

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status	Goal Met (Yes No)
<b>1. QI Program Infrastructure</b>										
1.a.	<a href="#">QI Program Documents</a>	Continued	<b>Goal #1:</b> By July 2026, complete draft QI Program Description, QI Work Plan, and QI Evaluation revisions in preparation for August Quality Committee meetings.	<b>Deliverable #1:</b> Finalize 2026 - 2027 QI Program Description	10/1/2025	7/30/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.a.				<b>Deliverable #2:</b> Finalize 2025 - 2026 QI Work Plan.	10/1/2025	7/30/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.a.				<b>Deliverable #3:</b> Finalize 2025 - 2026 QI Evaluation.	10/1/2025	7/30/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.a.				<b>Deliverable #4:</b> Complete Draft of 2026 - 2027 QI Work Plan	10/1/2025	7/30/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.b.	<a href="#">Improve Partner Satisfaction</a>	New	<b>Goal #1:</b> By November 2025, implement a post-training feedback survey for Trilogy participants to establish a baseline satisfaction score and identify two areas for improvement in future sessions.	<b>Deliverable #1:</b> By August 31, 2025: Draft survey questions and finalize with key team input.	6/30/2025	8/31/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.b.				<b>Deliverable #2:</b> By September 15, 2025: Pilot the survey with a small group and make revisions as needed.	7/30/2025	9/15/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.b.				<b>Deliverable #3:</b> By October 15, 2025: Launch the full survey to all recent Trilogy training participants.	8/1/2025	10/15/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.b.				<b>Deliverable #4:</b> By November 15, 2025: Analyze results.	10/30/2025	11/15/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
1.b.				<b>Deliverable #5:</b> By December 15, 2025: Share findings with the team.	11/15/2025	12/15/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated

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1.c.	<a href="#">Streamline QI Trilogy Document Processes</a>	New	<b>Goal #1:</b> By June 30, 2026, partner with at least two stakeholders outside the Trilogy team to observe current workflows and identify two to three actionable improvements aimed at reducing administrative burden and manual work across the program.	<b>Deliverable #1:</b> By September 30, 2025: Identify and confirm two (or more) stakeholders to engage with.	7/1/2025	9/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.c.				<b>Deliverable #2:</b> By November 30, 2025: Schedule and complete observation sessions or process walk-throughs with each stakeholder	9/30/2025	11/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.c.				<b>Deliverable #3:</b> By January 31, 2026: Analyze findings and map out current pain points or redundancies.	11/30/2025	1/31/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.c.				<b>Deliverable #4:</b> By March 31, 2026: Draft a summary of proposed process improvements and share with stakeholders for feedback.	1/31/2026	3/31/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.c.				<b>Deliverable #5:</b> By June 30, 2026: Finalize two to three actionable improvement recommendations and develop an implementation plan.	3/31/2026	6/30/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.d.	<a href="#">Enhance QI Trilogy Training Tools</a>	New	<b>Goal #1:</b> By June 30, 2026, collaborate with the Training & Development team to revamp the QI Trilogy Training and develop at least two microlearning modules that reinforce key concepts in a more engaging and accessible format.	<b>Deliverable #1:</b> By August 30, 2025: Meet with T&D team to define project scope, responsibilities, and timeline.	6/30/2025	8/30/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.d.				<b>Deliverable #2:</b> By October 15, 2025: Gather and review current training materials; identify areas needing updates or replacement.	8/30/2025	10/15/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.d.				<b>Deliverable #3:</b> By December 31, 2025: Draft new or revised content and storyboard two microlearning modules.	10/15/2025	12/31/2025	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.d.				<b>Deliverable #4:</b> By February 28, 2026: Complete development of microlearning modules and test internally.	12/31/2025	2/28/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
1.d.				<b>Deliverable #5:</b> By March 31, 2026: Launch updated training and modules; collect initial user feedback.	2/28/2026	3/31/2026	Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Francesca Bautista	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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1.e.	<a href="#">Physician Advisory Committee (PAC) Oversight of QI Program</a>	New	<b>Goal #1:</b> By June 30, 2026, Ensure PAC oversight of Partnership's QI Program through semi-annual monitoring of the QI Work Plan	<b>Deliverable #1:</b> By September 30, 2024 QI Trilogy Documents to be reviewed for approval by PAC in September 2024, post-review of other Quality committees to include but not limited to: * FY 2024-25 - Work Plan * FY 2024-25 - Program Descriptions * FY 2023-24- QI Program Evaluation	9/10/2025	9/30/2025	Title: Chief Medical Officer Name: Robert Moore	Title: Executive Assistant Name: Sarah Browning	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>2. Measurement, Analytics and Reporting</b>											
2.a.	<a href="#">HEDIS® Reporting</a>	Continued	<b>Goal #1:</b> By June 30, 2026, report HEDIS MY2025 final rate performance as required annually for NCQA Health Plan Accreditation (HPA) and the DHCS Managed Care Accountability Set (MCAS) and baseline Medicare data.	<b>Deliverable #1:</b> Annual Project Work Plans updated by 10/31/2025 to accommodate HPA, MCAS and Medicare unique activities/deliverables.	7/1/2025	10/31/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.				<b>Deliverable #2:</b> By June 30, 2026, report HEDIS MY2025 final rate performance as required annually for NCQA Health Plan Accreditation (HPA), the DHCS Managed Care Accountability Set (MCAS), and the baseline Medicare population.	1/1/2026	6/30/2026	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.		Continued	<b>Goal #2:</b> By August 29, 2025, launch the HEDIS MY2025 Monthly Project in Inovalon to include data reporting for NCQA Health Plan Accreditation (HPA), the DHCS Managed Care Accountability Set (MCAS) and the Dual Eligible Special Needs Plan (D-SNP).	<b>Deliverable #1:</b> Create Monthly Project Work Plan updated by August 29, 2025 to include HPA, MCAS and D-SNP unique activities/deliverables.	7/1/2025	8/29/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.				<b>Deliverable #2:</b> By August 29, 2025, launch the HEDIS MY2025 Monthly Project which includes all populations for DHCS, HPA and D-SNP.	7/1/2025	8/29/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.				<b>Deliverable #3:</b> By August 29, 2025, send data exports for the HEDIS MY2025 Monthly Project which includes all populations for DHCS, HPA and D-SNP to the EDW & HA team's to create the PQD Monthly Dashboard.	7/1/2025	8/29/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.				<b>Deliverable #4:</b> Timely publication of the MY2025 HEDIS® Monthly Exploratory dashboard, based on efforts by HEDIS, EDW, and Health Analytics team member, to include enhancement requests. (Contingent on HRP® production implementation).	7/1/2025	10/15/2025	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho  Title: Director of Data Warehouse Name: Arun Saligame  Title: Manager of Health Analytics Name: Tom Nguyen	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.a.		New	<b>Goal #3:</b> By June 30, 2026, submit supplemental data extracted from OCHIN Epic, eCW and NextGen for HEDIS Annual MY2025 from an NCQA certified data aggregator to support regulatory compliance required for NCQA Health Plan Accreditation (HPA) and the DHCS Managed Care Accountability Set (MCAS).	<b>Deliverable #1:</b> Submit ROADMAP Annual Audit Deliverable that includes an NCQA Certified Dav Aggregator for auditor(s) approval.	11/1/2025	3/31/2026	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.a.				<b>Deliverable #2:</b> Integrate data from certified Dav Aggregator upon auditor(s) approval into the HEDIS MY2025 Annual project.	2/1/2026	5/31/2026	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen  Title: Director of Quality Measurement Name: Kristine Gual	Title: Manager of Quality Measurement Name: Sue Quichocho	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.	<a href="#">Member Experience Improvement</a>	New	<b>Goal #1:</b> By June 30, 2026, in collaboration with the Finance Health Analytics team, design and implement an organization-wide patient experience performance visualization dashboard that will accomplish the 3 (three) deliverables.	<b>Deliverable #1:</b> Develop and approve a Business Requirements Document (BRD), to include the project scope and data that will be displayed as part of the NCQA-regulated CAHPS Survey Results, including: • NCQA Health Plan Star Ratings • Survey aggregate summary rates • Composite and rating measures • Quality Compass HEDIS benchmark comparisons • Star Rating performance by population segment	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.				<b>Deliverable #2:</b> Ensure stakeholder alignment and acceptance through: • Conducting regular stakeholder feedback sessions • Holding iterative design reviews with key department representatives • Documentation of stakeholder requirements and securing sign-off	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.				<b>Deliverable #3:</b> Validate functionality through: • User acceptance testing (UAT) with identified end-users • Data accuracy verification	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.				<b>Deliverable #1:</b> By June 30, 2026, identify non-regulated survey questions that align with CAHPS H.5.1 core question framework; develop corresponding gateway questions to guide respondents appropriately, apply skip logic to improve streamline survey flow, and ensure the ability to drill down to actionable root causes.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett  Title: Project Manager I Name: Andrea Thomas	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.		New	<b>Goal #2:</b> By June 30, 2026, the CAHPS® Team will collaborate with Press Ganey to develop both the Adult and Child CAHPS® non-regulated survey questions and standardized reporting templates. This effort will support clearer insights, establish a more consistent reporting framework, and reduce administrative burden, while informing improvement efforts.	<b>Deliverable #2:</b> By June 30, 2026, define the reporting logic, presentation guidelines, and analysis processes for final reporting, provided by Press Ganey's analytics team.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett  Title: Project Manager I Name: Andrea Thomas	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.b.		New		<b>Deliverable #3:</b> By June 30, 2026, develop and validate two distinct report templates: • A leadership-focused template designed to support strategic decision making by highlighting trends and key drivers for decision-makers • A consumer-friendly template designed for clear easy-to-understand comprehension.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.				<b>Deliverable #1:</b> By June 30, 2026, complete a gap analysis comparing Partnership's CAHPS-related operations with the strategies outlined in the ACAP CAHPS® Best Practices Playbook to identify key areas for improvement.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.b.				<b>Goal #3:</b> By June 30, 2026, the CAHPS® Team will utilize the Association for Community Affiliated Plans (ACAP) CAHPS Best Practices Playbook to identify and prioritize actionable opportunities to improve member experience, focusing on alignment with proven strategies implemented by peer plans.	<b>Deliverable #2:</b> By June 30, 2026, create an action plan to implement at least two high-priority improvement initiatives informed by the gap analysis findings that target favorable outcomes for both the Adult and Child populations.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
2.c.	<a href="#">Member Services Access</a>	Continued	<b>Goal #1:</b> By June 30, 2026, ensure compliance of internal and delegated access standards as it relates to inbound call handling.	<b>Deliverable #1:</b> Monitor, Analyze and Recommend Corrective Action Plan(s) (CAP) when appropriate which includes:  • Review internal call center performance stats monthly (performance benchmarks tracked quarterly) on several service level agreements (SLAs)  • Plan to continue to track quarterly delegate call center performance (submitted quarterly by each respective delegate) against established performance thresholds (based on SLAs above) during Delegate Oversight quarterly meetings	7/1/2025	6/30/2026	Title: Senior Director of Member Services and Grievances Name: Edna Villasenor	Title: Associate Director of Member Services Name: Cyress Mendiola  Title: Manager of Quality and Training Services Name: Kristen Clark	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.d.	<a href="#">Primary Care Provider Quality Incentive Program</a>		<b>Goal #1:</b> By June 30, 2026, PCP QIP will continue to revise and ensure that the Data Validation Framework documents comprehensively support a robust and effective verification of payment accuracy. This involves confirming that data sources	<b>Deliverable #1:</b> Evaluate Data Validation Framework documents and examine the QIP specific validation procedures outlined in the documents to ensure they are robust and effective in verifying payment accuracy based on prior measurement years "lessons learned". Any enhancements to the process will be incorporated into the document as they are identified.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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2.d.	<a href="#">Quality Incentive Program (PCP QIP) Payment Processing Report</a>	New	payment accuracy. This involves confirming that data sources are clearly defined, with proper lineage and ownership established, and that validation procedures include thorough checks for data completeness, accuracy, consistency, and timeliness.	<b>Deliverable #2:</b> Upon review of prior year validation, incorporate stakeholder process improvement changes into QIP Data Validation framework and document any suggested enhancements made by the Executive team during the Executive walk-through.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.e.	<a href="#">Web Based Member Information Assessment</a>	Continued	<b>Goal #1:</b> By June 30, 2026, complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in NCQA Standard ME 6 Element C: Quality and Accuracy of Information.	<b>Deliverable #1:</b> Complete annual evaluation of the quality and accuracy of information provided to members via e-mail and telephone as stated in ME 6 C: Quality and Accuracy of Information.	7/1/2025	6/30/2026	Title: Senior Director of Member Services and Grievances Name: Edna Villasenor  Title: Associate Director of Member Services Name: Cyress Mendiola	Title: Manager of Quality and Training Services Name: Kristen Clark	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.	<a href="#">Primary Care Provider Quality Incentive Program (PCP QIP) eReports System</a>	Continued <i>(Monitoring of previous issue)</i>	<b>Goal #1:</b> By June 30, 2026, PCP QIP will continue collaborating with the Partnership Web Team to align 2026 eReports with HRP® (Health Rules Payor) data elements in preparation for the launch of HRP®.	<b>Deliverable #1:</b> Review 2026 eReports scoping and development with Web Team to identify areas within eReports that need integration with HRP®. Finalize via annual Business Requirement Documents (BRD) approved by QI and IT management.	7/1/2025	11/1/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Teresa Lugo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.				<b>Deliverable #2:</b> Complete User Acceptance testing (UAT), inclusive of HRP® integration testing, per approved 2026 eReports BRD, for on-time release to provider network.	11/1/2025	3/1/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Teresa Lugo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.f.				<b>Deliverable #3:</b> Conduct weekly eReports check-in meetings with the Partnership Web Team to discuss project timeline, BRD revisions, application logic, UAT testing timelines, progress and bugs.	10/1/2025	3/15/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Teresa Lugo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #1:</b> Complete an annual HEDIS® Monthly data user needs assessment for MY2026 Monthly Exploratory dashboard in PQD. In collaboration with the HEDIS® team and QMSI workgroup's leads and through use of the updated Master Measure List to confirm applicable measures.	7/1/2025	3/30/2026	Title: Director of Quality Management Name: Kristine Gual  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.g.	<a href="#">Partnership Quality Dashboard (PQD)</a>	Continued <i>(Monitoring of previous issue)</i>	<b>Goal #1:</b> By June 30, 2026, apply annual development updates of the MY2026 HEDIS® Monthly Exploratory Dashboard in accordance with identified stakeholder needs (Contingent on HRP® implementation).	<b>Deliverable #2:</b> Complete updated HEDIS® Monthly Exploratory business requirements documentation for MY2026 Monthly Exploratory dashboard in PQD in collaboration with the HEDIS® team.	7/1/2025	3/30/2026	Title: Director of Quality Management Name: Kristine Gual  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #3:</b> Send data exports for the MY2026 HEDIS® Monthly Project to the EDW & Health Analytics teams to create the PQD Monthly Dashboard.	4/1/2026	6/30/2026	Title: Director of Quality Management Name: Kristine Gual  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #4:</b> Timely publication of the MY2026 HEDIS® Monthly Exploratory dashboard, based on efforts by HEDIS, EDW, and Health Analytics team members. (Contingent on HRP® production implementation).	4/1/2026	6/30/2026	Title: Director of Quality Management Name: Kristine Gual  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #1:</b> Work with representatives of the provider network to review all enhancement requests to be included in the Business Requirements Document (BRD) to be reviewed and approved by the Enterprise Data Warehouse (EDW) team for the new measurement year (MY).	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Project Manager I Name: Anwar Hugais	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #2:</b> Work with stakeholders to submit updated annual dashboard business requirements document (BRD) to developers for review and approval.	7/1/2025	1/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Project Manager I Name: Anwar Hugais	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #3:</b> Gain agreements between developers and business owners for identified new business requirements.	1/31/2026	3/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Project Manager I Name: Anwar Hugais	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.g.				<b>Deliverable #4:</b> Completion of user acceptance testing (UAT) of dashboards.	5/31/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Project Manager I Name: Anwar Hugais	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.g.				<b>Deliverable #5:</b> Timely publication of the dashboards in PQD for internal and external use.	5/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Incentive Programs Name: Amy McCune  Title: Project Manager I Name: Anwar Hugais	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.	<a href="#">Enterprise Information Management</a>	Continue	<b>Goal #1:</b> By June 30, 2026, integrate the HRP® version of the HEDIS® project data into the Enterprise Data Warehouse and use this data to create the HRP® version of the HEDIS® PQD modules.	<b>Deliverable #1:</b> Integrate HEDIS® Health Rules Payor data in to Enterprise Data Warehouse environment and make necessary programming changes to populate Provider Quality Dashboard-HEDIS® tables.	9/1/2025	10/15/2025	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.				<b>Deliverable #2:</b> Develop the HEDIS® PQD dashboards using the HRP® data and complete User Acceptance Testing (UAT).	10/16/2025	11/30/2025	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.		New	<b>Goal #2:</b> By June 30, 2026, Plan, Develop, Test, and have the files ready for Wakely to integrate the test data to their environment to help build STAR measures dashboard for Medicare Line of Business (LOB).	