



**Quality Improvement Health Equity
Committee (QIHEC)
July 10, 2024-Qtr. 2 Agenda
12:00 P.M.
512 W. Aten Rd., Imperial, CA 92251**

[Join the meeting now](#)

Meeting ID: 275 027 974 63

Passcode: PCdLJz

All supporting documentation is available for public review at <https://chpiv.org>

Committee Members	Representing	Present
Dr. Unnati Sampat	Imperial Valley Family Medical Care Group	
Dr. Masoud Afshar	Masoud Afshar MD	
Dr. Ameen Alshareef	Valley Pediatric Health	
Leticia Plancarte-Garcia	Imperial County Behavioral Health	
Janette Angulo	Imperial County Public Health Department	
Mersedes Martinez	El Centro Regional Medical Center	
Shiloh Williams	San Diego State University	
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	

1. CALL TO ORDER

- a. Roll Call
- b. Approval of Agenda
 - 1. Items to be pulled or added from the Information/Action/Closed Session Calendar
 - 2. Approval of the order of the agenda

*Dr. Gordon Arakawa, Chair
Donna Ponce, Commission Clerk*

2. CONSENT AGENDA

- a. Approval of Minutes from April 10, 2024
- b. Q2 CHPIV QIHEC Presentation

3. ACTION

No action items

Adjournment

Next Meeting: October 16, 2024, at 12:00 p.m. at CHPIV HQ



MINUTES
Quality Improvement Health Equity
Committee (QIHEC)

April 10, 2024-Qtr. 1

12:00 P.M.

512 W. Aten Rd.

Imperial, CA 92251

All supporting documentation is available for public review at <https://chpiv.org>

Committee Members	Representing	Present
Dr. Unnati Sampat	Imperial Valley Family Medical Care Group	P
Dr. Masoud Afshar	Masoud Afshar MD	P
Dr. Ameen Alshareef	Valley Pediatric Health	A
Leticia Plancarte- Garcia	Imperial County Behavioral Health	P
Janette Angulo	Imperial County Public Health Department	P
Mersedes Martinez	El Centro Regional Medical Center	P
Shilo Williams	San Diego State University	P
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	P
Jeanette Crenshaw	Community Health Plan of Imperial Valley	P

I. CALL TO ORDER

Dr. Gordon Arakawa, Chair

Meeting called to order at 12:09pm

A. Roll Call

Donna Ponce, Commission Clerk

Roll call taken and quorum confirmed. Attendance is as shown above.

II. CONSENT CALENDAR

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

Presented by Dr. Arakawa. Purpose of this committee explained.

A. Approval of Minutes: None

III. INFORMATION

A. Introductions- Committee introductions done by all committee members.

B. Roles and Responsibilities- Presented by Dr. Arakawa. QIHEC Committee is a voting members committee, therefore, members must assign designated alternates in the event the original member cannot make the meeting. Meetings to be held quarterly for an hour to 1.5 hours. Donna Ponce to send out calendar with meetings for the year. Members to assign designated alternate.



- C. Review of 2023 Community Health & Wellness Data- *Dr. Arakawa explained 4th Qtr CHW data. Explained metrics and achievement rate along with numerator needed to reach set goal.*

Q&A

Shilo Williams- *Commented on language spoken at home data. States that she has noticed through her research it is beneficial to ask if the member is English speaking, Spanish speaking, or Bilingual. Some may speak but cannot read or write a certain language.*

Dr. Sampat- *Question regarding difference between vaccine Combo 10 vs. Combo 2. Dr. Arakawa answered Combo 10 is childhood immunizations while Combo 2 is vaccines in adolescents. Dr. Sampat wondering what rate for geriatric immunizations is. Data not available at today's meeting.*

- D. Introduction to CalAIM- *Presentation by Dr. Arakawa.*

- *PHM*
- *Risk Stratification*
- *HE*
- *Whole person care*
- *Health Dimensionality*
- *Interventions*
- *Community Supports- 14 categories*
- *CHW*

CalAIM Model

- *Eval, Risk, CM*

- E. Round Table

Leticia Plancarte- *Entities have different Cal- AIMS requirements. How do we bring it all together? We have ingredients, we now must brainstorm and decide how to bring a recipe together. Commented CalAim different mandates. Better for providers and members get better services.*

Janette- *Commented CalAim. Explore more. Need to look at whole picture, progress. We need to ask why, keep focus wider, to more initiatives.*

Dr. Arakawa- *Commented Route cause and interventions. Community and improvement.*

