

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
1	DHCS	Health Equity Office Policies and Procedures: - Quality Improvement and Health Equity Transformation Program (QHETP) Policy - Quality Improvement Health Equity Committee (QHCEC) 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 QHCEC Charter to QHCEC 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 (QHET) Program Description	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Develop the written QHET Program Description and submit to QHCEC 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 QHET Program Evaluation and submit to QHCEC 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 QHCEC 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 12/04/2025	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 12/04/2025	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 QHCEC by 3/20/2025, and updates quarterly thereafter.	Informational and report out to QHCEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/25/2025 12/04/2025	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 12/04/2025	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 12/04/2025	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 12/04/2025	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 12/04/2025	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 12/04/2025	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	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025	X			X	3/20/2025 12/04/2025	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	12/04/2025	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	12/04/2025	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	12/04/2025	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	12/04/2025	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	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 12/04/2025	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 12/04/2025	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 12/04/2025	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 activities 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	3/20/2025 6/26/2025 9/25/2025 12/04/2025	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	12/4/2025	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	Closed	Low

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

Summary of Changes	
Status	Definition
<i>MM/DD/YYYY</i>	<i>Briefly explains item changes</i>
3/20/2025	Establishment of original document for CY2025
6/26/2026	Updated planned activity status, Health Disparities Report tab, and CLAS Report tab to reflect progress/status updates
9/26/2025	Updated activities, reporting dates and status.
12/4/2025	Updated planned activity status, Health Disparities Report tab, and CLAS Report tab to reflect progress/status updates

Health Disparities Report (MY2023/R2024)

Owner: Christine Nguyen and Valerie Martinez

Driver: Amie Eng

No.	Category	Findings	Recommendations	Action/Planned Intervention(s)	Date of Implemen- tation	Progress/Status	Responsible Departments	Goal	Improvements
1	Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c poor control (>9.0%)	<p>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".</p> <p>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%).</p>	<p>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</p>	<p>Employing tailored and culturally appropriate Diabetes management courses, offering a parallel Spanish speaking course.</p> <p>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.</p> <p>Among Hispanic or Latino members who are assigned to a provider group with Health Navigators, encourage attendance through live calls.</p>	7/1/2024	Completed	Quality Improvement Health Education and Cultural and Linguistics	MY2023 DHCS MPL 37.96%	Los Angeles County MY2024: 38.11% ⁺ (Goal not Met) Collaborated with Health Education to add a diabetes management series in Spanish there were a limited number of members attending the education classes, ranging from 8 to 12 in the August sessions (CRC- Wilmington), to 9 to 13 in the May 2025 series. Additionally, the intervention was not implemented as intended in January 2025 due to the wildfires in Los Angeles. The results from the April virtual and May in-person sessions highlighted the importance of documenting interest and intent to attend the course as it yielded higher attendance. Additionally, it may be beneficial to continue offering education and resources to members who are diagnosed with Diabetes and may have other chronic conditions or preventive care needs.
2	Child and Adolescent Well Care Visits (WCV)	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p>	11/1/2024	Completed	Quality Improvement	MY2023 DHCS MPL 48.07%	Los Angeles County MY2024: 56.97% [↑] San Diego County MY2024: 54.17% [↑] (Goal Met) Blue Shield Promise examined the clinic day completion rates from Q1-Q2 2025, by race. The completion rate for clinic days in Q1 – Q2 2025 ranged from the highest at 70.83% (n=72) among Asian members to the lowest at 25.53% (n=141) among Black or African American members. The completion rate among Native Hawaiian or Other Pacific Islander members was the second highest completion rate at 67.92% (n=53). Employing the heat maps to inform locations has been effective for Native Hawaiian or Other Pacific Islanders based on completion rates. Blue Shield Promise recognizes improvement may take more time. Blue Shield Promise will continue to monitor the rates by race and ethnicity and examine further at what step Black or African American members may not be attending the scheduled appointments (e.g., not scheduling, no-shows, etc.). Given the overall success of the partnership with the vendor on the WCV rates across all groups and counties, Blue Shield Promise will incorporate this strengthened partnership as part of its standard of operations and explore ways to expand the collaboration for different populations and health conditions.
3	Child and Adolescent Well Care Visits (WCV)	<p>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).</p> <p>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.</p>	<p>Increase overall performance for child and adolescent well care visits, with an emphasis on members whose preferred language includes Vietnamese, Russian, or Korean.</p>	<p>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.</p> <p>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.</p>	11/1/2024	Completed	Quality Improvement Customer Experience	MY2023 DHCS MPL 48.07%	Los Angeles County MY2024: 56.97% [↑] San Diego County MY2024: 54.17% [↑] (Goal Met) Incorporated this intervention as part of standard operations. Given the overall success of the partnership with the vendor on the WCV rates across all groups and counties, Blue Shield Promise will incorporate this strengthened partnership as part of its standard of operations and explore ways to expand the collaboration for different populations and health conditions.

