

Quality Improvement, Health Education, and Wellness 2025 Work Plan

Glossary of Abbreviations/Acronyms

Acronym: Description Acronym: Description

A&G: Appeals and Grievances **MCL:** Medi-Cal

BH: Behavioral Health MPL: Minimum Performance Level

C&L: Cultural and Linguistic MSSP: Multipurpose Senior Services Program

CA: California region MY: Measurement Year

CAHPS®: Consumer Assessment of Healthcare Providers N/A: Not Available

CAHPS®: Consumer Assessment of Healthcare Providers N/A: Not Available and Systems N/R: Not Reportable due to small denoted by the consumer Assessment of Healthcare Providers N/R: Not Reportable due to small denoted by the consumer Assessment of Healthcare Providers N/R: Not Available

and Systems N/R: Not Reportable due to small denominator (<30)

CAIR: California Immunization Registry NCQA: National Committee for Quality Assurance

CAP: Corrective Action Plan PAS: Patient Assessment Survey
CH&W: California Health & Wellness PCP: Primary Care Physician

CS: Community Solutions PEPM: Provider Engagement Performance Management

CDI: California Department of Insurance PIP: Performance Improvement Project

CM: Case Management PDSA: Plan, Do, Study, Act Project

DHCS: Department of Health Care Services PMPM: Per Member Per Month

DMHC: Department of Managed Health Care **PMPY:** Per Member Per Year

DN:Direct NetworkPOD:Program Owners and DriversDM:Disease ManagementPNM:Provider Network Management

ECHO: Experience of Care and Health Outcomes survey PPG: Participating Provider Group

FFS: Fee-for-Service PTMPY: Per Thousand Members Per Year

HEDIS®: Healthcare Effectiveness Data and Information Set

QC: Quality Compass

HPL: High Performance Level

QI: Quality Improvement

HRQ: Health Risk Questionnaire QIP: Quality Improvement Project

IHA: Initial Health Appointments RY: Reporting Year

IVR: Interactive Voice Response SPD: Special Persons with Disabilities

LTSS: Long Term Services and Supports UM: Utilization Management

Managed Care Accountability Set

MCAS:

Glossary of Abbreviations/Acronyms (Measure Specific)

Acronym:	Description	Acronym:	Description
AISE	Vaccine Adult Immunization Status	HBD	Diabetes Care -Blood Sugar Controlled (>9%)
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	HDO	Use of Opioids at High Dosage
AMM	Antidepressant Medication Management	IET	or Dependence Treatment
AMO	Annual Monitoring for Persons on Long-Term Opioid Therapy	IMA-2	Immunizations for Adolescents – Combo 2
AMR	Asthma Medication Ratio	IMMH	Improving Mental Health
BCS	Breast Cancer Screening	IMPH	Improving Physical Health
СВР	Controlling Blood Pressure	KED	Kidney Health Evaluation for Patients with Diabetes
ССО	Cervical Cancer Overscreening	LSC	Lead Screening in Children
ccs	Cervical Cancer Screening	MAC	Medication Adherence for Cholesterol (Statin) (MAC)
C.Diff	Clostridioides difficile	MAD	Medication Adherence for Diabetes Medications (MAD)
CAUTI	Catheter-associated Urinary Tract Infection	MAH	Medication Adherence for Hypertension (RASA) (MAH)
CHL	Chlamydia Screening in Women	MPA	Monitoring Physical Activity
CIS-10	Childhood Immunization Status - Combination 10	MRSA	Methicillin-resistant Staphylococcus aureus
CLABSI	Central line-associated bloodstream infection	MTM-CMR	Medication Review
COA-FA	Care of Older Adults-Functional Assessment	MUI-OA	Improving Bladder Control
COA-MR	Care of Older Adults – Medication Review	NTSV	Nulliparous, Term, Singleton, Vertex
COA-PA	Care of Older Adults- Pain Assessment	OMW	Osteoporosis Management in Women who had a Fracture
СОВ	Concurrent Use of Opioids and Benzodiazepines	OED	Oral Evaluation, Dental Services
COL	Colorectal Cancer Screening	OMW	Osteoporosis Management in Women who had a Fracture
CWP	Appropriate Testing for Pharyngitis	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack
DEV	Developmental Screening in the First Three Years of Life	PCR	Plan All Cause Readmission
DSF	Depression Screening and Follow-up for Adolescents and Adults	PDC-DM	Proportion of Days Covered - Diabetes
EED	Eye Exam for Patients with Diabetes	PDC-RAS	Proportion of Days Covered - Renin Angiotensin System
FMC	Follow up After Emergency Dept Visit/Chronic Condition	PDC-Statin	Proportion of Days Covered - Statin
FUA	Follow-Up After ED Visit for Substance Abuse – 30 days	POD	Pharmacotherapy for Opioid Use Disorder
FUM	Follow-Up After ED Visit for Mental Illness – 30 days	PPC-Pst	Postpartum Care
FVA	Flu Vaccinations for Adults	PPC-Pre	Prenatal and Postpartum Care: Prenatal Care
GSD	Glycemic Status Assessment for Patients with Diabetes (>9%)		

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Glossary of Abbreviations/Acronyms (Measure Specific) - continued

Acronym: Description

Updated: 02/13/2025

Acronym: Description

RRF Reducing Risk of Falls

SPC - RCV Statin Therapy for Patients with Cardiovascular Disease - Received

Therapy

SPD - RCV Statin Therapy for Patients with Diabetes - Received Therapy

SSI-Colon Surgical site infection following colorectal surgery

SUPD Statin Use in Persons with Diabetes

TFL-CH Topical Fluoride for Children
TRC Transitions Of Care- Average

URI Appropriate Treatment for Upper Respiratory Infection

W30
 Well-Child Visits in the First 30 Months of Life
 W30-6+
 Well-Child Visits 0-15 months – Six or more visits
 W30-2+
 Well-Child Visits 15-30 months – 2 or more visits
 WCC
 Children/Adolescents: BMI Percentile Documentation

WCV Child & Adolescent Well-Care Visits

Section I: Work Plan Initiatives

Goal: Implement activities to improve performance measures. Section I includes program objectives, monitoring and evaluation for the year.

