



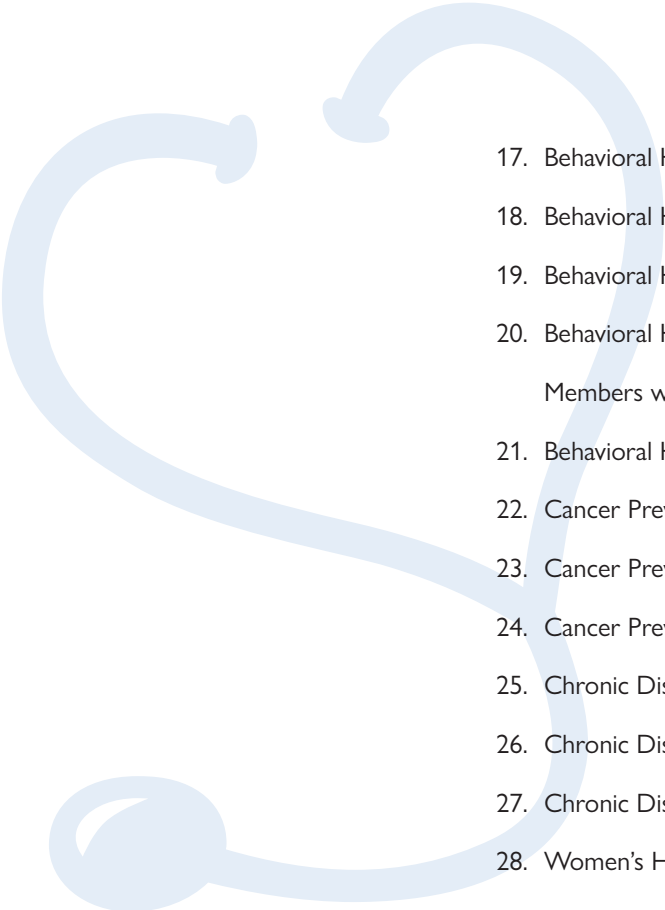
**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Quality Improvement and Health Equity Transformation Work Plan **2026**

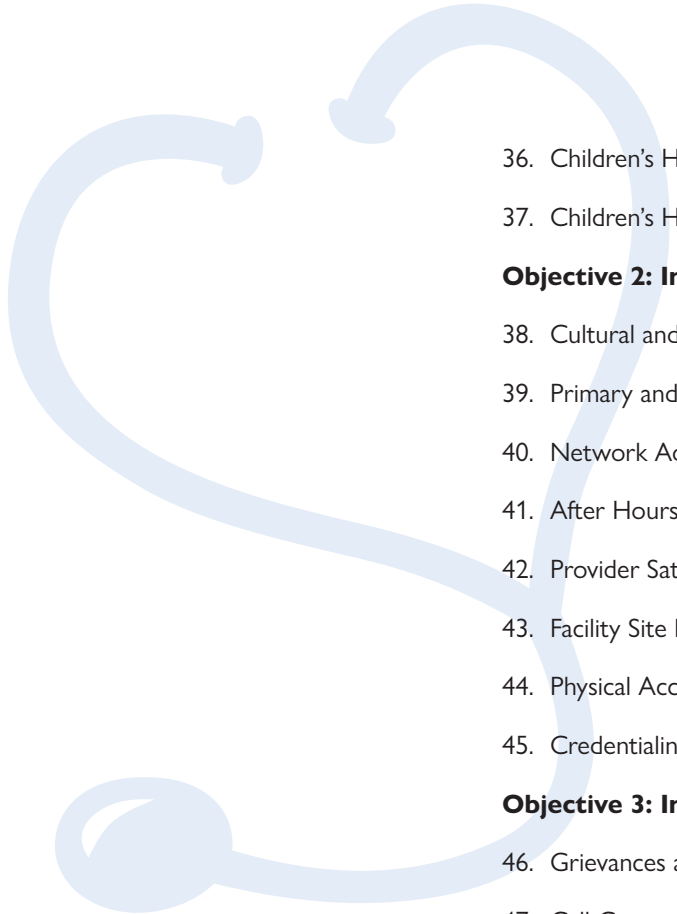
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1	2026 Quality Improvement & Health Equity Transformation (QIHET) Program Description	Update the 2026 QIHET Program Description.	Quality Improvement
2	2026 Quality Improvement and Health Equity Transformation Work Plan	Update the 2026 QIHET Work Plan	Quality Improvement
3	2025 Quality Improvement and Health Equity Transformation Program and Work Plan Evaluation	Complete the 2025 QIHET Program and Work Plan Evaluation.	Quality Improvement
4	2026 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ for the 2025 measurement year and receive “reportable” status for all measures.	Quality Improvement
5	2026 Culturally and Linguistically Appropriate Services (CLAS) Work Plan and Program Description	Update the 2026 CLAS Program Description and Work Plan	Health Education & Cultural Linguistics
6	2025 CLAS Program and Work Plan Evaluation	Complete the 2025 CLAS Program and Work Plan Evaluation.	Health Education & Cultural Linguistics
7	Population Needs Assessment (PNA)	Maintain NCQA-compliant PNA as part of the Population Health Strategy Report submitted to DHCS.	Population Health
8	Wellth Program	Maintain stable enrollment in the Utilization Management Program with a strategic focus on reducing inpatient utilization and closing care gaps.	Population Health
9	Health Risk Assessment	Maintain NCQA compliance by further developing and expanding the use of the HRA, ensuring timely identification of member needs and continuing to refine the referral process to address needs	Population Health
10	Utilization Management: Clinical Practice Guidelines	Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including the Diabetes and Asthma Clinical Practice Guidelines (CPG).	Utilization Management
11	Complex Case Management	Maintain and monitor a standardized turnaround time (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.	Care Management
12	Care Gap Closure	Implement strategies to close care gaps for MCAS measures.	Care Management
13	Initial Health Appointment (IHA)	Increase rates of Initial Health Appointment (IHA) completion by providers.	Clinical Quality Improvement
14	Opioid Utilization Monitoring	Monitor member opioid utilization via pharmacy claims from Medi-Cal Rx and monitor for any trends where the utilization exceeds more than a 5% increase from the prior quarter.	Pharmacy

#	Metric	Goal	Department
15	Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM-30)	Increase the FUM-30 rate to exceed the DHCS MPL (50 <sup>th</sup> percentile).	Behavioral Health
16	Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days (FUA-30)	Increase the FUA-30 rate to meet or exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	Behavioral Health
17	Depression Screening for Adolescents and Adults (DSF-E)	Increase the DSF-E rate to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile).	Behavioral Health
18	Prenatal Depression Screening and Follow-Up (PND-E)	Increase the PND-E rate to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile).	Behavioral Health
19	Postpartum Depression Screening and Follow-Up (PDS-E)	Increase the PDS-E rate to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile).	Behavioral Health
20	2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit	Improve the percentage of provider notifications for members with substance use disorder (SUD) and/or specialty mental health (SMH) diagnoses following or within seven days of emergency department (ED) visit.	Quality Improvement
21	2025-2026 DHCS/IHI Behavioral Health Collaborative	By the end of 2026, through enhanced care coordination processes and streamlined data exchange, GCHP and Ventura County Behavioral Health (VCBH) will increase Ventura County FUA and FUM rates to be on track to meet or exceed the MPL.	Behavioral Health
22	Breast Cancer Screening (BCS-E)	Increase the percentage of members 50 to 74 years of age who had a mammogram to screen for breast cancer to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	Quality Improvement Health Education / Cultural Linguistics
23	Cervical Cancer Screening (CCS-E)	Increase percentage of members 21 to 64 years of age who were screened for cervical cancer to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	Quality Improvement
24	Colorectal Cancer Screening (COL-E)	Increase the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer to exceed the DHCS MPL (50 <sup>th</sup> percentile)	Quality Improvement
25	Follow-Up after Acute Care Visit for Asthma (AAF-E)	Report on first year rate for Follow-Up after Acute Care Visit for Asthma.	Quality Improvement
26	Health Equity Controlling Blood Pressure (CBP)	Increase the percentage of members with hypertension who are 21 to 44 years of age and have a blood pressure rate of <140/90 to exceed the DHCS MPL (50 <sup>th</sup> percentile).	Quality Improvement Population Health
27	Glycemic Status Assessment for Patients with Diabetes >9.0% (GSD-Poor Control)	Improve the GSD rate as follows: <ul style="list-style-type: none"> <li>Decrease the percentage of members with diabetes who are 18 to 75 years of age and have GSD &gt; 9.0% to meet the DHCS HPL (90<sup>th</sup> percentile).</li> <li>Increase the percentage of members with diabetes who are 18 to 75 years of age and have GSD &lt; 8.0% to meet the DHCS HPL (90<sup>th</sup> percentile).</li> </ul>	Quality Improvement
28	Prenatal and Postpartum Care (PPC)	Increase the percentage of members with live birth deliveries who completed timely prenatal and postpartum exams to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	Quality Improvement

