

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status	Goal Met (Yes No)
<b>1. QI Program Infrastructure</b>										
1.a.	<a href="#">QI Program Documents</a>	Continued	<b>Goal #1:</b> By July 2025, complete draft QI Program Description, QI Work Plan and QI Evaluation revisions in preparation for August Quality Committee meetings.	<b>Deliverable #1:</b> Finalize 2025 - 2026 QI Program Description.	10/1/2024	7/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.a.				<b>Deliverable #2:</b> Finalize 2024 - 2025 QI Work Plan.	10/1/2024	7/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.a.				<b>Deliverable #3:</b> Finalize 2024 - 2025 QI Evaluation.	10/1/2024	7/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.a.				<b>Deliverable #4:</b> 2025 - 2026 QI Work Plan – Complete Draft.	5/1/2025	7/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.b.	<a href="#">Physician Advisory Committee (PAC) Oversight of QI Program</a>	Continued	<b>Goal #1:</b> By June 30, 2025, Ensure PAC oversight of Partnership's QI Program through semi-annual monitoring of the QI Work Plan.	<b>Deliverable #1:</b> By September 30, 2024, QI Trilogy Documents to be reviewed for approval by PAC in September 2024, post-review of other Quality committees to include but not limited to: * FY 2024-25 - Work Plan * FY 2024-25 - Program Descriptions * FY 2023-24 - QI Program Evaluation	9/11/2024	9/30/2024	Title: Chief Medical Officer Name: Robert Moore	Title: Executive Assistant Name: Sarah Browning	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated

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<b>2. Measurement, Analytics and Reporting</b>										
2.a.	<a href="#">HEDIS® Reporting</a>	Continued	<b>Goal #1:</b> By June 30, 2025, report HEDIS® MY2024 final rate performance as required annually for NCQA Health Plan Accreditation (HPA) and the DHCS Managed Care Accountability Set (MCAS).	<b>Deliverable #1:</b> • Monthly Project Work Plan updated by 09/30/2024 to accommodate HPA and MCAS unique activities/deliverables. • Annual Project Work Plans updated by 10/31/2024 to accommodate HPA and MCAS unique activities/deliverables.	9/1/2024	10/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Quality Measurement Name: Sue Quichocho	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.a.				<b>Deliverable #2:</b> By October 31, 2024, build HEDIS® MY2024 Monthly Project which includes all populations for DHCS, HPA and Dual Eligible Special Needs Plan (D-SNP). (Contingent on HRP production implementation in 2024)	9/1/2024	10/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Quality Measurement Name: Sue Quichocho	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.a.				<b>Deliverable #3:</b> • By February 1, 2025 build production environments for the Annual project and collect, prepare and integrate administrative data, inclusive of new Electronic Clinical Data Systems (ECDS) data sources. • By May 31, 2025, conclude the HEDIS® Annual Medical Record projects for MCAS and HPA required reporting in support of the HEDIS® MY2023 Annual Project. • By June 30, 2025, report HEDIS® MY2024 final rate performance as required annually for NCQA Health Plan Accreditation (HPA) and the DHCS Managed Care Accountability Set (MCAS).	1/1/2025	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Quality Measurement Name: Sue Quichocho	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.b.		Continued	<b>Goal #1:</b> By June 30, 2025, gather, analyze and highlight areas of opportunity for the plan using the CAHPS® survey and Grievances & Appeals (G&A) data as it relates to NCQA requirements.	<b>Deliverable #1:</b> By December 30, 2024, present measure year (MY) 2023 CAHPS® and Member Experience results to internal and external committees.	7/1/2024	12/30/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.b.				<b>Deliverable #2:</b> By June 30, 2025, continue the fiscal/quarterly year process to collect and analyze G&A data. Ensure stakeholders at a minimum meet quarterly or as needed to review data compared to prior and current year CAHPS® survey results.	7/1/2024	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.b.				<b>Deliverable #3:</b> By June 30, 2025, collect and analyze CAHPS®-regulated measure year (MY) 2024 survey results, 2024 G&A annual filings, and other data sources (inclusive of Adult Drill Down survey dependent upon execution date).	7/1/2024	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.b.	<a href="#">Member Experience Data</a>		<b>Goal #2:</b> By June 30, 2025, Org. Goal # 4 Access & Member Experience (Milestone 3), Member Experience (ME) Workgroup will drive CAHPS® Score Improvement (CSI) fiscal year 2023-2024 pilot from analysis phase to Strike-Team "action"	<b>Deliverable #1:</b> By August 31, 2024 - Analyze 2024 Q2 Quarterly G & A Pulse Report data against established member experience abrasion thresholds that target at least three areas intended to improve service delivery and member experience. The action includes and is not limited to root-cause analysis, and operational research/investigation to determine Plan or provider gaps. Action to influence experience or service improvement requires cross-department resources dedicated to this pilot. Department Leadership in the FY 23-24 pilot continuation is essential to drive improvement.	7/1/2024	8/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.b.				<b>Deliverable #2:</b> By November 30, 2024 - Analyze 2024 Q3 Quarterly G & A Report data against established member experience abrasion thresholds that target at least three areas intended to improve service delivery and member experience. The action includes and is not limited to root-cause analysis, and operational research/investigation to determine Plan or provider gaps. Action to influence experience or service improvement requires cross-department resources dedicated to this pilot. Department Leadership in the FY 23-24 pilot continuation is essential to drive improvement.	8/1/2024	11/30/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated

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2.b.		New	<p>phase. The enhanced ME improvement strategy is continuous, with the intent to leverage quarterly data (G&amp;A, PHM) sources to drive proactive interventions throughout fiscal year 2024-2025.</p> <p>Outcome(s)/Deliverable(s):</p> <ul style="list-style-type: none"> <li>• Workgroup will adhere to Quality Improvement Model: Plan, Do, Study, and Act (PDSA)</li> <li>• Collaborate with subject matter experts to review prior fiscal year quarter interventions against new quarter datasets</li> <li>• Analyze new quarterly data sets (G&amp;A, PHM) against pilot ME abrasion thresholds*                             <ul style="list-style-type: none"> <li>o Access</li> <li>o Attitude and Service</li> <li>o Billing and Financial</li> <li>o Quality of Care</li> <li>o Quality of Practitioner Office Site</li> </ul> </li> </ul>	<p><b>Deliverable #3:</b> By January 31, 2025 - Analyze 2024 Q4 Quarterly G &amp; A Pulse Report data against established member experience abrasion thresholds that target at least three areas intended to improve service delivery and member experience. The action includes and is not limited to root-cause analysis, and operational research/investigation to determine Plan or provider gaps. Action to influence experience or service improvement requires cross-department resources dedicated to this pilot. Department Leadership in the FY 23-24 pilot continuation is essential to drive improvement.</p>	11/1/2024	1/31/2024	<p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p> <p>Title: Director of Quality Management Name: Isaac Brown</p> <p>Title: Manager of Quality Improvement Programs Name: Barbara Selig</p>	Title: Program Manager II Name: Anthony Sackett	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
2.b.				<p><b>Deliverable #4:</b> By May 30, 2025 - Analyze 2025 Q1 Quarterly G &amp; A Pulse Report data against established member experience abrasion thresholds that target at least three areas intended to improve service delivery and member experience. The action includes and is not limited to root-cause analysis, and operational research/investigation to determine Plan or provider gaps. Action to influence experience or service improvement requires cross-department resources dedicated to this pilot. Department Leadership in the FY 23-24 pilot continuation is essential to drive improvement.</p>	2/3/2025	5/30/2024	<p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p> <p>Title: Director of Quality Management Name: Isaac Brown</p> <p>Title: Manager of Quality Improvement Programs Name: Barbara Selig</p>	Title: Program Manager II Name: Anthony Sackett	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
2.b.				<p><b>Deliverable #5:</b> By June 30, 2025 - Evaluate pilot strike-team quarterly outcomes and effectiveness. Use evaluation to inform and propose recommendations.</p>	4/1/2025	6/30/2025	<p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p> <p>Title: Director of Quality Management Name: Isaac Brown</p> <p>Title: Manager of Quality Improvement Programs Name: Barbara Selig</p>	Title: Program Manager II Name: Anthony Sackett	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
2.c.	<a href="#">Member Services Access</a>	Continued	<p><b>Goal #1:</b> By June 30, 2025, ensure compliance of internal and delegated access standards as it relates to inbound call handling.</p>	<p><b>Deliverable #1:</b> Monitor, Analyze and Recommend Corrective Action Plan(s) (CAP) when appropriate which includes:</p> <ul style="list-style-type: none"> <li>• Review internal call center performance stats monthly (performance benchmarks tracked quarterly) on several service level agreements (SLAs)</li> <li>• Plan to continue to track quarterly delegate call center performance (submitted quarterly by each respective delegate) against established performance thresholds (based on SLAs above) during Delegate Oversight quarterly meetings</li> </ul>	7/1/2024	6/30/2025	<p>Title: Senior Director of Member Services and Grievances Name: Edna Villasenor</p>	<p>Title: Senior Manager of Member Services Name: Cyress Mendiola</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	

