



2023

Dual Eligible Special Needs Plans (D-SNP)

Model of Care

Quality Management & Health Equity Transformation

Annual Evaluation

Executive Summary

October 2024

MISSION AND VISION

The purpose of the 2023 Dual Eligible Special Needs Plans (D-SNP) Quality Management and Health Equity Transformation (QMHET) Annual Evaluation is to assess IEHP's Quality Improvement Program. This assessment reviews the quality and effectiveness of all studies performed and implemented by various departments in IEHP in 2023, including areas of success and needed improvements in services rendered within the quality improvement program. This annual evaluation reviews various committee structures and minutes and reports submitted both internally and externally and data to review all program outcomes. The Quality Management Department leads IEHP's Program Effectiveness Evaluation in a collective and collaborative process utilizing data and reports from committees, departments, content experts, data analysts, and work plans to analyze and evaluate the effectiveness of the Quality Programs. Overall effectiveness of the programs is assessed by analyzing the goals and actions of the studies, reviewing qualitative and quantitative results, providing a causal analysis, and defining barriers, interventions, corrective actions, and next steps.

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

Mission: We heal and inspire the human spirit.

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

Values: We do the right thing by:

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

QUALITY MANAGEMENT & HEALTH EQUITY TRANSFORMATION

PROGRAM DESCRIPTION

IEHP supports an active, ongoing, and comprehensive Quality Management and Health Equity Transformation Program (QMHETP) with the primary goal of continuously monitoring, evaluating, and taking timely action to address necessary improvements in the quality of care delivered by Providers to IEHP Members, and taking appropriate action to improve upon Health Equity. The QMHETP provides a formal process to systematically monitor and objectively evaluate, track and trend the health plan's quality, efficiency and effectiveness. IEHP is committed to assessing and continuously improving the care and service delivered to Members. IEHP has created a systematic, integrated approach to planning, designing, measuring, assessing, and improving the quality of care and services provided to Members. This comprehensive delivery system includes patient safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care. IEHP will utilize this document for oversight, monitoring, and evaluation of Quality Management (QM) and Quality Improvement (QI)

activities to ensure the QMHETP is operating in accordance with standards and processes as defined in this Program Description. These initiatives are aligned with IEHP's Mission, Vision and Values.

PROGRAM PURPOSE

The purpose of the QMHET 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. The purpose of the QMHET Program Description is to provide a written outline of quality improvement goals, objectives, and structure. IEHP will utilize this document for oversight, monitoring, and evaluation of Quality Management (QM) and Quality Improvement (QI) activities to ensure the QMHET Program is operating in accordance with standards and processes as defined in this Program Description.

PROGRAM SCOPE

The Quality Management & Health Equity Transformation Committee (QMHETC) approves the QMHETP annually. The QMHETP review includes approval of the QMHETP Description, QM/QI & Culturally & Linguistically Appropriate Services (CLAS) Work Plan, and QM Annual Evaluation to ensure ongoing performance improvement in focused studies, which includes encounter data validation. The QMHETP is designed to improve all aspects of care delivered to IEHP Members in all health care settings by:

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

16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and
17. Assessing and monitoring processes to ensure the Member’s cultural, racial, ethnic, and linguistic (C&L) needs are being met.

PROGRAM GOALS

The primary goal of the QMHET Program is to continuously assess and improve the quality, service and safety of healthcare delivered to IEHP Members. QM Program goals are to: improve quality of care, improve Member and Provider experience, and reduce cost:

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 and Provider experience 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 Program and utilize the results to plan future initiatives, restructure and program design.

AUTHORITY AND RESPONSIBILITY

The QMHETP includes tiered levels of authority, accountability, and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through different subcommittees.

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

Quality Management and Health Equity Transformation Committee (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.

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

1. **Quality Improvement Subcommittee (QIC):** The QIC analyzes and evaluates QI activities and reports results; develops action items as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
2. **Peer Review Subcommittee:** The Peer Review Subcommittee serves as the committee for clinical quality review of Practitioners; evaluates and makes decisions regarding Member or Practitioner grievances and clinical quality of care cases.
3. **Credentialing Subcommittee:** The Credentialing Subcommittee provides discussion and consideration of all network Practitioners being credentialed or re-credentialed; reviews Practitioner qualifications including adverse findings; approves or denies continued participation in the network every three (3) years for re-credentialing.
4. **D-SNP Model of Care (MOC) Monitoring and Oversight Subcommittee:** The D-SNP MOC Subcommittee exists to identify opportunities that impact clinical outcomes, Member safety, service improvement, and Member experience for IEHP's Dual Eligible Special Needs Program (D-SNP) Medicare population.
5. **Pharmacy and Therapeutics (P&T) Subcommittee:** The P&T reviews IEHP's medication formulary, monitors medication prescribing practices by IEHP Practitioners, under- and over- utilization of medications, provides updates to pharmacy related programs, and reviews patient safety reports related to medication.
6. **Utilization Management (UM) Subcommittee:** The UM Subcommittee reviews and approves the Utilization Management, Disease Management and Behavioral Health Programs annually. The Subcommittee monitors for over-utilization and under-utilization; ensures that UM & BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and CPGs that are not primarily medication related.
7. **Population Health Management (PHM) Subcommittee:** The PHM Subcommittee is responsible for reviewing, monitoring and evaluating program information and progress while providing regulatory oversight in alignment with DHCS and NCQA requirements and standards.

