



# Health Net Community Solutions Quality Improvement / Health Equity Committee (HNCS QIHEC)

## November 9, 2023 Agenda

<b>CHAIRS</b> VP, Medical Director, Medi-Cal VP, Health Equity	<b>MEETING TIME</b> November 9, 2023 2:00 p.m. – 4:00 p.m. PST	<b>LOCATION / DIAL-IN #</b> ZOOM
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TIME	TOPIC	SUMMARY
02:00 – 02:05	Roll Call	Roll was taken and quorum confirmed.
	Call to Order and Announcements a) 2024 HNCS footprint	<ul style="list-style-type: none"> <li>California Health &amp; Wellness (CH&amp;W) Q4 data will be reported at the HNCS QIHEC meeting to close out CH&amp;W reporting, as CH&amp;W will sunset 12/31/2023.</li> <li>As of 1/1/2024, HN will be contracted in 10 CA counties. Reporting for the new HN contracted counties will be presented in Q2 2024.</li> <li>Community Health Plan of Imperial Valley (CHPIV) data will be reported at the HNCS QIHEC in 2024.</li> <li>Behavioral Health (BH) will be integrated into HNCS QIHEC reporting.</li> </ul>
	Review of Minutes August 10, 2023	Committee minutes were reviewed and approved.
02:05 – 02:10	<b>Consent Agenda</b>  a) D-SNP CM Performance Metric Report b) Member Services & Provider Call Center Report c) Peer Review Credentialing PQI/QOC Access Report d) LTSS Report e) Behavioral Health Summary f) County Relations Report g) Pharmacy & Therapeutics Metrics	Detailed information for Consent reports included in the Committee packet. Consent Agenda was reviewed and approved.



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	<ul style="list-style-type: none"> <li>h) Facility Site, Medical Record Reviews, &amp; Physical Accessibility Reviews (PARS)</li> <li>i) HNCS Statewide Public Policy Committee and Executive Committee Meetings</li> <li>j) Community Advisory Committee Report</li> <li>k) Access &amp; Availability Governance Committee Update</li> <li>l) Vendor Monitoring and Oversight Summary</li> <li>m) Clinical Policies</li> </ul>	
02:10 – 02:15	<b>Old Business</b>	
	Action Items	Action item for Case Management member satisfaction surveys was closed.
	Population Health & Clinical Operations <ul style="list-style-type: none"> <li>a) UM Program Description</li> <li>b) Program Strategy Description</li> </ul>	The Utilization Management Program Description and Population Health Management Program Strategy were updated. Key changes were presented and approved.
	<b>New Business</b>	
02:15 – 02:20	Population Health Management <ul style="list-style-type: none"> <li>a) Population Assessment Report</li> <li>b) Segmentation Report</li> </ul>	The Population Assessment and Segmentation reports were presented. The purpose of the Population Analysis is to assess the needs of the population. The Segmentation report reflects ongoing programs and activities for HN and target specific subpopulations. The report included criteria for eligibility into programs, the number of members that are potentially eligible and the percent of the population. Both reports were reviewed and approved by the Committee.



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02:20 – 02:25	California Children’s Service Report	The CCS report was presented to the Committee. The total volume of cases pending has increased since 2022. There was an improvement with cases pending 90+ days. Public Programs and Delegation Oversight will shift work to apply greater focus on provider outreach messaging.
02:25 – 02:30	Delegation Oversight Committee Summary	Delegation Oversight provided overall Participating Provider Group (PPG) Rankings based on three categories: Good, Needs Improvement, and Poor. 2023 rankings were compared to 2022. Delegation Oversight will focus on the delegates that declined in status, will review deficient areas, and will work with delegates to improve. The Committee approved the Delegation Oversight summary.
	<b>Health Equity</b>	
02:30– 02:40	Health Equity Governance Report	The Chief Health Equity Officer reviewed the Place-Based HE Strategy. The strategy refers to a targeted approach to addressing health disparities and promoting health equity by focusing on specific geographic areas or communities. HN is employing a multi-year Place-Based Strategy which leverages several pilot programs that can be scaled in the future. The Place-Based Strategy is one of five key components of the updated HE strategy. The HE Governance report was approved.
02:40 – 02:55	Health Equity a) Language Assistance Program Report b) Geo Access Report	The Language Assistance Program Report was presented. Medi-Cal membership increased since Mid-Year 2022. Data was presented by race and ethnicity, Limited English Proficiency (LEP) and by gender. The report included face-to-face and telephone interpretation, sign



