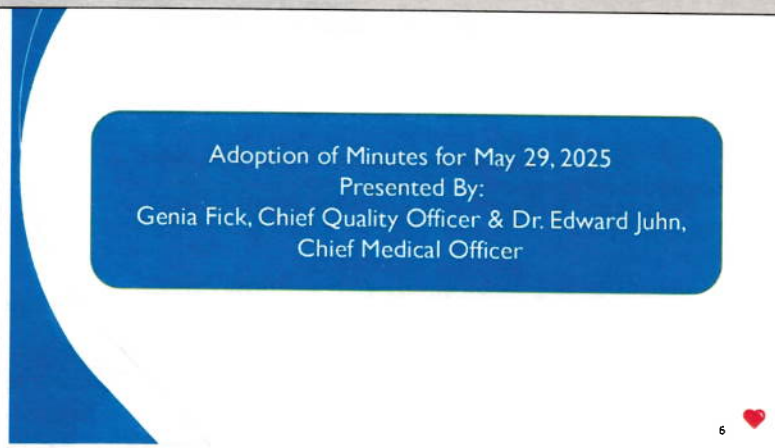
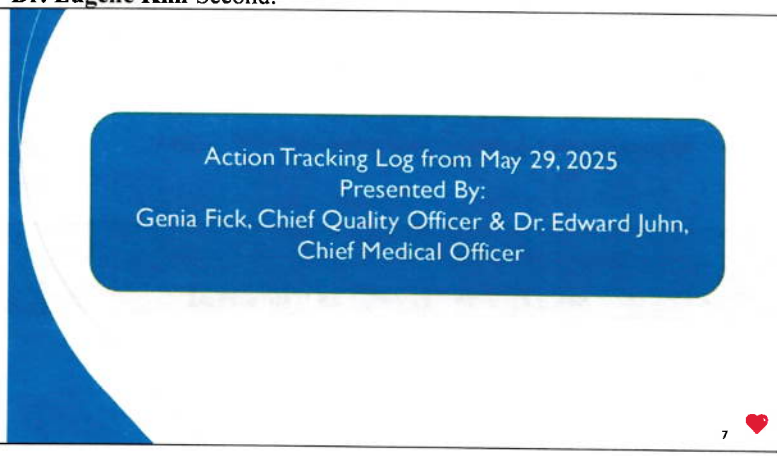
INLAND EMPIRE HEALTH PLAN

Quality Management & Health Equity Transformation Committee
Minutes of Tuesday, September 2, 2025
1:00PM

Location:	Town Hall
Appointed Committee Members Present/Participating:	**Matthew Fong MD,** Loma Linda University Pediatrics.
Appointed Committee Members Absent:	**Rahul Nayyar, MD, MBA**, Chief Medical Officer, Choice/Horizon Medical Group; **Ryan Uhlenkott,** Deputy Director of Riverside County Department of Public Social Services (DPSS), **Geoffrey Leung, MD, Ed. M**, Ambulatory Medical Director, Riverside University Health System; **Christopher Schreur, MD,** San Bernardino County Addiction Medicine Specialist; **Antoinette Azar, MD,** Consultant, Psychiatrist; **William Wang, DO**, Alpha Care Medical Group; **Jose Arciniega, DO** Inland Empire.
IEHP Staff Present:	**Andrea Belli,** Director of Accreditation Programs; **Avinash Bachwani, MD**, Vice President, Medical Informatics; **Bridget Spargo,** Senior Director of Utilization Management Operations; **Christina Ornelas, PharmD**, Senior Director, Pharmaceutical Services; **Dan Gomez,** Vice President, Provider Experience; **David Kim, MD,** Medical Director - Inpatient; **Debbie Canning, MSHI**, Director of Healthcare Informatics; **Domonique Luckett**, Quality Systems Analyst II; **Dulce Fernandez, RN,** Clinical Director of Quality Management; **Edward Juhn MD, MPH, MBA,** Chief Medical Officer; **Ernesto Campos, DO**, Senior Medical Director; **Esther Iverson**, Senior Director of Provider Network and Communication; **Esther Lee, MD,** Medical Director; **Genia Fick, MA**, Chief Quality Officer; **Jacob Diekmann, MBA, CPHQ**, Senior Director, Quality Systems; **Jannette Zito**, Program Manager – Community Advisory Committee; **Jessica Miller, DrPH**, Manager, Health Services Evaluation; **Jon Faia,** Manager, Quality Operations; **Kristy Garan-Martinez MSN, RN, BSN,** Senior Director, Integrated Care Management; **Lorena Chandler, MPH**, Vice President, Health Equity; **Lorena Ramos,** Manager, Health Equity; **Lourdes Nery, MPA, CHC**, Vice President, Compliance; **Maribel Papa**, Manager, Health Equity Operations; **Michael Blatt, Pharm. D.,** Director Clinical Pharmacy and Operation; **Michael Navarro**, Director, Medicare Management; **Mike Grant**, Vice President, Member Experience; **Nikole DeVries, MBA, MSN, RN, CPHQ,** Senior Director, Care Continuum Transformation; **Nora Flores**, Quality Systems Analyst III; **Olivia Zamudio**, Director, Member Services, Call Management; **Richard Garcia, MD**, Medical Director; **Rimon Bengiamin, MD,** Medical Director, Quality; **Sat Siregar,** Quality Systems Analyst I; **Sharon Jhawar, PharmD, MBA, BCGP,** Vice President, Medicare Stars Program; **Susie White, MBA,** Chief Operating Officer; **Sylvia Lozano, MHA, FACHE, CPHQ, CPHRM, HACP, LSSGB,** Vice President, Hospital Relations; **Takashi Wada, MD, MPH,** Vice President, Population Health & CalAIM; **Tamara Gutierrez, RN, BSN,** Senior Director, Integrated Transitional Care; **Tara Tokijkla, MPA, BSN, PHN, CPHQ**, Director of Quality Improvement; **Taylor Polentz**, Manager, Health Plan Accreditation; **Teresa Rosales**, Manager, Health Plan Accreditation.
IEHP Staff Absent:	**Christine Nguyen, MD, MS,** Medical Director, Quality Transformation; **Eugene Kim, MD,** Medical Director; **Gabriel Uribe, DSW**, Director, Health Equity Operations; **Halima Bascus McRoy, RN, BSN, MBA,** Vice President, Health Services Clinical Integration & Operations; **Jane Cheng, MPH, RD;** Senior Director, Population Health Management; **Jennifer Wellmaker, LVN,** Director of Grievance & Appeals; **Juan Ortega**, Director, Delegation Oversight; **Ken Scott, MBA, PCMH, CCE,** Director of Provider Relations; **Kirk Fermin**, Director, Provider Network; **Kristina Lopez**, Manager, Clinical Pharmacy Programs & Pharmacy Benefits; **Steward, MBA,** Director, Communications and Marketing.
Minutes by:	**Domonique Luckett,** Quality Systems Analyst II

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
I. Call to Order.	Genia Fick	**Genia Fick** called the September 2, 2025, Quality Management & Health Equity Transformation Committee meeting to order at 1:08 pm. **Quality Management & Health Equity Transformation Committee Agenda** ***The following reports to be presented and approved by the Quality Management & Health Equity Transformation Committee:*** 1. Minutes from May 29, 2025 2. Action Tracking Log from May 29, 2025 a. Same Day/Standard Grievances ***Quality Management Reports:*** 1. MY 2024 State Programs HEDIS/MCAS Update 2. MCAS Measure Set for 2025 3. Medicare Stars Performance Update for MY2025 4. 2024 CLAS Annual Evaluation 5. Medi-Cal Managed Care External Quality Review Technical Report – IEHP Response 6. Quality Improvement Council Executive Summary ***Monitoring Reports:*** 1. Signed Subcommittee Minutes (Apr 2025 – Aug 2025) 2. Health Equity Accreditation – Implementation Plan Update 3 **Genia Fick** provided an overview of the September 2, 2025 QMHETC agenda.	

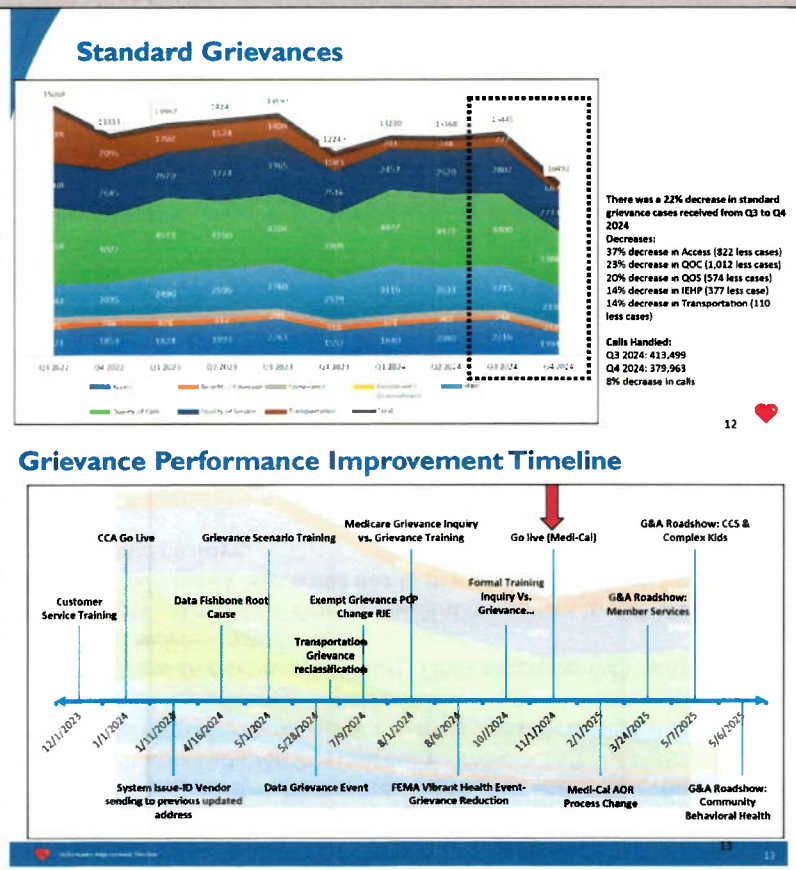
AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
II. Quality Management & Health Equity Transformation Committee (QMHETC)	Dr. Edward Juhn	**Quality Management & Health Equity Transformation Committee Purpose** IEHP's structure and framework to monitor, evaluate and improve the quality of care provided to our Members. QMC Purpose/Primary Goal: Continuously monitor and improve: • **Quality of care** • **Access to care** • **Patient safety** • **Patient experience** 4 **Quality Management & Health Equity Transformation Committee Protocol** • Committee Members and IEHP Team attendees are expected to participate in meaningful discussions and provide recommendations and feedback based on their **areas of expertise.** • Voting rights are restricted to the appointed external Committee Members, CQO, CMO or physician designee, VP of Quality, Chief Health Equity Officer (CHEO) and IEHP Medical Directors. All other attendees do not have **voting privileges.** Non-physician Committee Members may not vote on medical issues. 5	The QMHET Committee accepted the Quality Management Health Equity Transformation Committee (QMHETC) with no comments of concerns.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
III. Old Business **1. Adoption of Minutes as of May 29, 2025**	Genia Fick	 **Genia Fick** asked for a motion to approve the September 2, 2025, minutes. **Dr. Matthew Fong** motioned **Dr. Eugene Kim** Second.	D	The QMHET Committee moved, seconded, and approved the minutes from the February 27, 2025, QMHETC Committee meeting as presented.
2. Action Tracking Log from May 29, 2025	Dr. Edward Juhn			The QMHET Committee moved, seconded, and approved the action tracking log from February 27, 2025.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Action Tracking Log from May 29, 2025 IEHP Inland Empire Health Plan We heal and inspire the human spirit **Quality Management & Health Equity Transformation Committee** **Action Tracking Log** From May 29, 2025 Content contributor: Dr. Juhn and Dr. Wada 8 **Genia Fick** provided an overview of the action tracking log and informed the committee that one action item will be presented today.	
a. Same Day/Standard Grievances: Q4	Mike Grant	**Same Day/Standard Grievances: Q4 2024** Presented By: Mike Grant Co-Chair, Member Experience Subcommittee IEHP	The Same Day/Standard Grievances action item was presented and was recommended to close.

