



**Quality Management & Health Equity Transformation
Committee**
Executive Summary

Quarter 3, 2025 Update

QUALITY MANAGEMENT& HEALTH EQUITY TRANSFORMATION COMMITTEE EXECUTIVE SUMMARY – 3rd Quarter 2025

Quality Management and Health Equity Transformation Committee: The QMHETC reports to the Governing Board and retains oversight of the QMHETP with direction from the CMO and CQO or physician designee, in collaboration with the Chief Health Equity Officer (CHEO). The QMHETC promulgates the quality improvement process to participating groups and physicians, Providers, Subcommittees, and internal IEHP functional areas with oversight by the CMO and CQO. The QMHETC Committee meets at least quarterly to report findings, report actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommend policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

QM SUBCOMMITTEES: The following Subcommittees, chaired by the IEHP Chief Medical Officer, Chief Quality Officer or designee, report findings and recommendations to the QMHET Committee through the Quality Improvement Council Executive Summary Reports:

1. **Quality Improvement Subcommittee (QISC):** This subcommittee analyzes and evaluates QI activities and reports results; develops action items as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
2. **Peer Review Subcommittee:** This 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:** This subcommittee provides discussion and consideration of all network Practitioners being credentialed or re-credentialed; reviews Practitioner qualifications including adverse findings; approves or denies continued participation in the network every three (3) years for re-credentialing.
4. **Pharmacy and Therapeutics Subcommittee (P&T):** This subcommittee reviews IEHP's medication formulary, monitors medication prescribing practices by IEHP Practitioners, under- and over- utilization of medications, provides updates to pharmacy related programs, and reviews patient safety reports related to medication.
5. **Utilization Management Subcommittee (UMSC):** This subcommittee reviews and approves the Utilization Management, Disease Management and Behavioral Health Programs annually. The Subcommittee monitors 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. Credentialing activities, Compliance and Finance.
6. **Population Health Management (PHM) Subcommittee:** This subcommittee is responsible for reviewing, monitoring, and evaluating program information and progress while providing regulatory oversight in alignment with DHCS and NCQA requirements and standards.
7. **Provider Network Access Subcommittee (PNA):** The Provider Network Access Subcommittee is responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
8. **Member Experience Subcommittee (MESC):** The role of the Member Experience Subcommittee is to review, monitor, and evaluate program data, outliers, and trends to ensure timely Member experience improvement initiatives are initiated. The MESC is responsible for

- initiative oversight, ensuring outcomes are achieved and barriers are removed.
9. **Member Safety Subcommittee (MSSC):** This subcommittee uses a multidisciplinary approach to explore root causes of member safety concerns, identify areas needing improvement, propose interventions, and take actions to improve the quality-of-care delivery to our Members.
 10. **Skilled Nursing Facility (SNF) Subcommittee:** This subcommittee identifies opportunities that impact efficient transitions of care, clinical outcomes, Member safety, and Member experience while receiving care at a skilled nursing or long-term care facility. This subcommittee serves as a forum for review and evaluation of strategic, operational, and quality measures resulting from but not limited to: Inland Empire Health Plan (IEHP) optimal care strategies, Joint Operations Meeting (JOM) and related workgroups (i.e., throughput, quality, ambulatory operations, payment practices, etc.), and pay for performance initiatives.
 11. **Hospital and Ancillary Quality Improvement (QI) Subcommittee:** This subcommittee serves 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) reports through this forum which summarizes performance and recommended actions for presentation at the Quality Improvement Council (QIC).
 12. **D-SNP Model of Care (D-SNP MOC) Subcommittee:** This subcommittee identifies opportunities that impact clinical outcomes, Member safety, service improvement, and Member experience for IEHP's Dual Eligible Special Needs Program Medicare population.
 13. **Delegation Oversight (DO) Subcommittee:** This subcommittee develops the Delegation Oversight Program to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as necessary and/or as requested by our Delegated IPA partners.
 14. **D-SNP Enrollee Advisory Committee:** The purpose of this Member facing committee is to provide a forum for structured community input regarding how IEHP develops, implements, and operates the D-SNP product with advice on how to develop, implement, operate, and improve seamless access and coordination across the full-service continuum – from medical care to long term services and supports (LTSS) – for dual-eligible beneficiaries in the Inland Empire.
 15. **Community Advisory Committee (CAC):** This committee identifies and advocates for preventative care practices. They are involved in the development and updating of health plan cultural and linguistic policies and procedures, including those that are related to QI, education and operational cultural issues affecting IEHP Members.
 16. **Ambulatory Quality Informatics and Technology (QIT) Subcommittee:** This subcommittee works to advance optimal care and vibrant health by engaging ambulatory providers to guide, enhance and prioritize the development of electronic applications belonging to both IEHP and their respective organizations to advance patient care and seamlessly capture data and quality metrics.
 17. **Transgender, Gender Diverse, and Intersex (TGI) Subcommittee:** The subcommittee is focused on ensuring safe and equitable gender health services for transgender, gender non-conforming, and intersex (TGI) Members within the health plan.

