Inland Empire Health Plan

Quality Management Program Description

Date: January 2022

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Introduction

IEHP supports an active, ongoing and comprehensive Quality Management (QM) and Quality Improvement (QI) program with the primary goal of continuously monitoring and improving the quality of care and service, access to care and patient safety delivered to IEHP Members. The QM/QI Program 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 QM/QI Program is operating in accordance with standards and processes as defined in this Program Description. These initiatives are aligned with IEHP's mission and vision.

Mission and Vision

The mission of IEHP is to organize and improve the delivery of quality, accessible and wellness-based healthcare services for our community.[1,2] The organization prides itself in its six (6) core goals:

- *Member Experience:* Ensure Members receive the high-quality care and services they need.

- *Network:* Provide a network that delivers high-quality and timely care.

- *Team Member:* Make IEHP a great place to work, learn, and grow.

- *Operational Excellence:* Optimize core processes to deliver compliant, high-quality, and efficient services.

- *Technology:* Deliver innovative & valuable technology solutions.

- *Financial Stewardship:* Ensure financial stability of IEHP in support of enterprise goals.

Section 1: QM/QI Program Overview

1.1. QM/QI Program Purpose

The purpose of the QM/QI Program is to provide the structure and framework necessary to monitor and evaluate the quality and appropriateness of care, identify opportunities for clinical, patient safety, and service improvements, ensure resolution of identified problems, and measure and monitor intervention results over time to assess any needs for new improvement strategies.

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[1] Department of Health Care Services (DHCS)-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[2] Coordinated Care Initiative (CCI) Three-Way Contract September 2019, Section 2.16

1.2. QM/QI Program Scope

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

1. Defining the Program structure;[3]

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]

4. Supporting Practitioners and Providers to improve the safety of their practices;

5. Overseeing IEHP's QM functions through the QM Committee;

6. Involving designated physician(s) and staff in the QM/QI Program;

7. Involving a behavioral healthcare Practitioner in the behavioral aspects of the Program;[5]

8. Involving in Long -Term Services and Supports (LTSS) in the QM/QI Program;[6]

9. Reviewing the effectiveness of LTSS programs and services;[7]

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 planning;

14. Establishing specific role, structure and function of the QMC and other committees, including meeting frequency;

15. Reviewing resources devoted to the QM/QI 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);

17. Assessing and monitoring processes to ensure the Member's cultural and linguistic (C&L) needs are being met; and

18. Reviewing grievances and appeals data and other pertinent information in relation to Member safety and care rendered at Provider practices/facilities.

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[3] National Committee for Quality Assurance (NCQA), 2022 Health Plan Standards and Guidelines, QI 1, Element A, Factor 1
[4] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 2
[5] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 4
[6] CCI Three-Way Contract September 2019, Section 2.16
[7] Ibid.

1.3. QM/QI Program Goals:[8,9,10]

The primary goal of the QM/QI Program is to continuously assess and improve the quality of care, service and safety of healthcare delivered to IEHP Members. The QM/QI Program goals are to:

1. Implement strategies for Population Health Management (PHM) that: Keep Members healthy, manage Members with emerging risks, ensure patient safety and outcomes across settings, improve Member satisfaction and improve quality of care for Members with chronic conditions;

2. Implement quality programs to support PHM strategies while improving targeted health conditions;

3. Identify clinical and service-related quality and patient safety issues, and develop and implement QI plans, as needed;

4. Share the results of QI initiatives to stimulate awareness and change;

5. Empower all staff to identify QI opportunities and work collaboratively to implement changes that improve the quality of all IEHP programs;

6. Identify QI opportunities through internal and external audits, Member and Provider feedback, and the evaluation of Member grievances and appeals;

7. Monitor over-utilization and under-utilization of services to assure appropriate access to care;

8. Utilize accurate QI data to ensure program integrity; and

9. Annually review the effectiveness of the QM/QI Program and utilize the results to plan future initiatives and program design.

Section 2: Authority and Responsibility[11,12,13,14]

The QM/QI Program 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.[15]

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[8] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 1
[9] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[10] CCI Three-Way Contract September 2019, Section 2.16
[11] Ibid.
[12] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 1
[13] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[14] CCI Three-Way Contract September 2019, Section 2.16
[15] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description

2.1.   IEHP Governing Board

IEHP was created as a public entity with the initiation of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties to serve eligible residents of both counties. Two (2) members from each County Board of Supervisors and three (3) public members selected from the two (2) counties sit on the Governing Board. The Governing Board is responsible for oversight of health care delivered by contracted Providers and Practitioners. The Board provides direction for the QM/QI Program; evaluates QM/QI Program effectiveness and progress; and approves the annual QM/QI Program Description and Work Plan. The Quality Management Committee (QMC) reports delineating actions taken and improvements made are reported to the Board through the Chief Medical Officer (CMO) and Chief Quality Officer (CQO).[16]

The Board delegates responsibility for monitoring the quality of health care delivered to Members to the CMO, CQO, and the QMC with administrative processes and direction for the overall QM/QI Program initiated through the CMO and CQO, or Medical Director designee.[17,18]

2.2.   Role of the Chief Executive Officer (CEO)

Appointed by the Governing Board, the CEO has the overall responsibility for IEHP management and viability. Responsibilities include but are not limited to: IEHP direction, organization and operation; developing strategies for each Department including the QM/QI Program; position appointments; fiscal efficiency; public relations; governmental and community liaison; and contract approval. The CEO reports to the Governing Board and is an ex-officio member of all standing Committees. The CEO interacts with the CMO and CQO regarding ongoing QM/QI Program activities, progress toward goals, and identified health care problems or quality issues requiring corrective action.

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[16] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 3, Governing Body
[17] Ibid.
[18] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 3

2.3. Role of the Chief Medical Officer (CMO)[19]

The Chief Medical Officer (CMO) or designee has ultimate responsibility for the quality of care and services delivered to Members, and oversight of IEHP's QM/QI Program.[20] The CMO must possess a valid Physician's and Surgeon's Certificate issued by the State of California and certification by one of the American Specialty Boards. The CMO reports to the CEO and the Governing Board. As a participant of various Subcommittees, the CMO provides direction for internal and external QM/QI Program functions and supervision of IEHP staff.

The CMO or designee participates in quality activities as necessary; provides oversight of IEHP-credentialing and re-credentialing activities and approval of IEHP requirements for IEHP-Direct Practitioners; reviews credentialed Practitioners for potential or suspected quality of care deficiencies; provides oversight of coordination and continuity of care activities for Members; oversight of patient safety activities; and proactively incorporates quality outcomes into operational policies and procedures.

The CMO or designee, provides direction to the QMC and associated Subcommittees; aids with study development; and facilitates coordination of the QM/QI Program in all areas to provide continued delivery of quality health care for Members. The CMO assists the Chief Network Development Officer with provider network development, contract, and product design. In addition, the CMO works with the Chief Financial Officer to ensure that financial considerations do not influence the quality of health care administered to Members.

The CMO acts as primary liaison to regulatory and oversight agencies including, but not limited to: the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA), with support from Health Services staff, as necessary.

2.4. Role of the Chief Quality Officer (CQO)

The Chief Quality Officer is responsible for leading quality strategy for IEHP. This includes the development of new, innovative solutions and quality measures in preventative health and improved quality of care for Members. The CQO must possess a valid Physician's and Surgeon's Certificate issued by the State of California and certification by one of the American Specialty Boards. The CQO reports to the CEO and Governing Board. The CQO works with the CEO and Chief Officers to establish goals and priorities for the quality strategy as well as communicating those goals to the Governing Board and its key stakeholders—the IEHP Provider network, regulatory and accrediting bodies. As a participant of various Subcommittees, the CQO provides direction for internal and external QM/QI Program functions and supervision of IEHP staff.

Along with the CMO, the CQO or designee, provides direction to the QMC and associated Subcommittees; aids with quality study development; and facilitates coordination of the QM/QI program in all areas to provide continued delivery of quality health care for Members.

The CQO initiates and leads initiatives for continuous quality improvement and evaluating the effectiveness of interventions across the continuum of care to Members, Providers and internally. The CQO also collaborates with state/federal regulatory agencies, accrediting bodies, and internal

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[19] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 3
[20] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 2, Accountability.

Government Relations, Compliance, and Legal leadership staff to ensure all quality and regulatory compliance requirements are met.

The CQO provides leadership, develops strategies, and administers programs for accreditation, monitoring, HEDIS operations, reporting, quality scorecard reporting, and quality-related new business development.

2.5.   The Quality Management Committee (QMC)[21,22]

The QMC reports to the Governing Board and retains oversight of the QM/QI Program with direction from the CMO and CQO.[23] The QMC promulgates the quality improvement process to participating groups and physicians, Providers, Subcommittees, and internal IEHP functional areas with oversight by the CMO and CQO.[24]

1.   **QM Committee Structure:** Network Practitioners, Specialists, and Medical Directors are voting members of the QMC and related Subcommittees. These individuals provide expertise and assistance in directing the QM/QI Program activities.

