Meeting Minutes

Meeting

Subject:	Blue Shield of California Promise Health Plan Quality Improvement and Health Equity Committee, Quarter 1, 2024
Date:	March 21, 2024
Time:	12:00 PM PST
Location:	Teams

Call to Oder

Blue Shield of California Promise Health Plan (BSCPHP, or Blue Shield Promise) Quality Improvement and Health Equity Committee (QIHEC) Quarter 1 was held via Teams on March 21, 2024, and called to order by Dr. Jennifer Nuovo, Chief Medical Officer at 12:02 pm, leading with introductions and a preview of the agenda.

Attendees

Roll call taken at 12:03 pm. Attendees included:

Voting Committee Members	Present/Absent	Voting Committee Members	Present/Absent
Dr. Jennifer Nuovo Chief Medical Officer, Chair	Present ☒ Absent ☐	Frances Trimble, Quality Manager, San Ysidro Health	Present ☒ Absent ☐
Valerie Martinez, DrPH(c), MPH, Chief Health Equity Officer, Co-Chair	Present ☒ Absent ☐	Manisha Sharma, MD, FAAFP, Senior Medical Director	Present ☒ Absent ☐
Alyson Spencer, Sr. Director, Clinical Quality	Present ☒ Absent ☐	Nate Oubre, Vice President Performance	Present ☒ Absent ☐
Christine Nguyen, Director, Clinical Quality	Present ☒ Absent ☐	Susan Mahonga, Director, CalAIM	Present ☐ Absent ☒
David Bond, Director, Enterprise Behavioral Health	Present ☒ Absent ☐	Vivian Phillips Husband, VP, Customer Experience and Shared Services	Present ☒ Absent ☐
Jennifer Christian-Herman, VP, MindBody Medicine	Present ☒ Absent ☐	Alison Sipler, Program Coordinator, San Diego County Health and Human Services	Present ☒ Absent ☐
Jennifer Miyamoto Echeverria, Senior Director, Medi-Cal Population Health Management	Present ☒ Absent ☐	Sonia Tucker, VP of Population Health, San Ysidro Health	Present ☒ Absent ☐
Jennifer Schirmer, VP, Medi-Cal Growth	Present ☐ Absent ☒	Gloria Shier, Chief Executive Officer, Elite Care Health	Present ☒ Absent ☐
Job Godino, PhD, Director of Quality Improvement, and Innovation/Scientific Director	Present ☒ Absent ☐	Dr. Jesus Saucedo, Clinical Advisor, Harmony Health	Present ☒ Absent ☐
Vivian Cheung, VP, Patient Access, Family Health Centers	Present ☒ Absent ☐	Dr. Brendan Mull, Medical Director, Quality Management	Present ☒ Absent ☐

Guests	Present/Absent	Guests	Present/Absent
Brigitte Lamberson, Health Equity Principal Program Manager	Present ☒ Absent ☐	Marilyn Milano, Principal Program Manager, Quality Management	Present ☒ Absent ☐

