



Quality Improvement, Health Education, and Wellness 2025 Year-End Work Plan Evaluation

Purpose

The purpose of the CalViva Quality Improvement (QI), Health Education (HEd) and Wellness Program Work Plan is to integrate operational systems to both review clinical, service, access, and safety related outcomes against the priorities and objectives established by the Quality Improvement Program as well as provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education initiatives, programs and services. An assessment of critical barriers is made when objectives have not been met. The results of this Quality Improvement Program Evaluation provide evidence of the overall effectiveness of the QI Program and identify barriers and opportunities for improvement.

Mission

1. We will anticipate, understand and respond to customer needs and be customer-driven in everything we do.
2. We will hire and retain the best people, create the best climate, provide the best tools to do the best job and build a spirit of warmth, friendliness and pride throughout the company.
3. We will dedicate ourselves to a standard of excellence in all of our customer relationships.
4. We will promote better outcomes for our customers through improved provider relationships and through the promotion of evidence-based health care.
5. We will provide efficient, simple and high-quality administrative services that get things right the first time.
6. We will build excellent business systems and processes and demonstrate the highest degree of integrity in all aspects of the operation of our business.

Scope

The CalViva Health Quality Improvement, Health Education, and Wellness Year-End Work Plan Evaluation encompasses quality improvement and health education activities for 2025. The development of this document requires resources of multiple departments. Section I includes program objectives, monitoring and evaluation for the year. Section II includes ongoing monitoring of cross-functional activities across the organization. Section III lists Quality Improvement Tracking System activities that support meeting QI and HEd program objectives for the year.

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Glossary of Abbreviations/Acronyms

Acronym:	Description
A&G:	Appeals and Grievances
BH:	Behavioral Health
C&L:	Cultural and Linguistic
CA:	California region
CAHPS®:	Consumer Assessment of Healthcare Providers and Systems
CAIR:	California Immunization Registry
CAP:	Corrective Action Plan
CH&W:	California Health & Wellness
CS:	Community Solutions
CDI:	California Department of Insurance
CM:	Case Management
DHCS:	Department of Health Care Services
DMHC:	Department of Managed Health Care
DN:	Direct Network
DM:	Disease Management
ECHO:	Experience of Care and Health Outcomes survey
FFS:	Fee-for-Service
HEDIS®:	Healthcare Effectiveness Data and Information Set
HPL:	High Performance Level
HRQ:	Health Risk Questionnaire
IHA:	Initial Health Appointments
IVR:	Interactive Voice Response
LTSS:	Long Term Services and Supports
MCAS:	Managed Care Accountability Set

Acronym:	Description
MCL:	Medi-Cal
MPL:	Minimum Performance Level
MSSP:	Multipurpose Senior Services Program
MY:	Measurement Year
N/A:	Not Available
N/R:	Not Reportable due to small denominator (<30)
NCQA:	National Committee for Quality Assurance
PAS:	Patient Assessment Survey
PCP:	Primary Care Physician
PEPM:	Provider Engagement Performance Management
PIP:	Performance Improvement Project
PDSA:	Plan, Do, Study, Act Project
PMPM:	Per Member Per Month
PMPY:	Per Member Per Year
POD:	Program Owners and Drivers
PNM:	Provider Network Management
PPG:	Participating Provider Group
PTMPY:	Per Thousand Members Per Year
QC:	Quality Compass
QI:	Quality Improvement
QIP:	Quality Improvement Project
RY:	Reporting Year
SPD:	Special Persons with Disabilities
UM:	Utilization Management

Glossary of Abbreviations/Acronyms (Measure Specific)

Acronym:	Description
AISE	Vaccine Adult Immunization Status
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
AMM	Antidepressant Medication Management
AMO	Annual Monitoring for Persons on Long-Term Opioid Therapy
AMR	Asthma Medication Ratio
BCS	Breast Cancer Screening
CBP	Controlling Blood Pressure
CCO	Cervical Cancer Overscreening
CCS	Cervical Cancer Screening
C.Diff	Clostridioides difficile
CAUTI	Catheter-associated Urinary Tract Infection
CHL	Chlamydia Screening in Women
CIS-10	Childhood Immunization Status - Combination 10
CLABSI	Central line-associated bloodstream infection
COA-FA	Care of Older Adults-Functional Assessment
COA-MR	Care of Older Adults –Medication Review
COA-PA	Care of Older Adults- Pain Assessment
COB	Concurrent Use of Opioids and Benzodiazepines
COL	Colorectal Cancer Screening
CWP	Appropriate Testing for Pharyngitis
DEV	Developmental Screening in the First Three Years of Life
DSF	Depression Screening and Follow-up for Adolescents and Adults
EED	Eye Exam for Patients with Diabetes
FMC	Follow up After Emergency Dept Visit/Chronic Condition
FUA	Follow-Up After ED Visit for Substance Abuse – 30 days
FUM	Follow-Up After ED Visit for Mental Illness – 30 days
FVA	Flu Vaccinations for Adults

Acronym:	Description
GSD	Glycemic Status Assessment for Patients with Diabetes (>9%)
HBD	Diabetes Care -Blood Sugar Controlled (>9%)
HDO	Use of Opioids at High Dosage
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
IMA-2	Immunizations for Adolescents – Combo 2
IMMH	Improving Mental Health
IMPH	Improving Physical Health
KED	Kidney Health Evaluation for Patients with Diabetes
LSC	Lead Screening in Children
MAC	Medication Adherence for Cholesterol (Statin) (MAC)
MAD	Medication Adherence for Diabetes Medications (MAD)
MAH	Medication Adherence for Hypertension (RASA) (MAH)
MPA	Monitoring Physical Activity
MRSA	Methicillin-resistant Staphylococcus aureus
MTM-CMR	MTM Program Completion Rate – Comprehensive Medication Review
MUI-OA	Improving Bladder Control
NTSV	Nulliparous, Term, Singleton, Vertex
OMW	Osteoporosis Management in Women who had a Fracture
OED/OEV	Oral Evaluation, Dental Services
OMW	Osteoporosis Management in Women who had a Fracture
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack
PCR	Plan All Cause Readmission
PDC-DM	Proportion of Days Covered - Diabetes
PDC-RAS	Proportion of Days Covered - Renin Angiotensin System
PDC-Statin	Proportion of Days Covered - Statin
POD	Pharmacotherapy for Opioid Use Disorder

Glossary of Abbreviations/Acronyms (Measure Specific) - continued

Acronym:	Description	Acronym:	Description
PPC-Pre	Prenatal and Postpartum Care: Prenatal Care		
PPC-Pst	Prenatal and Postpartum Care: Postpartum Care		
RRF	Reducing Risk of Falls		
SPC-RCV	Statin Therapy for Patients with Cardiovascular Disease - Received Therapy		
SPD-RCV	Statin Therapy for Patients with Diabetes - Received Therapy		
SSI-Colon	Surgical site infection following colorectal surgery		
SUPD	Statin Use in Persons with Diabetes		
TFL-CH	Topical Fluoride for Children		
TRC	Transitions Of Care- Average		
URI	Appropriate Treatment for Upper Respiratory Infection		
W30	Well-Child Visits in the First 30 Months of Life		
W306+	Well-Child Visits 0-15 months – Six or more visits		
W302+	Well-Child Visits 15-30 months – 2 or more visits		
WCC	Children/Adolescents: BMI Percentile Documentation		
WCV	Child & Adolescent Well-Care Visits		

Section I: Work Plan Initiatives

Goal: Implement activities to improve performance measures.

Section I includes program objectives, monitoring and evaluation for the year.

Program Initiative Details	Responsible Party	Objectives	2024 (MY 2023) Objectives Met (% ratio):	2025 (MY 2024) Objectives Met (% ratio): (Poisulate at Mid Year)	2025 Activities Completed (% ratio):	Year-End Projected Progress Towards MY 2025 Objectives (Glidepath) (>= 75% is on track)	Opportunities/Barriers for Unmet Objectives	Program Continuation (Poisulate at year-end)
1. Behavioral Health – Improving Behavioral Health (Mental Health and Substance Use) Outcomes Type of activity: • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) Type of program: • Quality of Care • Safety	Adrianna Shoji, Program Manager II, Behavioral Health Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure (6 rates): • Follow-Up After ED Visit for Substance Abuse – 30 days (FUA-30): MPL is 36.58% • Follow-Up After ED Visit for Mental Illness – 30 days (FUM-30): MPL is 53.82%.	MY 2023: • FUA-30: (0%, 0/3) Fresno: 15.01% Kings: 21.66% Madera: 16.84% • FUM-30: (0%, 0/3) Fresno: 14.17% Kings: 38.25% Madera: 22.47%	MY 2024: • FUA-30: (100%, 3/3) Fresno: 29.48% Kings: 36.65%* Madera: 30.7% • FUM-30: (100%, 3/3) Fresno: 42.94% Kings: 64.97%* Madera: 47.71% *Measures that met MPL: (33.33%, 2/6)	Mid-Year (Jan-Jun): 0%, (0/0) of activities were completed at mid-year. 5/5 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100% (5/5) remaining activities were completed at year-end. Total of 5/5 activities were completed in 2025.	Progress: On Track: 100% (5/5) of measures projected to meet objectives.	Barrier(s): There was data suppression of diagnosis codes impacting accuracy of ADT report. Opportunities: Current MY 2025 rates for FUA (Kings) and FUM (all counties) are projected to not meet goals. There is an opportunity to outreach to facilities to obtain all diagnosis codes. This will ensure that all members are reached for follow up care. Another opportunity includes continuing to connect providers to receive the ADT report so that they can provide outreach and follow up care.	Continue Initiative with Modifications. In Fresno County, non-clinical PIP is working to address follow up care through the use of CHW's and social workers in the emergency department (ED) to close care gaps. In Kings county, social workers are in the emergency department to close care gaps. In Madera, Lean project has been working on coordination with Camarena Health for follow up care. Providers receive the Admit, Discharge, and Transfer Report (ADT) and conduct outreaches to members to close care gaps.
2.A. Chronic Conditions - Diabetes (CDC/GSD/HBO >9%) Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL) Type of program: • Quality of Care • Quality of Service	Gigi Mathew, Program Manager II, QI Amy Schneider RN, Sr. Director Medical Manaeement	• MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Glycemic Status Assessment for Patients with Diabetes: GSD (new 2024 measure replaces Diabetes Care - Blood Sugar Controlled - HBO): MPL is 33.33% (inverted rate).	MY 2023: • GSD >9: (100%, 3/3) Fresno: 35.31% Kings: 25.42% Madera: 30.79%	MY 2024: • GSD >9: (100%, 3/3) Fresno: 24.04%* Kings: 28.00%* Madera: 23.00%* *Measures that met MPL: (100%, 3/3)	Mid-Year (Jan-Jun): 0%, (0/0) of activities were completed at mid-year. 3/3 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100%, (3/3) remaining activities were completed at year-end. Total of 3/3 activities were completed in 2025.	Progress: On Track: 100% (3/3) of measures projected to meet objectives.	N/A	Continue Initiative Unchanged
2.B. Chronic Conditions – Heart Health/Blood Pressure (CBP) Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL) Type of program: • Quality of Care • Quality of Service	Gigi Mathew, Program Manager II, QI Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Controlling Blood Pressure (CBP): MPL is 64.48%.	MY 2023: • CBP: (100%, 3/3) Fresno: 64.29% Kings: 72.81% Madera: 71.04%	MY 2024: • CBP: (100%, 3/3) Fresno: 68.92%* Kings: 79.00%* Madera: 72.00%* *Measures that met MPL: (100%, 3/3)	Mid-Year (Jan-Jun): 0%, (0/0) of activities were completed at mid-year. 4/4 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100% (4/4) remaining activities were completed at year-end. Total of 4/4 activities were completed in 2025.	Progress: On Track: 100% (3/3) of measures projected to meet objectives.	N/A	Continue Initiative Unchanged
3. Hospital Quality/Patient Safety Type of activity: • Ongoing activity – (monitoring of previously identified issue – address quality/ safety of care priority) Type of program: • Quality of Care • Safety	Barbara Wentworth, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	• Hospitals with sufficient reportable data: Directional improvement based on appropriate scores (SIR<1.0) or outliers (SIR>2) for target hospital acquired infections (HAIs) (CAUTI, CLABSI, C-DFI, MRSA, and SSI-Colon). If baseline is <90% (appropriate) / >5% (outlier). Otherwise, maintain >90%/<5% status. • Maternity hospitals with reportable data: Directional improvement for the proportion of hospitals meeting the national standard (<=23.6%) for all-payer NTSV C-section rates.	MY 2023 (8/11, 82%) • CAUTI: SIR<1.0: 75%; SIR>2.0: 0% • CLABSI: SIR<1.0: 0%; SIR>2.0: 0% • C-DFI: SIR<1.0: 100%; SIR>2.0: 0% • MRSA: SIR<1.0: 75%; SIR>2.0: 0% • SSI-Colon: SIR<1.0: 75%; SIR>2.0: 0% • NTSV C-sections: Rate<23.6%: 40% (2 of 5 maternity hospitals met the target compared to 3 of 5 last year.)	MY 2024: (8/11, 73%) HAs met the SIR<1.0 benchmark for all but MRSA and C-DFI; no HAs were outliers of SIR>2.0. NTSV C-section rate performance declined with 1 fewer hospital meeting the 23.6% target compared to the prior year (2 hospitals vs. 3). NTSV C-section rate performance has struggled statewide since the pandemic and has not rebounded as in the case of HAs. • CAUTI: SIR<1.0: 100%; SIR>2.0: 0% • CLABSI: SIR<1.0: 100%; SIR>2.0: 0% • C-DFI: SIR<1.0: 80%; SIR>2.0: 0% • MRSA: SIR<1.0: 75%; SIR>2.0: 0% • SSI-Colon: SIR<1.0: 75%; SIR>2.0: 0% • NTSV C-sections: Rate<23.6%: 40% (2 of 5 maternity hospitals met the target compared to 3 of 5 last year.)	Mid-Year (Jan-Jun): 100%, (8/8) of activities were completed at mid-year. 1/1 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100%, (1/1) remaining activities completed at year-end. Total of 9/9 activities were completed in 2025.	N/A. Not a glidepath measure.	Opportunities: There is an opportunity to improve NTSV C-section rates. Barriers to C-section rate performance vary by hospital but may include lower focus from hospital leadership on maternal health metrics compared to other areas of quality improvement, and difficulty compelling behavior change among OBs who need to improve their delivery practices. There is also an opportunity to improve HAI performance so all target infections meet all benchmarks.	Hospitals that failed to meet the standard will receive outreach detailing quality improvement programs and resources available from the California Maternal Quality Care Collaborative, with whom the Plan will continue to collaborate with. Hospitals are also being encouraged to take advantage of the Health Services Advisory Group's CMS-funded Quality Improvement Organization program to support improvement on HAIs and other patient safety metrics. 2026 efforts will include collaboration with key stakeholders to support improved maternal health performance on multiple topics, including incorporation of doula services.
4. Member Engagement and Experience – Initial Health Appointment Type of activity: • Ongoing activity – (monitoring of previously identified issue – DHCS regulatory activity, audit non-compliance) Type of program: • Quality of Care	Miriam Rosales, Program Manager III, QI Sia Xiong Lopez OHV Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	• MCL: Meet directional improvement of 1-5% from prior year. IHA does not have HEDIS benchmark but is a DHCS compliance measure. • Required by DHCS for NEW Medi-Cal members within 120 days of enrollment. • Goal: To ensure newly enrolled Medi-Cal members connect with a medical home/PCP, receive a comprehensive evaluation of health needs and receive needed care services across the care continuum.	MY 2023 • IHA: 57.26%	MY 2024 • IHA: (100%, 2/2) Provider Education & Support (1/1) Performance Monitoring & Targeted Intervention (1/1) The current IHA rate is 59.40%.	Mid-Year (Jan-Jun): 50%, (1/2) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100%, (2/2) of remaining activities were completed at year-end. Total of 2/2 activities were completed in 2025.	N/A. Not a glidepath measure.	N/A	Continue Initiative Unchanged
5.A. Pediatric/Perinatal/Dental – Dental: (TFL-CH) Type of activity: • Ongoing activity – (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥50th percentile benchmark for MCAS measure: • Typical Fluoride for Children (TFL-CH): MPL is 20.21%. Two Fluoride applications each measurement year for all children 1 to 20 years of age.	MY 2023 • TFL-CH: (33%, 1/3) Fresno: 19.21% Kings: 9.63% Madera: 27.66%	MY 2024 • TFL-CH: (100%, 2/3) Fresno: 23.77%* Kings: 19.46% Madera: 33.83%* *Measures that met MPL: (66.67%, 2/3)	Mid-Year (Jan-Jun): 100%, (1/1) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100%, (2/2) of remaining activities were completed at year-end. Total of 3/3 activities were completed in 2025.	Progress: Off Track: 66.67% (2/3) of measures projected to meet objectives.	Barrier(s): Medical providers serving children under 6 years, not applying fluoride varnish in the PCP setting. Opportunity: Current MY 2025 rate for Kings County is projected to not meet goal.	Continue Initiative with Modifications. Promote the application of fluoride varnish in medical provider offices by leveraging QI EDGE funding to support the purchase of fluoride varnish kits, with targeted outreach to provider offices in Kings County.
5.B. Pediatric/Perinatal/Dental – Maternity/Perinatal Care: PPC-pre, PPC-pst Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MPL, coordination of care priority) Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or >>75th percentile benchmark for MCS measures: Prenatal and Postpartum Care: Prenatal Care (PPC-pre): 75% benchmark rate is 88.58%, and Postpartum Care (PPC-pst): 75% benchmark rate is 83.33%.	MY 2023 • PPC-pre: (33.33%, 1/3) Fresno: 90.39% Kings: 91.27% Madera: 90.82% • PPC-pst: (66.67%, 2/3) Fresno: 82.1% Kings: 83.84% Madera: 80.1%	MY 2024: • PPC-pre: (100%, 3/3) Fresno: 90.4%* Kings: 92.00%* • PPC-pst: (100%, 3/3) Fresno: 83.9%* Kings: 87.00%* Madera: 87.00%* *Measures that met 75% benchmark (100%, 6/6)	Mid-Year (Jan-Jun): 50%, (1/2) of activities were completed at mid-year. 1 activity was on hold. 5/5 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 83.33%, (5/6) of remaining activities were completed at year-end. 1 activity remained on hold. Total of 6/7 activities were completed in 2025.	Progress: On Track: 100% (6/6) of measures projected to meet objectives.	N/A	Continue Initiative Unchanged
5.C. Pediatric/Perinatal/Dental – Pediatric Measures for Children under 3 years of age: CIS-10, LSC, DEV, W30-6+, W30-2+ Type of activity: • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority) Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Manaeement	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measures: • Childhood Immunization Status - Combo 10 (CIS-10): MPL is 27.49% • Lead Screening in Children (LSC): MPL is 63.84% • Developmental Screening in the First Three Years of Life (DEV): MPL is 35.70% • Well-Child Visits 0-15 months – Six or more visits (W30-6+): MPL is 60.38% • Well-Child Visits 15-30 months – 2 or more visits (W30-2+): MPL is 69.43%.	MY 2023 • CIS-10: (33%, 1/3) Fresno: 20.15% Kings: 19.83% Madera: 47.45% • LSC: (33%, 1/3) Fresno: 56.69% Kings: 58.64% Madera: 78.1% • DEV: (33%, 1/3) Fresno: 28.04% Kings: 3.36% Madera: 57.47% • W30-6+: (33%, 1/3) Fresno: 56.55% Kings: 57.44% Madera: 63.7% • W30-2+: (33%, 1/3) Fresno: 65.01% Kings: 53.74% Madera: 79.19%	MY 2024: • CIS-10: (66.67%, 2/3) Fresno: 20.17%* Kings: 14%, Madera: 39%* • LSC: (100%, 3/3) Fresno: 68.66%* Kings: 64%*, Madera: 93%* • DEV: (66.67%, 2/3) Fresno: 41.4%* Kings: 7.48% Madera: 66.65%* • W30-6+: (66.67%, 2/3) Fresno: 59.39% Kings: 58.25% Madera: 72.89%* • W30-2+: (100%, 3/3) Fresno: 28.04% Kings: 59.91% Madera: 78.64%* *Measures that met the MPL (CIS-10: 66.67%, 2/3; LSC: 100%, 3/3; DEV: 66.67%, 2/3; W30-6+: 33.33%, 1/3; W30-2+: 33.33%, 1/3.)	Mid-Year (Jan-Jun): 100%, (5/5) of activities were completed at mid-year. 20/22 ongoing or planned activities on track to be completed by year-end. 2 activities are on hold. Year-End (Jul-Dec): 77.27%, (17/22) of remaining activities were completed at year-end. 4 activities were on hold/delayed and 1 activity was cancelled. Total of 22/27 activities were completed in 2025.	Progress: On Track: 86.67% (17/15) of measures projected to meet objectives.	Barrier(s): Delays in member immunization outreaches. Outreaches should launch in 2026. Opportunities: Current MY 2025 rates for LSC in Kings and W30-6+ in Fresno are projected to not meet goals. There is an opportunity to push gap lists to providers through Cozova.	Continue Initiative with Modifications Promote Newborn Gateway activation to providers, with targeted outreach to high-volume pediatric practices, particularly in Kings and Fresno Counties.
5.D. Pediatric/Perinatal/Dental – Pediatric Measures for Children 3-21 of age: IMA-2, WCV Type of activity: • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measures: • Immunizations for Adolescents Combo 2 (IMA-2): MPL is 34.30% • Well-Child Visits (WCV): MPL is 51.81%.	MY 2023 • IMA-2: (66.67%, 2/3) Fresno: 31.39% Madera: 47.32% • WCV: (66.67%, 2/3) Fresno: 51.57% Kings: 41.79% Madera: 65.00%	MY 2024 • IMA-2: (100%, 3/3) Fresno: 39.60%* Kings: 35.77%* Madera: 52.29%* • WCV: (100%, 3/3) Fresno: 54.17%* Kings: 49.28% Madera: 63.17%* *Measures that met the MPL (IMA-2: 100%, 3/3; WCV: 66.67%, 2/3)	Mid-Year (Jan-Jun): 100%, (3/3) of activities were completed at mid-year. 9/10 ongoing or planned activities on track to be completed by year-end. 1 year-end activity is on hold. Year-End (Jul-Dec): 80%, (8/10) remaining activities were completed at year-end. 1 activity was cancelled and 1 on hold/delayed due to delays. Total of 11/13 activities were completed in 2025.	Progress: Off Track: 50% (3/6) of measures projected to meet objectives.	Barrier(s): Access to WCV appointments. Opportunities: Current MY 2025 rates for WCV in all counties are projected to not meet goals.	Continue Initiative with Modifications Proactively outreach to non-compliant Well-Child Visit (WCV) members early in the measurement year. Promote one-stop clinic opportunities through Quality EDGE action plans, in collaboration with the Provider Relations Team, with a targeted focus on non-compliant WCV members—especially during the summer months in Fresno and Kings Counties.

Program Initiative Details	Responsible Party	Objectives	2024 (MY 2023) Objectives Met (% ratio):	2025 (MY 2024) Objectives Met (% ratio): (Populate at Mid-Year)	2025 Activities Completed (% ratio):	Year-End Projected Progress Towards MY 2025 Objectives (Glidepath) (>= 75% is on track)	Opportunities/Barriers for Unmet Objectives	Program Continuation (Populate at year-end)
6.A. Pharmacy and Related Measures - AMR Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) Type of program: • Quality of Care • Quality of Service	Alicia Bednar, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Asthma Medication Ratio (AMR): MPL is 66.24%.	MY 2023: • MCL: (66.67%, 2/3) Fresno: 63.66% Kings: 59.29% Madera: 72.2%	MY 2024: • MCL: (100%, 3/3) Fresno: 67.62%* Kings: 76.88%* Madera: 74.41%* *Measures that met the MPL (100%, 3/3).	Mid-Year (Jan-Jun): 0% (0/0) of activities were completed at mid-year. 2/3 ongoing or planned activities on track to be completed by year-end. 1 year-end activity is on hold. Year-End (Jul-Dec): 100% (3/3) remaining activities were completed at year-end. Total of 3/3 activities were completed in 2025.	Progress: On Track: 100% (3/3) of measures projected to meet objectives.	N/A	Closed
7.A. Preventive Health – Cancer and STI Screenings Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) Type of program: • Quality of Care • Quality of Service	Rameet Gill, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measures: • Breast Cancer Screening (BCS): MPL is 52.68% • Cervical Cancer Screening (CCS): MPL is 57.18% • Chlamydia Screening in Women (CHL): MPL is 55.95%.	MY 2023: • BCS: (100%, 3/3) Fresno: 57.87%, Kings: 61.9%, Madera: 63.18% • CCS: (100%, 3/3) Fresno: 60.55%, Kings: 61.1%, Madera: 68.37% • CHL: (100%, 3/3) Fresno: 61.35%, Kings: 64.11%, Madera: 62.08%	MY 2024: • BCS: (100%, 3/3) Fresno: 59.99%, Kings: 64.39%*, Madera: 58.5% • CCS: (100%, 3/3) Fresno: 66.3%, Kings: 66%*, Madera: 70%* • CHL: (100%, 3/3) Fresno: 64.83%*, Kings: 65.81%*, Madera: 66.96%* *Measures that met the MPL (100%, 9/9).	Mid-Year (Jan-Jun): 0% (0/0) of activities were completed at mid-year. 6/10 ongoing or planned activities on track to be completed by year-end. 4 year-end activities are off track. Year-End (Jul-Dec): 100% (10/10) of remaining activities were completed at year-end. Total of 10/10 activities were completed in 2025.	Progress: On Track: 100% (3/3) of measures projected to meet objectives.	Opportunities: Current MY 2025 rates for BCS are projected to not meet goals in Fresno and Madera Counties.	Continue Initiative with Modifications. Expand access through mobile mammography, strengthen coordination with radiology facilities, and implement risk-based prioritization to inform outreach strategies and appointment scheduling.
7.B. Preventive Health – Flu Campaign Type of activity: • Ongoing activity – (monitoring of previously identified issue – improve performance for preventive care) Type of program: • Quality of Care • Quality of Service	Guille Toland, Program Manager III, Quality Improvement Sia Xiong Lopez CVN Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year for the Flu Vaccine Adult Immunization Status (AISE Flu).	MY 2023 AISE Flu: 0% (0/3) • Fresno: 21.45% • Kings: 21.97% • Madera: 23.92%	MY 2024: Not reported. AISE Flu: 0% (0/3) Fresno: 20.24% Kings: 21.88% Madera: 19.68%	Mid-Year (Jan-Jun): 100% (1/1) of activities were completed at mid-year. 2/3 ongoing or planned activities on track to be completed by year-end. 1 activity is off track. Year-End (Jul-Dec): 100% (3/3) remaining activities were completed at year-end. Total of 4/4 activities completed in 2025.	N/A. Not a glidepath measure.	Barrier(s): Adult flu vaccination has declined amid shifting risk perception and misinformation.	Continue Initiative with Modifications CalViva to partner with provider-facing teams to strengthen flu-vaccine best practices.
8.A Provider Communication/ Engagement – Improving Member Experience (CAHPS) – Provider Focus Type of activity: • Ongoing activity – (monitoring of previously identified issue – improve performance for Member Experience) Type of program: • Quality of Care • Quality of Service • Member Experience	Guille Toland, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year on CAHPS Access measures including: MY 2023 CAHPS Scores (Prior Year Results): - Getting Needed Care - 73.5% - Getting Care Quickly - NR, 25% Percentile QC benchmark - 77.4% - Care Coordination - NR, 25% Percentile QC benchmark - 83.0% *MY2024 QC benchmarks are not available until Q3 2025.	MY 2023 CAHPS: N/A since there was no Regulatory CAHPS survey done in MY2023 HSAG CAHPS: Getting Needed Care: 78.5% (0/1, 0%) Getting Care Quickly: NR Care Coordination: NR NR: Non-reportable due to small sample size (n<100).	MY 2024: (100%, 3/3) • Getting Needed Care: 75.9%* • Getting Care Quickly: 78.6%* • Care Coordination: 87.2%* *Measures that met directional improvement. **Met and/or exceeded the 25th percentile goal.	Mid-Year (Jan-Jun): 100% (2/2) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100% (2/2) remaining activities were completed by year-end. Total of 4/4 activities were completed in 2025.	N/A. Not a glidepath measure.	N/A	Continue Initiative Unchanged
8.B Provider Communication/ Engagement - Improving Member Experience (CAHPS) – Plan Focus Type of activity: • Ongoing activity – (monitoring of previously identified issue – improve performance NQDA quality measure) Type of program: • Quality of Care • Quality of Service • Member Experience	Guille Toland, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year on the following CAHPS measures: Rating of Health Plan, Customer Service, Ease of Filling Out Forms. MY 2023 CAHPS Scores (Prior Year Results): - Rating of Health Plan - 81.88% - Customer Service - NR, 25% Percentile QC benchmark - 87.2% - Ease of Filling Out Forms - 96.82% *MY2024 QC benchmarks are not available until Q3 2025.	MY 2023 CAHPS: N/A since there was no Regulatory CAHPS survey done in MY 2023 HSAG CAHPS: Rating of Health Plan (1/1, 100%) NR for Customer Service and Ease of Filling out Forms. Non-reportable due to small sample size (n<100).	MY2024: (83.27%, 1/3) • Rating of Health Plan: 79.5% • Customer Service: 90.5%* • Ease of Filling Out Forms: 93.5% *Measures that met directional improvement.	Mid-Year (Jan-Jun): 100% (3/3) of activities were completed at mid-year. 1/1 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100% (1/1) of remaining activities were completed by year-end. Total of 4/4 activities were completed in 2025.	N/A. Not a glidepath measure.	N/A	Continue Initiative with Modifications Expand provider webinar topics, collaborate with provider-facing teams to advance CAHPS best practices, and continue reviewing A&G data to spot trends and guide strategy.
8.C Provider Communication/ Engagement - Improving Provider Survey Results Type of activity: • Ongoing activity – (monitoring of previously identified issue – compliance priority) Type of program: • Access and Availability	Paul Fuentes, Provider Relations Specialist II, Access and Availability Steven Si, Sr. Manager, Compliance and Privacy	To meet performance goal for Provider Appointment Access Survey (PAAS) at 70%. To meet performance goal for Provider After-Hours Access Survey (PAHAS) at 90%.	MY 2023 PAAS: 60% (3/5) • PCP Urgent: 79% • PCP Non-Urgent: 85% • Specialists (All) Urgent: 58% • Specialists (All) Non-Urgent: 60% • Ancillary Non-Urgent: 89% MY 2023 PAHAS: 50% (1/2) • Appropriate Emergency Instructions: 98.4% • Ability to Contact On-Call Physicians: 85.9%	MY 2024 PAAS: 60% (3/5) • PCP Urgent: 79% • PCP Non-Urgent: 86% • Specialists (All) Urgent: 53% • Specialists (All) Non-Urgent: 67% • Ancillary Non-Urgent: 91% MY 2024 PAHAS: 100% (2/2) • Appropriate Emergency Instructions: 93.1% • Ability to Contact On-Call Physicians: 90.02%	Mid-Year (Jan-Jun): 100% (2/2) of activities were completed at mid-year. 4/4 ongoing or planned activities on track to be completed by year-end. Year-End (Jul-Dec): 100% (4/4) of remaining activities were completed by year-end. Total of 6/6 activities were completed in 2025.	N/A. Not a glidepath measure.	N/A	Continue Initiative Unchanged

