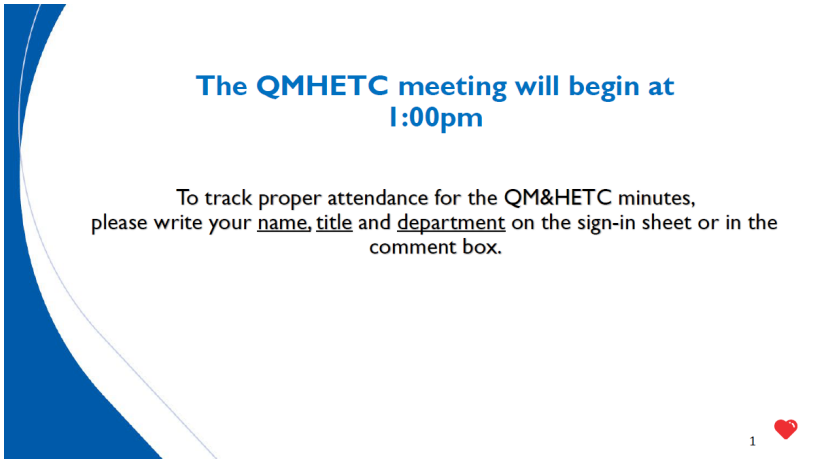
# INLAND EMPIRE HEALTH PLAN

**Quality Management & Health Equity Transformation Committee**
**Minutes of Thursday, May 29, 2025**
**1:00PM**

| | |
|---|---|
| ***Location:*** | Town Hall |
| ***Appointed Committee Members Present/Participating:*** | **External, DO** Inland Empire; **External, MD,** Loma Linda University Pediatrics. |
| ***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; **External, DO**, Alpha Care Medical Group. |
| ***IEHP Staff Present:*** | **Committee Member 1,** Director of Accreditation Programs; **Committee Member 2, MD**, Vice President, Medical Informatics; **Committee Member 3,** Senior Director of Utilization Management Operations; **Committee Member 4**, Director, Pharmacy Operations; **Committee Member 6,** Vice President, Provider Experience; **Committee Member 7, MD,** Medical Director - Inpatient; **Committee Member 8, MSHI**, Director of Healthcare Informatics; **Committee Member 9**, Quality Systems Analyst II; **Committee Member 11, MD, MPH, MBA,** Chief Quality Officer; **Committee Member 42, DO**, Senior Medical Director; **Committee Member 13,** Director of Provider Network and Communication**; Committee Member 14, MD,** Medical Director; **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 20**, **DrPH**, Manager, Health Services Evaluation; **Committee Member 21,** Manager, Quality Operations; **Committee Member 46, MBA, PCMH, CCE,** Director of Provider Relations; **Committee Member 23**, Director, Provider Network; **Committee Member 24, MSN, RN,** Senior Director, Integrated Care Management; **Committee Member 25, MPH**, Vice President, Health Equity; **Committee Member 26,** Manager, Health Equity; **Committee Member 48, MPA, CHC**, Vice President, Compliance; **Committee Member 27**, Manager, Health Equity Operations; **Committee Member 29**, Director, Medicare Management; **Committee Member 30**, Quality Systems Analyst III; **Committee Member 31,** Director, Member Services, Call Management; **Committee Member 32, MD**, Medical Director; **Committee Member 33, MD,** Medical Director, Quality; **Committee Member 34,** Quality Systems Analyst I; **Committee Member 36, PharmD, MBA, BCGP,** 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, BSN,** Senior Director, Integrated Transitional Care; **Committee Member 41, MPA, BSN, PHN, CPHQ**, Director of Quality Improvement; **Committee Member 53,** Manager, Health Plan Accreditation; **Committee Member 52**, Manager, Health Plan Accreditation. |
| ***IEHP Staff Absent:*** | **Committee Member 5, MD, MS,** Medical Director, Quality Transformation; **Committee Member 10, RN,** Clinical Director of Quality Management; **Committee Member 15, DSW**, Director, Health Equity Operations; **Committee Member 44,** Vice President of Operations; **Committee Member 19, MPH, RD;** Senior Director, Population Health Management; **Committee Member 45, LVN,** Director of Grievance & Appeals; **i2745,** Director, Delegation Oversight; **Committee Member 47**, Manager, Clinical Pharmacy Programs & Pharmacy Benefits; **Committee Member 49, MBA,** Director, Communications and Marketing; **Committee Member 28, Pharm. D.,** Director Clinical Pharmacy and Operation; **i11886, MBA, MSN, RN, CPHQ,** Clinical Senior Director, Hospital Quality Improvement; **Committee Member 51**, Senior Director, Pharmaceutical Services; |

***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 May 29, 2025, Quality Management & Health Equity Transformation Committee meeting to order at 1:03 pm.<br>  <br><br> <br> | |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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| | | **Quality Management & Health Equity Transformation Committee Agenda**<br>***The following reports to be presented and approved by the Quality Management & Health Equity Transformation Committee:***<br>1. Minutes from February 27, 2025<br>2. Action Tracking Log from February 27, 2025<br>***Quality Management Reports:***<br>1. MCAS Measure Set for 2024<br>2. Medicare Stars Performance Update for MY2024<br>3. Health Equity Accreditation Implementation Plan (SOGIE) Update<br>4. 2025 QM Annual Evaluation<br>5. Quality Improvement Council Executive Summary<br>***Monitoring Reports:***<br>1. Signed Subcommittee Minutes (Dec 2024 – Apr 2025)<br>Content contributor: Dr. Juhn and Dr. Wada<br>3<br>**Committee Member 11**: Today we'll be covering a variety of topics. We'll be covering the minutes, the tracking log, but we'll be going over our QM reports as well as our monitoring reports. | |
| **II. Quality Management & Health Equity Transformation Committee (QMHETC)** | **Committee Member 11** | **Quality Management & Health Equity Transformation Committee Purpose**<br>IEHP's structure and framework to monitor, evaluate and improve the quality of care provided to our Members.<br>QMC Purpose/Primary Goal: Continuously monitor and improve:<br>• **Quality of care**<br>• **Access to care**<br>• **Patient safety**<br>• **Patient experience**<br>Content contributor: Genia Fick<br>4<br>**Committee Member 11**: As a quick reminder, the goal and focus for this committee is to provide a framework to monitor value, improve quality of | The QMHET Committee accepted the Quality Management Health Equity Transformation Committee (QMHETC) purpose with no comments of concerns. |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION | |
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| | | care that we provide collectively to our Members. You can see the committee protocols below.<br>**Quality Management & Health Equity Transformation Committee Protocol**<br>• Committee Members and IEHP Team attendees are expected to participate in meaningful discussions and provide recommendations and feedback based on their **areas of expertise.**<br>• 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.<br>Content contributor: Genia Pick<br>5 | | |
| **III. Old Business**<br>**1. Adoption of Minutes as of February 27, 2025** | **Committee Member 11** | Adoption of Minutes for February 27, 2025<br>Presented By:<br>Dr. Edward Juhn, Chief Quality Officer & Dr. Takashi Wada, Chief Medical Officer<br>6<br>**Committee Member 11**: Can I get a motion to approve the minutes from February 27, 2025?<br><br>**Committee Member 16**: Motion to approve the minutes. | D | The QMHET Committee moved, seconded, and approved the minutes from the February 27, 2025, QMHETC Committee meeting as presented. |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION | |
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| | | **Committee Member 1:** Second. | | |
| **2. Action Tracking Log from February 27, 2025** | **Committee Member 11** | Action Tracking Log from February 27, 2025<br>Presented By:<br>Dr. Edward Juhn, Chief Quality Officer & Dr. Takashi Wada, Chief Medical Officer<br>7<br>**Action Tracking Log from February 27, 2025**<br>IEHP Inland Empire Health Plan *We heal and inspire the human spirit.*<br>**Quality Management & Health Equity Transformation Committee**<br>**Action Tracking Log**<br>From February 27, 2025<br>Content contributor: Dr. Juhn and Dr. Wada<br>8<br>**Committee Member 11**: Before we go into voting on the action tracking log, we do have an update on the CMS restrictions on health, I think this was a question that was brought forward as well. | | The QMHET Committee moved, seconded, and approved the action tracking log from February 27, 2025. |

| Action Item # | Item Description | Issued Date | Responsibility | Target Date | Action/Follow-Up/ Comments |
|---|---|---|---|---|---|
| 1 | CMS Restrictions on Telehealth | Feb-25 | Dan Gomez | May-25 | Did CMS give any indication at the end of March that there was going to be strict restrictions on Members using telehealth for annual visits? |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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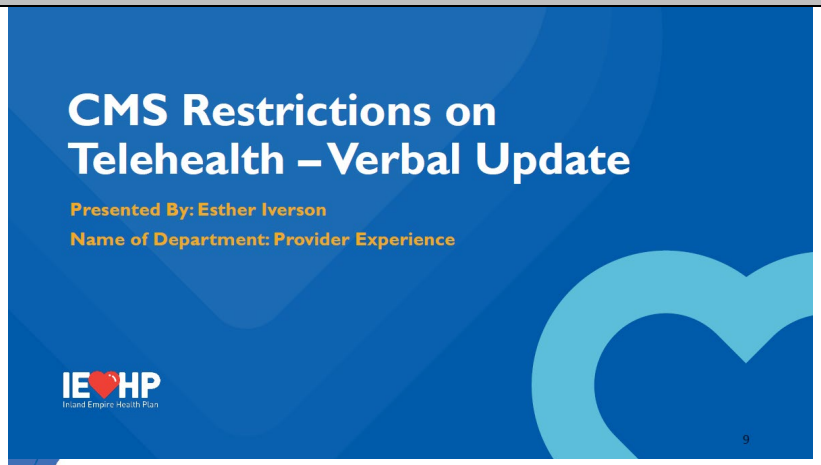
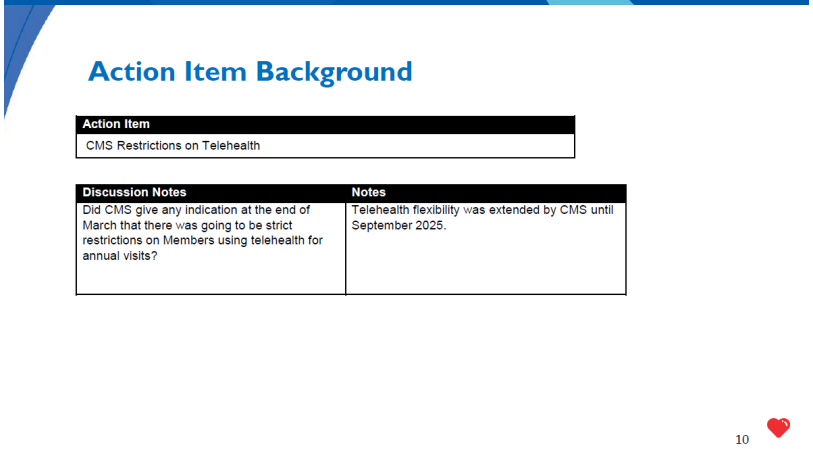
| **a. CMS Restrictions on Telehealth – Verbal Update** | Committee Member 13 |  <br>  <br>**Committee Member 13**: The question here was regarding the telehealth flexibilities. This question, of course, was posed in February before the decision came through to extend the flexibilities as indicated here through September of 2025. I am working with several business units on a communication to our providers that is comprehensive regarding telehealth and how it may be utilized and what to expect in terms of experience with the plan and our expectations. We'll have more to come on this topic. I'm | |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION | |
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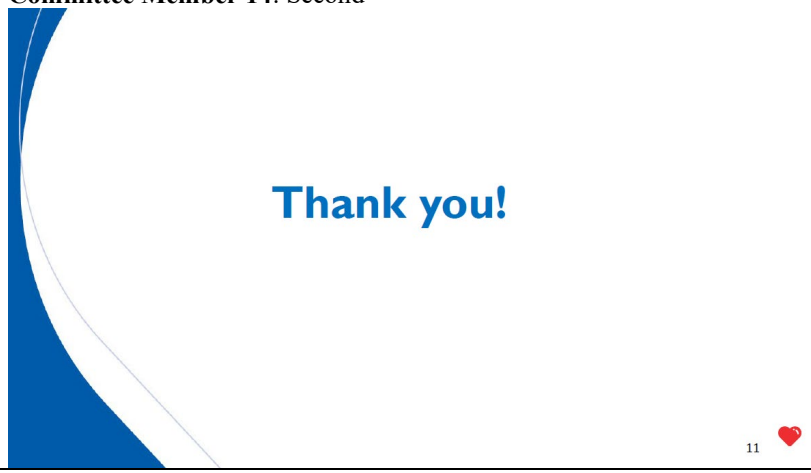
| | | working closely with Jeff Pierce, who is heading up our provider, telehealth operationalizing with the providers in the network.<br><br>**Committee Member 11:** Great! Thanks, Esther. Any questions?<br><br>**Committee Member 11**: Is there a motion to approve the action tracking log from February 27, 2025?<br><br>**Committee Member 23:** Motioned<br><br>**Committee Member 14**: Second<br>  | | |
| **IV. New Business** | | | | |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION | |
|---|---|---|---|---|
| | | New Business<br>12 | | |
| **B. Quality Management Reports** | | | | |
| **1. MCAS Measure set for 2024 (May 2025 – 1st Run)** | Committee Member 18 | MY 2024 MCAS MPL Measure Performance<br>Presented By: Jacob Diekmann<br>Name of Department: Quality Systems<br>Based on data as of May 2025 – 1st Run<br>IEHP Inland Empire Health Plan<br>13 | | The QMHET Committee approved the MCAS Measure Set for 2024 as presented. |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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## Behavioral 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 |
|---|---|---|---|---|---|---|---|---|
| Follow-Up After ED Visit for Substance Abuse - 30 Days | 37.53% | 39.55% | 3,099 | 7,836 | 36.18% | -264 | 2.02% | Yes |
| Follow-Up After ED Visit for Mental Illness - 30 Days | 65.71% | 64.10% | 4,338 | 6,768 | 53.82% | 695 | -1.61% | Yes |

**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

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**Committee Member 18**: You can see for behavioral health; the two measures did meet the MPL. Follow-Up After ED Visit Substance Abuse measure, 2% increase over the prior year rate. The Mental Illness measure slightly below last year.

