

## 2023 Quality Work Plan

Item #	Program/Project Area	Goals and Objectives	Planned Actions to Meet Goal	Dates	Accountable Team
<b>1. Quality Program Structure</b>					
1.1	Quality Program Documents	By March 2023, approve annual quality program documents at March JCC meeting.	Finalize 2023 Quality Program Description	February 2023 - March 2023	Beth Hernandez, Quality Director Quality Council
1.2			Finalize 2022 Quality Evaluation	February 2023 - March 2023	Nicole Branning, Quality Manager Beth Hernandez, Quality Director Quality Council
1.3			Finalize 2023 Quality Work Plan	February 2023 - March 2023	Beth Hernandez, Quality Director Sharron Mackey, CEO Dennis Hsieh, CMO Quality Council
1.4	Quality Council	Ensure quality council oversight of CCHP's quality program through regular meeting schedule	Convene monthly quality council meetings. Convene a minimum of 9 Quality Council meetings annually	January 2023 - December 2023	Dennis Hsieh, CMO Beth Hernandez, Quality Director Arnold DeHerrera, Administrative
1.5		Ensure program governance of quality council meeting	Revise quality council charter	February 2023	Sharron Mackey, CEO
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	January 2023 - December 2023	Beth Hernandez, Quality Director Quality Council
<b>2. NCQA Accreditation</b>					
2.1	NCQA Accreditation	By March 2023, achieve NCQA accreditation status by obtaining a "met" score on all elements.	Complete NCQA survey and respond to preliminary report	January 2023 - March 2023	Nicole Branning, Quality Manager Beth Hernandez, Quality Director Sharron Mackey, CEO Dennis Hsieh, CMO
2.2		Correct any deficiencies identified during the 2020-2022 NCQA accreditation survey by June 2023	Respond to NCQA Corrective Action Plans (if applicable) Modify internal processes for any "not met" or "partially met" areas	March 2023 - June 2023	N/A
2.3		By May 2023, complete an evaluation with key stakeholders of the 2022 NCQA survey and develop a plan for the 2025 survey	Conduct comprehensive evaluation of 2022 NCQA survey process, including best practices, challenges, and process improvements	March - April 2023	Nicole Branning, Quality Manager Beth Hernandez, Quality Director Sharron Mackey, CEO
2.4			Develop execution strategy for 2025 NCQA survey	April 2023 - May 2023	Beth Hernandez, Quality Director Sharron Mackey, CEO
2.5					
<b>3. Measurement, Analytics, Reporting, and Data Sharing</b>					
3.1	HEDIS Reporting (DHCS, NCQA)	1. By June 30, 2023, report HEDIS MY2022 scores for NCQA Health Plan Accreditation and the DHCS Managed Care Accountability Set (MCAS)	Complete all annual HEDIS activities, including identifying new data sources and completing medical record abstraction.	January 2023 - July 2023	Sharri Jones, HEDIS Manager Beth Hernandez, Quality Director Business Intelligence Quality Nurses
3.2		2. Exceed the 50th percentile for all MCAS measures and establish performance improvement plan for those near or at risk	Complete annual HEDIS MY2022 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	July 2023 - August 2023	Sharri Jones, HEDIS Manager Beth Hernandez, Quality Director Dustin Peasley
3.3		3. Prepare for transition to ECDS by identifying efficiencies in data system measurement	Identify areas of opportunity for data system for MY2023	July 2023 - August 2023	Beth Hernandez, Quality Director
3.4		4. Align HEDIS measurements to quality improvement projects and strategic goals for 2023	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	March 2023 - August 2023	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
3.5	CalAIM Report (DHCS)	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	February, May, August, November	Beth Hernandez, Quality Director Dennis Hsieh, CMO
3.6			Develop measure specifications for reporting on the DHCS Housing and Homelessness Incentive Program (HHIP)	March 2023	Beth Hernandez, Quality Director Dennis Hsieh, CMO
3.7			Develop measure specifications and report on the DHCS Incentive Payment Program	March 2023, September 2023	Beth Hernandez, Quality Director Dennis Hsieh, CMO
3.8			Develop measure specifications and report on the DHCS Population Health Monitoring Report	Forthcoming	Beth Hernandez, Quality Director

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3.9	Other Quality Reporting (Internal)	Develop quality measure and monitoring for other health plan programs that are not tied to HEDIS reporting	Develop quality metrics and monitoring system for all Initial Health Appointment	February 2023 - March 2023	Nicole Branning, Quality Manager Dustin Peasley, Analyst