2.   **Role**: The QMC is responsible for continuously improving the quality of care for IEHP Membership.[25]

3.   **Structure:** The QMC is composed of Network Providers, Specialists, Medical Directors, IPA Medical Directors who are representative of network Practitioners practicing Pharmacists and Public Health Department Representatives from Riverside and San Bernardino Counties.[26] These individuals provide expertise and assistance in directing the QM/QI Program activities. A designated Behavioral Healthcare Practitioner is an active Member of the IEHP QMC to assist with behavioral healthcare-related issues.[27] IEHP attendees include multi-disciplinary representation from multiple IEHP Departments including but not limited to:

    a.   Quality Management;

    b.   Utilization Management;

    c.   Care Management;

    d.   Pharmaceutical Services;

    e.   Behavioral Health;

    f.   Member Services;

    g.   Community Health;

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[21] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[22] CCI Three-Way Contract September 2019, Section 2.16
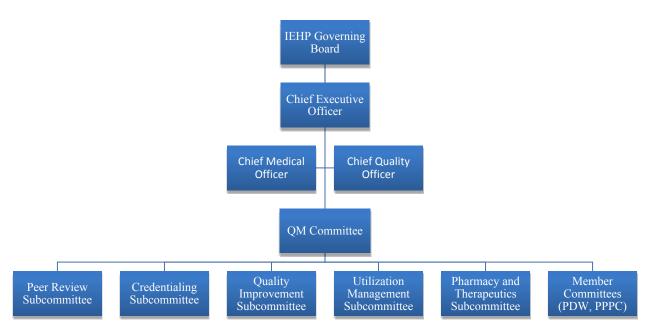[23] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 5
[24] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee
[25] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[26] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee
[27] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 4

h.   Population Management;

i.   Health Education;

j.   Grievances and Appeals;

k.   Quality Informatics;

l.   HealthCare Informatics;

m.   Independent Living and Diversity Services;

n.   Compliance; and

o.   Provider Services.

4.   **Function**: The QMC meets at least quarterly and reports findings, actions, and recommendations to the IEHP Governing Board (through the CMO) annually and reports meeting minutes to DHCS quarterly.[28] The QMC seeks methods to increase the quality of health care for IEHP Members; recommend policy decisions; analyze and evaluate QI activity results; institute and direct needed actions; and ensure follow-up as appropriate. The Committee provides oversight and direction for Subcommittees, related programs, activities, and reviews and approves Subcommittee recommendations, findings, and provides direction as applicable. QMC findings and recommendations are reported through the CMO to the IEHP Governing Board on an annual basis.[29]

5.   **Quorum**: Voting cannot occur unless there is a quorum of voting Members present. For decision purposes, a quorum can be composed of one (1) of the following:

a.   The Chairperson or IEHP Medical Director and two (2) appointed Physician Committee Members.

b.   A Behavioral Health Practitioner must be present for behavioral health issues.[30]

c.   Non-physician Committee Members may not vote on medical issues.[31]

6.   **External Committee Members:** QMC members must be screened to ensure they are not active on either the Office of Inspector General (OIG) or General Services Administration (GSA) exclusion lists.

a.   The Compliance department and QM department collaborate to ensure committee members undergo an OIG/GSA exclusion screening prior to scheduling QMC meetings.

b.   IEHP utilizes the OIG Compliance Now (OIGCN) vendor to conduct the screening of covered entities on behalf of IEHP. In the event, any member of the QMC, or prospective member, is found to be excluded per OIGCN, the Compliance Department will notify the QM department so that they may take immediate action.

c.   QMC members must be screened before being confirmed and monthly thereafter.

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[28] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee
[29] Ibid.
[30] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 4
[31] Ibid.

d.   QM notifies the Compliance department of any membership changes in advance of the QMC meeting so that a screening can be conducted prior to the changes taking effect.

7.   **Confidentiality:** All QMC minutes, reports, recommendations, memoranda, and documented actions are considered quality assessment working documents and are kept confidential. IEHP complies with all State and Federal regulatory requirements for confidentiality. All records are maintained in a manner that preserves their integrity to assure Member and Practitioner confidentiality is protected.[32,33]

a.   All members, participating staff, and guests of the QMC and Subcommittees are required to sign the Committee/Subcommittee Attendance Record, including a confidentiality statement.

b.   The confidentiality agreements are maintained in the Practitioner files as appropriate.

c.   All IEHP staff members are required to sign a confidentiality agreement upon hiring. The confidentiality agreements are maintained in the employee files as appropriate.

d.   All peer review records, proceedings, reports, and Member records are maintained in accordance with state, federal and regulatory requirements to ensure confidentiality.

e.   IEHP maintains oversight of Provider and Practitioner confidentiality procedures.

1)   IEHP has established and distributes confidentiality standards to contracted Providers and Practitioners through the IEHP Provider Policy and Procedure Manual.

2)   All Provider and Practitioner contracts include the provision to safeguard the confidentiality of Members' medical and behavioral health care records, treatment records, and access to sensitive services in accordance with applicable state and federal laws.

3)   As a condition of participation in the IEHP network, all contracted Providers must retain signed confidentiality forms for all staff and committee members and provide education regarding policies and procedures for maintaining the confidentiality of Members to their Practitioners.

4)   IEHP monitors contracted Providers and Practitioners for compliance with IEHP's confidentiality standards during Delegation Oversight Annual Audits and Facility Site Review (FSR) and Medical Records Reviews (MRR).

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[32] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.
[33] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit E, Attachment 2, Provision 21, Confidentiality of Information

8. **Enforcement/Compliance:** The QM Department is responsible for monitoring and oversight of the QMC's enforcement of compliance with IEHP standards and required activities. Activities can be found in sections of manuals related to the specific monitoring activity. The general process for obtaining compliance when deficiencies are noted, and Corrective Action Plans (CAPs) are requested, is delineated in internal and external policies.

9. **Data Sources and Support:** The QM/QI Program utilizes an extensive data system that captures information from claims and encounter data, enrollment data, UM and QM/QI activities, behavioral health data, pharmaceutical data, grievances and appeals, and Member Services, among others.[34]

10. **Affirmation Statement**: The QM/QI Program assures that utilization decisions made for IEHP Members are based solely on medical necessity. IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of coverage or service or any other decisions about Member care. IEHP does not exert economic pressure on Practitioners or individuals to grant privileges that would not otherwise be granted or to practice beyond their scope of training or experience.

11. **Availability of QM/QI Program Information**: IEHP has developed an overview of the QM/QI Program and related activities. This overview is on the IEHP website at www.iehp.org _ and a paper copy is available to all Members and/or Practitioners upon request by calling IEHP Member Services Department. Members are notified of the availability through the Member Handbook.[35,36] Practitioners are notified in the Provider Manual. The IEHP QM/QI Program Description and Work Plan are available to IPAs and Practitioners upon request. A summary of QM activities and progress toward meeting QM goals is available to Members, Providers, and Practitioners upon request.

12. **Conflict of Interest**: IEHP monitors IPAs for policies and procedures and signed conflict of interest statements at the time of the Delegation Oversight Annual Audit.[37]

2.6.   Quality Subcommittees

Subcommittee and functional reports are submitted to the QMC on a quarterly and ad hoc basis. The following Subcommittees, chaired by the IEHP CMO or designee, report findings and recommendations to the QMC:[38,39]

1.   Quality Improvement Subcommittee;

2.   Peer Review Subcommittee;

3.   Credentialing Subcommittee;

4.   Pharmacy and Therapeutics Subcommittee; and

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[34] CCI Three-Way Contract September 2019, Section 2.16
[35] Title 28, California Code of Regulations § 1300.69(i)
[36] NCQA, 2022 HP Standards and Guidelines, MED 8, Element D
[37] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee
[38] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[39] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 5

5.   Utilization Management Subcommittee.

2.6.1. Quality Improvement Subcommittee[40],[41]

The Quality Improvement (QI) Subcommittee is responsible for quality improvement activities for IEHP.

1. **Role:** reviews reports and findings of studies before presenting to QMC and works to develop action plans to improve quality and study results. In addition, QI Subcommittee directs the continuous monitoring of all aspects of Behavioral Health & Care Management (BH & CM) and Population Health Management (PHM) services provided to Members.

2. **Structure:** The QI Subcommittee is composed of representation from multiple internal IEHP Departments including, but not limited to: Quality Systems, Behavioral Health & Care Management, Population Health Management, Grievance and Appeals, Utilization Management, Compliance, Community Health, Health Education, HealthCare Informatics, Member Services, and Provider Services. The QI Subcommittee is facilitated by an IEHP Medical Director or designee. Network Providers, who are representative of the composition of the contracted Provider Network may participate on the Subcommittee that reports to the QMC.

3. **Function**: The QI 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.

4. **Frequency of Meetings:** The QI Subcommittee meets every other month with ad hoc meetings conducted as needed.

