

May 9, 2024 Agenda and Summary

CHAIRS

VP, Medical Director, Medi-Cal VP, Health Equity **MEETING TIME** May 9, 2024 9:00 a.m. – 12:00 p.m. PDT LOCATION / DIAL-IN #

ZOOM

TIME	TOPIC	SUMMARY
09:00 – 09:05	Roll Call	Roll was taken and quorum confirmed.
	Call to Order and Announcements	 New voting member was welcomed, Senior Vice President of Population Health & Clinical Operations (PHCO).
	Review of Minutes February 8, 2024	Committee minutes were reviewed and approved.
09:05 – 09:10	a) Member Services & Provider Call Center Report (HN/CHPIV) b) Peer Review Credentialing Potential Quality Issues (PQI)/ Quality of Care (QOC) Access Report (HN/CHPIV) c) Long Term Supports and Services Report (HN/CHPIV) d) Behavioral Health Summary e) Service Coordination Report (HN/CHPIV) f) Pharmacy & Therapeutics Metrics (HN/CHPIV) g) Facility Site, Medical Record Reviews, & Physical Accessibility Reviews (HN only) h) Public Policy Committee (HN only) and Community Advisory Committee (HN/CHPIV) i) Provider Operations Manual Updates (HN/CHPIV)	Detailed information for Consent reports included in the Committee packet. Consent reports include closing reports for California Health & Wellness (CH&W). Consent Agenda was reviewed and approved.



	 j) Inter Rater Reliability Results (IRR) (HN only) k) Access and Availability Governance Committee Update (HN only) l) Health Education Work Plan Evaluation (HN only) m) 2023 Population Health Management (PHM) Reports i. Population Analysis ii. Effectiveness Analysis n) Clinical Policies (HN/CHPIV) o) CH&W Reports 	
	Old Business	
09:10 – 09:15	Updated: HNCS QIHEC Charter	Dual (D-SNP) membership will be reported to the National Medicare Quality Improvement and Utilization Management (QIUM). HNCS charter was update to reflect the change.
	New Business	
09:15 – 09:25	PHM (HN/CHPIV) a) 2024 Strategy Description b) PHM Quarterly Update	The PHM Strategy Description describes the strategy for managing the health of the enrolled population, overview for how needs are identified and stratified, summarizes the program used to address the needs, and explains strategies to promote value-based care. The PHM quarterly update included an overview of the CalAIM Population Health Equity (CPHE) Campaign Management. The mission and strategic objectives, key priority populations, key measures impacted, and campaign types were covered. Campaigns are very targeted, tailored to meet needs, and



		close loop. Targeted populations will expand as programs progress. Both reports were reviewed and approved by the Committee.
09:25 – 09:35	Community Advisory Committee (CAC) a) 2023 Update (HN only)	The CAC is open to the public to collect feedback to better serve Medi-Cal counties. Member feedback from the 2023 meetings was shared with the Committee. CAC reporting was approved.
09:35 – 09:45	Call Center Reports (HN only) a) Quality & Accuracy of member Benefit Information b) Email Response Analysis c) New Member Understanding	The three reports presented are annual reports required for National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA). Results were shared, along with identified opportunities for improvement. Reports were approved.
09:45 – 09:55	California Children's Service (CCS) Report (HN/CHPIV)	The CCS report was provided for Health Net and Community Health Plan of Imperial Valley (CHPIV). Caseloads and approval rates improved in Q1 for HN. The average approval rate for CHPIV cases was 75%.
	Health Equity	
09:55 – 10:05	Health Equity Governance Report (HN only)	The Health Equity Strategy was shared. There are five strategic objectives. The domain covered was Harness the Power of our Health Equity Data. The goal is to steadily improve the quality, accuracy and accessibility of Health Equity data over the course of time. The report was approved.



