Quality Council Meeting Minutes
Contra Costa Health Plan–Community Plan
November 18, 2025

MEMBERSHIP

X	*Nicolás Barceló, MD, CCHP Medical Director
X	*Michael Clery, MD, CCHP
X	*David Gee, MD, Medical Consultant
X	Beth Hernandez, Director, CCHP Quality and Health Equity, Co-chair
X	*Iman Junaid, MD, Medical Consultant, Jiva Health
	*Anita Juvvadi, MD, Medical Consultant, La Clinica de la Raza
X	*Olga Kelly, MD, Medical Consultant, Pediatrics/Clinical Consultant
X	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
	*Yui Nishiike, NP, Chief Medical Information Officer, LifeLong Medical Care
	*Suzanne Tavano, Ph.D, Director, CCH Behavioral Health Services

* Voting members. Quorum is one half of eligible voting members.

GUESTS

X	Joe Cardinalli
X	Parrish Dodson

SCRIBE

X	Arnie DeHerrera, Quality and Health Equity Administrative Assistant

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
Call to Order	The Quality Council meeting was called to order at 12:00 PM on November 18, 2025, via Zoom.	
Introductions and Information	There were no introductions at this session of Council.	

Reports		
Deputy CMOs/CHEO Updates	The Deputy CMOs, Sara Levin, MD and Nicolás Barceló, MD, presented updates. Quality Council Structure: Goal: Align with regulatory requirements across DHCS, DMHC, CMS, and NCQA; revised Council policy and charter. It was proposed to combine Quality Council and Equity Council to be titled the Quality Improvement and Health Equity Council. The Chair and Co-chair will be the Chief Medical Officer and Chief Health Equity Officer. It will incorporate all program requirements across all regulators. There will be 12 members on this committee. Members will reflect representation of the populations served by CCHP. The proposal was unanimously approved by the Council.	
Clinical Practice Guidelines	Dr. Sara Levin presented this report. The Clinical Practice Guidelines (CPG) are now housed on our website. She proposed that this will help provide relevant and timely practice guidance and	

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	act asan accessible source of information to facilitate communications to meeting reporting and regulatory compliance expectations. It will also provide support to contracted providers to meet community practice standards of care. Dr. Olga Kelly stated that, from a pediatrics point of view, this will help maintain the standards needed for consistent care. She finds it easier to have this page on the website for referencing current and relevant guidelines. Dr. Michael Clery asked about current standards for PQIs stating that this is reference we may be able to use when raising concerns about care.	
	Dr. Levin then presented proposed changes to the guidelines. She wants to make sure that the guidelines selected for the website or properly curated to meet the needs of the population we serve.	
	• Revised references in relevant sections of CPG to relect alignment with West Coast Health Alliance rather than CDC	
	• Add a new section to reflect CDPH Health Advisories and reporting information	
	• Add relevant new guideline updates published in 2025 to replace existing, past guidelines	
	Dr. Kelly likes the format of the page as presented. She also mentioned that this is an easy way to keep every informed of the most current guidelines available for care. Dr. David Gee asked for clarification about using guidelines from the CDC. Dr. Levin stated that the proposal will cover changes to align with the West Coast Health Alliance rather than the CDC.	
	The proposed updates were unanimously approved by the Council.	
MY 2024 Commercial Population Report	Quality and Health Equity Intern, Parrish Dodson, presented this update of the CCHP Commercial Plan (Plan A, Plan B, and IHSS Plan A2. The commercial plan covers over 6,400 members enrolled in all three lines of business. The update which included:	
	• Age distribution of the Commercial population is skewed towards older adults; female members make up a notably higher portion (64%) of the total Commercial population	
	• Prevalence rates of all Top 5 Conditions (hypertension, obesity, depression, anxiety, and diabetes) are in the Commercial population compared to the General population	
	• CCHP is tracking a subset of 14 HEDIS measures to assess the quality of care that the Commerical population receives; the Commercial population exceeded the national average of all Commercial HMOs for 12 or the 14 selected measures	
	• The Provider Appointment Availability Survey (PAAS) measures compliance with state healthcare access standards by evaluating how quickly members can obtain different types of healthcare appointments. CCHP has an established compliance threshold of 70% for all appointment types. Commercial plans met this compliance for 8 of 9 appointment types.	

