

2024 QIPH Work Plan



SECTION 1: QUALITY PROGRAM STRUCTURE

ANNUAL EVALUATION (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. To develop a comprehensive evaluation of all Quality Improvement activities for 2024.	1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements.	1/1/2024	Andrea Swan, Quality Improvement & Population Health Director	1 st update-	1: 2:	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	2. Present for approval Quality Improvement workplan which contains all required sections for the evaluation.	3/31/2024 – 3/31/2024	Andrea Swan, Quality Improvement & Population Health Director	2 nd update			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	3. Ensure all quarterly updates are reviewed and approved by QIHEC.	3/31/24,6/30/2024,9/30/2024,12/31/2024	Andrea Swan, Quality Improvement & Population Health Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROGRAM DESCRIPTION (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Finalize 2024 Program Description for presentation to QIHEC	1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements.	1/31/2024-2/15/2024	Andrea Swan, Quality Improvement & Population Health Director	1 st update: 2 nd update:	1:	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Presentation of the Program Description to both the QIHEW, and QIHEC for approval by 3/31/2024	2. Submission of Program Description to QIHEW staff	2/1/2024-2/15/2024	Andrea Swan, Quality Improvement & Population Health Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Develop a comprehensive 2025 Quality improvement Program Description that outlines all required DHCS, and NCQA requirements.	3. Review all DHCS, and NCQA requirements to ensure all sections included are relevant and share the template with business owners to begin writing.	9/30/2024-12/31/2024	Andrea Swan, Quality Improvement & Population Health Director				2:	

4.	4.							<input type="checkbox"/> Yes <input type="checkbox"/> No

ANNUAL WORKPLAN (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. To executes a QI program annual work plan that reflects ongoing activities throughout the year and addresses all required DHCS, and NCQA requirements	1. Create a workplan that captures yearly activities, time frame for each activity's completion, staff members responsible for each activity, monitoring of previously identified issues, and evaluation of QI program.	1/1/2024-2/15/2024	Andrea Swan, Quality Improvement & Population Health Director	Qtr. 1: Qtr. 2	1: 2:	1: 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Ensure all workplan elements are properly documented and reflect appropriate follow up by each business owner.	2. Regular quarterly check-ins to review workplan entries, with regular feedback provided to business owners when applicable.	3/31/2024,6/30/2024,9/30/2024,12/31/2024	Andrea Swan, Quality Improvement & Population Health Director	Qtr. 3: Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Review and approval of workplan quarterly by QIHEC	3. Review of all workplan entries prior to each committee to ensure appropriate documentation.	3/31/2024,6/30/2024,9/30/2024,12/31/2024	Andrea Swan, Quality Improvement & Population Health Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 2: QUALITY OF CLINICAL CARE

