blue CALIFORNIA | PROMISE

Quality Improvement and Health Equity Committee Workplan

Item No.	Regulatory Standard (e.g., CMS, DMHC, DHCS and NCQA, Office of Affordability)	Planned Activity	Responsible Person/Owner(s)	Reporting Frequency	Goal	Objective	Action Item e.g., performance measure, measurable(s)	Initiation Date	Completion Date	Q1	Q2	Q3	Q4	Reporting Date(s)	Status	Risk	If an activity is at risk, what is the root cause and/or corrective action	Comments
1	DHCS	Health Equity Office Policies and Procedures: - Quality Improvement and Health Equity Transformation Program (QIHETP) Policy - Quality Improvement Health Equity Committee (QIHEC) Policy - Diversity, Equity, Inclusion (DEI) Training Program Requirements Policy	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Submit Policies and Procedures for annual review and approval by 6/26/2025.	Annual Review and Approval	1/1/2025	6/26/2025	X	X			3/20/2025 6/26/2025	Closed	Low		
2	DHCS	Quality Improvement and Health Equity Committee Charter	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Submit the QIHEC Charter to QIHEC for review and approval by 3/20/2025.	Annual Review and Approval	1/1/2025	3/20/2025	X				3/20/2025	Closed	Low		
3	DHCS	Quality Improvement and Health Equity Transformation (QIHET) Program Description	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Develop the written QIHET Program Description and submit to QIHEC for review and approval by 3/20/2025.	Annual Review and Approval	1/1/2025	3/20/2025	X				3/20/2025	Closed	Low		
4	DHCS	Quality Improvement and Health Equity Transformation Program Evaluation	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Assess the QIHET Program Evaluation and submit to QIHEC for review and approval by 6/26/2025.	Annual Review and Approval	3/20/2025	6/26/2025		X			6/26/2025	Closed	Low		
5	DHCS, NCQA	Health Equity Advancement Resulting in Transformation (HEART) Measure Set Monitoring Report	Valerie Martinez	Quarterly	Embed Equity and Advance Information in Action	Submit the HEART Measure Set monitoring report to track and trend notable health disparities to QIHEC by 3/20/2025 and quarterly thereafter.	Analysis of quarterly reports to identify HE disparities.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
6	DHCS	Health Equity Spotlight Report	Various Functional Leads	Quarterly	Embed Equity	Submit a Health Equity Spotlight Report to demonstrate health equity integration in everything we do by 3/20/2025 and quarterly thereafter.	Spotlight and report a health equity initiative.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
7	DHCS	I have HEART Advocate Program and Updates	Valerie Martinez	Quarterly	Build Sound Infrastructure and Operations Cultivate a culture of Equity	Introduce the I have HEART Advocate Program to QIHEC by 3/20/2025, and updates quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
8	DHCS, NCQA	APL 24-016: Diversity, Equity, and Inclusion Training Program Requirements and compliance per implementation timeline (supersedes APL 23-025)	Valerie Martinez Rosa Hernandez Angelica Matsuno Melinda Kjer	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Development of DEI training, implementation and monitoring by 1/1/2025, and quarterly thereafter.	DEI training development updates for informational purposes and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
9	DHCS, NCQA	Senate Bill (SB) 923 Gender Affirming Care Training Requirements and Updates (Reference DHCS APL 24-017)	Various Functional Leads	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
10	DHCS, NCQA	Assembly Bill (AB) 133 REAL/SOGI data collection Requirements and Updates	Danika Cunningham Valerie Martinez	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
11	NCQA	NCQA Health Equity Accreditation Updates	Danika Cunningham Valerie Martinez	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
12	DHCS	BSP Bold Goals Strategic Plan Updates	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Develop Quality Improvement Studies for Subpopulation(s) with disparities identified in Bold Goals (2) to reduce health disparities in given subpopulations.	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025		X		X	6/26/2025 12/11/2025	Planned	Low		
13	DHCS	Health Equity Assessment Report (2)	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Prepare Health Equity Assessment Reports that will include an in-depth assessment to understand specific areas looking at utilizations, services offered, member experience, outcomes, barriers and opportunities to improve.	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025	X			X	3/20/2025 12/11/2025	Planned	Low		
14	DHCS	Health Equity Recommendation Report (2)	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Prepare Health Equity Recommendation Reports from an equity lens. A formal analysis for teams to incorporate health equity. The reports will contain analysis of the problem or need statement, review of best practices or competitive landscape, regulatory requirements, and impact of recommendations.	Informational report out to QIHEC for discussion.	9/25/2025	12/11/2025				X	12/11/2025	Planned	Low		
15	DHCS	Health Equity Framework (2)	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Prepare Health Equity Frameworks as a tactical guide for business unit leaders integrating health equity into operations.	Informational report out to QIHEC for discussion.	9/25/2025	12/11/2025				X	12/11/2025	Planned	Low		

