Q4 2023 QIH u u kplanuu

pic u	Health Ca e C llab atives - fee back f m c mmunity en a ement u
Status u	G oal Not Met u
pic u	Health Services ivisi n uu Membe O t each & u u n a ement Campai ns u u
Status u	G oal Met u
pic u	Membe Suppo t - Call Cente
Status u	G oal Met u
pic u	C lt ual an in u istics (C&) Se vices & p lati n Nee s Assessment u cati n u
Status u	G oal Met u
pic u	CAH S: H w We ll uct s C mmunicate u
Stat s u	G oal N t Met u
pic u	Annual Access lan u
Status u	In u u ess u u
pic u	vi e Ch ice: In-A ea u Ma ket Sha e u
Stat s u	In u u ess u
pic u	CAH S S u vey: Access u Measu es u
Status u	G oal N t Met u
pic u	vi e Satisfacti n u
Status u	G oal Met u
pic u	Un e Ove utilizati n u
Stat s u	G oal Met u
pic u	Site f Ca e u
Status u	G oal Met u
pic u	Utilizati n Review (UR)
Stat s u	G oal Met u
pic u	Health cati n an u isease Mana ement u
Status u	G oal Met u

pic u	C ntu u lin u B l u u ess ue u
Status u	G oal a tially Met u
pic u	iabetes HbA1c >9% (p u c nt l)
Status u	G oal Met u
pic u	men's Health umain uu WSO u u
Status u	G oal Met u
pic u	Chil u Immunizati ns u u
Status u	G oal Met u
pic u	Chil ren's Dom ain WSO u u
Status u	G oal Met u
pic u	Chil an A lescent We ll-Ca e Visits in Me ce C u nty
Status u	G oal Met u
pic u	e u ll-Chil Visits in the u i st 15 M onths—Six M o e e ll-Chil Visits W(3 u 0–6) u measu e
Stat s u	G oal Met u
pic u	ll w-Up Afte me ency epa tment Visit f Mental Illness—30- ay ull w-Up—tal an F ll w-Up Afte me gency Depa tment Visit f Substance Use—30-Day F ll w-Up—T tal
Stat s u	G oal Met u
pic u	atin u is u e s u
Stat s u	G oal a tially Met u
pic u	G rievance an QI u Mana ement u
Stat s u	G oal a tially Met u
pic u	acility Site Review (SR) u Mana ement u
Stat s u	G oal a tially Met u

ROGR SS SUMMARY

66% u

e cent C umplete u

C ump site Sc ue u

4 u

Secti ns above ta uet u

Q4 2023 QIS H lan H

SECTION 1: MEMBER EXPERIENCE H

A: MEMBER EXPERIENCE H

T c H	eal h Ca e C llab a ves feedbac f m c mmun y en a emen H
D ma n H	Membe Ex e ence H
P y H	All ance O pe a n Plan H
C H ee H	MSEC
G cals H	De e ne basel ne e f mance by calcula n he numbe f deas ac ed u n by he an za n (as def ned by: assess n feas b l y f, s a n c le n a jec , a n d ec ac n) a a ns f deas b u h bac he an za ns by I C mmun y Engagemen Team f m eal h Ca e C llab a ve mee ngs
O p un es f l vemen H	S aff n u he s a us e f ms has n been c ns s en and my need H leade sh su . H
Resul s Q4 H	0
Summa y f Qua e ly Ac v es Na a ve H	Me c has been canceled and will n be measu ed v n f wa d. H
Kn wn Ba e s/R Cause(s) (as a l cable) H	Adequa e s aff e f m ac v es H
Nex S e s H	h s me c will be lled u n O r an za nal ac ns a en by all membe v ce. H

T c H	eal h Se v ces D v s n Membe Ou each & En a emen Ca a ns H
D ma n H	Membe Ex e ence H Qual y f Ca e H Qual y f Se v ce H
P y H	C e H
C H ee H	QIWET MSEC H
G cals H	Membe u each s c cal nf m, f s e d al ue, and su a s All ance membe s. Membe u each will c ns s f call n membe s ac ed by he eme en ssues, ac n access ca e, and membe v ce assessmen s. M ob l ze an n e nal eam den fy membe s, devel sc ng and nf ma n f a iate es u ces and health educati n, and c nduct tele h nic ut each t high- is , vulne able membe s. Activities: 1. In 2023, t ac and m onit all ad h c membe ut each and engagement cam paigns 2. T ac each cam paigns inte venti n, e centage f successful calls (inf mati n l vided/LVM) vs. unsuccessful calls, and membe H c unts
O p un es f l vemen H	1. C d na ed c llab a n wi h mul le s u ces n he devel men f membe w r en ma e lls and s aff al n n s 2. Devel men H f membe s e l s s wi h he ve f ca n f he e s e han ne membe n he same h useh ld n he l s 3. Identificati n f the ight level f staff t su t these ut each cam paigns (i.e., clinical vs. n n-clinical) H 4. C dinated a ach f d cumenting, t ac ing, and e ting the utc me f each ut each call 5. Devel en ugh time t t ain staff n tal ing ints and new ut each campaigns
Resul s Q4 H	0%
Summa y f Qua e ly Ac v es Na a ve H	The e we e n ad h c membe u each ca a ns c le ed n Q3 Q4 2023. H
Kn wn Ba e s/R Cause(s) (as a l cable) H	N a l cable h s qua e .
Nex S e s H	Teams a e e a n f 2024 c n ac equ emen s and c un y ex ans n. If new H membe H u each ca a ns a e den f ed hey will be e ed acc d n ly. H

T c H	Membe Su Call Cen e H
D ma n H	Membe Ex e ence H
P y H	Re ula y (D CS) H
C ee H	MSEC
G cals H	1. 95% f Calls Membe Se v ces Answe ed Bef e Be n Aband ned H 2. 80% f Calls Membe Se v ces Answe ed h n 30 Sec nds
O p un es f l vemen H	Iden fy add nal ba e s be n able c n nu usly mee h s equ emen . H
Resul s Q4 H	1. 97% 2. 86% H
Summa y f Qua e ly Ac v es Na a ve H	Du n Q4 2023 he All ance Membe Se v ces' Call Cen e f cused n sha n ede e na n nf ma n wi h membe s and ensu n ha he ma l n add ess s u u da ed. have ad s s a ed ece ve calls f m ex ans n membe s and I have been v d ng hem wi h bas c All ance nf ma n.
Kn wn Ba e s/R Cause(s) (as a l cable) H	
Nex S e s H	Kee eye n membe wal n v lume H