8. **Provider Network Access Subcommittee:** The Provider Network Access Subcommittee is responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
9. **Member Experience Subcommittee (MESC):** The role of the Member Experience Subcommittee is to review, monitor, and evaluate program data, outliers, and trends to ensure timely improvement initiatives are initiated. The MESC will be responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
10. **Member Safety Subcommittee:** The scope of the Member Safety Subcommittee includes all lines of business and contracted network provider, direct or delegated, in which care and services are provided to IEHP Members. The Member Safety Subcommittee uses a multidisciplinary and multidepartment approach to explore root causes of poor performance, identify areas of improvement, propose interventions, and take actions to improve the quality of care delivery to our Members.
11. **Skilled Nursing Facility (SNF) Subcommittee:** This subcommittee will identify opportunities that impact efficient transitions of care, clinical outcomes, Member safety, and Member experience while receiving care at a skilled nursing or long-term care facility. This subcommittee serves as a forum for review and evaluation of strategic, operational, and quality measures resulting from but not limited to: Inland Empire Health Plan (IEHP) optimal care strategies, Joint Operations Meeting (JOM) and related workgroups (i.e., throughput, quality, ambulatory operations, payment practices, etc.), and pay for performance initiatives.
12. **Hospital and Ancillary Quality Improvement (QI) Subcommittee:** This subcommittee will serve as the primary forum for discussion of topics related to acute care hospitals and/or sub-acute/post-acute network sites of care (i.e., hospice agencies, home health agencies (HHA), etc.). IEHP's Optimal Care Subcommittee and the Inland Empire Hospital Alliance (IEHA) will report through this forum which will summarize performance and recommended actions for presentation at the Quality Improvement Council (QIC).
13. **D-SNP Enrollee Advisory Committee (EAC):** The D-SNP EAC advises IEHP on equitable health solutions, preventative care practices, educational priorities, and cultural and linguistic appropriate services (CLAS), communication needs, and coordination of access to services for Members. A D-SNP EAC member provides insight into challenges and barriers that contribute to health inequities; help IEHP understand and identify Member care concerns and provide input on benefit access and serve as a link between the community and IEHP.

DELEGATION OVERSIGHT

1. Delegation Oversight Audit (DOA) Annual Study (2023)

This study provides an annual assessment of the Annual Delegation Oversight Audit (DOA) which evaluates the Delegate's abilities to carry out their delegated responsibilities in the areas of Quality Management (QM), Utilization Management (UM), Care Management (CM), Credentialing, Health Insurance Portability and Accountability Act (HIPAA) Security, HIPAA Privacy and Compliance and

Fraud Waste and Abuse (FWA). Oversight of Medicare Delegates is conducted through regular extensive evaluation including monthly reporting and file audits, quarterly, semi-annual and annual reporting, and the annual DOA. The study lookback period is July 2022 through June 2023.

The goal of the DOA study was to evaluate the Medicare Delegates overall performance results from July 2022-June 2023 for delegated responsibilities as compared to the 2021-2022 performance results. The goal for the 2022-2023 DOA audit period was to ensure that Delegates were providing Member care that meets regulatory and IEHP requirements and guidelines. Monthly oversight auditing and monitoring activities allow IEHP to identify any challenges the Delegates encountered during the course of the lookback period. IEHP will continue to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as deemed necessary and/or as requested by our Medicare Delegates.

A year-to-year comparison of the 2022-2023 Delegation Oversight Audit Results and the 2021-2022 Delegation Oversight Audit (Table 1) demonstrated an overall increase in scores for the Approval File Review. Six (6) sections scored above 90% however experienced an overall decrease in score: UM Policies, Denial File Audit, CM Policy Review, CM File Audit, Credentialing Policy and Procedure, and Total Credentialing Score. As a result of the 2022-2023 DOA Audit conducted, IEHP Delegation Oversight Committee will continue to further develop the Delegation Oversight program to stringently monitor each of the areas within the Delegation Oversight audit tool and target areas found deficient to provide additional training and guidance to our delegated IPA partners.

QUALITY IMPROVEMENT INITIATIVES

1. HEDIS® Measures (MY23)

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

HEDIS® Measurement Year (MY) 2023 includes measures across 16 domains:

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
13. Utilization
14. Risk Adjusted Utilization
15. Health Plan Descriptive Information
16. Measures Reported Using Electronic Clinical Data Systems

HEDIS® data is collected throughout the year. In March 2024, technical specifications were finalized for the 2023 measurement year with the *Volume 2 Technical Update and Value Set Directory*. From January to May 2024, administrative data from claims/encounters continued to be captured and medical records were retrieved from Providers and reviewed for hybrid measures. IEHP reported HEDIS® MY 2023 results to NCQA in June 2024.

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

Improvement activities are planned and/or in place for 2024-2025 to improve HEDIS® performance. Activities fall into five, main categories: IPA/Provider Incentives, IPA/Provider Initiative, Member Incentives, Member Initiative, and Reporting/Data Enhancements.

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

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

These studies focus on one (1) or more clinical or non-clinical area(s) with the aim of improving health outcomes and/or Member satisfaction. All studies are developed in collaboration with regulatory

agencies and are reported as outlined in the current regulatory requirements. The PIPs are generally three (3) years in length. IEHP provides timely updates to DHCS regarding the PIPs and PDSAs. The Quality Improvement Department is responsible for monitoring these programs and implementing interventions to make improvements.

- **DHCS Health Equity PIP** - Controlling High Blood Pressure for Members Identified as Black assigned to IPA partners.
- **DHCS Child/Adolescent Health PIP** – Well Care Visits for Members 18-21 years of age assigned to Provider clinic
- **DHCS 2023-2026 Clinical PIP** – Improve Well-Child Visits in the First 30 Months of Life- Well Child Visits in the First 15 months—6 or more Well-Child Visits (W30-6) measure rates for Black/African American populations
- **DHCS 2023-2026 Non-Clinical PIP** – Improve the percentage of Provider notifications for Members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit.

ACCESS TO CARE

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

1. Provider Network Status Study (2023)

The purpose of the Provider Network Status Study is to ensure IEHP is compliant with CMS, DHCS, and DMHC regulatory standards for time, distance, and Provider to Member ratios, as well as to monitor NCQA guidelines. Regulatory agencies establish these standards to ensure adequate access to primary and specialty care for Members. The goal of the study for time (minutes) or distance (miles) is to achieve at least 90% compliance for all specialties. Another goal of the study is for the Provider to Member ratios to meet or exceed the required number of Providers in each specialty.