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2.d.	<a href="#">Primary Care Provider Quality Inceptive Program (PCP QIP) Payment Processing Report</a>	New	<b>Goal #1:</b> By June 30, 2025, PCP QIP will continue to refine the Data Validation Framework documents which includes identifying areas for improvement in efficiency and accuracy, ensuring that the updated documents provide clear guidance on each step of the payment process, strengthening the validation processes to enhance the accuracy of payment calculations, establishing clear timelines for each stage of the payment process and continuing to monitor the effectiveness of the refined process and make adjustments as needed going forward.	<b>Deliverable #1:</b> Evaluate Data Validation Framework documents and examine the validation procedures outlined in the documents to ensure they are robust and effective in verifying payment accuracy.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.				<b>Deliverable #2:</b> Engage in collaboration with a sister plan to Partnership (Alameda Alliance) to understand their payment processing methods and to possibly integrate best practices into our own payment process.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.				<b>Deliverable #3:</b> Maintain ongoing collaboration with contributing teams and executive leadership to enhance payment processes to ensure future payment accuracy.	7/1/2024	5/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.e.	<a href="#">Web Based Member Information Assessment</a>	Continued	<b>Goal #1:</b> By June 30, 2025, complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in NCQA Standard ME 6 Element C: Quality and Accuracy of Information.	<b>Deliverable #1:</b> Complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in ME 6 C: Quality and Accuracy of Information.	7/1/2024	6/30/2025	Title: Senior Director of Member Services and Grievances Name: Edna Villasenor  Title: Senior Manager of Member Services Name: Cyress Mendiola	Title: Supervisor of Quality and Training, Member Services Name: Kristen Clark	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.f.	<a href="#">Primary Care Provider Quality Incentive Program (PCP QIP) eReports System</a>	Continued <i>(Monitoring of previous issue)</i>	<b>Goal #1:</b> By June 30, 2025, PCP QIP will continue collaborating with the Partnership Web Team to align 2025 eReports with HRP® (Health Rules Payor) data elements in preparation for the launch of HRP®.	<b>Deliverable #1:</b> Review 2025 eReports scoping and development with Web Team to identify any remaining areas within eReports needing intergration with HRP®. Finalize via annual Business Requirement Documents (BRD) approved by QI and IT management.	7/1/2024	11/1/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31	Jan 1 - June 30			
2.f.				<b>Deliverable #2:</b> Complete User Acceptance Testing (UAT), inclusive of HRP® integration testing, per approved 2025 eReports BRD, for on-time release to provider network.	11/1/2024	3/1/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31	Jan 1 - June 30	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.				<b>Deliverable #3:</b> Conduct weekly eReports check-in meetings with the Partnership Web Team to discuss project timeline, BRD revisions, application logic, UAT testing timelines, progress and bugs.	10/1/2024	3/15/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31	Jan 1 - June 30	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.		Continued	<b>Goal #1:</b> Goal #1: By June 30, 2025, apply annual development updates of the MY2025 HEDIS® Monthly Exploratory Dashboard in accordance with identified stakeholder needs (Contingent on HRP® implementation).	<b>Deliverable #1:</b> Complete development of PQD of HEDIS® MY2024 Monthly Exploratory dashboard (Contingent on HRP® production implementation)  **Complete project status denotes completion of previous year's PQD Work Plan Goal	10/1/2024	11/29/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Measurement Name: Sue Quichocho  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31	Jan 1 - June 30	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #2:</b> Complete an annual HEDIS® Monthly data user needs assessment for MY2025 Monthly Exploatory dashboard in PQD. In collaboration with the HEDIS® team and QMSI workgroup's leads and through use of the updated Master Measure List to confirm applicable measures..	7/1/2024	3/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Measurement Name: Sue Quichocho  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31	Jan 1 - June 30	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #3:</b> Complete updated HEDIS® Monthly Exploratory business requirements documentation for MY2025 Monthly Exploatory dashboard in PQD in collaboration with the HEDIS® team.	7/1/2024	3/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Measurement Name: Sue Quichocho  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31	Jan 1 - June 30	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #4:</b> Timely publication of the MY2025 HEDIS® Monthly Exploratory dashboard (Contingent on HRP® production implementation).	4/1/2025	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Measurement Name: Sue Quichocho  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31	Jan 1 - June 30	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.g.	<a href="#">Partnership Quality Dashboard (PQD)</a>	Continued (Monitoring of previous issue)	Goal #2: By June 30, 2025, apply annual development updates of the PCP QIP Provider and Internal View Dashboards in accordance with identified stakeholder needs.	Deliverable #1: Work with representatives of the provider network to review all enhancement requests to be included in the Business Requirements Document (BRD) to be reviewed and approved by the Enterprise Data Warehouse (EDW) team for the new measurement year (MY).	7/1/2024	12/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Mgmt Name: Isaac Brown	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				Deliverable #2: Work with stakeholders to submit updated annual dashboard business requirements document (BRD) to developers for review and approval.	7/1/2024	2/29/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Mgmt Name: Isaac Brown	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				Deliverable #3: Work with developers and business owners to finalize which proposed new business requirements/enhancements will be deemed in scope for dashboard updates in 2025. Escalate to QI and IT senior leadership if consensus cannot be reached to finalize prioritization	2/1/2025	3/31/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				Deliverable #4: Completion of user acceptance testing (UAT) of dashboards	4/1/2025	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				Deliverable #5: Timely publication of the dashboards in PQD for internal and external use.	1/1/2025	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Improvement Advisor Name: Dorian Roberts	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)		
2.h.	<a href="#">Enterprise Information Management</a>	Continue <i>(Monitoring of previous issue)</i>	<b>Goal #1:</b> By December 31, 2024, integrate the HRP® version of the HEDIS® monthly project data into the Enterprise Data Warehouse and use this data to create the HRP® version of the HEDIS® PQD modules.	<b>Deliverable #1:</b> Integrate HEDIS® Health Rules Payor data in to Enterprise Data Warehouse environment and make necessary programming changes to populate Provider Quality Dashboard-HEDIS® tables.	9/1/2024	10/15/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.				<b>Deliverable #2:</b> Develop the HEDIS® PQD dashboards using the HRP® data and complete UAT.	10/15/2024	11/30/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.		New		<b>Deliverable #1:</b> Complete development and testing to deliver 2024 HEDIS® monthly files to the Quality Improvement (QI) Team. This might require building new medi-medi population and catalogs on the Inovalon side.	7/1/2024	9/15/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.				<b>Deliverable #2:</b> Integrate 2024 HEDIS® data from monthly project into the Enterprise Data Warehouse.	9/15/2024	10/1/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.				<b>Deliverable #3:</b> Develop and test PQD HEDIS® dashboards using the 2024 HEDIS® monthly project data and support D-SNP processes.	10/1/2024	10/31/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.		Continue <i>(Monitoring of previous issue)</i>		<b>Deliverable #1:</b> Establish a connection to receive clinical data from Data Link.	7/1/2024	7/30/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.				<b>Deliverable #2:</b> Integarte clinical data from Data Link into the Enterprise Data Warehouse environments and integrate the data to HEDIS® Monthly project and vairous QI processes.	8/30/2024	11/15/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.h.				<b>Deliverable #3:</b> Incorporate clinical data from Sutter into the HEDIS® program and vairous QI processes.	8/15/2024	9/30/2024	Title: Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			
2.i.		<a href="#">Dual Eligible Special Needs Plan (D-SNP)</a>		New	<b>Goal #1:</b> By June 30, 2025, develop systems to manage data sourcing, analysis and stakeholder communication for the proposed D-SNP population and associated CMS Part C&D and DHCS measure sets.	<b>Deliverable #1:</b> By December 31, 2024, develop an interdepartmental D-SNP Stars Strategy Work Group to manage and assess data needs pertaining to the Medicare D-SNP product line and reportable measures.	7/1/2024	12/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.i.						<b>Deliverable #2:</b> By February 1, 2025, complete Chapter 4 of the Model of Care document for submission to DHCS	7/1/2024	2/1/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.i.	<b>Deliverable #3:</b> By June 30, 2025, develop the process for integration of MOC-related goals and re-evaluation into the QI Trilogy.		7/1/2024			6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated			

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.i.				<b>Deliverable #4:</b> By June 30, 2025, develop communication strategies through appropriate committee structure to inform stakeholders of D-SNP goals and progress with defined ongoing communication frequency.	7/1/2024	6/30/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.j.	<a href="#">D-SNP HEDIS Reporting</a>	New	<b>Goal #1:</b> By June 30, 2025, Develop systems and processes for analysis of Stars and DHCS HEDIS® data for proposed D-SNP population of focus.	<b>Deliverable #1:</b> By 10/31/2024, Create Monthly Project Work Plan to accommodate D-SNP unique activities/deliverables.	8/1/2024	10/31/2024	Title: Medical Director for Quality Name: Mark Netherda  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.j.				<b>Deliverable #2:</b> By 10/31/2024, build HEDIS® MY2024 Monthly Project which includes all populations for DHCS, HPA and D-SNP. (Contingent on HRP production implementation in 2024)	9/1/2024	10/31/2024	Title: Medical Director for Quality Name: Mark Netherda  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.j.				<b>Deliverable #3:</b> By 03/31/2025, collect, analyze, validate, and disseminate HEDIS® MY2024 D-SNP preliminary results for the required D-SNP Measure Sets.	11/1/2024	3/31/2025	Title: Medical Director for Quality Name: Mark Netherda  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

