

**Quality Improvement Health Equity Transformation Committee (QIHETC) Synopsis**

Date of meeting: **September 3, 2024**

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

Key Decision and Actions	Follow-up Actions	Status
<b>I. Opening</b>		
<ol style="list-style-type: none"> <li>1. <b>Called to Order – 46 Attendees – Quorum met</b></li> <li>2. <b>Review and approval of previous Minutes: 6/4/2024 Minutes approved via eVote prior to the meeting</b></li> <li>3. <b>Announcements:</b> The new QIHETC Medi-Cal Los Angeles reporting process was reviewed.</li> </ol>		
<b>II. NEW BUSINESS:</b>		
<ol style="list-style-type: none"> <li>1. <b>Reported: EAE Reporting Q2 2024: Initial HRA and ICP Completion Report</b></li> <li>2. <b>Reported: Provider &amp; Network Management - Provider Access &amp; Availability Survey (PAAS) Update. Q2 No updates for Q2</b></li> </ol>		
<b>NEW BUSINESS FOR APPROVAL</b>		
<ol style="list-style-type: none"> <li>3. <b>Reported: Q2 2024 Call Center Report. Report Submitted. Pre-Approved</b> <ul style="list-style-type: none"> <li>• <b>LOBs: (Marketplace, Medi-Cal, Medicare)</b> <ul style="list-style-type: none"> <li>○ Member &amp; Provider Contact Center – Call Tracking</li> <li>○ Medi-Cal inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other</li> <li>○ Member Web Portal Transactions</li> <li>○ Member Mobile App Transactions</li> <li>○ Priorities and conclusion</li> </ul> </li> </ul> </li> </ol>		
<ol style="list-style-type: none"> <li>4. <b>Reported: MP– 30-day Welcome Call - White Glove Outreach Q2.</b> Report submitted and pre-approved prior to meeting.           <ul style="list-style-type: none"> <li>• <b>MP Welcome Call Purpose, Methodology and Frequency reviewed.</b></li> <li>• <b>Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported.</b></li> <li>• <b>Conclusion and Priorities reviewed.</b></li> </ul> </li> </ol>		
<ol style="list-style-type: none"> <li>5. <b>Reported. Initial Health Appointment - Report submitted and approved.</b> <ul style="list-style-type: none"> <li>• <b>Objective/Goal</b></li> <li>• <b>Summary of Data Trends:</b> <ul style="list-style-type: none"> <li>○ <b>IHA Compliance Rate: Encounter Data</b></li> <li>○ <b>IHA Call Outcomes (RS/SB, SD, SAC)</b></li> <li>○ <b>IHA Outreach Team Appointments Scheduled YTD</b></li> </ul> </li> <li>• <b>Summary of Findings and Q2 2024 Actions &amp; Recommended Actions &amp; Next Steps.</b></li> </ul> </li> </ol>		
<ol style="list-style-type: none"> <li>6. <b>Reported: Wellness and Prevention DHCS reporting – Overview</b> <ul style="list-style-type: none"> <li>• <b>Purpose and Overview</b> <ul style="list-style-type: none"> <li>• Build Phase 1 – complete               <ul style="list-style-type: none"> <li>○ “simple” preventive service criteria</li> </ul> </li> <li>• Build Phase 2 – TBD --- in transition to CA Reporting Team               <ul style="list-style-type: none"> <li>○ “complex” preventive service criteria</li> </ul> </li> <li>• Run baseline data – Complete</li> <li>• Develop appropriate goals &amp; interventions – in progress               <ul style="list-style-type: none"> <li>○ Achieving Equity in Primary Care (AEPC) grant program support</li> </ul> </li> <li>• Conduct Quarterly reporting and analysis – logic revision needed</li> <li>• QIHETC reporting report tracking</li> </ul> </li> </ul> <p><b>Planned Dashboard Revisions</b>  <b>Next Steps: Analysis, Intervention, Evaluation, QIHETC Reporting</b></p> </li> </ol>		

