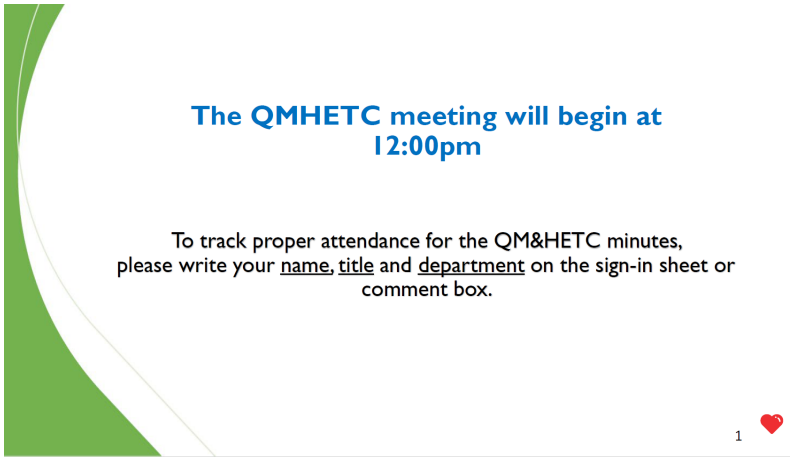
INLAND EMPIRE HEALTH PLAN

Quality Management & Health Equity Transformation Committee
Minutes of Thursday, February 27, 2025
12:00PM

Location:	Town Hall
Appointed Committee Members Present/Participating:	**External, DO** Inland Empire; **External, MD,** Loma Linda University Pediatrics; **External, DO**, Alpha Care Medical Group
Appointed Committee Members Absent:	**External, MD, MBA**, Chief Medical Officer, Choice/Horizon Medical Group; **External** Deputy Director of Riverside County Department of Public Social Services (DPSS), **External, MD, Ed. M**, Ambulatory Medical Director, Riverside University Health System; **External, MD,** San Bernardino County Addiction Medicine Specialist; **External, MD,** Consultant, Psychiatrist.
IEHP Staff Present:	**Committee Member 1,** Director of Accreditation Programs; **Committee Member 3,** Senior Director of Utilization Management Operations; **Committee Member 5, MD, MS,** Medical Director, Quality Transformation; **Committee Member 6,** Vice President, Provider Experience; **Committee Member 7, MD,** Medical Director - Inpatient; **Committee Member 8**, Director of Healthcare Informatics; **Committee Member 9**, Quality Systems Analyst II; **Committee Member 10, RN,** Clinical Director of Quality Management; **Committee Member 11, MD, MPH, MBA,** Chief Quality Officer; **Committee Member 13**, Director of Provider Network and Communication**;** **Committee Member 14, MD,** Medical Director; **Committee Member 15, DSW**, Director, Health Equity Operations; **Committee Member 16**, **MA**, Vice President, Quality; **Committee Member 17, RN, BSN, MBA,** Vice President, Health Services Clinical Integration & Operations; **Committee Member 18**, **MBA, CPHQ**, Senior Director, Quality Systems; **Committee Member 19, MPH, RD;** Senior Director, Population Health Management; **Committee Member 20**, **DrPH**, Manager, Health Services Evaluation; **Committee Member 21 ,** Manager, Quality Operations; **Committee Member 22**, Director, Delegation Oversight; **Committee Member 23**, Director, Provider Network; **Committee Member 24, MSN, RN,** Senior Director, Integrated Care Management; **Committee Member 25, MPH**, Vice President, Health Equity; **i11652**, Manager, Health Equity Operations; **Committee Member 28, Pharm. D.,** Director Clinical Pharmacy and Operation; **Committee Member 30**, Quality Systems Analyst III; **Committee Member 31**, Director, Member Services, Call Management; **Committee Member 33, MD,** Medical Director, Quality; **Committee Member 34,** Quality Systems Analyst I**; Committee Member 35, MD,** Vice President, Health Services; **Committee Member 36**, Vice President, Medicare Stars Program; **Committee Member 37, MBA,** Chief Operating Officer; **Committee Member 38, MHA, FACHE, CPHQ, CPHRM, HACP, LSSGB,** Vice President, Hospital Relations; **Committee Member 39, MD, MPH,** Chief Medical Officer; **Committee Member 40, RN,** Senior Director, Integrated Transitional Care; **Committee Member 41, MPA, BSN, PHN, CPHQ**, Director of Quality Improvement; **Committee Member 53**, Manager, Health Plan Accreditation;
IEHP Staff Absent:	**Committee Member 42, DO**, Senior Medical Director; **Committee Member 43**, Senior Director, Healthcare Informatics; **Committee Member 44,** Vice President of Operations; **Committee Member 45, LVN,** Director of Grievance & Appeals; **Committee Member 46, MBA, PCMH, CCE,** Director of Provider Relations; **Committee Member 47**, Manager, Clinical Pharmacy Programs & Pharmacy Benefits; **Committee Member 26**, Manager, Health Equity; **Committee Member 49, MBA,** Director, Communications and Marketing; **Committee Member 48, MPA, CHC**, Vice President, Compliance; **Committee Member 29**, Director, Medicare Management; **Committee Member 50, MBA, MSN, RN, CPHQ,** Clinical Senior Director, Hospital Quality Improvement; **Committee Member 51**, Senior Director, Pharmaceutical Services; **Committee Member 52**, Manager, Health Plan Accreditation.
Minutes by:	**Committee Member 9,** Quality Systems Analyst II

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
I. Call to Order.	**Committee Member 11**	**Committee Member 11** called the February 27, 2025, Quality Management & Health Equity Transformation Committee meeting to order at 12:06 pm.  	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Quality Management & Health Equity Transformation Committee Agenda ***The following reports to be presented and approved by the Quality Management & Health Equity Transformation Committee:*** 1. Affirmation Statement 2. Minutes from December 7, 2024 3. Action Tracking Log from December 7,2024 ***Quality Management Reports:*** 1. MCAS Measure Set for 2024 Update 2. 2024 Medicare Stars Performance Update 3. Medicare Stars Program Strategy 4. Health Equity CCA Health Plan Accreditation – Verbal Update 5. 2025 QM Program Description and Workplan 6. Network Provider Training Curriculum 7. Quality Improvement Council Executive Summary ***Monitoring Reports:*** 1. Health Equity Accreditation – Implementation Plan (SOGIE) Update **Content contributor:** Dr. Juhn and Dr. Wada 3	
II. Review of the Affirmation Statement	**Committee Member 11**	**Committee Member 11** presented IEHP's Affirmation Statement to the Committee. The affirmation statement is also included on the committee sign-in sheet. **Affirmation Statement** – The Quality Management Committee (QMCC) attendance record signed by all Committee Members. IEHP participating staff and guests includes an affirmation statement acknowledging that utilization decisions made by the Committee for IEHP Members are based solely on medical necessity. IEHP does not compensate or offer financial incentives to practitioners or individuals for denials of coverage or service. The affirmation statement also addresses conflict of interest and confidentiality issues. "As a member of the IEHP QM Committee charged with the duties of evaluation and improvement of the quality of care rendered to Members of IEHP, I recognize that confidentiality is vital to the free, candid and objective discussions necessary for effective management. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with all committees and other activities, and I understand that by signing this agreement, I am binding myself by contract to maintain such confidentiality. I agree that I will not make any voluntary disclosure of such confidential information except to persons authorized to receive such information. I also understand that as a Subcommittee member, I cannot vote on matters where I have an interest and that I must declare that interest and refrain from voting until the issue has been resolved. Utilization decisions for Members are based on medical necessity. There are no financial incentives for denial of coverage or service." IEHP abides by the California Health and Safety Code that includes the following statement: "A health care service plan that authorizes a specific type of treatment by a provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization. This section shall not be construed to expand or alter the benefits available to the enrollee or subscriber under a plan (Health & Saf. Code § 1371.8)." **Content contributor:** Dr. Juhn and Dr. Wada 4	The QMHET Committee accepted the Affirmation Statement with no comments or concerns.

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III. Quality Management & Health Equity Transformation Committee (QMHETC)	**Committee Member 11**	**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** Content contributor: Genia Fick 5 **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. Content contributor: Genia Fick 6	The QMHET Committee accepted the Quality Management Health Equity Transformation Committee (QMHETC) purpose with no comments of concerns.

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IV. Old Business **1. Adoption of Minutes as of December 4, 2024**	**Committee Member 11**	Adoption of Minutes for December 4, 2024 Presented By: Dr. Edward Juhn, Chief Quality Officer & Dr. Takashi Wada, Chief Medical Officer 7 **Committee Member 11**: Can I get a motion to approve the minutes from December 4, 2024? **Committee Member 16**: Motion to approve the minutes. **External**: Second.	D	The QMHET Committee moved, seconded, and approved the minutes from the December 4, 2024, QMHETC Committee meeting as presented.
2. Action Tracking Log from December 4, 2024	**Committee Member 11**	Action Tracking Log from December 4, 2024 Presented By: Dr. Edward Juhn, Chief Quality Officer & Dr. Takashi Wada, Chief Medical Officer 8		The QMHET Committee moved, seconded, and approved the action tracking log from December 4, 2024.

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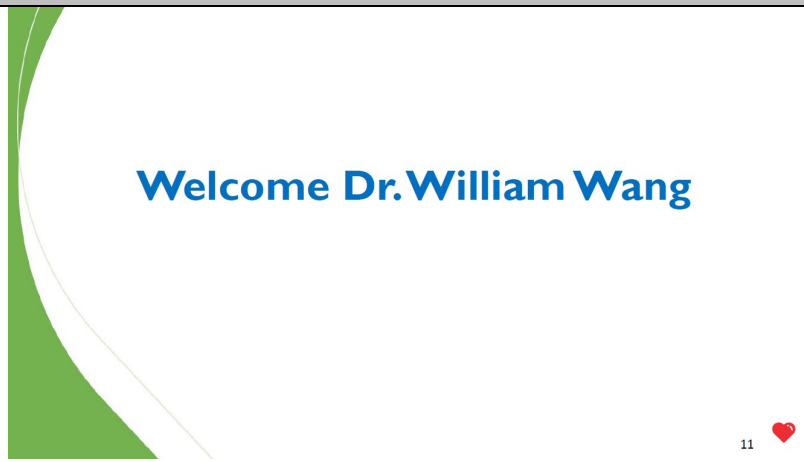
		Action Tracking Log from December 4, 2024 IEHP Inland Empire Health Plan *We heal and inspire the human spirit.* **Quality Management & Health Equity Transformation Committee** **Action Tracking Log** From December 4, 2024 Content contributor: Dr. Juhn and Dr. Wada 9 **Committee Member 11:** informed the committee there are no current action items to present.		
V. New Business		**New Business** 10		

Action Item #	Item Description	Issued Date	Responsibility	Target Date	Date Completed	Action/Follow-Up/ Comments

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
A. New Physician Committee Member – Dr. William Wang	**Committee Member 11 and Committee Member 39**	 **Committee Member 11**: We have a new member. Welcome Dr. William Wang. I believe your online virtually with us. Thank you Dr. Wang. Do you want to take a minute to introduce yourself. **External**: Hello IEHP team. William Wang, Director for Alpha Care. It's a privilege and honor to be with you all. Thank you for the invite. **Committee Member 11**: Thank you for joining the committee, Dr. Wang. We will just keep moving. The first presentation is around is our MCAS MPL Measure Performance.		
B. Quality Management Reports				
1. MCAS Measure set for 2024	**Committee Member 18**			The QMHET Committee approved the MCAS Measure Set for 2024 as presented.

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		MY 2024 MCAS MPL MEASURE PERFORMANCE PRESENTED BY: JACOB DIEKMANN QUALITY SYSTEMS BASED ON DATA AS OF FEBRUARY 2025 – 1ST RUN 12 **Behavioral Health** (see table below) **Activities:** • Included in Hospital P4P Program • Launched new telehealth provider to support post-ED visit / follow-up care • Data completeness activities with both county Departments of Behavioral Health 13 **Committee Member 18**: This is our current performance based on our first February run. So, in the behavioral health domain, both measures are currently hitting the MPL. The follow-up after ED visit for substance abuse is currently trending higher than our final rate last year. For Mental Illness, we're still slightly below our rate for last year. We do anticipate that rate will continue to improve over time.	

Measure	MY 2023 Final Rate	MY 2024 Rate YTD*	MY 2024 Numerator To Date	MY 2024 Denominator To Date	MY 2024 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Follow-Up After ED Visit for Substance Abuse - 30 Days	37.53%	38.25%	2,980	7,790	36.18%	-162	0.72%	Yes
Follow-Up After ED Visit for Mental Illness - 30 Days	65.71%	60.46%	4,075	6,740	53.82%	-448	-5.25%	Yes

These are event-based measures where the denominator will continue to grow over the measurement year.

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		This is a reminder of some of the activities that support these measures, both measures are included in our hospital P4P program. We have launched a new telehealth provider to support the post ED visits and follow-up care for these members. And then we have continued to work closely with both county's departments to get all the data for the services that they're rendering.	

