

## **Quality Improvement and Health Equity Committee (QIHEC) Meeting 2026 Quarter 1 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 ten QIHEC Subcommittees, one Commissioner, at least one practicing physician in the community, and a behavioral healthcare practitioner. This report represents a summary of the Jan. 20, 2026 and March 17, 2026 QIHEC meetings.

### **Jan. 20, 2026 QIHEC**

#### **Approval Items**

##### **1. 2026 Quality Improvement and Health Equity Committee (QIHEC) Charter**

The QIHEC approved the 2026 QIHEC Charter and included a review of the following changes:

- Integrated the Medicare Dual Eligible Specials Needs Plan (D-SNP) product line into the purpose, objectives, and committee responsibilities
- Updated committee responsibilities to include monitoring of Culturally and Linguistically Appropriate Services (CLAS)
- Added the Member Advisory Committee to inform the QIHEC of findings and activities related to member feedback and experiences that will be used to help guide improvements
- Clarified the QIHEC confidentiality protocols under the Brown Act, which is a publicly accessible committee
- Updated committee membership and titles
  - Subcommittees reporting to the QIHEC changed from nine to ten with the addition of the new D-SNP Steering Team
  - Added representation for D-SNP and updated practitioner representation from Ventura County Medical Center

##### **2. 2026 Quality Improvement and Health Equity Transformation (QIHET) Program Description**

The QIHEC approved the 2026 QIHET Program Description and included a review of the following changes:

- Integrated the new Medicare D-SNP product line into the organization-wide strategic goals

- Updated health equity content to align with the new 2026 NCQA Health Outcome Accreditation standards
- Updated organization charts and program resources
- Updated key functional areas (Population Health Management, Care Management, Utilization Management, Behavioral Health, Pharmacy Services, CLAS) to ensure improvement activities are integrated across the organization

### **3. 2026 Medi-Cal Quality Improvement and Health Equity Transformation Work Plan**

The QIHEC approved the 2026 Medi-Cal QIHET Work Plan and included a review of the 50 focus areas:

- Objective 1: Improve Quality and Safety of Clinical Care
  - Focus areas: quality and health equity work plans, clinical practice guidelines, population health, care management, utilization management, advance prevention, pharmacy, Managed Care Accountability Set (MCAS) measures (behavioral health, cancer prevention, chronic disease management, women's health, children's health), improvement projects, and the HEDIS<sup>®</sup> compliance audit
- Objective 2: Improve Quality and Safety of Non-Clinical Care
  - Focus areas: CLAS, network adequacy (access, after hours availability, provider satisfaction, credentialing/re-credentialing), facility site reviews, physical accessibility review surveys
- Objective 3: Improve Quality of Services
  - Focus areas: grievances and appeals, call center monitoring
- Objective 4: Assess and Improve Member Experience
  - Focus areas: Consumer Assessment of Healthcare Providers and Services (CAHPS)
- Objective 5: Delegation Oversight
  - Focus areas: delegation oversight audits

### **4. 2026 Medicare Dual Eligible Special Needs Plan (D-SNP) Quality Improvement (QI) Work Plan**

The QIHEC approved new Medicare D-SNP QI Work Plan and included a review of the 20 focus areas:

- Objective 1: Improve Quality & Safety of Clinical Care
  - Focus areas: 2026 CMS Star rating measures
- Objective 2: Improve Coordination of Care
  - Focus areas: improve coordination of care, and appropriate and equitable delivery of services through early identification and proactive engagement of members
- Objective 3: Enhance Transitions of Care
  - Focus areas: enhance care transitions across all health care settings and providers

- Objective 4: Improve Access and Affordability of Health Care
  - Focus areas: use preventive care strategies to improve chronic disease management and member engagement with treatment plans

## Presentations

### 1. Measurement Year (MY) 2024 Department of Health Care Services (DHCS) Quality Monitoring Report

The QIHEC reviewed the MY24 DHCS Quality Performance by Domain report to share how GCHP performed compared to other Medi-Cal managed care plans (MCPs). The report aims to increase transparency and accountability by publicly releasing quality measure ratings for all MCPs across four key health domains: (1) children's health, (2) reproductive health and cancer prevention, (3) behavioral health, and (4) chronic disease management. GCHP achieved high scores and met 100% of DHCS' standards in three of the four domains. GCHP received no quality sanctions from DHCS and achieved full earn-back of quality withhold dollars.