#	Metric	Goal	Department
29	Childhood Immunization Status – Combo 10 (CIS-E-10)	Increase the percentage of members who completed all Combo-10 immunizations by their 2 <sup>nd</sup> birthday to meet or exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	Quality Improvement
30	Immunization Status for Adolescents – Combo 2 (IMA-E-2)	Increase the percentage of members who completed all IMA-2 immunizations by their 13 <sup>th</sup> birthday to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	Quality Improvement
31	Developmental Screening in the First Three Years of Life (DEV)	Increase the percentage of members screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday, by 3% compared to the prior measurement year.	Quality Improvement
32	Lead Screening in Children (LSC)	<ul style="list-style-type: none"> <li>Increase the percentage of children who had one or more capillary or venous blood lead tests for lead poisoning by their second birthday to meet or exceed the DHCS HPL (90<sup>th</sup> percentile).</li> <li>Increase the percentage of children who had blood lead tests and periodic assessments as prescribed in the DHCS APL 20-016 Lead Screening in Young Children by 5%.</li> </ul>	Quality Improvement
33	Topical Fluoride Varnish (TFL)	Increase the percentage of members, ages 1 to 20, who received at least two topical fluoride applications during the measurement year to exceed the DHCS MPL (50 <sup>th</sup> ).	Quality Improvement
34	Well-Child Visits in the First 30 Months of Life (W30)	<p>Increase the percentage of children who had well-child visits with a PCP for the following sub-measures.</p> <ul style="list-style-type: none"> <li>Well-child visits in the first 15 months of life: Increase the percentage of children with six or more well-care exams within the first 15 months of life to meet or exceed the 75<sup>th</sup> national Medicaid percentile established by NCQA.</li> <li>Well-child visits between 15 and 30 months of age: Increase the percentage of 30-month-old children who had two or more well-child exams between 15 and 30 months of age to meet or exceed the DHCS HPL (90<sup>th</sup> percentile)</li> </ul>	Quality Improvement
35	Child and Adolescent Well-Care Visits (WCV)	Increase the percentage of members 3 to 21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year to exceed the DHCS MPL (50 <sup>th</sup> percentile).	Quality Improvement
36	2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members	Increase the rate of members among the Hispanic/Latinx community for completing six or more well-child visits by 15 months of life by 14.37% to meet the 75 <sup>th</sup> percentile nationally established NCQA benchmark.	Quality Improvement

#	Metric	Goal	Department
37	2025-2026 DHCS Child Health Equity Focused Collaboration on Well-Care Exams	DHCS Child Health Equity Focused Collaboration on well-care exams.	Quality Improvement
38	Cultural and Linguistic Needs & Preferences	<ul style="list-style-type: none"> <li>By July 31, 2026, GCHP's Health Education, Cultural and Linguistic (HECL) Services Department shall expand current training modules to include Diversity, Equity, and Inclusion (DEI) training program as per DHCS (APL 23-025) that encompasses sensitivity, diversity, cultural competence and cultural humility, and health equity trainings.</li> <li>By July 31, 2026, GCHP's HECL Department shall conduct three Cultural and Linguistic (C&amp;L)/DEI trainings with Network Provider offices per quarter.</li> <li>By December 31, 2026, GCHP's HECL Department shall report on the number of C&amp;L fulfilment and benchmarks quarterly during the QIHEC meeting.</li> </ul>	Health Education / Cultural Linguistics
39	Primary and Specialty Care Access	Ensure primary and specialty care access standards met for minimum of 70% of providers.	Provider Network Operation
40	Network Adequacy	Assess and improve network adequacy as demonstrated by availability of practitioners.	Provider Network Operations
41	After Hours Availability	Conducts surveys to ensure members are able to reach a provider after hours.	Provider Network Operations
42	Provider Satisfaction	Field provider survey and develop action plan(s) to improve areas of low performance.	Provider Network Operations
43	Facility Site Review Requirements	Maintain 100% compliance with Facility Site Review (FSR) requirements.	Clinical Quality Improvement
44	Physical Accessibility Review Surveys (PARS)	Complete Physical Accessibility Reviews (PARs) 100% on time.	Clinical Quality Improvement
45	Credentialing/Recredentialing	Maintain a well-defined credentialing and recredentialing process for evaluating practitioners/ providers to provide care to members.	Provider Network Operations
46	Grievances and Appeals	Monitor all member grievances and appeals to identify trending issues. Communicate these trends to relevant departments to develop actionable plans aimed at addressing highly reported concerns and improving the overall member experience	Grievances and Appeals

#	Metric	Goal	Department
47	Call Center Monitoring	Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. (1) ASA: 30 seconds or less; (2) Abandonment Rate: 5% or less; (3) Phone Quality Results: ≥ 95%.	Member Services
48	CAHPS: Surveys	Coordinate with DHCS and HSAG to complete the CAHPS surveys and complete analysis of survey results.	Quality Improvement
49	CAHPS: Improve CAHPS Scores	Improve CAHPS scores based on MY 2025 CAHPS outcomes, including Getting Care Quickly and Getting Needed Care.	Operations Strategy / External Affairs Quality Improvement
50	Delegation Oversight	100% of all audits completed at least annually with corrective action plans (CAPs) closed timely.	Compliance

### Objective 1: Improve Quality and Safety of Clinical Care Services

1. Quality: 2026 Quality Improvement and Health Equity Transformation (QIHET) Program Description						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality	2026 QIHET Program Description	Update the 2026 QIHET Program Description.	1. Collaborate with business units to review and update the 2026 QIHET Program Description.	1. 9/3/25 - 12/15/25	<ul style="list-style-type: none"> <li>Executive Director, Quality Improvement</li> <li>Sr. QI Manager</li> <li>QI Program Manager III</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Prepare and submit for approval to the Quality Improvement & Health Equity Committee (QIHEC).	2. 1/20/26		Quarterly Updates:
			3. Prepare and submit it for approval to the Commission.	3. 2/23/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Submit to state Department of Health Care Services (DHCS).	4. 3/31/26		Plans for next year:
<b>Evaluation &amp; Barrier Analysis</b>						

**2. Quality: 2026 Quality Improvement and Health Equity Transformation Medi-Cal Work Plan**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality	2025 QIHET Medi-Cal Work Plan	Update the 2026 QIHET Medi-Cal Work Plan.	<ol style="list-style-type: none"> <li>1. Collaborate with business units to review and update the 2026 QIHET Medi-Cal Work Plan.</li> <li>2. Prepare and submit for approval to the QIHEC.</li> <li>3. Prepare and submit it for approval to the Commission.</li> <li>4. Submit to DHCS.</li> </ol>	<ol style="list-style-type: none"> <li>1. 9/03/25-12/15/25</li> <li>2. 1/20/26</li> <li>3. 2/23/26</li> <li>4. 3/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Executive Director, Quality Improvement</li> <li>• Senior QI Manager</li> <li>• QI Program Manager III</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Plans for next year:</p>

**Evaluation & Barrier Analysis**

3. Quality: 2025 Quality Improvement and Health Equity Transformation Work Plan Evaluation

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality	2025 QIHET Program and Work Plan Evaluation	Complete the 2025 QIHET Program and Work Plan Evaluation.	1. Collaborate with business units to complete 2025 QIHET Program and Work Plan Evaluation.	1. 3/1/26-6/30/26	<ul style="list-style-type: none"> <li>Executive Director, Quality Improvement</li> <li>Senior QI Manager</li> <li>QI Program Manager III</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Evaluate effectiveness of the quality improvement structure and resources.	2. 3/01/26-7/31/26		Quarterly Updates:
			3. Evaluate the QIHEC subcommittees are occurring according to each subcommittee's charter and cadence.	3. 3/01/26-7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Conduct assessment of Committee Members.	4. 7/31/26		Plans for next year:
			5. Conduct assessment of systems and activities.	5. 7/31/26		
			6. Conduct assessment of resources dedicated to addressing disparities.	6. 7/31/26		
			7. Prepare and submit for approval to the QIHEC.	7. 9/15/26		
			8. Prepare and submit it for approval to the Commission.	8. 9/28/26		

Evaluation & Barrier Analysis

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4. Quality: 2026 HEDIS® Compliance Audit™

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality	2026 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ for the 2025 measurement year and receive “reportable” status for all measures.	<ol style="list-style-type: none"> <li>ROADMAP submission</li> <li>Non-standard supplemental data (NSSD) primary source validation (PSV)</li> <li>Preliminary rate review</li> <li>Medical record review (MRR) Validation</li> <li>Final rate review</li> <li>Interactive data set submission</li> <li>Submit ROADMAP management representation letter</li> </ol>	<ol style="list-style-type: none"> <li>1/23/26</li> <li>3/27/26</li> <li>4/24/26</li> <li>5/22/26</li> <li>6/15/26</li> <li>6/15/26</li> <li>6/15/26</li> </ol>	<ul style="list-style-type: none"> <li>Executive Director, Quality Improvement</li> <li>Senior QI Manager</li> <li>QI Program Manager II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> Quarterly Updates: Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Plans for next year:

Evaluation & Barrier Analysis

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**5. Health Equity: 2025 Culturally and Linguistically Appropriate Services (CLAS) Work Plan and Program Description**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Health Equity	2026 CLAS Program Description and Work Plan	Update the 2026 CLAS Program Description and Work Plan.	<ol style="list-style-type: none"> <li>1. Update the 2026 CLAS Program Description and Work Plan.</li> <li>2. Present to the Health Education / Cultural Linguistics Committee for approval.</li> <li>3. Present to the Quality Improvement and Health Equity Committee for approval.</li> </ol>	<ol style="list-style-type: none"> <li>1. 5/1/26</li> <li>2. 5/1/26</li> <li>3. 5/12/26</li> </ol>	<ul style="list-style-type: none"> <li>• Senior Director, Health Education and Cultural Linguistics</li> <li>• Senior Cultural and Linguistics Specialist</li> <li>• Senior Health Navigator / Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

