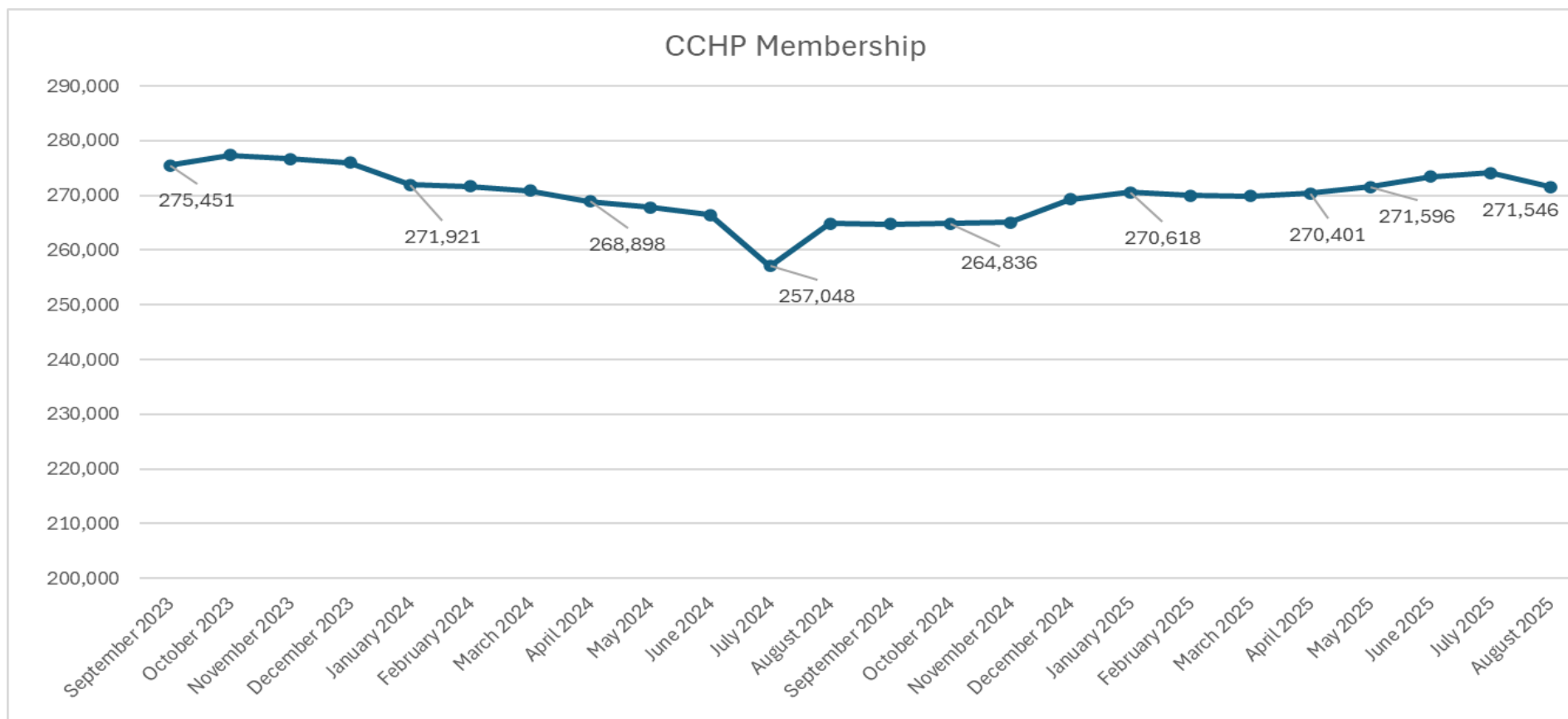




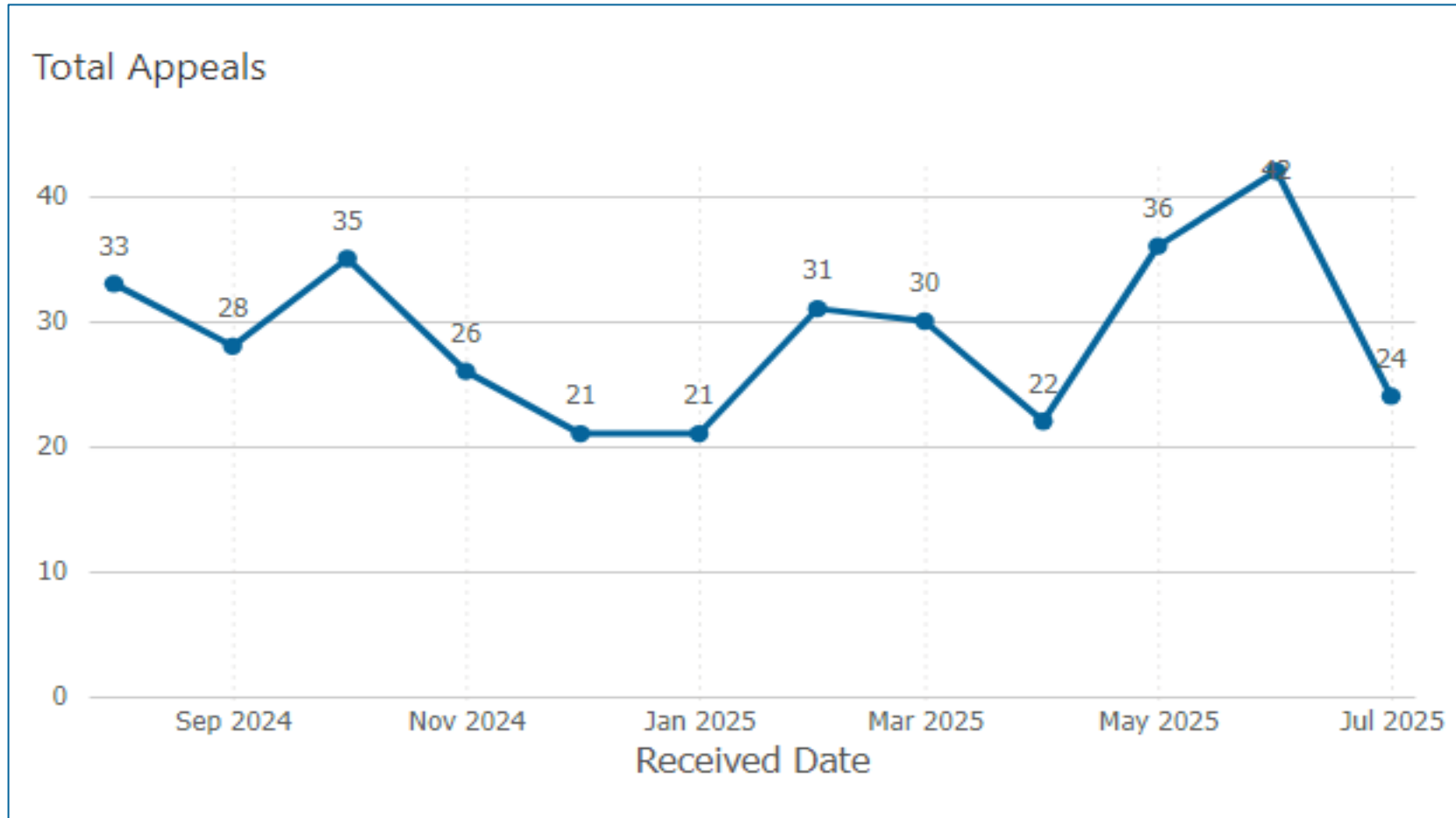
cchealth.org

5.0 CCHP IT Report

Presented by:
Bhumil Shah
Chief Information Officer



