Quality Improvement and Health Equity Transformation Program Description 2025

CONTRA COSTA HEALTH

January 2025

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2 INTRODUCTION

Contra Costa Health Plan (CCHP) is a federally qualified, state-licensed, and county-sponsored Health Maintenance Organization (HMO) serving Contra Costa County in the East Bay of the San Francisco Bay Area. Established in 1973, CCHP became the first county-sponsored HMO in the United States.

CCHP is a department within Contra Costa Health (CCH), the health services division of Contra Costa County's government. CCH integrates multiple departments that collectively support the health and well-being of the county's population. Other departments within CCH include:

- **Contra Costa Regional Medical Center (CCRMC),** a 166-bed public hospital, Level II trauma center that includes ten outpatient Federally Qualified Health Centers (FQHCs). CCRMC offers a comprehensive range of services, including a Cancer Care Program, and is home to a nationally recognized Family Medicine Residency Program.
- **County Behavioral Health Services**, which oversees specialty mental health and alcohol and other drug (AOD) services, carved out from Medi-Cal.
- **Community Health & Safety,** which houses a range of departments serving the entire county. The County Public Health Department operates a wide range of programs and services, including school health centers, health care for the homeless, case management programs, the Women, Infants, and Children (WIC) program, communicable disease control, HIV/AIDS Ryan White programs, family maternal and child health programs, and mobile clinics. Health, Housing, and Homelessness operates shelters, homeless street outreach, supportive housing, and other programs serving individuals experiencing homelessness. Environmental Health and HazMat focus on food safety, including restaurant licensing and inspections, as well as other public safety and environmental health initiatives such as hazardous materials (HazMat) management and response. Emergency Medical Services (EMS) provides oversight for prehospital care, ambulance services, and disaster preparedness.

All divisions of CCH, including CCHP, share centralized infrastructure for Human Resources, Finance, and Information Technology. This integrated structure enables collaboration and streamlines operations to support the mission of serving Contra Costa County residents.

According to the 2023 American Community Survey (1-year estimate) from the U.S. Census Bureau, Contra Costa County has a population of approximately 1.155 million residents. CCHP provides health insurance to roughly 270,000 members, covering over 20% of the county's population, including one-third of the county's children. Our membership is diverse and comprised of 42% Hispanic/Latino, 14.9% of White/Caucasian, 12% of Black/African American, 11.4% of Asian and 1.6% of more than one race. Language wise,

38% of CCHP members have preferred language other than English; besides English, Spanish is the most common preferred language at 28.6%, followed by Chinese (1.2%), Dari (0.9%) and Portuguese (0.75%).

Contra Costa Health Plan currently serves approximately 263,000 Medi-Cal members and is one of two Medi-Cal Health Plans serving the region.[1] CCHP serves over 85% of Medi-Cal members in Contra Costa County. Beginning in 2024, the Department of Managed Healthcare (DHCS) launched a new managed care contract and the managed care plan transition, in which members in various geographic regions were transitioned to new managed care plans. In 2024, Anthem Blue Cross left the Contra Costa service area and DHCS entered a direct contract with Kaiser Permanente. Previously, Kaiser Permanente was a delegate of CCHP.

CCHP also administers a commercial product for County employees, County retirees, and In-Home Support Services (IHSS) caregivers. CCHP covers approximately 6,500 commercial members with these product lines.

Starting in 2026, CCHP will be starting a new line of business for dually enrolled Medicare and Medicaid beneficiaries, a Dual-Special Needs Plan (D-SNP). CCHP has approximately 23,000 dual enrollees, and estimates that approximately 10% will enroll in the first year.

The CCHP provider network consists of Contra Costa Regional Medical Center and Health Centers and the Community Provider Network, which includes Federally Qualified Community Health Centers, contracted provider groups, and private practices.

The Quality Improvement and Health Equity Transformation Program (QIHETP) collaborates with Contra Costa Health divisions, CCHP internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost efficient, equitable, and timely care to members. The Quality Council, a multi-disciplinary physician group, and the Equity Council, a group of community and provider stakeholders, guides the overall development, implementation, and evaluation of the quality and equity. The Joint Conference Committee was appointed by the Board of Supervisors to oversee the QIHETP for CCHP.

3 Program Purpose, Goals, and Scope

3.1 Program Purpose

CCHP is committed to the delivery of high-quality and equitable health care services to our culturally and linguistically diverse members. CCHP's Quality Improvement and Health Equity Transformation Program (QIHETP) is designed to measure, monitor, evaluate, and enhance the quality and safety of health care services, ensuring not only the equitable

[1] Kaiser Permanente is the other plan serving the Medi-Cal population, however, enrollment is limited to select populations according to Kaiser's direct contract with the California Department of Health Care Services (DHCS).

delivery of healthcare, but also promoting and achieving equitable health outcomes for all members.

3.2 Goals

The overarching quality and equity goals at CCHP are to:

- Achieve better health outcomes for members by closing gaps in care that are informed by evidence-based practice guidelines.
- Provide a robust population health management strategy to address the needs of members across the continuum of care services.
- Promote health equity and reduce disparities in care through a coordinated strategy with members, providers, and the community.
- Ensure patient safety by ensuring adequate and timely identification and investigation of issues.
- Improve the member experience of care, including timely access to care that is convenient and culturally competent.
- Avoid unnecessary utilization in the ED and hospital by investing in preventive care and coordinating care across settings.
- Stabilize or reduce health care costs by targeting the right resources to the patients who need them most.
- Optimize the provider experience through meaningful collaboration and reducing administrative barriers.

To achieve these goals, CCHP:

- Uses data from a variety of sources to identify areas for improvement in clinical care, member experience, and provider experience measures.
- Solicits input from our providers and members through various committees and provider meetings. This includes the Community Advisory Committee, Equity Council, Quality Council, and Joint Conference Committee.
- Collaborates with community-based organizations and providers in developing outreach and health education strategies.
- Establishes aims, measures, interventions, and improvement teams for Performance Improvement Projects (PIPs).
- Leverages technology and automation to establish proactive identification and outreach systems for services.
- Continuously monitors performance, sustain performance where targets are met, and develop an improvement strategy to address where performance falls short.
- Provide training and education to staff and providers to ensure all services provided are culturally and linguistically appropriate.

