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Quality Improvement and Health Equity Committee
Quarter 4, 2025 Summary Report

Background

The purpose of this report is to summarize the Blue Shield of California Promise Health Plan (BSCPHP, BSC Promise, or Blue Shield Promise) Quality Improvement and Health Equity Committee (QIHEC) activities, findings, recommendations, and actions that are prepared after each meeting. The QIHEC reports to the Medi-Cal Committee who reports to the Blue Shield of California Board of Directors via consent agenda, and to DHCS upon request. A written summary of the QIHEC activities is made publicly available on the Plan's website at least quarterly.

Summary of QIHEC Activities

The Blue Shield Promise QIHEC meeting was called to order on Thursday, December 4, 2025, by the Chairperson, Valerie Martinez, Chief Health Equity Officer (CHEO) via telephone conference.

Old Business

Valerie Martinez, CHEO, Blue Shield Promise Medi-Cal Health Equity Office, reviewed old business and provided an update on the following action items:

1. The Health Equity Office (HEO) investigated the geographic distribution of the Korean population and their access to clinic sites using geographic mapping and confirms that internal geographic mapping does not include this population. The HEO conducted a thorough disparity analysis among members who identify as Asian as their racial category across key health measures in Los Angeles and San Diego counties included in the Health Equity Advancements Resulting in Transformation (HEART) Measure Set.
2. Blue Shield Promise will revisit plans to expand the Women's Health Workgroup to include providers and external partners pending internal logistics in 2026.
3. Blue Shield Promise will explore partnerships with social media platforms to engage adolescents in preventive care. Pending consideration of Teen Health Equity Workgroup and potential for partnership with Teens Rise organization in San Diego County.

Document Review and Approval (Pre-reads)

The Quality Improvement and Health Equity Transformation Program (QIHETP) program documents were circulated to voting committee members for review and approval via email prior to the meeting. The following documents were approved by voting committee members:

1. BSC Promise QIHEC Meeting Minutes Q3 2025
2. BSC Promise QIHEC 2025 Work Plan Q4 2025

National Committee for Quality Assurance (NCQA): Health Equity Accreditation (HEA) Updates

Cultural and Linguistic Program Assessment and Evaluation Reports

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Rosa Hernandez, Senior Manager, Health Education and Cultural and Linguistics Programs, provided an overview of Blue Shield Promise' Cultural and Linguistic Program Assessment and Evaluation Reports.

The Cultural and Linguistic Program Assessment Report involves an annual review of member and provider demographics across key areas such as race, ethnicity, language, sexual orientation, and gender identity. Report findings demonstrate a large self-reporting of race and ethnicity (93.59%) meeting our 80% Blue Shield Promise goal. Of our total membership, most members, 76.88%, report their race and ethnicity as Hispanic or Latino. This is followed by 7.35% of members who report some other race, which is followed by 4.75% of members who report their race as white. Data demonstrates self-reporting gender identity and sexual orientation remains very low. For example, while 100% of members reported their sex assigned at birth, only 1% reported their gender identity, and less than 1% reported their pronouns and sexual orientation. Blue Shield Promise also evaluated threshold languages, those spoken by 5% of the population, or 1,000 members, whichever number is less. When analyzing members' preferred language, findings indicate the number of Los Angeles County members reporting Farsi as their preferred language met the minimum number for a threshold language (n=1,009; 0.27%).

The Cultural and Linguistic (CLAS) Evaluation Report examines all program activities annually to ensure members' needs and preferences are met in areas including race and ethnicity, language, sexual orientation, gender identity, cultural and linguistic grievances, and provider offerings. Insights from this evaluation inform the development of new interventions to address identified opportunities. Table 1 summarizes the 2025 Cultural and Linguistic Program Evaluation Report Calendar Year (CY) 2024 findings, year-over year results, and continual CY 2025 opportunities.