Leticia Plancarte- *A question that is constantly asked, maybe we can come up with ideas on how to get this accomplished. How do we track services received in Mexicali?*

Dr. Sampat- *Ask patients to bring all their work, labs, studies, etc they have had in Mexicali and scan in into your EMR. You can use those labs if they are valid. She commented that she includes all data. Accepts test/results from Mexico and attaches according to a standard in the EMR*

Janette- *Commented Excited to be a part.*



Q2 CHPIV Quality Improvement Health Equity Committee Presentation

Q2 CHPIV QIHEC Agenda

Topics

- Call Center Metrics
- Utilization Management
- Appeals & Grievances
- Healthcare Effectiveness Data & Information Set (HEDIS)
- Care Management KPI Report
- Enhanced Care Management/Community Supports
- Long Term Support Services (LTSS)

Q2 CHPIV QIHEC Agenda

Topics

- Behavioral Health
- Pharmacy
- California Children's Services (CCS)
- Quality Improvement Projects
- Population Health Management (PHM) Quarterly Report
- Peer Review Credentialing
- Community Advisory Committee (CAC Discussion)

Call Center Metrics

Call Center Metrics

<i>Member Services</i>					
Calls Offered		10,690	6,108	4,399	21,197
Calls Handled		10,028	6,071	4,374	20,473
% Calls Abandoned	<5%	6.19%	0.61%	0.57%	4.46%
% SVL (all abn calls)	>80% w/in 30 seconds	71.12%	93.22%	98.13%	87.49%
Average Speed Answer	<= 30	0:01:00	0:00:09	0:00:06	0:00:25

Call Center Metrics

Member Call Volume for Q1-2024: CHPIV - 21,197

Top member call types:

- Benefits & Eligibility
- PCP update
- Update Member Demographics
- PCP/PPG search
- ID Card Request

Call Center Metrics

<i>Provider Services</i>					
Calls Offered		1,891	1,601	1,809	5,301
Calls Handled		1,864	1,582	1,787	5,233
% Calls Abandoned	<5%	1.43%	1.19%	1.22%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	72.93%	95.66%	99.22%	89.27%
Average Speed Answer	≤ 45	0:00:26	0:00:09	0:00:06	0:00:14

Call Center Metrics

Provider Call volume for Q1-2024: CHPIV - 5,301

Top provider call types:

- Eligibility, Claim status
- Claim adjustments
- PCP transfer
- Authorization inquiries.

Utilization Management Metrics

Utilization Management Key Metrics

2024-Q1	Combined
Admissions per Thousand	44.2
Bed Days per Thousand	176.9
Average Length of Stay	4.0
Percent 30-Day Readmission	8.6%
ER per Thousand	344.5
Outpatient Surgery per Thousand	85.4

Utilization Management Key Metrics

UM Prior Authorization TAT: Q1 2024

CHPIV Metric	CA Prior Auth App/Den/Mod TAT	Jan	Feb	Mar	Q1 - Overall Quarterly Score
CHPIV-101	CHPIV PA Routine Authorizations TAT	100.00%	100.00%	100.00%	100.00%
CHPIV-103	CHPIV PA Urgent Authorizations TAT	93.33%	100.00%	100.00%	97.78%
CHPIV-106	CHPIV Concurrent Authorization TAT	100.00%	100.00%	100.00%	100.00%

Utilization Management Key Metrics

Appeals, Denials, Deferrals, Partially Approved

UM Activities	Jan-2024	Feb-2024	Mar-2024	Q1
Denials	34	36	45	115
Deferrals	19	14	15	48
Modifications (Partially Approved)	45	27	26	98

Appeals & Grievances

Appeals & Grievances

Appeals and Grievances – Rolling Year Totals

Appeals - Rolling Year Total

Month	Jan-24	Feb-24	Mar-24	YTD
CHPIV	0	1	6	7
Total	0	1	6	7

Grievances -Rolling Year Total

Month	Jan-24	Feb-24 <input type="checkbox"/>	Mar-24	YTD
CHPIV	6	55	35	96
Total	6	55	35	96

Appeals & Grievances

Top Appeal Types

CHPIV Pre-Service	
Not Medically Necessary - Diagnostic - MRI	2
Not Medically Necessary - Diagnostic - Test	1
Not Medically Necessary - Diagnostic - Stress Test	1
Not Medically Necessary - Diagnostic - Ultrafast CT Scan	1
Not Medically Necessary - Other - Anesthesia Service	1