**Evaluation & Barrier Analysis**

**6. Health Equity: 2025 Culturally and Linguistically Appropriate Services (CLAS) Work Plan and Program Evaluation**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Health Equity	2025 CLAS Program and Work Plan Evaluation	Complete the 2025 CLAS Program and Work Plan Evaluation.	1. Complete evaluation of the 2025 CLAS Program and Work Plan Evaluation.	1. 1/1/26-5/1/26	<ul style="list-style-type: none"> <li>Senior Director, Health Education and Cultural Linguistics</li> <li>Senior Cultural and Linguistics Specialist</li> <li>Senior Health Navigator / Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Evaluate effectiveness of the quality improvement structure and resources.	2. 1/1/26-5/1/26		Quarterly Updates:
			3. Conduct assessment of committee members.	3. 5/1/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Conduct assessment of systems and activities.	4. 5/1/26		Plans for next year:
			5. Conduct assessment of resources dedicated to addressing disparities.	5. 5/1/26		
			6. Prepare and submit for approval to the QIHEC.	6. 5/12/26		
			7. Prepare and submit for approval to the Commission.	7. 6/29/26		

**Evaluation & Barrier Analysis**

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**7. Population Health: Population Needs Assessment (PNA)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Population Health	Population Needs Assessment	Maintain NCQA compliant PNA as part of the Population Health Strategy Report submitted to DHCS.	1. Submit DHCS Public Health Management (PHM) strategy deliverable.	1. 2/2/26	<ul style="list-style-type: none"> <li>Senior Manager of Population Health Management</li> <li>Population Health Program Manager</li> <li>Program Analyst of Population Health Management</li> <li>Senior Healthcare Data Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Develop and implement PHM strategic objectives to address member needs identified in the PNA.	2. 12/31/26		Quarterly Updates:
			3. Support local health jurisdictions in their current community health assessment and community health improvement plan cycle.	3. 12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Participate in and complete activities in community health implementation strategy priority area workgroups..	4. 12/31/26		Plans for next year:

**Evaluation & Barrier Analysis**

**8. Population Health: Wellth Program**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Population Health	Wellth Programs	Maintain stable enrollment in the Utilization Management Program with a strategic focus on reducing inpatient utilization and closing care gaps.	<ol style="list-style-type: none"> <li>1. Conduct biannual analysis of enrolled members' inpatient utilization trends and care gap closure rates.</li> <li>2. Implement a provider referral process.</li> <li>3. Monitor enrollment volumes weekly to ensure program capacity is maintained.</li> </ol>	<ol style="list-style-type: none"> <li>1. 12/31/26</li> <li>2. 12/31/26</li> <li>3. 12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Senior Manager of Population Health</li> <li>• Population Health Program Manager</li> <li>• Program Analyst of Population Health Management</li> <li>• Senior Healthcare Data Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> Quarterly Updates: <hr/> Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <hr/> Plans for next year:

**Evaluation & Barrier Analysis**

**9. Population: Health Risk Assessment**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Population Health	Health Risk Assessment (HRA)	Maintain NCQA compliance by further developing and expanding the use of the HRA, ensuring timely identification of member needs and continuing to refine the referral process to address needs.	1. The PHM team will continue working with Carenet to conduct HRAs at a volume to match capacity for referrals.	1. 6/30/26	<ul style="list-style-type: none"> <li>Senior Manager of Population Health</li> <li>Program Analyst of Population Health Management</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Develop transition for moving HRA outreach from Carenet to the GCHP Call Center.	2. 6/30/26		Quarterly Updates:
			3. Initiate active outreach to members for HRA completion online and reporting via Customer Relation Management (CRM).	3. 6/30/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Maintain and evaluate referral process with Carelon for members with elevated PHQ-2 from HRA	4. 12/31/26		Plans for next year:

**Evaluation & Barrier Analysis**

**10. Utilization Management: Clinical Practice Guidelines**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Utilization Management	Preventive Health, Clinical Practice, and Utilization Management Guidelines	Complete annual review and adoption of evidence-based Preventive Health Guidelines (PHG), including the Diabetes and Asthma Clinical Practice Guidelines (CPG), and UM Guidelines.	<ol style="list-style-type: none"> <li>1. Submit annuals reviews for approval to the Credentialing / Peer Review Committee (C/PRC).</li> <li>2. Post guidelines on the GCHP website and distribute guidelines to appropriate practitioners, upon request.</li> <li>3. Ensure alignment of PHG with Provider Manual and applicable policies.</li> </ol>	<ol style="list-style-type: none"> <li>1. 3/12/26, 6/4/26, 9/3/26, 11/26/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Chief Medical Officer</li> <li>• Executive Director Health Services t</li> <li>• Senior Director Quality Improvement</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

**Evaluation & Barrier Analysis**

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**11. Care Management: Complex Case Management**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Care Management (CM)	Complex Case Management (CCM)	Maintain and monitor a standardized turnaround time (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.	<ol style="list-style-type: none"> <li>Continue staff training as identified.</li> <li>Review and revise staff auditing tools to align with NCQA and policy HS-058 Care Management including Complex Case Management guidelines associated with TAT for CCM.</li> <li>Strategize with CM, QI, HS analyst on the development of metrics and benchmarks to capture CCM TAT.</li> <li>Monitor CCM TAT dashboard and implement interventions for benchmarks not met.</li> </ol>	<ol style="list-style-type: none"> <li>1/1/26-12/31/26</li> <li>1/1/26 – 12/31/26</li> <li>1/1/26-12/31/26</li> <li>3/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>Director of CM</li> <li>Senior Manager, CM &amp; Special Projects</li> <li>CM Managers</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> Quarterly Updates: <hr/> Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <hr/> Plans for next year:

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**12. Care Management: Care Gap Closure**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Care Management (CM)	Care Gap Closure	Implement strategies to close care gaps for MCAS measures.	1. Continue to include utilization of the MCAS care gaps dashboard as part of the CM process.	1. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>• Director of CM</li> <li>• Senior Manager, CM &amp; Special Projects</li> <li>• CM Managers</li> <li>• Senior QI Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Review and revise JAM's/ resource tools/to align with care gap report utilization.	2. 4/1/26-12/31/26		Quarterly Updates:
			3. Review and revise staff auditing tools as identified.	3. 1/1/26-12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Provide staff with learning opportunities related to MCAS care gap report, programs and activities.	4. 1/1/26-12/31/26		Plans for next year:
			5. Strategize with QI and other departments as identified on the development of programs and activities to address identified care gaps.	5. 1/1/26-12/31/26		

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**13. Advance Prevention: Initial Health Appointment (IHA)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Advance Prevention	Initial Health Appointment	Increase rates of Initial Health Appointment (IHA) completion by providers.	<ol style="list-style-type: none"> <li>Distribute new member lists to clinic/health system for member outreach to schedule the IHA visit.</li> <li>Monitor and compare claims data with IHA outreach data for timely completion of outreach efforts and IHA completion within 120 days of enrollment by clinic system.</li> <li>Provide ongoing training on the IHA process and outreach efforts.</li> </ol>	<ol style="list-style-type: none"> <li>On or by 15th day of each month</li> <li>4/1/26, 7/1/26, 10/1/26, 01/1/27</li> <li>1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>Senior Manager Clinical QI</li> <li>Clinical QI RN</li> <li>QI Data Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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**14. Pharmacy: Reduction in Potential Unsafe Opioid Prescriptions**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Pharmacy	Opioid Utilization Monitoring	Monitor member opioid utilization via pharmacy claims from Medi-Cal Rx and monitor for any trends where the utilization exceeds more than a 5% increase from the prior quarter.	1. Monitor the following statistics related to opioid utilization via pharmacy claims from Medi-Cal Rx in GCHP members: <ul style="list-style-type: none"> <li>• Total number of unique users</li> <li>• Concurrent users of opioids and benzodiazepines</li> <li>• Concurrent users of opioids and antipsychotics</li> <li>• Number of high dose utilizers</li> <li>• Number of members who fill opioids at three or more pharmacies</li> <li>• Number of members who have opioids prescribed by three or more prescribers</li> </ul> 2. Perform retrospective drug utilization review (DUR) and implement Provider Interventions Related to Opioid Utilization as needed.	1. 3/31/26, 6/30/26, 9/30/26, 12/31/26  2. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>• Director of Pharmacy</li> <li>• Clinical Programs Pharmacist</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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### 15. Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Behavioral Health	Follow-Up After Emergency Department (ED) Visit for Mental Illness – 30 days. (FUM-30)	Increase the FUM-30 rate to exceed the DHCS MPL (50 <sup>th</sup> percentile).	<ol style="list-style-type: none"> <li>Continuously improve and develop new innovative interventions that promote members' access to behavioral health care services.</li> <li>Monitor Carelon Behavioral Health performance towards the established incentive measure targets within the fully executed contract to ensure adequate follow-up care after ED visit.</li> <li>Improve data exchange to ensure more complete, accurate, and timely data to improve robust capture of follow-up visits.</li> <li>Include FUM in the Quality Incentive Provider Pool (QIPP) Program.</li> <li>Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</li> <li>Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.</li> <li>Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.</li> </ol>	<ol style="list-style-type: none"> <li>12/31/26</li> <li>12/31/26</li> <li>12/31/26</li> <li>1/1/26-12/31/26</li> <li>12/31/26</li> <li>8/15/26</li> <li>1/31/26-12/31/26</li> <li>7/31/26</li> </ol>	<ul style="list-style-type: none"> <li>Director, Behavioral Health and Social Programs</li> <li>Manager, Behavioral Health</li> <li>QI Program Manager III</li> <li>Executive Director, IT</li> <li>Director of Medical Informatics</li> <li>Senior Program Analyst</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Plans for next year:</p>

