

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
Quarter 1 2025 Summary Report
January 21, 2025, and March 18, 2025**

Overview:

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets six times per year, with special meetings scheduled as needed to conduct business. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the Chairs from the nine QIHEC subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral health care practitioner. This report represents a summary of the January 21, 2025, and March 18, 2025 QIHEC meetings.

January 21, 2025 Meeting

Open Action Items from Prior QIHEC Meeting

- Action Item #63:
 - Carelon Behavioral Health provided responses to questions from the September 17, 2024, QIHEC regarding their 2023 Quality Improvement Work Plan Evaluation and 2024 Quality Improvement Program Description and Work Plan. Carelon will do additional research on how they provide language assistance services.
 - Status: Open
- Action Item #64
 - At the December 3, 2024, QIHEC, a Committee Member requested that the Quality Improvement Facility Site Review RN create a Medical Record Review (MRR) guide that Providers can use to ensure compliance with the Department of Health Care Services (DHCS) MRR audit requirements.
 - Status: Open
- Action Item # 65
 - At the December 3, 2024, QIHEC, the Operations Manager was asked to present how GCHP's new Customer Relations Management (CRM) system is being leveraged throughout the organization.
 - Status: Open
- Action Item #66
 - At the December 3, 2024, QIHEC, the Operations Manager confirmed that as the CRM updates become aligned with the National Committee for Quality Assurance (NCQA) REaL (Race, Ethnicity, and Language) requirements, the call center reports can include calls received by race, ethnicity and language.
 - Status: Open

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- **Action Item #67**
 - At the December 3, 2024, QIHEC, the Committee Chair asked the Senior Director of Health Education and Cultural Linguistics to summarize the DHCS All-Plan Letter (APL) changes regarding threshold languages.
 - Status: Open
- **Action Item #68**
 - Topic: At the December 3, 2024, QIHEC, the Chief Compliance Officer reported that DHCS has increased health plan scrutiny of Nurse Advice Line services during the annual DHCS Medical Audits and he will report on GCHP's oversight of the Nurse Advice Line.
 - Status: Open

Approval Items

- **2025 Quality Improvement and Health Equity Committee (QIHEC) Charter**
 - The QIHEC Charter describes the purpose, role and responsibilities of the QIHEC.
 - 2025 updates included:
 - Updates to the Sponsor, Chair, and Committee members
 - Updates to the QIHEC meeting frequency
- **2025 Quality Improvement and Health Equity Transformation (QIHET) Program Description**
 - The QIHET Program Description supports GCHP's mission to improve the health of members through the provision of high-quality care and services. It defines the process for continuous quality improvement of clinical and non-clinical care and services, patient safety, health equity, and member experience.
 - The annual review ensures continued alignment with the DHCS Quality Strategy and the NCQA Health Plan and Health Equity Accreditation Standards.
 - 2025 updates included:
 - Enhancements to addressing health equity including the new Culturally and Linguistically Appropriate (CLAS) Program Description and Work Plan and the new Member Advisory Committee
 - Updates to Program Organization, Quality Committees and Subcommittees, and key functional areas.
- **2025 Quality Improvement and Health Equity Transformation Work Plan**
 - The QIHET Work Plan serves as the roadmap to outline measurable, organizational, and multidisciplinary objectives, activities and goals focused on improving key performance indicators.
 - 51 focus areas were reviewed with updated goals and activities for 2025 in the following key objectives:
 - Objective 1: Improve Quality and Safety of Clinical Care Services
 - Objective 2: Improve Quality and Safety of Non-Clinical Care Services
 - Objective 3: Improve Quality of Services
 - Objective 4: Assess and Improve Member Experience
 - Objective 5: Ensure Organization Oversight of Delegated Activities

