Quality Management & Health Equity Transformation Committee

Executive Summary

Quarter 1, 2026 Update

QUALITY MANAGEMENT& HEALTH EQUITY TRANSFORMATION COMMITTEE EXECUTIVE SUMMARY – 1st Quarter 2026

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 QMHET 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 is 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.

Quality Improvement Council Executive Summary

The key findings from the Quality Improvement Council executive summary that was presented during QMHETC on February 26, 2026, by the subcommittee chairs, are summarized below.

❖ Quality Improvement Subcommittee

The Quality Improvement Subcommittee presented the following studies.

2024 Member Texting Campaign

- **The goal of the Member Texting Campaign is to demonstrate statistically significant improvement year over year. Rates:***
  - Adult Access to Preventive Care: 26.70%
  - Asthma Med Ratio: 15.36%
  - Eye Exam for patients (pts) with Diabetes: 19.38%
  - Glycemic Status Assessment: 27.33%
  - Prenatal and Postpartum: 24.58%
  - Cervical Cancer Screening: 10.99%
  - Colorectal Cancer Screening: 2.63%

**Rate (Numerator: Members who completed a visit/service within 120 days of outreach. Denominator: Members who successfully received a text message as part of the measure in CY 2024)*

2024 Standing Orders Effectiveness

Impact to BCS HEDIS Rate:

- Medi-Cal 58.01% (without standing orders) to 63.83% (with standing orders); increase of +5.82%
- Medicare 67.68% (without standing orders) to 75.34% (with standing orders); increase of +7.66%

Impact to COL HEDIS Rate:

- Medi-Cal 47.26% (without standing orders) to 50.11% (with standing orders); increase of +2.85%
- Medicare 65.36% (without standing orders) to 69.39% (with standing orders); increase of +4.03%

❖ Hospital and Ancillary Subcommittee

The Hospital and Ancillary Subcommittee presented the following key topics.

2024 Hospital P4P Annual Evaluation Outcome

- Goals met for MedEx Active Data Sharing and Timely Post Partum Care
- Goals not met for Post Discharge Follow-Up and ED Follow-Up Care (FUA/FUM)

QOM Performance

- Positive trends in Follow-up after ED visit for Mental Illness (FUM), Medication Reconciliation Post-Discharge and Transitions of Care- average total

KPIs (June 2025)

Hospital - IEHP In-Network Hospitals

- Plan ACR O/E: 0.6867 (met goal of <0.73)
- Average LOS: 4.50 (met goal of <5.0)

- 30 Day Readmission: 18.6% (did not meet goal of <13.6%)
- Mortality Rate: 1.30% (met goal <1.4%)

❖ **Utilization Management Subcommittee**

The Utilization Management Subcommittee presented the following metrics.

Q2 2025 Pre-Service Referral and Denial Trends:
- Referrals and BH Referrals met the goal of <3% (for all LOBS)

Q2 2025 ALOS:
- DSNP met the goal for Acute and Behavioral Health. Did not meet the goal for SNF
- Medi-Cal met the goal for acute; did not meet the goal for SNF

Q2 2025 Medical Appeals: Increase from 717 (Q4, 2024) to 809 (Q1,2025) to 955 (Q2, 2025)

Q2 2025 ED visits Utilization:
- Behavioral Health ED for D-SNP and Medi-Cal met the goal for Q2 2025
  - D-SNP: 20.85 per 1000 (goal: < 65)
  - Medi-Cal: 8.68 per 1000 (goal: < 28)
- ED Visits for Medi-Cal met the Goal; D-SNP did not meet the goal
  - Medi-Cal: 497.24 per 1000 (goal: < 625)
  - D-SNP: 1036.94 per 1000 (goal:<1,000)

❖ **Member Experience Subcommittee**

The Member Experience Subcommittee presented the following metrics.

Quarterly Reports
- **Standard Grievance Received Volume Q3 2025:** There was a 4% decrease in standard grievance cases received from Q2 2025. (9,698 cases in Q2 2024 to 9,286 cases in Q3 2025)
- **Sensitive Grievances Q3 2025**: There were 47 Balance Billing cases during Q3 2025.
- **Appeals Q3 2025:** There was an overall 6% decrease in appeals received from Q2 2025 (1,937 in Q2 2025 to 1,812 in Q3 2025)
- **Member Services Service Level Q3 2025:**
  - 80% of calls answered within 30 seconds: met for MCR (89.3%) and CCA (90.1%), not met for Medi-Cal (47.3%) LOB.
  - Call Abandonment Rate of 5% or less: met for MCR (1.1%) and CCA (1.4%), not met for Medi-Cal (12%) LOB.

❖ **Provider Network Access Subcommittee**

The Provider Network Access Subcommittee presented the following studies.

