# 2025 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

| Item # | Program/Project Area | Goals and Objectives | Planned Activities to Meet Objectives | Dates | Responsible Team |
|---|---|---|---|---|---|
| **1. QIHETP Structure** | | | | | |
| 1.1 | **QIHETP Program Documents** | By March 2025, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies. | Conduct annual evaluation of the QIHETP program and develop written 2024 QIHETP Evaluation | January -February 2025 | Beth Hernandez, Quality Director<br>Jersey Neilson, Quality Manager |
| 1.2 | | | Develop annual 2025 QIHETP Program Description, incorporating structural changes identified in the evaluation | January -February 2025 | Beth Hernandez, Quality Director<br>Magda Souza, Clinical Quality Auditing Director |
| 1.3 | | | Develop annual 2025 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up. | January -February 2025 | Beth Hernandez, Quality Director<br>Magda Souza, Clinical Quality Auditing Director |
| 1.4 | **Quality Council** | Ensure Quality Council oversight of CCHP's quality and health equity program through regular meeting schedule | Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually | January -November 2025 | Irene Lo, CMO<br>Beth Hernandez, Quality Director<br>Arnold DeHerrera, Administrative Asst |
| 1.5 | | Ensure program governance of Quality Council meeting | Revise Quality Council charter; approval of program description, evaluation and work plan | January -February 2025 | Beth Hernandez, Quality Director |
| 1.6 | | Ensure there are policies and procedures to meet regulatory and operational needs | Review CCHP policies annually and upon any new APL changes | January 2025 - December 2025 | Beth Hernandez, Quality Director |
| 1.7 | **Equity Council** | Ensure Equity Council oversight of CCHP's quality and health equity program through regular meeting schedule | Implement the QIHETP work Plan and convene quarterly scheduled meetings | March, June, September, December 2025 | Irene Lo, CMO<br>Hua Hsaun Liu, Quality Manager<br>Beth Hernandez, Quality Director<br>Arnold Deherrera. Administrative |
| 1.8 | | Ensure program governance of Equity Council meeting | Create Equity Council Charter and ensure approval of program description, evaluation and work plan. | January 2025-December 2025 | Irene Lo, CMO<br>Beth Hernandez, Quality Director |
| 1.9 | | Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization | Review CCHP Policies with a specific view of health equity annually and update policies per APL changes. | January 2025-December 2025 | Beth Hernandez, Quality Director<br>Hua Hsuan Liu, Quality Manager<br>Irene Lo, CMO |
| 1.10 | **Community Advisory Committee** | Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures | Engage with community based organizations and CCHP members through Quarterly CAC meetings. | January 2025-December 2025 | Belkys Teutle, Member Services Manager<br>Cynthia Laird, Member Services Supervisor<br>Hua Hsuan Liu, Quality Manager |
| **2. NCQA Accreditation** | | | | | |
| 2.1 | **NCQA Health Plan Accreditation** | By December 2025, complete NCQA survey submission for survey submission due date in December. Achieve re-accreditation by March 2026. | Complete submission materials on standards and guidelines according to project plan and timeline. | January 2025 - December 2025 | Shari Jones, Quality Manager<br>Beth Hernandez, Quality Director |

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| 2.2 | **NCQA Health Equity Accreditation** | By August 2025, complete NCQA survey submission for survey submission due date in August. Achieve accreditation status by December 2025. | Complete submission materials on standards and guidelines according to project plan and timeline. | January 2025 - August 2025 | Shari Jones, Quality Manager<br>Hua Hsuan Liu, Quality Manager<br>Beth Hernandez, Quality Director |
| **3. Measurement, Analytics, Reporting, and Data Sharing** | | | | | |
| 3.1 | **HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)** | 1. By June 15, 2025, report HEDIS MY2024 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS)<br><br>2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk<br><br>3. Achieve 4.5 Stars on NCQA Health Plan Ratings.<br><br>4. Prepare for transition to ECDS by identifying efficiencies in data system measurement<br><br>5. Align HEDIS measurements to quality improvement projects and strategic goals for 2025 | Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC. | January 2025 - June 2025 | Dustin Peasley, HEDIS Manager<br>Shari Jones, Quality Manager<br>Business Intelligence Analysts<br>CQA Nurses |
