

Quality Improvement Health Equity Transformation Committee (QIHETC) Synopsis

Date of meeting: **June 4, 2024**

All activities on this grid are reported to the MHC Board of Directors Committee. QI Committee actions and approvals are recorded in the QI Committee minutes.

Key Decision and Actions	Follow-up Actions	Status
I. Opening		
<ol style="list-style-type: none"> 1. Called to Order – 47 Attendees – Quorum met 2. Review and approval of previous Minutes: 3/5/2024 3. Announcements: <ul style="list-style-type: none"> • Welcome New Sr. Medical Director 	N/A	N/A
II. NEW BUSINESS:		
<ol style="list-style-type: none"> 1. Reported: EAE Reporting Q1 2024: Initial HRA and ICP Completion Report – all goals met 	None	Closed
<ol style="list-style-type: none"> 2. Reported: Provider & Network Management - Provider Access & Availability Survey (PAAS) Update. Q1 2024 	None	Closed
NEW BUSINESS FOR APPROVAL		
<ol style="list-style-type: none"> 3. Reported: Q1 2024 Call Center Report. Report Submitted. Pre-Approved <ul style="list-style-type: none"> • LOBs: (Marketplace, Medi-Cal, Medicare) <ul style="list-style-type: none"> ○ Member & Provider Contact Center – Call Tracking ○ Medi-Cal inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other ○ Member Web Portal Transactions ○ Member Mobile App Transactions ○ Priorities and conclusion 	None	Closed
<ol style="list-style-type: none"> 4. Reported: MP– 30-day Welcome Call - White Glove Outreach Q1. Report submitted and pre-approved prior to meeting. <ul style="list-style-type: none"> • MP Welcome Call Purpose, Methodology and Frequency reviewed. • Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported. • Conclusion and Priorities reviewed. 	None	Closed
<ol style="list-style-type: none"> 5. Reported. Initial Health Appointment - Report submitted and approved. <ul style="list-style-type: none"> • Objective/Goal • Summary of Data Trends: <ul style="list-style-type: none"> ○ IHA Compliance Rate: Encounter Data ○ IHA Call Outcomes (RS/SB, SD, SAC) ○ IHA Outreach Team Appointments Scheduled ○ MORE Team Appointments offered (all Counties) • Summary of Findings and Q1 2024 Actions & Recommended Actions & Next Steps. 	None	Closed
<ol style="list-style-type: none"> 6. Reported: Wellness and Prevention DHCS reporting – Overview <ul style="list-style-type: none"> • Purpose and Overview • Dashboard Layout Revisions • Preventive Services on File • Status • Achieving Equity in Primary Care (AEPC) and AEPC Program Options • Preventive Screening & Services Overview and Focus <ul style="list-style-type: none"> ○ Breast Cancer Screening ○ CCS 	None	Closed