2025 Provider Language Competency Study

Language	2025 PCP Rate (Goal = 85%)	2025 High Volume/Impact Specialist Rate (Goal = 85%)
Spanish	99%	99%
Chinese (Mandarin, Cantonese)	81%	89%
Vietnamese	83%	92%

2025 Provider Directory Accuracy Study

- All measures met the 90% goal
  - Accuracy of Provider Office Location and Phone Number: 99.4%
  - Accuracy of Provider Hospital Affiliation: 100%
  - Accuracy of the Provider Accepting New Members: 99.7%
  - Accuracy of Physician Office Staff of Physician's Participation in the Health Plan's Networks: 100%
  - Overall Accuracy: 99.8%

2025 Provider Experience Survey

- All composites scored significantly higher than other Health Plans
  - Finance Issues: 59.9% (95th percentile)
  - UM and QM: 65.5% (100th percentile)
  - Network/Coordination of Care: 53.4% (98th percentile)
  - Pharmacy: 55% (100th percentile)
  - HP Call Center Service Staff: 68.7% (100th percentile)
  - Provider Relations: 62.4% (98th percentile)
  - Recommend to Other Physicians' Practices: 98.2% (99th percentile)
  - Overall Satisfaction: 93.4% (100th percentile)

❖ **Population Health Management Subcommittee**

The Population Health Management Subcommittee presented the following studies.

2025 Assessment of Ethnic and Linguistic Needs Study

- Distribution of languages spoken by PCPs and Members: All standards met
- Distribution of PCP and Member Race: Not met for Black race
- Distribution of PCP and Member Ethnicity: Not met for Hispanic ethnicity

Continuity and Coordination of Care Measure Performance

- **5 Star Rating Score (90th percentile):**
  - Fall Risk Management (from HOS Survey) Medicare
- **4 Star Rating Score (66.67th percentile):**
  - Eye Exam for Patients With Diabetes,
  - Prenatal and Postpartum Care - Timeliness of Prenatal Care,
  - Engagement of SUD Treatment
  - Follow-Up After Hospitalization For Mental Illness - 7 days Follow-Up After ED Visit for Mental Illness - 7 days

Member Safety Reports

- Q2 2025 MRR Report: 75 medical records reviewed; 88% compliance rate; Goal of <20% failure rate met
- Q2 2025 FSR Report: 89 FSRs; 97.75% compliance rate; Goal of <5% failure rate met
- Q3 2025 Critical Incidents: 633 cases (increase from 386 in Q2); Top CI categories: Unusual Occurrences that pose a threat to patient or member welfare, safety, or health 2.) Suspected or Alleged Abuse 3.) Suicide Attempts

❖ **Pharmacy and Therapeutics Subcommittee**

The Pharmacy and Therapeutics Subcommittee presented the following metrics.

Medi-Cal DUR Reports

- Asthma Medication Ratio (AMR) showed November 2025 YoY rate change +9.21%
- Statin Adherence showed November 2025 YoY rate change improvements seen in: People with Diabetes (SPD) +6.6% and People with Cardiovascular Disease (SPC) +7.25%

Medicare DUR Reports

- PDC Adherence measures showed October 2025 YoY rate change improvements seen in the following measures: Cholesterol +3.4%, Hypertension +2.1%, and Diabetes by +1.7%
- Opioid Safety for 3Q2025 Targeted provider letters led to a 14% success rate in naloxone prescribing for high-risk Medicare Members

Covered CA DUR Reports

- Opioid Safety for 3Q2025 Targeted provider letters led to a 20% success rate in naloxone prescribing for high-risk Covered CA Members

❖ **Delegation Oversight Subcommittee**

The Delegation Oversight Subcommittee team reviewed CAP deficiencies for both lines of business. CPN had 4 out of the 8 CAPs for Medicare and IFMG had 2 out of the 5 CAPs for Medi-Cal. No trends were identified.

MY 2025 MCAS Updates

There are 18 MCAS Minimum Performance Level (MPL) measures across 5 domains. IEHP achieved the MPL for 13 of these measures so far for the current measurement year.

- 5 measures are currently below the MPL
  - Controlling High Blood Pressure
  - Childhood Immunization Status – Combo 10
  - Timeliness of Prenatal Care
  - Topical Fluoride for Children: Dental or Oral Health Services
  - Well-Child Visits in the First 30 Months of Life – 0 to 15 Months
- Breaking down the MCAS measure performance by county.
  - San Bernardino County has met 12 MPL measures
  - Riverside County has met 11 MPL measures

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. 2.70 for Part C and 3.25 for Part D.

2026 Program Description

- The purpose of the QM & Health Equity Program Transformation Description is to provide a written outline of quality improvement goals, objectives and structure for the Quality Department annually.
- IEHP will utilize this document for oversight, monitoring, and evaluation of Quality & Health Equity activities to ensure the Quality Program is operating in accordance with standards and processes as defined in the Program Description.

Cultural and Linguistic Appropriate Services (CLAS) Program Description Measurable Goals and NCQA Health Outcomes Survey

- The CLAS Program Description contains measurable goals focused on the reduction of health care disparities and the improvement of service appropriateness and accessibility. The program description is reviewed and modified annually.

- **2026 CLAS PD: Experience Measure Goals**
  - Medi-Cal: Reduce disparity among the Asian population for Coordination of Care to 70%.
  - D-SNP: Reduce the disparity among Black/African American population for Annual Flu Vaccine to 70%.
  - IEHP Covered: Reduce the disparity among Male population for Access to Information to 70%.

- **2026 CLAS PD: Clinical Measurable Goals**
  - Medi-Cal: reach a goal of 90% for Child & Adolescent Well-Care Visits in the American Indian/Alaskan Native White population
  - Medi-Cal: reach a goal of 70% for Depression Screening and Follow Up in the Chinese Speaking population
  - IEHP Covered: reach a goal of 90% GSD A1c Control <8% and Controlling Blood Pressure in the Hispanic population.
  - IEHP Covered: reach a goal of 70% for Depression Screening and Follow Up in the Spanish Speaking population.