| 3.2 | | | Complete annual HEDIS MY2024 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment. | July 2025 -September 2025 | Dustin Peasley, HEDIS Manager<br>Jersey Neilson, Quality Manager<br>Beth Hernandez, Quality Director |
| 3.3 | | | Identify areas of opportunity for data systems and data sources for MY2025 | July 2025 - August 2025 | Beth Hernandez, Quality Director<br>Dustin Peasley, HEDIS Manager<br>Business Intelligence |
| 3.4 | | | Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP | March 2025 - August 2025 | Jersey Neilson, Quality Manager<br>Beth Hernandez, Quality Director |
| 3.5 | **CCHP Quality Measurement Infrastructure** | Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates | Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures | January 2025 - December 2025 | Business Intelligence<br>Beth Hernandez, Quality Director |
| 3.6 | | | Maintain quality feedback mechanism for providers, which shares performance rates by provider group on CCHP priority measures and identify unique areas of opportunities | July 2025 - September 2025 | Beth Hernandez, Quality Director<br>Jersey Neilson, Quality Manager |
| 3.7 | | | Maintain system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement | January 2025 - December 2025 | Beth Hernandez, Quality Director<br>Jersey Neilson, Quality Manager |

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| 3.8 | **Member Experience and Quality of Service (NCQA, DHCS)** | By June 30, 2025, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievances<br><br>Develop member feedback channel through the Community Advisory Committee | Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment. | August 2025 - September 2025 | Jersey Neilson, Quality Manager |
| 3.9 | | | Host internal CAHPS think tank to gather insights into member experience from cross-functional teams | July 2025 - August 2025 | Jersey Neilson, Quality Manager |
| 3.10 | | | Review and analyze the limited English enrollee survey | August 2025 - September 2025 | Hua Hsuan Liu, Quality Manager |
| 3.11 | | | Review and analyze behavioral health specific member experience surveys | October - November 2025 | Jersey Neilson, Quality Manager |
| 3.12 | | | Develop report on MY2024 member experience | February - March 2025 | Jersey Neilson, Quality Manager |
| 3.13 | | | Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report | February - March 2025 | Jill Perez, Director of UM/AGD<br>Jersey Neilson, Quality Manager<br>Nicolas Barcelo, Medical Director |
| 3.14 | | | Develop survey tool to assess member experience with Case Management, conduct survey, analyze results | October 2025 - November 2025 | Beth Hernandez, Quality Director<br>Leizl Avecilla, Case Management Director |
| 3.15 | | | Conduct new member survey to assess comprehension of new member materials | April 2025 | Jersey Neilson, Quality Manager |
| 3.16 | | | Collect member experience on population health programs | March 2025 - August 2025 | Health Educators<br>Jersey Neilson, Quality Manager |
| 3.17 | | | Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, Strategy as well as Cultural & Linguistic Program. | April 2025 - September 2025 | Hua Hsuan, Quality Manager<br>Jersey Neilson, Quality Manager |
| 3.18 | **Provider Experience** | Implement standard process for collected provider experience and identify areas for opportunity | Implement Provider Experience Survey. Incorporate feedback into annual access report. | August 2025 - September 2025 | Dustin Peasley, Quality Analyst<br>Terri Leider, Director of Provider Relations |
| 3.19 | **Access to Care and Quality of Service (DMHC, DHCS)** | Achieve at least 70% compliance for urgent and non-urgent appointments during Provider Appointment Availability Survey<br><br>Implement quality monitoring program on timely access standards | Complete all access monitoring through surveys and auditing calls:<br>*DMHC Provider Appointment Availability Survey<br>*NCQA High Impact/High Volume specialists<br>*OB/GYN and midwife providers survey on first prenatal appointment<br>*Initial Health Appointment<br>*After hour triage and emergency access<br>*In-office wait time<br>*Telephone wait times and time to return call<br>*Call Center wait times | March 2025, June 2025, September 2025, December 2025 | Dustin Peasley, Quality Analyst |
| 3.20 | | | Develop process for DHCS quarterly access monitoring | March 2025 - May 2025 | Dustin Peasley, Quality Analyst |
| 3.21 | | | Create comprehensive annual access report that identifies trends and identifies areas for opportunities | March 2025 - May 2025 | Dustin Peasley, Quality Analyst<br>Beth Hernandez, Quality Director |
| 3.22 | | | Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards. | August - September 2025 | Dustin Peasley, Quality Analyst |