Section II: Ongoing Work Plan Activities

Section II includes ongoing monitoring of cross-functional activities across the organization.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	D. Saldarriaga; Manager, A&G S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical	12/31/25	Completed	12/31/2025	A&G shares monthly and quarterly trending reports to the different business units including member services, so areas of improvement can be identified to improve the member experience. The A&G team also meets on a monthly basis with the call center management team to review the monthly exempt grievance logs, review and calibrate cases to validate correct handling, trends and areas of opportunity. In addition, the A&G team participates in the monthly CVH A&G workgroups and quarterly Access workgroups. During these working sessions the team reviews reports to discuss trends and identify opportunities for improvement and effectiveness of actions taken. Recommendations from these workgroups are reported up to the QI/UM Committee or MOM as appropriate.	A&G shares monthly and quarterly trending reports to the different business units, including Member Services, so that opportunities for improvement can be identified to enhance the member experience. The A&G team also meets monthly with the Call Center Management team to review the monthly exempt grievance logs and to conduct case reviews and calibrations to validate appropriate handling, identify trends, and highlight areas for opportunity. In addition, the A&G team participates in the CVH A&G Workgroups and the quarterly Access workgroups. During these working sessions, the team reviews reports, discuss trends, and evaluate the effectiveness of actions taken, identifying additional opportunities for improvement. Recommendations from these Work Groups are reported up to the QI/UM Committee or MOM as appropriate.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS PROVIDER TRAINING: Conduct quarterly webinars. (PAHAS & PAAS)	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	7/1/25 - 12/31/25	Completed	12/17/2025	Timely access training webinars will commence July 23 - December 17, 2025.	From July 23rd to December 17th, 2025, the Access and Availability team hosted ten (10) Timely Access provider training webinars. A total of 662 participants attended including 147 with CalViva Health affiliation. Training materials were enhanced to clarify DMHC survey guidelines. Providers were encouraged to share resources with staff and self-guided training remain available on the Provider Portal. More than 80 questions were addressed during webinars, and presentations with FAQs were distributed to attendees.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers (Q1-Q2). Issue CAPs & educational packets to non-compliant providers (Q3-Q4). (PAHAS & PAAS)	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q1-Q4 2025	Completed	12/12/2025 (Q3-Q4 activity)	Non-compliant PPGs/providers were identified. CAPs and educational packets will be issued in Q3 - Q4: 7 - PPG CAPs 12 - PPG Educational Packets 6 - Direct Network CAPs 20 - Direct Network Educational Packets	As of 12/12/25, below are the total counts of PPGs and Direct Network providers' CAPs and educational packets that have been COMPLETED and were CLOSED. 6 - PPG CAPs 11 - PPG Educational Packets 4 - Direct Network CAPs 12 - Direct Network Educational Packets Central Valley Medical Providers was non-responsive, and Provider Engagement (PE) team has been fully engaged with MSO to get response and resolve the issue. Next step will be to escalate to PNM Contracting for further action.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s). (PAHAS & PAAS)	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q3-Q4 2025	Completed	12/31/2025	On track.	Completed in Q3 and Q4.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Complete and submit DMHC Timely Access Reporting (TAR) by May 1, 2025 filing due date. (PAHAS & PAAS)	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	5/1/2025	Completed	5/1/2025	Submitted and completed.	Completed at mid-year.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Coordinate data and reporting for annual Provider Satisfaction Survey.	M. Miyashiro, Director, PNM Operations R. Davila A. Schneider RN, Sr. Director Medical Management S. Si, CalViva Compliance	Q3-Q4 2025	Completed	12/31/2025	On track.	Completed in Q4.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	DHCS MEDI-CAL MANAGED CARE TIMELY ACCESS REPORT SURVEY: Conduct education outreach to noncompliant providers identified by this survey. (PAAS)	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	06/31/2025	Completed	12/31/2025	On track. Results for Q1 and Q2 2025 are not available, in order to conduct analysis and outreach.	Completed at mid-year.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Engage with CalViva provider offices to complete MY 2025 MCAS training focused on best practices for closing care gaps.	S. Wright, Director, Quality Improvement Erica Valdivia, Provider Engagement Amy Schneider RN, Sr. Director Medical Management	Q3 2025	Completed	3/12/2025	Completed 2025 QI Program slide deck - Best Practice Guide. The guide was shared with the PE team on 3/12/2025 to be utilized with providers and provider groups.	Completed at mid-year.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement. Analyze and inform Provider Network Management of areas needing increased contracting with a particular provider to improve availability.	D. Fang, Manager, Health Equity S. Si, CalViva Compliance	Q3 2025	Completed	10/27/2025	Geo Access report will be completed by September 15, 2025.	Geo Access report was completed in Q4.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Health Equity Report: Analyze and report on Cultural and Linguistics.	D. Fang, Manager, Health Equity S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	Q3 2025 and Q2 2026	Completed	Q3 2025 LAP; others on-going	2025 LAP Mid Year Report was completed in Q3.	The 2025 End of Year Report will be completed in Q2 2026.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to improve access and complete interventions addressing systemic barriers to HEDIS performance.	M. Najarro, Manager, Accreditation Erica Valdivia, Director, Provider Engagement	12/31/25	Completed	12/31/2025	Collaboration with Provider Engagement is ongoing. QI and PE participate in regular weekly and monthly meetings. At mid-year, Quality EDGE has approved \$313,500. Top requests types include equipment, member/staff incentives, and technology support.	Quality EDGE funding was available throughout 2025. Action plans and EDGE requests were submitted/tracked via the PE Outreach Database. CalViva had over 170 requests.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain and manage the CAHPS Action Plan: Collaborate with CAHPS measure owners to identify areas of opportunity and activities to improve CAHPS, identifying process improvement activities. This also includes working with the Provider Engagement and Medical Affairs teams to review provider CAHPS improvement plans, identifying best practices, and recommending changes when plans are insufficient to improve the member experience in a measurable and meaningful way.	T. Jaghasspanian, Sr. Director, Quality Improvement G. Toland S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical Management	1/1/25 - 12/31/25	Completed	12/31/2025	On track. Quarterly root cause analysis reports have been completed and shared with the CVH A&G Workgroup. These reports are designed to highlight member satisfaction based on resolved appeals and grievance cases, helping us better understand CAHPS results, monitor rate movement, and identify areas for improvement.	Quarterly root cause analysis reports have been completed and shared with the CVH A&G Workgroup. These reports show member satisfaction from resolved appeals and grievances to help us understand CAHPS results, track trends, and find areas for improvement.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	S. Wright, Director, Quality Improvement S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	Q4 2025	Completed	12/31/2025	IHA outreach is ongoing and conducted monthly for newly enrolled members. We're on track and continuing to monitor completion rates and provider compliance quarterly.	IHA outreach is functioning as an established monthly process, with quarterly compliance monitoring in place. Year-to-date performance indicates CalViva is meeting expected timelines for health plan outreach, and will continue to work on improving provider completion. CalViva will continue this cadence into the upcoming year.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor appropriate after-hours messaging and timely access to urgent/emergent care. Refer to Access and Availability Work Plan for additional details.	M. Miyashiro, Director, PNM Operations R. Davila S. Si, CalViva Compliance	Q3-Q4 2025	Completed	12/31/2025	On track.	Completed in Q3.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly scorecard provides an opportunity to track/ trend low- high PPGs performers.	Manisha Makwana, Director, Provider Relations S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical Management	Q1-Q4 2025	Completed	12/31/2025	The latest production for Q1 2025 PPG scorecard was completed on June 13, 2025, for 115 PPGs which include PPGs that served the CalViva service area. PPG Performance Governance committee drives overall cross-functional accountability to improve PPG performance and approves remediation plans for underperforming PPGs.	The latest production for Q3 2025 PPG scorecard was completed on December 10, 2025, which include 6 PPGs that served the CalViva service area. PPG Performance Governance committee drives overall cross-functional accountability to improve PPG performance and approves remediation plans for underperforming PPGs.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	TELEPHONE ACCESS SURVEY: Conduct survey and issue CAPs to noncompliant providers. (PAAS)	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q3-Q4 2025	Completed	12/31/2025	On track.	Completed in Q3 and Q4.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Write integrated member satisfaction reports, in partnership with the QIRA Team, to satisfy NCQA Accreditation ME.7 Standard. This report captures appeals, grievances, CAHPS/ECHO results, and identifies barriers, areas of opportunity, and ongoing initiatives.	T. Jaghasspanian, Sr. Director, Quality Improvement G. Toland, Program Manager III, Quality Improvement G. Gomez (BH), Director, Quality Improvement S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical Management	1/1/25 - 12/31/25	Completed	12/31/2025	Data collection for the MY 2024 CAHPS Member Satisfaction Survey was completed in May. Once the final results are shared with the health plan, we will begin developing the CalViva Health ME.7 report.	NCQA Accreditation ME.7 report was drafted and sent to CVH Medical Management team for completion and presentation at QI Work Group and QIUM Committee.
BEHAVIORAL HEALTH	Conduct oversight of Behavioral Health (BH) through delegated reports on BH (may include member satisfaction surveys, etc.).	Adrianna Shoji, Program Manager III, Quality Improvement/Geoff Gomez, Director, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Q1-Q4 2025	Completed	6/16/2025	ECHO Survey California state submission due Jun. 16, 2025 is complete; The MY 2024 Member Satisfaction Survey for CalViva Health will be fielded between Jul. and Sep. 2025; data collection closes in October and reports are due end of Oct. - mid Nov. 2025	NCQA Accreditation ME.7 report was drafted 12/12/25 and sent to CVH Medical Management for completion and presentation at QI Work Group and QIUM Committee.
CONTINUITY AND COORDINATION OF CARE	Educate providers on importance of well-child visits. Well-child visits include developmental screenings.	J. Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	12/31/2025	Completed	12/31/2025	The Provider Engagement team trained on best practices for well-child visits and developmental screenings in February 2025.	Ongoing partnership with Provider Engagement to educate providers about importance of well-child visits and developmental screenings, which were measures of focus for QMIP 2025.
CONTINUITY AND COORDINATION OF CARE	Monitor opportunities and interventions for NCQA Standards QI.3 & QI.4 Coordination of Care (COC) requirements (non-BH and BH reports).	Adrianna Shoji/ M. Rosales Program Manager III, Quality Improvement	Q1 2026	Not started	N/A	Q1.3 Report will be available in Q1 2026.	Beginning in MY2025, QI 3 and QI 4 were combined into a single initiative. Reporting and documentation for the combined measure were developed by the Behavioral Health pod. QI.3C report will be completed 1/30/26
CREDENTIALING / RECREDENTIALING	Credentialing/Recredentialing Practitioners/Providers: Achieve and maintain a 100% timely compliance and 100% accuracy score.	M. Catello, Sr. Manager, Quality Improvement	12/31/25	Completed	12/31/2025	100% compliant for YTD, with all standards for both medical and behavioral health credentialing/recredentialing.	100% compliant for YTD, with all standards for both medical and behavioral health credentialing/recredentialing.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
CREDENTIALING / RECREREDENTIALING	PPG Delegates Credentialing/Recredentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	K. Bowling, Sr. Manager Delegation Oversight	12/31/25	Completed	12/31/2025	Delegates are on track to meet year end metrics.	Delegates met year end metrics.
DISEASE/CHRONIC CONDITIONS MANAGEMENT	Monitor Chronic Conditions (Disease) Management Program for appropriate member outreach quarterly.	Denise Miller, Program Manager III, Customer Experience	1/23/25	Completed	12/31/2025	Revised Disease Management program approved in March, tested in April and re-launched in May 2025. Continue monitoring enrollment, outcomes and member satisfaction. Reports received quarterly and annually.	Monitored members who are active in the program and by program type on a monthly and annual basis. Members also monitored by program completion and overall satisfaction (goals met). Members may participate in more than one program at the same time i.e. diabetes and heart failure.
QUALITY AND SAFETY OF CARE AND SERVICE	Delegation Oversight -- Monitor PPG-level delegated activities and issues, including CAPs, and report findings to CalViva Credentialing Sub Committee and QIUM Committee at least annually. Activities include Utilization Management, including CCM; credentialing; and claims payments.	K. Bowling, Sr. Manager Delegation Oversight A. Tonkogolosuk, Sr. Manager, Ethics & Compliance	12/31/25	Completed	12/31/2025	For 2025 mid-year, Delegation Oversight is on track monitoring the PPGs' delegated activities for Utilization Management including CCM, credentialing and claims processing and issues, including corrective action plans as applicable. Findings will be reported to the applicable committees by year end.	The majority of annual audits for delegates have been completed or are currently in process for 2025. Performance results including CAPs have been shared for those completed. Majority of the delegates were compliant. Those needing CAPs were issued and addressed with the delegates. Ongoing monitoring was conducted regularly and continues for 2026.
QUALITY AND SAFETY OF CARE AND SERVICE	Handling of Member Grievances and Appeals: Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	L. Carrera, Sr. Director, Appeals & Grievances Amy Schneider RN, Sr. Director Medical Management	12/31/25	Completed	12/31/2025	Continue to monitor TAT to ensure we are meeting compliance. Monthly Dashboards support the review of this.	A&G continues to monitor turnaround times (TAT) to ensure ongoing compliance. Monthly dashboards support this review process, and A&G has consistently met all compliance TAT requirements for all appeals and grievances. Year-to-date (January–October), CalViva's average compliance rate is 99.8%.
QUALITY AND SAFETY OF CARE AND SERVICE	Integrated Care Management (ICM) • Implement PHM pyramid as the predictive modeling tool to identify high-risk members for referral to ICM. • Evaluate the ICM Program based on the following measures: o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction	C. Patnaude, Director, Care Management	Annually by December 2025	Completed	12/31/2025	On track for increased referrals to CM programs. We do not have any outcome measures for 2025 yet, as we have to wait on claims lag,	As of Q2 outcomes, readmit rate is down by 5.4%, emergency department utilization down almost 20%, a large reduction in inpatient health care cost as well. Member satisfaction is 91% as of Q3.
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor credentialing findings and report to CalViva Credentialing Sub Committee quarterly.	P. Carpenter, Director, Clinical Support Services	12/31/25	Completed	12/31/2025	On track. Submitted 4/22/2025. On track for Mid-year and year-end.	Completed quarterly.
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor peer review determinations and report to CalViva Credentialing Sub Committee quarterly.	P. Carpenter, Director, Clinical Support Services	1/2/00	Completed	12/31/2025	On track. Submitted 4/22/2025. On track for Mid-year and year-end.	Completed for year end, final submission by 1/31/26.
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor potential quality incidents (PQI) and quality of care (QOC) findings and report to CalViva quarterly. Complete all PQIs/QOCs received thin 90 day TAT to maintain internal compliance.	P. Carpenter, Director, Clinical Support Services	12/31/25	Completed	12/31/2025	On track. Submitted 4/29/2025. On track for Mid-year and year-end.	Completed for year end, final submission by 1/31/26.
QUALITY AND SAFETY OF CARE AND SERVICE	Update Clinical A&G Quality of Care Concerns Policy & Procedure and Peer Review Committee Policy & Procedure.	P. Carpenter, Director, Clinical Support Services Amy Schneider RN, Sr. Director Medical Management	12/31/25	Completed	12/31/2025	Completed.	Completed.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluate written plan for safety and quality data collection: To improve patient safety by collecting and providing information on provider and practitioner safety and quality (at least annually).	S. Wright, Director of Quality Improvement B. Wentworth, Program Manager III, Quality Improvement	Q1 2025	Completed	3/20/2025	Provider Update: Stay Informed on Quality Goals was distributed and posted online on 3/20/2025. Annual evaluation of safety and quality workplan initiatives and metrics was completed and submitted to committee 2/20/2025.	Completed.
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluation of the QIHed program of the previous year (Q1). Complete QIHed Work Plan evaluation semi-annually.	L. Aaronson, Director, Quality Improvement J. Spears, Manager, Quality Improvement M. Gumatay, Director, Data Analytics S. Wright, Director, Quality Improvement T. Jaghasspanian, Sr. Director of Quality Improvement L. Pak, Sr. Manager, Quality Improvement A. Schneider, Sr. Director, Medical Management	Q1 and Q3 2025	Completed	2/13/2025	Completed for Q1 report. Approved at QIUM Workgroup on 2/20/2025.	Completed mid-year work plan evaluation on 09/11/2025.
QUALITY IMPROVEMENT AND COMPLIANCE	Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure provider offices and medical records comply with DHCS contracted requirements per APL 22-107 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023. Report FSR/MRR data to DHCS twice per year (1/31 and 7/31), including all sites with failed scores.	P. Carpenter, Director, Clinical Support Services	12/31/25	Completed	12/31/2025	On track to complete all required audits by year end.	Completed all required audits by 12/31/25.
QUALITY IMPROVEMENT INFRASTRUCTURE	Care gap reports produced by the HEDIS Team weekly, by contract level and participating provider group (PPG) level to identify non-compliant members.	HEDIS D. Mehlhouse, Healthcare Informatics Program Manager	12/31/25	Completed	12/31/2025	Care gaps reports were produced weekly via sFTP and Cozeva.	Care gaps reports were produced weekly via sFTP and Cozeva.
QUALITY IMPROVEMENT INFRASTRUCTURE	Encourage further Cozeva adoption/usage among PCPs and provider groups in program's 5th year; Expand Cozeva-EHR integrations and bidirectional data-sharing with priority PCP/clinics; Enhance Cozeva platform to support regulatory requirements and key opportunities / initiatives.	S. Pao S. Myers, Sr. Manager, Provider Engagement Strategy	12/31/25	Completed	12/31/2025	CalViva Medi-Cal provider Cozeva adoption in Jun 2025 stands at 92% (for 98% of members) with 47% "actively engaged" on the platform; for priority providers, 50% are "actively engaged" on the Cozeva platform vs. 50% year-end goal	CalViva Medi-Cal provider Cozeva adoption in Dec 2025 stands at 97% (for >99% of members) with 72% "actively engaged" on the platform; for priority providers, 75% are "actively engaged" on the Cozeva platform vs. 50% year-end goal.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT INFRASTRUCTURE	The CAHPS Quality Improvement Team, under the guidance of the CVH A&G Workgroup, has implemented a structured approach to monitoring and enhancing member's experience: - Quarterly Reviews: Grievances, appeals, call drivers, and disenrollment data are reviewed quarterly to identify emerging trends and inform strategy. - CAHPS Action Plan: A multi-team action plan tracks improvement initiatives and is reviewed regularly with key stakeholders. - Quarterly A&G Presentations: Deliver appeals and grievances analysis reports, along with recommendations, to the QI/UM Committee.	T. Jaghasspanian, Sr. Director, Quality Improvement M. Anderson, Program Manager III, Quality Improvement G. Toland, Program Manager III, Quality Improvement	12/31/25	Completed	12/31/2025	Quarterly A&G slide decks were shared with the CVH A&G group to highlight emerging trends, key findings, and recommendations, and are presented to the QI/UM Committee and RHA Commission. The CAHPS Team continues to participate in A & G Work Group and attends MOM meetings on an as-needed basis.	Quarterly A&G slide decks were shared with the CVH A&G group to highlight emerging trends, key findings, and recommendations—Q2 on 8/6/25 and Q3 on 11/12/25, with Q4 scheduled for 2/4/26. The CAHPS team continues to participate in the CVH A&G Workgroup, and attends MOM meetings on an as-needed basis.
QUALITY IMPROVEMENT INFRASTRUCTURE	Support development of HEDIS best practice tools.	S. Wright, Director of Quality Improvement	6/30/2025	Completed	3/12/2025	Completed 2025 QI Program Slide Deck - Best Practice Guide. The guide was shared with the PE team on 3/12/2025 to be utilized with providers and provider groups.	Completed at mid-year.
WELLNESS/ PREVENTIVE HEALTH	Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	CalViva Health/HN K. Macsicza, Director, Clinical Programs Director, Clinical Programs A. Schneider, RN, Sr. Director Med Management	6/30/25	Completed	5/15/2025	Completed. Provider Update posted to the Provider Library April 23, 2025. CPGs were adopted at QIUM Committee on May 15, 2025.	Completed at mid-year.
WELLNESS/ PREVENTIVE HEALTH	Distribute and/or make available Preventive Screening Guidelines (PSG) to Members and Providers.	J. Felix, Sr. Health Education Specialist	12/31/25	Completed	2/27/2025	The updated 2025 PSG Booklet went live on 2/27/2025 and was posted on the CalViva Health webpage. The booklet is distributed monthly to new members via the Member Welcome packet.	This activity was fully completed during the mid-year reporting. The PSG booklet continues to be distributed monthly via the member welcome packet. The PSG was formally adopted at the QIUM Committee meeting on November 20, 2025.
WELLNESS/ PREVENTIVE HEALTH	Distribute the Health Education Programs and Services Flyer to members via the Medi-Cal member welcome packet.	M. Lin, Program Manager II, Quality Improvement S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	12/31/25	Completed	12/31/2025	The Health Education Programs and Services flyer is being distributed monthly via the member welcome packet. This activity is on track.	The Health Education Programs and Services flyer was distributed monthly via the member welcome packet.
WELLNESS/ PREVENTIVE HEALTH	Health education material management	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II, Quality Improvement	12/31/25	Completed	12/31/2025	On track. For YTD, there have been 14,667 pieces of printed health education materials requested and fulfilled for the CalViva service area.	There were a total of 22,627 pieces of health education materials requested and fulfilled for the CalViva service area.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
WELLNESS/ PREVENTIVE HEALTH	Health Education System P&Ps, monitoring of initiatives, maintenance of printed materials, digital programs and requirements, health promotion to providers.	S. Wright, Director of Quality and Health Education L. Aaronson, Director of Quality and Health Education A. Jayme, Program Manager II, Quality Improvement S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	12/31/25	Completed	12/31/2025	On track. For YTD, all P&Ps have been reviewed and renewed accordingly, initiatives, digital programs, and printed materials are monitored continuously according to their review cycles.	All P&Ps were reviewed and renewed accordingly, incentives, digital programs and printed materials were reviewed and evaluated according to their review cycles.
WELLNESS/ PREVENTIVE HEALTH	Maintain compliance with childhood blood lead level screening requirements in accordance with DHCS APL 18-017 and APL 20-016. Quarterly monitoring of HEDIS Lead Screening for Children (LSC.) Member education materials include preventive service guidelines (PSGs); Provider training and education include the Medi-Cal provider operations manual and HEDIS provider tools on Lead Screening for Children (LSC). Medical Record Reviews for lead screening conducted during Facility Site Reviews submitted to DHCS twice a year.	S. Wright, Director, Quality Improvement P. Carpenter, Director, Clinical Support Services J. Coulthurst, Program Manager III, Quality Improvement L. Armbruster, Sr. Quality Improvement Specialist J. Felix, Sr. Health Education Specialist A. Schnieder, Sr. Director, Medical Management	12/31/25	Completed	12/31/2025	CalViva Q3 Lead Blood Screening Compliance Report submitted and approved 3/20/25. Q4 Lead Blood Screening Report submitted 6/13/2025. The Committee date was 7/17/25. Anticipatory guidance rates continue to trend on the low side with little increase. The Plan is collaborating with the analytics team to address possible variations in coding to capture the anticipatory guidance with the well child visits. There are no actual codes for anticipatory guidance. The codes provided by DHCS are counseling codes.	The 2025 Preventive Service Guidelines (PSG) were reviewed, updated, and posted on the CalViva Health webpage on 2/27/2025. All CalViva Quarterly Compliance Reports were submitted timely and accepted. Q1 2025 the QIRA Team changed the anticipatory guidance methodology to include well-child visits as a proxy resulting in anticipatory guidance increase of 19.20%.
WELLNESS/ PREVENTIVE HEALTH	Member newsletter- Supports Medi-Cal NCQA guidelines that requires specific member communication to be mailed to members' homes.	B. Head, Program Manager II, Quality Improvement K. Kaila, Sr. Health Education Specialist (Medi-Cal) S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	10/31/2025-Medi-Cal	Completed	12/31/2025	On track. Went through DHCS and hope to send out by October/November.	CalViva Newsletter (169,136 total) Mail started and completed on 10/27.
WELLNESS/ PREVENTIVE HEALTH	Monitor CalViva Health Pregnancy Program and identify high risk members via Care Management.	C. Patnaude, Director, Care Management S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	Annually by December 2025	Completed	6/18/2025	On track.	As of Q2 outcomes, goals are being met. 100% of members enrolled in program are attending prenatal appt (15% difference from those not enrolled). 4.7% decrease in preterm deliveries for members in program vs those not in program. And improved postpartum visit completion by 12% compared to members not in program.
WELLNESS/ PREVENTIVE HEALTH	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	A. Mojadedi, Sr, Health Education Specialist, Quality Improvement S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	12/31/2025	Completed	12/31/2025	On track.	There were a total of 51 CalViva members enrolled in the DPP program as of December 31, 2025.

Section III: Enterprise Quality Improvement & Performance Tracker Activities Log

Section III lists Enterprise Quality Improvement & Performance Tracker activities that support meeting program objectives for the year (listed in Section I).

Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 1	DHCS Non-Clinical PIP: Behavioral Health	Behavioral Health - CalViva Performance Improvement Project: Improve the percentage of provider notifications for members with SUD/MH diagnosis following or within 7 days of an emergency department (ED) visit in Fresno and Madera Counties. 1st Intervention Coding Education updated to include Smart Phrases; 2nd Intervention: Cultural Competency training; 3rd Intervention: Resiliency Center for referrals for first responders-goal of Resiliency Center to become a CalAIM provider for enhanced care management (ECM).	Rhonda Dick, Sr. Quality Improvement Specialist	Fresno Madera	Behavioral Health	FUA - Follow-Up After Emergency Department Visit for Substance Use—7 days—Total FUM - Follow-Up After Emergency Department Visit for Mental Illness—7 days—Total	09/11/25	08/07/25	Complete	Intervention #1: Coding education was updated to include Smart Phrases with Saint Agnes Medical Center. Intervention #2: Cultural competency included 14 staff trained. Intervention #3: Resiliency Center was added as an additional referral option for members.	As of April 2025, the coding training was transferred to the Smart phrases, because the coding was not used regularly by the ED staff. Cultural competency training implemented and expanded to new hires. The Resiliency Center is in the process of becoming an ECM provider.	Among the members who have had an ED visit for SUD, if they do not have follow-up care within 7 days, the vast majority do not have a visit within 60 days of the ED visit. Opportunities: Follow-up with CHWs, Social Workers in the ED to close care gaps. Barriers: Unable to collaborate with all hospitals in CalViva counties/Privacy issues. Some organizations (hospitals) are unwilling to share member level data (PHI) related to substance use or mental health issues. This can be a significant barrier to collaboration between hospitals and health plans. Hospital leadership did not inform the plan that staff do not use codes in their charting before the plan rolled out training for hospital staff. This was learned through the class evaluations.	Continue
	CalViva mystrength PSV (Primary Source Verification)-DSF	Behavioral Health - Complete and assure the CalViva myStrength PSV screening data approved by the HEDIS auditor as a supplemental data for HEDIS Measure Depression Screening and Follow Up (DSF-E).	Maria Lin, Program Manager II	All counties	Behavioral Health	DSF-E - Depression Screening and Follow-Up for Adolescents and Adults	01/01/25	12/31/25	Complete	Successfully passed the 2025 PSV audit.	Successfully passed the 2025 PSV audit.	N/A	Continue
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) Provider Education and Tip Sheet	Behavioral Health - Develop a powerpoint to provide education to providers and create a tip sheet to assist providers in improving measurement performance.	Adrianna Shoji, Program Manager III, Quality Improvement	All counties	Behavioral Health	APP - First-Line Psychosocial Care	08/22/25	12/31/25	Complete	N/A	APP slide deck and provider tip sheet were completed.	N/A	Discontinued
Section 1	QMP Madera County	Behavioral Health - Implement culturally appropriate education strategies for mental health/substance use disorder to increase follow-up care; CHW training; Implementation of the Lanes Real-time Databases; and Utilization of the Resiliency Center Referral Process (Pending) to Increase Follow up within 30 days after an ED visit for SUD/MH.	Rhonda Dick, Sr. Quality Improvement Specialist	Madera	Behavioral Health	FUA - Follow-Up After Emergency Department Visit for Substance Use - 30-day follow up FUM - Follow-Up After Emergency Department Visit for Mental Illness - 30-day follow up	05/02/25	06/30/26	Complete	There are currently 4 interventions: CHW Training; Use of Lanes Data Source (plans to be implemented at other sites); Cultural competency training for the Hispanic population; and Resiliency Center is going through the referral process to provide ECM.	The run charts were updated to include the baseline; numerators/denominators. The interventions resulted in good increases in measurement rates. Will be spreading these interventions to other clinic sites beyond Camarena and Clinica Sierra Vista. The Lanes data report will also be spread to other clinic sites. Resiliency Center has now expanded and they are going through the process to be a CalAim provider and ECM.	Barriers: There were issues with the LANES Report. It was reporting PCP visits in addition to the ED visits. The QI worked with the IT Team and got this issue resolved. The LANES report gives an opportunity to follow up with members as soon as they are in the ED without having to wait for claims. The LANES Report should help to increase the rates for FUA/FUM. The rates have steadily increased from 19% to 21% and the goal is 26%. Opportunities: A training video was developed for the Latino/Hispanic community and their experience in the Central Valley. The training detailed the family dynamic in this population and how historically viewed behavioral and mental health services and their hesitancy to use western medicine. The training concludes with a case study and gives providers the opportunity to apply their knowledge. This information will help ensure providers are well equipped to serve the Latino/Hispanic population. Going forward, the training will be implemented for all new hires at Saint Agnes Medical Center, (SAMC).	Continue
	CalViva Teladoc Mental Health Digital Program	Behavioral Health - Implement the CalViva Teladoc Mental Health Digital Program and provide oversight, and management of the program.	Maria Lin, Program Manager II	All counties	Behavioral Health	DSF-E - Depression Screening and Follow-Up for Adolescents and Adults	01/01/25	12/31/25	Complete	Teladoc Mental Health Digital Program launched successfully in 2025. Eligibility files implemented. Utilization reports by LOB to be launched in June.	Program launched successfully.	N/A	Continue
Section 1	CalViva Outreach Following Discharge from Emergency Department (FUA/FUM)	Behavioral Health - The FUM/FUA mental health follow up and outreach team (FUOT) will use Admission, Discharge, Transfer (ADT) reports to conduct member outreach calls to close gaps.	Adrianna Shoji, Program Manager III, Quality Improvement	All counties	Behavioral Health	FUA - F/U ED Substance Abuse - 30 FUA - F/U ED Substance Abuse - 7 FUM - F/U ED Mental Illness - 30 FUM - F/U ED Mental Illness - 7	01/01/25	12/31/25	Complete	Outreach is occurring and success seemed to vary from 16-26% rate. Continuing to work on accuracy of reports to ensure all members are captured for follow up. Rate was variable due to member engagement.	The process of the outreach team receiving the ADT report daily was in place and there were improvement from the previous year for FUA/FUM. However, the MPL's have not been met. CalViva is working on collaborating with hospitals/facilities for diagnosis codes so that the identified FUA/FUM HEDIS measures are flagged. In addition, CalViva is continuing to collaborate with smaller clinics to provide ADT access to conduct follow up care.	Many steps are involved in the transfer of member data from facility to Cozeva thru Admission, Discharge, Transfer report. Also, some facilities have been hesitant to share PHI including diagnosis. CalViva is working with facilities on sharing diagnosis data so that appropriate follow up can occur from the outreach team.	Continue
Section 2.B, 7.A	CHWs- Community Health Worker Member Outreach. W/Pair Team	Care Coordination/Member Engagement - Collaborate w/CHW, Pair Team, to conduct telephonic outreach to 1,000 members in CV counties randomly selected by adults 18 + w/at least 3 open care caps.	Miriam Rosales, Program Manager III, Quality Improvement	All counties	Care Coordination/Member Engagement	BCS - Breast Cancer Screening CBP - Controlling Blood Pressure CCS - Cervical Cancer Screen - Pap Test	01/01/25	05/30/25	Complete	There was a delay provider was escalated due to lack of responsiveness	215 out of 1,000 members were contacted and assisted w/scheduling PCP appointments. Unfortunately, CHW Provider, Pair team became non-responsive mid outreach. Due to ongoing issues with responsiveness and compliance concerns currently being reviewed by the CalAIM team, we are no longer working with this CHW provider.	Unable To Reach (UTR) members.	Discontinued
Section 2.B, 7.A	CHWs- Community Health Worker Member Outreach. W/Pair Team.	Care Coordination/Member Engagement - Collaborate w/CHW, Pair Team, to conduct telephonic outreach to random sample of 1,000 members in CalViva Fresno. Targeting members w/most amount of open care gaps. Sample selected by member w/most amount of open care gaps.	Miriam Rosales, Program Manager III, Quality Improvement	Fresno	Care Coordination/Member Engagement	BCS - Breast Cancer Screening CBP - Controlling Blood Pressure CCS - Cervical Cancer Screen - Pap Test	01/01/25	05/30/25	Complete	There was a delay provider was escalated due to lack of responsiveness	300 out of 1,000 members were contacted and assisted w/scheduling PCP appointments. Unfortunately, CHW Provider, Pair team became non-responsive mid outreach. Due to ongoing issues with responsiveness and compliance concerns currently being reviewed by the CalAIM team, we are no longer working with this CHW provider.	Unable To Reach (UTR) members.	Discontinued
	Annual Member Newsletter-Medi-Cal CalViva	Care Coordination/Member Engagement - Distribute member newsletter. The newsletter meets the Medi-Cal guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCOA, Health Equity and regulatory articles. Promotion of wellness programs and quality improvement interventions.	Kristen Kaia, Senior Health Education Specialist, Quality Improvement	All counties	Care Coordination/Member Engagement	CAHPS - Access to Care	10/02/24	10/31/25	Complete	This is an ongoing process.	Completed, CalViva Newsletter (169,136 total) Mail delivered and completed on 10/27/2025.	N/A	Continue

Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 4	CalViva Initial Health Assessment (IHA) Quarterly Reporting	Care Coordination/Member Engagement - Provide quarterly updates to report on IHA rates and status to stakeholder committee members.	Linda Ambruster, Quality Improvement Specialist	All counties	Care Coordination/Member Engagement	IHA - Initial Health Appointments	01/13/25	12/31/25	Complete	CalViva IHA Quarterly Compliance Reporting Q3 2024 submitted 03/20/2025. Q4 2024 Report submitted 7/17/2025.	Q1 2025 CalViva (CalViva) Quarterly Compliance Report approved 9/18/2025. Q2 2025 CalViva (CalViva) Quarterly Compliance Report approved 11/20/2025.	Identify anticipatory guidance, compliance and CPT code data gaps for initial health appointment (IHA) and new enrolled member outreach attempts. Identify provider documentation compliance through medical record review and facility site review (FSR/MRR). Barriers include providers applying incorrect codes for the initial health appointments and or not documenting in the member medical record the follow up outreach to the members who were due for an IHA appointment or have missed their IHA appointment.	Continue
Section 4	CalViva Low Performing Providers	Care Coordination/Member Engagement - Utilize PPP reports, Cozeva, and Alfresco to identify low performing providers per county, work w/PE team to develop best practices.	Linda Ambruster, Quality Improvement Specialist	All counties	Care Coordination/Member Engagement	IHA - Initial Health Assessment	01/13/25	12/31/25	Complete	Identified CalViva low performing providers and barriers/interventions for Q3 and Q4 2024.	Barriers and interventions were identified for CalViva low performing providers in collaboration with Provider Engagement. Barriers included member engagement, no call no show for appointments, and inaccurate member demographics/phone numbers. Interventions included Cozeva integration to identify care gaps in IHA and generate monthly reports for member outreach, extended office hours, EDGE Funds for member outreach and staffmember incentives. Provider Engagement (PE) provided IHA Training and review of best practices with the providers.	Barriers identified for CalViva include member engagement, no call no show for appointments and inaccurate member demographics/phone numbers. Interventions include Cozeva integration to identify care gaps in IHA and generate monthly reports for member outreach, extended office hours, EDGE Funds for member outreach and staffmember incentives. Provider Engagement (PE) provides IHA Training and review of best practices with the providers. In Q1 2025, 581 IHA/HF provider trainings were conducted for CalViva. In Q2 2025, there were 1,011 IHA/HF provider trainings completed.	Continue
Section 2.A	Abbott Diabetes Care Pilot	Chronic Conditions - Pilot initially targets Medi-Cal providers whose members have uncontrolled A1c. The pilot includes educational outreach to providers, onboarding to LibreView platform, and integrate continuous glucose monitor (CGM) data into the electronic health records (EHRs).	Gigi Mathew, Program Manager III, Quality Improvement	All counties	Chronic Conditions	GSD - Glycemic Status Assessment for Patients with Diabetes GSD - Glycemic Status Assessment for Patients with Diabetes (Glycemic Status < 8%) GSD - Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9)	01/01/25	12/31/25	Complete	There were 14 CalViva members identified having CGMs based upon durable medical equipment (DME) data. Limitations in current data sharing agreement with Abbott Diabetes prevented access to key reports that were needed to pass audit requirements; led to exploration of partnership with Redox.	HN-Abbott Project will resume in 2026 with a new Data Use Agreement (DUA) and BAA (Business Associate Agreement) agreement with Redox. Redox is a cloud-based data exchange interface for transmitting CGM data from Abbott Diabetes to the Plan.	Delays on non-disclosure agreement (NDA) approval; low turnout for live webinars	Continue
	Root Cause Analysis (RCA) CBP e-Project	Chronic Conditions - Provider outreach email via Power Automate to address uncontrolled/no evidence of service/missing value CBP measures per RCA data.	Martha Zuniga, Sr. Quality Improvement Specialist	All counties	Chronic Conditions	BPC-E - Blood Pressure Control for Patients With Hypertension	05/01/25	10/31/25	Complete	Root Cause Analysis (RCA) facilitate CBP data exchange with provider groups. 105 Provider Groups (PPGs) outreached in wave 1. Nearly 28,900 members identified as having either an uncontrolled or no evidence of service BP Measure.	Root Cause Analysis (RCA) facilitate CBP data exchange with provider groups. Two waves of provider outreaches implemented impacting approximately 28,000 members with uncontrolled hypertension or no evidence of service. 105 Provider Groups (PPGs) were outreached in wave 1 and 112 Provider Groups (PPGs) reached in wave 2. PPGs reconciled data to confirm compliant members.	If providers do not review the email they are unable to reconcile the data provided and act upon the call to action.	Continue
Section 2.B	CBP Q4 Push Fax Project - Medicaid	Chronic Conditions - Remediation of CBP gaps remaining for the 2025 Measurement Year in the Medicaid Population. Member clinical fax sheets were sent to provider offices, with fax covers and successful fax confirmations uploaded to Cozeva for gap closure.	Chris Palma, Quality Improvement Specialist Senior, Martha Zuniga, Sr. Quality Improvement Specialist	Fresno Kings Madera	Chronic Conditions	CBP - Controlling High Blood Pressure	12/10/25	12/30/25	Complete	N/A. This is a Q4 push campaign	51 compliant records were uploaded to Cozeva for gap remediation. 11 not uploaded because more recent records were already recorded.	N/A	Discontinued
Section 2.A	Root Cause Analysis (RCA) A1c e-Project	Chronic Conditions - Send provider outreach email via Power Automate to address uncontrolled A1c measures per RCA data.	Ana Sem, Program Manager II	All counties	Chronic Conditions	GSD - Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9)	05/01/25	12/31/25	Complete	Launched e-Project and sent 26 emails to 38 PPG Groups (some PPGs were grouped together because of the same QI contact details) on 6/13/25.	High provider engagement was achieved through two waves of Root Cause Analysis (RCA) report implementation. RCA member lists were provided to PPG groups to review patient-specific HbA1c results, take appropriate clinical action, reassess glycemic control for patients with elevated HbA1c levels, repeat testing as clinically appropriate, and ensure results were documented in the medical record with test date and value. The first MCAL wave launched on 6/13/25, with an e-Project that sent 26 emails to 38 PPG groups (some PPGs were grouped due to shared QI contact information). The second wave, using new and refreshed RCA data, launched on 8/19/25. All lines of business (LOBs) were consolidated into a single e-Project and distributed via Power Automate, resulting in 83 emails sent to 104 PPG groups. Approximately, 29 groups confirmed receipt.	Barrier: If providers do not review the email they are unable to reconcile the data provided and act upon the call to action. Opportunity: RCA member lists were provided to PPG groups to review patient-specific HbA1c results, take appropriate clinical action, reassess glycemic control for patients with elevated HbA1c levels, repeat testing as clinically appropriate, and ensure results were documented in the medical record with test date and value.	Continue

Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 2 A, 2 B, 5.A, 5.B, 5.C, 5.D, 6, 7.A, 7.B	Digital Health Education Resources to Support Patients.	Health Education/Wellness Pediatric/Perinatal/Dental - Update PowerPoint (PPT) presentation resource designed to promote Krames and nationally credible health education resources that providers can effectively share with their patients. This PPT will encompass a broad spectrum of health-related topics, which also includes addressing topics that support various measures.	Brittany Head, Program Manager II, Quality Improvement	All counties	Health Education/Wellness Pediatric/Perinatal/Dental	AMR - Asthma Medication Ratio, CAHPS / AFV - Annual Flu Vaccine, CBP - Controlling High Blood Pressure, CCS-E - Cervical Cancer Screening, CIS - Childhood Immunization Status, CIS-E (3) - Childhood Immunization Status Combination 3, COA - Care for Older Adults, COU - Risk of Continued Opioid Use, DEV-CH - Developmental Screening in the First Three Years of Life, DIAB / PDC - Adherence to Diabetes Medications, EED - Eye Exam for Patients with Diabetes, FRM - Fall Risk Management, HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (>9%), IBC - Improving Bladder Control, IMA-E - Immunizations for Adolescents, IMPH - Improving or Maintaining Physical Health, LSC - Lead Screening in Children, MPA - Monitoring Physical Activity, OSW - Osteoporosis Screening in Older Women, PAO - Physical Activity in Older Adults, PBH - Persistence of Beta-Blocker Treatment After a Heart Attack, PPC - Prenatal and Postpartum Care, RRP - Reducing the Risk of Failing, SPD - Statin Therapy for Patients With Diabetes, STAT / PDC - Adherence to Cholesterol Medication (Statins), TFC - Topical Fluoride for Children, W30 - Well Child Visits in the First 30 Months of Life, WCV - Child and Adolescent Well-Care Visits	01/01/25	12/31/25	Complete	PowerPoint presentation has been updated and is currently in review and approval process to incorporate findings from the 2024 year-end survey. Key updates include the addition of Spanish-language resources and expanded member-focused content. The CDC Milestone Tracker App was added to support for developmental screenings. Based on insights from our 2025 key-informant survey, which were completed by 15 respondents representing various health systems, FQHCs, and CBOs, best practice strategies were developed for sharing QR codes and URLs through multiple distribution methods. Content enhancements also addressed reducing screen time for children and teens and increasing the use of DHCS-approved vendors to ensure materials meet 6th-grade reading level.	Overall, providers found the resource relevant, easy to navigate and useful. 57% of the providers that returned the survey, shared it with their patients via print, mailed it to them, or discussed it with their patients.	Barriers include member preference for print materials, low engagement, early intervention timing, and high effort due to surveys and limited emails. Opportunities include leveraging Programs and Drivers (PODs), refocusing on providers, using EDGE funds for printing, and engaging the Provider Engagement teams.	Continue
	Tobacco Cessation Pear Suite Pilot Project	Health Education/Wellness Pharmacy - Pilot a CHW-led referral workflow within Pear Suite care navigation platform to increase access to Kick It California cessation services. CHW will outreach to CalViva members and provide a warm handoff by phone to Kick It California, who will then provide services to our members.	Justina Felix, Sr. Health Education Specialist, Quality Improvement	All counties	Health Education/Wellness Pharmacy	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	04/01/25	12/31/25	Complete	During this reporting period, Pear Suite reached out to inquire on a pilot project for CalViva Health members. Management agreed to proceed, and a QIRA request was submitted to obtain member data to support this outreach effort.	To date, a total of 52 members opted in to the pilot project, of which 8 completed the screening, and 6 were referred to KIC for smoking cessation services.	There was no response from vendor updates on pilot project when requested. After including other key partners, the vendor responded with updates.	Discontinued
Section 3	Engagement with external collaboratives to promote hospital quality: Cal Hospital Compare collaboration	Hospital Quality/Patient Safety - Collaboration with Cal Hospital Compare to promote their hospital Honor Rolls, leverage their Poor Performer list, and identify new opportunities to drive hospital quality improvements.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Contracted with this organization for hospital quality data products, Honor Rolls, and reports, which were provided throughout the year. Patient Safety Honor Roll and Poor Performer list, and network analysis provided to date. Will leverage these items across hospital quality initiatives.	Leveraged all hospital quality reports and data to support hospital quality initiatives. Coordinated with Executive Director and staff about statewide hospital improvement efforts on priority metrics.	Leveraging new user-friendly data tracking tools from other sources in 2026. Likely to continue to coordinate with Executive Director and others on new statewide initiative planning.	Discontinued
Section 3	Engagement with external collaboratives to promote hospital quality: California Maternal Quality Care Collaborative (CMQCC)	Hospital Quality/Patient Safety - Collaboration with CMQCC to coordinate and consult on improving hospital maternal health metrics.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Ongoing consultation and coordination with CMQCC staff about specific lower performing hospitals and broader trends on C-section rates and other metrics, including health equity, doula-related guidance and utilization, and maternal health quality improvement efforts broadly.	Coordination with Maternal Data Center Associate Director and with California Maternal Quality Care Collaborative (CMQCC)'s clinical lead to identify messaging and organizational alignments. Coordinated on details included in letter to maternity hospitals, including state required reporting on equity status. Collaboration to promote CMQCC programs and resources to hospitals, especially lower performers.	All CalViva Maternity hospitals have access to California Maternal Quality Care Collaborative (CMQCC)'s guidance and tools to help them meet maternal health standards, particularly on C-section rates. Outreach highlights key programs and contact information to facilitate follow up.	Continue
Section 3	Engagement with external collaboratives to promote hospital quality: Health Services Advisory Group (HSAG)	Hospital Quality/Patient Safety - Collaboration with Health Services Advisory Group to provide our network hospitals with access to their online platform and QI resources to provide them with technical guidance on how to improve their performance on priority measures.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Collaborating with HSAG hospital quality leads to align efforts to drive improvements on patient safety metrics. After an extended delay in CMS's funding announcements, HSAG received confirmation that they were awarded a 5-year Quality Improvement Organization contract. Coordination efforts are underway between our organizations to identify eligible hospitals within our network and encourage participation in HSAG's program, and to establish collaborative opportunities going forward.	Collaboration with Health Services Advisory Group (HSAG) to support hospital improvement, especially to promote hospital participation in their CMS-funded Quality Improvement Organization (QIO) program, awarded in June. Monthly meetings with HSAG's Sr. Executive Director to identify alignments and ongoing coordination to promote opportunities to lower performing hospitals.	Not all hospitals are eligible for HSAG's CMS-funded Quality Improvement Organization program and CMS does not permit HSAG to share which hospitals are funded. The plan urges hospitals to reach out to HSAG and coordinate with the latter.	Continue
Section 3	Engagement with external collaboratives to promote hospital quality: California Health Care Foundation (CHCF) collaboration	Hospital Quality/Patient Safety - Collaboration with the CHCF to coordinate and consult on improving hospital maternal health metrics, particularly with respect to equity.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Coordinated with California Health Care Foundation contractor on promotion of implicit bias training for perinatal care providers, including newly launched resources that address updates to state training requirements.	Coordinated with California Health Care Foundation contractor on promotion of implicit bias training for perinatal care providers. Promoted these trainings in letters to maternity hospitals and in updated doula-related guidance for hospitals.	The plan is not certain if the California Health Care Foundation will continue to support this training arrangement in 2026. the plan will monitor availability going forward.	Discontinued
Section 3	Participation on Leapfrog Committees and Events: Data Users Group	Hospital Quality/Patient Safety - Member of Data Users Group, which includes coordination with Leapfrog to promote their surveys and findings to encourage improvement on key metrics by network hospitals.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Participated in quarterly Data Users Group meetings and gained access to new Hopper tool. Obtained Spring 2025 Leapfrog Safety Grades. Leapfrog data used to track performance of network hospitals.	Participated in Data Users Group meetings. Contracted for Leapfrog hospital quality data and tracking tools for use in hospital performance tracking and engagement and consulted with Leapfrog's expert staff on specific data issues.	Working with Leapfrog staff to identify opportunities to customize new data visualization tools to trends among network hospitals.	Continue
Section 3	Conduct outreach to hospitals about C-section overuse and maternal health issues.	Hospital Quality/Patient Safety - Outreach to hospitals about C-section overuse, standards/expectations, and opportunities to improve. Includes focus on maternal health equity.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Letter to network maternity hospitals in process, with information on C-section overuse; engagement with CMQCC to address performance and reporting; guidelines on ensuring appropriate doula-related protocols are in place; and access to implicit racial bias training to meet requirements for the Dignity in Pregnancy and Childbirth Act. Collaborated with CMQCC and California Health Care Foundation on messaging and content.	Collaborated with California Maternal Quality Care Collaborative (CMQCC) on opportunities and messaging used in outreach that addressed C-section overuse, available QI resources, and equity-related requirements. Letter was distributed to maternity hospitals in August. Included doula-related guidelines that align with other health plans. Letter to hospitals that failed the C-section target highlighting expectations and available QI resources was distributed in December.	Collaborating with CMQCC's expert team to identify opportunities and navigate barriers to improving C-section rate performance.	Continue

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Section 3	Conduct hospital outreach about patient safety.	Hospital Quality/Patient Safety - Outreach to hospitals about patient safety metrics, standards/expectations, and opportunities to improve. Focus on metrics and reports including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Cypid Care Honor Roll.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Provider Update draft in progress; will be sent to all hospitals about patient safety expectations and relevant metrics. Currently coordinating with external patient safety stakeholders including Hospital Quality Institute (HQI), HSAG, Leapfrog and LA County Dept. of Public Health to promote hospital participation in their Regional Healthcare Networks.	Provider Update sent to all hospitals about patient safety expectations and relevant metrics. Coordinated with Health Services Advisory Group (HSAG) to promote their CMS-funded Quality Improvement Organization program for eligible hospitals; Leapfrog to promote their survey and Safety Grade; Hospital Quality Institute to promote their data tools; and Cal Healthcare Compare to promote their Honor Rolls.	Collaboration across organizations to connect hospital with guidance, including HSAG to promote participation in their CMS-funded program for eligible hospitals. The plan providing input to key leaders on a developing statewide initiative that aims to reduce hospital-acquired infections.	Continue
Section 3	Participation on Leapfrog Partners Advisory Committee	Hospital Quality/Patient Safety - Participation in Leapfrog's Partners Advisory Committee (serving as co-chair) and related activities.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Health Net, on behalf of CalViva, served as Partners Advisory Committee co-chair in 2025. Coordinated with Leapfrog staff and chaired quarterly meeting in March 2025. Coordinated with Leapfrog staff and co-chair for second quarterly meeting scheduled for late June 2025. In-person meeting that the plan will attend virtually; co-chair will attend in person.	Served on Partners Advisory Committee (PAC) as Co-chair. Met with staff quarterly to prepare for PAC meetings and support agenda development. Served as co-chair for quarterly meetings, including Q4 in-person meeting in Washington, DC. Ongoing coordination with Leapfrog staff and Co-chair on PAC-related issues.	Opportunity to obtain insights into trends and policies impacting hospital quality and as co-chair to offer insights and engage with Leapfrog staff on concerns specific to our organization.	Continue
Section 3	Monitor Hospital Quality Scorecard Program.	Hospital Quality/Patient Safety - Track and produce internally-developed Hospital Quality Scorecard for use by quality and contracting staff. Features individual hospital performance on priority metrics in areas including patient safety, maternal health, patient experience, readmissions, and overall CMS rating.	Barbara Wentworth, Program Manager III, Quality Improvement	All counties	Hospital Quality/Patient Safety	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Complete	Presented to Contracting team in March on content of Scorecards and how to interpret the reporting when working and negotiating with hospitals. Mid-year update to Scorecards in process to reflect new reporting available from CMS, Leapfrog, and Cal Healthcare Compare.	Produced analysis of Adventist Health system quality performance for leadership for use in contract discussions. Established new partnership with the Hospital Quality Institute to develop performance tracking tools tailored to the priority metrics for network hospitals. Finalized custom tools and visualizations and launched use in tracking and hospital engagement in Fall 2025. Hospital Quality Scorecards were also available during this transition.	The plan established a partnership with the Hospital Quality Institute to develop data tracking tools customized to our priority metrics and hospitals, with improved trending capabilities and visualizations.	Discontinued
Section 8A, 8B	CalViva CAHPS Provider Training Series via Sullivan Group (Annually)	Member Experience - CAHPS Physician lead webinar trainings; topics will focus on improving provider communication and access (3 topics, 6 sessions total)	Matthew Anderson, Program Manager III, Quality Improvement	All counties	Member Experience	CAHPS - Adult-Getting Care Quickly CAHPS - Rating of Health Plan	01/01/25	04/30/25	Complete	A total of six webinars were conducted in March and April, with 154 providers attending one or more of the sessions.	A total of six webinars were conducted in March and April, with 154 providers attending one or more of the sessions.	Each year presents new opportunities to introduce diverse topics in the provider training series to help improve CAHPS performance.	Continue
Section 7.B	Fluvention Campaign	Member Experience - Corporate to deploy multi-channel CAHPS campaign for flu prevention. Campaign includes emails, IVR on-hold messages, web page/messaging, and PDM calls.	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	All counties	Member Experience	CAHPS - Annual Flu Vaccine	01/28/25	12/31/25	Complete	The delivery of Fluvention materials has been delayed this year due to evolving state and federal guidance on vaccines and outreach efforts. As a result, delays in DHCS approvals for Medi-Cal are anticipated.	All Fluvention materials were approved and campaign was launched on 10/13/25. The Fluvention campaign is still going. Final outcomes will be provided when the full campaign is completed around April 2026.	There was a delay in obtaining the Fluvention materials for Medi-Cal review due to shifting state and federal guidance on vaccines and outreach efforts. These changes have put the 2025-2026 Fluvention campaign at risk of not meeting regulatory requirements in several states. Additionally, the CDC data that initially triggered the release of digital components, and the CDC links embedded in the messaging may no longer be available or reliable by the next flu season. As a result, both the member communication materials and the overall strategy for Fluvention 2025-2026 had to be revised.	Continue
Section 7.B	Flu Tip Sheet	Member Experience - Create tip sheet with flu best practices for providers to implement them in their practice for a more successful approach.	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	All counties	Member Experience	AIS-E - Adult Immunization Status - Influenza	06/01/25	08/15/25	Complete	This flu season best practices tip sheet will be finalized in Q3 and distributed to providers ahead of the start of flu season.	Flu tip sheets shared with the PE and PEAE facing teams to shared with their provider groups. Tip sheet was also uploaded in the website.	The tip sheet will have clinical strategies to be used during flu season. The goals are to empower staff and enhance clinical workflow.	Continue
Section 7.B, 8.A, 8.B	Provider Communication CAHPS Article	Member Experience - Distribute CAHPS article and measure rates.	Guille Toland, Program Manager III, Quality Improvement	All counties	Member Experience	CAHPS / CC - Coordination of Care (Adult) CAHPS - Access to Care CAHPS - Annual Flu Vaccine CAHPS - Rating of All Health Care CAHPS - Rating of Health Plan CAHPS - Rating of Personal Doctor CAHPS - Rating of Specialist	01/17/25	03/28/25	Complete	The CalViva Provider Communication Update was finalized and released at the end of March 2025. Following its release, an email notification was sent to providers, and the update was uploaded to the Provider Portal.	The Provider Communication Update was completed and shared with provider groups in early April to keep you in the loop on year-over-year CAHPS performance trends. The goal is to ensure provider groups have the insights they need to stay informed and drive improvement.	An important CAHPS data omission was identified in the CalViva Provider Communication update. A corrected version was promptly created and distributed to providers.	Continue
Section 8A, 8.B	NCOA Member Newsletter Article	Member Experience - Distributed CAHPS article.	Matthew Anderson, Program Manager III, Quality Improvement	All counties	Member Experience	CAHPS / CC - Coordination of Care (Adult) CAHPS - Access to Care CAHPS - Adult-Customer Service CAHPS - Adult-Getting Care Easily CAHPS - Adult-Getting Care Quickly CAHPS - Adult-Rating of Care CAHPS - Adult-Rating of Health Plan	11/04/25	03/30/26	Complete	The online version of the NCOA newsletter, featuring the CAHPS article, was launched in May 2025. As of June 11, the printed version, intended to promote the online content, has not yet been released.	Whole You Member Newsletter featuring CAHPS article was posted on the website on 9/18/25.	The CAHPS newsletter article is only available in the online version. Members who read the printed, condensed version may miss it unless they follow the included link.	Continue
Section 8A, 8.B	CalViva CAHPS Playbook (One Time)	Member Experience - Implement CAHPS best practices captured in one resource (internal use).	Guille Toland, Program Manager III, Quality Improvement, Matthew Anderson, Program Manager III, Quality Improvement	All counties	Member Experience	CAHPS - Access to Care CAHPS / CC - Coordination of Care (Adult) CAHPS - Access to Care CAHPS - Rating of Personal Doctor CS - Customer Service RDP - Rating of Drug Plan RHP - Rating of Health Plan	01/01/25	07/31/25	Complete	The CAHPS Playbook, featuring best practices, will be finalized at the beginning of Q3 and distributed to providers through the PEAE and PE teams.	The CAHPS Playbook has been finalized and distributed to the PE and PEAE-facing teams for sharing with their provider groups. It has also been uploaded to the Provider Portal, and an email notification has been sent to providers informing them of its availability. Also, this material was uploaded into the website.	The intent of the refreshed CAHPS Playbook is to offer providers enhanced best practices and actionable recommendations to improve the member experience. It serves as a practical guide to support provider-patient conversations during office visits, focusing on key CAHPS topics. The playbook highlights the CAHPS measures most influenced by providers and clinic staff, helping drive meaningful improvements in patient care and satisfaction.	Continue

Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 5.C	W30-6+ PIP CalViva x BH Fresno Provider Webinar	Pediatric/Perinatal/Dental - CalViva BH Fresno Provider Webinar for the PIP	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	On Hold	Working with BH Fresno to schedule a date for Provider Webinar.	Provider webinar may take place in February 2026. Date TBD.	N/A	Continue
Section 5.C	W30-6+ PIP Incentives for the completion of the 2-month Infant Well-Child Visits for CalViva and BH Fresno Members	Pediatric/Perinatal/Dental - Completion of Infant Well-Child Visits for CalViva and BH Fresno Members and member incentives for the PIP.	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	Complete	No gift cards provided for completion of 2 month IWC visits.	12/15/2025: Awaiting number of gift cards provided to CalViva members for the completion of 2 month IWC visit data from BH. 1/6/2026: 5 gift cards given to members for the completion of 2-month IWC visits.	N/A	Continue
Section 5.C	Quarterly POM for members 2-28 months of age	Pediatric/Perinatal/Dental - Corporate will conduct quarterly POM calls for members 2-28 months of age.	Arpitha Banaji, Brittany Head, Program Manager II, Quality Improvement	All counties	Pediatric/Perinatal/Dental	CIS - Childhood Immunization Status W30 - Well Child Visits in the First 30 Months of Life W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months	05/01/25	12/31/25	On Hold	Delayed until July.	DHCS approval received. Project set to launch in 2026.	Timeline for DHCS Compliance review and approval is the only barrier.	Continue
Section 5.C	DHCS Institute for Healthcare Improvement (IH) Child Health Equity Collaborative Sprint Phase 1	Pediatric/Perinatal/Dental - DHCS and IH Child Health Equity Collaborative (CHEC) Sprint 12-month project to implement IH designed/suggested interventions with a pilot site in Fresno County to improve completion of WCVs, immunizations/vaccinations, and related activities.	Amy Schneider, CalViva Sr. Director, Medical Management, Arpitha Banaji, Senior Quality Improvement Specialist, Naomi Lam, Program Manager II, Quality Improvement	FRESNO	Pediatric/Perinatal/Dental	W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	03/31/25	Complete	Phase 1 concluded in March 2025, with all deliverables successfully met and submitted to IH and DHCS. CalViva continues its collaboration with Clinica Sierra Vista (CSV) in Phase 2, which is scheduled to begin September 2025.	Phase 1 concluded in March 2025, with all deliverables successfully met and submitted to IH and DHCS. CalViva continued its collaboration with Clinica Sierra Vista (CSV) in Phase 2, which began in September 2025.	N/A	Discontinued
Section 5.C, 5.D	Provider Email Outreach (Power Automate)	Pediatric/Perinatal/Dental - Emails will be sent to provider offices, asking about member's gaps for measures. Email will ask provider to either fax over proof of receiving services or to encourage members to schedule an appointments to get the services done. Gap will be utilized from COZEVA.	Brittany Head, Program Manager II, Quality Improvement, Wendy Hernandez, Senior Quality Improvement Specialist	All counties	Pediatric/Perinatal/Dental	CIS - Childhood Immunization Status CISE (10) - Childhood Immunization Status Combination 10 LSC - Lead Screening in Children IMA - IMA - Adolescent Immunizations Combo 2 W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) W34 - Well Child 3-6 Yr WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/12/25	12/31/25	Complete	Project in planning stages. Reached out to PEA (Provider Engagement Account Executive) team to test the push notification on COZEVA. The team also plans to test the strategy with FHQHCs.	Team will revisit it in 2026 after testing the COZEVA platform to determine whether the intervention is effective and which providers have access to the necessary data analytics to receive the PUSH notifications.	Leverage COZEVA to send gap list directly to providers.	Continue
Section 5.B	PPC Workgroup	Pediatric/Perinatal/Dental - Explore data solutions for the PPC measures converting to admin only in MY 2026.	Meena Dhonchak, Senior Quality Improvement Specialist	All counties	Pediatric/Perinatal/Dental	PPC - Prenatal and Postpartum Care PPC-P - Prenatal and Postpartum Care—Postpartum Care PPC-T - Prenatal and Postpartum Care—Timeliness of Prenatal Care	09/05/25	12/31/25	Complete	Activity was added as of September 2025.	Identifying contracted OB providers for CalViva. Analyst will pull new list.	N/A	Continue
Section 5.B, 5.C	QI Referrals to CalViva Health Pregnancy Program	Pediatric/Perinatal/Dental - Health Equity QI is referring all pregnancies to CalViva Health Pregnancy Program. QI is referring Medi-Cal African-American/Black Pregnancies in Fresno County. Referrals will be sent to case management monthly.	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	PPC - Prenatal and Postpartum Care PPC - PPC - Postpartum Visit W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	Complete	For YTD, QI referred 492 Medi-Cal African-American/Black Pregnancies in Fresno County.	For YTD, there were 632 members referred to the CalViva Pregnancy Program.	N/A	Continue
Section 5.C, 5.D	CalViva Family Unit HEDIS/Multi-Gap Outreach Calls	Pediatric/Perinatal/Dental - HEDIS team outreach to anchor members and all household members with care gaps.	Justina Felix, Sr. Health Education Specialist, Quality Improvement	All counties	Pediatric/Perinatal/Dental	CISE (10) - Childhood Immunization Status Combination 10 IMA-E - Immunizations for Adolescents WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	07/01/25	12/19/25	Complete	Family Unit HEDIS outreach calls to start in July 2025 for CalViva.	YTD reach rate for Fresno County WCV (7-9 year olds) as of 12/15 is 32.22%. 72% of members reached reported that they will schedule an appointment, already have an appointment, completed an appointment, or received assistance to schedule an appointment.	Barriers: Capacity of HEDIS Outreach Team to call all priority target populations. Opportunities: All non-compliant WCV members receive a POM - short automated reminder message according to the members birthday month. Unengaged members will be prioritized for the high-touch live calls.	Continue
Section 5.A	CalViva Quarterly Dental POM	Pediatric/Perinatal/Dental - Implement Dental POM calls to CalViva members to promote dental checkup and topical fluoride applications.	Maria Lin, Program Manager II	All counties	Pediatric/Perinatal/Dental	TFC - Topical Fluoride for Children	01/01/25	12/31/25	Complete	Launched and implemented Q1 and Q2 Dental POMs successfully.	Dental POMs successfully launched.	N/A	Continue
Section 5.C	2025 CalViva Kings County Children's Health Domain Quality Management and Improvement Project (QMIP)	Pediatric/Perinatal/Dental - Implement MY 2025 CalViva Children's Health Domain interventions with focus on DEV and W30-6+ data reconciliation and DEV and W30-6+ digital health education resources with targeted providers in Kings County.	Linda Ambruster, Quality Improvement Specialist	Kings	Pediatric/Perinatal/Dental	W30 - Well Child Visits in the First 30 Months of Life DEV - Developmental Screening in the First Three Years of Life	02/07/25	10/31/25	Complete	Implemented MY 2025 CalViva Children's Health Domain interventions focused on DEV and W30-6+ data reconciliation. DEV and W30-6+ digital health education resources with targeted providers in Kings County began in February of 2025. For CDEV, CalViva targeted 3 providers and for W30-6+, CalViva targeted 7 providers and tracked their performance. The first Final First Progress report was submitted 6/13/2025. CalViva continued to track the targeted providers performance and utilize digital resources to providers to share with their members.	The MY 2025 CalViva Children's Health Domain interventions began in February of 2025. For CDEV, the plan targeted 3 providers and for W30-6+, it targeted 7 providers and tracked their performance. The first Final First Progress report was submitted 6/13/2025 and the 2nd Final Progress report was submitted on 10/25/2025. The LSC CDEV rates and W30-6+ rates showed improvement in performance rates month over month. CalViva continued to monitor the targeted providers performance and follow up with next steps by sending out brochure/tablet tags to providers with QR codes for digital health education in use of the CDC Milestone Tracker app for members. CalViva continued to track the performance rates for LSC, CDEV and W30-6+ rates and the rates continued to improve.	The MY 2025 CalViva Children's Health Domain interventions began in February of 2025. For CDEV, the plan targeted 3 providers and for W30-6+, it targeted 7 providers and tracked their performance. CalViva has the opportunity to expand the CDC Milestone tracker APP digital resource, and the Provider Engagement Team will continue to collaborate with the targeted providers and provide training for effective use of the digital health resources. For W30-6+ there is an opportunity for the HEDIS team to identify the coding issues with the 99460 code and when it is reconciled there will be follow up with the responsible parties and will oversee the data collection process for W30-6+. Barriers include getting members in to complete their developmental screenings and well child visits early infant well child visits billed under the mother's CIN, data related issues with earlier visits or inpatient newborn physical exams not captured were identified. The newborn exam code was not correctly mapped and did not lead to a completed well-child visit event after the migration to a new HEDIS platform in September 2024. For CDEV, the provider group was using incorrect modifiers when coding DEV over 75% of the time.	Discontinued

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Section 5.C	CalViva Point of Care (POC) Lead Analyzer	Pediatric/Perinatal/Dental - Lead Analyzer Initiative. Use QI EDGE funding to purchase POC lead analyzers for provider offices.	Linda Ambruster, Quality Improvement Specialist	All counties	Pediatric/Perinatal/Dental	LSC - Lead Screening in Children	01/01/25	12/31/25	Complete	CalViva Lead Blood Analyzers distributed for YTD is 10". Began onboarding vendor to streamline purchase and order process for providers to receive analyzers. Low performing providers were identified for gap closure and analyzer use in collaboration with Provider Engagement.	CalViva Lead Blood Analyzers distributed for 2025 is 10". The on-boarding process for a vendor is in progress waiting on final approval to streamline purchase and order process for providers to receive analyzers. Low performing providers identified for anticipatory guidance and lead blood screening gap closure and analyzer use in collaboration with Provider Engagement. Provider Engagement (PE) provides LSC Training and review of best practices with the LSC providers. QI tracks all of the priority providers who have opted into the lead blood screening analyzer initiative using EDGE funding for the purchase of the analyzers on a monthly cadence.	Barriers and interventions identified for CalViva, include low performing providers in collaboration with Provider Engagement. Barriers include member engagement, no call no show for appointments and inaccurate member demographics/phone numbers. Interventions include Cozeva integration to identify care gaps and generate monthly reports for member outreach, extended office hours, EDGE Funds for member outreach and staff/member incentives. QI is collaborating with Provider Engagement to implement action plans for all of the LSC priority providers who are low performing and identify the low performing providers who may benefit from a lead blood analyzer.	Continue
Section 5.C	2025 CalViva Fresno County Children's Health Domain Quality Management and Improvement Project (QMIP)	Pediatric/Perinatal/Dental - MY 2025 CalViva Children's Health Domain interventions focus on DEV and W30-6+ data reconciliation and DEV and W30-6+ digital health education resources with targeted providers in Fresno County.	Juli Coulthurst, Program Manager II, Quality Improvement, Naomi Lam, Program Manager II, Quality Improvement	Fresno	Pediatric/Perinatal/Dental	W30 - Well Child Visits in the First 30 Months of Life DEV - Developmental Screening in the First Three Years of Life	02/07/25	11/14/25	Complete	All planned interventions are on track and deliverables were met. The Fresno County QMIP 1st progress report is scheduled to be submitted to DHCS by CalViva on 7/14.	QMIP concluded in November 2025. The QI team will continue monitoring targeted providers' performance and related activities on W30-6+ and CDEV.	Getting members in to complete their developmental screenings and well child visits.	Discontinued
Section 5.C	CalViva Health Referrals to Black Infant Health (BIH) Fresno for the W30-6+ PIP	Pediatric/Perinatal/Dental - PEDIATRIC/PERINATAL/DENTAL - CalViva Referrals to Black Infant Health (BIH) Fresno for the PIP	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	Complete	For YTD, there is a 16.55% enrollment rate.	12/15/2025: Received 12 completed referral lists from BIH. For YTD, there is a 17.76% enrollment rate.	N/A	Discontinued
Section 5.C, 5.D	DHCS Institute for Healthcare Improvement (IHI) Child Health Equity Collaborative Sprint Phase 2 (CalViva)	Pediatric/Perinatal/Dental - Phase 2 of the DHCS and IHI Child Health Equity Collaborative (CHEC) Sprint 12-month project to implement IHI designed/suggested interventions with a pilot site in Fresno County to improve completion of WCVs, immunizations/vaccinations, and related activities.	Amy Schneider, CalViva Sr. Director, Medical Management, amytsa.nasal@healthnet.com, Naomi Lam	Fresno	Pediatric/Perinatal/Dental	CISE (10) - Childhood Immunization Status Combination 10 DEV-CH - Developmental Screening in the First Three Years of Life W30 - Well Child Visits in the First 30 Months of Life - Well Child in first 15 months W30 - Well Child Visits in the First 30 Months of Life - Well Child age 15 months to 30 months WCV - Child and Adolescent Well-Care Visits	09/25/25	09/30/26	Complete	There is no mid-year outcome. This project started in late September 2025.	An additional Clinica Sierra Vista site, Regional Medical Center (RMC), was added during Phase 2. The first quarterly report (including report, run chart, prioritization matrix, and PDSA's) has been completed, and CalViva will submit the documents to IHI and DHCS by 12/18/2025. The project continues into 2026.	N/A	Continue
Section 5.C	W30-6+ PIP Promote CDC's Milestone Tracker App to CalViva x BIH Fresno Members	Pediatric/Perinatal/Dental - Promote CDC's Milestone Tracker App to CalViva x BIH Fresno Members for the PIP.	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	Complete	May 2025 scans: App Store: 38, Google Play: 15	For 2025, 219 scans were reported.	Barrier: The CDC Milestone Tracker App sometimes has ads pop up, which may discourage members to scan and download the app.	Continue
Section 5.A, 5.B, 5.C, 5.D	Promote CDC's Milestone Tracker APP	Pediatric/Perinatal/Dental - Promote the CDC's Milestone Tracker App by promoting in future newsletters, website locations, editing QR codes to our Provider QR resource, promote it to CalViva's Health Pregnancy and First Year of Life programs, etc.	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	CIS - Childhood Immunization Status CIS - Childhood Immunization Combination 3 Immunizations CIS - Childhood Immunization Combo 10 W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	12/31/25	Complete	For the month of May, there were 45 QR code scans for Google Play and 55 QR code scans for Apple for the CDC Milestone Tracker.	For 2025, 674 scans were completed for CalViva.	Barrier: The CDC Milestone Tracker App sometimes has ads pop up, which may discourage members to scan and download the app.	Continue
Section 5.B	Perinatal Compliance - Maternal Health Equity Resources and Trainings for Providers	Pediatric/Perinatal/Dental - Provide implicit bias training to OB providers. Provide maternal health equity resources and training links for providers.	Meena Dhonchak, Senior Quality Improvement Specialist	All counties	Pediatric/Perinatal/Dental	PPC - Prenatal and Postpartum Care	01/01/25	12/31/25	Complete	Q2 provider update was launched on 6/16/2025.	Implicit bias training contract was extended until 3/31/2026. Awaiting report from Dr. Sayida.	N/A	Continue
Section 5.C	W30-6+ PIP CalViva Member Incentives to BIH Fresno for Member Participation	Pediatric/Perinatal/Dental - Provide member incentives to BIH Fresno for member participation in the Prenatal and Postpartum group sessions for the PIP.	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	Complete	For YTD, 610 Walmart/Amazon/Target gift cards and 36 gift baskets were provided to members who completed a prenatal or postpartum session.	12/15/2025: Awaiting number of gift cards provided to CalViva members for the completion of prenatal and postpartum classes data from BIH. Will receive by end of month. 1/6/2026: Total of 185 gift cards were provided to members: (170 gift cards for the completion 7 or more prenatal or postpartum class, 10 gift cards given to 5 members who qualified for a gift basket, and 5 gift cards for the completion of 2-month WVC visits).	N/A	Continue
Section 5.A, 5.B, 5.C, 5.D	PE training and QFT (Quality Focus Touchbase) for all pediatric, perinatal, and dental HEDIS measures for MY 2025	Pediatric/Perinatal/Dental - QI Program Manager to train Provider Engagement on MY 2025 pediatric, perinatal and dental HEDIS measures. Review action items for PE to take to improve rates.	Juli Coulthurst, Program Manager II, Quality Improvement	All counties	Pediatric/Perinatal/Dental	LSC - Lead Screening in Children OED - Oral Evaluation, Dental Services TFC - Topical Fluoride for Children ADV - Annual Dental All members CIS - Childhood Immunization Combo 10 PPC - PPC - Postpartum Visit PPC - PPC - Prenatal Visit (Timeliness) W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	06/30/25	Complete	Completed pediatric measure training on 2/27/2025. Completed perinatal and dental training on 5/27/2025. 85% of PE staff trained.	Completed pediatric measure training on 2/27/2025. Completed perinatal and dental training on 5/27/2025. 85% of PE staff trained.	N/A	Continue
Section 5.C	DHCS Annual LSC Reporting	Pediatric/Perinatal/Dental - Reporting annually for Lead Blood Screening in Children is dispersed within each of the four quarters reports. DHCS requires all health plans to submit annual reporting on blood lead screening in children.	Linda Ambruster, Quality Improvement Specialist	All counties	Pediatric/Perinatal/Dental	LSC - Lead Screening in Children	01/01/25	12/31/25	Complete	CalViva Annual Reporting to DHCS retired 4/10/2023. Annual Report submitted to CalViva. Report integrated into Q4 report. CalViva Q4 Report submitted on 6/13/2025 and approved.	CalViva Annual Reporting to DHCS retired 4/10/2023. Annual Report submitted to CalViva. Report integrated into Q4's report. CalViva Q4 Report submitted on 6/13/2025 and approved.	Member engagement in provider offices.	Continue

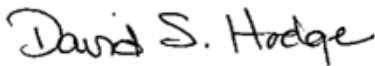
Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 5.C	LSC Quarterly Reporting	Pediatric/Perinatal/Dental - Reporting quarterly on lead blood screening in children for CalViva Health - Quarterly UM/QI LSC reporting.	Linda Ambruster, Quality Improvement Specialist	All counties	Pediatric/Perinatal/Dental	LSC - Lead Screening in Children	01/01/25	12/31/25	Complete	CalViva Quarterly Lead Blood Screening Report Q3 2024 was approved on 3/20/2025 and Q4 2024 was approved on 7/17/2025.	Q1 2025 CalViva Quarterly Lead Blood Screening Compliance Report was approved 9/18/2025. Q2 2025 lead blood screening compliance report was approved 11/20/2025. In Q2 2025 Anticipatory guidance methodology was changed to improve anticipatory guidance rates and (FSRMRR) Facility site review and medical record review were implemented to review provider documentation of anticipatory guidance in the members medical record and performance of lead blood screening compliance. The FSRMRR was 100%. The anticipatory guidance in Q2 2025 increased 19.20% compared to Q1 2025 2.80%.	Identify anticipatory guidance, compliance and CPT code data gaps for LSC. Identify provider documentation compliance through medical record review and facility site review (FSRMRR) beginning in Q2 2025. Barriers include providers applying incorrect codes for lead blood screening and use of inferred codes from DHCS. In Q2, QI changed the anticipatory guidance methodology to include well child visits as a proxy code for lead blood screening. We plan to conduct focused study to identify best practice for documentation of anticipatory guidance.	Continue
Section 5.C	Pfizer Missed Dose Program - IVR only	Pediatric/Perinatal/Dental - Send IVR phone messages to parents of children at ages 6 months, 8 months, and 16 months to remind them they may have missed a vaccine shot.	Arpitha Banaji, Brittany Head, Program Manager II, Quality Improvement	All counties	Pediatric/Perinatal/Dental	CISE (10) - Childhood Immunization Status Combination 10	01/01/25	12/31/25	On Hold	Currently reviewing the opt-in requirements and will submit the form once the review is complete.	Received approval from DHCS on the Well Visit Outreach and Missed Dose Outreach messaging scripts for CalViva. QI team is currently working with Pfizer team on the next steps for launching project in 2026.	Point of contact did not send over updated scripts for review & approval.	Continue
Section 5.D	Monthly Birthday Proactive Outreach Manager (POM) WCV messaging	Pediatric/Perinatal/Dental - Send monthly birthday POM messaging to parents of 3 to 17 year old members, to schedule and complete their annual well child visit (WCV).	Arpitha Banaji, Quality Improvement Specialist Senior, Brittany Head, Program Manager II, Quality Improvement	All counties	Pediatric/Perinatal/Dental	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/06/25	12/31/25	Complete	Script will be sent to Compliance for review.	DHCS approval received. Project is set to launch in 2026.	Timeline for DHCS Compliance review and approval is the only barrier.	Continue
Section 5.C, 5.D	Pfizer 1st Birthday IVR Material Approval	Pediatric/Perinatal/Dental - Send the IVR outreach messaging scripts content through the DHCS Medi-Cal approval process for the Pfizer 1st birthday Well Visit and Missed Dose Programs. Well Visit Program: IVR phone messages to parents of children who are 10 months old to remind them of the importance of their upcoming 1-year checkup. Missed Dose Program: IVR phone messages to parents of children at ages 6 months, 8 months, and 16 months to remind them they may have missed a vaccine shot.	Arpitha Banaji, Brittany Head, Program Manager II, Quality Improvement	All counties	Pediatric/Perinatal/Dental	CISE (10) - Childhood Immunization Status Combination 10 WCV - Child and Adolescent Well-Care Visits	02/01/25	12/31/25	On Hold	Currently under review with CalViva Compliance. Awaiting their response to determine whether outreach can proceed.	Received approval from DHCS on the Well Visit Outreach and Missed Dose Outreach messaging scripts for CalViva Health. QI team is currently working with Pfizer team on the next steps for launching project in 2026.	Point of contact did not send over updated scripts for review & approval.	Discontinued
Section 5.B, 5.C, 5.D	Pediatric/Perinatal/Dental MY 2025 HEDIS Tip Sheet	Pediatric/Perinatal/Dental - Update and rebrand any pediatric, perinatal or dental HEDIS provider tip sheets as needed per MY 2025 technical specifications.	Juli Coulthurst, Program Manager III, Quality Improvement	All counties	Pediatric/Perinatal/Dental	CIS - Childhood Immunization Status LSC - Lead Screening in Children PPC - Prenatal and Postpartum Care WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents IMA - IMA - Adolescent Immunizations Combo 2 W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	12/31/25	Complete	Each member of the Peds+ POD will be responsible for making changes and updates to HEDIS tip sheets per their assigned measures, as well as completing the process via Workfront. Will update DEV tip sheet as measure SME for the Peds+ POD. Will make corrections to PPC-Pre tip sheet as measure SME for Peds+ POD.	Updated DEV and PPC-pre HEDIS tip sheets in 2025. Developed new HEDIS tip sheets for PND-E, POS-E and PRS-E.	Changes in modifiers for DEV coding, requiring updates to the HEDIS tip sheets multiple times.	Continue
Section 5.C	Health Disparity PIP W30-6+ Measure	Pediatric/Perinatal/Dental - W30-6+ CalViva Disparity PIP: DHCS has assigned to CalViva for 2023 thru 2026, a performance improvement project. The topic is infant well care visits targeting improvements in the Black/African American population.	Meena Dhonchak, Senior Quality Improvement Specialist	Fresno	Pediatric/Perinatal/Dental	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	Complete	Drafted intervention Worksheet #2 and updated PIP steps 1-8 for the August 7, 2025 submission.	On 12/15/2025: Received final PIP validation results from HSAG: -Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP: Percentage Score of Evaluation Elements Met: 94%. Percentage Score of Critical Elements Met: 100%. Confidence Level: High Confidence -Overall Confidence That the PIP Achieved Significant Improvement Percentage Score of Evaluation Elements Met: 33%. Percentage Score of Critical Elements Met: 100%. Confidence Level: moderate Confidence Will continue drafting the materials for 2026 submission.	N/A	Continue
Section 5.C, 5.D	CIS-10W30 Email Outreach	Pediatric/Perinatal/Dental - WCV and Immunization reminder: Email outreach to encourage members to schedule their child's well visit and immunizations appointment.	Brittany Head, Program Manager II, Quality Improvement	All counties	Pediatric/Perinatal/Dental	CISE (10) - Childhood Immunization Status Combination 10 WCV - Child and Adolescent Well-Care Visits CIS - Childhood Immunization Combo 10 W30 - Well Child Visits in the First 30 Months of Life (previously W15)	03/01/25	09/30/25	Canceled	Planning for the intervention began and the email draft will be sent for review.	Intervention cancelled to reduce member abrasion.	Leverage other CIS-10 interventions. Low number of MCL member email addresses in database.	Discontinued
Section 5.B	Confirmation of Pregnancy (COP) flags in Cozeva	Pediatric/Perinatal/Dental - Work with the Cozeva team to set up a feature/function for PCP users to indicate member's early pregnancy.	Arpitha Banaji, Quality Improvement Specialist Senior	All counties	Pediatric/Perinatal/Dental	PPC - PPC - Prenatal Visit (Timeliness)	01/01/25	05/30/25	On Hold	Cozeva enhancement request for Confirmation of Pregnancy (COP) flags on hold until after Cozeva's migration to new tenancy in July/August.	Cozeva has transitioned to new tenancy and enhancement request is a low priority at this time. QI will follow-up with the Cozeva team and inquire about resuming project in 2026.	The Cozeva enhancement request for Confirmation of Pregnancy (COP) flags delayed/on hold until after Cozeva's migration to new tenancy in July/August. Request of enhancement deemed low priority after transition.	Continue

Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 5.C, 5.D	Q1 Gap Calls for WCV	Pediatric/Perinatal/Dental/Pharmacy - Members with WCV not completed in the prior year will get a call encouraging gap closure by seeing their provider. If in the household another member has CIS-10 (missing Flu only) gap, and/or W30/30 and W30/15, those gaps will be addressed as well.	Alicia Bednar, Program Manager III, Quality Improvement	Fresno	Pediatric/Perinatal/Dental/Pharmacy	CIS - Childhood Immunization Combo 10 W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/08/25	04/30/25	Complete	Total WCV members identified were 14,583. 3,632 (25%) members reached. 2,105 (58%) members reached will schedule an appointment (1,620), already have an appointment (424) or were assisted with making an appointment (61) for a well-child visit.	Total WCV members identified were 14,583. 3,632 (25%) members reached. 2,105 (58%) members reached will schedule an appointment (1,620), already have an appointment (424), or were assisted with making an appointment (61) for a well-child visit.	N/A	Continue
Section 5.C	Update Newborn Checklist	Pediatrics/Adolescents - Update Infant Well Care Affinity Group Newborn Checklist in collaboration with Health Plan of San Joaquin (HPSJ) after hospital gateway newborn enrollment process is launched	Meena Dhonchak, Senior Quality Improvement Specialist	All counties	Pediatrics/Adolescents	W30 - Well Child Visits in the First 30 Months of Life W15 - Well Child Mth Six or more well child visits	01/01/25	12/31/25	Complete	Newborn Checklist have been designed and in the process of getting translated.	Distributed Newborn Checklist to BH Fresno in Q4 2025. Expand Newborn Checklist in Fresno County in 2026. Create member and provider surveys regarding the CDC's Milestone Tracker App.	N/A	Continue
Section 6	AMR CalViva Quality Management and Improvement Program (QMIP)	Pharmacy - As part of an improvement project, increase provider oversight and engagement with major targeted provider groups. Review and provide member list to provider groups who currently are only on reliever medication and/or on a controller medication but not on ICS (inhaled Corticosteroid) Formoterol combo, and who are not meeting the minimum performance AMR rate to re-evaluate these members and prescribe ICS Formoterol combo.	Alicia Bendar, Program Manager III, Quality Improvement, Justina Felix, Sr. Health Education Specialist, Quality Improvement	Fresno Kings	Pharmacy	AMR - Asthma Medication Ratio	03/03/25	12/31/25	Complete	No updates at this time.	By year-end, Fresno County achieved 75.39% and Kings County reached 84.16% surpassing the AMR project goal (63.66%) in both counties. To further strengthen AMR performance in 2025, several targeted interventions were implemented. These included strategic engagement activities with provider groups across Kings and Fresno Counties. Meetings were conducted with partners such as CalViva leadership, Adventist Health, United Health Centers, LaSalle and other key clinic networks focusing on alignment of asthma management strategies. Educational resources on asthma care, using Global Initiative for Asthma (GINA) guidelines and AMR Tip Sheets, were integrated into provider office hours, QI sessions, and Quality Focus Touchbase (QFT) meetings. The Regional Medical Director supported outreach by distributing key resources, including asthma remediation flyers, guidelines, a continuing medical education (CME) webinar, and a podcast on Formoterol-ICS to reinforce best practices.	Several PPGs decided to decline participation in the asthma project. A key reason is that AMR is set to retire next year, leading many teams to focus their efforts on higher-priority measures.	Discontinued
	Kick It California - Smoking Cessation Services	Pharmacy - Explore expanding partnership with Kick It California (KIC) to outreach to members to facilitate program utilization and offer Nicotine Replacement Therapy (NRT) kits. Health plan will initiate outreach using notification letter to member prior to KIC outreaching to members. Contracts will need to be updated (Statement of Work (SOW), Business Associate Agreement (BAA), Master Service Agreement (MSA), Inherent Risk Questionnaire (IRQ) Form etc.).	Justina Felix, Sr. Health Education Specialist, Quality Improvement	All counties	Pharmacy	CAHPS - Adult-Smoking Advice	02/03/25	12/31/25	Canceled	Began Vendor Risk Assessment process to expand the contract with Kick It California to include other LOBs. The Risk Assessment is currently with the vendor and awaiting their response.	The Contact Assessment with KIC has been placed on hold due to vendor's bandwidth. Vendor as not able to submit documents on a timely manner, therefore, Vendor Risk Management closed the request. KIC will continue to service CalViva members who directly call the cessation program and will report out to health plan.	Delay from vendor in completing the Due Diligence Questionnaire.	Continue
Section 2.B, 5.C, 5.D, 7.A	Multi-Gap Family Unit Live Call Outreach	Pharmacy - Implement live calls via HEDIS team customer service representatives (CSRs) addressing barriers to accessing care for CalViva Medi-Cal members with multiple gaps. Calls will occur between the health plan representatives and the member (includes inbound and outbound calls). The intention of the call is to inform the member of the importance of having preventive care visits/screenings. Callers offer members home tests that would be sent directly to member's home. During a call, callers would inform about additional services, offer other resources as appropriate, and remind members about the myStrength tool. The call will also help to assess patient's access to medical care and underlying social determinants of health for possible referral to Care Management. (Measures are subject to change.)	Alicia Bednar, Program Manager III, Quality Improvement	All counties	Pharmacy	LSC - Lead Screening in Children BCS - Breast Cancer Screening CBP - Controlling Blood Pressure CCS - Cervical Cancer Screen - Pap Test CIS - Childhood Immunization Combo 10 IMA - IMA - Adolescent Immunizations Combo 2 W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	07/01/25	12/31/25	Complete	Calls to start in July targeting members.	Total members with WCV (7-9 years) identified was 28,604. 19,302 member calls were attempted with 5,955 (31%) members reached. 2,139 (38%) of the members reached will schedule an appointment, 680 already have an appointment, 141 were assisted with making appointments. 1,365 reported already completing visits.	N/A	Continue
Section 6	Community Supports Asthma Remediation Email Campaign	Pharmacy - Increase awareness of the Asthma Remediation Services Program to members with a focus on asthma denominator.	Alicia Bendar, Program Manager III, Quality Improvement, Justina Felix, Sr. Health Education Specialist, Quality Improvement	All counties	Pharmacy	AMR - Asthma Med Ratio Total 5 to 64	10/01/24	12/31/25	Complete	Due to the challenges with United Physician Network (UPN) and the AMR QMIP (Quality Management and Improvement Program), this activity is on hold.	Prepared high-level slides outlining asthma resources, including Asthma Remediation services, for Regional Medical Director and medical staff from United Health Center, Adventist Health, LaSalle, Sante, and Provider Engagement team. These resources were designed to help providers promote and better understand the available services. The final content was distributed broadly across provider groups to increase awareness and support greater utilization of the Asthma Remediation Services program.	None at the moment.	Discontinued
	Institute for High Quality Care - Project Management Training	PPG Support - Institute for High Quality Care (IHQC) will host the Project Management (PM) training for a cohort of providers in April. The training includes content and incidental coaching to build skills to manage small scale projects and large initiatives. An additional PM training will be provided to internal staff (PE/QI) in May.	Gladys Lazaro, Program Manager II, Quality Improvement, Lora Maloof-Miller, Program Manager II, Quality Improvement	All counties	PPG Support	HPQI - Health Plan Quality Improvement	04/01/25	06/30/25	Canceled	This initiative has been canceled as providers are currently working with other training programs.	This initiative has been canceled as providers are currently working with other training programs.	None at this time.	Discontinued
Section 5.D, 7.A	Q2-Q4 CalViva Family Unit HEDIS/Multigap Outreach Calls	Preventative Care - Conduct Live Call Outreach via HEDIS team from May to December 2025 for CalViva members to inform them about available care options, addressing any gaps in care, and assisting in scheduling appointments with their primary care providers to ensure comprehensive coverage. Goal is 25% reach rate, based on 2024 open gaps.	Ravneet Gill, Program Manager III, Quality Improvement	All counties	Preventative Care	BCS-E - Breast Cancer Screening CCS-E - Cervical Cancer Screening GSD - Glycemic Status Assessment for Patients with Diabetes IMA - Immunizations for Adolescents Combo 2 WCV - Child and Adolescent Well-Care Visits	07/21/25	12/31/25	Complete	CalViva Family Unit HEDIS outreach calls expected to start in July 2025.	20495 members attempted, 33% reach rate.	N/A	Continue
Section 7.A	Quality Management and Improvement Program (QMIP) Flyer - HPV Self Test - CalViva	Preventative Care - Develop flyer to accompany the QMIP webinar providing information about the CCS HEDIS measure, the HPV Self Tests, coding and best practices.	Elisa Slomski, Quality Improvement Specialist Senior	All counties	Preventative Care	CCS-E - Cervical Cancer Screening CCS-E - Cervical Cancer Screening - Cervical cytology CCS-E - Cervical Cancer Screening - hrHPV Testing	07/01/25	08/14/25	Complete	Flyer drafted; Pending CVH branding.	The CCS flyer branded for CalViva was finalized in August.	Variation in guidelines, eligibility criteria, and approved labs/vendors. By routinely revising the flyer to reflect current guidelines, regulatory requirements, and approved testing partners, providers can quickly access accurate information.	Discontinued