Appeals & Grievances

Top QOS Grievance Types

QOS	
Transportation - General Complaint Vendor	20
Access to Care - Prior Authorization delay	12
Administrative Issues - Health Plan	6
Access to Care - Network Availability	5
Administrative Issues - Incorrect Info - Health Plan	4
Administrative Issues - Unhappy with Benefits	4

Appeals & Grievances

Top QOC Grievance Types

QOC	
Quality of Care - PCP - Delay in referral by PCP	2
Quality of Care - PCP - Refusal to Treat	1
Quality of Care - Specialist - Inadequate Care	1
Quality of Care - PCP - Misdiagnosis	1

HEDIS Measures RY2024

HEDIS Measures RY2024

Asthma Medication Ratio	Breast Cancer Screening	Controlling Blood Pressure	Cervical Cancer Screening	Chlamydia Screening (women)	Combo - 10	Combo - 2	Postpartum Care	Prenatal Care Timeliness	10-15 Months	First 15 Months	Child/Adolescent WCV	Follow up ED Substance Abuse	Follow up ED Mental Illness	Poor Hb A1c Control	Lead Screening	Developmental Screening	Topical Fluoride
<25	75	50	25	25	50	75	<25	<25	50	25	50	50	<25	90	75	50	<25
268	0	0	23	2	0	0	11	17	0	2	0	0	21	0	0	0	3412

HEDIS Measures RY2024

Measure Performance – Takeaway Points

1. 10/18 Measures > 50%ile.
2. RY2024 results do not impact CHPIV directly.
3. Regarding the 8 “failed” measures:
 - 2 measures (AMR, Topical Fluoride) appeared out of reach.
 - 6 measures required < 25 Members to pass.
4. Leverage ECM and CHWs to help address the failed measures.

HEDIS Measures RY2024

Measure Performance – Data Collection Process

1. Admin vs Hybrid Measures
2. Claims issues
 - Coding
 - Delays
3. Difficult to measure progress during a Measurement Year
 - “Oven roasting prime rib without thermometer”
4. Efforts to push the reporting towards real-time

Care Management

Care Management

Physical Health, Behavioral Health, Maternity/OB

Physical Health CM

Metric	Q1 2024
Outreached (UTR,refuse,accept)	201
Engaged	91
Engagement Rate	45.3%
Refused/Declined	34
Unable to Reach (UTR)	76
Total Cases Closed	63
Total Cases Managed	130
Complex Case Mgmt	14
Care Coordination	116

Behavioral Health CM

Metric	Q1 2024
Outreached (UTR,refuse,accept)	31
Engaged	19
Engagement Rate	61.3%
Refused/Declined	2
Unable to Reach (UTR)	10
Total Cases Closed	9
Total Cases Managed	23
Complex Case Mgmt	3
Care Coordination	20

Maternity CM

Metric	Q1 2024
Outreached (UTR,refuse,accept)	217
Engaged	152
Engagement Rate	70.0%
Refused/Declined	10
Unable to Reach (UTR)	55
Total Cases Closed	233
Total Cases Managed	314
Complex Case Mgmt	11
Care Coordination	303

Care Management

Transitional Care Services

Metric	Q1 2024
Outreached (UTR,refuse,accept)	224
Engaged	137
Engagement Rate	61.2%
Total Screened and Refused/Decline	21
Unable to Reach (UTR)	66
Total Cases Closed	74
Total Cases Managed	139
Complex Case Management	0
Non-Complex Case Management	139

Care Management

Top Diagnoses

PH CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Diabetes	42
Chronic renal failure	18
Joint degeneration - foot/ankle/knee/leg	9
Nutritional deficiency/Dehydration	8
Infectious disease	7

BH CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Anxiety Disorder	7
Depression	6
Autistic Disorder	6
Bipolar Disorder	5
Alcohol / Substance Abuse	4

OB CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Supervision Normal Pregnancy	106
Postpartum	103
Supervision Of High Risk Pregnancy	13
Gestational Diabetes	3
Hypertension	2

Care Management

Member Satisfaction

Complaints

CM Complaints	Quarter 1 2024		Quarter 2 2024		Quarter 3 2024		Quarter 4 2024		Quarter 1 2025	
	#	Per10K/Qtr.	#	Per10K/Qtr.	#	Per10K/Qtr.	#	Per10K/Qtr.	#	Per10K/Qtr.
	1	0.10237	0	0	0	0	0	0	0	0

*Based on average CHPIV Medi-Cal membership: 2024 Q1 97,684

Satisfaction Surveys

None submitted in Q1

Care Management

Case Management Audit Results

Program	Q1 2024
Physical Health	96%
Maternity	100%
Behavioral Health	100%

Initiative / Goal

- >90% audit score

Actions / Interventions

- Conducted 2 file audits per case manager per month/quarter per program (complex and noncomplex cases)

