

Quality Improvement and Health Equity Committee Quarter 2, 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 Co-Chaired by Valerie Martinez, Chief Health Equity Officer (CHEO) and Dr. Jennifer Nuovo, Chief Medical Officer (CMO) and called to order on Thursday, June 18, 2026, by the Co-Chairperson, Valerie Martinez, CHEO via telephone conference.

Old Business

There was no old business to review or discuss.

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 Q1 2026 Meeting Minutes
2. 2026 QIHEC Work Plan
3. 2026 QIHETP Annual Evaluation
4. Blue Shield Promise Medi-Cal Culturally and Linguistically Appropriate Services (CLAS) Program Description
5. Blue Shield Promise Medi-Cal CLAS Workplan
6. HEQ-001 QIHETP Policy and Procedure
7. HEQ-002 QIHEC Policy and Procedure
8. HEQ-003 Diversity, Equity, and Inclusion (DEI) Training Program Requirements Policy and Procedure

Culturally and Linguistically Appropriate Services (CLAS) Program Description and Workplan

The committee reviewed and approved the 2026 Culturally and Linguistically Appropriate Services (CLAS) Program Description and Work Plan. To improve alignment, efficiency, and oversight, DHCS regulatory requirements and NCQA accreditation standards were consolidated into a single Program Description and integrated Work Plan. Updates to the Program Description included the addition of key definitions, identification of DHCS and NCQA threshold languages, and revisions to the review and approval process. The CLAS program is supported by

eleven (11) cultural and linguistic policies and procedures that undergo annual review to ensure ongoing compliance and program effectiveness. The integrated Work Plan will serve as the central mechanism for tracking CLAS goals, objectives, and activities, with quarterly updates provided to monitor progress and ensure continued compliance with regulatory and accreditation requirements.

Quality Improvement and Health Equity Transformation Program Annual Evaluation

Blue Shield of California Promise's 2026 Quality Improvement and Health Equity Transformation Program (QIHETP) Annual Evaluation highlights the organization's continued progress in advancing quality improvement and health equity across its operations, member services, and community partnerships. The evaluation assesses performance against the 2025 work plan and program design, identifies key accomplishments, and outlines opportunities for continued enhancement.

The program focused on four strategic priorities: leveraging data-driven insights to improve care quality and reduce disparities; strengthening infrastructure and governance to incorporate feedback from members, providers, and community stakeholders; implementing targeted, equity-focused interventions to address identified gaps in care; and embedding health equity into organizational culture, business processes, and decision-making.

During 2025, Blue Shield Promise achieved several significant milestones. The organization reached 90% readiness for Diversity, Equity, and Inclusion (DEI) training and initiated provider education efforts, advanced implementation of the Health Equity Integration Plan to approximately 50% completion by the third quarter, expanded Social Drivers of Health data collection capabilities, and demonstrated strong outcomes through the HEART Advocate Program, which received more than 90% positive participant feedback. In addition, the organization maintained 100% audit readiness and regulatory compliance.

Key evaluation findings indicate that Blue Shield Promise has established a strong foundation for sustainable health equity improvement through enhanced governance structures, workforce readiness, and operational infrastructure. The organization improved its ability to identify and monitor disparities across race, age, and preferred language by strengthening data analytics, dashboards, and reporting capabilities. These efforts have also helped identify critical gaps in preventive care engagement and other areas requiring targeted intervention.

Overall, the evaluation demonstrates meaningful progress in integrating health equity into quality improvement, compliance, and operational functions. Blue Shield Promise remains committed to transparency, accountability, and continuous improvement by publicly reporting results and engaging members, providers, and community partners. The findings reinforce the organization's ongoing commitment to improving health outcomes, reducing disparities, and advancing health equity for the communities it serves.

School-based Health Center Grants

An overview of Blue Shield of California's BlueSky Behavioral Health Initiative was presented, highlighting its continued partnership with Blue Shield Promise and its focus on advancing youth behavioral health across California. Membership data shared during the presentation demonstrated the significance of youth within Blue Shield's membership population. Nearly one in five members is under age 18, with even larger representation when including young adults and family members covered under family plans. The largest concentrations of youth members reside in Southern California, particularly in Los Angeles and San Diego Counties, with a substantial portion enrolled through Blue Shield Promise.