- Children's Health
  - GCHP met 100% of DHCS' standards for all eight measures: (1) Children Immunization Status, (2) Developmental Screening in the First Three Years of Life, (3) Immunizations for Adolescents, (4) Lead Screening in Children, (5) Topical Fluoride Varnish, (6) Well-Child Visits in the First 30 Months of Life (0-15 months), (7) Well-Child Visits in the First 30 Months of Life (15-30 months), (8) Child and Adolescent Well-Care Visits.
  - GCHP received a Certificate of Achievement from DHCS at the 2025 Quality Conference for Outstanding Performance in the children's health domain.
- Reproductive Health and Cancer Prevention
  - GCHP met 100% of DHCS' standards for all five measures: (1) Breast Cancer Screening, (2) Cervical Cancer Screening, (3) Chlamydia Screening in Women, (4) Prenatal and Postpartum Care: Timeliness of Prenatal Care, (5) Prenatal and Postpartum Care: Postpartum.
- Behavioral Health:
  - GCHP met 100% of DHCS' standards for the two measures: (1) Follow-Up After Emergency Department Visit for Mental Illness, (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.
- Chronic Disease Management:
  - GCHP met DHCS' standards for two of the three chronic disease measures: (1) Controlling Blood Pressure and (2) Glycemic Status Assessment for Patients with Diabetes
  - Asthma Medication Ratio (AMR) rate did not meet the DHCS minimum performance level (MPL).

### 2. Measurement Year 2026 (MY26) Final Managed Care Accountability Set (MCAS)

The new MY26 MCAS measure list, which DHCS uses to monitor the quality of care provided by Medi-Cal Managed Care Plans to their members, was presented to the QIHEC.

- The new MCAS list includes 21 measures; 20 held to the DHCS MPL and one report only.
- Changes to measures held to MPL
  - Four measures were added: Colorectal Cancer Screening, Depression Screening for Adolescents and Adults, Prenatal Depression Screening, and Postpartum Depression Screening.
  - Two measures were removed: Chlamydia Screening in Women and Asthma Medication Ratio.
- Changes to report only measures
  - Only one new measure will be report only: Follow-Up After Acute and Urgent Care Visits for Asthma.

**March 17, 2026 QIHEC**

**Presentations**

**1. 2025 Member Incentive Program Evaluation**

- GCHP offered seven incentive programs with \$25 or \$50 gift card values for Target, Walmart, or Amazon.
- Members had the option to receive gift cards by mail or at point of care and most members received their incentives at point of care (37,460) compared to mail (7,325).
- Total number of members participating in the member incentive programs increased from 43,713 in 2024 to 44,785 in 2025, and the incentive program continued to significantly contribute to closing care gaps.

Incentive	Well-Care Exam	Blood Lead Test	Flu Shot	HPV vaccine 2 <sup>nd</sup> Dose	Cervical Cancer Screening	Breast Cancer Screening	HbA1c Test
Gift Card Amount	\$25	\$25	\$25	\$25	\$50	\$50	\$50
Age Group	3 – 21	0 – 2	6 mos. - 2	9 – 13	21 – 64	40 – 74	40 – 74
Total Awarded	34,403	357	1,005	1,104	5,680	2,087	149

- 2025 highlights
  - Successful collaboration with providers to use the incentive programs to schedule members for well-child and well-woman clinic events.
  - Partnered with Alinea and three clinic systems (Ventura County Medical Center, Community Memorial Health Systems, Clinicas del Camino Real) to host mobile mammogram events and offer the point-of-care (POC) gift cards.
  - Expanded the POC gift card program to more clinics.
  - POC gift cards helped reduce no-show rates and improve member satisfaction.
  - Member incentive participation rates increased for well-care visits, childhood lead screening, and HPV vaccines, which correlated to improved rates.
- Plans for 2026
  - Continue the same incentive program.
  - Launch a digital gift card pilot program to improve gift card management and distribution.
  - Expand the breast cancer screening POC incentive program to more imaging centers.