3.3 PROGRAM SCOPE

The QIHETP scope includes the provision of clinical care (medical and behavioral health) and service for all Medi-Cal and Commercial members. In partnership with CCHP departments, provider networks and facilities, community-based organizations, and Contra Costa Health (CCH) departments, the QIHETP Program encompasses all aspects of care and service including, but not limited to:

- Access to care
- Continuity and care coordination between primary care and specialty care, as well as primary care and behavioral health
- Developing and implementing a population health strategy
- Evaluating utilization, cost, and clinical trends
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Health education
- Cultural and linguistic services
- Identifying and addressing health disparities through targeted performance improvement projects
- Identifying and addressing overuse and underuse of clinical services
- Addressing member appeals and grievances
- Ensuring excellent member experience with care and service outcomes
- Achieving NCQA Accreditation standards for the Medi-Cal product line
- Potential quality issues identification and resolution
- Preventive, chronic care and acute health care guidelines compliance
- Developing and educating on clinical practice guidelines
- Ensuring high provider satisfaction with CCHP services
- Quality measurement and implementing Performance Improvement Projects (PIPs) in underperforming measures

Healthcare settings within the Scope of Services include:

- Acute hospital services
- Ambulatory care services including preventive health care, family planning, perinatal care, and chronic disease management
- Ancillary services including, but not limited to lab, pharmacy, radiology, medical supplies, durable medical equipment (DME), and home health
- Behavioral health (mild/moderate and substance use disorder)
- Emergency services and urgent care
- Long-term care including skilled nursing facilities and rehabilitation care
- Specialty care and tertiary care providers

CCHP complies with applicable Federal civil rights laws and is responsible for ensuring that all medically necessary covered services are available and accessible to all members

regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and that all covered services are provided in a culturally and linguistically appropriate manner.

4 Program Governance and Structure

4.1 Overview

Program governance and structure form the foundation of the program, ensuring effective oversight, accountability, and alignment with regulatory standards to meet the needs of members.

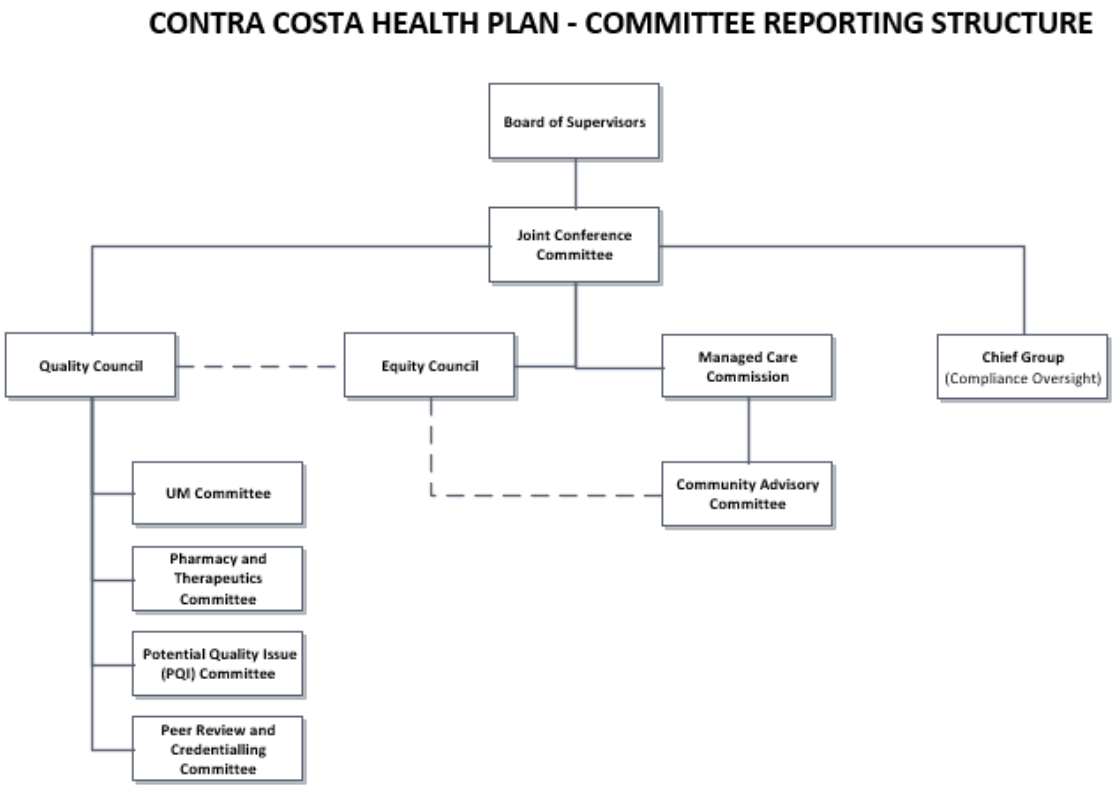
4.2 Program Governance

The Quality Council (QC) and the Equity Council (EC) are the principal committees for directing and overseeing quality, equity, and patient safety operations and activities for CCHP, including but not limited to, clinical and service-related performance improvement projects, access to care studies for medical and behavioral health, member grievances, potential quality issues, case management, utilization management, and oversight of delegated entities for utilization management and behavioral health. The Quality Council and Equity Council make recommendations to the Joint Conference Committee, which has been delegated the approval body for the Quality Program by the Contra Costa County Board of Supervisors.

As the governing body, the Joint Conference Committee gives authority to the Chief Medical Officer and the Chief Executive Officer of the Plan to ensure the QIHETP has the needed resources to meet its goals and to evaluate and monitor the program's progress toward reaching its goals. The CEO has authority over general administration of the Plan and reports to the JCC on the health plan's operations, including quality and equity.

4.2.1 Organizational Chart

Below is an organizational chart of the committee reporting structure.



4.2.2 Joint Conference Committee

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors exercises oversight of CCHP, including quality operations and activities. Two members of the Board of Supervisors are assigned to serve on the JCC. The other two JCC members are providers within the CCHP network, one representing CCRMC and one representing the CPN network. All meetings of the Joint Conference Committee are open to the public in accordance with the Brown Act. Responsibilities of the JCC include:

- Promote communication between the Board of Supervisors, the CCHP Quality Council, and CCHP administration.
- Assess and monitor the overall performance of CCHP and its contracted providers including, but not limited to, the quality of care and service provided to members.
- Review, evaluate, and make recommendations annually regarding modifications to the Annual QIHETP Program Description, Program Evaluation, and Work Plan.

- Receive, evaluate, and act on reports from the Quality Council and Equity Council on a quarterly basis or more frequently if needed. Any action taken by the JCC is subject to approval by the Board of Supervisors.

4.2.3 Quality Improvement and Health Equity Committee (QIHEC)

The California Department of Health Care Services (DHCS) requires all Medi-Cal managed care plans to establish a Quality Improvement and Health Equity Committee (QIHEC) to guide the integration of quality improvement and health equity efforts. Contra Costa Health Plan (CCHP) fulfills this requirement through the coordinated work of two complementary committees: the Quality Council and the Equity Council. Together, these councils support the continuous development, execution, and assessment of CCHP's quality and health equity initiatives.