Children's Health

Measure	MY 2023 Final Rate	MY 2024 Rate YTD*	MY 2024 Numerator To Date	MY 2024 Denominator To Date	MY 2024 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Childhood Immunization Status: Combination 10	22.99%	27.74%	114	411	27.49%	-1	4.74%	Yes
Developmental Screening in the First Three Years of Life	53.44%	57.86%	26,285	45,430	35.70%	-10,066	4.42%	Yes
Immunizations for Adolescents: Combination 2	37.96%	35.77%	147	411	34.30%	-6	-2.19%	Yes
Lead Screening in Children	52.38%	58.15%	239	411	63.84%	23	5.77%	
Topical Fluoride for Children: Dental or Oral Health Services	19.35%	18.25%	91,491	501,284	19.00%	3,753	-1.10%	
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits	67.15%	70.40%	14,719	20,909	69.43%	-202	3.25%	Yes
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits	59.95%	59.47%	4,394	7,388	60.38%	67	-0.48%	
Child and Adolescent Well-Care Visits	51.49%	55.07%	262,681	476,978	51.81%	-15,559	3.58%	Yes

Indicates hybrid measure

Activities:

- New Enhanced Member Incentive for Flu vaccine and Rotavirus
- New Combo 10 proactive outreach campaign for members only pending last flu vaccine (CIS)
- New Combo 2 proactive outreach campaign for members only pending last HPV vaccine (IMA)
- New Urgent Care + Wellness Incentive Program for Well Care Visits, Immunizations, and Fluoride (ages 3-21)
- New Launched new Topical Fluoride Incentive Program for FQHCs
- 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
  - Reminder of incentive program
  - Assistance with appointment scheduling

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Committee Member 18: For our Children's Health measures, first and foremost want to call out that we have hit the MPL for the childhood immunization status combo 10 measure. For those of you who have been with us on this journey prior years CIS Combo 10 had continually fell below the MPL, so this is the first time in a very long time that we've hit the MPL. We're very pleased with that performance. And so, we're actually almost 9% higher than our final rate last year for that measure. Other measures that have hit the MPL so far, developmental screening and immunization status for adolescents.

The well child visits in the first 15 months of life for the 15-to-30-month Members and then the childhood adolescent Well-Child Visits have also hit the MPL. Just as a last minute update.so again, our most recent run that was completed yesterday, we have the MPL for the topical fluoride measure as well. So that's not reflected here, but that's certainly breaking

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		news, so MPL for that measure is 19% and current rate is actually 21%. We surpassed the MPL very strongly for that measure.
		
		Even though lead screening is trending almost 6% higher than our rate from last year, we do anticipate that we will probably not hit the MPL for the lead screening measure.
		
		Chronic Disease Management
		
		Measure: Asthma Medication Ratio; MY 2023 Final Rate: 64.98%; MY 2024 Rate YTD*: 63.65%; MY 2024 Numerator To Date: 5,600; MY 2024 Denominator To Date: 8,798; MY 2024 MPL 50th Percentile: 66.24%; Number Needed to Reach MPL: 228; Rate Change %: -1.33%; MPL Met:
		Measure: Controlling High Blood Pressure; MY 2023 Final Rate: 67.55%; MY 2024 Rate YTD*: 64.48%; MY 2024 Numerator To Date: 236; MY 2024 Denominator To Date: 366; MY 2024 MPL 50th Percentile: 64.48%; Number Needed to Reach MPL: 0; Rate Change %: -3.07%; MPL Met: Yes
		Measure: Hemoglobin A1c Poor Control (>9%)**; MY 2023 Final Rate: 32.68%; MY 2024 Rate YTD*: 34.06%; MY 2024 Numerator To Date: 140; MY 2024 Denominator To Date: 411; MY 2024 MPL 50th Percentile: 33.33%; Number Needed to Reach MPL: 3; Rate Change %: -1.39%; MPL Met:
		
		Indicates hybrid measure
		**Asthma Medication Ratio is an event-based measure where the denominator will continue to grow over the measurement year*
		
		Activities:
		• Global Quality P4P Program
		• New End of Year Push Bonus program for Controlling High Blood Pressure performance.
		• ECM Program clinical outcome measure alignment
		• Year end push pharmacy targeted medication review to support HbA1c and blood pressure control
		• HEDIS auditor approval to leverage Member reports blood pressure readings captured in internal medical management systems
		  • Pharmacy team has implemented standard work
		  • BH/CM teams working on adopting pharmacy standard work
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		Committee Member 18: For chronic disease management, we have met the MPL for controlling high blood pressure and we are three Members away from HbA1c. And again, here for asthma medication ratio that we're below the MPL. We do anticipate that we will not hit the MPL for that measure. Same situation from last year we did not hit the MPL for asthma last year either. Some good news, this is a very difficult measure to manage. NCQA has proposed to retire the measure in measurement year 2026. So, we do anticipate that measure will go away in 2026.	

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Reproductive Health

Measure	MY 2023 Final Rate	MY 2024 Rate YTD*	MY 2024 Numerator To Date	MY 2024 Denominator To Date	MY 2024 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Chlamydia Screening in Women	67.93%	69.65%	29,935	42,980	55.95%	-5,888	1.72%	Yes
Postpartum Care	81.72%	77.69%	202	260	80.23%	7	-4.03%	
Timeliness of Prenatal Care	86.74%	83.46%	217	260	84.55%	3	-3.28%	

Indicates hybrid measure

**These are event-based measures where the denominator will continue to grow over the measurement year*

Activities:
- Global Quality P4P Program for Chlamydia Screening in Women
- OB P4P Program for Timely Prenatal and Postpartum Care
- Marketing / communications pieces for Members

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Committee Member 18: For reproductive health, and we've hit the MPL for chlamydia screening and then postpartum care we are seven Members away for postpartum and three Members away for prenatal. So, we do anticipate hitting the MPL for those measures.

Cancer Prevention

Measure	MY 2023 Final Rate	MY 2024 Rate YTD*	MY 2024 Numerator To Date	MY 2024 Denominator To Date	MY 2024 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Breast Cancer Screening	62.39%	63.69%	47,545	74,656	52.68%	-8,216	1.29%	Yes
Cervical Cancer Screening	65.93%	55.32%	208	376	57.18%	7	-10.61%	

Indicates hybrid measure

Activities:
- Global Quality P4P Program
- Member Incentives for both measures
- New Proactive outreach campaign – Members previously compliant, now due for Pap/HPV test
  - Sharing proactive outreach list for highest volume providers

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Committee Member 18: For cancer prevention, breast cancer screening has hit the MPL. As of today, we are four Members away instead of seven

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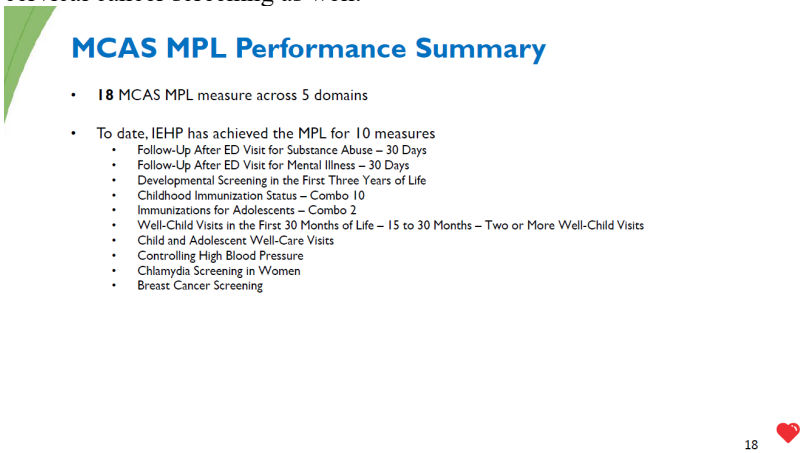
		for cervical cancer screening. We do anticipate we'll hit the MPL for cervical cancer screening as well.  **Committee Member 18:** Just an overview, there are 18 MCAS measures across five domains. To date, when the slides were created there were 10 measures that hit the MPL. Today, actually there are 11 measures that hit the MPL which included Topical Fluoride. Any questions on the MCAS performance? **Committee Member 25**: What was the success on the topical fluoride? I know we were significantly behind in one our last meetings. I'm just curious. **Committee Member 18 :** The topical fluoride measure is weird because we're dependent primarily on the data the comes from the state. So, the timing of the data is very delayed. We did introduce last year an incentive program for the FQHCs around topical fluoride. It encourages them to want to do the services because they're able and then to submit the data to us. As well as submitting it to the state. We are going to do an analysis to see where the data is coming from. So, if more of the data is coming through, directly to IEHP instead of through the state feeds to see if it is		

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		the incentive program that really drove the increased performance. So, once we have more information, we'll circle back. **Committee Member 25:** And I didn't see colorectal screening. **Committee Member 18**: Colorectal screening is not an MPL measure. The state keeps saying that it's going to be. It was supposed to be a measure in 2025, but they pulled back. It's still listed on the list as a potential in future years, but they have not moved to add it in. **Committee Member 17** : Just around the lead screening. Was that the one we did not hit? **Committee Member 18:** Yes, last year we did not hit, and we anticipate we will not hit it this year. We've done much better than last year. We're like 6% higher than our final rate last year already. So, we'll continue to close the gap. But I think we're still like 26-27 members away from the MPL. We don't feel that we will hit the MPL. **Committee Member 17 :** Was it included in the incentive programs? **Committee Member 18:** Lead screening is through Global Quality P4P, in the pay per event. So, if a Provider does the lead screening and bills for it, we will reimburse the Provider $25.00 per Member. **Committee Member 17 :** I'll connect closer with you to talk about strategies on how Care Management can support. Maybe Dan's team already knows certain vendors where they're lower than others. Because do you just not know that is it due? I'm just trying to get deeper on why. **Committee Member 18:** Some of the feedback we've heard, if a Provider refers the child out to a lab to have it done. That's often times an issue. Having to take a child to the lab to get poked again versus them doing it in the office when they are already there. **Committee Member 16 :** Just an observation to the group's attention. For cervical cancer screening, I think we will likely pass the MPL which is		

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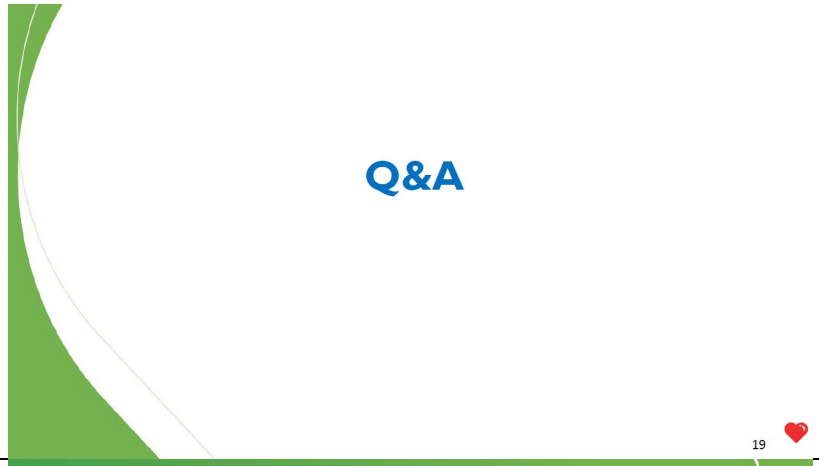
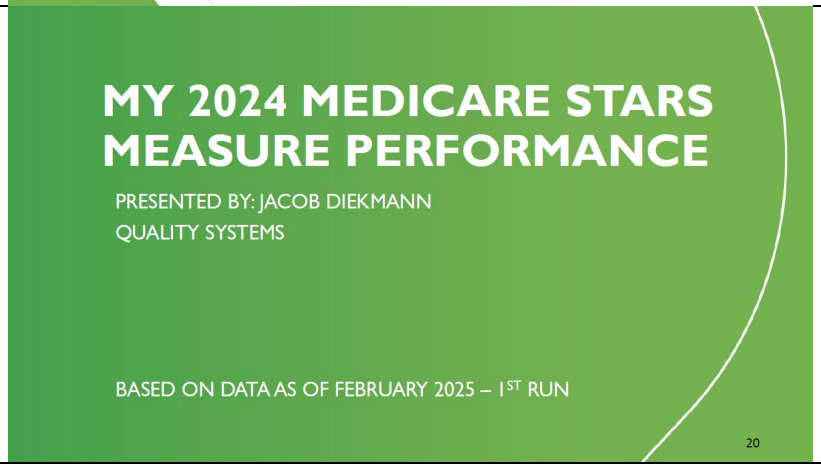
		great. But our rate of performance is 10% lower than last year. I do think this is an area where we need more ideas of what we can do to increase cervical cancer screening rates in general, because that trend is pretty dramatic, right? A 10% drop is huge so definitely looking for any ideas on that one.  		
2. 2024 Medicare Stars Performance Update	**Committee Member 18**	 	D	The QMHET Committee approved the 2024 Medicare Stars Performance Update as presented.