The results of the 2023 Provider Network Status Study reveal that all Provider types and Facilities met the time/distance standards. Overall, all 88 of the time/distance standards were met. For the Provider to Member ratio, 86 out 96 standards were met which resulted in a 90% compliance rate. The Providers, which are below the standard, are in the following Specialties: General/Family Practice Primary Care, Internal Medicine/Preventive Medicine, Cardiology, Pain Management, Bariatric Surgery, Genetics, Neurology, Pulmonology and Urology. This was due to a change in methodology for the Provider

counts in 2021 and a continued increase of Membership. Unique Providers were counted rather than Provider locations. General/Family Practice alone no longer meets the Medi-Cal standard, but Total PCPs do meet the standard, which includes Internal Medicine/Preventive Medicine, and Pediatrics.

The results of the 2023 Provider Network Status Study revealed that IEHP is compliant with regulatory standards for CMS. IEHP is near compliant with DHCS, and DMHC. IEHP also follows the NCQA guidelines for time, distance, and Provider to Member ratios. IEHP is continuing to find ways to expand the Provider Network through the Network Expansion Fund Program and Specialty Provider recruitment activities.

2. Provider Access After-Hours Study (2023)

The Provider Access After-Hours Study is conducted annually to assess the after-hours accessibility of Providers within the IEHP network. Specifically, the study assesses the after- hours call handling protocol of contracted Primary Care Providers (PCPs) and Behavioral Health Practitioners. The study is used to monitor Provider compliance and to ensure that IEHP Members have appropriate guidance and access if care is needed from their Providers after office hours. The study is conducted in accordance with the NCQA NET 2 standard as well as DMHC standards. An assessment of Member Satisfaction Survey questions related to Provider After-Hours care was also included in this study.

IEHP's goal for Provider After-Hours Access is to meet a 90% compliance rate in:

- Ability to connect to an on-call physician
- Appropriate protocol for life-threatening emergency calls

IEHP's goal for Member Satisfaction Survey Results for After-Hour Access is to meet an 80% compliance rate in the following questions:

- In the last 6 months, how often was it easy to get the after-hours care you thought you needed?
- In the last 6 months, when you needed after-hours care, what did you do?

Overall, all Providers scored higher in the life-threatening emergency calls than in the on-call physician access calls. PCP providers met the goal for life-threatening emergency calls. Furthermore, PCPs and BH Providers revealed an improvement in rates when compared to the prior year for both call types. Although all Provider rates improved, the goal of 90% was not met.

An assessment of provider after-hours access by IPA was assessed. IEHP Direct scored 57% for On call Physician access (goal not met) and 92% for life-threatening emergency calls (goal met).

Low performance on Provider after hours standards was further supported by the monthly Member experience results. In 2023, 69.6% of Members reported it was easy to get after hours care needed. This rate did not meet the goal of at least 80%.

3. After-Hours Nurse Advice Line Study (2023)

The After-Hours Nurse Advice Line (NAL) Study assesses the after-hours access availability for IEHP's Members through a contracted after-hours NAL. IEHP ensures the arrangement of a triage or screening service by telephone 24 hours a day, 7 days a week. During a triage or screening call, the Member's health is assessed via telephone by a qualified health professional for the purpose of determining the urgency of the need for care. IEHP must also ensure that triage or screening services are provided in a timely manner. Data was obtained from IEHP's contracted Nurse Advice Line, Carenet Health for the months of January through December 2023. The after-hours Nurse Advice Line is made available for use by all IEHP Members. The call center (i.e. contracted vendor) provide IEHP with data of all incoming calls made to the Nurse Advice Line. In 2023, Carenet handled 82,286 Member calls.

In conclusion, Carenet Health met the key performance indicator goals for 2023. The impacted months where Carenet Health fell slightly below the standard were the winter months when there is a nationally recognized increase in Flu, COVID, and RSV. Carenet Health also reported higher-than-expected holiday call volume during the holiday weekends. During Quarter 4, Carenet Health took steps to increase staffing by filling additional Care Coordinator and RN classes to plan for increasing call volume and attrition. The IEHP Health Services Team and Medical Director meet with Carenet Health on a monthly basis to discuss metrics and any issues that may arise. The performance is tracked monthly and is presented annually to the Provider Network Access Subcommittee.

4. Provider Appointment Availability Study (2023)

The purpose of the Provider Appointment Availability study is to assess appointment access for PCPs, Specialist Providers, and BH Providers in accordance with NCQA, DMHC, and DHCS standards. IEHP annually assesses the access standards of Primary Care Physicians (PCPs), high volume and high impact Specialists, and Behavioral Health (BH) Providers, using the Department of Managed Health Care (DMHC) Provider Appointment Availability Survey (PAAS) methodology. This study examines the availability of practitioners for different appointment types such as urgent care appointments and routine care appointments in accordance with NCQA standard NET 2 Elements A-C.

The goals of the survey were to assess appointment wait times and compliance with appointment standards and assess the availability of appointments for In-Person and Telehealth PCP appointment. The survey was fielded by a contracted vendor, QMetrics. The survey administration took place over several months in 2023 to accommodate the wave requirements and to stagger the surveys appropriately to reduce provider abrasion. All Providers listed on IEHP's Provider Directory as "active" were included in the results. The total number of unique Providers included in this study were: 1,442 PCPs, 1,684 Specialists, 1,741 Mental Health Providers, and 182 Psychiatrists.

The overall compliance rates improved for Urgent appointments across all Providers (PCP, Specialists, and BH Providers). However, the rates decreased for routine appointments. The IEHP Direct IPA rates

for PCPs are 64% and 69% for urgent and routine appointments, respectively. For Specialty Providers, the IEHP Direct IPA rates are 49% for both urgent and routine, respectively. An assessment of grievances related to appointment access did not reveal any trends.

