Quality and Performance Improvement Program Description

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Program Approval

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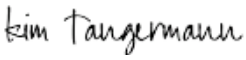
Robert Moore, MD MPH MBA
Quality/Utilization Advisory Committee (Q/UAC) Chairperson *Date Approved*

	**09/10/2025**

Angela Brennan, DO
Physician Advisory Committee (PAC) Chairperson *Date Approved*

	**10/22/2025**

Kim Tangermann
Board of Commissioners Chairperson *Date Approved*

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Program Purpose and Goals

Partnership HealthPlan of California's (Partnership) Quality and Performance Improvement (QI/PI) program provides a series of systematic processes to monitor and evaluate the quality of clinical care and health care service delivery to all Partnership members. This includes an organized framework to:

- Review activities and identify opportunities to improve the quality of health care services provided
- Promote efficient and effective use of health plan financial resources
- Promote and improve health equity
- Strike a balance between compliance with and performance on regulatory standards
- Partner with internal and external stakeholders to support performance improvement
- Improve health outcomes of our members

The QI/PI program promotes consistency in assessing and improving the quality of the full scope of health care services while providing a mechanism to:

- Ensure integration with current community and population health priorities, standards, and goals that impact the health of the Partnership member population
- Ensure alignment with DHCS' Comprehensive Quality Strategy Report
- Identify and act on opportunities to improve care and service
- Identify overuse, underuse, and misuse of health care services
- Identify and act on opportunities to improve processes to ensure member safety
- Identify and act on opportunities to address disparities in health access and outcomes
- Address potential or tangible quality issues
- Review trends that suggest variations in the process or outcomes of care

The QI/PI program adheres to the following goals to improve the quality and effectiveness of clinical care and service to Partnership members:

- Improve the health of the populations Partnership serves
- Enhance the member care experience
- Support the delivery of high-quality clinical care
- Reduce disparities in health access and outcomes
- Ensure member safety
- Measure and encourage appropriate use of clinical resources
- Strengthen a culture of continuous quality improvement within the Partnership network

The QI/PI program accomplishes these goals by:

- Systematically monitoring and evaluating service and care provided
- Continuously improving our data and approach to analytics to validate care outcomes
- Actively pursuing opportunities for improvement in areas that are relevant and important to Partnership members' health
- Implementing strong interventions when opportunities for performance improvement are identified
- Addressing overall member experience by improving provider access and member awareness of the health plan's role and responsibilities
- Promoting a culture of learning and improvement through a framework called Pathway to Excellence: Partnership's Framework for Continuous Learning (P2E)

These goals align with Partnership's mission: To help our members and the communities we serve be healthy.

Applying the model of a learning organization, the measurement and analysis of selected indicators and professionally recognized standards of practice underpin the evaluation of QI/PI activities. The objectives of the program are to:

- Engage providers, members, and community stakeholders to improve quality metrics through identifying opportunities for improvement and acting on opportunities that have the greatest impact on member care. These actions are driven by rigorous data analysis, whenever possible, and through a collaborative atmosphere where new ideas can be explored and tested to enhance learning.
- Improve member experience through enhanced primary care provider (PCP) access.
- Strengthen the data and analytics infrastructure through the development of foundational systems and processes for evaluation of results and decision-making.
- Achieve and maintain pertinent National Committee for Quality Assurance (NCQA) accreditations while ensuring compliance with contractual quality requirements, state and federal quality regulations, evidence-based standards of care, and standards of selected accrediting bodies.
- Equip PCPs to provide recommended high-quality care through provision of information, technical assistance, improvement tools, and financial incentives.
- Optimize value-based programs through measure research and incorporation of best practices.

The objectives, scope, organization, and mechanisms for overseeing effectiveness of monitoring, evaluation, and problem-solving activities in the QI/PI program are assessed and revised at least annually.

Scope of Quality and Performance Improvement Program

The scope of the QI/PI program includes the quality of clinical care and of service for all members. The program presently covers a Medi-Cal (the name for Medicaid in California) product line and includes the anticipated integration of a Dual Eligible Special Needs Plan (D-SNP), Partnership Advantage, in 2027. This is specifically defined as an Exclusively Aligned Enrollment (EAE) D-SNP. Partnership aims to become a Medicare Medi-Cal Health Plan, joining other managed care plans across California, in offering members eligible for both Medi-Cal and Medicare the opportunity for one plan to manage all of their benefits, including care coordination and other wraparound services.

The monitoring and evaluation of clinical issues reflects the population served by Partnership without regard to age group, disease category, or risk status. In partnership with other Partnership departments, the QI/PI program encompasses all aspects of medical care including:

- Diagnoses and procedures with a wide variation in cost or utilization patterns
- Identifying overuse, underuse and misuse of health care services and prescription medications
- Identifying and addressing racial/ethnic and other disparities in health care delivery or outcomes
- Identifying and addressing access or quality issues related to behavioral health services through delegated contracts
- Promoting cultural and linguistic competence of Partnership staff and network practice sites and providers
- Member Experience Outcomes
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Ambulatory medical records review
- An assessment of physical accessibility of outpatient providers for seniors and persons with disabilities
- Preventive health care guideline compliance
- Chronic and acute care clinical practice guideline (CPG) compliance
- Continuity and coordination of care between PCPs and specialists, different levels of care, PCPs and other provider types, and PCPs and Behavioral Health Practitioners (through the Care Coordination department)
- Accessibility and quality of primary, specialty, and behavioral health care
- Member grievances (through the Grievance & Appeals department)
- Investigation and resolution of Potential Quality Issues (PQIs)
- Provider satisfaction (through the Provider Relations department)
- Provider credentialing (through the Provider Relations department)
- Supporting clinics in achieving patient centered health homes

The QI/PI program encompasses monitoring and evaluation of care and service in the following settings:

- Acute hospital services
- Ambulatory care, including preventive health care, perinatal care, chronic disease management, and family planning
- Emergency and urgent care services
- Behavioral health services* (mental health and substance use disorder)
- Ancillary care services including but not limited to: home health care, skilled nursing care, subacute care, pharmacy, medical supplies, durable medical equipment (DME), therapy services, laboratory, vision, and radiology services
- Long term care placements in skilled nursing facilities, subacute care facilities, and intermediate care facilities.
- Wellness and Recovery Program

Refer to the Approach to Quality and Performance Improvement section for more information on Behavioral Health Services

Authority and Responsibility

Board of Commissioners

The Board of Commissioners on Medical Care (the Commission) promotes, supports, and has ultimate accountability, authority, and responsibility for a comprehensive and integrated QI/PI program. The Commission is ultimately accountable for the quality of care and services provided to members. The Commission has delegated direct supervision, coordination, and oversight of the QI/PI program to the Physician Advisory Committee (PAC), which serves as the main Quality Improvement committee. PAC is supported by two other quality committees – the Quality and Utilization Advisory Committee (Q/UAC) and the Internal Quality Improvement Committee (IQI), which are described in more detail below. The county Boards of Supervisors for each geographic area appoints members of the Commission, which include representatives from the community, including consumers, businesses, physicians, providers, hospitals, community clinics, HMOs, local government, and County Health departments. The Commission meets six times per year.

The purpose of the Commission is to arrange for the provision of health care services to qualifying individuals, as well as other purposes set forth in the enabling ordinances established by the respective counties.

Key Roles

The following leadership roles carry authority and responsibility to ensure the QI/PI Program is fully implemented and maintained. The qualifications of staff presently fulfilling these roles are detailed in Appendix D which includes documented evidence corresponding to that collected annually on behalf of DHCS. Given the personal details included, this appendix is not posted publicly.

Chief Executive Officer

The Partnership Chief Executive Officer's (CEO) primary roles in quality management and improvement are multifaceted. The CEO maintains a working knowledge of the clinical and service issues targeted for improvement and provides overall organizational leadership and direction in these efforts. In addition, the CEO identifies new and emerging opportunities to strengthen accountability among both internal teams and external partners in driving quality and performance improvement. They are actively involved in the prioritization and oversight of quality improvement activities across the organization and ensure that the necessary resources are available to support the successful implementation of the approved QI/PI program.

Chief Operating Officer

The Chief Operating Officer (COO) provides strategic leadership and guidance in all health plan operations. The COO has purview over the Member Services, Provider Relations, Claims, Configuration, Grievance and

Appeals, Transportation and the Regional Leadership departments and ensures that these departments incorporate and prioritize quality improvement work and processes in coordination with standing work. The COO's level of involvement fulfills the need for executive support and accountability for data quality improvements, and interdepartmental support for quality improvement interventions and initiatives.

Chief Health Services Officer
The Chief Health Services Officer (CHSO) works closely with leaders in Utilization Management to provide accountability for delegates to meet necessary NCQA accreditation requirements and provide strategic leadership and guidance in the review and revision of provider contracts to ensure QI reporting requirements and value-based program contingencies are met. The CHSO also has purview over the Care Coordination, Utilization Management, Enhanced Health Services, Behavioral Health and Health Equity departments and ensures that these departments incorporate and prioritize quality improvement work and processes in coordination with standing work. The CHSO's level of involvement fulfills the need for executive support and accountability for improvements with data quality AND coordination of activities between QI and these departments**.** This role collaborates with the Chief Medical Officer and members of PAC, Q/UAC, and IQI in matters involving quality of care, clinical, and medical procedures.

Chief Medical Officer
The Chief Medical Officer (CMO), with the assistance of the members of PAC, Q/UAC, and IQI, as well as the other medical directors of Partnership, is responsible for providing professional judgment regarding matters of quality of care, peer review, clinical, and medical procedures. The CMO is the chair of IQI and Q/UAC and has significant involvement in all QI/PI, Pharmacy, and Health Services activities as well as providing oversight to these programs on a day-to-day basis. The CMO is a Medical Doctor (MD) or Doctor of Osteopathy (DO) with an unrestricted license in the State of California.

Medical Director for Quality
Assists CMO by providing physician support for varying activities within the QI/PI department, including Performance Improvement, Member Safety, Peer Review, and the Quality Incentive Programs, as well as assists with utilization management review activities. This role also serves as management oversight for the Member Safety teams within the QI/PI department.

Medical Director of Medicare Services
This role provides physician leadership in preparation for implementing the Medicare Dual Special Needs Plan (D-SNP). This medical director works closely with the CMO and QI/PI Department to develop policy, strategy, and tactical activities with Medicare leads designated in departments across the organization. As D-SNP is implemented, this role will provide medical leadership for Partnership's Medicare activities, including utilization management, quality, care coordination, pharmacy, grievances, and compliance activities. Also assists CMO, as requested, in supporting broader needs to oversee appropriateness and quality of care delivered through Partnership and for the cost-effective utilization of services.

Senior Director of Quality and Performance Improvement
This role works collaboratively with the CMO to define strategy, develop programs and services, and to evaluate the effectiveness of the QI/PI Program. Together with the QI management team, including the Medical Director for Quality, provides oversight of Facility Site Reviews, investigation of potential quality issues, compliance with NCQA standards, HEDIS® and other performance measure data collection and performance reporting, value-based payment programs (QIPs), performance improvement initiatives and programs, external and internal QI training, provider education on the QIPs and HEDIS®, grant application and grant management. This role works to foster greater cross collaboration of QI staff and strategic involvement of other departments to support the execution of tactics defined and maintained under Partnership's 5-Star Quality Strategy.

Chief Strategy & Government Affairs Officer
The Chief Strategy and Government Affairs Officer (CSGAO) reports to the Chief Executive Officer and is a peer to the other executive team members. The CSGAO leads the overall strategic direction of the HealthPlan in consultation with the CEO and Governing Board. This position is responsible for the operations and executive management of Regulatory Affairs and Compliance (RAC); Communications, Legal, Network Services, and Project Management/Operational Excellence (PMO) departments. This position also oversees our Medicare Duals Special Needs Plan (D-SNP) program.

Senior Director of Regulatory Affairs & Contracting
This position serves as Partnership's Compliance Officer, working to ensure the HealthPlan's ongoing compliance with all applicable federal, state, local, and administrative agency statutory and regulatory requirements. Furthermore, this position serves as Partnership's Fraud Prevention Officer and Privacy Officer; is a subject matter expert in fraud and privacy and is responsible for promoting the prevention, detection, and deterrence of fraud and privacy risks while ensuring PHC complies with all state and federal privacy and fraud laws.

Behavioral Health Clinical Director
The Behavioral Health Clinical Director holds an MD/DO, PhD or PsyD credential. With the assistance of the Behavioral Health team, this individual is responsible for providing professional judgment regarding matters of quality of care, peer review, and clinical policies and procedures through oversight of Partnership activities in the areas of mental health and substance use disorder services as provided by Partnership's delegated behavioral health providers.

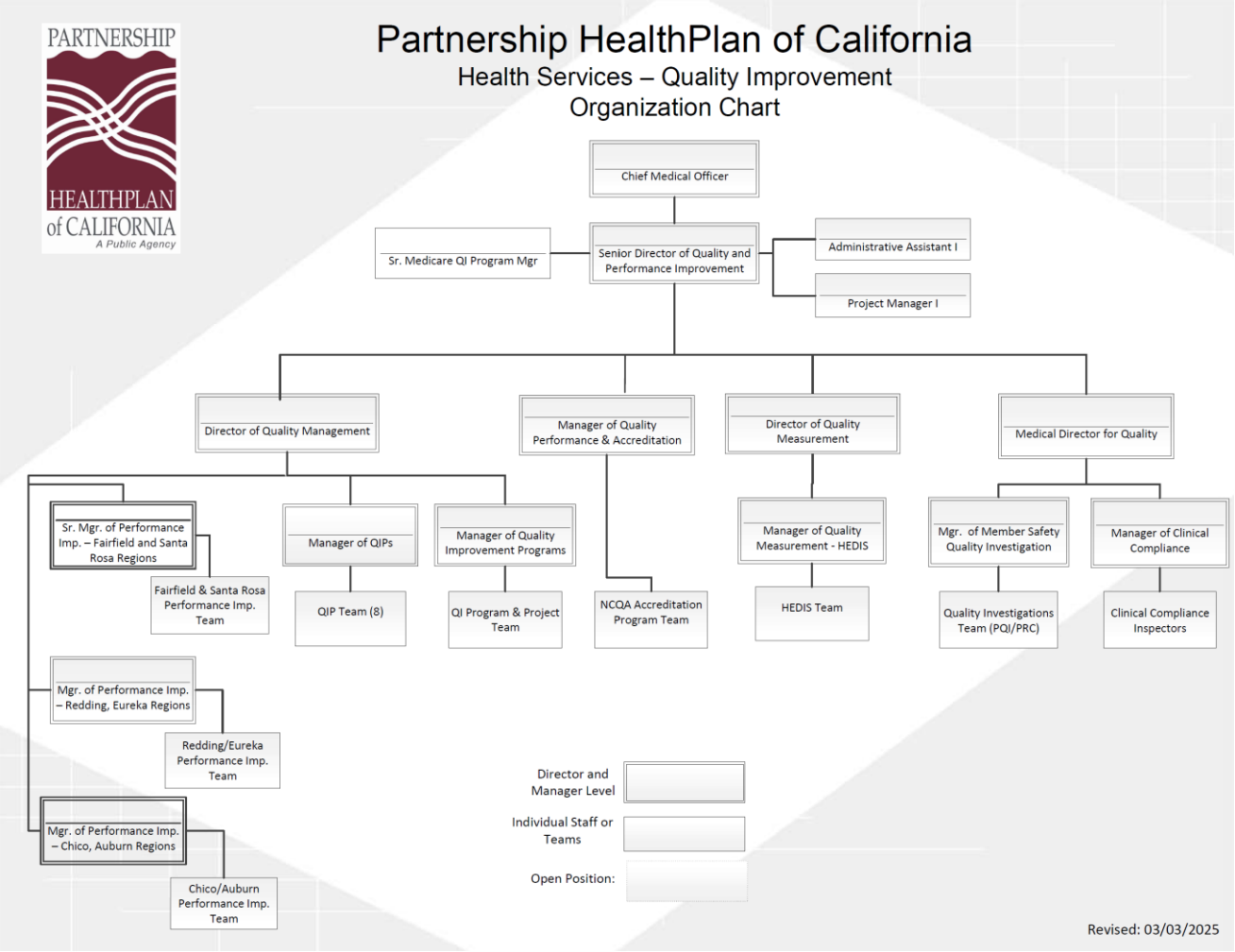
Senior Director of Behavioral Health
Under the direction of the Chief Health Services Officer (CHSO), the Senior Director of Behavioral Health leads the Behavioral Health team to oversee the operations and delegated functions of Partnership's mental health and substance use disorder services. Partnership's annual audit of Carelon Behavioral Health stipulates that the organization produces evidence that Behavioral Health Specialists at the level of PhD and/or MD are on their QI Committee or teams that report to their QI Committee. Carelon meets this standard.

Director of Health Equity (Health Equity Officer)
The Director of Health Equity serves as the Health Equity Officer (HEO) for Partnership. In collaboration with Partnership leaders, the Director of Health Equity leads the development and implementation of strategies that advance diversity, equity, and inclusion across the organization. This role drives systemic change to enhance representation and cultivates programs that foster a culture of belonging. It also promotes awareness of health inequities within our membership and guides the creation of actionable plans to address them. Key responsibilities include identifying opportunities to track, analyze, and reduce disparities in care, with a focus on the varied cultural, linguistic, economic, educational, and health needs of our communities and workforce. In collaboration with the CMO, oversees the Quality Improvement and Health Equity Transformation Program (QIHETP) program operations and assists in the development and coordination of QIHETP policies and procedures.

Director of Population Health Management
The Director of Population Health Management works collaboratively with leaders across the organization, to execute the organization's Population Health Management strategy. This role provides oversight, strategic direction, and support for related initiatives, including those essential to improving quality measure performance and member experience. This role offers guidance and ensures alignment with health care policies, financing, accreditation requirements, and regulations to drive optimal health outcomes for members.

Program Staff

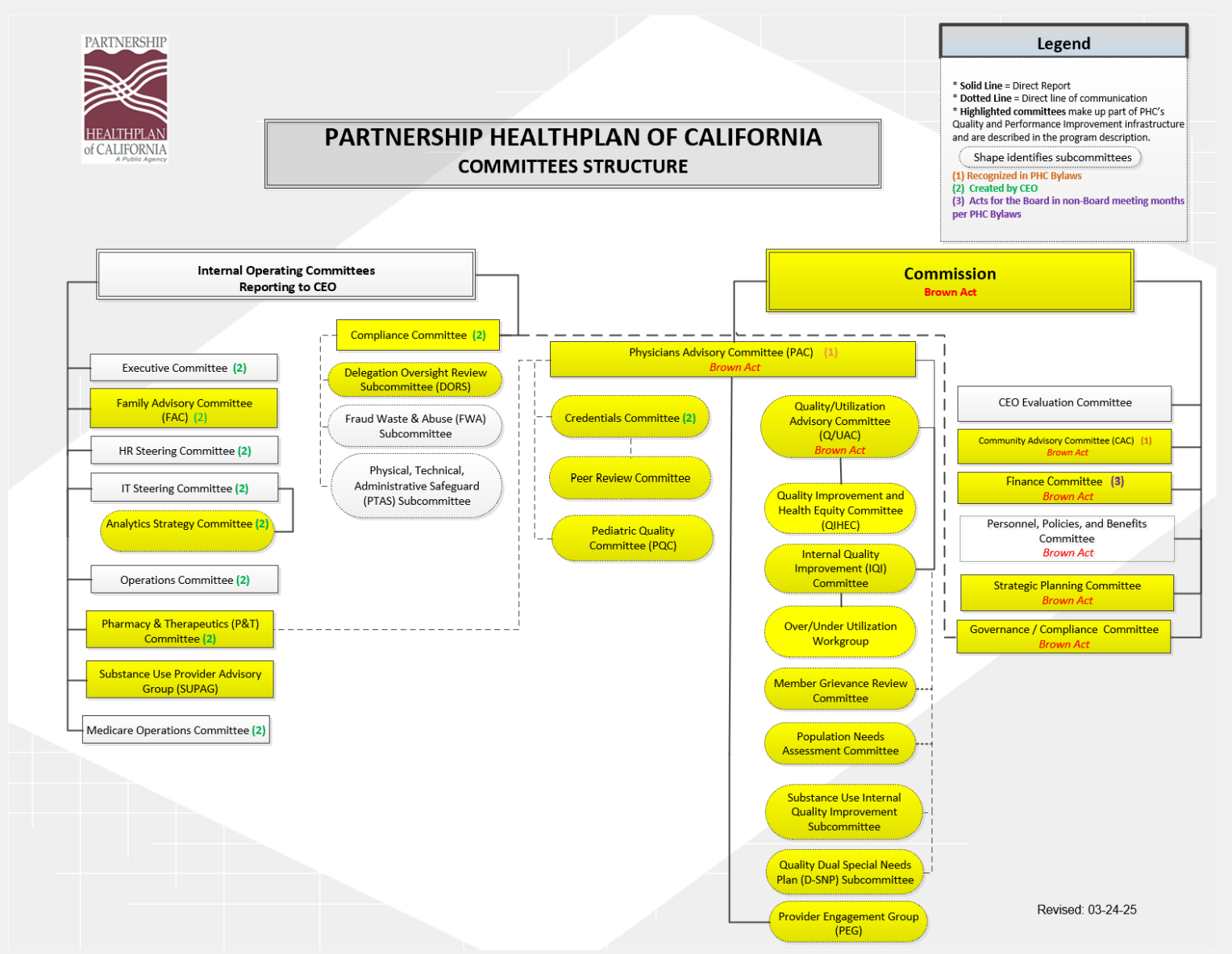
Partnership QI/PI program leadership and corresponding teams are outlined in the organizational chart below.



The QI/PI department is structured to provide governance over the QI program and corresponding work plan. Under the guidance of the CMO, the Senior Director of Quality and Performance Improvement and respective directors in QI/PI lead the department in the execution of QI/PI activities outlined in the QI Program Description and QI Work Plan. The department ensures the primary activities related to performance improvement, adherence to regulatory requirements, and the quality and safety of clinical care to optimize members' experience with Partnership are completed through ongoing engagement and the provision of interdisciplinary support to all areas within Partnership.

Committee Functions

Partnership has developed a robust committee structure to support the breadth and depth of multiple facets of QI/PI regulatory requirements and activities. There are several internal operating committees that report to the CEO and a number of external facing committees, principally PAC and four others that report directly to the Board of Commissioners. Certain committees must adhere to state regulations, including the Brown Act, which provides stipulations for making meetings available to the public. The diagram below describes how committees are organized and the reporting structures. This is followed by a narrative briefly describing each committee, in alphabetical order, essential to the Quality and Performance Improvement infrastructure.



Analytics Steering Committee
The Analytics Steering Committee (ASC) is a multidisciplinary forum with representatives from Claims, QI/PI, Office of the CMO, Health Services, Members Services, Behavioral Health, Strategy and Government Affairs, Provider Relations, Finance, and IT. The ASC is part of the Analytics Center of Excellence (ACE), an enterprise-wide virtual framework that functions to promote and coordinate data analytics efforts to generate information, knowledge and wisdom to improve health outcomes, enhance the member experience of care, and reduce or maintain the cost of care by optimizing utilization of data, technology and staff.

The ASC meets every other month throughout the year with the following foci:

- Act as an advocate for data analytics initiatives and projects across the wider organization
- Provide oversight and guidance for Partnership's data analytics projects across all regions
- Provide recommendations based on data analysis and strategic planning
- Inform and advise the Data Governance Council (DGC) on relevant analytic initiatives and cooperates with the DGC to ensure alignment with overall data strategy
- Review and monitor policies to guide data analytics throughout Partnership
- Promote and foster data analytics, data interpretation, and data sharing to improve the utility of data for planning and decision-making, especially related to current issues, initiatives, and integrated problem-solving. (Analytics Champion)
- Establish project goals for the ACE as well as determine how success will be measured
- Act as final authority for resolving issues or disputes on analytics prioritization and needs
- Identify and advise on minimizing project and business risks
- Establish subcommittees as required to facilitate the work of the committee

Compliance Committee
The Compliance Committee, chaired by the Compliance Officer, is an internal committee and has general responsibility to oversee Partnership's compliance and ethics programs. The purpose of the Committee is to oversee Partnership's implementation of compliance programs, policies and procedures that are designed to respond to the various compliance and regulatory risks facing the company; provide an avenue of communication among management, those persons responsible for the internal compliance function, and the Commission; and perform any other duties as directed by the Commission or the CEO.

Community Advisory Committee (CAC)
The Community Advisory Committee (CAC) is composed of Partnership members, advocates and stakeholders who represent the diversity and geographic areas of Partnership's membership including hard-to-reach populations. The CAC is a liaison group between our members and Partnership, advocating for members by ensuring that the health plan is responsive to the health care and information needs of all members. Additionally, the CAC provides Partnership members with a forum to discuss common issues of interest and importance, while creating a supportive and informative environment. The CAC meets quarterly, reviews and makes recommendations regarding quality improvement activities, provides feedback on quality and health equity initiatives, and serves in the capacity of a focus group. Three CAC members are selected to serve on the Partnership Board to provide member input and report back to the CAC.

Credentials Committee
The Partnership CMO, or designee, chairs the Credentials Committee. Committee members include a minimum of five contracted network practitioners. The committee meets monthly, excluding July and December. The functions of the Credentials Committee are to:

- Participate in and make recommendations regarding the structure and process for the credentialing and re-credentialing of providers and licensed practitioners
- Participate in the development, implementation, and annual review of related policies and procedures
- Review and approve Partnership staff recommendations for credentialing of practitioners who meet criteria
- Review and approve Partnership staff recommendations for credentialing of practitioners who do not meet exception criteria

- Review qualifications and circumstantial details for contracted practitioners who meet exception criteria and make credentialing decisions
- Review and evaluate the qualifications of each practitioner seeking re-credentialing as a contracted provider at least every three years and assure compliance with established criteria
- Review ongoing sanctions monthly and member complaints quarterly for each practitioner
- Verify that each provider in the network meets credentialing requirements, including implementation of and adherence to any corrective action plans (CAPs) to meet standards
- Decisions regarding provider credentialing and re-credentialing
- Develop disciplinary or sanction actions of practitioners
- Provide oversight of any delegated credentialing activities

Summary information of credentialing activities is presented to the PAC and to the Partnership Board of Commissioners at regularly scheduled meetings.

Delegation Oversight Review Subcommittee (DORS)
The Delegation Oversight Review Subcommittee (DORS) comprises representatives from operational departments that have oversight responsibility wherein Partnership has assigned authority to an external entity (delegated entity) to perform on its behalf. DORS meets no less than four times per year and is responsible for overseeing agreements and responsibilities between Partnership and its delegated entities. The Subcommittee is tasked with overseeing that delegates are compliant with all applicable state and federal regulations, contractual obligations, and accreditation requirements.

Family Advisory Committee (FAC)
The Family Advisory Committee (FAC) is a member advisory group to the CEO and staff of Partnership. The FAC provides a forum for parents, guardians and caregivers of children with CCS conditions to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that Partnership is responsive to the diversity of health care needs for all members. Minutes from FAC meetings are reviewed by the PQC.

The FAC membership is comprised of representatives throughout Partnership's geographic service areas who advocate for CCS-eligible children of diverse cultures, ethnicities, genders, ages and disabilities. Meetings are held at least four (4) times per year with the option for additional meetings as needed.

The mission of FAC is to leverage the Whole Child Model (WCM) to enhance the quality of how CCS beneficiaries – and their families – experience care.

Finance Committee
The Board of Commissioners authorizes the Finance Committee to act on matters of urgency when the Board does not meet. Items approved by the Finance Committee are ratified by the full Board at a subsequent full Board meeting. The Finance Committee is comprised of an appointed group of members from the Board, which encompasses representation from across Partnership's entire service region. The Finance Committee meets monthly.

The Finance Committee has the following authority:
- Review and make recommendations on the annual budget
- Review and make recommendations on financial policy
- Review major capital expenditures
- Monitor the financial status of the organization and overall leadership for better management in alliance with the executive team and other Partnership staff

The Committee also advises the Board of Commissioners on the fiscal impact of any changes pertaining to value-based programs as related to:

- Payment structure
- Annual budget
- Prioritizing programs

Governance and Compliance Subcommittee

The Governance and Compliance Committee is a subcommittee of the Commission, has the fiduciary responsibility to oversee Partnership's regulatory Compliance Program, and shall ensure the establishment and maintenance of an effective compliance and ethics program by assuring compliance activities are reasonably designed, implemented, and generally effective in preventing and detecting risks or compliance violations. The subcommittee meets quarterly.

Internal Quality Improvement (IQI) Committee

An internal Partnership committee comprised of appropriate Partnership department directors and staff, the Internal Quality Improvement (IQI) Committee tracks progress towards successful completion of quality initiatives, surveys, audits, and accreditation. The IQI Committee meets monthly, at least ten (10) times per year, with the option to add additional meetings if needed, to review policies, procedures, and QI activities. The Partnership CMO (chair of the committee), Director of Health Equity, Medical Director for Quality, Manager, Member Safety - Quality Investigations and Health Services leadership as described for Q/UAC attend IQI Committee meetings regularly. Other Partnership staff attend on an ad hoc basis to provide expertise on specific agenda items. Multidisciplinary improvement teams may be designated to complete analysis and intervention recommendations for quality improvement issues and activities. Evaluations and recommendations put forward at IQI represent strategies used in local entity engagement to address deficiencies in performance measures for members 21 years of age or less. The IQI Committee serves to integrate quality activities organization-wide, which are then reported to Q/UAC and PAC.

Member Grievance Review Committee (MGRC)

The Member Grievance Review Committee (MGRC) represents a multidisciplinary oversight forum with representatives from Claims, QI/PI, Office of the CMO, Pharmacy, Care Coordination, Utilization Management, Population Health, Member Services, Provider Relations, RAC, Behavioral Health, Enhanced Health Services, and Transportation Services to track and trend Grievances, Appeals, Exempt Grievances, and State Hearing cases. It serves as a collaborative work group to discuss complex cases or improvement opportunities with the following key focus areas: quality improvements, clinical oversight, operational excellence, member experience, and regulatory compliance. Findings may be presented in the Q/UAC, IQI, CAC, Delegation Oversight Review Subcommittee (DORS), and/or Substance Use Internal Quality Improvement Subcommittee (SUIQI) meeting. MGRC is held on a quarterly basis.

Over/Under Utilization Workgroup

The Over/Under Utilization Workgroup is an internal Partnership committee that evaluates services that may be over-or under-utilized compared to optimal utilization. The Over/Under Utilization Workgroup meets quarterly. Its goals are to use the results of the analysis to drive quality improvement activities, accuracy of data collection and analysis, and the most cost-effective use of resources. A designated Partnership Medical Director chairs the committee, and the Health Analytics department supports it. Representatives from Health Services (e.g. Pharmacy, Population Health, Health Equity, Quality Improvement, and Utilization Management), Compliance, Member Services, Operational Excellence/Project Management Office (Op-Ex/PMO), Provider Relations, and Claims also attend. A summary of activity from the committee is annually reported to IQI and Q/UAC, (as part of the Utilization Management Grand analysis) and Partnership's Compliance Committee.

Pediatric Quality Committee (PQC)

The Pediatric Quality Committee (PQC) is the clinical advisory committee for the Whole Child Model (WCM) program. The PQC meets at least four (4) times per year with the option for additional meetings if needed.

The membership of PQC includes the Partnership Whole Child Model Medical Director (Chairperson), CMO (Vice Chairperson), Chief Health Services Officer (CHSO), Pharmacy Director, at least four California Children

Services (CCS) paneled clinician providers, CCS Medical Directors designated by each Partnership County, and Nurse Director or Manager as designated by each County CCS program. Other health plan staff and outside experts may make special or periodic reports to the committee or may attend selected meetings by invitation from the committee chair or designee.

Peer Review Committee (PRC)
The Peer Review Committee (PRC) membership includes external practitioners representing PCPs, board certified specialists and non-physician medical practitioners (NPMP), which include nurse practitioners, physician assistants, certified nurse midwives, and licensed midwives. The Partnership CMO Regional and Associate Medical Directors are also voting members of the PRC. Partnership's RN Quality Investigators and the Manager of Member Safety - Quality Investigations support the Committee. Partnership's Medical Director for Quality, CMO, or other designated Partnership Medical Director chairs the committee. NPMP may vote to rate providers and/or systems only in areas in which they possess subject matter expertise. All committee members are eligible to vote on issues brought before the committee. The committee meets at least quarterly and on an as needed basis. Peer Review functions are to:

- Review potential and actual quality issues and provider/member complaints and appeals related to quality of care
- Make recommendations for Corrective Action Plans (CAP) and practitioner discipline or sanctions to the Credentials Committee
- Make recommendations on improvements to systems of care based on specific occurrences

Physician Advisory Committee (PAC)
The Physician Advisory Committee (PAC) monitors and evaluates all Health Services activities and is directly accountable to the Board of Commissioners for the oversight of the QI/PI program. PAC meets at least ten (10) times a year. Voting membership includes external PCPs, board certified high-volume specialists and non-physician clinicians. A voting provider member of the committee chairs PAC. The Partnership CEO, COO, Chief Financial Officer (CFO), CMO, Medical Director for Quality, Regional Medical Director(s), Behavioral Health Clinical Director, and leadership from the following departments including; QI/PI, Provider Relations, Care Coordination, Utilization Management, Network Services, and Pharmacy attend PAC meetings regularly. Other Partnership staff attend on an adhoc basis to provide expertise on specific agenda items. PAC oversees the activities of Q/UAC and other quality- related committees and reports QI/PI activities to the Board of Commissioners.

Pharmacy and Therapeutics (P&T) Committee
The Pharmacy and Therapeutics (P&T) Committee is comprised of Partnership staff and network practitioners including pharmacists, PCPs, and specialists, including behavioral health. The Chief Medical Officer (CMO) or Pharmacy Director (when designated by the CMO) chairs the P&T. The committee makes decisions and recommendations on development and review of the medical benefit drug formulary, pharmacy policies and procedures, new drugs, and drug approval criteria. The P&T meets quarterly, providing regular activity reports and recommendations to PAC, the approval authority for P&T related activities. The P&T Committee also serves as Partnership's Drug Utilization Review (DUR) Board. Partnership's DUR Board conducts retrospective analysis on drug utilization to identify patterns of fraud, waste, and abuse or inappropriate or medically unnecessary care. In addition, the DUR Board makes recommendations for education programs and bulletins to improve drug safety and therapeutic outcomes.

Provider Engagement Group (PEG)
Meetings are held quarterly. This group will include network staff and vary based on subject matter. The purpose of PEG is to educate and update the network about new Partnership programs, benefits, and/or changes mandated by DHCS or Partnership. The Plan staff will target specific network invitees depending upon subject matter to be presented or discussed. Targeted provider audience and invitees include clinic managers, supervisors and other mid-management staff. Minutes of the meetings will be presented to PAC.

Population Needs Assessment Committee (PNA)
The Population Needs Assessment Committee (PNA) is an internal committee serving as a multi-departmental decision-making body whose goal is to carry out the DHCS mandate to meaningfully participate in each Local Health Jurisdiction's (LHJs) Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The PNA Committee meetings occur on a bi-monthly basis to review requests from the counties, and general progress towards shared work on the CHA/CHIP collaborative in Partnership's service areas, including the approval and implementation of the shared SMART (Specific, Measurable, Attainable, Relevant, Time-Bound) goals between Partnership and each of the LHJs in Partnership's service. This committee also meets annually to review and make recommendations for the Population Needs Assessment (PNA) used to fulfill NCQA requirements. The PNA Committee activities and recommendations will be shared with the Internal Quality Committee (IQI), Quality/Utilization Advisory Committee (Q/UAC), Physician Advisory Committee (PAC) and Partnership's Board of Commissioners.

Quality Improvement and Health Equity Committee (QIHEC)
The Quality Improvement and Health Equity Committee (QIHEC) meets bimonthly analyzing and evaluating the results of Health Equity related Quality Improvement activities. This includes annual review of the results of performance measures, utilization data, consumer satisfaction surveys, grievance and appeal data, and findings and activities of other Partnership specific committees (e.g., Community Advisory Committee, Population Needs Assessment Committee, etc.). This committee shall also be responsible for instituting actions to address health-equity performance deficiencies, including policy recommendations, and ensuring appropriate measurement and follow-up of identified performance deficiencies.

The QIHEC provides recommendations to Q/UAC. Q/UAC provides recommendations to PAC.

Partnership Members of the QIHEC include (but are not limited to): CMO, Director of Health Equity, Director of Grievance and Appeals, COO, Director of Communications, Director of Health Analytics, Senior Director of Quality and Performance Improvement, Director(s) of Care Coordination, Director(s) of Utilization Management, Director(s) of Population Health, Senior Health Educator, Chief Health Services Officer (CHSO), Director of Pharmacy Services, Regional Medical Director(s), Associate Medical Director(s), Senior Provider Relations Representative Manager, and Senior Director of Member Services. In addition, a broad range of network providers (e.g. Hospitals, Clinics, County Partners, Subcontractors, Downstream Subcontractors, and Members will be solicited to actively participate in the QIHEC.

Quality/Utilization Advisory Committee (Q/UAC)
The Quality/Utilization Advisory Committee (Q/UAC) is responsible to assure that quality, comprehensive health care and services are provided to Partnership members through an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement. This responsibility includes providing significant input on the QI Program Description, Annual Evaluation and Work Plan. Q/UAC voting membership includes consumer representative(s) and external clinicians who represent hospitals, medical groups, and practice sites in geographic sections of Partnership's service area. Physician and non-physician clinician members also serve on the Peer Review Committee. The Partnership CMO (chair of the committee), Behavioral Health Clinical Director, Director of Health Equity, Medical Director for Quality, Manager of Member Safety - Quality Investigations, and leadership from the Health Services departments (*e.g. QI/PI, Utilization Management, Care Coordination, Pharmacy, Population Health, Health Equity, Enhanced Health Services)*, Grievance and Appeals, and Provider Relations departments attend Q/UAC meetings regularly. Other Partnership staff attend on an ad hoc basis to provide expertise on specific agenda items. The committee meets monthly at least ten (10) times per year, with the option to add additional meetings if needed. Q/UAC activities and recommendations are reported to PAC and at least quarterly to the Commission.

