

## **Quality Improvement and Health Equity Committee (QIHEC) Meeting 2024 Quarter 4 Summary Report December 3, 2024**

### **Overview:**

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) met quarterly in 2024, 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 ten QIHEC Subcommittees, one Commissioner, three practicing physicians in the community, and a behavioral health care practitioner. This report represents a summary of the December 3, 2024 QIHEC meeting.

### **Open Action Items from Prior QIHEC Meeting**

- Action Item #63: Topic: Carelon Behavioral Health Quality Improvement Program Description and Work Plan
  - Topic: Carelon to provide feedback on eight follow-up questions from the September 17, 2024 QIHEC meeting.
  - Status: Open

### **Approval Items**

- QI-029 Blood Lead Screening of Young Children: The QI department completed the annual review of policy and made the following updates.
  - Aligned requirements with the Department of Healthcare Services (DHCS) Initial Health Appointment (IHA) for healthcare Providers to monitor lead screening in children.
  - Added blood lead screening resources available to Providers: (1) GCHP Pediatric Lead Screening webpage and (2) DHCS Blood Lead Testing and Anticipatory Guidance.

### **New Business**

1. 2025 Quality Improvement and Health Equity Transformation Program Description and Work Plan Timeline
  - The QI Department shared the timeline for GCHP departments to review and complete updates to the 2025 Quality Improvement and Health Equity Transformation (QIHET) Program Description and Work Plan by December 13, 2024. The QI Department scheduled an organization-wide meeting to review the timeline and deliverables and scheduled separate meetings with each department to review their sections.
2. Non-Specialty Mental Health Services (NSMHS)
  - The Behavioral Health (BH) and Provider Network Operations (PNO) departments discussed the new DHCS All Plan Letter (APL) 24-012 and State Bill 1019 which requires Medi-Cal Managed Care Plans (MCPs) to develop outreach and education plans to address low utilization of mental health benefits and to address gaps in low utilization of NSMHS by ensuring Members and primary care providers (PCPs) are aware of all covered NSMHS. The

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NSMHS Outreach and Education Plans are due to DHCS by December 31, 2024 with the following deliverables:

- Member Outreach and Education Plan
  - PCP Outreach and Education Plan
  - NSMHS Utilization Assessment
  - Website Posting (DHCS-approved Member and PCP Outreach and Education Plan, Utilization Assessment)
  - Update plan annually and conduct outreach and education of NSMHS on an annual basis.
  - The BH and PNO departments reviewed the stakeholder engagement plans for members and providers and requested feedback from QIHEC members on barriers to mental healthcare and how to improve member and provider access and engagement to mental health services.
3. DHCS and Institute for Healthcare Improvement (IHI) Child Equity Collaborative
- The QI department reported updates on two of five health equity-driven interventions to increase well-care exams.
  - Intervention 1: Equity & Transparent, Stratified, and Actionable Data
    - Identification of the target population and development of the aim statement was completed and involved an in-depth analysis of the well-care measures. A target population and clinic partner were identified to improve health equity in the target population.
    - Aim Statement: By December 31, 2024, increase well-care exams in English-speaking 12-17 years olds assigned to Clinicas del Camio Real Karen R. Burnham Center from 38.42% to 43.22%.
  - Intervention 2: Understand Provider and Patient/Care Giver Experiences
    - The QI department collaborated with the clinic partner to perform focus studies by interviewing members and clinic staff, via telephone and in-person, to identify barriers to care and determine opportunities for improvement. Barriers reported by patients, caregivers, and clinic staff included appointment availability too far in the future, difficulty taking time off work, and appointments cancelled if appointment was not confirmed.
    - Two workflow changes were made in the clinic to address the barriers. (1) The clinic modified HIPAA restrictions to enable sending appointment text message reminders to 12-17-year-old minor patients. (2) GCHP and the clinic collaborated on scheduling a Saturday clinic and scheduled 90 well-care appointments. To increase member engagement, a \$35 Walmart gift card was offered. A total of 70 out of 90 members attended the Saturday clinic and completed their well-care exams.

