



**Quality Improvement and
Health Education
2026 Work Plan**

Purpose

The purpose of the CHPIV Quality Improvement (QI) and Health Education (HEd) Program Work Plan is to integrate operational systems to both review clinical, service, access, and safety related outcomes against the priorities and objectives established by the Quality Improvement Program as well as provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education initiatives, programs and services. An assessment of critical barriers is made when objectives have not been met. The results of this Quality Improvement Program Evaluation provide evidence of the overall effectiveness of the QI Program and identify barriers and opportunities for improvement.

Mission

We are working with community residents and stakeholders in both the public and private sectors to:

- Advance opportunities for improved health and access to comprehensive health care services
- Promote the long-term viability of safety net providers
- Increase prevention, education, and early intervention services, and
- Partner with Medi-Cal managed care plans to monitor and improve the local healthcare system.

Scope

The CHPIV Health Quality Improvement, Health Education, and Wellness Work Plan encompasses quality improvement and health education activities for 2026.

Glossary of Abbreviations/Acronyms

Acronym: Description

A&G: Appeals and Grievances
BH: Behavioral Health
C&L: Cultural and Linguistic
CA: California region
CAHPS®: Consumer Assessment of Healthcare Providers and Systems
CAIR: California Immunization Registry
CAP: Corrective Action Plan
CH&W: California Health & Wellness
CS: Community Solutions
CDI: California Department of Insurance
CM: Case Management
DHCS: Department of Health Care Services
DMHC: Department of Managed Health Care
DN: Direct Network
DM: Disease Management
ECHO: Experience of Care and Health Outcomes survey
FFS: Fee-for-Service
HEDIS®: Healthcare Effectiveness Data and Information Set
HPL: High Performance Level
HRQ: Health Risk Questionnaire
IHA: Initial Health Appointments
IVR: Interactive Voice Response
LTSS: Long Term Services and Supports
MCAS: Managed Care Accountability Set

Acronym: Description

MCL: Medi-Cal
MPL: Minimum Performance Level
MSSP: Multipurpose Senior Services Program
MY: Measurement Year
N/A: Not Available
N/R: Not Reportable due to small denominator (<30)
NCQA: National Committee for Quality Assurance
PAS: Patient Assessment Survey
PCP: Primary Care Physician
PEPM: Provider Engagement Performance Management
PIP: Performance Improvement Project
PDSA: Plan, Do, Study, Act Project
PMPM: Per Member Per Month
PMPY: Per Member Per Year
POD: Program Owners and Drivers
PNM: Provider Network Management
PPG: Participating Provider Group
PTMPY:☒ Per Thousand Members Per Year
QC: Quality Compass
QI: Quality Improvement
QIP: Quality Improvement Project
RY: Reporting Year
SPD: Special Persons with Disabilities
UM: Utilization Management

Glossary of Abbreviations/Acronyms (Measure Specific)

Acronym: Description

AISE	Vaccine Adult Immunization Status
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
AMM	Antidepressant Medication Management
AMO	Annual Monitoring for Persons on Long-Term Opioid Therapy
AMR	Asthma Medication Ratio
BCS	Breast Cancer Screening
CBP	Controlling Blood Pressure
CCO	Cervical Cancer Overscreening
CCS	Cervical Cancer Screening
C.Diff	Clostridioides difficile
CAUTI	Catheter-associated Urinary Tract Infection
CHL	Chlamydia Screening in Women
CIS-10	Childhood Immunization Status - Combination 10
CLABSI	Central line-associated bloodstream infection
COA-FA	Care of Older Adults-Functional Assessment
COA-MR	Care of Older Adults –Medication Review
COA-PA	Care of Older Adults- Pain Assessment
COB	Concurrent Use of Opioids and Benzodiazepines
COL	Colorectal Cancer Screening
CWP	Appropriate Testing for Pharyngitis
DEV	Developmental Screening in the First Three Years of Life
DSF	Depression Screening and Follow-up for Adolescents and Adults
EED	Eye Exam for Patients with Diabetes
FMC	Follow up After Emergency Dept Visit/Chronic Condition
FUA	Follow-Up After ED Visit for Substance Abuse – 30 days
FUM	Follow-Up After ED Visit for Mental Illness – 30 days
FVA	Flu Vaccinations for Adults
GSD	Glycemic Status Assessment for Patients with Diabetes (>9%)

Acronym: Description

HBD	Diabetes Care -Blood Sugar Controlled (>9%)
HDO	Use of Opioids at High Dosage
IET	or Dependence Treatment
IMA-2	Immunizations for Adolescents – Combo 2
IMMH	Improving Mental Health
IMPH	Improving Physical Health
KED	Kidney Health Evaluation for Patients with Diabetes
LSC	Lead Screening in Children
MAC	Medication Adherence for Cholesterol (Statin) (MAC)
MAD	Medication Adherence for Diabetes Medications (MAD)
MAH	Medication Adherence for Hypertension (RASA) (MAH)
MPA	Monitoring Physical Activity
MRSA	Methicillin-resistant Staphylococcus aureus
MTM-CMR	Medication Review
MUI-OA	Improving Bladder Control
NTSV	Nulliparous, Term, Singleton, Vertex
OMW	Osteoporosis Management in Women who had a Fracture
OED	Oral Evaluation, Dental Services
OMW	Osteoporosis Management in Women who had a Fracture
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack
PCR	Plan All Cause Readmission
PDC-DM	Proportion of Days Covered - Diabetes
PDC-RAS	Proportion of Days Covered - Renin Angiotensin System
PDC-Statin	Proportion of Days Covered - Statin
POD	Pharmacotherapy for Opioid Use Disorder
PPC-Pst	Postpartum Care
PPC-Pre	Prenatal and Postpartum Care: Prenatal Care