16	NCQA, DHCS	Monitor Health Disparities Report: Opportunity for Improvement and Intervention Plan (Reference Health Disparities Report tab)	Christine Nguyen	Quarterly	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Monitor NCQA Health Disparities Report to demonstrate how the HEO is tracking and trending notable health disparities and advancing information in action by 12/11/2025.	Informational report out to QIHEC for discussion.	1/1/2025	12/11/2025	X	X	X	X	12/11/2025	Planned	Low		
17	NCQA, DHCS	Annual Health Disparities Report	Christine Nguyen	Annual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Submit a Health Disparities Report to demonstrate how the HEO is tracking and trending notable health disparities and advancing information in action by 12/11/2025.	Annual Review and Approval	1/1/2025	12/11/2025				X	12/11/2025	Planned	Low		
18	DHCS	**Health Equity Integration Plan** Updates per functional area: - Health Education and Cultural and Linguistics - Growth, Community Engagement, and Marketing Network - Grievances and Appeals - Utilization Management - Medical Services: Case management; Population Health Management, Maternal Management, Health Education, and Quality	Various Functional Leads	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Maintain and monitor Health Equity Integration Plans and provide updates on each functional area to QIHEC by 3/20/2025, and quarterly thereafter.	Informational report out to QIHEC for discussion.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
19	DHCS	Health Equity Internal Engagement	Valerie Martinez	Quarterly	Embed Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
20	DHCS	Health Equity External Engagement	Valerie Martinez	Quarterly	Embed Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/11/2025	Ongoing	Low		
21	DHCS, DMHC, NCQA	Monitor Culturally and Linguistically Appropriate Services (CLAS) Report: Opportunity for Improvement and Intervention Plan (Reference CLAS Report tab)	Danika Cunningham Valerie Martinez Rosa Hernandez	Quarterly	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Monitor CLAS Report planned activitieds to demonstrate how the organization continually improves its services to meet the needs of multicultural populations.	Informational report out to QIHEC for discussion.	1/1/2025	12/11/2025	X	X	X	X	12/11/2025	Planned	Low		
22	DHCS, DMHC, NCQA	Culturally and Linguistically Appropriate Services (CLAS) Report	Danika Cunningham Valerie Martinez Rosa Hernandez	Annual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Submit a CLAS Report to demonstrate how the organization continually improves its services to meet the needs of multicultural populations.	Informational report out to QIHEC for discussion.	1/1/2025	12/11/2025				X	12/11/2025	Planned	Low		
23	DHCS	Member and Family Engagement Strategy	Sandra Rose	Quarterly	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Provide general updates to QIHEC by 6/26/2025.	Informational report out to QIHEC for discussion.	1/1/2025	9/25/2025			X		9/25/2025	Planned	Low		

Legend	
Status	**Definition**
Complete	Presented and Approved by Committee
Planned	Future Activity
Ongoing	Ongoing Monitoring (daily, monthly, annually)

Summary of Changes	
Status	**Definition**
MM/DD/YYYY	*Briefly explains item changes*
3/20/2025	Establishment of original document for CY2025
6/26/2026	Updated planned activity status, Health Disparitieds Report tab, and CLAS Report tab to reflect progress/status updates
9/26/2025	Updated activities, reporting dates and status.

