MPM PROVIDER QUALITY NEWSLETTER

To access the materials referenced in this newsletter, please go to:

➤ https://www.medpointmanagement.com/provider-resources/

➤ Click on **"Quality Management Information"** and then **"2025 Quality Newsletters."**

➤ All materials are listed in one PDF document.

➤ Please also note that MedPOINT's Reference Guides are available under **"HEDIS 2025 Health Plan Guides and Resources"** and **"MedPOINT Resources"**.

MedPOINT
MANAGEMENT

Join the MPM Quality Discussion Board!

MPM's Quality Management Discussion Board has an all-new landing page! Be sure to check out the Discussion Board's new look here: **Pointing Healthcare In The Right Direction - MedPOINT Management**. ➔

By joining the discussion forum, you can connect with a vibrant community of network providers, clinicians, and staff who are actively involved in exchanging ideas, seeking answers, and discussing optimal strategies for effectively implementing quality measures.

Our platform fosters collaboration and promotes the sharing of best practices to ensure the delivery of high-quality, cost-effective healthcare. The discussion board hosts various topics that you can peruse but be sure to make your own post to make the most of the platform. We look forward to reading and interacting with your discussions!

Your source for up-to-date information

Standard vs. non-standard supplemental data	Role of MPM Quality Specialists compared to Health Plan QM Staff Roles
🏷 Quality Measures	🏷 Quality Measures

HEDIS vs. STARs vs. IHA AMP	Cancer Screening Reporting & CPT-II Codes
🏷 Quality Measures	🏷 Quality Measures 🏷 Coding Tips and Tricks

Cultural and Linguistics Corner

Provider Cultural and Linguistic Responsibilities: Supporting Equitable Care for Members

Providing culturally and linguistically appropriate services (CLAS) is a critical component of delivering high-quality, patient-centered care. State and federal regulations require providers to support members' cultural and language needs in accordance with federal and state requirements for Medi-Cal populations. These standards help ensure that patients receive equitable care, improved communication, and better health outcomes.

Below is a summary of key provider responsibilities to support culturally competent care and language access for members.

Document Patients' Language Preferences

Providers should document each patient's preferred language in the medical record. Capturing this information allows practices to proactively arrange interpretation services and ensure patients receive information in a language they understand.

Inform Patients About Free Language Assistance

Practices must display a "Free Language Assistance Notice" in key patient areas to inform individuals with limited English proficiency (LEP) that interpreter services are available at no cost. These postings help ensure patients are aware of their rights to language access services. For practices affiliated with Blue Shield, the attached Free Language Assistance notice can be utilized.

Provide Qualified Interpreter Services

Health Plans offer free interpreter services to support patients who are LEP, deaf, or hard of hearing. Available options include:

➤ Over-the-phone interpreter services (available 24/7)

➤ Face-to-face interpreters (typically requested 5–7 business days in advance)

➤ American Sign Language (ASL) interpreters

➤ California Relay Service (CRS) for phone communication with deaf or hard-of-hearing patients

Providers should ensure that after-hours answering services and on-call staff know how to connect patients with interpreter services as needed. MedPOINT Health Plan contact grid is attached for your reference.

Avoid Using Family Members as Interpreters

Patients should be discouraged from relying on family members or friends to interpret medical information. Minors should not be used as interpreters except in emergencies. If a patient declines or requests interpreter services after being informed of their rights, the practice should document the decision using a Request/Refusal Form for Interpretive Services in the medical record.

Support Culturally Appropriate Care

Providers should refer patients to culturally appropriate community resources when needed. MedPOINT recommends using community resource platforms or the health plan's Cultural & Linguistic team to help patients connect with services such as social supports and community-based organizations. Documentation of referrals should be maintained in the patient record.

Ensure Qualified Bilingual Staff

Staff who communicate with patients in languages other than English should demonstrate language proficiency. Practices are encouraged to maintain documentation such as:

➤ Language capability self-assessment forms

➤ Language proficiency certification or interpreter training documentation

Staff with limited language proficiency should not serve as interpreters for patients.

