Quality Improvement and Health Equity Transformation Program Description 2024

CONTRA COSTA HEALTH

ACCREDITED NCQA HEALTH PLAN ACCREDITED

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2 INTRODUCTION

Contra Costa Health Plan (CCHP) is a federally qualified, state licensed, county sponsored Health Maintenance Organization serving Contra Costa County. In 1973, CCHP become the first county sponsored HMO in the United States.

Contra Costa County is located in the East Bay of San Francisco Bay Area. In 2022, according to the American Community Survey 1-year estimate from the United States Census Bureau, the population was 1.156 million residents. Contra Costa Health Plan currently serves more than 267,000 Medi-Cal members and is one of two Medi-Cal Health Plans serving the region.[1] CCHP serves approximately 90% 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 in new managed care plans. In Contra Costa, Anthem Blue Cross left the market 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 and In-Home Support Services (IHSS) caregivers. CCHP covers more than 7,000 commercial members with these product lines.

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 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. 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

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

services, ensuring not only the equitable 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.
- Refine and develop 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.

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 STRUCTURE AND GOVERNANCE

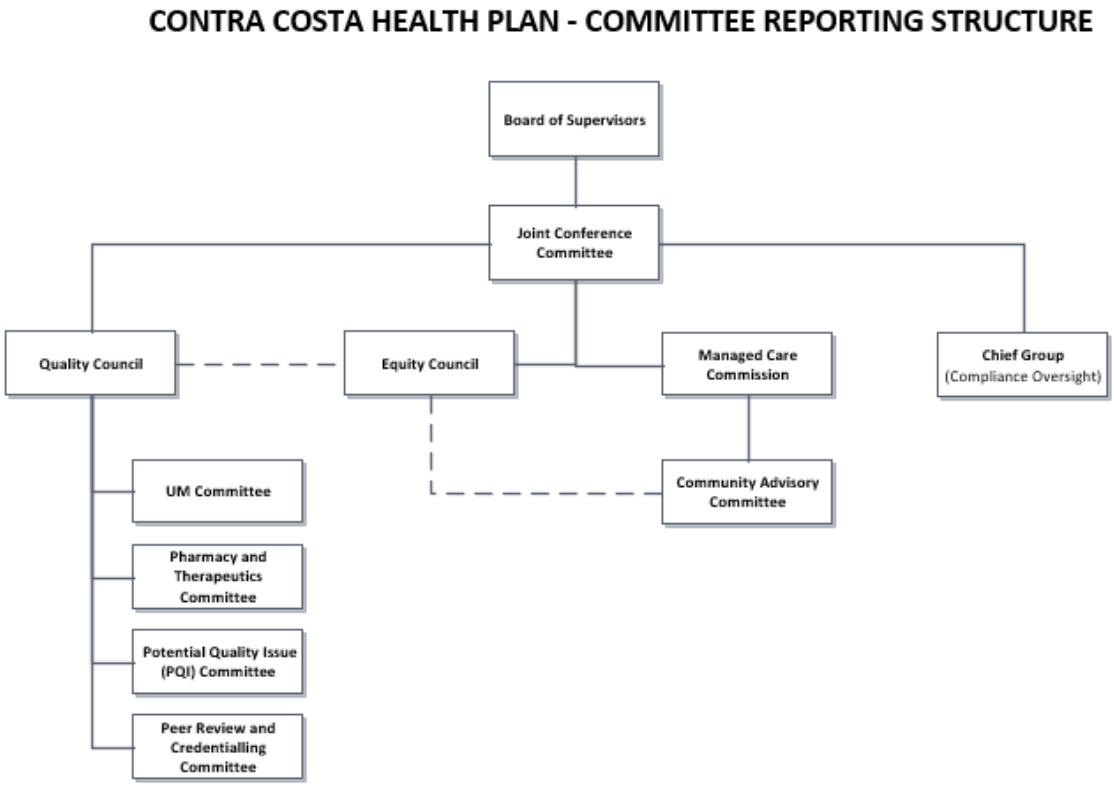
4.1 OVERVIEW

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 ORGANIZATIONAL CHART

Below is an organizational chart of the committee reporting structure.



4.3 Governing Body – 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. 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.

4.4 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 Quality Director. 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 contracted clinicians. The Quality Council consists of a muti-specialty group of clinicians representing specialties impacted by 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.

4.4.1 Subcommittees Reporting to Quality Council

The Pharmacy and Therapeutics (P&T) Advisory Committee report to QC semi-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, pharmacy operations including authorization turnaround time (TAT) and inter-rater reliability (IRR), activities related to fraud, waste and abuse, and all 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 chairs the UM Committee and minutes come to 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, Quality Management Director, UM Manager, UM Supervisor, and medical consultants, including one from CCRMC and one from the Community 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 Chief Medical Officer, Medical Director of Pharmacy, and the Medical Director that oversees behavioral health, appeals and grievances, and equity. Nurses investigate cases and present to committee members who decide upon severity. The committee has oversight over PQI corrective actions.