Quality Improvement Council Executive Summary

The key findings from the Quality Improvement Council executive summary that was presented during QMHETC on September 2, 2025, by the subcommittee chairs, are summarized below.

❖ Member Safety

The Member Safety subcommittee presented the following metrics.

Annual Reports

- **2024 Facility Site Review (FSR) Annual Report**
 - 384 FSRs performed; 96% compliance rate
- **2024 Medical Record Review (MRR) Annual Report**
 - 374 MRRs performed; 79% compliance rate
- **2024 Potential Quality Incidents (PQI) Annual Report**
 - 73% PQI cases were closed within 120 days

Quarterly Reports

- **Q4 2024 MRR Report:** 99 MRRs were reviewed with a failure rate of 7%. Goal of <20% failure rate was met.
- **Q4 2024 FSR Report:** 100 FSRs were reviewed with a failure rate of 4.59%. Goal of <5% failure rate was met.
- **Q4 2024 PQI Report:** 95% of PQI cases were closed timely within 120 days.

❖ Provider Network Access

The Provider Network Access Subcommittee presented the following studies

- **2024 Provider Appointment Availability Study**
 - **PCP:** Urgent Appointment Rate 75.9% and Non-Urgent Appointment Rate 88.1%.
 - **Specialty Provider:** Urgent Appointment rate 61.5% and Non-Urgent Rate 73.4%.
 - **BH Provider:** Urgent Appointment rate 75.9% and Non-Urgent Rate 89.8%.
- **2024 Provider After Hours Study**
 - **PCP:** On Call Physician Access: 58.1% and Life Threatening Emergency Call: 90.5%
 - **Psychiatrists:** On Call Physician Access: 35.1% and Life Threatening Emergency Call: 62.7%on-Urgent Rate 73.4%.
 - **Non-Physician Mental Health:** On Call Physician Access: 9.7% and Life Threatening Emergency Call: 81.1%
- **2024 Encounter Data Validation Study:** Overall goal was not met.

Individual action plans were discussed to address metrics not meeting the goal. The Provider Network Access Subcommittee will monitor these action plans to help address these deficiencies.

Element	Compliant	Non-Compliant	Denominator	Compliance Rate	Goal Met?
Valid Procedure Code	1,250	204	1,454	86%	No
Valid Diagnosis Code	1,323	140	1,463	90.4%	No
Complete Diagnosis Code Capture	269	91	360	74.7%	No
Valid Procedure Code Modifier	1,393	61	1,454	95.8%	Yes
Valid Signature	341	19	360	94.7%	No
Valid Rendering Provider ID	345	15	360	95.8%	Yes
Valid Member Name	359	1	360	99.7%	Yes
Overall Score	5,280	531	5,811	90.9%	No

- **2024 Provider Office Wait Time Study:** All goals were met

Wait Time	PCP	Specialist	BH	Vision	Total
0-30 minutes	552	1,030	1,042	190	2,814
31-60 minutes	42	95	29	13	179
Total Compliant	597	1,125	1,071	203	2,993
Total Surveyed	601	1,135	1,074	203	3,013
Compliance Rate	98.8%	99.1%	99.7%	100%	99.3%^A
Goal Met? (90%)	Yes	Yes	Yes	Yes	Yes

❖ Population Health Management

The Population Health Management Subcommittee presented the following studies.

- **2024 PHM Population Assessment**
 - **Top Diagnoses in 2024:** Hypertension, Hyperlipidemia, and Obesity
 - **Top SDOH Diagnoses in 2024:** Low Income, Food insecurity, Homelessness, Acculturation difficulty
 - **Top BH Diagnoses in 2024:** Anxiety and Depression
- **ECM Program Evaluation (MY 2022-2023)**
 - From MY 2022 to MY 2023, ECM Members improved across 30 quality measures.
 - ECM members showed decreases in ED visits, UC visits, and IP acute admissions when examined 12 months pre and post enrollment.
 - Increase in PCP visits and Post Discharge Follow Up Visit Within 7 days were also noted.

❖ Pharmacy & Therapeutics

The Pharmacy & Therapeutics Subcommittee presented the following key findings.