Danika Cunningham, Director, Quality Assurance & Management, Clinical Quality	Present ☒ Absent ☐	Mary Katherine Waters, Sr. Manager, Program and Project Management, QA Accreditation-Quality Reg Compliance	Present ☒ Absent ☐
Edward Davis, Senior Director, Network Compliance, Provider Communications and Provider Education	Present ☒ Absent ☐	Nina Birnbaum, Regional Medical Director, Health Transformation Acceleration QI	Present ☒ Absent ☐
Heather Smalley, Sr. Manager, Program and Project Management, QA Accreditation-Quality Reg Compliance - QI	Present ☒ Absent ☐	Ron Baur, Principal Program Manager, Promise - Quality Management - QI	Present ☒ Absent ☐
Joseph De Los Santos, Payment Innovation Program Manager, Principal	Present ☒ Absent ☐	Shahid Salam Sr. Manager, Operations, Medicare Non-Clinical AGD	Present ☒ Absent ☐
Kimberly Cofield, Director Product Strategy	Present ☒ Absent ☐	Shannon Cosgrove, Director, Community Health, Health Transformation Lab - QI	Present ☒ Absent ☐
Linda Fleischman, Health Education & Cultural and Linguistic Senior Manager	Present ☒ Absent ☐	Xiaoli Li, Strategic Planning and Performance, Principal, Promise Strategic Outreach Initiatives and Planning (Medi-Cal)	Present ☒ Absent ☐
Negin Nafissi, Program Manager Consultant, QA Accreditation-QI	Present ☒ Absent ☐	Yasamin Hafid, Senior Director, Medi-Cal Compliance Promise Chief Compliance Officer	Present ☒ Absent ☐
Therese Chung, Lifestyle Medicine Market Solutions, Senior, Health Education- QI	Present ☒ Absent ☐	Sequoia SimeGeffer, Business Analyst, Senior, VP Performance Optimization	Present ☒ Absent ☐
Vanessa Ogbu, Sr. Manager, Program and Project Management, Quality Improvement	Present ☒ Absent ☐	Maria Lackner, Senior Director Partnership Engagement	Present ☒ Absent ☐
Katie Abbott, Sr. Director, Chief Medical Officer Operations	Present ☒ Absent ☐	Matthew Azevedo	Present ☒ Absent ☐
Brittnie Bloom, Program Manager, Consultant, Quality Management	Present ☒ Absent ☐	Lindsay Gervacio, Senior Legislative Advocate, Public Programs	Present ☒ Absent ☐
Alexis Duke, Health Equity Business Analyst, Consultant	Present ☒ Absent ☐	Sandra Rose, Senior Director, Strategic Planning and Performance	Present ☒ Absent ☐
Nicole AEvans, Sr. Manager, Program and Project Management, Chief Medical Officer- QI	Present ☒ Absent ☐	Vanessa Best, Program Manager, Consultant, Program Management	Present ☒ Absent ☐
Thomas Kunze, Program Manager, Health Transformation Acceleration-QI	Present ☒ Absent ☐		

Approval of Documents (Minutes, Work Plans, Charter, Policies, Reports)

The Quality Improvement and Health Equity Committee reviewed and approved the following documents:

1. BSC Promise QIHEC Meeting Minutes Q4 2023
2. 2024 BSC Promise QIHEC Work Plan
3. 2024-2025 QIHET Program Description
4. BSC Promise QIHEC Charter
5. Health Equity Advancements Resulting in Transformation (HEART) Measure Set

Old Business

Valerie Martinez reviewed old business and confirmed the action item to add additional participants to the Poverty Simulation training hosted by the HEART Advocate team is closed. The Poverty Simulation registration was opened to other teams. The event took place on January 26, 2024.

New Business

Item No.	Agenda Item	Action Item(s)
1	**Welcome and Introductions** Dr. Nuovo initiated the QIHEC Quarter 1 committee meeting with welcome and introductions.	None
2	**QIHEC Membership and Roll Call** Dr. Nuovo reviewed the list of voting members and welcomed all guests in attendance. A quorum was confirmed to proceed with the meeting. External committee members provided introductions.	None
3	**Old Business/Action Items** Valerie Martinez reviewed Old Business; Valerie confirmed the action item to add additional participants to Poverty Simulation was closed and registration was opened to other teams. The event took place on January 26th.	None
4	**Document Review and Approval (Pre-reads)** Brigitte Lamberson presented the Quality Improvement and Health Equity Transformation Program (QIHETP) program documents. The documents were circulated to voting committee members for review and approval via email prior to the QIHEC Q1 meeting. The following documents were approved by voting committee members: • **BSC Promise QIHEC Meeting Minutes Q4 2023** written record of the QIHEC quarterly meeting held on 12/04/2023. • **BSC Promise QIHEC Work Plan 2024** a comprehensive assessment and list of all QIHETP activities tracked for progress, meeting goals, objectives, and identifies opportunities for improvement. The QIHETP work plan is a fluid document presented in the QIHEC meeting. • **QIHEC Charter** outlines the specific purpose, authority, and procedures of the QIHEC. • **2024-2025 QIHET Program Description** outlines the Quality Improvement and Health Equity Transformation Program (QIHETP), defines the strategy and framework needed to advance health equity efforts across the organization in accordance with the requirements set forth by the California Department of Health Care Services (DHCS). • **Health Equity Advancements Resulting in Transformation (HEART) Measure Set** A multidisciplinary measure set that will be stratified and analyzed for health disparities. When possible, metrics will be stratified by race, ethnicity, gender, age, and language spoken (REGAL) to inform health equity initiatives and mitigate health disparities.	None

