



Promise Health Plan

2023-2024 Quality Improvement Health Equity Transformation Program Description Medi-Cal Product

Responsible Health Equity Office Staff

Name: James Cruz, MD
Title: Chief Medical Officer
Email: james.cruz@blueshieldca.com

Name: Valerie Martinez, DrPH(c), MPH
Title: Chief Health Equity Officer
Email: valerie.martinez@blueshieldca.com

Name: Brigitte Lamberson, MPH
Title: Health Equity Principal Program Manager
Email: brigitte.lamberson@blueshieldca.com

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I. Introduction and Background

The Blue Shield of California Promise Health Plan (BSCPHP, or Blue Shield Promise) Health Equity program was developed with consideration to evidence-based programs, white papers, policies, All Plan Letters (APL) and strategic plans and focuses its efforts on an equitable whole-system, person-centered approach reducing health inequities and health disparities among the membership and communities served. These considerations include but are not limited to the following:

A. Centers for Medicare and Medicaid Services (CMS) Framework for Health Equity.

The framework sets the foundation and priorities for CMS's work strengthening its infrastructure for assessment, creating synergies across the health care system to drive structural change, and identifying and working to eliminate barriers to CMS-supported benefits, services, and coverage. This Framework reinforces the concept that to attain the highest level of health for all people, focused and ongoing attention must be given to addressing avoidable inequalities and eliminate health and health care disparities (CMS, 2023).

B. California Department of Health Care Services (DHCS) 2022 Comprehensive Quality Strategy.

The Comprehensive Quality Strategy introduces DHCS' ten-year vision for the Medi-Cal program where members served should have longer, healthier, and happier lives. The strategy introduces DHCS' Bold Goals: 50x2025 initiative that, in partnership with stakeholders across the state, will help achieve significant improvements in Medi-Cal clinical and health equity outcomes by 2025. The Bold Goals will include focused initiatives around children's preventive care, behavioral health integration, and maternity care, focusing on health equity within these key domains. These goals were identified to ensure a comprehensive quality approach across multiple populations. To achieve DHCS' vision of eliminating health care disparities, DHCS has defined needed improvements in data collection and stratification, workforce diversity and cultural responsiveness, and disparity reduction efforts (DHCS, 2022; Reference figure 1).



Figure 1. California Department of Health Care Services Bold Goals

C. DHCS California Advancing and Innovating Medi-Cal (CalAIM) Guide requirements.

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The Department of Health Care Services (DHCS) is innovating and transforming the Medi-Cal delivery system. CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. The goal is to extend support and services beyond hospitals and health care settings directly into California communities. The vision is to meet people where they are in life, address social drivers of health, and break down the walls of health care. CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their physical, behavioral, developmental, dental, and long-term care needs, throughout their lives, from birth to a dignified end of life (DHCS Claim, 2023).

D. DHCS All Plan Letter 19-011 Population Needs Assessment (PNA).

The PNA identifies member health status and behaviors, member health education and cultural and linguistics (C&L) needs, health disparities, and gaps in services related to these issues. The goal of the PNA is to improve health outcomes for our members and ensure that

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BSCPHP is meeting the needs of all our Medi-Cal members by identifying member health needs and health disparities; evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns; implementing targeted strategies for health education, C&L, and QI programs and services.

E. California Department of Managed Health Care (DMHC) APL 22-028 Health Equity and Quality Measure Set and Reporting Process.

The DMHC has established the Health Equity and Quality Measure Set (HEQMS) and measure stratification requirements, which are provided in APL 22-028. The HEQMS were recommended with the goal of addressing long-standing health inequities and ensure the equitable delivery of high-quality health care services across all market segments, including the individual, small and large group markets, and the Medi-Cal Managed Care program.

The HEQMS will be effective Measurement Year (MY) 2023 through at least MY 2027. BSCPHP will comply with Assembly Bill (AB) 133 as implemented by this APL and future DMHC guidance, consistent with applicable law, including Health and Safety Code section 1399.872. Pursuant to AB 133, the DMHC will promulgate regulations to codify these requirements by 2026.

The HEQMS is comprised of 12 Healthcare Effectiveness Data and Information Set (HEDIS®) and one Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measure:

1. Colorectal Cancer Screening
2. Breast Cancer Screening
3. Hemoglobin A1c Control for Patients with Diabetes
4. Controlling High Blood Pressure
5. Asthma Medication Ratio
6. Depression Screening and Follow-Up for Adolescents and Adults
7. Prenatal and Postpartum Care
8. Childhood Immunization Status
9. Well-Child Visits in the First 30 Months of Life
10. Child and Adolescent Well-Care Visits
11. Plan All-Cause Readmissions
12. Immunizations for Adolescents
13. CAHPS® Health Plan Survey, Version 5.0 (Medicaid and Commercial): Getting Needed Care

The DMHC will require health plans to report HEQMS measure rates at the statewide aggregate level by product line. The DMHC is adopting the NCQA Medicaid and commercial product line definitions.

F. National Committee for Quality Assurance (NCQA) Health Equity Accreditation Standards for the Medicaid product line.

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BSCPHP will obtain NCQA Health Equity Accreditation (HEA), as set forth by the DHCS contractual requirements. HEA focuses on the foundation of health equity work: building an internal culture that supports the organization's external health equity work; collecting data that help the organization create and offer language services and provider networks mindful of individuals' cultural and linguistic needs; and identifying opportunities to reduce health inequities and improve care.

BSCPHP will adopt an actionable framework for improving health equity and prioritize health equity for our members and the communities we serve.

G. California Health Care Foundation (CHCF) and NCQA White Paper. Advancing Health Equity: A Recommended Measurement Framework for Accountability in Medicaid.

BSCPHP's Health Equity Office will integrate health equity throughout the organization. The health plan has adopted the California Health Care Foundation (CHCF) and National Committee Quality Assurance (NCQA) recommended measurement framework for accountability in Medicaid to advance health equity. This framework represents an effort to centralize health equity in quality measurement through a set of domains to track progress over time and assess performance.

The framework will inform development of quality improvement programs, help to focus resources on programs and/or interventions most likely to contribute to improving health equity, and provide an opportunity to align quality and performance strategies with equity centered approaches to address disparities and close gaps in health care and health outcome.

Thus, BSCPHP's Health Equity program has been designed to meet the considerations listed above. Additionally, the Health Equity program is comprised of activities, procedures, investments, member engagement, clinical programs, and provider partnerships that will help drive transformation of the health care system, improving quality, expanding access, and ensuring equity for all members.

The scope of the Health Equity Transformation Program Description covers services provided to BSCPHP Medi-Cal members.

II. Blue Shield Promise Health Plan's Health Equity Mission

Blue Shield of California (Blue Shield), founded over 80 years ago, operates exclusively in California, understands our state's diversity, and lives by our values as a nonprofit BSCPHP's mission is "to ensure all Californians have access to high-quality health care at an affordable price," and we are guided by our vision to "create a healthcare system that is worthy of our family and friends and sustainably affordable" is based in equity.

BSCPHP is a licensee of the Blue Cross Blue Shield Association and is an affiliate of BSCPHP holds Health Plan Accreditation and Multicultural Health Care Distinction for its Medicaid product line

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from the National Committee for Quality Assurance (NCQA) and will be pursuing Health Equity Accreditation from NCQA in 2024.

The Health Equity Office (HEO) will serve to champion Blue Shield of California's holistic drive to eliminate disparities within the organization as well as within the counties served. Advancing health equity requires an honest examination of pervasive issues plaguing our communities like systemic racism, implicit bias, quality of services, and funding. It also requires stakeholder buy-in and tireless action; resiliency to advance efforts; connection to individuals who share their truth; and a workforce to translate those stories into action. None of this can be accomplished without authenticity, the ability to acknowledge the current state and challenges ahead, and the fortitude to advance equity efforts, fight for what's right, and protect our communities. By establishing an integrated cultural norm of collaboration and partnership, we will succeed in improving the lives of all Californians under our care. BSCPHP seeks to perform health equity work in a manner worthy of our family and friends. BSCPHP recognizes this requires strong, sustaining resources, and the organization's commitment and focus to advance health equity.

III. Blue Shield Promise Quality Improvement Health Equity Transformation Program Values

BSCPHP's Health Equity program is founded in the following values.

- 1) Quality and Health Equity are one and the same. We cannot have a high quality, high-performing health plan without health equity. High quality, whole person care requires commitment and teamwork of the entire community. Driving quality, equity and the best possible outcomes for our diverse Medi-Cal population brings us closer to attaining our shared vision for all Californians.
- 2) We are never bound by convention. We cannot solve today's problems with yesterday's solutions. We step beyond the traditional role of a health plan to completely reimagine how we show up for our members. We are relentless in our drive to co-create novel solutions that have the power to significantly impact the health and wellness of Californians.
- 3) Trust is earned. We ground our work in a deep respect for an understanding of the root causes of trauma and inequities in communities. We understand our members' experience by being physically present in the neighborhoods where they live. Where we live. We listen deeply and center community wisdom in everything we do.
- 4) We can lead the transformative shift. We are collaborative at our core. We are physically present in the communities we serve. We bring our whole selves to the mission of eliminating disparities in the communities we serve.

IV. Quality Improvement Health Equity Transformation Program Levers

BSCPHP seeks to eliminate disparities within the organization, counties, and members served. Therefore, BSCPHP's HEO will embed health equity into everything we do across the enterprise.

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The HEO will establish a process and framework for embracing the program values, solidifying a culture and a practice of equity across the organization, and in accordance with regulatory requirements. The HEO will work to implement the Quality Improvement Health Equity Transformation (QIHETP) program levers and activities to support the drive to eliminate disparities among populations served (Reference figure 2).

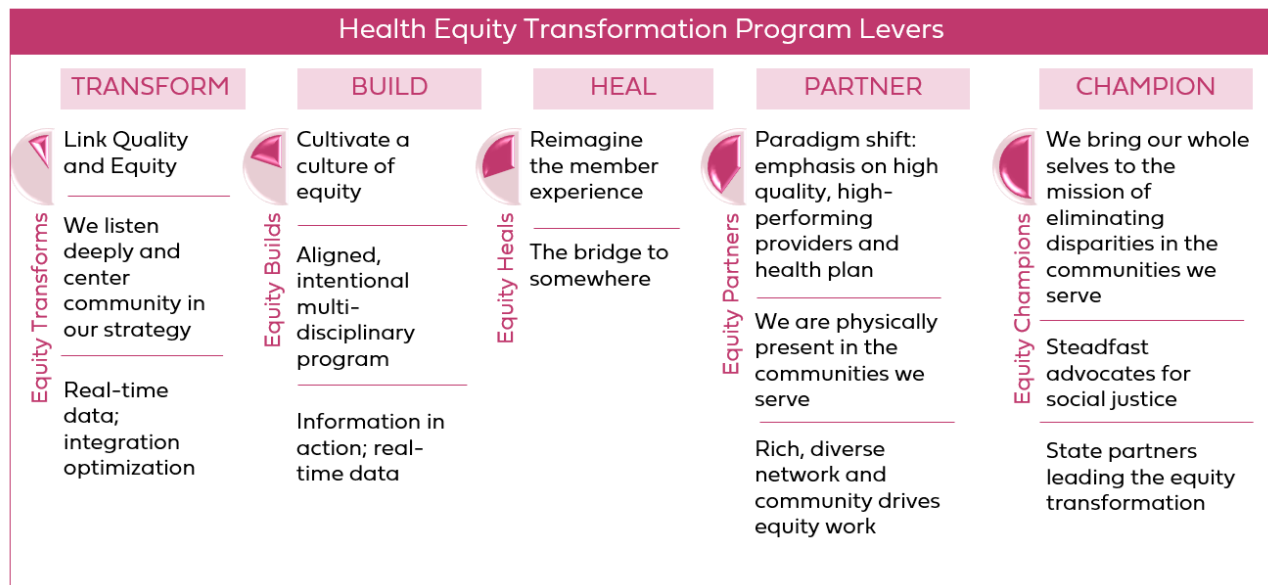


Figure 2. Health Equity Transformation Program Levers

The following details the QIHETP activities for each listed lever as depicted in figure 2 above:

- A. **Transform.** Transforming equity includes the necessary link between quality and equity, and listening deeply to our members, provider, and community partners. We will center our strategies on that feedback, leveraging real-time data, understanding that integration of multiple data sources is required to optimize our understanding of where disparities and inequities exist. BSCPHP's HEO will develop a series of action items to implement the Health Equity program. This includes creating a governance structure, defining health equity metrics, and developing a monitoring plan to identify disparities. The Health Equity Office will then develop interventions to address these health disparities.
- B. **Build.** BSCPHP will launch the Health Equity Office (HEO). The HEO will develop a comprehensive Health Equity program that both meets regulatory requirements and supports BSP's commitment to addressing health disparities. In addition, BSP's HEO will develop a plan to monitor, identify, and address health disparities across populations. Building equity includes cultivating a culture of equity internally and externally with providers and community partners. BSCPHP's Health Equity Transformation Program will be multidisciplinary across the enterprise with alignment on equity principles.