3.10			Develop quality measurement system and measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	May 2023 - July 2023	Beth Hernandez, Quality Director Quality Nurses
3.11			Complete internal quality measures and evaluation for determining efficacy of Enhanced Care Management and Community Supports	May 2023 - July 2023	Beth Hernandez, Quality Director Business Intelligence
3.12			Develop quality metrics and evaluation for Complex Case Management program	May 2023 - July 2023	Beth Hernandez, Quality Director Stephanie Schraum, Case Management
3.13			Develop quality measurement and monitoring system for pregnant and postpartum individuals	May 2023 - July 2023	Beth Hernandez, Quality Director Business Intelligence
3.14	CCHP Quality Measurement Infrastructure	Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Work with Business Intelligence unit on design and creation of ongoing CCHP quality metric dashboard	March 2023 - August 2023	Beth Hernandez, Quality Director Business Intelligence
3.15			Create quality scorecards for providers, which will share monthly performance rates by provider group on a CCHP priority measures	August 2023 - September 2023	Beth Hernandez, Quality Director
3.16			Develop system of data sharing quality measures with CPN network to allow for ongoing quality improvement	July 2023 - August 2023	Beth Hernandez, Quality Director
3.17	Member Experience (NCQA, DHCS)	1. By June 30, 2023, gather, analyze, and highlight areas of opportunity using the CAHPS survey  2. Process 95% percent of grievances within required timeframes.  3. Develop member feedback channel through the Community Advisory Committee	Review and analyze CAHPS survey results stratifying by network and other demographic fields, trending results by year. Incorporate into Population Health Needs Assessment.	August 2023 - September 2023	Otilia Tiutin, CLAS Manager Dustin Peasley, Analyst Beth Hernandez, Quality Director
3.18			Review and analyze behavioral health specific member experience surveys	March 2023 - April 2023	Beth Hernandez, Quality Director Nicole Branning, Quality Manager Dustin Peasley, Quality Analyst Regina Griffiths, CCBH Manager
3.19			Review and analyze grievance and appeals data according to NCQA methodology. Complete annual report	March 2023 - September 2023	Nicole Branning, Quality Manager Chanda Gonzalez, AGD Manager Nicolas Barceló, Medical Director
3.20			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment	April 2023 - September 2023	Sofia Rosales, Senior Health Educator Otilia Tiutin, CLAS Manager Beth Hernandez, Quality Director
3.21			1. Maintain compliance rate of 90% or above with in-office wait times not to exceed 45 minutes	Conduct telephone surveys to members with recent office visits; educate and resurvey non-compliant providers; implement quality monitoring program of non-compliant providers	March 2023, June 2023, September 2023, December 2023
3.22	2. Maintain a compliance rate of 90% or above with telephone answer times to not exceed 10 minutes and return call times to not exceed 1 business day as evidenced by monthly secret shopper calls to a sample of providers.	Conduct telephone surveys to providers offices to ensure timely answering and returning of calls; education and resurvey non-compliant providers; implement quality monitoring program of non-compliant providers	March 2023, June 2023, September 2023, December 2023	Nicole Branning, Quality Manager	
3.23	3. Maintain a compliance rate of 90% or above with first prenatal appointment access to not exceed 14 calendar days from day of request.	Conduct telephone surveys to OB/GYN and midwife providers quarterly; education and resurvey non-compliant providers; implement quality monitoring program of non-compliant providers	March 2023, June 2023, September 2023, December 2023	Nicole Branning, Quality Manager	
	4. Develop a monitoring program specific to behavioral health access standards and respond to at least one identified area for improvement related to behavioral healthcare access	Develop a process to monitor BH: 1) route care appointments, 2) non-life-threatening emergency care within 6 hours of request, 3) triage does not exceed 30 minute wait time	January 2023 to June 2023	Nicole Branning, Quality Manager	
3.24	5. Review results of Provider Appointment Availability Survey MY 2022 and develop and act on at least one opportunity for improvement.	Analyze PAAS results and conducted any needed follow up for routine care appointment deficiencies, if any	April 2023 - July 2023	Nicole Branning, Quality Manager	
