



**2024**

**Quality Management and Health Equity  
Transformation Program  
Annual Evaluation**

*Executive Summary*

**May 2025**

## MISSION AND VISION

The purpose of the 2024 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 2024, 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 Department leads IEHP's Annual Evaluation assessment in a collective and collaborative process utilizing data and reports from committees, subcommittees, 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.

## PROGRAM DESCRIPTION

IEHP supports an active, ongoing, and comprehensive Quality Management and Health Equity Transformation Program (QMHETP) with the primary goal of continuously monitoring, evaluating, and taking timely action to address necessary improvements in the quality of care delivered by Providers to IEHP Members, and taking appropriate action to improve upon Health Equity. The QMHETP provides a formal process to systematically monitor and objectively evaluate, track and trend the health plan's quality, efficiency and effectiveness. IEHP is committed to assessing and continuously improving the care and service delivered to Members. IEHP has created a systematic, integrated approach to planning, designing, measuring, assessing, and improving the quality of care and services provided to Members. This comprehensive delivery system includes patient safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care. IEHP will utilize this document for oversight, monitoring, and evaluation of Quality Management (QM) and Quality Improvement (QI) activities to ensure the QMHETP is operating in accordance with standards and processes as defined in this Program Description. These initiatives are aligned with IEHP's mission and vision. The Quality Management & Health Equity Transformation Committee (QMHETC) approves the QMHETP annually. The QMHETP review includes approval of the QMHETP Description, QM/QI & Culturally & Linguistically Appropriate Services (CLAS) Work Plan, and QM Annual Evaluation to ensure ongoing performance improvement in focused studies, which includes encounter data validation. The QMHETP is designed to improve all aspects of care delivered 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 Quality Management & Health Equity Transformation 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 QMHETC 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 QMHETP includes tiered levels of authority, accountability, 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 different subcommittees. Further details can be found in the IEHP organizational chart.

**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 QMHET Program, evaluates QMHET Program effectiveness, and evaluates and approves the annual QMHET Program Description.

**Quality Management and Health Equity Transformation Committee:** The QMHETC reports to the Governing Board and retains oversight of the QMHETP with direction from the CMO and CQO or physician designee, in collaboration with the Chief Health Equity Officer (CHEO). The QMHETC promulgates the quality improvement process to participating groups and physicians, Providers, Subcommittees, and internal IEHP functional areas with oversight by the CMO and CQO. The QMHET 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 QMHET 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.
6. **Population Health Management (PHM) Subcommittee:** The PHM Subcommittee is responsible for reviewing, monitoring and evaluating program information and progress while providing regulatory oversight in alignment with DHCS and NCQA requirements and standards.
7. **Provider Network Access Subcommittee:** The Provider Network Access Subcommittee is responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
8. **Member Experience Subcommittee (MESC):** The role of the Member Experience Subcommittee is to review, monitor, and evaluate program data, outliers, and trends to ensure timely improvement initiatives are initiated. The MESC will is responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
9. **Member Safety Subcommittee:** The scope of the Member Safety Subcommittee includes all lines of business and contracted network provider, direct or delegated, in which care and services are provided to IEHP Members. The Member Safety Subcommittee uses a multidisciplinary and multidepartment approach to explore root causes of poor performance, identify areas of improvement, propose interventions, and take actions to improve the quality of care delivery to our Members.
10. **Skilled Nursing Facility (SNF) Subcommittee:** This subcommittee will identify opportunities that impact efficient transitions of care, clinical outcomes, Member safety, and Member experience while receiving care at a skilled nursing or long-term care facility. This subcommittee serves as a forum for review and evaluation of

strategic, operational, and quality measures resulting from but not limited to: Inland Empire Health Plan (IEHP) optimal care strategies, Joint Operations Meeting (JOM) and related workgroups (i.e., throughput, quality, ambulatory operations, payment practices, etc.), and pay for performance initiatives.