Glossary of Abbreviations/Acronyms (Measure Specific) - continued

Acronym:	Description	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 Initiative Details	Product Line	Responsible Party	Objectives	2025 (MY 2024) Objectives Met (% , ratio):	2026 (MY 2025) Objectives Met (% , ratio): (Populate at Mid-Year)	2026 Activities Completed (% , ratio):	Program Continuation (Populate at year-end)
1. Behavioral Health - Improving Behavioral Health (Mental Health and Substance Use) Outcomes Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Safety	CHPIV: Medi-Cal (Imperial)	Adrianna Shoji, Program Manager III, Behavioral Health Quality Improvement	MCL: Meet directional improvement of 1-5% or ≥ 55th percentile benchmark for the following MCAS-MPL measure (2 rates): FUA-30, FUM-30. • Follow-Up After ED Visit for Substance Abuse – 30 days (FUA-30): MPL is 39.10% • Follow-Up After ED Visit for Mental Illness – 30 days (FUM-30): MPL is 57.13%.	MY 2024: •(100%, 2/2)	MY 2025: •(X%, X/2)	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	
2.A. Chronic Conditions - Diabetes (CDC/GSD/HBD >9%) Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	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: MPL is 30.41% (inverted rate).	MY 2024: •(100%, 1/1)	MY 2025: •(X%, X/1)	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	
2.B Chronic Conditions - Heart Health/Blood Pressure (CBP) Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	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: • Controlling Blood Pressure (CBP): MPL is 64.48%.	MY 2024: •(100%, 1/1)	MY 2025: •(X%, X/1)	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	
3.A Hospital Quality/Patient Safety Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Safety	CHPIV: Medi-Cal (Imperial)	Barbara Wentworth, Program Manager III, Quality Improvement	Hospital engagement: Conduct outreach to network hospitals on quality status of priority metrics and available QI resources.	MY 2024: •100% (Engaged Pioneers Memorial Hospital/El Centro Regional Medical Center)	MY 2025: •(X%)	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	
3.B. Hospital Quality/ Patient Safety/Maternal Health: PPC-pre, PPC-pst, PND-E, PDS-E Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	Barbara Wentworth, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS-MPL measures: PPC-pre and PPC-Pst • Prenatal and Postpartum Care: Prenatal Care (PPC-pre): 50th percentile MPL is 86.37% • Postpartum Care (PPC-pst): 50th percentile MPL is 82.48%.	MY 2024: •(100%, 2/2)	MY 2025: •(X%, X/2)	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	
4. Member Engagement and Experience - Initial Health Appointments Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care	CHPIV: Medi-Cal (Imperial)	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 2024 •IHA: (100%, 2/2) The current IHA rate is 48.89%.	MY 2025 • IHA: (X%, X/2) The current IHA rate is X%.	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	

Program Initiative Details	Product Line	Responsible Party	Objectives	2025 (MY 2024) Objectives Met (% ratio):	2026 (MY 2025) Objectives Met (% ratio): (Populate at Mid-Year)	2026 Activities Completed (% ratio):	Program Continuation (Populate at year-end)
5.A. Pediatric/Dental - Dental: TFL-CH Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS-MPL measure: • Topical Fluoride for Children (TFL-CH): MPL is 19.00%. Two fluoride applications each measurement year for all children 1 to 20 years of age.	MY 2024: •(0%, 0/1)	MY 2025: •(X%, X/1)	Mid-Year (Jan-Jun): (% X/X) Year-End (Jul-Dec): (% X/X)	
5.B. Pediatric/Dental – Pediatric Measures for Children under 3 years of age: CIS-10-E, LSC, DEV, W30-6+, W30-2+ Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	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-E, LSC, CDEV, W30-6+, W30-2+. • CIS-10-E 50th percentile MPL = 23.89% • LSC 50th percentile MPL = 69.96% • CDEV 50th percentile MPL = 35.70% • W30-6+ 50th percentile MPL = 63.38% • W30-2+ 50th percentile MPL = 72.32%	MY 2024: •(80%, 4/5)	MY 2025: •(X%, X/5)	Mid-Year (Jan-Jun): (% X/X) Year-End (Jul-Dec): (% X/X)	
5.C. Pediatric/Dental – Pediatric Measures for Children 3-21 of age: IMA-2-E, WCV Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	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-E and WCV. • IMA-2-E 50th percentile MPL = 34.14% • WCV 50th percentile MPL = 55.41%	MY 2024: •(50%, 1/2)	MY 2025: •(X%, X/2)	Mid-Year (Jan-Jun): (% X/X) Year-End (Jul-Dec): (% X/X)	
6.A. 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	CHPIV: Medi-Cal (Imperial)	Ravneet Gill, Program Manager III, Quality Improvement	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measures: • Breast Cancer Screening (BCS-E): MPL is 55.87% • Cervical Cancer Screening (CCS-E): MPL is 52.32% • Colorectal Cancer Screening (COL-E): MPL is 41.39%	MY 2024: •MCL: (66.67%, 2/3)	MY 2025: •(X%, X/3)	Mid-Year (Jan-Jun): (% X/X) Year-End (Jul-Dec): (% X/X)	
6.B. Preventive Health – Flu Campaign Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CHPIV: Medi-Cal (Imperial)	Matt Anderson, Program Manager III, Quality Improvement	Meet directional improvement of 1-5% from prior year for the Flu Vaccine Adult Immunization Status.	MY 2024 •AIS Flu: (0%, 0/1) Imperial: 12.74%	MY 2025: •(X%, X/1)	Mid-Year (Jan-Jun): (% X/X) Year-End (Jul-Dec): (% X/X)	

Program Initiative Details	Product Line	Responsible Party	Objectives	2025 (MY 2024) Objectives Met (% , ratio):	2026 (MY 2025) Objectives Met (% , ratio): (Populate at Mid-Year)	2026 Activities Completed (% , ratio):	Program Continuation (Populate at year-end)
7. Member Experience- Improving (CAHPS) Access Measures – Provider Focus Type of activity: • Ongoing activity – (monitoring of previously identified issue – improve performance NCOA quality measure) Type of program: • Quality of Care • Quality of Service • Member Experience	CHPIV: Medi-Cal (Imperial)	Matt Anderson Program Manager III, Quality Improvement	Meet or exceed the 25th percentile QC benchmark on CAHPS Access measures including: Getting Needed Care, Getting Care Quickly and Care Coordination.	MY 2024: •N/A. First Year Reporting	MY 2025: •MCL: (X%, X/3)	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	
8. Provider Communication/ Engagement - Improving Provider Survey Results Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Access and Availability	CHPIV: Medi-Cal (Imperial)	Paul Fuentes, Provider Relations Specialist II, Access and Availability	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%.	MY 2024 PAAS: 60% (3/5) •PCP Urgent: 83% •PCP Non-Urgent: 95% •Specialists (All) Urgent: 60% •Specialists (All) Non- Urgent: 64% •Ancillary Non-Urgent: 90% MY 2024 PAHAS: 0% (0/2) •Appropriate Emergency Instructions: 76.7% •Ability to Contact On-Call Physicians: 30.0%	MY 2025 PAAS: X% (X/5) •PCP Urgent: X% •PCP Non-Urgent: X% •Specialists (All) Urgent: X% •Specialists (All) Non- Urgent: X% •Ancillary Non-Urgent: X% MY 2024 PAHAS: X% (X/2) •Appropriate Emergency Instructions: X% •Ability to Contact On-Call Physicians: X%	Mid-Year (Jan-Jun): (% , X/X) Year-End (Jul-Dec): (% , X/X)	

Section II: Enterprise Quality Improvement & Performance Tracker Activities Log

Section II lists Enterprise Quality Improvement & Performance Tracker activities that support meeting program objectives for the year (listed in Section I). It also includes ongoing monitoring of cross-functional activities across the organization.