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- C. **Heal.** BSCPHP will not only be equipped to best identify a member's needs but will facilitate coordination of care to address social drivers of health. Most importantly, BSCPHP will also confirm members are obtaining needed care, placing additional emphasis on members in most need. DHCS has issued several mandates requiring health plans to initiate health disparity work. Such mandates include requirements to identify specific member needs via the DHCS All Plan Letter 19-011: Population Needs Assessment (PNA), CalAIM program requirements (DHCS CalAIM, 2022), and stratified reporting of HEDIS® data for specific measures as outlined in the DHCS Comprehensive Quality Strategy 2022 report. These requirements will be integrated into this Health Equity program. BSCPHP is fully committed to launching the new Health Equity Office and will support disparity work as needs are identified.
- D. **Partner.** BSCPHP will support providers and operations to maximize health care delivery, understanding that equity work extends beyond the four walls of an exam room. BSCPHP will not only support the member journey, but will also rely on partners, ensuring they are equipped to meet the unique needs of each and every member. BSCPHP will work diversify our provider network, supporting cultural competency, health equity training, attempting to dismantle systemic racism and teach skills to reduce implicit bias, all leading to an improved member experience while facilitating optimal outcomes.
- E. **Champion.** BSCPHP is committed to bringing our whole selves to the mission of eliminating health disparities. We believe in the ability to catalyze lasting change. To reach health equity, we recognize that we must be steadfast advocates for social justice and be successful state partners leading health equity transformation. As we look ahead toward the future state, building the capacity of individuals, internal, and external stakeholders will be essential in reaching health equity.

V. Guiding Principles

BSCPHP seeks to create a healthcare system that is worthy of our family and friends and is sustainably affordable. BSCPHP has defined a set of health plan strategies to achieve this goal. A health equity lens has been applied to each of these guiding principles to create a unique set of Health Equity Strategies.

Guiding Principle	Health Equity Strategy
Doing what's right	Actively working on correcting systemic inequities in our health and social systems to address member needs and deliver a high-quality experience and integrate an internal culture of diversity, inclusion, and equity (DEI)
Being a trusted and reliable partner	Collaborating with community-based organizations, other managed care plans and all levels of government to implement tools, exchange information for the benefit of all, bring healthcare

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	into the digital age and ensure the accountability and long-term affordability of health care
Keeping our members first	Driving whole person, person-centered care that meets that health needs of all members, addresses SDOH, reduces disparities, and gives every member the opportunity to attain their full health potential
Community engagement	Aligning with community-based organizations, public plans, and county partners to improve community health and meet members where they are born, live, work, worship, and play with innovative programs to improve health outcomes
Provider collaboration	Helping providers focus on delivering quality care by providing technology and resources that remove barriers, inefficiencies, and administrative burden
Continuous improvement	Developing innovative advancements powered by leading edge technology, grounded in comprehensive, real-time data designed to improve care integration, outcomes, and delivery of health care services
Creating a personal, high-quality experience	Integrate shared opportunities to meet the needs of the members served across departments to create a personal high-quality experience at various touchpoints across the organization.
Serving more people	Understand that health equity is intersectional, and diversity exists within the communities and members served. Ensuring all employees, contracted staff and providers take an annual sensitivity, diversity, cultural competency, and health equity training with the goal to change behavior with interpersonal interactions and address all people inclusively, accurately, and respectfully (CDC, 2021).
Being a great place to do meaningful work	Actively recruit employees who represent the ethnic and cultural community groups we serve or who have extensive experience working with diverse populations.

Table 1. Guiding Principles and Health Equity Strategies

VI. Health Equity Keywords

Health equity is a priority across the entire organization. The Health Equity framework drives our work in developing common language and shared understanding to achieve the transformation our members deserve. To facilitate this common language, health-equity related terms are defined in Appendix 1.

VII. Quality Improvement Health Equity Transformation Program Structure

The Blue Shield Board of Directors (Board) is comprised of community and provider leaders and is ultimately responsible for the Quality Program. The Board approves the Quality Strategy, and is presented with related goals, metrics, and recommendations for BSCPHP. The Board provides oversight on performance against quality goals, including ensuring compliance and regulatory

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requirements are met. The Board has delegated oversight of all quality activities to the Board Quality Improvement Committee (BQIC).

The Quality Improvement and Health Equity Transformation Program's (QIHETP) governance structure includes the following, at a minimum:

1. BSCPHP's Governing Board maintains oversight of the Quality Improvement and Health Equity Committee (QIHEC) and participates in the QIHETP planning.
2. QIHETP activities are supervised by BSCPHP's Medical Director or the Medical Director's designee, in collaboration with BSCPHP's CHEO.
3. The participation of a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, community health workers, and other non-clinical providers in the process of QIHETP development and performance review.

VIII. Quality Improvement Health Equity Committee

BSCPHP's QIHEC is charged with reviewing all Health Equity related activities and documents. The QIHEC reports to the Health Equity Oversight Committee (HEOC) and Quality Management Committee (QMC), both report to the Quality Oversight Committee (QOC). The QOC then reports directly to the BQIC.

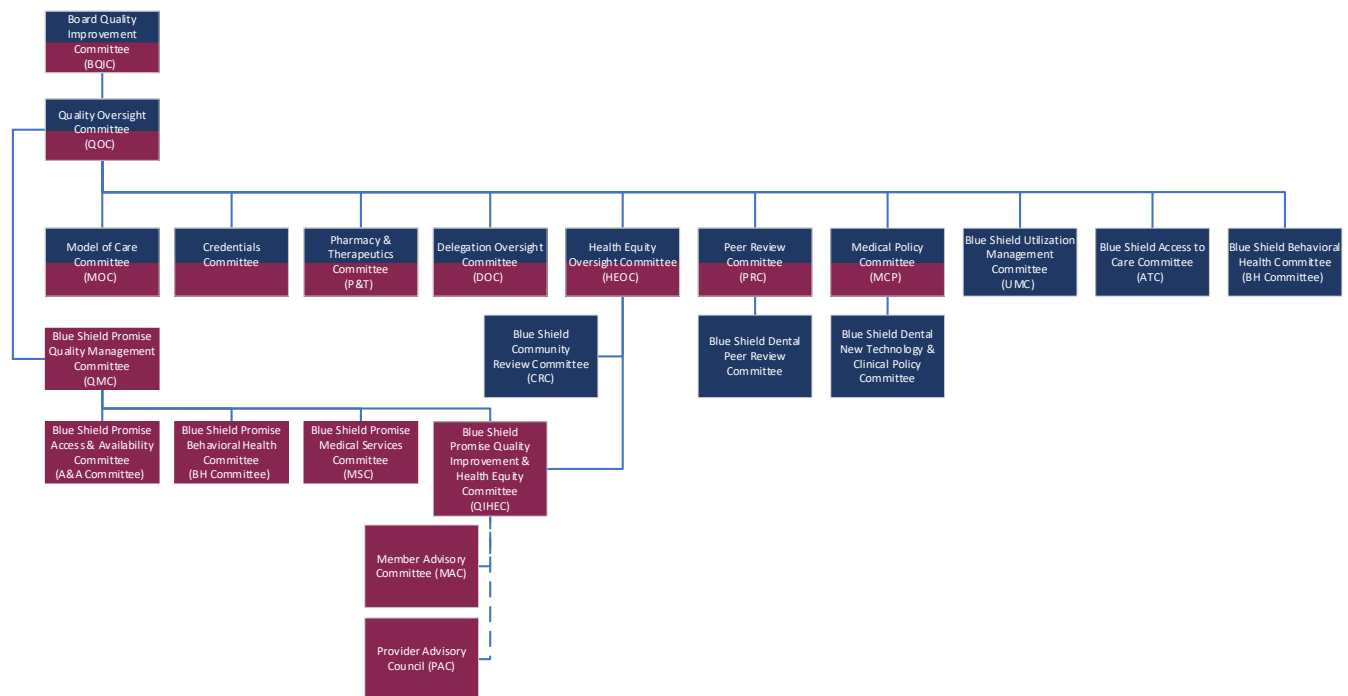


Figure 3. Quality Improvement Health Equity Committee Reporting Structure

BSCPHP's QIHEC is responsible for Quality Improvement and Health Equity activities. The QIHEC is charged with reviewing and approving health equity activities. The QIHEC reviews Culturally and Linguistically Appropriate Services (CLAS), Population Needs Assessment (PNA), Consumer

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Assessment of Healthcare Providers & Systems (CAHPS), Healthcare Effectiveness Data and Information Set (HEDIS) results as related to health equity, results of the Health Equity Advancements Resulting in Transformation (HEART) Measure Set, and the review, feedback, and approval of the annual written evaluation of the QIHETP.

The QIHEC will leverage member and community feedback to have an equity-centered approach to program management, planning, policies, and procedures.

The responsibilities of the QIHEC include the following:

1. Review and approve annual QI and Health Equity plan.
2. Develop, implement, maintain, and periodically update policies and procedures to ensure compliance with health equity requirements.
3. Analyze and evaluate the results of Quality Improvement (QI) and health equity activities, including but not limited to, the annual review of the results of performance measures, utilization data, consumer satisfaction surveys or Consumer Assessment of Healthcare Providers & Systems (CAHPS), and the findings and activities of other BSCPHP committees such as the Member Advisory Committee (MAC) and incorporate results into the design of quality improvement and health equity activities.
4. Institute actions to address performance deficiencies, including policy recommendations.
5. Ensure appropriate follow-up of identified performance deficiencies.
6. Implement and maintain a charter including the role, structure, and function of the Quality Improvement & Health Equity Committee.
7. Continuously monitor, review, evaluate and improve quality and health equity of covered services including clinical care services, case management, coordination and continuity of services provided to all members.
8. Review and provide feedback on BSCPHP Health Equity Accreditation activities, reports, and policies.

Reporting

1. BSCPHP's CHEO or designee will provide a written summary of QIHEC activities, findings, recommendations, and actions following each meeting to BQIC and to DHCS upon request.
2. BSCPHP's CHEO or designee will provide a written summary of the QIHEC activities that will be made available publicly on the Plan's website at least on a quarterly basis.
3. BSCPHP's CHEO will produce an annual Promise Health Equity report to the QIHEC and DHCS upon request.
4. Designated staff will provide annual copies of all final reports of independent accrediting agencies to DHCS.
5. The HEO will post Quality Improvement and Health Equity Plan to the BSCPHP public website annually.

Membership Composition

1. BSCPHP's QIHEC membership includes:
 - a. Medical Director or designee as the Chair.
 - b. CHEO as the Co-Chair.
 - c. Representatives from leaders in BSCPHP functional areas.
 - d. A broad range of Network Providers, including but not limited to the following:
 - i. Hospitals, clinics, county partners, physicians, and members.
 - ii. BSCPHP Network Providers that are part of the QIHEC must be representative of the composition of the BSCPHP Provider Network and include, at a minimum, Network Providers who provide health care services to:
 1. Members affected by Health Disparities.
 2. Limited English Proficiency (LEP) members.
 3. Children with Special Health Care Needs (CSHCN).
 4. Seniors and Persons with Disabilities (SPD).
 5. Persons with chronic conditions.

The BSCPHP QIHEC meets quarterly and will conduct off cycle meetings as needed. Formal minutes will be maintained for all meetings of the BSCPHP QIHEC.

IX. Executive Leadership

BSCPHP's Health Equity Office (HEO) champions the holistic drive to eliminate disparities among members and communities served. The HEO structure is designed for maximal integration throughout BSCPHP to readily implement and prioritize policies, programs, and procedures to address health inequity.

The HEO is led by BSCPHP's CHEO who reports directly to the BSCPHP President and Chief Executive Officer (CEO). This reporting structure ensures that our top leaders and organization align to health equity across the enterprise.

