Inland Empire Health Plan

2024 Quality Improvement and Health Equity

Annual Plan

Executive Summary

May 2025

MISSION, VISION, AND VALUES

IEHP's Mission, Vision, and Values (MVV) aims to improve the quality of care, access to care, Member safety, and quality of services delivered to IEHP Members. The organization prides itself on six (6) core goals:

Mission: We heal and inspire the human spirit.

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

Values: We do the right thing by:

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

QUALITY IMPROVEMENT AND HEALTH EQUITY PLAN (QIHEP) OVERVIEW

IEHP supports an active, ongoing, and comprehensive Quality Improvement & Health Equity Plan (QIHEP) with the primary goal of continuously monitoring and improving the quality of care and service, access to care, Member safety delivered to IEHP Members by providing effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The QIHEP provides a formal process to systematically monitor and objectively evaluate, track, and trend the health plan's quality, efficiency, and effectiveness. 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 equity-focused interventions, Member safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care, and quality improvement initiatives. In addition, IEHP's operational framework is designed to inform and deploy initiatives to advance health equity, improve quality, help eliminate health disparities, and address identified patterns of over- or under-utilization of physical and behavioral health care services. IEHP will utilize this document for oversight, monitoring, and evaluation of Quality Management (QM) and Quality Improvement (QI) activities to ensure the QIHEP is operating in accordance with standards and processes as defined in this Plan Description. These initiatives are aligned with IEHP's mission, vision, and values. The QIHEP is designed to improve all aspects of care delivered to IEHP Members in all health care settings by:

1. Defining the Program structure;

2. Assessing and monitoring the delivery and safety of care;

3. Assessing and monitoring, population health management provided to Members, including behavioral health and care management services;

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

5. Overseeing IEHP's QM functions through the Quality Management & Health Equity Transformation Committee;

6. Involving designated physician(s) and staff in the QMHET Program;

7. Involving a behavioral healthcare Practitioner in the behavioral health aspects of the Program;

8. Involving Long-Term Services and Supports (LTSS) Providers and Professionals with expertise in LTSS in the QMHET Program;

9. Reviewing the effectiveness of LTSS programs and services;

10. Ensuring that the LTSS needs of Members are identified and addressed by leveraging available assessment information;

11. Identifying opportunities for QI initiatives, including the identification of health disparities among Members;

12. Implementing and tracking QI initiatives that will have the greatest impact on Members;

13. Measuring the effectiveness of interventions and using the results for future QI activity planning;

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

15. Reviewing resources devoted to the QMHET Program;

16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and

17. Assessing and monitoring processes to ensure the Member's cultural, racial, ethnic, and linguistic needs are being met.

To accomplish this, IEHP has established methods that ensure and promote access and delivery of medically necessary services in a culturally competent manner to all Members, including people with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. IEHP has defined the following objectives:

Clinician-Oriented:

➢ Provide training, support, technical assistance and resources to Providers and their office staff to assist them in the provision of culturally competent and linguistic services.

➢ Monitor the clinician credentialing and recredentialing processes for discriminatory practices, at each point of the process.

IEHP and Member-Oriented:

➢ Educate IEHP Team Members on cultural diversity in the Membership and raise awareness of IEHP Cultural and Linguistic policies, procedures, and resources through annual mandatory training.

➢ Assess the characteristics of IEHP's Membership to identify Member needs and review and updates its structure, operations, and resources accordingly.

➢ Evaluate areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI), Members of Limited English Proficiency (LEP), disparities in Members of different ethnicity groups, and disparities in Members with primary language other than English.

➢ Identify the threshold languages in the Member population of 200 or more Members and provide vital information in threshold languages and alternate formats upon request. The current threshold languages are English, Spanish, Mandarin, Cantonese, and Vietnamese.

➢ Use competent translators and evaluate the quality of translation.

➢ Review and approve externally and internally developed Member materials for readability, content, accuracy, cultural appropriateness, and non-discrimination using DHCS Readability and Suitability Checklist.

➢ Assess Member's experience with their utilization of language services to assist with improvements to organizational functions and healthcare encounters.

➢ Review Grievance and Appeals (G&A) Data by race/ethnicity and language to identify areas of opportunity for improvement.

➢ Support the development of new recruitment and hiring practices that promote diversity and inclusive policies including:

  o Inclusive job descriptions that use gender neutral language, indicate the job specific salary range, clarify minimum qualification requirements, all emphasizing our commitment to diversity and inclusion.

  o Require all applicants to be reasonably considered for positions for which they meet all minimum qualifications.

  o Hold hiring leaders accountable to conducting fair and equitable interviews and selection practices to support and sustain equal representation throughout the organization.

  o Deploy technology designed to help reduce the interference of unconscious bias in the selection and hiring process, including the use of resume redaction which removes any information identifying a candidate's gender, age, economic status, and ethnicity to ensure a more equitable initial candidate consideration.

➢ Conduct ongoing assessment of IEHP' Membership language profile.

➢ Commitment to all IEHP Team Members to promote a work environment built on the premise of gender and diverse equity that encourages and enforces:

  o Respectful communication and cooperation between all Team Members.

  o Teamwork and Team Member participation permitting the representation of all groups and Team Member perspectives.

