Quality Improvement Health Equity Committee (QIHEC) Report

Date: March 20, 2024

From: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer, Quality Improvement & Health Equity Committee (QIHEC) Chairperson

Through: Marina Owen, Chief Executive Officer

Contributors: Lauren Geeb, MBA, Director, Quality
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To simplify presentation of materials, staff will present highlights of this year's changes and findings of significance to CenCal Health's Quality Improvement & Health Equity Transformation Program (QIHETP). Findings of significance are also described below. Each QIHETP document is separately hyperlinked for your reference to supplement your Board's meeting materials. The linked materials will also be available at your Board's meeting; however, because of the volume of documentation, a detailed presentation will not be undertaken. Therefore, please submit questions in advance to chernandez@cencalhealth.org, or questions are also welcome during your Board meeting.

Executive Summary

This is CenCal Health's QIHEC report to your Board, including information about the committee's proceedings for its 1st quarterly meeting of 2024, completed on February 29th, 2024.

This report summarizes key topics reviewed by the QIHEC as your Board's appointed entity accountable to oversee the effectiveness of CenCal Health's QIHETP.

The QIHEC's recent proceedings included:

- Approval of the December 14, 2023, QIHEC minutes.
- Approval or acceptance of reports from the Pediatric Clinical Advisory Committee, Customer Experience Committee, Utilization Management Committee, Credentialing Committee.
- An informational report on CenCal Health Diversity, Equity, Inclusion & Belonging (DEIB) requirements, and the outlook for staff and provider training. The DEIB training must encompass sensitivity, diversity, cultural competency, and cultural

humility, including training for all CenCal Health staff, subcontractors, and providers.

- Approval of:
    - CenCal Health's updated set of industry-standard QIHETP documents, including the following: *(hyperlinked for your convenience)*
        - The 2023 Quality Program Evaluation:
            - This quantitative and qualitative analysis affirmed the finding that the QIHETP is fully supported by an effective committee structure, adequate resources, and practitioner participation and leadership involvement. Notable achievements include six quality of care results that surpassed the National Committee for Quality Assurance (NCQA) 90th percentile benchmarks for Medicaid plans.

              Reference 1: 2023 Quality Program-Evaluation (cencalhealth.org)
        - 2024 QIHETP Description:
            - The QIHETP was not structurally changed, but its documentation was strategically enhanced to best demonstrate the robust program's compliance with NCQA accreditation standards. Of note, the role of CenCal Health's Medical Director for Behavioral Health was more prominently described.

              Reference 2: 2024 QIHETP Description (cencalhealth.org)
        - 2024 QIHETP Work Plan:
            - Key priorities were added for 2024 to emphasize the longstanding emphasis on quality of care achievement, to attain the Medicaid 90th Percentile benchmarks and always surpass minimum performance thresholds. Additionally, includes new tactical priorities to implement systematic and automated member-centered Health & Wellness Campaigns; and a Diversity, Equity, Inclusion & Belonging Training Program.

              Reference 3: 2024 QIHETP Work Plan (cencalhealth.org)

- A follow-up analysis of low inpatient average length of stay (ALOS) and related 30-day readmissions, and confirmation of the status of additional follow-up requests.
- Key Performance Metrics that demonstrate cross-functional QIHETP integration of Utilization Management, Access and Availability, and Member Grievance operations.
- Approval of four QIHETP & related program policies. *(Attachment 1)*

The QIHEC's approval of the work products listed above included consideration by contracted network physicians and other representatives that are required members of the QIHEC.

Background

CenCal Health is committed to the delivery of equitable, quality health care services and patient safety. The purpose of CenCal Health's QIHETP is to evaluate health plan quality of care objectively and systematically, and continually act upon identified opportunities for improvement related to member experience, and the quality and safety of services provided by CenCal Health's provider network.

CenCal Health's QIHETP must be approved annually by your Board. DHCS requires that CenCal Health implement and maintain a QIHEC appointed by and accountable to your Board. Your Board's annual approval of the QIHETP Description affirms your Board's appointment of the QIHEC to oversee the effectiveness of the QIHETP.

The QIHEC's annual review ensures that CenCal Health's QIHETP evolves and is implemented with meaningful contracted network practitioner involvement. The QIHECs recent review and approval was based upon their understanding that their action was undertaken as your Board's accountable entity to oversee CenCal Health's QIHETP.

Role of the Board

Your Board, as CenCal Health's governing body, is required to participate in CenCal Health's Quality Improvement System as follows:

1. *Annual approval of the overall QIHETP, annual QIHETP Work Plan, and Quality Program Evaluation.*

   This responsibility will be completed with your Board's approval of CenCal Health's 2023 Quality Program Evaluation, the 2024 QIHETP Description, and the

2024 QIHETP Work Plan. *(each hyperlinked above)* These documents detail CenCal Health's achievements and goals for continued improvement during the coming year. They define the structure of CenCal Health's QIHETP and responsibilities of entities and individuals within CenCal Health that support improvement in quality of care, patient experience and safety. They also demonstrate CenCal Health's investment of resources to assure continuous improvement and achieve population health excellence.

2. *Appointment of an accountable entity within CenCal Health to oversee the effectiveness of the QIHETP.*

   This responsibility will be affirmed by your Board's approval of CenCal Health's 2024 QIHETP Description. The QIHEC, chaired by the Chief Medical Officer in collaboration with the Chief Health Equity Officer, is accountable for overseeing the QIHETP's effectiveness and evolution.

3. *Review of written progress reports from the QIHEC describing actions taken, progress in meeting QIHETP objectives, improvements made, and directing necessary modifications to QIHETP policies and procedures to ensure compliance with quality improvement and health equity standards.*

   This report represents your Board's report on the quality committee's recent proceedings for its 1st quarterly meeting of 2024, including QIHETP policies for your consideration, direction, and approval. This report fulfills your Board's responsibility to review written progress reports from the QIHEC.

   After each quarterly meeting of the QIHEC, staff present your Board with approved minutes of the QIHEC's proceedings to assure the full scope of QIHEC activities is available for your Board's governance. Additionally, each quarterly report includes policies reviewed and approved by the QIHEC, for your Board's further consideration, direction, and approval.

   In total, this QIHEC report includes the summary of recent QIHEC proceedings detailed above, and the following attachments and references:

   a) QIHETP & related program policies reviewed and approved by the QIHEC. The policies reviewed by the QIHEC provide details about CenCal Health's QIHETP program structure and related processes to ensure the effectiveness of the QIHETP. CenCal Health staff confirmed that the policies reviewed by the QIHEC comply with all DHCS quality improvement and health equity standards. The QIHEC's engagement in

policy review enables valuable feedback and direction from the QIHEC to meaningfully direct the effective administration of CenCal Health's QIHETP.

b) The meeting agenda for the recent QIHEC meeting.

c) The meeting minutes of the prior meeting of the QIHEC, which were approved at the recent meeting of the QIHEC.

d) The complete set of QIHETP documents (2023 Quality Program Evaluation, the 2024 QIHETP Description, and the 2024 QIHETP Work Plan). *(each hyperlinked above)*

The QIHEC's approval of the attached policies and the linked QIHETP documents serves as its recommendation for your Board's approval, as your Board's accountable entity to oversee the effectiveness of the QIHETP.