Program Details	Responsible Party	Objectives		MY 2024 Objectives Met (%, ratio): (Populate at Mid-Year)		Projected Progress Towards MY 2025 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
1. Behavioral Health - Improving Behavioral Health (Mental Health and Substance Use) Outcomes Type of activity: New activity Type of program: Quality of Care Safety	Kelli Lesser, Program Manager III, Quality Improvement	the following MCAS-MPL measure (2 rates): FUA-30, FUM-30.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
2.a Chronic Conditions - Diabetes (GSD >9) Type of activity: New Activity Type of program: Quality of Care Quality of Service	Gigi Mathew, Program Manager III, QI	• MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: GSD (new 2024 measure replaces CDC>9) (inverted rate)	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
2.b Chronic Conditions - Heart Health/Blood Pressure (CBP) Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Gigi Mathew, Program Manager III, QI	percentile benchmark for the following MCAS-MPL measure: CBP.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
3. Hospital Quality/Patient Safety Type of activity: New Activity Type of program: Quality of Care Safety	Barbara Wentworth, Program Manager III, Quality Improvement	Hospital engagement: Conduct outreach to network hospitals on status of low-performing priority metrics and obtain response from 100% of hospitals.	Yes (100%, 2/2). Applies to 2024 engagement.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
4. Member Engagement and Experience - Initial Health Appointment Type of activity: New Activity Type of program: Quality of Care	Miriam Rosales, Program Manager III, QI	MCL: Meet directional improvement of 1-5% from prior year. IHA does not have HEDIS benchmark but is a DHCS compliance measure.	MY 2023 •IHA: (63.18%) MY 2023 final based on 2023 rerun data.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		

Program Details	Responsible Party	Objectives	MY 2023 Objectives Met (%, ratio):	MY 2024 Objectives Met (%, ratio): (Populate at Mid-Year)	ratio):	Projected Progress Towards MY 2025 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
5.A. Pediatric/Perinatal/Dental - Dental: TFL-CH Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measure TFL-CH.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
5.B. Pediatric/Perinatal/Dental - Maternity/Perinatal Care: PPC-pre, PPC-pst Type of activity: New Activity Type of program: Quality of Care Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measures: PPC-pre and PPC-pst.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
5.C. Pediatric/Perinatal/Dental – Pediatric Measures for Children under 3 years of age: CIS-10, LSC, DEV, W30-6+, W30-2+ Type of activity: Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority) Type of program: Quality of Care Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measures: CIS-10, LSC, CDEV, W30-6+, W30-2+.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		

Program Details	Responsible Party	Objectives		MY 2024 Objectives Met (%, ratio): (Populate at Mid-Year)		Projected Progress Towards MY 2025 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
5.D. Pediatric/Perinatal/Dental - Pediatric Measures for Children 3-21 of age: IMA-2, WCV. Type of activity: New Activity Type of program: Quality of Care Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or >= 50th percentile benchmark for MCAS measures: IMA-2 and WCV.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
6. Pharmacy and Related Measures - AMR Type of activity: Ongoing activity - (monitoring of previously identified issue) Type of program: Quality of Care Quality of Service	Alicia Bednar, Program Manager III, QI	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • AMR	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
7. Preventive Health - Cancer and STI Screenings Type of activity: Ongoing activity - (monitoring of previously identified issue) Type of program: Quality of Care Quality of Service	Ravneet Gill, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: BCS, CCS, CHL.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		
7. Preventive Health - Flu Campaign Type of activity: New Activity Type of program: Quality of Care Member Experience	Matt Anderson, Program Manager III, Quality Improvement Guille Toland Program Manager III, Quality Improvement	Meet directional improvement of 1-5% from prior year for the Flu Vaccine Adult Immunization Status.	MY 2023 - (1/1, 100%) Imperial: 14.77%		Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		

Program Details	Responsible Party	Objectives	MY 2023 Objectives Met (%, ratio):	MY 2024 Objectives Met (%, ratio): (Populate at Mid-Year)		Projected Progress Towards MY 2025 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
8.C Provider Communication/ Engagement - Improving Provider Survey Results Type of activity: Ongoing activity – (monitoring of previously identified issue – compliance priority) Type of program: Access and Availability	Paul Fuentes, Provider Relations Specialist II, Access and Availability Steven Si, Sr. Manager, Compliance and Privacy	To meet performance goal for Provider Appointment Access Survey (PAAS) at 70%. To meet performance goal for Provider After-Hours Access Survey (PAHAS) at 90%.			Mid-Year (Jan-Jun): (%, X/X) Year-End (Jul-Dec): (%, X/X)		

Section II: Ongoing Work Plan Activities

Section II includes ongoing monitoring of cross-functional activities across the organization.