The Quality Council, with a clinical focus, includes providers from various specialties and is responsible for overseeing clinical care, performance improvement projects, and member outcomes. The Equity Council expands membership to include community-based organizations, public health representatives, and other non-clinical stakeholders, alongside clinical participants, to address health disparities, review discrimination grievances, and promote equitable care across the member population. While each council maintains distinct membership to reflect their specific areas of focus, overlapping representation ensures alignment and coordination of efforts, fostering a comprehensive approach to improving both quality and equity in care delivery.

4.2.3.1 Quality Council

The Plan's Quality Council assists in oversight and assurance of the quality of clinical care, patient access, service excellence and patient safety of CCHP. The committee ensures that providers are involved in the planning, prioritization, and implementation of quality initiatives, as well as monitoring the care and service received by our members.

Responsibilities of the Quality Council include:

- Reviews, evaluates, and acts upon the reports of subcommittees.
- Reviews and approves the QIHETP Program Description, prior year's Annual Evaluation, and current Work Plan.
- Annually reviews, evaluates, and makes recommendations to the Board of Supervisors or the Joint Conference Committee on the status of contracted providers delegated for quality management, utilization management, credentialing, medical records, and member rights.
- Reviews reports concerning member grievances and potential quality and safety issues. The Quality Council investigates such occurrences and makes recommendations to the Credentialing Committee, Board of Supervisors and/or the Joint Conference Committee regarding resolution or implementation of any corrective action that may be required.
- Reviews reports regarding activities including, but not limited to: quality improvement projects, potential quality issues, population health management

programs, cultural and linguistic services, appeals and grievances, delegation audit scores and recommendations, access and availability reports, HEDIS quality measures, CalAIM updates, utilization review turn-around time and interrater reliability, and over/under utilization of clinical resources. The Quality Council evaluates these reports and makes recommendations to the Board of Supervisors and the Joint Conference Committee regarding implementation of any corrective action that may be required.

- Reviews and evaluates quality reports pertaining to medical, Pharmacy and Therapeutics, and benefit interpretation policy issues. The Quality Council makes recommendations to the Board of Supervisors and the Joint Conference Committee regarding trends and modifications to be implemented.
- Reviews and approves clinical practice guidelines at annually.

The Chair of the Quality Council is the Chief Medical Officer. The Co-Chair is the Director of Quality and Healthy Equity. The Quality Council meets eight times per year. A quorum is greater than 50% of voting member attendance. Voting members are the Chief Medical Officer and practicing clinicians in the provider network. The network clinicians participating in the Quality Council represent multiple specialties that align with the needs of our Medi-Cal population. Specialties that provide direct input into the Quality Program include a general surgeon, psychiatry, pediatrics, internal medicine, family medicine, OBGYN, and cardiology.

4.2.3.1.1 Subcommittees Reporting to Quality Council

The Pharmacy and Therapeutics (P&T) Advisory Committee report to Quality Council annually and meets at least quarterly to review pharmaceutical management activities. P&T keeps the Quality Council and provider networks abreast of pharmacy overuse/underuse, clinical projects, and pharmacy operations including authorization turnaround time (TAT), inter-rater reliability (IRR), activities related to fraud, waste and abuse, and other activities related to pharmacy management. P&T also reviews formulary changes, drug safety updates, recalls, pharmacy restriction and preference guidelines and generic substitution, therapeutic interchange and step therapy, and other pharmaceutical management policies.

The Director of Provider Relations presents updates from the Peer Review and Credentialing Committee (PRCC) to the Quality Council semi-annually. The Chief Medical Officer chairs the PRCC. Updates include summary data on the credentialing operations including number of providers credentialed and recredentialed, nonclinical provider complaints, and Facility Site Reviews performed including CAPS issued and completed. PRCC recommendations are submitted directly to the Board of Supervisors for approval.

The Chief Medical Officer or delegate chairs the UM Committee and minutes are reviewed at Quality Council. This committee oversees all outpatient and inpatient Utilization Management activities including the UM Program, UM Evaluation activities, UM Work Plan,

authorization TAT and IRR, and over/under utilization activities. Membership includes the Chief Medical Officer, Medical Directors, UM Director, UM Managers, UM Supervisors, and providers from the CCHP Provider Network. UM staff, Case Management Manager, and other department directors join on an ad-hoc basis. The committee meets at least every two months.

The potential quality issue (PQI) committee reviews all potential quality issues and levels cases. Voting members include the CCHP Medical Directors and Assistant Medical Directors. Nurses investigate cases and present to committee members who decide upon severity. The committee has oversight over PQI corrective actions.

4.2.3.2 The Equity Council

The purpose of the Equity Council is to provide oversight and collaboration with the CCHP Quality Improvement and Health Equity Transformation Program (QIHETP). The Equity Council reports to the Joint Conference Committee. CCHP's CMO is the committee chair, who works closely with the Director of Quality and Health Equity and the Cultural and Linguistics Manager on committee activities. The Equity Council meets four times a year and has representation from practicing network providers, community-based organizations, homeless services organizations, Contra Costa County Public Health, community health workers, and CalAIM providers.

Responsibilities of the Equity Council include oversight on the annual QIHETP annual plan, evaluation, and program description, overseeing activities surrounding National Committee on Quality Assurance (NCQA) Health Equity Accreditation, and ensuring all quality improvement projects and member surveys have a health equity lens, and reviewing appeals and grievances connected to health equity.

4.2.4 The Community Advisory Committee

Contra Costa Health Plan (CCHP) has a Community Advisory Committee (CAC) to ensure that its members have meaningful impact into CCHP's policies and decision making and are engaged as partners in the delivery of Medi-Cal Covered Services. CCHP utilizes the CAC to promote community participation within the areas of cultural and linguistic services, health education, and health inequities. CAC members identify and are advocates for health disparities that exist in the member population and discuss improvement opportunities for CCHP. CAC members work directly with the leadership of the operational departments within CCHP to receive oversight and direction. The CAC makes recommendations to the Board of Supervisors, County Health Services Director, and Chief Executive Office of CCHP.

4.3 Quality Improvement and Health Equity Structure

The quality improvement and health equity structure at CCHP is organized to ensure that all departments and key personnel work collaboratively to deliver high-quality, equitable care to our members.

