American Specialty Health®

2025 Clinical Programs Annual Quality Improvement Evaluation (QI Evaluation) Executive Summary

(4Q2024 - 3Q2025)

American Specialty Health, Incorporated

American Specialty Health Plans of California, Inc.

American Specialty Health Group, Inc.

American Specialty Health Insurance Company

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Executive Summary

Vision of the Quality Improvement (QI) Program

The core vision of American Specialty Health (ASH) is to empower individuals to live healthier. To achieve the vision of transforming healthcare through the delivery of quality healthcare services through collaboration with providers, practitioners, and client partners, ASH will:

- Positively impact the delivery of healthcare by broadening the understanding and acceptance of specialty healthcare practitioners within the established healthcare community and third-party reimbursement system.
- Facilitate the integration of specialty healthcare, health improvement, population health, and integrative health care services into traditional health care management products.
- Promote evidence-based decision assist tools to support the delivery and management of specialty therapies to improve the health care choices made by members, practitioners, and client partners in the selection and delivery of clinically effective, cost-efficient healthcare services and products.
- Support the member experience and improve access through technology enabled platforms that allow for telehealth member engagement, patient education, and real time and asynchronous support for selected specialties and conditions as clinically appropriate. The purpose of the ASH virtual clinical programs is to enable live physical therapists with advanced virtual technology to support patient recovery that is low-cost, high-touch, convenient, and clinically effective.

Purpose of the QI Program

The purpose of American Specialty Health's annual Quality Improvement Evaluation (QI Evaluation) is to measure the effectiveness and summarize the accomplishments of the QI Program related to the quality of care, service, and safety provided to patients and identify opportunities for future improvements. The annual QI Evaluation reviews various aspects of the QI Program which include the Clinical Services Utilization Management (UM) Program, the Credentialing Program, Network Programs, Virtual Physical and Occupational Therapy Programs, and the Clinical Performance Program, captured through the QI Work Plan activities. The annual QI Evaluation process reviews and documents the overall effectiveness of the QI program, addresses the quality of clinical care and service, operational improvements, and summarizes the program activities and improvements accomplished throughout the year.

The annual QI Evaluation process identifies barriers encountered during the QI process to assist in identifying priorities, resources, and/or modified methodologies necessary to achieve established goals. This is an annual activity in which committees, departments, business owners, and workgroups analyze and evaluate the effectiveness of the prior year's QI Work Plan, which includes the following:

- Overall effectiveness of QI program
- QI goals and actions
- Quantitative and qualitative analysis
- Barriers and next steps
- Opportunities for Improvement

Philosophy of the QI Program

The QI Program defines the process for monitoring member quality of care and service. To achieve the goal of improved member clinical outcomes, pertinent data (aggregate and practitioner-specific data) are collected and analyzed by clinical committees to identify improvement opportunities, develop interventions, and measure outcomes. Data are collected through methods such as member surveys, medical record evaluations, clinical care studies, practitioner surveys, member appeals and grievances, and internal performance measurements extracted from ASH databases. To achieve the goals of service quality, data are collected and monitored by integrated committees against standardized internal and external performance standards. Quality improvement initiatives and priorities focus on areas where members have the greatest need and where the greatest potential to positively impact quality of service and healthcare service delivery to ASH members, providers, practitioners, and clients are identified.

The QI Program incorporates the scope of benefits, services, and activities provided by ASH. It is comprehensive, fully operational, and includes a description of the program, company mission, goals, and objectives throughout all operational areas, and reports on ASH's progress in meeting its goals and objectives.

ASH is committed to continuous quality improvement of the programs and services it offers to individuals. This purpose influences the QI program throughout ASH and incorporates cross-functional activities to monitor, review, and analyze outcomes of programs and policies that impact the quality of care and the quality of service including, but not limited to, the prevention, recognition, and management of adverse outcomes; patient safety; practitioner accessibility; and clinical and administrative services provided to members. The QI Program describes components of the clinical performance program designed to evaluate compliance by credentialed practitioners with ASH's standards of professional care and professionally recognized standards of practice related to services provided under the practitioner's scope of professional licensure and acceptable to ASH and its Quality Oversight Committee (QOC). The QI program supports and defines the mechanisms to improve the organization administrative processes, clinical services, and clinical activities in accordance with the corporate vision and mission.

Systems within the QI Program are designed to objectively measure, evaluate, monitor, and improve the processes related to the practitioner-member interaction, clinical services provided to members, and internal processes. The QI Program integrates clinical and operational management systems that support consistent compliance with protection of patient health and welfare, privacy and confidentiality of member information, and peer review information. These management systems meet state and federal security standards, meet or exceed accreditation standards, and meet client delegation requirements. Areas in need of improvement are identified, appropriate interventions are implemented, and improvement results are documented. The goal of these interventions is continuous quality improvement in clinical and administrative operations and the delivery of clinical services.

The ASH philosophy is based on the following quality improvement principles:
- Member-Centric;
- Outcomes-Based;
- Evidence-Based;
- Safe;
- Technology enabled;
- Virtual services enabled;
- Excellent service delivery;
- Integrity;
- Competency of staff;
- Caring;
- QI focused leadership;
- Monitoring accuracy and consistency;
- Measurement accuracy and reporting quality;
- Auditing for QI identification;
- Teamwork;
- Creativity; and
- Change management affinity.

Quality is defined by ASH as meeting or exceeding internal and external customer (e.g., member, client, accreditation entities, state and federal regulators) expectations and specifications at a cost that represents value to all applicable customers. ASH is committed to continuously improving the quality of member care and service through organization-wide collaborative planning in the oversight of clinical care, services, products, relevant measurement, and assessment of exiting processes to improve clinical outcomes.

The QI Program is designed to:
- Consistently meet or exceed the expectations of customers;
- Measure performance relative to industry standards, internal standards, and customer expectations;

- Identify and implement changes in processes and organizational structure based on gained experience;
- Continually improve the support of client, industry, and internally defined standards; and
- Objectively and systematically measure and monitor services offered by ASH and implement quality improvement activities based upon the findings.

Goals of the QI Program

The goals of ASH's QI Program are to:

- Improve member clinical outcomes, pertinent data (aggregate and practitioner-specific data) collected and analyzed by clinical committees to identify improvement opportunities, develop interventions, and measure outcomes.
- Achieve service quality goals, data will be collected and monitored by integrated committees against standardized internal and external performance standards.
- Quality improvement initiatives and priorities that focus on areas where members have the greatest need and where the greatest potential to positively impact quality of service and healthcare service delivery to ASH members, providers, practitioners, and clients.
- Continuously improve quality in clinical and administrative operations, and the delivery of clinical services. The outcome of these activities will result in improved member clinical outcomes, high member satisfaction, and high quality clinical and service delivery;
- Facilitate effective health improvement outcomes for the members who access services from an ASH credentialed practitioner;
- Deliver effective, evidence-based clinical decision making through the credentialing, medical necessity review, and quality management functions of the organization for the benefit of the member seeking covered health services;
- Improve consumer health by facilitating the integration of evidence-based specialty healthcare products, benefits, and services with conventional evidence-based healthcare in the support of health plans and third-party reimbursement;
- Continue expansion of education initiatives; teaching consumers, clients, practitioners, and staff regarding clinical aspects and benefits of specialty healthcare and evidence-based practices;
- Ensure appropriate member access and availability to practitioners that agree to ASH terms and conditions including, but not limited to, ASH clinical services program, administrative requirements, adherence to ASH policies, and that have been credentialed according to ASH's Credentialing Program;
- Make timely, responsive, clinically appropriate, and/or operationally accurate decisions to support quality assurance and medical necessity review, credentialing, clinical performance (quality) management, medical record documentation review, practitioner facility criteria, preventive health services, customer services, appeals and grievances management, claims management, and contract services;
- Provide quality management and improvement support related to clinical and operational processes, policy development, research, reporting, regulatory compliance, accreditation maintenance, and delegation audit management, including management of the interface between clinical quality and administrative operations;
- Serve our culturally and linguistically diverse membership or customers as mutually agreed upon and delegated by our health plan partners to promote health equity and inclusion;
- Provide educational support to employers, health plans, employee benefit consultants, and others on evidence-based healthcare for the efficacy, patient safety, and cost-effectiveness of services/interventions which are provided;
- Improve consumer access to and availability of evidence-based services provided by practitioners of chiropractic, physical therapy, occupational therapy, Virtual Physical Therapy and Occupational Therapy, speech therapy, acupuncture, therapeutic massage, naturopathy, nutritional services, podiatry, and other healthcare services added to ASH programs;
- Provide digital health technology solutions for members;
- Maintain accreditation and licenses, for clinical services and operations;
- Maintain delegated status by clients for services contracted from ASH;
- Continuously promote measurable, value-added improvement in the clinical and operational quality of services and products;
- Maintain high customer satisfaction through operational and service excellence, including maintaining at least 90% patient satisfaction;
- Maintain practitioner satisfaction and network stability through operational and service excellence;

- Develop and disseminate evidence-based clinical practice guidelines and best clinical practices and assist practitioners with implementation to continually improve the quality and safety of clinical services delivered by ASH practitioners;
- Support activities and programs that facilitate integration with allopathic medicine;
- Conduct research initiatives that are focused on the ASH vision and mission;
- Continue to enhance the consistency and reliability of the ASH clinical healthcare model;
- Monitor information received from practitioners and practitioners and takes appropriate action when suspicions of inappropriate or potentially fraudulent practices are discovered; and
- Protect participant's personal health information (PHI) conforming with relevant local, state and federal laws and regulations.

To fulfill this Mission, ASH:
- Provides educational support to employers, health plans, employee benefit consultants, and others on evidence-based healthcare for the efficacy, patient safety, and cost-effectiveness of services/interventions which are provided.
- Improves consumer access to and availability of evidence-based services provided by practitioners of chiropractic, physical therapy, occupational therapy, speech therapy, acupuncture, therapeutic massage, naturopathy, nutritional services, and other healthcare services added to ASH programs.
- Maintains accreditation, licenses, and certificates for clinical services and operations.
- Maintains delegated status by clients for services contracted from ASH.
- Continuously promotes measurable, value-added improvement in the clinical and operational quality of services and products.
- Maintains high customer satisfaction through operational and service excellence, including maintaining at least 90% patient satisfaction.
- Maintains practitioner satisfaction and network stability through operational and service excellence.
- Develops and disseminates evidence-based clinical practice guidelines and best clinical practices and assists practitioners with implementation to continually improve the quality and safety of clinical services delivered by ASH practitioners.
- Supports activities and programs that facilitate integration with allopathic medicine.
- Conducts research initiatives that are focused on the ASH vision and mission.
- Continues to enhance the consistency and reliability of the ASH specialty healthcare model.
- Monitors information received from practitioners and providers and takes appropriate action when suspicions of inappropriate or potentially fraudulent practices are discovered.
- Provides digital health technology and solutions for members.
- Protects participant's personal health information (PHI) conforming with relevant local, state, and federal laws and regulations.

The QI Program includes the following components: Clinical Services Utilization Management (UM) Program, Credentialing Program, Network Management Programs, Virtual Physical and Occupational Therapy Programs, and the Clinical Performance Program, which are described below.

Clinical Services Utilization Management(UM) Program

The Clinical Services Program (CS Program) defines the process for monitoring and evaluating treatment/services provided to members by credentialed practitioners. The CS Program provides a structured approach to positively influencing provider behavior toward conservative, evidence-based practices which may include verification of the medical necessity of diagnostic and treatment services delivered to members. This approach includes dissemination of clinical guidelines, peer-to-peer dialogue, peer review of data submitted on Medical Necessity Review Forms (MNR Forms) and supporting documents, and clinical decision communications that reference the applicable guidelines and clinical literature. The QI metrics and goals for the Clinical Services Utilization Management (UM) Program are detailed throughout the report. .

The goals of the CS Program is to enhance the quality of treatment/services rendered to members through:
- Direction and oversight of the continuity of treatment/services provided to the member;
- Detection of trends, patterns of performance, or potential problems related to member health and safety issues;

- Management of quality, clinical efficacy, and utilization of member benefits to encourage optimal clinical and cost effectiveness;
- Education of practitioners to utilize appropriate, efficient, and professionally recognized standards of practice for medically necessary care through the dissemination of standards and guidelines, educational materials, and through outreach by clinical staff;
- Assurance that clinical staff who verify the medical necessity of treatment/services are not compensated or given other incentives to make clinical adverse benefit determinations not for rendering decisions that encourage or result in under-utilization;
- Assurance that quality assurance and medical necessity review decisions are based on appropriateness of care and treatment/services; and
- Assurance that quality assurance and medical necessity review decisions are conducted consistently and according to professionally recognized standards of practice and ASH policy.

Credentialing Program

The ASH Credentialing Program maintains credentialed practitioners providing acupuncture, athletic trainer, chiropractic, massage therapy, naturopathic, nutrition, podiatry, occupational therapy, physical therapy, speech therapy, virtual physical therapy, virtual occupational therapy, and virtual speech therapy services. All practitioners wishing to provide these services must successfully meet credentialing requirements prior to participation with ASH. All practitioners must meet applicable educational requirements, having graduated from approved professional institutions or demonstrated appropriate training in the specified disciplines listed above.

Credentialed practitioners and ASH clinical staff whose job description requires licensure/certification/registration must demonstrate an on-going ability to meet credentialing standards, including the recredentialing process. Recredentialing is performed every 36 months, or more frequently as mandated by state regulations or delegation agreements.

State and federal regulations, including Department of Labor (DOL) standards, as well as national industry standards established by the National Committee for Quality Assurance (NCQA) and URAC are monitored continually to evaluate ASH's compliance with applicable standards. Health plan clients are notified, and regulatory filings are updated when policies are revised, as applicable.

ASH's organizational chart reflects the staff and reporting structures. Reporting relationships are clearly defined in the charters. The Credentialing Program has been established with input and active participation of key staff and management. The Credentialing Program is reviewed, assessed and approved annually and as necessary by the appropriate quality committees. Credentialing service activities and reports are integrated into the QI Program, QI Work Plan, and annual QI Evaluation to ensure continuous quality improvement. The Credentialing QI metrics and Goals are detailed throughout the report.

Network Management Program

The ASH Network Management Program is determined by ASH's Access and Availability guidelines which serve as the primary source for determining minimum availability and accessibility standards as they related to network practitioners. Through the use of Access and Availability guidelines, ASH works to constantly improve the effectiveness and efficiency of developing and ensuring the availability of practitioners to support members and health plan clients. ASH operates an "open access" model in which any qualified provider/practitioner can submit an application and signed agreement to join, regardless of current recruitment campaign activity.

ASH uses sufficiency standards when developing networks. ASH monitors availability on an ongoing basis to ensure members have adequate geographic availability of sufficient number of credentialed practitioners. ASH's availability standards meet the requirements and expectations of health plan customers, accrediting agencies, and state and federal regulators.