Topic x	Cul u l d Li guis ics (C&L) Se vices & Popul io Needs Assessme Educ io x
Domai x	Membe E pe ie ce x Qu li of C e x Qu li of Se vice x
P io i x	Regul o (DHCS) x
Commi ee x	QIHET W
Go ls x	To me su e e pe fo ma ce of e Alli ce C&L Se vices p og m d o make x imp oveme s cco di gl (me su e u iliz io pe Cou) 1. I c e se P ovide U iliz io of he Alli ce L gu ge Assis ce Se vices p og m by 5% whe comp ed o he p evious ye 2. I c e se he Alli ce e wo k p ovide 's f mili i y wi h he Alli ce L gu ge x Assis ce Se vices P og m
Oppo u i ies fo Imp oveme x	Effec ive commu ic x io is c i ic I fo ou membe s o e su e u de s di g, empowe me d p ovide ig qu li c e T e Alli ce L gu ge Assis ce Se vices p og m e su es x Alli ce membe s eceive ig qu li x d pp op i e l gu ge se vices b educi g he I h disp i ies el ed o l gu ge/cul u l b ie s. 1. E plo e he effec ive ess of cul u l compe e cy se vices p ovided by he Alli ce i e su i g h membe s eceive high-qu li y, pe so -ce e ed c e d ide ifyi g oppo u i ies fo imp oveme whe e ecess y 2. Mo i o elepho ic i e p e i g, f ce- o-f ce i e p e i g, sl io s, d e d bili y eques s 3. Mo i o membe d p ovide compl i s d PQIs 4. Develop He l h Li e cy Tool ki fo he o g iz io (PNA) 5. Coll bo e wi h PS i he developme d l u chi g of p ovide cul u l compe e cy i i g (PNA) 6. Impleme udio i e p e i g se vices fo Telehe l h visi s 7. P omo e he Alli ce L gu ge Assis ce Se vices wi h ou e e l e wo k x p ovide s (i.e., qu e ly f bl s s, i i g videos o suppo p ovide s o how o x use he se vices) (PNA)
Resul s Q4 x	11 33%
Summa of Qu e l Ac ivi ies N ive x	I Q4 2 23 e e w as 11 3% o l i c e se comp ed o Q4 of 2 22 of p ovide s u ilizi g f ce o f ce (i pe so) i e p e i g se vices Cou specific d fo f ce o f ce i e p e i g se vices was s follows: Me ced Cou y h d 4.18% i c e se i Q4 2023 comp ed o Q4 2022 S C uz Cou y h d 58.77% i c e se i Q4 2023 comp ed o Q4 2022 Mo e ey Cou y h d 50.29% i c e se i Q4 2023 comp ed o Q4 2022 x Fo elepho ic i e p e i g se vices he d is o b oke dow nby cou y. I Q4 2023 he e w as 25.82% i c e se of p ovide s d s ff u ilizi g elepho ic i e p e i g se vices comp ed o Q4 2022.
K ow nB ie s/Roo C use(s) (s pplic ble) x	I Q4, e e w as sig ific dec e se i Mo e e Cou f ce o f ce i e p e i g se vices u iliz io , s well s sig ific i c e se i S C uz Cou u iliz io T e e w as i c e se i elep o ic i e p e e us ge, whic could be o he e so fo he dec e se i f ce o f ce i e p e i g se vices us ge. Me ced x d Mo e ey Cou y co i ue o show i c e sed u iliz io fo f ce- o-f ce i e p e i g se vices. The C&L e m will co i ue o mo i o u iliz io es o e su e membe ccess.
Ne S eps x	I Q4 e C&L e m wo xked o cou e p sio effo s wi ve do s o e su e ccess o i e p e i g se vices i e ew cou ies s i g i 2 24 All ve do s, p f om U ied Wa (whic o l se ves Me ced), ve co fi med c p ci wi i he ew e p sio cou ies. I 2024 Q1, he C&L e m will co i ue o wo k closel x wi h ou i e p e i g ve do s o dd ess y l gu ge ccess g ps h may ise

Topic x	CAHPS: How Well Doc o s Commu ic e x
Domai x	Membe E pe ie ce x
P io i x	Regul o (DHCS) x
Commi ee x	QIHET W, MSEC x
Go ls x	1 Ac ieve 94 4% (BoB SRS) i How Well Doc o s Commu ic e C ild 2 Ac ieve 92 7% (BoB SRS) i How Well Doc o s Commu ic e Adul x
Oppo u i ies fo Imp oveme x	Assess CAHPS su ve s dmi is xe ed i 2 22 fo MY 2 21, de e mi e go ls, d x ide if imp oveme s x
Resul s Q4 x	Decembe 2 23 ewsle e i cluded i fo ma io o ASL i e p e e s d co c i fo ma io fo ou Cul u l d Li guis ics Se vices e m. Resul s fo MY 2022 e below. Adul - 91.6% (fl f om 91.5% i 2022) b w 25 h-50 h %tile io lly Child- 91.7% (dow nf om 93.1% i 2022) below 25 h %ile io lly. This w as x ide ified s o e of ou lowes pe fo mi g me su es fo his popul io .
Summa of Qu e l Ac ivi ies N ive x	Decembe 2 23 ewsle e i cluded i fo ma io o ASL i e p e e s d co c i fo ma io fo ou Cul u l d Li guis ics Se vices e m. MY 2022 esul s we e eceived d p ese io s e bei g c e ed o sh e ou o g iz io lly.
K ow nB ie s/Roo C use(s) (s pplic ble) x	T e esul s of e c ild su ve fo is p icul ques io we e lowe fo Sp is Spe ke s, whic made up 63% of espo de s d ed is ques io 9 6% ve sus e gg eg e 91 7%. T e esul s we e lowes i SC Cou 89 2% d ig es i Me ced 93.0%, The e we e mul iple o he e s i cludi g i g of pe so l doc o d i g of speci lis , i g of he l h c e, d i g of he l h pl cus ome se vice h lso fell ye ove ye , especi lly mo g Sp ish Spe ke s.
Ne S eps x	Repo ou e esul s o elev s ke olde s d develop pl o dd ess e esul s i 2 24

SECTION D LITY OF SERVICE D

B CCESS & V IL BILITY D

Topic D	nnual cce Plan D
omain D	Member Experience D alit of Care D alit of Service D
Priorit D	Re ulator , Core D
Committee D	N SC D
Goal D	T e nnual cce Plan focu area and improvement oal are e tabli ed in Januar of eac ear and are olidified b t e N SC. T e 0 3 cce Plan oal will be finalized in Januar 0 3. D
Opportunitie for Improvement D	T e cce Plan will articulate identified area wit in t e lliance provider network where tar eted activitie can increa e or en ance c oice and/or acce . T e 0 3 improvement opportunitie will be identified in Januar 0 3. D
Re ult 4 D	T e committee furt er di cu ed recruitment prioritization and ocialized Provider Sati faction Surve data whic offer additional in i t on t e provider perception of acce to care for t eir member . D
Summar of arterl ctivitie Narrative D	Workin w/ N SC attendee to develop criteria to a i t in en urin appropriate D prioritization of acce plan focu area .
Known Barrier /Root Cau e( ) (a applicable) D	TB D
Next Step D	

