

QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE (QIHEC) Q1 2024 MEETING

FEBRUARY 22, 12PM-1:30PM

TOPIC	DISCUSSION
Opening Remarks	Les Ybarra provided welcome and Mayra Serrano started the meeting at 12:05 pm
QIHEC Purpose & Objectives Mayra Serrano	<ul style="list-style-type: none"> • Governing Board that oversees Health Equity Requirements for RFP • Inform decision-making and direction on our quality and health equity activities across the organization • Develop and drive health equity priorities through a formalized plan with clear objectives that align with DHCS goals and priorities and ongoing evaluation activities to measure progress. • Provide a platform to discover opportunities in our programs and interventions to alleviate Health Disparities for our CA Medicaid members in order to provide equal access to health care. • 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. • Develop a Quality Improvement and Health Equity Transformation Program (QIHETP) in partnership with QMC • 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.
Health Equity Updates Mayra Serrano	<ul style="list-style-type: none"> • HealthEquity Plus accreditation was earned in November of the previous year. • An emphasis is placed on addressing health disparities, social drivers of health, and infrastructure barriers. • The health plan is participating in the DHCS Equity and Practice Transformation Payments program and has applied for funding. • Anthem's HealthEquity goals for 2023 include improving breast and cervical cancer screening rates and childhood immunization rates for Black and African American children in certain counties. • The health plan will work on collaborations, trainings, referrals, and improving access to services to achieve 2023 goals. • The committee will continue working on developing the Youth Advisory Council. • Further work on addressing healthcare barriers and developing a quality improvement and HealthEquity transformation program in partnership with the QMC Committee. • Continued commitment to systemic racism addressal and infrastructure barrier elimination. • Ongoing projects in closing racial and ethnic disparities, improving well child visits and immunizations, reducing maternal care disparities, improving screenings, and mental health follow-up. • Anthem collaborates with Walgreens for pharmacy-based interventions for members with asthma or COPD.



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	<ul style="list-style-type: none"> • For example, the utilization of interpreter services was increased using audio and video facilities. A total of 52 kiosks were deployed across the state to enhance the availability of on-demand interpretation services, including for behavioral health. • In terms of postpartum care among black and African American women, the HEDIS rates saw an increase from 53% to 60%. This improvement was achieved through identifying high-risk members through an OB Screener and getting them into case management. Doula contracting was also increased to support these goals. • Housing navigation and transition services were identified as a significant need. An initiative was undertaken to increase the number of individuals using these services by 5%, with further outreach and training provided to local housing and homeless services. • Furthermore, to tackle identified substance use disorder, a goal was set to increase the number of individuals receiving follow-up support after a diagnosis by 5%. Pilot testing with two counties was done to streamline care for patients released from emergency departments within seven days. • Lastly, an E-consult provider incentive program was implemented to improve access to primary care practitioners and specialists. They saw significant increases in non-face-to-face consultations, which saved time and travel for members. The system was integrated into the incentive program to encourage more providers to consult this way when appropriate.
<p>Quality Improvement Updates</p> <p>Cynthia Cervantes</p>	<ul style="list-style-type: none"> • The health plan's quality improvement and population health integration framework aims to have HealthEquity at the center of all initiatives. Quality management supports this framework by incorporating HealthEquity goals at every level of the organization. • The health plan is working towards meeting the state's bold goals, which include closing racial and ethnic disparities, improving well-child visits and immunizations, and reducing maternal care disparities. • HealthEquity and health disparities analysis, real-time data capture, and community feedback form the basis of the health plan's approach to achieving its HealthEquity goals. • The health plan's performance is compared and rated against other health plans with the goal of improving the ranking. • Member outreach strategies include digital first touch, tiered member engagement, and partnerships with other teams and lines of business. • The health plan provides support programs, like tobacco cessation and diabetes prevention, as part of health education efforts. • The future goals include meeting metrics at the 90th percentile, achieving a 4-star NCQA rating, maintaining HealthEquity accreditation, improving CAP scores, and focusing on maternal and child health. • The plan aligns with comprehensive quality strategies and addresses identified gaps.