Key Decision and Actions	Follow-up Actions	Status
<b>III: Old Business/Action Item(s)</b>		
<b>No Action Items from the June 4, 2024 QIHETC Meeting</b>		
<b>IV: Variance Report(s):</b>		
<b>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.</b>		
<ol style="list-style-type: none"> <li>1. <b>Delegation Oversight: No Variance to report for Q2</b></li> <li>2. <b>Facility Site Review: No Variance to report for Q2</b></li> <li>3. <b>Grievance And Appeals: Reported Variance</b> <ul style="list-style-type: none"> <li>• <b>Medical Standard Appeals and Expedited Appeals</b></li> <li>• <b>Market Place Standard Appeals and Expedited Appeals</b></li> <li>• <b>Q2 2024 Medi-Cal Standard/Expedited Grievances</b></li> <li>• <b>Q2 2024 MRKP Standard/Expedited Grievances</b></li> <li>• <b>Interventions for MediCal and Marketplace</b></li> </ul> </li> <li>4. <b>Healthcare Services</b> <ol style="list-style-type: none"> <li>a) <b>UM OUT PT PRIOR AUTH TAT Q2 – Variance reported for:</b> <ul style="list-style-type: none"> <li>• <b>AUTHORIZATION TIMELINES: MediCal</b></li> <li>• <b>Member / Provider Timely Notification of Outpatient Decision:</b></li> <li>• <b>Opportunity, Actions taken and planned, Barrier Addressed and Reason for not taking action</b></li> </ul> </li> <li>b) <b>UM Call Center: No Variances to report for Q2</b></li> <li>c) <b>UM In Pt Review/Post Stabilization Report Q2- Variance reported for:</b> <ul style="list-style-type: none"> <li>• <b>Inpatient Authorization Timeliness</b></li> <li>• <b>Member/Provider Timely Notification of Inpatient Decision</b></li> <li>• <b>Post Stabilization TAT</b></li> <li>• <b>Barrier Analysis and interventions</b></li> </ul> </li> </ol> </li> <li>5. <b>Initial Health Appointment (IHA) Variance Report - (Variances are reported under Section II. Item 5)</b></li> <li>6. <b>Member &amp; Provider Contact Center Call Tracking - No Variance for Q2</b></li> <li>7. <b>Member &amp; Provider Contact Center Call MP 30 Day Welcome Call (Retention) - No Variance for Q2</b></li> <li>8. <b>Nurse Advice Line - No Variance for Q2</b></li> <li>9. <b>Pharmacy - No Variance for Q2</b></li> <li>10. <b>Professional Review – Reported via Committee Synopsis</b></li> <li>11. <b>Provider Network - No Variance for Q2</b></li> </ol>		
<b>V: Committee Synopsis</b>		
<b>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.</b>		
<ol style="list-style-type: none"> <li>1. <b>Access &amp; Availability Committee (A&amp;A): Report submitted. Meeting Dates: 5/16/24</b> <ul style="list-style-type: none"> <li>• <b>Introductions &amp; Announcements</b> <ul style="list-style-type: none"> <li>• <b>Old Business Actions:</b></li> <li>• <b>Meeting Minutes from Previous Meeting –</b></li> <li>• <b>Actions from Previous Meeting</b></li> <li>• <b>New Business Actions: N/A</b></li> <li>• <b>Standing Reporting as follows:</b></li> </ul> </li> <li>• <b>Interpreter Utilization Cultural &amp; Linguistics Services.</b> <ul style="list-style-type: none"> <li>• <b>Quarterly Contracting Updates LOA/AD Hoc Request.</b></li> <li>• <b>Initial Health Appointment (IHA) Oversight.</b></li> <li>• <b>Prenatal Timeliness/Outreach</b></li> <li>• <b>Grievance Report &amp; Office Visit Wait Time Report.</b></li> <li>• <b>Network Adequacy Reports, Geo Access Report, Member to Provider Ratio Report.</b></li> <li>• <b>AAS Analysis Geo Report.</b></li> <li>• <b>QMRT Raw Data Call Status Findings</b></li> </ul> </li> </ul> </li> </ol>	<b>None</b>	<b>Closed</b>