3. Value Based Payment Programs - QIP

3.a.	<a href="#">Primary Care Provider Quality Incentive Program (PCP QIP)</a>	New	<b>Goal #1:</b> By June 30, 2025, the PCP QIP Program will be leveraged to support existing and newly added low performing providers in the Modified QIP measure set. This support will include provider education and encouragement to increase on-line data platform usage and monitoring and result in improved reporting and performance improvement activities.	<b>Deliverable #1:</b> For new Modified QIP provider, a warm hand-off is made to the QIP team as the result of the work completed by initial PI Needs Assessment, the QIP team will meet with individual modified QIP providers and perform a PCP QIP specific needs assessment to determine QIP tools skill-set level amongst modified QIP staff. Assessment will inform the QIP team how to move forward and what level of engagement/training is needed. May include monthly or quarterly check-ins meetings.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.a.				<b>Deliverable #2:</b> For existing Modified QIP provider, the QIP team will continue to conduct and offer monthly or quarterly check-ins meetings.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.a.				<b>Deliverable #3:</b> Create a survey specifically for Modified QIP provider which includes questions to check-in, assess needs and important reminders. Survey will be distributed on quarterly basis. Answers will be reviewed and followed-up with a 1:1 email.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.a.				<b>Deliverable #1:</b> Partner with the Performance Improvement (PI) Team to conduct welcome and/or on going check-in meetings. Check-ins will create an opportunity for both the PI and QIP team to assess how to move forward and what level of engagement/training is needed. Monthly or quarterly check-ins meetings may be required.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

Continued

**Goal #2:** By June 30, 2025, the PCP QIP Program will be leveraged to support new Eastern Region PCPs in their efforts to use data to