Activities include but are not limited to:
- Review and approve the QI/PI Program Description, Program Evaluation and Work Plan annually
- Review and approve standardized utilization review criteria and protocols
- Approve and ensure implementation of evidence-based guidelines and policies of medical practice including preventive, chronic care, and behavioral health initiatives

- Analyze summary data and make recommendations for action plans for quality improvement activities
- Assure that appropriate follow-up activities occur for all CAPs and QI/PI activities
- Provide oversight of delegated QI activities except for credentialing activities, which the Credentials Committee reviews

Strategic Planning Committee
The Strategic Planning Committee advises the Board of Commissioners and the CEO on long-range strategic issues affecting Partnership. This committee is appointed by the Board of Commissioners and is comprised of some Board of Commissioners' members and other leaders from the community who are not members of the Board. This committee meets on a quarterly basis.

Substance Use Internal Quality Improvement Subcommittee (SUIQI)
A committee comprised of appropriate Partnership and County staff tracks progress towards successful completion of quality initiatives, surveys, audits, and accreditation for Partnership's substance use disorder services oversight. The Substance Use Internal Quality Improvement Subcommittee (SUIQI) meets at least quarterly. Activities and progress are reported to IQI. This also includes review of:

- Utilization management retroactive and appeals review
- Inter-rater reliability for peer review and utilization management
- Quality of service, quality of facility, and grievances and appeals
- Investigation of potential over-use, under-use, and misuse of services
- Policies related to provision of substance use disorder services

Members of the committee include the Behavioral Health Clinical Director, Senior Director of Behavioral Health, Senior Manager of Behavioral Health, CMO, and representatives from Provider Relations, Member Services, Claims, Compliance, Behavioral Health, and Quality Improvement departments.

Substance Use Services Provider Advisory Group (SUPAG)
The Substance Use Services Provider Advisory Group (SUPAG) monitors Partnership substance use disorder services treatment activities. The committee will meet at least four times per year. Membership includes licensed and certified substance use disorder service providers and clinicians and others involved in substance use disorder care. The Committee also includes county substance use disorder services administration representatives.

Note: Meeting frequency indicated with each committee is subject to change based on business needs.

Membership in committees is voluntary and open to all who meet the minimum criteria and who are willing to serve. When positions become available, Partnership looks for committee members who reflect the diversity of our communities. Partnership continually evaluates key diversity factors (including, but not limited to: race, ethnicity, language, gender identity, sexual orientation, disability status, etc.) to ensure that committee membership reflects Partnership's membership and provides diverse views. The committee chair will make a good faith effort to review and verbally report (to committee members) key membership demographic information after the publication of the Partnership community reports when a position becomes available, annually. As opportunities present, special efforts will be made to invite candidates who reflect such attributes to continually encourage diversity within committees.

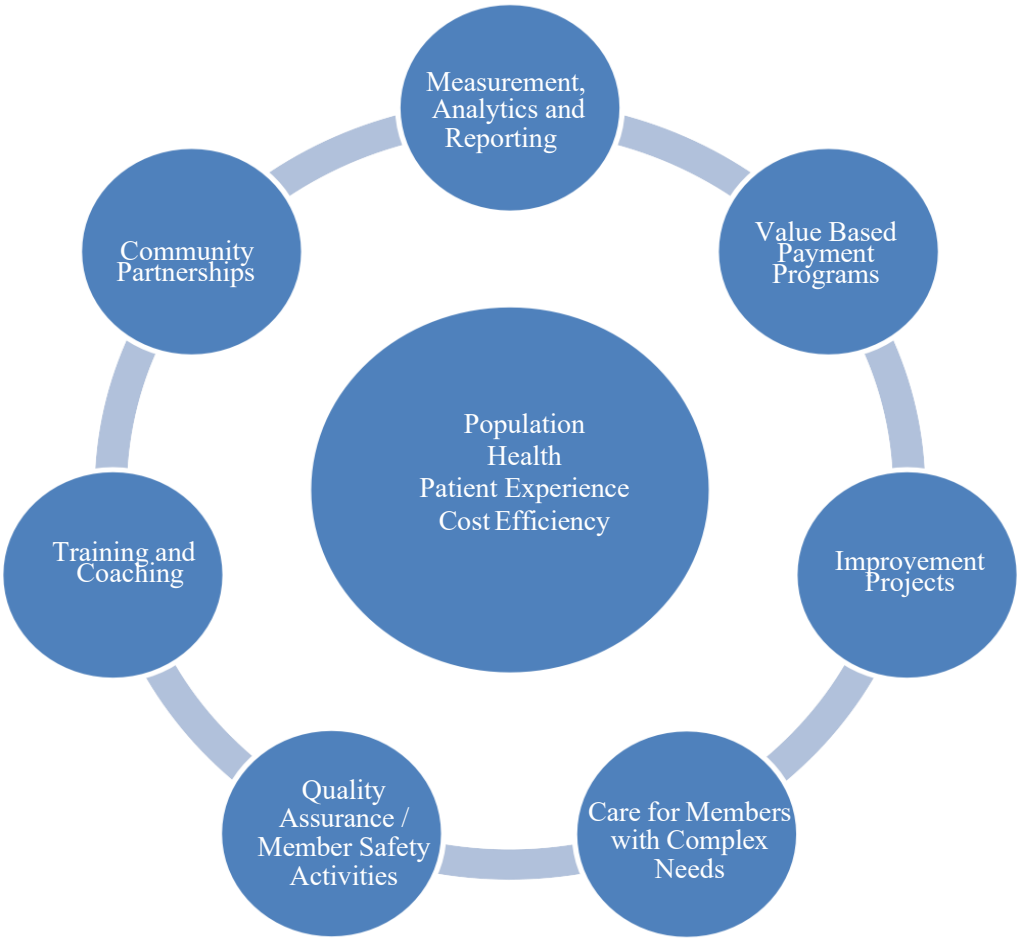
As a tool for evaluating meaningful improvements in DEI and for preparing for Health Equity Accreditation, Partnership will distribute a DEI Survey on an annual basis to assess the diversity of key committees starting in 2024. The annual DEI Survey will allow committee members to provide feedback on improving the diversity, equity, and inclusion within their respective committee. Certain committees are more involved in the decisions for services regarding member experience and clinical care, and therefore such key committees will be prioritized in assessing their respective DEI compositions and opinions. The key committees identified to receive the DEI Survey in 2024 were Q/UAC, PAC, P&T, CAC, PRC, and QIHEC. Committee members will be provided with updated Partnership membership demographic data to compare with the makeup of the organization itself. This information will be utilized to identify at least one (1) opportunity to improve the DEI of key committees.

Approach to Quality and Performance Improvement

Partnership's Quality and Performance Improvement program focuses on simultaneous pursuit of the Institute for HealthCare Improvement (IHI) Quintuple Aim – population health, patient experience, cost efficiency, workforce well-being and advancing health equity – via seven primary levers:

- Measurement, Analytics and Reporting
- Value Based Payment Programs
- Improvement Projects
- Care for Members with Complex Needs
- Quality Assurance and Member Safety Activities
- Training and Coaching
- Community Partnerships

In addition to the Triple Aim (population health, patient experience and cost efficiency), Partnership is committed to pursuing the fourth aim of achieving workforce well-being. This aim ensures providers across our network have adequate resources to provide high-quality care to our members. Additionally, Partnership is dedicated to pursuing a fifth aim of achieving equitable health for all of our members. This aim supports an increased understanding of social determinants of health and working to address disparities that impact the quality and sufficiency of health care provided to Partnership members.



Mental Health Services:
Since January 1, 2014, Partnership has provided mental health services for those with mild to moderate treatment needs, pursuant to the Plan's Medi-Cal contract with the State of California. This mandate is detailed in the California Department of Health Care Services (DHCS) All Plan Letter 22-006 (Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services) issued April 8, 2022. Partnership delegates the administration of these services to Carelon Behavioral Health, formerly known as Beacon Health Options, in all 24 counties served by Partnership. By the start of 2026, Partnership will no longer delegate member-facing responsibilities to Carelon Behavioral Health, including its member access line, grievances & appeals, and care coordination functions. The exact scope and timing of de-delegation is pending finalization in early 2025-2026.

DHCS assigns Specialty Mental Health Services for mental health conditions deemed to be moderate to severe in terms of level of impairment (also referred to as serious and persistent mental health conditions or SMI) to County Mental Health Plans (MHPs). These include all conditions that meet the medical necessity criteria pursuant to the DHCS Behavioral Health Information Notice (BHIN) 21-073, issued December 10, 2021.

Mental health QI management and improvement activities are delegated in part by Partnership to Carelon Behavioral Health. Partnership oversight of these delegated QI functions is achieved through: 1) annual and ad hoc audits, 2) semi-annual review of QI reports produced by these entities, and 3) discussion of quality management and development of quality improvement projects, (e.g., improved PCP referral forms, review and monitor quality issues related to neuropsychological testing, additional reports related to QI, and access standards).

Wellness and Recovery Program:
On July 1, 2020, Partnership and seven counties (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano) implemented the "Wellness and Recovery" program, a regional substance use disorder services program. As Partnership does for other services, this program description includes the planned structure of quality and performance improvement activities Partnership uses for the overall program.

The quality infrastructure of the Wellness and Recovery Program is designed to help achieve one of the key goals of the program: the integration of substance use disorder services with the existing physical and mental health service delivery system. It reflects the incorporation of the county-focused quality structure outlined in the state and federal Organized Delivery System (ODS) waiver requirements into the strong, foundational quality structure of Partnership.

Measurement, Analytics and Reporting
The QI/PI department collects data annually on clinical indicators for Medi-Cal through the Health Effectiveness Data & Information Set (HEDIS®) program. DHCS and NCQA Accreditation are two governing entities that mandate HEDIS® annual reporting. NCQA is the governing entity at the national level, whereas DHCS is the governing entity at the CA State level.

DHCS and NCQA select sets of clinical quality measures that are sourced directly from the NCQA measure library and/or Center for Medicare & Medicaid Services (CMS) measure library in which managed care plans are required to report. The DHCS and NCQA clinical quality measure sets also identify measures requiring stratification by race/ethnicity and language per NCQA's designated categorizations.

Partnership annually conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, which measures member experience in the last six months across a set of standard questions. In addition, Partnership cooperates with the CAHPS® survey conducted annually by DHCS for its Medi-Cal population. The CAHPS® survey results, combined with the final rate performance of the HEDIS® clinical quality measures are calculated by NCQA to provide Partnership's overall Medicaid Health Plan Star Rating. Partnership participates in compliance audits for HEDIS® and CAHPS® with the state-contracted External Quality Review Organization (EQRO) and Partnership's contracted audit firms to ensure that survey results and measure rate calculations are in accordance with NCQA and CMS specifications. Utilizing an NCQA certified software vendor, Partnership calculates and reports the performance, including health equity-based stratifications, as required by NCQA and

DHCS at the reporting unit level. Separately, Partnership reports CAHPS® survey results at the plan-wide level, and HEDIS® measure performance results at the reporting unit level for its fully delegated subcontractors. Partnership works with the EQRO to report audited results per due dates defined by NCQA and DHCS annually. Partnership utilizes DHCS' EQRO File Transfer Protocol (FTP) website when sending communications containing patient-level data, as required per the direction of the EQRO during the annual performance measure validation audit.

Once submitted to NCQA and DHCS, Partnership further evaluates its performance, and that of its fully delegated subcontractors, versus the NCQA National and DHCS established Quality and Health Equity Performance measure benchmarks. The resulting Annual HEDIS® Performance Summary includes analysis of whether or not Partnership, including its fully delegated subcontractors, met or exceeded the NCQA National and DHCS established benchmarks. Currently DHCS defines high performance level (HPL) for a measure in the Managed Care Accountability Set (MCAS) as being above the 90th percentile of all Medicaid Health Plans nationwide, as promulgated by NCQA. DHCS defines the minimum performance level (MPL) on MCAS measures as being the *average* (median) score of Medicaid Managed Care plans nationally (i.e. the 50th percentile), as promulgated by NCQA. Managed care plans are required to exceed the MPL on MCAS measures, as determined by DHCS. Partnership must conduct additional quality improvement and health equity improvement projects when DHCS established MPLs are not met, per DHCS mandate in the DHCS Quality Improvement and Health Equity Framework Policy Guide. In reporting units where DHCS defined minimum performance levels (MPLs) and health disparity reduction targets were not met, the QI program and Quality Improvement and Health Equity Transformation Program (QIHETP) teams collaborate to present recommended action plans centered around performance improvement to IQI and Q/UAC. Partnership also reviews and acts on items identified through periodic reports made available through DHCS, including but not limited to: the Technical Report, Health Disparities Report, Preventive Services Report, and Focus Studies. Partnership responds timely to DHCS actions that may include subsequent focused studies, ongoing technical assistance from the EQRO, financial sanctions, administrative sanctions, and/or Corrective Actions in cases where below MPL performance is reported.

Aside from compliance audits for HEDIS® and CAHPS®, Partnership also conducts annual Encounter Data Validation (EDV) studies, at the direction of the state-contracted EQRO. The goal of this annual study is to evaluate DHCS' encounter data completeness and accuracy through a review of medical records for a specified 12-month study period. The study is focused on a member population continuously enrolled to Partnership during the specified study period with at least one professional visit during the study period. The EQRO selects a random sample of members from which Partnership procures corresponding medical records via provider outreach, submitting the records timely using a process defined annually by the EQRO. Partnership responds timely to actions identified through the EQRO and DHCS in the resulting Encounter Data Validation Report.

Analytics support for the QI program is primarily provided by staff in the Finance, Information Technology (IT), and Quality and Performance Improvement departments. Health analytics including population assessment, case management member stratification, and monitoring of utilization patterns is conducted by the Director of Health Analytics and Health Analytics Analysts who are part of the Finance department. Data Analysts in the QI and IT departments also work collaboratively with Health Analytics to support the following work:

- Partnership Pay-for-Performance Programs (also known as Quality Incentive Programs or QIPs)
- Sourcing and integration of data for HEDIS® annual and monthly reporting
- Monthly reconciliation of QIP data that is used to support tools for providers to monitor their performance, at a site and organization level, on quality metrics and services
- Partnership Quality Dashboard (PQD) front end development and maintenance of this provider-facing HEDIS® and QIP performance monitoring tool
- Development and execution of data collection plans that identify baseline performance and capture the impact of performance improvement interventions
- Analysis of performance data to identify areas for improvement, including creating dashboards and reports to actively measure targeted processes and performance changes over time
- Provision of actionable recommendations and informing stakeholders of the impact of key decisions based on final measure performance data

The Health Analytics team also includes more senior analytics roles, including Data Scientists and Senior Health Data Analysts, who conduct statistical comparisons and analysis when stratifying member level data and corresponding quality outcomes is needed to inform the design and decision-making in quality improvement interventions.

In addition to HEDIS® and CAHPS®, summary results from access studies, grievances, Initial Health Appointments (IHA), facility site and medical record reviews, PQIs, targeted improvement projects, performance improvement activities (including practice facilitation and other quality capacity building activities) are presented to IQI and physician committees at least annually. Measure performance trends are reviewed more regularly through a monthly project and during improvement team meetings. Partnership completes a robust, comprehensive evaluation annually for major programs and quality improvement projects and initiatives.

At the organizational level, the Executive Team and Board of Commissioners review a comprehensive dashboard including metrics across the organization every six months. Each year, the executive team sets organization-wide priorities. A board advisory group on Quality meets three to four times annually to provide feedback and advice on strategic quality issues.

Performance results are shared with external and internal stakeholders through data reports and data presentations given at quality committee meetings, medical director meetings, conferences, provider site visits, webinars, and community meetings.

Through Partnership's value-based programs, providers receive reports showing their performance against established thresholds and Partnership network averages (and/or across peer groups) at least annually, but this information is available on a monthly basis for providers participating in certain QIPs. The Primary Care Provider Quality Incentive Program (PCP QIP) provides PCPs aggregate and member-level data through two interactive online tools: eReports and PQD. eReports refreshes twice a week and allows PCPs to identify those members with gaps in preventive and chronic disease care in support of compliance on the PCP QIP's clinical measures. It also allows PCPs to upload additional data to support measure-specific numerator compliance or exclusion criteria. PQD is a Tableau-based online data visualization and analytics tool that supports analysis of Partnership's HEDIS® and PCP QIP performance data.

Substance Use Disorder - focused performance improvement projects are managed by Partnership and administered centrally. The SUIQI reviews data at least annually from eligibility, claims, encounter, and provider data to analyze adherence to protocols and identification of those in need of services; timely access measures; initial and engagement of clients into treatment; fidelity to American Society for Addiction Medicine (ASAM) requirements; and outcome and recovery data. The SUIQI aligns their efforts, where possible, with the EQRO evaluation processes and support their evaluation criteria.

In addition, review of the substance use disorder service system and its integration into overall Plan services are incorporated into the ongoing Partnership measurement and reporting programs. This includes summary results from access studies, grievances, IHAs, facility site and medical record reviews, PQIs, targeted improvement projects, and training activities. These are presented to SUIQI on an ongoing basis and reported to SUPAG, IQI, Q/UAC, and PAC at least annually. Substance use disorder services performance reports are also shared at various meetings, trainings, and webinars and community meetings.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program

The Agency for Healthcare Research and Quality (AHRQ), in collaboration with the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA), governs the administration of the CAHPS® survey through a nationally recognized set of standard and survey design principles.

As an NCQA accredited health plan, Partnership is required to contract with a certified NCQA survey vendor to administer the annual regulated CAHPS® survey. These survey results capture accurate and complete information about Partnership's member-reported experiences with their health care and provide insights to the quality of care delivered across the Primary Care Provider (PCP) network.

Partnership includes both adult and child populations in its CAHPS® survey sampling. The data collected informs our assessment of service delivery and helps identify areas for improvement to enhance member satisfaction and health outcomes. CAHPS® results are integrated into ongoing quality improvement efforts, supporting targeted interventions and performance monitoring.

Partnership generates the CAHPS® sample frames, obtains auditor approval, and coordinates with the certified survey vendor to ensure compliance with state and federal survey administration requirements.

For additional CAHPS® program inter-department dependencies related to DHCS and NCQA accreditation requirements, please reference the following sections in this document.

- Measure, Analytics and Reporting
- NCQA Accreditation Program Management

Program Scope

The CAHPS® Program team oversees the annual survey cycle from implementation through completion. Program oversight includes vendor management and contracting with a certified NCQA® survey vendor.

Additionally, the CAHPS® program team provides oversight for CAHPS Score Improvement goal development and implementation, supported by inter-department collaboration with the QI HEDIS® and NCQA Accreditation Team, as well as the external department partners including Administration, Communications, Grievance and Appeals, Health Services, HR/Workforce Development, Member Services, OpEx/PMO, Population Health and Transportation.

Survey Results

The contracted NCQA-certified survey vendor conducts a comprehensive analysis of CAHPS® survey results, comparing current-year respondent rates and measure performance to year-over-year results. HEDIS® benchmarks, and nationally derived Medicaid benchmarks through NCQA's Quality Compass®. This analysis provides critical insight into member experiences and highlights trends in care delivery and satisfaction.

Performance is assessed across a core set of CAHPS® measures, including the following rating and composite domains:

Rating Measures	Composite Measures
Rating of Health Care	Coordination of Care
Rating of Health Plan	Customer Service
Rating of Personal Doctor	Ease of Filling Out Forms
Rating of Specialist	How Well Doctors Communicate
	Getting Care Quickly
	Getting Needed Care

These measures support Partnerships broader quality improvement goals by identifying strengths and opportunities to improve member experience, access and communication across the provider network and plan services.

Health Plan Rating

The CAHPS® results are an important component of the NCQA 5-star Health Plan Rating (HPR). As an NCQA Accredited Health Plan, Partnership is required to submit and publicly post the annual CAHPS® scores for one or both survey populations.

The HPR is calculated using a weighted methodology that combines HEDIS® clinical performance measures with CAHPS® survey results. In reporting year 2024, Partnership earned an NCQA HPR of 3.5 Stars, based on submission of the adult survey population.

Current CAHPS® scores across both the adult and child populations highlight significant opportunities for improvement. To address this, the QI CAHPS® Program Charter guides cross departmental efforts and collaboration with the provider network to drive meaningful improvements and increase star ratings across all survey populations.

Value Based Payment Programs

Partnership has value-based programs in the areas of primary care, hospital care, specialty care, palliative care, perinatal care, behavioral health, and enhanced care management. These value-based programs align with Partnership's organizational mission to help our members and the communities we serve be healthy. Partnership uses nine (9) guiding principles to build and strengthen its provider network through value-based program management that promotes the delivery of high-quality, affordable, and equitable care to our members.

1. Pay for outcomes, exceptional performance, and improvement
2. Offer sizeable incentives
3. Actionable Measures
4. Feasible data collections
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measure set
8. Align measures that are meaningful
9. Stable measures

The aforementioned guidelines and design of these programs assures no payments are made directly or indirectly to providers as an inducement to reduce or limit Medically Necessary Covered Services to members, per 42 CFR sections 438.3(i) and 438.10(f)(3). Additionally, these value-based programs and corresponding financial payments comply with the requirements of APL 19-005. All financial incentive programs, per contract requirements, are reported in the form, manner, and frequency specified by DHCS. Partnership utilizes its value-based programs to compensate its network providers in ways that assure provider accountability for both quality outcomes and total cost of care across the populations served. The same approach will be utilized as alternative payment models are introduced to network providers. Partnership monitors quality performance under these value-based programs and alternative payment models and responds timely, within 90 calendar days, to any DHCS requested reporting. Additionally, on an annual basis, Partnership reports on its network payment models using the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) framework categories. Partnership supports the delivery of effective primary care and integrated care through the emergence and use of alternative payment models. In evaluating the effectiveness of primary care, Partnership fulfills DHCS required reporting that reflects its investment in primary care service delivery and promotion of primary care delivery through alternative payment models.

Primary Care Provider Quality Incentive Program (PCP QIP)

This program provides financial incentives, data reporting, and technical assistance to PCPs to improve key domains of quality: clinical care, patient experience, access and operations, and resource use. PAC reviews and approves proposed clinical measures selected for the PCP QIP. A group of providers and administrators across counties and practice types recommend measures for the PCP QIP each year in QIP Advisory Group. Following the QIP Advisory Group's recommendations and internal discussions with various Partnership department stakeholders, the draft measures are released to the Partnership provider network during a public comment period. Feedback from the public comment period is shared with the QIP Advisory Group and at internal stakeholder meetings, at which time measure recommendations are forwarded to PAC for review and approval. The measures and detailed specifications can be found on the Partnership website.

Hospital Quality Incentive Program (HQIP)

The HQIP, established in 2012, is a pay-for-performance program for invited hospitals serving Medi-Cal members in the Partnership network. The goal of the HQIP is to improve the quality of care provided to members by offering participating hospitals substantial financial incentives in exchange for meeting selected performance targets.

Participants report on measures across the following measurement domains: advance care planning, clinical quality, operations and efficiency, patient safety, and patient experience. To support improving coordination of care after discharge and increase support for patient self-management, the HQIP includes a 7-Day Follow-Up measure for all Partnership adult members admitted to the hospital. Like the PCP QIP, Partnership collaborates with hospital partners and internal Partnership department stakeholders to design the program, and PAC reviews and approves the measures selected. The measures and detailed specifications can be found on the Partnership website.

Palliative Care Quality Incentive Program (PC QIP)
All Partnership contracted Intensive Outpatient Palliative Care provider sites are automatically enrolled in the PC QIP. Providers may earn incentives from the program based on care provided to members who have serious illnesses and have an approved intensive outpatient palliative care treatment authorization request (TAR) on file. Partnership has designed the PC QIP, which offers significant financial incentives to support and improve the access to and quality of palliative care provided by Partnership's contracted palliative care providers. The program also incentivizes the completion of POLST (Physician Order for Life-Sustaining Treatment) for these members and for actively participating in a data collection system addressing quality assessments reviewed against established quality thresholds.

Perinatal Quality Incentive Program (QIP)
The Perinatal QIP provides financial incentives to participate in the Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers providing quality and timely prenatal and postpartum care to Partnership members. Participation is by invitation and requires signing a Letter of Agreement. For this incentive program, a simple and meaningful measurement set has been developed and currently includes the following measures: Prenatal Immunization Status, Timely Prenatal Care, Timely Postpartum Care, and Electronic Clinical Data System (ECDS). The current ECDS measure reflects Partnership's efforts to partner with an approved HEDIS data aggregator. These efforts contributed to the success of this measure and have positively impacted Partnership's HEDIS® rates and other QIPs who share this measure in their measurement set.

Behavioral Health Quality Incentive Program (QIP)
The Plan's delegated mental health administrator, Carelon Behavioral Health, manages the quality incentive program for the network. The Behavioral Health QIP is administered through the Carelon Behavioral Health network and focuses on measurement-based care by utilizing member screenings over time in participating practices to inform clinical interventions and measure results. The QIP for substance use disorder services focuses on a provider's ability to address members with co-occurring substance use disorder and mental health needs.

Enhanced Care Management (ECM) Quality Incentive Program (QIP)
The ECM Program is a Medi-Cal benefit that replaces the current Whole Person Care (WPC) Pilot and Intensive Outpatient Care Management (IOPCM) activities. As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the objective of ECM is to motivate, modify, and improve the health outcomes of seven identified groups of individuals by standardizing a set of care management services and interventions, then build upon the positive outcomes from those programs. Participants are incentivized for the timely reporting of enrolled members in ECM benefits as the basis for determining the incentive pool amounts for the quality measures. The four quality measures include: Care Plan and Release of Information Upload into PointClickCare, PHQ-9 Depression Screening, Blood Pressure Screening, and timely Review of ED/Admission Notifications.

Improvement Projects
Partnership considers a number of factors to determine where and how to focus its improvement efforts. The Managed Care Accountability Set (MCAS), a subset of HEDIS® measures for which DHCS holds Managed Care Plans accountable; a subset of HEDIS® measures which carry weight for NCQA health plan accreditation; and most recently the advent of CMS, DHCS and Model of Care measures aligned with the D-SNP, are prioritized by QI. In addition, QI prioritizes recommendations from the QIHEC's annual evaluation of quality measure performance data. These recommendations are focused on addressing health-equity performance deficiencies and ensuring appropriate equity-focused interventions are identified to reduce health disparities in alignment with the requirements of the NCQA health equity accreditation and per DHCS mandates.

Additional criteria for selection include:

- Meaningful clinical or service areas to both providers and members
- Measures where improvement projects would impact large populations of members
- Over or underutilization of services
- Clinical or service areas where provider variation in practice is greatest
- Clinical or service areas that present opportunities to address health inequities

Data sources used to determine focus areas include:

- Annual, monthly, and year-to-date performance on HEDIS® measures
- Performance on Partnership's pay-for-performance measures that provide financial incentives to provider organizations to drive improvement, including data on disparities based on factors such as race and ethnicity, preferred language, and zip codes
- CMS Administrative Data
- CAHPS® and other Member Satisfaction surveys
- Grievances and appeals
- Facility site and medical record review results
- IHA rates
- Utilization data
- County level and/or public health data
- Clinical data derived from Health Information Exchange (HIE) with providers

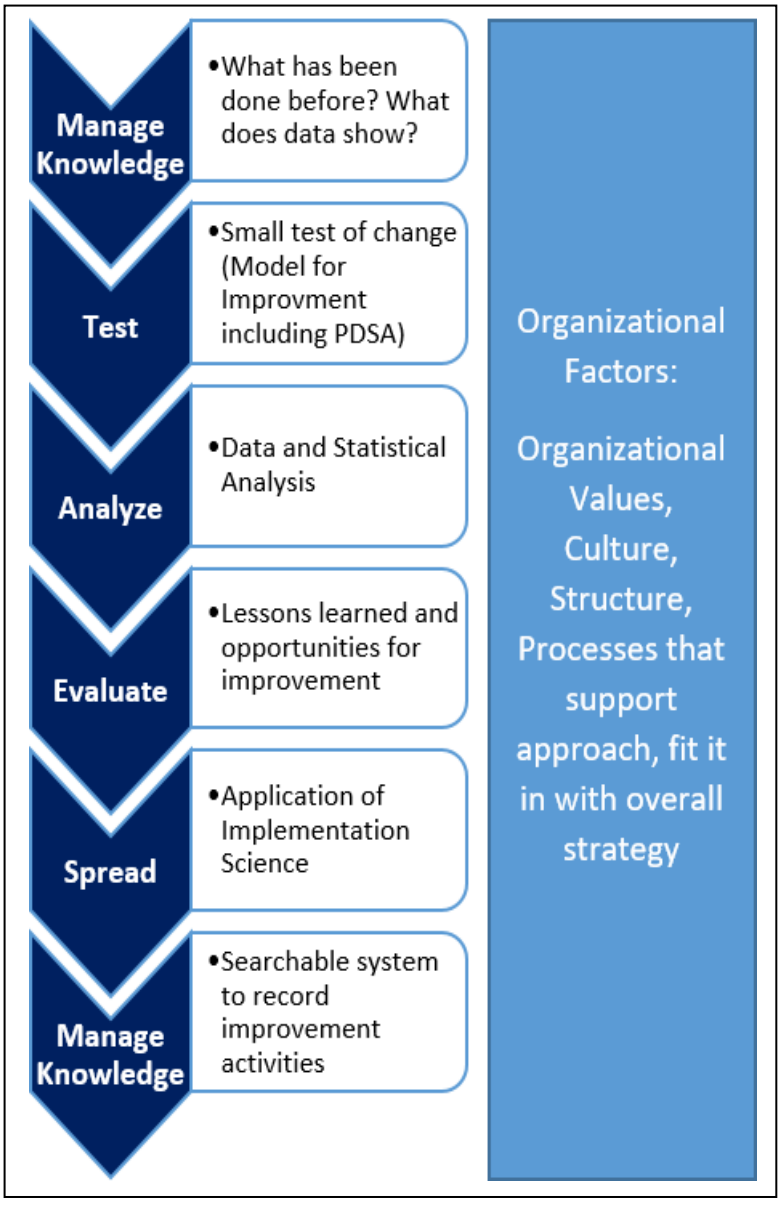
Based on the department that will lead an improvement effort, its leadership and management propose focus areas and projects with guidance from their executive sponsor, other members of the executive leadership team, medical directors, other departments and key stakeholders. For improvement efforts focused on reducing health disparities, the QIHEC ensures appropriate follow-ups on equity-focused interventions and related activities Partnership commits itself to in addressing quality measure performance deficiencies. Additionally, the QIHETP team supports ongoing QI efforts in the identification of potential quality or equity of care issues, and improvement of HEDIS® quality measures in context with social determinants of health. For member-facing improvement efforts, CAC and other member focus groups are often consulted.

The QI/PI department is often the lead for many improvement efforts, particularly those that are mandated or due to poor performance on the Managed Care Accountability Set (MCAS), which are the set of measures that Department of Health Care Services (DHCS) selects for annual reporting by Medi-Cal managed care health plans. This can include mandated improvement efforts to meet disparity reduction targets for specific populations and/or measures as identified by DHCS. Partnership participates in DHCS mandated statewide collaborations and initiatives focused on improving quality and equity of care for its members. Partnership designates staff to attend, at a minimum, quarterly regional collaborative meetings, including those designated as in-person. The QI/PI department also takes the lead on mandated Performance Improvement Projects (PIPs) that are assigned by DHCS. On an ongoing basis, Partnership is required to complete a minimum of two PIPs per Centers for Medicare & Medicaid Services' (CMS) mandates. PIPs are led by the QI/PI program based on criteria defined by DHCS and overseen by the EQRO, and include at least annual status reports to DHCS. The involvement of fully delegated subcontractors is considered in both mandated short-term improvement projects (Plan-Do-Study-Act) and the PIPs. Once the objective and scope of improvement projects are approved, an improvement team is formed with a lead or project manager and individuals who are involved in the improvement effort. Current year performance priorities are outlined in Partnership's QI Program Work Plan.

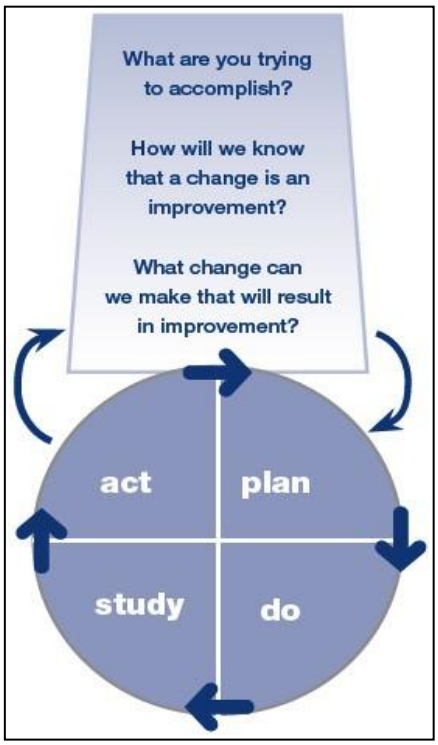
For 2024-2025 Partnership has set metrics for success which includes NCQA Health Plan Ranking (HPR) targets. Partnership has formed, in recent years, measure-family-focused workgroups to better coordinate service and performance across the organization and to raise Partnership's overall quality measure performance. This effort is referred to as Quality Measure Score Improvement (QMSI) and consists of cross-functional workgroups led by Quality staff with support from Medical Directors and includes representation from across the organization, including: Care Coordination, Claims, Health Education, Office of the CMO, Pharmacy, Population Health, Provider Relations and Regional Leadership. Each workgroup is focused on measure performance analysis,

identification of measure focus priorities and efforts needed to close performance gaps. QMSI workgroup areas include pediatrics, chronic diseases, , behavioral health, women's health and perinatal care, and elder care. Together these workgroups will identify opportunities and barriers to be addressed to improve care outcomes for members and increase HPR.

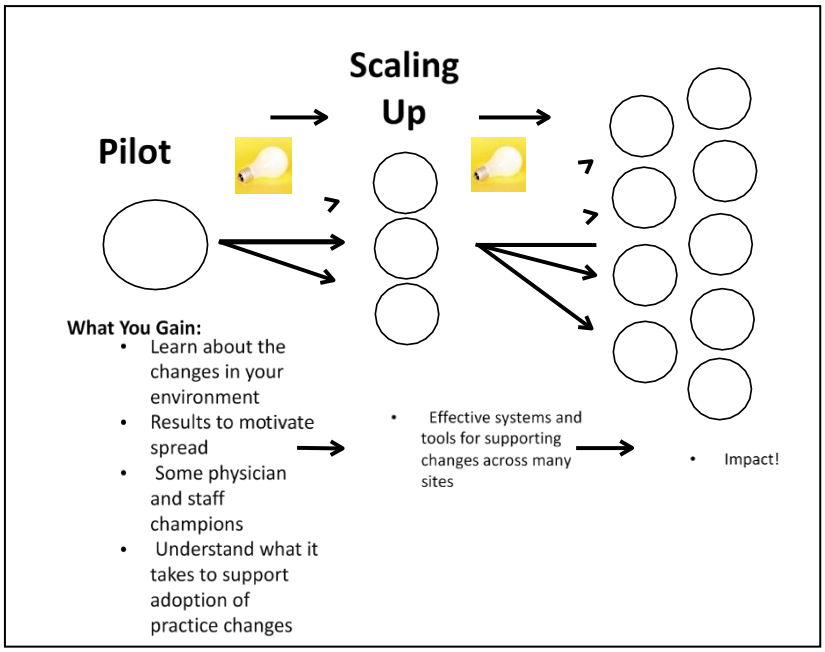
Partnership has developed the Pathway to Excellence (P2E) framework for improvement activities. This framework includes six major components as noted below:



This framework includes several performance improvement methodologies including small tests of change using the Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle, optimizing spread through the application of implementation science with robust project management infrastructure to guide strategic improvement initiatives and targeted improvement projects. Appendix C has a detailed description of the P2E framework.



Partnership supports spreading effective interventions within and across sites and regions as more is known about the problem, resources, and infrastructure needed to support the change on a larger scale. Within provider organizations and throughout Partnership's provider network, spread is challenging and highly dependent on provider organizations' leadership, culture, and quality improvement infrastructure to do this effectively. The figure below outlines this approach.



A list of current year improvement projects and outcomes are available in Partnership's QI Program Work Plan and annual QI Evaluation, respectively.

Care for Members with Complex Needs (CCM)
CCM is a voluntary program that provides tailored interventions aimed at improving the member's self-management of their health; and increasing the appropriate usage of health and medical resources while reducing the inappropriate utilization of health care resources. These goals are achieved by working with the member/caregiver and the member's interdisciplinary care team to:

- Educate about the member's benefits with managed care and how to use available resources
- Identify and help with understanding of member's medical condition(s)
- Support and encourage self-management skills to promote and optimize the member's personal health goals and well-being
- Coordinate necessary health care services and
- Refer to appropriate medical or social community resources when applicable

Please see the Care Coordination program description for further information regarding the populations targeted and the specific interventions used for Partnership members.

Quality Assurance and Member Safety Activities
Quality Assurance and Member Safety activities include investigation of PQIs; facility site and medical record reviews; assessing the level of physical accessibility of provider sites including specialists and ancillary providers that serve a high volume of seniors and persons with disabilities; and monitoring IHA rates.

Member safety activities are governed in large part by DHCS directives. To stay aware of updates and guidance on conducting member safety activities, Partnership maintains a multi-department system to monitor and implement regulatory guidance, including but not limited to All Plan Letters (APLs) and contract amendments, like those that inform the QI program. APLs are also available and searchable by all staff via the DHCS website.

Potential Quality Issues (PQI) and Peer Review
A PQI is defined as a possible adverse variation from expected clinician performance, clinical care, or outcome of care. PQIs require further investigation to determine whether an actual quality issue or opportunity for improvement exists. A quality issue is defined as a confirmed adverse variation from expected clinician performance, clinical care, or outcome of care, as determined through the PQI process. The PQI investigation and Peer Review process provide a systematic method for the identification, reporting, and processing of a PQI to determine opportunities for improvement in the provision of care and services to Partnership members, and to direct appropriate actions for improvement based upon outcome, risk, frequency, and severity.

PQIs are identified through the systematic review of a variety of data sources, including but not limited to:

- Information gathered through concurrent, prospective, and retrospective utilization review
- Referrals from any Health Plan staff
- Facility Site Reviews
- Claims and encounter data
- Pharmacy utilization data
- HEDIS® medical record review process
- Medical record reviews/audits
- Grievances and Appeals
- Ancillary providers/vendors/delegates such as Carelon, VSP, etc.
- Provider sentinel/adverse events such as provider preventable conditions that are reported as required by the State

All cases are initially reviewed by an RN Quality Investigator and then forwarded to the CMO or Medical Director for Quality in accordance with Policy MPQP1016. Medical records and other supporting documentation are collected, and where issues are identified, the provider of concern may be given an opportunity to respond. The CMO/Medical Director for Quality review includes assessment of, but is not limited to, appropriate level of care, appropriate tests, therapy and treatment, technical expertise, referral, consultation, timeliness, and adequate documentation.

