

## Quality Improvement and Health Equity Committee (QIHEC) Meeting 2025 Quarter 4 Summary Report

### Overview

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets six times per year, with special meetings scheduled as needed. The QIHEC is chaired and facilitated by the Chief Medical Officer (CMO), with committee members comprised of internal leadership, the chairs from the nine QIHEC Subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral healthcare practitioner. This report represents a summary of the November 18, 2025 QIHEC meeting.

### November 18, 2025 QIHEC

#### Open Action Items from Prior QIHEC Meeting

1. Action Item #66: Member Call Center Data by Race and Ethnicity
  - The Director of the Contact Center confirmed that the Call Center activity reports now include race and ethnicity demographic data and will be presented in the Member Services Committee report.
  - Status: Closed

#### Approval Items - None

#### Presentations

1. Measurement Year (MY) 2024 Consumer Assessment of Healthcare Providers and Systems (CAHPS): Trended Rates, Activities, Next steps
  - The Adult and Child CAHPS rates were reviewed. The Adult CAHPS scores showed more improvement compared to the Child CAHPS Scores. For the Adult CAHPS, 13 rates improved, and 7 declined, with 9 rates meeting or exceeding the 50<sup>th</sup> national Medicaid percentile. For the Child CAHPS, 6 rates improved, but 12 rates declined, and 2 measures were not scored due to low response rate. Only 3 Child CAHPS rates met or exceeded the 50<sup>th</sup> national Medicaid percentile.
  - Plans to improve CAHPS scores include:
    - Launch more activities to increase member engagement to collect feedback through member surveys, focus groups, and the Member Advisory Committee.
    - Create member and provider education campaigns to educate on CAHPS surveys.
    - Implement targeted interventions from CAHPS survey outcomes.
2. Managed Care Accountability Set (MCAS) MY 2024 – Plan Comparative Performance
  - DHCS released the MY 2025 rate sheets detailing the performance of 22 Managed Care Plans to enable plan-level analysis. GCHP ranked in the top 5 for the following measures: Topical Fluoride Varnish (#1), Breast Cancer Screening (#2), Lead Screening in Children (#3), Cervical Cancer Screening (#5), Postpartum Care (#5), and Hemoglobin A1c Poor Control for Patients with Diabetes (#5). Areas in need of improvement include Childhood

Immunization Status (#13), Controlling Blood Pressure (#15), Chlamydia Screening in Women (#17), and Asthma Medication Ratio (#22).

- For MY 2025, GCHP continues to monitor performance and has implemented interventions to improve the rates of lower performing measures.
- For MY 2026, DHCS has proposed moving the following report-only measures to MPL status: Colorectal Cancer Screening, Prenatal Depression Screening, Postpartum Depression Screening, and Depression Screening and Follow-Up for Adolescents and Children. Interventions for these measures include a Cologuard pilot project, the Perinatal Substance Use Disorder Improvement Project, enhanced data collection and data mapping to increase the capture services through administrative data, and member incentives.

3. 2025 Department of Health Care Services (DHCS) Regulatory Quality Improvement Projects