Provide Accessible Materials

Members may request educational materials in their preferred language or in alternative formats such as Braille, large print, or audio formats. Providers should also distribute required notices, including:

➤ Non-Discrimination Notice

➤ Notice of Availability of Language Services and Auxiliary Aids

Complete Cultural Competency and Health Equity Training

Providers and staff are required to participate in annual training focused on health equity and cultural competency, including disability sensitivity, diversity and inclusion, and gender-affirming care. These trainings strengthen providers' ability to communicate effectively with culturally diverse populations and improve patient experiences.

For more information on Provider Cultural and Linguistic Responsibilities, please visit the MedPOINT Management website: https://www.medpointmanagement.com/provider-resources.

2026 HEDIS/Stars Guides Now Available

The comprehensive MedPOINT Management HEDIS/Stars Guide and individual tip sheets for 2026 include the most up-to-date information to help improve quality performance.

All documents include the following information for each of the metrics:

- ► Measure name and abbreviation
- ► Measure description
- ► Documentation requirements
- ► Best practices
- ► Exclusions
- ► Coding requirements

This information is available on the MedPOINT Management Provider Portal and in Cozeva. For questions or to have this information emailed directly to you, please contact our quality team at: qualityspeciaists@medpointmanagement.com.

Documents are available:

- ► Cozeva Location
  - – Resources Page
  - – Document Library
  - – Guides and Facts Sheets
- ► MedPOINT Management Website Location
  - – Provider Resources
  - – Quality Management Information
  - – MedPOINT Resources
  - – HEDIS/Stars Reference Guide 2026
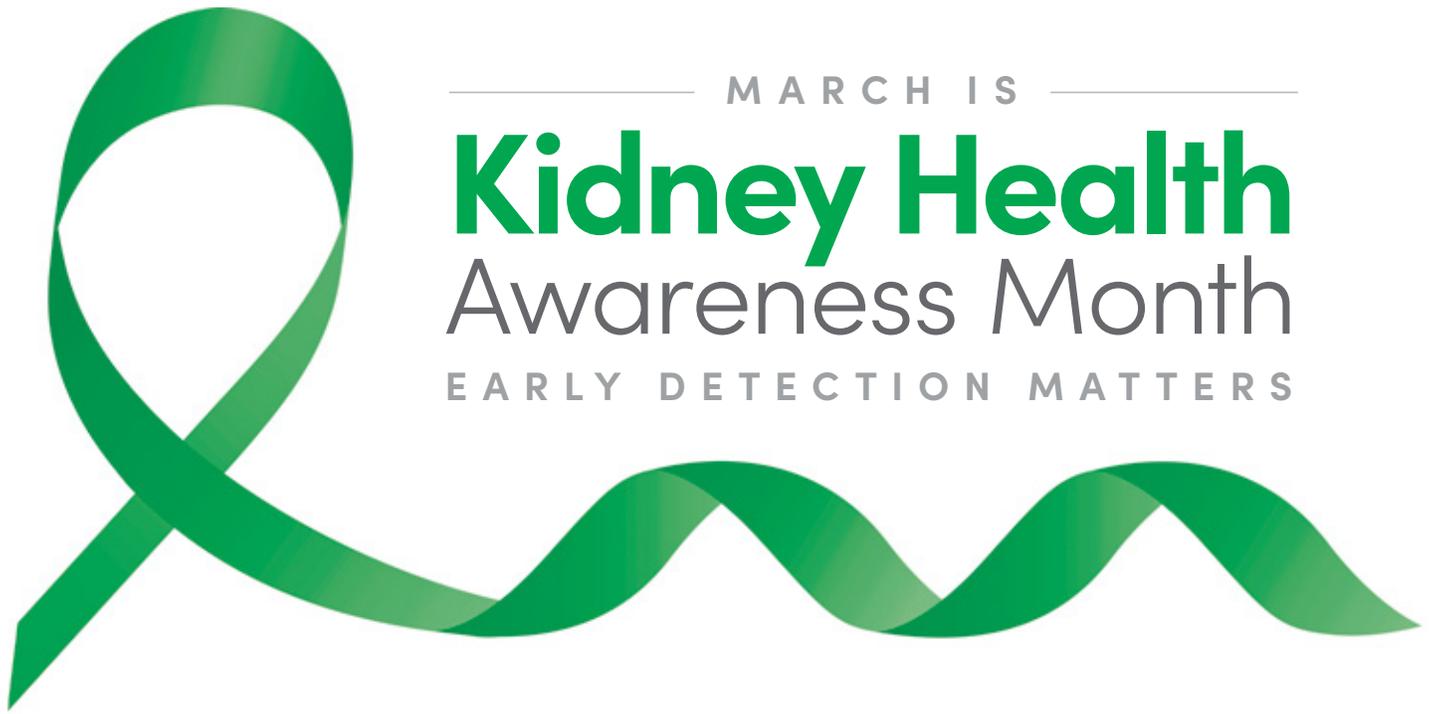
Minimum Time Between Annual Wellness Visits