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**16. Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Behavioral Health	Follow-Up After Emergency Department (ED) Visit for Substance Use – 30 days. (FUA-30)	Increase the FUA-30 rate to meet or exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA	1. Continuously improve and develop new innovative interventions that promote members’ access to behavioral health care services.	1. 12/31/26	<ul style="list-style-type: none"> <li>• Director, Behavioral Health and Social Programs</li> <li>• Manager, Behavioral Health</li> <li>• QI Program Manager III</li> <li>• Executive Director, IT</li> <li>• Director of Medical Informatics</li> <li>• Senior Program Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Monitor Carelon Behavioral Health performance towards the established incentive measure targets within the fully executed contract to ensure adequate follow-up care after ED visit.	2. 12/31/26		Quarterly Updates:
			3. Improve data exchange to ensure more complete, accurate, and timely data to improve robust capture of follow-up visits.	3. 12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Include FUA in the Quality Incentive Provider Pool (QIPP) Program.	4. 1/1/26-12/31/26		Plans for next year:
			5. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).	5. 12/31/26		
			6. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	6. 8/15/26		
			7. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	7. 1/31/26-12/31/26		
			8. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	8. 7/31/26		

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**17. Behavioral Health: Depression Screening for Adolescents and Adults (DSF-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Behavioral Health	Depression Screening for Adolescents and Adults (DSF-E)	Increase the DSF-E rate to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile).	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>2. Evaluate improvements in data collection (e.g., administrative data sources, LOINC codes, coding audits).</li> <li>3. Incentivize and monitor Carelon depression screenings and data capture.</li> <li>4. Engage in partnerships with internal departments, clinic systems, and external organizations, to implement interventions, promote best practices and increase awareness.</li> <li>5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).</li> <li>6. Include DSF-E in the Quality Incentive Provider Pool (QIPP) Program.</li> </ol>	<ol style="list-style-type: none"> <li>1. 1/1/26-12/31/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 1/1/26-12/31/26</li> <li>4. 10/31/26</li> <li>5. 10/31/26</li> <li>6. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Director, Behavioral Health and Social Programs</li> <li>• Manager, Behavioral Health</li> <li>• QI Program Manager III</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>New measure added in 2026</p> <p>Plans for next year:</p>

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**18. Behavioral Health: Prenatal Depression Screening and Follow-Up (PND-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Behavioral Health	Prenatal Depression Screening and Follow-Up (PND-E)	Increase the PND-E rate to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile).	1. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	1. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>Director, Behavioral Health and Social Programs</li> <li>Manager, Behavioral Health</li> <li>QI Program Manager III</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Evaluate improvements in data collection (e.g., administrative data sources, LOINC codes, coding audits).	2. 1/1/26-12/31/26		Quarterly Updates:
			3. Incentivize and monitor Carelon depression screenings and data capture.	3. 1/1/26-12/31/26		Continued from prior year: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			4. Engage in partnerships with internal departments, clinic systems, and external organizations, to implement interventions, promote best practices and increase awareness.	4. 10/31/26		New measure added in 2026
			5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).	5. 10/31/26		Plans for next year:
			6. Include PND-E in the Quality Incentive Provider Pool (QIPP) Program.	6. 1/1/26-12/31/26		

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**19. Behavioral Health: Postpartum Depression Screening and Follow-Up (PDS-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Behavioral Health	Postpartum Depression Screening and Follow-Up (PDS-E)	Increase the PDS-E rate to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile).	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>2. Evaluate improvements in data collection (e.g., administrative data sources, LOINC codes, coding audits).</li> <li>3. Incentivize and monitor Carelon depression screenings and data capture.</li> <li>4. Engage in partnerships with internal departments, clinic systems, and external organizations, to implement interventions, promote best practices and increase awareness.</li> <li>5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).</li> <li>6. Include PDS-E in the Quality Incentive Provider Pool (QIPP) Program.</li> </ol>	<ol style="list-style-type: none"> <li>1. 1/1/26-12/31/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 1/1/26-12/31/26</li> <li>4. 10/31/26</li> <li>5. 10/31/26</li> <li>6. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Director, Behavioral Health and Social Programs</li> <li>• Manager, Behavioral Health</li> <li>• QI Program Manager III</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>New measure added in 2026</p> <p>Plans for next year:</p>

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**20. Behavioral Health: 2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within 7 Days of an ED Visit**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Evaluation & Barrier Analysis	2023-2026 Non-Clinical PIP	Improve the percentage of provider notifications for members with substance use disorder (SUD) and / or specialty mental health (SMH) diagnoses following or within 7 days of emergency department (ED) visit.	<ol style="list-style-type: none"> <li>1. Submit PIP modules as directed by DHCS and HSAG for review and approval.</li> <li>2. Perform ongoing evaluation of the interventions and identify opportunities to improve.</li> <li>3. Report updates and results to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>1. 9/1/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 11/17/26</li> </ol>	<ul style="list-style-type: none"> <li>• QI Program Manger III</li> <li>• Manager, Clinical Care Management</li> <li>• Director of Behavioral Health and Social Program</li> <li>• Clinical Care Manager III, LCSW</li> <li>• Senior QI Data Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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21. Behavioral Health: 2025-2026 DHCS/IHI Behavioral Health Collaborative with VCBH						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality / DHCS	DHCS / IHI / VCBH Collaborative focused on improving the existing navigator workflows at the county-run hospital (Ventura County Medical Center) to improve outcomes for individuals who visit the emergency department (ED) for FUA and FUM condition.	By 12/31/ 2026, GCHP and Ventura County Behavioral Health (VCBH) will increase the VCBH FUA and FUM rates to meet or exceed the DHCS MPL (50 <sup>th</sup> percentile) through enhanced care coordination processes and streamlined data exchange,	<ol style="list-style-type: none"> <li>1. Implementation of data sharing mechanism and development of data use framework.</li> <li>2. Enhance care coordination in the ED and between collaborating providers.</li> <li>3. Improvement of delivery system processes.</li> <li>4. Report updates and results to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>1. 1/1/26-12/31/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 1/1/26-12/31/26</li> <li>4. 11/17/26</li> </ol>	<ul style="list-style-type: none"> <li>• GCHP staff                             <ul style="list-style-type: none"> <li>» Director, Behavioral Health &amp; Social Programs</li> <li>» Manager, Behavioral Health</li> <li>» Behavioral Health Specialist</li> <li>» Director, Medical Informatics</li> <li>» Senior Program Analyst</li> <li>» Senior QI Manager</li> <li>» QI Program Manager III</li> </ul> </li> <li>• VCBH Staff                             <ul style="list-style-type: none"> <li>» Quality Improvement Manager</li> <li>» Senior Program Administrator</li> <li>» Care Coordination Manager</li> </ul> </li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

21. Behavioral Health: 2025-2026 DHCS/IHI Behavioral Health Collaborative with VCBH

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
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## 22. Cancer Prevention: Breast Cancer Screening (BCS-E)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Breast Cancer Screening (BCS-E)	Increase the percentage of members 50 to 74 years of age who had a mammogram to screen for breast cancer to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS<sup>®</sup> rate reports.</li> <li>2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.</li> <li>4. Evaluate effectiveness of the breast cancer screening member incentive program and identify program changes and enhancements, as applicable.</li> <li>5. Expand and evaluate the effectiveness of the point-of-care (POC) member incentive program and identify program changes and enhancements as applicable.</li> <li>6. Distribute provider member incentive awards quarterly.</li> <li>7. Promote and support access to mobile mammography services.</li> <li>8. Conduct member outreach campaigns to increase preventive screenings and close care gaps.</li> <li>9. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness.</li> </ol>	<ol style="list-style-type: none"> <li>1. 8/15/26</li> <li>2. 1/31/26-12/31/26</li> <li>3. 7/31/26</li> <li>4. 12/31/26</li> <li>5. 12/31/26</li> <li>6. 3/31/26-12/31/26</li> <li>7. 9/30/26</li> <li>8. 6/1/26-12/31/26</li> <li>9. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. QI Manager</li> <li>• QI RN</li> <li>• Sr. Director of Health Education, Cultural and Linguistic Services</li> <li>• Sr. Health Navigator &amp; Health Educator</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Plans for next year:</p>

**22. Cancer Prevention: Breast Cancer Screening (BCS-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			10. Include BCS in the Quality Incentive Provider Pool (QIPP) Program. 11. Evaluate improvements in data collection (e.g., administrative data sources, coding audits). 12. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee). 13. Collaborate with clinic systems and Alinea to schedule mobile mammogram events to increase access to screenings.	10. 1/1/26-12/31/26  11. 1/1/26-12/31/26  12. 10/31/26  13. 10/31/26		