The RN Quality Investigators, pharmacist representative, and identified Medical Directors review potential quality issue cases at PQI rounds. Severity ratings are designated to identify "Practitioner performance," "System issues," or both. Sometimes, multiple provider performance issues or system issues are identified in the same case and rated accordingly. Upon determination by a Medical Director that a case requires review by the Peer Review Committee, the RN Quality Investigator prepares the PQI case file for Peer Review (see MPQP1053 for the Peer Review Committee policy). The Peer Review Committee reviews concerns and complaints about the quality of care and services provided to Partnerships' members and makes recommendations for actions to prevent reoccurrences of the identified issues. The Committee also reviews sentinel conditions identified as having quality concerns. Cases with significant concerns are communicated to the Credentials Committee at the recommendation of the Peer Review Committee.

Annual reports are presented to IQI and Q/UAC showing trends related to referral patterns and quality of care concerns. A monthly report is presented to the CMO and Medical Director for Quality which includes cases open, closed, referrals, and pending PRC review.

Pharmacy Department Patient Safety Initiatives

Partnership has a number of activities in place to ensure medication safety and adherence for Partnership members. These activities include:

- *Managing Pain Safely (MPS)*. Pharmacy leads an ongoing multi-year initiative to promote the safe use of opioids.
- The Pharmacy Department uses Medi-Cal Rx Contractor pharmacy data to monitor opioid prescribing and utilization against opioid-related HEDIS® measures: HDO (high dose opioids), POD (opioid use 31 days), UOP (multiple prescribers/pharmacies), and BZD/Opioid concurrent use.
- The Pharmacy Department monitors and evaluates naloxone prescriptions to help promote access and utilization to improve patient safety.
- The Pharmacy Department reviews and analyzes drug utilization to identify high-risk members taking antipsychotic and opioid medications and provides interventions against identified risks.
- The Pharmacy Department monitors antipsychotic pharmacy claims to identify suboptimal medication regimens and adherence for members taking antipsychotic medications. Interventions aim to address and reduce risk for metabolic syndrome induced by antipsychotic medications.
- *Smoking Cessation*. In collaboration with Care Coordination, Partnership offers smoking cessation counseling services to members who indicate "yes" on the Health Risk Assessment (HRA) question, "Would you like help quitting?" Functions include provider outreach, educating members on medication adherence to tobacco cessation products, and assisting with enrollment in the California Smokers Helpline program.
- *Latent Tuberculosis Therapy (LTBI) Monitoring*. LTBI 12 dose monitoring to ensure patients receive appropriate therapy and interact with providers and county public health departments to ensure completion of therapy and identify patients that may have fallen out of therapy.

Site Reviews

Partnership conducts Site Reviews that include a review of the physical site, medical records, and a review that evaluates accessibility for Seniors and Persons with Disabilities (SPDs). Site Reviews are conducted for primary care, OB/GYN, palliative care, substance use disorder services providers, non-accredited sites, mobile/street medicine, and private duty nurses. With the Sunset of Comprehensive Perinatal Service Program (CPSP), Partnership now conducts Site Reviews on all OB providers up to every three years. Partnership is awaiting an official OB tool and/or APL and further guidance on this topic from DHCS. The internal and external quality improvement committees review the results from the Site Reviews, Initial Health Appointments (IHAs), and Physical Accessibility Review Survey (PARS) Results at least annually. Results from Site Reviews are reported to the DHCS twice per year. The Credentials Committee is notified when Site Reviews are completed.

Initial Health Appointments (IHA)

In January 2023, DHCS issued APL 22-030 which changed the name of Initial Health Assessment to the Initial Health Appointment (IHA) and discontinued the requirement of a Staying Healthy Assessment (SHA) questionnaire to be

completed by the member and reviewed by the Primary Care Physician (PCP) annually. The Staying Healthy Assessment (SHA) was replaced by the Member Risk Assessment.

The Initial Health Appointment must be completed within 120 days of enrollment to the health plan or within 120 days of assignment to a primary care provider (whichever is most recent). The visit must be conducted in the primary care setting and be provided in a way that is culturally and linguistically appropriate for the member.

Partnership collaborates with network practitioners and providers to improve IHA compliance by:

- Identifying areas where training is needed
- Identifying and sharing best practices
- Seeking input from network practitioners about systems Partnership can put in place to improve IHA compliance
- Providing technical assistance, resource materials, and training in areas where indicated
- Reminding providers monthly to review their list of newly assigned members and track outreach attempts to the members
- Publishing provider and member facing newsletter articles
- The Site Review Team offers 1:1 educational training with sites about IHA requirements at every site review exit interview. The Partnership Billing Guide and information on IHA are provided during the site review exit interview process.
- Sending monthly mailers along with address labels for newly enrolled members so providers can reach out to members and schedule an IHA appointment
- Clinical Operational meetings are designed to collaborate between both parties (Partnership and Facility) on procedures and operations to ensure patient quality of care and outcome. Partnership uses this opportunity to present on IHA, Blood Lead testing, and offers additional education on Site Review.

CHDP Training Replacement with Sunset effective 7/1/2024

Under the CalAIM initiative, DHCS has transitioned the Child Health and Disability Prevention Program (CHDP) effective July 1,2024 to Partnership. This transition aligns with the desire to streamline efforts and consolidate care responsibilities, for members 21 years of age and younger.

The Inspections Team now offers training on all CHDP topics and is reviewed during the Site Review process. Training topics include Audiometric, Vision, BMI, Dental Fluoride Varnish Application and Preventative Care, which covers immunizations, CAIR, and blood lead screening. Training courses are offered through a live WebEx session, or they are available online. Once training is completed, a certificate of completion is sent to the site and is valid for 3 years.

Quality Improvement Coaching and Training Support

The Performance Improvement (PI) team offers a variety of coaching and training opportunities to clinicians, administrators and staff to gain quality improvement expertise and to learn from peers. Each initiative prepares provider sites to optimize population health, enhance their patients' experiences of care, promote provider and care team satisfaction, and foster a culture of continuous quality improvement.

Provider Tiering and Enhanced Provider Engagement: In 2022, Partnership began strategic planning to expand provider engagement to engage a wider group of provider organizations (PO's) in building their capacity for quality improvement work. Using the previous year's PCP QIP clinical measure scores, provider organizations are organized into tiers, with coaching programs designed to align with the priorities and needs of the respective organizations.

2025-26 provider tiers and respective coaching opportunities are:

- Tier 1 PO's (< 33% of clinical points earned in previous year's PCP QIP): Strong candidates for participating in the Modified PCP QIP, coupled with a Needs Assessment and ongoing improvement coaching
- Tier 2 PO's (33-79% of clinical points earned in previous year's PCP QIP): Practice Coaching, JLI's, improvement pilot or PIP partnership on established MCAS measures

- Tier 3 PO's (>80% of clinical points earned in previous year's PCP QIP): Voices from the Field, innovation pilots on emerging measures
- PO's at any tier: Regional meetings, Improvement Academy trainings

Modified PCP QIP: The Modified QIP is a simplified set of measures given to Provider Organizations with low PCP QIP Scores. Providers are evaluated annually to determine participation. Thresholds for participation are reevaluated and adjusted annually, according to need and available coaching resources.

Needs Assessment and Relationship Building: The Needs Assessment is the initial step for provider organizations assigned to the Modified PCP QIP or who are at risk of placement in it in the following measurement year. Members of the provider organization's leadership team will complete an in-person Needs Assessment with a member of the PI team. The Needs Assessment is a modified version of the Building Blocks of Primary Care Assessment (BBPCA), a tool developed by the UCSF Center for Excellence in Primary Care and is designed to identify an organization's strengths and improvement opportunities within their quality program. Alternatively, a provider organization can complete a Population Health Management Capabilities Assessment Tool (PhmCAT), a tool published by DHCS as part of their Equity Practice Transformation initiative. The PhmCAT tool is also based on the BBPCA tool, and contains additional questions on health equity, behavioral health, and social health strengths and improvement opportunities within the organization. Completed PhmCAT tools are reviewed in detail with a member of the PI team.

Completing the Needs Assessment allows the provider organization to assess themselves and fosters relationship building with Partnership; it also provides a framework for prioritizing improvement opportunities and committing to activities to build their quality infrastructure and organization-wide culture of quality.

Once the provider organization has chosen areas for improvement, Partnership will offer support through various means including: providing coaching, training opportunities, grant application opportunities and resources, and connecting with outside resources.

Practice Coaching: In 2020, Partnership initially began offering practice facilitation, a narrower set of coaching tools and support, to PCP organizations with large member assignments and some existing quality infrastructure that had opportunity for improvements in clinical performance. Partnership expanded and broadened support via practice coaching, to meet the evolving needs of the network as it transitioned through the COVID-19 public health emergency. The coaching format is now offered to provider organizations that score between 33-79% of clinical points on their PCP QIP.

Practice coaches assist primary care practices in the application of evidence-based best practices to quality improvement activities. Working alongside organizational quality teams, the practice coach provides guidance and resources to facilitate system-level changes. The practice coach provides a framework for translating evidence-based research into practice by building relationships, improving communication, and facilitating change.

The following are areas where Partnership practice coaches offer support:
- Provide guidance on inter-disciplinary project team formation and collaboration for QI projects
- Project management – provide guidance and tools on framing and managing QI projects
- QI project development and use of QI tools, methodologies, and best practices
- Provide data analytics training and support
- Provide guidance on change management aspects of QI project
- Coach provider organizations on adopting a culture of quality and advancing quality improvement efforts throughout the organization

Partnership Improvement Academy
The Partnership Improvement Academy encompasses different types of training to support and educate provider organizations about quality improvement. Trainings are added, adjusted, or abandoned based on the needs of the network and are evaluated regularly for opportunities to improve.

ABCs of QI: This program is a one-day in-person training designed to teach healthcare organizations the basic principles of quality improvement including developing aim statements, measures, and change ideas; how to use data and run charts, and testing change ideas on a small scale. The program is offered regionally, several times per year, to meet the needs of the expanding network.

Improving Measure Outcomes: These trainings are 1-1.5-hour webinar learning sessions offering CME/CE and cover the PCP QIP measures

The objectives of the learning sessions are:

- Overview of clinical measure specifications and threshold definitions
- Present documentation recommendations/highlights to maximize measure adherence
- Review regional performance data on clinical measures, including data that show disparities by race and ethnicity
- Review best and promising practices to close gaps in care
- Showcase Voices from the Field, high-performing providers who present their best practices for closing care gaps
- Overview of performance improvement strategies and tools

The target audience is clinicians, practice managers, quality improvement team, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Northern Region Consortia & Partnership Northern Region QI Collaboration: This partnering occurs formally on an annual basis via a written scope of work agreement under which they jointly promote and support QI capacity building in the clinic setting through trainings, improvement advising, peer-to-peer sharing, and conducting annual clinic profiles/assessments. The Northern Consortia membership is comprised of Federally Qualified Health Centers (FQHCs) in the Partnership Northeast, Northwest, East, and Southwest Regions and represent the largest PCP organizations, in terms of assigned member volume. Partnership benefits from the peer network forums the consortia leaders have established amongst its members' QI leadership and CMOs. The QI Peer Network and CMO Peer Network meet every other month, including longer in-person meetings on a biannual basis. Within these peer networks, Partnership is invited to share measure level education, guidance, and technical assistance on the application of performance improvement tools and methods. These interactions occur either as part of recurring peer network meetings or separate webinar offerings targeting peer network members.

Clinically Led HEDIS® Measure Education: HEDIS® Measure Education is also incorporated into provider interactions with Partnership's Member Safety Team. Partnership Member Safety nurses have unique opportunities through their Site Review visits to build rapport with PCP clinical leadership and staff. During the completion of the medical record review portion of Site Reviews, Partnership nurses incorporate measure education and corresponding medical record-keeping best practices during their reviews with providers.

Pharmacy Academic Detailing: Partnership's Pharmacy Department offers provider organizations detailed analysis of their patient's adherence to medication for a number of chronic conditions, to identify opportunities to improve medication management of their condition. Topics covered in Academic Detailing sessions include:

- Increasing prescriber and pharmacist knowledge of the HEDIS® measures for diabetes, hypertension and asthma, Medi-Cal Rx formulary, and proper documentation of diabetes, hypertension, cardiovascular disease, asthma and other diagnoses (e.g., ADHD)
- Analysis of provider organization's pharmacy fill data and measure compliance to highlight prescribing and refill best practices
- Increasing member knowledge and engagement in chronic disease management

Substance Use Disorder Services Support and Training

The Partnership DMC-ODS (Drug Medi-Cal Organized Delivery System) Regional Model program provides clinicians, administrators and staff with quality improvement expertise. Sites are supported so as to encourage integrated care across the Partnership system, to optimize population health, enhance their patients' experiences of care, promote provider and careteam satisfaction, and foster a culture of continuous quality improvement.

Trainings provided on a regular basis include American Society for Addiction Medicine (ASAM) criteria and application.

Partnership provides a range of support and services to contracted Drug Medi-Cal Providers. These include:

- Training and technical assistance to help providers improve services and clinical documentation and regulatory compliance
- Conduct regularly scheduled chart compliance reviews, offering guidance and written feedback focused on quality improvement of services
- Provision of resources such as sample forms, audit instruments and other tools that would help providers develop effective systems of quality records management
- Responding to technical questions related to regulations or practices
- Communication with providers and other agencies in order to better understand and interpret program regulations and to address treatment needs
- Responding to grievance and appeals from Partnership members or other concerned individuals in the areas of access, quality, billing, critical incidents or client rights

Community Partnerships

In many cases, the quality improvement efforts that have the biggest impacts on the health of members involve significant community collaboration and coalitions with local entities. Local entities are crucial partners in developing strategies for Partnership to address deficiencies in performance measures. Local entities in Partnership's communities engaged in this collaboration include: county health departments (including public health officers), the four consortia that serve FQHCs in Partnership's community, law enforcement, schools, and various Community Based Organizations (CBOs) or nonprofit agencies. Many providers in Partnership's network provide health care services to Partnership's members and are also partners in larger community-level interventions. This includes primary care physicians, FQHCs, Rural Health Centers, Indian Health Service Health Centers, hospitals, long-term care facilities, specialist physicians, hospice agencies, and community pharmacies. Community partnerships can take place on various levels, from engaging with partners and networking, to actively participating in or convening larger groups to drive change and further large-scale initiatives.

Partnership's participation in community partnerships can be in one of five roles: Leader, Convener, Participant, Funder, and Advocate. Multiple job positions within Partnership attend meetings with various partners and stakeholders and take on one of these roles depending on their scope of knowledge and decision-making authority.

Some current major initiatives involving community partnerships with local entities include:

1. Mental Health Integration
2. Improving Access to Specialty Care Services
3. Regional Approach to Treating Substance Use Disorder
4. Integrating Medical Records through HIEs
5. Implementing CalAIM including establishing partnerships within each county Partnership serves
6. Improving preventive care quality outcomes for members less than 21 years of age
7. Community Health Assessment & Community Health Improvement Plan (CHA/CHIP) collaboration
8. Population Health Community Engagement

To further elaborate on the community partnerships, the table below highlights a few examples of current and ongoing initiatives, specific to mental health integration and treating substance use disorder:

Community Activities		
Wellness and Recovery	**Mental Health**	**Other Initiatives**
Collaboration with local hospitals to integrate Community Health Workers within emergency departments to provide warm handoffs to substance use disorder service providers.	Collaborating with counties and Sac Valley Medshare to improve data solution through a single source.	Multi-Payer Fee Schedule – participating with school districts to provide school-linked behavioral health services.
Shasta County Substance Abuse	Collaborating with counties to provide	Conduct monthly Learning

Community Activities		
Wellness and Recovery	**Mental Health**	**Other Initiatives**
Coalition	resources and support for clients diagnosed with an eating disorder.	Collaborative with our school partners around behavioral health service delivery.
Humboldt County Drug Medi-Cal Huddle	Engaging with non-contracted providers to provide alternate solutions for services to clients with an eating disorder.	Meet quarterly with all county Child Welfare Partners to review utilization, coordination of care and discuss services.
Drug Safe Solano Substance Use Coalition	Streamlining processes internally to offer an option for Partnership to take the "lead" on eating disorder cases where county capacity is lacking.	Meet quarterly with all First Five partners to review utilization, coordination of care and discuss services.
Meet quarterly with all county Behavioral Health partners to review SUD referrals, coordination of care and discuss services.	Streamlining processes internally with other departments for coordinating care for eating disorders and other mental health conditions.	
	Coordinating with other departments to improve reporting measures related to mental health and eating disorders.	
	Meet quarterly with all county Mental Health Plan partners to review utilization, coordination of care and discuss services.	

Member Input

Members are also crucial partners in informing strategies and interventions Partnership pursues to address deficiencies in performance measures and reduce health disparities. Member input is obtained from member outreach events, member experience surveys, member focus and engagement groups, member grievance and appeals data, CAC feedback, FAC feedback, PCP/specialist access and availability data, Member Services telephone access reports, member suggestions, and member requests for PCP transfers. Consumers are also represented on the Q/UAC and Partnership Board of Commissioners. Member feedback on Health Equity-related interventions is encouraged and requested in our Health Equity playbook, which emphasizes the importance of outreaching and gaining insight from those who are actually experiencing the disparities. Provider organizations are also encouraged to employ similar playbook tactics to improve care within their practices. Various workgroups meet to review the data collected at least quarterly and the workgroups recommend areas for improvement and action plans. These are presented and monitored by IQI. Performance on HEDIS® measures and progress made in other QI activities are shared with Partnership's members through the Q/UAC, CAC, FAC, and member newsletter.

Physician and Other Clinician Input

Through Partnership's committee structure, clinicians provide input on the quality improvement program including focus areas, strategies to improve care and service, and effective ways for measuring performance in projects. In addition, clinician input is provided on various projects such as the pay-for-performance programs for primary care, specialtycare, and hospitals. Partnership holds "provider comment periods" where physicians and their staff can provide input on priorities for these programs. Across all work, Partnership solicits input on priorities and interventions through committee meetings and other meetings with provider practices and clinic consortiums.

Population Health Community Engagement and Partnerships

The Population Health Management (PHM) department participates in continuous community engagement and outreach, including community partner collaboration. PHM attends various in-person community outreach events and works to build trust among members within each community, as well as community partners. Attendance at community events is imperative for strengthening the relationship between Partnership and external stakeholders.

Outreach at these events includes promotion of well-child visits, timely prenatal care and postpartum visits, adult wellness care, and general education about Partnership benefits. Partnership's regional liaisons and leaders in various departments actively participate in both internal and external workgroups to share information and reduce duplication of effort. Through collaborative meetings, these staff members identify community resources that may benefit Partnership members and share these resources with the organization to promote integration into program offerings that meet member needs. Programs within the community or offered through providers may include:

- Enhanced Case Management (ECM)
- Community Supports
- Regional Center participation
- Behavioral Health and Wellness & Recovery services
- Eating Disorder treatment
- Outpatient palliative care
- Other community programs such as WIC, support groups, community collaboratives, etc.

Furthermore, in alignment with DHCS' Population Health Management Policy Guide and 2024 Contract, Partnership works collaboratively with Local Health Jurisdictions (LHJ), hospitals, community providers, other payers, community-based organizations, member representatives, and other community stakeholders on each county's CHA and CHIP report. This collaborative work has replaced DHCS' historically mandated Population Needs Assessment. Together with these agencies, Partnership works with community stakeholders to prioritize local needs and agree upon a shared plan of action to keep the communities and members it serves be healthy.

See MCND 9001 for further details of Population Health Management's community engagement.

Population Health Management Strategies

Since 2017, Partnership has made significant inroads in establishing practices to lay the foundations for creating a Population Health Management (PHM) program. In February 2020, Partnership established the Population Health department. The Population Health, QI/PI, and Health Equity departments and teams conduct coordinated work to support the objectives of quality and equitable care and services for Partnership members through the following activities:

- Provision of guidance and updates on the NCQA standards related to PHM
- Participation in creating and executing QI and Health Equity initiatives that address identified health disparities andopportunities for member engagement/strategic program development
- Assistance in evaluation of initiatives, state-mandated work and performance improvement projects to determine the effectiveness of developed PHM programs
- Review and analysis of HEDIS® measure performance to help determine necessary targeted interventions to improve member health outcomes and well-being
- Development of broad-based member outreach strategies designed to engage members and direct them to their PCP
- Review and periodic revision to value-based programs to ensure they are supporting providers in their attempts to complete recommended missing services for members
- Execution of Partnership Improvement Academy workshops and training programs, as needed
- Local community stakeholder engagement, including support of local LHJ's Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) processes

Population Health, QI/PI, and Health Equity reside within Health Services. The Population Health and QI/PI departments report up to the CMO and the Health Equity department reports up to the CHSO. The Population Health department maintains a series of documents similar to those maintained by the QI/PI department including the Population Needs Assessment (PNA), Population Health Management Strategy and Program Description, the Population Health Work Plan, and the Segmentation Report, which are then presented at IQI, Q/UAC and PAC. Of note, the Population Needs Assessment is first reviewed by the internal Population Needs Assessment Committee prior to being reviewed by the remainder of the committees, including several additional committees beyond what are listed above. The Population Health Department also oversees the writing and

implementation of the Health Equity Cultural and Linguistic (C&L) Trilogy documents consisting of the C&L/QIHETP workplan, the C&L Program Evaluation, and the C&L Program description; all three of these documents are also reviewed and approved by IQI, Q/UAC, and PAC; they are also reviewed by QIHEC. Each department is led by a director that has a standing meeting time to discuss shared and separate work priorities to further support alignment of activities and optimal outcomes.

See the Population Health Management Strategy and Program Description, (MCND9001) and the C&L Program Description (MCND9002) for further details.

NCQA Accreditation Program Management

Partnership strives to improve the health status of members and their care experience to become one of the highest quality health plans in California. The NCQA Health Plan Accreditation (HPA) and Health Equity Accreditation (HEA) support Partnership's vision, mission, and strategic goals and fulfill Partnership's contractual obligations with DHCS.

Partnership is an NCQA Health Plan accredited organization as of January 2021, having successfully achieved renewal as of December 2023. HPA

- Provides a framework to guide our operational and quality improvement activities.
- Provides a nationally recognized standard and definition for a high-quality health plan, performance against which will allow Partnership to compare ourselves objectively against other high-quality plans.
- Offers the only widely available health plan assessment that bases results on clinical performance (HEDIS®) and member experience (CAHPS®).

Partnership is on a journey to obtain NCQA HEA. HEA focuses on the foundation of health equity work. HEA

- Builds an internal culture that supports the organization's external health equity work.
- Collects data that helps the organization create and offer language services and provider networks mindful of individuals' cultural and linguistic needs.
- Identifies opportunities to reduce health inequities, improve care and member experience.

Program objectives are outlined separately for HPA and HEA:

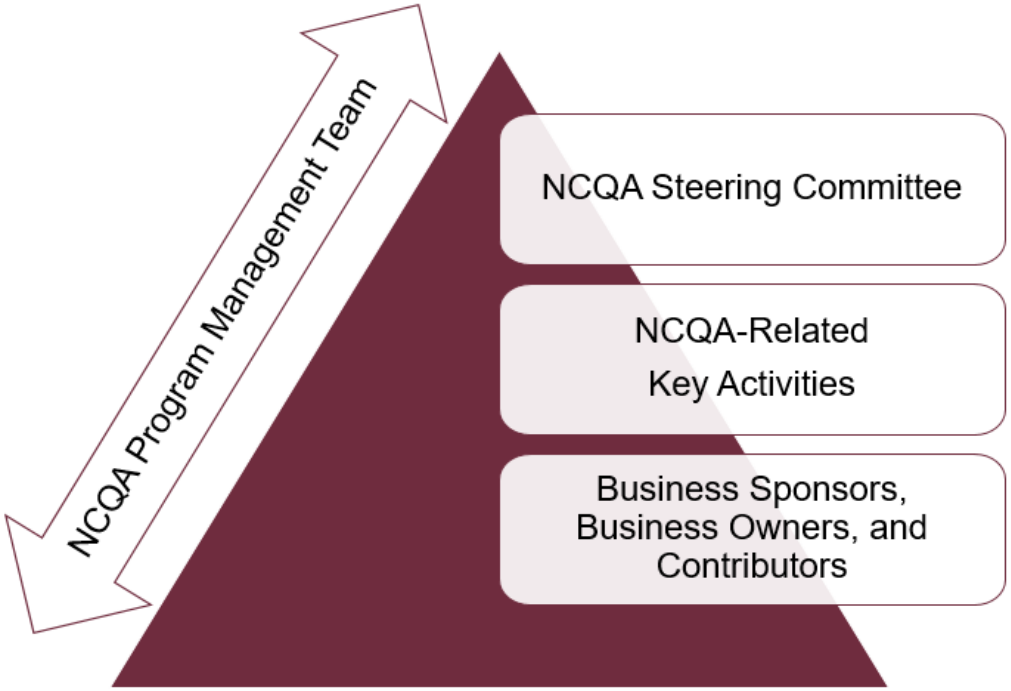
<u>Health Plan Accreditation</u>

- Maintain compliance of all NCQA Health Plan Accreditation (HPA) Standards and Guidelines, following the 2026 Standards and Guidelines, Triannual Policy Updates and Monthly FAQs.
- Monitor plan-wide compliance of HPA requirements through Renewal Survey.
- Successfully submit Partnership's Renewal Survey on September 22, 2026.
- Obtain the renewal of Accredited status by December 2026.

<u>Health Equity Accreditation</u>

- Develop knowledge and build readiness for Initial Survey.
- Monitor plan-wide compliance of HEA requirements for Initial Survey.
- Successfully submit Partnership's Initial Survey on June 17, 2025.
- Obtain the Accredited status by September 2025.

The NCQA Accreditation Program is managed via a tiered approach. A description of each tier is provided to define roles and responsibilities for each level of the program's governance.



- NCQA Program Management Team
  - Leads and coordinates efforts across each level of NCQA governance.
  - Manages the plan-wide NCQA Accreditation process, specifically:
    - Updates and maintains ownership of NCQA requirements through a plan-wide project work plan.
    - Updates and maintains the plan-wide evidence submission library, a list of required documents that are used to demonstrate compliance.
    - Identifies data needs and reports completion/approval dates through a grand analysis report schedule.
    - Coordinates a plan-wide mock survey with the NCQA consultant.
    - Reviews and assesses the Standards and Guidelines, coordinates any follow-up questions based on NCQA tri-annual policy updates and monthly FAQs.
  - Provides advisory support and guidance across NCQA Accreditation processes, standards/requirements, and HEDIS® and CAHPS® reporting, as needed.
  - Maintains and updates the NCQA compliance dashboard to evaluate progress.
  - Monitors and reports program status, escalates risks/barriers in a timely fashion.
  - Recommends changes to new and/or existing business practices to support and sustain program structure.
  - Facilitates the NCQA Steering Committee.
  - Serves as liaison with Business Owners across the health plan and as the primary liaison to NCQA,our consultant, and Medicaid health plans.
- NCQA Steering Committee
  - Leads NCQA Accreditation efforts by defining Partnership's NCQA program vision and purpose, and provides overall strategic direction.
  - Monitors and reviews program progress relative to goals, timelines and metrics.
  - Champions NCQA Accreditation readiness across the organization.
  - Resolves program conflicts and disputes, reconciling differences of opinion and approach.
  - Evaluates and approves major program components including program timelines, resource allocations, budget, risk management strategies, and program management/governance practices.
- NCQA-Related Key Activities
  - Standards are assigned to departments where the Business Owners reside.
  - Activities take place over the fiscal year to ensure compliance is maintained for all HPA and HEA Standards and Guidelines.
  - All Business Owners are required to complete the key activities to maintain compliance of all assigned

NCQA Standards and Guidelines.

- Business Sponsor
  - Holds a Partnership leadership position and is usually from the same department as the Business Owner. This person has formal authority/ownership for assigned requirements based on business practices.
  - Supports the Business Owner in achieving compliance and addressing any obstacles or barriers to the work and escalates project risks if needed. Escalation will include, but is not limited to, identifying needs for additional communication with stakeholders from regional counterparts, contributors, operational leadership, and the NCQA Steering Committee.
- Business Owner
  - Manages and/or executes the day-to-day work in order to achieve and maintain compliance of the assigned NCQArequirements.
  - Maintains deep subject matter expertise across the requirements, which includes reviewing and addressing changes to NCQA standards timely.
  - Collaborates and coordinates activities and deliverables with the contributors. Collaboration will include, but is not limited to, communicating the project's timeline, scope of work, roles and responsibilities.
  - Tracks and reports progress toward compliance with the requirements.
  - Provides periodic updates, at least quarterly, to the NCQA Program Management Team and contributor(s). Updates will include, but are not limited to, progress updates, risks and/or barriers, and staffing changes.
  - Raises issues to the Business Sponsor should challenges occur.
  - Primary contact for evidence preparation and responsible for all submissions.
- Contributor
  - A staff member outside of the Business Owner's department who holds subject matter expertise related to the assigned NCQA requirement(s).
  - Collaborates actively with the Business Owner to ensure successful completion of NCQA-related tasks. This includes, but is not limited to, providing expertise, data, policies, documents, and/or work deliverables timely to meet NCQA Standards.
  - Notifies the Business Owner and the NCQA Program Management Team of any staffing changes.

As part of the NCQA HPA process, Partnership reports HEDIS® and CAHPS® annual results to NCQA in June of each year. Evaluation of HEDIS® and CAHPS® performance is separate from Standards and Guidelines scoring. NCQA assesses Medicaid Health Plan quality based on various clinical measures, including preventive services to keep members healthy and treatments in response to illnesses and chronic diseases. NCQA also evaluates a Health Plan based on customer satisfaction. In September 2024, Partnership earned a Health Plan Rating (HPR) of 3.5 stars.

Partnership's next HPA reaccreditation survey, or Renewal Survey, is scheduled for September 22, 2026. The table below summarizes key HPA survey dates, as well as HEDIS® and CAHPS® reporting and scoring requirements.

HPA Survey Option	Partnership Survey Status	HEDIS®/CAHPS® Reporting and Health Plan Rating (HPR) Scoring
Renewal	December 2023: Reaccreditation Status received September 22, 2026: Next Renewal Survey submission date November 9-10, 2026: Two-day HPA file review audit December 2026 (targeted): Health Plan Accredited	Annual HEDIS®/CAHPS® reporting (MY 2024) in June 2025 and annual HPR scoring in September 2025.

At the time of preparing the QI Program Description, Partnership is positioned to obtain Health Equity (HE) Initial Survey Accreditation in September 2025, to fulfill the January 1, 2026 DHCS mandated timeline. Partnership will continue its process of sustaining compliance with the HEA Standards and Guidelines throughout the fiscal year. All key stakeholders are required to review NCQA changes and clarifications, including the Triannual Policy Updates and Monthly FAQs, and initiate revisions, as needed, in alignment with NCQA's expectations and look-back period.

Cultural Competency

Partnership is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible beneficiaries. The Health Education, Cultural and Linguistic (HEC&L) team regularly assesses and documents member cultural and linguistic needs to determine whether covered services are available and accessible to all members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. The HEC&L team also ensures that all cultural and linguistic services are provided in an appropriate manner.

Currently, the Population Health department is responsible for the operations of the Health Education, Cultural and Linguistic Services Program. Additionally, CAC and FAC provide recommendations on the development and implementation of culturally and linguistically accessible services.

Partnership's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. Partnership has systems and processes to:

- Assess, identify, and track linguistic capability of bilingual employees
- Identify and track linguistic capability of contracted staff in medical and non-medical settings
- Collect data on cultural, ethnic, racial and linguistic needs and prepare biennial analysis to ensure Partnership and its providers deliver services that meet the needs of Partnership's culturally diverse population
- Conduct a PNA and disparity assessment every year to: identify member health needs and health disparities to promote health equity; evaluate Health Education, C&L and QI activities and available resources to address identified concerns; and implement targeted strategies for Health Education, C&L and QI programs and services. Please see the PNA for detailed findings and the related Action Plans.
- Collaborate with the Director of Health Equity to provide cultural competence, sensitivity, and diversity training to staff, providers and relevant delegates per recommendations from the 24-016 All Plan Letter

Partnership monitors and evaluates the effectiveness of cultural and linguistic services by reviewing and responding to:

- CAHPS® Survey data
- Member grievance and appeals
- Reports of utilization of interpreter services by language
- Provider assessments and Site Reviews
- Disparities in HEDIS® data

See the Cultural and Linguistic Program Description (MCND9002) and Quality Improvement and Health Equity Transformation Program Description (MCED6001) for additional details.

Communication Systems

Partnership communicates its QI/PI program activities internally and externally through the following mechanisms:

Internal Communications

- Monthly QI/PI department meetings to provide program and project updates, department priorities and identify critical issues and plans of action

- QI/PI directors and managers communicate more frequently with their respective teams and individual staff throughout each month. This is accomplished via meetings, huddles, and email communications.
- The QI/PI leadership team meets monthly with the Senior Director of QI/PI to assure timely organizational updates, consistent messaging and prioritization across the QI/PI department. The CMO attends when available or gives input through regular 1:1s with the Senior Director of QI/PI and Medical Director for Quality.
- Recurring meetings with PR, Regional leadership, and Population Health to provide information on key QI/PI projects and other updates on QI programs
- Recurring Health Services Department Leadership Committee meetings to share information regarding improvement activities within the Health Services department
- 5 Star Room QI/PI key information and performance displays in Fairfield and Redding offices
- Department SharePoint pages
- Written department updates provided to all department heads and senior leadership as part of monthly Operations meeting hosted by the COO
- Partnership's internal website PHC4ME
- Quality Measure Score Improvement initiative and corresponding cross-functional workgroups categorized and focused by clinical measure domain
- NCQA Newsletter

External Communications

- Quarterly CAC meetings to provider updates on pertinent activities and allow committee members to provide input on initiatives, program design and evaluation
- FAC meetings that occur at least four times per year to share information and solicit input on topics and initiatives that impact CCS members
- Standing Consortia meetings to solicit input from providers
- Regional medical director/quality meetings
- QIP Advisory Groups to solicit input on value-based programs
- Periodic feedback from providers via "provider comment periods" on performance metrics and QIP measures
- Quarterly input on QI programs and proposed initiatives via the Board Advisory Group
- Monthly QI/ PI update document that summarizes activities for the QI department and is included in IQI andQ/UAC meeting packets
- Texting campaigns related to closure of quality gaps, relationship building, as well as health education are sent via Partnership's texting platform.
- Partnership makes ad-hoc updates as needed and conducts bi-annual audits to ensure QI project and program information on the website remains accurate and up to date.
- Member newsletters released two times per year that include articles covering preventive health and QI/PI projects
- Quarterly Provider Newsletters that include articles specific to QI/ PI in the designated "Quality Corner" section of the document
- Outbound and inbound calls and communication fielded by the Member Services department
- Care Coordination calls with members
- Population Health member outcall projects and campaigns
- Monthly external QI newsletters that describe activities and training resources related to improving quality of care
- Conferences, trainings, onsite meetings, webinars to share best practices across regions
- ePrompts member level reminders about HEDIS® related preventive health services incorporated into Partnership's Call Center system, Provider Online Services system, and online Member Portal

Delegation

Delegated activities to contracted providers are reviewed and approved at least annually by DORS, IQI, Credentials and Q/UAC committees. A delegation agreement, including a detailed list of activities delegated and reporting requirements, is signed by both the delegate and Partnership. Partnership delegates QI for behavioral health to Carelon Behavioral Health.

- Reporting quality improvement activities and analyses to Partnership on a quarterly or semi-annual basis is done for delegated QI activities
- Evaluation includes a review of both the processes applied in carrying out delegated activities, and the outcome achieved toward quality improvement in accordance with the respective policy(ies) and agreement governing the delegated responsibility
- The DORS, IQI, Credentials, and Q/UAC committees review evaluations and make recommendations regarding opportunities for improvement and continuation of delegated functions
- Partnership QI/PI staff communicates feedback from the DORS, IQI, and Q/UAC to contract providers andincorporates improvement activities initiated in the annual QI/PI work plan

Review by Outside Licensing Agencies or Accrediting Bodies

Medi-Cal is a federal and state-funded program and CMS has delegated administration of the state program to the California DHCS. CMS permission is required in order for the state to delegate program administration to Partnership. The State must document the cost-effectiveness of the program and provide assurance that program beneficiaries are not negatively impacted by this delegation. Partnership operations, including the QI/PI program, are audited annually by DHCS.

Partnership submits periodic compliance reports to DHCS and undergoes periodic compliance audits. Opportunities for improvement identified through all compliance or regulatory audits are addressed by multidisciplinary teams and corrective action plan development. Implementation of CAPs and other interventions aimed at addressing opportunitiesfor improvement are reported to the IQI and Q/UAC. Partnership maintains a compliance plan that includes monitoring and reporting of fraud, waste, and abuse. The Partnership Compliance Committee consists of representatives of each department including QI/PI.

Sanctions

Sanctions may be imposed on Partnership by an established regulatory agency or purchaser due to failure to meet quality metrics or benchmarks, fulfill data quality and reporting requirements, or meet Corrective Action Plan (CAP) requirements. In any of these cases, a quality review team will collaborate and recommend action plans needed beyond those already established through the annual QI Trilogy and organizational goal-setting processes Resulting action plans will be presented for review and approval by the CEO, COO, CMO, Chief Health Services Officer, and Senior Director of Quality and Performance Improvement. Action plans and progress reports are shared with Q/UAC.

Annual Quality Improvement Work Plan

The QI/ PI Annual Work Plan is used to track progress on key QI activities and initiatives throughout the year. The document outlines major activities for the QI/PI department and organization as a whole that advance quality and performance improvement. The QI/PI Work Plan supports the comprehensive annual evaluation and planning process that includes the annual review and revision of the QI/PI program.

Approved annually by the Q/UAC, PAC, and Board of Commissioners, the QI/PI Annual Work Plan indicates planned QI activities and objectives, timelines, and accountable person for each activity. It includes progress updates on planned activities and objectives for improving quality of clinical care, safety of clinical care, quality of service, and member experience. The annual evaluation of the QI/PI program is also listed as a specific activity on the QI/PI Work Plan. Goals and associated deliverables are included in the work plan and progress tracked at the level of deliverables. Forms for providing status updates are sent to staff one month in advance of the semi-

annual and annual update deadlines to be completed by work plan contributors.

The work plan also includes information on issues that were previously identified. Updates on the monitoring of these issues is provided semi-annually, when work plan contributors provide status updates on whether deliverables driving goals are complete, on track, delayed or require additional explanation. These issues are tracked in a separate worksheet within the work plan.