2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.a.		Continued	Region H-QIPs in their efforts to use data to improve reporting and performance improvement activities.	<b>Deliverable #2:</b> Create a survey specifically for expansion provider which includes questions to check-in, assess needs and important reminders. Survey will be distributed on a quarterly basis. Answers will be reviewed and followed-up with a 1:1 email.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.	<a href="#">Hospital Quality Incentive Program (H-QIP)</a>	New	<b>Goal #1:</b> By June 30, 2025, develop the 2025-2026 measurement year Hospital Quality Incentive Program (H-QIP) Measurement Set to support Hospital Performance Improvement.	<b>Deliverable #1:</b> Complete development of measures for 2025-26 H-QIP.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.		New	<b>Goal #2:</b> Develop Partnership's Hospital Quality Symposium for the 2025-2026 H-QIP measurement year.	<b>Deliverable #1:</b> Select dates, venues, theme, topics, and tentative speakers for the event.	7/1/2024	4/1/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.				<b>Deliverable #2:</b> Finalize agenda, complete speaker engagement, promote event with hospitals.	1/1/2025	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.		New	<b>Goal #3:</b> By January 31, 2025, complete evaluation of the 2023-2024 HQIP and deliver summary to the Partnership's Quality Committee meetings (IQI, QUAC, PAC).	<b>Deliverable #1:</b> Evaluate 2023-2024 hospital program performance by measure in comparison to prior measurement year.	7/1/2024	1/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.				<b>Deliverable #2:</b> Provide Evaluation summary to the Partnership Quality Committee meetings (IQI, QUAC, PAC).	7/1/2024	1/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.		<a href="#">Palliative Care Quality Incentive Program (PC QIP)</a>	New	<b>Goal #1:</b> By December 31, 2024, develop a measurement set for the calendar year (CY) 2025 Palliative Care Quality Incentive Program (PC QIP), that supports quality improvement.	<b>Deliverable #1:</b> Complete measure development for CY 2025 PC QIP.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
3.c.	Continued <i>(Monitoring of previous issue)</i>		<b>Goal #2:</b> By June 30, 2025, complete CY 2024 PC QIP evaluation.	<b>Deliverable #1:</b> Complete evaluation of the program's CY 2024 measurement year to monitor performance	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.	<a href="#">Perinatal Quality Incentive Program (PQIP)</a>	Continued	<b>Goal #1:</b> By June 30, 2025, continue to develop Perinatal QIP Measurement set to support HEDIS® Score Improvement through May 30, 2025, and leverage support from Partnership's Population Health team and the Growing Together Program to improve scores for the Timely Prenatal Care measures.	<b>Deliverable #1:</b> Develop Perinatal QIP Measurement set to support HEDIS® Score Improvement through May 30, 2025 and leverage support from Partnership's Population Health team and the Growing Together Program to improve scores for the Timely Prenatal Care measure.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.		Continued	<b>Goal #2:</b> By June 30, 2025, continue to support provider on-boarding and ECDS implementation	<b>Deliverable #1:</b> For existing PQIP providers: Continue ECDS education and on-boarding for gateway measure compliance.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)	
3.d.		Continued	to satisfy programmatic gateway measure (ECDS).	<b>Deliverable #2:</b> For new PQIP providers: Support implementation of ECDS by providing education and one-on-one meetings with provider staff.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.d.		Continued	<b>Goal #3:</b> By June 30, 2025, complete PQIP program evaluation for FY 23-24	<b>Deliverable #1:</b> Complete FY 23-24 PQIP program evaluation	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.e.	<a href="#">Enhanced Care Management Quality Incentive Program (ECM QIP)</a>	Continued	<b>Goal #1:</b> By December 31, 2024, develop a measurement set for the calendar year (CY) 2025 Enhanced Care Management Quality Incentive Program (ECM QIP) that supports quality improvement and aligns with DHCS' CalAIM initiatives.	<b>Deliverable #1:</b> Complete measure development for CY 2025 ECM QIP	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.e.		Continued	<b>Goal #2:</b> By December 31, 2024, complete CY 2023 ECM QIP evaluation.	<b>Deliverable #1:</b> Complete evaluation of the program's CY 2023 measurement year to monitor performance.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.e.		Continued		<b>Goal #3:</b> By June 30, 2025, improve provider engagement through Advisory Group and offering one-on-one assistance through meetings and trainings.	<b>Deliverable #1:</b> Facilitate Advisory Group meeting for providers to review proposed CY 2025 measurement set and offer their feedback and suggestions for improvement.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.					<b>Deliverable #2:</b> Outreach to low-performing ECM providers immediately after payment processing and offer one-on-one meetings to review the areas needing improvement, re-review relevant areas in the specifications, and share best practices for success.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.					<b>Deliverable #3:</b> Outreach to new ECM providers and offer one-on-one meetings to include an overview of the ECM QIP, review the detailed specifications and answer questions.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.		<a href="#">Dual Eligible Special Needs Plan (D-SNP) Quality Incentive Program (QIP)</a>	New	<b>Goal #1:</b> Explore vendor options and Partnership options for the development of system solution for performance tracking of D-SNP QIP launch in January 2026.	<b>Deliverable #1:</b> Evaluate external vendor system solution products. Gather feedback from sister Healthplans on systems used for D-SNP QIPs.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  <del>Title: Senior Medicare QI Program Name: Isaac Brown</del>	Title: Program Manager II Name: Tony Sengdara	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.	<b>Deliverable #2:</b> Evaluate in-house system solution. Gather feedback from Web Team on feasibility of development for 2026 launch of D-SNP QIP.				7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  <del>Title: Senior Medicare QI Program Name: Isaac Brown</del>	Title: Program Manager II Name: Tony Sengdara	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.f.	<b>Deliverable #3:</b> Provide an update to the executive team on available options for decision on which vendor or in-house solution will be used to manage D-SNP QIP starting January 2026.				1/1/2025	3/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  <del>Title: Senior Medicare QI Program Name: Isaac Brown</del>	Title: Program Manager II Name: Tony Sengdara	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
3.f.	<b>Deliverable #4:</b> Develop and gain approval of a project plan, with a scope including execution of provider contracting for an external solution or executive approval for in-house solution through go-live.				1/1/2025	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  <del>Title: Senior Medicare QI Program Name: Isaac Brown</del>	Title: Program Manager II Name: Tony Sengdara	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.f.	<a href="#">Development</a>			<b>Deliverable #5:</b> Demonstrate timely progress against approved project plan by June 30, 2025.	1/1/2025	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.		New	<b>Goal #2:</b> Develop a Primary Care Provider (PCP) Incentive Program for the provider network contracting with Partnership to serve the D-SNP member population as of its D-SNP implementation in January 2026.	<b>Deliverable #1:</b> By December 31, 2024, develop D-SNP PCP Incentive Program (D-SNP QIP) measure set with methodology for setting thresholds and scoring to assure organizational goals are achieved relative to Partnership's STARS strategy and demonstrating feasibility of its D-SNP product line. Any measure set variation will be considered, if applicable, across PCP Incentive Program Groups defined within the D-SNP QIP Portfolio.  <b>Deliverable #2:</b> By June 30, 2025, define D-SNP PCP Incentive Program's (D-SNP QIP's) framework including (but not limited to): program goals and principles, member eligibility criteria, provider participant eligibility criteria, performance reporting solution, scoring methodology, and payment mechanisms, and governance structure for each PCP Incentive Program Group selected by Execs for go-live in January 2026	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.					7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.g.	<a href="#">Patient Experience Unit of Service (UOS) Measure Development</a>	New	<b>Goal #1:</b> By December 31, 2024, Org. Goal # 4 Access & Member Experience (Milestone 8), Member Experience (ME) Workgroup will collaborate with the Quality Improvement Pay-for-Performance team to explore Unit-of-Service measure development opportunities.	<b>Deliverable #1:</b> Complete and propose Unit-of-Service - Patient Experience Measure Development aligned with CAHPS® Scores / NCQA Health Plan Rating. (Access, Communication, Customer Service).	7/1/2024	12/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett  Title: Manager of Quality Incentive Programs Name: Amy McCune	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>4. Improvement Projects, Clinical Quality</b>											
4.a.	<a href="#">Quality Measure Score Improvement (QMSI)</a>	Continued	<b>Goal #1:</b> By June 30, 2025, the Quality Measure Score Improvement group will complete all defined deliverables for each measure-specific workgroup.  The goal the Quality Measure Score Improvement group is to improve Partnership's Quality performance over measurement years 2024 and 2025 under all required accountable and reportable quality measure sets (DHCS MCAS, DHCS D-SNP, CMS Part C and Part D, HEDIS®)	<b>Deliverable #1:</b> Define five (5) specific deliverables for each measure-specific workgroup by December 1, 2024.	7/1/2024	12/1/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Name: Nancy Steffen  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Improvement Advisor Name: Amanda Kim	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.a.			There are 4 measure-specific workgroups: 1. Pediatrics 2. Behavioral Health 3. Chronic Diseases 4. Women's Health	<b>Deliverable #2:</b> • Successfully complete all required deliverables for each measure-specific workgroup by June 30, 2025. • By June 30, 2025, identify all D-SNP measures which fall within the QMSI workgroups by work group domain.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Name: Nancy Steffen  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Improvement Advisor Name: Amanda Kim	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.				<b>Deliverable #1:</b> By November 30, 2024, meet with provider stakeholders to solicit input on updated dashboard use and determine scope of requirements for making the dashboard provider-facing.	7/1/2024	11/30/2024	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Manager of Performance Improvement (SR) Name: Kristine Gual	Title: Improvement Advisor Name: Dorian Roberts	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.b.	<a href="#">Missed Opportunities and Member Engagement</a>	Continued	<b>Goal 1:</b> By June 30, 2025 Incorporate missed opportunity data and feedback from the 23/24 goal and include in the member engagement dashboard currently in development and publish externally for providers to use.	<b>Deliverable #2:</b> By January 1, 2025, submit provider-facing dashboard business requirements for development team review.	7/1/2024	1/1/2025	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Manager of Performance Improvement (SR) Name: Kristine Gual	Title: Improvement Advisor Name: Dorian Roberts	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.				<b>Deliverable #3:</b> By June 30, 2025, publish dashboard for provider on demand use.	1/1/2025	6/30/2025	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Manager of Performance Improvement (SR) Name: Kristine Gual	Title: Improvement Advisor Name: Dorian Roberts	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.	<a href="#">Healthy Kids Growing Together Program</a>	New	<b>Goal #1:</b> By June 30, 2025, modify the Healthy Kids Growing Together Program to include any 3 - 6 year old who has never had a well-child visit in the last nine (9) months and offer an incentive to complete a well-child visit within 90 days prior to 4th, 5th and 6th birthday.	<b>Deliverable #1:</b> Campaign lists showing members identified for the Healthy Kids Growing Together Program	7/1/2024	9/30/2024	Title: Associate Director of Population Health Name: Monika Brunkal	Title: Manager of Population Health Name: Nicole Curreri  Title: Supervisor of Population Health Name: Cynthia Galicia-Huizar	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #2:</b> Program Impact Analysis report showing results of this intervention.	5/1/2025	6/30/2025	Title: Associate Director of Population Health Name: Monika Brunkal	Title: Manager of Population Health Name: Nicole Curreri  Title: Supervisor of Population Health Name: Cynthia Galicia-Huizar	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.	<a href="#">Mobile Mammography Program</a>	New	<b>Goal #1:</b> By June 30, 2025, the Mobile Mammography Program Team will have scheduled 60 Mobile Mammography event days throughout the provider network, resulting in at least 1,500 completed breast cancer screenings towards meeting the 50th percentile benchmark.	<b>Deliverable #1:</b> • Complete at least 10 event days in the legacy Eastern Region. • Complete at least 40 event days in the legacy Northern Region. • Complete at least 10 event days in legacy Southern Region.	7/1/2024	6/30/2025	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.				<b>Deliverable #2:</b> By December 31 2024, reach the Primary Care Provider Quality Incentive Program (PCP QIP) Breast Cancer Screening 50th percentile benchmark (52.20%) in the Northwest, Northeast, Southwest and Southeast legacy regions.	7/1/2024	12/31/2024	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.		New	<b>Goal #2:</b> By June 30, 2025, focus efforts on engaging Enhanced Provider Engagement (EPE) provider organizations and Tribal Health Centers.	<b>Deliverable #1:</b> By June 30, 2025, schedule at least five (5) event days with at least five (5) eligible Tribal Health Centers.	7/1/2024	6/30/2025	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.				<b>Deliverable #2:</b> By June 30, 2025, schedule at least five (5) event days with at least five (5) eligible EPE provider organizations.	7/1/2024	6/30/2025	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.		New	<b>Goal #3:</b> By June 30, 2025 pilot a new innovation to engage Tribal Health Center patients at mobile event days.	<b>Deliverable #1:</b> By June 30, 2025 pilot one (1) new innovation at three (3) Tribal Health Center mobile event days.	7/1/2024	6/30/2025	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>5. Service and Patient Experience</b>											
5.a.	<a href="#">Collect Member Experience Data</a>	Continued	<b>Goal #1:</b> By June 30, 2025, launch the annual CAHPS® survey for Measure Year (MY) 2024 Reporting Year (RY) 2025 and collect data results	<b>Deliverable #1:</b> By June 30, 2025, confirm HEDIS® team Measure Year (MY) 2024 sample frame submission to Press Ganey, launch survey, and collect results as part of the NCQA member experience process	11/1/2024	6/30/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
5.b.	<a href="#">Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Dual Eligible Special Needs Plan (D-SNP)</a>	New	<b>Goal #1:</b> By June 30, 2025, select and contract with a Medicare Dual Eligible Special Needs Plan (D-SNP) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) CMS-approved vendor.	<b>Deliverable #1:</b> By December 31, 2025 execute RFP process with Medicare D-SNP CAHPS® CMS approved vendors.	7/1/2024	12/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Project Manager I Name: Tasha Krongard	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.b.		New	<b>Goal #2:</b> By June 30, 2025 develop D-SNP CAHPS® programmatic work plan and timeline.	<b>Deliverable #1:</b> By December 31, 2024 conduct interviews with at least three (3) sister plans regarding their D-SNP programs in an effort to help inform the D-SNP CAHPS® programmatic work plan and timeline.	7/1/2024	12/31/2024	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Project Manager I Name: Tasha Krongard	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

6. Care for Members with Complex Needs

6.a.	<a href="#">Complex Case Management</a>	Continued	<b>Goal #1:</b> By June 30, 2025, we will ensure Partnership remains compliant with meeting the National Committee for Quality Assurance (NCQA) Population Health Management Standard PHM5, A-E, standards for our NCQA Renewal Survey in November 2026 and thereafter as evidenced in the results of our upcoming NCQA renewal audit and continuous quarterly internal compliance audits of Complex Case Management to meet overall compliance of files.	<b>Deliverable #1:</b> Documented Processes: Provide acknowledgement that documented processes meet the scope of review throughout the look-back period. Any revisions that impact NCQA requirements must be finalized in August 2024, including timely review by the NCQA Consultant and approval at committee meetings.	7/1/2024	7/25/2024	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #2:</b> Materials: Submit all applicable screenshots as indicated under the Evidence Submission Library to demonstrate the compliance is met.	8/1/2024	8/8/2024	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #3:</b> August 2024 Quarterly Internal Audit (Audit Period 05/01/2024-07/31/2024)	8/1/2024	8/15/2024	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #4:</b> Review and update the annual HPA Workbook (Work Plan and Evidence Submission Library)	10/1/2024	10/18/2024	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #5:</b> November 2024 Quarterly Internal Audit (Audit Period 08/01/2024-10/31/2024)	11/1/2024	11/15/2024	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #6:</b> Continue to maintain strict oversight of Partnership and non-NCQA Accredited delegates' files to ensure compliance and participate in a Mock File Review with the NCQA Consultant. This review will include files from Partnership and non-NCQA Accredited delegates.	4/1/2025	4/30/2025	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
6.a.				<b>Deliverable #7:</b> February 2025 Quarterly Internal Audit (Audit Period 11/01/2024-01/31/2025)	2/1/2025	2/14/2025	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #8:</b> May 2025 Quarterly Internal Audit (Audit Period 02/01/2025-04/30/2025)	5/1/2025	5/15/2025	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #9:</b> Business Owners will submit all annotated evidence for the Mock Renewal Survey based on the dates listed in the Evidence Submission Library for Year 1 of the look-back period, and the submission guidelines provided by the NCQA Program Management Team	6/1/2025	6/20/2025	Title: Director of CC Name: Brigid Gast	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>7. Quality Assurance and Patient Safety</b>											