Medicare Advantage plans allow an Annual Wellness Visits (AWV) once per calendar year. This is different than original fee-for-service Medicare and Accountable Care Organizations which will not pay for an AWV earlier than the same month it was completed the previous year (for example, if a member had an AWV on May 23, 2025, the earliest they could have another AWV is May 1, 2026.)

For Medicare Advantage plans, a provider could technically bill an AWV on December 31, 2026 and then bill another one on January 1, 2027. Clinically, however, it makes sense to wait at least a few months or it's unlikely anything will have changed.

Since many health plans offer incentives for a AWV completed according to their specifications, we encourage shifting as many AWVs as possible into the first half of the year. This allows time before the end of the year to obtain preventive screenings and make any corrections that the health plan may require to receive their incentives. It's often difficult to schedule AWVs between Thanksgiving and New Years due to holiday plans.

While many Medicare Advantage plans also allow annual physicals (CPT 99385-99387, 99395-99397) once per calendar year, there may be a co-pay. Members should check their benefits in advance. Annual physicals are not a covered benefit under original fee-for-service Medicare and Accountable Care Organizations.

Kidney Health
Awareness Month
EARLY DETECTION MATTERS

March is National Kidney Month, a time to raise awareness about kidney disease and the importance of early detection. In the United States, nearly 1 in 7 adults live with some form of kidney disease, and many are unaware they have it because symptoms often appear in later stages. Early detection through routine screenings can significantly slow disease progression and improve long-term health outcomes.

Kidney disease can significantly impact overall health and well-being. Kidneys play a vital role in filtering waste and excess fluids from the body. When kidney function declines, toxins can build up in the body, which can lead to fatigue, swelling, heart complications, and in advanced cases, dialysis or kidney transplant.

In California, addressing kidney health is especially important due to the high prevalence of diabetes and hypertension, two of the leading cause of kidney disease.

Did you know?

- About 90% of people with kidney disease do not know they have it.
- 1 in 3 adults with diabetes may develop kidney disease.
- Diabetes and high blood pressure cause approximately two-thirds of kidney failure cases.
- Early screening can help prevent or delay serious complications.

The connection to Diabetes Care

Kidney disease is closely linked to diabetes management. Patients with diabetes are at increased risk for kidney damage due to elevated blood glucose levels affecting blood vessels in the kidneys.

Routine diabetes care helps identify complications early, including:

- A1c testing to monitor long-term blood sugar control
- Diabetic eye exams to detect retinal damage related to diabetes
- Kidney function screening, including:
  - **eGFR (estimated Glomerular Filtration Rate) –** measures how well the kidney filter blood
  - **Urine Albumin-to-Creatine Ratio (uACR) –** detects protein in the urine, an early sign of kidney damage

Tips for Improving Kidney-Related HEDIS Measures

1. **Close diabetes care gaps early**
Identify patients with diabetes who have not completed kidney screening during the measurement year.

2. **Order both recommended kidney test**
The HEDIS Kidney Health Evaluation for Patient with Diabetes measure requires **both:**
   - ☛ eGFR lab test (blood test)
   - ☛ Urine albumin (uACR) test (urine sample)

3. **Coordinate screenings during routing visits**
Bundle kidney labs with A1c testing or other routine diabetes labs.

4. Run patient outreach gap list in Cozeva to quickly identify patients due for kidney screening and close care gaps.

   Care coordinators and outreach teams can remind patients to complete labs before upcoming visits.

5. **Document results clearly**
Ensure lab results are captured in the EHR and reported accurately for quality programs.