Topic D	Provider C oice In- rea Market S are D
omain D	Member Experience D alit of Service D
Priorit D	Re ulator , Core D
Committee D	N SC
Goal D	. 80% Market S are (PCP and Speciali t) tar et wit 75% lower t re old D . Market S are tabilit wit a no more t an 5% decrea e annuall .
Opportunitie for Improvement D	. Credential non-credentialed provider practicin at contracted location . . En a e provider who ave i toricall declined to contract. D
Re ult 4 D	Effort were focu ed lar el on t e recruitment of provider in and around Maripo a and Benito countie to upport ervice area expan ion. D
Summar of arterl ctivitie Narrative D	St. Mic ael Nep rolo a reed to contract wit t e lliance in t e San Lui Obi po area. dditionall a new p c iatri t in SLO al o a reed to contract. Bot provider ave i toricall declined to contract wit t e lliance.
Known Barrier /Root Cau e( ) (a applicable) D	ifficult obtainin timel credentialin application for new or exi tin provider , priorit to en a e new entitie in contractin over credentialin provider at exi tin contracted ite . D
Next Step D	

Topic D	C HPS Surve cce Mea ure D
omain D	Member Experience D alit of Service D
Priorit D	HCS D
Committee D	H C, HET-W, HET-C
Goal D	. c ieve 86.7% (C) 80.9% ( ) (BoB SRS) in Gettin Care ickl for C ild and dult C HPS . c ieve 84.4% (C) 8 .3% ( ) (BoB SRS) or old tead at t e 50t percentile in D Getting Needed Care for Child and dult C HPS
Opportunitie for Improvement D	e C HPS urve admini tered in 0 , determine oal , and identif an D improvement
Re ult 4 D	Care ap clinic and rant to fund locum provider and taff overtime were rolled out in .4 . Gettin Care ickl mea ured at 75.9% for t e dult Surve and 8 .3% for t e Child Surve in 0 3. lthough the que tion aw an increa e in performance for adults from 73.4% in 0 , the survey sample was exponentially larger which shows the measure declining overall. Both measures were below the NC ality Compass national benchmark. . Getting Needed Care was measured at 78.9% for the dult survey and 79.4% for the Child Survey in 0 3. mong the Medicaid Child population, Getting Needed Care had one of the biggest decreases compared to last year. Both measures were below the NC ality Compass national benchmark.
Summar of arterl ctivitie Narrative D	MY 0 re ult were received and pre entation are bein created to are out or anizationall . Locum provider rant were funded for multiple provider in Merced Count to clo e care ap . Merced Count provider were c o en becau e thi i where our bigge t di paritie are and the mo t opportunit to rai e health D equity and bring preventative services to membDs who struggle with access.
Known Barrier /Root Cau e( ) (a applicable) D	Provider availabilit i one of t e bi e t known barrier . B fundin additional D provider availabilit we are aimin to improDe acce and clo e care ap .
Next Step D	S are t e re ult wit our provider network team and work collaborativel to D addre t e i ue in 0 4.

C: PROVI R P RI C y

opic y	Provider Satisfaction y
omain y	Qualit of Service y
Priorit y	Reg lator Core y
Committee y	H SC
Goals y	arget of 88% of s rve ed providers who are satisfied with the Alliance ann al y measy re based on Satisfaction S rve) lower threshold is 79.2%. y
Opport nities for Improvement y	ngage more providers in responding to the ann al s rve contin e to explore new or evolved q estions to best inform the Alliance as to feedback in targeted areas y
Res lts Q4	2022 res lts were 87% overall satisfaction with the Alliance y
S mmar of Quarterl Activities arrative y	Res lts final presented to SC and CQIW-I in ecember. Overall Provider y Satisfaction for 2022 was 87%.
Known Barriers/Root Ca se s) as applicable) y	one y
ext Steps y	

S C IO N3: QUALI Y OF CLI ICAL CAR y

: ILIZA IO N y

opic y	nder / Over tilization y
omain y	Clinical Safet y Qualit of Care y Qualit of Service y
Priorit y	Reg lator
Committee y	MWG QIH -W, QIH -C Program Integrit /Compliance Committee Claims y Advanced Anal tics Health Services Finance Collaborative PS/HS Collaborative y
Goals y	An interdepartmental over/ nder tilization report will be developed b ecember 31 2023.
Opport nities for Improvement y	1. Coordinated collaboration with all so rces of monitoring for over and y nder tilization. 2. Linking reporting from multiple so yces to ens ye compliance with y monitoring. y
Res lts Q4 y	Q4 MWP data reflects the following Claims activit with percentages meas red against Claims activit in prior q arter Q3 2023). AC at 14 090 claims a 15.9% increase over prior q arter n=12 162). Breast Cancer Screening at 6 823 claims a 35.5% increase over prior q arter (n=5 035). Colorectal Cancer Screening at 6 426 claims, a 31.6% increase over prior quarter (n=4,882). MG at 336 claims, a 31.2% increase over prior quarter (n=256). Initial Health Assessment at 76,464 claims, a 18.2% increase over prior quarter (n=64,692). Lead Screening in Children at 5,157 claims, a 8.2% increase over prior quarter (n=4,765). epression screening remains unchanged from prior quarter and likel reflects incomplete capture of screening activit with new metric, consistentl noting fewer than 50 claims/quarter.
S mmar of Quarterl Activities arrative y	Report finalized in Q1 and metrics pdated for MWP q arterl reporting. Contin ed

opic y	Site of Care y
omain y	Clinical Safet y Member xperience y Qualit of Care y
Priorit y	Organizational actic y
Committee y	P& CQIC y
Goals y	1. Perform Site of Care o treach to 50% of Site of Care eligible members on targeted dr gs in a form of informational letter and inf sion provider phone calls. 2. etermine an barriers for Site of Care transition from members prescribing providers and inf sion providers perspective. y
Opport nities for Improvement y	1. Improve access to home inf sions and o tpatient inf sion center inf sions for y members. 2. gvelop inf sion provider and member relationship which can event all y improve medication adherence and health o tcomes.
Res lts Q4 y	100%
S mmar of Quarterl Activities arrative y	Q4: We collected ideas for how to improve o r Site of Care program for 2024. y
Known Barriers/Root Ca se s) as applicable) y	1. Pharmac staffing 2. Ins fficient Home inf sion and o tpatient inf sion contracted providers 3. Hospital contract limiting transition of inf sions o t of Hospital based o tpatient inf sions center. 4. ifficult to find the best contact information for providers. 5. Administrative tasks such as setting up member/provider letters and referrals are time consuming. 6. ableau reports take time to create and modif . 7. he members who have declined the program have done so for multiple reasons, including not wanting an one in their home or the would like to continue at their current site of care because the receive other services from that site at the same time. y 8. It takes a long time for the prescribers to send clinical information and medication orders to the infusion pharmac . he infusion pharmac must follow up with the provider multiple times to obtain all the necessar information from the prescriber.
ext Steps y	We will decide on what changes we wo ld like to implement for o r Site of Care program. y