Launched in 2019, the BlueSky Behavioral Health Initiative was developed in response to significant gaps identified in California's youth behavioral health system. The initiative is centered on three strategic pillars: expanding access to care, increasing awareness of behavioral health resources, and advancing advocacy efforts. Through investments in community-based organizations and partnerships across the state, the initiative has supported more than 30,000 young people and their families. Program outcomes have demonstrated measurable impact, including a 10% improvement in validated strengths-based assessments among youth participating in therapy programs, with even greater gains observed among BIPOC and LGBTQ+ youth populations.

In addition to funding direct services, the initiative serves as a platform for community engagement, thought leadership, and recognition of organizations advancing youth behavioral health. Through statewide partnerships, media engagement, awards programs, and research activities, BlueSky has elevated awareness of behavioral health challenges and highlighted innovative approaches to improving care for young people. A key area of collaboration with Blue Shield Promise has been identifying and recognizing providers, community organizations, and programs that are making meaningful contributions to behavioral health access and outcomes. Recent partnership efforts included collaboration with the California School-Based Health Alliance to recognize organizations advancing the Children and Youth Behavioral Health Initiative (CYBHI), a statewide effort designed to expand access to school-linked and school-based behavioral health services for youth and young adults under age 25.

Committee discussion focused on program outcomes, equity measurement, and community engagement. It was noted that demographic data, including race, ethnicity, and language, are collected for direct-service programs to support health equity analyses and outcome evaluation. The presentation also highlighted efforts to engage parents, caregivers, educators, and community members through Mental Health First Aid training offered in partnership with the California Department of Education, helping build community capacity to recognize and respond to behavioral health needs.

Committee members expressed appreciation for the initiative's demonstrated outcomes, strong evaluation framework, and continued collaboration with Blue Shield Promise. The discussion reinforced the value of ongoing partnerships that improve behavioral health access, strengthen community-based supports, and advance equitable outcomes for California's youth and families.

Maternal Equity Strategy

An update was provided on the Maternal and Infant Health Equity Strategy, which is aligned with local and statewide efforts to reduce disparities in maternal and infant health outcomes, particularly among communities experiencing the highest rates of poor birth outcomes. The strategy focuses on improving outcomes across the prenatal, postpartum, and interconception period(s) (period between pregnancies) through targeted interventions, provider partnerships, and enhanced care coordination. Key accomplishments include the launch of an early pregnancy identification capability and risk stratification process that enables earlier outreach, care management, and support for members with chronic conditions. A dashboard is being developed to monitor outcomes and support continuous quality improvement efforts.

Significant progress has also been made in strengthening maternal and child health infrastructure and expanding the doula program. The health plan currently partners with a robust network of contracted doulas serving Los Angeles and San Diego Counties and continues to engage community organizations and prospective doulas to expand access to culturally responsive support services. The initiative has strengthened partnerships with local public health agencies, community-based organizations, and maternal health stakeholders to advance shared goals and address health disparities. Notable collaborations include work with First 5 LA, LA Best Baby Zones, local health jurisdictions, and home-visiting programs to improve outreach, engagement, and support for Black and African American families.

Committee discussion highlighted opportunities to increase awareness and utilization of the Medi-Cal doula benefit among members and providers. Recommendations included expanding provider education, enhancing point-of-care messaging, strengthening community outreach, and addressing geographic gaps in doula availability. Plan representatives noted ongoing efforts to expand the doula workforce, improve member and provider education, conduct geographic network analyses, and collaborate with other managed care plans on provider training initiatives. Overall, the strategy reflects a comprehensive approach to advancing maternal and infant health equity through early identification, community partnerships, workforce development, quality improvement, and targeted interventions designed to improve outcomes for members and families.

Health Equity Spotlight: Support Group

An update was provided on a culturally and linguistically tailored support group developed for Chinese-speaking members at Community Resource Centers in El Monte and Lincoln Heights. The program was created in response to participant feedback and observations that many

members sought opportunities for social connection and community engagement beyond traditional health education classes. The support group was designed to reduce social isolation, foster a sense of belonging, and provide a safe and supportive environment for members to connect with one another. Activities, selected based on participant interests, included Chinese calligraphy, painting, exercise demonstrations, karaoke, games, and other social engagement opportunities.

Evaluation results from pre- and post-program surveys demonstrated positive outcomes. Participants reported reduced feelings of loneliness and stress, improved mood, stronger social connections, and increased confidence in sharing experiences and problem-solving. Members also formed meaningful relationships and provided emotional support to one another throughout the program. Due to the program's success, it was expanded into two cohorts in 2025 to accommodate participant demand. Additional enhancements, including longer sessions and celebratory events such as end-of-cohort potlucks and birthday recognitions, were implemented based on member feedback. Committee members praised the initiative as an effective model for improving member engagement, strengthening community connections, and supporting overall well-being. Opportunities were also identified to incorporate preventive health education and resiliency messaging into future sessions.

