Quality Council Meeting Minutes
Contra Costa Health Plan–Community Plan
August 12, 2025

MEMBERSHIP

✓	*Nicolás Barceló, MD, CCHP Medical Director
	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
✓	*Nursat Chaudhry, MD, CCHP
✓	*Michael Clery, MD, CCHP
✓	*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

✓	Jersey Neilson

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 August 12, 2025, via Zoom.	
Introductions and Information	There were no introductions at this session of Quality Council.	

Reports		
Senior Medical Director Update	The Senior Medical Director, Sara Levin, MD, presented the update. CCHP continued working on D-SNP and audit preparations. CCHP hired a new Director of Provider Relations, Credentialing, and Contracting: Nancy McAdoo as well as an interim Senior Director of Compliance: Sunny Cooper. Appeals: There was a spike of 42% in Standard Appeals in Q2 2025 vs. Q2 2024. This fluctuation is exaggerated due to total number of appeals in the compared periods. The most common overturned appeal reason is Meets Clinical/Medical Guidelines. Grievances: Grievances trended down in overall reporting with a 34% decrease when comparing Q2 2024 and Q2 2025; Quality of Service remains the most common type of grievance. Clinical Quality Auditing – Track and Trend: Providers who have met the threshold for a "trend" in Potential Qaulity Issues (PQIs). A trend is defined as two or more Quality of Care cases closed at level 2 or	

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	3 within a six-month period. The report provided to the Council shows PQI cases closed at level 2 or 3 between August 16, 2024 and June 5, 2025.	
MY 2024 HEDIS Report	The Director of Quality and Health Equity, Beth Hernandez, provided the report. CCHP just submitted HEDIS rates for MY 2024 to NCQA. HEDIS measures are provided to multiple entities: DHCS, DMHC, NCQA, and CMS (new for 2026). A total of 84 measures are reported across all regulatory bodies. A specific subset of these measures are held to the Minimum Performance Level (MPL): 50% nationally according to benchmarks. Regulator Usage of Quality Measures for Managed Care Plans DHCS withholds a percentage of our capitation dollars which CCHP can earn back by achieving certain percentage of "good quality" throughout the year. For CY 2025, the capitation rate is 1% (about $12-13 million). If the plan is under the MPL, penalties/sanctions may be applied. We do not anticipate any sanctions for CY 2024. NCQA has made changes in measurement, moving the plan from hybrid measures to electronic measures. HEDIS Quality Measures There were some changes to measures for MY 2024: • Increasing rates: improvement projects, dedicated health education team focused on specific measures, increased data sharing and improvements • Decreasing rates: loss of 45,000 Kaiser members (traditionally high quality performance), inclusion of 33,000 Anthem members (lower quality scores than CCHP traditionally), inclusion of individuals with unsatisfactory immigration status, data losses from Anthem for measures with additional look backs Currently for MY 2025, we are at risk (within 2%) of the MPL target with two measures: Cervical Cancer Screening and Follow-up after ED for Mental Health. Dr. Levin asked for clarity about these measures. Beth explained that we are above the target at this time. MCAS Measures We had a high percentage of our measures (nearly half) at the 90th percentile nationally for the year, no measures under the 50th percentile. Dr. Gee asked about what we are doing to help reduce Plan All-Cause Readmissions. Traditionally, CCHP had been in 90th percentile with this measure, but is now at the 25th percentile. Beth explained that for our MPL measures, CCHP has a "Pay for Performance" program, but not for the broader measures. Providers focus on the Value-Based Payment measures in the program. This one measure was an anomaly this year. Equity Measurement We are looking at how each racial ethnic group compares to the benchmark or target. Beth presented an example of an MCAS disparity (Gap Between Lowest Performing Group and MPL); this example showed our biggest gap – Lead Screening in Children for Black/African American (a gap of over 17 percentage points).	