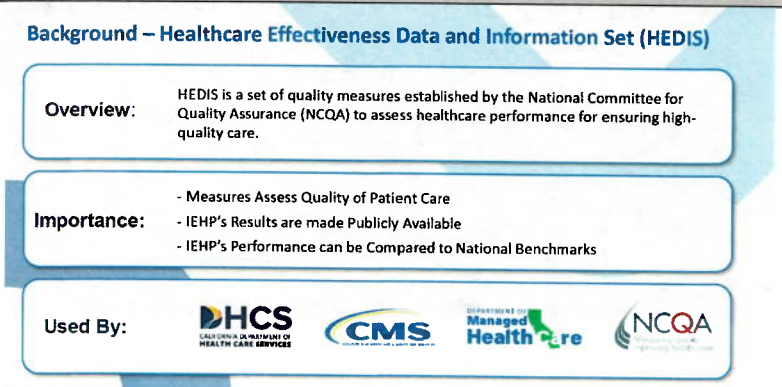
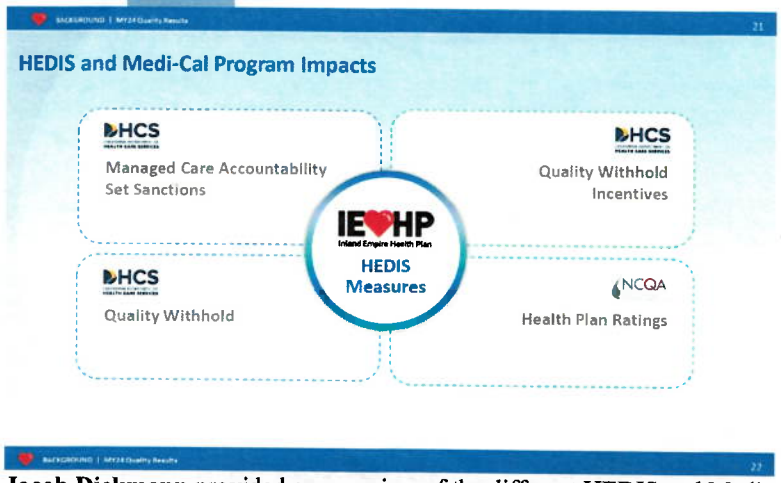
Action Item #	Item Description	Issued Date	Responsibility	Target Date	Action/Follow-Up/ Comments
1	Same Day Standard Grievances	May-25	Dan Gomez Mike Grant	Sep-25	Provide detail on what areas are causing the same day grievances and standard grievances to decrease
2	CMS Restrictions on Telehealth	Feb-25	Esther Iverson	Dec-25	Did CMS give any indication at the end of March that there was going to be strict restrictions on Members using telehealth for annual visits? Action item staying open to

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Action Item Background Action Item: Same Day/Standard Grievances Reference Slide: Member Experience Subcommittee Discussion Notes: Provide details on what areas are causing the same day grievances and standard grievances to decrease. 10 **Mike Grant** provided an overview of the Same Day/Standard Grievances action item. **Exempt/Same Day Grievances** Grievance Reduction Efforts: • **Q4 – there was a 40% decrease in exempt/same day grievances from Q3 2024 to Q4 2024** • 10/09/2024: Formal Training Inquiry Vs. Grievance • 11/01/2024: Go Live 11	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		 IEHP experienced a notable decline in both same-day and standard grievances throughout 2024, driven by targeted efforts to improve classification accuracy and member self-service. **Key Highlights:** • **Improved Classification:** Training and process updates reduced overclassification of routine inquiries as grievances.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		• **Transportation Focus:** Reclassification and broker collaboration cut transportation grievances by ~75%. • **Self-Service Expansion:** Chatbots and IVR deflected calls, reducing grievance opportunities. • **Cross-Departmental Effort:** GNA partnered with multiple teams to address root causes. These efforts led to a 22% drop in standard grievances by Q4 2024. A slight Q2 2025 uptick was noted due to new control measures, but overall trends remain positive. **Q&A** 14		
IV. New Business				

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		New Business 19		
B. Quality Management Reports				
1. MY 2024 Medi-Cal Results HEDIS/MCAS State Programs Update	Jacob Diekmann	MY 24 Measurement Year 2024 Medi-Cal Results HEDIS / MCAS State Programs Update Gema Fick, Chief Quality Officer Jacob Diekmann, Senior Director, Quality Systems IEHP 20		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		  **Jacob Diekmann** provided an overview of the different HEDIS and Medi-Cal programs that impact IEHP. This update outlines Inland Empire Health Plan's (IEHP) performance across key state-regulated quality programs, with a focus on HEDIS measures and their impact on financial incentives, Member assignment, and health plan ratings.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Background – Managed Care Accountability Set Measures DHCS **MY 2024:** For Measurement Year (MY) 2024, **18 measures had Minimum Performance Level (MPL) requirements** from the California Department of Health Care Services (DHCS) as part of the Managed Care Accountability Set (MCAS). **Domains:** MCAS measures fall into 5 clinical domains: • Behavioral Health (2 measures) • Children's Health (8 measures) • Reproductive Health (3 measures) • Chronic Disease Management (3 measures) • Cancer Prevention (2 measures) **Impact:** IEHP's MCAS measure performance is used in various DHCS programs including: • Plan Rate Withholds • Quality Monetary Sanctions • Plan Auto Assignment **DHCS MCAS MPL Measure Results** IEHP MCAS Performance Comparing MY 2022 through MY 2024 MY 2022: 60% of MCAS Measures Met MPL (6, 9) MY 2023: 83% of MCAS Measures Met MPL (3, 15) MY 2024: 89% of MCAS Measures Met MPL (2, 16) IEHP achieved sustained year-over-year gains in DHCS MCAS Measure Performance, reflecting its ongoing commitment to quality and outcomes **Managed Care Accountability Set (MCAS)** • **18 HEDIS measures** evaluated against the **50th percentile national benchmark.** • **2024 Performance**: • 16 of 18 measures met the MPL.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

- Shortfalls: Asthma Medication Ratio & Lead Screening in Children.
- **Impact**: Influences **sanctions, auto-assignment**, and **overall plan performance.**

Background – DHCS Quality Withhold Program

DHCS

Overview: DHCS implemented a new program in 2024 whereby **0.5% of IEHP's capitation rate was withheld** with an opportunity for IEHP to earn back dollars based on performance on key quality measures in MY 2024.

Structure: **9 MCAS and 2 CAHPS* measures were included.**
Earn back through two performance mechanisms:
- **Achievement Targets with maximum points for meeting 66th percentile performance.**
- **Improvement Targets with maximum points for meeting 25% gap closure performance.**

At Risk: **DHCS withheld $29.9 million** dollars from IEHP in 2024 capitation that can be earned back by achieving at least 80 points in Quality Withhold Program for MY 2024.

*CAHPS: Consumer Assessment of Healthcare Providers and Systems

BACKGROUND | MY24 Quality Results 25

DHCS Quality Withhold Program Results

DHCS

Measure	MY 2023 Final Rate	MY2024 Final Rate	Improvement Points	Achievement Points	Final Points
Controlling High Blood Pressure	67.55%	^ 71.86%	6.0	10.0	10.0
HbA1c Poor Control (>9)*	32.68%	— 32.36%	2.0	7.5	7.5
Postpartum care	81.72%	— 81.92%	0.0	10.0	10.0
Timeliness of Prenatal Care	86.74%	^ 88.85%	10.0	10.0	10.0
Child and Adolescent Well Care Visits	51.49%	^ 55.84%	10.0	10.0	10.0
Well Child Visits in the First 15 Months	59.95%	^ 60.77%	0.0	7.5	7.5
Well Child Visits for Ages 15-30 Months	67.15%	^ 70.83%	10.0	7.5	10.0
Childhood Immunization Status – Combination 10 (CIS-10)	22.99%	^ 28.47%	10.0	7.5	10.0
Immunizations for Adolescents – Combination 2	37.96%	— 38.88%	0.0	10.0	10.0
CAHPS Getting Care Quickly: Adult	NA	— 83.28%	0.0	2.5	0.0
CAHPS Getting Care Quickly: Child	81.68%	^ 82.83%	4.0	2.5	4.0
CAHPS Getting Needed Care: Adult	NA	— 78.87%	0.0	5.0	0.0
CAHPS Getting Needed Care: Child	81.84%	v 80.34%	0.0	2.5	2.5
Total Points Earned (≥80 Points = 100% of Withhold Earned)					88.37
% Withhold Earned					100% ($29.9 Million)

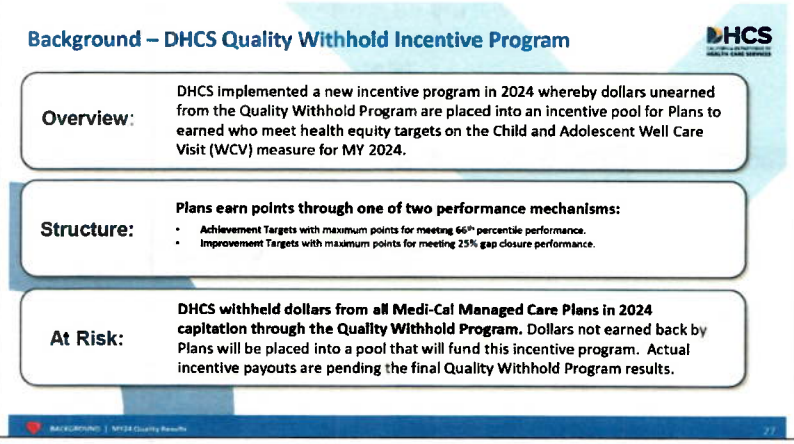
*lower rate indicates better performance

BACKGROUND | MY24 Quality Results 26

2. Quality Withhold Program (New in 2024)

- **0.5% capitation withheld** ($29.9M).