IEHP GOVERNING BOARD

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

The Governing Board's responsibilities include but are not limited to:

1. Providing oversight of health care delivered by contracted Providers and Practitioners;

2. Providing direction for the QIHEP;

3. Evaluating QIHEP effectiveness and progress;

4. Approving the overall QIHEP and its work plan;

5. Appointing an accountable entity or entities within the Plan responsible for oversight of QIHEP;

6. Reviewing written progress reports received from the Quality Management and Health Equity Transformation Committee (QMHETC) that describe actions taken, progress in meeting QIHEP objectives, and improvements made; and

7. Directing necessary modifications to QIHEP policies and procedures to ensure compliance with Quality Management/Quality Improvement and Health Equity standards set forth in the Two-Plan Contract and DHCS Comprehensive Quality Strategy (CQS).

The QMHETC reports delineating actions taken and improvements made are reported to the Board through the Chief Medical Officer (CMO) and Chief Quality Officer (CQO). The Board delegates responsibility for monitoring the quality of health care delivered to Members to the CMO, CQO, and the QMHETC with administrative processes and direction for the overall QMHETP initiated through the CMO and CQO, or Medical Director designee.

QUALITY MANAGEMENT AND HEALTH EQUITY TRANSFORMATION COMMITTEE (QMHETC)

The QMHETC reports to the Governing Board and retains oversight of the QMHETP with direction from the CMO and CQO or physician designee, in collaboration with the Chief Health Equity Officer (CHEO). The QMHETC promulgates the quality improvement process to participating groups and physicians, Providers, Subcommittees, and

internal IEHP functional areas with oversight by the CMO and CQO. The QMHET Committee meets at least quarterly to report findings, reports actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommends policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

QUALITY SUBCOMMITTEES

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

1. Quality Improvement Council (QIC)
2. Quality Improvement Subcommittee (QISC)
3. Member Experience Subcommittee (MESC)
4. Population Health Management (PHM) Subcommittee

QUALITY IMPROVEMENT COUNCIL (QIC)

The Quality Improvement Council (QIC) is responsible for quality improvement activities for IEHP. The QIC reviews reports and findings of studies before presenting to QMHETC and works to develop action plans to improve quality and study results. In addition, QIC directs the continuous monitoring of all aspects of Behavioral Health & Care Management (BH &CM) and Population Health Management (PHM) services provided to Members.

QUALITY IMPROVEMENT SUBCOMMITTEE (QISC)

The Quality Improvement Subcommittee (QISC) establishes a culture of quality improvement within IEHP. This subcommittee provides oversight, monitoring and assessment of key organizational processes, outcomes, and reports; and makes recommendations concerning quality improvement initiatives and activities. The cross functional makeup of the QI subcommittee supports an environment of transparency for quality improvement performance, commitment to ongoing evaluation, and wide scale spread identified successes.

Through a multidisciplinary approach the QISC's primary goal in 2024 was to monitor priority quality measure performance and review assigned quality improvement studies and reports identified on the Quality management (QM) workplan or as designated by Accreditation Programs Leadership. The QISC will either, collectively explore root causes of performance opportunities and propose interventions or escalate to the

Quality Improvement Council (QIC) as needed for additional recommendations. All studies, performances reports, and recommended action items are presented to the QIC on a routine basis.

MEMBER EXPERIENCE SUBCOMMITTEE (MESC)

The Member Experience Sub-Committee (MESC) exists to establish a culture focused on continually improving the experience our IEHP Members in their journey navigating their health care. This subcommittee provides oversight, monitoring and assessment of key organizational processes, outcomes and reports; and makes recommendations concerning initiatives and activities that impact the Member experience. The cross functional makeup of the MESC subcommittee supports an environment of transparency for Member satisfaction performance, service levels, grievances, community outreach and a commitment to ongoing evaluation and wide scale spread of identified successes.

The MESC's primary goal is to establish and align with IEHP's strategic commitment to optimal care and vibrant health. MESC Program performance and outcome measures include, but are not limited to:

1. Oversee the Member experience journey using data from regulatory and IEHP generated approaches to identify trends that indicate there are service concerns related to the various Member touchpoints as they interact with the IEHP, our Providers and contractors.

2. Ensure best practices, which are intended to improve the Member experience, are identified, planned, implemented, and monitored.

3. Continually improve the ability to measure the Member Experience journey and touchpoints [including community outreach] to ensure the "Voice of the Member" is measured and understood.

POPULATION HEALTH MANAGEMENT (PHM) SUBCOMMITTEE

The Population Health Management (PHM) Subcommittee is responsible for the monitoring of IEHP's Population Health Management Program as defined in IEHP's Population Health Management (PHM) Program Description. The items included in the QM/QI and CLAS Work Plan are aligned to Population Health Management program requirements from the Department of Healthcare Services (DHCS) and the National Committee for Quality Assurance (NCQA). IEHP's approach to supporting this work is through the participation of a multidisciplinary subcommittee committed to the clinical and operational goals of the PHM program.

Population Health is a broad IEHP initiative that crosses multiple departments. Therefore, a focused, cross-departmental membership with ad hoc participation is necessary from the following departments: Behavioral Health/Care Management, Health Education, Promotion and Prevention, Pharmacy, Integrated Transitions of care, Community Supports, Health Equity, Quality Systems Provider and member Services, Information Technology, and Medical Directors.

The PHM Subcommittee's primary goal is to review and analyze PHM activities and study results that are required for both accreditation and overall regulatory compliance. The subcommittee developed action tracking items which are regularly looked over to ensure that a process to follow-up on these opportunities are set in place. The PHM subcommittee report deliverables are guided by the QMHETC workplan which is reflective of a 36-month review period covering ongoing activities throughout the year. The PHM Subcommittee assesses data to identify opportunities for intervention through processes such as data-driven risk stratification, identification of gaps, and assessment processes.