Table 1. 2025 Cultural and Linguistic Program Evaluation

Category	2024 Findings	Year-over-Year	2025 Opportunity
Member and Provider Race, Ethnicity and Language Data	1. 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. 2. Blue Shield Promise did not meet the goal of having 1 Middle Eastern and North African practitioner for every 700 Middle Eastern and North African members, in either county. 3. Blue Shield Promise has not achieved 20% self-report on sexual orientation and gender identity data capture.	1. Some ratios improved while others didn't. Notably, cardiology ratios improved while gastroenterology ratios worsened. 2. Blue Shield Promise did not meet the goal of having 1 Middle Eastern and North African practitioner for every 700 Middle Eastern and North African members, in either county. 3. 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%).	1. Continue to work across teams to identify improvements in provider demographic data capture. 2. Work across teams identify new way to encourage providers to self-identify race, ethnicity and language. Clarify that language does not default to English, if field is left blank. 3. Implement Community Advisory Committee feedback regarding availing members' concerns around use of their data and privacy when asking for members' demographic data.
Grievances related to cultural and linguistic	1. Despite availability of language services (interpreter and translation), members and providers may be unaware these services exists or may not be aware on the timeframes needed to schedule face-to-face interpreters.	1. Despite education and promotion of language services, grievances persist specifically around face-to-face interpreter services.	1. Explore feasibility of implementing Community Advisory Committee feedback regarding developing a mailer or short video on availability of language services.
Member Experience	1. Low response rate for interpreter services member satisfaction survey	1. Response rate remains at similar rate as last year (5.6%) despite the implementation of member incentive for completion of the survey.	1. Implement a digital survey delivery system through email and the online survey platform, Qualtrics, as well as transition the survey cadence from annually to quarterly.

Health Disparities Report
Amie Eng, Principal Program Manager, Medi-Cal Quality Improvement Department, provided a brief overview of the Health Disparities Report which analyzes race, ethnicity, language, sexual orientation, and gender identity data to identify inequities in Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures.

Blue Shield Promise analyzed HEDIS® measures for prenatal and postpartum care (by race/ethnicity), child and adolescent well-care visits (by language and gender), and CAHPS ratings (by race/ethnicity), prioritizing interventions for diabetes and maternal care disparities. Key findings indicate there are high rates of poor glycemic control (>9%) among Hispanic/Latino members in Los Angeles County (38.75%) and San Diego County (37.45%). Interventions will include Medically Tailored Meals and Wellvolution resources. Prenatal and postpartum care rates fell below targets (PPC- Timeliness of Care: San Diego County: 82.36%; Los Angeles County: 82.70%; PPC-Postpartum Care: San Diego County: 80.00%; Los Angeles County: 78.89%). Strategies will focus on Black/African American members through early identification, maternity care management, and increased doula benefit utilization.

Blue Shield Promise will continue implementing and evaluating interventions, then re-analyze HEDIS® measures in Q2 2026 to assess improvement and benchmark achievement.

Health Equity Advancements Resulting in Transformation (HEART) Measure Set
Eduardo Delgado, Health Equity Principal Program Manager, presented the quarterly HEART Measure Set updates, including the following: 1) Quarterly action items status updates; 2) Results of disparity data analysis – findings, results, takeaways, disaggregated data by race, ethnicity, age and/or language and analysis of the Asian population; 3) Provider dashboard key features and value proposition summary; and 4) HEART measures beyond priority set.

Eduardo presented a quarterly summary of activities to the committee. The HEO prepared seven (7) reports for 7 separate teams and facilitated team meetings to share data, findings, and plan potential intervention activities. The HEO also prepared custom analysis to assess for health disparities among women and children' populations. Eduardo developed an annual glide path calendar for planned disparity analysis to ensure all measures can be assessed in CY2025. Lastly, the HEO is expanding the HEART Dashboard measure set to include additional populations and data dimensions for sexual orientation and gender identity (SOGI), disability aid code(s), California Children's Services (CCS), Temporary Assistance for Needy Families (TANF) aide code(s), justice involved, unhoused/homelessness, palliative care and hospice, doula service, medically necessary major organ transplants, limited English proficiency (LEP), alcohol and Substance Use Disorder (SUD) treatment services and long-term care.