				Completion Due				
Program Type	Activity Description	Product Lines	Responsible Party	Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY,								
ATISFACTION AND	A&G REPORT: Identify opportunities to improve member service							
ERVICE	and satisfaction through appeals and grievances review.	Medi-Cal	D. Saldarriaga; Manager, A&G	12/31/25	Not started			
CCESS, AVAILABILITY,								
ATISFACTION AND			Ana Paine, Program Manager,					
ERVICE	ACCESS PROVIDER TRAINING: Conduct quarterly webinars.	Medi-Cal	Access & Availability	7/1/25 - 12/31/25	Not started			
CCESS, AVAILABILITY,	ACCESS SURVEY RESULTS: Monitor appropriate timely							
ATISFACTION AND	appointment and after-hours access and identify noncompliant		Ana Paine, Program Manager,					
ERVICE	PPGs and providers.	Medi-Cal	Access & Availability	Q3 2025	Not started			
CCESS, AVAILABILITY,								
ATISFACTION AND	ACCESS SURVEY: Monitor and report access to care standards		Ana Paine, Program Manager,					
ERVICE	using telephonic surveys vendor(s).	Medi-Cal	Access & Availability	Q3-Q4 2025	Not started			
ACCESS, AVAILABILITY,								
ATISFACTION AND	Assess approach and as needed, coordinate data and reporting		M. Miyashiro					
ERVICE	for annual Provider Satisfaction Survey.	Medi-Cal	R. Davila	Q3-Q4 2025	Not started			
ACCESS, AVAILABILITY,								
SATISFACTION AND	Complete and submit DMHC Timely Access Reporting (TAR) by		Ana Paine, Program Manager,					
SERVICE	May 1, 2025 filing due date.	Medi-Cal	Access & Availability	5/1/25	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Engage with CHPIV provider offices to complete MY 2025 MCAS training focused on best practices for closing care gaps.	Medi-Cal	Shekinah Wright, Sr. Manager, Quality Improvement Erica Valdivia, Provider Engagement	Q3 2025	Not started			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement. Analyze and inform Provider Network Management of areas needing increased contracting with a particular provider to improve availability.	Medi-Cal	D. Fang, Manager, Health Equity	Q3 2025	Not started			
ACCESS, AVAILABILITY,								
SATISFACTION AND	Health Equity Report: Analyze and report on Cultural and							
ERVICE	Linguistics.	Medi-Cal	D. Fang, Manager, Health Equity	Q1 and Q2 2025	Not started			
	In collaboration with Provider Engagement, engage with Quality		Michelle Najarro, Manager,					
CCESS, AVAILABILITY,	EDGE priority provider offices to improve access and complete		Accreditation					
ATISFACTION AND	interventions addressing systemic barriers to HEDIS		Sandra Vega, Manager, Provider					
ERVICE	performance.	Medi-Cal	Engagement	12/31/25	Not started			
ACCESS, AVAILABILITY,	Maintain and manage the CAHPS Action Plan: Collaborate with CAHPS measure owners to identify areas of opportunity and activities to improve CAHPS, identifying process improvement activities. This also includes working with the Provider Engagement and Medical Affairs teams to review provider CAHPS improvement plans, identifying best practices, and		T. Jaghasspanian					
ATISFACTION AND	recommending changes when plans are insufficient to improve		M. Anderson					
ERVICE	the member experience in a measurable and meaningful way.	Medi-Cal	G. Toland	1/1/25 - 12/31/25	Not started		1	

Dunguam Tunn	Antivity Decembring	Duaduat Linea	Dogwoodiklo Dovty	Completion Due	Status	Completion Data(s)	Mid-Year Update	Voor End Hadata
Program Type	Activity Description	Product Lines	Responsible Party	Date(s)	Status	Completion Date(s)	Wild-Year Opdate	Year End Update
ACCESS AVAILABILITY	Maintain compliance with DHCC Initial Health Appointment (IHA)							
ACCESS, AVAILABILITY, SATISFACTION AND	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance		Amy Wittig, Director, Quality					
SERVICE	Monitoring Report.	Medi-Cal	Improvement	Q3 2025	Not started			
ACCESS, AVAILABILITY,	Monitor appropriate after-hours messaging and timely access to							
SATISFACTION AND	urgent/emergent care. Refer to Access and Availability Work Plan		M. Miyashiro					
SERVICE	for additional details.	Medi-Cal	R. Davila	Q3-Q4 2025	Not started			
ACCESS, AVAILABILITY,	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly							
SATISFACTION AND	scorecard provides an opportunity to track/trend low-high PPGs							
SERVICE	performers.	Medi-Cal	Manisha Makwana	Q1-Q4 2025	Not started			
ACCESS, AVAILABILITY,								
SATISFACTION AND	TELEPHONE ACCESS SURVEY: Conduct quarterly surveys and	NA - di Col	Ana Paine, Program Manager,	02.04.2025	Not stort d			
SERVICE	issue CAPs to noncompliant providers.	Medi-Cal	Access & Availability	Q3-Q4 2025	Not started			
			T. Jaghasspanian					
	Write integrated member satisfaction reports, in partnership		G. Toland					
ACCESS, AVAILABILITY,	with the QIRA Team, to satisfy NCQA Accreditation ME.7 Standard. This report captures appeals, grievances, CAHPS/ECHO		G. Gomez (BH) S. Si, CVH Compliance					
SATISFACTION AND	results, and identifies barriers, areas of opportunity, and ongoing		Amy Schneider RN, Sr. Director					
SERVICE	initiatives.	Medi-Cal	Medical Management	1/1/25 - 12/31/25	Not started			
	Conduct oversight of Behavioral Health (BH) through delegated							
BEHAVIORAL HEALTH	reports on BH (may include member satisfaction surveys, etc.)	Medi-Cal	G. Gomez, Director, QI HNCA	Q1-Q4 2025	Not started			
CONTINUITY AND	Educate providers on importance of well-child visits. Well-child							
COORDINATION OF CARE	visits include developmental screenings.	Medi-Cal	J. Coulthurst	12/31/2025	Not started			
			K. Lesser/ M. Rosales	To be determined. Specs				
CONTINUITY AND	Monitor opportunities and interventions for NCQA QI 3 & QI 4		Program Manager III, Quality	for RY 2025 have not				
COORDINATION OF CARE	according to NCQA accreditation timelines.	Medi-Cal	Improvement	been assigned.	Not started			
CREDENTIALING /	Credentialing/Recredentialing Practitioners/Providers: Achieve							
CREDENTIALING / RECREDENTIALING	and maintain a 100% timely compliance and 100% accuracy score.	Medi-Cal	M. Catello, Sr. Manager	12/31/25	Not started			
	PPG Delegates Credentialing/Recredentialing oversight achieve		K. Bowling,	, , , ,				
CREDENTIALING /	and maintain audit scores between 90 -100% compliance for		Sr. Manager Delegation					
RECREDENTIALING	annual review.	Medi-Cal	Oversight	12/31/25	Not started			