2.6.2. Peer Review Subcommittee

The Peer Review Subcommittee is responsible for peer review activities for IEHP.

1. **Role:** The Peer Review Subcommittee reviews quality performance profiles of Practitioners identified during the Peer Review Program activities that may include escalated cases related to grievances, quality of care and utilization audits, credentialing and re-credentialing and medical-legal issues. The Subcommittee performs oversight of organizations who have been delegated credentialing and re-credentialing responsibilities and evaluates the IEHP Credentialing and Re-credentialing Program with recommendations for modification as necessary.

2. **Structure:** The Peer Review Subcommittee is composed of IPA Medical Directors or designated physicians that are representative of network Practitioners. A behavioral health Practitioner and any other specialist, not represented by committee members, serve on an ad hoc basis for related issues.

3. **Function**: 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 referred by the CMO or Medical Director designee.

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[40] CCI Three-Way Contract September 2019, Section 2.16
[41] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description.

4. **Frequency of Meetings:** The Peer Review Subcommittee meets every other month with ad hoc meetings as needed.

2.6.3. Credentialing Subcommittee

The Credentialing Subcommittee performs credentialing functions for Providers who are either directly contracted with IEHP or for those submitted for approval of participation in the IEHP network by IPAs that have not been delegated credentialing responsibilities.

1. **Role:** The Credentialing Subcommittee is responsible for reviewing individual Practitioners who directly contract with IEHP and denying or approving their participation in the IEHP network.

2. **Structure:** The Credentialing Subcommittee is composed of multidisciplinary participating Primary Care Physicians (PCPs) or specialty physicians, representative of network Practitioners. A Behavioral Health Practitioner, and any other specialist not represented by committee members, serves on an ad hoc basis for related issues.

3. **Function:** The Credentialing Subcommittee provides thoughtful 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; and ensures that decisions are non-discriminatory.

4. **Frequency of Meetings:** The Credentialing Subcommittee meets every month with ad hoc meetings conducted as needed.

2.6.4. Pharmacy and Therapeutics (P&T) Subcommittee

The Pharmacy and Therapeutics (P&T) Subcommittee performs ongoing review and modification of the IEHP Formulary and related processes; conducts oversight of the Pharmacy network including medication prescribing practices by IEHP Practitioners; assesses usage patterns by Members; and assists with study design, clinical guidelines, and other related functions.

1. **Role**: The P&T Subcommittee is responsible for maintaining a current and effective formulary, monitoring medication prescribing practices by IEHP Practitioners, and under- and over-utilization of medications. They are also responsible for reviewing and updating clinical practice guidelines that are primarily medication related.

2. **Structure:** The P&T Subcommittee is composed of clinical pharmacists and designated physicians' representative of network Practitioners. A Behavioral Health Practitioner and any other specialist not represented by committee members, serve on an ad hoc basis for related issues.

3. **Function**: The P&T Subcommittee serves as the committee to objectively appraise, evaluate, and select pharmaceutical products for formulary inclusion and exclusion. The Subcommittee provides recommendations regarding protocols and procedures for pharmaceutical management and the use of non-formulary medications on an ongoing basis. They ensure that decisions are based only on appropriateness of care and services. The P&T Subcommittee is also responsible for developing, reviewing, recommending, and directing the distribution of disease state management or treatment guidelines for specific diseases or conditions that are primarily medication related.

4.   **Frequency of Meetings:** The P&T Subcommittee meets quarterly with ad hoc meetings conducted as needed.

2.6.5.   Utilization Management (UM) Subcommittee

The Utilization Management (UM) Subcommittee performs oversight of UM activities in all clinical departments conducted by IEHP and IPAs to maintain high quality health care, as well as effective and appropriate control of medical costs through monitoring of medical practice patterns and utilization of services.

1.   **Role:** The UM Subcommittee directs the continuous oversight and monitoring of all aspects of UM, and Behavioral Health (BH) services provided to Members.

2.   **Structure:** The UM Subcommittee is composed of IPA Medical Directors and designated physicians that are representative of network Practitioners. A Behavioral Health Physician, and any other specialist, not represented by committee, may serve on an ad hoc basis for related issues.[42]

3.   **Function**: The UM Subcommittee reviews and approves the Utilization Management programs annually. They review UM criteria, new technologies, and new applications of existing technologies for consideration as IEHP benefits and is responsible for reviewing and updating evidence-based preventive care and clinical practice guidelines (CPGs) that are not primarily medication related. The Subcommittee also monitors for over-utilization and under-utilization; and ensures that UM decisions are based only on appropriateness of care and service. Issues that arise prior to the UM Subcommittee that require immediate attention are reviewed by the Medical Director(s) and reported back to the UM Subcommittee at the next scheduled meeting.

4.   **Frequency of Meetings:** The UM Subcommittee meets quarterly with ad hoc meetings conducted as needed.

2.7.   QM Support Committees/Workgroups

IEHP also has Committees and/or Workgroups that are designed to provide structural input from Providers and Members. These Committees and Workgroups report directly through the QMC, Compliance Committee or through the CEO to the Governing Board. Any potential quality issues that arise from these Committees would be referred to the QMC by attending staff. The Committees and Workgroups include:

1.   Public Policy Participation Committee (PPPC)

2.   Persons with Disabilities Workgroup (PDW)

3.   Delegation Oversight Committee

2.7.1.   Public Policy Participation Committee (PPPC)

The PPPC is a standing Member committee with the majority of its Members drawn from IEHP Membership. The PPPC provides a forum to review and comment on operational issues that could impact Member quality of care including, but not limited to: new programs, Member information, access, cultural and linguistic, and Member Services. The PPPC meets quarterly with ad hoc meetings conducted as needed.

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[42] NCQA, 2022 HP Standards and Guidelines, UM 1, Element A, Factors 2 and 4

2.7.2. Persons with Disabilities Workgroup (PDW)

The PDW is an ad-hoc Member workgroup made up of IEHP Members with disabilities and Members from community-based organizations that provide recommendations on provisions of health care services, educational priorities, communication needs, and the coordination of and access to services for Members with disabilities. The PDW meets at least quarterly.

2.7.3. Delegation Oversight Committee

The Delegation Oversight Committee is an internal committee that monitors the operational activities of contracted IPAs and other delegate's activities including Claims Audits, Pre-Service and Payment universe metrics, Financial Viability, Electronic Data Interchange (EDI) transactions, Care Management, Utilization Management, Grievances and Appeals, Quality Management, Credentialing/Re-credentialing activities, and other provider-related activities. The Delegation Oversight Committee reports directly to the Compliance Committee and meets monthly with ad hoc meetings conducted as needed.

2.7.4. Compliance Committee

The Compliance Committee assists the IEHP Compliance Officer to develop and enforce the Compliance Program, which includes overseeing all aspects of IEHP's compliance with regulatory bodies, compliance with the Health Insurance Portability and Accountability Act (HIPAA); monitoring Fraud Waste and Abuse (FWA), Privacy and Security activities. The committee provides leadership in establishing a culture of ethical conduct and compliance within IEHP. The Compliance Committee is responsible for advising on strategies and tactics to address compliance and regulatory risks. The Compliance Committee meets at least quarterly with ad hoc meetings conducted as needed.

Section 3: Organizational Structure and Resources

IEHP has designated internal resources to support, facilitate, and contribute to the QM/QI Program. The Organization Chart provides further details on support staff.[43],[44]

3.1. Clinical Oversight of QM/QI Program

Under the direction of the Chief Medical Officer (CMO) or designee, the Medical Directors are responsible for clinical oversight and management of the QM, UM, CM, BH & CM, Health Education and PHM activities, participating in QM/QI Program for IEHP and its Practitioners, and overseeing credentialing functions. Medical Directors must possess a valid Physician's and Surgeon's Certificate issued by the State of California and certification by one (1) of the American Specialty Boards. Principal accountabilities include:

1. Developing and implementing medical policy for Health Services department activities and QM functions;

2. Reviewing current medical practices ensuring that protocols are implemented and medical personnel of IEHP follow rules of conduct;

3. Ensuring that assigned Members are provided health care services and medical

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[43] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[44] CCI Three-Way Contract September 2019, Section 2.16

attention at all locations;

4.   Ensuring that medical care rendered by Practitioners meets applicable professional standards for acceptable medical care; and

5.   Follow evidence-based CPGs developed by IEHP for all lines of business.

3.2.   Quality Systems Department (QS)

The Quality Systems Department operates under the direction of the Vice President of Quality. The Vice President of Quality is responsible for the oversight of all quality studies, demographic analysis, and other research projects; and reports up to the CQO. Areas of accountability include:

1.   Developing research or methodologies for quality studies;

2.   Producing detailed criteria and processes for research and studies to ensure accurate and reliable results;

3.   Designing data collection methodologies or other tools as necessary to support research or study activities;

4.   Implementing research or studies in coordination with other IEHP functional areas;

5.   Ensuring appropriate collection of data or information;

6.   Qualitative and quantitative analysis of research results (including barrier analysis); and

7.   Implementing research studies in coordination with other IEHP functional areas to ensure accurate and reliable results for quality studies.

