



INLAND EMPIRE HEALTH PLAN

2020

Quality Management Annual Evaluation

Executive Summary

September 2021

MISSION AND VISION

The purpose of the 2020 Annual Evaluation is to assess IEHP's Quality Improvement Program. This assessment reviews the quality and overall effectiveness of the program by reviewing all studies performed and implemented by various IEHP departments in 2020, including areas of success and needed improvements in services rendered, and if there is a need to restructure or change the QI program for the subsequent year. This annual evaluation reviews various committee and subcommittee structures, adequacy of resources, minutes and reports submitted both internally and externally, practitioner participation and leadership involvement in the program as well as data to review all program outcomes. The Quality Management Department leads IEHP's Annual Evaluation assessment in a collective and collaborative process utilizing data and reports from committees, departments, content experts, data analysts, and work plans to analyze and evaluate the effectiveness of the Quality Programs. Overall effectiveness of the programs is assessed by analyzing and trending the goals and actions of the studies, reviewing qualitative and quantitative results, providing a causal analysis and defining barriers, interventions, opportunities for improvement and next steps. In 2020, IEHP introduced newly crafted Mission, Vision and Values (MVV) statements.

Mission: We heal and inspire the human spirit.

Vision: We will not rest until our communities enjoy optimal care and vibrant health.

Values: We do the right thing by:

- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health & well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.

QUALITY MANAGEMENT PROGRAM DESCRIPTION

IEHP supports an active, ongoing, and comprehensive Quality Management (QM) Program with the primary goal of continuously monitoring and improving the quality of care, access to care, patient safety, and quality of services delivered to IEHP Members. The QM Program provides the structure and framework necessary to monitor and evaluate the quality and appropriateness of care, identify opportunities for clinical, patient safety, and service improvements, ensure resolution of identified problems, and measure and monitor intervention results over time to assess any needs for new improvement strategies.

The Quality Management Committee (QMC) approves the QM Program annually. This includes review and approval of the QM Program Description, QM/QI Work Plan, and the QM Annual Evaluation to ensure ongoing performance improvement and program effectiveness. The QM Program is designed to oversee the quality of care provided to IEHP Members in all health care settings by:

1. Defining the Program structure;
2. Assessing and monitoring the delivery and safety of care;

3. Assessing and monitoring, population health management provided to Members, including behavioral health and care management services;
4. Supporting Practitioners and Providers to improve the safety of their practices;
5. Overseeing IEHP's QM functions through the QM Committee;
6. Involving designated physician(s) and staff in the QM Program;
7. Involving a behavioral healthcare Practitioner in the behavioral health aspects of the Program;
8. Involving Long-Term Services and Supports (LTSS) Providers and Professionals with expertise in LTSS in the QM Program;
9. Reviewing the effectiveness of LTSS programs and services;
10. Ensuring that LTSS needs of Members are identified and addressed leveraging available assessment information;
11. Identifying opportunities for QI initiatives, including the identification of health disparities among Members;
12. Implementing and tracking QI initiatives that will have the greatest impact on Members;
13. Measuring the effectiveness of interventions and using the results for future QI activity planning;
14. Establishing specific role, structure and function of the QMC and other committees, including meeting frequency;
15. Reviewing resources devoted to the QM Program;
16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and
17. Assessing and monitoring processes to ensure the Member's cultural, racial, ethnic, and linguistic (C&L) needs are being met.

AUTHORITY AND RESPONSIBILITY

The QM Program includes tiered levels of authority and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through a number of different committees and subcommittees.

IEHP Governing Board: IEHP was created as a public entity as a result of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties. Two (2) Members from each County Board of Supervisors sit on the Governing Board as well as three (3) public Members from each county. The Governing Board provides direction for the QM Program, evaluates QM Program effectiveness, and evaluates and approves the annual QM Program Description.

Quality Management Committee: The QM Committee reports to the Governing Board and retains oversight of the QM Program with direction from the Chief Medical Officer. The QM Committee disseminates the quality improvement process to participating groups, Physicians, Subcommittees, and internal IEHP departments. The QM Committee meet 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, recommends policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

QM SUBCOMMITTEES: The following Subcommittees, chaired by the IEHP Chief Medical Officer or designee, report findings and recommendations to the QM Committee:

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 Therapeutic:** 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 for over-utilization and under-utilization; ensures that UM decisions are based only on appropriateness of care and service; and reviews and updates preventive care and CPGs that are not primarily medication related.
6. **Behavioral Health Advisory Committee:** The BH Advisory Subcommittee directs the continuous monitoring of all aspects of BH services administered to Members. The BH Advisory Subcommittee reviews and approves the Behavioral Health Program annually. The subcommittee monitors for over-utilization and under-utilization; ensures that BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and clinical practice guidelines.