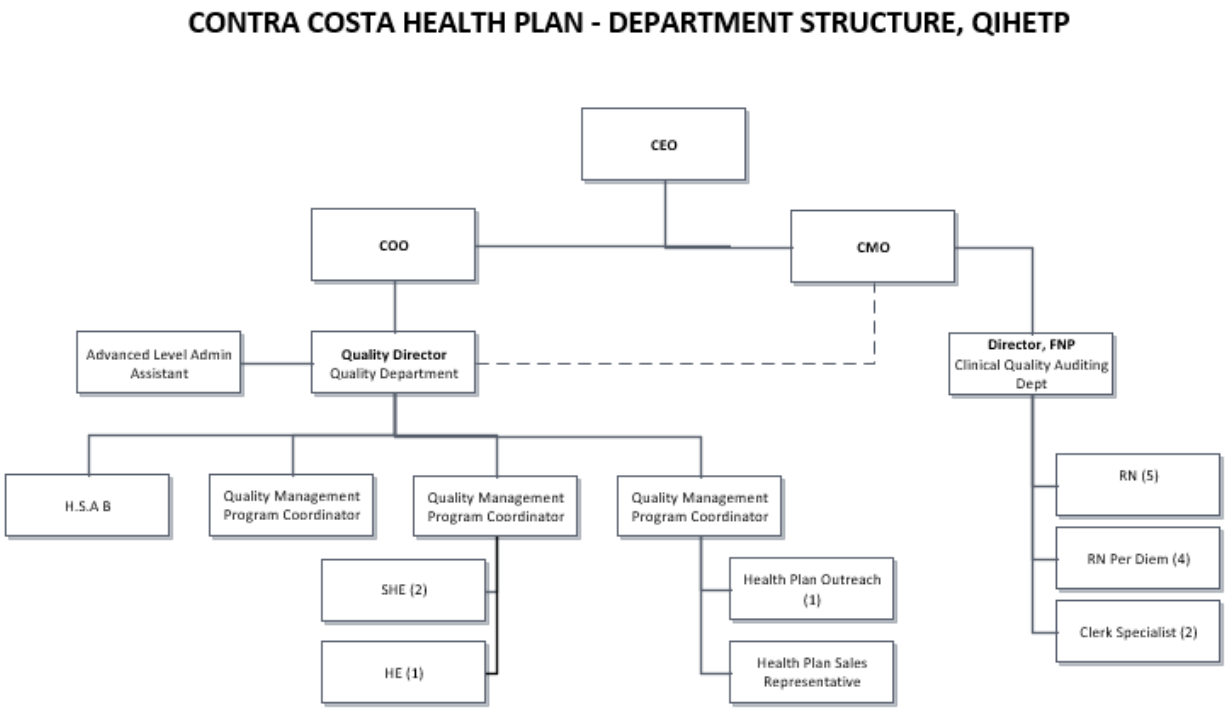
4.3.1 Key Departments Supporting Quality and Health Equity

The Quality and Health Equity Department and the Clinical Quality Auding (CQA) Department are the primary drivers of Contra Costa Health Plan's quality improvement initiatives. Together, these departments lead efforts to monitor, evaluate, and enhance the quality of care and services provided to our members. Their work encompasses quality measurement, patient safety, compliance, health equity, and strategic partnerships with other departments and providers to ensure continuous improvement.

The **Quality and Health Equity Department** is accountable for implementing quality measurement, quality improvement projects, health equity initiatives, cultural and linguistic services, health education, and population health management. Quality staff monitor quality indicators, implement, evaluate improvement activities, support CCHP leadership in strategic priorities, and collaborate with CCHP and CCH departments on the overall quality program. Additionally, the department ensures health equity is prioritized through the marketing strategy, policies, member and provider outreach, quality improvement activities, grievance and appeals, and utilization management. The Quality and Health Equity department collaborates with community-based organizations and develops targeted interventions designed to eliminate inequities. Population health management is a key aspect of the overall quality program, integrated into the Quality and Health Equity Department. Staff work together to achieve the shared goals of quality and population health initiatives. Both quality and population health report to the Director of Quality and Healthy Equity, with dotted line accountability to the Chief Medical Officer (CMO).

The **Clinical Quality Auditing Department** is responsible for patient safety initiatives at CCHP. This includes conducting all facility site reviews, medical record reviews, and physical accessibility reviews for primary care providers (PCP) and providers with specialties that are considered high-volume and/or high-impact. Responsibilities extend to investigating potential quality issues and provider preventable conditions and conducting ad hoc internal clinical audits. The team also conducts chart abstractions for HEDIS. This department reports to the Chief Medical Officer.

Below is an organizational chart of CCHP's quality and health equity department structure.



4.3.2 Supporting Departments in Quality

In addition to the Quality and CQA Departments, several other departments play vital roles in supporting Contra Costa Health Plan's quality improvement efforts. These departments, include both Clinical Operations departments and non-Clinical operations. Each contribute through their specialized expertise and programs to ensure comprehensive, coordinated, and member-focused care.

The **Utilization Management (UM) Department** is responsible for ensuring the appropriate use of healthcare services. This includes reviewing both medical necessity and appropriateness of care through pre-authorization, concurrent review, and retrospective analysis. The UM department also oversees the coordination of care across service areas and is involved in the monitoring over and under-utilization of health services. The department ensures that utilization practices align with the overall quality and health equity goals of the health plan, ensuring services are delivered efficiently, effectively, and equitably. This department reports to the Chief Medical Officer.

The **Behavioral Health Department** addresses the mental health and substance use needs of members. This department provides ensures behavioral health services are provided to members and staff facilitate transitions between carved-in and carved-out Medi-Cal services, collaborating closely with Contra Costa County Behavioral Health Services, which provided carved-out specialty mental health services and substance use services. Additionally, CCHP's Behavioral Health Department collaborates with primary care providers, school districts, and community organizations, and non-specialty mental health

providers, ensuring treatment is provided for members. By providing culturally sensitive and accessible care, CCHP works to reduce disparities in behavioral health access and outcomes, particularly for underserved communities.

The **Appeals and Grievance Department** is responsible for overseeing the formal process for handling member complaints, appeals, and grievances. The department ensures that all concerns are addressed promptly and thoroughly, and it plays an integral role in protecting member rights and improving member satisfaction. In addition to resolving individual issues, the department tracks trends in complaints and appeals, identifying opportunities for system improvements and enhancing the overall member experience and improving care quality.

The **Case Management Department** provides case management services and works closely with providers to ensure that high-risk and complex members receive the care and resources they need. This department helps to close gaps in care, manage chronic conditions, and provide a coordinated approach to treatment. It ensures members have access to the necessary healthcare services while also focusing on improving outcomes for vulnerable populations. The Care Management Department plays a crucial role in improving health equity by addressing disparities in access and outcomes for underserved groups and working on population health management with at-risk members and those needing care transitions.

The **CalAIM Department** at Contra Costa Health Plan plays a crucial role in connecting our most at-risk members to the services they need. This department works closely with Enhanced Care Management (ECM) and Community Supports (CS) providers to ensure that members facing complex health and social challenges are linked to appropriate, comprehensive care. By coordinating these services, the CalAIM Department helps to improve health outcomes and reduce disparities for vulnerable populations.