Unique ID	Pod	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
CA-0247	Access, Availability, Satisfaction and Service	Adrianna Shoji, Program Manager III, Geoffrey Gomez, Director, Quality Improvement, Guille Toland, Program Manager III, CAHPS Quality Improvement, Louba Aaronson, Director, Quality Improvement	Ongoing Monitoring Activities: Complete Member Satisfaction Reports.	Write integrated member satisfaction reports, in partnership with the QIRA Team, to satisfy NCQA Accreditation ME.7 Standard. This report captures appeals, grievances, CAHPS/ECHO results, and identifies barriers, areas of opportunity, and ongoing initiatives.	ECHO Survey and Appeals and Grievances Review	01/01/26	12/31/26				
CA-0216	Access, Availability, Satisfaction and Service	Ana Paine, Program Manager III, Access & Availability	Ongoing Monitoring Activities: Telephone Access Survey	Conduct quarterly surveys and issue CAPs to noncompliant providers.	Measure Not Listed	01/01/26	12/31/26				
CA-0211	Access, Availability, Satisfaction and Service	Ana Paine, Program Manager III, Access & Availability	Ongoing Monitoring Activities: Access Survey Results	Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers.	Measure Not Listed	01/01/26	12/31/26				
CA-0209	Access, Availability, Satisfaction and Service	Ana Paine, Program Manager III, Access & Availability	Ongoing Monitoring Activities: DMHC Timely Access Report (TAR)	Complete and submit DMHC Timely Access Reporting (TAR) by May 1, 2026 filing due date.	Measure Not Listed	01/01/26	12/31/26				
CA-0206	Access, Availability, Satisfaction and Service	Ana Paine, Program Manager III, Access & Availability	Ongoing Monitoring Activities: Access Survey Monitoring	Monitor and report access to care standards using telephonic surveys vendor(s).	Measure Not Listed	01/01/26	12/31/26				
CA-0204	Access, Availability, Satisfaction and Service	Ana Paine, Program Manager III, Access & Availability	Ongoing Monitoring Activities: Access Provider Training	Conduct quarterly provider webinars.	Measure Not Listed	01/01/26	12/31/26				
CA-0201	Access, Availability, Satisfaction and Service	Daniel Saldarriaga, Sr. Manager, Appeals and Grievances	Ongoing Monitoring Activities: Appeals and Grievance Trending Reports	A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	No Associated Measure	01/01/26	12/31/26				
CA-0228	Access, Availability, Satisfaction and Service	Dao Fang, Manager, Health Equity	Ongoing Monitoring Activities: GeoAccess Report	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.	Measure Not Listed	01/01/26	12/31/26				

Unique ID	Pod	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
CA-0225	Access, Availability, Satisfaction and Service	Dao Fang, Manager, Health Equity	Ongoing Monitoring Activities: Health Equity Report	Analyze and report on Cultural and Linguistics.	Measure Not Listed	01/01/26	12/31/26				
CA-0232	Access, Availability, Satisfaction and Service	Erica Valdivia, Director, Provider Relations, Michelle Najarro, Manager, Program Accreditation	Ongoing Monitoring Activities: Quality EDGE	In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to improve access and complete interventions addressing systemic barriers to HEDIS performance.	Measure Not Listed	01/01/26	12/31/26				
CA-0244	Access, Availability, Satisfaction and Service	Erica Valdivia, Director, Provider Relations, Shekinah Wright, Director, Quality Improvement	Ongoing Monitoring Activities: MCAS Provider Training	Engage with CHPIV provider offices to complete MY 2026 MCAS training focused on best practices for closing care gaps.	Measure Not Listed	01/01/26	12/31/26				
CA-0237	Access, Availability, Satisfaction and Service	Guille Toland, Program Manager III, CAHPS Quality Improvement, Louba Aaronson, Director, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	Ongoing Monitoring Activities: CAHPS monitoring	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 recommending changes when plans are insufficient to improve the member experience in a measurable and meaningful way.	Measure Not Listed	01/01/26	12/31/26				
CA-0236	Access, Availability, Satisfaction and Service	Linda Armbruster, Quality Improvement Specialist, Miriam Rosales, Program Manager III, Quality Improvement, Shekinah Wright, Director, Quality Improvement	Ongoing Monitoring Activities: Initial Health Assessment Compliance	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	IHA - Initial Health Assessment	01/01/26	12/31/26				
CA-0241	Access, Availability, Satisfaction and Service	Manisha Makwana, Director, Provider Relations	Ongoing Monitoring Activities: PPG Delegation Oversight Scorecards	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly scorecard provides an opportunity to track/ trend low-high PPGs performers.	Measure Not Listed	01/01/26	12/31/26				