11. **Hospital and Ancillary Quality Improvement (QI) Subcommittee:** This subcommittee will serve as the primary forum for discussion of topics related to acute care hospitals and/or sub-acute/post-acute network sites of care (i.e., hospice agencies, home health agencies (HHA), etc.). IEHP's Optimal Care Subcommittee and the Inland Empire Hospital Alliance (IEHA) will report through this forum which will summarize performance and recommended actions for presentation at the Quality Improvement Council (QIC).
12. **Community Advisory Committee:** The Community Advisory Committee (CAC) was developed to identify and advocate for preventative care practices. Committee Members are to be involved in the development and updating of health plan cultural and linguistic policies and procedures, including those that are related to Quality Improvement, education and operational cultural issues affecting IEHP Members. The CAC may also advise on necessary Member or Provider targeted services, programs, partnerships, and trainings in accordance with requirements of the Department of Health Care Services (DHCS) Primary Contract - Exhibit A Attachment III and IEHP's Cultural and Linguistic Appropriate Services (CLAS) program.
13. **Delegation Oversight Committee:** The Delegation Oversight Committee provides oversight and monitoring of the Delegate's abilities to carry out their delegated responsibilities in the areas of Quality Management (QM), Utilization Management (UM), Care Management (CM), Grievance & Appeals (G&A), Credentialing (CR), Encounter Date, Financial Viability, Compliance and Fraud Waste and Abuse (FWA), Health Insurance Portability and Accountability Act (HIPAA) Privacy, HIPAA Security, and Claims Processing. The auditing and monitoring of Delegates allows IEHP to detect deficiencies in delegated performance and ensure that remediation efforts are put in place to provide timely, effective and sustained improvement.
14. **Quality Improvement Council:** IEHP's Quality Improvement Council (QIC) is a

standing monthly forum for addressing system-level quality gaps identified at the IEHP subcommittee level. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Additionally, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues.

- The QIC maintains project governance over system-level quality improvement efforts whereas the subcommittees maintain monitoring and operational oversight of issues identified at those levels.
- The QIC reports information to IEHP's Quality Management & Health Equity Transformation Committee (QMHETC) to ensure there is a constant flow of information between the QMHETC, QIC and the various Subcommittees.

## **DELEGATION OVERSIGHT**

This 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 & Fraud Waste and Abuse (FWA), Health Insurance Portability and Accountability Act (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 lookback period is July 2023 through June 2024. The Delegation Oversight Annual Audit results are presented at the March 2025 Delegation Oversight Committee.

In 2024, the goal of the study was to evaluate the Medi-Cal Delegates' overall performance from July 2023 through June 2024 for delegated responsibilities as compared to the 2022-2023 DOA performance results. The 2023-2024 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 reviews and allows for



interviewing of delegate staff involved in the delegated activity.

The results of the 2023-2024 Delegation Oversight Annual Audit provided IEHP the opportunity to measure the delegates' overall performance for all delegated functions. All ten (10) Medi-Cal Delegates: Alpha Care Medical Group, Dignity Health Medical Network-IE, Horizon Valley Medical Group, Optum Care Network - Inland Faculty Medical Group, LaSalle Medical Associates, Physicians Health Network, American Specialty Health, Loma Linda, MD Live and Rady Children's Specialists of San Diego were required to provide Quality Improvement, Utilization Management, Care Management, Compliance & FWA, HIPAA Privacy, HIPAA Security and Credentialing policies and procedures. The goal of the study was to evaluate the Medi-Cal Delegate's overall performance compared to the prior year and to ensure the Delegates demonstrated improvement in providing Member Care that is aligned with regulatory and IEHP requirements and guidelines. When comparing the 2023-2024 Delegation Oversight Audit Results to the 2022-2023 Delegation Oversight Audit, there is an overall increase in scores for Approval File Audit, Compliance & FWA, and HIPAA Privacy. There is an overall decrease in scores for Care Management (Policy Review), Credentialing File Review, and Total Credentialing Score. IPAs with identified deficient trends in the course of the monthly audits were issued corrective actions, or other remedial action as necessary to ensure improvement in performance. 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 or as requested by our Medi-Cal Delegates.

## 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.

NCQA certified HEDIS® software. Technical specifications from the *HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans* were utilized for measure reporting. HEDIS® Measurement Year (MY) 2023 includes measures across 16 domains:

1. Effectiveness of Care

- a. Prevention and Screening
  - b. Respiratory Conditions
  - c. Cardiovascular Conditions
  - d. Diabetes
  - e. Musculoskeletal Conditions
  - f. Behavioral Health
  - g. Care Coordination
  - h. Overuse/Appropriateness
  - i. Measures Collected Through the Medicare Health Outcomes Survey
  - j. Measures Collected Through CAHPS® Health Plan Survey
  - k. Access/Availability of Care
  - l. Experience of Care
- 2. Utilization and Risk Adjusted Utilization
    - a. Utilization
    - b. Risk Adjusted Utilization
    - c. Health Plan Descriptive Information
- 3. Measures Reported Using Electronic Clinical Data Systems
    - a. Measures Reported 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. Hybrid specifications allow for a drawing of a random sample using an NCQA-approved

proportional systematic sampling method. A medical record review is conducted for these hybrid measures. Survey data is captured from Member surveys and ECDS data is obtained from electronic data exchange systems with contracted partners for data, such as electronic health records (EHRs) and clinical registries. Rates are reported separately for Medi-Cal and Medicare lines of business.

## **HEDIS® Timeline**

HEDIS® data is collected throughout the year. In March 2024, technical specifications were finalized for the 2023 measurement year with the Volume 2 Technical Update and Value Set Directory. From January to May 2024, 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 2023 results to NCQA in June 2024.

## **HEDIS® Results**

Measure rates included in this report are final HEDIS® rates reported to NCQA. Measure goals and benchmarks presented in this report were obtained from the most appropriate and up to date source at the time of publication. The different benchmarking sources display varying cut-points for measure percentiles; for HPR measures, only the 10<sup>th</sup>, 33.33<sup>rd</sup>, 66.67<sup>th</sup>, and 90<sup>th</sup> percentiles are used (along with the 50<sup>th</sup> percentile for the MPL of any MCAS measures) while the 10<sup>th</sup>, 25<sup>th</sup>, 33.33<sup>rd</sup>, 50<sup>th</sup>, 66.67<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentiles are used for non-HPR measures.

- Seven (7) measures and sub measures demonstrated a rating in the 90<sup>th</sup> percentile
- Thirty One (31) measures and sub measures demonstrated a rating in the 75<sup>th</sup> percentile
- Fourteen (14) measures and sub measures demonstrated a rating in the 66<sup>th</sup> percentile
- Fifty Six (56) measures and sub measures demonstrated a rating in the 50<sup>th</sup> percentile
- Thirty Four (34) measures and sub measures demonstrated a rating in the 33<sup>rd</sup> percentile
- Thirty Seven (37) measures and sub measures demonstrated a rating in the 25<sup>th</sup> percentile

percentile

- Fifty Six (56) measures and sub measures demonstrated a rating in the 10<sup>th</sup> percentile
- Thirty Three (33) measures and sub measures demonstrated a rating in <10<sup>th</sup> percentile

For the Medicare D-SNP 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 2022 NCQA Health Plan Ratings Percentiles and the 2022 NCQA Quality Compass National Benchmarks for Medicare.

- Six (6) measures and sub measures demonstrated a rating in the 90<sup>th</sup> percentile
- Twenty Four (24) measures and sub measures demonstrated a rating in the 75<sup>th</sup> percentile
- Ten (10) measures and sub measures demonstrated a rating in the 66<sup>th</sup> percentile
- Twenty Nine (29) measures and sub measures demonstrated a rating in the 50<sup>th</sup> percentile
- Thirty One (31) measures and sub measures demonstrated a rating in the 33<sup>rd</sup> percentile
- Twenty Three (23) measures and sub measures demonstrated a rating in the 10<sup>th</sup> percentile
- Twenty (20) measures and sub measures demonstrated a rating in <10<sup>th</sup> percentile

Improvement activities are planned and/or in place for 2025-2026 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 areas 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**

- DHCS 2023-2026 Clinical PIP- Improve Well-Child Visits in the First 30 Months of Life- Well Child Visits in the First 15 months—6 or more Well-Child Visits (W30-6) measure rates for Black/African American populations
- IEHP is implementing an intervention for the W30-6 Performance Improvement Project with a focus on the Black population. IEHP will be assigning a CHW to our community services team that will aid in providing additional support to Members who are referred to Black Infant Health. In addition, our community services team will offer a referral option for fathers of the children in Black Infant Health to Project Fatherhood, an initiative that engages fathers in the care and upbringing of their children.
- DHCS 2023-2026 Non-Clinical PIP- Improve the percentage of Provider notifications for Members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit.

**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 positive trends in the accuracy and completeness of medical records. With an overall score of 85.9%, the compliance rate has decreased compared to the previous years, 2021 and 2022. The highest rate of compliance when assessed by Study Measure elements, is ‘Valid Member Name’, which shows a 98.9% compliance rate. ‘Valid Date of Service’ also met the compliance goal with a rate of 98.3%.

