

Quality Council Meeting Minutes

Contra Costa Health Plan–Community Plan

July 8, 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

✓	Jena Cooper
✓	Brandon Engelbert
✓	Pasia Gadson
✓	Belkys Teutle

SCRIBE

✓	Arnie DeHerrera, Quality Administrative Assistant
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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 July 8, 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. Progress on D-SNP implementation continues; we begin offering D-SNP to members in Q4 2025 with coverage beginning 1/1/2026. DHCS Audit will occur during the last 2 weeks of August 2025. It is a return to an in-person audit.	
CalAIM: ECM, CS, CHW, Doula	The Director of CalAIM Programs and Transitional Care Services, Pasia Gadson, presented this report. Pasia shared increases in CalAIM Care Coordination Services. Significant increases for Community Supports, Transitional Care Services, and Doula Services were highlighted. ECM 2024 Medical Audit showed three findings: 1) the Plan did not ensure the provision of comprehensive care management and coordination of care for the clinical needs relevant to members enrolled in the ECM program, 2) the Plan did not ensure that all members received all seven ECM core service components, and 3)	

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	<p>the Plan did not ensure that ECM members and their authorized support persons received a copy of the members' Care Management Plan, along with information about how to request updates. The program team is working on corrective actions. CCHP implemented our enhanced oversight and quality monitoring program in March 2025. To date 95% of our 19 active ECM providers have been audited, and CCHP has issued five CAPs.</p> <p>Dr. Gee asked if the State is planning an audit to see how effective the Programs are. Pasia stated that the State has done an analysis on all the Programs; the State found that these Programs are working and benefiting our members. DHCS has reported to CMS that the Programs are cost-effective and beneficial. Dr. Gee also asked if CCHP will also be doing a review of the Programs. Beth Hernandez responded stating that CCHP is partnering with UC Berkeley on a CalAIM analysis, specifically looking at doing an analysis on health outcomes. This is targeted for Fall 2025. Quality will report to the Council in 2026 with findings of this analysis.</p>	
CCHP Case Management	<p>Dr. Sara Levin presented this update.</p> <p><u>Member Identification & Referral Automation</u> – Identification of high-risk members has been automated for Transitional Care Services (TCS) and Complex Case Management (CCM). This will ensure timely identification and appropriate enrollment into TCS and CCM programs. We automated referrals for members assigned to the RMC network who deliver babies and receive care outside of CCRMC into Case Management (CM). We are identifying and referring eligible active CM members to Enhanced Care Management (ECM).</p> <p><u>Continuity of Care</u> – Reconnecting postpartum members with appropriate follow-up services; ensuring infants are linked back to pediatric care following birth</p> <p><u>Staff and Provider Engagement</u> – Staff training on available services and other CM programs, promoting community engagement to increase member awareness of CM services, enhancing provider outreach to strengthen understanding and use of CM support, and improving coordination with providers to address complex cases and establish clearer communication</p> <p><u>System Improvements</u> – Enhancing documentation systems to support better integration, care coordination, and collaboration with providers and community partners</p> <p><u>Program Infrastructure & Systems Enhancement</u> – Updated assessment tools to meet current regulatory and accreditation standards; implemented a shared care planning platform to support cross-team collaboration and service integration; developed reporting tools to notify Case Managers of member admissions and discharges that require follow-up assessments; enhancing dashboards for staff and leadership to improve visibility, workflow oversight, and performance tracking; preparing internal systems and workflows to support D-SNP implementation and ongoing compliance</p>	