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| 3.23 | **CalAIM Reporting (DHCS)** | Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures | Complete the quarterly Population Health Monitoring Reports, reviewing key KPIs on population health metrics | February, May, August, November | Beth Hernandez, Quality Director |
| 3.24 | | | Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services | February, May, August, November | Pasia Gadson, CalAIM Director<br>Sara Levin, Medical Director |
| 3.25 | | | Complete the monthly JSON CalAIM reporting | January - December 2025 | Tyler Heslinger, Business Intelligence |
| 3.26 | **REAL and SOGI Data** | Achieve 90% of race/ethnicity reporting for membership<br>Improve collection of sexual orientation and gender identify data. | Input new member REAL and SOGI surveys into ccLink | January 2025 - December 2025 | Student Interns<br>Arnold DeHerrera, Executive Assistant |
| 3.27 | | | Develop baseline measurement for SOGI data collection and establish targets. | February - March 2025 | Hua Hsuan Liu, Quality Manager |
| 3.28 | **CLAS Reporting** | Ensure cultural and linguistic needs of population are being met by provider network | Conduct annual CLAS analysis of patient and provider population | January - February 2025 | Hua Hsuan Liu, Quality Manager |
| 3.29 | **Encounter Data Validation (DHCS)** | Implement the encounter data validation study per the timelines and requirements from DHCS | Procure medical records and submit according to auditors deadlines | February 2025 - June 2025 | Arnold DeHerrera<br>Shari Jones, HEDIS Manager |
| 3.30 | **Long Term Care and Long Term Support Services** | Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services | Complete annual report on long term care and long term support services | May - July 2025 | Eloisa Lopez-Valencia, Quality Intern |
| **4. Performance Improvement Projects** | | | | | |
| 4.1 | **Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use** | Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue) | Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use | March 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Nicolas Barcelo, Medical Director<br>ECM providers |
| 4.2 | **Well Care Visits in the First 15-Months of Life** | Narrow the health disparities gap between Black/African American and Asian members to 5% | Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project. | March 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Hua Hsuan Liu, Quality Manager |
| 4.3 | **IHI Improvement Projects** | 1. Increase WCV in 18-21 year olds at Brighter Beginnings to MPL.<br><br>2. Increase FUM and FUA rates by 5% over baseline. | Complete IHI Child Health Equity Collaborative. | April 2025 | Jersey Neilson, Quality Manager<br>Hua Hsuan Liu, Quality Manager<br>Health Educators |
| 4.4 | | | Complete IHI Behavioral Health Collaborative with CCBHS. | April 2025 | Beth Hernandez, Quality Director<br>CCBHS |
| 4.5 | **Blood Lead Screening*** | Increase pediatric blood lead screening rates to exceed the DHCS MPL. (Previously identified issue) | Collaborate with providers with low lead screening rates to identify opportunities for improvement | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Health Educators |
| 4.6 | **Topical Fluoride Treatment in Children*** | Increase the percentage of member under 21 who complete Topical Fluoride Treatment by 5%. (Previously identified issue) | Conduct outreach to member who did not have tropical fluoride treatment in the last 12 months, develop and distribute dental benefits material. | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Hua Hsuan Liu, Quality Manager |

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| 4.7 | **Disparities in Well Care Visits** | Reduce the disparity in well care visits for African American and Native Hawaiian/Pacific Islander children by reducing the gap to the 50th percentile benchmark by 50%. | Conduct regular outreach to African American and Native Hawaiian/Pacific Islander children who have not seen provider for over 12 months, and connect them to services they need. | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Hua Hsuan Liu, Quality Manager |
| 4.8 | **D-SNP QIP Planning** | Identify QIP options for D-SNP based on eligible Medicare Population | Research quality measures for Medicare-only population and identify areas for opportunity upon D-SNP launch in 2026. | July 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Beth Hernandez, Quality Director |
