

2025 QIPH Work Plan



SECTION 1: QUALITY PROGRAM STRUCTURE

ANNUAL EVALUATION (KRISTEN ROHLF)								
Goals/Objectives for Calendar Year 2025	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Execute completed Annual QI Evaluation meeting DHCS and NCQA standards. Finalize Annual Evaluation for presentation to QIHEC.	1. Update the 2024 Evaluation document, ensuring any regulatory updates, and assignment of sections for each respective business owner. 2. Monitor progress of evaluation update by business owners and provide feedback. 3. Create business requirements for a new section of the Alliance website to share evaluation.	8/1/2025-8/30/2025 9/1/2025-12/31/2025 12/1/2025-12/31/2025	Kristen Rohlf, MPH, Quality and Population Health Manager	1 st update-	1:	1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROGRAM DESCRIPTION (ANDREA SWAN)								
Goals/Objectives for Calendar Year 2025	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 2025 Program Description for presentation to QI stakeholders.	1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements.	1/31/2025-2/15/2025	Andrea Swan, Quality Improvement & Population Health Director	1 st update:	1:	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Presentation of the Program Description to both the	2. Submission of Program Description to QIHEW staff	3/1/2025-3/24/2025	Andrea Swan, Quality Improvement & Population Health Director				<input type="checkbox"/> Yes <input type="checkbox"/> No	

	QIHEW, and QIHEC for approval by 4/02/2025							
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.	9/30/2025-12/31/2025		2:	2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Goals/Objectives for Calendar Year 2025	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Execute a QI annual work plan that captures ongoing activities throughout the year and addresses all 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.	1/1/2025-2/24/2025	Sarina King, Quality and Performance Improvement Manager Georgia Gordon, Quality Improvement Program Advisor II	Qtr. 1:			<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. Regularly quarterly check-ins to review workplan entries with regular feedback provided to business owners when applicable.	3/30/2025 6/30/2025 9/30/2025 12/31/2025	Sarina King, Quality and Performance Improvement Manager Georgia Gordon, Quality Improvement Program Advisor II	Qtr. 2			<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.	3/30/2025 6/30/2025 9/30/2025 12/31/2025	Sarina King, Quality and Performance Improvement Manager Georgia Gordon, Quality Improvement Program Advisor II	Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.	1.			Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 2:QUALITY OF CLINICAL CARE

MEDI-CAL MANAGED CARE SET (MCAS) INTERVENTION (KRISTEN ROHLF)								
Goals/Objectives for Calendar Year 2025	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
<div>1. Close pediatric care gaps in Merced and Mariposa County to have all pediatric measures at or above MPL or have a 5% increase in the measure.</div> <div>2. Measurement Year (MY) 2023, Reporting Year (RY) 2024 MCAS rates for Merced County:</div> <div>3. Child and Adolescent Well-Care Visits (WCV) - 50.49%</div> <div>4. Childhood Immunizations - Combo 10 (CIS-10) - 19.71%</div> <div>5. Immunizations for Adolescents - Combo 2 (IMA-2) - 32.02%</div> <div>6. Lead Screening in Children (LSC) - 47.01%</div> <div>7. Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6) - 48.69%</div> <div>8. Well-Child Visits for Age 15 Months to 30 Months—Two</div>	<div>1. Analyze data - Q1</div> <div>2. Identify providers and measures- Q2.</div> <div>3. Provide workforce care gap closure grants to providers with large member populations in Merced and Mariposa Q3.</div> <div>4. Continue Provider Partnership program in Merced and expand to Mariposa County to support providers in their interventions that focus on measures that are below MPL Q4.</div>	<div>2/1/2025-12/31/2025</div>	<div>Sarina King, Quality and Performance Improvement Manager</div> <div>Alex Sanchez, Quality Improvement Program Advisor III</div> <div>Georgia Gordon, Quality Improvement Program Advisor II</div> <div>Jada Edwards, Quality Improvement Program Advisor II</div> <div>Juan Velarde, Quality Improvement Program Advisor IV</div> <div>Annecy Majoros, Quality Improvement Program Advisor III</div> <div>Jo Pirie, Quality Improvement Program Advisor III</div> <div>Britta Vigurs, Quality Improvement Program Advisor III</div>	<div>Qtr. 1:</div>			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				<div>Qtr. 2:</div>			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				<div>Qtr. 3:</div>			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				<div>Qtr. 4:</div>			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

