CONTRA COSTA COUNTY

AGENDA - PUBLISHED

Contra Costa Health Plan Joint Conference Committee

Friday, March 6, 2026 **9:30 AM** **Conservation & Development, 30 Muir Rd., Martinez or District III Office, 3361 Walnut Blvd., Ste. 140, Brentwood | https://cchealth.zoom.us/j/91500306028 | Meeting ID: 915 0030 6028**

Agenda items may be taken out of order based on the business of the day and preference of the Committee.

Guests who wish to address the Contra Costa Health Plan (CCHP) Joint Conference Committee (JCC) during public comments on matters within the jurisdiction of the JCC that are not on the agenda, or who wish to comment with respect to an item on the agenda, may comment in person, via Zoom, or via call-in. Those participating in person should come to the podium when called upon. Those participating via Zoom should indicate they wish to speak by using the Zoom "raise your hand" feature. Public comments may be limited to two minutes per speaker.

All matters listed under CONSENT CALENDAR are considered by the JCC to be routine and will be enacted by one motion. There will be no separate discussion of these matters unless requested by a member of the JCC before the JCC votes on the motion. Each member of the public will be allowed two minutes to comment on the entire consent agenda.

1. **CALL TO ORDER; ROLL CALL**
   (Supervisor Diane Burgis, Chair)

2. **PUBLIC COMMENT on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two (2) minutes).**
   (Supervisor Diane Burgis, Chair)

3. **CONSENT ITEMS**
   CONSIDER CONSENT ITEMS (Items listed as C.1. through C.3. on the following agenda) - Items are subject to removal from Consent Calendar by request of any Member of the CCHP Joint Conference Committee. Items removed from the Consent Calendar will be considered with Discussion Items.

4. DISCUSSION ITEMS

D.1. ACCEPT report from Executive Director **26-847**
(Irene Lo, MD, Executive Director)

Attachments: Executive Director Report
Executive Director Report Slides

D.2. ACCEPT report from Quality and Health Equity, RECOMMEND APPROVAL, and FORWARD the Report to the Contra Costa County Board of Supervisors for approval **26-848**
(Jersey Neilson, Quality Program Manager)

Attachments: Summary of Quality and Health Equity Quarterly Report
Quality and Health Equity Quarterly Report
Quality and Health Equity Quarterly Report Slides

D.3. ACCEPT report from Compliance, RECOMMEND APPROVAL, and FORWARD the Report to the Contra Costa County Board of Supervisors for approval **26-849**
(Sunny T. Cooper, Chief Compliance Officer)

Attachments: Compliance Quarterly Report
Compliance Quarterly Report Slides

D.4. ACCEPT report from Finance **26-850**
(Shulin Lin, Deputy Chief Financial Officer)

Attachments: Finance Report
Finance Report Slides

D.5. ACCEPT report from Information Technology **26-851**
(Bhumil Shah, Chief Information Officer)

Attachments: IT Report
IT Report Slides

D.6. ACCEPT report on Contra Costa Health Care Plus, Contra Costa Health Plan's Dual Eligible Special Needs Plan (D-SNP) **26-852**
(Beth Hernandez, Interim Chief Operations Officer)

Attachments: Contra Costa Health Care Plus (D-SNP) Report
Contra Costa Health Care Plus (D-SNP) Report Slides

D.7. ACCEPT Consent Calendar items previously removed

5. ADJOURNMENT
(Supervisor Diane Burgis, Chair)

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6. CONSENT CALENDAR

C.1. ACCEPT the minutes from 12/19/2025, CCHP Joint Conference Committee meeting **26-853**

Attachments: JCC Meeting Minutes - 2025.12.19 Staff Report
JCC Meeting Minutes - 2025.12.19 EXECUTED

C.2. ACCEPT the minutes from key CCHP committees **26-854**

Attachments: Minutes from Key CCHP Committees Staff Report
Quality Council Minutes 2025.11.18
Community Advisory Committee Minutes 2025.12.11
Compliance Committee Minutes 2025.12.15
Compliance Committee Minutes 2026.02.06

C.3. RECOMMEND APPROVAL of the Quality and Health Equity Annual Documents, which include the 2026 Quality and Health Equity Program Description, the 2026 Quality and Health Equity Program Work Plan, and the 2025 Quality Program Evaluation and FORWARD the Annual Documents to the Contra Costa County Board of Supervisors for approval **26-855**

Attachments: Quality and Health Equity Annual Documents Staff Report
2026 QIHETP Program Description
2026 QIHETP Work Plan
2025 Quality Program Evaluation

7. HEALTH PLAN ACRONYM LIST **26-856**

Attachments: Health Plan Acronym List - March 2026

The next meeting is currently scheduled for Friday, June 5, 2026.

The Committee will provide reasonable accommodation for individuals with disabilities planning to attend the Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Committee less than 96 hours prior to that meeting are available for public inspection at 595 Center Ave., Martinez, CA. 94553, during normal business hours. Staff reports related to items on the agenda are also accessible online at www.contracosta.ca.gov.

If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access.

CCHP makes use of acronyms, abbreviations, and industry-specific language within JCC meetings and written materials. A list of commonly used language that may appear in written materials and oral presentations associated with JCC meetings is attached as the final agenda item.

Public comments may be submitted via electronic mail on agenda items at least one full workday prior to the published meeting time.

For additional information contact Norman Hicks at nhicks@cchealth.org.

File #: 26-847 **Agenda Date:** 3/6/2026 **Agenda #:** D.1.

Advisory Board: CCHP Joint Conference Committee
Subject: Report from Executive Director
Presenter: Irene Lo, MD
Contact: Norman Hicks

Information:

Purpose

This report provides the Joint Conference Committee (JCC) with key updates on CCHP business and operations. The intent is to support transparency, reinforce the JCC's advisory oversight role, and ensure alignment on developments affecting the organization and its members.

Executive Summary

CCHP remains operationally stable while undergoing significant organizational and regulatory transformation. Q1 efforts focused on leadership recruitment, audit readiness, and strengthening performance improvement infrastructure. While federal and state policy developments introduce uncertainty, CCHP has proactive mitigation strategies in place and continues aligning operations with evolving regulatory expectations. Transformation efforts remain on track, with measurable progress in governance, workforce structure, and performance oversight. No immediate threats to continuity of operations have been identified, and known risks are being actively managed.

Recommendation(s)/Next Step(s):
ACCEPT report from Executive Director

595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580
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To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD; Executive Director
Date: March 6, 2026

Report Title: Executive Director Report

RECOMMENDATIONS
ACCEPT report from Executive Director

FISCAL IMPACT
N/A

BACKGROUND
Purpose
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Executive Summary
CCHP remains operationally stable while undergoing significant organizational and regulatory transformation. Q1 efforts focused on leadership recruitment, audit readiness, and strengthening performance improvement infrastructure. While federal and state policy developments introduce uncertainty, CCHP has proactive mitigation strategies in place and continues aligning operations with evolving regulatory expectations. Transformation efforts remain on track, with measurable progress in governance, workforce structure, and performance oversight. No immediate threats to continuity of operations have been identified, and known risks are being actively managed.

1. CCHP Staffing Update
CCHP is actively working to reinforce leadership stability and operational readiness across departments. Recent efforts include targeted recruitment for key vacancies and role realignments to support emerging priorities. These changes are part of CCHP's broader commitment to ensuring continuity of essential services while positioning CCHP to meet current and future demands.

Department Specific Updates

Clinical Operations

CCHP has launched recruitments for a Chief Medical Officer, an Associate Medical Director, and a Health Plan Nurse Program Director for Utilization Management. Dr. Nicolas Barcelo and Dr. Sara Levin continue serving as Deputy Chief Medical Officers, leading Medical Management; and Case Management and Population Health, respectively.

Business Operations

CCHP has launched recruitments for a permanent Chief Operations Officer. Beth Hernandez continues to serve as Interim Chief Operating Officer and is providing critical operational leadership during this period of organizational transition. Interviews are anticipated to begin in late February/early March.

2. Regulatory Update

CCHP continues to prioritize regulatory readiness through structured engagement with oversight agencies and internal corrective actions. Key updates are outlined below:

Federal and State Policy Updates

State and federal healthcare policy remains fluid. CCHP is actively monitoring new and updated guidance from the State and the Federal government. While many details remain in development, these changes have the potential to influence managed care operations, financing, and reporting expectations.

Key Medi-Cal Eligibility Changes Under H.R.1 - Timeline

- 2026
  - Restricting Federal Funding for Certain Qualified Non-Citizens (Effective 10/1/2026)
    Narrows the definition of "qualified" immigrants for federally funded Medi-Cal. Affected individuals would transition from federal full-scope to restricted-scope Medi-Cal under the proposed Governor's 2026–2027 budget.
- 2027
  - Work Reporting Requirements (Effective 1/1/2027)
    Requires ACA expansion adults ("New Adult Group") to work, study, or volunteer at least 80 hours per month unless exempt.
  - Reducing Duplicate Enrollment (Effective 1/1/2027) and 10/1/2029)
    Requires enhanced cross-state eligibility verification to prevent multi-state enrollment.
  - Deceased Member Verification (Effective 1/1/2027)
    Requires quarterly checks against the federal Death Master File.
  - Six-month Renewals (Effective 1/1/2027)
    Expansion adults must renew Medi-Cal eligibility every six months; all other populations remain annual.
  - Retroactive Medi-Cal Timeframes (Effective 1/1/2027)
    Limits retroactive coverage to one month for expansion adults and two months for other populations.
- 2028
  - Cost Sharing for Adults (Effective 10/1/2028)
    Requires limited copayments for certain expansion adults while maintaining essential services without cost sharing.

CMS Correspondence
On January 27, 2026, CMS Administrator Dr. Mehmet Oz sent a letter to Governor Newsom requesting detailed information on Medi-Cal program integrity, eligibility verification, and provider oversight. CMS asked the State to submit a comprehensive program integrity action plan with supporting documentation addressing fraud, waste, and abuse controls; eligibility and immigration verification; provider screening and enrollment; program integrity infrastructure; and IHSS oversight.

While the letter does not announce immediate regulatory action, it signals the potential for increased federal scrutiny of supplemental payments, financing structures, and safety-net oversight. The focus areas identified — fiscal integrity, provider oversight, and operational transparency — align with CCHP's existing priorities. CCHP will continue monitoring developments and assessing downstream impacts as additional guidance emerges.

DHCS Implementation Guidance
DHCS recently issued implementation guidance outlining expectations for managed care plans as the State prepares for program and financing changes related to H.R.1. The guidance provides timelines, reporting requirements, and operational standards intended to strengthen accountability and readiness for evolving Medi-Cal priorities.

For health plans, the document serves primarily as a compliance roadmap rather than an immediate policy change, emphasizing advance planning, cross-department coordination, and preparation for future reporting and program adjustments. These expectations align with CCHP's existing operational and compliance priorities. CCHP is actively reviewing the guidance, mapping requirements to internal workstreams, and monitoring for additional clarification as DHCS refines implementation details.

Department of Managed Health Care (DMHC)

DMHC Financial Audit
The DMHC Financial Audit is scheduled to begin in April 2026, with fieldwork commencing on April 6, 2026. Pursuant to Section 1382 of the California Health and Safety Code, the DMHC Division of Financial Oversight conducts routine financial examinations of each licensed health plan at least once every five years and publishes a public report for each plan. The purpose of these examinations is to evaluate and report on a plan's compliance with the financial and administrative requirements of the Knox-Keene Act.

We anticipate that DMHC's review of CCHP will place particular emphasis on claims operations, financial controls, reserve adequacy, administrative cost reporting, and the effectiveness of oversight structures. CCHP is preparing accordingly and remains committed to full transparency and proactive engagement throughout the examination process.

DMHC Enforcement Matters
Two enforcement matters remain under Department of Managed Health Care (DMHC) review.
Enforcement Matter 23-348

- Stems from deficiencies that remain unresolved from DMHC's 2018 Routine Survey
- Received from DMHC: 6/4/2025
    - DMHC found that the Plan failed to resolve an identified deficiency to the director's satisfaction within a reasonable period of time

        - Deficiency – The Plan failed to consistently provide immediate notification to enrollees of their right to contact the Department regarding expedited appeals in violation of Health and Safety Code section 1368.01, subdivision (b), and California Code of Regulations, title 28, section 1300.68.01, subdivision (a)(1).
    - DMHC indicated that they would be willing to resolve this matter upon the payment of an administrative penalty of $40,000 and submission of a proposed corrective action plan (CAP) for review/approval by the Department's Office of Enforcement
    - CCHP Response:
        - CCHP sent an acknowledgement to DMHC on 6/16/2025, accepting the administrative penalty
        - CCHP also submitted a proposed CAP
- Follow-up from DMHC: 12/15/2025
    - DMHC issued a Letter of Admonishment regarding a remaining unresolved deficiency.
        - Deficiency - The Plan does not insert a correct version of the Health and Safety Code section 1368.02, subdivision (b)2 paragraph on every Evidence of Coverage, on copies of Plan grievance procedures, and on Plan complaint forms.
        - DMHC indicated that they would be willing to resolve this matter upon the payment of an administrative penalty of $40,000 and submission of a proposed corrective action plan (CAP) for review/approval by the Department's Office of Enforcement
    - CCHP Response:
        - January 2026: CCHP sent an acknowledgement to DMHC, accepting the administrative penalty
        - CCHP also submitted updates on the previously submitted CAP
    - CCHP Status: Awaiting DMHC feedback on both CAPs

Enforcement Matter 24-143

- Focuses on interrogatories related to behavioral health services, including timely access to care, prior authorization practices, claims payments, provider satisfaction, staff training, and call center operations
- Received from DMHC: 3/26/2025
- Response provided to DMHC: 4/25/2025
- Status: Awaiting response from DMHC

These matters continue to inform targeted operational and compliance improvements, particularly in behavioral health oversight, grievance processes, and documentation practices

Department of Health Care Services (DHCS)

2025 DHCS Medical Audit Preliminary Findings

The Department of Health Care Services (DHCS) conducted CCHP's 2025 Medical Audit from August 18–29, 2025, covering the audit period of August 1, 2024, through July 31, 2025. The audit included documentation review, verification studies, and interviews with CCHP staff. DHCS evaluated performance across six program areas: Utilization Management; Population Health Management and Care Coordination; Network and Access to Care; Grievances, Appeals, and Member Rights; Quality Improvement and Health Equity Transformation; and Plan Administration and Organization.

An Exit Conference was held with DHCS on February 5, 2026, during which CCHP received its preliminary audit findings. CCHP was provided 15 calendar days from the date of the Exit Conference to submit

supplemental information in response to the draft findings. Following review of any additional materials, DHCS will issue a Final Report. CCHP anticipates receiving the Final Report within the next one to two months and will share the report upon receipt.

DHCS identified ten preliminary findings across multiple program areas, including Utilization Management; Network and Access to Care; Grievances, Appeals, and Member Rights; Quality Improvement and Health Equity Transformation; and Plan Administration and Organization. CCHP had already identified these areas as improvement priorities prior to and during the audit and initiated corrective action planning. Remediation efforts are actively underway, and all preliminary findings are either resolved or progressing on schedule toward resolution.

National Committee for Quality Assurance (NCQA)

Accreditation Survey
CCHP is currently undergoing Health Plan Re-Accreditation with the National Committee for Quality Assurance (NCQA), which operates on a three-year accreditation cycle. Accreditation requires comprehensive documentation review, file audits, and demonstrations that policies and operational practices are not only well designed but consistently implemented in day-to-day operations.

In December 2025, CCHP submitted requested materials to NCQA for off-site review. The Plan completed the on-site file review portion of the survey on February 2–3, 2026, achieving 100% "Met" status across all standards reviewed. NCQA will continue its formal evaluation process over the next one to two months. Following completion of this review, CCHP anticipates receiving its final accreditation determination.

3. Organizational Transformation Update

2026 Organizational Priorities
CCHP continues to navigate a pivotal phase of transformation driven by new regulatory expectations, fiscal pressures, and organizational realignment. Our focus remains on strengthening the Plan's governance, regulatory compliance, operational effectiveness, and long-term financial transparency and sustainability.

To meet these challenges, CCHP continues to focus on modernizing its infrastructure, processes, and systems to operate as a nimble, data-driven, and high-performing managed care organization. CCHP is guided by the following strategic focus areas, designed to reinforce accountability, enhance collaboration, and modernize operations:

- Strengthening governance, fiscal transparency, and accountability
- Enhancing regulatory compliance and audit readiness
- Improving operational efficiencies, particularly in provider and vendor contracting, utilization management, and claims processing

Q1 Updates

Recruitment

As directed by the CCHP Joint Conference Committee, CCHP has made significant inroads on the recommendations made by the 2025 Alvarez and Marsal operational and organizational structure assessment.

- Organizational Structure – Guided by the recommendations from Alvarez & Marsal, CCHP has established a leadership organizational structure that aligns with peer Medi-Cal managed care plans while leveraging Contra Costa Health's shared services model for Information Technology and Finance. As key executive leadership positions are filled and onboarded, CCHP will conduct a more detailed evaluation of department-level structures to ensure appropriate leadership alignment, effective spans of control, and operational efficiency.
- CCHP Director Role – In partnership with Contra Costa Health Personnel, CCHP has developed a standardized classification for non-clinical Director-level leadership roles. This classification is designed to reflect the scope, expectations, and responsibilities associated with health plan director positions. The proposed salary range is consistent with comparable roles across managed care organizations, informed by compensation data from the Local Health Plans of California and the Association of Community Affiliated Plans. CCHP, CCH Personnel, and Contra Costa County HR are actively collaborating on review of the proposed classification.

Performance Improvement Workgroups (PIWs)

During Q1, CCHP continued implementation of its Performance Improvement Workgroups (PIWs), established to strengthen operational efficiency, fiscal stewardship, regulatory readiness, and cross-department coordination. The workgroups are designed to provide focused oversight on priority operational areas while supporting long-term organizational transformation.

CCHP currently maintains PIWs across several organizational domains, including Governance, Compliance, Labor and Workforce, Business Operations, and Clinical Operations. Each workgroup includes executive sponsorship, cross-functional leadership participation, and defined performance metrics aligned with organizational priorities.

PIWs are actively meeting on a regular cadence and operating under formal charters that define scope, accountability, and deliverables. Each workgroup has established SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goals aligned with CCHP's operational and strategic priorities. Implementation work is actively underway across all domains.

At this time, all Performance Improvement Workgroups are on track. Leadership continues to monitor progress through executive oversight and structured reporting to ensure sustained momentum and accountability.

Q2 Focus

Key priorities for the next quarter include:

- Completion of executive leadership recruitment
- Continued audit readiness and corrective action execution
- Expansion of performance dashboards and operational metrics
- Implementation of Performance Improvement Workgroup milestones
- Ongoing monitoring of federal and state policy developments

Risks and Mitigation
CCHP's transformation requires active monitoring of several enterprise risks. The following summarizes key exposures and mitigation strategies.

Financial and Policy Risk (HR1 and State Budget)
Risk – Federal HR1 provisions and California budget pressures may affect Medi-Cal funding, enrollment, and administrative allocations, creating long-term financial and operational uncertainty.

Mitigation
- Ongoing engagement with LHPC, CAHP, and ACAP to support advocacy and early intelligence
- Continuous monitoring of federal and state policy developments and operational impact planning
- Enhanced financial modeling and scenario forecasting incorporated into FY 2026–2027 budgeting
- Organization-wide cost containment efforts in utilization management, claims, and contracting

Regulatory Oversight and Audit Risk
Risk – Multiple 2026 audits (DMHC Financial Audit, DMHC Follow-Up Survey, DHCS Medical Audit, CMS/DHCS D-SNP oversight) carry operational, financial, and reputational exposure.

Mitigation
- Strengthened policy governance and internal monitoring
- Mock audits and readiness reviews
- Proactive communication with NCQA, DHCS, DMHC, and CMS
- Centralized coordination through Compliance and PIW oversight

Workforce Stability Risk
Risk – Ongoing recruitment challenges affect operational resilience and increase compliance risk.

Mitigation
- Accelerated recruitment and interim subject-matter coverage
- Structured executive oversight of staffing priorities
- Enhanced onboarding, spans of control, and internal training
- Workforce-focused Performance Improvement Workgroup deployment

Systems Integration Risk
Risk – Modernization of claims, utilization management, member services, and Medicare/Medi-Cal integration remains complex and may affect performance.

Mitigation
- Workflow standardization and system testing
- Process redesign to improve efficiency
- Expanded operational dashboards for performance visibility

CONSEQUENCE OF NEGATIVE ACTION
If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

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Discussion Item

D.1.

ACCEPT report from Executive Director

Irene Lo, MD, Executive Director

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CCHP Operational Status

- Organization remains operationally stable with active monitoring
- Transformation initiatives progressing on schedule
- Leadership recruitment actively underway
- Ongoing audit preparedness across all regulators
- Known risks identified, tracked, and being managed
- Continuous identification of improvement opportunities
- No immediate threats to continuity of operations

Current Phase: ⚠ Transformation Mode

- Operations stable
- Risks known
- Mitigation active

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Leadership and Workforce Update

Leadership Recruitment in Progress

- Chief Operations Officer
- Chief Medical Officer
- Associate Medical Director
- Nurse Program Director – Utilization Management

Current State

- Interim leadership maintaining continuity
- Recruitment aligned with long-term organizational structure
- Workforce stability remains a top priority

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Regulatory Environment Snapshot

External Environment

- Federal and state healthcare policy remains fluid
- HR1 introduces multi-year Medi-Cal eligibility changes
- Increased federal focus on program integrity
- Expanded reporting and oversight expectations

CCHP Response

- Active monitoring and early impact planning
- Alignment with DHCS and CMS guidance
- Internal readiness workstreams already underway

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Audit and Oversight Landscape

2026 Major Regulatory Events

- DMHC Financial Audit (April 2026 start)
- DHCS Medical Audit – Final report pending
- NCQA Re-Accreditation review underway
- Ongoing DMHC enforcement matters

Status

- Audit preparation on track
- Corrective actions underway
- Full transparency with regulators
- Centralized compliance oversight

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2025 DHCS Medical Audit Status

2025 Audit Preliminary Findings

- 10 preliminary findings across program areas
- Areas already identified as internal priorities
- Corrective action planning already in progress

Current Status

- All findings resolved or progressing on schedule
- Final DHCS report expected in 1–2 months
- Report will be shared with JCC upon receipt

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NCQA Accreditation

Re-Accreditation Progress

- Completed on-site review Feb 2026
- Achieved 100% “Met” across all standards reviewed

Next Step

- Final determination expected in 1–2 months

Significance

- Confirms operational consistency
- Reinforces quality and compliance infrastructure

Organizational Transformation

2026 Strategic Focus Areas

- Governance and accountability
- Regulatory readiness
- Operational efficiency
- Financial transparency
- Workforce alignment

Infrastructure Modernization

- Performance Improvement Workgroups (PIWs)
- Executive oversight structure
- Standardized leadership framework
- CCHP Director Role

Transformation remains on track

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Q2 Priority Focus

- Complete executive recruitment
- Advance audit remediation
- Expand performance dashboards
- Deliver PIW milestones
- Monitor federal/state policy changes

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Enterprise Risk Review

Key Risks Being Actively Managed

- Financial/policy uncertainty
- Regulatory exposure
- Workforce recruitment pressure
- Systems modernization complexity

Mitigation Framework

- Financial modeling and cost containment
- Mock audits and compliance governance
- Accelerated recruitment
- Dashboard-driven oversight

File #: 26-848 **Agenda Date:** 3/6/2026 **Agenda #:** D.2.

Advisory Board: CCHP Joint Conference Committee
Subject: Report from Quality and Health Equity
Presenter: Jersey Neilson
Contact: Norman Hicks

Information:

Background

CCHP is required to implement and maintain a Quality Improvement and Health Equity Committee (QIHEC). The QIHEC is led jointly by CCHP's Medical Director (or designee) and CCHP's Chief Health Equity Officer and must include participation from a broad range of network providers. The QIHEC is responsible for directing and overseeing all Quality Improvement and Health Equity program activities.

On a quarterly basis, CCHP is required to submit a written summary of QIHEC activities to its Governing Board, DHCS, and make these reports publicly available on its website.

Summary

During Q4, CCHP advanced significant work across NCQA accreditation, compliance audits, quality measurement, and population health. CCHP successfully submitted all documentation for the NCQA Health Plan Accreditation ahead of the December 9 deadline. Initial issues that were identified during initial review were resolved satisfactorily. File review is to take place in February, with final results expected by the end of Q1. The plan also submitted the Corrective Action Plan for MY2023 Health Equity and Quality Measure Set (HEQMS) to DMHC. CCHP analyzed the results of the ECHO survey, which showed improved satisfaction across multiple domains, and has completed fielding of the Case Management and Language Access Surveys. Results of these surveys will be forthcoming.

Performance Improvement Projects continued with measurable outreach results: nearly 300 calls for well-care visits (5.6% completion), 1,217 calls for cervical cancer screening (8.5% completion), and targeted outreach for African American and Pacific Islander members. Additional efforts included lead screening outreach for children under age two and biweekly case reviews under the IHI-Behavioral Health Collaborative with Contra Costa Behavioral Health, Public Health, and Kaiser Permanente.

Provider engagement remained strong, with distribution of provider-specific quality rate sheets, quarterly training sessions, and seven quality-focused meetings with major provider groups. CCHP

partnered with Contra Costa Regional Medical Center on ambulatory redesign projects, including support for a nurse-led asthma clinic and pre-visit screening recommendations. Patient safety activities included ongoing monitoring of Potential Quality Issues, Provider Preventable Conditions, and completion of Facility Site and Medical Record Reviews.

Recommendation(s)/Next Step(s):
ACCEPT report from Quality and Health Equity, RECOMMEND APPROVAL, and FORWARD the Report to the Contra Costa County Board of Supervisors for approval

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To: Joint Conference Committee (JCC) Members

From: Jersey Neilson, MPH, Quality Program Manager
Date: March 6, 2026

Report Title: CCHP Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

RECOMMENDATIONS

ACCEPT report from Quality and Health Equity, RECOMMEND APPROVAL, and FORWARD the Report to the Contra Costa County Board of Supervisors for approval

FISCAL IMPACT

N/A

BACKGROUND

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SUMMARY

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CONSEQUENCE OF NEGATIVE ACTION

Failure to accept the QIHEC Quarterly Report would prevent CCHP from meeting its contractual obligation with DHCS and impact CCHP's compliance standing.

ATTACHMENT

Attachment A- QIHEC Quarterly Activities Report Q4 2025

CONTRA COSTA HEALTH

Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Report Period: October 1, 2025 – December 31, 2025

1. Meeting Dates and Main Topics Covered

October 14, 2025: Quality Council

- **Senior Medical Director Update.** The Senior Medical Director shared that CCHP began D-SNP enrollment on October 15, 2025, with coverage starting January 2026. Model of Care training must be completed by all providers by year-end. Leadership updates included Sunny Cooper as Interim Director of Compliance, and recruitment for multiple positions to support D-SNP implementation.
- **Long-Term Care Quality Monitoring.** The Quality and Health Equity reported out on Long-term care Quality report, with an analysis of Skilled Nursing Facility performance. Findings showed 30% of facilities had survey deficiencies above the state average, and five high-volume SNFs had higher-than-average deficiencies, though most were level 2 (no harm). CMS Care Compare ratings were generally above state averages, but outpatient ED visits and antipsychotic medication use were higher than benchmarks. The LTC Workgroup continues quarterly meetings and targeted training to address gaps in QAPI programs and improve health inspection ratings for low-performing facilities.
- **Potential Quality Issues and Provider Preventable Conditions**: Clinical Quality Auditing Nurses reported 413 PQIs from July 2024 to September 2025, a 24% reduction compared to the prior year. Most PQIs required no action, and only 7% resulted in corrective action plans. There were 18 PPCs in Q3 2025, primarily falls in SNFs.
- **Quality and Health Equity Quarterly Update**: The Director of Quality and Health Equity presented updates on Health Equity Accreditation (final status expected in November), NCQA 4.5-star rating, EQRO PIP submissions, and fielding of multiple surveys including PAAS and Behavioral Health Experience. Outreach efforts included over 20 community events and maternal health initiatives
- **Consent Items.** The Council unanimously approved prior meeting minutes, LTC QAPI report, QIHEC Q3 activities report, UM and ANU statistics, and audit summaries.
- **Policies and Procedures.** The Council approved updates to grievance handling, case management for D-SNP enrollees, immunization, utilization review, and population health management policies.

November 18, 2025: Quality Council

- **Medical Director Update.** The Medical Directors reported on revisions to the Quality Council charter and the merger with the Equity Council to form QIHEC, aligning with DHCS, DMHC, CMS, and NCQA requirements. Voting membership will expand to 12, and Equity Council members will join starting January 2026.
- **Clinical Practice Guidelines. T**he Council reviewed proposed updates to Clinical Practice Guidelines, including adding CDPH advisories and incorporating new 2025 guidelines for acute coronary syndromes, hypertension, and inflammatory bowel disease. Immunization references will align with West Coast Health Alliance standards**.**
- **MY 2024 Commercial Population Report.** The Quality and Health Equity Team presented demographic and clinical data for the Commercial population (6,439 members, older and female-skewed), noting high prevalence of hypertension (38%), obesity (30%), and diabetes (19%). HEDIS results showed 12 of 14 measures above national averages, with improvements in preventive care but slight declines in diabetes measures. CAHPS overall scores exceeded benchmarks, though composite measures revealed access gaps. Grievance rates were higher than state averages, mostly administrative issues, and 71% of appeals were overturned, primarily pharmacy-related.
- **Annual D-SNP Quality Oversight.** The Director of Quality and Health Equity provided updates on Model of Care implementation, chronic care improvement programs, and CMS reporting requirements (HEDIS, CAHPS, HOS)
- **Consent Items.** The Council approved prior meeting minutes, Commercial report, PBM audits, P&T updates, and UM committee minutes.
- **Policies and Procedures.** The Council approved updates to the Quality Council charter, timely access standards, HEDIS reporting, cultural & linguistic services, Model of Care, and utilization review policies..

2. Update on Quarterly Activities in QIHETP Program

Program Structure:

- Convened two Quality Council meetings
- The Joint Conference Committee received and approved the Q2 activities report and sent it to the Board of Supervisors for review and approval.
- Convened Community Advisory Committee (CAC) on December 11, 2025, with topics covering Community Resources and Information, Population Health Management, Population Needs Assessment, Quality Improvement and Health Equity, Plan Marketing Materials and campaigns as well as Carved Our Services.

NCQA Accreditation and Audits

- CCHP received final result of NCQA Health Equity Accreditation and received full accreditation for Health Equity in October.
- CCHP submitted all Health Plan Accreditation documents on December 9th as scheduled, initial result will be available early January.

Measurement, Analytics, Reporting, and Data Sharing

- CCHP submitted the Corrective Action Plan for MY2023 Health Equity and Quality Measure Set (HEQMS) to the Department of Managed Health Care (DMHC) in November.
- The Case Management Survey began fielding during the Q3 reporting period and was completed in Q4.
- The Experiences in Care and Health Outcomes (ECHO) survey has analyzed and results satisfaction in many domains has increased compared to prior administration.
- CCHP rolled out 2025 Language Access Survey to members preferred language other than English to ensure culturally competent care.

Performance Improvement Projects

- Launched round two of the Medi-Cal Behavioral Health Collaborative with partners from Contra Costa Behavioral Health Services and Kaiser Permanente Care without Delay. Started biweekly case conferencing rounds to review missed opportunities for follow-up and determine any root causes.
- Conducted nearly 300 outreach calls to members due for well-care visits with at least 5.6% completing a well-care visit.

WCV Rate at Quarter End	WCV Target (Status)
57.2%	55.4% (MET)

- Conducted over 1217 calls for cervical cancer screening, with 8.5% of members completing a screening.

CCS Rate at Quarter End	CCS Target (Status)
61.0%	52.3% (MET)

- Continued to conduct outreach calls for African American and Pacific Islander members assigned to RMC due for well care visits.
- Completed over 207 calls to members under age two who were due for lead screening.

LSC Rate at Quarter End	LSC Target (Status)
71.0%	70.0% (MET)

Population Health

- CCHP engaged with Contra Costa County Supervisor Diane Burgis, Kaiser Permanente, and Contra Costa County Fire on the Health Literacy Council materials, which aim to reduce ED usage with District 5 residents through an advertising campaign and ambassador program. Program launched as expected in Q4 2025.
- CCHP worked with Health, Housing, and Homelessness (H3) for the upcoming January 1 launch of Transitional Rent as a Community Support service.
- The Transgender, Gender Diverse, or Intersex (TGI) training curriculum was approved by DHCS and DMHC and completed by CCHP all staff. Around 85% of CCHP staff completed newly rolled out Diversity, Equity & Inclusion Training.
- Health Education team started the draft of 2026 Winter Edition of Health Sense, topics included advice nurses and urgent care, options for colorectal cancer screening, timely

access to care, updates regarding transportation services as well as information regarding Care Plus.

- The Health Education team continued to participate in community events and started attending Farmer's market in Richmond and Antioch.
- CCHP engaged with four community-based organizations to roll out CalAIM centers. CCHP currently regularly present at 3 of the CalAIM centers for office hours.
- CCHP began call intervention for the emergency department (ED) utilization reduction project. Conducted preliminary data analysis to monitor implementation.
- Collaborated with the Office of the Director Youth Ambassadors program to implement a program to distribute air purifiers to qualifying members who reside in the Los Medanos Health District.
- CCHP began ingesting California's Medi-Cal Connect data and is in the process of provisioning accounts and doing analysis of the California risk stratification to incorporate into downstream workflows.
- CCHP completed Long-Term Care Quality Monitoring Report and an analysis of the Commercial population. These reports are presented at Q4 County Council meetings.

Patient Safety

- Continued monitoring and investigating Potential Quality Issues, Provider Preventable Conditions, and medical safety incidents.
- Completed scheduled Facility Site Reviews and Medical Record Reviews.
- Publicized Clinical Practice Guidelines in newsletter and provider network training

Provider Engagement

- CCHP distributed provider-specific quality rate sheets to primary care practices which included unique HEDIS scores, timely access survey results, and grievance/complaint data.
- CCHP published health education materials for easy access for all providers to download.
- Conducted quarterly provider network training sessions and quarterly network newsletter.
- Held seven quality meetings with providers (Lifelong, La Clínica, Axis, Brighter Beginnings, Asian Health Services, John Muir, and Stanford Children's) focusing on specific rates and improvement projects.
- Partnered with Contra Costa Regional Medical Center in their Ambulatory Care Redesign improvement projects, joining the Population Health and Alternative Care Delivery workgroups. As part of the Alternative Care Delivery workgroup, CCHP provided support for a nurse-led asthma clinic to better serve patients with moderate to severe asthma. Part of the support efforts for the asthma clinic included input on eligible patient population, services available to CCHP members, and information on best practices other health systems have implemented. The CCHP Health Educator conducted outreach to over 160 patients to schedule patients into the nurse-led clinics and completed appointment reminder outreach. As part of the Population Health workgroup, CCHP provided input and recommendations on pre-visit screenings.

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Discussion Item

D.2.

ACCEPT report from Quality and Health Equity, RECOMMEND APPROVAL, and FORWARD the report to the Contra Costa County Board of Supervisors for approval

Jersey Neilson, Quality Program Manager

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Core Operational Work

Performance Improvement Projects

- Outreach calls for at risk measures: cervical cancer screening, lead screenings, controlling blood pressure, well care visits
- Follow-up after behavioral health ED visits collaboration with County Behavioral Health, Public Health, and Kaiser Permanente
  - Biweekly case conferences with KP Richmond

Population Health Initiatives

- Case Management Survey fielding completed
- Behavioral Health Survey results analyzed
- Attended 15 outreach events in prior quarter, including farmers markets, health fairs
- ED utilization reduction project with Advice Nurse
- Provider engagement – quality reviewing meetings and enhanced data sharing with additional quality report

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Accreditation and Regulatory Quality Oversight

Regulator Updates

- NCQA Health Equity Accreditation
  - Achieved on October 27
- NCQA Health Plan Accreditation
  - On track
- External Quality Review Organization (EQRO)
  - Performance Improvement Projects – 100% confidence on methodology

Quality Measure Status

- MY2025:
  - Rates finalized June 2026
  - At risk in 1 measure
- DHCS PHM Key Performance Indicator validation with Business Intelligence
- Hired Planner/Evaluator to oversee DSNP Stars Quality Program

File #: 26-849 **Agenda Date:** 3/6/2026 **Agenda #:** D.3.