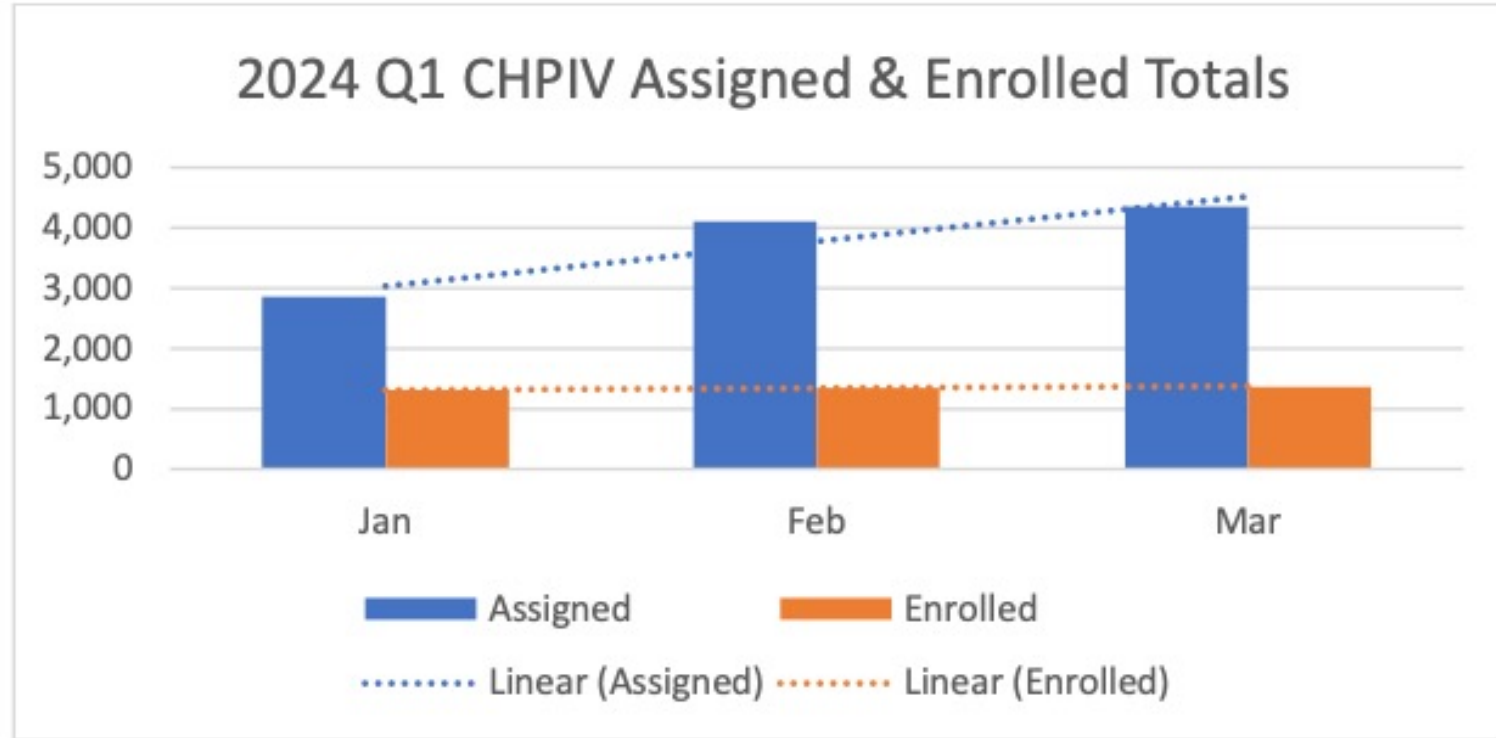
Outcome

- Overall audit score met goal of >90% in all programs

Enhanced Care Management (ECM) & Community Supports (CS)

Enhanced Care Management (ECM) & Community Supports (CS)

ECM Enrollment



Q1-Q4 Cumulative Enrollment Totals			
County	Assigned	Membership	% Enrolled
Imperial	4,352	1,370	31.5%

Enhanced Care Management (ECM) & Community Supports (CS)