MCAS INTERVENTION (KRISTEN ROHLF)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation
1. Provider Partnership program established and launched	<ol style="list-style-type: none"> Sign up 4 providers by 3.31.24 Do onsite meetings and observations by 4.31.24 Develop and implement interventions for 1-2 MCAS measures at each site by 6.30.24 Monitor and adjust interventions and MCAS rates 9.30.24 	1/1/24-3/31/24 3/31/24-4/31/24 4/1/24-6/30/24 7/1/24-9/30/24	Alex Sanchez, Quality Improvement Advisor	Launched program and contacted providers.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Develop a comprehensive MCAS committee to capture, plan, and discuss quality improvement activities that will improve DHCS required MCAS measures, and NCQA HEDIS prioritized measures.	<ol style="list-style-type: none"> Create project charter and project tracker. Establish regular monthly check in with committee to monitor activities. Evaluation current intervention strategies against finalized audited measurement year (MY) MY2023 MCAS measure rates. Request direction of interventions from. 	1/1/2024-3/31/2024 3/1/2024-6/30/2024 6/17/23-8/31/2024 4/1/24-12/31/2024	Britta Vigurs, Quality Improvement Program Advisor				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Enhance data source capture and analyze gaps in data sources	<ol style="list-style-type: none"> Review the quality of the data sources for any new configuration issues for initial HEDIS build. Test solutions for implementation into the build. Evaluate laboratory data capture enhancement through Quest historical files for consideration in contract. Evaluate laboratory data for data sources in San Benito and 	1/1/24-3/31/2024. 1/1/24-3/31/2024.	Magdalena Kowalska, Quality Improvement Program Advisor, Charley Aebersold, Quality Improvement Program Advisor, Jo Pirie, Quality Improvement Program Advisor, Britta Vigurs, Quality Improvement Program Advisor.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>Mariposa County that would benefit from additional sftp data transfer process for MCAS reporting in 2025.</p> <p>4. Assess Provider Portal reports that enhance outreach with the addition of individual language needs for members linked to network providers.</p> <p>5. Assess Provider Portal reports that enhance outreach with the addition of race/ethnicity for members linked to network providers.</p> <p>6. Perform a gap analysis on data sources for the Eye Exam for Patients with Diabetes Review against previously submitted eye exam data.</p> <p>7. Create business requirements to add high priority MCAS reported measures on monthly reports not currently represented.</p>	<p>1/1/24-3/31/2024.</p> <p>1/1/24-3/1/2024.</p> <p>1/1/24-3/31/2024.</p> <p>3/1/2024-6/1/2024</p>						
4. Create a new MCAS Dashboard that allows for enhanced health disparity analysis.	<p>1. Develop business requirements for a new MCAS dashboard on Tableau that allows for quantitative analysis of reported MCAS and prioritized Alliance measures through trended graphs, geomapping, and individual member reports. Create filters that stratifies data based on race/ethnicity, language, gender, and county.</p> <p>2. Add additional health disparity analysis to the 2023 PNA for Colorectal Cancer Screening, Controlling High Blood Pressure, Hemoglobin A1c Control for Patients with Diabetes, Prenatal and Postpartum Care.</p> <p>3. Assess functionality of the MCAS dashboard in automating analysis for health disparities for Population Needs Assessment (PNA) review.</p>	<p>1/1/24-3/31/2024.</p> <p>3/1/2024-5/30/2024.</p> <p>5/1/24-8/31/2024.</p>	Shannon Fletcher, Quality Improvement Program Advisor, Charley Aebersold, Quality Improvement Program Advisor, Kristen Rohlf, Quality and Population Health Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CARE BASE INCENTIVE (CBI) (KRISTEN ROHLF)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Enhance Provider Portal reports to streamline access to reports and increase availability of functions and measures monthly.	1. Create business requirements for a roll-up function that allows multiple clinics sites to see a combined monthly rate for	1/1/2024-3/31/2024	Alex Sanchez, Quality Improvement Program Advisor, Magdalena Kowalska, Quality Improvement Program Advisor, Shannon Fletcher, Quality Improvement				<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>measures available monthly on the Provider Portal Quality Report.</p> <p>2. Develop workflow to extract and generate the additional column that notes members meeting continuous enrollment specifications to applicable monthly Provider Portal Quality reports.</p> <p>3. Create business requirements to add trending graphs to monthly quality reports.</p> <p>4. Create business requirements to add a Gaps in Care report.</p> <p>5. Create business requirements to generate email reminders for portal reports for providers.</p>	<p>1/1/2024-6/30/2024</p> <p>6/30/2024-12/31/2024</p> <p>4/1/2024-12/31/2024</p> <p>4/1/2024-12/31/2024</p> <p>1/31/2024-3/31/2024</p>	<p>Program Advisor, Anney Majoros, Quality Improvement Program Advisor</p>					
2. Increase access to introductory CBI program information for network providers.	<p>1. Record a CBI 2024 introductory video.</p> <p>2. Create survey for feedback on training content.</p> <p>3. Published video on the Alliance Webinars and Training website.</p> <p>4. Advertise video to network providers, with additional targeting for newly added Mariposa and San Benito County providers.</p> <p>5. Create Data Submission Tool (DST) training video.</p> <p>6. Create and record coding training material for MCAS/CBI.</p>	<p>4/1/2024-5/30/2024.</p> <p>4/1/2024-5/30/2024.</p> <p>6/1/2024-6/30/2024</p> <p>7/1/2024-7/31/2024</p> <p>6/1/2024-8/31/2024</p> <p>6/1/24-8/31/24</p>	<p>Anney Majoros, Quality Improvement Program Advisor, Juan Velarde, Quality Improvement Program Advisor, Britta Vigurs, Quality Improvement Program Advisor, Tera Mendoza, Coding Resource Specialist</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	6.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	7.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

