

## 2024 Quality Improvement and Health Equity Transformation Program (QHETP) Work Plan

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
<b>1. QIHETP Structure</b>					
1.1	<b>QHETP Program Documents</b>	By March 2024, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2022 QIHETP Evaluation	January -February 2024	Beth Hernandez, Quality Director Stephanie Rivera, Chief Equity Officer
1.2			Develop annual 2023 QIHETP Program Description, incorporating structural changes identified in the evaluation	January -February 2024	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
1.3			Develop annual 2023 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow-up.	January -February 2024	Beth Hernandez, Quality Director Stephanie Rivera, Chief Equity Officer
1.4	<b>Quality Council</b>	Ensure Quality Council oversight of CCHP's quality program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	January -November 2024	Irene Lo, CMO Beth Hernandez, Quality Director Arnold DeHerrera, Administrative
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	January -February 2024	Beth Hernandez, Quality Director
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	January 2024 - December 2024	Beth Hernandez, Quality Director
1.7	<b>Equity Council</b>	Ensure Equity Council oversight of the Quality Improvement and Health Equity Transformation Program through regularly scheduled meetings.	Implement the QIHETP work Plan and convene quarterly scheduled meetings	March, June, September, December 2024	Stephanie Rivera, Chief Equity Officer Nicolás E. Barceló, Medical Director Arnold Deherrera, Administrative
		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	January 2024-December 2024	Stephanie Rivera, Chief Equity Officer Nicolás E. Barceló, Medical Director
1.8		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	January 2024-December 2024	Stephanie Rivera, Chief Equity Officer Nicolás E. Barceló, Medical Director Otilia Tuitin, Equity Quality Manager
1.9	<b>Community Advisory Committee</b>	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community based organizations and CCHP members through Quarterly CAC meetings.	January 2024-December 2024	Stephanie Rivera, Chief Equity Officer Hua Hsuan Liu, Equity Manager
<b>2. NCQA Accreditation</b>					
2.1	<b>NCQA Health Plan Accreditation</b>	By January 2024, ensure CCHP staff are trained and survey ready for the 2025 Health Plan Accreditation survey.	Organize kick off meeting and identify department team members	January 2024	Beth Hernandez, Quality Director
2.2			Complete training on new standards, review standards and guidelines, develop project plan and timeline for submission of materials to be ready for the 2025 survey	January 2024	Beth Hernandez, Quality Director Department Directors
2.3		Ensure deficiencies identified during the 2020-2022 NCQA accreditation survey are corrected and update policies and procedures as they related to new 2024 and 2025 NCQA Standards	Modify internal processes and report formats for any "not met" or "partially met" areas	January 2024 - June 2024	Department Directors
2.4		Revise policies and procedures according to new NCQA standards and guidelines	January 2024; August 2024	Department Directors	
2.5	<b>NCQA Health Equity Accreditation</b>	By February 2024, identify NCQA Health Equity Accreditation survey and time line.	As part of the NCQA Health Plan Accreditation, identify, the Health Equity Standards to be implemented	February 2024	Stephanie Rivera, Chief Equity Officer Beth Hernandez, Quality Director
2.6		Review NCQA Health Equity Accreditation 2024 standards	Complete training on health equity standards, review guidelines and develop project plan and timeline	February 2024-March 2024	Stephanie Rivera, Chief Equity Officer Otilia Tiutin, Equity Quality Manager Hua Hsuan Liu, Equity Quality Manager
2.7		Program development of NCQA Health Equity Accreditation for implementation in 2025.	Create Policies and procedures and systems to implement accreditation guidelines.	April 2024-December 2024	Stephanie Rivera, Chief Equity Officer Otilia Tiutin, Equity Quality Manager Hua Hsuan Liu, Equity Quality Manager

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<b>3. Measurement, Analytics, Reporting, and Data Sharing</b>					
3.1	<b>HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)</b>	1. By June 30, 2024, report HEDIS MY2023 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS)	Complete all annual HEDIS, MCAS, and HEQMS activities, including incorporating new measures and completing medical record abstraction.	January 2024 - June 2024	Sharri Jones, HEDIS Manager Dustin Peasley, Quality Analyst Beth Hernandez, Quality Director Business Intelligence COA Nurses