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		<p>language, and written translation utilization, along with barriers and actions.</p> <p>The Geo Access report measures Time and distance parameters to assess member access to providers in the language they need. Results were provided by language and county for both Primary Care Provider (PCP) and Specialist. Findings show the majority of gaps are between member and PCP. Next steps include recruitment and retaining of culturally and linguistically competent providers, and HE work plan activities to address gaps in provider language capabilities.</p> <p>Both reports were approved by Committee.</p>
	<b>Quality Improvement</b>	
02:55 – 03:05	Quarterly Evaluation of Accessibility	<p>The Quarterly Evaluation of Access Grievances was provided for Quality of Care (QOC) and Quality of Service (QOS). The Customer Contact Center (CCC) Q3 2023 data declined compared to Q3 2022. Targets missed were primarily due to membership increase over forecast. Actions in Q2 include a provider brochure – Submit Timely and Complete Prior Authorization Requests for Faster Response. The Access report was approved by the Committee.</p>
03:05 – 03:15	<p>Quality Improvement</p> <ul style="list-style-type: none"> <li>a) HEDIS Update</li> <li>b) Initial Health Assessment Report</li> <li>c) Lead Screening Report</li> </ul>	<p>The Quality Improvement update included updates for Healthcare Effectiveness Data and Information Set (HEDIS), Quality Evaluating Data to Generate Excellence (EDGE), regulatory and programs, HE programs, elevated focus areas, Initial Health Assessment (IHA), and Lead Screening Completion (LCS). Focus Strategy Measures with the Provider Engagement and Medical Affairs teams include diabetes, pregnancy, and early pediatrics. The QI update was approved by the Committee.</p>



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03:15 – 03:20	CAHPS Workgroup Update	The 2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS) results were shared with the Committee. The top and bottom three performing measures were reviewed. Suggested actions to improve the bottom performing measures included addressing Medi-Cal members tendency to see different providers rather than one PCP, having a designated CAHPS person, managing patient expectations, and sharing appropriate timeframes.
<b>Medical Management</b>		
03:20 – 03:30	Appeals & Grievance Report a) A&G Report Q2-Q3 b) A&G TAT and Volume Reports i. Medi-Cal ii. D-SNP (Q1 – Q3)	The Q3 Appeals and Grievances report was provided for Medi-Cal and D-SNP. For Medi-Cal, quarter-over-quarter data demonstrates an increase in grievances due to newly enrolled membership. Compliance for D-SNP was 100% for both appeals and grievances. Top access to care appeals and grievances were shared for both Medi-Cal and D-SNP. Reports were approved by Committee.
03:30 – 03:45	Utilization Management a) Q3 Key Indicator Report b) Over/Under Report c) Specialty Access Report	The UM data for admits per thousand, average length of stays (ALOS), ER visits per thousand, days per thousand, readmit percentage per thousand, and outpatient services (OPS) per thousand was presented for Q3. Turn-around-time (TAT) was met in Q3 for routine and urgent authorizations. The Over/Under Utilization report was presented. The purpose of the report is to ensure medically appropriate care, identify and correct patterns of over/under utilization, and to comply with DHCS requirements. The metrics are reported bi-annually. Best practices for both re-admissions and ER/K were reviewed, as well as interventions and actions.



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		The Specialty Referrals report demonstrated that referrals were highest in the county of Los Angeles and for Neurology and Dermatology as a specialty.
03:45 – 04:00	<p>Case Management</p> <ul style="list-style-type: none"> <li>a) Q3 Medi-Cal Key Indicator Report</li> <li>b) Q3 D-SNP Key Indicator Report</li> </ul>	<p>The Q3 Key Indicator report was presented for Medi-Cal. The metrics shared included physical health (PH), behavioral health (BH), and maternity. Case Management (CM) reported on total cases managed, outreached, engagement rate, and utilization outcomes. Member satisfaction and CM file audit results were also shared. The committee approved the Medi-Cal CM report.</p> <p>The Q3 report for D-SNP was deferred to the Q1 2024 meeting.</p>
	<p><b>Next Meeting:</b>  <b>Date:</b> February 8, 2024  <b>Time:</b> 2:00 p.m. – 4:00 p.m. PST  <b>Location:</b> Zoom</p>	
	<b>Adjournment</b>	

