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Quality Improvement and Health Equity Committee (QIHEC)
2024 Work Plan

Item #	Type of Indicator Monitored (Administrative; Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title/Role)	Shared Accountability (if applicable)	Quarterly Updates
1	Administrative	Hold quarterly QIHEC meetings to direct all Quality Improvement and Health Equity Transformation Program findings and required actions		DHCS (Contract section 2.2.3C): QIHEC meetings must be facilitated by medical director or medical director designee in collaboration with Chief Health Equity Officer		3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Chief Medical Officer (Chair);	Chief Health Equity Officer/Chief Customer Experience Officer	
2	Administrative	Submit quarterly written summaries of Quality Improvement and Health Equity Committee (QIHEC) activities, findings, recommendations, and actions to Governing Board.		DHCS (Contract section 2.2.3C): QIHEC minutes should describe policy recommendations, analysis and evaluation of activities, documentation of practitioner participation, and needed action and follow-up.	DHCS (Contract section 2.2.3D):Make publicly available the written summary of Quality Improvement and Health Equity Committee (QIHEC) activities on CenCal Health's website	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Chief Medical Officer (Chair);	Quality & Population Health Officer	
3	Administrative	Review, update, and present policies and procedures that relate to Quality Improvement and Health Equity Transformation Program and Population Health Management		Internal goal to complete and obtain approval annually	Quarterly reporting to QIHEC	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Quality & Population Health Officer	Quality Director; Population Health Manager;	
4	Quality of Care; Safety of Care; Quality of Service; Member Experience	Develop and execute an annual Quality Improvement and Health Equity Transformation Program Description		Elements in the program must include NCQA accreditation standards (QI 1, Element A), and DHCS requirements (Contract Section 2.2.7).	Complete annual review of QIHETP structure; ensure program integration with Utilization Management	3/31/2024	Quality Director	Population Health Manager;	
5	Quality of Care; Safety of Care; Quality of Service; Member Experience	Develop and execute an annual Quality Improvement and Health Equity Transformation Program Work Plan with all Quality sub-committee participants;		Elements in QIHETP work plan must include NCQA accreditation standards (QI 1, Element B) and DHCS requirements (Contract section 2.2.7). **See Quality sub-committee work plans (Utilization Management, CEC, CQC, MSC, NMC, PCC, P&) for additional requirements/goal tracking**	Partner with all Quality sub-committee chairs to complete work plan; incorporate finding from program evaluation.	3/31/2024	Quality Director	Population Health Manager; Health Promotion Supervisor; Quality Measurement Supervisor; Quality sub-committee chairs	
6	Quality of Care; Safety of Care; Quality of Service; Member Experience	Complete an annual evaluation of the Quality Improvement and Health Equity Transformation Program with all Quality sub-committee participants;		Obtain Board of Director approval annually. Evaluation must address NCQA accreditation standards (QI 1, Element C) and DHCS requirements (Contract section 2.2.7).	Partner with all Quality sub-committee chairs to complete evaluation and incorporate opportunities for improvement into the subsequent year's work plan.	3/31/2024	Quality Director	Population Health Manager; Health Promotion Supervisor; Quality Measurement Supervisor; Quality sub-committee chairs	
7	Quality of Care	Enhance the Quality System Responsive to D-SNP Requirements		Achieve 4+ Star level of performance for all D-SNP STARS measures with a performance lookback into 2024, e.g., Colorectal Cancer Screening (COL)	Develop schedule of individual measurement periods by aspect of care; Develop monitoring mechanism for HEDIS measures (e.g., COL); implement intervention for COL;	12/31/2024			
8	Quality of Care	Adopt appropriate benchmarks or goals, based on applicable methodology upon release of comparable benchmarks, for indicators not part of the DHCS Managed Care Accountability Set;		Annual adoption of: 1) Medicaid 90th percentiles as goal for NCQA HEDIS measures. 2) DHCS calculation for "significant improvement" (10% reduction in the proportion of cases that failed to receive a measured service) as goal for improvement for all measures where performance is less than benchmark. 3) For performance below Medicaid 50th percentile, goal is to at least surpass 50th percentile and achieve "significant improvement". 4) Defer adoption of goals or benchmarks for measures that were above benchmarked in the prior year, but with methodology no longer comparable to the prior year. 5) Medicaid 90th and 10th percentile thresholds for all NCQA HEDIS under/over-utilization measures.		3/31/2024	Quality Director	Population Health Manager	
9	Quality of Care; Safety of Care	QIHEC to receive reports of Utilization Management (UM) activities to achieve and maintain UM Program integration with the QIHETP		DHCS (2.3.I): Ensure the UM Program integrates UM activities into the Quality Improvement System (QIS), including a process to integrate reports on the number and types of service requests, denials, deferrals, modifications, Appeals, and Grievances to the medical director or their designee.	Include as a standing QIHEC agenda item for quarterly reporting	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Health Services Officer		
10	Safety of Care; Quality of Service	QIHEC to receive reports of Grievances and Appeals activities to achieve and maintain program integration with the QIHETP		DHCS (2.3.I): Ensure the UM Program integrates UM activities into the Quality Improvement System (QIS), including a process to integrate reports on the number and types of service requests, denials, deferrals, modifications, Appeals, and Grievances to the medical director or their designee.	Include as a standing QIHEC agenda item for quarterly reporting	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Member Services Director		
11	Quality of Service;	QIHEC to receive reports of Access and Availability standards to achieve and maintain program integration with the QIHETP		Integrate reports on Access and Availability standards	Include as a standing QIHEC agenda item for quarterly reporting	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Provider Services Director	Provider Services Credentialing Manager	
12	Quality of Care	Annually adopt, disseminate, and monitor use of preventive health guidelines		DHCS Contract section 2.2.6.I; CenCal Health Policy QU-05 Adoption, Dissemination & Monitoring the Use of Clinical Practice Guidelines; DHCS/NCQA (MED 2, Practice Guidelines) requirement is at least every 2 years; CenCal Goal: Complete annually	Subsequent to Board of Director's approval, distribute through multiple channels: Provider Bulletin, Provider Portal, Member Newsletter, EOC, and CenCal Health website; Create a standalone handout version to distribute to members at community events and in ad hoc mailings	6/30/2024	Health Promotion Supervisor	Population Health Manager	

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13	Quality of Care; Safety of Care	Annually adopt, disseminate, and monitor use of clinical practice guidelines		DHCS Contract section 2.2.6.I; CenCal Health Policy QU-05 Adoption, Dissemination & Monitoring the Use of Clinical Practice Guidelines; DHCS/NCQA (MED 2, Practice Guidelines) requirement is at least every 2 years; CenCal Goal: Complete annually	Subsequent to Board of Director's approval, distribute through multiple channels: Provider Bulletin, Provider portal, QIHEC and CenCal Health website.	9/30/2024	Population Health Manager	Clinical Improvement Specialist	
14	Safety of Care;	Maintain a system to investigate all Potential Quality Issues and ensure timely follow-up		Align with CenCal Health P&P; Provide quarterly reporting of track and trends to appropriate committees (e.g., Credentials & Peer Review Committee, Transportation Oversight Committee) including organizational dashboard reporting	Create standardize provider letter template; Report overall Metrics to Provider (PCC); Participate in implementation of MHK work groups as it relates to G&A; Continue interdepartmental workgroups with Member Services Department and Provider Relations Department	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Chief Medical Officer;	Quality Director; Population Health Manager; Clinical Improvement Specialist	
15	Quality of Care; Safety of Care; Quality of Service; Member Experience	Implement and maintain a year round medical record review program with dissemination of findings as applicable		Monitoring to ensure regulatory compliance with documentation standards, including but not limited to Initial Health Appointment APL standards, delivery of preventive services, documentation of patient refusals, and timely for follow-up for abnormal findings (e.g., 60days)	Inclusion of requirements into Quality Collaborative and Joint Operation Committee meetings; ongoing promotion of completion of contractual requirements/clinical guidelines (e.g., provider bulletin)	9/30/2024	Quality Director	Population Health Manager; Clinical Improvement Specialist	
16	Quality of Care	Calculate and separately report all required Quality Performance Measures from the Medi-Cal Accountability Set MY 2023 (HEDIS Compliance Audit) at the reporting unit level to all purchasers and NCQA		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; Comply with specifications outlined by DHCS for HEDIS® and non-HEDIS® measure reporting including reporting of measures not tied to minimum performance levels, and Long Term Care measures.	Contract with certified HEDIS Software Vendor to calculate performance measure rates; Implement supplemental data extracts;	6/14/2024 (Complete HEDIS Audit)	Quality Measurement Supervisor	Quality Director	
17	Quality of Care	Upon completion and approval of NCQA HEDIS Compliance Audit, share Health Plan Performance results with provider network and public		Complete annually	Promote results health plan results through quality committee structure, the provider bulletin, member newsletter, and the website; Develop annual HEDIS PCP Performance results and partner with Population Health staff to share feedback.	9/30/2024	Quality Measurement Supervisor		
18	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Lead Testing for Children (LSC)	LSC missed MPL for MY 2022	DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Lead Testing (LSC): MPL 62.79% and HPL 79.26%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Member Newsletter;	6/30/2024	Population Health Manager	Quality Measurement Supervisor	
19	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Well Child Visits First 15 Months (W30-6)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Well Child Visits First 15 Months (W30-6): MPL 58.38% and HPL 68.09%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Wellness and Prevention Health Education Campaigns; Member Newsletter; engaged with First 5; Engage with CHW (e.g., Corazon Latino)	7/1/2024	Population Health Manager	Quality Measurement Supervisor	
20	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Well Child Visits in First 30 Months (W30-2)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Well Child Visits in First 30 Months (W30-2): MPL 66.76% and HPL 77.78%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Wellness and Prevention Health Education Campaigns; Member Newsletter; engaged with First 5; Engage with CHW (e.g., Corazon Latino)	7/2/2024	Population Health Manager	Quality Measurement Supervisor	
21	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Childhood Immunization Status - Combination 10 (CIS-10)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; DHCS MPL = NCQA Medicaid 50th Percentile; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; Below are the measures along with their Minimum Performance Level (MPL) and High Performance Level (HPL) ~ Childhood Immunization Status - Combination 10 (CIS-10): MPL 30.90% and HPL 45.26%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Wellness and Prevention Health Education Campaigns; Member Newsletter; engaged with First 5; Engage with CHW (e.g., Corazon Latino)	7/3/2024	Population Health Manager	Quality Measurement Supervisor	