Annual Quality Improvement Program Evaluation

The overall effectiveness of the QI/PI program is evaluated in writing annually by IQI and Q/UAC and is approvedby Q/UAC, PAC, and the Commission. The QI Program Evaluation includes:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service.
- Trending of data on key measures to assess performance in the quality and safety of clinical care and quality of service.
- Analysis and evaluation of distinct programs, initiatives and QI-related work as well as the overall effectiveness of the QI/PI program and of its progress toward influencing network-wide safe clinical practices. The summary of effectiveness also addresses the adequacy of the organizational resources involved in the QI/PI program.
- The annual QI Work Plan goals and associated deliverables are informed by the QI Evaluation. The evaluation provides summations and analysis of many of the key activities outlined in the accompanying work plan. In turn, if there are opportunities for improvement identified in the evaluation of prior year initiatives and work conducted to support the goals of the quality improvement program, these opportunities are translated into goals with actionable deliverables for the next year's work plan. The results in the QI Evaluation, particularly those tied to the need to revisit allocated resources, for committees, standing programs and other related activity are assessed, and if changes are deemed necessary, they are reflected in the QI/PI program in the subsequent year.
- The annual QI Work Plan goals and associate deliverables informed by the Model of Care and the performance improvement efforts aligned with the D-SNP program, specifically those associated with CMS and DHCS-specific quality metrics.

The following are separate evaluations and not included in the QI Program Evaluation:

- Evaluation of the Cultural and Linguistic Program activities
- Evaluation of Utilization Management and Care Coordination activities
- Evaluation of the Population Health program
- A comprehensive evaluation of member grievance and appeals
- Evaluation of the Quality Improvement and Health Equity Program and corresponding work plan activities, as defined in the program description for the Quality Improvement and Health Equity Transformation Program (QIHETP)

A summary of the QI Program Evaluation, including a description of the program, is provided to members or practitioners upon request.

Statement of Confidentiality

Confidentiality of provider and member information is ensured at all times in the performance of QI/PI program activities through enforcement of the following:

- All members of the Q/UAC and Credentials Committee are required to sign a confidentiality statement that is maintained and securely stored in the respective QI or Provider Relations files.
- All QI/PI and Utilization Management documents are restricted solely to authorized Health Services department staff, members of the PAC, Q/UAC, PRC, and Credentials Committee, and reporting bodies as specifically authorized by the Q/UAC.
- Confidential documents may include, but are not limited to, Peer Review and Credentials meeting

minutes and agendas, QI and Peer Review reports and findings, PQI and QI files, Utilization Management reports, or any correspondence or memos relating to confidential issues where the name of a provider or member is included.

- Confidential peer review documents that are protected by California Evidence Code §1157 are designated "Confidential – Protected by CA Evidence Code 1157."
- Confidential documents are stored in locked file cabinets or restricted network folders with access limited to authorized persons only.
- Confidential documents are destroyed by shredding.
- Partnership has designated a Privacy Officer responsible to oversee compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal privacy laws.

- Partnership maintains administrative structure, reporting procedures, due diligence procedures, training programs and other methods to ensure effective compliance in use and disclosure of members' Protected Health Information (PHI).

Statement of Conflict of Interest

Any individual personally involved in the care and/or service provided to a member or an event or finding undergoing quality evaluation cannot vote or render a decision regarding the appropriateness of such care. All members of the Q/UAC and Credentials Committee are required to review and sign a conflict-of-interest statement, agreeing to abide by its terms.

Revision Date(s): January 2000, March 2002, (QD100101) October 2002, September 2004, May 2006, (MPQD1001) May 2007, April 2008, May 2009, October 2009 *(re-signed)*, May 2010, April 2012, March 2013, March 2014, March 2015, March 2016, March 2017, November 2017, *October 2018, February 2019 *(Amended)*, September 2019 *(Amended);* September 2020; September 2021; September 2022; September 2023, September 2024

*Effective October 2018, Approval Date reflects the month in which the Physician Advisory Committee reviewed and approved.

Appendix A: Quality and Performance Improvement Program Description
Standing Staff Members of Partnership QI Committees

(Does not include external physician or consumer membership;
see committee description for those details)

Partnership Analytics Steering Committee Standing Members	
Department Represented	**Position Title**
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Chief Health Services Officer
	Senior Director of Quality and Performance Improvement
	Director of Health Equity
Provider Relations	Senior Director of Provider Relations
Claims	Senior Director of Claims
Finance	Chief Financial Officer
	Deputy Chief Financial Officer
	Director of Health Analytics
	Senior Director of Financial Planning and Analysis
Information Technology	Chief Information Officer
	Senior Director of Enterprise Information Management
	Director of Data Warehouse
	Director of Data Governance
Behavioral Health	Senior Director of Behavioral Health
Administration	Chief Strategy & Government Affairs Officer
Member Services	Director of Member Services

Partnership Board Meeting Standing Staff Invites *Note: Partnership Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Chief Strategy and Government Affairs Officer
	Director of Regulatory Affairs and Program Development
	Behavioral Health Services Administrator
	Regional Directors
	Associate Director of Communications and Public Affairs
	Assistant Board Clerk / Executive Assistant to the CEO
	Board Clerk
Claims	Director of Claims
Finance	Chief Financial Officer
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Director of Care Coordination Operations (NR)
	Chief Health Services Officer
	Senior Director of Quality and Performance Improvement
	Director of Health Equity
Human Resources	Chief Human Resources Officer
Information Technology	Chief Information Officer
Member Services	Director of Member Services
Provider Relations	Senior Director of Provider Relations

Partnership Compliance Committee Standing Staff Invites *Note: Partnership Staff are not committee members;* *attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Chief Strategy and Government Affairs Officer
	Senior Director of Regulatory Affairs & Contracting
	Senior Director of Behavioral Health
Claims	Senior Director of Claims
	Director of Claims
Configuration	Director of Configuration
Finance	Chief Financial Officer
	Director of Internal Audit (Finance)
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Chief Health Services Officer
	Director of Pharmacy Services
	Manager Quality Assurance and Patient Safety
	Senior Director of Care Management
Human Resources	Chief Human Resources Officer
Information Technology	Chief Information Officer
Member Services	Director of Member Services
	Senior Director of Member Services
	Director of Grievances and Appeals
Network Services	Director of Network Services
Project Management/ Operational Excellence	Director of Operational Excellence and Program/Project Management Office

Partnership Community Advisory Committee (CAC) Standing Staff Invites *Note: Partnership Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Chief Strategy and Government Affairs Officer
	Senior Director of Behavioral Health
	Regional Director(s)
	Regional Manager(s)
	Manager of Communications
	Program Manager I, Communications
	Communications Specialist
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Regional Medical Director(s)
	Chief Health Services Officer
	Director of Health Equity
	Associate Director of Population Health
	Manager of Population Health
	Senior Health Educator
	Health Educator
Member Services	Senior Director of Member Services and Grievance
	Director of Member Services
	Associate Director of Member Services
	Manager of Member Services
	Member Service Representative
	CAC Coordinator
	Administrative Assistant(s) of Member Services
Grievance & Appeals	Director of Grievance and Appeals
	Supervisor of Grievance and Appeals

Partnership Credentials Committee Standing Staff Invites *Note: Partnership Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Regional Medical Director(s)
	Associate Medical Director(s)
	Medical Director for Quality
Provider Relations	Senior Director of Provider Relations
	Associate Director of Provider Relations
	Senior Manager of Systems Team and Credentialing
	Credentialing Supervisor
	Credentialing Specialist(s)

Partnership Delegation Oversight Review Sub-Committee Standing Members	
Department Represented	**Position Title**
Administration	Sr. Director of Regulatory Affairs and Program Development
	Compliance Program Manager
	Project Coordinator
	Supervisor of Program Integrity
	Associate Director of Operational Excellence and Program/Project Management Office
	Senior Manager of Regulatory Affairs
	Behavioral Health Services Administrator
	Director of Grievance and Appeals
	Compliance Auditor
Claims	Director of Claims
Finance	Sr. Manager of Business Decisions and Analysis
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Director of Pharmacy Services
	Sr. Director of Care Coordination
	Director of Population Health
	Director of Utilization Management
	Manager, Member Safety-Quality Investigations
	Medical Director
	Director of Enhanced Health Services
	Director of Transportation
	Director of Quality Improvement
	Supervisor of Health Education
Member Services	Sr. Director of Member Services
Project Management/Operational Excellence	Associate Director of Operational Excellence and Program/Project Management Office
Provider Relations	Senior Director of Provider Relations
	Director of Provider Relations
Network Services	Director of Network Services

Partnership Family Advisory Committee (FAC) Standing Staff Invites *Note: Partnership Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Director of Care Coordination
	Associate Director of Care Coordination
	Chief Health Services Officer
	Senior Health Educator
	Manager of Grievance and Appeals
	Senior Director of Care Management

Partnership Finance Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Chief Health Services Officer
	Chief Strategy and Government Affairs Officer
	Senior Director of Behavioral Health
	Northern Region Executive Director (ad hoc)
Finance	Chief Financial Officer
	Deputy Chief Financial Officer
	Senior Director of Accounting/Controller

Partnership Finance Committee Standing Members	
	Senior Director of Fiscal Policy and Strategy
	Senior Director of Financial Analysis
	Director of Internal Audit
	Director of Facilities
Human Resources	Senior Director of Human Resources (ad hoc)
Information Technology	Chief Information Officer
Provider Relations	Senior Director of Provider Relations

Partnership Governance and Compliance Subcommittee	
Department Represented	**Position Title**
PHC Governance & Compliance Committee Standing Staff Invites	Chief Strategy & Government Affairs Officer
	Director of Regulatory Affairs and Program Development
	Chief Executive Officer
	Chief Operating Officer
	Chief Information Officer
	Chief Financial Officer
	Chief Medical Officer (optional)
	Board Clerk
Five (5) members from the Board of Commissioners, with at least one board member representing each of the geographic regions.	

Partnership Internal Quality Improvement (IQI) Committee Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Chief Strategy and Government Affairs Officer
	Regional Manager(s)
	Compliance Manager of Grievance and Appeals
Configuration	Configuration Department Leadership
Finance	Director of Health Analytics
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer – Committee Chair
	Behavioral Health Clinical Director
	Medical Director for Quality – Committee Vice Chair
	Medical Director for Medicare Services
	Chief Health Services Officer
	Senior Director of Quality and Performance Improvement
	Behavioral Health Clinical Director
	Senior Director of Behavioral Health
	Director of Health Equity
	Director of Quality Management
	Director of Population Health
	Directory of Pharmacy Services
	Director of Care Coordination
	Director of Utilization Management
	Director of Enhanced Health Services
	Associate Director(s) of Utilization Management
	Associate Director of Population Health
	Manager of Care Coordination Regulatory Performance

Partnership Internal Quality Improvement (IQI) Committee Standing Members	
Department Represented	**Position Title**
	Manager Member Safety – Quality Investigations
	Manager of Clinical Compliance – Quality Inspections
	Senior Director of Care Management
	Senior Health Educator
	Associate Medical Director(s)
	Regional Medical Director(s)
	Utilization Management Policy Analyst
Member Services	Senior Director of Member Services & Grievance
Provider Relations/Network Services	Senior Director of Provider Relations
	Director of Network Services

Partnership Member Grievance Review Committee (MGRC) Standing Members	
Department Represented	**Position Title**
Administration (e.g. Regulatory Affairs & Compliance, Network Services, and Legal Affairs)	Regional Director
	Chief Operating Officer
	Legal Analyst
	Senior Manager of Regulatory Affairs & Compliance
	Program Manager II
Grievance & Appeals	Director of Grievance & Appeals
	Grievance & Appeals Compliance Manager
	Manager of Grievance & Appeals
	Senior Grievance & Appeals Nurse Specialist
	Senior Manager of Behavioral Health
Behavioral Health	Senior Manager of Behavioral Health
Claims	Director of Claims
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Chief Health Services Officer
	Medical Director of Quality
	Director of Pharmacy Services
	Senior Clinical Pharmacist
	Director of Care Coordination
	Director of Care Coordination Operations
	Director of Utilization Management Strategies
	Manager, Member Safety - Quality Investigations
	Program Manager II, Quality Improvement
	Health Equity Officer
	Culture & Linguistics Liaison
	Manager of Population Health
Member Services	Senior Director of Member Services
	Director of Member Services
Provider Relations	Senior Director of Provider Relations
	Senior Manager of Provider Relations Representative
	Senior Program Manager
	Lead PR Representative
	Supervisor of Education Specialist Team
	Senior Provider Relations Representative
Transportation Services	Director of Transportation Services
	Associate Director of Transportation Services
	Manager of Transportation Programs

Partnership Over/Under Utilization Workgroup Standing Members	
Department Represented	**Position Title**
Administration	Regulatory Affairs Manager
	Regulatory Affairs Specialist
	Senior Director of Northern Region
	Director of Operational Excellence and Program/Project Management Office
Claims	Director of Claims (SR)
Finance	Associate Director of Health Data Analytics
	Senior Manager of Cost Efficiency
	Senior Health Data Analyst
	Manager of Health Analytics
	Project Manager II
	Cost Avoidance Manager
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Chief Health Services Officer
	Medical Director
	Behavioral Health Clinical Director
	Director of Care Coordination Operations (NR)
	Associate Director(s) of Utilization Management
	Director of Pharmacy Services
	Senior Director of Quality and Performance Improvement
	Director of Health Equity
	Associate Director of Housing and Incentive Programs
	Associate Director of Care Coordination
	Director of Population Health
	Director of Utilization Management Strategies
	Director of Pharmacy Services
	Regional Supervisor of Utilization Management
	Director of Quality Management
	Senior Manager of Population Health
	Manager of Performance Improvement
	Manager of Clinical Pharmacy
	Manager of Quality Incentive Programs
	Manager of Care Coordination
	Program Manager
Information Technology	Director of Enterprise Information Management
Provider Relations	Senior Director of Provider Relations
	Senior Provider Relations Representative Manager
	Senior Manager of Provider Relations Representatives
	Senior Manager of Provider Network Education and Credentialing
	Manager of Provider Relations Representatives (SR)
	Manager of Provider Relations Representatives (NR)
	Program Manager
	Senior Provider Relations Representative
	Provider Relations Representative

Partnership Pediatric Quality Committee (PQC) Standing Staff Invites *Note: Partnership Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Medical Director
	Chief Medical Officer
	Director of Health Equity
	Senior Director of Care Management
	Chief Health Services Officer
	Director of Pharmacy Services
	Director of Care Coordination

Partnership Peer Review Committee Standing Staff Invites *Note: Non-Medical Director Partnership Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Medical Director for Quality
	Manager, Member Safety-Quality Investigations
	Supervisor of Member Safety-Quality Investigations
	Quality Investigator, Member Safety
	Project Coordinator, Member Safety-Quality Investigations
	Manager, Clinical Compliance Inspections Team
	Supervisor, Clinical Quality and Member Safety-Quality Inspections
	Clinical Compliance Inspectors, Clinical Quality and Member Safety-Quality Inspections
	Chief Health Services Officer
	Director of Health Equity
	Regional Medical Director(s)
	Associate Medical Director(s)
	Director of Pharmacy Services or Designated Pharmacist
	Behavioral Health Clinical Director

Partnership Pharmacy & Therapeutics (P&T) Committee Standing Staff Invites *Note: Partnership Staff are voting committee members; attendance is not mandatory nor is adelegate required* **P&T invitees, not standing PNT committee members*	
Department Represented	**Position Title**
Health Services	Chief Medical Officer
	Director of Pharmacy Services
	Clinical Pharmacist(s)
	Sr. Clinical Pharmacist(s)
	Behavioral Health Clinical Director
	Regional Medical Director(s)
	Associate Medical Director(s)
	Chief of Health Services Officer
	Pharmacy Operations Supervisor

Partnership Physician Advisory Committee (PAC) Standing Staff Invites *Note: Partnership Staff are not voting committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Behavioral Health Clinical Director
Finance	Chief Financial Officer
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Population Health, and Care Coordination)	Chief Medical Officer
	Medical Director for Medicare Services
	Senior Director of Quality and Performance Improvement
	Chief Health Services Officer
	Director of Pharmacy Services
	Associate Director(s) of Utilization Management
	Director of Health Equity
	Director of Population Health
	Medical Director for Quality
	Senior Director of Care Management
	Regional Medical Director(s)
Provider Relations	Senior Director of Provider Relations
Network Services	Director of Network Services

Partnership Population Needs Assessment (PNA) Committee	
Department Represented	**Position Title**
Population Health	Director of Population Health
	Associate Director of Population Health
	Manager of Population Health
Administration	Regional Director (South)
	Regional Director (Northeast)
	Regional Director (East)
	Regional Manager (North)
	Chief Medical Officer
	Chief Operating Officer
Behavioral Health	Senior Director of Behavioral Health
Health Equity	Director of Health Equity
Health Services	Chief Health Services Officer
Office of CMO	Medical Director (South)
	Medical Director (Northeast)
	Medical Director (East)
	Medical Director (North)
OpEx/PMO	Director of OpEx/PMO
	Senior Manager of OpEx/PMO
Transportation Services	Director of Transportation Services
Utilization Management	Associate Director of Housing & Incentive Programs
Quality Improvement	Senior Director of Quality and Performance
	Director of Quality Management

Partnership Provider Engagement Group (PEG) Standing Members	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Regional Medical Director
Provider Relations	Senior Director of Provider Relations
	Director of Member Services and Provider Relations SR Manager of Provider Relations Representatives Manager of PR Representatives, SR and NR

Partnership Quality Improvement and Health Equity (QIHEC) Committee Standing Members	
Department Represented	**Position Title**
Administration	Director of Grievance and Appeals
	Chief Operating Officer
	Associate Director of Communications
Finance	Director of Health Analytics
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Director of Health Equity
	Senior Director of Quality and Performance Improvement
	Medical Director for Quality
	Director(s) of Care Coordination
	Director(s) of Utilization Management
	Director(s) of Population Health
	Senior Health Educator
	Chief Health Services Officer
	Director of Pharmacy Services
	Regional Medical Director(s)
	Associate Medical Director(s)
Provider Relations	Senior Provider Relations Representative Manager
Members Services	Senior Director Member Services

Partnership Quality/Utilization Advisory (Q/UAC) Committee Standing Staff Invites *Note: Partnership Staff are not committee members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Associate Director of Grievance and Appeals
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordinationand Population Health)	Chief Medical Officer – Committee Chair
	Medical Director for Quality – Committee Vice Chair
	Medical Director for Medicare Services
	Behavioral Health Clinical Director
	Regional and Associate Medical Director(s)
	Chief Health Services Officer
	Senior Director of Quality and Performance Improvement
	Director of Health Equity
	Director of Population Health Management
	Director of Enhanced Health Services
	Director(s) and Associate Director(s) of Utilization Management
	Director(s) and Associate Director(s) of Care Coordination
	Director of Pharmacy Services
	Manager, Member Safety Quality Investigation
	Manager of Clinical Compliance – Quality Inspections
Provider Relations	Senior Health Educator
	Senior Provider Relations Rep Manager

Partnership Strategic Planning Committee Standing Staff Invites *Note: Partnership Staff are not committee voting members; attendance is not mandatory nor is a delegate required*	
Department Represented	**Position Title**
Administration	Chief Executive Officer
	Chief Operating Officer
	Chief Strategy and Government Affairs Officer
	Behavioral Health Services Administrator
	Regional Directors
	Senior Director of Regulatory Affairs and Contracting
	Director of Communications and Government Affairs
	Policy Analyst
Finance	Chief Financial Officer
	Director of Financial Planning and Analysis
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer
	Director of Health Equity
Information Technology	Chief Information Officer

Partnership Substance Use Internal Quality Improvement Subcommittee Standing Members	
Department Represented	**Position Title**
Administration	Senior Director of Behavioral Health
	Behavioral Health Clinical Director
	Senior Manager of Behavioral Health
	Program Manager, Behavioral Health
	Director of Grievance and Appeals
	Regional Director
	Grievance and Appeals Compliance Manager
Health Services (e.g. Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Behavioral Health Clinical Specialist
	Manager of Member Safety – Site Inspections
Claims	Customer Service Manager (NR)
Compliance	Director of Regulatory Affairs and Program Development
Member Services	Supervisor of Member Services
Provider Relations / Network Services	Senior Director of Provider Relations
	Provider Relations Representative (NR & SR)
	Senior Manager of Network Education and Credentialing Manager of Provider Relations Representatives (NR & SR)

Partnership Substance Use Services Provider Advisory Group Standing Members	
Department Represented	**Position Title**
Administration	Senior Director of Behavioral Health
	Behavioral Health Clinical Director
	Program Manager, Behavioral Health
	Senior Manager of Behavioral Health
	Grievance and Appeals Compliance Manager

Appendix B: Quality and Performance Improvement Program Description
Partnership HealthPlan Strategic Quality Plan: Achieving Five-Star Quality

2020-2025
Introduction

In 2017, Partnership HealthPlan of California (Partnership) created a HEDIS® measure score improvement strategic plan, directed at dramatically improving HEDIS® scores by sub-region. Two imperatives have led us to a major revision of this plan. First, the HEDIS® score improvement strategic plan did not address thelink between the member experience and overall quality. Second, Partnership is on the road to NCQA accreditation, which includes a number of standards outside the patient experience and clinical quality scores and defines many activities throughout the organization that impact both.

The purpose of this 2020 update to the strategic plan is to clearly articulate the long and short-term initiatives Partnership will engage in over the next five years to achieve 5-star NCQA Health Insurance Plan Rating status. NCQA accreditation is the gold standard for measuring performance of health plans in the United States. Full accreditation by NCQA categorizes overall health plan performance from zero to five stars, analogous to the Medicare Stars rating system. A 5-star rating is the highest possible score achieved by just 2 of 171 Medicaid plans nationally in 2019; a score of 4-star or above is considered above average, achieved by 40 health plans nationally.

This document serves as a communication tool for Partnership leadership and staff, Board members, providers and other stakeholders and lays a solid foundation from which an operational plan will be created.

This Five-Star Strategic Plan is an elaboration of the first focus area of Partnership's organizational Strategic Plan: to ensure high quality health care to all our members. This strategic plan also aligns with Partnership's vision - to be the most highly regarded Health Plan in California - and its mission, which transcends service to our members to include the greater community, "To help our members, and the communities we serve, be healthy."

Improving quality not only has intrinsic benefits to our members, but it carries intangible benefits to the organization and the community. When quality improvement activities are aligned with the "quadruple aim" of better health, lower cost, better care and caring for the providers, it assists with making the overall health care system function more effectively and efficiently. A focus on quality also improves the reputation of Partnership in the state, allowing further innovation and influence among state-wide stakeholders.Finally, the principles of quality improvement can influence the organization to more efficiently execute on operational priorities not directly related to quality.

Lastly, in 2019, DHCS moved aggressively towards the use of larger scale health plan sanctions for performance on measures that are below average performance. This places additional financial pressure on Partnership to improve quality measure results within our network.

Organizational Values Supporting Quality

To achieve 5-star quality, Partnership must have an organizational culture of quality which is nurtured by the executive leadership team and Board of Commissioners. Core to this culture are these organizational values (from our organizational strategic plan), with aphorisms reflecting these values.

- Partnerships: Fostering strong partnerships with members, providers, and community leaders to collectively improve health outcomes. "Putting our members first."

- Overall focus on Quality: Focusing on continuous quality improvement in every aspect of the organization and in collaboration with our partners. "Doing the right thing right, the first time andevery time."
- Integrity: Set a standard of professionalism, integrity, and accountability. "Striving for perfection, but embracing the opportunity to learn from imperfection. Excellence is achievable!"
- Innovation: Striving to be innovative and seeking creative solutions. "Willingness to challenge the status quo and insist on change when needed."

In addition, the Partnership leadership team has several conceptual frameworks focused on quality:

- Balancing Compliance and Performance: Balancing rigid attention to regulatory requirements with flexibility and innovation needed to drive improvement. "Not all change is improvement, but all improvement requires change."
- Promoting Health Equity: Ensuring an organizational culture that recognizes the diverse backgrounds of our employees and supports the institution of practices that consider social determinants of health, the impacts of implicit bias and the provision of fair and judicious healthcare and services to meet the broad-based needs of our members. "Everyone has a fair and just opportunity to be as healthy as possible."
- Becoming a Learning Health Plan. "Making decisions based on rigorous data analysis wheneverpossible (instead of based on hope or wishful thinking)." "Creating an atmosphere where new ideas can be explored and where strong, independent teams can test these ideas."

The term "Learning Health Plan" is new in this strategic plan, although many associated tactics are not new. More background and explanation is presented next.

Learning Health Plan

A common underlying theme in most Quality Improvement frameworks is that organizations and teams must embrace continuous learning to achieve their highest potential. Tom Nolan, one of the creators of theModel for Improvement, said "What are the necessary and sufficient conditions for improvement in large systems? **Will, ideas and execution!"**

Donald Berwick describes what will, ideas, and execution means:
"Providing **will** refers to the tasks of fostering discomfort with the status quo and attractiveness for the as-yet-unrealized future. Providing **ideas** means assuring access to alternative designs and ideas worth testing,as opposed to continuing legacy systems. And **execution** was his term for embedding *learning* activities and change in the day-to-day work of everyone, beginning with leaders." -Milbank Quarterly, August, 2019

The Partnership Executive Team and Board are committed to making a profound and deep link between the necessities of using a learning health plan framework to best serve our members and our communities.

The fundamental tenets of a Learning Health Plan are:

1. Using the scientific method to optimize implementation of quality improvement initiatives
    a. Building on prior research/experiences
    b. Rigorous and widespread testing of change on a small scale (using the model for improvement framework)
    c. Tracking of information gleaned from small tests of change so others can retrieve this information and build upon it.
    d. Use of control groups (where appropriate)
    e. Careful data and statistical analysis

f. Using a combination of classic project management methodology with the ConsolidatedFramework for Advancing Implementation Science[1] to have a systematic effective approach to program implementation and building internal expertise in these approaches.

2. Having the leadership and staff to support this approach
   a. Communicate effectively about quality and change, through a mixture of data and stories. "No data without a story, no story without data."

A Learning Health Plan avoids widespread implementations of any unproven projects, without measurement of what the outcome is, performing weak or no evaluation of the project, and continuing theproject without knowing if it is effective. While such projects are often related to regulatory mandates, gathering data on their effectiveness or lack thereof can provide valuable evidence for advocating policy change.

Without using the term "learning organization" or "learning health plan," Partnership has been building the infrastructure and leadership to include most of these elements. For example, creating a Project Management/Operational Excellence Department and Team, creating a Health Analytics Team, doing internal trainings through the Learning Management System and external trainings, conducting efficient but meaningful Return on Investment analyses of several programs, and developing a system of storing lessons learned in small tests of change in the quality department are all examples.

By identifying the elements of a strong learning health organization and standardizing our communicationaround the core principles, we will solidify the cultural values around being a Learning Health Plan.

Process of Developing 5-Star Strategic Plan

Leaders in the Quality Improvement (QI) Department created this strategic plan with input from Partnership leadership and staff via the HEDIS® Score Improvement team and the Analytics, Care Coordination, Population Health, Information Technology (IT), Member Services, Pharmacy and QI departments.

The scope of this strategic plan is rooted in the emerging field of population health management. Population health management, in the context of a health plan, requires assessment and analysis of member needs, stratifying the population into risk tiers and defining segments for targeted interventions. Once population segments are identified, the health plan engages available resources to improve the health and wellbeing of the plan's assigned membership on both an individual and aggregate level. This is distinct from approaching population health with a public health approach –which would encompass coordinated and multi-sector efforts to improve the quality of health for an entire community or communities— an approach which is beyond the scope of this strategic plan.

The Quality Improvement department will lead the implementation of this strategic plan, collaboratively and in partnership with other departments and providers, respecting capacities and competing priorities.

Evaluation

Partnership is committed to testing new approaches and scaling up when new approaches are successful. The QI department will lead efforts to support processes and systems for learning and monitoring progress on the implementation of the NCQA 5-Star Strategic Initiative Plan, and sharing evaluations with Partnership leaders and our community partners.

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[1] Keith, R.E., Crosson, J.C., O'Malley, A.S. *et al.* Using the Consolidated Framework for Implementation Research (CFIR) to produce actionable findings: a rapid-cycle evaluation approach to improving implementation. *Implementation Sci* **12,** 15 (2017)

Environmental Factors

The following strengths and weaknesses within the organization and opportunities and threats external to the organization were taken into consideration when drafting this strategic plan.

Strengths	Weaknesses
• NCQA Interim Accreditation status attainted - many standards (notably the Population Health Management standards) directly support improved HEDIS® scores. • Significant programming and ability to offer technical assistance to bolster primary care capacity for quality and clinical improvement • Robust pay-for-performance program and commitment to value-based processes. • Supportive data systems including eReports and Partnership Quality Dashboard • Increasing cross-department collaboration • Strong HEDIS® Medical Record ReviewProject processes • New member portal building an infrastructure to outreach to members • Growing internal analytic capacity and standardized data sets support population health analysis • Recent assignment of largest direct member categories to PCPs so that PCP QIP applies	• Competing priorities: major system implementations, multiple goal teams, efforts to comply with NCQA standards, new benefits, new regulatory mandates • Many databases still not integrated or standardized • Data governance processes not deeply institutionalized • Preventive or coordination services Partnership offers are not widely understood or utilized by members • Member input not deeply integrated into member-facing improvement efforts • Limited Partnership experience in outreaching to members to close HEDIS® gaps • Collaboration across Partnership departments sometimes not prioritized over core departmental work. • Confined "single views" of member; gaps in care not visible across health plan data systems • Regional disparities in access and health risk factors
External Opportunities	**External Threats**
• NCQA First Survey Accreditation (11/2020) – roadmap to becoming higher quality plan • Provider network and communities support improved clinical performance and are willing to partner (e.g., Joint Leadership Initiative) • Provider partner bright spots with best practices and excellent quality scores • Pilot programs to enable greater accuracy of member contact information. • Preparation for MediCare Duals Special Needs Plan (D-SNP) • MCHC for all: Enhanced Care Management and In Lieu of Services proposals • Aligned Proposition 56 incentive funding	• Judicial threats to the Affordable Care Act (risk aversion) • Lethargic CMS response to DHCS proposals impact scope and speed of DHCS policy changes • Changing regulatory environment with increasing risk of financial sanctions and other penalties • Proposed changes to public charge policy (decreased enrollment) • Primary care site staff turnover (providers, nurses, medical assistants) • Member access to PCPs for care • PCP capacity for outreach • PPS providers (provider primary care for over 75% of members): PPS system reimburses based on volume, not services provided (removes some options for incentivizing quality activities) • Natural disasters and power outages • Pharmacy Carve Out

HEDIS® Score Improvement Aim Statement

The Partnership Five Star Quality Strategic Plan Aims to achieve the following:

1. A weighted average of all accountable DHCS MCAS measures >50th percentile (in year 1) with yearly improvement afterwards in three years, all individual measures performance will be above the 50th percentile.
2. ≥25th percentile in all adult and pediatric CAHPS® measures year 1; with yearly improvement afterwards
3. 80% of applicable points earned in each standard category of NCQA accreditation standards, including Must Pass elements

These are ambitious goals and will require a significant amount of investment, collaboration, and focus. The Managed Care Accountability Set (MCAS) will grow from 19 measures for measurement year (MY) 2018 to 36 for MY 2020. With the new MCAS measures, the minimum performance level increased from the 25th to the 50th national Medicaid percentile.

See Appendix E for HEDIS® performance in measurement year 2018.

Focus Areas, Goals and Objectives

This strategic plan is centered on five key focus areas: 1) Engaging Clinical Practices 2) Engaging Members 3) Data Infrastructure 4) Accreditation Standards and 5) Access. Specific activities, timelines, resources, and evaluation benchmarks will be developed in an operational plan. See Appendix A for a visual depiction(process map) of Partnership's Achieving Five-Star Quality focus areas and goals.

Focus Area 1: Primary Care Practice Ability to Deliver High Quality Health Care

Partnership recognizes the critical role PCPs play in improving clinical quality performance, as well as optimizing utilization, maximizing access to care and enhancing the patient experience. A central theme within this focus area is to better equip PCPs to provide recommended high quality care through provision of information, technical assistance, improvement tools and financial incentives.

Focus Area 1: PCP Delivery of High Quality Care

Goals	Objectives
A. Supply Actionable Care Gap Data to PCPs	• Optimize: eReports • Optimize: Partnership Quality Dashboard (PQD) • Study: Integrate ePrompts into Provider OnlineServices • Expand: Unblinded quality data sharing • Promote: Electronic Health Record (EHR) workflow optimization, including integration with CAIR
B. Technical Assistance to Support Provider QI Capacity	• Optimize: Mandated PDSA/PIPs/Site Reviews/Prop56 • Expand: Technical assistance offerings, provider education and coaching for large and medium sizedpractices • Sustain: General QI training: ABCs of QI • Adapt: Measure-specific trainings and webinars • Evaluate: PCP leadership development • Study: Partnership leverage for promoting health equity through providers
C. Optimize Pay for Performance Programs	• Optimize: PCP QIP • Optimize: Perinatal QIP • Optimize: Hospital QIP

Focus Area 2: Partnership Engaging Members to Improve Quality Metrics

There is a significant opportunity for Partnership to expand direct-to-member engagement activities to improve MCAS and HEDIS® scores. The goals within this focus area will require Partnership to take on new initiatives and/or expand current initiatives that provide actionable data to Partnership staff, leverage contacts with members through in-reach and outreach, and increase Partnership's presence in communities. Direct health plan contact with members complements the outreach conducted by providers. Partnership Network providers are diverse in size, staffing and resources and may be limited in outreach capabilities for a variety reasons, including competing priorities or absence of supportive technology or workflows. In other instances, members are not assigned to or directly managed by a PCP (e.g., direct members) or the member may have considerablemovement across PCPs during the HEDIS® measurement year.

Focus Area 2: Partnership Engaging Members to Improve Quality

Goals	Objectives
A. Supply Actionable Care Gap Data to Partnership Staff and Members	•Integrate: Prompts into Essette •Integrate: ePrompts into Call Center •Integrate: ePrompts into Member Portal
B. Increase Partnership Member-Engagement Capacity	•Pilot: Reminders into Care Coordination workflow •Study: Integration of reminders into Member Services workflow •Expand: Train Partnership staff on targeted qualitymeasures •Study: New and updated member incentives •Increase: Member input into engagement process •Expand: Partnership Outbound engagement activities •Develop: Digital Engagement Solutions
C. Other Strategies for Member Engagement	•Test: Leverage Community Health Workers/CareManagers on Quality Measures •Study: ED and inpatient settings •Test: Outreach to direct members •Expand: Outreach through identification and participation in grassroots community activities

Focus Area 3: Data, Analytics, and Knowledge Management

A critical element to improving MCAS and HEDIS® quality scores lies in Partnership's ability to strengthen data and analytics infrastructure. Additionally, in order to function under the Learning Health Plan framework, foundational systems and processes need to be developed and established to strengthen how data and improvement study results are evaluated and used in decision-making to further optimize the rate of qualityimprovement. Four goals will help improve the organization's infrastructure needed to support and assessprimary care and member interventions.

Focus Area 3: Data, Analytics, and Knowledge Management

Goals	Objectives
A. Actionable CareGap Data to PCPs, Partnership staff and members	• Objectives in Focus Area 1, Goal 1 • Objectives in Focus Area 2, Goal 2 • Expand: Pilots on improving member contact information • Align: Health education tools on Member Portal with quality measures
B. Data Quality, Timely Access and Completeness	• Optimize: Configuration of new core claims system • Implement: Provider Master Data Management • Expand: Data Dictionaries • Operationalize: Data Stewardship Program • Expand: Health Information Exchange (HIE) • Expand: Clinical Data Repository (CDR) • Operationalize: Partnership Data Governance structure
C. Supportive Analytics	• Expand: Well-constructed Data Marts • Build: Comprehensive member data (Member 360) • Optimize: Analysis and presentation of annual quality measure results • Optimize: Leverage rolling-year monthly HEDIS® data • Integrate: Equity analysis with improvement activities
D. Learning HealthPlan Framework	• Expand: Knowledge Management infrastructure • Develop: Standardized scientific approach to small tests of change • Study: Standardized approach to scaling up/implementation

Focus Area 4: Achieving Health Plan NCQA Accreditation

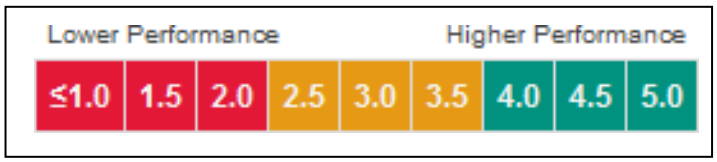
The provision of high quality healthcare to our members is fundamental to Partnership's vision and mission. Wewant to be one of the highest quality health plans in California. NCQA Health Plan Accreditation supportsthis goal by:

- Providing a framework to guide our operational and quality improvement activities. (Many of the activities outlined in the standards are best practices that should be pursued regardlessof our accreditation goals.)
- Providing a nationally-recognized standard and definition for a high quality health plan, performance against which will allow Partnership to compare ourselves objectively against other high quality plans.
- Offering the only widely-available health plan assessment that bases results on clinical performance (HEDIS®) and member experience (CAHPS®).

In the summer of 2019, Partnership received formal Interim Accreditation Status, receiving 50 out of 50 total possible points. Interim Accreditation ensures organizations have a basic structure in place to meet expectations for consumer protection and quality improvement. Interim Accreditation status indicates a strong position and readiness of an organization to move forward with formal First Survey Accreditation, which covers the full scope of the standards and requirements, including HEDIS® and CAHPS® reporting.

First Survey Accreditation is planned for late 2020-early 2021. As noted earlier, two years after that the HEDIS® and CAHPS® scores will be integrated to give a star rating from 0 to 5.