QUALITY IMPROVEMENT SUPPORT COMMITTEES / MEMBER 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 QMHETC, Compliance Committee or through the CEO to the Governing Board. Any potential quality issues that arise from these Committees would be referred to the QMHETC by attending staff. The Committees and Workgroups include:

1. Community Advisory Committee (CAC)

2. Delegation Oversight Committee

COMMUNITY ADVISORY COMMITTEE (CAC)

The CAC is a Member advisory committee that engages IEHP Members and community advocates within IEHP's service area. The CAC is comprised primarily of IEHP Members to maintain community engagement with stakeholders, community advocates, traditional and Safety-Net Providers and Members. The CAC provides IEHP with recommendations on the provision of equitable health and preventative care practices, educational priorities, Cultural and Linguistic Appropriate Services (CLAS), communication needs, and the coordination of and access to services for Members. Feedback and information from the CAC will also be used to inform IEHP of health equity and quality improvement efforts with meetings held quarterly.

Currently, IEHP Members including those in foster care have diverse living experiences including some who have experienced adverse childhood experiences. CAC Member recommended the IEHP provide Trauma Informed Care training to Providers and Team Members. IEHP has confirmed a speaker and will coordinate a future Provider training on Trauma Informed Care and team will communicate the training opportunity to Providers. Additionally, CAC Members encouraged IEHP to partner with community-based organizations especially in rural areas, to share about sensitive services for foster youth. As a result, Provider Services and Community Partnerships Teams are fostering relationship with community partners to leverage more access to services and resources for Members. On the 24th of February 2025, IEHP launched its first Rural Area Support Collaborative in Needles, CA. Providers, community-based organizations, and city management participated in this collaboration.

To address racial disparities and cultural sensitivity stigma associated with mental health, DEI training topics are requested by the CAC and are looked into to be developed for monthly Inclusion, Diversity, Equity, and Access (IDEA) training offered at IEHP Headquarters. IDEA training courses are open to IEHP staff, Providers, and community-based organizations. Furthermore, IEHP Providers and Team Members are required to complete a Diversity Equity and Inclusion (DEI) eCourse. The course is intended to educate all in-network Providers on the cultural diversity of IEHP Members, and to raise awareness of the IEHP cultural and linguistic policies and resources. The DEI training is region-specific and includes consideration of health-related social needs that are specific to IEHP's serving counties and disparity impacts of Members including but not limited to Members with Specialty Mental Health Service and/or Substance Use Disorder needs.

IEHP has put forth efforts into increasing telehealth services and expanding providers to address the disparity of having more access to same-day appointments. IEHP has improved visibility and accessibility of telehealth by providing a prominent search/filter capability in the Provider directory on the Member Portal. The online Provider Directory now has added functionality to filter for Providers that offer telehealth. Members also have the ability to see if Providers they are searching for offer services via telehealth.

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 QMHETC and Compliance Committee and meets monthly with ad hoc meetings conducted as needed.

ORGANIZATIONAL STRUCTURE AND RESOURCES

Under the direction of the CMO, CQO, or designee, Medical Directors are responsible for clinical oversight and management of the QM, UM, BH & CM, Health Education, PHM activities, participating in QIHEP 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 with health care services and medical attention at all locations;

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

5. Following evidence-based, Clinical Practice Guidelines (CPGs) developed by IEHP for all lines of business. The QM program adopts, disseminates, and monitors the use of preventive care and clinical practice guidelines that are based on valid and reliable clinical evidence or a consensus of health care professionals, considers the needs of Members, and is developed in consultation with contracted health care professionals, as standards of health care are applicable to Members and Providers.

QUALITY MANAGEMENT/QUALITY IMPROVEMENT (QM/QI) AND CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) WORK PLAN

Annually, and as necessary, the QMHETC approves the QM/QI and CLAS Work Plan that addresses clinical quality of physical, behavioral health, access and engagement of Providers continuity and coordination across settings and all levels of care, and Member experience. The QM/QI and CLAS Workplan details a 3-year (36 months) look-back 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 QIHEP. These initiatives focus on improving quality of care and service, access, Member and Provider satisfaction, Member safety, and QI activities that support PHM strategies. The QMHETC identifies priorities for implementing clinical and non-clinical Work Plan initiatives. The Work Plan includes goals and objectives, staff responsibilities, completion timeframes, monitoring 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.

QUALITY IMPROVEMENT PROCESSES

IEHP is required to align internal quality and health equity efforts with DHCS' Comprehensive Quality Strategy Report, monitors and reports quality performance DHCS-selected MCAS measures that are stratified by various demographics, and reviews and acts on items identified through DHCS' reports including but not limited to the Technical Repot, Health Disparities Report, Preventive Services Report, Focus Studies, and Encounter Data Validation Report.

IEHP aligns its QIHEP activities with the DHCS Comprehensive Quality Strategy. The planning and implementation of annual QIHEP activities follows an established process. This includes development and implementation of the Work Plan, quality improvement initiatives, and quality studies. Measurement of success encompasses an annual evaluation of the QIHEP.

IEHP aims to support the DHCS Bold Goals including, but not limited to:

1. Closing racial/ethnic disparities in well-child visits and immunizations;

2. Closing maternity care disparities;

3. Improving maternal and adolescent screening;

4. Improving follow up after emergency department visit for mental health conditions; and

5. Providing children's health preventive care services by exceeding national benchmarks.

IEHP participates in DHCS mandated statewide collaborations or additional initiatives that may improve quality and equity of care for Medi-Cal members as directed by DHCS. IEHP also attends, at a minimum, quarterly regional collaborative meetings that may be in-person.

