

# Quality Council Meeting Minutes

## Contra Costa Health Plan–Community Plan

### May 13, 2025

#### MEMBERSHIP

✓	*Nicolás Barceló, MD, CCHP Medical Director
	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
✓	*Nursat Chaudhry, MD, CCHP
✓	*Michael Clery, MD, CCHP
	*Yaron Friedman, Medical Consultant, CPN OB/GYN Provider
✓	*David Gee, MD, Medical Consultant
✓	Beth Hernandez, Director, CCHP Quality & Health Equity, Co-chair
✓	*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
	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
	*Suzanne Tavano, Ph.D, Director, CCH Behavioral Health Services

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

#### GUESTS

✓	Elena White
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#### SCRIBE

✓	Arnie DeHerrera, Quality Administrative Assistant
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Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Call to Order</b>	The Quality Council meeting was called to order at 12:00 PM on May 13, 2025, via Zoom.	
<b>Introductions and Information</b>	The Quality and Health Equity Director, Beth Hernandez, introduced Elena White, our interim COO. Elena is also filling in as the interim Director of Provider Relations.	

Reports		
<b>Medical Director Update</b>	The Medical Director, Dr. Nicolás Barceló, presented the Medical Director update. Dr. Barceló covered progress highlights on D-SNP preparation, continued efforts of compliance with regulators, and projects in Clinical Ops related to Population Health Management.	
<b>Annual Access Report</b>	<p>Beth Hernandez presented this report; it covered a review of Provider Appointment Availability, Satisfaction Surveys, and Emergency Instructions. DMHC has a set methodology: the Provider Appointment Availability Survey. This survey is done annually. All Health Plans must adhere to the standards as set by DMHC. We met appointment availability standards for Urgent and Non-Urgent appointments in Medi-Cal and Plan networks but fell short in Plan A for Urgent appointments.</p> <p>Results of the survey were broken down by provider type. A dip in specialty care for urgent and non-urgent appointments was found in the trend data. When showing a breakdown by specialty, some of</p>	



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	<p>the data appeared to be skewed due to low response rates from some providers.</p> <p>All California Residents have a right to timely access to appointments. Appointment timeframes can be shortened/extended as clinically appropriate. If extended, it must be documented within the medical record that it is not determinantal to the members health and provider must notify member of their right to file a grievance. (This was a CAP for CCHP in the past.)</p> <p>Three Member Experience Surveys are conducted annually: CAHPS, ECHO (Behavioral Health), and Language Access. Data was shared about results of these surveys with the Council.</p> <p>Provider Satisfaction Survey showed moderate responses for Specialists and Primary Care; Behavioral Health showed less satisfaction with access to behavioral health services.</p> <p>First prenatal appointment should be available within 14 days of request. After multiple years of monitoring availability with 100% compliance, a drop in May 2024 showed 86% compliance and then in December 2024 it dropped to 33% (25-day average wait); this drop was attributed to holiday outages. After the holidays, monitoring showed all are back within 14-day timeframe.</p> <p>Initial Health Appointment: CCHP has a data-driven report that matches CPT codes to members. New members are encouraged to visit their PCP within 120 days of being enrolled in Medi-Cal. Our trend line is currently showing marginal improvement, but it is a large improvement over last year.</p> <p>Emergency Instructions should be available during business and non-business hours when contacting a provider. 79% of providers are compliant with emergency instructions.</p> <p>Wait Times: Providers were surveyed to measure "time to answer" their phones; 100% answered within 5 minutes (99% within 1 minute). In-office wait time from appointment time to being taken to exam room: 99% compliance with less than 45 minutes. Follow-up for missed appointments showed 97% of providers have a process for verifying follow-up.</p> <p>Access Follow-Ups:</p> <ul style="list-style-type: none"> <li>• Further review of data by providers and specialty <ul style="list-style-type: none"> <li>○ Feedback from Quality Council and providers on experiences</li> </ul> </li> <li>• Meetings with provider relations and internal stakeholders to discuss trends</li> <li>• Focused follow-up actions <ul style="list-style-type: none"> <li>○ Network expansion – since fielding, added gastroenterologist and psychiatrists</li> <li>○ Provider education and feedback on timely access standards, to understand barriers</li> </ul> </li> </ul>	
<b>Provider Satisfaction</b>	<p>Beth Hernandez provided the report. Annual Provider Satisfaction Survey was administered by our vendor, QMetrics during Winter 2024-25. The survey was revised based on feedback from last year. Topics covered included: Satisfaction with CCHP, UM and Quality,</p>	