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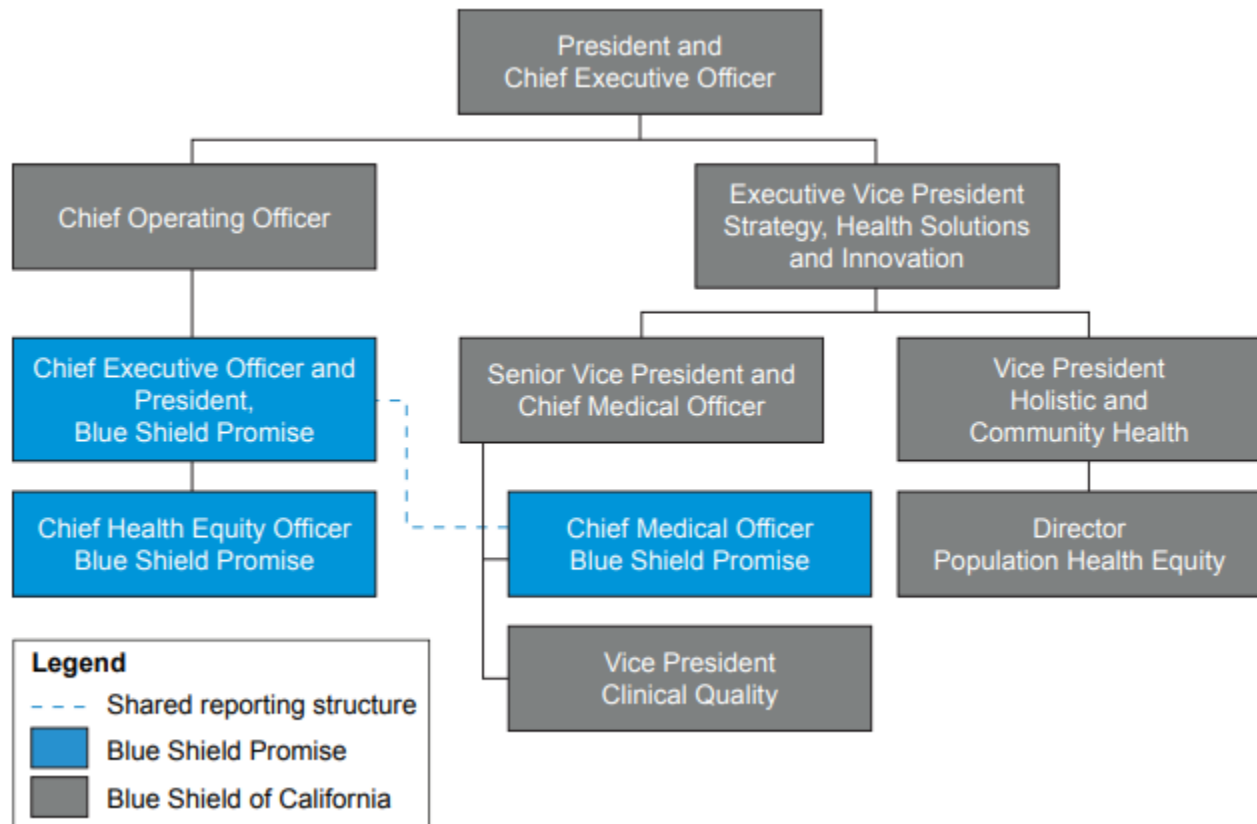


Figure 4. Organizational Chart BSCPHP Leadership

The HEO is comprised of the following BSCPHP leaders:

- A. President and Chief Executive Officer, BSCPHP: The President and CEO of BSCPHP reports to the COO of Blue Shield and is responsible for providing strategic leadership for BSCPHP by working with the Board and other management to establish long-range goals, strategies, plans and policies. This role provides oversight of quality plans and outcomes, ensuring the plans developed improve quality performance and drive equitable outcomes.
- B. Chief Medical Officer, BSCPHP: The BSCPHP CMO reports to the BSCPHP President and CEO, and the SVP/CMO of Blue Shield, and works in conjunction with the VP, Clinical Quality, and the Clinical Quality organization to develop, implement, and evaluate the quality program. The CMO chairs the BSCPHP QMC and QIHEC and is responsible for oversight of all QI and HE activities.
- C. BSCPHP Chief Health Equity Officer: The CHEO will report directly to the BSCPHP President and CEO and will work cross functionally across the entire organization. The CHEO will work in partnership with DHCS to reduce health disparities and advance the DHCS Bold Goals 50x2025 Initiative.

The following officers report up through the leadership of Blue Shield of California and support health equity efforts across the enterprise as described below.

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- A. President and Chief Executive Officer, Blue Shield of California: The Blue Shield of California President and Chief Executive Officer (CEO) supports the quality program through oversight and ultimate supervision of individuals participating in Quality programs and is responsible for implementation of the Quality program. The CEO also coordinates allocation of resources and reports to the Board.
- B. Chief Operating Officer, Blue Shield of California: The Chief Operating Officer (COO) reports to the Blue Shield CEO with responsibility for all business operations, including member services, growth, marketing, government affairs, strategy, planning and operations.
- C. Executive Vice President, Strategy, Health Solutions and Innovation, Blue Shield of California: The EVP, Strategy, Health Solutions, and Innovation reports to the Blue Shield CEO, with the responsibility for healthcare services, healthcare transformation, and driving more affordable care.
- D. Vice President, Holistic and Community Health, Blue Shield of California: The VP, Holistic and Community Health, reports to the EVP, Strategy, Health Solutions, and Innovation, and is responsible for the development and execution of community/holistic health programs and payment, Health Equity, and clinical innovation initiatives including population health management programs.
- E. Senior Vice President and Chief Medical Officer, Blue Shield of California: The SVP, CMO is responsible for the healthcare services organization, with functional responsibilities comprised of Clinical Quality, Medical Care Solutions (consisting of utilization, care, and disease management), Pharmacy Services, and MindBody Medicine.
- F. Vice President, Clinical Quality, Blue Shield of California: The VP, Clinical Quality reports to the SVP/CMO and has direct operational accountability of the Clinical Quality department for BSCPHP. Functional responsibilities include quality assurance, clinical quality improvement, quality analytics, clinical quality review, and clinical quality member experience.
- G. Population Health Equity Director, Blue Shield of California: The Population Health Equity (PHE) Director is responsible for the design, implementation, and adoption of Blue Shield's population health strategy. The PHE Director partners with the CHEO, Clinical Quality, Medical Care Solutions, Utilization Management, and other teams to ensure regulatory requirements are met, and to evaluate, create and advocate for the delivery of equitable, high-quality, cost-effective, patient-centered medical care via the networks and platforms through which all Blue Shield's members are served.

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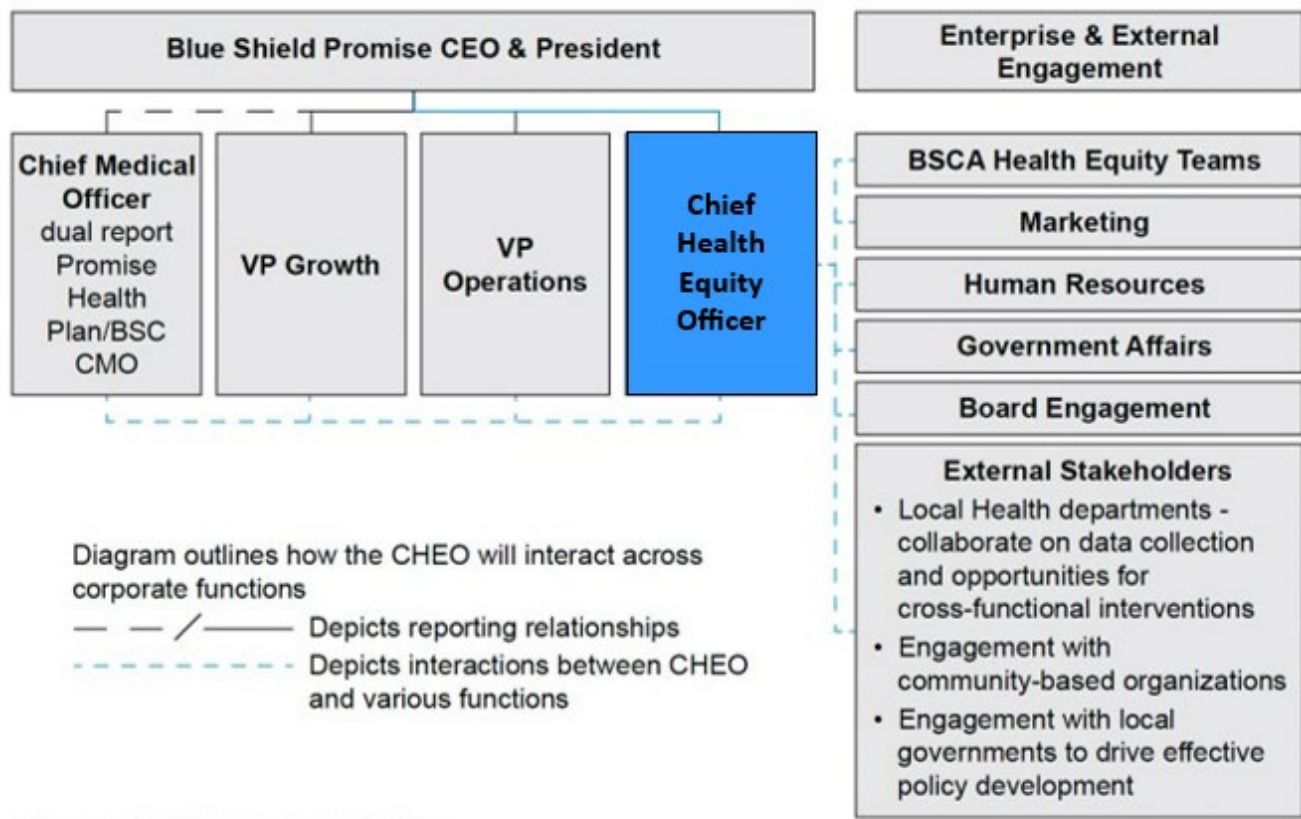


Figure 5. Organization and Administration of Plan/Chief Health Equity Officer

BSCPHP recognizes and fully supports the CMO playing a central role in the design and implementation of the PHM Strategy, which includes the implementation of Quality Improvement (QI) and Health Equity (HE) activities, and in engaging with local health departments. BSCPHP's Chief Medical Officer (CMO) is the leader accountable for the Blue Shield QI Program. In this capacity, the CMO is responsible for the design, priorities, work plan, activities, implementation, and evaluation of the entire scope of the QI Program. The scope of the QI Program, which is reviewed and updated annually, includes but is not limited to the PHM Strategy, QI and Health Equity initiatives, and provider collaborations including engaging with local health departments. Progress on the QI Program and PHM Strategy are reported quarterly to the Board Quality Improvement Committee (BQIC).

The CMO will also play a critical role in collaborating with the CHEO to drive the development, implementation, and measurement of initiatives to reduce health disparities and drive greater health equity. The CMO works with the CHEO to lead the Quality Improvement and Health Equity Committee (QIHEC), ensuring appropriate oversight and engagement in activities. BSCPHP recognizes that addressing health disparities and SDoH requires the commitment and engagement of the entire community. BSCPHP's CMO, therefore, works collaboratively with local

health departments, community-based organizations, and our members to drive towards the most effective quality and health equity programs.

X. Quality Improvement Health Equity Transformation Program Goals and Objectives

A. Quality Improvement Health Equity Transformation Program Goals

BSCPHP's mission is to transform its health care delivery system into one that is worthy of families and friends and sustainably affordable. BSCPHP seeks to advance health equity by implementing health equity activities supporting BSCPHP's mission.

BSCPHP ensures all Covered Services are available and accessible to all members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, and that all Covered Services are provided in a culturally and linguistically appropriate manner.

BSCPHP has established the subsequent QIHETP program goals and will seek to implement the milestones listed (Reference figure 6).