| 4.9 | **ED Workgroup** | Understand areas for improvement with regards to ED utilization | Convene workgroup to analyze ED utilization and identify areas for opportunity. | July 2025 - December 2025 | Irene Lo, CMO<br>Michael Cleary, Medical Director<br>Beth Hernandez, Quality Director<br>Jersey Neilson, Quality Manager |
| 4.10 | **Monitoring and rapid improvement cycles** | Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates. | Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures. | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Beth Hernandez, Quality Director |
| | | | **5. Population Health** | | |
| 5.1 | **Population Needs Assessment and Community Health Needs Assessment** | Understand member needs and health to create a responsive population health program | Complete MY 2024 population needs assessment according to NCQA guidelines | July 2025 - October 2025 | Jersey Neilson, Quality Manager |
| 5.2 | | | Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2025 Community Health Needs Assessment and Community Health Implementation Plan | January 2025 - December 2025 | Lisa Demoiz, CCH Epidemiologist<br>Ashley Kokotaylo, Public Health<br>Beth Hernandez, Quality Director<br>Jersey Neilson, Quality Manager<br>Business Intelligence |
| 5.3 | | | Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, cultural and linguistic needs to identify and prioritize opportunities for improvement. | October - December 2025 | Hua Hsuan Liu, Quality Manager |
| 5.4 | **Population Health Management Strategy** | Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners | Complete PHM Strategy in alignment with DHCS and NCQA guidelines | July 2025 - October 2025 | Jersey Neilson, Quality Manager<br>Beth Hernandez, Quality Director |
| 5.5 | **Population Impact Report and Evaluation** | Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes | Complete PHM Impact and Evaluation report | July 2025 - October 2025 | Jersey Neilson, Quality Manager |
| 5.6 | **Initial Screening Process** | Provide streamlined new member experience, with regards to HIF/MET, HRA/LTSS, and other assessments.<br>Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion<br>Ensure system exists so members with positive screenings are identified for the appropriate services<br>Develop data system so screening questions are results are shared across providers | Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings | September - December 2025 | Beth Hernandez, Quality Director<br>Leizl Avecilla, Case Management Director<br>Pasia Gadson, CalAIM Director |
| 5.7 | | | Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires | March 2025 - June 2025 | Beth Hernandez, Quality Director<br>Leizl Avecilla, Case Management Director |

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| 5.8 | **Initial Health Appointment*** | Increase IHA completion rates. (Previously identified issue) | Conduct chart audits and give feedback and education to providers missing IHA elements | April 2025, October 2025 | Magda Souza, FNP<br>CQA Nurses |
| 5.9 | | | Implement text message and email reminder for patients to complete Initial Health Appointment | September - December 2025 | Beth Hernandez, Quality Director |
| 5.10 | **DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering** | Implement DHCS Population Health Service into existing workflow | Implement DHCS Population Health Service based on forthcoming guidance upon service launch. | July 2025 - December 2025 | Beth Hernandez, Quality Director<br>Bhumil Shah, Assoc Chief Information Officer |
| 5.11 | **Assessment and Reassessment** | Ensure annual assessment and reassessment of Members with LTSS needs and CSHCN | Utilize custom assessment for SPDs and CSHCN and triage according to needs | January 2025 - December 2025 | Beth Hernandez, Quality Director |
| 5.12 | **Ongoing Engagement with PCP** | Increase regular engagement with PCPs<br><br>Close Member gaps in preventative care | Utilized disengaged member reports and connect Members with PCPs & close care gaps | July - December 2025 | Jersey Neilson, Quality Manager<br>Health Educators |
| 5.13 | **Closed Loop Referrals** | Understand closed loop referral guidelines and implement technical system to support regulations | Develop workplan for implementing closed loop referrals based on DHCS guidance | June 2025 - December 2025 | Pasia Gadson, CalAIM Director<br>Business Intelligence |
| 5.14 | **Community Health Workers, Care Coordination, and Navigation with Social Services** | Implement social resources into health education workflows and support referrals to CHW services | Develop referral process for CHW services based on identified social needs | March 2025 - July 2025 | Pasia Gadson, CalAIM Director |