				Completion Due				
Program Type	Activity Description	Product Lines	Responsible Party	Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ISEASE/CHRONIC			Denise Miller,					
ONDITIONS	Monitor Chronic Conditions (Disease) Management Program for		Program Manager III					
MANAGEMENT	appropriate member outreach quarterly.	Medi-Cal	Customer Experience	1/23/25	Not started			
THE TOTAL PROPERTY.	appropriate member outreast quarterly.	ivicui cui	customer Experience	1,20,20				
	Delegation Oversight Monitor DDC level delegated activities							
	Delegation Oversight Monitor PPG-level delegated activities							
	and issues, including CAPs, and report findings to HNCS QIHEC							
	and Health Net QIC committees at least annually. Activities							
QUALITY AND SAFETY OF	include Utilization Management, including CCM; credentialing;		K. Bowling					
CARE AND SERVICE	and claims payments.	Medi-Cal	A. Tonkogolosuk	12/31/25	Not started			
	Handling of Member Grievances and Appeals: Ongoing							
	monitoring and assessment of compliance with the handling of							
QUALITY AND SAFETY OF	member grievances and appeals; ensure compliance with							
CARE AND SERVICE	regulatory requirements for TAT and process.	Medi-Cal	L. Carrera	12/31/25	Not started			
	Integrated Care Management (ICM)							
	 Implement PHM pyramid as the predictive modeling tool to 							
QUALITY AND SAFETY OF	identify high-risk members for referral to ICM.		C. Patnaude, Director, Care	Annually by December				
CARE AND SERVICE	Evaluate the ICM Program based on the following measures:	Medi-Cal	Management	2025	Not started			
QUALITY AND SAFETY OF	Monitor credentialing findings and report to HNCS QIHEC and		P. Carpenter, Director, Quality					
CARE AND SERVICE	Health Net QIC committees quarterly.	Medi-Cal	Improvement	12/31/25	Not started			
QUALITY AND SAFETY OF	Monitor peer review determinations and report to HNCS QIHEC		P. Carpenter, Director, Quality					
CARE AND SERVICE	and Health Net QIC committees quarterly.	Medi-Cal	Improvement	12/31/25	Not started			
	Monitor potential quality incidents (PQIs) and quality of care			,,				
	(QOC) findings and report to CHPIV quarterly. Complete all							
QUALITY AND SAFETY OF	PQIs/QOCs received thin 90 day TAT to maintain internal		P. Carpenter, Director, Quality					
CARE AND SERVICE	compliance.	Medi-Cal	Improvement	12/31/25	Not started			
QUALITY AND SAFETY OF	Update Clinical A&G Quality of Care Concerns Policy & Procedure	1	P. Carpenter, Director, Quality	12/31/23	Not started			
CARE AND SERVICE	1	Medi-Cal		12/21/25	Not started			
LAKE AND SERVICE	and Peer Review Committee Policy & Procedure.	Ivieui-Cai	Improvement	12/31/25	Not started			
	Evaluate written plan for safety and quality data collection: To		A. Wittig					
	improve patient safety by collecting and providing information		S. Wright					
QUALITY IMPROVEMENT	on provider and practitioner safety and quality (at least		Pamela Carpenter					
AND COMPLIANCE	annually).	Medi-Cal	Barbara Wentworth L. Aaronson	Q1 2025	Not started			
			1					
			M. Gumatay					
			A. Wittig					
N. I.A.I. ITW. IA ADDON/EA AEAIT	Further of the OUIF decrease of the constant of the		S. Wright					
QUALITY IMPROVEMENT	Evaluation of the QIHEd program of the previous year (Q1).	NA - di C-l	T. Jaghasspanian	04 2025	Not stort !			
AND COMPLIANCE	Complete QIHEd Work Plan evaluation semi-annually.	Medi-Cal	L. Pak	Q1 2025	Not started			
	Maintain Facility Site Review (FSR) and Medical Record (MRR)							
	Compliance: To ensure provider offices and medical records							
	comply with DHCS contracted requirements per APL 22-107 and							
	Physical Accessibility Review Survey per MMCD Policy Letter 12-							
QUALITY IMPROVEMENT	006 and 15-023. Report FSR/MRR data to DHCS twice per year		P. Carpenter, Director, Quality					
AND COMPLIANCE	(1/31 and 7/31), including all sites with failed scores.	Medi-Cal	Improvement	12/31/25	Not started			
	Care gap reports produced by the HEDIS Team monthly, by							
QUALITY IMPROVEMENT	contract level and participating provider group (PPG) level to		HEDIS					
NFASTRUCTURE	identify non-compliant members.	Medi-Cal	D. Mehlhouse	12/31/25	Not started			
MASIKUCTURE	fuentity non-compilant members.	ivieui-Cai	D. Mellillouse	12/31/23	INOL STALLER			