Advisory Board: CCHP Joint Conference Committee
Subject: Report from Compliance
Presenter: Sunny Cooper
Contact: Norman Hicks

Information:

Purpose

This Contra Costa Health Plan's (CCHP or "Plan" or "Division") compliance report is being submitted to provide the Joint Conference Committee (JCC) with required oversight information on the effectiveness of the Plan's Compliance Program, the status of key compliance activities, and any significant risks or issues that warrant JCC attention, in accordance with Department of Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS) contractual obligations and Knox Keene Act of 1975 for Medi-Cal, Commercial and Medicare D-SNP managed care regulations.

Executive Summary

During this period, the Compliance Department strengthened regulatory readiness across Medi-Cal, Medicare D-SNP, and Commercial lines of business while stabilizing the D-SNP Care Plus program launched on January 1, 2026. Key highlights:

- **Regulatory Monitoring:** All required submissions were timely except for a few remediated delays. No critical findings were identified. A $40,000 DMHC sanction for 2018 audit deficiencies was resolved in January 2026.
- **Audit Preparation:** DMHC Financial Audit preparations missed initial internal deadlines due to competing priorities; revised timelines were set for February.
- **Compliance Initiatives:** Compliance Performance Improvement Workgroup (CPIW) projects are underway to enhance audit readiness and regulatory compliance.
- **CalAIM Oversight:** Enhanced Care Management (ECM) and Community Support Services (CSS) provider audits remain on schedule; corrective actions are in progress.
- **Fraud, Waste & Abuse:** No emerging risks; investigations and recoveries are in progress. Workforce training materials are in development.
- **Privacy & Security:** Low incident volume; no reportable breaches. Workforce training materials are in development.

Recommendation(s)/Next Step(s):

ACCEPT report from Compliance, RECOMMEND APPROVAL, and FORWARD the Report to the Contra Costa County Board of Supervisors for approval

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cchealth.org

To: Joint Conference Committee (JCC) Members

From: Sunny T. Cooper, Chief Compliance Officer
Date: March 6, 2026

Report Title: CCHP Compliance Quarterly Report

RECOMMENDATIONS

ACCEPT report from Compliance, RECOMMEND APPROVAL, and FORWARD the Report to the Contra Costa County Board of Supervisors for approval

FISCAL IMPACT

N/A

BACKGROUND

Purpose

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1. Compliance Program Performance Dashboard (CPPD)

In an effort to monitor the health of our compliance posture, we plan to design and implement a comprehensive CPPD to track & trend critical Key Performance Indicators (KPIs) in the next few years. This initiative has been included as part of the CPIW workplan. Due to competing priorities, we plan to design and implement these dashboards in a phased approach. We are highlighting each dashboard as they become available in our upcoming reports. Currently, staff are working on the mandatory compliance training attainment and regulatory notices trending dashboards.

- **Mandatory Compliance Training**

  Mandatory Compliance Trainings are defined as those trainings that are specifically required by regulatory agencies via contractual requirements or codified in relevant laws governing the Plan. As reported previously, CCHP Workforce, which includes employees, contractors/temps, IT and Finance personnel designated for CCHP, are required to complete mandatory compliance training within 60 days of hire and annually thereafter. The required compliance training courses for all CCHP Workforce members are:
  - General Compliance and Fraud, Waste & Abuse
  - HIPAA Privacy & Security
  - Diversity, Equity & Inclusion (DEI)
  - Code of Conduct
  - Conflict of Interest

  The table below is the preliminary Compliance Training Attainment Dashboard. This dashboard will evolve as we enhance our current Learning Management System (LMS) to capture critical data elements.

Table 1: Training Completion for CCHP staff for Reporting Period 1/1/25 – 12/31/25

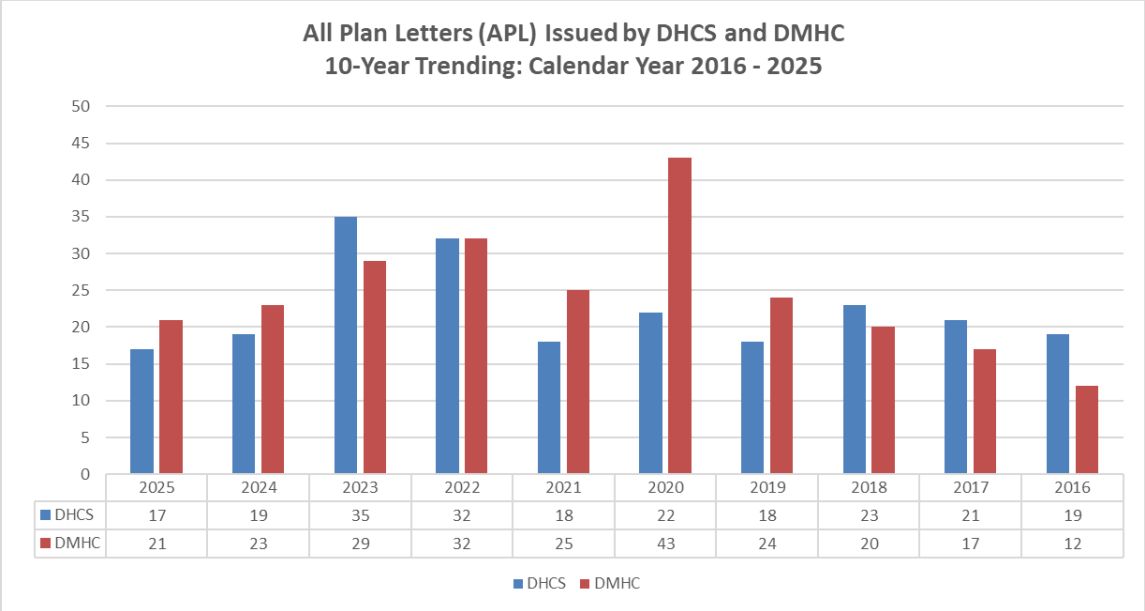
Training Topics	Complete	Incomplete
General Compliance and Fraud, Waste, and Abuse (FWA)*	96%	4%
HIPAA Privacy & Security	95%	5%
Diversity, Equity & Inclusion (DEI)	98%	2%
Transgender, Gender Diverse, and Intersex Training	98%	2%
D-SNP Model of Care Training	95%	5%

*Due to a curriculum change during 2025, an updated FWA training was rolled out mid-year and therefore, this number does not capture individuals who had completed the first version resulting in a completion percentage that is lower than actual.

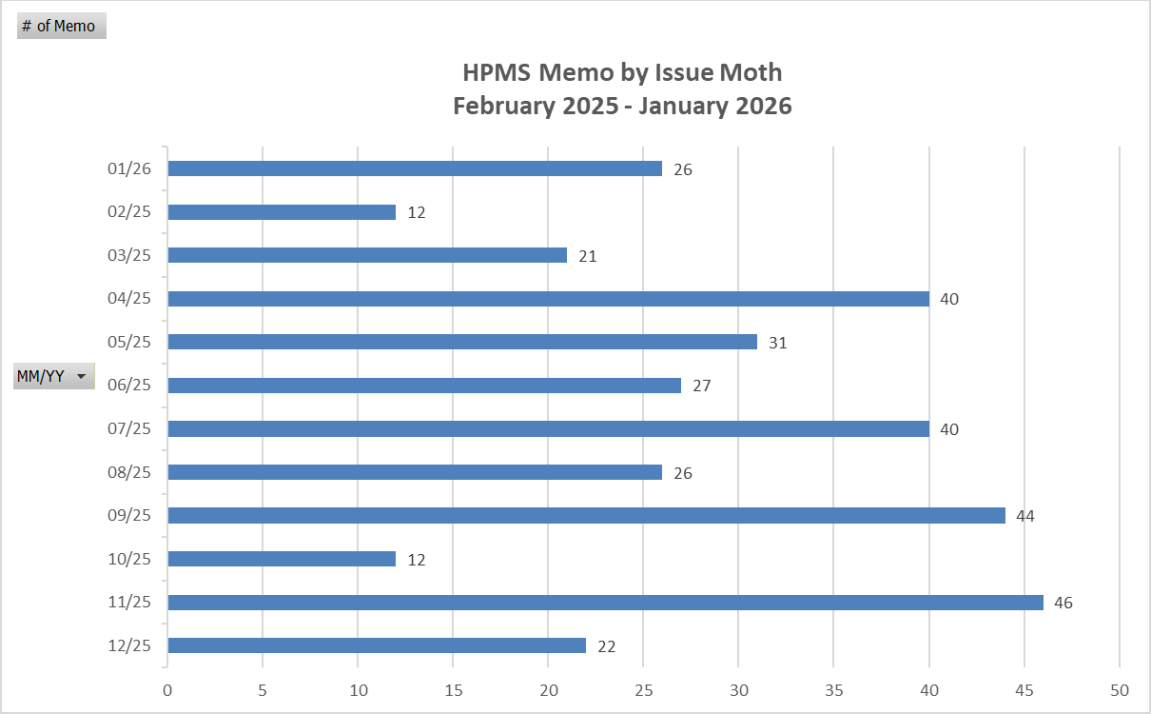
Code of Conduct training was released to all CCHP Personnel on January 15, 2026, with a required acknowledgement date of February 15, 2026. As of February 2, 2026, 59% of required staff attested to having read and understood the Code of Conduct. Compliance is working with business leads to ensure that anyone who has not yet completed the mandatory training remains on track to fulfill the requirements.

- **Regulatory Notice Trending: HPMS and DHCS/DMHC APLs**
  CCHP receives regulatory notices via Health Plan Management Services (HPMS) memos published by Centers for Medicare and Medicaid Services (CMS) and All Plan Letters (APLs) published by Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC). Upon receipt of the regulatory notices, Compliance Department:
    - Tracks and maintains HPMS memos and APLs
    - Provides initial executive summary of these regulatory notices to the impacted business units and assigned leads
    - Performs gap analysis and collaborates with business leads on finalizing workplans to bridge gaps
    - Assists in the implementation of these regulatory notices
    - Collects evidence of compliance & conducts regulatory QA
    - Submits relevant documents to the corresponding regulator
    - Fulfills Q&A and/or manages non-compliance filings with the regulator, as needed

Therefore, a Regulatory Notice Dashboard that tracks and monitors not only the volume of regulatory notices but also the status of each notice is essential to ensuring timely and effective compliance with all regulatory and contractual requirements. Below is the first draft of the Regulatory Notice Trending Dashboard, which currently focuses on tracking notice volume over time. The ultimate goal is to expand this dashboard to also track and monitor the status of each regulatory notice, in addition to overall volume.



	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
DHCS	17	19	35	32	18	22	18	23	21	19
DMHC	21	23	29	32	25	43	24	20	17	12



2. Program Integrity & Fraud, Waste and Abuse Prevention Program

Our Fraud, Waste, and Abuse (FWA) Prevention Program is designed to prevent, detect, and correct improper activities that could harm members, providers, or program integrity. The program includes policies, mandatory training, data monitoring, auditing, and processes for reporting and investigating suspected FWA. We partner with internal teams, delegated entities, and regulators to ensure timely identification of risks and implementation of corrective actions. This program helps safeguard financial resources, uphold regulatory requirements, and protect the integrity of our health care services. As such, we perform regular FWA prevention analyses and FWA investigations for irregular billing practices observed and complaints received.

- **Mandatory Compliance Training**

  Between January 1, 2025, and December 31, 2025, a total of 44 FWA incidents were received and investigated. Fifteen (15) cases were closed during the same period. Per contractual requirements, CCHP is required to file these FWA cases with DHCS within 10 business days. During the same period of time, 40 credible FWA cases were filed with DHCS. Untimely filing was noted in 11% (4) cases. Below tables outline the FWA incidents in more detail.

  Table 1: Cases Received and Closed by Month for Reporting Period 1/1/25 – 12/31/25

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Received	1	0	1	1	4	5	7	7	5	6	5	2	44
Closed	0	0	0	2	1	1	2	1	2	2	4	0	15

  We monitor and track the timely filing of our FWA incidents as well as the types of cases in question. Based on the monitoring results, we remediate our processes for any deficiencies. Tables 2 and 3 summarize FWA statuses and results for Calendar Year 2025.

Table 2: Timely Regulatory Reporting of FWA Incident for Reporting Period 1/1/25 – 12/31/25

Filing Status	Count	% of Total
Timely Filing *(within 10 working days of incident)*	33	89%
Untimely*	4	11%
N/A (Reported by DHCS) – not factored into the % calculation	7	N/A
Total	**44**	**100%**

Table 3: FWA Case Type (Closed Cases) for Reporting Period 1/1/25 – 12/31/25

Filing Status	Count	% of Total
Services Not Rendered	2	13%
Medically Unnecessary Services	1	6%
Not FWA	12	80%
Total	**15**	**100%**

- **Federal Initiatives on Fraud, Waste & Abuse**
  On January 8, 2026, President Trump announced the creation of the Department of Justice's new "Division for National Fraud Enforcement". The Division is designed to enforce federal criminal and civil laws against fraud affecting:
    - Federal government programs and federally funded benefits
    - Businesses and nonprofits
    - Private citizens nationwide

  It aims to coordinate multi-district and multi-agency fraud investigations, develop national enforcement priorities, and recommend legislative and regulatory reforms to address systemic vulnerabilities. While the division has a nationwide mandate, the rollout was catalyzed by alleged fraud scandals in Minnesota involving government programs, prompting heightened federal enforcement resources there. The creation of this division signals an expanded federal focus on fraud enforcement, especially in areas involving government funds and benefits, and reflects a shift toward more centralized, high-priority national fraud prosecutions.

  Following this announcement, the Administrator for CMS, Dr. Mehmet Oz, issued a letter to Governor Newsom on January 27, 2026. In this letter, Dr. Oz shared concerns regarding the Medi-Cal program, its expenditures, and expansion of coverage. The letter also touched on the FWA activities that have been the focus in Minnesota and requested California provide a description of its activities to address those high-risk services. The letter also requested a comprehensive program integrity action plan addressing the following categories and the state has 21 days from receipt of the letter to respond:
    - Fraud, Waste, Abuse, and Improper Payments
    - Eligibility Determination and Immigration Status Controls
    - Provider Screening, Enrollment and Validation
    - Program Integrity Infrastructure and Accountability
    - IHHS- Program Specific Oversight

"FWA & Improper Payments – Program Level Oversight" is featured prominently in this letter with 14 categories of concerns directed towards DHCS oversight responsibilities of Medi-Cal Managed Care Plans (MCP). In summary, the topics are:

1. Establish threshold dollar targets for MCPs fraud recoveries
2. Case referral tracking over 5-year period
3. Medicaid Fraud Control Unit (MFCU) referrals over a 5-year period
4. MCP per capita rate of recovery
5. Service type and geographical consideration identification
6. Monetary recoveries tracking
7. MCP internal controls to identify and recover fraudulent payment
8. Focus on 14 high-risk services identified in MN
9. Validate encounter data reflecting services delivered
10. Immigration enumerators for Medi-Cal eligibility
11. Medi-Cal enrolled provider verification
12. Medi-Cal provider enrollment forms over a 5-year period
13. Payment suspension for credible allegations of fraud over a 5-year period
14. Audit MCP FWA program and its adherence to the federal laws and regulations

The 14 high-risk services (#8 above) that have been the focus in Minnesota are listed below:

1. Adult Companion Services
2. Adult Day Services
3. Adult Rehabilitative Mental Health Services
4. Assertive Community Treatment
5. Early Intensive Developmental and Behavioral Intervention
6. Housing Stabilization Services
7. Individual Home Supports
8. Integrated Community Supports
9. Intensive Residential Treatment Services
10. Night Supervision
11. Non-Emergency Medical Transportation (NEMT)
12. Peer Recovery Services
13. Personal Care Assistance/Community First Services and Supports
14. Recuperative Care

All topics above impact CCHP's FWA program with the exception of #10 and possibly #12 above. We believe this will lead to more intensified scrutiny from both state and federal regulators. CCHP has put in place an action plan as part of the Compliance PIW effort to enhance our current FWA program already. The action plan includes, but are not limited to:

- Continuous monitoring and auditing of our Enhanced Care Management (ECM) and Community Support Services (CSS) providers.
- Initiated data mining activities related to the 14 high-risk services identified in the letter in addition to the regular data mining activities.
- Timely filing of suspected FWA incidents and include Medicaid Fraud Control Unit (MFCU) referrals.
- Collect overpayment at risk and recoupment amount per case.

- Identify business process gaps and work with business leads to bridge gaps, e.g., implement a policy to validate claims/encounter data reflecting services delivered, provider verification & exclusion monitoring, credentialing/recredentialing, delegation oversight, etc.
- Implementing a formal FWA Program and its governing committee structure

Shortly after the issuance of this letter, CCHP received five (5) letters from the DHCS Audits and Investigations Division, which requested claims data for different providers where in the previous quarter, no requests were received.

3. Privacy, Security & HIPAA Compliance

Our HIPAA Privacy Program is designed to protect member information, ensure compliance with federal and state regulations, and safeguard members' Protected Health Information (PHI), Personally Identifiable Information (PII), and other confidential information relevant to privacy laws. The Program establishes policies, workforce training, ongoing monitoring, incident response procedures, and risk-based security controls to prevent unauthorized access, use, or disclosure of protected information. It also ensures we continuously evaluate risks, strengthen safeguards, and maintain transparency with regulators and stakeholders. Together, these efforts help maintain member trust and support the organization's commitment to securing confidential information and adherence with regulatory requirements.

Between January 2025 and December 2025, we received and investigated a total of 43 cases. Of the 32 cases investigated that required reporting to DHCS, 27 (84%) cases were reported timely within 24 hours of discovery while 5 (16%) were reported untimely. Cases that do not require reporting to DHCS include internal errors and patient requests. To date, 98% of the HIPAA incidents reported did not result in any reportable breach. The only incident that required additional remediation effort took place with one of our delegates, which impacted 244 Commercial members. The incident involved a data processing error which resulted in our members' PHI being sent to another health plan client. The file containing our members' PHI was deleted by the receiving plan and the delegate confirmed that the deficiency was remediated on July 22, 2025. Tables below summarize the HIPAA investigation monitoring activities between January 2025 and December 2025.

Table 4: DHCS Regulatory Reporting of HIPAA Incidents for 01/01/25 – 12/31/25

Report within 24 Hours	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Not Timely	1		1		1	1		1					5
Timely	7	5	1	1	3	1	4		1		2	2	27
Not Reported			1		2					3	2	3	11
Grand Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

Table 5: Internal Reporting Delays between Breach Date and Compliance Receipt Date

Internal Reporting Delays	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Not Timely	1		1		2	1		1				2	8
Timely	7	5	2	1	4	1	4		1	3	4	3	35
Grand Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

Table 6: HIPAA Incident by Breach or No Breach Categories

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Breach					1							-	1
No Breach	8	5	3	1	5	2	4	1	1	3	4	5	40
Members Impacted	8	5	3	12	256	6	5	1	1	3	4	5	309
Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

4. Internal Audits & Investigations

We plan to design and implement an Internal Audit Program between Q4 2026 and Q2 2027.

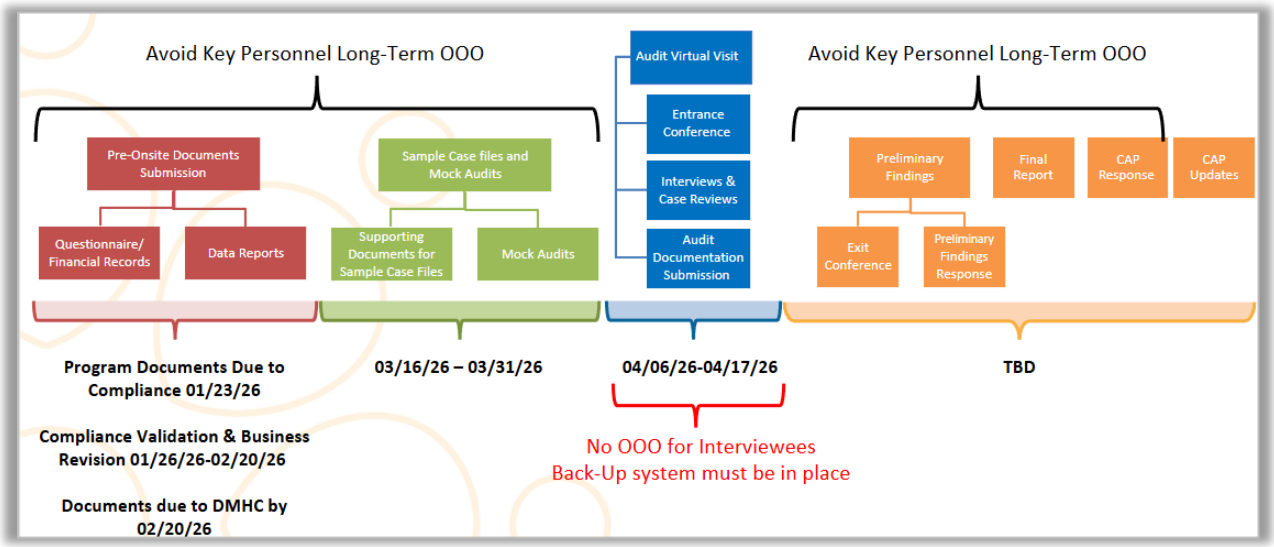
5. Policies & Culture of Compliance

Policy Review: We are currently developing & implementing a Policy Management Program (PMP) including the establishment of a Policy Management Committee (PMC) between Q1 2026 and Q3 2026 as part of the CPIW effort. While we establish a PMC, Compliance Committee will continue to review and approve new and revised policies. Four additional policies have been submitted for review and approval in the February Compliance Committee on 2/6/26. The policies are listed below:

Compliance	COMP 3.006	Anti-Fraud Program Policy	Revised	Updated policy to remove definitions and streamline to
Compliance	N/A	CCHP FWA Plan	New	New FWA Plan
Compliance	COMP 3.XXX	Key Personnel	New	Policy confirming required process for notifying regulators of key personnel changes.
Business Operations	BOPS 1.059	Professional Development Participation	New	Policy establishing a clear process for requesting, reviewing and approving employee participation in training, conferences and other professional development activities.

6. Regulatory Audits

- **2026 DMHC Financial Audit**
  Compliance program managers are communicating regularly with responsible department leads and monitoring progress of the preparation of required documents and information. Compliance has built in internal due dates that allows for ample time to provide quality assurance review and before final submission to DMHC. The overall audit process and timeline are summarized below:



The first mock audit was conducted on 2/5/26 focusing on claims processing. The overall health of the project is currently at risk due to competing priorities within the Claims and Finance departments in addition to data issues, which may impact timely submission of Pre-Audit Documentation. This is being mitigated by reprioritizing work to ensure DMHC submission timeline (2/23/26) is met. The audit team has identified the following risk and mitigation plan to ensure that we are able to meet the regulatory timeline.

- **2026 CMS Triennial Network Adequacy Review**
  CCHP was notified by the Centers for Medicare & Medicaid Services (CMS) on January 6, 2026, for a "formal" Triennial Provider Network Adequacy Review, as required under § 422.116 and described in the Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance (last updated in December 2024). Per the notice, we will receive instructions regarding how to begin the formal review by uploading the entire network for this contract into CMS' Network Management Module (NMM) for an Automated Criteria Check (ACC) and additional instructions on submitting exception requests after the ACC is completed.

  In addition to the "formal" review in June 2026, CMS also offered the opportunity to several California Managed Care Plans (MCPs), including CCHP, to participate in a voluntary network review prior to the actual review in June 2026. CCHP has accepted to proceed with the "informal" CMS review. Health Service Delivery (HSD) tables were submitted to the CMS portal on 1/21/26. On 1/23/26, the Plan received the ACC report which identified several gaps. The network gaps identified are related to specialty provider and facility networks as listed in the table below:

Network Type	Specialty
Provider	• Neurosurgery • Psychiatry • Vascular Surgery • Clinical Psychology
Facility	• Acute Inpatient Hospitals • Cardiac Catheterization Services • CCU/ICU • Surgical Services • Speech Therapy • Inpatient Psychiatric Facility Services

Provider Contracting and supporting teams are working with Compliance on bridging the identified gaps and preparing for the next steps in the upcoming "formal" review in June 2026.

- **2026 DMHC Medical Loss Ratio (MLR) Audit**
  On January 13, 2026, the Department of Managed Health Care (DMHC) issued a Notification Letter which informed the Plan of DMHC's intention to conduct a routine examination of Plan's Annual MLR Reporting Form for the 2024 reporting year. The Finance Department is leading this technical audit and participated in the DMHC Entrance Conference on 1/22/26. This audit is focused on the Commercial line of business only.

7. Risk Assessment & CAP Tracking

- **2024 Medical Survey CAP Status Update**
  As previously reported, there were a total of 19 deficiencies identified from the 2024 DHCS Medical Survey. Of the 19 deficiencies identified, one remaining deficiency, "2.6 ECM assessment is not comprehensive", is still being remediated along with our ECM providers. This remediation process is long and arduous due to ECM providers:
  - Lack of knowledge in Medi-Cal program requirements
  - Lack of resources to fulfill the CAP timely

  To mitigate, Compliance and business unit are closely monitoring each ECM provider to ensure that they provide monthly update of progress and submit supporting documentation to the Plan timely until deficiency is remediated.

- **2025 DHCS Medical Survey**
  The Exit Conference was held on February 5, 2026. DHCS has shared their draft report that identifies ten (10) preliminary findings. Several deficiencies identified have already been remediated. Next steps will be for Compliance to work with each business lead to collect evidence of compliance or implement a remediation action plan and submit our "Audit Report Response" to DHCS by February 20, 2026. We expect to include the final results in our next quarterly report.

8. Enforcement Matters

DMHC Enforcement Matter 23-348: As reported in our last monthly update, the Plan received a Letter of Admonishment along with a Letter of Agreement requiring a Corrective Action Plan (CAP) and payment of an administrative penalty of $40,000. The Plan accepted the administrative penalty as assessed. The check was issued by the County Auditor's Office and was sent to DMHC on January 6, 2026. The Plan submitted the requested CAP responses timely on January 29, 2026.

9. Compliance Performance Improvement Workgroup Update

Starting in the November 2025 Staff Report, Plan has started providing a progress update related to the Compliance Performance Improvement Workgroup initiative. Compliance PIW continues to leverage the 7 Elements of an Effective Compliance Program as the guiding principles to establish an effective compliance program enabling an organization-wide culture of compliance and audit readiness.

Starting with this report, we will be updating the PIW progress by category. The update will primarily focus on current initiatives and ongoing projects. Additional updates will be included in future reports as we take on additional initiatives or projects. In summary, the table below outlines the overall status of current initiatives and ongoing projects.

The CPIW team determined that it may not be able to achieve the "staffing level" metric outlined under PIW 1.0 due to federal budget cut. Therefore, it is noted in the red status currently. For PIW II.0, due to the delay in contract execution, CPIW team anticipates its inability to meet one of the technology solutions go live date outlined in the metric.

Initiative/Project	Timeline	Status*
PIW I.0 Implement Effective Organizational Structure & Staffing level	Q1/26 - Q4/26	50% Complete
PIW III.01 Implement Effective Compliance Program for All LOBs including III.02 Compliance Leadership & Governance	Q3/25 – Q4/26	63% Complete
PIW III.01 Implement a Policy Management Program (PMP)	Q1/26 – Q3/26	33% Complete
PIW III.03 Develop & Conduct Effective Compliance Training & Education	Q1/26 – Q2/27	14% Complete
PIW III.05 Develop & Implement an Effective Lines of Communication	Q4/25 – Q4/26	0% Complete
PIW II.0 Implement Technology Solutions	Q3/25 – Q4/27	33% Complete
PIW III.04 Enforce standards through well-publicized disciplinary guidelines	Q2/26 – Q3/26	TBD
PIW III.06 Conduct internal monitoring and auditing	Q1/26 – Q2/27	TBD
PIW III.07 Respond promptly to detected offenses and undertake corrective action	Q1/26 – Q2/27	TBD

*% Completion = Total Number of Completed Milestones ÷ Total Number of Milestones per Initiative or Project.

10. Regulatory & Contract Updates - Issue Dates: December 26, 2025, to Present

Number	Title or Subject	Issue Date	Executive Summary
DHCS APL 26-002	Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services (Supersedes APL 22-006)	02/02/26	DHCS clarifies Medi-Cal managed care plan responsibilities for providing and arranging Non-Specialty Mental Health Services (NSMHS) and outlines mental health parity requirements for initial assessments. • Effective April 1, 2026, providers must use only DHCS-approved tools when a youth trauma screening is necessary to identify eligibility for Specialty Mental Health Services • Managed Care Plans must provide or arrange for Non-Specialty Mental Health Services, including psychotherapy and psychiatric consultations, for specified member populations, including those under 21 years of age • Managed Care Plans must not require prior authorization or a Primary Care Provider referral for a member to receive an initial mental health assessment from a network provider • Managed Care Plans must ensure effective care coordination with the County Mental Health Plan for members receiving specialty mental health services, including medication reconciliation and transitional care services.
DHCS APL 26-001	Initial Health Appointment	01/01/26	DHCS updates Initial Health Appointment (IHA) requirements for all Medi-Cal managed care members, replacing the Initial Health Assessment and removing the IHEBA/SHA components. • Managed Care Plans must ensure an Initial Health Appointment (IHA) is completed for all members by a provider in a primary care setting and documented in the member's medical record. • The IHA must include a member's physical and mental health history, risk identification, assessment for preventive services, health education, and a diagnosis and treatment plan for any diseases. • Plans must review their policies and procedures to comply with this guidance, ensure subcontractor and provider compliance, and are subject to enforcement actions for non-compliance.
DHCS APL 25-017	2025-2027 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule	12/26/25	DHCS has released the critical 2025-2027 MEDS/834 cutoff and processing schedule, which all Medi-Cal managed care plans must follow to ensure timely eligibility processing and payments. • Medi-Cal managed care plans must adhere to the enclosed 2025-2027 MEDS/834 cutoff and processing schedule to ensure timely eligibility processing and payments. • Plans must notify the Managed Care Operations Division Systems Support Unit of any MCP/MEDS/834 changes via email prior to the 15th of any given month.

Number	Title or Subject	Issue Date	Executive Summary
			• Where applicable, plans must submit all enrollments and disenrollments on a daily basis to allow for adequate processing time by DHCS.
DMHC APL 26-002	Delegation of Risk for COVID-19 Testing or Immunizations. Applicability of SB 510 (Pan, 2021) to Medi-Cal Managed Care Plan)	01/15/26	Plans must negotiate with and obtain agreement from providers before delegating the financial risk for COVID-19 testing and immunizations, with specific rules outlined for Medi-Cal plans. • Health plans are prohibited from delegating the financial risk for COVID-19 testing or immunizations to a provider unless the parties negotiate and agree upon a new contract provision for that purpose. • For COVID-19 services with dates of service prior to June 30, 2025, Medi-Cal managed care plans must comply with the prohibition on delegating financial risk without a specific, negotiated agreement. • For dates of service on or after June 30, 2025, Medi-Cal managed care plans are exempt from this rule and must instead cover COVID-19 services in accordance with guidance from the Department of Health Care Services (DHCS).
DMHC APL 26-004	Plan Year 2027 QHP, QDP, and Off-Exchange Filing Requirements	01/30/26	DMHC provides guidance on Plan Year 2027 filing requirements for all individual and small group health and dental plans, both on and off the Covered California exchange. • The Department holds primary responsibility for the regulatory review and good standing recommendations for Qualified Health Plans and Dental Plans offered through Covered California. • Health plans offering non-grandfathered products outside of the Exchange must secure Department approval for all necessary filings, including benefit design and rates. • All health plans must review the checklists and attachments on the Department's website for detailed PY 2027 regulatory requirements, deadlines, and expectations.
DMHC APL 26-003	Large Group Notice Requirements	01/29/26	The DMHC clarifies mandatory content and timing for large group renewal notices, including specific rate comparisons and information on how contract holders can request a rate review. • Health plans must deliver written notice of any premium or coverage changes to large group contract holders at least 120 days before the contract renewal effective date. • Renewal notices must include a statement comparing the proposed rate change against average increases for Covered California, CalPERS, and the large group market using state-provided figures. • Notices must also provide information on how contract holders can request a rate review from the DMHC and how to obtain the plan's required rate filing information.

Number	Title or Subject	Issue Date	Executive Summary
DMHC APL 26-001	National Committee for Quality Assurance Accreditation Compliance Filing	01/02/26	Health plans must submit documentation proving NCQA accreditation to the DMHC by February 2, 2026, to comply with state law; this letter outlines the specific filing requirements and process. • Health plans must submit a Health Equity and Quality filing to the DMHC via its e-Filing Web Portal to demonstrate compliance with the state-mandated NCQA accreditation requirement. • The filing must include a completed NCQA Accreditation Compliance Form, an Exhibit E-1 summary with specific affirmations, and supporting documentation such as an NCQA Decision Letter. • Plans must affirm that all applicable Commercial and Exchange products and delegated functions are NCQA-accredited and provide explanations for any that are not.
DMHC APL 25-021	Implementation of Senate Bill 729 (2024)	12/30/25	Full-service commercial plans must provide or offer coverage for infertility diagnosis and treatment for contracts issued, amended, or renewed on or after January 1, 2026, to comply with SB 729. • Large group health plans shall cover, and small group health plans shall offer the diagnosis and treatment of infertility and medically necessary fertility services effective January 1, 2026 • Health plans must provide coverage for infertility treatment without discrimination based on characteristics such as age, domestic partner status, gender identity, or sexual orientation • Coverage must include specific services such as limited retrieval attempts and five years of cryopreservation, and plans shall not deny coverage based solely on prior elective sterilization • Plans must include mandatory disclosure language in Evidence of Coverage forms and provide enrollees with written notices regarding cryopreservation storage periods.

CONSEQUENCE OF NEGATIVE ACTION

If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

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Discussion Item

D.3.

ACCEPT report from Compliance, RECOMMEND APPROVAL, and FORWARD the report to the Contra Costa County Board of Supervisors for approval

Sunny Cooper, Chief Compliance Officer

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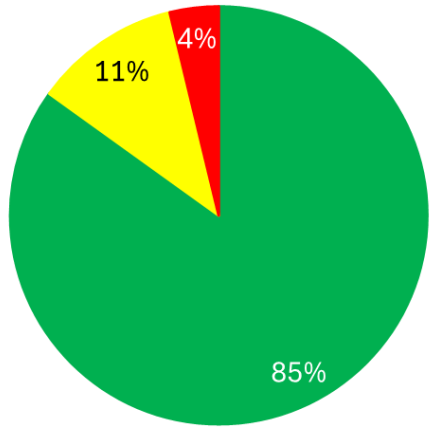
Executive Summary of Compliance Health

- ✓ **Regulatory Monitoring:** All required submissions were timely except for a few remediated delays. No critical findings were identified. A $40,000 DMHC sanction for 2018 audit deficiencies was resolved in January 2026.
- ✓ **Audit Preparation:** DMHC Financial Audit preparations missed initial internal deadlines due to competing priorities; revised timelines were set for February.



- ✓ **Compliance Initiatives:** Compliance Performance Improvement Workgroup (PIW) projects are underway to enhance audit readiness and regulatory compliance.
- ✓ **Delegation Oversight:** Enhanced Care Management (ECM) and Community Support Services (CSS) provider audits remain on schedule; corrective actions are in progress.
- ✓ **Fraud, Waste and Abuse:** No emerging risks; investigations and recoveries are in progress. Workforce training materials are in development.
- ✓ **Privacy and Security:** Low incident volume; no reportable breaches. Workforce training materials are in development.