Sources: CDC Chronic Kidney Disease Report, National Kidney Foundation, National Institute of Diabetes and Digestive and Kidney Diseases, and NCQA HEDIS Clinical Guidelines.

March Resources:

- ☛ **Member Outreach Calendar 2026 –** MedPOINT'S Member outreach calendar is attached to our MPM newsletter.

- ☛ **L.A. Care Health Plan Resources for Quality Care –** This document has resources complete with description and contact information. You can find this document attached to our MPM newsletter.

- ☛ **Helpful Tips for Managing Kidney Disease –** This document is available for members in English and Spanish. This is attached to our MPM newsletter.

- ☛ **Initial Health Appointment Reports Available on MedPOINT Provider Portal –** Comprehensive reports for Medi-Cal members needing an Initial Health Appointment are available on the MedPOINT Provider Portal. The reports are updated on a monthly cadence and include all health plan members. Please refer to the training documents attached to our MPM Newsletter.

- ☛ **LANES Participant List –** A list of organizations participating in LANES is attached to our MPM Newsletter and will be posted on MPM's Website.

- ☛ **Access to Care Guidelines 2026 –** Members have the right to receive timely access to care and services from their provider. Per DMHC requirements, providers are to ensure members proper availability within a specific number of days or hours. This document will be posted on our MPM website.

- ☛ **Annual Cognitive Health Assessment (ACHA) APL –** The purpose of this All-Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older. This document can be found on MPM's website.

- ☛ **Annual Cognitive Health Assessment Training PowerPoint –** This training goes over 7 topics such as what is an annual cognitive health assessment, requirements of an ACHA, providers who can complete an ACHA, documentation requirements and more. This PowerPoint can be found on MPM's website.

- ☛ **CAHPS Series 3 Managing Complaints with H.E.A.R.T –** Illustrate the value of service protocols, Describe the H.E.A.R.T. Model to address the needs of upset patients, and managing complaints in your practice. This document will be posted on the MPM website.

- ☛ **Depression Screening and the Significance of Follow-up Care –** Ability to receive and load the PHQ-2 and PHQ-9 screening to stratify the depression screening measures. There are other tests listed but PHQ-2 & PHQ-9 are the most used. NCQA only accepts LOINC codes to capture numerator compliance. LOINC codes can only be submitted as supplemental data; not through claims and encounters. This document can be found on the MPM website.

- ☛ **Blue Shield Promise Patient Health Education FACT Sheet –** This document is posted on the MPM website.

- **Initial Health Appointment Reference Guide for PCPs –** The Initial Health Appointment (IHA) is a comprehensive assessment completed during the member's first visit with their selected or assigned primary care provider (PCP). The Department of Health Care Services (DHCS) requires that all newly enrolled members be offered and provided access to an IHA within the first 120 days of their enrollment date. For more information this document can be found on our MPM website.

- **Initial Health Appointment APL –** The purpose of this All-Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the requirements of the Initial Health Appointment (IHA) beginning January 1, 2023. This APL supersedes APL 13-017 and Policy Letters (PL) 13-001 and 08-003. This document posted on MPM's website.

- **IHA Audit components –** Audit Components for all members, Source, and Validation. This is posted on the MPM website.

- **IHA Training PowerPoint –** This PowerPoint is posted on the MPM website. This training goes over 7 topics such as what is an initial Health Appointment, requirements of an IHA, Components of an IHA, and more.

- **HIE (Health Information Ecosystem) Adoption and meaningful Use Incentive for L.A. Care Provider –** L.A. Care Health Plan (L.A. Care) is pleased to announce our Health Information Ecosystem (HIEc) Incentive Program. As part of our commitment to enhance connections among providers, members, and the community, LA Care is offering one-time incentives for the adoption and meaningful use of the Health Information Exchange (HIE). The document describing this program can be located on the MPM website.

- **Protocol for how to access interpreting services –** To help you meet this legal requirement, Blue Shield of California Promise Health Plan is providing over-the-phone, face-to-face, and American Sign Language (ASL) interpreting Services a no cost to Blue Shield Promise Providers and members. This document is posted on the MPM website.