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.a.	<a href="#">Potential Quality Issues (PQI)</a>  <a href="#">(safety)</a>	New	<b>Goal #1:</b> By June 30, 2025, QI Member Safety Quality Investigation Team will provide in-services to other Partnership Departments educating on Potential Quality Issues (PQI) and how to refer. In addition, the team will monitor referral track and trending reports to determine if inservice training results in an increase in PQI referrals from respective departments.	<b>Deliverable #1:</b> Review and update power point presentation on PQI for internal staff.	7/1/2024	12/31/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #2:</b> Reach out to departments Managers/Directors for potential inservice dates. Schedule and provide in-services.	7/1/2024	12/31/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #3:</b> Develop a survey monkey feedback questionnaire. Send survey monkey to attendees for feedback on areas to consider for improvement.	7/1/2024	5/31/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #4:</b> Monitor referral track and trending reports to determine if inservice training results in an increase in PQI referrals from respective departments.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.		New	<b>Goal #2:</b> By June 30, 2025, QI Member Safety Quality Investigation Team will assess SugarCRM Potential Quality Issues (PQI) application and determine potential enhancements or replacement options.	<b>Deliverable #1:</b> Review and list issues/areas in SugarCRM PQI app that require an enhancement or upgrade. Consult with IT to determine best action.	7/1/2024	8/31/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #2:</b> Reach out to other Managed Care Plans for feedback on using JIVA/ZeOmega system to monitor and manage PQI cases.	7/1/2024	9/30/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.		Continued	<b>Goal #3:</b> By June 30, 2025, QI Member Safety Quality Investigation Team will continue to provide Provider Preventable Conditions (PPC) trainings to Partnership network acute inpatient hospitals.	<b>Deliverable #1:</b> Reach out to at least five (5) acute care inpatient hospitals and provide an inservice to at least three (3) regarding PPC and reporting requirements.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #2:</b> Continue to monitor track and trend reports to determine if inservice training results in an increase in PPC reporting to Partnership.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.		New	<b>Goal #4:</b> By June 30, 2025, QI Member Safety Quality Investigation Team will investigate/research requirements for the Dual Special Needs Plan (D-SNP) program related to Partnership's Potential Quality Issues process and modify/update related policies.	<b>Deliverable #1:</b> Develop a project plan that includes identifying P&P and system changes required to be ready for D-SNP implementation.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #2:</b> Continue discussions with Senior Medicare QI Program Manager and obtain any D-SNP documents and resources related to Potential Quality Issues (PQI). Review documents to determine potential impact to PQI process and reporting.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #3:</b> Review and update related policies.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.a.				<b>Deliverable #4:</b> Contact other Managed Care Plans for information on D-SNP impact on their PQI process.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.	<a href="#">QI Collaboration</a>	New	<b>Goal #1:</b> By June 30, 2025, the Site Review Inspections Team currently conducts Medical Record Reviews (MRR) that can take between 5-16 hours side by side with staff/ providers at Primary Care Provider (PCP) sites. In an effort to better utilize that 1:1 time with the site, the Inspections Team will incorporate additional Quality Improvement (QI) department knowledge with the PCP site thereby improving patient care.	<b>Deliverable #1:</b> Develop and implement a process to open up communication and share areas of focus between Partnership Quality Department teams (e.g., Performance Improvement (PI), Quality Incentive Programs (QIP), etc.) prior to scheduled site reviews.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.				<b>Deliverable #2:</b> In an effort to be collaborative, the Site Review Nurse will research recent QI communications with 15 PCP sites prior to the Site Review. Using the knowledge gleaned from the other QI teams' contacts with a PCP site, topics discussed will be reviewed with the site during the 1:1 time spent conducting the MRR to further drive quality improvements.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.				<b>Deliverable #3:</b> Develop a post MRR survey to be completed by the Site Review Nurses to obtain a subjective evaluation to determine if the additional information assisted in making the site review more informative on a broader scope of quality topics (i.e. QIP/PI Plan-Do-Study-Act (PDSAs), Mamma or Immunization clinics, etc.)	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.c.	<a href="#">CHDP</a>	New	<b>Goal #1:</b> Due to Child Health and Disability Program (CHDP) sun setting effective July 1, 2024, the Site Review Inspections Team will be taking over CHDP mandated trainings for the following topics: vision, hearing, fluoride varnish application, anthropometric screenings and information on Vaccines for Children (VFC), per	<b>Deliverable #1:</b> By Decemebr 31, 2024, create Child Health and Disability Program (CHDP) training materials covering the following topics: vision, hearing, fluoride varnish application, anthropometric screenings and information on Vaccines for Children (VFC).	7/1/2024	12/31/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.c.				<b>Deliverable #2:</b> By December 31, 2024, implement a process to roll out CHDP training to the Partnership network.	7/1/2024	12/31/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	



