



Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Report Period: July 1, 2025 – September 30, 2025

1. Meeting Dates and Main Topics Covered

July 8, 2025: Quality Council

- **Senior Medical Director Update.** The Senior Medical Director shared that CCHP will begin offering D-SNP to members in Q4 2025 with coverage beginning 1/1/2026. DHCS Audit will occur during the last 2 weeks of August 2025. It is a return to an in-person audit.
- **Appeals, Grievances, and Disputes (AGD) Annual Report.** The Council reviewed trends showing that appeals and grievances showed about a 48-49% increase from Q1 2024 to Q1 2025, primarily due to the launch of the Single Plan Model, though overall trends remain stable quarter to quarter. Quality of Service grievances—such as provider attitude, case management, and member materials—continue to make up the largest category, with fluctuations explained by policy updates and classification changes. A medication grievance audit revealed that most cases originated from provider-related refill delays within the CCRMC network, prompting ongoing monitoring and dashboard development to address systemic barriers and reduce avoidable appeals.
- **CalAIM: ECM, CS, CHW, Doula:** The Director of CalAIM Programs and Transitional Care Services reported notable increases in Care Coordination, Community Supports, Transitional Care, and Doula Services. The 2024 ECM Medical Audit identified three compliance gaps, prompting corrective actions and enhanced oversight. CCHP and UC Berkeley are partnering on a CalAIM outcomes analysis expected in Fall 2025, with results to be reported in 2026.
- **CCHP Case Management:** The Director of Case Management shared updates with the Council on automation of high-risk member identification and referrals, improved continuity of care for postpartum members and infants, and enhancements to staff training, provider engagement, and system integration to strengthen case management programs. Ongoing improvements include updated assessment tools, shared care planning platforms, real-time reporting dashboards, and preparation of internal systems to support D-SNP implementation and compliance.

- **Member Services:** The Director of Member Services reported a 15% increase in call volume from June 2024 to May 2025, with continued strong email response performance (87% within one business day) and audit results exceeding quality targets. The department implemented corrective actions from the 2024 DHCS audit—establishing procedures for timely provider termination notices and prompt reporting of member income and death changes—while enhancing website stability, staff training, and communication workflows to strengthen member experience and compliance.
- **Quarterly Quality Activities Update.** The Quality and Health Equity team shared activities report including HEDIS submission, NCQA Accreditation progress, improvement projects, regulatory reporting, population health initiatives and provider engagement efforts.
- **Consent Items.** The Council unanimously approved prior meeting minutes, quarterly reports on AGD, UM, Advice Nurse stats, pharmacy denials, audit summaries, cultural & linguistic analysis report and member experience updates.
- **Policies and Procedures.** The Council approved updates to 65 policies covering grievances and appeals, reproductive and pediatric care, palliative care, community advisory committee, utilization management processes, pharmacy management and member services.

August 12, 2025: Quality Council

- **Medical Director Update.** The Medical Director reported ongoing D-SNP implementation and audit readiness efforts, along with key leadership additions: Nancy McAdoo as Director of Provider Relations, Credentialing, and Contracting, and Sunny Cooper as Interim Senior Director of Compliance.
- **MY 2024 HEDIS Report:** The Director of Quality and Health Equity shared with the Council that CCHP submitted HEDIS measures for MY 2024, with most meeting performance targets and no anticipated sanctions. While overall quality remained strong, membership changes with the Single Plan Model and data gaps affected some rates, and two measures are being closely monitored for MY 2025. CCHP's MCAS results were strong overall, though readmission rates declined, and new equity tracking showed widened racial gaps, prompting the development of a DMHC Equity Index to guide improvement efforts.
- **MY 2024 CAHPS Report.** The Council received updates on the MY2024 CAHPS Report, which measures member experience across four domains: access to care, timeliness, provider communication, and customer service. Adult scores were slightly below the 50th percentile in 2024, while children's ratings exceeded all benchmarks, with the greatest improvement in provider communication.
- **Performance Improvement Projects:** The Council received updates on three main Performance Improvement Projects (PIPs): low-performing measures, DHCS-assigned PIPs, and collaborative projects with IHI. A key focus is improving the W30-6 well-child visit rate among Black/African American members, which declined in 2024; patient outreach efforts are underway to promote regular visits. Additional active PIPs target

lead screening, follow-up after behavioral health ED visits, and application of topical fluoride varnish.

- **Population Needs Assessment and Population Health Management (PHM) Strategy.** The Council received an update on the annual Population Needs Assessment (PNA), which guides CCHP's Population Health Management Strategy and Work Plan. As of December 2024, CCHP served about 263,000 Medi-Cal members, nearly 25% of county residents—with notable growth in the SPD population. Top chronic conditions include obesity, hypertension, depression, anxiety, and diabetes. The team is developing a Population Health Dashboard to expand monitoring, including dementia, and will consider tracking injury data and deepening community engagement efforts based on emerging trends.
- **Consent Items.** The Council unanimously approved meeting minutes, UM committee minutes, HEDIS summary, Population Health Management Strategy and Population Needs Assessment.
- **Policies and Procedures.** The Council approved 11 policies and procedures, covering Behavioral Health access and screening, Community Advisory Committee and Equity Council Charter, Timely Access to Care, REAL and SOGI data collection, Cultural & Linguistic Services and tracking utilization system.

