

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

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 health care practitioner. This report represents a summary of the May 13, 2025 QIHEC meeting.

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Open Action Items from Prior QIHEC Meeting

- Action Item #63: Carelon Behavioral Health Staff Training on Member Grievances
 - Carelon Behavioral Health completed their annual staff training and sent the report to Gold Coast Health Plan for delegation oversight.
 - Status: Closed
- Action Item #64: Facility Site Review (FSR) Medical Record Review (MRR) Guide
 - At the December 3, 2024 QIHEC, a Committee Member requested that an FSR MRR guide for Providers be created to ensure compliance with the Department of Health Care Services (DHCS) MRR audit requirements. Action item deferred to the next QIHEC.
 - Status: Open
- Action Item #66: Member Call Center Reports by Race and Ethnicity
 - GCHP's Call Center reports now include race and ethnicity data. The data will be presented at the next QIHEC.
 - Status: Open
- Action Item #67: Summary of the Department of Health Care Services (DHCS) All Plan Letter (APL) 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Format
 - Key changes to APL 25-005:
 - DHCS released a chart of threshold and concentration languages for all counties but there were no changes to GCHP's threshold languages which are English and Spanish.
 - GCHP is required to provide translated written Member information, using a qualified translator, to the Spanish language group.
 - GCHP will use DHCS templates to post Nondiscrimination Notice and Notice of Availability on the GCHP website and physical locations where members seek healthcare.
 - Notice of Availability cannot be replaced by quick response (QR) codes.
 - Status: Closed

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- Action Item #68: DHCS Medical Audits on the Nurse Advise Line
 - The Chief Compliance Officer reported that other Medi-Cal Managed Care Plans have not had any findings for their Plan's Nurse Advise Line during their DHCS Medical Audits. GCHP's Delegation Oversight staff continues to monitor and conducts audits of the Nurse Advice Line.
 - Status: Closed

Approval Items

1. Quality Improvement Policy Updates
 - QI-003 Primary Care Provider Facility Site Review
 - Summary of changes include adding a process to escalate non-compliant providers; a corrective action plan timeline; definitions for Member and Provider; the interim site review process; and the collaboration and data-sharing process of site reviews for mutually contracted providers.
 - QI-024 Medical Records Requirements
 - Summary of changes include updating grammar and formatting and updating content to align with state federal and accreditation standards that are in accordance with HIPAA regulations.
2. 2025 Culturally and Linguistically Appropriate Services (CLAS) Program Description
 - The 2025 CLAS Program Description was presented. It is integrated in the 2025 Quality Improvement and Health Equity Transformation (QIHET) Program Description, and focuses on the following areas:
 - Provision of education and training to staff and providers to review CLAS policies and practices.
 - Ensure the competence of individuals providing language assistance.
 - Offer free and timely language assistance to individuals who have limited English proficiency and/or other communication needs.
 - Inform all members on the availability of language assistance services in their preferred language using verbal and written communication.
 - Providing easy-to-understand print and multimedia materials and signage in threshold languages.
 - Collection and maintenance of accurate and reliable demographic data to inform service delivery.
 - Assess community health resources to identify CLAS needs.
3. 2025 CLAS Work Plan
 - The 2025 CLAS Work Plan was presented, and the objectives were reviewed. The seven objectives focus on ensuring CLAS services are provided effectively to members in alignment with member and community needs.

Presentations

1. Annual CLAS Evaluation Plan
 - The Plan-Do-Study-Act methodology that will be used to complete the annual CLAS evaluation was presented. Findings will be shared with internal and external stakeholders,

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such as the QIHEC and the Community Advisory Committee (CAC), to address identified barriers and provide guidance for improvements. The following surveys will be used to assess satisfaction with language assistance services:

- Cultural and Linguistic GCHP staff surveys
- Cultural and Linguistic member satisfaction surveys

2. Enhancing Network Responsiveness

- The results of the following assessments conducted to identify health disparities, member needs, and satisfaction with language services were presented:
 - Assessment of health status of residents and members residing in Ventura County
 - Assessment of member needs
 - Assessment of challenges with collecting race, ethnicity, and language data
 - Assessment of member and staff satisfaction with language assistance services
- Key Findings
 - Challenges to collecting race, ethnicity and language data due to limited data sources and vague demographic descriptions (e.g. unknown, other).
 - The health status assessment revealed a higher rate of childhood obesity and lower rate of fitness levels among Hispanic and Latino students in the fifth through ninth grades compared to White and Asian students.
 - The member needs assessment revealed members had access to care barriers.
- Opportunities for improvement discussed include the following:
 - Work with schools and parents to promote physical activity, healthy eating, and healthy lifestyle programs.
 - Expand staff and provider cultural competency training and offer tools to providers to address the cultural and linguistic needs of members.
 - Evaluate access to supplemental member demographic data that includes race and ethnicity.
 - Develop programs to increase awareness of services and benefits offered by GCHP.

3. Use of Data to Monitor and Assess CLAS

- To identify strengths, address gaps, and enhance language support to improve overall member satisfaction in cultural and linguistic services and healthcare outcomes, the Health Education / Cultural Linguistics department surveyed GCHP members and staff who had recently utilized language assistance services. Member surveys were conducted by mail and telephone, and staff surveys were conducted using an electronic survey form.
- Opportunities for improvement discussed include the following:
 - Improve language assistance services for members who speak Mixteco
 - Improve clinic after-hours services for members
 - Increase promotion of interpreting and translation services
 - Expand provider cultural training

4. Addressing Health Disparities in Quality Measures: Chronic Disease Management and Preventive Screenings

- A summary of health disparities identified in five HEDIS® measures related to chronic disease management and preventive screenings (Child and Adolescent Well-Care Visits, Asthma Medication Ratio, Controlling Blood Pressure, Hemoglobin A1c Poor Control for

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Patients with Diabetes, and Colorectal Cancer Screening) were presented to solicit feedback on interventions that are culturally & linguistically appropriate to help reduce health disparities.

- Interventions reviewed included the following
 - Member reward programs to engage members
 - Member outreach and education programs to assist with scheduling appointments
 - Home test kits to improve access to care
 - Health fairs to improve access to care and engage members in their personal health
 - Provider education and collaboration
- 5. Medicare 5 STARS Part 2: Survey Measures for Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Surveys (HOS)
 - The Centers for Medicare & Medicaid Services (CMS) 45 Star measures and quality rating system for the D-SNP program and the 2026 – 2029 measurement and rating timeline were reviewed. This included an overview of the Star measure data sources (CMS, Health Effectiveness Data Information Set, Consumer Assessment of Healthcare Providers and Systems, HOS, and Pharmacy Quality Alliance) and strategies to improve Star ratings.