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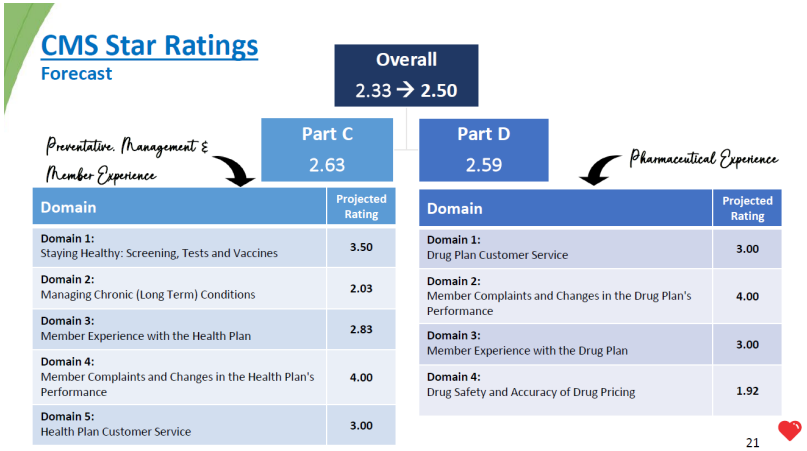
		Committee Member 18: Now I will go over Medicare Stars performance. It's not as happy a story as MCAS was. So, we start off with the good news first.  **Committee Member 18**: Our current forecast overall for Star ratings for Measurement 2024, so we're at a 2.33 today, which rounds up to a 2.5 star rating. If we look at Part C and Part D performance of under Part C, we're 2.63 star rating for Part D at 2.59, and then you can see below the scores by domain. So, for domain 1 which is really around Preventive care for 3.5 stars. Domain 2, which is chronic care. 2.03. Domain 3 is Member experience with a health plan, 2.83, and then Domain 4 member complaints we're at a 4 Star rating. On the Part D side for domain one drug plan customer service, we're at a 3 Star rating. Domain 2 member complaints we're a 4 Star rating. Domain 3 for experience 3 Star rating and then domain 4, drug safety and accuracy of drug pricing we're at 1.92 Star rating.	

CMS Star Ratings
Forecast

Overall
2.33 → 2.50

Preventative, Management & Member Experience

Part C
2.63

Domain	Projected Rating
Domain 1: Staying Healthy: Screening, Tests and Vaccines	3.50
Domain 2: Managing Chronic (Long Term) Conditions	2.03
Domain 3: Member Experience with the Health Plan	2.83
Domain 4: Member Complaints and Changes in the Health Plan's Performance	4.00
Domain 5: Health Plan Customer Service	3.00

Part D
2.59

Pharmaceutical Experience

Domain	Projected Rating
Domain 1: Drug Plan Customer Service	3.00
Domain 2: Member Complaints and Changes in the Drug Plan's Performance	4.00
Domain 3: Member Experience with the Drug Plan	3.00
Domain 4: Drug Safety and Accuracy of Drug Pricing	1.92

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Star Ratings by Measure – Part C

STAR RATINGS DATA LEGEND:

- HEDIS
- CAHPS
- HOS
- Administrative
- Health Plan Quality Improvement
- Pharmacy

Domain 1: Staying Healthy: Screening, Tests and Vaccines		3.50
ID Measure Name	Weight	Star Rating
C01 Breast Cancer Screening	1	4
C02 Colorectal Cancer Screening	1	3
C03 Annual Flu Vaccine	1	3
C04 Monitoring Physical Activity	1	4

Domain 2: Managing Chronic (Long Term) Conditions		2.04
ID Measure Name	Weight	Star Rating
Improving or Maintaining Physical Health	1*	1
Improving or Maintaining Mental Health	1*	1
C05 Special Needs Plan (SNP) Care Management	1	2
C06 Care for Older Adults – Medication Review	1	2
C07 Care for Older Adults – Pain Assessment	1	1
C08 Osteoporosis Management in Women who had a Fracture	1	3
C09 Diabetes Care – Eye Exam	1	3
C10 Diabetes Care – Blood Sugar Controlled	3	2
Kidney Health Evaluation for Patients with Diabetes	1*	1
C11 Controlling Blood Pressure	3	1
C12 Reducing the Risk of Falling	1	5
C13 Improving Bladder Control	1	1
C14 Medication Reconciliation Post-Discharge	1	3
C15 Plan All-Cause Readmissions*	3	3
C16 Statin Therapy for Patients with Cardiovascular Disease	1	3
C17 Transitions of Care*	1	1
C18 Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions*	1	2

Domain 3: Member Experience with the Health Plan		2.83
ID Measure Name	Weight	Star Rating
C19 Getting Needed Care	2	3
C20 Getting Appointments and Care Quickly	2	2
C21 Customer Service	2	4
C22 Rating of Health Care Quality	2	3
C23 Rating of Health Plan	2	4
C24 Care Coordination	2	1

Domain 4: Member Complaints and Changes in the Health Plan's Performance		4.00
ID Measure Name	Weight	Star Rating
C25 Complaints about the Health Plan	2	4
C26 Members Choosing to Leave the Plan	2	4
C27 Health Plan Quality Improvement	5	1

Domain 5: Health Plan Customer Service		3.00
ID Measure Name	Weight	Star Rating
C28 Plan Makes Timely Decisions about Appeals	2	3
C29 Reviewing Appeals Decisions	2	3
C30 Call Center – Foreign Language Interpreter and TTY Availability	2	3

** - New Measure Added in MY2024*

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Committee Member 18: You can see all the measures within the domains that make up the score. Some measures are weighted a bit more heavily than others. Under chronic care domain 2, you'll see some of the outcome measures like HbA1c Control is weighted as a 3 Star rating. Blood Pressure Control is also weighted as a 3 Star rating, Plan All-Cause Readmissions is weighted a 3 Star rating. All measures under domain 3 are weighted a 2 Star rating which are the customer experience survey scores. Then in domain 4 and 5, most measures are weighted as a 2 Star rating. So, the higher the weighting, the more important it is that we perform well.

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

Star Ratings by Measure – Part D

STAR RATINGS DATA LEGEND:
- HEDIS
- Administrative
- CAHPS
- Health Plan Quality Improvement
- HOS
- Pharmacy

Domain 1: Drug Plan Customer Service			3.00
ID	Measure Name	Weight	Star Rating
D01	Call Center – Foreign Language Interpreter and TTY Availability	2	3

Domain 2: Member Complaints and Changes in the Drug Plan's Performance			4.00
ID	Measure Name	Weight	Star Rating
D02	Complaints about the Drug Plan	2	4
D03	Members Choosing to Leave the Plan	2	4
D04	Drug Plan Quality Improvement	5	1

Domain 3: Member Experience with the Drug Plan			3.00
ID	Measure Name	Weight	Star Rating
D05	Rating of Drug Plan	2	4
D06	Getting Needed Prescription Drugs	2	2

Domain 4: Drug Safety and Accuracy of Drug Pricing			1.92
ID	Measure Name	Weight	Star Rating
D07	MPF Price Accuracy	1	3
D08	Medication Adherence for Diabetes Medications	3	2
D09	Medication Adherence for Hypertension (RAS antagonists)	3	2
D10	Medication Adherence for Cholesterol (Statins)	3	1
D11	MTM Program Completion Rate for CMR	1	1
D12	Statin Use in Persons with Diabetes (SUPD)	1	4

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Committee Member 18: Within each domain that the measures support you can see across the first three domains, all measures are either weighted a 2 Star or a 3 Star rating. The drug plan quality improvement measure is weighted at a 5. Under domain 4 the measures are weighted as a 1 Star or a 3 Star rating. After this Sharon will go through our strategies to improve. Any questions on our performance for Medicare Stars?

Q&A

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AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		Committee Member 11 : Is this year-to-date projection? **Committee Member 18**: Yes, this is year to date. **Committee Member 16 :** Can you also clarify the TTY line? We're projected to be at three stars, but now a one star. **Committee Member 18** To Genia's point, under domain 5 the call center TTY measure. So, at the time the presentation was created we were projecting 3 stars. We did get notice from CMS that we were noncompliant in meeting the standard. So, I believe the official score is a 1 star. Is that correct Sharon? **Committee Member 36**: I think the warning letter from CMS, we have to verify if it's for the whole year. Because I know the failure was for the second quarter. So, we still need to look into that. **Committee Member 33:** I have a question about the cervical cancer screening. Can we look to see if their telehealth visits for PCP visit are for their annual. Because we know from family Members a lot of times they're still getting telehealth visits for annual exams. You can order a mammogram and all the other typical stuff. So, it'd be interesting to see if that's a trend. **Committee Member 35:** Are we covering those telehealth visits now, or should we? Is there a scope to scale back out coverage for telehealth? I also have a question on the call center data. Sounds like it's a quarter 2 timing issue. Is there a reason for this trend? **Committee Member 36:** I was doing a deep dive actually this morning with the prospective sales team and member services on TTY to say, take us through the process and let's see if there's any best practices that we still need to implement. The team overall actually has really good control on being able to identify secret shopping that happens between February and June. They are tracking the secret shopper calls to stay within 7 minutes, are they able to get the right interpreter on the line or connect to TTY for		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		the measure. There were a few opportunities that we identified that they're going to be working on, but overall, I would say they have pretty strong control over it. They are tracking metrics, so the calls for shopper calls started in February. Each unit is able to identify the secret shopper. We had 6 secret shopper calls, call in the TTY line. And then also for the language line. And they're measuring whether they're hitting metrics or not. There isn't any pattern as far as the secret shopper missed calls. I think there were two that they notified me of this morning on the language line. There was no specific trend right at the moment, but as I mentioned we were able to identify a few best practices. **External**: Yes, I didn't quite catch someone mentioning something about telehealth. It was very distant, couldn't hear it very clearly, but I have a question. Did CMS give any indication at the end of March or are there going to be very strict restrictions on using telehealth? **Committee Member 18:** We may not have the subject matter experts in the room, but we can definitely follow up on that question. **External**: I am just wondering if that will affect any of your processes and trying to close some of these things, some of our Providers do use telehealth. So just wondering if that's going to affect it but thank you. **Committee Member 25:** Just wanted to share Gabriel Uribe from my team oversees the vendors for interpreting services. So, if it's an issue with vendors, we'd like to make sure that we're digging into that as well. **Committee Member 36**: The one opportunity we identified is putting the Medicare SLAs in the contract. Because I believe that's not in there today. And so, we wanted to talk about that and then also, I think it's a one-year contract and for us to take a look at to say, are they meeting our needs or should we look at other Vendors as well like language line, CQ fluency and see if there might be someone stronger? So those are the couple things that came out.		
3. Medicare Stars Program Strategy	**Committee Member 36**			The QMHET Committee

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		 Committee Member 36: Thank you Jacob for the overview of the Medicare 2024 performance. Just a quick introduction for our external docs. My name is Sharon Jawar. I am 8 weeks in here at IEHP as our VP of Medicare Stars and as a part of our strategic plan as an organization. We are doubling down our efforts on strengthening our quality on our Medicare program. So, you know us to be very strong in the Medi-Cal space As a four-Star NCQA accredited organization for Medi-Cal we want to do the same on the Medicare side. Part of my role coming in is really helping us build around Medicare Advantage and Stars and supporting our Members.	approved the Medicare Stars Program Strategy as presented.

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

		Executive Summary
		• IEHP is on an accelerated transformational journey to **achieve no less than a 4.0-star rating** for DSNP.
		• A **4.0 Star rating for our DSNP requires**:
		  • 5 stars on administrative measures (plan controlled)
		  • 4⁺ stars pharmacy adherence measures (weighted 3x)
		  • 3.5⁺ rating on CAHPS & HOS measures
		  • 3.85⁺ on HEDIS measures
		  • YOY improvement on each measure
		• Improving the quality of care to our members to 4 star will also provide a financial lift of ~$33M that can be reinvested into benefits that care for our members.
		26
		Committee Member 36: For all the clinicians in the room, if you think about your science days and you think about an enzyme, you know catalyzing and speeding up a reaction, the start of us really growing and maturing in the Medicare space starts with this brand new position that we've created here at IEHP to really do our due diligence making sure older adults get the care that they deserve and need.
		
		As we go on this accelerated journey to be a 4-star plan for Medicare it is a balance of requiring engagement from our Providers and us as the plan providing information and the tools to better serve our older adults as well as mentioned by Jacob. Some of those plan control measures like TTY, like appeals decisions, we have to be experts at doing those. And so it's a shared responsibility and the program on the Medicare side is a little bit different than on Medi-Cal. Medi-Cal tends to have a lot of the HEDIS® measures what I'll share with you today on the Medicare side is just a little bit more information about how the program differs and our plan as we go forward throughout the year on how we're going to tackle this.	