September 9, 2025: Equity Council

- **Senior Medical Director Report.** Dr. Barcelo reported that Dr. Levin is serving as Chief Equity Officer of CCHP.
- **DEI & TGI Trainings Update.** Staff training updates included completion of Transgender, Gender Diverse, and Intersex (TGI) training for all staff (required every two years) and the rollout of Diversity, Equity & Inclusion (DEI) training in January 2025, with 59% staff completion as of September. CCHP received final approval from DMHC for TGI Training. DEI Training was rolled out to all providers in July 2025, around 12% of providers completed the training.
- **NCQA Accreditation.** CCHP provided updates that CCHP submitted the Equity Accreditation Survey in late August and expects an initial response mid-September. NCQA is also expected to release new standards for Health Equity in December 2025.
- **Community Advisory Committee.** The team shared updates that CCHP successfully recruited 6 new members to CAC and expects to have a quarterly meeting on September 11, 2025.
- **HEDIS and Stratified Measurements:** The Director of Quality and Health Equity provided a report to council regarding DMHC Health Equity and Quality Measure Set, which reports stratified HEDIS to address disparities and close equity gaps. Overall, CCHP exceeded the 50th percentile for most measures. Disparities are observed in Native Hawaiian/Pacific Islander and African American, which would need further targeted intervention efforts.
- **Grievances Related to Language Access and Discrimination:** The report noted an increase in grievances with common issues such as appointment cancellations, medication prescription, transportation concerns, and language access, with

recommended outreach to providers about interpreter services. Council members discussed shifting provider perspectives on pain medication prescribing. Also provided a brief update to the Council regarding DHCS initial findings related to translation of grievance letters.

- **Improving Culturally and Linguistically Appropriate Services.** The Council received updates regarding how CCHP plans to improve culturally and linguistically appropriate services as well as its current efforts.
- **Consent Items.** The Council unanimously approved items: Equity Council Meeting Minutes (3/11/2024), Policy QM14.801 Cultural & Linguistic Services, and BOPS 1.053 Community Advisory Committee.

2. Update on Quarterly Activities in QIHETP Program

Program Structure:

- Convened two Quality Council meetings and one Equity Council meeting.
- The Joint Conference Committee received and approved the Q1 activities report and sent it to the Board of Supervisors for review and approval.
- Convened Community Advisory Committee (CAC) on September 11, 2025, with topics covering Medi-Cal re-determination, Member Services, non-Specialty Mental Health Outreach and Education Plan, and Diversity, Equity & Inclusion training.

NCQA Accreditation and Audits

- CCHP completed final submission of NCQA Health Equity Accreditation and received initial feedback from NCQA with minimal initial issues. The closing conference is scheduled to take place in October and CCHP anticipates final accreditation status being granted in November.
- The Health Plan Accreditation survey is on schedule with all documentation collected and under consultant review. Units are revising materials not meeting requirements based on consultant feedback. CCHP is on track and prepared for the December 9th submission date.
- CCHP completed the DHCS annual Medical Onsite Audit in August. CCHP is reviewing the initial issues presented at the closing conference and working on process improvements. Final Audit Report is expected in early 2026.
- CCHP completed the Network Adequacy Validation (NAV) Audit in August, with no initial issues identified during the session.

Measurement, Analytics, Reporting, and Data Sharing

- CCHP was awarded 4.5 out of 5 stars for the Health Plan Rating by the National Committee on Quality Assurance (NCQA), demonstrating our commitment to quality care. This was the highest rating of any Medicaid plan nationally, and CCHP was one of 14 plans in the country to receive this rating.
- CCHP achieved the Minimum Performance Level (MPL) on all the MCAS measures submitted by DHCS.
- CCHP submitted Health Equity and Quality Measure Set (HEQMS) to the Department of Managed Health Care (DMHC) for MY2024. CCHP also received a Corrective Action Plan

back from DMHC on the MY2023 HEQMS measure set and is preparing for a fall submission.

- CCHP prepared the contact lists for the annual Provider Appointment Availability Survey (PAAS) and fielding began. Results are expected in early 2026 for the DMHC submission.
- The Case Management Survey began fielding during the Q3 reporting period, expected to be completed in Q4.
- The collection phase of the Experiences in Care and Health Outcomes (ECHO) survey has been successfully completed. The third-party vendor responsible for administering the survey is currently in the process of analyzing and tabulating the data. Once finalized, the results will be compiled and shared with relevant stakeholders to inform quality improvement efforts and enhance member experience.
- CCHP published new provider reports on the CCHP Provider Portal to enhance quality efforts. This included recent hospitalizations, recent behavioral health ED visits, and individuals' upcoming Medi-Cal redetermination date.

