

Quality Improvement and Health Equity Committee (QIHEC) Quarter 2 2024 Report

Overview:

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets quarterly, 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 10 QIHEC Subcommittees, one Commissioner, three practicing physicians in the community, and a behavioral health care practitioner. This report represents a summary of the May 7, 2024, QIHEC Special Meeting and June 11, 2024, QIHEC Meeting.

May 7, 2024, QIHEC Special Meeting

Documents Approved:

- 2024 Quality Improvement and Health Equity Transformation Program Description was submitted, reviewed, and approved.

Summary:

MY 2023 Preliminary MCAS Rates and 2024 Strategy Update

The Quality Improvement Department reported overall successes for MY 2023 preliminary rates, with the following highlights:

- 3 Measures met High Performance Level (HPL)
- 7 Measures moved up in percentile level
- 15 of 18 Measures improved compared to last year and 83% at Minimum Performance Level (MPL) or above
- 39% at 75th% or above compared to 17% last year

The MCAS 2024 strategy included the target setting methodology to improve over 2023 projected performance with no measure below MPL (no sanctions); benchmark against high performing plans by focusing on Aggregated Quality Factor Score (AQFS) improvement; and setting aggressive but achievable targets.

The 2024 MCAS work will include Member, Provider, and Data/Structure interventions.

- Member-focused interventions: Member incentives, Outreach campaigns, Community Health Fairs, Wellth Expansion, Diabetes Program launch, and Transportation expansion.

- Provider-focused interventions: QIPP for small providers, QIPP 2.0 for large providers, hospital quality incentive, grants, joint quality meetings and work plans, provider community and school events, mobile mammography.
- Data and structure interventions: Ongoing project management leveraging lessons learned, advancing data analytics, improving data capabilities, improved data exchange with provider network.

June 11, 2024 QIHEC Meeting

Documents Approved:

- 2024 Q1 QIHEC Meeting Minutes
The March 19, 2024, meeting minutes were reviewed and approved by the QIHEC.
- Policy QI-002 Quality Improvement and Health Equity Transformation Requirements
QI-002 was updated to align with the Department of Health Care Services (DHCS) All Plan Letter (APL) 24-004 Quality Improvement and Health Equity Transformation Requirements and the Medi-Cal Managed Care Accountability Set Quality Improvement and Health Equity Framework Policy Guide.

Summary:

Preliminary Managed Care Accountability Set (MCAS) Rates – MY 2023/RY 2024

The Quality Improvement Department reported the preliminary MY 2023 rates including summarizing the interventions that supported the improved outcomes and the positive impact in member care.

GCHP reported 42 MCAS measures with 18 held to the DHCS Minimum Performance Level (MPL) benchmark and 24 report only. MY 2023 performance highlights included the following: 15 out of 18 measures held to MPL improved compared to MY 2022; 83% met or exceeded the MPL; 3 measures met the 90th percentile; 7 measures met the 75th percentile.

Interventions included: (1) member outreach campaigns to close care gaps; (2) community outreach projects including, Health Fairs, Home Health Visits, and the Wellth Behavioral Economics Program; (3) Member Incentive Campaigns including the expansion of the Point-of-Care Incentive; (4) implementation of the Quality Improvement Provider Pool (QIPP) incentive program; (5) data improvement projects included the addition of new electronic health record (EHR) data, data validation and deep dives, multiple mapping projects including mom-to-baby claims mapping, updated provider taxonomy mapping, and code mapping; and (6) non-standard supplemental data collection.

- Member impact analysis showed there was a significant increase in screenings completed in 2023 compared to 2022: 2237 childhood blood lead screenings; 657

child developmental screenings, 285 well-care exams for children between 15 and 30 months of ages; 4992 well-care exams for children between 3 and 21 years of age; 204 adolescent immunization, 439 breast cancer screenings, 3453 cervical cancer screenings, 282 timely prenatal exams, 272 postpartum exams, 940 chlamydia screenings, 83 follow-up visits after an ED visit for a substance use, 238 fewer members with diabetes had uncontrolled HbA1c, and 3151 more members with hypertension had a blood pressure below 140/90.

QIHEC Subcommittee and Department Summaries

Compliance/Delegation Oversight

The 11 delegated oversight audits were focused on utilization management, credentialing, claims, and call center monitoring. 100% of all audit requirements were met with five corrective action plans (CAPS) issued; three were closed and two are still open.

MCAS/Health Effectiveness Data Information Set (HEDIS)

As of March 31, 2024, five measures had met the DHCS MPL including Lead Screening in Children (75th), Developmental Screening in Children, Well-Child Visits in the First 30 Months of Life: W30, Asthma Medication Ratio, and Prenatal Care.