Although not formal subcommittees, the Quality Council receives updates from CCH's Public Health Department and from the Contra Costa Regional Medical Center's Performance and Patient Safety Improvement Committee (PSPIC).

4.5 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. The CCHP's Chief Health Equity Officer (CHEO) and Medical Director are committee co-chairs. The CHEO and CCHP Medical Director will take the lead in connecting the committee to the health plan's operations and ensure accountability through reporting to the Chief Executive Officer. The Equity Council

meets four times a year and has representation from network providers, community-based organizations, homeless services organizations, 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.

4.6 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. CCHP has a process to discuss improvement opportunities with emphasis on Health Equity and Social Drivers of Health. CAC members will identify and be advocates for health disparities that exist in the member population and discuss preventive care practices that will be utilized by CCHP. CCHP has developed an integration strategy to improve the quality of services provided to all individuals through our culturally and linguistic appropriate services. CAC members will 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. The Chief Medical Officer and the Quality Director provide updates to the CAC and seek their input on quality improvement activities.

4.7 Quality Improvement and Health Equity Structure

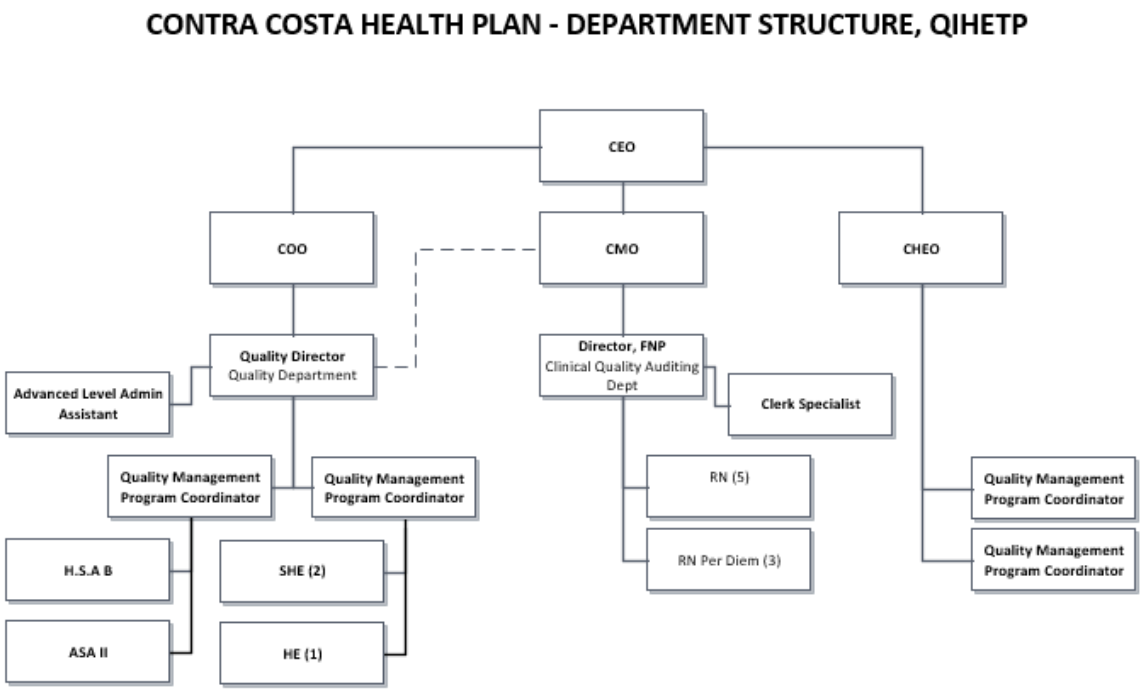
QIHETP activities are integrated across three key departments at CCHP: the Quality Department, the Equity Department, and the Clinical Quality Auditing Department.

The Quality Department is accountable for implementing quality measurement, quality improvement projects, and population health management. Quality staff monitor quality indicators, implement, and evaluate improvement activities, support CCHP leadership in strategic priorities, and collaborate with CCHP and CCH departments on the overall quality program.

The Clinical Quality Auditing Department is responsible for 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. Their 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.

The Health Equity department is responsible for providing leadership in the design and implementation of strategies and programs to ensure health equity is prioritized through the marketing strategy, policies, member and provider outreach, quality improvement activities, grievance and appeals, and utilization management. The Health Equity department is responsible for collaboration with community-based organizations and develop targeted interventions designed to eliminate inequities. The Health Equity department will work very closely with all CCHP and CCH departments and collaborate on increasing health care equity.

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



4.7.1 Chief Medical Officer

The Chief Medical Officer is the Chair of the Quality Council, Pharmacy & Therapeutics, Peer Review and Credentialing Committee, Utilization Management Committee, and PQI 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.

4.7.2 Chief Equity Officer

The Chief Health Equity Officer is the co-chair of the Equity Council and Chair of the Community Advisory Committee. The Chief Health Equity Officer provides oversight and

leadership in the design and implementation of strategies and programs prioritizing health equity. The Chief Health Equity Officer collaborates closely with the Quality Director, Chief Medical Officer, Chief Operations Officer and Medical Director. The Chief Health Equity Officer reports to the Chief Executive Officer.

