

Quality Improvement and Health Equity Committee (QIHEC) Meeting 2025 Quarter 3 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 July 15, 2025, and September 16, 2025, QIHEC meetings.

July 15, 2025 QIHEC

Open Action Items from Prior QIHEC Meeting

- Action Item #64: Facility Site Review (FSR) Medical Record Review (MRR) Guide
 - At the December 3, 2024, QIHEC, a Committee Member requested that the Quality Improvement FSR Registered Nurse (RN) create an MRR guide that Providers can use to ensure compliance with the Department of Health Care Services (DHCS) MRR audit requirements.
 - At the July 15, 2025, QIHEC, the QI FSR RN stated she will meet with healthcare providers on July 25, 2025 to continue reviewing the guide and a summary of findings will be shared at the next QIHEC meeting.
 - Status: Open
- Action Item #66: Member Call Center Data by Race and Ethnicity
 - The Operations Manager confirmed that the Call Center activity reports include race and ethnicity demographic data, and she has requested a call activity report that stratifies member calls by race and ethnicity.
 - Status: Open

Approval Items

1. Quality Improvement (QI) Policy Updates approved by the QIHEC
 - The QI-002 Quality Improvement and Health Equity Transformation Requirements policy was reviewed for annual updates. The following changes were made: added definitions for the National Committee for Quality Assurance (NCQA) Quality Compass and the DHCS quality improvement methodologies; added content to address health equity, member engagement, and delegation oversight; updated QI department titles; and updated the reference section to replace the DHCS All Plan Letter (APL) 23-004 with the updated APL 24-009.
2. Carelon Health 2024 Quality Improvement Work Plan Evaluation approved by the QIHEC

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

- Status of the 2024 measurement year (MY) performance goals and outcomes, including barrier analysis, opportunities for improvement and next steps, were reviewed for key performance indicators.
 - All goals were met for the following behavioral health measures: Antidepressant Medication Management (AMM); Follow-Up Care for Children Prescribed ADHD Medication (ADD); Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA); and Follow-Up After ED Visit for Mental Illness (FUM)
 - Access and Availability benchmarks were met for telephone access including call abandonment rate and average speed of answer
 - Member safety data reported no serious reportable events in 2024
 - Number of grievances increased in 2024, but the percentage of substantiated grievances fell to the lowest rate over the last three years
 - Member experience survey showed overall satisfaction with Carelon services declined from 90.18 in 2023 to 86.71 in 2024
 - Opportunities for improvement in 2025 include the following:
 - Promote telehealth services
 - Utilize SMS/text and interactive voice response (IVR) technology to enhance member outreach
 - Partner with providers and community organizations to promote behavioral health services available through Carelon
 - Expand network by recruiting more behavioral health providers based on specialty, cultural, linguistic and geographic needs
 - Transform the existing Cultural and Linguistics (C&L) Program into a Health Equity Program and expand C&L staff training to include diversity, equity, and inclusion (DEI) training
3. Carelon 2025 Quality Improvement Program Description and Work Plan approved by the QIHEC
- Carelon reviewed their 2025 Quality Framework including the committee structures, improvement processes and key performance indicators.
 - Quality Program objectives include the following:
 - Integration and operational excellence of services
 - Adherence to accreditation requirements
 - Improve quality of care and quality of service
 - Enhance understanding of HEDIS measures through education and training
 - Continue to enhance reporting including using Social Determinants of Health data to measure effectiveness of interventions
 - Improve member safety
 - Improve member, provider, client and regulatory expectations.
 - Conduct annual member experience surveys
 - Enhance service experience through quality improvement project

Presentations

1. Managed Care Accountability Set (MCAS) Rates: 2024 MY / 2025 Reporting Year (RY)

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

- The QI Program Manager II presented performance highlights on the 18 measures held to the DHCS minimum performance level (MPL). Rates improved for 15 measures held to MPL and 11 measures met or exceeded the 75th National Medicaid percentile. Improved rate performance equated to improved care with closing almost 8,000 more care gaps in 2024 including for breast cancer and cervical cancer screening, topical fluoride varnish, developmental and lead screening in children, management of hypertension in adults, and follow-up care for members seen in the ED for substance use or mental illness. Interventions that supported improved performance included member rewards programs and member outreach campaigns, provider incentive programs, community health fairs, and data improvements.
2. Lead Screening in Children Medical Record Review
- The QI RN DHCS Certified Site Reviewer (CSR) presented updates on activities to remediate the corrective action plan (CAP) issued during the 2024 DHCS Medical Audit. Remediation activities include reinstituting the bi-annual lead screening medical record audits to validate completion of blood lead testing at 12 and 24 months; validating blood lead anticipatory guidance is given at all age-appropriate well-child visits (6, 9, 12, 15, 18 and 24 months); and ongoing provider education.
 - Audit results from the Q1 2025 showed higher rates of blood lead screening at 12 months of age (79.37%) compared to 24 months of age (54.62%), and lead screening anticipatory guidance for all age groups was 16.94%.