3.2		2. Exceed the 50th percentile for all MCAS measures and establish performance improvement plan for those near or at risk	Complete annual HEDIS MY2023 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	July 2024 -September 2024	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director Dustin Peasley, Quality Analyst
3.3		3. Prepare for transition to ECDS by identifying efficiencies in data system measurement	Identify areas of opportunity for data systems and data sources for MY2024	July 2024 - August 2024	Beth Hernandez, Quality Director Business Intelligence
3.4		4. Align HEDIS measurements to quality improvement projects and strategic goals for 2024	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	March 2024 - August 2024	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
3.5	<b>CCHP Quality Measurement Infrastructure</b>	Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	March 2024 - August 2024	Beth Hernandez, Quality Director Business Intelligence
3.6			Create quality feedback mechanism for providers, which will share performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	July 2024 - September 2024	Beth Hernandez, Quality Director
3.7			Develop system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	July 2024 - September 2024	Beth Hernandez, Quality Director
3.8	<b>Member Experience and Quality of Service (NCQA, DHCS)</b>	1. By June 30, 2024, gather, analyze, and highlight areas of opportunity using the CAHPS survey  2. Process 95% percent of grievances within required timeframes.  3. Develop member feedback channel through the Community Advisory Committee	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	August 2024 - September 2024	Jersey Neilson, Quality Manager
3.9			Review and analyze the limited English enrollee survey	August 2024 - September 2024	Otilia Tiutin, Equity Manager
3.1			Review and analyze behavioral health specific member experience surveys	August 2024 - September 2025	Jersey Neilson, Quality Manager
3.11			Develop report on MY2023 member experience	February - March 2024	Jersey Neilson, Quality Manager
3.12			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	May 2024 - September 2024	Nicolas Barceló, Medical Director
3.13			Develop survey tool for collecting member experience on population health programs	March 2024 - August 2024	Jersey Neilson, Quality Manager
3.14	Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, and Strategy	April 2024 - September 2024	Stephanie Rivera, Chief Equity Officer Hua Hsuan Liu, Equity Manager		
3.15	<b>Provider Experience</b>	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey	August 2024 - September 2024	Dustin Peasley, Quality Analyst
3.16	<b>Access to Care and Quality of Service (DMHC, DHCS)</b>	1. Review results of Provider Appointment Availability Survey and NCQA High Volume/High Impact specialists monitoring and develop and act on at least one opportunity for improvement.  1. Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and secret shopper calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times *Shortening or Expanding timeframes *Skilled Nursing Facility placement	March 2024, June 2024, September 2024, December 2024	Dustin Peasley, Quality Analyst
3.17			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	March 2024 - May 2024	Dustin Peasley, Quality Analyst Beth Hernandez, Quality Director
3.18			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	May - September 2024	Dustin Peasley, Quality Analyst

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3.19	CalAIM Reporting (DHCS)	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly CalAIM Population Health Monitoring Reports, reviewing key KPIs on population health metrics	February, May, August, November	Beth Hernandez, Quality Director
3.2			Complete the DHCS Incentive Payment Program reporting	February, July, December	Sara Levin, Medical Director
3.21			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	March 2024, September 2024	Sara Levin, Medical Director
3.22			Develop measure specifications and complete the transition to JSON report for CalAIM enrollment reporting	February, May, August, November	Tyler Heslinger, Business Intelligence
3.23	REAL and SOGI Data	Improve collection of race, ethnicity, preferred spoken and written language data collection	Input new member REAL surveys into cLink	January 2024 - December 2024	Student Interns Arnold DeHerrera, Executive Assistant