1. **Advance Information in Action:** BSCPHP will integrate data and analytics platforms to generate valid, actionable, and meaningful information to increase quality and health equity.
2. **Build Sound Infrastructure and Operations:** BSCPHP will build the infrastructure to support the QIHETP. Integrate feedback provided by members, families and Network Providers, and community partners in the design, planning and implementation of the QIHETP.
3. **Embed Equity:** BSCPHP will establish a process and multi-disciplinary framework for solidifying a culture and a practice of equity across the organization.
4. **Design Interventions that Matter:** BSCPHP will embed equity-focused initiatives across the enterprise to consistently prioritize addressing health disparities and in accordance with regulatory requirements and strategies. BSCPHP will utilize a health-equity lens to drive continual refinement of meaningful interventions, meeting members where they are. BSCPHP will work to identify disparities, develop data-driven, scalable, customized interventions that sustainably address health inequities.

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Information in Action	Sound Infrastructure and Operations	Equity Embedded	Interventions that Matter
• Develop a comprehensive data strategy for stratification and analysis of health disparities • Capture and validate health equity related demographic data • Enable a simplified reporting and analytics platform that drives the delivery of equitable, whole-person care	• Formulate Health Equity Office • Establish the Office of Health Equity's operational governance framework in accordance with BSCPHP's current operating model and in alignment with regulatory requirements • Define regular reporting and information flow/data analysis expectations • Obtain NCQA Health Equity Accreditation	• Establish organization-wide expectations that achieving health equity is everyone's responsibility • Incorporate health equity information sharing across BSCPHP	• Adopt a robust health equity intervention development process • Develop customized interventions that target equitable whole-person care in marginalized populations and/or communities

Figure 6. 2023-2025 QIHETP Goals

The QIHETP goals align with the QIHETP levers in section IV, to transform, build, heal, partner and champion. For example, Advancing Information in Action activities integrate data and analytics platforms to generate actionable, meaningful information. Data will be used to identify disparities and develop data-driven, customized interventions that sustainably address health inequities linking quality and equity. Sound Infrastructure and Operations are the building blocks of the QIHETP. Establishing a HEO that champions integration and transformation that drives Quality and Health Equity in Medi-Cal. The HEO will establish regular reporting and information flow/data analysis expectations across functional departments. Embedding Equity in everything and everywhere is part of our strategic approach to both healing and championing health equity, serving as a catalyst for change. Finally, the HEO will develop customizable interventions that target equitable whole-person care in marginalized populations and/or communities. This member-centric approach will provide the HEO with the opportunity to partner with cross functional departments and external community and provider partners.

Moreover, BSCPHP's HEO will operationalize program activities to meet the four program goals.

1. Advance Information in Action

BSCPHP facilitates a simplified reporting and analytics platform that enables delivery of equitable, whole-person care for Promise members. BSCPHP will build and launch accessible, integrated data and analytics platforms that generate actionable, meaningful information, identify and sustainably address health disparities. BSCPHP recognizes that creative and multi-pronged solutions are urgently needed to capture and validate member data (e.g., Race, Ethnicity, Age, Language [REAL], Sexual Orientation and Gender Identity [SOGI], Social Determinants of Health [SDoH], etc.) that will uncover statistically significant health disparities. Real-time access to the most recent data as well as actionable, high-

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quality data is critical for key functions like Social Services, Enhanced Care Management (ECM), Population Health Management (PHM) to facilitate delivery of individualized and equitable care to members.

BSCPHP has committed to the following Information in Action strategies:

- a. Develop a Comprehensive Data Strategy for Stratification and Analysis of Health Disparities.
- b. Capture/Validate Health Equity-Related Demographic Data.
- c. Enable a simplified reporting and analytics platform that enables delivery of equitable whole-person care for BSCPHP members.
- d. Institute processes to close gaps in care and maintain ongoing data accuracy.
- e. Enable demographic data capture along each member-facing touchpoint.
- f. Develop and/or update internal staff and Provider trainings for BSCPHP (e.g., Navigators, Community Health Advocates, Care Managers, etc.) and network providers to include responsibilities and evidence-based best practices for capturing key demographic data.
- g. Define scope and milestones for enabling real-time user-customizable reporting and analysis (e.g., drop down menus, etc.) and advanced member segmentation/analytics that address health-equity focused questions, including establishing a clear understanding of the reporting needs for different functional areas and Subsequent development of the necessary health equity dashboards.
- h. Assess the value of third-party data and/or analytics, integrating where able.
- i. Define scope and milestones for accessing actionable data and analytics that address health equity-focused questions and allow our internal teams to:
 - i. Surface insights regarding complex health issues, ex. severe maternal morbidity or primary care deserts.
 - ii. Highlight disparities in health outcomes and access to healthcare.
 - iii. Run custom, targeted analysis looking at a wide range of utilization measures, selected HEDIS measures, and provider access measures.
 - iv. Run custom, targeted analysis using community-level social determinants of health data at zip code and census tract level.
 - v. Access provider-level and hospital-level reporting data for analysis.
- j. Develop a cross-functional process that enables organization-wide access to actionable data and analytics that address health equity focused questions.
 - i. Identify areas where health disparities exist as seen by open care gaps.
 - ii. Track performance of ongoing outreach activities.
 - iii. Plan member outreach activities through a health equity lens.
 - iv. Display characteristics of members who did not engage in past outreach activities.
 - v. A wide range of HEDIS® and Align Measure Perform (AMP) program measures.
 - vi. Community-level social determinants of health data at zip code and census tract level.

- vii. Provider group-level reporting.
- viii. Use SDOH data to understand the unique journeys and challenges of members.
- k. The data and analytics platform should also provide connectivity to county Health Information Exchanges (HIEs)/Community Information Exchanges (CIEs) which will support increased quality of care management and identification/engagement of community resources and partners. BSCPHP will select external data sources that best enables this connectivity and establish sustainable partnerships operating to enhance design of high impact interventions.

2. Sound Infrastructure and Operations

Integration

BSCPHP's journey to create a health equity infrastructure throughout the enterprise started several years ago. Work was initiated within the enterprise-wide innovation unit to maximize creative, rapid solutions with a focus on Medi-Cal. Creating pillars of health equity, we anchored the organization in common language and process. Our journey culminated in the design and vision for the BSCPHP HEO.

BSCPHP's HEO supports and leads health equity projects across the organization. The CHEO leads the HEO and enterprise-wide initiatives, investments, and programs to drive health equity goals. The HEO structure is designed for maximal integration throughout the organization to readily implement and prioritize policies, programs, and procedures to address health inequity. The CHEO reports directly to the BSCPHP CEO. This reporting structure ensures that our top leaders and organization align to health equity across the enterprise.

Health Equity Office

The CHEO is supported by a team with deep expertise in structural racism, bias and discrimination, health equity, social work, evaluation, and community engagement, to embed the health equity framework work throughout the organization. The CHEO and key supporting staff are integral to ensuring all strategies and programs prioritize health equity and address health disparities. Their work will be highly cross-functional and require a team to execute effectively. Their roles maintain appropriate authority and decision rights to be effective throughout the enterprise. The HEO convenes regularly to review the QIHETP updates.

The HEO is comprised of the following BSCPHP staff (Reference figure 7):

- a. President and Chief Executive Officer
- b. Chief Medical Officer
- c. Chief Health Equity Officer
- d. Senior Director of Clinical Quality

- e. Director of Clinical Quality
- f. Health Equity Principal Program Manager

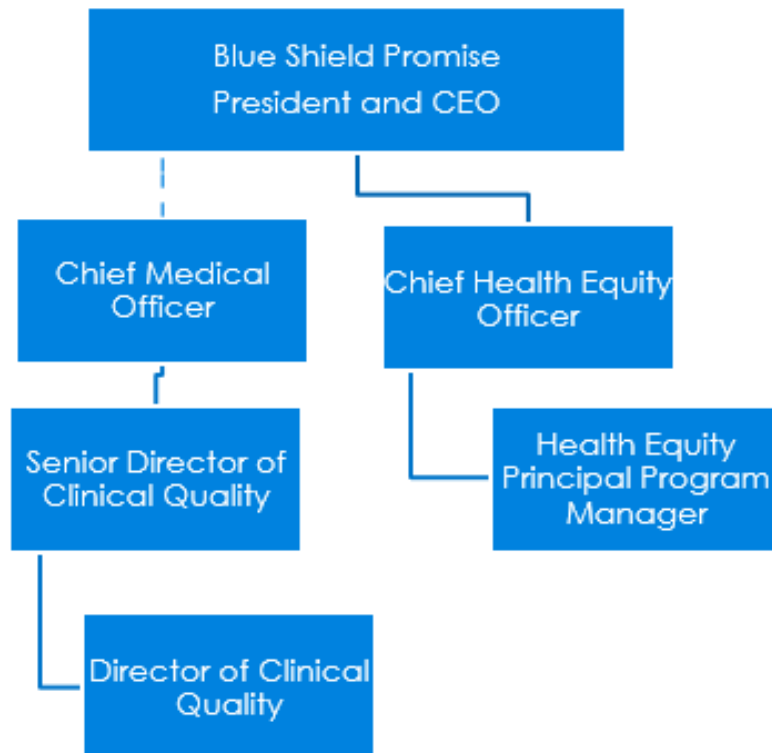


Figure 7. BSCPHP Health Plan Health Equity Office Organizational Chart

The President and CEO of BSCPHP reports to the Chief Operating Officer (COO) of Blue Shield and is responsible for providing strategic leadership for BSCPHP by working with the Board and other management to establish long-range goals, strategies, plans and policies. The CEO provides oversight of quality plans and outcomes, ensuring the plans developed improve quality performance and drive equitable outcomes.

The BSCPHP Chief Medical Officer (CMO) reports to the Senior Vice President (SVP)/CMO of Blue Shield and works in conjunction with the Vice President (VP), Clinical Quality, and the Clinical Quality organization to develop, implement, and evaluate the quality program. The CMO is responsible for oversight of all QI and Health Equity activities.

The BSCPHPCHEO reports directly to the BSCPHP President and CEO and will work cross functionally across the entire organization to advance efforts to reduce disparities and inequities.

The Senior Director of Clinical Quality and Quality Improvement is responsible for the development and execution of the Medi-Cal clinical quality improvement strategy and works collaboratively with the CHEO to support QIHETP activities.

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The Director of Clinical Quality is responsible for the strategy, development, and implementation of clinical quality improvement activities for BSCPHP. BSCPHP's Health Equity Principal Program Manager is responsible for the execution and oversight of QIHETP activities.

Governance

Furthermore, BSCPHP has established an HEO operational model and governance in accordance with the organization's current operating model and in alignment with the requirements set for by the DHCS. BSCPHP has established committees, such as the implementation and maintenance of the Quality Improvement and Health Equity Committee (QIHEC) responsible for creating the QIHETP Annual Plan, the Community/Member Advisory committees, Provider Advisory Committee, and other committees as identified by leadership and the community.

Policies and Procedures

Additionally, BSCPHP's QIHETP policy and procedures are designed to integrate and promote health equity, addressing inequities, where possible including but not limited to:

- a. Marketing strategy.
- b. Medical and other health services policies.
- c. Member and provider outreach.
- d. Community Advisory Committee.
- e. Quality Improvement activities, including delivery system reforms.
- f. Grievance and Appeals.
- g. Utilization Management.

BSCPHP develops new and modifies existing policies and procedures that result in reducing health disparities and increasing health equity in the Medi-Cal population; establishes equity-focused medical and other health services policies in alignment with DHCS goals and requirements; establishes a Community/Member Advisory Committee with the power to drive meaningful health-equity directed change; and establishes protocols for data presentation and the public posting of required and relevant Health Equity-related content on the BSCPHP website. Policies and procedures are reviewed and approved by the QIHEC.

BSCPHP has established a platform and a process for presenting data and information for various projects/initiatives such as the Annual QIHETP, meeting minutes from the quarterly QIHEC, Utilization management policies and procedures, Community/Member Advisory Committee, and collaborate with cross functional departments across the enterprise to expand health equity metrics beyond the required DHCS Medical- Managed Care Accountability Set (MCAS) or HEDIS® data.

Monitoring and Oversight

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The Health Equity Office, under the leadership of the Chief Health Equity Officer (CHEO) and Quality Improvement and Health Equity Committee (QIHEC) will review and monitor all QIHETP and QIHEC activities by maintaining a plan to identify and address health disparities across populations; and monitoring performance toward QIHETP goals.

The HEO will integrate and build on efforts enabling a central mechanism to systematically monitor the effectiveness of programs and interventions. Specifically, the HEO will analyze data gathered for a specific set of metrics as listed in the HEART Measure Set.