## 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% | 28.47% | 117 | 411 | 27.49% | -4 | 5.47% | Yes |
| Developmental Screening in the First Three Years of Life | 53.44% | 61.54% | 27,956 | 45,430 | 35.70% | -11,737 | 8.10% | Yes |
| Immunizations for Adolescents: Combination 2 | 37.96% | 38.88% | 10,564 | 27,168 | 34.30% | -1,245 | 0.93% | Yes |
| Lead Screening in Children | 52.38% | 58.15% | 239 | 411 | 63.84% | 23 | 5.77% | No |
| Topical Fluoride for Children: Dental or Oral Health Services | 19.35% | 23.38% | 117,217 | 501,284 | 19.00% | -21,973 | 4.03% | Yes |
| Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits | 67.15% | 70.83% | 14,810 | 20,909 | 69.43% | -293 | 3.69% | Yes |
| Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits | 59.95% | 60.77% | 4,490 | 7,388 | 60.38% | -29 | 0.82% | Yes |
| Child and Adolescent Well-Care Visits | 51.49% | 55.84% | 266,325 | 476,977 | 51.81% | -19,203 | 4.34% | 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 domain, all the measures met the MPL with the exception of Lead Screening. We continue

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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| | | to make strong progress in Lead Screening, almost a 6% increase over last year's rate. The current measurement of 2025 rate for Lead Screening is 62%. We are already well past our final rate performance for 2022. There are strong signals that we might be clear the MPL for Lead Screening. To point out, the Childhood Immunization Status: Combo 10 did finally meet the MPL. | |

## Chronic Disease Management

| 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 |
|---|---|---|---|---|---|---|---|---|
| Asthma Medication Ratio | 64.98% | 62.57% | 4,983 | 7,964 | 66.24% | 292 | -2.41% | No |
| Controlling High Blood Pressure | 67.55% | 71.86% | 263 | 366 | 64.48% | -27 | 4.30% | Yes |
| Hemoglobin A1c Poor Control (>9%)** | 32.68% | 32.36% | 133 | 411 | 33.33% | -4 | 0.32% | Yes |

*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, all measures passed except the Asthma Medication Ratio (AMR). Asthma also didn't clear in measurement year 2023. We are working on a new incentive for AMR that will launch later on in 2025.

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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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% | 70.49% | 30,322 | 43,014 | 55.95% | -6,256 | 2.56% | Yes |
| Postpartum Care | 81.72% | 81.92% | 213 | 260 | 80.23% | -4 | 0.20% | Yes |
| Timeliness of Prenatal Care | 86.74% | 88.85% | 231 | 260 | 84.55% | -11 | 2.11% | Yes |

*Indicates hybrid measure*

**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, all three measures met the MPL. All measures performed better in 2024 than we did in 2023.

## 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% | 63.83% | 47,630 | 74,621 | 52.68% | -8,320 | 1.43% | Yes |
| Cervical Cancer Screening | 65.93% | 57.45% | 216 | 376 | 57.18% | -1 | -8.48% | Yes |

*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, both measures cleared the MPL. We did see a sort of a significant drop in the Cervical Cancer Screening (CCS) rate compared to the prior year, but the measure did still clear the MPL

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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| | | **MCAS MPL Performance Summary**<br>• **18** MCAS MPL measures across 5 domains<br>• For MY 2024, IEHP achieved the MPL for 16 measures<br>1. Follow-Up After ED Visit for Substance Abuse – 30 Days<br>2. Follow-Up After ED Visit for Mental Illness – 30 Days<br>3. Childhood Immunization Status – Combo 10<br>4. Developmental Screening in the First Three Years of Life<br>5. Immunizations for Adolescents – Combo 2<br>6. Topical Fluoride for Children: Dental or Oral Health Services<br>7. Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits<br>8. Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits<br>9. Child and Adolescent Well-Care Visits<br>10. Controlling High Blood Pressure<br>11. Hemoglobin A1c Poor Control (>9%)<br>12. Chlamydia Screening in Women<br>13. Timeliness of Prenatal Care<br>14. Postpartum Care<br>15. Breast Cancer Screening<br>16. Cervical Cancer Screening<br>19<br><br>**Committee Member 18**: Overall, there are 18 MCAS measures across 5 domains. For 2024, IEHP cleared 16 of the 18 measures. Only Lead Screening and Asthma Medication Ratio fell below the MPL. Any questions?<br><br>**Committee Member 11**: Just an update, I know this is really encouraging about our performance. We provide feedback to our regulators on how this is assessed. This our overall aggregate for Riverside and San Bernardino County. | |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION | |
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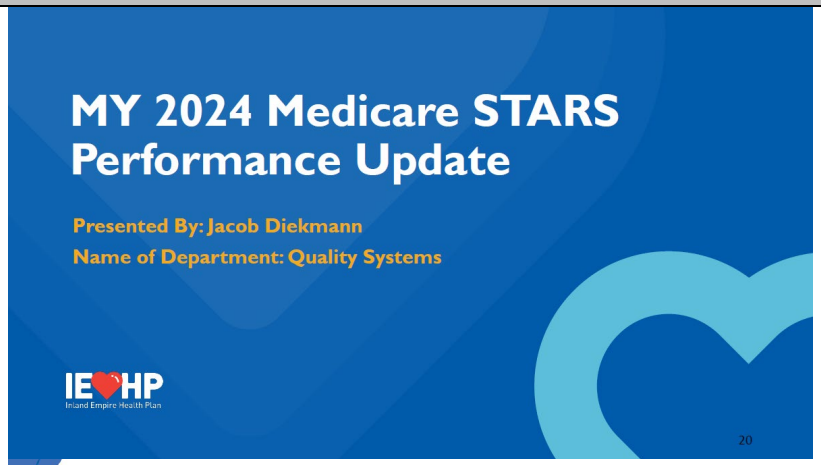
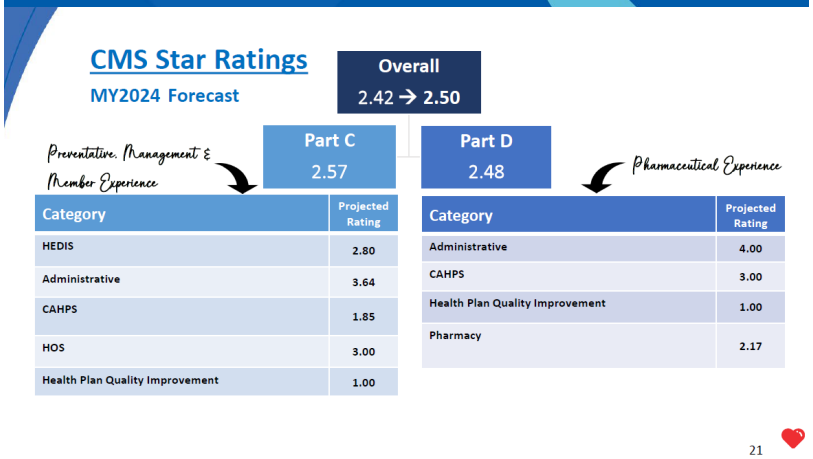
| **2. 2024 Medicare Stars Performance Update** | Committee Member 18 |  <br>  <br>**Committee Member 18:** Our projection for measurement year 2024, Our overall star rating is 2.42 which rounds up to 2.5. So, we do expect our rating to be 2.5, this is a drop from the prior year. The prior year we were at 3 stars. The breakdown for the rating is, part C rate is 2.57 and part D rate is 2.8. | D | The QMHET Committee approved the 2024 Medicare Stars Performance Update as presented. |

| Category | Projected Rating |
|---|---|
| HEDIS | 2.80 |
| Administrative | 3.64 |
| CAHPS | 1.85 |
| HOS | 3.00 |
| Health Plan Quality Improvement | 1.00 |

| Category | Projected Rating |
|---|---|
| Administrative | 4.00 |
| CAHPS | 3.00 |
| Health Plan Quality Improvement | 1.00 |
| Pharmacy | 2.17 |

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION |
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## Star Ratings by Measure – Part C

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

| HEDIS | | | 2.80 |
|---|---|---|---|
| ID | Measure Name | Weight | Star Rating |
| C01 | Breast Cancer Screening | 1 | 4 |
| C02 | Colorectal Cancer Screening | 1 | 3 |
| C06 | Care for Older Adults – Medication Review | 1 | 3 |
| C07 | Care for Older Adults – Pain Assessment | 1 | 3 |
| C08 | Osteoporosis Management in Women who had a Fracture | 1 | 3 |
| C09 | Diabetes Care – Eye Exam | 1 | 4 |
| C10 | Diabetes Care – Blood Sugar Controlled | 3 | 3 |
| | Kidney Health Evaluation for Patients with Diabetes | 1* | 1 |
| C11 | Controlling Blood Pressure | 3 | 2 |
| C14 | Medication Reconciliation Post-Discharge | 1 | 4 |
| C15 | Plan All-Cause Readmissions* | 3 | 3 |
| C16 | Statin Therapy for Patients with Cardiovascular Disease | 1 | 3 |
| C17 | Transitions of Care* | 1 | 2 |
| C18 | Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions* | 1 | 2 |

| Administrative | | | 3.64 |
|---|---|---|---|
| ID | Measure Name | Weight | Star Rating |
| C05 | Special Needs Plan (SNP) Care Management | 1 | 2 |
| C25 | Complaints about the Health Plan | 2 | 4 |
| C26 | Members Choosing to Leave the Plan | 2 | 4 |
| C28 | Plan Makes Timely Decisions about Appeals | 2 | 4 |
| C29 | Reviewing Appeals Decisions | 2 | 3 |
| C30 | Call Center – Foreign Language Interpreter and TTY Availability | 2 | 4 |

| CAHPS | | | 1.85 |
|---|---|---|---|
| ID | Measure Name | Weight | Star Rating |
| C03 | Annual Flu Vaccine | 1 | 2 |
| C19 | Getting Needed Care | 2 | 1 |
| C20 | Getting Appointments and Care Quickly | 2 | 1 |
| C21 | Customer Service | 2 | 2 |
| C22 | Rating of Health Care Quality | 2 | 1 |
| C23 | Rating of Health Plan | 2 | 5 |
| C24 | Care Coordination | 2 | 1 |

| HOS | | | 3.00 |
|---|---|---|---|
| ID | Measure Name | Weight | Star Rating |
| C04 | Monitoring Physical Activity | 1 | 4 |
| | Improving or Maintaining Physical Health | 1* | 1 |
| | Improving or Maintaining Mental Health | 1* | 1 |
| C12 | Reducing the Risk of Falling | 1 | 5 |
| C13 | Improving Bladder Control | 1 | 1 |

| Health Plan Quality Improvement | | | 1.00 |
|---|---|---|---|
| ID | Measure Name | Weight | Star Rating |
| C27 | Health Plan Quality Improvement | 5 | 1 |

** - New Measure Added in MY2024*

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**Committee Member 18**: This is a slide breakdown of the part C measures within each domain.

## Star Ratings by Measure – Part D

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

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

| CAHPS | | | 3.00 |
|---|---|---|---|
| ID | Measure Name | Weight | Star Rating |
| D05 | Rating of Drug Plan | 2 | 5 |
| D06 | Getting Needed Prescription Drugs | 2 | 1 |

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

| Pharmacy | | | 2.17 |
|---|---|---|---|
| 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 | 2 |
| 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**: This is a slide breakdown of the part D measures within each domain. Any questions on the star ratings report?