The Network Management Program has been established with input and active participation of key staff and management. The Network Management Program is reviewed, assessed and approved annually and as necessary by the appropriate quality committees. Network services activities and reports are integrated into the QI Program, QI Work Plan, and annual

QI Evaluation to ensure continuous quality improvement. The Network Management QI Metrics and goals are detailed throughout the report.

Virtual Physical & Occupational Therapy Program (VPT/OT)

The Virtual Physical & Occupational Therapy (VPT/OT) Program enables the use of live physical, occupational, and speech therapy with advanced technology to drive patient recovery that is low-cost, high touch, and convenient for the member. ASH VPT/OT program is designed to promote improved access to care, cost management, and quality of services by enabling flexible access to services. Eligible patients are able to receive virtual physical, occupational, and speech therapy services from an originating site, either their own home or other remote location, by connecting via an interactive telecommunications system with a VPT/OT provider located at a distant site.

The VPT/OT Program has been established with input and active participation of key staff and management. The VPT/OT Program is reviewed, assessed and approved annually and as necessary by the appropriate quality committees. VPT/OT services activities and reports are integrated into the QI Program, QI Work Plan, and Annual Quality Improvement Evaluation to ensure continuous quality improvement. The VPT/OT QI Metrics and goals are detailed throughout the report.

Overview of American Specialty Health, Incorporated

American Specialty Health Incorporated (ASH Incorporated) is a Delaware corporation, and with its wholly owned subsidiaries (the Company), was created to provide specialty healthcare services, with a primary emphasis on physical medicine; health and manual manipulation/mobilization benefit management; population health programs for weight management, tobacco cessation, healthy living, disease management for obesity, metabolic syndrome and pre-chronic conditions; and fitness and exercise programs. ASH Incorporated provides these products and services through its wholly owned subsidiaries.

ASH Incorporated's services include arranging for chiropractic, acupuncture, therapeutic massage, naturopathy, physical therapy, occupational therapy, speech therapy, podiatry, nutritional services, virtual services, and fitness and exercise services through contractual arrangements with health plans, employer groups and direct to consumer products and services. ASH Incorporated arranges for the delivery of these services by contracting directly with individual healthcare practitioners and fitness clubs. ASH Incorporated's other products include third-party administration services to employer groups and health plans, an "affinity" program, which provides discount access to ASH Incorporated's contracted practitioners and online tools, and population health programs.

Overview of American Specialty Health Committee Structure

The QI Program has been established with input and active participation of key staff and management. The ASH Committees, Key Process Teams (KPTs), and clinical peer committees effectively managed the activities included in the 2025 QI Work Plan. The committees meet on a regular basis to review Performance Measures including Routine Indicators, Routine Monitoring, QI Activities, and Quality Improvement Activity (QIA) Studies.

The Quality Oversight Committee (QOC) has responsibility for the development and oversight of the QI program. The Chief Health Services Officer (CHSO) is the executive sponsor of the QOC.

The QI program is reviewed, assessed, and approved annually. The responsibility for assessing and monitoring the quality of care and clinical services provided to members is delegated by the Board of Directors (BOD) to QOC. The QI program is reviewed and approved by the QOC, monitored by ASH senior management, and the outcomes are reported to the QOC and the Board of Directors at least annually.

American Specialty Health Committees/Teams (ASHG, ASHP, ASHIC, ASHD, Fitness)

Approved by CHSO: _DocuSigned by:_ (signature) 10/31/2025
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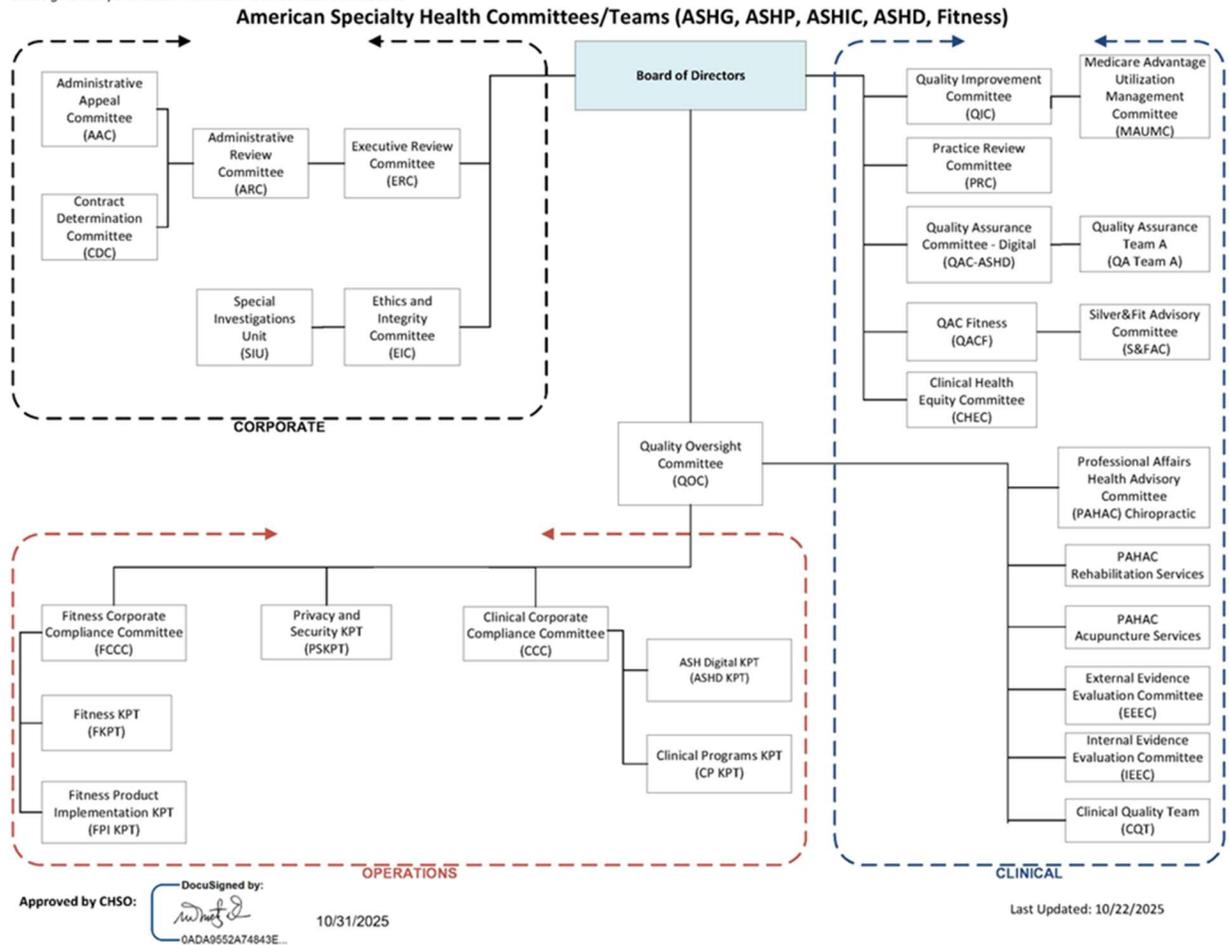
Oversight and Approval

The QI Program, Annual QI Work Plan and the Annual Quality Improvement Program Evaluation are reviewed, assessed, and approved annually by the QOC. On an ongoing basis, the QOC reviews and analyzes all reporting areas with regional leaders. The responsibility for assessing and monitoring the quality of care and clinical services provided to members is delegated by the Board of Directors (BOD) to QOC. The QI program is reviewed and approved by the QOC, monitored by ASH senior management, and the outcomes are reported to the QOC and the Board of Directors at least annually.

The QOC has responsibility for the development and oversight of the QI program. The CHSO is the executive sponsor of the QOC. The QOC includes the Senior Vice President, Clinical Services (VPCS), Senior Vice President, Rehabilitation Services, Senior Vice President of Health Services Administration(VPHSA), Senior Medical Directors, Vice President Virtual Physical Therapy, other senior management and at least one credentialed practitioner.

Overall Effectiveness of the QI Program

ASH has made significant improvements to its clinical and administrative operational infrastructure to provide high-quality service to its customers. Continuous advancements to technology and process improvements resulted in measurable improvements to performance and strengthened the operational capabilities for future growth. ASH reviews and evaluates the effectiveness of its UM, Credentialing, Networks, and VPT/OT programs. ASH consistently monitors and measures its performance, meeting or exceeding the goal of 90%, achieving 99% of the performance standards from 4Q 2024 to 3Q 2025 (See Summary Results for detailed results). To strengthen the efficiency and quality of internal processes and operations in support of our health care delivery systems, ASH continues to build alliances with clients, educational institutions, accreditation agencies, regulatory bodies, practitioner organizations, and other external customers in the

managed care and health care industries. ASH cross-functional partners collaborated effectively during the 2025 quality year.

ASH believes that being accredited, supporting our accredited health plan partners, and working with accrediting organizations in the development of standards is evidence that our quality program has enhanced and strengthened the patient and practitioner encounter while positively influencing clinical outcomes. Obtaining national accreditation through URAC and the National Committee for Quality Assurance (NCQA) demonstrates ASH's commitment to compliance with industry standards and regulators, and high-quality care and services to members, practitioners, and customers. ASH continues to maintain its full accreditation status since 1998.

Dedicated staff, analytical capabilities, data resources, and technology are allocated by the Board of Directors to support the corporate-wide QI Program. All employees are responsible for service excellence and improving the quality of assigned tasks and responsibilities. For 2025, the BOD provided adequate resources to support the ASH QI Program. Effectiveness of the QI program and its progress towards influencing safe clinical practices includes the following components:

- QOC and the QI Committees met consistently throughout the QI Year as part of their responsibilities for oversight of the QI Program.
- Practitioners participated in the QOC meetings to provide input and recommendations regarding the clinical care provided to members and the QI Program.
- ASH leadership are members of the QOC, including the Chief Health Services Officer (CHSO), Senior Vice President of Clinical Services (VPCS), Senior Vice President of Health Services Administration (VPHSA), Senior Medical Directors, other ASH leaders, and at least one credentialed practitioner.
- Based on the results of the 2025 annual QI Evaluation and QI Program, for 2025, there is no need to restructure or change the QI Program. Quality improvement opportunities are identified and are included in the 2025 QI Work Plan.

The following summaries provide an overview of the Quality Improvement Studies in progress, as well as key accomplishments, barriers, and QI opportunities relating to the QI Work Plan activities for 2025.

Confidentiality

The Quality Improvement Evaluation and all documents related to it are confidential and subject to all ASH confidentiality policies.

Results Summary

The Results Summary details the quarter and year-to-date outcomes that were monitored throughout the 2025 Quality Improvement year. For any activity that missed a review or a quarterly goal, the activity is analyzed for identification of potential barriers. The summary of the analysis can be found in the Barrier Analysis section of the QI Evaluation.

⬤ = All goals met ⬤ = Goal partially met ⬤ =Missed goal or review ⬤ = N/A

#	QI Activity	1Q25	2Q25	3Q25	4Q25
1	**QI Program**				
1.1	**Total Quality Management System**				
1.1.1	**Track Implementation of all QI (Quality Improvement) Opportunities from Previous Year's Evaluation**	⬤	⬤	⬤	⬤
1.1.2	**Business Owners to complete and Present New NCQA or URAC QIA Forms; Section I: Activity Selection and Methodology to Committee/Team**	⬤	⬤	⬤	⬤
1.1.3	**Annual QI Evaluation (2024 QI Year) and Work Plan creation (2025 QI Year) - Goal: Complete the QI Evaluation/ QI Work Plan and assess the overall effectiveness of the QI Program; obtain approval by QOC**	⬤	⬤	⬤	⬤
2	**QIA Admin**				
2.1	**Service**				
2.1.1a	**Increase Electronic Claim Auto-Adjudication Rates [Goal: ASHLink Auto-Adjudication = 75%]**	⬤	⬤	⬤	⬤
2.1.1b	**Increase Electronic Claim Auto-Adjudication Rates [Goal: Clearinghouse Auto-Adjudication = 55%]**	⬤	⬤	⬤	⬤
3	**Clinical QI Study**				
3.1	**Clinical Care**				
3.1.1	**Monitoring X-Ray utilization (Over Utilization)**	⬤	⬤	⬤	⬤
3.1.2	**Encouraging Practitioners to Support Tobacco Cessation with Patients [Goals: 1) ≥85% Practitioners "Always or Often" Ask about tobacco use; 2) ≤5% Practitioners "Never" Ask About Tobacco Use] 3) ≥60% of "Always" Instruct those who use tobacco to quit**	⬤	⬤	⬤	⬤
3.1.3	**Encouraging Practitioners to Promote Physical Activity**	⬤	⬤	⬤	⬤
3.1.4	**Peripheral Neuropathy QIA**	⬤	⬤	⬤	⬤
3.1.5	**Acunpuncture Member Experience QIA**	⬤	⬤	⬤	⬤
4	**Routine Indicator**				
4.1	**Service**				
4.1.1a	**Monitor Practitioner Inquiry Telephone Responsiveness [Goal: 30 seconds = 75%]**	⬤	⬤	⬤	⬤
4.1.1b	**Monitor Practitioner Inquiry Telephone Responsiveness [Goal: 60 seconds = 85%]**	⬤	⬤	⬤	⬤
4.1.1c	**Monitor Practitioner Inquiry Telephone Responsiveness [Goal: Avg speed = 30 secs.]**	⬤	⬤	⬤	⬤