Staff support for the Vice President of Quality consists of clinical and/or non-clinical Directors, Managers, Supervisors, Analysts, and administrative staff.

The Senior Director of QS has a master's degree with 10-15 years of progressive management or leadership experience in a health care setting, 7-10 years of experience in leading multi-disciplinary teams and/or leading cross-functional project teams. Experience in leading teams in health care research and study design, implementation, and reporting. Knowledgeable in healthcare quality measurement and programs and knowledge of managed care organizational structures and health plan accreditation programs.

3.3.   Quality Management Department (QM)[45,46]

The Quality Management Department operates under the direction of the Director of Quality Management. The Director of Quality Management reports up to the Senior Director of Quality Systems who reports to the Vice President of Quality. The Director of QM is responsible for oversight of the quality process; developing, implementing, coordinating, monitoring for quality improvement, and maintaining the QM/QI Program and its related activities. Activities include the ongoing assessment of Provider and Practitioner compliance with IEHP requirements and standards, monitoring Provider trends and report submissions, and oversight of facility inspections. The Director of QM also monitors and evaluates the effectiveness of IPA QM systems; coordinates

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[45] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description
[46] CCI Three-Way Contract September 2019, Section 2.16

information for the annual QM/QI Program Evaluation and Work Plan; prepares audit results for presentation to the QMC, associated Subcommittees, and the Governing Board; and acts as liaison regarding medical issues for Providers, Practitioners, and Members.

The Director of QM oversees staff consisting of clinical Managers, analysts, and administrative staff.

3.4.   Pharmaceutical Services Department

The Pharmaceutical Services Department operates under the direction of the Senior Director of Pharmaceutical Services. The Senior Director of Pharmaceutical Services reports to the Chief Medical Officer. The Pharmaceutical Services Department is responsible for pharmacy benefits and pharmaceutical services, including pharmacy network, pharmacy benefit coverage, formulary management, drug utilization program, pharmacy quality management program and pharmacy disease management program. The Senior Director of Pharmaceutical Services is responsible for developing and overseeing the IEHP Pharmaceutical Services Program.

Staff support for the Senior Director of Pharmaceutical Services consists of clinical and non-clinical Directors, Managers, Supervisors, analysts and administrative staff.

3.5.   Population Health (Behavioral Health and Care Management) Department

The Population Health Department operates under the direction of the Vice President of Population Health, who reports to the CMO and encompasses Behavioral Health and Care Management, Community Health, Health Education and Practice Transformation. The Clinical Director of Behavioral Health and the Clinical Director of Case Management report to the Senior Director of Care Integration. They are responsible for clinical oversight and management of the IEHP Behavioral Health and Care Management Programs. In these roles they also participate in the quality management and quality improvement, grievance, utilization and credentialing functions and activities related to Behavioral Health and Care Management services.

The Vice President of Population Health oversees BH and CM Staff with the required qualifications to perform BH and CM care coordination activities in a managed care environment. BH and CM staff have various levels of experience and expertise in behavioral health, social work, utilization management, utilization review, care management, long-term services and support, quality assurance, training, and customer or provider relations. BH and CM staff positions may include: clinical and/or non-clinical Directors, Managers, Supervisors, and administrative staff.

3.6.   Utilization Management (UM) Department

The UM Department operates under the direction of the Senior Director of Medical Management, Clinical Director of UM, and Director of UM Operations. The Senior Director of Medical Management reports to the CMO and is responsible for developing and maintaining the UM Program structure and assisting Providers and Practitioners to provide optimal UM services to Members. The Senior Director of Medical Management, Clinical Director of UM and Director of UM Operations are responsible for oversight of delegated and non-delegated IEHP-Direct UM activities. Additional responsibilities include the development and implementation of internal UM services, processes, policies and procedures, as well as oversight and direction of IEHP UM staff and providing support to the IEHP QM Committee and Subcommittees.

The Senior Director of Medical Management, Clinical Director of UM and Director of UM Operations oversee UM staff with the required qualifications to perform UM in a managed care

environment. The required qualifications for UM staff positions may consist of experience in utilization management or care management. Staff positions may include clinical and/or non-clinical Managers, Supervisors, nurses, analyst, non-clinical and administrative staff.

3.7.   Health Education Department

The Health Education Program operates under the direction of the Senior Medical Director of Family and Community, and Director of Health Education who provides oversight of all accreditation and regulatory standards for Member health education. Primary responsibilities include oversight of the Health Education Department for Member health education and Employee Wellness Program. The department coordinates with other departments to ensure Member health education materials meet state requirements in readability format, cultural and linguistic relevance. The Director facilitates effective communication and coordination of care among UM, BH & CM, Pharmaceutical Services, and Health Education departments. Leadership works with other departments to develop and coordinate policies and procedures for medical services (e.g., medical procedures, denials, pharmaceutical services) that incorporate Member participation in health education programs. The Director of Health Education ensures compliance with all accreditation and regulatory standards for health education and acts as the primary liaison between IEHP and Providers/external agencies for health education.

The Senior Medical Director of Family and Community Health provides oversight of the Employee Wellness Program and co-chairs the Employee Wellness Advisory Committee to plan and monitor activities to enhance wellness among IEHP Team Members.

The Director of Health Education oversees various levels of staff consisting of non-clinical management and administrative staff.

3.8.   Community Health Department

The Community Health Department operates under the direction of the Senior Director of Community Health. The Senior Director of Community Health oversees various levels of staff, including the Independent Living and Diversity (ILDS) Services and Community Outreach. The ILDS Manager is responsible for administering IEHP's program for Seniors and Persons with Disabilities (SPD), including outreach plan implementation, cross-department program deliverables coordination, and external operational coordination with regulatory agencies and stakeholders. The Director of Community Health ensures interaction and enrollment in events that support the community or prospective Members.

The Senior Director of Community Health oversees various levels of staff consisting of non-clinical Directors, Managers, Supervisors, Health Navigators, Community Outreach Representatives, analysts and administrative staff.

3.9.   Provider Services Department

The Provider Services Department operates under the direction of the Chief Operating Officer (COO), there are four Directors who are responsible for the execution of the Provider Services' Department's objectives:

1.   Director of Provider Operations is responsible for Credentialing and the Provider Call Center, including the resolution of Provider and Practitioner issues.

2.   Director of Provider Relations is responsible for the education of Providers and Practitioners concerning IEHP policies and procedures, health plan programs,

IEHP website training and all other functions necessary to ensure Providers and Practitioners can successfully participate in IEHP's network and provide appropriate, quality care to IEHP Members.

3. Director of Delegation Oversight is responsible for IPA oversight and monitoring in conjunction with Departments including QM, UM, CM, Credentialing/Re-Credentialing activities, Compliance, and Finance.

4. Director of Provider Network and Communications is responsible for all Provider communications, oversight of the IEHP Provider Manual and network compliance.

Staff support for the COO includes, Directors, Managers, Supervisors, analysts and administrative staff.

3.10. Credentialing Department

The Credentialing Department operates under the direction of the Director of Provider Operations, who reports to the COO and is responsible for Provider Operations, including credentialing and re-credentialing functions, oversight for directly contracted Practitioners, Providers and delegated IPAs, and resolving credentialing-related Provider issues.

3.11. Grievance and Appeals Department

The Grievance and Appeals Department operates under the direction of the Director of Grievance & Appeals, who reports to the Vice President of Operations. The Grievance and Appeals Department is responsible for the investigation and resolution of grievances and appeals received from Members, Providers, Practitioners and regulatory agencies. The Grievance and Appeals Department gathers supporting documentation from Members, Providers or contracted entities, and resolves cases based on clinical urgency of the Member's health condition. The Director of Grievance and Appeals has the primary responsibility for the timeliness and processing of the resolution for all cases. The Director of Grievance and Appeals has the primary responsibility for the maintenance of the Grievance and Appeals Resolution System. Staff supporting the Director of Grievance and Appeals include clinical and/or non-clinical Managers, Supervisors, nurses, and administrative staff.

3.12. Information and Technology (IT)

The IT Department operates under the direction of the Directors of IT, who report to the Chief Information Officer. The IT Department is responsible for the overall security and integrity of the data systems that IEHP uses to support Members, Providers and Team Members. IT is responsible for maintaining internal systems that provide access to Member data, received from both regulators, Providers and contracted entities. The system ensures that Team Members have access to data to assist them in providing care and guidance to Members. The IT Department maintains the Member and Provider portals which are extensively used tools for communicating.

3.13. Marketing and Communication Department

The Marketing Department operates under the direction of the Senior Director of Marketing and Product Management, who reports to the Chief Marketing Officer. The Marketing Department is responsible for conducting appropriate product and market research to support the development of marketing and Member communication plans for all products including Member materials (e.g., Member Newsletters, Evidence of Coverage, Provider Directory, website, etc.). The Quality Management Department works closely with the Marketing and Health Education Departments to

ensure that Member materials are implemented in a timely manner.