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<p>Utilization Management Update</p> <p>Joselyn Huffman</p>	<ul style="list-style-type: none"> • Overview of Utilization Management (UM) continuous monitors was presented for the year 2023. • Metrics included in the monitors were the UM turnaround time, quality audits by the internal Performance Improvement and Enhancement (PIE) team, and California Children's Services (CCS) performance summary. • The UM turnaround time is calculated based on the urgency and the type of request (pre-service, concurrent, or post-service). • The goal for all UM turnaround times is a compliance rate of 95%. Achieved compliance rates for 2023 ranged from 96.8% for pre-service non-urgent requests to 99.5% for post-service requests. • For CCS performance, the goal is a 92% acceptance rate for referrals, which was exceeded with a 92.75% rate achieved for the year. Also, the goal for discharge planning in the neonatal intensive care unit is 90%, and it was met at 100%. • The average turnaround time for CCS response to referrals is 15.5 days, well below the 60-days goal. • Compliance with the Π (PIE) audits was well above the goal of 95%, with the annual rate at 99.6%. • The team has introduced a new transitional care services process to provide better care for members transitioning from one care setting to another. This has taken a multidisciplinary approach involving the UMCM, LTSC bass, and ECM teams.
<p>Clinical Programs Update</p> <p>Dr. Elizabeth Stewart</p>	<ul style="list-style-type: none"> • Shared information about the development of a couple clinical programs, highlighting business partnerships with companies like Walgreens and local independent pharmacies through a program called ZIP drug. • The goal of these programs was to provide quality interventions to Anthem members suffering from either Asthma or COPD. For Walgreens, the partnership would center disease education, supporting patient medication adherence, and closing gaps in care at the pharmacies. They are reviewing the structure to make sure it's value-based, and they are considering things like outcomes besides the number of interventions. • For the ZIP drug program, they aimed to provide quality treatments as well, and the additional capacity of these local pharmacies to conduct point-of-care Hemoglobin A1C testing for diabetic patients. • Stewart expressed a desire for both of these programs to incorporate HealthEquity, and they are exploring a tiered approach where member risks are assessed to adjust treatments. She's interested in having a more granular outlook, utilizing parameters such as the Healthy Places Index, race, and language to identify higher-risk members, and meet needs more specifically. • Mayra Serrano mentioned how important location can be, and stated that they were considering Healthy Places Index because air quality and other factors can be impactful. She mentions how communities of low income or those communities of color tend to have higher particulate matter affecting individuals' health, making the conversation beyond just county levels to a more micro level.

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	<ul style="list-style-type: none"> • Dr. Jackie Williams-Pascal mentions considering access to things like pharmacies and healthcare, and even transportation. Dr. Stewart acknowledges the idea and maintains that while their partnership with Walgreens is slightly limited because membership requirement, there might be more flexibility with the new program they were exploring with local, independent pharmacies, and she welcomes this idea. • Dr. Stewart and Mayra suggested recruiting pharmacies that were located in neighborhoods with low scores on the Healthy Places Index to address access disparities. Mayra also mentioned that tobacco advertising could impact communities of color more, and that this was something they were aware of and taking into account.
<p>Ca IAIM/ECM Update</p> <p>Selina Escobar, Eric Schwimmer</p>	<ul style="list-style-type: none"> • The Enhanced Care Management (ECM) program is designed to serve the highest risk Anthem members with complex needs. The focus populations include those experiencing homelessness, at high risk for hospitalization, with severe mental illness, or transitioning from incarceration. • The ECM program has a healthcare equity focus, aiming to improve equity by contracting with community-based organizations and prioritizing outreach and engagement with hard-to-reach members. • The program focuses on incorporating lived experience into its operations. Several definitions of lived experience are considered, including first-hand experience (direct experience of transitioning from incarceration), second-hand experience (relatives or caregivers), and related experiences (relevant experiences like homelessness that can support transitioning from incarceration). • The program faces challenges in implementing 'lived experiences' and seeks feedback on defining and incentivizing lived experience for providers. The team has been discussing approaches for this implementation based on feedback and suggestions. • Eric reiterated the value of feedback and invited the committee members to participate in shaping the policy around lived experience in the ECM program. • Support for "first-hand experience" in care providers, where care managers or providers have direct experience similar to the members they are serving, was expressed. The belief is that first-hand experience can build trust more quickly with members, especially those from marginalized or historically excluded communities. • A counterpoint was made about the potential challenge to providers if too high standards are set from the beginning, with a suggestion to consider second-hand experience where providers serve communities and can understand their challenges. • The discussion considered whether requirements for lived experiences should be imposed or incentivized, or gradually built up over time.
FindHelp Update	<ul style="list-style-type: none"> • In 2023, the organization recorded over 20,000 searches with common search categories being food, housing, and health. The majority of

