

Quality Improvement and Health Equity Transformation Plan

Anthem Medicaid (Anthem or Plan) monitors, evaluates, and takes timely action to address necessary improvements in the quality of care delivered by all our Providers and takes appropriate action to improve upon Health Equity through the implementation of a Quality Improvement and Health Equity Transformation Program (QIHETP) as mandated the standard set forth in 42 CFR sections 438.330 and 438.340, 28 CCR section 1300.70, and consistent with the principles outlined in the State of California Department of Health Care Services (DHCS) Comprehensive Quality Strategy. Additionally, The Plan takes appropriate action to improve upon Health Equity and engage with local providers, members, and community-based organizations to address any deficiencies in performance measures related to health care services for Members less than 21 years of age as mandated by the standard set forth in SOW 2.2.10 and all applicable provisions of 42 CFR sections 438 and 28 CCR section 1300.70.

The QIHETP provides a comprehensive assessment of all Quality Improvement (QI) and Health Equity (HE) activities undertaken by Anthem Medicaid, including an evaluation of the effectiveness of QI and HE equity interventions. The QIHETP establishes a culture of continuous quality improvement; reinforces clear accountability and inclusive participation by a wide range of constituents, including local community stakeholders, Network Providers, Members, and community-based organizations to address performance measure deficiencies for all members, including members less than 21 years of age; works to achieve health equity and reduce health disparities; and blends local and national resources to excel in quality performance and advance health equity. Engagement with local stakeholders will take place via our Quality Improvement and Health Equity Committee (QIHEC), our Community Advisory Councils, and Youth Advisory Council. The QIHETP Plan provides a blueprint for the upcoming year which demonstrates our objectives, scope of activities, processes, systems, and strategies for assessing and improving the quality of care and services provided to our Members.

A QIHETP Plan that provides a comprehensive assessment of all QI and HE activities undertaken, including evaluation of the effectiveness of QI and HE interventions will be submitted the Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (MMCD) annually.

The Quality Improvement and Health Equity Transformation Program (QIHETP) referenced in this document is specific to the Anthem Medi-Cal managed care program in California. A QIHETP plan is conducted annually as mandated by contractual and regulatory requirements.

The following steps comprise the Quality Improvement and Health Equity Transformation Program process cycle:

- I. Examine Internal/External Data Sources to identify, evaluate and reduce health disparities**



Quantitative, qualitative, primary, and secondary data sources will be used to monitor and evaluate the QI and HE activities. The data sources will include state membership and provider data, HEDIS, claims and encounter data, care gap trends, and utilization patterns of our membership. The QIHETP plan will also include the most recently available Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey results and DHCS MCP specific health disparities data including responses to CAHPS survey supplemental questions selected by DHCS, when conducting the QIHETP Plan evaluation.

The Quality team will track and trend utilization and performance measures through monthly reports. The reports will track social risk factors, physical health, and behavioral health performance measures to identify gaps in care and opportunities for improvement. To identify areas for improvement in health disparities, Anthem will stratify utilization, quality of care HEDIS clinical performance measures by race, ethnicity, geography, and other demographics. In addition to analyzing differences in quality of care and utilization, we will analyze the underlying reasons for variations in the provision of care to our Members. We will use our Interactive Analytic Insights, Health Intech, and geospatial mapping QM tools to support the measurement and analysis of internal and external data sources, including our Population Needs Assessment.

We will monitor performance measurement data including medical trends, number and types of service requests, denials, deferrals, modifications, Grievances and Appeals. We will analyze public health data, statewide and community trends, social risk factors, disparities, and demographic data of our Members to understand what is driving their health outcomes. Additionally, we will track and report on a set of Quality Performance Measures and Health Equity Measures identified by DHCS on an annual basis and meet health disparity reduction targets for specific populations and measures as identified by DHCS.

Annual QI and HE reports will be made publicly available on the Sydney Member Portal, the Plan website and available upon request.

II. QIHETP Findings and Evaluation

Anthem will apply the QIHETP data findings in support of efforts to identify, develop, design, implement, and evaluate equity-focused interventions. Interventions will be tailored to target disparate populations, health equity barriers, and overall enhancement of our QIHETP, as well as address the underlying factors of identified health disparities, including social drivers of health (SDOH). We will prioritize initiatives based on care gap trends, membership type, and utilization patterns of our membership. Targeted Strategies will be identified from QI program including those to reduce health disparities on an annual basis.