**2. Blood Lead Screening in Children Medical Record Review**

- **Audit results**
  - We reviewed 300 records for members between 27 to 30 months of age for compliance with (1) timeliness of blood lead testing ordered and completed and (2) documentation of blood lead anticipatory guidance during age-appropriate well-child visits at 6, 9, 12, 15, 18 and 24 months of age.
  - Audit results showed a 53% compliance with blood lead testing and 25% compliance with documentation of blood lead anticipatory guidance.
- **Next steps:**
  - Ongoing provider education at (1) quarterly meetings with GCHP, lead champions from clinics, and the Childhood Lead Poisoning Prevention Program, and (2) share clinic-specific results at Joint Quality Operations Meetings with network providers.
  - Continue bi-annual lead screening medical records reviews.
  - Develop a new claims report that shows month-over-month lead screening rates to monitor compliance with DHCS lead screening requirements.

### **3. Medicare D-SNP Stars Quality Updates**

- The Dual Special Needs Quality Incentive Pool and Program (SNP QIPP) is a new provider-focused initiative designed to ensure the establishment of an operational framework necessary to manage the complex medical and social needs of dually eligible members, and to incentivize improvement in CMS Star measure quality metrics.
- The SNP QIPP incentives will be based on completion of (1) ramp up activities, (2) Annual Wellness Visits (AWV) / Initial Preventive Physical Exams (IPPE), and (3) achievement of quality metrics using the CMS Five-Star Quality Rating System.
- Rates and care gap reports for the D-SNP Stars measures will be reported through the Inovalon quality reporting system.
- GCHP posted provider tip sheets for the D-SNP Star measures on the GCHP website.

## **Standing Items: QIHEC Subcommittee and Department Summaries**

### **1. Compliance/Delegation Oversight**

- Eight delegation oversight audits were completed that included four annual audits and four focused audits. Annual audits were for Caredon Behavioral Health, Community Memorial Health System, Vision Service Providers, and Ventura Transit Systems. The four focused audits were for Carenet's Nurse Advice Line, Clinicas del Camino Real's claims and utilization management, and University of Southern California credentialing / re-credentialing. Six corrective actions plans were issued and five remain open. All audits were completed timely.

### **2. Quality Improvement: MCAS/HEDIS® / MCAS Operations Steering Committee**

- The MCAS Operations Steering Committee met twice in Q4 2025 and key topics reviewed included: MY 2025 MCAS measure performance and MY 2026 proposed MCAS measures; data improvement in electronic clinical data system (ECDS)

automation and D-SNP integration; updates on the member incentive programs, the RISE grants, the child and women's health focus groups, the new colorectal cancer screening program with Exact Sciences, and the asthma spacer pilot project. Data barriers impacting outreach for two behavioral health measures, Follow-Up After ED Visit for Mental Illness (FUM) and Follow-Up after ED Visit for Substance Use (FUA) were shared as risks.

- By Q4 2025, all MCAS measures held to the DHCS MPL increased, but Controlling Blood Pressure (CBP) and FUM-30 ranked at the 25<sup>th</sup> percentile. For the report only measures, there was significant rate improvement in four depression screening measures due to the increase in provider utilization of depression screening LOINC codes. Plans to improve CBP include optimizing the collection of blood pressure (BP) results from ECDS and electronic health record (EHR) data and medical record reviews, validating ECDS/EHR files for correct systolic and diastolic CPT-II codes, and ongoing provider education and promotion of best practices for BP collection. Plans to improve the FUM-30 measure include claims audits to identify and remediate incorrect coding.

### **3. Clinical Quality Improvement**

- Facility Site Reviews (FSR) / Medical Record Reviews (MRR)
  - Audit results: 1 initial FSR/MRR, 2 periodic FSR/MRRs, and 1 subsequent FSR were completed. No FSR/MRRs failed and no CAPS were issued.
- Initial Health Appointments (IHA)
  - The IHA policy will be revised after the new DHCS All Plan Letter 26-001 is released which will provide technical updates to the IHA requirements.
  - Provider education on IHA requirements and development of a claim based IHA report to improve IHA monitoring are ongoing.