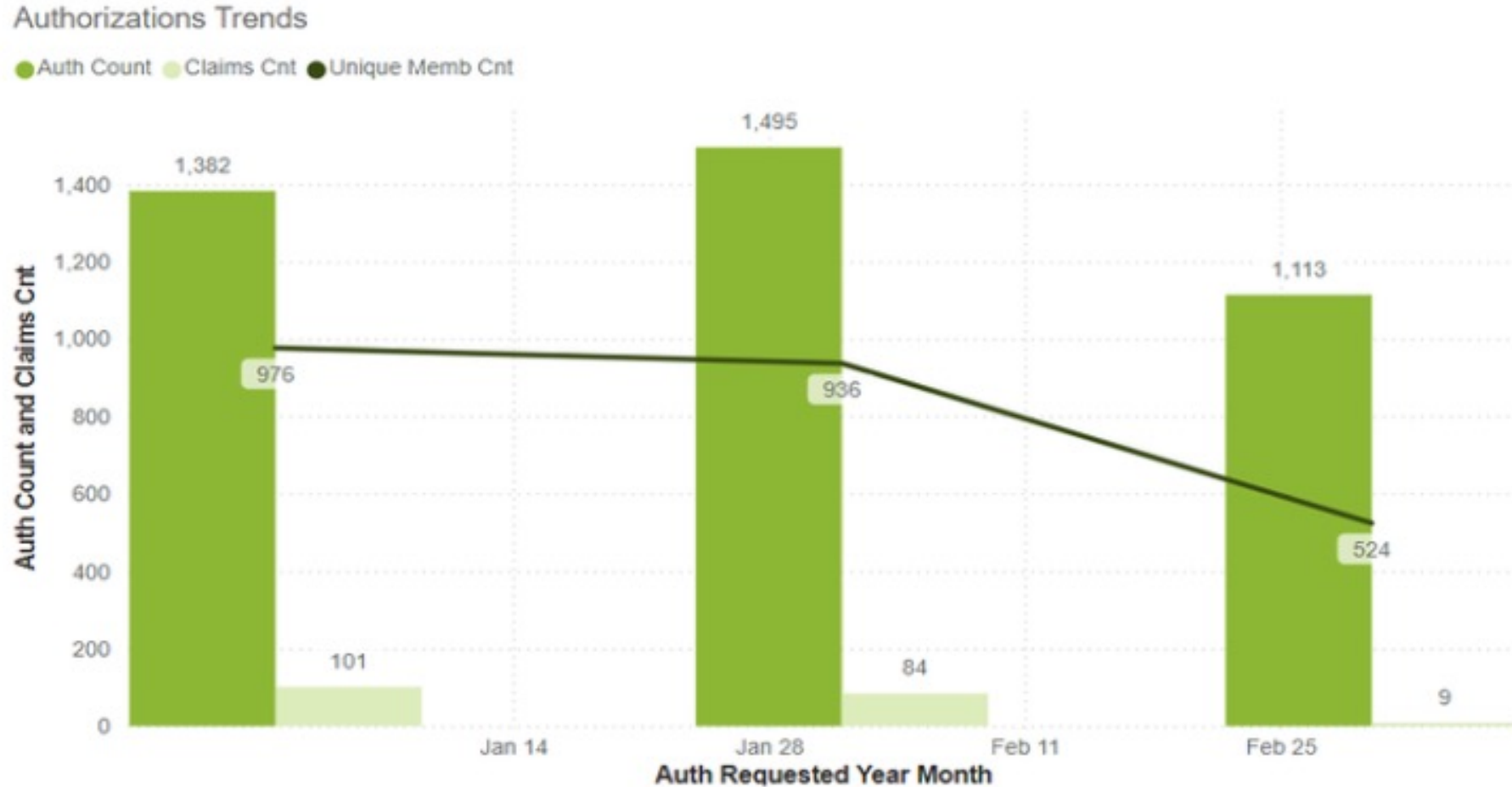
ECM Interactions

Percentage In-Person

Place of Service	Jan-24	Feb-24	Mar-24	Total
Telehealth	1,628	3,304	1,217	6,149
In-Person	408	352	102	862
% In-Person	20.0%	9.6%	7.7%	12.3%

Enhanced Care Management (ECM) & Community Supports (CS)

CS Authorizations to Claims Count



Long Term Support Services (LTSS)

Long Term Support Services (LTSS)

LTC (Long Term Care)

Unique Utilizing LTC Members	Jan 2024	Feb 2024	Mar 2024
El Centro Post Acute	58	66	64
Imperial Manor	10	14	18
Pioneer Memorial D/P	36	40	42
Out of County	19	24	43
Out of State	0	0	0

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Jan 2024	Feb 2024	Mar 2024
ARC #1, #2, #3	15	16	16

Long Term Support Services (LTSS)

CBAS (Community Based Adult Services)

