

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

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

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

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

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

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

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

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

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.34	EPSDT / Medi-Cal for Teens and Kids	Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions.	Monitor and trend denials for Members <21 years old	March 2025 June 2025 Sept 2025 Dec 2025	Jill Perez, Director of UM/AGD
5.35		Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	January 2025 - December 2025	Jersey Neilson, Quality Manager Health Educators
5.36		Ensure provision of Medically Necessary Behavioral Health Treatment.	Annual notification to Members <21 years old regarding EPSDT services	February 2025	Jersey Neilson, Quality Manager
5.37		Ensure compliance with all Case Management & Care Coordination requirements.	Ensure and monitor bi-annual DHCS EPSDT training	February 2025	Heather Peang, Provider Relations Manager Jersey Neilson, Quality Manager
		Inform Members <21 about EPSDT, including benefits of Preventive Care, services available under EPSDT, where & how to obtain these services, and that transportation & scheduling assistance is available. Must be provided annually or within 7 days of enrollment for new members.			
5.38	Case Management Services	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	January 2025 - December 2025	Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director Sara Levin, Medical Director Beth Hernandez, Quality Director
5.39	D-SNP CPIP Planning	Develop comprehensive Chronic Care Improvement Program for D-SNP Population	Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program.	March 2025 - December 2025	Irene Lo, CMO Beth Hernandez, Quality Director
5.40	Transitional Care Services*	Ensure all high risk members receive transitional care services. (Previously identified issue)	Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways.	March - May 2025	Leizl Avecilla, Case Management Director Sara Levin, Medical Director
5.41			Develop oversight process on discharge planning process	March 2025 - December 2025	Sara Levin, Medical Director Irene Lo, CMO
5.42		Ensure transitional care services support for low risk members	Provide phone number for low risk members to access transitional care services	January 2025	Belkys Teutle, Member Services Manager Cynthia Laird, Member Services Supervisor Hua Hsuan Liu, Quality Manager
5.43	Non Specialty Mental Health Outreach and Education	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Streamline member information presented on chealth.org website	January 2025 - June 2025	Jersey Neilson, Quality Manager Health Educators
5.44			Conduct outreach at Farmers' Markets, Open Air (Flea) Markets, and health clinic locations to inform members about NSMHS benefits.	January 2025 - December 2025	Health Educators
6. Patient Safety					
6.1	Potential Quality Issues (PQIs)	Review and resolve potential quality issues within 120 days	Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines, report on trends.	January 2025 - December 2025	Maggie Souza, DNP - Clinical Quality Auditing Director

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

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

**Previously Identified Issue*