3.24		Develop process for ingesting race/ethnicity 834 data into cLink	February - March 2024	IT and Business Intelligence Beth Hernandez, Quality director	
3.25		Improve collection of sexual orientation and gender identity data	Modify new member packets to incorporate SOGI collection	March - April 2024	Otilia Tiutin, CLAS Manager
3.26	CLAS Reporting	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	January - February 2024	Otilia Tiutin, CLAS Manager
3.27	Encounter Data Validation (DHCS)	Implement the encounter data validation study per the timelines and requirements from DHCS	Procure medical records and submit according to auditors deadlines	February 2024 - June 2024	Arnold DeHerrera Shari Jones, HEDIS Manager
3.28	Long Term Care and Long Term Support Services	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long term support services	May - July 2024	Beth Hernandez, Quality Director
<b>4. Performance Improvement Projects</b>					
4.1	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Increase the percentage of members who complete a follow-up appointment within 30-days of an ED visit for mental illness. (Previously identified issue)	Conduct comprehensive analysis on FUM data to identify areas of opportunity; collaborate with Contra Costa Behavioral Health on improvement project	January 2024 - December 2024	Beth Hernandez, Quality Director Nicolas Barcelo, Medical Director Contra Costa County Behavioral Health
4.2	Follow-up for Emergency Department Visits after ED Visit Substance Use (FUA)	Increase the percentage of members who complete a follow-up appointment within 30-days of an ED visit for substance use. (Previously identified issue)	Conduct comprehensive analysis on FUA data to identify areas of opportunity; collaborate with Contra Costa Behavioral Health on improvement project	March 2024 - December 2024	Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director Contra Costa County Behavioral Health
4.3	Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	March 2024 - December 2024	Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director ECM providers
4.4	Blood Lead Screening	Increase pediatric blood lead screening rates to exceed the DHCS MPL. (Previously identified issue)	Distribute lead outreach toolkit and lead education materials to providers	March 2024 - December 2024	Jersey Neilson, Quality Manager
4.5			Collaborate with providers with low lead screening rates to identify opportunities for improvement	March 2024 - December 2024	Jersey Neilson, Quality Manager
4.6			Increase provider awareness of lead testing options, including POCT and microcontainers	March 2024 - December 2024	Jersey Neilson, Quality Manager
4.7	Well Child Visits in First 6 Months of Life	Narrow the health disparities gap between Black/African American and Asian members	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	March 2024 - December 2024	Jersey Neilson, Quality Manager Equity Office
4.8	Continuity and Coordination of Medical Care (NCQA)	Improve continuity and coordination of member care between medical providers through at least 3 projects that meet NCQA standards.	Establish baseline report for projects and implement interventions	January 2024 - December 2024	Irene Lo, CMO Beth Hernandez, Quality Director
4.9	Continuity and Coordination Between Medical Care and Behavioral Healthcare	Improve continuity and coordination of member care between medical providers and behavioral health providers through at least 2 projects that meet NCQA standards.	Establish baseline report for projects and implement interventions	January 2024 - December 2024	Nicolas Barcelo, Medical Director Beth Hernandez, Quality Director
4.10	Monitoring and rapid improvement cycles	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures.	January 2024 - December 2024	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director

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<b>5. Population Health</b>					
5.1	<b>Population Needs Assessment and Community Health Needs Assessment</b>	Understand member needs and health to create a responsive population health program	Complete MY 2023 population needs assessment according to NCQA guidelines	July 2024 - October 2024	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2025 Community Health Needs Assessment and Community Health Implementation Plan	January 2024 - December 2024	Lisa Demoiz, CCH Epidemiologist Ashley Kokotaylo, Public Health Beth Hernandez, Quality Director Jersey Neilson, Quality Manager Business Intelligence