**Committee Member 11**: The urgency behind this is pretty big from what our score from last year was around a two point five, which is a big drop.

| AGENDA ITEM | PRESENTATION OF AGENDA ITEMS | DISCUSSION OF AGENDA ITEMS | DECISION/ACTION | |
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| | | We are halfway through the measurement year. And if we don't quickly turn things around by this measurement period, we're going to have a lot of impacts.<br><br>**Committee Member 14**: Do we know which categories we're suffering or like not performing as well compared to last year?<br><br>**Committee Member 36:** HEDIS®, CAHPS®, pharmacy are key areas that we need to drive significant improvement on. In addition, administrative measures, those are kind of the quick and easy that we as the organization have control over. Those we really would like to get to a 4.75 since they are so easy. Were you interested in specific HEDIS measures?<br><br>**Committee Member 14**: I just wanted to see what the difference was from last year to this year. Why do we know why there was a drop off?<br><br>**Committee Member 36**: A lot of it is CAHPS®.<br><br>**Committee Member 14**: The other thing is I was going to ask, it seems the quality improvement is rated as a 1 but it's weighed pretty high. What kinds of things are involved in that because that seems like it would be a good way to bring the scores up.<br><br>**Committee Member 36:** So, that is each one of the individual measures of them are qualified for the quality improvement. You have to do year-over-year better on those measures, that's what helps to get the improvement factor. | | |
| **3. Health Equity Accreditation Implementation Plan (SOGIE) Update** | Committee Member 27 | | | The QMHET Committee approved the Health Equity Implementation Plan SOGIE (Update) as presented. |

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| | | **NCQA HE 2 (SOGIE) Implementation Plan 5th Update**<br>Presented By: Maribel Papa<br>Name of Department: Health Equity Operations<br>IEHP Inland Empire Health Plan<br>24<br><br>**Background**<br>• IEHP was granted NCQA Health Equity (HE) Accreditation on Dec. 21, 2023.<br>○ A data collection implementation plan was submitted as evidence for HE 2A. 3-4 outlining a framework for receiving, storing, retrieving and collecting members' SOGIE data using standardized methods.<br>▪ A method for collecting data that does not stigmatize individuals who do not identify as male or female<br>▪ Direct collection of sex assigned at birth<br>▪ Direct collection of gender identity<br>▪ Direct collection of pronouns<br>▪ Sharing pronoun information with patient or member-facing staff<br>○ The organization has made significant progress on the plan and this report will provide an update on key accomplishments and work underway.<br>**What is SOGIE Data?**<br>SOGIE stands for Sexual Orientation, Gender Identity and Expression<br>Catalyst for SOGIE<br>• NCQA Health Equity Accreditation<br>• Covered California<br>• Centers for Medicare & Medicaid Services<br>Collection of SOGIE data will support IEHP's commitment to advance health equity, improve the quality of health care and reduce health care disparities by assessing, respecting, and responding to diverse cultural health beliefs, behaviors and needs when providing health care services.<br>*Note CMS will stop collecting SOGIE data per EO.<br>25<br><br>**Committee Member 27**: Majority of you are already very familiar with the background on this slide. This is our 5th update. Just to summarize, you all know we've received Health Equity Accreditation back in December 21, 2023. We did submit an implementation plan on how we would be receiving, storing, retrieving and collecting our Members SOGIE data using a standardized method | |

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| | | **Enterprise Project Request: Overview**<br><br>**Implementation Plan Required Elements** / **Due Date** / **Completion %**<br>Implement alerts in Member360 indicating missing Member Demographics (REaL and SOGIE) data / Sep. 2024 / 100%<br>Data (SOGIE, Preferred Name and Pronoun) sharing with IPAs and Transportation Vendor / Dec. 2024 / Transportation – 80%; IPAs – 100%<br>Develop EHR integration in collaboration with Manifest MedEx and ConnectIE (Community Information Network) / Dec. 2024 Revised Date: June 2025 / 60%<br>**Enhancement Elements** / **Due Date** / **Completion %**<br>Develop and implement safeguards to protect SOGIE data for minors <17 years. (Optional – not part of SOGI Data Collection Implementation Plan) / Dec. 2024 Revised Date: June 2025 / 10% **On-Hold** (postponed to next calendar year)<br>Update system infrastructure to align with OMB Standards for Maintaining, Collecting, and Presenting Federal Data on Race & Ethnicity / Dec. 2024 Revised Date: June 2025 / 30% **On-Hold** Crosswalk tables have been restored on the OMB website. HEO will follow up with Quality Informatics to determine next steps.<br>Develop Member360 data extraction process to test for HEDIS reporting readiness / Dec. 2024 Revised Date: June 2025 / 40% **On-Hold** Crosswalk tables have been restored on the OMB website. HEO will follow up with Quality Informatics to determine next steps.<br>26<br><br>**Committee Member 27**: I will just briefly go over how an enterprise project request was submitted to be able to implement this implementation plan that EPR did consist of 6 total requests or tasks. The top three that you see there are directly related to our implementation plan for NCQA. The bottom three were more of just enhancements that we thought made sense to add to the EPR.<br><br>As far as the top three tasks we've already completed. The first one, which was to implement the alerts in #360 indicating when member demographics are missing for our Members who are 18 years of age or older. Our second task, which was to share preferred names and pronouns with our IPAs and transportation vendor, we did have it complete as 100% except that recently we found out that preferred name is actually not being shared with Call the Car. However, we've already implemented a change of request, and we do already have it working to extract the code so that we can include preferred names into the outbound E34 file that is sent to Call the Car so they can then also include it into their reports. Then they share with their vendors.<br><br>So, we're hoping to also have that completed in the same revised state that we have for the next element by June 2026. And the next element is to develop the integration of Manifest MedEx. We've been working closely | |

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| | | with Shawna (IT), and she's confirmed with us that that should be integrated by towards the end of June where we will be able to integrate a lot of that SOGIE data that is being collected through Manifest MedEx, and we'll be able to see it in Member 360.<br><br>As I said, the other three enhancements, the top one has been placed on hold currently, which was for us to work on implementing safeguard so we could collect SOGIE data for miners, given our political situation circumstances. At this point, we thought it would be best to just postpone this to next calendar year. For the last two, which was to implement infrastructure so that we can align how we collect race and ethnicity to OMB standards. We're going to start working on that then we had seen that the crosswalk was removed from the federal website, but it's back up again. So, we're going to go ahead and start conversations again with quality informatics so that we can see what work we need to start implementing. If my memory serves me well, I think by 2029 is when we need to be already in alignment with the new OMB stand. To collect race and ethnicity<br><br>**Phase IIB: Augmenting Data Collection Milestones – Internal Partners**<br><br>G&A: •Second training provided. •Staff ready to update SOGI data as appropriate.<br>Health Education: •Provided refresher on 01/16/25. •Member360 edit rights have been granted.<br>ITC: •All Social Workers and CHWs completed Health Equity Member Demographics Training on 1/29/25. •Member360 edit rights have been granted.<br>JDI: •IEHP will expand proactive SOGI data collection to ITC and Open Access Teams. •HEO will support with training and resources that are for members culturally responsive care and community resources.<br>ECM: •Provided demo to ECM management on updating member demographics on 01/22/25. •In process of confirming Member360 edit rights for staff.<br>27<br><br>**Committee Member 27:** This line again just highlights all the work that we've done with internal partners to train them on how they can go ahead and collect SOGIE data. And provide them also edit rights. We have | |

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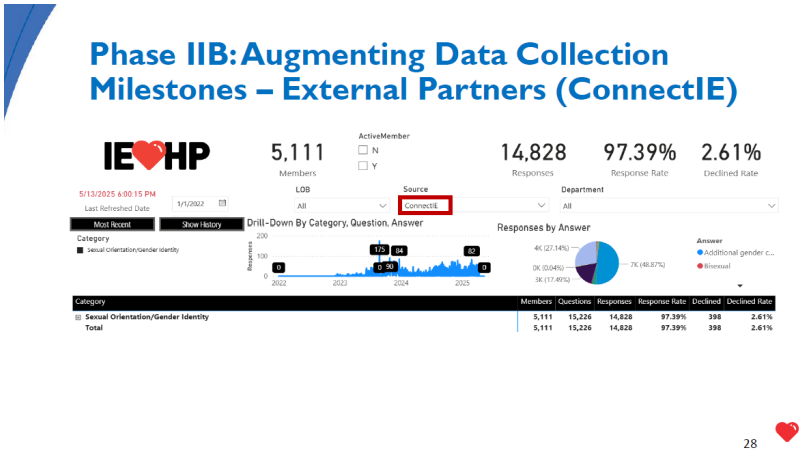
| | | grievance and appeals. They've already received their second training and are ready to update, some data they've actually done so. They received the Member information, and they were able to go into Member 360 and update that information for the Member as part of the remediation. Health education has also received training, and they've also now have access to Member 360 to update any information that a Member might share with them.<br><br>ITC, the same situation as well as ECM and in regard to our just do it. We are working very closely with IT and the Open Access teams to kind of collaborate and develop some training and resources that they might be able to leverage when working with Providers and provide resources for those Members that they might come across that need assistance.<br><br>  <br><br><br>**Committee Member 27:** This is just to highlight our collection with our external partners. This dashboard here shows you that our source highlighted in the red box connect IE. We've worked with several part external partners and thus far they've assisted us to collect 5,111 records. First majority have been collected internally. | | |

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| | | <br>• Goal: 45,556 total SOGIE records by June 30, 2025.<br>• Current Status: **36,726** records collected (80.6% completion rate).<br>29<br>**Committee Member 27:** As of May 13, a total of 36,726 SOGIE records have been collected. I did refresh this dashboard today, so as of today we have 37,269 which is an equal approximately 82%. Our goal is to have 45,556 records collected by the end of June, and we're hoping that once that integration from Manifest MedEx is completed, we should be able to hit that.<br>**What's Next?**<br>• Validate completion of SOGI Data Implementation Plan and transition to updates on enhancements and ongoing operations.<br>• Develop the 2025 Sexual Orientation and Gender Identity (SOGI) report which will support a 12-month look-back period of Sept/Oct 2025–Oct 2026 for the NCQA HEA 2026 survey.<br>30<br>**Committee Member 27**: What's next for us? Practically just validating completion of the SOGIE data implementation plan. As I said, the top | |

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| | | three tasks that were presented have been kind of already implemented and we're just in transition to do those enhancements and just report ongoing operations that we've continued to work, such as developing the 2025 sexual orientation and gender identity report and this will be provided as evidence for NCQA. One was submitted last year and now we have to start working to provide evidence for this current look back period of 12 months.<br><br>Q&A<br>31<br>**Committee Member 16**: One question around data sharing with Providers. So, you mentioned IPAs and transportation vendor. Are we sharing anything with the Providers directly?<br><br>**Committee Member 27:** Not to my knowledge. We have to confirm if the IPAs are sharing data with the providers.<br><br>**Committee Member 16:** The second question was also on that same section there for the EHR integration with Manifest. Can you just clarify? I think that the wording kind of throws me off a little bit. Is that essentially taking the data in for Manifest for IEHP to use? Not we're not pushing SOGIE data out, right? | |

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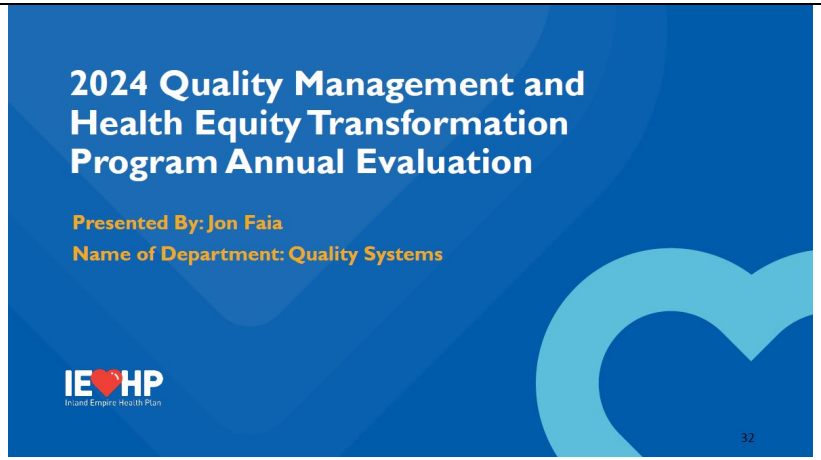
| | | **Committee Member 27:** No, it's for us to take it. From what I've heard is the CCDA table That's where we're going to be getting all this information and then just uploading it into our system so then it can be displayed in Member 360.<br>**Committee Member 11:** I know that there's obviously a lot of parallel conversation going on the federal state level, just as a reminder for us as a county, we'll comply with what's required of us as a state until we hear otherwise and a great resource for all of you to connect in with. Moving on to our 2024 Quality Management Annual Evaluation. | | |
| **4. 2024 QM Annual Evaluation** | Committee Member 21 |  <br>**Committee Member 21:** We're going to talk a little bit today about our 2024 Quality Management and Health Equity Transformation program evaluation. For our Medi-Cal line of business. | | The QMHET Committee approved the 2024 QM Annual Evaluation as presented. |