Next Steps

The proceedings of future quarterly QIHEC meetings will be reported to your Board after each meeting of the QIHEC, to fulfill the progress reporting responsibilities described above. Subject to your Board's approval, staff will complete implementation of the approved documents and policies.

The QIHETP documents described herein serve as a roadmap for CenCal Health staff to maintain, enhance, and execute CenCal Health's QIHETP. Each document is a "living" document, and as such, refinements will be made throughout 2024 to assure CenCal Health's QIHETP reflects evolving priorities. CenCal Health's QIHETP will be presented to your Board annually, to inform your Board's governance of the QIHETP and reaffirm your appointment of the QIHEC to oversee the QIHETP.

Recommendation

Staff recommends your Board accept this progress report, and provide additional direction if warranted, based on the attached policies and other content that was evaluated and approved by the QIHEC.

- Acceptance of this report includes approval of the QIHETP policies provided as Attachment 1.
- Acceptance of this report also includes approval of the following documents.
    - 2023 Quality Program Evaluation
    - 2024 QIHETP Description
    - 2024 QIHETP Work Plan

Attachments:

Attachment 1 – QIHETP & Related Policies (qty. 4)
Attachment 2 - QIHEC Meeting Agenda, February 29, 2024
Attachment 3 - QIHEC Approved Minutes, December 14, 2023

References:

Reference 1: 2023 Quality Program-Evaluation (cencalhealth.org)
Reference 2: 2024 QIHETP Description (cencalhealth.org)
Reference 3: 2024 QIHETP Work Plan (cencalhealth.org)

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Attachment 1: QIHETP & Related Policies (qty. 4)

QIHETP & Related Policies and Procedures for QIHEC Approval & Adoption	Effective Date	Policy #	DHCS Contract Reference
1. Engagement of Local Entities to Develop Interventions and Strategies to Address Performance Deficiencies	January 2024	QU-12	R.0060
2. Comprehensive Wellness and Prevention Programs for All Members	January 2023	QU-17	R.0125
3. Health Education System, including Delivery of Services, Administration and Oversight	January 2023	QU-19	R.0203
4. Member Incentives	June 2019	QU-22	APL 16-005

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Engagement of Local Entities to Develop Interventions and Strategies to Address Performance Deficiencies	**Policy No.:** QU-12
Department: Quality	
Cross Functional Departments: Member Services	
Effective Date: 01/2024	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	
Director Signature: Lauren Geeb, MBA Director of Quality	**Officer Signature:** Carlos Hernandez Quality & Population Health Officer

I. Purpose:

To describe CenCal Health's processes to maintain a robust Quality Improvement Health Equity Transformation Program (QIHETP) to ensure engagement with local entities when developing interventions and strategies to improve access and quality of care for Members less than 21 years of age.

II. Policy:

A. CenCal Health engages with local entities when developing interventions and strategies to address deficiencies in performance measures related to health care services for Members less than 21 years of age.

III. Procedure:

A. To engage local entities when developing interventions and strategies to address deficiencies in performance measures related to health care services for Members less than 21 years of age, CenCal Health's Quality Department leads the following process, including but not limited to local entity engagement:

1. Identification of underutilization of children's preventive services including but not limited to EPSDT services such as well child visits, developmental screenings, and immunizations;
2. Underutilization is identified, at minimum, by CenCal Health's Quality Department's reporting on DHCS-identified Quality Performance Measures and Health Equity performance measures related to health care services for Members less than 21 years of age:
    a. DHCS-identified performance measure results must exceed any DHCS-specified Minimum Performance Level (MPL), in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A (External Quality Review (EQR) Requirements, Quality Performance Measures).

b. Health Disparity reduction targets must be met for specific populations and measures for Members less than 21 years of age, as identified by DHCS and in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A.2 (External Quality Review (EQR) Requirements, Quality Performance Measures).

3. CenCal Health's Quality Department leads identification of barriers to appropriate utilization levels for all underutilization of children's preventive services and unmet Health Disparity reduction targets.
4. To address identified barriers to appropriate utilization and achievement of Health Disparity reduction targets, CenCal Health's Quality Department leads identification and engagement of stakeholders, including but not limited to local entities to develop interventions and strategies to address deficiencies in performance measure results.
5. Development of interventions and strategies by CenCal Health and engaged local entities includes, at minimum:
    a. Engagement in planned equity-focused interventions to address identified gaps in the quality of and access to care for Members less 21 years of age, including preventive and screening services; and
    b. Engagement in a Member and family-oriented Quality Improvement (QI) and Health Equity engagement strategy, as outlined in Exhibit A, Attachment III, Subsection 5.2.11.D (Community Engagement), including:
        i. Children and caregiver representation on the Community Advisory Board (CAB), and use of CAB findings and recommendations; and
        ii. The results of Member listening sessions, focus groups and surveys, to inform QI and Health Equity interventions.
6. Implementation of interventions, and ongoing monitoring of results, to evaluate whether to:
    a. Maintain the intervention as developed;
    b. Refine the intervention; or
    c. Abandon and redesign the intervention with public entity engagement.
7. CenCal Health participates in any value-based payment programs for services provided to Members less than 21 years of age, as directed by DHCS.

IV. Definitions:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): the provision of Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements in 42 USC

section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.

Health Disparity: differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

Medically Necessary or **Medical Necessity:** reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under Cal. W&I Code § 14059.5(a) and 22 C.C.R. § 51303(a). Medically Necessary services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members less than 21 years of age, a service is Medically Necessary if it meets the EPSDT standard of Medical Necessity set forth in 42 U.S.C. § 1396d(r)(5), as required by Cal. W&I Code §§ 14059.5(b) and 14132(v). Without limitation, Medically Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain, or maintain functional capacity, or improve, support, or maintain the Member's current health condition. The Plan must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.

Member: a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

Quality Improvement (QI): the systematic and continuous actions that lead to measurable improvements in the way health care is delivered and outcomes for Members.

Quality Improvement and Health Equity Transformation Program (QIHETP): the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

V. References:

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III,

1. 2.2.9 – External Quality Review (EQR) Requirements
2. 2.2.10 – Quality Care for Children
3. 5.2.11 – Cultural and Linguistic Programs and Committees
4. 5.3.4 – Services for Children less than 21 Years of Age

VI. Cross Reference:

A. Policy document:

1. QU-16: Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization
2. QU-13: Basic Population Health Management: Identifying & Addressing Member SDOH Needs

VII. Attachments: N/A

Revision History:

P&P Revision Date	**Leaders who Reviewed and Approved P&P Revisions**	**Reason for P&P Revisions**	**P&P Revision Effective Date** (date P&P is operationalized)	**DHCS P&P Approval Date**
11/2023	Carlos Hernandez, Quality and Population Health Officer; Lauren Geeb, MBA. Director of Quality	2024 Template Migration	1/2024	N/A
03/2023	Carlos Hernandez, Quality Officer; Lauren Geeb, MBA. Director of Quality Improvement	P&P Established	1/2024	4/27/2023

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Comprehensive Wellness and Prevention Programs for All Members	**Policy No.:** QU-17
Department: Quality	
Cross Functional Departments: Medical Management, Provider Services	
Effective Date: 01/2023	**Last Revised Date:** 11/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director Signature: Lauren Geeb, MBA Director of Quality	**Officer Signature:** Carlos Hernandez Quality & Population Health Officer

I. Purpose:
To describe requirements for the provision of comprehensive wellness and prevention programs to all Members by CenCal Health.