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.1.1d	**Monitor Practitioner Inquiry Telephone Responsiveness** **[Goal: Abandonment rate = 5%]**	🟢	🟢	🟢	🟢
4.1.1e	**Monitor Practitioner Inquiry Telephone Responsiveness** **[Goal: Call blockage = 2%]**	🟢	🟢	🟢	🟢
4.1.1f	**Monitor Practitioner Inquiry Telephone Responsiveness (Unanswered Calls≤ 10 Minutes)** **[Goal: Report Wait Times ≤10 Minutes]**	🟢	🟢	🟢	🟢
4.1.2a	**Monitor Member Inquiry Telephone Responsiveness** **[Goal: 30 seconds = 80%]**	🟢	🟢	🟢	🟢
4.1.2b	**Monitor Member Inquiry Telephone Responsiveness** **[Goal: 60 seconds = 85%]**	🟢	🟢	🟢	🟢
4.1.2c	**Monitor Member Inquiry Telephone Responsiveness** **[Goal: Avg speed = 30 secs.]**	🟢	🟢	🟢	🟢
4.1.2d	**Monitor Member Inquiry Telephone Responsiveness** **[Goal Abandonment rate = 5%]**	🟢	🟢	🟢	🟢
4.1.2e	**Monitor Member Inquiry Telephone Responsiveness** **[Goal: Call blockage = 2%]**	🟢	🟢	🟢	🟢
4.1.2f	**Monitor Member Inquiry Telephone Responsiveness (Unanswered Calls < 10 Minutes)** **[Goal: Report Wait Times ≤10 Minutes]**	🟢	🟢	🟢	🟢
4.1.3	**Monitor Practitioner Inquiry Types by Call Logs to Identify Trends**	🟢	🟢	🟢	🟢
4.1.4	**Monitor Member Inquiry Types by Call Logs to Identify Trends**	🟢	🟢	🟢	🟢
4.1.5a	**Monitor Practitioner Inquiry Resolution Timeliness by Call Logs** **[Goal: Immediately = 75%]**	🟢	🟢	🟢	🟢
4.1.5b	**Monitor Practitioner Inquiry Resolution Timeliness by Call Logs** **[Goal: Within 1 Business Day = 80%]**	🟢	🟢	🟢	🟢
4.1.5c	**Monitor Practitioner Inquiry Resolution Timeliness by Call Logs** **[Goal: Within 2 Business Days = 85%]**	🟢	🟢	🟢	🟢
4.1.5d	**Monitor Practitioner Inquiry Resolution Timeliness by Call Logs** **[Goal: Within 5 Business Days = 90%]**	🟢	🟢	🟢	🟢
4.1.6a	**Monitor Member Inquiry Resolution Timeliness by Call Logs** **[Goal: Immediately = 80%]**	🟢	🟢	🟢	🟢
4.1.6b	**Monitor Member Inquiry Resolution Timeliness by Call Logs** **[Goal: Within 1 Business Day = 85%]**	🟢	🟢	🟢	🟢
4.1.6c	**Monitor Member Inquiry Resolution Timeliness by Call Logs** **[Goal: Within 2 Business Days = 90%]**	🟢	🟢	🟢	🟢
4.1.6d	**Monitor Member Inquiry Resolution Timeliness by Call Logs** **[Goal: Within 5 Business Days = 95%]**	🟢	🟢	🟢	🟢
4.1.7	**Monitor Member Administrative and Clinical Appeals Trends**	🟢	🟢	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.1.8	**Monitor Member Appeal Uphold Rate**	●	●	●	●
4.1.9	**Monitor Member Grievance Trends**	●	●	●	●
4.1.10a	**Monitor Timeliness of Member Grievance Acknowledgements and Resolution** **[Goal: Acknowledged within 5 calendar days = 90%]**	●	●	●	●
4.1.10b	**Monitor Timeliness of Member Grievance Acknowledgements and Resolution** **[Goal: Resolved within 30 calendar days = 90%]**	●	●	●	●
4.1.11a	**Monitor Timeliness of Member Appeals Acknowledgement and Resolution** **[Goal: Commercial & Medicare - Acknowledged within 5 calendar days = 90%]**	●	●	●	●
4.1.11b	**Monitor Timeliness of Member Appeals Acknowledgement and Resolution** **[Goal: Urgent (Commercial) & Expedited (Medicare) Appeals Resolved within 72 hours = 90%]**	●	●	●	●
4.1.11c	**Monitor Timeliness of Member Appeals Acknowledgement and Resolution** **[Goal: Pre-service Resolved within 15 calendar days = 90%]**	●	●	●	●
4.1.11d	**Monitor Timeliness of Member Appeals Acknowledgement and Resolution** **[Goal: Post-service (Commercial) & Routine (Medicare) Resolved within 30 calendar days = 90%]**	●	●	●	●
4.1.12	**Monitor Practitioner Administrative Appeal Trends**	●	●	●	●
4.1.13	**Monitor Timeliness of Practitioner Acknowledgement of Practitioner Appeals - ASHP** **[Goal: Acknowledged within 15 calendar days = 90%]**	●	●	●	●
4.1.14a	**Monitor Timeliness of Resolution of Practitioner Appeals** **[Goal: Pre-Service (Clinical) Resolved within 15 days = 90%]**	●	●	●	●
4.1.14b	**Monitor Timeliness of Resolution of Practitioner Appeals** **Goal: Post-Service (Admin & Clinical) Resolved within 30 calendar days = 90%]**	●	●	●	●
4.1.15a	**Monitor MNR Form Decision-making Timeliness and TAT** **[Goal: Clinical decision making (Commercial): pre-service within 2 business days = 93%]**	●	●	●	●
4.1.15b	**Monitor MNR Form Decision-making Timeliness and TAT** **[Goal: Clinical decision making (Commercial): post-service within 30 calendar days = 95%]**	●	●	●	●
4.1.15c	**Monitor MNR Form Decision-making Timeliness and TAT** **[Goal: Clinical decision making (Medicare): pre-service within 14 calendar days = 95%]**	●	●	●	●
4.1.15d	**Monitor MNR Form Decision-making Timeliness and TAT** **[Goal: Clinical decision making (Medicare): post-service within 14 calendar days = 95%]**	●	●	●	●
4.1.16a	**Monitor MNR Form Member Notification Timeliness and TAT** **[Goal: Member notification (Commercial & Medicare): pre-service within 2 business days = 95%]**	●	●	●	●
4.1.16b	**Monitor MNR Form Member Notification Timeliness and TAT** **[Goal: Member notification (Commercial & Medicare): post-service within 5 business days = 95%]**	●	●	●	●

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.1.17a	**Monitor MNR Form Practitioner Notification Timeliness and TAT** [Goal: practitioner notification (Commercial & Medicare): pre-service within 1 business day = 95%]	🟢	🟢	🟢	🟢
4.1.17b	**Monitor MNR Form Practitioner Notification Timeliness and TAT** [Goal: practitioner notification (Commercial & Medicare): post-service within 1 business day = 95%]	🟢	🟢	🟢	🟢
4.1.18a	**Monitor MNR Form Processing Timeliness for Priority States/Clients** [Goal: processing = 90% Client]	🟢	🟢	🟢	🟢
4.1.18b	**Monitor MNR Form Processing Timeliness for Priority States/Clients** [Goal: processing = 100% Priority States]	🟢	🟢	🟢	🟢
4.1.19a	**Monitor Claims Processing Timeliness** [Goal: commercial within 15 calendar days = 80%]	🟢	🟢	🟢	🟢
4.1.19b	**Monitor Claims Processing Timeliness** [Goal: commercial within 25 calendar days = 95%]	🟢	🟢	🟢	🟢
4.1.19c	**Monitor Claims Processing Timeliness** [Goal: commercial within 30 calendar days = 99%]	🟢	🟢	🟢	🟢
4.1.19d	**Monitor Claims Processing Timeliness** [Goal: Medicare (unaffiliated) within 30 calendar days = 97%]	🟢	🟢	🟢	🟢
4.1.19e	**Monitor Claims Processing Timeliness** [Goal: Medicare (all other) within 60 calendar days = 97%]	🟢	🟢	🟢	🟢
4.1.20a	**Monitor CBR Claims Processing Timeliness** [Goal: Received to Post within 9 Days = 90%]	🟢	🟢	🟢	🟢
4.1.20b	**Monitor CBR Claims Processing Timeliness** [Goal: Received to Paid within 30 Days = 96%]	🟢	🟢	🟢	🟢
4.1.20c	**Monitor CBR Claims Processing Timeliness** [Goal: Post to 837 File Sent within 1 Business Day = 95%]	🟢	🟢	🟢	🟢
4.1.20d	**Monitor CBR Claims Processing Timeliness** [Goal: Last Receipt to Date Paid in 7 Days = 90%]	🟢	🟢	🟢	🟢
4.1.20e	**Monitor 2-Step Claims Processing Timeliness** [Goal: Received to Post within 9 Days = 90%]	🟢	🟢	🟢	🟢
4.1.20f	**Monitor 2-Step Claims Processing Timeliness** [Goal: Received to Paid within 30 Days = 96%]	🟢	🟢	🟠	🟢
4.1.20g	**Monitor 2-Step Claims Processing Timeliness** [Goal: Post to 837 File Sent within 1 Business Day = 95%]	🟢	🟢	🟢	🟢
4.1.20h	**Monitor 2-Step Claims Processing Timeliness** [Goal: Last Receipt to Date Paid in 7 Days = 90%]	🟢	🟢	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.1.21	**Monitor Claims Re-pricing Timeliness** [Goal: Commercial & Medicare within 7 business days = 90%]	🟢	🟢	🟢	🟢
4.1.22a	**Monitor Claims Processing Denial Letter Timeliness** [Goal: Commercial within 30 calendar days = 99%]	🟢	🟢	🟢	🟢
4.1.22b	**Monitor Claims Processing Denial Letter Timeliness** [Goal: Medicare within 60 calendar days = 98%]	🟢	🟢	🟢	🟢
4.1.23a	**Monitor Claims Processing Accuracy** [Goal: coding accuracy = 98%]	🟢	🟢	🟢	🟢
4.1.23b	**Monitor Claims Processing Accuracy** [Goal: payment accuracy = 95%]	🟢	🟢	🟢	🟢
4.1.23c	**Monitor Claims Processing Accuracy** [Goal: financial accuracy = 99%]	🟢	🟢	🟢	🟢
4.1.24	**Monitor Complaints Regarding the Website for ASHLink.com**	🟢	🟢	🟢	🟢
4.1.25	**Monitor Website Performance Indicators for ASHLink.com**	🟢	🟢	🟢	🟢
4.1.26	**Evaluate Appropriateness of External Website Links for ASHLink.com**	🟢	🟢	🟢	🟢
4.1.27	**Evaluate Functionality of Website Links for ASHLink.com**	🟢	🟢	🟢	🟢
4.1.28	**Quarterly Complete National Verification of Practitioner Data to Ensure Accuracy**	🟢	🟢	🟢	🟢
4.1.29	**Perform Assessment of On-Line Provider Listings to Ensure Usability and Usefulness Every Three Years (Assessment most recently performed in 2023)**	⚫	⚫	⚫	🟢
4.1.30a	**Review ASHLink Terms & Conditions at least quarterly for updates. Communicate changes to the Contracts Team. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢
4.1.30b	**Review the business uses in the ASHLink Privacy Statement at least quarterly and upon business changes/product development. Communicate changes to business uses to the Privacy Office and train impacted departments on the changes. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢
4.1.31a	**Review Choosehealthy Terms & Conditions and Privacy Statement [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢
4.1.31b	**Review the business uses in the Choosehealthy Privacy Statement at least quarterly and upon business changes/product development. Communicate changes to business uses to the Privacy Office and train impacted departments on the changes. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢
4.1.32a	**Review ASHCare Terms & Conditions at least quarterly for updates. Communicate changes to the Contracts Team. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢
4.1.32b	**Review the business uses in the ASHCare Privacy Statement at least quarterly and upon business changes/product development. Communicate changes to business uses to the Privacy Office and train impacted departments on the changes. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢
4.1.34	**Meet with business owners to have them confirm accuracy and completeness of disclosures in the product privacy statements. Business owners to implement any necessary edits. [Goal: Quarterly Review]**	🟢	🟢	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.2	**Practitioner Contracting/Communications**				
4.2.1a	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access - Suburban/Urban - Chiropractic]**	🟢	🟢	🟢	🟢
4.2.1b	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access -Rural - Chiropractic]**	🟢	🟢	🟢	🟢
4.2.1c	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access - Suburban/Urban - Acupuncture]**	🟢	🟢	🟢	🟢
4.2.1d	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access -Rural - Acupuncture]**	🟢	🟢	🟢	🟢
4.2.1e	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access - Suburban/Urban - Naturopathy]**	🟢	🟢	🟢	🟢
4.2.1f	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access -Rural - Naturopathy]**	🟢	🟢	🟢	🟢
4.2.1g	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access - Suburban/Urban - Nutrition Services]**	🟢	🟢	🟢	🟢
4.2.1h	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access -Rural - Nutrition Services]**	🟢	🟢	🟢	🟢
4.2.1i	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access - Suburban/Urban - Physical Therapy/Occupational Therapy]**	🟢	🟢	🟢	🟢
4.2.1j	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access -Rural - Physical Therapy/Occupational Therapy]**	🟢	🟢	🟢	🟢
4.2.1k	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access - Suburban/Urban - Therapeutic Massage]**	🟢	🟢	🟢	🟢
4.2.1l	**Monitor Geographic Availability of Practitioners** **[Goal = 90% Members with Desired Access -Rural - Therapeutic Massage]**	🟢	🟢	🟢	🟢
4.2.2a	**Monitor Credentialing and Re-credentialing Approval Rates - Aggregate**	🟢	🟢	🟢	🟢
4.2.2b	**Monitor Credentialing and Re-credentialing Approval Rates - Chiropractic**	🟢	🟢	🟢	🟢
4.2.2c	**Monitor Credentialing and Re-credentialing Approval Rates - Acupuncture**	🟢	🟢	🟢	🟢
4.2.2d	**Monitor Credentialing and Re-credentialing Approval Rates - Therapeutic Massage**	🟢	🟢	🟢	🟢
4.2.2e	**Monitor Credentialing and Re-credentialing Approval Rates - Nutrition Services**	🟢	🟢	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.2.2f	**Monitor Credentialing and Re-credentialing Approval Rates - Naturopathy**	●	●	●	●
4.2.2g	**Monitor Credentialing and Re-credentialing Approval Rates - Occupational Therapy**	●	●	●	●
4.2.2h	**Monitor Credentialing and Re-credentialing Approval Rates - Physical Therapy**	●	●	●	●
4.2.2i	**Monitor Credentialing and Re-credentialing Approval Rates - Speech Therapy**	●	●	●	●
4.2.3a	**Monitor Credentialing Timeliness by Specialty** **[Goal: Primary verifications completed in 180 calendar days = 98%]**	●	●	●	●
4.2.3b	**Monitor Credentialing Timeliness by Specialty** **[Goal: Attestations completed in 180 calendar days = 97%]**	●	●	●	●
4.2.3c	**Monitor Credentialing Timeliness by Specialty** **[Goal: Notifications completed in 10 business days = 95%]**	●	●	●	●
4.2.4a	**Monitor Recredentialing Timeliness by Specialty - Chiropractic** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4b	**Monitor Recredentialing Timeliness by Specialty - Acupuncture** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4c	**Monitor Recredentialing Timeliness by Specialty - Therapeutic Massage** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4d	**Monitor Recredentialing Timeliness by Specialty - Nutrition Services** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4e	**Monitor Recredentialing Timeliness by Specialty - Naturopathy** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4f	**Monitor Recredentialing Timeliness by Specialty - Occupational Therapy** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4g	**Monitor Recredentialing Timeliness by Specialty - Physical Therapy** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.4h	**Monitor Recredentialing Timeliness by Specialty - Speech Therapy** **[Goal: % completed within TAT = 95%]**	●	●	●	●
4.2.5	**Monitor Mid-cycle Verification Outcomes**	●	●	●	●
4.2.6a	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Aggregate**	●	●	●	●
4.2.6b	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Chiropractic**	●	●	●	●
4.2.6c	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Acupuncture**	●	●	●	●

