



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

**Quarter 2, 2025 Update**

## QUALITY MANAGEMENT& HEALTH EQUITY TRANSFORMATION COMMITTEE EXECUTIVE SUMMARY – 2<sup>nd</sup> Quarter 2025

**Quality Management and Health Equity Transformation Committee:** The QMHETC reports to the Governing Board and retains oversight of the QMHETP with direction from the CMO and CQO or physician designee, in collaboration with the Chief Health Equity Officer (CHEO). The QMHETC promulgates the quality improvement process to participating groups and physicians, Providers, Subcommittees, and internal IEHP functional areas with oversight by the CMO and CQO. The QMHETC Committee meets at least quarterly to report findings, report actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommend policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

**QM SUBCOMMITTEES:** The following Subcommittees, chaired by the IEHP Chief Medical Officer, Chief Quality Officer or designee, report findings and recommendations to the QMHET Committee through the Quality Improvement Council Executive Summary Reports:

1. **Quality Improvement Subcommittee:** analyzes and evaluates QI activities and reports results; develops action items as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
2. **Peer Review Subcommittee:** The Peer Review Subcommittee serves as the committee for clinical quality review of Practitioners; evaluates and makes decisions regarding Member or Practitioner grievances and clinical quality of care cases.
3. **Credentialing Subcommittee:** provides discussion and consideration of all network Practitioners being credentialed or re-credentialed; reviews Practitioner qualifications including adverse findings; approves or denies continued participation in the network every three (3) years for re-credentialing.
4. **Pharmacy and Therapeutics Subcommittee:** reviews IEHP's medication formulary, monitors medication prescribing practices by IEHP Practitioners, under- and over- utilization of medications, provides updates to pharmacy related programs, and reviews patient safety reports related to medication.
5. **Utilization Management Subcommittee:** The UM Subcommittee reviews and approves the Utilization Management, Disease Management and Behavioral Health Programs annually. The Subcommittee monitors over-utilization and under-utilization; ensures that UM & BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and CPGs that are not primarily medication related. Credentialing activities, Compliance and Finance.
6. **Population Health Management (PHM) Subcommittee:** The PHM Subcommittee is responsible for reviewing, monitoring, and evaluating program information and progress while providing regulatory oversight in alignment with DHCS and NCQA requirements and standards.
7. **Provider Network Access Subcommittee:** The Provider Network Access Subcommittee is responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
8. **Member Experience Subcommittee (MESC):** The role of the Member Experience Subcommittee is to review, monitor, and evaluate program data, outliers, and trends to ensure timely improvement initiatives are initiated. The MESC will be responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.

9. **Member Safety Subcommittee:** The scope of the Member Safety Subcommittee includes all lines of business and contracted network provider, direct or delegated, in which care and services are provided to IEHP Members. The Member Safety Subcommittee uses a multidisciplinary and multidepartment approach to explore root causes of poor performance, identify areas of improvement, propose interventions, and take actions to improve the quality of care delivery to our Members.
10. **Skilled Nursing Facility (SNF) Subcommittee:** This subcommittee will identify opportunities that impact efficient transitions of care, clinical outcomes, Member safety, and Member experience while receiving care at a skilled nursing or long-term care facility. This subcommittee serves as a forum for review and evaluation of strategic, operational, and quality measures resulting from but not limited to: Inland Empire Health Plan (IEHP) optimal care strategies, Joint Operations Meeting (JOM) and related workgroups (i.e., throughput, quality, ambulatory operations, payment practices, etc.), and pay for performance initiatives.
11. **Hospital and Ancillary Quality Improvement (QI) Subcommittee:** This subcommittee will serve as the primary forum for discussion of topics related to acute care hospitals and/or sub-acute/post-acute network sites of care (i.e., hospice agencies, home health agencies (HHA), etc.\*). IEHP's Optimal Care Subcommittee and the Inland Empire Hospital Alliance (IEHA) will report through this forum which will summarize performance and recommended actions for presentation at the Quality Improvement Council (QIC).
12. **D-SNP Model of Care (D-SNP MOC) Subcommittee:** This subcommittee identifies opportunities that impact clinical outcomes, Member safety, service improvement, and Member experience for IEHP's Dual Eligible Special Needs Program Medicare population.
13. **Delegation Oversight (DO) Subcommittee:** This subcommittee develops the Delegation Oversight Program to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as necessary and/or as requested by our Delegated IPA partners.
14. **D-SNP Enrollee Advisory Committee:** The purpose of this Member facing committee is to provide a forum for structured community input regarding how IEHP will develop, implement, and operate the D-SNP product with advice on how to develop, implement, operate, and improve seamless access and coordination across the full-service continuum – from medical care to long term services and supports (LTSS) – for dual-eligible beneficiaries in the Inland Empire.
15. **Community Advisory Committee (CAC):** This committee was developed to identify and advocate for preventative care practices. They are to be involved in the development and updating of health plan cultural and linguistic policies and procedures, including those that are related to QI, education and operational cultural issues affecting IEHP Members.
16. **Ambulatory Quality Informatics and Technology (QIT) Subcommittee:** This subcommittee works to advance optimal care and vibrant health by engaging ambulatory providers to guide, enhance and prioritize the development of electronic applications belonging to both IEHP and their respective organizations to advance patient care and seamlessly capture data and quality metrics.