3.21		Conduct analysis on Provider Appointment Availability Survey, implement quality monitoring program, and implement and act upon one identified area for opportunity.	April 2023 - September 2023	Nicole Branning, Quality Manager	
3.22	Provider Experience	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey; identify at least two areas of improvement	August 2023 - September 2023	Nicole Branning, Quality Manager
3.23			Develop provider experience survey for all behavioral health providers	August 2023 - September 2023	Nicole Branning, Quality Manager
3.24	REAL Data	Improve collection of race, ethnicity, preferred spoken and written language data collection	Compile new member survey collection of REAL data into cclink	January 2023 - December 2023	Otilia Tiutin, CLAS Manager
3.25	CLAS Reporting	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	November 2023	Otilia Tiutin, CLAS Manager
3.26	Encounter Data validation (DHCS)	Implement the encounter data validation study per the timelines and requirements from DHCS	Procure medical records and submit according to auditors deadlines	February 2023 - June 2023	Arnold DeHerrera

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<b>4. Performance Improvement Projects</b>					
4.1	<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	Increase the percentage of members who complete a follow-up appointment within 30-days of an ED visit for mental illness	Conduct comprehensive analysis on FUM data to identify areas of opportunity; collaborate with Contra Costa Behavioral Health on improvement project	March 2023 - December 2023	Jersey Neilson, Quality Manager Contra Costa County Behavioral Health
4.2	<b>Follow-up for Hospitalization after ED Visit Substance Use</b>	Increase the percentage of members who complete a follow-up appointment within 30-days of an ED visit for substance use	Conduct comprehensive analysis on FUA data to identify areas of opportunity; collaborate with Contra Costa Behavioral Health on improvement project	March 2023 - December 2023	Jersey Neilson, Quality Manager Contra Costa County Behavioral Health
4.3	<b>Blood Lead Screening</b>	Increase pediatric blood lead screening rates to exceed the DHCS MPL.	Educate providers on Point of Care testing and develop targeted outreach to members with orders that have not been incorporated.	March 2023 - December 2023	Jersey Neilson, Quality Manager
4.4	<b>Well Child Visits in First 6 Months of Life</b>	1. Improve the completion rate for WCV in the first 6 months of life 2. Narrow the health disparities gap between Black/African American and Asian members	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	March 2023 - December 2023	Sofia Rosales, Sr. Health Educator Jersey Neilson, Quality Manager
4.5			Identify CBO to partner with to develop strategy for targeted outreach to the Black/African American community	February 2023 - September 2023	Jersey Neilson, Quality Manager
4.6	<b>Child and Adolescent Well Care Visit</b>	Increase WCV rates for 15-17 year old and 18-21 year old members	Outreach and incentive campaign for members to re-engage in primary care	February 2023 - September 2023	Jersey Neilson, Quality Manager Regional Medical Center
			Conduct social media campaigns to educate members on the importance of routine health care	February 2023 - September 2023	Jersey Neilson, Quality Manager Sofia Rosales, Sr. Health Educator Suzanne Tseng, Marketing Director
4.7	<b>Childhood Immunization</b>	1. Increase number of children with completed vaccination series 2. Increase flu immunization rate for children	Develop and deploy MyChart message campaigns targeted at overall flu vaccinations and <2 year old flu boosters	March 2023, September - October 2023	Jersey Neilson, Quality Manager
4.8	<b>Cervical Cancer Screening</b>	Increase Cervical Cancer Screening rates in members ages 18-29	Conduct member outreach and incentive campaign	January 2023 - December 2023	Jersey Neilson, Quality Manager
4.9	<b>Controlling High Blood Pressure</b>	Increase the percentage of members with hypertension whose blood pressure is controlled	Explore expanding remote patient monitoring programming to include hypertension	Q3 2023	Jersey Neilson, Quality Manager
4.10	<b>Colorectal Cancer Screening</b>	1. Increase colorectal cancer screening rates 2. Decrease rates of returned FIT kits that are unable to be processed	Redesign FIT kit mailing procedures, providing FIT kits when patients are due for a FIT.	Q1 2023	Dustin Peasley, Analyst Regional Medical Center