5-Star Scale



As part of the process for setting appropriate goals and areas of focus, the NCQA Project Management Team reviews the accreditation scoring methodology on an annual basis to appropriately apply updates, changes or modifications. Broadly, here are the categories in which we have extracted as areas of focus,which are resource intensive and have significant cross-departmental impact, expressed as goals:

Focus Area 4: Achieving NCQA Accreditation

Goals	Objectives
A. Pass all "MustPass" Elements	• Optimize: Internal file review • Optimize: Delegated file review • Optimize: Delegates following NCQA Standards • Align: Department Goals
B. Strengthen "Grand Analysis" Improvement Activities	• Optimize: Utilization Management • Improve: Member Experience • Optimize: Network Adequacy and Availability • Implement: Population Health Management • Implement: Continuity and Coordinationof Care • Non-Behavioral • Behavioral
C. Prepare for Medicare	• Measure: Baseline MediCare HEDIS®Measures • Address: MediCare HEDIS® Gaps • Evaluate: MediCare incentive programoptions for patients and providers • Plan: Support for overall quality oversight

Focus Area 5: Improving Member Experience through Improved PCP Access

Background: In the 2019 Partnership CAHPS® survey, the areas below the 25th percentile for adult and children werealmost exclusively in the area of perceived access to services. Since the CAHPS® survey will account for about one-third of our accreditation score and is also slated to become an MCAS measure, it is imperative that Partnership explore additional activities to improve PCP access. While the access composite scores in CAHPS® include questions related to specialty access, only PCP access will be included in Focus Area 5. Activities related to increasing specialty access will be covered in the Access and Availability Grand Analysis required as part of NCQA accreditation.

From July-October, 2019 multiple stakeholders[2] were asked to give feedback and suggestions for increasing access to PCPs in the Partnership service area.

> The 54 ideas that were generated were categorized by the degree of control the Clinical Practice has overthe factor, the degree of control the Health Plan has over the factor, as well as a categorization of the cost, effort and effectiveness of each suggestion. See Appendix D for the details.

Prioritization Process:
We eliminated those suggested interventions that were high cost (3-4) and low estimated effectiveness (1). Additional changes were made, based on feedback from Executive Committee. This leads to these 17 objectives, grouped into four goals.

[2] Nine Joint Leadership Initiatives, Physicians Advisory Committee, Strategic Planning Committee, Medical Directors of Partnership, Board Advisory Group on Quality, Executive Committee at Partnership, Operations Committee at Partnership

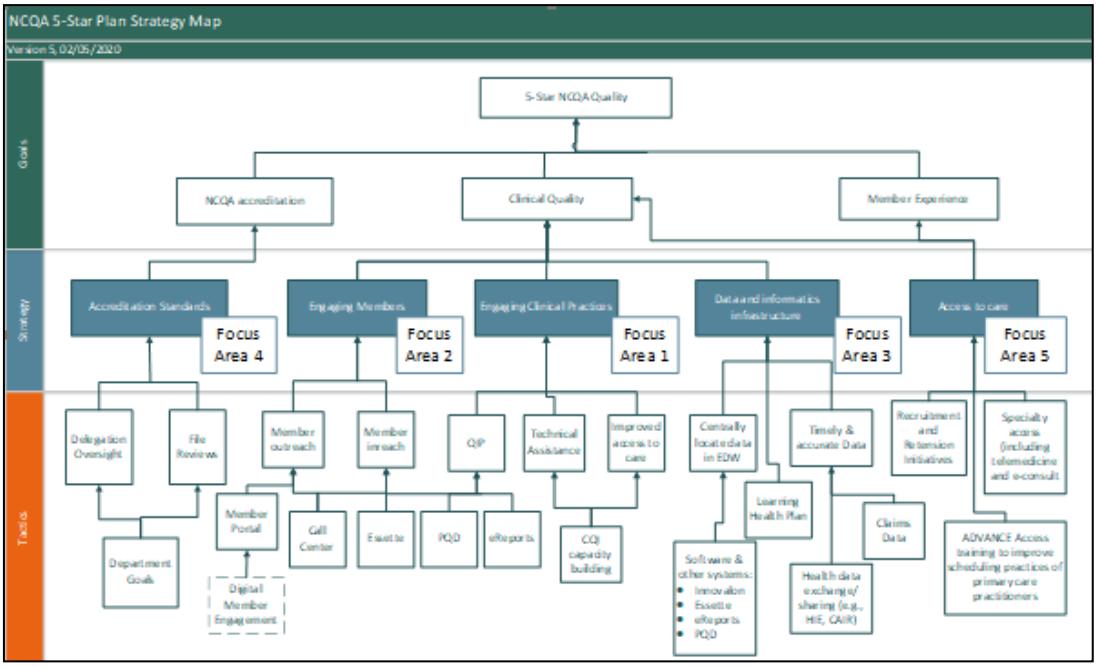
Focus Area 5: Improving Member Experience through PCP Access

Goals	Objectives
A. Recruitment	•Implement: Marketing to Residents within Partnership region •Implement: Marketing to Residents outside Partnership region •Implement: Marketing to out-of-state primary care Residents originally from Partnership counties •Explore: Support partner job search •Study: Support J-1 visa process
B. Retention	•Test: Optimize HPSA scores in shortage areas •Implement: Support providers in completing application/processfor loan repayment •Study: Increase PCP organization reimbursement for sites with greatest challenge via adjustment of PCP-QIP by recruitment difficulty factor •Study: Coordination among local agencies providing supplemental dollars for loan repayment, signing bonus, etc. •Implement: Advocacy for new and larger loan repaymentprograms by state/federal government. •Test: Vetted Locum Tenens providers to provide vacationcoverage •Planning: Proposal for structure for providing social support to providers
C. Alternative Access Options	•Implement: Promoting the leveraging Phone/Video visits toincrease access •Implement: On demand video visits for urgent care •Promote: Advanced Access methodology
D. Learning	•Implement: Exit Interviews of Clinicians leaving the region •Implement: Interview practices that are very successful inrecruiting strong staff

Conclusion

This Partnership Strategic Plan for Achieving Five Star Quality provides a roadmap for using the overall structureand framework of NCQA, modified by requirements of DHCS, to substantially improve quality and ultimately achieve a 5-star rating by NCQA by 2025.

Appendix A: Partnership Strategic Quality Plan



Pathway to Excellence

Partnership Framework for Continuous Learning

Final Workgroup Report June, 2021

Workgroup Members:
Robert Moore, MD MPH
Mark Netherda, MD
Erika Robinson
Nancy Steffen
Caron Lee
James Devan
Naresh Vemparala
Farashta Zainal

From Quality Measure Score Improvement Team Goal #4:

SMART goal #6:

Partnership's transformation as a Learning Health Plan: Define a framework/plan for expanding knowledge management infrastructure relative to best practices in quality measure improvement and operationalizing standardized approaches to small tests of change through scaling and wide-spread implementation.

Milestones:

Final report presented to the executive HEDIS® Measure Score Improvement team by June 30, 2021

Table of Contents

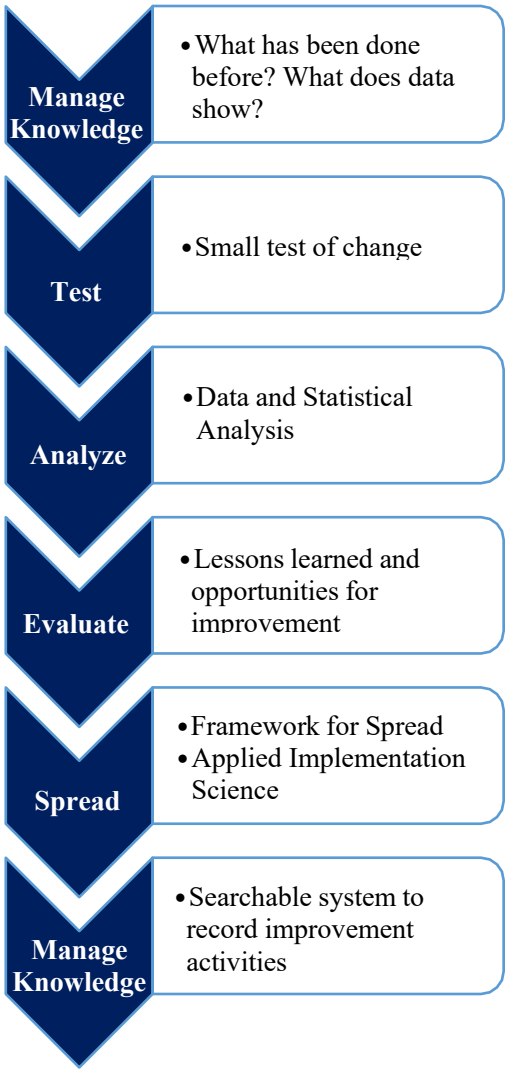
Executive Summary

For years, Partnership's QI Program Description (and DHCS itself) has highlighted the Model for Improvement, whichincludes the well-known PDSA (Plan-Do-Study-Act) cycle as a guiding framework for improving the quality of health are of our members. Yet, as we accumulated positive experience with many small tests of change, Partnership'soverall health plan ranking (comparing a subset of HEDIS® scores with the scores of other health plans) was improving slowly. Recent reports on relative performance on Pediatric Health measures has highlighted lower performance in Partnership's northern regions, which could have an impact Partnership's success with absorbing additional rural counties. While small tests of change (PDSAs) are a key framework in improvement activities, they are not sufficient to achieve larger scale long lasting improvement.

Partnership updated its 5-star Strategic Plan in 2020, and is executing a comprehensive tactical plan related to this plan. A central goal was NCQA accreditation, achieved in January 2021. HEDIS® scores for measurement year 2021 will be the baseline year for rating the health plan on NCQA's 5-star HEDIS® scoring. The COVID pandemic and the Health Edge core claims processing implementation have had a notable negative impact on energy that can be spent by Partnership and our providers on improving health care quality measures. As we move into late 2021 and 2022, we must be ready to re-energize our provider network to improve clinical outcomes.

In 1990, Peter Senge outlined the components of what he called a "learning organization," in his book *The Fifth Discipline: The Art and Practice of the Learning Organization*. The highest performing organizations are the strongest learning organizations, he argues, and they have specific disciplines that characterize being a learning organization. About a decade ago, the term "learning organization" was expropriated by a variety of Health Care Organizations to become a "learning health system." Different organizations and authors had different ideas of what the "system" was, ranging from a geographic system to an integrated delivery system to the entirehealth care delivery system in the United States.

Over the past year, a workgroup of Partnership's HEDIS® score improvement team explored how these concepts of a "learning organization" and a "learning health care system" could be applied to a health plan. The resulting framework is composed of five elements, shown in the diagram below (knowledge management has a role at the beginning and end of the process, so is presented twice):



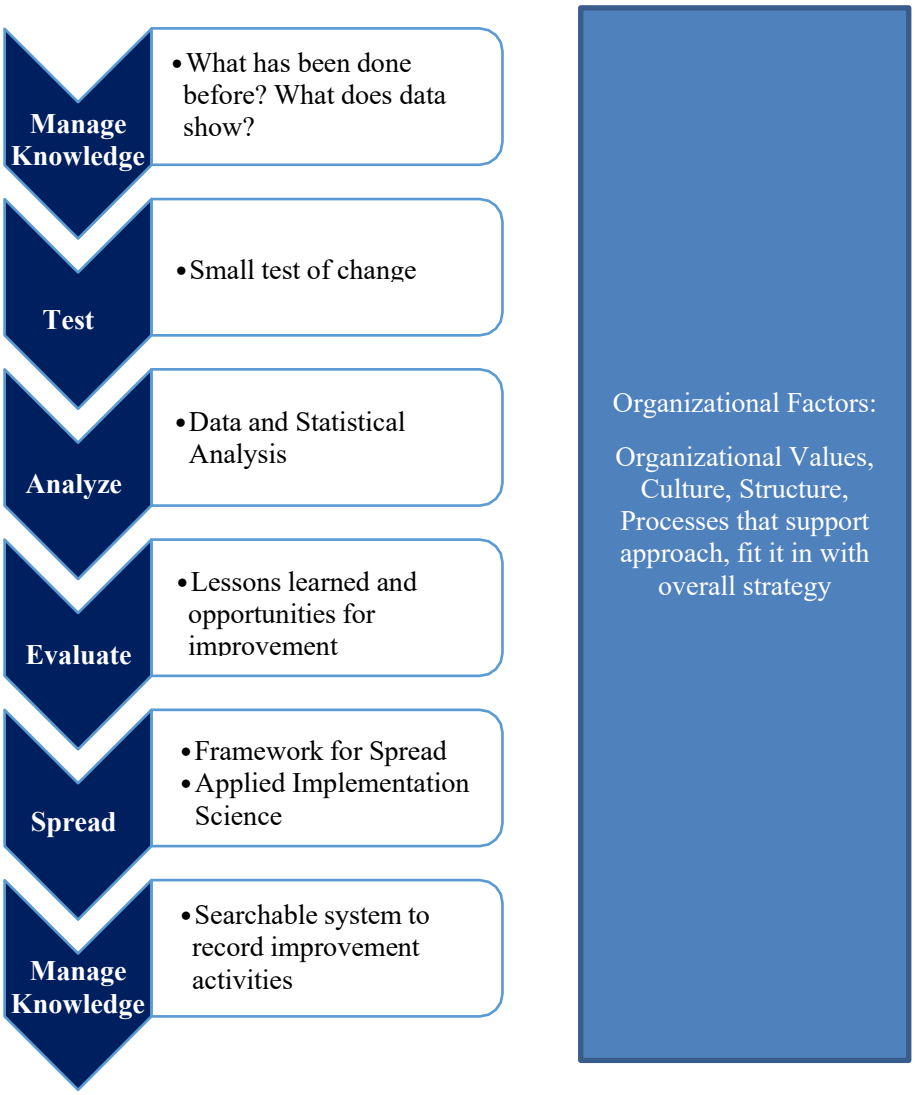
This document provides an overview of each of these key elements, including current activities at Partnership as well as a summary of the academic literature on each topic. Next, several leadership activities and overarching activities are described as critical elements to optimize the successful use of these five elements. We end with a plan for further developing our framework in the 2021-2022 fiscal year and beyond. We believe that adoption of this framework will provide critical support for our NCQA stars status, and contribute to our vision, to be themost highly regarded health plan in California.

A detailed description of the Pathway to Excellence framework can be found after the 2022 update activities section below.

2022 Update and Activities Related to the Pathway to Excellence Framework

Background:

Traditional QI frameworks are missing several key components essential for optimal testing of new ideas and implementation of successful tests. In 2020 to 2021, Partnership researched frameworks and ideas that were missing from traditional QI frameworks into one overarching framework, called the Pathway to Excellence. Major components are summarized here:



A detailed white paper with references is available on Partnership's internal website (Partnership4Me), along with a number of recorded presentations on each of the topics above.

Activities of 2022-23

During 2022, Partnership steadily worked on rolling out the Pathway to Excellence (P2E) Framework, building on an implementation plan created in 2021. Major activities of 2022 and planned activities for 2023 are listed here:

1. Creating in internal website to make P2E materials easily available to Partnership staff.
2. Formal presentations on each of the major topics:
   a. Overall Pathway to Excellence Framework, including coverage of theory of knowledge and learning.
   b. Knowledge Management
   c. Small Tests of Change
   d. Data and Statistical Analysis, including a sub presentation on Using the Data We Have (Health analytics and Data Governance work to continue into 2023).
   e. Evaluation methods
   f. Using Applied Implementation Science to Optimize Spread of Tested Ideas
3. These presentations were given internally:
   a. Operations Leaders

   b. Medical Directors
   c. Health Services Directors and Managers
   d. Recorded for others to review (new staff, new leaders, etc.)
   e. Board Quality Advisory Workgroup
4. Externally, the overall framework was adapted and presented to:
   a. Partnership's Hospital Quality Symposium
   b. The California Hospital Quality Council's annual Quality Forum
   c. Additional forums planned for 2023: CPCA Quality meeting in March.
5. Incorporating the major principles of the P2E framework in thinking about our everyday work. (Will continue in 2023)
6. Special focus on Strategic Knowledge Management (KM) Activities (all ongoing, continuing in 2023)
   a. Shared Drive Cleanup by HS departments
   b. SharePoint site cleanup
   c. Use of One-Note for Knowledge Management
   d. Master list of abbreviations updated and posted to SharePoint
   e. Principles for updating external website for KM created.
   f. Use of PowerDMS for Knowledge Management (Plan to implement after fall 2023)
   g. Microsoft 365 and its role in updating KM infrastructure (including external website). Planned for 2023.
   h. IT backup of KM materials on shared drive (2023 topic)

Framework Development

The Pathway to Excellence: Partnership's Framework for Continuous Learning was developed by a workgroup of the HEDIS® Score Improvement Goal Group. The workgroup met monthly to discuss and flesh out different aspectsof this framework and to systematically review the academic literature related to the different elements. A review of pre-existing activities that contribute to these elements was tabulated. Interviews of external organizations working on this framework were initiated, and will continue as our understanding of the framework elements expands.

Original Pathway to Excellence Whitepaper and Plan (2021)

Initially, the workgroup was named "Learning Health Plan" as an extension of the "Learning Health System" concept, but with feedback from the executive team and Partnership's board advisory committee on quality, the framework is renamed "Pathway to Excellence: Partnership's Framework for Continuous Learning."

Workgroup Members:

Robert Moore, MD MPH
Mark Netherda, MD
Erika Robinson
Nancy Steffen
Caron Lee
James Devan
Naresh Vemparala
Farashta Zainal

The workgroup developed this document, an annotated bibliography, several PowerPoint presentations summarizing the key concepts, and notes summarizing the monthly meetings.

Continuous Learning as a Quality Framework

Roots in Partnership Culture

The Mindset of Continuous Learning is rooted in Partnership's organizational culture.
Several of Partnership's organizational values (listed on the Partnership website) support different aspects of quality:

1. Partnerships: Fostering strong partnerships with members, providers, and community leaders to collectively improve health outcomes. "Putting our members first."
2. Overall focus on Quality: Focusing on continuous quality improvement in every aspect of the organization and in collaboration with our partners. "Doing the right thing right, the first time and every time. Excellence is achievable! Striving for perfection, but embracing the opportunity to learn from imperfection."
3. Integrity: Set a standard of professionalism, integrity, and accountability. "Willingness to challenge the status quo, and insist on change when needed."
4. Innovation: Seeking creative solutions. Apply knowledge in new ways.

In addition, two key organizational principles specifically support aspects of being a learning organization:

1. Balancing Compliance and Performance: Balancing rigid attention to regulatory requirements with flexibility and innovation needed to drive improvement. "Not all change is improvement, but all improvement requires change."
2. Continuous Learning: "Making decisions based on rigorous data analysis whenever possible (instead of based on hope or wishful thinking)." "Creating an atmosphere where new ideas can be explored and where strong, independent teams can test these ideas"

The mindset of continuous learning can be expressed in these three credos:

1. We are all very proud of Partnership, the work we do and the systems we have developed. Nonetheless, werecognize that we as individuals and as a company can do better.
2. We strive as individuals to be curious and continuously learn.
3. We also strive as an organization to learn and grow.

While these are organization-wide values, this document will focus on the applications of continuous learning to our work to support our strategic goal of becoming a 5-Star NCQA recognized health plan. This includes work related to improving quality and performance in these Partnership departments: quality, pharmacy, care coordination, utilization management, health analytics, and population health. Of note, some parallel activities in Partnership's operational departments are being organized by the OpEx/PMO department.

Organizational leadership activities are critical for applying this work. This includes ensuring that activities are related to organizational priorities, that staff are supported and motivated, that staff work well cross-departmentally, and that the overall organizational culture is supported.

Knowing is not enough; we must apply. Willing is not enough; we must do.
- Johann Wolfgang von Goethe

Definitions of Learning

Two useful definitions of learning are:
Learning (noun):

1. Process of acquiring information, knowledge or understanding/wisdom
2. The process by which (tacit) knowledge is *created* through the transformation of experience

Note that these definitions are very different from the concept of Machine Learning, a form of Artificial Intelligence (AI), defined as the use and development of computer systems able to learn and adapt without following explicit instructions. We will *not* be addressing machine learning in this report.

Another important distinction is the difference between Learning, Innovation, and Invention. In contrast to learning, innovation and invention are defined as follows:

Innovation (noun): The creation, development, *and implementation* of a new product, process or service, withthe aim of improving efficiency, effectiveness or competitive advantage.

Invention (noun): brand new concept or idea which may not be completely defined/fleshed out/proven.

Learning Organization and Quality Improvement

The idea of a learning organization was defined and popularized in Peter Senge's 1990 book, *The Fifth Discipline: the Art and Practice of the Learning Organization*. His definition of a

Learning Organization (noun): An organization that facilitates the learning of its members and continuously transforms itself.

In the book, Senge details the Five Disciplines of a Learning Organization:

1. Personal Mastery
2. Mental Models
3. Shared Vision
4. Team Learning
5. Systems Thinking

In this context, learning is used as an adjective, modifying organization.

Early reference to the importance of learning in Quality Improvement work also uses learning as an adjective, modifying activities. This is summarized by Don Berwick's analysis of a quote by Tom Nolan, the creator ofthe Model for Improvement:

> "What are necessary and sufficient conditions for improvement in large systems? **Will, ideas, andexecution**!"
>
> - Tom Nolan, creator of the Model for Improvement
>
> "Providing **will** refers to the tasks of fostering discomfort with the status quo and attractiveness for theas-yet-unrealized future. Providing **ideas** means assuring access to alternative designs and ideas worthtesting, as opposed to continuing legacy systems. And **execution** was (Nolan's) term for embedding *learning* activities and change in the day-to-day work of everyone, beginning with leaders."
>
> - Don Berwick, founder of the Institute for Healthcare Improvement

Learning Health System: Another use of learning as an adjective is Learning Health System, first used by the National Institute of Medicine in 2007, to mean that evidence based medicine would be applied reliably throughout the health care delivery system:

> "A learning healthcare system is designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowthof patient care; and to ensure innovation, quality, safety, and value in health care."

Evidence based medicine is given a broader definition:

> "to the greatest extent possible, the decisions that shape the health and health care of Americans—by patients, providers, payers, and policy makers alike—will be grounded on a reliable evidence base, willaccount appropriately for individual variation in patient needs, and will support the generation of new insights on clinical effectiveness."

Immediately after this, a subsequent explanation drives back to "information from clinical experience" andclinical effectiveness of interventions.

The Institute of Medicine considers learning as building a knowledge base and translation of this knowledge regularly in the course of patient care.

In the decade that followed, the term learning health system was used in many different senses, depending onhow the author thought about the word "system":

1. U.S. Healthcare Delivery **System**
2. Academic Medical Center as a **System**
3. **System** of translating research into practice
4. Integrated Healthcare Delivery **System**
5. Local or Regional Healthcare Eco-**system**
6. Data Management or Health Information Exchange **System**

We bring this diversity of views to your attention so the reader will be aware that this term is fraught, not tochoose one concept of a Learning Health System over another.

Pathway to Excellence Framework Overview

What does the Pathway to Excellence look like?

1. Decisions and conclusions are based on rigorous data analysis whenever possible (instead of based on hope or wishful thinking), while creating an atmosphere where new ideas can be explored.
2. Within this framework, strong independent teams test these ideas, quantitative and qualitative evaluation is performed, knowledge gained is organized for future retrieval, and successful practices are spread effectively.

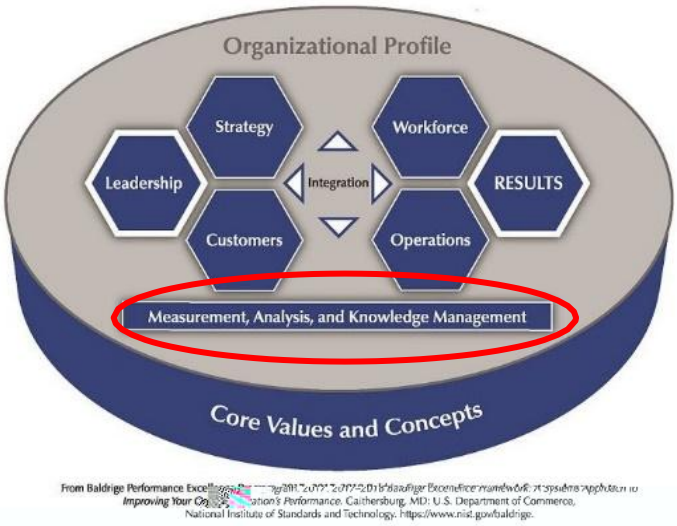
How does this work fit in with other Quality Frameworks?

The Pathway to Excellence Framework shares some themes with two other major quality frameworks: The National Baldrige Award for Quality criteria and the Shingo Model of lean management.

Baldrige Criteria: Four of underpinnings of the Baldrige criteria relate to the *Pathway to Excellence* Framework:

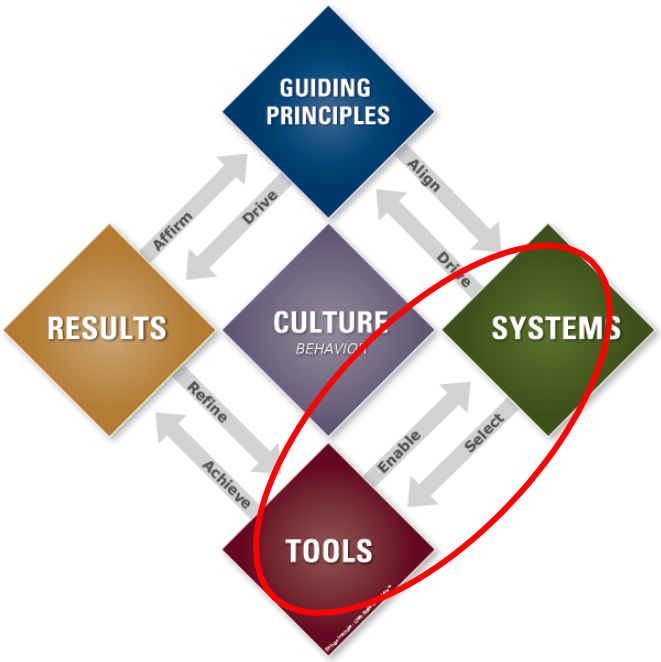
1. Organizational learning
2. Focus on Success and Innovation
3. Management by Fact
4. Delivering Value and Results.

The Organizational Profile of the Baldrige Criteria are shown on the figure below. Of special note, the overarching concepts of measurement, analysis and knowledge management identify three of the elements shared with the *Pathway to Excellence* framework. Also shared is the idea that organizational core values andconcepts underpin the effectiveness of the quality framework.



From Baldrige Performance Excellence [illegible] Improving Your Organization's Performance. Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. https://www.nist.gov/baldrige.

Shingo Model: The **Shingo model** of operational excellence asserts that successful organizational transformation occurs when leaders understand and take personal responsibility for architecting a deep and abiding culture of continuous improvement. Leaders lead culture; nurturing the organizational culture is at thecenter of the model. The Shingo Model includes an improvement system, improvement tools, a work system and a management system. While the Shingo model focuses on Purpose, Process, and People, the learning framework described in this paper at Partnership focuses on Process. Process values/principles/behaviours include: continuous improvement, seeking perfection, embracing scientific thinking, and focusing on the process.



Partnership Strategic Plan: The Pathway to Excellence framework will be applied to the first area of emphasis in thecurrent Partnership strategic plan (see below): Access to High Quality Care.

Pathway to Excellence Framework:

After consolidating our information on the Pathway to Excellence Framework, we can summarize this Partnership Framework for Continuous Learning as:

1. Using the scientific method to optimize implementation of quality improvement initiatives
   - Learn from the past: Building on prior research/experiences
   - Small Tests of Change: Rigorous and widespread testing of change on a small scale (using themodel for improvement framework)

- Knowledge Management: Tracking of information gleaned from small tests of change so otherscan retrieve this information and build upon it.
- Careful data and statistical analysis with use of control groups, where appropriate
- Implementation and Spread: Using a combination of classic project management methodologywith the Consolidated Framework for Advancing Implementation Science while having the leadership and staff to support this approach

2. Communicate effectively about quality and change, through a mixture of data and stories. "Nodata without a story, no story without data."

The following sections will summarize each element in greater detail.

Knowledge Management

Background Concepts

Knowledge Management as a field of study has a rather limited literature in relation to health care. There are several journals (including The Journal of Knowledge Management Practice and the Journal of Knowledge Management) and a few books that focus on this area (one is *Strategic Knowledge Management: Driving Business Results by Making Tacit Knowledge Explicit* by Arun Hariharan published in 2015).

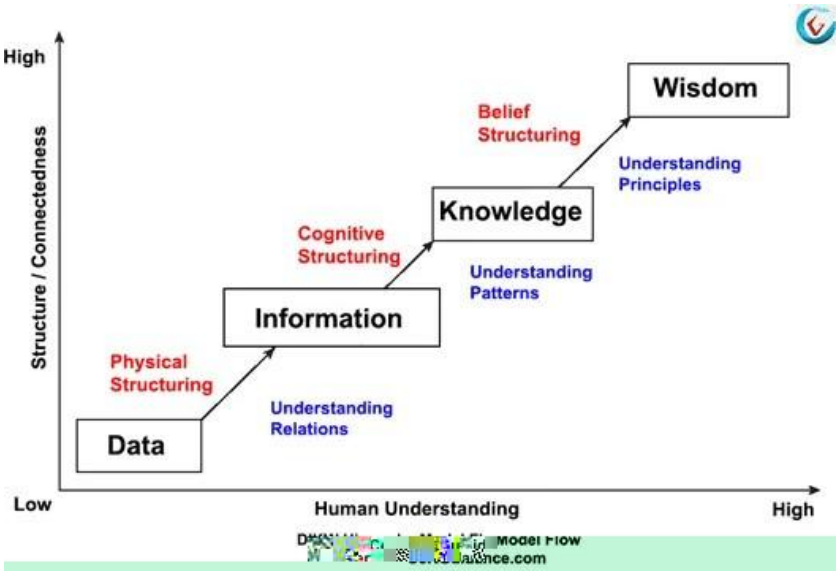
We begin with a brief overview of definitions and philosophy of knowledge.

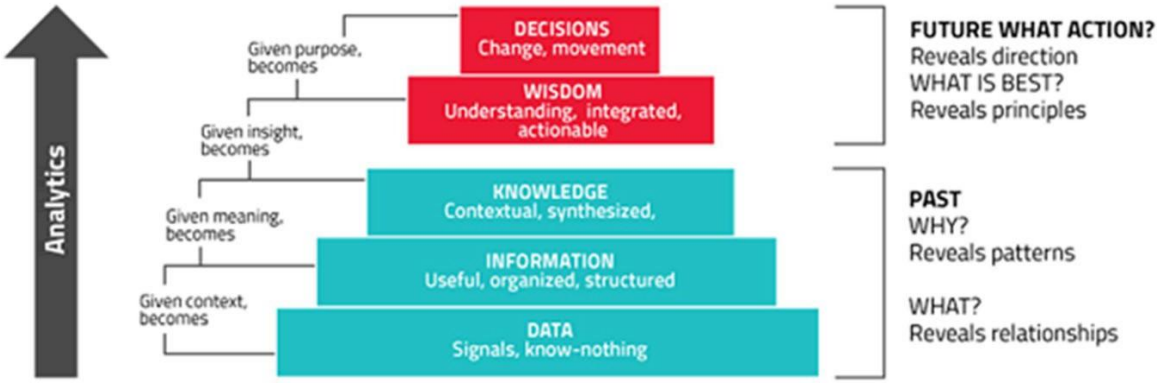
Definitions: Two useful definitions of knowledge are:

1. True belief or understanding of the relations which things and ideas bear to each other and to themselves (Originally from Greek philosophers)
2. Processed information (see below)

DIKW Framework: A key conceptual framework for related knowledge and learning is the Data Information Knowledge Wisdom (or DIKW) Framework, illustrated both as a graph and a pyramid, below. Each level is part of a hierarchy:

a. Data, which is physically structured and related to make
b. Information, which is cognitively structured and pattern recognition to make
c. Knowledge, which with belief structuring and principle definition makes
d. Wisdom, which can be used to prospectively make decisions about future courses of action.





Categories of Knowledge

Categories of Knowledge within an organization can be divided us as follows:

- Individual knowledge: within the brain of an individual, based on their experience, learning or analysis = ***tacit knowledge.*** This tacit knowledge may be possessed by an **expert within** an organization, or by a known **outside expert** who is consulted when needed.
- Individual knowledge: written down or recorded for reference by one person = ***explicit individual knowledge.*** Converting tacit knowledge to explicit knowledge is a central goal in the field of knowledge management.
- Group knowledge: written, recorded or programmed processed information for use by multiple individuals in an organization = ***explicit group knowledge.*** Explicit group knowledge may be derived from either internal sources or from systematic review of external sources. Explicit knowledge is storedin some sort of **knowledge base**, written down on paper or in an electronic format.

Essentials of Strategic Knowledge Management

The overall aim of Knowledge Management is to ensure that knowledge that is relevant to the business, fromany source internal or external, is available at the right place at the right time to enable the right person in thecompany to make the right decisions and implement them so they you achieve the organization's strategic business objectives.

There are three core goals of Knowledge Management

a. Easy and effective application of knowledge/reuse of knowledge. "Use the knowledge you have available."
b. Avoid reinventing knowledge (instead: build on prior knowledge). Don't "reinvent the wheel"
c. Create new knowledge. Apply what has been learned previously to try out new ideas/processes, and measure how well they work.

To robustly apply the principles of Knowledge Management to an organizations two levels of analysis and workmust be conducted:

1. Organizing knowledge and filling gaps (every few years, strategic work)
   a. Identify knowledge capabilities critical to business success (start with 3-5 processes)
   b. Identify a knowledge champion and community of experts for each process to ownknowledge repository of that process.
   c. Conduct knowledge inventory and infrastructure inventory to describe knowledge assetsand map knowledge, divided into internal, external, explicit and tacit. Research should include customer, data, business, market and regulatory framework
   d. Identify knowledge gaps and infrastructure gaps
   e. Define **strategic initiatives to bridge gaps**

2. Applying knowledge to spread or generate new knowledge (ongoing tactical activity)
   a. Storing, vetting, categorizing and transmitting knowledge
   b. Implementing initiatives using knowledge (AKA knowledge translation)
   c. Measuring business results (against benchmarks along with non KM based interventions)

Strategic Initiatives to Bridge Gaps

Broadly, there are three major **categories** of Strategic Knowledge Management Activities:

1. Organizing Explicit Knowledge
2. Organizing Tacit Knowledge
3. Application of existing Knowledge

Major activities in each category are described:

Organizing Explicit Knowledge:

1. Develop a process for gathering knowledge systematically from external sources
2. Develop a standard process for knowledge contribution
   a. Succinct high level summary
   b. Best practices funnel/vetting
3. Establish standardized processes for content management
4. Establish documentation standards for best practices/case studies/lessons learned when project fails

Organizing Tacit Knowledge:

1. Establish communities of practice with knowledge manager (AKA moderator)
2. Organize and define subject matter experts, with the best mechanism to consult them
   a. Pull: mechanism to look for expert in the topic at hand and reaching out to them for input.
   b. Push: experts reach out with information (newsletters, articles, emails etc.)
   c. Combination of Push-Pull: intermediary for contact with experts

Application of Existing Knowledge:

1. Systematic mine knowledge (pull)
a. Gathering information from high performers in a structured way.
b. Review current operational data daily: what needs to be done today? "Use the data we have"
2. Content dissemination (push) (Don't leave it to "chance or choice")
a. Knowledge sharing seminars
b. Publication/dissemination of best practices (newsletter, email)
3. Develop "closed loop processes" to ensure regular review of knowledge for possibility of spread.
4. Determine scope for process for spreading: small scale vs. company-wide
5. Ensure a process is developed for capturing result of knowledge replication/spread, including new knowledge.

Examples of strategic initiatives to bridge gaps that may be selected include:

a. Implementing supportive technology tools
b. Formation of communities of practice
c. Sharing best practices, case studies, lessons learned, both internal and external.
d. Define processes for knowledge sharing (contribution) and knowledge reuse (implementation)
e. HR activities to change culture
f. Corporate learning programs
g. Creating access to experts
ii. Hiring
iii. Consulting
iv. Trainers

Information Technology Resources for Knowledge Management

Features: Here are some features of knowledge management that need IT support:

1. Tools for collaboration and communication between team members
2. Mechanism for storing list of experts with areas of expertise
3. Potential support for other Knowledge Management processes
4. Support of leadership activities promoting Knowledge Management
5. Managing the programs selected to be the organization's **Knowledge Base**: Storing internal and external explicit knowledge contribution, with ability to search and find easily, as well as push certaincontent. This includes knowledge replication and business results.

Contents: Information to be organized within the Knowledge Base includes:

1. Best practices
2. Case Studies
3. Lessons learned
4. Standard documented processes
5. QI projects
6. Innovative ideas
7. FAQs
8. Internal benchmarking
9. e-learning modules
10. Other training material
11. External reports on markets, customers, competitors, regulatory environment, technology trends.