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Presentations

1. Sunsetting of Medical Advisory Committee (MAC)
 - The Medical Advisory Committee has been sunset as of Q4 2024.
 - The review of Clinical Practice Guidelines (CPGs) and Utilization Management (UM) Guidelines and Criteria will transition to the Credentialing / Peer Review (C/PRC) Committee in 2025.
 - The C/PRC Charter will be revised to reflect a broader scope of peer review activities and submitted for approval at the March 2025 C/PRC meeting.
2. Duals-Special Needs Plan (D-SNP) Quality Improvement Measure Proposal
 - Reviewed the D-SNP Model of Care (MOC)
 - MOC 1: Description of the SNP Population
 - Ensure ability to describe the demographic health and social characteristics of the target population and most vulnerable members.
 - MOC 2: Care Coordination
 - Ensure needs and preferences are met.
 - Ensure the right staffing, collection of health risk information, individualized care plan, interdisciplinary care team, and transition of care processes.
 - MOC 3: Network Collaboration
 - Ensure the providers have the specialized expertise, use clinical guidelines, engage with the care team and are properly trained on the MOC.
 - MOC 4: Quality and Performance Improvement
 - Demonstrate the process and capability to set and measure health outcomes, patient satisfaction and continuous improvement.
 - D-SNP Goals
 - Goal 1: Improve coordination of care and appropriate and equitable delivery of services through early identification and proactive engagement of high-risk members into care coordination.
 - Goal 2: Enhance care transitions across all health care settings and providers by increasing post-hospital discharge PCP visits and ensuring timely member contact by the transitions of care team for all hospital and SNF admissions.
 - Goal 3: Improve access and affordability of health care for the SNP population using preventive strategies to improve chronic disease management and member engagement with treatment plans.
 - Quality Measures that Address Health or Social Needs
 - Manage diabetes
 - Manage hypertension
 - Manage multiple conditions
 - Health care system access and affordability
 - Cognitive health
 - Manage pain
 - Housing, safety, food, transportation, long-term services and social supports

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March 18, 2025 Meeting

Open Action Items from Prior QIHEC Meeting

- Action Item #63:
 - Carelon Health confirmed they receive language information from the eligibility file, but the Carelon clinical team, member services, and referral line will also collect member demographic information to document preferred language. Carelon also offers interpretation services for 236 languages and 2 dialects for Mixteco, Bajo and Alto. Carelon reports language interpreter services utilization at the Joint Operations Committee quarterly meetings. Utilization is mostly for Spanish-speaking members. A 2024 Carelon report of language interpreter services showed that Mixteco has not been requested. Carelon Health can share these reports. The GCHP Director of Health Education and Cultural Linguistics reported that GCHP contracts with a local vendor, Mixteco Indigena Community Organization Project (MICOP), that offers interpreting services for additional regional Mixteco dialects. GCHP can provide Carelon language assistance for the Mixteco population and can provide a list of the different Mixteco languages based on region.
 - Status: Closed
 - Carelon confirmed that they will be able to share the Grievances & Appeals training materials, the dates of the training, and the Carelon staff that attended the training. Carelon is currently completing the trainings and will submit all documents to GCHP's Compliance Department and to the Senior Executive Assistant to the Chief Medical Officer (CMO).
 - Status: Closed
- Action Item #64
 - The QI RN shared the Medical Record Review (MRR) guide that was developed and shared with medical staff. The recommendation is to schedule a follow-up meeting to review the draft tool with clinic staff and make additional updates.
 - Status: Open
- Action Item # 65
 - The Manager of Operations described how the CRM system is integrated with other systems within the organization and utilized by the GCHP contact center to appropriately manage all member and provider calls.
 - Status: Closed
- Action Item #66
 - At the December 3, 2024, QIHEC, the Manager of Operations confirmed the CRM software reports on language used for each call. The source of demographic member data in the CRM is from the state enrollment 834 file and the Director of Health Informatics confirmed a report can be created to show the demographic information of each member that calls the contact center.
 - Status: Open

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- Action Item #67
 - The new DHCS APL was released in February 2024 and will be compared to the NCQA requirements to ensure that GCHP is aligned with both. The Sr. Director of Health Education and Cultural Linguistics requested additional time to review both standards and present at the next QIHEC.
 - Status: Open
- Action Item #68
 - The Compliance Privacy Officer reported that a delegation oversight audit of the Nurse Advice Line is scheduled within the next two months. A follow-up will be provided at the next QIHEC.
 - Status: Open