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.2.6d	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Therapeutic Massage**	🟢	🟢	🟢	🟢
4.2.6e	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Nutrition Services**	🟢	🟢	🟢	🟢
4.2.6f	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Naturopathy**	🟢	🟢	🟢	🟢
4.2.6g	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Occupational Therapy**	🟢	🟢	🟢	🟢
4.2.6h	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Physical Therapy**	🟢	🟢	🟢	🟢
4.2.6i	**Monitor Practitioners Administrative Corrective Action Plans (CAPs) Trends by Specialty - Podiatry**	🟢	🟢	🟢	🟢
4.2.7a	**Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% DC]**	🟢	🟢	🟢	🟢
4.2.7b	**Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% LAc]**	🟢	🟢	🟢	🟢
4.2.7c	**Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% ND]**	🟢	🟢	🟢	🟢
4.2.7d	**Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% NS]**	🟢	🟢	🟢	🔴
4.2.7e	**Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 15% PT-OT]**	🟢	🟢	🟢	🟢
4.2.7f	**Monitor Practitioners Turnover Rate For All Specialties [Goal: YTD Turnover ≤ 20% MT]**	🟢	🟢	🟢	🟢
4.2.8a	**Monitor Practitioner Compliance with Member Access Standards for Appointments (Secret Shopper) - ASHG [Goal: Practitioners Compliant with Member Access Standards for Appointments = 90%]**	🟢	⚫	⚫	⚫
4.2.8b	**Monitor Practitioner Compliance with Member Access Standards for Appointments (Secret Shopper) - ASHP [Goal: Practitioners Compliant with Member Access Standards for Appointments = 90%]**	🟢	⚫	⚫	⚫
4.2.9	**Monitor Member Grievances for Access to Appointments [Goal = ≤3 Complaints per 1,000 Members]**	🟢	🟢	🟢	🟢
4.2.10	**Review Practitioner Availability and Accessibility Results with ASH Client Services and Regulatory Compliance teams to determine need for regulatory filings and health plan notifications (ASHP and ASHG)**	🟢	🟢	🟢	🟢

#	QI Activity	Comm/ Team	Business Owner	1Q25	2Q25	3Q25	4Q25
4.2.11	Monitor Requests for MOU and Out of Network Services	PCCKPT	K. Ehman	🟢	🟢	🟢	🟢
4.2.12	Evaluation of member access complaints, requests for out of network services, and member experience (Annual CAHPS survey)	PCCKPT	N. Vonderheide/ M. Lloyd/ H. Gray	⚫	🟢	🟢	🟢
4.3	**Care and Service**						
4.3.1a	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Chiropractic - California]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.1b	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Chiropractic - National]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.1c	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Acupuncture - California]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.1d	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Acupuncture - National]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.1e	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Naturopathy]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.1f	Monitor Patient Satisfaction using CAHPS/ASH tool [Goal: 90% Patient Satisfaction - Therapeutic Massage]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.2	Monitor Practitioner Satisfaction	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.3a	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Chiropractic - California]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.3b	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Chiropractic - National]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟡
4.3.3c	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Acupuncture - California]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.3d	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Acupuncture - National]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🔴
4.3.3e	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Naturopathy]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🔴
4.3.3f	Monitor Practitioner Satisfaction with UM processes [Goal: 70% Practitioner Satisfaction - Therapeutic Massage]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.3.3g	Monitor Practitioner Satisfaction Physical Therapy/Occupational Therapy [Goal: 70% Practitioner Satisfaction - PT/OT]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.4	**Clinical Care**						
4.4.1a	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Chiropractic - California]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.4.1b	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Chiropractic - National]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.4.1c	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Acupuncture - California]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.4.1d	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Acupuncture - National]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.4.1e	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Naturopathy]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢
4.4.1f	Monitor Patient Satisfaction with UM Processes [Goal: 90% Patient Satisfaction - Therapeutic Massage]	CQT	K. Green/ M. Lohnes	⚫	⚫	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.4.3a	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90%- Chiropractic]	⚫	⚫	🟢	🟢
4.4.3b	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90% -Acupuncture]	⚫	⚫	🟢	🟢
4.4.3c	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90% - Therapeutic Massage]	⚫	⚫	🟢	🟢
4.4.3d	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90% - Naturopathy]	⚫	⚫	🟢	🟢
4.4.3e	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90% - Rehab]	⚫	⚫	🟢	🟢
4.4.3f	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90%-Podiatry]	⚫	⚫	⚫	⚫
4.4.3g	**Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making** [Aggregate Goal: Clean Cases = 90% - Speech]	⚫	⚫	⚫	⚫
4.4.4	**Monitor Trends in Practitioner Clinical Corrective Action Plans (CAPs)**	🟢	🟢	🟢	🟢
4.4.5	**Monitor Trends in Member Clinical Grievances Issues**	🟢	🟢	🟢	🟢
4.4.6	**Monitor Trends in Practitioner Clinical Appeals**	🟢	🟢	🟢	🟢
4.4.7	**Monitor Impact of CPS on Average Office Visit and X-ray Utilization Rates**	🟢	🟢	🟢	🟢
4.4.8	**Monitor CPS Criteria and Tier Participation**	⚫	🟢	⚫	🟢
4.4.9	**Monitor MNR Form Clinical Non-Approval (Denial) & Partial Approval Rates**	🟢	🟢	🟢	🟢
4.5	**Delegation**				
4.5.1	**Monitor Timeliness of Claims Processing monthly Reports to Clients** [Goal: % reported within timeline = 95%]	🟢	🟢	🟢	🟢
4.5.2	**Monitor Timeliness of Eligibility File Loading** [Goal: % clean files loaded within 3 business days = 95%]	🟢	🟢	🟢	🟢
4.5.3	**Monitor Mission-critical System Availability** [Goal: % available = 99.5%]	🟢	🟢	🟢	🟢
4.5.4	**Monitor Website Availability for ASHLink** [Goal = 99.5% Uptime]	🟢	🟢	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
4.5.5a	**Report Quality of Care Immediate Terminations to Health Plan Clients** **[Goal = 90% in 2 business days]**	🟢	🟢	🟢	🟢
4.5.5b	**Report Quality of Care Immediate Terminations to Health Plan Clients** **[Goal = 100% in 5 business days]**	🟢	🟢	🟢	🟢
4.5.6	**Ensure Timely Response to Delegation CAPs and Recommendations [Goal: 95% responded to within the agreed upon timeframes]**	🟢	🟢	🟢	🟢
4.6	**Regulatory**				
4.6.1	**Confirm Completion of Staff by Entity Analysis and Coordinate Staffing Adjustments Accordingly**	⚫	⚫	⚫	🟢
5	**Routine Monitoring**				
5.1	**Service**				
5.1.1a	**Monitor Language Assistance Service for Compliance and Effectiveness - California (Delegated Business)** **• Staff Training [Goal: 100% ≤ 30 days]**	🟢	🟢	🟢	🟢
5.1.1b	**Monitor Language Assistance Service for Compliance and Effectiveness - California (Delegated Business)** **• Practitioner Communications [Goal: Bi-monthly Newsletter – 100% - every 2 months]**	🟢	🟢	🟢	🟢
5.1.1c	**Monitor Language Assistance Service for Compliance and Effectiveness - California (Delegated Business)** **• Volume and languages utilized for interpretation services [Goal: 100% < 8 minutes]**	🟢	🟢	🟢	🟢
5.1.1d	**Monitor Language Assistance Service for Compliance and Effectiveness - California (Delegated Business)** **• Volume, languages requested, and turnaround time for translation services [Goal: 100% TAT <21 days]**	🟢	🟢	🟢	🟢
5.1.1e	**Monitor Language Assistance Service for Compliance and Effectiveness - California (Delegated Business)** **• Language assistance related complaints and grievances**	🟢	🟢	🟢	🟢
5.1.2a	**Monitor Language Assistance Service for Compliance and Effectiveness- Non-CA (ACA)** **• Staff Training [Goal: 100% ≤ 30 days]**	🟢	🟢	🔴	🟢
5.1.2b	**Monitor Language Assistance Service for Compliance and Effectiveness- Non-CA (ACA)** **• Practitioner Communications [Goal: Bi-monthly Newsletter – 100% - every 2 months]**	🟢	🟢	🟢	🟢
5.1.2c	**Monitor Language Assistance Service for Compliance and Effectiveness- Non-CA (ACA)** **• Volume and languages utilized for interpretation services [Goal: 100% < 8 minutes]**	🟢	🟢	🟢	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
5.1.2d	**Monitor Language Assistance Service for Compliance and Effectiveness- Non-CA (ACA)** • Volume, languages requested, and turnaround time for translation services [Goal: 100% TAT <21 days]	🟢	🟢	🟢	🟢
5.1.2e	**Monitor Language Assistance Service for Compliance and Effectiveness- Non-CA (ACA)** • Language assistance related complaints and grievances	🟢	🟢	🟢	🟢
5.1.3	**Educate Practitioners and Staff on Serving a Culturally and Linguistically Diverse Membership Population.**	⚫	⚫	🟢	🟠
5.1.4	**Monitor ASHLink Network Search Accessibility (Goal: Monitor and Remediate Issues Timely)**	🟢	🟢	🟢	🟢
5.1.7	**Monitor ASHcare Accessibility (Goal: Monitor and Remediate Issues Timely)**	🟢	🟢	🟢	🟢
5.2	**Practitioner Contracting/Communications**				
5.2.1	**Obtain Letters Verifying State Licensing Entities Perform Education Verification Prior to Licensing**	⚫	⚫	🟢	🟢
5.2.2	**CP KPT Review of QI activity, including the Practitioner Satisfaction Survey Results to Identify QI activities**	🟢	🟢	🟢	🟢
5.2.3	**Monitor Practitioner Involvement in Education Activities**	🟢	🟢	🟢	🟢
5.3	**Clinical Care**				
5.3.1	**Report Evidence Evaluation Committee Review of Techniques or Procedures**	⚫	⚫	⚫	🟢
5.3.2	**Conduct PAHAC Meetings** [Goal: Schedule Semi-annual meetings (2 Chiropractic; 2 PTOT; 2 ACU)]	🟢	🟢	🟢	🟢
5.3.3	**Report Coordination of Patient Care (Medical Co-Management/Patient Safety)**	🟢	🟢	🟢	🟢
5.3.4	**Over-utilization -- Monitor and Report Potential Over-Utilization Annually**	🟢	🟢	🟢	🟢
5.3.5	**Under-Utilization -- Monitor Potential Under-Utilization Annually Through a Member Functional Outcome Survey**	⚫	⚫	🟢	🟢
5.3.6	**Under-Utilization -- Monitor Potential Under-Utilization Annually Through a Focused Survey**	🟢	⚫	🟢	⚫
5.3.7a	**Monitor Timely Completion of Annual Review of Non-Clinical Practice Guidelines** [Goal: 98% within established timeframes]	🟢	🟢	🟢	🟢
5.3.7b	**Monitor Timely Completion of Annual Review of Clinical Practice Guidelines (CPGs)** [Goal: 98% within established timeframes]	🟢	🟢	🟢	🟢

5.3.8	Monitor Scope of Practice Regulations for all Contracted Practitioner Types and Implement Applicable Updates as Necessary	🟢	🟢	🟢	🟢
5.5.8	Perform Random Quality Assurance Audits of Medical Doctor Files to Verify Accuracy of Data via NPDB Query	🟢	🟢	🟢	🟢
5.6	**Regulatory**				
5.6.1	Monitor Training Completion and Compliance for Staff (ASH Employees. Temporary Employees, Seasonal Employees, Interns, Volunteers & Board of Directors) for: 1) Fraud, Waste and Abuse Training; 2) Privacy and Security Training; and 3) Code of Conduct and General Compliance/Conflict of Interest Training.	🟢	🟢	🟢	🟢
5.6.2	Monitor Training Completion and Compliance for Practitioners/Providers & Delegates for: 1) Exclusion Checks 2) CMS Required Training—General Compliance and Fraud, Waste and Abuse; and 3) Code of Conduct/Conflict of Interest.	🟢	🟢	🟢	🟢
5.6.3	Track and Report Regulatory Complaints and Non-Routine Inquiries	🟢	🟢	🟢	🟢
5.6.4a	Conduct Exclusion Screenings for staff (ASH Employees, Temporary Employees, Seasonal Employees, Interns, Volunteers, Consultants, & Board of Directors & Shareholders) prior to hire, contracting, or appointment in accordance with RC29. [Goal = Complete Monthly Check]	🟢	🟢	🟢	🟢
5.6.4b	Conduct Exclusion Screenings for staff (ASH Employees, Temporary Employees, Seasonal Employees, Interns, Volunteers, Consultants, & Board of Directors & Shareholders) on a monthly basis in accordance with RC29. [Goal = Complete Monthly Check]	🟢	🟢	🟢	🟢
5.6.5a	Monitor and Report on all Required Federal Exclusion List and State Medicaid Lists Tracking for Government Program Affiliates (Contracted Practitioners, Delegates & Vendors, as applicable) prior to hire, contracting, or appointment in accordance with RC29. [Goal = Complete Monthly Check]	🟢	🟢	🟢	🟢
5.6.5b	Monitor and Report on all Required Federal Exclusion List and State Medicaid Lists Tracking for Government Program Affiliates (Contracted Practitioners, Delegates & Vendors, as applicable) on a monthly basis in accordance with RC29. [Goal = Complete Monthly Check]	🟢	🟢	🟢	🟢
5.6.6	Monitor and Report on Quarterly Compliance Office Reports Sent to the Board of Directors [Goal: Quarterly Submission of Reports]	🟢	🟢	🟢	🟢
5.6.7	Monitor and Report on Quarterly Compliance Reports Sent to the Ethics & Integrity Committee [Goal: Quarterly Submission of Reports]	🟢	🟢	🟢	🟢
5.6.8	Submit Exhibit J Updates to DMHC as required (California)	⚫	🟢	⚫	🟢
5.6.10	Monitor Member Grievances Related to Caltrans Road Closures To Determine Recruitment Needs to Support the California Department of Insurance (CDI) Access Standards	🟢	🟢	🟢	🟢
5.6.11	Review Federal and State Language Assistance Program Requirements for Changes	🟢	🟢	🟢	🟢
5.6.12	Complete annual review of the ASH Language Assistance Training Program (ASH Employees and Contracted Practitioners)	⚫	⚫	⚫	🟢

#	QI Activity	1Q25	2Q25	3Q25	4Q25
6	**Virtual Physical Therapy /Occupational Therapy (VPTOT)**				
6.1	**Virtual Physical Therapy Occupational Therapy (VPTOT) Network Buildout** [Goal: At least 2 credentialed and appropriately licensed VPT providers for all 50 states]	⚫	🟢	⚫	🟢
6.2	**VPTOT Patient Experience: Monitor VPTR Patient Service Quality** [Goal: To build survey tool(s) and methodology for future survey reporting]	🟢	🟢	⚫	🟢
6.2.1	**VPTOT Patient Experience: Monitor VPTOT Patient Care** [Goal: To build survey tool(s) and methodology for future survey reporting]	🟢	🟢	⚫	🟢
6.3	**VPTOT Provider Experience Survey** [Goal: To build survey tool(s) and methodology for future survey reporting]	🟢	⚫	⚫	🟢
6.4	**VPTOT Client Satisfaction Assessment** [Goal: To build survey tool(s) and methodology for future survey reporting]	🟢	🟢	⚫	🟢
6.5	**Monitoring Quality of Care (Adverse events, complaints, and grievances)** [Goal: Monitor and Report]	🟢	🟢	🟢	🟢
6.6	**Develop Reporting for VPTOT Performance Measures** [Goal: Monitor and Report]	🟢	🟢	🟢	🟢

Quality Improvement Activity Trends in 2025

ASH Clinical Programs QI Work Plan for 2025 overall, year-to-date (YTD), achieved **99%** of the QI Work Plan activities goals (routine indicators and routine monitoring). There was a total of 249 unique QI Work Plan activities from the following categories:

- **Total Quality Management (TQM)** – this section includes recommendations/ QI Opportunities from the prior work plan year that are tracked and trended in the current year (3 Metrics).
- **Quality Improvement Activities (QIA)** – Formal hypothesis-driven studies that address opportunities for error reduction or performance improvement. Studies chosen are highly relevant to clinical or administrative core processes, or accreditation standards, industry requirements, or member risk and safety (6 Quality Improvement Studies).
- **Routine Indicators** – Key metrics that measure effectiveness of the major processes within ASH (172 Metrics).
- **Routine Monitors** – Periodic activities that ensure compliance with delegation, accreditation, and regulatory requirements (68 Metrics).