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, and cultural and linguistic needs.		Stephanie Rivera, Chief Health Equity Officer Otilia Tiutin, Equity Manager Hua Hsuan Liu, Equity Manager
5.4	<b>Population Health Management Strategy</b>	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	July 2024 - October 2024	
5.5	<b>Population Impact Report and Evaluation</b>	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	July 2024 - October 2024	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager
5.6	<b>Initial Screening Process</b>	Provide streamlined new member experience, with regards to HIF/MET, IHA, LTSS, and other assessments.	Implement electronic HIF/MET and LTSS screenings utilizing myChart questionnaires	April - July 2024	Beth Hernandez, Quality Director Suzanne Tsang, Marketing Director
5.7		Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion	Develop and implement workflows with community health workers for following up on positive screenings	February - March 2024	Beth Hernandez, Quality Director Sara Levin, Medical Director Leizl AVECILLA, Case Management Nurse
5.8		Ensure system exists so members with positive screenings are identified for the appropriate services	Develop reporting for on-going monitoring of HIF/MET	February - August 2024	Beth Hernandez, Quality Director Business Intelligence
5.9	<b>Initial Health Appointment</b>	Increase IHA completion rates. (Previously identified issue)	Conduct quarterly chart audits and give feedback and education to providers missing IHA elements	April 2024, July 2024, October 2024	Magdna Souza, FNP CQA Nurses
5.10			Implement text message and email reminder for patients to complete Initial Health Appointment	April 2024, July 2024, October 2024	Beth Hernandez, Quality Director
5.11	<b>DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering</b>	Implement DHCS Population Health Service into existing workflows	Implement DHCS Population Health Service based on forthcoming guidance upon service launch.	July 2024 - December 2024	Beth Hernandez, Quality Director Bhumil Shah, Assoc Chief Information Officer
5.12		Refine CCHP's risk stratification, segmentation, and tiering processes utilizing all available data sources	Modify RSS and Tiering and supporting workflows to incorporate the DHCS Population Health Services	July 2024 - December 2024	Beth Hernandez, Quality Director Sara Levin, Medical Director
5.13	<b>Assessment and Reassessment</b>	Ensure annual assessment of Members with LTSS needs and CSHCN	Utilize custom assessment for SPDs and CSHCN and triage according to needs	January 2024 - December 2024	Beth Hernandez, Quality Director
5.14		Ensure annual reassessment of Members with LTSS needs and CSHCN	Develop workflows to ensure annual reassessment of Members with LTSS needs and CSHCN	January 2024 - December 2025	Beth Hernandez, Quality Director
5.15	<b>Ongoing Engagement with PCP</b>	Increase regular engagement with PCPs	Develop disengaged member reports to identify population	March 2024 - July 2024	Jersey Neilson, Quality Manager Health Educators
5.16		Close Member gaps in preventative care	Develop workflows to connect disengaged Members with PCPs & close care gaps	April 2024 - July 2024	Jersey Neilson, Quality Manager Health Educators
5.17	<b>Closed Loop Referrals</b>	Understand closed loop referral guidelines and implement technical system to support regulations	Develop workplan for implementing closed loop referrals based on DHCS guidance	June 2024 - December 2024	Beth Hernandez, Quality Director Bhumil Shah, Assoc Chief Information Officer
5.18	<b>Community Health Workers, Care Coordination, and Navigation with Social Services</b>	Implement social resources into health education workflows and support referrals to CHW services	Develop referral process for CHW services based on identified social needs	March 2024 - July 2024	Jersey Neilson, Quality Manager Health Educators Equity Office
5.19	<b>Wellness and Prevention Programs</b>	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Implement Health Education Krames to have dynamic website that offers self-management tools.	September - December 2024	Jersey Neilson, Quality Manager Health Educators
5.20			Educate providers and staff on available new health education tools	September - December 2024	Jersey Neilson, Quality Manager Health Educators
5.21			Develop in person and telehealth classes to be facilitated by CCHP Health Educators	February - December 2024	Jersey Neilson, Quality Manager Sofia Rosales, Sr. Health Educator

