# Quality Improvement and Health Equity Committee (QIHEC) Meeting
# 2026 Quarter 2 Summary Report

## Overview

The Gold Coast Health Plan (GCHP) Quality Improvement and Health Equity Committee (QIHEC) meets six times per year, with ad hoc 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 10 QIHEC subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral healthcare practitioner. This report is a summary of the May 12, 2026 QIHEC meeting.

## May 12, 2026 QIHEC

### Action Items

1. Action Item #69: Blood lead screening reporting on positive screening results
   - Guidance on the 30-day blood lead screening reporting requirement was submitted to the state Department of Health Care Services (DHCS) on April 14 and a response is currently pending.
2. Action Item #70: Blood lead screening timeline requirements in children
   - Clarification on the DHCS blood lead screening guidelines regarding the catch-up blood lead screening timeline for children, 12 and 24 months, and the catch-up period between 12–24 months and 24–72 months, was submitted to DHCS and a response is currently pending.
3. Action Item #71: Blood lead screening timeline requirements in children
   - Feedback on the DHCS blood lead screening timeline requirements was also requested at the Local Health Plans of California (LHPC) Quality Directors' meeting. Other health plans interpreted the guidelines to mean that lead screenings completed after 12 or 24 months fell into the next compliance bracket (12 to 24 months and 24 to 72 months, respectively) and there is no defined grace period for meeting the requirements.
4. Action Item #72: Health Risk Assessments (HRA) Outreach
   - The workflow to send the HRA outreach reports from Carenet to GCHP Compliance is complete.
5. Action Item #73: Health Risk Assessments by Seniors and Person with Disability (SPD)
   - The Population Health Management Department confirmed that the request for stratification by SPD was for the Care Management Assessments and not the HRA. It was determined that this request was no longer needed.
6. Action Item #74: Colorectal Cancer Screening
   - Utilization of Cologuard screenings by preferred language was shared with the Chief Medical Quality Officer at Ventura County Healthcare Agency.
7. Action Item #75: Contact Center Member Satisfaction
   - The Senior Manager of the Contact Center met with the Chief Medical Officer to review opportunities for soliciting member satisfaction. Key highlights were reported at the July QIHEC.

8. Action Item #76: Network Operations Access and Availability
   - At the July 2026 QIHEC meeting, the Network Operations department will address identified access and availability issues, including establishing target dates to elevate performance measures above the 80% threshold.

**Approval Items - None**

**Presentations**

1. **2025 Quality Improvement and Health Equity Transformation (QIHET) Evaluation**
   Departments were reminded to finalize their sections of the 2025 QIHET Work Plan Evaluation by June 30, 2026. The evaluations will assess outcomes of annual goals, drive strategic improvement, and ensure compliance with DHCS and NCQA regulatory and accreditation standards.

2. **Pharmacy Updates**
   Medi-Cal Rx will require prescribers to be enrolled in Medi-Cal using their Type 1 National Provider Identifier (NPI) for pharmacy claims to be processed and paid. Effective Fall 2026, ICD-10-CM diagnosis codes will become mandatory for all prescriptions and refills. For dual-eligible beneficiaries in skilled nursing facilities, diabetic testing supplies are covered under the Medi-Cal Rx benefit rather than Medicare Part B. Detailed information on these updates are available at the Medi-Cal Rx 24/7 customer service center and on the DHCS Medi-Cal Rx website.

3. **2025 Provider Satisfaction Survey**
   Between November 2025 and January 2026, contracted network providers were surveyed via mail, telephone, and internet for the annual Provider Satisfaction Survey, which measured how well Gold Coast Health Plan GCHP) met its providers' expectations. The results were compared against established industry benchmarks.

   Overall, provider satisfaction with GCHP reached a 60.7% net score, with top performance noted in network/coordination of care (81$^{st}$ percentile) and overall willingness to recommend (65$^{th}$ percentile). Significant improvements were observed in key areas such as reimbursement consistency, claims dispute resolution, and call center service, with no measures decreasing significantly. Strategic opportunities for improvement include enhancing the accuracy and timeliness of claims processing, as well as increasing the efficiency of the Provider Relations Department.

   Overall provider satisfaction rebounded by 9% in 2025, recovering much of the 12% drop experienced in 2024, but remained slightly below the 2023 levels. Provider Network Operations aims to sustain this upward trend by leveraging technical tools like interactive voice response (IVR), and by focusing on targeted outreach, new provider forums, ongoing educational meetings, and actively listening to provider feedback to implement actionable changes that best accommodate both provider and member needs.

4. **Total Care Advantage Dual Eligible Special Needs Plan (D-SNP) Quality Update**
   The 2026 D-SNP Star Measure target-setting process accounted for historical MCAS/HEDIS performance and industry shifts to ensure the goals are both ambitious and attainable. The

strategy includes focus on measures with controllable processes (including adult well-care exams, health risk assessments, data integration, and pharmacy benefit manager delegation), GCHP's high priority measures, and incentive programs that support improved performance. Successful execution of these targets aims for a Star Rating of 3.16 without weighting, and 3.13 with weighting applied.

Total Care Advantage's early 2026 D-SNP prospective rates reflect the predicted performance expected from a newly implemented product line and volatility is largely driven by data maturity and denominator growth. Planned priorities include improving care for older adult workflows, scheduling annual wellness visits, and conducting monthly data analysis.