- **Provider cultural awareness and linguistic responsibilities –** The following guide summarizes federal and state requirements for providing culturally sensitive and linguistically appropriate services to your Medi-Cal patients. Blue Shield of California Promise Health Plan is committed to supporting you in these efforts. For more information this document can be found on the MPM website.

- **Blue Shield of California Provider Education –** Elevate patient care with Blue Shield's new HEDIS eLearning. This self-guided training for Blue Shield of California Medicare providers will help you boost HEDIS® scores, improve medical record accuracy, enhance care coordination and support better health outcomes for your patients. Click this link and enter your name and work email address to access the course. Your key role in HEDIS: Achieve stars in patient care | Rise 360.

MedPOINT
MANAGEMENT
Pointing Healthcare In The Right Direction

Initial Health Appointment (IHA) Reports
Available on the MedPOINT Provider Portal

Comprehensive reports for Medi-Cal members needing an Initial Health Appointment are available on the MedPOINT Provider Portal. The reports will be updated on a monthly cadence and include ***ALL Health Plan members***. The task of obtaining multiple reports from the various health plans (i.e., LA Care, Molina, Healthnet, etc.) has been simplified. The lists include the following information to help improve compliance for the IHA metric:

- Member Medi-Cal ID Number
- Member Name
- Member Date of Birth
- Member Age

- Member Phone Number & Address
- Due Date for the IHA
- Countdown of days left till the member is due

- Status of member compliance
  - **Due**   - priority to schedule
  - **Past Due**   - continue to schedule as members still need to establish care
  - **Completed**

Access MedPOINT's Provider Portal for IHA Reports

MedPOINT Provider Portal: https://portal.medpointmanagement.com/sign-in

Need Access to MedPOINT Portal: https://portal.medpointmanagement.com/user-request

Follow steps 1 – 5 to download IHA reports.

Tips for Meeting the IHA Requirement
- Complete the IHA within 120 days or specified due date of member's effective date with the health plan, and code for all applicable services.
- You may complete and code for the IHA as applicable during a sick visit.
- The IHA can be administered over the course of multiple visits, provided that all components are completed within 120 days or specified due date.

What Provider Offices Need to Know
- Use standardized documentation to make it is easier to gather and track information.
- Send in complete and accurate CPT codes.
- Contact members shown on your monthly IHA Member Reports whom you have not yet seen. Document all outreach attempts to schedule the IHA in the member chart.
- If a member, parent, guardian or case worker submits a request for preventive services, an appointment must be made for a visit to take place within 10 working days.
- Members with unsuccessful IHA completions require a minimum of three documented outreach attempts. Examples could include a phone call, letter or postcard.

For additional questions, please contact the MedPOINT Quality Management Team.

- Phone: **818.702.0100 ext. 1353**

- Email: **QualityMeasures@medpointmanagement.com**

**Managing Chronic Kidney Disease**

Take charge of your health
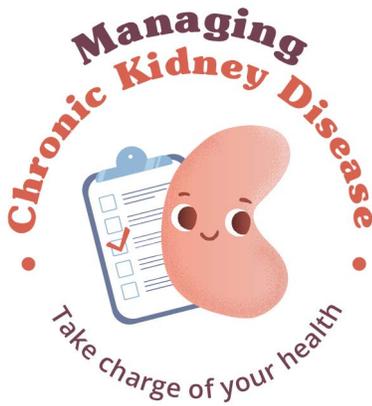
Helpful Tips for Managing Your Kidney Disease

Chronic kidney disease (CKD) is a serious condition affecting around 35.5 million people. CKD is often overlooked until symptoms appear, but the earlier you start taking charge of your health, the better. Adopting a healthy lifestyle can help you manage CKD and its complications. It may seem difficult, but small changes can mean a lot. Regardless of whether you're experiencing symptoms, help to keep your kidneys, and yourself, healthier for longer.

Follow these healthy lifestyle habits to take charge of your kidney health.
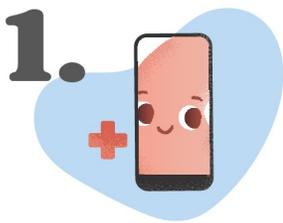
1. Stay connected with your **doctor** — in-person or using your computer, tablet, or smartphone.
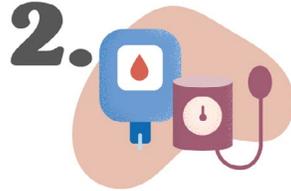
2. Learn to manage your **blood pressure**, and if you have diabetes, monitor **blood glucose** levels.