DELEGATION OVERSIGHT

The Delegation Oversight Study provides an annual assessment of the Annual Delegation Oversight Audit (DOA) which evaluates the Delegate's abilities to carry out their delegated responsibilities in the areas of Quality Management (QM), Utilization Management (UM), Care Management (CM), Credentialing (CR), Compliance and Fraud, Waste and Abuse (FWA), HIPAA Privacy, and HIPAA Security. Oversight of Medi-Cal Delegates is conducted through regular extensive evaluations including monthly reporting and file audits, quarterly, semi- annual and annual reporting, and the annual DOA. The study period was July 2019 through June 2020.

In 2020, the goal of the study was to evaluate the Medi-Cal Delegates' overall performance from July 2019 through June 2020 for delegated responsibilities as compared to the 2018-2019 DOA performance results. The 2019-2020 DOA goals were to ensure that Delegates' performance demonstrated improvement in providing Member Care that is aligned with regulatory and IEHP requirements and guidelines. Monthly oversight monitoring activities allow IEHP to identify any challenges the Delegates may encounter throughout the year. This frequent monitoring ensures timely mitigation through a corrective action plan process that supports sustained resolution. The desktop audit and system validation audits allow IEHP to conduct more comprehensive file and

policy documentation review and allows for interviewing of delegate staff involved in the delegated activity.

A comparison of the 2019-2020 Delegation Oversight Audit Results to the 2018-2019 Delegation Oversight Audit demonstrated an overall increase in scores in the areas of UM Policies, Denial File Review, CM Policy Review and Re-Credentialing File Review for all focus areas of the audit. As a result of the 2019-2020 DOA conducted, IEHPs Delegation Oversight Committee will continue to further develop the Delegation Oversight Program to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as we see necessary and/or as requested by our delegate partners.

The results of the 2019-2020 Delegation Oversight Annual Audit provided IEHP the opportunity to measure the delegates' overall performance for all delegated functions. IEHP will continue to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as we see necessary or as requested by our Medi-Cal Delegates

QUALITY IMPROVEMENT INITIATIVES

HEDIS: The Healthcare Effectiveness Data and Information Set, HEDIS[®], is one component that is utilized by the National Committee for Quality Assurance (NCQA) in the health plan accreditation process. HEDIS[®] is used by more than 90 percent of health plans in the United States to measure performance on important dimensions of care and service. IEHP uses HEDIS[®] results as a tool to help focus its quality improvement efforts and as a way of monitoring the effectiveness of services provided

HEDIS[®] 2020 includes 96 measures across 6 domains:

1. Effectiveness of Care.
2. Access/Availability of Care.
3. Experience of Care.
4. Utilization and Risk Adjusted Utilization.
5. Health Plan Descriptive Information.
6. Measures Collected Using Electronic Clinical Data Systems.

Data collection methods for HEDIS[®] measures include administrative, hybrid, survey, and electronic clinical data systems data (ECDS). Administrative information is collected through claim and encounter data. Hybrid measure information is captured using administrative data supplemented with medical record review of a sample population. Rates are reported separately for Medi-Cal and CMC lines of business.

HEDIS[®] data is collected throughout the year. From January to May 2020, administrative data from claims/encounters continued to be captured and medical records were retrieved from Providers and reviewed for hybrid measures. IEHP reported HEDIS[®] 2020 results to NCQA in June 2020.

HEDIS[®] results are important because they are Required for NCQA accreditation and Required by the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid

Services (CMS) for quality monitoring. They are also Essential in identifying areas for quality improvement And used for quality oversight.

For Medi-Cal, IEHP reported 49 HEDIS® measures and sub-measures that are a part of the NCQA Health Plan Ratings and DHCS MCAS measure set. All required measures were submitted timely, passing all independent audit validation requirements to DHCS and NCQA for Medi-Cal performance in measurement year 2019 (HEDIS® 2020).

Using benchmarks based on the 2020 NCQA Health Plan Ratings Percentiles and the 2019 NCQA Quality Compass National Benchmarks for Medicaid, IEHP's performance were in the following ratings categories:

- Three (3) measures demonstrated a rating in the 90th percentile
- Nineteen measures demonstrated a rating in the 66th percentile
- Fourteen measures demonstrated a rating in the 33rd percentile
- Six (6) measures demonstrated a rating in the 10th percentile
- Three (3) measures demonstrated a rating <10th percentile
- Five (5) Measures have no rating (NA) due to significant changes in measure specifications for the 2019 MY.

For the Cal MediConnect line of business, IEHP reported 38 HEDIS® measures and sub-measures that are a part of the NCQA Health Plan Ratings IEHP's Health Plan Ratings performance were in the following ratings categories listed below. All benchmarks noted are based on the 2020 NCQA Health Plan Ratings Percentiles and the 2019 NCQA Quality Compass National Benchmarks for Medicare.