## 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. reveals that for each of the threshold languages, Spanish, Chinese (Mandarin and Cantonese), and Vietnamese respectively, 99%, 89%, and 86% of the sites confirmed the language was spoken at high volume specialist offices. Those values are above the goal of 85%. PCP office data reveals that for each of the threshold languages, Spanish, Chinese (Mandarin and Cantonese), and Vietnamese respectively, 99%, 82%, and 91% of the sites confirmed the language was spoken at the office. The threshold language of Chinese was reported with a compliance rate of 82%, which is down from 88% in 2023. The current compliance rate of Spanish and Vietnamese are above the 85% goal of the offices confirming the language 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 11/01/2023, 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 2023 Provider Network Status Study reveal that all Provider types and Facilities met the time/distance standards. Overall, all 88 of the time/distance standards were met. For the Provider to Member ratio, 86 out 96 standards were met which resulted in a 90% compliance rate.

The Providers, which are below the standard, are in the following Specialties: General/Family Practice Primary Care, Internal Medicine/Preventive Medicine, Cardiology, Pain Management, Bariatric Surgery, Genetics, Neurology, Pulmonology and Urology. This was due to a change in methodology for the Provider counts in 2021 and a continued increase of Membership. Unique Providers were counted rather than Provider locations. General/Family Practice alone no longer meets the Medi-Cal standard, but Total PCPs do meet the standard, which includes Internal Medicine/Preventive Medicine, and Pediatrics.

As for high volume and high impact specialist, Cardiology and Pain Management no longer meet the Medi-Cal standard for unique Providers, although there are more than enough Provider locations for the Members. The other core specialties which do not meet the standard also have enough locations for Members.

For facilities, Ancillary Labs continues to not meet the Medi-Cal standard. The established standard was missed by nine Ancillary labs. Pharmacies are no longer monitored as this is now a state benefit. Community-Based Adult Services is no longer monitored for Medicare.

- **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 2023 results revealed the following compliance rates for an On-call Provider Access: PCP 57%, BH non-prescribing Provider 37.5%, and Psychiatrists 53.3%. For a life-threatening emergency call, the compliance rates are as follows: PCP 93.5% BH non-prescribing Provider 81.9%, and Psychiatrists 78%. All scores were improvements over the previous measurement year.

- **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 2023 The call answer time goal is 30 seconds or less for a caller to wait in queue before an after-hours agent answers the call. On average, for the months of January through December, the speed of answer was 26.5 seconds. The average call abandonment rate of 2.3% met the goal. IEHP did meet the goal of < 30 seconds for average speed of answer time and met the goal of < 5.0% for call abandonment rate.
- **Assessment of Ethnic 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 results show that the top two spoken languages for IEHP Members were English at 74.93% and Spanish at 24.08%. English and Spanish account for a total of 99.01% of IEHP's total Member population. This is approximately the same composition as the IEHP network. In 2024 there were 2.69 English-speaking PCPs per 2,000 Members and 3.10 Spanish-speaking PCPs per 2,000 Members. This means IEHP met its the goal of at least 1 PCP per 2,000 Members for English and Spanish. This continues the trend from the previous year. Beginning in 2021, Vietnamese, Mandarin, Cantonese, and Chinese were added as threshold languages. For 2024, the number of PCPs per 2,000 members for Vietnamese, Mandarin, Cantonese, and Chinese respectively are 25.19, 12.56,



13.35, and 133.33 respectively. This means IEHP surpasses its goal of at least 1 PCP per 2,000 Members for each of these languages.