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	• The CAHPS survey results showed an 18.4% response rate. The overall measures exceeded the National Average for MY24, and most of the composite measures met the National Average in MY24. • Grievances for the Commercial population were analyzed. There were 373 grievances in 2024. The primary driver of grievances was Quality of Services, accounting for 264 of the total grievances. Of these grievances, 153 were related to billing issues. • There was a total of 76 appeals from the Commercial population. Results across HEDIS, Overall CAHPS measures, and PAAS reveal a consistent record of strong outcomes and positive experiences for CCHP's commercial population. However, concerns related to administration and healthcare access are revealed when analyzing grievances, appeals, and composite CAHPS measures. Overall, it appears that when members can smoothly access care, they have a great healthcare experience.	
Annual Pharmacy Review	The CCHP Pharmacy Director, Joe Cardinalli, presented the annual pharmacy review. • Overall Inter-Reliability results for prior authorization determinations were at 100% agreement for Medi-Cal members for July 2024 through June 2025 with results for Commercial members at nearly 100% for the same period. • NCQA Prior Authorization Turnaround Time Results for 2024 and 2025 showed all measurements well above the established 90% threshold. There was a significant increase in results due to change in Epic where Pharmacy PAs are routed directly to Pharmacy rather than going to UM first to make a determination. • PBM Internal and External Audits were performed for 2024. Member eligibility claims processing accuracy was nearly 100% with drug eligibility claims were at 98%. General operations, policies and procedures and FWA reporting was determined to be satisfactory and up to date. UM functions and pharmacy network adequacy were satisfactory. Call Center metrics were within expected ranges and met contract guarantees. D-SNP Retail Pharmacy Overview was presented. Formulary design and coverage determinations will be delegated to PBM with redeterminations and grievances completed by CCHP.	
Annual D-SNP Quality Oversight	The Quality and Health Equity Director, Beth Herandez presented an update on the Annual D-SNP Quality Oversight. This covered: • Progress on Model of Care • Ongoing QIPs • Chronic Care Improvement Program (CCIP) • Standard CMS reporting requirements	

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	• Maintain a form Quality Improvement Program These oversight items will be reported to the Council on an annual basis to offer Quality Oversight.	

Consent Items		
Consent Items	The Consent Items were included in the distributed document packet for this session of the Council. • QHE – Quality Council Minutes 10-14-2025 • QHE – Commercial Report 2024 • P&T – 2024 PBM Audit • P&T – IRR July-Dec 2024, Jan-June 2025 (Commercial and Medi-Cal) • P&T – PA Turnaround Time 2024-2025 (Commercial and Medi-Cal) • P&T – P&T Committee Meeting Minutes (9/2024, 12/2024, 3/2025, 6/2025) • P&T – Pharmacy P&P Updates June 2025 • P&T – 340B Reconciliation Analysis and PBM Review • UM – UM Committee Meeting Minutes 9/8/2025 The Consent Items were unanimously approved by the Council.	
Policies and Procedures	• AGD20.002 Handling of Complaints and Grievances • BHD18.005 CBAS • CM16.403 Interdisciplinary Care Team for D-SNP Enrollees • QM14.001 Quality Council and Equity Council • QM14.001 Attachment A – QC Charter • QM14.100 Quality Improvement & Health Equity Transformation Program • QM14.101 Timely Access to Care Standards • QM14.202 HEDIS Data Collection and Reporting • QM14.204 Data Sharing and Quality Rate Production for DHCS Initiatives • QM14.301 NCQA Delegation Oversight Process • QM14.401 Quality and Performance Improvement Projects • QM14.706 Population Health Management • QM14.801 Cultural & Linguistic Services • QM14.802 Assessing Member Experience • QM14.804 Non-Discrimination Notices • QM14.901 Model of Care • UM15.002 Utilization Review Criteria and Guidelines • UM15.047 Processing Impacted Specialty Referrals • UM15.079 Physician Administered Drugs All policies were reviewed and unanimously approved by the Quality Council as presented.	

| Closing		
Adjournment	Meeting in recess at 1:00 PM. The next Quality Council meeting is scheduled for February 17, 2025, at 12:00 PM via Zoom.	

Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Quality Committee, dated November 18, 2025, and attached herein.
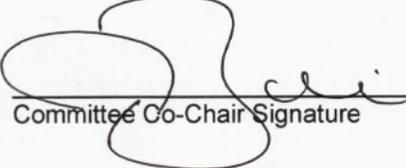
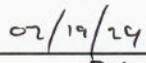Excepted Matters: None

Approved by CCHP Quality Council:

_____   2/19/26
Committee Chair Signature   Date
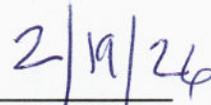
_____   02/19/24
Committee Co-Chair Signature   Date

_____   2/19/2024
Quality Management Administrative Assistant Signature   Date

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