Section 4: Program Documents

In addition to the detailed QM/QI Program Description, IEHP also develops the QM/QI Work Plan and completes a robust annual evaluation of the QM/QI Program.

4.1. Quality Management and Quality Improvement Work Plans[47,48,49]

Annually, the QM Committee approves a QM/QI Work Plan, which details a 3-year (36 months) lookback period of program initiatives to achieve established goals and objectives including the specific activities, methods, projected timeframes for completion, monitoring of previously identified issues, evaluation of the QI program and team members responsible for each initiative. The scope of the Work Plan incorporates the needs, input, and priorities of IEHP. The Work Plan is used to monitor all the different initiatives that are part of the QM/QI Program. These initiatives focus on improving quality of clinical care and service, access, Member and Provider satisfaction, patient safety and QI activities that support PHM strategies. The QMC identifies priorities for implementing clinical and non-clinical Work Plan initiatives. The Work Plan includes goals and objectives, staff responsibilities, completion timeframes, monitoring of corrective action plans (CAPs), and ongoing analysis of the work completed during the measurement year. The Work Plan is submitted to DHCS and CMS annually.[50]

4.2. Annual QM/QI Program Evaluation[51]

On an annual basis, IEHP evaluates the effectiveness and progress of the QM/QI Program including:

1. The QM/QI Program structure;

2. The behavioral healthcare aspects of the program;

3. How patient safety is addressed;

4. Involvement of a designated physician in the QM/QI Program;

5. Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program;

6. Oversight of QI functions of the organization by the QI Committee;

7. An annual work plan (QM/QI Work Plan);

8. Objectives for serving a culturally and linguistically diverse membership; and

9. Objectives for serving Members with complex health needs.

As such, an annual summary of all completed and ongoing QM/QI Program activities addresses the quality and safety of clinical care and quality of service provided as outlined in the QM/QI Work Plan. The evaluation documents evidence of improved health care or deficiencies, progress in improving safe clinical practices, status of studies initiated or completed, timelines,

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[47] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 5
[48] CCI Three-Way Contract September 2019, Section 2.16
[49] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee
[50] Ibid.
[51] NCQA, 2022 HP Standards and Guidelines, QI 1, Element C

methodologies used, and follow-up mechanisms is reviewed by QM staff, the CQO or designee. The evaluation includes pertinent results from QM/QI Program studies, Member access to care, IEHP standards, physician credentialing and facility review compliance, Member experience, evidence of the overall effectiveness of the program, and significant activities affecting medical and behavioral health care provided to Members.

Performance measures are trended over time and compared with established performance thresholds to determine service, safe clinical practices, and clinical care issues. The results are analyzed to assess barriers and verify and establish additional improvements. The CQO or designee presents the results to the QM Committee for comments, consideration of performance, suggested program adjustments, and revision of procedures or guidelines, as necessary.

4.3.   Review and Approval of Program Documents[52]

On an annual basis, the QM/QI Program Description, QM/QI Program Summary, and QM/QI Work Plans, are presented to the Governing Board for review, approval, and assessment of health care rendered to Members, comments, direction for activities proposed for the coming year, and approval of changes in the QM/QI Program.[53] The Governing Board is responsible for the direction of the program and actively evaluates the annual plan to determine areas for improvement. Board comments, actions, and responsible parties assigned to changes are documented in the minutes. The QM/QI Work Plan is updated and presented at subsequent Board meetings.

Section 5: Quality Improvement Processes[54]

The planning and implementation of annual QM/QI Program activities follows an established process. This includes development and implementation of the Work Plans, quality improvement initiatives, and quality studies. Measurement of success encompasses an annual evaluation of the QM/QI Program.

5.1.   IEHP Quality Improvement (QI) Initiatives

QI initiatives are aligned with the organization's Five Star strategy. QI initiatives support the organizational strategic priorities and take into consideration the needs of the IEHP population in addition to populations identified by state and regulatory agencies.

IEHP's QI initiatives are selected based on strategic priorities and align with the "Triple Aim," i.e., enhancing patient experience, improving population health, and reducing costs, which is widely accepted as a compass to optimize health system performance. Goals and objectives are selected based on relevance to IEHP's Membership and relation to IEHP's mission and vision. Activities reflect the needs of the Membership and focus on high-volume, high-risk, or deficient areas for which quality improvement activities are likely to result in improvements in care and service, access, safety, and satisfaction. Performance measures and customized metrics form the basis for plans and actions developed to improve care and service. Measure data and performance metrics are collected, compiled, and analyzed to determine strategic priority direction and to ensure that opportunities for improvement are identified and/or best practices are defined and shared.

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[52] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Quality Improvement System
[53] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 3, Governing Body
[54] CCI Three-Way Contract September 2019, Section 2.16

5.1.1. Plan-Do-Study-Act Cycle

The "Plan-Do-Study-Act" (PDSA) Cycle is utilized to implement and test the effectiveness of changes. The model focuses on identifying improvement opportunities and changes and measuring improvements. Successful changes are adopted and applied where applicable. In general, quality improvement initiatives follow the process below:

1. Find a process to improve, usually by presenting deficient results;

2. Organize a team that understands the process and include subject matter experts (SMEs);

3. Clarify knowledge about the process;

4. Understand and define the key variables and characteristics of the process;

5. Select the process to improve;

6. Plan a roadmap for improvement and/or develop a work plan;

7. Implement changes;

8. Evaluate the effect of changes through measurement and analysis; and

9. Maintain improvements and continue to improve the process.

5.1.2. Data Collection Methodology

Performance measures developed have a specified data collection methodology and frequency. The methodology for data collection is dependent on the type of measure and available data. Data validation is a vital part of the data collection process. Quality assessment and improvement activities are linked with the delivery of health care services. Data is collected, aggregated and analyzed to monitor performance. When opportunities for improvement are identified, a plan for improvement is developed and implemented. Data is used to determine if the plan resulted in the desired improvement. Data collection is ongoing until the improvement is considered stable. At that time, the need for ongoing monitoring is re-evaluated. Data may also indicate the need to abandon an action and reassess options for other action items necessary to drive performance improvement.

5.1.3. Measurement Process

Quality measures are used to regularly monitor and evaluate the effectiveness of quality improvement initiatives, and compliance with internal and external requirements. IEHP reviews and evaluates on not less than a quarterly basis, the information available to the plan regarding accessibility and availability. IEHP measures performance against community, national or internal baselines and benchmarks when available, and applicable, which are derived from peer-reviewed literature, national standards, regulatory guidelines, established clinical practice guidelines, and internal trend reviews.

5.1.4. Evaluation Process[55]

IEHP uses a number of techniques and tools to evaluate effectiveness of QI studies and initiatives. These include conducting a robust quantitative and qualitative analysis decision-making. A quantitative analysis includes comparison to benchmarks and goals, trend analysis, and tests of statistical significance. The Quality Systems team selects the appropriate tools to complete the

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[55] CCI Three-Way Contract September 2019, Section 2.16

quantitative analysis. The QM Department works closely with other Quality Systems teams and other key stakeholders to complete a robust qualitative analysis. A qualitative analysis includes barrier analysis and attribution analysis. IEHP performs this analysis in focus group-like setting using all the key stakeholders.

5.1.5. Communication and Feedback

Ongoing education and communication regarding quality improvement initiatives is accomplished internally and externally through committees, staff meetings, mailings, and announcements.[56,57]

1. Providers are educated regarding quality improvement initiatives through on-site quality visits, Provider newsletters, specific mailings, and the IEHP website.

2. Specific performance feedback regarding actions or data is communicated to Providers. General and measure-specific performance feedback is shared via special mailings, Provider newsletters, IEHP's Provider Portal, and the IEHP website.

3. Feedback to Providers may include, but is not limited to, the following:

    a. Listings of Members who need specific services or interventions;

    b. Clinical Practice Guideline recommended interventions;

    c. Healthcare Effectiveness Data Information Sets (HEDIS®) and Consumer Assessment of Healthcare Providers (CAHPS®) results;[58]

    d. Recognition for performance or contributions; and

    e. Discussions regarding the results of medical chart audits, grievances, appeals, referral patterns, utilization patterns, and compliance with contractual requirements.

5.1.6. Improvement Processes

Performance indicators are also used to identify quality issues. When identified, IEHP QM staff investigates cases and determines the appropriate remediation activities including Corrective Action Plans (CAP). Providers or Practitioners that are significantly out of compliance with QM requirements must submit a CAP. Persistent non-compliance, or failure to adequately address or explain discrepancies identified through oversight activities, may result in freezing to new Member enrollment; a requirement to subcontract out the deficient activities within the Management Services Organization (MSO) or IPA; de-delegation of specified functions; termination of participation; or non-renewal of the agreement with IEHP.