CHPIV Members	Q1
Alegria	106
Day Out - Brawley	43
Day Out- Imperial	103
TOTAL	252

Long Term Support Services (LTSS)

Barrier Analysis

1. CBAS ERS Utilization continues to remain high. All requests for ERS renewal go through clinical review. Approval rate in Q1 – 0%
2. Available SNF and LTC beds are hard to find with limited infrastructure. SNFs report staffing challenges.
3. ICF/DD claims submissions were a challenge in Q1.
4. ARC Imperial Valley working with ModivCare to license their transportation partners as in-network

Behavioral Health

Behavioral Health/SUD

CHW

~~CHPIV~~ Members Served by Month Q4* (Unduplicated)

County	Oct 2023	Nov 2023	Dec 2023
Imperial +	1,041	911	819

CHPIV
Members

Q1 2024
1207

Q1 BH Medi-Cal Referrals – CHPIV

4	members were referred to HN BH by County SMHP
0	members were referred by HN BH to County SMHS
18	members were referred to HN BH providers

Behavioral Health/SUD

CHW

~~CHPIV~~ Members Served by Month Q4* (Unduplicated)

County	Oct 2023	Nov 2023	Dec 2023
Imperial +	1,041	911	819

CHPIV
Members

Q1 2024
1207

Q1 BH Medi-Cal Referrals – CHPIV

0	members were referred to HN BH by County SMHP
4	members were referred by HN BH to County SMHS
18	members were referred to HN BH providers

Behavioral Health/SUD

IMPERIAL COUNTY

Q1 2024 Screening Tools Completed:

Screening Tool Type	202401	202402	202403	Total
Adult	17	11	4	32
MCP (NSMHS)	14	10	4	28
MHP (SMHS)	3	1	0	4
Youth	5	6	2	13
MCP (NSMHS)	5	6	2	13
MHP (SMHS)	0	0	0	0
Grand Total	22	17	6	45

Behavioral Health/SUD

Applied Behavioral Analysis (ABA) Services

Total Members provided UM & CM:	757
New referrals for ABA services	105
ABA authorizations	369
ABA full denials	0
ABA partial denials	1
New SCAs for out-of-network providers (mostly COC)	0
Average number of treatment hours/week authorized	15.4
Age range of ABA recipients	23 mos-20yrs
ABA authorizations by county	Imperial: 757

Pharmacy

Pharmacy

Data/Results: PA Metrics

	Goal	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024
Total CHPIV							
Total # PA's	N/A	76	66	47			
# Approved %	N/A	57%	71%	55%			
# Denied %	N/A	43%	29%	45%			
PA per 1,000M	N/A	0.79	0.68	0.48			
% PA requests meet goal*	100%	76.3%	98.5%	86.8%			

Pharmacy

Top 5 Pharmacy PA Requests

January 2024	February 2024	March 2024	April 2024	May 2024	June 2024
filgrastim	filgrastim	pegfilgrastim			
pegfilgrastim	pegfilgrastim	filgrastim			
IV Iron	botulinum toxin	IV Iron			
botulinum toxin	denosumab	pembrolizumab			
denosumab	pembrolizumab	denosumab			

Pharmacy

Top 5 Denials in Q1 based on Percentage and Total Number

Drug Name	% Denied	Drug Name	# Denied
IV Iron	100.00%	pegfilgrastim	28
pegfilgrastim	87.50%	IV Iron	14
IVIG	66.67%	filgrastim	9
nivolumab	33.33%	botulinum toxin	3
infliximab	33.33%	denosumab	3

Pharmacy

Comments

For Q1

1. 39% of Pharmacy denials were related to Pegfilgrastim.
2. 19% of Pharmacy denials were related to IV Iron therapy.
3. Fluctuations in approvals and denials reflected, in part, disruptions in the PA process as CHPIV went live starting 01/2024.