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	Brigitte stated the documents will be brought forward on a regular cadence with a summary of edits detailing the changes. We will keep the committee informed.	
5	**Promise Medi-Cal Goals** Valerie Martinez reviewed the Health Equity Advancements Resulting in Transformation (HEART) program. Valerie reviewed the program infrastructure, governance, data, and analytics, focus on diversity and inclusion, tailored strategies and collaboration with teams, providers, and community organizations. The health equity landscape includes recognizing that health disparities exist, and we are all responsible for equity. Everyone needs access, capacity, safety, and culturally competent and appropriate services. This requires a community effort, and no one can do it alone. Valerie reviewed the health plan's health equity goals for 2024-2028 including achieving bold goals, obtaining health equity accreditation, integrating health equity, ensuring contract compliance, and building a culture of equity. By 2028, all aspects of our operations will deliver a data-driven, high-quality, equitable member experience. Valerie shared the timeline for the next five years to obtain these goals and reduce disparities. Sonia Tucker stated that she agrees that health equity work will take everyone to make a difference and bringing this group of stakeholders together is a great beginning. Dr. Jesus Saucedo also stated that equity is important and thanks the plan for taking the leadership role to bring the group together. Valerie stated that we also need social and environmental safety in places where we live, learn, work, worship, and play, and then we also need culturally competent and appropriate services. The plan has a member centered approach to help us build trust and make those vital connections to get to a deeper understanding of barriers and needs. As an organization we plan to leverage the feedback and expertise of this committee. Dr. Nuovo asked the committee who is required to take the DEI training. Brigitte Lamberson stated that the APL requires that the training is for all member- facing and all other employees, as well as Network Providers, Subcontractors and Downstream Subcontractors. Dr. Sharma asked if this is going to be one-time training or longitudinal. Brigitte responded that for now it's a one-time training to meet the state requirement with plans to expand in the future.	None
6	**Violet Health** Dr. Nina Birnbaum introduced herself to the committee and stated she works on the Health Transformation team and her role to pilot new ideas and programs within the health plan. Dr. Birnbaum introduced Violet Health stating that it is a health equity platform that uses standardized inclusivity data to help patients find providers	Follow-up presentation with Violet Health.

