



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

## February 8, 2024 Agenda and Summary

<b>CHAIRS</b> VP, Medical Director, Medi-Cal VP, Health Equity	<b>MEETING TIME</b> February 8, 2024 2:00 p.m. – 4:00 p.m. PST	<b>LOCATION / DIAL-IN #</b> ZOOM
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TIME	TOPIC	SUMMARY
02:00 – 02:05	Roll Call	Roll was taken and quorum confirmed.
	Call to Order and Announcements	<ul style="list-style-type: none"> <li>• New Committee members were welcomed.</li> <li>• California Health &amp; Wellness (CH&amp;W) sunsetted on 12/31/2024. Q4 data was included in Consent Agenda to close out 2023.</li> <li>• As of 1/1/2024, HN is contracted in 10 CA counties. Reporting for the new HN contracted counties will be presented in Q2 2024.</li> <li>• Community Health Plan of Imperial Valley (CHPIV) data will be reported at the HNCS QIHEC starting Q2 2024.</li> <li>• Behavioral Health (BH) will be integrated into HNCS QIHEC reporting.</li> </ul>
	Review of Minutes November 9, 2023	Committee minutes were reviewed and approved.
02:05 – 02:10	<b>Consent Agenda</b> <ol style="list-style-type: none"> <li>a) D-SNP CM Performance Metric Report</li> <li>b) Member Services &amp; Provider Call Center Report</li> <li>c) Peer Review Credentialing Potential Quality Issues (PQI)/ Quality of Care (QOC) Access Report</li> <li>d) Long Term Supports and Services Report</li> </ol>	Detailed information for Consent reports included in the Committee packet. Consent Agenda was reviewed and approved.



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	<ul style="list-style-type: none"> <li>e) Behavioral Health Summary</li> <li>f) Service Coordination Report</li> <li>g) Pharmacy &amp; Therapeutics Metrics</li> <li>h) RY 2023 Accessibility of Services Reports</li> <li>i) Q2 Medi-Cal Appeals &amp; Grievance Report</li> <li>j) Provider Operations Manual Updates</li> <li>k) Corporate Clinical Policies</li> <li>l) Q4 CH&amp;W QIHEC Reports</li> </ul>	
02:10 – 02:15	<b>Old Business</b>	
	Action Items	There were 5 action items reviewed. Closure of the action items was approved.
	<b>New Business</b>	
02:15 – 02:20	<p>2024 HNCS QIHEC Administration Documents</p> <ul style="list-style-type: none"> <li>a) Committee Charter</li> <li>b) Committee Matrix</li> <li>c) Committee Calendar</li> <li>d) Committee Roster</li> </ul>	<p>The HNCS QIHEC will meet quarterly in 2024.</p> <ul style="list-style-type: none"> <li>• February 8, 2024</li> <li>• May 9, 2024</li> <li>• August 8, 2024</li> <li>• November 14, 2024</li> </ul> <p>Updates to the Charter were reviewed. The Charter, matrix, calendar and roster were approved.</p>
02:20 – 02:30	<p>Population Health Management (PHM)</p> <ul style="list-style-type: none"> <li>a) PHM/HE Governance Quarterly Update</li> <li>b) 2023 Effectiveness Analysis Report</li> </ul>	<p>The PHM quarterly update included an overview of the CalAIM Population Health Equity (CPHE) Campaign Management. The goal of the Campaign will be to support Basic PHM as well as Medium/Rising/High Risk Management. Key External partners include Local Health Departments, CBOs, Primary Care Providers (PCPs)</p>