Topic Q	Dru Q i iza ion Review (D R) Q
Domain Q	C inica Safe y Q Member xperience Q a i y of Care Q
Priori y Q	Re u a ory Q
Commi ee Q	P T, H T- Q
Goa s Q	. Perform re rospec ive dru u i iza ion review on a uar er y basis, o assure ha dru u i iza ion is appropria e, medica y necessary, and no ike y o resu in adverse even s. 2. Based on D R, provide ac ive and on oin ou reach o educa e providers on common dru herapy prob ems (e. ., new prescribin uide ines and advisories) wi h he oa s of improvin prescribin and dispensin prac ices, increasin medica ion comp iance, and improvemen of over-a member hea h. Q
Oppor uni ies for Improvemen Q	Improve awareness amon members on providers on any dru u i iza ion is no in Q ine wi h curren c inica uide ines. Q
Resu s 4 Q	89%
Summary of ar er y Ac ivi ies Narra ive Q	:4 Dru u i iza ion review was performed o eva ua e he persis ence of be a-b ocker rea men af er a hear a ack. 74% of members who had a hear a ack received a be a-b ocker. A Provider Di es on ”Be a-b ocker use af er myocardia infarc ion (MI) per AHA/ACC uide ines” was pub ished o educa e providers on AHA/ACC uide ines o reinforce appropria e be a-b ocker prescribin af er hear a ack. Dru u i iza ion review was performed o eva ua e an ipsycho ic medica ion use in chi dren. In 2022, 550 pedia ric members were on an an ipsycho ic. We inves i a ed he op medica ions and he op providers, and he conc usion was ha here were no prescribin concerns. Two separa e dru u i iza ion reviews were performed o eva ua e a members on 30 days or on er of over appin opioid and seda ive hypno ics herapy and opioid and benzodiazepine herapy. Of he 240 members wi h over appin herapy, we iden ified 6 hi h-risk members who had 90MME per day or rea er and did no have na oxone co-prescribed. Tar e ed ou reach was performed o he prescribers of he 6 hi h-risk members o encoura e herapy re-eva ua ion, aperin , and/or discon inua ion of medica ions if appropria e and recommend co-prescribin na oxone. A Provider F ash was a so pub ished o a providers abou risks of opioid and CNS depressan s and oo s for aperin and mo iva iona in erviewin . Dru u i iza ion review was performed o eva ua e he percen a e of o der adu s (65 and o der) wi h chronic kidney disease (CKD) who had fi ed a prescrip ion for non-s eroida an i-inf amma ory dru s (NSAIDs) durin he year 2022. The resu s showed ha abou 11% received a eas one prescrip ion for NSAIDs. Majori y of he members had on y one fi main y af er procedures. On y 3 providers had members who were fi in heir NSAIDs on re u ar basis. A reminder ar ic e abou appropria e use of NSAIDs in CKD is oin o be pub ished in Provider Di es . Dru u i iza ion review was performed o eva ua e he percen a e of members 5–64 years of a e wi h persis en as hma who had a ra io of con ro er medica ion o o a as hma medica ions of 50% or rea er durin he year 2022. The avera e AMR for a coun ies was 79%. A sub roup of ado escen s across a 3 coun ies were iden ified wi h ower- han-norma AMR ra io. 42 of hose members had fi ed 4 or more rescue inha ers and no con ro er medica ion. These members were referred o care mana emen o con ac and counse as needed. A ar e ed emai was sen o he provider o offer hem Pharmacis -Led Academic De ai in re ardin new as hma uide ines and upda es in he fie d. A Member News is expec ed o be pos ed on he A iance websi e. Q
Known Barriers/Roo Cause(s) (as app icab e) Q	. Limi a ion in repor enera ion, re uirin manua ana yses ha are ime-consumin . 2.Compe in priori ies for pharmacis s. 3. Limi ed access o re evan c inica informa ion, such as s a e of heir chronic kidney disease as no eGFR was avai ab e. 4. Medi-Ca Rx repor had errors ha preven ed fur her ana yses.
Nex S eps Q	: For 2 24, pharmacis s wi be workin wi h Advanced Ana y ics o au oma e many of he ana yses for be er efficiency. D R opics are bein reassessed o mee re u a ory and con rac ua re uiremen s whi e addressin compe in priori ies. Q

E: ADULT ... E ... T ... E ... 85 ... CES

Topic	Health Education and Disease Management
Do in	Me e Experience; Quality of Care; Quality of Service
io ity	egulato y (DHCS)
Co mittee	Q HET W
Goals	To inc ease e self efficacy in perfo ng self manage nt beha io s by ha ing e s pa ticipate in the Alliance Healthie Li ing og a (Ch onic Disease Self Manage nt og a 1. By Dece er 31, 2023, at least 50% of participants in the Healthier Living rogra will have scored "Good/ ery Good/Excellent" for their ability to nage their chronic health conditions after the workshop 2. Overall increasing i prove nts of the scores (i.e., poor to fair)
Oppo tunities for i prove nt	1 nc ease pa ticipation in the Healthie Li ing og a wo kshop by pro ting the b e incenti e and offe ing diffe ent fo t options (Telephonic, i tual, and in pe son) 2. Coo dinated collabo ation with ltiple sou ces to ensu e to expand the quality i prove nt syste in the co munity by having a greater presence and pro ting Alliance quality initiatives related to wellness and health pro tion
esults Q4	78%
Su ma y of Qua te ly Acti ities a ati e	n Q4 the Quality and Health og a s tea co leted 3 Healthie Li ing og a wo kshops se ies The wo kshop was offe ed in th ee diffe ent dalities i tual, telephonic and in pe son in Salinas
Known Ba ie s/ oot Cause(s) (as applicable)	The e we e no ba ie s to deli e ing this wo kshop se ies
ext Steps	The QH tea has sta ted to p epa e fo Q1 202 wo kshops and discuss out each st ategies to engage e s f o the new se ice counties

Topic	Cont olling Blood essu e
Do in	Quality of Care
io ity	egulato y (DHCS Health Equity Goals), HED S
Co mittee	Q HET W
Goals	1 Suppo t the ha cy Tea in initiating the ha cist Led Aca de c Detailing Hype tension og a which will dec ease the pe centage of e s with uncont olled blood p essu es (o B g eate than o equal to 1 0/90) 2. dentify a health ca e syste willing to pa tne with the Alliance tea in i ple nting an evidenced based practice for ers with Hypertension. 3. By 12/31/2023, the Santa Cruz County Clinics proportion of patients with B at goal (or less than 140/90) will increase fro 52% to 57%.
Oppo tunities for i prove nt	p o ing accu ate B eadings will allows clinical inte entions such as the ha cists Led Aca de c Detailing Hype tension og a to be e effecti e in i o ing B cont ol in e s with uncont olled hype tension 2. nc ease nu b e s that a e accu ately identified as ha ing hype tension. 3. For those ers with hypertension established accurate readings support the clinical manage nt of the patient. 4. Establish this best practice in a busy a ulatory care center.
esults Q4	1 Goal not t pha cy hype tension p og a planning is in p og ess 2 Goal pa tially t Santa C uz County Clinics decided against pa ticipating in the new LAD Hype tension p og a nstead, equesting a one ti clinician focused t aining a ound the latest hype tension guidelines to be co pleted on 11/15/23. 3. Goal t - Santa Cruz County Clincs Q3 2023 CB CB (reported in Q4 2023) = 66.09%
Su ma y of Qua te ly Acti ities a ati e	1 oject placed on hold until June while continuing to t ack B echeck ates nthly 2 e check in with p o ide o e the su , they a e not inte ested/able in a full LAD p oject. nstead, equesting a one ti clinician focused t aining a ound the latest hypertension guidelines co pleted on 11/15/23.
Known Ba ie s/ oot Cause(s) (as applicable)	
ext Steps	LAD Hype tension p og a planning has been in p og ess and will continue in 202