2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.c.			the CHDP Transition Plan (March 2024).	<b>Deliverable #3:</b> Develop a monitoring process for sites regarding their CHDP training status.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.	<a href="#">Latent TB Infection Treatment</a>  (safety)	Continued	<b>Goal #1:</b> By June 30, 2025, a clinical pharmacist will conduct concurrent review of Latent Tuberculosis Infection (LTBI) medication treatments and provide timely notification of all identified potential LTBI treatment regimen gaps, which result from late refill, non-adherence, inappropriate prescribing, and/or inappropriate dispensing. The regimens to be monitored will include 30-doses of isoniazid/rifapentine (1HP), 12-doses of isoniazid/rifapentine (3HP), 90-doses of isoniazid/rifampin (3HR), and 120-doses of rifampin (4R).	<b>Deliverable #1:</b> Pharmacist will identify potential treatment gaps and provide notification to prescribers within two timeframes: day 16 and day 20. <ul style="list-style-type: none"> <li>Pharmacist will identify and notify providers (via fax) whose members are ≥14 days late in refilling their prescribed LTBI medication.</li> <li>≥ 80% of identified potential non-adherence cases will receive provider notification (via fax) no later than day 16 of their member not having their LTBI medication based on the last refill date.</li> <li>≤ 20% of the identified potential non-adherence cases will receive provider notification (via fax) no later than day 20 of their member not having their LTBI medication based on the last refill date.</li> </ul> Pharmacist will verify gap and confirm member's prescribed LTBI regimen was not completed in the accepted timeframe. <ul style="list-style-type: none"> <li>Pharmacist will provide notification to prescribers (via fax) of their member's potential non-adherence to their prescribed LTBI regimen.</li> </ul>	7/1/2024	6/30/2025	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.				<b>Deliverable #2:</b> Pharmacist will monitor for inappropriate prescribing / dispensing of 100-dose rifampin (4R regimen). <ul style="list-style-type: none"> <li>Pharmacist will identify and provide information for correct prescribing of 4R regimen.</li> <li>Pharmacist will notify prescriber (via fax) that 100-dose rifampin is insufficient and is not considered completion of 4R regimen.</li> </ul>	7/1/2024	6/30/2025	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.		New		<b>Deliverable #1:</b> Pharmacist will provide semi-annual LTBI summary updates to Partnership's Medical Directors for tracked LTBI regimens (identified late fills, identified possible non-adherence to regimen, actions taken, and results of provider outreach).	7/1/2024	6/30/2025	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.				<b>Deliverable #2:</b> Pharmacist will provide quarterly update of Partnership members who are prescribed a LTBI regimen and the current status of that LTBI regimen to the County Public Health Officers.	7/1/2024	6/30/2025	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>8. Quality Improvement Training and Coaching</b>											
8.a.	<a href="#">QI Technical Assistance in Partnership with Northern</a>	Continued	<b>Goal #1:</b> By June 30 2025, collaborate with Northern Region consortia to bring QI awareness and education to Northern Region providers:  • Develop and post storyboards and infographics to demonstrate successful QI improvement projects over time  • Host recurring forums for QI engagement	<b>Deliverable #1:</b> Develop at least two project storyboards outlining regional Quality Improvement (QI) projects and post on consortia websites.	7/1/2024	6/30/2025	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (NR) Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.a.				<b>Deliverable #2:</b> Present Partnership updates and timely provider education at least 4 times via monthly QI and Chief Medical Officer (CMO) Peer Network Calls and in-person Rural Round Table events.	7/1/2024	6/30/2025	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (NR) Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.a.	<a href="#">Partnership with Northern Region Consortia</a>	Continued	<ul style="list-style-type: none"> <li>Most recurring forums for QI engagement</li> <li>Develop measure best practices to share with Northern Region consortia members</li> <li>Complete annual comprehensive organizational profiles for each member to inform and support Partnership and provider partnering in improvement activities</li> </ul>	<b>Deliverable #3:</b> Develop materials that highlight best practices for focus HEDIS®/Quality Incentive Program measures and proactively share with Northern Region consortia members via consortia hosted webinars, its eNews, or its Peer Network.	7/1/2024	6/30/2025	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (NR) Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.a.				<b>Deliverable #4:</b> Complete comprehensive organizational profiles (i.e. inclusive of QI, PCMH, Workforce, and Finance updates) for each Federally Qualified Health Center (FQHC) member to support Partnership's assessment of current performance and identification of key areas for partnering in improvement.	7/1/2024	6/30/2025	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (NR) Name: James Devan	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.	<a href="#">Performance Improvement Training Offerings</a>	Continued	<b>Goal #1:</b> By June 30, 2025, the Improvement Academy will offer multiple forms of Quality Improvement education to the Partnership provider network.	<b>Deliverable #1:</b> By June 30, 2025, offer at least four (4) virtual training sessions on priority MCAS measures between January 2025 and June 2025 across the provider network.	1/1/2025	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.				<b>Deliverable #2:</b> By June 30, 2025, offer at least two (2) virtual or in-person ABCs of Quality Improvement training series across the provider network	7/1/2024	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.				<b>Deliverable #3:</b> By June 30, 2025, offer at least two (2) Microlearnings focused on improving outcomes around priority measures for the provider network.	7/1/2024	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.				<b>Deliverable #4:</b> By June 30, 2025, develop a strategy to align ABCs of Quality Improvement curriculum for all regions.	7/1/2024	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.		Continued	<b>Goal #2:</b> By June 30, 2025, the Improvement Academy will develop a strategy to measure the impact of trainings on both MCAS rates and provider network foundational knowledge.	<b>Deliverable #1:</b> By June 30, 2025, offer at least four (4) virtual training sessions on priority MCAS measures between January 2025 and June 2025 across the provider network.	7/1/2024	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.				<b>Deliverable #2:</b> By June 30, 2025, continue to measure effectiveness of the ABCs of Quality Improvement trainings by evaluating knowledge pre and post training and develop a mechanism to track implementation of concepts.	7/1/2024	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.b.				<b>Deliverable #3:</b> By June 30, 2025, develop a strategy to evaluate Microlearnings and guide further build out of Microlearning development.	7/1/2024	6/30/2025	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.c.			<b>Goal #1:</b> Continue Joint Leadership Initiative (JLI) meetings structure plan-wide as Partnership's	<b>Deliverable #1:</b> By September 30, 2024, review prior year JLI evaluation to assess program effectiveness, and identify update Partnership attendees to reflect new regional structure.	7/1/2024	9/30/2024	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality & Performance Name: Nancy Steffen	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.c.	<a href="#">Joint Leadership Initiative</a>	Continued	strategic program for engaging executive teams of high-volume provider organizations around quality improvement. Revisit Partnership attendees to ensure proper alignment given organizational title and role changes, and adapting to updated regional structure.	<b>Deliverable #2:</b> By June 30, 2025, conduct all JLI meetings in accordance with new tier structure. The number of JLI meetings by parent organization can range from zero to four meetings during the calendar year, based on MY2023 and MY2024 Quality Incentive Program (QIP) performance.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality & Performance Name: Nancy Steffen	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.c.				<b>Deliverable #3:</b> By June 30, 2025, conduct a qualitative and quantitative evaluation of JLI providers for MY 2024 to determine effectiveness of JLI series.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality & Performance Name: Nancy Steffen	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.	<a href="#">Provider Coaching and Engagement</a>	Continued	<b>Goal #1:</b> By June 30, 2025, the Performance Improvement teams will launch interventions with 80 percent of provider organizations identified as low performing providers on the 2023 Primary Care Provider Quality Incentive Program (PCP QIP) (<25% of clinical points earned) assigned to Enhanced Provider Engagement or a Corrective Action Plan, aimed at improving performance on the Modified QIP.	<b>Deliverable #1:</b> By December 31, 2024, the Performance Improvement team will complete a Needs Assessment with 80 percent of provider organizations newly assigned to Enhanced Provider Engagement OR Correction Action Plan in 2024.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.				<b>Deliverable #2:</b> By December 31, 2024, 80 percent of provider organizations with a completed Needs Assessment will select and implement at least one (1) intervention aligned with a Needs Assessment recommendation provided by Partnership.	1/1/2025	12/31/2024	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.				<b>Deliverable #3:</b> By June 30, 2025, the Performance Improvement team will evaluate the Enhanced Provider Engagement program in 2024, including the use of Corrective Action engagement and advance of QIP dollars for Phase 2 Modified QIP practices.	1/1/2025	6/30/2025	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.				<b>Deliverable #4:</b> By March 31, 2025, the Performance Improvement team will partner with senior leadership to develop a strategy for evaluating practices new to Partnership in 2024 for inclusion in the Enhanced Provider Engagement and Modified QIP programs.	1/1/2025	3/31/2025	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.				<b>Deliverable #1:</b> By December 31, 2024, the Performance Improvement teams will engage primary care practices holding 70% of assigned membership for the 10 incoming counties in regular coaching meetings with assigned Improvement Advisor.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.		New	<b>Goal #2:</b> By June 30, 2025, the Performance Improvement teams will engage with practices in the 10 incoming counties joining Partnership in 2024. We will engage with practices holding 70% of assigned membership for incoming counties around PCP QIP performance.	<b>Deliverable #2:</b> By June 30, 2025, the Performance Improvement teams will engage primary care practices holding 60% of assigned membership for incoming counties in regional meetings in partnership with regional leadership.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.				<b>Deliverable #3:</b> By June 30, 2025, the Performance Improvement team, in partnership with regional leadership, will evaluate incoming practices' performance on the 2024 PCP QIP.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.d.		New	<b>Goal #3:</b> By December 31, 2024, the Performance Improvement teams will engage with two high-volume Primary Care Provider (PCP)	<b>Deliverable #1:</b> By July 31, 2024, the Performance Improvement team will identify the high-volume PCP practices of focus in each sub-region and measures of focus for engagement.	7/1/2024	7/31/2024	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
8.d.		New	practices in each DHCS reporting sub-region around improvement on high-priority HEDIS® and PCP QIP measures.	<b>Deliverable #2:</b> By December 31, 2024, the Performance Improvement team will establish a coaching relationship with two (2) high-volume PCP practices in each sub-region and plan and implement at least one intervention to impact at least one measure of focus.	7/1/2024	12/31/2024	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.	<a href="#">Expansion of Regional Quality Meetings</a>	Continued	<b>Goal #1:</b> By June 30, 2025, Partnership will implement regional quality meetings in all six (6) operational regions to offer forums for regional dialogue to address quality improvement opportunities or barriers.	<b>Deliverable #1:</b> By September 30, 2024, Quality Improvement (QI) will evaluate existing regional quality meeting structure and the new expansion counties to determine roles and attendees to ensure alignment with Partnership operations.	7/1/2024	9/30/2024	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.				<b>Deliverable #2:</b> By June 30, 2025 Quality Improvement (QI) will conduct at least four (4) quarterly meetings in each of the respective regions. The meetings may be comprised of different modalities such as regional quality meetings, the Solano Quality Improvement Program - Improvement workgroup (SQIP-I), How to Succeed sessions, etc.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.e.				<b>Deliverable #3:</b> By June 30, 2025 QI will survey attendees for feedback on quality forums as well as inventory projects and activities identified through the regional forums to possibly leverage for scale and spread of successful activities.	7/1/2024	6/30/2025	Title: Director of Quality Management Name: Isaac Brown	Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Kristine Gual Title: Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.f.				<a href="#">Implementation of Plan Wide HEDIS Week in 2023</a>	Continued	<b>Goal #1:</b> By June 30, 2025, the HEDIS® team will develop content and conduct a HEDIS® Week to include plan wide activities focused on HEDIS® education. HEDIS® Week is planned to occur in mid-October 2024.	<b>Deliverable #1:</b> By August 31, 2024, develop a work plan and materials to conduct a virtual HEDIS® week. Material will be solicited from the HEDIS®, Performance Improvement, Quality Incentive, and NCQA accreditation teams.	7/1/2024	8/31/2024	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Quality Measurement Name: Sue Quichocho
8.f.	<b>Deliverable #2:</b> By December 30, 2024: • Conduct the virtual HEDIS® week utilizing LMS created modules, online presentations and email communications. • Develop a survey and distribute to staff to solicit feedback on HEDIS® week. • Review survey feedback to determine any changes or adjustments required for future events. • Develop a sustainability plan to ensure HEDIS® week remains an annual event.	7/1/2024	12/30/2024				Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Quality Measurement Name: Sue Quichocho	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>9. Cultural and Linguistics Services (See Partnership's 2020 Population Health and Health Education Work Plan)</b>											
<b>10. Delegation Oversight</b>											