or More Well- Child Visits (W30-2) - 61.10% Note: Mariposa County will be reported for the first time in MY2024, RY 2025.								
<div>1. Improve Follow-Up After ED Visit for Mental Illness - 30 days (FUM) and Follow-Up After ED Visit for Substance Use - 30 days (FUA) measure rates by establishing monthly data file sharing from all five County Behavioral Health departments to the Alliance. These data files will capture services performed by the county departments for carved out services for regulatory DHCS MCAS reporting.</div> <div>Goal is to exceed the MPL for MY24 or increase MY23 by 5%.</div> <div>2. FUM MY 2023, RY 2024 rate was 34.55% Santa Cruz/Monterey, 20.42% for Merced County Reporting.</div> <div>3. FUA MY2023, RY 2024 rate was 39.37% for Santa Cruz/Monterey, and 39.97% for Merced.</div> <div>Note: Mariposa and San Benito Counties will be reported for the first time in MY2024, RY 2025. Single plan health plan rates will be submitted to NCQA, and county specific rates submitted to DHCS.</div>	<div>1. Analyze last year’s Merced, Monterey, and Santa Cruz County Behavioral Health Department MCAS ad hoc data files for process improvements in Q1.</div> <div>2. Contact Merced, Monterey, Mariposa, Santa Cruz, and San Benito County Behavioral Health Departments for new monthly data sharing request during Q1-Q3.</div> <div>3. Provide technology support and QA of received files for file layout compliance during Q1-Q4.</div> <div>4. Creation of a new Alliance database to store county data in Q2-Q4.</div> <div>5. Integration of new files for HEDIS vendor software extraction in Q2-Q4.</div>	1/1/25 -3/31/25, 1/1/25-9/30/25, 1/1/25-12/31/25, 3/1/25-12/31/25, 3/1/25-12/31/25	Magdalena Kowalska, Quality Improvement Program Advisor IV Shae Redwine, Behavioral Health Program Analyst	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CARE-BASE INCENTIVE (CBI) (KRISTEN ROHLF)								
Goals/Objectives for Calendar Year 2025	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. Increase CBI program resources and support to Mariposa and San Benito County participating	1. Analyze CBI Forensics (CBIF) meeting requests from 2024 from Mariposa and San Benito in Q1-Q2	1/1/25-6/30/25, 1/1/25-6/30/25, 1/1/25-3/30/25,	Alex Sanchez, MPH, Quality Improvement Program Advisor III Annecy Majoros, Quality Improvement Program Advisor III	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

<div>providers. Goal is to increase county specific targeted December 2024 rates to exceed the MPL or increase by 5% by December 2025.</div> <div>Mariposa County CBI Measures of Focus as of December 2024:</div> <div><div>2. Child and Adolescent Well-Care Visits (37.76%)</div><div>3. Controlling High Blood Pressure (20.56%)</div><div>4. HbA1c Poor Control >9% (66.97%)</div><div>5. Cervical Cancer Screening (25.16%)</div><div>6. Chlamydia Screening in Women (48.91%)</div></div> <div>San Benito County CBI Measures of Focus as of December 2024:</div> <div><div>7. Developmental Screening in the First Three Years of Life (21.51%)</div><div>8. Controlling High Blood Pressure (11.07%)</div><div>9. HbA1c Poor Control >9% (89.84%)</div><div>10. Cervical Cancer Screening (43.78%)</div></div>	<div>2. Analyze Alliance Provider Portal Data Submission Tool (DST) usage and training requests from 2024 from Mariposa and San Benito in Q1-Q2</div> <div>3. Analyze CBI Q4 2024 final programmatic rates from Mariposa and San Benito CBI group providers in Q1-Q2</div> <div>4. Outreach to providers in Mariposa and San Benito to schedule CBIF and additional provider portal report and DST submission training based on Q4 2024 performance, DST submission usage, and past forensics requests in Q2-Q3.</div> <div>5. Create, record, and publish the CBI Intro Video to the Alliance website for the CBI 2025 program year. Add information on new portal reports like HEDIS (MCAS) Reports to training material. Complete in Q1-Q3</div>	<div>3/1/25-8/30/25, 1/1/25-8/30/25</div>	<div>Britta Vigurs, Quality Improvement Program Advisor III</div> <div>Jo Pirie, Quality Improvement Program Advisor III</div> <div>Juan Velarde, Quality Improvement Program Advisor IV</div>	<div>Qtr. 2</div>				<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				<div>Qtr. 3:</div>					
				<div>Qtr. 4:</div>					