Unique ID	Pod	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
CA-0222	Access, Availability, Satisfaction and Service	Manjula Miyashiro, Director, PNM Operations, Rudolph Davila, Program Manager II, Access & Availability	Ongoing Monitoring Activities: Provider Satisfaction Survey	Assess approach and as needed, coordinate data and reporting for annual Provider Satisfaction Survey.	Measure Not Listed	01/01/26	12/31/26				
CA-0219	Access, Availability, Satisfaction and Service	Manjula Miyashiro, Director, PNM Operations, Rudolph Davila, Program Manager II, Access & Availability	Ongoing Monitoring Activities: Provider Satisfaction Survey	Monitor appropriate after-hours messaging and timely access to urgent/emergent care. Refer to Access and Availability Work Plan for additional details.	Measure Not Listed	01/01/26	12/31/26				
CA-0250	Behavioral Health	Adrianna Shoji, Program Manager III, Geoffrey Gomez, Director, Quality Improvement	Ongoing Monitoring Activities: Behavioral Health Oversight	Conduct oversight of behavioral health (BH) through delegated reports on BH (may include member satisfaction surveys, etc.)	DSF-E - Depression Screening and Follow-Up for Adolescents and Adults FUA - Follow-Up After Emergency Department Visit for Substance Use FUM - Follow-Up After Emergency Department Visit for Mental Illness	01/01/26	12/31/26				
CA-0252	Care Coordination/Member Engagement	Adrianna Shoji, Program Manager III, Miriam Rosales, Program Manager III, Quality Improvement	Ongoing Monitoring Activities: NCQA Continuity of Care Reports	Monitor opportunities and interventions for NCQA QI 3 & QI 4 according to NCQA accreditation timelines.	APP - First-Line Psychosocial Care, DAE - Use of High-Risk Medications in Older Adults—Total Rate (Rate 3), DDE - Potentially Harmful Drug Disease Interactions in Older Adults, FMC - Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions, FRM - Fall Risk Management, FUA - Follow-Up After Emergency Department Visit for Substance Use, FUH - Follow-Up After Hospitalization for Mental Illness, FUI - Follow-Up After High-Intensity Care for Substance Use Disorder, FUM - Follow-Up After Emergency Department Visit for Mental Illness, IET / DMC14 - Initiation and Engagement of Substance Use Disorder Treatment, PPC-P - Prenatal and Postpartum Care—Postpartum Care, PPC-T - Prenatal and Postpartum Care—Timeliness of Prenatal Care, SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications, TRC - Transitions of Care - PED: Patient Engagement after Discharge, TRC - Transitions of Care - MRP: Medication Reconciliation Post Discharge	01/01/26	12/31/26				
CA-0321	Compliance	Denise Miller, Program Manager III, Vendor Performance Management	Ongoing Monitoring Activities: Disease/Chronic Conditions Management	Monitor Chronic Conditions (Disease) Management Program for appropriate member outreach quarterly.	No Associated Measure	01/01/26	12/31/26				
CA-0317	Compliance	Karen Bowling, Sr. Manager, Delegation Oversight	Ongoing Monitoring Activities: PPG Delegates Credentialing/ Recredentialing Oversight	PPG Delegates Credentialing/ Recredentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	No Associated Measure	01/01/26	12/31/26				
CA-0340	Compliance Health Education/Wellness Preventative Care Quality	Kimberly Greaney-Macsicza, Director, Clinical Programs	Ongoing Monitoring Activities: Clinical Practice Guidelines	Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	No Associated Measure	01/01/26	06/30/25				

Unique ID	Pod	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
CA-0361	Credentialing/ Recredentialing	Pamela Carpenter, Director, Clinical Support Services	Ongoing Monitoring Activities: Credentialing	Monitor credentialing findings and report to HNCS QIHEC quarterly.	No Associated Measure	01/01/26	12/31/26				
CA-0322	Quality and Safety of Care and Service	Anastassia Tonkogolosuk, Sr. Manager, Ethics and Compliance, Karen Bowling, Sr. Manager, Delegation Oversight	Ongoing Monitoring Activities: PPG Delegates Compliance 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 include Utilization Management, including CCM; credentialing; and claims payments.	No Associated Measure	01/01/26	12/31/26				
CA-0332	Quality and Safety of Care and Service	Carrie-Lee Patnaude, Director, Care Management	Ongoing Monitoring Activities: Integrated Care Management	Integrated Care Management (ICM) <ul style="list-style-type: none"> • Implement PHM pyramid as the predictive modeling tool to identify high-risk members for referral to ICM. • Evaluate the ICM Program based on the following measures: <ul style="list-style-type: none"> o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction 	No Associated Measure	01/01/26	12/31/26				
CA-0327	Quality and Safety of Care and Service	Leticia Carrera, Senior Director, Appeals and Grievances	Ongoing Monitoring Activities: Handling of Member Grievances and Appeals:	Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	No Associated Measure	01/01/26	12/31/26				
CA-0196	QUALITY AND SAFETY OF CARE AND SERVICE	Leticia Carrera, Senior Director, Appeals and Grievances	Ongoing Monitoring Activities: Handling of Member Appeals and Grievances	Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	No Associated Measure	01/01/26	12/31/26				
CA-0366	QUALITY AND SAFETY OF CARE AND SERVICE	Pamela Carpenter, Director, Clinical Support Services	Ongoing Monitoring Activities: Potential Quality Issues (PQI)	Monitor potential quality incidents (PQIs) and quality of care (QOC) findings and report to CHPIV quarterly. Complete all PQIs/QOCs received thin 90 day TAT to maintain internal compliance.	No Associated Measure	01/01/26	12/31/26				

Unique ID	Pod	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
CA-0363	QUALITY AND SAFETY OF CARE AND SERVICE	Pamela Carpenter, Director, Clinical Support Services	Ongoing Monitoring Activities: A&G Quality of Care Concerns	Update Clinical A&G Quality of Care Concerns Policy & Procedure and Peer Review Committee Policy & Procedure.	No Associated Measure	01/01/26	12/31/26				
CA-0360	QUALITY AND SAFETY OF CARE AND SERVICE	Pamela Carpenter, Director, Clinical Support Services	Ongoing Monitoring Activities: Peer Review	Monitor peer review determinations and report to HNCS QIHEC quarterly.	No Associated Measure	01/01/26	12/31/26				
CA-0390	Quality Improvement and Compliance	Barbara Wentworth, Program Manager III, Quality Improvement, Sharon Rushing, Sr. Manager, Quality Improvement	Ongoing Monitoring Activities: Safety and Quality Plan	Evaluate written plan for safety and quality data collection: To improve patient safety by collecting and providing information on provider and practitioner safety and quality (at least annually).	No Associated Measure	01/01/26	12/31/26				
CA-0398	Quality Improvement and Compliance	Jamie Spears, Manager, Quality Improvement, Louba Aaronson, Director, Quality Improvement, Lynn Pak, Senior Manager, Quality Improvement, Maya Marmo, Director, Data Analytics, Sharon Rushing, Sr. Manager, Quality Improvement, Shekinah Wright, Director, Quality Improvement, Taline Jaghasspanian, Sr. Director, Quality Improvement	Ongoing Monitoring Activities: Quality Improvement Trilogy Documents and Policies	Evaluation of the QIHed and Wellness program of the previous year (Q1). Complete QI Work Plan evaluation semi-annually.	No Associated Measure	01/01/26	09/30/26				
CA-0369	Quality Improvement and Compliance	Pamela Carpenter, Director, Clinical Support Services	Ongoing Monitoring Activities: Facility Site Reviews and Medical Record Reviews	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 12-006 and 15-023. Report FSR/MRR data to DHCS twice per year (1/31 and 7/31), including all sites with failed scores.	No Associated Measure	01/01/26	12/31/26				
CA-0384	Quality Improvement and Infrastructure	Donald Melhouse, Healthcare Informatics Program Manager	Ongoing Monitoring Activities: HEDIS Care Gap Reports	Produce weekly HEDIS care gap reports, by contract level and participating provider group (PPG) level to identify non-compliant members.	No Associated Measure	01/01/26	12/31/26				