Eduardo provided a thorough disparity analysis among Blue Shield Promise Asian members across key health measures in Los Angeles and San Diego counties; including a review of findings, results, and takeaways. The HEO reviewed access quality measures to identify significant disparities between the Asian population including: 1) Childhood Immunization Status – Combination 10 Immunizations (CIS-10); 2) Immunizations for Adolescents – Combination 2 Immunizations (IMA-2); and 3) Controlling Blood Pressure (CBP). Results indicated the Asian population leads in CIS-10 overall compliance (36.89%) compared to Black (9.32%) and White (14.62%) populations who remain low performers. The Asian population demonstrates quarter-over-quarter increase in performance for IMA-2 (3.4%). And while Quarter 3, 2025 CBP data shows improvement across all groups with a quarter-over-quarter positive increase (9.5%), disparities remain across all race and ethnicities, performing under the 67.88% benchmark; White, 53.34%, Black, 47.10%, Asian, 53.05%, and Latino, 55.97% (Reference Appendix 1).

Eduardo provided key features and benefits of the Provider Dashboard. Enhanced features now include 1) membership and demographic performance that will give providers a full picture of their members by race, ethnicity, gender, age and language; 2) provider membership profile that breaks down the total membership by provider group and race, ethnicity, gender, age and language; and 3) measure performance that will provide measure-level disparity insights, highlighting member gaps by race, ethnicity, gender, age and language grouped in a ranked order. Additional data for other HEART measures was included in the presentation appendix.

Member Outreach, Education, and Experience Assessment for Non-Specialty Mental Health Services (NSMHS)

Mimi Nguyen, Behavioral Health Program Manager Consultant, provided an overview and update regarding All Plan Letter (APL) 24-012 mandates Medi-Cal Managed Care Plans (MCPs) as required by Senate Bill (SB) 1019 to enhance awareness and utilization of NSMHS through targeted outreach, education, and experience evaluation. This initiative addresses historically low utilization of NSMHS and aims to improve access and equity in mental health care.

In compliance with APL 24-012, Blue Shield Promise assessed 2024 NSMHS utilization among Medi-Cal members in Los Angeles and San Diego counties, analyzing demographics such as race, ethnicity, gender, age, language, sexual orientation and disability status. Findings show lower utilization among males compared to females (40% in Los Angeles County, 44% in San Diego County). Data on sexual orientation, ethnicity, and race is largely incomplete (over 95% unknown), suggesting underrepresentation of LGBTQ+ and racial minorities. Older adults aged 65 or above account for only 15% of utilizers despite potential mental health needs in both counties. Language barriers may exist, as utilization among speakers of languages other than English and Spanish is extremely low (<1% each). Additionally, while most members do not report disabilities, we do see a disability rate of 15–16%, indicating a need for tailored support for individuals with disabilities.

To increase engagement among low utilizers Blue Shield Promise focuses on improving mental health service utilization through six key actions: 1) targeted outreach and education to raise awareness among males, older adults, and people with disabilities using culturally sensitive messaging; 2) language access improvements via interpretation services, partnerships with community organizations, and telehealth; 3) enhanced data collection with standardized procedures and provider training to capture accurate demographic data; 4) reducing barriers to care by addressing transportation, scheduling, and digital access while offering flexible options like telehealth; 5) fostering collaboration across departments to design interventions and monitor progress; and 6) enhance behavioral health webpages for both members and providers to improve access to information.

Health Equity Spotlight: Medi-Cal Member Experience Outreach

Ron Bauer, Principal Program Manager, Medi-Cal Quality Improvement Department presented Blue Shield Promise's Medi-Cal Member Experience Outreach Call Program. The program uses year-round outreach calls to assist members in accessing care, supported by six dedicated call representatives (including bilingual staff). Outreach leverages predictive analytics and scripts addressing unmet social needs and mental or emotional health. Goals include helping members schedule appointments, navigate benefits (e.g., transportation, Teladoc, Wellvolution), and improving CAHPS and NPS scores.