Work Plan Section	Intervention Name	Intervention Description	Initiative Point of Contact	Counties/ Regions	Pod	Measure(s) Impacted	Start Date	End Date	Status	Mid-Year Outcome	Year-End Outcomes	Opportunities/Barriers	Activity Change for Following Year
Section 7.A	Quality Management and Improvement Program (QMIP) Flyer - CHL In-Home Test - CalViva	Preventative Care - Develop flyer to accompany the QMIP webinar providing information about the CHL HEDIS measure, the CHL In-Home tests, coding and best practices.	Elisa Slomski, Quality Improvement Specialist Senior	Fresno Kings Madera	Preventative Care	CHL - Chlamydia Screening in Women	07/01/25	08/14/25	Complete	Flyer drafted. Pending CVH branding.	Final CHL Flyer branded for CalViva was completed in December.	Variation in guidelines, eligibility criteria, and approved labs/vendors. By routinely revising the flyer to reflect current guidelines, regulatory requirements, and approved testing partners, providers can quickly access accurate information.	Discontinued
Section 7.A	Mobile Mammography	Preventative Care - Partner with Alnea mobile mammography and provider clinics to access to breast cancer screening through mobile mammography events.	Ravneet Gill, Program Manager III, Quality Improvement	Fresno	Preventative Care	BCS-E - Breast Cancer Screening	01/07/25	12/31/25	Complete	There were three mobile mammography events in CVH Fresno completed.	There were total CVH events.	Limited scheduling update for mobile mammography events. In the upcoming year, the program will strengthen outreach and engagement strategies to increase member responsiveness and appointment scheduling for mobile mammography events.	Continue
	COZEVA Notification In-Home COL Screening	PREVENTATIVE CARE - Submit QIRA request for an in-home screening notification as per in-home screening.	Ravneet Gill, Program Manager III, Quality Improvement	All counties	PREVENTATIVE CARE	COL - Colorectal Cancer Screening	01/07/25	12/31/25	Canceled	Canceled	Canceled	N/A	Continue
Section 7.A	CCS Tip Sheet - CalViva	Preventative Care - Update the Cervical Cancer Screening (CCS) Tip Sheet, branded for CalViva (CalViva), to educate providers on cervical cancer screening, the CCS HEDIS measure, updated coding and screening best practices.	Elisa Slomski, Quality Improvement Specialist Senior	All counties	Preventative Care	CCS-E - Cervical Cancer Screening CCS-E - Cervical Cancer Screening - Cervical cytology CCS-E - Cervical Cancer Screening - hrHPV Testing	08/01/25	10/31/25	Complete	On hold. Developing the CCS Flyer.	In 2025, QI developed a CCS Flyer highlighting key CCS best practices and highlighted the HPV self-test option, when completed in a clinical setting. The 2025 CCS Tip Sheet is with Marcomm and expected by the end of January.	N/A	Continue
Section 7.A	CHL Tip Sheet - CalViva	Preventative Care - Update the Health Net Chlamydia tip sheet, branded for CalViva, to educate providers on chlamydia screening, the CHL HEDIS measure, updated coding and screening best practices.	Elisa Slomski, Quality Improvement Specialist Senior	All counties	Preventative Care	CHL - Chlamydia Screening in Women	08/01/25	10/31/25	Complete	On hold; Developing CHL Flyer.	In 2025, QI developed a CHL Flyer highlighting key CHL best practices and noting the CHL in-home test option. The 2024 Tip Sheet remained available. The 2026 CHL Tip Sheet is with Marcomm and is expected by end of January.	N/A	Continue

Fresno-Kings-Madera Regional Health Authority Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Work Plan.



David Hodge, MD, Fresno County
Regional Health Authority Commission Chairperson

February 19, 2026

Date



Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

February 19, 2026

Date



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva QI/UM Committee
Fresno-Kings-Madera Regional Health Authority Commissioners

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COMMITTEE DATE: February 19th, 2026

SUBJECT: CalViva Quality Improvement and Health Education (QIHED) Year-End Program Evaluation Executive Summary 2025

Summary:

CalViva Health (CalViva) annually assesses the overall effectiveness of its Quality Improvement and Health Education (QIHED) Program at improving network-wide clinical and service practices. CalViva has an Administrative Services Agreement with Health Net to provide capitated provider, network, and administrative services. Health Net is a National Committee for Quality Assurance (NCQA) accredited health plan for its Medi-Cal product line for both Health Plan (HPA) Health Equity (HEA) and Health Equity Plus Accreditation. As part of the CalAIM strategy to be NCQA accredited by January 1, 2026, CalViva obtained HP Accreditation in July 2024 and HEA in Q2 2025. The Quality Management (QM) Department is a centralized team with specialized knowledge of each population and collaborates with a dedicated analytics team.

The Quality Improvement and Health Education (QIHED) Year-End Program Evaluation Executive Summary 2025 includes:

- Summary of Overall Effectiveness of QIHED Program
- Goals and Quality Indicators
- Overall Effectiveness of QIHED Work Plan Initiatives
- QIHED Reporting
- Summary of Key Accomplishments
- Annual QIHED Program Changes

Quality Improvement and Health Education (QIHed) Year-End Program Evaluation Executive Summary 2025

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Section 1: Summary of Overall Effectiveness of QIHed Program

CalViva Health (“CalViva”) is a National Committee for Quality Assurance (NCQA) accredited health plan and obtained Health Equity Accreditation in Q2 2025. Annually, CalViva assesses the overall effectiveness of its Quality Improvement (QI) and Health Education Programs at improving network-wide clinical and service practices to improve health outcomes and reduce disparities. CalViva has an Administrative Services Agreement with Health Net Community Solutions to provide provider, network, and administrative services. Health Net is a National Committee for Quality Assurance (NCQA) accredited health plan for its Medi-Cal product line for Health Plan (HPA), Health Equity (HEA) and Health Equity Plus Accreditation.

CalViva and Health Net collaboratively and continually strive to incorporate a culture of quality across their organizations, conduct operations to improve service and satisfaction for CalViva members as well as support and oversee the provider network to improve provider quality outcomes using measurement systems including Healthcare Effectiveness Data and Information Set (HEDIS®), provider access, availability, and satisfaction surveys, the Experience of Care and Health Outcomes (ECHO) Survey and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) rates. The Quality Management (QM) Department is a centralized team with specialized knowledge of each population and collaborates with a dedicated analytics team.

Health Equity Accreditation (HEA) recognizes organizations that lead the market in providing culturally and linguistically responsive services, and work to reduce health care disparities. The NCQA HEA Plus Standards are an additional add-on option to HEA and help provide a roadmap to improve and refine initiatives focused on providing high quality health care and connecting social and community support services to the communities we serve. Health Net maintained HEA and HEA Plus status throughout 2025. As part of the CalAIM strategy to be NCQA accredited by January 1, 2026, CalViva obtained HEA in Q2 2025.

QI Committee Structure

CalViva’s QIHed Program was successfully supported by the CalViva QI/UM Committee which met seven times in 2025. The committee oversaw the QIHed Program, provided feedback, decision support, and recommendations for the QIHed Program throughout the year. The QI/UM Committee reported to the CalViva Regional Health Authority (RHA) Commission six times in 2025.

CalViva’s Credentialing and Peer-Review Subcommittees also successfully supported CalViva’s QI Program, as demonstrated in the organizational chart below. These subcommittees met four times each in 2025. Additionally, QI/UM Workgroup, Appeals and Grievance Workgroup, and Access Workgroup meetings were held in 2025 to develop, monitor, and evaluate activities supporting the QI Program.

The QI/UM Workgroup supported the efforts of the QI/UM Committee by scheduling, receiving, reviewing, editing, and approving reports for presentation at the QI/UM Committee. QI Workgroup aided in the identification and pursuit of opportunities to improve health outcomes, safety, access and member and provider satisfaction.

The QI/UM Workgroup met thirty-three (33) times in 2025 and was chaired by CalViva’s Chief Medical Officer. Members of the Workgroup consisted of CalViva staff including the Senior Director of Medical Management (Registered Nurse) and a Manager of Medical Management

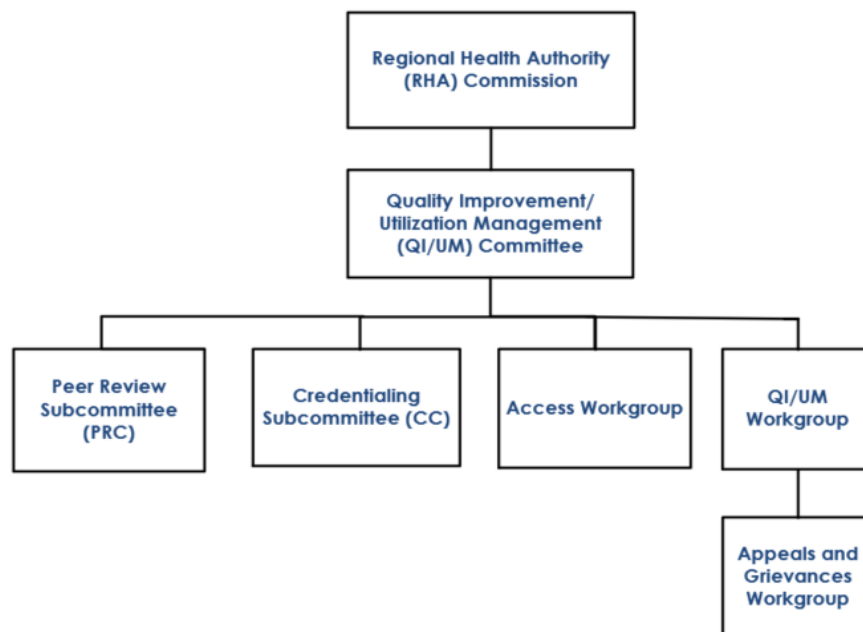
Services (also a Registered Nurse); and Health Net staff from Quality Improvement/Health Education/Wellness, Appeals and Grievances, Health Equity, Pharmacy, Credentialing, Customer Contact Center, Population Health Management, Provider Network Management, and Provider Relations. The Workgroup conducted performance improvement reviews and discussions of monitoring of QI/UM activities, findings, barriers, and interventions to develop and implement actions. Significant findings and follow-up were reported to the QI/UM Committee and RHA Commission.

CalViva's Access Workgroup met seven times in 2025. The CalViva Access Workgroup included representatives from CalViva and Health Net departments with access and network adequacy related functions. The Workgroup reviewed findings from ongoing monitoring of access to plan services, identified gaps, and developed and evaluated activities that addressed those gaps in access to care. The Workgroup submitted issues that required escalation to the Management Oversight Meeting ("MOM"), QI/UM Committee and/or RHA Commission for final decision and approval of recommended actions.

The Appeal and Grievance Workgroup reported to the QI/UM Workgroup and supported the QI Program through the review and analysis of appeal and grievance data. The Appeals and Grievances Workgroup met seven times in 2025. The workgroup processed, tracked, and trended member grievances and appeals at the provider and plan level. A & G submitted reports to the QI/UM Work Group and Peer Review Subcommittee to review, act on and follow up on significant events or trends identified.

Please refer to the 2025 Quality Improvement and Health Education Program Description for more information on the sub-committees.

CalViva's Quality Improvement Committee Organizational Chart



Practitioner Participation and Leadership Involvement in the QIHed Program

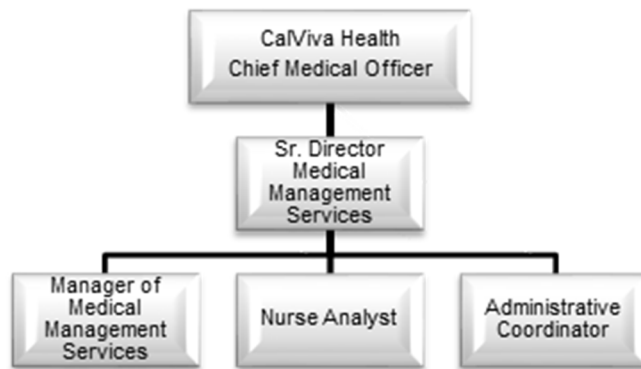
The committee structures for CalViva ensured that external and internal physicians with various specialties participated in the planning, design, implementation, and review of the QIHed Program. Six external providers were participants in the QIUM Committee and both the Credentialing and Peer Review Sub-Committees with specialties in Pediatrics, Behavioral Health, Internal Medicine, Family Medicine, Obstetrics and Gynecology, and General Surgery. CalViva's Chief Medical Officer chaired the committees and invited external practitioners to participate in discussions.

Practitioner involvement in 2025 included: reviewing and approving the 2024 QI Work Plan Year-End Evaluation, and the 2025 QIHed Program Description and Work Plan. Practitioners discussed opportunities for improvement based on Reporting Year (RY) 2025 HEDIS results and performance. Practitioners were also involved in performance improvement projects to address underperforming measures. In 2025, CalViva worked with high volume, low performing providers, and clinics in Fresno County. CalViva and Health Net established multidisciplinary improvement teams, including local providers and practitioners, that worked collaboratively to determine the current processes, identify potential barriers, and established plans for improvement to address potential barriers with work plan projects and outcomes. This included projects on Children's Health, Behavioral Health, and Chronic Diseases (Asthma). Additionally, in 2025 CalViva collaborated with another health plan providing services in Fresno County and both collaborated with a high-volume FQHC to implement interventions to improve Children's Health.

In 2025, CalViva Medical Management Team continued the Annual Clinic Visits focusing on high volume FQHC's/Clinics throughout Fresno, Kings, and Madera counties. During these 90-minute clinic site visits, the Medical Management Team presents provider specific HEDIS results, discusses barriers to meeting the measures, and shares successful strategies and lessons learned from current and previous quality improvement projects. In Q4 two Annual Clinic Visits were conducted, one at United Health Centers in Fresno County and one at Adventist Health in Kings County. Both visits were very successful, engaging clinic leadership and quality improvement staff in productive dialogue regarding future activities and collaborative efforts.

Adequacy of QIHed Program Resources

In 2025, CalViva's QI Team included Chief Medical Officer, Senior Director of Medical Management, a Manager, a Nurse Analyst, and an Administrative Coordinator. The Chief Medical Officer (CMO), who oversaw the QIHed Program, chaired all QI/UM Committee meetings in 2025. Along with the Senior Director of Medical Management, he reviewed and approved all QI policies and procedures during the annual policy review and when updates/edits were made throughout the year. The CMO reported at least quarterly to the RHA Commission on the status and activities of the QIHed program. The CMO and Senior Director of Medical Management co-chaired bi-weekly multi-disciplinary team meetings for all PIP, Quality Management Improvement Projects (QMIP), and regulatory projects in 2025. These teams were the focal point for evaluating current results and processes, identifying and testing potential interventions, monitoring and evaluating results, and modifying interventions or spreading lessons learned and best practices to other providers and counties. Finally, reports were shared with appropriate regulatory agencies.



The CalViva QIHed Program was led by the Senior Director of Medical Management who worked in collaboration with the Health Net Quality Management Departments and teams to implement QIHed programs and activities to address and improve quality of care and service, patient safety, and member and provider satisfaction. Monthly QI Leadership Meetings occurred between the CalViva QI Team and the Health Net departments to provide high level updates from Quality Improvement, Provider Engagement, and Medical Affairs teams and discuss any issues that may require follow up.

In 2025, the delegated Quality Management Department at Health Net led by the Vice President of Quality Management, remained a centralized, interdisciplinary team working to support members in a coordinated manner, resulting in focused efforts to improve HEDIS and CAHPS performance. Participating provider groups (PPGs) could access HEDIS report cards, highlighting their performance on key measures compared to national benchmarks, as well as care gap reports including member and practitioner-level information for PPGs to determine actionable approaches to close care gaps. Five departments comprised Quality Management, each with a separate leadership structure: 1) Quality Improvement and Health Education, 2) Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review, 3) Program Accreditation, 4) Health Equity, and 5) HEDIS/CAHPS and Quality Analytics. The Quality Improvement Analytics team supported data needs across all Quality Management teams and departments. Based upon the results of the 2025 monitoring activities noted below and within the attached full Work Plan, CalViva has determined that program resources met the needs of CalViva membership and providers. Planned activities were consistently completed (96/104 overall) and within expected timeframes. HEDIS measures demonstrated compliance or improvement in 85.54 percent of objectives met.

Quality Improvement Department and Health Education System

Under the direction of the Medi-Cal QI Director, and in collaboration with the Senior QI Manager, the Program Owners and Drivers (PODs) led each program/measure strategy. Program Managers led the measure specific PODs and drove strategy by measure/area of focus as well as drove long-term strategy for their geographic or topical areas to address health education and quality outcomes improvement. The PODs generally consisted of Program Manager IIIs, Senior QI Specialists, QI Specialists, Health Educators, and Project Managers who ensured compliance and implementation for all required activities. The Health Education POD was led by two Directors that managed a team implementing health education programs, compliance activities and comprised of Senior Health Education Specialists, Health Education Specialists, and Program Manager IIs. As needed, external providers, clinics, and clinic staff were brought in as guest partners on formal QI projects.

Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review Department

Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site review was led by a QI Director of Clinical Services and included two Senior Managers of Peer Review/Adverse Actions and Credentialing, and a QI Manager of Clinical Grievance for PCPs for Medi-Cal.

The Facility Site Review (FSR) team collaborated with other Medi-Cal Managed Care plans throughout the state to maintain and refine a standardized system-wide process for conducting reviews of primary care physician facility sites, along with Medical Record Review (MRR) and Physical Accessibility Review Surveys (PARS). This process minimized duplication and supported consolidation of FSR surveys. The process incorporated evaluation criteria and standards in compliance with DHCS contractual requirements and was applicable to all Medi-Cal Managed Care plans. The FSR department also conducted provider education, provider outreach, and other QI activities. The FSR QI Director provided regular updates of FSR, MRR, and PARS activity via reports to the Quality Improvement Committee. These evaluation reports identified overarching areas of noncompliance by sections and selected elements, reported at the regional level with year-over-year (YOY) comparison. This detailed analysis allowed for monitoring and identification of improvement opportunities. The FSR team collaborated with the Regional Medical Directors and Credentialing, Provider Network, Clinical Grievances, Health Education, Health Equity, and Provider Relations departments to implement process improvements.

Program Accreditation Team

The QI Senior Director led the Program Accreditation team. The Program Accreditation team included a Manager of Accreditation, two Project Managers, two Compliance Specialists, a Program Strategist, and a Quality Improvement Specialist. This team led activities to ensure ongoing organization-wide compliance with requirements of accrediting bodies for Health Plan Accreditation (HPA), and external and internal audit readiness, including initiation of the look-back period/document collection for the CalViva HPA survey taking place in 2027. At year end, the Program Accreditation/QI EDGE team had tracked/processed over 90 Quality Edge requests for CalViva providers/groups.

CAHPS Team

The Quality Improvement Senior Director led the CAHPS team, which included two Program Manager IIIs, to oversee the implementation of the CAHPS member experience survey. The team executed comprehensive improvement strategies, including:

- Root Cause Analysis of member satisfaction
- CAHPS Exposure and Training for internal and external stakeholders
- Collaborative Improvement Initiatives in partnership with operations and provider-facing teams.

These efforts were designed to enhance member experience, strengthen organizational readiness, and drive measurable improvements in CAHPS performance.

Health Equity Team

The Health Equity team was unique in its cross-functional support structure. The Health Equity team had representation throughout the State and was staffed by a Vice President of Quality Management, a Manager of Health Equity, one Program Manager III, five Senior Health Equity Specialists, two Health Equity Specialists, and one supplemental staff position. There was a strong governance structure to oversee and provide support to cultural and linguistic/health

equity services. The Health Equity team had a breadth of knowledge as it related to the integration of cultural and linguistic services within the health plan and across operational areas of cultural competency, health literacy, language assistance services, addressing health disparities and compliance. The Health Equity team analyzed, designed, and implemented strategies to support the reduction of health disparities and facilitate the Health Equity workgroups, which were responsible for developing and implementing an action plan to reduce health disparities in targeted HEDIS measures.

CalViva adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS standards represented 15 different standards that served as the foundation for the development of the Health Equity Department strategic plans. To ensure that the plan was continually striving to be responsive to the membership, the Health Equity Team conducted data analysis and designed and implemented services to meet the needs of CalViva members. Internally, the Health Equity Team surveyed new employees to determine staff diversity and cultural and linguistic, and supported and trained bilingual associates. In 2025, there were 73 certified bilingual staff members who supported the CalViva service area. Externally, the Health Equity team conducted a biennial Geo Access report, which used member zip code data and correlated it with member language preference. This data was further combined with provider network language capabilities and a gap analysis was conducted to target network expansion. The Human Resources Department and Diversity and Inclusion team were responsible for the overall coordination to ensure a diverse leadership and workforce.

HEDIS Department

A Senior Director of HEDIS Reporting and Business Analytics led the HEDIS Department. There were two Directors, three Senior Managers, one Manager, four Supervisors, and four HEDIS Program Managers, along with Medical Record Abstractors, Analysts and Customer Service Advocates that comprised the team. The HEDIS team was responsible for HEDIS measurement and reporting annual rates, creating provider report cards/care gaps, provider incentive programs, and outward-facing provider and member outreach to support data and care gap closure.

The HEDIS team also had a QI Director of Data Analysis who oversaw the QI Research and Analysis (QIRA) team within the department and was responsible for ensuring the production of detailed reporting and analytics. The QIRA team reported directly to the QI Director of Data Analysis and was responsible for providing data and analytical support for QI projects and is comprised of five analysts (four Biostatistician I and one Biostatistician II) and two Quality Analytics Program Managers (QAPMs) who supported CalViva.

Section 2: Goals and Quality Indicators

The Quality Improvement 2025 Work Plan included eight categories. To determine CalViva's success in achieving specified goals, the Plan calculated the number and percentage of activities completed and objectives met per category (**Tables 2.1 and 2.2**) and outlined RY 2025 performance against the goals in the Appendix.



Table 2.1 Activities Completed by Category

Work Plan Programs	Year-End Activities Completed	Rate (%)
1. BEHAVIORAL HEALTH	5/5	100%
2. CHRONIC CONDITIONS	7/7	100%
3. HOSPITAL QUALITY/ PATIENT SAFETY	9/9	100%
4. MEMBER ENGAGEMENT AND EXPERIENCE	2/2	100%
5. PEDIATRIC/PERINATAL/DENTAL	42/50	84%
6. PHARMACY	3/3	100%
7. PREVENTIVE HEALTH	14/14	100%
8. PROVIDER COMMUNICATION/ ENGAGEMENT	14/14	100%
Total	96/104	92.31%

Table 2.2 Objectives Met

Category	2025 Objectives Met	Rate (%)
1. BEHAVIORAL HEALTH	6/6	100%
2. CHRONIC CONDITIONS	6/6	100%
3. HOSPITAL QUALITY/ PATIENT SAFETY	8/11	73%
4. MEMBER ENGAGEMENT AND EXPERIENCE	2/2	100%
5. PEDIATRIC/PERINATAL/DENTAL	28/30	93.33%
6. PHARMACY	3/3	100%
7. PREVENTIVE HEALTH	9/12	75%
8. PROVIDER COMMUNICATION/ ENGAGEMENT	9/13	69.23%
Total Rate	71/83	85.54%

As shown in **Table 2.1**, 92.31% of the total 2025 work plan activities were completed as planned. Overall, CalViva met 85.54% of the total year's work plan objectives (**Table 2.2**).

Quality goals follow regulatory and accreditation standards, which can change annually. **Appendix Table A-1** provides the performance goals of the plan. These goals were the overall percentiles that CalViva seeks to achieve. Additionally, the objectives were tied to how much of the goals were accomplished within the year, which can include meeting directional improvement (e.g., improved performance year-over-year, **Appendix Table A-5 to Table A-22**).

As set by DHCS, all MCAS measure rates must exceed the minimum performance level (MPL) of 50th percentile. CalViva's performance goal for CAHPS was to meet or exceed the NCQA 25th percentile national benchmark. The goals for provider surveys were to show directional improvement or meet the 70% or 90% performance rate for provider access and availability, and satisfaction survey measures. The outcomes tables in the Appendix provide detailed measure-level progress toward goals.

To meet or exceed the MPL, CalViva carried out numerous targeted programs and performance improvement projects to close care gaps. The team continued to prioritize interventions along the strategic tracks noted in **Chart 1**. Critical interventions that address data and targeted analysis, member supportive and direct care services, provider engagement and compliance, all worked cohesively to support goal achievement.



Chart 1 Quality Improvement Simplified Quality Strategy

Improve Quality of Care Delivered by Providers

- Targeted Quality EDGE Projects
- Cozeva transitions for Confirmation of Pregnancy, Initial Health Appointment
- NEW: PPG Corrective Action Plans
- NEW: OB Office Project
- Newborn Checklist expansion
- Community Health Workers Targeted Projects
- NEW: Continuous Glucose Monitoring
- NEW: Over the Counter Blood Pressure Cuff Initiative
- Person-Centered Quality Improvement
- Provider Incentive Programs

Supplement Care Gap Closure with Direct, High-Impact Interventions

- Simple HealthKit
- Sprinter Medi-Cal
- Calling Campaigns
- CPHE Programs
- Root Cause Analysis
- Data Recon and Retrieval Projects

Maintain Contractual Oversight and Support to Contractors

- CalViva Support

Maintain Regulatory Compliance Projects

- DHCS Quality Monitoring Improvement Program: Changing for MY 2026
- DHCS Performance Improvement Projects
- Institute for Healthcare Improvement Phase 2; Behavioral Health and Children's Health
- Initial Health Appointment and Lead Screening Reporting
- Audit Deliverables
- Member Incentive Evaluations and Reports
- Provider Communications
- CalAIM Collaboration

Eliminate Duplication of Effort by Maximizing Corporate Resources

- NEW:2026 leverage digital health corporate campaigns

Additional Projects

- 2024 Institute for Healthcare Improvement Project expansion
- Undocumented member engagement
- Access and Availability
- Telehealth expansion
- Me+U –Medi-Cal Q4
- Local Health Department/Jurisdictions Projects
- Vendor oversight processes
- School-based health care project exploration
- HBR initiatives
- Tobacco Cessation expansion
- I2i/Office Ally texting capabilities
- Age 9 promotion for HPV
- Comprehensive Perinatal Services Program (CPSP) linkage to health plans (CHDP)
- Birthing Care Pathway
- Flu Member Incentive (control group)
- Continue for 2026 incentives for providers for Flu and HPV



The Quality Improvement (QI) Team partnered with the Provider Engagement Team to advance the implementation of Quality EDGE (Evaluating Data to Generate Excellence). Quality EDGE is a structured five-step change management cycle that integrates quality improvement methodologies, focused measure sets, and provider engagement strategies to accelerate improvements in HEDIS outcomes.

For 2025, the team identified the following strategic goals:

1. Deploy action plans for priority providers.
2. Continuously measure and improve processes to ensure the effectiveness of Quality EDGE and full staff engagement.
3. Enhance provider feedback through improved "Voice of the Provider" initiatives.

Goals Met:

Quality of Care: MCAS

Overall, CalViva achieved 76% of MCAS measures above the MPL for measurement year (MY) 2024. **Appendix Table A-2** provides a breakdown of the percentage of required MCAS measures above MPL for each of the three CalViva Medi-Cal counties. Fresno County met 78% of its objectives. Kings County met 61% of its objectives. Madera County met 89% of its objectives. Refer to **Section 5** for a summary of key accomplishments by county and measure category.

Hospital Quality/Patient Safety

Hospital quality performance was measured across CalViva's network based on facilities with sufficient publicly available data across priority metrics (5 facilities total). CalViva hospitals largely showed either appropriate performance or improvement, and continued avoidance of outlier performance for hospital-acquired infection metrics. The network showed directional improvement for hospitals meeting the standardized infection ratio of 1.0 or lower for central line-associated bloodstream infection (CLABSI), catheter-associated urinary tract infections (CAUTI) and surgical site infection following colorectal surgery (SSI-Colon). The proportion of hospitals meeting the goal for *Clostridioides difficile* (C.Diff) declined from last year's performance due to one fewer hospital meeting the goal for this infection, while Methicillin-resistant *Staphylococcus aureus* (MRSA) remained at the same proportion of 75% (3 of 4 reportable hospitals meeting the goal). The network avoided outliers for all five infections. Hospitals meeting the NTSV C-section rate standard of 23.6% or lower did not achieve directional improvement, with two out of five facilities (40%) meeting the goal compared to three hospitals (60%) the previous year. Hospitals that failed to meet the standard received outreach detailing quality improvement programs and resources available from the California Maternal Quality Care Collaborative, with whom we continue to collaborate closely. We also work with other health plans to support improved maternal health performance on multiple topics, including incorporation of doula services.

Behavioral Health

For 2025, the focus was on improving timely follow up care after an emergency department (ED) visit for either a principle mental health or substance use diagnosis, or the Follow Up After Emergency Department (ED) Visits for Mental Illness or Substance Use (FUM/FUA) HEDIS metrics, for CalViva members. For Fresno and Madera CalViva counties, the National 50th percentile Quality Compass goal was not achieved. However, all metrics showed a greater than 5% improvement from the prior measurement year. For Kings County, outcomes were all met. There is an ongoing focus on improving both the FUM and FUA metrics moving forward, including an ongoing regulatory Performance Improvement Project (PIP) and a Lean process improvement project. (**Appendix Table A-6**).

Regulatory CAHPS Survey

In 2025, the annual CAHPS survey was conducted by the health plan. Results showed three out of nine measures met the Outcomes Quality Compass (QC) 25th percentile benchmark: Customer Service, Coordination of Care, and Rating of Health Plan. In addition, two out of the nine measures had directional improvement compared to previous year. (**Appendix Table A-7**). Opportunities to address CAHPS performance in 2026 are outlined in Section 3.4.