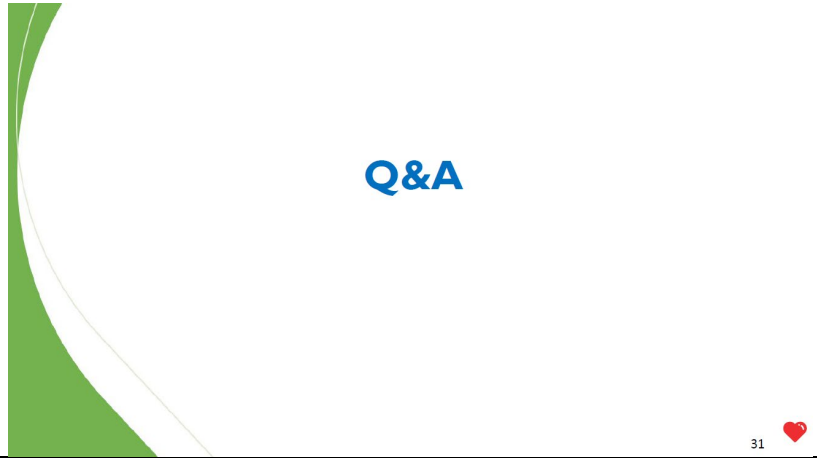
AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		2025 Medicare Star Ratings: **Administrative** Description / Weight / Plan or Provider Controlli Special Needs Plan (SNP) Care Management / 1 / Plan Complaints about the Health Plan / 2 / Plan Plan Makes Timely Decisions about Appeals / 2 / Plan Reviewing Appeals Decisions / 2 / Plan Call Center – Foreign Language Interpreter and TTY Availability / 2 / Plan Call Center – Foreign Language Interpreter and TTY Availability / 2 / Plan Complaints about the Drug Plan / 2 / Plan Total # of Measures in Category / 7 Sum of Category Weights / 13 **HOS** Description / Weight / Plan or Provider Controlli Improving or Maintaining Physical Health / 3 / Provider Improving or Maintaining Mental Health / 3 / Provider Monitoring Physical Activity / 1 / Provider Reducing the Risk of Falling / 1 / Provider Improving Bladder Control / 1 / Provider Total # of Measures in Category / 5 Sum of Category Weights / 9 **Pharmacy** Description / Weight / Plan or Provider Controller HPF Price Accuracy / 1 / Plan Medication Adherence for Diabetes Medications / 3 / Plan Medication Adherence for Hypertension (RAS antagonists) / 3 / Plan Medication Adherence for Cholesterol (Statins) / 3 / Provider Statin Use in Persons with Diabetes (SUPD) / 1 / Provider Concurrent Use of Opioids & Benzodiazepines (COB) / 1 / Provider Poly Pharmacy Use of MultiAnticholinergics / 1 / Provider Total # of Measures in Category / 7 Sum of Category Weights / 13 **CAHPS** Description / Weight / Plan or Provider Controlli Getting Needed Care / 2 / Provider Getting Appointments and Care Quickly / 2 / Provider Customer Service / 2 / Plan Rating of Health Care Quality / 2 / Provider Rating of Health Plan / 2 / Plan Care Coordination / 2 / Provider Members Choosing to Leave the Plan / 2 / Plan Members Choosing to Leave the Plan / 2 / Plan Rating of Drug Plan / 2 / Plan Getting Needed Prescription Drugs / 2 / Plan Annual Flu Vaccine / 1 / Provider Total # of Measures in Category / 11 Sum of Category Weights / 21 **HEDIS** Description / Weight / Plan or Provider Controlli Plan All-Cause Readmissions / 3 / Provider Statin Therapy for Patients with Cardiovascular Disease / 1 / Provider Transitions of Care / 1 / Provider Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions / 1 / Provider Breast Cancer Screening / 1 / Provider Colorectal Cancer Screening / 1 / Provider Care for Older Adults – Medication Review / 1 / Provider Osteoporosis Management in Women who had a Fracture / 1 / Provider Diabetes Care – Eye Exam / 1 / Provider Diabetes Care – Blood Sugar Controlled / 3 / Provider Kidney Health Evaluation for Patients with Diabetes / 1 / Provider Controlling Blood Pressure / 3 / Provider Total # of Measures in Category / 12 Sum of Category Weights / 18 **Quality Improvement** Description / Weight / Plan or Provider Controlli Health Plan Quality Improvement / 5 / Drug Plan Quality Improvement / 5 / Total # of Measures in Category / 2 Sum of Category Weights / 10 **Committee Member 36**: This year, Medicare will be rating us on 45 measures, and these are the 45 beautiful measures and they're broken up into categories. These are administrative measures. These are the ones that the plan handles and operates. There's HOS measures, survey measures, CAHPS® measures, which are survey measures. There's a heavy emphasis in Medicare around pharmacy measures both clinical and well as administrative. Then you have what a lot of us individuals in the room are very familiar with the HEDIS® measures. And then there's also quality improvement measures, and that really is a focus on CMS saying, on all these 43 measures, are you continually improving year over year and if	

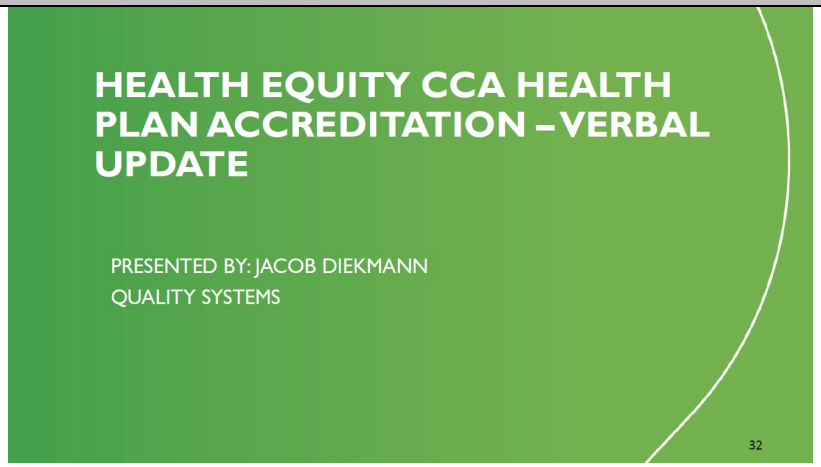
AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		you are, we will reward you for that. **Building the Initial Foundation** What are we doing? / Who? / By when? Educate the organization on Medicare Star measures / Quality and identified BUs / Q1 Assign measure champions to each Medicare Star Domain / Quality and identified TMs / End of February Collaborate with departments to assign appropriate SMART goals for HR goal process / Quality and identified Departments / March 14th Medicare Pathway Workgroup kick off meeting / Quality and all identified measure champions / March Capture Medicare Stars work within the Enterprise Strategy to be tracked / Quality and Strategy Dept. / End of February 28 **Committee Member 36**: As an organization coming in eight weeks now, really we're focusing on building the foundation and the competency level across the organization on how to improve our quality efforts. So, some of the beginning efforts are really around educating everyone across the organization. So that started obviously over the past weeks, but that'll probably continue throughout the year. Where everyone across the organization will continue to learn and grow the knowledge around Medicare. We have assigned champions to the 45 measures and these champions are going to identify where we are today in our performance? What are some tactics we need to initiate and then track that performance? What's working well? Redesign if we need to. I shared earlier, there's some plan controlled measures and pharmacy measures because the plan can directly impact those measures. We're really doubling down on our efforts there the 1st 180 days of this year. What is needed to build that out and do better? And we're asking all the measure champions to really think through and put in their goals for this year. So, as an organization, we're all rowing in the same direction on those measures. We have our kickoff of the Medicare pathway in March and throughout the year we've been doing, we've been starting, and we will continue deep dive sessions on process redesign and improvement.		

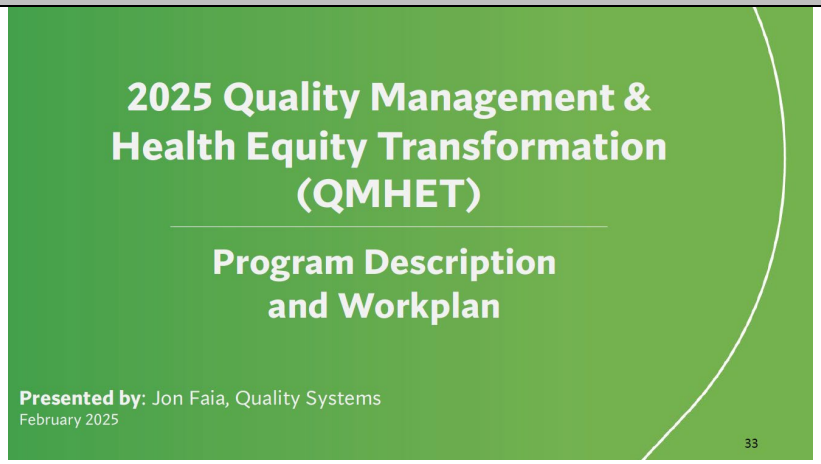
AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Critical Work Needed in 2025 **Area** / **Immediate** / **Parallel Track** **HEDIS** • Add SUPD and SPC gaps to provider reporting • Adjustments to Provider Incentive Program Design/Contracting updates • Consider embedded staff/seed $ for key IEHP Direct Physicians/IPA • Vet if community centers be leveraged to close gaps (Flu, HBA1c etc.) • Vaccine scheduling at the pharmacy/cap deduct providers if applicable • New member onboarding • Appropriate recapture rate **Pharmacy** • 30-90/100 day conversions • Weekly Adherence Refills • Add MPF Performance guarantee into PBM agreement • 2026 formulary/tiering/UM accounts for adherence strategy and polypharmacy measures • High Provider-Pharmacist Detailing • Poly pharmacy intervention • Arine to support population for C and D measures • Take action on members who indicate help needed with meds on HRA **Improvement/ Analytics** • What if scenario analytics • Buy/Build Comprehensive Star Dashboard • Build out deeper reporting for certain measures • YOY increase/decrease by measure • Optimize scores on 17 of 42 measures which are "plan" controlled **HOS** • Discuss w/ Marketing to fold in HOS measures into marketing campaign efforts • Ensure SNP Care Management/Community are touching all these areas with meaningful interventions **Administrative** • CTM root cause/process improvement • Prospect Line Secret Shopping • Appeals Overturn & Timeliness SNP MOC (LEAN) **CAHPS** • Implementing 3 quick hit ideas prior to CAHPS season • Develop efforts by segmentation • VOC same day recovery • Teletalks on health topics and benefit changes so no surprises. • Pulse CAHPS surveying (off season) • Access to care strategy **HEI Index** • Understand current performance w/HEI index • Review HESS Dashboard to determine opportunity areas Strategize how to optimize HEI points 29 **Committee Member 36**: In terms of the critical work needed, this is an eye chart. I'm not going to go through it in great detail. The key take away is heavy internal focus on administrative measures that we have control over, pharmacy and analytics and being able to do what is scenario planning so that we better understand how we're progressing and when we need to sound alarm bells on how we're performing on the Stars. Parallel track is going to be a longer pathway, but it's what tools and resources and information we can better tee up for our Providers. What long term strategies do we need to help our Members with? So, it's going to be a combined immediate plus parallel track.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		Q&A • What does IEHP do well to support the provider network in succeeding in the Medicare Stars Program? • What opportunities for improvement would you recommend in how IEHP supports providers on Medicare Stars Quality Measures? • What do other plans provide that is useful and we should consider? 30 **Committee Member 36:** This really was just to give you a taste and just to give you a sense of how we're building out our competency on Medicare quality for the external docs, I was just curious in the last couple of minutes that I have really, with me being new and fresh to the organization as you all are engaging with us on serving your older adults, is there anything in our current Medicare Stars program you'd like to give us feedback on? What's working well in our program and incentive program? What are other plans doing for that maybe we should consider? And I'll open it up to the floor. I know Dr. Fong and I happen to be talking before the meeting, and he gave me a few pearls. But if anyone else has any thoughts, I welcome them. **External**: Yes, I can share a little self-perspective, although I will say that I am not in our quality space at Loma Linda University Medical Center looking at our Stars program but one thing that I did mention is, there's maybe the problem of IEHP being brought down by their own success. Our Stars population is dwarfed by the P4P population. So, for a long time we have just not had the resources to devote to the Stars population because of the P4P program and we just have limited resources to do something. Are there any type of synergy or even reporting that has parallels so, we can look at things and kind of understand what are ways		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		that we can do things that are going to benefit both programs that can be really helpful, and we are starting to look at the Stars program a little bit more, but that is definitely kind. As an outside observer, for someone who doesn't work directly in Stars but just hearing, you know, quality meetings, that's something that we've been struggling with. **Committee Member 35:** Do you think it would be valuable to tie the P4P dollars to Stars? **External:** Sometimes it just comes down to unfortunately, what is the best bang for your buck in terms of the limited resources that we have? **Committee Member 11**: Great! Thank you for the feedback. We have Dr. Wang with a comment. **External**: I know IEHP on the Medi-Cal side has a very excellent hospitalist network. Is that still the same for the Medicare side? **Committee Member 37:** Yes, the answer is yes. **External**: I don't know if you're already doing it, but for our groups where we have our own employee hospice in these hospitals and we're seeing our Members, there's a great synergy where the Hospice plays a great role in helping us and capture some of these gaps, so I know IEHP on the Medi-Cal side has a great, wonderful, extensive Hospice network. I'm not sure if there's any synergy there to work with them closely on Members who hit the hospital and may need some of these measures closed. Just curious. Sorry, I'm new so I don't know what's been going on or what y'all do, but just putting it out there. **Committee Member 37**: We do have our network for hospital assist overlap. They do all lines of business, and I know that there has been some work already around quality to align that. So, today our hospital and ancillary team are off site, but I will take this to them so they can give us more details for next meeting.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		External: Yes, I think you all have a great resource there. I think there's a lot of opportunities there, so great. **Committee Member 39**: Alright, thank you for that. Any further questions on this topic? Thank you, Looks like I'm passing it back to Jacob for Health Equity Covered California updates. 		
4. Health Equity CCA Health Plan Accreditation – Verbal Update	i9861			The QMHET Committee approved the Health Equity CCA Health Plan Accreditation Update as presented.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		 **Committee Member 18:** Just a quick update. So, I believe it was the December meeting where we provided an update that we were going through the survey process. The Health Equity and accreditation cycle for our Covered California product. On February 10th, we received our final results from NCQA that we did achieve the Health Equity Accreditation for our Covered California line of business. The surveyors did point out key strengths in the organization, noting that we have dedicated and knowledgeable staff and that we have a strong program to address and assess Members, cultural, racial and linguistic needs. We did receive a 100% score across all the assessed accreditation standards. And the accredited status should be updated in March on the NCQA website, noting our accreditation status. Any questions?		
5. 2025 QM Program Description	**Committee Member 21**			The QMHET Committee approved the 2025 QM Program Description as presented.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		 **Committee Member 21**: We want to talk a little bit about our Quality Management & Health Equity Transformation, program description and work plan. They work in tandem with those of you who have been part of the committee for a while now and you've seen this document before. **Committee Member 21:** The purpose of the document is really to provide a written outline of our quality improvement goals throughout the year. We want to use the document to promote oversight and evaluate the	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		program itself. The committee actually votes and approves on this document annually, along with our work plan that we'll see coming up in just a couple minutes. And then just a reminder that the QM program description is also regulatory and helps with our accreditation standards. **2025 QM & Health Equity Workplan** The QM and Health Equity Workplan is a dynamic document that covers a full year of planned activities and objectives. • IEHP identifies and includes activities in the workplan that address: ○ Quality of clinical care; ○ Safety of clinical care; ○ Quality of service; and ○ Members' Experience. • IEHP must document a timeframe for completion and frequency for each activity. • The workplan must specify the staff responsible for activities. • The Quality & Health Equity workplan includes periodic or ongoing monitoring of issues identified in prior years that is determined required follow-up. • Annual evaluation of the Quality program must be listed as a specific activity on the workplan, with a stated timeframe and identification of the staff responsible for the evaluation. 35 **Committee Member 21:** So, we're going to talk a little bit about the work plan now. It covers a year's planning of our activities. All our activities that flow into the Quality of Clinical Care, Safety, Clinical Care, our Quality of Service, and our Member Experience. The work plan covers all the outlined initiatives that we're going to include as well as reporting assessments and annual evaluations and it gives a time frame for each completion date. Some of those range from monthly to quarterly to annually, but they're all specified and outlined in our work plan. It allows for specific staff responsibilities and activities and includes periodic monitoring of those initiatives.		