10:05 – 10:15	Health Equity a) 2024 Program Description and Work Plan (CHPIV) b) 2023 Year-End Report (HN/CH&W) c) 2023 Year-End Language Assistance Program Report (HN/CH&W)	The 2024 CHPIV Program Description and Work Plan were presented for approval. The Program Description details the Health Equity Program Scope, Structure, Core Areas, Information Systems and Analytic Resources, Oversight and Monitoring, DEI and Cultural Humility, and relevant appendices. The HN 2023 Year-End report included accomplishments as aligned with Cultural and Linguistically Appropriate Services (CLAS), trainings, the Language Assistance Program (LAP) and an equity focused improvement campaign. The Year-End LAP reports were shared for HN and CH&W. The reports included utilization and data for telephone interpretation, face-to-face interpretation, sign language interpretation, and written translation. Documents were approved by the Committee.
	Quality Improvement	
10:15 – 10:25	Quarterly Evaluation of Accessibility (HN/CHPIV)	The Quarterly Evaluation of Access Grievances was provided for Quality of Care (QOC) and Quality of Service (QOS) for both HN and CHPIV. The Customer Contact Center (CCC) Q1 2024 data declined compared to Q1 2023. Targets missed were primarily due to membership transition to subcontractor health plan. The Access report was approved by the Committee.
10:25 – 10:40	Quality Improvement a) 2024 Program Description and Work Plan (CHPIV) b) HEDIS Update (HN/CHPIV)	The 2024 CHPIV Program Description and Work Plan were presented for approval.



	c) Initial Health Assessment (IHA) Report (HN/CH&W) d) Lead Screening Report (HN/CH&W)	Year-to-date gap closure needed to reach the 50th percentile was presented by county for HN and CHPIV. 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.
10:40 – 11:00	 2023 Quality Reports (HN only) a) Continuity and Coordination of Medical and Behavioral Health Care Report b) Member Experience Report i. Behavioral ii. Non-Behavioral 	The report for Improving Continuity and Coordination between Medical and Behavioral Health Care was presented. Identified opportunities and actions were shared for 2023. Two opportunities were selected for 2024. The reports for Member Experience were presented. The reports identify opportunities by conducting analysis of grievances, appeals, and Experience of Care and Health Outcomes (ECHO) / Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results. Both reports were reviewed and approved by the Committee.
11:00 – 11:10	Assessment of Member Experience Accessing Network Reports (HN only) a) Behavioral b) Non-Behavioral	The Assessment of Member Experience Accessing the Network reports were presented. The reports consider factors listed from the Member Experience report, as well as the Network Availability reports and Accessibility of Services reports presented at prior Committee meetings.



	Medical Management	
11:10 – 11:30	Utilization Management a) Over/Under Utilization (HN only) b) 2024 Program Description and UM/CM Work Plan (CHPIV) c) Q1 Key Indicator Report (HN/CHPIV)	The Over/Under Utilization report included claims data from January 2023 through December 2023 and demonstrated 93 unique PPG outliers. The 2024 CHPIV Program Description and Work Plan were presented for approval. The Program Description summarizes policies, processes, and standards that govern the UM program. The Work Plan required an edit following the Committee meeting. Approval for the revision was collected electronically. 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 Q1. Turn-around-time (TAT) was met in Q1 for both HN and CHPIV. Dental Anesthesia was reported by county. The reporting was approved.
11:30 – 11:40	Appeals & Grievance Report (HN/CHPIV) a) Q1 A&G Report b) A&G Turn Around Time (TAT) and Volume Reports	The Q1 Appeals and Grievances report was provided for HN and CHPIV. For HN, quarter-over-quarter data demonstrated a decrease in grievances due to recent county transition. Compliance for appeals was 100% and 99% for grievances. For CHPIV, the grievance and appeals compliance rate was 100%. Reports were approved by Committee.
11:40 – 11:55	Case Management a) 2024 Program Description (CHPIV) b) Q1 Key Indicator Report (HN/CHPIV)	The 2024 CHPIV Program Description was presented for approval.



	The Q1 Key Indicator report was presented for HN and CHPIV. 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 CM reporting and Program Description.
Committee Recommendation to the Board of Directors	There were no recommendations.
Next Meeting: Date: August 8, 2024 Time: 2:00 p.m. – 4:00 p.m. PDT Location: Zoom	
Adjournment	Meeting adjourned at 11:48 A.M.