4.7.3 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 co-chair of the Equity Council. This position is an MD is psychiatry and reports to the CMO.

4.7.4 Director of Behavioral Health

Contra Costa'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.

4.7.5 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 an MD and reports to the CMO.

4.7.6 Quality Director

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

4.7.7 Clinical Quality Auditing Director

The Clinical Quality Auditing (CQA) Director works closely with the Chief Medical Officer (CMO), the Quality Director, 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.

4.7.8 Quality Management Program Coordinators

The QIHETP has Quality Management Program Coordinator positions responsible for the day-to-day management of the quality improvement and equity activities. Two are housed in the Quality Department and in the Equity Department.

In the Quality Department, there are two Quality Management Program Coordinators. One is responsible for the annual NCQA HEDIS and CAHPS submissions for health plan accreditation, timely access studies and projects, provider experience surveys, and all other quality measurement activities. The other Quality Management Program Coordinator 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. These positions report to the Quality Director.

In the Equity Department, there are two Quality Management Program Coordinators. One Quality Management Program Coordinator serves as the Cultural and Linguistic Services Quality Manager who is responsible for implementing all aspects of the Cultural & Linguistics program 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. The other Quality Management Program Coordinator is responsible for successful implementation of all committee priorities as well as policy development and collaborating on quality improvement projects and health equity accreditation. Both positions report to the Chief Health Equity Officer.

4.7.9 Quality Nurses

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

4.7.10 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 Educator develops, implements, 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.

4.7.11 Administrative Services Assistant

The Administrative Services Assistant is responsible for timely access and availability studies and the provider satisfaction survey and is a member of the HEDIS team. This person conducts analysis and develops reports for CCHP's quality measures. This position reports to a Quality Management Program Coordinator.

4.7.12 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 member and provider experience surveys. The Secretary reports to the Quality Director.

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 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 equity department will take the lead on the NCQA Health Equity Accreditation which must be achieved no later than January 2026. In preparation for this initial accreditation, the health equity department will work with the other CCHP departments to ensure

compliance on the health equity measures. Data will be stratified to identify health disparities and work collaboratively with CCHP departments to implement targeted interventions.

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 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 race, ethnicity, language, provider network, provider and other key demographic variables to identify variations and opportunities to improve care and service. The Quality 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 utilizing 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 efficacy of programming and informing future programming.

5.5.2 Gathering Member Information

Data is fragmented for members between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are often duplicative across settings. Capitalizing on its integration within the county delivery system, CCHP utilizes comprehensive data systems, centralizing 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.

5.5.4 Population Health Services

CCHP has developed and is implementing new program that keep the well healthy, provide self-management resources to members with well controlled chronic conditions, provide case management services to our members with poorly controlled chronic disease, and provide enhanced care management services to our high utilizing members. Case Management Services, like Enhanced Case Management for the most at-need, Complex Case Management, and Transitional Case Management are designed to provide services to the most at-need patients according to risk stratification. Basic population health management services are designed to provide health education, wellness, and preventive services to all members.

5.5.4.1 Basic Population Health Management

Cultural and Linguistic Services: CCHP prioritizes culturally and linguistically sensitive care for its diverse membership. Ensuring members have access to linguistic services for effective communication during healthcare services, CCHP actively collects Race, Ethnicity, and Language (REAL) data to identify health disparities. The Cultural and Linguistic Services (CLS) program at CCHP includes training for staff and providers on cultural awareness and sensitivity. The program aims to prevent discrimination, offering culturally appropriate care to all members, including those with limited English proficiency and diverse backgrounds. It educates stakeholders on the importance of language services, cultural humility, and addresses health disparities. The CLS 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.

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: CCHP guarantee 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 as 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.

5.5.4.2 Care Management

Care management services are designed to meet the needs of the most vulnerable members. CCHP has two essential program - 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 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 and 2023. 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.

5.5.4.3 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 that 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 Quality 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 levels 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 over/under 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 notification 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 ensured 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.

5.7 Provider Collaboration

CCHP participates in collaborative improvement efforts with provider stakeholders, including 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 across diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration extends to 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 are also focused on building partnerships through numerous committees and workgroups in which we participate. 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.
- Community clinics meet quarterly as part of the Safety Net Council with attendance by the CCHP's Chief Executive Officer, CMO and Quality Director.
- 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 Quality Director attends the Patient Safety/Performance Improvement Committee for RMC at least annually and attends a number of working groups includes Quality Incentive Pool (QIP) improvements meetings and the Outreach Committee.
- CCHP Quality Director meets every other month with individual FQHCs sites quality teams, going over quality projects and areas of opportunity.
- 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. In 2024, CCHP does not delegate any quality and health equity functions. In prior years, quality functions were delegated to Kaiser Permanente for members in that network. However, with Contra Costa becoming a Single Plan Model County in 2024, CCHP's delegated arrangement with Kaiser Permanente ended in 2023.