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	<p>Dr. Olga Kelly is encouraged by the growth of cases in CM. She asked about new risk patients that are born outside the County system and assigned a PCP: what is the grace period? How are these patients contacted? Dr. Levin said that ideally the patients are engaging pre-discharge; and if not, then it is within the first few days after discharge with a goal of completing an Initial Assessment within 7 days post discharge. Beth Hernandez stated that CCHP is working on getting data feeds of the external deliveries that are occurring so the information can be delivered quickly to the CM team so appointments and medical records can be coordinated.</p>	
<p>Member Services</p>	<p>The Director of Member Services, Brandon Engelbert, presented this report. Call volume for the Member Services Call Center is trending upwards, showing a 15% increase in calls from June 2024 to May 2025. They expect an increase in calls due to expected changes in Medi-Cal coverage.</p> <p><u>Email Response</u> Using a quarterly sample of 30 inquiries, response goal is turnaround time of 1 business day. With a performance goal of 80%, the center achieved 87% in 2024. The unit wants to continue this success with enhancements to our website, workflows, and additional staff.</p> <p><u>Quality & Accuracy of Web & Phone</u> Audit methodology is 120 inquiries per year. Audit showed results significantly exceeded internal goals. Looking ahead in 2025, the unit will continue making improvements to website stability to further strengthen the member experience and by targeting staff refreshers.</p> <p><u>Assessing Member Understanding</u> This is another measure that checks reps are promoting comprehension of benefits and services to our members. This is measured by use of call monitoring, listening and verifying member understanding. The audit of these monitored calls was successful with a 100% comprehension of billing and 94% for benefits. Ongoing coaching for staff and CRM coding refreshers will help with continued improvement of this measure.</p> <p>2024 DHCS Audit Findings and Corrections</p> <p><u>Provider Terminations</u> DHCS requires plans to notify impacted members in writing of provider terminations and submit to DHCS for approval. CCHP lacked a process to ensure timely written notices, resulting in missed notifications for impacted members. CCHP has now implemented procedures to ensure all impacted members receive timely, DHCS-approved termination notices.</p> <p><u>Change in Member Circumstances</u> DHCS requires single model plans to promptly report member changes that may affect eligibility. CCHP lacked policies and processes to report income or death changes to DHCS, relying instead on external county departments. CCHP has established procedures to ensure timely notification to DHCS of member income and death changes, as required.</p>	

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Appeals and Grievances	<p>Dr. Nusrat Chaudhry presented this report.</p> <p><u>Appeals</u> Total number of appeals remains consistent with past quarters. When comparing Q1 2024 with Q1 2025, there is a marked increase of 49%. However, this was due to our start of Single Plan Model in the County. Expedited appeals are also consistent without much fluctuation from quarter to quarter.</p> <p>When compared to control charts the overturned appeals vs. upheld appeals remain consistent year over year; no significant changes.</p> <p><u>Grievances</u> Grievances, like Appeals, remain steady with minimal fluctuation. And like appeals, the increase when comparing Q1 2024 with Q1 2025 is about the same (48%). This increase was explained by the start of the Single Plan Model. The AGD team will continue to monitor these patterns. Quality of Service grievances remain the largest portion of grievances throughout the reporting period of 1/1/2024 through 3/31/2025. Quality of Service grievances include case management, provider/staff attitude, and member materials.</p> <p>Dr. Levin asked about the significant increase in Quality of Service grievances for Q1 2024. Dr. Chaudhry explained this was due to the start of the Single Plan Model; appeals reflected the same change in number of appeals.</p> <p>The number of exempt grievances exponentially jumped due to the finalization of policy and procedure. Then, it has trended down since that time; the team will continue to watch the trend and will discuss with Member Services. Billing grievance classification changed in March 2024 based on DHCS finding and billing grievances were backlogged in claims that were entered between March and August 2024.</p> <p>An audit analysis of a random sample (30 cases) of Medication Grievances showed that 80% of the same were from the CCRMC Network. Key patterns were identified; 26 of the 30 cases were due to Provider-Related Refill issues. One systemic access barrier was identified; members reported running out of medications while waiting for a refill. Inaccessibility of providers for urgent prescription needs is a challenge.</p> <p>Dr. Gee asked about the number of appeals that are overturned. He is wondering why the number is so high; is there something that can be done so that the grievances do not have to be appealed in the first place. Dr. Chaudhry stated that dashboards are being developed to help mitigate this issue and help improve the process. Dr. Gee is concerned that the current process is wasting a lot of time.</p>	
Quality Improvement and Health Equity Committee (QIHEC) Activities Update	<p>The Director of Quality and Health Equity, Beth Hernandez provided a report of Q2 2025 Activities of the QIHEC team. The summary included: HEDIS Submission (6/13/2025), NCQA Health Plan Accreditation, Improvement Projects, Other reporting (DMHC Timely Access, EQR audits, member & provider experience surveys), Population Health, and Provider Engagement. This report will be</p>	

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	<p>posted on our website and presented to the County Board of Supervisors.</p> <p>The Q2 2025 QIHEC Activities Report was unanimously approved by the Council.</p>	