ECHO Survey

In 2025, the annual ECHO Survey for MY 2024 was reviewed. There were four areas identified as significantly lower than the previous year. The four areas of improvement include : 1) Getting treatment quickly, 2) How well clinicians communicate, 3) Perceived improvement, and 4) office wait times. . Strategies of expanding network availability, reducing silos between medical and BH, and providing tip sheets to aid providers in improving communication with patients will be explored in 2026.

Provider Access, Availability, Satisfaction (PAAS) Survey Measures

Results from provider surveys showed directional YOY improvement achievement or met the 70% (PAAS, In-Office Wait Time Surveys, EES) or 90% (PSS, PAHAS) rate objectives in 69.75% (113/162) of total measures. CalViva met the following goals:

- 87.5% (70/43+17+6+14=80) of PAAS measures (**Appendix Tables A-8 to A-11**).
- 50% (3/6) of the Telephone Access Survey measures (**Appendix Table A-12**).
- 66.67% (4/6) of the Provider In-Office Wait Time Surveys results (**Appendix Table A-13 to Table A-14**).
- 60.98% (25/41) of Provider Satisfaction Survey (PSS) measures (**Appendix Tables A-15 to A-17**).
- 21.74% (5/23) of Enrollee Experience Survey (EES) measures (**Appendix Table A-18 to A-19**).
- 100% (6/6) of Provider After-Hours Availability Survey (PAHAS) measures (**Appendix Table A-20 to A-22**).

*Refer to the **Appendix Tables A-3 and A-5** for the summary of goal attainment by program category for RY 2025.*

As the tables demonstrate, although year-over-year performance has improved, there is still progress needed to reach the goals set for each county and category. Notably, Kings County continues to show significant opportunity for improvement. The minimum performance level was not met for any of the measures in the Children's Health Domain, highlighting a critical area of focus moving forward. For example, Kings County is currently performing at 61%, compared to Fresno and Madera Counties at 78% and 89%, respectively.

Despite meeting a majority of the MCAS objectives, achieving directional improvement on CAHPS measures, and reaching the 70% or 90% performance goal rate for provider survey measures, additional effort is required to close gaps and reach CalViva's overall performance targets. A detailed list of these opportunities, organized by category, can be found in **Appendix Table A-4: Summary of Opportunities**.

Barriers to Achieving Goals and Objectives:

MCAS

- Limited Health Literacy and Engagement: Lack of understanding of the frequency of visits for young children and the challenges of keeping up with the recommended periodicity schedule.

- **Transportation Challenges:** Members reported barriers such as limited access to a vehicle, mechanical issues, and competing family transportation needs, which hindered their ability to attend appointments.
- **Scheduling Conflicts and Family Obligations:** Members cited long or unpredictable work hours, insufficient advance notice, childcare needs, and family emergencies as reasons for not attending scheduled classes or visits.
- **Preference for Flexible Learning Models:** Many members indicated that traditional in-person classes during business hours were not feasible and expressed interest in virtual or hybrid options to accommodate their schedules.

Measure Barriers

- *Childhood Immunization Status – Combination 10 (CIS-10):*
 - Lack of member understanding of the importance of immunizations.
 - The complicated and time-bound immunization schedule – immunizations completed out of timeframe.
 - Abundance of misinformation about immunizations creating confusion for parents and providers and leading to more parent refusals for vaccines during office visits.
 - Providers lack of time to educate vaccine hesitant parents/caregivers during office visits.
 - Lack of strong recommendations from providers for immunizations.
 - Missing one or both flu vaccines. Parent's viewing the flu vaccine as optional.
 - Missing Hep B vaccine documentation from hospitals.
 - Members not completing the vaccine series after turning one year of age.
 - Language barriers.
- *Developmental Screening in the First Three Years of Life (DEV)*
 - A data gap continues for providers who report they have an approved screening tool in their EHRs.
- *Well-Child Visits in the First 30 Months of Life - 0 to 15 Months (W30-15)*
 - Members did not understand the importance of infant well-care checkups, the periodicity schedule, and what to expect in infant well-care checkups.
 - Lack of connection of pregnant members to pediatricians to get the parent established with the pediatrician so the parent knows when to bring in the newborn after discharge from the hospital.
 - Data gap of W30-6+ visits. Completed W30-6+ visits are not getting to the health plan primarily due to the lack of a link between the birthing parent and the newborn.
 - Lack of access to infant well-care visits. It could take weeks or months to get well-care appointments, putting the infant behind on visits according to periodicity schedule. Lack of dedicated provider time to well-care visits.
 - Lack of provider knowledge of the Newborn Gateway and the processes to follow to assign a newborn its own CIN ID.
- *Well-Child Visits in the First 30 Months of Life - 15 to 30 Months (W30-30)*
 - Members did not complete infant well-care after babies turn one year.
 - Parents are not able to bring children to well-care appointments during regular business hours.

- Lack of access to well-care visits. It could take weeks or months to get well-care appointments.
- Lack of dedicated provider time to well-care visits.
- *Child and Adolescent Well-Care Visits (WCV):*
 - Lack of provider outreach to members to complete WCV.
 - Lack of member engagement with child and adolescent well-care.
 - Parents were unable to bring children to well-care appointments during regular business hours.
 - Lack of access to well-care visits. It could take weeks or months to get well-care appointments.
 - Lack of dedicated provider time to well-care visits.
 - High volume of well-care visits needed for all ages creates very large denominator.

Hospital Quality/ Patient Safety

- Hospital leadership may not assign quality performance sufficient importance among other institutional priorities.
- Hospital Acquired Infections and C-section rates reflect all-payer data. Hospital responsiveness to a single plan to address all-payer metrics can vary. Health Net collaborates with other stakeholders (such as quality improvement organizations and other health plans) to convey performance expectations and provide collective support.

Behavioral Health

- Difficulty reaching Medi-Cal population by phone because of unreliable and highly variable contact information.
- Lack of member education about behavioral health treatment and provider training to address the stigma of diagnosis.
- Lack of timely access to Admit, Discharge, and Transfer (ADT) data.
- ADT data may not include 100% of the eligible populations because of internal facility limitations on data sharing.
- Timeliness of referrals and follow-ups.
- Plan limitations and restrictions on data sharing with providers for substance use disorders impacts timeliness of follow up.
- Members in Admission/Discharge/Transfer (ADT) reports may not ultimately end up in the eligible population because of the lack of a principle mental health or substance use diagnosis.
- Lack of BH providers to provide medication assisted treatment and other mental health treatment.

Member Experience/CAHPS

- All patient interaction has the potential to impact CAHPS scores.
- CAHPS results were often based on patient perception and patient recall.
- Any negative experience will stay with members regardless of the look-back period.
- Operational issues that impact member experience/CAHPS:
 - Prior authorization delays for care.
 - Transportation missed appointment
 - Network availability
 - PCP and specialist referral delays.
 - Attitude and service issues related to customer service.

Provider Access and Availability Surveys

- Providers, especially specialists, and Psychiatrists may not have sufficient tools and guidance to address timely access and improve member satisfaction. Providers may not be maintaining sufficient office hours and not complying with timely access standards.
- Geographical constraints in more rural areas contribute to difficulty contracting with providers. This is noted in the CalViva counties where there are fewer specialists and psychiatrists available to contract with.
- Members were unable to receive same or next day care for urgent issues which attributed to member dissatisfaction.
- There are opportunities to improve satisfaction and strengthen engagement among behavioral health providers.
- High demand for certain high volume specialty care appointments created a supply demand issue.
- Providers are not able to meet access standards due to challenges with staffing (i.e. providers work part-time, or high patient volume, etc.).

Provider Engagement Oversight

- Plan encounters challenges in navigating relationships between provider group and Management Services Organization (MSO).
- Insufficient plan program or processes to assist clinics with specialist physician shortages.
- Plan provider incentives alone are not adequate to improve provider performance and for PPGs to prioritize health plan programs.
- Lack of consistent payment models that incentivize providers to accommodate members' needs (after work/school hours, multi-appointment family member scheduling, one-stop visits, etc.).

Section 3: Overall Effectiveness of QIHED Work Plan Initiatives

3.1. Behavioral Health

Improve Behavioral Health Measures

CalViva continued providing behavioral health (BH) oversight through attendance and participation in QI/UM and Access Workgroup Meetings and submitting timely BH Performance Indicator Reports. An Oversight Audit was conducted and a CAP is being formulated.

Follow Up After Emergency Department (ED) Visits for Mental Illness or Substance Use (FUM/FUA)

The Behavioral Health Population Health Clinical Operations team continued live outreach to CalViva members in Fresno and Madera counties after mental health or substance use disorder emergency department visits in support of FUM and FUA measures. Kings County was excluded from this live phone intervention outreach because it had already achieved the minimum performance level the prior measurement year.

Results: The final FUA-30-day follow-up rate for MY 2024 was 30.17% (32.28%). The final FUM-30-day follow-up rate for MY 2024 was 45.71% (51.87%) These rates reflect Fresno, Kings, and Madera County performance combined (plan level accreditation rate) and do not meet benchmarks.

Efforts to improve rates for FUM and FUA will continue in MY 2026. CalViva saw rate increases over time during MY 2025 due to Legacy MHN phone outreach calls, Non-Clinical PIP initiative in Fresno implementing cultural competency training, smart phrases for community health workers (CHW) and social workers, and use of ADT reports to provide timely notification to providers for follow up care. Additionally, as part of the Madera Lean project, CalViva has implemented the use of the ADT report to assist CHWs in identifying members in need of follow up care, and the use of Smart Phrases to capture care gap closures.

For both FUM and FUA measures across all three CalViva counties, rates showed an upward trend from the prior measurement year. Fresno and Madera counties did not achieve the National 50th Percentile benchmark goal for any metric component; however, Kings County did meet the National 50th Percentile benchmark for both FUA-30 and FUM-30. For FUM30, Fresno County increased from 13.96% to 42.94%, Kings County increased from 37.91% to 64.96%, and Madera County increased from 22.47% to 47.70%. Rate increases were also seen for FUA30, increasing from 15.02% to 29.47% in Fresno County, 21.15% to 36.64% in Kings County, and 17.20% to 30.70% in Madera County.

Non-Clinical Performance Improvement Project (PIP) Behavioral Health

Target Population: Individuals who have had an ED Visit for Substance Use (FUA) or Mental Health (FUM) and received follow-up care within 7 days of an ED visit in Fresno and Madera Counties.

The California Department of Health Care Services (DHCS) updated the required PIP process in 2023. Each health plan is required to initiate one Clinical PIP and one non-clinical PIP to run from 2023 through December 31st, 2025. The initial submission of Steps 1-8 of the PIP process and three Intervention Worksheets were submitted to HSAG/DHCS in October 2025 and CalViva received 100% validation in December 2025 for the non-clinical PIP. The final write-up is due to HSAG in August 2026.

The PIP had one Aim Statement:

- During the measurement period, CalViva will carry out targeted interventions that will result in improvement in the percentage of provider notifications for CalViva members with substance use disorder (SUD)/ mental health (MH) diagnoses following or within 7 days of an emergency department visit in Fresno and Madera Counties.

For the non-clinical PIP, CalViva leveraged dedicated hospital staff to notify providers of eligible members visiting the emergency department for SUD/MH diagnoses. Timely provider notifications could support follow-up care for members who had an ED visit for mental illness or substance use. Three interventions are currently being implemented:

1. Educate the substance use professionals and mental health (MH) liaisons/social workers regarding the use of Smart Phrases to accurately and completely document services and referrals provided.
2. Culturally appropriate education strategies for mental health/substance use disorder to increase follow-up care.
3. Utilization of the Resiliency Center to increase provider notifications.

CalViva completed a Lean Quality Improvement & Health Equity Project for Madera County. CalViva submitted a completed A3 QI tool for the Smart Phrases and cultural competency training. Too few CalViva members in Madera were having follow-up care after a mental health or substance use disorder emergency department event. CalViva's Madera rates did not meet minimum performance levels for FUA or FUM. Although the MPL (53.82%) was not met with FUM in MY 2024, significant

improvement is noted with Madera County improving from 22.47% to 47.31%. Similar improvement is noted for the FUA measure (36.18% MPL) in MY 2024 with Madera County improving from 16.84% to 30.70%. The majority of Madera members in the FUA/FUM population were Hispanic (62%) so there may have been cultural drivers negatively impacting follow-up care rates. The FUA & FUM member outreach was conducted in 2025 and resulted in an engagement rate of 18% due to lack of accurate member contact information (e.g., phone numbers) and member reluctance. Outreach was also impacted by privacy issues in sharing ADT data and only identified approximately 35% of BH ED visits.

CalViva will continue to monitor the effectiveness of the interventions in 2026. Timelier follow up by PCPs for FUA should positively contribute to better rates for 2026.

3.2. Chronic Conditions/Chronic Disease

Improve Chronic Conditions

Chronic diseases are complex conditions influenced by both non-modifiable risk factors – such as genetics and age – and modifiable risk factors like diet, physical activity, and tobacco use. While the former cannot be changed, addressing modifiable factors is critical to prevention and management.

- Diabetes significantly increases the risk of serious complications and co-morbidities.
- Hypertension (high blood pressure) elevates the likelihood of heart disease and stroke.
- Asthma often results in frequent symptoms, hospitalizations, and emergency visits when uncontrolled, leading to missed work and school days.

The burden of chronic disease can be reduced through primary prevention, early detection, timely interventions, and effective disease management. Implementing evidence-based strategies not only improves health outcomes but also enhances the overall quality of care.

2025 improvement activities included:

- The multi-gap HEDIS live calls to targeted members identified 28,604 CalViva members in Fresno County for the outreach, with 19,560 total attempts made and 6,302 CalViva members reached. Live outreach to close multiple gaps in care including those with controlling blood pressure and diabetes care gap yielded a reach rate of 32.2%. 3,073 CalViva members scheduled or will schedule an appointment.
- Launched provider e-project on Root Cause Analysis (RCA) to close care gaps related to the Glycemic Status Assessment for Patients with Diabetes (GSD) – Blood Sugar Controlled. Deployed two waves of RCA in May and August, including providers that have CalViva members. Providers received a list of attributed CalViva patients who currently lack compliant glycemic control documentation. For non-compliant or near miss HbA1c results, clinical actions included the following: reassess glycemic control for patients with elevated HbA1c values; repeat testing as clinically appropriate; and ensure results are documented in the chart with test date and value.
- Facilitate data exchange with provider groups via root cause analysis (RCA) reports for CBP. Reports provide actionable information on members who have uncontrolled BP, are missing systolic or diastolic data, and have no evidence of service. Two waves implemented, including providers that have CalViva members.
- Contracted with vendor, Simple HealthKit (SHK), to implement a no-cost, at-home diagnostic testing program for eligible members, with the goal of improving access to HbA1c screening to close care gaps. SHK leverages various member communications including postcards, mailed

letters, emails, and SMS text to promote completion of A1c test kit and support member engagement. CalViva launch planned for January 2026 pending finalization of collateral branding.

- Contracted with vendor, Sprinter Health, to provide CalViva members with in-home screenings, including A1c testing and blood pressure screening. Provides multilingual support to ensure effective communication and address any language barriers. CalViva launch is planned for early January 2026.
- Blood Pressure DME (Durable Medical Equipment) campaign to increase awareness of DME benefits to Medi-Cal providers regarding availability of personal home use BP monitors and cuffs for CalViva members. Developed editable DME form for providers to request access to BP devices and linked to provider portal. Able to pre-populate DME form if needed to address limited provider bandwidth issues.
- Received HEDIS auditor approval for Customer Service Associate-Clinical Pharmacy member-reported BP workflow; allows for member-reported BP readings to count towards care gap closure with clinical pharmacy oversight and provider fax/faxback as proof of service to upload into Cozeva to close CBP care gap.
- CalViva branded provider tipsheets on HEDIS Controlling Blood Pressure and Diabetes (GSD, KED, EED and BPD) measures posted to provider portal. The tipsheets include measurement requirements, best practices, and billing codes to assist providers with information to improve HEDIS performance.
- CalViva continued to work with high volume, low performing provider groups for targeted efforts to improve hypertension and diabetes management amongst CalViva members utilizing Quality EDGE funding for purchase of BP devices, point of care A1c test kits, and additional staffing support to address bandwidth barriers.
- Members who had an Asthma Medication Ratio (AMR) gap were outreached to by a pharmacist to address barriers to asthma medication adherence using motivational interviewing techniques and encouragement to discuss action plans with their providers. In Fresno and Kings counties, targeted PPGs were engaged and sent lists of members and encouraged conversion to combo rescue/maintenance inhaler medications (ICS combos) as well as frequent education touchpoints. All three counties improved rates YOY and exceed the MPL in MY 25.
- CalViva will continue to promote CalAIM Asthma Remediation services by partnering with providers and making the program available to qualifying members with asthma.

The multigap HEDIS calls to CalViva members and targeted provider e-projects on root cause analysis for HEDIS CBP and GSD measures will continue in MY2026. Direct bulk mailing of A1c Kits to CalViva members will launch in MY 2026 to impact care gap closure. Explore opportunities in MY 2026 to collaborate between CHWs and provider groups targeting CalViva members to enhance engagement, promote care coordination and address social needs by connecting members to appropriate resources.

3.3. Hospital Quality/Patient Safety

Improve Hospital Quality/Patient Safety

CalViva's hospital quality initiatives focused on raising awareness among hospitals about performance expectations for specific metrics and connecting facilities with the organizations and QI resources that they may need to drive improvements.

These programs include collaboration with external organizations that report outcomes and/or provide the technical quality improvement guidance that hospitals may need, such as: Cal Hospital Compare, the Health Services Advisory Group (HSAG) (contract awardee of the CMS-funded Quality

Improvement Organization (QIO) program); The Leapfrog Group, including as co-chair of Leapfrog Partners Advisory Committee; the California Health Care Foundation; the California Maternal Quality Care Collaborative (CMQCC); the Hospital Quality Institute (HQI), and other health plans.

While CalViva hospitals showed reasonable performance and continued avoidance of outlier performance for 3 hospital-acquired infection metrics (CLABSI, CAUTI, and SSI-Colon), two infections warrant more attention. MRSA did not achieve directional improvement and C.Diff declined in the number of hospitals meeting the target of an SIR ≤ 1.0 . Focus on these metrics is needed to reduce the risk to patients with preventable complications. C-section performance also warrants focus, given that 2 in 5 hospitals met the target of an NTSV C-section rate of 23.6% or below. Continued engagement to drive excellence and to raise performance among network facilities is called for, as well as collaboration across stakeholders to support those goals.

QI collaborated with other key stakeholders in order to amplify our messaging and facilitate hospital access to QI tools and resources.

3.4. Member Engagement and Experience

Improve Satisfaction with Quality of Care/Service

Member CAHPS Survey

CalViva participated in the regulatory CAHPS survey, which launched successfully in Q1 2025. The year-over-year rate increased for the following rate measures: Getting Needed Care, How Well Doctors Communicate. Other findings were shared in the MY 2024 Member Experience Standard 7 (ME7) report. Root cause analysis on appeals and grievances data was conducted on a quarterly basis to identify quarter-over-quarter and year-over-year trends in member satisfaction and areas for improvement. Findings were shared with appropriate internal stakeholders and teams. The CAHPS Team continued to meet regularly with departments to track progress of the various activities around CAHPS performance and general member experience. These meeting spaces were also a platform to brainstorm any new ideas or projects to address any member issues that come up during the year.

A few CAHPS-related improvement activities in 2025 included:

- CAHPS Provider Webinar Training Series via Sullivan Group. The 3 topics offered were:
 - Leading to a Positive Patient Experience
 - Building an Empowered Care Team and
 - Patient Access: Facing Reality-Balancing Appointment Supply with Appointment Demand
- CAHPS Playbook:
 - Provider Communication/Engagement – Provider Outreach: highlighted the importance of CAHPS and best practices around CAHPS provider influenced key measures.
- Provider Communication Update:
 - CAHPS article and measure rates.

Opportunities for 2026 include:

The CAHPS Team will continue attending the A&G Workgroups to discuss and plan efforts that may impact CAHPS and member experience at least quarterly and report to the QI/UM Committee.

- CAHPS and member experience awareness and education continue to be a focus since there are multiple stakeholder teams that are member-facing and have the potential to impact CAHPS scores.

- The CAHPS Team will continue to educate and collaborate with multiple stakeholder teams to promote CAHPS.
 - All patient interactions have the potential to impact CAHPS scores.
 - CAHPS results are often based on patient perception and patient recall.
 - Any negative experience will stay with the member regardless of a look-back period.
- Expand provider webinar topics to include areas such as physician communication, patient access, and overall patient experience to improve CAHPS scores.

Additionally, for 2026, the team identified the following potential actions:

- Launch provider webinars focused on strengthening empathy and communication skills to enhance member interactions.
- Partner with provider facing teams to disseminate the CAHPS Provider Playbook and support adoption of best practices through targeted outreach and collaboration.
- Conduct quarterly Appeals and Grievances root cause analyses to identify underlying drivers, assess data trends, pinpoint recurring barriers, and share insights to inform process improvements and training needs.
- Deliver ongoing training sessions to provider groups, individual clinicians, and office staff to reinforce the importance of member experience, its alignment with CAHPS performance, and practical strategies to improve patient interactions.
- Continue active participation in CVH A&G Workgroup meetings to identify service improvement opportunities and develop strategies aimed at reducing the volume of member grievances.

3.5. Pediatric/Children's Health Program

Improve Pediatric/Children's Health

Clinical PIP: Well-Child Visits in the First 30 Months of Life – 0 – 15 months – Six or More Well-Child Visits (W30-6+)

Target Population: Black or African American members in Fresno County.

The California Department of Health Care Services (DHCS) implemented a new PIP process in 2023. The initial submission of Steps 1-6 of the PIP process was submitted to HSAG/DHCS in September and November 2023 and CalViva received 100% validation in January 2024.

CalViva submitted Steps 1-8 and an intervention worksheet to HSAG/DHCS in September 2024 and resubmitted minor revisions to HSAG in early December 2024. CalViva received a 93% high confidence validation in January 2025.

CalViva submitted Steps 1-8 and two intervention worksheets to HSAG/DHCS in August 2025 and resubmitted minor revisions to HSAG in October 2025. CalViva received a 94% high confidence validation with 100% of critical elements met in December 2025. CalViva received a 33% score of evaluation elements met, and 100% of critical elements met for moderate confidence in the overall confidence that the PIP achieved significant improvement.

HSAG's decision to deduct points from CalViva for piloting a new metric penalizes attempts at innovation in Quality Improvement and discourages managed care plans from trying new strategies. W30 rates are compiled retrospectively from care rendered a year or more in the past. Because the

HEDIS data themselves are not adequate for engaging members and providers on care that is still needed, CalViva has been working to identify leading indicators of W30 compliance to improve outreach prospectively. The leading indicator for final W30 compliance tested was developed, piloted, and tested in a classic Plan-Do-Study-Act (PDSA) manner. Because it did not immediately show the association with the final rate that was anticipated does not mean that piloting it was a failure. It was a step forward in a good PDSA cycle and should be scored as such.

The PIP has two AIM statements:

- Do targeted interventions lead to statistically significant improvement in the percentage of Black or African American children 15 months of age in Fresno County that had six or more well-child visits during the remeasurement year. The baseline rate is 31.3%.
- Do targeted interventions lead to statistically significant improvement in the percentage of Black or African American children who complete three or more infant well-care visits within 120 days of life in Fresno County during the remeasurement year. The baseline rate is 41.5%.

CalViva partnered with Black Infant Health (BIH) in Fresno County and began referring identified Black or African American pregnant members and infants up to three months of age to BIH for the first intervention. CalViva started referring members to BIH in 2024. Through 2025, CalViva referred twelve (13) lists of members and infants to BIH who outreached to members to enroll them into BIH. Overall, BIH reached 47.70% of members referred. Of the members reached, 17.76% enrolled in BIH and of the members enrolled, fifty-one (51) 24.40% of the members self-reported completion of infant well-child visits. The BIH referrals intervention will be reported to HSAG/DHCS through the end of 2025. However, CalViva will continue to send referrals to BIH monthly beyond 2025. In 2025, CalViva distributed 472 \$25 gift cards to members for completing prenatal or postpartum classes. In 2026, CalViva will continue to incentivize members to complete seven or more of the 10 prenatal classes and seven or more of the 10 postpartum classes.

CalViva implemented a second intervention: promoting the CDC's Milestone Tracker app to members enrolled in BIH. BIH promoted the CDC's Milestone Tracker app in their prenatal and postpartum classes and distributed flyers about the app at community events. BIH encourages members to download the app, demonstrates how to download and use the app, and points members to the features that track baby's well-care appointments. The flyers and tabletop signs distributed to BIH and later to provider offices in Fresno County have trackable QR codes, so that CalViva can report the number of scans of the QR codes. There have been 219 scans of the QR codes in 2025. CalViva is surveying providers and members to assess knowledge and utilization of the CDC's Milestone Tracker app in 2025 and early 2026. CalViva will continue to provide materials that promote the CDC's Milestone Tracker app to BIH and providers in Fresno County past the completion of the PIP.

The final PIP submission will be submitted in August 2026, reporting on interventions implemented through the end of 2025. CalViva will continue the interventions of the PIP to support continued improvement in the Black or African American W30-6+ rate in Fresno County.

Quality Monitoring Improvement Program (QMIP)

Fresno County: CalViva conducted a Transformational Quality Improvement & Health Equity Process QMIP for Children's Health domain in Fresno County in 2025. CalViva submitted all required deliverables for this 2025 QMIP. As part of this QMIP, CalViva implemented two targeted strategies to improve DEV and W30-6+ measure rates beginning in February 2025. The first progress report was submitted in July 2025, followed by the final report in November 2025.

The first strategy targeted member engagement in increasing member access to evidence-based health educational resources through provider offices. In February 2025, CalViva contacted 12 providers (medical providers and community-based organizations (CBOs)) for their participation in key informant interviews and the completion of a survey about their current and preferred use of digital health education resources. Out of the 12 providers, nine responded (75% response rate). The Provider Engagement (PE) team began the distribution of the pediatric digital health education resources (CDC Milestone Tracker App and Healthychildren.org website with well-child visit videos (WCV videos) for each well-child visit on the periodicity schedule) to two targeted providers in early June.

After the initial distribution of digital resources in June 2025, PE followed up with each targeted provider in July to October to review the digital resources and conduct a brief survey to monitor the distribution of the digital resources. The Quality Improvement (QI) team created trackable QR codes specific to the targeted providers in Fresno, allowing CalViva to monitor the number of scans for each of the digital resources shared with providers. Despite initial usage levels, targeted providers have shown interest in utilizing CalViva's digital health education resources and have requested additional QR codes. CalViva continued to monitor QR code scans linking to the CDC Milestone Tracker and the HealthyChildren.org website which provides WCV information and videos after the Fresno County QMIP concluded in November 2025.

To gather feedback following the distribution of digital resources in June 2025, CalViva developed a brief monthly survey for the two targeted providers. The survey aimed to assess whether and how providers were sharing pediatric digital health education materials with patient caregivers. These monthly surveys offered valuable insights into provider engagement with the digital resources and utilization patterns. The final monthly survey was sent to targeted providers in September, and the intervention concluded in October.

CalViva reviewed the survey responses collected and will implement changes or enhancements as needed. The PE team will continue collaborating with targeted providers to support and increase the utilization of CalViva's digital health education resources. Based on the positive feedback from targeted providers regarding the digital health education resources, CalViva plans to expand these resources to additional pediatric providers across Fresno County.

The second strategy addressed the data gap in DEV and W30-6+ with two targeted providers in Fresno County. The W30-6+ and DEV data reconciliation intervention started in February 2025. CalViva contacted the two targeted providers for the DEV data reconciliation intervention. All providers shared their findings (100% opt-in rate). CalViva requested a total of 624 visits for MY 2024 and MY 2025 from these providers and received all (100%) of them. In October 2025, the DEV data reconciliation review has been completed. CalViva identified several process-related issues, including concerns with billing, claims submission, and the use of modifier 98. Specifically, during manual internal adjustments for Proposition 56, modifier 98 is being added. However, its presence on the adjusted/final claim prevents the claim from triggering a HEDIS event for CPT 96110. At this stage, the DEV modifier/process cannot be modified. Following an investigation, CalViva identified 669 claims with 98 modifiers impacted in Fresno County. Once resolved, CalViva anticipates a modest increase of a few percentage points (~4%) in the DEV rate.

The W30-6+ data reconciliation process is nearing completion. Currently, only two visit records remain outstanding from a targeted provider. Upon investigation, CalViva discovered that both members had earlier visits that were not captured by the system. As a result, CalViva requested the missing records from the provider office and will upload the records to Cozeva as soon as they are submitted. During outreach efforts, CalViva encountered challenges with contact information and had to adjust our strategy. It became evident that the assigned PCP was not always the provider who saw the member during their first recorded visit.

Shifting outreach to the rendering provider instead of the assigned PCP led to a higher rate of returned records, though it introduced new difficulties in obtaining accurate contact details. CalViva identified expected barriers, such as visits billed under the member's mother and straightforward care gaps. Resolution efforts are currently underway. To support these efforts and facilitate system corrections, CalViva has escalated the issues for enhanced resolution and technical support.

Lastly, CalViva shared member outreach lists with targeted providers to help identify members who have not yet reached 15 months of age. This enables the targeted providers to proactively engage these members and schedule additional well-child visits before they turn 15 months by the end of 2025. CalViva will continue to monitor DEV and W30-6+ performance at the targeted provider sites and offer support as needed in collaboration with the PE team.

Kings County: CalViva completed a Comprehensive Quality Improvement & Health Equity Process QMIP for Children's Health domain in Kings County. CalViva submitted all required deliverables for this QMIP. Similar to the Fresno County QMIP, CalViva implemented two targeted strategies to improve DEV and W30-6+ measure rates beginning in February 2025 in Kings County. The first progress report was submitted in July 2025, followed by the final report in November 2025.

The first strategy targeted member engagement in increasing member access to evidence-based health educational resources through provider offices. In February, CalViva contacted 25 providers (medical providers and CBOs) in Kings County to complete a survey through key informant interviews about their current and preferred use of digital health education resources. Of the 25 providers, seven responded (28%).

The Provider Engagement team began the distribution of pediatric digital health education resources (CDC Milestone Tracker App and [Healthychildren.org](https://www.healthychildren.org) websites with WCV videos for each well-child visit on the periodicity schedule) to the same providers targeted for DEV and W30-6+ data reconciliation in early June. After the initial distribution of digital health education resources in June, PE followed up with each targeted provider from July through October to review the pediatric digital health education resources and conduct a brief survey to monitor the distribution of the digital resources.