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

		• Measures: 9 HEDIS + 2 CAHPS.
		• **Earn-back Criteria**:
		  • **Achievement**: 66th percentile.
		  • **Improvement**: 25% gap closure.
		• **IEHP Outcome**:
		  • Earned **88.37 points** → expecting **100% of funds to be recovered.**
		 	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

DHCS Quality Withhold Incentive Program Results

DHCS

Measure	Sub Population	MY 2022 Rate	MY 2023 Rate	MY 2024 Final Rate	Gap Closure Target	66th Percentile Target	Points Earned
Child and Adolescent Well Care Visits	White	38.48%	41.77%	57.05%	45.15%	55.29%	10.0
Child and Adolescent Well Care Visits	Native American / Alaska Native	32.80%	38.95%	55.71%	43.04%	55.29%	10.0
Child and Adolescent Well Care Visits	IEHP Overall	46.78%	51.49%	55.84%			

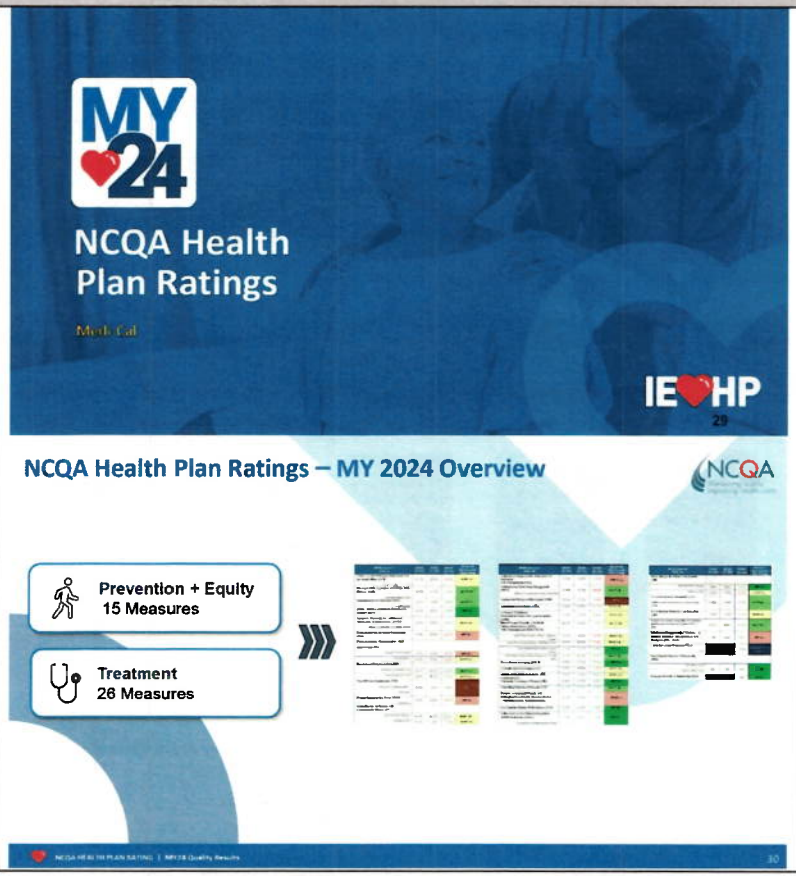
Impact:

IEHP achieved the highest possible score for both subpopulations in this program, securing the full financial award available.

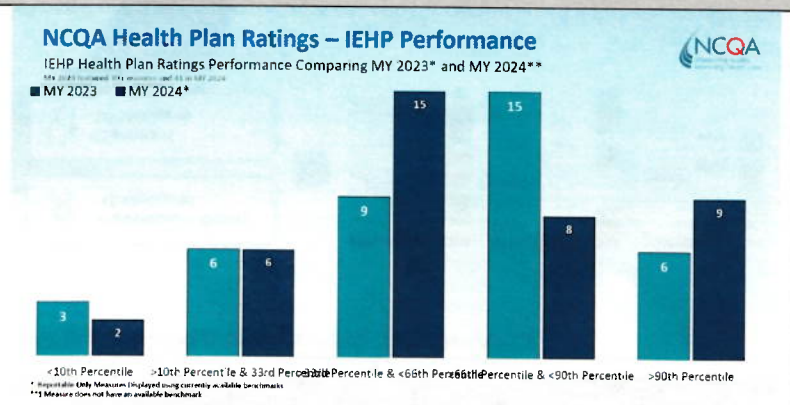
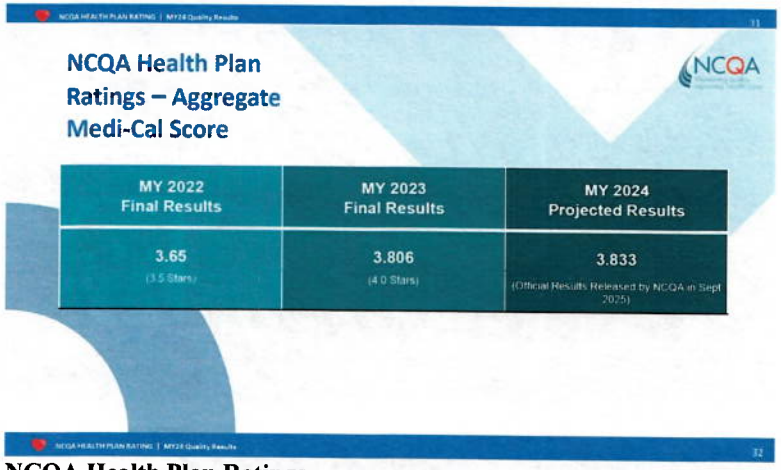
BACKGROUND | MY24 Quality Results 28

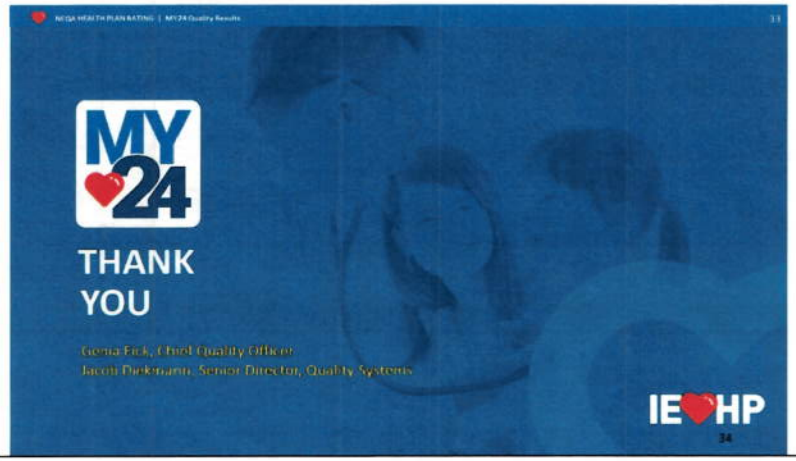
Quality Withhold Incentive Program (New in 2024)

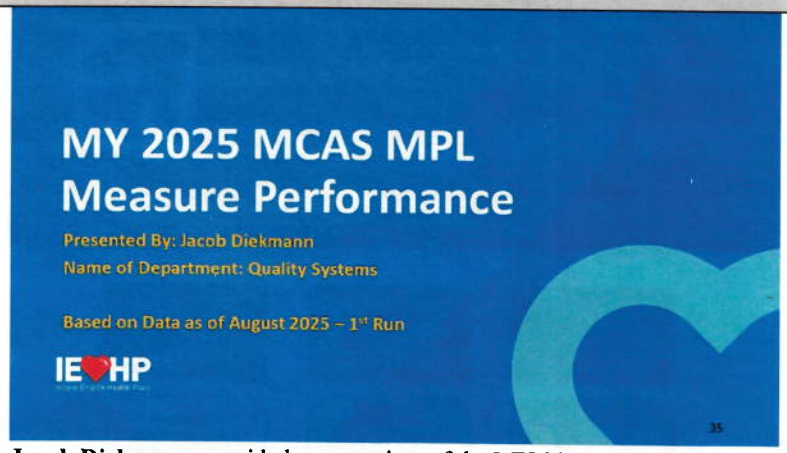
- Additional incentive pool for **Health Equity targets** (Child & Adolescent Well-Care Visits).
- **IEHP Outcome**:
  - Met all thresholds for **full compliance**.
  - Eligible for **maximum incentive**.
  - Awaiting state guidance on potential **additional earnings**.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
			

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	

		
		 
		NCQA Health Plan Ratings
		• Based on **HEDIS** and **CAHPS** performance.
		• Domains: **Prevention & Equity** (15 measures), **Treatment** (26 measures).
		• **2024 Highlights**:
		  • 9 measures reached the **90th percentile**.
		  • Continued upward trend in performance		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		• 2024 rating projected to be 3.833 at 4 stars using MY 2023 benchmarks. Final rating will be based on MY 2024 benchmarks that will be released publicly later in September.  	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
2. MCAS Measure set for 2025	Jacon Diekmann	 **Jacob Diekmann** provided an overview of the MY 2024 MCAS MPL Measure Performance. IEHP is tracking performance across 18 MCAS measures. With newly released benchmarks showing national improvement, 5 measures are currently clearing the updated MPL, down from 7 previously. **Behavioral Health** | Measure	MY 2024 Final Rate	MY 2024 YTD Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile***	Number Needed to Reach MPL	Rate Change %	MPL Met
---	---	---	---	---	---	---	---	---	---
Follow-Up After ED Visit for Substance Abuse - 30 Days	39.55%	35.66%	36.78%	1,636	4,450	36.18%	-26	1.19%	Yes
Follow-Up After ED Visit for Mental Illness - 30 Days	64.10%	48.41%	48.93%	1,858	3,797	53.82%	186	0.50%		 *** MPL will be updated in Sept 2025 **Activities:** • Included in Hospital P4P Program • Data completeness activities with both county Departments of Behavioral Health • Institute for Health Care Improvement-BH Collaborative 36 **Behavioral Health**	The QMHET Committee approved the MCAS Measure Set for 2024 as presented.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