II. Policy:

A. In accordance with the Department of Health Care Services (DHCS) guidance and Population Health Management (PHM) requirements, CenCal Health provides comprehensive wellness and prevention programs to all Members.

III. Procedure:

A. CenCal Health provides comprehensive wellness and prevention programs that, at minimum, meet National Committee for Quality Assurance (NCQA) PHM standards, including evidence-based self-management tools that provide information on at least the following areas:

1. Healthy weight (BMI) maintenance;
2. Smoking and tobacco use cessation;
3. Encouraging physical activity;
4. Healthy eating;
5. Managing stress;
6. Avoiding at-risk drinking; and
7. Identifying depressive symptoms.

B. CenCal Health offers evidence-based chronic disease management programs in line with NCQA requirements that address the following conditions, at a minimum:

1. Diabetes;
2. Cardiovascular disease;
3. Asthma; and

4. Depression.

C. CenCal Health's wellness and prevention programs align with the DHCS Comprehensive Quality Strategy.

D. CenCal Health provides wellness and prevention programs in a manner specified by DHCS, and in collaboration with Local Government Agencies (LGAs) as appropriate, that include the following, at a minimum:

1. Identification of specific, proactive wellness initiatives and programs that address Member needs as identified in the PNA;
2. Evidence-based disease management programs including, but not limited to, programs for diabetes, asthma, and obesity that incorporate health education interventions, target Members for engagement, and seek to close care gaps for Members participating in these programs;
3. Initiatives, programs, and evidence-based approaches to improving access to preventative health visits, developmental screenings, and services for Members less than 21 years of age, as described in the DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members less than 21 Years of Age*);
4. Initiatives, programs, and evidence-based approaches on improving pregnancy outcomes for women, including through 12 months postpartum;
5. Initiatives, programs, and evidence-based approaches on ensuring adults have access to preventive care, as described in DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.3.5 (*Services for Adults*) and in compliance with all applicable state and federal laws;
6. A process for monitoring the provision of wellness and preventive services by Primary Care Providers (PCPs) as part of CenCal Health's Site Review process, as described in DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.2.14 (*Site Review*);
7. Health education materials, in a manner that meets Members' health education and cultural and linguistic needs, in accordance with DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.3.7 (*Services for All Members*);
8. Initiatives and programs that implement evidence-based best practices that are aimed at helping Members set and achieve wellness goals.

E. CenCal Health ensures that its wellness and prevention programs are submitted to DHCS for review and approval in a form and method prescribed by DHCS.

IV. Definitions:

Downstream Subcontractor: an individual or an entity that has a Downstream Subcontractor Agreement with a Subcontractor or a Downstream Subcontractor.

A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider Agreement.

Local Government Agency (LGA): a local governmental entity including, but not limited to, a county child welfare agency, county probation department, county behavioral health department, county social services department, county public health department, school district, or county office of education.

Member: a beneficiary who has enrolled with CenCal Health.

National Committee for Quality Assurance (NCQA): an organization responsible for the accreditation of managed care plans and other health care entities and for developing and managing health care measures that assess the quality of care and services that Members receive.

Network Provider means any Provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services under the DHCS 2024 Medi-Cal Managed Care Agreement. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

Population Health Management (PHM) Strategy: a comprehensive plan of action for addressing Member needs across the continuum of care, based on annual Population Needs Assessment (PNA) results, data driven risk stratification, predictive analysis, identified gaps in care, standardized assessment processes, and holistic care management interventions.

Population Needs Assessment (PNA): a process for:

A. Identifying Member health needs and Health Disparities;

B. Evaluating health education, Cultural & Linguistic (C&L), delivery system transformation and Quality Improvement (QI) activities and other available resources to address identified health concerns; and

C. Implementing targeted strategies

Primary Care Provider (PCP): a Provider responsible for supervising, coordinating, and providing initial and primary care to Members, for initiating referrals, for maintaining the continuity of Member care, and for serving as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, non-physician medical practitioner, or obstetrician-gynecologist (OB-GYN). For Senior and Person with Disability Members, a PCP may also be a Specialist or clinic.

Self-Management Tools: Self-management tools help Members determine risk factors, provide guidance on health issues, recommend ways to improve health or support reducing risk or maintaining low risk. They are interactive resources that allow Members to enter specific personal information and provide immediate, individual results based on the information.

Site Review: surveys and reviews conducted by DHCS or CenCal Health to ensure that Network Provider, Subcontractor, and Downstream Subcontractor sites have sufficient capacity to provide appropriate health care services, carry out

processes that support continuity and coordination of care, maintain Member safety standards and practices, and operate in compliance with all applicable federal, State, and local laws and regulations.

Subcontractor: an individual or entity that has a Subcontractor agreement with CenCal Health that relates directly or indirectly to the performance of CenCal Health's obligations under the DHCS Medi-Cal Managed Care Agreement. A Network Provider is not a Subcontractor solely because it enters into a Network Provider agreement.

V. References:

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsections:

1. 4.3.10 Wellness and Prevention Programs
2. 5.3.4 Services for Members less than 21 Years of Age
3. 5.3.5 Services for Adults
4. 5.3.7 Services for All Members
5. 5.2.14 Site Review

B. DHCS Population Health Management Policy Guide

VI. Cross Reference: N/A

VII. Attachments:

A. List and Schedule of Health Education Programs.xlxs

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
11/2023	Lauren Geeb, MBA, Director of Quality Improvement; Carlos Hernandez, Quality Officer	2024 Template Migration	1/2023	N/A
06/2023	Christopher Hill, Carlos Hernandez	Established for 2024 Contract requirements	01/2023	09/2023

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Health Education System, including Delivery of Services, Administration and Oversight	**Policy No.:** QU-19
Department: Quality	
Cross Functional Departments: Provider Services	
Effective Date: 01/2023	**Last Revised Date:** 10/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director Signature: Lauren Geeb, MBA Director of Quality Improvement	**Officer Signature:** Carlos Hernandez Quality Officer

I. Purpose:

To describe CenCal Health's health education system, including delivery of services, administration, and oversight of the program.

II. Policy:

A. CenCal Health implements and maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education for all Members.

III. Procedure:

A. CenCal Health's Quality Department ensures administrative oversight of CenCal Health's health education system by a qualified full-time health educator. As defined by All Plan Letter (APL) 18-016, a qualified health educator must meet one of the following qualifications:

1. Master of Public Health (MPH) degree with a specialization in health education or health promotion, from a program of study accredited by the Council on Education for Public Health, sanctioned by the American Public Health Association.
2. Master Certified Health Education Specialist (MCHES) awarded by the National Commission for Health Education Credentialing, Inc.

B. CenCal Health's Quality Department provides evidence-based health education programs and services to Members, directly, or through Subcontractors, Downstream Subcontractors, or Network Providers.

C. CenCal Health's Quality Department ensures organized delivery of health education programs using educational strategies and methods that are appropriate for Members and effective in achieving behavioral change for improved health.

1. Members may be offered non-monetary incentives for participating in incentive programs, focus groups, and Member surveys as authorized

by Welfare & Institutions (W&I) Code section 14407.1 pursuant to APL 16-005.

D. CenCal Health's Quality Department ensures that health education materials are written at the sixth grade reading level and are culturally and linguistically appropriate for the intended audience in accordance with APL 18-016.