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
10.a	<a href="#">QI Delegation Oversight</a>	Continued	Goal #1: By June 30, 2025, demonstrate strong delegation oversight process in support of delegation standards and Partnership policies and procedures.	Deliverable #1: Quarterly and yearly review of delegation committee reports and delegated activities based on submitted documents. Present findings at the Delegation Oversight Committee (DORS) meetings with recommendations.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Sfety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
10.a				Deliverable #2: Participation with the annual delegation audits by Partnership Compliance department. Submit audit findings within required timeframe.	7/1/2024	6/30/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Sfety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>11. NCQA Program Management</b>											
11.a	<a href="#">Compliance with NCQA HEA and Preparation for Initial Survey</a>	New	Goal #1: By June 30, 2025, departments will maintain compliance of all assigned NCQA Health Equity Accreditation (HEA) Standards and Guidelines and prepare for the HEA Initial Survey in June 2025, as measured by the four (4) deliverables listed.	Deliverable #1: Obtain a "yes" score on all assigned requirements during the HEA Mock Initial Survey. If gaps are identified, Business Owners will: • Submit a Corrective Action Plan (CAP) to address all applicable recommendations by September 20, 2024. • All revised evidence must be submitted to the NCQA Consultant for review and approval. • All evidence must be corrected by the date indicated on the CAP in accordance to NCQA's look-back period, timelines, and/or expectations. • Documented processes (policies and/or program descriptions) that require committee's approval must be edited and approved by the NCQA Consultant on or before September 23, 2024.	7/1/2024	9/27/2024	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.a				Deliverable #2: By October 25, 2024, Business Owners will update the annual HEA Workbook (Work Plan and Evidence Submission Library). • Review and/or update the HEA Work Plan information based on the 2024 HEA Standards and Guidelines (finalized by July 2024); collect attestations from newly identify key stakeholders and contributors if applicable. • Review and/or update the Evidence Submission Library based on the 2024 HEA Standards and Guidelines (finalized by July 2024) and recommendations from the HEA Mock Initial Survey. All evidence must be produced and dated based on the date(s) listed under the Evidence Submission Library. Any date changes or document revisions must be reviewed and agreed upon by the NCQA Program Management Team in collaboration with the NCQA Consultant. • Contributors identified from FY 23-24 should share their questions with Business Owners for further evaluation and discussion.  Submissions of the HEA Workbook that do not follow the instructions are considered incomplete. The NCQA Program Management Team will request the Business Owner make corrections and resubmit, which may cause a delay in meeting the submission deadline. The NCQA Program Management Team will share the annual HEA Workbook by September 27, 2024.	9/27/2024	10/25/2023	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.a				Deliverable #3: All Business Owners must confirm and/or submit the following to meet the look-back period for each assigned standard: • Documented Processes: By October 25, 2024, provide acknowledgement that documented processes meet the scope of review throughout the look-back period. Any revisions that impact NCQA requirements must be finalized in November 2024, including timely review by the NCQA Consultant and approval at committee meetings. No edits should be made without review and/or assessment by the NCQA Consultant. • Materials: By November 15, 2024, submit all applicable screenshots as indicated under the Evidence Submission Library to	7/1/2024	6/30/2025	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
11.a.	<a href="#">Compliance with NCQA HPA and Sustain Performance</a>	New	<b>Goal #1:</b> By June 30, 2025, departments will maintain compliance of all assigned NCQA Health Plan Accreditation (HPA) Standards and Guidelines, following the most up-to-date Standards and Guidelines once available, as measured by the five (5) deliverables listed.	<b>Deliverable #4:</b> By March 28, 2025, Business Owners will submit all annotated evidence for HEA Initial Survey based on the dates listed in the Evidence Submission Library and the submission guidelines provided by the NCQA Program Management Team.	2/3/2025	3/28/2025	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.b.				<b>Deliverable #1:</b> All Business Owners must confirm and/or submit the following to meet the look-back period for each assigned standard: • Documented Processes: By July 25, 2024, provide acknowledgement that documented processes meet the scope of review throughout the look-back period. Any revisions that impact NCQA requirements must be finalized in August 2024, including timely review by the NCQA Consultant and approval at committee meetings. No edits should be made without review and/or assessment by the NCQA Consultant. • Materials: By August 8, 2024, submit all applicable screenshots as indicated under the Evidence Submission Library to demonstrate the compliance is met.	7/1/2024	8/8/2024	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Behavioral Health, Compliance, Grievance & Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.b.				<b>Deliverable #2:</b> By October 18, 2024, Business Owners will update the annual HPA Workbook (Work Plan and Evidence Submission Library) • Review and/or update the HPA Work Plan information based on the 2025 HPA Standards and Guidelines; collect attestations from newly identify key stakeholders and contributors if applicable. • Review and/or update the Evidence Submission Library based on the 2025 HPA Standards and Guidelines changes. All evidence must be produced and dated based on the date(s) listed under the Evidence Submission Library. Any date changes or document revisions must be reviewed and agreed upon by the NCQA Program Management Team in collaboration with the NCQA Consultant. • Contributors identified from FY 23-24 should share their questions with Business Owners for further evaluation and discussion.  Submissions of the HPA Workbook that do not follow the instructions are considered incomplete. The NCQA Program Management Team will request the Business Owner make corrections and resubmit, which may cause a delay in meeting the submission deadline. The NCQA Program Management Team will share the annual HPA Workbook by September 20, 2024.	9/20/2024	10/18/2024	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Behavioral Health, Compliance, Grievance & Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
11.b.				<b>Deliverable #3:</b> Complete subset of analysis reports based on the approval dates outlined under the 2024-2026 HPA Report Schedule: • By October 18, 2024, submit edits to the 2024-2026 HPA Report Schedule, if applicable. This would include any changes relative to the reporting period of the data sources, when data sources will become available, and the targeted approval date of the analysis reports. • Submit the analysis reports based on the draft report date provided under the 2024-2026 HPA Report Schedule. All reports must be submitted to the NCQA Consultant for review. All edits must be incorporated in a timely manner prior to any committee review and/or approval, or by the production date as agreed upon under the 2024-2026 HPA Report Schedule	7/1/2024	6/30/2025	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Behavioral Health, Compliance, Grievance & Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2024-25 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
11.b.				<p><b>Deliverable #4:</b> Departments that oversee file review requirements will maintain strict oversight of Partnership and non-NCQA Accredited delegates' files to ensure compliance. The departments are Provider Relations, Utilization Management, Pharmacy, Grievance and Appeals, and Care Coordination.</p> <ul style="list-style-type: none"> <li>By April 2025, participate in a Mock File Review with the NCQA Consultant. This review will include files from Partnership and non-NCQA Accredited delegates. Submit a detailed Corrective Action Plan (CAP) for files that do not score "yes" on each factor within 10 business days from the date of Mock File Review.                             <ul style="list-style-type: none"> <li>The CAP will indicate detailed steps on how to improve file review performance. Business Owners must assess risks and propose a timeline in collaboration with the NCQA Program Management Team. Additional follow-up activities and subsequent monitoring may be required.</li> <li>At the discretion of the NCQA Steering Committee, ad hoc file review audits with the NCQA Consultant may follow before June 30.</li> </ul> </li> </ul>	7/1/2024	6/30/2025	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Compliance, Grievance &amp; Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
11.b.				<p><b>Deliverable #5:</b> By June 20, 2025, Business Owners will submit all annotated evidence for the Mock Renewal Survey based on the dates listed in the Evidence Submission Library for Year 1 of the look back period, and the submission guidelines provided by the NCQA Program Management Team.</p>	5/5/2025	6/20/2025	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Compliance, Grievance &amp; Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue Lee</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
<b>12. Contracting</b>											
<b>13. Population Health Management: See Partnership's 2020 Population Health Work Plan</b>											
<b>14. Grand Analysis</b>											
14.a.	<a href="#">Grand Analysis - Member Experience (ME7) Report</a>	Continued	<p><b>Goal #1:</b> By August 31, 2025, complete the annual Member Experience Grand Analysis (ME7) report. (Note, the ME 7 report is dependent on CAHPS® data results, which are managed by an external vendor (Press Ganey) and not available until after the goal period ends).</p>	<p><b>Deliverable #1:</b> By August 31, 2025, complete the Member Experience Grand Analysis Report (ME7).</p>	6/1/2025	8/31/2025	<p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p> <p>Title: Director of Quality Management Name: Isaac Brown</p>	<p>Title: Project Manager II Name: Anthony Sackett</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
14.a.	<a href="#">Grand Analysis - Pharmacy and Utilization Management (UM1B) Report</a>	Continued	<p><b>Goal #1:</b> By June 30, 2025, complete annual Pharmacy &amp; Utilization Management Grand Analysis (UM1B) report per NCQA Health Plan Accreditation standards.</p>	<p><b>Deliverable #1:</b> Complete 2024 UM1B report.</p>	7/1/2024	6/30/2025	<p>Title: Chief Health Services Officer Name: Katherine Barresi</p>	<p>Title: Clinical Pharmacist Name: Andrea Ocampo</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
14.a.	<a href="#">Grand Analysis - Continuity and Coordination of Medical Care (QI3) Report</a>	Continued	<p><b>Goal #1:</b> By June 30, 2025, Quality Improvement will complete as much as possible of the annual Continuity and Coordination of Medical Care Grand Analysis (QI3) report, given the complete data sets that are available. (The delay for full document completion past June 30, 2025 is required to allow appropriate analysis of all of the</p>	<p><b>Deliverable #1:</b> Complete those sections of the Continuity and Coordination of Medical Care Annual Grand Analysis Report (QI3) for which all needed data is available, including a quantitative and qualitative analysis by June 30, 2025.</p>	7/1/2024	6/30/2025	<p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Title: Improvement Advisor Name: Emily Wellander</p> <p>Title: Medical Director for Quality Name: Mark Netherda</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
14.a.	<a href="#">Grand Analysis - Continuity and Coordination of Behavioral Health (QI4) Report</a>	Continued	<p><b>Goal #1:</b> By June 30, 2025, Behavioral Health will complete the annual Continuity and Coordination of Behavioral Health Grand Analysis (QI4).</p>	<p><b>Deliverable #1:</b> Complete- QI4 Grand Analysis as measured by completion of report, review and approval by NCQA consultant, and presentation at IQI and QUAC.</p>	9/1/2024	6/30/2025	<p>Title: Chief Health Services Officer Name: Katherine Barresi</p>	<p>Title: Behavioral Health Administrator Name: Mark Bontrager</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
14.a.	<a href="#">Grand Analysis - Access and Availability (NET3) Report</a>	Continued	<p><b>Goal #1:</b> By June 30, 2025, the 2024 NET 3 Report will be complete.</p>	<p><b>Deliverable #1:</b> Complete the NET 3 Report</p>	7/1/2024	6/1/2025	<p>Title: Senior Director of Provider Relations Name: Mary Kerlin</p>	<p>Title: Manager of Provider Relations Compliance Name: Renee Trosky</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	