- Performance Improvement Projects (PIPs): GCHP is required to participate in two PIPs to improve the quality of care and reduce health disparities for Medi-Cal beneficiaries.
  - Well-Baby Visits for Hispanic/Latinx Clinical PIP 2023-2026
    - Interventions completed include a Facebook Live event with Amigo Baby, two provider lunch and learns, Westminster Clinic health fair, MICOP Doula partnership, WIC text program, member outreach, and development of a parent pamphlet.
    - Since the PIP launched, the rate for the target population increased 3.8% points from 61.19% in 2023 to 64.99% in 2025.
  - Substance Use Disorder (SUD) / Specialty Mental Health (SMH) Non-Clinical PIP 2023-2026
    - Interventions completed include developing new workflows (data sources, staff training, database development, partnerships with clinics) to improve the percentage of provider notifications of members with substance use disorder (SUD) and/or specialty mental health (SMH) diagnoses within 7 days of an emergency department (ED) visit.
    - Since the PIP launched, the rate increased 52.66% points from 31.66% in 2023 to 84.47% in 2025.
- Institute for Healthcare Improvement (IHI) / DHCS Collaboratives: In 2025, GCHP participated in a child health equity collaborative to implement effective, equitable whole-person pediatric care.
  - Interventions included analyzing well-child outcome rates to identify a target population with health disparity, establishing a clinic partner, completing member and provider interviews, and improving appointment scheduling workflows.
  - The final rate reached 48.12%, exceeding the project goal of 43.22%.
- Lean Quality Improvement (QI) and Health Equity (HE) Process: DHCS assigns annual improvement project(s) to Managed Care Plans (MCPs) for measures that perform below the minimum performance level (MPL). In 2025 GCHP participated in one QIHE Improvement Project for the Asthma Medication Ratio measure.
  - Interventions included developing an asthma National Drug Code (NDC) mapping, asthma member outreach campaign, development of a member health education flyer, an asthma spacer incentive pilot project, development of asthma medication utilization reports for providers, and provider incentives through the Quality Incentive Pool and Program (QIPP).
  - The AMR rate increased 17.68% points between May 2024 and August 2025.

## Standing Items: QIHEC Subcommittee and Department Summaries

1. Compliance/Delegation Oversight
  - Thirteen delegation oversight audits were initiated timely and seven corrective action plans (CAPs) were issued. Audit focus included eight credentialing audits, two claims audits, one call center audit, one transportation audit, and one behavioral health subcontractor audit.
2. Quality Improvement: MCAS Operations Steering Committee
  - The MCAS Operations Steering Committee met monthly in Q3 2025 and reviewed three focus areas.
    - MCAS Measures: MY 2025 preliminary rate review and MY 2026 DHCS proposed MCAS measures
    - Key Initiatives: Community Care, Network Strategy, Population Health, Member Outreach
    - Domains of Care: Children’s Health, Chronic Disease Management, Behavioral Health, Reproductive Health, Cancer Prevention
  - Key activities launched and continued in Q3 2025 include: Updates to code mapping to capture more services through administrative data; partnering with clinic systems and Alinea to schedule mobile mammogram events; member outreach and member incentive programs; finalize updates to new health education material to reduce health disparities; immunization and cervical cancer screening focus groups to identify and address barriers to care; address behavioral health data barriers; and launch the Cologuard pilot program.
  - By Q3 2025, the following twelve MCAS measures had met or exceeded the DHCS MPL: Asthma Medication Ratio, Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in Women, Developmental Screening in the First Three Years of Life, Follow-up After ED Visit for Substance Use, Childhood Immunization Status, Immunizations for Adolescents, Lead Screening in Children, Well-Child Visits in the First 30 Months of Life (0-15 Months and 15-30 Months), and Postpartum Care. The following report-only measures improved in Q3 2025: Colorectal Cancer Screening, Adult Access to Ambulatory / Preventive Care, Pharmacotherapy for Opioid Use Disorder, and Plan All-Cause Readmission.
3. Clinical Quality Improvement: Facility Site Reviews (FSR) and Initial Health Appointments (IHA)
  - Facility Site Reviews
    - Audit results: 6 interim medical record reviews (MRR) were completed and 1 CAP was issued.
    - Clinical QI met with VCMC as requested to collaborate and clarify best practices for medical record review (MRR) documentation.
    - Transition of the FSR database vendor from Healthy Data Systems to KSB is ongoing.
    - Appealed to DHCS to establish more efficient workflow for Focused and Interim MRRs.
  - Initial Health Appointments (IHA) Enhancements
    - DHCS accepted and closed our CAP remediation response
    - Continue to document IHA outreach activities and outcomes
      - Provide reporting capabilities with actionable data for timely intervention
      - Allow providers to document outreach efforts timely