Source: CCHP Population Health Dashboard (Power BI) as of 9/18/2025



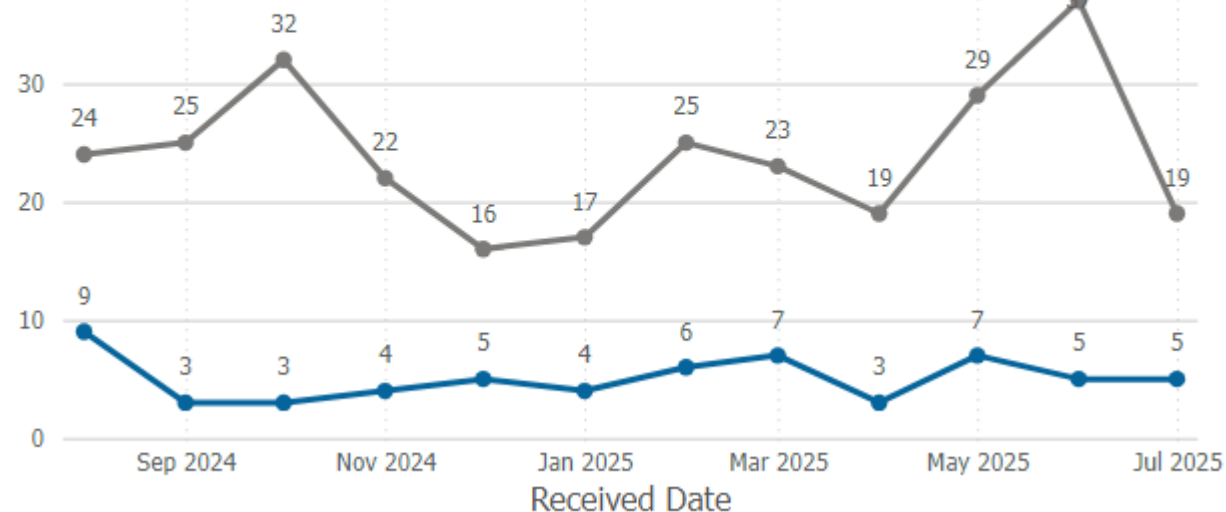
Source: CCHP Appeals and Grievances Dashboard (Power BI) | Date Range: 8/1/2024 – 7/31/2025



Appeals (Continued)