The HEO will: 1) establish a baseline analysis of the status, and 2) develop a process for rigorous monitoring and evaluation of improvement initiatives. Connectivity across this data capture diverse perspectives to deeply understand all discovered disparities our members experience, and speed the development of comprehensive, member-focused solutions with a sustainable impact and data to guide continuous quality improvement (CQI) efforts.

Written QIHEC progress reports describing actions taken, progress in meeting QIHETP objectives, and future opportunities for improvement will be submitted to the BQIC for formal review and approval. A comprehensive assessment and list of all QIHETP activities is presented in a fluid QIHETP work plan.

Accreditation

BCPHP will seek to acquire the NCQA Health Equity Accreditation per DHCS contract requirements. BSCPHP will report the status of accreditation to DHCS per contract requirement.

3. Equity Embedded

BSCPCP is seeking to embed Health Equity into everything we do. BSCPHP will establish a process and expectations framework for solidifying a culture and practice of equity across the organization and in accordance with DHCS requirements. BSCPHP recognizes that achieving health equity is everyone's responsibility and the organization-wide expectation. BSCPHP provides staff training on Health Equity and Cultural Competency. BSCPHP seeks to recruit and retain a diverse workforce with varying cultural backgrounds, languages spoken, and lived experiences that are not only representative of the populations served but enable a culturally sensitive approach to member interaction.

BSCPHP's policy and procedures are designed to integrate and promote health equity, addressing inequities, where possible throughout the enterprise. BSCPHP has convened the QIHEC co-chaired by the CMO and CHEO to thoroughly review and analyze all health plan policies and procedures, identifying areas that promote inequity. The HEO will advise recommendations to promote equity into policies, programs, and operations.

4. Interventions that Matter

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BSCPHP will develop data-driven customized interventions that drive Quality and Health Equity in Medi-Cal, in partnership with key cross functional areas and in alignment with DHCS bold goals (Summarized in figure 1).

Further, BSCPHP will develop customized interventions that target equitable, whole-person care in marginalized populations and/or communities. BSCPHP recognizes consistent, incremental health equity work builds momentum over time leading to potentially exponential results. The deeply rooted systems of bias toward and oppression of marginalized people require relentless focus and determination.

BSCPHP will adopt a robust health equity intervention development process defining and solidifying a cross-functional process that enables the identification of disparity root causes and enables effective, sustainable intervention deployment. The development process will include reviewing root causes of disparities identified and prioritize based on importance and feasibility, defining multiple levels of influence to target such as patient, provider, community, etc., and delivery modes of communication such as print, social media, in-person, etc. BSCPHP will also define outcome and process measures and identify keys to sustainability.

B. QIHETP Objectives

The HEO seeks to meet a set of objectives that contribute to accomplishing the QIHET program goals. Objectives are established by the HEO on an annual basis and revised as needed. Progress is assessed routinely and reported to the QIHEC. Results are incorporated into the QIHETP Annual Evaluation and reported to the QIHEC and other committees per the established governance structure.

QIHET Program Objectives	
Goal	Objective
Information in Action	BSCPHP will develop a HEART Measure Set with key functional area leaders and out by end of the year 12/31/2023
Sound Infrastructure and Operations	BSCPHP's QIHET program documents will be reviewed and approved by the governance process by 7/1/2023
Equity embedded in everything we do	BSCPHP HEO will conduct at least five health equity presentations and/or trainings within the organization to embed equity in everything we do by 12/31/2023.
Sound Infrastructure and Operations	BSCPHP HEO will facilitate the first inaugural QIHEC meeting by 3/31/2023.
Sound Infrastructure and Operations	BSCPHP HEO will facilitate the first inaugural HEOC meeting by 6/20/2023.
Interventions that Matter	BSCPHP will prioritize interventions for at least 3 populations of focus by 12/31/2023.

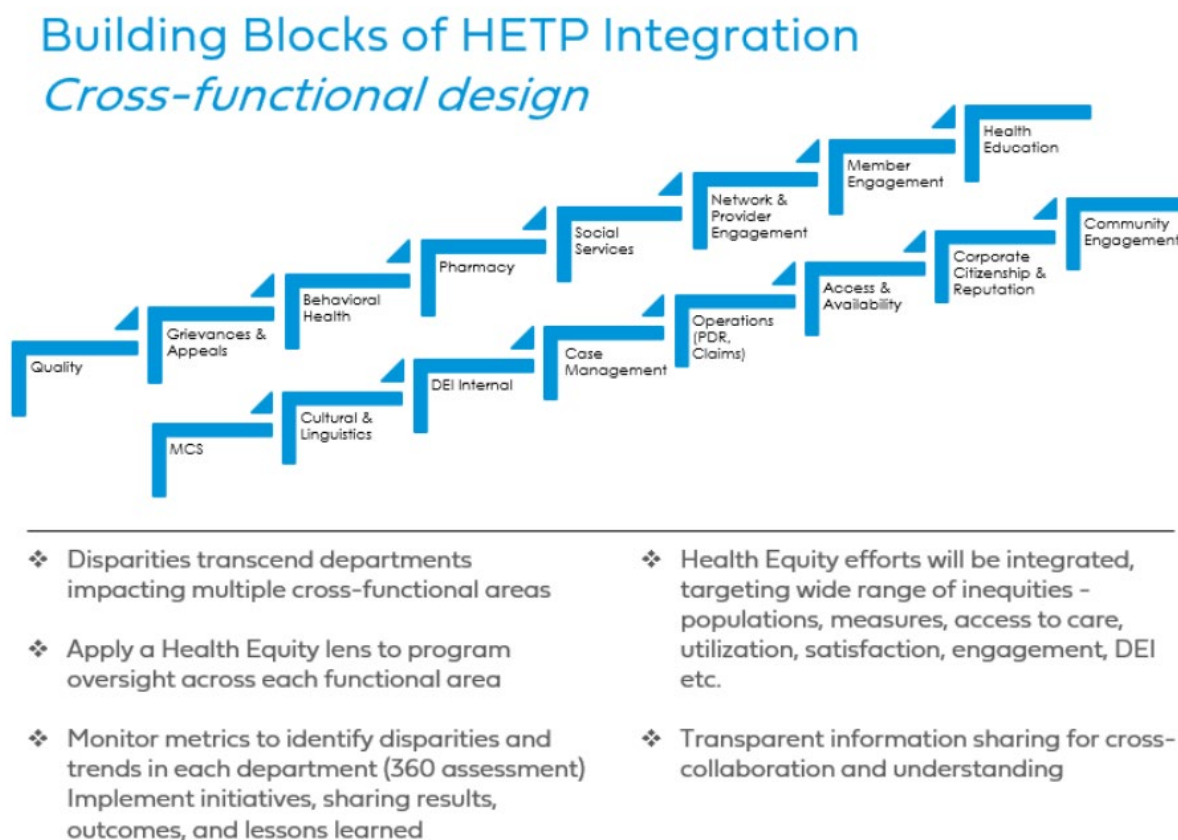
XI. Blue Shield Promise Internal Key Functional Areas and Responsible Departments

Health Disparities transcends across departments impacting multiple cross-functional areas, thus, BSCPHP's policy and procedures are designed to integrate and promote health equity, addressing inequities, where possible including but not limited to the following cross functional areas: Marketing strategy, Medical and other health services policies, Member and provider outreach, Community Advisory Committee, Quality Improvement activities, including delivery system reforms, Grievance and Appeals, and Utilization Management.

The HEO coordinates with functional areas (e.g., Grievances, Utilization Management, and Behavioral Health) within BSCPHP to identify and address disparities. Applying a health equity lens to program oversight across each functional area will be key in identifying health disparities and/or inequities across vulnerable populations.

The HEO seeks to engage functional areas in health equity planning and oversight. The roadshow experience between the Health Equity Office and functional area leaders facilitates identification of select health equity measures and allows for planning in recognition of the intersection between health equity in various functional areas. The goal of the roadshows is to discuss opportunities for health equity integration and identify specific health equity measures to monitor disparities. These multi-disciplinary measures comprise the HEART Measure Set. The HEO will then monitor the data for the selected measures and identify disparities and/or trends over time. Integrated data results and outcomes will be shared at the quarterly QIHEC meeting to provide transparent information sharing for cross-collaboration and understanding. Based on this analysis, and in partnership with the cross functional areas at the direction of the CHEO, will implement initiatives to resolve the known health disparities, gaps, and opportunities (Reference figure 8).

Figure 8. Building Blocks of QIHETP Integration Across Departments



Health Equity efforts will be integrated, targeting a wide range of inequities e.g., populations, measures, access to care, utilization, satisfaction, engagement, DEI etc. For example, the CHEO will collaborate with BSCPHP C&L staff to review and update its cultural and linguistic services programs to align with the PNA. BSCPHP ensures its Network Providers cultural, and health equity linguistic services programs also align with the PNA.

The HEO will also integrate health equity activities externally, via engagement with members, providers, and community-based organizations. The CHEO will remain an active member of the Member Advisory Committee and Provider Advisory Committee, sharing updates and integrating feedback into the design and implementation of the QIHETP.

BSCPHP will also complete and submit to DHCS an Annual Member Advisory Committee (MAC) Member Demographic Report. The CHEO reviews the annual report to ensure MAC membership is representative of the Communities in BSCPHP's service area. The Annual MAC Member Demographic Report integrates health equity by including a description of the MAC's ongoing role and impact in decision-making about health equity, health-related initiatives, cultural and linguistic services, resource allocation, and other community-based initiatives, including examples of how MAC input impacted and shaped initiatives and/or policies.

XII. Health Equity Integration

BSCPHP's HEO will integrate health equity throughout the organization. The health plan has adopted the California Health Care Foundation (CHCF) and NCQA recommended measurement framework for accountability in Medicaid to advance health equity. Specifically, the measurement framework will support a robust, comprehensive approach to monitoring for disparities that may exist when assessing various health plan operations and data sources.

This framework represents an effort to centralize health equity in quality measurement through a set of domains to track progress over time and assess performance. The framework will inform development of quality improvement programs, help to focus resources on programs and/or interventions most likely to contribute to improving health equity, and provide an opportunity to align quality and performance strategies with equity centered approaches to address disparities and close gaps in health care and health outcome.

The framework includes six domains, each domain represents the perspectives of a range of internal stakeholders and partners. It also provides an opportunity to garner a consensus for measure selection across all impacted partners and build on the health equity strategic plan across the organization. Building consensus is a critical factor to be successful in advancing and improving health equity. The health equity roadshows served as the forum to gather consensus and commitment to identifying measures that are most applicable to these framework domains. The identified measures were then categorized under the most applicable domain.

The framework six domains are as follows:

1. **Equitable Social Interventions.** Measures of unmet social needs and the interventions and services designed to address them.
2. **Equitable Access to Care.** Measures of access to high value health care services, including the timeliness and convenience of getting care.
3. **Equitable High-Quality Clinical Care.** Measures of clinical care process and outcomes, including prevention and management of chronic disease.
4. **Equitable Experiences of Care.** Member-reported measures of health care experience.
5. **Equitable Structures of Care.** Measures that assess an organization's culture and system of care for meeting the needs of individuals from diverse backgrounds and lived experiences.
6. **Overall Well-Being.** Self-reported survey metrics of physical and mental health and overall well-being.

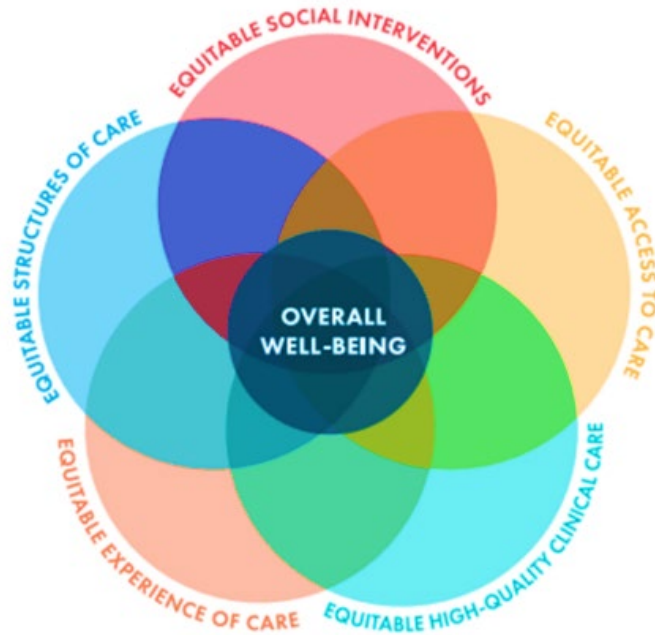


Figure 9. Health Equity Measurement Framework for Medicaid Accountability Domains

Domains are structured to recognize overlaps within the domains. For example, access to care is a prerequisite for many measures of health outcomes, and social drivers of health can impact both access and overall well-being. Achieving equitable health care and outcomes will require success across domains.