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

WORKPLAN LEGEND

Shading	Font
Scheduled to Present	On Next Meeting Agenda
Presented on Time	**Presentation Date**
Presented Late	***Presentation Date - late***
Not Presented	
R Retired Report	

Quality Management & Health Equity Transformation Committee (QMHETC) Schedule

IEHP

Report Details				2025				2026				2027			
Category	Title	Owner	Strategic Priority	February	June	August	December	February	May	August	December	February	May	August	December
ANNUAL REPORTING															
	Community Advisory Committee Annual Assessment	Health Equity													
	Credentialing Subcommittee Annual Assessment	Credentialing													
	D-SNP MOC Monitoring and Oversight Annual Assessment	Quality Management													
	D-SNP Senior Advisory Committee Annual Assessment	Medicare													
	Delegation Oversight Annual Assessment	Delegation													
	Hospital & Ancillary Annual Assessment	Hospital Relations													
	Member Experience Annual Assessment	Member Services													
	Member Safety Annual Assessment	Quality Management													
	Peer Review Subcommittee Annual Assessment	Credentialing													
	Pharmacy & Therapeutics Subcommittee Annual Assessment	Pharmacy													
	Population Health Management Annual Assessment	Quality/Health Services													
	Provider Network Access Annual Assessment	Quality Systems													
	Quality Improvement Subcommittee Annual Assessment	Quality Improvement													
	Skilled Nursing Facility Annual Assessment	Hospital Relations													
	Transgender, Gender Diverse, and Intersex Annual Assessment	Health Equity													
	Utilization Management Subcommittee Annual Assessment	Utilization Management													
	Quality Management Annual Evaluation	Quality Management													
	Quality Management Annual Evaluation - IEHP Covered	Quality Management													
	Quality Management Workplan	Quality Management													
	Quality Management Program Description	Quality Management													
	Culturally & Linguistically Appropriate Services (CLAS) Annual Evaluation	Health Equity/QS													
	Culturally & Linguistically Appropriate Services (CLAS) Program Description*	Health Equity/QS													
	Culturally & Linguistically Appropriate Services (CLAS) Workplan*	Health Equity/QS													
	Diversity, Equity and Inclusion Training (UHS version) and Completion Report Summary^	Health Equity													
	Medi-Cal Managed Care External Quality Review Technical Report - IEHP Response	Quality Improvement													
QUARTERLY REPORTING															
	Community Advisory Committee Executive Summary	Health Equity													
	Credentialing Subcommittee Executive Summary	Credentialing													
	D-SNP MOC Monitoring and Oversight Executive Summary	Quality Management													
	D-SNP Senior Advisory Committee Executive Summary	Medicare													
	Delegation Oversight Executive Summary	Delegation													
	Hospital & Ancillary Executive Summary	Hospital Relations													
	Member Experience Executive Summary	Member Services													
	Member Safety Executive Summary	Quality Management													
	Peer Review Subcommittee Executive Summary	Credentialing													
	Pharmacy & Therapeutics Subcommittee Executive Summary	Pharmacy													
	Population Health Management Executive Summary	Quality/Health Services													
	Provider Network Access Executive Summary	Quality Systems													
	Quality Improvement Subcommittee Executive Summary	Quality Improvement													
	Skilled Nursing Facility Executive Summary	Hospital Relations													
	Transgender, Gender Diverse, and Intersex Executive Summary	Health Equity													
	Utilization Management Subcommittee Executive Summary	Utilization Management													

* denotes an Health Equity (CLAS) Deliverable

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Committee Member 21: Here is a copy of our work plan that can be found on Jive. Everyone has access to this and can access it through our Quality JIVE page, there you can see that it outlines all our initiatives with the identified parties that are responsible for those.

WORKPLAN LEGEND

Shading	Font
Scheduled to Present	On Next Meeting Agenda
Presented on Time	**Presentation Date**
Presented Late	***Presentation Date - late***
Not Presented	
R Retired Report	

Subcommittee Report Schedule

IEHP

* denotes an NCQA Deliverable
^ denotes an Health Equity (CLAS) Deliverable

Report Details				2025												2026												2027											
Category	Title	Subcommittee	Chair(s)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Annual Reporting										ANNUAL												ANNUAL												ANNUAL					
Clinical Quality	Birthday Call Effectiveness Study	QI	Sera, Christine																																				
	Enhanced Care Management (ECM) Program Evaluation*	Population Health	Sarita, Halima																																				
	HEDIS® Results**	QI	Sera, Christine																																				
	Member Testing Campaign study	QI	Sera, Christine																																				
	MMP Quality Ratings Report	MOC Monitoring & Oversight	Michael, Andrea																																				
	Osteoporosis Management in Women Who Had a Fracture (OMW) Study	MOC Monitoring & Oversight	Michael, Andrea																																				
	PHM Population Assessment - Medi-Cal*	Population Health Management	Sarita, Halima																																				
	PHM Population Assessment - IEHP Covered*	Population Health Management	Sarita, Halima																																				
	Population Health Management Program Strategy Effectiveness Study - Medi-Cal*	Population Health	Sarita, Halima																																				
	Population Health Management Program Strategy Effectiveness Study - IEHP Covered*	Population Health Management	Sarita, Halima																																				
	Population Needs Assessment	Population Health Management	Sarita, Halima																																				
	Preventive Care Outreach Study	QI	Sera, Christine																																				
Continuity and Coordination of Care	CMC Care Coordination and Quality Improvement Program Effectiveness Annual Evaluation	MOC Monitoring & Oversight	Michael, Andrea	1/15																																			
	3D: Continuity and Coordination of Care (COC) Study*	Population Health	Sarita, Halima																																				
	Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care*	Hospital and Ancillary Subcommittee	Sarita, Nikole																																				
	Care Transition Study (Medi-Cal)*	Population Health	Sarita, Halima																																				
	Care Transition Study (Medicare)	Population Health	Sarita, Halima																																				
	D-SNP Model of Care (MOC) Annual Evaluation	MOC Monitoring & Oversight	Michael, Andrea																																				

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Committee Member 21: This is another piece of the work plan you can see here in our red highlighted box, what we talked about before, it

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		outlines our responsible parties, and you can see the shading there allows for a visual of when all these items are due and will be presented and voted on in a subcommittee/committee.		

IE HP

WORKPLAN LEGEND

Shading	Font
Scheduled to Present	On Next Meeting Agenda
Presented on Time	**Presentation Date**
Presented Late	***Presentation Date - late***
Not Presented	
R Retired Report	

Board Report Schedule

Category	Area of Focus	Presenter	Scheduled for Board	2025 Status	2026 Status	2027 Status
Annual Reporting						
Subcommittee Reports	CLAS Program Description & DHCS Facility Site Review/Medical Record Review Audit Updates	Health Equity Operations, Genia Fick	January			
Subcommittee Reports	QM Program Description & Work Plan, P4P Update, Health Plan Accreditation	Dr. Ed Juhn, Genia Fick	February			
Provider Experience	Provider Experience Survey Results	Susie White	March			
Member Experience	Annual Grievance and Appeals Report	Susie White	April			
			May			
Subcommittee Reports	QM Annual Evaluation	Genia Fick	June			
			July			
	HEDIS Annual Report	Genia Fick	August			
			September			
			October			
Member Experience	CAHPS Annual Report	Susie White	November			
Subcommittee Reports	NCQA LTSS Accreditation Update	Genia Fick	December			

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Committee Member 21: This here is another piece of our work plan. We have a few different tabs on there that account for some of our Health Equity activities. Some of the more subcommittee/committee driven items and then our board schedule. This will outline different reports and initiatives that will go through the Governing Board with their corresponding days for presentation and again the work plan I forgot to mention earlier, the work plan does display a three-year cycle which is driven by our NCQA look-back period for survey. We're currently in 2025 and the work plan is planned out through 2027.

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		IEHP **2025 Appendix A – Workplan Details**	

Clinical Quality	Regulator	Reporting Subcommittee and timeframe for Completion	Goals/Objectives	Responsible Department
Birthday Call Effectiveness Study	Internal	QI Subcommittee: Yearly - July	To improve HEDIS rates for Breast Cancer Screening, Comprehensive Diabetes Care (HbA1c Testing) and Cervical Cancer Screening.	Quality Improvement Leadership
Enhanced Care Management (ECM) Program Evaluation	Internal	Population Health Management: Yearly - February (Starting CY 2025)	The ECM Annual Program Evaluation examines IEHP's ECM program to understand the extent to which intended program outcomes were achieved. The evaluation consists of key evaluation questions, quantitative and qualitative analyses and recommendations.	Health Services Evaluation (Quality) and ECM Team
HEDIS® Results**	CMS, DHCS, NCQA	QI Subcommittee: Yearly - October	IEHP set the HEDIS® 2017 Medi-Cal and Medicare goals as the NCQA 75th percentile utilizing NCQA's HEDIS® audit means percentiles. If IEHP was at, or above the 75th percentile, then the goal was sent to the NCQA 90th percentile.	Quality Systems Leadership
Member Texting Campaign study	Internal	QI Subcommittee: Yearly - November	To improve HEDIS compliance rates for identified measures for Members receiving texts regarding care gaps	Quality Improvement Leadership
MMP Quality Ratings Report	Internal	MOC Monitoring & Oversight: Yearly - April	The goal is to examine plan performance and the quality of care provided to enrollees, which include certain Medicare Parts C and D quality measures and select CMS core and state-specific measures that IEHP is required to report. The objective is to provide an overall assessment of IEHP's performance and compare with state and national MMP averages.	Quality Systems Leadership
Osteoporosis Management in Women Who Had a Fracture (OMW) Study	CMS	MOC Monitoring & Oversight: Yearly - September	To improve the HEDIS rate of Osteoporosis Management in Women who had a fracture (OMW).	Quality Improvement Leadership
PHM Population Assessment - Medi-Cal*	DHCS, NCQA	Population Health Management: Yearly - May	The goal is to assess the characteristics and needs of IEHP's Medi-Cal Membership and subpopulations and update the PHM Structure, strategy, and resources/activities based on the findings in accordance with NCQA PHM 2.	Quality Systems & Population Health Leadership
PHM Population Assessment - IEHP Covered*	DHCS, NCQA	Population Health Management: Yearly - May	The goal is to assess the characteristics and needs of IEHP's IEHP Covered Membership and subpopulations and update the PHM Structure, strategy, and resources/activities based on the findings in accordance with NCQA PHM 2.	Quality Systems & Population Health Leadership
PHM Program Strategy Effectiveness Study - Medi-Cal*	DHCS, NCQA	Population Health Management: Yearly - May	Measuring the effectiveness of the IEHP's Medi-Cal PHM strategy outlined by the health plan, for meeting care needs of members, and designs a cohesive plan of action to address member's needs.	Quality Systems & Population Health Leadership
PHM Program Strategy Effectiveness Study - IEHP Covered	DHCS, NCQA	Population Health Management: Yearly - May	Measuring the effectiveness of the IEHP's IEHP Covered PHM strategy outlined by the health plan, for meeting care needs of members, and designs a cohesive plan of action to address member's needs.	Quality Systems & Population Health Leadership

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Committee Member 21: And here's our Appendix which calls out some of the studies and some of the good work that's being done by their departments around IEHP. You can see, for example, our birthday call study. HEDIS® results, highlighting all that good work that's going on that can all be found on the workplan. The workplan drives the agendas for all subcommittees/committees