Section 6: Quality Improvement Initiatives

IEHP has developed a number of Quality Improvement Initiatives to improve quality of care, access and service, Member and Provider satisfaction, and patient safety. IEHP assesses the performance of these studies against established thresholds and/or benchmarks.

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[56] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 7, Written Description.
[57] CCI Three-Way Contract September 2019, Section 2.16
[58] Ibid.

6.1. Quality of Care

IEHP monitors a number of externally and internally developed clinical quality measures and tracks the quality of care provided by IEHP. In order to evaluate these measures IEHP collects data from a number of different sources that include, but are not limited to, the following:

- HEDIS® submission for Medi-Cal and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan);

- State/Federal required Performance Improvement Projects (PIPs) and Quality Activities;

- Claims and encounter data from contracted Providers (e.g. Primary Care Providers, Specialists, labs, hospitals, IPAs, Vendors, etc.).

Measuring and reporting on these measures helps IEHP to guarantee that its Members are getting care that is safe, effective, and timely. The clinical quality measures discussed below are used to evaluate multiple aspects of Member care including:

- Performance with healthcare outcomes and clinical processes;

- Adherence to clinical and preventive health guidelines;

- Effectiveness of chronic conditions, population health and care management programs; and

- Member experience with the care they received.

6.1.1. HEDIS® Measures[59],[60]

HEDIS® is a group of standardized performance measures designed to ensure that information is available to compare the performance of managed health care plans. IEHP has initiatives in place that focuses on a number of key HEDIS® measures that cover its entire Membership, including, priority measures that relate to children, adolescents and Members with chronic conditions.

IEHP develops a number of Member and Provider engagement programs to improve HEDIS® rates. Interventions include a combination of incentives, outreach and education, Provider-level reports and gaps in care reports, and other activities deemed critical to improve performance. These interventions are tracked and monitored in the QM/QI Work Plan and presented at the QI Subcommittee. In addition, IEHP's performance on HEDIS® measures is reported and discussed annually at the QI Subcommittee, who provides guidance on prioritizing measures for the subsequent year(s). IEHP's goal is to continually develop and implement interventions that are aimed at improving HEDIS® rates and quality of care for its Members.

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[59] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 9, External Quality Review Requirements
[60] CCI Three-Way Contract September 2019, Section 2.16

6.1.2. Performance Improvement Projects (DHCS, CMS and Health Services Advisory Group (HSAG)) and Quality Activities[61,62]

IEHP implements a number of Performance Improvement Projects (PIPs), and HEDIS® PDSA PIPs that are required by regulatory agencies (DHCS, CMS and HSAG) and in accordance with requirements in the Capitated Financial Alignment Model.

- PIPs – thorough analysis of a targeted problem is completed. A baseline and key indicators are established and then interventions are implemented. Interventions are designed to enhance quality and outcomes that benefit IEHP Members.

- HEDIS® PDSA PIPs- conducted for each HEDIS® External Accountability Set (EAS) also known as Managed Care Accountability Set (MCAS) measure with a rate that does not meet the Minimum Performance Level (MPL) or is given an audit result of "Not Reportable." IEHP evaluates ongoing quality improvement efforts on a quarterly basis.[63]

- NCQA Quality Activities – quality improvement activities conducted to meet NCQA accreditation standards.

The QM/QI Department, under the direction of the Medical Director(s), is responsible for monitoring these programs and implementing interventions to make improvements. For 2021, IEHP is focusing on the following studies:

Study Name	Reporting Agency	Type of Study
All-Cause Readmissions - Statewide Collaborative measure (non-HEDIS® measure) addressing reduction of hospital readmission rates.	NCQA	Quality Activity
Disparity Performance Improvement Project – Childhood Immunization Status (CIS) Combo 10	DHCS, HSAG	PIP
Asthma Medication Ratio (AMR)	DHCS, HSAG	PIP
Individualized Care Plan (ICP)	CMS, DHCS, HSAG	PIP

6.1.3. Continuity and Coordination of Care Studies

Continuity and coordination of care are key determinants for overall health outcomes. Comprehensive coordination of care improves patient safety, avoids duplicate assessments, procedures or testing, and results in better treatment outcomes. IEHP evaluates continuity and coordination of care on an annual basis through multiple studies. The purpose of these studies is to assess the effectiveness of the exchange of information between:

- Medical care providers working in different care settings; and

- Medical and behavioral healthcare providers.

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[61] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 9, External Quality Review Requirements
[62] CCI Three-Way Contract September 2019, Section 2.16
[63] DHCS APL 19-017 supersedes 17-014 Quality and Performance Improvement Requirements

The results of these studies are presented and discussed by the QI Subcommittee and QMC. Based on the findings, the committee members recommend opportunities for improvement that are implemented by the responsible department.

6.1.4.   Care Management Program Evaluation

Annually, IEHP performs a Program Evaluation of IEHP's DualChoice Members.[64] The Program Evaluation assesses the impact of IEHP's DualChoice program on Member health outcomes using clinical, self-reported and care management intervention measures. The Program Evaluation is used to evaluate program effectiveness and identify opportunities for improvement. The annual Program Evaluation is included in the Cal MediConnect Care Coordination Quality Improvement Program Effectiveness (CCQIPE) Annual Evaluation.

6.1.5.   Improving Quality for Members with Complex Needs

IEHP has multiple programs at no cost to the Member that focus on improving quality of care and services provided to Members with complex medical needs (i.e., chronic conditions, severe mental illness, long-term services and support), Seniors and Persons with Disabilities (SPD) - including physical and developmental, as well as quality of Behavioral Health services focused on recovery, resiliency and rehabilitation. These programs include, but are not limited to, the following:

Complex Case Management (CCM) Program

The CCM program was established for Members with chronic and/or complex conditions. The goal of the CCM program is to optimize Member wellness, improve clinical outcomes, promote self-management and appropriate resource management across the care continuum, through efficient care coordination, education, referrals to health care resource, and advocacy. IEHP assesses the performance of the CCM program annually using established measures and quantifiable standards. These reports are presented to the QI Subcommittee and QM Committee for discussion and input. Based on the committee recommendations, the Care Management Department collaborates with other Departments within the organization to implement improvement activities.

Transition of Care (TOC) Program

IEHP has developed a system to coordinate the delivery of care across all healthcare settings, Providers, and services to ensure all hospitalized Members are evaluated for discharge needs to provide continuity of care and coordination of care. Multiple studies have shown that the poor transition between care settings have resulted in an increase in mortality and morbidity. Transitioning care without assistance for Members with complex needs (e.g. SPD Members that very often have three (3) or more chronic conditions) can be complicated by several other health and social risk factors. IEHP's TOC program has been designed to provide solutions to these challenges. Through the TOC program, IEHP makes concerted efforts to coordinate care when Members move from one setting to another. This coordination ensures quality of care and minimizes risk to patient safety. IEHP also works with the Member or their caregiver to ensure they have the necessary medications/supplies to prevent readmissions or complications. The goals of the TOC program include the following:

- Avoiding of hospital readmissions post discharge;

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[64] CCI Three-Way Contract September 2019, Section 2.5

- Improvements in health outcomes post discharge from inpatient facilities; and

- Improving Member and caregiver experience with care received

Facility Site Review (FSR)/Medical Record Review (MRR) and Physical Accessibility Review Survey (PARS)[65]

IEHP requires all Primary Care Physician (PCP) sites to undergo an initial Facility Site Review (FSR) and Medical Record Review (MRR) Survey performed by a Certified Site Reviewer (CSR), prior to the PCP site participating in the IEHP network. The purpose of the FSR/MRR is to ensure a PCP site's capacity to support the safe and effective provision of primary care services. In addition to the FSR/MRR, IEHP conducts a Physical Accessibility Review Surveys (PARS). The purpose of PARS is to assess the physical accessibility, physical appearance, safety, adequacy of room space, availability of appointments, adequacy of record keeping, and any other issue that could impede quality of care. PARS also ensures Provider sites that ae seeing Members with disabilities do not have any physical access limitations when visiting a Provider stie.

The FSR/MRR and PARS are conducted every three (3) years. The QM Department is responsible for oversight of PARS activities. In partnership with IEHP key stakeholders, the QM Department is responsible for providing training, should physical access issues or deficiencies be identified. The QMC reviews an annual assessment of PARS activities to ensure compliance.

6.1.6. Other Clinical Measures and Studies

Initial Health Assessment Monitoring [66]

IEHP also monitors the rate of Initial Health Assessments (IHA). IHAs are performed on new Members within 120 days of enrollment. This rate is presented to QI Subcommittee for review and analysis. IEHP has a number of Member and Provider outreach programs to improve the IHA rate.

