Health Net Community Solutions
Quality Improvement / Health Equity Committee (HNCS QIHEC)
Q2 2024 Summary

The following Q2 2024 summary includes updates, highlights, and/or best practices on QIHEC initiatives/activities/projects.

Updates/Highlights

- The Population Health Management (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.
- California Children's Service (CCS) caseloads and approval rates improved in Q1.
- Quarterly Evaluation of Accessibility - 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.
- Quarter-over-quarter data demonstrated a decrease in grievances due to recent county transition. Compliance for appeals and grievances was met.
- The Quality Improvement (QI) update included updates for Healthcare Effectiveness Data and Information Set (HEDIS), Quality Evaluating Data to Generate Excellence (EDGE), regulatory and programs, Health Equity (HE) programs, Initial Health Assessment (IHA), and Lead Screening Completion (LCS).

Initiatives/Activities

- Program Descriptions/Work Plans/Year End Reports – The following departments submitted program descriptions and/or work plans: QI, HE, PHM, Utilization Management (UM) and Case Management (CM).

  The 2023 HE 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 Language Assistance Program (LAP) reports included utilization data and data for telephone interpretation, face-to-face interpretation, sing language interpretation, and written translation.
- NCQA reporting – The Call Center has three reports that are annual requirements for National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA). The reports analyze quality and accuracy of member benefit information, email response time, and member understanding of benefits and services.

Improving Continuity and Coordination between Medical and Behavioral Health Care Report - Identified opportunities and actions for 2023. Two opportunities were selected for 2024.

Member Experience Reports - 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.

Assessment of Member Experience Accessing the Network Reports - The reports consider factors listed from the Member Experience report, as well as the Network Availability reports and Accessibility of Services reports.

Best Practices

- Community Advisory Committee (CAC) - The CAC is open to the public to collect feedback to better serve Medi-Cal counties. As a result of member feedback, a 1-pager Member Rights resource was created.
- 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.
- Over/Under Utilization is monitored, and unique outliers are identified and addressed.