Standing Items: QIHEC Subcommittee and Department Summaries

1. Compliance/Delegation Oversight
- Seven delegation oversight audits were initiated timely and one CAP was issued. Audit focus included one credentialing audit, three call center audits, one claims audit, and two utilization management audits.
2. Quality Improvement: MCAS Operations Steering Committee
- The MCAS Operations Steering Committee met monthly in Q1 2025 and reviewed initiatives focused on community care, network strategies, outreach programs, member reward programs, and interventions focused on behavioral health, chronic conditions, children's health, and reproductive health.
 - Key activities launched in Q1 2025 include: began the MY 2024 regulatory data analytics and medical record collection to report the final rates in June; women's and children's member rewards programs; preventive health outreach programs; and planning for community and clinic-led health fairs.
 - By Q1 2025, the following eight MCAS measures had met or exceeded the DHCS MPL: Asthma Medication Ratio, Breast Cancer Screening, Developmental Screening in the First Three Years of Life, Follow-up After ED Visit for Substance Use, Immunizations for Adolescents, Lead Screening in Children, Well-Child Visits in the First 30 Months of Life (15-30 Months), and Prenatal Care. Depression screening measures continued to be under-reported due to provider under-utilization of LOINC codes, which is being addressed with providers.
3. Quality Improvement: Facility Site Review (FSR) and Initial Health Appointment (IHA)

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

- Facility Site Reviews
 - Audit results: 11 FSRs were completed and 1 CAP was issued to a pediatric specialty clinic that failed the MRR. All interim site reviews are now current.
 - Instituted focused MRRs to align with DHCS APL 22-017
 - Initiated transition to a new site review database to improve data collection and reporting and to ensure compliance with DHCS requirements. The information system conversion is scheduled to be completed by July 2025.
 - Continued to assist clinics with clinic workflow evaluations, electronic health record documentation assessment and environmental safety to meet the DHCS FSR/MRR standards.
 - Initial Health Appointment (IHA)
 - To improve IHA reporting capabilities and provide actionable data for timely interventions, the IHA medical record review audits will be replaced by a new data collection process that will enable providers to submit outreach logs into a new information system. The new process will improve timely provision of IHAs within 120 days of member enrollment and improve oversight of provider outreach to contact and schedule IHA appointments.
4. Population Health Management (PHM) Department
- a. The Population Needs Assessment (PNA) met the NCQA Health Equity standards.
 - b. The Wellth Program enrolled 108 new members in Q1 2025 with year-to-date enrollment totaling 10,053 members. PHM is working with Wellth to explore a notification process to Care Management for members that self-report high blood pressure values.
 - c. Health Risk Assessment (HRA) outreach was conducted by Carenet in Q1 2025; 1,305 members were contacted and 1,181 HRAs were finalized. Internal business requirements and processes are being developed to begin processing HRAs internally through the Call Center and to refer members with elevated PHQ-2 depression screening scores to Carelon Behavioral Health. Enhancements to the HRA will also include collecting member reported sexual orientation and gender identity (SOGI) data.
5. Behavioral Health (BH) Quality Committee
- a. The Behavioral Health department reviewed strategies for collecting behavioral health data including data sharing with Ventura County Behavioral Health and the upcoming addition of Dignity Health data in the Manifest Medex Health Information Exchange (HIE).
 - FUA and FUM process improvement updates include the expansion of Conejo Health Navigators at Dignity Health by September 2025 to provide follow-up care in the emergency department. Additionally, Carelon's performance trending for post-ED outreach and follow-up care remains consistent and for Q1 2025. Members outreached was 96.14% and follow-up care completed was 24.42%.
 - b. Additional focus areas include (1) evaluating system-level improvements to monitor access to Applied Behavioral Analysis (ABA) and Behavioral Health Treatment (BHT); (2) implement Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) as a non-specialty mental health service benefit to meet DHCS requirements; and (3) streamline the behavioral health close-loop referral process.
6. Utilization Management Committee

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

- Utilization Management (UM)
 - In Q1 2025 UM turn-around-times (TAT) exceeded benchmarks for expedited, standard prior authorization, and post service requests.
 - The 2025 UM & CM Program Descriptions were revised to meet NCQA accreditation standards and were reviewed and approved at the Utilization Management Committee (UMC).
 - The 2025 Health Services Work Plan was reviewed and approved with minor changes that will be updated and brought back to the Q3 2025 UMC.
 - The UM Department reported corrective action plans have been implemented to address all findings from the last DHCS Medical Audit related to (1) track and monitor authorized referrals; (2) ensure preventive services do not require prior authorization; and (3) enhancements to continuity of care.
- Care Management
 - In Q1 2025, staff training was conducted on complex care management monitoring and maintaining turn-around-times.
 - The Nurse Advice Line received 457 calls including 240 triage calls and 5 program referrals.
 - Enhanced Care Management (ECM) serviced 10,830 unique members: 44% were outreached with services provided; 42% were outreached with no services provided; and 15% received services without outreach.