BASIC POPULATION HEALTH MANAGEMENT (DESIRRE HERRERA)								
Goals/Objectives for Calendar Year 2025	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
<div>1. Provide members chronic disease management programs and wellness programs. A minimum of 4 member workshops will be provided per quarter.</div>	<div>1. The Health Educators will conduct a minimum of 4 member workshops per quarter.</div> <div>2. Health Educators will lead recruitment and outreach efforts to members to enroll in the programs.</div>	<div>1/1/2025 -3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025</div>	<div>Veronica Lozano, Quality and Health Programs Supervisor</div> <div>Health Educator team</div> <div>Desirre Herrera, Quality and Health Programs Manager</div>	<div>Qtr. 1:</div>			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				<div>Qtr. 2</div>				
				<div>Qtr. 3:</div>				

				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. On a quarterly basis, inform members of Health and Wellness programs and self-management tools available to them in 2024.	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">Member outreach callsMember newsletter articlesMSAG presentationSocial media and/or texting campaigns	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Veronica Lozano, Quality and Health Programs Supervisor Health Educator team Desirre Herrera, Quality and Health Programs Manager	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. On a bi-annual basis, collect member feedback from participants in chronic disease management and wellness programs to evaluate impact. A minimum of 50 surveys will be collected annually.	1. The project team will conduct member satisfaction surveys to evaluate: <ul style="list-style-type: none">Information about the overall programUsefulness of the information sharedPercentage 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 planning of health education activities.	1/1/2025-3/31/2025 7/1/2025-9/30/2025	Kevin Lopez, C&L Program Advisor Veronica Lozano, Quality and Health Programs Supervisor Desirre Herrera, Quality and Health Programs Manager	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal and external partners. A minimum of 2 presentations will be conducted per quarter.	1. The project team will reach out to internal and external partners to schedule presentations. 2. Deliver Health Education and Member Health Rewards services presentations. 3. Request input regarding presentation content and any member needs that they have encountered regarding Health Education services.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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SECTION 3: SAFETY OF CLINICAL CARE

FACILITY SITE REVIEW (DEANNA LEAMON)								
Goals/Objectives for Calendar Year 2025	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. 80% of existing primary care provider sites with an FSR/MRR due this quarter are completed within three years of their last FSR date.	1. Enhance provider scheduling support by onboarding three additional QI RNs dedicated to conducting facility site reviews. 2. Implement proactive planning by reviewing all upcoming site reviews one quarter in advance. 3. Streamline scheduling by offering provider sites a selection of review dates two months before the review due date.	01/01/2025-03/31/2025	Joana Castaneda, Quality Improvement Program Advisor; Tisha Criswell, Senior Quality Improvement Nurse, Yvette Sullivan, Quality Improvement Nurse, and Breena Siliznoff, Quality Improvement Nurse	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

	4. Maintain continuous communication with provider sites until a review date is confirmed.			Qtr. 4:			<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.	1. Enhance CAP management support by onboarding three additional QI RNs for facility site reviews. 2. Send email reminders to provider sites regarding upcoming CAP due dates. 3. Directly contact non-responsive providers via phone, involving PRRs as necessary.	01/01/2025-03/31/2025	Joana Castaneda, Quality Improvement Program Advisor; Tisha Criswell, Senior Quality Improvement Nurse, Yvette Sullivan, Quality Improvement Nurse, and Breena Siliznoff, Quality Improvement Nurse	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