Quality Improvement activities are monitored throughout the year. ASH Clinical Programs met or exceeded **99%** of the performance standards in aggregate for Routine Indicator and Routine Monitoring activities from 4Q 2024 to 3Q 2025. These impressive results were up by 4% from the previous Quality Improvement years, which met 95% of goals in 2024. When a quality improvement initiative, routine indicator, or routine monitoring activity does not meet its expected goal, the project is analyzed for identification of potential barriers. Barriers focus on variables such as alternate or improved processes, modifications in policy or process, member and/or practitioner education, or other manners to obtain improved performance.

Data:
The following tables illustrate the quality improvement activity trends observed for goals met or missed by category during the 2025 QI Work Plan year:

Table 1: 2025 QI Routine Indicators

Category	Total Goals	Missed/ Partially Missed Goals	Goals Met	% Met by Category
Service	301	1	300	99%
Practitioner Contracting/ Communications	205	1	204	99%
Care and Service	28	3	25	89%
Clinical Care	44	0	44	100%
Delegation	28	0	28	100%
Regulatory	1	0	1	100%
Aggregate Total	**607**	**5**	**602**	**99%**

Table 2: 2025 QI Routine Monitoring - Results

Category	Total Goals	Missed Goals	Goals Met	%Met by Category
Service	54	2	52	96%
Practitioner Contracting/ Communications	10	0	10	100%
Clinical Care	45	0	45	100%
Accreditation	24	0	24	100%
Delegation	19	1	18	95%
Regulatory	47	0	47	100%
Virtual Physical Therapy & Occupational Therapy (VPT/OT)	21	0	21	100%
Aggregate Total	**220**	**3**	**217**	**99%**

Grand Total Aggregate	**827**	**8**	**819**	**99%**

*A goal is considered as any action required to be carried out or taken for a Quality Improvement activity in each quarter. For example, each Quality Improvement activity can have up to four individual goals (4 quarters) in a given reporting year.

Percent of QI Activities Meeting Goals Three Year Trend - Aggregate Annual Results

% QI Goals Met (2023- 2025)
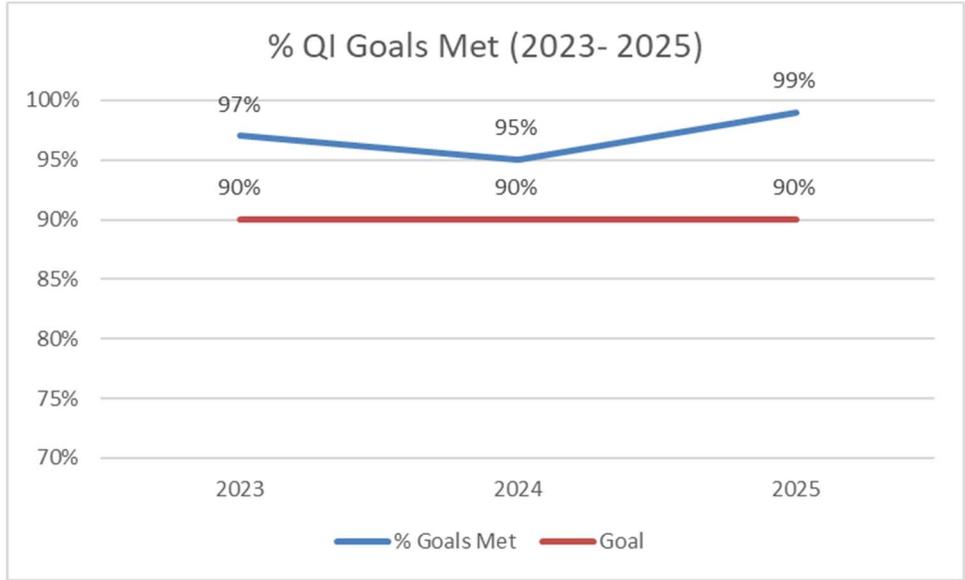
QI Opportunities Identified in the 2024 Annual QI Evaluation; Completed in 2025 QI Year

Upon evaluation of the 2025 QI Work Plan activities, including barriers and opportunities for improvement, the following QI Opportunities (previously known as recommendations) were made by the Committees and Key Process Teams from the 2024 annual QI Evaluation, which would further enhance the effectiveness of the quality improvement system results and were assigned to be worked on in the 2025 QI Work Plan.

A total of 14 QI opportunities were identified in 2025, of which 14 were completed (100%). The following table summarizes the results of the QI Opportunities:

Data:

QI OPPORTUNITIES FROM 2024 QI ANNUAL EVALUATION - PROGRESS SUMMARY			
Committee	**Total QI Opportunities to Complete in 2025**	**Total Closed**	**Percentage Closed**
CP KPT	5	5	100%
CQT	9	9	100%
GRAND TOTAL	**14**	**14**	**100%**

Analysis/Barriers:
A total of 14 recommendations were made for 2025, of which 14 were completed (100%).

Actions Taken:
Actions taken as a result of the 2024 Quality Improvement Evaluation recommendations are described in the individual activity summaries.

QI Opportunities:
None

Quality Improvement Activity (QIA) – Administrative

The following is a high-level summary of the Quality Improvement Activity (QIA) studies that were scheduled for review based on the 2025 QI Work Plan.

Service

2.1.1 Increase Electronic Claim Auto-Adjudication Rates

Data:

Both internal and external customer satisfaction, as well as a reduction in operating costs can be achieved by increasing the electronic claims auto-adjudication rate. ASH established a goal for electronic claims auto-adjudication of 75%. In order to meet this goal, system issues such as claims processing for services rendered by a non-participating practitioner, referral research, and eligibility/benefit research will need to be addressed to result in more efficient claims processing.

Results for 4Q 2024 through 3Q 2025, auto-adjudication results exceeded stated goals for both ASHLink (75% Goal) results ranging from 83% - 88% and clearinghouse (55% Goal) results ranging from 67% - 88%. Overall data integrity has improved due to IT involvement to proactively load new groups into the ASH claims processing system and partnership with client health plans to improve the quality of eligibility data loaded into the ASH system. Meeting the claims auto-adjudication goals help reduce operating costs for Claims.

Quarter	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
4Q 2010	*Baseline:* **Quarterly**	251,025	426,797	**59%**	70%
4Q 2024	Remeasurement 56: ASHLink	251,240	393,529	**85%**	75%
	Remeasurement 56: Clearinghouse	2,173,803	2,835,548	**77%**	55%
1Q 2025	Remeasurement 57: ASHLink	200,314	354,949	**83%**	75%
	Remeasurement 57: Clearinghouse	1,672,540	2,498,960	**67%**	55%
2Q 2025	Remeasurement 58: ASHLink	351,974	414,548	**88%**	75%
	Remeasurement 58: Clearinghouse	2,2388,284	2,717,203	**88%**	55%
3Q 2025	Remeasurement 59: ASHLink	321,972	378,066	**85%**	75%
	Remeasurement 59: Clearinghouse	2,285,116	2,605,234	**88%**	55%

Analysis/Barriers:
Not applicable

Actions Taken:
Not applicable

QI Opportunities:
None

3.1.1 Reducing Inappropriate X-ray Utilization (Over Utilization)

Goal: To provide interventions directed at decreasing unnecessary X-ray utilization to decrease the percentage of patients X-rayed by practitioners within each of the cohorts in the current year and to decrease the percentage of practitioners who are assigned continued X-ray oversight in consecutive CPS annual reviews.

Summary:

ASH clinical committees, upon review and interpretation of published scientific evidence, have identified the inappropriate over-use of diagnostic X-ray examinations as a potential health and safety issue. ASH's regard for patient safety relative to patient exposure to ionizing radiation led to this quality improvement activity aimed at reducing unnecessary utilization of X-ray services by chiropractic practitioners in our national network. Review of claims data has revealed that a subset of ASH practitioners demonstrates significantly higher utilization of X-ray services when compared to their peers, for both new and established patients. Interventions have been developed, including the assignment of X-ray Medical Necessity Review (MNR) which requires practitioners to submit all X-ray services for peer review by ASH's Clinical Quality Evaluators (CQEs) to verify only medically necessary services are being provided and to provide education on those services that are not supported, with a goal of improving patient safety by decreasing these unnecessary X-rays.

The target population will include two cohorts for each year:

- **Cohort 1**: ASH Chiropractic practitioners who have a new assignment of X-ray MNR during the January CPS annual review.
- **Cohort 2**: ASH Chiropractic practitioners who have existing X-ray MNR and continue to have assignment of X-ray MNR following the January CPS annual review.

Goals and Objectives:

ASH clinical committees, upon review and interpretation of published scientific evidence, have identified the inappropriate over-use of diagnostic X-ray examinations as a potential health and safety issue. ASH's regard for patient safety relative to patient exposure to ionizing radiation led to this quality improvement activity aimed at reducing unnecessary utilization of X-ray services by chiropractic practitioners in our national network. Review of claims data has revealed that a subset of ASH practitioners demonstrates significantly higher utilization of X-ray services when compared to their peers, for both new and established patients. Interventions have been developed, including the assignment of X-ray Medical Necessity Review (MNR) which requires practitioners to submit all X-ray services for peer review by ASH's Clinical Quality Evaluators (CQEs) to verify only medically necessary services are being provided and to provide education on those services that are not supported, with a goal of improving patient safety by decreasing these unnecessary X-rays.

Evaluation of Annual Aggregate Data and Trends:

The number of practitioners in Cohort 1 and Cohort 2 remain consistent with previous years. The percent change in the number of total patients X-rayed in Cohort 1 (newly assigned Xray) has been decreasing since the baseline year. The percent change in the number of total patients X-rayed in Cohort 2 has also decreased compared to the baseline year. The percent change in the number of new patients X-rayed in both Cohort 1 and Cohort 2 has decreased slightly since the baseline year but does not appear to be a significant change. The percentage of practitioners in Cohort 2 who continue to have X-ray MNR in subsequent reviews remains high. (Please see attached QIA for greater detail.)

Metric 1: % of Practitioners with current X-ray MNR who are assigned X-ray MNR in CPS annual review					
Time Period Measurement Covers	**Measurement**	**Numerator**	**Denominator**	**Rate or Results**	**Comparison Goal**
10/1/2022 - 9/30/2023	*Baseline:*	874	1058	83%	N/A
10/1/2023 - 9/30/2024	*Remeasurement 1:*	860	1033	83%	N/A
10/1/2024 - 9/30/2025	*Remeasurement 2:*	848	1002	85%	N/A

Metric 2: % change in total patients X-rayed for Cohort 1 between aggregate CPS annual review data and 7 months of data following CPS annual review

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	Baseline:	-12.30%	35.50%	-35%	N/A
10/1/2023 - 9/30/2024	Remeasurement 1:	-13.70%	35.80%	-38%	N/A
10/1/2024 - 9/30/2025	Remeasurement 2:	-16.60%	38.70%	-43%	N/A

Metric 3: % change in new patients X-rayed for Cohort 1 between aggregate CPS annual review data and 7 months of data following CPS annual review

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	Baseline:	-15.50%	77.90%	-20%	N/A
10/1/2023 - 9/30/2024	Remeasurement 1:	-14.70%	75.80%	-19%	N/A
10/1/2024 - 9/30/2025	Remeasurement 2:	-17.70%	76.60%	-23%	N/A

Metric 4: % change in total patients X-rayed for Cohort 2 between aggregate CPS annual review data and 7 months of data following CPS annual review

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	Baseline:	-6.10%	31.70%	-19%	N/A
10/1/2023 - 9/30/2024	Remeasurement 1:	-8.10%	32.60%	-25%	N/A
10/1/2024 - 9/30/2025	Remeasurement 2:	-7.90%	30.70%	-26%	N/A

Metric 5: % change in new patients X-rayed for Cohort 2 between aggregate CPS annual review data and 7 months of data following CPS annual review

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2022 - 9/30/2023	Baseline:	-6.10%	77.80%	-8%	N/A
10/1/2023 - 9/30/2024	Remeasurement 1:	-2.40%	79.40%	-3%	N/A
10/1/2024 - 9/30/2025	Remeasurement 2:	-7.60%	79.10%	-10%	N/A

Time Period	Cohort 1 Count	*Those with new X-ray MNR assigned	Time Period	Cohort 2 Count	*Those with X-ray MNR that continue to have X-ray MNR
Jan 2023 CPS Review	219		Jan 2023 CPS Review	874	
Jan 2024 CPS Review	242		Jan 2024 CPS Review	860	
Jan 2025 CPS Review	221		Jan 2025 CPS Review	848	

Assessment of Performance:

The rate of X-rays on total patients appears to be decreasing in both cohorts, while the rate of X-rays on new patients appears to be decreasing only minimally. Though rates of X-ray appear to be decreasing, the percentage of practitioners in Cohort 2 that continue to have X-ray MNR in the following CPS annual review remains high and has not decreased compared to the baseline year.

Intervention Strategies:

During current QI year, educational letters were sent as planned to practitioners with newly assigned Xray MNR as primary intervention for Cohort 1 (newly assigned X-ray MNR due to high utilization). The existing letters were reviewed to determine if additional edits could be made and/or information added to improve clarity. Additional resources were created within the Inspire 360 learning platform to provide education on various X-ray related topics. Currently there are a very limited number of practitioners accessing these resources, which limits effectiveness. Plan to identify additional ways to distribute educational resources to providers with overutilization of X-ray and ways to target highest utilizers, including discussions on impact of consecutive failures of X-ray MNR criteria.