				Completion Due				
Program Type	Activity Description	Product Lines	Responsible Party	Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
.0 . //	provider groups in program's 5th year; Expand Cozeva-EHR					, , , ,		
	integrations and bidirectional data-sharing with priority							
QUALITY IMPROVEMENT	PCP/clinics; Enhance Cozeva platform to support regulatory		S. Pao					
NFASTRUCTURE	requirements and key opportunities / initiatives.	Medi-Cal	S. Myers	12/31/25	Not started			
MI/ISTROCTORE	requirements and key opportunities / middless.	Wedi edi	3. Myers	12/31/23	Not started			
	QI improves communication with stakeholder departments and							
	identifies interventions to improve CAHPS through monthly		T. Jaghasspanian					
QUALITY IMPROVEMENT	Quality Focus Touchbase meetings and Quality Governance		G. Toland					
NFASTRUCTURE	Committee meetings.	Medi-Cal	M. Anderson	12/31/25	In progress			
QUALITY IMPROVEMENT			S. Wright (lead)	<u> </u>	1 0			
NFASTRUCTURE	Support development of HEDIS best practice tools.	Medi-Cal	3 1(111,	6/30/2025	Not started			
			CHPIV/HN	<u> </u>				
WELLNESS/ PREVENTIVE	Adopt and disseminate Medical Clinical Practice Guidelines		K. Macsicza					
HEALTH	(CPG).	Medi-Cal	Director, Clinical Programs	6/30/25	Not started			
	Collaborate with Marketing team to distribute member		,	1. , -		1		
WELLNESS/ PREVENTIVE	educational emails on various topics via internal and external		M. Rosales (lead)					
HEALTH	resources: Topics TBD.	Medi-Cal	S. Noonan	12/31/25	Not started			
			B. Head	,,				
			J. Felix					
			A. Jayme					
WELLNESS/ PREVENTIVE	Distribute and/or make available Preventive Screening		S. Wright					
HEALTH	Guidelines (PSG) to Members and Providers.	Medi-Cal	A. Wittig	12/31/25	Not started			
IILALIII	dudelines (130) to Wembers and 110viders.	IVICUI-CUI	A. Wittig	12/31/23	Not started			
WELLNESS/ PREVENTIVE	Distribute the Health Education Programs and Services Flyer to							
HEALTH	members via the Medi-Cal member welcome packet.	Medi-Cal	M. Lin	12/31/25	In progress			
			L. Aaronson, Director of Quality					
			and Health Education					
			A. Wittig, Director of Quality					
./5			Improvement and Health					
WELLNESS/ PREVENTIVE	L		Education					
HEALTH	Health education material management	Medi-Cal	A. Jayme, Program Manager II	12/31/25	In progress			
			A. Wittig, Director of Quality					
	Health Education System P&Ps, monitoring of initiatives,		Improvement					
WELLNESS/ PREVENTIVE	maintenance of printed materials, digital programs and		L Aaronson, Director of Quality					
HEALTH	requirements, health promotion to providers.	Medi-Cal	Improvement	12/31/25	In progress			
	Maintain compliance with childhood blood lead level screening							
	,							
	requirements in accordance with DHCS APL 18-017 and APL 20-							
	016. Quarterly monitoring of HEDIS Lead Screening for Children							
	(LSC). Member education materials include preventive service		A 145'44'-					
	guidelines (PSGs); Provider training and education include the		A. Wittig					
	Medi-Cal provider operations manual and HEDIS provider tools		P. Carpenter					
	on Lead Screening for Children (LSC). Medical Record Reviews for		S. Wright					
WELLNESS/ PREVENTIVE	lead screening conducted during Facility Site Reviews submitted		J. Coulthurst					
HEALTH	to DHCS twice a year.	Medi-Cal	L. Armbruster	12/31/25	Not started		1	

Program Type	Activity Description	Product Lines	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
	Member newsletter- Supports Medi-Cal NCQA guidelines that							
WELLNESS/ PREVENTIVE	requires specific member communication to be mailed to							
HEALTH	members' homes.	Medi-Cal	B. Head/K. Kaila (Medi-Cal)	10/31/2025- Medi-Cal	In progress			
WELLNESS/ PREVENTIVE	Monitor CHPIV Health Pregnancy Program and identify high risk		C. Patnaude, Director, Care	Annually by December				
HEALTH	members via Care Management.	Medi-Cal	Management	2025	Not started			
	New vendor onboarding and ongoing management to provide							
WELLNESS/ PREVENTIVE	Diabetes Prevention Program (DPP) services to our eligible Medi-							
HEALTH	Cal population.	Medi-Cal	A. Mojadedi	6/30/2025	Off track/ Delayed			

Section III: Quality Improvement Tracking System Activities Log

Section III lists Quality Improvement Tracking System activities that support meeting program objectives for the year (listed in Section I).

Work Plan PODS	Intervention Name	Intervention Description	Measures	Line of Business	Planned Start Date	Planned End Date	Status	Department Owner	Mid-Year Update	Year End Update
		BEHAVIORAL HEALTH: FUM/FUA MHN FUOT uses HN ADT reports to conduct member outreach calls to close gaps;	FUH - F/U Hospital MH 30-day,FUH - F/U Hospital MH 7- day,FUA - F/U ED Substance Abuse - 30,FUA - F/U ED							
		FUH: MHN FUOT uses internal discharge reports to conduct	Substance Abuse - 7,FUM - F/U ED Mental Illness - 30,FUM -							
10709 BEHAVORIAL HEALTH	MHN PSV (FUM/FUH/FUA)	member phone outreach to close gaps	F/U ED Mental Illness - 7	MEDICAID	1/1/202	12/31/2025	ON TRACK	Kelli Lesser		
10772 BEHAVORIAL HEALTH	CHPIV Teladoc Mental Health	BEHAVIORAL HEALTH-CHPIV Teladoc Mental Health Digital	IMMH - Improving or Maintaining Mental Health		1/1/2021	12/31/2025	ON TRACK	Maria Lin		
10772 BEHAVORIAL HEALTH	Digital Program Implementation	Program oversight and management	INIVIH - Improving or Maintaining Mental Health		1/1/202	12/31/2025	ON TRACK	Maria Lin		
		CARE COORDINATION & MEMBER ENGAGEMENT- Identify								
MEMBER		dual eligible members to target for H3561 and verify they								
COMMUNICATION/ENGAG 10763 EMENT	CHWs for HRA completion	have a qualifying condition to meet need of using CHW benefit.	HRA - Special Needs Plan (SNP) Care Management	MEDICAID	1/1/2025	12/31/2025	5 ON TRACK	Miriam Rosales		
			Control of the contro		3, 3, 2, 2					
		CHRONIC CONDITIONS - A direct to member mail campaign								
		to support members that may be due for an A1c (A1c kit). Quality Improvement (QI) is partnering with the vendor,								
	Direct Mail Kits for Blood Glucose	Everlywell, to directly mail A1c Kits (to support an A1c								
10878 MULTI-CONDITIONS	(HbAc/A1c) - CHPIV	home test).	CDC - Diabetes HbA1c < 8 AMR - Asthma Med Ratio Total 5 to 64,CBP - Controlling	MEDICAID	1/1/2025	12/31/2025	PLANNING	Martha Zuniga		
			Blood Pressure,CDC - Comprehensive Diabetes Care,SUPD -							
			Statin Use in Persons with Diabetes (SUPD),MAH - Medication Adherence for Hypertension (RAS antagonists),MAD -							
		HEALTH EDUCATION/WELLNESS - Create a PowerPoint	Medication Adherence for Diabetes Medications, MAC -							
		(PPT) presentation resource designed to promote Krames and nationally credible health education resources that	Medication Adherence for Cholesterol, PBH - Persistence of Belta-Blocker Treatment after a Heart Attack, POD -							
		providers can effectively share with their patients. This PPT	Pharmacotherapy for Opioid Use Disorder,IMPH - Improving							
HEALTH	Digital Health Education Resources	will encompass a broad spectrum of health-related topics, which also includes addressing topics that support various	or Maintaining Physical Health, MPA - Monitoring Physical Activity, RRF - Reducing the Risk of Falling, MUI OA -							
10882 EDUCATION/WELLNESS	to Support Patients	measures.	Improving Bladder Control,OMW - Osteoporosis	MEDICAID	1/1/2025	12/31/2025	NOT STARTED	Brittany Head		
		HEALTH EDUCATION/WELLNESS The newsletter meets the								
		Medi-Cal guideline that requires specific member								
		communication to be mailed to members' homes. The								
HEALTH	Annual Member Newsletter-Medi-	member newsletter is also a mode of communication for NCQA, Health Equity and Regulatory articles. Promotion of								
10675 EDUCATION/WELLNESS	Cal (CHPIV)	wellness programs and quality improvement interventions.	CAHPS - Access to Care	MEDICAID	10/2/2024	10/31/2025	PLANNING	Brittany Head		
		OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about								
		patient safety metrics, standards/expectations, and								
		opportunities to improve. Focus on metrics and reports								
HOSPITAL	Hospital outreach about patient	including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor								
10915 QUALITY/PATIENT SAFETY	safety	Roll.	HPQI - Health Plan Quality Improvement	MEDICAID	1/1/2025	12/31/2025	PLANNING	Barb Wentworth		
		OVERUSE/HOSPITAL QUALITY: Outreach to hospitals								
HOSPITAL	Health Net poor performing	identified as Health Net's poorest performers based on	UPOL Haalib Diag Ovality Inspector	MEDICAID	1/1/2021	12/21/222	DI ANNUNG	Dark Mark varie		
10918 QUALITY/PATIENT SAFETY	nospital outreach	weak performance on multiple priority metrics.	HPQI - Health Plan Quality Improvement	IVICUICAID	1/1/202	12/31/2025	PLANNING	Barb Wentworth		