- Three (3) measures demonstrated a rating in the 90th percentile
- One (1) measure demonstrated a rating in the 66th percentile
- Seven (7) measures demonstrated a rating in the 33rd percentile
- Nine (9) measures demonstrated a rating in the 10th percentile
- Ten (10) measures demonstrated a rating in the <10th percentile

Improvement activities are planned and/or in place for 2020-2021 to improve HEDIS® performance. Activities fall into one of four main categories: Incentives, Education, Member Support, and Data Improvements.

Quality Improvement Projects: IEHP implements a number of Performance Improvement Projects (PIPs), HEDIS® PDSA QIPs that are required by regulatory agencies such as DHCS.

1. PIPs – Performance Improvement Projects that focus on testing interventions on a small scale utilizing the PDSA cycle. The PIP process is structured into four (4) phases and includes a total of five modules.
2. HEDIS® PDSA QIPs – Conducted for each HEDIS® External Accountability Set (EAS) measure with a rate that does not meet the Minimum Performance Level (MPL) or is given an audit result of “Not Reportable”. IEHP evaluated ongoing quality improvement efforts on a quarterly basis.

These studies focus on one (1) or more clinical or non-clinical area(s) with the aim of improving health outcomes and Member satisfaction. All studies are developed in collaboration with regulatory agencies and are reported as outlined in the current regulatory requirements. The PIPs are generally three (3) years in duration but can be longer or shorter depending on the study and performance. IEHP provides timely updates to DHCS regarding the PIPs and CCIPs. The Quality Improvement Department, under the direction of the Medical Director(s), is responsible for monitoring these programs and implementing interventions to make improvements.

- **Asthma Medication Ratio (AMR):** A review of IEHP’s measurement year 2016 HEDIS results for asthma medication ratio (AMR) identified an opportunity for improvement. When comparing measurement years 2015 and 2016 AMR rates to other California Health Plans, IEHP recognized that the AMR measure performed significantly lower than the Medi-Cal Managed Care average. Asthma continues to be ranked one of the most common diagnosis among IEHP Members. IEHP Members struggle with adhering to their treatment plan due to the complexity or frequency of the dosage or opt to use rescue medications as needed. The intervention was selected due to significantly lower performance in this measure. The intervention was implemented over measurement year 2017-2019. The quality measures that were assessed included: Preveon (medication management program) Member Reach Rate, Member with an initial Pharm D Consultation, and fully engaged Members. From this study, IEHP learned that more engagement in on-going education demonstrated a higher compliance rate when compared to Members who opted-out of clinical interventions after the initial PharmD consult. The results suggest that combining Provider and Member focused intervention components made for most effective impact on AMR rate improvement.
- **Childhood Immunization Status-Combo 10:** IEHP identified the Childhood Immunization Status (CIS) Combo 10 HEDIS[®] rate as an opportunity for improvement. The purpose of this study is to report the findings from the Medicaid Childhood Immunization Status (CIS) performance improvement project (PIP) which took place between 2017 and 2019. The study population was made up of Members residing in the Riverside region who identified as Black and would be turning 2 years old during the 12-month rolling measurement period. The intervention 2017-2019 testing period took place from 12/14/2018 to 6/30/2019. The goal of this program is to increase the rate of CIS-Combo 10 compliance among Members who identify as Black residing in Riverside region turning 24 months by 06/30/2019 from 7.64% to 15.98%. IEHP expected that participating Members will exhibit higher immunization adherence rates, narrowing the identified health disparity compared to other ethnic groups in the region. The results revealed the following: Member immunization cards proved that Members received more immunizations than what IEHP captured through data feeds. As a result, IEHP implemented a standard work for the Health Navigator to scan Member immunization cards during home visits. The home visit intervention was also successful in addressing immediate needs within the family unit and linking caregivers to resources. Apart from providing information on immunizations, other topics discussed with the Health Navigator during home visits included dental services, community resources, vision referrals, chronic health support, and linkages to IEHP Member and Medical services, so these visits provided an opportunity for additional Member education. For future outreach interventions, IEHP will consider

conducting additional engagement opportunities for Members outside of the home setting. Examples of these opportunities include involving community leaders and providing education in a trusted community setting such as church or community recreational centers

- **All-Cause Readmission (ACR):** The All-Cause Readmissions study evaluates the resources used to reduce hospital readmissions included in this study are: IEHP's contracted vendor, Charter Healthcare Group (CHG), and IEHP's Health Homes program. IEHP's TOC Team and two contracted vendors provide intervention efforts (e.g., coordination of medication reconciliation with the discharging facility, home visits when indicated, Member and caregiver engagement in the TOC process, and education to the Member and caregiver) to decrease the risk of hospital readmission within 30 days of discharge. The study period is January 1, 2019 to December 1, 2019. Closing the study period on December 1, 2019 accounts for any 30 day readmits that may occur in the month of December. All actively enrolled IEHP Members with a Medi-Cal line of business who were hospitalized during this timeframe and who met inclusion/exclusion criteria per the modified HEDIS® Plan All-Cause Readmission measure were included. The measure includes all readmissions within 30 days regardless of the Member's original diagnosis at discharge.