Pharmacy

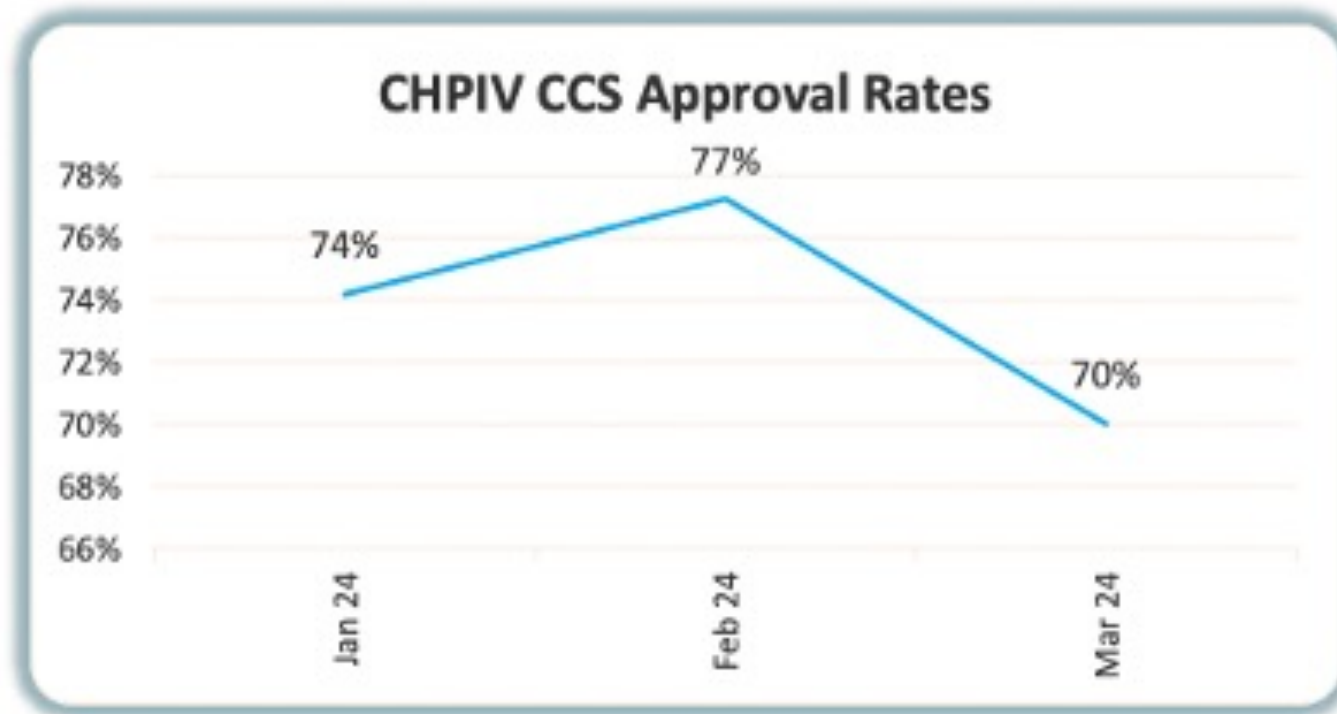
Quality Assurance/Reliability Results for Q1

Analysis/Findings/Outcomes:

- **90%** threshold met. **95%** goal not met; overall score was **90.00%**
- **3** cases missed TAT
- **3** cases were noted that criteria used was not applied or documented appropriately after plan review
- **3** case had letter language that could have been clearer to the member and/or MD after plan review
- **3** cases were determined to have a questionable denial or approval after plan review

California Children's Services (CCS)

California Children's Services (CCS)



For the past 3 months, the average CCS approval rate for new SAR submissions is 75% (vs 74% goal)

(57% of March 2024 cases pending CCS review)

California Children's Services (CCS)

Key Observations

- Even with 57% of March cases pending CCS review, CHPIV cases submitted to CCS for review have an average approval rate of 75%, 2024 year-to-date
- An average of 50 cases are identified monthly for CCS consideration
- Of all potential CCS cases identified year-to-date, 40% of the time (60 cases), an existing/already active SAR was identified, so a SAR submission to CCS was unnecessary

Quality Improvement Projects

Quality Improvement Projects - 2024

30+ Quality Improvement Projects assigned to CHPIV

Span of Projects:

Behavioral Health – FUM
Hospital Patient Safety
Chronic Medical Conditions
IHA Completion
Pediatric Measures
Poor HEDIS Performance
Asthma Mediation
Smoking Cessation

Quality Improvement Projects - 2024

30+ Quality Improvement Projects assigned to CHPIV

Span of Activities:

Direct Outreach to Members

Direct Outreach to Hospitals

Direct Outreach to Providers

HEDIS Tip Sheet Development

Promotion of Evaluation of Data to Generate Excellence (EDGE)

Quality Improvement Projects - 2024

IHI/DHCS Child Health Equity Initiative - Increase Completion of Well Child Visits (WCV)