## Quality Improvement Council Executive Summary

The key findings from the Quality Improvement Council executive summary that was presented during QMHETC on May 29, 2025, by the subcommittee chairs, are summarized below.

### ❖ Ambulatory QIT Advisory

The Ambulatory QIT Advisory Subcommittee is a new committee that has met twice this year. The subcommittee is focused on finding the best way to capture and share data between IEHP and Providers. During the first two meetings, the Subcommittee decided to initially focus on the following quality measures:

- HbA1c
- Blood Pressure

### ❖ Provider Network Access

The Provider Network Access Subcommittee presented the 2024 Provider Network Status Annual study and 2024 Nurse Advice Line Annual Study.

- 2024 Provider Network Status Annual Study:
  - Total of 7 gaps closed from the Prior year: General/Family Practice, Cardiology, Bariatric Surgery, Neurology, Pulmonology, Urology, Ancillary Labs
- 2024 Nurse Advice Line Annual Study:

Metric	2024 Results	Goal	Goal Met?
Speed of Answer Time	26 Seconds	<30 seconds	Yes
Service Level	85%	80%	Yes
Abandonment Rate	2.7%	<5%	Yes

### ❖ Credentialing

The Credentialing Subcommittee presented the following updates on initial and recredentialing performance.

- Initial Credentialing for level 2's
  - 13 credentialing applications were approved for 3 years
  - 15 credentialing applications were approved for 1 year
  - 2 credentialing applications were denied
- Recredentialing for level 2's
  - 57 credentialing applications were approved for 3 years
  - 21 credentialing applications were approved for 1 year

### ❖ Peer Review

The Peer Review Subcommittee presented the following key findings.

- Medicare and Medicaid Sanctions: to-date for 2025 there are no Medicare or Medicaid

- sanctioned providers
- **Sanctions Limitations on Licensure (Decisions):** 3 in January (related to Substance abuse, personal misconduct, deviation from the standard of care)
- **Sanction Limitations on Licensure (Accusations):** 1 in January (deviation from the standard of care)
- **Licensure Action Decisions:**
  - Wait for Licensing Board Decision - 1
  - License Surrendered - 2
  - Accept Board Decision - 1

### ❖ Hospital and Ancillary

The Hospital and Ancillary Subcommittee presented the following key topics

- 2022 Hospital P4P Year End Push. 2/6 measures did not meet goal
- 2023 Hospital P4P Patient Experience QIA Program Effectiveness:
  - 4 of the 5 domains showed improvement in scores
  - 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)
- 2025 Predicated Hospital CMS Star Rating:

CMS Star Only	2023	2024	Predicted 2025
% of Hospitals with a 3 or higher CMS Quality Star Rating	43%	59%	65%

### ❖ Skilled Nursing Facility

The Skilled Nursing Facility Subcommittee presented the following key findings.

- **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
- **QAPI audits:** Committee agreed to prioritize SNFs with most potential for quality of care opportunities

### ❖ Utilization Management

The Utilization Management Subcommittee presented the following utilization metrics.

- **Q3 2024 Pre-Service Referral and Denial Trends :**
  - Referrals and BH Referrals met the goal of <3% (for all LOBS)
- **Q3 2024 ALOS:**
  - DSNP met the goal for acute, SNF, and BH.