Health Disparities Report (MY2023/RY2024)

Owner: Christine Nguyen and Valerie Martinez
Driver: Amie Eng

No.	Category	Findings	Recommendations	Action/Planned Intervention(s)	Date of Implementation	Progress/Status	Responsible Departments	Goal	Improvements
1	Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c poor control (>9.0%)	When reviewing performance rates by race or ethnicity, the population in Los Angeles County, overall, met the DHCS MPL (37.96%). The total population, after stratifying by race, showed that 36.96% of members were diagnosed with diabetes had poorly controlled HbA1c levels, which was 1.0 percentage points lower than the MY 2023 DHCS MPL. The total population, after stratifying by ethnicity, showed that the 37.64% of corresponding members demonstrated poorly controlled HbA1c levels, which was 0.32 percentage points lower than the MY2023 DHCS MPL, except for members who identified as "Hispanic or Latino" and the group "Unknown Ethnicity". After stratifying by ethnicity, members who identified as Hispanic or Latino (38.08%, n=3,952) is an opportunity in Los Angeles because this category did not meet the goal of the DHCS MPL (37.96%).	Increase the number and percentage of members diagnosed with Diabetes who have controlled HbA1c levels (by decreasing the number of members with poor controlled HbA1c levels) to improve the health of our members, with an emphasis on members who identified as Hispanic or Latino in Los Angeles County	Employing tailored and culturally appropriate Diabetes management courses, offering a parallel Spanish speaking course. Offering the courses in person at Blue Shield Promise Community Resource Centers. Using heat maps to identify Hispanic or Latino members who reside in Los Angeles County to encourage attendance through mailed letters. Among Hispanic or Latino members who are assigned to a provider group with Health Navigators, encourage attendance through live calls.	7/1/2024	In Progress Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the Disparities Report.	Quality Improvement Health Education and Cultural and Linguistics	DHCS MPL 37.96%	Will be included in 2025 Health Disparities Report
2	Child and Adolescent Well Care Visits (WCV)	The lowest group that did not meet goal were Not Hispanic or Latino (42.40%) with denominator of 19,753. The group "Asked but No Answer" had a compliance rate of 40.00%, but the denominator was 5, which is lower than the reporting population requirement of 30. Similar to San Diego County observations, in Los Angeles, the group Hispanic or Latino had the greatest impact because they represent a much larger proportion of the overall denominator, highlighting the opportunity to address WCV compliance among lower scoring groups mentioned above, including White members and Black/African American members, and Native Hawaiian or Pacific Islander members.	Increase overall performance for child and adolescent well care visits, with an emphasis on Black or African American, Native Hawaiian or Other Pacific Islander members.	Well Child Clinic Days: Partnering with vendor to increase access to timely well-child visits through live calls to members who have not yet had a well-care visit, offering scheduling assistance, and hosting well child clinic days. We will also employ heat maps to identify areas/regions where a large volume of Black or African, and Native Hawaiian or Other Pacific Islander members and families live to identify new community sites for well child clinic days that are familiar to and trusted by our target population. We will also partner with our vendor to match the practitioner's race/ethnicity to our target group's race/ethnicity. In addition to completing the visit during the well child clinic day, the vendor will also help members complete a social driver of health (SDOH) assessment to address social needs.	11/1/2024	In Progress Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the Disparities Report. Current summary: •Heat map was employed in December 2024 to identify the Community Resource Centers (CRC's) in Los Angeles and areas in San Diego that serve a large proportion of Black/African American, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and white members, to identify locations and community resource centers for 2025 clinic days. •The corresponding CRC's in Los Angeles and locations in SD were prioritized for hosting well-child clinic days in 2025. Additional clinic dates were also implemented to increase access to well-care visits, offering flexibility for scheduling and attending the visit. •A distinct outreach list was created for the vendor to prioritize outreach to this population. The initial outreach was to support increased access and flexibility for scheduling appointments. •Routine components of the well child visit at the clinic day remain the same including connecting members to a usual source of care by helping members identify their primary care provider, connecting members to other Blue Shield Promise resources, and sharing results of the visit with the member's assigned primary care provider. •Promise is also testing out the promotion of Blue Shield Promise resources by partnering with Health Education and providing Health Education teammates a space to promote health education and Blue Shield Promise resources.	Quality Improvement	DHCS MPL 48.07%	Will be included in 2025 Health Disparities Report
3	Child and Adolescent Well Care Visits (WCV)	The lowest scoring groups that did not meet the goal of the DHCS MPL (48.07%) included English (46.31%, n=64,967), Russian (42.75%, n=255), Vietnamese (42.43%, n=304), and Korean (35.29%, n=102). For Los Angeles County there may be opportunities to address lower WCV compliance rates among members whose preferred language are English, Russian, Vietnamese, or Korean.	Increase overall performance for child and adolescent well care visits, with an emphasis on members whose preferred language includes Vietnamese, Russian, or Korean.	Well Child Clinic Days: Partnering with a vendor to conduct tailored outreach to members who speak Vietnamese, Korean, and Spanish, helping members with limited English proficiency get appointments scheduled. Intervention includes matching members with these language preferences to customer service representatives who speak the corresponding languages. The customer service representatives will contact the member in their preferred language to help offer scheduling assistance and book appointments during the clinic days.	11/1/2024	In Progress Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the Disparities Report. Current summary: •Heat map was employed in December 2024 to identify the Community Resource Centers (CRC's) in Los Angeles and areas in San Diego that serve a large proportion of Black/African American, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and white members, to identify locations and community resource centers for 2025 clinic days. •The corresponding CRC's in Los Angeles and locations in SD were prioritized for hosting well-child clinic days in 2025. Additional clinic dates were also implemented to increase access to well-care visits, offering flexibility for scheduling and attending the visit. •A distinct outreach list was created for the vendor to prioritize outreach to this population. The initial outreach was to support increased access and flexibility for scheduling appointments. •Routine components of the well child visit at the clinic day remain the same including connecting members to a usual source of care by helping members identify their primary care provider, connecting members to other Blue Shield Promise resources, and sharing results of the visit with the member's assigned primary care provider. •Promise is also testing out the promotion of Blue Shield Promise resources by partnering with Health Education and providing Health Education teammates a space to promote health education and Blue Shield Promise resources.	Quality Improvement Customer Experience	DHCS MPL 48.07%	Will be included in 2025 Health Disparities Report