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22	Quality of Care	Exceed State minimum performance level - (MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Developmental Screening in the First Three Years of Life (DEV)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Surpass MPL for all age indicators (e.g., 1, 2, 3); ~ Developmental Screening in the First Three Years of Life (DEV): MPL 34.70% , HPL N/A	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Wellness and Prevention Healt Education Campaigns; Member Newsletter; engaged with First 5; Engage with CHW (e.g., Corazon Latino)	7/4/2024	Population Health Manager	Quality Measurement Supervisor	
23	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Immunization for Adolescents - Combination 2 (IMA-2)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Immunization for Adolescents - Combination 2 (IMA-2): MPL 34.31% and HPL 48.80%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Wellness and Prevention Healt Education Campaigns; Member Newsletter; engaged with First 5; Engage with CHW (e.g., Corazon Latino)	7/5/2024	Population Health Manager	Quality Measurement Supervisor	
24	Quality of Care	Exceed State minimum performance level -(MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Topical Fluoride Children (TFL-CH)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Exceed MPL; ~ Topical Fluoride Children (TFL-CH): MPL 19.30% , HPL N/A	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Wellness and Prevention Healt Education Campaigns; Member Newsletter;	7/6/2024	Population Health Manager	Quality Measurement Supervisor	
25	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Childrens Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Child and Adolescent Well-Care Visits (WCV)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Child and Adolescent Well-Care Visits (WCV): MPL 48.07% and HPL 61.15%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Wellness and Prevention Healt Education Campaigns; Member Newsletter; engaged with First 5; Engage with CHW (e.g., Corazon Latino)	7/7/2024	Population Health Manager	Quality Measurement Supervisor	
26	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Behavioral Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Follow-Up After ED Visits for Mental Inllness (FUM)	FUM/FUA missed MPL for MY 2022	DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Follow-Up After ED Visits for Mental Inllness (FUM) ~ 30 Day: MPL 54.87% and HPL 73.26% ~ 7 Day: Not held to MPL	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Project for FUM/FUA (see separate line item for PIP) - implement mechanism to report ED visits within 7 days;	6/30/2024	Population Health Manager	Quality Measurement Supervisor	
27	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Behavioral Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Follow-Up After ED Visits for Substance Abuse (FUA)	FUM/FUA missed MPL for MY 2023	DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Follow-Up After ED Visits for Substance Abuse (FUA) ~ 30 Day: MPL 36.34% and HPL 53.44% ~ 7 Day: Not held to MPL	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Project for FUM/FUA (see separate line item for PIP) - implement mechanism to report ED visits within 7 days;	7/1/2024	Population Health Manager	Quality Measurement Supervisor	
28	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Chronic Disease Management Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Controlling Blood Pressure (CBP)	CBP missed MPL for MY 2022	DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Controlling Blood Pressure (CBP): MPL 61.31% and HPL 72.22%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Member Newsletter; Partner with Pharmacy for Drug Utilization Review (potential topics pending P&T Committee Approval, are Asthma/Hypertension)	6/30/2024	Population Health Manager	Quality Measurement Supervisor	
29	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Chronic Disease Management Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Asthma Medication Ratio (AMR)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Asthma Medication Ratio (AMR): MPL 65.61% and HPL 75.92%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Member Newsletter; Partner with Pharmacy for Drug Utilization Review (potential topics pending P&T Committee Approval, are Asthma/Hypertension)	7/1/2024	Population Health Manager	Quality Measurement Supervisor	
30	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Chronic Disease Management Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Hemoglobin A1C Control for Patients With Diabetes - HbA1C Poor Control (>9%) (HBD)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Hemoglobin A1C Control for Patients With Diabetes - HbA1C Poor Control (>9%) (HBD): MPL 37.96% and HPL 29.44% (lower is better)	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Member Newsletter; Partner with Pharmacy for Drug Utilization Review (potential topics pending P&T Committee Approval, are Asthma/Hypertension)	7/2/2024	Population Health Manager	Quality Measurement Supervisor	

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31	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Reproductive Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Chlamydia Screening in Women (CHL)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Chlamydia Screening in Women (CHL): MPL 56.04% and HPL 67.39%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Wellness and Prevention Healt Education Campaigns; Know MORE HPV videos	6/30/2024	Population Health Manager	Quality Measurement Supervisor	
32	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Reproductive Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Prenatal and Postpartum Care: Postpartum Care (PPC-Pst): MPL 78.10% and HPL 84.59%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Wellness and Prevention Healt Education Campaigns; Know MORE HPV videos	7/1/2024	Population Health Manager	Quality Measurement Supervisor	
33	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Reproductive Health Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; DHCS MPL = NCQA Medicaid 50th Percentile; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre): MPL 84.23% and HPL 91.07%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Wellness and Prevention Healt Education Campaigns; Know MORE HPV videos	7/2/2024	Population Health Manager	Quality Measurement Supervisor	
34	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Cancer Prevention Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Breast Cancer Screening (BCS-E)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; DHCS MPL = NCQA Medicaid 50th Percentile; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Breast Cancer Screening (BCS-E): MPL 52.60% and HPL 62.67%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Wellness and Prevention Healt Education Campaigns; Member Newsletter; Enage with American Cancer Society	6/30/2024	Population Health Manager	Quality Measurement Supervisor	
35	Quality of Care	Exceed NCQA Medicaid 50th Percentile (minimum performance level - MPL) for quality measures in the Cancer Prevention Domain of the Medi-Cal Accountability Set for MY 2023 / MY 2024: ~ Cervical Cancer Screening (CCS)		DHCS APL 19-017: Quality and Performance Improvement Requirements; CenCal Health P&P: AMO-EXT-01-External Quality Review Organization (EQRO) Requirements; CenCal Goal = Achieve NCQA Medicaid 90th Percentile; ~ Cervical Cancer Screening (CCS): MPL 57.11% and HPL 66.48%	Maximize supplemental data reporting; Leverage QCIP; Practice Transformation (Provider Outreach/Trainings/Quality Collaboratives); Performance Improvement Projects (W30-6); Wellness and Prevention Healt Education Campaigns; Member Newsletter; Enage with American Cancer Society	7/1/2024	Population Health Manager	Quality Measurement Supervisor	
36	Quality of Care	Ensure reporting of Quality Dashboard to QIHEC quarterly		Develop a mechanism to monitor, review, evaluate, and improve clinical care services provided, including, but not limited to, preventive services, perinatal care, Primary Care, specialty, emergency, inpatient, behavioral health and ancillary care services; review annually to assure inclusion of all key performance indicators	Collaborate with IT to improve operational efficiency of Health Equity Dashboard to systematically identify inequities that can be used throughout organization	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024	Quality Measurement Supervisor	Quality Analyst	
37	Quality of Care	Complete annual report on over- and under-utilization of services		QU-01: Detecting Over and Under Utilization of Services: Annually report on measures at risk for over or under utilization, including but not limited to, outpatient prescription drugs to facilitate the delivery of appropriate care. Ensure report aligns with CenCal Health Policy and Procedure on over/under utilization monitoring.	Adopt appropriate threshold for comparison of measures; review findings with Medical Management staff including medical director	9/30/2024	Quality Measurement Supervisor;	Quality Measurement Analyst	
38	Quality of Care	Ensure follow-up for measures that are over/under-utilized: Tonsillectomies in San Luis Obispo County for members aged 0-9	Follow-Up Item from August 2023 QIHEC	QU-01: Detecting Over and Under Utilization of Services: Quarterly report on measures identified as at risk for over or under utilization. Tonsillectomies for ages 0-9 was under-utilized in SLO in 2022. Procedures/1,000 Member Months were 0.07, however the NCQA 10th percentile was 0.10.	Collaborate with Utilization Management (Peds) and Provider Services to research further whether possible access barriers existed and/or whether prior authorization was needed for this procedure and denials occurred during 2022.	12/14/2023	Quality Measurement Supervisor;	Quality Measurement Analyst	
39	Quality of Care	Ensure follow-up for measures that are over/under-utilized: Average Length of Stay in Santa Barbara County	Follow-Up Item from August 2023 QIHEC	QU-01: Detecting Over and Under Utilization of Services: Quarterly report on measures identified as at risk for over or under utilization. The Average Length of Stay (ALOS) was under-utilized in Santa Barbara County in 2022. ALOS was 3.49 days, however the NCQA 10th percentile was 3.63 days.	Collaborate with Medical Management and Provider Services to research further whether under-utilization could be caused by members being admitted that don't meet medical necessity requirements and/or whether this could be caused by reimbursement methodology incentivizing early discharges during 2022.	12/14/2023; 2/29/2024	Quality Measurement Supervisor;	Quality Measurement Analyst	
40	Quality of Care	Conduct DHCS required Non-Clinical Performance Improvement Project for 2023-2026: Improve the percentage of provider notifications for members with SUD/Mental Illness diagnoses following or within 7 days of ED visit.	Improve MY 2021 performance	Comply with APL 19-017; Complete required reporting submission to DHCS on progress; 7 day follow-up goal to be determined; Surpass MPL of 54.51% for Follow-Up After ED Visit Mental Illness (30-Day Follow-Up); Surpass MPL of 21.24% for Follow-Up After ED Visit for Substance Use (30-Day Follow-Up)	Finalize DHCS documentation for Steps 7/8); Implement mechanism to share ED utilization with PCPs; identify member-facing intervention campaign in partnership with Behavioral Health	9/30/2024	Population Health Manager	Population Health Specialist	