POTENTIAL QUALITY ISSUES (DEANNA LEAMON)								
Goals/Objectives for Calendar Year 2025	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 concerning potential medical quality of care issues are resolved within the regulatory timeframes for Member Grievances.	1. Establish due dates in SharePoint for PQIs that allow sufficient time for investigation, translation needs (if applicable), and for the Grievance Coordinator to resolve the case. 2. Promptly request medical records necessary for the PQI investigation upon case assignment to the QI RN. 3. Ensure timely coordination of discussions if the case requires MD guidance or potential P2/P3 recommendations.	01/01/2025-03/31/2025	Emily Kaufman, Clinical Safety Supervisor; Eleni Pappazisis, Quality Improvement Program Advisor; Naomi Kawabata, Senior Quality Improvement Nurse; Katie Lutz, Senior Quality Improvement Nurse; Sandy Clay, Senior Quality Improvement Nurse; Karen de Leon, Quality Improvement Nurse and Bethany Fung, Quality Improvement Nurse	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. 80% of non-grievance related PQIs are completed within 120 calendar days.	1. Triage and prioritize incoming internal referrals for the following case types: 2. Known providers for tracking and trending. 3. Providers on a CAP or involved in an open Quality Study.	01/01/2025-03/31/2025	Emily Kaufman, Clinical Safety Supervisor; Eleni Pappazisis, Quality Improvement Program Advisor; Naomi Kawabata, Senior Quality Improvement Nurse; Katie Lutz, Senior Quality Improvement Nurse; Sandy Clay, Senior Quality Improvement Nurse; Karen de Leon, Quality Improvement	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

	4. LTSS members.		Nurse and Bethany Fung, Quality Improvement Nurse	Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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APPEALS & GRIEVANCE REVIEW (SARAH SANDERS)								
Goals/Objectives for Calendar Year 2025	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. Meet regulatory requirements 98% of the time for timely acknowledgments and resolutions.	1. Monitor appeal and grievance inventory for daily, weekly, and monthly oversight. 2. Ensure standard appeals and grievances are acknowledged within 5 days and resolutions occur within 30 calendar days.	24Q4- March 31, 2025 25Q1-May 30, 2025 25Q2-Aug 29, 2025 25Q3-Oct 31, 2025	Sarah Sanders, Grievance and Quality Manager Lee Xiong, Grievance Supervisor	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Monitor and maintain Grievance rates below 2 per 1,000 members per month for Quality-of-Care concerns; below 2 per 1,000 members per month for Quality-of-Service concerns (NCQA standard).	1. Track and trend appeal & grievance data by both NCQA primary categories & DHCS categories for quality of care (QOC), quality of service (QOS) and access issues. 2. Track grievance and appeals for emerging quality of care and service trends. Inclusive of access trends, system issues, and actionable corrections needed.	24Q4- March 31, 2025 25Q1-May 30, 2025 25Q2-August 29, 2025 25Q3-Oct 31, 2025	Sarah Sanders, Grievance and Quality Manager Lee Xiong, Grievance Supervisor	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Improve Appeal and Grievance (AG) data quality and reporting.	1. Identify reporting needs, gaps and areas for improvement.	24Q4- March 31, 2025 25Q1-May 30, 2025	Sarah Sanders, Grievance and Quality Manager Lee Xiong, Grievance Supervisor	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

	2. Develop report for substantiated grievances to support identification of systemic issues and opportunities for improvement.	25Q2-August 29, 2025 25Q3-Oct 31, 2025		Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Improve monitoring and documented oversight.	1. Initiate reportable notes within appeals and grievance (AG) system to improve transparency with oversight. 2. Develop report to quality oversight activities.	24Q4- March 31, 2025 25Q1-May 30, 2025 25Q2-August 29, 2025 25Q3-Oct 31, 2025	Sarah Sanders, Grievance and Quality Manager Lee Xiong, Grievance Supervisor	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

