

Quality Improvement Health Equity Transformation Committee (QIHETC) Summary

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

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: 9/3/2024 Minutes approved via eVote prior to the meeting 3. Announcements: <ul style="list-style-type: none"> Discussed restructure of the Health Equity Department. 		N/A	closed
II. NEW BUSINESS:			
1. Report submitted: EAE Reporting Q3 2024: Initial HRA and ICP Completion Report		N/A	closed
2. Report submitted: Provider & Network Management - Provider Access & Availability Survey (PAAS) Update. Q3		N/A	closed
3. Report submitted: APL-24-012 Non-Specialty Mental Health Services PCP outreach, Education, and Experience <ul style="list-style-type: none"> Provider Relations proposed a plan to meet the regulatory requirement for annual outreach and education to PCPs regarding covered Non-Specialty Mental Health Services (NSMHS) 		N/A	closed
4. Report submitted: APL 24-012 None-Specialty Mental Health Services Member Outreach, Education, and Experience <ul style="list-style-type: none"> Member Outreach and Education Plan for Non-Specialty Mental Health Services reported to the QIHETC as regulatory requirement. 		N/A	closed
NEW BUSINESS FOR APPROVAL			
5. Reported: Q3 2024 Call Center Report. Report Submitted. Pre-Approved <ul style="list-style-type: none"> LOBs: (Marketplace, Medi-Cal, Medicare) <ul style="list-style-type: none"> Member & Provider Contact Center – Call Tracking Statewide Call Tracking Inquiry percentages - Call inquiries by defined categories of Service, Claims, Access, Pharmacy, and other Member Web Portal Transactions Member Mobile App Transactions Priorities and Conclusion 		N/A	closed
6. Reported: MP– 30-day Welcome Call - White Glove Outreach Q3. Report submitted and pre-approved prior to meeting. <ul style="list-style-type: none"> MP Welcome Call Purpose, Methodology and Frequency reviewed. MP Data Report - Members Attempted, Members Reached, Successful Completed Calls, Wrong/Disconnected #s reported. Conclusion and Priorities reviewed. 		N/A	closed
7. Reported. Initial Health Appointment - Report submitted and approved. <ul style="list-style-type: none"> Objective/Goal Summary of Data Trends: <ul style="list-style-type: none"> IHA Compliance Rate: Encounter Data IHA Call Outcomes (RS/SB, SD, SAC) IHA Outreach Team Appointments Scheduled YTD Summary of Findings and Q2 2024 Actions & Recommended Actions & Next Steps. 		N/A	closed
8. Reported: Wellness and Prevention DHCS reporting – Overview Q3 Pended to March 2025 QIHETC		N/A	closed

III: Old Business/Action Item(s)		
Action Items from the September 3, 2024 QIHETC Meeting		N/A
Call Center Report Confirmation of grievance category reporting and review of Access & Availability (A&A) category for Marketplace. <i>Asked if grievances fall into the Service bucket. Will confirm and report back. Grievances are coded to a "C" Code and pulled from Sales force and we are able to see all.</i>	Grievance category confirmed and A&A findings shared.	N/A
Call Center Report – Page 6 of Minutes <i>TAT Variance for Q2 will be reported/included at the next meeting.</i>	Variance report has been uploaded for Q2 to be reported with Q3 Variance report under Section IV.	N/A