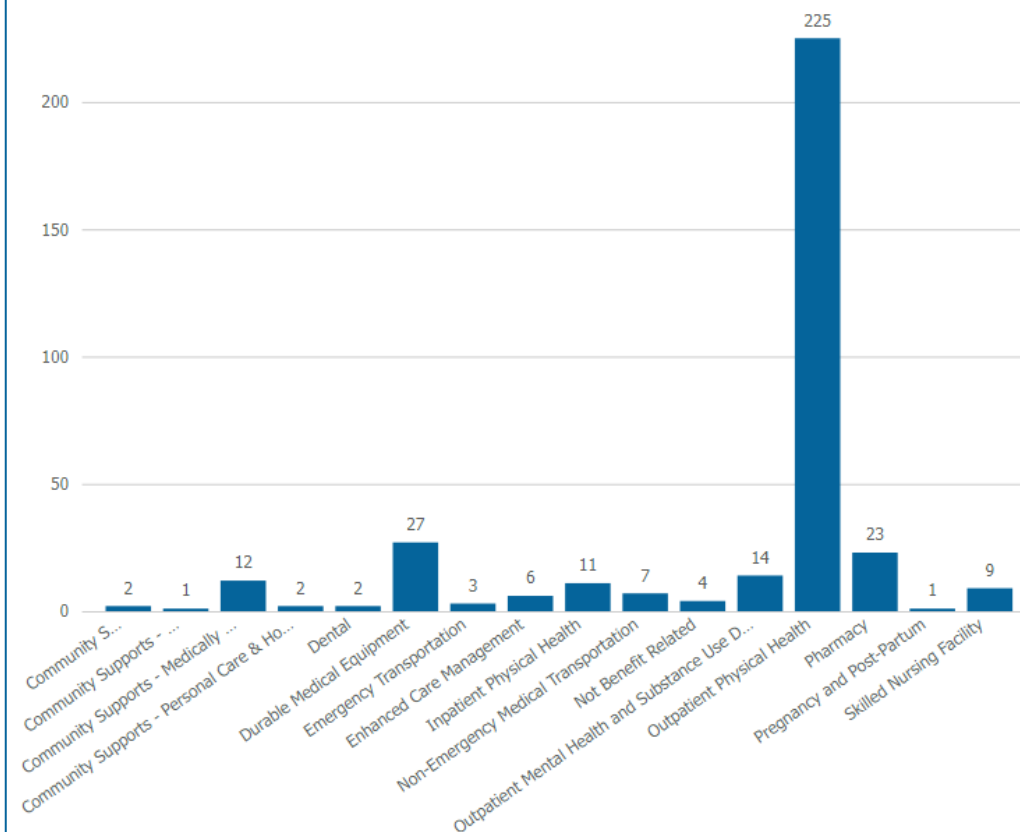
Appeals by Topic

Topic ● Expedited Member Appeal ● Member Appeal



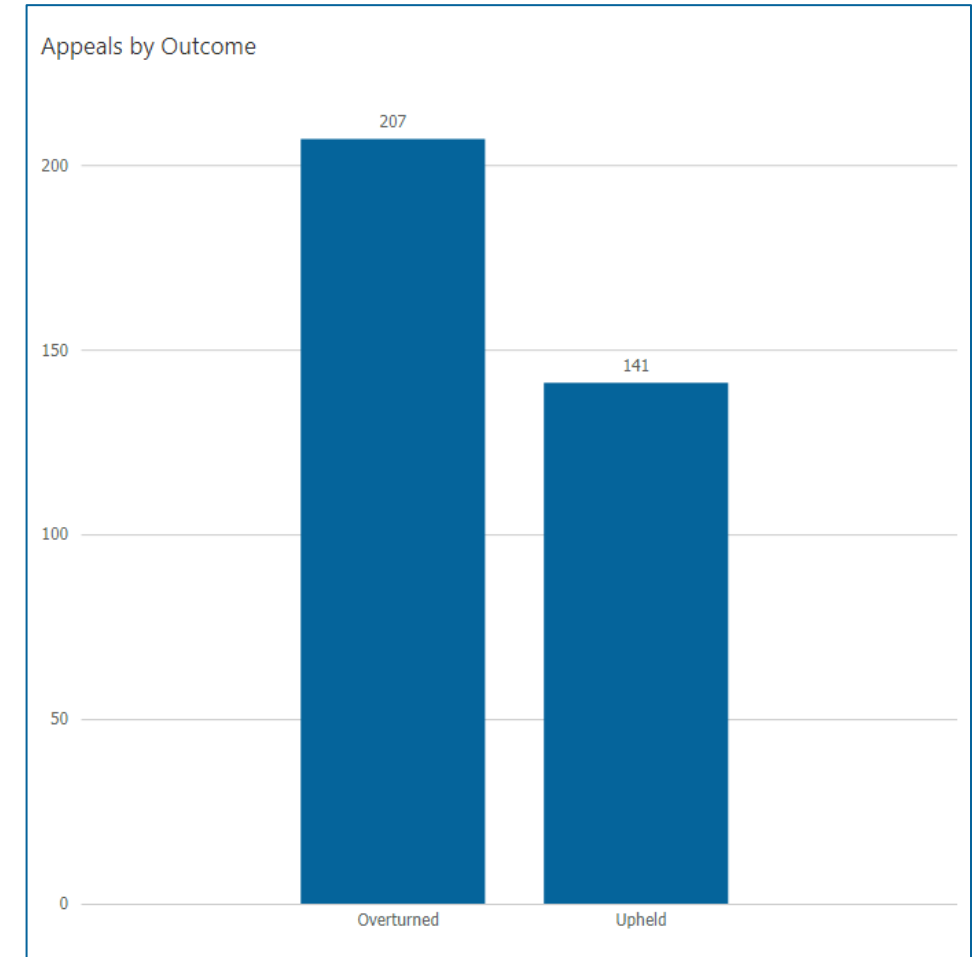
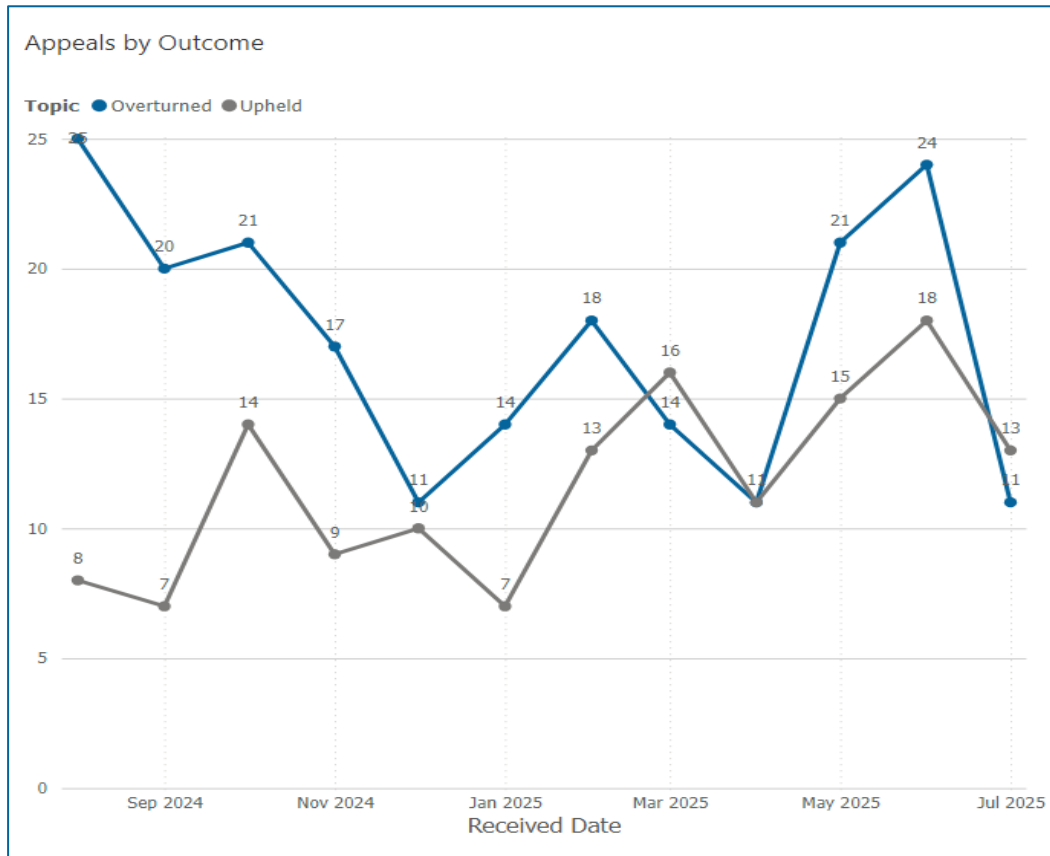
Expedited appeals are defined as appeals where waiting for a standard decision may seriously put the health of the member at risk (like if they are currently in the hospital or urgently need medication)