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	who meet their needs. Violet measures provider inclusivity by assessing which populations providers have served, their current approach to serving patients, and continuing education via learning management systems. Violet Health can relay provider demographic information and benchmark completion to payors for use in systems such as Find a Doctor. One goal of the platform includes collecting provider, Race, Ethnicity, and Language (REaL) and Sexual Orientation and Gender Identity (SOGI) data, improving payor insight into network composition and representation. Another goal is to train clinicians; and the platform provides an extensive Continuing Education (CE) curriculum to upskill providers in cultural competency with courses such as Antiracism, Implicit Bias, Understanding LGBQ+ Physical Health, and more. The platform uses standardized data to generate inclusivity scores to help patients find providers who meet their needs. Dr. Birnbaum stated that this platform can offer a solution to some of the problems the plan is facing with mandates. She asked the Committee for feedback regarding the platform. Sonia Tucker asked if the data is coming from claims, is there enough data to conclude that there is a physician profile that is reliable enough and if this can be interfacing with her systems. Dr. Birnbaum stated the data being received is validated and is rated based off a scoring system. She stated that data can be shared, and providers can self- attest and it can change their rating based on services they may offer. David Bond asked the question regarding the capacity to upload the information into Find a Doctor. David also asked how the members would access the information or the ability to search different terms. Dr. Birnbaum stated that the capability does exist and would be something in scope after the initial pilot. Dr. Saucedo asked if Violet Health would do a presentation offline for the group. Dr. Birnbaum said she would follow-up with Violet Health regarding a presentation.	
7	**Health Equity Advancements Resulting in Transformation (HEART) Measure Set Monitoring Data Report** Brigitte Lamberson presented the HEART Measure set stating that our contract requirement requires we maintain a Health Equity Transformation Program (HETP) which includes at a minimum integration of health equity activities across a wide range of functional areas such as utilization management, marketing, network, health education, grievances and appeals, and medical services such as case management, PHM, Maternal Health, Health Education and Cultural and Linguistics, and Quality. In response to the contract requirement, we have developed a HEART Measure Set that supports disparity analysis across functional areas.	None

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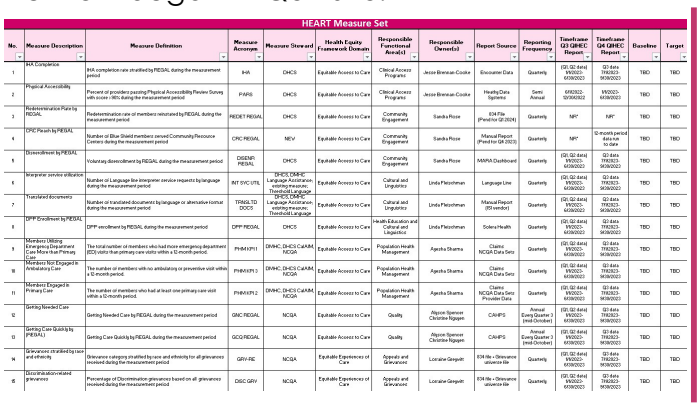
	In collaboration with each impacted functional areas, we will prepare Integration Plans with each department, identifying 3-5 activities to apply an equity lens to operations and analytics. The Health Equity Office will maintain a comprehensive strategy and oversight of the action plans. We recognize the potential intersection of work across all areas as outlined in the contract requirements. There are two objectives that define our health equity strategy to integrate health equity. One objective will focus on our HEART Measure Set. We will monitor and analyze the HEART Measure Set to identify health disparities and trends for interventions. The HEART Measure Set was built based on the California Healthcare Foundation and NCQA Framework comprised of 6 domains – Equitable Structures of Care, Equitable Social Interventions, Equitable Access to Care, Equitable High-Quality Clinical Care, Equitable Experience of Care, and Overall Well-Being. To date, we have a total of 59 measures spanning across the health plan, and automation reporting in flight. Current manual process limits analytic capabilities. The second objective will focus on finalizing 9 health equity integration plans to meet contractual requirements and will outline disparity analysis to inform activities for each functional area, and the potential for cross-section between teams. Brigitte reviewed the timeline for meeting this requirement. We have the HEART Measure set we are working to automate to be able to identify disparities. Second, we will work with the required teams to identify and implement activities in 2024. Moving into 2025, our activities will have to evolve to include interventions into the required areas. This image depicts a snapshot of our HEART Measure set, by measure description, definition, domain, functional area owners, report source, and reporting frequency. To date, we have tracked and monitored data for 3 quarters now. The work began in Q3 2023. 	