Work Plan	PODS	Intervention Name	Intervention Description	Measures	Line of Business	Planned Start Date	Planned End Date	Status	Department Owner	Mid-Year Update	Year End Update
	HOSPITAL OUALITY/PATIENT SAFFTY	Hospital Quality Scorecard program	OVERUSE/HOSPITAL QUALITY: Track and produce internally developed Hospital Quality Scorecard for use by quality and contracting staff. Features individual hospital performance on priority metrics in areas including patient safety, maternal health, patient experience, readmissions, and loverall CMS rating.		MEDICAID	1/1/2025	5 12/31/2025	5 PI ANNING	Barb Wentworth		
10310	QOALITY AILTH SALLIT	CIS Provider Email Outreach	PEDIATRIC/PERINATAL/DENTAL - Emails will be sent to provider offices, asking about member's immunization status. Email will ask provider to either fax over immunization record or to encourage members to schedule an appointment to get the immunizations done. Gap will be		MEDICALD	1) 1) 2023	12/31/202) Panting	Sala Welliamin		
10859	PEDIATRICS/ADOLESCENTS	(Power Automate)	utilized from COZEVA PEDIATRIC/PERINATAL/DENTAL - HEDIS team outreach to	CIS - Childhood Immunization Status	MEDICAID	1/12/2025	12/31/2025	NOT STARTED	Brittany Head		
10825	PEDIATRICS/ADOLESCENTS		anchor members and all household members with care gaps. PEDIATRIC/PERINATAL/DENTAL - Lead Analyzer Initiative.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	MEDICAID	5/19/2025	12/19/2025	5 ON TRACK	Juli Coulthurst		
10812	PEDIATRICS/ADOLESCENTS	POC Lead Analyzer - CHPIV	Using QI EDGE funding to purchase POC lead analyzers for provider offices. PEDIATRIC/PERINATAL/DENTAL - Missed Dose Program -	LSC - Lead Screening in Children	MEDICAID	1/1/2025	12/31/2025	ON TRACK	Linda Armbruster		
10868	PEDIATRICS/ADOLESCENTS	Pfizer Missed Dose IVR	sends IVR phone messages to parents of children at ages 6 months, 8 months, and 16 months to remind them they may have missed a vaccine shot.	CIS - Childhood Immunization Combo 10	MEDICAID	1/1/2025	12/31/2025	5 NOT STARTED	Brittany Head		
10855	PEDIATRICS/ADOLESCENTS		PEDIATRIC/PERINATAL/DENTAL - Monthly birthday POM messaging to parents of 3 to 17 year old members to schedule and complete their annual well child visit (WCV)	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	MEDICAID	1/31/2025	12/31/2025	5 NOT STARTED	Brittany Head		
10952	PEDIATRICS/ADOLESCENTS		PEDIATRIC/PERINATAL/DENTAL - Provide implicit bias training to OB providers. Provide maternal health equity resources and training links for providers.	PPC - Prenatal and Postpartum Care	MEDICAID	1/1/2025	12/31/2025	5 ON TRACK	Meena Dhonchak		
10815	PEDIATRICS/ADOLESCENTS	LSC Quarterly Reporting	PEDIATRIC/PERINATAL/DENTAL - Quarterly UM/QI LSC reporting	LSC - Lead Screening in Children	MEDICAID	1/1/2025	12/31/2025	5 ON TRACK	Linda Armbruster		
10885	PEDIATRICS/ADOLESCENTS	Confirmation of Pregnancy Forms	Pediatric/PERINATAL/DENTAL - Using Confirmation of Pregnancy Forms targeting PCPs to complete required information for a positive HEDIS hit for PPC-timely prenatal care	PPC - PPC - Prenatal Visit (Timeliness)	MEDICAID	1/1/2025	12/31/2025	5 ON TRACK	Juli Coulthurst		
10933	PEDIATRICS/ADOLESCENTS	Health Disparity PIP W30-6+ Measure	PEDIATRIC/PERINATAL/DENTAL - W30-6+ CHPIV PIP: DHCS has assigned to Community Health Plan of Imperial Valley for the 2024 to 2026 a performance improvement project. he topic is infant well care visits targeting improvements in the Hispanic population.	W30 - Well Child Visits in the First 30 Months of Life (previously W15)	MEDICAID	1/1/2025	5 12/31/2025	5 ON TRACK	Meena Dhonchak		
10840	PEDIATRICS/ADOLESCENTS	Pfizer 1st Birthday IVR	PEDIATRIC/PERINATAL/DENTAL - Well Visit Program - sends IVR phone messages to parents of children who are 10 months old to remind them of the importance of their upcoming 1-year checkup.		MEDICAID	1/1/2025	5 12/31/2025	5 NOT STARTED	Brittany Head		