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<p>Leah Norman</p>	<p>searches originated in Los Angeles County, followed by Sacramento, Fresno, Santa Clara, and Alameda.</p> <ul style="list-style-type: none"> • There were 231 referrals made by staff in 2023 on behalf of 77 seekers. Of these, 15 had responses and 7 led to closed-loop referrals. • 421 users were identified using the community site and the staff site, with a session average of four searches and 23,000+ interactions and connections. • An incentivized CEO network project is ongoing, planning to onboard 24 community-based organizations by the year's end. For each successful referral, these organizations are offered \$10. Recommendations for community partners for this project are welcomed.
<p>Grievances & Appeals Update Lisa Niguidula, Claudia Cruz</p>	<ul style="list-style-type: none"> • Two types of grievances: • Administrative issues or Quality of Service: Related to dissatisfaction with the provider's interaction or billing process. • Clinical grievances or Quality of Care: Related to potential adverse outcomes for members and their health. • Appeals: They are expressions of dissatisfaction with an adverse benefit determination, resulting from service denials that members wish to be reviewed. • Grievances for 2023: • LA County had a total of 7080 grievances while 'mainstream medical' recorded 12,716 grievances. • The majority were physical health-related grievances. • Fewer grievances related to behavioral health. • Top grievance categories included balance billing, claim issues, unsatisfactory interaction, continuity of coordination of care, network access, delaying care treatment, adequacy of treatment, and access and availability. • Counties-wise breakdown: LA County has the highest number of grievances, followed by Sacramento, Fresno, Santa Clara, Alameda, and Plaster counties. Similar trends in grievance categories were observed across all these counties. • A total of 176 discrimination-related grievances were reported across the top six counties with LA County reporting the highest at 88. • An appeal involves a grievance that results from a denial of services, differentiating it from complaints. • About 72% of cases come from mainstream, with a significant 25% coming from LA County; thus nearly half the appeals come from LA County. • There are fewer mental health cases with three from LA County for the year and none from mainstream.



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	<ul style="list-style-type: none">• The top appeal categories are surgery, radiology or imaging, durable medical equipment, inpatient medical, out-of-network consults, and diagnostic testing.• 84% of appeals are upheld, including partial upholds, and 16% are overturned.• Appeals numbers per type were broken down by county, with LA County having the highest appeals at 216 cases.• Claudia Cruz encouraged questions and feedback on the appeals process to improve their service for members. She signaled a clear differentiation between the terms appeals and grievances, with the former involving a denial of services. She also noted the low number of mental health appeals due to the fact that inpatient mental health is not a covered benefit.
External Stakeholder Feedback/Priority Setting	<ul style="list-style-type: none">• The QIHEC meeting concluded with a request for feedback on the information presented and directions for the coming year. The committee seeks input on identified gaps, successful areas, and what might be missing to aid in developing the quality improvement and HealthEquity strategy. The presenters invited the committee members to email their feedback.
Q&A/Closing Remarks	<ul style="list-style-type: none">• There is a continued search for external stakeholders, including members, providers, and community-based organizations to join the committee. The plan for the next scheduled meeting on Monday, May 20th includes review of the draft of the quality improvement HealthEquity transformation program and the updated HealthEquity evaluation and work plan.• Next meeting scheduled for Monday, May 20, 2024 12pm-2pm
Adjourn Meeting	Mayra Serrano adjourned the meeting at 1:30 PM PST