HEART Measure Set

No.	Measure Description	Measure Definition	Measure Acronym	Measure Steward	Health Equity Framework Domain	Responsible Functional Area(s)	Responsible Owner(s)	Report Source	Reporting Frequency	Timeframe Q1 QMEC Report	Timeframe Q4 QMEC Report	Baseline	Target
1	IHA Compliance	IHA completion rate stratified by PEDAL during the measurement period	IHA	DHCS	Equitable Access to Care	Clinical Access Programs	Jesse Brennan-Cooke	Encounter Data	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
2	Physical Accessibility	Percent of providers passing Physical Accessibility Review Survey with score >80% during the measurement period	PARS	DHCS	Equitable Access to Care	Clinical Access Programs	Jesse Brennan-Cooke	Healthy Data Systems	Semi Annual	6/9/2022-12/30/2022	1/1/2022-6/30/2022	TBD	TBD
3	Redetermination Plate by PEDAL	Redetermination rate of members reinstated by PEDAL during the measurement period	REDET PEDAL	DHCS	Equitable Access to Care	Community Engagement	Sandra Rose	834 File (Pend for Q1 2024)	Quarterly	NR*	NR*	TBD	TBD
4	CMC Plan% by PEDAL	Number of Blue Shield members served Community Resource Centers during the measurement period	CRC PEDAL	NEV	Equitable Access to Care	Community Engagement	Sandra Rose	Manual Report (Pend for Q4 2023)	Quarterly	NR*	12 month period for data to date	TBD	TBD
5	Disenrollment by PEDAL	Voluntary disenrollment by PEDAL during the measurement period	DISENR PEDAL	DHCS	Equitable Access to Care	Community Engagement	Sandra Rose	MAPLA Dashboard	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
6	Interpreter service utilization	Number of Language line interpreter service requests by language during the measurement period	INT SVC UTIL	DHCS, DMHC Language Assistance, existing measures, Threshold Language	Equitable Access to Care	Cultural and Linguistics	Linda Fleischman	Language Line	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
7	Translated documents	Number of translated document by language or alternative format during the measurement period	TRNSLTD DOCS	DHCS, DMHC Language Assistance, existing measures, Threshold Language	Equitable Access to Care	Cultural and Linguistics	Linda Fleischman	Manual Report (99 member)	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
8	DPP Enrollment by PEDAL	DPP enrollment by PEDAL during the measurement period	DPP PEDAL	DHCS	Equitable Access to Care	Health Education and Cultural and Linguistics	Linda Fleischman	Solera Health	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
9	Members Utilizing Emergency Department Care More than Primary Care	The total number of members who had more emergency department (ED) visits than primary care visits within a 12-month period.	PHM-KPI1	DMHC, DHCS CalAIM, NCQA	Equitable Access to Care	Population Health Management	Ayesha Sharma	Claims NCQA Data Serz	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
10	Members Not Engaged in Ambulatory Care	The number of members with no ambulatory or preventive visit within a 12-month period.	PHM-KPI 3	DMHC, DHCS CalAIM, NCQA	Equitable Access to Care	Population Health Management	Ayesha Sharma	Claims NCQA Data Serz	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
11	Members Engaged in Primary Care	The number of members who had at least one primary care visit within a 12-month period.	PHM-KPI 2	DMHC, DHCS CalAIM, NCQA	Equitable Access to Care	Population Health Management	Ayesha Sharma	Claims NCQA Data Serz Provider Data	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
12	Getting Needed Care	Getting Needed Care by PEDAL during the measurement period	GNC PEDAL	NCQA	Equitable Access to Care	Quality	CAHPS	Alyson Spencer Christine Nguyen	Annual Every Quarter 3 (mid-October)	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
13	Getting Care Quickly by PEDAL (	Getting Care Quickly by PEDAL during the measurement period	GCQ PEDAL	NCQA	Equitable Access to Care	Quality	CAHPS	Alyson Spencer Christine Nguyen	Annual Every Quarter 3 (mid-October)	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
14	Grievances stratified by race and ethnicity	Grievance category stratified by race and ethnicity for all grievances received during the measurement period	GRV-RE	NCQA	Equitable Experiences of Care	Appeals and Grievances	Lorraine Gregoir	834 file + Grievance issuance file	Quarterly	(Q1, Q2 data) 1/1/2022-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD
15	Discrimination-related grievances	Percentage of Discrimination grievances based on all grievances received during the measurement period	DISC GRV	NCQA	Equitable Experiences of Care	Appeals and Grievances	Lorraine Gregoir	834 file + Grievance issuance file	Quarterly	(Q1, Q2 data) 1/1/2021-6/30/2022	Q3 data 7/1/2023-9/30/2023	TBD	TBD