- Enable Clinical QI to focus specifically on timely provision of IHA within 120 days, and increase oversight of IHA outreach documentation
  - Lead Screening in Children
    - DHCS accepted and closed our CAP remediation response
    - Clinical QI will perform biannual focused child lead screening MRR audits to assess for the timely provision and documentation of lead testing and lead anticipatory guidance at age-appropriate intervals
4. Population Health Management (PHM) Department
- Population Needs Assessment (PNA): Revised to comply with NCQA PHM standards.
  - Wellth Program:
    - 81% of program participants engaged in 80% of daily check-ins.
    - Members enrolled in the QI program will be transitioned to the Utilization program.
    - Exploring blood pressure notification process for members who report an elevated blood pressure.
  - Health Risk Assessment (HRA):
    - Completed 1,174 health risk assessments in Q3 2025.
  - Colorectal Cancer Screening: Launched the Cologuard pilot program with Exact Sciences targeting 5,396 members enrolled at Clinicas del Camino Real.
5. Behavioral Health (BH) Quality Committee
- Behavioral health data sharing updates
    - Manifest Medex escalated to DHCS issues about delays with the integration of Admission, Discharge, Transfer (ADT) data feeds from Dignity Health (Bamboo) Health Information Exchange (HIE).
  - Collaboration with Carelon on improving behavioral health measures
    - Follow-up After Discharge Assessments (FUADA) completed by Carelon increased slightly in Q3 2025 to 22.18% to help increase rates for Follow-Up After Emergency Department Visit for Substance Use (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM) measures.
    - Evaluating opportunities for Carelon to provide FUADA services onsite at Ventura County Medical center.
  - DHCS IHI FUA/FUM Collaborative
    - Intervention to improve FUM includes enhancing care coordination through enhanced care management (ECM).
  - Behavioral Health Lunch and Learn sessions were held in October that focused on the following:
    - Carelon services and referrals
    - Dyadic services and health steps
    - Substance use, treatment, and referrals
6. Utilization Management
- The Utilization Management Committee (UMC) reviewed and approved the following:
    - Clinicas del Camino Real: 2024 UM Work Plan Evaluation and 2025 UM Program Description
    - Carelon: 2024 UM Work Plan Evaluation and 2025 UM Program Description

- Utilization Management policies (9) and Care Management policies (3)
- In Q3 2025, the UM turn-around-times (TAT) continued to exceed benchmarks for expedited, standard prior authorization, and post service requests.
- Care Management (CM)
  - Complex Case Management year-round training has been provided to ensure staff remain current with best practices, regulatory requirements and organizational goals.
  - GCHP partnered with the Childhood Lead Poisoning Prevention Program (CLPPP) to create and implement the GCHP Lead Effort to improve lead screenings.
  - The Nurse Advice Line received 419 calls including 237 triage calls and 7 program referrals.
  - Care management services were provided to 14,532 members and enhanced care management to 3,944 members. The primary age group was 55-64 years of age: primary language was English (65.3%) followed by Spanish (33%). ECM services were provided to members in-person (39%) and via telehealth (62%).

#### 7. Member Services Committee

- Call Center benchmarks
  - In Q3 2025, the Member Contact Center benchmarks for the average speed of answer and abandonment rates were met.
  - Results for Q3 2025 Quality trended upward at 93.37% for the second consecutive quarter from the previous quarter (92.9%) but below the benchmark of 95%. The Contact Center will continue to partner with the Quality Assurance team to drive performance, introduce new process improvements, and align with business requirements.
- Membership
  - Month-to-month trend in Q3 2025 shows a slight decrease in membership by 0.96% (2,336 Members) from Q2 2025.
  - Dashboard review included membership counts by language, race, ethnicity, and age group.

#### 8. Member Advisory Committee (MAC)

- The Chief Member Experience and External Affairs Officer provided an overview of the new Member Advisory Committee which serves as a direct channel for GCHP members to share their experiences and guide improvements to the health plan to strengthen the member experience, advance quality initiatives, and reinforce GCHP's commitment to equitable care. The committee, which meets quarterly, was launched in 2025 and will report updates to the QIHEC.