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| | | **QMHETP**<br>Annual Evaluation Background<br><br>**Purpose**: To assess IEHP's 2024 Quality Management & Health Equity Transformation Program structures, processes, and effectiveness throughout the calendar year. As well as to increase IEHP's ability to oversee, trend and monitor quality of care.<br><br>**Methodology**: Data and reports from various Subcommittees and Committees, participating departments, content experts, data analysis and work plans.<br><br>**Outcomes**: Recommendations for changes, if needed, to the Quality Management & Health Equity Transformation program design/structure.<br><br>**Regulatory**: Required by both DHCS and NCQA.<br><br>33<br><br>**Committee Member 21:** We want to start off a little bit talking about our purpose and methodology that went into the study. What we're doing is we're assessing our 2024 QMHETC structure, process and effectiveness throughout the calendar year. It gives us the ability to see focus in on the areas of improvement and develop those opportunity areas. Part of the methodology we took into account reports from all the various subcommittees that report out.<br><br>**Findings and Barriers**<br><br>Overall, IEHP's 2024 Quality Management & Heath Equity Transformation Program was **effective** in monitoring quality trends, identifying areas needing improvement, providing pathways for escalation of needs, directing improvement activities related to access to care, member safety, member and provider experience and quality of care.<br>➢ **Areas of Opportunity Identified**:<br>❑ Quality goals are not consistently being met; need to improve internal processes to impact quality of care provided to Members, ensuring safe, effective, culturally appropriate and coordinated care.<br>▪ Access to communication of health information/initiatives and lack of awareness of benefits<br>▪ Access to reliable and timely transportation<br>▪ Language barriers<br>➢ **Key Areas of Improvement Include**:<br>❑ Hospital Care<br>❑ Preventive Care<br>❑ Chronic Care<br>❑ Behavioral Health<br>The above are supported by the Chief Quality Officer, Chief Medical Officer and Chief Health Equity Officer.<br><br>34 | | |

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| | | **Committee Member 21:** We're going to dive right into some of our findings and barriers. So first and foremost, we're happy to say that our program description was effective throughout the year 2024. I know that sounds kind of basic, but it's very important that we find things are going well and things are moving in the right direction. We did identify some areas of opportunity. As we talked about some of those here and some of our other subcommittees, there were some of the quality items that were not being met. We definitely want to strive to increase those numbers and really focus on that Member impact, insurance, safety, effective care and some of the items that we're looking at through Health Equity with our closely appropriate coordinated care. Appropriate languages and having those basic needs of the Members met and then excelling in those quality areas.<br><br>Some of the things we found were we can improve on access to communication of health information. I don't think that's a shock to anybody in the room. We know health plans all over the country struggle with Members understanding their benefits and knowing what resources are available to them, and then also with some of the language barriers making sure we have coordinated interpreter efforts for those Members at the office or on the phone line when they're calling Member Services. Some key areas we've deemed for improvement, looking at the studies, obviously we have our hospital care, preventative care, chronic care, and behavior health which we know all areas of focus that we continue to strive for year in, year out. | | |

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| | | **Implemented Improvements**<br>➢ An important health equity objective for IEHP prioritizes direct communication and feedback with its Members and the Inland Empire (IE) community. As a result, the Community Advisory Committee (CAC), which meets quarterly throughout the IE, gather recommendation on anything from communication needs to increasing access to care.<br>❑ Launched in *June 2024*; replaced the *Public Policy Participation Committee (PPPC)*<br>➢ One of IEHP's innovative partnerships created is our Healthcare Scholarship Fund (HSF) and its five-year investment positively impacts one of the lowest provider-to-patient ratios in the state.<br>➢ In *January of 2024*, IEHP expanded its services to include Covered California (IEHP Covered), offering residents of Riverside and San Bernardino Counties access to affordable health coverage.<br>➢ IEHP remains focused to include preventive pediatric care in addition to well-women visits.<br>❑ IEHP partners with local organizations to bring mobile mammography services throughout the IE.<br>➢ Care coordination programs are implemented to address chronic care management through a multi-disciplinary team approach.<br>❑ In 2024, IEHP's performance in behavioral health quality metrics demonstrated rate increase in some areas as well as providing insight for opportunities to improve.<br>35<br>**Committee Member 21**: Now we want to take a minute to kind of highlight some of the improvements that we have for 2023 to 2024. One of the items that stood out was Member communication and giving them a forum and an outlet to discuss some of the areas that were important to them and we were able to do that with our partners from Health Equity with their Community Advisory Committee and also the Public Policy and Participation committee really giving Members that focus and that opportunity speak up about initiatives that are important to them.<br><br>Another highlight we pointed out in the report was our Healthcare scholarship fund and our five-year investment positively impacts our provider patient ratio. So, getting Members healthcare they need through those provider access initiatives. And then our launch into Covered California in 2020. All great highlights and things that we wanted to bring about in that report to highlight what we're doing here as a plan. Then reaching out on some of those quality measures for the most affected and most in need, some of that preventative care for the pediatrics and a lot of the wellness making sure we have opportunities for them to give care and seek access. Of that, some of those examples we want to highlight with the mobile mammography. And some of the areas that we're helping out with the pediatrics in the community. | |

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| | | **Implemented Improvements**<br>➢ **Lean Activities**:<br>❑ The Process Improvement Department continued collaboration efforts with Riverside University Healthcare Systems (RUHS) through Shared Visions Partnership (SVP) to focus on Access and Quality efforts to improve Quality Measures across Riverside County.<br>❑ Continuous collaboration with Arrowhead Regional Medical Center (ARMC) to focus on Quality efforts to improve Quality Measures across San Bernadino County.<br>❑ IEHP successfully executed;<br>▪ 31 RIEs / Workshops<br>▪ 18 Projects and multiple trainings<br>▪ Lean Training provided to external partners (Riverside Physicians Group)<br>❑ As of December 2024, 53% of Directors and up have completed Bronze training.<br>➢ Presentation to IEHP Governing Board: **July 2025**<br>36<br>**Committee Member 21:** We want to take a minute to highlight some more improvements that we have made over 2024. Partnering with our two biggest partners in the area in RUHS and ARMC on multiple process improvement initiatives, we had 31 RIEs. That's a testament to all the hard work that's gone into the motivation here at IEHP. 18 projects and multiple trainings and we even sat down and had external players participate in the training with our Riverside Physicians Group.<br><br>Additionally, we brought back our bronze training for our directors. They're happy to report that we had 53% of the directors participating in those lean bronzes training. This presentation will be presented to the | |

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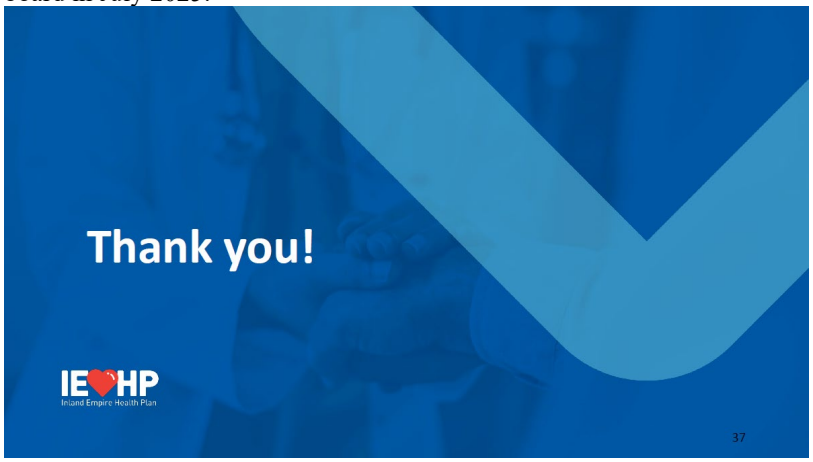
| | | board in July 2025.<br>  <br><br>**Committee Member 21**: You know, for the Committee Advisory Committee, I think it's an important opportunity for committee to really find a way to capture the voice of our Member. Any questions? Now we're going to be moving into our Quality Improvement Council update. | | |
| **5. Quality Improvement Council Executive Summary** | Subcommittee Chairs | <br> | | The QMHET Committee accepted the Quality Improvement Council Executive Summary as presented. |

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| | | **QIC Committee Structure**<br>The Quality Improvement Council (QIC) is an internal committee with participation from IEHP's senior leadership across the organization. The QIC reviews updates from Subcommittees to support inter-departmental coordination, transparency and provide support.<br>**IEHP COMMITTEE STRUCTURE**<br>IEHP Governing Board<br>Chief Executive Officer<br>Quality Management & Health Equity Transformation Committee (QMHETC)<br>Quality Improvement Council (QIC)<br>**Subcommittees**<br>Credentialing; Delegation Oversight; D-SNP Model of Care Monitoring & Oversight; Hospital and Ancillary Quality Improvement; Member Experience (MESC); Member Safety; Peer Review; Pharmacy & Therapeutics (P&T); Provider Network Access; Population Health Management (PHM); Quality Improvement (QISC); Skilled Nursing Facility (SNF); Transgender, Gender Diverse, and Intersex (TGI); Community Advisory Committee (CAC); D-SNP Enrollee Advisory Committee (EAC); Guideline Review Subcommittee<br>39<br>**Committee Member 16**: Orientation slide here all of our subcommittees. Many meet throughout the year and so we provide a forum internally to meet within our quality Improvement Council where we focus collaboration and discussion. And what we'll be sharing with you are the updates from that meeting over the last three months.<br>**QIC Update**<br>Since our last update, QIC has met **three times** with the following updates from subcommittees:<br>QIC Meeting April 02nd, 2025: D-SNP Model of Care (MOC) Monitoring and Oversight (10/7/2024, 11/22/2024); Population Health Management (12/03/2024,12/11/2024, 2/20/2025); Quality Improvement Subcommittee (10/14/2024, 1/16/2025); Peer Review (12/04/24) *Monitoring Agenda Item*; Pharmacy & Therapeutics (02/07/25) *Monitoring Agenda Item*<br>QIC Meeting April 10th, 2025: Credentialing (11/20/2024, 12/18/2024); Member Experience (1/16 /2025); Utilization Management (2/12/2025); Hospital and Ancillary QI (10/03/24, 3/19/2025); Provider Network Access (3/11/2025); Transgender, Gender Diverse, and Intersex Subcomittee (2/19/2025)<br>QIC Meeting May 8th, 2025: Credentialing (1/15/2025, 2/19/2025, 3/19/2025); Delegation Oversight (1/31/2025, 2/28/2025, 3/31/2025); Member Experience (3/20/2025); Peer Review (1/22/2025); Population Health Management (3/25/2025); Skilled Nursing Facility (SNF) (10/24/24, 4/9/2025); Ambulatory Provider QIT Advisory Subcommittee (02/05/25)<br>40<br>**Committee Member 16**: In the last 3 months, we've had three meetings, we had two in the month of April and one in May. What we'll be sharing | |

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| | | with you here with our subcommittee chairs are the other contents of those updates from the various committees. I'm going to hand it over to Dr. Bachwani to kick us off with our 1st update.<br><br>**Subcommittee Updates**<br><br>41<br>**Ambulatory QIT Advisory Subcommittee**<br>**Chairs:** Dr. Avinash Bachwani<br>Meeting Dates: 02/05/25<br>**Key Topics**<br>New subcommittee has met twice this year.<br>**Purpose:**<br>To advance optimal care and vibrant health by engaging ambulatory providers to guide, enhance and prioritize the development of electronic applications belonging to both IEHP and their respective organizations to advance patient care and seamlessly capture data and quality metrics<br>**Quality Measures of Focus for Subcommittee:**<br>• HgA1C<br>• Blood Pressure<br>Example of EMR Issues and Action Plan<br>EMR \| Observation \| Probable cause \| Responsible Party \| ETA<br>NextGen \| Timestamp \| Front end of MX looking at wrong date collection \| MX \| Ticket being opened by Ed Cortes<br>NextGen \| Variable Delay \| Delay in direct feed (workflow issue with LabCorp) \| MX \| Being researched by MX<br>NextGen \| Missing encounter \| No probable cause found yet \| MX \| Being researched by MX<br>eClinicalWorks \| CCDA workflow \| Workflow 'read and reviewed' \| Esteban/Ed \| TBD<br>Epic \| POC missing \| POC in note and CCDA but not in ORU result feed to MX \| RUHS \| TBD<br>Epic \| Subset of LabCorp feed not reaching IEHP \| No probable cause found yet \| Shawna \| Being researched by IEHP<br>Epic \| CCDA encounter specific \| For discussion encounter vs chart based CCDA \| Saroj/Dr Bachwani \| TBD<br>**Next Steps**<br>-Physicians expressed they would like to also focus on wellness. This provides a forum to achieve success all around.<br>-Data capture in EMR is not being transmitted to QHIO/HIE & forwarded to IEHP with fidelity. Troubleshooting has surfaced multiple issues that are being addressed 42<br>39<br>**Committee Member 2**: The Ambulatory Quality Information Technology Advisory Subcommittee started this year. We met a couple of times already. It meets on a bi-monthly basis. We had a meeting in February and | |