<b>Deliverable #1:</b> Complete assessment of all the datasets (both HEDIS & non HEDIS measures data) that need to be delivered to Wakely. Create metadata document and other necessary documentation to finalize the requirements	8/1/2025	10/15/2025	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.				<b>Deliverable #2:</b> Develop, Build and test the files for Wakely to integrate all necessary datasets to help build STAR measures dashboard.	10/16/2025	3/31/2026	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.		New	<b>Goal #3:</b> By June 30, 2026, develop, test, and have the 2025 HEDIS® monthly project live in production with the data available to users via the HEDIS® PQD modules.	<b>Deliverable #1:</b> Complete development and testing to deliver 2025 HEDIS® monthly files to the QI Team. This might require building medi-cal, medi-medi and medicare population and catalogs on the Inovalon side.	7/1/2025	7/15/2025	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.				<b>Deliverable #2:</b> Integrate 2025 HEDIS® data from monthly project into the Enterprise Data Warehouse.	7/16/2025	8/1/2025	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.h.		New	<p><b>Goal #4:</b> By June 30, 2026, Plan, Develop, Test, and have the test files ready for PCP QIP project to support Medicare LOB. Integrate the necessary datasets to Cozeva platform to support QIP measures.</p>	<p><b>Deliverable #3:</b> Develop and test PQD HEDIS® dashboards using the 2025 HEDIS® monthly project data.</p>	8/2/2025	8/15/2025	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.				<p><b>Deliverable #1:</b> Complete assessment of all the datasets that need to be delivered to Cozeva platform to support Medicare LOB. Create metadata document and other necessary documentation to finalize the requirements.</p>	10/1/2025	1/31/2026	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.h.				<p><b>Deliverable #2:</b> Develop and Build the test files for PCP QIP program and integrate all necessary datasets to Cozeva platform.</p>	2/1/2026	6/30/2026	Title: Senior Director of Enterprise Information Management Name: Thenn Subramanian	Title: Director of Data Warehouse Name: Arun Saligame	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.i.	<a href="#">Dual Eligible Special Needs Plan (D-SNP)</a>	New	<p><b>Goal #1:</b> By June 30, 2026, develop the Quality Improvement framework to support the proposed Dual Eligible Special Needs Plan (D-SNP) program and monitoring of associated quality metrics.</p>	<p><b>Deliverable #1:</b> By June 30, 2026, develop a training approach for D-SNP education specific to QI department staff for the ability to address anticipated low performing measures and initiate improvement activities ahead of D-SNP program launch in CY2027.</p>	7/1/2025	6/30/2026	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.i.				<p><b>Deliverable #2:</b> By February 15, 2026, complete the 2027 Model of Care document for submission to NCQA and DHCS.</p>	7/1/2025	6/30/2026	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.i.				<p><b>Deliverable #3:</b> By June 30, 2026, with collaboration from vendors Cirdan Wakely, Inovalon and Partnership internal stakeholders, develop the framework for data integration and analysis within the Stars analytics tool using baseline prospective Medicare member data.</p>	7/1/2025	6/30/2026	Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Senior Medicare QI Program Manager Name: Kimberly Robertello	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.j.	<a href="#">HEDIS Reporting to Support D-SNP Data Collection and Analysis</a>	Continue	<p><b>Goal #1:</b> By August 29, 2025 provide first set of data for D-SNP Monthly MY2025 data to the QI D-SNP Team and, send data monthly thereafter after each data refresh.</p>	<p><b>Deliverable #1:</b> By August 29, 2025, send first set of Monthly MY2025 data exports to the EDW &amp; HA team's to create the PQD Monthly Dashboard, send the Monthly data to the QI D-SNP team.</p>	7/1/2025	8/29/2025	Title: Director of Quality Measurement Name: Kristine Gual  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.j.				<p><b>Deliverable #2:</b> By June 30, 2026, perform a comparative analysis of preliminary and final HEDIS MY 2025 data for the D-SNP baseline population against comparable Wakely HEDIS MY 2025 Medicare baseline data.</p>	7/1/2025	6/30/2026	Title: Director of Quality Measurement Name: Kristine Gual  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
2.k.	<a href="#">Conduct Year Round Medical Record Review</a>	New	<b>Goal #1:</b> By November 28, 2025 begin year-round medical record review to focus on priority measures identified.	<b>Deliverable #1:</b> Build Medical Record Project in the Prospective Monthly MY2025 Project. Utilize Inovalon's Electronic Record on Demand, and the supplemental data catalogs to support priority Admin measures.	7/1/2025	9/30/2025	Title: Director of Quality Measurement Name: Kristine Gual  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
2.k.				<b>Deliverable #2:</b> Develop outline and intent of the W30 Kaizen, Schedule Kaizen session to include all applicable attendees. Present outcome of Kaizen to QI Leadership and applicable stakeholder within the organization.	7/15/2025	11/29/2025	Title: Director of Quality Measurement Name: Kristine Gual  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Manager of Quality Measurement Name: Sue Quichocho	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>3. Value Based Payment Programs - QIP</b>											
3.a.	<a href="#">Primary Care Provider Quality Incentive Program (PCP QIP)</a>	New	<b>Goal #1:</b> By June 30, 2026, the PCP QIP Program will be leveraged to support existing and newly added low performing providers in the Modified QIP measure set. This support will include provider education and encouragement to increase on line data platform usage and monitoring which results in improved engagement and performance improvement activities.	<b>Deliverable #1:</b> For both new and existing Modified QIP providers, the QIP team will partner with the assigned Improvement Advisor to determine overall QIP skill-set level amongst modified QIP staff. This assessment will inform the QIP team how to move forward and what level of engagement/training is needed. This may include the QIP teams involvement in monthly or quarterly practice facilitation meetings.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.a.				<b>Deliverable #2:</b> Create a survey specifically for Modified QIP provider which includes questions to check-in, assess needs and important reminders. Survey will be distributed on quarterly basis. Results will be reviewed and, if necessary, followed up with a 1:1 email.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.a.				<b>Deliverable #3:</b> Assess survey results annually to determine effectiveness and ongoing distribution.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Amber Newell  Title: Program Manager II Name: Athena Beltran Namprasuet  Title: Program Manager I Name: Eva Lopez	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.		New	<b>Goal #1:</b> By June 30, 2026, develop the 2026-2027 measurement year Hospital Quality Incentive Program (H-QIP) Measurement Set to support Hospital Performance Improvement.	<b>Deliverable #1:</b> Complete development of measures for 2026-27 H-QIP.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.		New	<b>Goal #2:</b> Develop Partnership's Hospital Quality Symposium	<b>Deliverable #1:</b> Select dates, venues, theme, topics, and tentative speakers for the event	7/1/2025	4/1/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.b.	<a href="#">Hospital Quality Incentive Program (H-QIP)</a>	New	for the 2026-2027 H-QIP measurement year	<b>Deliverable #2:</b> Finalize agenda, complete speaker engagement, promote event with hospitals	1/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.		New	<b>Goal #3:</b> By January 31, 2026, complete evaluation of the 2024-2025 HQIP and deliver summary to the Partnership Quality Committee meetings (IQI, QUAC, PAC).	<b>Deliverable #1:</b> Evaluate 2024-2025 hospital program performance by measure in comparison to prior measurement year.	7/1/2025	1/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.b.				<b>Deliverable #2:</b> Provide Evaluation summary to the Partnership Quality Committee meetings (IQI, QUAC, PAC).	7/1/2025	1/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.	<a href="#">Palliative Care Quality Incentive Program (PC QIP)</a>	New	<b>Goal #1:</b> By December 31, 2025, develop a measurement set for the calendar year (CY) 2026 Palliative Care Quality Incentive Program (PC QIP), that supports quality improvement. On February 14, 2025, Palliative Care Quality Collaborative (PCQC), notified the Palliative Care QIP team that they were dissolving due to lack of funding to maintain operations and they were officially closing their doors on April 17, 2025. PCQC supplied the supplemental data required to calculate payment for measure III, Completion of Assessments and the Use of the PCQC tool. Due to PCQC no longer being able to provide the Palliative Care QIP team with this supplemental data, the creation of a new measure, Palliative Care Survey, is in development.	<b>Deliverable #1:</b> Complete measure development for CY 2026 PC QIP. This includes the creation of a new palliative measure, Palliative Care Survey, to replace measure III, Completion of PCQC Assessments and the Use of the PCQC tool.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.		New	<b>Goal #2:</b> By June 30, 2026, complete CY 2025 PC QIP evaluation.	<b>Deliverable #1:</b> Complete evaluation of the program's CY 2025 measurement year to monitor performance.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.		New	<b>Goal #3:</b> By June 30, 2026, the PC QIP will work to revise the Data Validation Framework document to include the payment process for the new measure, Palliative Care Survey, that will be replacing measure III, Completion of Assessments and Use of the PCQC Tool, along with making any necessary revisions to the payment processes for measure I, Avoiding Hospital and Emergency Room admissions, and measure II, Completion of a POLST, to ensure these processes reflect the enhanced validation that is conducted for payment processing accuracy and timeliness.	<b>Deliverable #1:</b> Review the Data Validation Framework document to map out the payment process for the new palliative measure, Palliative Care Survey, and the current payment processes for measures I and II to identify any revisions needed to be made to ensure the payment processes are robust and accurate.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.c.	<b>Deliverable #2:</b> Implement the enhanced Data Validation Framework document processes during payment processing for the Palliative Care QIP measure periods 1 (Jan-June 2025), which will begin in September 2025, and measure period II (Jul-Dec 2025), which will begin in April 2026. The Palliative Care QIP team will monitor this process to identify any additional areas for improvements.			9/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Eva Lopez	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.d.	<a href="#">Perinatal Quality Incentive Program (PQIP)</a>	New	<b>Goal #1:</b> By June 30, 2026, continue to develop Perinatal QIP Measurement set to support HEDIS® Score Improvement through May 30, 2026, and leverage support from Partnership's Population Health team and the Growing Together Program to improve scores for the Timely Prenatal Care measures.	<b>Deliverable #1:</b> Develop Perinatal QIP Measurement set to support HEDIS® Score Improvement through May 30, 2026 and leverage support from Partnership's Population Health team and the Growing Together Program to improve scores for the Timely Prenatal Care measure.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.		New	<b>Goal #2:</b> By June 30, 2026, continue to support provider on-boarding and ECDS implementation to satisfy programmatic gateway measure (ECDS).	<b>Deliverable #1:</b> For existing PQIP providers: Continue ECDS education and on-boarding for gateway measure compliance.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.				<b>Deliverable #2:</b> Support contracting with DataLink by providing education and one-on-one meetings with provider staff.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.d.		New	<b>Goal #3:</b> By June 30, 2026, complete PQIP program evaluation for FY 24-25.	<b>Deliverable #1:</b> Complete FY 24-25 PQIP program evaluation and deliver to internal committees; IQI, PAC, & QU/AC.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager II Name: Troy Foster	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.	<a href="#">Enhanced Care Management Quality Incentive Program (ECM QIP)</a>	Continued	<b>Goal #1:</b> By December 31, 2025, develop a measurement set for the calendar year (CY) 2026 Enhanced Care Management Quality Incentive Program (ECM QIP) that supports quality improvement and aligns with DHCS's requirements.	<b>Deliverable #1:</b> Complete measure development for CY 2026 ECM QIP measurement year.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.		Continued	<b>Goal #2:</b> By December 31, 2025, complete CY 2024 ECM QIP evaluation.	<b>Deliverable #1:</b> Complete evaluation of the program's CY 2024 measurement year to monitor performance	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.		Continued	<b>Goal #3:</b> By June 30, 2026, improve provider engagement by offering one-on-one assistance through meetings and trainings, and annual Advisory Group.	<b>Deliverable #1:</b> Outreach to new ECM providers and offer one-on-one meetings to include an overview of the ECM QIP, review the detailed specifications and answer questions	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.				<b>Deliverable #2:</b> Outreach to low-performing ECM providers immediately after payment processing and offer one-on-one meetings to review the areas needing improvement, re-review relevant areas in the specifications, and share best practices for success.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.e.			<b>Deliverable #3:</b> Facilitate Advisory Group meeting for providers to review proposed CY 2026 measurement set and offer their feedback and suggestions for improvement.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Incentive Programs Name: Amy McCune	Title: Program Manager I Name: Deanna Watson	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.f.		New	<b>Goal #1:</b> By October 31, 2025, complete the Advance Care Planning (ACP) and Annual Wellness Visit (AWV) measure development for inclusion in the 2027 D-SNP QIP measurement year.	<b>Deliverable #1:</b> Evaluate the current framework for Advance Care Planning (ACP) and Annual Wellness Visit (AWV) for inclusion in the D-SNP QIP.	7/1/2025	9/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.				<b>Deliverable #2:</b> Present proposed ACP and AWV measures to Executive Leadership for approval.	7/1/2025	10/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.		New	<b>Goal #2:</b> By October 31, 2025, obtain a signed contract agreement with Partnership Healthplan and our selected D	<b>Deliverable #1:</b> I.T purchasing will submit vendor information, SOW/MSA, estimated purchasing price, contract term to Non-Contracting Provider team.	7/1/2025	7/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.				<b>Deliverable #2:</b> Review SOW/MSA with QI Leadership and I.T. stakeholders.	7/1/2025	8/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.f.	<a href="#">Dual Eligible Special Needs Plan (D-SNP) Quality Incentive Program (QIP) Development</a>	New	agreement with Partnership Healthplan and our selected D-SNP system vendor, Cozeva.	<b>Deliverable #3:</b> Pricing and negotiation will be conducted by Finance, I.T., and Executive Leadership team. Cozeva will provide a detailed price breakdown for additional system enhancement which may include Advance Care Planning (ACP) and Annual Wellness Visit (AWV).	7/2/2025	09/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.				<b>Deliverable #4:</b> Finalize contract agreement will be signed by Partnership Healthplan (PHC) and Cozeva on or before October 31, 2025.	7/3/2025	10/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen		<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.		New	<b>Goal #3:</b> By June 30, 2026, develop a detailed implementation plan and timeline ( Project kick-off, Pre-Implementation phase, Implementation phase) with internal PHC teams and Cozeva.	<b>Deliverable #1:</b> Project scoping will begin after a executed contract has been signed. Scoping meetings with D-SNP IT stakeholders, QIP and Cozeva to begin November 1, 2025 through December 31, 2025.	11/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.				<b>Deliverable #2:</b> Pre-implementation phase: includes, but not limited to, setup SFTP/ECG file transfer, Data kick-off & requirement, finalization of key business decisions and hierarchy design, provide finalized measure set, QIP incentive data logic, and submission & validation of all transactional files.	1/1/2026	3/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen		<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
3.f.				<b>Deliverable #3:</b> Implementation phase: includes, but not limited to, incremental file delivery, weekly inbound & outbound feed days, QA testing, user access, scheduled training, deployment of incentive, regression testing, and UAT in CERT/PROD.	4/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	July 1 - Dec 31  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.				<b>Deliverable #1:</b> Cozeva will complete each requirement for go-live: 1) Generate outbound extract post historic load 2) Registries enable Cozeva UI 3) Analytics enable in Cozeva UI 4) Enterprise and Practice level Resource Page configured	1/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	July 1 - Dec 31  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.				<b>Deliverable #2:</b> Deployment of Quality Incentive Program to production, along with payment extract generation. Cozeva will perform measure set validation and score comparison against legacy system data, user training, utilizer interface walk-through, features & measures visibility and go-live sign-off.	1/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	July 1 - Dec 31  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
3.f.		New	<b>Goal #4:</b> By June 30, 2026, the D-SNP Quality Incentive Program (QIP) will prepare Cozeva systems for the anticipated 2027 go-live.	<b>Deliverable #3:</b> Post Go-Live phase. To include: incremental file self-validation by PHC Data warehouse team, configure time capsule, validate and load 2nd and 3rd incremental files, and automate load of subsequent weekly feeds.	1/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	July 1 - Dec 31  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status	Goal Met (Yes No)	