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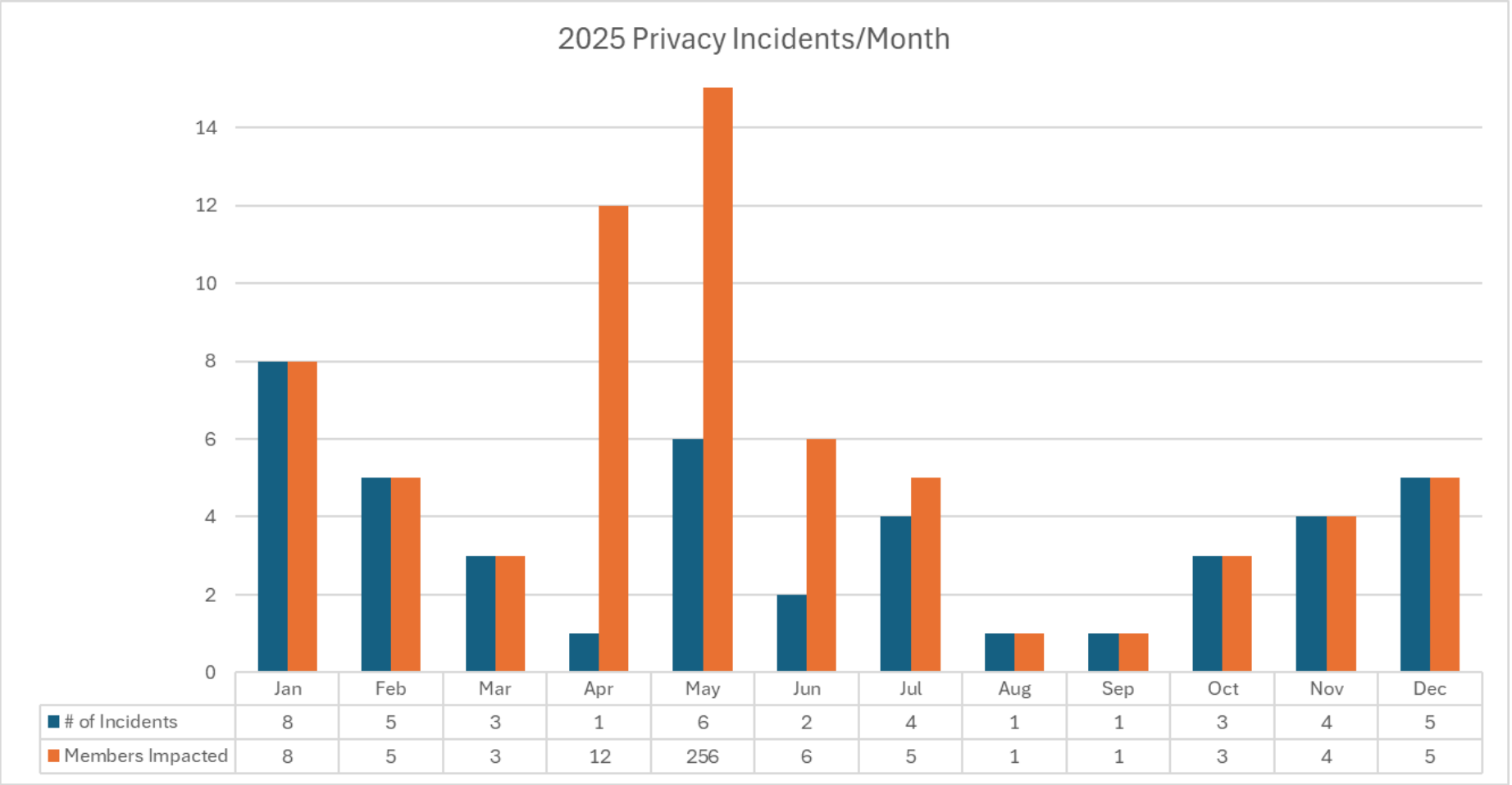
HIPAA Incidents (Jan 2025-Dec 2025)

Total Incidents: 43

Total Members Impacted: 309



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
# of Incidents	8	5	3	1	6	2	4	1	1	3	4	5
Members Impacted	8	5	3	12	256	6	5	1	1	3	4	5

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HIPAA Incident Report

Between January 2025 and December 2025, we received and investigated a total of 43 cases. Of the 32 cases that required reporting to DHCS, 27 (84%) cases were reported timely within 24 hours of discovery while 5 (16%) were reported untimely. One of the primary reasons for untimely reporting was due to delay in reporting to Compliance (19%). Compliance is currently working on developing a Compliance Awareness training series to educate and remind CCHP Workforce to report non-compliance incidents timely.

Table 1: Timely Regulatory Reporting of HIPAA Incident for Reporting Period 01/01/25 – 12/31/25

Report within 24 Hours	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Not Timely	1		1		1	1		1					5
Timely	7	5	1	1	3	1	4		1		2	2	27
Not Reported			1		2					3	2	3	11
Grand Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

Table 2: Internal Reporting Delays between Breach Date and Compliance Receipt Date

Internal Reporting Delays	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	Total
Not Timely	1		1		2	1		1				2	8
Timely	7	5	2	1	4	1	4		1	3	4	3	35
Grand Total	**8**	**5**	**3**	**1**	**6**	**2**	**4**	**1**	**1**	**3**	**4**	**5**	**43**

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2025 Fraud, Waste and Abuse Incidents

Total Active FWA Cases as of 10/22/25: 25

Table 1: Cases Received and Closed by Month for Reporting Period 1/1/25 – 10/22/25

	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	YTD TOTAL
# Received	1	0	1	1	4	5	7	7	5	6	5	2	44
# Closed	0	0	0	2	1	1	2	1	2	2	4	0	15

Table 2: Timely Regulatory Reporting of FWA Incident for Reporting Period 1/1/25 – 10/22/25

FWA Filing Status	Count
Timely Filing *(within 10 business days of incident)*	33
Untimely*	4 (11%)
NA *(reported by DHCS)*	7
TOTAL	**44**

*Untimely filing is about 11% and 89% timely. Threshold is 100%.

Table 3: FWA Case Type (Closed Cases) for Reporting Period 1/1/25 – 10/22/25

Type of FWA	Count
Services Not Rendered	2
Medically Unnecessary Services	1
Not FWA	12
TOTAL	**15**

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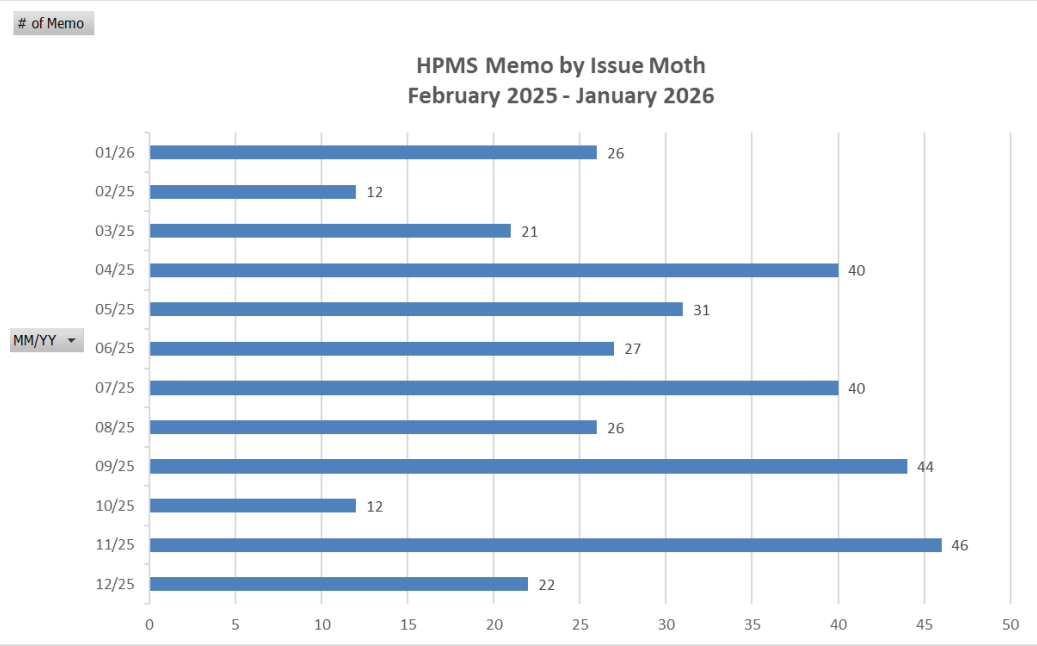
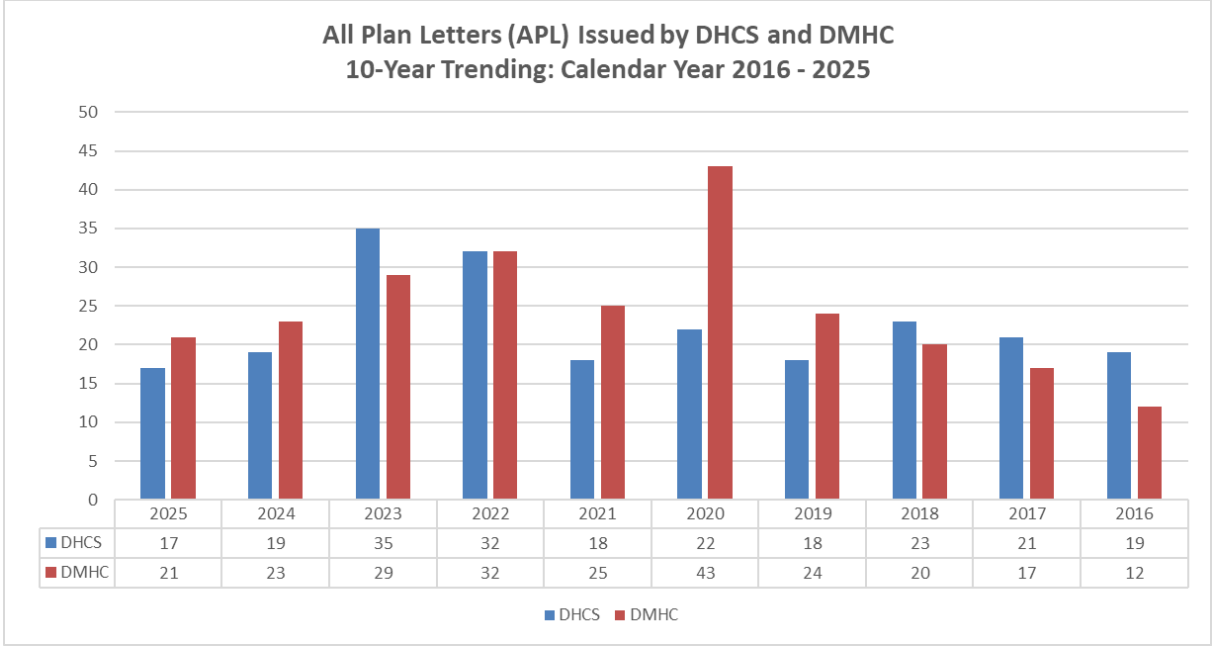
Regulatory Notice Trending HPMS and DHCS/DMHC APLs

Overall Impression of the Regulatory Notices:

- **Regulatory Volume:** CMS issues a high volume of HPMS memos (~29/month), though many do not apply to CCHP or are delegated (e.g., Part D to PBM). State agencies issue fewer notices (DHCS ~22 APLs/year; DMHC ~24 APLs/year).
- **Operational Impact:** Despite lower volume, APLs require substantially more analysis and implementation effort than most HPMS memos at this point, driving greater internal resource demand.
- **Trend and Outlook:** APL volume has returned to historical norms since 2024 following a 2020–2023 surge driven by CalAIM, Operational Readiness, and COVID-19; however, complexity remains elevated, sustaining compliance risk and workload.





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Audits, Deficiencies and Correction Action Plan Update

2024 Medical Survey CAP Status Update – Open CAP

There were a total of 19 deficiencies identified from the 2024 DHCS Medical Survey. Of the 19 deficiencies identified, one remaining deficiency, "2.6 ECM assessment is not comprehensive", is still being remediated along with our ECM providers. This remediation process is long and arduous due to ECM providers:

- Lack of knowledge in Medi-Cal program requirements; and
- Lack of resources to fulfill the CAP timely.

To mitigate, Compliance and business unit are closely monitoring each ECM provider to ensure that they provide monthly update of progress and submit supporting documentation to the Plan timely until deficiency is remediated.

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DMHC Financial Audit Deficiencies and CAP

2022 DMHC Financial Audit Deficiencies

- Internal CAP issued to Contracts re: HRGi compensation compliance
- CAP resolved 1/15/26: agreement amended to flat fee structure.

2026 DMHC Financial Audit

- Set of 84 deliverables for documents/information plus several questionnaires
- DMHC final submission due date is 2/23/26.
- QA is performed by business units, Compliance and consultants prior to submission
- DMHC SharePoint Portal is made available for CCHP to upload deliverables
- First mock audit was held on 2/25/26 for Claims topic
- The overall health of the project is currently at risk due to competing priorities within the Claims and Finance departments in addition to data issues, which may impact timely submission of Pre-Audit Documentation. This is being mitigated by reprioritizing work to ensure DMHC submission timeline is met.

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Compliance Performance Improvement Workplan Update

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Health of Compliance PIW At a Glance

Initiative/Project	Timeline	Status*
PIW I.0 Implement Effective Organizational Structure and Staffing level	Q1/26 - Q4/26	50% Complete
PIW III.01 Implement Effective Compliance Program for All LOBs including III.02 Compliance Leadership and Governance	Q3/25 – Q4/26	63% Complete
PIW III.01 Implement a Policy Management Program (PMP)	Q1/26 – Q3/26	33% Complete
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PIW III.05 Develop and Implement an Effective Lines of Communication	Q4/25 – Q4/26	0% Complete
PIW II.0 Implement Technology Solutions	Q3/25 – Q4/27	33% Complete
PIW III.04 Enforce standards through well-publicized disciplinary guidelines	Q2/26 – Q3/26	TBD
PIW III.06 Conduct internal monitoring and auditing	Q1/26 – Q2/27	TBD
PIW III.07 Respond promptly to detected offenses and undertake corrective action	Q1/26 – Q2/27	TBD

*% Completion = Total Completed Milestones ÷ Total Number of Milestones per initiative or project

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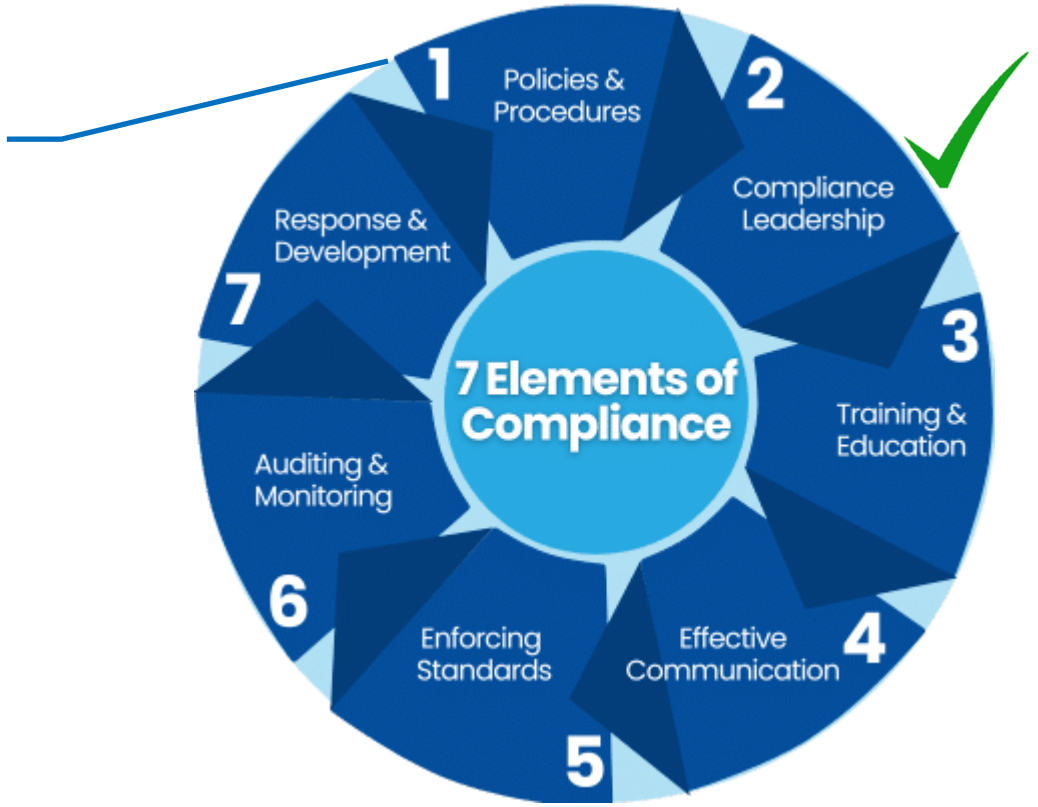
7 Elements of an Effective Compliance Program

The **7 Elements of an Effective Compliance Program**, published in the US Sentencing Guidelines, are essential to an effective compliance and ethics program. It is a standard that is broadly used as a roadmap or guiding principles to establishing and maintaining compliance and ethics in almost all healthcare entities including health plans like CCHP. Per DHCS Contract Section 1.3.1, 42 CFR §§ 422.503(b)(4)(vi) and 423.504(b)(4)(vi), CCHP must have a Compliance Program in place which adopts these 7 Elements.

Written Policies and Procedures: Implementing written policies, procedures and standards of conduct.



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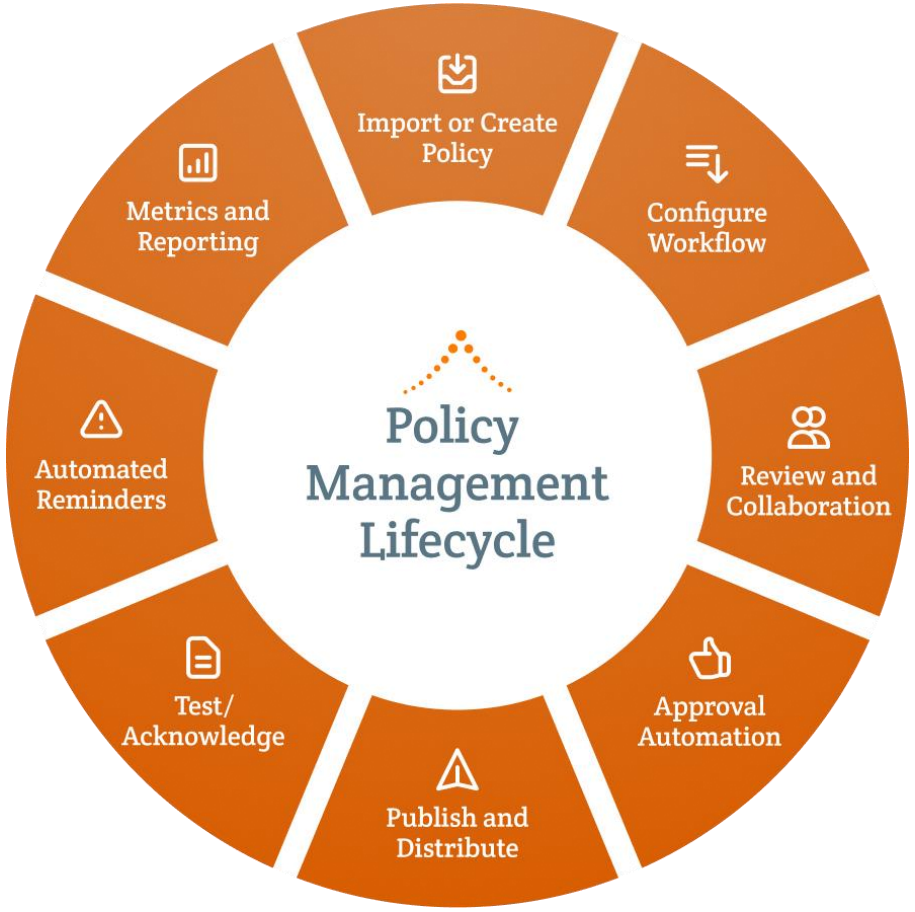
Policy Management Program and Policy Management Committee (PMC)

In this reporting period, we are highlighting our Plan related to the first element - "**Written Policies and Procedures".**



"Written Policies and Procedures" aims to establish clear standards, codes of conduct, and detailed procedures to guide employee behavior and operations. A Policy Management Program (PMP), governed under a Policy Management Committee (PMC), builds a strong foundation for regulatory compliance and audit readiness.

Objective of the Policy Management Program

1) Governance and Oversight – PMC
2) Regulatory, Compliance and NCQA Integration
3) Cross-Functional Coordination, Policy Review/Approval, and Version Control
4) Delegation Oversight Support
5) Risk Assessment and Mitigation
6) Tracking and Reporting
7) Staff Training and Communication

File #: 26-850 **Agenda Date:** 3/6/2026 **Agenda #:** D.4.

Advisory Board: CCHP Joint Conference Committee
Subject: Finance Report
Presenter: Shulin Lin
Contact: Norman Hicks

Information:

Purpose

To provide the Joint Conference Committee with a high-level overview of activities within the Finance Department, progress, priorities, and challenges.

Department Description

The Finance Department handles, facilitates, and supports all financial transactions for the Contra Costa Health Plan (CCHP). The Finance Department also manages the health plan's regulatory financial reporting to Centers for Medicare and Medicaid Services (CMS), California Department of Health Care Services (DHCS) and California Department of Managed Health Care (DMHC).

Recommendation(s)/Next Step(s):
ACCEPT report from Finance

595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580
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To: Joint Conference Committee (JCC) Members

From: Brian Buchanan, Interim Chief Financial Officer/Shulin Lin, Deputy Chief Financial Officer
Date: March 6, 2026

Report Title: Finance Report

RECOMMENDATIONS
ACCEPT report from Finance

FISCAL IMPACT
N/A

BACKGROUND
Purpose
To provide the Joint Conference Committee with a high-level overview of activities within the Finance Department, progress, priorities, and challenges.

Department Description
The Finance Department handles, facilitates, and supports all financial transactions for the Contra Costa Health Plan (CCHP). The Finance Department also manages the health plan's regulatory financial reporting to Centers for Medicare and Medicaid Services (CMS), California Department of Health Care Services (DHCS) and California Department of Managed Health Care (DMHC).

1. Key Accomplishments and Highlights
- Submitted annual Rate Development Template (RDT) for Medi-Cal line CY2027 rate setting
- Concluded Medicare cost report audit for years 2016, 2017, 2018
- Filed post audit annual financial reports with DHCS and DMHC
- Completed all routine and special data requests from the state
- Met with County Auditor-Controller office to review month-end accruals in conjunction with CCRMC finance staff
- Ensured smooth financial transactions for Medicare D-SNP go-live

2. Current Priorities and In-Progress Work

- Preparing for April 2026 DMHC financial audit
- Preparing for 2022, 2023, 2024 DMHC commercial line Medical Loss Ratio (MLR) audit
- Continuing to develop and document all other routine processes for health plan finance functions
- Partnering with health plan operations to make data-driven decisions
- Developing standard provider contract rates

3. Challenges

- The current general ledger (G/L) configuration of Workday does not support CCHP's regulatory reporting needs. The Finance Department is actively working with the Auditor-Controller's staff to make appropriate modifications
- Cannot use Workday to generate regulatory or financial reports

4. Looking Ahead

- Complete all routine and special data requests from the state
- Prepare for CY2027 Medicare D-SNP bid

CONSEQUENCE OF NEGATIVE ACTION

If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

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Discussion Item

D.4.

ACCEPT report from Finance

Shulin Lin, Deputy Chief Financial Officer

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FY25-26 Projection

FY25-26 projected total losses prior to County general contribution are $72.5 million

- Medi-Cal $40.0 million
- Medicare $4.7 million
- Commercial $27.8 million

Total projected losses after County general contribution are $59.3 million

- Medi-Cal $40.0 million
- Medicare $4.7 million
- Commercial $14.6 million

	Medi-Cal	Medicare	Commercial	Consolidated
Average Enrollment	255,548	368	6,629	262,545
Capitation Revenue				
Premium Revenue	$ 1,533,589,192	$ 4,524,660	$ 72,102,575	$ 1,610,216,427
MCO Tax Revenue	$ 424,529,159			$ 424,529,159
Pass-through Revenue	$ 303,244,261			$ 303,244,261
Total Capitation Revenue	$ 2,261,362,612	$ 4,524,660	$ 72,102,575	$ 2,337,989,847
Healthcare Expense				
Medical Expense	$ 1,500,288,434	$ 4,189,501	$ 99,380,153	$ 1,603,858,088
MCO Tax Expense	$ 424,529,159			$ 424,529,159
Pass-through Expense	$ 303,244,261			$ 303,244,261
Admin Expense	$ 92,425,602	$ 5,000,000	$ 1,718,010	$ 99,143,612
Total Healthcare Expense	$ 2,320,487,456	$ 9,189,501	$ 101,098,163	$ 2,430,775,120
Healthcare Income(Loss)	$ (59,124,844)	$ (4,664,841)	$ (28,995,588)	$ (92,785,273)
Investment/Interest Income	$ 19,079,722	$ -	$ 1,237,096	$ 20,316,818
Loss before County Contribution	$ (40,045,122)	$ (4,664,841)	$ (27,758,492)	$ (72,468,455)
County Contribution				
Tobacco tax			$ 9,429,965	$ 9,429,965
County subsidy/Other			3,735,999	$ 3,735,999
Total Other Income(Loss)	$ -	$ -	$ 13,165,964	$ 13,165,964
Net Income	$ (40,045,122)	$ (4,664,841)	$ (14,592,527)	$ (59,302,490)
Key Measures				
Premium Revenue PMPM	$ 500	$ 1,026	$ 906	$ 511
Medical Expense PMPM	$ 489	$ 950	$ 1,249	$ 509
Admin Expense PMPM	$ 30	$ 1,134	$ 22	$ 31
Medical Loss Ratio	98%	93%	138%	100%
Tangible Net Equity				390%

As of 2/12/2026

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Financial Results Based on Regulatory Filings

- FY25-26 Q2 enrollment showed a slight decline. Net losses were $48.2 million, due to higher utilization over winter months and provider contract rate increases. Medical Loss Ratio was 109%
- Admin expense increased due to realignment of CCRMC overhead allocation
- FTE: Direct 373 (filled 307, vacant 66) + Shared Service estimated 42 = 415

	Consolidated						
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total	Jul-Sep 2025	Oct-Dec 2025
Average Enrollment	264,739	266,452	270,092	272,701	268,496	271,947	266,949
Capitation Revenue							
Premium Revenue	$ 296,731,326	$ 332,599,674	$ 352,613,728	$ 406,220,044	$ 1,388,164,772	$ 382,854,894	$ 409,262,347
MCO Tax Revenue	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324	$ 104,493,181
Pass-through Revenue	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219	$ 41,472,714
Total Capitation Revenue	$ 448,491,054	$ 530,042,594	$ 766,774,560	$ 540,210,188	$ 2,285,518,396	$ 668,244,437	$ 555,228,242
Healthcare Expense							
Medical Expense	$ 294,954,918	$ 353,100,036	$ 365,158,885	$ 374,889,786	$ 1,388,103,625	$ 365,614,938	$ 444,150,156
MCO Tax Expense	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324	$ 104,493,181
Pass-through Expense	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219	$ 41,472,714
Admin Expense	$ 10,892,814	$ 14,573,316	$ 15,183,965	$ 25,240,742	$ 65,890,837	$ 16,709,527	$ 22,089,014
Total Healthcare Expense	$ 457,607,460	$ 565,116,272	$ 794,503,682	$ 534,120,672	$ 2,351,348,086	$ 667,714,008	$ 612,205,065
Healthcare Income(Loss)	$ (9,116,406)	$ (35,073,678)	$ (27,729,122)	$ 6,089,516	$ (65,829,690)	$ 530,429	$ (56,976,823)
Investment/Interest Income	$ 5,919,358	$ 6,351,416	$ 5,061,796	$ 6,422,140	$ 23,754,710	$ 4,180,680	$ 4,528,956
Loss before County Contribution	$ (3,197,048)	$ (28,722,262)	$ (22,667,326)	$ 12,511,656	$ (42,074,980)	$ 4,711,109	$ (52,447,867)
County Contribution							
Tobacco tax	$ -	$ -	$ -	$ 9,622,425	$ 9,622,425	$ -	$ 3,278,672
County subsidy/Other	$ 996,498	$ 996,498	$ 1,348,793	$ 996,498	$ 4,338,287	$ 933,999	$ 934,000
Total Other Income(Loss)	$ 996,498	$ 996,498	$ 1,348,793	$ 10,618,923	$ 13,960,712	$ 933,999	$ 4,212,672
Net Income	$ (2,200,550)	$ (27,725,764)	$ (21,318,533)	$ 23,130,579	$ (28,114,268)	$ 5,645,108	$ (48,235,195)
Key Measures							
Premium Revenue PMPM	$ 374	$ 416	$ 435	$ 497	$ 431	$ 469	$ 511
Medical Expense PMPM	$ 371	$ 442	$ 451	$ 458	$ 431	$ 448	$ 555
Admin Expense PMPM	$ 14	$ 18	$ 19	$ 31	$ 20	$ 20	$ 28
Medical Loss Ratio	99%	106%	104%	92%	100%	95%	109%
Tangible Net Equity	670%	602%	536%	535%	535%	539%	449%

As of 2/12/2026

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Financial Updates – Medi-Cal Line

- FY25-26 Q2 showed a slight decrease in enrollment. Losses $41.0 million were due to higher utilization over winter months and provider contract rate increases. Medical Loss Ratio was 106%
- Admin expense increased due to realignment of CCRMC overhead allocation
- Investment/interest income helped offset health plan operating cost

	Medi-Cal						
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total	Jul-Sep 2025	Oct-Dec 2025
Average Enrollment	258,171	259,889	263,400	265,987	261,862	265,321	260,317
Capitation Revenue							
Premium Revenue	$ 280,258,448	$ 313,179,564	$ 336,725,792	$ 388,875,774	$ 1,319,039,578	$ 365,461,149	$ 391,890,945
MCO Tax Revenue	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324	$ 104,493,181
Pass-through Revenue	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219	$ 41,472,714
Total Capitation Revenue	$ 432,018,176	$ 510,622,484	$ 750,886,624	$ 522,865,918	$ 2,216,393,202	$ 650,850,692	$ 537,856,840
Healthcare Expense							
Medical Expense	$ 277,900,569	$ 331,679,099	$ 343,498,574	$ 350,986,158	$ 1,304,064,400	$ 345,160,189	$ 413,485,105
MCO Tax Expense	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324	$ 104,493,181
Pass-through Expense	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219	$ 41,472,714
Admin Expense	$ 9,589,456	$ 14,020,946	$ 15,055,021	$ 20,253,788	$ 58,919,211	$ 14,007,883	$ 23,843,642
Total Healthcare Expense	$ 439,249,753	$ 543,142,965	$ 772,714,427	$ 505,230,090	$ 2,260,337,235	$ 644,557,615	$ 583,294,642
Healthcare Income(Loss)	$ (7,231,577)	$ (32,520,481)	$ (21,827,803)	$ 17,635,828	$ (43,944,033)	$ 6,293,077	$ (45,437,802)
Investment/Interest Income	$ 4,760,786	$ 5,891,685	$ 4,612,913	$ 5,859,920	$ 21,125,304	$ 3,296,632	$ 4,411,273
Net Income	$ (2,470,791)	$ (26,628,796)	$ (17,214,890)	$ 23,495,748	$ (22,818,729)	$ 9,589,709	$ (41,026,529)
Key Measures							
Premium Revenue PMPM	$ 362	$ 402	$ 426	$ 487	$ 420	$ 459	$ 502
Medical Expense PMPM	$ 359	$ 425	$ 435	$ 440	$ 415	$ 434	$ 529
Admin Expense PMPM	$ 12	$ 18	$ 19	$ 25	$ 19	$ 18	$ 31
Medical Loss Ratio	99%	106%	102%	90%	99%	94%	106%

As of 2/12/2026

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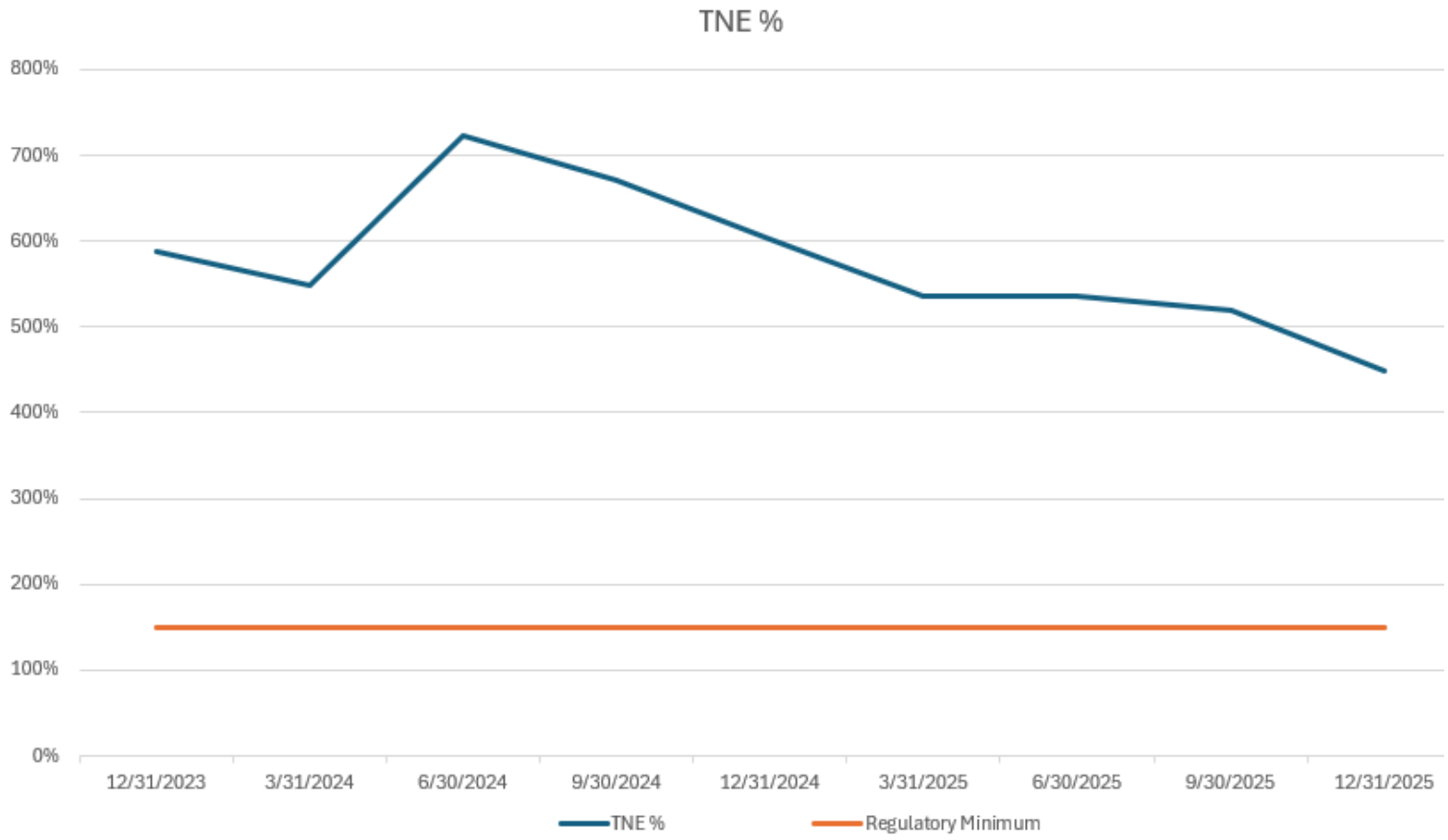
Tangible Net Equity (TNE)

- Tangible Net Equity (TNE) is the net equity after subtracting the value of intangible assets
- Department of Managed Health Care (DMHC) requires minimum 100%. 150% is needed to avoid monthly financial monitoring from DMHC
- FY25-26 Q2 ending Tangible Net Equity was at 449%, which was 299% higher than DMHC's minimum requirement (150%)



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RDT

- Rate Development Template (RDT) is an annual filing to help set Medi-Cal capitation rates
- CCHP filed for CY2027 rate setting in January 2026, using most recent fiscal year available data (FY24-25)
- Between January to July 2026, the State reviews CCHP's filing and meets with CCHP to discuss trends and other material matters
- In August 2026, CCHP is expected to receive the draft capitation rates for CY2027
- Between August and September, CCHP will advocate for amended rates
- In October 2026, CCHP expects to receive final CY2027 rates

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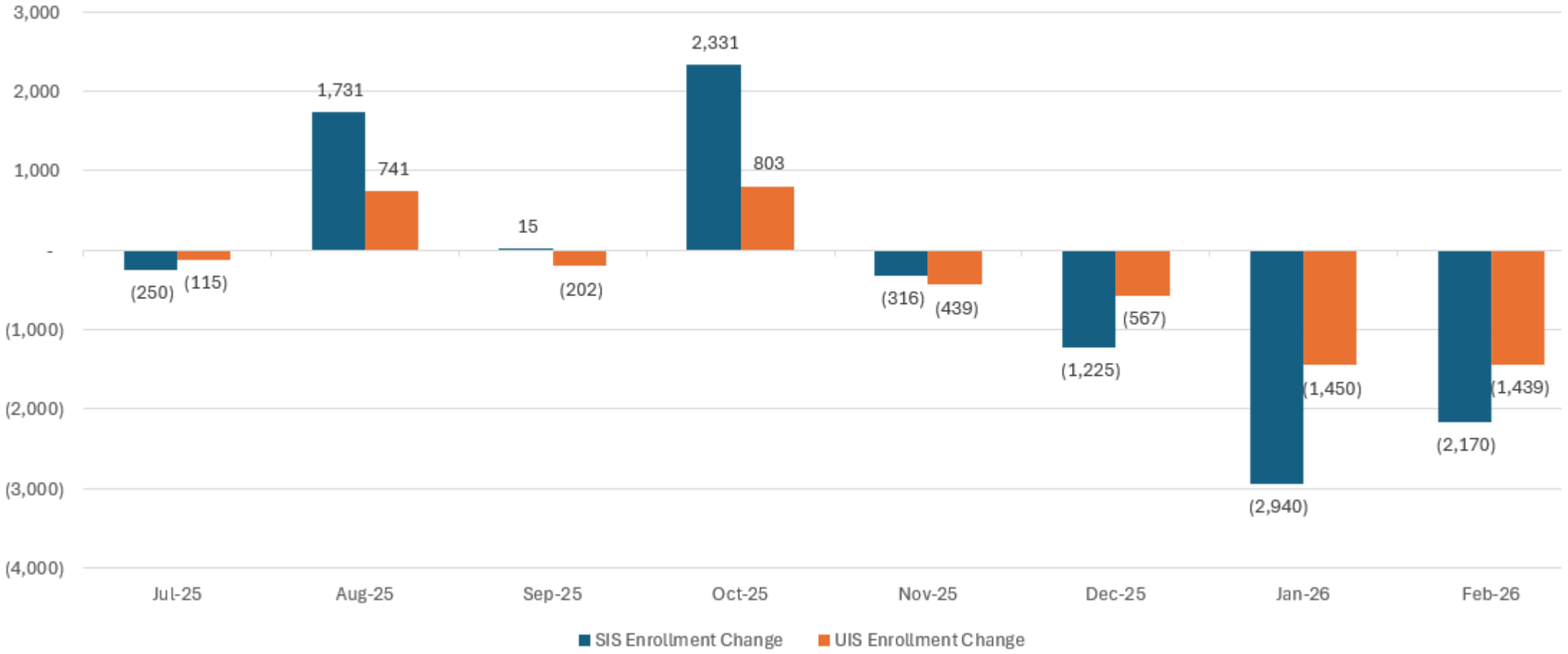
Month over Month Net Change in Medi-Cal Membership



File #: 26-851 **Agenda Date:** 3/6/2026 **Agenda #:** D.5.