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	<p>Access to Care, Provider Relations, Claims, Call Center, and Language Access Services.</p> <ul style="list-style-type: none"> <li>Providers expressed highest satisfaction with timeliness of UM decisions</li> <li>Providers rate CCHP highly when compared to other health plans and in their own relationships with CCHP.</li> <li>High ratings for support for claims and billing including timeliness of claims</li> <li>Providers believe that it could be easier to reach the call center and that the center is moderately effective at resolving issues.</li> <li>Overall, providers report high satisfaction with language access</li> </ul> <p>Dr. Imran Junaid stated from personal experience that the authorization process has been simplified; this has made the process easier for providers. He likes the auto-authorization tool. Regarding phone service, Dr. Junaid asked if AI or bots are being considered to assist in call centers to triage calls. Beth shared that the call center currently uses a "pre-AI" tool to assist with directing calls. It is an area that is being explored. Elena White also stated that self-service is an area that needs to be expanded.</p>	
<b>Provider Relations Report</b>	<p>The interim COO, Elena White, provided the Provider Relations (PR) report. She is also supporting PR in her COO capacity during the search for a new PR director. The report was an overview of key recommendations and implemented actions for Provider Relations. This included:</p> <ul style="list-style-type: none"> <li>Talent Management &amp; Organization Structure Redesign</li> <li>Provider Data Operations Department Redesign</li> <li>Simply &amp; Transform Provider Experience</li> <li>D-SNP: Accelerate Provider Network Expansion</li> <li>Interdependencies Requiring Attention</li> </ul>	

Consent Items		
<b>Consent Items</b>	<ul style="list-style-type: none"> <li>CCHP Quality Council Minutes 4/8/2025</li> <li>2024 Enrollee Experience Survey</li> <li>2024 Provider Satisfaction Survey</li> <li>2025 CCHP Provider Online Search Engine Usability Survey (Provider Relations)</li> <li>Physician Directory Accuracy Q3 2024 NCQA (Provider Relations)</li> <li>Q1 2025 Geographic Report (Provider Relations)</li> <li>UM Committee Meeting Minutes 3/10/2025</li> <li>Annual Credentialing Information Integrity Report</li> <li>2024 Annual Report on Access and Availability</li> </ul> <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
<b>Policies and Procedures</b>	<ul style="list-style-type: none"> <li>ADM1.041 Community Supports Operations and Evaluation</li> </ul>	

	<ul style="list-style-type: none"> <li>• ADM1.045 Community Support Overview, Eligibility, Restrictions/Limitations</li> <li>• BHD18.001 Access to Mental Health Services</li> <li>• BHD18.002 Applied Behavioral Analysis</li> <li>• BHD18.003 Alcohol and Drug Use Screening and Treatment</li> <li>• BHD18.004 No Wrong Door - Screening and Transition Tools</li> <li>• BHD18.005 Community Based Adult Services (CBAS)</li> <li>• BHD18.006 Eating Disorders</li> <li>• BHD18.007 Data Sharing</li> <li>• CM16.101 Client Files</li> <li>• CM16.103 Department Disaster Plan</li> <li>• CM16.302 Termination of Provider Services- SNF, HHA, CORF (RETIRED)</li> <li>• CM16.304 Coordination of Care for Members with Tuberculosis (TB)</li> <li>• CQA10.001Practitioner Office Quality Site Visit</li> <li>• CQA10.002 Facility Site Review</li> <li>• CQA10.003 Medical Record Standards</li> <li>• CQA10.004 Consent for Sterilization Procedures</li> <li>• CQA10.005 Clinical Quality Audit Policy</li> <li>• CQA10.006 Potential Quality Issue</li> <li>• CQA10.007 Reporting Provider Preventable Conditions</li> <li>• CQA10.008 Discrimination Potential Quality Issue Policy</li> <li>• MS8.052 Marketing to Prospective Medi-Cal Members</li> <li>• MS8.053 Changes in Member's Circumstance</li> <li>• QM14.801 Non-Discrimination and Notice of Availability</li> <li>• UM15.016 Noncracting Hospital Post-Stabilization Care</li> <li>• UM15.066 Information Integrity (formerly UM System Controls)</li> </ul> <p>All policies were unanimously approved by the Quality Council as presented.</p>	
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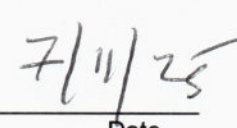
Closing		
<b>Adjournment</b>	Meeting in recess at 12:59 PM. The next Quality Council meeting is scheduled for July 8, 2025, at 12:00 PM via Zoom.	

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 May 13, 2025, and attached herein.

Excepted Matters: None


**Approved by CCHP Quality Council:**

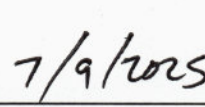
  
Committee Chair Signature

  
Date

  
Committee Co-Chair Signature

  
Date

  
Quality and Health Equity Administrative Assistant Signature

  
Date