12 Month Collaborative Sprint (4/24 - 4/25)

Population of Focus: 0-18-year-old Members

Imperial County - **Dr. Vishwa Kapoor**

Five Interventions to be completed at each Pilot Site

1. Focused Intervention each 1-3 months
2. Test and Implement Changes

Quality Improvement Projects - 2024

IHI/DHCS Child Health Equity Initiative

1. Equity and Transparent, Stratified, and Actionable Data
2. Understand Provider and Patient/Caregiver Experiences
3. Reliable and Equitable Scheduling Processes
4. Asset Mapping and Community Partnerships
5. Partnering for Effective Education and Communication

Population Health Management (PHM)

Population Health Management (PHM) Report

PHM Member Campaign

Objectives: 1) Close care & disparity gaps, 2) Enhance Member education, 3) increase equitable access, and reduce health inequities

High-Level Approach

- Implement a dedicated campaign involving CPHE
- Leverage ecosystem of (internal) stakeholders to drive alignment
- Create effective feedback loop to refine, iterate, and assess performance
- Support “actional messaging”

Priority Population Categories

- Pregnant Members, children, youth, foster youth
- Behavioral Health, disengaged
- Chronic Disease
- Unhoused, Justic-Involved

Population Health Management (PHM) Report

PHM Member Campaign

Key Measures Impacted

- HEDIS/Quality Measures
- PHM & Health Equity KPIs
- Partnerships with CBOs & Providers
- Member & Provider Experience
- Utilization Outcomes (e.g., ER/IP metrics, ECM/CS metrics)

Campaign Types

- Digital (including Apps, social media)
- Telephonic
- In-person
- Print

Population Health Management (PHM) Report

Campaign At-A-Glance: **Chronic Disease Management Domain (Imperial)**

Campaign	Chronic Disease Management Domain (CBP/HBD/AMR)		Campaign Start and End Date		5/8/24- May TBD		
Campaign Manager	Tarjani		Business Owner		Dipa	Executive Sponsor	Pooja
LOB Impact (see highlighted areas)	Commercial	Medicare	Medi-Cal HNCS	Medi-Cal CHPIV	Medi-Cal CalViva	Marketplace	Other
Campaign Type (see highlighted areas)	Direct Mail	Email	In-Person	Phone	Text	Other	
Executive Overview of Campaign	Health Net will outreach to and engage priority members and their providers in Imperial County to improve CBP, HBD, and AMR HEDIS Measures by helping to schedule and complete their PCP and lab appointments and perform medication reviews to provide clinical recommendations for therapy optimization to providers. Through this work, CBP, HBD, and AMR related Care Gaps will be addressed and closed.						
WHO is being targeted	Medi-Cal members in Imperial with Care Gaps related to AMR, CBP and HBD HEDIS Measures						
WHAT is the key takeaway/call to action?	Member: Schedule PCP visit for blood pressure monitoring and schedule lab appt for A1c. Check SMBG and BP at home. Ensure medication compliance.		Provider: Identify members who have not received annual PCP visit and/or labs and outreach to members to schedule appointments + reminders.		Community : Connect members to resources for chronic condition management/Community Supports, and spread awareness at local places (grocery, worship), health/county fairs, and member-centric community -based events. Assist with connection to PCP.		
WHERE will the campaign run	Imperial						
WHY is this campaign important?	<ul style="list-style-type: none"> Improves HEDIS rates for AMR, CBP and HBD HEDIS Measures in the measurement year Connects members to their PCPs/lab appointments and providing clinical recommendations for therapy optimization will in turn lead to Care Gap closure related to the CBP and HBD measures 						
Key Areas of Focus	<ul style="list-style-type: none"> CBP (Controlling High Blood Pressure) HBD (Hemoglobin A1c Control in Patients with Diabetes) AMR (Asthma Medication Ratio) 	Areas of Focus - Quality Outcomes (see highlighted areas)	<ul style="list-style-type: none"> Immunizations PCP visits Screenings 	Areas of Focus – CalAIM Programs (see highlighted areas)	<ul style="list-style-type: none"> Community Supports ECM Connection to non -traditional provider 		
Targeted Members	431	Members Called to Date (updated 5/28/24)		133	Members Reached to Date		39

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q1

1. 0 Investigative Cases brought before Peer Review Committee
2. 0 incidences of Appointment Availability Resulting in Substantial Harm
3. 0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner

Credentialing/Recredentialing

Q1 & Q2 Data to be presented at Q3 QIHEC

Community Advisory Committee (CAC) Q2 Review

CAC Meeting Review

Q2 CAC Meeting

1. 17 Medi-Cal Members attended the Q2 Meeting
2. 5 Medi-Cal Members attended the Q1 Meeting

Member Reported Issues

1. Lack of Local Providers, in particular, Specialists
2. Prolonged Waiting Room wait times

Questions & Comments