E. CenCal Health's Quality Department reviews health education materials to ensure documents are up to date in accordance with APL 18-016.

F. CenCal Health's Provider Services Department ensures the availability of Community Health Workers (CHWs) to all Members. CHWs should provide services including but not limited to:

   1. Assisting Members with health care system navigation,
   2. Communicating cultural and language preferences to providers,
   3. Accessing health care services,
   4. Educating health needs, and
   5. Connecting individuals and families with community-based resources.

G. CenCal Health's Quality Department maintains a health education system, or uses a Department of Health Care Services (DHCS)-sponsored system if available, that provides educational interventions addressing health categories and topics that align with the Population Health Management (PHM) Strategy, including education regarding the appropriate use of health care services, risk-reduction and healthy lifestyles, and self-care and management of health conditions, as well as the National Committee for Quality Assurance's PHM Standards' Areas of Focus which include the following:

   1. Keeping Members healthy.
   2. Managing Members with emerging risk,
   3. Patient safety or outcomes across settings, and
   4. Managing multiple chronic illnesses.

H. CenCal Health ensures and requires that its Network Providers offer Members point of service education as part of preventive and primary health care visits.

   1. CenCal Health provides education, training, and program resources to Network Providers for the delivery of health education services.
   2. Provider compliance with preventive and primary health care visit content, including but not limited to point of service education, is monitored by CenCal Health's Provider Services and Quality Departments.

I. CenCal Health's Quality Department maintains health education policies, procedures, standards, and guidelines in a manner that demonstrates effective implementation of the health education requirements.

J. CenCal Health's Quality Department monitors the health education system, including accessibility for Limited English Proficient (LEP) Members and the

performance of Network Providers that are contracted to deliver health education services.

K. CenCal Health's Quality Department ensures appropriate allocation of health education resources and conducts appropriate levels of program evaluation.

L. CenCal Health annually assesses the needs of its population and determines actionable categories for appropriate intervention.

IV. Definitions:

Downstream Subcontractor: an individual or an entity that has a Downstream Subcontractor Agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider Agreement.

Limited English Proficiency (LEP): an inability or a limited ability to speak, read, write, or understand the English language at a level that permits the Member to interact effectively with providers or CenCal Health's employees.

Member: a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

Network Provider: any provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

Population Health Management Strategy (PHMS): a comprehensive plan of action for addressing Member needs across the continuum of care, based on annual Population Needs Assessment (PNA) results, data driven risk stratification, predictive analysis, identified gaps in care, standardized assessment processes, and holistic care management interventions.

Subcontractor: an individual or entity that has a Subcontractor Agreement with CenCal Health that relates directly or indirectly to the performance of CenCal Health's obligations under the DHCS Medi-Cal Managed Care Agreement. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement.

V. References:

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 5.3.7 Services for All Members, A. Health Education

B. DHCS APL 18-016: Readability and Suitability of Written Health Education Materials

C. NCQA Health Plan Accreditation Standard PHM 1: PHM Strategy

D. NCQA Health Plan Accreditation Standard PHM 2: Population Identification

VI. Cross Reference: N/A

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date	DHCS P&P Approval Date
10/2023	Carlos Hernandez, Quality Officer; Lauren Geeb, Director of Quality Improvement	2024 Template Migration	10/2023	N/A
04/2023	Carlos Hernandez, Quality Officer; Lauren Geeb, Director of Quality Improvement	P&P Established for DHCS OR Deliverable R.0203	01/2023	05/2023

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Member Incentives	**Policy No.:** QU-22
Department: Quality	
Cross Functional Departments: N/A	
Effective Date: 06/2019	**Last Revised Date:** 12/2023
Policy Require DHCS Approval? Y ☐ N ☒	
Director Signature: Lauren Geeb, MBA Director of Quality	**Officer Signature:** Carlos Hernandez Quality and Population Health Officer

I. Purpose:

To describe the process by which CenCal Health develops and offers incentive programs for Members.

II. Policy:

A. CenCal Health adheres to all Department of Health Care Services (DHCS) regulations regarding Member Incentive (MI) programs, Focus Group Incentives (FGIs), and Survey Incentives (SIs).

B. CenCal Health will only offer incentives to existing CenCal Health Members.

C. CenCal Health may not include information regarding specific MIs in CenCal Health's education, outreach, informing or marketing information/materials that are intended for the general community or potential CenCal Health Members.

D. CenCal Health complies with the provisions of Civil Code §1749.5(b)(2) to avoid providing gift cards or vouchers redeemable for cash.

III. Procedure:

A. CenCal Health may utilize focus groups or surveys to better understand the needs of Members, and can use that information to develop materials and programs that may help Members better navigate the health care system and improve their health status.

B. Member Incentive (MI) programs:

1. CenCal Health may utilize MI programs as a mechanism to reward Members who demonstrate effort and success in adopting healthy behaviors or changing their health risk behaviors.

2. CenCal Health will submit an MI Request for Approval Form to DHCS before conducting a program that offers an incentive.

C. Focus Group Incentives (FGIs):

1. CenCal Health may utilize an FGI as a mechanism to obtain ideas and opinions from Members on certain topics.

2. CenCal Health will submit an FGI Request for Approval Form to DHCS before conducting a focus group that offers an incentive, with exceptions noted in DHCS APL 16-005.

D. Survey Incentives (SIs):

1. CenCal Health may utilize an SI as another mechanism to obtain ideas and opinions from Members on certain topics.
2. CenCal Health may utilize SIs to solicit Member feedback, but does not need the formality or interaction of a focus group.
3. CenCal Health will submit an SI Request for Approval Form to DHCS before conducting a survey that offers an incentive.

E. Value of Incentives:

1. The value amounts of MIs, FGIs, or SIs that CenCal Health will offer will not be disproportionately large and will correspond to the value of the service and the commitment and time required of the member to carry out the desired action.
2. CenCal Health will utilize judgement when determining the amount to give for incentives, which may depend on the activity that is being incentivized.

F. Appropriate Non-Monetary Incentives

1. CenCal Health may offer Members appropriate non-monetary incentives to support health education and disease prevention efforts, or to encourage participation in focus groups, or to complete a survey. These include, but are not limited to:
   a. Non-monetary incentives approved by DHCS.
   b. Gift cards, vouchers, and tickets.
   c. Products or merchandise.
   d. Points rewards programs.
   e. Transportation assistance.
   f. Enrollment and monthly membership fees.
   g. Raffles.
2. CenCal Health will include a statement that restricts the purchase of products that would pose health risks such as alcohol, tobacco, and firearms, unless the non-monetary incentive is for a location that does not sell these items.

G. Incentive Restrictions

1. CenCal Health will not offer incentives or any other form of remuneration for the purpose of encouraging enrollment or continuing enrollment.
2. <u>Coupons that May Be Converted to Cash</u>

a. CenCal Health will not offer monetary incentives, including coupons that may be converted to cash.

b. CenCal Health does not purchase gift cards for less than $10.00 USD for MI use.