BASIC POPULATION HEALTH MANAGEMENT (DESIRRE HERRERA)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Party	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal department staff that interact with members to increase awareness of Health	1. The project team will reach out to internal departments that interact with members. Examples of teams: <ul style="list-style-type: none"> a. Health Education team b. Member Services team c. Care Coordination team 	3/31/2024, 6/30/2024 9/30/2024, 12/31/2024	Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education services and health rewards available for members.	<ul style="list-style-type: none"> d. Community Engagement team 2. Schedule presentations 3. Deliver Health Education and Member Health Rewards services presentation. 4. Request input regarding presentation content and any member needs that they have encountered regarding Health Education services. 							
2. On a quarterly basis, inform members of Health and Wellness programs and self-management tools available to them in 2024.	<ul style="list-style-type: none"> 1. The project team will conduct outreach and education activities to inform members of services available to them via: <ul style="list-style-type: none"> a. Member outreach calls b. Member workshops c. Member mailings d. Member newsletter articles e. MSAG presentation 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. 	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Veronica Lozano, Quality and Health Programs Supervisor Health Educator team Desirre Herrera, Quality and Health Programs Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. On a quarterly basis, collect member feedback from participants in chronic disease management and wellness programs to evaluate impact.	<ul style="list-style-type: none"> 1. The project team will conduct satisfaction surveys with members to evaluate: <ul style="list-style-type: none"> a. Information about the overall program b. Usefulness of the information shared c. Percentage of members indicating that the program helped them achieve health goals. 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. 	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 3: SAFETY OF CLINICAL CARE

FACILITY SITE REVIEW (DEANNA LEAMON)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation
1. 80% of existing primary care provider sites with an FSR/MRR due this quarter are completed within three years of their last FSR date.	<ol style="list-style-type: none"> 1. Address current staffing to support provider scheduling by onboarding three additional QI RNs to perform facility site reviews. 2. Review upcoming reviews one quarter prior. 3. Schedule reviews by sending the provider sites multiple review dates to choose from two months before the review due date. 4. Continue communication with the provider site until a review date is confirmed. 	01/01/2024 – 03/29/2024	Joana Castaneda, Quality Project Specialist, Tisha Criswell Senior Quality Improvement Nurse, Nicole Lyles, Senior Quality Improvement Nurse				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. 100% of practices with Corrective Action Plans (CAPs) arising from FSR/MRR submit a plan to address the CAP within regulatory timeframes.	<ol style="list-style-type: none"> 1. Address current staffing to support CAP management by onboarding three additional QI RNs to perform facility site review. 2. Send email reminders to provider sites with CAP due dates. 3. Address non-responsive providers with direct phone calls and PRR involvement. 	01/01/2024 – 03/29/2024 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024	Tisha Criswell Senior Quality Improvement Nurse, Nicole Lyles, Senior Quality Improvement Nurse				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

4.	4.							<input type="checkbox"/> Yes <input type="checkbox"/> No
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POTENTIAL QUALITY ISSUES (DEANNA LEAMON)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. 100% of member grievances received by QI related to the potential medical quality of care issues are completed within Member Grievance regulatory timeframes.	2. Create due dates in SharePoint for PQIs that provide enough time for investigation and translation needs (if applicable) and for the Grievance Coordinator to resolve the case. 3. If medical records are needed for the PQI investigation, request timely upon case assignment to QI RN. 4. Coordinate timely discussion if the case requires MD guidance or potential P2/P3 recommendation.	01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024	Eleni Papazisis, Quality Improvement Program Advisor, Naomi Kwabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. 80% of non-grievance related PQIs are completed within 90 calendar days.	2. Triage and prioritize incoming internal referrals for the following case types: <ul style="list-style-type: none"> a. Known provider to track and trend. b. Provider on a CAP or open Quality Study c. LTSS member 3. Consider revising the PQI policy to expand the due date to 120 days due to prioritizing regulatory cases and expansion into two additional counties.	01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024	Eleni Papazisis, Quality Improvement Program Advisor, Naomi Kwabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3:	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

