



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

Quarter 4, 2025 Update

QUALITY MANAGEMENT & HEALTH EQUITY TRANSFORMATION COMMITTEE EXECUTIVE SUMMARY – 4th 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:** 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:** 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:** 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:** The UM 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:** 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.
7. **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.
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 improvement initiatives are initiated. The MESC will be responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.

9. **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.
10. **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.
11. **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).
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 will develop, implement, and operate 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 was developed to identify and advocate for preventative care practices. They are to be 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 aims to support gender health services and ensuring equitable treatment 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 December 2, 2025, by the subcommittee chairs, are summarized below.

❖ Hospital and Ancillary Subcommittee

The Hospital and Ancillary Subcommittee presented the following key topics.

KPIs

Hospital IEHP In-network Hospitals

- Plan ACR O/E: 0.6867 (met goal of <0.73)
- Average LOS: 4.55 (met goal of <5.0)
- 30 Day Readmission: 14.8% (did not meet goal of <13.6%)
- Mortality Rate: 1.39% (met goal <1.4%)

Hospice

- Hospice Revocation Rate: 7.78% (below state and national benchmark)
- Network Average % of live discharges: 42% (higher than national average of 19%)

Quality Operating Model Performance

- Positive trends in FUM 7-days, FUM 30-days, Med Recon post discharge, Transitions of Care- avg total.
- Initiatives to support KPIs: Onsite Care Coordination, Quality Hospitalist Network, Quality Hospice Network

❖ Utilization Management Subcommittee

The Utilization Management Subcommittee presented the following metrics.

Q1 2025 Pre-Service Referral and Denial Trends :

- Referrals and BH Referrals met the goal of <3% (for all LOBS)

Q1 2025 ALOS:

- D-SNP met the goal for acute, SNF, and BH.
- Medi-Cal met the goal for acute; did not meet the goal for SNF

Q1 2025 Medical Appeals: Increase from 617 (Q3, 2024) to 717 (Q4, 2024) to 809 (Q1,2025)

Q1 2025 ED visits Utilization:

- BH ED (D-SNP and Medi-Cal) met the goal for Q1 2025
- ED Visits (Medi-Cal) met the Goal; D-SNP did not meet the goal

Q1 2025 Nurse Advice Line:

- All metrics met, except Service Level >80% was not met for Feb 2025

Q1 2025 MD Live:

- Medical Consultation Wait Time Not met for Feb. & March 2025

❖ Population Health Management Subcommittee

The Population Health Management Subcommittee presented the following studies.

- **LTSS Case Management Effectiveness and Member Experience**

- Timeliness of Initial Assessment and Enrollment: 98.4% (Goal of >95% Met)
 - Annual PCP Visit Rate: 87.1% (Goal of 80% Met)
 - Member Experience with LTSS (All 5 questions scored 89% and above - Goal of 80% Met)
 - Member Complaints: 0% (Goal of <10% Met)
- **LTSS Case Management Participation Study**
 - Participating Members with a Completed Assessment: 0.92% (Goal of 1.1% not met)
 - **2024 Medicare Care Transition Study**
 - Member contact initiated timely for all admissions : 81.5%↑ (Goal of 95% Not Met)
 - Member contact initiated timely for all discharges home: 64.5% ↑ (Goal of 95% Not Met)

❖ **D-SNP MOC and Medicare STARS Monitoring and Oversight Subcommittee**

The D-SNP MOC and Medicare STARS Monitoring and Oversight Subcommittee presented the following key findings.

Medicare STARS/MOC Performance

- Chronic Care measures: 6 out of 6 prioritized measures are performing higher than prior year performance
- Preventive Care measures: 6 out of 8 prioritized measures are performing higher than prior year
- HRA Rates: Texting campaign in place and outreach efforts to improve HRA Rates. HRA performance as of 9/2025 is meeting the 3-Star level.

❖ **Skilled Nursing Facility Subcommittee**

The Skilled Nursing Facility Subcommittee presented the following key topics.