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CA-0381	Quality Improvement and Infrastructure	Shekinah Wright, Director, Quality Improvement	Ongoing Monitoring Activities: HEDIS Best Practices Tools	Support development of HEDIS best practice tools.	No Associated Measure	01/01/26	12/31/26				
CA-0378	Quality Improvement and Infrastructure	Steven Myers, Sr Manager, Provider Engagement Strategy	Ongoing Monitoring Activities: Cozeva Adoption	Encourage further Cozeva adoption/usage among PCPs and provider groups in program's 5th year; Expand Cozeva-EHR integrations and bidirectional data-sharing with priority PCP/clinics; Enhance Cozeva platform to support regulatory requirements and key opportunities / initiatives.	No Associated Measure	01/01/26	12/31/26				
CA-0427	Wellness/Preventive Health	Anabel Jayme, Program Manager II, Quality Improvement, Louba Aaronson, Director, Quality Improvement, Shekinah Wright, Director, Quality Improvement	Ongoing Monitoring Activities: Health Education Program	Health Education System P&Ps, monitoring of initiatives, maintenance of printed materials, digital programs and requirements, health promotion to providers.	No Associated Measure	01/01/26	12/31/26				
CA-0424	Wellness/Preventive Health	Anabel Jayme, Program Manager II, Quality Improvement, Louba Aaronson, Director, Quality Improvement, Shekinah Wright, Director, Quality Improvement	Ongoing Monitoring Activities: Health Education Materials Management	Manage Health Education materials.	No Associated Measure	01/01/26	12/31/26				
CA-0411	Wellness/Preventive Health	Arzoo Mojadedi, Sr. Health Education Specialist, Quality Improvement	Ongoing Monitoring Activities: Vendor Onboarding	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	No Associated Measure	01/01/26	12/31/26				
CA-0433	Wellness/Preventive Health	Carrie-Lee Patnaude, Director, Care Management	Ongoing Monitoring Activities: Pregnancy Program	Monitor CHPIV Health Pregnancy Program and identify high risk members via Care Management.	No Associated Measure	01/01/26	12/31/26				
CA-0415	Wellness/Preventive Health	Justina Felix, Sr. Health Education Specialist, Quality Improvement	Ongoing Monitoring Activities: Preventive Screening Guidelines	Distribute and/or make available Preventive Screening Guidelines (PSG) to members and providers.	No Associated Measure	01/01/26	12/31/26				
CA-0408	Wellness/Preventive Health	Kristen Kaila, Senior Health Education Specialist, Quality Improvement	Ongoing Monitoring Activities: Member Newsletter	Member newsletter- Supports NCQA guidelines that requires specific member communication to be mailed to members' homes.	No Associated Measure	01/01/26	12/31/26				

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CA-0421	Wellness/Preventive Health	Maria Lin, Program Manager II	Ongoing Monitoring Activities: Health Education Program and Services Flyer	Distribute the Health Education Programs and Services Flyer to members via the Medi-Cal member welcome packet.	No Associated Measure	01/01/26	12/31/26				
CA-0351	Pediatric/Dental	Linda Armbruster, Quality Improvement Specialist	Lead Blood Screening Provider Member Gap List	Quarterly lead blood screening provider member gap list for members who have not completed lead blood screening by age 1, age 2 or by age 6.	LSC - Lead Screening in Children	06/01/26	12/31/26				
CA-0348	Pediatric/Dental	Linda Armbruster, Quality Improvement Specialist	Lead Blood Screening Anticipatory Guidance Member Flyer and Cover letter	Mail Protect your Child from Lead: anticipatory guidance flyer to members under age 6 annually.	LSC - Lead Screening in Children	06/01/26	12/31/26				
CA-0494	Health Education/Wellness	Brittany Head, Program Manager II, Quality Improvement, Lora Maloof-Miller, Program Manager II, Quality Improvement, Maria Lin, Program Manager II	Digital Health Education Resources to Support Patients	Promote Krames and nationally credible health education resources that providers can effectively share with their patients. This PowerPoint will encompass a broad spectrum of health-related topics, which also includes addressing topics that support various measures.	AMR - Asthma Medication Ratio, CAHPS / AFV - Annual Flu Vaccine, CBP - Controlling High Blood Pressure, CCS-E - Cervical Cancer Screening, CIS - Childhood Immunization Status, CIS-E (10) - Childhood Immunization Status Combination 10, CIS-E (3) - Childhood Immunization Status Combination 3, COA - Care for Older Adults, COU - Risk of Continued Opioid Use, DEV-CH - Developmental Screening in the First Three Years of Life, DIAB / PDC - Adherence to Diabetes Medications, EED - Eye Exam for Patients with Diabetes, FRM - Fall Risk Management, HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (>9%), IBC - Improving Bladder Control, IMA-E - Immunizations for Adolescents, IMPH - Improving or Maintaining Physical Health, LSC - Lead Screening in Children, MPA - Monitoring Physical Activity, OSW - Osteoporosis Screening in Older Women, PAO - Physical Activity in Older Adults, PBH - Persistence of Beta-Blocker Treatment After a Heart Attack, PPC - Prenatal and Postpartum Care, RRF - Reducing the Risk of Falling, SPD - Statin Therapy for Patients With Diabetes, STAT / PDC - Adherence to Cholesterol Medication (Statins), TFC - Topical Fluoride for Children, W30 - Well Child Visits in the First 30 Months of Life, WCV - Child and Adolescent Well-Care Visits	03/02/26	12/31/26				
CA-0538	Care Coordination/Member Engagement	Linda Armbruster, Quality Improvement Specialist	CHPIV: Initial Health Appointments (IHA) Quarterly Reporting	Provide quarterly updates to report on IHA rates and status to stakeholder committee members.	IHA - Initial Health Assessment	01/01/26	12/31/26				
CA-0546	Behavioral Health	Adrianna Shoji, Program Manager III, Quality Improvement	CHPIV outreach following discharge from emergency department (FUA/FUM)	Conduct telephone contacts to members by outreach team following a member being discharged from a hospital for mental illness utilizing the Admit, Transfer, and Discharge (ADT) report.	FUA - Follow-Up After Emergency Department Visit for Substance Use FUM - Follow-Up After Emergency Department Visit for Mental Illness	01/01/26	12/31/26				
CA-0306	Behavioral Health	Maria Lin, Program Manager II	CHPIV Teladoc PSV (Primary Source Verification) - DSF	Complete and assure the CHPIV PHQ9 data from Teladoc be approved by PSV auditors so it can be used as a supplemental data source to improve HEDIS DSF-E.	DSF-E - Depression Screening and Follow-Up for Adolescents and Adults	01/01/26	12/31/26				