3.f.				<b>Deliverable #4:</b> Begin Provider Rollout/Onboarding in conjunction with EHR integration. EHR framework will consist of confirmation of configuration capabilities, embedded App, chart retrieval, diagnosis Writeback, and browser extension overlay.	5/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of PCP QIP Name: Amy McCune  Title: Senior Medicare QI Program Manager Name: Kimberly Robertello  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Title: Program Manager II Name: Tony Sengdara	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>4. Improvement Projects and Programs, Clinical Quality</b>											
4.a.	<a href="#">Quality Measure Score Improvement (QMSI)</a>	Continued	<b>Goal #1:</b> By June 30, 2026, the Quality Measure Score Improvement (QMSI) group will complete all defined deliverables for each measure-specific workgroup.  The goal the Quality Measure Score Improvement group is to improve Partnership's Quality performance over measurement years 2024 and 2025 under all required accountable and reportable quality measure sets under the DHCS Managed Care Accountability Measure Set as well as additional HEDIS measures required of accredited NCQA Medicaid health plans.  There are 4 measure-specific workgroups: 1. Pediatrics 2. Behavioral Health 3. Chronic Diseases 4. Women's Health	<b>Deliverable #1:</b> Define 5 (five) specific deliverables for each measure-specific workgroup by December 1, 2025.	7/1/2025	12/1/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Name: Nancy Steffen	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Improvement Advisor Name: Amanda Kim	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.a.				<b>Deliverable #2:</b> Successfully complete all required deliverables for each measure-specific workgroup by June 30, 2025.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Senior Director of Quality and Performance Name: Nancy Steffen	Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Improvement Advisor Name: Amanda Kim	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.	<a href="#">Healthy Kids Growing Together Program</a>	New	<b>Goal #1:</b> By June 30, 2026, 50% of the members who agreed to participate in the Healthy Kids Growing Together Program must attend their annual well-child visit prior to their 4th, 5th and 6th birthdays. This program includes any 3 - 6 year old who has never had a well-child visit in the last eleven (11) months and offers an incentive to members who have birthdays within the upcoming 120 days and complete a well-child visit within 90 days of the outreach. This will be completed by sending reminder mailers to the entire eligible population and conducting two outbound phone calls to members with birthdays within the upcoming 120 days.	<b>Deliverable #1:</b> Review claims data to verify attendance for a well-child visit. If the claim does not reflect a well-child visit, follow up with the Primary Care Provider (PCP) to confirm whether the visit occurred and obtain any necessary documentation.	7/1/2025	6/30/2026	Title: Associate Director of Population Health Name: Monika Brunkal	Title: Manager of Population Health Name: Nicole Curreri	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.b.				<b>Deliverable #2:</b> Include results of this intervention in the 2026 Impact Analysis report.	5/1/2026	6/30/2026	Title: Associate Director of Population Health Name: Monika Brunkal	Title: Manager of Population Health Name: Nicole Curreri	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #1:</b> Complete at least 3 event days in the Auburn Region.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #2:</b> Complete at least 9 event days in the Chico Region.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status	Goal Met (Yes No)	
4.c.	<a href="#">Mobile Mammography Program</a>	New	<b>Goal #1:</b> By June 30, 2026 the Mobile Mammography/Your Partner in Prevention team will schedule at least 60 mobile event days, including Women's Wellness Days, across the provider network, resulting in a minimum of 1,500 completed breast cancer screenings in support of reaching the 75th percentile benchmark	<b>Deliverable #3:</b> Complete at least 20 event days in the Eureka Region.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #4:</b> Complete at least 5 event days in the Fairfield Region.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #5:</b> Complete at least 15 event days in the Redding Region.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #6:</b> Complete at least 8 event days in the Santa Rosa Region.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.		New	<b>Goal #2:</b> By June 30, 2026, complete at least 3 wellness days as part of the new Your Partner in Prevention Program (YPIP).	<b>Deliverable #1:</b> Complete at least 2 Women's Wellness Days.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #2:</b> Complete at least 1 Kids or Teen and Young Adult Wellness Days.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #3:</b> Develop workflows for successful event day planning.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.c.				<b>Deliverable #4:</b> Conduct an evaluation to include lessons learned and areas for improvement.	7/1/2025	6/30/2026	Title: Manager of Quality Improvement Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Chandler Ackerman	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.				<b>Deliverable #1:</b> HEDIS team will provide Health Plan ratings scoresheet, which identifying measures performing at a score of 1 or 0.	7/1/2025	7/11/2025	Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
4.d.	<a href="#">QI3 - Performance Improving Planning for low Scoring HPA measures</a>	New	<b>Goal #1:</b> By June 30, 2026, the PI and HEDIS teams will meet the factor QI- 3 Factors B and C requirements for Health Plan Accreditation Renewal, including identifying low scoring measures, selecting measures of focus for improvement, and developing an improvement plan for remediation.	<b>Deliverable #2:</b> The PI team will select a measure or measures of focus for improvement : " at least one required measure for which the organization received a rating of "1" or "0."	7/1/2025	8/1/2025	Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.				<b>Deliverable #3:</b> The PI team will develop an improvement plan related to the measure or measures of focus selected in deliverable two and documents "all actions the organization plans to take, or has already taken, to improve each measure's rating."	8/1/2025	8/30/2025	Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
4.d.				<b>Deliverable #4:</b> The PI team will Monitor progress through monthly check-ins and utilize PDSA cycles as needed	8/30/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>5. Service and Patient Experience</b>											
5.a.	<a href="#">Member Experience Data</a>	Continued	<b>Goal #1:</b> By June 30, 2026, launch the annual CAHPS® survey for Measure Year (MY) 2025 Reporting Year (RY) 2026 and collect data results.	<b>Deliverable #1:</b> By December 30, 2025, present Measure Year (MY) 2024 / Report Year (RY) 2025 CAHPS® and Member Experience results to internal and external committees.	7/1/2025	12/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.a.				<b>Deliverable #2:</b> By June 30, 2026, confirm HEDIS® team Measure Year (MY) 2025 sample frame submission to Press Ganey, launch survey, and collect results as part of the NCQA member experience process.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Anthony Sackett	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.b.				<b>Deliverable #1:</b> Submit evidence for the Mock Renewal Survey scheduled in October 2025.	8/1/2025	8/22/2025	Title: Director of Care Management Name: Kelly Stone	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
5.b.	Complex Case Management	Continued	<p><b>Goal #1:</b> By June 30, 2026, We will ensure that Partnership remains compliant with the National Committee for Quality Assurance (NCQA) Population Health Management Standard PHM5, Standards A-E, in preparation for our NCQA Renewal Survey in November 2026 and beyond. This will be demonstrated through the results of our upcoming NCQA renewal audit, as well as through ongoing quarterly internal compliance audits of Complex Case Management to maintain overall file compliance.</p>	<p><b>Deliverable #2:</b> Update the annual HPA Workbook.</p> <ul style="list-style-type: none"> <li>• Work Plan and Evidence Submission Library</li> </ul>	10/1/2025	10/24/2025	Title: Director of Care Management Name: Kelly Stone	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.b.				<p><b>Deliverable #3:</b> Obtain a "yes" score on all assigned elements during the HPA Mock Renewal Survey.</p> <ul style="list-style-type: none"> <li>• Business Owners to submit an Action Plan to address recommendations.</li> </ul> <p>Note: Evidence to be corrected by the applicable look-back period, timelines, and/or expectations by NCQA. Any revised evidence will be reviewed by MHR for approval.</p>	11/17/2025	12/5/2025	Title: Director of Care Management Name: Kelly Stone	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.b.				<p><b>Deliverable #4:</b> Submit annotated evidence for the HPA Renewal Survey.</p> <ul style="list-style-type: none"> <li>• The NCQA Program Management Team to host evidence collection training and provide submission instructions in March 2026.</li> </ul>	5/1/2026	5/29/2026	Title: Director of Care Management Name: Kelly Stone	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.b.				<p><b>Deliverable #5:</b> Obtain a "yes" score on all assigned elements during the HPA Mock Renewal Survey.</p> <ul style="list-style-type: none"> <li>• Any modifications to approved evidence that affect NCQA requirements must be shared with the NCQA Program Management Team.</li> </ul>	6/1/2026	6/30/2026	Title: Director of Care Management Name: Kelly Stone	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
5.b.				<p><b>Deliverable #6:</b> Departments that oversee file review requirements will maintain strict oversight of Partnership and non-NCQA Accredited delegates' files to ensure compliance.</p>	6/1/2026	6/30/2026	Title: Director of Care Management Name: Kelly Stone	Title: CC Regulatory Performance Manager Name: Shannon Boyle	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>6. Quality Assurance and Patient Safety</b>											
6.a.		New	<p><b>Goal #1:</b> By June 30, 2026, QI Member Safety Quality Investigation team will provide in-services to at least two other Partnership Departments/teams to educate on Potential Quality Issues (PQI) and how to refer. In addition, the team will monitor referral track and trending reports to determine if inservice training results in an increase in PQI referrals from respective departments/teams.</p>	<p><b>Deliverable #1:</b> Review and update the PQI power point presentation to ensure the information is relevant for the staff/department receiving the information.</p>	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<p><b>Deliverable #2:</b> Offer and provide the PQI presentation to at least the Utilization Management department teams, Enhanced Health Services nurses, and Grievance &amp; Appeals nurses.</p>	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<p><b>Deliverable #3:</b> Send a feedback questionnaire/survey to attendees for feedback on areas to consider for improvement.</p>	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<p><b>Deliverable #4:</b> Monitor referral track and trending reports to determine if inservice training results in an increase in PQI referrals from respective departments.</p>	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
6.a.	<a href="#">Potential Quality Issues (PQI)</a>  <a href="#">(safety)</a>			<b>Deliverable #5:</b> Edit and revise the PQI Referral Form Reference table to assist staff with determining if a concern or issue may be a PQI.	7/1/2025	12/31/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.		New	<b>Goal #2:</b> By June 30, 2026, the enhancement of Potential Quality Issue documentation system- SUGARCRM PQI app will be completed. Rationale: To enhance security by patching vulnerabilities, improve performance, maintain stability and efficiency, ultimately benefiting users and organizations. In addition, updates can optimize how systems utilize resources, like memory and processing power, leading to more efficient operations. By these enhancements, our DHCS and NCQA report should be improved.	<b>Deliverable #1:</b> With significant on-going requests and direction from the Member Safety Investigation team, IT will upgrade and enhance the SugarCRM PQI application from version 8 to version 14.	7/1/2025	8/31/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #2:</b> Member Safety Investigation team will continue to test, monitor, and provide feedback to IT for any problems and areas for additional improvement or enhancements.	7/1/2025	12/31/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.		New	<b>Goal #3:</b> By June 30, 2026, the Member Safety Investigations Team will have an effective Corrective Action Plan (CAP) monitoring tool.	<b>Deliverable #1:</b> Review and edit the current CAP desktop policy including the CAP template for providers/facilities and the CAP Monitoring Tool to align with current and more directive CAP procedures.	7/1/2025	10/1/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #2:</b> Review the updated CAP Monitoring Tool monthly, and as needed, to ensure all actions determined in Peer Review Committee are implemented, followed up, or completed.	7/1/2025	12/31/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #3:</b> To monitor if a CAP was effective in preventing a reoccurrence, the PQI Track and Trending reports will be monitored to determine if a subsequent PQI referral is received against any providers/facilities receiving a CAP.	7/1/2025	3/31/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.a.				<b>Deliverable #4:</b> On-going periodic re-evaluation of the CAP desktop policy, including the CAP template for providers/facilities and the CAP Monitoring Tool, to determine effectiveness. Edit and revise as needed.	3/31/2026	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Safety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.b.	<a href="#">Fluoride Varnish</a>	New	<b>Goal #1:</b> By June 30, 2026, the Site Review Inspections team will create a detailed directory of dental providers in our service area, categorizing them by type of organization (e.g., FQHC, RHC, Tribal health, dental group, private practice). We will begin with a small scope, and work on developing relationships.	<b>Deliverable #1:</b> Create a detailed directory of dental providers in our service area, categorizing them by type of organization (e.g., FQHC, RHC, Tribal health, dental group, private practice).	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.b.				<b>Deliverable #2:</b> Develop a desktop for maintaining and updating providers.	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
6.c.	<a href="#">Initial Health Appointment</a>	New	<b>Goal #1:</b> By June 30, 2026 the Site Review Inspections team will initiate a new process to monitor sites on two contact attempts to get members into the clinic within 120 days.	<b>Deliverable #1:</b> Create a method to document compliance for Initial Health Appointment attempts to get members into the clinic within 120 days.	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.c.				<b>Deliverable #2:</b> Create a desktop on the new process for IHA monitoring attempts of providers.	7/2/2025	12/31/2025	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Clinical Compliance Name: Rachel Newman	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.d.	<a href="#">Latent TB Infection Treatment</a>  <a href="#">(safety)</a>	Continued	<b>Goal #1:</b> By June 30, 2026, a clinical pharmacist will conduct concurrent review of Latent Tuberculosis Infection (LTBI) medication treatments and provide timely notification of all identified potential LTBI treatment regimen gaps, which result from late refill, non-adherence, inappropriate prescribing, and/or inappropriate dispensing. The regimens to be monitored will include 30-doses of isoniazid/rifapentine (1HP), 12-doses of isoniazid/rifapentine (3HP), 90-doses of isoniazid/rifampin (3HR), and 120-doses of rifampin (4R).	<b>Deliverable #1:</b> Pharmacist will identify potential treatment gaps and provide notification to prescribers within two timeframes: day 16 and day 20. • Pharmacist will identify and notify providers (via fax) whose members are ≥14 days late in refilling their prescribed LTBI medication. • ≥ 80% of identified potential non-adherence cases will receive provider notification (via fax) no later than day 16 of their member not having their LTBI medication based on the last refill date. • ≤ 20% of the identified potential non-adherence cases will receive provider notification (via fax) no later than day 20 of their member not having their LTBI medication based on the last refill date. • Pharmacist will verify gap and confirm member's prescribed LTBI regimen was not completed in the accepted timeframe. • Pharmacist will provide notification to prescribers (via fax) of their member's potential non-adherence to their prescribed LTBI regimen.	7/1/2025	6/30/2026	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.d.				<b>Deliverable #2:</b> Pharmacist will monitor for inappropriate prescribing / dispensing of 84-dose isoniazid/rifampin (3HR), 100-dose rifampin (4R regimen) and 112-dose (4R regimen) • Pharmacist will identify and provide information for correct prescribing of 3HR and 4R regimen. • Pharmacist will notify prescriber (via fax) that 84-dose isoniazid/rifampin, 100-dose rifampin, or 112-dose rifampin is insufficient and is not considered completion of 3HR or 4R regimen.	7/1/2025	6/30/2026	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
6.d.				New	<b>Goal #2:</b> By June 30, 2026, a clinical pharmacist will provide Latent Tuberculosis Infection (LTBI) summary updates to Partnership's Medical Directors and to the County Public Health Officers.	<b>Deliverable #1:</b> Pharmacist will provide semi-annual LTBI summary updates to Partnership's Medical Directors for tracked LTBI regimens (identified late fills, identified possible non-adherence to regimen, actions taken, and results of provider outreach).	7/1/2025	6/30/2026	Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
6.d.	<b>Deliverable #2:</b> Pharmacist will provide quarterly update of Partnership members who are prescribed a LTBI regimen and the current status of that LTBI regimen to the County Public Health Officers.	7/1/2025	6/30/2026			Title: Director of Pharmacy Services Name: Stan Leung	Title: Clinical Pharmacist Name: Kathleen Vo	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated		
<b>7. Quality Improvement Training and Coaching</b>											

