Quality Improvement Health Equity Transformation Committee (QIHETC) Summary
Date of meeting: <mark>March 4, 2025</mark>

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

Key Decision and Actions	Follow-up Actions	Status
I. **Opening**		
1. **Called to Order – 37 Attendees – Quorum met** 2. **Review and approval of previous Minutes: 12/3/2024 Minutes approved via eVote prior to the meeting** 3. **Announcements:**	N/A	closed
II. **NEW BUSINESS:**		
1. **Report submitted: EAE Reporting Q4 2024: Initial HRA and ICP Completion Report**	N/A	closed
2. **Report submitted: Provider & Network Management - Provider Access & Availability Survey (PAAS) – No Update for Q4**	N/A	closed
NEW BUSINESS FOR APPROVAL		

3. **Reported: Q4 2024 Call Center Report. Report Submitted. Pre-Approved**
  • **LOBs: Medi-Cal, Marketplace, lMedicare)**
    o   Member & Provider Contact Center – Call Tracking
    o   Statewide Call Tracking Resolution TAT
    o   Inquiry percentages   - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other
    o   Member Web Portal Transactions
    o   Member Mobile App Transactions
    o   Priorities and Conclusion
	N/A	closed

4. **Reported: MP– 30-day Welcome Call - White Glove Outreach Q4**. Report submitted and pre-approved prior to meeting.
  • MP Data Report - Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported.
  • Conclusion and Priorities reviewed.
	N/A	closed

5. **Reported. Initial Health Appointment - Report submitted and approved.**
 	
  • **Objective/Goal**
  • **Summary of Data Trends:**
    o   IHA Compliance Rate: Encounter Data
    o   IHA Call Outcomes (RS/SB, SD, SAC)
    o   IHA Outreach Team Appointments Scheduled YTD 2024
  • **Summary of Findings and Q4 2024 Actions & Recommended Actions & Next Steps**.
	N/A	closed

6. **Reported: Wellness and Prevention DHCS reporting – Overview – Report Received** **Purpose:** <table><tr><td>• EPSDT_USPSTF Wellness Dashboard • To be used to determine preventive service utilization rates & opportunities for improvement. • Provides an instant source of data & is static based on date of report & refresh date. • Data is organized per county, preventive service/screening, member, member PCP & "pay to".</td><td>• Denominator = members that need the service based on age and gender. • Numerator = members that have that service on file (claim or encounter). • Currently addressing data challenges and collaborating with EIM to identify the root cause of the issue. • Pending resolution and refresh of data.</td></tr></table> **Priority Measures: Measures reporting on in Q2 2025** **2025 Overall Strategy for Priority Measures**	N/A	closed

Key Decision and Actions	Follow-up Actions	Status

III: Old Business/Action Item(s)		
There was no old business from the 12-3-24 QIHETC		

IV: Variance Report(s):		
Departments that report up to the QIHETC have regulatory goals or standards that are set for them. If goal(s) are not met an explanation of barriers and interventions are to be reported. Variance Reports are reported at QIHETC for discussion as needed.		

1. **Delegation Oversite: No Variance to report**
2. **Facility Site Review: No Variance to report**
3. **Grievance And Appeals: Reported Variance**
    • Medi-Cal Clinical Standard and Expedited Appeals
    • Marketplace Clinical Standard and Expedited Appeals
    • Q4 2024 Medi-Cal Standard/Expedited Grievances
    • Q4 2024 MRKP Standard/Expedited Grievances
    • Interventions for MediCal and Marketplace
 	
4. **Healthcare Services**
    a) **UM OUT PT PRIOR AUTH TAT Q3 – Variance reported for:**
        • AUTHORIZATION TIMELINES: MediCal/Marketplace
        • Member / Provider Timely Notification of Outpatient Decision:
        • Opportunity, Actions taken and planned, Barrier Addressed and Reason for not taking action
    b) **UM Call Center: Q4 Variance reported**
        • Medical and Marketplace Call Center Statistics
            ➢ Seconds to answer
            ➢ % of answered Calls
            ➢ Abandonment Rate
        • Interventions and Timeframe
    c) **UM In Pt Review/Post Stabilization Report Q4- Variance reported for:**
        • Authorization Timeliness
        • Member/Provider timely Notification of Impatient Decision
        • Barrier Analysis, Opportunities and Interventions for above
 	
5. Initial Health Appointment (IHA) Variance Report - **(Variances are reported under Section II. Item 7)**
6. Member & Provider Contact Center Call Tracking - Variance reported for:
    • Statewide Call Tracking Q4 2024 - RESOLUTION TAT – Calls Offered to Call Center Resolution TAT Performance Goals
    • Barrier Analysis, Opportunities and Interventions actions planed and addressed
 	