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CA-0298	Behavioral Health	Maria Lin, Program Manager II	CHPIV Teladoc Mental Health Digital Program Implementation	Implement the HN MediCal Teladoc Mental Health Digital Program and provide oversight and overall management of the program.	DSF-E - Depression Screening and Follow-Up for Adolescents and Adults	01/01/26	12/31/26				
CA-0264	Care Coordination/Member Engagement	Juli Coulthurst, Program Manager III, Quality Improvement	Ongoing Monitoring Activities: Well-Child Visits Provider Education	Educate providers on importance of well-child visits. Well-child visits include developmental screenings.	W30 - Well Child Visits in the First 30 Months of Life W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months	01/01/26	12/31/26				
CA-0684	Chronic Conditions	Arzoo Mojadedi, Sr. Health Education Specialist, Quality Improvement, Gigi Mathew, Program Manager III, Quality Improvement, Martha Zuniga, Sr. Quality Improvement Specialist	Sprinter Health Engagement - CBP	Member outreach campaign to provide in-home blood pressure readings to help close the CBP gap to be conducted by Sprinter Health.	CBP - Controlling High Blood Pressure	01/01/26	12/31/26				
CA-0617	Chronic Conditions	Gigi Mathew, Program Manager III, Quality Improvement	Abbott Diabetes Care Pilot	Pilot initially Medi-Cal targeting providers whose members have uncontrolled A1c. The pilot includes educational outreach to providers, onboarding to LibreView platform, and integrate continuous glucose monitoring (CGM) data into the electronic health record (EHR).	GSD - Glycemic Status Assessment for Patients with Diabetes GSD - Glycemic Status Assessment for Patients with Diabetes (Glycemic Status < 8%) GSD - Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9)	01/01/26	12/31/26				
CA-0312	Credentialing/Recredentialing	Michael Catello, Sr. Manager, Quality Improvement	Ongoing Monitoring Activities: Credentialing/ Recredentialing Practitioners/Providers	Achieve and maintain a 100% timely compliance and 100% accuracy score.	No Associated Measure	01/01/26	12/31/26				
CA-0395	Health Education/Wellness	Justina Felix, Sr. Health Education Specialist, Quality Improvement	Kick It California (KIC) - Smoking Cessation Services	Explore expanding partnership with 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.).	CAHPS / MSC - Medical Assistance With Smoking and Tobacco Use Cessation	01/01/26	12/31/26			N/A	

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CA-0491	HOSPITAL QUALITY/PATIENT SAFETY	Barbara Wentworth, Program Manager III, Quality Improvement	Collaboration with Hospital Quality Institute (HQI) on custom hospital quality performance tools	Collaborate with HQI on performance tools for use by internal quality and contracting staff. Features individual hospital performance and trends on priority metrics in areas including patient safety, maternal health, patient experience, and readmissions.	HPQI - Health Plan Quality Improvement	01/01/26	12/31/26				
CA-0485	HOSPITAL QUALITY/PATIENT SAFETY	Barbara Wentworth, Program Manager III, Quality Improvement	Hospital outreach about patient safety	Outreach to hospitals about patient safety metrics, standards/expectations, and opportunities to improve. Focus on metrics and reports including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor Roll.	HPQI - Health Plan Quality Improvement	01/01/26	12/31/26				
CA-0471	HOSPITAL QUALITY/PATIENT SAFETY	Barbara Wentworth, Program Manager III, Quality Improvement	Engagement with external collaboratives to promote hospital quality: California Maternal Quality Care Collaborative (CMQCC)	Collaborate with the CMQCC to coordinate and consult on improving hospital maternal health metrics.	HPQI - Health Plan Quality Improvement	01/01/26	12/31/26				
CA-0520	Maternal Health/Hospital/Patient Safety	barbara.a.wentworth@healthnet.com	CHPIV Confirmation of Pregnancy in Cozeva	Work with the Cozeva team to set up a feature/function for PCP users to indicate member's early pregnancy.	PPC-T - Prenatal and Postpartum Care—Timeliness of Prenatal Care	01/01/26	12/31/26				
CA-0665	Maternal Health/Hospital/Patient Safety	Meena Dhonchak, Senior Quality Improvement Specialist	Covered CA PPC Compliance Maternal Health Equity Resources and Trainings: Implicit Bias Training (CHPIV)	Provide implicit bias training to OB providers. Provide maternal health equity resources and training links for providers. Contract extended until 3/31/2026 with Dr. Sayida Peprah-Wilson. Includes provider updates.	PPC - Prenatal and Postpartum Care PPC-P - Prenatal and Postpartum Care—Postpartum Care PPC-T - Prenatal and Postpartum Care—Timeliness of Prenatal Care	01/01/26	03/31/26				
CA-0627	Maternal Health/Hospital/Patient Safety	Meena Dhonchak, Senior Quality Improvement Specialist	PPC Workgroup (CHPIV)	Exploring data solutions for the PPC measures converting to admin only in MY2028	PPC - Prenatal and Postpartum Care PPC-P - Prenatal and Postpartum Care—Postpartum Care PPC-T - Prenatal and Postpartum Care—Timeliness of Prenatal Care	01/02/26	12/31/26				
CA-0669	Maternal Health/Hospital/Patient Safety/Pediatrics/Adolescents	Meena Dhonchak, Senior Quality Improvement Specialist	Distribution of the Newborn Checklist (CHPIV)	Distribute the updated Newborn Checklist to CHPIV counties	PPC - Prenatal and Postpartum Care PPC-P - Prenatal and Postpartum Care—Postpartum Care PPC-T - Prenatal and Postpartum Care—Timeliness of Prenatal Care W30 - Well Child Visits in the First 30 Months of Life W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months	01/01/26	12/31/26				