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## 23. Cancer Prevention: Cervical Cancer Screening (CCS-E)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Cervical Cancer Screening (CCS-E)	Increase percentage of members 21 to 64 years of age who were screened for cervical cancer to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS <sup>®</sup> rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>Director of Pharmacy Services</li> <li>Clinical Programs Pharmacist</li> <li>Sr. QI Manager</li> <li>QI Program Manager III</li> <li>QI RN</li> <li>Sr. Health Navigator &amp; Health Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Evaluate effectiveness of the cervical cancer screening member incentive program and identify program changes and enhancements, as applicable.	4. 12/31/26		Plans for next year:
			5. Expand and evaluate the effectiveness of the point-of-care (POC) member incentive program and identify program changes and enhancements as applicable.	5. 12/31/26		
			6. Distribute provider member incentive awards quarterly.	6. 3/31/26-12/31/26		
			7. Conduct member outreach campaigns to increase preventive screenings and close care gaps.	7. 4/1/26-11/30/26		
			8. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness and access to care.	8. 1/1/26-12/31/26		

**23. Cancer Prevention: Cervical Cancer Screening (CCS-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			<p>9. Include CCS in the Quality Incentive Provider Pool (QIPP) Program core measures.</p> <p>10. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</p> <p>11. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee). Promote use of new FDA approved HPV self-collection tests in clinic settings.</p> <p>12. Implement interventions based on key insights from the CCS focus groups.</p>	<p>9. 1/1/26-12/31/26</p> <p>10. 1/1/26-12/31/26</p> <p>11. 1/1/26-12/31/26</p> <p>12. 6/30/26</p>		

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## 24. Cancer Prevention: Colorectal Cancer Screening (COL-E)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Advance Prevention	Colorectal Cancer Screening (COL-E)	Increase the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer exceed the DHCS MPL (50 <sup>th</sup> percentile).	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>Senior QI Manager</li> <li>Senior Director of Health Education, Cultural and Linguistic Services</li> <li>Senior Health Navigator &amp; Health Educator</li> <li>Senior Manager of Population Health</li> <li>Program Analyst, PHM</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).	4. 7/31/26		Plans for next year:
			5. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., American Cancer Society, Community Relations Department) to implement interventions, promote best practices and increase awareness.	5. 1/1/26-12/31/26		
			6. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).	6. 1/1/26-12/31/26		
			7. Evaluate implementation of member incentive program.	7. 1/1/26-12/31/26		
			8. Continue gap closure program pilot with Exact Sciences to evaluate gap closure rates between PCPs and between COL screening types and evaluate opportunities to expand to other clinic systems.	8. 1/1/26-12/31/26		

**24. Cancer Prevention: Colorectal Cancer Screening (COL-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			9. Complete research on home COL test kit vendors and costs. 10. Prepare proposed strategy for Quality Measures Steering Committee to integrate home FIT screenings to supplement Cologuard pilot. 11. Include COL-E in the Quality Incentive Provider Pool (QIPP) Program.	9. 1/16/26  10. 2/27/26  11. 12/31/26		

**Evaluation & Barrier Analysis**

## 25. Chronic Disease Management: Follow-Up After Acute Care Visit for Asthma (AAF-E)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Follow-Up after Acute Care Visit for Asthma (AAF-E)	Report on first year rate for Follow-Up after Acute Care Visit for Asthma.	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>2. Evaluate MY 2025 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> <li>3. Explore development of community health workers (CHW) home visiting program in collaboration with Health Education.</li> <li>4. Evaluate improvements in data collection and data sharing (e.g., administrative data sources, coding audits, HIE) to ensure more complete, accurate, and timely data to improve robust capture of follow-up visits.</li> <li>5. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department) to implement interventions, promote best practices and increase awareness.</li> <li>6. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).</li> <li>7. Include AAF-E in the Hospital Quality Incentive Provider Pool (H-QIPP) Program.</li> </ol>	<ol style="list-style-type: none"> <li>1. 1/31/26-12/31/26</li> <li>2. 7/31/26</li> <li>3. 9/30/26</li> <li>4. 12/31/26</li> <li>5. 12/1/26-12/31/26</li> <li>6. 1/1/26-12/31/26</li> <li>7. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Director of Pharmacy</li> <li>• Clinical Programs Pharmacist</li> <li>• Senior QI Manager</li> <li>• QI Program Manager III</li> <li>• Senior Health Navigator &amp; Health Educator</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>New measure added in 2026</p> <p>Plans for next year:</p>

**25. Chronic Disease Management: Follow-Up After Acute Care Visit for Asthma (AAF-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			8. Improve data exchange to ensure more complete, accurate, and timely data to improve robust capture of follow-up visits. 9. Create a process to send provider notifications within seven days of acute care visit for asthma in the ED, urgent care, or hospital.	8. 1/1/26-12/31/26  9. 3/31/26		

**Evaluation & Barrier Analysis**

## 26. Chronic Disease Management: Health Equity Controlling Blood Pressure (CBP)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Controlling Blood Pressure	Increase the percentage of members with hypertension who are 21 to 44 years of age and have a blood pressure rate of <140/90 to exceed the DHCS MPL (75 <sup>th</sup> percentile).	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>Senior QI Manager</li> <li>QI Program Manager II</li> <li>Manager, Care Management and Special Programs</li> <li>Senior Manager of Population Health</li> <li>Population Health Program Manager</li> <li>Program Analyst, PHM</li> <li>HEDIS® Data Master</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights	2. 1/1/26-12/31/25		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).	4. 1/1/26-12/31/26		Plans for next year:
			5. Notify members and providers of the Medi-Cal Rx blood pressure cuff benefits.	5. 5/30/26		
			6. Monitor and promote member utilization of the blood pressure devices to improve self-monitoring and reporting of blood pressure.	6. 12/31/26		
			7. Collaborate with Care Management to promote the blood pressure cuff benefit.	7. 9/1/26		
			8. Utilize the Chronic Disease Self-Management Program to educate members with hypertension care gaps in self-management skills.	8. 1/1/26-12/31/26		
			9. Include CBP in the Quality Incentive Provider Pool (QIPP) Program as a priority measure.	9. 1/1/26-12/31/26		

**26. Chronic Disease Management: Health Equity Controlling Blood Pressure (CBP)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			10. Evaluate improvements in data collection to capture BP through administrative data (e.g., EMR, HIE). 11. Utilize the Wellth Program to collect blood pressure data. 12. Leverage Wellth program to notify members to take appropriate action when flagged for high BP readings.	10. 1/1/26-12/31/26  11. 12/31/26  12. 12/31/26		

**Evaluation & Barrier Analysis**

### 27. Chronic Disease Management: Glycemic Status Assessment for Patients with Diabetes (>9.0%) (GSD)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Glycemic Status Assessment for Patients with Diabetes	<p>Improve the GSD rate as follows:</p> <ul style="list-style-type: none"> <li>Decrease the percentage of members with diabetes who are 18 to 75 years of age and have GSD &gt; 9.0% to meet the DHCS HPL (90<sup>th</sup> percentile).</li> <li>Increase the percentage of members with diabetes who are 18 to 75 years of age and have GSD &lt; 8.0% to meet the DHCS HPL (90<sup>th</sup> percentile).</li> </ul>	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>Senior QI Manager</li> <li>QI Program Manager III</li> <li>Senior Director of Health Education, Cultural and Linguistic Services</li> <li>Senior Health Navigator &amp; Health Education</li> <li>Senior Manager of Population Health Management</li> <li>Population Health Program Manager</li> <li>Program Analyst, PHM</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).	4. 7/31/26		Plans for next year:
			5. Include in the Quality Incentive Provider Pool (QIPP) Program	5. 1/1/26-12/31/26		
			6. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).	6. 1/1/26-12/31/26		
			7. Initiate the Arine Diabetes Management Program to support targeted medication optimization for diabetic members and complete biannual assessment of the effectiveness of the program.	7. 12/31/26		
			8. Continue to promote Chronic Disease Self-Management Program to members with diabetes care gaps and other co-morbidities.	8. 1/1/26-12/31/26		

**27. Chronic Disease Management: Glycemic Status Assessment for Patients with Diabetes (>9.0%) (GSD)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			9. Evaluate effectiveness of diabetes HbA1c member incentive program and identify program changes and enhancements, as applicable.	9. 9/1/26		