4.11	<b>Continuity and Coordination of Medical Care (NCQA)</b>	Improve continuity and coordination of member care between medical providers through at least 3 projects that meet NCQA standards.	Through collaboration, identify project for NCQA 2024 - 2025 and establish baseline data	January 2023 - December 2023	Dennis Hsieh, CMO Nicolas Barcelo, Medical Director Beth Hernandez, Quality Director
4.12	<b>Continuity and Coordination Between Medical Care and Behavioral Healthcare</b>	Improve continuity and coordination of member care between medical providers and behavioral health providers through at least 2 projects that meet NCQA standards.	Through collaboration, identify project for NCQA 2024 - 2025 and establish baseline data	January 2023 - December 2023	Dennis Hsieh, CMO Nicolas Barcelo, Medical Director Beth Hernandez, Quality Director
4.13	<b>Initial Health Appointment</b>	Increase IHA completion rates	Modifying the measurement strategy to align with the following HEDIS value set metrics: AAP, WCV, WC-30. Update reports and provider training of new measurement.	March 2023	Beth Hernandez, Quality Director Nicole Branning, Quality Manager
4.14			Conduct quarterly chart audits and give feedback and education to providers missing IHA elements	April 2023, July 2023, October 2023	Nicole Branning, Quality Manager Renate Hart, RN
4.15			Replace current member IHA robocalls with a dynamic new member outreach campaign that will educate members on the importance of establishing a relationship with their primary care doctor upon enrollment, and provide additional outreaches for those that have not yet completed an IHA.	April 2023 - June 2023	Nicole Branning, Quality Manager Beth Hernandez, Quality Director Suzanne Tsang, Marketing Director
4.16			Integrate member refusal into electronic health record through documentation of outreach attempts and provide additional provider education on the need to document member outreach and refusal in their electronic health record.	February 2023 - June 2023	Nicole Branning, Quality Manager Beth Hernandez, Quality Director Suzanne Tsang, Marketing Director
<b>5. Population Health</b>					
5.1	<b>Comprehensive Population Health Rollout Plan</b>	Implement population health strategy engaging delivery system, community, and county partners to implement CalAIM population health goals	Create rollout plan and garner buy-in from key stakeholders	January 2023 - April 2023	Beth Hernandez, Quality Director
5.2			Implement population health workgroups on key topics, developing workflows and metrics to align with overall population health goals	February 2023 - December 2023	Beth Hernandez, Quality Director
5.3	<b>Population Needs Assessment</b>	Understand member needs and health to create a responsive population health program	Complete 2023 PNA utilizing all available data sources to Contra Costa Health Plan	July 2023 - October 2023	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager Otilia Tuitin, CLAS Manager
5.4			Develop cross functional team collaborating with Epidemiologists in CCHS in preparation for the 2025 PNA	September - December 2023	Beth Hernandez, Quality Director Business Intelligence
5.5	<b>Population Health Management Strategy</b>	Develop population health strategy in alignment with new CalAIM requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	July 2023 - October 2023	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager

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5.6	<b>Population Impact Report and Evaluation</b>	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	July 2023 - October 2023	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager
5.7	<b>New Member Workflow</b>	Provide streamlined new member experience, with regards to HIF/MET, IHA, LTSS, and other assessments.	Consolidate new member surveys (HIF/MET, HRA, LTSS, REAL) into one survey specific for the patient population	February - August 2023	Beth Hernandez, Quality Director Nicolas Barcelo, Medical Director Suzanne Tsage, Marketing Director Nicole Branning, Quality Manager
5.8		Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion	Implement Epic Campaigns to consolidate outreach into a single flow, documenting all outreaches into a unified EHR that is shared across all Epic networks	February - August 2023	Beth Hernandez, Quality Director Suzanne Tsag, Marketing Director Nicole Branning, Quality Manager
