



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

August 8, 2024 Agenda and Summary

CHAIRS VP, Medical Director, Medi-Cal VP, Health Equity	MEETING TIME August 8, 2024 2:00 p.m. – 4:00 p.m.	LOCATION / DIAL-IN # 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	The Department of Health Care Services (DHCS) released draft requirements for SB 1019/ APL 24-XXX: Non-Specialty Mental Health Services: Member Outreach, Education, and Experience Requirements. The plan is due to DHCS on October 1, 2024. DHCS is requiring Plans to consult with stakeholders to develop the standards by which outreach and education plans are reviewed and approved.
	Review of Minutes May 9, 2024	Committee minutes were reviewed and approved.
02:05 – 02:10	Consent Agenda <ul style="list-style-type: none"> a) Member Services & Provider Call Center Report (<i>HN/CHPIV</i>) b) Peer Review Credentialing Potential Quality Issues (PQI)/ Quality of Care (QOC) Access Report (<i>HN/CHPIV</i>) <ul style="list-style-type: none"> i. Q2 (<i>HN only</i>) ii. Q1-Q2 (<i>CHPIV only</i>) c) Q1-Q2 Credentialing Report (<i>CHPIV only</i>) d) Long Term Supports and Services Report (<i>HN/CHPIV</i>) e) Behavioral Health Summary f) Service Coordination Report (<i>HN/CHPIV</i>) 	Detailed information for Consent reports were included in the Committee packet. Consent reports include closing reports for California Health & Wellness (CH&W). Consent Agenda was reviewed and approved.



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	<ul style="list-style-type: none"> g) Pharmacy & Therapeutics Metrics <i>(HN/CHPIV)</i> h) Integrated Availability Reports <i>(HN only)</i> i) Directory Accuracy Report <i>(HN only)</i> j) Provider Operations Manual Updates <i>(HN/CHPIV)</i> k) Health Education Work Plan Evaluation <i>(CH&W only)</i> l) Q1-Q2 Appeals & Grievances (A&G) Reports <i>(CH&W only)</i> m) 2024 Population Health Management (PHM) Strategy <i>(HN/CHPIV)</i> n) Vendor Monitoring and Oversight Summary <i>(HN/CHPIV)</i> o) 2024 Program Descriptions <i>(CHPIV only)</i> <ul style="list-style-type: none"> i. Health Equity (HE) ii. Case Management (CM) p) Corporate Clinical Policies <i>(HN/CHPIV)</i> 	<p>The PHM Strategy was submitted for approval due to updates in compliance with APL 24-004.</p> <p>The Health Equity and Case Management Programs Description were submitted for approval due to edits specifying the delegation relationship between HN and CHPIV and the CHPIV organizational structure.</p>
	<p>New Business</p>	
<p>02:10 – 02:20</p>	<p>Continuity and Coordination of Medical Care <i>(HN only)</i></p>	<p>The report meets the National Committee for Quality Assurance (NCQA) Quality Improvement standard QI.3. Presenter provided the highlights of the first-year report including the latest results and a comparison to previous year rates; and the actions taken to improve continuity and coordination of medical care between practitioners and across settings.</p> <p>The report was approved by the Committee.</p>
<p>02:20 – 02:30</p>	<p>2023 Provider Satisfaction Report <i>(HN only)</i></p>	<p>Provider Satisfaction process collects provider feedback, identifies key initiatives for improvement, designs and implements</p>



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		<p>projects, and monitors experience and performance metrics. The goal is to reach the 90th percentile in overall provider satisfaction by 2027.</p> <p>The report was approved by the Committee.</p>
	Health Equity	
02:30 – 02:40	Health Equity Governance Report (HN/CHPIV)	<p>The Health Equity Strategy was shared. There are five strategic objectives. The domain covered was Advance our Knowledge, Competencies and Capabilities. There are three areas of focus.</p> <p>The report was approved.</p>
02:40 – 02:50	PHM Quarterly Report (HN/CHPIV)	<p>The objective of the CalAIM Member Campaign Program is to partner with internal and external stakeholders. Key priority populations, key measures impacted, and campaign types were shared, along with examples of campaigns for HN and CHPIV.</p>
02:50 – 03:00	<p>Health Equity (HN/CHPIV)</p> <ul style="list-style-type: none"> a) 2024 Mid-Year Work Plan Evaluation b) 2024 Mid-Year Language Assistance (LAP) Program Report 	<p>The 2024 Mid-Year HE Work Plan for HN and CHPIV were presented. Report included examples of tasks and activities completed for each domain.</p> <p>The Mid-Year LAP reports were shared for HN and CHPIV. The reports covered January – June 2024 and included evaluation of language services, trend analysis, and barriers identified.</p> <p>Documents were approved by the Committee.</p>





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	Quality Improvement	
03:00 – 03:10	Quarterly Evaluation of Accessibility (HN/CHPIV)	<p>The Quarterly Evaluation of Access Grievances was provided for Quality of Care (QOC) and Quality of Service (QOS) for both HN and CHPIV.</p> <p>The Access report was approved by the Committee.</p>
03:10 – 03:25	<p>Quality Improvement (HN/CHPIV)</p> <ul style="list-style-type: none"> a) 2024 Program Description and Mid-Year Work Plan Evaluation b) HEDIS Update c) Initial Health Assessment (IHA) Report d) Lead Screening Report 	<p>The Mid-Year Work Plan Evaluation reports for HN and CHPIV were presented.</p> <p>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).</p> <p>The QI update and documents were approved by the Committee.</p>
	Medical Management	
03:25 – 03:40	<p>Utilization Management</p> <ul style="list-style-type: none"> a) Mid-Year UM/CM Work Plan Evaluation (CHPIV only) b) Q2 Key Indicator Report (HN/CHPIV) c) Specialty Access Report (HN only) 	<p>The 2024 Mid-Year UM/CM Work Plan Evaluation for CHPIV was presented.</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 Q2. Turn-around-time (TAT) was met in Q2 for both HN and CHPIV. Dental Anesthesia was reported.</p> <p>The Specialty Access report was presented for HN. The purpose of the report is to monitor</p>



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		<p>specialty referrals for detection and correction of potential barriers to access, over-or underutilization, and compare to the previous year. The data is presented for high focus specialties only.</p> <p>The UM reports were approved.</p>
03:40 – 03:50	<p>Appeals & Grievance Report (<i>HN/CHPIV</i>)</p> <ul style="list-style-type: none"> a) Q2 A&G Report b) A&G Turn Around Time (TAT) and Volume Reports 	<p>The Q2 Appeals and Grievances report was provided for HN and CHPIV. Reports included quarter-over-quarter totals, top appeals reasons, and appeals for National Imaging Associates (NIA) and dental anesthesia.</p> <p>Reports were approved by Committee.</p>
03:50 – 04:00	<p>Case Management</p> <ul style="list-style-type: none"> a) 2023 Program Evaluation (<i>HN only</i>) b) Q2 Key Indicator Report (<i>HN/CHPIV</i>) 	<p>The Q2 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.</p> <p>The 2023 CM Program Evaluation was also presented for approval. The committee approved the CM reporting.</p>
	Committee Recommendation to the Board of Directors	There were no recommendations.
	<p>Next Meeting: Date: November 14, 2024 Time: 2:00 p.m. – 4:00 p.m. PDT Location: Zoom</p>	
	Adjournment	Meeting adjourned at 04:20 P.M.