Approval Items

None

Presentations

1. Member Incentives (MI) Program Evaluation
 - The 2024-member incentive programs provided \$25 or \$50 gift cards to Target, Walmart or Amazon to engage members to close care gaps for Child and Adolescent Well Care (\$25), Lead Screening in Children (\$25), Flu Vaccine (\$25), HPV Vaccine (\$25), Breast Cancer Screening (\$50), Cervical Cancer Screening (\$50), and Glycemic Status Assessment for Patients with Diabetes (\$50). Members can receive the gift cards by mail by submitting a member incentive form or at the clinics through the Point-of-Care (POC) method.
 - Key successes of the 2024 incentive program include the following.
 - Member participation in the member incentive programs increased from 19,851 in 2023 to 43,647 in 2024.
 - The increase in member participation is attributed to expanded clinic participation in the POC program. Member incentives distributed via POC increased from 12,077 in 2023 to 36,942 in 2024.
 - The MI programs help relevant measures meet or exceed the DHCS Minimum Performance Level (MPL) benchmark, reduce no-show rates, and motivate parents/guardians to schedule well care exams for all their children.
 - Plans for 2025 include:
 - Add Lead Screening in Children to the POC program for clinics with POC capability.
 - Expand Breast Cancer Screening POC program to more imaging centers and at mobile mammogram events.
 - Explore digital gift card options.
2. Medicare Advantage and Part D Prescription Drug Program Star Ratings
 - GCHP will be launching a Medicare Advantage Dual Eligible Special Needs (D-SNP) plan on January 1, 2026 and will be working with a pharmacy consultant from Pharmaceutical Strategies Group (PSG) to provide support with the implementation of the Medicare

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Advantage Prescription Drug (MA-PD) program. The PSG pharmacy consultant reviewed the 2025 Center for Medicare and Medicaid (CMS) Star ratings and measures for the MA-PD, GCHP's planned strategies to implement an effective MA-PD program, and best practices for achieving higher Star ratings.

Standing Items: QIHEC Subcommittee and Department Summaries

1. *Compliance/Delegation Oversight*
 - All audits were completed timely and Corrective Action Plans (CAPs) were issued where applicable.
 - Two utilization management audits were completed, and one claims audit is open with CAPs.
2. *Quality Improvement: Managed Care Accountability Set (MCAS) Steering Committee*
 - The MCAS Operations Steering Committee met and reviewed the Q4 2024 interventions including the planning and outcomes of 2024 GCHP Health Fairs, MCAS data strategy and improvement activities, status of member outreach activities to schedule appointments and close care gaps, and updates regarding continued collaborations with network providers to improve coordination of behavioral health and cancer prevention.
 - MCAS rates continued to improve in Q4 2024. For MCAS measures held to the DHCS MPL, 16 out of 18 measures met or exceeded the MPL benchmark and 8 measures had significant rate increases. For the report only MCAS measures, 20 out of 25 measures improved and 7 measures had significant rate increases.
3. *Quality Improvement: Facility Site Review (FSR) /Medical Record Review (MRR) / Initial Health Appointment (IHA)*
 - Facility Site Reviews: Audit Results
 - 95% of the providers met all DHCS FSR audit criteria and 91% passed the FSR audits.
 - 89% of the providers met all DHCS MRR audit criteria and 92% passed the MRR audits.
 - 98% of the providers met the DHCS Coordination of Care criteria.
 - Certified Site Review QI Nurses continue to provide training on DHCS FSR requirements and are developing new tools to help providers meet compliance.
 - Initial Health Assessments: Audit Results
 - 76% of the 1221 records reviewed met all IHA criteria and 83% met IHA completion requirements within 120-days of new member enrollment.
 - The MRR audits of members 12 months, 24 months and 6 years of age showed documentation of blood lead screening (64%) and blood lead anticipatory guidance (35%) which was an improvement compared to the prior quarter.
 - Provider documentation in need of improvement include age-appropriate immunization status, Hepatitis B and C screening, blood lead anticipatory guidance, blood lead screening at 12 months of age and catch-up by age 6, and psychosocial/behavioral assessments.
4. *Population Health Management (PHM) Department*
 - The Population Needs Assessment was completed and presented to the PHM Workgroup on December 16, 2024.

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- The Wellth Program enrollment in Q4 2024 was 9,856 with program retention at 78% and 81% of active members participated in the daily check-ins.

5. Behavioral Health (BH) Quality Committee

- The BH Committee, comprised of GCHP and Carelon medical and behavioral health clinical teams, addressed quality initiatives and mandates including the following:
 - DHCS Corrective Action Plan for 2023 BH Focused Audit and submitting monthly status updates.
 - Carelon's role for positive depression and any associated substance use on Health Risk Assessment (HRA) screenings.
 - Carelon's performance for post-ED outreach attempts for members identified with substance use or mental health conditions for Q4 year-to-date (YTD) was 94.74% and appointments scheduled and/or discharge assessments completed for this target population for Q4 YTD was 24.60%.