The framework contains recommended quality metrics to support evaluation of each domain. Domains and associated measures reflect elements that contribute to or reveal equities and inequities in health care and health outcomes. The HEO and leaders from functional areas will identify measures as recommended in the CHCF and NCQA framework, and/or add additional metrics to meet state regulatory compliance.

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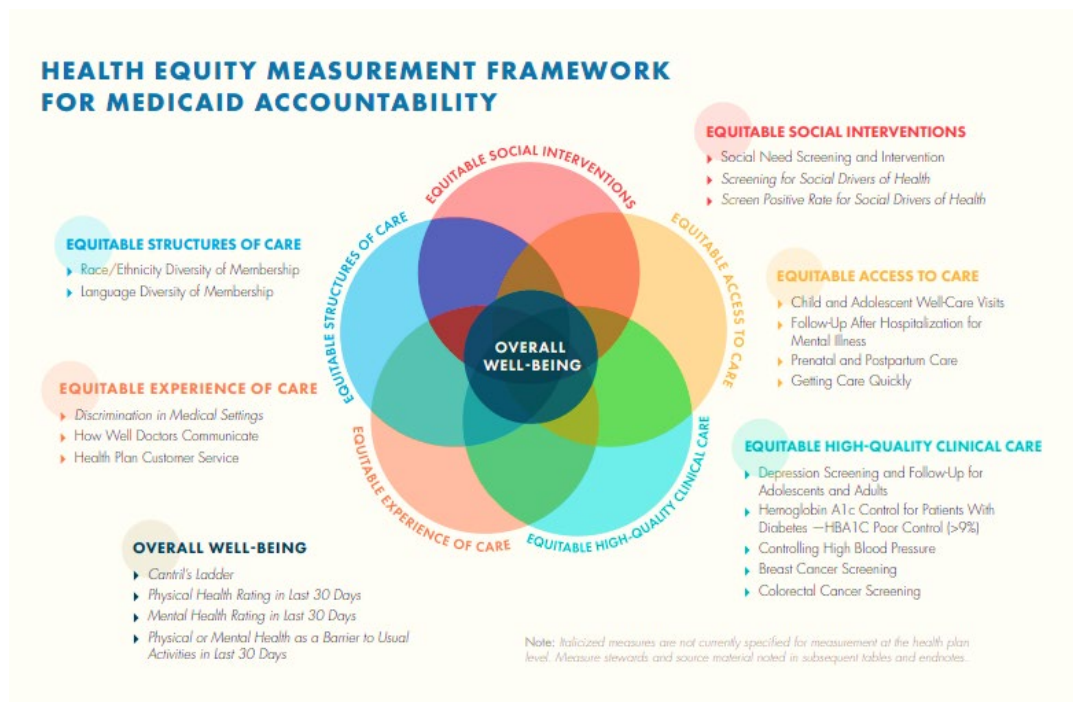


Figure 10. Health Equity Measurement Framework for Medicaid Accountability Summarized

Health Equity is integrated across the organization disparities transcend departments impacting multiple cross-functional areas and. BSCPHP will apply a health equity lens to program oversight across each functional area. As figure 10 demonstrates, data and analytic sets extend beyond HEDIS® measures. The six domains extend across cross functional departments throughout BSCPHP.

Select measures outlined in the HEART Measure Set will be stratified and analyzed for health disparities. When possible, metrics must be stratified by race, ethnicity, gender, age, and language spoken (REGAL) to inform health equity initiatives and mitigate health disparities. Key measures or metrics for each data set will need to be selected by the HEO in collaboration with each functional area. Reporting and dashboards will need to be designed for each data set and/or use case to monitor metrics and identify disparities and trends in each department. Identifying where the health disparities are will facilitate strategic implementation of targeted initiatives and sharing of results, outcomes, and lessons learned. Health equity efforts will be integrated targeting a wide range of inequities and will allow a cross sharing of transparent information for collaboration and understanding across departments providing insight into potential underlying reasons for variations (Reference figure 8).

BSCPHP's HEO, in collaboration with the leaders of each functional area, identified priority populations and focus areas to assess and monitor health disparities across the health plan. These areas of focus include:

- Quality HEDIS® measures
- Grievances and Appeals, Behavioral Health
- Provider Relations and Contracting

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- Health Education
- C&L
- CalAim and subsidiary population health management functional area
- Customer Experience
- Clinical Access Programs
- Maternal Health
- Utilization Management

The health equity measure set incorporates regulatory reporting requirements and stretches us to consider health equity in our oversight of metrics and outcomes. BSCPHP understands that health equity integration goes beyond establishing a health equity measure set. Integration includes a responsibility to ensure covered services continue to meet the needs of our members and are suitably integrated within the QIHETP. These were considered as the HEART Measure Set was developed.

Below is a detailed list of the health equity measures set selection by department. Oversight of the health equity measure set outcomes and/or performance results will follow the continuous quality improvement (CQI) process. The HEO will define an overall Health Equity Score, the number of measures from the HEART Measure Set that are meeting the target. The health equity measure set will be monitored at least quarterly and reported to the QIHEC. Reference Appendix 3 for the complete HEART Measure Set by department.

A. Customer Experience

The member experience is critical to member engagement, satisfaction, and can influence member utilization of services. The HEO and Customer Experience department selected specific regulatory measures that meet both regulatory and health equity intent and purposes.

Customer Experience will focus on:

- Call center metrics include tracking BSCPHP Customer Experience and vendor requested interpreter service calls by the member's preferred language.
- Tracking and trending the total number of multi-cultural/multilingual staff to ensure our Customer Experience member-facing staff are representative of our entire membership.
- Tracking and trending the total number of translated documents by language or alternative format requested by our members.

The Customer Experience team will also note any notable operational challenges that impact health equitable structures and access to care.

C. Appeals and Grievances

BSCPHP tracks and report grievances to ensure that all determinations for our covered services are equitable and non-discriminatory. Our comprehensive Grievance and Appeal system allows us to perform root cause analysis utilizing data analytics. This creates an effective and efficient process for trend analysis used to improve the quality of clinical care and impacts to internal and external processes and behaviors. In support of our Health Equity infrastructure, our

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member Grievance and Appeal data is assessed to appropriately identify trends related to evidence of social drivers of bias, health inequities, disparities, and inequality issues. The data gathered is shared with oversight committees and will be shared with BSPHP's HEO to support a broad approach to addressing these issues and improve our members' health outcomes.

The HEO and Appeals and Grievances Department selected specific regulatory measures that meet both regulatory and health equity intent and purposes. Measures include:

- Grievance category stratified by race and ethnicity for all grievances received during the measurement period.
- The percentage of grievances related to cultural competency (interpreter services, language, alternative format, provider preferences) based on all grievances received during the measurement period.
- Percentage of Discrimination grievances based on all grievances received during the measurement period.
- Overturned appeals stratified by race and ethnicity for all appeals received during the measurement period.

D. Cal Aim

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. Health Equity is naturally integrated and interspersed throughout CalAim.

CalAim seeks to transform health care for Californians through providing access and transforming health (PATH), population health management, enhanced care management, community supports (or In Lieu of Services), new dental benefits, behavioral health delivery system transformation, services and supports for justice involved adults and youth, statewide managed long-term care, integrated care for dual eligible beneficiaries, Medi-Cal's strategy to support health and opportunity for children and families, a standard enrollment with consistent managed care benefits, and a delivery system transformation.

The HEO and CalAim functional area leaders including the Population Health Management Department, Quality Department, and Behavioral Health will collaborate to report and monitor metrics required for monitoring. These metrics are a mix of guided CalAim program measures, population health management program metrics, behavioral health program metrics and select Quality MCAS priority measures that tie back to DHCS' bold goals. In collaboration with the HEO, all functional area leaders will stratify the select health equity set by race, ethnicity, gender, age and language (REGAL) to identify any disparate populations within our membership for select measures.

E. Quality

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Quality metrics support measurement of outcomes such as preventive care screenings and chronic disease management. The Quality department closely monitors the Medi-Cal Accountability Set (MCAS) comprised of metrics assessing utilization, preventive care screening, and management of chronic health conditions. Quality and health equity intersect as related to disparities exist between reported MCAS results.

Further, select MCAS measures also intersect with the CalAim program. These measures will be monitored to assess for disparities and differences between populations, especially among populations of focus. Additionally, the Quality Department will also track the CAHPS® Getting Care Quickly measure by REGAL.

F. Behavioral Health

The scope of the Health Equity Transformation Program extends into the delivery of behavioral health services. The HEO and Behavioral Health Department will monitor the recently released CalAim metrics related to behavioral health and DHCS bold goals required for monitoring. These metrics will be stratified by the REGAL dataset. Additionally, the Behavioral Health Department will track the total number of prenatal and postpartum depression screenings. This will help us to identify any disparate populations within our prenatal/postpartum membership and identify any other populations that may be impacted by mental illness specifically among our most vulnerable populations including adolescents, homeless, and LGBTQ+ members for select measures. Reference Appendix 3 for the complete HEART Measure Set as it relates to behavioral health.

G. Provider Contracting and Relations

Provider contracting supports the delivery of health care services via an adequately accessible, culturally competent network. The HEO and Provider Contracting and Relations team have committed to monitoring the percentage of providers that reflect the needs of the Medi-Cal population within our service areas, for example, the percentage of providers who speak the threshold language per geographic area if possible.

Furthermore, BSCPHP will also ensure Network Providers complete cultural competency, sensitivity, health equity, and diversity training and provided for employees and staff at key points of contact with members in accordance with Exhibit A, Attachment III, Subsection 5.2.11.C (Cultural and Linguistic Programs and Committees).

The CHEO will collaborate with BSCPHP staff to ensure that the Network Provider bi-annual mandatory training includes information on all member rights specified in Exhibit A, Attachment III, Section 5.1 (Member Services), and diversity, equity, and inclusion training (sensitivity, diversity, communication skills, and cultural competency training) as specified in Exhibit A, Attachment III, Subsection 5.2.11.C (Diversity, Equity, and Inclusion Training).

This process includes an educational program for Network Providers regarding health needs to include but not be limited to, the seniors and persons with disabilities (SPD) population, members with chronic conditions, members with Specialty Mental Health Service needs,

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members with substance use disorder needs, members with intellectual and developmental disabilities, and Children with special health care needs. Training includes Social Drivers of Health and disparity impacts on members' health care. Attendance records will be reviewed and maintained by BSCPHP staff. The Provider Contracting and Relations Department will work closely with the Health Education and C&L Department to track health equity provider training.

Finally, the Provider Contracting and Relations Department will work closely with the Clinical Access Programs Department to monitor the percentage of Physical Accessibility Review Survey (PARS) requirements met by the facility site review (FSR) audit to assess for accessibility for our disabled members. These select outcomes metrics will allow us to identify the need to address health disparate areas across functional areas.

H. Health Education and Cultural and Linguistics

The Health Education and Cultural and Linguistics (HE / CL) team support member education activities, staff and provider training. They also ensure materials and programs are culturally competent, advising recommendations to support health literacy, alternative formats, and interpreter services. The HE / CL team supports the development and implementation of health equity provider training. The HEO and Health Education and Cultural and Linguistics (HE/CL) teams selected relevant health equity measures including:

- tracking of cultural competency training is completed by member facing staff.
- tracking health education materials available in all threshold languages within service areas.
- total number of trainings completed track the utilization of interpreter services in partnership with Customer Experience.
- tracking the rate of bilingual member-facing health plan staff to ensure enough coverage is representative entire membership.
- tracking cultural and linguistic grievances filed by members.
- stratified Diabetes Prevention Program enrollment outcome metrics by REGAL.

I. Maternal Health

The Maternal Health department supports the delivery of perinatal services. The HEO and Maternal Health team will monitor existing metrics to measure health disparate populations including metrics that directly address the DHCS bold goals. The Maternal Health functional area will track rate of maternal morbidity stratified by REGAL, and c-section rates stratified by REGAL to identify any disparate trend within our population. In partnership with the Behavioral Health department, the Maternal Health functional area will also track maternal mental health screening and positive mental health screening results by REGAL and the total rate of members with a positive maternal mental health screening referred to behavioral health services. The selection of these metrics is sound and evidence-based to have determined disparate populations most commonly seen among our Black, African American, and Hispanic or Latino populations.

