



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


# Quality Improvement and Health Equity Transformation Work Plan **2025**

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## Reference Guide

#	Metric	Goal	Department
1	2025 Quality Improvement & Health Equity Transformation (QIHET) Program Description	Update the 2025 QIHET Program Description.	Quality Improvement
2	2025 Quality Improvement and Health Equity Transformation Work Plan	Update the 2025 QIHET Work Plan	Quality Improvement
3	2024 Quality Improvement and Health Equity Transformation Program and Work Plan Evaluation	Complete the 2024 QIHET Program and Work Plan Evaluation.	Quality Improvement
4	2025 Culturally and Linguistically Appropriate Services (CLAS) Work Plan and Program Description	Update the 2025 CLAS Program Description and Work Plan	Health Education & Cultural Linguistics
5	2024 CLAS Program and Work Plan Evaluation	Complete the 2024 CLAS Program and Work Plan Evaluation.	Health Education & Cultural Linguistics
6	2025 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ and receive “reportable” status for all measures.	Quality Improvement
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 and expand a QI focused programs with Wellth for full-scope Medi-Cal members who are 18+ years of age, are taking at least one medication and have multiple care gaps for which GCHP is held to the DHCS MPL (50 <sup>th</sup> percentile).	Population Health
9	Health Risk Assessment	Further develop and expand use of the HRA to meet the CalAIM annual requirement.	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 turn-around-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	Tobacco Cessation	Increase the rate of tobacco cessation counseling and utilization of tobacco cessation medication in members identified as tobacco users.	Health Education / Cultural Linguistics
14	Initial Health Appointment (IHA)	Increase rates of Initial Health Appointment (IHA) completion by providers.	Quality Improvement

#	Metric	Goal	Department
15	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
16	Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	Increase the FUM-30 rate to exceed the DHCS MPL (50 <sup>th</sup> percentile).	Behavioral Health
17	Behavioral Health: Follow-Up After Emergency Department Visit for Substance Use – 30 Days	Increase the FUA-30 rate to exceed DHCS MPL (50 <sup>th</sup> percentile).	Behavioral Health
18	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 7 days of emergency department (ED) visit.	Quality Improvement
19	2024-2025 DHCS/IHI Behavioral Health Collaborative	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 ED for an FUA and FUM condition.	Behavioral Health
20	Breast Cancer Screening (BCS)	Increase the percentage of members 50-74 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
21	Cervical Cancer Screening (CCS)	Increase percentage of members 21-64 years of age who were screened for cervical cancer to meet or exceed the DHCS HPL (90 <sup>th</sup> percentile).	Quality Improvement
22	Colorectal Cancer Screening (COL)	Increase the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer to meet the Medicare 50 <sup>th</sup> percentile.	Quality Improvement
23	Asthma Medication Ratio (AMR)	Increase the AMR rate for members, 5 to 64 years of age, who had persistent asthma and had a $\geq 0.50$ ratio of controller medications to total asthma medications to exceed the DHCS MPL (50 <sup>th</sup> percentile).	Quality Improvement Pharmacy
24	Asthma Medication Ratio (AMR)	Implement multi-disciplinary continuous quality improvement activities to improve the Asthma Medication Ratio.	Quality Improvement
25	Health Equity Controlling Blood Pressure (CBP)	Increase the percentage of members with hypertension who are 21-44 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
26	Glycemic Status Assessment for Patients with Diabetes >9.0% (GSD-Poor Control)	Decrease the percentage of members with diabetes who are 18-75 years of age and have GSD > 9.0% to meet the DHCS HPL (90 <sup>th</sup> percentile).	Quality Improvement

#	Metric	Goal	Department
27	Chlamydia Screening in Women (CHL)	Increase the rate of chlamydia screening in members 16 to 24 years of age to meet or exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	Quality Improvement Health Education / Cultural Linguistics
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
29	Childhood Immunization Status – Combo 10 (CIS-10)	Increase the percentage of members who completed all Combo-10 immunizations by their 2nd birthday to exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	Quality Improvement
30	Immunization Status for Adolescents – Combo 2 (IMA-2)	Increase the percentage of members who completed all IMA-2 immunizations by their 13th birthday to exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	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)	Increase the percentage of members who had one or more capillary or venous blood lead tests for lead poisoning by their 2 <sup>nd</sup> birthday to meet the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	Quality Improvement
33	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> ).	Quality Improvement
34	Well-Child Visits in the First 30 Months of Life (W30)	Increase the percentage of members who had well-child visits with a PCP to exceed the DHCS MPL (50 <sup>th</sup> percentile)	Quality Improvement
35	Child and Adolescent Well-Care Visits (WCV)	Increase the percentage of members, 3-21 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	Improve the performance rate for Well-Child Visits in the First 15 Months— Six or More Well-Child Visits (W30–6) among the Hispanic/Latinx population.	Quality Improvement
37	2024-2025 DHCS Child Health Equity Focused Collaboration on Well-Care Exams	Improve the completion of well-child visits.	Quality Improvement