Quality Improvement and Health Equity Committee (QIHEC)

2024 Work Plan

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41	Quality of Care	Conduct DHCS required Clinical Performance Improvement Project for 2023-2026: Reduce the disparity among the Hispanic/Latino population for the Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure.	Improve MY 2021 performance	Comply with APL 19-017; Complete required reporting submission to DHCS on progress; Surpass MY 2022 NCQA 50th Percentile (55.72%) in both counties for Hispanic/Latino segment of population from baseline MY 2021 rates (SB =48.56% and SLO = 47.96%); Align with PHM Strategy PHM area of focus for: ~ Keeping Members Healthy	Finalize DHCS documentation for Steps 7/8; Align with demonstrated areas of poor performance and/or DHCS/EQRO recommendations. Complete barrier analysis with workgroup to design equity focused interventions; Partner with CBOs to support work on disparity reduction.	9/30/2024	Population Health Manager	Population Health Specialist	
42	Quality of Care	Ensure monthly reporting of QCIP performance measures		Internal Goal complete reporting to Primary Care Physicians by the 20th day of each month; Ensure quarterly reporting of achievement of goals to Organization Dashboard		28th of each month in 2024	Quality Measurement Supervisor	Quality Measurement Supervisor; Quality Measurement Analyst	
43	Administrative	Ensure quarterly QCIP PCP Payout		Internal Goal complete reporting to Primary Care Physicians by the 28th day of each month; Ensure quarterly reporting of achievement of goals to Organization Dashboard		Last date of each month in 2024	Quality Director	Quality Measurement Supervisor; Quality Measurement Analyst	
44	Quality of Care	Evolve QCIP performance measures to incorporate additions or revisions as adopted by QIHEC;		Notify PCP network 12 months before Influenza Rate and HPV Rate become priority measures in Q2 2024;	Notify PCP network via multiple channels (email blast, provider portal update, JOC meetings, Quality Collaborative, website, provider bulletin)	3/31/2024	Quality Director	Quality Measurement Supervisor	
45	Quality of Care; Safety of Care; Quality of Service; Member Experience	Complete an annual Population Needs Assessment (PNA) to inform CenCal Health's Population Health Management Strategy.		Meet NCQA (PHM 2B - data) Requirement: Annually assess at least 5 of the 7 following areas: 1. Characteristics and needs of membership, including social determinants of health. 2. Needs of child and adolescent members. 3. Needs of members with disabilities. 4. Needs of members with serious mental illness or serious emotional disturbance. 5. Needs of members of racial or ethnic groups. 6. Needs of members with limited English proficiency. 7. Needs of relevant member subpopulations.	Incorporate CAHPS survey results in assessment.	9/30/2024	Health Promotion Supervisor		
46	Quality of Care; Safety of Care; Quality of Service; Member Experience	Implementing quality improvement and health equity activities and Resources in Response to the Population Needs Assessment		Meet NCQA (PHM 2C - assessment of activities and plan to address gaps) Requirement: The organization annually uses the population assessment to: 1. Review and update its PHM activities to address member needs. 2. Review and update its PHM resources to address member needs. 3. Review and update activities or resources to address health care disparities for at least one identified population. 4. Review community resources for integration into program offerings to address member needs.		12/31/2024	Population Health Manager	Health Promotion Supervisor	
47	Quality of Care; Safety of Care; Quality of Service; Member Experience	Develop and execute an annual Population Health Management (PHM) Strategy / Program Description		Obtain approval annually. Comply with DHCS PHM Policy Guide and NCQA accreditation standards (PHM 1) including identification of 4 areas of focus for; 1. Keeping Members Healthy; 2. Managing members with emerging risks 3. Managing members with multiple chronic illnesses; 4. Ensuring patient safety or outcomes accross settings	Informed by the population needs assessment; continue collaboration with local health departments on a shared goals; Incorporate results from the CAHPS survey when updating strategy	8/30/2024	Quality Director	Population Health Manager; Health Promotion Supervisor	
48	Quality of Care	Improving the rate of screening of clinical depression for pregnant and postpartum members, ensuring timely follow-up care if needed		CenCal Health Goal= Achieve NCQA Medicaid 90th Percentile Align with PHM Strategy PHM area of focus for: ~Managing members with emerging risk	Collaboration with the cross-functional Disease Management Maternal Mental Health program, including distribution of member health education literature; continued collaboration with Provider Relations to support the provider network; ensuring members in need of additional assistance access Care Management	12/31/2024	Population Health Manager; Health Promotions Supervisor	Associate Director of Care Management	
49	Quality of Care	Ensuring diabetic members receive an annual kidney health evaluation; ensure diabetic members eligible for Care Management receive timely assessment following enrollment; ensure that diabetic members eligible for Complex Care Management complete at least one self-management goal following enrollment		CenCal Health Goal= Achieve NCQA Medicaid 90th Percentile Align with PHM Strategy PHM area of focus for: ~Managing multiple chronic illnesses	Collaboration with Provider Relations to support provider network in providing member resources and referral to Care Management in addition to providing health education literature; collaboration with Disease Management	6/30/2024	Population Health Manager; Health Promotions Supervisor	Associate Director of Care Management	

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50	Quality of Care	Engage in meaningful collaboration with Local Health Jurisdictions' (LHJs) Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs), including the implementation of the shared SMART objective with each LHJ.		DHCS Requirement: Under PHM Program, CenCal Health fulfills the PNA requirement through this task. As part of meaningfully participating on the LHJ CHA/CHIP process, CenCal Health: • Attends key CHA/CHIP meetings as requested by LHJs. • Serves on the CHA/CHIP governance structure, including CHA/CHIP subcommittees, as requested by LHJs. Additional requirements include Quarterly reporting progress to the Community Advisory Board (CAB) as part of the participation in the LHJs' CHA/CHIP process. Specifically: CenCal Health • Regularly reports on its involvement in and findings from LHJs' CHAs/CHIPs to the CAB. • Obtains input/advice from the CAB on how to use findings from the CHAs/CHIPs to influence strategies and workstreams related to the Bold Goals, wellness and prevention, health equity, health education, and cultural and linguistic needs. • Encourage LHJs to rely on the CAB as a resource for stakeholder participation (e.g., answer survey questions, and participate in focus groups, workgroups, and governance committees).	By 12/31/2025, CenCal Health and the Santa Barbara (SB) Public Health Department will increase the SB Health Care Center's rate of "Well Child Visits in the First 15 months of life – 6 or more visits" from a baseline of 64.05% to 68.09% (Medicaid 90th Percentile) by implementing equity focused interventions. By 12/31/2025, CenCal Health and San Luis Obispo County will improve the CenCal Health adolescent depression screening rate by 50%, from a HEDIS MY2022 baseline of 30.56% to 45.84%, by conducting an analysis (a comprehensive report to identify the sub-populations in most need of focus, including stratification by race, age, region, and sex) and using the analysis to inform initiatives such as the creation of communication tools and provider trainings.	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Health Promotion Supervisor		
51	Quality of Care	Ensure reporting of Population Health Management Key Performance Indicators to DHCS		Reporting of metrics based on DHCS established deadlines (as of 2/2024 has not been identified);	Perform quarterly KPI monitoring of PHM Dashboard metrics and Health Equity Dashboard; Act upon measurements if they indicate opportunities for improvement; Enhance existing Health Equity and PHM Dashboards to incorporate additional metrics and to increase efficiency of KPI monitoring	12/31/2024	Quality Director	Quality Measurement Supervisor	
52	Quality of Care	Perform an analysis of the appropriateness of Population Health Management (PHM) risk stratification and scoring to assure no biases in analyses		Complete annually		6/30/2024	Quality Director	Quality Measurement Supervisor	
53	Member Experience	Annually until January 1, 2026, provide all data requested by EQRO to conduct a consumer satisfaction survey (CAHPS).		Comply with requests from Health Services Advisory Group (EQRO);	Must create population to report CAHPS within the HOQ in the NCQA platform by the required timeframe	1/31/2024	Quality Director	Quality Measurement Supervisor	Q1 2024: Goal met
54	Quality of Care; Safety of Care	Implement an Infection Prevention Nursing Home Pilot Project to decrease hospitalizations due to infection in nursing homes in both counties		Align with PHM Strategy Goal for PHM area of focus: • Ensuring patient safety or outcomes across settings	Partnership with 6 SNFs and UC Irvine Health for 6month-year pilot project for Chlorhexidine	3/31/2024	Quality Director	Population Health Manager	
55	Quality of Care; Safety of Care; Quality of Service; Member Experience	Maintain a health education system that provides educational interventions addressing health categories and topics that align with the Population Health Management (PHM) Strategy		CenCal Health Policy Tech QU-17: List and Schedule of Health Education Programs CenCal P&P QU-19; Health Education system should include education regarding the appropriate use of health care services, risk-reduction and healthy lifestyles, and self-care and management of health conditions (e.g., Basic Population Health Management, chronic disease).	Ensure provision of health education resources (e.g., Wellness and Prevention Campaigns); Complete quarterly reporting to Member Support Committee and Community Advisory Board	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Health Promotion Supervisor		
56	Quality of Care; Safety of Care; Quality of Service; Member Experience	Coordinate health education Readability & Suitability activities		Ensure all health education materials distributed to members are at or below a 6th grade reading level, are culturally appropriate, clinically accurate, and have undergone field testing, in accordance with DHCS APL 18-016.	Utilize Healthwise content when possible, as it is on the DHCS pre-approved list, and does not require DHCS Readability & Suitability review	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024	Health Promotion Supervisor		
57	Quality of Care; Safety of Care; Quality of Service; Member Experience	In partnership with Provider Relations, support education and training of contracted providers on health education resources and provider and member incentive programs, as applicable.		DHCS Contract 3.2.5 B; CenCal Health Provider Services P&P	Utilize various strategies, including Provider Bulletin articles, live webinars, recorded webinars, and individual/on-site training	3/31/2024; 06/30/2024; 09/30/2024; 12/31/2024;	Provider Relations Director Senior Provider Services Trainer	Health Promotion Supervisor (health education); Population Health Manager (incentive programs)	
58	Quality of Clinical Care; Safety of Clinical Care; Quality of Service;	Launch comprehensive wellness and prevention programs to all members and in accordance with DHCS guidance.		Provide wellness and prevention programs that meet NCQA PHM standards, including for the provision of evidence-based self-management tools. Goal - Launch in January 2024; Subsequent mailings based on frequency designed by aspect of care (monthly, quarterly, bi-annual)	Implement 13 Wellness and Prevention programs in threshold languages that aim to improve access to preventive services for pediatric and adult members, to improve perinatal outcomes for women through 12 months postpartum, to ensure patient safety across settings, and to help members achieve better health outcomes.	1/31/2024	Health Promotion Supervisor	Associate Director of Care Management	
59	Quality of Care	Complete annual grand analysis and report for Continuity and Coordination of Care		Compliance with NCQA QI 3 - for First NCQA Survey readiness	Address movement across settings / movement between practitioners; collaborate with departments responsible for identified measures for improvement (e.g., Medical Management)	6/30/2024	Population Health Manager	Quality Measurement Specialist	