Appeals by Benefit Type



Source: CCHP Appeals and Grievances Dashboard (Power BI) | Date Range: 8/1/2024 – 7/31/2025

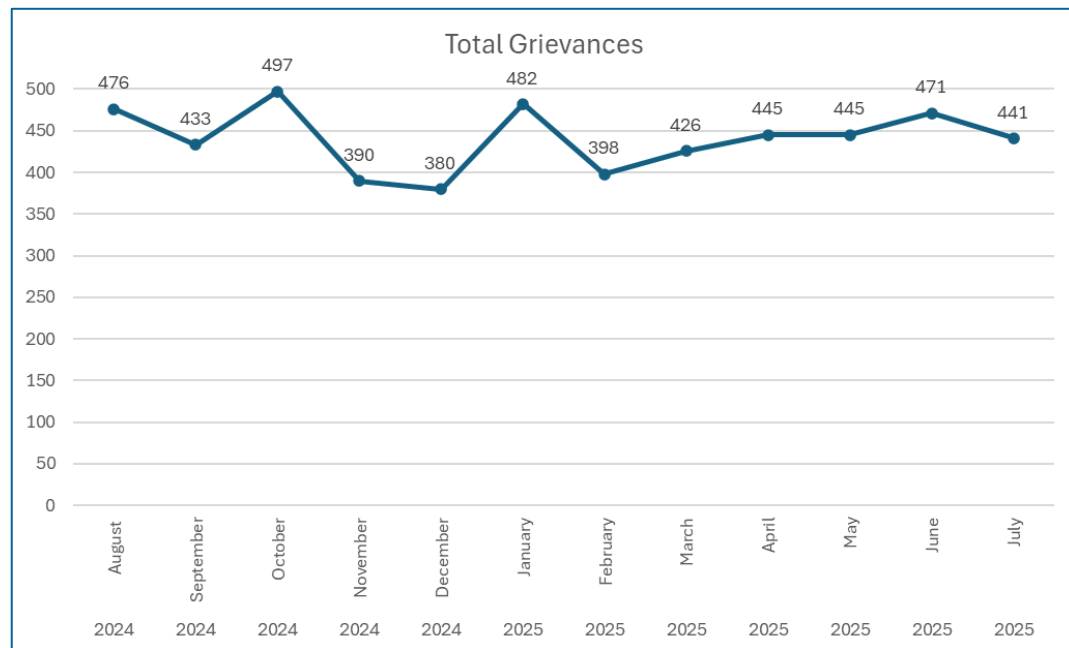
Appeals (Continued)



