## Quality Council Meeting Minutes Contra Costa Health Plan—Community Plan February 11, 2025

## **MEMBERSHIP**

1	*Nicolás Barceló, MD, CCHP Medical Director
1	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
1	*Nursat Chaudhry, MD, CCHP
1	*Michael Clery, MD, CCHP
	*Yaron Friedman, Medical Consultant, CPN OB/GYN Provider
1	*David Gee, MD, Medical Consultant
1	Beth Hernandez, Director, CCHP Quality, Co-chair
1	*Iman Junaid, MD, Medical Consultant, Jiva Health
	*Anita Juvvadi, MD, Medical Consultant, La Clinica de la Raza
✓	*Olga Kelly, MD, Medical Consultant, Pediatrics/Clinical Consultant
1	*Irene Lo, MD, CCHP Chief Medical Officer
	*Suzanne Tavano, Ph.D, Director, CCH Behavioral Health Services

<sup>\*</sup> Voting members. Quorum is one half of eligible voting members.

## **GUESTS**

## SCRIBE

✓ Arnie DeHerrera, Quality 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 February 11, 2024, via Zoom.	
Introductions and Information	There were no introductions at this meeting.	

Reports		
CMO Update	The Chief Medical Officer, Irene Lo, MD, provided the update. CCHP will become a Duals and Special Needs Plan (D-SNP) in 2026; we have turned in our application for this transition. We hope to begin enrolling members by Q4 2025. We are working on an operational framework to improve preventive care and delivery of care as this deadline approaches. We will look to the Council for guidance during this process.	
Voting for New Members of Quality Council	Irene Lo introduced two new members to the Council: Dr. Michael Clery and Dr. Nusrat Chaudhry. The Council uananimously approved the two new members to join the Council.	
Clinical Operations	Irene Lo gave a high-level overview of Clinical Operations of CCHP.  Advice Nurse Unit (ANU) – Key accomplishments: 14,000 calls per month, Satisfaction Rate 99.4%, Average Speed of Answer and Abandonment Rates have improved year over year. Looking	

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	forward: improve interactions with CPN members and look at ways to improve overall operations of the ANU.	
	Appeals and Grievances Department (AGD) – Key accomplishments: streamlined member appeals and grievance processes; improved quality of resolutions. Looking forward: prepare for D-SNP, automate CRM letters, analyze grievance and appeals data to identify improvement opportunities, and cross train all nurses.	
	Behavioral Health Department (BHD) – Key accomplishments: insourced utilization management, improved role in care coordination. Looking forward: interface with outside partners, improve school-based BH services, network management.	
	CalAIM – Key accomplishments: expanded Community Supports offerings, provider network was strengthened in 2024, regulatory compliance and training, and housing support. Looking forward: continue improved coordination between providers, operationalize Closed Loop Referrals for Community Supports, facilitate monthly Complex case rounds with all ECM providers.	
	Case Management – Key accomplishments: Enhanced Care and Program Expansion, Epic and Workflow Advancements, Strengthened Collaboration and Compliance, Case Management growth with number of cases handled. Looking forward: Building on progress from 2024 while helping both new and current staff prepare for D-SNP and NCQA in 2026.	
	Pharmacy – Key accomplishments: maintained high prior auth turnaround times over 99% of PAs completed within 24 hours, transitioned to a new retail pharmacy PA processing and notification software system. Looking forward: continue preparation for new Part D plan line of business as part of D-SNP	
	Utilization Management – Key accomplishments: developed CPT Search Code tool to streamline PA process. Looking forward: implement Service Level Authorization, prepare for D-SNP implementation.	
·	Dr. Junaid asked for clarification about the call center. Irene Lo explained that there are two Call Centers at CCHP: Advice Nurse and Member Services. There is no significant automation being used at this time. We have well established work flows in the ANU as well as Member Services to handle calls received.	
Quality Program Description, Work Plan, and Evaluation	The Quality Director, Beth Hernandez gave an overview of the Quality Program Description and Work Plan for 2025 as well as the Program Evaluation for 2024. As always, the Council received their reading materials prior to the Quality Council meeting. This trio of documents is presented annually.	
	Highlights included:	
	2024 Evaluation: Annual Health Plan Rating received: 4.5 out of 5 Stars; exceeded 90th percentile nationally in 17 HEDIS measures (up from 9 measures in 2023); expansion of CalAIM services; improved internal infrastructure, Pay for Performance Program & Data Sharing with Providers with	