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| | | in April and we have one coming up on June 4th. And the purpose of this committee is to basically identify issues that are related to data and find ways to address them.<br><br>We have a representation of the largest practices from the five major EMRs in our network and the way we're identifying data discrepancies is targeting measures that impact quality and reporting, tracing them back to where the issues are with the provider group with Manifest MedEx and with IT informatics and quality teams too. To pin down the actual issue and then address them, the first measure we went after was hemoglobin, A1c and we're starting to look at blood pressure. We've identified a bunch of issues. What's displayed on your right.<br><br>I'll pick on a couple of examples, like for example the timestamp issue. The first line item that you can see there, we found that the front end of the Manifest MedEx portal was not displaying the correct timestamp for lab results for HbA1c. Come to find out it's a bigger issue because there were three basic timestamps for those things. One is when you order the test. Second is when the specimen is drawn and 3rd is when the specimen has resulted. By convention, what we care about is the resulted timestamp. So Manifest MedEx identified this as an inconsistency. They're working with their vendor to rectify this, and they'll do that across the board. That should improve our timestamp quality and feeds for everybody all around, including IEHP. Another one that we found for example, is in Epic and we used RUHS as an example where the point of care testing is present in the note, present in the CCDA but is not structured in the right way in the HL 7 feed that we get. Now, Manifest MedEx does not parse the HL7 feed and they're looking at potential ways to address that. So that's interrupting our downstream issue. We found the same issue with Loma Linda, SAC Health, and Arrowhead also.<br><br>I think we've made good progress so far and one of the bigger things that I'm working on with the team is I don't have a clear line of sight in what is being transmitted from Manifest MedEx to IEHP. So, for example, if Manifest MedEx is transmitting X number of documents to us, so at IEHP's ingestion process I want to see that same number and then the same number through the transformation and through loading into CDW. | | |

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| | | Those are those sound like very simple things. We don't have a clear line of sight logs to go through those issues. So hopefully by the end of this year, we'll have a process in place that captures that with fidelity. The goal of all this overall is to improve our data quality and data exchange. I'll pause here and I'm happy to take any questions.<br><br>**Committee Member 16**: Just maybe a question about how we can best support this work. Because I know this is new, it's a new subcommittee. Your team is starting to really dig in and uncover opportunities like you mentioned and just the basic visibility of what is IEHP receiving and is it making its way through our systems? Is there anything we can do to support you in this work? I'm curious just to see how even that one example is going to be. You know, carry forward, but just wanted to open that up to see how we can best support you as you're heading out this path.<br><br>**Committee Member 2**: I feel at this stage because we're relatively speaking at the front end of it. We're finding issues and attributing them to problems relating to the practice or to that specific EMR. What I'm not getting assurance off is that it's not happening everywhere else and I'm trying to. Get to that point of finiteness where I can understand clearly that if this issue is just confined to this practice or a much broader spectrum. I think your support will be very helpful once we're able to develop those tools to quantify the volumes and the data we receive. That'll be a much better black and white representation of what our issues are and then we can approach it not as ad hoc by EMR, by practice, but as a broader project to rectify the flow of data itself.<br><br>**External**: Just a comment, just looking at kind of the different EMRs that are listed here Next Gen, which I've used in the past and Clinical Works and unfortunately each of these EMRs, they have different versions based on like the different medical groups that you know what version they pay for? They get information from I mean, just from my experience with the previous EMR that I use into and my current employer, the same EMR but they have different versions and I'm noticing that those extractions are different. So, I think those are definitely something to take into consideration when trying to gather this data and trying to get information and these vendors obviously that they're trying to make money from the | | |

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| | | medical groups and the IPAs. But I just noticed that there are all some nuances within each version of each EMRs.<br><br>**Committee Member 2**: Your point is very well taken. We're acutely aware of that issue because of versioning different templates and how they document absolutely every instance is just one instance, not a more global set of a problem. So, we're actually trying to attack it in two different ways. One is that what you mentioned, if there's a problem in the way the template is structured, then if we, let's say work with RUHS to come up with a standard for Epic, we will propose that as a standard for Epic across board to capture, for example, HbA1c and blood pressure, whatever it is.<br><br>As far as the more back-end approach of this, I agree with you 100%, but the point of capture could be different. But hopefully we get to a discipline where the HL 7 feeds are much more structured and predictable. We're seeing issues in that also, but those tend to be a relatively easier thing to fix than the front end because the front-end impacts workflows. No, but your points are absolutely valid.<br><br>**Committee Member 17**: I just want to make sure with our UM team and our medical management system or wherever, that we're connecting in with this initiative.<br><br>**Committee Member 16**: Yes. And so, this is starting to focus initial ambulatory data feeds, right? The hospital feeds that go into MedHok today and establish they're longer standing. We think we kind of work through more of those issues. And so how will that be integrated, I think we'll have to kind of keep our ears out of the open for opportunities.<br><br>**Committee Member 17**: Absolutely. That's why I want to say because I know what we desire. Our ideal modernization should look like in terms of bi-directional communication with the PCP, the Care Management teams, and the UM teams. So, I just want to make sure that we have that engagement also or that team have awareness of some of the things that we don't have capabilities of now receiving but ideally that maybe we can get when they decide on whatever system. | | |

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| | | **Committee Member 16**: We'll make sure that your part of the subcommittee if you aren't already. So, that they have at least that medical management perspective as we're thinking through kind of the next thing we want to look on.<br><br>**Committee Member 2**: We chose to skim the ambulatory piece first because that would help us make some of the fundamental problems like we have with identifying where the data lapses are the volume of data that we get from hospitals is extremely large. But if you don't have the fundamentals correct first, to deal with such a barrage of data would be much more problematic.<br><br>**Provider Network Access Subcommittee**<br>**Chairs:** Debbie Canning, Kirk Fermin<br>Date: 03/11/25<br><br>**Key Findings**<br><br>**2024 Provider Network Status Annual Study**<br>Deficient areas:<br>• Primary Care-Internal Medicine/Preventative Medicine<br>• Pain Management<br>• Genetics<br><br>Improvement:<br>Total of 7 gaps closed from the Prior year: General/Family Practice, Cardiology, Bariatric Surgery, Neurology, Pulmonology, Urology, Ancillary Labs<br><br>**2024 Nurse Advice Line Annual Study**<br>Metric: Speed of Answer Time — 2024 Results: 26 Seconds — Goal: <30 seconds — Goal Met?: Yes<br>Metric: Service Level — 2024 Results: 85% — Goal: 80% — Goal Met?: Yes<br>Metric: Abandonment Rate — 2024 Results: 2.7% — Goal: <5% — Goal Met?: Yes<br><br>**Next Steps**<br>**Provider Experience Survey- Update to current activities**<br>• Enhancements on the provider Portal to address provider Dispute Resolutions<br>• Research the Top 10 Providers that call into the call center to address appropriately<br>• Send out Reminders to Providers prior to launching the survey in 2025<br>43<br><br>**Committee Member 23**: There are three items we're reporting on here. One is going to be our 2024 Provider Network Status Annual Study. When we covered it for this year. Looking at the results, I start off with the improvements. There were a total of 70 gaps that we were closed from the prior year which is nice to report out. You can see the specialties that are called out there. For the deficient areas, I'm going to use a slightly different answer because this isn't technically deficient for primary care. Because we do measure the ratios for the different specialties within primary care. But overall, we just need to meet the one to 2000 ratio which we are meeting. So, the only real deficiencies that we currently have for under the network status study are Pain Management and Genetics. We do | |

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| | | have interventions out and we're continuing to use Neph for this. Someone called it out earlier too. But we're starting to see a ramp up or some potential ROI from Health Care Scholarship Fund. There are some that are coming out of residency. You know it's taken a while since they were awarded their scholarship. It's a little bit of a longer wait till we see the return on that, but we are starting to see that this coming year as they're starting to enter our network. So those were the findings for the 2024 Provider Network study seeing those improvements.<br><br>Then when we looked over the Nurse Advice Line Annual Study. Same thing. Speed of answer. We've seen improvements. Two years ago, it was at 34. Last year, 26.5 and then for this current study down to 26. Continuing to meet the goal for service level, 2 studies a goes we were at 81%, then 82% and then now currently at 85% and then abandonment rate also down previously from 3.9% to 2.7%. Continuing to look good. And then for the Provider Experience Survey, we're performing above the 90th percentile for all the different measures. But we are continuing to look at areas that we can improve. One of the areas that we covered in our last subcommittee was the moving of the dispute resolutions to the provider portal, which will help our network funnel those in. And then for our call center, it was researching the top ten Providers that call into the call center to see how we're basically going to address that. They're playing around with ideas of rather than having them do the five calls, recall in and there, using up that bandwidth in the in the queue. If they can do something separate for them because we are seeing a very high volume of non-contracted providers that that do call in. The team's looking into that and then just making sure communications are up to date and to remind the | | |

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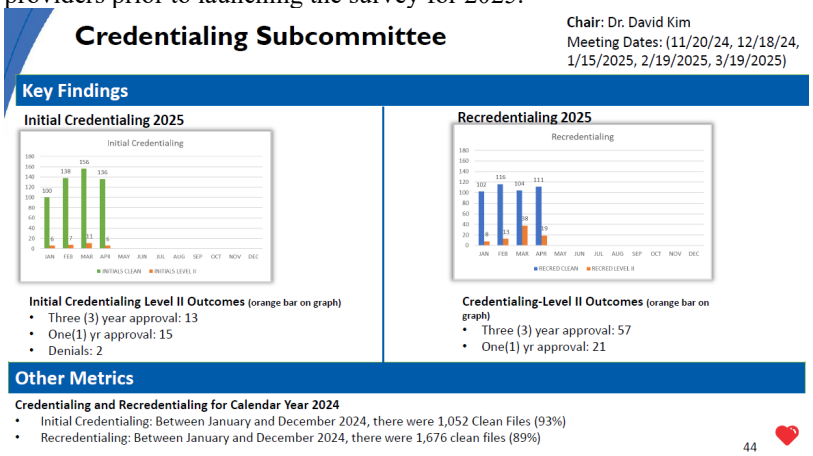
| | | providers prior to launching the survey for 2025.<br>  <br><br>**Committee Member 7**: We had four meetings January through April. The bar graph on the left indicating how many initial credentialing we did. Also, the outcomes for this. What we call a Level 2 is anybody who comes across any quality issues that are usually triggered by their application, or restriction of their license or malpractice which occurs within the production time period. When we examine that and look at it from the standpoint, is it out of the norm or is it affected? Should they continue with one year? Or three year potentially. And we do the same for recredentialing one year or three year. For calendar year 2024, we had 1,052 clean files go through initial credentialing and 1,676 clean files go through recredentialing. | |