3. **Avoid NSAIDS** like ibuprofen and naproxen and take **medicines** as prescribed.
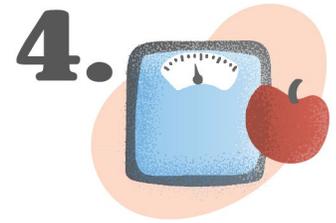
4. Work with your doctor to develop a **healthy meal plan** and aim for a **healthy weight.**

5. **Reduce stress** and make **physical activity** a part of your daily routine.

6. Aim for 7 to 8 hours of **sleep** each night.

7. Take steps to **quit smoking**.

Take charge of your kidney health.

Visit **niddk.nih.gov** for more information on managing chronic kidney disease.

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Manejo de la enfermedad renal crónica

Tome control de su salud

Consejos útiles para manejar la enfermedad renal

La enfermedad renal crónica (ERC) es una afección grave que afecta a alrededor de 35.5 millones de personas. La ERC suele pasarse por alto hasta que aparecen los síntomas; cuanto antes empiece a tomar control de su salud, mucho mejor. Adoptar un estilo de vida saludable puede ayudar a manejar la ERC y sus complicaciones. Puede parecer difícil, pero los pequeños cambios pueden significar mucho. Independientemente de los síntomas, ayude a mantener su salud y la de sus riñones durante más tiempo.

Siga estos hábitos de estilo de vida saludables para tomar control de la salud de sus riñones.
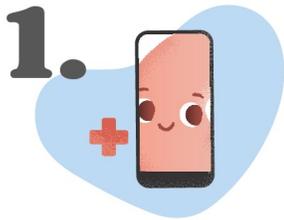
1. Manténgase en contacto con su **médico**, ya sea en persona o por medio de su computadora, tableta o teléfono inteligente.
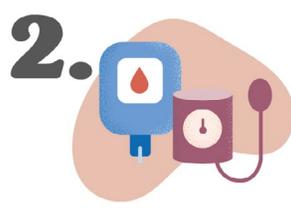
2. Aprenda a manejar su **presión arterial** y, si tiene diabetes, monitoree los niveles de **glucosa en la sangre.**

3. **Evite los antiinflamatorios no esteroideos (AINE)** como el ibuprofeno y el naproxeno y tome los **medicamentos** según sean recetados.

4. Junto con su médico, desarrolle un **plan de alimentación saludable** e intente tener un **peso saludable.**

5. **Reduzca el estrés** y realice **actividad física** como parte de su rutina diaria.

6. Intente **dormir** entre 7 y 8 horas por la noche.

7. Tome las medidas necesarias para **dejar de fumar.**

Tome control de su salud renal.

Para obtener más información sobre el tratamiento de la enfermedad renal crónica visite **niddk.nih.gov**.

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Resources for Quality Care

RESOURCE NAME	DESCRIPTION	CONTACT INFO
Provider Financial Opportunities & Support	**Physician Pay-for-Performance (P4P) Program** - Offers performance-based incentives to qualified physicians and Community Clinics that provide high-quality preventive and chronic care to L.A. Care members **Prop 56 Funds** - Tax revenue allocated to 5 health programs. **Elevating the Safety Net** - Initiative to address the physician shortage in Los Angeles County that includes: • Provider Recruitment Program (up to $125,000 per provider) • Provider Loan Repayment Program (up to $5,000 per month for 36 months) • IHSS + Home Care Training Program	Incentive_Ops@lacare.org Be connected with the appropriate team for any question on Prop 56 funds **HERE** Find the right team to contact online at **www.lacare.org/elevate-providers**
Online Provider Portal	Create an account on the **L.A. Care Online Provider Portal** and look up eligibility and claim status, download reports and find important forms.	ProviderRelations@lacare.org
Patient Education	**Health Education Materials and Services** - Order free health education materials and refer patients to free health education services via the online referral form.	HealthEd_Info_Mailbox@lacare.org
Performance Resources	**HEDIS Resources** - Learn more about providing the best quality care and how to properly submit coded data with these FREE HEDIS reference guides. **Cozeva** - Better monitor and take action on performance gaps with this free reporting and analytics platform. **Provider Opportunity Reports** - Solo and Small Group Providers and Contracted IPAs can download these and other reports from the provider portal. **Make an account online by** clicking here. Clinics (i.e.: Federally Qualified Health Centers (FQHCs) and FQHC-Lookalikes) and Plan Partner-only IPAs do not have access to reports on the provider portal and can request them.	HEDISOps@lacare.org lacare@cozeva.com Incentive_Ops@lacare.org
Community Resources	**L.A. Care Community Link** - A tool for addressing the Social Determinants of Health. It is a site where you can search for help with free or low-cost food, bills, job training, legal aid, and more.	