Performance Improvement Projects

- Submitted the 2024 DHCS Performance Improvement reports for clinical PIPs and non-clinical PIPs to the DHCS External Quality Review Organization (EQRO).
- Launched round two of the Medi-Cal Behavioral Health Collaborative with partners from Contra Costa Behavioral Health Services and Kaiser Permanente Care without Delay. Started biweekly case conferencing rounds to review missed opportunities for follow-up and determine any root causes.
- Conducted nearly 400 outreach calls to members due for well care visits with at least 9.6% completing a well-care visit.
- Conducted over 540 calls for cervical cancer screening, with 10.3% of members completing a screening.
- Continued to conduct outreach calls for African American and Pacific Islander members assigned to RMC due for well care visits.
- Completed over 280 calls to members under age two who were due for lead screening.
- Collaborated with Black Infant Health to conduct two focus groups to understand barriers to Well Child Visit completion for Black/African American community members.

Population Health

- CCHP wrote the annual Population Needs Assessment and Population Health Management Strategy. These were approved at the August Quality Council meeting.
- CCHP participated in the Contra Costa Public Health Community Health Assessment (CHA) Steering Committee to support countywide planning and collaboration. This included a full-day retreat with Steering Committee members to discuss overall values and vision for the CHA.
- CCHP engaged with Contra Costa County Supervisor Diane Burgis, Kaiser Permanente, and Contra Costa County Fire on the Health Literacy Council materials, which aim to reduce ED usage with District 5 residents through an advertising campaign and ambassador program. Program launch is expected in Q4 2025.
- CCHP worked with Health, Housing, and Homelessness (H3) for the upcoming January 1 launch of Transitional Rent as a Community Support service.

- The Transgender, Gender Diverse, or Intersex (TGI) training curriculum was approved by DHCS and DMHC and completed by CCHP all staff. Around 60% of CCHP staff completed newly rolled out Diversity, Equity & Inclusion Training.
- The fall edition of Health Sense was mailed to members and included information about flu vaccinations, seasonal wellness information, and updates on available plan services. In addition, two new editions of the new maternal health, mental health, and children and family e-newsletters were developed and sent. Each edition featured curated content such as health education, community resources, preventive care reminders, and program highlights aimed at engaging members and supporting their overall well-being.
- The Health Education team participated in over 20 outreach events, including outreach at the Pittsburg Library, tabling at network Federally Qualified Health Centers, events for WIC Breastfeeding Week, County Block Party, End of Summer BBQ, and PASOS x Thrive Thursday events.
- CCHP engaged with four community-based organizations to roll out CalAIM centers. CCHP started regular office hours with two CalAIM centers and expected to roll out office hours to a third CalAIM center next quarter.
- CCHP began call intervention for the emergency department (ED) utilization reduction project. Conducted preliminary data analysis to monitor implementation.
- Collaborated with the Office of the Director Youth Ambassadors program to implement a program to distribute air purifiers to qualifying members who reside in the Los Medanos Health District.
- CCHP began ingesting California's Medi-Cal Connect data and is in the process of provisioning accounts and doing analysis of the California risk stratification to incorporate into downstream workflows.
- CCHP presented at the Fierce Advocates Doula Summit to assist with contracting, credentialing, and claims issues. CCHP planned for the annual maternal health summit, being jointly led by Public Health's Family, Maternal, and Child Health team.
- CCHP launched automated ECM referrals for the Birth Equity population of focus to increase case management services for this population.
- CCHP began drafting the Long-Term Care Quality Monitoring Report and an analysis of the Commercial population. These reports will be presented at Q4 County Council meetings.

Patient Safety

- Continued monitoring and investigating Potential Quality Issues, Provider Preventable Conditions, and medical safety incidents.
- Completed scheduled Facility Site Reviews and Medical Record Reviews.
- Publicized Clinical Practice Guidelines in newsletter and provider network training

Provider Engagement

- CCHP distributed provider-specific quality rate sheets to primary care practices which included unique HEDIS scores, timely access survey results, and grievance/complaint data.
- CCHP published health education materials for easy access for all providers to download.

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- Conducted quarterly provider network training sessions and quarterly network newsletter.
 - Held six quality meetings with providers (Lifelong, La Clínica, Axis, Brighter Beginnings, Asian Health Services, and John Muir) focusing on specific rates and improvement projects.
 - Partnered with Contra Costa Regional Medical Center in their Ambulatory Care Redesign improvement projects, joining the Population Health and Alternative Care Delivery workgroups. As part of the Alternative Care Delivery workgroup, CCHP provided support for a nurse-led asthma clinic to better serve patients with moderate to severe asthma. Part of the support efforts for the asthma clinic included input on eligible patient population, services available to CCHP members, and information on best practices other health systems have implemented. The CCHP Health Educator conducted outreach to over 160 patients to schedule patients into the nurse led clinics and completed appointment reminder outreach. As part of the Population Health workgroup, CCHP provided input and recommendations on pre-visit screenings.
 - CCHP partnered with Family, Maternal, and Child Health and FIERCE Advocates, a community-based organization, to host a successful doula provider workshop, offering current and prospective doulas hands-on support and clarity on contracting, credentialing, and claims processes. The event featured key staff from our provider relations and claims departments, strengthening collaboration and support for our local doula network.