**Evaluation & Barrier Analysis**

## 28. Women's Health: Prenatal and Postpartum Care (PPC)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Prenatal and Postpartum Care	<p>Increase the percentage of members with live birth deliveries who completed timely prenatal and postpartum exams to meet or exceed the DHCS HPL (90<sup>th</sup> percentile).</p> <ul style="list-style-type: none"> <li>Members who received a prenatal care visit during the first trimester, on or before the enrollment start date, or within 42 days of enrollment.</li> <li>Members who completed a postpartum exam completed with seven to 84 days after a live-birth delivery.</li> </ul>	<ol style="list-style-type: none"> <li>Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.</li> <li>Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.</li> <li>Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).</li> <li>Conduct member outreach campaigns to increase postpartum screenings and close gaps in care.</li> <li>Include PPC in the Quality Incentive Provider Pool (QIPP) Program.</li> <li>Continue monthly reports to improve early identification of members who are due for prenatal and postpartum visits.</li> <li>Evaluate effectiveness of the Doula Pilot Program.</li> <li>Provide pregnancy and postpartum packets with resources for providers to distribute to members.</li> </ol>	<ol style="list-style-type: none"> <li>8/15/26</li> <li>1/31/26-12/31/26</li> <li>7/31/26</li> <li>7/31/26</li> <li>3/1/26-12/31/26</li> <li>1/1/26-12/31/26</li> <li>12/31/26</li> <li>1/1/26-12/31/26</li> <li>1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>HECL/Senior Health Navigator &amp; Health Educator</li> <li>Population Health Analyst</li> <li>Add QI Staff</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Plans for next year:</p>

## Evaluation &amp; Barrier Analysis

29. Children’s Health: Childhood Immunization Status – Combo 10 (CIS-10-E)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Childhood Immunization Status – Combo 10-E (CIS-10-E)	Increase the percentage of members who completed all Combo-10 immunizations by their second birthday to meet or exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>QI Program Manager II</li> <li>Senior Health Navigator &amp; Health Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Community Relations Department, VCPH, VCOE, VFC) to implement interventions to increase access to care, promote best practices and increase awareness.	4. 1/1/26-12/31/26		Plans for next year:
			5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.	5. 1/1/26-12/31/26		
			6. Conduct member outreach campaigns to increase immunizations and close care gaps.	6. 3/1/26– 11/30/26		
			7. Include CIS-10 in the Quality Incentive Provider Pool (QIPP) Program.	7. 1/1/26-12/31/26		
			8. Evaluate effectiveness of the flu vaccine member incentive program.	8. 1/1/26– 12/31/26		
			9. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).	9. 12/31/26		

**29. Children’s Health: Childhood Immunization Status – Combo 10 (CIS-10-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			10. Implement interventions based on key insights from the immunization and well-child focus groups.	10.6/30/26		

**Evaluation & Barrier Analysis**

**30. Children’s Health: Immunizations for Adolescents – Combo 2 (IMA-2-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Immunizations for Adolescents – Combo 2 (IMA-2-E)	Increase the percentage of adolescents who completed all IMA-2 immunizations by their 13th birthday to meet the DHCS HPL (90 <sup>th</sup> percentile).	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>QI Program Manager II</li> <li>Senior Health Navigator &amp; Health Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Community Relations Department, VCPH, VCOE, VFC) to implement interventions, improve access to care, promote best practices and increase awareness.	4. 1/1/26-12/31/26		Plans for next year:
5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.	5. 1/1/26-12/31/26					
6. Conduct member outreach campaigns to increase immunizations and close care gaps.	6. 3/1/26-12/31/26					
7. Evaluate effectiveness of the HPV immunization member incentive program and identify program changes/enhancements, as applicable.	7. 12/31/26					
8. Expand and evaluate the effectiveness of the POC member incentive program and identify program changes/enhancements as applicable.	8. 12/31/26					

**30. Children’s Health: Immunizations for Adolescents – Combo 2 (IMA-2-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			9. Include IMA-2 in the Quality Incentive Provider Pool (QIPP) Program. 10. Evaluate improvements in data collection (e.g., administrative data sources, coding audits). 11. Implement interventions based on key insights from the immunization and well-child focus groups.	9. 1/1/26-12/31/26  10. 1/1/26-12/31/26  11. 6/30/26		

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**31. Children’s Health: Developmental Screening in the First Three Years of Life (DEV)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Developmental Screening in the First Three Years of Life (DEV)	Increase the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding, or on, their first, second or third birthday, by 3% compared to the prior measurement year.	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>QI Program Manager II</li> <li>Senior Health Navigator &amp; Health Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Help Me Grow/First 5, VCPH, VCOE) to implement interventions to improve access to care, promote best practices and increase awareness.	4. 1/1/26-12/31/26		Plans for next year:
5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.	5. 9/30/26					
6. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).	6. 12/31/26					
7. Include DEV in the Quality Incentive Provider Pool (QIPP) Program	7. 1/1/26-12/31/26					
8. Conduct member outreach campaigns to increase preventive screenings and close care gaps.	8. 3/15/26- 11/30/26					

**Evaluation & Barrier Analysis**

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## 32. Children's Health: Lead Screening in Children (LSC-E)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS / DHCS	Lead Screening in Children (LSC-E)	<ul style="list-style-type: none"> <li>Increase the percentage of children who had one or more capillary or venous blood lead tests for lead poisoning by their second birthday to meet or exceed the DHCS HPL (90<sup>th</sup> percentile).</li> <li>Increase the percentage of children who had blood lead tests and periodic assessments as prescribed in the DHCS APL 20-016 Lead Screening in Children by 5% in each category               <ul style="list-style-type: none"> <li>» 12 months</li> <li>» 24 months</li> <li>» 72 months</li> </ul> </li> </ul>	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>QI Program Manger II</li> <li>Senior Health Navigator &amp; Health Educator</li> <li>Senior Manager, Clinical QI</li> <li>Clinical QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Community Relations Department, Help Me Grow/First 5, CDR, CLPPP, VCPH, VCOE) to implement interventions, promote best practices and increase awareness.	4. 1/1/26-12/31/26		Plans for next year:
		5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.	5. 1/1/26-12/31/26			
		6. Compile and distribute lead screening gaps in care reports quarterly to providers (per DHCS APL 20-016).	6. 5/31/26, 12/31/26			
		7. Educate and monitor provider compliance with lead screening requirements through medical record audits and engagement, issuing CAPs for identified under performance.	7. 3/15/26-11/30/26			

**32. Children’s Health: Lead Screening in Children (LSC-E)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			<ul style="list-style-type: none"> <li>8. Conduct member outreach campaigns to increase blood lead screenings and close care gaps.</li> <li>9. Evaluate effectiveness of the LSC member incentive program and identify program changes/enhancements, as applicable.</li> <li>10. Increase adherence to the DHCS APL (20-016) in the areas of anticipatory guidance and lead screening refusal forms.</li> <li>11. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</li> <li>12. Include LSC in the Quality Incentive Provider Pool (QIPP) Program</li> </ul>	<ul style="list-style-type: none"> <li>8. 3/1/26-12/31/26</li> <li>9. 12/31/26</li> <li>10. 12/31/26</li> <li>11. 1/1/26-12/31/26</li> <li>12. 1/1/26-12/31/26</li> </ul>		

**Evaluation & Barrier Analysis**

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## 33. Children's Health: Topical Fluoride Varnish (TFL)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Topical Fluoride Varnish (TFL)	Increase the percentage of members, ages 1 through 20, who received at least two topical fluoride applications during the measurement year to exceed the DHCS MPL (50 <sup>th</sup> ).	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.</li> <li>2. Provide clinics/providers with the prospective MY 2026 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.</li> <li>4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Community Relations Department, Help Me Grow/First 5, VCPH, VCOE, United Way) to implement interventions to improve access to care, promote best practices and increase awareness.</li> <li>5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.</li> <li>6. Include TFL in the Quality Incentive Provider Pool (QIPP) Program.</li> <li>7. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</li> <li>8. Work with vendors to administer topical fluoride varnish at health fairs.</li> </ol>	<ol style="list-style-type: none"> <li>1. 8/15/26</li> <li>2. 1/31/26-12/31/26</li> <li>3. 7/31/26</li> <li>4. 1/1/26-12/31/26</li> <li>5. 12/31/26</li> <li>6. 1/1/26-12/31/26</li> <li>7. 1/1/26-12/31/26</li> <li>8. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• QI Program Manager II</li> <li>• Senior Health Navigator &amp; Health Educator</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Plans for next year:</p>

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**34. Children’s Health: Well-Child Visits in the First 30 Months of Life (W30)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Well-Child Visits in the First 30 Months of Life (W30)	Increase the percentage of children who had well-child visits with a PCP for the following sub-measures. <ul style="list-style-type: none"> <li>Well-child visits in the first 15 months of life: Increase the percentage of children with six or more well-care exams within the first 15 months of life to meet or exceed the 75<sup>th</sup> national Medicaid percentile established by NCQA.</li> <li>Well-child visits between 15 and 30 months of age. Increase the percentage of 30-month-old children who had two or more well-child exams between 15 and 30 months of age to meet or exceed the DHCS HPL (90<sup>th</sup> percentile)</li> </ul>	1. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	1. 8/15/26	<ul style="list-style-type: none"> <li>Senior QI Manager</li> <li>QI Program Manager II</li> <li>Senior Health Navigator &amp; Health Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with monthly prospective MY 2026 MCAS rate and gaps in care reporting via Converged Data Insights.	2. 1/31/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Health Education, Population Health, Community Relations, Help Me Grow/First 5, CHDP, VCPH, VCOE, WIC) to implement interventions, promote best practices and increase awareness.	4. 1/1/26-12/31/26		Plans for next year:
			5. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.	5. 1/1/26-12/31/26		

**34. Children’s Health: Well-Child Visits in the First 30 Months of Life (W30)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			6. Conduct member outreach campaigns to increase well-child preventive care screenings and close gaps in care. 7. Include W30 in the Quality Incentive Provider Pool (QIPP) Program 8. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).	6. 3/1/26-11/30/26  7. 1/1/26-12/31/26  8. 1/1/26-12/31/26		