H. Submission and Approval Process

1. CenCal Health will obtain DHCS approval prior to implementing a program, focus group, or survey that offers member incentives, using the appropriate DHCS corresponding form.
2. DHCS Submission materials will be reviewed by a CenCal Health qualified health educator, as defined by APL 18-016, and submitted to DHCS at least 10 business days prior to the desired start date.
3. CenCal Health will submit annual updates to DHCS, to justify the continuation of an ongoing MI program and an end of a program evaluation to describe whether program was successful.
   a. For ongoing MI programs, CenCal Health submits the first annual update 13 months after the program start date.
   b. End of program evaluations are due 45 days after the MI program is completed.
4. Key components of the submission and approval process include incentive program name, if applicable, and the targeted disease or behavior or the purpose.
5. FGI and SI evaluations are due 60 days after the final focus group or completed surveys.
   a. For FGIs, CenCal Health must submit an evaluation that includes recruitment, participation methodology, and results summary.
   b. The FGI evaluation must also indicate if policy and program changes are warranted.
6. When there are substantial changes to an approved MI program, CenCal Health will submit a new MI Program Request and check the box indicating it is a "Change to Current MI Program."
   a. CenCal Health will also include the prior DHCS approved MI Program Request.
   b. CenCal Health CenCal Health will submit annual updates to DHCS, to justify the continuation of an ongoing MI program and an end of a program evaluation to describe whether the MI program was successful.

IV. Definitions: N/A

V. References:

A. DHCS APL 16-005: Requirements for Use of Non-Monetary Member Incentives for Incentive Programs, Focus Groups, and Member Surveys

B. DHCS APL 18-016: Readability and Suitability of Written Health Education Materials

VI. Cross References: N/A

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
12/2023	Lauren Geeb, MBA, Director of Quality	Annual Review upon transfer from Communications and Marketing to Quality. Renamed from COM-04	06/2019	N/A

Attachment 2 - QIHEC Meeting Agenda, February 29, 2024

Quality Improvement & Health Equity Committee (QIHEC) Meeting Agenda

Meeting Date: February 29, 2024

Meeting Time: 4:00 to 6:00 p.m.

Chairperson: Emily Fonda, MD, MMM, CHCQM – Chief Medical Officer, Internal Medicine, CenCal Health
Co-Chairperson: Michael Collins, DO, MPH, MS – Sr. Medical Director, Preventive Medicine, CenCal Health
Recorder: Pauline Perez, Executive Assistant, Health Services

Location: Virtual -- Microsoft Teams

QIHEC Voting Members:

***Network Provider**

Marina Owen - Chief Executive Officer, CenCal Health
Edward Bentley, MD* – Gastroenterologist – Santa Barbara, CA – ***Board Liaison***
Neal Adams, MD, MPH – Medical Director, Psychiatrist, CenCal Health
Bethany Blacketer, MD* - Family Practitioner – Santa Maria, CA
Jeffrey Kaplan, MD* - Pediatrician – Santa Maria, CA
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer/Chief Health Equity Officer, CenCal Health
Joseph Freeman, MD, FACEP* - Emergency Medicine, Cottage Health System – Santa Barbara, CA
Carlos Hernandez - Quality & Population Health Officer, CenCal Health
Sara Macdonald – Community Member and CenCal Health Member – Santa Barbara County, CA
Douglas Major, OD* - Optometrist – San Luis Obispo, CA
Mazharullah Shaik, MD* – Director of Quality, Community Health Centers of the Central Coast, Santa Maria, CA
Elizabeth Snyder, MHA* - Senior Director - Administrative Services, Dignity Health Central Coast Division, Santa Maria, CA

Staff:

Eric Buben, Director, Member Services
Lauren Geeb, MBA, Director, Quality
Chris Hill, RN, MBA, Health Services Officer
Stephanie Lem, PharmD, Associate Director, Pharmacy
Luis Somoza, Director of Provider Services
Jordan Turetsky, MPH, Chief Operating Officer
Seleste Bowers, DHA, Director of Behavioral Health
Sue Fischer, RN, Director of Medical Management
Sheila Hill, MSPH, MBA, CPHQ; Accreditation Project Leader
Cathy Slaughter, Director, Provider Relations
Sheila Thompson, RN, CPHQ, Provider Quality & Credentialing Manager

Agenda Item	Minutes	Vote Required
1. Introductions & Announcements Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	No
Approval of Minutes		
2. December 14, 2023, QIHEC Meeting Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	Yes
New Business		
3. Consent Agenda These items are considered routine and are normally approved by a single vote of the Committee without separate discussion to conserve time and permit focus on other matters on this agenda. Individual consent items may be removed and considered separately at the request of a committee member. ***Dr. Emily Fonda, Chief Medical Officer***	5	Yes
a. Approval of Pediatric Clinical Advisory Committee Report Rea Goumas, MD, Medical Director, Whole Child Model		
b. Approval of Customer Experience Committee Report Eric Buben, Director, Member Services		
c. Approval of Utilization Management Committee Report Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer Chris Hill, RN, MBA, Health Services Officer		
d. Approval of Credentialing Committee Report Sheila Thompson, RN, CPHQ, Provider Quality & Credentialing Manager		

e. QIHEC Memo – DEI Training Program Van Do-Reynoso, Chief Customer Experience Officer & Chief Health Equity Officer		
Follow-Up		
4. Under/Over-utilization ALOS Hospital Analysis Chelsee Elliott, Quality Measurement Supervisor	5	Yes
5. Verbal Updates – Refer to Follow-up Tabular Summary Cathy Slaughter, Director, Provider Relations	5	Yes
Quality Improvement & Health Equity Transformation Program (QIHETP) Activities		
6. 2023 Quality Program Evaluation Lauren Geeb, MBA, Director, Quality	10	Yes
7. 2024 QIHETP Description Lauren Geeb, MBA, Director, Quality	10	Yes
8. 2024 QIHETP Work Plan Lauren Geeb, MBA, Director, Quality	10	Yes
9. QIHETP Systems Integration – Key Performance Metrics Reporting a. Access and Availability – Cathy Slaughter, Director, Provider Relations b. Grievances & Appeals – Eric Buben, Director, Member Services c. Utilization Management – Chris Hill, RN, MBA, Health Services Officer	5 5 5	Yes
Policy Review & Feedback		
10. QIHETP & Related Program Policies Carlos Hernandez, Quality & Population Health Officer	10	Yes
Open Forum & Future Agenda Items	5	No
Adjourn		

Attachment 3 - QIHEC Approved Minutes, December 14, 2023

Quality Improvement & Health Equity Committee (QIHEC) Meeting Minutes

Date: December 14, 2023

Time: 4:00 to 5:30 p.m.