#### 9. Provider Network Operations (PNO)

- All Q3 2025 benchmarks were met for (1) for primary care providers (PCPs) and Specialists, (2) time and distance standards, and (3) provider-to-member ratios. Monitoring and recruitment efforts continue to ensure network adequacy across Ventura County.
- The annual Provider Access and After-Hours survey results revealed some deficiencies in urgent care access and appointment availability.
- PNO completed 311 of 316 welcome letters to providers timely; the 5 delays were due to retroactive effective dates applied to the contracts.

- 99% of required new provider orientations were completed within the standard timeframe. Two providers completed their orientations outside the standard timeframe due to retroactive effective dates applied to their contract effective date.
- Remediation plans were initiated for providers with non-compliance and repeated non-compliance for urgent care access and appointment availability. Targeted site visits and Joint Operations Meetings are underway.
- Work plan activities include provider education, bulletin updates, outreach to improve accessibility, and updates to claims processing system to improve provider satisfaction.

#### 10. National Committee for Quality Assurance (NCQA) Accreditation Updates

- Health Plan Accreditation (HPA)
  - On November 7, 2025, GCHP completed the HPA survey submission and is preparing for the virtual file review with NCQA scheduled on November 24, 2025.

#### 11. Health Education and Cultural Linguistics (HE/CL) Committee

- Cultural and Linguistic Services
  - In Q3 2025, there was a decrease in language assistance services (-15%), telephonic interpreting for staff and medical providers (-29%), and Carelon Behavioral Health (-2%), but in-person interpreting for Mixteco population increased (+4%). Translation services increased significantly by 51% due to increase in translation requests for the new Dual Special Needs (D-SNP) program.
  - Current projects include updating the Transgender, Gender Diverse, and Intersex (TGI) and Diversity, Equity and Inclusion (DEI) training for staff and providers.
- Health Education Services
  - Majority of referrals are from special projects including HRAs, MCAS, and health fairs.
  - Current activities to improve MCAS measures and reduce health disparities include well-child, childhood obesity and immunization focus groups, and the asthma outreach campaign.

#### 12. Grievance and Appeal (G&A) Committee

- In Q3 2025, the turn-around-time (TAT) benchmarks of 98% were not met for acknowledgment and resolution of member appeals and acknowledgement of member grievances. Benchmarks were not met due to the high volume of provider grievances and provider disputes received. The G&A department is actively working to reduce the growing inventory through focused and sustained efforts.
- In Q3 2025, G&A identified 87 complaints related to Quality of Care.

#### 13. Pharmacy and Therapeutics (P & T) Committee

- Drug Utilization Review (DUR) of opioid prescription utilization.
  - In process of developing a report that identifies concurrent prescribing of opioids + benzodiazepines or antipsychotics by different prescribers to send provider notification letters.
  - Met performance metric of less than 5% increase in utilization except for the following:
    - Members with 3+ Pharmacies increased from 28 in Q2 2025 to 41 in Q3 2025
    - Concurrent users of Opioids + Antipsychotics increased from 304 in Q2 2025 to 328 in Q3 2025.

- Medi-Cal Rx updates: Reviewed policy change for physician administered drug (PAD) eligible for coverage via Medi-Cal Rx which are posted on the Medi-Cal Rx Approved NDC List and the Medi-Cal Rx Contracts Drugs List (CDL).
- Pharmacy & Therapeutics Committee: The P & T Committee reviewed 55 drugs for Medicare Part B Drugs List for the Dual Special Needs Plan (D-SNP) that will launch in 2026.

#### 14. Credentials/ Peer Review Committee (C/PRC)

- Open session
  - C/PRC Annual Statements
  - Review and approval of clinical quality and credentialing policies
  - Review and approval of utilization management policies for medically tailored meals
  - Review and approval of UM and clinical practice guidelines for D-SNP
- Closed session
  - Medical Board of California actions
  - Nondiscrimination Grievance Reports
  - Potential Quality Issues
  - Practitioner Credentialing