QI Opportunities:

- Initiate additional educational intervention in 2026 related to inappropriate X-ray utilization.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation (TC) with Patients

Goal: *≥85% Practitioners "Always or Often" Ask about tobacco use; ≤5% Practitioners "Never" Ask About Tobacco Use; ≥60% of Practitioners to "Always" Advise those who use tobacco to quit.*

Summary:
ASH aims to educate and encourage its practitioner network to deliver tobacco cessation best practices by consistently asking members about tobacco use and advising those who use tobacco to quit (ASK and ADVISE) during clinical encounters. This initiative follows the U.S. Preventive Services Task Force's recommendations and other long-standing guidelines that clinicians ask all adults about tobacco use and advise them to stop using tobacco to thwart the well-established health consequences of tobacco use including premature mortality, cardiovascular disease, and cancer. Study completion date: the anticipated completion will be determined when the goals are achieved.

Naturopathy practitioners were also included in the Tobacco Cessation interventions provided during the year. Due to the small number of Naturopathy practitioner responses to the satisfaction survey, this is not a statistically significant sample size and is to be reviewed with caution.
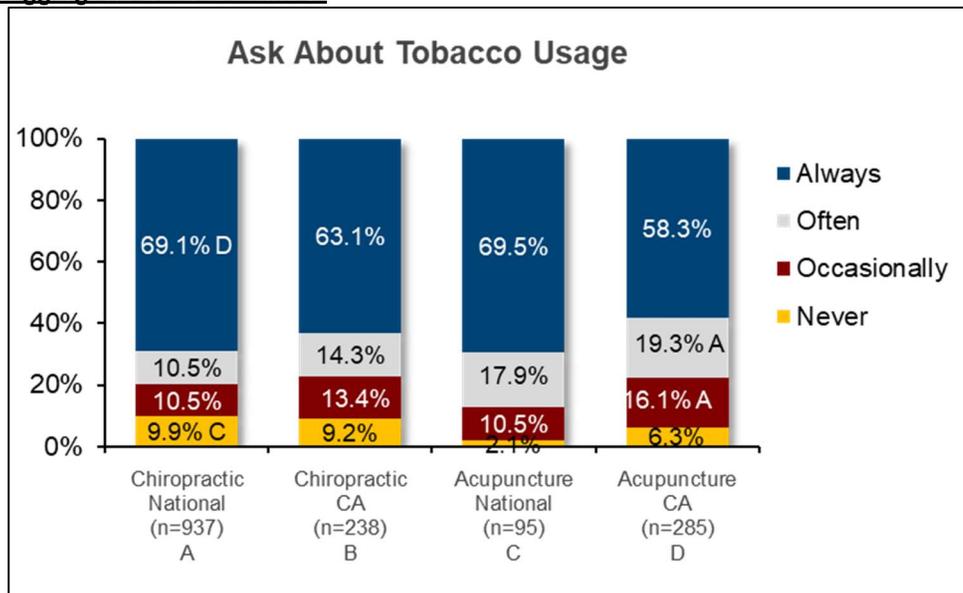
Goals and Objectives:
ASH surveys chiropractic practitioners to measure self-reported ASK and ADVISE practices and has set the study goals of:
- >85% Always or Often ASK
- <5% Never ASK
- >60% Always ADVISE

ASH also monitors Naturopaths and Acupuncturists with similar objectives for monitoring purposes. *(Please see attached QIA for greater detail.)*

Study completion date: the anticipated completion date for this study is December 31, 2025.

Evaluation of Aggregate Data and Trends:

Ask About Tobacco Usage

	Chiropractic National (n=937) A	Chiropractic CA (n=238) B	Acupuncture National (n=95) C	Acupuncture CA (n=285) D
Always	69.1% D	63.1%	69.5%	58.3%
Often	10.5%	14.3%	17.9%	19.3% A
Occasionally	10.5%	13.4%	10.5%	16.1% A
Never	9.9% C	9.2%	2.1%	6.3%

Advise to Quit Tobacco

	Chiropractic National (n=937) A	Chiropractic CA (n=238) B	Acupuncture National (n=95) C	Acupuncture CA (n=285) D
Always	54.5%	57.2%	63.2%	64.2%A
Often	17.1%	18.5%	20.0%	19.3%
Occasionally	15.9%	15.1%	11.6%	10.5%
Never	12.5% D	9.2%	5.2%	6.0%

43. Why don't you always advise to quit?	Chiropractic – Natl (A)	Chiropractic – CA (B)	Acupuncture – Natl (C)	Acupuncture – CA (D)
Base:	(n=426)	(n=102)	(n=35)	(n=102)
I may often or occasionally advise but not 100% of the time	35.7%	32.4%	34.3%	46.1%
I do not have time during the appointment to address tobacco cessation	8.9%	16.7%	8.6%	15.7%
It is not part of my responsibilities	10.1%	14.7%	2.9%	11.8%
Patients are not receptive to receiving this advice	25.8%	30.4%	42.9% D	17.6%
I don't know enough about tobacco cessation	2.1%	2.0%	0.0%	5.9%
I am not comfortable talking about tobacco cessation	1.4%	3.9%	8.6% A	3.9%
Outside the scope of practice	33.8% BD	18.6%	20.0%	16.7%
Other	8.9%	5.9%	11.4%	8.8%

Assessment of Performance:
The 2025 survey responses indicated an increase in "Always/Often" ASK about Tobacco Usage for acupuncture practitioners (87.4% nationally compared to 77.3% last year) and a stable response for chiropractic practitioners (79.6% compared to 79.9% last year). The National Acupuncture group has met the goal of 85%, while the National Chiropractic remains below goal. Nationally both chiropractic and acupuncture practitioners have increased in "Always" ADVISE to quit tobacco (63.2% for acupuncturists compared to 60% last year and 57.5% for chiropractors compared to 55.8% last year). Acupuncture has now met the goal of 60% "Always" advising patients to quit tobacco use for the second year in a row. Both groups also improved for the goal of 5% or less of the time- for "Never" Asking about tobacco usage with chiropractic practitioners decreased for 2025 to 9.9% down from 10.6% in 2024 and acupuncture practitioners increased to 2.1% down from 10.1% in 2024.

Intervention Strategies:
Two (2) articles on Tobacco Cessation and the health benefits of quitting were published in the quarterly Practitioner newsletters in 2025. Handouts were provided in an electronic/printable format for practitioners to use with their patients. Practitioners were provided information on the Great American SmokeOut (November of each year) and encouraged to share with their patients, asking them to quit on this national day.

Chiropractic, acupuncture, and naturopathy practitioners received quarterly newsletters with articles and handouts focused on tobacco cessation and the health benefits of quitting to encourage practitioners to ask and advise. Between 45-47% of

chiropractic and acupuncture practitioners read the newsletter articles. While only 11-15% of practitioners indicated that they use the handouts in their practices. This is a significant decrease over previous years.

ASH collaborated with the American Cancer Society (ACS) to co-brand with American Specialty Health (ASH) on existing evidence-based literature developed by ACS for quitting smoking and the health benefits of staying tobacco free. ACS has approved the use of an existing flyer for use by ASH. The co-branding agreement was renewed by the ASH Vendor Oversight Committee during 2Q 2025.

In 2024, the cobranded flyers were used to launch a Tobacco Cessation Program intervention that included providing a poster and/or flyers (in English and Spanish) to participating practitioners to hand out and encourage discussion with all patients who smoke and advise them to quit. In 2025, those practitioners who elected to participate in the program were surveyed at a 44.4% response rate with the following results.

Survey Summary

TC Program Initial Survey		
Did you receive the Tobacco Cessation materials from American Specialty Health, Inc?		
	Yes	**No**
# Responses	**2**	**2**
Did the Materials arrive in presentable condition?		
	Yes	**No**
# Responses	**2**	**0**
Have you displayed the Tobacco Cessation poster and/or handouts in your office?		
	Yes	**No**
# Responses	**2**	**0**
Have you used the Tobacco Cessation materials with your patients?		
	Yes	**No**
# Responses	**1**	**1**

Follow Up Survey				
For each new patient that is 18 years or older, how often do you ask (including on a patient intake form) if they smoke or use other tobacco products?				
	Always	**Often**	**Occasionally**	**Never**
# Responses	**3**	**0**	**0**	**0**
How often do you advise patients who smoke or use other tobacco products to quit?				
	Always	**Often**	**Occasionally**	**Never**
# Responses	**1**	**1**	**1**	**0**
You indicated that you advise patients who smoke or use tobacco products to quit. Why don't you always advise your patients to quit?				
Response	I may often or occasionally advise but not 100% of the time			
Do you feel that the Tobacco Cessation materials assisted your patients to:				
	Reduce Smoking	**Quit Smoking**	**Attempt to Quit Smoking**	**Inquire About Additional Support**
# Responses	**1**		**1**	**1**
Please quantify the following based on the Quality Improvement Tobacco Cessation QI Project (July-December 2024).				
Response	**≤25**	**25-50**	**≥50**	
# of patients you have spoken to regarding smoking	**2**	**0**	**1**	
#of patients who have attempts to quit smoking	**2**	**0**	**1**	
# of patients interested in quitting smoking	**2**	**0**	**1**	

# of patients who have set a quit date	3	0	0
# of patients who stated they have quit smoking	3	0	0
Did you find the Tobacco Cessation materials provided to you helpful in your discussions with your patients?			
Response	Yes	No	
	1	2	

QI Opportunity to be managed by Department:

- Reassess in 2026 - Discuss ideas and opportunities for Tobacco Cessation education and awareness to determine if the QIA will continue.

3.1.3 Encouraging Practitioners to Promote Physical Activity

Goal Improve the percentage of practitioners who always ASSESS (>85%) new patients' level of physical activity; Improve the percentage of practitioners to always ADVISE (>65%) to start, increase, or maintain their level of exercise or physical activity as appropriate.

Summary:
This study is focused on ASH's network chiropractors and acupuncturists, and the intent is twofold: to improve the percentage of practitioners who always ASSESS new patients' level of physical activity; and to improve the percentage of practitioners to always ADVISE to start, increase, or maintain their level of exercise or physical activity as appropriate.

According to the 2018 Physical Activity Guidelines Advisory Committee report to the U.S. Department of Health and Human Services, physical activity is a key public health opportunity for disease prevention and health promotion. According to the 2018 Physical Activity Guidelines:

- Physically active individuals sleep better, feel better, and function better (e.g., better sleep quality; acute executive cognitive function improvements; reduced depressive symptoms; improved quality of life perception; higher energy levels and reduced fatigue).
- Some health and cognitive benefits occur immediately (e.g., blood pressure, sleep, improved insulin sensitivity, reduced anxiety, and improved cognition).
- Physical activity reduces the risk of a large number of diseases and conditions (e.g., heart disease; stroke; obesity; weight gain; dementia; fall risk; bladder, endometrium, esophagus, kidney, lung, stomach, breast, and colon cancer; and preventing the development or halting progression of chronic conditions such as osteoarthritis, hypertension, and type 2 diabetes).
- The benefits of physical activity can be achieved in a variety of ways and inactive individuals can achieve substantial health gains by increasing their activity level, even if they do not reach the recommended targets of 150 to 300 minutes per week of moderate-intensity physical activity.
- Efforts to promote physical activity can be effective using individual behavioral change theories and techniques; school-based, and community-wide physical activity programs; environmental and policy changes to support physical activity access (e.g., bike to work/public transport & walking; information and communication technologies to monitor and support physical activity levels).
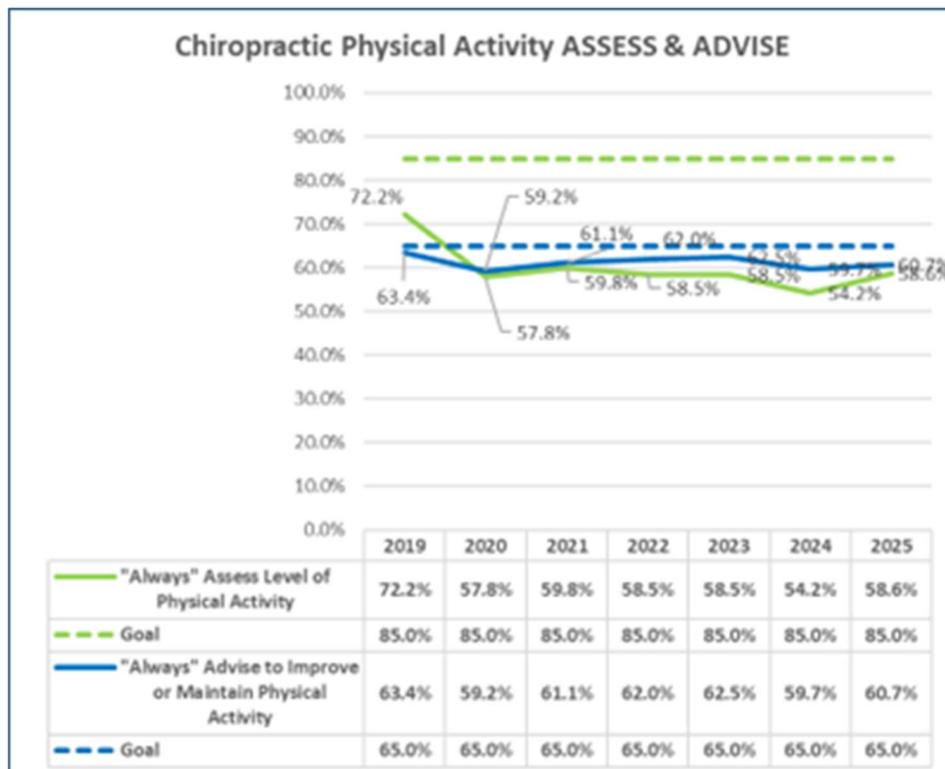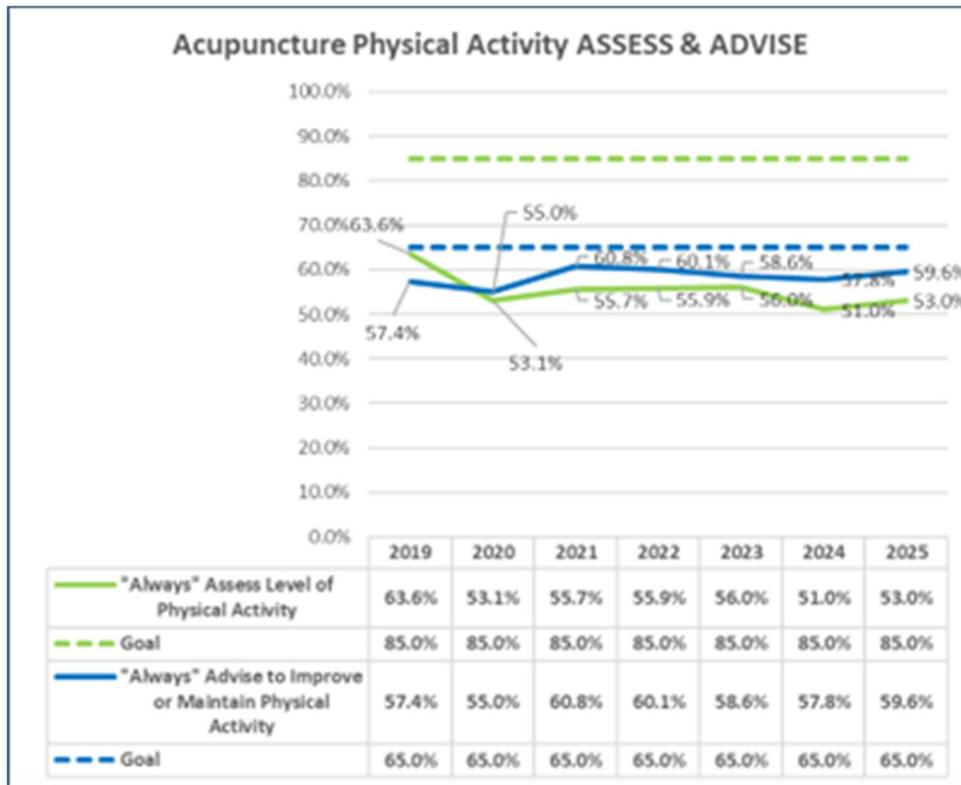
As part of ASH's pain ecosystem care delivery model, ASH practitioners primarily serve musculoskeletal (MSK), rehabilitation services, and pain management patient populations. These populations stand to directly benefit from the promotion of physical activity for the reasons noted above. Furthermore, these populations may have an increased tendency toward low rates of physical activity given that MSK or painful conditions may limit / impair their ability to be physically active. Over time, low levels of physical activity cause, contribute to, and exacerbate chronic pain and other health conditions.