A review of Partnership IT tools that are currently used for some sort of Knowledge Management (and which could beleveraged to better manage additional knowledge) include:

1. Shared drives (baseline data, many other documents)
2. Outlook: email
3. SharePoint: Partnership4Me (document organization)
4. Public Website posting of knowledge for sharing with external partners
5. Microsoft office tools: Excel, Word, PowerPoint, Visio
6. Workfront: has review process and project management functions.
7. PowerDMS: review process for submitted documents. Note that PMO has selected this to be used for capturing end of project write-ups.
8. Prezi (entire 360-degree view)

Supportive Leadership Activities for Knowledge Management

Three key elements of a supportive leadership culture are

1. Sharing of ideas (Interpersonal relationships, professional trust)
2. Willingness to build on others' ideas
3. Giving credit for origination of knowledge

Some techniques that can included to achieve these are:

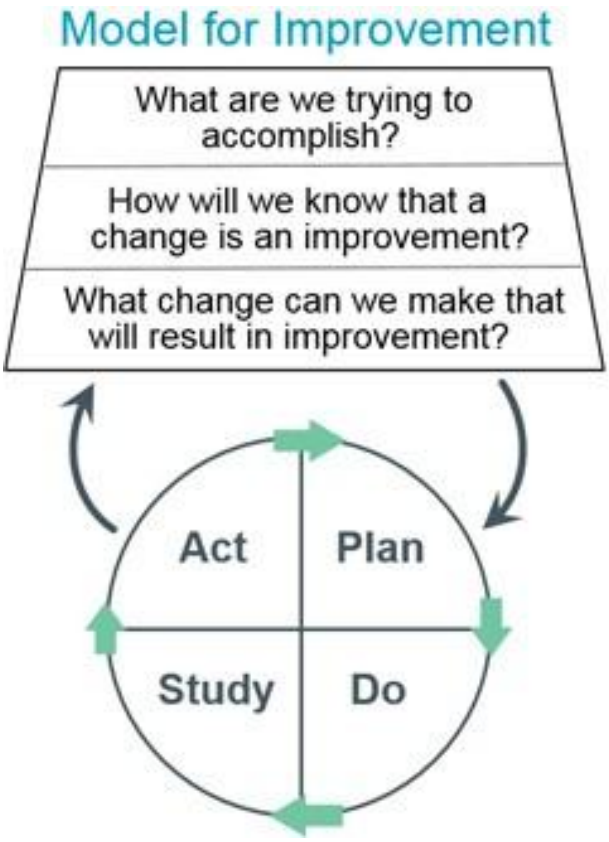
1. Link Knowledge Management to formal recognition (awards), incentives and/or performance evaluation system
2. Capturing measured results: process and outcome measures
3. Capturing and spreading narratives/survey results
4. Senior leadership attention to Knowledge Management and inclusion in strategic planning and organizational dashboards.
5. Designating resources to maintain/curate Knowledge Base over time to assure ease of access andlocation at the right place/time

Small Tests of Change

Framework Options

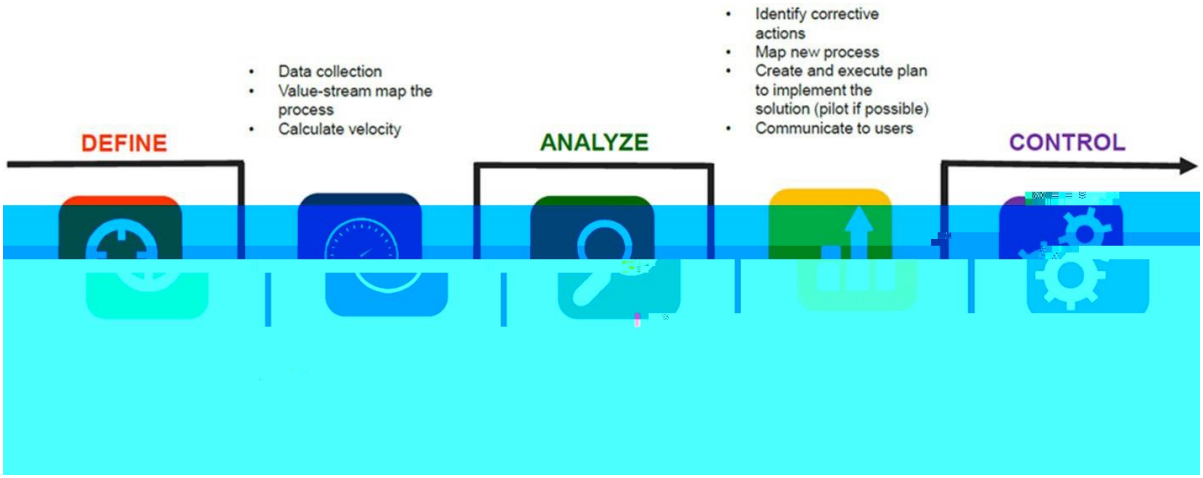
Broadly, when considering a small test of change, we start with a problem and a process.

The model for improvement (includes the PDSA cycle is a problem oriented small test of change: In the Partnership run training *ABCs of QI*, the focus is on the basic concepts of Quality Improvement using the Model for Improvement. The Model for Improvement represents a focus on quality improvement, as opposed to using DMAIC or Lean Six sigma for process optimization or Agile for IT implementations that include doing tests of change.

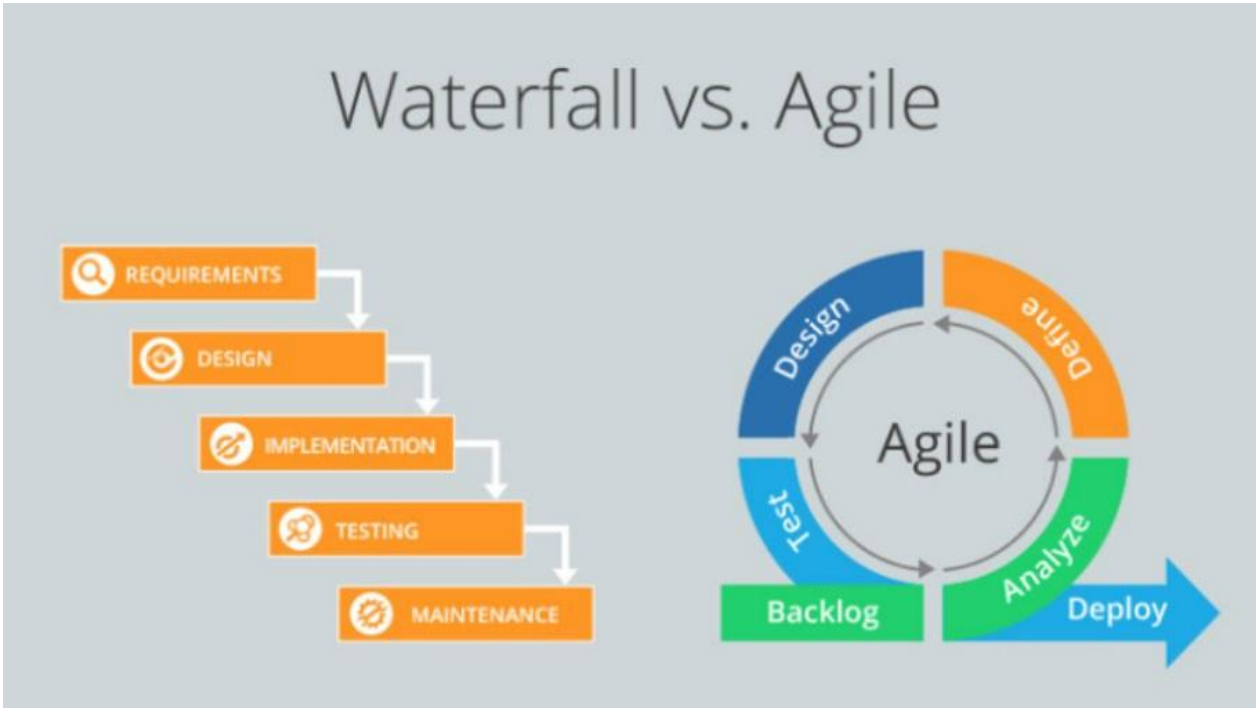


For reference only, we briefly describe DMAIC and Agile; they are not the focus of this document.

Define, Measure, Analyze, Improve, and Control (DMAIC) is a standard process, which often includesapplication of lean/six sigma principles, for process oriented change and optimization.

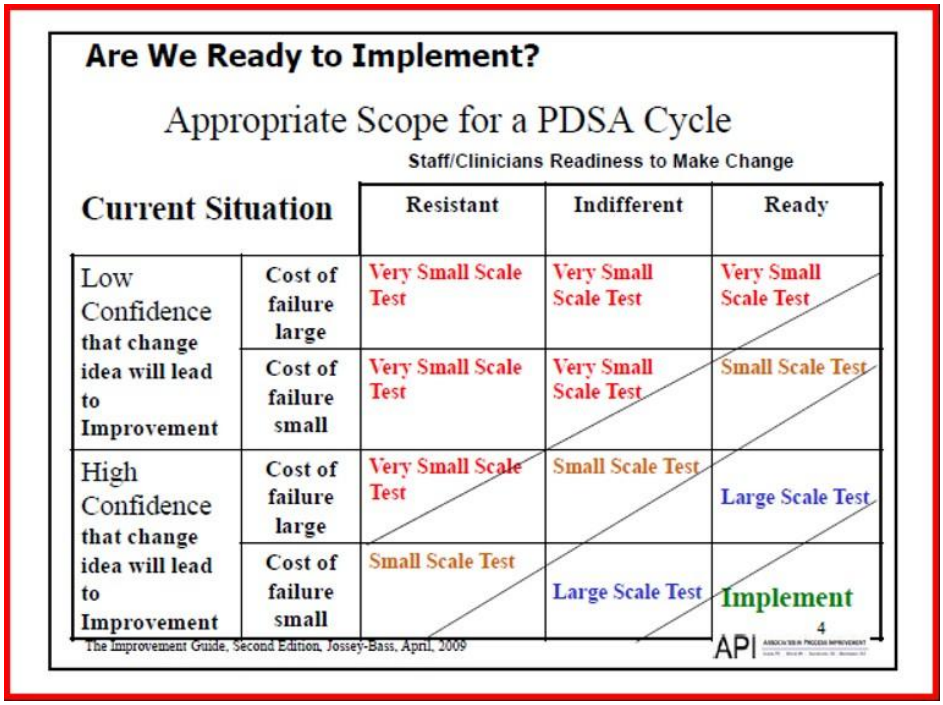


Agile is a method of implementation that combines pilots/tests with scaled implementation, and is contrasted with the Waterfall method of implementation:



Considerations when Planning a Pilot/Small Test of Change

What size test? Is a test of change big enough for outcome to have meaning? There are three factors to consider: *cost of failure, confidence in intervention, resistance to change* as shown in the following graphic:



Here are other key factors to consider when designing a pilot in a way that will inform future implementation/scale-up activities. (Al-Ubaydli, List, & Suskind, 2019):

1. Do the research/pilot results scale to larger markets and settings?
2. When we scale the intervention to broader and larger populations, should we expect the same level of efficacy that we observed in the small-scale setting?
3. If not, what are the important threats to scalability? (Al-Ubaydli, List, & Suskind, 2019)
    a. Statistically underpowered (sample size needed)
    b. Difference in population
    c. Negative economies of scale
    d. Program structure difficult to scale
    e. Dosage of intervention will be less with larger scale
    f. Incentives will be different with larger scale
    g. Inputs (staffing training for example) will be different between pilot and spread
    h. Scaling likely to cause substitution effect that wasn't present in pilot
4. What can the researcher do from the beginning of their scholarly pursuit to ensure eventualscalability?

Data and Statistical Analysis

Analytics Strategic Plan

Partnership is has begun the process of building on a Strategic Data Plan to develop a Strategic Analytics Plan. A Charter has been created and initial work has begun, but the need to convert current analytic reports to draw data from Health Edge, and to validate these mappings, has led to this strategic analytic process to be put on hold.

The charter outlines many excellent definitions, aims and purposes, and so is extracted here:

Project Purpose/Business Justification

Definitions of Data and Analytics

Raw Data: discrete pieces of information that flow into the organization

Processed Data: organized and consolidated raw data, the result of which is more easily manipulated through analysis to generate information.

Data Literacy: Competencies to promote the ability to read, understand, create and communicate data as information.

Data Information Knowledge Wisdom Pyramid: A hierarchy of class of models for representing functional relationships between data, information, knowledge and wisdom

Analytics: Systematic computational analysis of data or statistics, used for the discovery, interpretation and communication of meaningful patterns in data.

Project Purpose

To create a framework for an enterprise-wide analytics strategy to achieve the following value/advantage:

- To be more efficient in how we analyze data, eliminating redundancies, and optimizing teams
- To be confident in the processed data we use and share
- To prioritize and evaluate processed data/analytics project needs efficiently and ensure capacity
- To be prepared to respond to processed data/analytics requests in urgent situations
- To make processed data management and analytics processes more transparent
- To standardize quality assurance, presentation, and documentation of processed data products
- To streamline intake processed data and analytics requests
- To conduct data analysis and program evaluations using sound scientific methods
- To make processed data available for self-service review and analysis by different business units
- To develop innovative solutions for systematic data discovery of opportunities, gaps, or risks thatwould improve financial and/or health outcomes
- To operationalize advanced analytics (prediction models, machine learning, time series, statisticaltesting, data mining, etc.)

Aim Statement
In a 5-year period, to develop an enterprise-wide framework to maximize use of data to generate information, knowledge and wisdom to improve health outcomes, enhance the member experience of care,and reduce or maintain the cost of care by optimizing utilization of resources, including data, technology and staff. The focus of the effort include: • Define analytic needs for the business • Strengthen or develop policies and procedures for prioritization, management, access, and documentation of processed data products • Review existing data architecture and identify opportunities to optimize structure • Expand self-service analytics tools • Operationalize/integrate advanced analytics • Increase data literacy
Scope
Draft: **In scope:** any data project that involves data analysis or the creation of a report or a specialized dataset to be used for regulatory reporting, operations, or measuring performance, either for financial or health care purposes. **Not in scope:** projects involved in acquiring, processing, or warehousing raw data from main sources (DHCS, providers, other)
Deliverables
Outcome 1: Identify an analytics governance body Outcome 2: Decide on an analytics team structure and role definitions Outcome 3: Develop standards for data products Outcome 4: Develop a comprehensive strategic plan for the next 5 years

Structure of Analytics Strategic Planning

Data Governance Council • Final decision making body in the data governance structure • Sets overall direction on health analytics strategy and initiatives • Advises and empowers the Analytics Strategy Committee to implement an enterprise-wide analytics program
Analytics Strategy Committee • Prioritizes and communicates efforts between Data Governance Council, workgroups and stakeholders • Ensures the analytics strategy efforts align with the priorities from the Data Governance Council • Provides recommendations (including resource allocation recommendations) to the Data Governance Council • Sponsors, approves and manages plans that support analytics strategy efforts and projects • Forms work groups and defines their scope, based on area of expertise and responsibility

The Pathway to Excellence Workgroup identified a number of specific opportunities in the data and analytics realm that would be part of the Framework for Continuous Learning:

Partnership should consider documenting and standardizing:

1. Review of **commonly used variables** used in outcomes analysis: sources of bias/confounding; how variables are inter-related
2. Description of **data currently available** for retrospective analysis
3. Major **types of statistical analysis** that applies to health plan level work.
4. Selecting **appropriate test for statistical significance**.
5. **Presentation of data**: best practices/Partnership standards in presentation of data

Partnership should standardize and train staff on the process of taking a data need and formulate a data request withjustification. Four key purposes of reporting on data:

1. Looking for trends and outliers. Trends over time, by year, month. Standard stratification approaches include: Geography, Provider site (and parent organization if PCP), Race/Ethnicity, Aidcode, Homeless status, Presence of major mental health disorder. Results should be shared by number and percentage of total (rates); Ideally with Tableau dashboard.
2. Evaluating the impact of a specified intervention (may be part of rough evaluation or formal evaluation). Report using data from data warehouse or other sources, with citation of data sources clearly indicated.
3. Define a detailed list of either members or sub-population for a particular intervention (the requester should be able to define planned intervention, as this determines the fields of the output). Depending on nature of date needed, raw or aggregate data can be generated from pharmacy, claims configuration (Essette), Claims or Finance.
4. Define a list of providers for a particular intervention (the requester should be able to define planned intervention, as this determines the fields of the output).

What are the data and analytic areas do we need to build internal expertise?

1. Communicating analysis to our provider partners, in a way that is not too complex.
2. More advanced database skills, programming (python, R), google colab

For what areas should we seek outside help?

1. Biostatistics/epidemiology
2. Data scientist (study design)
3. Economics/social science to determine methodologies, creative randomization or alternatives
4. Advanced database and programming expertise

Standards for Evaluation

General approach to Evaluation. We should systematically plan evaluation and analytic approach ahead of time and then iteratively. Some questions to answer:

1. Is it possible to prove something?
2. How scientifically sound is the evaluation? What size of intervention is needed?
3. Since the evaluation plan impacts study design, how will the study change?

On a regular basis in reviewing scientific literature we need to seek out and save evaluation methods done by others researchers, for possible future use. This knowledge should be managed logically.

What are major areas of evaluation methods, which Partnership should consider document and standardize?

1. Options for **randomization**, with explanation of factors to consider in choosing one (include ABtesting as option)
2. Options for **control groups**, with explanation of factors to consider in choosing one
3. Description of **ethical framework**: when is consent needed; when an Institutional Review Boardreview is needed (is publication planned).
4. **Standard template for study design**, including: problem analysis, strategy to manage change, proposed interventions, target population, definition of outcomes and potential unintended consequences, baseline outcome rate, anticipated observations/week, unit of randomization, blinding,and implementation of the randomization strategy
5. **List of options for study design** (See Horwitz reference for options)
6. **Overall evaluation framework** options to consider, with explanation of factors to consider inchoosing one.

Optimizing Spread: Application of Implementation Science

Overview: (Dubner, 2020) gives a definition of Implementation Science: Definition of ImplementationScience:

> *It's the study of how programs get implemented into practice and how the quality of that implementation may affect how well that program works or doesn't work.*

Factors to consider, at least once, when making the decision to do a large scale implementation based on resultsof a successful pilot.

The Consolidated Framework on Implementation (Damschroder, et al., 2009) is a Social science construct that seeks to organize the theoretical frameworks and factors that influence the success of an implementation. For a *larger* implementation, it is probably worth spending some time going through the list to consider strategies for improving the success of this particular implementation. For smaller implementations, it is rarely very helpful.In addition, (Al-Ubaydli, List, & Suskind, 2019) notes these reasons for failure of pilots to spread successfully:

1. Spillover and administration quality impacts direct treatment effects.
2. The participant(s) being unrepresentative of the population in terms of direct treatment effect.
3. The statistical estimation error.
4. Economies/diseconomies of scale in participation costs.
5. The participant(s) being unrepresentative of the population in terms of participation cost. (really asubset of number 2)
6. Economies/diseconomies of scale in implementation costs. (4 and 6 go together).

The Science of Using Science: Towards an Understanding of the Threats to Scaling Experiments (Al-Ubaydli, List, & Suskind, 2019) is a more practical consideration of this topic. Some highlights:

1. Consider the myriad of factors that lead results of pilots to not be generalizable with spread, when designing the pilot or small test of change. Initial backward induction to understand, up-front, potential problems with scaling; think like a policy maker when doing the initial study. ("What could possibly go wrong") (See section on PDSA for a list of these)

2. Due to these characteristics of pilots, which make generalizability problematic, the following are recommended:
   a. More precise statistical summaries of the pilots to assess if they actually worked
   b. More frequent replication before attempting spread: If goal is demonstrating 95% confidencethat small scale pilots will scale, may need about 4 independent studies to show the same thingto overcome the possibility of these biases being present.

3. Once decision to spread has been made: the following are recommended to <u>increase chance of success/fidelity:</u>
   a. Detailing the core elements or "non-negotiables" of the intervention
   b. Ensure the facilitators/project managers/staff understand the "whys" or the mechanism behind the intervention effect.
   c. Look for technology to standardize processes and to check fidelity: Upload data of spread sites in a way that can do fidelity testing as data entered. (see Dubner, below)
   d. Original scientist or pilot person also should play an important role in actual role out of program
   e. Carefully measuring program efficacy when program is scaled: (generation of new knowledge.)

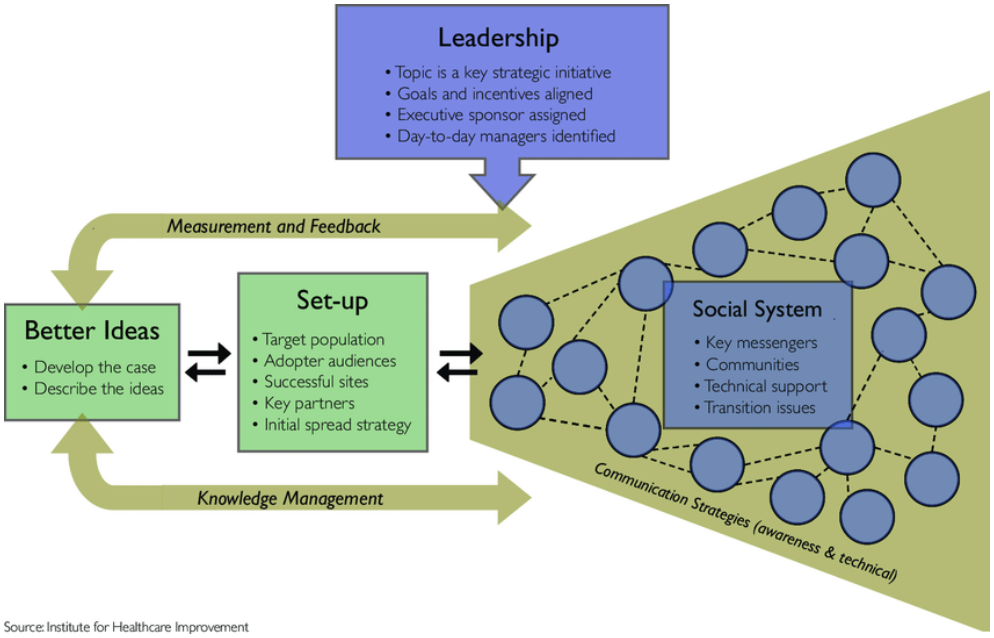
<u>Why spread fails</u>: (Dubner, 2020) summarizes the main five reasons spread/implementation fails:

1. Evidence not there to support scaling in first place
2. Wrong people were studied in the pilot compared to the larger population.
3. Wrong situation was used: voltage drop with change of situation: avoid by preserving "fidelity" oforiginal test. One solution: Upload data of spread sites in a way that can do fidelity testing as dataentered.
4. (Infrastructure/Delivery system of spread very different from system of academic testing.)
5. Need to look at both the supply and demand for the intervention

<u>Elements of successful transitions from projects to programs</u> (Savinsky & Stadelhofer, 2011?) describeselements of successful spread with important pitfalls to avoid.

1. Solidify leadership support
2. Understand current state
3. Define future state
4. Confirm and monitor operational metrics
5. Enlist expertise and appoint a transition leader
6. Engage affected personnel
7. Determine staffing
8. Develop team charters
9. Create and execute transition plans
10. Establish post-transition processes for documentation and evaluation

Framework for Spread (from the Improvement Guide):



Source: Institute for Healthcare Improvement

Other factors to integrate (from workgroup discussion):

1. For implementations, standard should be a transparency of timeline and milestones
2. Ideally, there would be agreement of what constitutes thorough analysis of animplementation/spread.
3. To manage knowledge of optimal implementations, Partnership should capture examples of case studies towrite up to document best practices in spread, for example: birthday club, Palliative care, MPS, IOPCM
4. Future examples where framework will be helpful include implementation of ECM and Collective Medical Technology's Collective Plan.

Partnership approach to Scale-up and Implementation (Sustainability)

Current Status: Project Review Board (PRB) is the major mechanism for larger, multidepartment projects, for prioritization, estimation of resources and scope. Many, but not all major implementations go through PRB; the trend has been to ensure all do. Considerations: Project management approach, but not always done equally rigorously for every project. Implementations need to be integrated with department and organizational goals. As project becomes a program, there is a transition to Program Management approach to blending into other existing operations—this involves a different skill set than project management.

Organizational Factors

Organizational Factors:
Organizational Values, Culture, Structure, Processes that support approach, fit it in withoverall strategy

In addition to the organization factors listed under the Knowledge Management section, above, the workgroup collected other leadership and organizational activities that would we needed to support the success of the Pathway to Excellence framework.

1. **Nurture Values**: Current Status: Link to communication channels and other activities. Leadersmentoring and demonstrating them. Developing staff expertise. Supportive organizational and management culture. (See separate document)
2. **Systematically review the work we are currently doing,** categorizing by need for knowledge documentation, evaluation, nature of the work, budget, relationship to regulation/quality
3. **Promulgate a Partnership approach** to systematically consider each tactic.

Another view of overall organization framework to support continuous learning activities is from (Bellin Health Case Study, 2015):

1. Cascading structure of Planning, with the 120-day planning cycle forming the core timeline.
   a. 100 days of work, 20 days of evaluating results from last cycle, planning and prioritizing activities/plans for the next cycle. Steps:
      ii. Diagnostic Journey
      iii. Prioritization and Focus
      iv. Organizing the Work
      v. Work Period
      vi. Recalibration
   b. Major systems feeding into this process:
      i. Information gathering: marketing, customer service, strategic analysis, strategicplanning
      ii. System of production/optimization
      iii. System of measurement
      iv. System of improvement
      v. Managed Spread of successful improvements
      vi. System of evaluation
      vii. Building expertise/capturing knowledge (Improvement IQ)
      viii. Strategy room documenting all aspects of this system

Plan for Nurturing Organizational Culture

The workgroup crafted a plan to support supporting the organizational culture towards the principles of the Pathway to Excellence. It is presented here:

What to Share more widely and regularly to promote culture: Key Concepts (see draft PowerPoint)

- Overarching statements of values
- 5 key steps (skip the leadership step for presenting to organization)
- Brief Description of each step

- Key sayings/slogans to represent key ideas in each step: what to do and what not do to
- Use stories to illustrate

Sharing Knowledge about P2E:

- Presentations (Internal and potentially external)
  - Topics:
    - Overview of elements of P2E
    - Knowledge Management
    - Data Analysis/Statistics/Evaluation
    - Small tests of change/scaling up
  - Presentation to leadership teams; record for future.
- Showcased examples
  - Internal: capture, publish, publicize
  - External: lessons learned, capture information
- Smaller Key Message
  - Derived from Larger Presentation
- Slogans
  - Start with those already identified
  - Potential graphics associated with some?

Marketing Paths: Needs timeline and work plan

- Milestones
  - New name selected
  - Plan completed
  - Playbook draft/update
  - Presentations given/saved
  - Awards (Internal and external)
  - External presentations
- Internal communications paths; especially good for smaller key message and slogan
  - Emails
  - Partnership4me
  - Office Hours/VEB
  - Campaign
  - IQI, EQMSI, Ops, Exec
- Durable materials that use name of initiative
  - Trivets
  - Graphics
- Calendar to drip out the slogans etc.
- External communication paths, once core presentation refined
  - PAC
  - Board
  - Board Quality Committee
  - Strategic Planning
  - Clinic Consortia
  - CIN
  - CHCF Leadership
  - CAHP

- LHPC Medical Directors
- State quality convening 2022
- Poster presentation at IHI

Building Leadership Understanding and Commitment

- Incorporate into HS leadership meeting
- After leaders learn about aspects of the LHP, have them give talks to staff

Building Front Line Staff Understanding and Commitment

- LMS training
- Sample Interview questions for staff interviews that demonstrate LHP and ask about traits that would support it
- QI department training (NR and SR)
- Involving staff with aspects of Pathway to Excellence activities that are interesting and outside theirusual work
- Other department trainings/engagement: PMO, pharmacy, medical directors
- Awards for demonstrating aspects of P2E: examples
  - Best graphical presentation of data
  - Evaluation of the year
  - Best case study write-up
  - PDSA of the year
  - Spread process of the year (most likely to be sustained)
  - Project manager of the year
  - Analyst of the year
  - Best meeting facilitator of the year

Plan for Maturing the Framework

Overall Plan

Components of this Framework for Continuous Learning will be divided up and additional detailed documentation based on the recommendation in this document will be generated each year for the next severalyears.
In particular, the work of the Health Analytics Strategy Workgroup will resume in 2022, and may move beyondthe initial focus on analytics to tackle some of the data standardization and evaluation template needs describedabove.

Year 2 Activities

The current plan for activities in year 2 of the Pathway to Excellence are:

1. To spread key concepts in this framework to leadership within the Health Services leadershipteam.
2. To focus on the Knowledge Management section to develop a Strategic Knowledge Management plan and associated action plan, by June 30, 2022. A special area of focus withinthis work will be on regularly reviewing and using data we already have access to.

These will be incorporated into the Quality Measure Score Improvement team goal.

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Appendix D: Resumes for Key Leadership Roles Accountable for Implementing and Maintaining the QI/PI Program

The order of resumes corresponds to the sequence of key roles outlined in the Authority and Responsibility section of this document.

Chief Executive Officer

Sonja Bjork, JD

[redacted]

Medi-Cal Health Plan Senior Executive

Experienced and mission-driven Medi-Cal managed care Chief Executive Officer with excellent leadership, analytical and strategic planning skills. Engaging communicator and relationship builder with experience in geographic expansion to new service areas. Demonstrated record of success in complex provider contract negotiations. Supportive and hands-on leadership style with ability to motivate teams in achieving organizational excellence, including implementation of new benefits and initiatives that improve services for providers and members.

Areas of Expertise

- Strategic Planning & Execution
- Team Leadership & Development
- Organizational Design & Restructuring
- Budgeting & Fiscal Management
- Contracting & Negotiations
- Medi-Cal Policy Analysis & Implementation
- Employee Engagement
- Community Emergency Response

Select Career Highlights

- Selected as a commissioner on the national Medicaid and CHIP Payment and Access Commission (MACPAC), a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Service and states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP).
- Led expansion of health plan service area to multiple northern California counties. This included organizing network readiness requirements, memoranda of understanding with various agencies and providing expertise on required county board of supervisor enabling ordinances. Established additional regional offices and staffing models to ensure local presence and excellent customer service.
- Led operational departments in obtaining NCQA (National Committee for Quality Assurance) accreditation that required extensive policy and procedure development, reorganization of workflows and support of internal mock audits.
- Successfully implemented numerous Medi-Cal benefits and programs such as CalAIM enhanced case management and community supports, community-based adult services, autism and behavioral health services, including network development through community and provider outreach; oversaw internal operational readiness efforts such as claims configuration, member communication and provider education efforts.

Career Experience

Partnership HealthPlan of California
Chief Executive Officer
2023-Present

- Lead service area expansions, most recently adding ten counties to the health plan, resulting in a 38% increase in membership
- Ensures appropriate staffing levels to meet operational requirements, including a recent increase of almost 30%, while maintaining company culture and achieving a 92% overall employee satisfaction rate
- Guides strategic planning with stakeholders, including the Board of Commissioners, consumers and employees
- Oversees development of $5.9 billion annual budget
- Develops and maintains strong community partnerships in support of the health plan mission
- Identifies opportunities for new approaches to benefit administration
- Supports evaluation and adoption of new technologies to improve efficiency and service
- Lead focused initiatives to address health disparities identified through data analytics and support efforts to attain NCQA Health Equity Accreditation

Partnership HealthPlan of California
Deputy CEO/Chief Operating Officer
2022-2023
Chief Operating Officer
2015-2022

Executive management of multiple operational departments including claims, member services, grievance & appeals, health services (health equity, utilization management, care coordination and population health), provider relations, project management office, configuration department and multiple regional offices within a Medi-Cal managed care health plan.

- Oversight of multiple regional offices to assess and support local needs, community involvement and responsive service
- Led operational departments in establishing and maintaining performance standards to ensure DHCS contract compliance and excellent service to all stakeholders
- Worked with department heads to develop and implement annual administrative budget proposals
- Developed, sponsored and evaluated organizational and departmental goals in support of PHC's mission and vision
- Supported achievement & maintenance of NCQA Accreditation
- Developed and promoted health equity initiatives
- Supported & engaged with Plan's very active Consumer and Physician Advisory Committees
- Led provider recruitment and workforce development program, with focus on rural California
- Managed major benefit implementations within operational departments
- Served as liaison to consortia of Federally Qualified Health Centers, Tribal & Rural Health Centers
- Led health plan's Community Emergency Response Team, whose actions work to eliminate or reduce disruptions to accessibility of health care services to members in community-wide emergencies such as wildfires, flooding, planned public safety power shut-offs and the ongoing COVID-19 pandemic

Partnership HealthPlan of California
Deputy Chief Operating Officer
2014-2015

- Led implementation of new benefits, including coverage of mild to moderate mental health services
- Operationalized the transition of autism services from regional centers to PHC
- Led development of organization's multi-year strategic plan
- Led transition of low income health program (LIHP) into coverage through PHC Medi-Cal managed care
- Coordinated with stakeholders to support establishment of PACE in rural northern California
- Served as liaison to multiple community organizations in strategic grant award program

Partnership HealthPlan of California
Director of Policy & Program Development
Manager of Business Development
2011-2014

- Coordinated and evaluated multiple Requests for Proposals/Requests for Information for outsourcing opportunities
- Managed and implemented Medi-Cal Coverage Expansions for the health plan under the Affordable Care Act which included:

    1) Transition of indigent adults to Medi-Cal (Low Income Health Plan)
    2) Newly eligible to Medi-Cal under the Affordable Care Act
    3) Healthy Families – transition of children from subscriber-based coverage into Medi-Cal

- Led expansion of PHC to eight new rural northern California counties – PHC planning & developing team, educational activities and outreach in the northern region
- Managed the Intergovernmental Transfers (IGTs) process with multiple counties and district hospitals to bring matching federal Medicaid funds to our local communities
- Implemented Community Based Adult Services (CBAS) into Medi-Cal Managed Care

Stahnke & Associates Legal Services for Children
Attorney 2000-2010

As a Certified Child Welfare Specialist, provided high quality legal representation to children in abuse and neglect cases.

- Conducted trials involving complex legal and medical issues
- Performed legal research and analysis in preparing motions, trial briefs and writs of appeal
- Served on steering committee to develop and implement the Dependency Drug Court program which has improved access to substance abuse treatment and services for parents of dependent children
- Provided training to staff members, foster youth, foster parents and agency representatives on local implementation of state legislation affecting dependent children
- Served on advisory committees for various county initiatives including: Team Decision Making; Heart Gallery; Permanent Connections for Foster Youth

Solano Partnership HealthPlan (now Partnership HealthPlan of California)
Grievance Coordinator
1994-2000

Coordinated health plan response to member issues and complaints in order to address member concerns in a fair and timely manner:

- Worked closely with Member Services Director to develop and implement policies and procedures
- Prepared issue briefs and represented health plan at administrative hearings
- Established and facilitated the Consumer Advisory Committee whereby health plan members could provide input and feedback on various aspects of health plan operations
- Analyzed NCQA standards and requirements and ensured member grievance system compliance during mock audits
- Liaison with local legal aid advocacy groups to ensure smooth transition from traditional Medicaid program to managed care environment
- Represented the health plan on the Solano Community Services Task Force
- Served on the State Steering Committee of the California Connections Project

Solano County Legal Assistance
Staff Attorney 1993-1994

Legal services agency serving low-income residents of Solano County in the areas of housing, health care and government benefits. Received foundation grant funding to provide legal representation and advocacy to ensure low-income children's access to health care in Solano County.

- Represented low-income clients at administrative hearings on Medi-Cal and other public benefits issues
- Served on the steering committee of the Community Services Task Force on Managed Care to address health care access issues under the county's new Medi-Cal Managed Care Plan
- Created and coordinated distribution of Medi-Cal outreach material to pregnant teens in order to improve access and utilization of prenatal care services
- Supervised legal interns in providing advocacy to clients in the areas of domestic violence, housing and public benefits
- Served on the National Youth Law Center Statewide Youth/health Advocates Committee

Educational Background

Juris Doctorate
UC Berkeley School of Law, University of California, Berkeley

Bachelor of Arts, Sociology – Concentration in Analysis & Research (CARR)
University of Wisconsin, Madison

Professional & Personal Accomplishments

Commissioner – Medicaid and CHIP Payment and Access Commission (MACPAC) – Appointment Term; 2022-2025

Local Health Plans of California – Member and past chair of COO Committee (2015-present)

Volunteer, Soccer Without Borders – Oakland program for newcomer immigrant and refugee youth (2013-Present)

Statewide CAHP & County Behavioral Health Workgroup (2014)

Child Abuse Prevention Council Practitioner of the Year (2007)

National Association of Child Counsel- Child Welfare Law Specialist (certified in 2006)

Board Member & Board Chairperson, Solano Diversified Services (2006-2010)

Court Appointed Special Advocates (CASA) (2005-2010) Board Member

Solano County Women Lawyers (2000-2010)

Wendi Davis

Qualifications Summary

- *Dynamic healthcare leader offering 25+ years' comprehensive achievements with non-profit, rural, and integrated healthcare delivery and payer systems.*
- *Expertise in institutional, professional, LTC, Rehab, and Behavioral Health payment regulations and requirements, as well as Medi-Cal Managed Care and EDI technology.*
- *Proven ability to manage various specialties such as Admissions, Health Information Management, Care Coordination & Utilization Review, Physician Credentialing, Claim Adjudication, and Contract Negotiating.*
- *Exceptional strategic planning skills and a history of generating multimillion dollar improvements for multiple Northern California healthcare delivery systems while overseeing operations.*
- *Recognized for ability to incorporate innovative management techniques that result in exceptional employee engagement and retention rates, as well as cultivating strong collaborative relationships with government agencies, public officials and community groups.*

Professional Experience

Partnership Health Plan of California, Redding, CA Nov 2013-Present

Chief Operations Officer June 12, 2023 to present

Responsible for the oversight of operations and executive management of the Claims, Member Services, Configuration, Grievance and Appeals, Transportation, and the Regional Leadership Team. This position provides leadership in organizing the HealthPlan's operations, interdepartmental communication, and participates in goal setting and strategic organizational planning in the development of new business lines and programs.

- Oversight of the HealthPlan's operational departments and regional offices as described above to insure efficient and high quality administration of Medi-Cal Managed Care for 24 counties.
- Works with department directors to establish department goals, improve operational effectiveness, implement work plans and making corrective actions as needed.
- Oversee the provider network and contractual agreements including reimbursement and services.
- Monitors departments' performance and production through comprehensive reporting and progress against goals.
- Provides leadership in interdepartmental projects involving department operations to ensure quality outcomes. Participates in new business planning and program development.
- Participates with counterparts at local health plans throughout California.

Northern Region Executive Director July, 2017 to June, 2023

Oversee the operations of the Partnership HealthPlan of California's Northern Region. Represent the HealthPlan with community agencies, providers and elected officials. Manage staff in Redding and Eureka offices. Work with Plan leadership to assure awareness of the Region's needs and issues; work with Regional staff and communities to promote the interests and values of Partnership HealthPlan within the Region. The Northern Region employees over 175 staff, and provides support and services for the seven northern counties which account for approximately 175,000 members. Establish long range, strategic direction of the Northern Region and ensures departmental goals and objectives support that direction. Establish performance indicators, operating goals, process improvement initiatives, productivity improvements, and cost reduction programs that consistently improved production and quality, as well as provider and member satisfaction. Participate in community healthcare collaborative committees, and improvement projects.

Selected Achievements:

- *Successfully built and established a full service claims processing team and call center.*
- *Developed and implemented a Provider Scorecard program, providing quarterly claims, denial and payment data to providers resulting in a 21% decrease in denials.*
- *99.6% of all claims are processed within 30 days, and maintaining a 98.6% accuracy rate.*

Claims Director *Nov, 2013 to July, 2017*

Directed overall operations for Claims and Customer Service departments in the Northern Region. Established performance indicators, operating goals, process improvement initiatives, productivity improvements, and cost reduction programs that consistently improved production and quality, as well as provider and member satisfaction. Participates in community healthcare collaborative committees, and improvement projects.

Selected Achievements:

- *Successfully built and established a full service claims processing team and call center.*
- *Implemented a paperless work flow system, instituted real time inventory monitoring.*
- *Developed and implemented a Provider Scorecard program, providing quarterly claims, denial and payment data to providers resulting in a 21% decrease in denials.*
- *99.6% of all claims are processed within 30 days, and maintaining a 98.6% accuracy rate.*

Adventist Health System, Santa Rosa, CA Oct 2012-Nov 2013

Regional Executive Director, Revenue Cycle

Responsibility for the Revenue Cycle and workflows region-wide, including Scheduling, Pre-Registration, Insurance Verification, Financial Counseling, Health Information Management, Case Management, Billing and Collections and Customer Service for 4 acute hospitals(including 1 Critical Access facility), 58 Clinics, and 1 Behavioral Health Facility. This includes the centralized pre-registration center as well as the patient access functions at all facilities in the Northern Cal Network, as well as the Centralized Billing Office.