- **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 2023 Provider Appointment Availability study reveals overall compliance rates improved for Urgent appointments across all Providers (PCP, Specialists, and BH Providers). However, the rates decreased for routine appointments. There is an overall noncompliance among most Providers. Rates PCP urgent appointments, increased to 64.7% though not meeting the goal of 90%, while routine appointments decreased from the previous year to 69.7% not meeting the goal of 90%. Rates for Specialists urgent appointments increased from the previous year to 48.2% not meeting the goal of 90%, while the routine appointment decreased to 48.7% not meeting the goal of 90%. For BH Providers (non-prescribers and Prescribers) urgent appointments increased to 45.6%, while routine initial appointments decreased to 51.9% and routine follow ups appointments decreased to 52.5%. All rates not meeting the goal of 90%
- **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, Follow-Up care for Mental Health or Substance Use Disorder Emergency Department (ED) – 7 Days, 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 2023 study results. The set goals for three of the four measures assessed in this study were not met for 2023. Only Manifest MedEx participation met the goal of 90% participation. 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. 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 2024. 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 2023 Annual Physical Accessibility Review Survey (PARS) revealed an overall timely completion of all due PARS. 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 2024 Provider Directory Accuracy Study revealed that IEHP exceeded the goal of at least 90% compliance for all factors. The compliance rate for all four factors was relatively the same across all specialties. The overall accuracy rate for all factors combined increased slightly from 97.1% in 2023 to 99.8% in 2024. IEHP will continue the current process of verifying the Provider directory on a bi-annual basis to ensure network accuracy. In addition, the process is reviewed and enhanced bi-annually, if needed.

## 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.

Press Ganey conducted the Member experience survey from February 2024 through May 2024. For the CAHPS Adult section of this report, a random sample of 1,836 cases were drawn from IEHP Members 18 years of age or older as of December 31, 2023, who were continuously enrolled with IEHP for the last six months as of December 31, 2023. For Overall Ratings scores: Rating of Personal Doctor rates at the 33<sup>rd</sup> percentile. For Rating of Specialists at N/A, Rating of Health Care at 50<sup>th</sup> percentile, and Rating of Health Plan at 67<sup>th</sup> percentile.

The highest-ranking composite is the ‘Customer Service’ composite at 66<sup>th</sup> percentile, while the lowest ranking composites are the ‘How well Doctors Communicate’ composite at the 10<sup>th</sup> percentile, along with ‘Getting Care Quickly’ at the 10<sup>th</sup> percentile ‘Getting Needed Care’ at the 33<sup>rd</sup> percentile. The minimum sample size of 100 or greater was not met for the ‘Coordination of Care’ measure which prevented a score.

**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, Provider Relations, and California Timely Access. The results for 2024 reveal that 96.9% of Providers would recommend IEHP to other Physician Practices. The results for all other composites are as follows: Pharmacy Composite: 98<sup>th</sup> percentile, UM and QM Composite: 97<sup>th</sup> percentile, Finance Issues: 96<sup>th</sup> percentile, Call Center Service Staff Composite: 98<sup>th</sup> percentile, Network/Coordination of Care Composite: 96<sup>th</sup> percentile, Provider Relations Composite: 96<sup>th</sup> 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.

The results of the 2024 Grievance and Appeals annual assessment revealed IEHP met its goal to identify grievance and appeals trends from 2023 in relation to the established goal. The results of the 2023 Grievance and Appeals annual assessment revealed a decrease in grievance cases in the Medi-Cal lines of business with specific trends identified with Attitude Service including internal IEHP grievances and Transportation grievances. The Medi-Cal grievance volume decreased from 43,945 in 2022 to 36,796 in 2023 (16% decrease). The Grievance and Appeals annual assessment also revealed an increase in grievance cases in the Medicare line of business with trends identified with Quality of Care including referral grievances. The Medicare grievance volume increased from 11,309 in 2022 to 13,146 in 2023 (16% increase). The grievance rate goal of 3.0 for the Medi-Cal line of business was met, while the grievance rate goal of 12.83 for Medicare was not met. IEHP will continue to work on improvement initiatives in 2024 to address areas with high grievance volume.

**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 April 2023. 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 2024 were comparable to the results in 2023 and there were no significant changes or issues identified. IEHP identified no deficiencies in any of the testing scenarios conducted and issued no corrective action plans. IEHP will continue to conduct annual quality and accuracy testing of the Member information available on IEHP's Member Portal.

### **Behavioral Health Treatment (BHT) Member Experience Study:**

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 services are provided, observed, and directed by an approved behavioral health plan which is developed by a Qualified Autism Service (QAS) Provider or a Qualified Autism Service (QAS) Professional. Members enrolled in the BHT Program are eligible to receive behavioral health treatment and/or a functional behavior assessment. This study assesses the Member's experience and satisfaction with IEHP's BHT Program.

The satisfaction survey results revealed that the 80% goal was met for all questions. The ease of ABA services declined from 87.87% to 85.14% and met the goal. The frequency of the ABA provider keeping their appointment slightly decreased from 89.5% to 88.89% and met the goal.