Goals and Objectives:
This study is projected to be completed when the performance goal > 85% of practitioners who always ASSESS new patients' level of physical activity is met; and when the performance goal > 65% percentage of practitioners to always

ADVISE to start, increase, or maintain their level of exercise or physical activity as appropriate is met. Both performance goals must be met in order to consider the study successful and no longer needed. This will continue in 2025.

Evaluation of Annual Aggregate Data and Trends:

Acupuncture Physical Activity ASSESS & ADVISE

	2019	2020	2021	2022	2023	2024	2025
"Always" Assess Level of Physical Activity	63.6%	53.1%	55.7%	55.9%	56.0%	51.0%	53.0%
Goal	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
"Always" Advise to Improve or Maintain Physical Activity	57.4%	55.0%	60.8%	60.1%	58.6%	57.8%	59.6%
Goal	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%

Chiropractic Physical Activity ASSESS & ADVISE

	2019	2020	2021	2022	2023	2024	2025
"Always" Assess Level of Physical Activity	72.2%	57.8%	59.8%	58.5%	58.5%	54.2%	58.6%
Goal	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
"Always" Advise to Improve or Maintain Physical Activity	63.4%	59.2%	61.1%	62.0%	62.5%	59.7%	60.7%
Goal	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%

The 2025 survey responses indicated an increase in "Always" ASSESS for both acupuncture practitioners (53.0% compared to 51.0% last year) and chiropractic practitioners (58.% compared to 54.2% last year), as well as "Always" ADVISE for both practitioner types (59.6% acupuncturists compared to 57.8% last year and 60.7% for chiropractors compared to 59.7% last year).

For each new patient, how often do you assess their level of fitness and physical activity?				How often do you advise patients on how to improve or maintain their level of fitness and physical activity?		
	Chiropractic	Acupuncture			Chiropractic	Acupuncture
Always	**58.6%**	**53.0%**		Always	**60.7%**	**59.6%**
Often	25.6%	30.4%		Often	29.4%	31.2%
Occasionally	10.5%	12.9%		Occasionally	7.7%	7.9%
Never	5.3%	3.7%		Never	2.2%	1.3%
Total	100.0%	100.0%		Total	100.0%	100.0%

Assessment of Performance:
During 2025, both ASSESS and ADVISE for Acupuncture and Chiropractic practitioners increased compared to 2024 performance. Though neither specialty has met the goal for percentage of practitioners that always assess or advise, close to 85% of practitioners in both specialties do assess physical activity at least "often" (84.2% chiropractic and 83.4% acupuncturists), with only 5% of chiropractic practitioners and 4% of acupuncture practitioners surveyed reporting that they never assess physical activity; while approximately 90% of practitioners (90% chiropractic and 91% acupuncture) do advise on physical activity at least "often", with only 1-2% within each specialty that report that they never advise.

Practitioners appear to be including assessment and recommendations for physical activity as part of their existing treatment plans at a high frequency, but may not be doing it for all patients, indicated by almost one third stating they do this "often" rather than "always". Educational articles and resources continue to have a low access rate within ASHLink by both types of practitioners. Practitioner resistance to include assessment and advisement related to exercise may be due to a lack of time or practitioner perception that these activities are outside of the scope of their normal treatment interventions. Opportunities may exist to gather additional information using the practitioner survey, but number of questions is limited due to length of existing survey.

Intervention Strategies:
In 2025, the educational resources were reviewed by the clinical team in May to ensure that current materials were appropriate. Links to articles and resources were updated.

An article titled *Promoting Physical Activity* update and included in the May/June ASH newsletter covering:
- 2018 Physical Activity Guidelines Advisory Committee report & health benefits of physical activities (PA), clinician's role in assessing and advising for PA
- A reminder to practitioners about the 5 Patient Education handouts were created and posted on ASHLink
  - What Staying Active Does for Your Health
  - Moving Can Help Your Joint and Muscle Pain
  - 6 Tips for Staying Active Without the Gym
  - Physical Activity Tracking Log
  - 6 Tips to Move Mindfully with Pain
- Practitioner Toolkits/Resources
  - The American College of Sports Medicine's global initiative Exercise is Medicine® (EIM)
  - The Office of Disease Prevention and Health Promotion's campaign Move Your Way training resource/tools for providers to promote physical activity.

QI Opportunities:
This QIA had not yet achieved the goals so the opportunity for improvement continues to remain promoting and facilitating incorporating physical activity assessment and advisal into daily practice. The 2026 recommendations are follows:

- Review and update the practitioner and patient educational interventions in 2026.

- Re-evaluate if additional questions can be added to practitioner survey to understand why practitioners may not assess or advise on physical activity to determine if additional interventions may address the identified causes.

3.1.4 Acupuncture and Peripheral Neuropathy Project

Goal:
The Acupuncture and Peripheral Neuropathy QIP has multiple objectives, including validating that acupuncture services are beneficial for patients with diagnoses consistent with peripheral neuropathy and to collectively survey ASH Acupuncture practitioners to ensure care provided is consistent with professional standards for these patients. Evidence supports that acupuncture is an effective alternative treatment for peripheral neuropathy, but additional research is needed. One of ASH's goals is to collect outcomes data for patients with peripheral neuropathy diagnoses to support continued acupuncture access for patients with ASH benefits.
Additional data will be analyzed to ensure acupuncturists are providing care consistent with professional standards. Educational resources will be provided on a network basis to practitioners if knowledge deficits are identified, or practice patterns are not within established professional standards.

Summary:
This is a new QIA study in its initial phase of collecting baseline data.

Goals and Objectives:
Collect baseline data.

Evaluation of Annual Aggregate Data and Trends:
Quantifiable Measure 1: Percentage of patients with peripheral neuropathy that had decreased pain with acupuncture treatment.

> Numerator: Count of patients with decreased pain level (scale from 1-10) on follow-up pain score (final treatment visit)

> Denominator: Count of patients with peripheral neuropathy with pain level (scale from 1-10) of greater than 1 on baseline pain score (initial treatment visit)

Quantifiable Measure 2: Average change in pain score for patients with peripheral neuropathy that had decreased pain with acupuncture treatment

> Numerator: Difference between baseline pain score and follow up pain score for patients that had decreased pain score

> Denominator: Count of patients with decreased pain level (scale from 1-10) on follow up pain score when compared to baseline pain score

Quantifiable Measure 3: Percentage of patients with peripheral neuropathy that had improved function with acupuncture treatment

> Numerator: Count of patients with "Resolved", "Much Improved" or "Moderately Improved" score on any of the functional activity scores (Walking, Working, Sleeping, Leisure, Exercise, Self-Care, Driving)

> Denominator: Count of patients with at least one functional activity score

Assessment of Performance:
Patient data include diagnoses, number of visits, therapies utilized, pain level, and improvement in functional activities. Base population will be identified using patient claims with ICD codes consistent with Peripheral Neuropathy. ASH will outreach via survey to practitioners who treated identified patients to collect pain levels, treatment details, and functional changes. Data will be analyzed to identify if a significant percentage of patients with peripheral neuropathy had a decrease

in pain level and/or increase in function with acupuncture treatment. Change in pain will be analyzed to verify whether the change in pain level was significant. Reported treatment data will also be analyzed to identify which treatments and what acupuncture points were used for patients with decreased pain and improved function.

Intervention Strategies:
In 2025, work was done to create the process for data collection and identify the eligible population. Metrics were created and data collection process was developed. Prior to sending out the data requests, there was an unexpected loss of the IT resources needed to collect the data in the original manner planned.

The data collection and evaluation methods for the QIA were reviewed to identify alternative ways to collect the necessary data for the identified metrics, utilizing data already available from provider submissions, which is a manual evaluation process. This shift will alleviate any need for IT or further contracted practitioner involvement. New data was pulled to identify practitioners and members for updated time frame. Data collection will begin in coming quarters with plans to report baseline measurements in 2026.

QI Opportunities:
None

3.1.5 Acupuncture Member Experience

Goal: Establish baseline measures.

Summary:
This is a new QIA study in its initial phase of collecting baseline data.

Goals and Objectives:
The Acupuncture Member Experience and Cross-Cultural Competency Improvement Quality Improvement Project (QIP) goal is two-fold: to ensure high member satisfaction with acupuncture services and reduce the frequency of member complaints and grievances. American Specialty Health (ASH) has observed a long-standing trend of high member satisfaction and positive health outcomes from its third-party-administered annual CAHPS surveys. At the same time ASH has observed a pattern of member complaints and grievances with consistent themes which may be attributed to cross-cultural differences.

Recurrent themes include but are not limited to:
1. Practitioner not fully explaining what to expect before, during, and after acupuncture treatments
2. Practitioner not fully explaining possible common side effects such as bruising, tenderness, and transient pain
3. Poor communication by practitioner with members when they voice questions, concerns, or complaints
4. Practitioner's inadequate recognition of member privacy and modesty needs
5. Poor documentation by practitioner of adverse reactions and subsequent management of the member's reaction when reaction occurs
6. Provider insufficiently managing communications when the patient and/or provider demonstrate low English proficiency

To improve this ASH is launching a training initiative to the entire acupuncture practitioner network to cover these themes. ASH will also include:
- Specific training for any practitioners who have a member a grievance.
- ASH will make available a roster of higher-quality practitioners based on predetermined metrics.

Evaluation of Annual Aggregate Data and Trends:
Baseline year focus was on creation of QIA, including metrics and goals, as well as collecting baseline measurements. Interventions were developed for implementation in subsequent years to address the identified issues. ASH has identified an increase in the number and rate of member grievances for Acupuncture practitioners within ASH's network and has begun developing interventions to help practitioners effectively manage member encounters and to improve quality of care and communication. Initial interventions have included educational articles. Data from the baseline year was analyzed and additional educational resources and/or interventions will be provided to help reach quality goals.

Initial measurements were created to establish baseline and for use in comparison to follow up years to determine effectiveness of interventions. Baseline measurements for rate of Acupuncture clinical quality of care grievances per 10,000 Acupuncture patient visits and the rate per 1,000 Acupuncture patients were used to establish comparison goals for remeasurement years. As the rate of grievances has been on an upward trend, the initial goal for these metrics is to decrease both rates in the remeasurement years.

The percentage of members who, on the annual patient satisfaction survey, reported satisfaction with communication remains high among all analyzed groups (National, California and Pain Management Acupuncture members), with the lowest scores being among Acupuncture Pain Management patients. Four communication questions from the patient satisfaction survey were included in the aggregate calculations and the lowest scores for all three groups of Acupuncture patients occurred when asked "In the last 6 months, how often did this provider explain things in a way that was easy to understand?", with 97.3% of national patients, 93.1% if California patients and 89.6% of pain management patients responding "Always" or "Usually".

Metric 1: Count of Acupuncture clinical quality of care grievances.			
Time Period Measurement Covers	Measurement	Count	Comparison Goal
10/1/2023 - 9/30/2024	*Baseline:*	270	N/A
10/1/2024 - 9/30/2025	*Remeasurement 1:*	215	N/A

Metric 2a: Rate of Acupuncture clinical quality of care grievances per 10,000 Acupuncture patient visits					
Time Period Measurement Covers	Measurement	Grievance Count	Number of Acupuncture patient visits	Rate per 10,000 visits	Comparison Goal
10/1/2023 - 9/30/2024	*Baseline:*	270	1,639,298	1.65	N/A
10/1/2024 - 9/30/2025	*Remeasurement 1:*	215	1,690,085	1.27	1.65

Metric 2b: Rate of Acupuncture clinical quality of care grievances per 1,000 Acupuncture patients					
Time Period Measurement Covers	Measurement	Grievance Count	Number of Acupuncture patients with visit	Rate per 1,000 patients	Comparison Goal
10/1/2023 - 9/30/2024	*Baseline:*	270	216,482	1.25	N/A
10/1/2024 - 9/30/2025	*Remeasurement 1:*	215	219,965	0.98	1.25

Metric 3a: % of National Acupuncture patients surveyed who answered Always or Usually on Patient Satisfaction Communication questions					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2023 - 9/30/2024	*Baseline:*	1,617	1,648	98.1%	N/A
10/1/2024 - 9/30/2025	*Remeasurement 1:*	1,592	1,628	97.8%	N/A

Metric 3b: % of California Acupuncture patients surveyed who answered Always or Usually on Patient Satisfaction Communication questions					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2023 - 9/30/2024	*Baseline:*	1,911	1,996	95.7%	N/A
10/1/2024 - 9/30/2025	*Remeasurement 1:*	1,978	2,079	95.1%	N/A

Metric 3c: % of Acupuncture Pain Management patients surveyed who answered Always or Usually on Patient Satisfaction Communication questions					
Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal
10/1/2023 - 9/30/2024	*Baseline:*	674	704	95.7%	N/A
10/1/2024 - 9/30/2025	*Remeasurement 1:*	748	804	93.0%	N/A

Assessment of Performance:
Rate of clinical quality of care grievances compared to number of patient visits and to number of patients decreased in the current year compared to the previous year (decrease from 1.65 to 1.27 grievances per 10,000 Acupuncture patient visits and from 1.25 to 0.98 grievances per 1,000 Acupuncture patients). Satisfaction levels remain high, with a slight decrease seen for Acupuncture pain management patients. Educational interventions appear to have had a positive impact, but number of grievances remains high compared to other specialties.