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5.22	Colorectal Cancer Screening	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	January - December 2023	Dustin Peasley, Analyst Regional Medical Center
5.23	Chronic Disease Management	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	March 2024 June 2024 Sept 2024 Dec 2024	Jersey Neilson, Quality Manager Irene Lo, CMO Nicolas Barcelo, Medical Director Joseph Cardinalli, Pharmacy Director Beth Hernandez, Quality Director
5.24	Chronic Conditions: Diabetes Management Program	Reduce number of CCHP members with uncontrolled diabetes	Provide medically tailored people to patients with uncontrolled diabetes. Evaluate efficacy of MTM.	January 2024 - December 2024	Sara Levin, Case Management Medical Director
5.25		Increase the number of people enrolled in the Diabetes Prevention Program	Continue expansion of remote blood glucose monitoring partnership with Goji	January 2024 - December 2024	Jersey Neilson, Quality Manager
5.26			Conduct PDSA with DPP provider to increase referrals & enrollment of prediabetic Members	January - March 2024	Jersey Neilson, Quality Manager Stephanie Rivera, Chief Health Equity Officer Health Educators
5.27	Chronic Conditions: Asthma Mitigation Program	Reduce the number of CCHP members with acute asthma exacerbations that require emergency department visits and/or hospitalization	Complete Bay Area Healthy Homes Initiative (BAHHI) data collection and reporting	April 2024	Jersey Neilson, Quality Manager
			Expand referrals to Asthma Home Remediation CalAIM Programs	March 2024 - December 2024	Jersey Neilson, Quality Manager
5.28	Maternal Health Outcomes	Improve key maternal health outcomes across quality measures	Develop reporting metrics for Baby Watch	March 2024 - December 2024	Jersey Neilson, Quality Manager Leizl Avecilla, Case Management
5.29			Develop brochures for pregnant Members	March 2024 - December 2024	Jersey Neilson, Quality Manager Stephanie Schram, Case Management
5.30			Increase the number of pregnant Members receiving Transitional Care Services (TCS)	January 2024 - December 2024	Leizl Avecilla, Case Management Health Educators Health Equity Office
5.31	Keeping Members Healthy: Gaps in Care	Notify members of gaps in care for needed preventive services	Continue mailing adult birthday letters	January 2024 - December 2024	Dustin Peasley, Quality Analyst
5.32			Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care	June 2024 - July 2024	Jersey Neilson, Quality Manager Sr. Health Educators
5.33	Health Education Materials and Resources	Assure that members are provided health education materials and are informed on new community and medical services.	Publish member facing newsletter three times per year	4/1/2024	Jersey Neilson, Quality Manager Sr. Health Educators
5.34		Develop comprehensive health education program	Develop health education plan, including the following: classes, provider based strategy, direct patient outreach strategy, including triggering event notifications, community presence at CBOs, churches and school, and referral and request process for members, digital strategy for health education which may include email campaigns, care pathways, social media calendar, and health education council.	February 2024, June 2024, November 2024	Jersey Neilson, Quality Manager Sr. Health Educators
5.35	Cultural and Linguistic Access	Ensure systematic processes in place to promote cultural competency/health equity by making accessible: educational opportunities, current and up-to-date resources, and understanding of CLS needs.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	January 2024 - December 2024	Stephanie Rivera, Chief Health Equity Officer Otilia Tiutin, CLAS Manager
5.36			Facilitate translation request of educational materials, website, forms, and other documents.	January 2024 - December 2024	Stephanie Rivera, Chief Health Equity Officer Otilia Tiutin, CLAS Manager
5.37			Review CLAS grievances	January 2024 - December 2024	Stephanie Rivera, Chief Health Equity Officer Otilia Tiutin, CLAS Manager

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5.38	EPSDT / Medi-Cal for Teens and Kids	Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions.	Create quarterly reporting to track and trend denials for Members <21 years old	March 2024 June 2024 Sept 2024 Dec 2024	Jayanthi Putta, UM Manager
5.39		Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Create report to identify Members who are out of compliance with AAP/Bright Futures periodicity schedule. Create workflows for outreach and education for identified Members.	March - July 2024	Jersey Neilson, Quality Manager Health Educators