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CA-0280	Member Experience	Guille Toland, Program Manager III, Quality Improvement	Provider Communication CAHPS Article	Update CAHPS provider playbook - CAHPS article and measure rates.	CAHPS - All CAHPS Measures	01/01/26	04/30/26				
CA-0531	Member Experience	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	Flu Tip Sheet	Update flu tip sheet best practices as needed for providers to implement them in their practice for a more successful approach.	AIS-E - Adult Immunization Status - Influenza	06/01/26	12/31/26				
CA-0525	Member Experience	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	CAHPS Provider Playbook	Revise CAHPS provider playbook best practices captured in one resource for providers to utilize and improve CAHPS measures.	CAHPS - All CAHPS Measures	01/01/26	12/31/26				
CA-0277	Member Experience	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	Fluvention Campaign	Review and monitor multi-channel campaign deployed by Corporate for flu prevention. Campaign includes emails, IVR on-hold messages, web page/messaging, and POM calls.	CAHPS / AFV - Annual Flu Vaccine	04/30/26	03/30/27				
CA-0603	Member Experience	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	Community Advisory Committee (CAC)	Provide CAHPS program updates with results and best practices to Medi-Cal members and plans.	CAHPS - Access to Care	03/01/26	03/31/26				
CA-0336	Member Experience	Matthew Anderson, Program Manager III, Quality Improvement	Ongoing Monitoring Activities: CAHPS Stakeholder Meetings	QI improves communication with stakeholder departments and identifies interventions to improve CAHPS through monthly Quality Focus Touchbase meetings and Quality Governance Committee meetings.	CAHPS - All CAHPS Measures	01/01/26	12/31/26				
CA-0268	Member Experience	Matthew Anderson, Program Manager III, Quality Improvement	CAHPS Provider Training Series via Sullivan Group	Offer physician-led webinar trainings; topics will focus on improving provider communication and access.	CAHPS / GCQ / ZGCQ - Getting Care Quickly (Adult) CAHPS / GCQ / ZGCQ - Getting Care Quickly (Child) CAHPS / RHP / ZHPL - Rating of Health Plan (Adult) CAHPS / RHP / ZHPL - Rating of Health Plan (Child)	01/01/26	04/30/26				

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CA-0554	Multi-Gap/Operations	Ana Sem, Program Manager II	Care Gap Cozeva Contact Tracking	Load care gap campaign calls into Cozeva monthly.	BCS-E - Breast Cancer Screening CBP - Controlling High Blood Pressure CCS-E - Cervical Cancer Screening CIS-E (10) - Childhood Immunization Status Combination 10 COL-E - Colorectal Cancer Screening GSD - Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9) IMA-E - Immunizations for Adolescents W30 - Well Child Visits in the First 30 Months of Life WCV - Child and Adolescent Well-Care Visits	02/02/26	12/31/26				
CA-0354	Multi-Gap/Operations Pediatric/Dental	Brittany Head, Program Manager II, Quality Improvement	Q1 MCL Gap Calls - CHPIV	Member with WCV not completed in the prior year will get a call in Q1 encouraging gap closure by seeing provider.	BCS-E - Breast Cancer Screening CIS-E (10) - Childhood Immunization Status Combination 10 IMA-E - Immunizations for Adolescents IMA - Immunizations for Adolescents Combo 2 WCV - Child and Adolescent Well-Care Visits	01/12/26	04/30/26				
CA-0508	Pediatric/Dental	Arpitha Banaji, brittany.head@healthnet.com	(CHPIV) Corporate Monthly Birthday Proactive Outreach Message (POM) for Members 3-17 Years	Monitor and report outcomes of the corporate monthly birthday POM messaging to parents of 3 to 17 year old members to schedule and complete their annual well child visit (WCV).	CIS-E (10) - Childhood Immunization Status Combination 10 WCV - Child and Adolescent Well-Care Visits	01/01/26	12/31/26				
CA-0440	Pediatric/Dental	Arpitha Banaji, brittany.head@healthnet.com	(CHPIV) Corporate Quarterly Proactive Outreach Message (POM) for Members 2-28 Months	Monitor and report outcomes of the corporate quarterly POM calls for members 2-28 months of age.	CIS-E (10) - Childhood Immunization Status Combination 10 W30 - Well Child Visits in the First 30 Months of Life W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months	01/01/26	12/31/26				
CA-0518	Pediatric/Dental	Arpitha Banaji, Quality Improvement Specialist Senior	2026 DHCS+Institute for Healthcare Improvement (IHI) Child Health Equity Collaborative Sprint - Phase 2 (CHPIV)	Participate in Phase 2 of the DHCS and Institute for Healthcare Improvement (IHI) Child Health Equity Collaborative (CHEC) Sprint 12-month project to implement IHI designed/suggested interventions with a pilot site in Imperial County to improve completion of WCVs, immunizations/vaccinations, and related activities.	CIS-E (10) - Childhood Immunization Status Combination 10 DEV-CH - Developmental Screening in the First Three Years of Life LSC - Lead Screening in Children W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months	01/01/26	09/30/26				
CA-0514	Pediatric/Dental	Arpitha Banaji, Quality Improvement Specialist Senior, Brittany Head, Program Manager II, Quality Improvement	(CHPIV) Pfizer 1st Birthday IVR Only (Well Visit)	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.	WCV - Child and Adolescent Well-Care Visits	01/01/26	12/31/26				

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CA-0500	Pediatric/Dental	Arpitha Banaji, Quality Improvement Specialist Senior, Brittany Head, Program Manager II, Quality Improvement	(CHPIV) Pfizer Missed Dose IVR Only	Send 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-E (10) - Childhood Immunization Status Combination 10	01/01/26	12/31/26				
CA-0654	Pediatric/Dental	Arpitha Banaji, Quality Improvement Specialist Senior, Meena Dhonchak, Senior Quality Improvement Specialist	CHPIV W30-6+ Health Disparity PIP	CHPIV W30-6+ PIP: DHCS has assigned to Community Health Plan of Imperial Valley for the 2024 to 2026 a performance improvement project. The topic is infant well care visits targeting improvements in the Hispanic population.	W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months	01/01/26	08/31/26				
CA-0625	Pediatric/Dental	Brittany Head, Program Manager II, Quality Improvement, Juli Coulthurst, Program Manager III	First Year of Life (Integration)	Focus on well-care visits and immunizations. Comprehensive and robust program that supports children through their first year of life, includes education, care coordination. This will likely replace concierge calls, and those not enrolled in this program will get a concierge call.	CIS-E (10) - Childhood Immunization Status Combination 10 W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months	02/02/26	12/31/26				
CA-0609	Pediatric/Dental	Brittany Head, Program Manager II, Quality Improvement, Wendy Hernandez, Senior Quality Improvement Specialist	Power Automate Outreach Email	Email (PAD) outreach to providers for patients that are missing one and/or both flu shot for children 6 months - 2years.	CIS-E (10) - Childhood Immunization Status Combination 10	01/06/26	04/30/26				
CA-0576	Pediatric/Dental	Juli Coulthurst, Program Manager III, Quality Improvement	Pediatric/Dental - MY 2026 HEDIS Tip Sheets	Update and rebrand any pediatric or dental HEDIS provider tip sheets as needed per MY 2026 technical specifications.	CIS-E (10) - Childhood Immunization Status Combination 10 DEV-CH - Developmental Screening in the First Three Years of Life IMA - Immunizations for Adolescents Combo 2 LSC - Lead Screening in Children TFC - Topical Fluoride for Children W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months WCV - Child and Adolescent Well-Care Visits	01/01/26	12/31/26				