Key Decision and Actions	Follow-up Actions	Status
<ul style="list-style-type: none"> ○ Dyslipidemia Screeninb ○ Developmental Screening ○ Floride Varnish ○ Lead Screening ○ Anemia/Hgb test ○ ASD ● Next Steps ● Analysis ● Intervention ● Evaluation ● QIHETC Reporting Schedule 		
III: Old Business/Action Item(s)		
<ul style="list-style-type: none"> ● There were no Action Items from the 3-5-24 Meeting 		
IV: Q1 2024 Variance Report(s): Departments that report up to the QIHETC have regulatory goals or standards that are set for them. If goal(s) are not met an explanation of barriers and interventions are to be reported. Variance Reports are reported at QIHETC for discussion as needed.		
<ol style="list-style-type: none"> 1. Delegation Oversight- No variances to report for Q1 2024 2. Facility Site Review Update – No variance to report 3. Grievance and Appeals: <ul style="list-style-type: none"> ● Variiances reported on: <ul style="list-style-type: none"> ○ MediCal Standard and Expedited Appeals ○ Marketplace Standard and Expedited Appeals ○ Q1 2024 Medi-Cal Standard/Expedited Grievances ○ Q1 2024 MRKP Standard/Expedited Grievances ○ Barriers and Interventions Reviewed 4. Healthcare Services: <ul style="list-style-type: none"> ○ A.Variiances reported on: UM Out Patient Prior Auth TAT <ul style="list-style-type: none"> ▪ Authorization Timelines: MediCal, Marketplace ▪ Member/Provider Timely Notification of Outpatient Decision ▪ Barriers and Interventions Reviewed ○ B. Variiances reported on: UM CALL CENTER <ul style="list-style-type: none"> ▪ MediCal and Marketplace Call Center Statistics ▪ Barriers and Interventions Reviewed ○ C. Variiances reported on: UM In Patient Review <ul style="list-style-type: none"> ▪ Authorization Timeliness ▪ Member/Provider Timely Notification of Inpatient Decision ▪ Barriers Analysis and Interventions Reviewed ▪ Post Stabilization TAT ▪ Barriers and Interventions 5. Initial Health Appointment - (Variiances if any are reported under Section II. Item 5) 6. Member & Provider Contact Center Tracking <ul style="list-style-type: none"> ○ Variiances reported on: Statewide Call Tracking for MediCal, Marketplace and Medicare ○ Barriers and Interventions Reviewed 7. Member & Provider Contact Center - CA MP 30 Day Welcome Call (Retention): No Variance to report for Q1 2024 8. Nurse Advice Line - No Variance to report for Q1 2024 9. Pharmacy - No Variance to report for Q1 2024 10. Professional Review: Variiances (if any) are reported via their Committee Synopsis 11. Provider Network <ul style="list-style-type: none"> ○ Provider Appointment & Availability Survey (PAAS) Updates <ul style="list-style-type: none"> ▪ Completed Caps and totals: Direct, IPA, PCP, Spec, MPMH, Psych, Anc, ○ Barriers and Interventions and Next Steps Review 	None	Closed