5.9		Ensure system exists so members with positive screenings are identified for the appropriate services  Develop data system so screening questions are results are shared across providers	Develop and implement workflows for following up on positive screenings	February - August 2023	Beth Hernandez, Quality Director Nicolas Barcelo, Medical Director Nicole Branning, Quality Manager
5.10	<b>DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering</b>	Implement DHCS Population Health Service into existing workflows	Implement DHCS Population Health Service based on forthcoming guidance upon service launch.	July 2023 - December 2023	Beth Hernandez, Quality Director Bhumil Shah, Assoc Chief Information Officer
5.11		Refine CCHP's risk stratification, segmentation, and tiering processes utilizing all available data sources	Modify RSS and Tiering and supporting workflows to incorporate the DHCS Population Health Services	July 2023 - December 2023	Beth Hernandez, Quality Director Nicolas Barcelo, Medical Director
5.12	<b>Closed Loop Referrals</b>	Understand closed loop referral guidelines and implement technical system to support regulations	Develop workplan for implementing closed loop referrals based on DHCS guidance	August 2023 - December 2023	Beth Hernandez, Quality Director Bhumil Shah, Assoc Chief Information Officer
5.13	<b>Ongoing Engagement with PCP</b>	Increase regular engagement with PCPs	Develop disengaged member reports and supporting workflows	June 2023 - July 2023	Dustin Peasley, Analyst Sofia Rosales, Senior Health Educator
5.14	<b>Care Coordination/Navigation with Social Services</b>	Implement social resources into health education workflows and support referrals to CHW services	Develop referral process for CHW services based on identified social needs	March 2023 - July 2023	Michael Chavez, Project Manager
5.15	<b>Wellness and Prevention programs</b>	Improve preventive health of members with regards to : Healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive	Implement Health Education Krames to have dynamic website that offers self-management tools. Education providers and sat	September - December 2023	Sofia Rosales, Sr. Health Educator
5.16		Educate providers and staff on available new health education tools	September - December 2023		
5.17	<b>Chronic Disease Management</b>	Develop comprehensive chronic disease management program for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, Depression, COPD, and CKD/ERSD	Develop program descriptions (including target populations, interventions, and risk tiering) for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, Depression, COPD, and CKD/ERSD	March 2023 - May 2023	Jersey Neilson, Quality Manager Dennis Hsieh, CMO Nicolas Barcelo, Medical Director Joseph Cardinalli, Pharmacy Director Beth Hernandez, Quality Director
5.18	<b>Chronic Conditions: Diabetes Management Program</b>	Reduce number of CCHP members with uncontrolled diabetes	Provide medically tailored people to patients with uncontrolled diabetes. Evaluate efficacy of MTM.	January 2023 - December 2023	Dennis Hsieh, CMO
5.19		Expand remote monitoring blood glucose program in partnership with Gojji	April 2023 - June 2023	Jersey Neilson, Quality Manager	
5.20	<b>Chronic Conditions: Asthma Mitigation Program</b>	Reduce the number of CCHP members with acute asthma exacerbations that require emergency department visits and/or hospitalization	Serve at least 70 members in the Asthma Mitigation Program	January 2023 - December 2023	Daisy Camposano, CHW Keren Vargas, CHW
5.21		Increase number of contracted CalAIM Asthma Remediation Providers	February 2023 - September 2023	Jersey Neilson, Quality Manager Terri Lieder, Provider Relations Director	
5.22	<b>Maternal Health Outcomes</b>	Improve key maternal health outcomes across quality measurement strategy identified in 3.13	Increase number of contracted doulas Develop comprehensive perinatal program for CCHP members, including increasing access to healthy start and doula benefit	March 2023 - December 2023	Fabiola Quintera, Program Manager
5.20	<b>Keeping members healthy: Gaps in Care</b>	Notify members of gaps in care for needed preventive services	Redesign birthday letter process to incorporate broader gaps in care and offer more targeted calls in action	April 2023	Sofia Rosales, Sr. Health Educator
5.21			Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care	June 2023 - July 2023	
5.22	<b>Health Education Materials and Resources</b>	Assure that members are provided health education materials and are informed on new community and medical services.	Annually update health education materials on website	April 2023	Sofia Rosales, Sr. Health Educator