Facility Site Review (FSR) / Initial Health Appointment (IHA)

- In 2024 Q1, 4 FSRs and 1 MRR was completed with 2 FSR and 1 MRR CAPs issued. Most clinics are passing the FSR audits, but the Medical Record Review (MRR) scores have declined since DHCS increased the MRR criteria by 90% in June 2022. Due to the sunset of the Child Health and Disability Program (CHDP), DCHS released updated FSR / MRR tools and documentation standards and DHCS is developing an online training tool to aid in this transition. Plans for improvement include to continue to develop and maintain strong collaborative relationships with the provider network to provide support, training, and continue education on the DHCS requirements.
- 140 MRRs were performed on three large clinic systems and 75% met all IHA criteria. IHA audits evaluated evidence of age-appropriate clinical assessments for three age groups: 0-10, 11-20, and 21 and older. Plans for improvement include integrating the lead screening into the IHA audits, continued provider outreach and education.

Population Health

The Wellth Utilization Reduction Program is focused on reducing avoidable high-cost utilization, closing care gaps, improving medication adherence, and improving member satisfaction. The program has enrolled 1504 members and has maintained an 86% daily engagement rate.

The Wellth Quality Improvement Program is focused on closing care gaps for cervical cancer screening, breast cancer screening, Diabetes A1c control, blood pressure for members with

hypertension, and improved member satisfaction. The program has enrolled 3812 members and has maintains an 87% daily engagement rate.

- Plans to improve engagement and retention include providing incentives and continuing member outreach via multiple communication modalities (e.g., email, mail, phone) to enroll members.

Behavioral Health

- Established a BH Committee where GCHP and Carelon behavioral health and medical practitioners collaborate to develop strategies to address clinical needs for members and to meet NCQA standards.
- To support improvement in two BH MCAS measures (FUA/FUM), the BH Department has worked to expand behavioral health care management for effective coordination and transition of care with key delegates and contracted entities (i.e., Carelon and Conejo Health), to deliver enhanced care to members telephonically and in the Emergency Department (ED).
- Additional initiatives include:
 - Monitoring Carelon's performance for post-ED outreach attempts for members identified with substance use or mental health conditions: Appointments scheduled was 91% and discharge assessments completed was 35%.
 - Updating Carelon's incentive measures for updated scope of work.
 - Finalizing contract with Conejo Health for navigators in the ED.
 - Extending Bamboo pilot through 6/2024 for Dignity ED data.
 - Engaging Clinicas Del Camino Real (CDCR), Community Memorial Health Systems (CMH), and Ventura County Ambulatory (VCHCA) clinic systems with innovative interventions to provide follow up after discharge.

Utilization Management & Care Management

- Utilization Management:
 - UM turn-around times (TAT) were above benchmarks for expedited and standard prior authorization requests Q1 2024.
 - Post-service requests were below benchmark at 83% Q1 2024. Staffing augmentations were made. Post-service TATs are tracking well above benchmarks for Q2 2024.
- Care Management:
 - 2,528 HIFMET responses and 664 Care Management referrals from HIFMET in Q1 2024
 - 1,207 Non-HIFMET related Care Management referrals received in Q1 2024
 - 138 TOC referrals received in Q1 2024
- CalAIM:
 - Cal AIM dashboard trends are positive in Q1 2024 w/ ECM at 1195 active cases, CS w/ 1,958 approved authorizations & 0% denial rates.
- Nurse Advice Line:
 - Q1 2024 received 420 calls, 176 Triage calls, 7 program referrals.
 - GCHP continues to monitor incoming calls by language

- Medical Management:
 - TruCare MMS implementation remains on track and is expected to go live effective 7/1/2024 with end-user training occurring the entire month of June.

Member Services

All Call Center benchmarks were met during Q1 2024. Benchmarks include the average speed of answer, aggregate abandonment rate, aggregate call center volume, and phone quality results for call center calls.

The GCHP Member Services department continues to audit calls and hold weekly calibration meetings with the Conduent Quality Team to identify areas of opportunity.

Provider Network Operations

- 2024 Q1 Provider Network Standard Evaluations
 - Provider Network standards were met in 2024 Q1 for the following:
 - Number and geographic distribution of PCPs
 - Number and geographic distribution of Specialists
 - Ratio of Specialist to Members is 1:1,200
 - Ratio of PCPs to Members is 1:2000
 - Provider Network standards were not met in 2024 Q1 for the following:
 - Provider Access, After Hours, Time Elapsed Standards, Appointment Availability
 - Actions for improvement included:
 - Outreach to providers who did not meet the metric(s) and educate
 - The 2023 Provider Access and Availability Survey was concluded, the results were expected to be available in Q2 2024. New and repeated deficient providers were identified, issued a Corrective Action Plan, required to provide a remediation plan, and will be monitored and measured throughout 2024 to ensure improvement
- Q1 2024 New Provider Orientations
 - 256 providers were added to the network. Provider Network Operations (PNO) completed 228 outreach/welcome letters timely but 28 provider outreach/welcome letters were not due to retroactive contract effective dates that contributed to delayed outreach.
 - PNO completed 133 orientations timely, but 123 orientations were not due to retroactive dates, limited staffing and limited provider availability contributed to delayed orientations.
- 2024 Provider Satisfaction Survey
 - The survey is ongoing and will be segmented by PCP and specialty type.
 - Interventions to be created include strategies to improve accessibility and satisfaction and improve member experience.

