IE♥HP

Quality Management & Health Equity Transformation Committee
Executive Summary

Quarter 1, 2025 Update

QUALITY MANAGEMENT& HEALTH EQUITY TRANSFORMATION COMMITTEE EXECUTIVE SUMMARY – 1ˢᵗ 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 QMHET Committee meets at least quarterly to report findings, reports actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommends policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

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:

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.

Quality Improvement Council Executive Summary

The key findings from the Quality Improvement Council executive summary that was presented during QMHETC on February 27, 2025, by the subcommittee chairs, are summarized below.

❖ **Community Advisory Committee**

The Community Advisory Committee presented 6 topics and received multiple feedback from the Members. The Community Advisory Committee is actively recruiting Members for 2025. The 6 topics included:
1. Getting Needed Care (Member Experience)
2. Senate Bill and Access to Mental Health (presented by BHCM)
3. San Bernardino County Community Health Assessment (CHA) Presentation
4. Protecting Yourself and Your Community Against Influenza
5. Primary Care Services in the Home (Presented by Provider Services)
6. IEHP Open Access Program

❖ **Member Experience**

The Member Experience Subcommittee presented grievance data, Member Services service data and language interpreter data.

- Standard grievance for Q3 2024:
  - 20% decreased in compliance cases
  - 2% decrease in QOC cases
  - Same day grievances decreased by 31% from Q2 to Q3 2024.
- Member Services Service Level Q3 2024:
  - 80% of calls answered within 30 seconds was met for Medicare and IEHP Covered, but not met for Medi-Cal
  - <5% call abandonment rate was met for all LOBs
- Language Interpreter for Q3 2024:
  - **Face to Face Interpreter Services**
    - Top Languages: Spanish, Arabic, ASL
    - Top Issues: Interpreter no show and left early and Quality of Interpretation
  - **Telephonic Interpreter Services**
    - Top Languages: Spanish, Mandarin, Vietnamese
    - Top Issues: Interpreter availability and Technical Issues with call

❖ **Member Safety**

The Member Safety Subcommittee presented MRR/FSR and PQI data for Q3 2024.

- Q3 2024 Medical Record Reviews (MRR)
  - ➢ 118 records reviewed; 81% compliance rate
  - ➢ Goal of <20% failure rate was met
- Q3 2024 Facility Site Reviews (FSR)
  - ➢ 128 records reviewed; 96% compliance rate
  - ➢ Goal of <5% failure rate was met

- Q3 2024 PQI Cases: 97% of PQI cases were closed timely within 120 days

❖ **Provider Network Access**

The Provider Network Access Subcommittee presented the following annual studies. All studies where goals were not met include an action plan at the subcommittee level to improve measure performance.

- **2024 Provider Language Competency Study:**

• PCP Office Language	• 2024 Rate	• Goal 85%
• Spanish	• 99%	• Goal Met
• Chinese (Mandarin and Cantonese)	• 82%	• Goal Not Met
• Vietnamese	• 91%	• Goal Met

- **2024 Provider Directory Accuracy Study:**

Factor	2024 Rate	Goal 90%
Accuracy of Provider Office location and phone number	99.7%	Goal Met
Accuracy of Provider Hospital Affiliation	100%	Goal Met
Accuracy of Provider Accepting New Members	99.4%	Goal Met
Accuracy of physician participation in health plan networks	100%	Goal Met

- **2024 Provider Experience Study:**

Composite	2024 Rate	%tile
Overall Satisfaction	92.6%	99th
Finance	56.9%	96th
UM/QM	62.2%	97th
Network/Coordination of Care	51.2%	96th
Pharmacy	47.2%	98th
HP Call Center Staff	64.5%	98th
Provider Relations	58.9%	96th

❖ **Credentialing**

The Credentialing Subcommittee presented the following data.
- Initial Credentialing: Between January and October 2024, there were 822 Clean Files (92%)
- Recredentialing: Between January and October 2024, there were 1,404 clean files (88%)
- 84% of Providers credentialed within the 36-month time frame (goal of 90% was not met). Last quarter it was 72%.

❖ **Peer Review**

The Peer Review Subcommittee presented the following key findings.

Reporting timeframe: January-October 2024
- There have been 35 Medicare Sanctions
- **Sanction limitations on Licensure:** Most common licensure type is 'MD'
- **Peer review Decisions:** Highest volume is 'Practitioner Explanation Requested' (18), followed by 'follow the recommendation made by the Medical Board/Monitor for changes (7)
- **Accusations by licensing Board**:
  - MD=5
  - Osteopathic Board of Medicine=1
  - Physician Assistant Board=2
  - LMFT, LCSW, LPCC=1
  - NP,CNM=1

❖ **Delegation Oversight**

The Delegation Oversight Subcommittee presented the following key findings.

