2026 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 2025 QIHETP Evaluation	January -February 2026	Quality Director Jersey Neilson, Quality Manager
1.2			Develop annual 2026 QIHETP Program Description, incorporating structural changes identified in the evaluation	January -February 2026	Quality Director Magda Souza, Clinical Quality Auditing Director
1.3			Develop annual 2026 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	January -February 2026	Quality Director 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 2026	CMO Quality Director 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 2026	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 2026 - December 2026	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 2026	CMO Hua Hsaun Liu, Quality Manager Quality Director 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 2026-December 2026	CMO 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 2026-December 2026	Quality Director Hua Hsuan Liu, Quality Manager 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 2026-December 2026	Belkys Teutle, Member Services Manager Cynthia Laird, Member Services Supervisor Hua Hsuan Liu, Quality Manager
2. NCQA Accreditation					
2.1	**NCQA Health Plan Accreditation**	Achieve accreditation status by April 2026.	Complete submission materials on standards and guidelines according to project plan and timeline.	January 2026 - December 2026	Shari Jones, Quality Manager 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, 2026, report HEDIS MY2025 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS) 2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk 3. Achieve 4.5 Stars on NCQA Health Plan Ratings. 4. Prepare for transition to ECDS by identifying efficiencies in data system measurement	Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC.	January 2026 - June 2026	Dustin Peasley, HEDIS Manager Shari Jones, Quality Manager Business Intelligence Analysts CQA Nurses Quality Director
3.2			Complete annual HEDIS MY2025 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	July 2026 -September 2026	Dustin Peasley, HEDIS Manager Jersey Neilson, Quality Manager Quality Director
3.3			Identify areas of opportunity for data systems and data sources for MY2026	July 2026 - August 2026	Quality Director Dustin Peasley, HEDIS Manager Business Intelligence

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3.4		5. Align HEDIS measurements to quality improvement projects and strategic goals for 2026	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	March 2026 - August 2026	Jersey Neilson, Quality Manager 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 2026 - December 2026	Business Intelligence 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 2026 - September 2026	Quality Director 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 2026 - December 2026	Quality Director Jersey Neilson, Quality Manager

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3.8	**Member Experience and Quality of Service (NCQA, DHCS)**	By June 30, 2026, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievances 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 2026 - September 2026	Jersey Neilson, Quality Manager
3.9			Host internal CAHPS think tank to gather insights into member experience from cross-functional teams	July 2026 - August 2026	Jersey Neilson, Quality Manager
3.10			Review and analyze the limited English enrollee survey	August 2026 - September 2026	Hua Hsuan Liu, Quality Manager
3.11			Review and analyze behavioral health specific member experience surveys	October - November 2026	Jersey Neilson, Quality Manager
3.12			Develop report on MY2025 member experience	February - March 2026	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 2026	Jill Perez, Director of UM/AGD Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director
3.14			Develop survey tool to assess member experience with Case Management, conduct survey, analyze results	October 2026 - November 2026	Quality Director Leizl Avecilla, Case Management Director
3.15			Conduct new member survey to assess comprehension of new member materials	April 2026	Jersey Neilson, Quality Manager
3.16			Collect member experience on population health programs	March 2026 - August 2026	Health Educators 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 2026 - September 2026	Hua Hsuan, Quality Manager 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 2026 - September 2026	Jersey Neilson, Quality Manager Nancy McAdoo, 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 Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and auditing calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times	March 2026, June 2026, September 2026, December 2026	Dustin Peasley, Quality Analyst
3.20			Develop process for DHCS quarterly access monitoring	March 2026 - May 2026	Dustin Peasley, Quality Analyst
3.21			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	March 2026 - May 2026	Dustin Peasley, Quality Analyst 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 2026	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	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 Sara Levin, Medical Director
3.25			Complete the monthly JSON CalAIM reporting	January - December 2026	Tyler Heslinger, Business Intelligence
3.26	**REAL and SOGI Data**	Achieve 90% of race/ethnicity reporting for membership Improve collection of sexual orientation and gender identify data.	Input new member REAL and SOGI surveys into ccLink	January 2026 - December 2026	Student Interns Arnold DeHerrera, Executive Assistant
3.27	**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 2026	Hua Hsuan Liu, Quality Manager
3.28	**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 2026	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 2026 - December 2026	Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director 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%. (Previously identified issue)	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	March 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.3	**IHI Improvement Projects**	1. Decrease racially disparities in W15 and W30 rates by 50%. 2. Increase FUM and FUA follow-up rates at local ED to achieve parity with other large health centers.	Complete IHI Child Health Equity Collaborative.	January - December 2026	Hua Hsuan Liu, Quality Manager Health Educators
4.4			Complete IHI Behavioral Health Collaborative with CCBHS.	January - December 2026	Jersey Neilson, Quality Manager CCBHS
4.5	**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 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.6	**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 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager

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4.7	**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.	July 2026 - December 2026	Jersey Neilson, Quality Manager Quality Director
4.8	**ED Workgroup**	Understand areas for improvement with regards to ED utilization	Analyze impact of Advice Nurse Callback program on ED utilization	February 2026 - June 2026	CMO Michael Cleary, Medical Director Quality Director Jersey Neilson, Quality Manager
4.9	**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 2026 - December 2026	Jersey Neilson, Quality Manager Quality Director
4.10	**Optimizing DME Utilization**	Reduce expenditures on DME claims and enhance member experience	Explore DME providers with anamolous billing rates and educate providers on different cost options	January 2026 - June 2026	Miranda Pena, Sr Health Education Specialist
			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 2025 population needs assessment according to NCQA guidelines	July 2026 - October 2026	Jersey Neilson, Quality Manager
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2026 Community Health Needs Assessment and Community Health Implementation Plan	January 2026 - December 2026	Lisa Demoiz, CCH Epidemiologist Ashley Kokotaylo, Public Health Quality Director Jersey Neilson, Quality Manager 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 2026	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 2026 - October 2026	Jersey Neilson, Quality Manager 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 2026 - October 2026	Jersey Neilson, Quality Manager
5.6	**Initial Screening Process**	Provide streamlined new member experience, with regards to HIF/MET, HRA/LTSS, and other assessments. Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion Ensure system exists so members with positive screenings are identified for the appropriate services Develop data system so screening questions are results are shared	Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings	September - December 2026	Quality Director Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director
5.7			Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires	March 2026 - June 2026	Quality Director Leizl Avecilla, Case Management Director
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 2026, October 2026	Magda Souza, FNP CQA Nurses
5.9	**DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering**	Implement DHCS Population Health Service into existing workflow	Incorporate Medi-Cal Connect risk tiering into CCHP data.	January 2026 - June 2026	Quality Director Bhumil Shah, Assoc Chief Information Officer
5.10	**Ongoing Engagement with PCP**	Increase regular engagement with PCPs Close Member gaps in preventative care	Utilized disengaged member reports and connect Members with PCPs & close care gaps	January - December 2026	Jersey Neilson, Quality Manager Health Educators
5.11	**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 2026 - December 2026	Jersey Neilson, Quality Manager Health Educators
5.12	**Colorectal Cancer Screening**	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	January - December 2026	Regional Medical Center

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5.13	**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 2026 June 2026 Sept 2026 Dec 2026	Jersey Neilson, Quality Manager CMO Nicolas Barcelo, Medical Director Joseph Cardinalli, Pharmacy Director Quality Director
5.14	**Patient Registry: Long Term Care**	Actively manage patients in long term care to ensure members are residing at the right level of care	Develop a patient registry of patients in long term care facilities	April - September 2026	Sara Levin, Senior Medical Director Jersey Neilson, Quality Manager
5.15	**Maternal Health Outcomes**	Improve key maternal health outcomes across quality measures	Develop postpartum brochures for pregnant Members	January 2026 - March 2026	Jersey Neilson, Quality Manager Health Educators
5.16	**Keeping Members Healthy: Gaps in Care**	Notify members of gaps in care for needed preventive services	Continue mailing adult + pediatric birthday letters	January 2026 - December 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.17	**Health Education Materials and Resources**	Assure that members are provided health education materials and are informed on new community and medical services. Develop a strong community presence.	Publish member facing newsletter three times per year	February 2026, June 2026, November 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.18			Conduct outreach events at health clinics, CBOs, and other relevant locations.	January 2026 - December 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.19	**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. Less than 20% of respondent in member experience survey state they use friends/family for interpreter. 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 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.20			Facilitate translation and interpreter services request of educational materials, website, forms, and other documents.	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.21			Educate and advocate interpreter services to CCHP members.	January - December 2026	Hua Hsuan Liu, Quality Manager
5.22			Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care.	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.23	**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. Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Monitor and trend denials for Members <21 years old	March 2026 June 2026 Sept 2026 Dec 2026	Jill Perez, Director of UM/AGD
5.24			Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	January 2026 - December 2026	Jersey Neilson, Quality Manager Health Educators
5.25			Annual notification to Members <21 years old regarding EPSDT services	February 2026	Jersey Neilson, Quality Manager
5.26	**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 2026 - December 2026	Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director Sara Levin, Medical Director Quality Director