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CA-0568	Pediatric/Dental	Juli Coulthurst, Program Manager III, Quality Improvement	PE training and QFT (Quality Focus Touchbase) for all pediatric and dental HEDIS Measures for MY 2026	QI Program Manager to train Provider Engagement on MY 2026 pediatric, perinatal and dental HEDIS measures. Review action items for the Provider Engagement to improve rates.	CIS-E (10) - Childhood Immunization Status Combination 10 DEV-CH - Developmental Screening in the First Three Years of Life IMA - Immunizations for Adolescents Combo 2 LSC - Lead Screening in Children TFC - Topical Fluoride for Children W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months WCV - Child and Adolescent Well-Care Visits	01/01/26	12/31/26				
CA-0660	Pediatric/Dental	Meena Dhonchak, Senior Quality Improvement Specialist	Promote CDC's Milestone Tracker App (CHPIV)	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 Status CIS-E (10) - Childhood Immunization Status Combination 10 CIS-E (3) - Childhood Immunization Status Combination 3 W30 - Well Child Visits in the First 30 Months of Life W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months WCV - Child and Adolescent Well-Care Visits	01/01/26	12/31/26				
CA-0386	Pediatric/Dental	Wendy Hernandez, Senior Quality Improvement Specialist	CHPIV Health Quarterly Dental Proactive Outreach Manager (POM)	Implement Dental POM calls to CHPIV members to promote dental checkup and topical fluoride applications.	TFC - Topical Fluoride for Children	01/01/26	12/31/26				
CA-0375	Pediatric/Dental	Wendy Hernandez, Senior Quality Improvement Specialist	COZEVA Provider Outreach	COZEVA push notifications will be sent to provider offices, asking about member's gaps for measures. Gap will be utilized from COZEVA.	CIS - Childhood Immunization Status	01/12/26	12/31/26				
CA-0640	Preventative Care	Elisa Stomski, Quality Improvement Specialist Senior, Michelle Cai, Quality Improvement Specialist, Sr., Ravneet Gill, Program Manager III, Quality Improvement, Wendy Hernandez, Senior Quality Improvement Specialist	Me+U Text Campaign - BCS, CCS, COL	Launch a targeted text campaign designed to remind and encourage members to complete recommended breast, cervical, and/or colorectal cancer screenings.	BCS-E - Breast Cancer Screening CCS-E - Cervical Cancer Screening COL-E - Colorectal Cancer Screening	03/01/26	12/31/26				
CA-0644	Preventative Care	Justina Felix, Sr. Health Education Specialist, Quality Improvement, Michelle Cai, Quality Improvement Specialist, Sr., Ravneet Gill, Program Manager III, Quality Improvement	Modality Equity Analysis	Analyze colorectal cancer screening modality use across populations to identify inequities and implement strategies that ensure equitable access, informed choice, and timely follow-up for all screening options.	COL-E - Colorectal Cancer Screening	01/01/26	12/31/26				

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CA-0613	Preventative Care	Justina Felix, Sr. Health Education Specialist, Quality Improvement, Ravneet Gill, Program Manager III, Quality Improvement	Exact Sciences Cologuard Letter	This is a partnership with Exact Sciences who will outreach to Medi-Cal members and inform them of the importance of colorectal cancer screening via a letter. There are five versions to the letter: Asian American, Black American, Hispanic, general, and Native American. At or around the time Cologuard order is placed, Exact Sciences will also mail the Cologuard kits to members.	COL-E - Colorectal Cancer Screening	01/01/26	06/30/26				
CA-0648	Preventative Care	Michelle Cai, Quality Improvement Specialist, Sr.	High Risk COL-E	Identify members high-risk for COL-E and share actionable lists with providers to support targeted follow-up and care coordination	COL-E - Colorectal Cancer Screening	01/26/26	04/30/26				
CA-0638	Preventative Care	Rahma Abdillah, Project Manager III, Quality Improvement, Ravneet Gill, Program Manager III, Quality Improvement	Preventative Care - Provider Tip Sheets	Develop or update tip sheets to reflect updated measure guidelines, coding, and best practices	BCS-E - Breast Cancer Screening CCS-E - Cervical Cancer Screening COL-E - Colorectal Cancer Screening	01/01/26	12/31/26				
CA-0647	Preventative Care	Rahma Abdillah, Project Manager III, Quality Improvement, Ravneet Gill, Program Manager III, Quality Improvement	Mobile Mammography Program	Increase access to breast cancer screening services, especially for individuals who have limited access to traditional healthcare facilities, including those in rural and underserved communities. By partnering with clinics to host on-site screening events, the program expands access and help close gaps in preventative care.	BCS-E - Breast Cancer Screening	01/01/26	12/31/26				
CA-0634	Preventative Care	Ravneet Gill, Program Manager III, Quality Improvement, Wendy Hernandez, Senior Quality Improvement Specialist	High Risk BSC-E	Identify members high-risk for BCS-E and share actionable lists with providers to support targeted follow-up and care coordination	BCS-E - Breast Cancer Screening	01/26/26	04/30/26				

Unique ID	Pod	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
CA-0632	Preventative Care	Ravneet Gill, Program Manager III, Quality Improvement, Wendy Hernandez, Senior Quality Improvement Specialist	Mammogram Facility Incentive Program (MFIP) Projects	Implement multiple e-projects to promote and launch MFIP, including: - Email announcement sent to provider groups about MFIP (via Power Automate) - Develop opt-in survey for interested radiology facilities - MFIP launch webinar, required attendance for interested provider groups.	BCS-E - Breast Cancer Screening	02/02/26	12/31/26				