Continuity and Coordination of Care Study: The purpose of this study is to assess the effectiveness of the exchange of information between medical care and behavioral healthcare. The study assesses the following measures to identify gaps in care and improve coordination of care: 1.) Effective exchange of information; 2) Diagnosis, treatment, and referral of Behavioral disorders commonly seen in primary care. 3.) Appropriate use of psychotropic medication. 4) Management of coexisting medical and BH conditions. 5.) Prevention Programs for Behavioral Healthcare (screening for substance use) 6.) Special needs of Members with SPMI.

The departments collaborated on the quantitative results to conduct a collaborative causal analysis for the measures that failed to meet the goal. The following measures did not meet the goal:

- Exchange of Coordination of Care forms and information with BH Provider;
- Effective utilization of antidepressant medication in the acute phase treatment and Effective utilization of antidepressant medication in continuation phase treatment;
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medication (SSD), Diabetes monitoring for people with diabetes and schizophrenia (SMD), Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC), Adherence to antipsychotic medications for individuals with schizophrenia (SAA).

The opportunities for improvement that IEHP will focus on are: screening for substance abuse issues, management of coexisting medical and behavioral health conditions, and managing special needs of members with SPMI. Also, increase education with PCPs and BH Providers on co-managing Members experiencing mental illness and physical health issues.

All the quality measures present an opportunity for increased collaboration with both Primary Care and Behavioral Health Providers. To improve the effectiveness, the Behavioral Health Advisory Board meets quarterly. The committee is comprised of various disciplines in the BH Network and provide expertise and insight into results of studies such as these. IEHP's goal is to utilize the feedback and craft an effective approach in collaboration with CM and Provider Services in order to affect positive behavior change in the Provider Network.

The Behavioral Health department has continued to support the continuation of the BH County Liaison role. The Liaisons help to maintain a positive relationship between the Counties and IEHP while addressing major barriers during joint operations meetings, coordinating care for Members, connecting to resources and ensuring an open line of communication at all times. These results continue to support the Behavioral Health and Care Management integration and continued collaboration between Pharmacy, Health Education, Provider Services and County Mental Health Systems.

CONCLUSION

Overall, IEHP's QM Program was effective in reviewing data, assessing trends, identifying issues and developing improvement activities within the Health Plan related to access to care, member and provider experience and quality of care. During 2019, IEHP focused on meeting the Program goals and completing all initiatives as outlined in the 2019 QM Work Plan. Starting in 2019 and continuing throughout 2020, IEHP began working on committee restructure in certain areas to ensure compliance with both accreditation and all regulatory agencies.

Throughout 2019, LEAN activities were a main source for continuing to improve IEHP's quality performance. There was an 85% participation rate among all Team Members in LEAN events which encompasses various LEAN activities (Value Streams, A3 Exercises, Rapid Improvement Events (RIEs), Bronze Training, etc.). The LEAN concepts have been embraced with the frontline Team Members which have a voice, huddle boards, energy, and solving problems through various experiments. These LEAN activities have created a culture at IEHP that leads to a new way of interacting, thinking, and empowerment. The culture is also one that is relationship oriented, kind, positive, energetic, friendly, respectful, and dedicated to IEHP's mission to organize and improve the delivery of quality, accessible and wellness-based healthcare services for our community. Additionally, IEHP held its Second Annual LEAN Conference Expo and Competition in 2019. This event gave Team Members the opportunity to show the entire organization how they contributed to improving the products and services that IEHP provides to our Members, Providers, community, and each other. There were 29 presenter groups and Team Members whom energetically and enthusiastically displayed how they improved processes in the organization, how they have inspired others to engage more intensely, accomplished their own goals, and demonstrated their focus on "doing the right thing." The second annual LEAN Conference was an overwhelming success which will be continued in 2019 and beyond.

In 2019, IEHP started the i3 program, which stands for implemented improvement ideas. IEHP set a fiscal year goal to reach 500 implemented improvement ideas by June 2020. By the end of 2019, IEHP had already implemented 715 new improvements.

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.