		• **Follow-Up After ED Visit for Substance Use Disorder**: 36.76% (slightly below updated MPL)
		• **Follow-Up After ED Visit for Mental Illness**: 48.93% (near MPL)
		• **Support Strategies**:
		  • Hospital P4P program integration
		  • County partnerships for data completeness
		  • Participation in IHI Behavioral Health Collaborative	

Children's Health

Measure	MY 2024 Final Rate	MY 2024 YTD Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile***	Number Needed to Reach MPL	Rate Change %	MPL Met
Childhood Immunization Status: Combination 10	28.47%	18.40%	18.04%	3,455	19,154	27.49%	1,810	-0.42%	
Developmental Screening in the First Three Years of Life	61.54%	57.93%	62.52%	27,681	44,276	35.70%	11,874	4.59%	Yes
Immunizations for Adolescents: Combination 2	38.88%	35.63%	38.28%	10,263	26,811	34.30%	1,067	2.65%	Yes
Lead Screening in Children	58.95%	56.57%	64.89%	12,498	19,261	63.84%	202	8.32%	Yes
Topical Fluoride for Children: Dental or Oral Health Services	23.38%	1.03%	1.89%	16,814	509,482	19.00%	76,989	2.86%	
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits	70.83%	65.98%	70.32%	13,919	19,793	69.43%	177	4.39%	Yes
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits	60.77%	46.66%	41.25%	3,832	9,288	60.38%	1,777	-5.41%	
Child and Adolescent Well Care Visits	55.84%	30.80%	33.02%	160,407	485,859	51.81%	91,317	2.22%	

*** MPL will be updated in Sept 2025

Activities:

- Enhanced Member Incentive for Flu vaccine
- CIS-Combo 10 proactive outreach campaign for members only pending last flu vaccine
- IMA-Combo 2 proactive outreach campaign for members only pending last HPV vaccine
- Urgent Care + Wellness Incentive Program for Well Care Visits, Immunizations, and Fluoride (ages 3-21)
- Global Quality P4P Bonus Payment:
  - All antigens including Flu Vaccine ($18)
  - Lead Screening in Children ($25)
  - Topical Fluoride for Children ($25-1st application; $50-2nd application)
- Prospective chart review project for Well-Child Visits in the First 30 Months of Life
- Member Services WCV phone outreach campaign to Members 16-21 years of age
  - Assistance with appointment scheduling
- Member Texting Campaigns
- CIS-Combo 10 and W30 CHWs and Complex Children and Family Services Team Outreach and assistance with appointment scheduling
- Well child visit community events

37

Children's Health

- **Lead Screening**: Only hybrid measure
- **Combo 10 (Immunizations)**: Flat performance
- **Well-Child Visits (0–15 months)**: Declining trend
  - Potential causes: Newborn Gateway enrollment data issues, immigration-related care avoidance

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

Chronic Disease Management

Measure	MY 2024 Final Rate	MY 2024 YTD Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile***	Number Needed to Reach MPL	Rate Change %	MPL Met
Asthma Medication Ratio	62.57%	66.55%	70.43%	4,432	6,293	66.24%	264	3.88%	
Controlling High Blood Pressure	71.46%	50.34%	54.28%	45,140	46,456	64.48%	10,577	3.70%	
Hemoglobin A1c Poor Control (>9%)**	32.39%	47.17%	41.51%	26,094	86,961	33.33%	7,110	5.66%	

*** MPL will be updated in Sept 2025

Indicates hybrid measure

Activities:

- Global Quality P4P Program
- ECM Program clinical outcome measure alignment
- Pharmacy P4P Program
- AMR-Member outreach by a pharmacist and Provider Academic detailing
- Leveraging Member reported blood pressure readings captured in internal medical management systems
  - Pharmacy team has implemented standard work
  - BH/CM teams working on adopting pharmacy standard work
- Member Texting Campaigns

38

Chronic Disease Management

- **Asthma Medication Ratio (AMR)**: Strong improvement, supported by:
  - Incentive programs
  - Pharmacy academic detailing
  - Member texting campaigns
  - Note: AMR will be retired in MY2025
- **Controlling High Blood Pressure & A1c Poor Control**: Trending positively

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

Reproductive Health

Measure	MY 2024 Final Rate	MY 2024 YTD Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile***	Number Needed to Reach MPL	Rate Change %	MPL Met
Chlamydia Screening in Women	70.49%	60.52%	63.23%	20,126	31,832	55.95%	-2,316	2.71%	Yes
Postpartum Care	81.92%	70.32%	72.29%	10,126	14,007	80.23%	1,112	1.97%	
Timeliness of Prenatal Care	88.85%	82.87%	83.88%	11,749	14,007	84.55%	94	1.01%	

*** MPL will be updated in Sept 2025

Indicates hybrid measure

Activities:

- Global Quality P4P Program for Chlamydia Screening in Women
- Hospital Driven Appointment Scheduling Pilots
- Complex Children and Family Services Member outreach and assistance with appointment scheduling
- Post Delivery Texting Outreach
- OB P4P Program for Timely Prenatal and Postpartum Care
- Marketing / communications pieces for Members

39

Reproductive Health

- All three measures are improving
- **Chlamydia Screening**: Currently clearing MPL

Cancer Prevention

Measure	MY 2024 Final Rate	MY 2024 YTD Rate	MY 2025 Rate YTD*	MY 2025 Numerator To Date	MY 2025 Denominator To Date	MY 2025 MPL 50th Percentile***	Number Needed to Reach MPL	Rate Change %	MPL Met
Breast Cancer Screening	63.83%	57.18%	57.43%	43,204	78,714	52.68%	-3,737	0.27%	Yes
Cervical Cancer Screening	57.45%	46.13%	51.37%	156,459	304,500	57.18%	17,706	5.24%	

*** MPL will be updated in Sept 2025

Activities:

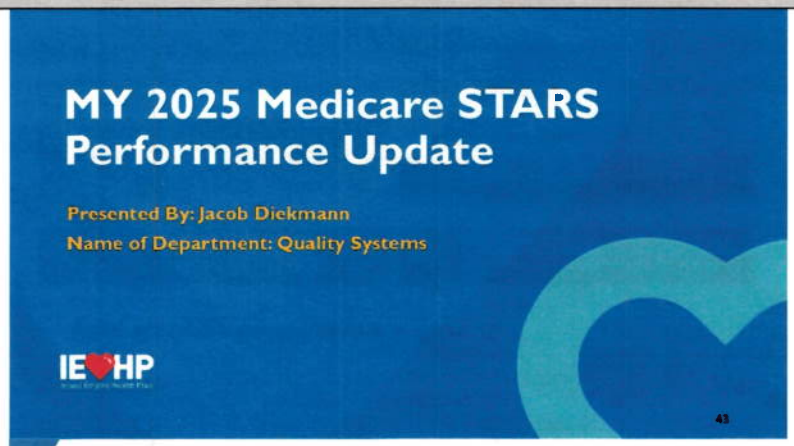
- Global Quality P4P Program
- Breast Cancer Screening
  - Mobile Mammography Screening Events
  - IEHP Standing Orders Program
- Proactive outreach campaign – Members previously compliant, now due for Pap/HPV test
  - Sharing proactive outreach list for highest volume providers
- Member Texting Campaigns

40

Cancer Prevention

- **Breast & Cervical Cancer Screening**: Strong improvement
- **Cervical Cancer Screening**:
  - Benchmark dropped from 57.18% to 52%

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		• Current performance expected to exceed MPL **MCAS MPL Performance Summary** • 18 MCAS MPL measures across 5 domains • For MY 2025, IEHP has tentatively achieved the MPL for 7 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 41 **Q&A** 42 **Dr. Matthew Fong** inquired about outreach on the at-risk Members who are not enrolled into the AMR measure. **Jacob Diekamnn** confirmed the measure focuses on the Members who are currently in the denominator and not Members who might be at risk. Additionally, the AMR measure will retire in 2026.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
3. MY 2025 Medicare Stars Performance Update	Jacob Diekmann	 **Jacob Diekmann** provided an overview of the MY 2025 Medicare STARS Performance Update. The projected overall Medicare STARS rating for Measurement Year 2025 is **2.5 stars** (rounded from 2.31), with **Part C** forecasted at **2.25 stars** and **Part D** at **2.75 stars**. This is the projected rating, not the final rating.	D	The QMHET Committee approved the 2024 Medicare Stars Performance Update as presented.

Category	Projected Rating
HEDIS	1.89
Administrative	3.45
CAHPS	2.31
HOS	2.18
Health Plan Quality Improvement	1.00

Category	Projected Rating
Administrative	4.00
CAHPS	3.00
Health Plan Quality Improvement	1.00
Pharmacy	2.77

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

STAR RATINGS DATA LEGEND:

Star Ratings by Measure – Part C

HEDIS			1.89
ID	Measure Name	Weight	Star Rating
C01	Breast Cancer Screening ●	1	3
C02	Colorectal Cancer Screening ●	1	2
C08	Care for Older Adults – Medication Review ●	1	1
C09	Care for Older Adults – Functional Status Assessment* ●	1	1
C10	Osteoporosis Management in Women who had a Fracture ●	1	3
C11	Diabetes Care – Eye Exam ●	1	2
C12	Diabetes Care – Blood Sugar Controlled ●	3	2
C13	Kidney Health Evaluation for Patients with Diabetes ^●	1	1
C14	Controlling Blood Pressure ●	3	1
C18	Plan All-Cause Readmissions ●	3	3
C19	Statin Therapy for Patients with Cardiovascular Disease ●	1	1
C20	Transition of Care ●	1	1
C21	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions ●	1	3

HOS			2.18
ID	Measure Name	Weight	Star Rating
C04	Improving or Maintaining Physical Health ^●	3	1
C05	Improving or Maintaining Mental Health^●	3	1
C06	Monitoring Physical Activity ●	3	4
C15	Reducing the Risk of Falling ●	1	5
C16	Improving Bladder Control ●	1	1

CAHPS			2.31
ID	Measure Name	Weight	Star Rating
C03	Annual Flu Vaccine ●	1	2
C22	Getting Needed Care ●	2	2
C23	Getting Appointments and Care Quickly ●	2	3
C24	Customer Service ●	2	3
C25	Rating of Health Care Quality ●	2	2
C26	Rating of Health Plan ●	2	5
C27	Care Coordination ●	2	1