Culturally and Linguistically Appropriate Services (CLAS) Program Evaluation Report

Owner: Linda Fleischman and Valerie Martinez
Driver(s): Jennifer Mazariegos, Rosa Hernandez

No.	Category	Findings	Recommendations	Action/Planned Intervention(s)	Date of Implementation	Progress/Status	Responsible Departments	Goal	Improvements
1	Provider Network	When assessing the Medi-Cal networks by threshold languages, Blue Shield Promise did not meet the thresholds for the following specialty types in Los Angeles: cardiology (English and Spanish) and gastroenterology (English, Spanish and Cantonese). In San Diego, the threshold languages were not met for the following specialty types and languages: cardiology (English, Spanish and Tagalog) and gastroenterology for English and Spanish.	1.Increase the number of Spanish speaking cardiologist in Los Angeles and San Diego Counties and Spanish, and Tagalog (San Diego only) speaking gastroenterologists in Los Angeles and San Diego counties. Increasing the number of specialty providers that speak these languages will ensure our members network preferences are met and potentially will result in higher overall satisfaction. 2. Examine our internal process of how we collect and display English speaking cardiologist and gastroenterologists in Los Angeles and San Diego Counties to ensure our network language data is accurate.	Administrative Facing: 1, 2: Cross-department workgroup to be formed to review all provider network language data that did not meet goal, examine current outreach activities, determine best practices approach to increase the network in these areas, and develop a timeline. Additionally, this team will examine our internal process for collecting and displaying English and develop a action plan based on their findings.	11/1/2024	Completed Completed as of NCQA submission- November 2024. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report.	Health Equity Quality Provider Network Provider Outreach IT Provider Contracting	8% of practitioner office staff speak at least one threshold language	Will be included in 2025 CLAS report
2	Grievances related to Culturally Appropriate Care for Members	Interpreter Services Results In 2023, the top-ranking languages requested for telephonic interpretation were Spanish 67%, Mandarin 8.3%, Russian 4.0%, and Vietnamese 3.0%. The use of interpretation services increased in 2023 by 36% compared to 2022.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 1. Ask members of the Community Review Committee to share their feedback on the best method of communication with them on language assistance resources.	9/10/2024	Completed Presented to CAC on September 10, 2024. A summary of the committee is included below. This feedback will be incorporated into the program design. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report. •The committee expressed strong interest in received physical materials (i.e., mailers) that highlight interpreter and translation services provided by Promise in a clear concise manner, including providers. •Committee recommends Promise work with providers on ways to improve appointment scheduling when an interpreter is required or having follow up calls in member's preferred languages.	Health Equity Quality Customer Service Provider Relations	Meet 100% of interpreter requests for all languages (over the phone and in-person)	Will be included in 2025 CLAS report
3	Grievances related to Culturally Appropriate Care for Members	Translation Services Results From January 2023 through December 2023 there was a total of 19,632 requests for written translation services including alternative formats and 100% of those requests for translation were completed and returned to the relevant members. results show the top three requested written translation requests were Spanish (n=1,342), Russian (n=216), followed by Traditional Chinese (n=158).	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 1. Ask members of the Community Review Committee to share their feedback on the best method of communication with them on language assistance resources.	9/10/2024	Completed Presented to CAC on September 10, 2024. A summary of the committee is included below. This feedback will be incorporated into the program design. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report. •The committee expressed strong interest in received physical materials (i.e., mailers) that highlight interpreter and translation services provided by Promise in a clear concise manner, including providers. •Committee recommends Promise work with	Health Equity Quality Customer Service Provider Relations	Meet 100% of written translation requests for all threshold languages	Will be included in 2025 CLAS report

