Quality Improvement and Health Equity Committee
Quarter 1, 2026 Summary Report

Background

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

Summary of QIHEC Activities

The Blue Shield Promise QIHEC meeting was called to order on Friday, March 27, 2026, by the Chairperson, Valerie Martinez, Chief Health Equity Officer (CHEO) via telephone conference.

Old Business

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

1. Blue Shield Promise Women's Health Workgroup concluded in 2025 due to meeting bold goals. Blue Shield Promise will revisit plans to expand the workgroup to include providers and external partners once bold goals are established for 2026-2028 period.
2. Blue Shield Promise will explore partnerships with social media platforms to engage adolescents in preventive health care. This effort is pending review by the Teen Health Equity Workgroup and includes a potential partnership with the Teens Rise Foundation. In addition, Blue Shield Promise has launched a Student Health Worker collaboration with Cristo Rey High School and is incorporating structured activities to gather direct input and insights from teens to inform program design and outreach strategies.

Document Review and Approval (Pre-reads)

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

1. QIHEC Charter
2. QIHEC Meeting Minutes Q4 2025
3. 2026 QIHEC Work Plan
4. 2026 QIHET Program Description
5. BSP Medi-Cal Health Disparities Report

Community Reinvestments

The presentation outlined Blue Shield Promise's upcoming Community Reinvestment Plan, a new Medi-Cal requirement to reinvest a portion of positive net income into broader community health and social needs, with the first plan due September 1, 2026. The plan must align with county health assessments and behavioral health plans, involve county leaders and the Community Advisory Committee, and cannot fund administrative costs or activities limited to plan members. Five broad investment categories were reviewed including neighborhoods and built environment, healthcare workforce, priority populations, local communities, and upstream health improvements; and noted strong alignment with Los Angeles and San Diego County priorities. Community feedback emphasized food security (including community gardens paired with nutrition education), housing insecurity, mental health and stress support, domestic violence and sexual assault resources, workforce and career retraining, youth mentorship, and economic supports such as guaranteed income. QIHEC members and participants encouraged multiple targeted investments and partnerships with existing community organizations, and Blue Shield Promise committed to incorporating this input as it finalizes the plan for submission to DHCS.

Health Equity Strategy

The presentation outlined Blue Shield Promise's health equity strategy as the organization enters its third year of the Health Equity Office in 2026. With great emphasis, Promise's work is grounded in three integrated cornerstones quality, equity, and growth, with equity embedded as a core driver of high-performing, sustainable operations rather than a standalone initiative. Since launching in 2022, the Promise HEO has evolved from foundational compliance and governance work to enterprise-wide integration and outcomes reporting, meeting more than 150 regulatory requirements, achieving a 100% score on NCQA Health Equity Accreditation, establishing oversight committees, and launching a health equity dashboard. The strategy aligns closely with state and federal regulatory direction and focuses on improving quality outcomes, reducing disparities, strengthening infrastructure, and shaping organizational culture through training, data stratification, and shared accountability. Recent accomplishments include expanding integration planning across behavioral health and growth teams, updating program descriptions to align with DHCS's Comprehensive Quality Strategy with a focus on maternal, pediatric, and behavioral health, refreshing equity training, and enhancing the dashboard to better track outcomes for special populations, positioning the organization for deeper analytics and targeted interventions moving forward.

Health Equity Spotlight: Emergency Response Dashboard

The presentation described the development of a new emergency response mapping and analytics tool designed to rapidly identify members and other stakeholders affected by disasters and assess the level of impact with far greater precision than previous zip-code–based methods. Built to meet DHCS requirements for 24-hour emergency response and daily reporting, the tool overlays member address data with ArcGIS, (Esri's web-based mapping software), layers such as fire perimeters, evacuation zones, air quality, and earthquake severity to enable faster, more

targeted outreach and triage. Lessons learned from the Los Angeles County fires highlighted the need for improved granularity, faster turnaround time, and self-serve data availability, reducing unnecessary outreach and accelerating response from hours or days to minutes. The tool supports both high-level situational awareness and detailed outreach coordination, including language needs, clinical and social risks, and care management status, while also enabling forward-looking planning based on historical impacts. Discussion emphasized the importance of prioritizing vulnerable populations, accounting for mobility and health needs, addressing inequities and implicit bias in disaster response, and expanding future capabilities to include shelters, environmental factors, household size, providers, vendors, and additional data sources to strengthen equitable and effective emergency preparedness and response.

