



**Southland Care
Coordination
Partners, Inc.**



HEDIS & Quality Gap Closure Support for Health Plans and Provider Networks

Southland Care Coordination Partners helps Medicaid and Medicare Advantage organizations close care gaps, improve quality performance, support Stars and HEDIS outcomes, and engage members through clinically guided, culturally responsive outreach.

[Discuss a Quality Partnership](#) →



Built for MCOs, IPAs, ACOs, and Delegated Provider Groups

SCCP provides scalable quality improvement support for health plans and provider organizations that need reliable member engagement, documentation capture, appointment coordination, and clinically supported gap closure. Our model combines trained outreach teams, care navigators, behavioral health clinicians, registered nurses, and nurse practitioners to support targeted HEDIS and quality initiatives.



QUALITY OUTREACH

Member Engagement

Structured outreach campaigns designed to reach members, educate them on needed services, and move them toward completed care.



GAP CLOSURE

Documentation & Evidence Capture

Support for collecting after-visit summaries, blood pressure readings, lab completion status, and other evidence needed for quality reporting.



CLINICAL SUPPORT

NP, RN, and BH Clinician Support

Clinically guided interventions for selected measures, including blood pressure follow-up, diabetes support, and behavioral health transitions.











Inside: Core HEDIS capabilities, SCCP's gap-closure workflow, quality measures supported, and partnership opportunities.





Core HEDIS & Quality Capabilities

Measure Area	SCCP Capability	Operational Support
 BPD / CBP Blood Pressure Control	Direct closure support where permitted	Capture AVS readings, home-monitor readings, arrange home BP monitor access, and provide NP counseling when readings exceed thresholds.
 HBD Diabetes A1c Control	Direct closure and clinical escalation support	Coordinate lab completion, support Quest or lab appointments, track results, and escalate to NP counseling when A1c results are elevated.
 FUH / FUA / FUM Behavioral Health Follow-Up	Direct follow-up support	Support 7-day and 30-day follow-up engagement after hospitalization, ED visits, or behavioral health-related emergency events.
 BCS / CCS Cancer Screening	Scheduling and navigation	Educate members, identify barriers, schedule screening appointments, and support completion tracking.
 WCV / WCC Child and Adolescent Wellness	Scheduling and navigation	Outreach to families, coordinate well-child and adolescent visits, and reduce missed preventive care opportunities.
 PPC Prenatal and Postpartum Care	Scheduling and navigation	Support timely prenatal and postpartum appointment completion through proactive outreach and barrier resolution.


Scalable support across clinical, outreach, and documentation workflows.
 





How SCCP Closes Gaps

<p>1 </p> <p>Targeted Member Lists</p> <p>SCCP receives assigned gap lists or cohorts from the health plan, IPA, provider group, or delegated entity.</p>	<p>2 </p> <p>Structured Outreach</p> <p>Our trained teams conduct member outreach using documented call workflows, escalation paths, and follow-up protocols.</p>	<p>3 </p> <p>Barrier Resolution</p> <p>We help address transportation, appointment confusion, health literacy, scheduling, and documentation barriers.</p>
<p>4 </p> <p>Clinical Escalation</p> <p>NPs, RNs, or behavioral health clinicians support members when a gap requires clinical review, counseling, or follow-up.</p>	<p>5 </p> <p>Documentation Capture</p> <p>We assist with capturing evidence such as AVS records, BP readings, lab completion, appointment status, and member-reported updates.</p>	<p>6 </p> <p>Reporting & Feedback</p> <p>Plans receive structured reporting on outreach attempts, closures, pending items, refusals, barriers, and escalation outcomes.</p>

Why Health Plans Work With SCCP

<p></p> <p>Medicaid and Medicare Advantage Experience</p> <p>Our work is aligned with the quality, engagement, and documentation needs of Medicaid and Medicare Advantage populations.</p>	<p></p> <p>Culturally Responsive Outreach</p> <p>SCCP understands member trust, communication barriers, and the importance of respectful, persistent engagement.</p>	<p></p> <p>Clinical + Operational Model</p> <p>We combine call center scale with clinical escalation, allowing plans to move beyond reminder calls into meaningful gap closure.</p>	<p></p> <p>Flexible Partnership Structure</p> <p>SCCP can support MCOs, IPAs, ACOs, delegated entities, provider groups, and community-based care models.</p>
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 **Best-fit opportunities:** HEDIS gap closure campaigns, Stars support, behavioral health follow-up, blood pressure and diabetes quality interventions, preventive care scheduling, and care management outreach.





Quality Measures SCCP Can Support

SCCP supports both direct clinical gap closure and strong navigation support, depending on the measure, payer requirements, provider involvement, member needs, and state-specific clinical rules.



1. Virtual Clinical Quality Assessment Program

- **ACP** - Advanced Care Planning
- **COA** - Medication Review
- **COA** - Functional Status Assessment
- **COA** - Pain Assessment



2. Behavioral Health Follow-Up Program

- **FUH** - Follow-Up After Hospitalization for Mental Illness
- **FUA** - Follow-Up After Emergency Department Visit for Substance Use
- **FUM** - Follow-Up After Emergency Department Visit for Mental Illness



3. Chronic Disease Program

- **BPD** - Blood Pressure Control for Patients with Diabetes
- **CBP** - Controlling High Blood Pressure
- **HBD/GSD** - Hemoglobin A1c Control / Glycemic Status Assessment for Patients with Diabetes
- **CDC** - Comprehensive Diabetes Care
- **KED** - Kidney Health Evaluation for Patients with Diabetes
- **MAD** - Medication Adherence for Diabetes Medications
- **MAH** - Medication Adherence for Hypertension
- **MAS** - Medication Adherence for Statins



4. Preventive Care Clinical Support

- **AAP** - Adults' Access to Preventive/Ambulatory Health Services
- **AWV** - Annual Wellness Visit



5. Preventive Care Navigation Support

- **AWC** - Adolescent Well-Care Visits
- **BCS** - Breast Cancer Screening
- **CCS** - Cervical Cancer Screening
- **PPC** - Prenatal and Postpartum Care
- **WCC** - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- **WCV** - Child and Adolescent Well-Care Visits



Partner With SCCP

SCCP is prepared to support health plans and provider networks seeking practical, scalable, and member-centered quality improvement solutions. We can begin with a targeted gap list, a priority measure set, or a pilot population.

Recommended pilot areas: Behavioral health follow-up, blood pressure control, diabetes A1c support, preventive care scheduling, and high-priority Medicaid or Medicare Advantage quality gaps.

Contact SCCP to discuss a HEDIS and Quality Gap Closure partnership.