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60	Quality of Care	Complete annual grand analysis and report for Continuity and Coordination Between Medical Care and Behavioral Healthcare		Compliance with NCQA QI 4 - for First NCQA Survey readiness	Address movement across settings / movement between practitioners; collaborate with Behavioral Health Department	6/30/2024	Behavioral Health Director	Medical Director, Behavioral Health; Quality Measurement Specialist;	
61	Administrative	Mitigate deficiencies identified during NCQA readiness activities		Met or Not Met	Collaborate with NCQA Project Lead and NCQA Mock Survey Consultant to identify gaps including prioritization of activities to ensure a score of "met"	6/30/2024	Quality Director	Population Health Manager; Health Promotion Supervisor; Quality Measurement Supervisor	

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1	Quality of Clinical Care	Revise and present 2024 Utlization Managment Program Description	NA	Report annually to UMC	Completion of UM Program to incorporate the current process DHCS and NCQA requirements	2/28/2024	Director of Medical Management	UM Assoc Director	
2	Quality of Clinical Care	Revise and present 2024 Case Management Program Description	NA	Report annually to UMC	Completion of CM Program to incorporate the current process DHCS and NCQA requirements	2/28/2024	Director of Medical Management	CM Assoc Director	
3	Quality of Clinical Care	Revise and present 2024 Behavorial Health Program Description	NA	Report annually to UMC	Completion of BH Program to incorporate the current process DHCS and NCQA requirements	2/28/2024	Director of Behavorial Health		
4	Quality of Clinical Care	Complete the evaluation of the 2024 UM Program Workplan	NA	Report annually to UMC	Completion of UM Program Evaluation for presentation at UMC	2/28/2024	Health Services Officer	BH Director, MM Director, Pharmacy Director	
5	Quality of Clinical Care	Conduct annual IRR Study of UM physicians and nurses	NA	Report annually to UMC	Completion of UM Program to incorporate the current process DHCS and NCQA requirements	09/30/24	Director of Medical Management	Master Clincal Trainer	
6	Quality of Clinical Care	Review and monitor authorization timeliness reports to measure adherence to UM Timeliness Standards (UM 5D) and minimum threshold goal of 95%.	NA	Meet or exceed TAT goal of 95%	Monitor and report quarterly turnaround times to UMC	03/31/24; 06/30/24; 09/30/24; 12/31/24	Health Services Officer	Director of Medical Management, BH Director, Pharmacy Director	
7	Member Experience	Monitor regulatory requirements for Pre-Service and Post-Service Appeal timeliness	NA	100% resolved in required timeframes	Monitor and report quarterly pre-service and post-service appeal volume by type and outcomes to UMC	03/31/24; 06/30/24; 09/30/24; 12/31/24	Director of Member Services Associate Director of UM (Post Service Appeals)		
8	Member Experience	Conduct annual UM Satisfaction Survey (CAHPS)	NA	Report outcomes to UMC annually		DHCS performs the CAHPS every two years.	Director of Member Services		
9	Quality of Service	Reduce processing time of completing One Time Authorizations (OTA)	NA	Develop new process to shorten timeframes to execute OTA		03/31/24; 06/30/24; 09/30/24; 12/31/24	Director of Provider Services / Sr. Medical Director / Director of Medical Management		
10	Quality of Service	Improve coordination of care with CCS eligible members	NA	Work with county agencies and providers to improve CCS member care coordination		03/31/24; 06/30/24; 09/30/24; 12/31/24	Director of Medical / Assoc UM Director		
11	Quality of Service	Ensure turnaround time goal to process BH referrals from the County is 100%	NA	Monitor and report quarterly turnaround time reports to UMC		03/31/24; 06/30/24; 09/30/24; 12/31/24	Director of BH		
12	Quality of Service	Ensure BH UM Turnaround time goal for referrals is 100%	NA	Monitor and report quarterly turnaround time reports to UMC		03/31/24; 06/30/24; 09/30/24; 12/31/24	Director of BH		
13	Quality of Service	Mitigate deficiencies identified during NCQA readiness activities	NA	Identify and close deficiencies		03/31/24; 06/30/24; 09/30/24; 12/31/24	Director of Medical Management		
14	Quality of Service	Implement new PHM requirements	NA	Review, monitor and enhance risk stratification model and related PHM activities.		03/31/24; 06/30/24; 09/30/24; 12/31/24	Associate Director of CM		
15	Quality of Service	Monitor and oversee 2024 contract policy implementation	NA	Track implementation of new policies and processes related to the 2024 contract amendments.		03/31/24; 06/30/24; 09/30/24; 12/31/24	HS Operations Manager		

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1		**Quality Sub-Committee Reports & Benefits Committee Report:** Update and report to the CEC the key performance indicator findings from the quality sub-committees, MSC, CQC, NMC and Benefits Committee. Monitor interventions to achieve timely and meaningful improvements.		Quarterly Reports from MSC, NMC, CQC and the Benefits Committee will be presented at each CEC for review of findings and to provide guidance for low areas of performance or insight into new initiatives at the sub-committee level.	1. MSC, NMC, and CQC Chairs or their designees will present a report quarterly to CEC of the key findings, and seek any guidance needed from the CEC, for the performance indicators reviewed in each committee. 2. The Benefits Committee Chair or designee with present a report quarterly to the CEC of new benefits, changes to benefits, etc. and seek guidance or approval from CEC as necessary.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Chairs/designee for the NMC, MSC, CQC and the Benefits Committee	Chief Operations Officer/Benefits Committee Report, Director of Member Services/MSC Report, Associate Director of Claims/CQC Report, Provider Quality & Credentialing Manager/NMC Report	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
2	**Member Experience Metrics**	**Member Experience Metrics:** Update and report to the CEC key performance metrics related to the overall health of the Member Experience offered by CenCal Health to its membership. Monitor metrics and provide feedback into potential interventions to achieve timely and meaningful improvements.		Indicator reporting to CEC for the Member Experience quarterly or as defined for annual metrics.	1. CEC will develop all metrics to be reviewed for oversight in 2023 for the Member Experience, adding new metrics for review as necessary. 2. CEC will openly receive, discuss and determine how to incorporate direct member feedback/voice into new policy design or change consideration to current policy. (CAB, CAHPS, Member Engagement, Surveys as source information).	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Member Services/ Chair of CEC	Chief Customer Experience and Health Equity Officer, Director of Member Services, Provider Network Officer, Director of Provider Services, Provider Quality & Credentialing Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
3		Transportation Oversight Committee (TOC) Highlights		TOC findings of significance related to access reporting to CEC for the Member Experience quarterly.	1. Monitor key findings related to access concerns of significance as reviewed at the TOC.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Chief Operations Officer/ Chair of TOC		**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
4		Behavioral Health Access		Behavioral Health findings of significance related to access reporting to CEC for the Member Experience quarterly.	1. Monitor key findings related to access concerns of significance for behavioral health services as reported by the Director of Behavioral Health.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Behavioral Health	Director of Member Services/ Chair of CEC	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
5		Member Services Call Volume & Types		Remain In Control with 2022 Year Mean (Avg) and monitor types of calls quarterly	1. Monitor volume and types of Member Services calls quarterly for tracking and trending of increases/decreases of significance and provide actionable feedback for quality sub-committees as applicable.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Member Services		**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
6		Timely Access Survey Results		Exceed QMRT state benchmarks for provider appointment availability by 5%	1. Perform quarterly appoinment availability surveys mirroring DHCS methodology 2. Assess for outliers and noncompliant providers 3. Timely completion of QMRT comparing DHCS & CCH findings 4. Resume CAP process for noncompliant providers 5. Design & implement process to more effectively ensure provider information is current and accurate	02/23/24; 05/20/24; 08/19/24; 11/18/24	Provider Quality & Credentialing Manager	Director of Provider Relations	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
7		Geo Access Reports: Time & Distance Highlights		Physician to Member Ratio = 1:2,000 PCP to Member Ratio = 1:1,200 Time or Distance Standards: PCPs = Within 10 miles or 30 minutes Hospitals = Within 15 miles or 30 minutes Core Specialists = Within 15	1. Perform quarterly assessments of network compliance with T/D standards using geo-mapping processes comparabble to those used by DHCS 2. Assess for outliers and trends 3. Identify recruitment opportunities 4. Collaborate with providers and other partners to address gaps	02/23/24; 05/20/24; 08/19/24; 11/18/24	Provider Quality & Credentialing Manager	Director of Provider Relations	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**