- CAP deficiencies were issued with no trends identified.
- Riverside Medical Clinic (Medicare) contract term date was extended to 01/31/25.
- Dignity Health Medical Network Inland Empire (Medi-Cal and Medicare) contract set to expire 02/28/25.
- A submission guide is being developed to assist IPAs in creating comprehensive UM workplans.

❖ **Utilization Management**

The Utilization Management Subcommittee presented their utilization metrics.

Utilization Key Findings: Quarter 1 2024
- ➢ Referrals and BH Referrals met the goal of <3% (for all LOBS)
- ➢ D-SNP met the goal for acute, SNF, and BH. Medi-Cal met the goal for acute; did not meet the goal for SNF
- ➢ Medi-Cal met the goal for acute; did not meet the goal for SNF
- ➢ BH ED (D-SNP and Medi-Cal) met the goal for Q2 2024. ED Visits (Medi-Cal) met the Goal; D-SNP did not meet the goal.

➢ Service Level >80% not met for June 2024. Met for April and May 2024; Nurse Call back <30 min not met for May 2024. Met for April and June 2024
➢ All goals were met for MD Live

❖ **Pharmacy & Therapeutics**

The Pharmacy & Therapeutics Subcommittee presented the following metrics.

- Opioid utilization decreased by 18% from Q2 2023 to Q2 2024 for all LOBs.
- A total of 1,903 CMRs were completed from 4/1/2024 to 10/3/2024.
  - IEHP is working closely with USC School of Pharmacy to increase the CMR completion rate.

❖ **Population Health Management**

The Population Health Management Subcommittee presented the following annual reports.
- **2023 Care Transitions Annual Study - Medi-Cal:**
  - Post Discharge Follow up within 14 days: 50.0% rate did not meet goal
  - Post Discharge Follow up within 30 days: 67.9% rate did not meet goal
  - All Cause Readmission Rate: O/E ratio 0.9228 rate did not meet goal
- **2023 Care Transitions Annual Study - Medicare:**
  - Member Profile admission report sent to facility: 43.7% rate did not meet the goal.
  - Notification to PCP for all planned and unplanned admissions at time of discharge to home. 94.2% rate did not meet the goal.
- **Q4 2023 IHA Report**
  - **<18 months of age** 67.21% (trending lower than Q4 2022)
  - **18 months and up** 41.88% (trending lower than Q4 2022)
  - **Action**: Provider Services to outreach to and educate lower performing Providers on the importance of IHAs and access to members rosters on portal
- **Q2 2024 ECM Membership Report:** Observed enrollment increases in membership for Homeless Families, CCS with Additional Needs, Child Welfare Enrolled, and Birth Equity

MCAS Updates

There are 18 MCAS MPL measures across 5 domains. To date, IEHP has achieved the MPL rate for 10 of these measures:
- Follow-Up After ED Visit for Substance Abuse – 30 Days
- Follow-Up After ED Visit for Mental Illness – 30 Days
- Developmental Screening in the First Three Years of Life
- Childhood Immunization Status – Combo 10
- Immunizations for Adolescents – Combo 2
- Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits
- Child and Adolescent Well-Care Visits
- Controlling High Blood Pressure
- Chlamydia Screening in Women
- Breast Cancer Screening

Multiple activities are taking place to help IEHP exceed the MPL on additional MCAS measures. Some activities include Hospital, Global Quality P4P, and OB P4P programs. There are also Member incentive programs underway for Cancer Prevention screenings and member outreach campaigns for well child visits and vaccines.

QMHETC Highlights

Health Plan Updates
- IEHP received accreditation for Health Equity Covered California. IEHP received a passing score of 100% across all the accreditation standards.

The CMS Star rating was reviewed and currently IEHP is at a 2.5 overall rating. 2.63 for Part C and 2.59 for Part D.

Medi-Cal Provider Onboarding Training Curriculum
- Effective in the 2024 DHCS contract with IEHP, the plan is required to ensure that all Network Providers receive training regarding the Medi-Cal Managed Care program, incorporating the topics stipulated in section 3.2.5 Network Provider Training.
- All Network Providers must start training within ten working days and complete training within 30 working days of newly contracted active status in IEHP's network.
- The plan may conduct this training in-person or online, maintain records of attendance and conduct this training on a bi-annual basis.