Topic g	Diab g bA1c >9% (poor con rol) g
Domain g	Quali y of Car g
riori y g	R ula ory (D CS al Equi y Goal), ED S g
Commi g	QI ET-Wg
Goal g	1 d n ify a al car y m willin o par n r wi Allianc am in impl men in clinical prac ic r commenda ion on la p armacolo ic r commenda ion for mana in memb r wi Diab Typ (ADA 0 3: armacolo ic Approac o Glyc mic Tr a men) 2. Suppor h Pharmacy T am in ini ia in h Pharmaci -L d Acad mic D ailin Diab Pro ram which will d cr a h p rc n a of memb r wi h uncon roll d diab (or A1c > 9%).
Oppor uni i for mprov men g	1 Oppor uni i o n a wi a prac ic wi a co or of memb r wi DM and in r in improvin and/or xpandin rvic o memb r For o clinic who do no av a memb r r call proc for rou in diab car follow-up, provid prac ic coac in o mpow er clinic o d v lop a u ainabl y m. 3. Oppor uni y o conn c memb r o Diab S lf-Mana men Educa ion (DSME) and row our n work of C r ifi d Diab Educa or .
R ul Q4 g	1 Goal me in Q1 Goal me in Q4 LAD pro rams wi DoD, G e y bur , and Dr T ao av b n g compl d
Summary of Quar rly Ac ivi i Narra iv g	1 Conduc clinic ou r ac o id n ify clinic in r d in pro ram par icipa ion D v lop/modify pro ram con n o me clinic r qu 3 M e wi clinic o c dul g LAD pro ram. 4. G en ra r i ry li of memb r o rack A1C and f/up vi i rou ou pro ram. 5. Compl ion wi h clinic. 6. Ga h r pr -po ion da a o analyz . g
Known Barri r /Roo Cau ( ) (a applicabl) g	1 Clinic ar curr n ly ru lin o main ain g aff and con inu o car for memb r wi COV D Limi d capaci y a many primary car offic o adop a n w ini ia iv (Forg ome clinic (i. . CSVS) av ad o modify in rv n ion by limi in numb r of ion and allowin a lar r roup iz o par icipa) 3. Limi d n work of acc ibl C r ifi d Diab Educa or . 4. Allianc memb r hav f w r ourc , may b limi d o no havin af ar a for phy ical ac ivi y or uppor o pr par h al hy meal . g
N x S p g	1 Ga r da a o analy pr -po g ion, pro ram, and A1c da a g lannin for Q1 0 4 CB LAD ro ram.

F: PERFORM A E MPRO VEME T PROJE TS (ST TE M A D TED) I

Topic I	Women's ea t Domain SWOT I
Domain I	Qua ity of a e I
P io ity I	Statewide D S Pe fo mance I
ommittee I	Q I ET W
Goa s	To inc ease B east ance Sc eenin and amydia Sc eenin ates by p ovidin p actice coac in and ea nin co abo atives to suppo t p ovide imp ementation of Q I nte ventions, and suppo tin p ovide s t ou iance membe eca and ea t education. 1. By 11/11/2022 Submission 1 Technica ssistance PR . 2. By 1/30/2023 Strategies, measurab e action items and short-term objectives. 3. By 5/30/2023 Progress on strategies and action items. 4. By 9/30/2023 Progress on strategies and action items.
Oppo tunities fo mp ovement I	. T e iance c eated a a e Based Qua ity mp ovement P o am (B Q P) wit t e aim to p ovide financia investmentIfo p actices to makel qua ity imp ovement inte ventions. T is p o am is desi ned to assist p actices who a e pe fo min be ow minimum pe fo mance eve s (MPL) on p io itized M C S measu es to make sustained improvements in staffing, processes, and techno ogy. The app ication opened to e igib e contracted network providers on March 14, 2023 and c osed on May 19th, 2023 with a tota of 44 app ications. On y one e igib e provider chose to not app y to the program. I . Three providers have been se ected for targeted outreach. . B ack members had the owest rate of screening of a racia /ethnic groups in 2021 for B S. Faci itate targeted mai ing for this popu ation to educate and to notify member of screening recommendations.
Resu ts Q4 I	D S conc uded a SWOT activities on Septembe 29t , 2024. o SWOT activities we e equi ed in Q4. I
Summa y of Qua te y ctivities a ative I	Go den a ey ea t ente Me ced as a eed to pa tne on imp ovin b east cance sc eenin s in co abo ation wit t ei a e Based Qua ity mp ovement P oject app ication. Q P is continuin out eac fo anot e c inic to pa tne on b east cance sc eenings. Q P wi p ovide p actice coac ing, best p actice information and a member reca ist for c inics to outreach to members. -- pex Medica Group has agreed to partner on ch amydia screenings. Merced Facu ty ssociates - orth is requesting their eadership's approva to partner on ch amydia screenings. Q PH wi provide practice coaching, best practice information and a member reca ist for c inics to outreach to members. -- Member etters drafted and USPSTF f yer decided as outreach f yer for B ack members for B S mai er. -- For Q2 QIPH provided best practices information and s ide presentations for Go den a ey Hea th enter and Merced Facu ty ssociates to get eadership approva to participate in SWOTs. Go den a ey Hea th enter is working with their operations team to create a team to work on the Breast ancer Screening SWOT. Q PH met with pex to address questions on the project, and provided best practice information. -- For Q3 QIPH provided member reca rosters for pex Medica Group and MF orth showing members due for ch amydia screening and we -visits. Worked with G VH to identify barriers within organization to imp ement member reca rosters in coordination with Q I and are Management teams. Worked with Q I department to review member reca roster for potentia exc usions to up oad to the iance's Data Submission Too for comp iance. -- For Q4 Q PH met with DH S, reviewing and conc uding a SWOT activities. o further SWOT actions required.
Known Ba ie s/Root ause(s) (as app icab e) I	Due to Q P staff imitations it was decided to focus on inc easin b east cance sc eenin and c amydia sc eenin ates. Q P staff as competin I p io ities wit t e comp etion of B Q P app ications I and being ow staffed. -- Breast ancer Screenings: having difficu ty getting an additiona c inic to partner on increasing breast cancer screenings. Looking at c inics who have chosen this measure as part of the B Q P app ication and have ow rates. -- Since ch amydia screenings popu ation starts at age 16, it is a hard popu ation to ca in for screenings since outreach goes to the member, not the parent/guardian. Q PH wi be focusing on members who have not had their we -visit for 2023, and educating partnering c inics to screen a members for h amydia screening with the option to opt out. -- For Q3 staffing heavi y impacted a interventions due to staff on eave or oss of staff. MF was assigned a P from FSR team and focused efforts on addressing P before working on intervention project. G VH departments work in si o; Q I comes up with interventions and then has cha enges getting the necessary staff to imp ement intervention. G VH has a so taken on a ot of projects and is over stretched. -- For Q4 no SWOT activities were required.
ext Steps I	Reac out to additiona c inics to pa tne on inc easin b east cance sc eenin ates. eate IPowe IPoint p sentation fo MF to take to eade s ip to et t ei app ova to pa tne wit Q P . -- Generate membe ists and provide best practice information. -- For Q2 Q PH wi continue to meet with c inics to address barriers and provide updated member ists based on member enro ment. -- For Q3 QIPH wi continue to meet with c inics and address barriers, and provide updated member reca ists as needed. -- For Q4 no SWOT activities were required.