Work Plan ID	PODS	Intervention Name	Intervention Description	Measures	Line of Business	Planned Start Date	Planned End Date	Status	Department Owner	Mid-Year Update	Year End Update
10944	PEDIATRICS/ADOLESCENTS	Postpartum Outreach to Inpatient MCAL members after delivery.	PEDIATRIC/PERINATAL/DENTAL -Population Health new inpatient Transition of Care Team reaches out to members still in the hospital after delivery to schedule a postpartum visit, the first infant well care visit after discharge and enrol in the First Year of Life Program.	W30 - Well Child Visits in the First 30 Months of Life (previously W15),PPC - PPC - Postpartum Visit	MEDICAID	1/1/2025	5 12/31/2025	ON TRACK	Meena		
			PEDIATRIC/PERINATAL/DENTAL- Update Infant Well Care Affinity Group Newborn Checklist in collaboration with HPS. after hospital gateway newborn enrollment process is								
10937	PEDIATRICS/ADOLESCENTS	Update Newborn Checklist	launched	W15 - Well Child Mth Six or more well child visits	MEDICAID	1/1/2025	12/31/2025	ON TRACK	Meena Dhonchak		
10846	PEDIATRICS/ADOLESCENTS	CIS-10/W30 Email Outreach	PEDIATRIC/PERINATAL/DENTAL- WCV and IZ reminder: Email outreach to encourage members to schedule their child's well visit and immunizations appointment.	W30 - Well Child Visits in the First 30 Months of Life (previously W15),CIS - Childhood Immunization Combo 10	MEDICAID	1/1/2025	1/31/2025	5 NOT STARTED	Brittany Head		
10956	PEDIATRICS/ADOLESCENTS	Promote CDC'S Milestone Tracker APP	PEDIATRIC/PERINATAL/DENTAL: Promote the CDC's Milestone Tracker App by promoting in future newsletters, website locations, adding QR codes to our Provider QR resource, promote it to our Health Pregnancy and First Year of Life programs, etc.	CIS - Childhood Immunization Combination 3 Immunizations,CIS - Childhood Immunization Combo 10,CIS - Childhood Immunization Status,WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15)	MEDICAID	1/1/2025	5 12/31/2025	ON TRACK	Meena Dhonchak		
10822	PEDIATRICS/ADOLESCENTS	Touchbase) for all Pediatric, Perinatal, Dental Measures Training on Pediatric HEDIS	PEDIATRIC/PERINATAL/DENTAL: QI PM to train Provider Engagement on MY2025 Pediatric, Perinatal and Dental HEDIS measures. Review action items for PE to take to improve rates. sing MY2023 Cozeva data, before the MY2024 care	CIS - Childhood Immunization Combo 10,LSC - Lead Screening in Children,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),ADV - Annual Dental All members,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness)	MEDICAID	1/1/2025	6/30/2029	5 ON TRACK	Juli Coulthurst		
10785	PEDIATRICS/ADOLESCENTS	CHPIV Quarterly Dental POM	PEDIATRIC/PERINATAL/DENTAL-Dental POM calls to Health Net Medi-Cal members to promote dental checkup and topical fluoride applications.	ADV - Annual Dental All members	MEDICAID	1/1/2025	5 12/31/2025	ON TRACK	Maria Lin		
10892	PEDIATRICS/ADOLESCENTS	Q1-Gap Calls-WCV	PEDIATRICS/ADOLESCENTS - Member with WCV not completed in the prior year will get a call encouraging gap closure by seeing provider. If in the household another member has CIS10 (missing Flu only) gap and/or W30/30 those gaps will addressed as well.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CIS - Childhood Immunization Combo 10,W30 - Well Child Visits in the First 30 Months of Life (previously W15)	MEDICAID	1/1/2025	3/31/2025	5 PLANNING	Alicia Bednar		
10796	PHARMACY	Kick It California - Smoking Cessation Services	PHARMACY & RELATED MEASUARES - Explore expanding partnership with Kick It California (KIC) to outreach to members to facilitate program utilization and offer Nicotine Replacement Therapy (NRT) kits. Health plan will initiate outreach using notification letter to member prior to KIC outreaching to members. Contracts will need to be updated (SOW, BAA, MSA, IRQ Form etc.).		MEDICAID	2/3/2025	12/31/2025	5 NOT STARTED	Justina Felix		
10787	PHARMACY	Q1-Gap Calls-WCV	PHARMACY & RELATED MEASURES - member with WCV not completed in the prior year will get a call encouraging gap closure by seeing provider. If in the household another member has CIS10 (missing Flu only) gap and/or W30/30 those gaps will addressed as well.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CIS - Childhood Immunization Combo 10,W30 - Well Child Visits in the First 30 Months of Life (previously W15)	MEDICAID	1/1/2025	5 3/31/2025	5 PLANNING	Alicia Bednar		