Advisory Board: CCHP Joint Conference Committee
Subject: Information Technology Report
Presenter: Bhumil Shah
Contact: Norman Hicks

Information:

Purpose

To provide the Joint Conference Committee with a high-level overview of activities within the IT Department, progress, priorities, and challenges.

Department Description

IT Department supports all CCHP's technology needs - from infrastructure and software systems to analytics, artificial intelligence, information security, and technology procurement.

Recommendation(s)/Next Step(s):
ACCEPT report from Information Technology

595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580
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To: Joint Conference Committee (JCC) Members

From: Bhumil Shah, Chief Information Officer
Date: February 13, 2025

Report Title: Information Technology Report

RECOMMENDATIONS

ACCEPT report from Information Technology

BACKGROUND

Purpose

To provide the Joint Conference Committee with a high-level overview of activities within the IT Department, progress, priorities, and challenges.

Department Description

IT Department supports all CCHP's technology needs – from infrastructure and software systems to analytics, artificial intelligence, information security, and technology procurement.

1. Key Accomplishments and Highlights

- We successfully went live on January 1, 2026, with IT systems for DSNP. This includes systems for Case Management, Pharmacy Benefits, Utilization Management, Member Communication, etc. There were relatively small number of issues identified post-go-live and 19 of the 24 issues identified have been addressed. Project team continues to work on the remaining issues and other outstanding project requirements like CMS reporting.
- IT organized a workshop with 30+ key CCHP staff to effectively understand and present data

2. Current Priorities and In-Progress Work

- For better tracking of policies and to meet compliance requirements, IT is working on projects for implementation of systems for Policy Management, Incident Tracking and mandatory staff training.
- Analytics team is actively working on datasets that will be needed for the upcoming DMHC Financial audit in April. An internal "mock" audit was conducted and lessons learned are being incorporated

3. Challenges

CCHP's Pharmacy Benefits Manager (PBM) is being discontinued by its parent company. As soon as more details are available, a system implementation plan will need to be developed to ensure members have no disruption in their pharmacy benefits.

4. Looking Ahead

IT and Operational teams are scheduled to meet on March 3 and 4 to formally close the DSNP project, transition to ongoing maintenance, perform a lesson learnt exercise and start development of a prioritized list of CCHP's IT needs given that the large DSNP project will be behind us.

CONSEQUENCE OF NEGATIVE ACTION

If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

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Discussion Item

D.5.

ACCEPT report from Information Technology

Bhumil Shah, Chief Information Officer

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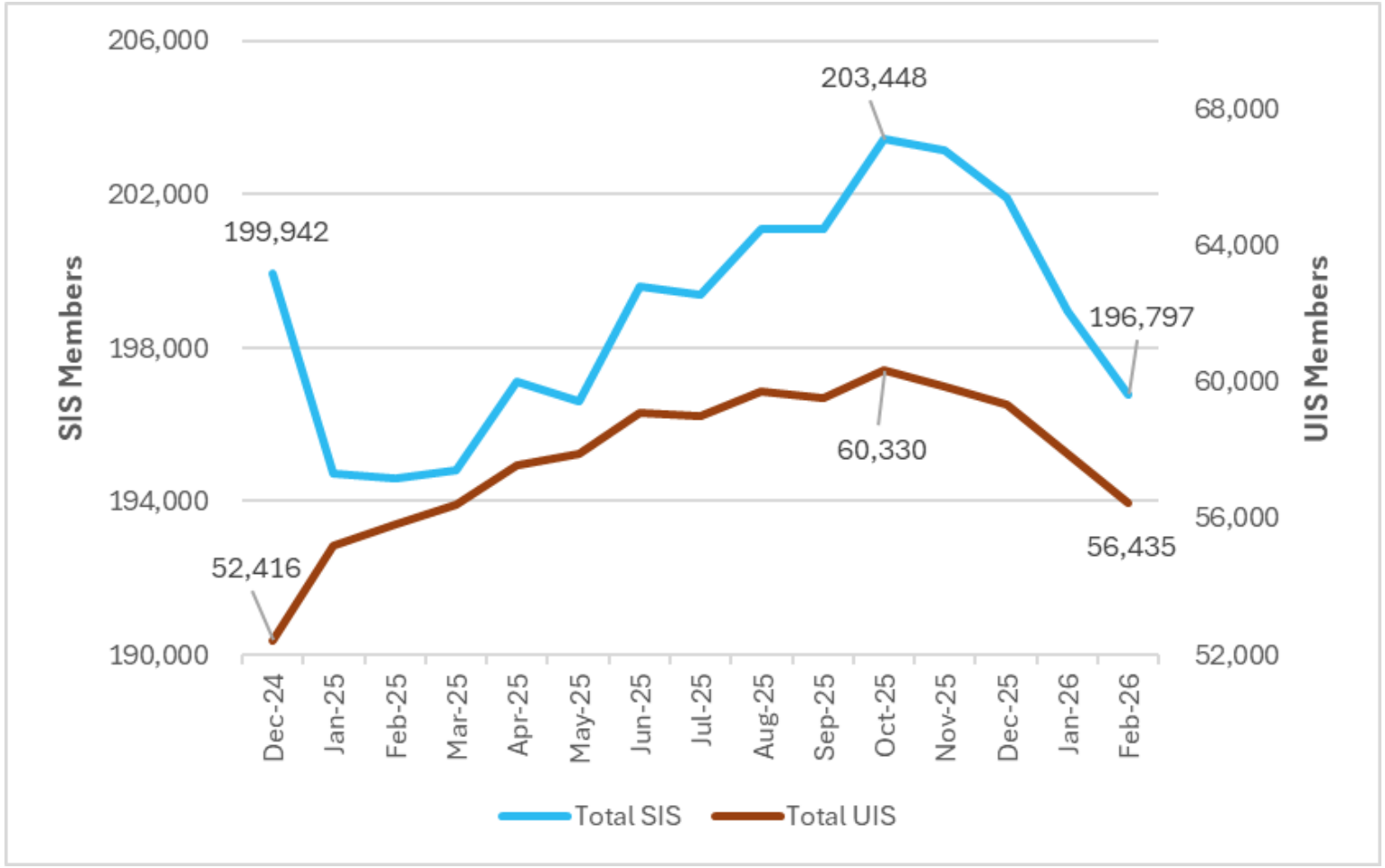
Membership



Notes

- Total membership peaks in Oct 2025; 203k SIS members, 60k UIS members
- Since Oct 2025, total membership has decreased 10,500 members, or 5% (3,900 UIS and 6,700 SIS)

Source: CCHP Membership Counts for Each Month by Category of Aid (TAP5602) as of 02/6/2026

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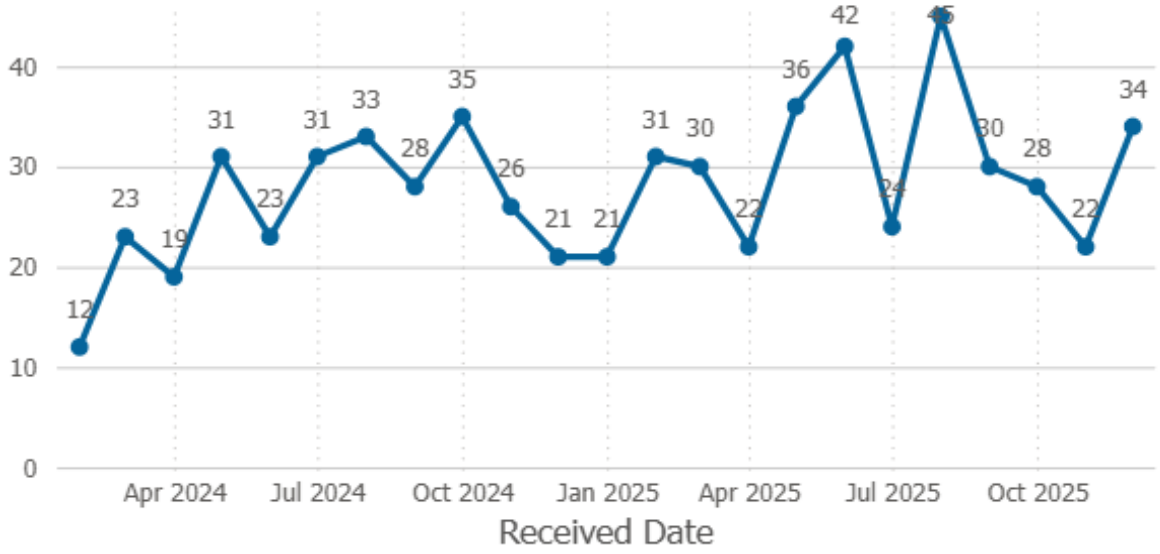
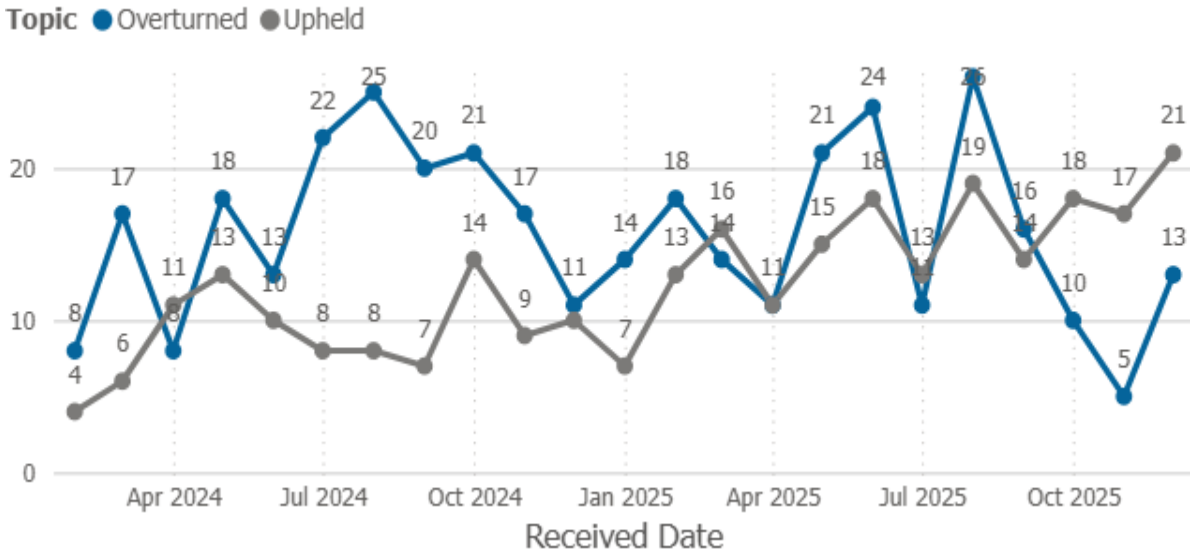
Appeals

Total Appeals



Appeals by Outcome



Source: CCHP Appeals and Grievances Dashboard (Power BI) as of 02/13/2026

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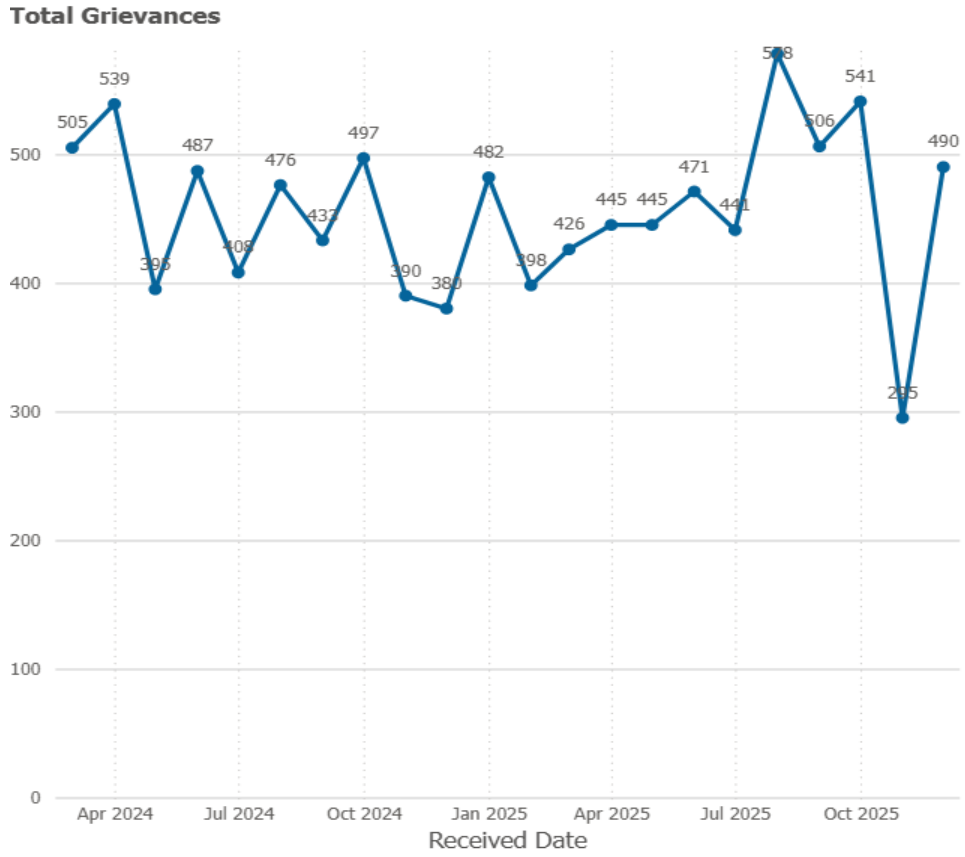
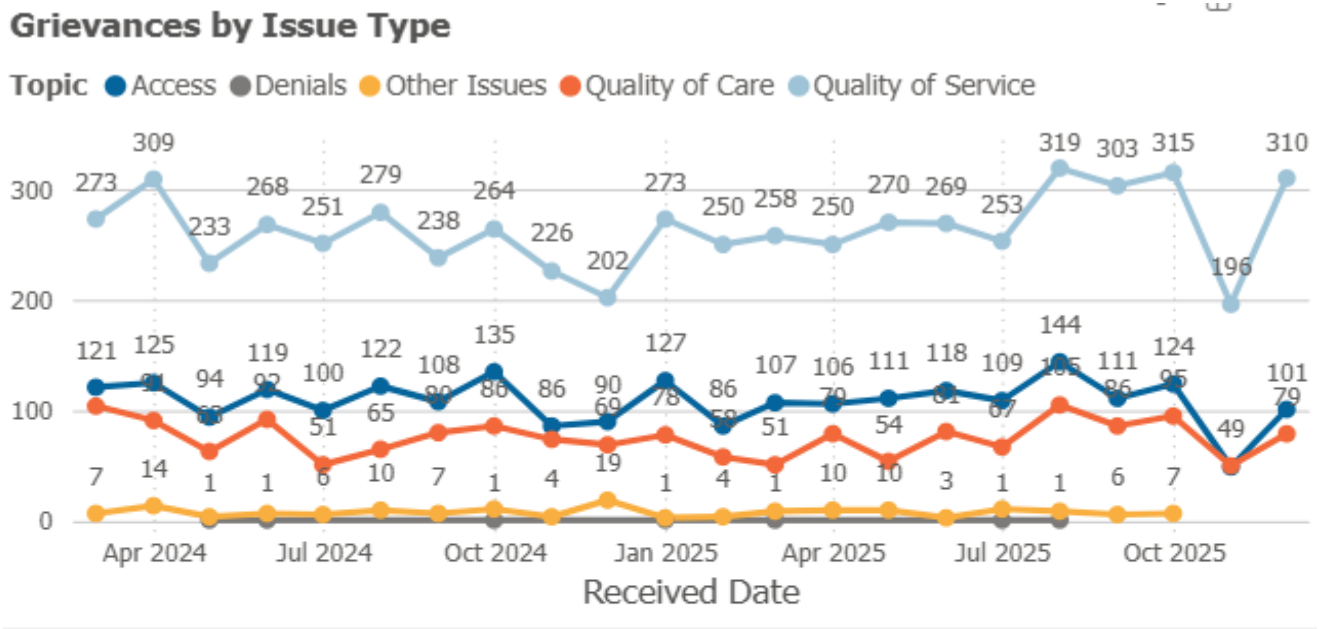
Grievances





CCHP: 1.9 grievances per 100K member
California Medi-cal average: 3.1 grievances per 100K member

Access examples: physical access, provider availability, language access
Quality of Care examples: inappropriate care, provider grievances
Quality of Service examples: case management, provider/staff attitude, member materials
Other Issues examples: Referrals, billing, appeal timeliness

Source: CCHP Appeals and Grievances Dashboard(Power BI) as of 6/30/2025

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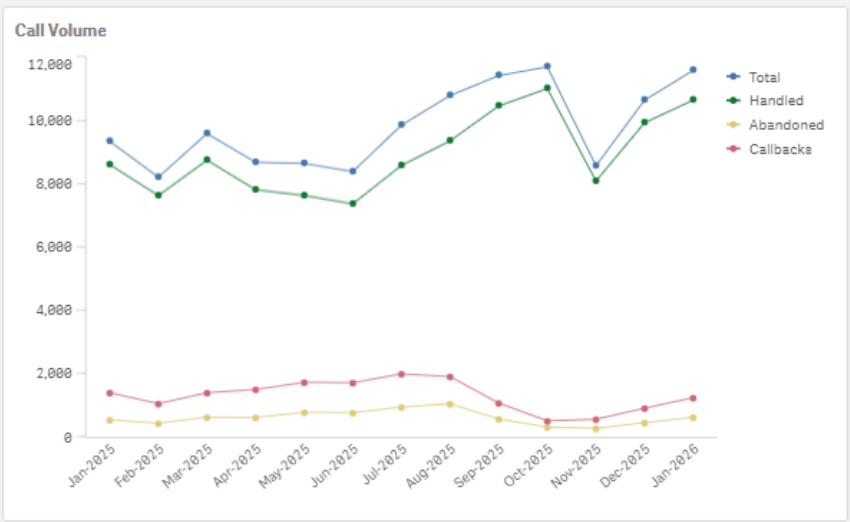
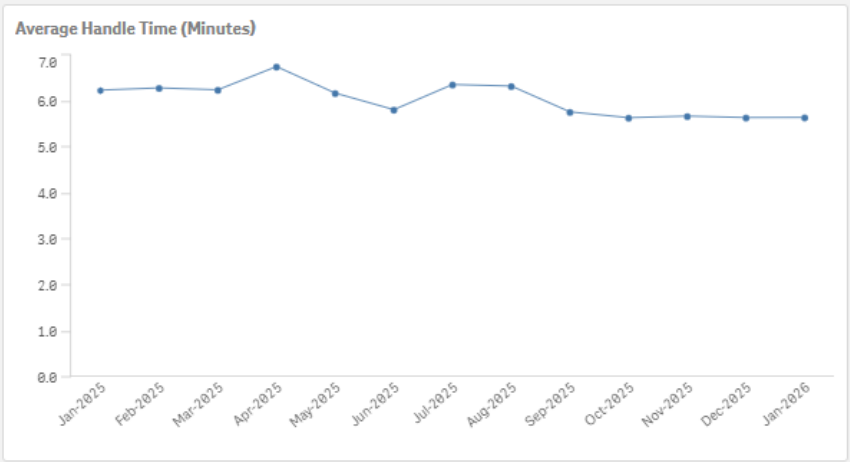
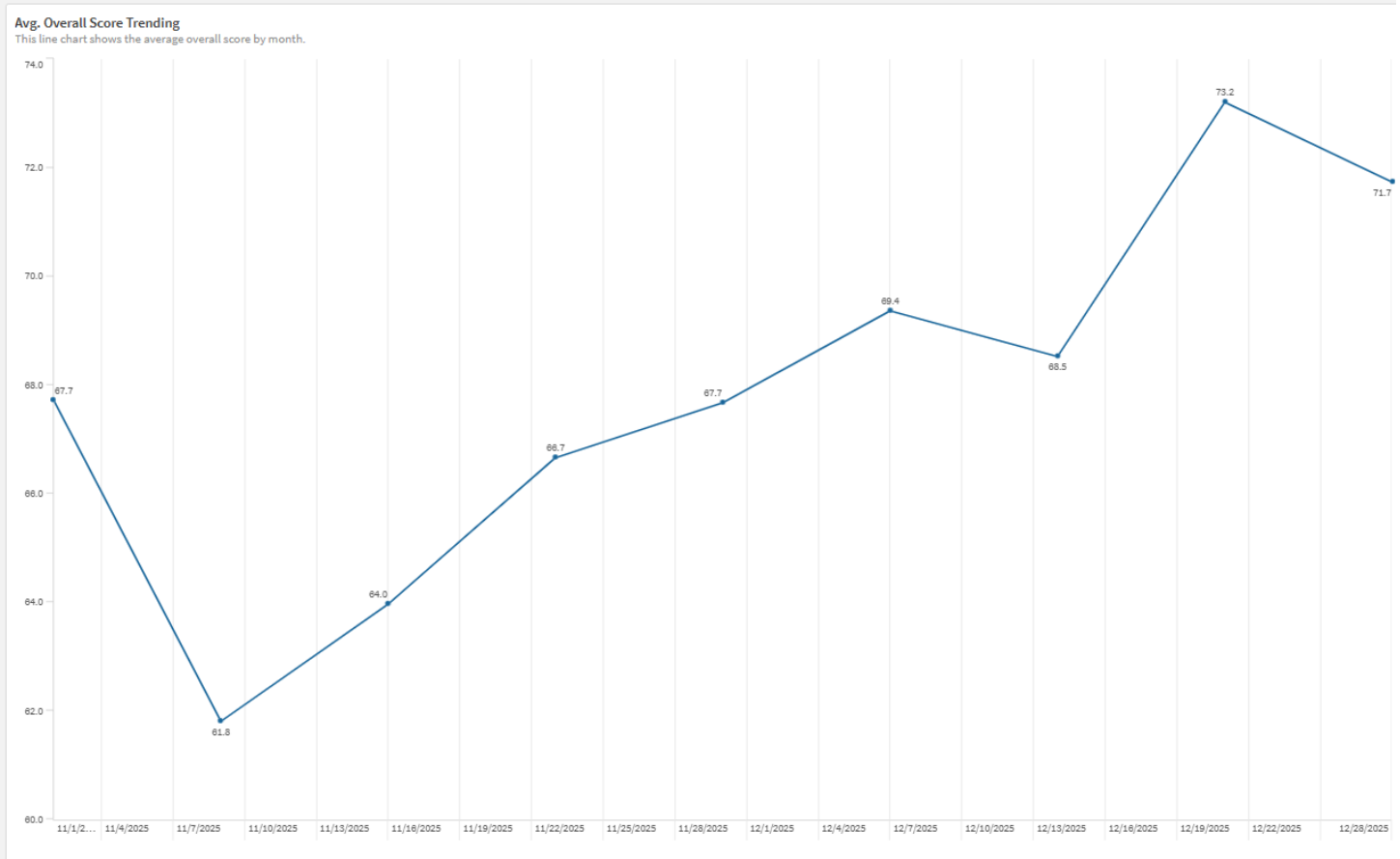
Member Services Call Center – AI Sentiment Analysis







Source: Call Center Dashboard (Qlik) as of 02/13/2026

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Key IT Project Update

Key In Progress IT Projects

- New Line of Business: D-SNP
- Regulatory: CMS Interoperability
- Regulatory: DMHC Financial Audit

Key Upcoming IT Projects

- Policy Management System
- Medi-cal Enrollment Redesign

File #: 26-852 **Agenda Date:** 3/6/2026 **Agenda #:** D.6.

Advisory Board: CCHP Joint Conference Committee
Subject: Contra Costa Health Care Plus, CCHP's Dual Eligible Special Needs Plan Report
Presenter: Beth Hernandez
Contact: Norman Hicks

Information:

Regulatory Requirement: Effective January 1, 2026, California state law requires all Medi-Cal Managed Care Plans to offer a D-SNP product. This mandate ensures integrated Medicare-Medicaid coverage for dual-eligible beneficiaries, California's most vulnerable population.

Strategic Rationale: Beyond regulatory compliance, D-SNP represents a strategic opportunity for CCHP.

- **Mission alignment:** Serves dual-eligible seniors and persons with disabilities who require integrated Medicare-Medicaid benefits
- **Revenue diversification:** Establishes long-term revenue stream in growing dual-eligible market
- **Market positioning:** Entry into Medicare product line creates platform for future growth and competitive positioning

Implementation Timeline: CCHP launched its D-SNP product on January 1, 2026, following a compressed 6-month build period (industry standard is 12-18 months). The launch required establishing new operational infrastructure, contracting with Centers for Medicare & Medicaid Services (CMS), implementing Medicare-specific systems, and building organizational capability to manage dual federalstate regulatory oversight.

Recommendation(s)/Next Step(s):
ACCEPT report on Contra Costa Health Care Plus (D-SNP)

595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580
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To: Joint Conference Committee (JCC) Members

From: Beth Hernandez, Interim Chief Operations Officer
Date: March 6, 2026

Report Title: Contra Costa Health Care Plus, CCHP's Dual Eligible Special Needs Plan (D-SNP) Report

RECOMMENDATIONS

ACCEPT report on Contra Costa Health Care Plus (D-SNP)

FISCAL IMPACT

N/A

BACKGROUND

Regulatory Requirement: Effective January 1, 2026, California state law requires all Medi-Cal Managed Care Plans to offer a D-SNP product. This mandate ensures integrated Medicare-Medicaid coverage for dual-eligible beneficiaries, California's most vulnerable population.

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SUMMARY

1. Launch Achievement (6 Weeks Post Go-Live)

CCHP successfully launched D-SNP operations on January 1, 2026. Major accomplishments include:

- **Membership:** 280 members enrolled and actively receiving services
- **Provider Network:** Credentialed and contracted provider network established; currently at 90% network adequacy
- **Operational Infrastructure:**
  - Implemented new IT systems for Medicare enrollment, claims processing, and eligibility
  - Updated over 100 policies and procedures across all operational units
  - Established vendor contracts for print services, supplemental benefits, and technology systems
  - Deployed functional workstreams to meet CMS readiness requirements
- **Service Delivery:**
  - Extended member services hours to 8am-8pm, 7 days per week
  - Hired and trained D-SNP-specific case management team
  - Configured claims processing for dual Medicare-Medicaid coverage
  - Established sales and enrollment processes compliant with Medicare marketing requirements

2. Year One Operational Priorities

Following the compressed launch timeline, CCHP is now focused on optimization and controlled growth. Five critical priorities have been identified for 2026.

- **Network Expansion (Highest Priority)**
  - Current state: 90% network adequacy with gaps in 10 specialty areas across certain geographies
  - Critical challenge: Major hospital system contract negotiations ongoing; proposed rates significantly above market sustainability thresholds
  - Strategy: Pursuing alternative hospital contracts (Kaiser Richmond, Sutter Delta, San Ramon Regional) while continuing John Muir Health negotiations
  - Target: Achieve 100% network adequacy by Q2 2026
  - Impact: Network completion is prerequisite for aggressive enrollment growth and marketing
- **Sales & Marketing Infrastructure**
  - Hiring licensed sales staff with Medicare-specific licensure requirements
  - Developing member acquisition and growth strategy
  - Challenge: Marketing activities constrained until network gaps resolved
- **Stars Quality Performance**
  - D-SNP reimbursement rates tied to CMS Stars quality ratings
  - Building measurement systems and feedback loops
  - Integrating with existing Medi-Cal quality infrastructure
  - Timeline: First Stars measurement year is 2026, impacting 2028 revenue
- **Risk Adjustment & Revenue Optimization**
  - Provider education on coding and clinical documentation
  - Establishing workflows for accurate diagnosis capture
  - Critical for financial viability and appropriate reimbursement

- **Operational Efficiency**
  - Process optimization based on early operational learnings
  - Technology enhancements to improve member and provider experience
  - Continuous improvement in service delivery

3. Financial Strategy: Multi-Year Investment to Profitability

D-SNP is a 3-4 year investment requiring sustained organizational commitment. Financial projections:

- **Expected Losses:** 2026-2027
- **Break-Even:** 2028-2029
- **Viability Threshold:** Approximately 4,000 members required for financial sustainability
- **Industry Benchmark:** 3-5 year timeline to D-SNP maturity is standard

4. Enrollment Growth Trajectory

Year	Target Enrollment	Financial Status	Strategic Focus
2026	1,000-2,000	Investment/Loss	Build foundation, close network gaps, optimize operations
2027	2,500-3,000	Investment/Loss	Scale enrollment, achieve operational efficiency
2028	4,000	Break-even	Achieve financial viability, optimize Stars performance
2029+	4,000+	Profitable	Sustained growth and profitability

5. Evolving Regulatory Landscape

The D-SNP regulatory environment continues to evolve with significant CMS policy changes impacting operations:

- **Medicare Advantage Market Dynamics:** Major national plans departing Medicare Advantage market, creating uncertainty and member disruption
- **Pharmacy Benefit Manager (PBM) Regulation:** Increased regulation of PBMs and potential market changes affecting pharmacy networks and costs
- **Passive Enrollment Changes:** New CMS rules affecting how dual-eligible beneficiaries are enrolled into D-SNPs
- **Stars Measure Redesign:** CMS shifting Stars measures toward clinical outcomes and away from operational/compliance measures, requiring quality strategy adjustments
- **Risk Adjustment Proposed Rules:** CMS proposed changes to risk adjustment methodology affecting revenue calculations

These regulatory changes require ongoing operational adaptation and investment beyond initial D-SNP launch, adding complexity to multi-year financial projections.

6. Conclusion

CCHP successfully launched D-SNP operations on January 1, 2026, meeting state mandate and establishing foundation for serving dual-eligible members. The organization is now focused on Year One optimization priorities, with network completion as the critical path to enrollment growth.

D-SNP represents a strategic long-term investment requiring sustained commitment through expected losses in 2026-2027, with break-even projected in 2028-2029 upon reaching approximately 4,000 members. Staff recommends continuing the measured, sustainable growth approach prioritizing operational excellence and complete network development over aggressive near-term enrollment.

CONSEQUENCE OF NEGATIVE ACTION

If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

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Discussion Item

D.6.

ACCEPT report on Contra Costa Health Care Plus

Dual-Special Needs Plan (D-SNP)

Beth Hernandez, Chief Operations Officer (Interim)

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D-SNP Go Live Update

Why D-SNP Matters to CCHP

- **Mission:** Serves most vulnerable members with integrated Medicare and Medi-Cal benefits
- **Diversification:** Long-term new revenue stream for health plan
- **Growth Opportunity:** Entry into Medicare market, platform for future product lines

Compressed Timeline for Go-Live

- Launched 1/1/26 with 8-month build timeline (industry standard 12-18 months)
- All hands-on deck

Current State (8 weeks post-launch)

- **Membership:** 280 enrollees
- **Revised provider contracts:** 318 new provider contracts
- **Providers:** 3,200 in network
- **Network Adequacy:** 90% (working toward 100%)

Operational Readiness:

- **Workstreams:** 22 functional workstreams to meet CMS readiness metrics
- **Vendor contracts :** Print, supplemental benefits, IT systems
- **Policies and Procedures:** Updated upwards of 100 P&P across all departments
- **IT Systems:** 1,200 build decisions and 44-third party systems requiring scoping and integration
- **Operational changes:** Custom service 8am-8pm, 7 days/week; D-SNP case managements, claims processing changes, sales and enrollment, Medicare enrollment system
- **Command Center and Go Live:** January daily morning huddle to escalate and quickly resolve with RAID log. 68 total issue identified as of 2/13 with 43 resolved

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Year 1 Priorities – Optimization and Scale

Post-Launch Focus: Build, Optimize, and Grow

Critical Priorities for 2026:

NETWORK EXPANSION *Highest Priority*	PART D *Highest Priority*	SALES and MARKETING	STARS and QUALITY	RISK ADJUSTMENT	OPERATIONAL EFFICIENCY
• **Current**: 90% network adequacy • **Gap:** 10 specialty gaps in certain geographies • **Critical issue:** Major hospital system contracting (John Muir Health) • **Impact:** Constrains enrollment growth and member access • **Strategy:** Contract alternative hospitals + continue JMH negotiations • **Target:** 100% network adequacy by Q2 2026	• **Critical issue:** Received notice mid-February Pharmacy Benefit Manager, PerformRx leaving market at end of 2026. • Contingency planning in process • Bid and Plan Benefit Package due in early June	• Hiring licensed sales staff (Medicare licensure requirements) • Developing growth strategy and market positioning • Member acquisition cost optimization • **Challenge:** Can't market aggressively until network gaps close	• D-SNP rates tied to quality performance (Stars ratings) • Building measurement and feedback loops • Integrating with existing Medi-Cal quality infrastructure • First Stars measurement year: 2026 (impacts 2028 revenue)	• Provider education on coding and documentation • Workflows for accurate diagnosis capture • Revenue optimization through appropriate risk scoring • Critical for financial viability	• Process optimization based on early learnings • Technology enhancements • Staffing adjustments • Member experience improvements

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D-SNP Future State

Future Approach

- Three to four year investment to profitability
- Losses through 2027, with break-even being 2028-2029
- Require 4,000 members to achieve financial viability
- Industry Standard is 3-5 year to maturity

Growth Trajectory

Year	Enrollment Target	Financial Status	Key Focus
2026	1,200	Investment/Loss	Build foundation, optimize operations, close network gaps
2027	2,000 – 3,000	Investment/Loss	Scale enrollment, operational efficiency
2028	4,000	Break-even	Achieve viability, Stars performance
2029+	4,000+	Profitable	Growth and sustainability

Success Factors

- Complete provider network with sustainable rate structures
- Member satisfaction
- Stars quality performance (drives revenue in year 3)
- Effective risk adjustment and medical management

Challenges and Threats

- Growth dependent on robust provider network, including all major hospital systems
- Sustainable rate structures
- Regulatory complexity and changes

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Changes on Horizon in Medicare

- Proposed and Final Rules, Advance Notices
- Market departure of major Medicare Advantage plans
- More regulation of Pharmacy Benefit Managers (PBMs) and market exists
- Changes in “passive enrollment” into D-SNP
- Major changes in Stars measures to focus more on clinical outcomes, not operational and compliance measures
- CMS proposed rules around risk adjustment

File #: 26-853 **Agenda Date:** 3/6/2026 **Agenda #:** C.1.