IEHP QUALITY IMPROVEMENT (QI) INITIATIVES

QI initiatives are also aligned with the IEHP Strategic Plan and Optimal Care, Vibrant Health, and Organizational Strength Vision Commitments that seeks to:

1. Provide clinical care with quality outcomes that exceed national benchmarks, along with health services that are accessible, anticipatory, and coordinated;

2. Provide health care that is equitably experienced across the Inland Empire; and

3. Leverage systems thinking that aligns IEHP's Mission, people, operations technology, and financial performance, respectively.

QI initiatives actively reinforce the Vision Commitments of the IEHP Strategic Plan, with a focus on addressing the specific needs of both IEHP's Membership and those identified by state and regulatory agencies.

QI initiatives undergo a robust process of identification, development, and implementation, ensuring a targeted approach that addresses the specific needs of the IEHP Membership. These initiatives prioritize high-volume, high-risk, or deficient areas, actively seeking improvements in care and service, access, safety, and experience. The proactive monitoring of Managed Care Accountability Set (MCAS) and other quality measures inform the identification and development of QI initiatives, their goals and objectives, and direction of the IEHP Strategic Plan. Furthermore, a data centered approach with a focus on performance measures and customized metrics form the basis of implementation plans and actions developed to improve care and services.

COMMUNICATION AND FEEDBACK

Ongoing education and communication regarding quality improvement initiatives is accomplished internally and externally through committees, staff meetings, joint operation meetings, mailings, and announcements.

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;

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.

IMPROVEMENT PROCESS

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 (CAPs). Providers or Practitioners that are significantly out of compliance with QM requirements must submit a CAP. If a Provider or Practitioner does not submit CAP or continues to be non-compliant with the CAP process (including CAP timelines), the Provider is frozen to auto-assignment until such time as the corrections are verified and the CAP is closed. The CAP process must be completed within 90 calendar days from the date of the audit and CAP notification.

QUALITY IMPROVEMENT INITIATIVES – QUALITY OF CARE

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

1. HEDIS® submission for Medi-Cal and IEHP DualChoice (HMO D-SNP);

2. State/Federal required Performance Improvement Projects and Quality Activities; and

3. 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 receiving care that is safe, effective, and timely. The clinical quality measures discussed below are used to evaluate multiple aspects of Member care including:

1. Performance with healthcare outcomes and clinical processes;

2. Adherence to clinical and preventive health guidelines;

3. Effectiveness of chronic conditions, Population Health and Behavioral Health Care Management programs; and

4. Member experience with the care they received.

HEDIS® MEASURES

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 broad range of HEDIS® measures that cover the entire Membership, including priority measures that relate to children, adolescents, and Members with chronic conditions.

To generate the rates for different measures, the IEHP Quality Informatics team loads data in an NCQA certified HEDIS® software. Technical specifications from the HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans were utilized for measure reporting. HEDIS® Measurement Year (MY) 2023 includes measures across 16 domains:

    A. Effectiveness of Care

        1. Prevention and Screening

        2. Respiratory Conditions

        3. Cardiovascular Conditions

        4. Diabetes

        5. Musculoskeletal Conditions

        6. Behavioral Health

7. Care Coordination

8. Overuse/Appropriateness

9. Measures Collected Through the Medicare Health Outcomes Survey

10. Measures Collected Through CAHPS® Health Plan Survey

11. Access/Availability of Care

12. Experience of Care

B. Utilization and Risk Adjusted Utilization

13. Utilization

14. Risk Adjusted Utilization

15. Health Plan Descriptive Information

C. Measures Reported Using Electronic Clinical Data Systems

16. Measures Reported Using Electronic Clinical Data Systems

Data collection methods for HEDIS® measures include administrative, hybrid, survey, and electronic clinical data systems data (ECDS). Administrative information is collected through claim and encounter data. Hybrid measure information is captured using administrative data supplemented with medical record review of a sample population. Hybrid specifications allow for a drawing of a random sample using an NCQA-approved proportional systematic sampling method. A medical record review is conducted for these hybrid measures. Survey data is captured from Member surveys and ECDS data is obtained from electronic data exchange systems with contracted partners for data, such as electronic health records (EHRs) and clinical registries. Rates are reported separately for Medi-Cal and Medicare lines of business.

HEDIS® TIMELINE

HEDIS® data is collected throughout the year. In March 2024, technical specifications were finalized for the Measurement Year (MY) 2023 with the Volume 2 Technical Update and Value Set Directory. From January to May 2024, administrative data from claims/encounters continued to be captured and medical records were

retrieved from Providers and reviewed for hybrid measures. IEHP reported HEDIS® MY 2023 results to NCQA in June 2024.

QUALITY IMPROVEMENT ACTIVITIES

IEHP develops several 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 and CLAS Work Plan and are presented at the Quality Management & Health Equity Transformation Committee. 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.

PERFORMANCE REVIEW OF MANAGED CARE ACCOUNTABILITY SET (MCAS)

MCAS is founded on the CMS Child and Adult Core Set Measures, which includes NCQA HEDIS® measures. For the year, there are 39 measures spanning the behavioral health, children's health, chronic disease management, reproductive health, and cancer prevention domains. Managed Care Plans (MCPs), such as IEHP, are mandated by DHCS to submit annual reports on their performance of MCAS measures. DHCS sets a Minimum Performance Level (MPL) for specific MCAS measures, aligning with NCQA's national Medicaid 50th percentile.

IEHP regards MCAS measures as a priority. IEHP's MCAS measure performance guide the development of its Strategic Plan, QI activities, and department initiatives. IEHP seeks to not only meet and exceed the MCAS MPL established by DHCS but achieve the MCAS High Performance Level (HPL) set at the 90th percentile for qualified measures.