J. Clinical Access Programs

The Clinical Access Programs department supports the delivery of clinical programs including the Facility Site Review program, Initial Health Assessments, and the Early, Preventive, Screening and Development Treatment (EPSDT) program. The HEO and Clinical Access Programs selected specific metrics across various areas managed by the Department. The HEART measure set for this functional area will support identification of any health disparities among the EPSDT population and provider network through the medical record review and facility site review audits. The Clinical Access Programs functional area will:

- stratify outcomes measures specific to the percentage of members ages 0-20 with no ambulatory or preventive visit within a 12-month period.
- track compliance rate for FSRs and ensuring providers are completing “Site personnel receive training on member rights” to ensure our provider network is meeting minimally language assistance program requirements.
- track initial health assessment rate completion and stratify by REGAL to determine if there a specific vulnerable population identified to be disparate and have a need for a targeted intervention.

The HEO will continue to meet with functional areas across the health plan to build upon the BSCPHP Integrated Health Equity Measurement Set to ensure the measure set is all encompassing and includes all impacted departments. The HEO will optimize use of the Health Equity Measurement Framework to identify disparities and inequities occurring between populations.

XIII. National Committee for Quality Assurance Health Equity Accreditation

Blue Shield of California (Blue Shield) and BSCPHP have taken steps toward achieving health equity. Blue Shield of California Covered California (Cov CA) product was recently awarded the NCQA Health Equity Accreditation (HEA). Additionally, BSCPHP holds Health Plan Accreditation and Multicultural Health Care Distinction for its Medi-Cal product line from the NCQA.

BSCPHP’s commitment to quality improvement and health equity is deeply rooted in our values. Health Equity accreditation is important to BSCPHP because it demonstrates our ongoing commitment to improving health equity. Health Equity accreditation focuses on the foundation of health equity work: building an internal culture that supports the organization’s external health equity work; collecting data that help the organization create and offer language services and provider networks mindful of individuals’ cultural and linguistic needs; identifying opportunities to reduce health inequities and improve care.

BSCPHP will adopt an actionable framework for improving health equity and prioritize health equity for our members and the communities we serve. We will use data to identify and address disparities in care to support better health outcomes, reduce unmet social needs and minimize overall costs of care; align our organization and work culture with diversity, equity, and inclusion principles; catalyze a culture that prioritizes and incorporates equity into plan operations by creating a consistent infrastructure for improving outcomes and narrowing disparities; and simultaneously meet DHCS contractual requirements.

Subsequently, BSCPHP will obtain NCQA Health Equity Accreditation in accordance with DHCS contractual requirements. BSCPHP will ensure reporting of accreditation activities by providing copies of reports from the NCQA to the DHCS. Including but not limited to accreditation status, survey type, level; provide accreditation agency results and recommended actions and/or improvements, correction action plans, and summaries, and denote accreditation expiration date.

XIV. Monitoring and Oversight

Ongoing monitoring is a key mechanism to evaluate progress of quality activities, as outlined in the Work Plan, and are submitted to the Health Equity Oversight Committee (HEOC), Quality Oversight Committee (QOC), and Board Quality Improvement Committee (BQIC) for review and approval at least quarterly. Quality reports are submitted to DHCS on a quarterly basis.

BSCPHP's BQIC will review and monitor all QIHETP and QIHEC-related policies and procedures. The BQIC directs necessary modifications of QIHETP and QIHEC policies and procedures to ensure compliance with health equity regulatory requirements.

BSCPHP's BQIC coordinates with the QIHEC to approve the overall QIHETP and the annual plan of the QIHETP. The BQIC will regularly receive written QIHEC progress reports describing actions taken, progress in meeting QIHETP objectives, and future opportunities for improvement. A comprehensive assessment and list of all QIHETP activities is presented in a fluid QIHETP work plan.

As part of the initial monitoring plan, the QIHETP work plan will integrate required reporting that addresses regulatory intensive requirements and tracks and trends the HEART Measure Set. The work plan activities will support a data driven strategy to inform resources and initiatives to reduce disparities. BSCPHP's HEO in partnership with cross-functional areas and/or departments will continuously collaborate to build a robust health equity measure set, identify priority populations, and focus areas, and prioritize initiatives to address disparities and inequities.

A. Priority Populations and Focus Areas

The HEO leverages the Population Needs Assessment to identify member demographics, utilization trends, top diagnoses, and quality outcomes. The HEO and impacted cross functional departments have identified the following priority populations and focus areas to assess for differences between populations, disparities, and inequities:

1. Maternal health
2. Pediatric health
3. Members with open care gaps
4. Over- and under-utilization of services
5. Member experience
6. Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+)
7. Justice-involvement

8. Housing insecurity

These clinical focus areas are designed to complement the significant CalAIM initiatives that are targeted at specific high-risk and align with the vulnerable populations as outlined by the DHCS' Comprehensive Quality Strategy, 2022. The HEO will conduct comprehensive assessments to assess utilization of services, outcomes, and experiences to identify gaps in service delivery and opportunities to increase utilization, design or improve program activities, increase inclusivity, expand access, establish collaborative partnerships, etc. Addressing the needs for these vulnerable populations will help reduce disparities and inequities that may exist for vulnerable populations (Reference Appendix 2).

B. HEART Measure Set

The HEO and impacted functional area and/or department have met in an introductory roadshow series experience to collaboratively develop a health equity measure set. The health equity measure set is built on the CHCF and NCQA recommended measurement framework for accountability in Medicaid to advance BSCPHP health equity work. The health equity measure set incorporates regulatory reporting requirements and stretches us to consider health equity in our oversight of metrics and outcomes.

The HEART Measure Set is fluid and may change over time. The HEO and designated area will work together to conduct a comprehensive assessment and analysis of the health equity measure set. Each measure will be stratified, at a minimum, by race, ethnicity, age, gender, and/or language. Oversight of the health equity measure set, outcomes and performance results will follow the CQI process. The health equity measure set will be monitored at least quarterly and reported to the QIHEC and other relevant workgroups. Reference Appendix 3 for the complete HEART Measure Set by department.

XV. Quality Improvement Process

BSCPHP uses a continuous quality improvement (CQI) process to measure performance, conduct quantitative and qualitative analysis, and assess and identify barriers and opportunities for improvement. Interventions are implemented to improve performance and are measured to determine effectiveness of the interventions.

BSCPHP's quality improvement and health equity programs are comprehensive and designed to monitor, evaluate, and improve the quality and equity of care and services delivered to members and providers objectively, systematically, and continuously. BSCPHP is responsible for all quality improvement and health equity functions applicable to our business and members. Quality improvement and health equity are not delegated.

BSCPHP recognizes that quality and health equity are deeply intertwined, and we cannot have a high-quality plan without equity. BSCPHP's HEO and Quality team collaborates to conduct quality improvement and health equity activities in all areas and dimensions of clinical and non-clinical member care and service. BSCPHP annually develops a QIHETP work plan steeped in health equity

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that outlines quality improvement activities for the year and focuses on reducing health disparities. The plan is reviewed by the CHEO and CMO and submitted to the QIHEC, QOC, and BQIC for review, comment, and approval.

BSCPHP seeks to meet the DHCS-established MPL for each required Quality Performance Measure and Health Equity measure selected by DHCS and meet health disparity reduction targets for specific populations and measures as identified by DHCS. BSCPHP applies the principles of CQI to all aspects of service delivery through analysis, evaluation, and systematic enhancements as related to health equity, including quantitative and qualitative data collection and data-driven decision-making, using up-to-date evidence-based practice guidelines and explicit criteria developed by recognized sources or appropriately certified professionals or, where evidence-based practice guidelines do not exist, consensus of professionals in the field, incorporate feedback provided by members, families, and Network Providers in the design, planning, and implementation of its CQI activities, and incorporate other issues identified by BSCPHP, DHCS, DMHC, and/or NCQA (Reference figure 11).

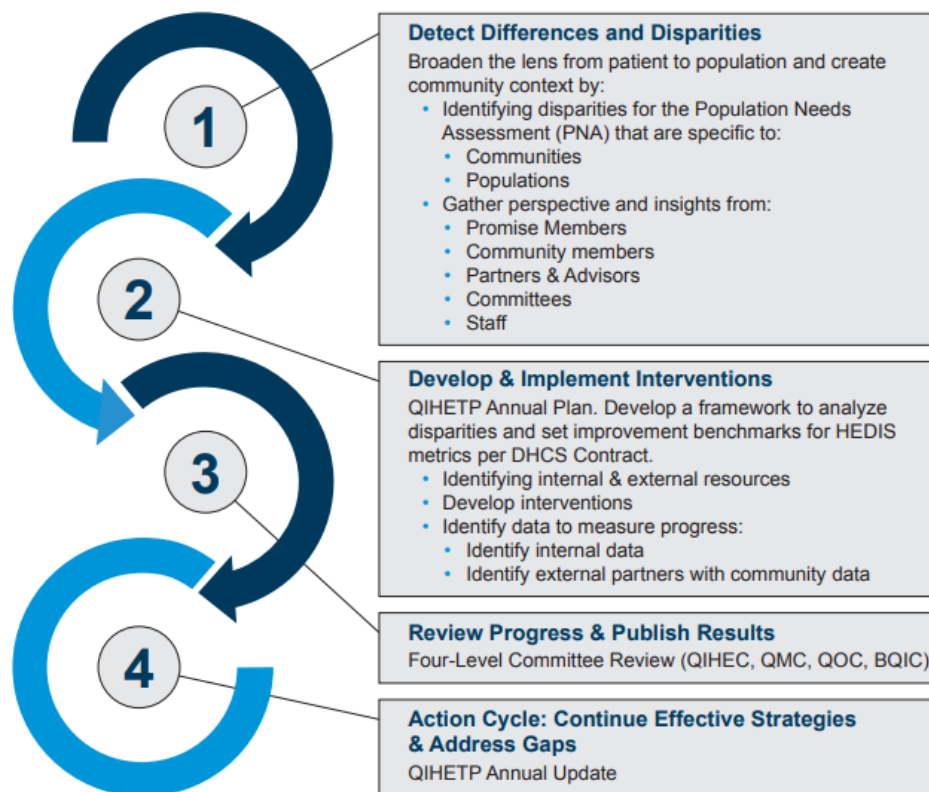


Figure 11. Principles of Continuous Quality Improvement in Action

BSCPHP will ensure the identification, evaluation, and reduction of health disparities by:

- analyzing data to identify differences in quality of care and utilization, as well assessing as the underlying reasons for variations in the provision of care to its members;

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- developing equity-focused interventions to address the underlying factors of identified health disparities, including Social Drivers of Health (SDOH);
- meeting disparity reduction targets for specific populations and/or measures as identified by DHCS and as directed under Exhibit A, Attachment III, Subsection 2.2.9.A (External Quality Review (EQR) Requirements, Quality Performance Measures);
- deploying mechanisms to detect both over- and under-utilization of services including, but not limited to, outpatient prescription drugs;
- analyzing multiple data sources (e.g., Encounter data, pharmacy data, utilization data, health outcomes), stratifying by age, sex, race, ethnicity, and language spoken to inform health equity initiatives and efforts to mitigate health disparities undertaken by the DHCS;
- deploying mechanisms to continuously monitor, review, evaluate, and improve access to and availability of all Covered Services. The mechanisms must include oversight processes that ensure members are able to obtain Medically Necessary appointments within established standards for time or distance, timely access, and alternative access in accordance with APL 20-003, and W&I Code sections 14197 and 14197.04; and
- deploying mechanisms to continuously monitor, review, evaluate, and improve quality and health equity of clinical care services provided, including, but not limited to, preventive services for Children and adults, perinatal care, Primary Care, specialty, emergency, inpatient, behavioral health, and ancillary care services.

As part of the CQI process, BSCPHP disseminates and monitors the use of clinical practice guidelines. The CHEO reviews clinical practice guidelines to assess opportunities to integrate into the QIHETP.