QI created trackable QR codes specific to the targeted providers in Kings County. The number of scans for each of the pediatric digital resources shared with providers was monitored using the QR codes. Despite the lower initial usage levels, targeted providers have shown interest in utilizing CalViva's digital health education resources and have requested additional QR codes from CalViva. CalViva continued to monitor QR code scans linking to the CDC Milestone Tracker and the [HealthyChildren.org](https://www.healthychildren.org) website which provides WCV information and videos after the Kings County QMIP concluded in November 2025.

To gather feedback after distributing digital health education resources in June 2025, CalViva developed a brief monthly survey for targeted providers. The survey assessed whether and how providers were sharing pediatric digital health education resources with patient caregivers. These surveys provided valuable insights into provider engagement and utilization patterns. The final survey was sent in September, and the intervention concluded in October.

Moving forward, the PE team will continue collaborating with targeted providers and training office staff on effectively using digital health education resources and engaging patients during visits. Additionally, CalViva plans to expand promotion of the CDC Milestone Tracker App through printed materials, which the PE team will distribute to high-volume providers in Kings County.

The second strategy is the DEV and W30-6+ data reconciliation with targeted providers in Kings County. The W30-6+ and DEV data reconciliation intervention started in February 2025. For DEV data reconciliation intervention, CalViva contacted three targeted provider sites in Kings County. All provider

sites shared their findings (100% opt-in rate). CalViva requested a total of 13 records from these provider sites and received all of them.

After receiving data for the DEV process metric, the team believes that the three targeted provider sites are meeting the requirements, such as submitting the correct modifier and conducting the screening within the timeframe. CalViva trained and educated the targeted providers on the recommended timing to perform developmental screenings (at nine months, 18 months, and 30 months). The team also contacted the PE team to ask for feedback from targeted provider sites on barriers or issues they encounter regarding DEV (e.g., members not attending their appointment, providers using incorrect other codes for DEV performed, etc.).

CalViva continued to monitor DEV performance at the three target provider sites. The PE team follows up with the targeted sites each month to ensure they perform any action items identified regarding DEV data. The PE team will also work with the targeted sites to upload any complete developmental screenings to Cozeva as needed.

For the W30-6+ data reconciliation intervention in Kings County, CalViva contacted seven targeted provider sites in early May 2025. CalViva encountered barriers in identifying the W30-6+ provider or management services organization (MSO) and obtaining their contact information. Once CalViva had the correct contact information, it faced another barrier in identifying the rendering provider, not the child's assigned PCP and locating the rendering providers' contact information.

After these barriers were overcome, all seven providers opted into the W30-6+ data reconciliation process. CalViva requested 13 records of completed infant well-child visits from the seven targeted providers.

- Ten completed visits were received from the rendering providers.
- Three records of completed infant well-child visits were sent to the hospital chase team, and all three completed infant well-child visits were received from the hospitals.
- One hundred percent of the visits requested were received.

In addition to expected barriers, such as early infant well-child visits billed under the mother or straightforward care gaps, CalViva identified other data-related issues including earlier visits or inpatient newborn physical exams that were not captured. Resolution efforts are currently underway for identified data issues. CalViva anticipates improvements in W30-6+ outcomes once the identified data issues are resolved. CalViva follows up with the responsible parties regarding data issues and oversees the W30-6+ data collection process to ensure efficiency, accuracy, and completeness.

Child Health Equity W30-6+ Collaborative Sprint (CHEC Sprint)

CalViva participated in the CHEC Sprint led by the Institute for Healthcare Improvement (IHI) and the California Department of Health Care Services (DHCS) since April 2024. While working with IHI and DHCS, CalViva engaged with a high-volume low performing provider in Fresno County, Clinica Sierra Vista, for Phase 1. CalViva and Clinica Sierra Vista-Elm Clinics implemented designed/suggested strategies throughout the CHEC Sprint to reduce equity gaps, improve access, and build capacity in Fresno County. CalViva has been partnering and working closely with the CSV- Elm sites to implement best practices in children's preventive services to provide effective whole-person pediatric care.

Some of the critical elements to achieve in Phase 1 included effective team-based care, automation, and effective use of technology, including electronic health records, population health management, and addressing social drivers of health. CalViva and CSV reaffirmed their commitment to advancing child health equity by participating in Phase 2 and expanding efforts to an additional location, the Regional Medical Community Health Center. Phase 2 began in September 2025 and will continue through August 2026.

3.6. Perinatal Health/Reproductive Health

Improve Perinatal Health/ Reproductive Health

CalViva performed well in perinatal and reproductive health measures. All CalViva counties exceeded the 50th percentile for timely prenatal care (PPC-pre), postpartum care (PPC-post), and chlamydia screening (CHL). Kings County exceeded the 90th percentile, and Fresno and Madera counties exceeded the 75th percentile for PPC-pre. Fresno and Kings counties exceeded the 75th percentile for PPC-post. Kings County also exceeded the 75th percentile for CHL. Despite the overall good performance for PPC, a disparity exists for Black or African American pregnant and postpartum members. CalViva is partnering with Black Infant Health (BIH) for the clinical W30-6+ PIP by directly referring pregnant and postpartum members to BIH. Overall, BIH reached 47.70% of the members referred and 17.76% of members reached enrolled into BIH, which has reported higher rates of prenatal and postpartum visits.

The Population Health Management team continued postpartum outreach calls to assist members in scheduling a postpartum visit and the first infant well care visit. The team reached an average of 88% of the members. Of those reached, 41.75% self-report to have scheduled a postpartum visit and 54.38% self-report to have scheduled an infant well-care visit.

3.7. Preventive Health/Cancer Prevention

Improving Preventive Health/Cancer Screenings

Preventive health and screenings are foundational to early detection and improved outcomes, particularly in underserved populations. Preventive health initiatives are most effective when they address both clinical access and non-clinical barriers to care, including communication, trust, and care coordination. Strengthening these elements supports earlier diagnosis and better population health outcomes. Cancer screening programs aimed to improve the quality and accessibility of preventive health services, which lead to an increased member participation in screenings. These programs were designed to raise awareness among both members and providers, address structural barriers, and offer training and process assessments to optimize clinic workflows. In 2025, efforts to improve preventive health screening performance included multi-gap member outreach in Fresno county, mobile mammography services, comprehensive provider education on updated screening guidelines paired with updated clinic flow and action planning, building effective relationships with screening partners, and creating culturally responsive patient education and outreach material to support informed participation in preventive care.

CalViva members who had multiple gaps were outreached to schedule their appointments and to address other barriers related to closing both breast and cervical cancer screening care gaps. To complement these efforts, educational resources such as tip sheets for breast cancer, cervical cancer, and chlamydia screenings were made available through the Provider Library.

The QI Team partnered with the mobile mammography vendor, Alinea, to address access challenges for CalViva members. This partnership enabled the successful completion of six mobile mammography events, held in Fresno County. These events resulted in 71 care gaps closed in Fresno County. Furthermore, the multi-gap HEDIS calls identified 28,604 CalViva members, resulting in 20,495 contact attempts and successful engagement with 6,778 members, yielding a reach rate of 33.07%.

This year, preventive health efforts focused on operationalizing updated screening guidance and improving equitable access to screening options. New educational collateral was developed to reflect updated cervical cancer screening guidelines which focused on self-administered testing, and chlamydia screening test options which focused on in-home screening tests. Additionally, workflows were established in collaboration with laboratory partners to support provider implementation.

Cervical cancer and chlamydia screening tip sheets were also updated to incorporate self-administered and in-home screening options. In preparation for 2026, culturally and linguistically appropriate colorectal cancer screening material was developed to advance screening across diverse racial and ethnic groups. This material is currently undergoing internal clinical review and approval.

In 2026, planning initiatives include mailing in-home screening colorectal cancer screening kits to members and developing targeted strategies in partnership with providers to increase timely colonoscopy follow-up. Direct relationships and ongoing engagement were established with radiology facilities to support breast cancer screening access and coordination and to address resource limitations and enhance service capacity.

Another key area where we grew was identifying community-based organizations to deliver equitable and culturally sensitive care, ensuring that preventive health services are accessible and relevant to all members. We will partner with community-based organizations in 2026 to address social determinants of health that impact screening and follow-up care while strengthening member engagement, knowledge, and trust. These strategies reflect a commitment to addressing systemic challenges while fostering inclusive, effective preventive health care.

3.8. Provider Engagement

Quality EDGE

Provider Engagement developed targeted action plans to improve MCAS measure rates for priority providers in Fresno, Kings, and Madera Counties. As of December 15, 2025, 91 Quality EDGE requests were approved, and CalViva allocated over \$511,000 to support provider and member initiatives. These initiatives included point-of-care member incentive gift cards, mobile mammography events, one-stop clinic events, and the provision of equipment and supplies.

CalViva also implemented member outreach through Family Unit HEDIS calls, prioritizing interventions across five strategic tracks:

- Data Analytics & Technology
- Member and Community Engagement
- Direct Care Interventions
- Physician/PPG Engagement
- Compliance and Operation

To strengthen accountability, Provider Engagement increased operational oversight, enabling corrective action plans and performance improvement projects for non-compliant providers. Providers were also encouraged to participate in the DHCS Equity and Practice Transformation Payments Program, offering additional resources for practice transformation.

Finally, a standardized data reconciliation process was fully implemented to address challenges related to data workflows, provider coding practices, and system issues impacting the timely receipt of evidence of member care.

3.9. Continuity/Coordination of Care (Behavioral and Nonbehavioral)

Improving continuity and coordination of care

Continuity and coordination of care between medical care and behavioral health care is an important aspect of care requiring focused and proactive assessment. A patient with a medical or surgical condition may have a behavioral complication or comorbidity. Similarly, a patient with a behavioral disorder may have a medical comorbidity, or there could be a medical implication. The delivery system may or may not have a mechanism to ensure the seamless transfer of information between medical and behavioral care. This lack of coordinated care models in the current health care industry can cause members to experience a delay or disruption in care.. The goals of the monitoring and evaluation process are to promote seamless, continuous, and appropriate care to members.

The CalViva Quality Improvement/Utilization Management (QI/UM) Committee provided oversight and guidance for CalViva's QI, Utilization Management (UM), and Credentialing Programs. The QI/UM Committee monitored the quality and safety of care and services rendered to members, identified clinical and administrative opportunities for improvement, recommended policy decisions, evaluated the results of QI and UM activities, and instituted needed actions.

Coordination of Care (Non-Medical):

CalViva used information at its disposal to facilitate continuity and coordination of medical care across its delivery system. CalViva utilized NCQA as a roadmap for improvement on how an organization can deliver high-quality care. Organizations use NCQA standards to perform a care gap analysis and align improvement activities with areas that are most important to DHCS/DMHC.. It provides a framework for implementing best practices to apply a QI process to improve key operational areas and is reported every two years for accreditation.

Opportunities for improvement identified included providing enhanced member and provider education, engaging both, and utilizing available resources. The NCQA QI.3C report will be completed in January 2026 and presented to CalViva QI Leadership. The update will be included in the 2026 mid-year work plan evaluation.

Coordination of Care (Behavioral):

In an effort to improve care coordination and exchange of information between medical and behavioral health providers, provider tip sheets and access to ADT reports have been made available to assist with timely follow up care for members. This is essential as it relates to members visiting the ED for a mental health or substance use issue.

3.10. Access, Availability, and Service and Satisfaction

Improve Provider Access, Availability, Satisfaction and Service

CalViva adheres to the timely access standards established by the Department of Managed Health Care (DMHC). Each year, DMHC requires the Providers Appointment Availability Survey (PAAS) to assess compliance. For measurement Year (MY) 2024, CalViva partnered with QMetrics to administer PAAS to a random sample of in network PCPs, Specialists, and ancillary providers from July through December. CalViva adopted DMHC's compliance benchmark of 70% for urgent and non-urgent appointment availability, aligning with industry standards.

After-Hours access is evaluated annually through telephonic Provider After-Hours Access Surveys (PAHAS) with a performance goal of 90%. Results indicated a need for improvement in several areas. Behavioral health providers, including psychiatrists and non-physicians' mental health professionals, were also surveyed via fax, phone, and email during the same period. In 2024, CalViva conducted its annual California Timely Access Enrollee Experience Survey (EES). The survey aimed to gather enrollees' perspectives on obtaining timely health care appointments, inform them of their rights to timely appointments and interpreter services, and evaluate the experiences of limited English proficient enrollees with interpreter services. Additionally, CalViva conducted a separate Provider Appointment Availability Survey to capture broader appointment access and meet NCQA reporting requirements.

Corrective Action Plan (CAPs)

Survey analysis identified deficiencies for MY 2024. CAPs and educational packets were issued to Provider Participating Groups (PPGs) and individual providers who did not meet timely access or after-hours standards. PPGs receiving CAPs were required to submit Improvement Plans (IPs), attest to notify non-compliant providers and attend a Timely Access webinar. Seven PPGs and six direct network providers received CAPs; twelve PPGs and twenty direct network providers received educational packets. All CAP-related IPs and attestations will be reviewed and closed. Providers will be notified of the CAP closure.

Training and Education

From July 23 to December 17, 2025, the Access and Availability team hosted ten Timely Access provider training webinars with 662 participants including 147 affiliated with CalViva. Training materials were enhanced to clarify DMHC survey guidelines. Providers were encouraged to share resources with staff, and self-paced training remains available on the Provider Portal. More than 80 questions were addressed during webinars, and presentations with FAQs distributed to attendees following the webinars.

Opportunities for 2026 include:

- Incentivize providers to improve and maintain access standards.

3.11. Health Education

Member Incentives

A total of 3,383 CalViva members participated in five-member incentive programs during Q1-Q2 2025. In total, \$84,575 worth of gift cards were distributed to members as awards. Of all the recipients, 100%,

were from Fresno County. There was a 33% increase in the total member incentive awards given during Q1-Q2 2025. Reporting for Q3 and Q4 2025 will be available in Q1 2026.

The 2025 Quality EDGE strategy was updated to reflect a reduced budget compared to 2024. With the discontinuation of supplemental Vaccine Response Funds (VRP), gift card incentives were limited to open-access or one-stop clinic events. This approach ensured that all incentives were deployed in alignment with action plans co-developed by providers and the CalViva provider engagement team. Gift cards were not distributed in Madera or Kings Counties during Q1-Q2 because no providers or groups in these counties requested incentives. Nevertheless, substantive action plans are still underway in these regions, as not all improvement activities require financial incentives to be effective.

Member Materials Management

A total of 22,627 pieces of member materials have been ordered for CalViva members. The pieces of member materials with the most orders were lead poisoning, diabetes, nutrition, and weight management/exercise. Providers were able to order materials using the online Health Education Material Order Form, while members can request materials to be ordered from their provider or by calling Member Services.

Health Education Information Line

A total of thirteen calls have been made to the Health Education Information Line in the CalViva service area. Two calls inquired about the asthma incentive program. Nine calls inquired about welcome calls and two calls were made regarding the health assessment forms.

Section 4: QI Reporting

4.1 Safety Monitoring of Potential Quality Issues (PQIs) (Work Plan Section IV Crosswalk -QI Activity)

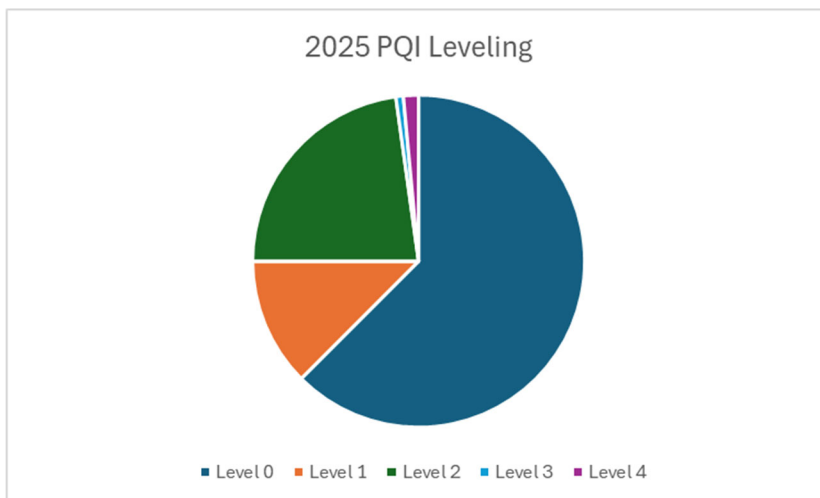
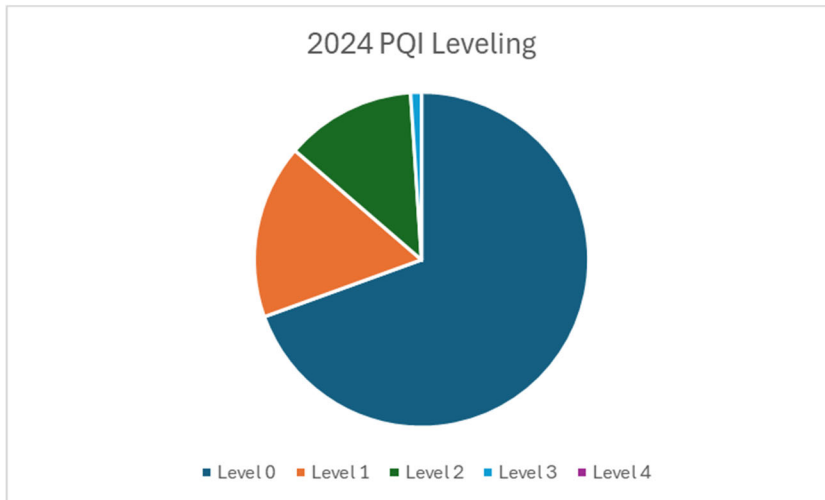
In 2025, CalViva received and closed 136 PQIs. All cases were completed within the regulatory turnaround time to maintain compliance with regulatory requirements. The following table shows the breakdown of leveling for cases. The plan used five severity levels for all PQIs:

- Level 0 – Investigation indicates no quality-of-care issue has occurred.
- Level 1 – Investigation indicates that a particular case demonstrated no potential for serious adverse effects.
- Level 2 – Investigation indicates that a particular case demonstrated a minimal potential for serious adverse effects.
- Level 3 – Investigation indicates that a particular case has demonstrated a moderate potential for serious adverse effects.
- Level 4 – Investigation indicates that a particular case has demonstrated a significant potential for serious adverse effects.

Table 4.1 2024-2025 PQI Cases

PQI Level	2024	2025
Level 0	198	85
Level 1	48	17

Level 2	36	31
Level 3	3	1
Level 4	0	2
Total Cases	285	136



4.2 Vendor Oversight

The Vendor Oversight team ensured delegated vendors supporting the plan were compliant with contractual and regulatory requirements. This was accomplished via ongoing monitoring and auditing.

2025 Delegated Vendor Auditing and Monitoring Summary

- Delegated Credentialing – American Specialty Health (ASH) and Centene Vision were delegated for Credentialing.
 - The Centene Vision and ASH audits have not been finalized.

- Delegated Utilization Management (UM) – American Specialty Health (ASH), TurningPoint and Evolent were delegated for UM.
 - The ASH and TurningPoint audits have not been finalized.
 - The Evolent audit resulted in no UM findings. However, there were two opportunities for improvement identified related Administrative Denial letters and the use of a California Licensed Physician.
- Delegated NEMT/NMT Services – ModivCare was delegated for NMT/NEMT services.
 - The semi-annual scorecard evaluation of ModivCare resulted in a 95% compliance rate with the requirement to have a Provider Certification Statement (PCS) form/Authorization on file prior to providing transportation. ModivCare’s CAP related to this requirement has been closed. ModivCare’s annual audit has not been finalized.

2026 Delegated Vendor Auditing and Monitoring Plan

Delegated Vendor	Description of Services	Proposed Audit & Monitoring Schedule
Evolent Specialty Services	Advanced Radiology Services	Annual Audit: TBD
American Specialty Health (ASH)	Acupuncture Services	Annual Audit: TBD
ModivCare	Transportation Services: Non-Medical & Non-Emergency (NMT & NEMT)	Annual Audit: TBD
TurningPoint Healthcare Solutions	Musculoskeletal Surgical, Cardiac Procedures	Annual Audit: TBD
Centene Management Company	Utilization Management, Claims, Member Services	Annual Audit: TBD
Centene Vision Services (Envolve Vision)	Vision Benefits Manager (Optometry & Ophthalmology)	Annual Audit: TBD

Section 5: Summary of Key Accomplishments

The 2025 reporting year was a productive year for CalViva’s QIHed Program. The following is a summary of some of the key QIHed interventions and accomplishments for this period.

Health Education:

- The Plan promoted a newly developed digital resource which included QR codes and links to health education resources for members.
- The Plan worked with Member Services to inform members of health education materials and programs that are available to them. The Plan reviews/assess call logs and final wrap up comments to help address any questions or concerns.
- The Plan reviewed and updated health education materials as needed, following DHCS guidelines, and promoted digital ordering and print distribution of required and high-volume topic articles.

- Continued partnership and promotion of BCS and CCS screenings via partnerships with community-based organizations such as Every Woman Counts.
- Promoted Kick It California tobacco cessation program in the member newsletter and at various meetings.
- Received DHCS approval for the new Diabetes Prevention Program (DPP) with vendor Diabetes Care Partners (DCP).
- Completed 1 member mailing to promote the new DPP program.
- Completed 1 email campaign to promote the new DPP program.
- Successfully implemented the transition from myStrength Program to the Teladoc Mental Health (Digital Program).
- Completed a member material assessment and converted the material to Krames content.
- Reviewed and approved 10 in-house health education materials.
- Updated the health education materials tracker to include health education material review requests.
- Expanded the Krames Online Library to include videos and interactive tools to enhance the member experience.
- Expanded the Digital Health Education Resource to support patients to include resources in English and Spanish.
- A total of 33 members were referred to local organizations using FindHelp and 24 of the referrals have received a response.

Quality Indicators and Ratings for MY 2024

- Fresno, Kings, and Madera counties all met 100% of the Chronic Conditions measures MPL – 50th percentile (CBP and Diabetes Poor Control).
- Fresno, Kings, and Madera Counties met 100% of the Adult Preventive Care/Cancer Prevention Measures MPL - 50th percentile (CHL, BCS, and CCS, and AISE Flu).
- Madera County met the MPL - 50th percentile for 100% of all non-behavioral health measures including Children's Health and Pharmacy measures.
- Fresno, Kings, and Madera counties all met 100% of the Perinatal/Reproductive Care measures MPL - 50th percentile (PPC).
- CalViva scored 100% for BH PAAS by Risk Rating measures.

Regulatory Requirements and Submissions

- High Volume Physical Accessibility Review Survey (PARS) report was submitted to DHCS in January 2025.
- The Clinical Improving Infant Well-Child Visits (W30-6+) Among Black or African American Infants in Fresno County PIP Steps 1-8 were submitted to HSAG in August 2025 with two Intervention Worksheets. Minor revisions were submitted in October 2025. CalViva received a high confidence validation for Steps 1-8, and a moderate confidence validation for significant improvement.
- The Kings County Comprehensive Quality Improvement & Health Equity Process for the children's health domain submitted first progress submission in June 2025 and the second progress submission in October 2025.
- The Kings County Comprehensive Quality Improvement & Health Equity Process for the chronic disease domain submitted the first progress submission in July 2025 and the second progress submission in November 2025.

- The Madera County Behavioral Health Lean Quality Improvement & Health Equity Process A-3 updated plan was submitted to DHCS in February 2025 and the final Progress report was submitted in November 2025.
- The Fresno County Transformational Quality Improvement & Health Equity Process submitted the first progress submission in July 2025 and the second progress submission in October 2025.
- The Fresno County Comprehensive Quality Improvement & Health Equity Process for the chronic disease domain submitted the first progress submission in July 2025 and the second progress submission in November 2025.
- The Children's Health Equity Collaborative with IHI deliverables for Phase 1 (post-intervention reports and storyboards) and Phase 2 (baseline assessment and quarterly report) were submitted to the Institute for Healthcare Improvement (IHI) in January, March, October, and December 2025.
- The Non-Clinical Behavioral Health PIP SUD/SMH Steps 1-8 were submitted to HSAG in Q3 2025. In December, CalViva received a high confidence validation for Steps 1-8 and for significant improvement.

Quality Improvement Initiatives

- Continued pilot of tracking high volume, low performing providers for Initial Health Appointments (IHA) in collaboration with the Provider Engagement team on a quarterly cadence. The overall YTD performance for High Volume low performing providers increased by 2.86%.
- Completed 40 PARS in 2025 for Fresno, Kings, and Madera counties.
- Results from annual regulatory CAHPS Survey (2025 results): In MY 2024, the Rating of Health Plan and Customer Service met and exceeded the 25th QC percentile benchmark. Care Coordination also achieved the 25th percentile QC benchmark. Additionally, the composites for Getting Needed Care and How Well Doctors Communicate showed directional improvement compared to MY 2023.
- Successfully prepared and coordinated all needed requirements for CalViva to launch the regulatory CAHPS in Q1 2025. Beginning in 2026, the health plan will administer the Child CAHPS survey in addition to the Adult CAHPS survey.
- Conducted a total of 10 provider Timely Access webinars sessions in 2025 statewide, with a total of 147 attendees with identified CalViva affiliation.
- Pediatric/Children's Health: CalViva partnered with Black Infant Health (BIH), referring 603 members during initial intervention cycles. In 2025, 46 CalViva members were enrolled in BIH, achieving a 47.7% reach rate among prenatal and postpartum members.
- CalViva is currently engaged in a plan wide provider training on IHA Best Practices that includes IHA visit compliance requirements. For YTD, there were 1,353 provider trainings. However, IHA visit completion rates within 120 days declined to 6.14% compared to Q4 2024 particularly impacted by ICE/immigration enforcement across the state and members expressing fear of answering phone calls or attending in-person appointments. CalViva continued to collaborate with Provider Engagement on a quarterly cadence to identify low performing providers and address barriers and reinforce best practices.
- In Q1, the Plan trained Provider Engagement on LSC requirements including anticipatory guidance documentation and provided California Department of Public Health resources and materials to be shared with providers and members. In Q2, the Anticipatory Guidance new methodology was implemented to include well-child visits as a proxy. The anticipatory guidance compliance rate for CalViva increased by 19.20% compared to Q1's rate. In Q2, FSR/MRR was included in the quarterly DHCS Compliance Summary Reports. The FSR/MRR compliance rate was 100%.

- DHCS approval of vendor contract and coordinating materials to administer in-home A1c kits to Medi-Cal members fall under the TCPA Act, thereby allowing targeted outreaches to CalViva members in 2026 for direct care gap close.
- 1,196 CalViva members with asthma were targeted over the course of MY 2025 for motivational interviewing calls around asthma management with 20% of therapeutic medication review completed.

Quality Improvement Department and Program

- Implemented Quality EDGE in collaboration with Provider Engagement and Medical Affairs targeting priority providers and PPGs in Fresno, Kings, and Madera counties.
- Quality EDGE funding supported more than 91 activities to close care gaps in CalViva counties in 2025. Activities included equipment for providers, technology support, direct care services (one-stops/expanded hours and mobile mammography), and member and provider staff incentives.

Section 6: Annual QIHed Program Changes

Based on this evaluation, the QIHed Program effectively meets safe clinical practice goals, has adequate resources, and a strong QI Committee structure, which includes productive practitioner participation and effective leadership. Program Owners and Drivers (PODs) continue to gain efficiency across various teams, streamline operations, and reduce duplication within and across teams and programs. The purpose of the team PODs is to improve the design and group of programs to achieve strategic outcomes and goals, foster collaboration and align teams, and create more opportunities for innovation and growth. Quality Management will continue to leverage health plan materials, activities, and reporting along with its internal processes to improve care and services for CalViva members.

In Q3, the Clinical Vendor Management Team (overseeing vendors providing telehealth, utilization management reviews, shared-decision making programs, etc.) was transitioned from the population health team and merged with quality team operations to streamline vendor management. The team continues to ensure established vendors are meeting terms of their contracts, measure performance, address issues, measure return on investment (ROI), assess organizational needs and onboard new vendors, etc.

Appendix

Table A-1. Performance Goals

Standard	Goal
DHCS Managed Care Accountability Set (MCAS) HEDIS Measures	NCQA QC National 50th Percentile
Behavioral Health MCAS HEDIS Measures	NCQA QC National 50th Percentile
Hospital Care/Patient Safety	YOY directional improvement for % network hospitals meeting Hospital-Acquired Infections and Nulliparous, Term, Singleton, Vertex C-section rate targets
CAHPS	YOY directional improvement and/or NCQA QC National 25th Percentile (stretch goal)
Provider Access and Availability and Satisfaction Surveys	YOY directional improvement or 70 or 90 Percentage Rate (%).

Table A-2. MY 2023 MCAS Measures Above 50th Percentile by County

CalViva Counties	Fresno	78%	Overall 76%
	Kings	61%	
	Madera	89%	

Table A-3. Summary of RY 2024 Outcomes by Category

Category	Medi-Cal	
	N	Rate %
Adult Chronic Care	6/6	100%
Adult Preventive Care/Cancer Prevention	6/6	100%
Adult Survey (CAHPS)^	3/9	33.33%
Behavioral Health	4/12	33.33%
Children's Health	17/24	70.83%
Hospital Care/Patient Safety	9/9	100%
Pharmacy*	3/3	100%
Provider Access and Availability and Satisfaction Surveys	113/162	69.08%
Reproductive Health	9/9	100%
Total	152/225	67.56%

^ In 2025, CalViva conducted the regulatory CAHPS survey with final results available in August 2025.

Table A-4. Summary of Opportunities

Based on results, the following performance measures are areas of focus for improvement for CalViva.