IEHP proactively oversees its performance of MCAS measures and their corresponding MPL to evaluate and enhance clinical quality of care. The evaluation yields insights into Member and Provider behavior, guiding the development of QI activities and direction of the IEHP Strategic Plan that are both pertinent and responsive. These QI activities may be incorporated into IEHP's Strategic Plan or department initiatives with the ultimate objective to meet or exceed the MCAS HPL.

Based on prior year performance, IEHP continues to find opportunities to improve these MCAS measures including but not limited to: Childhood Immunization Status: Combination 10 (CIS-10), Immunizations for Adolescents: Combination 2 (IMA-2), Lead Screening in Children (LSC), Well-Child Visits in the First 30 Months of Life – 15 to 30 Months (W30-2), Child and Adolescent Well-Care Visits (WCV) and Cervical Cancer Screening (CCS). Detailed plans on activities to meet or exceed the MPL for these measures can be found on the MY 2022 | CY 2024 Comprehensive Quality Strategy.

PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

IEHP implements quality improvement activities as required by regulatory agencies (DHCS, CMS) and in accordance with requirements in the Capitated Financial Alignment Model.

The Quality Improvement Department, under the direction of the Director of Quality Improvement, is responsible for monitoring these programs and implementing interventions to make improvements. For 2025, IEHP is focusing on the following studies:

Study Name	Reporting Agency	Type of Study
IEHP All-Cause Readmissions	NCQA	Quality Activity
2023–26 Clinical PIP - Improve Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure rates for Black/African American Populations	DHCS	PIP
2023–26 Non-Clinical PIP – Improve the percentage of Provider notifications for Members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit	DHCS	PIP

2024 Comprehensive Quality Strategy – Well Care Visits in First 30 months of life (W30-2), Childhood Immunizations Combination 10 (CIS) Immunizations for Adolescents Combination 2 (IMA), Lead Screening in Children (LSC), Child and Adolescent Well Care Visits (WCV) and Cervical Cancer Screening (CCS)	DHCS	SWOT

CONTINUITY AND COORDINATION OF CARE STUDIES

Continuity and coordination of care are key determinants for overall health outcomes. Comprehensive coordination of care improves Member 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:

1. Medical care Providers working in different care settings; and

2. Medical and behavioral healthcare Providers.

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

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) and 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 Care 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, and 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 PHM Subcommittee and QMHETC for discussion and input. Based on the committees' 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 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 Member 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:

1. Avoiding of hospital readmissions post discharge
2. Improvements in health outcomes post discharge from inpatient facilities; and
3. Improving Member and caregiver experience with care received.

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

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 also conducts a Physical Accessibility Review Surveys (PARS) prior to the PCP site participating in the IEHP network. The purpose of the PARS is to assess the physical accessibility, physical appearance, safety, adequacy of room space, availability of appointments, and adequacy of record keeping, and any other issue that could impede quality of care. PARS also ensures Provider sites that are seeing Members with disabilities do not have any physical access limitations as when visiting a Provider site.

The FSR/MRR and PARS are conducted every three (3) years. Sites will be monitored every six (6) months until all deficiencies are resolved. The Quality Management Department is responsible for oversight of PARS and FSR/MRR activities. In partnership with IEHP key stakeholders, the QM Department is also responsible for providing training should physical access issues or deficiencies be identified. The QMHETC reviews an annual assessment of PARS activities to ensure compliance.

Initial Health Assessment Monitoring

IEHP also monitors the rate of Initial Health Assessments (IHA) performed on new Members. The timeliness criteria for an IHA is within one hundred twenty 120 calendar days of enrollment for Members. This rate is presented to QI Council 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

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 Services Task Force (USPSTF) recommendations;
3. The American College of Obstetricians and Gynecologists (ACOG);
4. American Diabetes Association (ADA);
5. Bright Futures from American Academy of Pediatrics (AAP); and
6. IEHP/Advisory Committee on Immunization Practices (ACIP) Immunizations Schedule.

Over-Utilization and Under-Utilization

1. 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:

   a. Access to health care services based on geographic regions;

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

      i. Race, ethnicity, and language preference (RELP);

      ii. Knowledge and perceptions regarding health care which are largely driven by cultural beliefs; and

      iii. Income and socioeconomic status.

2. IEHP also 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:

   a. Identify the dominant utilization patterns within the population.

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

CAHPS® SURVEY REPORT

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Survey is a standardized Member experience assessment. The CAHPS® Health Plan Survey is a tool for collecting information on enrollees' experiences with health plans and their services. It supports consumers in assessing the performance of health plans and health plans can also use the survey results to identify their strengths and weaknesses and target areas for improvement. The CAHPS® survey is a vital tool for IEHP to assess Member-centered results of the care delivered, identify areas for improvement, and develop improvement initiatives. The survey asks Members to report on the aspects of their experiences around healthcare domains such as access to care, how well their doctors communicate, customer service, and coordination of care.

The goal of the Medicaid CAHPS® Survey is to meet the NCQA 90th percentile national benchmarks. Measure goals and benchmarks presented in this study are obtained from the 2024 NCQA Health Plan Ratings published in August 2024 for Health Plan Rating (HPR) measures and from 2023 NCQA Quality Compass National Benchmarks published in September 2023 for non-Health Plan Rating measures.