The Reducing Hospital Readmissions study allowed IEHP to evaluate the effectiveness of the Charter Healthcare Group and Health Homes Program on the Plan All-Cause Readmission measure. Although the organizational goal of 12% was not met, IEHP demonstrated statistically significant improvement in the measure by reducing the readmission rate to 14.47% in calendar year 2019. IEHP will continue to focus on the identified areas of opportunity including improving interdepartmental collaboration and refining vendor requirements in calendar year 2020. The CHG visit rate remained stable in comparison to previous years while the engagement rate demonstrated a slight decrease. The decrease may be attributed to changes in CHG services and obtaining comprehensive data to capture the various codes for services provided to Members. IEHP continues to identify additional opportunities to collaborate with CHG and receive complete data for reporting and tracking. Calendar year 2019 also marked the first year of IEHP's Health Homes Program and serves as a baseline for future evaluation. During calendar year 2019, the focus was on increasing Member awareness of the program and enrollment to allow for a more comprehensive evaluation of the program effectiveness on identified metrics and its population in the future.

Encounter Data Validation: IEHP conducts a review of Encounter Data Completeness and Encounter Data Accuracy using a random sample of IEHP medical records. The purpose of this study is to assess data completeness and accuracy by examining medical records for accurate procedure codes, diagnosis codes, and elements such as Provider name and Member name in the medical record. The results of the Encounter Data Validation study reveal Medical Record Accuracy and Completeness overall score of 86.9%. This shows an increase in overall rate compliance from last year.

The Encounter Data Validation Study results reveal inaccurate and incomplete encounter data. IEHP will continue to work closely with PCPs and IPA to help with meeting encounter data

standards. Ongoing activities around Provider education, as well as IPA encounter data audits will continue throughout 2021. The encounter data replacement solution which will provide management controls and reporting to identify data quality issues, corrections, resubmissions, reconciliation of claims and encounters is being implemented in phases throughout 2021.

As part of the Provider Global Quality P4P (GQP4P) Program, IEHP hosts educational training to support encounter data submission. These trainings will continue in 2021. Encounter data is included in the IPA P4P Program as a data gate and is primary data source for PCP measures. The goal is to incentive PCPs and IPAs in meeting encounter data submission goal.

ACCESS TO CARE

IEHP maintains access standards applicable to all Providers and facilities contracted with IEHP. All PCPs, BH Providers, and Specialists must meet the access standards in order to participate in the IEHP network. IEHP monitors practitioner access to care through access studies, review of grievances and collaboration of interventions. The access studies performed for 2019 include the following:

- **Availability of Providers by Language:** Annually, IEHP conducts the ‘Provider Language Competency’ Study. IEHP monitors network availability based on threshold languages. In order to ensure adequate access to PCPs, IEHP has established quantifiable standards for geographic distribution of PCPs for its threshold languages, which are English and Spanish. These two (2) languages cover over 98% of IEHP’s membership. This annual study assessed the availability of Spanish speaking staff at the Providers office. The results were grouped into PCPs, OB/Gyn. Providers, and Vision Providers. All Provider offices met the compliance goal of at least 85%. The 2020 results are as follows: PCPs are 94.6% compliant, OB/Gyn. offices are 98.7% compliant and Vision offices are 90.4% compliant.
- **Availability of Network Practitioners:** Annually, IEHP conducts the ‘Provider Network Status’ Study. IEHP assesses the network availability for Provider to Member ratio and Time/distance standards for PCP, Specialists and Behavioral Health Practitioners. The results are compared against established ratio standards and time/distance standards (geographic distribution). For the Primary Care Provider time/distance results, over 99% of Members are within the standard. The results for the Specialty Provider, including high volume/high impact, Core Specialties, and Mental Health Specialties, reveal that over 99% of Members are within the standard. Furthermore, results for the Facilities reveal that 99% of Members are within the standard. IEHP is compliant with regulatory standards for CMS, DHCS, and DMHC as well as NCQA guidelines for time, distance, and Provider to Member ratios.
- **Appointment Access:** IEHP monitors appointment access for PCPs, Specialists, and Behavioral Health Providers and assesses them against timely access standards depending on the type of visit (e.g. Routine Visit or Urgent Visit). Annually, IEHP collects appointment access data from Practitioner offices using a timely access to care survey. Provider responses are then compared to acceptable appointment time frames to determine

compliance. In addition to timely appointment availability, IEHP also evaluates grievance and appeals data to identify potential issues related to access. A combination of both activities helps to identify issues and implement opportunities for improvement. For the 2020 Appointment Availability Access study, the goal is for all Providers to reach a 90% compliance rate for an available urgent visit and an available routine visit. The results reveal that 72.7% of PCPs were compliant when surveyed for urgent visit availability and 86.4% were compliant with routine visit availability. For Specialists, 69.5% of Specialists were compliant with an urgent visit appointment, and 87.1% were compliant for routine visit appointments. For non-prescribing BH Providers, (LCSW, MFT, Psychologists) 49.5% and 74.4% of Providers received a compliance score for urgent and routine visits, respectively.