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| | | **Peer Review Subcommittee**<br>**Chair:** Dr. Esther Lee<br>**Meeting Dates:** 1/22/2025<br><br>**Key Findings**<br><br>**2025**<br><br>Medicare and Medicaid Sanctions: to date there are not Medicare or Medicaid sanctions<br><br>Sanctions Limitations on Licensure (Decisions): 3 in January (related to Substance abuse, personal misconduct, deviation from the standard of care)<br><br>Sanction Limitations on Licensure (Accusations): 1 in January (deviation from the standard of care)<br><br>Licensure Action Decisions:<br>• Wait for Licensing Board Decision:1<br>• License Surrendered: 2<br>• Accept Board Decision: 1<br><br>**Discussion**<br>• No Peer Review Subcommittee Meetings were held in February or March due to not enough cases.<br><br>45<br><br>**Committee Member 12:** The Peer Review subcommittee met once during this reporting period in January. There were no Medicare or Medicaid sanctions. There were 3 sanctions limitations decisions on licensures and 1 accusation. The licensure action decisions include 1 waiting for licensing board decision, 2 license surrendered, and 1 accepted board decision.<br><br>**Hospital and Ancillary Subcommittee**<br>**Chairs:** Sylvia Lozano, Nikole DeVries<br>Meeting dates: 10/03/24, 03/19/25<br><br>**Key Topics**<br><br>**2022 Hospital P4P Year End Push. 2/6 measures did not meet goal**<br>• Follow-Up Care for MD or SUD: Ongoing focus in this area through continued inclusion in P4P programming.<br>• QIA: Meds-to-Beds: Retired as stand alone measure; due to variability in implementation, unable to support ongoing stand alone measure. Now integrated into readmission reduction QIA.<br><br>**2023 Hospital P4P Patient Experience QIA Program Effectiveness**<br>• 4 of the 5 domains showed improvement in scores<br>• Domain options were adjusted to align with health plan priorities (i.e. removal of nurse communication where IEHP may have less opportunity for direct impact)<br><br>**New QI Projects:**<br>• **On Site Care Coordination Pilot:** IEHP placing a care coordinator on-site to assist high-risk members; team works closely with the hospital's Care Management team; 5 Pilot hospitals<br>• **Implementation of CHW Benefit:** IEHP is partnering with network hospitals to implement the ED CHW benefit included in APL 24-006. Hospital Relations and UM are developing a playbook; program launches 3/31/2025.<br><br>**Measure not met** / **Actions**<br>2024 QOM Measures: FUA/FUM 2024: — • Will be addressed in the new QI efforts > Onsite Care Coordination and CHW in ED Benefit<br>Optimal Care Goal 3: Hospital CMS Star Rating — • Ongoing efforts as governed by the Inland Empire Quality Alliance and incentivized through the Hospital P4P Program.<br>FUA/FUM/PPC/PCR — • Onsite Care Coordination, CHW in ED Benefit, PDFU Clinic Expansion, Hospital Visualization Dashboard.<br>Hospice CAHPS — • Will address using Hospice Dashboard during Quality Site Visits Q2<br>• Embed best practices into Quality Workgroups Q3<br><br>**2025 Predicted Hospital CMS Star Rating**<br>CMS Star Only / 2023 / 2024 / Predicted 2025<br>% of Hospitals with a 3 or higher CMS Quality Star Rating / 43% / 59% / 65%<br><br>**Next Steps**<br>• Inland Empire 'Quality Alliance': Targeting 10 bottom performing hospitals, as identified by CCA, for Quality Improvement Efforts<br>• All Optimal Care Strategy implementation on target<br><br>46 | |

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| | | **Committee Member 38:** Good afternoon. On the hospital ancillary subcommittee, we are reporting out on the meeting dates that you see above there. Some of this information is quite old under key topics, so I'm not going to cover those areas. You can go ahead and read that information, however. I just want to highlight for you the areas of focus for the new quality improvement activity projects which are the onsite care coordination as well as the implementation of the CHW benefit. On the on-site care coordination team, we have partnered very closely with Halima's team to really get some on-site care coordinators out of four of our hospitals, we are looking to implement our fifth pilot hospital, hopefully here in the next month or so. We were going to implement in our RUHS and that just hasn't come to fruition. We will be looking at another high-volume hospital through partnership with Halima's team. These are these on-site care coordinators who are helping us target not only high-risk Members for discharge but also what are some of those potential gaps in care that these patients need while in the hospital.<br><br>As well as implementing the CHW benefit, we are piloting that at Corona Regional Medical Center we've implemented a playbook so that they understand what are all the do's and don'ts for that CHW benefit in order to help us with closing the gaps on the measures that you see to the right of the screen. And we have not met the measures for FUA a FUM. So, hopefully the on-site care coordinators can help us with coming up with a standard and wade in which we can close the gap as well as what we learn from the CHW in the ED for Corona Regional.<br><br>Under optimal care, that's another area focus for us. And as you can see towards the bottom of the screen, we started our journey at 43% and were predicted to be at 65% in the next month or so. We're just waiting for CMS to release their scores, and right now they're in embargo, which means they're basically the hospitals are getting their information and have that opportunity to say yay or nay that they agree or not. Our goal is to be at 75% at the start of 2027 and we're optimistic that we will be there. For FUA FUM, PPC and PCR, you'll see the actions that we're taking, the one that's a little bit different for us for PPC and PCR is that we're leveraging the expansion of our post discharge follow up clinics. And so, Eisenhower and Desert Valley Hospital have been selected to stand up a PDFU clinic. | | |

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| | | We have a playbook for them and so we're hopeful that we'll get that stood up in the next couple of months to be able to drive the metrics of PPC and PCR. But we're hoping it'll have that halo effect on FUA and FUM as well.<br><br>The hospital visualization dashboard is now being expanded. We've had it in use for over a year now and we have a partnership with IT. And then Bachwani's helping a little bit with this is we are implementing what we call an overstay prediction, as well as those Members that we predict may have a higher likelihood of readmission, and those are now being populated onto the dashboard. We are working with Halima to create those regional reports for your teams so that you'll be able to pull those reports and have a more targeted approach on who it is that you want to lean into first, as you begin your daily work.<br><br>As far as hospice, we do have a Hospice dashboard where we're monitoring 5 quality metrics, and we are now bringing Hospice organizations together to talk about why they may or may not be where we need them to be according to the state and national average. These are the Hospice agencies that are in our quality Hospice network. And while, we still may have a quality Hospice network, we still have some hospices that are underperforming in some of our five metrics. And so working very closely with them to move the dial and then as far as the next steps, we have launched this week our quality alliance and that's under the oversight of the Inland Empire Hospital Alliance, which is made-up of 10 bottom performing hospitals that have been identified by CCA that need to have a quality improvement efforts and so as we kick that off this week, hospitals were extremely excited, grateful to have the opportunity to come together and learn best practices and share learnings. That's all I have for hospital and ancillary. Are there any questions?<br><br>**Committee Member 16**: On the hospital visualization dashboard. I know that it's kind of been an evolving need of information. Can you just share how is it actively being used? Like can you just maybe paint a picture on how we're leveraging that today in house?<br><br>**Committee Member 38:** Couple of different ways. One is we are running a report out of the hospital visualization dashboard. To feed over to | | |

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| | | Halima's team who feeds that over to Carol's team. For those Members who have a length of stay of greater than 30 days, so that in the finance arena they can book that into that potential, anticipating that members may be staying longer than anticipated. We're leveraging it that way for the longer length of stay that. We are looking at it, but we're not as actively leveraging it as we'd liked to with Halima's team. And that's what Halima and I are partnering together to be able to use those regional reports so that they can see who are the Members that are likely to be readmitted, who are likely to overstay, and how do the care coordinators at the hospital as well as her care team, focus on prioritizing those individuals to reduce length of stay. So, the tool is there. We are now in the phase of the operationalizing of it and truly getting the value out of it.<br><br>**Committee Member 17**: No, that that's exactly where we're at. I mean, I'm excited because I think this will be helpful when I know the medical directors are in this room as well. We've been talking about just needing those data insights to give us focus. I can tell you how many admissions a day from multiple regions, different hospitals. We just don't have enough bodies to put on every one of these facilities. To be able to hone in on more so those critical areas are in critical facilities that really need that level of support would just be awesome.<br><br>**Committee Member 38**: Thank you, Halima. The other place that is leveraging it and I don't know if Kristy is in the room, but also for ECM, because there should be if they are ECM enrolled because the board does tell you that if they're ECM enrolled then why are they in the hospital. Why are they in the emergency department and so leveraging it to do some sort of evaluation of our program. I'm actually taking To the VP meeting I think it's on the 11th. To do the demo of the expansion and enhancements that we've done with the board to continue to seek support from the VPs on how they're leveraging it in their respective areas because there is a use case for every division, it's really helping them inspire their teams on it's there. Why are we not using it? How could we potentially leverage it? So those are really the next steps. | | |

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| | | **External** : Apologies, I may have missed this. So, are these Members that are IEHP Direct or IPA connected regardless?<br><br>**Committee Member 11** : On the hospital visualization dashboard, is that what you're asking?<br><br>**External**: Yes.<br><br>**Committee Member 11** : Yeah, it's all Members who enter the hospital, regardless of payer.<br><br>**External:** And then the ones that are connected, I mean I know some IPAs have their own ECM staff and programs. And then there's some that are connected to ECM here directly. So, I guess are those teased out, like which ones are the ones that are having higher readmissions?<br><br>**Committee Member 24 :** Yeah. So actually, we provide them with the Member data for readmission and for the patients that are eligible and enrolled. Also, for all the HEDIS gaps. We provide them with an eligible and enrolled list so that those are the people that they will actually bring in.<br><br>**External**: What are we seeing? Which of the other ones are getting the more?<br><br>**Committee Member 24** : A lot of behavioral health and homelessness.<br><br>**External**: Yeah. And are those more IEHP Direct Members or IPA?<br><br>**Committee Member 38 :** I'm not sure who's asking the question, but what I would just say this is one of the reasons why we're taking it to the VPs because it does have who the primary care physician. It does have the IPA and so in the ideal world we would love, for example, provider network to run reports out of there and say OK, where am I seeing ED utilization and why are they not going to their PCP? Is it access issues or why is it that I'm seeing readmissions by more so by this particular PCP and this IPA physician in the IPA? So that's why we're taking it to the VPs to consider, to continue to encourage use case. | | |

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| | | **Committee Member 16** : They'll be more updates to come on this topic, so thanks, Sylvia, I think we can maybe transition now. | |

**Skilled Nursing Facility Subcommittee**

**Chairs:** Sylvia Lozano, Nikole DeVries
Meeting Date: 10/24/2024, 04/09/2025

**Key Topics**

**Overall CMS Star Rating:** In Network SNFs that have a 3-star or higher CMS Star Rating.
October 2024: 65%
January 2025: 70%

**Quality Driven Contract Updates:** IEHP Contracting has fully executed 37 SNF contracts as of 04/07/25

**SNP APL 24-009 Compliance Update**
- IEHP is compliant with 5/8 categories
  - Gap analysis completed

**QAPI audits**
- Committee discussed realignment to prioritize SNFs with most potential for quality of care opportunities.

| Interim KPI review (Based on WQIP Measures) | Network Average (Lower is better) | 50th Percentile Benchmark |
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| Percent of Residents Experiencing One or More Falls with Major Injury, Long-Stay (n=30, 20% of Network) | 0.9% | 1.33% |
| Percent of Residents Who Received an Antipsychotic Medication, Long-Stay (n=63, 57% of Network) | 10.4% | 7.79% |
| Percent of High-Risk Residents with Pressure Ulcers, Long-Stay (n=57, 51% of Network) | 11.2% | 6.35% |
| Percent of Nursing Staff that Stopped Working at a Nursing Home over a 12-Month Period (n=89, 80% of Network) | 48.2% | 47.00% |

Data from CY 2023

**Discussion & Next Steps**

- APL 24-009 compliance: Key VPs, including Compliance and Quality, engaged in expediting next steps
- KPIs
  - 7 SNFs identified through WQIP falls report as underperforming. These sites will be prioritized for QAPI site visits.
  - Task force being established to further review priority KPIs for forward-looking committee focus

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**Committee Member 38 :** For the skilled nursing facility, the meeting dates are there and so this is a summary from those two dates. So, in the Skilled Nursing Facility Subcommittee, our main focus is really to make sure that we're driving quality as well as aligning with the SNF APL and to ensure that we're in compliance. Really take a robust look at what is our validation that we are compliant. We believe we're compliant but if we needed a point and say this is the document, this is the data that tells us for sure that we're compliant. That's what this committee is really focused on. And in current state for the CMS star ratings, we continue to monitor the performance of our SNFs and we're seeing an increase in the number of SNFs that have a three star or higher with their CMS star ratings.