Advisory Board: CCHP Joint Conference Committee
Subject: Minutes from 12/19/2025, CCHP Joint Conference Committee Meeting
Presenter: Irene Lo, MD
Contact: Norman Hicks

Information:
The CCHP Joint Conference Committee (JCC), a subcommittee of the Contra Costa County Board of Supervisors, serves as a forum for oversight, coordination, and communication between Contra Costa Health Plan (CCHP) and County leadership. In accordance with standard governance practices, minutes are prepared following each JCC meeting to document the discussion, actions, and direction provided.

The Minutes from the December 19, 2025, Joint Conference Committee meeting were prepared to accurately reflect the proceedings of that meeting. Consistent with established process, the Committee is asked to review and consider acceptance of the minutes as part of maintaining an official record of its activities.

Recommendation(s)/Next Step(s):
ACCEPT the minutes from 12/19/2025, CCHP Joint Conference Committee meeting

595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580
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To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD; Executive Director
Date: March 6, 2026

Report Title: Minutes from 12/19/2025, CCHP Joint Conference Committee Meeting

RECOMMENDATIONS
ACCEPT the Minutes from 12/19/2025, CCHP Joint Conference Committee Meeting

FISCAL IMPACT
N/A

BACKGROUND
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CONSEQUENCE OF NEGATIVE ACTION
If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

Contra Costa Health Plan
Joint Conference Committee Meeting Minutes
December 19, 2025 | 9:30 AM – 12:30 PM

VOTING MEMBERS PRESENT:

Supervisor Candace Andersen, District II
Supervisor Diane Burgis, District III
Dr. Magdalen Edmunds, Lifelong
Dr. Gabriella Sullivan, CCRMC

OTHER STAFF AND GUESTS PRESENT:

Dr. Irene Lo
Samantha Barnes
Brian Buchanan
Dr. Grant Colfax
Sunny Cooper
David Culberson
Beth Hernandez
Norman Hicks
Matt Kaufmann
Shulin Lin
Jen Quallick
Bhumil Shah

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Call to Order	**1.1 Roll Call and Introductions** Supervisor Andersen called the meeting to order at 9:34 AM. Introductions were made for in-person attendees. **1.2 Public Comments** Dr. Grant Colfax, Director of Health Services, introduced himself on Zoom. **1.3 JCC Comments –** None.	Supervisor Andersen Public JCC Members
2.0 Consent Items	**2.1 Approve JCC Meeting Minutes – October 3, 2025** **2.2 Accept Quality Council Minutes** **2.3 Accept Health Equity Council Minutes** **2.4 Accept Community Advisory Committee Minutes** **2.5 Accept Compliance Committee Minutes** **2.6 Accept Peer Review and Credentialing Committee Report** **2.7 Accept Recommendations for 2026 JCC Physician Membership** **2.8 Accept Recommendation for CCHP Compliance Officer, Fraud Prevention Officer, and Privacy Officer** **2.9 Motion – JCC Consent Items Approval** A motion was made to approve all eight consent items by Dr. Sullivan, seconded by Dr. Edmunds. All consent items were approved unanimously.	Supervisor Andersen
3.0 Discussion / Action Items	**3.1 Organizational Priorities** 2025 was a foundational and transformative year for CCHP. Leadership roles were clarified, and organizational needs were assessed. SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) was conducted for the health plan. It highlighted opportunities for growth in the areas of cross-departmental collaboration, data utilization, regulatory compliance, and transparency.	Dr. Irene Lo Interim CEO

SUBJECT	DISCUSSION	ACTION / WHO
	An assessment was conducted by Alvarez & Marsal (A&M). It highlighted opportunities for growth by aligning with industry best practices, clearly defining roles and responsibilities, and establishing more appropriate spans of control. CCHP must modernize its infrastructure and processes. The health plan needs to operate as a nimble, data-driven, and high-performing managed care organization. Dr. Lo highlighted strategic principles that will drive the health plan in 2026: • Fiscal Transparency and Accountability • Responding to Federal and State Fiscal Challenges • Strengthening Collaboration with CCRMC and Health Centers • Engaging with Peer Managed Medi-Cal Plans • Implementing Organizational Changes To support these principles, CCHP formally launched Performance Improvement Workgroups (PIWs) supported by the Program Management Office (PMO). PIWs are responsible for identifying root causes and executing solutions. The health plan developed a suite of enterprise-level dashboards to enhance transparency, strengthen accountability, and support data-driven decision making. There are significant risks that CCHP must manage in 2026 including financial pressures from HR1, state budget uncertainty, and Medi-Cal / Medicare operational integration and systems readiness. The mitigation for these risks will come from enhanced financial modeling and forecasting as well as standardization of project workflows and PIW structure to support our cross-functional integration. **Public Comments –** None. **JCC Comments –** None. **3.1.1 Motion – Accept Report** A motion was made to accept the 2026 Organizational Priorities report by Supervisor Burgis, seconded by Dr. Edmunds. The report was accepted unanimously. **3.2 Code of Conduct** CCHP revised their code of conduct and removed some of the sections that did not relate to a code of conduct document. **Public Comments –** None. **JCC Comments –** None. **3.2.1 Motion – JCC Approval and Recommendation for Submission to the Board of Supervisors for Approval** A motion was made to approve the Code of Conduct by Dr. Sullivan, seconded by Dr. Edmunds. The Code of Conduct was approved unanimously. **3.3 Quality and Health Equity Activities Report** CCHP focused on core operational work including Performance Improvement Projects (PIP) and Population Health Initiatives (PIH). A PIP highlight is the collaboration with County Behavioral Health, Public Health, and Kaiser Permanente on follow-up after behavioral health emergency department visits.	Sunny Cooper Compliance Officer Beth Hernandez Interim COO

	CCHP won a Top Honors award at the California Association of Public Health Systems for this initiative. **Public Comments –** None. **JCC Comments –** None. **3.3.1 Motion – JCC Approval and Recommendation for Submission to the Board of Supervisors for Approval** A motion was made to approve the Quality and Health Equity Activities Report by Dr. Edmunds, seconded by Dr. Sullivan. The Quality and Health Equity Activities Report was approved unanimously. **3.4 Compliance Activities Report** Between January 2025 and November 2025, the health plan received and investigated a total of 38 HIPAA incidents. Of the 38 cases, 83% were reported timely within 24 hours of discovery while 17% were reported untimely. One of the primary reasons for untimely reporting is due to a delay in reporting to the Compliance unit. We are developing a Compliance Awareness training series to educate and remind the CCHP workforce to report non-compliance incidents in a timely manner. For 2025, Fraud, Waste & Abuse (FWA), 10% of the filings were untimely. Out of the 25 received, 10 were closed by October 2025. ***Question/Supervisor Andersen:*** *What is considered a HIPAA incident?* ***Answer/Sunny Cooper:*** *Anything that is suspected of being a private health information breach such as the release of a member's driver's license or social security number as well as a medical record being sent to the wrong provider.* ***Question/Dr. Sullivan:*** *Does standardization of payment for services provided across your Network fall into the realm of FWA?* ***Answer/Sunny Cooper:*** *Billing practices and coding practices do, yes. Providers are required to follow the Medi-Cal billing manual and the provider manual that is supplied by CCHP.* ***Question/Dr. Edmunds:*** *Is there a process for a particular severity of incident or risk, what is the next step?* ***Answer/Sunny Cooper:*** *Typically, the dashboard would include not only the cases, but the dollar amount impacted. The health plan is required to present provider education and ensure providers are completing the required training. We collect this information for submission to our regulators.* The Department of Health Care Services (DHCS) Medical Survey audit found 19 deficiencies and CCHP has corrected 18. The one remaining deficiency is being remediated with our Enhanced Care Management providers. The Department of Managed Health Care (DMHC) Financial audit is scheduled for April 2026. CCHP is working to collect evidence of compliance from the audit conducted in 2022. The seven elements of an effective compliance program were introduced: • Written Policies and Procedures • Compliance Leadership and Governance • Training and Education • Effective Communication • Monitoring and Auditing • Enforcement and Discipline • Response to Offenses	Sunny Cooper Compliance Officer

	CCHP is restructuring their compliance governance with a Compliance Committee that consists of high-level leadership in the organization and will be supported by four other committees, Audit & Oversight, Policy Review, Program Integrity, and Privacy & Security. **Public Comments –** None. **JCC Comments –** None. **3.4.1 Motion – JCC Approval and Recommendation for Submission to the Board of Supervisors for Approval** A motion was made to approve the Compliance Activities Report by Dr. Sullivan, seconded by Dr. Edmunds. The Compliance Activities Report was approved unanimously.	
4.0 Finance Report	The financial results for fiscal year 25-26 were shared. The commercial line of business was discussed. There was a $3.9 million loss due to high medical expenses originating from unfavorable provider contract terms. If not for county subsidies and tobacco tax revenue, there would have been a $5.8 million loss. ***Question/Supervisor Andersen:*** *What are we doing about it?* ***Answer/Shulin Lin:*** *It is a sensitive topic with providers. Providers are facing a heavy funding cut of their own.* In a previously presented report, there was high claim interest in July and August. After further research, 75% of the claim interest that was paid was due to a rate update, that was mandated by the state, and a contract renegotiation. The understanding of the calculated date was incorrect as confirmed by our regulator. Therefore, much of the claim interest that CCHP paid was unnecessary. The team will recalculate the correct amount, and CCHP will issuing a recoupment notice to those providers. ***Question/Supervisor Andersen****: Does our contract allow us to reclaim the interest within a calendar year?* ***Answer/Shulin Lin:*** *Yes, it does.* In 2026, the "time to pay" duration will reduce from 45 days to 30 days. CCHP anticipates a temporary spike in claim interest in the spring as the Claims team adjusts to the new regulation. DHCS released a draft of the calendar year 2026 Medi-Cal rates with a 2% increase. The health plan advocated with DHCS to consider the recent expense trends and contract changes. In November, they notified us of an additional 6% increase which will help to reduce the expected losses for FY 25-26. A slide of the FY 25-26 projection was shared. It is projected that the Medi-Cal line of business will suffer a $36.2 million loss, Medicare D-SNP projects a $16.2 million loss, and Commercial projects a $12.8 million loss. The total projected loss for FY 25-26 is expected to reach $65.2 million. **Public Comments –** None. **JCC Comments –** None. **4.1 Motion – Accept Finance Report** A motion was made to accept the Finance report by Dr. Edmunds, seconded by Dr. Sullivan. The Finance report was accepted unanimously.	Shulin Lin Deputy Chief Financial Officer

5.0 CCHP IT Report	Membership in CCHP is mostly flat with a small increase in Unsatisfactory Immigration Status (UIS) membership. Appeals have remained stable over the last year. Some of the key IT projects for 2026 are the implementation of a new payment integrity system for Claims, the construction of new dashboards to clarify data, and several AI initiatives. IT is working closely with CMS and DHCS to support approximately 100 new Medicare / Medi-Cal file exchanges. They evaluated and improved 22 operational and technical workstreams and engaged with eight new third-party vendors. CMS released rule CMS-0057-F on January 17, 2024. The focus of this rule is the improvement of health information exchange to achieve appropriate and necessary access to health records for patients, healthcare providers, and payers. IT continues to implement technical and operational changes to their applications to improve data exchange. Regarding Round Trip, the non-emergency, non-medical transportation benefit at the health plan, the process for obtaining a ride has been streamlined to eliminate some of the administrative burden. **Public Comments –** None. **JCC Comments –** None. **5.1 Motion – Accept CCHP IT Report** A motion was made to accept the Finance report by Supervisor Burgis, seconded by Dr. Sullivan. The CCHP IT report was accepted unanimously.	Bhumil Shah Chief Information Officer
6.0 Interim CEO Report	**6.1 CCHP Staffing** The health plan submitted position modification requests for FY 26-27 to strengthen operational effectiveness, reinforce organizational alignment, and ensure that CCHP remains well-positioned to meet its strategic, regulatory, and financial responsibilities in a rapidly evolving environment. Efforts were made to reinforce the Clinical Operations leadership structure. Dr. Nicolás Barceló was appointed Deputy Chief Medical Officer and oversees Appeals & Grievances, Behavioral Health, Pharmacy Services, and Utilization Management. Dr. Sara Levin serves as Deputy Chief Medical Officer and Chief Health Equity Officer. She oversees Quality and Health Equity, Clinical Quality Auditing, Advice Nurse Unit, CalAIM programs, and Case Management. On the Business Operations side, Beth Hernandez was promoted to Interim Chief Operating Officer and will oversee Claims, Marketing and Sales, Member Services, Provider Relations, Credentialing and Contracting, Personnel / Facilities / Safety, Analysis & Reporting, and the Project Management Office. Recruitment for the permanent COO has also been launched. Sunny Cooper will continue as Interim Senior Director of Compliance and Regulatory Affairs and will serve as CCHP's designated Compliance Officer, Fraud Prevention Officer, and Privacy Officer. Chanda Gonzales will serve as the Director of Regulatory Affairs and Communication. CCHP launched a Project Management Office (PMO) as a dedicated operational department to shepherd project execution. The PMO staff is establishing a consistent project management framework that includes standardized tools, governance structures, and reporting processes.	Dr. Irene Lo Interim CEO

Dual Eligible Special Needs Plan (D-SNP) recruitment is ongoing, and the health plan has filled several key positions.

Public Comments – None.
JCC Comments – None.

6.2 Regulatory Update
The DMHC Financial Audit is scheduled for April 2026. Its purpose is to evaluate and report on the plan's compliance with the financial and administrative requirements of the Knox-Keene Act.

There are three enforcement matters that remain under DMHC review:

- Enforcement Matter 22-710
  - Administrative penalty paid to DMHC in October 2025
- Enforcement Matter 23-348
  - Awaiting response from DMHC regarding CCHP's submitted Corrective Action Plan
- Enforcement Matter 24-143
  - Awaiting response from DMHC

Public Comments – None.
JCC Comments – None.

6.3 Dual Special Needs Plan (D-SNP) Progress Update
CCHP has over 200 D-SNP enrollees and continues to prepare for operational readiness. The first three months following the D-SNP launch will be critical for establishing operational stability, demonstrating regulatory readiness, and ensuring a positive experience for new members and providers.

CCHP priorities are:

- Member onboarding and care coordination
- Operational performance monitoring
- Regulatory compliance and reporting
- Provider engagement and issue resolution
- Network adequacy and access monitoring
- Workflow refinement and staffing optimization
- Preparation for early CMS deliverables

Public Comments – None.
JCC Comments – None.

6.4 Organizational Transformation Update
Following the SWOT analysis and the operational assessment, CCHP has strengthened its internal infrastructure by:

- Clarifying leadership roles and spans of control
- Reinforcing expectations around accountability and performance
- Updating internal processes to improve operational consistency
- Enhancing cross-departmental alignment to reduce silos

The health plan developed channels to coordinate with the broader CCH integrated delivery system including:

- Enhanced collaboration with CCRMC/Health Center, Public Health, Behavioral Health, and H3
- Joint planning with Behavioral Health and H3 to launch Transitional Rent, a new CalAIM Community Support going live January 1, 2026

Public Comments – None.
JCC Comments – None.

	6.5 Community Supports In 2025, CCHP completed a comprehensive review of its Community Supports portfolio. Based on this assessment, Asthma Remediation, Day Habilitation, and Personal Care & Homemaker Services were identified for discontinuation due to low utilization, operational challenges, redundancy, and limited return on investment. These services also have existing alternatives available through county organizations, community programs, or Medicaid-funded benefits. **Public Comments –** None. **JCC Comments –** None. **6.6 Motion – Accept Interim CEO Report** A motion was made to accept the Interim CEO Report Dr. Sullivan, seconded by Dr. Edmunds. The Interim CEO Report was accepted unanimously.	
7.0 Next JCC Meeting(s)	Friday, March 6, 2026	
8.0 Adjournment	Meeting adjourned at 11:55 AM.	Supervisor Andersen

Minutes for Meeting

Unless otherwise indicated below, Contra Costa Health Plan hereby adopts all issues, findings or resolutions discussed in the agenda for Contra Costa Health Plan's Joint Conference Committee, dated December 19, 2025, and attached herein.

Excepted Matters: None

Approved: **Date:**

1-6-26

Supervisor Candace Andersen, District II

CONTRA COSTA HEALTH

File #: 26-854 **Agenda Date:** 3/6/2026 **Agenda #:** C.2.

Advisory Board: CCHP Joint Conference Committee
Subject: Minutes from Key CCHP Committees
Presenter: Irene Lo, MD
Contact: Norman Hicks

Information:
In an effort to strengthen the Joint Conference Committee's oversight of both Clinical and Business Operations at Contra Costa Health Plan (CCHP), we are committed to increasing transparency and providing regular updates from our internal and external-facing committees. This approach not only supports informed decision-making but also reinforces the important advisory role of the JCC in guiding CCHP's strategic priorities and operational execution.

This staff report provides a summary of the consent items being submitted for review and introduces key CCHP committees-particularly those that include collaboration with external partners or play a significant role in oversight and improvement efforts.

The following meeting minutes are included:

- Quality and Health Equity Council
- Community Advisory Committee
- Compliance Committee

Recommendation(s)/Next Step(s):
ACCEPT the minutes from key CCHP committees

595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580
cchealth.org

To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD; Executive Director
Date: March 6, 2026

Report Title: Minutes from Key CCHP Committees

RECOMMENDATIONS
ACCEPT the minutes from Key CCHP Committees

FISCAL IMPACT
N/A

BACKGROUND
In an effort to strengthen the Joint Conference Committee's oversight of both Clinical and Business Operations at Contra Costa Health Plan (CCHP), we are committed to increasing transparency and providing regular updates from our internal and external-facing committees. This approach not only supports informed decision-making but also reinforces the important advisory role of the JCC in guiding CCHP's strategic priorities and operational execution.

This staff report provides a summary of the consent items being submitted for review and introduces key CCHP committees—particularly those that include collaboration with external partners or play a significant role in oversight and improvement efforts.

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- Community Advisory Committee
- Compliance Committee

Overview of CCHP Committees: The major standing committees at CCHP that inform policy, guide operations, and ensure accountability:

- **Quality and Health Equity Council**
  Serves as the primary body for monitoring and improving the quality of care delivered to CCHP members. Focus areas include Health Equity, HEDIS performance, patient safety, quality

improvement projects, and clinical outcomes. The Council provides input on the annual Quality Improvement Work Plan and Evaluation.

- **Community Advisory Committee (CAC)**
  A forum for Medi-Cal members, community-based organizations, and advocates to provide input on CCHP operations. The CAC advises on member communications, benefits, access, grievances, and areas for improvement.

- **Compliance Committee**
  Oversees organizational adherence to federal, state, and local regulatory requirements. Reviews compliance reports, audit findings, fraud/waste/abuse monitoring, and privacy practices. Includes representation from CCHP departments and executive leadership.

CONSEQUENCE OF NEGATIVE ACTION

If this action is not accepted, it could lead to noncompliance under the federal and state regulations.

Quality Council Meeting Minutes

Contra Costa Health Plan–Community Plan

November 18, 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
X	*Iman Junaid, MD, Medical Consultant, Jiva Health
	*Anita Juvvadi, MD, Medical Consultant, La Clinica de la Raza
X	*Olga Kelly, MD, Medical Consultant, Pediatrics/Clinical Consultant
X	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
	*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	Joe Cardinalli
X	Parrish Dodson

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 November 18, 2025, via Zoom.	
Introductions and Information	There were no introductions at this session of Council.	

Reports		
Deputy CMOs/CHEO Updates	The Deputy CMOs, Sara Levin, MD and Nicolás Barceló, MD, presented updates. Quality Council Structure: Goal: Align with regulatory requirements across DHCS, DMHC, CMS, and NCQA; revised Council policy and charter. It was proposed to combine Quality Council and Equity Council to be titled the Quality Improvement and Health Equity Council. The Chair and Co-chair will be the Chief Medical Officer and Chief Health Equity Officer. It will incorporate all program requirements across all regulators. There will be 12 members on this committee. Members will reflect representation of the populations served by CCHP. The proposal was unanimously approved by the Council.	
Clinical Practice Guidelines	Dr. Sara Levin presented this report. The Clinical Practice Guidelines (CPG) are now housed on our website. She proposed that this will help provide relevant and timely practice guidance and	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	act asan accessible source of information to facilitate communications to meeting reporting and regulatory compliance expectations. It will also provide support to contracted providers to meet community practice standards of care. Dr. Olga Kelly stated that, from a pediatrics point of view, this will help maintain the standards needed for consistent care. She finds it easier to have this page on the website for referencing current and relevant guidelines. Dr. Michael Clery asked about current standards for PQIs stating that this is reference we may be able to use when raising concerns about care. Dr. Levin then presented proposed changes to the guidelines. She wants to make sure that the guidelines selected for the website or properly curated to meet the needs of the population we serve. • Revised references in relevant sections of CPG to relect alignment with West Coast Health Alliance rather than CDC • Add a new section to reflect CDPH Health Advisories and reporting information • Add relevant new guideline updates published in 2025 to replace existing, past guidelines Dr. Kelly likes the format of the page as presented. She also mentioned that this is an easy way to keep every informed of the most current guidelines available for care. Dr. David Gee asked for clarification about using guidelines from the CDC. Dr. Levin stated that the proposal will cover changes to align with the West Coast Health Alliance rather than the CDC. The proposed updates were unanimously approved by the Council.	
MY 2024 Commercial Population Report	Quality and Health Equity Intern, Parrish Dodson, presented this update of the CCHP Commercial Plan (Plan A, Plan B, and IHSS Plan A2. The commercial plan covers over 6,400 members enrolled in all three lines of business. The update which included: • Age distribution of the Commercial population is skewed towards older adults; female members make up a notably higher portion (64%) of the total Commercial population • Prevalence rates of all Top 5 Conditions (hypertension, obesity, depression, anxiety, and diabetes) are in the Commercial population compared to the General population • CCHP is tracking a subset of 14 HEDIS measures to assess the quality of care that the Commerical population receives; the Commercial population exceeded the national average of all Commercial HMOs for 12 or the 14 selected measures • The Provider Appointment Availability Survey (PAAS) measures compliance with state healthcare access standards by evaluating how quickly members can obtain different types of healthcare appointments. CCHP has an established compliance threshold of 70% for all appointment types. Commercial plans met this compliance for 8 of 9 appointment types.	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	• The CAHPS survey results showed an 18.4% response rate. The overall measures exceeded the National Average for MY24, and most of the composite measures met the National Average in MY24. • Grievances for the Commercial population were analyzed. There were 373 grievances in 2024. The primary driver of grievances was Quality of Services, accounting for 264 of the total grievances. Of these grievances, 153 were related to billing issues. • There was a total of 76 appeals from the Commercial population. Results across HEDIS, Overall CAHPS measures, and PAAS reveal a consistent record of strong outcomes and positive experiences for CCHP's commercial population. However, concerns related to administration and healthcare access are revealed when analyzing grievances, appeals, and composite CAHPS measures. Overall, it appears that when members can smoothly access care, they have a great healthcare experience.	
Annual Pharmacy Review	The CCHP Pharmacy Director, Joe Cardinalli, presented the annual pharmacy review. • Overall Inter-Reliability results for prior authorization determinations were at 100% agreement for Medi-Cal members for July 2024 through June 2025 with results for Commercial members at nearly 100% for the same period. • NCQA Prior Authorization Turnaround Time Results for 2024 and 2025 showed all measurements well above the established 90% threshold. There was a significant increase in results due to change in Epic where Pharmacy PAs are routed directly to Pharmacy rather than going to UM first to make a determination. • PBM Internal and External Audits were performed for 2024. Member eligibility claims processing accuracy was nearly 100% with drug eligibility claims were at 98%. General operations, policies and procedures and FWA reporting was determined to be satisfactory and up to date. UM functions and pharmacy network adequacy were satisfactory. Call Center metrics were within expected ranges and met contract guarantees. D-SNP Retail Pharmacy Overview was presented. Formulary design and coverage determinations will be delegated to PBM with redeterminations and grievances completed by CCHP.	
Annual D-SNP Quality Oversight	The Quality and Health Equity Director, Beth Herandez presented an update on the Annual D-SNP Quality Oversight. This covered: • Progress on Model of Care • Ongoing QIPs • Chronic Care Improvement Program (CCIP) • Standard CMS reporting requirements	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	• Maintain a form Quality Improvement Program These oversight items will be reported to the Council on an annual basis to offer Quality Oversight.	

Consent Items		
Consent Items	The Consent Items were included in the distributed document packet for this session of the Council. • QHE – Quality Council Minutes 10-14-2025 • QHE – Commercial Report 2024 • P&T – 2024 PBM Audit • P&T – IRR July-Dec 2024, Jan-June 2025 (Commercial and Medi-Cal) • P&T – PA Turnaround Time 2024-2025 (Commercial and Medi-Cal) • P&T – P&T Committee Meeting Minutes (9/2024, 12/2024, 3/2025, 6/2025) • P&T – Pharmacy P&P Updates June 2025 • P&T – 340B Reconciliation Analysis and PBM Review • UM – UM Committee Meeting Minutes 9/8/2025 The Consent Items were unanimously approved by the Council.	
Policies and Procedures	• AGD20.002 Handling of Complaints and Grievances • BHD18.005 CBAS • CM16.403 Interdisciplinary Care Team for D-SNP Enrollees • QM14.001 Quality Council and Equity Council • QM14.001 Attachment A – QC Charter • QM14.100 Quality Improvement & Health Equity Transformation Program • QM14.101 Timely Access to Care Standards • QM14.202 HEDIS Data Collection and Reporting • QM14.204 Data Sharing and Quality Rate Production for DHCS Initiatives • QM14.301 NCQA Delegation Oversight Process • QM14.401 Quality and Performance Improvement Projects • QM14.706 Population Health Management • QM14.801 Cultural & Linguistic Services • QM14.802 Assessing Member Experience • QM14.804 Non-Discrimination Notices • QM14.901 Model of Care • UM15.002 Utilization Review Criteria and Guidelines • UM15.047 Processing Impacted Specialty Referrals • 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 February 17, 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 November 18, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:

2/19/26

Committee Chair Signature Date

02/19/24

Committee Co-Chair Signature Date

2/19/2026

Quality Management Administrative Assistant Signature Date

Community Advisory Committee

Contra Costa Health Plan (CCHP)
595 Center Avenue, Suite 100
Martinez, CA 94553

December 11, 2025

CHAIR

✓	Belkys Teutle, Member Services Manager
✓	Cynthia Laird, Member Services Supervisor

CCHP STAFF

✓	Allison Liu, Quality Manager, Health Equity
✓	Susana Sanchez, CCHP Presenter
✓	Jersey Neilson, CCHP Presenter
✓	Amanda Dold, Program Chief with A3 Crisis Services - Presenter
✓	Brandon Engelbert - CCHP

CAC MEMBERS

✓	Viridiana R, CAC Member	✓	Dulce B., CAC Member
✓	Norma P, CAC Member	✓	Helen M, CAC Member
✓	Isabel M, CAC Member	✓	Tamara M., CAC Member
✓	Chipo, CAC Member	✓	Antonio N,, CAC Member
✓	Alicia N, CAC Member	✓	Sheena G., CAC Member

COMMUNITY BASED ORGANIZATIONS/OTHER

✓	Patricia Bryson, CCHP – Notetaker
✓	Susana Sanchez, Spanish Interpreter
✓	Fireflies.ai,Notetaker Edward - Unknown
✓	Csudduth – (DPCCC Zoom Administrator
✓	Anna Cleese – Board of Supervisor Office
✓	Jill Ray – Board of Supervisor Office
✓	Yareni Reyes, Unknown
✓	Araceli Cardenas, Unknown

Topic	Minutes	Person Assigned
Call to Order	*The meeting began at 4:00 pm.*	Belkys Teutle,

Minutes		
Welcome and Housekeeping	Allison welcome (with Susana translating) Explanation of interpreter function. Rules for interpreters and note recording meeting. Belkys welcome participants and introduce Cynthia Laird. Belkys reminded of the recording guidelines for meetings. For the benefit of interpreter please speak slowly and use short sentences. Also reminded participants that the meeting is being recorded and any personal information that may be shared is not private. Also, comments made during the meeting should be respectful and relevant to the topic at hand. Participants should avoid personal attacks or inflammatory language. Additionally, persons wishing to comment should use the "raise your hand" feature in Zoom app or post comment or question in "chat" section. All public comments will be limited to 2 minutes per speaker per topic.	

Topic	Minutes	Person Assigned
Agenda Review and Follow up from last meeting	Belkys went over the agenda for the participants • Community Resources and information • Population Health Management, Population Needs Assessment • Quality Improvement and Health Equity • Plan Marketing Materials and Campaigns • Craved Out Services	
Community Resources and Information	Belkys introduces Cynthia Laird, Member Services Supervisor. Cynthia reminds the participant to select a language and how to select language you wish to hear the meeting discussion. She begins to update participants on previous issues • Transportation Department Update o CCHP has partnered with Roundtrip – 24/7 including holidays. Roundtrip will be taking all calls. Callers can now call after hours and not just M-F 8-5. It is best to call on off hour as hold times are less o The phone number is SAME 855-222-1218 o Streamline Ride Booking (coming next year). This option will allow members to self-book and manage rides. ▪ Members can use self-booking through an app on their phones or via the web ▪ They can view their ride status and their ride history ▪ The registration process is easy ▪ They can change/cancel rides any time of day ▪ Members are allowed to book rides for appointments 24/7 if the location is approved network location: meaning is that the appointment location must be within the County or contracted with the Health Plan ▪ If appointment is NOT contracted w/ CCHP or NOT in CCC then Member will need to phone ▪ More Updates will be provided as the start date for new service nears • Cynthia reminds participants of the Food Bank that are available in Contra Costa County o Contact information was provided by phone numbers and websites for CCC and Solano counties o Additionally, Alameda County – Food Bank contact info was provided o Resource information can be obtained by phone or via the web o For immediate need of food assistance, or other community services – advised to call 2-1-1 to speak with someone about services available – Lines are open 24 hours a day	**Food Bank Contact information** **Contra Costa and Solano County** **Phone: 855-309-3663** **Alameda County** **Phone: 510-635-3663**
A3 Crisis Resources	Amanda Dole, Program Chief for A3 Crisis Services. This service is a 24/7 mobile crisis program that serves all of Contra Costa County. She provided a brief high-level presentation and if time allows answer questions. This presentation will cover the following agenda: o The Need o History of A3 and Miles Hall Crisis Call Center o Multidisciplinary Teams o Levels of Response o Where We Stand Today o Metrics The Need:	Will provide email address 844-844-5544

Topic	Minutes	Person Assigned
	• 1.2 million residents and 200K will need some kind of mental health service • 1 in 5 people experience MH challenges • Ambulance calls for BH issue is the 3rd most common reason for a call for transport • Currently, over 6,500 visits to psychiatric emergency services every year • These stats demonstrate the need for 24/7 service to go out to meet people where they are, so that clients don't have to come into a clinic to receive care for BH crisis History of A3 and Mills Hall Crisis Call Center: • Miles Hall was a young man in crisis and was killed by law enforcement • After his death, Miles' mother Taun, advocated for a system to prevent such tragedies. This prompted the stakeholders to come together to close gaps in our system. Over the course of 2020 - 2021 engaged in a 2-year rapid improvement process (Mobile Crisis Response Team (MCRT)). This program was revamped and rebranded into A3 • The call center honors is legacy by answering phone "This is the Miles Hall Crisis Call Center Multidisciplinary Team • The team has different specializations and classifications • Team members include MH clinicians, Substance Use Disorder Counselors, MH specialists, Level One Specialist focus on social determinants of health needs, Peer Supports specialist (individuals with lived experiences), Nurses who act more like clinicians assessing the need for involuntary hold Levels of Response • All Response include a team of two (No Exceptions) • Level 1 – lowest acuity – Callers may need access to resources, unhoused, etc. People are less likely to be placed on involuntary psychiatric hold and so would not necessarily have need for clinician. Team members would be Peer Support Specialist/ or Substance Use Counselor • Level 2 Response – Most Common Response – Response Team will always include a clinician or nurse as they assess possible need for involuntary psychiatric hold. The team will also include a Peer Support Specialist, or a Substance Use Counselor. • Level 3 Response – Response Team includes MH clinician or Nurse due to the need to assess involuntary psychiatric hold. Also, some parts of the crisis include the possibility of violence or perhaps there is a weapon. Additionally, law enforcement is on standby to ensure the safety of scene for all involved (Team, individual, loved ones) A3 Operations (where are we today) • A3 Operations has been 24/7 since Dec 2023 and has 48 full time employees – needs another 48-50 staff to eliminate reliance of overtime. Currently, other staff from other parts of the system work after hours to support A3 in the evenings and weekends	

Topic	Minutes	Person Assigned
	• Initially, A3 expanded from M-S 8 am to 6:30 pm; then expanded to being open to 12:30 am and to 24/7 hours of operation in December 2023. This was mandated by the State. • Currently all of the teams are dispatched from Martinez and future A3 would have more regional hubs (1 in East County, 1 in West County and 1 in Central County) to decrease dispatch times • Expanding Reach – A3 first began serving adults 18 and over. However, A3 began serving youth as well in July 2024 • A3 Call and response metrics • There were 20,173 total calls – 2024 vs 41,476 totals to date as of August 15, 2025 • Demonstrating this growth (using the month of July) o July 2023 – 830 calls o July 2024 - 1,725 calls o July 2025 – 2,414 calls • Overall, there is a 191% increase since 2023 • There are total Field Visits 3,761 visits in 2024 vs 8,452 total 8452 visits to date of August 15, 2025 • Demonstrating this growth (using the month of July) o July 2023 – 70 visits o July 2024 - 367 visits o July 2025 – 593 visits • Overall, there has been a 747% increase since 2023. This incredible rate of increase speaks to awareness of the existence of this program and enhanced cooperation/coordination with law enforcement • Referring Party to A3 (who is the person calling for A3 service) • Incoming calls: 30% of calls are from family members, 26% of calls are from people in crisis, 24% of calls are from Law Enforcement (this category has significantly increased over the last few years) and 16% calls are from other individuals (such as concerned bystanders who observe a person who may be in crisis, and they know about A3 services. Also, 2% of calls come from the Access Line (when they receive callers in crisis, they redirect calls to A3) Amanda shared the Mission Statement for A3. Amanda also shared the A3 phone number, 844-844-5544 and also share that she has posters, magnets and other materials available Questions: • When calling for services do you recommend the first call to be to your organization or law enforcement? How would a layperson decide what call needs to be made? • Answer: The organization's model is one of "no wrong door" so that callers shouldn't have to worry about who to call. If you feel that somebody is experiencing a BH crisis it feels more appropriate for A3 rather than law enforcement. However, calls to 911 for BH crisis are mostly sending calls directly to A3. Whoever you call, one should be directed to correct organization anyway	

Topic	Minutes	Person Assigned

Population Health Management, Population Needs Assessment	Jersey Neilson, Quality Management Program Coordinator, was introduced for this topic. Every year CCHP takes a look at our member population to make sure that we are meeting the needs of our members and then adjusting the programs as needed
	