Q&A

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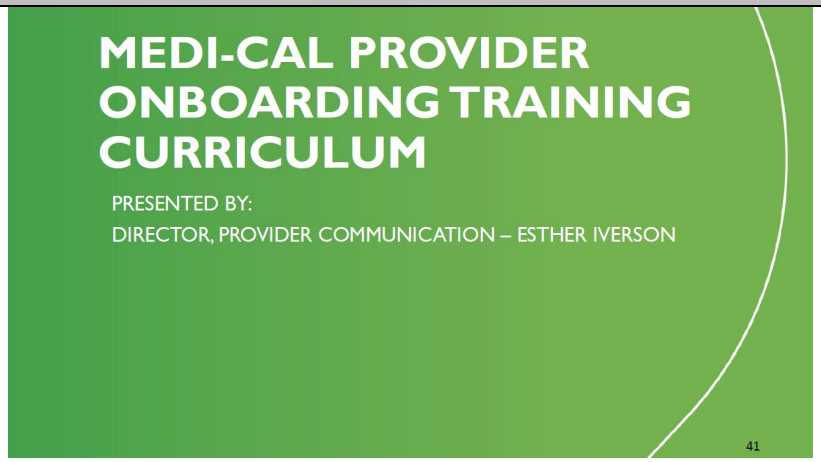
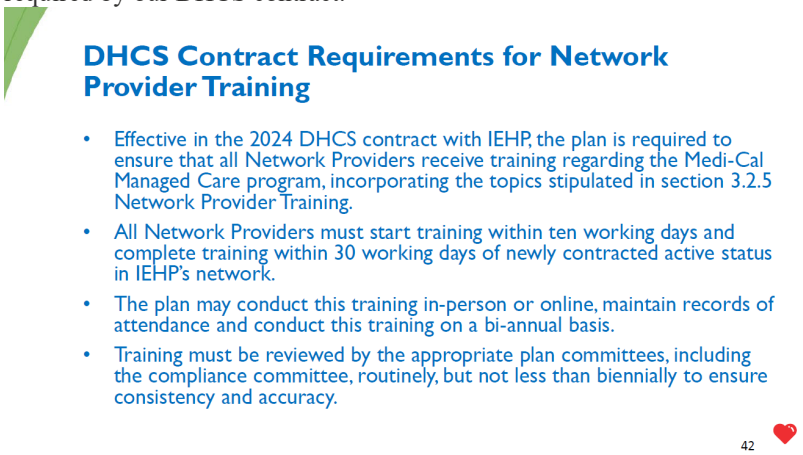
AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
6. Network Provider Training Curriculum	**Committee Member 13**	 **Committee Member 13**: Good afternoon. So, we are bringing before the committee our on boarding training curriculum for Medi-Cal providers as required by our DHCS contract.  **Committee Member 13**: Effective in the 2024 contract with the plan, we are required to ensure that all network Providers are receiving training regarding the medical managed care program that incorporates the topics that are listed in Section 3.2.5 of the contract. It is a very specific and	The QMHET Committee accepted the Network Provider Training Curriculum as presented.

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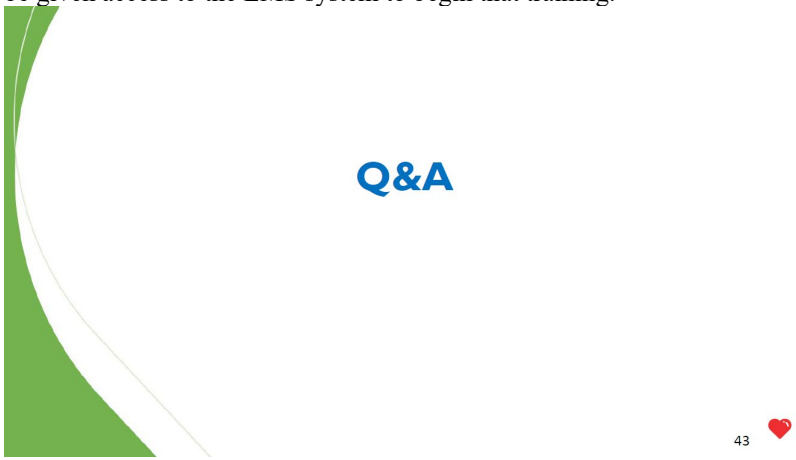
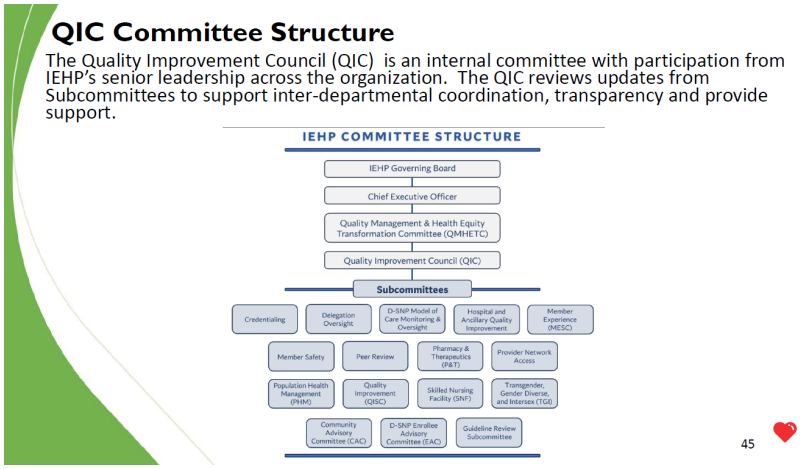
		detailed list of topics. All network Providers must start training within 10 working days and complete training within 30 working days of newly contracted active status in our network. This includes, of course, all of our delegated Providers as well. The plan may conduct this training either in person or online. We must maintain records of attendance and conduct this training no less than on a bi-annual basis. The training is required by the contract to be reviewed by appropriate planning committees, including this committee. Then the Compliance Committee, but not less than bi-annually to ensure consistency and accuracy. Included in your packet you will find the curriculum. It was a very lengthy training course due to the number of topics required by the contract. We appreciate the feedback of the committee as we are launching this first iteration via our learning management system (LMS) in March, and we will be then starting to look at this on a provider type basis. To tailor our learning management system according to specialty types. So, by that meeting, the primary care physicians, specialists, vision Providers, and tailor the content accordingly and also incorporate more modules that speak to more plan specific information and procedures. So, if you have any feedback as you are reviewing, please feel free to share that with me or I'll provide communication team and thank you. **Committee Member 35:** With respect to the updating the training and this time requirement. How does this work into our credentialing and or contracting process? **Committee Member 13**: So, we actually did a rapid improvement event (RIE) last November to look at what our trigger would be in terms of launching the training. So we have been looking at how we have opportunity as a Provider is in the credibility and contracting process to get a head start, so to speak on their training to ensure not only of course the plans compliance but to ensure that we're laying the information out for the provider, so expectations are clear as they are into agreement with the plan. So we're still working out the details of that active start date. We have of course effective dates that are credentialing effective dates, contracting		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		effective dates. But we're actually right now in the middle of discussion about what that active start date looks like and how soon providers could be given access to the LMS system to begin that training.  **Committee Member 39**: I just realized for the QM program description and work plan; we actually do need a motion to approve. Can I get a motion to approve that program description and work plan? **Committee Member 16**: Motion to approve. **Committee Member 25:** Second.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
7. Quality Improvement Council Executive Summary	**Subcommittee Chairs**	 **Committee Member 16**: I will get it started, but the updates are going to come from the subcommittee chairs.  **Committee Member 16**: So just as a reminder to this committee, our QI Council is an internal committee with participation from our senior leadership across the organization and this is really where we can have those internal discussions about providing support and coordination and transparency around the work that's happening within. The slides that	The QMHET Committee accepted the Quality Improvement Council Executive Summary as presented.

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		you'll see forthcoming or a summary of what was presented at our last group of QI Council meetings. **QIC Update** Since our last update, QIC has met **three times** with the following updates from subcommittees: QIC Meeting Date: December 17th 2024 / QIC Meeting January 29th 2025 PHM Subcommittee (09/13/24, 09/17/24, 10/24/24) / Credentialing Subcommittee (07,17,24, 08/21/24, 09/18/24, 10/16/24) Utilization Management Subcommittee (10/23/24) / Peer Review (08/28/24, 10/23/24) Community Advisory Committee (09/19/24) / Delegation Oversight (10/28/24, 12/2/24, 12/27/24) Member Experience Subcommittee (11/21/24) / Member Safety Subcommittee (12/16/24) *Skilled Nursing Facility (10/24/24)** / Pharmacy and Therapeutics Subcommittee 12/01/24 *Hospital and Ancillary (10/03/24) ** / Provider Network Access Subcommittee (12/10/24) Community Advisory Subcommittee (12/5/24) **update to QMHETC will be provided at the next meeting* 46 **Committee Member 16:** Just as an update we had two meetings, one in December and one in January. You'll see here listed on the subcommittees that were reporting in during those two meetings. This is what will be highlighting in the upcoming slides here we will be bringing forward the SNF and the hospital ancillary report out at our next meeting since those leaders are not here today, but all the other subcommittees are prepared for a report out.		

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		Subcommittee Updates 47 **Community Advisory Committee** **Chair**: Gabriel Uribe Meeting Dates: 09/19/24, 12/5/24 **Topics of Discussion** 6 topics were presented with feedback from the CAC Members **Next Steps** • IEHP is actively recruiting CAC Members for 2025 • Continue interdepartmental feedback loop on all action items. Action Items must be responded to per DHCS. • Explore adding the CAC presentation to the IEHP Mobile App and the Member Portal 48 **Committee Member 15**: Good afternoon. All right, so for the Community Advisory Committee (CAC). This past year, we covered 6 topics over two quarterly meetings. And you can see those six topics here. I won't go through all of them, but I wanted to highlight the first one, getting needed Member care during a Member experience conversation. One of the main elements of feedback from the committee was to improve how IEHP addresses the needs of people of color. There's a lot of conversation		

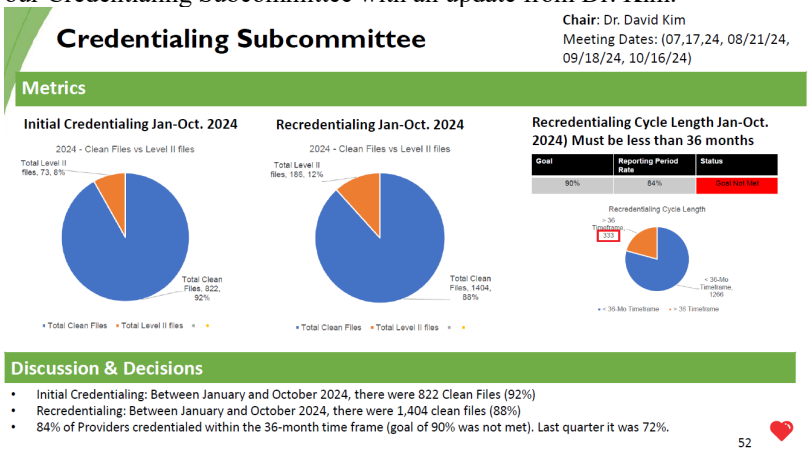
Topic	Feedback from the CAC Members
Getting Needed Care (Member Experience)	○ Improve how IEHP addresses needs of people of color
Senate Bill and Access to Mental Health (presented by BHCM)	○ Educate Providers around stigma around the Hispanic culture in seeing a Mental Health Therapist
San Bernardino County Community Health Assessment (CHA) Presentation	○ County should provide case management to help navigate comprehensive care
Protecting Yourself and Your Community Against Influenza	○ IEHP should Provide more education on cultural fears, and resistance to Flu Vaccine
Primary Care Services in the Home (Presented by Provider Services)	○ CAC Members receptive to this idea ○ Add specialty services to in home visits not just PCP visits
IEHP Open Access Program	○ Provide 'trauma informed care' to our Providers, ○ Provide resources to school counselors and CBOs that serve youth.