- The final BPD rate in December 2024 (71.1%) showed **slight improvement** compared to prior two years but did not meet goal (71.8%).
- The final AMR rate in December 2024 (62.6%) was lower than previous two years and did not meet goal (66.2%).
- The final CBP rate in December 2024 (70.0%) showed no significant improvement compared to prior two years and did not meet goal (80%).

- Naloxone Drug Use Evaluation:
 - **Medicare:** In 4Q 2024, Drug Use Evaluation Naloxone targeted provider letters led to a 15% success rate in naloxone prescribing for high-risk Medicare members.
 - **Covered CA:** In 4Q 2024, Drug Use Evaluation Naloxone targeted provider letters led to a 24% success rate in naloxone prescribing for high-risk Covered CA members.

❖ Quality Improvement

The Quality Improvement Subcommittee presented the following studies.

- **2023 Standing Orders Effectiveness Study:**
 - Provider opt in – Goal Met (5% improvement from prior year)
 - COL Medicare: Goal not met (-2.33%)
 - KED: Goal not met (-0.75%)
 - HBD Goal met (+26.59%)
 - BCS: Goal met (+8.25%)

Recommendation is to continue standing orders programs, as they are having a positive impact on measure performance. The Provider Relations teams will continue to encourage providers to participate in the Standing Orders Program.

- **2023 Member Incentive Child Effectiveness Study:**
 - CIS Flu only: Goal Met (+13.65%)
 - WCV: Goal Met (+21.25%)
 - W15: Improved (+3.37%)
 - W30: Improved (+0.86%)
 - CIS Flu & Rota: Goal not met (-10.22%)
 - IMA HPV: Goal not met (-0.85%)

❖ Community Advisory Committee

During the Community Advisory Committee meetings, Members have the opportunity to address concerns in their healthcare. The Community Advisory Committee presented the following Member findings.

Topics

- The community Wellness Centers
- Transportation Services
- Access to Care (virtual care and telehealth)
- Riverside County Community Health Assessment and Community Health Improvement Plan

Members' Feedback

- Offer creative art classes for youth, Partner with community groups in Blythe for wellness programs, Include social wellness opportunities for people with disabilities.
- Streamline bus pass criteria,
- Provide training for transportation vendors on ADA.
- Create video tutorials in app or QR Code to help members navigate virtual care
- Explore virtual care for pre-appointment instructions for MRI, Xray or blood work

- Explore options for live person when AI features are used in virtual care.
- Consider using TV/Radio to share data and request feedback
- Include the re-entry population in gathering feedback

IEHP Responses

- CWC are actively seeking vendors to support these initiative, IEHP is partnering with *Boys and Girls club* in the High Desert and *Children Striving Together*
- Review bus pass criteria in Q4 2025 and visit option to provide bus criteria on IEHP.org for Member reference
- IEHP will continue to work one-on-one with Member and provide support before and after trip(s) to ensure that the Member is getting the care they need and to their appointments at the level of service required.

IEHP provides responses to Members after each meeting. This is to make sure Members are heard and any issues can be resolved.

MY 2025 MCAS Updates

There are 18 MCAS MPL measures across 5 domains. IEHP achieved the MPL for 7 of these measures:

- Breast Cancer Screening
- Chlamydia Screening in Women
- Developmental Screening in the First Three Years of Life
- Follow-up After ED Visit for Substance Abuse – 30 days
- Immunizations for Adolescent – Combo 2
- Lead Screening in Children
- Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – 2+ Visits

Multiple activities are taking place to help IEHP exceed the MPL on additional MCAS measures. Some key activities include pay per performance (P4P) programs such as: Hospital P4P, Global Quality P4P, OB, and Urgent Care P4P programs. There are also Member outreach campaigns for cancer prevention screenings, well child visits, and vaccines.

QMHETC Highlights

MY 2025 Medicare STARS Performance Updates: The CMS Star rating was reviewed and currently IEHP is at a 2.5 overall rating. 2.25 for Part C and 2.75 for Part D.

- One new measure was added for Part C and two new measures were added for Part D.

CLAS Annual Evaluation

- The CLAS Program at IEHP ensures that all health plan services are accessible to all members, regardless of their background or characteristics, and that these services are provided in an effective, equitable, and respectful manner so it meets diverse cultural and communication needs.
- Health Outcome Results
 - Increase Black and African American Members in getting their Well-Child Visits in the First 30 Months of life: goal was met
 - Improve blood pressure control among Black and African American Member: goal was met.

- Increase American Indian and Alaskan Native Members in getting their Well Care Visits: goal was met.
- Increase Breast Cancer Screenings in Mandarin speaking Members: goal was not met.

MY 2024 Medi-Cal Results HEDIS/MCAS State Programs Update

- 89% of MCAS measure met MPL
- MY 2024 NCQA Health Plan Rating projected results; 3.833.