Press Ganey conducted the Member experience survey from February 2024 through May 2024. For the CAHPS® Adult section of this report, a random sample of 1,836 cases was drawn from IEHP Members 18 years of age or older as of December 31, 2023, who were continuously enrolled with IEHP for the last six months as of December 31, 2023. Out

of the 1,836 cases, 21 were ineligible and removed from the denominator. A total of 205 completed surveys were valid with 130 completed by mail, 45 completed by phone, and 30 completed by internet for a total response rate of 11.3%.

For the CAHPS® Child section of this report, a random sample of 2,244 cases were drawn from IEHP Members 17 years of age or younger as of December 31, 2023, who were continuously enrolled with IEHP for the at least five of the last six months of 2023. Out of the 2,244 cases, 15 were ineligible and removed from the denominator. A total of 176 completed surveys were valid with 49 completed by mail, 83 completed by phone, and 44 completed by internet. This yielded a response rate of 7.9%.

PHM POPULATION ASSESSMENT STUDY

Annually, IEHP assesses the characteristics of the membership to identify Member needs and to review and update its Population Health Management (PHM) structure, strategy, and resources. IEHP assesses areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI). Furthermore, health disparities among different populations are identified. The needs of Members of different ethnic groups and of those with limited English proficiency (LEP) are also included in this analysis.

Data was extracted from IEHP's claims and encounters systems, IEHP's Medical Management System (MedHOK), HEDIS® data and ACG data. All Members who were currently active at the time of the study (January 2024) were included in this analysis. The following individuals participated in this analysis: Vice President of Quality, Sr Director of Quality, Senior Director of Population Health, Healthcare Informatics Director, Clinical Informatics Manager. The results of these analyses are presented to IEHP's Population Health Management Subcommittee annually for review, comment, and approval.

1. Assesses the characteristics and needs, including social determinants of health, of its member population using the following analysis:

    a. Seniors and Persons with Disabilities (SPD) breakdown by line of business

    b. Ethnicity

    c. Language

    d. Age

e. Homeless

f. Transportation Needs

g. Top Diagnosis

    i. Overall Chronic conditions

    ii. Social Determinants of Health Top Diagnoses (All Plan Letter 21-009 'Collecting SDOH Data')

h. HEDIS® Disparities

    i. Disparity analysis for Members using key quality of care measures in Disease Management, Behavioral Health, and Women's Health. (using HEDIS® measures) Disparity analysis includes age, gender, ethnicity, language, homelessness indicator and region for measurement year 2022.

2. Identifies and assesses the needs of relevant member subpopulations using the following analysis:

a. Frail and Elderly

b. Chronic Condition Count (ACG)

c. Direct vs. Delegated Membership Distribution

d. IPA Membership

e. Risk Categorization (High Risk, Rising Risk, Low Risk)

3. Assesses the needs of child and adolescent members using the following analysis:

a. Children with Special Needs

b. Age ranges of children enrolled in the BHT Program

c. Childhood Depression Stats

d. Top Diagnoses – Child/Adolescents (ages 2 – 19)

4. Assesses the needs of members with disabilities and serious and persistent mental illness (SPMI):

a. Top Diagnoses – SPD

b. Top BH Diagnoses

c. Top BH Medication Filled by County

5. Assesses the needs of members of racial and ethnic groups:

   a. Disparity analysis for Members using key quality of care measures in Disease Management, Behavioral Health, and Women's Health (using HEDIS® measures).

   b. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Medicaid Disparity analysis for Members of different ethnicities (White, Black, Hispanic, Asian, Native Hawaiian, American Indian) was assessed using the following key measures: Overall Rating of Health Plan, Overall Rating of Health Care, Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor, Rating of Specialist, Customer Service, How Well Doctors Communicate, and Coordination of Care. The annual survey results are conducted by a third-party vendor.

   c. The Medicare CAHPS® annual survey was not fielded for MY 2022 due to the sunsetting of IEHP's CalMediConnect product on 12/31/2022. As of 1/1/2023, IEHP launched Medicare benefit coverage under the Duals Special Needs Plan (D-SNP) contract. The next Medicare CAHPS® survey will be fielded in 2024 to assess MY 2023 performance. The study will be presented at the Member Experience Subcommittee in 2024.

6. Assesses the needs of Members with limited English proficiency (LEP):

   a. Hanna Interpreting Service, a third-party vendor is utilized by IEHP Members when requesting face to face interpreters during the Member's medical appointments.

   b. Pacific Interpreters, a third-party vendor, submitted data to IEHP for calendar year 2023.

   c. Disparity Analysis by language (including Spanish, Vietnamese, Mandarin, and Cantonese) for Members using key quality of care measures in Disease Management, Behavioral Health, and Women's Health.

   d. CAHPS® Member experience survey results are assessed by Primary member language, English and Spanish. Key measures assessed include: Overall Rating of Health Plan, Overall Rating of Health Care, Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor, Rating of Specialist,

Customer Service, How Well Doctors Communicate, and Coordination of Care. The annual survey results are conducted by a third-party vendor.

PHM EFFECTIVENESS STUDY

The organization measures the effectiveness of its Population Health Management (PHM) Strategy. Annually, IEHP outlines its PHM Strategy for meeting the care needs of its Members and designs a cohesive plan of action to address Members' needs. This study assesses the impact of the PHM Strategy using clinical, utilization and Member experience measures and identifying opportunities for improvement in accordance with NCQA Standard PHM 6 Elements A and B.

This study assesses the following programs: Enhanced Care Management Program (ECM), My Path, IEHP's Housing Benefit with Community Supports, and the Complex Case Management (CCM) Program.