D Plan	PODS	Intervention Name	Intervention Description	Measures	Line of Business		Planned End Date	Status	Department Owner	Mid-Year Update	Year End Update
			PHARMACY & RELATED MEASURES - Perform analysis on								
			CHPIV Asthma prescription fills for members in AMR								
			denominator. If not on Formoterol combo ICS outreach to								
			providers to educate on use and encourage to switch.								
10751	PHARMACY	Formoterol Use Analysis/Education	Initial review will be for CHPIV PHARMACY & RELATED INFASURES - INFASURE are SUBJECT TO	AMR - Asthma Med Ratio Total 5 to 64	MEDICAID	12/9/2024	12/9/2024	PLANNING	Alicia Bednar		
			change. Live calls via HEDIS team CSR's addressing barriers								
			to accessing care for CHPIV Medi-cal members with								
			multiple gaps. Call will occur between the health plan								
			representatives and the member (includes inbound and	WCV - Child and Adolescent Well-Care Visits (previously W34							
			outbound calls). The intention of this call is to inform the	and AWC),BCS - Breast Cancer Screening,W30 - Well Child							
				Visits in the First 30 Months of Life (previously W15),IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead							
			screenings. Callers offer members home tests that would be sent directly to member's home. During a call callers	Screening in Children,CBP - Controlling Blood Pressure,CCS -							
		Multi-Gap Family Unit (MCL) Live	would inform about additional services, offer other	Cervical Cancer Screen - Pap Test,W15 - Well Child Mth Six or							
10804	PHARMACY	Call Outreach	resources as appropriate, and remind members about the	more well child visits,CIS - Childhood Immunization Combo 10	MEDICAID	5/1/2025	12/31/2025	ON TRACK	Alicia Bednar		
11070	PREVENTATIVE CARE	CHL In-home screening	PREVENTATIVE CARE - Launch In-home screening campaign for CHL	CHL - Chlamydia Testing	MEDICAID	1/21/2025	12/21/2025	NOT STARTED	Ravneet K. Gill		
11070	TREVENTATIVE CARE	erre in nome screening	IOI CITE	Cite Citatily did Testing	WEDICAID	1/21/2023	12/31/2023	NOTSTARTED	Naviice K. Giii		
			PREVENTATIVE CARE - Partner with Alinea and Pacific Coast								
			to conduct mobile mammogram events - co-hosted PPG								
11010	PREVENTATIVE CARE	Mobile Mammography	events and community events.	BCS - Breast Cancer Screening	MEDICAID	1/1/2025	12/31/2025	In Process	Ravneet K. Gill		
		COZEVA Notification In-Home COL	PREVENTATIVE CARE - Submit QIRA Request for an in-home								
10991	PREVENTATIVE CARE	Screening	screening notification as per in-home screening.	COL - Colorectal Cancer Screening	MEDICAID	1/7/2025	12/31/2025	In Process	Justina B. Felix		
			PREVENTATIVE CARE - Update Alinea strategy to focus on								
		Office Hours - Alinea Mobile	specific target PPGs. Develop the updated process and								
11063	PREVENTATIVE CARE	Mammography	share with Medical Affairs team.	BCS - Breast Cancer Screening	MEDICAID	1/21/2025	1/21/2025	In Process	Ravneet K. Gill		
			PREVENTATIVE CARE- CHPIV - Explore a potential								
			partnership with one CalViva PPG/Provider to better understand the feasibility of using CCS Self-Tests in the								
11023 PREVENTA	PREVENTATIVE CARE	CHPIV Pilot Program: CCS Self-Test		CCS - Cervical Cancer Screen - Pap Test	MEDICAID	1/7/2025	8/31/2025	In Process	Elisa H. Stomski		
				ζ,	-		.,.,				
		CHRIV Toyt Mossage Campaign	DDEVENITATIVE CARE. CHRIV member text massage	BCS - Broact Cancer Screening CCS - Convical Cancer Serven							
11022		CHPIV Text Message Campaign - BCS, CCS	PREVENTATIVE CARE- CHPIV member text message reminders for BCS and CCS	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test	MEDICAID	1/7/2025	8/31/2025	In Process	Elisa H. Stomski		
11022	TREVENTATIVE CARE	DC3, CC3	Terminders for best and ees	Tup rest	WEDICAID	1/1/2023	0/31/2023	III TOCC33	Elisa II. Storiiski		
			PREVENTATIVE CARE- CHPIV- Use monies that Health Net is								
4400			granting Every Woman Counts (EWC) to conduct member	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen -	A SERVICA VE	4/7/222	0/20/2		Electric Control		
11021	PREVENTATIVE CARE	Outreach - BCS, CCS for MCAL	reminder outreach for BCS and CCS.	Pap Test	MEDICAID	1/7/2025	9/30/2025	in Process	Elisa H. Stomski		+
			DEFICATION CARE III III CARE III III III III III III III III III I								
			PREVENTATIVE CARE- Identify FQHCs in CHPIV who are high								
			volume/low performing in targeted counties. Work with our PE team to explore opportunities for member outreach								
			ou 2 team to explore opportunities for member outreach		I	1	I	I	1	1	1
		CHPIV - FQHC Outreach for CCS,	by the FQHC, including outreach supported by EDGE	CCS - Cervical Cancer Screen - Pap Test,CHL - Chlamydia							

Work Plan	PODS	Intervention Name	Intervention Description	Measures	Line of Business	Planned	Planned End	Status	Department Owner	Mid-Year	Year End
ID						Start Date	Date			Update	Update
			QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION -								
			IHQC will host the Project Management (PM) training for a								
			cohort of providers in April. The training includes content								
			and incidental coaching to build skills to manage small scale								
		IHQC - Project Management	projects and large initiatives. An additional PM training will						Gladys Lazaro, Lora Maloof-		
10794	PPG SUPPORT	Training	be provided to internal staff (PE/QI) in May.	HPQI - Health Plan Quality Improvement	MEDICAID	4/1/2025	6/30/2025	NOT STARTED	Miller		