| 5.15 | **Wellness and Prevention Programs** | Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms | Educate providers and staff on available health education tools | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Health Educators |
| 5.16 | | | Develop in person and telehealth classes to be facilitated by CCHP Health Educators | February - December 2025 | Jersey Neilson, Quality Manager<br>Sofia Rosales, Sr. Health Educator |
| 5.17 | **Colorectal Cancer Screening** | Increase colorectal cancer screening rates | Send out FIT kits monthly to Members due for colorectal cancer screening | January - December 2025 | Regional Medical Center |
| 5.18 | **Chronic Disease Management** | Monitor Chronic Disease Management Programs | Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement | March 2025<br>June 2025<br>Sept 2025<br>Dec 2025 | Jersey Neilson, Quality Manager<br>Irene Lo, CMO<br>Nicolas Barcelo, Medical Director<br>Joseph Cardinalli, Pharmacy Director<br>Beth Hernandez, Quality Director |
| 5.19 | **Chronic Conditions: Diabetes Management Program** | Reduce number of CCHP members with uncontrolled diabetes<br><br>Increase the number of people enrolled in the Diabetes Prevention Program | Provide medically tailored meals to patients with uncontrolled diabetes. Evaluate efficacy of MTM. | January 2025 - December 2025 | Sara Levin, Case Management Medical Director |
| 5.20 | | | Continue expansion of remote blood glucose monitoring partnership with Gojji | January 2025 - December 2025 | Jersey Neilson, Quality Manager |
| 5.21 | | | Conduct PDSA with DPP provider to increase referrals & enrollment of prediabetic Members | January - March 2025 | Jersey Neilson, Quality Manager<br>Health Educators |

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| 5.22 | **Maternal Health Outcomes** | Improve key maternal health outcomes across quality measures | Develop brochures for pregnant Members | January 2025 - March 2025 | Jersey Neilson, Quality Manager<br>Health Educators |
| 5.23 | | | Increase the number of pregnant Members receiving Transitional Care Services (TCS) | January 2025 - December 2025 | Leizl Avecilla, Case Management<br>Health Educators<br>Outreach Team |
| 5.24 | **Keeping Members Healthy: Gaps in Care** | Notify members of gaps in care for needed preventive services | Continue mailing adult birthday letters | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Sr. Health Educators |
| 5.25 | | | Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care | July 2025 - October 2025 | Jersey Neilson, Quality Manager<br>Sr. Health Educators |
| 5.26 | **Health Education Materials and Resources** | Assure that members are provided health education materials and are informed on new community and medical services.<br><br>Develop a strong community presence. | Publish member facing newsletter three times per year | February 2025, June 2025, November 2025 | Jersey Neilson, Quality Manager<br>Sr. Health Educators |
| 5.27 | | | Conduct outreach events at health clinics, CBOs, and other relevant locations. | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Sr. Health Educators |
| 5.28 | **Culturally and Linguistically Competent Care** | Ensure systematic processes in place to promote cultural competent care and health equity by providing linguistics services, educational opportunities, current and up-to-date resources, and understanding of CLS needs.<br>Less than 20% of respondent in member experience survey state they use friends/family for interpreter.<br>More than 95% of respondent in member experience survey indicate they get interpreter services when request one. | Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements | January 2025 - December 2025 | Hua Hsuan Liu, Quality Manager |
| 5.29 | | | Facilitate translation and interpreter services request of educational materials, website, forms, and other documents. | January 2025 - December 2025 | Hua Hsuan Liu, Quality Manager |
| 5.30 | | | Ensure all CCHP staff complete Transgender, Gender Diverse, or Intersex (TGI) by February 2025. | January - February 2025 | Hua Hsuan Liu, Quality Manager<br>Otilia Tuitin, Compliance Manager |
| 5.31 | | | Ensure all CCHP staff and providers complete Diversity, Equity, and Inclusion (DEI) training by December 2025. | January - December 2025 | Hua Hsuan Liu, Quality Manager<br>Otilia Tuitin, Compliance Manager |
| 5.32 | | | Educate and advocate interpreter services to CCHP members. | January - December 2025 | Hua Hsuan Liu, Quality Manager |
| 5.33 | | | Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care. | January 2025 - December 2025 | Hua Hsuan Liu, Quality Manager |