### Approval Signatures

<b>Robert Moore, MD, MPH, MBA</b> 	8/21/2024
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*Quality/Utilization Advisory Committee Chairperson*

*Date Approved*

<b>Steven Gwiazdowski, MD, FAAP</b> 	9/11/2024
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*Physician Advisory Committee Chairperson*

*Date Approved*

<b>Kim Tangerman</b> <small>Signed by:</small>  <small>A46AF9C8BE5B4A0...</small>	10/9/2024
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*Board of Commissioners Chairperson*

*Date Approved*



2024-25 Quality Improvement Work Plan - Monitoring of Previous Issues					
1. QI Program Infrastructure					
Item #	Project/Program	24/25 Goal	Status	Monitoring of Previous Issues (FY 2023-24)	Type of Goal
1.a.	QI Program Documents	.....	N/A	.....	
1.b.	Physician Advisory Committee (PAC) oversight of QI Program	.....	N/A	.....	
2. Measurement, Analytics and Reporting					
2.a.	HEDIS Reporting	.....	N/A	.....	
2.b.	Member Experience Data	.....	N/A	.....	
2.c.	Member Services Access	.....	N/A	.....	
2.d.	Primary Care Provider QIP Payment Process Reporting	.....	N/A	.....	
2.e.	Web Based Member Information Assessment	.....	N/A	.....	
2.f.	PCP QIP eReports System	Goal #1: By June 30, 2025, PCP QIP will continue collaborating with the Partnership Web Team to align 2025 eReports with HRP® (Health Rules Payor) data elements in preparation for the launch of HRP®.	N/A	eReports team has been unsuccessful with launching eReports with HRP (Health Rules Payor) data due to continued delays of HRP® implementation. Tentative date of HRP® go live is TBD.	Continued
2.g.	Partnership Quality Dashboard (PQD)	Goal #1: By June 30, 2025, apply annual development updates of the MY2025 HEDIS® Monthly Exploratory Dashboard in accordance with identified stakeholder needs (Contingent on HRP® implementation).	N/A	HRP® Delay - Development and implementation of the HEDIS® Monthly Exploratory Dashboards are largely dependent on the implementation timeline for Health Rules Payor (HRP®). Once the HRP® timeline has been re-established, an adjusted timeline for the HEDIS® Monthly exploratory will be identified, but at this time, timeline appears to be achievable.	Continued
2.h.	Enterprise Information Management	Goal #1: By June 30, 2025, integrate the HRP® version of the HEDIS® monthly project data into the Enterprise Data Warehouse and use this data to create the HRP® version of the HEDIS® PQD modules.	N/A	<del>Work Plan Section 2a (Section Title: HEDIS® Reporting to Support D-SNP Data Collection and</del> Integrating the HRP HEDIS® data to the data warehouse and using this data for the HRP® version of the HEDIS® PQD dashboards was a goal in the previous year and this goal had to be delayed due to the HRP® go live date being pushed back. Therefore, this goal will be continued into this next fiscal year.	Continued
2.h.	Enterprise Information Management	Goal #3: By June 30, 2025, integrate Electronic Clinical Data Systems data (behavioral health, depression screening, various clinical measures) from Data Link and Sutter into the Enterprise Data Warehouse environments, and use as a source for various QI programs and processes.		Deliverables #1 and #2 are new to FY 24-25 and Deliverable #3 is continuation of previous year FY 23-24 goal as there were delays in meeting the HEDIS® & QIP timelines	Continued
2.i.	D-SNP	.....	N/A	.....	
2.j.	D-SNP HEDIS Reporting	.....	N/A	.....	
3. Value Based Payment Programs (QIP)					
3.a.	Primary Care Provider Quality Improvement Program (PCP QIP)	.....	N/A	.....	
3.b.	Hospital Quality Improvement Program (H-QIP)	.....	N/A	.....	
3.c.	Palliative Care Quality Improvement Program (PC QIP)	Goal #2: By June 30, 2025, complete CY 2024 PC QIP evaluation.	N/A	Payment for measure period II (July-December 2023) has been delayed due to the following reasons: • PCQC delayed the submission of the Bi-Annual report for measure period II (July-December 2023)	Continued
3.d.	Perinatal QIP	.....	N/A	.....	
3.e.	Enhanced Care Management Quality Improvement Program (ECM QIP)	.....	N/A	.....	
3.f.	D-SNP QIP Development	.....	N/A	.....	
3.g.	Patient Experience Unit of Service Measure Development	.....	N/A	.....	
4. Improvement Projects, Clinical Quality					
4.a.	Quality Measure Score Improvement (QMSI)	.....	N/A	.....	
4.b.	Reduced Missed Opportunities	.....	N/A	.....	
4.c.	Healthy Kids Growing Together Program	.....	N/A	.....	
4.d.	Mobile Mammography Program	.....	N/A	.....	
5. Service and Patient Experience					
5.a.	Collect Member Experience Data	.....	N/A	.....	
5.b.	CAHPS D-SNP	.....	N/A	.....	
6. Population Health Management and Care for Members with Complex Needs					

6.a.	Care for Members with Complex Needs	.....	N/A	.....	
<b>7. Quality Assurance and Patient Safety</b>					
7.a.	Potential Quality Issues (PQI)	.....	N/A	.....	
7.b.	QI Collaboration	.....	N/A	.....	
7.c.	CHDP	.....	N/A	.....	
7.d.	Latent TN Infection -12 Dose Treatment	.....	N/A	.....	
<b>8. Quality Improvement Training and Coaching</b>					
8.a.	QI Technical Assistance in Partnership with Northern Region Consortia	.....	N/A	.....	
8.b.	Performance Improvement Training Offering	.....	N/A	.....	
8.c.	Joint Leadership Initiative	.....	N/A	.....	
8.d.	Provider Coaching and Engagement	.....	N/A	.....	
8.e.	Expansion of Regional Quality Meetings	.....	N/A	.....	
8.f.	Implementation of Plan Wide HEDIS Week	.....	N/A	.....	
<b>9. Cultural and Linguistics Services (See PHC Cultural and Linguistics Health Education/Cultural and Linguistics Work Plan)</b>					
<b>10. Delegation Oversight</b>					
10.a.	QI Delegation Oversight	.....	N/A	.....	
<b>11. NCQA Project Management</b>					
11.a.	Compliance with NCQA HEA and Preparation for Initial Survey	.....	N/A	.....	
11.b.	Compliance with NCQA HPA and Sustain Performance	.....	N/A	.....	
<b>12. Contracting</b>					
<b>13. Population Health Management</b>					
<b>14. Grand Analysis</b>					
14.a.	Grand Analysis - Member Experience (ME7) Report	.....	N/A	.....	
14.a.	Grand Analysis - Pharmacy & Utilization Management (UM1B) Report	.....	N/A	.....	
14.a.	Grand Analysis - Continuity and Coordination of Medical Care (QI3) Report	.....	N/A	.....	
14.a.	Grand Analysis - Continuity and Coordination of Behavioral Health (QI4) Report	.....	N/A	.....	
14.a.	Grand Analysis - Access and Availability (NET3) Report	.....	N/A	.....	