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 Oversight: No Variance to report for Q2 2. Facility Site Review: No Variance to report for Q2 3. Grievance And Appeals: Reported Variance <ul style="list-style-type: none"> Medi-Cal Clinical Standard and Expedited Appeals Marketplace Clinical Standard and Expedited Appeals Q3 2024 Medi-Cal Standard/Expedited Grievances Q3 2024 MRKP Standard/Expedited Grievances Interventions for MediCal and Marketplace 4. Healthcare Services <ul style="list-style-type: none"> a) UM OUT PT PRIOR AUTH TAT Q3 – Variance reported for: <ul style="list-style-type: none"> 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: Q3 Variance reported <ul style="list-style-type: none"> Medical and Marketplace Call Center Statistics <ul style="list-style-type: none"> Seconds to answer % of answered Calls Abandonment Rate Interventions and Timeframe c) UM In Pt Review/Post Stabilization Report Q3- Variance reported for: <ul style="list-style-type: none"> Post Stabilization TAT Authorization Timeliness Member/Provider timely Notification of Inpatient 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 - No Variance for Q2 7. Member & Provider Contact Center Ca MP 30 Day Welcome Call (Retention) - <ul style="list-style-type: none"> Variance reported for Q2 and Q3 for Medi-Cal, Marketplace and Medicare (Internal Goals) <ul style="list-style-type: none"> 95% of Inquiries closed within 48 hours <3% of Inquiries closed within 3 days <2% in 5+ days Opportunity, Action Intervention Taken and Planned and Barrier Addressed 8. Nurse Advice Line - No Variance for Q3 9. Pharmacy - No Variance for Q3 10. Professional Review – Reported via Committee Synopsis 11. Provider Network - No Variance for Q3	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. <ul style="list-style-type: none">• Introductions & Announcements• Old Business Actions:• Meeting Minutes from Previous Meeting –• Actions from Previous Meeting• New Business Actions: N/A• Standing Reporting as follows:<ul style="list-style-type: none">○ Interpreter Utilization Cultural & Linguistics Services.○ Policy and Procedures.○ Interpreter Utilization Cultural & Linguistics Services.○ Quarterly Contracting Updates LOA/AD Hoc Request.○ Initial Health Appointment (IHA) Oversight.○ Prenatal Timeliness/Outreach.○ Grievance Report & Office Visit Wait Time Report○ Network Adequacy Reports, Geo Access Report, Member to Provider Ratio Report.○ AAS Analysis Geo Report.○ QMRT Raw Data Call Status Findings.○ Provider Appointment Availability (PAA) Updates.○ Provider Appointment & Availability Survey (PAAS) Updates.○ Timely Access Compliance (TAC) Report				None	Closed																																																
2. Delegation Oversight Committee Q3 <ul style="list-style-type: none">• Q3 2024 Quarterly Review - Delegation Oversight 2023 Quarterly Report<ul style="list-style-type: none">▪ 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 <table><tr><th>REGION</th><th>DESCRIPTION OF TOPICS</th><th>SUCCESSSES IDENTIFIED</th><th>OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS</th></tr><tr><td colspan="4">COMMUNITY ADVISORY BORAD</td></tr><tr><td>R/SB</td><td>reported</td><td>reported</td><td>Nothing to report</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>Nothing to report</td></tr><tr><td colspan="4">MOLINA COMMUNITY COLLABORATIVE COMMITTEE</td></tr><tr><td>San Diego</td><td>Nothing to report</td><td>Nothing to report</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>Nothing to report</td><td>Nothing to report</td><td>Nothing to report</td></tr><tr><td>Los Angeles</td><td>Nothing to report</td><td>Nothing to report</td><td>Nothing to report</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>				REGION	DESCRIPTION OF TOPICS	SUCCESSSES IDENTIFIED	OPPORTUNITIES IDENTIFIED / PLANNED INTERVENTIONS	COMMUNITY ADVISORY BORAD				R/SB	reported	reported	Nothing to report	San Diego	reported	reported	reported	Los Angeles	reported	reported	reported	Sac	reported	reported	Nothing to report	MOLINA COMMUNITY COLLABORATIVE COMMITTEE				San Diego	Nothing to report	Nothing to report	Nothing to report	Sac	Nothing to report	Nothing to report	Nothing to report	SB/R	Nothing to report	Nothing to report	Nothing to report	Los Angeles	Nothing to report	Nothing to report	Nothing to report					N/A	closed
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<ul style="list-style-type: none"> Grievance and Inquiry Audit Report – Data and Results for Q1 and Q2 <ul style="list-style-type: none"> Total Volume of Grievance Number of Audit (5% of total Volume) Appropriate Referral to QI Total Volume of Grievance and Inquiry Q1/Q2 2024 Quarterly Comparison 2023/2024 Quarterly Comparison Analysis/barriers/interventions/priority Member Appeals and State Fair Hearing TAT, Clinical Decisions and Service types Methodology reviewed: Medi-Cal TAT Time Performance, Overturn Rate (Appeal & State Fair Hearing), Standard and Expedited Appeals, Appeals by Type <ul style="list-style-type: none"> Appeal-Clinical Decision Reason and detail for Overturn Resolutions Marketplace TAT Performance, Overturn Rate, Appeals by Type, Standard and Expedited Appeals Medi-Cal Standard and Expedited Grievances, Grievance Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeals Marketplace Standard/Expedited Grievances, Percentages, Exempt Grievance Percentages, Behavioral Health Grievance Percentages, Post Service Non-Clinical Appeals Analysis for Medi-Cal and Marketplace Reviewed Member Grievance & Appeals Quality Scorecard Member and Provider Contact Center A&G report CA DSNP & MMP Appeals and Grievances 		
<p>5a. HCS AD HOC - Date of meeting: 7/22/24</p> <ul style="list-style-type: none"> P&P Review and approval <ul style="list-style-type: none"> Case Management Policy & Procedure Review Case Management & Utilization Management Policy & Procedure Review Utilization Management Policy & Procedure Review 	N/A	closed
<p>5. Healthcare Services Committee – Q2. Report Submitted.</p> <p>Care Management Reports/Activities</p> <ul style="list-style-type: none"> Clinical Management Reports/Activities <ul style="list-style-type: none"> Over-utilization and Under-utilization Q3 2024 Report Care Management Reports/Activities <ul style="list-style-type: none"> Case Management Phone Queue Report Enhanced Care Management (ECM) Report Community Supports (CS) Report Palliative Care, My Care Program Major Organ Transplant Report CCS Regional Center Report Behavioral Health Treatment Report Long Term Care Utilization (LTC) Custodial Level of Care and ICF/Subacute Members Report <p>UTILIZATION MANAGEMENT REPORTS/ACTIVITIES</p> <ul style="list-style-type: none"> 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) 	N/A	closed