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8		Member Satisfaction Surveys		1. 95% or better responding "yes" to both questions on the Customer Satisfaction Phone Survey 2. CAHPS goals to improve yearly and remain a top performing plan in California and above the 75th – 90th percentile of managed care plans nationally. Contractual goal to use CAHPS performance scores to improve quality of access and services. 3. TBD	1. Work with Member Services call center team if not achieving goal to improve our overall effectiveness towards customer satisfaction. 2. CenCal Health monitors CAHPS results to analyze performance scores received by membership in comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks. 3. Improve Behavioral Health access and services through member feedback received from regular BH Satisfaction Surveys of members for BHT (ABA) and Mental Health services. 4. Improve Transportation experience through member feedback received from the annual Ventura Transit Satisfaction Survey.	02/23/24; 05/20/24; 08/19/24; 11/18/24	1. Director of Member Services 2. Director of Member Services 3. Director of Behavioral Health 4. Director of Member Services	2. Director of Quality/ Quality Officer 4. Director of Provider Relations/ Chief Operations Officer-Chair of TOC	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
9		Interpreter Services		Remain In Control with previous year Mean (Avg).	1. Educated providers in updated Provider Manual documentation of interpreter services made available for use with their patients. 2. Monitor and report vendor usage (MICOP for Mixteco interpreters and CLI all languages) for improvement opportunities and service breakdowns.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Member Services		**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
10		Diversity, Equity and Inclusion (DEI) and Cultural Comptency and Sensitivity Trainings	DEI Training in development as new APL just released in Q4 2023. Goal to have training completed in Q2 2024 for staff and providers to take in Q3 2024.	DHCS contractual requirement to complete new hire and annual all-staff DEI and Cultural Sensitivity trainings and ensuring contractors and downstream contractors receive annual training and upon new contracting.	Ensure all CenCal Health staff take these required trainings for cultural awareness and for DEI sensitivity to improve interactions with customers and internal staff, considerate of various cultural and diverse backgrounds of everyone.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Chief Customer Experience and Health Equity Officer	All CenCal Health Staff	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
11		Member Experience (ME) NCQA Requirements Readiness	Readiness continues with development of new P&Ps and Reports in 2024.	100% compliance with all ME NCQA Standards in 2024, or by 2025 for NCQA application timelines.	1. Regular internal meetings to prepare for NCQA Accreditation by 2026. 2. Prepare for mock audit in early 2024 by producing deleiverables and introducing new processes and edits to policy to meet NCQA standards.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Member Services	Chief Customer Experience and Health Equity Officer, Director of IT, Director of Quality, Director of Communications, Director of Provider Relations	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
12	Provider Experience Metrics	**Provider Experience Metrics:** Update and report to the CEC key performance metrics related to the overall health of the Provider Experience offered by CenCal Health to its membership. Monitor metrics and provide feedback into potential interventions to achieve timely and meaningful improvements.		Indicator reporting to CEC for the Provider Experience quarterly or as defined for annual metrics.	1. CEC will develop all metrics to be reviewed for oversight in 2023 for the Provider Experience, adding new metrics for review as necessary. 2. CEC will openly receive, discuss and determine how to incorporate direct provider feedback/voice into policy design or change consideration. (PAB, QIC, Provider Engagement, Surveys as source information).	02/23/24; 05/20/24; 08/19/24; 11/18/24	Provider Network Officer	Provider Network Officer, Director of Provider Services, Provider Quality & Credentialing Manager, Director of Claims, Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
13		Timeliness of Initial Credentialing		90% of new providers credentialed within 90 days	1. Monitor credentialing team adherence to SLAs monthly/quarterly 2. Complete development and implementation of shared onboarding tracker to improve communication and collaboration between teams and increase efficiency throughout the onboarding process	02/23/24; 05/20/24; 08/19/24; 11/18/24	Provider Quality & Credentialing Manager	Chief Operations Officer, Director of Provider Relations	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
14		Provider Satisfaction Survey Results		Achieve overall satisfaction rate of 90% or greater for Annual Provider Satisfaction Survey Achieve 90% satisfaction with provider seminars	1. Monitor Provider Satisfaction Surveys for the following: 1. Annual Provider Satisfaction Survey 2. Provider Training Satisfaction 3. Provider Services Phone Queue Satisfaction 4. Provider Follow-Up Surveys	02/23/24; 05/20/24; 08/19/24; 11/18/24	Provider Quality & Credentialing Manager	Chief Operations Officer, Director of Provider Relations	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**

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15		Average Speed to Answer		Goal = 85% of calls answered within 30 seconds Threshold = 75% of calls answered within 30 seconds	Ensure timely answering of phone calls to improve satisfaction with customer service contact promptness.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Provider Relations	Chief Operations Officer, Provider Quality & Credentialing Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
16		Abandon Rate		Goal = 5% or less of calls to Provider Relations are abandoned Threshold = 7% or less of calls to Provider Relations are abandoned	Ensure phone calls are answered to improve satisfaction with customer service assistance.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Provider Relations	Chief Operations Officer, Provider Quality & Credentialing Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
17		Training Attendance				02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Provider Relations	Chief Operations Officer, Provider Quality & Credentialing Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
18		Provider Onboarding - Timeliness of New Provider Orientations		Goal = 100% offered within 10 days Goal = 100% completed within 30 days	1. Make orientation engaging and easily accessible to providers and staff to ensure participation and engagement. 2. Ensure all new providers contracting with CenCal Health attend a new provider orientation.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Provider Relations	Chief Operations Officer, Provider Quality & Credentialing Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
19		Provider Portal Utilization Tracking of Problem Issues				02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Provider Relations	Chief Operations Officer	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
20		Claims Email Quality		Goal = 95%		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
21		Provider Dispute Resolution Quality		Goal = 95%		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
22		Provider Portal Transactions		N/A		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
23		Website Utilization Tracking of Problem Issues		N/A	N/A	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
24		Claims Paid Turnaround Time (TAT)		Goal: 90% within 30 calendar days 99% within 90 calendar days 95% paid in 45 working days		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
25		Dispute Acknowledgement TAT		Goal = 100% acknowledged in 15 working days Threshold = 95% acknowledged in 15 working days		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
26		Dispute Resolution TAT		Goal = 100% resolved in 45 working days Threshold = 95% resolved in 45 working days		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
27		Financial Accuracy Rate		Goal = 98% accurate		02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Claims	Associate Director of Claims, Director of Finance	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task or Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title/Role)	Shared Responsibility (Title/Role)	Quarterly Updates
28		Provider Experience (NET and CR) NCQA Requirements Readiness		100% compliance with all NET and CR NCQA Standards in 2024, or by 2025 for NCQA application timelines.	1. Regular internal meetings to prepare for NCQA Accreditation by 2026. 2. Prepare for mock audit in early 2024 by producing deleiverables and introducing new processes and edits to policy to meet NCQA standards.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Provider Relations, Provider Quality and Credentialing Manager	Chief Customer Experience and Health Equity Officer, Chief Operations Officer, Director of IT, Director of Quality, Director of Communications, Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
29	Health Equity Metrics	**Health Equity Metrics:** Update and report to the CEC key performance metrics related to the overall health of Health Equity offered by CenCal Health to its membership. Monitor metrics and provide feedback into potential interventions to achieve timely and meaningful improvements.		Indicator reporting to CEC on Health Equity performance quarterly or as defined for annual metrics.	1. CEC will develop all metrics to be reviewed for oversight in 2023 for Health Equity, adding new metrics for review as necessary. 2. CEC will analyze stratifications such as age, gender, race, language across vulnerable populations and determine health equitable outcomes to achieve for identified disparities.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Chief Customer Experience and Health Equity Officer	Chief Customer Experience and Health Equity Officer, Quality Officer, Director of Quality, Director of Provider Services, Provider Quality & Credentialing Manager, Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
30		Monitoring "Disengaged" Members from Primary Care		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
31		Monitoring "Disengaged" Members from Care Entirely		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
32		Monitoring "Never Established" Members	Still need to develop monitoring ability	NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
33		Monitoring "Invalid Immigration Status" Members Disengaged from Primary Care	Still need to develop monitoring ability	NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
34		Monitoring "Invalid Immigration Status" Members Disengaged from Care Entirely	Still need to develop monitoring ability	NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
35		Monitoring "Homeless" Members Disengaged from Primary Care		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task or Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title/Role)	Shared Responsibility (Title/Role)	Quarterly Updates
36		Monitoring "Homeless" Members from Care Entirely	Still need to develop monitoring ability	NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
37		Monitoring "Limited English Proficient (LEP)" Members Disengaged from Primary Care		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
38		Monitoring "Limited English Proficient (LEP)" Members Disengaged from Care Entirely		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
39		Monitoring "Seniors and Persons With Disabilities (SPD)" Members Disengaged from Primary Care		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
40		Monitoring "Seniors and Persons With Disabilities (SPD)" Members Disengaged from Care Entirely		NCQA and CalAIM (Population Health)	Strategy: Monitor the follow stratifications to improve disparities among populations and to ensure health equity for all: Gender Age Race Ethnicity Geographic location	02/23/24; 05/20/24; 08/19/24; 11/18/24	Quality Officer	Chief Customer Experience and Health Equity Officer, Director of Quality, Director of Member Services, Director of IT	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
41		Aggregate Member PCP Re-Selection Reasons		Monitor quarterly totals for trends	1. Share trends each quarter with the CEC and MSC. 2. Share member PCP re-selections related to access with the Network Management Committee identifying top 3 provider sites impacts by selections away from their practices.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Member Services	Associate Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
42		Aggregate PCP Reassignment Requests	Solution to reduce private PCP purging of reassignments for disengaged members	Monitor quarterly totals for trends	1. Share trends each quarter with the CEC and MSC. 2. Share provider-requested PCP Re-assignments for our members to identify trends for member education opportunities and monitor that appropriate protocols are followed in requesting reassignment.	02/23/24; 05/20/24; 08/19/24; 11/18/24	Director of Member Services	Associate Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**