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5.27	**Justice-Involved Reentry Coordination**	Ensure coordinated, comprehensive care for members transitioning from correctional facilities to the community.	• Maintain policies and procedures for coordination with correctional facilities and pre-release care managers, in alignment with the CalAIM Justice-Involved Initiative Policy and Operational Guide. • Designate a Justice-Involved liaison to serve as the primary point of contact for correctional facility coordination • Assign ECM providers to serve as pre-release care managers and/or post-release ECM providers. • Establish processes to coordinate transition of care from pre-release to post-release, including data sharing protocols. • Ensure access to medically necessary covered services including ECM, physical and behavioral health care, Community Supports, NEMT, and NMT	January 2026 - December 2026	Pasia Gadson, CalAIM Director Linae Altman, Quality Manager CCH Detention Health Emily Parmenter, CCH Special Projects and Strategy
5.28	**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.	January 2026 - December 2026	CMO Quality Director
5.29	**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.	January - December 2026	Leizl Avecilla, Case Management Director Sara Levin, Medical Director
5.30	**Managed Care Liaisons**	Ensure the designation, training, and notification processes for liaisons to support coordination, compliance, and oversight across key program areas.	Designate Tribal, LTSS, Transportation, CCS, Child Welfare, Dental, Justice, IHSS, MOUs, and Regional Center liaisons and provide training on rules, referrals, care coordination, and authorizations.	January 2026 - December 2026	Kaitlin Thomas (CCS) Coquise Fulgham (Child Welfare) Belkys Teutle (Dental) Pasia Gadson, FNP (Justice) Anna Marie Chan (LTSS) Jena Villena (IHSS) David Chen (MOU) Nicolas Barcelo, MD (Regional Center) Cynthia Laird (Transportation) Allison Liu (Tribal)
5.31	**Non Specialty Mental Health Outreach and Education**	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Conduct outreach at community events and health clinic locations to inform members about NSMHS benefits.	January 2026 - December 2026	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 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director
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 2026 - December 2026	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 2026	CMO
6.4		Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	January 2026 - December 2026	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 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy

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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 2026 - December 2026	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 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.8		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.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.9	**Medication Safety**	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 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.10		Reduce patients co-prescribed amlodipine and simvastatin and lovastatin	Review quarterly reports to providers on patients that are co-prescribed these medications.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.11		Reduce inappropriate concurrent use of DPP-4 inhibtors and GLP-1 receptor agonists.	Review quarterly reports to providers on patients that are co-prescribed these medications.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.12		Ensure the appropriate dosing of semaglutide	Identify patients who remain on the initiation dose beyond the reocmmended time frame and educate providers on appropriate titration.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.13		Monitor members for severe hypoglycemia ffrom glimepriride.	Review quarterly reports to providers on patients who are prescribed glimepiride.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.14	**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 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.15	**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 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.16	**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 2026	CMO Quality Council
6.17			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	January - March 2026	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 2026, April 2026, July 2026, October 2026	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 2026, April 2026, July 2026, October 2026	Provider Relations 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 2026 - December 2026	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 2026 - December 2026	Quality Director Nancy McAdoo, Director of Provider Relations

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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. Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal.	January 2026 - December 2026	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 2026 - December 2026	CMO Quality Director Fabiola Quintara, Network Management
7.8	**Shared Decision-Making Aids**	Ensure all provider received evidence based shared decision making aids	Update website and provide evidence based decision aids to providers through regular communications	July 2026 - September 2026	Jersey Neilson, Quality Manager
****Previously Identified Issue***					