**Standing Items: QIHEC Subcommittee and Department Summaries**

1. *Compliance/Delegation Oversight*
- All delegation activities were completed 100% on time.
  - Oversight audits still open
    - Kaiser Permanente: Claims
    - Conduent: Claims

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- Ventura Transportation Services: Non-emergency and non-medical transportation, new vehicle assessment, downstream contractor
- Oversight audits closed
  - Clinicas del Camino Real: Utilization Management
  - Carelon Health: Utilization Management, Member Experience, Network Operation, Quality Improvement, Cultural & Linguistics

**2. *Quality Improvement: Managed Care Accountability Set (MCAS) Steering Committee***

- MCAS/HEDIS® 2024 Quarter 3 Dashboard
  - Status of MCAS measures held to the DHCS Minimum Performance Level (MPL)
    - 9 out of 18 measures met the MPL
    - 3 rates close to meeting the MPL: CHL (-0.54), FUA-30 (-1.51), and AMR (-2.65)
    - All rates improved
  - MCAS report only measures
    - 17 out of 28 rates increased
- MCAS Operations Steering Committee
  - The MCAS Operations Steering Committee met in September and reviewed the status of interventions.
    - Children's Health
      - Child flu vaccine member outreach campaign is pending script approval from DHCS.
    - Behavioral Health
      - Post-emergency department care coordination with Carelon Behavioral Health and Conejo Health has started to show a positive impact on improving the FUA and FUM measures.
    - Chronic Disease Management
      - Reviewed development of the member outreach and provider education campaigns to improve the asthma medication ratio measure.
      - The asthma member outreach program launched in September.
      - The Provider Asthma Lunch and Learn was completed on November 14, 2024.
      - Discussed plans for a new diabetes HbA1c member incentive program.
    - Cancer Prevention
      - Discussed collaborations with American Cancer Society and Clinicas del Camino Real on a home test kit pilot project to increase colorectal cancer screening.
- QIHET Work Plan Updates
  - Two new programs launched: flu vaccine member incentive and Doula program
  - Provider articles published in the Prover Operations Bulletin on best practice guidelines focused on children's health and cancer prevention
  - Data improvements included the development of a new National Drug Code mapping table to capture more asthma pharmacy claims and the enhancement of the CAIR member file to improve capture of immunization registry data.

**3. *Quality Improvement: Facility Site Review (FSR) / Medical Record Review (MRR) / Initial Health Appointment (IHA)***

- Facility Site Reviews

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- In 2024 Quarter 3, 7 FSRs were completed and overall, 95% of DHCS site audit criteria were met.
  - Percentage of Providers that passed FSRs with or without a CAP: 86%.
  - Percentage of DHCS MRR criteria met: 90%.
  - Percentage of Providers that passed the MRR with or without a CAP: 86%.
  - Percentage of applicable DHCS Coordination of Care criteria met: 97%.
  - The QI department continues to collaborate with the three largest clinic systems and provide guidance and training to ensure clinics are aligned with the DHCS FSR/MRR standards.
  - FSR backlog scheduled to be completed by 2024 Quarter 4.
  - Increased need for educational visits for providers and staff.
- Initial Health Assessments
  - In 2024 Quarter 2, 208 medical records were included in IHA audits across three largest clinic systems.
    - The overall percentage of all IHA criteria met: 79%.
    - The overall percentage of records meeting IHA compliance within 120 days: 87%.
    - Blood lead anticipatory guidance documented for members 6 months to 6 years of Age: 28%.
    - Blood lead screenings documented for members 12 months, 24 months, and by 6 years of age: 54%.
  - Findings
    - Providers scored high for completing the following assessments: alcohol use, tobacco exposure, developmental screening, dyslipidemia screening and mental health screenings
    - Areas in need of improvement include: STI screening, age-appropriate immunizations, Hepatitis B screening, blood lead anticipatory guidance and blood lead screening at 12 months, 24 months and 6 years of age, psychosocial/behavioral assessment, and intimate partner violence screening.

**4. Population Health Management (PHM) Department**

- Population Needs Assessment
  - The Population Needs Assessment was completed in 2024 Quarter 3 and will be presented to the Population Health Management workgroup meeting on December 16, 2024.
- Wellth Program
  - Completed enrollment of additional 4,695 members to the QI program.
  - Instituted blood pressure monitor distribution initiative to members.
  - Provided Wellth with GCHP branded video of instructions for proper use of blood pressure monitor that will be available in the Wellth App.