#	Metric	Goal	Department
38	Cultural and Linguistic Needs & Preferences	<ul style="list-style-type: none"> <li>By July 31, 2025, 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, 2025, 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, 2025, GCHP's HECL Department shall report on the number of C&amp;L fulfillment 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 80% 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.	Quality Improvement
44	Physical Accessibility Review Surveys (PARS)	Complete Physical Accessibility Reviews (PARs) 100% on time.	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
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: $\geq 95\%$ .	Member Services
48	CAHPS: Surveys	Coordinate with DHCS and HSAG to complete the CAHPS surveys and complete analysis of survey results.	Quality Improvement



#	Metric	Goal	Department
49	CAHPS: Access to Specialty Care	Improve access to specialty care for adults and children.	Operations Strategy / External Affairs Quality Improvement
50	CAHPS: Improve CAHPS Scores	Improve CAHPS scores based on MY 2024 CAHPS outcomes, including Getting Care Quickly and Getting Needed Care.	Operations Strategy / External Affairs Quality Improvement
51	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: 2025 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	2025 QIHET Program Description	Update the 2025 QIHET Program Description.	<ol style="list-style-type: none"> <li>1. Collaborate with business units to review and update the 2025 QIHET Program Description.</li> <li>2. Prepare and submit for approval to the Quality Improvement &amp; Health Equity Committee (QIHEC).</li> <li>3. Prepare and submit for approval to the Commission.</li> </ol>	<ol style="list-style-type: none"> <li>1. 11/18/24 - 01/15/25</li> <li>2. 01/21/25</li> <li>3. 01/27/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. 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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

### Evaluation & Barrier Analysis



### 3. Quality: 2024 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	2024 QIHET Work Plan Evaluation	Complete the 2024 QIHET Work Plan Evaluation.	<ol style="list-style-type: none"> <li>1. Collaborate with business units to complete 2024 QIHET Program and Work Plan Evaluation.</li> <li>2. Evaluate effectiveness of the quality improvement structure and resources.</li> <li>3. Evaluate the QIHEC subcommittees are occurring according to each subcommittee's charter and cadence.</li> <li>4. Conduct assessment of Committee Members.</li> <li>5. Conduct assessment of systems and activities.</li> <li>6. Conduct assessment of resources dedicated to addressing disparities.</li> <li>7. Prepare and submit for approval to the QIHEC.</li> <li>8. Prepare and submit for approval to the Commission.</li> </ol>	<ol style="list-style-type: none"> <li>1. 03/01/25 - 06/30/25</li> <li>2. 03/01/25 - 07/31/25</li> <li>3. 03/01/25 - 07/31/25</li> <li>4. 07/31/25</li> <li>5. 07/31/25</li> <li>6. 07/31/25</li> <li>7. 09/16/25</li> <li>8. 09/23/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. 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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

#### Evaluation & Barrier Analysis

## 4. 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	2025 CLAS Program Description and Work Plan	Update the 2025 CLAS Program Description and Work Plan.	1. Update the 2025 CLAS Program Description and Work Plan.	1. 01/31/25	<ul style="list-style-type: none"> <li>Sr. Director, Health Education and Cultural Linguistics</li> <li>Sr. Cultural and Linguistics Specialist</li> <li>Sr. Health Navigator / Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
						New objective added in 2025.
						Next Steps:

## Evaluation &amp; Barrier Analysis

### 5. Health Equity: 2024 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	2024 CLAS Program and Work Plan Evaluation	Complete the 2024 CLAS Program and Work Plan Evaluation.	<ol style="list-style-type: none"> <li>1. Complete evaluation of the 2024 CLAS Program and Work Plan Evaluation.</li> <li>2. Evaluate effectiveness of the quality improvement structure and resources.</li> <li>3. Conduct assessment of Committee Members.</li> <li>4. Conduct assessment of systems and activities.</li> <li>5. Conduct assessment of resources dedicated to addressing disparities.</li> <li>6. Prepare and submit for approval to the QIHEC.</li> <li>7. Prepare and submit for approval to the Commission.</li> </ol>	<ol style="list-style-type: none"> <li>1. 03/01/25 - 06/30/25</li> <li>2. 03/01/25 - 07/31/25</li> <li>3. 07/31/25</li> <li>4. 07/31/25</li> <li>5. 07/31/25</li> <li>6. 09/16/25</li> <li>7. 09/23/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Director, Health Education and Cultural Linguistics</li> <li>• Sr. Cultural and Linguistics Specialist</li> <li>• Sr. Health Navigator / Educator</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
						New objective added in 2025.
						Next Steps:

### Evaluation & Barrier Analysis

## 6. Quality: 2025 HEDIS® Compliance Audit™

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Quality	2025 HEDIS® Compliance Audit™	Successfully complete and pass the annual HEDIS® Compliance Audit™ and receive “reportable” status for all measures.	<ol style="list-style-type: none"> <li>1. ROADMAP Submission</li> <li>2. Non-Standard Supplemental Data Primary Source Validation</li> <li>3. Preliminary rate review</li> <li>4. Medical Record Review (MRR) Validation</li> <li>5. Final rate review</li> <li>6. Interactive Data Set Submission</li> <li>7. Submit ROADMAP Management Representation Letter</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/31/25</li> <li>2. 03/28/25</li> <li>3. 04/25/25</li> <li>4. 05/23/25</li> <li>5. 06/13/25</li> <li>6. 06/13/25</li> <li>7. 06/13/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Director, Quality Improvement</li> <li>• Sr. QI Manager</li> <li>• QI Program Manager II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis



## 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. Develop and implement Population Health Management Strategic Objectives.	1. 12/31/25	<ul style="list-style-type: none"> <li>Sr. Manager of Population Health Management</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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; 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 Quality Improvement Program	Maintain and expand QI focused programs with Wellth for full-scope Medi-Cal members who are 18+ years of age, are taking at least one medication and have multiple care gaps for which GCHP is held to the DHCS MPL (50 <sup>th</sup> percentile).	<ol style="list-style-type: none"> <li>1. The PHM team will continue to evaluate the outcomes associated with the Wellth QI program.</li> <li>2. Implement a provider referral process.</li> <li>3. Enroll additional members into the Wellth QI program to a total of 10,500.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/06/25 - 12/31/25</li> <li>2. 02/28/25</li> <li>3. 03/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Manager of Population Health</li> <li>• Wellness and Prevention Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

## 9. Population Health: 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)	Further develop and expand use of the HRA to meet the CalAIM annual requirement.	<ol style="list-style-type: none"> <li>1. The PHM team will continue working with Carenet to conduct HRAs at a volume to match capacity for referrals.</li> <li>2. Implement member HRA outreach via SMS/test through Carenet.</li> <li>3. Transition HRA outreach from Carenet to the GCHP Call Center.</li> <li>4. Enable HRA completion online via Customer Relation Management (CRM) software.</li> </ol>	<ol style="list-style-type: none"> <li>1. 06/30/25</li> <li>2. 03/31/25</li> <li>3. 07/01/25</li> <li>4. 03/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Manager of Population Health</li> <li>• Wellness and Prevention Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> Quarterly Updates: Continue Objective: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> New objective added in 2025. Next Steps:

## Evaluation &amp; 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>Review and approval by the Credentialing /Peer Review Committee (C/PRC)</li> <li>Post guidelines on the GCHP website and distribute guidelines to appropriate practitioners, upon request.</li> <li>Ensure alignment of PHG with Provider Manual and applicable policies.</li> </ol>	<ol style="list-style-type: none"> <li>03/06/25, 06/05/25, 09/04/25, 11/20/25</li> <li>01/01/25 - 12/31/25</li> <li>01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>Chief Medical Officer</li> <li>Sr. Director Utilization Management</li> <li>Sr. Director Quality Improvement</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

## 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 turn-around-time (TAT) process for members identified as eligible for complex case management per NCQA CCM requirements.	<ol style="list-style-type: none"> <li>1. Continue staff training as identified.</li> <li>2. 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>3. Strategize with CM, QI, HS analyst on the development of metrics and benchmarks to capture CCM TAT.</li> <li>4. Monitor CCM TAT dashboard and implement interventions for benchmarks not met.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/01/25 - 12/31/25</li> <li>2. 01/01/25 – 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> <li>4. 03/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Director of CM</li> <li>• Sr. Manager, CM &amp; Special Projects</li> <li>• CM Managers</li> </ul>	<p>Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Quarterly Updates:</p> <p>Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Next Steps:</p>

### Evaluation & Barrier Analysis

## 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.	<ol style="list-style-type: none"> <li>1. Continue to include utilization of the MCAS care gaps dashboard as part of the CM process.</li> <li>2. Review and revise JAM's/ resource tools/to align with care gap report utilization.</li> <li>3. Review and revise staff auditing tools as identified.</li> <li>4. Provide staff with learning opportunities related to MCAS care gap report, programs and activities.</li> <li>5. Strategize with QI and other departments as identified on the development of programs and activities to address identified care gaps.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/01/25 - 12/31/25</li> <li>2. 04/01/25 - 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> <li>4. 01/01/25 - 12/31/25</li> <li>5. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Director of CM</li> <li>• Sr. Manager, CM &amp; Special Projects</li> <li>• CM Managers</li> <li>• Sr. QI Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