Health Plan Quality Improvement			1.00
ID	Measure Name	Weight	Star Rating
C30	Health Plan Quality Improvement ●	5	1

Administrative			3.45
ID	Measure Name	Weight	Star Rating
C07	Special Needs Plan (SNP) Care Management ●	1	2
C28	Complaints about the Health Plan ●	1	4
C29	Members Choosing to Leave the Plan ●	1	5
C31	Plan Makes Timely Decisions about Appeals ●	1	3
C32	Reviewing Appeals Decisions ●	2	3
C33	Call Center – Foreign Language Interpreter and TTY Availability ●	2	4

** New Measure Added in MY2024*
^New Measure Added in MY2025

45

STAR RATINGS DATA LEGEND:

Star Ratings by Measure – Part D

Administrative			4.00
ID	Measure Name	Weight	Star Rating
D01	Call Center – Foreign Language Interpreter and TTY Availability ●	2	3
D02	Complaints about the Drug Plan ●	2	4
D03	Members Choosing to Leave the Plan ●	2	5

CAHPS			3.00
ID	Measure Name	Weight	Star Rating
D05	Rating of Drug Plan ●	2	4
D06	Getting Needed Prescription Drugs ●	2	2

Health Plan Quality Improvement			1.00
ID	Measure Name	Weight	Star Rating
D04	Drug Plan Quality Improvement ●	5	1

Pharmacy			2.77
ID	Measure Name	Weight	Star Rating
D07	MPF Price Accuracy ●	1	5
D08	Medication Adherence for Diabetes Medications ●	3	3
D09	Medication Adherence for Hypertension (RAS antagonists) ●	3	3
D10	Medication Adherence for Cholesterol (Statins) ●	3	3
D11	Statin Use in Persons with Diabetes (SUPD) ●	1	2
D12	Concurrent Use of Opioids & Benzodiazepines (COB)* ●	1	3
D13	Poly-Pharmacy Use of Multi-Anticholinergics(Poly-ACH)* ●	1	1

** - New Measure Added in MY2025*

46

Key Highlights

- **Part C**: HEDIS performance is currently 1.89; administrative measures are stronger at 3.45. CAHPS, HOS, and quality improvement scores are estimated based on prior year data.
- **Part D**: Strong administrative (4 stars) and pharmacy metrics (2.77), with ongoing efforts to improve adherence and Member experience

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

Star Ratings by Measure – Part C

STAR RATINGS DATA LEGEND:

HEDIS

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
C01	Breast Cancer Screening ●	5	4	3
C02	Colorectal Cancer Screening ●	3	3	2
C08	Care for Older Adults – Medication Review ●	3	3	1
~~C07~~	~~Care for Older Adults – Pain Assessment ●~~	3	3	
C09	Care for Older Adults – Functional Status Assessment* ●		New for MY25	1*
C10	Osteoporosis Management in Women who had a Fracture ●	2	3	3
C11	Diabetes Care – Eye Exam ●	4	4	2
C12	Diabetes Care – Blood Sugar Controlled ●	3	3	2
C13	Kidney Health Evaluation for Patients with Diabetes *●	New for MY24	1	1
C14	Controlling Blood Pressure ●	2	2	2
~~C16~~	~~Medication Reconciliation Post-Discharge ●~~	3	4	
C18	Plan All-Cause Readmissions ●	3	3	3
C19	Statin Therapy for Patients with Cardiovascular Disease ●	2	3	1
C20	Transitions of Care ●	2	2	1
C21	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions ●	2	2	3

HOS

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
C04	Improving or Maintaining Physical Health* ●	New for MY24	1	1
C05	Improving or Maintaining Mental Health* ●	New for MY24	1	1
C06	Monitoring Physical Activity ●	Not Fielded	4	4
C15	Reducing the Risk of Falling ●	Not Fielded	5	5
C16	Improving Bladder Control ●	Not Fielded	1	1

CAHPS

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
C03	Annual Flu Vaccine ●	3	1	1
C22	Getting Needed Care ●	5	1	1
C23	Getting Appointments and Care Quickly ●	2	1	1
C24	Customer Service ●	4	3	3
C25	Rating of Health Care Quality ●	5	1	1
C26	Rating of Health Plan ●	4	5	5
C27	Care Coordination ●	2	1	1

Health Plan Quality Improvement

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
C30	Health Plan Quality Improvement ●	5	1	1

Administrative

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
C05	Special Needs Plan (SNP) Care Management ●	3	2	2
C28	Complaints about the Health Plan ●	4	4	5
C29	Members Choosing to Leave the Plan ●	5	4	5
C31	Plan Makes Timely Decisions about Appeals ●	4	4	3
C32	Reviewing Appeals Decisions ●	3	3	3
C33	Call Center – Foreign Language Interpreter and TTY Availability ●	3	4	3

** New Measure Added in MY2024*
**New Measure Added in MY2025*

47

Star Ratings by Measure – Part D

STAR RATINGS DATA LEGEND:

Administrative

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
D01	Call Center – Foreign Language Interpreter and TTY Availability ●	3	4	3
D02	Complaints about the Drug Plan ●	4	4	5
D03	Members Choosing to Leave the Plan ●	5	4	5

CAHPS

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
D05	Rating of Drug Plan ●	4	5	5
D06	Getting Needed Prescription Drugs ●	2	2	1

Health Plan Quality Improvement

ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
D04	Drug Plan Quality Improvement ●	5	1	1

Pharmacy

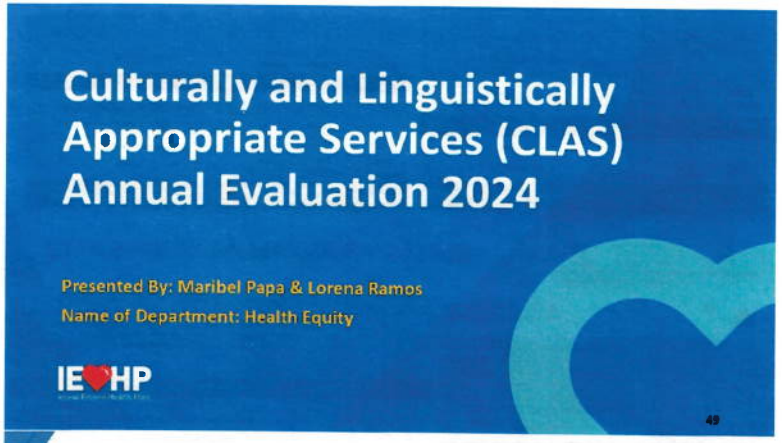
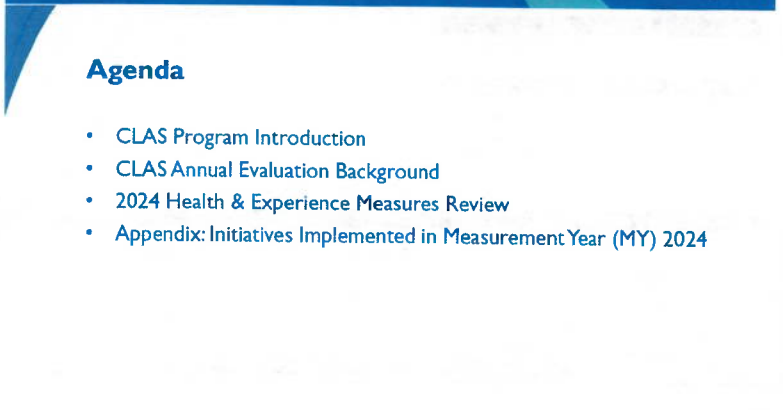
ID	Measure Name	MY2023 Star	MY2024 Star	MY2025 Star
D07	MPF Price Accuracy ●	1	3	3
D08	Medication Adherence for Diabetes Medications ●	2	2	3
D09	Medication Adherence for Hypertension (RAS antagonists) ●	2	2	3
D10	Medication Adherence for Cholesterol (Statins) ●	2	2	3
D11	~~MTM Program Completion Rate for CMR ●~~	2	1	
D11	Statin Use in Persons with Diabetes (SUPD) ●	3	4	2
D12	Concurrent Use of Opioids & Benzodiazepines (COB)* ●		New for MY25	1*
D13	Poly-Pharmacy Use of Multi-Anticholinergic(Poly-ACH)* ●		New for MY25	1*

** New Measure Added in MY2025*

48

Conclusion

The organization is actively implementing targeted interventions across all domains to improve its Medicare STAR rating. While current projections indicate a 2.5-star performance, ongoing initiatives—particularly in care management, pharmacy adherence, and Member engagement—are

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		expected to drive measurable improvements in the coming months.		
4. 2024 CLAS Annual Evaluation	Maribel Papa	  **Maribel Papa** provided an overview of the 2024 CLAS Annual Evaluation.		The QMHET Committee approved the Health Equity Implementation Plan SOGIE (Update) as presented.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		IEHP's CLAS program ensures equitable, culturally and linguistically appropriate care for all Members. The annual evaluation measures progress and compliance with NCQA and DHCS standards. **CLAS Program Introduction** • 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. • We evaluate this program on a yearly basis to measure progress towards our goals. 51 **Evaluation of 2024 Health Outcome Goals** 53	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

Each year we set new CLAS goals using various sources such as member surveys and health information.*

In 2024, the Health Outcome Goals were to:

- Increase Breast Cancer Screenings in Mandarin speaking Members
- Improve blood pressure control among Black and African American Members
- Increase American Indian and Alaskan Native Members in getting their Well-Care Visits
- Increase Black and African American Members in getting their Well-Child Visits in the first 30 months of life

* Healthcare Effectiveness Data and Information Set (HEDIS)

54

2024 Health Outcome Results

Goal	Starting Point	Outcome
Increase Black and African American Members in getting their Well-Child Visits in the First 30 months of life	Rate was 12.5% lower than the Plan rate	The gap closed from 12.5% to 7.2% Goal was MET
Improve blood pressure control among Black and African American Members	Rate was 7.1% lower than the Plan rate	The gap closed from 7.1% to 6.1% Goal was MET
Increase American Indian and Alaskan Native Members in getting their Well Care Visits	Rate was 12.7% lower than the Plan rate	The gap closed from 12.7% to 0.1% Goal was MET
Increase Breast Cancer Screenings in Mandarin speaking Members	Rate was 1.46% lower than the Plan rate	The gap increased from 1.46% to 6.45% Goal was NOT MET