<ul style="list-style-type: none"> • Annual Pharmacy IRR, Inter-Rater Reliability) Update <p>2023 HCS Workplan</p> <ul style="list-style-type: none"> • Q3 2024 Utilization Management • Q3 2024 Long Term Services and Supports (LTSS) • Q3 2024 Program Development • Q3 2024 Behavioral Health • Q3 2024 Case Management • Q3 2024 Enhanced Care Management • Q3 2024 Community Supports • Q3 2024 Population Health Management • Q3 2024 Health Education • Q3 2024 Cultural Literacy • Q3 2024 Incentive Programs • Q3 2024 Internal Auditing • Q3 2024 Peds and CCS/Regional Center- • Q3 2024 My Right Care • Q3 2024 Behavioral Health Treatment (BHT) • Q3 2024 Palliative Care • Q3 2024 Case Management • Q3 2024 Transitions of Care <p>Healthcare Services Committee - Quarterly Report - Policy and Procedure Review</p> <ul style="list-style-type: none"> • Molina Clinical Policies: Medical, Radiology, and Pharmacy <ul style="list-style-type: none"> ◦ Annual Reviews - MCPs (No Changes to Coverage Policy) ◦ MCPs with Revisions, New MCPs, Retired MCPs, Coding Updates, Annual Review • Behavioral Health • Case Management • Case Management & Utilization Management • Case Management & Population Health Hybrid • Utilization Management Policy & Procedure Review • Population Health Management 		
<p>6. Pharmacy Committee Synopsis Q3</p> <p>Key Decision and Actions</p> <ul style="list-style-type: none"> • New formulary recommendations for Molina One and MKP • Review of Medications with New Formulations/Strengths/Combinations or 505b2 NDA • Utilization Management Criteria Review Updates, Additions, and Removals • New Century Health Criteria • State Formulary Annual Reviews – AZ, IA, MS, and TX • New Business • New Indications 	N/A	closed
<p>7. Professional Review Committee Q2 2024</p> <p>Credentialing Status</p> <ul style="list-style-type: none"> • Initial Providers submitted for credentialing. • Initial Providers Credentialed Complete • % Providers Missing Information-Not Returned/Provider non-responsive <p>Approved</p> <ul style="list-style-type: none"> • Initial Providers Approved by the Credentialing Committee and Recred Providers Approved by the Credentialing Committee <p>Denied/Terminated</p> <ul style="list-style-type: none"> • Initial Providers Denied by the Credentialing Committee • Recred Providers Terminated by the Credentialing Committee <p>Recredentialing Performance Metrics.</p> <ul style="list-style-type: none"> • Total Providers Recredentialed 	None	Closed

<ul style="list-style-type: none"> • % Providers recredentiailling incomplete – Missing information – Not Returned/Provider non-responsive and Total Providers out of compliance with recredentiailling • Total Providers out of compliance with recredentiailling <p>Potential Quality of Care Cases</p> <ul style="list-style-type: none"> • <i>Cases Referred to PRC:</i> • 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 <p>Potential Quality of Care cases assigned Severity Level 3 or 4 are referred to the Professional Review Committee for further review/recommendations. *</p> <ul style="list-style-type: none"> • Level 3 - Moderate deviation from the standard of care • Level 4 - Significant deviation from the standard of care 		
<p>VI. Approval Documents</p> <p>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</p>		
1. Analysis MHC Complaints and Appeals Review Q3 2024	N/A	closed
2. Quality Improvement Annual P & P Review – Part 1 of 2	N/A	closed
Meeting Adjourned: Next meeting 3/4/2025		