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.a.	<a href="#">QI Technical Assistance with Health Center Consortia</a>	Continued	<b>Goal #1:</b> By June 30, 2026, collaborate with local consortia to bring Quality Improvement (QI) awareness and education to providers.	<b>Deliverable #1:</b> Northern: <ul style="list-style-type: none"> <li>• Develop and post storyboards and infographics to demonstrate successful QI improvement projects over time</li> <li>• Host recurring forums for QI engagement</li> <li>• Develop measure best practices to share with Northern Region consortia members</li> <li>• Complete comprehensive organizational profiles (i.e. inclusive of QI, PCMH, Workforce, and Finance updates) for each Federally Qualified Health Center (FQHC) member to support Partnership's assessment of current performance and identification of key areas for partnering in improvement.</li> <li>• Develop at least two project storyboards outlining regional Quality Improvement (QI) projects and post on consortia websites.</li> <li>• Present Partnership updates and timely provider education at least 4 times via monthly QI and Chief Medical Officer (CMO) Peer Network Calls and in-person Rural Round Table events.</li> <li>• Develop materials that highlight best practices for focus HEDIS®/Quality Incentive Program measures and proactively share with Northern Region consortia members via consortia hosted webinars, its eNews, or its Peer Network.</li> </ul>	7/1/2025	5/30/2026	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #2:</b> Southern: <ul style="list-style-type: none"> <li>• Identify, document, and publish at least 2 promising practices by consortia members that can be shared throughout the region and beyond to improve underperforming regional and/or plan-wide HEDIS measures.</li> <li>• Participate in consortia-led QI Peer Network meetings (attend at least 4 meetings per year)</li> <li>• Co-facilitate with consortia the Solano QIP Improvement (SQIP-I) meetings</li> <li>• Engage the consortia in supporting underperforming member health centers</li> </ul>	7/1/2025	5/30/2026	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.a.				<b>Deliverable #3:</b> Eastern: <ul style="list-style-type: none"> <li>• Identify consortia coverage in Auburn and Chico region.</li> <li>• Identify opportunities for collaboration between consortia and Partnership Healthplan's regional leadership and quality improvement.</li> </ul>	8/30/2025	12/30/2025	Title: Director of Quality Improvement Name: Isaac Brown	Title: Manager of Performance Improvement (ER) Name: Brandy Isola  Title: Manager of Performance Improvement (NR) Name: James Devan  Title: Sr. Manager of Performance Improvement (SR) Name: Jennifer Durst	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.				<b>Deliverable #1:</b> By June 30, 2026, offer at least four (4) virtual training sessions on priority MCAS measures between January 2026 and June 2026 across the provider network.	7/1/2025	6/30/2026	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.b.	<a href="#">Performance Improvement Training Offerings</a>	Continued	<b>Goal #1:</b> By June 30, 2026, the Improvement Academy will offer multiple forms of Quality Improvement education to the Partnership provider network.	<b>Deliverable #2:</b> By June 30, 2026, offer at least two (2) in-person ABCs of Quality Improvement training series across the provider network. Targeted Regions: Fairfield - January 2026; Redding - March 2026; Auburn - May 2026	7/1/2025	6/30/2026	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.				<b>Deliverable #3:</b> By June 30, 2026, offer at least two (2) Microlearnings focused on improving outcomes around priority measures for the provider network.	7/1/2025	6/30/2026	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.		Continued	<b>Goal #2:</b> By December 30, 2025, the Improvement Academy will develop strategies to evaluate Microlearnings.	<b>Deliverable #1:</b> By December 30, 2025, develop evaluation for ePrompts and Preventive Care Reports utilizing surveys and coaching engagement feedback.	7/1/2025	12/30/2025	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.				<b>Deliverable #2:</b> By December 30, 2025, explore website capabilities for tracking attendance.	7/1/2025	12/30/2025	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.b.		New	<b>Goal #3:</b> By June 30, 2026, Improvement Academy will improve training attendance by 20% for in-person trainings and 15% for Improving Measure Outcomes virtual trainings.	<b>Deliverable #1:</b> By June 30, 2026, develop marketing strategies to include evaluation and outreach to sites to include criteria: •Sites with zero (0) attendance at ABCs of QI and/or IMO with QIP scores <50% in MY 2023 and MY 2024. •Determine attendance barriers.	7/1/2025	6/30/2026	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status	Goal Met (Yes No)
7.b.		New	<b>Goal #4:</b> By October 30, 2025, the Improvement Academy will conduct an evaluation to meet the training needs of the network.	<b>Deliverable #1:</b> By October 30, 2025, survey the provider network to gather insights on future training needs and preferred delivery modalities.	7/1/2025	10/30/2025	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	Title: Improvement Advisor Name: Tiffany Tryan  Title: Project Manager I Name: Andrea Thomas	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.c.	<a href="#">Provider Coaching and Engagement</a>	New	<b>Goal #1:</b> By June 30, 2026, the Performance Improvement teams will launch interventions with 80 percent of provider organizations identified as low performing providers on the 2024 Primary Care Provider Quality Incentive Program (PCP QIP) assigned to Enhanced Provider Engagement or a Corrective Action Plan, aimed at improving performance on the Modified QIP.	<b>Deliverable #1:</b> By September 30, 2025, the Performance Improvement team will complete a Needs Assessment with 80 percent of provider organizations newly assigned to Enhanced Provider Engagement OR Corrective Action Plan in 2025.	7/1/2025	9/30/2025	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.c.				<b>Deliverable #2:</b> By December 31, 2025, 80 percent of provider organizations with a completed Needs Assessment will select and begin implementation of at least 1 intervention aligned with a Needs Assessment recommendation provided by Partnership.	9/30/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.c.				<b>Deliverable #3:</b> By June 30, 2026, the Performance Improvement team will evaluate the 2025 Enhanced Provider Engagement program, including the use of Corrective Action engagement and advance of QIP dollars for Phase 2 Modified QIP practices.	3/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.c.				<b>Deliverable #4:</b> By June 30, 2026, the Performance Improvement team will partner with regional leadership to develop a strategy for including low performing providers, new to Partnership in 2024, for inclusion in the 2026 Enhanced Provider Engagement and Modified QIP programs.	3/1/2026	6/30/2026	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.c.				<b>Deliverable #1:</b> By July 31, 2025, the Performance Improvement teams will identify the PCP practices of focus in each quality region and measures of focus for intervention.	7/1/2025	7/31/2025	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	<b>July 1 - Dec 31</b>  <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.c.			<b>Goal #2:</b> By June 30, 2026, the Performance Improvement teams will engage with at least two lower performing mid-							