## 13. Advance Prevention: Tobacco Cessation

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
Advance Prevention	Tobacco Cessation	<p>Increase rate of tobacco cessation counseling and utilization of tobacco cessation medication in members identified as tobacco users.</p> <p><b>IHA benchmarks</b></p> <ul style="list-style-type: none"> <li>100% of identified tobacco users receive counseling.</li> <li>32% of tobacco users receive cessation medication.</li> </ul> <p><b>Admin benchmarks</b></p> <ul style="list-style-type: none"> <li>45% of identified tobacco users receive counseling.</li> <li>10% of tobacco users receive cessation medication.</li> </ul>	<ol style="list-style-type: none"> <li>Utilize DHCS methodology to identify tobacco users via data pulls for quarterly analysis and reporting.</li> <li>Create and/or update provider and member education campaigns.</li> <li>Measure tobacco cessation medication dispensing and cessation counseling quarterly via IHA medical record review and administrative data.</li> <li>Report tobacco cessation medication dispensing and cessation counseling semi-annually.</li> </ol>	<ol style="list-style-type: none"> <li>03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>12/31/25</li> <li>03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>03/31/25, 09/30/25</li> </ol>	<ul style="list-style-type: none"> <li>QI RN Manager</li> <li>Sr. Director of Health Education and Cultural Linguistics</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>Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Next Steps:</p>

## Evaluation &amp; Barrier Analysis



## 14. 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>1. Distribute new member lists to clinic/health system for member outreach to schedule the IHA visit.</li> <li>2. Monitor claims data for timely IHA completion within 120 days by clinic system.</li> <li>3. Conduct medical record audits by provider site and provide feedback on opportunities for improvement.</li> <li>4. Provide ongoing trainings on the IHA and IHA Outreach Log.</li> </ol>	<ol style="list-style-type: none"> <li>1. 11<sup>th</sup> day of each month</li> <li>2. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> <li>4. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI RN Manager</li> <li>• QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

## 15. 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.	<ol style="list-style-type: none"> <li>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 3 or more pharmacies</li> <li>• Number of members who have opioids prescribed by 3 or more prescribers</li> </ul> </li> <li>2. Perform retrospective Drug Utilization Review (DUR) and implement Provider Interventions Related to Opioid Utilization as needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>2. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Director of Pharmacy Services</li> <li>• Clinical Programs Pharmacist</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

## 16. 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>1. Continuously improve and develop new innovative interventions that promote members' access to behavioral health care services.</li> <li>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.</li> <li>3. Improve data exchange to ensure more complete, accurate, and timely data to improve robust capture of follow-up visits.</li> <li>4. Include FUM in the Quality Incentive Provider Pool (QIPP) Program.</li> <li>5. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</li> <li>6. Provide clinics/providers with the annual MY 2024 MCAS/HEDIS® rate reports.</li> <li>7. Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>8. Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> </ol>	<ol style="list-style-type: none"> <li>1. 12/31/25</li> <li>2. 12/31/25</li> <li>3. 12/31/25</li> <li>4. 12/31/25</li> <li>5. 12/31/25</li> <li>6. 08/15/25</li> <li>7. 01/31/25 - 12/31/25</li> <li>8. 07/31/25</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>• Sr. Program Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

### 17. 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 exceed 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 FUA 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 2024 MCAS / HEDIS® rate reports.</li> <li>Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> </ol>	<ol style="list-style-type: none"> <li>12/31/25</li> <li>12/31/25</li> <li>12/31/25</li> <li>12/31/25</li> <li>12/31/25</li> <li>08/15/25</li> <li>01/31/25 - 12/31/25</li> <li>07/31/25</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>Sr. Program Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

#### Evaluation & Barrier Analysis

### 18. Behavioral Health: 2023-2026 PIP Non-Clinical Topic: Percentage of Provider Notifications for Members with SUD/SMH Diagnoses within Seven 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 seven 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. 09/01/25</li> <li>2. 09/16/25, 11/18/25</li> <li>3. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI Program Manager III</li> <li>• Sr. Manager, CM &amp; Special</li> <li>• Director of Behavioral Health and Social Program</li> <li>• Clinical Care Manager III, LCSW</li> <li>• Sr. QI Data Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

#### Evaluation & Barrier Analysis

## 19. Behavioral Health: 2024-2025 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 an FUA and FUM condition.	By June 30 2025, improved care coordination processes and data exchange to increase the rate of follow-up behavioral health services by 5% for Ventura County Medi-Cal beneficiaries with behavioral health-related ED visits.	<ol style="list-style-type: none"> <li>1. Implementation of data sharing mechanism &amp; 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> </ol>	<ol style="list-style-type: none"> <li>1. 01/01/25 - 06/30/25</li> <li>2. 01/01/25 - 06/30/25</li> <li>3. 01/01/25 - 06/30/25</li> </ol>	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>• Sr. QI Manager</li> <li>• QI Program Manager III</li> </ul> VCBH Staff <ul style="list-style-type: none"> <li>• Quality Improvement Manager</li> <li>• Sr. Program Administrator</li> <li>• Care Coordination Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> Quarterly Updates: Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Next Steps:

## Evaluation &amp; Barrier Analysis





## 20. Cancer Prevention: Breast Cancer Screening (BCS)

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).			