Selected Achievements

- *Increased clean claim rate from 56% to 92%, and decreased denials by 40%.*
- *Consolidated 4 Local Business Offices into one Central Office, while increasing the percent of accounts financially cleared from less than 50% to nearly 90% at all four sites.*
- *50+ Patient Access professionals obtained their CRCR certification through HFMA.*

Kaiser Permanente, Oakland, CA Aug 2007-Oct 2012

Nor Cal Exec Regional Director, Revenue Cycle (June 2010-Oct 2012)

Accountable for the accurate and compliant generation of over 2 million external claims annually, which equated to $2 Billion+ dollars a year for the Nor Cal Revenue Cycle. Outpatient and Physician visits exceeded 25 million encounters and inpatient stay days totaled 900,000 in 2011. Oversight and accountable for the management and ongoing remediation of Epic Resolute Systems, as well as ePremis Billing Systems. Partnered with KP Technology teams for various upgrades and enhancements.

The scope of responsibility included both professional and health system billing, as well as integration with Admissions/Registration, Physician Groups, Health Information Management, Professional Coding, Revenue Integrity, Case Management and Charge Capture. Claims were generated for 21 Acute Hospitals, 175+ clinics, Home Care and Hospice Services as well as professional claims for over 6300 physicians, representing all specialties.

Selected Achievements

- *Consolidated 21 Local Business Offices into one Central Office, and initiated Epic WQ's for all professional billing edits, while* simultaneously decreasing AR backlog by 45 Days.
- *Increased claim accuracy to 92% from a previous level of 47%.*
- *Collaborated with Union and labor leaders to establish productivity and accuracy standards for all staff*
- *Introduced process improvements in Case Management and Patient Financial Assistance to decrease Medi-Cal TAR denials by 83%.*

National Associate Vice President, Revenue Cycle Back End Processes (October 2007-June 2010)

Oversee the processes and procedures for billing and follow-up for Kaiser's 8 national regions. Develop the architecture and functional requirements for the national standard operating model for the back end functions of the revenue cycle, while assisting the local regions with regional projects and initiatives.

Selected Achievements

- *Led the design of the operating model for the BCR project (Billing/Collections HIM and Case Management Re-engineering), and successfully implemented the program in 6 regions.*
- *Co-Sponsored the development and implementation of NEVI-National Eligibility Verification Initiative (Integrated Insurance Verification) which resulted in a 31% decrease in claim rejections.*
- *Assisted in the coordinating and disbursement of $19 million in grant dollars given to aid in the support and expansion of 35+* federally qualified health centers (FQHCs) and 11 free clinics. This work increased and improved access to care for over 75,000 vulnerable and underserved individuals.

Catholic Healthcare West, North State Service Area, Redding, *CA* June 2003 - Aug 2007

Regional Exec Director of Revenue Cycle and Admissions

Manage and direct the Central Business Office and Admissions, for Catholic Healthcare West's North State Region. The Region includes three acute care facilities, 8 clinics, 3 rural health clinics, ground and air life support service, Home Care and Hospice and a SNF.

Selected Achievements

- *Gross AR days from 74 to 58, while decreasing bad debt from 3.2% to 1.5%, and increasing net revenue.*
- *Integrated insurance verification, and an ABN system, to enhance and expand the Pre-Registration System, while initiating an upfront cash collection process and collecting over 1.5 million in 2005.*
- *Increased patient and employee satisfaction scores to 5 star levels.*
- *Awarded the No. 1 CBO in CHW for percent over goal for cash collections in 2004 and 2005.*

Education

Masters of HealthCare Administration: *St. Joseph's College of Maine*
Bachelors of Science: *California State University, Chico 1992*
CHAM Certified-*Certified HealthCare Admissions Manager 2002*
QHC/RHC (Clinical Documentation, Billing and Coding Training) Certification *CPCA 2011*

Professional Associations/Awards

Healthcare Financial Management Association: *Affiliate,1997-Present*
CAHAM ~ Carl Satterfield Statewide Award of Professional Excellence: *1999*
California Association of HealthCare Admissions Management: Served as President, *2003-2012*

KATHERINE BARRESI, RN, BSN, PHN, NE-BC, CCM

Chief Health Services Officer
[redacted] • [redacted] • [redacted]

Healthcare Leadership Executive

Dynamic, results-driven healthcare leader with over a decade of executive experience in driving operational excellence and strategic growth within diverse healthcare settings, including managed care, case management, population health, and utilization management. Expert in policy development, cross-functional collaboration, and program transformation with a proven record of success at Partnership HealthPlan of California, impacting the lives of over 900,000 Northern California residents through sustainable health initiatives.

Qualifications

Executive Management: Oversight of multiple departments with 500+ budgeted employees across 6 regional offices, specializing in operational efficiency and interdepartmental alignment.

Regulatory & Compliance Expertise: In-depth knowledge of government sponsored health programs and standards, accreditation requirements, and healthcare policy for managed care.

Population Health & Case Management: Proven track record in directing programs across acute, outpatient, and community settings to enhance patient outcomes.

Data Analytics: Skilled in utilizing analytics for cost optimization and operational insights, supporting quality patient care and fiscal accountability.

Health Equity & Policy Development: Deep expertise in implementing initiatives addressing health disparities and inequities, social determinants of health and collaborating with non-traditional community-based groups.

Leadership & Mentorship: Adept at team building, talent development, and fostering a collaborative culture across diverse teams and stakeholders.

Experience

Partnership Health Plan of California — Fairfield, CA

Chief Health Services Officer — 10/2023 - Present

- Proudly served as a member of the Executive Team for Medicaid managed care plan that provided services and care to over 24 counties in Northern California.
- Responsible for the operational management and leadership for the following Health Services departments: Utilization Management (UM), Care Coordination (CC), Population Health Management (PHM), Health Equity, Behavioral Health, and CalAIM initiatives.
- Provided strategic leadership in organizing the health plan's operations, interdepartmental communication, and organizational goal planning and strategic direction.
- Served as a statewide expert on CalAIM and other various assorted initiatives related to government health care programs to promote solutions for health policy, population management, and clinical quality outcomes.

Partnership Health Plan of California — Fairfield, CA

Senior Director Health Services — 01/2023 - 10/2023

- Clinical and strategic leadership to assigned departments including planning, execution, growth and compliance of various benefits and services
- Dyad to Chief Medical Officer and associated Medical Directors at the Health Plan
- Responsible for providing direction to leaders in areas of health plan compliance and regulatory guidelines related to operations
- Created operational analytics to increase efficiencies, revenue optimization, and cost containment maintaining patient-centric quality expectations
- Change agent for transformation of services and benefits under CalAIM including Enhanced Care Management, Community Supports, Population Health Management, Health Equity, Housing and Homelessness Incentive Program and various other associated initiatives

Experience

Partnership Health Plan of California
Fairfield, CA

Director Care Coordination
02/2020 - 01/2023

- Responsible for the performance, quality and oversight of the various case management programs and services including Complex Case Management, Transitions of Care, California Children's Services Whole Child Model and other associated interventions
- Owned complex business and clinical proposals with executive communication and lead enterprise wide execution; requiring interdepartmental and external resources and teams
- Fostered a culture of collaboration and quality with external community partners and stakeholder to address shared goals and community needs

Partnership Health Plan of California
Fairfield, CA

Associate Director Care Coordination
06/2013 - 02/2020

- Responsible for day-to-day oversight for the operations and implementation of various case management programs and services in the Care Coordination Dept
- Worked collaboratively with others across the organization aligned the appropriate resources to maximize efficiencies and achieve goals
- Proactively identified potential gaps and enacted solutions to decrease organizational and operational risk
- Supported and monitored efforts to enhance staff support and training

Education

Sonoma State University
Sonoma CA

Bachelors of science nursing
01/2012 - 01/2013

- G.p.a. 3.66
- Juliana Johnson Memorial Scholarship Recipient
- Alliance Health Care Scholarship Recipient

Napa Valley College
Napa, CA

Associates degree in nursing
01/2010 - 01/2012

- Degree with honrs
- Nursing Class President
- 160 Nursing Preceptorship hours in Labor and Delivery
- Napa Valley College Foundation Scholarship Recipient
- Bra n Track Nursing Scholarship Recipient
- Elise M. Tarner Memorial Scholarship Recipient
- Geri Glover Scholarship Recipient
- Grant's Fund Scholarship Recipient

Active Licensures & Certifications

Registered Nurse (RN): License #825562 - California Board of Registered Nursing

Public Health Nurse (PHN): License #86817 - California Board of Nursing

Certified Case Manager (CCM): Certification #4215211 - Commission for Case Management

Certification Nurse Executive – Board Certified (NE-BC): Certification #2022003530 - American Nurses Association

Key Competencies

Managed Care Operations · Case Management · Public Speaking · Nursing · Program Development · Population Health Management · HEDIS · Leadership · Policy Analysis · Health Equity · Quality · Change Management · Public Health Nursing · Government Sponsored Health Programs · Regulatory Compliance · Finance · Employee Relations · Vendor Management · Utilization Management · Community Engagement · Team Development · NCQA · Data Technologies · Health Analytics

Volunteering

Registered Nurse (RN)

Napa County Medical Reserve Corps 2020 - Present

Registrant in the county's Disaster Healthcare Volunteers Program (DHV) to provide healthcare needs or supports, on a volunteer basis, during disasters and other emergencies.

Robert Moore, MD, MPH, MBA, FAAFP

Work Address
Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534

Education

2014-17	Western Governors University Master's Degree in Business Administration (MBA) Healthcare Management, February, 2017
1986-92	University of California San Francisco School of Medicine: Doctor of Medicine (MD), May, 1992
1989-90	Columbia University, New York City School of Public Health, Division of Tropical Medicine Master's Degree in Public Health (MPH), February, 1991
1982-86	University of California Berkeley Bachelor of Arts in Biochemistry, May, 1986

Internship and Residency

1992-95	Family Medicine Residency Program Ventura County Medical Center

Post-graduate training

2007-2009	UCSF Center for Health Professionals: California Health Care Foundation Health Care leadership Fellowship, Cohort VII
2003-2008	Harvard School of Public Health, Boston Managing Ambulatory Care: A Program for Physicians in California Community Health Centers (Initial course: 2003, Alumni courses: 2004-2008)
2002	Intermountain Health Care, Salt Lake City Advanced Training Program in Health Care Delivery Improvement
2001	American Academy of Family Physicians, Kansas City Fundamentals of Management Course
2000	University of California, Davis Telemedicine Learning Center Training

Professional Experience and Training

2011-2024	Chief Medical Officer, Partnership HealthPlan of California. Includes professional oversight of grievances and appeals, quality, pharmacy, credentialing, health equity, care coordination, utilization management, behavioral health. Member of executive leadership team, with input on other aspects of health plan operations (claims, member services, provider relations, health analytics, IT, finance, HR). Active participation in Local Health Plans of California (co-facilitator of Medical Directors group) and the Association of Community Affiliated Plans. Advised the California Department of Health Services on assorted health policies.
1995-2023	Family Physician, Ole Health, Napa, California. Outpatient only since 2018.
1995-2018	Active on Medical Staff of Queen of the Valley Hospital, Napa, California
1998-2011	Medical Director, Community Health Clinic Ole (now Ole Health), Napa, California
2006-2011	Chief Medical Officer, Redwood Community Health Coalition (now Aliados Health)
2011	Chief Medical Officer, Redwood Community Health Network
2007-2008	Medical Director, Healthy Moms and Babies (now Ole Health Perinatal Services)
1995-2007	Private Practice in Obstetrics, Napa, CA
1994-99	Emergency Room Physician, Valley Emergency Physicians, several California sites
1994-95	Ventura Urgent Care, Physician
1993-95	Ventura County Emergency Department, Physician

Community Activities

2017-2024	Touro University Community Advisory Council, Member
2013-2020	Steering Committee, Honoring Choices Napa Valley
2013-2024	Board of Directors, Coalition of Compassionate Care for California
2012-2019	Board of Directors, Migrant Clinicians Network
2008-2023	Member of California Improvement Network, a program of the California Healthcare Foundation
2018-2024	Board of Directors, Sac Valley Med Share, a community health information exchange in northern California
2012-2018	Board of Directors, Connect HealthCare, a health information exchange in northern California. Served as Chair and Treasurer.
2009-2011	Chair of the Standardized Measures Group of the Tools for Quality Program, Tides Foundation and California Primary Care Association
2008-2011	Adjunct Assistant Professor of Family Practice, Touro University College of Osteopathic Medicine
2005-2017	Board of Directors, Western Clinicians Network
2009-2012	Medical Advisor to Board of Directors, Clinica Verde, Boaco, Nicaragua
2008-2009	Chair of Clinician's Committee, California Primary Care Association
2007-2008	Chair of Steering Committee, Accelerating Quality Improvement through Collaboration (California Primary Care Association program funded by California Health Care Foundation)
1996-2011	Teaching of Medical Students, Nurse Practitioner Students, Physician Assistant Students, Undergraduate Students at Community Health Clinic Olé
2012-2023	Teaching of Public Health Students at Partnership HealthPlan
1998-2007	Member of Board of Directors, Healthy Moms and Babies, Perinatal service provider

	for low-income women in Napa County (Served as Vice President, Secretary, Treasurer and currently President)
1998-2011	Member, Physician Advisory Committee, Partnership Health Plan of California
2003-2014	Chair of Community Health Committee of the Napa County Medical Society
1995-2003	Volunteer team physician for Napa and Vintage High School football teams
1999-2000	Member, Napa County Online Health Data Exchange Consortium

Research and Publications

2019	Chibber K, Tobey R, Moore R, and Rojasova S. Medicaid Managed Care Plan and Health Centers Advancing Value-Based Payment and Care. Robert Wood Johnson Foundation State Network Blog, November 2019.
2018	Liao J, Hodlofski A, Moore R, Navathe A. Partnership HealthPlan of California: Addressing Opioid Overuse with Behavioral Design Principles. Journal of Delivery Science and Innovation. Volume 6, Issue 1, March 2018, Pages 95-98.
2017	Barnato AE, Moore R, Moore CG, Kohatsu ND, Sudore RL. Financial incentives to increase advance care planning among Medicaid beneficiaries: Lessons learned from two pragmatic randomized trials. Journal of Pain and Symptom Management. Volume 54, Issue 1, July 2017, Pages 85-95.
2017	"EConsult Implementation Success Depends on Workflow" Health Affairs Letter, published March 13, 2017.
2013	"The Placebo Effect: the most powerful treatment we have." Marin Medicine 60 (1): 17-20
2012	"Conflicting national guidelines for mammography result in longer time intervals in between mammograms" Poster Presentation; 2012 Annual Meeting of APHA, Maria Fuchs, Robert Moore
2010	"Using Health Information Technology to Improve Quality" Information Bulletin #15, June 2010. Health Center Controlled Networks Series, National Association of Community Health Centers. Robert Moore, Fred Rachman, Michael Lardiere.
2008	"Cost Effective and Consistent TB screening and LTBI Care" Poster Presentation at Institute for Healthcare Improvement annual meeting, December 10, 2008 in Nashville, TN. Robert Moore, Carlos Avina.
2006	"Group treatment program of LTBI provides more efficient, higher quality care at a Community Health Clinic." Poster presentation at California TB Controllers Association Meeting, May 11, 2006. Luz Hernandez, Juan Martinez, and Robert Moore.
1991	"Chronic maternal morbidity in developing countries: data synthesis and policy suggestions." Presented at the 119th Annual Meeting of the American Public Health Association, Atlanta, Georgia, November 12, 1991.
1989-90	Laboratory investigations on the life cycle of *Trichinella spiralis*. Principle investigator: D. Despommier, Columbia University.
1985-86	"Identifying mutations in duplicated functions in *Saccharomyces cerevisiae*: Recessive mutations in HMG-CoA Reductase Genes," by Michael Basson, Robert Moore, Jules O'Rear and Jasper Rine. Genetics **117**:645-655 (December, 1987).

Professional Affiliations

1. American Academy of Family Physicians and California Association of Family Physicians, member since 1992
2. California Medical Association member since 1986
3. Napa Solano Medical Society member since 1995

Certification

October 2005	Fellow, American Academy of Family Physicians (FAAFP)
July 1995	Board Certified, American Board of Family Physicians; renewed 2002, 2009 and 2019
July 1993	Diplomate, National Board of Medical Examiners

Current Certification in Basic Life Support, Advanced Life Support in Obstetrics

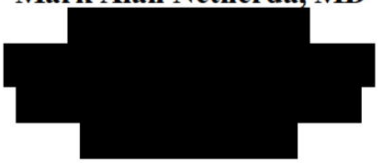
Honors and Awards

2011	Napa Hispanic Network Recognition for Contributions to the Community
2009	California Primary Care Association Hero Award
2008	Lifetime Achievement Award – Napa County Hispanic Network
2006	Values in Action Award for Justice – Queen of the Valley Hospital
2005	Award for Justice – Queen of the Valley Hospital Foundation
2000	Nominee-Values in Action Award for Service and Justice – Queen of the Valley Hospital
1998	Outstanding Physician of the Year – Napa County Medical Society
1997	Health Professional of the Year – Napa County Chamber of Commerce
1997	Nominee-Values in Action Award for Dignity – Queen of the Valley Hospital
1996	Recognition for service to America's underserved – National Health Service Corps
1986-92	Regents Scholar, University of California San Francisco
1986	Certificate of Distinction, University of California Berkeley -For Academic Excellence
1986	Departmental Citation, Biochemistry, University of California Berkeley -Outstanding Graduating Biochemistry Major
1986	Elected Phi Beta Kappa
1985	Robert Gordon and Ida W. Sproul Award, University of California Berkeley -Outstanding Scholarship, Leadership, and Service
1984	Elected to Order of the Golden Bear, University of California Berkeley

Other

Fluent in Spanish

Mark Alan Netherda, MD



CURRENT POSITIONS:
PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Medical Director for Quality 06/01/2022 - present
Associate Medical Director for Quality 08/01/2018 – 5/30/2022
Regional Medical Director for Solano and Yolo Counties 09/28/15 – 07/31/2018
Start date: 09/28/2015
4665 Business Center Drive
Fairfield, CA 94534
(707)863-4510

BOARD CERTIFICATION:
American Board of Family Medicine 1991, recertification 1998, 2005, 2012, currently in process

EDUCATION:
Pacific AIDS Education and Training Center
Designate "Key Physician" to be trained in educating and training other healthcare professionals in caring for people infected with HIV. 1992 – 1993

University of California, San Francisco – Fresno
San Joaquin Valley Medical Education Program, Department of Family Medicine
Valley Medical Center, Fresno, CA
Internship 1988 – 1989, Residency 1989 – 1991

George Washington University, School of Medicine and Health Sciences
Washington, DC
Degree – Doctor of Medicine 1988

Stanford University
Stanford, CA
Degrees – Master of Science, Biological Sciences 1984
Bachelor of Science, Biological Sciences 1983

EMPLOYMENT EXPERIENCE:
KAISER PERMANENTE
Family Medicine Primary Care Physician December 3, 2012 - September 7, 2015
401 Bicentennial Way
Santa Rosa, CA 95403
(707)393-4000

COUNTY OF SONOMA
Interim Public Health Officer May 2010 – April 2012
Interim Division Director May 2010 – February 2011
Department of Health Services
625 5th Street
Santa Rosa, CA 95404
(707) 565-4599

WEST COUNTY HEALTH CENTERS
Clinical Consultant providing HCV and HIV care. July 1999 – Aug 2011
6800 Palm Avenue
Sebastopol, CA
(707) 824-9333

COUNTY OF SONOMA
Deputy Public Health Officer
Department of Health Services
July 2008 – May 2010
April 2012 – December 2012
625 5th Street
Santa Rosa, CA 95404
(707) 565-4599

COUNTY OF SONOMA CENTER FOR HIV PREVENTION AND CARE
HIV Primary Care Physician. August 2007 – July 2008
Medical Director. September 18, 1995 – June 2006
499 Humboldt Street, Suite 104
Santa Rosa, CA 95404
(707) 565-7400

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Associate Clinical Professor, Dept. of Family Medicine, December 1995 – March 2012
Santa Rosa Campus
3320 Chanate Road
Santa Rosa, CA 95404
(707) 576-4000

INTERNATIONAL TRAINING AND EDUCATION CENTER ON HIV
May 2003 – July 2008
University of Washington
901 Boren Avenue #1100
Seattle, WA 98104-3508
(206) 221-7372

Clinical Consultant and Senior Technical Advisor, US-CDC, Namibia
June 2006 - July 2007

Working with the Namibian Ministry of Health and Social Services and US-CDC to develop, implement and manage training programs for physicians, pharmacists and nurses on the use of antiretroviral medications in the public (government) health sector.

Additional in country projects in Namibia:
May 7 – June 7, 2003.
October 10 – 27, 2003.
May 25 – June 6, 2004.
November 10-20, 2005.

OUTPATIENT IMMUNOLOGY SERVICES
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA
Private Practice. HIV Primary Care. November 1991 – October 30, 1995
23845 Holman Highway, Suite 318
Monterey, CA 93940
(408) 625-4972

NATIVIDAD FAMILY HEALTH CENTER
NATIVIDAD MEDICAL CENTER OF MONTEREY COUNTY
Family Practice Physician. September 1993 – September 1995
945 Blanco Circle, Suite D
Salinas, CA 93901
(408) 422-7998

CUSTOM HEALTH PROGRAM, COUNTY OF MONTEREY
Medical Director – county employee health insurance program, December 1993 – September 18, 1995
1330 Natividad Road
Salinas, CA 93940

HEALTH FIRST CLINIC
Outpatient urgent care and occupational medicine. July 1993 – September 1993
846 Freedom Boulevard
Watsonville, CA 95076

PRIMUS CLINIC OF THE PRESIDIO OF MONTERY
Outpatient family medicine. August 1992 – August 1993
Monterey, CA Clinic closed.

WALK-IN MEDICAL CLINIC
Urgent care medicine. July 1991 – July 1992
Aptos, CA Clinic closed.

APPOINTMENTS:
North Coast Area AIDS Education Training Center
Sonoma County Academic Foundation for Excellence in Medicine
September 1995 – July 2008

Sonoma County Commission on AIDS
August 1997 – June 2006

Chair, Sonoma County Commission on AIDS
Treatment and Care Committee
August 1997- June 2006

Technical Advisory Committee on Medical Aspects of Marijuana
California Medical Association
January 1997 – December 2000

CURRENT PROFESSIONAL ORGANIZATION MEMBERSHIPS:
Sonoma County Medical Association
California Medical Association

Revised 10/2024

KJ

Kermit Jones

[redacted]
[redacted]
[redacted]
[redacted]

Professional Summary

Medical Director focusing on Medicare line of business, regulatory attorney and Internal Medicine Physician with twenty years of practice experience and expertise in healthcare regulation and policy development

Work History

Partnership In Health - Medical Director of Medicare Services
Fairfield, CA
04/2024 - Current

- Manage multidisciplinary teams to optimize patient care
- Oversee Utilization Management policy development
- Work across departments to implement new Medicare-based lines of business
- Engage healthcare systems and providers on product lines, quality improvement programs and incentive programs
- Participate in Grievance and Appeals hearings, Quality and Utilization, Policy Review and Peer Review Committees
- Participate in contract design for network providers

The Permanente Medical Group, TPMG - Internal Medicine Physician
09/2017 - Current

- Implemented chronic disease management programs for high-risk communities
- Completed over 20,000 distinct clinical encounters
- Healthcare advisor for 2019 U.S. Presidential Campaign

United Health Group, Optum - Medical Director
San Francisco, CA
11/2023 - 03/2024

- Medical Claims Review, Utilization Management and Quality Review

U.S. House Of Representatives - U.S. Congressional Candidate
09/2021 - 11/2022

- Designing most comprehensive healthcare plan of any U.S. Congressional Candidate, available upon request

Skills

- Conversational language skills in Arabic and Hindi
- Experience in statistical modeling in R and using Python for Machine Learning and CNN
- Knowledge and expertise in healthcare regulation, Medicare quality programs and incentives
- Completed Master's Degree level course work in business associations, capital structure and finance

Education

04/2023
Massachusetts Institute of Technology
Cambridge, MA
Machine Learning And Data Science PE Program

05/2012
Columbia University School of International & Public Affairs
New York
M.P.A

05/2005
Duke University
Durham, NC

- Directing largest field operation in California with 20 staff members and 1,000 volunteers reaching 160,000 district residents

Rush University Medical Center - Residency Training, IM Resident
Chicago, Illinois
01/2015 - 01/2017

- Principal Investigator for military veteran's mental health research program for PTSD and other mental health interventions

Hyman, Phelps & McNamara - 2nd Year Associate
Washington, DC
09/2013 - 07/2014

- Drafted legal memos on HIPAA, ERISA, FDA regulations and DOJ-enforcement issues
- Advised large healthcare practices and systems on legal matters, compliance, and risk management

White House - Fellow
Washington, DC
08/2012 - 08/2013

- Senate appointment position for nation's premier mid-career leadership program with dual appointment in White House and Dept of Health and Human Services
- Led White House-level principal meeting on programs to secure veteran's benefits and military to civilian life transition program
- Led study group evaluating performance measures for new NIH institution – NCATS

US Navy - Medical Dept. Head
Camp Pendleton South, CA
04/2007 - 06/2009

- Medical Director of CASEVAC team for USMC 364 Squadron
- Medical Dept Head for joint U.S Marine Battalion of over 3,000 Marines at Camp Pendleton, Ca
- Collaborated with department personnel to coordinate multifaceted solutions to emerging military medicine problems.

National Naval Medical Center - Internal Medicine Intern
01/2005 - 01/2006

- Selected for prestiguous USN Flight Surgeon training program at NAS Pensacola, Florida

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Affiliations & Select Publications

- Member, State Bar of California 2020
- American Board of Internal Medicine 2017
- Member of American Legion
- Member of the Council on Foreign Relations

M.D., J.D

1997
Georgia Institute of Technology
Atlanta, GA
B.S
magna cum laude

- "Health Is Freedom," Diplomatic Courier, 12/2021
- “Stethoscope Diplomacy in the Middle East,” Foreign Policy, 2/2021
- “Obesity is a major risk factor for dying of COVID-19. We need to take it more seriously,” The Guardian, 6/2020

NANCY L. STEFFEN

[redacted]

Desire a senior leadership role in healthcare operations with emphasis in quality and continuous improvement. Passionate integrator of people, technology, and processes to achieve high quality patient care.

Education

BS Degree in Biomedical Engineering, Minor: Mechanical Engineering
Marquette University, Milwaukee, Wisconsin, 1997-Magna Cum Laude

Certifications

Six Sigma Black Belt – University of Wisconsin-Milwaukee
ASQ Quality Auditor

Summary of Experience

Twenty-seven years of experience leading cross-functional teams in quality assurance, quality improvement, analytics, and enterprise system integrations. Lead administrator of quality management systems and improvement initiatives within managed care, healthcare operations, diagnostic laboratories, and medical device manufacturing settings. Achieve sustainable results by developing effective processes/systems for healthcare teams to deliver value to patients.

Employment History

Partnership HealthPlan of California, Redding, California **July 2015 to present**
A non-profit community based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care. PHC serves over 600,000 people across 14 Northern California counties. Based in PHC's Northern Region.

Quality & Performance Improvement: Promoted May 2022 to Senior Director of Quality and Performance Improvement; responsible for plan-wide leadership of quality and performance improvement programs to substantially improve the quality of care provided to PHC members.

- In collaboration with the Chief Medical Officer (CMO), lead the strategic direction of PHC's quality goals and initiatives, including prioritization of efforts.

- Lead, develop, and coach the Quality staff in hiring, budgeting, training, performance appraisals, goal setting, and resource allocation.

- Oversee PHC's quality improvement program, ensuring all interventions are measured for effectiveness and efficiency, complete an annual review and update of the program, and write the annual plan. Prepare the organization for quality and performance improvement review, survey, and accreditation processes by external monitoring agencies, such as Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), CMS, and NCQA.

- In collaboration with executive leadership, oversee the administration of PHC's pay-for-performance programs.

- Direct performance improvement activities, including PHC's Performance Improvement Academy, DHCS mandated improvement work, and measure improvement and engagement activities done within the PHC provider network and service region.

- Oversee PHC's provider level quality data visualization and analysis program, the Partnership Quality Dashboard.

- Assure optimization of monitoring systems for collection and reporting of HEDIS and other quality measures.

- Ensure the Facility Site Review/Medical Record Review process and outcomes meet all regulatory and accreditation requirements. Demonstrate results are coordinated with peer review and credentialing processes.

Quality Improvement, Analytics, and Project Management: Joined as a manager and re-classified as an associate director in January 2016. Promoted February 2019, as Director of Quality and Performance Improvement, accountable for northern region efforts in quality measurement and improvement programs, analytics, and project management.

- Lead regional team in administering project management and performance improvement methodologies to ensure effective outcomes, partnerships, sustainability, and growth.

- Direct data collection and analyses, including medical record retrieval, to support quality performance reporting to the State, provider pay-for-performance programs, and regional improvements with local providers and community stakeholders.

- Responsible for work and staffing plans. Administer a $2.3 million operational budget.

BloodCenter of Wisconsin (*now* Versiti), Milwaukee, Wisconsin **July 2009 – July 2015**
A non-profit, healthcare organization committed to extending life and health by supplying blood to over 50 hospitals, conducting 70,000 diagnostic tests per year, recovering organs and tissues across SE WI, and leading research in innovative treatments for blood diseases and disorders.

Quality Support Services: As the Manager of Quality Management Systems, led cross-functional teams in simplifying, standardizing, and sustaining quality systems to reflect best practices in blood banking, medical device, and pharmaceutical industries.

- Administered all corporate computer systems used to demonstrate compliance to quality requirements in training/competency, error management, corrective/preventive action, audit, document control, and record retention.
- Led the successful implementation of the organization's first Learning Management System (LMS) in 2012. Integrated corporate-level training and job-specific competencies for laboratory, blood collection and corporate roles - approximately 1000 employees.

- Maintained corporate quality management systems plan, corresponding policies and

procedures, and fulfilled data analysis requests during onsite audits/inspections. Assessors included FDA, CMS, national accrediting bodies, and numerous state licensing boards.

- Achieved significant cycle time and waste reductions through cross-functional, continuous improvement activities in document control, record retention, training, and error management systems. Exceeded cost savings targets each year.

- Led integration of corporate quality systems upon acquisition of the Wisconsin Donor Network (OPO) and Wisconsin Tissue Bank in 2010. Developed and managed activities over a multi-year integration-plan involving corporate QA/RA, OPO nursing, and tissue bank recovery staff.

GE Healthcare, Milwaukee, Wisconsin **August 2007 - June 2009**
A General Electric Company providing a range of products, services, and expertise in medical imaging and information technologies, medical diagnostics, and patient monitoring systems.

Imaging Sub-Systems Quality Assurance: As a QA leader, responsible for leading implementation of a global quality initiative at five manufacturing sites worldwide.

- Successfully led implementation of global quality (QMS) initiative at Milwaukee manufacturing site in 2007-08. Assessed progress vs. global quality plan, conducted gap analyses, led gap closure activities, and executed training plans.

- Instrumental in coordination of global quality (QMS) initiative at two manufacturing sites in India. Served as key liaison between QA Site Managers and corporate QA team to troubleshoot systemic gaps and training issues.

- Led team at new manufacturing site in New York to implement GEHC global quality plan, obtain ISO 13485 certification, and FDA registration.

The Prairie School, Racine, Wisconsin **2002 to 2007 (Part-time)**
An independent, child-centered, college-preparatory day school, whose mission is to educate children, develop their individual talents, interests, and abilities.

Mathematics and Science Departments: As a faculty member, instructed pre-algebra, algebra, geometry, and science students in grades 6-10. Co-developed and taught an introductory algebra class for struggling middle school students.

Gyrus ACMI Corporation, Racine, Wisconsin **2005-06 (Part/Full-time), 2001-02 (Full-time)**
An industry-leading manufacturer of minimally invasive surgical instruments used in urology, gynecology, and laparoscopy.

Quality Assurance: As a quality engineer, responsible for supporting disposable and durable product lines manufactured and repaired at Racine plant. Supervised 8-10 Quality Control techs.

- Facilitated resolution of supplier and manufacturing related quality issues by working directly with raw component suppliers and manufacturing personnel.

- Developed Process Master Validation plans for disposable and durable product lines transferred from Wisconsin to Mexico and Minnesota in 2006.

- Reviewed complaint investigations completed by manufacturing engineers for proper root cause analysis and corrective actions.

Kimberly-Clark Corporation, Neenah, Wisconsin **1998 - 2001**
A multi-billion dollar global consumer products company with core businesses in personal care, health care, and tissue.

Child-Care Business Support: Responsible for implementing nonwoven qualifications, cost savings initiatives, quality improvements, and development to commercialization scale-ups.

Adult Care Research: Responsible for product development contributions and related competitive product analysis for incontinence products.

Amy Turnipseed
[redacted]

Accomplished Healthcare Executive with over 15 years of experience providing strategic vision and leadership in the health care delivery system. Currently responsible for the operations and executive management of five departments at Partnership HealthPlan of California, a Medicaid plan serving approximately 900,000 members in 24 counties.

Professional Experience

Partnership HealthPlan of California (PHC), Fairfield, CA

Chief Strategy and Government Affairs Officer	September 2021 - *Present*
Senior Director of External and Regulatory Affairs	February 2017- September 2021
Director of Policy and Program Development	July 2014- February 2017

- Executive team member, reporting directly to the CEO and Board of Commissioners since 2014
- Served as the Compliance Officer from 2017 to 2023, reporting to the full Board on compliance with federal and state regulations. Leads the development and maintenance of PHC's Compliance Plan and annual Risk Analysis
- Responsible for directly reporting to the Board of a variety of key initiatives, government affairs, and all areas of compliance
- Responsible for the executive oversight of five PHC operating departments including: Regulatory Affairs and Compliance, Communications, Legal, Network Services, and Project Management/Operational Excellence
- Develops the health plan's Strategic Plan and leads the Strategic Planning Committee, a subcommittee of the Board
- Leads PHC's California Advancing and Innovating Medi-Cal (CalAIM) implementation including:
    - Strategic planning to manage multi-year implementation of CalAIM initiatives
    - Leading cross-departmental operations for successful execution and operationalization of the new Enhanced Care Management benefit and Community Supports services. Departments include: Health Services, Provider Relations, Member Services, Claims, Configuration and Quality;
    - Representing PHC at state-level meetings with Department of Health Care Services (DHCS);
    - Meeting with county leaders and their local partners to collaborate on CalAIM;
    - Leading education sessions with county partners, providers, community-based organizations, and stakeholders on multiple aspects of implementation; and
    - Developing the Incentive Payment Program grants structure, a mechanism to financially support local organizations to develop CalAIM capacity and infrastructure
- Directly oversees the implementation of new benefits, program expansions, and regulatory changes, requiring cross-departmental management and participation including for: CalAIM, Whole Child Model transition, program eligibility expansions, 2024 DHCS Medi-Cal contract., and managed care model changes
- Leads the strategic efforts, planning and implementation for the expansion of PHC's county organized health system model (known as single plan model) into 10 additional counties in Northern California (Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama and Yuba) expected in 2024.
- Conduct implementation planning for new requirements for Duals Special Needs Plan (DSNP)
- Establishes and maintains productive relationships with key staff at DHCS and other regulatory agencies including the Department of Managed Care, Office of Inspector General, and Centers for Medicare & Medicaid Services (CMS)
- Oversees PHC's external community and government relations, including managing and monitoring of trade associations, outreach and legislative strategy and reporting directly to the Board
- Responsible for analysis and making recommendations on major policy and budgetary changes that may impact plan and updating the Board accordingly
- Responsible for the strategic development and contracting of PHC's provider network in consideration of market conditions and competitive activities

- Actively participate on behalf of PHC in various community and advocacy forums including meetings with our associations, regulators, legislative representatives, and provider partners and advise business leaders on positioning and engagement methods

Harbage Consulting, Sacramento, CA — October 2011- June 2014
Senior Consultant

- Advised and worked closely with senior management at DHCS on a multitude of complex initiatives, including the Coordinated Care Initiative (CCI). The CCI was launched by the state of California to provide better coordinated care to people with both Medicare and Medi-Cal
- Reported to the Director at DHCS on the progress of CCI
- Facilitated meetings between DHCS and health plan leaders on implementation of CCI
- Managed progress of projects and execution throughout DHCS, requiring coordination across numerous departments and external stakeholders
- Facilitated communication between DHCS and CMS on the CCI
- Coordinated information flow to a statewide communications team, as well as organizing large events with over 300 attendees.
- Represented DHCS at meetings with stakeholders, including advocacy organizations.