Claims Quality Committee (CQC)
2024 Work Plan

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title or Role)	Shared Responsibility (Title/Role)	2024 Quarterly Updates
1	Quality Of Service	Provider Communication: Phone call quality and timeliness: Improve the results of the 7 measures on the CSR call audit	NA	Overall score for CSR Phone Call Audit reviews to be at 95% or greater.	Provide additional educational training tools Develop role playing and scripts to staff when errors are detected through call audits to identify different options to address the issues Identify the reason for the inaccuracy and create additional tools to measure areas requiring improvement. Working with the existing staff to improve skill levels for all claim type(s) so they are experts for the provider community.	03/31/24; 06/30/24; 09/30/24; 12/31/24:	Claims Operations Manager Claims Service Supervisor		**Quality of CSR Phone Call Audits:** **Q1:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q2:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q3:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q4:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX%
2	Quality Of Service	Provider Communication: Email accuracy and timeliness: Improve the results of the 4 measures on the CSR email audit	NA	Overall score for CSR Email Audit reviews to be at 98% or greater.	Provide additional educational training tools to staff Dedicate staff to focus on just email corresondence	03/31/24; 06/30/24; 09/30/24; 12/31/24:	Claims Operations Manager Claims Service Supervisor		**Email Accuracy rate:** **Q1:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q2:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q3:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q4:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX%
3	Quality Of Service	Provider Communication: PDR Response accuracy and timeliness: Improve the results of the 9 measures on the PDR audit	NA	Overall score for Dispute and Appeal Audits to be at 98% or greater.	Provide additional educational training tools to providers Identify the reason for the inaccuracy and create additional tools to measure areas requiring improvement for all providers	03/31/24; 06/30/24; 09/30/24; 12/31/24:	Claims Operations Manager Claims Service Supervisor Claims Configuration Analyst/Auditor		**Dispute and Appeal Accuracy rate -** **Q1:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q2:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q3:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q4:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX%

Claims Quality Committee (CQC)
2024 Work Plan

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title or Role)	Shared Responsibility (Title/Role)	2024 Quarterly Updates
4	Quality Of Service	Average Speed of Answer (ASA): Average Speed of Answer (ASA): Average speed of answer for all calls received.	NA	Average speed to answer <55 seconds	Notify contracted providers of Third Party call concerns. Upgrade our website so that Third Party Billing Agencies are able to check Claims Status via the website. This will decrease the call volume and allow the Claims Reps to devote time to Providers that are having billing issues or concerns, rather than just claims status.	03/31/24; 06/30/24; 09/30/24; 12/31/24:	Claims Operations Manager Claims Service Supervisor		**Average Speed of Answer (ASA):** **Q1:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q2:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q3:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q4:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX%
5	Quality Of Service	% of Provider Calls Answered in 30 seconds or less	NA	85% or greater	Provide additional educational training tools to providers and staff when errors are detected Identify the reason for the inaccuracy and create additional tools to measure areas requiring improvement.	03/31/24; 06/30/24; 09/30/24; 12/31/24:	Claims Operations Manager Claims Service Supervisor		**Percentage of calls answered in 30 seconds:-** **Q1:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q2:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q3:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q4:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX%
6	Quality Of Service	Encounter Data Quality: Accuracy rate on all Encounter Data submissions to DHCS	NA	99% (Less than 1% of errors reported back from DHCS)	Create a process for claim rejections with all Clearinghouses. Create a process for Encounter data error corrections with the providers. Continue with the internal process of assuring all DHCS ERRORs reported are corrected and resubmitted to the State in the timely requirements.	03/31/24; 06/30/24; 09/30/24; 12/31/24:	Associate Director of Claim Encounter Data Quality Analyst	IT Programming Manager, Business Development, Information Technology	**Encounter Data Accuracy rate:** **Q1:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q2:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q3:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX% **Q4:** **Goal:** TBD (Met/Not Met -Here) - **Result:** XX%

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title or Role)	Shared Responsibility (Title/Role)	Quarterly Updates
Service Indicators									
1	Quality of Service	Aggregate Call Volume	Significant impacts to call volume increases to begin 2024 for the Adult Expansion population, increased mailing requirements by 2024 Contract and other member outreach.	Remain In Control with 2022 Year Mean (Avg)	1. Monitor volume quarterly at MSC for tracking and trending of increases/decreases of significance. 2. Separate review and reporting for Behavioral Health call volume reported to MSC quarterly.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services, Director of Behavioral Health	Associate Director of Member Services, Call Center Manager, Behavioral Health Call Center Manager	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
2	Quality of Service	Aggregate Calls by Type		Track Call Volume by Type	1. Monitor call volume types quarterly at MSC for tracking and trending of member contacts to CenCal Health for assistance. Act to address high volume call types to reduce volume. 2. Separate review and reporting for Behavioral Health call volume by type reported to MSC quarterly.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services, Director of Behavioral Health	Associate Director of Member Services, Call Center Manager, MS Data Analyst, Behavioral Health Call Center Manager	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
3	Quality of Service	Call Tracking/Coding		95% of incoming queue calls to be coded.	1. Monitor staff adherence to established call tracking goal and work with underperforming staff to code all calls. 2. Ensure close oversight by IT of system connectivity issues limiting ability to code calls.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services, Director of Behavioral Health	Associate Director of Member Services, Call Center Manager, Behavioral Health Call Center Manager	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
4	Quality of Service, Member Experience	Member Services Call Center - 1st Call Resolution	Significant impacts to call volume increases to begin 2024 for the Adult Expansion population, increased mailing requirements by 2024 Contract and other member outreach.	90% of incoming queue calls resolved at time of call/ same day.	1. Review Member Services call center performance towards 1st call resolution goals quarterly at MSC.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services	Associate Director of Member Services, Call Center Manager, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
5	Quality of Service, Member Experience	Member Services Call Center - Percentage of Calls Resolved with Member Call Backs within 72 Hours	Significant impacts to call volume increases to begin 2024 for the Adult Expansion population, increased mailing requirements by 2024 Contract and other member outreach.	Less than 5% needing to call back in 72 hours for same/like issues.	1. Review Member Services call center performance towards 1st call resolution goals quarterly at MSC.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services, Director of Behavioral Health	Associate Director of Member Services, Call Center Manager, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
6	Quality of Service, Member Experience	Behavioral Health Call Center - 1st Call Resolution	BHR has the ability to close calls without needing to reach out to providers, members, or others in order to resolve issues via a call back after the current business day. The BHR accuracy of the information provided and issue resolution completeness.	90% of incoming queue calls resolved at time of call/ same day.	Monitor and trend reasons for call back. Identify interventions to support first call resolution.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Call Center Manager of Behavioral Health	Director of Behavioral Health	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
7	Quality of Service, Member Experience	Behavioral Health Call Center - Percentage of Calls Resolved with Member Call Backs within 72 Hours	BHR has the ability to close calls without needing to reach out to providers, members, or others in order to resolve issues via a call back after the current business day. The BHR accuracy of the information provided and issue resolution completeness.	Less than 5% needing to call back in 72 hours for same/like issues.	Monitor and trend reasons for call back. Identify interventions to support first call resolution.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Call Center Manager of Behavioral Health	Director of Behavioral Health	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
8	Quality of Service, Quality of Care	Aggregate Member Grievances & Appeals	Complete redesign of member disatisfaction intake process. Integration of Call Tracking and COGS System automation of member grievance tracking capabilities. Hiring additional staff in progress.	Meet or exceed G&A PTMPM state benchmark rate	1. Review member grievance and appeal volume quarterly at MSC for tracking, trending and QI opportunities identified through the Grievance & Appeals Process. 2. Separate review and reporting for Behavioral Health grievance and appeal volume reported to MSC quarterly.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager	Director of Member Services, Director of Behavioral Health, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:

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9	Quality of Service	Exempt Grievance Volume – (Resolved by next business day)		Remain In Control with previous year or lower	1. Monitor member PCP re-selections related to dissatisfaction reasons and other member disatisafaction resolved by the next business day, quarterly at MSC. 2. Report exempt grievances related to Access to the Network Management Committee (NMC) quarterly for tracking and trending of highest volume providers.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager	Director of Member Services, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
10	Quality of Service	Turnaround Times Member Grievances & Appeals		100% resolved in required timeframes	1. Grievance Manager provides oversight of timeliness of grievance and appeal caseloads for the G&A Team. 2. Grievance Manager addresses any timeliness issues with the G&A Team and the Medical Management Department to mitigate any timeliness issues.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager	Director of Member Services, Associate Director of Member Services, Call Center Manager, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
11	Quality of Service	Aggregate Member PCP Re-Selection Reasons		Monitor quarterly totals for trends	1. Share trends each quarter with the MSC. 2. Share member PCP re-selections related to access with the Network Management Committee identifying top 3 provider sites impacts by selections away from their practices.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services, Director of Behavioral Health	Associate Director of Member Services, Call Center Manager, Behavioral Health Call Center Manager	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
12	Quality of Service, Member Experience	Population Needs Assessment	NCQA and DHCS formatting and redesign of PNA structure needed.	Receive quarterly PNA Report from Health Promotion Educator(s)	1. Health Educator presents PNA findings and work plan updates throughout year during the standing agenda topic for the Health Promotion/Education Report.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Health Education Supervisor	Heath Educator	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
13	Quality of Service	Aggregate Member Billing Receipts		Remain In Control with previous year or lower	Each provider billing issue discussed with the billing provider to cease billing or work through payment concerns/education of Medi-Cal allowable rates, denied service lines, corrections needed etc.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager		Q1 2024: Q2 2024: Q3 2024: Q4 2024:
14	Quality of Service	Turnaround Times for Contracted Provider Member Billing Resolution		Resolve 75% within 45 days	Each provider billing issue discussed with the billing provider to cease billing or work through payment concerns/education of Medi-Cal allowable rates, denied service lines, corrections needed etc.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager		Q1 2024: Q2 2024: Q3 2024: Q4 2024:
15	Quality of Service	Turnaround Times for ALL Provider Member Billing Resolution		Resolve 100% within 120 days	Each provider billing issue discussed with the billing provider to cease billing or work through payment concerns/education of Medi-Cal allowable rates, denied service lines, corrections needed etc.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager		Q1 2024: Q2 2024: Q3 2024: Q4 2024:
QI Programs/Projects									
16	Quality of Service, Member Experience	Customer Satisfaction Survey Phone Queue (Question #1): Was the MSR helpful and friendly?		95% or better responding "yes"	Work with Member Services call center team if not achieving goal to improve our overall effectiveness towards customer satisfaction.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services	Associate Director of Member Services, Call Center Manager, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:

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17	Quality of Service, Member Experience	Customer Satisfaction Survey Phone Queue (Question #2): Did the MSR help you as much as they could at the time of the call?		95% or better responding "yes"	Work with Member Services call center team if not achieving goal to improve our overall effectiveness towards customer satisfaction.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services	Associate Director of Member Services, Call Center Manager, MS Data Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
18	Quality of Service	Attempt new member outreach to 65% of new members by Health Navigators	Attempt percentages challenged due to short-staffing and staff needed to support call center's significant call volume increases.	65% attempted to reach by Health Navigator call or better	Continued automated welcome call through Intrado for every new member in addition to the Health Navigator monthly outreach. This way every new member is receiving at minimum the new member welcome call script through the automated message, with those not responding receiving follow-up Health Navigator outreach.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Associate Director of Member Services	Member Services Call Center Manager	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
19	Quality of Service, Member Experience	Complete an annual analysis of CenCal Health's CAHPS Survey Results	Two CAHPS surveys on deck for 2024. CAHPS 5.0 through HSAG administration and CAHPS-Clinical Groups 3.0 with Press-Ganey administration.	Complete annual analysis for CAHPS Performance comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks.	CenCal Health Member Services to analyze performance scores received by membership in comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks with goals to improve yearly and remain a top performing plan in California and above the 75th – 90th percentile of managed care plans nationally.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services	MS Business Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
20	Quality of Service, Member Experience	Monitor results of an annual Behavioral Health Satisfaction Survey	NCQA requires monitoring of behavioral health satisfaction through grievances and a satisfaction survey.	Complete annual analysis for Behavioral Health Satisfaction Survey.	CenCal Health's Behavioral Health Department to analyze performance scores received by membership in comparison to previous year scores, and report to Member Support Committee annually on results and opportunities for improvement, along with strategies to be implemented to address low performance.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Behavioral Health	BH Call Center Manager	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
21	Member Experience	NCQA Report ME 6: Personalized Information of Health Plan Services	New report developed in November 2023 and reported to MSC at the 11/9/23 meeting. Report should expand as processes are being developed to meet monitoring requirements of the ME6 Standards.	Complete annual ME6 Report and present to MSC for feedback and suggestions for quality improvement of web, phone and email service delivery.	1. Monitor the analysis results of CenCal Health's Website Functionality annually - Element A 2. Monitor the analysis results of CenCal Health's Phone Functionality annually - Element B 3. Monitor the analysis results of CenCal Health's Quality and Accuracy of Information given over Web and Phones - Element C 4. Monitor the analysis results of CenCal Health's Email Responsiveness to Members - Element D	02/08/24; 05/09/24; 08/09/24; 11/14/24	Director of Member Services	MS Business Analyst	Q1 2024: Q2 2024: Q3 2024: Q4 2024:
22	Quality of Service	Complete Annual Policy & Procedure Review and Approval Process	Process transitioned to Policy Tech	Complete annual analysis for changes needed for DHCS, NCQA and other regulatory updates required.	1. Follow check out procedures from Policy Tech to edit Policy & Procedures annually under the jurisdiction of MSC to review and approve of edits needed. 2. Follow check out procedures from Policy Tech to edit Policy & Procedures for ad-hoc updated under the jurisdiction of MSC to review and approve of edits needed.	12/31/2024	Director of Member Services		Q1 2024: Q2 2024: Q3 2024: Q4 2024:
Access Indicators									
23	Quality of Service	Average Speed to Answer	Significant impacts to call volume increases to begin 2024 for the Adult Expansion popluation, increased mailing requirements by 2024 Contract and other member outreach, impacting ASA substantially.	85% of calls answered to be answered in 30 seconds or less.	1. Ensure ASA goal included in staffing calculations for adequate staffing levels to acheid performance to goal.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Call Center Manager	Director of Member Services, Associate Director of Member Services	Q1 2024: Q2 2024: Q3 2024: Q4 2024:

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title or Role)	Shared Responsibility (Title/Role)	Quarterly Updates
24	Quality of Service	Abandon Rate	Significant impacts to call volume increases to begin 2024 for the Adult Expansion population, increased mailing requirements by 2024 Contract and other member outreach.	Abandon 5% or less of aggregate call volume	1. Regular montoring of abandon rates by time of day, including factors resulting inpeak volume times.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Call Center Manager	Director of Member Services, Associate Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
25	Quality of Service	Calls in Queue Waiting 10 Minutes or Longer	Significant impacts to call volume increases to begin 2024 for the Adult Expansion population, increased mailing requirements by 2024 Contract and other member outreach, impacting this metric's ability to remain at zero calls.	0% of calls received waiting in queue for 10 minutes or longer without answer.	Monitor reasons for calls waiting in queue with long hold times before answer to determine staffing needs, changes to staff processes or interventions as necessary.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Call Center Manager	Director of Member Services, Associate Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
26	Quality of Service	Access Grievances (Standard & Expedited)		Remain In Control with previous year Mean (Avg).	Share Access Grievances with the Member Support and Network Management Committees for tracking, trending and any potential follow-up action.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager	Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
27	Quality of Service	Access Grievances (Exempt - from PCP Re-selections)		Remain In Control with previous year Mean (Avg).	Share Access Grievances with the Member Support and Network Management Committees for tracking, trending and any potential follow-up action.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Grievance & QI Manager	Director of Member Services	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
28	Quality of Service	Aggregate Interpreter Services	Mixteco Interpreters are harder to secure, and in correct dialects, as more requests are coming in.	Remain In Control with previous year Mean (Avg).	1. Educated providers in updated Provider Manual documentation of interpreter services made available for use with their patients. 2. Monitor and report vendor usage (MICOP for Mixteco interpreters and CLI all languages) for improvement opportunities and service breakdowns. 3. Increase member and provider awareness of interpreter service availability.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Cultural & Linguistic Services Manager	Director of Member Services, Call Center Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**
29	Quality of Service	Alternative Format Selections	Most members contacted actually do not want every material in AFS chosen. Ned to continue phone outreach to verify with members of their true needs.	Monitor population increases and decreases in AFS selections and oversight of AFS materials sent quarterly to our membership	1. Educated members on AFS requests and contact members to ensure they want each material sent in their AFS. 2. Ensure member materials are available in AFS. 3. Increase member awareness of AFS availability.	02/08/24; 05/09/24; 08/09/24; 11/14/24	Cultural & Linguistic Services Manager	Director of Member Services, Call Center Manager	**Q1 2024:** **Q2 2024:** **Q3 2024:** **Q4 2024:**

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1	N/A	Annually develop workplan and review quarterly metrics to identify barriers and opportunities for improvement	N/A	Ensure quarterly data is collected, reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Operations Manager	
2	N/A	Report quarterly metrics to QIHEC to achieve and maintain program integration with the QIHETP	N/A	Ensure quarterly data is collected, reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/25			
3	Quality of Service	Resolution of Provider Grievances (operational) - % of Provider Grievances resolved within 45 business days	N/A	Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
4	Quality of Service	Process PCP Requests for Member Reassignment -% of requests processed timely (by the 9th of each month) -% of requests (PTMPYCM) that remain within control limits each month	Consider redesign of process to address requests for members who are no longer eligible, have moved or are lost to follow-up	Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
5	Quality of Service	Measure Provider Satisfaction - % of surveyed providers who are satisfied with CenCal Health (annually)	Review survey methodology to ensure adequate response rate & reduce provider abrasion. Collect accurate provider emails. Address any findings from 2023 survey	Ensure annual data is collected, reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	TBD	Provider Services Director	Quality & Credentialing Manager	
6	Quality of Service	Measure Call Center Metrics - % of calls to Provider Relations abandoned - % of calls to Provider Relations answered within 30 seconds		Ensure quarterly data is collected, reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Relations Director		
7	Safety of Care	Timeliness of new provider credentialing - % of new providers credentialed within 90 days		Ensure quarterly data is collected, reviewed and presented to QIHEC APL 22-013 Provider Credentialing / Recredentialing and Screening / Enrollment	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
8	Quality of Service	Provider Satisfaction with Training Seminars Assess attendee understanding and retention of material, and overall provider satisfaction with seminars - Survey seminar attendees (metric TBD) - % of surveyed providers who are satisfied with Training Seminars ofered by CenCal Health		Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Relations Director		
9	Quality of Service	Track # of PSR provider visits and assess provider satisfaction with visits - Develop goals for # of visits weighted per PSR - % of surveyed providers who are satisfied with PSR visits		Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Relations Director		
10	Quality of Service	New provider orientations - % of orientations for all newly contracted providers initiated within 10 business days - % of orientations for all newly contracted providers completed within 30 business days		Ensure quarterly data is collected, reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Relations Director		