## Evaluation &amp; Barrier Analysis



## 21. Cancer Prevention: Cervical Cancer Screening (CCS)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			9. Include CCS in the Quality Incentive Provider Pool (QIPP) Program core measures. 10. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).			

### Evaluation & Barrier Analysis

## 22. Cancer Prevention: Colorectal Cancer Screening (COL)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	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 meet the Medicare 50 <sup>th</sup> percentile.	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the annual MY 2024 MCAS / HEDIS® rate reports.</li> <li>2. Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights</li> <li>3. Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> <li>4. Conduct disparities analysis by race and ethnicity.</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. 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> <li>7. Partner with lab vendors to pilot home test kits.</li> <li>8. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</li> </ol>	<ol style="list-style-type: none"> <li>1. 08/15/25</li> <li>2. 01/31/25 - 12/31/25</li> <li>3. 07/31/25</li> <li>4. 07/31/25</li> <li>5. 01/01/25 - 12/31/25</li> <li>6. 01/01/25 - 12/31/25</li> <li>7. 06/30/25</li> <li>8. 01/01/25 - 12/31/25</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>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis



23. Chronic Disease Management: Asthma Medication Ratio (AMR)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			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).			

Evaluation & Barrier Analysis

## 24. Chronic Disease Management: 2025 DHCS Lean Quality Improvement and Health Equity Improvement Project

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
MCAS	Asthma Medication Ratio	Implement multi-disciplinary continuous quality improvement activities to improve the Asthma Medication Ratio..	<ol style="list-style-type: none"> <li>1. Submit the lean quality improvement and health equity process form.</li> <li>2. Submit the initial progress form with SMART goals, run charts, and interventions.</li> <li>3. Submit the final progress form.</li> </ol>	<ol style="list-style-type: none"> <li>1. 02/10/25</li> <li>2. 06/10/25</li> <li>3. 10/10/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI Program Manager III</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
						New objective added in 2025.
						Next Steps:

### Evaluation & Barrier Analysis





## 25. 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
			<p>11. Utilize the Chronic Disease Self-Management Program to educate members with hypertension care gaps on self-management skills.</p> <p>12. Include CBP in the Quality Incentive Provider Pool (QIPP) Program.</p> <p>13. Evaluate improvements in data collection to capture BP through administrative data (e.g., EMR, HIE).</p>			

### Evaluation & Barrier Analysis



26. 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
			11. Continue to promote Chronic Disease Self-Management Program to members with diabetes care gap and other co-morbidities.			

**Evaluation & Barrier Analysis**



### 27. Women's Health: Chlamydia Screening in Women (CHL)

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			9. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).			

#### 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 7 to 84 days after a live-birth delivery.</li> </ul>	<ol style="list-style-type: none"> <li>Provide clinics/providers with the annual MY 2024 MCAS / HEDIS® rate reports.</li> <li>Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> <li>Conduct disparities analysis by race and ethnicity.</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>08/15/25</li> <li>01/31/25 - 12/31/25</li> <li>07/31/25</li> <li>07/31/25</li> <li>01/01/25 - 12/31/25</li> <li>03/01/25 - 12/31/25</li> <li>12/31/25</li> <li>03/01/25</li> <li>06/30/25</li> <li>09/30/25</li> </ol>	<ul style="list-style-type: none"> <li>QI RN Manager</li> <li>QI RN</li> <li>HECL/Sr. Health Navigator &amp; Health Educator</li> <li>Population Health Analyst</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

### Evaluation & Barrier Analysis







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)	Increase the percentage of adolescents who completed all IMA-2 immunizations by their 13 <sup>th</sup> birthday to exceed the 75 <sup>th</sup> national Medicaid percentile established by NCQA.	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the annual MY 2024 MCAS/HEDIS® rate reports.</li> <li>2. Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>3. Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> <li>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.</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. Conduct member outreach campaigns to increase immunizations and close care gap.</li> <li>7. Evaluate effectiveness of the HPV immunization member incentive program and identify program changes/enhancements, as applicable.</li> <li>8. Expand and evaluate the effectiveness of the POC member incentive program and identify program changes/enhancements as applicable.</li> </ol>	<ol style="list-style-type: none"> <li>1. 08/15/25</li> <li>2. 01/31/25 - 12/31/25</li> <li>3. 07/31/25</li> <li>4. 01/01/25 - 12/31/25</li> <li>5. 01/01/25 - 12/31/25</li> <li>6. 03/01/25 - 12/31/25</li> <li>7. 12/31/25</li> <li>8. 12/31/25</li> <li>9. 12/31/25</li> <li>10. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI RN Manager</li> <li>• QI Program Manager II</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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