We have executed at this particular time 37 SNF contracts where we now have quality language embedded into it as well as offering incentives for those difficult to place Members. These are the contracted SNFs that our hospitals are trying to leverage more because they know that these are SNFs that are more applicable to accept our Members, because we do have those additional incentives. Also, we are focused on making sure that as

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| | | we do our QAPI audits that we're prioritizing our QAPI audits with Dulce's team to focus on those SNFs where we have the greatest opportunity in the area of quality or if we have safety concerns. If you pan over to the right, you'll see some of the data elements that we are monitoring. This is just four of many. We do have an SNF dashboard, but we are looking at these measures for a variety of different reasons. One is because they are measures under the work quality incentive program WQIP under DHCS, and we're also looking at. How these quality indicators or measures intersect with staffing issues within the SNFs.<br><br>So, for example, if you are seeing higher falls in a facility or is that because there's a direct correlation to low staffing or turnover in that facility and so that's what we're starting to dig into more here as you see there. Members are residents who have received antipsychotic medication. Well, if you have low staffing and you have poor performance, that is you're giving higher amounts of antipsychotics. It's probably because you don't necessarily have the staffing to deal with the behavioral health issues. And so, let's just give a medication to address that. That's why you're also seeing in some facilities higher pressure ulcers. Because once again, low staffing contributes to not turning your patients accordingly to prevent that from happening. Really starting to look at those correlations and that's why we've leaned in also to increase our contracting rates or SNFs, can hire the staffing levels that they need to produce the quality that our Members deserve. That's what we're focusing on in those particular metrics. And next steps we have been soliciting the support of our VPs to ensure that they are helping us with closing the gap between are we compliant with our APL or we not? We still have 3 categories that we haven't been able to close due to lack of evidence that we are compliant, we are hopeful that we are. We think we are, but we just need that evidence to be produced. With the support of Genia and Halima, and compliance looking to hopefully close that up before our next report and then as you can see, they're continuing to focus on those concerning SNFs as part of our QAPI visits. So that is that. Any questions?<br><br>**Committee Member 33**: The percentage of nursing staff that stopped working at a nursing home. Over 12 months. Is that the same nursing home or any nursing? | | |

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| | | **Committee Member 38 :** Yes, this is different. So, this is the network average. We do have it and we did show that in our SNF Subcommittee, those facilities, for all of our facilities and their averages.<br><br>**Committee Member 16 :** I think the questions of like how is the measure defined? Is that what you're getting? What does that mean when a nursing staff stops working at a nursing home? Is it at that single facility?<br><br>**Committee Member 38 :** Yes, it's attributing to like nursing turnover, if that's what you would equate it to. Because if you add a specific facility, what you're seeing here. And then what you're seeing on the dashboard is our network average. But yes, It is at each facility we have this percentage.<br><br>**Committee Member 33** : So, we see a lot of turnover of ownership in nursing homes. When that happens with those, all that staff be considered stopping working at the nursing home?<br><br>**Committee Member 38** : Yes, it would fall into that if it was over a 12-month period.<br><br>**Committee Member 16** Thank you, Sylvia. And we'll move on to our UM subcommittee update from Dr. Eugene Kim.<br><br>**Utilization Management Subcommittee**<br>Chair: Eugene Kim, MD<br>Meeting date: 02/12/2025<br><br>**Key Findings**<br><br>**Q3 2024 Pre-Service Referral and Denial Trends** :<br>• Referrals and BH Referrals met the goal of <3% (for all LOBS)<br><br>**Q3 2024 ALOS:**<br>• DSNP met the goal for acute, SNF, and BH.<br>• Medi-Cal met the goal for acute; did not meet the goal for SNF<br><br>**Q3 2024 Medical Appeals:** Increase from 455 (Q1) to 556 (Q2) to 617 (Q3)<br><br>**Q3 2024 ED visits Utilization:**<br>• BH ED (D-SNP and Medi-Cal) met the goal for Q3 2024<br>• ED Visits (Medi-Cal) met the Goal; D-SNP did not meet the goal.<br><br>**Q3 2024 Nurse Advice Line:**<br>• Service Level >80% not met for July 2024. Met for Aug and Sept 2024;<br>• Nurse Call back <30 min not met for July & Aug 2024. Met for Sept. 2024.<br><br>**Q2 2024 MD Live**:<br>Medical Consultation Wait Time. Not met For July 2024. Met for Aug & Sept 2024<br><br>**Q3 2024 Delegation Oversight CAPs issued:**<br><br>\| IPA Name \| CAP Type \|<br>\| HVMG (Medi-Cal) \| G&A: Provider Grievance Response Timeliness Rate \|<br>\| OCN-IFMG (Medi-Cal) \| UM: Denial File Review \|<br>\| \| G&A: Appeal Overturn Rate \|<br>\| RMG (Medicare) \| UM: Denial Notification Timeliness Rate \|<br>\| Primecare (Medicare) \| UM: Denial Notification Timeliness Rate \|<br><br>**Next Steps**<br>• ICT Team and Medical Director collaboration with hospitals to decrease ALOS and Readmission rates<br>• Community Health Workers to support IEHP's contracted hospitals and begin the care coordination process before the Member leaves the hospital.<br>• UM ITC's "single point of contact" process ensures Members have a safe discharge and assists with scheduling post discharge PCP appointments. 48 | |

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| | | **Committee Member 14:** From the UM subcommittee, the results were for quarter 3 in terms of referrals for both medical and BH referrals both met goal. In terms of average length of stay, I do want to highlight that this was a huge success, especially for the D-SNP population, and I think that is a huge testament to Michael Navarro and his team. But our ITC team in general, just to give you an idea, we don't necessarily have as much control over the initial admissions to the hospitals because patients can choose to go into the ED and get admitted. But in terms of readmission percentages, our readmissions went from roughly about 25% in quarter 4 of 2023, down to under 12% by the end of the year. This is more than a 50% improvement in the readmission rates. Similarly, the D-SNP bed days went from about 1300 down to under 900 over that time period. And our D-SNP readmissions in general from about 46 down to under 34. These improvements are so significant that we actually readjusted our target numbers because there has been so much improvement. Medi-Cal also did have some significant improvement in our readmission rates from 26.5% down to 18.7%. Even though the numbers aren't there, I just wanted to highlight that these are massive, massive improvements. So, I think the ITC has been making a huge impact on their admission rates.<br><br>So, in terms of the acute for Medi-Cal, we did meet the goal for acute admissions, did not quite meet the goal for D-SNP. And that has remained about stable, a little bit of improvement. Medical appeals, just for everyone's knowledge, it has been trending upwards, and we still continue to see upper trend. A lot of that does seem to be reflected from our community support. For BH we met goal and for Medi-Cal we met goal. But for D-SNP we didn't go for the Ed visit utilization. The nurse advice line there were a couple metrics they didn't meet, one for the month of July. This is just looking at the quarter three, but the service level was not met. The nurse call back time for July and August were not met. In the interim, they've hired a significant number of nurses, and we can see, even though it's not reflected here for quarter 4. Even during the winter season that they didn't met all their metrics. Then for MD live medical consultation wait time wasn't met for July but was met for Aug and Sept. On the right you can see that there were a number of CAPs issued by delegation oversight. These are the IPAs and the reason for the CAP listed there. That’s about it. Any questions? | | |

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| | | **Chairs:** Genia Fick, Halima Bascus McRoy<br>Meeting Dates: (12/03/2024,12/11/2024, 2/20/2025, 3/25/25)<br>**Population Health Management Subcommittee**<br>**Key Reports and Findings**<br>**2024 BH Member Experience Survey:**<br>• Overall positive results in rating of Clinician (85.7%) Medication questions (goals met), and 'Informed about Treatment Options' Composite (goal met)<br>• Overall Rating of Health Plan for Counseling and Treatment declined from 80.8% in 2023 to 80.1% in 2024.<br>• Overall Rating of Counseling and Treatment declined from 76.4% in 2023 to 74.4% in 2024.<br>• Action: Empower Members to ask questions about self-help or support groups, different kinds of counseling or treatment options, and how to manage their condition;<br>**2024 BHT Member Experience Survey:**<br>• All questions met at least 80% satisfaction rate.<br>**Q3 2024 IHA Report**<br>• <18 months of age: **68.60%**<br>• 18 months and up: **42.51%**<br>• Goal: 75th percentile (79%)<br>• Action: Provider Services provides ongoing education during Primary Care location training on the importance of IHAs and access to member rosters on portal<br>**Q4 2024 ECM Membership Report:** Enrollment increases for all populations from Q3 to Q4. Total enrolled ECM Members in Q4 2024 is 26,063<br>**CCM Participation Report:** CCM Participation increased by 42.6% between from Q1 to Q4. Total enrolled CCM Members: 1,145<br>**Highlighted the 2024 End of Year Success:**<br>• The PHM subcommittee presented 47 studies. The top 3 areas of focus were; Health Equity, Covered California, and Behavioral Health.<br>• **End of Year Takeaways:**<br>○ ECM Program Year 1 Evaluation: Positive signals impacting member outcomes and utilization. Positive results for quality measures.<br>○ Explored new data sources for PHM Risk Stratification Algorithm, leading to ideas for future changes in 2025.<br>○ Reviewed and identified health disparities in key quality measures (e.g. Well Child visits in the first 15 months was identified as a disparity for the Black ethnic group)<br>**Discussion and Decisions**<br>• Approval of the New 2025 LTSS Program Description<br>• Review of the CCM Program Description with notable updates around criteria identification (Must be high risk and have at least 2 of the following: Depression, HTN, Diabetes)<br>• Review of the PHM Program Description with the addition of a new PHM Program: Healthy School Program.<br>49<br>**Committee Member 17**: We met a few times that you guys see here on the board, some deep findings and reports that I'm going to describe to you. First one being the BH Member Experience survey. Overall, we did receive positive results when inquiring to the Members in reference to the BH Providers. And medication questions also looks like those goals were met. Overall health rating of the health plan in reference to our counseling and treatment offerings that look like we have a slight decline from 23 went down a couple of percentage points of how the Members felt that they were given information around the supports that we offer for counseling treatments. Actions that the team took as takeaways that we want to just basically offer the Members more insight into what we have available for them in terms of services for some of the treatment options in the Community that maybe they're not aware of. When they're responding to these questions and they're responding more negatively, not that we don't have a service offered, but maybe just not aware of it. I know the care teams are going to make sure that we are bolstering what we provide to the Member in terms of education and knowledge about what's out there in the community for them to tap into.<br><br>We also looked at the BHT Member Experience and we met the goal at 80% of being our satisfaction rate. We also reviewed our IHA report, and | |

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| | | it looks like for Members less than 18 months of age, we're about 68%. And then the 18 months and above, we're 42%. The goal of 75 percentile was not achieved. Some of the actions we did partner with provider Services team to have a targeted approach to try to assist us in this area to get those IHA completion rates up.<br><br>Some of the highlights and successes for the PHM subcommittee this year, we presented 47 studies, top three areas of focus where Health Equity Covered California and of course, what I just mentioned to you earlier was behavioral health. Some of our takeaways. The ECM program one year evaluation that was done. Positive signals impacting Member outcomes and utilizations, if any of you guys have not seen or heard that evaluation that was done around the ECM program. Please take a look at that it was definitely a lot of positive outcomes shown as a result of this program.<br><br>We're working closely with the quality team to enhance our FAR tool so we can start. Really leveraging that and utilizing that across the board in our care management. Programs we also reviewed and identified some health disparities with the assistance of our Health Equity team to make sure that we are tracking some of the pointed quality measures for Well Child Visits in the First 15 Months. The LTSS program also was approved and launched. Some of you may not know that and that's been going good so far. We also made some changes to our CCM program description, as we have definitely enhanced the existing CCM program. I think that covers it, any questions, comments, these areas.<br><br>**External**: What's your sense for the IHA? What percentage of the problem is related to the PCPs not reaching out versus they're trying, but they're not able to contact the patient or actually get them scheduled.<br><br>**Committee Member 17** : Yeah. So, the both of those and it's probably equally distributed. Our team works both fronts. About 30% of the time, I'll say the providers are saying we don't we have contact information. Or they're not actually showing up. Other offices it's simply a matter of a best practice, even though we pull down their Member roster. It's a standard engagement item for Provider Relations Manager when they are in the | | |