**5. Behavioral Health Quality Committee**

- The Behavioral Health (BH) Department continued focus on expanding behavioral health care management that supports effective care coordination and timely transitional care services for members after emergency department (ED) visits or hospital admissions. This included working with internal key delegates and contracted providers (e.g., Carelon and Conejo Health) to deliver enhanced care to members telephonically and onsite in the ED.

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- 2024 Quarter 3 Year-to-Date (YTD) data shows that Carelon outreached to 100% of members identified with an ED visit for substance use or mental health conditions and 2024 Quarter 3 YTD appointments scheduled and/or discharge assessments completed was 26.41%.
- The BH department is leading the DHCS-IHI Behavioral Health collaborative with Carelon Behavioral Health and Ventura County Behavioral Health (VCBH).
  - The Plan Do Study Act (PDSA) cycle with the Conejo Health Navigators is complete and the VCBH-led portion of PDSA Cycle is currently in progress.
  - Conejo Health shared their established care coordination process flows for post ED follow-care for members with an ED visit for substance use and is planning to add care coordination for follow-up care for mental health conditions.
  - Conejo Health and GCHP are collaborating with Community Memorial Health System (CMHS) to support their post ED follow-up care coordination which launches in December.
  - Year-to-Date rates for the two behavioral health measures, Follow-Up After ED Visit for Mental Illness (FUM) and Follow-up After ED Visit for Substance Use (FUA) show that Conejo Health has positively impacted 5.2% of the FUA rate and Carelon has positively impacted 4.8% and 6.1% of the FUA and FUM rates respectively.

**6. Utilization Management Committee**

- Utilization Management (UM)
  - UM Turn-Around-Time Metrics (TAT)
    - 2024 Quarter 3 UM TAT were above benchmarks for standard prior authorization and post service requests, but expedited prior authorizations fell below benchmark at 89% and staffing augmentations were made.
    - UM will develop a deeper analysis report that targets cases/metrics that are below benchmark and provide a workflow that brings these measures into compliance.
  - Over/Under Utilization Review
    - UM to develop workgroups in 2024 Quarter 4 that identify priority reports for under/over utilization of services and implement improvement that will enhance service delivery and utilization resources.
  - UM Inpatient and Service Requests
    - Volume of requests in 2024 Quarter 3 versus 2023 Quarter 3 increased by 18%, Inpatient by 7% and Outpatient by 20%.
- Care Management
  - Nurse Advice Line
    - In 2024 Quarter 3, the Nurse Advise Line received 431 calls, 223 triage calls, and 3 program referrals. Utilization based on gender averaged at 134 by women and 89 calls by men.
    - GCHP continues to monitor incoming calls by language; English being the highest spoken language.
  - Enhanced Care Management (ECM) Program
    - 673 unique members were outreached in 2024 Quarter 3: 47% were outreached with services and 47% with no services outreached.
    - 1,428 ECM members were provided with care in 2024 Quarter 3.
    - An average of 83 new members have joined ECM per month since 2022.

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**7. *Member Services Committee***

- Membership Update
  - As of September 30, 2024, GCHP had a total of 246,656 members.
  - There has been a 0.7% decrease in membership from 2024 Quarter 2 (248,315 members) to 2024 Quarter3 (246,656 members).
- Call Center
  - GCHP transitioned from an external call center to an internal Contact Center on July 1, 2024.
  - The average speed of answer and abandonment rate benchmarks were met.
  - Phone quality results were not measured during 2024 Quarter 3 because the team was working through critical issues with the new systems implemented on July 1.
  - Member Services will continue to audit calls and hold weekly calibration meetings with the internal Call Center to identify areas in need of improvement.

**8. *Provider Network Operations (PNO)***

- PNO Metrics were met for number and geographic distribution of specialists and for the ratio of members to specialists and primary care providers (PCPs).
- The 2024 Provider Accessibility and After-Hours Survey was completed and revealed several categories that did not meet acceptable standards. PNO will implement the following action plan:
  - Identify non-compliant providers for 2024 and issue corrective action plans (CAPs).
  - Identify providers who were non-compliant in both 2023 and 2024 as critical for focused attention.
  - Conduct training sessions to educate providers on accessibility standards and requirements.
  - Require non-compliant providers to submit detailed remediation plans.
  - Continuously monitor the progress of non-compliant providers to ensure they achieve compliance.
- Provider Welcome Letters and Orientations
  - In 2024 Quarter 3, 407 providers were added to the network and 390 outreach/welcome letters were submitted timely, 17 were submitted beyond the standard timeframe primarily due to retroactive contract effective dates, which impacted timeliness of outreach.
  - In 2024 Quarter 3, 388 provider orientations were completed timely, but 14 were completed beyond the standard timeline due to retroactive contact effective dates.