Chairperson: Emily Fonda, MD, CHCQM, MMM, Chief Medical Officer
Co-Chairperson Michael Collins, DO, MPH, MS, Senior Medical Director

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QIHEC Voting Members: ***Network Provider**

Bethany Blacketer, MD* - Family Practitioner – Santa Maria, CA
Carlos Hernandez - Quality & Population Health Officer, CenCal Health
Douglas Major, OD* - Optometrist – San Luis Obispo, CA
Neal Adams, MD, MPH – Medical Director, Psychiatrist, CenCal Health
Edward Bentley, MD* – Gastroenterologist – Santa Barbara, CA – ***Board Liaison***
Elizabeth Snyder, MHA* - Sr. Director - Administrative Services, Dignity Health Central Coast Division, Santa Maria, CA
Joseph Freeman, MD, FACEP* - Emergency Medicine, Cottage Health System – Santa Barbara, CA
Polly Baldwin, MD* – Family Practitioner – Santa Barbara, CA
Sara Macdonald – Community Member and CenCal Health Member – Santa Barbara County, CA
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer/Chief Health Equity Officer, CenCal Health

Staff:

Eric Buben, Director, Member Services
Chris Hill, RN, MBA; Health Services Officer
Cathy Slaughter, Provider Relations Director
Amber Sabiron, MSN, RN, Manager, Population Health
Lauren Geeb, MBA; Director, Quality
Sheila Hill, MSPH, MBA, CPHQ; NCQA Project Leader
Stephanie Lem, PharmD; Clinical Manager, Pharmacy
Roxana McBurney, MPH, CHES, Health Promotion Educator
Sheila Thompson, RN, CPHQ; Provider Quality & Credentialing Manager

Committee Members Absent: **Marina Owen (Excused), Dr. Kaplan, Dr. Shaik**

Recorder: Mimi Hall, Executive Assistant

Location: Via Virtual Microsoft Teams

Topic	*Discussion*	*Follow-up Action*
1a. Introductions and Announcements Emily Fonda, MD,	Dr. Fonda, Chairperson, called the meeting to order at 4:03 p.m. It was determined that a quorum had been met, and the Committee was ready to proceed with business at hand.	None

CHCQM, MMM Chief Medical Officer **1b. DHCS 2023 Medical Audit** Emily Fonda, MD, CHCQM, MMM Chief Medical Officer	Next, Dr. Fonda spoke to the Committee about the DHCS 2023 Medical Audit results. It was verified by DHCS that CenCal Health had no findings. Next, Dr. Fonda spoke to the Committee to announce a formal notification on 12/05/2023 that DHCS stated that CenCal Health will not have any financial sanctions for MCAS Quality Performance Measures (Medi-Cal Managed Care Accountability Set for 2022). I would add another plan in Southern California, has a sanction of over $800k. So, we are in terrific standing for both measures and this is our chance to celebrate our successes and treasure the totality of effort from our entire staff to produce these wonderful results. That concluded *Introductions and Announcements* of the agenda.	
2. Approval of Minutes of August 23, 2023, QIHEC Meeting	***Motion made*** by Dr. Major to approve the minutes of the August 24, 2023, QIHEC Meeting; seconded by Dr. Freeman. Motion passed.	*None*
3. Consent Agenda (items #3-7)	***Motion made*** by Ms. MacDonald to approve the Consent Agenda; seconded by Dr. Freeman. Motion passed.	*None*
8. Follow up (items #8-10) Lauren Geeb, MBA Director, Quality	Ms. Geeb spoke to the Committee about the follow up items and accompanied her oral update with a PowerPoint Presentation. **CCS TCRC Age Breakout Analysis**- A request during 3rd quarter meeting to stratify Chlamydia Screening results by age & determine where the low rates were isolated to pediatric providers. Specific only to our CCS TCRC population and we were able to drill down into the specific providers & indicate which ones had the lowest rate for the age populations. This information was shared within our Quality Department, Population Health Team, so they can support outreach to pediatricians to support intervention. From this finding in general we discussed enhancing data shared via our Provider Portal to include gaps in care data that identifies a member CCS/TCRC status, as well as the date of last screening to assist with future appointment planning. **Motion made** by Dr. Freeman to approve CS TCRC Age Breakout Analysis; seconded by Dr. Bentley. Motion passed. **Under/Over Utilization Monitoring- ALOS (Average Length of Stay)- Santa Barbara** Evaluation was completed over recent years, as well as reviewing member demographics. We didn't see any disparities identified with our membership. We confirmed that all high-volume hospitals in our area are reimbursed equally and then also confirmed that all admissions are reviewed, audited for medical necessity pre- and post-admission. Conclusion: We concluded that under-utilization is not a concern. Dr. Bentley asked if there was a way to break down those individuals that had a short length of stay and as a subgroup to see if they had a high readmission rate, and to look at the Santa Barbara hospitals to see if their readmission rates were higher as a group. Ms. Geeb responded we did break it down, but at the hospital level and included that in the packet, but not further down to the patient level. So, we can take that back to further drill down.	**ACTION ITEM**: For the next QIHEC meeting drill down to the hospital level to evaluate ALOS and readmission rates by hospital.

	<u>Under/Over Utilization Monitoring - Tonsillectomies – San Luis Obispo (Ages 0-9)</u> This was another finding where we identified underutilization based on national benchmarks and when we researched this, it also shows several procedures. We reached out to staff and provider services to review if there's any potential access barriers, or prior authorization is needed. We also reviewed member demographics for potential disparities and what was concluded is based on that data we did not identify any disparities. Prior authorization is not required for this procedure and when also evaluating time and distance standards, those are met for this service area and provider specialty. Our staff concluded underutilization is not a concern. Ms. Geeb closed her presentation and invited feedback. **Motion made** by Dr. Adams to approve Under/Over-utilization ALOS & Tonsillectomies Analysis; seconded by Dr. Major. Motion passed. **<u>Verbal Updates – Refer to Follow-up Tabular Summary</u>** – Introduction of a new follow up chart whose purpose is to ensure CenCal Health as an organization is accountable & responsive to follow up matters requested by committee members during the QIHEC proceedings. Also, to ensure we have meaningful conversation to close out our follow up items requested. Within the chart it also serves for NCQA accreditation purposes. Ms. Geeb continued; we will maintain the other follow up items in the tabular format. There is one (1) follow up still pending relating to a question Dr. Major had. **Motion made** by Ms. Snyder to approve Verbal Updates – Refer to Follow-up Tabular Summary; seconded by Dr. Collins. Motion passed.	F/U will be by Lauren Geeb, MBA **ACTION ITEM**: Dr. Major had a question about coverage for the County jail population of SLO & SB counties. Staff will follow-up with Dr. Major. F/U will be by Cathy Slaughter
11. Risk Scoring & Stratification Bias Analysis & Adjustments Carlos Hernandez, Quality & Population Health Officer	Mr. Hernandez spoke to the Committee about the Risk Scoring & Stratification Algorithm and accompanied his oral update with a PowerPoint Presentation. **Background** CenCal Health earlier this year implemented a risk scoring & stratification algorithm, and the purpose of the algorithm is to identify, for each of our members what their estimated risk tier is to inform allocation of case management resources. Health plans that are NCQA accredited or those performing Medi-Cal managed care management services, on behalf of the DHCS are required annually to conduct a bias analysis annually. The analysis is focused on biases that may be designed into the RSS algorithm inadvertently, that may relate to race, ethnicity, language spoken, or another demographic, and various variables that are associated with our membership. **Summary** In August, we did the 1st analysis, adjusting in September and verifying them in December. Since then, we have incorporated risk point adjustment to the RSS algorithm. Next year we'll follow up	None