Item No.	Agenda Item	Action Item(s)
	Brigitte stated that we have tracked data and we do have some initial observations we wanted to bring forward to the Medi-Cal Performance & Operations Driver, or POD meeting. Some initial observations were found under the Equitable Structures of Care. The call center number of internal bilingual calls by member's preferred language metric, we noted a high call volume in Spanish calls, totaling (10,939); while Language Line utilization was a total of 78 requests. Under the Overall Well-Being domain, for the DSF measure we noted a geographical variance, and potential trend in race/ethnicity data. Notably among the Native Hawaiian/ Pacific Islander population. Under the Equitable Access to Care, again Language Line utilization metric we noted ASL to be the highest utilization of onsite interpreter service compared to other languages. Under Equitable Social Interventions, we've noted 1% of members with Social Determinants of Health reported. We're not surprised to see this trend as we were aware this would result in a low result, as there is opportunity to further train Providers for z code submissions. Under the Equitable High-Quality Clinical Care domain, we noted low childhood immunizations among African American children and White children. We did not identify a trend in the Equitable Experience of Care. For example, the SDOH reporting metric, the Quality team is leading SDOH incentives for Providers. The program has been officially submitted to the DHCS and is under desk review for approval. For Childhood Immunization Status, we need to assess the root causes for why our measures are low among African American and White populations, could it be vaccine hesitancy vs. access issues. For the DSF measure, we would like to continue to track the next 6 months' worth of data to confirm the geographical variance trend we're seeing now. Regarding the bilingual calls managed by call center, our initial observation is to ensure call center agents can meet the need of our Spanish-speaking members. We did reach out to Call Center leadership who confirmed they are prioritizing recruitment of bilingual Call Center staff; 21 of 29 recent hires are bilingual. For interpreter service utilization, we saw a higher request service for ASL utilization when compared to other languages. We have requested membership data to identify people with disabilities, and ASL category across all HEART measures to assess health outcomes for people with disabilities, specifically among our hard of hearing members. David Bond asked if the white and mixed category included Hispanic and non-Hispanic. Valerie stated that we can do a deep dive into the data and see what is included in these categories.	

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	Sonia Tucker asked the committee if there is data to show what languages are needed in the call center. Frances Trimble asked if there are comparisons to how racial and ethnic groups are performing in comparison to their peers even if the sample size is low due to those marginalized groups being excluded. Brigitte stated that these are great points and will be explored. David Bond also noted that Language Line is used for not only customer care but nurse care managers, behavioral and health care managers, and social workers. It is also available to network providers. Dr. Nuovo noted that these will be trended over time and can provide some insights into how many calls we should be receiving and what languages aren't being utilized. Valerie noted that these measures are currently in the process of being automated to identify statistical significance and then act. Sarine Pogosyan asked what is the point that is considered statistically significant and is it related to a Health Equity or SDOH measure? Valerie stated that a reference point will be identified then statistics will be ran to identify those with a P value of less than or equal to 0.05.	
8	**Social Drivers of Health (SDOH) Z-codes** Vanessa Ogbu presented the incentive component around SDOH and Z-codes. DHCS has published 25 priority Z-Codes for SDOH. This is in recognition that many factors impact an individual's health. We all know that we all work in these forums and beyond to address these social drivers, and now we're looking to really capture these codes and provide some revenue support to our provider network that's working so hard to do these assessments and capture the codes. This means that the health plan reviews, the codes coming in around these 25 priority Z codes, we will pay dollars for the capture of those codes. This comes directly through our primary annual provider incentive program called the Promise Quality Performance Incentive or PQPI in measurement year 2024. The intention is to fully train clinical teams on this program to make sure they understand and how to support the providers on a new initiative around increasing the assessments required to capture these codes. The program is currently in the process of being approved by both LA Care and DHCS. DHCS is looking at the plan to perform at the 50th percentile on the specific set of measures. This is one of ways that's driving equity, and internally to be looking at these measures by race, ethnicity and finding meaningful ways to put dollars behind the effort required to reduce disparities. Unfortunately, there is currently only 1% of Z-codes being submitted. This isn't an indicator that assessments aren't being done, but not being captured by data. Dr. Job Godino asked the committee if credit can be given through	None