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
7.c.		New	teams will engage with at least two lower performing, mid-volume providers in each of the three regions on a high-priority HEDIS and PCP-QIP measure.	<b>Deliverable #2:</b> By December 31, 2025, the Performance Improvement team will plan and begin implementation of at least one intervention to impact at least one measure of focus with the six identified providers.	8/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.c.		New	<b>Goal #3:</b> By December 31, 2025, the Performance Improvement teams will engage with all high-volume (greater than 15,000 members) Primary Care Provider (PCP) practices in each quality region on high-priority measures.	<b>Deliverable #1:</b> By July 31, 2025, the Performance Improvement team will identify the high-volume PCP practices of focus in each of the six Partnership regions and measures of focus for engagement.	7/1/2025	7/31/2025	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.c.				<b>Deliverable #2:</b> By December 31, 2025, the Performance Improvement teams will establish a coaching relationship with two high-volume PCP practices in each sub-region and plan and implement at least one intervention to address high-priority measures. The intervention can be measure-specific or focused on foundational elements in the organization.	8/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.	<a href="#">Implementation of Regional Quality Meetings</a>	Continued	<b>Goal #1:</b> By June 30, 2026, Performance Improvement (PI) will implement quarterly regional quality meetings in all six (6) operational regions to offer forums for regional dialogue to address quality improvement opportunities and barriers.	<b>Deliverable #1:</b> By June 30, 2026, PI will conduct at least four (4) meetings in each of the six regions.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.d.				<b>Deliverable #2:</b> By June 30, 2026, PI will survey attendees at least once for feedback on quality forums and make adjustments as necessary.	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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7.d.				<b>Deliverable #3:</b> By June 30, 2026, PI will inventory projects and activities identified through the regional forums to identify potential for scale and spread across the region(s).	7/1/2025	6/30/2026	Title: Director of Quality Management Name: Isaac Brown	Name: Brandy Isola Title: Manager of Performance Improvement (ER)  Name: James Devan Title: Manager of Performance Improvement (NR)  Name: Jennifer Durst Title: Sr. Manager of Performance Improvement (SR)	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.e.		New	<b>Goal #1:</b> By December 31, 2025, successfully launch and complete a pilot of the QI Project Toolkit and Training Program, designed to test the curriculum, tools, and delivery model with invited participants.	<b>Deliverable #1:</b> Invite at least six (6) external participants, representing at least four (4) distinct organizations, to engage in the pilot.	7/1/2025	8/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.e.				<b>Deliverable #2:</b> Collect structured feedback on content relevance, delivery format, and practical applicability from at least 80% of pilot participants.	7/1/2025	11/30/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.e.				<b>Deliverable #3:</b> Produce a pilot summary report outlining lessons learned, participant feedback, and recommendations for refinement.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.e.				<a href="#">QI Project Toolkit &amp; Training Program</a>		<b>Deliverable #1:</b> Develop and launch a formal registration process and public-facing webpage housing program materials and sign-up details.	7/1/2025	12/31/2025	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated
7.e.			<b>Goal #2:</b> By March 31, 2026, kick off the full-scale QI Project	<b>Deliverable #2:</b> Ensure 100% of program materials (Toolkit, curriculum outline, promotional content) are accessible via the public webpage.	7/1/2025	1/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