5.39		Ensure provision of Medically Necessary Behavioral Health Treatment.	Develop standardized process and procedures for annual notification to Members <21 years old	March - July 2024	Jersey Neilson, Quality Manager Suzanne Tsang, Director of Member Services
5.40		Ensure compliance with all Case Management & Care Coordination requirements.	Develop report to identify providers who need to complete DHCS EPSDT training	February 2024	Jersey Neilson, Quality Manager Terri Lieder, Provider Relations Director
5.41	Case Management Services	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	January 2024 - December 2024	Sara Levin, Medical Director Beth Hernandez, Quality Director
5.42	Transitional Care Services	Ensure all high risk members receive transitional care services. (Previously identified issue)	Develop ADT feeds and supporting workflows to utilize ADT feeds, including automating referrals and incorporating ADT feeds into care pathways and monitoring reporting	March - May 2024	Beth Hernandez, Quality Director Business Intelligence
5.43			Develop workflow to re-share ADT feeds with PCPs and ECM providers	July - December 2024	Beth Hernandez, Quality Director Business Intelligence
5.44			Develop oversight process on discharge planning process	March 2024 - December 2024	Sara Levin, Medical Director Irene Lo, CMO
5.45			Ensure transitional care services support for low risk members	Create dedicated phone number for member contact and support for low risk members	January 2024
<b>6. Patient Safety</b>					
6.1	Potential Quality Issues (PQIs)	Review and resolve potential quality issues within 120 days	Issues CAPS according to leveling guidelines, report on trends. Modify cclink workflow for ease of reporting	January 2024 - December 2024	Maggie Souza, DNP - Clinical Quality Auditing Director Irene Lo, CMO Joseph Cardinalli, Director of Pharmacy Nicolas Barcelo, Medical Director
6.2	Provider Preventable Conditions (PPCs)	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	January 2024 - December 2024	Maggie Souza, DNP, Director Clinical Quality Auditing Department Irene Lo, CMO Joseph Cardinalli, Director of Pharmacy Nicolas Barcelo, Medical Director
6.3	Over/under utilization - ED Use	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	April - June 2024	Irene Lo, CMO

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6.4	Medication Safety	Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.6		Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.8		Reduce number of members with 15 or more medications	Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.9		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits. Additionally, this quarterly audit will look for members with 4 or more ED visits in a 6 month period and refer them to case management.	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.10		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	January 2024 - December 2024	Joseph Cardinalli, Director of Pharmacy
6.11	Facility Site Reviews	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	January 2024 - December 2024	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.12	Medical Record Reviews	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	January 2024 - December 2024	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.13	Clinical Practice Guidelines	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	November 2024	Irene Lo, MD Quality Council
6.14			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	January - March 2024	Irene Lo, CMO Elizabeth Hernandez, Quality Director
6.15	Long Term Care Facility Reviews	Ensure a members that were recently carved into Medi-Cal are receiving optimal care while they are in skilled nursing facilities	Develop monitoring plan for long term care facilities	April 2024 - August 2024	Sara Levin, Case Management Medical Director Beth Hernandez, Quality Director
<b>7. Provider Engagement</b>					
7.1	Provider training	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	January 2024, April 2024, July 2024, October 2024	Sofia Rosales, Senior Health Educator Irene Lo, CMO
7.2	Quality Provider Meetings	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	January 2024 - December 2024	Beth Hernandez, Quality Director
<b>8. Delegation Oversight</b>					
8.1	Delegation oversight	Review credentialing and UM files to ensure Behavioral Health CMU is in compliance	Report out delegation oversight activities annually during Quality Council.	February 2024; May 2024	Nicolas Barcelo, Medical Director Terri Leider, Director of Provider Relations