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	supplemental data since data is being collected but a portion of the EHR would show the encounter. Dr. Godino stated that alignment with DHCS to have a consensus on what the expectation is on if it is tied to a certain claim or encounter would be helpful. Vanessa stated that there will need to be a follow-up conversation regarding credit for Z-code submissions and supplemental data is accepted. Jennifer Echeverria-Miyamoto stated that from a care management and social services perspective there is currently building happening within the systems to pull claims data through Z-codes so social workers and care managers can follow-up with the members to provide services.	
9	**Health Equity Spotlight: Redetermination** Xiaoli Li presented the Health Equity Spotlight: Redetermination topic stating that the expiration of the continuous coverage requirement under the COVID-19 public health emergency and resumption of Medicaid redetermination in the spring of 2023 presented the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act, according to the California Department of Health Care Services (DHCS). This anticipation would potentially lead to approximately 2-3 million Medi-Cal disenrollments as the normal redetermination processing resumed after a three-year pause. The Community & Provider Engagement Department developed and piloted an innovative algorithm to prioritize outreach for populations at disproportionate risk for disenrollment based on criteria's such as: • House insecurity & homeless • Members with a Seniors and People with Disabilities (SPDs) aid code • Household with child ≤ 17 • Spanish speaking • Large household ≥ 3 • Within 3 miles of a CRC Xiaoli provided the initial results stating that nearly 290,000 (55%) members went through a redetermination process. Promise achieved an 80% redetermination rate, compared to: • 79% State • 74% L.A. Care • 77.7% LA County • 77.1% San Diego County Per the LA Times article, over 50% of beneficiaries disenrolled from Medi-Cal from June through October 2023 were Latino. Disenrollments were primarily for procedural reasons. Promise's redetermination retention rate among Spanish speaking members is 81%, this can be generalized to the Latino population. Promise's redetermination retention rate among children and families is 83%. Promise ended with 48,000 members favorable to plan.	None

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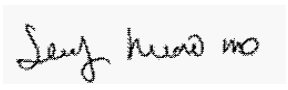
10	**DHCS Updates** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review.	None
11	**Senate Bill (SB) No. 923 Gender Affirming Care Updates** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review.	None
12	**DMHC Updates** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review.	None
13	**NCQA Updates** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review.	None
14	**Health Equity External Engagement** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review.	None
15	**Health Equity Internal Engagement** No further discussion. The QIHEC slide deck was shared with all attendees for their review.	None
16	**HEART Advocate Program Update** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review	None
17	**Open Discussion** No further discussion, topic added to the appendix. The QIHEC slide deck was shared with all attendees for their review	None

Meeting Adjourned at 1:30 pm

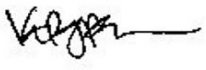
The next QIHEC meeting is scheduled for June 20, 2024.

6/20/2024

X 

Dr. Jennifer Nuovo
Chief Medical Officer (Chair)
Signed by: Lamberson, Brigitte

6/20/2024

X 

Valerie Martinez, DrPH(c), MPH
Chief Health Equity Officer (Co-Chair)
Signed by: Lamberson, Brigitte