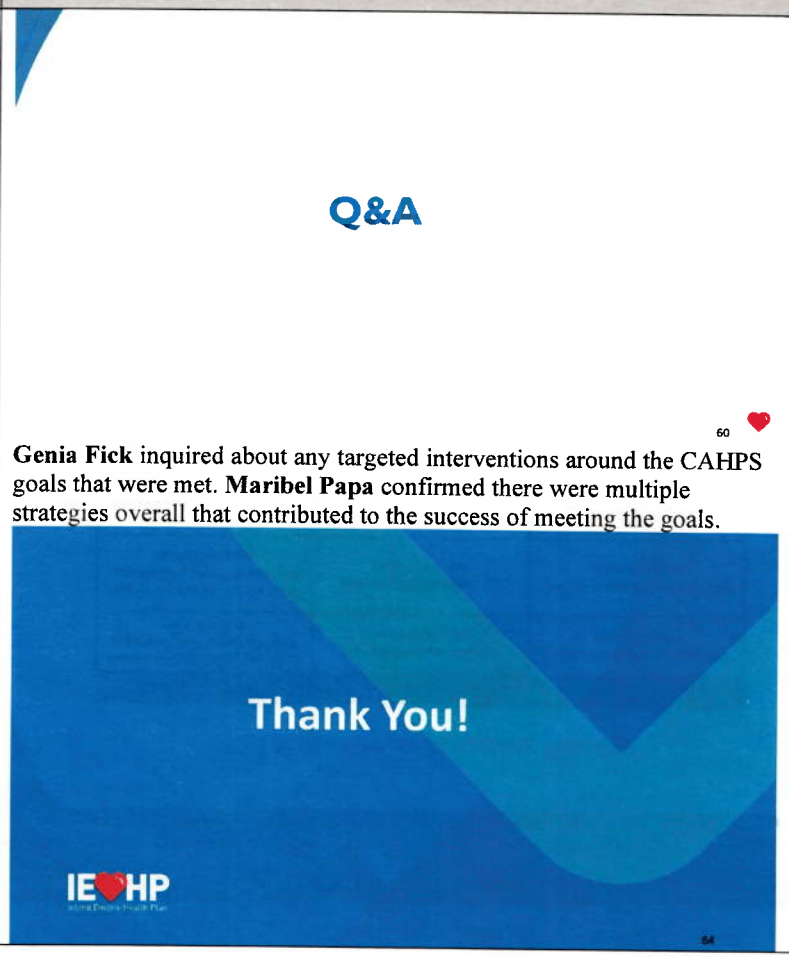
55

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		2024 Health Outcomes Barriers **Goal #4:** Increase Breast Cancer Screening in Mandarin peaking Members. • Significant logistical barriers: ○ Conflicting work schedules for Members ○ Unanswered calls from Members and transportation difficulties, often lead to missed appointments thereby hindering efforts to improve this rate ○ Language and engagement were difficult to maintain throughout the screening and appointment scheduling process • Particularly in the Mandarin speaking Members 56 **Key 2024 Health Outcome Goals** • **Met**: • Blood pressure control (Black/African American Members) • WellCare visits (American Indian/Alaska Native Members) • Well-child visits (Black/African American Members) • **Not Met**: • Breast cancer screening (Mandarin-speaking Members) ○ Barriers: work schedules, missed calls, transportation, language issues	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Evaluation of 2024 Experience Measure Goals 57 **Through Member surveys*, in 2024, the Member Experience goals were to:** Reduce the gap among the White population for "Rating of Health Plan" measure Reduce the gap among the White population for the "Getting Care Quickly" measure Improve Member experience with language services among Spanish speaking Members *Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey 58	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

		2024 Experience Measure Results
		
		Goal: Reduce the gap among the White population for "Rating of Health Plan" measure — Starting Point: Rate was 5% lower than the overall plan rate — Outcome: The gap closed from 5% to 3.4% Goal was MET
		Goal: Reduce the gap among the White population for the "Getting Care Quickly" measure — Starting Point: Rate was 6% lower than the overall plan rate — Outcome: The gap closed from 6% to 2.4% Goal was MET
		Goal: Improve Member experience with language services among Spanish speaking Members — Starting Point: Facility Site Reviews presented an opportunity to increase number of qualified interpreters at IEHP contracted Provider sites — Outcome: • 8 new Provider offices now have qualified medical Interpreters within their office sites • Low passing rate of 33%
		59
		
		Member Experience Goals
		• **All goals met**, including:
		  • Improved plan ratings and access (White population)
		  • Better language service experience (Spanish-speaking members)
		
		Key Initiative:
		• **PMI Pilot (Provider Medical Interpretation):**
		  ○ This resulted in 8 new Provider offices with on-site interpreters.
		  ○ Achieved a 33% passing rate for interpreter qualification.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		 **Genia Fick** inquired about any targeted interventions around the CAHPS goals that were met. **Maribel Papa** confirmed there were multiple strategies overall that contributed to the success of meeting the goals.	
5. Medi-Cal Managed Care External Quality Review Technical Report – IEHP Response	Tara Tokijkla		The QMHET Committee approved the 2024 QM Annual

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		 Background • Annually, the California Department of Healthcare Services (DHCS) conducts external quality reviews (EQRs) to assess the quality, timeliness, and access to healthcare services provided by managed care organizations (MCOs). • IEHP must review and address the EQR recommendations each year. 66 **Tara Tokijkla** provided an overview of the Medi-Cal Managed Care External Quality Review. IEHP submitted its formal response to the DHCS in August 2025, following the 2023 External Quality Review. The review assessed the quality, timeliness, and access to care provided by Managed Care	Evaluation as presented.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Organizations. IEHP was required to address three measures that fell below the Minimum Performance Level (MPL).	

2023-2024 External Quality Review Recommendations

For measures performing below the minimum performance level (MPL) in measurement year 2023, IEHP was required to identify low performance contributing factors and implement quality improvement strategies.

The following slides are the quality improvement activities conducted between **July 1, 2024, and June 30, 2025**, to address IEHP's 2023 measurement year performance in the following measures:

- **Asthma Medication Ratio (AMR)**
- **Childhood Immunization Status Combination 10 (CIS-10)**
- **Lead Screening in Children (LSC)**

67

Asthma Medication Ratio (AMR)

Factors Impacting Performance	Planned Strategies
1. High Use of Rescue Inhalers	**(Provider):** Virtual Academic Detailing sessions with Providers, including patient level rosters. **(Provider):** Starting **July 2025,** released a new Provider Pay for Performance incentive tied to each conversion of prescriptions to 100-day fills. **(Provider):** Starting **July 2025** enhanced Provider Rosters to include asthma reliver, controller, total and ratio information for all their Members.

68

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

Childhood Immunization Status (CIS-10)

Factors Impacting Performance	Planned Strategies
1. Delayed Enrollment of Newborns	**(Member): Member outreach post delivery including** Medi-Cal coverage, pediatrician selection, and after-care appointments for both the mother and the child.
	(Member): Member booklet including important "To-Do's" and instructions on how to enroll Baby into Medi-Cal, select a pediatrician and when to complete well-baby visits/immunizations.
	(Member): Member-facing teams ask parents if their child has received their flu-shot and provide appointment assistance for completion, as necessary.
2. Low Flu Vaccine Completion	**(Member):** Starting **August 2025,** IEHP revised Member incentive. Now sending reminders to parents of children who reach six months of age. Completing the first flu dose will result in an incentive reward, completing the second dose will result in an additional incentive reward.

69

Lead Screening in Children (LSC)

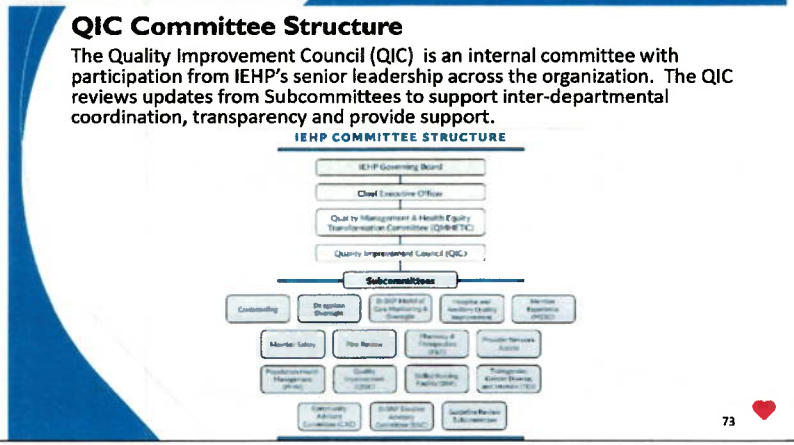
Factors Impacting Performance	Planned Strategies
1. Blood Lead Screening completed after 2nd birthday	**(Provider):** IEHP continued to offer quality bonus payments to Providers for completing a blood lead service screening in office for children up to two years of age.
2. Missed Opportunity During Well Child Visits	**(Provider):** IEHP Provider Education now encourages clinicians to conduct a lead capillary test during an office visit in lieu of referring Members to a laboratory for a venous blood test.

70

Key Finding Measures

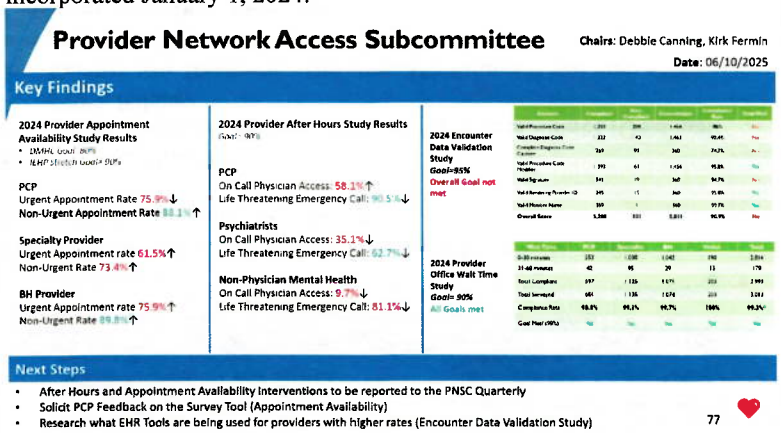
- **Asthma Medication Ratio (AMR):**
  High rescue inhaler use. Addressed through Provider education, new pharmacy incentives, and early intervention strategies.
- **Childhood Immunization Status (CIS – Combo 10):**
  Low flu vaccine uptake and delayed enrollment impacted rates.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Interventions included Member outreach, revised incentives, and improved timing of flu campaigns. • **Lead Screening in Children:** Many screenings occurred after age 2 or were missed during well-child visits. Continued provider bonuses and in-office testing encouraged. Q&A 71 **Jessica Miller** inquired if there is a correlation between when the flu vaccine is offered and when the Member is eligible for it. **Tara Tokijkla** confirmed that has not been looked into because the Member can get both doses at any time from 6 months old up until their 2nd birthday. **Dr. Matthew Fong** provided input from his office. The office found a correlation during the beginning of the flu season there is an uptake in the flu vaccine and then it starts to drop for the rest of the year. Babies born during the flu season are getting the vaccine more than babies born in other months. **Genia Fick** asked Dr. Matthew Fong to provide any insights on how IEHP can continue to encourage Members to receive the flu vaccine during the non-flu season. **Dr. Matthew Fong** informed the committee, making sure the flu vaccine supply is available earlier in PCP offices. Additionally,	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		making it known to the Members they can and should receive a flu shot during the non-flu season.	
6. Quality Improvement Council Executive Summary	Genia Fick & Subcommittee Chairs		The QMHET Committee accepted the Quality Improvement Council Executive Summary as presented.