The **Member Services Department** is responsible for ensuring that members have a positive experience with the health plan. This includes providing support in accessing healthcare services, resolving complaints and grievances, and offering education on health plan benefits and services. Member Services plays a vital role in health equity by ensuring that all members, especially those from historically underserved communities, receive the appropriate support to navigate the healthcare system. They are also involved in outreach and engagement efforts to improve member satisfaction and involvement in their care.

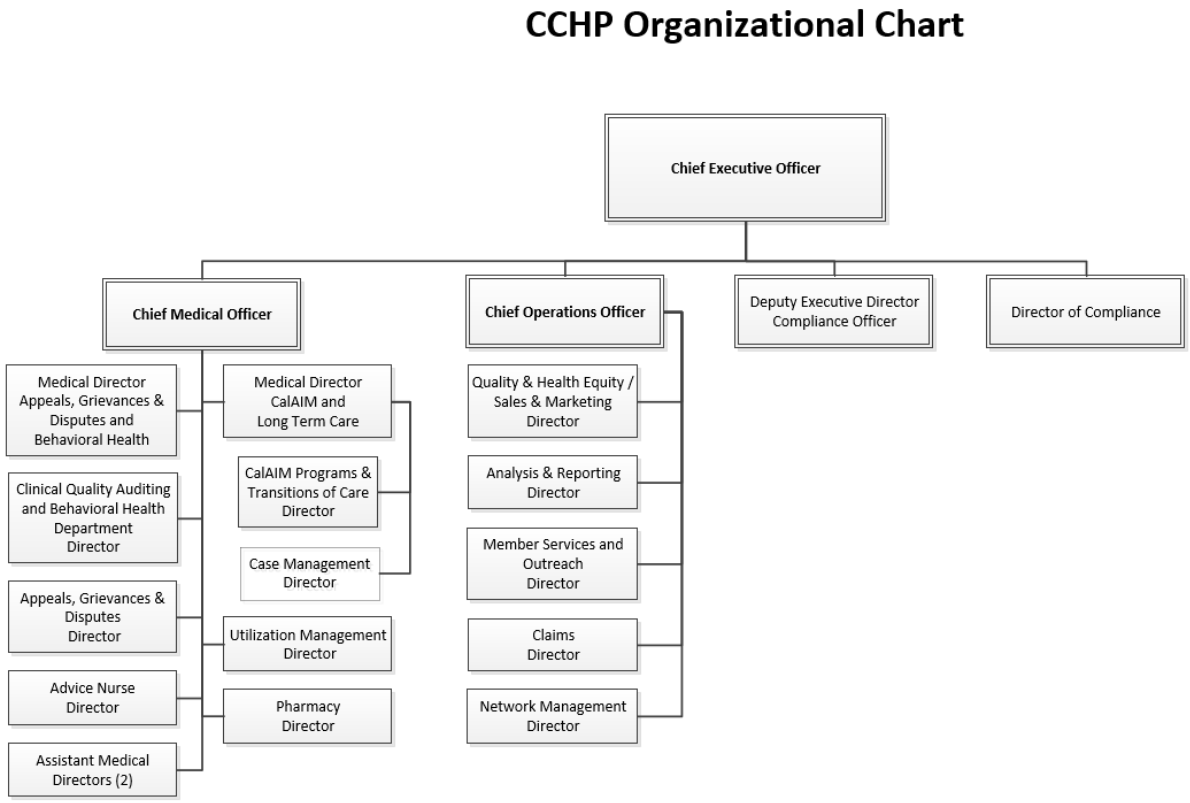
The **Provider Relations Department** serves as the primary liaison between Contra Costa Health Plan and our network of healthcare providers. This department is dedicated to building strong partnerships with providers, addressing their needs, and ensuring seamless communication. Provider Relations supports contracting, onboarding, and training, as well as assisting providers with operational issues to ensure they have the tools and resources needed to deliver high-quality care to our members.

The **Business Intelligence Department**, centrally located in Contra Costa Health Information Technology Department, is responsible for the collection, aggregation, and

reporting of health data to measure and track performance against quality indicators. This department provides aggregates data for HEDIS quality measures, develops dashboards, reports, and drives analysis that allow for continuous improvement and ensure the success of quality improvement initiatives. The team works closely with both clinical and operational departments to identify trends, monitor progress, and make data-driven decisions that can improve care delivery and address health disparities.

Each department collaborates closely to ensure the quality of care and health outcomes for all members, with a particular focus on eliminating health disparities and improving care for historically marginalized groups. This collaborative approach supports the overall mission of CCHP to provide high-quality, equitable care to its diverse member population.

Below is an organization chart of CCHP.



4.3.3 Key Quality Personnel

The key quality personnel at Contra Costa Health Plan (CCHP) provide leadership and expertise to drive quality improvement, ensure patient safety, and promote health equity efforts. These individuals oversee critical functions, including clinical quality, behavioral health, pharmacy, and equity initiatives, ensuring that CCHP delivers high-quality, equitable care to its diverse member population.

4.3.3.1 Chief Medical Officer

The Chief Medical Officer is the Chair of the Quality Council, Equity Council, Pharmacy & Therapeutics, Peer Review and Credentialing Committee, and Utilization Management Committee. The Chief Medical Officer provides oversight and guidance to the development of clinical guidelines, improvement projects, and other initiatives. The Chief Medical Officer makes determinations in potential quality issues, grievances and appeals and has authority over peer review. The Chief Medical Officer oversees all medical staff at CCHP, including the Medical Directors, medical consultants, and nursing.

4.3.3.2 Medical Director, Behavioral Health

The CCHP Medical Director oversees behavioral health services at CCHP. The Medical Director provides oversight and guidance on the provision of behavioral health services, utilization management of behavioral health services, and oversight of the partnership and collaboration with County Behavioral Health, which provides Special Mental Health Services and Alcohol and Other Drug program. The Medical Director is a member of the Quality Council and Equity Council. This position is an MD is psychiatry and reports to the CMO.

4.3.3.3 Director of Behavioral Health Services

Contra Costa County's Behavioral Health Services Director oversees Contra Costa's Specialty Mental Health, network of non-specialty mental health, and Alcohol and Other Drug treatment services. The County Behavioral Health Services Director is a member of the Quality Council and provides guidance and insight on all behavioral health aspects of the quality program at CCHP. This position is a PhD.

4.3.3.4 Director of Pharmacy

CCHP's Director of Pharmacy oversees pharmaceutical safety services, the development of formularies, pharmacy utilization review, and the oversight of CCHP's pharmacy benefit manager for the commercial line of business. The Director of Pharmacy is the co-chair of the Pharmacy & Therapeutics Committee. This position is a PharmD and reports to the CMO.