	• CCHP serves over 262,000 MCAL members, nearly 25% of the county residents. This population is diverse in urban, rural and suburban areas.
	• Why do this?
	  o To identify health challenges and service gaps
	  o Improve access to care, promote health equity
	  o Support community well-being through data-driven planning
	• Key Finding
	  o High rates of chronic conditions (obesity, hypertension and diabetes)
	  o Significant barriers to care language, transportation, housing instability
	  o Disparities in health outcomes (race, age, gender and disability) Cities of Pittsburg, Antioch and Richmond have the highest population of residents on MCAL
	• Community Needs:
	  o 36% of members speak a language other than English (Spanish, Cantonese, Mandarin, Dari, Farsi and Portuguese)
	  o 8.3% are experiencing homelessness
	  o 7.2% live with a disability
	  o 30% are children and teens needing pediatric care
	• Our Goals
	  o Expand access to preventive care and screenings
	  o Address social drivers of health: food, housing, transportation
	  o Provide culturally responsive services for diverse communities
	• How Participants Can Help
	  o Share your experiences and needs
	  o Participate in community health programs
	  o Advocate for equitable healthcare resources
	
	• Community Health Assessment & Population Health (this assessment is for the County as a whole
	  o Beginning this year, CCHP is partnering with CCC Public Health on Community Health Assessment
	  o We are fortunate that other entities are also participating in the Assessment (as well as Kaiser and other health delivery services in the area)
	• CAC Role
	  o CCHP requests that CAC members participate in focus groups, interviews and surveys. Right now, we are doing planning sessions to determine what we would like to get input on
	  o Give input on findings and next steps for the action plan
	• Identify what community health topics are important to include
	  o CCHP has been discussing topics like food access, gun violence, clean air, access to health care, education, employment
	• More Come at future meetings – this process has just started\
		Drop email into chat

Topic	Minutes	Person Assigned
	Comment: CAC member wants to continue the discussion with Mental Health because they have had to use the emergency services for teenagers. This relegated a little bit further down the line where they have a psychiatrist. They had to wait 2 months to see a therapist and feel it is too long to wait. She would like to suggest that there should be more focus on follow up after one engages with BH emergency services – Jersey will be raising the issue with CHA committee Chipo has a question regarding the environmental health piece. Are you looking to partner with other Community Based Organizations. Jersey stated that right now we have a steering committee working to identify topics and CBOs who we might wish to partner with. Jersey would like any suggestions Chipo may have. Please give any suggestions you may have now, or suggestions can be emailed to her. Jersey will drop her email address in the chat	
Quality improvement and Health Equity	Jersey and Allison will address this topic. Every year CCHP works on performance improvement projects. These are organized efforts to try to make operations better. The projects require the cooperations of CCHP, our providers, and sometimes other community partners. The teams work together to try and achieve better health outcomes. The State requires the health plan to have 2 PIPs every year. PIPs were assigned to all MCAL plans this year Performance Improvement Projects – descriptions • First PIP -Well Care Visits in 1st 15 months 8 well Care visits. The plan has to report what percentage of 15-month-olds have at least 6 visits, The State requires all MCAL plans to have to be better than 50%. DHCS would like to see a reduction in health disparities by 50% by yearend CCHP Actions • CCHP has been focusing on black American children as the Plan has identified disparities in this group. They're completing slightly below where we like them to be. • Calling Black/African America and Declined/Unknown race babies' caregivers to let them know that baby is overdue for their well-baby visit and will schedule appointment if they are seen CCRMC or CC Health clinics. If a patient is seen at a community provider network clinic (Lifelong, La Clinica) staff provide the caregiver with a phone number and encourage them to make an appointment. • In September, staff partnered w/ Black Infant Health out of Public Health to conduct a focus group with parents and caregivers of Black infants to address some of the barriers caregivers may be experiencing. This is just a start; however, this was found helpful to create new education materials to let parents know about when to bring kids in for WellCare visits • The focus group results were shared with the PH group who are looking at CHA • Second PIP – Improve Enrollment in Case Management after Emergency Room Visit for MH or Alcohol or Other Drugs- Patients should have a follow up appointment with 30 days • In the past data analysis has indicated that patients with Case Management are more likely to have follow up than patients without case management CCHP Actions	

Topic	Minutes	Person Assigned
	• CCHP is working with ED follow up for BH with Kaiser Richmond ED. This is a targeted effort to increase the follow-up rates outside of Kaiser • This effort focuses on those patents leaving the ED with a follow-up appointment instead of having to call another number to schedule an appointment for follow-up Questions: The name of the assessment is repeated	
Plan Marketing Materials and Campaigns	Belkys introduced Allison Lui, Quality Management Program Coordinator, to address this topic to discuss planned marketing material and campaigns. Typically, CCHP has not engaged in marketing since our membership has to meet criteria to join; however, CCHP is offering a new plan. The new plan is called Contra Costa Health Care Plus • New Plan CCHP is Offering: Care Plus is a new Dual Special Needs Plan (D-SNP) that combines both Medicare and MCAL into one single plan • CCHP is required to offer this new plan by DHCS • The Plan starts January 1, 2026 • Allison asked the CAC members who can join Care Plus? How do you think we should market this new plan to members? Member stated – only available for persons that quality for Medicare (Part A and Part B) and MCAL (full scope) To qualify for plans: • Must be eligible/enrolled in Medicare Part A and/or B • Receive full MCAL benefits and/or assistance with Medicare premiums or cost sharing through a Medicare Saving Program • Have MCAL in CCH Care Plus's service area (Contra Costa County) • Age 21 or older at the time of enrollment • Target campaign on members already uses CCRMC Network. • Sent out letters and emails to members explaining the new plan offered and informing them that they may benefit from this plan, followed by phone calls made by county staff. If members are interested, they can enroll via phone or online form • Posting material in partners providers that is in network for Care Plus – CCHP is partnering with RMC again and our health centers across the county. All of them have received some of the materials CCHP has developed, so that if members are interested, they can reach out to CCHP to get more information What other strategies do you think we can do? Allison reminded participants that this population would generally be older than other MCAL populations Suggestions: Member: give health center clerks copies of the brochures to hand out to their patients in the clinics. Reach out at community events – this is being concerned by our health educators' team, and they will be taking material to distribute at	

Topic	Minutes	Person Assigned
	their next community event. Sometimes they partner with a CBO that is mainly servicing the older population so that they will bring this information The Health Educator Team is always developing new materials and then looking for more feedback Recently the Health Educator team developed a new flyer on the chronic condition of heart failure Sample presented What you need to Know about Health Failure- Allison would like feedback on this brochure – comments can be made now or via email to Allison	
Craved Out Services	Belkys Teutle introduces topic. Carved Out Services refer to specific services that are excluded from the health plan Dental care services, specialty mental health service, substance abuse disorders and Medications are carved out services with the health plan. These services are covered by fee for services MCAL, so when you use theses services you need to provide your MCAL card Belkys provided phone numbers and websites for the above services Question: Member requesting: External resources for patients who lost dental service as of July 1st. Is there any other resource available. For people with unsatisfactory immigration status. Belkys will have to research this and get back to the CAC. Jersey followed up with more information (i.e., this is due to CA budget shortfall) so far as where patients might be able to obtain dental services – dental services will not be paid by fee for MCAL. CCHP will research it further and get back to the group. One member want to confirm that CCHP phone number for transportation is now 24/7 – this is correct	**Dental Services** **1-800-322-6384** **Specialty Mental Health and Substance Use Disorder** **1-888-676-7277** **Medications** **1-800-977-2273**
Close UP	No additional questions CAC Meeting for 2026: March 19, 2026 June 11, 2026 September 10, 2026 December 10, 2026 CCHP will be sending out email reminders. Also, if you have anything you wish to discuss please send an email so we can get topics for the next meeting	
Adjournment	*The meeting ended at 5:00 PM. The next meeting is scheduled for Thursday, March 19, 2026, from 4:00 p.m. to 5:15 p.m. on Zoom.*	

Additional Information		
Contact Us	• **Email:** CCHP-CAC@cchealth.org • **Phone:** 1-800-221-8040 (CCHP Marketing Department) • **Business Hours:** Monday – Friday, 8 a.m. – 5 p.m. (PST)	

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cchealth.org

Compliance Committee Meeting
December 15, 2025 | 1:00PM – 2:00PM | Microsoft Teams

Attendees / Voting Members

☐ Dr. Irene Lo, Interim Chief Executive Officer
☒ Dr. Sara Levin, Deputy Chief Medical Officer & Chief Health Equity Officer
☒ Dr. Nicolas Barcelo, Deputy Chief Medical Officer
☒ Sunny Cooper, Sr. Director of Compliance
☒ Chanda Gonzales, Deputy Executive Director / Compliance Officer
☒ Beth Hernandez, Quality Director / Health Equity Officer
☐ Bhumil Shah, Chief Information Officer
☐ Brandon Engelbert, Member Services Director
☒ Denise Valder, Claims
☐ Jill Perez, Appeals & Grievances and Utilization Management Director
☒ Dr. Joseph Cardinalli, Pharmacy Director
☒ Leizl Avecilla, Case Management Director
☒ Magda Souza, Clinical Quality Auditing and Behavioral Health Director
☒ Pasia Gadson, CalAIM Programs and Transitional Care Services Director
☐ Patricia Munoz-Zuniga, Advice Nurse Director
☒ Shulin Lin, Finance
☐ Sonia Escobar, Analysis & Reporting Director
☒ Jeanine Yang, Director of Compliance

Guests: Melissa Bailey (Compliance) Michael Chavez (Compliance), Lorna Holmes (Compliance), Rita Fryar (Compliance)

Agenda Ítems	Action/Discussion
I. Roll Call & Agenda Review	S. Cooper
II. Approval Requests 1. Meeting Minutes 2. Policies & Procedures	**Approval of Meeting Minutes and Policies:** Chanda led the committee in approving the previous meeting minutes and a set of submitted policies and procedures, with motions and seconds provided by Sara, Pasia, Nicolas, and Elizabeth; Brandon and Denise provided overviews of their

Agenda Items	Action/Discussion
3. Regulatory Escalation Process 4. Code of Conduct – November 2025 Release	respective policy updates, and the committee clarified the review process for clinical and non-clinical policies. • **Meeting Minutes Approval:** Chanda requested questions or concerns about the previous meeting minutes, and upon receiving none, Sara motioned and Pasia seconded the approval, finalizing the minutes for record. • **Policy Submission Overview:** Brandon summarized updates to the Member Services policy, focusing on language clarity and NCQA alignment, while Denise described a claims policy update to comply with SB 729, mandating coverage for infertility diagnosis and treatment for fully insured large group commercial health plans, regardless of sexual orientation, gender, or marital status. • **Policy Review Process Clarification:** Elizabeth questioned the routing of clinical policies, prompting Chanda and Nicolas to clarify that non-clinical policies are reviewed by the Compliance Committee, while clinical ones go to the Quality Council; Sunny explained the planned establishment of a Policy Review Committee to centralize governance, and the committee agreed to map out the review steps in future work group sessions. • **Approval of Submitted Policies:** After discussion, Nicolas motioned and Elizabeth and Sara seconded the approval of the submitted policies, with Sunny requesting that names and actions be clearly stated for record-keeping; the policies were approved as listed. **Regulatory Escalation Process Approval:** Jeanine and Chanda presented the regulatory escalation workflow for handling notices such as APLs, detailing notification and follow-up steps, and the committee approved the process with motions from Leizl and Nicolas and seconds from Sara. • **Escalation Workflow Presentation:** Chanda described the escalation process for regulatory notices, including initial notification to impacted departments within 24 hours, a gap analysis within two days, and progressive follow-ups at five, three, and one day prior to internal due dates, with escalation to leadership as needed. • **Approval of Escalation Process:** Sunny confirmed the escalation process as an approval item, and the Committee approved it with motions and seconds from Leizl, Nicolas, and Sara, formalizing the workflow for regulatory compliance. **Code of Conduct Revision and Approval Process:** Jeanine presented the extensively revised code of conduct, highlighting new sections on ethics, conflicts, and public engagement, with Sunny and Elizabeth discussing the need for thorough review; the Committee agreed to review the document via email before final approval and submission to the Joint Conference Committee (JCC).

Agenda Items	Action/Discussion
	• **Code of Conduct Updates:** Jeanine outlined major changes to the code of conduct, including new sections on ethics, guidance for challenging situations, expanded content on conflicts, gifts, fraud, waste, and abuse, and streamlined privacy and security guidance; outdated sections on contracting and provider agreements were removed. • **Approval and Review Process:** Sunny explained the urgency of approving the Code of Conduct before the December JCC meeting, proposing an expedited email review; Elizabeth requested the full revised and original documents for due diligence, and Jeanine agreed to distribute them to voting members for feedback before JCC review and approval. • **Implementation and Posting:** Melissa confirmed that, once approved, the Code of Conduct will be posted on SharePoint and the public website, ensuring accessibility for staff and stakeholders. **ACTION ITEMS:** 1. **Policies & Procedures**: Draft Policy Review Workflow for Committee members' review (Chanda) 2. **Code of Conduct Review:** Send the revised Code of Conduct and summary sheet, along with the previous version, to all voting members for review and request email feedback prior to the December 19th JCC meeting. (Jeanine) 3. **Website Posting:** Update Plan's public website posting upon approval from the JCC. (Jeanine)
III. Fraud, Waste & Abuse and HIPAA Incidents	**HIPAA Incidents and Fraud, Waste, and Abuse Updates:** Jeanine reported on recent HIPAA incidents and ongoing fraud, waste, and abuse cases, detailing remediation steps and collaboration with claims and external agencies; Nicolas requested future breakdowns of case sources, which Jeanine agreed to provide. • **HIPAA Incident Reporting:** Jeanine described two HIPAA incidents: one involving a sales representative entering incorrect information, resulting in a breach reported to DHCS, and another involving a provider sending an invoice to the wrong email, with risk remediated and staff retrained. • **Fraud, Waste, and Abuse Case Management:** Over 35 fraud, waste, and abuse cases were identified (calendar year to date), with the compliance team partnering with claims to flag suspicious billing patterns, such as repeated new patient codes and excessive service days; cases are reported to DHCS and DOJ, with efforts to improve timely reporting.

Agenda Items	Action/Discussion
	• **Future Case Source Tracking:** Nicolas requested that future FWA reports include breakdowns by identification source (e.g., data-driven, staff review), and Jeanine agreed to implement this for future tracking. **ACTION ITEMS:** 1. Provide a breakdown of future fraud, waste, and abuse cases by source (e.g., data-driven, staff submission, clinical review) in future reports. (Jeanine)
IV. Audit Deficiencies & Corrective Action Plan (CAP) Update 1. 2024 DHCS Medical Audit CAP 2. 2025 DHCS Medical Audit Preliminary Deficiencies 3. 2022 DMHC Financial Audit Deficiencies	**Internal and External Audit Updates:** Chanda, Pasia, Michael, and Shulin provided updates on ongoing medical and financial audits, including ECM provider corrective actions, DHCS medical audit findings, and DMHC financial audit CAPs, with Lorna coordinating follow-ups and the team discussing challenges in addressing repeat findings and staff transitions. • **Medical Survey and ECM Audit Status:** Chanda and Pasia reported that three ECM-related findings remain open, with ongoing quarterly audits of providers and corrective action plans managed by Michael; closure of CAPs depends on successful re-audits and demonstration of compliance. • **DHCS Medical Audit Preparation:** Chanda described preparations for the 2025 DHCS medical audit, with Lorna reviewing documentation and following up with leadership on open items, including a repeat finding (1.2.8) that the team is working to remediate. • **DMHC Financial Audit CAPs:** Chanda and Shulin discussed the 2022 DMHC financial audit findings, noting that most CAPs were addressed, but one related to claims reviewer compensation was not fully responsive; Lorna is working with the claims team to ensure full compliance for the upcoming 2026 audit. • **Staff Transition Challenges:** Shulin and Chanda noted that most current compliance staff were not present during the 2022 audit, highlighting the need for improved documentation and knowledge transfer to address historical findings. **ACTION ITEMS:** 1. Continue to work with business owners to resolve all deficiencies identified. (Chanda)
V. Mandated Compliance Training Status Update	**Mandatory Compliance Training Challenges and Solutions:** Chanda, Sunny, Lorna, Elizabeth, and Shulin discussed low completion rates for mandatory compliance trainings, technical and tracking issues, and proposed solutions including improved monitoring, HR collaboration, and policy

Agenda Items	Action/Discussion
	development; the team agreed to distribute updated training lists and establish accountability measures. • **Training Completion Status:** Chanda reported low completion rates for Model of Care and other mandatory trainings, citing technical issues with ccLearn and manual assignment requirements; compliance and admin staff completion rates were shared for reference. • **Tracking and Accountability Issues:** Lorna and Elizabeth highlighted challenges in tracking training completion, including outdated staff lists, interns, and cost center misalignments; Sunny and Shulin discussed the need for HR involvement and disciplinary measures for non-compliance. • **Policy Development and Next Steps:** Sunny announced the drafting of a mandatory training policy to address extended leave scenarios and set clear expectations for completion timelines; Jeanine committed to distributing updated training lists to directors, and Pasia requested regular cadence for reporting and accountability. **ACTION ITEMS:** 1. Obtain and distribute the most recent compliance training completion list from ccLearn to all directors for departmental review and follow-up. (Jeanine) 2. Draft and establish a mandatory training policy that addresses requirements for staff on extended leave, including completion timelines upon return. (Chanda) 3. Review departmental compliance training completion rates and identify staff who have not completed required trainings; notify relevant parties to update records for staff no longer employed or incorrectly assigned. (All committee members) 4. Connect with County Personnel staff to discuss implementing disciplinary actions for non-compliance with mandatory training requirements. (Shulin, Beth)
VI. Seven Elements of Compliance	**Compliance Governance Structure and Audit Readiness:** Sunny presented the proposed compliance governance structure, outlining the roles of subcommittees such as Audit Oversight, Policy Review, Program Integrity, and Privacy Security, and explained the differences between monitoring and auditing, emphasizing the need for continuous improvement and audit readiness. • **Governance Structure Overview:** Sunny described the state and federal regulatory requirements for a Compliance Committee and the planned establishment of subcommittees to oversee audits, policy reviews, program integrity, and privacy/security, with reporting lines to the JCC and quarterly updates.

Agenda Items	Action/Discussion
	• **Monitoring vs. Auditing:** Sunny explained that monitoring is performed by subject matter experts for early detection and prevention, while auditing is conducted annually or ad hoc by Compliance to assess adherence and issue corrective action plans; both are essential for maintaining audit readiness. • **Continuous Improvement and Approval Process:** Sunny emphasized the ongoing nature of the audit and monitoring cycle, the importance of early detection, and the plan to seek committee approval for finalized governance processes and charters in future meetings.
VII. Appendix: Regulatory Updates	S. Cooper highlighted the APLs, Senate and Assembly Bills that are available to committee members.
VIII. Meeting Adjourned	Meeting adjourned at 2:08PM

Signed by:
Sunny Cooper
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2/12/2026

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cchealth.org

Compliance Committee Meeting
February 6, 2026 | 1:00PM – 2:30PM | Microsoft Teams

Attendees / Voting Members

☐ Dr. Irene Lo, Interim Chief Executive Officer
☒ Dr. Sara Levin, Deputy Chief Medical Officer & Chief Health Equity Officer
☒ Dr. Nicolas Barcelo, Deputy Chief Medical Officer
☒ Sunny Cooper, Sr. Director of Compliance
☐ Chanda Gonzales, Deputy Executive Director / Compliance Officer
☒ Beth Hernandez, Quality Director / Health Equity Officer
☐ Bhumil Shah, Chief Information Officer
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☒ Leizl Avecilla, Case Management Director
☒ Magda Souza, Clinical Quality Auditing and Behavioral Health Director
☒ Pasia Gadson, CalAIM Programs and Transitional Care Services Director
☐ Patricia Munoz-Zuniga, Advice Nurse Director
☐ Shulin Lin, Finance
☒ Sonia Escobar, Analysis & Reporting Director
☒ Jeanine Yang, Interim Director of Compliance

Guests: Jessica Stillman (Project Management)

Agenda Items	Action/Discussion
I. Roll Call & Agenda Review	S. Cooper
II. Approval Requests a) Meeting Minutes b) Policies & Procedures	• **Meeting Minutes Approval:** Sunny requested committee members to review the December Compliance Committee meeting minutes, with Sara Levin motioning to approve and Leizl seconding; no opposition was noted and the motion carried.

Agenda Items	Action/Discussion

c) Policy Management Committee (PMC) Charter	• **Policy Approval:**
	  ○ **Anti-Fraud Program Policy Revision:** Jeanine explained that the anti-fraud program policy was revised to remove process details, focusing strictly on policy and regulatory reporting requirements, and introduced a new fraud, waste, and abuse plan outlining annual activities and regulatory submissions.
	  ○ **Key Personnel Filing Policy Introduction:** Sunny described the creation of a new key personnel filing policy to clarify definitions from DHCS, DMHC and CMS, aiming to reduce unnecessary filings and streamline compliance with regulatory requirements.
	  ○ **Business Operations Policy for Conference Requests:** Elizabeth detailed a new policy for employees requesting conference or training attendance, specifying that requests will be reviewed by unit directors and executive leadership, with additional budget constraints and county-level travel approvals.
	  ○ **Policy Approval Process:** Sunny called for motions to approve the four policies, with Elizabeth and Brandon providing motions and seconds, and no opposition recorded, resulting in approval.
	• **Policy Management Committee Charter and Workflow:** Sunny and Jeanine presented the new Policy Management Committee (PMC) Charter, outlining its governance role, workflow for policy review and approval, and the responsibilities of committee members, with Sara and Leizl moving for approval.
	  ○ **PMC Charter Purpose and Structure:** Jeanine described the PMC Charter's goal to align organizational policies and procedures, ensure proper review, and establish a streamlined approval process, with clinical policies first reviewed by respective departments before final PMC review.
	  ○ **Policy Review Workflow:** Jeanine explained the workflow for new policies, including drafting, departmental collaboration, compliance checks, state

Agenda Items	Action/Discussion
	submission, and final approval, with automatic routing and publication responsibilities assigned to department directors. ○ **State Regulator Approval Process:** Sunny highlighted the need to formalize the process for state regulator approval, noting DHCS's 60-day turnaround requirements and the challenge of balancing business needs with regulatory timelines. ○ **PMC Membership and Representation:** Sunny emphasized the importance of accurate departmental representation in the PMC, asking members to review committee assignments and ensure correct titles and functional areas. ○ **Charter Approval:** Sunny requested approval of the PMC Charter, with Sara and Leizl providing motions and seconds, and no opposition noted, resulting in approval.
III. Fraud, Waste & Abuse and HIPAA Incidents	• **HIPAA and FWA Incident Review:** Jeanine and Sunny reviewed HIPAA and pharmacy abuse incidents from the past year, discussed audit findings related to timely reporting, and stressed the importance of immediate incident submission to Compliance, offering support for departmental training. ○ **Incident Statistics and Nature:** Jeanine reported approximately 10 incidents per month, mostly manual errors such as incorrect mailings or disclosures, with a one-to-one ratio of affected members and no large-scale breaches. ○ **Delegated Provider Incidents:** Jeanine noted that one incident occurred at a provider site in May 2025, which are monitored to ensure proper reporting to DHCS and awareness of member information impacts. ○ **Audit Findings on Timely Reporting:** Sunny highlighted a 2025 audit finding regarding delayed security incident reporting, explaining that the 24-hour reporting window starts at discovery and urging departments to submit incidents promptly. ○ **Compliance Support for Timely Reporting:** Sunny offered to attend departmental meetings to educate staff on the importance of timely incident

Agenda Items	Action/Discussion
	reporting and clarified the process for submitting and updating reports to regulatory agencies.

IV. Regulatory Audits, Deficiencies & Corrective Action Plan (CAP) Update
a) 2024 DHCS Medical Audit CAP
b) 2025 DHCS Medical Audit Preliminary Deficiencies
c) 2022 DMHC Financial Audit Deficiencies
d) 2026 DMHC Financial Audit Update
e) 2026 DMHC MLR Audit Update
f) 2026 CMS Triennial Network Adequacy Review (TNAR) Update
	• **Audit Findings and Deficiency Corrections:** Sunny led a review of 2024 and 2025 audit deficiencies, discussed ongoing corrective actions, assignment of responsibilities, and the process for responding to DMHC findings, with input from Nicolas and Elizabeth.
	• **2024 DHCS Audit Deficiency Status:** Sunny reported 19 deficiencies from 2024, all corrected except for ECM assessment comprehensiveness, which remains an ongoing process with CM providers and lacks a completion ETA.
	• **2025 DHCS Medical Survey Deficiencies:** Sunny described post-audit findings, noting that most were remediated except a few, and outlined the process for submitting responses to DMVC, including agreement or disagreement forms.
	  ○ **Assignment of Deficiency Categories:** Sunny and Elizabeth clarified responsibility for specific deficiency categories, with Nicolas, Chris [Senior Director of AGD], Jill, Nancy and Compliance teams assigned to address various findings.
	  ○ **Repeat Findings and Remediation:** Sunny identified a repeat finding identified in the report, while other findings were known and addressed, and emphasized the importance of timely response within the 15-day window.
	• **2026 DMHC Financial Audit:** Sunny, Jessica, Elizabeth, and Nicolas discussed the DMHC financial audit process, deliverable deadlines, document review workflows and related audits including medical loss ratio. Jessica presented the status of the preparation work for this upcoming audit and indicated this is currently at risk of meeting DMHC deadline. However, mitigation plan has been put in place.
	  ○ **Audit Deliverables and Deadlines:** Sunny outlined 84 required deliverables for the DMAC financial audit, noting missed internal deadlines due to competing priorities and data issues, with new due dates set and a final DMHC submission deadline of February 23rd.
	  ○ **Document Review and Submission Workflow:** Elizabeth and Jessica described the review process involving internal business units, HMA consultants, and compliance, with leadership reviewing documents and plans for mock audits to prepare for the virtual audit scheduled for April 6th–17th.

Agenda Items	Action/Discussion
	○ **Exclusion of CCRMC Claims:** Sunny confirmed the decision to exclude CCRMC hospital and clinic claims from the audit universe, explaining the historical treatment of these claims as encounter data and the rationale for their exclusion. • **Medical Loss Ratio (MLR) audit by DMHC and Triennial Network Adequacy Review by CMS:** Sunny described ongoing audits for medical loss ratio (MLR) and triennial network adequacy review (TNAR), noting requirements, review processes, known provider and facility gaps, and potential impacts on star ratings and member enrollment.
V. Compliance Performance Improvement Workgroup Update a. Overall Progress b. Policies & Procedures	• **Compliance Performance Improvement Work Group Initiatives**: Sunny and Jessica reviewed the Compliance Performance Improvement Work Group (CPIW) initiatives, detailing project statuses, goals, risks, and mitigation strategies across organizational structure, program implementation, policy management, training, communication, and technology solutions. ○ **Organizational Structure and Staffing:** Jessica reported 50% completion of the project to implement a new compliance organizational structure, with defined roles and onboarding challenges due to potential budget cuts, and mitigation efforts through leadership engagement and alternative staffing. ○ **Compliance Program Implementation:** Jessica described progress on launching comprehensive compliance programs for all lines of business, including Medicare compliance, committee establishment, and governance structure, with most risks mitigated. ○ **Policy Management Program:** Jessica outlined the development of a policy management program, including charter approval, inventory, and workshops, with weekly meetings to ensure timely go-live of the PolyStat system. ○ **Training and Education Initiatives:** Jessica detailed the ongoing project to develop compliance awareness training, aiming for high completion rates and regular reporting, with risks related to staff availability addressed through milestone tracking and bimonthly check-ins. ○ **Communication and Technology Projects:** Jessica described plans for effective communication lines, compliance calendars, and centralized trackers, as well as

Agenda Items	Action/Discussion
	technology solutions like DocuSign and Polystat, noting delays due to pending contracts and ongoing risk mitigation.
VI. Seven Elements of Compliance	These education on the 7 elements of a Successful Compliance Program focusing on Policies and Procedures were not presented. However, the slide deck was shared with the Committee members for review.
VII. Appendix: Regulatory Updates	Fo reference purpose only.
VIII. Meeting Adjourned	Meeting ended early at 2:11PM due to an emergency exercise.

Signed by:
Sunny Cooper
992C0FF36C4B411...

2/12/2026

File #: 26-855 **Agenda Date:** 3/6/2026 **Agenda #:** C.3.

Advisory Board: CCHP Joint Conference Committee
Subject: CCHP Quality and Health Equity Annual Documents
Presenter: Jersey Neilson
Contact: Norman Hicks

Information:

To maintain compliance with the California Department of Health Care Services (DHCS) contract requirements for Medi-Cal managed care plans, CCHP must submit an annual program evaluation, program description, and work plan of the QIHETP, approved and signed by the governing body.

Recommendation(s)/Next Step(s):
RECOMMEND APPROVAL of the Quality and Health Equity Annual Documents, which include the 2026 Quality and Health Equity Program Description, the 2026 Quality and Health Equity Program Work Plan, and the 2025 Quality Program Evaluation and FORWARD the Annual Documents to the Contra Costa County Board of Supervisors for approval.

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cchealth.org

To: Joint Conference Committee (JCC) Members

From: Jersey Neilson, MPH, Quality Program Manager
Date: March 6, 2026

Report Title: CCHP Quality and Health Equity Annual Documents

RECOMMENDATIONS

RECOMMEND APPROVAL of the Quality and Health Equity Annual Documents, which include the 2026 Quality and Health Equity Program Description, the 2026 Quality and Health Equity Program Work Plan, and the 2025 Quality Program Evaluation and FORWARD the Annual Documents to the Contra Costa County Board of Supervisors for approval

FISCAL IMPACT

N/A

BACKGROUND

To maintain compliance with the California Department of Health Care Services (DHCS) contract requirements for Medi-Cal managed care plans, CCHP must submit an annual program evaluation, program description, and work plan of the QIHETP, approved and signed by the governing body.

CONSEQUENCE OF NEGATIVE ACTION

If this action is not accepted, CCHP will not be in compliance with the DHCS contract. Noncompliance can lead to audit findings, fines, and, ultimately, loss of funding.

Quality Improvement and Health Equity Transformation Program Description 2026

CONTRA COSTA HEALTH

ACCREDITED NCQA HEALTH PLAN ACCREDITED

January 2026

1 TABLE OF CONTENTS

2 INTRODUCTION

Contra Costa Health Plan (CCHP) is a federally qualified, state-licensed, and county-sponsored Health Maintenance Organization (HMO) serving Contra Costa County in the East Bay of the San Francisco Bay Area. Established in 1973, CCHP became the first county-sponsored HMO in the United States.

CCHP is a department within Contra Costa Health (CCH), the health services division of Contra Costa County's government. CCH integrates multiple departments that collectively support the health and well-being of the county's population. Other departments within CCH include:

- **Contra Costa Regional Medical Center (CCRMC),** a 166-bed public hospital, Level II trauma center that includes ten outpatient Federally Qualified Health Centers (FQHCs). CCRMC offers a comprehensive range of services, including a Cancer Care Program, and is home to a nationally recognized Family Medicine Residency Program.
- **County Behavioral Health Services**, which oversees specialty mental health and alcohol and other drug (AOD) services, carved out from Medi-Cal.
- **Community Health & Safety,** which houses a range of departments serving the entire county. The County Public Health Department operates a wide range of programs and services, including school health centers, health care for the homeless, case management programs, the Women, Infants, and Children (WIC) program, communicable disease control, HIV/AIDS Ryan White programs, family maternal and child health programs, and mobile clinics. Health, Housing, and Homelessness operates shelters, homeless street outreach, supportive housing, and other programs serving individuals experiencing homelessness. Environmental Health and HazMat focus on food safety, including restaurant licensing and inspections, as well as other public safety and environmental health initiatives such as hazardous materials (HazMat) management and response. Emergency Medical Services (EMS) provides oversight for prehospital care, ambulance services, and disaster preparedness.

All divisions of CCH, including CCHP, share centralized infrastructure for Human Resources, Finance, and Information Technology. This integrated structure enables collaboration and streamlines operations to support the mission of serving Contra Costa County residents.

According to the 2023 American Community Survey (1-year estimate) from the U.S. Census Bureau, Contra Costa County has a population of approximately 1.155 million residents. CCHP provides health insurance to roughly 270,000 members, covering over 20% of the county's population, including one-third of the county's children. Our membership is diverse and comprised of 42% Hispanic/Latino, 14.9% of White/Caucasian, 12% of Black/African American, 11.4% of Asian and 1.6% of more than one race. Language wise,

38% of CCHP members have preferred language other than English; besides English, Spanish is the most common preferred language at 28.6%, followed by Chinese (1.2%), Dari (0.9%) and Portuguese (0.75%).

Contra Costa Health Plan currently serves approximately 263,000 Medi-Cal members and is one of two Medi-Cal Health Plans serving the region.[1] CCHP serves over 85% of Medi-Cal members in Contra Costa County. Beginning in 2024, the Department of Managed Healthcare (DHCS) launched a new managed care contract and the managed care plan transition, in which members in various geographic regions were transitioned to new managed care plans. In 2024, Anthem Blue Cross left the Contra Costa service area and DHCS entered a direct contract with Kaiser Permanente. Previously, Kaiser Permanente was a delegate of CCHP.

CCHP also administers a commercial product for County employees, County retirees, and In-Home Support Services (IHSS) caregivers. CCHP covers approximately 6,500 commercial members with these product lines.

Starting in 2026, CCHP will be starting a new line of business for dually enrolled Medicare and Medicaid beneficiaries, a Dual-Special Needs Plan (D-SNP). CCHP has approximately 23,000 dual enrollees, and estimates that approximately 10% will enroll in the first year.

The CCHP provider network consists of Contra Costa Regional Medical Center and Health Centers and the Community Provider Network, which includes Federally Qualified Community Health Centers, contracted provider groups, and private practices.

The Quality Improvement and Health Equity Transformation Program (QIHETP) collaborates with Contra Costa Health divisions, CCHP internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost efficient, equitable, and timely care to members. The Quality Council, a multi-disciplinary physician group, and the Equity Council, a group of community and provider stakeholders, guides the overall development, implementation, and evaluation of the quality and equity. The Joint Conference Committee was appointed by the Board of Supervisors to oversee the QIHETP for CCHP.

3 Program Purpose, Goals, and Scope

3.1 Program Purpose

CCHP is committed to the delivery of high-quality and equitable health care services to our culturally and linguistically diverse members. CCHP's Quality Improvement and Health Equity Transformation Program (QIHETP) is designed to measure, monitor, evaluate, and enhance the quality and safety of health care services, ensuring not only the equitable

[1] Kaiser Permanente is the other plan serving the Medi-Cal population, however, enrollment is limited to select populations according to Kaiser's direct contract with the California Department of Health Care Services (DHCS).

delivery of healthcare, but also promoting and achieving equitable health outcomes for all members.

3.2 GOALS

The overarching quality and equity goals at CCHP are to:

- Achieve better health outcomes for members by closing gaps in care that are informed by evidence-based practice guidelines.
- Provide a robust population health management strategy to address the needs of members across the continuum of care services.
- Promote health equity and reduce disparities in care through a coordinated strategy with members, providers, and the community.
- Ensure patient safety by ensuring adequate and timely identification and investigation of issues.
- Improve the member experience of care, including timely access to care that is convenient and culturally competent.
- Avoid unnecessary utilization in the ED and hospital by investing in preventive care and coordinating care across settings.
- Stabilize or reduce health care costs by targeting the right resources to the patients who need them most.
- Optimize the provider experience through meaningful collaboration and reducing administrative barriers.

To achieve these goals, CCHP:

- Uses data from a variety of sources to identify areas for improvement in clinical care, member experience, and provider experience measures.
- Solicits input from our providers and members through various committees and provider meetings. This includes the Community Advisory Committee, Equity Council, Quality Council, and Joint Conference Committee.
- Collaborates with community-based organizations and providers in developing outreach and health education strategies.
- Establishes aims, measures, interventions, and improvement teams for Performance Improvement Projects (PIPs).
- Leverages technology and automation to establish proactive identification and outreach systems for services.
- Continuously monitors performance, sustain performance where targets are met, and develop an improvement strategy to address where performance falls short.
- Provide training and education to staff and providers to ensure all services provided are culturally and linguistically appropriate.