BSCPHP will develop interventions designed to address PHM and Social Drivers of health, reduce disparities in health outcomes experienced by different subpopulations of members, and work towards achieving health equity. BSCPHP will develop equity-focused interventions intended to address disparities in the utilization and outcomes of physical and behavioral health care services. BSCPHP will deploy a member and family-centric approach in the development of interventions and strategies, and in the delivery of all health care services. BSCPHP will ensure that the QIHETP requirements are applied to the delivery of both physical and behavioral health services.

Additionally, the CHEO collaborates with Quality department staff as they conduct and participate in Performance Improvement Projects (PIPs), including any PIP required by CMS, in accordance with 42 CFR section 438.330 as directed by DHCS. BSCPHP will participate in statewide collaborative PIP workgroups. BSCPHP complies with the PIP requirements outlined in APL 19-017 and must use the PIP reporting format as designated therein to request DHCS' approval of proposed PIPs. PIPs will include measurement of performance using objective quality indicators including: 1) Implementation of equity-focused interventions to achieve improvement in the access to and quality of care, 2) Evaluation of the effectiveness of the interventions based on the performance measures, and 3) Planning and initiation of activities for increasing or sustaining improvement. BSCPHP will report the status of each PIP as requested by DHCS.

XVI. Annual Review of the Health Equity Transformation Program Description

The Health Equity Transformation Program Description may be amended to reflect changes in scope and identified needs resulting from new or revised regulatory and/or accreditation requirements or significant changes in membership, provider scope, scope of services or operations occurring during the year. The Health Equity Transformation Program Description is reviewed at least annually and is approved by the QIHEC, QOC, and BQIC.

XVII. Quality Improvement and Health Equity Work Plan

The QIHETP Action Plan lists all actions and milestones needed to formally build and implement BSCPHP's QIHETP. The Action Plan will be managed by the HEO (Reference Appendix 4).

The initial goal for the QIHETP is to at minimum meet all state requirements and achieve DHCS Request for Proposal (RFP) content for implementation readiness. The QIHETP Work Plan outlines key activities for the year, and includes any activities not completed during the previous year, unless identified in the Annual Evaluation as issues that are no longer relevant or feasible to pursue. It is reviewed, approved, and monitored regularly by the QIHEC, HEOC, QOC and BQIC.

The QIHETP Work Plan is a fluid document, updated as needed throughout the program year. BSCPHP prepares a comprehensive assessment of QIHETP activities no less than 12 months apart that includes. The scope of the annual work plan includes the following:

1. Goals and objective descriptions.
2. Planned equity-focused interventions and activities.
3. Performance target or measurable goals.
4. Time frame for all yearly planned activities including initiation and completion.
5. The person(s) responsible for each activity.
6. Root cause and corrective action if an activity is at risk.
7. Examples of monitoring previously identified issues.
8. Reporting requirements and frequency.
9. Status updates.
10. Summary of Population Health Management (PHM) interventions to address Social Drivers of health, reduce disparities in health outcomes experienced by different subpopulations of members, and work towards achieving health equity. BSCPHP will incorporate PHM findings as outlined in Exhibit A, Attachment III, Section 4.3 (Population Health Management and Coordination of Care).
11. Assessment of quality performance measure results with a plan to address deficiencies as related to health equity that include BSCPHP Network Providers.
12. Incorporates methods to address External Quality Review (EQR) technical report and evaluation report recommendations as related to health equity.
13. Utilizes data from various sources to include performance results, encounter data, grievances and appeals, utilization review, and consumer satisfaction surveys to analyze delivery of services and quality of care for Network Providers.
14. Details methods for equity-focused interventions to identify patterns for over- or under-utilization of physical and behavioral health care services.

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15. Summarizes community engagement with commitment to member and family focused care, and uses MAC findings, member listening sessions, focus groups/surveys, and uses information to inform policies.
16. Incorporates PHM findings as outlined in Exhibit A, Attachment III, Section 4.3 (Population Health Management and Coordination of Care).
17. Uses Performance Improvement Project (PIP) findings and outcomes, consumer satisfaction surveys, and collaborative initiatives.
18. Track and trend the HEART Measure Set.
19. Monitor interventions targeting priority populations and focus areas.

The Workplan is revised as needed, to meet changing priorities, regulatory requirements, and identified areas for improvement. The status of QIHETP Work Plan items is reported as appropriate to the QIHEC, QOC and the BQIC.

A written summary of the QIHETP and QIHEC activities, findings, recommendations, and actions will be prepared after each QIHEC meeting and submitted to the BQIC and DHCS upon request. BSCPHP shall make the written summary of the QIHEC and QIHETP activities publicly available on the BSCPHP website at least on a quarterly basis.

BSCPHP's CHEO coordinates submission of QIHETP and QIHEC documents to DHCS. The CHEO ensures QIHETP reports are publicly available on BSCPHP website and annually.

XVIII. Annual Evaluation

BSCPHP's HEO assesses the effectiveness of the QIHETP via a formal evaluation process. The QIHETP Evaluation is prepared at least annually. Findings from the annual QIHETP Evaluation are considered at the time of the QIHETP revision.

The assessment of activities in the QIHETP Work Plan is conducted to evaluate the success of individual activities in meeting the specific goals and objectives of the QIHETP. The annual review of the QIHETP ensures that the overall program is comprehensive, meets current industry standards and is effective in continuously improving the quality of health care and services delivered. Identified opportunities are addressed in the following year's program and work plan.

During the first quarters of each calendar year, a written report based on activities of the previous calendar year is compiled and is then submitted to the QIHEC, HEOC, QOC and BQIC.

The evaluation includes a detailed description of completed and on-going QIHETP activities that include trending of BSCPHP's HEART measure set to assess performance, an analysis of the overall effectiveness of the QIHETP and ability to identify and reduce disparities. The HEO incorporates recommendations for QIHETP revisions as received from functional area leaders, committees, members, and Network Provider.

An executive summary is presented to the QIHEC, HEOC, QOC and BQIC for review and action which may include acceptance, clarification, modification, and follow-up as appropriate. An

informational summary of the annual evaluation is available to members, member representatives, and providers.

XIX. Data Sources

BSCPHP's QIHETP provides a formal structure to monitor the QIHETP and services provided to members and to act on identified opportunities for improvement. BSCPHP ensures through monitoring, that the provision and utilization of services meets professionally recognized standards of practice.

Quality improvement and health equity is a data-driven process. BSCPHP uses a variety of data sources to monitor, analyze, and evaluate quality improvement goals and objectives. Data sources include, but are not limited to:

1. [Healthcare Effectiveness Data and Information Set \(HEDIS®\)](#): HEDIS® report as submitted to NCQA for the reporting year.
2. [Consumer Assessment of Healthcare Providers and Systems \(CAHPS®\)](#): CAHPS® 5.0H survey conducted during the measurement year.
3. [Provider Satisfaction Surveys \(PSS\)](#): A provider satisfaction survey assesses provider satisfaction and access. The PSS is conducted to meet the Department of Managed Health Care (DMHC)'s Timely Access and the California Department of Insurance (CDI's) Network Adequacy requirement.
4. [Customer Experience call data](#): collection, measurement, and reporting of performance metrics within the call center as it relates to DHCS and DMHC language assistance program requirements.
5. [Pertinent medical records](#): medical record review results as minimum necessary.
6. [Appointment access surveys](#): A provider satisfaction survey to assess provider appointment access and satisfaction.
7. [Geo-access data](#): information about geographic locations and geo-access data by member and provider ratio.
8. [Encounter and claims data](#): ICD-10 codes received via member encounter and claims data.
9. [Member and provider complaint data](#): Cultural, linguistics, or discrimination related complaints data suggestive of disparity from the measurement year.
10. [Appeals data](#): Cultural, linguistics, or discrimination related appeals suggestive of disparity from the measurement year.
11. [Pharmacy data](#): data collection and compilation of data for various drug codes received.
12. [Case management/care coordination data](#): data and procedures for resolving cases to identify morbidity and mortality data.
13. [Utilization reports](#): Case review data, including over- and under-utilization.
14. [Authorization and denial reporting](#): prior authorization and claims denials reporting, ICD- 10 claims denied.
15. [Statistical, epidemiological, and demographic member information](#): validated individual member data as of measurement year and/or year end.
16. [Enrollment and disenrollment data](#): enrollment and disenrollment data within the measurement year.

17. **Race, Ethnicity, Gender, Age, and Language (REGAL) data:** data collection on a member's race, ethnicity age, and language preferences.
18. **Sexual Orientation and Gender Identity (SOGI) data:** data collection on a member's sexual orientation and gender identity preferences.
19. **Vendor performance data:** competency assessment results for language assistance, and behavioral health data

XX. Confidentiality and Information Security

All information related to the QIHETP process is considered confidential. All data and information, inclusive of but not limited to minutes, reports, letters, correspondence, and reviews are stored in designated, secured locations, and access is granted based on minimum necessary standards. All aspects of quality review are deemed confidential. All persons involved with review activities will adhere to the confidentiality guidelines applicable to the appropriate committee. All QIHETP program activities including correspondence, documentation and files are protected by State Confidentiality Statutes, the Federal Medical Information Act SB 889, and the Health Insurance Portability and Accountability Act (HIPAA) for patient's confidentiality. Only designated employees by the nature of their position will have access to member health information as outlined in the policies and procedures.

All persons attending the QIHEC, or its related committee meetings are informed of the Confidentiality Statement annually. All BSCPHP personnel are required to sign a Confidentiality Agreement upon employment.

No persons shall be involved in a review process of quality improvement issues in which they were directly involved. If potential for conflict of interest is identified, another qualified reviewer will be designated. There is a separation of medical and/or financial decision making, and all committee members, committee chairs, and the Chief Medical Officer sign a statement of this understanding.

XXI. Resources

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2. Blue Shield of California Promise Health Plan Quality Improvement Health Equity Committee Charter.
3. Blue Shield of California Promise Health Plan Quality Improvement Health Equity Committee Policy.
4. Blue Shield of California Promise Health Plan Quality Improvement Health Equity Transformation Program Policy.
5. California Department of Health Care Services (DHCS) All Plan Letter (APL) 19-011: Population Needs Assessment retrieved from <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.
6. California Department of Managed Health Care (DMHC) APL 22-028 Health Equity and Quality Measure Set and Reporting Process retrieved from <https://www.dmhc.ca.gov/LicensingReporting/HealthPlanLicensing/AllPlanLetters.aspx>
7. California Health Care Foundation (CHCF) and National Committee for Quality Assurance (NCQA) (2022). White Paper. Advancing Health Equity: A Recommended Measurement Framework for Accountability in Medicaid. Retrieved from https://www.ncqa.org/wp-content/uploads/2022/10/NCQA-CHCF-EquityFrmwrkMedicaid-Sep22_FINAL.pdf.
8. California Health and Human Services Agency (CHHS, 2022). Guiding Principles and Strategic Priorities. Retrieved from https://www.chhs.ca.gov/wp-content/uploads/2022/03/CalHHS-Guiding-Principles_condensed_R1.pdf.
9. Centers for Medicare and Medicaid Services (CMS) Framework for Health Equity (2023). retrieved from <https://www.cms.gov/About-CMS/Agency-Information/OMH/health-equity-programs/cms-framework-for-health-equity>.
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11. DHCS California Advancing and Innovating Medi-Cal (CalAIM) Guide (2023) retrieved from <https://www.dhcs.ca.gov/calaim>.
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15. KFF (2021). State Policies Connecting Justice-Involved Populations to Medicaid Coverage and Care. Retrieved from <https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/>
16. Medicaid and CHIP Payment and Access Commission (MACPAC) (2022). Access in Brief: Experiences of Lesbian, Gay, Bisexual, and Transgender Medicaid Beneficiaries with

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Accessing Medical and Behavioral Health Care. Retrieved from

<https://www.macpac.gov/wp-content/uploads/2022/06/Access-in-Brief-Experiences-in-Lesbian-Gay-Bisexual-and-Transgender-Medicaid-Beneficiaries-with-Accessing-Medical-and-Behavioral-Health-Care.pdf>

17. National Alliance to End Homelessness (2023). Homelessness Statistics. California. Retrieved from https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/california/?emailsignup&qclid=EAlaIQobChMIpfDA8p65_gIVxx-tBh12mA2JEAAyAiAAEqJlt_D_BwE
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XXII. Appendices

Appendix 1. Health Equity Keywords

Appendix 2. Health Equity Assessment

Appendix 3. Health Equity Advancement Resulting in Transformation (HEART) Measure Set

Appendix 4. Quality Improvement Health Equity Transformation Program Action Plan