MEMBER AND PROVIDER SATISFACTION

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

1. Grievance and Appeals Annual Study (2023)

The Grievance and Appeal (G&A) Study is conducted annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. More specifically, this study assesses Member experience in accordance with NCQA ME 7 Element C and D. The purpose of this study is to assess Member experience with Inland Empire Health Plan (IEHP) services by evaluating grievances and appeals trends. A grievance is a Member complaint expressing dissatisfaction with any aspect of IEHP or its Providers and a Member appeal is a review (reconsideration) by IEHP on services the Member believes he or she is entitled to receive.

The Grievance and Appeals categories listed below were used in this assessment. The categories assessed consist of grievances, appeals (coverage and non-coverage) and pharmacy appeals. For NCQA compliance, all grievance and appeals cases were collected and grouped into five (5) categories: Access, Attitude/Service, Billing/Financial, Quality of Care, and Quality of Practitioner Site. Benefits, Compliance and Enrollment/disenrollment categories were also categorized and used for internal monitoring and reporting. The annual rates were calculated using the total number of cases in 2023 / Total Member months in 2023 (19,512,126 Member months for Medi-Cal line of business and 402,705 Member months for the Medicare line of business).

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

The results of the 2023 Grievance and Appeals annual assessment revealed an increase in coverage appeal cases. The Medi-Cal coverage appeals volume increased from 755 in 2022 to 994 in 2023. The goal established of <0.010 was met. The Medicare coverage appeals volume increased from 322 in 2022 to 492 in 2023. The goal established of <0.436 was not met. The Medi-Cal non-coverage appeals decreased from 128 in 2022 to 75 in 2023. The goal established of <0.005 was met. The Medicare pharmacy appeals (redeterminations) volume increased from 833 in 2022 to 1,491 in 2023. The goal established of <0.109 was not met. The increase in redeterminations is related to a process change that took place in January 2023. IEHP hired a new Pharmacy Benefit Manager (PBM), MedImpact, to process Prior Authorizations. Due to the transition logic, there was an increase in denials from MedImpact. IEHP Pharmacy department also made a discovery that opioids were reviewed incorrectly prior to the transition of the new PBM. This resulted in more denials which lead to higher appeal volume. IEHP will continue to work on improvement initiatives in 2024 to address areas with high appeals volume.

2. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey (2023)

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

Press Ganey conducted the Member experience survey from February 2023 through May 2023. For the CAHPS Adult section of this report, a random sample of 1,823 cases was drawn from IEHP Members 18 years of age or older as of December 31, 2022, who were continuously enrolled with IEHP for the last six months as of December 31, 2022. For Overall Ratings scores: Rating of Personal Doctor rates at the 63rd percentile. For Rating of Specialists at N/A, Rating of Health Care at 55th percentile, and Rating of Health Plan at 67th percentile.

The highest-ranking composite is the 'Customer Service' composite at 90th percentile, while the lowest ranking composites are the 'How well Doctors Communicate' composite at the 25th percentile, the 'Getting Needed Care' and the 'Coordination of Care' at the 25th percentile. The minimum sample size of 100 or greater was not met for both the 'Getting Needed Care' and 'Getting Care Quickly' measures which prevented a score for both measures.

MEMBER SAFETY

IEHP recognizes that member safety is a key component of delivering quality health care and focuses on promoting best practices that are aimed at improving patient safety. IEHP engages Members and Providers in order to promote safety practices. IEHP also focuses

on reducing the risk of adverse events that can occur while providing medical care in different delivery settings.

1. Potential Quality Incident (PQI) Annual Study (2023)

This study assesses IEHP's Quality Management (QM) Department's reviews, monitors, and reports of all Potential Quality Incidents (PQI) for all network Providers and facilities including, but not limited to, primary and specialty care, facilities, hospitals, Long Term Care, Skilled Nursing Facilities, Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP) services, home health agencies, and transportation providers. All IEHP departments, including but not limited to Grievances and Appeals department, are responsible for the evaluation and improvement of the quality of care and have the responsibility to report any PQI issues/concerns to the QM Department who is responsible for investigating and reviewing the alleged quality issue. This report identifies metrics related to PQIs, which include Provider Preventable Conditions (PPCs).

In CY 2023 (January 1st, 2023, to December 31st, 2023), 581 PQI cases were closed and 682 PQI cases were opened by the end of the calendar year compared to CY 2022 with 471 PQI cases closed and 542 PQI cases opened. This yields a 23% increase in PQI cases closed and a 26% increase in PQI cases opened, respectively. The goals of the PQI process are for timely identification and resolution of all cases within 120 calendar days. The goal of the PQI annual report is to evaluate trends in PQI occurrences/types and identify potential bottlenecks and improvements in the PQI process that require intervention.

IEHP policy *MED_QM 5.a.1* and Department of Health Care Services (DHCS) *All Plan Letter (APL) 17-009* require Providers to report PPC to DHCS and IEHP. With the internal and external reporting process in place, 581 PQI cases were processed during CY 2023. PQI Cases increased 23% in CY 2023, compared to the 471 cases in CY 2022. Enhancement of data capture for PQI subcategories will also be a focus going forward which is intended to improve the QM Department's ability to provide more detailed information and the ability to track and trend the type of PQIs by Provider. In turn, this is expected to allow the QM Department to identify more specific areas of focus for improvement in the care of IEHP Members and to take appropriate actions.

2. Management of Inpatient Discharge Transitions Study (2022)

The Management of Inpatient Discharge Transitions Study assesses the Plan's effectiveness in managing Members' care transitions from an Inpatient Facility to home to Primary Care Provider. Specifically, the study assesses three (3) main areas: 1) Health Plan communications with the Primary Care Provider during hospitalization 2) Effectiveness of identifying admission and discharges by the Plan in a timely manner 3) Completion of a Primary Care visit within 14 and 30 days of discharge. The goal of this study is to monitor and improve continuity and coordination of care across the health care network in accordance with NCQA Standard QI3 Elements A-C.