Source: CCHP Appeals and Grievances Dashboard | Date Range: 8/1/2024 – 7/31/2025
Filter: Removed “Other” outcomes (member cancelled or not yet resolved)



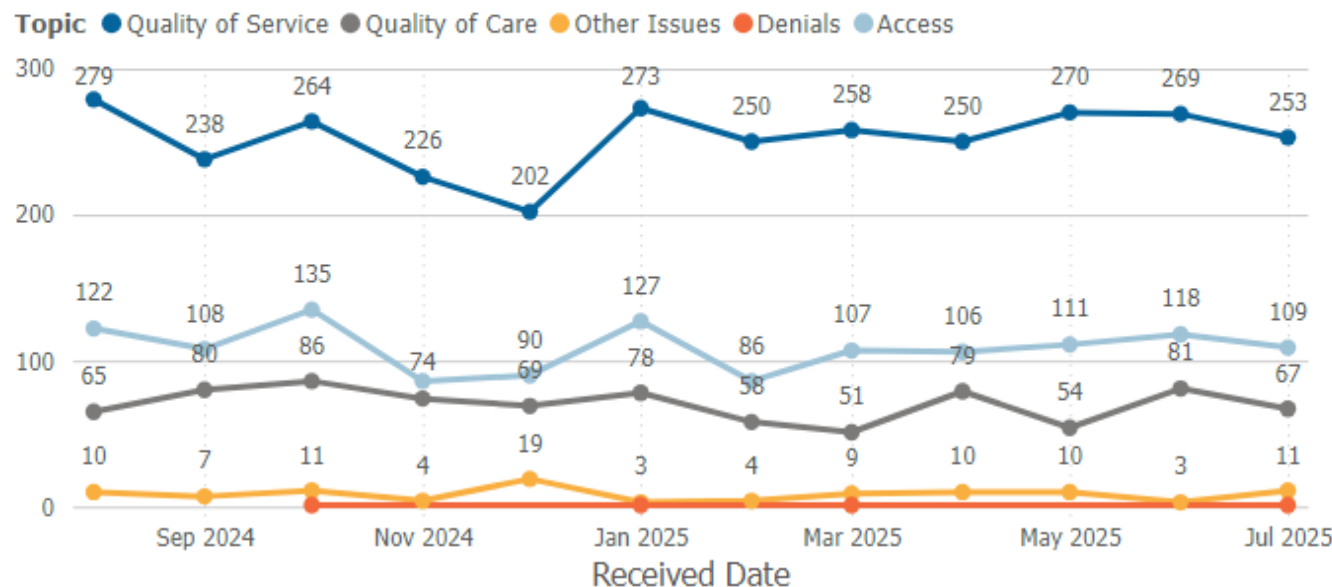
Grievances



CCHP: 1.7 grievances per 100K member

California Medi-cal average: 3.1 grievances per 100K member

Grievances by Issue Type



Access examples: physical access, provider availability, language access

Quality of Care examples: inappropriate care, provider grievances

Quality of Service examples: case management, provider/staff attitude, member materials