The Enhanced Care Management (ECM) Program began in January 2022. The populations of focus that it serves are homeless, adults who are high utilizers or have serious mental illness/substance use disorder, and Members leaving incarceration. The ECM Program is a clinical service delivery model that focuses on providing individualized, whole-person care by a trained, integrated care team that works in close connection with the Member's Primary Care Provider (PCP). This integrated care team provides an intensive set of services to Members who require coordination of care at the highest levels. The ECM Program's overarching goals are to improve care coordination, integrate services, facilitate community resources, address social determinants of Health (SDOH), improve health outcomes, and decrease inappropriate utilization and duplication of services.

My Path is a palliative care approach for IEHP Members with advanced diseases. These members have a life expectancy of 2 years or less and are most likely to use the emergency room to best manage their symptoms and disease. The My Path Program is a patient and family-centered approach that addresses the physical, emotional, social, and spiritual needs of our Members and caregivers. My Path's goal is to optimize the quality of life by anticipating, preventing and treating suffering.

Members experiencing housing insecurity may benefit from being referred to one or more of the housing-related services provided under CalAIM Community Supports. These services can substitute for and potentially decrease utilization of a range of covered Medi-Cal benefits, such as hospital care, nursing facility care, and emergency department (ED) use. If the Member meets criteria for Community Supports, the assigned Community Supports Provider(s) will assist the Member with potential housing options and other supportive services. IEHP offers a robust

and comprehensive menu of 14 pre-approved Community Supports to comprehensively address the needs of the Members, which includes those with the most complex challenges affecting health such as homelessness, unstable and unsafe housing, food insecurity and/or other social needs. The effectiveness of the four (4) community supports services related to Housing will be measured in this study.

Complex Case Management (CCM) provides coordination of care and services to Members who have experienced a critical event or diagnosis that requires the extensive use of resources. The purpose of the CCM Program is to improve the quality of life for the Member and ensure that Members obtain optimal health through appropriate settings, time frames, and provider utilization. The program is designed based on the principles of case management as defined by the Case Management Society of America. Clinical practice guidelines are used to develop goals and interventions for conditions that are identified as program triggers and common comorbidities.

Data sources used include Enrollment, Claims, Encounters, HEDIS® QSI Software, Pharmacy Claims, Care Management Systems Data.

Administrative data was extracted from all data sources listed above. Once all data was compiled, an analysis was reviewed and approved by the following individuals: Vice President of Quality, Senior Director of Quality Systems, Senior Director of Medical Management, Care Management Medical Director, Director of Integrated Care, BH/CM Manager, BH/CM Support Services Manager. The results of these analyses are presented to IEHP's Population Health Management (PHM) Subcommittee annually for review, comment, and approval.

The ECM Program is a clinical service delivery model that focuses on providing whole person care to high risk Members. This study examines five (5) measures to determine the effectiveness of program goals for blood pressure control, depression documentation, depression response, transition of care, and member experience. This program addresses the following areas of focus: Managing Members with Multiple Chronic Illnesses and Managing Members with Rising Risk.

DELEGATION OVERSIGHT

In accordance with the Department of Health Care Services (DHCS) requirements, IEHP affirms that it does not delegate quality improvement and/or health equity activities to its IPAs and other Delegates (Contractors, Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors). All Quality Improvement and Health Equity activities, including planning, implementation, oversight, and reporting, are retained and managed directly by IEHP. This approach ensures full compliance with DHCS expectations and allows IEHP to maintain direct

accountability for the development and execution of its Quality Improvement and Health Equity Plan. By centralizing these functions, IEHP is able to ensure consistent application of evidence-based practices and targeted interventions across its provider network to advance equitable health outcomes for all Members.

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

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, Provider Services and Compliance 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 QMHETP and UM Work Plans;

h. Semi-annual reports of quality improvement activities;

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

j. Quarterly reports of utilization management activities; and

k. Annual QM and UM Program Evaluations.

6. IPAs and Health Plans with trends of deficient scoring 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 IPA to new Member enrollment, as applicable;

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

d. Rescind delegated status of IPA or Provider, as applicable;

e. Terminate the IEHP contract with the IPA or Provider; or

f. Not renew the contract.

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

8. **Pre-Delegation Evaluation**: 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 a 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.

EQUITY-FOCUSED INTERVENTIONS

IEHP has compiled a Culturally and Linguistically Appropriate Services (CLAS) Program Description to integrate the National CLAS Standards within IEHP's operational framework to ensure the delivery of care and programs is safe, effective, patient centered, equitable, culturally, and linguistically appropriate manner for our diverse population as well as to inform and deploy initiatives to advance health equity, improve quality, and help eliminate health disparities.

Through this work, IEHP has identified patterns of underutilization of clinical services among a subset of our membership when stratified by race/ethnicity. Some of these measures include (by disparate population) and the intervention to address the clinical disparity:

- Glycemic Status >9% = Hispanic

    o High touch pilot targeting Hispanic diabetic members that meet criteria for receiving Medically Tailored Meals (MTM). Members will be paired with a community health worker and Spanish-speaking Registered Dietician over the course of 3 months.

- Controlling High Blood Pressure = Black/African American

    o Equity-focused clinical measure integrated into the 2025 pay for performance program

- Child and Well Care Visits = White/American Indian

    o Focused outreach by community health workers and other member facing departments to targeted population to ensure completion of visit

- Immunization for Adolescents – Combo 2 = Black/African American

    o Equity-focused clinical measure integrated into the 2025 pay for performance program

    o Participation in DHCS' Equity Practice Transformation (EPT) with targeted pediatric offices

- Colorectal Cancer Screening = all populations

    o Program under development

- Breast Cancer Screening = White/Hispanic

    o Mobile Mammography units dispatched to IEHP's Community Wellness Centers to facilitate access by targeted populations

- Prenatal/Postpartum Care = Black/African American

    o Enhanced Care Management (ECM) Birth Equity Population of Focus targeting pregnant and postpartum members with disparities

    o Doula Benefit

    o Targeted outreach by trained community health workers

In addition, through a partnership with one of our largest contracted provider groups (Riverside University Health Systems – RUHS), we have identified nearly 40,000 members that have not engaged with their PCP since initial enrollment. Of these members, 55% identify as Hispanic/Latino. A cross-functional workgroup has been established to develop a targeted outreach campaign to close this gap.