4.3.3.5 Director of Quality and Health Equity

The Director of Quality and Healthy Equity works closely with the Chief Medical Officer, the Quality Council, and Equity Council on developing, implementing, and evaluating the QIHETP activities. The Director of Quality and Health Equity is responsible for the oversight of the QIHETP work plan, population health management portfolio, and overseeing department staff. The Director of Quality and Healthy Equity reports to the Chief Operations Officer with a dotted line to the Chief Medical Officer.

4.3.3.6 Clinical Quality Auditing Director

The Clinical Quality Auditing (CQA) Director works closely with the Chief Medical Officer (CMO), the Director of Quality and Healthy Equity, the Appeals and Grievances Department, and with the Quality Council, on adopting, assessing, and implementing clinical quality

activities. The CQA Director oversees the clinical quality nurses. The CQA Director reports to the CMO.

4.3.3.7 Quality Managers

The QIHETP has Quality Managers responsible for the day-to-day management of the quality improvement and equity activities. One is responsible for the NCQA health plan accreditation. The second is responsible for population health management activities, administering quality improvement projects, member experience surveys, disease management programs, and overseeing CCHP's team of health educators. This person serves as CCHP's Qualified Health Educator for DHCS. The third serves as the Cultural and Linguistic Services Manager who is responsible for implementing all aspects of the Cultural & Linguistics program and cultural competency trainings according to state and federal regulations and providing technical assistance to providers to ensure provision of culturally sensitive and appropriate care to CCHP members. This position reviews member grievances with a health equity lens to identify any potential acts of discrimination against members. In addition, this position is responsible for successful implementation of all Equity Committee priorities as well as leading equity-focused improvement projects. These positions report to the Director of Quality and Health Equity.

4.3.3.8 Quality Nurses

Nurses in the clinical quality auditing department oversee Facility Site Reviews, Medical Record Reviews, Physical Accessibility Review Survey, HEDIS chart abstractions, potential quality issues, and ad hoc audits and oversight. The Quality Nurses report to the Clinical Quality Auditing Director.

4.3.3.9 Health Education Specialists

CCHP has two Senior Health Education Specialists and one Health Education Specialist that ensure that the health education program is responsive to members' needs. The health educators develop, implement, and evaluates the Health Education Program, which includes a range of health education resources and delivery modalities, and the position works internally with other departments to assess literacy levels of health education and member informing materials, including the member newsletter. The Senior Health Educator reports to the Quality Management Program Coordinators.

4.3.3.10 Health Services Administrator

The Health Services Administrator is responsible for management HEDIS reporting and access and availability reporting. This person conducts analysis and develops reports for CCHP's quality measures. This position reports to a Director of Quality and Healthy Equity.

4.3.3.11 Secretary Advanced Level

The Secretary Advanced Level is responsible for providing administrative support to the Quality and Equity Team. The Secretary organizes and takes minutes at the Quality Council and Equity Council meetings, provides administrative support to access studies, and

coordinates encounter data validation chart abstractions. The Secretary reports to the Director of Quality and Healthy Equity.

5 Quality Improvement, Equity, and Population Health Programs

5.1 Quality Improvement and Health Equity Program Planning

CCHP incorporates ongoing documentation cycles that applies a systematic process of assessment, identification of opportunities, action implementation, and evaluation. This documentation cycles includes: Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the quality council charter, are reviewed annually by the Quality Council.

5.1.1 QIHETP Program Description

The Quality Program Description is a document that outlines CCHP's structure and process to monitor and improve the quality and safety of care to members.

5.1.2 QIHETP Work Plan

The work plan identifies the scope of the quality programs and defines activities to be complete in the program year. The work plan is developed annually after completing the Quality Program Evaluation from the previous year. The work plan includes objectives, planned activities, timeframe, and staff members responsible.

5.1.3 QIHETP Program Evaluation

The quality program evaluation includes an annual summary of all quality activities, impact the program had on member care, and an analysis of the achievement of goals, and an assessment of revisions.

5.2 NCQA Accreditation

5.2.1 NCQA Health Plan Accreditation

The quality and health equity department takes the lead on interpreting standards, identifying gaps, consulting with other department functions on closing their gaps, ensuring submission of appropriate and timely documentation, and providing general oversight and maintenance of the NCQA accreditation status. CCHP was granted its fourth full three-year Accreditation early in 2023. The next review is March 2026.

5.2.2 NCQA Health Equity Accreditation

The quality and health equity department takes the lead on the NCQA Health Equity Accreditation which must be achieved no later than January 2026. In preparation for this initial accreditation, the cultural and linguistic manager with the other CCHP departments to ensure compliance on the health equity accreditation standards. Data will be stratified

to identify health disparities and work collaboratively with CCHP departments to implement targeted interventions and update policies and practices.

5.3 Measurement, Analytics, Reporting, and Data Sharing

CCHP in partnership with Contra Costa Health IT department has the technology infrastructure and data analytics capabilities to support goals for quality management and improvement actives. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to support quality activities. This integrated data warehouse allows for the collection of all quality performance data across the health plan and delivery system.

The Quality and Health Equity Department partners with our Business Intelligence team to collect HEDIS data annually for Managed Care Accountability Sets (MCAS), NCQA HEDIS Accreditation measures, and DMHC Health Equity and Quality Measure Set (HEQMS). This includes over 70 measures that cover clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS engine for reporting. CCHP also contracts with a vendor to conduct the CAHPS survey. HEDIS data is stratified by race, ethnicity, language, provider network, provider and other key demographic variables to identify variations and opportunities to improve care and service. The Quality and Health Equity Department works with the BI and IT teams to develop and utilize dashboard and reports to evaluate performance and identify opportunities for improvement.

In addition to HEDIS reporting, CCHP regularly produces the following mandated reports: DMHC Timely Access to Care, Member and Provider experience, DHCS Encounter Data validation, DHCS Performance Improvement projects, and External Quality Review (EQR) reporting. CCHP also tracks internal quality metrics aimed at improving care and services for members. CCHP reviews the EQR technical report and evaluation recommendations to make improvements annually.

5.4 Performance Improvement Projects

5.4.1 Quality Improvement Framework

The Quality Program utilizes the Model for Improvement and PDSA cycles to continuously evaluate and improve care and services for our members. Our broader aims focus on improving health, member experience, health equity, and cost efficiency. Work is prioritized by:

- Regulatory requirements from DHCS, DMHC, and NCQA
- Data-driven by performance in in HEDIS and other quality metrics
- Findings from the Population Needs Assessment
- Data on PQIs, member grievances, internal member surveys, and access studies
- Assessment on value and impact on members

- Synergies with the delivery system to identify areas where combined health plan and delivery system collaboration can best achieve results.