COC OF MEDICAL & BEHAVORIAL HEALTH (REBECCA MCMULLEN, TAMMY BRASS, TAMMY HOEFFEL, NAVNEET SACHDEVA)								
Goals/Objectives for Calendar Year 2025	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. Increase Utilization of the Alliances Behavioral Health benefit overall by an average of 1.5% within the Behavioral health network by increasing provider and member education about BH benefits offered referral pathways and importance of care coordination between providers. Special attention will be given to tracking and reporting out on changes in utilization in Merced, Mariposa and San Benito, as they are lowest utilization counties.	1. At minimum, annual BH team member attendance at PAG, MSAG, QIHEC or other similar forums/ meetings to discuss BH services and education 2. Increase in provider and member outreach and education via provider newsletters, NSMHS outreach and education plan and updates to handbooks 3. Promotion of BH services at county outreach activities (Goal of at least	1/1/2025- 5/31/2025 Ongoing starting 1/1/25 Ongoing starting 1/1/25 Incentives beginning 7/1/25	Rebecca McMullen, BH Manager and/or Shae Redwine/Laura Ruell, BH Analyst With support from: Communications department manager, Provider Services Manager, Member Services Manager, QIPH Manager	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<div>1 annually in each in our lower utilization counties)</div> <div>4. Education and incentives for BH providers to document and coordinate care with PCPs</div> <div>5. Outreach and engage local EDs and/or PCP networks on referral pathways, benefit information and care coordination.</div>	At minimum, 1 Per quarter, starting Q1 1/1/25-3/31/25		Qtr. 4:			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
2. Will assure that ECM enrollment is maintained at 3% of plan membership.	1. Will maintain enrollment through oversight of network. 2. Will provide eligible member lists to providers on a monthly basis.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Tammy Hoeffel, Enhanced Health Services Director	Qtr. 1:			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 2			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 3			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 4			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
3. Will assure ongoing compliance with ECM provider submission of one encounter claim per member per month	1. Will monitor monthly the compliance with ECM provider submitting one claim per member per month at 90%. 2. Will follow-up with providers who are not reaching this target to assure that PCRs are submitted on a consistent basis when members are lost to follow-up. 3. Will monitor in coordination with Claims Department – for claims that are getting denied resolving and address issues.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Tammy Hoeffel, Enhanced Health Services Director	Qtr. 1:			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 2			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 3			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 4			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
4. Will complete ECM oversight on all providers in 2025.	1. Will schedule ECM oversight on all providers. 2. Will schedule approximately 20 providers per quarter to reach this goal 3. Guidelines have been established and reviewed with all stakeholders.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Tammy Hoeffel, Enhanced Health Services Director	Qtr. 1:			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
				Qtr. 2			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

	4. Corrective Action Plans will be provided as needed to ECM providers not meeting delivery guidelines for services in a quality manager			Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

COC OF MEDICAL CARE (TAMMY BRASS, TAMMY HOFFEL, NAVNEET SACHDEVA)								
Goals/Objectives for Calendar Year 2025	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
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 4: MEMBER EXPERIENCE

Goals/Objectives for Calendar Year 2025	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. Improve CAHPS rates for “How Well Doctors Communicate” for members 0-18 years from 91.5% to 94.4%.	1. Elicit feedback from relevant teams to develop interventions. 2. Implement interventions. 3. Study and adjust interventions.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025,	Jada Edwards, Quality Improvement Program Advisor Sarina King, Quality and Performance Improvement Manager Alex Sanchez, Quality Improvement Program Advisor Additional intervention collaboration from QIPH staff, provider relations	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Improve CAHPS rates for “Health Plan Customer Service” for adult members from 87.8% to 89.8%.	1. Elicit feedback from relevant teams to develop interventions. 2. Implement interventions. 3. Study and adjust interventions.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025	Jada Edwards, Quality Improvement Program Advisor Sarina King, Quality and Performance Improvement Manager Alex Sanchez, Quality Improvement Program Advisor Additional intervention collaboration from customer service team, member services	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	



Goals/Objectives for Calendar Year 2025	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	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.		Jessie Dybdahl, Provider Service Director	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4			<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.	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.		Jessie Dybdahl, Provider Service Director	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