<u>Attendees</u>	<u>Title</u>	<u>Present</u>	<u>Absent</u>
Mayra Serrano (Co-chair)	Health Equity Director -Anthem	X	
Cynthia Cervantes (Co-chair)	Quality Director - Anthem	X	
Elizabeth Stewart (Co-chair)	Plan Performance Medical Director- Anthem	X	
Meline Aleksanyan	Clinical Quality Program Manager- Anthem	X	
John Angell	External- Sequoia Family Medical Center	X	
Dr. Antonio Balatbat	External-One Community Cares Clinic	X	
Linh Casas	Whole Health Director-Anthem		X
Mary Crandall	Manager I GBD QM- Anthem	X	
Claudia Cruz	Manager II Grievance/Appeals- Anthem	X	
Jennifer Cruz	External-Guadalajara Medical Clinic		X
Muninder Dhaliwal	External-One Community Cares Clinic		X
Selina Escobar	Director GBD Special Programs- Anthem	X	



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Monique Flores	External-Kings County Behavioral Health	X	
Danielle Frouws	Accreditation Consultant-Anthem		X
Gelissa Garcia Diaz	Director Healthcare Management-Anthem		X
Michelle Garcia	External-Northern Inyo Healthcare District	X	
Mohit Ghose	Government Relations Director-Anthem		X
Andrew Gomes	Manager Provider Relations- Anthem		X
Dr. Rafael Gonzalez-Amezcu	Medical Director- Anthem	X	
Beau Hennemann	Directro Medicaid QM-Anthem	X	
Joselyn Huffman	Director II HCMS- Anthem	X	
Dr. Antonio Linares	Medical Consultant-Anthem	X	
Jerry Low	Director Clinical Info- Anthem	X	
Desiree Lowe	External- Kings County Behavioral Health	X	
Christina Ma	GBD Finance Director- Anthem	X	
Beth Maldonado	Director II Compliance-Anthem	X	
Jared Martin	Program Director Field Ops- Anthem	X	
Eric Medina	External-Altura Clinic	X	
Roy Melendez	External-Tuolumne Me-Wok Indian Health Center		X
Christina Menchaca	Director Clinical Inf-Anthem		X
Armando Millan	Director Program/Program Management-Anthem		X
Stacey Nappen	Clinical Quality Program Specialist- Anthem	X	
Lisa Niguidula	Manager II Grievance/Appeals- Anthem	X	
Leah Norman	External-FindHelp	X	
Jessica Nott	External-Northern Inyo Health District		X
Janet Paine	Director Program Management- Anthem	X	
Sarah Paulsen	Director Behavioral Health Services- Anthem	X	
Dr. Victor Pedroza	External-Guadalajara Medical Clinic		X
Andrea Perez	External-Guadalajara Medical Clinic	X	
Molly Roha-Fuentes	Manager Provider Network-Anthem		X
Eric Schwimmer	Program Director Special Programs- Anthem	X	
Stephen Smythe	Compliance Director-Anthem		X
Dr. Chad Sparks	RVP II Senior Clinical Officer-Anthem		X
Melissa Stringfellow	Provider Collaboration Director- Anthem	X	
Brenda Tamayo Pagan	External-Kings County Behavioral Health	X	
Lilet Vallangca	Project Director-Anthem		X
Anjali Vardhan	LTSS Contract Adhere Auditor- Anthem	X	
Dawn Wells	External-Altura Clinic		X
Dr. Jackie Williams-Pascal	Medical Director- Anthem	X	
Les Ybarra	Plan President – Anthem	X	