Clinical Practice Guidelines (CPGs) and Preventive Health Guidelines[67]

To make health care safer, higher quality, more accessible, equitable and affordable, IEHP has adopted evidence-based clinical practice guidelines for prevention and chronic condition management. In addition, IEHP considers recommendations for Adult and Pediatric Preventive Services per DHCS contractual requirements which include criteria for the following;

1) FSR/MRR Documentation;

2) Select United States Preventive Task Force (USPTF) recommendations;

3) Bright Futures from American Academy of Pediatrics (AAP);

4) The American College of Obstetricians and Gynecologists (ACOG);

5) American Diabetes Association (ADA);

6) IEHP/Advisory Committee on Immunization Practices (ACIP) Immunizations Schedule.

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[65] DHCS All Plan Letter (APL) 20-006 Supersedes PL 14-004, "Site Reviews: FSR and Medical Record Review"

[66] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 10, Provision 3, Initial Health Assessment

[67] CCI Three-Way Contract September 2019, Section 2.16

Over-utilization and Under-utilization[68,69]

IEHP monitors over-utilization and under-utilization of services at least annually. The QM and UM departments work collaboratively to capture utilization trends or patterns. The results are compared with nationally recognized thresholds. Under-utilization of services can result due to a number of reasons that include but are not limited to the following:

- Access to health care services based on geographic regions.

- Demographic factors also impact over-utilization and under-utilization of services/care:

    o Race, ethnicity, and language preference (RELP);

    o Knowledge and perceptions regarding health care which are largely driven by cultural beliefs, and.

    o Income and socioeconomic status.

IEHP reviews trends of ER utilization, pain medications prescriptions, and potential areas of over-utilization on an annual basis. The purpose of the analysis is to:

- Identify the dominant utilization patterns within the population.

- Identify groups of high and low utilizers and understand their general characteristics.

6.1.6. Quality Withhold Performance Review

Annually, IEHP's performance on Quality Withhold measures are summarized and presented to IEHP's Quality Improvement Subcommittee.

- This measure review includes the quality withhold measure descriptions, measure rates, benchmark goals, and whether the measure goal was met or not met.

- This review with the Quality Improvement Subcommittee would also include an opportunity to discuss improvement strategies in areas needing improvement.

6.2. Access to Care[70]

With the rapid expansion of the managed care programs in California, access to health care services within the State has been negatively impacted over the last few years and is now considered unreliable. Based on a number of statewide studies, there are many Members who do not receive appropriate and timely care. As IEHP's Membership grows, access to care is a major area of concern for the plan and hence the organization has dedicated a significant amount of resources to measuring and improving access to care. This analysis is presented to the QI Subcommittee and QM Committee for discussion and recommendations as needed.

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[68] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 9, External Quality Review Requirements.
[69] CCI Three-Way Contract September 2019, Section 2.16
[70] CCI Three-Way Contract September 2019, Section 2.11

6.2.1. Availability of PCPs by Language[71]

IEHP monitors network availability based on threshold languages annually. IEHP understands the importance of being able to provide care to Members in their language of choice and the impact it has on a Member-Practitioner relationship. In order to ensure adequate access to PCPs, IEHP has established quantifiable standards for PCPs for its threshold languages, which are English and Spanish. These two (2) languages cover over 98% of the Membership. The primary objectives are to evaluate network availability against the establish language standards and identify opportunities for improvement.

6.2.2. Availability of Practitioners

IEHP monitors the availability of PCP, Specialists and Behavioral Health Practitioners and assesses them against established standards at least annually or when there is a significant change to the network. The performance standards are based on State, NCQA, and industry benchmarks. IEHP has established quantifiable standards for both the number and geographic distribution of its network of Practitioners. IEHP uses a geo-mapping application to assess the geographic distribution. Considering the size of the service area, IEHP evaluates the distribution of Providers based on geographic regions since there may be significant gaps in some of the more rural areas covered by IEHP.

6.2.3. Appointment Access

IEHP monitors appointment access for PCPs, Specialists and Behavioral Health Providers and assesses them against established standards at least annually. There is significant evidence that timely access to health care services results in better health outcomes, reduced health disparities, and lower spending, including avoidable emergency room visits and hospital care. In order to measure performance, IEHP collects the required appointment access data from Practitioner offices using a timely access to care survey. IEHP also evaluates the grievances and appeals data quarterly to identify potential issues with access to care. A combination of both these activities helps IEHP identify and implement opportunities for improvement.

6.2.4. After-hours Access to Care

IEHP monitors after-hours access to PCPs at least annually. One (1) of IEHP's key initiatives is to reduce inappropriate ER utilization. Ensuring that Members have appropriate access to their primary care Practitioner outside of regular business hours can result in reduced ER rates, which can subsequently result in reduced inpatient admissions. The criteria for appropriate after-hours care is that the physician or designated on-call physician be available to respond to the Member's medical needs beyond normal hours. PCP offices can use a professional exchange service or automated answering system that allows the Member to connect to a live party or the physician by phone. It is also required that any after-hours system or service that a physician uses provide emergency instructions in the event that the Member is experiencing a life-threatening emergency.

6.2.5. Telephone Access to IEHP Staff

IEHP monitors access to its Member Services Department on quarterly basis. IEHP has established the following standards and goals to evaluate access to Member services by telephone.

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[71] DHCS APL 17-011, Supersedes APL 14-008, "Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act."

Standards of Care for Telephone Access	
Standards	**Goal**
% Of Calls answered by a live voice within 30 seconds	80 %
Calls Abandoned Before Live Voice is Reached	≤ 5%

6.3.   Member and Provider Satisfaction[72]

6.3.1. Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

IEHP conducts a comprehensive CAHPS® survey and analysis annually to assess Member satisfaction with the services and care received. CAHPS® is a set of standardized surveys that ask health care consumers to report on and evaluate their care experience. The survey focuses on key areas like getting care needed; getting appointments to PCPs and Specialty Care Providers (SCPs); satisfaction with IEHP and its Practitioners; and other key areas of the Plan operations. CAHPS® surveys serve as a means to provide usable information about quality of care received by the Members. IEHP uses this tool as one of its key instruments to identify opportunities for improvement. As part of the annual evaluation, IEHP reviews the CAHPS® results to identify relative strengths and weaknesses in performance, determines where improvement is needed, and tracks progress with interventions over time.

6.3.2. Internal Member Satisfaction Studies[73]

1.   **BH Member Satisfaction Survey**: IEHP surveys Members who are receiving behavioral care services at least annually to evaluate their satisfaction with the services received. The survey focuses on key areas like getting care needed; getting appointments to BH Practitioners; satisfaction with IEHP staff and network of BH Practitioners; and other key areas of the Plan operations. The goal of the satisfaction study is to identify and implement opportunities to improve overall Member satisfaction.

2.   **Behavioral Health Treatment (BHT) Member Satisfaction Survey**: IEHP conducts an internal survey for Medi-Cal Members to assess Member Satisfaction with IEHP's Behavioral Health Treatment (BHT) services. The survey focuses on key areas like access to BHT services; satisfaction with their BHT Provider; satisfaction with IEHP's BHT Department and other key areas if the Plan operations. The goal of the satisfaction study is to identify, review and implement opportunities to improve services and Member satisfaction.

3.   **Population Health Management (PHM) Population Assessment - Member Experience Survey:** Annually, IEHP conducts an internal member experience survey for Medi-Cal Members to assess Member Satisfaction with IEHP's Population Health Management programs. The survey focuses on Member feedback from at least two programs (e.g. disease management or wellness programs). Feedback is specific to the programs being

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[72] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 9, External Quality Review Requirements
[73] CCI Three-Way Contract September 2019, Section 2.16

evaluated. Additionally, IEHP analyzes complaints to identify opportunities to improve satisfaction.[74]

6.3.3. Grievances and Appeals[75]

IEHP monitors performance areas affecting Member experience. IEHP has established categories and quantifiable standards to evaluate grievances received by Members. All grievances are categorized in a number of different categories including but not limited to the following:

- Billing/Financial;
- Quality of Practitioner Office Site;
- Quality of Care;
- Access;
- Attitude and Service;
- Compliance;
- Quality of Services;
- Benefits/Coverage;
- Enrollment/Eligibility;
- Disease Management and Care Management Programs; and
- Cultural and Linguistics.

The organization's goal is to resolve all grievances within thirty (30) days of receipt. IEHP calculates the grievance rate per 1000 Members on a quarterly basis and presents this information to the QI Subcommittee and QM Committees. IEHP's goal is to maintain the overall complaint rate below thresholds as established by regulatory agencies such as DHCS, DMHC, and CMS.

6.3.4. Provider Satisfaction

IEHP monitors performance areas affecting provider satisfaction annually and submits the results to DHCS and CMS.[76] This study assesses the satisfaction experienced by IEHP's network of PCPs, SCPs, and Behavioral Health Providers. Information obtained from these surveys allow plans to measure how well they are meeting their Providers' expectations and needs. This study examines the satisfaction of the Provider network in the following areas: overall satisfaction, all other plans, finance issues, utilization and quality management network, coordination of care, pharmacy, Health Plan Call Center Service Staff, and Provider relations. Based on the data collected, IEHPs reports the findings to the QI Subcommittee and QM Committee. The committees review the findings and make recommendations on potential opportunities for improvements.

