Quality Council Meeting Minutes
Contra Costa Health Plan–Community Plan
October 14, 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
	*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
X	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
X	*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	Alejandro Fuentes, RN
X	Madhusree Sen, RN
X	Eloisa Lopez-Valencia

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 October 14, 2025, via Zoom.	
Introductions and Information	VP of Clinical Operations from LifeLong Medical Care, Yui Nishiike, NP, was introduced to the Council. She will now be the Council representative from LifeLong.	

Reports		
Senior Medical Director Update	Senior Medical Director, Sarah Levin, MD, presented the update. CCHP is beginning its D-SNP enrollment tomorrow, 10/15/2025. Model of Care Training must be completed by all of our providers by end of year. Sunny Cooper is now our Interim Director of Compliance at CCHP. Dr. Nusrat Chaudhry completed her MBA and has moved onto other opportunities in Sacramento. We are looking to fill multiple positions at CCHP related to D-SNP.	
Long Term Care Quality Monitoring	Quality and Health Equity Director, Beth Hernandez, introduced Eloisa Lopez. She recently acquired her MPH from UC Berkeley and is working at CCHP as an intern. Eloisa presented an analysis on Long Term Care Quality Monitoring. CCHP maintains a comprehensive Quality Assurance Performance Improvement Program (QAPI) to ensure members receiving care in Skilled Nursing Facilities (SNFs) and other institutional Long Term Care (LTC) settings receive high quality services. In 2024, CCHP	

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	had members placed in 59 SNFs around the County. CCHP identified 30% of our facilities had survey deficiencies above the state average and approximately 4.5% were significantly above average. Five of our high volume SNFs had higher than average survey deficiencies, however, most deficiencies are level 2 for these facilities, meaning no harm occurred. None of our high-volume facilities had a significant higher average than the state average in complaints and facility reported incidents.	
	CMS Care Compare Findings found CCHP performed above the state average for most ratings. Quality Measure Rating declined in 2024, while other ratings remained stable. CCHP performed below the state average in percentage of emergency department visits and antipsychotic medication usage.	
	MCAS Quality Measures showed an increase in outpatient ED visits in 2024, exceeding state and national benchmarks. While an increase was found in Potentially Preventable Readmission Rates (PPR) in 2024, this measure remained well below state and national averages.	
	There was an increase in PQIs in 2024; levels 2 and 3 were higher than 2023.	
	CMS requires nursing homes to have a QAPI program as part of a broader set of regulations aimed to improve the quality of care in these facilities. CCHP received 25 QAPI program descriptions which account for a total of 38 facilities. 50% of the QAPI programs received represent high-volume LTC facilities.	
	This analysis identified areas for opportunities of improvement for High and Low Performing Facilities. An LTC Workgroup was established last year; it hosts quarterly Joint Operations Meetings (JOMs) and handles targeted trainings. Identified performance gaps include: improve performance in the LTC-OED MCAS measure, improve anti-psychotic medication and outpatient ED visits quality measures, and improve health inspection rating for facilities with an overall 2-star or below rating.	
	Dr. Clery asked about the extreme increase in OED visits in 2024. He asked if this increase was due to this being a recently carved in benefit. Beth Hernandez stated that the methodology has not changed.	
Potential Quality Issues and Provider Preventable Conditions	Clinical Quality Auditing Nurses, Alejandro Fuentes and Medhusree Sen, presented the report.	
	Potential Quality Issues (PQIs) There were 413 PQIs in the reporting period of July 2024 to September 2025. Overall trend is down during this period with a 24% reduction in PQIs in Q3 2025 compared to Q3 2024. 58% of these PQIs did not require further action; only 7% resulted in a CAP.	
	Provide Preventable Conditions (PPCs) 18 PPCs were recorded in Q3 2025; 12 of these PPCs have been resolved with 6 awaiting resolution.	
	Beth Hernandez asked if any trends had been identified during the reporting period. Dr. Levin stated the CCHP instituted a more robust review process for PPCs so the number has increased The process	

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	also reveals conditions that were already present prior to admission to SNFs. Medhusree Sen shared that many of the PPCs recorded are falls in SNFs.	
Quality and Health Equity Quarterly Update	Quality and Health Equity Director, Beth Hernandez, presented the quarterly update which included: • Submitted Health Equity Accreditation – expect final status determination in November • Received 4.5 Stars from NCQA Health Plan Ratings; met all MCAS Measures • Responding to DMHC CAP on HEQMS measures • Prepared EQRO PIPs submissions • Fielding of: Provider Appointment Availability Survey, Provider Satisfaction Survey, Behavioral Health Member Experience Survey, Case Management Experience Survey • New reports available on provider portal (inpatient admissions and ED visits) • Continued outreach with low performing measures • Health education team attended over 20 outreach events in community • Maternal Health Summitt and Doula workshop • Completion of PNA and Population Health Strategy	

Consent Items		
Consent Items	• QHE – Quality Council Minutes 2025-08-12 • QHE – CCHP LTC QAPI Report MY 2024 • QHE – QIHEC Q3 2025 Activities Report • ANU – Advice Nurse Unit Statistics 3Q 2025 • UM – UM Committee Minutes 07-14-2025 • UM – UM Committee Minutes 08-11-2025 • UM – Turnaround Time and Visual Trends Q2 2025 • UM – IRR Audit Summary Q1 and Q2 2025 • UM – Over-Under Analysis of Wheelchair-Related Claims • UM – BHD Over-Under Analysis Q2 2025 All documents were reviewed by Council members, and approved unanimously as presented.	
Policies and Procedures	• AGD20.002 Handling of Complaints and Grievances • AGD20.005 Medi-Cal Member Appeal Policy • AN17.006.3 Attendance • AN17.006.4 Scheduling • AN17.007.1 Durable Medical Equipment (DME) • AN17.007.13 Use of Standing Orders for Medications • AN17.007.14 Authorization for Medically Necessary Non-Emergency Transportation • AN17.007.20 Transfer of Inbound Calls • AN17.007.21 Emergencies in the Workplace • AN17.007.28 Off-Hour Authorizations for Psychiatric Inpatient Admissions	

	• CalAIM5.041 Community Supports Operations and Evaluation • CalAIM5.043 California Integrated Care Management (CICM) • CalAIM5.045 Community Support Overview, Eligibility, Restrictions, and Limitations • CLIN13.006 Immunization • CLIN13.013 Liaison Program • CM16.201 Case Management Program Description • CM16.400 Care Management Program Description for D-SNP Enrollees • CM16.401 Health Risk Assessment for D-SNP Enrollees • CM16.402 Individualized Care Planning for D-SNP Enrollees • CM16.403 Interdisciplinary Care Team for D-SNP Enrollees • CM16.404 Care Transitions for D-SNP Enrollees • CM16.405 Follow-Up for Emergency Department Care for D-SNP Enrollees • CM16.406 Face-to-Face Encounters for D-SNP Enrollees • CQA10.006 Potential Quality Issue • MS8.005 Quality Monitoring • QM14.706 Population Health Management • UM15.002 Utilization Review Criteria and Guidelines • UM15.003 Policy for Prior Authorization • UM15.015 Utilization Review Process • UM15.029 Continuity of Care • UM15.037 Cancer Clinical Trial • UM15.048 Coordinating Chronic Pain Management Care • UM15.066 UM Information Integrity • UM15.072 Biomarker Testing • 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 November 18, 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 October 14, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:

_____   4/19/25
Committee Chair Signature   Date

_____   11/19/25
Committee Co-Chair Signature   Date

_____   11/19/2025
Quality Management Administrative Assistant Signature   Date

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