blue california | Promise Health Plan

Quality Improvement and Health Equity Committee Workplan

Item No.	Regulatory Standard (e.g., CMS, DMHC, DHCS and NCQA, Office of Affordability)	Planned Activity	Responsible Person/Owner(s)	Reporting Frequency	Goal	Objective	Action Item e.g., performance measure, measurable(s)	Initiation Date	Completion Date	Q1	Q2	Q3	Q4	Reporting Date(s)	Status	Risk	If an activity is at risk, what is the root cause and/or corrective action	Comments
1	DHCS	Health Equity Office Policies and Procedures: - Quality Improvement and Health Equity Transformation Program (QIHETP) Policy - Quality Improvement Health Equity Committee (QIHEC) Policy - Diversity, Equity, Inclusion (DEI) Training Program Requirements Policy	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Submit Policies and Procedures for annual review and approval by 6/26/2025.	Annual Review and Approval	1/1/2025	6/26/2025	X	X			3/20/2025 6/26/2025	Planned	Low		
2	DHCS	Quality Improvement and Health Equity Committee Charter	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Submit the QIHEC Charter to QIHEC for review and approval by 3/20/2025.	Annual Review and Approval	1/1/2025	3/20/2025	X				3/20/2025	Planned	Low		
3	DHCS	Quality Improvement and Health Equity Transformation (QIHET) Program Description	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Develop the written QIHET Program Description and submit to QIHEC for review and approval by 3/20/2025.	Annual Review and Approval	1/1/2025	3/20/2025	X				3/20/2025	Planned	Low		
4	DHCS	Quality Improvement and Health Equity Transformation Program Evaluation	Valerie Martinez	Annual	Build Sound Infrastructure and Operations	Assess the QIHET Program Evaluation and submit to QIHEC for review and approval by 6/26/2025.	Annual Review and Approval	3/20/2025	6/26/2025		X			6/26/2025	Planned	Low		
5	DHCS, NCQA	Health Equity Advancement Resulting in Transformation (HEART) Measure Set Monitoring Report	Valerie Martinez	Quarterly	Embed Equity and Advance Information in Action	Submit the HEART Measure Set monitoring report to track and trend notable health disparities to QIHEC by 3/20/2025 and quarterly thereafter.	Analysis of quarterly reports to identify HE disparities.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
6	DHCS	Health Equity Spotlight Report	Various Functional Leads	Quarterly	Embed Equity	Submit a Health Equity Spotlight Report to demonstrate health equity integration in everything we do by 3/20/2025 and quarterly thereafter.	Spotlight and report a health equity initiative.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
7	DHCS	I have HEART Advocate Program and Updates	Valerie Martinez	Quarterly	Build Sound Infrastructure and Operations Cultivate a culture of Equity	Introduce the I have HEART Advocate Program to QIHEC by 3/20/2025, and updates quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
8	DHCS, NCQA	APL 23-025: Diversity, Equity, and Inclusion Training Program Requirements and compliance per implementation timeline	Valerie Martinez Linda Fleischman Angelica Matsuno Melinda Kjer	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Development of DEI training, implementation and monitoring by 1/1/2025, and quarterly thereafter.	DEI training development updates for informational purposes and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
9	DHCS, NCQA	Senate Bill (SB) 923 Gender Affirming Care Training Requirements and Updates	Various Functional Leads	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
10	DHCS, NCQA	Assembly Bill (AB) 133 REAL/SOGI data collection Requirements and Updates	Danika Cunningham Valerie Martinez	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
11	NCQA	NCQA Health Equity Accreditation Updates	Danika Cunningham Valerie Martinez	Quarterly	Embed Equity Build Sound Infrastructure and Operations Cultivate a Culture of Equity	Provide general updates to QIHEC by 3/20/2025, and quarterly thereafter.	Informational and report out to QIHEC.	1/1/2025	12/11/2025	X	X	X	X	3/20/2025 6/26/2025 9/18/2025 12/11/2025	Ongoing	Low		
12	DHCS	BSP Bold Goals Strategic Plan Updates	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Develop Quality Improvement Studies for Subpopulation(s) with disparities identified in Bold Goals (2) to reduce health disparities in given subpopulations.	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025		X		X	6/26/2025 12/11/2025	Planned	Low		
13	DHCS	Health Equity Assessment Report (2)	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Prepare Health Equity Assessment Reports that will include an in-depth assessment to understand specific areas looking at utilizations, services offered, member experience, outcomes, barriers and opportunities to improve.	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025	X			X	3/20/2025 12/11/2025	Planned	Low		
14	DHCS	Health Equity Recommendation Report (2)	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Prepare Health Equity Recommendation Reports from an equity lens. A formal analysis for teams to incorporate health equity. The reports will contain analysis of the problem or need statement, review of best practices or competitive landscape, regulatory requirements, and impact of recommendations.	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025				X	3/20/2025 12/11/2025	Planned	Low		
15	DHCS	Health Equity Framework (2)	Valerie Martinez	Semiannual	Embed Equity Advance Information in Action Build Sound Infrastructure and Operations	Prepare Health Equity Frameworks as a tactical guide for business unit leaders integrating health equity into operations.	Informational report out to QIHEC for discussion.	3/20/2025	12/11/2025				X	3/20/2025 12/11/2025	Planned	Low		