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| 5.34 | **EPSDT / Medi-Cal for Teens and Kids** | Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions.<br><br>Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.<br><br>Ensure provision of Medically Necessary Behavioral Health Treatment.<br><br>Ensure compliance with all Case Management & Care Coordination requirements.<br><br>Inform Members <21 about EPSDT, including benefits of Preventive Care, services available under EPSDT, where & how to obtain these services, and that transportation & scheduling assistance is available. Must be provided annually or within 7 days of enrollment for new members.<br><br>Ensure all network providers completed EPSDT-specific training no less than every 2 years using DHCS materials. | Monitor and trend denials for Members <21 years old | March 2025<br>June 2025<br>Sept 2025<br>Dec 2025 | Jill Perez, Director of UM/AGD |
| 5.35 | | | Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity. | January 2025 - December 2025 | Jersey Neilson, Quality Manager<br>Health Educators |
| 5.36 | | | Annual notification to Members <21 years old regarding EPSDT services | February 2025 | Jersey Neilson, Quality Manager |
| 5.37 | | | Ensure and monitor bi-annual DHCS EPSDT training | February 2025 | Heather Peang, Provider Relations Manager<br>Jersey Neilson, Quality Manager |
| 5.38 | **Case Management Services** | Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services | Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM | January 2025 - December 2025 | Leizl Avecilla, Case Management Director<br>Pasia Gadson, CalAIM Director<br>Sara Levin, Medical Director<br>Beth Hernandez, Quality Director |
| 5.39 | **D-SNP CPIP Planning** | Develop comprehensive Chronic Care Improvement Program for D-SNP Population | Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program. | March 2025 - December 2025 | Irene Lo, CMO<br>Beth Hernandez, Quality Director |
| 5.40 | **Transitional Care Services*** | Ensure all high risk members receive transitional care services. (Previously identified issue) | Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways. | March - May 2025 | Leizl Avecilla, Case Management Director<br>Sara Levin, Medical Director |
| 5.41 | | | Develop oversight process on discharge planning process | March 2025 - December 2025 | Sara Levin, Medical Director<br>Irene Lo, CMO |
| 5.42 | | Ensure transitional care services support for low risk members | Provide phone number for low risk members to access transitional care services | January 2025 | Belkys Teutle, Member Services Manager<br>Cynthia Laird, Member Services Supervisor<br>Hua Hsuan Liu, Quality Manager |
| 5.43 | **Non Specialty Mental Health Outreach and Education** | Conduct member outreach and education to inform of Non Specialty Mental Health Services | Streamline member information presented on cchealth.org website | January 2025 - June 2025 | Jersey Neilson, Quality Manager<br>Health Educators |
| 5.44 | | | Conduct outreach at Farmers' Markets, Open Air (Flea) Markets, and health clinic locations to inform members about NSMHS benefits. | January 2025 - December 2025 | Health Educators |
| | | | **6. Patient Safety** | | |
| 6.1 | **Potential Quality Issues (PQIs)** | Review and resolve potential quality issues within 120 days | Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines, report on trends. | January 2025 - December 2025 | Maggie Souza, DNP - Clinical Quality Auditing Director |

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| 6.2 | **Provider Preventable Conditions (PPCs)*** | Review and investigate PPC through the PQI process | Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network | January 2025 - December 2025 | Maggie Souza, DNP, Director Clinical Quality Auditing Department |
| 6.3 | **Over/Under Utilization** | Develop a standard over-under utilization report and develop standards with how reporting is used to improve care | Define measures to track and identify areas of opportunity for improvement initiatives | April - June 2025 | Irene Lo, CMO |
| 6.4 | **Medication Safety** | Reduce concurrent prescribing of opiate and benzodiazepine | Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.5 | | Reduce concurrent prescribing of opioids and anti-psychotic medications | Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.6 | | Antipsychotic, anti-depressant and mood stabilization prescriptions for children | Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.7 | | Improve Hepatitis C medication adherence | Review HepC medication to ensure that members are fully completing their course of treatment | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.8 | | Reduce number of members with 15 or more medications | Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.9 | | Ensure members can get their prescriptions filled after ED discharge | Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits. Additionally, this quarterly audit will look for members with 4 or more ED visits in a 6 month period and refer them to case management. | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.10 | | Reduce prescription opiate abuse | Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers | January 2025 - December 2025 | Joseph Cardinalli, Director of Pharmacy |