In conclusion, the 'Health Plan Communication with the PCP' measures reveal a 100% compliance in 3 of the 4 measures. Measure #4, *Notifications viewed by PCP via Provider Portal* continues to remain low. Providers are not accessing the Provide Portal to view admission and discharge notifications. Large provider groups may have integrated EMR systems and may be accessing Member notifications that way. Lastly, Post Discharge follow-ups with PCP upon discharge within 14 days and within 30 days shows stable or slight decreased when compared to last year, Thus, the goal of achieving a 10% improvement was not met. The initiation of transitional care services will include assisting Members in making the post- discharge appointment, assist with transportation, and a follow-up call to ensure Member attends the appointment. The ITC Team ensures that the Member has no barriers to and attends post discharge appointments and understands new and existing medications. The team works with the Member and the facility on social determinants of health that may be a barrier to the Member's successful transition to home or long-term care setting.

3. Medical Record Annual Report (2023)

This study assesses IEHP's overall Primary Care Physicians (PCPs) network compliance rates for Medical Record Review (MRR) standards for CY 2023. The California Department of Health Care Services (DHCS) requires all Primary Care Physicians (PCPs) to undergo an MRR survey utilizing state mandated audit tools at a minimum of every three years. In addition, new PCPs have up to six months from the time the MCP assigns members to obtain an MRR score from IEHP.

All active PCPs, as of January 1st, 2023, through December 31st, 2023, who were assigned an MRR score in the last three years were included in the study, excluding termed PCPs and their affiliated site locations. The review type includes Periodic MRR Audit, Initial MRR Audit, Initial/Relocation Audit, and Annual Audits. Most of the PCP offices that do not have a score assigned, are scheduled for an audit in the future. Each office received one score except for those that have multiple PCPs that do not share records, in which results were tabulated by PCP per site location(s).

The Quality Management (QM) Nurse Department will continue to ensure all completed MRR results are entered timely and accurately into the reporting database. IEHP addresses Providers with a "fail" score with an annual periodic full scope review, provider education, or additional MRR focused audits to ensure PCP compliance, when necessary. Additionally, the QM Nurse department requests a corrective action plan (CAP) for each PCP who receives a conditional or failed score. Upon receipt of the CAP, the QM Nurse reviews the evidence of correction and determines if an appropriate plan of action is taken or conducts a CAP verification. These CAP activities as well as the annual review of rates in this study will reinforce PCP compliance with IEHP and DHCS documentation standards.

4. Physical Accessibility Review Survey (PARS) Study (2023)

This study assesses IEHP's overall physical accessibility of facilities used by providers of ancillary services and Community-Based Adult Services that serve a high volume of seniors and persons with disabilities. Ancillary service provider sites are free-standing facilities that provide diagnostic and therapeutic services, such as, but not limited to: laboratory, infusion, radiology, imaging, cardiac testing, renal dialysis, occupational therapy, speech therapy, physical therapy, pulmonary testing, and cardiac rehabilitation. CBAS centers offer a package of health, therapeutic, and social services in a community-based day care.

All active high volume ancillary service provider sites and CBAS as of January 2023 to December 2023 were included in the study. High volume ancillary service and CBAS providers are defined as serving more than 100 members. The Quality Management (QM) staff utilizes Facility Site Review (FSR) Attachments C, D, and E when surveying sites. High volume specialist sites are assessed using Attachment C which has a total of 86 criterion. 29 of the criteria are Critical Element (CE) criterion. Attachment D is used to assess ancillary sites. Attachment D has 81 criteria. 34 of the criteria are CEs. IEHP surveys all contracted CBAS facilities and uses Attachment E for this assessment. There are a total of 62 criterion. 24 are CEs. All CEs must be fulfilled to meet Basic Access requirements. Deficiencies in one or more of the Critical Elements results in a Limited Access survey result.

CONTINUITY AND COORDINATION OF CARE

1. Behavioral Health Continuity and Coordination of Care Study (2023)

The purpose of this study is to assess the effectiveness of the exchange of information between medical care and behavioral healthcare in accordance with NCQA Standard QI4. Coordination of care for Members with mental health conditions and who are at risk for other medical conditions such as diabetes and cardiovascular disease that require ongoing communication between PCPs and Behavioral Health (BH) Providers.

All Members from all lines of business who were enrolled with IEHP at any time during the measurement year (1/1/2023– 12/31/2023) were included in the study. Each quality measure specifies criteria for inclusion into the measure, but all IEHP Members are assessed for meeting the inclusion criteria for each reported measure.

During 2023, this Behavioral Health Continuity and Coordination of Care Study continued to show an improvement in multiple areas, to include the rate of BH Clinicians who rated IEHP well above average or somewhat above average for "timeliness of feedback/reports from Specialist" which showed slight improvement from 50.1% in 2022 to 51.2% in 2023. The follow-up for children prescribed ADHD Medication (ADD) Initiation phase, also showed an improved rate from 46.3% to 46.7%, however the goal of 10% improvement was not met. Also, the diabetes monitoring for people with diabetes and schizophrenia (SMD) improved from 81.1% in 2022 to 81.8% in 2023, due to an increase in outreach efforts to Members within this eligible population from our BH CM teams. There was also an increase

in Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC) from 83.7% in 2022 to 84.3% in 2023, possibly due to the increase in information sharing between our Behavioral Healthcare Providers and Members PCP. And lastly, there was statistical improvement in the Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medication (SSD) from 74.9% to 78.2%, due to the increased awareness of our County Mental Health Plans of this measure.

POPULATION HEALTH MANAGEMENT

1. Population Health Assessment Study (2023)

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.

Based on medical claims and behavioral health claims data, the top diagnoses in the general population are Hypertension, hyperlipidemia and obesity. For the SPD population, the most common diagnoses are hypertension, hyperlipidemia, and type 2 diabetes. For children and adolescents, the top diagnoses are disorders of refraction, allergic rhinitis obesity and asthma (chronic condition). For BH Members, the top diagnoses are anxiety and depression. The SDOH top diagnoses are Low income, homelessness, and food insecurity.