The 2026 Total Care Advantage Member Incentive Program rewards members with a choice of a $50 gift card to Target or Walmart for completing key preventive services between Jan. 1 and Dec. 31, 2026. This initiative is designed to encourage the completion of essential health screenings. As of April 30, 2026, 55 gift cards have been rewarded: 37 for annual wellness visits, seven for breast cancer screenings, and 11 for HbA1c tests.

**5. Population Health Management (PHM)**

***Population Health Management Strategy***

In accordance with the National Committee for Quality Assurance (NCQA) Population Health Management (PHM) standards, GCHP conducted an annual Population Needs Assessment (PNA) to identify risks and unmet needs and develop targeted PHM Strategies that undergo continuous evaluation to ensure ongoing quality improvement. Programs included in the PHM Strategy include (1) keeping members healthy; (2) patient safety or outcomes across settings; (3) managing members with emerging risk; and (4) management of multiple chronic conditions. Following is a summary of findings from the PNA.

- A review of the top ten most prevalent chronic conditions revealed lipid metabolism disorders and uncomplicated hypertension, affecting 18.4% and 15.2% of members, respectively. Mental health and behavioral issues were also highly significant, with anxiety, depression, and major depression all ranking among the top seven conditions. Included in the top ten were metabolic and physical ailments such as obesity, Type 2 diabetes, degenerative joint disease, and asthma.

- A review of the top 10 most common primary diagnoses revealed a mix of chronic conditions and routine preventive care. While routine pediatric exams had the highest number of participating members (39,116), opioid dependence generated the most visits by a significant margin, accounting for 182,413 total encounters despite a lower unique member count (1,784). Other prevalent diagnoses driving high visit volumes included essential hypertension (56,561), Type 2 diabetes (55,327), and autism spectrum disorder (42,307).

- As of June 2025, 14,018 members were diagnosed with substance use, with the majority being adults aged 21 to 64. The demographic breakdown revealed a prominent Hispanic or Latino representation alongside significant percentages of English and Spanish

speakers. However, nearly 20% of the data lacked demographic identification, which underscores a gap in reporting across both race and ethnicity metrics.

- Among 93,174 youth and young adults aged 0 to 20, gingivitis was the most prevalent chronic condition, affecting 9.4% of members. Obesity and developmental disorders followed closely, impacting 8.3% and 7.3% of the demographic, respectively. Additional, but slightly less prevalent conditions included anxiety (6.4%), asthma (6.3%), and various spectrum (3.8%) or attention disorders (3.4%).

- Persistent mental illness affected 19.9% (48,533) of the population. The most prevalent conditions among these members were anxiety and neuroses, impacting 63.9% of the group. Depression and major depression followed closely, each affecting approximately 32% of the diagnosed members.

- Among the 3,171 analyzed Black or African American members, essential hypertension was the most frequent primary diagnosis, affecting 8.9% of individuals. Routine child and adult health examinations were the next most common reasons for medical visits, accounting for 8.4% and 5.6% of the population, respectively. Other prevalent diagnoses included Type 2 diabetes and various nonspecific symptoms like chest pain, cough, and shortness of breath.

- Data on HEDIS® measures revealed notable differences across demographic groups., Hispanic/Latino patients exhibited the highest rates in Colorectal Cancer Screening (35.23%) and Well-Child Visits (57.71%). White patients show the strongest performance in Controlling High Blood Pressure (71.21%) and Prenatal Care Timeliness at (94.59%). Conversely, Black or African American patients demonstrate the lowest compliance in Colorectal Cancer Screening (24.93%) and Controlling Blood Pressure (60%) but achieve the highest recorded rate for Postpartum Care at (100.00%).

***Wellth Program***

The Wellth Utilization Program significantly improved preventive care by boosting primary care visits by 7% to 8% above expected levels. Participating members also reduced their inpatient days by nearly 50%, but these reductions began to wane by the third 180-day post-period.

## 6. Health Disparities Biannual Report

***Health Equity Portfolio Overview***

GCHP's health equity portfolio is a targeted, data-driven framework of initiatives designed to eliminate disparities in health care access, quality, and outcomes by addressing both clinical needs and social determinants of health. To improve stratified reporting, GCHP is improving the collection of Race, Ethnicity, Language (REaL), Sexual Orientation/Gender Identity (SOGI), and Social Determinants of Health (SDoH) data through standardized call scripts. Maternal health initiatives aim to identify pregnancies early to connect priority populations with maternal care and doula support. To combat vaccine hesitancy, targeted outreach using culturally relevant messaging will be deployed across multiple media channels. Additionally, GCHP will align and advance equity-focused communications across member and provider communication channels.

***2026 NCQA Changes to Health Equity Accreditation***

DHCS will not require Medi-Cal Managed Care plans to meet accreditation for the revised NCQA Health Outcomes Accreditation standards after the current 2027-2028 Health Equity Accreditation period ends. This shift stems from NCQA removing the equity-focused standards, rendering the new NCQA framework misaligned with California's specific health equity goals. DHCS will update its contract language and GCHP will continue to build on internal systems and resources to monitor and reduce health disparities.