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	Provider Portal Reports; created the Equity Council, a new governance body; we restructured quality at CCHP – Quality Department, Equity Department, and Clinical Quality Auditing departments	
	2025 Program Description: Little change from prior year in terms of program structure; combining Equity and Quality Departments for more cohesion; program functions remain the same – quality improvement, performance improvement, and population health	
	2025 Work Plan: focused areas for 2025 – NCQA     Accreditation, D-SNP preparation for Poulation Health,     Patient Safety, and Provider Engagement	
	Traditionally, CCHP has paid providers on a Fee for Service basis. Starting in 2025, we will be transitioning to a Pay-for performance program that rewards quality. CMS and DHCS require a payment design linked to quality; changes in Medical Loss Ratio calculations. This change is being applied in phases beginning in 2024 with CPN providers with panels >15,000 members. That will expand in 2025 to providers with panels >2,000, with remaining providers included in 2026. Modeled quality performance will be equivalent (or higher) to current state "Case Management Incentives" for provider groups, with the ability to earn more for higher performance.	
	Provider Support, as always, will be ongoing: regular meetings to show current performance rates, provide gap in care lists for specific measures on the Provider Portal, opportunities for supplemental data submission. Health Education teams will be available for targeted quality improvement projects.	
Quality PIP Update	Beth Hernandez provided an update to ongoing Performance Improvement Projects. 2024 was a year with massive change for the Health Plan with the transition to the Single Plan Model.	
	Three main areas of PIPs were shared:	
	DHCS PIPs – EQR (Clinical & Non-Clinical): well child visits in first 15 months, case management post ED for Behavioral Health (BH)	
	Low Performance MCAS: Lead screening, follow-up after ED for substance abuse, topical fluoride varnish	
	Institute for Healthcare Improvement (IHI): childhood health equity, follow-up to ED for Behavioral Health	
	More details were shared regarding these PIPs with a chart presenting data of Activities, Results, and Next Steps for PIPs.	
	Dr. Gee asked about the Pay-for-performance. He wanted to know if "financial penalties" (sanctions) will be part of the equation. At this time, it was not considered. Beth did mention that this could present itself as a difficult aspect for recruitment of providers into our Network.	
	Dr. Chaudhry asked about data on BH. She noticed that the data is Pediatric-heavy; she wanted more information about adult portion of	

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	BH. Beth gave clarifying information about the HEDIS measures for BH. Dr. Gee wanted to know if the HEDIS measure data can get down to granular level with measuring specific provider groups if needed. Beth explained that the data is available, and that this information is shared with provider groups. Beth asked the Council if they would like to see this granular level of data. Dr. Kelly liked the idea of more data for Pediatrics, specifically regarding 18-21-year olds. Beth said that his data could be provided. The Council agreed they would like more granular data to see where improvements could be made with specific provider groups.	
	Dr. Kelly also asked about social media presence (Instagram, etc.) for reaching this younger population. Dr. Lo stated the accounts are at a higher level than our organization and would need to take this information to that level.	
	Dr. Junaid asked if there was a way to share a gaps in care report.  Beth stated that this report is now shared on the Provider Portal; these reports are available to run on demand.	
	The 2024 Evaulation, 2025 Program Description, and 2025 Work Plan were presented to the Council for approval; all three documents were approved unanimously.	

	Consent Items	
Review / Approval of	CCHP Quality Council Minutes 1/14/2025	
Minutes and Reports	UM Committee Minutes 1/13/2025	
	<ul> <li>Quality &amp; Health Equity Program Description, Work Plan, and Evaluation</li> </ul>	
	<ul> <li>Advice Nurse Program Description, Work Plan, and Evaluation</li> </ul>	
	Behavioral Health Department Program Description, Work Plan, and Evaluation	
District Control of the Control of t	Utilization Management Program Description, Work Plan, and Evaluation	
	All documents were reviewed by Council members, and approved unanimously as presented.	
Policies and Procedures	BHD18.009 Non-Specialty Mental Health Services: Member Outreach, Education, and Experiences	
	CM16.016 Case Closures (RETIRED)	
	CM16.201 Case Management Program Description	
	QM14.101 Timely Access to Care Standards	
	AM14.802 CCHP Staff and Network Provider Cultural Competency Training	
g <sup>11</sup>	UM15.071 Long Term Care	

All policies were unanimously approved by the Quality Council as presented.	¥/
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Closing		
Adjournment	Meeting in recess at 12:58 PM. The next Quality Council meeting is scheduled for April 8, 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 February 11, 2025, and attached herein.

**Excepted Matters: None** 

**Approved by CCHP Quality Council:** 

Committee Chair Signature

Date

Committee Co-Chair Signature

Date

Quality Management Administrative Assistant Signature

Date