7. Member Services Committee

- a. In Q1 2025, the Member Contact Center benchmarks for the average speed of answer and phone quality results were not met, but the abandonment rate benchmark was met.
- b. Action plans to support improvement include conducting bi-weekly meetings with staff and ongoing quality assurance (QA) reviews to assist with performance improvements, and coaching with feedback. System enhancements included migration to the Genesys CX Cloud application to support scoring, auditing, feedback and QA calibration. Two additional Care Coordinators were hired to support peak period call volume and provide additional resource capacity to the Member Contact Center.

8. Provider Network Operations (PNO)

- The following benchmarks were met in Q1 2025: Network adequacy for PCPs; number and geographic distribution of network specialists; and PCP-to-member and specialists-to-member capacity ratios.
- The 2025 Provider Accessibility and After-Hours Survey is scheduled to begin Q2 2025 and be completed by Q3 2025.
- In Q1 2025, 244 new providers were added to the provider network with 224 welcome letters and 243 provider orientations completed within the standard timeframe. However, 20 welcome letters were submitted late due to retroactive contract effective dates applied to the contract, which impacted the timeliness of outreach. One provider orientation was completed late due to non-timely responses from the provider.

9. Quality Improvement: NCQA Accreditation

- a. Reviewed the submission timelines for the Health Equity Accreditation (HEA) on June 10, 2025 and Health Plan Accreditation (HPA) on October 7, 2025.

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

- Mock audits are scheduled for UM Denials and Complex Care Management.
- Continue the bi-weekly standards workgroup and NCQA Key Stakeholder meetings to address project status and risks and finalize all documents for HEA and HPA submission.

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

- Cultural and Linguistic Services
 - In Q1 2025, all in-person and sign-language interpreting services met the 100% benchmark. A total of 3,135 language assistance referrals were received, which was a 23% increase compared to Q4 2024. Sign-language services increased 41% and in-person and telephonic interpreting services increased 35% and 25%, respectively.
 - The current Cultural Competency training and newly created DEI training, based on DHCS APL 24-016 and NCQA Health Equity standards, were reviewed at the Community Advisory Committee (CAC) and the CalAIM Advisory Committee. Surveys were sent to committee members and GCHP staff to solicit feedback. DEI and Transgender, Gender Diverse, or Intersex (TGI) trainings were launched for GCHP staff in March 2025.
- Health Education Services
 - In Q1 2025, health education activities included processing 459 health education and outreach referrals and support for 6 community health care events.
 - Two focus groups were completed that included 47 participants: 39 for the Dual Special Needs Plan (DSNP) and 8 for the Winning Health Newsletter.

11. Grievance and Appeal (G&A) Committee

- In Q1 2025, the turn-around-time (TAT) benchmarks of 98% were met for acknowledgment and resolution of member appeals and acknowledgement of member grievances. Benchmarks were not met for resolution of members grievances and acknowledgement and resolution of provider grievances which scored at 97%. However, the Q1 2025 rates were higher compared to Q4 2024 due to the implementation of monitoring processes that led to an improvement in TAT.
- 76 Quality of Care cases were reported in Q1 2025: 27% pertained to Quality of Care and 6% pertained Outpatient Physical Health.

12. Pharmacy and Therapeutics (P & T) Committee

- Drug Utilization Review (DUR): Opioid prescription utilization met performance metric of less than 5% increase in utilization in Q1 2025.
- Medi-Cal Rx updates: Peak flow meters and spacers are fully carved out through the Medi-Cal Rx pharmacy benefit with coverage limited to one peak flow meter and two spacers per 365-day period.
- Pharmacy & Therapeutics Committee: The P & T Committee met on May 15, 2025, and reviewed 88 medications on the Medicare Part B Drugs List for D-SNP. The committee also completed the annual review of the Medi-Cal physician administered drugs (PAD) list.

13. Credentials/ Peer Review Committee (C/PRC)

- The C/PRC Committee met in Q1 2025 and reviewed the following: C/PRC Charter; Credentialing Information Integrity; QI-025 Practitioner Credentialing policy updates;

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

Potential quality Issue Reports; Credentialing and re-credentialing of providers and facilities;
Clinical practice and utilization management guidelines were reviewed and approved.