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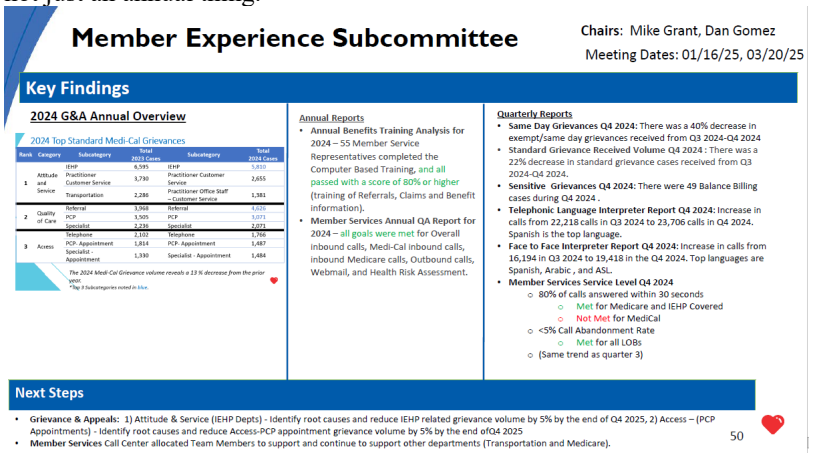
| | | provider's office that's one of the standard things they talked about. It's not just an annual thing.<br>  <br>**Member Experience Subcommittee**<br>**Chairs:** Mike Grant, Dan Gomez<br>Meeting Dates: 01/16/25, 03/20/25<br>**Key Findings**<br>**2024 G&A Annual Overview**<br>2024 Top Standard Medi-Cal Grievances<br>*The 2024 Medi-Cal Grievance volume reveals a 13 % decrease from the prior year.*<br>**Top 3 Subcategories noted in blue.*<br>**Annual Reports**<br>• **Annual Benefits Training Analysis for 2024** – 55 Member Service Representatives completed the Computer Based Training, and all passed with a score of 80% or higher (training of Referrals, Claims and Benefit information).<br>• **Member Services Annual QA Report for 2024** – all goals were met for Overall inbound calls, Medi-Cal Inbound calls, Inbound Medicare calls, Outbound calls, Webmail, and Health Risk Assessment.<br>**Quarterly Reports**<br>• **Same Day Grievances Q4 2024:** There was a 40% decrease in exempt/same day grievances received from Q3 2024-Q4 2024<br>• **Standard Grievance Received Volume Q4 2024 :** There was a 22% decrease in standard grievance cases received from Q3 2024-Q4 2024.<br>• **Sensitive Grievances Q4 2024:** There were 49 Balance Billing cases during Q4 2024 .<br>• **Telephonic Language Interpreter Report Q4 2024:** Increase in calls from 22,218 calls in Q3 2024 to 23,706 calls in Q4 2024. Spanish is the top language.<br>• **Face to Face Interpreter Report Q4 2024:** Increase in calls from 16,194 in Q3 2024 to 19,418 in the Q4 2024. Top languages are Spanish, Arabic , and ASL.<br>• **Member Services Service Level Q4 2024**<br>○ 80% of calls answered within 30 seconds<br>○ Met for Medicare and IEHP Covered<br>○ Not Met for MediCal<br>○ <5% Call Abandonment Rate<br>○ Met for all LOBs<br>○ (Same trend as quarter 3)<br>**Next Steps**<br>• **Grievance & Appeals:** 1) Attitude & Service (IEHP Depts) - Identify root causes and reduce IEHP related grievance volume by 5% by the end of Q4 2025, 2) Access – (PCP Appointments) - Identify root causes and reduce Access-PCP appointment grievance volume by 5% by the end ofQ4 2025<br>• **Member Services** Call Center allocated Team Members to support and continue to support other departments (Transportation and Medicare).<br>50<br>**Committee Member 6 :** Member Experience Subcommittee for this period, we had two meetings. That I'm reporting on January and March. Upper left side, we had a 2024 Medi-Cal Grievance and Appeals annual review for Members and for 2024 we had a change in the top three categories for attitude and service. Transportation fell off top three categories and was replaced by practitioner office staff, customer service category.<br>Otherwise, the other two were the same IEHP , Practitioner Customer Service, and Practitioner Office Staff Customer Service. We did see a drop in overall cases for both of those for prior year. And the quality of care area, we basically had the same 3 categories, so referral issues, primary care related issues at specialist. Issues we did have an increase in referral related issues, whereas the primary care specialists related were down from prior year. The 3rd area was under the area of access, so grievances related to access. Again, it's the same 3 categories. Top three telephone, PCP appointment and specialist appointment. And we saw the volume for telephone and PCP appointment go down from prior year whereas specialist appointment volume for the up prior year. Here overall though, for 2024, we did see a 13% decrease in grievance and appeal cases from prior year. | |

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| | | Moving to the center, we also had some annual reports review in the area of Member Services. The Annual Benefits Training Analysis for 2024, we had 55 of our MSRs complete the training and all past with the score of 80% or higher and that the training consisted of referrals, claims of benefit information. The Member Services annual QA report for 2024. All goals were met for overall inbound calls, outbound calls, Webmail and health risk assessment.<br><br>Moving top right, we did review quite a few quarterly reports, same day grievances for Q4 2024. There was a 40% decrease in same day grievances from Q3 standard grievance received volume for Q4. There was also a decrease of 22%. We had 49 balance billing cases during Q4. That was actually an increase from Q3. Telephonic language interpreter report for Q4, we had an increase in calls compared to Q3. Face to face interpreter report for Q4, same we had an increase in calls for face to face interpreter services compared to Q3. Top languages are pretty much consistent as they're laid out here. And then lastly, as indicated Member services service Level for Q4, 80% of calls answered within 30 seconds. We did meet goal for Medicare and IEHP covered, but we did not meet for Medi-Cal for Q4. For call abandonment rate of less than 5%. We met for all lines of business, and it was the same trend as for Q3. There was not a lot of change there.<br>Next steps, grievance and appeals area for attitude and service. We continue to identify root causes, and the goal again is to reduce IEHP related grievance volume by 5% by the end of this year. Similarly Access PCP appointments identify the root causes, which is something we continue to do. And again, the goal is to reduce volume by 5% by the end of the year. Just to state that the Member Service reps we do allocate team members to support other departments within the unit specialized departments here to transportation and Medicare as needed. Any questions?<br><br>**Committee Member 16:** I have a question. Maybe someone answered this, but I think the grievance trends are encouraging. We're seeing significant decreases. | | |

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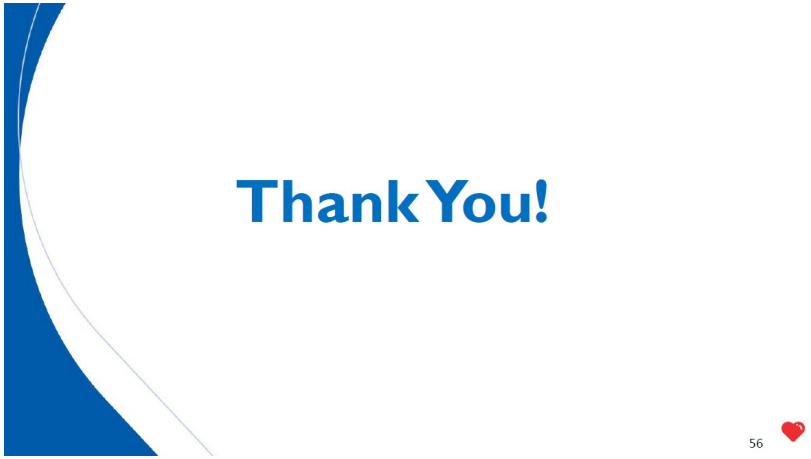
| | | We're continuing to see it in both the same day grievances and the standard grievances like why. What's driving that?<br><br>**Committee Member 6:** I do have an answer, but I don't have it prepared for you. We did actually look at that. It's a little detailed areas that are put in this so I can bring that back, but there are some trending areas that are driving some of this. Yeah, I think transportation in general is one where the grievances came down. And so that kind of drives the volume.<br><br>***An action item** was developed to do a deep dive on what is causing the same day grievances and stand grievances to decrease.<br><br>  <br>**Committee Member 16** : That was the last of the subcommittee updates. Thanks to all the chairs for doing that. In the packet there are also some additional subcommittee updates. I just wanted a little bit lighter on the update front. So, we just included it in the packet. Thanks to everyone for sharing it. | | |
| **C. Open Discussion** | | | | |

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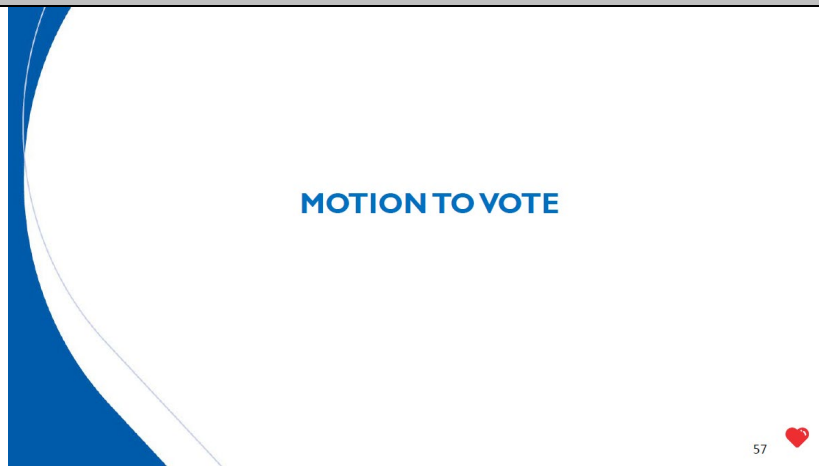
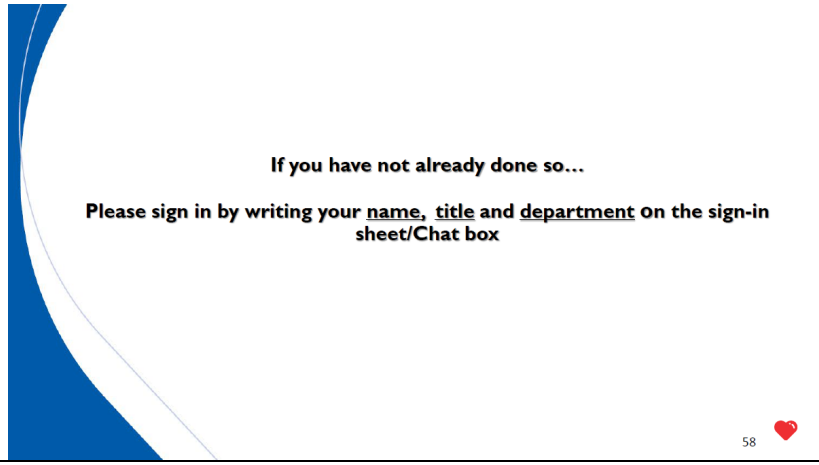
| | |  <br>**Committee Member 11** : I do think it's a voting item all in package and all the summaries. Is there a motion? We also have to approve all of the monitoring reports as well as subcommittee minutes.<br><br>**Committee Member 14** : Motion.<br><br>**Committee Member 24**: Second.<br>  | |

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| | | Agenda Items are concluded<br><br>Next QMHET Committee Meeting is scheduled for September 2, 2025<br><br>Thank You.<br>IEHP Inland Empire Health Plan Live Wholeheartedly.<br>59<br><br>**Committee Member 11 :** Reminder, if you haven't already done so, please be sure to sign the sign in sheet. The next meeting is scheduled for August 28th. Meeting is adjourned. | | |
| **A. Monitoring Reports** | | | | |
| **1. Quality Improvement Council**<br>▪ **Approved Minutes of January 29, 2025**<br>▪ **Approved Minutes of March 13, 2025**<br>▪ **Approved Minutes of April 10, 2025**<br>**2. Credentialing Subcommittee**<br>▪ **Approved Minutes of January 15, 2025**<br>▪ **Approved Minutes of February 19, 2025**<br>▪ **Approved Minutes of March 19, 2026**<br>**3. Peer Review Subcommittee**<br>▪ **Approved Minutes of January 22, 2025**<br>**4. Pharmacy and Therapeutics Subcommittee**<br>▪ **2024 Pharmacy & Therapeutics Annual Assessment**<br>▪ **Approved Minutes of February 7, 2025**<br>**5. Member Safety Subcommittee**<br>▪ **Approved Minutes of December 16, 2025**<br>▪ **Approved Minutes of January 14, 2025** | | | | 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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| ▪ **Approved Minutes February 12, 2025**<br>▪ **Approved Minutes of March 13, 2025**<br>**6. Utilization Management Subcommittee**<br>▪ **Approved Minutes of February 12, 2025**<br>**7. D-SNP Enrollee Advisory**<br>▪ **Approved Minutes of February 18, 2025**<br>**8. Member Experience**<br>▪ **Approved Minutes of January 16, 2025**<br>▪ **Approved Minutes of March 20, 2025**<br>**9. Delegation Oversight Subcommittee**<br>▪ **Approved Minutes of January 31, 2025**<br>▪ **Approved Minutes of February 28, 2025**<br>▪ **Approved Minutes of March 31, 2025**<br>**10. Population Health Management Subcommittee**<br>▪ **Approved Minutes of February 20, 2025**<br>▪ **Approved Minutes of March 25, 2025**<br>▪ **Approved Minutes of April 24, 2025**<br>**11. Hospital and Ancillary QI Subcommittee**<br>▪ **Approved Minutes of May 1, 2024**<br>▪ **Approved Minutes of October 3, 2024**<br>**12. Skilled Nursing Facility Subcommittee**<br>▪ **Approved Minutes of October 25, 2024**<br>**13. Provider Network Access Subcommittee**<br>▪ **Approved Minutes of December 10, 2024**<br>**14. D-SNP Model of Care**<br>▪ **Approved Minutes of January 14, 2025**<br>▪ **Approved Minutes of March 11, 2025**<br>**15. Transgender, Gender, Diverse, and Intersex Subcommittee**<br>▪ **Approved Minutes of February 18, 2025**<br>**16. Quality Improvement**<br>▪ **Approved Minutes of January 16, 2025**<br>▪ **Approved Minutes of March 15, 2025** | | | | |
| **A. Next Meeting: September 2, 2025** | | | D | No Decision/ Action required. |

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| **6. 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 September 2, 2025