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title/Role)	Shared Responsibility (Title/Role)	Quarterly Updates
11	Safety of Care	Timeliness of provider recredentialing - % of providers due for recredentialing approved by due date (every 36 months)	Implement process to escalate instances of provider noncompliance	Ensure quarterly data is collected, reviewed and presented to QIHEC NCQA 2024 Standards & Guidelines for the Accreditation of Health Plans CR4 Element A APL 22-013 Provider Credentialing / Recredentialing and Screening /	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
12	Safety of Care	Provider Enrollment - % of providers enrolled as Medi-Cal providers within 120 days of the date made effective in CenCal Health's network	Implement process to escalate instances of provider noncompliance	Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed APL 22-013 Provider Credentialing / Recredentialing and Screening / Enrollment	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
13	Member Experience	Ensure accuracy of provider directory data and provider data entry - % accuracy of provider data prior to publication in the directory, in a sample audited by staff - % accuracy of provider data entered into the provider subsystem by staff, in a sample audited by staff		Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed NCQA 2024 Standards & Guidelines for the Accreditation of Health Plans CR1 Element A Factor 11 and NET5 Elements A, B, C, D, F,	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Operations Manager	
14	Safety of Care	Performance of FSR/MRR - % of FSR/MRRs Completed Timely - % of FSR/MRRs in Good Health	Providers adjusting to new standards & audit tools; more CAPs to be expected	Ensure quarterly data is retrieved and reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
15	Member Experience	Access to PCPs - % of in-network zip codes that meet DHCS time or distance standards for PCPs PCP-to-Member Ratio SLO PCP-to-Member Ratio SB - Physician-to-Member Ratio SLO - Physician-to-Member Ratio SB	Known gaps in remote portions of service area with approved AAS	Ensure quarterly data is retrieved and reviewed and presented to QIHEC NCQA 2024 Standards & Guidelines for the Accreditation of Health Plans NET1 Element B APL 23-001 Network Certification Requirements	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Operations Manager	
16	Member Experience	Monitor Access to Specialists - % of in-network zip codes that meet DHCS time or distance standards for Core Specialists	Known gaps in remote portions of service area with approved AAS	Ensure quarterly data is retrieved and reviewed and presented to QIHEC NCQA 2024 Standards & Guidelines for the Accreditation of Health Plans NET1 Element C	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Operations Manager	
17	Member Experience	Monitor for adequate facilities, personnel, and emergency services - Adequate to provide covered services to members - Adequate to provide emergency services 24/7 w/ one or more physicians and nurses at all times - Minimum 1 hospital meeting this criterion per county or area of county - Hospitals to be located within 15 miles or 30 minutes of members' residences	Known gaps in remote portions of service area with approved AAS	Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed APL 23-001 Network Certification Requirements	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Operations Manager	
18	Member Experience	Cultural & Linguistic Requirements - Network meets ethnic, cultural and threshold linguistic needs on a continuous basis	Develop process to readily collect race & ethnicity data from providers	Ensure quarterly data is collected, reviewed and presented to NMC via an NMC Dashboard on the consent agenda, with option to present as an ad hoc report if needed NCQA 2024 Standards & Guidelines for the Accreditation of Health Plans NET1 Element A Factor 2	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Operations Manager	

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19	Member Experience	Monitor timely access for all appointment types as required: - PCPs have an urgent appointment available within 48 hours of the request at a rate 5% or greater than the state benchmark - PCPs have a non-urgent appointment available within 10 business days of the request at a rate 5% or greater than the state benchmark - Core specialists have an urgent appointment available within 72 hours of the request at a rate 5% or greater than the state benchmark - Core specialists have a non-urgent appointment available within 15 business days of the request at a rate 5% or greater than the state benchmark - Non-physician mental health providers have an urgent appointment available within 48 hours of the request at a rate 5% or greater than the state benchmark - Non-physician mental health providers have a non-urgent appointment available within 10 business days of the request at a rate 5% or greater than the state benchmark - Ancillary providers have an appointment available within 15 business days of the request at a rate 5% or greater than the state benchmark - For minimum of 90% of practices, waiting time in office, from scheduled time of appointment until patient is seen by provider, not to exceed 30 minutes	Performance consistently below statewide average for most appointment types Data issues impact small sample sizes Providers cite staffing issues and dificulty recruiting practitioners to the area due to high cost of living	Ensure quarterly data is retrieved and reviewed and presented to QIHEC NCQA 2024 Standards & Guidelines for the Accreditation of Health Plans NET2 Elements A, B, C APL 23-001 Network Certification Requirements	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	*Quality & Credentialing Manager*	
20	Member Experience	Monitor access to interpretation services - % of PCP office staff aware of and able to access interpretation services - % of specialist office staff aware of and able to access interpretation services - % of mental health office staff aware of and able to access interpretation services - % of ancillary office staff aware of and able to access interpretation services		Ensure quarterly data is retrieved and reviewed and presented to QIHEC	At year end 2024, Any measure that is is negatively away from the goal by more than10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	*Quality & Credentialing Manager*	

Pharmacy & Therapeutics Committee (P&T)
2024 Work Plan

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title or Role)	Shared Responsibility (Title/Role)	Quarterly Updates
1	Quality of Care	Annual Adoption of Clinical Physician-Administered-Drug (PAD) Criteria	NA	Adoption of PAD Clinical Guideline Criteria vetted through plan and network physicians and pharmacists	Memo and Criteria Sampling from each source reviewed by P&T Committee	5/31/2024	Associate Directory, Pharmacy	Pharmacy Director	
2	Quality of Care	Annual Adoption of Pharmacy Policy & Procedures	NA	Adoption of Pharmacy Services Policy & Procedures vetted through plan and network physicians and pharmacists	Memo and latest P&P revision reviewed by P&T Committee	5/31/2024	Associate Directory, Pharmacy	Pharmacy Director	
3	Quality of Care	Conduct annual IRR Study of UM pharmacists	NA	P&T Committee to ensure CenCal Health Pharmacist IRR Score of at least 90% for all cases reviewed	Memo and IRR Results from individual pharmacist tests reviewed by P&T Committee; any pharmacist not meeting goal is retrained	5/31/2024	Clinical Pharmacist, Pharmacy	Pharmacy Director	
4	Quality of Care	Review 2024 Utilization Management Program Description (UMPD) for Pharmacy Services	NA	P&T Committee ensures the UMPD, Pharmacy Section reflects the 2024 Pharmacy Services Benefit	Memo and UMPD, Pharmacy Section reviewed by P&T Committee	3/31/2024	Associate Directory, Pharmacy	Pharmacy Director	
5	Quality of Care	Review PAD Utilization Management Operational Metrics	NA	Review trends of PAD and Medi-Cal Rx UM data in alignment of historical trends and analysis of variants	Quarterly Medical Pharmacy & Medi-Cal Rx dashboard reviewed; outliers reviewed and benefit design update	02/21/2024 05/15/2024 08/21/2024 11/18/2024	Associate Directory, Pharmacy	Pharmacy Director	
6	Quality of Care	Review and monitor authorization timeliness reports to measure adherence to UM Timeliness Standards	NA	Review trends of PAD timelines in alignment with DHCS and NCQA standards	Quarterly Timeliness Report Reviewed when standards not met corrective action plan discussed	02/21/2024 05/15/2024 08/21/2024 11/18/2024	Associate Directory, Pharmacy	Pharmacy Director	
7	Quality of Care	Review of new to market and Recall Physician-Administered-Drugs (PAD)	NA	Ensure current pharmacy benefit offering is inclusive of the most updated PADs	Approval of new and recall PADs and publication to our network on the CenCal Health Website/Bulletin	02/21/2024 05/15/2024 08/21/2024 11/18/2024	Clinical Pharmacist, Pharmacy	Pharmacy Director	
8	Quality of Care	Adoption of Retrospective Drug Utilization Review Programs	NA	Retrospective DUR Programs to align with DHCS contractual requirement and review outcomes relative to baseline	Pending Committee Approval, potential topics can cover: Asthma Controller Adherence, Hypertension, Opioid DUR Program;	02/21/2024 05/15/2024 08/21/2024 11/18/2024	Clinical Pharmacist, Pharmacy	Pharmacy Director; Population Health Manager	

Provider Credentials & Peer Review Committee (PCC)
2024 Work Plan

Item #	Type of Indicator Monitored (Quality of Care; Safety of Care; Quality of Service; Member Experience)	Task/Activity	Monitoring of previously identified issues	DHCS/NCQA Requirement or Goal	Interventions	Target Completion Date (MM/DD/YYYY)	Responsible Staff (Title or Role)	Shared Responsibility (Title/Role)	Quarterly Updates
1	N/A	Annually develop workplan and review quarterly metrics to identify barriers and opportunities for improvement	N/A	Ensure quarterly data is collected, reviewed and presented to QIHEC	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
2	N/A	Report quarterly metrics to QIHEC to achieve and maintain program integration with the QIHETP	N/A	Ensure quarterly data is collected, reviewed and presented to QIHEC	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
3	Safety of Care	Monitoring of Medicare/Medicaid sanctions -% of providers with OIG performed at initial and recredentialing (Goal=100%) -% of months in which screening processes are performed (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR5 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
4	Safety of Care	Monitoring of sanctions and limitations on licensure -% of providers with licensing board query at initial and recredentialing (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR3 Element A & CR5 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
5	Quality of Care	Monitoring of member complaints representing potential quality issues (PQIs) -% member complaints reviewed for PQIs (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR5 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
6	Quality of Care	Monitoring of adverse events - % of QOC concerns brought to PCC when warranted (Goal=100%) -% of initial and recredentialing files with an NPDB/CinBAD query performed timely (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR5 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
7	Quality of Service	Timeliness of provider notification of credentialing decisions - % of providers notified of credentialing decision in writing within 60 days (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR1 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
8	Quality of Service	Timeliness of verifications - % of verifications performed timely (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR3 Element A & CR5 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
9	Safety of Care	Provider terminations for quality issues - % of providers denied credentialing for quality reasons who were terminated from the network (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR5 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	
10	Quality of Service	Incidence of fair hearings as a result of adverse credentialing actions - % of providers afforded the right to a fair hearing in the event of an adverse credentialing action (Goal=100%)	N/A	NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans CR6 Element A	At year end 2024,any measure that is negatively away from the goal by more than 10 percentage points will be further reviewed for opportunities with initiatives for improvement to be placed on the 2025 Workplan.	03/31/24; 06/30/24; 09/30/24; 12/31/24	Provider Services Director	Quality & Credentialing Manager	