Health Equity Quality Measurement Set (HEQMS) and Corrective Action Plan (CAP) Overview and Updates

The presentation provided a high-level overview of the California Department of Managed Health Care's (DMHC) HEQMS and Blue Shield Promise's related CAP. HEQMS consists of 13 largely HEDIS-based measures stratified by race and ethnicity to assess how different populations experience care, with benchmarks set at the NCQA Medicaid Quality Compass 50th percentile and evaluated across multiple years. For measurement year 2023, DMHC identified 38 benchmark deficiencies across seven populations, triggering a required CAP submitted in November 2025 that detailed root causes, planned interventions, success metrics, and timelines. Blue Shield Promise developed the CAP using a comprehensive barrier analysis incorporating member and provider feedback, data trends, literature review, and social drivers of health, in close collaboration with internal teams and the Promise HEO. Looking ahead, the organization is proactively monitoring stratified performance via dashboards, reviewing 2024 rates early to address gaps sooner, and focusing support where disparities persist, while early results show encouraging year-over-year improvement across several measures despite continued work needed to achieve consistent, equitable outcomes across all populations.

Regulatory Updates

The presentation highlighted the scope and impact of the California Department of Health Care Services (DHCS) All Plan Letter (APL) 24-016, which requires Blue Shield Promise to maintain comprehensive oversight of a health equity training program spanning more than 10 functional areas, including training delivery, data systems, technical infrastructure, and cross-enterprise collaboration. In response, Blue Shield Promise developed, governed, and launched an annually required training course for internal staff and external partners, formally approved by DHCS and refreshed in 2026 to incorporate feedback from members, providers, contractors, and regulators. The organization implemented automated training and completion tracking for network providers through its learning management system, while overseeing and manually monitoring training compliance for vendors, subcontractors, and downstream partners. Technical enhancements include provider eligibility tracking, a robust health equity disparity dashboard drawing from over 12 data sources, continuous grievance monitoring, and a dedicated grievance

review task force. Regionally, Blue Shield Promise also strengthened collaboration by executing an Memorandum of Understanding or MOU and enabling secure bi-directional data sharing with partner health plans to improve visibility into provider training compliance. Overall, APL 24-016 has driven not only regulatory compliance but the development of a scalable, enterprise-wide model that integrates governance, technology, data, and partnerships to advance health equity, with early training completion rates reflecting recent launches and strong compliance among subcontractors and specialized training programs.

The table below provides an overview of Blue Shield Promise current compliance status with DHCS training program requirements under APL 24-016 and APL 24-017.

Table 1. California Department of Health Care Services (DHCS) Training Program Requirements Updates

APL Reference	Audience	Training Title	Latest Update	Status / Completion
APL 24-016	All Promise Staff	Advancing Health Equity Training to Support Member Interactions	2026 version released March 3, 2026	On track — 32% completion; 2026 deadline: May 2, 2026
	Network Providers	Advancing Health Equity Training	2026 version released March 3, 2026; ongoing coordination with local managed care plans and a system for training record sharing	On track — 15% completion
	Vendors, Subcontractors, Downstream Subcontractors (Member-facing staff)	Advancing Health Equity Training to Support Member Interactions	2026 version released March 3, 2026; ongoing collaboration with vendors, subcontractors, downstream subcontractors	On track — 95% cumulative completion
	Vendors, Subcontractors, Downstream Subcontractors (Licensed Providers)	Advancing Health Equity Training	2026 version released March 3, 2026; ongoing collaboration with vendors, subcontractors, downstream subcontractors	On track — cumulative 72% completion
APL 24-017	Member-Facing Staff	Improving the Healthcare Experience for the Transgender, Gender Diverse, and Intersex Community	Training released April 1, 2025	On track — 100% completion

Overall, Blue Shield Promise is meeting or exceeding DHCS requirements for internal staff and member-facing roles and are progressing on schedule for external providers and vendors, with established coordination and tracking processes in place.