When assessing language, English and Spanish are the primary languages, followed by Vietnamese and Chinese. Members with limited English proficiency had a primary language of Spanish. Of the Members that call into IEHP requiring translator services, 76.9% are Spanish speaking and of the Members that require face-to-face interpreter requests during doctor visits, 70.9% require a Spanish translator.

An assessment of needs of Members that do not speak English as their primary language also revealed disparities in preventative care measures. For the Vietnamese speaking group, disparities were identified in the well-child visits and adolescent well care visits for 2 consecutive years. An analysis across all ethnic groups revealed for pediatric preventative care, Black Ethnicity disparity across the Well child visits measures and immunization measures. Prenatal and Post-Partum care was also identified as a disparity for the Black ethnic group. For Chronic disease, Controlling Blood Pressure and Antidepressant Medication management was identified as a disparity. For women's health, White race/ethnic group had a disparity in the following: Prenatal and Postpartum Care, Breast Cancer Screening, Cervical Cancer Screening, and Colorectal Cancer Screening.

Lastly, IEHP's 3 Community Wellness Centers (CWC) are available to Members in the Riverside and San Bernardino County Communities. CWC offer free exercise classes and health workshops. The CWC also consists of multilingual Team Members to assist with Members with limited English proficiency. In addition to fitness and Wellness support, the CWC also assist with Benefits assistance and Plan enrollment.

2. Population Health Management Effectiveness Study (2023)

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.

In compliance with NCQA PHM Standard 6A Factor 3, IEHP assesses measure results for a comprehensive qualitative analysis of the effectiveness of its PHM strategy and programs. Below is a performance assessment summary of the key Member-facing programs within the PHM Program for calendar year 2023.

➤ **ECM Program:**

The ECM Member Experience results showed a significant improvement from the previous year, the IEHP care teams were effective in providing intensive coordination of health care for our highest risk population with a program rating of 93.6%, 95.4% of respondents think that ECM Care Teams showed strong relationships with their Members and 92.2% found that program was helpful and useful in improving their health needs.

For the metrics assessed in this study (Blood Pressure Control, Transition of Care, Depression Documentation, Depression Response, all met the set goal except for depression documentation. There was 8% improvement of the measure which yielded 74% compliance but still did not meet the 80% goal.

➤ **Community Supports Housing Program:**

The Community Supports services help to address Members' health related social needs to help them live healthier longer lives and avoid higher, costlier levels of care. There are 14 community supports services offered to Members to in areas of food insecurity, respite services, sobering centers and other community-based services. The measures assessed in this study looked at emergency department visits and hospital admission utilization in Members who utilized any of the 4 housing services during 2022 and 2023. The 4 housing categories include: Housing Deposits,

Housing Tenancy and Sustaining services, Housing Transition/Navigation services, and Short-Term post-hospitalization housing. The data revealed that both ED visit rates and hospital admission rates decreased during the 2023 measurement period when compared to the 2022 measurement year. These positive findings indicate the Community Supports housing services is effective in ensuring Members have fewer ED visits and fewer hospital admissions while being supported with housing services. These programs prove to be valuable in Members facing health challenges in addition to homelessness or unstable/unsafe housing.

➤ **My Path Program:**

Utilization and cost data six months pre-enrollment and six months post-enrollment into the My Path Program for 3 years shows that ED visits, Inpatient Visits, and total Member Cost were lower post enrollment compared to pre-enrollment into the My Path Program. This trend is observed annually for the past 3 measurement periods from January to December of 2022, January to December of 2021 and January to December of 2020.

For the Care of Older Adults (COA) measures: Advanced Care Planning, Functional Status Assessment, Medication Review and Pain Assessment, goals were once again not met, although there was a marked increase in the rates for example from 21.6% for pain assessment in 2021 to 31.5% in 2022. The SMART goal for this data issue included meeting with the palliative care groups and obtaining their insights into what the issue could be. Initial meetings were held in March and April 2023 and from these meetings, the fact that this is a data capture issue and not a quality-of-care issue was reinforced. IEHP is only using claims related codes to capture the data around COA measures.

➤ **CCM Program:**

The effectiveness of the Complex Case Management (CCM) program was evaluated by analyzing readmission rates, emergency department (ED) visits, primary care physician (PCP) visits, and Member satisfaction scores. The data spanned over the years 2022 and 2023, focusing on members enrolled in the CCM program for at least 90 days to allow ample time for care plan development and member education.

OSTEOPOROSIS MANAGEMENT IN WOMEN

1. Osteoporosis Management In Women (OMW) Study (2023)

The HEDIS® OMW measure evaluates how well the organization manages women who are at high risk for a second fracture by evaluating whether female Members ages 67-85, who sustained a fracture, had evidence of either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the date of the fracture. IEHP has identified the OMW measure as an area of opportunity and continues to explore improvement strategies for Member and Provider engagement and overall improvement in the measure.

The goal of the study is to improve compliance within the HEDIS® OMW measure by demonstrating statistically significant improvement over the previous year's rate of 25.62% and reaching the measurement period's goal of a 68.00% compliance rate for measurement year (MY) 2023.

This study focuses on providing education and services to Medicare Members who are in the HEDIS® OMW denominator. Every month, Quality Systems generates a list of Members who meet the measure inclusion criteria and have sustained a fracture within the last six months. The list is sent to Care Management, Quality Improvement, Provider Services, Quality Program Informatics and Transtreme. One of the interventions includes a Provider Blast Fax which is sent out to help Providers inform their patients on treatment options. In addition to the fax, The Care Management Team reaches out to these Members to provide education on the importance of receiving a BMD test or a prescription for osteoporosis medication within six months of their fracture. As of September 2023, the Care Management team switched outreach focus to only the Delegated OMW population. Previously, the CM team was outreaching to both IEHP Direct and Delegated, however, the shift in population focus was implemented to reduce duplication of efforts with the OMW Transtreme services. Due to the shift in the CM outreach population the study results for MY 2023 will reflect rates separated by the IEHP Direct and Delegated populations. However, the following year of MY 2024, will only include the Delegated population.