5.23		Develop comprehensive health education program	Publish member facing newsletter three times per year Develop health education plan, including the following: classes, provider based strategy, direct patient outreach strategy, including triggering event notifications, community presence at CBOs, churches and school, and referral and request process for members, digital strategy for health education which may include email campaigns, care pathways, social media calendar, and health education council.	February 2023, June 2023, November 2023	Sofia Rosales, Sr. Health Educator
5.24				March 2023	Sofia Rosales, Sr. Health Educator

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5.25	Cultural and Linguistic Access	Ensure systematic processes in place to promote cultural competency/health equity by making accessible: educational opportunities, current and up-to-date resources, and understanding of CLS needs.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	January 2023 - December 2023	Otilia Tiutin, CLAS Manager
5.26			Facilitate translation request of educational materials, website, forms, and other documents.	January 2023 - December 2023	Otilia Tiutin, CLAS Manager
5.27			Review CLA grievances	January 2023 - December 2023	Otilia Tiutin, CLAS Manager
<b>6. Patient Safety</b>					
6.1	Potential Quality Issues (PQIs)	Review and resolve potential quality issues within 120 days	Issues CAPS according to leveling guidelines, report on trends. Modify cLink workflow for ease of reporting		Kathie Phun, RN Dennis Hsieh, CMO Joseph Cardinalli, Director of Pharmacy Nicolas Barcelo, Medical Director
6.2	Provider Preventable Conditions (PPCs)	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network		Kathie Phun, RN Dennis Hsieh, CMO Joseph Cardinalli, Director of Pharmacy Nicolas Barcelo, Medical Director
6.3	Over/under utilization - ED Use	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	April - June 2020	Nicolas Barcelo, Medical Director Dennis Hsieh, CMO
6.4	Medication Safety	Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy
6.6		Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy
6.8		Reduce number of members with 15 or more medications	Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy
6.9		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits. Additionally, this quarterly audit will look for members with 4 or more ED visits in a 6 month period and refer them to case management.	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy
6.10	Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	January 2023 - December 2023	Joseph Cardinalli, Director of Pharmacy	
6.11	Facility Site Reviews	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	January 2023 - December 2023	Facility Site Review nursing team
6.12	Medical Record Reviews	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct annual MRR of provider office in accordance with DHCS standards.	January 2023 - December 2023	Facility Site Review nursing team
6.13	Long Term Care Facility Reviews	Ensure a members that were recently carved into Medi-Cal are receiving optimal care while they are in skilled nursing facilities	Develop monitoring plan for long term care facilities through regular medical record review	April 2023 - August 2023	Sara Levin, Case Management Medical Director Beth Hernandez, Quality Director
<b>7. Provider Engagement</b>					
7.1	Provider training	1. Increase attendance at provider trainings by 20% from 2021 average 2. 85% of providers will rate their overall experience as very good or excellent	1. Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; Solicit input from providers on agenda topics through providers	January 2023, April 2023, July 2023, October 2023	Sofia Rosales, Senior Health Educator Dennis Hsieh, CMO
7.2	Quality Improvement Collaborative	Foster quality improvement with provider network by facilitating improvement institute	Develop workplan and launch learning collaborative	November 2023	Beth Hernandez, Quality Director
<b>8. Delegation Oversight</b>					
8.1	Delegation oversight	Implement all oversight activities for the Quality portions of the Kaiser delegation	1. Review Kaiser's Quality Program Description, Annual Evaluation, and Work Plan annually 2. Participate in annual joint delegation audit and issue corrective action plans as necessary	1. June - July 2023 2. March - October 2023	Dennis Hsieh, CMO Nicole Branning, Quality Manager Suzanne Tsang, Marketing Director