6.4. 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

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[74] NCQA, 2022 HP Standards and Guidelines, PHM2, Element B
[75] NCQA, 2022 HP Standards and Guidelines, ME7, Element C
[76] CCI Three-Way Contract September 2019, Section 2.16

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. Some of the IEHP's safety initiatives include:

6.4.1. Appropriate Medication Utilization

IEHP monitors pharmaceutical data to identify patient safety issues on an ongoing basis. Drug Utilization Review (DUR) is a structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to obtain improvements. The DUR process is designed to assist pharmacists in identifying potential drug-related problems by assessing patterns of medication usage. The goal of the DUR process is to identify potential drug-to-drug interactions, over-utilization and under-utilization patterns, high/low dosage alerts, duplication of medications, and other critical elements that can affect patient safety. The DUR study data is collected via an administrative data extraction of paid pharmaceutical claims. Actual prescribing patterns of PCPs, BH Practitioners, and Specialists are compared to IEHP standards. The results of the quantitative analysis are presented to IEHP's Pharmacy and Therapeutics (P&T) Subcommittee and QM Committee for discussion and action, as necessary.

6.4.2. Review of Inpatient Admissions

IEHP considers the quality of care in the hospitals to be a top priority. To ensure Member safety, IEHP assesses, tracks, and reviews the following measures:

1.   Bed Day/Readmission reporting;

2.   Length of stay reports;

3.   Inappropriate discharges from inpatient settings;

4.   Provider Preventable Conditions (PPCs); and

5.   Potential Quality Incidents (PQI) referrals related to an inpatient stay.

Monthly reports are produced using relevant utilization data. These reports are reviewed by the UM and QM staff to identify potential quality incidents. Any significant findings are reviewed by IEHP's Medical Directors and summary reports are provided to the UM Subcommittee and QM Committee. The UM Subcommittee identifies potential quality of care issues and makes recommendations to address them as needed. The committee delegates the implementation of these recommendations to the UM and/or QM Department. The QM Department collaborates with different Departments (e.g. UM, CM, PS, etc.) to implement and monitor the improvement activities.

6.4.3. Potential Quality Incidents (PQI) Review

The Quality Management Department reviews all Potential Quality Incidents (PQI) for all Practitioners and Providers. Areas of review include but are not limited to primary and specialty care, facilities (Hospital, Long-Term Care (LTC), Skilled Nursing Facility (SNF), and Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP) services, Home Health agencies and transportation Providers). The Quality Management Department is responsible for investigating and reviewing the alleged Potential Quality Incidents. The Medical Director(s) review all cases and may refer to the QM Committee and/or Peer Review Subcommittee for further evaluation and review.

6.4.4. Promoting Safety Practices for Members

IEHP offers various safety programs to Members including the Bicycle Helmet Program for children between 5 to 14 years old and Members who have a child between 5-14 years old. This interactive program assesses children's and parents' knowledge on bicycle safety and offers a free helmet to program participants. IEHP also offers the Child Car Seat Program to keep children safe in a car, providing information on the latest car seat laws, and choosing the right car seat. Additionally, Member education materials that cover different health topics are available to Members including immunizations, flu and cold facts, avoiding allergens, medication reconciliation etc. Additional safety initiatives are developed in collaboration with Health Education and other Health Services departments as safety needs are identified.

6.5. Addressing Cultural and Linguistic Needs of Members[77]

IEHP is dedicated to ensuring that all medically covered services are available and accessible to all Members regardless of sex, race, color, national origin, creed, ancestry, ethnic group identification, religion, language, age, gender, gender identity, marital status, sexual orientation, medical condition, genetic information, physical or mental disability, and identification with any other persons or groups, and that all covered services are provided in a culturally and linguistically appropriate manner. IEHP strives to reduce health care disparities in clinical areas, improving cultural competency in Member materials and communications, and ensuring network adequacy to meet the needs of underserved groups. Services that address cultural and linguistic services are adjusted based on the annual assessment of Member needs. Further details about cultural and linguistic services provided to Members are seen in the individual reports supporting each of the following studies. The following are the current IEHP Quality Studies that evaluate our ability to serve a culturally and linguistically diverse Membership.

1. **Provider Language Competency Study:** The purpose of this study is to verify that the PCP, OB/GYN, and vision provider offices that inform IEHP that they have Spanish speaking office staff actually have those services available to Members.

2. **Cultural and Linguistic Study:** The purpose of the study is to identify the linguistic and ethnic diversity of IEHP's PCP and Member populations. More specifically, they assess the cultural, ethnic, racial, and linguistic needs of Members in accordance with NCQA standards.

3. **Ongoing monitoring of interpreter service use:** The purpose of this report is to monitor the top languages requested by the Members. IEHP offer face-to-face interpreter services for medical appointments to Members at no cost. The purpose is to provide Members with interpretation services and office excellence in service to Members/callers.

4. **Ongoing monitoring of grievances related to language and culture**: Grievances are reported to monitor cultural and linguistic services provided to Members.

Section 7: 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 NCQA, DHCS (when applicable) and IEHP standards. IEHP

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[77] NCQA, 2022 HP Standards and Guidelines, QI 1, Element A, Factor 6

monitors Delegate performance in QM, UM, CM, credentialing and re-credentialing, compliance, and their implementation of related activities through Delegation Oversight activities.[72,78,79]

7.1 Auditing and Monitoring Activities

IEHP performs a series of activities to monitor IPAs and other delegated entities:

1. An annual Delegation Oversight Audit is conducted using a designated audit tool that is based on the NCQA, DMHC and DHCS standards. Delegation Oversight Audits are performed by IEHP Health Services and Provider Services Staff using the most current NCQA, DHCS, CMS and IEHP standards.

2. Joint Operations Meetings (JOM) – These meetings are called by IEHP as a means of discussing performance measures and findings as needed. The JOM includes representation from the delegate and IEHP Departments as applicable.

3. Review of grievances and other quality information;

4. Specified audits:

    a. Focused Approved and Denied Referral Audits;

    b. Focused Case Management Audits;

    c. Utilization data review (Denial/Approval Rates, timely Member notification, overturn rate); and

    d. Provider Satisfaction Surveys.

5. IPAs are required to submit the following information to the IEHP Provider Services Department:

    a. Utilization Management (UM) Trend Report – Monthly report of utilization data;

    b. Referral Universe and Letters – Monthly report of all approvals, denials and modifications of requested services;

    c. Care Management (CM) Log – Monthly report of CM activities;

    d. Second Opinion Tracking Log – Monthly report to track Member requested second opinions;

    e. Credentialing Activity – Periodic report of any changes to the network at the Delegate level (e.g., terminated PCPs, specialists);

    f. Annual QM and UM Program Descriptions;

    g. Annual QM/QI and UM Work Plans;

    h. Semi-annual reports of quality improvement activities;

    i. Semi-annual reports of credentialing/re-credentialing;

    j. Semi-annual reports of utilization management activities; and

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[78] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 6, Delegation of Quality Improvement Activities
[79] CCI Three-Way Contract September 2019, Sections 2.2 & 2.16

k.   Annual QM and UM Program Evaluations.[80,81]

6.   IPAs with deficient scores must submit a CAP to remedy any deficiencies. If an IPA is unable to meet performance requirements, IEHP may implement further remediation action including but not limited to:

a.   Conduct a focused re-audit;

b.   Immediately freeze the Delegate to new Member enrollment, as applicable;

c.   Send a 30-day contract termination notice with specific cure requirements;

d.   Rescind delegated status of Delegate, as applicable;

e.   Terminate the IEHP contract with the Delegate; or

f.   Not renew the contract.

7.   **Assessment and Monitoring:** To ensure that Delegates have the capacity and capability to perform required functions, IEHP has a rigorous pre-contractual and post-contractual assessment and monitoring system. IEHP's also provides clinical and Member experience data to delegates upon request so they can initiate improvement activities.

8.   **Pre-contractual Assessment of Providers**: All Providers desiring to contract with IEHP must complete a comprehensive pre-contractual document and on-site review.

9.   **Reporting**: 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 monthly, quarterly and annual basis for trending and assessment of ongoing compliance. The reporting includes review of monthly assessment packets, encounter adequacy reports and Provider Services highlights. All oversight audits performed on delegates are reported to the DOC. CAP activities are implemented as deficiencies are identified. Findings and summaries of DOC activities are reported to the Compliance Committee.

INLAND EMPIRE HEALTH PLAN		
Written by: Chief Quality Officer	**Original Effective date:**	September 1, 1999
Approved by: *Signature on file*	**Revision date:**	January 1, 2022

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[80] DHCS-IEHP Two-Plan Contract, 1/10/20 (Final Rule A27), Exhibit A, Attachment 4, Provision 8, Quality Improvement Annual Report
[81] CCI Three-Way Contract September 2019, Section 2.16