3.3 PROGRAM SCOPE

The QIHETP scope includes the provision of clinical care (medical and behavioral health) and service for all Medi-Cal and Commercial members. In partnership with CCHP departments, provider networks and facilities, community-based organizations, and Contra Costa Health (CCH) departments, the QIHETP Program encompasses all aspects of care and service including, but not limited to:

- Access to care
- Continuity and care coordination between primary care and specialty care, as well as primary care and behavioral health
- Developing and implementing a population health strategy
- Evaluating utilization, cost, and clinical trends
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Health education
- Cultural and linguistic services
- Identifying and addressing health disparities through targeted performance improvement projects
- Identifying and addressing overuse and underuse of clinical services
- Addressing member appeals and grievances
- Ensuring excellent member experience with care and service outcomes
- Achieving NCQA Accreditation standards for the Medi-Cal product line
- Potential quality issues identification and resolution
- Preventive, chronic care and acute health care guidelines compliance
- Developing and educating on clinical practice guidelines
- Ensuring high provider satisfaction with CCHP services
- Quality measurement and implementing Performance Improvement Projects (PIPs) in underperforming measures

Healthcare settings within the Scope of Services include:

- Acute hospital services
- Ambulatory care services including preventive health care, family planning, perinatal care, and chronic disease management
- Ancillary services including, but not limited to lab, pharmacy, radiology, medical supplies, durable medical equipment (DME), and home health
- Behavioral health (mild/moderate and substance use disorder)
- Emergency services and urgent care
- Long-term care including skilled nursing facilities and rehabilitation care
- Specialty care and tertiary care providers

CCHP complies with applicable Federal civil rights laws and is responsible for ensuring that all medically necessary covered services are available and accessible to all members

regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and that all covered services are provided in a culturally and linguistically appropriate manner.

4 Program Governance and Structure

4.1 Overview

Program governance and structure form the foundation of the program, ensuring effective oversight, accountability, and alignment with regulatory standards to meet the needs of members.

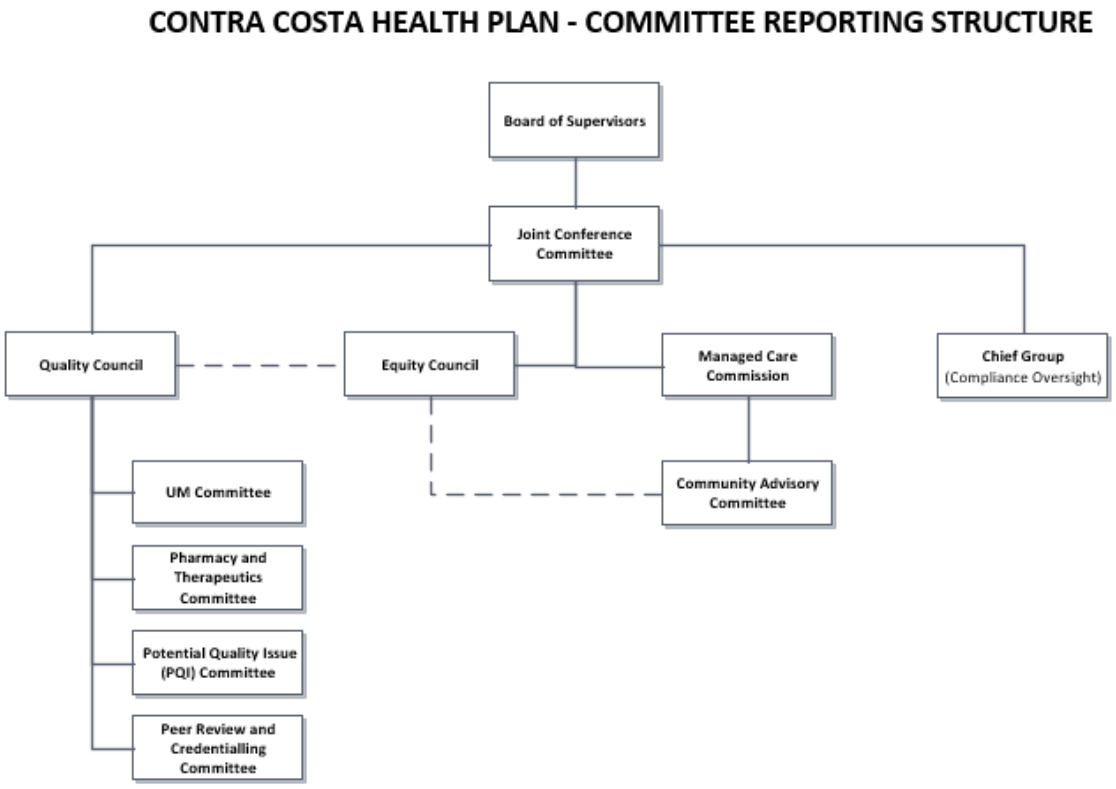
4.2 Program Governance

The Quality Council (QC) and the Equity Council (EC) are the principal committees for directing and overseeing quality, equity, and patient safety operations and activities for CCHP, including but not limited to, clinical and service-related performance improvement projects, access to care studies for medical and behavioral health, member grievances, potential quality issues, case management, utilization management, and oversight of delegated entities for utilization management and behavioral health. The Quality Council and Equity Council make recommendations to the Joint Conference Committee, which has been delegated the approval body for the Quality Program by the Contra Costa County Board of Supervisors.

As the governing body, the Joint Conference Committee gives authority to the Chief Medical Officer and the Chief Executive Officer of the Plan to ensure the QIHETP has the needed resources to meet its goals and to evaluate and monitor the program's progress toward reaching its goals. The CEO has authority over general administration of the Plan and reports to the JCC on the health plan's operations, including quality and equity.

4.2.1 Organizational Chart

Below is an organizational chart of the committee reporting structure.



4.2.2 Joint Conference Committee

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors exercises oversight of CCHP, including quality operations and activities. Two members of the Board of Supervisors are assigned to serve on the JCC. The other two JCC members are providers within the CCHP network, one representing CCRMC and one representing the CPN network. All meetings of the Joint Conference Committee are open to the public in accordance with the Brown Act. Responsibilities of the JCC include:

- Promote communication between the Board of Supervisors, the CCHP Quality Council, and CCHP administration.
- Assess and monitor the overall performance of CCHP and its contracted providers including, but not limited to, the quality of care and service provided to members.
- Review, evaluate, and make recommendations annually regarding modifications to the Annual QIHETP Program Description, Program Evaluation, and Work Plan.

- Receive, evaluate, and act on reports from the Quality Council and Equity Council on a quarterly basis or more frequently if needed. Any action taken by the JCC is subject to approval by the Board of Supervisors.

4.2.3 Quality Improvement and Health Equity Committee (QIHEC)

The California Department of Health Care Services (DHCS) requires all Medi-Cal managed care plans to establish a Quality Improvement and Health Equity Committee (QIHEC) to guide the integration of quality improvement and health equity efforts. Contra Costa Health Plan (CCHP) fulfilled this requirement through the coordinated work of two complementary committees: the Quality Council and the Equity Council. Starting in 2026, in alignment with DHCS requirements, CCHP has unified the Quality Council and Equity Council into a single QIHEC. This integrated committee guides the intersection of clinical quality and health equity to ensure comprehensive oversight of member care and outcomes.

The QIHEC is responsible for the oversight and assurance of clinical care quality, patient access, service excellence, health equity, and patient safety. The committee ensures that providers and community stakeholders are involved in the planning, prioritization, and implementation of initiatives that address health disparities and improve member experience.

Responsibilities of the QIHEC include:

- **Program Oversight:** Reviews and approvals of the QIHETP Program Description, Annual Evaluation, and Work Plan.
- **Subcommittee Management:** Evaluates and acts upon reports from all reporting subcommittees.
- **Regulatory & Delegation Review:** Annually reviews the status of contracted providers delegated for quality management, utilization management, credentialing, and member rights, making recommendations to the Joint Conference Committee or Board of Supervisors.
- **Grievance & Safety Monitoring:** Investigates reports concerning member grievances, potential quality issues (PQIs), and discrimination-related concerns to implement necessary corrective actions.
- **Performance Tracking:** Reviews HEDIS quality measures, CalAIM updates, population health management strategies, and access and availability reports.
- **Health Equity Integration:** Oversees NCQA Health Outcome Accreditation activities and ensures all quality improvement projects and member surveys are viewed through a health equity lens.
- **Policy & Guideline Approval**: Approves clinical practice guidelines, pharmacy and therapeutics updates, and policies related to cultural and linguistic services.

Leadership and Membership: The Chief Medical Officer serves as the Chair, with the Director of Quality and Health Equity serving as Co-Chair. The committee meets at least eight times per year. Voting members include the CMO and practicing network clinicians
9

representing specialties such as pediatrics, internal medicine, family medicine, OBGYN, psychiatry, and cardiology. Non-voting members include representatives from community-based organizations, public health, and CalAIM providers to ensure diverse community input.

4.2.4 Subcommittees Reporting to QIHEC

The Pharmacy and Therapeutics (P&T) Advisory Committee report to QIHEC annually and meets at least quarterly to review pharmaceutical management activities. P&T keeps the QIHEC and provider networks abreast of pharmacy overuse/underuse, clinical projects, and pharmacy operations including authorization turnaround time (TAT), inter-rater reliability (IRR), activities related to fraud, waste and abuse, and other activities related to pharmacy management. P&T also reviews formulary changes, drug safety updates, recalls, pharmacy restriction and preference guidelines and generic substitution, therapeutic interchange and step therapy, and other pharmaceutical management policies.

The Director of Provider Relations presents updates from the Peer Review and Credentialing Committee (PRCC) to the QIHEC semi-annually. The Chief Medical Officer chairs the PRCC. Updates include summary data on the credentialing operations including number of providers credentialed and recredentialed, nonclinical provider complaints, and Facility Site Reviews performed including CAPS issued and completed. PRCC recommendations are submitted directly to the Board of Supervisors for approval.

The Chief Medical Officer or delegate chairs the UM Committee and minutes are reviewed at QIHEC. This committee oversees all outpatient and inpatient Utilization Management activities including the UM Program, UM Evaluation activities, UM Work Plan, authorization TAT and IRR, and over/under utilization activities. Membership includes the Chief Medical Officer, Medical Directors, UM Director, UM Managers, UM Supervisors, and providers from the CCHP Provider Network. UM staff, Case Management Manager, and other department directors join on an ad-hoc basis. The committee meets at least every two months.

The potential quality issue (PQI) committee reviews all potential quality issues and levels cases. Voting members include the CCHP Medical Directors and Assistant Medical Directors. Nurses investigate cases and present to committee members who decide upon severity. The committee has oversight over PQI corrective actions.

4.2.5 The Community Advisory Committee

Contra Costa Health Plan (CCHP) has a Community Advisory Committee (CAC) to ensure that its members have meaningful impact into CCHP's policies and decision making and are engaged as partners in the delivery of Medi-Cal Covered Services. CCHP utilizes the CAC to promote community participation within the areas of cultural and linguistic services, health education, and health inequities. CAC members identify and are advocates for health disparities that exist in the member population and discuss improvement opportunities for CCHP. CAC members work directly with the leadership of the operational departments within CCHP to receive oversight and direction. The CAC makes recommendations to the Board of Supervisors, County Health Services Director, and Chief Executive Office of CCHP.

4.3 Quality Improvement and Health Equity Structure

The quality improvement and health equity structure at CCHP is organized to ensure that all departments and key personnel work collaboratively to deliver high-quality, equitable care to our members.

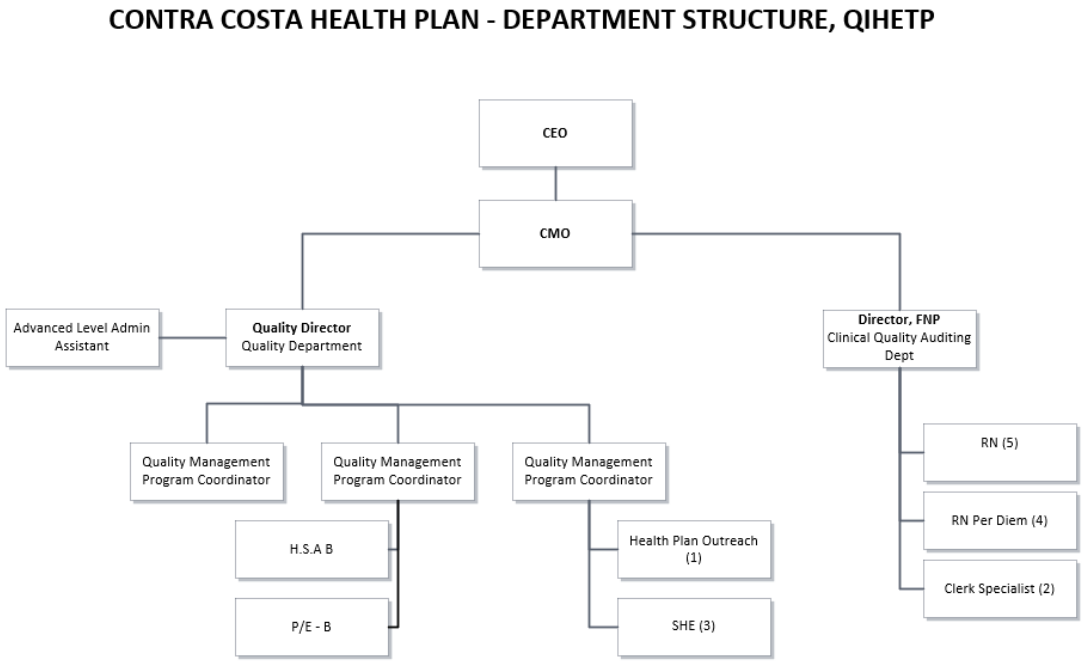
4.3.1 Key Departments Supporting Quality and Health Equity

The Quality and Health Equity Department and the Clinical Quality Auding (CQA) Department are the primary drivers of Contra Costa Health Plan's quality improvement initiatives. Together, these departments lead efforts to monitor, evaluate, and enhance the quality of care and services provided to our members. Their work encompasses quality measurement, patient safety, compliance, health equity, and strategic partnerships with other departments and providers to ensure continuous improvement.

The **Quality and Health Equity Department** is accountable for implementing quality measurement, quality improvement projects, health equity initiatives, cultural and linguistic services, health education, and population health management. Quality staff monitor quality indicators, implement, evaluate improvement activities, support CCHP leadership in strategic priorities, and collaborate with CCHP and CCH departments on the overall quality program. Additionally, the department ensures health equity is prioritized through the marketing strategy, policies, member and provider outreach, quality improvement activities, grievance and appeals, and utilization management. The Quality and Health Equity department collaborates with community-based organizations and develops targeted interventions designed to eliminate inequities. Population health management is a key aspect of the overall quality program, integrated into the Quality and Health Equity Department. Staff work together to achieve the shared goals of quality and population health initiatives. Both quality and population health report to the Director of Quality and Healthy Equity, who reports to the Chief Medical Officer (CMO).

The **Clinical Quality Auditing Department** is responsible for patient safety initiatives at CCHP. This includes conducting all facility site reviews, medical record reviews, and physical accessibility reviews for primary care providers (PCP) and providers with specialties that are considered high-volume and/or high impact. Responsibilities extend to investigating potential quality issues and provider preventable conditions and conducting ad hoc internal clinical audits. The team also conducts chart abstractions for HEDIS. This department reports to the Chief Medical Officer.

Below is an organizational chart of CCHP's quality and health equity department structure.



4.3.2 Supporting Departments in Quality

In addition to the Quality and CQA Departments, several other departments play vital roles in supporting Contra Costa Health Plan's quality improvement efforts. These departments include both Clinical Operations departments and non-Clinical operations. Each contribute through their specialized expertise and programs to ensure comprehensive, coordinated, and member-focused care.

The **Utilization Management (UM) Department** is responsible for ensuring the appropriate use of healthcare services. This includes reviewing both medical necessity and appropriateness of care through pre-authorization, concurrent review, and retrospective analysis. The UM department also oversees the coordination of care across service areas and is involved in monitoring over and under-utilization of health services. The department ensures that utilization practices align with the overall quality and health equity goals of the health plan, ensuring services are delivered efficiently, effectively, and equitably. This department reports to the Chief Medical Officer.

The **Behavioral Health Department** addresses the mental health and substance use needs of members. This department provides ensures behavioral health services are provided to members and staff facilitate transitions between carved-in and carved-out Medi-Cal services, collaborating closely with Contra Costa County Behavioral Health Services, which provided carved-out specialty mental health services and substance use services. Additionally, CCHP's Behavioral Health Department collaborates with primary care providers, school districts, and community organizations, and non-specialty mental health providers, ensuring treatment is provided for members. By providing culturally sensitive

and accessible care, CCHP works to reduce disparities in behavioral health access and outcomes, particularly for underserved communities.

The **Appeals and Grievance Department** is responsible for overseeing the formal process for handling member complaints, appeals, and grievances. The department ensures that all concerns are addressed promptly and thoroughly, and it plays an integral role in protecting member rights and improving member satisfaction. In addition to resolving individual issues, the department tracks trends in complaints and appeals, identifying opportunities for system improvements and enhancing the overall member experience and improving care quality.

The **Case Management Department** provides case management services and works closely with providers to ensure that high-risk and complex members receive the care and resources they need. This department helps to close gaps in care, manage chronic conditions, and provide a coordinated approach to treatment. It ensures members have access to the necessary healthcare services while also focusing on improving outcomes for vulnerable populations. The Care Management Department plays a crucial role in improving health equity by addressing disparities in access and outcomes for underserved groups and working on population health management with at-risk members and those needing care transitions.

The **CalAIM Department** at Contra Costa Health Plan plays a crucial role in connecting our most at-risk members to the services they need. This department works closely with Enhanced Care Management (ECM) and Community Supports (CS) providers to ensure that members facing complex health and social challenges are linked to appropriate, comprehensive care. By coordinating these services, the CalAIM Department helps to improve health outcomes and reduce disparities for vulnerable populations.

The **Member Services Department** is responsible for ensuring that members have positive experience with the health plan. This includes providing support in accessing healthcare services, resolving complaints and grievances, and offering education on health plan benefits and services. Member Services plays a vital role in health equity by ensuring that all members, especially those from historically underserved communities, receive the appropriate support to navigate the healthcare system. They are also involved in outreach and engagement efforts to improve member satisfaction and involvement in their care.

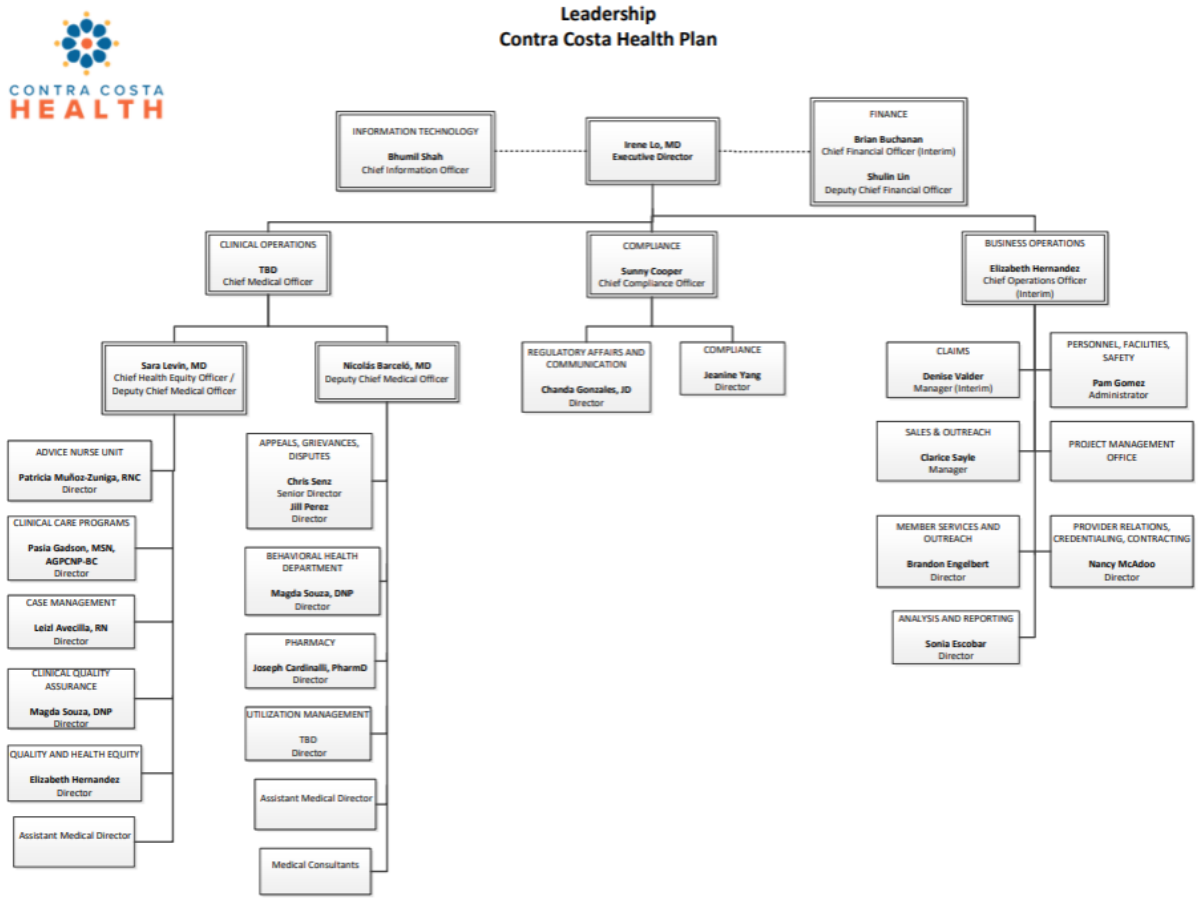
The **Provider Relations Department** serves as the primary liaison between Contra Costa Health Plan and our network of healthcare providers. This department is dedicated to building strong partnerships with providers, addressing their needs, and ensuring seamless communication. Provider Relations supports contracting, onboarding, and training, as well as assisting providers with operational issues to ensure they have the tools and resources needed to deliver high-quality care to our members.

The **Business Intelligence Department**, centrally located in Contra Costa Health Information Technology Department, is responsible for the collection, aggregation, and reporting of health data to measure and track performance against quality indicators. This

department provides data for HEDIS quality measures, develops dashboards, reports, and drives analysis that allow for continuous improvement and ensure the success of quality improvement initiatives. The team works closely with both clinical and operational departments to identify trends, monitor progress, and make data-driven decisions that can improve care delivery and address health disparities.

Each department collaborates closely to ensure the quality of care and health outcomes for all members, with a particular focus on eliminating health disparities and improving care for historically marginalized groups. This collaborative approach supports the overall mission of CCHP to provide high-quality, equitable care to its diverse member population.

Below is an organization chart of CCHP.



4.3.3 Key Quality Personnel

The key quality personnel at Contra Costa Health Plan (CCHP) provide leadership and expertise to drive quality improvement, ensure patient safety, and promote health equity efforts. These individuals oversee critical functions, including clinical quality, behavioral health, pharmacy, and equity initiatives, ensuring that CCHP delivers high-quality, equitable care to its diverse member population.

4.3.3.1 Chief Medical Officer

The Chief Medical Officer is the Chair of the Quality Council, Equity Council, Pharmacy & Therapeutics, Peer Review and Credentialing Committee, and Utilization Management Committee. The Chief Medical Officer provides oversight and guidance to the development of clinical guidelines, improvement projects, and other initiatives. The Chief Medical Officer makes determinations in potential quality issues, grievances and appeals and has authority over peer review. The Chief Medical Officer oversees all medical staff at CCHP, including the Medical Directors, medical consultants, and nursing.

4.3.3.2 Medical Director, Behavioral Health

The CCHP Medical Director oversees behavioral health services at CCHP. The Medical Director provides oversight and guidance on the provision of behavioral health services, utilization management of behavioral health services, and oversight of the partnership and collaboration with County Behavioral Health, which provides Special Mental Health Services and Alcohol and Other Drug program. The Medical Director is a member of the Quality Council and Equity Council. This position is an MD is psychiatry and reports to the CMO.

4.3.3.3 Director of Behavioral Health Services

Contra Costa County's Behavioral Health Services Director oversees Contra Costa's Specialty Mental Health, network of non-specialty mental health, and Alcohol and Other Drug treatment services. The County Behavioral Health Services Director is a member of the Quality Council and provides guidance and insight on all behavioral health aspects of the quality program at CCHP. This position is a PhD.

4.3.3.4 Director of Pharmacy

CCHP's Director of Pharmacy oversees pharmaceutical safety services, the development of formularies, pharmacy utilization review, and the oversight of CCHP's pharmacy benefit manager for the commercial line of business. The Director of Pharmacy is the co-chair of the Pharmacy & Therapeutics Committee. This position is a PharmD and reports to the CMO.

4.3.3.5 Director of Quality and Health Equity

The Director of Quality and Healthy Equity works closely with the Chief Medical Officer, the Quality Council, and Equity Council on developing, implementing, and evaluating the QIHETP activities. The Director of Quality and Health Equity is responsible for the oversight of the QIHETP work plan, population health management portfolio, and overseeing department staff. The Director of Quality and Healthy Equity reports to the Chief Medical Officer.

4.3.3.6 Clinical Quality Auditing Director

The Clinical Quality Auditing (CQA) Director works closely with the Chief Medical Officer (CMO), the Director of Quality and Healthy Equity, the Appeals and Grievances Department, and with the Quality Council, on adopting, assessing, and implementing clinical quality

activities. The CQA Director oversees the clinical quality nurses. The CQA Director reports to the CMO.

4.3.3.7 Quality Managers

The QIHETP has Quality Managers responsible for the day-to-day management of the quality improvement and equity activities. One is responsible for the NCQA health plan accreditation. The second is responsible for population health management activities, administering quality improvement projects, member experience surveys, disease management programs, HEDIS Program as well as D-SNP Stars Rating. The third serves as the Cultural and Linguistic Services Manager who is responsible for implementing all aspects of the Cultural & Linguistics program and cultural competency training according to state and federal regulations and providing technical assistance to providers to ensure provision of culturally sensitive and appropriate care to CCHP members. This position reviews member grievances with a health equity lens to identify any potential acts of discrimination against members. In addition, this position oversees CCHP's team of health educators and serves as CCHP's Qualified Health Educator for DHCS. These positions report to the Director of Quality and Health Equity.

4.3.3.8 Quality Nurses

Nurses in the clinical quality auditing department oversee Facility Site Reviews, Medical Record Reviews, Physical Accessibility Review Survey, HEDIS chart abstractions, potential quality issues, and ad hoc audits and oversight. The Quality Nurses report to the Clinical Quality Auditing Director.

4.3.3.9 Health Education Specialists

CCHP has three Senior Health Education Specialists that ensure that the health education program is responsive to members' needs. The health educators develop, implement, and evaluates the Health Education Program, which includes a range of health education resources and delivery modalities, and the position works internally with other departments to assess literacy levels of health education and member informing materials, including the member newsletter. The Senior Health Educator reports to the Quality Management Program Coordinators.

4.3.3.10 Health Services Planner/Evaluator

The Health Services Planner/Evaluator is responsible for leading quality performance initiatives for the Dual Eligible Special Needs Plan (DSNP) line of business, with a primary focus on achieving and maintaining high CMS Star Ratings. This role oversees the development, implementation, and evaluation of strategies to improve clinical and operational performance across all Star measures. This position plays a critical role in improving quality, enhancing member experience, and supporting the organization's commitment to excellence in care delivery.

4.3.3.11 Health Services Administrator

The Health Services Administrator is responsible for management HEDIS reporting and access and availability reporting. This person conducts analysis and develops reports for CCHP's quality measures. This position reports to Quality Management Program Coordinators.

4.3.3.12 Secretary Advanced Level

The Secretary Advanced Level is responsible for providing administrative support to the Quality and Equity Team. The Secretary organizes and takes minutes at the Quality Council and Equity Council meetings, provides administrative support to access studies, and coordinates encounter data validation chart abstractions. The Secretary reports to the Director of Quality and Healthy Equity.

5 Quality Improvement, Equity, and Population Health Programs

5.1 Quality Improvement and Health Equity Program Planning

CCHP incorporates ongoing documentation cycles that applies a systematic process of assessment, identification of opportunities, action implementation, and evaluation. This documentation cycles includes: Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the quality council charter, are reviewed annually by the Quality Council.

5.1.1 QIHETP Program Description

The Quality Program Description is a document that outlines CCHP's structure and process to monitor and improve the quality and safety of care to members.

5.1.2 QIHETP Work Plan

The work plan identifies the scope of the quality programs and defines activities to be complete in the program year. The work plan is developed annually after completing the Quality Program Evaluation from the previous year. The work plan includes objectives, planned activities, timeframe, and staff members responsible.

5.1.3 QIHETP Program Evaluation

The quality program evaluation includes an annual summary of all quality activities, impact the program had on member care, an analysis of the achievement of goals, and an assessment of revisions.

5.2 NCQA Accreditation

5.2.1 NCQA Health Plan and Health Outcome Accreditation

The quality and health equity department takes the lead on interpreting standards, identifying gaps, consulting with other department functions on closing their gaps, ensuring submission of appropriate and timely documentation, and providing general oversight and maintenance of the NCQA accreditation status. CCHP was granted its fourth full three-year Accreditation early in 2023. The next review is February 2026. CCHP achieved Health Outcomes Accreditation in late 2025.

5.3 Measurement, Analytics, Reporting, and Data Sharing

CCHP in partnership with Contra Costa Health IT department has the technology infrastructure and data analytics capabilities to support goals for quality management and improvement activities. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to support quality activities. This integrated data warehouse allows for the collection of all quality performance data across the health plan and delivery system.

The Quality and Health Equity Department partners with our Business Intelligence team to collect HEDIS data annually for Managed Care Accountability Sets (MCAS), NCQA HEDIS Accreditation measures, and DMHC Health Equity and Quality Measure Set (HEQMS). This includes over 70 measures that cover clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS engine for reporting. CCHP also contracts with a vendor to conduct the CAHPS survey. HEDIS data is stratified by race, ethnicity, language, provider network, provider and other key demographic variables to identify variations and opportunities to improve care and service. The Quality and Health Equity Department works with the BI and IT teams to develop and utilize dashboard and reports to evaluate performance and identify opportunities for improvement.

In addition to HEDIS reporting, CCHP regularly produces the following mandated reports: DMHC Timely Access to Care, Member and Provider experience, DHCS Encounter Data validation, DHCS Performance Improvement projects, and External Quality Review (EQR) reporting. CCHP also tracks internal quality metrics aimed at improving care and services for members. CCHP reviews the EQR technical report and evaluation recommendations to make improvements annually.

5.4 Performance Improvement Projects

5.4.1 Quality Improvement Framework

The Quality Program utilizes the Model for Improvement and PDSA cycles to continuously evaluate and improve care and services for our members. Our broader aims focus on

improving health, member experience, health equity, and cost efficiency. Work is prioritized by:

- Regulatory requirements from DHCS, DMHC, and NCQA
- Data-driven by performance in in HEDIS and other quality metrics
- Findings from the Population Needs Assessment
- Data on PQIs, member grievances, internal member surveys, and access studies
- Assessment on value and impact on members
- Synergies with the delivery system to identify areas where combined health plan and delivery system collaboration can best achieve results.

5.4.2 Active Performance Improvement Projects

CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level. Additionally, CCHP identifies additional performance improvements in the work plan based on an analysis of quality data. Annually, CCHP reviews quality metric data, assesses measurement areas that need improvement, and develops improvement projects to be added to the work plan. On a monthly basis, CCHP reviews quality metric data and may modify the work plan to add additional performance improvement projects. CCHP identifies areas where there is a decline in performance level or CCHP is below the desired quality target. Quality staff conduct a root cause analysis and develop a plan to implement a performance improvement project.

5.5 Population Health Management

The work of population health is to maximize health by co-creating services with members and providers which deliver primary and secondary evidence-based interventions for the prevention and management of illness in our assigned population. In 2023, the Department of Health Care Services (DHCS) launched Population Health Management, a key feature of CalAIM. Population Health Management will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. This will be accomplished through the following initiatives:

5.5.1 Population Needs Assessment, Strategy, and Impact Report

Annually, as part of NCQA accreditation, CCHP conducts a comprehensive Population Needs Assessment using available data sources to identify disparities and trends. CCHP utilizes the Population Needs Assessment to develop its Population Health Management Strategy, an annual document approved by the QIHEC that outlines the programs CCHP will implement to address the needs of the population. CCHP assesses the population health impact of the programs implemented in the strategy to determine the efficacy of programming and inform future programming. Population Needs Assessment is also used to identify priorities for Cultural and Linguistic Program.

CCHP also participates on the steering committee for Contra Costa County's Public Health Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). By aligning our Population Health Management Strategy with the overall needs identified in the CHA and CHIP, we ensure that our initiatives are responsive to broader community health priorities and foster collaborative, community-wide health improvements.

5.5.2 Gathering Member Information

Member data is fragmented between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are often duplicative across settings. Leveraging its integration within the county delivery system, CCHP utilizes comprehensive data systems, integrating data from claims, clinical data, detention health, EMS, social services, homeless systems, and public health into one unified member record to co-locate this information for population health management activities.

5.5.3 Risk Stratification, Segmentation, and Tiering

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by leveraging data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data, including homelessness and criminal justice data, CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This diverse dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories, and tiering based on acuity. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services. CCHP regularly evaluates its risk stratification methods for potential biases to ensure equitable resource allocation across all populations.

5.5.4 Population Health Services

CCHP has established a comprehensive population health program aimed at promoting overall well-being and addressing the varying needs of our members. This program focuses on keeping healthy members well, offering self-management resources for individuals with well-controlled chronic conditions, and providing case management support to those with poorly controlled chronic diseases. For our highest-need members, we offer Enhanced Care Management services tailored to those with significant healthcare utilization. Case Management Services, including Complex Case Management and Transitional Case Management, are structured around risk stratification to ensure the most appropriate support for those with the greatest needs. Additionally, our basic population health services provide health education, wellness promotion, and preventive care for all members.

5.5.4.1 Cultural and Linguistic Services

CCHP prioritizes culturally and linguistically sensitive care for its diverse membership, and ensures all services provided are non-discriminatory and meet all state and federal requirements. CCHP Cultural and Linguistic Services (C&L) program aims to prevent discrimination, offering culturally appropriate care to all members, including those with limited English proficiency and diverse backgrounds. CCHP C&L program advocates and uses the application of national standards for Culturally and Linguistically Appropriate Services (CLAS) developed by the Office of Minority Health to health plan operations by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. To ensure members have access to cultural and linguistic services for effective communication during healthcare services, CCHP actively collects Race, Ethnicity, and Language (REAL) and sexual orientation and gender identity (SOGI) data to identify health disparities.

CCHP C&L Program coordinates and oversees all linguistic services to members, this includes 24-hour access to interpreter services, document translation, alternative format of information and ensures all critical materials are available in threshold languages. C&L Program provides annual training for staff and providers on health equity, communication skills, linguistic services, cultural competency, awareness and sensitivity. C&L program also develops and updates Diversity, Equity & Inclusion (DEI) training and Transgender, Gender Diverse, Intersex (TGI) cultural competency training, and ensures these trainings are incorporated within QIHETP goals. C&L program provides technical assistance to providers, collaborates with county health services and community agencies to reduce health disparities, and promptly responds to the cultural and linguistic needs of both providers and members. C&L program monitors cultural and linguistic needs and trends of CCHP's membership and works closely with Health Educators to ensure health education services meet the cultural and linguistic needs of our members.

In addition, C&L Program seeks community and member feedback through Community Advisory Committee, QIHEC, Population Health Assessment, member surveys and grievance monitoring to identify and prioritize opportunities for improving cultural and linguistic services.

5.5.4.2 Basic Population Health Management

Access, Utilization, and Engagement with Primary Care: CCHP ensures ongoing primary care access, member engagement, and strategies for non-duplication of services. The focus is on health equity, meeting National Standards for Culturally and Linguistically Appropriate Services (CLAS), and reporting on primary care spending.

Care Coordination, Navigation, and Referrals Across all Health and Social Services, Including Community Supports: CCHP guarantees access to needed services, partnering with primary care and other systems for effective care coordination, navigation, and

referrals. Closed Loop Referrals are emphasized, ensuring coordination with various community resources.

Information Sharing and Referral Support Infrastructure: CCHP implements information-sharing processes and referral support infrastructure, complying with privacy laws and professional standards.

Integration of Community Health Workers (CHWs): CHWs are integrated into PHM, addressing various health-related issues. The new CHW benefit facilitates reimbursement for basic population health management services.

Wellness and Prevention Programs: Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs Assessment and other sources such as HEDIS, Community Advisory Committee feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this at least annually in the member and provider newsletters. Topics covered include health weight maintenance, smoking and tobacco use cessation, encouraging physical activity, healthy eating, managing stress, avoiding at-risk drinking, and identifying depressive symptoms.