5.4.2 Active Performance Improvement Projects

CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level. Additionally, CCHP identifies additional performance improvements in the work plan based on an analysis of quality data. Annually, CCHP reviews quality metric data, assesses measurement areas that need improved, and develops improvement projects to be added to the work plan. On an at minimum of monthly basis, CCHP reviews quality metric data and may modify the work plan to add additional performance improvement projects. CCHP identifies areas where there is a decline in performance level or CCHP is under the desired quality target. Quality staff conduct a root cause analysis and develop a plan to implement a performance improvement project.

5.5 Population Health Management

The work of population health is to maximize health by co-creating services with members and providers which deliver primary and secondary evidence-based interventions for the prevention and management of illness in our assigned population. In 2023, the Department of Health Care Services (DHCS) launched Population Health Management, a key feature of CalAIM. Population Health Management will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. This will be accomplished through the following initiatives:

5.5.1 Population Needs Assessment, Strategy, and Impact Report

Annually, as part of NCQA accreditation, CCHP conducts a comprehensive Population Needs Assessment uses available data sources to identify disparities and trends. CCHP utilizes the Population Needs Assessment to develop its Population Health Management Strategy, an annual document approved by the Quality Council that outlines the programs CCHP will implement to address the needs of the population. CCHP assesses the population health impact of the programs implemented in the strategy to determine the efficacy of programming and inform future programming. Population Needs Assessment is also used to identify priorities for Cultural and Linguistic Program.

CCHP also participates on the steering committee for Contra Costa County's Public Health Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). By aligning our Population Health Management Strategy with the overall needs identified in the CHA and CHIP, we ensure that our initiatives are responsive to broader community health priorities and foster collaborative, community-wide health improvements.

5.5.2 Gathering Member Information

Member data is fragmented between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are

often duplicative across settings. Leveraging its integration within the county delivery system, CCHP utilizes comprehensive data systems, integrating data from claims, clinical data, detention health, EMS, social services, homeless systems, and public health into one unified member record to co-locate this information for population health management activities.

5.5.3 Risk Stratification, Segmentation, and Tiering

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by leveraging data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data, including homelessness and criminal justice data, CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This diverse dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories, and tiering based on acuity. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services. CCHP regularly evaluates its risk stratification methods for potential biases to ensure equitable resource allocation across all populations.

5.5.4 Population Health Services

CCHP has established a comprehensive population health program aimed at promoting overall well-being and addressing the varying needs of our members. This program focuses on keeping healthy members well, offering self-management resources for individuals with well-controlled chronic conditions, and providing case management support to those with poorly controlled chronic diseases. For our highest-need members, we offer Enhanced Care Management services tailored to those with significant healthcare utilization. Case Management Services, including Complex Case Management and Transitional Case Management, are structured around risk stratification to ensure the most appropriate support for those with the greatest needs. Additionally, our basic population health services provide health education, wellness promotion, and preventive care for all members.

5.5.4.1 Cultural and Linguistic Services

CCHP prioritizes culturally and linguistically sensitive care for its diverse membership, and ensures all services provided are non-discriminatory and meet all state and federal requirements. CCHP Cultural and Linguistic Services (C&L) program aims to prevent discrimination, offering culturally appropriate care to all members, including those with limited English proficiency and diverse backgrounds. CCHP C&L program advocates and uses the application of national standards for Culturally and Linguistically Appropriate Services (CLAS) developed by the Office of Minority Health to health plan operations by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health

literacy, and other communication needs. To ensure members have access to cultural and linguistic services for effective communication during healthcare services, CCHP actively collects Race, Ethnicity, and Language (REAL) and sexual orientation and gender identity (SOGI) data to identify health disparities.

CCHP C&L Program coordinates and oversees all linguistic services to members, this includes 24-hour access to interpreter services, document translation, alternative format of information and ensures all critical materials are available in threshold languages. C&L Program provides annual training for staff and providers on health equity, communication skills, linguistic services, cultural competency, awareness and sensitivity. C&L program also develops and updates Diversity, Equity & Inclusion (DEI) training and Transgender, Gender Diverse, Intersex (TGI) cultural competency training, and ensures these trainings are incorporated within QIHETP goals. C&L program provides technical assistance to providers, collaborates with county health services and community agencies to reduce health disparities, and promptly responds to the cultural and linguistic needs of both providers and members. C&L program monitors cultural and linguistic needs and trends of CCHP's membership and works closely with Health Educators to ensure health education services meet the cultural and linguistic needs of our members.

In addition, C&L Program seeks community and member feedback through Community Advisory Committee, Equity Council, Population Health Assessment, member surveys and grievance monitoring to identify and prioritize opportunities for improving cultural and linguistic services.

5.5.4.2 Basic Population Health Management

Access, Utilization, and Engagement with Primary Care: CCHP ensures ongoing primary care access, member engagement, and strategies for non-duplication of services. The focus is on health equity, meeting National Standards for Culturally and Linguistically Appropriate Services (CLAS), and reporting on primary care spending.

Care Coordination, Navigation, and Referrals Across all Health and Social Services, Including Community Supports: CCHP guarantees access to needed services, partnering with primary care and other systems for effective care coordination, navigation, and referrals. Closed Loop Referrals are emphasized, ensuring coordination with various community resources.

Information Sharing and Referral Support Infrastructure: CCHP implements information-sharing processes and referral support infrastructure, complying with privacy laws and professional standards.

Integration of Community Health Workers (CHWs): CHWs are integrated into PHM, addressing various health-related issues. The new CHW benefit facilitates reimbursement for basic population health management services.

Wellness and Prevention Programs: Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs

Assessment and other sources such as HEDIS, Community Advisory Committee feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this at least annually in the member and provider newsletters. Topics covered include health weight maintenance, smoking and tobacco use cessation, encouraging physical activity, healthy eating, managing stress, avoiding at-risk drinking, and identifying depressive symptoms.

Programs Addressing Chronic Disease: CCHP offers evidence-based disease management programs, focusing on improving member health and well-being. Key conditions, including diabetes, cardiovascular disease, asthma, and depression, are addressed through health education interventions, member engagement, and closing care gaps to enhance equity and reduce health disparities. Aligned with the Population Needs Assessment and Population Health Management Strategy, initiatives are tailored to the unique needs of diverse Medi-Cal populations, fostering collaboration with community programs and supporting overall health improvement.

Programs to Address Maternal Health Outcomes: CCHP works to improve maternal health outcomes, adhering to comprehensive perinatal service program standards.

PHM for Children: CCHP ensures ensure early and periodic screening, diagnostic, and treatment for children, meeting federal and state requirements, coordinating health and social services, and actively promoting preventive services. CCHP is developing MOUs with WIC providers, First 5 programs, and Local Education Agencies strengthen support for school-based services.