3	Grievances related to Culturally Appropriate Care for Members	Blue Shield Promise had a total of 159 linguistically related grievances in 2023 through Q1 2024 and a total of 192 culturally related grievances. Most linguistically related grievances were related to the member's experience using an interpreter.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 2. Develop and disseminate a member notification on how to access language assistance services, including interpreter and translation information.	9/1/2024	Completed Completed as of NCQA submission – November 2024.	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	Will be included in 2025 CLAS report
4	Grievances related to Culturally Appropriate Care for Members	Blue Shield Promise had a total of 159 linguistically related grievances in 2023 through Q1 2024 and a total of 192 culturally related grievances. Most linguistically related grievances were related to the member's experience using an interpreter.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 3. Develop and disseminate a provider letter and online provider announcement notification including cultural awareness and linguistic resources, language assistance services, including interpreter and translations and Cultural Competency training.	10/1/2024	Completed Completed as of NCQA submission – November 2024.	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	Will be included in 2025 CLAS report
5	Grievances related to Culturally Appropriate Care for Members	Blue Shield Promise had a total of 159 linguistically related grievances in 2023 through Q1 2024 and a total of 192 culturally related grievances. Most linguistically related grievances were related to the member's experience using an interpreter.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Administrative-Facing: 4. Setup a working session meeting to review grievance results and the current Customer Service process for asking and confirming the members preferred written language to receive material in. Based on findings a action plan will be developed and implemented.	Quarter 4 2024	In Progress Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report. In reviewing grievances, we identified opportunities to work with Customer Service and transportation vendor teams to improve interpreter utilization. Current status: •Review internal desk level procedures when requesting transportation services and leveraging interpreter services. •Meeting scheduled with internal team to review grievances related to transportation vendor & review oversight process related to interpreter services utilization. Facilitate training to transportation vendor given high volume cases (PLANNED)	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	Will be included in 2025 CLAS report
6	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information. NCQA requires health plans to develop race and ethnicity ratio and assess the provider network against those thresholds. All targeted threshold ratios were met except for Some Other Race for Promise San Diego. 97% of providers do not self-report race and ethnicity data.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Member-Facing: 1.Partner with Violet (Vendor) and leverage their Health Equity provider training and other resources to encourage providers to self-identity race, ethnicity, language data.	Quarter 4 2025	In progress Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report. Current status: •Outreach efforts to identified facilities/providers have been completed. Additional follow-up to continue, especially among providers who have expressed interest.	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	Will be included in 2025 CLAS report