CLICK THE RESOURCE DESCRIPTION TO BE DIRECTED TO THAT WEBPAGE.

Resources for Quality Care

RESOURCE NAME	RESOURCE DESCRIPTIONS	LINK
Provider and Staff Training and Education	**Quality Improvement Webinar Training Series** - Ongoing series of webinars covering a wide range of quality improvement topics.	**Quality@lacare.org**
	Patient Experience Training Series - Customer service and patient experience training program provided by Sullivan-Luallin Group. Webinar series includes sessions for providers, managers, and staff.	**Quality@lacare.org**
	Provider Continuing Education Program - Accredited educational program consisting of Continuing Medical Education activities.	**ProviderContinuingEducation_ Mailbox@lacare.org**
	Cultural and Linguistic Training - Workshops available online for network providers.	**CulturalandLinguisticServices_ Mailbox@lacare.org**
Guidelines, Toolkits, Forms and Tips	**Preventive Health Guideline Brochures** - Available for free for providers and their offices.	**Quality@lacare.org**
	Clinical Practice Guidelines - Evidence based guidelines available to providers for use on various medical and behavioral conditions.	**Quality@lacare.org**
	Provider Toolkits - Over a dozen free toolkits for providers on topics ranging from medical and behavioral health to serving diverse populations.	**Quality@lacare.org**
	Patient Satisfaction Tips - Tips to help you increase patient satisfaction and maximize financial payout.	**Quality@lacare.org**
	Forms and Manuals - One-stop shop for L.A. Care provider manuals and commonly used forms.	**Quality@lacare.org**
	Cultural and Linguistic Resources - C&L toolkit, language poster, member language brochure, telephonic interpreting card. **Order through the L.A. Care Materials Portal**.	**CulturalandLinguisticServices_ Mailbox@lacare.org**
Pharmacy Services	**L.A. Care's Pharmacy Services** offers several resources and guidelines to assist you with prescribing medications to our members. There is a list of covered drugs, outlined steps to improve medication adherence and prescription drug prior authorizations.	**L.A. Care Customer Solutions Center Provider Unit: 1.866.522.2736**
Provider News and Advisories	**Stay up-to-date** with the latest information about policy and regulatory changes, education and training opportunities, as well as updates on clinical best practices in a bi-monthly email newsletter and quarterly print newsletter.	**Click here to subscribe online.**

Not sure who to contact?
Fill out this online form to be directed to the right department:
www.lacare.org/providers/provider-resources/tools-toolkits/hedis-resources/contact-us

1.866.522.2736

Member Outreach Calendar 2026

(Medi-Cal/Medicare/Commercial)

JANUARY	FEBRUARY	MARCH	APRIL
Live Outreach Calls	*Live Outreach Calls*	*Live Outreach Calls*	*Live Outreach Calls*
(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations
(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations
(OMW) Osteoporosis Management	(OMW) Osteoporosis Management	(OMW) Osteoporosis Management	(OMW) Osteoporosis Management
(PPC-2) Postpartum Care	(PPC-2) Postpartum Care	(PPC-2) Postpartum Care	(PPC-2) Postpartum Care
(W30B) Well Baby Visits	(W30B) Well Baby Visits	(W30B) Well Baby Visits	(W30B) Well Baby Visits
(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams
		(EED) Retinal Eye Exam	(EED) Retinal Eye Exam
(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls
(IHA) Initial Health Appointment	(IHA) Initial Health Appointment	(IHA) Initial Health Appointment	(IHA) Initial Health Appointment
Text Message Campaigns	*Text Message Campaigns*	*Text Message Campaigns*	*Text Message Campaigns*
(BCS) Breast Cancer Screening	(BCS) Breast Cancer Screening	(CBP) Controlling High Blood Pressure	(CBP) Controlling High Blood Pressure
(CCS) Cervical Cancer Screening	(CCS) Cervical Cancer Screening	(GSD) A1c Tests	(GSD) A1c Tests
(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)
(WCV) Well Child Exams	(WCV) Well Child Exams	(WCV) Well Child Exams	(WCV) Well Child Exams