Culturally and Linguistically Appropriate Services (CLAS) Program Evaluation Report

Owner: Rosa Hernandez and Valerie Martinez

Driver(s): Rosa Hernandez and Jennifer Mazariegos

No.	Category	Findings	Recommendations	Action/Planned Intervention(s)	Date of Implementation	Progress/Status	Responsible Departments	Goal	Improvements
1	Provider Network	<p>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).</p> <p>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.</p>	<p>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.</p> <p>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.</p>	<p>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.</p>	Quarter 3 2025	Completed	<p>Health Equity Quality Provider Network Provider Outreach IT Provider Contracting</p>	8% of practitioner office staff speak at least one threshold language	<p>1, 2: Completed. A modification in logic was necessary to resolve this deficiency, affecting the data processes related to network analytics as well as the presentation of information in Blue Shield's provider directory. Our primary objective will be to evaluate the outcomes associated with these changes. Specifically, in 2025, Blue Shield enhanced its systems by setting English as the default language (in place of 'unknown'), thereby improving clarity for members searching for providers online. This adjustment is expected to better meet members' cultural needs and preferences through improved accuracy and system functionality. The Information Technology team has recently finalized the programming update, and the revised data will be incorporated in the forthcoming reporting cycle.</p>
2	Grievances related to Culturally Appropriate Care for Members	<p>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.</p>	<p>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.</p>	<p>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.</p>	September 2024	Completed	<p>Health Equity Quality Customer Service Provider Relations</p>	Meet 100% of interpreter requests for all languages (over the phone and in-person)	<p>1. Completed. Blue Shield Promise presented at the September 2024 Community Advisory Committee to gather input from members on various preferences on receiving health plan communications. Members shared they would strongly recommend to continue correspondence on programs/services provided by Blue Shield Promise.</p>
3	Grievances related to Culturally Appropriate Care for Members	<p>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).</p>	<p>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.</p>	<p>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.</p>	September 2024	Completed	<p>Health Equity Quality Customer Service Provider Relations</p>	Meet 100% of written translation requests for all threshold languages	<p>1. Completed. Blue Shield Promise presented at the September 2024 Community Advisory Committee to gather input from members on various preferences on receiving health plan communications. Members shared they would strongly recommend to continue correspondence on programs/services provided by Blue Shield Promise.</p>
4	Grievances related to Culturally Appropriate Care for Members	<p>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.</p>	<p>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.</p>	<p>Member-Facing: 2. Develop and disseminate a member notification on how to access language assistance services, including interpreter and translation information.</p>	September 2024	Completed	<p>Health Equity Quality Customer Service Provider Relations</p>	Review all cultural and linguistically related grievances.	<p>2. Completed. Member newsletter article went out in Q4 2024 on availability of translation services and interpreter services. The article expanded on the timeframes for scheduling face-to-face interpreters, including ASL.</p>
5	Grievances related to Culturally Appropriate Care for Members	<p>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.</p>	<p>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.</p>	<p>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.</p>	10/1/2024	Completed	<p>Health Equity Quality Customer Service Provider Relations</p>	Review all cultural and linguistically related grievances.	<p>3. Completed. In 2025, there were two provider notifications regarding Blue Shield Promise language assistance services available to all providers. The annual mailing contains information on for providers on how to access interpreter services and language assistance information that is available to be used for their offices. Additionally, we shared information about the available provider training for them and office staff.</p>

6	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	Discontinued	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	4. Discontinued. The majority of grievances are related to issues with interpreter services and not translation of materials and our focus will be on improving experience and access to interpreter services.
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. 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-	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-identify race, ethnicity, language data.	Quarter 1 2025	Discontinued	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	1. The pilot program was discontinued as it yielded little provider engagement. As of May 2025, a total of 90 providers were onboarded of the targeted 5000 providers. Very little commitment was demonstrated; therefore it was recommended to no longer proceed with this intervention.
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. 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.	Quarter 3 2024	Completed	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	2. Sent 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.
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: 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	Quarter 3 2024	Completed	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	3. Completed. In 2025, Blue Shield Promise sent out written communication to all its Medi-Cal members to remind members on the importance of maintaining their information up-to-date. Members were reminded to leverage the member portal to self-identify race/ethnicity, preferred spoken and written languages, sexual orientation and ways that members can receive health plan communications. In 2025, while it did not achieve its goal of meeting the 20% goal of self-identified sexual orientation and gender identity, there was a slight increase in rates of self-identification. This modest improvement may be due to said reminders. In addition, this communication also includes reminders on the organization's importance of guarding personal and sensitive information which may have resonated with members' appeal to self-identify.