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<ul style="list-style-type: none"> <li>• Access and Availability Survey (PAAS &amp; PAA) Results</li> <li>• Provider Appointment &amp; Availability Survey (PAA) CAP Updates</li> <li>• Network Compliance Filings Updates:</li> <li>• Annual Network Certification (ANC)</li> <li>• Network Guidance Alignment dates.</li> <li>• <b>Summary of Data Trends</b></li> </ul>																																														
<p><b>2. Delegation Oversight Committee Q2</b></p> <ul style="list-style-type: none"> <li>○ <b>Performance Metrics</b> <ul style="list-style-type: none"> <li>▪ Total New Delegation Agreements Initiated</li> <li>▪ Total Pre-delegation Audits Executed Prior to the Execution of the Delegation Agreement</li> <li>▪ Total Annual Audits Due for Delegation Arrangements in effect for 12 months or longer</li> <li>▪ Total Terminated Delegation Agreements</li> <li>▪ Total Annual Audits Completed</li> <li>▪ Total Corrective Action Plans Issued (Annual Audits)</li> <li>▪ Total Corrective Action Plans Closed (Annual Audits)</li> <li>▪ Barrier Analysis – none listed</li> </ul> </li> </ul>																																														
<p><b>3. Community Engagement- Q2 2024</b></p> <table border="1" data-bbox="285 651 1287 963"> <thead> <tr> <th>REGION</th> <th>DESCRIPTION OF TOPICS</th> <th>SUCCESSSES IDENTIFIED</th> <th>OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>COMMUNITY ADVISORY BORAD</b></td> </tr> <tr> <td>R/SB</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td>San Diego</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td>Los Angeles</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td>Sac</td> <td>reported</td> <td>reported</td> <td>reported</td> </tr> <tr> <td colspan="4"><b>MOLINA COMMUNITY COLLABORATIVE COMMITTEE</b></td> </tr> <tr> <td>San Diego</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> <tr> <td>Sac</td> <td>Nothing to report</td> <td>Nothing to report</td> <td>Nothing to report</td> </tr> <tr> <td>SB/R</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> <tr> <td>Los Angeles</td> <td>reported</td> <td>reported</td> <td>Nothing to report</td> </tr> </tbody> </table>	REGION	DESCRIPTION OF TOPICS	SUCCESSSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS	<b>COMMUNITY ADVISORY BORAD</b>				R/SB	reported	reported	reported	San Diego	reported	reported	reported	Los Angeles	reported	reported	reported	Sac	reported	reported	reported	<b>MOLINA COMMUNITY COLLABORATIVE COMMITTEE</b>				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		
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<p><b>4. Member Grievance and Appeals – Q2 2024</b></p> <p><b>Member Grievance and Appeals</b></p> <ul style="list-style-type: none"> <li>• Member Appeals and State Fair Hearing TAT, Clinical Decisions and Service types</li> <li>• Methodology reviewed:</li> <li>• Medi-Cal TAT Time Performance, Overturn Rate (Appeal &amp; State Fair Hearing), Standard and Expedited Appeals, Appeals by Type <ul style="list-style-type: none"> <li>○ Appeal-Clinical Decision Reason and detail for Overturn Resolutions</li> </ul> </li> <li>• Marketplace TAT Performance, Overturn Rate, Appeals by Type, Standard and Expedited Appeals</li> <li>• Medi-Cal Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeals</li> <li>• Marketplace Standard/Expedited Grievances, Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeals</li> <li>• Analysis for Medi-Cal and Marketplace</li> <li>• Reviewed Member Grievance &amp; Appeals Quality Scorecard</li> <li>• Member and Provider Contact Center - A &amp; G Committee Meeting</li> <li>• CA DSNP &amp; MMP Appeals and Grievances</li> </ul>																																														
<p><b>5. Healthcare Services Committee – Q2. Report Submitted. Care Management Reports/Activities</b></p> <ul style="list-style-type: none"> <li>• <b>Clinical Management Reports/Activities</b> <ul style="list-style-type: none"> <li>○ <b>Over-utilization and Under-utilization Q2 2024 Report</b></li> </ul> </li> </ul>																																														