Intervention Strategies:
Three (3) new articles were created in 2025 and included in the provider newsletter, as well as announced on the ASHLink home page and included in the Inspire 360 platform in both English and translated versions (Chinese, Korean). Three other articles are in progress. Data for grievances was collected to identify frequency. In response to grievances, ASH's Clinical Quality Administration team sends educational letters to practitioners, which includes pertinent excerpts from the previously mentioned educational articles. Acupuncture member satisfaction data (CAHPS) was collected for benefit year 2024 and analysis was completed in 2Q 2025 to collect metrics related to communication for remaining metrics for QIA.

QI Opportunities:
Additional articles will be published and attempts to increase the readership will be made including involvement of the acupuncture professional affairs committee and marketing resources available to the Clinical Health Equity Committee. The development of the higher performing network is expected to be implemented by 2Q 2026 resulting in fewer member grievances. Clinical Quality Administration leadership will be enlisted to assist in making more information available to providers with grievances.

Barriers Identified in 2025

ASH Clinical Programs met or exceeded **99%** of the quality program performance standards in aggregate for routine indicator and routine monitoring activities from 4Q 2024 to 3Q 2025. These positive results were in line with the previous two QI years, which were 95% in 2024 and 97% in 2023.

Quality Improvement activities are also monitored throughout the year. When a quality improvement initiative, routine indicator, or routine monitoring activity does not meet its expected goal, the project is analyzed for identification of potential barriers. Barrier and QI opportunities for improvement/ recommendations focus on variables such as alternate or improved processes, modifications in policy or process, member and/or practitioner education, or other methods to improve performance. Upon evaluation of the analysis and barriers, the committees and key process teams make recommendations to further enhance the effectiveness of the quality improvement system results.

The following is a summary of the barriers identified, and actions taken during the implementation of the 2025 QI Work Plan. A total of 7 metrics missed or partially missed the goals during the QI Year.

Routine Indicators
Service

4.1.20A- 4.1.20H Monitor 2-Step Claims Processing Timeliness
This metric consists of 8 subparts, with three of those missing metrics during at least one quarter of the QI year.

Summary:
- **4.1.20F has a goal of 2-Step Claims Processing of received to post within 30 days= 96%.**
  The metric for 4.1.20F narrowly missed goal in 3Q 2025 at 95% of 2-Step claims being received paid within 30 days.

Analysis/Barriers:
The standard was missed due to Improperly archived data that caused some new claims to be delayed through the reconciliation process.

Actions Taken:
The data was cleaned and a process was installed to keep the data clean moving forward.

QI Opportunities:
None

Practitioner Contracting/Communications

4.2.7A- 4.2.7F Monitor Practitioner Turnover Rate for All Specialties

This metric consists of 6 subparts, with one of those missing metrics during at least one quarter of the QI year.

Summary:
- **4.2.7D has a goal of 15% or less turnover rate for Nutrition Services.**
  The metric missed in 3Q 2025 at 21% with a 24% YTD aggregate turnover rate for nutrition services providers.

Analysis/Barriers:
Limited clients utilizing the Nutrition Services benefit.

Actions Taken:
Reporting developed to better track turnover and initiate recruitment campaigns in areas with higher turnover as well as recruiting providers that are nearing termination in efforts to obtain what is needed to maintain them in the network.

QI Opportunities:
Department to monitor health plan specific accessibility as well as turnover reasons to rectify turnover increase. The specialties of Nutrition, Massage, and Acupuncture will be prioritized. Please note that the main turnover reason for all 3 specialties is an administrative material breach. For example, a failure to validate the directory as required. This is a common problem among more transient provider types such as Massage Therapists and Acupuncturists.

Care And Service

4.3.3A- 4.3.3G Monitor Practitioner Satisfaction with UM Process

This metric consists of 7 subparts, with three of those missing metrics during at least one quarter of the QI year.

Summary:
- **4.3.3B has a goal of 70% Practitioner Satisfaction with the UM process for National Chiropractic.**
  The metric for 4.2.1B partially missed goal based on survey results with a 65% process score and a 71% care score.

- **4.3.3D has a goal of 70% Practitioner Satisfaction with the UM process for National Acupuncture.**
  The metric for 4.2.1D missed goal based on survey results with a 56% process score and a 65% care score.

- **4.3.3E has a goal of 70% Practitioner Satisfaction with the UM process for Naturopath**
  The metric for 4.2.1E missed goal based on survey results with a 38% process score and a 49% care score.

Analysis/Barriers:
In 2025, 17,340 acupuncture, chiropractic, therapeutic massage, and naturopathy practitioners were eligible to take the survey. 1,759 responses were received, yielding an overall response rate of 12.7%. The overall response rate in 2025 (12.7%) was lower than that of 2024 (17.7%).

Actions Taken:
In 2025, the following actions were taken to improve practitioner satisfaction with the UM process:

- ASH continues to host annual, ongoing, and as requested ASH Provider Webinars using Microsoft Teams.
  - Webinars/seminars on claims process, operations manual, MNR process, client summaries, and more.
  - Webinars are posted to ASHLink and translated into Korean and Mandarin for the Acupuncture providers.
- ASH continues to work on a Provider Education Library (PEL) project designed to provide greater consistency across specialties to the articles/resources available in the ASHLink PEL.
  - Primary objective of project is to review, revise, perform a gap analysis, and add or update articles/resources as needed.

- o Continued development and distribution of discipline specific provider education website to support providers with ASH's submission processes.
  - o Materials developed based on provider feedback/requests as well as needs identified by clinical quality evaluators.
- ASH continues to program ASHLink modifications to enhance communication on ASHLink and increase provider awareness, including:
  - o Enhanced ASHLink registration process for better user experience.
  - o Implemented a self-service option for sub account creation.
  - o Increased capabilities for Level 1 sub account users.
- ASH continues to launch educational initiatives for practitioners/providers, including:
  - o Publishing new articles on ASHlink and in the practitioner newsletter to improve the acupuncture member experience with education on documentation of adverse events, informed consent and acupuncture professional ethics.
  - o Developing additional articles on topics such as preserving modesty.
  - o Coordination with Clinical Quality Administration (CQA) team to include newly developed informational articles in provider education sent in response to member grievances.
- ASH's Clinical Health Equity Committee completed multiple projects aimed to educate providers on health equity and social determinants of health, including:
  - o Completion of Clinical Practice Guideline on Cultural Competency
  - o Educational presentation on recognizing social determinants of health during medical necessity reviews for CQE.
  - o Initiated project to provide resource information for providers to give to patients with SDoH issues.
  - o Review of ASH's SDoH articles for relevance and accuracy.
- ASH updated the Clinical Performance System (CPS) criteria for Rehabilitation Services to expand complexity categories. ASH also updated CPS annual review letter format to improve readability and updated FAQs to provide additional information on CPS criteria. ASH's CPS team worked closely with the CQA team to provide data to support QIC review of appeals.
- ASH launched multiple clinical quality evaluation practitioner service enhancements:
  - o Created clinical call queues to address more general questions that are better addressed by a clinician than customer service.
  - o Added additional clinical staff to support provider education outreach calls and to support the recruiting team for provider onboarding and retention Coordinated efforts with customer service team to increase capabilities of chat feature on ASHLink to identify inquiries that would be best addressed with immediate CQE phone assistance via peer-to-peer call.
  - o Established high touch outreach in support of site of care program for provider education and coordination with ASH concierge for support of member access to services.
  - o Developed ASHCore tools for streamlined referral of SOC actions needed between teams and documentation of steps taken to quickly address revisions for providers when needed.
  - o Enhancement of file distribution tools to correctly prioritized files received and expedite reviews.
  - o Additional clinical staff to support provider education outreach calls.

ASH held Acupuncture, Chiropractic, and Rehabilitation Services Professional Affairs Healthcare Advisory Committee meetings to solicit input, feedback, and recommendations from the professional associations, academic institutions, and other professional representatives to assist ASH in assessing quality improvement opportunities. Activities included:
- Chiropractic – distributed and discussed current published article regarding chiropractic care; listened and addressed current concerns/problems with ASH processes, including credentialing, claims and MNR review; continued education and outreach regarding navigating ASH's resource platform to improve practitioner education and awareness of ASH process and forms.
- Rehabilitative Services (PT/OT)- continued emphasis on promoting and using provider education platform as a key resource; followed up on all addressed concerns with open policy discussions as new programs are implemented; continued to bridge communications with health plans regarding market trends, requests and concerns.
- Acupuncture – educational presentations on topics such as ASH credentialing, evidence-informed benefit changes, ASH's new Inspire 360 education platform, and health equity and provider directories; evaluation of a state research

proposal to increase covered conditions for acupuncture; coordination with ASH operations representative to resolve committee member issues with credentialing and claims; updates on acupuncture grievances project and peripheral neuropathy QIA research project.

QI Opportunities:
None

Routine Monitoring

Service

5.1.2A-E Monitor Language Assistance Service for Compliance and Effectiveness - Non-CA (ACA)
This metric has 5 subparts. Part A has a goal of 100% staff training completion within the first 30 days and missed the goal in 3Q 2025.

Summary:
This goal was missed in the 3rd quarter of the QI year. 3Q 2025 had a Language Assistance Program (LAP) refresher training rate of 98% and 95% for Diversity training.

Analysis/Barriers:
Four employees did not complete the Diversity training timely and two employees did not complete the LAP training on time.

Actions Taken:
Partnered with the departments and Human Resources to help ensure that all employees complete the required trainings on time.

QI Opportunities:
Ask the departments to complete both training courses on the same day so one will not be missed in the future.

5.1.3 Educate Practitioners and Staff on Serving a Culturally and Linguistically Diverse Membership Population
This metric has a goal of 100% completion of training and partially missed the goal in 3Q 2025.

Summary:
All providers were notified via the newsletter of the annual LAP training. ASH Employees also completed their annual review.

Analysis/Barriers:
Timely completion was 99.9%. Four employees missed the trainings out of 1712.

Actions Taken:
Connect with Human Resources to ensure that all employees complete the trainings before the deadline and ensure they follow up with all employees coming back from Leave of Absence.

QI Opportunities:
Look into an option for an attestation from the Providers for the LAP training.

Delegation

5.5.1 Performance Standards and Clinical Indicators Reported to Clients
This metric has a goal to report 90% within stipulated calendar days from the close of the quarter based on client contract (30, 45, 60, or 90 days).

Summary:
In 1Q 2025, ASH met goal for reports due within 30 calendar days and 60 Calendar days. ASH did not meet goal for reports due within 45 calendar days. The reports due within 45 calendar days were delivered late to CTC from IMD.

Analysis/Barriers:
CTC followed up with IMD to determine barriers.

Actions Taken:
CTC followed up with IMD to determine actions taken.

QI Opportunities:
To avoid this issue in the future, CTC followed up with IMD to determine Qi opportunities.

Quality Improvement (QI) Opportunities for 2026

Based on the results of the 2025 QI Work Plan, including monitored escalations, quality metrics, and accreditation requirements, opportunities for improvement are identified for the 2026 QI Work Plan by business owners and committee feedback. QIA Studies are also identified to support enhanced quality infrastructure and performance. These QI opportunities will be reviewed and approved by the QOC, and dedicated resources will be allocated to complete these activities.

Following is a summary of the QI Opportunities identified which will be carried out during the implementation of the 2026 Quality Improvement Work Plan.

Clinical QI Studies

Clinical Care

3.1.1 Monitoring X-Ray Utilization (Overutilization)
- Initiate additional educational interventions in 2026 related to inappropriate X-Ray utilization.

3.1.2 Encouraging Practitioners to Support Tobacco Cessation with Patients
- Discuss ideas and opportunities for Tobacco Cessation education and awareness to determine if the QIA will continue in 2026.

3.1.3 Encouraging Practitioners to Promote Physical Activity
- Review and update the practitioner and patient educational interventions in 2026.
- Re-evaluate if additional questions can be added to practitioner survey to understand why practitioners may not assess or advise on physical activity to determine if additional interventions may address the identified causes.

3.1.5 Acupuncture Member Experience
- Additional articles will be published and attempts to increase the readership will be made including involvement of the acupuncture professional affairs committee and marketing resources available to the Clinical Health Equity Committee. The development of the higher performing network is expected to be implemented by 2Q 2026 resulting in fewer member grievances. Clinical Quality Administration leadership will be enlisted to assist in making more information available to providers with grievances.

Routine Indicator

Service

4.1.34 Monitor developments impacting privacy compliance impacting Privacy Statements and communicate those to stakeholders so that necessary edits can be posted and, if necessary, consent to the changes is obtained prior to compliance effective dates.

- The Privacy Office and applicable Business Owners will continue to schedule quarterly meetings to discuss additional upcoming regulatory requirements.

Practitioner Contracting/ Communications

4.2.1A- 4.2.1L Monitor Geographical Availability of Practitioners

- ASH recommends the continuation of recalculating network adequacy results for areas where there are no providers available to recruit. This will provide an analysis and results for member access where licensed providers are available.
- ASH also recommends prioritizing underserved areas in recruitment to ensure network adequacy year over year.

4.2.7 Monitor Practitioner Turnover Rate for All Specialties

- Department to monitor health plan specific accessibility as well as turnover reasons to rectify turnover increase.

4.2.10 Review Practitioner Availability and Accessibility Results with ASH Client Services and Regulatory Compliance Teams to Determine Need for Regulatory Filings and Health Plan Notifications (ASHP and ASHG)

- Continue to monitor the network and conduct high priority recruitment in underserved areas.

4.2.12 Evaluation of Member Access Complaints, Requests for Out of Network Services, and Member Experience (Annual CAHPS Survey)

- ASH will monitor member access complaints and requests for out-of-network services on a quarterly basis as a standard process.

Clinical Care

4.4.3A – 4.4.3G Quality Assurance Audit: Monitoring the Consistency and Appropriateness in Medical Necessity Decision Making

- Perform health and safety annual review training. Target IHIS programming to support accurate clear and concise reviews Clinical leadership will provide key user insights, requests, and feedback to the development team as next phases are reached for the IHIS re-design and development.

Routine Monitoring

Clinical Care

5.3.1 Report Evidence Evaluation Committee Review of Techniques or Procedures

- Assess and prioritize potential agenda topics for EEEC/IEEC in 2026.

5.3.13 Review and report CPT, HCPC, and ICD_10 Annual Code Updates

- Continue training staff and pursue coding certification for additional staff to assist in coding projects. Considerations for process enhancements are being discussed with senior clinical leadership.

Delegation

5.5.1 Performance Standards and Clinical Indicators Reported to Clients

- To avoid delays in timely reporting in the future, CTC followed up with IMD to determine QI opportunities.

Regulatory

5.6.3 Track and Report Regulatory Complaints and Non-Routine Inquiries

- Given the increase in PT/OT business, the team will monitor the next 4 quarters to determine if the baseline should be increased to <20.

Virtual Physical Therapy & Occupational Therapy (VPT/OT)

6.1 Virtual Physical Therapy & Occupational Therapy (VPT/OT) Network Buildout

- Recommend continuing to monitor network build out ensuring network adequacy for future expansion and additional clients in 2026. This includes network adequacy by specialty and sub-specialty.