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

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

Summary of Changes	
Status	**Definition**
MM/DD/YYYY	*Briefly explains item changes*
3/20/2025	Establishment of original document for CY2025

Health Disparities Report (MY2023/RY2024)

Owner: Christine Nguyen and Valerie Martinez
Driver: Amie Eng

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

Culturally and Linguistically Appropriate Services (CLAS) Program Evaluation Report

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

No.	Category	Findings	Recommendations	Action/Planned Intervention(s)	Date of Implementation	Progress/Status	Responsible Departments	Goal	Improvements
1	Provider Network	When assessing the Medi-Cal networks by threshold languages, Blue Shield Promise did not meet the thresholds for the following specialty types in Los Angeles: cardiology (English and Spanish) and gastroenterology (English, Spanish and Cantonese). In San Diego, the threshold languages were not met for the following specialty types and languages: cardiology (English, Spanish and Tagalog) and gastroenterology for English and Spanish.	1.Increase the number of Spanish speaking cardiologist in Los Angeles and San Diego Counties and Spanish, and Tagalog (San Diego only) speaking gastroenterologists in Los Angeles and San Diego counties. Increasing the number of specialty providers that speak these languages will ensure our members network preferences are met and potentially will result in higher overall satisfaction. 2. Examine our internal process of how we collect and display English speaking cardiologist and gastroenterologists in Los Angeles and San Diego Counties to ensure our network language data is accurate.	Administrative Facing: 1, 2: Cross-department workgroup to be formed to review all provider network language data that did not meet goal, examine current outreach activities, determine best practices approach to increase the network in these areas, and develop a timeline. Additionally, this team will examine our internal process for collecting and displaying English and develop a action plan based on their findings.	Quarter 1 2025	Not Started	Health Equity Quality Provider Network Provider Outreach IT Provider Contracting	8% of practitioner office staff speak at least one threshold language	
2	Grievances related to Culturally Appropriate Care for Members	Interpreter Services Results In 2023, the top-ranking languages requested for telephonic interpretation were Spanish 67%, Mandarin 8.3%, Russian 4.0%, and Vietnamese 3.0%. The use of interpretation services increased in 2023 by 36% compared to 2022.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 1. Ask members of the Community Review Committee to share their feedback on the best method of communication with them on language assistance resources.	9/1/2024	Completed	Health Equity Quality Customer Service Provider Relations	Meet 100% of interpreter requests for all languages (over the phone and in-person)	
3	Grievances related to Culturally Appropriate Care for Members	Translation Services Results From January 2023 through December 2023 there was a total of 19,632 requests for written translation services including alternative formats and 100% of those requests for translation were completed and returned to the relevant members. results show the top three requested written translation requests were Spanish (n=1,342), Russian (n=216), followed by Traditional Chinese (n=158).	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 1. Ask members of the Community Review Committee to share their feedback on the best method of communication with them on language assistance resources.	9/1/2024	Completed	Health Equity Quality Customer Service Provider Relations	Meet 100% of written translation requests for all threshold languages	
3	Grievances related to Culturally Appropriate Care for Members	Blue Shield Promise had a total of 159 linguistically related grievances in 2023 through Q1 2024 and a total of 192 culturally related grievances. Most linguistically related grievances were related to the member's experience using an interpreter.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 2. Develop and disseminate a member notification on how to access language assistance services, including interpreter and translation information.	9/1/2024	Completed	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	