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		around different recommendations in that space. And as an organization, we do keep track of how we follow up with those. That feedback that is provided by Members and you know we are effectively working through with the DEI training and some of the monthly trainings that Health Equity Operations (HEO) offers to address some of that concern for Members in a systemic way. We also spoke a little bit about the Senate Bill and access to mental health. Members provided some feedback around that and we did address the stigma in minority cultures, specifically in Hispanic culture with mental health therapy and access to that. And finally, on the IEHP Open Access program, there was some feedback around trauma, informed care and how that is an important thing that is seen by our Members as important in their journey when interacting with people in the clinical setting. Our next CAC meeting will be in March of 2025. **Member Experience Subcommittee** **Chairs**: Mike Grant, Dan Gomez Meeting Dates: 11/21/24 **Key Reports and Findings** **Standard Grievances Q3 2024:** CCA 2% DNSP 27% MED 71% 7% increase in QOS (187 more cases) • Increase in 'Practitioner Customer Service' 7% increase in Access (136 more cases) • Increase in PCP Appt. • Increase in Specialist Appt. 4% increase in Transportation cases (29 more cases) • Increase in Specialist in 5 day rule cases 3% increase in IEHP (82 more cases) • 20% decrease in Compliance cases (70 cases less) • 2% decrease in QOC (72 cases less) **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 **Same Day Grievances Q3 2024:** There was an 31% decrease in exempt/same day grievances received from Q2 2024-Q3 2024 **Sensitive Grievances Q3 2024**: There were 36 Balance Billing cases during Q3 2024 **Member Services Service Level Q3 2024** 80% of calls answered within 30 seconds ○ Met for Medicare and IEHP Covered ○ Not Met for MediCal <5% Call Abandonment Rate ○ Met for all LOBs **Discussion & Decisions** **Grievance & Appeals** Upcoming Initiatives and Projects – Focus on AI/Automation, GRTF Refresh, Update to G&A Correspondence to include Care Gap Alerts to support our Members and Quality **Member Services** Call Center allocated team members to support and continue to support other departments (Transportation and Medicare). 49 **Committee Member 6**: Good afternoon. I'm here presenting the Member Experience Subcommittee. These are the highlights of what was discussed in our November 21, 2024 meeting. We focused predominantly on the areas of Member grievances the Member Experience Department, customer service levels, as well as interpreter services. So, the reports for Q3 showed as far as grievances reflect an increase compared to the prior quarter in four areas, quality of service, access. Transportation cases and	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		IEHP in general. We did improve in the areas of compliance cases and quality of care. Same day grievances we discussed at length, there is a decrease in the number of same day or exempt grievances. Those are grievances we're able to resolve pretty much on the phone so that they are reflected differently for the provider. As well as we were focusing on balanced billing cases quite a bit so that we can address those issues in a more precise way with our other business units. We had 36 balance billing cases during the during quarter 3. Interpreter services again, we just highlight the top languages that are being utilized and it's pretty consistent with Spanish, Arabic, and then Sign language. Then the top issues that we discussed were interpreter no shows. That's the volume isn't necessarily the issue as much as the fact that happens at all. So that's something that we are discussing and then the quality of the interpretation is also what we discussed at length in in that subcommittee. On the face to face on the telephonic, the top languages are Spanish, Mandarin, and Vietnamese. And the top issues, again interpreter availability, then we do run into technical issues, apparently for telephonic interpreter services. Overall, the Member Services service level we met performance standards for calls answered for Medicare and Covered California, we fell just under for Medi-Cal for Q3. For call abandonment rate we met our performance levels there. That's under 5% call abandonment rate, which is really good, just overall discussion. These are discussions not so much of decisions yet, but we're talking a lot of focus on AI and automation to help us better respond grievances and appeals, as well as correspondences. Correspondences currently generate out of that department can be used as opportunities to identify care gaps to support quality. The Member services team in general, when we have the availability, we do send them out to other departments like transportation and Medicare specifically to help address the call volumes in those areas. And that is an overview of that. So, any questions?		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Member Safety Subcommittee **Chairs**: Rimon Bengiamin, MD, Dulce Fernandez, RN Meeting Dates: 12/16/24 **Key Reports and Findings** **Quarterly Reports: Medical Record Reviews (MRR)** • Q3 2024: 118 records reviewed; 81% compliance rate • Goal of <20% failure rate Met **Quarterly Reports: Facility Site Reviews (FSR)** • Q3 2024: 128 FSRs; 96% compliance rate • Goal of <5% failure rate Met **Q3 2024 PQI Cases:** 97% of PQI cases closed timely within 120 days • PQI By Member Level: 3% are M4 (substantiated with serious member harm) • PQI By practitioner level: 15% 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) **Next Steps** • Follow up actions to PQI Case responses • PARS lab draw stations have been included in the PARS assessment moving forward 50 **Committee Member 33:** So, our quarterly reports for quarter 3, 2024, we had 118 medical record reviews, 81% compliance rate and we met our goal of less than 20% failure for that report. For facility Site Reviews (FSR), quarter three, we did 128 FSRs, we had a 96% compliance rate, and we met our goal of less than 5%. For quarter 3, 2024 PQI cases, 97% of our cases closed timely, which is within 120 days. We had a Member Level 3% or M4 which is our highest level of harm for practitioner level we had 15% which were level P3, which is the highest level for the practitioner involvement. And we had 7% that were level S3 which is the Facility involvement in the Member harm. for practitioner level we had 15% which were level P3, which is the highest level for the practitioner involvement. And we had 7% that were level S3 which is the Facility involvement in the Member harm. For our next steps, we have a follow up action from the PQI cases, which we can't really talk about here due to the sensitive nature. And then we have our lab draw stations which have been included in the Physical Accessibility Surveys (PARs) assessment moving forward, so that will be looked at when we do our facility site reviews. Any questions?	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Provider Network Access Subcommittee Chairs: Debbie Canning, Kirk Fermin Date: 12/10/24 **Key Reports** **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 **Next Steps** **Provider Language Competency Study**: Review in-service forms from PRM visits for updated information on languages spoken in the office. **Provider Experience Study:** 1.) Quarterly Updates on interventions 2.) Workgroup meeting between Provider Informatics Team and PRM to discuss solutions for storing PRM assignment in NDDB. 51 **Committee Member 23**: For this past subcommittee, there were three studies that we took a look at first and was the Provider Language Competency study and goal for this was 85% of offices to confirm the language spoken at the office. Although we passed the overall office compliance rates. For our threshold languages, we did fall short for PCP. Compliance rate for Spanish and Vietnamese maintain their passing rates of 99% and 91% respectively, but for Chinese it did fall from 88% to 82%. Taking a closer look at this, we did see a dip in the response rate. Prior year, we had 987 sites reply. This past year, we only had 840 sites, so when we did bring this up with the subcommittee. The PRMs did bring up that language is being captured during their in-services. We are coordinating with them to see if that's captured on the in-service form. If that's another place that we can pull. Because currently right now we're just pulling from the fax responses and the follow-up phone calls. The other study we did was the Provider Directory Accuracy, which has a goal of 90% for these areas that have been called out. So, accuracy of hospital affiliation and physician participation in health plan networks continues to maintain a passing rate of 100%. We did see improvements also for accuracy of provider's office location and phone numbers, which moved up from 99.4% to 99.7% and then also accuracy of providers accepting new members improved from 88.9% to 99.4%.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		Lastly was our Provider Experience Study which has a goal of achieving a health plan satisfaction rating above 90%. IEHP continuously scores significantly higher than the other health plans with our lowest composite performing at the 96th percentile. But we are trending down basically for all areas. So, while we're doing well, we the subcommittee did spend time on this. Challenging the different teams to identify areas where we could improve some of the things that we're taking a look at Provider Call Center, making the PER process available online, creating interventions for high volume claims callers on the provider network side addressing availability for services via telehealth for provider relations, improving our onboarding training. And then also offices knowing who their representatives are. Working with our provider informatics team to load PRM assignments into Network Development Database (NDDB). It's a static file and we know those assignments change relatively frequently, so we did test the members of our subcommittee to bring these updates to our committee meetings quarterly. It's a static file and we know those assignments change relatively frequently, so we did test the Members of our subcommittee to bring these updates to our committee meetings quarterly. **Committee Member 16**: Great, thank you. Any questions? Moving on to our Credentialing Subcommittee with an update from Dr. Kim.  		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION	
		Committee Member 7: Good afternoon. I will be reviewing the credentialing summary for dates leading up to July through October. Just one of the things to note in the pie chart is the difference between what we would call level 2. These are Providers that have had credentialing or recredentialing concerns that need to be inspected by the committee. The goal was not met within 36 months, I'm proposing that we move this out of our reporting. Just one of the things to note in the pie chart is the difference between what we would call level 2. These are Providers that have had credentialing or recredentialing concerns that need to be inspected by the committee Credentialing system and service. Regardless of whether the goal met or not on the recredentialing cycle, we had 1400 files in recredentialing and 822 files in initial credentialing in that time period. We are doing the best to keep our network not only of the highest quality and professional individuals to address our Members medical needs, but we're also doing it in a very efficient manner. The one thing that's does not illustrate on the slide is, but from the quality standpoint, we've actually seen a decrease in the level 2 files for recredentialing. And that's because Providers have been improving on their quality scores, their FSR and MRR, particularly for our primary care providers. Which is hopefully being seen in the results of the quality for the overall enterprise for IEHP. **Committee Member 16**: Great. Thank you so much. Any questions for Dr. Kim? OK, moving on to our next update from the Peer Review Subcommittee.		

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Peer Review Committee **Chairs:** Rimon Bengiamin, MD and Dr. Esther Lee **Meeting Dates:** (08/28/24 and 10/23/24) **Key Topics** **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 **Monitoring of Adverse Events:** • April 2024: None to Report • June 2024: **Two** Practitioner were presented for Review • Provider Response to QM CAP • Provider Auth Log and Explanation • August 2024: **One** Practitioner was presented for Review • PQI Referral • October 2024: None to report **Discussion & Decisions** • No Peer Review Subcommittee Meetings were held in January (not enough cases) and February 2024 (no quorum). 53 **Committee Member 12:** For the Peer Review Subcommittee, I am reporting on meetings from August and October. We had 35 Medicare sanctions. Most are related to MDs. The peer review decisions of the highest volume were the practitioner explanations requested and then followed the recommendations for changes from the board. We did a process change maybe around the October meeting, where we are gathering the practitioner's explanation prior to being presented at a Peer Review. That will help the Peer Review Subcommittee decision moving forward. In terms of monitoring adverse events, we had 3, two in June, one was associated with a CAP response to a QM request and then another for an auth log. An explanation of that log and then in August 1, practitioner came up with a PQI referral. **Committee Member 16:** Great. Thank you so much. Moving on to our next update from Juan with Delegation Oversight.	

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Delegation Oversight Subcommittee **Chair:** Juan Ortega Meeting Dates: 10/28/24, 12/2/24, 12/27/24 **Key findings** **Medicare** Aug 2024-Oct 2024 **Medicare** Aug 2024-Oct 2024 **Discussion & Decisions** • RMC (Medicare) contract term date was extended to 01/31/25 • DHMN-IE (Medi-Cal and Medicare) contract set to expire 02/28/25 • UM Team continues to educate IPAs during monthly live audits • A submission guide is being developed to further aid IPAs in creating comprehensive UM workplans 54 **Committee Member 16:** This update is looking back at the committee meetings for October through December 2024. And so, at the very highest level, we report out the new CAP activity for those three months. On the Medicare side is the outlier that we did have was RMC is an IPA underperforming and then on the Medi-Cal side, we don't see it on the most recent CAP activity. But we did have an ongoing outlier which was Dignity Health Medical Network. For discussion and decisions, we did have a termination with RMC, which was January 31st, 2025, and then also for Dignity Health Medical Network, IE for both Medical and Medicare. The IPA contract expires at the end of February. Other updates, the UM team continues to provide education to our IPAs during the live monthly audits. Additionally, we did a lot of work. With our internal teams, they worked hand in hand with our IPAs on the UM work plans that were being submitted. On specifically around utilization metrics for over and under utilization, which just as a reminder was a risk area for us as a plan for DHCS audit. There is a lot of work surrounding that activity. So there continues to be work around those submitted measures as well. And we'll continue to track and monitor those submissions that are provided by our delegates for that.	

CAP Deficiencies

IPA	Department	Type
EPIC	UM	Denial Notification Timeliness Rate
EPIC	CM	CM Files: TOC Element
DCHC	Encounter	837I Validity
PrimeCare	G&A	Provider Grievance Response Timeliness Rate
RMC	Financial Compliance	ICAP: Failure to submit DHHC Q1 2024 Financial Survey
RMC	UM	Denial Decision Timelinpss Ratio
RMC	UM	Correct Template
RMC	HCI	ODaG CMS Programs Audit Universe: Table 3 PVAT_C
RMC	CM	CM File Review

IPA	Department	Type
IEMG	UM	Denial Notification Timeliness Rate
LSMA	Claims	Claims: OHC
PHN	Claims	OHC

AGENDA ITEM	PRESENTATION OF AGENDA ITEMS	DISCUSSION OF AGENDA ITEMS	DECISION/ACTION
		Utilization Management Subcommittee **Chair**: Eugene Kim, MD Meeting date: 10/23/2024 **Key Findings** **Q2 2024 Pre-Service Referral and Denial Trends** : • Referrals and BH Referrals met the goal of <3% (for all LOBS) **Q2 2024 ALOS:** • DSNP met the goal for acute, SNF, and BH. • Medi-Cal met the goal for acute; did not meet the goal for SNF **Q2 2024 Medical Appeals:** Increase from 455 total in Q1 to 556 total in Q2 **Q2 2024 ED visits Utilization:** • 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. **Q2 2024 Nurse Advice Line:** • 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. **Q2 2024 MD Live**: all metrics met the goals **Q2 2024 Delegation Oversight CAPs issued:** IPA Name / CAP Type IFMG / Denial Notification Timeliness Rate EPIC / Denial Notification Timeliness Rate Heritage – Desert Oasis Healthcare / Provider Grievance Response Timeliness Rate RMC / Demand to Cure Denial Decision Timeliness Rate PrimeCare / Provider Grievance Response Timeliness Rate **Discussion & Decisions** • To help decrease the Average Length of Stay, ITC has implemented weekly MD rounds to review the highest length of stay inpatient Members. • UM ITC will continue with utilizing the Single Point of Contact (SPOC) process. The process helps to decrease readmission rates. • Community Health Workers visit contacted hospitals and help to begin the Member care coordination process before Member leaves hospital. 55 **Committee Member 14**: So, for the reporting period, the UM Subcommittee met one time in August, 2024. And the key findings from the committee are that for quarter 2 of 2024, which is the reporting period that we reviewed. Our lines of business Med PAs for preservice referral denials. Our goal generally is less than 3%, we met for all ends of business. For average length of stay, of quarter two our D-SNP population did meet goal for all acute SNF and behavioral health. Medi-Cal also met the goal for acute but did not meet the goal for SNF length of stay. In terms of medical appeals, there was a moderate increase from quarter one to quarter 2 from 455 to 556. In terms of ED visits for behavioral health related concerns, D-SNP did not meet the goal. And Medi-Cal met for medical visits, but D-SNP did not. For the nurse advice line, our service level agreements metrics generally were met, although there was one month in June where they didn't meet for the service level call backs. However, the MD live service did meet all the metrics for quarter 2. This probably overlaps with a little bit of what Juan reported in the last slide, but these are specific CAPs for our IPAs regarding um related metrics that were issued during quarter 2. Overall, we have our ITC team that is working tirelessly to continue to help with length of stay (LOS). We have our ITC team continuing to work with the readmission rates. And our CHWs are also helping with the care	