- Medi-Cal met the goal for acute; did not meet the goal for SNF.
- **Q3 2024 Medical Appeals:** Increase from 455 (Q1) to 556 (Q2) to 617 (Q3)
- **Q3 2024 ED visits Utilization:**
  - BH ED (D-SNP and Medi-Cal) met the goal for Q3 2024.
  - ED Visits (Medi-Cal) met the Goal; D-SNP did not meet the goal.
- **Q3 2024 Nurse Advice Line:**
  - Service Level >80% not met for July 2024. Met for Aug and Sept 2024.
  - Nurse Call back <30 min not met for July & Aug 2024. Met for Sept. 2024.
- **Q2 2024 MD Live:**
  - Medical Consultation Wait Time. Not met For July 2024. Met for Aug & Sept 2024

### ❖ **Population Health Management**

The Population Health Management Subcommittee presented the following reports and key findings:

- **2024 BH Member Experience Survey:**
  - Overall positive results in rating of Clinician (85.7%) Medication questions (goals met), and ‘Informed about Treatment Options’ Composite (goal met)
- **2024 BHT Member Experience Survey:**
  - All questions met at least 80% satisfaction rate.
- **Q4 2024 ECM Membership Report:** Enrollment increases for all populations from Q3 to Q4. Total enrolled ECM Members in Q4 2024 is 26,063.
- **CCM Participation Report:** CCM Participation increased by 42.6% between Q1 to Q4. Total enrolled CCM Members: 1,145.
- Approval of the New **2025 LTSS Program Description.**

### ❖ **Member Experience**

The Member Experience Subcommittee presented the following metrics.

#### **Annual Reports**

- **2024 Annual Benefits Training Analysis**
  - 55 Member Service Representatives completed the Computer Based Training, and all passed with a score of 80% or higher.
- **2024 Member Services Annual QA Report**
  - All goals were met for Overall inbound calls, Medi-Cal inbound calls, inbound Medicare calls, Outbound calls, Webmail, and Health Risk Assessment.

#### **Quarterly Reports**

- **Same Day Grievances Q4 2024:** There was a 40% decrease in exempt/same day grievances received from Q3 2024-Q4 2024
- **Standard Grievance Received Volume Q4 2024:** There was a 22% decrease in standard grievance cases received from Q3 2024-Q4 2024.
- **Sensitive Grievances Q4 2024:** There were 49 Balance Billing cases during Q4 2024.
- **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.
- **Face to Face Interpreter Report Q4 2024:** Increase in calls from 16,194 in Q3 2024 to 19,418 in Q4 2024. Top languages are Spanish, Arabic, and ASL.

- **Member Services Service Level Q4 2024**
  - 80% of calls answered within 30 seconds
    - Met for Medicare and IEHP Covered
    - Not Met for Medi-Cal
  - <5% Call Abandonment Rate
    - Met for all LOBs
  - (Same trend as quarter 3)

## **MY 2024 MCAS Updates**

There are 18 MCAS MPL measures across 5 domains. IEHP achieved the MPL for 16 of these measures:

- Follow-Up After ED Visit for Substance Abuse – 30 Days
- Follow-Up After ED Visit for Mental Illness – 30 Days
- Childhood Immunization Status – Combo 10
- Developmental Screening in the First Three Years of Life
- Immunizations for Adolescents – Combo 2
- Topical Fluoride for Children: Dental or Oral Health Services
- Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits
- Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits
- Child and Adolescent Well-Care Visits
- Controlling High Blood Pressure
- Hemoglobin A1c Poor Control (>9%)
- Chlamydia Screening in Women
- Timeliness of Prenatal Care
- Postpartum Care
- Breast Cancer Screening
- Cervical Cancer Screening

IEHP did not achieve the MPL for two measures:

- Asthma Medication Ratio
- Lead Screening in Children

Multiple activities are taking place to help IEHP exceed the MPL on additional MCAS measures. Some key activities include pay per performance (P4P) programs such as: Hospital P4P, Global Quality P4P, and OB P4P programs. There are also Member outreach campaigns for cancer prevention screenings, well child visits, and vaccines.

## **QMHETC Highlights**

MY 2024 Medicare STARS Performance Updates: The CMS Star rating was reviewed and currently IEHP is at a 2.5 overall rating. 2.57 for Part C and 2.48 for Part D.

NCQA SOGIE Implementation Plan Update

- The team has collected 36,726 SOGIE records (80.6% completion rate). The goal is to collect 45,556 records by June 30, 2025.