Behavioral Health: CCHP is responsible for mild to moderate behavioral health services for Medi-Cal and all behavioral health services for commercial members. For Medi-Cal, CCHP partners with the Contra Costa County Behavioral Health Services to triage patients to determine level of severity and to provide appropriate treatment. For members who are seen at FQHCs in the community, members are generally triaged and treated at those facilities. Some Community Health Centers are providing embedded behavioral health services, and CCHP contracts with telehealth providers to further expand access. Quality activities for behavioral health focus on HEDIS measures, continuity and coordination of care for outpatient behavioral health, measuring behavioral health practitioner access and availability, and conducting an annual satisfaction survey aimed at those receiving behavioral health services. Updates on the quality activities are provided to the Quality Council quarterly and a Behavioral Health clinician is a member of the Quality Council.

5.5.4.3 Care Management

Care management services are designed to meet the needs of the most vulnerable members. CCHP has two essential programs - Complex Care Management (CCM) and Enhanced Care Management (ECM), both integral to addressing the diverse needs of MCP

members. CCM, aligning with NCQA standards, provides extra support for higher- and medium-rising-risk members who are not covered by ECM. It offers chronic care coordination and interventions for episodic needs, emphasizing flexible eligibility criteria determined by CCHP. CCM includes a comprehensive assessment, care plan, various interventions, and basic population health management integration. Care managers, assigned to each member, ensure effective communication, and access to needed services, including Community Supports.

ECM, initiated in January 2022, is a community-based benefit addressing the clinical and nonclinical needs of Medi-Cal's highest-need members through intensive coordination. CCHP contracts with ECM providers, which include providers, county agencies and community-based organization. The ECM providers assign a lead care manager to each member for personalized in-person interactions. ECM eligibility is based on specific "Populations of Focus" criteria, rolled out in phases throughout 2022-2024. ECM and CCM operate on a continuum, with members transitioning from ECM to CCM as needed, ensuring comprehensive care management. DHCS monitors outcomes through quarterly reporting, evaluating and enhancing Populations of Focus definitions and policies over time to optimize the ECM benefit.

5.5.4.4 Transitional Care Services

The concept of care transitions encompasses the movement of members from one care setting to another, such as hospital discharges to home-based settings, community placements, or post-acute care facilities. Key responsibilities include services such as comprehensive medication reconciliation upon discharge and follow-up care by a provider. Individuals considered high risk are assigned a care manager upon discharge who coordinate transitional care services. Individuals considered low risk can access additional coordination services as needed by having a direct pathway to transitional care services.

5.6 Patient Safety Activities and Projects

Patient safety is addressed by multiple plan departments. Staff regularly review data from grievances and appeals, access and availability data, MCAS measures, satisfaction survey results, utilization and case management data, studies on adherence to clinical guidelines, and data from facility site reviews and chart reviews to identify areas of risk to members' safety. Data is presented regularly to the Quality Council.

5.6.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify a potential quality issue (PQI) and forward it to the Clinical Quality Auditing Department for investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) and develops PQIs as necessary. The quality nurses investigate all cases and present these to the PQI committee, which consists of the Chief Medical Officer, Medical Director, and Director of Pharmacy. The committee reviews and assigns levels to all PQIs. PQIs with a level of 3 will receive a Corrective Action Plan (CAP) and may be forwarded to

the Peer Review and Credentialing Committee. Provider Relations further identifies any trends at the provider level where intervention is warranted. The PRCC uses data from facility site reviews, grievances, and PQIs. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council at least annually.

5.6.2 Pharmaceutical Safety

Pharmaceutical safety is also addressed through overuse/underuse use activities. These include: reviewing members with fifteen or more prescriptions and referring to case management if applicable, reviewing members with opioid prescriptions from multiple providers and/or pharmacies, reviewing members with potentially unsafe medication regimens, and reviewing prescription trends for potential fraud, waste, and abuse. Actions include notifying providers around medication safety and educating patients.

5.6.3 Facility Site Review and Medical Record Review

CCHP ensures that primary care provider sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards. CCHP ensures that medical records follow legal protocols and provider have documented the provision of preventive care and coordination of primary care services. Facility Site Review nurses complete periodic full scope review of facilities and their medical records, and complete corrective action plans for cited deficiencies.

5.6.4 Clinical Practice Guidelines

CCHP reviews clinical practice guidelines annually through the Quality Council to ensure they reflect current, evidence-based standards of care. These guidelines are reviewed and approved by the Chief Medical Officer and the medical team, then distributed to all network providers to support consistent, high-quality clinical practices across the network.

5.7 Provider Collaboration

CCHP collaborates with provider stakeholders on improvement efforts. This includes the CCRMC system, Federally Qualified Community Health Centers (FQHCs), Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication among diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration includes participation in various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

CCHP hosts quarterly provider trainings that cover updates on quality activities and provides an opportunity for providers to share their input on the Quality Program. Efforts to support quality also focus on building partnerships through committee and workgroup participation. CCHP regularly meets with internal departments and external agencies to collaborate on quality improvement initiatives.

Examples of these supports to our providers and partners are listed below:

- CCHP CEO and CMO attend regular Joint Operations Meetings with hospitals.
- CMO, Provider Relations, Case Management, and Quality staff conduct regular provider site visits.
- Community clinics meet quarterly as part of the Safety Net Council with attendance by the CCHP's Chief Executive Officer, CMO and Director of Quality and Healthy Equity. FQHC CMOs meet monthly with the CCHP CMO and Medical Directors. CCHP Director of Quality and Healthy Equity meets every other month with individual FQHCs sites quality teams, going over quality projects and areas of opportunity. Providers from the RMC and CPN networks are members of CCHPs Quality Council, chaired by CCHP's Chief Medical Officer and Quality Management Director (CMO).
- The Medical Director of Case Management and Long-Term Care hosts quarterly Joint Operations Meetings with CalAIM providers.
- CCHP Director of Quality and Healthy Equity attends the Ambulatory Redesign workgroup, Quality Incentive Pool (QIP) improvements meetings, Outreach Committee, and presents annually at the Patient Safety/Performance Improvement Committee at CCRMC.
- CCHP Medical Director of Behavioral Health meets regularly with County Behavioral Health Services and CCHP Director of Quality and Health Equity meet regularly with County Behavioral Health Services quality team to coordinate on quality initiatives.
- Senior leaders and practitioners from Behavioral Health Services attend CCHP's monthly Quality Council meetings.
- The Chiefs across all CCH divisions meet at least monthly to collaborate on CCH strategies including population management.
- Updates on CCHP's population management activities are communicated regularly to our Board, the Joint Conference Committee.

5.8 Delegation

Delegated activities are supported by a delegation agreement that define the specific functions and responsibilities for the delegated entities. CCHP does not delegate any quality and health equity or utilization management functions.