CONCLUSION

Overall, IEHP's QMHET D-SNP Model of Care (MOC) Program was effective in reviewing data, assessing trends, identifying opportunities for improvement, and developing improvement activities within the Health Plan related to access to care, member and provider experience and quality of care. The current structure of all subcommittees and committees was positive, and we had robust practitioner participation and leadership involvement for 2023. During 2024, IEHP will focus on meeting the program goals and completing all initiatives as outlined in the 2024 Quality Management/Quality Improvement & Culturally Linguistically Appropriate Services (CLAS) Workplan.

During 2023, IEHP continued to produce and distribute the Quality Report. Inside the Quality Report, we walk through our quality journey by looking at our performance over the past year with critical measures. We show how data translates into tangible outcomes for our Members, Providers and Team Members. While there were many areas where we excelled, there were also places where we found opportunities for improvement. The goal of the Quality Report is to be transparent. This journey is ongoing, and we hope to learn from it so we can do better and be better for those who rely on it most. This past year, IEHP placed even greater importance on our relationships with our Partners, especially Providers. Monthly engagement dinners and a significant increase in dollars allocated to our Pay-for-Performance programs were just two examples of IEHP's commitment to connecting, supporting, and learning from our Providers.

Major accomplishments in 2023 include the Problem Solvers Task Force which focused on PCP Referral Timeliness. Updates to the Provider Portal referral submission page for better data capture of time between “referral need” and “submission of referral”. The Subcommittee Redesign event resulted in new Subcommittees being developed during 2022 and continuing throughout 2023. New Subcommittees that were developed include, Provider Network Access, D-SNP Model of Care Monitoring and Oversight, Population Health Management, Member Experience and Member Safety. Lastly, a new Quality Improvement Council (QIC) was formed. The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Furthermore, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues. Council Members and Supporting Representatives include leaders from various subcommittees across the organization with supporting representatives being invited on an ad hoc basis for presentation or discussion of topics related to their respective subcommittees or departments. The QIC provides information to IEHP’s Quality Management Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed.

The Subcommittee Redesign event efforts which stemmed from the original Quality Systems Value Stream Analysis event, continued in 2023 with the formation of the Quality Improvement Council (QIC) in January, the Provider Network Access (PNA) Subcommittee in March, the Population Health Management (PHM) Subcommittee in May, Member Experience Subcommittee (MESOC) in May, Hospital and Ancillary Subcommittee in September, Member Safety Subcommittee in October, and the Skilled Nursing Facility Subcommittee in October. Additionally, in an effort to expand the Quality Management Committee to include new Health Equity Accreditation standards and regulations, IEHP successfully launched the Quality Management and Health Equity Transformation Committee (QMHETC). The QMHETC reports directly to the IEHP Governing Board and retains oversight of the Quality Management & Health Equity Transformation Program (QMHETP) with direction from the Chief Quality Officer, Chief Medical Officer, in collaboration with the Chief Health Equity Officer.

In December, IEHP earned Health Equity Accreditation from the National Committee for Quality Assurance (NCQA). IEHP was the second local community health plan to achieve Health Equity Accreditation.

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

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

- Supporting Care Transitions
- Health Equity

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H 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. Most recent Consumer Assessment of Healthcare Providers and Systems (CAHPS) results provided IEHP with a deeper analysis of Member needs. Based on medical claims and behavioral health claims data, the top diagnoses in the general population as well as the SPD population are Hypertension, Hyperlipidemia, and type 2 diabetes. For BH Members, the top diagnoses are anxiety and depression. The SDOH top diagnoses are homelessness, problems related to social environment and unwanted pregnancy.

When assessing language, English and Spanish are the primary languages, followed by Vietnamese and Chinese. Members with limited English proficiency had a primary language of Spanish. Of the Members that call into IEHP requiring translator services, 80.6% are Spanish speaking and of the Members that require face-to-face interpreter requests during doctor visits, 67% require a Spanish translator.

An assessment of needs of Members that do not speak English as their primary language also reveals a disparity among Vietnamese speaking Members with Well child visits and Well child assessments. For Mandarin Speaking Members, a disparity was identified in the Breast Cancer screening measure.

An analysis across all ethnic groups revealed for pediatric preventative care, Black Ethnicity disparity across all measures was identified. For women's health, Caucasian ethnicity had a disparity in all 5 measures for 2 consecutive years (MY 2020 and MY 2021) Controlling Blood Pressure and antidepressant medication management was identified as a disparity for Black Ethnicity. Diabetes A1C control under <8 as well as antidepressant medication management was identified as a disparity for Hispanic ethnicity.

The findings in the annual population assessment report are used to review and update activities, resources and community resources to better support and meet the needs of the Member population. The activities and resources will address the needs of Members with chronic conditions such as Diabetes, hypertension, depression, and asthma. IEHP will continue to support these initiatives including opportunities for community resources available to all Members focusing on Asthma, Diabetes, Depression and homelessness.

IEHP conducts The Grievance and Appeal (G&A) Study annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. IEHP met its goal to identify grievance and appeals trends from 2022 in relation to the established goal. The results of the 2023 Grievance and Appeals assessment revealed an increase in grievance cases in both lines of business with specific trends identified with Attitude Service including internal IEHP grievances and Transportation grievances. The Medi-Cal grievance volume increased from 34,028 in 2021 to 43,945 in 2022. The Medicare grievance volume increased from 8,662 in 2021 to 11,309 in 2022. The grievance rate goal of

2.7 for the Medi-Cal line of business was met, while the grievance rate goal of 12.83 for Medicare was not met. Improvement initiatives will be established in 2023-2024 to address the internal grievances and transportation volume.