Topic G	Chil hoo G nizations G
Do in G	Quality of Care G
Priority G	Statewi e DHCS P P G
Co ntee	Q HET WG
als G	1 By April 21, 2 23, po lete final les for DHCS P P an s mize onteo s
Opport nitiesfor mee nt G	1 For those pro i ers who in icate that they o not hamea er recall process for i nizations Pro i er Access S r ey), pro i e practice coachingtope ower the clinic to e elop a s stainable syste 2 Fl vaccinations are the li ting vaccine in C Spo liance; therefore, con cting foc s gro ps to f rther n erstan the root ca ses of fl vaccine hesitancy in Merce Co nty y help to evelop re effective interventions. G
Res lts Q4 G	N/A G
S mary of Q uarterly Acti ities Narrati e G	HSA s final ali ation fin ings on the C S P P was recei e on 6/12/23 an no f rthersi b ssions were req ire Projectpo lete
Known Barriers/Root Ca se s) as applicable) G	al 1: No Barriers G
Next Steps G	Projectpo lete G

Topic G	Chil ren'sDo in SWOT G
Do in G	Quality of Care G
Priority G	Statewi e Depart nt of Healthcare Ser ices DHCS) Perfor nce G
Co ntee	Q HEWG
als G	1) O treach to high ris racial ethnic gro ps in Merce Co nty who are eficient in C S an /or W3 to a ress barriers to care an connect er with PCP 2) Pro i e cation on chil ren's pre entati e ser ices to Merce Co nty clinics to s pport clinic staff in bei ng s bject tter experts (SME) for their clinic 3) S pport practices in mi xi zing ata opti zation thro gh the Alliance Portal to pro t provi ers to or er all reco me e preventative services. 1. By 11/11/2022 Si b ssion 1 Technical Assistance PRN. 2. By 1/30/2023 Strategies, as rable action ste an short-ter objectives. 3. By 5/30/2023 Progress on strategies an action ste . 4. By 9/30/2023 Progress on strategies an action ste . G
Opport nitiesfor mee nt G	Contin e exploring options to collect inect er feedo bac on barriers to accessing care in Merce Co nty G
Res lts Q4 G	All goals close o t in Q3 G
S mary of Q uarterly Acti ities Narrati e G	Q1 Q3: SWOT 1 Actions A C: The Me er Barrier o treach project was s ccessf l beca se we gaine insight as to: What the top barriers to accessing care were for these b en pa le The type of e cation Q IPH nee s to provi e to parents/g ar ians to increase their n erstan ing of the i ortance of reg lar well-chil visits and eti ly i nizations. - Best practices when contacting ers ab sharing inf or tion regar ing a potential or act al healthcare eficiency. These lessons learne will be taken into consi eration for f t re o treach efforts e by Q IPH staff. SWOT 2 Action Am Pro ting the istrib tion an se of the Alliance's nfant Wellness Map (WM) to Merce Co nty CBOs, clinics, are ers. b This project was a s ccess beca se Q IPH staff s ccessf lly rise nate the tool in collaboration with the Merce Co nty office of E cation – Hea Start Progra an Merce Co nty P blic Health. Hea Start receive 200 copies of the WM J ne 2023 (75 Spanish, 100 English an 25 H ng) an are actively istrib ting the tool to their Alliance ins me ers. b A itionally, staff have collaborate with Merce Co nty P blic Health, First Five of Califo Cha, an l en Valley Health Centers to host a Health Fair for the Merce co nity. The Health Fair occ re on 10/8/2023 an incl e : - An Alliance inf or tional booth to pass o t WM. - Fl vaccinations, bloo gl cose checks, bloo press re checks, eye exa an re.1 - 35+ exhibitors with inf or tional booths. - 'Passport' car s po lete by visiting an learning abo t each exhibitor. Co lete car s can be entere into a raffle for prizes an a bon s raffle ticket is given to those that receive a fl vaccine at the fair. - Live ra io broa casting fro a local Merce Spanish ra io station. The fl vaccine has been a highlight for this Health Fair to raise awareness for the Merce co nity on the i ortance of fl vaccinations. SWOT 2 Action B: Pe iatric Best Practices Webi Car: This project was a s ccess beca se we t o re goal of con cting a live-session Pe iatric Best Practices Webi Car in Q3 of 2023 an exce e the webinar atten ance goal. 38 o t of 69 (55%) external registrants atten e fro 35 ifferent entities an clinics (incl ing 19 fro Merce Co nty). The Pe iatric Best Practices webinar was hoste by Dr Car la Sosa, an pro nent an high-per for ng Merce Co nty Pe iatrician, with assistance fro CCAH staff. The webinar recor ing is poste on the Alliance website as a reso rce for provi ers an office staff. The webinar content incl e : AAP Perio icity Sche le, Early Chil hoo & A olescent Well Visits, nizations, Lea Screening, Fl ori e Application, ACEs Screenings, Alliance Reso rces SWOT 3 Action Am Pro te Healthcare Technology grants to Merce Co nty physicians. This effort was a s ccess beca se there were 3 entities fro Merce Co nty that applie for the Healthcare Technology Progra grant; one application was approve , an two are pen ing. A grant of $50,000 was awa e to l en Valley Health Centers, who serves app xi tely 65,000 Alliance ers within the co nty, to apply towar s Epic Wel o & Tonic Health tablets for patient registration, sche ling, an health s rveys an q estionnaires. As of Sept er 2023, there are 2 pen ing applications fro Merce Co nty provi ers that will be internally reviewe an , if reco me e , go to the Boar for approval in October. G

	SWOT 3 Ac : As f 9/29/2023, s aff has c duc ed Care ased l ce ve (C l F re s c v s s w i h 9 cl cs fr m Merced C . a d a c pa e fur her v s s h s year. l hese v s s, All a ce s aff share ur res urces such as member ce ves a d pr v der p r al rep r s, a d d scuss da a f r perf rma ce mpr veme . Add ally, Ql PH w ll h s a l ve-sess 2024 C l verv ew Oc ber 2023. Q4: O ne f al mee g w i h he DHCS cl sed he pr jec Oc ber 25, 2023 fr m) he f al submiss Sep ember 29, 2023..
K arr ers/R Cause(s (as a l cable)	S aff ur er, r der a a lab l y, member educa
Nex S e s)	C ue r mo e a d d s r bu e he l fa Well ess Ma Merced C u y. P s r ual Ped a r c es Prac ces Web) ar Pr der webs e. C ue r mo e er al a d ex er al ech gra ds/fu d g Merced C u y r ders.