Annual Goal Met:  
Yes ☐ No ☐

Quarterly Updates:

Continue Objective:  
Yes ☒ No ☐

Next Steps:



## 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	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.	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with the annual MY 2024 MCAS / HEDIS® rate reports.</li> <li>2. Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>3. Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</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) 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. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</li> <li>7. Include in the Quality Incentive Provider Pool (QIPP) Program.</li> <li>8. Conduct member outreach campaigns to increase preventive screenings and close care gap.</li> </ol>	<ol style="list-style-type: none"> <li>1. 08/15/25</li> <li>2. 01/31/25 - 12/31/25</li> <li>3. 07/31/25</li> <li>4. 01/01/25 - 12/31/25</li> <li>5. 09/30/25</li> <li>6. 12/31/25</li> <li>7. 12/31/25</li> <li>8. 03/15/25 - 11/30/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI RN Manager</li> <li>• QI Program Manager II</li> <li>• QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis



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

Category	Area of Focus	Goals and Objectives	Planned Activities	Timeframe for Completion of Activities	Responsible Staff / Department	Status Update
			<p>9. Evaluate effectiveness of the LSC member incentive program and identify program changes/enhancements, as applicable.</p> <p>10. Increase adherence to the DHCS APL (20-016) in the areas of anticipatory guidance and lead screening refusal forms.</p> <p>11. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</p>			

## Evaluation &amp; Barrier Analysis

## 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 2024 MCAS / HEDIS® rate reports.</li> <li>2. Provide clinics/providers with the prospective MY 2025 MCAS rate and member gaps in care reporting via Converged Data Insights.</li> <li>3. Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</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. 08/15/25</li> <li>2. 01/31/25 - 12/31/25</li> <li>3. 07/31/25</li> <li>4. 01/01/25 - 12/31/25</li> <li>5. 12/31/25</li> <li>6. 12/31/25</li> <li>7. 01/01/25 - 12/31/25</li> <li>8. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI RN Manager</li> <li>• QI Program Manager II</li> <li>• QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

### 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	<p>Increase the percentage of children who had well-child visits with a PCP to exceed the DHCS MPL (50<sup>th</sup> percentile) 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.</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.</li> </ul>	<ol style="list-style-type: none"> <li>Provide clinics/providers with the annual MY 2024 MCAS / HEDIS® rate reports.</li> <li>Provide clinics/providers with monthly prospective MY 2025 MCAS rate and gaps in care reporting via Converged Data Insights.</li> <li>Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> <li>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.</li> <li>Create and/or update provider and member education campaigns that are culturally and linguistically appropriate to address health disparities.</li> </ol>	<ol style="list-style-type: none"> <li>08/15/25</li> <li>01/31/25 - 12/31/25</li> <li>07/31/25</li> <li>01/01/25 - 12/31/25</li> <li>01/01/25 - 12/31/25</li> <li>03/01/25 - 11/30/25</li> <li>12/31/25</li> <li>01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>Sr. QI Manager</li> <li>QI Program Manager II</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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:



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
			<div>6. Conduct member outreach campaigns to increase well-child preventive care screenings and close gaps in care.</div> <div>7. Include W30 in the Quality Incentive Provider Pool (QIPP) Program</div> <div>8. Evaluate improvements in data collection (e.g., administrative data sources, coding audits).</div>			

Evaluation & Barrier Analysis

### 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	Increase the percentage of members, 3-21 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).	<ol style="list-style-type: none"> <li>1. Provide clinics/providers with prospective MY 2025 MCAS rate and gaps in care reporting via Converged Data Insights.</li> <li>2. Provide clinics/providers with the annual MY 2024 MCAS/HEDIS® rate reports.</li> <li>3. Evaluate MY 2024 performance to identify barriers, disparities and opportunities for improvement and interventions.</li> <li>4. Conduct disparities analysis by race and ethnicity</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. 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 to increase access to care, promote best practices and increase awareness.</li> <li>7. Evaluate effectiveness of the well care member incentive program and identify program changes/enhancements, as applicable.</li> </ol>	<ol style="list-style-type: none"> <li>1. 07/31/25</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 07/31/25</li> <li>4. 07/31/25</li> <li>5. 01/01/25 - 12/31/25</li> <li>6. 01/01/25 - 12/31/25</li> <li>7. 01/31/25</li> <li>8. 01/01/25 - 12/31/25</li> <li>9. 12/31/25</li> <li>10. 03/01/25 – 10/31/25</li> <li>11. 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. QI Manager</li> <li>• QI Program Manager II</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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:



**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 75th 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. 09/01/25</li> <li>2. 09/16/25, 11/18/25</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"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