	with additional analysis, to verify that the adjustments, we've made have better fine-tuned the algorithm to approximate member risk. Dr. Bentley asked the question: *Did CenCal develop its own algorithm or purchase a template and fine tune?* Mr. Hernandez responded CenCal chose to build their own. A primary consideration is that the DHCS is going to be rolling out what they call a PHM Service, a Population Health Management service that will provide risk tiers for Medi-Cal beneficiaries and health plan members that identify the same risk tiers. DHCS will require plans to transition to use the DHCS computed risk tiers at some point. DHCS promised to provide this information to plans last July, and we're still waiting for them to roll that out, and we don't know when that will happen. It is anticipated that we can either continue to use our own and DHCS's or we can transition to only DHCS's, but in some way the DHCS PHM Service risk tier must be used. **Next steps** Perform a statistical analysis next year. We will reassess it to evaluate whether our point adjustments further resolved risks. **Motion made** by Dr. Major to approve RSS Bias Analysis & Adjustments; seconded by Dr. Bentley. Motion passed.	
12. QIHETP Work Plan Update, with focus on Well Child Visit Performance Improvement Project – 15 Months of Age (W30) Lauren Geeb, MBA, Director, Quality	Ms. Geeb spoke to the Committee about the Quality Dashboard and accompanied her oral update with a PowerPoint Presentation. **Background** In March 2023 this year, CenCal Health implemented a board approved work plan, and that established our organizations objectives and planned quality improvement and Health Equity activities to ensure regulatory compliance, security, accreditation readiness and to support our memberships needs. **Well Child Visit Initiative Update** (State required DHCS Performance Improvement Project) The Quality Department just recently submitted our plan design to the Department of Health Care Services. Within this PIP we were required to identify what we are doing to address the disparity that was identified among the Hispanic Latino subpopulation and the interventions initiated earlier in the year, This past year we rolled out the quality-of-care incentive program. A lot of work has been done supporting our pediatric population to improve this rate. We are seeking input from our QIHEC members and curious on thoughts of Spanish language interpreter's, etc. Our team with health education are launching a series of Wellness and Prevention campaigns. In total, 24 across all those requirements of the state and we have one specifically focused to support pregnant people, so they know the importance of getting in their children for those preventive health screenings. This will be available in English & Spanish. It's launching in January, as part of our barrier analysis, we are seeking to partner with various organizations to further explore what we can do to support improvement and eliminating this disparity. Dr. Major offered feedback stating, for SLO, there are so many outlying communities including Shandon and others, and the Mixteco group who haven't been integrated in the system yet. I	

	suggest you connect with school nurses. There are a lot of interconnections there; if you capture the older siblings, you capture the younger siblings also. I suggest there are some subgroups we are missing in California Valley and other places. That's the problem in San Luis Obispo. **Next steps** We are launching a series of barrier analysis with more engagement from other stakeholders. Partnering with our local health department, we are in the final steps of identifying a shared community health needs assessment goal and within the Santa Barbara Healthcare Centers this is an aspect of care that the Santa Maria Health Care Center wanted to support in terms of partnership. Also, partnering with our case management team for those members where they do receive that high risk and outreach. For pregnant people and partnering with them to see what we can do to support our intervention planning. Ms. Snyder offered feedback especially in SLO, because between SLO North and CHC and all of us are using the afterhours call nurse system which is phenomenal by the way, and we all have our own language interpreters, I'm surprised to see the number low. Were you all surprised by that? The folks that have the largest group of patients and seem to be well staffed with bilingual folks and we have promotoras there as well. So, are you surprised by it? Mr. Hernandez responded we are surprised by it and that the barrier may not be availability of interpreters, but that barrier analysis Lauren mentioned that we conduct will hopefully reveal what other true barriers exist. Dr. Blacketer commented she thought it's the value that folks place on the care sometimes is not understood as well. It's a community education (like prenatal care) that we need to do, not just English & Spanish, there are other languages and cultures that we don't always interrace as well with. **Motion made** by Ms. Snyder to approve QIHETP update, seconded by Dr. Freeman. Motion passed.	**ACTION ITEM**: Bring back any recommendations based on the barrier analysis to this committee once they are further developed. F/U will be by Lauren Geeb, MBA
13. Approval of Quality Dashboard Lauren Geeb, MBA, Director, Quality	Ms. Geeb spoke to the Committee about the Quality Dashboard and accompanied her oral update with a PowerPoint Presentation. **Background** Annually, report quality of care results prioritized by Department of Health Care Services (DHCS) • Managed Care Accountability Set (MCAS) Monitoring Tool: Quality Dashboard • Highlights required **minimum performance levels (MPLs**) Plans must surpass **high performance** levels: **GREEN**-above Medicaid 90th percentile **RED**- below Medicaid 50th Percentile (minimum performance level) Top 10% of Medicaid Plans—18 measurements required to meet minimum thresholds**.** For measurement year 2023 reporting there are 3 new measures added by DHCS to list of required MPL's for MY 2023. According to DHCS methodology if we have any of the measures, more than 1, that don't meet that Medicaid 50th percentile, that's when we are subject to sanctions, and they're significant starting at $25k.	None

Summary for period ending 9/30/2023

Top 10% of Medicaid Plans/Exceeded Medi-Cal Average**:**

Santa Barbara

- Timeliness of Postpartum Care*
- Well Child Visits for Ages 15 – 30 months.
- Developmental Screening in the First Three Years of Life

San Luis Obispo

- Timeliness of Postpartum Care*

Below Medicaid 50th Percentile/Minimum Performance Level (MPL)

Santa Barbara

- Asthma Medication Ratio
- Controlling High Blood Pressure*
- Follow-up After ED Visit for Substance Use or Dependence (30 day)
- Follow-up After ED Visit for Mental Illness (30 day)
- Topical Fluoride for Children**

San Luis Obispo

- Follow-up After ED Visit for Mental Illness (30 day)
- Well-Child Visits in the First 15 Months of Life
- Developmental Screening in the First Three Years of Life
- Topical Fluoride for Children**

*Projected results used an estimated medical record rate lift.
**Identified as a new measure, newly introduced. Working through what we can do to increase these rates.
Claims lag may artificially suggest a decrease in performance.

Ms. Geeb explained that in looking at those areas where we're not quite meeting benchmarks for the quarter, we have various improvement interventions underway.

Primary Improvement Activities

- Quality Care Incentive Program
- DHCS Performance Improvement Project
- Provider Quality Collaboratives

Next Steps

Monthly Monitoring conducted of other dashboards that we rolled out. In addition to the Quality Care Incentive Program, we do have a Population Health Management dashboard used to monitor utilization, and starting in 2024, we are developing and going to launch an annual medical record review program. The various aspects of care we will audit are hearing, vision and even well child visits and if there's anything that requires follow up that it is done timely.

Practice transformation support continues with our providers, and we are partnering with our Provider Relations Department to drive those improvements.

Dr. Major commented on the Topical Fluoride asking if it is just services provided by dentists or can pediatrics do it too? Ms. Geeb