T c)	Ch ld a d Ad lesce Well Care V s s Merced C u y)
D ma)	Qual y f Care)
Pr r y)	S a e de De ar me f Heal hcare Ser ces (DHCS Perf rma ce Impr eme Pr jec (PIP
C mmi ee)	QIHET W)
G als)	1. y A r l 21, 2023, c mple e f al modules f r DHCS PIP a d summar ze u c mes: 2. WCV PIP SMART G al: y December 31, 2022, use key dr er d agram er e s crease he erce age f ch ld a d ad lesce members wh rece ve a leas e ch ld a d ad lesce well-care v s w i h a PCP r OB/GYN prac er dur g he erve per d amo g MCO members ages 3-17 years ld, l ked G dde Valley Heal h Ce ers - L s a s, fr m 32.65% 48.56% (ra e f peer be chmark [Tayl r Farms Family Heal h & Well ess Ce er – G o zales, CA] M o erey/refere ce c u y .
Op r u es f r Impr eme)	1. Pr ders eed bl ck u me f r ded ca ed s aff d recall u reach a d schedule members wh are c mpl a f r a well care s . 2. Pr r ze heal h equ y s ra eg es by creas g u reach ula) s h l wer ra es.)
Resul s Q4)	N/A Pr jec C mple ed; G al Me Q2
Summary f Quar erly Ac es Narra e)	Our f al ra e f r he WCV PIP was 62.61%; 14.05% ab e ur g al ra e f r h s) r jec . Module 4 was submi ed) DHCS A r l 21, 2023. DHCS r ded al da f d gs Ju e 2, 2023. We me all requ reme s a d g e a H gh c f de ce le el ra g f r h s PIP. N fur her ac s eed be ake ; h s PIP) cycle s ff c ally cl sed.
K arr ers/R Cause(s (as a l cable)	N barr ers de f ed)
Nex S e s)	N e.)

T c)	Well Ch ld V)s s he F rs 15 Mo hs—S x r More Well Ch ld V s s (W30–)6 measure
D ma)	Qual y f Care)
Pr r y)	S a e de De ar me f Heal hcare Ser ces (DHCS Cl cal Perf)rma ce Im)pr eme Pr jec (PIP 2023 2026
C mmi ee)	QIHET W)
G als)	Reduce d s ar y well ch ld s s he f rs 15 mo hs amo g H s a c P ula) l g Merced C u y. 1. y quar er 3 2023, c mple e f rs modules f r DHCS PIP.)
Op r u es f r Impr eme)	1. Pr r ze heal h equ y s ra eg es by creas g u reach ula s h l wer ra es.)
Resul s Q4)	l al al da f CCAH's 2023–26 Cl cal PIP submiss erf rmed by he Heal h Ser ces Ad s ry Gr u (HSAG was shared h he heal h la a d resubmi ed 11/1/23 h c rrec) s HSAG.)
Summary f Quar erly Ac es Narra e)	2023 2026 DHCS W30 6 PIP submiss was c mple ed. A alys s erf rmed) de fy Merced r ders h h ghes e al f r mpac . N fur her requ reme s fr m HSAG.)
K arr ers/R Cause(s (as a l cable)	T D
Nex S e s)	Pull basel e da a f r 2023 af er year e d a d all g f r cla m lag (l kely May 2024 . De ermi e r der rk h PIP.)

Topic S	Follow - p ter Emergency Department Visit or Mental Illness—3 Day Follow - p— Total and Follow - p ter Emergency Department Visit or u stance se—3 Day Follow - p—Total S
Domain S	Quality o Care
Priority S	tatewide Department o Healt care ervices (DHC Non Clinical Per ormance Improvement Project (PIP 3 6 S
Committee S	QIHET WS
Goals S	By quarter 3 3, complete irst modules or DHC PIP.
Opportunities or Improvement S	1. Improve t e percentage o provider noti ications or members wit D/ MH S diagnoses ollowing or wit in 7 days o emergSncy department (ED visit. . Increase data s aring to Be avioral Healt Delegate. S
Results Q4 S	1. In progress. 11/ 9/ 3 resu mission o 3 6 Non Clinical PIP tep 1 6 S documents sent to H G and DHC . 2. uccess ul. Initial ED noti ication ile sent to Carelon in December 2 23.
ummary o Quarterly ctivities Narrative S	Validation o t e 3 6 non clinical PIP eptember su mission was per ormed y t e Healt ervices dvisory Group (H G) and s ared wit t e ealt plan on Octo er 3 t . lliance elected to set up a Tec nical ssistance (T call wit H G and DHC on 11/2 /23 in advance or urt er clari ication o project aim. PIP documentation or steps 1 6 were resubmitted on 11/29/23 with corrections to H G and DHC . Discussions with delegated Behavioral Health provider Carelon have been ongoing, and an initial noti ication ile was submitted to Carelon in December, identi ying lliance members in the emergency department with a substance use disorder or mental health diagnosis matching the F and F M NCQ AHEDI speci ications or the Medi Cal ccountability et (MC).
Known Barriers/Root Cause(s (as applica le S	Patient privacy concerns or protected ealt in ormation created arriers or S noti ications.
Ne t teps S	First Module su mission due in eptember 3. Resu mission in Q4 or validation indings rom H G. nalize initial and subsequent Emergency Department data noti ication process S with Carelon and Behavorial Health team in early 2024.