**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 seventh year utilizing the ECHO 3.0 survey to assess Members' overall experience with services provided by the Behavioral Health (BH) Program. There was an overall decline in the 2023 overall ratings questions. The 'Rating of Counseling and Treatment question met the goal when compared to the Press Ganey book of business. For 'Getting Treatment Quickly', The composite and the questions all met the goal. Additionally, The Getting Treatment Quickly composite summary rate has improved during the last 2 measurement periods. 'Member Satisfaction with Clinicians, Therapists and Office Staff' scored the highest in "Office staff treated you with courtesy and respect" with a score of 94.4% and "Information was kept private" with a score of 93.5%. 'Given as much information as wanted to manage condition' and 'Felt you could refuse a specific type of medicine or treatment' did not meet the set goal. How Well Clinicians Communicate, The composite improved from the 49<sup>th</sup> percentile in 2022 to the 61<sup>st</sup> percentile in 2023. All questions

improved and met the goal. Only one question (Clinicians explained things in an understandable way) slightly declined and did not meet the set goal. 'Member satisfaction with Medication', related issues was assessed with 4 questions. Question 16, 'Told about medication side effects' shows improvement for the past 2 measurement years and met the set goal. 'Access to treatment and information from Health Plan', Results for this composite are similar to last year. The composite summary rating of 83.4% met the goal.

**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. Overall, the results for the CAHPS® 2024 (MY 2023) survey for the Adult population reveal stable performance. IEHP achieved a rating of 3 under Rating of Personal Doctor. Rating of Health Plan increased to a rating of 5. While Rating of Health Care achieved a rating of 4. The smoking advice measures were not reported for Health Plan Ratings due to a sample size of less than 100. The Child Survey results reveal that the MY 2023 percentiles had mixed results compared to MY 2022. Rating of Health Plan increased at a health plan rating of 5. Rating of Personal Doctor and Rating of Health Care are both at a health plan rating of 1. How Well Doctors Communicate was the only composite category with a sample size over 100 but is not a health plan rating measure and therefore was not reported.

Analyses of the Child survey results reveal opportunities for improvement in many of the measures. Rating of Personal Doctor has been at the 10th or <10th percentile for the child population for the past three (3) years.

## **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. 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 minimal 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. With the internal and external reporting process in place, 1,276 PQI cases were processed during CY 2024.

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 2024 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 (1/1/2023 – 11/30/2023) 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 01/01/2023 to 11/30/2023. The 'Health Plan Communication

with the PCP' measures reveal a 100% compliance. Additionally, IEHP is required to notify PCPs of all admission upon home discharge within one (1) business day. IEHP was 100% compliant in this measure. All measures exceeded the set goals.

## **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, Obesity, Vitamin D deficiency, and Type 2 Diabetes. For children and adolescents, the top diagnoses are disorders of refraction, obesity and Vasomotor and allergic Asthma. 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 both Breast



Cancer and Cervical Cancer Screenings. For chronic conditions, Controlling Blood Pressure and Antidepressant medication management was identified as a disparity for Black Ethnicity. Diabetes A1C control under <8 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 2023, the PHM Effectiveness study assessed the following Programs: Enhanced Care Management Program (ECM), My Path, IEHP's Housing Benefit with Community Supports, and the Complex Case Management (CCM) Program.

For 2023, results from selected population health programs including Enhanced Care Management, 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 outcomes, 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 2023 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 2023 represent 21.2 % of IEHP's Medi-Cal Medical expenditures (\$1.22 billion of \$5.8 billion).

At \$1.0 billion Capitation represents 83% of IEHP's all Value-Based Payments and at \$210.4 million Pay-for-Performance represents 17% 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 2024. During 2025, IEHP will focus on meeting the program goals and completing all initiatives as outlined in the 2025-2027 Quality Management/Quality Improvement & Culturally Linguistically Appropriate Services (CLAS) Workplan.

During 2024, 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 past year, IEHP placed even greater importance on our relationships with our Partners, especially Providers. Monthly engagement dinners and a significant increase in dollars allocated to our Pay-for-Performance programs were just two examples of IEHP's commitment to connecting, supporting, and learning from our Providers.