6. Utilization Management Committee

- Utilization Management (UM)
 - 2024 UM turn-around times (TAT) were above benchmarks for standard prior authorization and post service requests. UM also continues to conduct analysis on TAT by Service Types to ensure 100% compliance with all TATs.
 - To increase utilization of the Nurse Advice Line, member and provider education was conducted.
 - Medical Informatics has started stratifying the following utilization key performance indicators by race, ethnicity, age, language, gender and assigned provider system: Emergency Department / 1000; Acute admissions / 1000; Bed Days / 1000; and Average Length of Stay / 1000.
- Care Management
 - Referrals processed in Q4 2024 include 2,345 CM referrals, 355 HIF/MET referrals, and 519 TOC referrals.
 - Nurse Advice Line received 431 calls.
 - Enhanced Care Management (ECM) outreach included 1,589 members; 39% outreached by telephone and 61% outreach via telehealth.

7. Member Services Committee

- There was a 0.1% decrease in membership from Q3 to Q4.
- The Contact Center benchmarks for the average speed of answer and phone quality results were not met, but the abandonment rate benchmark was met.
- To support the continuous improvement in the Contact Center, two Contact Center Managers and additional Contact Center Coordinators have been hired. Additionally, the Member Services team will transition into Quality Assurance roles to ensure Contact Center compliance with the established quality standards and to assist with Contact Center development through coaching and feedback.

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8. *Provider Network Operations (PNO)*

- All PNO benchmarks were met in Q4 2024 for the following standards: geographic distribution of PCPs and specialists, ratio of members to physicians, ratio of members to PCPs, and time and distance standards to primary care sites.
- The 2024 Provider Accessibility and After-Hours Survey was completed and PNO will implement actions plans to address areas in need of improvement.
 - Issue corrective action plans (CAPs) and request remediation plans for non-compliant providers with increased focus on providers that were non-compliant in 2023 and 2024
 - Provider training on accessibility standards
 - Continuously monitor progress of non-compliant providers

9. *Quality Improvement: NCQA Accreditation*

- Mock audits are scheduled for the following areas: UM denials and appeals, pharmacy denials and complex care management.
- Plans to finalize all documents for Health Equity Accreditation and Health Plan Accreditation submission in 2025.
- Continue the bi-weekly workgroup meetings and NCQA Key Stakeholder meetings to address project status and risks.

10. *Health Education and Cultural Linguistics (HE/CL) Committee*

- Cultural and Linguistic Services
 - In Q4 2024 a total of 2,558 language assistance referrals were received which was a 11% increase compared to Q3 2024.
 - Translation services decreased by 20% (256) compared to Q3 2024 (322).
- Health Education Services
 - A total of 114 health education referrals were completed in Q4 2024.
 - Two Chronic Disease Management Workshops were completed in Q4 2024

11. *Grievance and Appeal (G&A) Committee*

- The 98% benchmark was not achieved for Member Grievance Acknowledgement TAT (96%) and Provider Grievances Acknowledgment TAT (82%). The recent system changes have affected the TATs, influencing all associated metrics. Monitoring processes are in place to identify and address any potential routing issues.
- 56 Quality of Care cases were reported in Q4 2024: 25% were substantiated; 16% were unfounded due to lack of information; 3% were not substantiated; 6% had no rating applied.

12. *Pharmacy and Therapeutics (P & T) Committee*

- Drug Utilization Review (DUR)
 - Opioid prescription utilization met performance metric of less than 5% increase in utilization.
 - There was an increase in number of members with 3+ prescribers and 3+ pharmacies from Q3 to Q4 but overall trend in 2024 is stable. Members who have 3+ prescribers and 3+ pharmacies are attributed to ED visit(s).
- Medi-Cal Rx Updates

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- Quantity limit for contracted infant enteral nutrition will be implemented on 1/31/25 and pediatric integration for continuing therapy will be implemented 04/25/25.
- Pharmacy & Therapeutics Committee
 - The updated physician administered drug (PAD) list and clinical guidelines are posted on GCHP website.

13. *Credentials/ Peer Review Committee (C/PRC)*

- All measures in Q4 2024 were met.
- Identified opportunity to optimize existing Symplr system capabilities to further streamline credentialing processes and improve overall efficiency.