7	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Provider-Facing: 2.Send reminders to all providers about the importance of updating their provider profile, which includes, but not limited to race, ethnicity, and spoken languages including office staff.	11/1/2024	Completed Completed as of NCQA submission- November 2024. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report.	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	Will be included in 2025 CLAS report
8	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. Member self-reported race and ethnicity data captured: 95.5% Los Angeles; 82.8% San Diego For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Member-Facing: 3.Send out reminders to all members regarding the privacy and protections of their race, ethnicity, and language, sexual orientation, and gender identity data and share the process for how to update their profiles. 4. Focus on data integration from external sources to increase the amount of self-reported member demographic data available to us (ONGOING)	11/1/2024	Completed Completed as of NCQA submission- November 2024. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report.	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	Will be included in 2025 CLAS report
9	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. Member self-reported race and ethnicity data captured: 95.5% Los Angeles; 82.8% San Diego For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Member-Facing: 4. Focus on data integration from external sources to increase the amount of self-reported member demographic data available to us (ONGOING)	Quarter 3 2024	In Progress •Completed initial assessment of data sources and inclusion of data. •Assessing internal data streams and ability to integrate. •Based on assessment, we will design a plan on data integration.	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	Will be included in 2025 CLAS report
10	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Blue Shield has low response rates (1%) for sexual orientation and gender identity data	Increase data capture of member sexual orientation and gender identity data. Goal: 20% by 2028	1) Socialize process for updating member profile	11/1/2024	Completed Completed as of NCQA submission – November 2024. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report.	Health Transformation Health Equity C&L Communication/Network Compliance	Achieve 20% increase data capture of member sexual orientation and gender identity data.	Will be included in 2025 CLAS report

11	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Blue Shield has low response rates (1%) for sexual orientation and gender identity data	Increase data capture of member sexual orientation and gender identity data. Goal: 20% by 2028	2) Training performed to improve staff comfort in broaching topic with members (COMPLETED)	11/1/2024	Completed Completed as of NCQA submission – November 2024. Assessment, including intervention outcomes, will occur in Q4 2025 and will be included in the CLAS Report.	Health Transformation Health Equity C&L Communication/Network Compliance	Achieve 20% increase data capture of member sexual orientation and gender identity data.	Will be included in 2025 CLAS report
12	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Blue Shield has low response rates (1%) for sexual orientation and gender identity data	Increase data capture of member sexual orientation and gender identity data. Goal: 20% by 2028	3) Focus group with Federally Qualified Health Centers to understand barriers for collection (COMPLETED)	11/1/2024	Completed Completed as of NCQA submission – November 2024. Results of focus groups indicate barriers. Based on this, shared best practices toolkit for collecting SOGI from patients.	Health Equity Participating FQHC's (Family Health Centers, San Ysidro Health, AltaMed)	Achieve 20% increase data capture of member sexual orientation and gender identity data.	Will be included in 2025 CLAS report
13	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Blue Shield has low response rates (1%) for sexual orientation and gender identity data	Increase data capture of member sexual orientation and gender identity data. Goal: 20% by 2028	4) Explore process for data sharing with Federally Quality Health Center (IN PROGRESS)	8/1/2024	In Progress Current summary: •Awaiting provider profile report from Health Equity Dashboard, including member-level data and work with providers to reconcile with existing members/patients. •Explore a bidirectional data feed once provider finalize reconciliation.	Health Equity Quality IT/Medi-Cal Analytics	Achieve 20% increase data capture of member sexual orientation and gender identity data.	Will be included in 2025 CLAS report
14	CLAS Provider Training	Lack of current web system ability quantify the number of providers that take CLAS trainings per year. The root cause is the system is configured to count based off the start date of training going live.	Improve web system ability to count the number of providers that take trainings by year instead of an accumulative total. This shift would support the Plans ability trend data and see yearly training participation rates.	Administrative-Facing: Establish meeting with IT/web team to examine system abilities to shift from accumulative to a year rate of providers who take CLAS training. The result of this meeting will include timeline for implementing the change.	1/1/2025	In Progress	Quality Health Equity IT/Web	100 providers complete CLAS trainings and receive CEU units	Will be included in 2025 CLAS report