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

September 16, 2025 QIHEC

Open Action Items from Prior QIHEC Meeting

- Action Item #64: Facility Site Review (FSR) Medical Record Review (MRR) Guide
 - The Quality Improvement FSR RN reported that she has had three meetings with providers and a fourth is scheduled this week to review DHCS guidelines and evaluate strategies for clinics to develop tools that will help meet compliance with the DHCS FSR and MRR guidelines. The QI FSR RN confirmed that the best strategy is for each clinic to develop custom tools that are tailored to the needs of each clinic system.
 - Status: Closed
- Action Item #66: Member Call Center Data by Race and Ethnicity
 - The Contact Center Director reported that he created a test report of call center activity that includes race and ethnicity data. He will schedule a meeting with the Executive Director of Health Equity and Senior Director of Health Education and Cultural Linguistics to review the report to ensure it meets the requirements needed.
 - Status: Open

Approval Items

1. 2024 Quality Improvement and Health Equity Transformation Program Evaluation approved by the QIHEC
 - Gold Coast Health Plan met overall program initiatives in 2024. Leadership advocated for organization-wide commitment to quality improvement and health equity through the “Model of Care” to meet the unique needs of GCHP members
 - The QIHEC and subcommittee structure, which included 10 subcommittees that reported to the QIHEC, served the defined function to provide oversight of the QIHET Program and a forum for discussion and feedback.
 - Internal resources effectively supported quality goals and initiatives.
 - GCHP successfully passed the HEDIS Compliance Audit for the 12th consecutive year and reported 41 MCAS measures. Of the 18 measures held to the DHCS MPL, 3 met the 90th percentile, 8 met the 75th percentile and 6 met the 50th percentile.
 - Improved rates resulted in 8,000 more care gaps closed in 2024. Interventions that supported improved rates included the member rewards and member outreach programs, enhanced behavioral health care coordination, data improvements and new supplemental data sources, provider grants and the Quality Incentive Pool and Program (QIPP).

Presentations

1. NCQA Network Management (NET) Reports
 - The Provider Network Operations department presented results of the following assessments:
 - Availability of primary care and specialty practitioners
 - Accessibility of primary and specialty services
 - Assessment of network adequacy
 - Assessment of physician directory accuracy and improvements

**Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025**

- Web-based directory usability testing
- Key findings and opportunities for improvement
 - Strategic recruitment and contracting
 - Increase recruitment of internal medicine, pediatric, OB/GYN, and oncology providers
 - Focus recruitment in rural Health Professional Shortage Areas (HPSA) (Ojai, Fillmore, Santa Paula) to balance provider availability across the county
 - Provider engagement and retention
 - Offer education on Medi-Cal participation and help reduce administrative burden
 - Explore incentives and flexible contracting to retain high-volume and high-impact physicians
 - Operational enhancements
 - Streamline appointment scheduling process and referral workflows
 - Prioritize staff support for high-volume clinics and complex member needs
 - Member-facing improvements
 - Continue to develop tools and resources that help members navigate to in-network providers
 - Understand appointment wait times and coverage options
 - Increase awareness of in-network benefits

2. NCQA Member Experience (ME) Reports

- The Communications and Call Center departments presented results of the following assessments reports:
 - Assessing Member understanding
 - Call Center and website evaluation
 - Email evaluation
- Key findings and opportunities for improvement
 - Member materials
 - Review technical terms and either define them in the paragraph or create a glossary/ definitions section
 - Review the reading level of the new member materials and determine if the language needs to be rewritten.
 - Review key processes and ensure that they are explained clearly and in easy-to-understand language.
 - Call Center
 - Enhance call center training modules focused on referral and authorization protocols
 - Update call scripts and job aid manuals
 - Enhance 1:1 training sessions with the call center coordinators and managers
 - Website
 - Update GCHP website to align with updates in the new Member Handbook
 - Email
 - Improve email response practices and written communications
 - Transition to a secure platform for PHI exchange that is HIPAA compliant and meets NCQA standards

Standing Items: QIHEC Subcommittee and Department Summaries

Quality Improvement and Health Equity Committee (QIHEC) Meeting
2025 Quarter 2 Summary Report
May 13, 2025

To allow time for discussion of the presentation items, the QIHEC motioned to accept and file the quarterly department summaries:

1. Compliance/Delegation Oversight
2. Quality Improvement: Managed Care Accountability Set (MCAS) Operations Steering Committee
3. Quality Improvement: Facility Site Review (FSR) and Initial Health Appointment (IHA)
4. Population Health Management (PHM) Department
5. Behavioral Health (BH) Quality Committee
6. Utilization Management / Care Management
7. Member Services Committee
8. Provider Network Operations (PNO)
9. Quality Improvement: NCQA Accreditation
10. Health Education and Cultural Linguistics (HE/CL) Committee
11. Grievance and Appeal (G&A) Committee
12. Pharmacy and Therapeutics (P & T) Committee
13. Credentials / Peer Review Committee (C/PRC)