**9. *Quality Improvement: NCQA Accreditation***

- The Health Equity Accreditation HEA survey is scheduled for June 10, 2025 and the Health Plan Accreditation (HPA) survey is scheduled for October 7, 2025 with plans to achieve NCQA HPA and HEA accreditation by January 2026.
- The HPA and HEA mock survey results were completed and will be reviewed with the applicable departments and business owners to review findings and implement remediations plans to close any remaining gaps.
- Continue the following meeting forums to hold working sessions and provide status updates
  - NCQA Standards Workgroup
  - NCQA Key Stakeholder Forum

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



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- Cultural and Linguistic Services
  - In 2024, Quarter 3, a total of 2,313 language assistance referrals were received which was a 7% increase compared to the 2024 Quarter 2 (2,154).
  - Translation services decreased by 32% (322) compared to 2024 Quarter 2 (471).
  - Of the 322 translations, 2 documents were transcribed in alternative formats (e.g., audio compact disc and large print).
- Health Education Services
  - A total of 431 health education referrals were completed in 2024 Quarter 3. The most common topics included diabetes, hypertension, well-care visits, immunizations, member incentives, tobacco cessation, pregnancy/postpartum, and advance directives.
  - Chronic Disease Management Workshops: Two telephonic workshops (1 English and 1 Spanish) were completed in 2024 Quarter 3 with 10 members enrolled.

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

- G&A turn-around-time (TAT) benchmarks were not met in 2024 Quarter 3 due to the new systems implementation that occurred on July 1, 2024. Monitoring has been set up to capture any potential routing issues.
  - Member Grievance
    - Acknowledgement TAT reported 96%
    - Resolution TAT reported 93%
  - Appeals
    - Acknowledgment TAT reported 90%
    - Resolution TAT reported 95%
- G&A reviewed all cases received in 2024 Quarter, with a total of 68 Quality of Care cases reported. Percentages related to the rating outcomes:
  - 37% of the Quality-of-Care cases reported were substantiated
  - 13% were unfounded due to lack of information
  - 29% were not substantiated
  - 21% 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 except for concurrent users of opioid and naloxone (increased by 19%). Continue monitoring opioid claims data/dashboards from Medi-Cal Rx and continue monitoring for any persistent trends in utilization.
- Medi-Cal Rx Pediatric Integration of Members 21 years of Age and Younger on January 31, 2025.
  - Prior authorization requirements and utilization management claims edits for the pediatric population will be reinstated on January 31, 2025.
  - The California Children's Services (CCS) Panel Authority policy will also be implemented for specific CCS Panel providers.
- NCQA Accreditation
  - The pharmacy department is working on aligning the Pharmaceutical Management of Physician Administered Drugs (PADs) and Drug Recall Notification process to meet NCQA accreditation standards.

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- Pharmacy & Therapeutics Committee
  - Reviewing and updating PAD list to be compliant with NCQA requirements. PAD list updates will be effective 3/1/2025. Member and provider notifications will be distributed in December 2024 and the updated PAD list and clinical guidelines will be posted on GCHP website.
  - The recommended changes to the list of PADs were reviewed and approved at the P&T Committee on November 14, 2024.

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

- All credentialing and recredentialing benchmarks were met in 2024 Quarter 3.

*14. Medical Advisory Committee (MAC)*

- 2024 Quarter 2: MAC member quorum was not met, and meeting was canceled
- 2024 Quarter 3: MAC approved Clinical Practice and Preventive Services guidelines on July 18, 2024
- 2024 Quarter 4: Due to limited provider participation in the quarterly Medical Advisory Committee, the MAC committee has proposed the following action plan:
  - Sunset the Medical Advisory Committee effective 2024 Quarter 4.
  - Transition review of Clinical Practice Guidelines and UM Clinical Guidelines and Criteria to the Credentialing/Peer Review Committee in 2025.