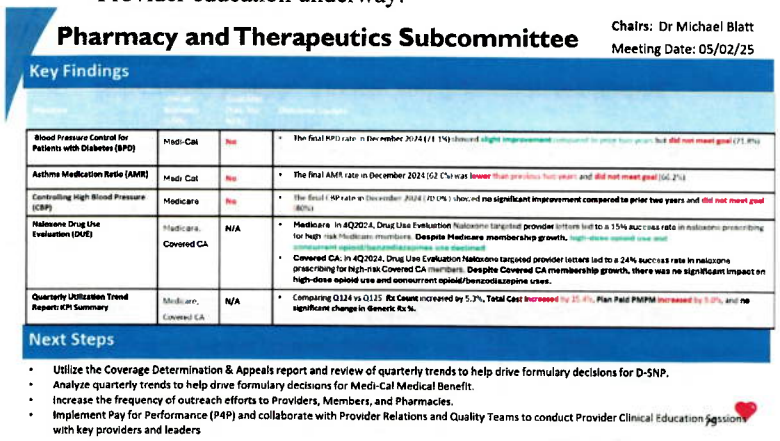
AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		QIC Update Since our last update, QIC has met **three times** with the following updates from subcommittees: QIC Meeting June 11th, 2025: Ambulatory Provider QIT Advisory (4/2/2025); Member Experience (MESC) (5/15/2025); Population Health Management (PHM) (4/24/2025, 5/22/2025); Community Advisory Committee (3/27/2025); Transgender, Gender Diverse, and Intersex (TGI) (4/16/2025) QIC Meeting July 10, 2025: Quality Improvement (QISC) (3/20/2025, 5/15/2025); Ambulatory Provider QIT Advisory Subcommittee (6/4/2025); Provider Network Access (PNA) (6/10/2025); Pharmacy and Therapeutics (P&T) (5/2/2025); Utilization Management (UMSC) (5/14/2025) QIC Meeting August 14, 2025: Member Safety Subcommittee (01/14/25, 02/12/25, 03/13/25, 04/22/25); Delegation Oversight (04/28/25, 05/30/25, 06/30/25); Community Advisory Subcommittee (06/26/25) 74 **Genia Fick** provided an overview of the Quality Improvement Council executive summary. Subcommittee Updates 75	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Member Safety Subcommittee Chairs: Rimon Bengiamin, MD, Dulce Fernandez, RN Meeting Dates: (01/14/25, 02/12/25, 03/13/25, 04/22/25) **Key Findings** **Q4 2024 Medical Record Reviews (MRR) Report** • 99 records reviewed; 81% compliance rate • Goal of <20% failure rate Met **Q4 2024 Facility Site Reviews (FSR) Report** • 100 FSRs; 97% compliance rate • Goal of <5% failure rate Met **Q4 2024 PQI Cases:** 95% of PQI cases closed timely within 120 days • PQI By Member Level: 4% are M4 (substantiated with serious member harm) • PQI By practitioner level: 1.5% are Level P3 (majority of practitioners would have managed case differently) • PQI by Healthcare System Level: 7% are Level S3 (org played sole role in harm to member) **CY 2024 FSR Annual Report** • 384 FSRs; 96% compliance rate • All sections scored 88% or higher **CY 2024 MRR Annual Report** • 374 MRRs; 79% compliance rate • Adult Preventive section score 72.64% ○ Lowest compliance rate in "Adult immunizations (23.01%) and Folic Acid supplementation (28.38%) **CY 2024 PQI Annual Report** • 73% total cases closed within 120 days ○ Member Level (M4): 17 cases in 2023 and 39 cases in 2024 ○ PQI By practitioner level (P3): 3 cases in 2023 and 14 cases in 2024. ○ PQI by Healthcare System Level (S3): 21 cases in 2023 and 86 cases in 2024. **Next Steps** • Provide actionable data on PQI and display if trend is found (Looking for patterns in timeliness and member leveling) • MSS New Cases discussed with various action items reviewed and discussed. • Provider Experience Team to follow-up on additional interventions to ensure that new onboarded Providers are shown expectations to pass the FSR, MRR, & access standards. 76 **Dulce Fernandez** Provided an overview of the Member Safety Subcommittee meetings key findings **Quarter 4 Highlights** • **Medical Record Reviews:** 99 sites, **81% compliance** (Goal met: ≤20% failure) • **Facility Site Reviews:** ~100 sites, **3% failure** (Goal met: ≤5%) • **PQI Timeliness: 95% compliance** (Goal met: ≥95%) **Calendar Year 2024 Summary** • **Facility Site Reviews:** 384 sites, **4% failure** (Goal met) • **Medical Record Reviews:** 374 sites, **21% failure** (Missed goal by 1%) ○ **Lowest Scores:** Adult Immunizations (23%), Folic Acid (28%) ○ **Action:** Workgroup launched to improve documentation and assessments **PQI Annual Trends** • **Timeliness:** 73% (Below goal due to case volume/complexity) • **Serious Harm (M4):** 39 cases (↑129%) • **Practitioner/System-Leveling:** Significant increases due to new 2024 framework	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		Genia Fick inquired when the different leveling's were incorporated into the report. **Dulce Fernandez** confirmed the Member leveling changed in March 2023. And the Practitioner and Healthcare System leveling was incorporated January 1, 2024.  **Provider Network Access Subcommittee** **Chairs:** Debbie Canning, Kirk Fermin **Date:** 06/10/2025 **Key Findings** **2024 Provider Appointment Availability Study Results** • DMHC Goal: 80% • IEHP Stretch Goal: 90% **PCP** Urgent Appointment Rate 75.9%↓ **Non-Urgent Appointment Rate** 88.1%↑ **Specialty Provider** Urgent Appointment rate 61.5%↑ Non-Urgent Rate 73.4%↑ **BH Provider** Urgent Appointment rate 75.9%↑ Non-Urgent Rate 89.8%↑ **2024 Provider After Hours Study Results** Goal: 90% **PCP** On Call Physician Access: 58.1%↑ Life Threatening Emergency Call: 90.5%↓ **Psychiatrists** On Call Physician Access: 35.1%↓ Life Threatening Emergency Call: 62.7%↓ **Non-Physician Mental Health** On Call Physician Access: 9.7%↓ Life Threatening Emergency Call: 81.1%↓ **2024 Encounter Data Validation Study** ***Goal=95%*** **Overall Goal not met** **2024 Provider Office Wait Time Study** ***Goal= 90%*** **All Goals met** **Next Steps** • After Hours and Appointment Availability Interventions to be reported to the PNSC Quarterly • Solicit PCP Feedback on the Survey Tool (Appointment Availability) • Research what EHR Tools are being used for providers with higher rates (Encounter Data Validation Study) 77 **Debbie Canning** provided an overview of the Provider Network Access Subcommittee meetings key findings. • **Appointment Availability**: 7 of 8 metrics are improving; 2 are meeting goals. Positive trend following PSTF interventions. • **After-Hours Access**: Declining performance. Quarterly intervention reviews to begin. • **Encounter Data Validation**: At ~90% (goal: 95%). EMR-based analysis planned; sample size increased for consistency. • **Office Wait Times**: Goals met across all provider types. • **Emergency Protocols**: Some gaps in 911 messaging for behavioral health. Training and protocol updates underway **Genia Fick** inquired if there was any additional area of focus for the Encounter Data Validation study. **Debbie Canning** confirmed the team has increased the sample size and is also using charts that IEHP has already in house. This is to alleviate any additional administrative burden on the Providers.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Chairs: Genia Fick, Halima Bascus McRoy Meeting Dates: (04/24/25, 05/22/25) **Population Health Management Subcommittee** Key Findings **2024 PHM Population Assessment** • **Top Diagnoses**: Hypertension, Hyperlipidemia, and Obesity • **Top SDOH Diagnoses**: Low Income, Food insecurity, Homelessness, Acculturation difficulty • **Top BH Diagnoses**: Anxiety and Depression • **Identified Persistent Health Disparities:** White subpopulation: Cancer screening, Prenatal and Postpartum care, WCV Black subpopulation: CBP, Prenatal and Postpartum Care, All pediatric Measures Hispanic subpopulation: Hemoglobin A1C **2024 PHM Strategy Effectiveness Study** 1. **ECM Program**: Success in measures related to Blood pressure control, Depression response rates, Transition of Care Measure, and Member Experience questions. Depression documentation goal not met 2. **Community Supports**: Success (overall decrease) of ED visits and hospital admissions decreased in members who utilized the housing services 3. **My Path**: Success (overall decrease) of ED visits, hospital admissions, and Member costs post program enrollment. 4. **CCM Program**: CCM Member readmissions and ED visits did not meet the reduction goal; PCP visits showed favorable improvement **Q4 2024 IHA Report** • <18 months of age **58.96%** • 18 months and up **42.26%** • Equal 75th percentile (79%) • *Intervention: PRMs have ongoing discussions and educational sessions with new and existing Provider offices on IHA rosters and office performance* **ECM Program Evaluation (MY 2022-2023)** • From MY 2022 to MY 2023, ECM Members improved across 10 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 PDFU after 7 days were also noted Next Steps **ECM Depression documentation rate**: Outreach to the ECM teams by the Practice Coaches to share tools and best practices for Member engagement, Webinars to focus on PHQ9 documentation requirements **CCM Member Readmissions rate and ED visit rate:** Provider education with primary care locations with low performing Post Discharge Follow-Up (PDFU) rates 78 **Key Highlights** • **Top Diagnoses**: Hypertension, hyperlipidemia, and obesity remain most common. • **SDOH Trends**: Low income, food insecurity, homelessness, and acculturation difficulty. • **Behavioral Health**: Anxiety and depression are leading diagnoses. **Health Disparities** Persistent gaps identified: • **White Members**: Cancer screening, prenatal/postpartum care, well-child visits. • **Black Members**: Blood pressure control, prenatal/postpartum care, pediatric measures. • **Hispanic Members**: HbA1c control. **Program Performance** • **ECM**: Met goals in key areas; opportunity in depression follow-up documentation. • **Community Supports & MyPath**: Reduced ED visits, hospitalizations, and costs. • **Complex Case Management**: Mixed results; PCP visits up, but readmission goals unmet.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION

		Initial Health Appointments
		• Continues to underperform.
		• Target: 79% of new Members seen within required timeframes.
		• Provider education underway.
		 