Health Equity Integration Plan Updates

The update reviewed Blue Shield Promise's contractually required approach to integrating health equity across eight designated functional areas through formal Health Equity Integration Plans (HEIP(s)) that document activities and measurable outcomes. First launched in 2025, the process expanded in 2026 to include behavioral health and growth functions. During the first quarter of 2026, teams finalized and broadened their integration plans, with implementation and monitoring continuing through year-end. An annual evaluation of 2025 activities are scheduled for quarter two and will be shared with the committee in June, alongside ongoing progress reports to internal performance meetings. Currently, 18 draft integration activities are planned—pending executive approval—including staff training, well-child visit initiatives, expanded health equity metrics, and a grievance review task force, with the number of activities expected to

increase. Progress will continue to be tracked through monthly internal reporting and quarterly updates.

Table 2. Health Equity Integration Plan – 2026 Planned Activities

Cultivate a culture of equity	*Reimagine the member experience*	*Link Quality and Equity*	*Facilitate the Bridge to Somewhere*	*Optimize integration using real-time data*	*Develop diverse network*	*Demonstrate information in action*	*Expand community presence*	*Center community in our strategy*	*Realize our mission to eliminate disparities*
1. Staff training 2.Grievance Review Taskforce	3. Increase access to family nutrition and diabetes workshops 4. Provide access to telehealth behavioral health appointment	5. Host well-child visits Host mobile mammography events 6. Audit for depression screening for Maternal patients and Adolescent patients	7. Administer SDOH screenings 8. Offer medically tailored meals and support to members with diabetes	9.Doula program expansion 10. Expand Health Equity metrics into workstreams	10. Targeted interventions for specific well-child population	11. Create intersectionality and cross collaboration between teams 12. Share grievance trends in health equity committee	13.Implement health education classes for SD populations 14. Expand Informational Resource Center model to San Diego county 15. Increase Doula Program engagement 16. Increase Welcome Baby enrollments	17. CRC support group	18. Implement clinical innovation funding project

* Draft activities pending approval & additional activities

Health Equity Performance Dashboard

The update closed with a review of the 2026 Health Equity Performance Dashboard, which tracks progress across eight goals for the year. While some goals are currently marked yellow or red, this is expected early in the year as progress is measured quarter over quarter. Key focus areas include maintaining regulatory compliance, improving well-child visits and postpartum care in alignment with state priorities on pediatric, maternal, and behavioral health, and meeting training and health equity integration plan requirements. A new emphasis this year is addressing social drivers of health, with the dashboard showing a strong baseline of 81% of members identified as having at least one social driver addressed. The team will continue working with population health management and care management to improve this metric and will provide ongoing updates using the dashboard throughout the year.

Table 3. 2026 Health Equity Performance Dashboard

2026 Health Equity Performance Dashboard

Goal	Objective	Quarterly Report	Q1	Q2	Q3	Q4
Maintain Health Outcomes Accreditation	Complete 100% of all Health Outcomes Accreditation activities as required by 12/31/2026	Rate of standards met	Health Disparities Report Approval			
Ensure contract compliance	100% of health equity related contract deliverables will be compliant by 12/31/2026	Rate of deliverables met	100%			
	For Well Child Visits HEDIS measure, the compliance rate among Black/African American members and Asian members will meet or exceed the minimum performance level or achieve improvement equivalent to at least 6 points	Performance Level	54.52% 56.07%			
	For Post-Partum Care HEDIS measures, Black/African American members will meet or exceed the minimum performance level or demonstrate a statistically significant increase in directional improvement	Performance Level	84.40%			
	At least 30% of network providers complete Diversity Equity and Inclusion training by 12/31/2025	Rate of training completion	15%			
Build and Integrate a Culture of Equity	90% of finalized Health Equity Integration Plan activities will be completed by 12/31/2026	Rate of integration plans completed	Pending Integration Plan approval			
	Member social drivers of health data collection increases by 5% by 12/31/2026 85% of members with 1+ social driver will be addressed by 12/31/2026	Rate of social drivers of health collected per member	2.7% 81%			

Actions

The committee will continue to present QIHETP Workplan updates, present HEART Measure Set Monitoring Report rates, disparity analysis and identify quarterly Health Equity Spotlight reports. The HEO will track the action items and bring updates forward at the next QIHEC meeting to be held Thursday, June 18, 2026.