Root Cause Analysis/Fishbone methods will be used to identify systemic barriers for improvement, and the PDSA process to carefully track and monitor interventions to verify project timeframes are upheld, to revise interventions to meet quality goals, and to help drive new information and interventions to improve quality of care. Performance assessments on the selected indicators will be based on systematic ongoing collection and

analysis of valid and reliable data and interventions. Interventions will be continuously analyzed for effectiveness and results will be reported to QMC and QIHEC quarterly. Intervention data will be analyzed for statistical significance by calculating p-value (<0.05). The QMC will also review and approve NCQA accreditation Health Equity Program Description, Health Equity workplan, and Health Equity evaluation, which includes results and recommended actions, correction action plans and summaries, on an annual basis. Anthem has been awarded Health Equity accreditation by the National Committee for Quality Assurance (NCQA), granted on November 15, 2022, and expiring on November 15, 2025. Anthem was also awarded Health Equity Plus accreditation by the National Committee for Quality Assurance (NCQA), granted on November 20, 2023, and expiring on November 20, 2026.

Performance measure results, utilization data, satisfaction survey findings, DEI training program, and QI and HE activities will be reviewed, analyzed, and evaluated continuously through multiple specialized subcommittees, workgroups, advisory councils, and task force teams, including HEDIS Taskforce, that will inform the QIHEC. Additionally, member's language access services to include written and oral interpretation services and ability to request auxiliary aids for both in-person office visits and telehealth visits will be evaluated on a continuous basis. Leadership from each functional area is responsible for analyzing and reporting performance, operational activities, and outcomes on a quarterly basis for review by the QIHEC.

The QMC and QIHEC exercise oversight and governance overall quality and health equity related activities and includes representation from all functional areas of the health plan and external stakeholders. The health plan's integrated Clinical Services Committee (CSC) meets quarterly with health plan leaders and reports through the QMC. The health plan reviews key utilization trends including average length of stay, readmissions, turnaround times, and top outpatient procedures. The CSC monitors and provides oversight of all clinical operations, ensuring effectiveness of clinical programs and compliance with regulatory requirements by monitoring over- and under-utilization, reviewing policies and processes, identifying opportunities for improvement. The Chief Medical Director, who provides executive leadership to all UM activities, is also a member of the QMC and QIHEC. The QMC reviews, on a regular cycle, utilization trend data and monitors trends in gaps in care, mismatches of PA to claims, reports of aberrant Provider practices, and over- and under-utilization reports by geographic region and county. The QMC and QIHEC also monitor all population health and quality indicator trend data, SDOH data, health equity data, DEI training program, as well as Member and Provider satisfaction reports (including satisfaction of culturally competent care), denials, deferrals, modifications, and G&A data. If high-volumes of authorizations to out-of-network specialists are noticed, the health plan can perform further root cause analysis to determine what might be driving that trend. The root cause analysis leads to further examination of our Provider Network or potential care gaps related to SDOH needs. This informs the development of strategies and interventions

to address the root cause (including CM, ECM, and CS programs) resulting in improved quality outcomes for our Members.

III. Stakeholder Engagement

The Quality Improvement and Health Equity Committee (QIHEC), Youth Advisory Council and Community Advisory Councils referenced in this document are specific to the Anthem Medi-Cal managed care program in California. QIHEC and CAC committee will meet on a quarterly basis throughout the year and Youth Advisory Council will meet biannually.

The following steps comprise the process for engaging local entities when developing interventions and strategies to address deficiencies in performance measures related to Members, including members less than 21 years of age.

1. Quality Improvement and Health Equity Committee (QIHEC)

Anthem will create a Quality Improvement and Health Equity Committee (QIHEC) that will include external stakeholders, including Members, Family/Caregivers, Providers and Community-based Organizations. The QIHEC will be chaired by the Chief Health Equity Officer, Chief Medical Officer, Quality Management Director, and Health Equity Director and will meet on a quarterly basis or more frequently if needed. QIHEC internal members will include Utilization Management Director, Behavioral Health Director, Whole Health Director, Director of Government Relations, Director of Compliance, Director of Provider Experience, Director of Program Management, Director of Special Programs, and senior leaders from Quality Analytics, among other health plan leaders. External members will include providers that serve members affected by health disparities, members with Limited English Proficiency (LEP), LGBTQ+ community, children with special health care needs, seniors and persons with disabilities, and persons with chronic conditions. This will include a mix of different providers, including primary care, specialty care, pediatrics, obstetrics and gynecology. External members will also include plan members, family and/or caregivers of members. All plan members, including members affected by health disparities, members with LEP, members from LGBTQ+ community, seniors and persons with disabilities or persons with chronic conditions (such as asthma, diabetes, congestive heart failure) and LTSS Members or their family/caregivers are encouraged to participate in the QIHEC. Members serve on a volunteer basis and commit to ongoing active participation in the periodic meetings. The health plan will work to include representatives from hard-to-reach populations (e.g., members with physical disabilities), through many of the community partners and/or community-based organizations with whom they are associated. The health plan will monitor its beneficiary population and modify the QIHEC membership to reflect changes in its population. Member confidentiality will be maintained in QI

discussions. To ensure conflict of interest will be avoided among QIHEC members, the health plan will require committee members to disclose any potential conflicts of interest, including financial relationships, research funding, consulting engagements, and relevant personal or professional connections. This disclosure will be done when joining the committee and will be updated regularly.