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		<p>Non-traditional Providers, and other Memorandum of Understanding (MOU) Partners.</p> <p>The 2023 PHM Effectiveness Analysis Report was also presented. PHM programs were evaluated for the National Committee of Quality Assurance (NCQA) four focus areas.</p> <p>Both reports were reviewed and approved by the Committee.</p>
02:30 – 02:40	Community Advisory Committee (CAC) Update	The CAC report was deferred to the Q2 2024 meeting.
	<b>Medical Management</b>	
02:40 – 02:50	<p>Appeals &amp; Grievance Report</p> <ul style="list-style-type: none"> <li>a) A&amp;G Report</li> <li>b) A&amp;G Turn Around Time (TAT) and Volume Reports <ul style="list-style-type: none"> <li>i. Medi-Cal</li> <li>ii. D-SNP</li> </ul> </li> </ul>	<p>The Q4 Appeals and Grievances report was provided for Medi-Cal and D-SNP. For Medi-Cal, quarter-over-quarter data demonstrated a decrease in grievances due to upcoming subcontractor health plan transition. Compliance for D-SNP was 97.69% for appeals and 99% grievances. Top access to care appeals and grievances were shared for both Medi-Cal and D-SNP. Reports were approved by Committee.</p>
02:50 – 03:05	<p>Case Management</p> <ul style="list-style-type: none"> <li>a) Q4 Medi-Cal Key Indicator Report</li> <li>b) Q3 and Q4 D-SNP Key Indicator Report</li> </ul>	<p>The Q4 Key Indicator report was presented for Medi-Cal. The metrics shared included physical health (PH), behavioral health (BH), and maternity. Case Management (CM) reported on total cases managed, outreached, engagement rate, and utilization outcomes. Member satisfaction and CM file audit results were also shared. The committee approved the Medi-Cal CM report.</p> <p>The Q3 report for D-SNP was included for approval. The Q4 report a CM team audit</p>



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		average of 95%. CM focused on care gap closure in Q3 and Q4. MHN BH is no longer co-managed with SNP CM.
03:05 – 03:20	<p>Utilization Management</p> <ul style="list-style-type: none"> <li>a) 2024 Program Description</li> <li>b) 2024 UM/CM Work Plan</li> <li>c) 2023 UM/CM Work Plan Evaluation</li> <li>d) Q4 Key Indicator Report</li> <li>e) Q4 Clinical Policies</li> </ul>	<p>The 2024 Program Description, Work Plan, and 2023 Work Plan Evaluation were presented for approval. Key changes to the 2024 documents were also reviewed.</p> <p>The UM data for admits per thousand, average length of stays (ALOS), ER visits per thousand, days per thousand, readmit percentage per thousand, and outpatient services (OPS) per thousand was presented for Q4. Turn-around-time (TAT) was met in Q4 for routine (100%) and urgent authorizations (98.89%). Dental Anesthesia was reported by county. The clinical policy for Palliative Care was presented and approved.</p>
	<b>Health Equity</b>	
03:20 – 03:30	<p>Health Equity</p> <ul style="list-style-type: none"> <li>a) 2024 Program Description</li> <li>b) 2024 Work Plan</li> <li>c) 2023 Work Plan Evaluation</li> </ul>	<p>The 2024 Program Description, Work Plan, and 2023 Work Plan Evaluation were presented for approval. Key changes to the 2024 documents and 2023 accomplishments were also reviewed. External providers made recommendations to help address social determinants of health (SDoH). Documents were approved by the Committee.</p>
	<b>Quality Improvement</b>	
03:30 – 03:40	Quarterly Evaluation of Accessibility	<p>The Quarterly Evaluation of Access Grievances was provided for Quality of Care (QOC) and Quality of Service (QOS). The Customer Contact Center (CCC) Q4 2023 data declined compared to Q4 2022. Targets missed were primarily due to membership transition to subcontractor</p>



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		health plan. The Access report was approved by the Committee.
03:40 – 03:50	<p>Quality Improvement</p> <ul style="list-style-type: none"> <li>a) 2024 Program Description</li> <li>b) 2024 Work Plan</li> <li>c) 2023 Work Plan Evaluation</li> <li>d) HEDIS Update</li> <li>e) Initial Health Assessment (IHA) Report</li> <li>f) Lead Screening Report</li> </ul>	<p>The 2024 Program Description, Work Plan, and 2023 Work Plan Evaluation were presented for approval. The Program Description was updated to align with the Department of Health Care Services (DHCS) requirements. Quality Improvement, Health Education, and Wellness were combined into one document. The Quality Improvement update included updates for Healthcare Effectiveness Data and Information Set (HEDIS), Quality Evaluating Data to Generate Excellence (EDGE), regulatory and programs, HE programs, Initial Health Assessment (IHA), and Lead Screening Completion (LCS). The QI update and documents were approved by the Committee.</p>
	<p><b>Next Meeting:</b>  <b>Date:</b> May 9, 2024  <b>Time:</b> 9:00 a.m. – 12:00 p.m. PDT  <b>Location:</b> Zoom</p>	
	<b>Adjournment</b>	