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<ul style="list-style-type: none"> <li>• Care Management Reports/Activities <ul style="list-style-type: none"> <li>○ Case Management Phone Queue Report</li> <li>○ Enhanced Care Management (ECM) Report</li> <li>○ Community Supports (CS) Report</li> <li>○ Palliative Care, My Care Program</li> <li>○ Major Organ Transplant Report</li> <li>○ CCS Regional Center Report</li> <li>○ Behavioral Health Treatment Report</li> <li>○ Long Term Care (LTC) Utilization Report</li> <li>○ Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report</li> </ul> </li> </ul> <p><b>UTILIZATION MANAGEMENT REPORTS/ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• <b>Inpatient Utilization Management Report</b></li> <li>• <b>UM Decision Timeliness &amp; Notification UM 5G NCQA Authorization Report PA/ IP Medi-Cal &amp; Marketplace</b></li> <li>• <b>UM Call Center Telephone Service Level Report</b></li> <li>• <b>Delegation Oversight UM Reports</b></li> <li>• <b>Emergency Department Support Unit and Post Stabilization Report</b></li> <li>• <b>Pharmacy Scorecards</b></li> <li>• <b>Pharmacy Phone Queue</b></li> <li>• <b>Inpatient Utilization Management Timeliness Report</b></li> <li>• <b>Outpatient Utilization Management Timeliness Report</b></li> <li>• <b>HealthNet - LA County</b></li> <li>• <b>Inter-Rater Reliability Analysis: MD Appeals and Denials</b></li> <li>• <b>Pharmacy Denial Report</b></li> </ul> <p><b>2023 HCS Workplan</b></p> <ul style="list-style-type: none"> <li>▪ <b>Utilization Management</b> <ul style="list-style-type: none"> <li>• <b>Long Term Services and Supports (LTSS)</b></li> <li>• Program Development</li> <li>• Behavioral Health</li> <li>• Case Management</li> <li>• Enhanced Care Management</li> <li>• Community Supports</li> <li>• Population Health Management</li> <li>• Health Education</li> <li>• Cultural Literacy</li> <li>• Incentive Programs</li> <li>• Internal Auditing</li> <li>• Peds and CCS/Regional Center-</li> <li>• My Right Care</li> <li>• Behavioral Health Treatment (BHT)</li> <li>• Palliative Care</li> <li>• Case Management</li> <li>• Transitions of Care</li> </ul> </li> </ul> <p><b>Healthcare Services Committee - Quarterly Report - Policy and Procedure Review</b></p> <ul style="list-style-type: none"> <li>• Molina Clinical Policies: Medical, Radiology, and Pharmacy</li> <li>• Behavioral Health</li> <li>• Case Management</li> <li>• Case Management &amp; Utilization Management</li> <li>• Case Management &amp; Population Health Hybrid</li> <li>• Utilization Management Policy &amp; Procedure Review</li> <li>• Population Health Management</li> <li>• Incentive Program</li> <li>• Community Supports</li> <li>• Enhanced Care Management</li> </ul>		

Key Decision and Actions			Follow-up Actions	Status
6. Pharmacy Committee Synopsis Q2				
<b>Key Decision and Actions</b>	<b>Follow-up Actions</b>	<b>Status</b>		
Updates, Additions and Removals to Formulary (applicable only to CA Marketplace)	None	Complete		
Split-Fill List Annual Review	None	Complete		
Biogen to Realign Resources for Alzheimer’s Disease Franchise	None	Complete		
SmartPA auto auth extension- Molina ONE/MKP	None	Complete		
High-Cost Outlier Target (HOT) Drug List Review	None	Complete		
Opill OTC Contraceptive Additions	None	Complete		
Formulary Updates 7/1/2024 Positive Changes	None	Complete		
New Drug Indications review	None	Complete		
<b>7. Professional Review Committee Q2 2024</b> <b>Credentialing Status</b> <ul style="list-style-type: none"> <li>Initial Providers submitted for credentialing.</li> <li>Initial Providers Credentialed Complete</li> <li>% Providers Missing Information-Not Returned/Provider non-responsive</li> </ul> <b>Approved</b> <ul style="list-style-type: none"> <li>Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee</li> </ul> <b>Denied/Terminated</b> <ul style="list-style-type: none"> <li>Initial Providers Denied by the Credentialing Committee</li> <li>Recred Providers Terminated by the Credentialing Committee</li> </ul> <b>Recredentialing Performance Metrics.</b> <ul style="list-style-type: none"> <li>Total Providers Recredentialed</li> <li>% Providers recredentialling incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentialling</li> </ul> <b>Potential Quality of Care Cases</b> <ul style="list-style-type: none"> <li>Level 3 &amp; Level 4</li> <li>Total number of corrective actions listed and total number closed</li> </ul>			None	Closed
<b>VI. Approval Documents</b> 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 Q2 2024 (New Quarterly report as of 8/30/21)				
2. Semi Annual MHI Quality Improvement - Program Workplan Q1-Q				
Note: No updates at this time. The workplan is a working document. It is reviewed at a minimum annually, but modifications can be made during the year.				
Meeting Adjourned: Next meeting 12/3/24				