**Evaluation & Barrier Analysis**

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**35. Children’s Health: Child and Adolescent Well-Care Visits (WCV)**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Child and Adolescent Well-Care Visits (WCV)	Increase the percentage of members, 3 to 21 years of age, who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year to exceed the DHCS MPL (50 <sup>th</sup> percentile).	1. Provide clinics/providers with prospective MY 2026 MCAS rate and gaps in care reporting via Converged Data Insights.	1. 7/31/26	<ul style="list-style-type: none"> <li>Senior QI Manager</li> <li>QI Program Manager II</li> <li>Senior Health Navigator &amp; Health Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Provide clinics/providers with the annual MY 2025 MCAS/HEDIS® rate reports.	2. 1/1/26-12/31/26		Quarterly Updates:
			3. Evaluate MY 2025 performance to identify disparities by race, ethnicity, spoken language, and gender, and identify opportunities for improvement.	3. 7/31/26		
			4. Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities with input from external organizations (e.g. Community Advisory Committee).	4. 1/1/26-12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			5. Engage in partnerships with internal departments, clinic systems, and external organizations, (e.g., Care Management, Health Education, Population Health, Community Relations Department, Help Me Grow/First 5, VCPH, VCOE, WIC) to implement interventions to increase access to care, promote best practices and increase awareness.	5. 1/1/26-12/31/26		Plans for next year:
			6. Evaluate effectiveness of the well care member incentive program and identify program changes/enhancements, as applicable.	6. 12/31/26		
			7. Expand and evaluate the effectiveness of the point-of-care (POC) member incentive program and identify program changes/enhancements as applicable.	7. 1/31/26		

35. Children’s Health: Child and Adolescent Well-Care Visits (WCV)						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			8. Evaluate effectiveness of increasing the gift card incentive to \$50 for 16 to 21-year-olds assigned to VCMC clinics. 9. Distribute provider member incentive awards quarterly. 10. Conduct member outreach campaigns to increase preventive care screenings and close gaps in care. 11. Include WCV in the Quality Incentive Provider Pool (QIPP) Program.	8. 1/1/26-12/31/26  9. 3/1/26-12/31/26  10. 3/1/26– 11/30/26  11. 1/1/26-12/31/26		
<b>Evaluation &amp; Barrier Analysis</b>						

**36. Children’s Health: 2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality / DHCS	2023-2026 PIP Clinical Topic: W30-6+ among Hispanic/Latinx Members	Increase the rate of members among the Hispanic/Latinx community for completing six or more Well-Child visits by 15 months of life by 14.37% to meet the 75 <sup>th</sup> percentile nationally established NCQA benchmark.	<ol style="list-style-type: none"> <li>1. Submit modules as directed by DHCS/ HSAG for approval.</li> <li>2. Report updates/results to QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>1. 9/1/26</li> <li>2. 11/17/26</li> </ol>	<ul style="list-style-type: none"> <li>• QI Program Manager II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> Quarterly Updates: <hr/> Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <hr/> Plans for next year:

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**37. Children’s Health: 2025-2026 DHCS/IHI Child Health Equity Collaborative**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality / DHCS	DHCS Child Health Equity Focused Collaboration on Well-Care Exams	Phase II of the DHCS/IHI Child Health Equity Collaborative will begin in September 2025.	<ol style="list-style-type: none"> <li>Partner with two clinics to improve well-baby visits.</li> <li>Report updates and results to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>4/1/24-9/1/26</li> <li>11/17/26</li> </ol>	<ul style="list-style-type: none"> <li>QI Program Manager I</li> <li>Senior Health Navigator</li> <li>Manager, Community Relations</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continuing from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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## Objective 2: Improve Quality and Safety of Non-Clinical Care Services

38. Cultural and Linguistic Needs and Preferences						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Quality & Safety of Non-Clinical Care Services	Cultural and Linguistic Needs & Preferences	<ul style="list-style-type: none"> <li>By July 31, 2026, GCHP's Health Education, Cultural and Linguistic (HECL) Services Department shall expand current training modules to include Diversity, Equity, and Inclusion (DEI) training program curriculum as per DHCS (APL 24-016) that encompasses sensitivity, diversity, cultural competence and cultural humility, and health equity trainings.</li> <li>By July 31, 2026, GCHP's HECL Department shall conduct three Cultural and Linguistic (C&amp;L)/DEI trainings with three Network Provider offices per quarter.</li> </ul>	1. Develop an action plan to evaluate existing C&L/DEI training modules on the GCHP website and develop a process to increase C&L/DEI trainings.	1. 1/1/26-7/31/26	<ul style="list-style-type: none"> <li>Senior Director of Health Education and Cultural Linguistics</li> <li>Senior C&amp;L Specialist</li> <li>Senior Director, Network Operations</li> <li>Manager, Provider Contracting &amp; Regulatory</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Engage various departments on the C&L/DEI training modules and solicit feedback.	2. 8/1/26-12/31/26		Quarterly Updates:
			3. Engage Community-Based Organizations on the C&L/DEI training modules and solicit feedback.	3. 12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Engage Members on the C&L/DEI training modules for Providers and solicit their recommendations to ensure the Providers training courses are inclusive of GCHP membership.	4. 12/31/26		Plans for next year:
			5. Identify three Providers to conduct three C&L/DEI trainings.	5. 12/31/26		
			6. Evaluate C&L/DEI training and prepare summary report of findings.	6. 12/31/26		
			7. Prepare QIHEC dashboard summarizing the total number of C&L/DEI trainings and services at the quarterly QIHEC meetings.	7. 3/31/26, 6/30/26, 9/30/26, 12/31/26		

**38. Cultural and Linguistic Needs and Preferences**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
		<ul style="list-style-type: none"> <li>By December 31, 2026, GCHP's HECL Department shall report on the number of C&amp;L fulfilment and benchmarks quarterly during the QIHEC meeting.</li> </ul>				

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**39. Primary and Specialty Care Access**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Quality & Safety of Non-Clinical Care Services	Primary and Specialty Care Access	Ensure standards met for minimum of 70% of providers.  <b>Primary Care Access</b> Members are offered: <ul style="list-style-type: none"> <li>• Non-urgent primary care within 10 business days of request</li> <li>• Urgent care within 24 hours</li> </ul> <b>Specialty Care Access</b> Members are offered: <ul style="list-style-type: none"> <li>• Non-urgent specialty care appointment within 15 business days</li> <li>• Non-urgent ancillary services within 15 business days</li> </ul>	<ol style="list-style-type: none"> <li>1. Conduct survey and evaluate results.</li> <li>2. Develop and implement corrective action plans when timely access standards are not met.</li> <li>3. Report quarterly performance to QIHEC.</li> <li>4. Monitor complaints and potential quality issues (PQIs), relating to the member access for appointments and/or referrals, and take action as appropriate.</li> </ol>	<ol style="list-style-type: none"> <li>1. 10/31/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 3/31/26, 6/30/26, 9/30/26, 12/31/26</li> <li>4. 1/1/26-12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Senior Director, Network Operations</li> <li>• Senior Manager, Provider Network Operations – Program &amp; Policy</li> <li>• Manager, Provider Relations</li> <li>• Provider Relations Lead</li> <li>• Provider Data Network Analyst II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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40. Network Adequacy						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Quality & Safety of Non-Clinical Care Services	Assess and improve network adequacy as demonstrated by availability of practitioners.	<p>PCP and Specialty Ratios:</p> <ul style="list-style-type: none"> <li>PCP-to-member ratio, 1:2,000</li> <li>Specialist-to-member ratio 1: 1,200</li> </ul> <p>Physician supervision to non-physician practitioner ratios:</p> <ul style="list-style-type: none"> <li>Nurse practitioners 1:4</li> <li>Physician assistants 1:4</li> </ul> <p>Network maintained PCP located within 10 miles or 30 minutes from member's residence.</p> <p>Network maintained DHCS core specialists located within 30 miles or 60 minutes from members residence.</p> <p>Develop process for network certification (with ratios).</p> <p>Hospitals 15 miles or 30 minutes from member's residence.</p>	<ol style="list-style-type: none"> <li>Conduct ratio analysis for primary care and high-volume specialties.</li> <li>Identify gaps and implement corrective action plans (CAPs).</li> <li>Monitor progress toward action plans to maintain or improve GeoAccess standards for Network maintained PCPs.</li> <li>Monitor progress toward action plans to maintain or improve GeoAccess standards for Network maintained DHCS Core Specialists.</li> <li>Develop process for network certification (with ratios).</li> <li>Report quarterly ratio analysis and quarterly GeoAccess findings to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>3/31/26, 6/30/26, 9/30/26, 12/31/26</li> <li>1/1/26-12/31/26</li> <li>1/1/26-12/31/26</li> <li>1/1/26-12/31/26</li> <li>12/31/26</li> <li>3/31/26, 6/30/26, 9/30/26, 12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>Senior Director, Network Operations</li> <li>Senior Manager, Provider Network Operations – Program &amp; Policy</li> <li>Provider Network Operations Analyst II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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**41. After Hours Availability**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Quality & Safety of Non-Clinical Care Services	After Hours Availability	Conduct surveys to ensure members can reach a provider after hours.	<ol style="list-style-type: none"> <li>1. Conduct surveys and evaluate results.</li> <li>2. Develop and implement action plans when timely access standards are not met.</li> <li>3. Report on quarterly performance to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>1. 10/31/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 3/31/26, 6/30/26, 9/30/26, 12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Senior Director, Network Operations</li> <li>• Senior Manager, Provider Network Operations – Program &amp; Policy</li> <li>• Manager, Provider Relations</li> <li>• Provider Relations Lead</li> <li>• Provider Network Operations Analyst II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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42. Provider Satisfaction						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Quality & Safety of Non-Clinical Care Services	Provider Satisfaction Survey	Field provider survey and develop action plan(s) to improve areas of low performance.	<ol style="list-style-type: none"> <li>1. Conduct Provider Satisfaction Survey.</li> <li>2. Analyze results and identify opportunities for improvement.</li> <li>3. Implement interventions as needed to improve satisfaction.</li> </ol>	<ol style="list-style-type: none"> <li>1. 9/30/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 1/1/26– 12/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Senior Director, Network Operations</li> <li>• Manager, Provider Relations</li> <li>• Provider Relations Lead</li> <li>• Senior Manager, Provider Network Operations – Program &amp; Policy</li> <li>• Executive Director, Delivery System Operations and Strategies</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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**43. Facility Site Review Requirements**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Member Safety	Facility Site Review Requirements	Maintain 100% compliance with Facility Site Review (FSR) requirements.	1. Complete and document Initial, Interim, and Tri-annual Facility Site Reviews 100 % timely.	1. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>Senior Manager Clinical QI</li> <li>Clinical QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Issue and monitor corrective action plans (CAPs) as needed to facilitate clinic compliance and improvement on identified deficiencies.	2. 1/1/26-12/31/26		Quarterly Updates:
			3. Collaborate with PNO, Legal, and CMO on sites not meeting requirements.	3. 1/1/26-12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Monitor member complaints / grievances and potential quality issues (PQIs) involving quality of care and safety concerns.	4. 1/1/26-12/31/26		Plans for next year:
			5. Submit biannual FSR data to DHCS: <ul style="list-style-type: none"> <li>January – June</li> <li>July – December</li> </ul>	5. 7/31/26, 1/31/27		