Past year-round campaigns target specific needs such as Access to Care, Behavioral Health, Health Equity, and Men's Routine Care, with inclusion criteria based on risk factors and prior utilization. Call outcomes show challenges: only 15.6% answered, while nearly 50% resulted in voicemails; common member needs include general plan benefits, transportation, and provider information. Lessons learned indicate members are often hard to reach due to busy schedules and poor contact data. About half of calls end with a voicemail offering assistance. Access to Care remains a top issue in surveys and grievances, prompting plans for a 2026 multilingual mailer and high-risk member call campaign.

Health Equity Integration Plan Updates

The Health Equity Integration Plans (HEIPs) led by Alexis Duke, Health Equity Business Analyst, outlines the progress and strategic direction of Blue Shield Promise's Quality Improvement and Health Equity Transformation Program goals and objectives. The plan is a response to Medi-Cal Managed Care Plan requirements mandating the integration of health equity across eight functional areas: Health Education and Cultural Linguistic Services, Growth and Community Engagement, Provider Network, Population Health Management, Grievances and Appeals, Utilization Management, Quality, and Medical Services (including Case Management and Maternal Health). The HEIP includes disparity analysis, planned activities, and measurable outcomes to ensure equity is embedded throughout the organization. As of Quarter 4, 2025, 48% of the 38 planned activities across departments have been completed. Activities are on track for completion by year-end.

Table 2. Health Equity Integration Plan Progress of Activities

Department	# of activities	# completed	% complete
Quality	6	2	33%
Health Education	8	3	38%
Utilization Management	2	2	100%
Population Health Management	6	2	33%
Medical Services	3	2	50%
Community Engagement	5	3	60%
Network	5	2	40%
Grievance & Appeals	3	1	50%
Total % activities complete; 18 / 38			48%

Regulatory Updates

The mandatory DEI Medi-Cal training entitled the *2025 Advancing Health Equity: Training to Support Member Interactions* internal training for all staff was released on March 3, 2025. Blue Shield Promise has reached a 99% completion rate. Blue Shield Promise released the external Provider facing training, 2025 Advancing Health Equity training on the new Blue Shield of California Provider Learning Center platform on April 28, 2025. Blue Shield Promise has reached 13%, (▲3%) when compared to Quarter 3, 2025 completion rate.

In addition, the new Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training as set forth by All Plan Letter (APL) 24-017 and Senate Bill 923 was released on April 1, 2025, to internal member-facing staff. The training is entitled *Improving the Healthcare Experience for the Transgender, Gender Diverse, and Intersex Community*. Blue Shield Promise has reached 54% (▲46%) when compared to Quarter 2, 2025 completion rate.

Blue Shield Promise continues to work through implementing new operational processes across All Plan Letters to ensure compliance with all regulatory guidelines.

Health Equity Performance Dashboard

Valerie Martinez presented on the 2025 Health Equity Performance Dashboard and accomplishments through the end of Quarter 4, 2025 (Figure 1). The HEO will continue to track the goals and objectives through the end of CY2025 and into CY2026, which focuses on maintaining NCQA Health Equity Accreditation, ensuring contract compliance is met, continually building and integrating a culture of equity across the organization. Figure 1 details the HEO progress to date.

Table 3. 2025 Health Equity Performance Dashboard

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Goal	Objective	Quarterly Report	Q1	Q2	Q3	Q4
Maintain Health Equity Accreditation	Complete 100% of all Health Equity Accreditation activities as required by 12/31/2025	Rate of standards met	NA - No action needed in Q1	CLAS and Health Disparities reports drafted	100%	100%
Ensure contract compliance	100% of health equity related contract deliverables will be compliant by 12/31/2025	Rate of deliverables met	100%	99% AIR RE: Pop Health	99%	99%
	Operationalize 100% of requirements to launch Diversity Equity and Inclusion training program by 12/31/2025	Percent readiness toward complete program launch	56%	60%	90%	90%
	At least 30% of network providers complete Diversity Equity and Inclusion training by 12/31/2025	Rate of training completion	NA - Training release date 4/25/25	7%	11%	13%
Build and Integrate a Culture of Equity	90% of finalized Health Equity Integration Plan activities will be completed by 12/31/2025	Rate of integration plans completed	27%	44%	48%	Pending
	Member social drivers of health data collection increases by 5% by 12/31/2025	Rate of social drivers of health collected per member	1.6%	2.1%	Q3 report pending 11/6/2025	Pending
	H.E.A.R.T. advocate program survey yields >90% participant report of value added upon program completion	Satisfaction rate upon program conclusion	NA	97% report value added to role	NA Launched student pipeline program	NA Launched student pipeline program