Office of the Secretary of Education, Sacramento, CA
Senior Communications Director — August 2010- February 2011
Policy Analyst — May 2009- February 2011

- Served as liaison between the Secretary of Education and the public, including communicating directly with media
- Developed communication strategy on education issues for the Governor and Secretary focusing on higher education issues and the California Master Plan
- Researched and tracked state and federal legislative bills and policy initiatives regarding higher education

Goddard Claussen, Sacramento, CA — August 2006- January 2009
Account Coordinator

- Coordinated qualitative and quantitative research programs for tax reform, water policy, healthcare, transportation and political reform
- Developed messaging and outreach materials for numerous ballot initiatives and issue advocacy campaigns

Leadership/Achievements

Association for Community Affiliated Plans (ACAP) — Washington D.C.
Leadership Academy, 2020-2021

Local Health Plans of California (LHPC) — Sacramento, CA
Compliance Officers Committee, Co-Chair, 2019- current

Education

University of Southern California, 2010 — Los Angeles, CA
Master of Public Administration

Gonzaga University, 2006, *cum laude* — Spokane, WA
Bachelor of Arts, Political Science
Bachelor of Arts, History

Danielle Ogren

[redacted]

Accomplished Healthcare Leader with over 15 years' experience in Medi-Cal Managed Care. Results-oriented, decisive leader with the ability to balance strategic decisions and financial stewardship with a hands on approach. Engaging communicator and relationship builder with proven success in improving regulatory compliance while spearheading improvements to ensure quality healthcare delivery for over 895,000 members in 24 Northern California counties. Excel in dynamic, demanding environments while remaining pragmatic and focused. Highly engaged leader with expertise in Compliance and team development with passion for the vision. *Core strengths include:*

- Compliance and Regulatory Affairs
- Culture Development and Refinement
- Health Care Operations
- Risk Management
- Contract Negotiations
- Team Building and Motivation
- Issue Analysis and Resolution
- Program Development

Professional Experience

Partnership HealthPlan of California, Fairfield, CA

Sr. Director of Regulatory Affairs and Contracting — May 2024-Present
Director of Compliance and Regulatory Affairs — September 2023-May 2024
Director of Regulatory Affairs and Program Development — May 2022- August 2023
Associate Director of Compliance and Program Strategy — October 2021-May 2022

- Leadership team member, reporting directly to the Chief Strategy and Government Affairs Officer, CEO and, Board of Commissioners
- Serves as Compliance and Privacy Officer, minimizing risk by ensuring development of policies, procedures and ensuring full compliance with federal and state regulations including Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act, and other rules as applicable. Immediately addressed issues though training and corrective actions.
- Responsible for conducting risk analyses, oversees PHC audits, and manages Fraud, Waste, and Abuse (FWA) and HIPAA Program and privacy reporting.
- Responsible for directly reporting to the Board of Commissioners on a variety of key initiatives, and areas of compliance.
- Facilitates Fraud Waste and Abuse and Physical, Administrative, Technical Safeguards, and Delegation Oversight Review committees, subcommittees of Compliance Committee
- Establishes and maintains productive relationships with key staff at the Department of Health Care Services (DHCS) and other regulatory agencies including the Department of Managed Care (DMHC), Office of Inspector General (OIG), Department of Justice (DOJ) and Centers for Medicare & Medicaid Services (CMS)
- Cultivated relationships with Federal Agencies serving as an expert witness as requested
- Responsible for ensuring compliance program incorporates critical compliance elements as identified by the U.S. Department of Health and Human Services (HHS), OIG, Code of Federal Regulations (CFR) related to Medicaid program integrity requirements, and DHCS. Responsibilities include:
    - Development and review of policies and procedures
    - Lead development and implementation of compliance training and education programs for all key stakeholders
    - Development of annual compliance risk assessment and internal work plans to monitor progress
    - Development of monitoring and audit work plan including internal, external, subcontractor, delegate audits. Ensure timely and accurate regulatory reporting, responses, and corrective actions.

    - Provider participation status review and background checks
    - Investigations and remediation
    - FWA detection and prevention
- Responsible for oversight of implementation of new benefits and regulatory changes, requiring cross-departmental participation. Programs include: CalAIM and 2024 DHCS Medi-Cal contract.
- Responsible for the operations and management of Regulatory Affairs and Compliance (RAC) and Legal Affairs and Provider Contracting Departments
- Responsible for the oversight of annual regulatory audits
- Responsible for analysis of major policy/regulatory changes that may impact plan, with particular attention to potential state and federal changes affecting Medi-Cal
- Responsible for drafting PHC's provider network templates in consideration of regulatory requirements. Participate in negotiations.

Associate Director of Cost Efficiency October 2020- October 2021
Senior Manager of Cost Efficiency December 2017- October 2020
Cost Avoidance Manager December 2015-December 2017
Finance Contracting Analyst July 2013-December 2015

- Leadership team member, reporting directly to the Chief Financial Officer (CFO) and Finance Committee
- Provided strategic support to legal for contract language related to the development and/or modification of contract templates to ensure compliance with all regulatory requirements and health plan initiatives
- Established and developed analytic reporting to Compliance Officer and Director of Legal Affairs related to fraud, waste, abuse and provider payment disputes
- Responsible for the oversight of compliance with network provider agreement provisions and reported outcomes, developed corrective action plans and ensured remediation of cited deficiencies to Compliance Officer.
- Cultivated relationships with DHCS including Capitated Rates Development Division and other state and federal regulatory agencies
- Developed and oversaw operational functions for recoveries, reinsurance, coordination of benefits, third party liability and overpayments
- Responsible for process improvement opportunities, recommendations and implementation of changes to maximize efficiency and quality of analytic work
- Completed an extensive analysis comparing PHC's healthcare spend to the Medi-Cal provider manual, resulting in significant configuration and contracting changes, which was positively received by the CFO and subsequently the PHC Board of Supervisors
- Responsible for contract fiscal negotiations for large network, all provider types
- Responsible for all value based provider rate development including new and innovative approaches to contracting using current and alternative reimbursement methodologies
- Provided CFO with rate development analytics and budgetary impact analysis
- Responsible for providing strategic direction to the Chief Financial Officer (CFO) and other C-Level Executives for rate development of innovative programs
- Ensures overall performance of network provider contracts aligns with quality and incentive programs
- Maintains knowledge of market rates in the service area
- Support CFO in completion, oversight and analysis of Supplemental Rate Development (SDR) and Rate Development Templates (RDT) to Department of Health Care Services (DHCS)
- Responsible for the Private Hospital Directed Payment and Enhanced Payment Program reconciliation and submission with network providers to DHCS
- Provide analysis and review of the annual health care cost budget, month end statements, and actual to budget variances
- Lead and managed the Cost Efficiency team to support PHC's strategic goal of fiscal stewardship and compliance

Certifications/Leadership

Certificate of Health Care Compliance (CHC): 2022

Local Health Plans of California (LHPC) — Sacramento, CA
Compliance Officers Committee, Chair, 2022- current

Affiliations

Health Care Compliance Association (HCCA) Member and Certified Health Care Compliance (CHC) Member

Education

University of California Davis — Davis, CA
Bachelor of Science

JEFFREY J. DEVIDO, M.D., M.T.S.

JDEVIDO@PARTNERSHIPHP.ORG

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OVERVIEW

Specialist in mental health and addiction treatment. Administrative oversight of mental health and addiction treatment systems of care within Medicaid program in Northern California.

BOARD CERTIFICATIONS/LICENSURE

Adult Psychiatry
Addiction Psychiatry
Addiction Medicine
Active CA Medical Licensure

EXPERIENCE

CHIEF, ADDICTION SERVICES, MARIN COUNTY, CA, HHS
2016 - present
Responsible for grant management (over $4 million) aimed at expansion of SUD treatment system of care for Medicaid beneficiaries. Medical Director of co-occurring SMI-SUD outpatient clinic. System of care clinical education.

BEHAVIORAL HEALTH CLINICAL DIRECTOR, PARTNERSHIP HEALTHPLAN OF CA
2017 - present
Medical Director of DMC-ODS regional model SUD treatment system of care (7 counties). Quality management oversight and program expansion of/innovation in non-specialty mental health treatment system of care (24 counties). System of care education.

ASSISTANT CLINICAL PROFESSOR—VOLUNTEER; DEPT OF PSYCHIATRY AND BEHAVIORAL SCIENCES; WEILL INSTITUTE FOR NEUROSCIENCES AND UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Full time consultation-liaison psychiatrist 2013-2016. Resident supervision and resident/fellow/medical student supervision/education.

EDUCATION

B.S. CHEMISTRY WITH SPECIALIZATION IN BIOCHEMISTRY
University of Virginia, 2000

MASTERS IN THEOLOGICAL STUDIES
Harvard Divinity School, 2003

MEDICAL DOCTOR
Columbia University College of Physicians and Surgeons, 2008

ADULT PSYCHIATRY RESIDENCY
Massachusetts General and McLean Hospitals, Harvard University, 2012

ADDICTION PSYCHIATRY FELLOWSHIP
Partners Health, Harvard University, 2013

Mark Bontrager

EDUCATION AND LICENSES

2011 Stanford Graduate School of Business, Executive Program for Nonprofit Leaders (EPNL)
2002 Indiana University School of Law, Doctor of Jurisprudence degree (J.D.)
1995 Indiana University School of Social Work, Master of Social Work degree (M.S.W.)
1993 Goshen College, Bachelor of Arts degree in Psychology (B.A.)
State Bar of Indiana, admitted 2002, Currently Inactive
Licensed Clinical Social Worker (LCSW), State of California 2006, State of Indiana 1997
Certified Healthcare Privacy Compliance (CHPC), Certified Healthcare Compliance (CHC)

PROFESSIONAL EXPERIENCE

Sr. Director of Behavioral Health **2021/Present**
Partnership HealthPlan of CA, Fairfield, California

- Oversee mental health and substance use disorder services for managed care plan
- Serve on the Executive Team for the managed care plan
- Represent the plan on external committees and stakeholder groups
- Support new programs and benefit implementations as needed and directed

Director of Regulatory Affairs & Program Development **2018/2021**
Partnership HealthPlan of CA, Fairfield, California

- Oversee Regulatory Affairs and Compliance department for managed care plan
- Serve as Privacy Officer for the health plan
- Manage staff in Regulatory Affairs and Compliance
- Support new programs and benefit implementations as needed and directed
- Participate in annual risk assessment, audits and the creation of compliance plan
- Participate as a member of the Operations and Emergency Response Teams

Executive Director **2007/2018**
Aldea Children & Family Services, Napa, California

- Oversaw operations for an agency of 160 staff and annual budget over $12 million
- Worked in conjunction with Board of Directors on mission and strategic planning
- Set organizational goals and objectives each year
- Led Development staff on fundraising, grant writing and strategy
- Created partnerships with public and private entities to better serve clients
- Managed senior program staff and administrative staff, setting annual goals
- Oversaw the purchase of properties and other assets
- Provided oversight to the CFO and fiscal operations of the agency
- Collaborated with other agencies in service development and implementation
- Identified new public and private funding opportunities for the agency and partners
- Participated in community-wide committees and advisory groups

- Oversaw the expansion of programming, services and staffing
- Participated in a successful $2 million dollar capital campaign
- Obtained National Accreditation

Deputy Director **2005/2007**
Aldea Children & Family Services, Napa, California

- Managed program directors overseeing eight programs
- Oversaw fiscal operations and agency Controller
- Developed new programs utilizing existing infrastructure
- Worked towards greater integration of programming and services
- Directed senior management in overall agency operations
- Directed mental health and child welfare service lines for the agency
- Developed contracts and expanded existing contracts for services
- Worked closely with local government to partner on specific projects
- Participated in Finance and Development Committees of the Board
- Partnered with Executive Director in planning and execution of services

Attorney **2002/2006**
Private Practice, Indianapolis, Indiana

- Represented clients in adoption and special education matters
- Conducted custody evaluations as directed by the court
- Performed mediations for parties in dispute
- Successfully advocated and passed laws promoting adoption from foster care
- Provided trainings to public social service / child welfare agencies
- Consulted with school districts over special education issues
- Represented clients in family law matters

Program Manager / Therapist / Social Worker **1996/2003**
The Villages of Indiana, Inc., Indianapolis, Indiana

- Used organizational skills to assist in establishing a residential program
- Conducted interviews and trained direct care staff in behavior management
- Directed staff meetings and weekly clinical team meetings
- Gave presentations to community groups to garner support
- Provided individual and family therapy with clients
- Completed foster care / adoption home studies
- Managed program staff of twelve members
- Created policy and procedures for program operations

Vitae

BOARD/COMMITTEE MEMBERSHIPS

Governors Appointment to Mental Health Services Act Oversight & Accountability Commission (2021 – Present)
Governors Appointment to Children's Justice Act Task Force (2015 – 2018)
Solano County Children's Alliance Executive Committee (2013 – 2018)
Napa County Child Abuse Prevention Council Steering Committee Member (2008 – 2018)
Foster Family-based Treatment Association (FFTA) (2010 – 2012)
Napa County Children's Health Initiative Board Member – Treasurer (2007 – 2012)
Napa Valley Coalition of Non-Profits Behavioral Health Committee – Co-Chair (2008 – 2010)
Napa County Workforce Investment Board Member – Vice Chair (2005 – 2010, 2015 - present)
Pacific Union College Social Work Advisory Board Member (2006 – 2009)
Napa County Mental Health Services Act – PEI Advisory Board Member (2007 – 2009)
Adoption in Child Time, Inc. Board Member (2003 – 2009)
Indiana Juvenile Justice Task Force, Inc. (2004 – 2006)

PUBLICATIONS & TRAININGS PROVIDED

Bontrager, Mark & Peter Kenny (2004). Foster Parent Journal. School Datebooks Publication, Lafayette, Indiana.

Kenny, Peter & Mark Bontrager (2004). Adopting a Foster Child. ACT Publications, Rensselaer, Indiana.

Bontrager, Mark & Jim Kenny (July/August 2004 issue). "Pseudo-Bonding and Other Myths." *Foster Families Today*. Louis & Company Publishing, Windsor, Colorado.

Bontrager, Mark & Jim Kenny (May/June 2004 issue). "Appellate Courts Choose Bonding." *Foster Families Today*. Louis & Company Publishing, Windsor, Colorado.

Bontrager, Mark (2003). "New Tax Credits a Boon to Parents Adopting Special Needs Kids." ACT ONE. 5 (1), pg. 3.

Bontrager, Mark (2003). "Do I Have to be Rich to Adopt?" ACT ONE. 5 (2), 2-3.

"Legal Issues for Mental Health Professionals: Responding to Requests for Disclosures, What does HIPAA Allow?" (Training 3 hours of continuing education credit, 2009)

Professional/Educational/Volunteer Experience

University of California at Berkeley Haas School of Management – Executive training programs: Leading for Performance, Leader as Coach, Leadership Training
Victim/Offender Mediator, Certified Civil Mediator state of Indiana (2002)
Court Appointed Special Advocate (CASA)
North American Council on Adoptable Children: Indiana State Subsidy Representative (2004)

MOHAMED ALIEU JALLOH, PHARM.D.

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CURRENT EMPLOYMENT

2023-Present **HEALTH EQUITY OFFICER (DIRECTOR OF HEALTH EQUITY)**
Partnership Health Plan of California, Fairfield, CA

2016-Present **ASSISTANT PROFESSOR IN CLINICAL SCIENCES**
Touro University California College of Pharmacy, Vallejo, CA
- Lecture at least 25+ hours of pharmacotherapy lecture material in family medicine, evidence based medicine, health equity, and digital health-related topics each year
- Over 92% of 120+ students rated " very agreed" or "agreed" that my lectures are presented in a clear and understandable manner

2018-Present **GUEST LECTURER**
Stanford University College of Medicine, Stanford, CA
- Lecture at least 6+ hours of pharmacotherapy lecture material in family medicine topics each year
- Over 95% of 50+ students rated lectures "excellent" or "very good"

2020-2021 **PER-DIEM COVID-19 VACCINATION PHARMACIST**
CVS Pharmacy, Vallejo, CA

2016-2021 **SPOKESMAN FOR THE AMERICAN PHARMACISTS ASSOCIATION (APhA)**
American Pharmacists Association | Washington, DC
- Quoted and interviewed by 20+ leading journalists from *Time Magazine*, *WebMD*, *Men's Health*, *Washington Post*, *NPR*, *AccuWeather*, and *USA Today*

2014-2016 **PER-DIEM COMMUNITY PHARMACIST**
Walgreens | Omaha, NE

HONORS AND AWARDS

2021	Touro University College of Pharmacy "Clinical Professor of the Year" Award Winner
2021	Touro University College of Pharmacy "Most Engaging Professor of the Year" Award Winner
2019	Touro University College of Pharmacy "Most Entertaining Professor of the Year" Award Winner
2019	Touro University College of Pharmacy "IPhO Preceptor of the Year" Award Winner
2018	The Doctors Company **and** Napa Valley Community Foundation Second Responder Recognition
2018	ASHP CEO National Courageous Service Award Winner
2014	Natural Medicines Comprehensive Database Recognition Award Winner
2013	Walgreens National Diversity Scholarship Recipient
2013	Wilkes Multicultural Global Scholar and Citizen Award Winner
2012	Who's Who Among Students in American Universities and Colleges

EDUCATION

2008- 2014	**DOCTOR OF PHARMACY (PHARM.D.)** *Pharmacy Spanish Concentration Certificate* Wilkes University, Nesbitt School of Pharmacy, Wilkes-Barre, PA
2014- 2016	**GRADUATE CERTIFICATE IN CLINICAL AND TRANSLATIONAL SCIENCES (BIOSTATISTICS)** Creighton University School of Medicine, Omaha, NE

INTERNATIONAL EDUCATION

SPANISH LANGUAGE

Summer 2012	University of Malaga, Malaga, Spain
Summer 2011	Colegio Mayor Mara, Madrid, Spain

LICENSURES AND BOARD CERTIFICATIONS

Licenses	**PHARMACIST**
Expires 2025	California License#: RPH76770
Expires 2024	Nebraska License#: 14659
Certifications	
Expires 2026	**BOARD CERTIFIED PHARMACOTHERAPY SPECIALIST (BCPS)** Board of Pharmacy Specialties, # 3160131

CERTIFICATES

Certificates	
Jan 2022	**DIVERSITY, HEALTH EQUITY, INCLUSION, AND ANTI-RACISM** American Association of Colleges of Pharmacy (AACP)
Jan 2021	**BASIC LIFE SUPPORT (BLS) PROVIDER** ACLS Certification Institute
Apr 2019	**PHARMACY-BASED TRAVEL HEALTH SERVICES** American Pharmacists Association, Washington, DC
Mar 2017	**LIFESTYLE AND WELLNESS COACH** National Diabetes Prevention Program (DPP) Vallejo, CA
Jun 2016	**MEDICATION THERAPY MANAGEMENT** American Pharmacists Association, Washington, DC
Jun 2016	**EVIDENCE-BASED PRACTICE** Creighton University School of Pharmacy & Health Professions, Omaha, NE
May 2015	**TEACHING CERTIFICATE PROGRAM FOR PHARMACY RESIDENTS** Creighton University School of Pharmacy & Health Professions, Omaha, NE

May 2013 **PHARMACY BASED IMMUNIZATION DELIVERY**
American Pharmacists Association, Washington, DC

POST-DOCTORAL TRAINING

Jul 2014-Jun 2016 **DRUG INFORMATION AND EVIDENCE BASED MEDICINE RESEARCH FELLOWSHIP**
Center for Drug Information & Evidence-Based Practice
Creighton University, Omaha, NE
Program Preceptor(s): Darren Hein, PharmD; Zara Risoldi-Cochrane, PharmD, MS; Amy Wilson, PharmD

- Provided pharmacotherapeutic recommendations in a medication therapy management center and volunteer ambulatory care and acute care clinic.
- Managed an academic drug information consultation service that provides over 1000 clinical consultation annually to health care professionals.
- Supervised over 50+ Pharm.D. advanced pharmacy practice experience (APPE) rotation students during an academic drug information consultation service and medication therapy management (MTM) center.
- Provided regional and national medication policy and P&T support for Catholic Health Initiatives (CHI), PharMerica, and McKesson.
- Provided medical content and editorial expertise for Medscape and Healthline.com.
- Served as an investigator and co-investigator on 3+ research projects.

TEACHING EXPERIENCE

Fall 2016 to Present **STANFORD UNIVERSITY SCHOOL OF MEDICINE**
Didactic Lectures

- Men's Health (BPH and ED) (2 hours)
- Headache and Migraines (2 hours)
- Sexually Transmitted Diseases and HIV (2 Hours)
- Osteoarthritis Management (2 hours)

Fall 2016 to Present **TOURO UNIVERSITY CALIFORNIA COLLEGE OF PHARMACY PROGRAM**
Didactic Lectures

- Introduction to Drug Information (3 hours)
- Drug Literature Evaluation (3 hours)
- Reviewing and Applying Systematic Reviews and Meta-Analyses (1.5 hours)
- Ophthalmic, Otic, and Oral Agents Part 1 (3 hours)
- Constipation and Diarrhea Management (3 hours)
- Atopic Dermatitis and Contact Dermatitis Management (3 hours)
- Medication Therapy Management and Reimbursement (3 hours)
- Osteoarthritis Management (3 hours)
- Gout (3 hours)
- Headache and Migraines (3 hours)
- Men's Health (BPH and ED) (3 hours)
- Travel Health (8 hours)

Clinical Rotations Teaching/Experiential Teaching

- Ambulatory Care Rotation (1 PGY1 resident and 2 students every 6 weeks)

CREIGHTON UNIVERSITY SCHOOL OF PHARMACY AND HEALTH PROFESSIONALS

Fall 2014 to Spring 2016

Didactic Lectures

- PHA 458 Literature Evaluation and Evidence Based Practice (15 hour)
- PHA 469 Case Studies and Case Discussion (15 Hours)
- PHA 319 Pharmaceutics Skills Lab (8 hours)

Clinical Rotations Teaching/Experiential Teaching

- PHA 515, Drug Information Rotation (8 students every 5 weeks)
- PHA 534, Medication Therapy Management (MTM) (2 students every 5 weeks)
- PHA 528, Dominican Republic International Medical Mission (2 students every 4 weeks)

GRANT WRITING AND CONSULTANT EXPERIENCE

Contracts

Jul 2014-present **PROJECT MANAGER OR CONTRIBUTOR**

- Provided key project management for Mckesson, PharMerica, and Healthline.com that resulted in over $2000 in billable services.

Grants Submitted

Sep 2021 **Children's Book Intervention to Address Parent Knowledge and Motivation in Childhood Vaccinations: A Cross-Sectional Study** Touro University California, Vallejo, CA

- $2,326.16 (Funded)

May 2021 **Barber Motivation for Conducting Mental Health Screening In African American Barbershops: A Cross-Sectional Study**
Touro University California, Vallejo, CA

- $2, 000 (Funded)

Feb 2015 **"ASSESSING DRUG INFORMATION NEEDS OF RURAL NEBRASKA PHARMACISTS"**
Nebraska Pharmacists Association, Lincoln, NE

- $2, 500.00 (Not Funded)

PUBLICATIONS

Peer-Reviewed Journals

Sep 2022 ***Jalloh MA***, Stompanato J, Nguyen JQ, Barnett MJ, Ip EJ, Doroudgar S. Barber Motivation for Conducting Mental Health Screening and Receiving Mental Health Education in Barbershops That Primarily Serve African Americans: a Cross-sectional Study. *J Racial Ethn Health Disparities*. 2022;10.1007/s40615-022-01420-5.

May 2022 ***Jalloh MA,*** Chung K, Doroudgar S. Severity of visual hallucinations worsened with lisinopril despite receiving sedative hypnotic therapy or antipsychotic therapy: First case report. *Res Social Adm Pharm*. 2022;18(11):4009-4011.

Mar 2020 ***Jalloh MA,*** Barnett M, Ip EJ. Men's Health Related Magazines—what they recommend and the evidence to support their recommendations: A retrospective study. *Am J Mens Health.* 2020 May-Jun; 14(3): 1557988320936900

Mar 2020 ***Jalloh MA.*** Esketamine (Spravato) for Treatment-Resistant Depression. *Am Fam Physician*. 2020 Mar 15;101(6):339-340.

May 2018 ***Jalloh MA***, Doroudgar S, Ip EJ. What is the impact of the 2017 cochrane systematic review and meta-analysis that evaluated the use of PCSK9 inhibitors for lowering cardiovascular disease and mortality? Expert Opin Pharmacother. 2018 May;19(7):739-741.

May 2016 ***Jalloh MA***, Gregory PJ, Hein DJ, Risoldi-Cochrane Z, Rodriguez A. Dietary supplement interactions with antiretrovirals: A systematic review. *Int J STD AIDS*. 2017;28(1):4-15.

May 2016 Gregory PJ, Bird AS, Hein DJ, Abe A, Risoldi-Cochrane Z, ***Jalloh MA***, Wilson AF. Assessment of the value of an academic drug information service to the healthcare community. *J Am Pharm Assoc* [Currently in review]

May 2015 Schreck Bird A, Gregory PJ, ***Jalloh MA***, Risoldi Cochrane Z, Hein DJ. Probiotics for the Treatment of Infantile Colic: A Systematic Review. *J Pharm Pract*. 2016. [Epub ahead of print].

May 2015 Gregory PJ, ***Jalloh MA***, Abe AM, Hu J, Hein D. Characterization of Complementary and Alternative Medicine-Related Consultations in an Academic Drug Information Service. *J Pharm Pract*. 2015. [Epub ahead of print].

Continued Education

Jalloh M. Itching to Find a Solution: The Community Pharmacist's Role in Ocular Allergy Treatment. https://www.powerpak.com/course/preamble/121944

PRESENTATIONS

Invited Podium Presentations

ADDRESSING VACCINE HESITANCY (VH) AND HEALTH DISPARITIES IN MINORITY COMMUNITIES: ALTERNATIVE APPROACHES AND LEVERAGING COMMUNITY PARTNERSHIPS
March 2023 2023 NACCHO Preparedness Summit Conference, Atlanta, GA

March 2019 **"COORDINATING WITH PHARMACIES DURING STATE AND NATIONAL EMERGENCIES"**
2019 NACCHO Preparedness Summit Conference, St. Louis, MO

May 2018 **"PRESCRIBING MEDICATION RELATED APPS"**
California Pharmacists Association (CPhA) Western Pharmacy Exchange Conference, San Diego, CA

May 2015 **"ARE RECOMMENDATIONS IN MENS HEALTH-RELATED MAGAZINES TRULY EVIDENCE-BASED: A RETROSPECTIVE STUDY-PRELIMINARY RESULTS"**
Midwestern Pharmacy Residency Conference, Omaha, NE

Dec 2014 **"GOOGLE POWER SEARCHING FOR PHARMACISTS: HOW TO APPLY THE HIDDEN TOOLS OF GOOGLE FOR DRUG INFORMATION"**
American Society of Health System Pharmacists (ASHP) Midyear, Orlando, FL

Leadership Related

Nov 2013 **"A #SCRIPT FOR SOCIAL MEDIA"**
Audience: 600+ APhA-ASP Region 1 & 2 Midyear Meeting attendees, Washington, DC

LEADERSHIP AND PROFESSIONAL SERVICE

University

Jul 2022- Present	**CHAIR-FACULTY DEVELOPMENT COMMITTEE** Touro University California College of Pharmacy
Aug 2019- Jul 2022	**CHAIR-ADMISSIONS COMMITTEE** Touro University California College of Pharmacy
Aug 2019- Jul 2022	**COP MEMBER-ENROLLMENT MANAGEMENT COMMITTEE** Touro University California College of Pharmacy
Aug 2019- Jul 2022	**COP MEMBER-ENROLLMENT LEADERSHIP COMMITTEE** Touro University California College of Pharmacy
Health Plan/PBM	
	VOTING MEMBER OF P&T COMMITTEE Partnership Health Plan
Editorial Advisory Board	
	EDITORIAL ADVISORY BOARD MEMBER
Mar 2018- Present	*Drug Topics: Voice of the Pharmacist* Modern Medicine Network
May 2018-Present	*British Medical Journal (BMJ) Evidence Based Medicine*
Mar 2015-Mar 2016	*Transitions* American Pharmacists Association- New Practitioner Network
Mar 2012-Mar 2014	*Student Pharmacist Magazine,* American Pharmacists Association-Academy of Student Pharmacists
Peer Reviewer	
	MEDICAL JOURNALS
May 2020-Present	*American Journal of Men's Health*
Jan 2018-Present	*British Medical Journal (BMJ) Evidence Based Medicine*
Oct 2014- Present	*Journal of Medical Internet Research*
Oct 2014-Present	*Journal of Evidence-Based Complementary and Alternative Health*
National Student Leadership	
Jul 2013-Aug 2014	**NATIONAL STUDENT ADVISORY COMMITTEE MEMBER-AT-LARGE** American College of Clinical Pharmacy (ACCP)
Jun2013-Aug 2014	**NATIONAL LIAISON TO REGION I** Phi Lambda Sigma (PLS) Pharmacy Leadership Society
Mar 2013-Mar 2014	**NATIONAL STANDING COMMITTEE MEMBER OF COMMUNICATIONS** American Pharmacists Association-Academy of Student Pharmacists
Mar 2013-Mar 2014	**NATIONAL STRATEGIC PLANNING COMMITTEE** American Pharmacists Association-Academy of Student Pharmacists

EXPERT COMMENTARY EXPERIENCE

DeLorean Ruffin, DrPH, MPH

Education

- **Doctor of Public Health (DrPH)** – Health Education and Promotion, Loma Linda University (2022)
- **Master of Public Health (MPH)** – Argosy University (2016)
- **Bachelor of Science Biology** – Barry University (2013)

Core Competencies

- Program Monitoring & Evaluation
- Data Synthesis/Decision Making
- Strategic Leadership and Planning
- Grant and Budget Management
- Cross-Functional Leadership
- Program and Policy Development
- Organizational Learning Advocacy
- Resource Allocation Strategy
- Change Management
- Good Clinical Practices
- Project Management
- Stakeholder Communication
- Population Health Management

Technical Competencies

- MS Office Suites, Visio, Statistical Analysis Software (SAS), SPSS, Proficiency in Process Mapping, Six Sigma & Lean
- PowerBI Dashboards, Tableau
- Qualitative Data Analysis-NVivO, EDC (Veeva)
- EMR (Epic, eCW, Athena)
- Salesforce (CalConnect)
- Cloud Based Repository

Professional Affiliates

- Black Doctoral Network (BDN), Member, Conference Workshop Presenter **2020-Present**
- American Public Health Association Member, Peer Reviewer (HIV/AIDS, MCH) **2019-Present**
- Society of Public Health Education Member, **2019-Present**
- Institute of Health Care Improvement (IHI), Member, **2021-Present**
- CA Primary Care Association (CPCA), Member, **2021-Present**

Additional Work Experience

- Clinical Research Coordinator-

Summary of Qualifications:

Dynamic and results-driven Population Health Management executive with over 10 years of experience in strategic healthcare leadership. Proven track record of developing and implementing comprehensive population health strategies that drive quality patient outcomes and operational excellence. Adept at leveraging data analytics to inform decision-making and improve health equity across diverse patient populations. Skilled in fostering cross-functional collaboration and building strategic partnerships with community organizations to enhance care delivery and access. Demonstrated success in maintaining and achieving HPA and HEA NCQA accreditation and maintaining regulatory compliance with CMS, DHCS, and CDPH standards.

Professional Experience

Partnership HealthPlan of California — April 2024 – Present
Director of Population Health Management — **40 hours/week**

Key Responsibilities and Achievements:

- Spearheaded data-driven Population Health Management strategies, collaborating closely with the Health Analytics team to leverage data for measurable improvements in patient health outcomes and real-time program adjustments.
- Developed innovative, patient-centered interventions to address care gaps and health equity issues in Solano County, partnering with the Director of Health Equity to create sustainable activities with tangible impact on patient outcomes.
- Implemented proactive approach to community engagement by strategically utilizing Community Health Liaisons to transform the department's participation from reactive to strategic, aligning activities with organizational goals and community partnerships.
- Led comprehensive reviews of Population Health Management Program Description and Evaluation, ensuring high-quality work and timely project completion to drive better member outcomes.
- Fostered strong interdepartmental collaboration and positive team dynamics, setting a tone of accountability and professionalism while building key partnerships with internal and external stakeholders.

Accomplishments and Impact:

- Spearheaded the development of innovative, patient-centered interventions for Solano County, addressing critical care gaps and health equity issues, resulting in a comprehensive suite of sustainable activities poised to make a tangible difference in patient outcomes.

West Oakland Health Council (now Baywell Health) — August 2021 – March 2024
Director Of Research, Evaluation, and Community Health — **40 hours/week**

Key Responsibilities and Achievements:

As the driving force behind West Oakland Health's strategic endeavors in community health, research, and evaluation, my role encompasses steering the organization's direction in population health management. I am deeply engaged in crafting and implementing research strategies, enhancing quality improvement initiatives, and leading community health programs, all while ensuring alignment with the requirements and regulations set forth by CMS, DHCS, NCQA, CDPH, and other regulatory bodies.

- Spearhead West Oakland Health's strategic initiatives in community health, research, and evaluation, aligning with CMS, DHCS, NCQA, and CDPH regulations.
- Ensure regulatory compliance (TJC, NCQA-PCMH, HRSA-UDS, FTCA) and actively participate in certification and audit processes.
- Cultivate strategic partnerships with community organizations and stakeholders to enhance population health management activities.
- Develop innovative programs for specialized patient populations, improving quality, health equity, and patient outcomes leveraging continuous quality improvement methodologies and tools (PDSA, Lean Six Sigma, and DMAIC.)

PMI Health, Atlanta, GA | June 2014- Aug. 2016, 2 years, 2 months

- Analyze large datasets using quantitative and qualitative methods to drive quality outcomes and evaluation.
- Oversee grant applications and direct funds toward key quality improvement, prevention, and treatment initiatives.

Accomplishments and Impact:

- Advanced from Director of Quality Assurance, implementing population health management tactics that reduced service delivery disparities by 50% within six months.
- Led development of strategic objectives supporting quality improvement initiatives while ensuring compliance with federal and state regulations.
- Expanded leadership role from managing three data analysts to overseeing four key departments: WIC, Community Health, and Maternal Child Health.

Contra Costa County Health Services, Concord, CA — November 2020 - August 2021
PUBLIC HEALTH PROGRAM MANAGER — 40 Hours/week

Key Responsibilities and Achievements:

- Developed, coordinated, and implemented, evidenced-based audience-centric health education programs across a range of county and state health education, prevention, or public health services programs inclusive of non-clinical sites, residential care facilities, and co-leads state level quality strategy for Community of Practice (CoP) sessions.
- Built, fostered, and maintained collaborative partnerships to strengthen resources available for extending the reach of CCHS awareness and education programs and broad-based education initiatives to improve public health in the communities serviced.
- Delivered culturally competent communications leveraging specialty techniques, and methods to provide data and educational public health information and strategic communication plans inclusive of reports, presentations, fact sheets, articles for publication, and responses to individuals or groups to improve overall health literacy.
- Monitored action items within the organization focused on PMO efficiency and ensured timely responses, and appropriate progress to remedy problems that required interim and long-term solutions.
- Consolidated data and research information for presentation to executive leadership and other facility leadership and staff for use in the planning, development, and operation of new and existing managed care programs
- Provided subject matter expertise in response to day-to-day business issues; researched applicable subject matter practices; and remained aware of latest epidemiological disease management learning agendas.

Accomplishments and Impact:

- Created public health messaging and content and coordinated website maintenance, engaging over 5000 views that led to program sustainability and additional state funding for site management to reconcile and resolve budgetary matters.
- Managed external client facing relationships and partners with corporate and regional business areas advised undergraduate and graduate epidemiology interns and delegated tasks that supported the goals of the COVID-19 Vaccination Program staff and volunteers.

Interface Children & Family Services, Camarillo, CA — December 2020 – April 2021
EVALUATION MANAGER — 40 Hours/week

Key Responsibilities and Achievements:

- Successfully built and maintained systems and programs to assess and increase the impact of ICFS core program areas including justice services; domestic violence; mental health; human trafficking; runaway and homeless youth; early child and family development; and child abuse prevention.
- Ensured program sustainability by working collaboratively with Program Coordinators to obtain $1.5 Million in grant funding. Developed and tracked sound initiative goals and objectives ensuring partner engagement and commitment to agency objectives utilizing business intelligence tools for trauma-informed Mental and Behavioral Health programs.
- Led designing, developing, and executing critical complex projects supporting system migration, change control, and archival activities for data management systems.
- Extracted and compiled data from databases using query language to generate reports and presentations on collected data, interpreting the data, and drawing conclusions.

- Collaborated with Justice Services teams to facilitate performance improvement activities for quality of care, process improvement, regulatory compliance, and patient experience using evidence-based tools, techniques, and methodologies.
- Leveraged business intelligence tools to analyze reports and create solutions that would maximize the financial performance of the business unit.

Accomplishments and Impact:

- Successfully awarded $1.5 Million in grant funding (Medically Assisted Treatment (MAT), Phoenix Project, CCVI) following thorough evaluation and leadership recommendations for improvements to technology that would enhance continuous monitoring and compliance of privacy data and mature the management governance, practices, processes, and tools used.
- Leveraged business intelligence tools to analyze reports and create solutions that would maximize the financial performance of the business unit which led to generating agency and departmental fact sheet through Power BI.
- Developed roadmap for the modernization of processes, policies, and systems and other technological advancements with implementable milestones and sustainable outcomes. This included authoring proposals, reviews, and ratings of RFP from competing vendors, and final selection processes.

IQVIA (contracted), Long Beach, CA — June 2020 – November 2020
Clinical Research Coordinator — 40 Hours/week
Key Responsibilities and Achievements:

- Worked closely with the Director of Operations at Long Beach Clinical Trials site with collection and tracking of critical study documents, including preparation and approval of essential document packages.
- Facilitated successfully completed 3 eTMF reviews, including data management utilizing EDC for clinical trials to ensure compliance with study protocols and IRB, GCP, ICH, and FDA regulations and guidelines.
- Day- to-day data management and administration for 3 clinical studies simultaneously.
- Participated in the selection of Contract Research Organizations (CROs) for small budget sponsored clinical investigation.

Accomplishments and Impact:

- Provided strategic oversight to the Clinical Operations Director in our vendor and CRO relationships and provides clinical input into their governance committees.
- Reviewed start-up documentation, including site initiation, interim monitoring, and close-out materials.
- Conducted subject recruitment, eligibility screenings, informed consent (1678), and outpatient logistics to ensure accurate study tracking metrics, including study milestones, site/subject payments, vendor relations, etc.

Good Samaritan Health Center, Atlanta, GA — August 2016 – August 2018
Health Outcomes Manager — 40 Hours/week
Key Responsibilities and Achievements:

- Instrumental in identifying steps necessary to effectively communicate with outside organizations such as IPA's, health plans, and government agencies to serve as an internal SME for relevant programs and tracking performances, including HRSA Site Visit Protocol, HEDIS, PCMH, UDS, MU, FTCA, and Joint Commission guidelines.
- Fulfil research requests using inferential statistical techniques to interpret data from various sources such as surveys, automated reports, online programs, and published literature.
- Optimized administrative OPX budget and accelerated productivity of operations team following the execution of successful cost analysis and gaining sponsor approval and stakeholder buy-in for my recommendation to replace the outdated dental EHR with a cloud-based system.
- Provided strategic and practical support to develop, submit and maintain large-scale sponsored research projects and enhance community impact.
- Change agent and project management partner for the transformation and inaugural rollout of grant writing for QI/QA-related funding opportunities.
- Managed grants administration activities including development and management of contracts and subcontracts and ongoing post-award compliance matters by introducing the practice and coordination of PDSA Cycles.

Accomplishments and Impact:

- Successfully championed at-risk health programs, leading to NCQA accreditation by spearheading the development of the PCMH (Patient-Centered Medical Home) care delivery model within a healthcare facility of 45-50-personnel.
- Oversaw the re-branding of several CBO partners with social media content creation.
- Successfully developed and executed a pilot program aimed at revising an outdated QI/QA program, work plan, and annual evaluation process.
- Fostered a high-performance culture by motivating teams and developing member relationships and engagement.

Professional References

Professional, Academic, or Personal References
Available Upon Request