The program has received positive community response and media recognition, underscoring its value as an innovative approach to addressing social isolation and promoting culturally responsive member engagement.

Health Equity and Grievance Taskforce Workgroup Updates

The committee received an update on ongoing efforts to strengthen the review and resolution of discrimination-related grievances, with a focus on enhancing provider training, ensuring investigations appropriately consider members' perceptions, expanding multidisciplinary review processes, and improving data capture to identify trends by provider, site, and grievance type.

Discussion highlighted the challenges associated with investigating discrimination allegations when concerns are based on member perception and emphasized the importance of gathering more detailed information during intake to support thorough and meaningful reviews. Committee members discussed opportunities to strengthen provider escalation and review processes through greater involvement of medical group leadership, clinic operations teams, and other stakeholders who can assist in identifying root causes and implementing corrective actions. The committee also emphasized the value of monitoring recurring patterns involving specific providers, clinics, service locations, or complaint types to support targeted interventions and continuous quality improvement.

Additional recommendations included expanding provider education and communication training, with particular focus on cultural responsiveness, de-escalation techniques, conflict

resolution, and managing challenging member interactions. The committee recognized significant progress in advancing accountability, trend analysis, and cross-functional collaboration, while identifying opportunities to establish clearer escalation criteria, leverage data to identify recurring patterns, and translate review findings into operational improvements. These efforts support a proactive approach to preventing future grievances, strengthening provider engagement, and improving member experience through culturally responsive, equitable, and high-quality care.

Regulatory Updates

Blue Shield Promise continues to make strong progress toward compliance with DHCS training requirements under APL 24-016 and APL 24-017. Under APL 24-016 (Advancing Health Equity Training), the 2026 training was released on March 3, 2026. Completion rates have reached 98% for Promise staff, demonstrating continued compliance with organizational requirements. Training completion among network providers is currently 14%, with ongoing coordination across managed care plans and provider partners to streamline record sharing and reporting. For vendors, subcontractors, and downstream entities, completion rates have reached 95% among member-facing vendor staff and 73% among licensed provider staff, supported by ongoing outreach and engagement efforts. Under APL 24-017 (Improving the Healthcare Experience for the Transgender, Gender Diverse, and Intersex Community), training for member-facing staff achieved 100% completion, maintaining full compliance with DHCS requirements.

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 — 98% 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 — 14% 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 73% 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 training requirements for internal staff and member-facing roles while continuing to advance provider and vendor participation through established monitoring, coordination, and compliance support processes.

Utilization Management Study

An overview was provided of a planned Quality Improvement and Health Equity study focused on emergency department (ED) utilization among Blue Shield Promise Medi-Cal members. The study was initiated in response to findings that a significant proportion of members, more than 40% in some populations, are not accessing recommended preventive care services, with notable disparities observed across race, ethnicity, age, and language groups.

The project will examine patterns of both overutilization and underutilization of healthcare services by analyzing emergency department visits, preventive care engagement, and ambulatory care utilization. Using data from the Health Equity Dashboard and other available sources, the study will assess potentially avoidable ED visits, identify barriers to primary care access, and evaluate disparities across key demographic and equity measures, including disability status and care management participation.

The interdisciplinary workgroup was established in March 2026 and is currently finalizing the project scope and data collection plan. The project timeline includes detailed data analysis, assessment of underlying access barriers, development of recommendations, and action planning, with a final report expected in the fourth quarter. Findings will be used to inform targeted, equity-focused interventions designed to improve preventive care utilization, address healthcare access barriers, and advance health outcomes for members.

Additionally, an update was provided on the Health Equity Integration Plan. A summary of 2025 accomplishments will be distributed to committee members, while 2026 initiatives are being finalized to ensure meaningful and measurable outcomes. Progress updates will continue to be shared with the committee throughout the year.

Actions

The committee will continue its ongoing quarterly activities by presenting QIHETP Workplan updates, reviewing HEART Measure Set Monitoring Report rates, and identifying Health Equity Spotlight Reports. Committee recommendations for spotlight topics will continue to be welcomed and incorporated into future reporting. The Promise Health Equity Office (HEO) will monitor progress on all action items, track ongoing activities, and provide updates at the next QIHEC meeting scheduled for **September 17, 2026**.