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7.e.		New	Toolkit and Training Program, making it available to eligible Partnership entities (e.g., counties, providers, CBOs, etc.).	<b>Deliverable #3:</b> Develop a formal process for collecting session-specific participant feedback and recommendations, with a defined method for analyzing and apply results to support continuous improvement, including standardized feedback tools (e.g. surveys, in-person feedback sessions, etc.) for data collection.	7/1/2025	1/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
7.e.				<b>Deliverable #4:</b> Enroll at least 10 participants (representing at least 5 distinct organizations) in the first full training cohort.	7/1/2025	3/31/2026	Title: Director of Quality Management Name: Isaac Brown  Title: Manager of Quality Improvement Programs Name: Barbara Selig	Title: Program Manager II Name: Areli Carrillo  Title: Project Manager I Name: Anwar Hugais  Title: Project Manager I Name: Tasha Krongard	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>8. Delegation Oversight</b>											
8.a	<a href="#">QI Delegation Oversight</a>	Continued	<b>Goal #1:</b> By June 30, 2026, demonstrate strong delegation oversight process in support of delegation standards and Partnership policies and procedures.	<b>Deliverable #1:</b> Quarterly and yearly review of delegation committee reports and delegated activities based on submitted documents. Present findings at the Delegation Oversight Committee (DORS) meetings with recommendations.	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Sfety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
8.a				<b>Deliverable #2:</b> Participation with the annual delegation audits by Partnership Compliance department. Submit audit findings within required timeframe.	7/1/2025	6/30/2026	Title: Medical Director for Quality Name: Mark Netherda	Title: Manager of Member Sfety Quality Investigations Name: Robert Bides	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
<b>9. NCQA Program Management</b>											
9.a.				<b>Deliverable #1:</b> By January 16, 2026, Business Owners will update the annual HEA Workbook (Work Plan and Evidence Submission Library): <ul style="list-style-type: none"> <li>Review and/or update the HEA Work Plan information based on the 2026 HEA Standards and Guidelines; collect attestations from newly identify key stakeholders and contributors if applicable.</li> <li>Review and/or update the Evidence Submission Library based on the 2026 HEA Standards and Guidelines changes and learnings from the HEA Initial Survey. All evidence must be produced and dated based on the date(s) listed under the Evidence Submission Library. Any date changes or document revisions must be reviewed and agreed upon by the NCQA Program Management Team in collaboration with the NCQA Consultant.</li> <li>Contributors identified from FY 24-25 should share their questions with Business Owners for further evaluation and discussion.</li> </ul> Submissions of HEA Workbooks that do not follow the instructions are considered incomplete. The NCQA Program Management Team will request the Business Owner make corrections and resubmit, which may cause a delay in meeting the submission deadline. The NCQA Program Management Team will share the annual HEA Workbook by December 12, 2025.	12/15/2025	1/16/2026	Title: Chief Medical Officer Name: Robert Moore, MD  Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen	Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Network Services  Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray	July 1 - Dec 31 <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	Jan 1 - June 30 <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
9.a.	<a href="#">Compliance with NCQA HEA and Sustain Performance</a>	New	<p><b>Goal #1:</b> By June 30, 2026, departments will maintain compliance of all assigned NCQA Health Equity Accreditation (HEA) Standards and Guidelines, following the 2026 HEA Standards and Guidelines once available, as measured by the three (3) deliverables listed.</p>	<p><b>Deliverable #2:</b> By January 16, 2026, complete the 2026-2028 HEA Report Schedule by indicating the contributors involved, the reporting period of the data sources, when data sources will become available, and the targeted approval date of the analysis reports.</p> <ul style="list-style-type: none"> <li>Submit the analysis reports based on the draft report date provided under the 2026-2028 HEA Report Schedule. All reports must be submitted to the NCQA Consultant for review. All edits must be incorporated in a timely manner prior to any committee review and/or approval, or by the production date as agreed upon under the 2026-2028 HEA Report Schedule.</li> </ul> <p>Submissions of 2026-2028 HEA Report Schedules that do not follow the instructions are considered incomplete. The NCQA Program Management Team will request the Business Owner make corrections and resubmit, which may cause a delay in meeting the submission deadline. The NCQA Program Management Team will share the 2026-2028 HEA Report Schedule by December 12, 2025.</p>	12/15/2025	6/30/2026	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Network Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
9.a.				<p><b>Deliverable #3:</b> All Business Owners must confirm and/or submit the following to meet the look-back period for each assigned standard:</p> <ul style="list-style-type: none"> <li>Documented Processes: By March 3, 2026 (tentative; date may vary, pending assignment of HEA Renewal Survey date in 2028), provide acknowledgement that documented processes meet the scope of review throughout the look-back period. Any revisions that impact NCQA requirements must be finalized in May 2026, including timely review by the NCQA Consultant and approval at committee meetings. No edits should be made without review and/or assessment by the NCQA Consultant.</li> <li>Materials: By May 15, 2026 (tentative; date may vary, pending assignment of HEA Renewal Survey date in 2028), submit all applicable screenshots as indicated under the Evidence Submission Library to demonstrate that compliance is met.</li> </ul>	2/4/2026	5/15/2026	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Compliance, Health Equity, Population Health, Quality Improvement, Human Resources, Network Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
9.b.				<p><b>Deliverable #1:</b> By August 22, 2025, Business Owners will submit all annotated evidence for the Mock Renewal Survey based on the dates listed in the Evidence Submission Library for Year 1 of the look-back period, and the submission guidelines provided by the NCQA Program Management Team.</p>	7/7/2025	8/22/2025	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Care Coordination, Compliance, Grievance &amp; Appeals, Health Equity, Human Resources, Member Services, Network Services, Pharmacy, Population Health, Quality Improvement, Utilization Management</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
9.b.	<a href="#">Compliance with NCQA HPA and Sustain Performance</a>	New	<p><b>Goal #1:</b> By June 30, 2026, departments will maintain compliance of all assigned NCQA Health Plan Accreditation (HPA) Standards and Guidelines, and prepare for the HPA Renewal Survey in September 2026, as measured by the six (6) deliverables listed.</p>	<p><b>Deliverable #2:</b> By October 24, 2025, Business Owners will update the annual HPA Workbook (Work Plan and Evidence Submission Library):</p> <ul style="list-style-type: none"> <li>Review and/or update the HPA Work Plan information based on the 2026 HPA Standards and Guidelines; collect attestations from newly identify key stakeholders and contributors if applicable.</li> <li>Review and/or update the Evidence Submission Library based on the 2026 HPA Standards and Guidelines changes and recommendations from the HPA Mock Renewal Survey. All evidence must be produced and dated based on the date(s) listed under the Evidence Submission Library. Any date changes or document revisions must be reviewed and agreed upon by the NCQA Program Management Team in collaboration with the NCQA Consultant.</li> <li>Contributors identified from FY 24-25 should share their questions with Business Owners for further evaluation and discussion.</li> </ul> <p>Submissions of HPA Workbooks that do not follow the instructions are considered incomplete. The NCQA Program Management Team will request the Business Owner make corrections and resubmit, which may cause a delay in meeting the submission deadline. The NCQA Program Management Team will share the annual HPA Workbook by September 30, 2025.</p>	10/1/2025	10/24/2025	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Care Coordination, Compliance, Grievance &amp; Appeals, Health Equity, Human Resources, Member Services, Network Services, Pharmacy, Population Health, Quality Improvement, Utilization Management</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
9.b.				<p><b>Deliverable #3:</b> Complete subset of analysis reports based on the approval dates outlined under the 2024-2026 HPA Report Schedule:</p> <ul style="list-style-type: none"> <li>By October 24, 2025, submit edits to the 2024-2026 HPA Report Schedule, if applicable. This would include any changes related to the reporting period of the data sources, when data sources will become available, and the targeted approval date of the analysis reports.</li> <li>Submit the analysis reports based on the draft report date provided under the 2024-2026 HPA Report Schedule. All reports must be submitted to the NCQA Consultant for review. All edits must be incorporated in a timely manner prior to any committee review and/or approval, or by the production date as agreed upon under the 2024-2026 HPA Report Schedule.</li> </ul>	10/1/2025	10/24/2025	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Care Coordination, Compliance, Grievance &amp; Appeals, Health Equity, Human Resources, Member Services, Network Services, Pharmacy, Population Health, Quality Improvement, Utilization Management</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
9.b.				<p><b>Deliverable #4:</b> Obtain a "yes" score on all assigned elements during the HPA Mock Renewal Survey. If gaps are identified on Year 1 evidence, Business Owners will:</p> <ul style="list-style-type: none"> <li>By December 5, 2025, submit an Action Plan (AP) to address any applicable recommendations.</li> <li>Correct evidence by the applicable look-back period, timelines, and/or expectations by NCQA. Any revised or new evidence must be submitted to MHR for review and approval and must align with the timeline of committee meetings for review. No edits should be made without review and/or assessment by the NCQA Consultant.</li> <li>After the Mock Survey, any modifications to approved evidence that affect NCQA requirements, including documented processes, must be shared with the NCQA Program Management Team for review and further assessment prior to the effective/production date.</li> </ul> <p>The NCQA Program Management Team will share the AP document by November 13, 2025.</p>	11/14/2025	6/30/2026	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Compliance, Grievance &amp; Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
9.b.				<p><b>Deliverable #5:</b> Departments that oversee file review requirements will maintain strict oversight of Partnership and non-NCQA Accredited delegates' files to ensure compliance. The departments are Network Services, Utilization Management, Pharmacy, Grievance and Appeals, and Care Coordination:</p> <ul style="list-style-type: none"> <li>Participate in a Mock File Review with the NCQA Consultant. Additional follow-up activities and subsequent monitoring may be required. At the discretion of the NCQA Steering Committee, ad hoc file review audits with the NCQA Consultant may follow.</li> <li>Continue the quarterly file review audit of Partnership files and share results with the NCQA Program Management Team, who will provide regular updates to the NCQA Steering Committee. Business Owners will implement an AP for files that do not score "yes" on each factor.</li> <li>Continue ongoing monitoring of files from non-NCQA Accredited delegates. Business Owners will provide regular updates, including the annual audit results and risks identified, with the NCQA Program Management Team. More frequent monitoring may be required, if applicable. These updates will be shared with the NCQA Steering Committee.</li> </ul>	7/1/2025	6/30/2026	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Compliance, Grievance &amp; Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
9.b.				<p><b>Deliverable #6:</b> By May 29, 2026 Business Owners will submit all annotated evidence for HPA Renewal Survey based on the dates listed in the Evidence Submission Library for Year 1 (if applicable) and Year 2 of the look-back period, and the submission guidelines provided by the NCQA Program Management Team.</p>	4/3/2026	5/29/2026	<p>Title: Chief Medical Officer Name: Robert Moore, MD</p> <p>Title: Senior Director of Quality and Performance Improvement Name: Nancy Steffen</p>	<p>Behavioral Health, Compliance, Grievance &amp; Appeals, Care Coordination, Population Health, Utilization Management, Pharmacy, Quality Improvement, Human Resources, Provider Relations, Member Services</p> <p>Primary Contact: Title: Manager of Quality Performance and Accreditation Name: Sue McMurray</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
<b>10. Grand Analysis</b>											
10.a.	<a href="#">Grand Analysis - Member Experience (ME7) Report</a>	Continued	<p><b>Goal #1:</b> By August 31, 2026, complete the annual Member Experience Grand Analysis (ME7) report. (Note, the ME 7 report is dependent on CAHPS data results, which are managed by an external vendor (Press Ganey) and not available until after the goal period ends).</p>	<p><b>Deliverable #1:</b> By June 30, 2026, continue the fiscal/quarterly year process to collect and analyze Grievance &amp; Appeals data. Ensure stakeholders at a minimum meet quarterly or as needed to review data compared to prior and current year CAHPS® survey results.</p>	7/1/2025	6/30/2026	<p>Title: Director of Quality Management Name: Isaac Brown</p> <p>Title: Manager of Quality Improvement Programs Name: Barbara Selig</p>	<p>Title: Project Manager II Name: Anthony Sackett</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
10.a.				<p><b>Deliverable #2:</b> By June 30, 2026, collect and analyze CAHPS® regulated Measure Year (MY) 2025 survey results, 2025 Grievance &amp; Appeals annual filings, and other data sources.</p>	7/1/2025	6/30/2026	<p>Title: Director of Quality Management Name: Isaac Brown</p> <p>Title: Manager of Quality Improvement Programs Name: Barbara Selig</p>	<p>Title: Project Manager II Name: Anthony Sackett</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	
10.a.				<p><b>Deliverable #3:</b> By August 31, 2026, complete the Member Experience Grand Analysis Report (ME7).</p>	7/1/2025	8/31/2026	<p>Title: Director of Quality Management Name: Isaac Brown</p> <p>Title: Manager of Quality Improvement Programs Name: Barbara Selig</p>	<p>Title: Project Manager II Name: Anthony Sackett</p>	<p><b>July 1 - Dec 31</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	<p><b>Jan 1 - June 30</b></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated</p>	