GRIEVANCE & APPEALS REVIEW (SARAH SANDERS)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. On a quarterly basis, provide grievance updates to interdisciplinary groups including SGRC and QIHEW.	a. Monitor and process concerns within regulatory timeframes. b. Provide internal communications on appeal and grievances trends and outcomes.	01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024	Sarah Sanders, Grievance and Quality Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>c. Track and trend grievance data by demographics including language to analyze disparities.</p> <p>d. Identify actionable opportunities for improvement</p>							
2. Support Members by resolving issues of dissatisfaction with the Alliance.	<p>a. Ensure that where appropriate, corrective action is implemented and effective in improving identified problems.</p> <p>b. Track grievance and appeals for access/QOC trends, system issues, and identify actionable corrections needed.</p>	<p>01/01/2024 – 03/29/2024</p> <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p>	Sarah Sanders, Grievance and Quality Manager					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Quality Data: External Report requirements are met 100% of the time.	<p>a. Monitor timely data and state submissions to ensure completeness.</p> <p>b. Evaluate and identify opportunities to improve the data accuracy of AG information.</p>	<p>01/01/2024 – 03/29/2024</p> <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p>	Sarah Sanders, Grievance and Quality Manager					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ongoing monitoring of AG results to support that appropriate action is taken when occurrences of poor performance are identified. Identify and track allegations of discrimination.	<p>a. Identify and, when appropriate, act on substantiated issues in a timely manner. Monitor and report findings bi-monthly. Complete audits for allegations of discrimination to monitor, prevent and identify any discriminatory practices.</p>	<p>01/01/2024 – 03/29/2024</p> <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p>	Sarah Sanders, Grievance and Quality Manager					<input type="checkbox"/> Yes <input type="checkbox"/> No



SECTION 4: MEMBER EXPERIENCE

MEMBER SATISFACTION SURVEY – CAHPS (SARINA KING)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start& end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. CAHPS survey fielded timely, and results reported out to internal stakeholders within 8 weeks of receiving results	1. CAHPS workflows, processes, and timelines documented and reviewed in Q1 2024, and steps are taken to begin MY2023 surveys	2/8/24 – 3/31/24	Alex Sanchez, Quality Improvement Program Advisor		There was not a documented process or workflow for working with SPH to ensure CAHPS were administered timely.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Increase organizational awareness of what CAHPS is and current what current rates are	2. Present MY 2022 CAHPS rates to targeted and appropriate stakeholders 1. Begin outreach to chiefs/admins to present CAHPS overview and high-level rates to organization at all-staff or division meetings	3/1/2024 – 10/31/24 Same timeline as above	Sarina King, Quality Performance Improvement Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 4: QUALITY OF SERVICE

ACCESS & AVAILABILITY (AA) (JESSIE DYBDAHL)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Comply with DMHC Timely Access Survey Requirements	<ol style="list-style-type: none"> 1. Ensure 90% of After-hours triage compliance in Timely Access Survey. (Provider Appointment Availability Survey [PAAS]). 2. Ensure 75% Urgent and routine appointment access compliance, as well as next available follow up appointment for non-physician mental health care, within required time frames. 3. PAAS work begins in the summer with vendor engagement and finalization of the project plan and contact lists. The survey is launched from August to November/December. Results are available in Q1 of the subsequent year. 	7/1/2024-12/31/2024	Jessie Dybdahl, Provider Service Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Quarterly review of provider to member ratios for PCPs and High-volume/high-impact Specialties. To ensure all ratios meet regulatory requirements.	<ol style="list-style-type: none"> 1. Ensure provider to member ratios are w/in compliance and mitigate if out of compliance on a quarterly basis. 2. Tableau report is monitored no less than quarterly to ensure provider to member ratios are met for each required provider type. 	1/1/2024-3/31/2024	Jessie Dybdahl, Provider Service Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

GEO ACCESS (TIMELY ACCESS) (JESSIE DYBDAHL)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Comply with Time or Distance Standards set forth by DHCS	<ol style="list-style-type: none"> Ensure the network meets time or distance standards in compliance with DHCS requirements when a provider is available. Monitor areas where no provider is available and ensure alternative access requests are in place on a quarterly basis. Evaluate the non-contracted provider network to determine if recruitment might remedy access gaps. Launch recruitment efforts as applicable. 	<p>1/1/2024-3/31/2024</p> <p>1/1/2024-3/31/2024</p>	Jessie Dybdahl, Provider Service Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROVIDER SATISFACTION SURVEY (JESSIE DYBDAHL)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Provider Satisfaction Survey	<ol style="list-style-type: none"> Monitor Provider Satisfaction annually. Ensure no less than 5% decrease in overall satisfaction with the plan from prior year. The Provider Satisfaction Survey (PSS) is launched in the summer with vendor engagement in spring. Contact lists are sent for primary care, specialty care, and non-physician mental health care. The survey is launched from July to August. Results are available in quarter 4. 	7/1/2024 - 12/31/2024	Jessie Dybdahl, Provider Service Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