Adult Health Opportunities	Reproductive Health Opportunities
Chronic Care: - Controlling High Blood Pressure - Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control Pharmacy: - Asthma Medication Ratio (NCQA retired this measure) Preventive Health/Cancer Prevention: - Breast Cancer Screening	N/A
	Children's Health Opportunities - Childhood Immunization Status - Combo 10 - Well-Child Visits in the First 30 Months of Life - 0 to 15 Months - Well-Child Visits in the First 30 Months of Life - 15 to 30 Months - Child and Adolescent Well-Care Visits - Lead Screening in Children - Developmental Screenings in the First 3 Years of Life
Behavioral Health Opportunities	
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) - Follow-Up After Emergency Department Visit for Mental Illness (FUM) New opportunities identified by DHCS (currently not being held to the MPL): - Depression Remission or Response for Adolescents and Adults (DRR-E) - Initiation and Engagement of Substance Use Disorder Treatment (IET) - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotic Medications (APP)	
Hospital Care/Patient Safety Opportunities	
Hospital performance on HAIs and C-section rates: Methicillin-resistant Staphylococcus aureus (MRSA), <i>Clostridioides difficile</i> (C.Diff), and NTSV C-section rates.	
Member Experience – CAHPS Opportunities	
CAHPS Measures: - Getting Needed Care Composite - Getting Care Quickly Composite - How Well Doctors Communicate Composite - Overall Rating Measures (Personal Doctor, Specialist, All Health Care)	

Provider Survey Opportunities

PAAS Survey Measures:

- Access to PCPs
- Access to Specialists
- Access to Ancillaries
- Access to Psychiatry and Non-Physician Mental Health
- Telephone Access: Provider call-back for non-urgent issues during normal business hours

PAHAS Survey Measures:

- Appropriate After-Hours Emergency Instructions
- Ability to Contact On-Call Physicians After-Hours

Provider Satisfaction Survey:

- All Provider Satisfaction Survey Access Measures
- Behavioral Health Practitioners Survey Access Measures: Routine Care, Urgent Care, Non-Life-Threatening Emergent Care, and Coordination of appointments with an interpreter Standards.
- All BH Experience of Care and Health Outcomes (ECHO) measures

Table A-5. County Level MCAS HEDIS Outcomes for MY 2023 – MY 2024

Fresno	HEDIS Measure	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	*QC MY 2024 Nat'l 50 th Percentile	Outcome Met (Y/N)
Adult Chronic Care						
CBP	Controlling High Blood Pressure	64.29%	68.92%	↑	64.48%	Y
CDC/HBD	Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (<8%) (inverted)	35.31%	24.04 %	↑	33.33%	Y
Adult Preventive Care/Cancer Prevention						
BCS	Breast Cancer Screening	57.87%	N/A	-	-	-
BCS-E^	Breast Cancer Screening-E	N/R	59.99%	-	52.68%	Y
CCS	Cervical Cancer Screening	60.55%	66.30 %	↑	55.95%	Y
Children's Health						
CIS-10	Childhood Immunization Status - Combo 10	27.74%	29.17%	↑	27.49%	Y
IMA-2	Immunizations for Adolescents - Combo 2	36.06%	39.60 %	↑	34.30%	Y
LSC	Lead Screening in Children	56.69%	68.66%	↑	63.84%	Y
DEV^	Developmental Screening in the First Three Years of Age	24.08%	40.36%	↑	37.70%	Y
TFL-CH^	Topical Fluoride in Children	19.21%	23.77%	↑	19.00%	Y

W30-6+^	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months	56.65%	59.39%	↑	60.38%	N
W30-2+^	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	65.01%	67.70%	↑	69.43%	N
WCV^	Child and Adolescent Well-Care Visits	51.57%	54.17 %	↑	51.81%	Y
Pharmacy						
AMR^	Asthma Medication Ratio	63.66%	67.62 %	↑	66.24%	Y
Reproductive Health						
CHL^	Chlamydia Screening in Women	61.35%	64.83%	↑	55.95%	Y
PPC	Prenatal and Postpartum Care – Postpartum Care	82.10%	83.90%	↑	80.23%	Y
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	90.39%	90.40%	↑	84.55%	Y
Kings	HEDIS Measure	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	*QC 2024 Nat'l 50th Percentile	Outcome Met (Y/N)
Adult Chronic Care						
CBP	Controlling High Blood Pressure	71.04%	79.00%	↑	64.48%	Y
CDC/HBD	Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (<8%) (inverted)	30.79%	23.00%	↓	33.33%	Y
Adult Preventive Care/Cancer Prevention						
BCS	Breast Cancer Screening	61.90%	N/A	-	-	-
BCS-E	Breast Cancer Screening	N/R	64.39%	-	52.68%	Y
CCS	Cervical Cancer Screening	61.10%	66.00	↑	57.18%	Y
Children's Health						
CIS-10	Childhood Immunizations Status – Combo 10	19.83%	14.00%	↓	27.49%	N
IMA-2	Immunizations for Adolescents - Combo 2	31.39%	35.77%	↑	34.30%	Y
DEV^	Developmental Screening in the First Three Years of Age	3.36%	7.48%	↑	35.70	N
TFL-CH^	Topical Fluoride in Children	9.63%	19.46%	↑	19.00%	Y
LSC	Lead Screening in Children	58.64%	64.00%	↑	63.84%	Y

W30-6+^	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months	57.44%	58.25%	↑	60.38%	N
W30-2+^	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	53.74%	59.91 %	↑	69.43%	N
WCV^	Child and Adolescent Well-Care Visits	41.79%	49.28 %	↑	51.81%	N
Pharmacy						
AMR^	Asthma Medication Ratio	59.29%	76.86 %	↑	66.24%	Y
Reproductive Health						
CHL	Chlamydia Screening in Women	64.11%	65.81%	↑	55.95%	Y
PPC	Prenatal and Postpartum Care - Postpartum Care	83.84%	87.00%	↑	80.23%	Y
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	91.27%	92.00 %	↑	84.55%	Y
Madera	HEDIS Measure	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	*QC 2024 Nat'l 50th Percentile	Outcome Met (Y/N)
CBP	Controlling High Blood Pressure	71.04%	72.00%	↑	64.48%	Y
CDC/HBD	Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (<8%) (inverted)	30.79%	23.00 %	↑	33.33%	Y
Adult Preventive Care/Cancer Prevention						
BCS	Breast Cancer Screening	63.15%	N/A	-	-	-
BCS-E^	Breast Cancer Screening-E	N/R	58.50%	-	52.68%	Y
CCS	Cervical Cancer Screening	68.37%	70.00%	↑	57.18%	Y
Children's Health						
CIS-10	Childhood Immunization Status - Combo 10	47.45%	39.00%	↓	27.49%	Y
IMA-2	Immunizations for Adolescents - Combo 2	47.32%	52.29%	↑	34.30%	Y
DEV^	Developmental Screening in the First Three Years of Age	57.47%	66.04%	↑	35.70%	Y
LSC	Lead Screening in Children	78.10%	93.00%	↑	63.84%	Y
TFL-CH^	Topical Fluoride in Children	33.83%	27.66%	↓	19.00%	Y
W30-6+^	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months	63.70%	72.89%	↑	60.38%	Y

W30-2+^	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	79.19%	78.64%	↓	69.43%	Y
WCV^	Child and Adolescent Well-Care Visits	65.02%	63.17%	↓	51.81%	Y
Pharmacy						
AMR^	Asthma Medication Ratio	72.20%	74.41%	↑	66.24%	Y
Reproductive Health						
CHL ^	Chlamydia Screening in Women	62.08%	66.96%	↑	55.95%	Y
PPC	Prenatal and Postpartum Care - Postpartum Care	80.10%	87.00 %	↑	80.23%	Y
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	90.82%	93.00 %	↑	84.55%	Y

*Percentile based on Quality Compass (QC) 2024 National HMO benchmarks for MY 2024 MCAS. Outcomes met for regional performance are based on the DHCS MPL at the 50th percentile.

^ rate trend based on directional changes to rates year over year.

NT Not trendable year over year due to significant differences in NCQA technical specifications.

N/R Not reported.

^Administrative rate only

Table A-6. Progress to MY 2023 Goals – Behavioral Health Outcomes (HEDIS)

Fresno	HEDIS Measure	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	*QC 2024 Nat'l 50 Percentile Rate	Outcome Met (Y/N)
~FUM7	Follow-Up Within 7 Days After Emergency Department Visit for Mental Illness	6.42 %	25.32 %	↑	38.62 %	N
~FUM30	Follow-Up Within 30 Days After Emergency Department Visit for Mental Illness	13.96 %	42.94 %	↑	53.82 7%	N
~FUA7	Follow-Up Within 7 Days After Emergency Department Visit for Substance Use	8.52 %	18.78 %	↑	24.00 %	N
~FUA30	Follow-Up Within 30 Days After Emergency Department Visit for Substance Use	15.02 %	29.47 %	↑	36.18 %	N
Kings	HEDIS Measure	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	*QC 2024 Nat'l 50 Percentile Rate	Outcome Met (Y/N)

~FUM7	Follow-Up Within 7 Days After Emergency Department Visit for Mental Illness	26.37 %	51.59 %	↑	38.62 %	Y
~FUM30	Follow-Up Within 30 Days After Emergency Department Visit for Mental Illness	37.91 %	64.96 %	↑	53.82 %	Y
~FUA7	Follow-Up Within 7 Days After Emergency Department Visit for Substance Use	16.03 %	28.57 %	↑	24.00 %	Y
~FUA30	Follow-Up Within 30 Days After Emergency Department Visit for Substance Use	21.15 %	36.64 %	↑	36.18 %	Y
Madera	HEDIS Measure	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	*QC 2024 Nat'l 50 Percentile Rate	Outcome Met (Y/N)
~FUM7	Follow-Up Within 7 Days After Emergency Department Visit for Mental Illness	10.11 %	26.60 %	↑	38.62 %	N
~FUM30	Follow-Up Within 30 Days After Emergency Department Visit for Mental Illness	22.47 %	47.70 %	↑	53.82 %	N
~FUA7	Follow-Up Within 7 Days After Emergency Department Visit for Substance Use	9.68 %	15.78 %	↑	24.00 %	N
~FUA30	Follow-Up Within 30 Days After Emergency Department Visit for Substance Use	17.20 %	30.70 %	↑	36.18 %	N

*Percentile based on Quality Compass (QC) 2024 National HMO benchmarks for MY 2024 MCAS. Outcomes met for regional performance are based on the DHCS MPL at the 50th percentile.

^ rate trend based on directional changes to rates year over year.

^{NT}Not trendable year over year due to significant differences in NCQA technical specifications.

^{N/R} Not reported.

^Administrative rate only

Table A-7. Regulatory CAHPS Survey

CAHPS Measures	MY 2023 (%)	MY 2024 (%)	^ Rate Trend	Baseline Source (Source: For 2024 - Quality Compass MY 2024 25 th Percentile)	**Outcomes Met (Y/N)
Getting Needed Care	73.50%	75.9%	↑	78.6%	N
Getting Care Quickly	N/R	78.6%	-	78.9%	N
How Well Doctors Communicate	90.2%	90.6%	↑	91.9%	N
Customer Service	N/R	90.5%	-	87.2%	Y
Coordination of Care	N/R	87.2%	-	83.0%	Y
Rating of All Health Care	76.87%	72.4%	↓	72.6%	N
Rating of Personal Doctor	81.38%	80.7%	↓	80.9%	N
Rating of Health Plan	81.98%	79.5%	↓	74.8%	Y
Rating of Specialist	N/R	77.8%	-	79.5%	N

^ In 2025, CalViva conducted the regulatory CAHPS survey with final results available in August 2025.

N/R Non-reportable data due to small sample size (n<100).

** Outcome met Y/N based on Quality Compass MY 2024 25th Percentile.

Provider Appointment Availability Survey (PAAS)

Table A-8. PAAS (DMHC PAAS + Non-DMHC Medi-Cal Questions) – Access to PCPs

Access Measure and Standard (Performance Goal = 70%)										
County	Urgent Care Appointment within 48 hours of request (PCP)		Non-Urgent Appointment within 10 business days of request (PCP)		Access to Preventive Health Check-Up/Well-Child Appointment within 10 business days of request (PCP)		Access to Physical Exams and Wellness Checks within 30 calendar days of request (PCP)		Access to First Prenatal Appointment within 2 weeks of request (PCP)	
	N (Rate %)									
	MY 2024	MY2023	MY 2024	MY2023	MY 2024	MY2023	MY 2024	MY2023	MY 2024	MY2023
Fresno (including Tulare)	360 (81.4)	375 (79.7↑)	377 (88.6)	389 (89.5)	272 (82.7)	273 (87.5)	255 (88.2)	274 (92.3)	88 (87.5↑)	82 (80.5)
Inyo	6 (83.3*)	N/A	7 (85.7*)	N/A	2 (100.0*)	N/A	1 (100.0*)	N/A	1 (100.0)	N/A

Kern	186 (73.7)	127 (75.6)	192 (86.5↑)	131 (80.2)	88 (67.0↓)	79 (77.2)	72 (81.9↓)	78 (92.3)	22 (86.4↓)	23 (91.3)
Kings	29 (58.6↓)	45 (80.0)	30 (76.7↓)	46 (87.0)	35 (77.1↑)	34 (70.6)	35 (85.7)	34 (85.3)	14 (92.9↑)	20 (75.0)
Madera	51 (72.5↓)	40 (80.0)	51 (96.1↑)	47 (78.7)	24 (83.3↓)	35 (91.4)	23 (95.7)	34 (94.1)	6 (83.3*↓)	10 (100)
Mariposa	4 (100.0*)	3 (100.0*)	4 (75.0↓*)	4 (100.0*)	4 (0.0*↓)	3 (100.0*)	4 (75.0*↓)	3 (100.0*)	N/A	3 (100.0*)
Merced	5 (80.0*)	9 (66.7*)	5 (20.0↑*)	10 (10.0)	9 (33.3*↑)	5 (20.0*)	6 (16.7*)	5 (20.0*)	3 (100.0*↑)	4 (75.0*)
Mono	3 (66.7*)	N/A	3 (66.7*)	N/A	2 (100.0*)	N/A	2 (100.0*)	N/A	1 (0.0*)	N/A
Tuolumne	9 (55.6*)	N/A	10 (60.0)	N/A	8 (50.0*)	N/A	7 (57.1*)	N/A	N/A	N/A
Overall	653 (77.2%)	599 (78.8%)	679 (86.9%)	627 (85.3%)	444 (77.0%)	429 (83.9%)	405 (85.7%)	428 (91.1%)	135 (87.4%)	142 (83.1%)

N – Total number respondents to the question

Rate - Percent of total number of respondents surveyed who met the access standard

↑↓ Statistically significant difference between MY 2024 PAAS vs MY 2023 PAAS (p<0.05)

* - Denominator less than 10

Table A-9. PAAS (DMHC + CalViva) – Access to Specialists (All)

Access Measure and Standard (Performance Goal = 70%)						
County	Urgent Care Appointment within 96 hours of request (All Specialists)		Non-Urgent Appointment within 15 business days of request (All Specialists)		Access to First Prenatal Appointment within 2 weeks of request (Ob/Gyn)	
	N (Rate %)					
	MY 2024	MY2023	MY 2024	MY2023	MY 2024	MY2023
Fresno (including Tulare)	150 (49.3↓)	159 (55.3)	158 (69.0)	162 (64.8)	10 (80.0)	12 (83.3)
Kern	70 (62.9)	54 (61.1)	82 (67.1↑)	56 (57.1)	N/A	N/A
Kings	27 (33.3↓)	17 (41.2)	32 (78.1↑)	19 (52.6)	N/A	3 (66.7*)
Madera	49 (46.9↓)	54 (61.1)	58 (53.4↓)	64 (62.5)	2 (0.0*↓)	5 (100.0*)
Mariposa	1 (0.0*)	N/A	2 (50.0*)	N/A	N/A	N/A
Merced	5 (60.0*↓)	4 (75.0*)	5 (80.0*↑)	4 (75.0*)	N/A	N/A
Mono	N/A	N/A	5 (40.0*)	N/A	N/A	N/A

Tuolumne	4 (50.0*↑)	3 (33.3*)	6 (50.0*↑)	3 (0.0*)	N/A	N/A
San Luis Obispo	N/A	1 (100.0*)	N/A	1 (100.0*)	N/A	N/A
Overall	306 (50.7%↓)	292 (56.8%)	348 (66.1%)	309 (61.8%)	12 (66.7%↓)	20 (85.0%)

N – Total number respondents to the question

Rate - Percent of total number of respondents surveyed who met the access standard

↑↓ Statistically significant difference between MY 2024 PAAS vs MY 2023 PAAS (p<0.05)

* - Denominator less than 10

Note: All Specialists include DMHC PAAS (10 specialty types + additional specialty types surveyed in EAS to meet DHCS requirements)

Table A-10. PAAS (DMHC) – Access to Ancillary

PAAS (DMHC)			
Access Measure and Standard		Non-Urgent Services within 15 business days of request (Ancillary)	
County	Performance Goal	MY 2024 N (Rate %)	MY2023 N (Rate %)
Fresno (including Tulare)	70%	9 (77.8)	21 (85.7)
Kings	70%	7 (100.0)	3 (66.7*)
Madera	70%	2 (100.0)	2 (100.0*)
Kern	70%	2 (100.0)	19 (94.7)
Merced	70%	N/A	N/A
Monterey	70%	3 (100.0)	N/A
San Luis Obispo	70%	2 (100.0)	2 (100.0*)
Overall	70%	25 (92.0%)	47 (89.4%)

N – Total number respondents to the question

Rate - Percent of total number of respondents surveyed who met the access standard

↑↓ Statistically significant difference between MY 2024 PAAS vs MY 2023 PAAS (p<0.05)

N/A – No available responses

* - Denominator less than 10

Table A-11. PAAS (DMHC) – Access to Psychiatry and Non-Physician Mental Health

PAAS (DMHC)										
Access Measure and Standard (Performance Goal = 70%)										
County	Urgent Care services within 96 hours of request (Psychiatrist)	Non-Urgent Appointment within 15 business days of request (Psychiatrist)			Urgent Care services within 96 hours of request (NPMH)	Non-Urgent Appointment within 10 business days of request (NPMH)			Non-urgent follow up appointment within 10 business days of request (NPMH)	
	N (Rate %)									
	MY 2024	MY 2023	MY 2024	MY 2023	MY 2024	MY 2023	MY 2024	MY 2023	MY 2024	MY 2023
Fresno (including Tulare)	7 (57.1*)	7 (57.1*)	8 (87.5*↑)	8 (50.0*)	248 (85.1↑)	108 (78.7)	258 (95.0↑)	122 (81.1)	275 (96.4↑)	125 (80.8)
Kings	N/A	N/A	N/A	N/A	23 (73.9↓)	8 (87.5*)	23 (73.9)	9 (77.8*)	23 (87.0↑)	9 (66.7)
Madera	N/A	N/A	N/A	N/A	28 (85.7)	12 (83.3)	28 (100.0)	13 (92.3)	28 (100.0↑)	14 (78.6)
Telehealth	N/A	3 (66.7*)	N/A	3 (66.7*)	6 (100.0*↑)	16 (87.5)	9 (100.0*)	18 (94.4)	13 (100.0↑)	18 (94.4)
Overall	7 (57.1%)	10 (60.0%)	8 (87.5%)	11 (54.5%)	305 (84.6%)	144 (80.6%)	318 (94.0%↑)	162 (83.3%)	339 (96.2%↑)	166 (81.3)

N – Total number respondents to the question

Rate - Percent of total number of respondents surveyed who met the access standard

↑↓ Statistically significant difference between MY 2024 PAAS vs MY 2023 PAAS (p<0.05)

N/A – No available responses

* - Denominator less than 10

CalViva Telephone Access Survey

Table A-12. CalViva Telephone Access Survey – MY 2024 CalViva

Access Measure	Standard	Goal	County	MY 2024 N (Rate)	MY 2023 N (Rate)
Telephone Answer Time	Within 60 seconds	90%	Fresno	125 (100.0)	366 (99.5)
			Kings	11 (100.0)	68 (100.0)
			Madera	11 (100.0)	53 (100.0)
			Total	147 (100.0)	487 (99.6)
Provider Call-back for non-urgent issues during normal business hours	Within one business day	90%	Fresno	314 (52.5)	274 (58.8)
			Kings	38 (31.6)	34 (64.7)
			Madera	28 (71.4)	35 (100.0)
			Total	380 (51.8)	343 (63.6)

N - Total number of respondents to the survey question

Provider In-Office Wait Time

Table A-13 MY 2024 CalViva In-Office Wait Time Survey for PCPs

Performance Goal = 70%			
County	Wait Time Upon Arrival After Set Appointment Time (<30 Minutes)		
	Numerator	Denominator	Rate
Fresno (including Tulare)	222	314	70.7%
Kings	27	38	71.1%
Madera	19	28	67.9%
Total	268	380	70.5%

Table A-14 MY 2024 CalViva In-Office Wait Time Survey for Specialist

Performance Goal = 70%			
County	Wait Time Upon Arrival After Set Appointment Time (<30 Minutes)		
	Numerator	Denominator	Rate
Fresno (including Tulare)	22	28	78.6%
Kings	8	12	66.7%
Madera	11	13	84.6%
Total	41	53	77.4%

Provider Satisfaction Survey - Satisfaction with Timely Access Regulations

Medical/Non-Behavioral Health

Table A-15. CalViva Provider Satisfaction Survey (PSS) Survey (% Satisfied/Very Satisfied) – Overall Results

Metric	2024		2023	
	N	Rate (%)	N	Rate (%)
Access and Availability (Composite)	124	68.5	84	78.1
Referral and/or prior authorization process necessary for your patients to access covered services	113	67.3	82	80.5
Access to Urgent Care	93	72.0	59	74.6
Access to non-urgent primary care	99	67.7	69	82.6
Access to non-urgent specialty services	103	68.9	72	73.6
Access to non-urgent ancillary diagnostic and treatment services	107	69.2	70	78.6
Access to current and accurate provider directory data	106	66.0	71	78.9

Table A-16. CalViva PSS Survey Results (% Satisfied/Very Satisfied) – by County

Access Measure	Source	Fresno		Kings		Madera	
		MY 2024 N (%)	MY 2023 N (%)	MY 2024 N (%)	MY 2023 N (%)	MY 2024 N (%)	MY 2023 N (%)
Referral and/or prior authorization process	CalViva Provider Satisfaction Survey	112 (71)	76 (86)	18 (50) *	6 (40) *	7 (50) *	11 (64) *
Access to urgent care		112 (76)	76 (79)	18 (62) *	6 (50) *	7 (50) *	11 (67) *
Access to non-urgent primary care		112 (71)	76 (87)	18 (57) *	6 (50) *	7 (50) *	11 (75) *
Access to non-urgent specialty services		112 (73)	76 (76)	18 (53) *	6 (50) *	7 (50) *	11 (75) *
Access to non-urgent ancillary diagnostic & treatment services		112 (73)	76 (82)	18 (56) *	6 (50) *	7 (50) *	11 (78) *
Access to current and accurate provider directory data		112 (70)	76 (79)	18 (50) *	6 (60) *	7 (50) *	11 (88) *

* Rates calculated with small denominator size (≤ 30), and therefore comparisons and conclusions should be made with caution.

N/A – Not Applicable for measurement year

Table A-17. MY 2024 Cultural and Linguistic Services CalViva PSS Survey Results

Access Measure	Source	MY 2024 N (%)	MY 2023 N (%)
How does your office support language assistance for limited-English proficient (LEP) patients?			
Bilingual staff	CalViva Provider Satisfaction Survey	115 (80.9)	70 (68.6)
Bilingual doctors		115 (64.4)	70 (14.3)
Telephone interpreter		115 (56.5)	70 (4.3)
Request patient to bring someone		115 (29.6)	70 (10.0)
Professional interpreter service (face to face)		115 (23.5)	70 (2.9)
If you use bilingual staff to provide language assistance for LEP patients, how do you confirm their language proficiency?			
Observe language interaction with patients	CalViva Provider Satisfaction Survey	104 (59.6)	64 (31.3)
Use professional language assessment tool		104 (31.7)	64 (14.1)
Use a self-assessment tool		104 (29.8)	64 (20.3)
Do not confirm language proficiency		104 (8.7)	64 (7.8)
Other		104 (20.2)	64 (26.6)
In the last 24 months, have you taken any of the following competency training courses?			

A total of at least 2 CME credits in cultural competency training	CalViva Provider Satisfaction Survey	79 (48.1)	34 (20.6)
At least 50 minutes of cultural competency training provided by a health plan, provider group, or vendor/partner		79 (38.0)	34 (26.5)
Industry Collaborative Effort for Health (ICE for Health)'s cultural competency training		79 (36.7)	34 (14.7)
Module 1 or more of 'A Physician's Practical Guide to Culturally Competent Care' by the Office of Minority Health website		79 (32.9)	34 (29.4)
Certification program in cultural competency		79 (19.0)	34 (8.8)
Do you have any perspective or concerns with the coordination of appointments with an interpreter offered through the health plan?			
N/A - I have not had any problems coordinating appointments with an interpreter	CalViva Provider Satisfaction Survey	81 (82.7)	60 (81.7)
YES - I don't know how to coordinate an appointment with an interpreter		81 (2.5)	60 (5.0)
YES - It is difficult to coordinate an appointment with an interpreter		81 (3.7)	60 (6.7)
YES - My interpreter was late or did not show up at the scheduled time		81 (2.5)	60 (5.0)
YES - Other		81 (8.6)	60 (1.7)
Do you have any perspective or concerns with the availability of an appropriate range of interpreters?			
N/A - I have always been able to get the type of interpreter I needed	CalViva Provider Satisfaction Survey	76 (73.7)	55 (83.6)
YES - Occasionally, I have not been able to get the type of interpreter I needed		76 (4.0)	55 (14.6)
YES - I have never been able to get the type of interpreter I needed		76 (6.6)	55 (1.8)
YES - Other		76 (15.8)	55 (0.0)
Do you have any perspective or concerns with the training and competency of available interpreters?			
N/A - The training and competency of interpreters has been very good	CalViva Provider Satisfaction Survey	68 (48.5)	54 (63.0)
YES - The training and competency of interpreters is adequate		68 (38.2)	54 (33.3)
YES - The training and competency of interpreters could use improvement		68 (2.9)	54 (3.7)
YES - Other		68 (10.3)	54 (0.0)

Member Satisfaction with Access - Enrollee Experience Survey (EES)

Table A-18. MY 2024 CalViva Enrollee Experience Survey – Overall Results

Problems getting care for routine health care (multiple responses allowed)	2024 (n=48)	2023 (n=45)
No problems getting a timely appointment for routine care	54%	73%
Barriers to receiving routine care:		
Getting a timely appointment with my personal doctor	21%	9%
Getting a timely appointment with any other doctor or provider in the practice, including a specialist	23%	7%
Finding a location near me	4%	0%
Getting approval from my health plan	6%	2%
Affording the costs of care	2%	0%
Getting transportation	6%	2%
Getting an interpreter for my appointment	15%	2%
Other	8%	4%
Problems getting care you needed right away (multiple responses allowed)	2024 (n=46)	2023 (n=45)
No problems getting timely appointments for care needed right away	57%	73%
Barriers to receiving urgent care:		
Getting an appointment right away	24%	13%
Getting approval from my health plan	9%	0%
Finding a location near me	7%	0%
Affording the cost of care	7%	2%
Getting transportation	4%	2%
Getting an interpreter for my appointment	2%	2%
Other	9%	11%

Member Satisfaction with Access - Enrollee Experience Survey - CAHPS® (HSAG)

Table A-19. MY 2024 CalViva Member Access Survey – Overall Results

Access Measure	Source	MY 2024 Adult N (%)	MY 2024 Child N (%)	MY 2023 N (%)
Got urgent care as soon as needed	CAHPS (Q.4)	NR	137 (88.3)	44 (84.1%)
Got routine care as soon as needed	CAHPS (Q.6)	120 (72.5)	320 (77.2)	78 (79.5%)
Easy to see a specialist	CAHPS (Q.20)	NR	109 (62.4)	53 (73.6%)
Easy to Get Care, Tests and Treatment	CAHPS (Q.9)	146 (78.8)	325 (82.8)	79 (79.7%)

NR Non-reportable data due to small sample size (n<100).

N - Total number of respondents to the survey question

% - Percent of total number of respondents who responded with 'Always/Usually' to the survey question

Note: County specific results are not available.

CalViva Provider After-Hours Availability Survey (PAHAS)

Table A-20. Provider After-Hours Survey Results

		Appropriate After-Hours Emergency Instructions		Ability to contact on-call physician after-hours within 30 minutes	
County	Performance Goal	MY 2024 N (Rate %)	MY2023 N (Rate %)	MY 2024 N (Rate %)	MY2023 N (Rate %)
Fresno	90%	389 (90.7) ↓	562 (98.2)	389 (87.1)	562 (84.5)
Kings	90%	51 (100.0)	65 (98.5)	51 (98.0) ↑	65 (83.1)
Madera	90%	78 (100.0)	67 (100.0)	78 (100.0)	67 (100.0)
Overall	90%	518 (93.1%)	694 (98.4%)	518 (90.2%)	694 (85.9%)

N – Total number respondents to the question

Rate - Percent of total number of respondents surveyed who met the access standard

↑↓ Statistically significant difference between MY 2024 PAAS vs MY 2023 PAAS (p<0.05)

Table A-21. CalViva Experience of Care and Health Outcomes (ECHO)

Access Measure	Performance Goal	Source	Summary Rate Score		FRESNO		KINGS		MADERA	
			MY 2024 %	MY 2023 %	MY 2024 N (%)	MY 2023 N (%)	MY 2024 N (%)	MY 2023 N (%)	MY 2024 N (%)	MY 2023 N (%)
Non-urgent initial appointment with a psychiatrist within 15 days of request (Q41)	90%	Experience of Care and Health Outcomes (ECHO)	56.1	48.4	16 (19.5)*	55 (50.9)	NR	3 (0.0)*	2 (22.2)*	4 (50.0)*
Non-urgent initial appointment with psychiatrist within 10 days of request (Q41)	90%		37.8	30.6	30 (36.6)	55 (32.7)	3 (33.3)*	3 (0.0)*	4 (57.1)*	4 (25.0)*
Non-urgent follow-up appointment with psychiatrist within 30 days of request (Q43)	90%		81.6	75.3	29 (27.0)*	76 (76.3)	5 (33.3)*	4 (75.0)*	2 (15.4)*	5 (60.0)*

Non-urgent initial appointment with a non-physician within 10 days of request (Q42)	90%		43.2	43.7	38 (41.3)	76 (46.1)	6 (50.0)*	4 (0.0)*	7 (50.0)*	7 (42.9)*
Non-urgent follow-up appointment with non-physician behavioral health care provider within 10 days of request (Q44)	90%		49.7	43.0	59 (48.0)	94 (44.7)	10 (62.5)*	5 (20.0)*	9 (50.0)*	8 (37.5)*
Non-urgent follow-up appointment with non-physician behavioral health care provider within 30 days of request (Q44)	90%		84.1	81.3	23 (18.7)*	94 (84.0)	2 (12.5)*	5 (20.0)*	3 (16.7)*	8 (87.5)*

* Rates calculated with small denominator size (≤ 30), and therefore comparisons and conclusions should be made with caution.

N- Represents the number of respondents who populated a response to that particular Access Measure

* Rates calculated with small denominator size (≤ 30), and therefore comparisons and conclusions should be made with caution.

Table A-22. MHN BH Appointment Availability Results by Risk Rating

Access Measure	Performance Goal	Source	MY 2024 N (%)	MY 2023 N (%)
Access to Urgent care within 48 hours	90%	Behavioral Health Case Management System	4 (100.0)	25 (100.0)
Access to NLTE care within 6 hours			1 (100.0)	8 (100.0)

Fresno-Kings-Madera Regional Health Authority Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Work Plan.



February 19, 2026

David Hodge, MD, Fresno County
Regional Health Authority Commission Chairperson

Date



February 19, 2026

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva QI/UM Committee

Date