Actions

The committee will continue to present QIHETP Workplan updates, present HEART Measure Set Monitoring Report rates, disparity analysis and identify quarterly Health Equity Spotlight reports. The HEO will track the action items and bring updates forward at the next QIHEC meeting to be held Thursday, March 19, 2026.

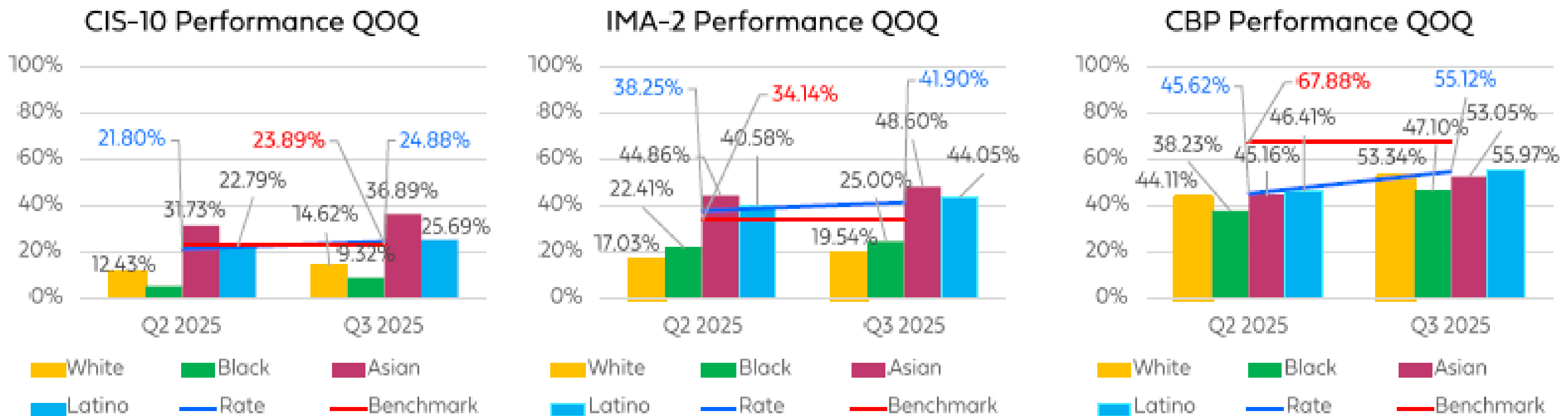
Appendix A. HEART Measure Set: Disparity Analysis Among Asian Members Across Key Health Measures in Los Angeles and San Diego

Disparity Analysis Among Asian Members Across Key Health Measures in Los Angeles and San Diego

METHODOLOGY: Access Quality metrics to identify significant disparities between the Asian population (18,828). These measures represent high-priority preventive and chronic care metrics.

FINDINGS: The data below reveals measures where the Asian population presents with the highest rates compared to all other Race/Ethnicity groups. Measures include: [1] Childhood Immunization Status - Combination 10 Immunizations (CIS-10); [2] Immunizations for Adolescents - Combination 2 Immunizations (IMA-2); and [3] Controlling Blood Pressure (CBP).

RESULTS: CIS-10 – Asian population leads in compliance; Black and White population remain low performers. Now above the MPL. IMA-2 – Asian population shows strong consistency (▲3.74% QOQ). CBP – Q3 shows improvement across all groups, but disparities remain across all race/ethnicities (▲9.5% QOQ).



TAKEAWAYS: [1] Asian population consistently perform highest across CIS-10, and IMA-2.
[2] Disparities are present in all three measures and remain stable quarter over quarter despite overall improvement.