**Evaluation & Barrier Analysis**

## 37. Children's Health: 2024-2025 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	Increase the number of well-child visits completed by members assigned to CDCR KRB clinic, who are English speaking and between 12 and 17 years of age, from 38.42% to 43.22% by December 31, 2024.	<ol style="list-style-type: none"> <li>1. Complete Interventions 4: Actor mapping &amp; Community Partnership.</li> <li>2. Complete Intervention 5: Partnering for Effective Education and Communication.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/16/2025</li> <li>2. 01/16/2025 - 03/20/2025</li> </ol>	<ul style="list-style-type: none"> <li>• QI Program Manager I</li> <li>• QI RN</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:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

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

### 38. Cultural and Linguistic Needs & 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, 2025, 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 23-025) that encompasses sensitivity, diversity, cultural competence and cultural humility, and health equity trainings.</li> <li>By July 31, 2025, GCHP's HECL Department shall conduct three Cultural and Linguistic (C&amp;L) / DEI trainings with three Network Provider offices per quarter.</li> </ul>	<ol style="list-style-type: none"> <li>Develop an action plan to evaluate existing C&amp;L / DEI training modules on the GCHP website and develop a process to increase C&amp;L / DEI trainings.</li> <li>Engage various departments on the C&amp;L / DEI training modules and solicit feedback.</li> <li>Engage Community-Based Organizations on the C&amp;L / DEI training modules and solicit feedback.</li> <li>Engage Members on the C&amp;L / DEI training modules for Providers and solicit their recommendations to ensure the Providers trainings are inclusive of GCHP membership.</li> <li>Identify three Providers to conduct three C&amp;L / DEI trainings.</li> <li>Evaluate C&amp;L / DEI trainings and prepare summary report of findings.</li> <li>Prepare QIC dashboard summarizing the total number of C&amp;L / DEI trainings and services at the quarterly QIHEC meetings.</li> </ol>	<ol style="list-style-type: none"> <li>01/01/25 - 07/31/25</li> <li>08/01/25 - 12/31/25</li> <li>12/31/25</li> <li>12/31/225</li> <li>12/31/25</li> <li>12/31/25</li> <li>03/31/25, 06/30/25, 09/30/25, 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>Sr. Director of Health Education and Cultural Linguistics</li> <li>Sr. C&amp;L Specialist</li> <li>Sr. Director, Network Operations</li> <li>Manager, Provider Contracting &amp; Regulatory</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:



## 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 80% of providers.	<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. 09/30/2025</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>4. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Director, Network Operations</li> <li>• Sr. Manager, Provider Network Operations – Program &amp; Policy</li> <li>• Manager, Provider Relations</li> <li>• QI RN Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<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>				Quarterly Updates:
		<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>				Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis



## 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.	PCP and Provider Ratios:	<ol style="list-style-type: none"> <li>1. Conduct ratio analysis for primary care and high-volume specialties.</li> <li>2. Monitor progress toward action plans to maintain or improve GeoAccess standards for Network maintained PCP</li> <li>3. Monitor progress toward action plans to maintain or improve GeoAccess standards for Network maintained DHCS Core Specialists.</li> <li>4. Develop process for network certification (with ratios).</li> <li>5. Report biannual ratio analysis and annual GeoAccess findings to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>1. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> <li>4. 12/31/25</li> <li>5. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Director, Network Operations</li> <li>• Sr. 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"/>
		<ul style="list-style-type: none"> <li>• 1 PCP 1:2000</li> <li>• Total Physicians 1: 1200</li> </ul>				Quarterly Updates:
		Physician Supervision to Non-Physician Practitioner Ratios:				Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>• Nurse Practitioners 1:4</li> <li>• Physician Assistants 1:4</li> </ul>				Next Steps:
		<p>Network maintained PCP located within 10 miles or 30 minutes from members 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 members residence.</p>				

## Evaluation &amp; Barrier Analysis

## 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	Conducts surveys to ensure members are able to 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 quarterly performance to the QIHEC.</li> </ol>	<ol style="list-style-type: none"> <li>1. 09/30/25</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Director, Network Operations</li> <li>• Sr. Manager, Provider Network Operations – Program &amp; Policy</li> <li>• Manager, Provider Relations</li> <li>• Executive Director, Delivery System Operations and Strategies</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

**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>Analyze results and identify opportunities for improvement.</li> <li>Implement interventions as needed to improve satisfaction.</li> </ol>	<ol style="list-style-type: none"> <li>10/31/25</li> <li>01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>Sr. Director, Network Operations</li> <li>Manager, Provider Relations</li> <li>Sr. 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:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