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V: COMMITTEE SYNOPSIS Departments that report up to the QIHETC are required by regulation to have at least quarterly meetings. These Committees/subcommittees report up to QIHETC via Synopsis of their meetings and reports.																																														
1. Access & Availability Committee (A&A): Report submitted. Meeting Dates: 2/15/24 <ul style="list-style-type: none"> • Synopsis: <ul style="list-style-type: none"> ○ Introductions & Announcements: ○ Old Business Actions: ○ Meeting Minutes from Previous Meeting – Motion approved by voting committee members. ○ Actions from Previous Meeting – ○ New Business Actions: ○ Actions from Current Meeting – <ul style="list-style-type: none"> ○ Presented Network Adequacy Reports, Geo Access Report, Member to Provider Ratio Report. ○ To QA the geo report and validate LA data was capture accurately under the sum of number of members without access column. ○ Standing Reporting as follows: <ul style="list-style-type: none"> ○ Interpreter Utilization Cultural & Linguistics Services. ○ Quarterly Contracting Updates LOA/AD Hoc Request. ○ Initial Health Appointment (IHA) Oversight. ○ Grievance Report & Office Visit Wait Time Report. ○ Network Adequacy Reports, Geo Access Report, Member to Provider Ratio Report. ○ AAS Analysis Geo Report. ○ Access and Availability Survey Updates. ○ Provider Appointment & Availability Survey (PAAS) Updates. 	None	Closed																																												
2. Delegation Oversight Committee: Q1 2024 <ul style="list-style-type: none"> ○ Performance Metrics <ul style="list-style-type: none"> ■ Total New Delegation Agreements Initiated ■ Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement ■ Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer ■ Total Terminated Delegation Agreements ■ Total Annual Audits Completed ■ Total Corrective Action Plans Issued (Annual Audits) ■ Total Corrective Action Plans Closed (Annual Audits) ○ Barrier Analysis 	None	Closed																																												
3. Community Engagement- Q1 2024 <table border="1" data-bbox="285 976 1287 1284"> <thead> <tr> <th>REGION</th> <th>DESCRIPTION OF TOPICS</th> <th>SUCCESSSES IDENTIFIED</th> <th>OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS</th> </tr> </thead> <tbody> <tr> <td colspan="4">COMMUNITY ADVISORY BORAD</td> </tr> <tr> <td>R/SB</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> <tr> <td>San Diego</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> <tr> <td>Los Angeles</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> <tr> <td>Sac</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> <tr> <td colspan="4">MOLINA COMMUNITY COLLABORATIVE COMMITTEE</td> </tr> <tr> <td>San Diego</td> <td>Nothing to report</td> <td>Nothing to report</td> <td>Nothing to report</td> </tr> <tr> <td>Sac</td> <td>Nothing to report</td> <td>Nothing to report</td> <td>Nothing to report</td> </tr> <tr> <td>SB/R</td> <td>Nothing to report</td> <td>Nothing to report</td> <td>Nothing to report</td> </tr> <tr> <td>Los Angeles</td> <td>Nothing to report</td> <td>Nothing to report</td> <td>Nothing to report</td> </tr> </tbody> </table>	REGION	DESCRIPTION OF TOPICS	SUCCESSSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS	COMMUNITY ADVISORY BORAD				R/SB	reported	reported	Nothing to report	San Diego	reported	reported	Nothing to report	Los Angeles	reported	reported	Nothing to report	Sac	reported	reported	Nothing to report	MOLINA COMMUNITY COLLABORATIVE COMMITTEE				San Diego	Nothing to report	Nothing to report	Nothing to report	Sac	Nothing to report	Nothing to report	Nothing to report	SB/R	Nothing to report	Nothing to report	Nothing to report	Los Angeles	Nothing to report	Nothing to report	Nothing to report	None	Closed
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4. Member Grievance and Appeals – q1 2024 Member Grievance and Appeals – Q1 2024 <ul style="list-style-type: none"> • Q1 Member Appeals and State Fair Hearing TAT, Clinical Decisions and Service types • Methodology reviewed: • MediCal TAT Time Performance, Overturn Rate (Appeal & State Fair Hearing), Standard and Expedited Appeals, Appeals by Type <ul style="list-style-type: none"> ○ Appeal-Clinical Decision Reason and detail for Overturn Resolutions • Marketplace TAT Performance, Overturn Rate, Appeals by Type, Standard and Expedited Appeals 	None	Closed																																												

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<ul style="list-style-type: none"> • Medi-Cal Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeals • Marketplace Standard/Expedited Grievances, Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeals • Analysis for MediCal and Marketplace • Reviewed Member Grievance & Appeals Quality Scorecard • Member and Provider Contact Center – Q1 2024 A & G Committee Meeting • CA DSNP & MMP Appeals and Grievances 		
<p>5. Health Care Services</p> <p>CARE Management Reports/Activities Q4 2023</p> <ul style="list-style-type: none"> ○ Case Management Phone Queue Report ○ Enhanced Care Management (ECM) Report ○ Community Supports (CS Report) ○ Palliative Care, My Care Program ○ Major Organ Transplant Report ○ CCS Regional Center Report ○ Behavioral Health Treatment Report ○ Long Term Care (LTC) Utilization Report ○ Over and Under Utilization Report <p>UTILIZATION MANAGEMENT REPORTS/ACTIVITIES Q4</p> <ul style="list-style-type: none"> ○ Inpatient 30-Day Readmission Report ○ UM Decision Timeliness & Notification UM 5G NCQA Authorization Report PA/ IP Medi-Cal & Marketplace ○ UM Call Center Telephone Service Level Report ○ Delegation Oversight UM Reports ○ Emergency Department Support Unit and Post Stabilization Report ○ Pharmacy Scorecards ○ Pharmacy Phone Queue ○ Inpatient Utilization Management Report ○ Outpatient Utilization Management Report ○ HealthNet - LA County ○ Inter-Rater Reliability Analysis: MD Appeals/MD Denials ○ Inter-Rater Reliability Analysis (Pharmacy) Q3 2023 ○ Pharmacy Denial Report Q3 2023 <p>2023 HCS WORKPLAN- Q4</p> <ul style="list-style-type: none"> ○ Utilization Management ○ Long Term Services and Supports (LTSS) ○ Program Development ○ Behavioral Health ○ Case Management ○ Enhanced Care Management ○ Community Supports ○ Population Health Management ○ Health Education ○ Cultural Literacy ○ Incentive Programs ○ Internal Auditing ○ Peds and CCS/Regional Center- ○ My Right Care ○ Behavioral Health Treatment (BHT) ○ Palliative Care ○ Major Organ Transplant (MOT) <ul style="list-style-type: none"> • Inpatient UM Turnaround Time Summary- HCS Q1 2024 Quarterly Report • Healthcare Services Committee Quarterly Report - Outpatient UM Turnaround Time Summary Medicaid and Marketplace 	None	Closed