- **After-Hours access to Care:** The Provider Access After-Hours study is conducted annually to assess the after-hours accessibility of Providers within the IEHP network. The study assesses the after-hours call handling protocol of contracted Primary Care, Specialists, and Behavioral Health Practitioners. It is used to monitor Provider compliance and to ensure that IEHP Members have appropriate guidance and access if care is needed from their Providers after office hours. Annually, IEHP collects Provider after-hours access data from Provider offices using a standardized survey. Provider responses are then compared to acceptable protocols to determine compliance. PCPs and BH Providers (Psychologists, Psychiatrists, MFTs, and LCSW) were surveyed. The goal is to reach a 90% compliance rate for both call types; ability to connect to an on-call Physician, and appropriate protocol for a life-threatening emergency call. The 2020 results revealed the following compliance rates for an On-call Provider Access: PCP 58.9%, BH non-prescribing Provider 24.8%, and Psychiatrists 24.0%. For a life-threatening emergency call, the compliance rates are as follows: PCP 83.8% BH non-prescribing Provider 73.5%, and Psychiatrists 76.0%.
- **After-Hours Nurse Advice Line:** Annually, IEHP conducts ‘After-Hours Nurse Advice Line’ Study to assess the After-Hours availability for IEHP Members through a contracted after-hours Nurse Advice line (NAL). IEHP ensures the arrangement of a triage or screening service by telephone 24 hours a day, 7 days a week. During triage or screening call, the Member’s health is assessed via telephone by a qualified health professional for the purpose of determining the urgency of the need for care. IEHP must also ensure that triage or screening services are provided in a timely manner. The annual study evaluates the average speed of answer time to a Member’s call and the average call abandonment rate. The results for 2020 are as follows: average speed of answer time is 25.2 seconds and average call abandonment rate is 2.8%. Both annual rates have continuously met the compliance goal.
- **Addressing cultural and linguistic needs of Members:** Annually, IEHP conducts the ‘Cultural and Linguistics’ Study is used to identify the linguistic and ethnic diversity of IEHP’s PCP and Member populations. The 2020 Cultural and Linguistic study results show that IEHP met the language distribution for English and Spanish PCPs to Member ratio, exceeding the standard of 1.0 PCPs per 2,000 Members for both English and Spanish languages. For Race/Ethnicity, IEHP continues to fall below the goal of 1.0 PCPs per 2,000

Members. Race and Ethnicity is an optional field on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting application. Many Providers do not report their Ethnicity; therefore, this may not provide an accurate depiction of PCP to Member Ratios.

- **Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care:** Annually, IEHP conducts the ‘Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care’ Study. The IEHP Hospital P4P Program was developed to reward Hospitals for providing high quality care to IEHP Members. Specifically, the study assesses the effectiveness of the Hospital P4P Program in improving the following measures: Post Discharge Follow up, Manifest MedEx participation, and Physicians Orders for life Sustaining Treatment (POLST) registry utilization. Hospitals with an active IEHP contract for the Medi-Cal population at the beginning of the measurement year are eligible for Hospital P4P Program participation and were included in the 2019 study results. The set goals for all three (3) measures assessed in this study were not met for 2019. Barriers were identified and interventions for improvement were developed going forward.
- **Physical Accessibility Review Survey (PARS) Timeliness:** The purpose of the PARS study is to capture completed PARS for active IEHP Specialist Sites, Ancillary Provider Sites and CBAS facilities identified as high volume and needing a PARS assessment in calendar year 2019. Each Site receives one of two *Level of Access* scores as determined by DHCS requirement: “Basic”, which meets all facility site access requirements (also referred as Critical Elements) or “Limited” which is deficient in one or more of the *Critical Elements*, facility site access requirements. The results of the 2019 Annual Physical Accessibility Review Survey (PARS) revealed an overall timely completion of all due PARS. IEHP’s QM Department will continue to monitor PARS compliance with required regulatory guidelines.

MEMBER AND PROVIDER SATISFACTION

IEHP is committed to improving the quality of health care delivered to its Members. IEHP has embarked on an internal initiative project to implement the Six (6) Strategic Focus Areas highlighting customer service as the top priority. The studies noted below were completed in and analyzed for results in developing interventions and a purposeful focus in improving the experience for Members and Providers.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey: IEHP conducts a comprehensive CAHPS® survey and analysis annually to assess Member experience with healthcare services. This standardized survey focuses on key areas like accessing needed care; accessing appointments to PCPs and Specialists (SPCs); satisfaction with IEHP and its Practitioners; and other key areas of the Plan operations. As a part of the annual evaluation, IEHP reviews the CAHPS® results to identify relative strengths and weaknesses in performance, determine where improvement is needed, and to track progress with interventions over time.