Consent Items		
Consent Items	<ul style="list-style-type: none"> • QHE – CCHP Quality Council Minutes 5/13/2025 • QHE – Member Experience – Assessing Member Understanding Evaluation 2025 • QHE – 2024 Cultural & Linguistics Analysis Report • QHE – Lead Audit Summary Q1 and Q2 2025 • AGD – Medication Grievance Audit Analysis • AN – Advice Nurse Summary Q2 2025 • CalAIM – ECM DHCS 2024 Medical Audit Summary • UM – UM Committee Meeting Minutes 4/14/2025 • UM – UM Committee Meeting Minutes 5/12/2025 • UM – Appeals Q1 2025 • UM – MD IRR Summary Q1 2025 • UM – RN IRR Summary Q1 2025 • UM – TAT and Visual Trends April 2025 <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
Policies and Procedures	<ul style="list-style-type: none"> • ADM1.041 Community Supports Operations and Evaluation • AGD20.002 Handling of Complaints and Grievances • AGD20.004 Discrimination Grievance • AGD20.005 Medi-Cal Member Appeal • AGD20.006 Commercial Member Appeal • CLIN13.001 Maternal and Infant Health • CLIN13.002 Reproductive Care • CLIN13.003 Street Medicine • CLIN13.004 Community Health Workers Service • CLIN13.005 EPSDT Services • CLIN13.006 Immunization • CLIN13.007 Minor Consent Requirements • CLIN13.008 Hospice Services • CLIN13.011 Palliative Care • CM16.201 Case Management Program Description • CM16.202 Interdivisional Coordination • CM16.203 Hospice Services (RETIRED) • Community Advisory Committee • PM6.001 Pharmacy Fraud Referral Procedure • PM6.002 Narcotics Abuse • PM6.003 P&T Committee • PM6.010 Pharmacy Service • PM6.011 Pharmacy PA Process Oversight • PM6.012 Pharmacy Network Audit Oversight • PM6.017 CCHP Procedures for Pharmaceutical Recalls • PM6.019 Pharmacy Emergency Operations • PM6.021 Pharmacy Delegation Agreement 	

	<ul style="list-style-type: none"> • PM6.022 CCHP DUR Policy • PM6.023 Medi-Cal Rx DU and Pharmacy • PM6.024 Pharmacy Delegation Agreement for Medicare Part D • PMA6.001 Medicare Part D Coverage Determination • PMA6.002 P&T Committee and Formulary Management • PMA6.003 Medicare Part B Organization • PMA6.005 Pharmacy Claims Processing • PMA6.006 Hospice and Part D Coordination of Benefits • PMA6.007 Access to Part D Vaccines • PMA6.008 Transition Process • PMA6.009 True Out-of-Pocket (TrOOP) • PMA6.010 Medication Coordination of Benefits • PMA6.011 Medication Therapy Management • PMA6.012 Medication Quality Assurance • PMA6.013 Opioid Medication Utilization Management • PMA6.014 Pharmacy Audit Review • PMA6.015 Pharmacy Network Credentialing and Access • PMA6.016 PBM Auditing and Review • QM14.101 Timely Access to Care Standards • QM14.706 Population Health Management • QM14.804 Non-Discrimination Notices • UM15.018 Timeliness of the Utilization Review Decision and Communication • UM15.050 CCS Special Authorization & Payment • UM15.064 Non-Emergency Medical Transportation (NEMT) & Travel Expenses • MS8.004 Program Description • MS8.005 Quality Monitoring • MS8.006 Training Curriculum • MS8.007 Distribution of Member Informational Packet • MS8.008 Changes in Availability/Location of Services • MS8.009 Member Enrollment and Selection/ Assignment of Providers • MS8.010 Notification of Rejection of Selected PCP • MS8.012 Handling of Medi-Cal • MS8.016 Member Rights • MS8.019 Response to Member Inquiries • MS8.028 Information on Plan Covered Services • MS8.036 Translation of Plan Member Materials • MS8.040 Member Materials in Alternate Format(s) • MS8.043 CCHP Responsibility to Ensure Member Rights <p>All policies were unanimously approved by the Quality Council as presented.</p>	
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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.	

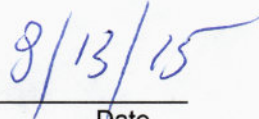
Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Quality Committee, dated July 8, 2025, and attached herein.

Excepted Matters: None

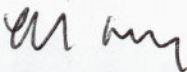
Approved by CCHP Quality Council:



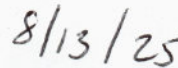
Committee Chair Signature



Date



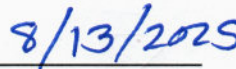
Committee Co-Chair Signature



Date



Quality Management Administrative Assistant Signature



Date