The National Committee of Quality Assurance (NCQA) has selected IEHP as one of their pilot sites to participate in the "Putting Health Equity into Practice" project using our children's measures data to assess:

1. Which health equity scoring methods are valid and meaningful for health care organizations, and;

2. How useful these approaches are in tracking and monitoring inequitable performance outcomes as a mechanism for accountability in advancing health equity.

Through this exercise, we expect to leverage findings to identify new ways of identifying patterns of underutilization by populations and regions.

Although no equity-focused interventions to address patterns of over utilization of services have been conducted to date, we are in the process of conducting overutilization analysis of several services (including transportation) and will then filter those findings to assess if there are populations that are identified for targeted interventions.

GLOBAL P4P PERFORMANCE

The purpose of this study is to assess the effectiveness of the Inland Empire Health Plan's (IEHP's) Global Quality (GQ) Pay-for-Performance (P4P) Program for Independent Physician Associations (IPAs) with Medi-Cal Membership. The GQ P4P Program for IPAs is designed to reward IPAs with high performance and year-over-year improvement in key quality performance measures. IEHP contracted IPAs are an important support to IEHP Providers in the care of IEHP Members.

The GQ P4P Program measures performance from January – December of the program year and provides a monthly PMPM (per Member per Month) quality payment based on their previous year's GQ P4P performance. The quality measures included in the GQ P4P program are categorized in five domains: Access; Clinical Quality; Behavioral Health Integration; Patient Experience and Encounter Data. Most measures included in the Clinical Quality Domain primarily use standard Healthcare Effectiveness Data and Information Set (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA). Non-HEDIS® measures that are included in the program come from the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Quality Program and the Pharmacy Quality Alliance (PQA). The GQ P4P Program measures IPA performance during the calendar year of January through December of the measurement year.

To be eligible for the Program, IPAs must: have at least 5,000 Medi-Cal Members assigned to them as of January of the program year; have at least 30 Members in the denominator as of December of the program year for each quality measure to qualify for scoring; submit a GQ P4P Quality Work Plan to IEHP by the first quarter of the program year in order to be eligible to participate in the program; and meet minimum Encounter Data Gates in order to qualify for incentive payments. An additional eligibility requirement for the 2022 GQ P4P Program was for IPAs to designate a Quality Team of 2-4 staff dedicated to quality improvement work for the IPA.

This assessment explores GQ P4P performance for IPAs for program years 2019 through 2022.

Data sources used include Encounters, Claims, EDW and HEDIS® QSI Software. Administrative data was extracted from all data sources listed above. Once all data was compiled, an analysis was reviewed and approved by the following individuals: Vice President of Quality, Senior Director of Quality Systems, Provider Quality Incentives Manager, Quality Performance Informatics Manager. The results of these analyses are presented to IEHP's Quality Improvement (QISC) Subcommittee for review, comment, and approval.

CONCLUSION

IEHP has developed the annual Quality Improvement and Health Equity Plan (QIHEP) as a comprehensive framework to ensure the delivery of high-quality, safe, equitable, and culturally responsive healthcare services to its Members across Riverside and San Bernardino Counties. The QIHEP underscores IEHP's mission and supports its vision of achieving optimal care and vibrant health for all communities that it serves.

The QIHEP outlines a system-wide approach that integrates quality improvement, health equity, and population health management across all levels of IEHP's operations. This includes oversight from the Governing Board and executive leadership with clearly defined roles. This Plan also includes active participation of interdisciplinary subcommittees and advisory workgroups representing both Providers and Members.

The key elements of the QIHEP include:

1. **Continuous Quality Monitoring and Improvement** – Leveraging standardized measure like HEDIS®, CAHPS®, and PIPs, IEHP tracks service delivery and clinical outcomes to identify improvements opportunities and implement evidence-based interventions.

2. **Health Equity Integration** – The QIHEP prioritizes addressing health disparities through data stratification by race, ethnicity, language, disability, and sexual orientation/gender identity. Targeted interventions, inclusive hiring practices, Provider cultural competence training, and community partnerships are central to advancing equity.

3. **Member and Provider Engagement** – Through its Member Experience Subcommittee and Community Advisory Committee (CAC), IEHP integrates Member feedback into organizational strategies. Provider training, incentives, and robust communication channels support alignment with quality and equity goals.

4. **Accountability and Governance** – All QIHEP activities are reviewed and approved annually by the Governing Board. Evaluation mechanisms are in place to assess the effectiveness of quality initiatives, ensure regulatory compliance, and guide future planning.

The QIHEP is a strategic tool guiding IEHP's efforts to reduce disparities, improve clinical quality, and enhance the overall Member experience. It positions IEHP as a leader in transforming care delivery in all of its lines of business programs, ensuring that every member - regardless of background or circumstances – receives dignified, coordinated and high-quality care. IEHP is committed to improving the quality of healthcare delivered to its Members through proactive analysis of shared processes and integration of health initiatives that align with the industry and

government quality standards; including a preventive health model for outreach and preemptive intervention related to health outcomes.