7. Member & Provider Contact Center Ca MP 30 Day Welcome Call (Retention) - No Variance to report
8. **Nurse Advice Line - N**o Variance for Q4
9. **Pharmacy -** No Variance for Q4
10. **Professional Review – Reported via Committee Synopsis**
11. **Provider Network - N**o Variance for Q4
	N/A	closed

V: Committee Synopsis **Departments that report up to the QIHETC are required by regulation to have at least quarterly meetings. These Committees/subcommittees report up to QIHETC via Synopsis of their meetings and reports.**		

1. Access & Availability Committee (A&A): Report submitted.
• **Introductions & Announcements**
• **Old Business Actions:**
    o **Meeting Minutes from Previous Meeting –**
    o **Actions from Previous Meeting**
• **New Business Actions: N/A**
• **Standing Reporting as follows:**
    o Interpreter Utilization Cultural & Linguistics Services.
    o Quarterly Contracting Updates LOA/AD Hoc Request.
    o Initial Health Appointment (IHA) Oversight.
    o Prenatal Timeliness/Outreach.
    o Grievance Report
    o Member Services Call Center Access Performance – Annual Report:
    o Provider Appointment Availability (PAA) Updates
    o Provider Appointment & Availability Survey (PAAS) Updates - Direct Providers and Delegated
    o **Network Adequacy Reports – Geographic Accessibility & Alternative Access Standards (AAS)**
    o **Provider to Member Capacity Ratios**
    o Timely Access Compliance **Provider Survey Findings**
    o **DHCS Subcontractor Network Certification (SNC) Updates DMHC**
    o **Timely Access Report (TAR) Data Validation**
    o **DMHC MY2022/RY2023 TAR Findings PCP & NPMH - Monitoring Activities**
	None	**Closed**

2. Delegation Oversight Committee Q3
• **Delegation Oversight – All Counties - 2025 Quarterly Report**
    ▪ Total New Delegation Agreements Initiated
    ▪ Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement
    ▪ Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer
    ▪ Total Terminated Delegation Agreements
    ▪ Total Annual Audits Completed
    ▪ Total Corrective Action Plans Issued (Annual Audits)
    ▪ Total Corrective Action Plans Closed (Annual Audits)
    ▪ Barrier Analysis – none listed
	N/A
	N/A
		closed
		closed

3. Community Engagement- Q3 2024	**N/A**	**closed**

3. Community Engagement- Q3 2024

REGION	DESCRIPTION OF TOPICS	SUCCESSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS
COMMUNITY ADVISORY BORAD			
R/SB	reported	reported	Nothing to report
San Diego	reported	reported	reported
Los Angeles	reported	reported	Nothing to report
Sac	reported	reported	Nothing to report
MOLINA COMMUNITY COLLABORATIVE COMMITTEE			
San Diego	Reported	Reported	Nothing to report
Sac	Nothing to report	Nothing to report	Nothing to report
SB/R	Reported	Reported	Nothing to report
Los Angeles	Reported	Reported	Nothing to report

4. **Member Grievance and Appeals – Q4 2024**
 	
Member Grievance and Appeals SB/RVS, Sac, SD, IMP, LA
Medi-Cal:
   • TAT Time Performance, Overturn Rate (appeal & State Fair Hearing, Standard & Expedited Appeals, Appeals by Type, Clinical Decision Reason for Overturn Resolutions, Decision Reason Detail for Overturn Resolutions
   • Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Medical Post Service Non Clinical Appeal
   • Analysis
MarketPlace:
   • TAT Time Performance, Overturn Rate (appeal & State Fair Hearing, Standard & Expedited Appeals, Appeals by Type
   • Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeal
   • Analysis
Quality Report:
   • Reviewed Member Grievance & Appeals Quality Scorecard
Member and Provider Contact Center
   • Educational Opportunities
   • Q4 Appeals and Grievance
   • Contact Center Initiatives for A&G Improvement
   • CA DSNP & MMP Appeals and Grievances –
      o Pre-Service Appeals – Decisions
      o Type of Service
      o Grievances – First call Resolution vs. Standard
      o Grievances by NCQA Category
      o H5810-016/H3038-003 A & G & CTMS		