In May 2022, a Transportation Grievance Taskforce was created. The Transportation Grievance Taskforce is an IEHP committee with the objective of improving Member satisfaction as it relates to quality, safety, and access to transportation. The joint Transportation Services and Grievance and Appeals department Taskforce created strategic goals and programs to enhance the Member experience. The Taskforce's accomplishments during 2022 include redirecting high grievers to new transportation vendors to improve the Member experience and reduce repeat grievers. A new process was implemented and went live with the Transportation Department on 12/1/2022 called TOGA (Transportation Open Grievance Approach). The TOGA process enhances the Member experience by attempting to resolve the Member's issues over the phone or by reaching out to an Immediate needs Team Member to further assist in resolving the Member's issues in real-time to improve the Member experience. The TOGA process has increased exempt grievances and decreased standard grievances, illustrating the success in resolving grievances much more quickly and efficiently. A weekly meeting cadence has been established with the current broker ALC to address issues reported to the health plan. A new transportation broker (Call the Car) went live with the health plan. IEHP transportation-related grievances began decreasing during Quarter 2 and continued to decrease through Quarter 4. The Transportation Grievance Improvement Taskforce will continue to meet during 2024 to continue to work on processes to decrease grievances and improve the overall Member experience.

The Provider Language Competency Study is conducted annually in which we perform outreach to all active PCP and high-volume/impact specialist sites that have reported staff in their office are able to speak a threshold language. For each metric set, IEHP met the goal of at least 85%. This means that for PCP and high-volume/impact specialist offices and for each threshold language, 85% of the offices confirmed either through fax or phone that the language is spoken at the office. In keeping with NCQA Standard, ME 2 which states that the organization must provide interpreter or bilingual services within its Member Services and telephone function based on the linguistic needs of its Members. IEHP provides Members who speak limited or no English with easy access to a Member Services Representative (MSR) through a highly trained interpreter made available through Language Line Solutions/Pacific Interpreters. 32% of MSR's are bilingual, speaking both English and Spanish. The purpose is to provide Members with interpretation services and offer excellence in service Members/callers. with IEHP's commitment to Network Access, the plan continues to monitor the Quarter Telephonic Language Interpreter Report. IEHP contracts with Language Line Solutions/Pacific Interpreters to offer interpretative services for over 200 languages. These services are available 24 hours a day/ seven days a week. Data shows an increase in calls from 13,702 calls in the 2nd quarter 2023 to 15,216 calls in the 3rd quarter 2023. Average length of call increased from 13.44 minutes in the 2nd quarter 2023 to 13.65 minutes in the 3rd quarter 2023. Spanish continues to be the top language for the 3rd quarter 2023 with a total of 58 unique languages.

2023 saw IEHP's continued dedication to Provider Experience yielding an overall provider satisfaction score in the 100th percentile. Overall Providers showed an improved satisfaction of availability of the range of interpreters at 83.3% in 2023 up from 78% in 2022. Interpreter satisfaction showed improvements across the board with increases to both satisfaction of coordination of appointments at 81.6% and competency of interpreters at 84.5%.

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

Each year, IEHP gathers data and performs analyses on clinical and service performance measures as delineated by the National Committee for Quality Assurance (NCQA), the California Department of Healthcare Services (DHCS), and the Centers for Medicare and Medicaid Services (CMS). Each reporting entity prescribes performance measures for IEHP based on IEHP's Member population. Measures typically remain consistent from year to year; however, program changes and measure updates may result in larger performance rate changes.

Some highlights of the report saw Breast Cancer Screening (BCS) increase 3.91% from a score of 58.48% MY 2022 to a score of 62.39% MY 2023. Cervical Cancer Screenings (CCS) increase 8.96% from 56.97% MY 2022 to 65.93% MY 2023 scoring in the 66.67th percentile. Colorectal Cancer Screening (COL) continued an upward trend scoring at 45.99% MY 2023, up 6.26% from MY 2022's score of 39.73%. Asthma Medication Ratio (AMR) decreased 0.89% from 65.87% MY 2022 to MY 2023 scoring 64.98% in total score putting IEHP in the 33.33 percentile. Controlling Blood Pressure (CBP) scoring showed an improvement to 67.55% MY 2023, up 2.23% from the previous year.

While Breast Cancer Screenings (BCS) and Cervical Cancer Screenings (CCS) showed improvement, activities are planned for improvement moving forward into 2024. IEHP will also continue improvement efforts in Asthma Medication Ration (AMR) to increase percentile scoring. IEHP also shows opportunity in Statin Therapy for Patients with Cardiovascular Disease (SPC). In that adherence measure both men and women show an overall decline scoring in the 66.67th percentile. Further opportunities will be topics of focus during Subcommittee collaborations and LEAN process improvement efforts.

Lean activities continued to be a main source for continuing to improve IEHP's quality performance. During 2023, IEHP successfully executed the 2024 Quality Systems and Transitions of Care (TOC) visioning events along with 20 other Rapid Improvement Events (RIE's), multiple workshops, design events, several projects, and trainings. IEHP had its 6th Annual Lean Conference, showcasing and recognizing our Team

Member's Lean improvement efforts implemented in 2022/2023. There was a total of 48 teams who participated in person. IEHP successfully revised the Lean Bronze Training pending rollout in 2024. Additionally, IEHP increased our connection to Strategy in all our Process Improvement work by working with the strategy team to incorporate Goals and Objectives into huddles/meetings and discussions. As part of IEHP's Team Member Goals and Compensation Enhancement Program for fiscal year 2023-2024, Team Members were asked to reach a goal of 1,250 implemented improvement ideas (i3) by June 1, 2024, and well exceeded the goal at 1,276 at the time of this report (a 20% increase from 2022 to 2023). IEHP continues to expand both communication and collaboration platforms such as MS Teams, Mural, and One Note to create virtual Mission Control Rooms and Huddle Boards and improve virtual facilitation skills, including our PI Lean presence in the IEHP media space.

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