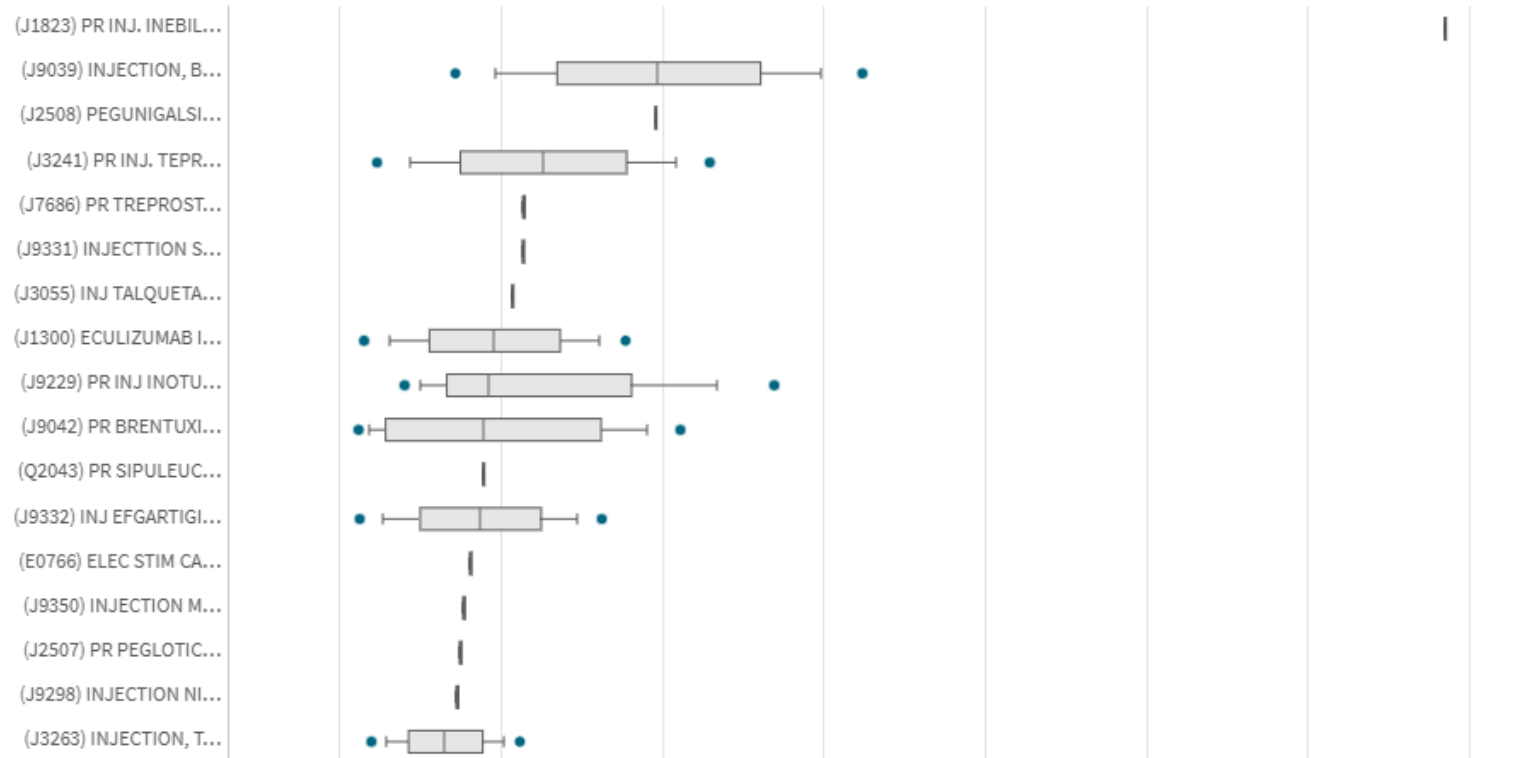
Other Issues examples: Referrals, billing, appeal timeliness

Source: CCHP Appeals and Grievances Dashboard(Power BI) | Date Range: 8/1/2024 – 7/31/2025

New - Advanced Claims Dashboard Released

Boxplot: Avg Payout per Member by Procedure and Vendor

Box plots show the distribution of price per member by vendor and procedure. Outliers have been set at the 10th and 90th percentiles. Vendors below 10th percentile may be underpaid, vendors above 90th percentile may be overpaid.



Source: CCHP Billing Analysis Dashboard

Purpose: Real time statistical analysis of Claims data for Claims and Utilization Management