SPHA conducted the Member experience survey from February 2020 through May 2020. For the CAHPS Adult section of this report, a random sample of 1,823 cases was drawn from IEHP Members 18 years of age or older as of December 31, 2019 who were continuously enrolled in IEHP for the last six months as of December 31, 2019

For Overall Ratings scores: Rating of Personal Doctor rates at the 66.67th percentile. For Rating of Specialists, Rating of Health Care, and Rating of Health Plan, the plan ranks at 33.33rd percentile.

The ‘Getting Needed Care’ Composite ranks at the 66.67th percentile while the ‘Getting Care Quickly’ composite ranks at the 50th percentile. The highest-ranking composite is the ‘Customer Service’ composite at 90th percentile, while the lowest ranking composite is the ‘How well Doctors Communicate’.

Provider Satisfaction: Annually, IEHP conducts the ‘Provider Satisfaction’ survey. The annual survey assesses the satisfaction experienced by IEHP’s network of PCPs, Specialists, and Behavioral Health Providers. Information obtained from the survey allows IEHP to measure how well Providers’ expectations and needs are being met. The study examines Provider experience in the following areas: Overall Satisfaction, Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, and Provider Relations. The results for 2020 reveal that IEHP scored at the 99th percentile for overall satisfaction when compared to the SPH Analytics Medicaid Book of Business. (The Book of Business consists of data from 77 plans representing 18,710 respondents in Primary Care, Specialty, and Behavioral Health areas.) Additionally, 99.0% of Providers would recommend IEHP to other Physician Practices. The results for all other composites are as follows: Pharmacy Composite: 99th percentile, UM and QM Composite: 99th percentile, Finance Issues: 98th percentile, Call Center Service Staff Composite: 99th percentile, Network/Coordination of Care Composite: 99th percentile, Provider Relations Composite: 99th percentile.

Grievance and Appeals: The Grievance and Appeal Study is conducted annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. IEHP has established categories and quantifiable standards to evaluate those grievances (i.e. complaints) which are reported to IEHP by Members. Once received by IEHP, all grievances are categorized into the following categories, including but not limited to: Access, Attitude and Service, Benefits, Billing and Financial, Compliance Enrollment/Disenrollment, Quality of Care, and Quality of Practitioner site. For both declined and exempt grievances specifically, the grievance category with the largest volume and highest rate per Member months was the Quality of Service category, followed by access. Additionally, all grievances are assigned levels to determine the severity. The levels range from Level Zero (no issues found) to Level 4 (issue was found and resulted in significant harm to the Member) The Grievance and Appeals Department regularly analyzes all grievance and appeal data internally. The purpose of the analysis is to identify trends and develop interventions. In 2020, the grievance category with the highest volume of grievances was the Attitude and Service category. Within that category, the top subcategories were ‘Practitioner Customer Service’, ‘Transportation Provider’, and ‘IEHP Member Services’.

IEHP’s Member Portal: Annually, IEHP conducts a quality and accuracy assessment of Member information and functionality available on IEHP’s Member Portal. Testing conducted by IEHP’s Quality Assurance (QA) team included both positive and negative scenarios for Member ID cards and Member PCP changes. The goal is 100% in all accuracy and quality testing scenarios. IEHP’s Quality Assurance team conducted testing scenarios to assess the quality and accuracy of Member information and functionality available on IEHP’s Member Portal in February 2021. During the assessment, all of the tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios. The results of the testing done in 2021 were comparable to the results in 2020 and there were no significant changes or issues identified

PATIENT SAFETY

IEHP recognizes that patient safety is a key component of delivering quality health care and focuses on promoting best practices that are aimed at improving patient safety. IEHP engages Members and Providers in order to promote safety practices. IEHP also focuses on reducing the risk of adverse events that can occur while providing medical care in different delivery settings.

Potential Quality Incident: IEHP conducts a review of its Potential Quality Incidents (PQI) which include documentation and resolution of PQIs identified by Members and internal sources. The process includes a review of case documents (e.g. medical records) to determine severity and classify into one of the following levels: Level 1 is no issue found, Level 2 is opportunity for improvement, and Level 3 is Unacceptable care or service which requires a Corrective action plan. In 2020, IEHP received 531 Potential Quality Incident (PQI) cases compared to 901 cases in 2019. Of the total ‘closed’ cases (*419 out of the 531 cases*), 226 were identified as Level 1 and 185 cases were identified as Level 2. There were 0 cases identified as a Level 3.

Management of Inpatient Discharge Transitions Study: The Transition of Facility to PCP Effectiveness Study assesses the Plan’s effectiveness in managing Members’ care transitions from Inpatient Facility to home to Primary Care Provider. Specifically, the study assesses the following three (3) areas: Health Plan Communications with the PCP during hospitalization, completion of a PCP visit within 14 and 30 days of discharge, and effectiveness of identifying admission and discharges at the Plan in a timely manner. The goal is to monitor and improve continuity and coordination of care across the health care network.