### **4. Population Health Management (PHM)**

- Wellth Program
  - No members were enrolled in Q4 2025, but enrollment remained stable and 91% of participants engaged in more than 80% of the daily check-ins through the Wellth app.
  - Work continues on a notification process for members with elevated blood pressure.
- Health Risk Assessment (HRA)
  - In Q4 2025, 5,932 members were outreached and 960 HRAs were completed resulting in a 16.2% completion rate.
  - Work continues on transitioning HRA outreach from the vendor to GCHP's Contact Center, with plans to include texting and telephonic outreach.
- Cologuard Colorectal Cancer Screening Program with Exact Sciences
  - In Q4 2025, 977 Cologuard screenings were completed and 949 gaps closed for members assigned to Clinicas del Camino Real.

- Opportunities to expand the program to Community Memorial Health System and Ventura County Medical Center are being explored.

## **5. Behavioral Health (BH) / BH Quality Committee**

- Behavioral health data sharing
  - Community Memorial Health System will participate in the Manifest Medex Health Information Exchange (HIE).
  - Resolve data gaps identified in the data feeds from Manifest Medex.
  - Mitigation strategy to meet the DHCS data sharing mandates with Ventura County Behavioral Health (VCBH).
- FUA / FUM process improvements
  - Conejo Health began security clearance to embed staff at Dignity Health's ED.
  - Carelon began working with VCMC to embed staff at VCMC's ED.
  - Carelon's Follow-up After Discharge Assessments (FUADA) increased from 22.18% in Q3 to 24.57% in Q4.
- DHCS IHI FUA/FUM Collaborative with Ventura County Behavioral Health
  - Continue collaborative discussions to address data-sharing requirements and improve care coordination through Enhanced Care Management (ECM).
- Carelon Behavioral Health partnerships
  - Work with Carelon to increase dyadic services with clinic partners.
  - Evaluate workflows to send Carelon HRA referrals for members with mental health or social needs.
  - Evaluate opportunities to expand behavioral health services in schools and community-based organizations through certified wellness coaches.

## **6. Utilization and Care Management / Utilization Management Committee (UMC)**

- In Q4 2025, UM turnaround times exceeded the 90% benchmark for standard prior authorization (95%), expedited prior authorization (96%) and post-service (99%). UM is analyzing data to identify and remediate causes for the 1 to 4% non-compliant turnaround times.
- The UMC approved establishing an additional Utilization Management Committee that will be dedicated to Total Care Advantage and workgroups are being formed with the new structure targeted to launch in April 2026.
- Findings were reported in the Q4 2025 utilization analysis of subgroups with over, under, and mixed utilization across three utilization metrics (1) inpatient admits per 1,000; (2) ED visits per 1,000; (3) ambulatory visits per 1,000.
  - Underutilizers included younger members age 0 to 24, Spanish speakers, male, and members with Asian or Hispanic ethnicity.
  - Overutilizers included middle-aged members age 45 to 64, English speakers, female, and members with White ethnicity.

## **7. Member Services / Member Services Committee**

- Contact Center benchmarks
  - Both the abandonment rate and average speed of answer benchmarks were met in Q4 2025.
  - The quality score was 96.26%, which was an increase from previous Q3 93.37% and Q2 92.9% rates.
- Contact Center call volumes by race/ethnicity and language
  - The top five race/ethnicity groups for incoming calls were Hispanic / Latino (43.1%), White (27.8%), Declined (18.4%), Other Race (3.5%), and Black / African American (2.3%).
  - The top five language groups for incoming calls were English (77.8%), Spanish (20.2%), Farsi (0.3%), Arabic (0.2%), and Mandarin / China (0.2%).

## **8. Member Experience / External Affairs / Member Advisory Committee**

- Member Advisory Committee (MAC)
  - The MAC has grown to 15 participants between 30 to 80 years of age. Members reside across Ventura County, representing Oxnard, Ventura, Oak View, Thousand Oaks, Fillmore, Newbury Park and Santa Paula. Six members were added to ensure that the Total Care Advantage line of business is represented. The committee demographics:
    - Spanish-, English-, and Mixteco-speaking members
    - Latino, Mixteco / Indigenous, White, and African American members
    - Coverage types include Full-Scope Medi-Cal, Medi-Medi, and D-SNP
    - Members with Special Needs
    - College students
- Member Experience / Surveys
  - GCHP has partnered with Press Ganey to conduct Consumer Assessment of Healthcare Providers and Systems (CAHPS) mock member surveys in Q2 2026 to improve awareness of member needs and implement interventions to address barriers and concerns.