QAPI Audit Updates:

- 14/30 completed to date for the year. On track to complete all 30 by end of the year.
- Metrics:
 - Average score for the SNF QAPI Program: 48%
 - Average score for the COVID-19 Program: 90%
 - Average score for the Infection Control Program: 76%
 - Average score for the Isolation Procedures: 89%
 - Average score for the Data Review: 20%

SNF KPIs:

- SNF HAI Requiring Hospitalization: 8.5%
 - Potentially Preventable 30-day Post-Discharge Readmission (PPR): 10.8%
 - Number of Outpatient ED Visits per 1,000 Long-Stay Residents: **0.05**
 - % of Residents with Pressure Ulcers/Injuries That Are New or Worsened: **0.93%**
 - % of SNF Residents Who Experience One or More Falls with Major Injury During Their SNF Stay: **0.45%**
 - % of Long-Stay Residents Who Lose Too Much Weight: **4.08%**
 - % of SNF Residents Whose Medications Were Reviewed and Who Received Follow-Up Care When Medication Issues Were Identified: **95.06%**
- *Bold = performing better than the national benchmark*

❖ Quality Improvement Subcommittee

The Quality Improvement Subcommittee presented the following studies.

Annual HEDIS Report MY 2024

- 16 MCAS measures met minimum performance levels
- Health Plan Rating (HPR) scoring demonstrated overall gain for HEDIS measures.
- CMS Stars Diabetes measures, maintained a 3–4-star rating
- Covered CA continues steady performance improvement for data capture and reporting

2023 OB P4P Program Evaluation

- Measure not met: The percentage of OB/GYN providers who participate in the OB P4P program is low (37.8% in 2022 & 38.6% in 2023 with a goal of 75%).
- Interventions discussed to address goals not met.

2023 Medicare P4P Program

- Measure not met: The percentage of IEHP Direct PCPs who participated in the Medicare P4P Program (18.7% in 2022 & 19.3% in 2023 with a goal of 75%).
- Interventions discussed to address goals not met.

❖ Provider Network Access Subcommittee

The Provider Network Access Subcommittee presented the following studies.

2024 Emergency Telephone Instructions Study Results

- All Provider types did not meet the 90% goal.
 - PCP: 86.3%
 - Specialist: 85.4%
 - BH (non-prescriber): 69.8%
 - Psychiatry: 74.2%
 - Overall: 79.4%
 - Interventions discussed to address goals not met.

2024 Assessment of Network Adequacy

- Over 99% of all Members are within time/distance to Network PCPs, Specialists, and BH Providers
- A total of 7 gaps were closed in the Provider-to-Member ratio from the previous year.
- The PCP Provider distribution by language was met for all languages assessed
- Appointment Availability: Overall improvement in rates when compared to prior year for all Provider types: PCP, Specialist, BH

MY 2025 MCAS Updates

MPL Changes from MY 2024 to MY 2025

- 14 MPL measures improved compared to prior year
- 4 MPL measures declined compared to prior year

There are 18 MCAS MPL measures across 5 domains. IEHP achieved the MPL for 6 of these measures so far for the current measurement year:

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Developmental Screening in the First Three Years of Life
- Immunizations for Adolescent – Combo 2
- Well-Child Visits in the First 30 Months of Life - 15 to 30 Months

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 3.0 overall rating. 2.80 for Part C and 3.32 for Part D.

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

CLAS Program Description

- The aim of the Culturally and Linguistically Appropriate Services (CLAS) Program Description is to integrate the National CLAS Standards within IEHP’s operational framework to:
 - Ensure delivery of care and programs is safe, effective, patient centered, equitable, culturally, and linguistically appropriate for IEHP’s diverse population.
 - Inform and deploy initiatives to advance health equity, improve quality, and help eliminate health disparities.
- **2026 Priority Clinical Measures and Goals**
 - Medi-Cal: Increase the rate of Child and Adolescent Well-Care Visits among American Indian/Alaskan Native Members
 - IEHP DualChoice: Increase the rate of Adult Immunization Status – Flu Vaccine measure within the Black population
 - IEHP Covered: Increase the rate of Depression Screening and Follow-up in Adolescents and Adults measure among Hispanic Members
- **2026 Experience Measures and Goals**
 - Medi-Cal: Reduce the disparity among the Asian population for Coordination of Care
 - IEHP DualChoice: Reduce the disparity among the Black/African American population for Annual Flu Vaccine.
 - IEHP Covered: Reduce the disparity among the Male population for Access to Information.
 - All LOBs: Increase Team Members, Subcontractors, Downstream Subcontractors and Network Providers awareness on sensitivity, diversity, cultural competency and humility, and health equity to improve access and quality of care for IEHP’s membership.