TELEPHONE ACCESS (GISELA TABOADA)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
<p>1. 80% of calls to Member Services answered within 30 seconds.</p>	<p>1. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard.</p> <p>Improvement efforts slated for 2024:</p> <ul style="list-style-type: none"> • The adoption of a Workforce Management Tool to assist with call forecasting and representative scheduling, ensuring we have appropriate levels of staff supporting the queues at any given time/day. • Call Audit Optimization: We are developing formal call audit guidelines and defined audit methodology to ensure staff is adhering to Alliance updates and processes. This will ensure representatives are provided with the appropriate resources and are getting through calls, timely. • Developing additional call circles (queues) to: <ul style="list-style-type: none"> ○ Optimize resource availability. ○ Improve speed to answer. ○ Reduce representative training time. ○ Increase member satisfaction. • Leverage technology to reduce wait times for members where their inquiries can be filled by the system. Example: Interactive voice response to check eligibility or change PCP. • Computer Telephone Integration: • Enhance HSP/Finesse by adding a screen pop up of member's demographics when a member calls into the call center. This will reduce time on phone for the MSR and will make each call more efficient. 	<p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p>	<p>Gisela Taboada, MS Call Center Manager</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

2. Call abandonment rate will not exceed 5% of calls to Member Services answered before being abandoned.	2. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard. (Same as above)	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Gisela Taboada, MS Call Center Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

CULTURE & LINGUISTICS (DESIRRE HERRERA)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. On a quarterly basis, provide C&L services presentations to Alliance internal department staff that interact with members to increase awareness of C&L services available for members.	<ol style="list-style-type: none"> 1. The C&L team will reach out to internal departments that interact with members. Examples: <ol style="list-style-type: none"> a. QIPH new hire orientation b. Member Services team c. Care Coordination team d. Community Engagement team 2. Schedule C&L services presentation 3. Deliver C&L services presentation. 4. Request input regarding presentation content and any member needs that they have encountered regarding C&L services. 	3/31/2024,6/30/2024 9/30/2024,12/31/2024	<p>Osiris Ramon, C&L Program Advisor</p> <p>Desirre Herrera, Quality and Health Programs Manager</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. On a quarterly basis, inform members of C&L Services available to them in 2024.	<ol style="list-style-type: none"> 1. The C&L team will conduct outreach and education activities to inform members of services available to them via: <ol style="list-style-type: none"> a. Member newsletter articles b. MSAG presentation 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. 	3/31/2024,6/30/2024 9/30/2024,12/31/2024	<p>Osiris Ramon, C&L Program Advisor</p> <p>Ivonne Munoz, Quality and Health Programs Supervisor</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. On a quarterly basis, collect member feedback on their experience with language assistance services in a clinical setting.	<ol style="list-style-type: none"> 1. The project team will conduct satisfaction surveys with members to evaluate: <ol style="list-style-type: none"> a. Individual ratings of access to language services. b. Overall rating of interpretation services. c. Access to language services at a health care encounter. d. Gather individual experiences with the services. 	3/31/2024,6/30/2024 9/30/2024,12/31/2024	<p>Osiris Ramon, C&L Program Advisor</p> <p>Desirre Herrera, Quality and Health Programs Manager</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

	2. Request input from members regarding program and services.							
	3. Incorporate member feedback into bi-annual planning of health education activities.							
3.	4.							<input type="checkbox"/> Yes <input type="checkbox"/> No

DELEGATION OVERSIGHT (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Ensure all activities delegated on behalf CCAH and the QIPH department meet all DHCS, DMHC, and NCQA regulations.	1. Quarterly review of delegate reports to ensure compliance, and identification of any issues.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health Programs Manager. Andrea Swan, Quality Improvement & Population Health Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Ensure oversight of all delegated activities by governing board.	2. Present quarterly updates of all reviewed activities with identification of any issues to the governing board for review, and feedback.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health Programs Manager. Andrea Swan, Quality Improvement & Population Health Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	