2025-26 Quality Improvement Work Plan

Item #	Project/Program	Type of Goal	Goal	Deliverables	Start Date	Due Date	Sponsor	Business Owner	Deliverable Evaluation Status		Goal Met (Yes No)
10.a.	<a href="#">Grand Analysis - Pharmacy and Utilization Management (UM1B) Report</a>	Continued	<b>Goal #1:</b> By June 30, 2026, complete annual Pharmacy & Utilization Management Grand Analysis (UM1B) report per NCQA Health Plan Accreditation standards.	<b>Deliverable #1:</b> Complete 2024 UM1B report.	7/1/2025	6/30/2026	Title: Chief Health Services Officer Name: Katherine Barresi	Title: Clinical Pharmacist Name: Andrea Ocampo  Title: Associate Director of UM Regulations Name: Tony Hightower	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	
10.a.	<a href="#">Grand Analysis - Access and Availability (NET3) Report</a>	Continued	<b>Goal #1:</b> By June 30, 2026, the 2025 NET 3 Report will be complete.	<b>Deliverable #1:</b> Complete the NET 3 Report	7/1/2025	6/1/2026	Title: Director of Provider Relations Name: Priscila Ayala	Title: Manager of Network Services Compliance Name: Renee Trosky	<b>July 1 - Dec 31</b> <input type="checkbox"/> Complete <input type="checkbox"/> On Track <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	<b>Jan 1 - June 30</b> <input type="checkbox"/> Complete <input type="checkbox"/> Delayed <input type="checkbox"/> Terminated	

**2025-26 Quality Improvement Work Plan - Monitoring of Previous Issues**

**1. QI Program Infrastructure**

Item #	Project/Program	25/26 Goal	Status	Monitoring of Previous Issues (FY 2024-25)	N/A	42
1.a.	QI Program Documents		N/A		Total:	42
1.b.	Improve Partner Satisfaction		N/A			
1.c.	Streamline QI Trilogy Document Processes		N/A			
1.d.	Enhance QI Trilogy Training Tools		N/A			
1.e.	Physician Advisory Committee (PAC) Oversight of QI Program		N/A			

**2. Measurement, Analytics and Reporting**

2.a.	HEDIS Reporting		N/A			
2.b.	Member Experience Data		N/A			
2.c.	Member Services Access		N/A			
2.d.	Primary Care Provider Quality Incentive Program (PCP QIP) Payment Process Reporting		N/A			
2.e.	Web Based Member Information Assessment		N/A			
2.f.	Primary Care Provider Quality Incentive Program (PCP QIP) eReports System	<b>Goal #1:</b> By June 30, 2026, PCP QIP will continue collaborating with the Partnership Web Team to align 2026 eReports with HRP® (Health Rules Payor) data elements in preparation for the launch of HRP®.	Continued	eReports team has been unsuccessful with launching eReports with HRP® (Health Rules Payor) data due to continued delays of HRP® implementation. Tentative date of HRP® go live is TBD.		
2.g.	Partnership Quality Dashboard (PQD)	<b>Goal #1:</b> By June 30, 2026, apply annual development updates of the MY2026 HEDIS® Monthly Exploratory Dashboard in accordance with identified stakeholder needs (Contingent on HRP® implementation).	Continued	HRP® Delay - Development and implementation of the HEDIS® Monthly Exploratory Dashboards are largely dependent on the implementation timeline for Health Rules Payor (HRP®). Once the HRP® timeline has been re-established, an adjusted timeline for the HEDIS® Monthly exploratory will be identified, but at this time, timeline appears to be achievable.		
2.g.	Partnership Quality Dashboard (PQD)		N/A			
2.h.	Enterprise Information Management		N/A			
2.i.	Dual Eligible Special Needs Plan (D-SNP)		N/A			
2.j.	HEDIS Reporting to Support DSNP Data Collection and Analysis		N/A			
2.k.	Conduct Year Round Medical Record Review		N/A			

**3. Value Based Payment Programs (QIP)**

3.a.	Primary Care Provider Quality Incentive Program (PCP QIP)		N/A			
3.b.	Hospital Quality Improvement Program (H-QIP)		N/A			
3.c.	Palliative Care Quality Incentive Program (PC QIP)		N/A			
3.d.	Perinatal Quality Incentive Program (PQIP)		N/A			
3.e.	Enhanced Care Management Quality Incentive Program (ECM QIP)		N/A			
3.f.	Dual Special Needs Plan (D-SNP) Quality Incentive Program (QIP) Development		N/A			

**4. Improvement Projects and Programs, Clinical Quality**

4.a.	Quality Measure Score Improvement (QMSI)		N/A			
4.b.	Healthy Kids Growing Together Program		N/A			
4.c.	Mobile Mammography Program		N/A			
4.d.	QI3 - TBD Title		N/A			

**5. Service and Patient Experience**

5.a.	Member Experience Data		N/A			
5.b.	Complex Case Management		N/A			

**6. Quality Assurance and Patient Safety**

6.a.	Potential Quality Issues (PQI)		N/A			
6.b.	Fluoride Varnish		N/A			
6.c.	Initial Health Appointment		N/A			
6.d.	Latent TB Infection Treatment		N/A			

**7. Quality Improvement Training and Coaching**

7.a.	QI Technical Assistance with Health Center Consortias		N/A			
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7.b.	Performance Improvement Training Offerings	.....	N/A	.....		
7.c.	Provider Coaching and Engagement	.....	N/A	.....		
7.d.	Implementation of Regional Quality Meetings	.....	N/A	.....		
7.e.	QI Project Toolkit & Training Program	.....	N/A	.....		
<b>8. Delegation Oversight</b>						
8.a.	QI Delegation Oversight	.....	N/A	.....		
<b>9. NCCA Project Management</b>						
9.a.	Compliance with NCCA HEA and Sustain Performance	.....	N/A	.....		
9.b.	Compliance with NCCA HPA and Sustain Performance	.....	N/A	.....		
<b>10. Grand Analysis</b>						
10.a.	Grand Analysis - Member Experience (ME7) Report	.....	N/A	.....		
10.a.	Grand Analysis - Pharmacy & Utilization Management (UM1B) Report	.....	N/A	.....		
10.a.	Grand Analysis - Access and Availability (NET3) Report	.....	N/A	.....		

## Approval Signatures

<b>Robert Moore, MD, MPH, MBA</b> 	8/20/2025
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*Quality/Utilization Advisory Committee Chairperson*

*Date Approved*

<b>Angela Brennan, DO</b> 	9/10/2025
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*Physician Advisory Committee Chairperson*

*Date Approved*

<b>Kim Tangerman</b> 	10/22/2025
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*Board of Commissioners Chairperson*

*Date Approved*