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

- The annual Provider Access and After-Hours survey revealed some deficiencies in after-hours access, non-urgent care access, and Long-Term Services and Supports (LTSS) patient admission. Remediation plans include targeted site visits to providers with repeat non-compliance.
- The benchmarks goals of 100% were almost met for the delivery of provider welcome letters and new provider orientations; 98% (290 of 294) of providers welcome letters completed timely and 99% (293 of 294) of new provider orientations were completed within the standard timeframe.

## **10. National Committee for Quality Assurance (NCQA) Accreditation / NCQA Key Stakeholders Forum**

- GCHP achieved NCQA Health Equity Accreditation (HEA) and Health Plan Accreditation (HPA) in 2025. Both HEA and HPA submissions achieved 100% compliance with all criteria.
- Planning for the next survey submissions in 2028 includes evaluating changes to NCQA accreditation standards, creating project schedules with timelines of key tasks and deliverables, scheduling monthly meetings with business owners to review updates to standards and ensure deliverables are being met, and holding quarterly NCQA Accreditation Stakeholder Forum meetings to report status updates and escalate risks / issues as needed.

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

- Cultural and Linguistic Services
  - Achieved benchmarks with all language access services for sign-language and in-person interpreting.
  - CL continued to monitor bilingual staff to ensure mandatory bilingual fluency testing. For Q4 2025, 22 assessments (33% of the total) were completed, including all required fluency renewals.
- Health Education Services
  - Health education referrals were processed timely and the majority were for special projects such as HRA and the asthma outreach program.
  - Completed the focus group for the member newsletter.
- Quality and Health Equity Improvement Activities
  - Continued to promote and schedule the chronic disease self-management program workshops.
  - Launched workgroups focused on developing interventions to increase childhood immunization and well-care exams.
  - Completed the diabetes and tobacco cessation mail campaigns.
  - Completed provider training on cultural and linguistic needs and diversity, equity, and inclusion.

## **12. Grievances & Appeals (G&A) / G&A Committee**

- Member grievances
  - The Q4 2025 acknowledgement rate was 96% and did not meet the 98% benchmark because four cases were misrouted. The issue was addressed by reinforcing routing protocols and reviewing current workflows to ensure cases are correctly assigned.
- In Q4 2025, 70 quality-of-care issues were reported.
  - Outpatient physical health cases primarily reflected issues related to provider availability, provider staff interactions, and referral processes.

- Inpatient physical health cases represented concerns associated with hospital-related issues. Of the four inpatient cases reviewed, three were referred for further evaluation as Potential Quality Issues (PQIs).

### **13. Pharmacy / Pharmacy & Therapeutics (P&T) Committee**

- Drug Utilization Review (DUR)
  - Performed DUR of pharmacy benefits offered through Medi-Cal Rx by reviewing pharmacy claims data from Medi-Cal Rx.
  - Met performance metrics in opioid utilization of less than 5% increase, but the concurrent users of opioids + benzodiazepines increased from 135 (Q3 2025) to 153 (Q4 2025). Continuing to monitor opioid claims and utilization trends to identify any persistent increases and conduct deeper data analyses when persistent upward utilization trends are identified. Also working on the development of a provider report that identifies concurrent prescribing of opioids + benzodiazepines by prescribers.
- Medi-Cal Rx updates
  - Medi-Cal Rx is planning to require prescribers to be enrolled as a Medi-Cal Pharmacy Provider using their Type 1 National Provider Identifier (NPI) for pharmacy claims to be processed and paid.
  - Effective Fall 2026, ICD-10-CM diagnosis code(s) will be required for pharmacy claims including refills. The appropriate ICD-10-CM diagnosis code(s) should be included with every prescription.

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

- All credentialing turnaround metrics were met in Q4 2025. Average credentialing time upon receipt of complete application: 30-60 days.
- Practitioner Credentialing
  - 25 new practitioners were approved
  - 21 practitioners were approved for recredentialing
  - 11 facilities were credentialed
- System optimization initiatives include ongoing evaluation of Symplr system capabilities to improve workflow efficiency and enhance document tracking to improve monitoring and reporting.