All Medi-Cal Members with evidence of a hospital discharge any time during the measurement year (1/1/2019 – 11/30/2019) were included in the study. For the Post Discharge follow-up with a Physician within 14 and 30 days of discharge measures, the discharges included in this study are from 01/01/19 to 11/30/19.

For ‘Health Plan Communications with the PCP during hospitalization’, IEHP met 3 out of the 4 measures. The measures that assess ‘effectiveness of identifying admission and discharges at the Plan in a timely manner’, do not have a goal and are for monitoring only, however, the measures displayed improvement from the prior year. For the PCP visit follow up, the rates increased from the prior year and met the set goals for both 14-day and 30-day follow up. IEHP’s Transition of Care (TOC) Team will continue to support the facilities in making appointments for Member follow ups.

Reducing Hospital Readmission: The purpose of this study is to assess the effectiveness IEHP's efforts in reducing acute hospital readmission rates utilizing both internal and external resources. The resources used to reduce hospital readmissions included in this study are: IEHP's contracted vendor, Charter Healthcare Group (CHG), and IEHP's Health Homes program.

IEHP's Health Homes Program and CHG provide intervention efforts to decrease the risk of hospital readmission within 30 days of discharge and to improve overall health of the Member. Examples of intervention efforts include coordination of medication reconciliation with the discharging facility, home visits, and Member and caregiver education such as Hospital Emergency department use. Readmission rates are compared among high-risk Members using a modified Healthcare Effectiveness Data and Information Set (HEDIS®) Plan All-Cause Readmissions (PCR) measure methodology, as defined by the Department of Health Care Services.

The study period was January 1– December 1, 2019. The Reducing Hospital Readmissions study provided IEHP the opportunity to evaluate the effectiveness of the IEHP Transition of Care (TOC) Program and Charter Healthcare Group interventions on the All-Cause Readmission rate.

The Plan All Cause readmission rate was 14.47% in 2019 and did not meet the goal of 12%. The readmission rates for Members enrolled in the Programs was then assessed to determine the effectiveness of the program on readmission rates. The results are as follows: Health Homes Members= 22.21% readmission rate. Charter Healthcare Members= 24.79% readmission rate. IEHP will continue to monitor the success of each intervention by conducting causal analysis when goals are not met and implementing appropriate action items to address barriers.

POPULATION HEALTH MANAGEMENT

Population Health Management (PHM) Population Assessment: Annually, IEHP assesses the characteristics of the membership to identify Member needs and to review and update its PHM structure, strategy and resources. IEHP assesses areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI). Based on this assessment, IEHP will review its PHM structure, activities and other resources such as Community programs to ensure that Member needs are met.

The goal is to ensure that IEHP targets the appropriate populations in need of care. The analysis consists of different populations such as Overall Population, Children and Adolescent Population, Individuals with disabilities, and Individuals with serious and persistent mental illness (SMPI). An additional assessment of IEHP's costliest diagnoses assist the PHM Program to expand on any identified areas and further improve Member care. An analysis of HEDIS disparities was also assessed to determine where efforts may be needed. A comprehensive analysis of findings and barrier considerations were assessed for PHM Program enhancements.

Data was collected from IEHP's claims and encounters systems, IEHP's Medical Management System (MedHOK), HEDIS data and ACG data. All Members who were currently active at the time of the study were included in this analysis.

At the conclusion of the assessment, a Needs analysis was created to address the greatest needs in among the different population groups. Based on medical claims and behavioral health claims data, overweight and obesity were amount the top chronic conditions across both lines of business and about 91,000 Members had a diagnosed depressive disorder. For children, over 200,000 of them have had a diagnosis of issues related to BMI, obesity, and overweight. Management of chronic conditions, in addition to overweight and obesity mentioned above, should remain a priority given the proportion of Membership that suffers from one or many chronic conditions. Across all the HEDIS measures presented in this study, in general, males tend to be less adherent to the measures compared to females. And, in general, as Members age, they tend to do better at meeting the measures they qualify for (e.g. blood pressure control and comprehensive diabetes control). Taken together, these data indicate there may be opportunities to address disparities among younger adults with chronic conditions and males. Addressing homeless Members' needs as well as Members that the Plan has identified as potentially homeless should also remain a priority in the year to come. Across most all HEDIS measures, those who are homeless performed worse than those Members who were not homeless.

Population Health Strategy Effectiveness: The organization measures the effectiveness of its Population Health Management (PHM) strategy. Annually, IEHP Outlines its PHM Strategy for meeting the care needs of the Members and designs a cohesive plan of action to address Member's needs. This study assesses the impact of the PHM strategy using clinical, utilization and Member experience measures and identifying opportunities for improvement. In 2020, the PHM Effectiveness study assessed the following Programs: Health Homes (HHP), My Path Palliative Program, IEHP's Housing Initiative, and the Complex Case Management (CCM) Program.