NCQA Accreditation

- Health Equity and Health Plan Accreditation timelines were reviewed including the scheduled mock survey, NCQA survey dates in 2025, and current standing by standards category were reviewed.

Health Education / Cultural and Linguistics Services

- Interpreter and Translation Services
 - Sign Language Interpreting: Q1 sign language interpreting requests fell below the benchmark (95%) from the previous quarter (Q4 2023). Q1 unfulfilled interpreter request was primarily due to a shortage of sign language interpreters.
 - In-Person Interpreting: Q1 in-person interpreting request fell below the benchmark (94%) from the previous quarter (Q4 2023). Q1 2024 unfulfilled interpreter request was due to a shortage of Mixteco interpreters in the county. HECL department received a complaint from a provider regarding the shortage of Mixteco interpreters.
 - Language Assistance
 - 2,029 in utilization of language assistance services in Q1 2024. Top requested languages were Spanish, Vietnamese and Arabic.
 - Translation requests (notice of action letters) increased to 47% from Q4 2023.
 - Action Plan
 - Secure more sign language interpreters to help fulfill increased demand of services.
 - Contract with MICOP for Mixteco telephonic and in-person interpreting services.
- C&L/DEI Trainings in Q1 2024:
 - 37 C&L employee trainings were conducted.
 - 10 C&L provider trainings were conducted.
 - 11 bilingual fluency assessments/reassessments; 42 readability/suitability assessments completed; 14 C&L member satisfaction surveys completed; and 25 request for Alternative Format Selection (AFS) were requested during Q1 2024.

Grievance and Appeals

All measures related to grievance and appeals functions were met, except the 98% benchmark set for the Turnaround times. (TAT). Member Grievance Acknowledgement TAT reported 96%.

- G&A has increased the monitoring of all the mailroom functions related to scanning and forwarding any appeals and grievances to ensure they are routed accordingly.
- G&A reviewed all the cases received during Q1 2024, with a total of 71 Quality of Care cases reported.
 - 31% of the Quality-of-Care cases reported were substantiated.
 - 17% were unfounded due to lack of information.
 - 42% were not substantiated.
 - 10% had no rating applied.

During Q1 2023, G&A identified 72 complaints related to Quality of Care, with the main reason being Outpatient Physical Health. Comparatively, in the Q1 2024, there were 71 Member Grievances related to Quality of Care, with 60 cases for Outpatient Physical Health being the main category reason.

There was no significant change in the number of complaints received over the past year related to Quality of Care. Only 29% of all the grievances related to Outpatient Physical Health were substantiated.

- Action: Collaborate with Provider Network Operations to identify the provider offices or clinics that might need additional resources to address and resolve issues related to these various complaints.

Pharmacy

- GCHP Pharmacy Department is performing Drug Utilization Review (DUR) of pharmacy benefits offered through Medi-Cal Rx by reviewing pharmacy claims data from Medi-Cal Rx.
- Met performance metric for overall total opioid utilization (less than 5% increase in utilization). However, there was one performance metric that was not met (more than 5% increase in utilization since last quarter): Total number of concurrent users of benzodiazepines and antipsychotics increased by 8% (326 vs 353 members).
- Medi-Cal Rx Updates: Effective 4/30/24, some medications will require a Code I diagnosis for pharmacy claim to be approved and Code I diagnosis restrictions have been removed from medical supplies. There are updates to quantity limit restrictions for diabetic test strips and lancets.
- Working on developing new policies and processes for pharmaceutical management of Physician Administered Drugs (PADs) and Drug Recalls
- Pharmacy & Therapeutics Committee: Last meeting held on May 16. P&T minutes and recommended changes to the List of PADs requiring PA were reviewed and approved. Will be presenting the PAD Clinical Guidelines and PAD List changes at the next MAC committee for final review and approval. Medi-Cal Rx updates and opioid utilization data were also shared with the committee.

Credentials/ Peer Review Committee

All credentialing/re-credentialing metrics in Q1 2024 were met. The ongoing identified need for a system upgrade to improve Credentialing process efficiencies occurred. Credentialing will continue to utilize project management and resources to improve operational efficiencies.

- Credential/Peer Review Committee on December 21, 2023
 - Open Session: Approved QI Policies
 - QI-005: Credentialing for Organizational Providers
 - QI-025: Practitioner Credentialing Policy
 - Closed session:
 - Reviewed Medical Board of California actions for 1 provider
 - Nondiscrimination Grievance Report

- Potential Quality Issues (PQIs)
- Provider Credentialing

Medical Advisory Committee

- All Clinical Practice and Preventive Services guidelines for Q1 2024 were reviewed by their annual review and approval dates.
- Approval items at the January 18, 2024, Medical Advisory Committee included:
 - Medical Advisory Committee Charter
 - APL 23-010 BHT Coverage Policy
 - QI Guideline Reapprovals
 - Intravenous Sedation and General Anesthesia for Dental Services Guideline
 - Botulinum Toxin Supplemental Clinical Guideline