Key Decision and Actions	Follow-up Actions	Status
<ul style="list-style-type: none"> Healthcare Services Committee Q1 2024 Quarterly Report - Policy and Procedure Review, Case Management, Behavioral Health, Pharmacy, Incentive Program, Case Management And UM, UM, Clinical Management, Population Health, Health Education, Community Support, Enhanced Care Mgmt. HCS Committee Barrier Analysis <p>Health Care Services Committee – Q1 AD-HOC Report</p> <ul style="list-style-type: none"> 2023 Health Care Services Annual Program Evaluation P&P Review - Case Management, Behavioral Health, Population Health, Case Management 		
<p>6. National P&T Committee Synopsis - Quarter 4</p> <ul style="list-style-type: none"> Formulary Updates – October 25, 2023 Medications With New Formulations/Strengths/Combinations or 505b2NDA – No Vote Utilization Management Criteria Review Updates, Additions and Removals New Business Agenda <ul style="list-style-type: none"> 2024 Marketplace Formulary Change 2024 Marketplace Formulary Change 2024 Marketplace Formulary Change Quetiapine ER 300mg and 400mg Quantity limit increase Antiparasitic RX Coverage Antifungal Agents-Itraconazole Review Generic Vyvanse (Lisdexamfetamine) add High-Cost Outlier Target (HOT) Drug List Review Paxlovid Utilization Mgmt. Evolent-Molina Oncology Drug List New Indications State Formulary Annual Reviews Virginia, Nebraska, CHIP599/OTC List Appendix 1 (category with changes) 	None	Closed
<p>7. Professional Review Committee Q1 2024</p> <p>Credentialing Status</p> <ul style="list-style-type: none"> Initial Providers submitted for credentialing. Initial Providers Credentialed Complete % Providers Missing Information-Not Returned/Provider non-responsive <p>Approved</p> <ul style="list-style-type: none"> Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee <p>Denied/Terminated</p> <ul style="list-style-type: none"> Initial Providers Denied by the Credentialing Committee Recred Providers Terminated by the Credentialing Committee <p>Recredentialing Performance Metrics.</p> <ul style="list-style-type: none"> Total Providers Recredentialed % Providers recredentialed incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentialed <p>Potential Quality of Care Cases</p> <ul style="list-style-type: none"> Level 3 & Level 4 Total number of corrective actions listed and total number closed 	None	Closed
<p>VI. Approval Documents</p> <p>Approval Documents are required reports by regulation - quarterly or annual. As a time saving effort these documents are not reported but require review and approval. Policy and Procedure Annual Reviews and or individual updates are included via Summary of Changes</p>		
<ol style="list-style-type: none"> Analysis MHC Complaints and Appeals Review Q1 2024 (New Quarterly report as of 8/30/21) Annual MHI Quality Improvement - Program Workplan for 2024 (sent separately for Evote approval) Annual MHI Quality Improvement - Program Evaluation (sent separately for Evote approval) Community Engagement P & P Annual Approval Summary of Changes Quality Improvement P & P Approval Summary of Changes (QM-09, 40 & 49) 	None	Closed
<p>Meeting Adjourned: Next meeting September 3, 2024 Reporting Q2 2024</p>		