The QIHEC and QMC will work closely together and have distinct subcommittees reporting to them. The QIHEC will provide a platform to discover opportunities in programs and interventions to alleviate health disparities for members in order to provide equal access to health care. It will provide cross-functional support and advocate for program development to use health equity as a lens to target population groups that face health care barriers. The QIHEC will develop a Quality Improvement and Health Equity Transformation Program (QIHETP) in partnership with QMC. It will ensure quality improvement and health equity strategies remain at the forefront of operations and continue to evolve in addressing systemic racism, social drivers of health, and infrastructure barriers. The QIHEC is responsible for assessing member and network provider feedback and satisfaction data (including satisfaction regarding culturally competent care), including CAHPS, Grievance and Appeals data, and member and provider feedback from Advisory Boards; and reviewing action plans for improvement, including the QIHETP. The QIHEC is also responsible for analyzing and evaluating results of QI and HE activities, including annual review of results of performance measures, utilization data, consumer satisfaction surveys, Population Needs Assessment (PNA), review and evaluation of the DEI training program; and findings and activities of other committees. Additionally, the QIHEC is responsible for promoting cross-functional continuous development of program improvements and instituting actions to address performance deficiencies, including policy recommendations. The QIHEC is also responsible for ensuring appropriate follow-up of any identified performance deficiencies.

Additional committees will report to the QIHEC, including the Community Advisory Council and Youth Advisory Council. QIHEC meeting agendas and minutes, including activities, findings recommendations, and actions will be documented and prepared after each meeting. The meeting agenda, minutes, and relevant documents will be submitted to QIHEC members, the Governing Board will be made available on the Sydney Member Portal and website and made available upon request.

2. Community Advisory Council (CAC)

The purpose of the CAC is to maintain community partnerships with consumers, community advocates, and traditional and safety net providers. The CACs direct and advise the Plan regarding the development of intervention and strategies to address deficiencies in performance measures related to members, including members under 21 years of age. This provides an ongoing opportunity for committee

members to provide input and get feedback on different Anthem projects. The CACs are comprised of members, providers, community-based organizations, county public health departments, county behavioral health departments, county social services department, regional centers, school districts, and regional First 5 of California programs. Engaging our stakeholders is an iterative process that will continue on a quarterly basis. In addition, CAC members give updates about their organization's activities and share information about events and other relevant issues. These meetings also provide opportunities for collaboration and partnerships. CAC facilitates and encourages community partners to contribute to meeting agendas, helps the Plan understand local needs, and assist with building relationships in the communities the Plan serves. Meeting agendas and minutes are posted to our Sydney Member Portal. CAC meetings are held on a quarterly basis across each county. The CACs will report directly to the QIHEC.

3. Youth Advisory Council (YAC)

In recognition that youth perspectives are commonly missing from member engagements, the Plan will create a statewide Youth Advisory Councils. The YAC will develop partnerships with school districts and community organizations that serve youth to better engage youth. The YAC will meet virtually biannually. YACs will have similar structure and responsibilities as regional CACs. The YAC will direct and advise the Plan regarding the development of interventions and strategies to address deficiencies in performance measures related to members under 21 years of age. This provides an ongoing opportunity for YAC members to provide input and get feedback on different Anthem projects. The YAC will be comprised of members and youth under 21 years of age. The YAC will directly report to the QIHEC.

These 3 committees will be engaged to develop interventions and strategies that are community and data driven. The committees will review performance data and any deficiencies will be discussed. Interventions and strategies will be developed with committees utilizing a co-design approach. The co-design approach allows interventions to be locally driven and culturally and linguistically appropriate to address health inequities. By employing a co-design participatory approach to developing interventions and strategies, the Plan engages health plan staff and individuals with lived experience (members, providers, and community-based organizations) to design local solutions to local health disparities. Additionally, by applying a co-design approach to developing interventions, the Plan ensures equal partnership for all involved, while leveraging local community strengths and resources to achieve better health outcomes and improve health equity.

IV. Governing Body Committee

The health plan president and senior leadership team supports the QIHETP and QIHEC, health plan Board of Directors or designated governing body based on Board formal appointment, whose responsibilities include:

- Approving the overall QIHETP and the annual plan of the QIHETP
- Appointing the QIHEC, which provides oversight of the QIHETP
- Receiving written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, and improvements made
- Directing necessary modifications to QIHETP policies and procedures to ensure compliance with the QI and Health Equity standards and the DHCS Comprehensive Quality Strategy