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		transitions coordination process. Which ensures members get what they need under the transition process. Any questions? **Committee Member 7** : I just wanted to put a little more background on the first point discussions and decisions. The ITC does have a regular weekly rounds for various regions, whether it's San Bernardino or Highland Desert, but in in addition to that, we've initiated on the fly, meaning anytime during business hours, if there's a long length of stay that requires action or support from either, myself, the Medical director or anybody else on the discharge team that they're able to express that and have action taken so that is in addition to that weekly round. **Pharmacy and Therapeutics Subcommittee** **Chairs**: Dr Michael Blatt Meeting Date: 12/01/2024 **Key Reports and Findings** **Opioid Utilization (All LOBS)**: Decrease of 18% when compared 2024 Q2 to 2023 Q2 **Psychiatric meds in Children**: 53% of claims were appropriate, 17% were flagged for further review, 30% were undefined. **MTM Report**: Total of 1,903 CMRs completed from 04/01 to 10/03/24. Roadblocks in platform configuration led to a delayed start. **Next Steps** • **CMR completion Rate**: IEHP is working closely with USC School of Pharmacy to increase CMR completion rates. • **Psychiatric Meds in Children**: Next steps include rectifying missing dx codes by enhancing data pull, performing evaluation on the undefined claims and those flagged for further review, and provide academic detailing services • **Opioid Utilization**: Continue outreach to providers to offer information, resources, and academic detailing opportunities. 56 **Committee Member 28**: We talked about some key Drug Utilization Review (DUR) activities that serves the DUR Board. So, for opioid utilization, greater than or equal to 90 days for both the Medicare, Medi-Cal and all lines of Business down 18% from quarter 2, 2023 to quarter 2, 2024. There was quite a bit of academic detailing type efforts and letters to doctors contributing to the overall decline. For Medi-Cal, DHCS requires us to do assessments on psychiatric meds in children for appropriate use and inappropriate use. So, when we did a review, 53% of the claims were appropriate, 17% were required for further reviews and 30% were undefined. For Medication Therapy Management	

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		(MTM), this is an old report. The prior vendor underperformed, and we had to get a new vendor for 2025. For the psych meds, the next steps to rectify missing diagnosis codes. That's why we came up with enhancing data pull. And for opioid, we want to continue to double down on our academic detailing programs and we do a lot of work with Riverside County and a lot of the clinics. **Committee Member 16:** Great. Thank you, any questions? **Chairs:** Genia Fick, Halima Bascus McRoy Meeting Dates: (09/13/24, 09/17/24, 10/24/24) **Population Health Management Subcommittee** **Key Reports and Findings** **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 • **Actions:** Single Point of Contact (SPOC) Process, Text messages to Members, Utilize CHW for Member education, Hospital P4P **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. • **Actions:** IPA Collaboration and support, MOC IPA P4P Incentive Program **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 **IEHP Covered New Annual Studies (Key Findings)** 1. **2024 PHM Population Assessment:** Top Diagnoses are Hypertension, Hyperlipidemia, Type 2 Diabetes. 2. **2024 Threshold Language Report**: 77% of Members are English Speaking and 21% are Spanish Speaking. 3. **2024 Sexual Orientation and Gender Identify (SOGI) Report**: Only 1.2% of IEHP Covered Members reported their SOGI Demographics. Next steps are to implement Member360 system alerts, implement safeguards to collect and store SOGI data for minors. 4. **2024 Cultural Needs Member Experience Survey**: 91% of Members reported that IEHP understand their health traditions; 86% reported that their PCP understands their health traditions. **Discussion & Decisions** • Update on the MCP/LHP Collaboration with San Bernardino County. MCPs are required to support LHJs on current CHA and CHIP Processes. • Successful evaluation of the IEHP BHT Services Program for timeframe 01/2022 through 09/2023. • Successful implementation of processes and reports for IEHP Covered Members. 57 **Committee Member 16**: Great. I'll move on to the next subcommittee update. PHM, Halima and I co-chair this subcommittee. I'll provide an update, and Halima can jump in for support if needed. So, we looked at a Medi-Cal study and a Medicare study. We did find opportunities for improvement specifically for Medi-Cal. Medi-Cal did not meet the goal, for both discharge follow up measures, the 14 day and the 30-day measures did not meet the goal, and we also did not meet the readmission rate goal. So, there are some actions that the team has already put in place and is working on to address these measures, including a single point of contact process. Some communications to our Members leveraging our CHWs. And we've incorporated these measures also in our hospital pay for	

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		performance program. For Medicare, we also looked at the Member profile admission report that's sent to the facility. That's a measure that is required specifically for Medicare and that is an area where we did not meet the goal. The notification to providers for all admissions at the time of discharge, the rate of 90% which is pretty high, 94.2% did not meet the goal. There is continued work there with partnering with our IPAs as including a Model of Care IPA incentive program to help with just better communication of these sort of process steps in supporting care transitions. We also have a monitoring report that we look at every quarter for Initial Health Appointments for our brand new Members and we are seeing overall lower performance in 2023 quarter 4 vs. 2022 quarter 4. This is a little bit of a lag report because we have to wait 120 days post enrollment to see if that happens. And so, it takes a little bit of time for all that data to come in, but there is some action happening with our Provider Services team doing some targeted outreach and education to some of our lower performing providers on this IHA measure. We also did quite a bit of review of Covered California. There were some new studies that we needed to look at for the first time since it was a new product for us last year and we were also getting it through the NCQA accreditation process. And so, we did look at the population and our population assessments, we did see similarities in the top diagnosis of hypertension, hyperlipidemia and diabetes type 2. And similar to what we see in Medi-Cal. Also, for the threshold languages, we see 77% of our Covered California members speak English and 21% report speaking Spanish. For our Sexual Orientation, Gender Identity, and Expression (SOGIE) data, we also looked at the Covered California membership, where 1% of our Members have reported SOGIE demographics at this point. And though there's work happening with the team to start sharing this information in a safe way for our care teams to have information when they're working with our Members. We also looked at the cultural needs through the Member experience survey for Covered California, and we found that 91% of our Covered California Members report that they		

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		understand their health traditions. And 86% report that their PCP understands their health-related traditions. We also did a review of the San Bernardino County MCP/LHP collaboration, so the managed care plans and local health plans collaboration with San Bernardino County. We're required to collaborate and support their CHA and CHIP processes, and so we were able to review the highlights of their report and just understand how we can see some alignments and support that work. We also were able to evaluate the BHT services program for Medi-Cal and we were, you know, able to get quite a few reports through the committee process for Covered California to support all of our accreditation requirements. Any questions? **Committee Member 39**: Just one comment on the Care Transitions annual study. So that is from 2023, and I know we didn't meet many of those goals. But in 2024, there were a lot of new transitions of care requirements that kicked in and I know the ITC Department really ramped that up in 2024. Looking forward to seeing the results from 2024. Let's see. Any other comments on this or any of the other subcommittee reports? 		
C. Department Roundtable/Open Discussion				

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		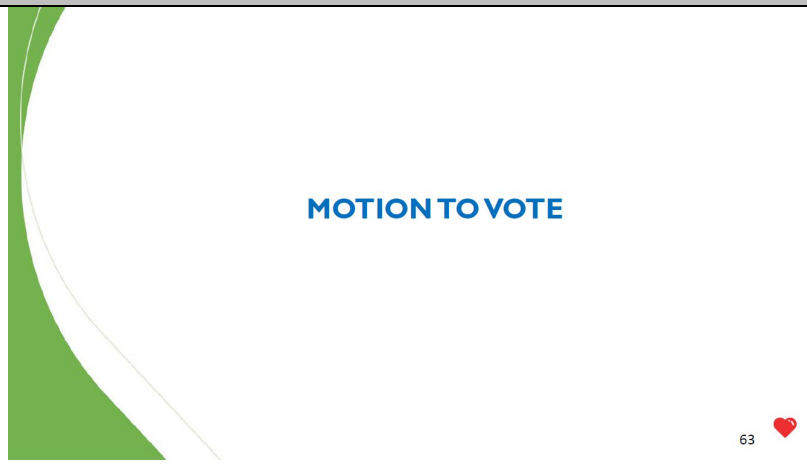 **Committee Member 39:** Thank you to all the presenters. Can I get a motion to approve all of the subcommittee/committee reports? **Committee Member 7** : Motion to approve. **Committee Member 39**: Great, is there a second? **Committee Member 14**: Second. **Committee Member 39**: Any opposed? Hearing none, all reports are approved.		

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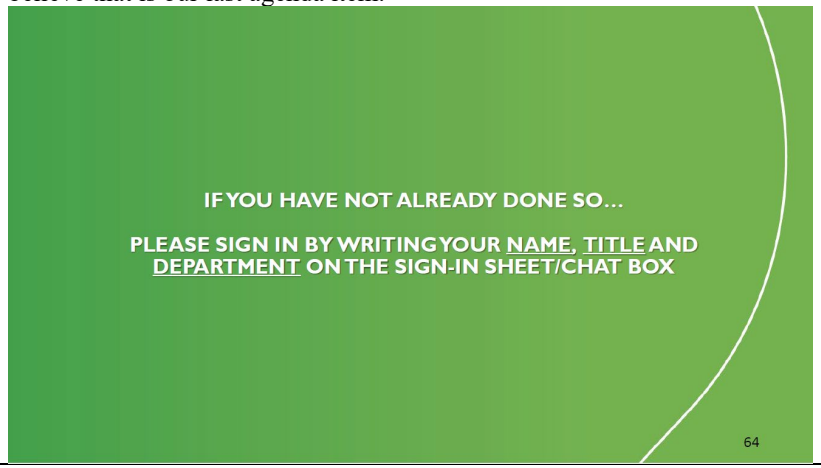
		 Committee Member 39: Let's see next up, open department roundtable. Any comments from any departments or questions or feedback on anything? Does not look like there is any OK. Anything else? I think the rest are all just monitoring reports that you can all look through, but I believe that is our last agenda item. 	

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		Agenda Items are concluded Next QMHET Committee Meeting is scheduled for May 29, 2025 IEHP Inland Empire Health Plan Live Wholeheartedly. Thank You. 65 **Committee Member 39:** Next meeting is scheduled for May 29th and if you have not already done so, please sign in. All right. Thank you everyone. Thank you for your participation. Meeting is adjourned.		
A. Monitoring Reports				
1. Quality Improvement Council ▪ **2024 Quality Improvement Council Annual Assessment** ▪ **Approved Minutes of December 12, 2024** **2. Credentialing Subcommittee** ▪ **2024 Credentialing Annual Assessment** ▪ **Approved Minutes of August 21, 2024** ▪ **Approved Minutes of September 18, 2024** ▪ **Approved Minutes of October 16, 2024** ▪ **Approved Minutes of November 20, 2024** **3. Peer Review Subcommittee** ▪ **2024 Peer Review Annual Assessment** ▪ **Approved Minutes of August 28, 2024** ▪ **Approved Minutes of October 23, 2024** ▪ **Approved Minutes of December 4, 2024** **4. Pharmacy and Therapeutics Subcommittee** ▪ **2024 Pharmacy & Therapeutics Annual Assessment** ▪ **Approved Minutes of December 1, 2024**				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.

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5. Member Safety Subcommittee ▪ **2024 Member Safety Annual Assessment** ▪ **Approved Minutes of October 2, 2024** **6. Utilization Management Subcommittee** ▪ **2024 Utilization Management Annual Assessment** ▪ **Approved Minutes of October 23, 2024** **7. D-SNP Enrollee Advisory** ▪ **2024 D-SNP Enrollee Annual Assessment** ▪ **Approved Minutes of November 19, 2024** **8. Member Experience** ▪ **2024 Member Experience Annual Assessment** ▪ **Approved Minutes of November 21, 2024** **9. Delegation Oversight Subcommittee** ▪ **2024 Delegation Oversight Annual Assessment** ▪ **Approved Minutes of October 28, 2024** ▪ **Approved Minutes of December 2, 2024** ▪ **Approved Minutes of December 27, 2024** **10. Population Health Management Subcommittee** ▪ **2024 Population Health Management Annual Assessment** ▪ **Approved Minutes of August 22, 2024** ▪ **Approved Minutes of October 23, 2024** ▪ **Approved Minutes of December 3, 2024** **11. Hospital and Ancillary QI Subcommittee** ▪ **2024 Hospital and Ancillary QI Annual Assessment** **12. Skilled Nursing Facility Subcommittee** ▪ **2024 Skilled Nursing Facility Annual Assessment** **13. Provider Network Access Subcommittee** ▪ **2024 Provider Network Access Annual Assessment** ▪ **Approved Minutes of September 10, 2024** **14. D-SNP Model of Care** ▪ **2024 D-SNP MOC Annual Assessment** ▪ **Approved Minutes of November 22, 2024** **15. Community Advisory Committee Subcommittee** ▪ **2024 Community Advisory Committee Annual Assessment** ▪ **Approved Minutes of December 5, 2024** **16. Quality Improvement** ▪ **2024 Quality Improvement Annual Assessment**			

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▪ **Approved Minutes of July 24, 2024** ▪ **Approved Minutes of October 14, 2024** **17. Health Equity Accreditation – Implementation Plan (SOGIE) Update**				
A. Next Meeting: May 29, 2025			D	No Decision/ Action required.
8. Adjournment	The meeting was adjourned at 1:42 p.m.	Nothing to report.	D	No Decision/ Action required.

Certification:

These regular meeting minutes of the Quality Management & Health Equity Transformation Committee were duly approved and adopted on May 29, 2025