10	<p>Member and Provider Race, Ethnicity, and Language Data</p> <p>Member Sexual Orientation and Gender Identity Data.</p>	<p>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.</p> <p>Member self-reported race and ethnicity data captured: 95.5% Los Angeles; 82.8% San Diego</p> <p>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.</p>	<p>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</p> <p>Increase data capture of member sexual orientation and gender identity data.</p>	<p>Member-Facing:</p> <p>4. Focus on data integration from external sources to increase the amount of self-reported member demographic data available to us</p>	Quarter 3 2024	Completed	<p>Health Transformation Network Analytics</p> <p>Health Equity Provider Communication/Network Compliance</p>	<p>Achieve 80% of self-report race and ethnicity</p>	<p>Completed initial assessment of data sources and inclusion of data. Assessing internal data streams and ability to integrate.</p>
11	<p>Member and Provider Race, Ethnicity, and Language Data</p> <p>Member Sexual Orientation and Gender Identity Data.</p>	<p>Blue Shield has low response rates (1%) for sexual orientation and gender identity data</p>	<p>Increase data capture of member sexual orientation and gender identity data.</p> <p>Goal: 20% by 2028</p>	<p>1. Socialize process for updating member profile</p>	Quarter 4 2024	Completed	<p>Health Transformation Health Equity C&L Communication/Network Compliance</p>	<p>Achieve 20% increase data capture of member sexual orientation and gender identity data.</p>	<p>The percentage of members who reported their gender identity and sexual orientation improved by 28.24% and 44.44%; however, the overall percentage of members who self-report this information remains very low (1%).</p> <p>Implement Community Advisory Committee feedback regarding availing members' concerns around use of their data and privacy when asking for members' demographic data.</p>
12	<p>Member and Provider Race, Ethnicity, and Language Data</p> <p>Member Sexual Orientation and Gender Identity Data.</p>	<p>Blue Shield has low response rates (1%) for sexual orientation and gender identity data</p>	<p>Increase data capture of member sexual orientation and gender identity data.</p> <p>Goal: 20% by 2028</p>	<p>2. Training performed to improve staff comfort in broaching topic with members</p>	Quarter 4 2024	Completed	<p>Health Transformation Health Equity C&L Communication/Network Compliance</p>	<p>Achieve 20% increase data capture of member sexual orientation and gender identity data.</p>	<p>The percentage of members who reported their gender identity and sexual orientation improved by 28.24% and 44.44%; however, the overall percentage of members who self-report this information remains very low (1%).</p> <p>Implement Community Advisory Committee feedback regarding availing members' concerns around use of their data and privacy when asking for members' demographic data.</p>
13	<p>Member and Provider Race, Ethnicity, and Language Data</p> <p>Member Sexual Orientation and Gender Identity Data.</p>	<p>Blue Shield has low response rates (1%) for sexual orientation and gender identity data</p>	<p>Increase data capture of member sexual orientation and gender identity data.</p> <p>Goal: 20% by 2028</p>	<p>3. Focus group with Federally Qualified Health Centers to understand barriers for collection</p>	Quarter 4 2024	Completed	<p>Health Equity Participating FQHC's (Family Health Centers, San Ysidro Health, AltaMed)</p>	<p>Achieve 20% increase data capture of member sexual orientation and gender identity data.</p>	<p>Completed as of NCQA submission – November 2024. Results of focus groups indicate barriers for collection. Based on this, BSP HEO shared best practices toolkit for collecting SOGI from patients.</p>
14	<p>Member and Provider Race, Ethnicity, and Language Data</p> <p>Member Sexual Orientation and Gender Identity Data.</p>	<p>Blue Shield has low response rates (1%) for sexual orientation and gender identity data</p>	<p>Increase data capture of member sexual orientation and gender identity data.</p> <p>Goal: 20% by 2028</p>	<p>4. Explore process for data sharing with Federally Quality Health Center</p>	Quarter 3 2024	Discontinued	<p>Health Equity Quality IT/Medi-Cal Analytics</p>	<p>Achieve 20% increase data capture of member sexual orientation and gender identity data.</p>	<p>Discontinued exploring data sharing with FQHCs due to operational complexity and sensitivity around SOGI data. Resources will be redirected to alternative strategies to increase data capture of member SOGI data that still advance health equity.</p>

15	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.	Quarter 1 2025	Discontinued	Quality Health Equity IT/Web	100 providers complete CLAS trainings and receive CEU units	Discontinued. As part of the Department of Health Care Services requirement for all managed care plans and subcontractors are required to complete Diversity, Equity and Inclusion training as part of the Medi-Cal contract. This would require Blue Shield Promise to monitor providers completion of this training. A 100% completion is required. To date, we are at a 10% completion.
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