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44. Physical Accessibility Review Surveys (PARS)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Member Safety	Physical Accessibility Review Surveys	Complete Physical Accessibility Reviews (PARs) 100% on time.	<ol style="list-style-type: none"> <li>1. Compile reports for high volume / ancillary specialist visits for the Seniors and Persons with Disabilities (SPD) population and submit PARs attestation to DHCS.</li> <li>2. Develop and implement process for completion of PARs for identified high volume / ancillary specialist provider sites.</li> <li>3. Complete and document High Volume Ancillary Specialists (HVAS) PARs as indicated.</li> <li>4. Complete and document PARs as indicated during the Initial and Periodic FSRs.</li> </ol>	1. 1/31/26	<ul style="list-style-type: none"> <li>• Senior Manager Clinical QI</li> <li>• Clinical QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
				2. 3/31/26		Quarterly Updates:
				3. 12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				4. 1/1/26-12/31/26		Plans for next year:

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**45. Credentialing / Recredentialing**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Improve Member Safety	Credentialing / Recredentialing	Maintain a well-defined credentialing and recredentialing process for evaluating practitioners/ providers to provide care to members.	1. Perform timely verification of all required credentialing elements to ensure current, accurate and complete files for credentialing decisions.	1. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>• Director, Provider Contracting and Credentialing Operations</li> <li>• Credentialing Specialist III</li> <li>• Credentialing Specialist II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Perform timely recredentialing within 36 months of last approval date.	2. 1/1/26-12/31/26		Quarterly Updates:
			3. Perform ongoing monitoring of sanctions and adverse events timely.	3. 1/1/26-12/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Identify opportunity to optimize existing Symplr system capabilities to further streamline credentialing processes and improve overall efficiency.	4. 1/1/26-12/31/26		Plans for next year:

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### Objective 3: Improve Quality of Service

46. Grievances and Appeals						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Assess and improve member experience	Grievances and appeals (G&A)	Monitor all member grievances and appeals to identify trending issues. Communicate these trends to relevant departments to develop actionable plans aimed at addressing highly reported concerns and improving overall member experience.	<ol style="list-style-type: none"> <li>1. Conduct quarterly assessment of grievances and appeals.</li> <li>2. Identify and reduce disparities in grievance and appeal trends related to access, quality of care, or language barriers, ensuring equitable member experiences and outcomes.</li> <li>3. Identify opportunities for improvement.</li> <li>4. Create and implement action plans for improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1. 3/31/26, 6/30/26, 9/30/26, 12/31/26</li> <li>2. 1/1/26-12/31/26</li> <li>3. 1/1/26-12/31/26</li> <li>4. 1/1/26-12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Director of Operations</li> <li>• G&amp;A Operations Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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**47. Call Center Monitoring**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Assess and improve member experience	Call Center Monitoring	Meet call center benchmarks to ensure members have timely access to call center staff and implement interventions on any deficient benchmarks. <ul style="list-style-type: none"> <li>• ASA: 30 seconds or less</li> <li>• Abandonment Rate: 5% or less</li> <li>• Phone Quality Results: ≥ 95%.</li> </ul>	1. Report Member Services telephone access analysis <ul style="list-style-type: none"> <li>• Monitor average speed of answer (ASA)</li> <li>• Monitor abandonment rate</li> <li>• Phone quality results</li> </ul> 2. Identify opportunities for improvement based on data analysis.	1. 3/31/26, 6/30/26, 9/30/26, 12/31/26  2. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>• Director of Member Contact Center</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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## Objective 4: Assess and Improve Member Experience

48. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Assess and improve member experience	CAHPS Surveys	Coordinate with DHCS and HSAG to complete the CAHPS surveys and complete analysis of survey results.	<ol style="list-style-type: none"> <li>1. Submit Survey Sample Frame Validation (SSFV) cover sheet to HSAG.</li> <li>2. Complete Survey Sample Frame Validation.</li> <li>3. Evaluate Adult and Child CAHPS scores including trend analysis and how rates ranked compared to NCQA Medicaid benchmarks.</li> </ol>	<ol style="list-style-type: none"> <li>1. 1/5/26</li> <li>2. 1/30/26</li> <li>3. 7/31/26</li> </ol>	<ul style="list-style-type: none"> <li>• Executive Director, Quality Improvement</li> <li>• Senior QI Manager</li> <li>• QI Program Managers II, III</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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**49. Consumer Assessment of Healthcare Providers and Systems (CAHPS): Improve CAHPS Scores**

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Assess and improve member experience	CAHPS: Improve CAHPS Scores	Improve CAHPS scores based on MY 2025 CAHPS outcomes, including Getting Care Quickly and Getting Needed Care.	1. Use Voice of the Member and Member Advisory Committee to create interventions based on areas of low performance.	1. 1/1/26-12/31/26	<ul style="list-style-type: none"> <li>Chief Member Experience and External Affairs Officer</li> <li>Director, Medical Informatics</li> <li>QI Program Manager III</li> <li>Senior Cultural and Linguistics Specialist</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
			2. Launch Press Ganey Member Survey via text, email and paper mail modalities.	2. 10/31/26		Quarterly Updates:
			3. Conduct a focus group with members who didn't answer the survey to gather insights on what strategies can be utilized to increase member engagement.	3. 10/31/26		Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			4. Launch member and provider education campaigns that are culturally and linguistically appropriate to educate members on the CAHPS surveys.	4. 1/1/26-12/31/26		Plans for next year:
			5. Evaluate CAHPS and member survey results and implement interventions based on findings <ul style="list-style-type: none"> <li>Gain understanding of members who completed surveys</li> <li>Drill down by provider and clinic impact</li> <li>Implement interventions to address member and provider barriers</li> </ul>	5. 1/1/26-12/31/26		

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## Objective 5: Ensure Organizational Oversight of Delegated Functions

50. Delegation Oversight Audit						
Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Ensure Organizational Oversight of Delegated Functions	Completion of Delegation Oversight Audits <ul style="list-style-type: none"> <li>Credentialing</li> <li>Quality Improvement</li> <li>Utilization Management</li> <li>Member Experience</li> <li>Claims</li> <li>Call Center</li> <li>Cultural and Linguistics</li> <li>Transportation (NEMT/NMT)</li> <li>Population Health Management</li> <li>Network Management</li> </ul>	100% of all audits completed at least annually with corrective action plans (CAPs) closed timely.	1. Complete audits per scheduled timeline 2. Issue CAPS as applicable. 3. Follow up on CAPs as applicable 4. Report to Compliance Committee and Quality Improvement Committee	1. 1/1/26-12/31/26 2. 1/1/26-12/31/26 3. 1/1/26-12/31/26 4. 3/20/26, 6/20/26, 9/20/26, 12/20/26	<ul style="list-style-type: none"> <li>Senior Director, Compliance</li> <li>Delegations Oversight Program Manager</li> <li>Privacy Officer- Delegation Oversight Audit Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continued from prior year: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Plans for next year:

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Quality Improvement and Health Equity  
Transformation Work Plan **2026**

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