	responded yes; pediatrics can do it too. It looks at the Topical Fluoride or Oral Health screening assessment up to age 20. Dr. Major added, thanks for the vision care. This is something brand new. I had a meeting with Renee and people at DHCS, we had a study commissioned by the Imperial College of London as a needs assessment. So, I'm really pushing this. You'll be the first. The problem is there's no data anywhere in the system. Thank you for the data, we'll have a place that we can say, there is the data. This vision care in invisible. It really is invisible in the state and so, thank you so much for being a leader on this and for our kids' sake, as a person that's there. Thank you. Concluding discussion, ***motion made*** by Ms. Macdonald to approve *the QIHEC report,* as presented; seconded by Dr. Major. Motion passed.	
14. QIHETP Systems Integration – Key Performance Metrics Reporting Cathy Slaughter, Director, Provider Relations	Ms. Slaughter spoke to the Committee about QIHETP Systems Integration -Key performance Metrics Reporting - Access & Availability and accompanied her oral update with a PowerPoint Presentation. **Access & Availability Standards Overview** DHCS requires plans to have standards that outlines our annual assessment for annual network certification. This is our opportunity to see if our providers in network meet the needs of our members. CenCal Health completes an annual assessment and monitoring of our compliance with network access and availability standards. The goal is to ensure that all CenCal Health members have access to Primary Care, Hospitals and Core Specialties. **Q3 2023 Findings** A review of the metrics measured shows the ratios broken down. Once we have an idea of where we are not meeting requirements, we are required to submit an alternative access standard to DHCS to let them know how we will meet or circumvent these gaps in compliance. **Next Steps** CenCal Health continually monitors access and availability to drive provider recruitment. CenCal Health continues collaborative partnerships with network providers to continue communication out to the network on the needs with the CenCal Health Network. Also, work with our larger partners like Valley Children's has pediatric specialists that come to our service area and a satellite clinic in North County, San Luis Obispo. However, the need for infectious disease, we've asked them if they can bring an infectious disease provider out and the response is the need for that specialty type does not meet what the turn around would be to have a practitioner here in network. We will continue having these conversations, to see how we might be able to expand the network to cover these. To ensure all members, have access to care, CenCal Health ensures network wide education on the plan's transportation benefit as well as the availability of telehealth services within our provider network.	

Eric Buben, Director, Member Services	**Timely Access Overview** DHCS does a quarterly time access survey to see if we meet timely access standards. They are outlined based upon provider type, how quickly can a member get in for an urgent or a non-urgent appointment. The state ends up doing targeted outreach where they have HSG reach out, ask questions to the providers, and then compare us to the state average. We consistently exceeded the average for Ancillary appointments but lower for statewide average for almost every other appointment type. **Next Steps** Our goal is to increase our comparative performance by continued engagement with our provider network, so they are ready for the survey. So, they understand what is being asked and how we can support them. Dr. Major asked Vision Care isn't a specialty grouped out, is it? Ms. Thompson responded: There are 16 core specialties that are part of the appointment availability methodology that DHCS performs. The sample size is very incredibly small because they survey both adults and children for each of those specialties, and they only survey each of those specialties once per year. We're talking just a handful of each of those specialty types. Thus, it's difficult to really draw conclusive information, but gives us something to go on because they are still comparing us to all the plans across the state. Dr. Major stated that we are losing our pediatric ophthalmologist, so I'd be very interested if Valley could bring somebody over for San Luis Obispo, because now the one from Santa Barbara is not coming up. Could we check to see if there's a pediatric ophthalmologist available for San Luis Obispo if they come over? I even have an office I can give them. We need it. Mr. Buben spoke to the Committee about Grievances & Appeals **Key Findings** Memo provided in packet. Slide showed outcomes and types assigned to clinical & non-clinical cases. Additional outcomes of mild, moderate, and major severe quality of care findings. These descriptions that we do and are setup with a point scoring value so we can make apples to apples comparisons of grievances received. As you have a benefit or a provider that sees thousands of members versus a provider that see maybe 1or 2 members, you want to be able to balance those as best you can to see if there are true trends for the outcomes. The results for the quarter are right in line with where we normally are in good percentages and overall. To summarize, we do monitor these regularly. The volume and outcomes and ensure that any of the PQI's that are identified that require follow up are resolved and carried through our grievance and appeal process, working closely with our medical directors and the clinical nurses. Any trends of significance are reported timely through our internal quality committees. Immediate actions are taken, and we do this to mitigate future concerns as quickly as possible.	**ACTION ITEM**: Check if there is a pediatric ophthalmologist available for SLO. F/U will be by Cathy Slaughter

Chris Hill, RN, MBA, Health Services Officer	For those quality-of-care outcomes I shared, the medical director, the Chief Medical Director in the group will decide to refer those to the peer review committee as necessary. Dr. Fonda is involved in pulling together peer review committee when that is warranted. All outcomes are kept confidential. Mr. Hill spoke to the Committee about Utilization Management and accompanied his oral update with a PowerPoint Presentation All in all, our denial rates, modified rates, approval rates, all are within normal ranges and really tie up nicely to the previous quarter. As I mentioned, we'll have a graph to see and monitor this more ongoing, next meeting. Dr. Fonda invited discussion or questions about either access or availability grievances and appeals or utilization management. Elizabeth Snyder asked if the 1100 patients in one quarter for referral to a long-term care facility. Mr. Hill responded no, there are reauthorizations. So, if they stay there, we'll reauthorize them. ***Motion made*** by Dr. Collins to approve *the QIHETP System Integration Key Performance Metrics Report* as presented; seconded by Dr. Bentley. Motion passed.	
15. QIHETP & Related Program Policies Carlos Hernandez, Quality & Population Health Officer	Mr. Hernandez spoke to the Committee about QIHETP & Related Program Policies and accompanied his oral update with a PowerPoint Presentation. **Background** Mr. Hernandez indicated this is the standing agenda item that is brough to the QIHEC each quarter, and for this quarters presentation, we have 14 policies that were included in your packet. Mr. Hernandez reviewed QIHEC responsibilities, review, and feedback to optimize QIHETP effectiveness. **Summary** Mr. Hernandez stated there is a new requirement this year for review of policies and making any recommendations to better address compliance with the QIHETP requirements that are established by DHCS to increase program effectiveness. Approval of these policies will be requested because your approval serves as recommendation to our Board, which is the next step for review of policies and approval. Next, Mr. Hernandez stated that at each QIHEC meeting for our presentation of policies, we highlight **one** of particular significance to the QIHEC and for this quarter's meeting I've highlighted the Community Advisory Board policy. Led by Dr. Do-Reynoso & Eric Buben Highlights include: • Influences QIHETP evolution through member & family-oriented engagement • Informs policy – and decision-making in an advisory capacity. • The CAB's composition reflects CenCal Health's member population. • A CAB liaison sits on both the CAB and the CenCal Health Board of Directors to ensure effective oversight.	None

	• Reports to QIHEC will demonstrate member & family engagement in policy - & decision-making. **Next Steps** Include presentation to the Board of Directors for their review, feedback, and subsequent approval. Equally your approval here at QIHEC is significantly important because the Board appoints the QIHEC as its accountable entity to oversee the effectiveness of the QIHEC program. After Board approval, staff will complete implementation of the policies, and then on a quarterly basis, as you've seen roughly ¼ of the QIHETP related policies and those that support NCQA accreditation will be brought for a year review annually on a quarterly schedule. Mr. Hernandez made the recommendation to approve the written QIHEC report and the attached policies that were presented in your packet for feedback and acceptance. There being none, Dr. Collins thanked Mr. Hernandez for the implementation of the new policies and asked for a motion to approve the agenda item. ***Motion made*** by Dr. Major to approve *the QIHETP Report & Related Program Policies* as presented; seconded by Ms. Snyder. Motion passed.	
Open Forum & Future Agenda Items	Dr. Fonda invited topics for future agenda items and any discussion topics that the Committee would like to pursue.	
Adjournment	There being no further business, Dr. Fonda thanked the Committee for their time & participation, and adjourned the meeting at 5:28 p.m.	

Respectfully submitted,

Pauline Perez

Executive Assistant

Approved,

Emily R. Fonda MD, MMM, CHCQM

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Emily Fonda, MD, CHCQM, MMM
Chief Medical Officer
Chair, Quality Improvement Committee