G: BEH VIOR L HE LTH S

Topic S	Eating Disorders S
Domain S	Clinical a ety S Member E perience S Quality o Care S Quality o S ervice S
Priority S	Operating Plan S
Committee S	MWG, CQIC, Beacon Oversig t Committee, Healt ervices Finance Committee
Goals S	By December 1, 3, improve work low process or coordinating and e pediting S eating disorder re errals to Be avioral Healt t roug pilot project and t en scaling S results to all counties. S
Opportunities or Improvement S	
Results Q4 S	s intended, t e initiative as resulted in improved communication wit county partners. Project to improve work low process or coordinating and e pediting eating disorder re errals, treatment and coordination is in process. anta Cruz S County Be avioral Healt and dministration is ollowing newly identi ied process and lliance is reviewing and reimbursing per MO .
ummary o Quarterly ctivities Narrative S	Designed and initiated a work low and process wit anta Cruz County Be avioral S Healt and dminiSration.
Known Barriers/Root Cause(s (as applica le S	Competing priorities or key project sta including JIV and County E pansion. S
Ne t teps S	Continue to engage in partners ip discussions wit County Mental/Be avioral Healt departmentSsta and leverage t e in ormatioSn learned or process re inement. S

SECTION C: CLINICAL SAFETY

CLINICAL SAFETY

Topic	Grievance and PQI Management
Domain	Clinical Safety
Priority	Regulatory
Committee	QIHET
Goals	1. By December 31, 2023, 100% of Potentially Quality Issues (PQI) are completed within 90 calendar days of receipt. 2. By December 31, 2023, 100% member grievances opened as PQIs are closed within 30 days or less per regulatory requirement. 3. By December 31, 2023, quarterly MD IRR of QoS grievances shall be in 100% agreement, indicating QI RNs are resolving cases with consistent methodology. Quarterly MD IRR shall be a 10% sample of QoS Grievances resolved by QI RN.
Opportunities for Improvement	1. Maintain adequate program staffing; expedite training of new hires. 2. Operational improvements.
Results Q4	1. 55/55 (100%) PQIs were closed within timeframe this quarter. 2. 78/78 (100%) of internally referred PQIs were completed within 90 calendar days, and 36/36 (100%) of Member Grievance PQIs were completed within 30 calendar days or less. 3. 36/36 (100%) of Quality of Service member Grievances will be audited by the Medical Directors.
Summary of Quarterly Activities Narrative	1. The team continues participation in JIV training and is working with Member Grievances regarding the QI RN Clinical assessment element that should transfer from Essette to JIV. 2. The SR team is maintaining operational workSharePoint for transparency of pending reviews, standardizing processes, and efficiency. 3. The PQI team has paused the automation of Track & Trend to Tableau due to the Clinical Safety QI Program Analyst being on leave of absence. Staffing constraints caused a shift in the teams to prioritize regulatory work in PQI and SR.
Known Barriers/Root Cause(s) (as applicable)	1. In SR nurse resigned, leaving one SR nurse certified to perform the DHCS audit tools. To alleviate the need in the SR team, one nurse, previously DHCS certified, moved from the PQI team to assist the current SR nurse, when applicable, in meeting regulatory timelines for SR/MRR. 2. Along with the shift in staffing to support SR, one PQI RN was on leave of absence. Due to the PQI RN team shortage of two nurses, regulatory Member Grievance processing was prioritized, and internal 90-day PQI case processing was deferred until 1) the SR nurse was onboarded and 2) the PQI RN returned from a leave of absence. 3. The Clinical Safety QI Program Analyst is on leave of absence, causing a shift of work to the QI Project Specialist, resulting in delays in operational work impacting IRR, Track & Trend, and audit deliverables.
Next Steps	1. Continue to participate in JIV training. 2. Continue projects in Clinical Safety to enhance Clinical Safety operations and eliminate siloed manual work and regulatory reporting. 3. Continue working with HR in Q1 2024 for SR RN backfill onboarding. The candidate is a DHCS Master Trainer and will come to the team ready to assume the role. Work with HR in Q1 2024 to expand the Clinical Safety team by means of the promotional opportunities and the release of new SR RN positions.

Top E E	Fa ili E i ER Evi wE(F ER) E Manag Emen E
Domain E	Cl ni al Eaf E
Priori E	R gula or E
Commi E	QIH T- E
Goals E	1. D c mb r 31 2023 100 of xis ing primar car provid r si s ha had an F R du his quar r w er compl Ed wi hin hr ars of h ir las F R da . 2. E D c mb r 31 2023 100 of prac ic s wh r Cri ical l men s Corr c iv Ac ion Plans (C CAPs) arising from F Rs ar r solv d wi hin 10 busin ss da s. 3. B D c mb r 31, 2023 100% of prac ic s wi h a Corr c iv Ac ion Plans (CAPs) arising from F R submi a plan o addr ss h CAP wi hin 45 cal ndar da s. 4. B D c mb r 31, 2023 100% of prac ic s wi h a CAP arising from F R compl all plann d ac ions wi hin 90 cal ndar da s as vid nc d b v rifica ion b h F R am.
Oppor uni i s for mprov men E	1. nsur o carv ou h appropria amoun of ime o compl h n ir Medical R cord R vi w according o h xpand d ool guid lin s; 2. ni ia r qu s o gain l c ronic Medical R cord acc ss for Medical R cord R vi w (MRR) a ime of sch duling o nsur imel MRR; and 3. Upda r sourc s in h curr n Corr c iv Ac ion Plan mpla o nsur ha provid rs ar suppor d in impl men ing improv men s; E
R sul s Q4 E	1. 87 (13 of 15) of xis ing primar car provid r si s ha had an F R du his quar r w er compl Ed wi hin hr ars of h ir las F R da . 2. 100 E(5 of 5) of prac ic s wh r Cri ical l men E Corr c iv Ac ion Plans (C CAPs) arising from F Rs ar r solv d Ewi hin 10 busin ss da s. 3. 73% (11 of 15) of prac ic s wi h a Corr c iv Ac ion Plans (CAPs) arising from F R submi a plan o addr ss h CAP wi hin 45 cal ndar da s. 4. 100% (13 of 13) of prac ic s wi h a CAP arising from F R compl all plann d ac ions wi hin 90 cal ndar da s as vid nc d b v rifica ion b h F R am.
ummar of Quar rl Ac ivi i s Narra iv E	1. A nd collabora iv me ings o plan h impl men a ion of h DHC manda d Manag Car i R vi w Por al (MSRP) o con inu duca ion align con inu d impl men E ion of F R ools and s andards and shar r sourc s.; 2. E Collabora wi h Allianc Applica ion rvic s o cr a and s in rfac for MSRP o ff c iv l me DHC Er por ing r quir men s; 3. Collabora wi h An h m DHC C r ifi d Mas r Train r o nsur a smoo h xpansion o an B ni o and Mariposa coun i s; E 4. In rvi wing o fill op n F R RN posi ion.
Known arri rs Roo Caus (s) (as applicabl) E	1. i r vi w am is shor s aff d. R c n l los 1 F R RN. Onl 1 F R RN mplo d. 2. MSRP d la s a h s a l v l. Will hav s cond round of s ing soon. 3. Provid rs dic a wh n w e can sch dul r vi ws. D la s can b du o s aff availabili and pr f r nc s ha ar ou sid our con rol. E
N x ps E	1. Mov d PQI RN o F R o suppor r maining F R RN. 2. Con inu o upda r sourc s in h curr n Corr c iv Ac ion Plan mpla o nsur ha provid rs ar suppor d in impl men ing improv men s. 3. Volun r d o b a s for n x round of MSRP in rfac upload s ing. 4. Working wi h HR o hir for op n F R posi ion. 5. M e ing r gularl wi h op ra ions am and will r inforc conduc ing p riodic r vi ws 2 mon hs arl . E