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	Another example presented the Gap Between Highest Performing and Lowest Performing Racial Groups. DMHC Health Equity and Quality Measure Set This set revolves around reporting stratified HEDIS measures to DMHC making sure we address disparities and close equity gaps, ensuring equitable care across diverse patient populations. Enforcement actions are set to begin in 2027 – guidelines are forthcoming. We created a "DMHC Equity Index" to track these measures. The DMHC Equity Index represents the portion of racial/ethnic groups meeting the benchmark for each measure. In 2024, it was 80%, and in 2023 it was 92.7%, showing a decrease in the Success Rate of 12.7 percentage points. This decrease is most likely due to increased member demographic data collection, exemplified by the decrease in the portion of CCHP's Unknown Racial/Ethnic group from 15.9% in 2023 to 6.7% in 2024. Dr. David Gee suggested showing the data at a more granular level being that each ethnic group is a different size; this would show a better picture of how the groups are compared on the Equity Index. Beth will take this request and look at varying denominator sizes for a more accurate reflection of the data. The "Health Equity Index" is an "in-house" developed tool for internal use only. It is a start to help with showing a breakdown of the measures.	
MY 2024 CAHPS Report	Beth presented an overview of the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) Report for MY2024. This report shows a composite score of four domains: getting needed care, getting care quickly, communication of providers, and health plan customer services. Adult ratings and composite scores fell slightly below 50th percentile in 2024; Children ratings exceeded all 50th percentile benchmarks in 2024, with communication composite scores for children showing the greatest improvement in 2024.	
PIP Updates	Beth presented an update on 3 main PIPs: Low performing measures, DHCS-assigned PIPs, and collaborative projects (IHI). One main project – Improving W30-6 Measure Rate Among Black/ African American Members: We saw a decreased performance in 2024 compared to 2023. This is an ongoing project. We are conducting patient outreach to inform patients of the importance of regular visits. Other active PIPs revolve around lead screening, follow-up for ED visits for Behavioral Health, topical fluoride varnish.	
Population Needs Assessment and Population Health Management (PHM) Strategy	Quality Program Manager, Jersey Neilson, presented the report. The Population Needs Assessment (PNA) is done annually. We take the results of this assessment and review our activities and resources to see what needs to be updated to ensure we are meeting the health needs of our members. With information provided by the PNA, we are able to forumate our PHM Strategy. This strategy helps guide our Work Plan and Program Description for the next year.	

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	As of December 2024, the CCHP population was approximately 263,000 Medi-Cal members with significant growth in our SPD population (70% in the past 5 years). This will become more relevant with the launch of D-SNP in 2026. Overall, CCHP serves nearly 25% of all county residents. Our Population Health Status shows the top 5 chronic conditions of the CCHP population: Obesity, Hypertension, Depression, Anxiety, and Diabetes. Dr. Michael Clery asked if we also monitor injury data (for instance, elderly falls, etc.). CCHP currently does not monitor injury data, but the quality team will look at this suggestion for possible monitoring. Dr. Levin asked if we can break down some of these chronic conditions by age groups to see if numbers shift in prevalence. Jersey stated that the report already distributed to Council members does include a more expanded look at this data by age group. Dr. Chaudhry wanted to know if dementia will also be monitored especially with the upcoming launch of D-SNP. Jersey stated that Quality is currently building our Population Health Dashboard that helps us identify these conditions; dementia is on the list for monitoring. Dr. Clery also mentioned community engagement of our Health Education team and asked if we could get some feedback of these interactions. Jersey explained that we have a more broad approach for our community outreach at events and locations around the County. As we see trends during these interactions, we will approach those trends and fill gaps as needed.	

Consent Items		
Consent Items	• AGD – Q2 2025 Appeals and Grievances Metrics • CQA – PRCC Summary Report 2025-06 • QHE – Quality Council Minutes 2025-07-08 • QHE – 2024 Medi-Cal HEDIS Summary • QHE – 2025 Population Health Management Strategy • QHE – Population Needs Assessment • UM – Utilization Management Committee Minutes 2025-06-09 All documents were reviewed by Council members, and approved unanimously as presented.	
Policies and Procedures	• AGD20.002 Handling of Complaints and Grievances • BHD18.004 No Wrong Door – Screening & Transition Tools • BHD18.010 BHD Care Coordination • Community Advisory Committee (CAC) Charter • CLIN13.008 Hospice Services • Equity Council Charter • QM14.001 Quality and Equity Council • QM14.101 Timely Access to Care • QM14.702 REAL and SOGI Data Collection • QM14.801 Cultural & Linguistic Services • UM15.006 Tracking Utilization Management Systems	

	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 August 12, 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 August 12, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:

10/20/25

Committee Chair Signature Date

10/15/25

Committee Co-Chair Signature Date

10/15/2025

Quality Management Administrative Assistant Signature Date