5. **Healthcare Services Committee – Q4. Report Submitted.**
Care Management Reports/Activities
   • **Clinical Management Reports/Activities**
      o **Over-utilization and Under-utilization Q3 2024 Report**
   • Care Management Reports/Activities
      o Case Management Phone Queue Report
      o Enhanced Care Management (ECM) Report
      o Community Supports (CS) Report
      o Palliative Care, My Care Program
      o Major Organ Transplant Report
      o CCS Regional Center Report
      o Behavioral Health Treatment Report
      o Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report
UTILIZATION MANAGEMENT REPORTS/ACTIVITIES
   • Inpatient Utilization Management Report
   • UM Decision Timeliness & Notification UM 5G NCQA Authorization Report PA/ IP Medi-Cal & Marketplace
   • UM Call Center Telephone Service Level Report
   • Delegation Oversight UM Reports
   • Emergency Department Support Unit and Post Stabilization Report
   • Behavioral Health Access Unit Data: Referrals Report & Volume, FUA/FUM Engagement Report
   • Pharmacy Phone Queue
   • Pharmacy Scorecards
   • Pharmacy Denial Report
   • Outpatient Utilization Management Timeliness Report
   • HealthNet - LA County
   • Inpatient Utilization Management Timeliness Report
   • **Medical Director IRR UM Summary Report (Monthly IRR, Appeals IRR, PQOC IRR)**
 	
2023 HCS Workplan
   • Q4 2024 Utilization Management
	N/A	**closed**

• Q4 2024 Long Term Services and Supports (LTSS)
• Q4 2024 Program Development
• Q4 2024 Behavioral Health
• Q4 2024 Case Management
• Q4 2024 Enhanced Care Management
• Q4 2024 Community Supports
• Q4 2024 Population Health Management
• Q4 2024 Health Education
• Q4 2024 Cultural Literacy
• Q4 2024 Incentive Programs
• Q4 2024 Internal Auditing
• Q4 2024 Peds and CCS/Regional Center-
• Q4 2024 My Right Care
• Q4 2024 Behavioral Health Treatment (BHT)
• Q4 2024 Palliative Care
• Q4 2024 Case Management
• Q4 2024 Transitions of Care
 	
Healthcare Services Committee - Quarterly Report - Policy and Procedure Review
    • Molina Clinical Policies: Medical, Radiology, and Pharmacy
        ○ Annual Reviews - MCPs (No Changes to Coverage Policy)
    • Behavioral Health
    • Case Management Policy & Procedure Review
    • Clinical Management Policy & Procedure Review Policy & Procedure Review
    • Enhanced Care Management Policy & Procedure Review
    • Utilization Management Policy & Procedure Review
    • Population Health Management		

6. Pharmacy Committee Synopsis Q4 Review of new drugs to markets and their formulary status, Medications with new formulations/strengths/combinations or 505b2 NDA, Utilization Management Criteria Review Updates, Additions, and Removals and New Business items (e.g. HOT drug list review, Formulary removals and additions, Medical preferred drug list review etc.) and New Indications review.	**N/A**	**closed**

7.   **Professional Review Committee Q2 2024**
    Credentialing Status
    • Initial Providers submitted for credentialing.
    • Initial Providers Credentialed Complete
    • % Providers Missing Information-Not Returned/Provider non-responsive
    Approved
    • Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee
    Denied/Terminated
    • Initial Providers Denied by the Credentialing Committee
    • Recred Providers Terminated by the Credentialing Committee
    Recredentialing Performance Metrics.
    • Total Providers Recredentialed
    • % Providers recredentialling incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentialing
    • **Total Providers out of compliance with recredentialing**
    Potential Quality of Care Cases
      Cases Referred to PRC:
    • Level 3: PQOCs referred to PRC for Peer Review
    • Level 4: PQOCs referred to PRC for Peer Review
    • Total Number of Corrective Actions Issued
    • Total Number of Corrective Actions Closed
	None	**Closed**

VI.	**Approval Documents** Approval Documents are required reports by regulation - quarterly or annual. As a time saving effort these documents are not reported but require review and approval. Policy and Procedure Annual Reviews and or individual updates are included via Summary of Changes		
1.	Analysis MHC Complaints and Appeals Review Q4 2024 (New Quarterly report as of 8/30/21)	**N/A**	**closed**
2.	Annual MHI Quality Improvement - Program Description for Current Year	**N/A**	**closed**
3.	**Annual MHI** 5-year Quality HCS Work Plan 2023-2027		
4.	**Annual MHI** Quality Improvement - Program Evaluation		
5.	**Semi Annual** 2023-2027 Annual and Five-Year Quality HCS Work Plan Update		
6.	Pharmacy Annual P&P Review - Summary of Changes		
7.	Quality Improvement Policies – Summary of Changes (part 2)		
Meeting Adjourned: Next meeting 6/3/25			