MAY	JUNE	JULY	AUGUST
Live Outreach Calls	*Live Outreach Calls*	*Live Outreach Calls*	*Live Outreach Calls*
(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations
(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations
(OMW) Osteoporosis Management	(OMW) Osteoporosis Management	(OMW) Osteoporosis Management	(OMW) Osteoporosis Management
(PPC-2) Postpartum Care	(PPC-2) Postpartum Care	(PPC-2) Postpartum Care	(PPC-2) Postpartum Care
(W30B) Well Baby Visits	(W30B) Well Baby Visits	(W30B) Well Baby Visits	(W30B) Well Baby Visits
(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams
(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls
(IHA) Initial Health Appointment	(IHA) Initial Health Appointment	(IHA) Initial Health Appointment	(IHA) Initial Health Appointment
Text Message Campaigns	*Text Message Campaigns*	*Text Message Campaigns*	*Text Message Campaigns*
(BCS) Breast Cancer Screening	(BCS) Breast Cancer Screening	(CBP) Controlling High Blood Pressure	(CBP) Controlling High Blood Pressure
(CCS) Cervical Cancer Screening	(CCS) Cervical Cancer Screening	(GSD) A1c Tests	(GSD) A1c Tests
(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)
(WCV) Well Child Exams	(WCV) Well Child Exams	(WCV) Well Child Exams	(WCV) Well Child Exams

SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Live Outreach Calls	*Live Outreach Calls*	*Live Outreach Calls*	*Live Outreach Calls*
(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations	(CIS-10) Childhood Immunizations
(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations	(IMA-2) Adolescent Immunizations
(OMW) Osteoporosis Management	(OMW) Osteoporosis Management	(OMW) Osteoporosis Management	(OMW) Osteoporosis Management
(PPC-2) Postpartum Care	(PPC-2) Postpartum Care	(PPC-2) Postpartum Care	(PPC-2) Postpartum Care
(W30B) Well Baby Visits	(W30B) Well Baby Visits	(W30B) Well Baby Visits	(W30B) Well Baby Visits
(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams	(AWE) Annual Wellness Exams
(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls	(Rx) Pharmacy Metric Calls
(IHA) Initial Health Appointment	(IHA) Initial Health Appointment	(IHA) Initial Health Appointment	(IHA) Initial Health Appointment
Text Message Campaigns	*Text Message Campaigns*	*Text Message Campaigns*	*Text Message Campaigns*
(CBP) Controlling High Blood Pressure	(CBP) Controlling High Blood Pressure	(BCS) Breast Cancer Screening	(BCS) Breast Cancer Screening
(GSD) A1c Tests	(GSD) A1c Tests	(CCS) Cervical Cancer Screening	(CCS) Cervical Cancer Screening
(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)	(COL) Colorectal Cancer Screening (FOBT)
(WCV) Well Child Exams	(WCV) Well Child Exams	(WCV) Well Child Exams	(WCV) Well Child Exams

Text Message Verbiage: English Example: Hello, your [Insert IPA] healthcare provider wants you to call to schedule a health exam for [First name] at 818-702-1707 ext. 1835. Reply STOP to opt out.

Spanish Example: Hola, su proveedor de atencion medica de [IPA] quiere que llame para programar un examen para [First name] a 818-702-1707 ext. 2810. Responda STOP para parar mensajes. Reply STOP to opt out.

Calendar is subject to change   *   Members included in outreach campaigns have been approved by individual IPAs

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