Major accomplishments in 2024 for IEHP include being named to the *100 Companies That Care*® list by PEOPLE Magazine with a ranking of #87, earned NCQA 4 out of 5 rating in Medi-Cal (Medicaid) which is the highest in IEHP history, received 100<sup>th</sup> percentile national ranking for provider satisfaction, named one of the *Best Workplaces for Women*™ by Great Place to Work® and Fortune Magazine, and earned the Achievement of Excellence in Procurement from the National Procurement Institute, Inc. As a significant contribution of IEHP's commitment to its Mission, the Pay for Performance (P4P) program paid another \$218 million for program year 2024. This program is designed to reward providers who meet key quality improvement measure goals. The dollar incentives are given to providers who show year-to-year improvement and achieve top-tier quality performance levels in key quality performance measures across multiple domains of care, including preventive and chronic care. In addition, one of IEHP's innovative partnerships created is our Healthcare Scholarship Fund (HSF) and its five-year investment positively impacts one of the lowest

provider-to-patient ratios in the state. As a result, IEHP partnered with three medical schools in the Inland Empire: UC Riverside, Loma Linda University, and California University of Science and Medicine where students attending medical school as well as those studying to become physician assistants in psychiatry receive full-ride scholarships.

In January of 2024, IEHP expanded its services to include Covered California, offering residents of Riverside and San Bernardino counties access to affordable health coverage through the state's health insurance marketplace. This new product called IEHP Covered, provides a variety of plans, including those with zero deductibles and lower out-of-pocket costs for those who qualify.

After earning Health Equity Accreditation from the National Committee for Quality Assurance (NCQA) in late 2023 for both Medi-Cal and D-SNP product lines, IEHP successfully earned Health Equity Accreditation for the IEHP Covered line of business. IEHP was the second local community health plan to achieve Health Equity Accreditation. The standards for the accreditation include health equity work within an internal culture that supports external efforts, collecting data to create and offer language services, provider networks mindful of individuals' cultural and linguistic needs, and identifying opportunities to reduce health inequities and improve care. An important health equity objective for IEHP prioritizes direct communication and feedback with its Members and the Inland Empire (IE) community. As a result, the Community Advisory Committee (CAC), which meets quarterly throughout the IE, gather recommendations on anything from communication needs to increasing access to care. The CAC launched in June 2024 to broaden representation and diversity. It replaces the Public Policy Participation Committee (PPPC). CAC members help pinpoint gaps and disparities as well as provide input on culturally responsive interventions.

The ongoing assessment of key quality measures are part of IEHP's efforts to improve our Members' health outcomes. These core measures track IEHP's quality performance in hospital care, preventive care, chronic care, and behavioral health. The Hospital Pay-for-Performance (P4P) Program and our Global Quality P4P Programs incentivize providers to ensure our members have access to needed care, prescribed medications and the support needed to get healthy and avoid a hospital readmission. One of the quality areas IEHP remains focused on includes preventive pediatric care in addition to well-women visits. IEHP partners with local organizations to bring mobile mammography services throughout the Inland Empire. Recognized as a key factor in primary health care, IEHP's quality

measures include assessing the management of chronic conditions. Care coordination programs are implemented to address chronic care management through a multi-disciplinary team approach to include physicians, pharmacists, utilization management, care management, behavioral health and other health care providers.

Lean activities continued to be a main source for continuing to improve IEHP's quality performance. During 2024, The Process Improvement Department continued collaboration efforts with Riverside University Healthcare Systems (RUHS) through Shared Vision Partnership (SVP) with RUHS to focus on Access and Quality efforts to improve Quality Measures across Riverside County. In continuation of support, we implemented the launch of the second phase of our Organization Strength "SVP" Initiative, collaborating with Arrowhead Regional Medical Center (ARMC) to focus on Quality efforts to improve Quality Measures across San Bernardino County. During 2024, IEHP successfully executed and continued LEAN support including, but not limited to, SVP ARMC 2025 Visioning, 31 Rapid Improvement Events (RIE's) / Workshops, 18 Projects and multiple trainings.

Discussions. IEHP developed and executed its vision to increase the efficacy and impact of the Process Improvement team enterprise-wide through the development Executive Steering Team (EST), capacity assessment, and the development of enterprise-wide Lean training. As part of this execution, we introduced our Unlocking Lean class to increase awareness and availability of information to all Team Members, with 249 Team Members and 34 external Enhanced Care Management (ECM) Providers from 5 different provider groups completing Unlocking Lean in Quarter 4 of 2024.

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.