GEO ACCESS (TIMELY ACCESS) (JESSIE DYBDAHL)								
Goals/Objectives for Calendar Year 2025	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Semi-Annual 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	1. Ensure the network meets time or distance standards in compliance with DHCS requirements when a provider is available. 2. Monitor areas where no provider is available and ensure		Jessie Dybdahl, Provider Service Director	Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>alternative access requests are in place on a quarterly basis.</p> <p>3. Evaluate the non-contracted provider network to determine if recruitment might remedy access gaps. Launch recruitment efforts as applicable.</p>			Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROVIDER SATISFACTION SURVEY (JESSIE DYBDAHL)								
Goals/Objectives for Calendar Year 2025	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual 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	<p>1. Monitor Provider Satisfaction annually. Ensure no less than 5% decrease in overall satisfaction with the plan from prior year.</p> <p>2. 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.</p>	7/1/2025 - 12/31/2025	Jessie Dybdahl, Provider Service Director	1 st update:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

TELEPHONE ACCESS (VERONICA OLIVARRIA)								
Goals/Objectives for Calendar Year 2025	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. 80% of calls to Member Services answered within 30 seconds.	<p>1. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard. 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 	3/31/2025 6/30/2025 9/30/2025 12/31/2025	<p>Lilia Chagolla, Member Services Director</p> <p>Veronica Olivarría, Call Center Manager</p>	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<div>staff is adhering to Alliance updates and processes.</div> <div><div><div>Developing additional call circles (queues) to:</div><div><div>1. Optimize resource availability.</div><div>2. Improve speed to answer.</div><div>3. Reduce representative training time.</div><div>4. Increase member satisfaction.</div></div></div><div><div>Computer Telephone 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. Integration: Assess staffing needs due to increase in membership</div></div></div>			Qtr. 3:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
				Qtr. 4:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
2. Call abandonment rate will not exceed 5% of calls to Member Services answered before being abandoned.	The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard.	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Lilia Chagolla, Member Services Director Veronica Olivarria, Call Center Manager	Qtr. 1:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
				Qtr. 2			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
				Qtr. 3:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
				Qtr. 4:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	

Goals/Objectives for Calendar Year 2025	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. Increase provider utilization of language assistance services quarterly by a minimum of 5% in comparison to 2024 baseline utilization data.	1. The project team will track utilization for the following services: <div><div><div>Phone interpreting services.</div><div>Face-to-Face (F2F) interpreting services.</div></div></div> 2. Use quarterly utilization data to identify potential need to training of provider network on language assistance services.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Osiris Ramon, C&L Program Advisor Ivonne Munoz, Quality and Health Programs Supervisor Desirre Herrera, Quality and Health Programs Manager	Qtr. 1:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
				Qtr. 2			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	
				Qtr. 3:			<div><div><div><div></div>Yes</div><div><div></div>No</div></div></div>	

				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. On a bi-annual basis, collect member feedback on their experience with language assistance services in a clinical setting. A minimum of 50 surveys will be collected annually.	1. The project team will conduct satisfaction surveys with members to evaluate: <ul style="list-style-type: none">Individual ratings of access to language services.Overall rating of interpretation services.Access to language services at a health care encounter.Gather individual experiences with the services. 2. Request input from members regarding programs and services.	1/1/2025-3/31/2025 7/1/2025-9/30/2025	Osiris Ramon, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager Ivonne Munoz, Quality and Health Programs Supervisor	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. On a quarterly basis, inform members and providers of language assistance services utilizing at least 1 member and 1 provider informing modality.	1. The C&L team will conduct outreach and education activities to inform members and providers of services available: <ul style="list-style-type: none">Member newsletter articlesProvider bulletin articlesEducation materials including flyersMSAG presentation 2. Request input from members regarding program and services.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Osiris Ramon, C&L Program Advisor Ivonne Munoz, Quality and Health Programs Supervisor	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. On a quarterly basis, provide at least 1 C&L services presentations to Alliance internal department staff that interact with members or providers to increase awareness of language assistance services available for members.	1. The C&L team will reach out to internal and external partners to schedule C&L services presentations.	1/1/2025-3/31/2025, 4/1/2025-6/30/2025, 7/1/2025-9/30/2025, 10/1/2025-12/31/2025	Osiris Ramon, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Goals/Objectives for Calendar Year 2025	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.	3/31/2025,6/30/2025 9/30/2025,12/31/2025	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	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<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.	3/31/2025,6/30/2025 9/30/2025,12/31/2025	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	Qtr. 1:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 3:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Qtr. 4:			<input type="checkbox"/> Yes <input type="checkbox"/> No	