4	Grievances related to Culturally Appropriate Care for Members	Blue Shield Promise had a total of 159 linguistically related grievances in 2023 through Q1 2024 and a total of 192 culturally related grievances. Most linguistically related grievances were related to the member's experience using an interpreter.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Member-Facing: 3. Develop and disseminate a provider letter and online provider announcement notification including cultural awareness and linguistic resources, language assistance services, including interpreter and translations and Cultural Competency training.	10/1/2024	Completed	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	
5	Grievances related to Culturally Appropriate Care for Members	Blue Shield Promise had a total of 159 linguistically related grievances in 2023 through Q1 2024 and a total of 192 culturally related grievances. Most linguistically related grievances were related to the member's experience using an interpreter.	Increase member and provider awareness of: 1. How to request an interpreter and the pre-planning timeline requirements to book this service. 2. How to request written materials be translated into the members preferred written languages. These two improvements will support our members overall satisfaction.	Administrative-Facing: 4.5 Setup a working session meeting to review grievance results and the current Customer Service process for asking and confirming the members preferred written language to receive material in. Based on findings a action plan will be developed and implemented.	Quarter 4 2024	In Progress	Health Equity Quality Customer Service Provider Relations	Review all cultural and linguistically related grievances.	
6	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Member-Facing: 1.2 Partner with Violet (Vendor) and leverage their Health Equity provider training and other resources to encourage providers to self-identity race, ethnicity, language data.	Quarter 1 2025	In progress	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	
7	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Member-Facing: 2.5 Send reminders to all providers about the importance of updating their provider profile, which includes, but not limited to race, ethnicity, and spoken languages including office staff.	Quarter 3 2024	Completed	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	

8	Member and Provider Race, Ethnicity, and Language Data Member Sexual Orientation and Gender Identity Data.	Lack of member and provider race, ethnicity, and language data; root cause of this insufficient data is that race and ethnicity is optional for providers to share. For both members and providers, there is a potential lack of understanding of how the Plan will utilize their data and our privacy and protection may be the underlining reasons for not sharing this information. These same potential root causes apply to why members are not sharing their sexual orientation and gender identity information.	Increase data capture for member and providers' race, ethnicity, and language information to allow for accurate network analysis and comparison to support member needs and preferences Increase data capture of member sexual orientation and gender identity data.	Member-Facing: 3.5 Send out reminders to all members regarding the privacy and protections of their race, ethnicity, and language, sexual orientation, and gender identity data and share the process for how to update their profiles.	Quarter 3 2024	Completed	Health Transformation Network Analytics Health Equity Provider Communication/Network Compliance	Achieve 80% of self-report race and ethnicity	
9	CLAS Provider Training	Lack of current web system ability quantify the number of providers that take CLAS trainings per year. The root cause is the system is configured to count based off the start date of training going live.	Improve web system ability to count the number of providers that take trainings by year instead of an accumulative total. This shift would support the Plans ability trend data and see yearly training participation rates.	Administrative-Facing: Establish meeting with IT/web team to examine system abilities to shift from accumulative to a year rate of providers who take CLAS training. The result of this meeting will include timeline for implementing the change.	Quarter 1 2025	In Progress	Quality Health Equity IT/Web	100 providers complete CLAS trainings and receive CEU units	