		Pharmacy and Therapeutics Subcommittee
		Chairs: Dr Michael Blatt
		Meeting Date: 05/02/25
		Key Findings
		Blood Pressure Control for Patients with Diabetes (BPD) — Medi-Cal — No — The final BPD rate in December 2024 (71.1%) showed slight improvement compared to prior two years but did not meet goal (71.8%)
		Asthma Medication Ratio (AMR) — Medi Cal — No — The final AMR rate in December 2024 (62.0%) was lower than previous two years and did not meet goal (66.2%)
		Controlling High Blood Pressure (CBP) — Medicare — No — 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 (DUE) — Medicare, Covered CA — N/A — Medicare: In 4Q2024, Drug Use Evaluation Naloxone targeted provider letters led to a 15% success rate in naloxone prescribing for high-risk Medicare members. Despite Medicare membership growth, high-dose opioid use and concurrent opioid/benzodiazepine use declined. Covered CA: In 4Q2024, Drug Use Evaluation Naloxone targeted provider letters led to a 24% success rate in naloxone prescribing for high-risk Covered CA members. Despite Covered CA membership growth, there was no significant impact on high-dose opioid use and concurrent opioid/benzodiazepine uses.
		Quarterly Utilization Trend Report: KPI Summary — Medicare, Covered CA — N/A — Comparing Q124 vs Q125: Rx Count increased by 5.3%, Total Cost increased by 15.4%, Plan Paid PMPM increased by 9.0%, and no significant change in Generic Rx %.
		Next Steps
		• Utilize the Coverage Determination & Appeals report and review of quarterly trends to help drive formulary decisions for D-SNP.
		• Analyze quarterly trends to help drive formulary decisions for Medi-Cal Medical Benefit.
		• Increase the frequency of outreach efforts to Providers, Members, and Pharmacies.
		• Implement Pay for Performance (P4P) and collaborate with Provider Relations and Quality Teams to conduct Provider Clinical Education Sessions with key providers and leaders
		
		Key Quality Measure Updates
		• **Blood Pressure & AMR:** No improvement; AMR declined vs. prior years.
		• **Naloxone Prescribing:**
		  • **Medicare:** +15%
		  • **Covered CA (High Risk):** +24%
		• **Opioid & Benzo Concurrent Use:**
		  • Some improvement; minimal change (Covered CA).
		Cost & Utilization
		• **Drug Costs:** ↑ 15.4%
		• **Plan Paid PMPM:** ↑ 9%
		• **Generic Mix:** Unchanged; improvement opportunity.
		Next Steps
		• Increase provider/member outreach
		• Launch pay-for-performance
		• Expand clinical education efforts	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Quality Improvement Subcommittee Chairs: Tara Tokijkia, Andrea Belli Meeting Dates:03/20/25, 05/15/25 **Key Findings** **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%) **Insights:** • Providers who opted into standing orders program demonstrated **higher average GQP4P score** compared to those who did not opt in. • **Significant positive impact** on the overall HEDIS measure administrative rates. **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%) **Insights:** • Flu &Rotavirus Incentive: Majority of Members missing Flu vaccine component. • IMA HPV Incentive: Most Members were missing the 2nd HPV dose. **Next Steps** • Standing Orders Program: Enhance member communication; increase engagement with Providers and IPAs. • Member Incentive Child CIS FLU &Rota and IMA-HPV: Revise Incentive Program to target members at mailing ages that are more effective. 80 **Standing Orders Effectiveness (2023 Program Review)** This study evaluated the impact of our provider opt-in standing orders program, which enables proactive outreach to Members for preventive care services ordered by their Providers. • **Provider Opt-In** increased by **5%** over the prior year. • **Higher engagement** is seen in **A1C testing** and **breast cancer screening**. • **Lower completion** for **colorectal cancer screening** and **kidney labs.** • Providers who opted in had better GQP4P scores and contributed to stronger HEDIS performance. **Member Incentive Study – Child Measures** This study evaluated the impact of our Provider opt-in standing orders program, which enables proactive outreach to Members for preventive care services ordered by their Providers. • **Flu dosing (0–2 yrs)** and well-child visits (16–21 yrs) improved. • **Younger well-child visits** showed gains but fell short of **5% goal.** • **Flu dose** often missed in flu/rotavirus combo. • **HPV series**: Most received first dose, but second dose completion lagged.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Program Updates • Flu/rotavirus incentive now **flu-only**, starting at **6 months**. • HPV outreach revised to **boost second dose completion**. **Community Advisory Committee** Chair: Gabriel Uribe Meeting Dates: 03/27/25, 06/26/25 **Key Findings** Topic: Community Wellness Centers Feedback from the CAC Members: Offer creative art classes for youth; Partner with community groups in Blythe for wellness programs; Include social wellness opportunities for people with disabilities. IEHP Response: 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* Topic: Transportation Services Feedback from the CAC Members: Streamline bus pass criteria; Provide training for transportation vendors on ADA. IEHP Response: 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. Topic: Access to Care: Virtual Care & Telehealth Feedback from the CAC Members: 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 option for live person when AI features are used in virtual care; Explore resources available in rural areas for internet access; Follow up with response about providing access to DME within Telehealth services IEHP Response: Pending IEHP Response Topic: RIV county Community Health Assessment & Community Health Improvement Plan Feedback from the CAC Members: Consider using TV/Radio to share data and request feedback; Include the re-entry population in gathering feedback IEHP Response: Pending IEHP Response **Next Steps** Continue interdepartmental feedback loop on all action items. Continue to engage Members through various CAC Topics 81 The CAC continues its structured feedback cycle, reviewing community input and providing responses. Two items have been addressed with responses delivered; two remain under review and will be discussed in the upcoming Q3 meeting. **Key Updates** **1. Community Wellness Centers (CWCs) – Rural Outreach** • Community requests to expand programming in **Blythe** and other rural areas. • CWCs are exploring partnerships with **Boys & Girls Club** and **High Desert Children** to deliver ad hoc services. **2. Transportation Services** • **Bus Path Criteria:** Feedback received on simplifying eligibility; under review by the transportation team in Q4. • **ADA Training:** Ongoing efforts to enhance vendor training and improve accessibility for Members with disabilities. **Pending Items for Q3 Review** **3. Virtual Care & Telehealth Access** • Member recommendations include:	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		• **Video tutorials** and **QR codes** for easier navigation. • **Technology literacy support** to improve virtual care adoption. • **Pre-appointment instructions** for labs and imaging. • **Live support options** when AI is used. • **Internet access solutions** for rural communities. • **DME access** through telehealth platforms. **4. Riverside Community Health Assessment & Improvement Plan** • Suggestions to: • Expand outreach via **TV and radio**. • Include the **re-entry population** (formerly incarcerated individuals) in data collection and planning efforts. **Thank You!** 88		
C. Open Discussion				

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		MOTION TO VOTE 92 **Genia Fick** asked for a motion to approve all of the agenda items including the action item, subcommittee reports, and signed minutes. **Dr. Matthew Fong** motion. **Dr. David Kim** second. **If you have not already done so…** **Please sign in by writing your name, title and department on the sign-in sheet/Chat box** 93	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Agenda Items are concluded Next QMHET Committee Meeting is scheduled for December 2, 2025 Thank You. IEHP Inland Empire Health Plan Live Wholeheartedly 94	
A. Monitoring Reports			
1. Quality Improvement Council ▪ **Approved Minutes of May 8, 2025** ▪ **Approved Minutes of June 12, 2025** ▪ **Approved Minutes of July 10, 2025** **2. Credentialing Subcommittee** ▪ **Approved Minutes of April 16, 2025** ▪ **Approved Minutes of May 21, 2025** ▪ **Approved Minutes of June 18, 2026** **3. Peer Review Subcommittee** ▪ **Approved Minutes of April, 2025** **4. Pharmacy and Therapeutics Subcommittee** ▪ **2024 Pharmacy & Therapeutics Annual Assessment** ▪ **Approved Minutes of May 2, 2025** **5. Member Safety Subcommittee** ▪ **Approved Minutes of April 22, 2025** ▪ **Approved Minutes of June 11, 2025** **6. Utilization Management Subcommittee** ▪ **Approved Minutes of May 14, 2025** **7. D-SNP Enrollee Advisory**			Monitoring Reports were sent out to committee members in advance of the meeting for review & comment. All reports were accepted and approved by committee with no questions or concerns noted.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
▪ **Approved Minutes of May 20, 2025** **8. Member Experience** ▪ **Approved Minutes of May 15, 2025** **9. Delegation Oversight Subcommittee** ▪ **Approved Minutes of April 28, 2025** ▪ **Approved Minutes of May 30, 2025** ▪ **Approved Minutes of June 30, 2025** **10. Population Health Management Subcommittee** ▪ **Approved Minutes of May 22, 2025** **11. Provider Network Access Subcommittee** ▪ **Approved Minutes of March 11, 2024** **12. D-SNP Model of Care** ▪ **Approved Minutes of May 16, 2025** **13. Transgender, Gender, Diverse, and Intersex Subcommittee** ▪ **Approved Minutes of April 16, 2025** **14. Quality Improvement Subcommittee** ▪ **Approved Minutes of May 15, 2025** **15. Community Advisory Committee** **Approved Minutes of March 27, 2025**				
A. Next Meeting: December 2, 2025			D	No Decision/ Action required.
7. Adjournment	The meeting was adjourned at 1:42 p.m.	Nothing to report.	D	No Decision/ Action required.
8. QMC Prep on August 21, 2025	Dr. Ed Juhn, Dr. Takashi Wada, Genia Fick, Andrea Belli, Domonique Luckett, Jon Faia, Sat Siregar	The agenda was presented and discussed.	D	No Decision/ Action required.
9. Debrief on September 15, 2025	Dr. Edward Juhn, Genia Fick, Domonique	The action item that was presented was recommended to close. No new action items were developed. Additionally, the December agenda items were discussed.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
	Luckett, Jon Faia, Sat Siregar			

Certification:

These regular meeting minutes of the Quality Management & Health Equity Transformation Committee were duly approved and adopted on December 2, 2025

Edward Juhn MD, – Chief Medical Officer

Genia Fick, – Chief Quality Officer