These programs target Members with emerging risk, outcomes across settings, and Members with multiple chronic illnesses. Overall, the results from these population health programs were favorable, with the majority of outcome, utilization, process, and satisfaction measures successfully met. Overall, the IEHP population health management strategy is effective, but has an opportunity to expand in scope. As accurate, timely, integrated, and actionable data is foundational for any population health management program, IEHP will work on improving its ability to capture and share data across systems. Going forward, IEHP plans to improve documentation and reporting of the Advanced Care Planning, Medication Review, Functional Status Assessment, and Pain assessment measures for the My Path Program and also improve PCP visits for Members enrolled in the Housing, My Path, and CCM Programs.

CONTINUITY AND COORDINATION OF CARE

Behavioral Health Continuity and Coordination of Care Study: The purpose of this study is to assess the effectiveness of the exchange of information between medical care and behavioral healthcare. The study assesses the following measures to identify gaps in care and improve coordination of care: 1.) Effective exchange of information; 2) Diagnosis, treatment, and referral of Behavioral disorders commonly seen in primary care. 3.) Appropriate use of psychotropic

medication. 4) Management of coexisting medical and BH conditions. 5.) Prevention Programs for Behavioral Healthcare (screening for substance use) 6.) Special needs of Members with SPMI.

The departments collaborated on the quantitative results to conduct a collaborative causal analysis for the measures that failed to meet the goal. The following measures did not meet the goal:

- Exchange of Coordination of Care forms and information with BH Provider;
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medication (SSD), Diabetes monitoring for people with diabetes and schizophrenia (SMD), Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC), Adherence to antipsychotic medications for individuals with schizophrenia (SAA).

There is increased focus and intention with integrating physical health and behavioral health and initiatives are less siloed in their development, taking into consideration both mental and physical wellness. Opportunity lies not only in educating PCPs and Behavioral Health providers, but possibly in socializing best practices in how to integrate. In addition, it is well known that the bifurcated mental health system lends itself to gaps in coordination of care.

These results support the continued Behavioral Health and Care Management integration and continued collaboration between IEHP's Pharmacy, Health Education and Provider Services departments as well as the County Mental Health Systems.

IEHP VALUE BASED PAYMENT ARRANGEMENTS

Value Based Payment Arrangements Study: Annually, IEHP assesses the percentage of dollars spent in Value Based Payment Arrangements compared to total medical cost. IEHP's Income Statement for Fiscal Year 2019-2020 for the Medi-Cal line of business was used in this analysis. The programs included in this report are Capitation, Pay-for-Performance and Shared Savings and are intended to meet NCQA compliance. IEHP Value-Based Payments for IEHP Medi-Cal reported for Fiscal Year 2019 -2020, represent 20.2% of IEHP's Medi-Cal Medical expenditures. capitation represents 90% and Pay for Performance represents 10% of IEHP's total Value based payments.

CONCLUSION

Overall, IEHP's QM Program was effective in reviewing data, assessing trends, identifying issues and developing improvement activities within the Health Plan related to access to care, Member and Provider experience and quality of care. For 2021, IEHP will focus on meeting the Program goals and completing all initiatives as outlined in the 2021 QM Work Plan. Annually, IEHP continues to work on committee restructure in certain areas and fresh external practitioner committee participation to ensure overall compliance with both regulatory and accreditation agencies.

In late 2020, IEHP produced and distributed the plans first Quality Report. Inside the Quality Report, we walk through our quality journey by looking at our performance over the past year with critical measures. We show how data translates into tangible outcomes for our Members, Providers and Team Members. While there were many areas where we excelled, there were also places

where we found opportunities for improvement. The goal of the Quality Report is to be transparent. This journey is ongoing, and we hope to learn from it so we can do better and be better for those who rely on it most.

Lean activities continued to be a main source for continuing to improve IEHP's quality performance. In March 2020, our work environment changed drastically when Governor Gavin Newsom issued an executive order for "all individuals living in the State of California to stay at home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure sectors." Due to the public health emergency, the majority of IEHP Team Members began working remotely and IEHP Providers were requested to provide telehealth services to our Members. IEHP utilized various communication and collaboration platforms to ensure the adjustment was seamless.

Last, IEHP received the Inland Empire Top Workplace Award for 2020 by Energage. Not only did we rank at the top locally, but we received second place in the nation by ranking in the 91st percentile for mission-minded employees, clued-in leaders, innovation, and strong commitment to company values.–IEHP is committed to improving the quality of healthcare delivered to its Members through proactive analysis of shared processes and integration of health initiatives that align with the industry and government quality standards; including a preventive health model for outreach and preemptive intervention related to health outcomes. It is with this commitment that IEHP will reach the 5-Star Health Plan Rating.