**Evaluation & Barrier Analysis**

## 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.	<ol style="list-style-type: none"> <li>1. Complete and document Initial, Interim, and Tri-annual Facility Site Reviews 100 % timely.</li> <li>2. Issue and monitor corrective action plans (CAPs) as needed to facilitate clinic compliance and improvement on identified deficiencies.</li> <li>3. Collaborate with PNO, Legal, and CMO on sites not meeting requirements.</li> <li>4. Monitor member complaints / grievances and potential quality issues (PQIs) involving quality of care and safety concerns.</li> <li>5. Submit biannual FSR data to DHCS: <ul style="list-style-type: none"> <li>• January – June</li> <li>• July – December</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. 01/01/25 - 12/31/25</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> <li>4. 01/01/25 - 12/31/25</li> <li>5. 07/31/25, 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI RN Manager</li> <li>• QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>  Quarterly Updates:   Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Next Steps:

## Evaluation &amp; Barrier Analysis

## 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 PAR reports to DHCS.</li> <li>2. Complete and document PARs for identified high volume / ancillary specialist provider sites.</li> <li>3. Complete and document PARs as indicated during the Initial and Periodic FSRs</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/31/25</li> <li>2. 12/31/5</li> <li>3. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• QI RN Manager</li> <li>• QI RN</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> Quarterly Updates: Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Next Steps:

## Evaluation &amp; Barrier Analysis

## 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.	<ol style="list-style-type: none"> <li>1. Perform timely verification of all required credentialing elements to ensure current, accurate and complete files for credentialing decisions.</li> <li>2. Perform timely recredentialing within 36 months of last approval date.</li> <li>3. Perform ongoing monitoring of sanctions and adverse events timely.</li> <li>4. Collaborate with Symplr on software configuration and automation to achieve efficiency in the credentialing process.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/01/25 - 12/31/25</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> <li>4. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Senior Director, Network Operations</li> <li>• Credentialing Specialist III</li> <li>• Credentialing Specialist II</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis

## 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	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.	<ol style="list-style-type: none"> <li>1. Conduct quarterly assessment of grievances and appeals.</li> <li>2. Identify opportunities for improvement.</li> <li>3. Create and implement action plans for improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1. 03/31/25, 06/30/25, 09/30/25, 12/31/25</li> <li>2. 01/01/25 - 12/31/25</li> <li>3. 01/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Director of Operations</li> <li>• Operations Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/> Quarterly Updates: Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Next Steps:

### Evaluation & Barrier Analysis

## 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. 03/31/25, 06/30/25, 09/30/25, 12/31/25 2. 01/01/25 - 12/31/25	<ul style="list-style-type: none"> <li>• Director of Member Contact Center</li> <li>• Sr. Operations Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

## Evaluation &amp; Barrier Analysis



## 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 data to HSAG.</li> <li>2. Assess CAHPS scores and complete analysis.</li> </ol>	<ol style="list-style-type: none"> <li>1. 01/06/25</li> <li>2. 07/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Sr. Director, Quality Improvement</li> <li>• Sr. QI Manager</li> <li>• QI Program Managers II, III</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

### Evaluation & Barrier Analysis

#### 49. Consumer Assessment of Healthcare Providers and Systems (CAHPS): Access to Specialty Care

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: Access to Specialty Care	Improve access to specialty care for adults and children.	<ol style="list-style-type: none"> <li>1. Develop interventions to improve access to specialty care.</li> <li>2. Participate in the ACAP CAHPS Collaborative.</li> </ol>	<ol style="list-style-type: none"> <li>1. 12/31/25</li> <li>2. 02/01/25 - 12/31/25</li> </ol>	<ul style="list-style-type: none"> <li>• Chief Innovation Officer</li> <li>• Executive Director, Delivery Systems, Operations and Strategies</li> <li>• Chief Member Experience and External Affairs Officer</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

#### Evaluation & Barrier Analysis

**50. 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 2024 CAHPS outcomes, including Getting Care Quickly and Getting Needed Care.	1. Utilize Voice of the Member to create interventions based on areas of low performance.	1. 12/31/25	<ul style="list-style-type: none"> <li>Chief Innovation Officer</li> <li>Executive Director, Delivery Systems, Operations and Strategies</li> <li>Chief Member Experience and External Affairs Officer</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

**Evaluation & Barrier Analysis**

## Objective 5: Ensure Organizational Oversight of Delegated Functions

### 51. Delegation Oversight

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> </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. 01/01/25 - 12/31/25 2. 01/01/25 - 12/31/25 3. 01/01/25 - 12/31/25 4. 03/31/25, 06/30/25, 09/30/25, 12/31/25	<ul style="list-style-type: none"> <li>Sr. Director, Compliance</li> <li>Delegations Oversight Program Manager</li> <li>Privacy Officer- Internal Audit Director</li> <li>Delegation Oversight Audit Manager</li> </ul>	Annual Goal Met: Yes <input type="checkbox"/> No <input type="checkbox"/>
						Quarterly Updates:
						Continue Objective: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Next Steps:

### Evaluation & Barrier Analysis



# Quality Improvement and Health Equity Transformation Work Plan **2025**

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