| 6.11 | **Facility Site Reviews** | Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices. | Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies. | January 2025 - December 2025 | Maggie Souza, DNP - Clinical Quality Auditing Director<br>Facility Site Review nursing team |
| 6.12 | **Medical Record Reviews** | Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services. | Conduct MRR of provider office in accordance with DHCS standards. | January 2025 - December 2025 | Maggie Souza, DNP - Clinical Quality Auditing Director<br>Facility Site Review nursing team |
| 6.13 | **Clinical Practice Guidelines** | Review clinical practice guidelines with Quality Council and train providers on practice guidelines | Annually Review and approve Clinical Practice Guidelines at Quality Council | November 2025 | Irene Lo, MD<br>Quality Council |
| 6.14 | | | Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter | January - March 2025 | Irene Lo, CMO |
| **7.Provider Engagement** | | | | | |
| 7.1 | **Provider Training** | Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings. | Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics | January 2025, April 2025, July 2025, October 2025 | Irene Lo, CMO |
| 7.2 | **Provider Newsletters** | Provide regular communication to providers through provider newsletters | Provide quarterly provider newsletters covering a range of topics including regulatory changes/updates for providers | January 2025, April 2025, July 2025, October 2025 | Provider Relations<br>Compliance |
| 7.3 | **Quality Provider Meetings and Resources** | Conduct quality meetings with provider groups to discuss quality measures and improvement plans | Meet with the largest provider groups on a regular basis to discuss quality topics | January 2025 - December 2025 | Beth Hernandez, Quality Director |
| 7.4 | **Value Based Payment** | Implement newly created VBP program with provider groups to improve quality measurement activities | Implement newly created VBP program with large provider groups to increase quality measurement rates. | January 2025 - December 2026 | Beth Hernandez, Quality Director<br>Terri Leider, Director of Provider Relations |

| Item # | Program/Project Area | Goals and Objectives | Planned Activities to Meet Objectives | Dates | Responsible Team |
|---|---|---|---|---|---|
| 7.5 | **Provider Portal and Panel Reports - Data Sharing** | Provider member level data on quality and gaps in cares to providers to assist in delivering needed services to members | Maintain daily update of provider portal with quality reports and gap in care reports.<br><br>Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal. | January 2025 - December 2025 | Beth Hernandez, Quality Director |
| 7.6 | **Provider Site Visits** | Conduct site visits with provider to update on health plan operations | Conduct site visits with ten or more medical offices to open communication channel with providers. | January 2025 - December 2025 | Irene Lo, Chief Medical Officer<br>Beth Hernandez, Quality Director<br>Fabiola Quintara, Network Management |
| 7.7 | **Training on Diversity Equity and Inclusion** | Ensure all providers are trained in DEI by December 31, 2025 | Utilize newly developed DEI training and ensure providers receive training by December 31, 2025 and upon re-credentialing | January 2025 - December 2025 | Hua Hsuan Liu, Quality Manager<br>Heather Peang, Provider Relations |
| 7.8 | **Shared Decision-Making Aids** | Ensure all provider received evidence based shared decision making | Update website and provide evidence based decision aids to providers through regular communications | July 2025 - September 2025 | Jersey Neilson, Quality Manager |
| | | | **8. Delegation Oversight** | | |
| 8.1 | **Delegation oversight** | Assess whether delegation for quality and population health is necessary | Review activities to determine if delegation for quality or population is needed to enhance operations. | January 2025 - December 2025 | Beth Hernandez, Quality Director<br>Terri Leider, Director of Provider Relations |

** Previously Identified Issue*