Programs Addressing Chronic Disease: CCHP offers evidence-based disease management programs, focusing on improving member health and well-being. Key conditions, including diabetes, cardiovascular disease, asthma, and depression, are addressed through health education interventions, member engagement, and closing care gaps to enhance equity and reduce health disparities. Aligned with the Population Needs Assessment and Population Health Management Strategy, initiatives are tailored to the unique needs of diverse Medi-Cal populations, fostering collaboration with community programs and supporting overall health improvement.

Programs to Address Maternal Health Outcomes: CCHP works to improve maternal health outcomes, adhering to comprehensive perinatal service program standards.

PHM for Children: CCHP ensures ensure early and periodic screening, diagnostic, and treatment for children, meeting federal and state requirements, coordinating health and social services, and actively promoting preventive services. CCHP is developing MOUs with WIC providers, First 5 programs, and Local Education Agencies strengthen support for school-based services.

Behavioral Health: CCHP is responsible for mild to moderate behavioral health services for Medi-Cal and all behavioral health services for commercial members. For Medi-Cal, CCHP partners with the Contra Costa County Behavioral Health Services to triage patients to determine level of severity and to provide appropriate treatment. For members who are seen at FQHCs in the community, members are generally triaged and treated at those

facilities. Some Community Health Centers are providing embedded behavioral health services, and CCHP contracts with telehealth providers to further expand access. Quality activities for behavioral health focus on HEDIS measures, continuity and coordination of care for outpatient behavioral health, measuring behavioral health practitioner access and availability, and conducting an annual satisfaction survey aimed at those receiving behavioral health services. Updates on the quality activities are provided to the Quality Council quarterly and a Behavioral Health clinician is a member of the Quality Council.

5.5.4.3 Care Management

Care management services are designed to meet the needs of the most vulnerable members. CCHP has two essential programs - Complex Care Management (CCM) and Enhanced Care Management (ECM), both integral to addressing the diverse needs of MCP members. CCM, aligning with NCQA standards, provides extra support for higher- and medium-rising-risk members who are not covered by ECM. It offers chronic care coordination and interventions for episodic needs, emphasizing flexible eligibility criteria determined by CCHP. CCM includes comprehensive assessment, care plan, various interventions, and basic population health management integration. Care managers, assigned to each member, ensure effective communication and access to needed services, including Community Supports.

ECM, initiated in January 2022, is a community-based benefit addressing the clinical and nonclinical needs of Medi-Cal's highest-need members through intensive coordination. CCHP contracts with ECM providers, which include providers, county agencies and community-based organization. The ECM providers assign a lead care manager to each member for personalized in-person interactions. ECM eligibility is based on specific "Populations of Focus" criteria, rolled out in phases throughout 2022-2024. ECM and CCM operate on a continuum, with members transitioning from ECM to CCM as needed, ensuring comprehensive care management. DHCS monitors outcomes through quarterly reporting, evaluating and enhancing Populations of Focus definitions and policies over time to optimize the ECM benefit.

5.5.4.4 Transitional Care Services

The concept of care transitions encompasses the movement of members from one care setting to another, such as hospital discharges to home-based settings, community placements, or post-acute care facilities. Key responsibilities include services such as comprehensive medication reconciliation upon discharge and follow-up care by a provider. Individuals considered high risk are assigned a care manager upon discharge who coordinate transitional care services. Individuals considered low risk can access additional coordination services as needed by having a direct pathway to transitional care services.

5.6 Patient Safety Activities and Projects

Patient safety is addressed by multiple plan departments. Staff regularly review data from grievances and appeals, access and availability data, MCAS measures, satisfaction survey

results, utilization and case management data, studies on adherence to clinical guidelines, and data from facility site reviews and chart reviews to identify areas of risk to members' safety. Data is presented regularly to the Quality Council.

5.6.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify a potential quality issue (PQI) and forward it to the Clinical Quality Auditing Department for investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) and develops PQIs as necessary. The quality nurses investigate all cases and present these to the PQI committee, which consists of the Chief Medical Officer, Medical Director, and Director of Pharmacy. The committee reviews and assigns levels to all PQIs. PQIs with a level of 3 will receive a Corrective Action Plan (CAP) and may be forwarded to the Peer Review and Credentialing Committee. Provider Relations further identifies any trends at the provider level where intervention is warranted. The PRCC uses data from facility site reviews, grievances, and PQIs. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council at least annually.

5.6.2 Pharmaceutical Safety

Pharmaceutical safety is also addressed through overuse/underuse use activities. These include: reviewing members with fifteen or more prescriptions and referring to case management if applicable, reviewing members with opioid prescriptions from multiple providers and/or pharmacies, reviewing members with potentially unsafe medication regimens, and reviewing prescription trends for potential fraud, waste, and abuse. Actions include notifying providers around medication safety and educating patients.

5.6.3 Facility Site Review and Medical Record Review

CCHP ensures that primary care provider sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards. CCHP ensures that medical records follow legal protocols and provider have documented the provision of preventive care and coordination of primary care services. Facility Site Review nurses complete periodic full scope review of facilities and their medical records, and complete corrective action plans for cited deficiencies.

5.6.4 Clinical Practice Guidelines

CCHP reviews clinical practice guidelines annually through the Quality Council to ensure they reflect current, evidence-based standards of care. These guidelines are reviewed and approved by the Chief Medical Officer and the medical team, then distributed to all network providers to support consistent, high-quality clinical practices across the network.

5.7 Provider Collaboration

CCHP collaborates with provider stakeholders on improvement efforts. This includes the CCRMC system, Federally Qualified Community Health Centers (FQHCs), Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint

Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication among diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration includes participation in various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

CCHP hosts quarterly provider trainings that cover updates on quality activities and provides an opportunity for providers to share their input on the Quality Program. Efforts to support quality also focus on building partnerships through committee and workgroup participation. CCHP regularly meets with internal departments and external agencies to collaborate on quality improvement initiatives.

Examples of these supports to our providers and partners are listed below:

- CCHP CEO and CMO attend regular Joint Operations Meetings with hospitals.
- CMO, Provider Relations, Case Management, and Quality staff conduct regular provider site visits.
- Community clinics meet quarterly as part of the Safety Net Council with attendance by the CCHP's Chief Executive Officer, CMO and Director of Quality and Healthy Equity. FQHC CMOs meet monthly with the CCHP CMO and Medical Directors. CCHP Director of Quality and Healthy Equity meets every other month with individual FQHCs sites quality teams, going over quality projects and areas of opportunity. Providers from the RMC and CPN networks are members of CCHPs Quality Council, chaired by CCHP's Chief Medical Officer and Quality Management Director (CMO).
- The Medical Director of Case Management and Long-Term Care hosts quarterly Joint Operations Meetings with CalAIM providers.
- CCHP Director of Quality and Healthy Equity attends the Ambulatory Redesign workgroup, Quality Incentive Pool (QIP) improvements meetings, Outreach Committee, and presents annually at the Patient Safety/Performance Improvement Committee at CCRMC.
- CCHP Medical Director of Behavioral Health meets regularly with County Behavioral Health Services and CCHP Director of Quality and Health Equity meet regularly with County Behavioral Health Services quality team to coordinate on quality initiatives.
- Senior leaders and practitioners from Behavioral Health Services attend CCHP's monthly Quality Council meetings.
- The Chiefs across all CCH divisions meet at least monthly to collaborate on CCH strategies including population management.
- Updates on CCHP's population management activities are communicated regularly to our Board, the Joint Conference Committee.

5.8 Delegation

Delegated activities are supported by a delegation agreement that define the specific functions and responsibilities for the delegated entities. CCHP does not delegate any quality and health equity or utilization management functions.

2026 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
1. QIHETP Structure					
1.1	**QIHETP Program Documents**	By March 2025, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2025 QIHETP Evaluation	January -February 2026	Quality Director Jersey Neilson, Quality Manager
1.2			Develop annual 2026 QIHETP Program Description, incorporating structural changes identified in the evaluation	January -February 2026	Quality Director Magda Souza, Clinical Quality Auditing Director
1.3			Develop annual 2026 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	January -February 2026	Quality Director Magda Souza, Clinical Quality Auditing Director
1.4	**Quality Council**	Ensure Quality Council oversight of CCHP's quality and health equity program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	January -November 2026	CMO Quality Director Arnold DeHerrera, Administrative Asst
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	January -February 2026	Quality Director
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	January 2026 - December 2026	Quality Director
1.7	**Equity Council**	Ensure Equity Council oversight of CCHP's quality and health equity program through regular meeting schedule	Implement the QIHETP work Plan and convene quarterly scheduled meetings	March, June, September, December 2026	CMO Hua Hsaun Liu, Quality Manager Quality Director Arnold Deherrera. Administrative
1.8		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	January 2026-December 2026	CMO Quality Director
1.9		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	January 2026-December 2026	Quality Director Hua Hsuan Liu, Quality Manager CMO
1.10	**Community Advisory Committee**	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community based organizations and CCHP members through Quarterly CAC meetings.	January 2026-December 2026	Belkys Teutle, Member Services Manager Cynthia Laird, Member Services Supervisor Hua Hsuan Liu, Quality Manager
2. NCQA Accreditation					
2.1	**NCQA Health Plan Accreditation**	Achieve accreditation status by April 2026.	Complete submission materials on standards and guidelines according to project plan and timeline.	January 2026 - December 2026	Shari Jones, Quality Manager Quality Director
3. Measurement, Analytics, Reporting, and Data Sharing					
3.1	**HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)**	1. By June 15, 2026, report HEDIS MY2025 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS) 2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk 3. Achieve 4.5 Stars on NCQA Health Plan Ratings. 4. Prepare for transition to ECDS by identifying efficiencies in data system measurement	Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC.	January 2026 - June 2026	Dustin Peasley, HEDIS Manager Shari Jones, Quality Manager Business Intelligence Analysts CQA Nurses Quality Director
3.2			Complete annual HEDIS MY2025 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	July 2026 -September 2026	Dustin Peasley, HEDIS Manager Jersey Neilson, Quality Manager Quality Director
3.3			Identify areas of opportunity for data systems and data sources for MY2026	July 2026 - August 2026	Quality Director Dustin Peasley, HEDIS Manager Business Intelligence

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.4		5. Align HEDIS measurements to quality improvement projects and strategic goals for 2026	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	March 2026 - August 2026	Jersey Neilson, Quality Manager Quality Director
3.5	**CCHP Quality Measurement Infrastructure**	Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	January 2026 - December 2026	Business Intelligence Quality Director
3.6			Maintain quality feedback mechanism for providers, which shares performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	July 2026 - September 2026	Quality Director Jersey Neilson, Quality Manager
3.7			Maintain system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	January 2026 - December 2026	Quality Director Jersey Neilson, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.8	**Member Experience and Quality of Service (NCQA, DHCS)**	By June 30, 2026, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievances Develop member feedback channel through the Community Advisory Committee	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	August 2026 - September 2026	Jersey Neilson, Quality Manager
3.9			Host internal CAHPS think tank to gather insights into member experience from cross-functional teams	July 2026 - August 2026	Jersey Neilson, Quality Manager
3.10			Review and analyze the limited English enrollee survey	August 2026 - September 2026	Hua Hsuan Liu, Quality Manager
3.11			Review and analyze behavioral health specific member experience surveys	October - November 2026	Jersey Neilson, Quality Manager
3.12			Develop report on MY2025 member experience	February - March 2026	Jersey Neilson, Quality Manager
3.13			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	February - March 2026	Jill Perez, Director of UM/AGD Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director
3.14			Develop survey tool to assess member experience with Case Management, conduct survey, analyze results	October 2026 - November 2026	Quality Director Leizl Avecilla, Case Management Director
3.15			Conduct new member survey to assess comprehension of new member materials	April 2026	Jersey Neilson, Quality Manager
3.16			Collect member experience on population health programs	March 2026 - August 2026	Health Educators Jersey Neilson, Quality Manager
3.17			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, Strategy as well as Cultural & Linguistic Program.	April 2026 - September 2026	Hua Hsuan, Quality Manager Jersey Neilson, Quality Manager
3.18	**Provider Experience**	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey. Incorporate feedback into annual access report.	August 2026 - September 2026	Jersey Neilson, Quality Manager Nancy McAdoo, Director of Provider Relations
3.19	**Access to Care and Quality of Service (DMHC, DHCS)**	Achieve at least 70% compliance for urgent and non-urgent appointments during Provider Appointment Availability Survey Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and auditing calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times	March 2026, June 2026, September 2026, December 2026	Dustin Peasley, Quality Analyst
3.20			Develop process for DHCS quarterly access monitoring	March 2026 - May 2026	Dustin Peasley, Quality Analyst
3.21			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	March 2026 - May 2026	Dustin Peasley, Quality Analyst Quality Director
3.22			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	August - September 2026	Dustin Peasley, Quality Analyst

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.23	**CalAIM Reporting (DHCS)**	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly Population Health Monitoring Reports, reviewing key KPIs on population health metrics	February, May, August, November	Quality Director
3.24			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	February, May, August, November	Pasia Gadson, CalAIM Director Sara Levin, Medical Director
3.25			Complete the monthly JSON CalAIM reporting	January - December 2026	Tyler Heslinger, Business Intelligence
3.26	**REAL and SOGI Data**	Achieve 90% of race/ethnicity reporting for membership Improve collection of sexual orientation and gender identify data.	Input new member REAL and SOGI surveys into ccLink	January 2026 - December 2026	Student Interns Arnold DeHerrera, Executive Assistant
3.27	**CLAS Reporting**	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	January - February 2026	Hua Hsuan Liu, Quality Manager
3.28	**Long Term Care and Long Term Support Services**	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long term support services	May - July 2026	Eloisa Lopez-Valencia, Quality Intern
4. Performance Improvement Projects					
4.1	**Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use**	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	March 2026 - December 2026	Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director ECM providers
4.2	**Well Care Visits in the First 15-Months of Life**	Narrow the health disparities gap between Black/African American and Asian members to 5%. (Previously identified issue)	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	March 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.3	**IHI Improvement Projects**	1. Decrease racially disparities in W15 and W30 rates by 50%. 2. Increase FUM and FUA follow-up rates at local ED to achieve parity with other large health centers.	Complete IHI Child Health Equity Collaborative.	January - December 2026	Hua Hsuan Liu, Quality Manager Health Educators
4.4			Complete IHI Behavioral Health Collaborative with CCBHS.	January - December 2026	Jersey Neilson, Quality Manager CCBHS
4.5	**Topical Fluoride Treatment in Children***	Increase the percentage of member under 21 who complete Topical Fluoride Treatment by 5%. (Previously identified issue)	Conduct outreach to member who did not have tropical fluoride treatment in the last 12 months, develop and distribute dental benefits material.	January 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.6	**Disparities in Well Care Visits**	Reduce the disparity in well care visits for African American and Native Hawaiian/Pacific Islander children by reducing the gap to the 50th percentile benchmark by 50%.	Conduct regular outreach to African American and Native Hawaiian/Pacific Islander children who have not seen provider for over 12 months, and connect them to services they need.	January 2026 - December 2026	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
4.7	**D-SNP QIP Planning**	Identify QIP options for D-SNP based on eligible Medicare Population	Research quality measures for Medicare-only population and identify areas for opportunity.	July 2026 - December 2026	Jersey Neilson, Quality Manager Quality Director
4.8	**ED Workgroup**	Understand areas for improvement with regards to ED utilization	Analyze impact of Advice Nurse Callback program on ED utilization	February 2026 - June 2026	CMO Michael Cleary, Medical Director Quality Director Jersey Neilson, Quality Manager
4.9	**Monitoring and rapid improvement cycles**	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures.	January 2026 - December 2026	Jersey Neilson, Quality Manager Quality Director
4.10	**Optimizing DME Utilization**	Reduce expenditures on DME claims and enhance member experience	Explore DME providers with anamolous billing rates and educate providers on different cost options	January 2026 - June 2026	Miranda Pena, Sr Health Education Specialist
			5. Population Health		
5.1	**Population Needs Assessment and Community Health Needs Assessment**	Understand member needs and health to create a responsive population health program	Complete MY 2025 population needs assessment according to NCQA guidelines	July 2026 - October 2026	Jersey Neilson, Quality Manager
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2026 Community Health Needs Assessment and Community Health Implementation Plan	January 2026 - December 2026	Lisa Demoiz, CCH Epidemiologist Ashley Kokotaylo, Public Health Quality Director Jersey Neilson, Quality Manager Business Intelligence
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, cultural and linguistic needs to identify and prioritize opportunities for improvement.	October - December 2026	Hua Hsuan Liu, Quality Manager
5.4	**Population Health Management Strategy**	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	July 2026 - October 2026	Jersey Neilson, Quality Manager Quality Director
5.5	**Population Impact Report and Evaluation**	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	July 2026 - October 2026	Jersey Neilson, Quality Manager
5.6	**Initial Screening Process**	Provide streamlined new member experience, with regards to HIF/MET, HRA/LTSS, and other assessments. Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion Ensure system exists so members with positive screenings are identified for the appropriate services Develop data system so screening questions are results are shared	Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings	September - December 2026	Quality Director Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director
5.7			Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires	March 2026 - June 2026	Quality Director Leizl Avecilla, Case Management Director
5.8	**Initial Health Appointment***	Increase IHA completion rates. (Previously identified issue)	Conduct chart audits and give feedback and education to providers missing IHA elements	April 2026, October 2026	Magda Souza, FNP CQA Nurses
5.9	**DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering**	Implement DHCS Population Health Service into existing workflow	Incorporate Medi-Cal Connect risk tiering into CCHP data.	January 2026 - June 2026	Quality Director Bhumil Shah, Assoc Chief Information Officer
5.10	**Ongoing Engagement with PCP**	Increase regular engagement with PCPs Close Member gaps in preventative care	Utilized disengaged member reports and connect Members with PCPs & close care gaps	January - December 2026	Jersey Neilson, Quality Manager Health Educators
5.11	**Wellness and Prevention Programs**	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Educate providers and staff on available health education tools	January 2026 - December 2026	Jersey Neilson, Quality Manager Health Educators
5.12	**Colorectal Cancer Screening**	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	January - December 2026	Regional Medical Center

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.13	**Chronic Disease Management**	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	March 2026 June 2026 Sept 2026 Dec 2026	Jersey Neilson, Quality Manager CMO Nicolas Barcelo, Medical Director Joseph Cardinalli, Pharmacy Director Quality Director
5.14	**Patient Registry: Long Term Care**	Actively manage patients in long term care to ensure members are residing at the right level of care	Develop a patient registry of patients in long term care facilities	April - September 2026	Sara Levin, Senior Medical Director Jersey Neilson, Quality Manager
5.15	**Maternal Health Outcomes**	Improve key maternal health outcomes across quality measures	Develop postpartum brochures for pregnant Members	January 2026 - March 2026	Jersey Neilson, Quality Manager Health Educators
5.16	**Keeping Members Healthy: Gaps in Care**	Notify members of gaps in care for needed preventive services	Continue mailing adult + pediatric birthday letters	January 2026 - December 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.17	**Health Education Materials and Resources**	Assure that members are provided health education materials and are informed on new community and medical services. Develop a strong community presence.	Publish member facing newsletter three times per year	February 2026, June 2026, November 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.18			Conduct outreach events at health clinics, CBOs, and other relevant locations.	January 2026 - December 2026	Jersey Neilson, Quality Manager Sr. Health Educators
5.19	**Culturally and Linguistically Competent Care**	Ensure systematic processes in place to promote cultural competent care and health equity by providing linguistics services, educational opportunities, current and up-to-date resources, and understanding of CLS needs. Less than 20% of respondent in member experience survey state they use friends/family for interpreter. More than 95% of respondent in member experience survey indicate they get interpreter services when request one.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.20			Facilitate translation and interpreter services request of educational materials, website, forms, and other documents.	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.21			Educate and advocate interpreter services to CCHP members.	January - December 2026	Hua Hsuan Liu, Quality Manager
5.22			Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care.	January 2026 - December 2026	Hua Hsuan Liu, Quality Manager
5.23	**EPSDT / Medi-Cal for Teens and Kids**	Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions. Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Monitor and trend denials for Members <21 years old	March 2026 June 2026 Sept 2026 Dec 2026	Jill Perez, Director of UM/AGD
5.24			Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	January 2026 - December 2026	Jersey Neilson, Quality Manager Health Educators
5.25			Annual notification to Members <21 years old regarding EPSDT services	February 2026	Jersey Neilson, Quality Manager
5.26	**Case Management Services**	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	January 2026 - December 2026	Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director Sara Levin, Medical Director Quality Director

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.27	**Justice-Involved Reentry Coordination**	Ensure coordinated, comprehensive care for members transitioning from correctional facilities to the community.	• Maintain policies and procedures for coordination with correctional facilities and pre-release care managers, in alignment with the CalAIM Justice-Involved Initiative Policy and Operational Guide. • Designate a Justice-Involved liaison to serve as the primary point of contact for correctional facility coordination • Assign ECM providers to serve as pre-release care managers and/or post-release ECM providers. • Establish processes to coordinate transition of care from pre-release to post-release, including data sharing protocols. • Ensure access to medically necessary covered services including ECM, physical and behavioral health care, Community Supports, NEMT, and NMT	January 2026 - December 2026	Pasia Gadson, CalAIM Director Linae Altman, Quality Manager CCH Detention Health Emily Parmenter, CCH Special Projects and Strategy
5.28	**D-SNP CPIP Planning**	Develop comprehensive Chronic Care Improvement Program for D-SNP Population	Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program.	January 2026 - December 2026	CMO Quality Director
5.29	**Transitional Care Services***	Ensure all high risk members receive transitional care services. (Previously identified issue)	Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways.	January - December 2026	Leizl Avecilla, Case Management Director Sara Levin, Medical Director
5.30	**Managed Care Liaisons**	Ensure the designation, training, and notification processes for liaisons to support coordination, compliance, and oversight across key program areas.	Designate Tribal, LTSS, Transportation, CCS, Child Welfare, Dental, Justice, IHSS, MOUs, and Regional Center liaisons and provide training on rules, referrals, care coordination, and authorizations.	January 2026 - December 2026	Kaitlin Thomas (CCS) Coquise Fulgham (Child Welfare) Belkys Teutle (Dental) Pasia Gadson, FNP (Justice) Anna Marie Chan (LTSS) Jena Villena (IHSS) David Chen (MOU) Nicolas Barcelo, MD (Regional Center) Cynthia Laird (Transportation) Allison Liu (Tribal)
5.31	**Non Specialty Mental Health Outreach and Education**	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Conduct outreach at community events and health clinic locations to inform members about NSMHS benefits.	January 2026 - December 2026	Health Educators
			6. Patient Safety		
6.1	**Potential Quality Issues (PQIs)**	Review and resolve potential quality issues within 120 days	Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines, report on trends.	January 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director
6.2	**Provider Preventable Conditions (PPCs)***	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	January 2026 - December 2026	Maggie Souza, DNP, Director Clinical Quality Auditing Department
6.3	**Over/Under Utilization**	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	April - June 2026	CMO
6.4		Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
6.6	**Medication Safety**	Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.8		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.9		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.10		Reduce patients co-prescribed amlodipine and simvastatin and lovastatin	Review quarterly reports to providers on patients that are co-prescribed these medications.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.11		Reduce inappropriate concurrent use of DPP-4 inhibtors and GLP-1 receptor agonists.	Review quarterly reports to providers on patients that are co-prescribed these medications.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.12		Ensure the appropriate dosing of semaglutide	Identify patients who remain on the initiation dose beyond the reocmmended time frame and educate providers on appropriate titration.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.13		Monitor members for severe hypoglycemia ffrom glimepriride.	Review quarterly reports to providers on patients who are prescribed glimepiride.	January 2026 - December 2026	Joseph Cardinalli, Director of Pharmacy
6.14	**Facility Site Reviews**	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	January 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.15	**Medical Record Reviews**	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	January 2026 - December 2026	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.16	**Clinical Practice Guidelines**	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	November 2026	CMO Quality Council
6.17			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	January - March 2026	CMO
7.Provider Engagement					
7.1	**Provider Training**	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	January 2026, April 2026, July 2026, October 2026	CMO
7.2	**Provider Newsletters**	Provide regular communication to providers through provider newsletters	Provide quarterly provider newsletters covering a range of topics including regulatory changes/updates for providers	January 2026, April 2026, July 2026, October 2026	Provider Relations Compliance
7.3	**Quality Provider Meetings and Resources**	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	January 2026 - December 2026	Quality Director
7.4	**Value Based Payment**	Implement newly created VBP program with provider groups to improve quality measurement activities	Implement newly created VBP program with large provider groups to increase quality measurement rates.	January 2026 - December 2026	Quality Director Nancy McAdoo, Director of Provider Relations

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
7.5	**Provider Portal and Panel Reports - Data Sharing**	Provider member level data on quality and gaps in cares to providers to assist in delivering needed services to members	Maintain daily update of provider portal with quality reports and gap in care reports. Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal.	January 2026 - December 2026	Quality Director
7.6	**Provider Site Visits**	Conduct site visits with provider to update on health plan operations	Conduct site visits with ten or more medical offices to open communication channel with providers.	January 2026 - December 2026	CMO Quality Director Fabiola Quintara, Network Management
7.8	**Shared Decision-Making Aids**	Ensure all provider received evidence based shared decision making aids	Update website and provide evidence based decision aids to providers through regular communications	July 2026 - September 2026	Jersey Neilson, Quality Manager
****Previously Identified Issue***					

CONTRA COSTA HEALTH

QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM EVALUATION 2025

CONTRA COSTA HEALTH

January 2026

1 TABLE OF CONTENTS

2 INTRODUCTION

The 2025 Annual Evaluation assesses Contra Costa Health Plan's (CCHP) Quality Improvement Program. It examines the effectiveness of initiatives implemented across CCHP departments in 2025, identifying successes, areas for improvement, and potential program modifications for the following year. The evaluation reviews committee and subcommittee structures, resource adequacy, internal and external reporting, practitioner participation, leadership involvement, and quantitative and qualitative data to assess program outcomes.

The Quality and Health Equity Department leads the evaluation, gathering input from stakeholders, including committees, departments, content experts, data analysts, and work plans. The assessment involves analyzing qualitative and quantitative data, identifying barriers, evaluating interventions, and determining opportunities for improvement. Findings inform next steps for program development.

2.1 MAJOR ACCOMPLISHMENTS

In 2025, CCHP led a number of initiatives with notable successes:

- In NCQA's Annual Health Plan Rating, CCHP ranked with 4.5 stars (out of 5). These ratings evaluate health plans on the quality-of-care patients receive, how satisfied patients are with their care, and health plans' efforts to keep improving.
- CCHP exceeded the 90th percentile nationally for 20 MCAS measures, including both Well-Child Visits in the First 30 Months of Life measures, Prenatal and Postpartum Care, Breast and Cervical Cancer Screenings, Childhood Immunization Status-Combo 10, and Glycemic Status Assessment - Poor Control (>9.0%), demonstrating CCHP's commitment to high quality patient care.
- CCHP expanded a Value Based Payments (VBP) program to incentivize and reward providers for providing high quality, efficient care to provider groups with at least 5,000 assigned patients.
- CCHP expanded reporting and automatic authorization for care management services from Admission, Discharge, and Transfer Feeds to allow for better real time identification of member discharges.
- Members due for Medi-Cal Redetermination, due for IHA, and recently hospitalized patient reports are now available on demand through the secure CCHP Provider Portal, ensuring that providers are able to access real time patient level data in a HIPAA compliant fashion.

- CCHP successfully produced a comprehensive perinatal services brochure that was distributed to over 2,500 members.
- The Quality Team expanded to include a Health Services Planner/Evaluator to implement the DSNP Stars program to ensure high quality care for our Medicare/Medi-Cal enrollees.
- CCHP enrolled 7,959 members in Enhanced Care Management, of which 1,672 were Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization. CCHP is one of the highest amongst all health plans in the state in the provision of ECM according to overall membership size.
- CCHP provided Community Supports to 7,469 members, with 5,421 receiving medically tailored meals and 1,787 members receiving housing transition/navigation services.
- CCHP engaged in a wide array of performance improvement projects, including activities aimed at addressing well care visits, colorectal cancer screening, lead screening in children, topical fluoride application, and improve follow-up care after emergency department visits for mental health and substance use.
- CCHP received Health Equity/Health Outcome Accreditation from NCQA.

3 Program Purpose, Goals, and Scope

CCHP is a federally qualified, licensed, county sponsored Health Maintenance Organization serving Contra Costa County. In 1973, CCHP became the first county sponsored HMO in the United States.

Contra Costa County is located in the East Bay of the San Francisco Bay Area. In 2024, according to the American Community Survey 1-year estimate from the United States Census Bureau, the county population was 1.146 million residents. Contra Costa Health Plan serves more than 262,000 Medi-Cal members, providing health insurance to nearly one-quarter of the county population. CCHP also administers a commercial product for County employees and In-Home Support Services (IHSS) caregivers. It serves more than 6,000 commercial members.

The CCHP provider network consists of Contra Costa Regional Medical Center and the Community Provider Network (Federally Qualified Community Health Centers and contracted provider groups, and private practices). The Quality Program collaborates with internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost-efficient, equitable, and timely care to members.

The Quality Council, a physician committee consisting of plan and network physicians, and the Equity Council, a multidisciplinary group including providers, community organizations, and public health, oversee the development, implementation, and evaluation of the Quality Program. The Joint Conference Committee was delegated by the Board of Supervisors to oversee the quality and health equity programs for CCHP. CCHP's quality program is designed to support its purpose and goals to improve the quality, safety, and equity of care and services provided to members. CCHP is committed to continuous quality improvement for both the health plan and its care delivery system.

CCHP's quality and health equity program is designed to measure, monitor, evaluate, and improve the quality, safety, and equity of care and services provided to members. CCHP's overarching quality goals are to achieve better health outcomes, refine population health management, promote health equity, ensure patient safety, improve member experience, avoid unnecessary ED and hospital utilization, stabilize or reduce healthcare costs, and enhance provider experience. To achieve these goals, CCHP utilizes data analysis, solicits input from providers and members through committees, collaborates with community-based organizations, sets aims, measures, and improvement teams for Performance Improvement Projects (PIPs), leverages technology for early identification, and continuously monitors and sustains performance.

The Quality Program encompasses clinical care and services for all Medi-Cal and Commercial members, involving partnerships with various entities. The scope includes access to care, care coordination, population health strategy, utilization evaluation, patient safety standards compliance, health education, cultural and linguistic services, addressing health disparities, managing clinical services usage, member appeals, grievances, and accreditation compliance. CCHP ensures accessibility to all members, regardless of demographics or health status, complying with applicable civil rights laws.

In 2025, there were no substantial change made to the overarching purpose, goals, and scope of the quality program to ensure the inclusion of health equity in all program aspects. The current framework effectively addresses the outlined goals, demonstrating the program's stability and effectiveness. Looking ahead to 2026, CCHP is working to ensure high performance on CMS Stars measures and ensure a comprehensive quality program that incorporates DSNP.

4 Program Structure and Governance

4.1 Overview

The Quality Council is the principal committee for directing and overseeing quality and patient safety operations and activities for CCHP. It plays a crucial role in directing clinical

and service-related performance improvement projects, access to care studies, member grievances, potential quality issues, utilization management, and other programs requiring quality oversight. The Equity Council is the committee responsible for addressing health equity, including reviewing discrimination grievances, identifying health inequities, and promoting interventions to reduce disparities in care and outcomes. The Quality and Equity Councils' recommendations to the Joint Conference Committee contribute to the approval process for the Quality Program by the Contra Costa County Board of Supervisors.

4.2 Quality Department Structure

Quality staff at CCHP play a vital role in implementing and monitoring quality projects and improvement activities, supporting CCHP leadership in strategic priorities, and collaborating with CCHP providers to ensure quality care for members. Led by the Chief Medical Officer, staff include directors, managers, analysts, health educators, and administrative support.

The Quality and Health Equity Department continues to lead ongoing initiatives, including quality measurement, access and availability monitoring, member and provider experience, PIPs, population health management, provider engagement, and NCQA accreditation oversight. In 2025, CCHP hired a Health Services Planner/Evaluator to oversee the CMS Stars program for dually enrolled members and ensure quality performance across all measures. Their expertise will enhance member experience and improve member outcomes for this vulnerable population.

4.3 Governing Body – Joint Conference Committee

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors provides oversight of CCHP, including quality operations and activities. With two Board of Supervisors members assigned to the JCC, it operates transparently under the Brown Act, ensuring accessibility to the public. The JCC meets quarterly, and its responsibilities include promoting communication between the Board of Supervisors, Quality and Equity Councils, and CCHP administration; assessing and monitoring the overall performance of CCHP and its contracted providers, including, but not limited to, the quality of care and services provided to members; reviewing, evaluating, and making recommendations regarding modifications to the Annual Quality Program Description, Annual Quality Program Evaluation, and Quality Work Plan; and reviewing, evaluating, and acting on quarterly reports on quality and health equity from CCHP's Quality Director and Chief Medical Officer.

Throughout 2025, the JCC actively engaged in activities aimed at overseeing and improving the quality of CCHP's operations. At each meeting, a comprehensive quality report was presented, facilitating a continuous assessment of the health plan's performance. The JCC approved essential program documents, including the Annual Quality Program Description, Quality Evaluation, and Quality Work Plan. The committee also conducted a detailed review and discussion of access and availability, evaluating the effectiveness of CCHP's strategies in ensuring timely access to care. Another focal point was the assessment of population health management, evaluating the overall effectiveness of CCHP's strategies in addressing broader health trends and enhancing the well-being of the population. The JCC reviewed CCHP's Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) results, involving a thorough examination of CCHP's performance against key quality measures in accordance with national standards.

4.4 Quality Improvement and Health Equity Committee (QIHEC)

The Quality Improvement and Health Equity Committee (QIHEC) is a requirement outlined by the California Department of Health Care Services (DHCS) for all Medi-Cal managed care plans. DHCS mandates that health plans establish a QIHEC to oversee the integration of quality improvement and health equity initiatives. At CCHP, this requirement is met through the collaboration of two distinct but complementary committees: the Quality Council and the Equity Council. These councils work together to ensure the ongoing development, implementation, and evaluation of quality and health equity programs. The Quality Council, clinically focused, includes providers across various specialties and monitors clinical care, performance improvement projects, and member outcomes. The Equity Council, which includes community organizations, addresses issues of health disparities, discrimination grievances, and the promotion of equitable care across the plan's member population. While the councils have distinct memberships, there is overlapping representation between the two, ensuring alignment and coordination of efforts to improve both quality and equity in care delivery. In 2025, two Quality Councils and one Equity Council meeting were held each quarter.

4.4.1 Quality Council

The Quality Council is responsible for reviewing and acting on subcommittee reports, approving program documents, and providing recommendations to governing bodies. Chaired by the Chief Medical Officer and co-chaired by the Quality and Health Equity Director, the Council is comprised of a multi-specialty group of clinicians who meet eight times per year. Voting members, including the Chief Medical Officer and network clinicians, represent specialties essential to the Medi-Cal population.

Subcommittees that report to the Quality Council, such as the Pharmacy and Therapeutics (P&T) Advisory Committee, Peer Review and Credentialing Committee (PRCC), Utilization Management (UM) Committee, and Potential Quality Issues (PQIs) Committee play key roles in pharmaceutical management, credentialing, overseeing outpatient and inpatient utilization management, and patient safety. These committees report regularly to the Quality Council for oversight.

Throughout 2025, the Quality Council's effectiveness and member participation were evaluated through feedback from members and a review of past meeting agendas and minutes. The assessment indicated consistent attendance from providers. Updates from the Quality Council focused the launch of a new Dual Eligible Special Needs Plan, expanded provider networks, and improvements in access to care, including behavioral health and specialty services. Key initiatives in 2025 emphasized clinical quality, equity, and care coordination, with notable progress in HEDIS, performance improvement projects, and policy updates aimed at supporting maternal health and value-based payments. Surveys on member and provider experience identified strengths in access but highlighted areas for improvement in communication and follow-up. Additional updates covered long-term care quality monitoring, behavioral health utilization changes, and preparations for the D-SNP launch in 2026, reinforcing CCHP's commitment to continuous quality improvement.

4.4.2 Equity Council

In 2025, one meeting per quarter was dedicated to overseeing equity-focused initiatives, engaging a broader group of stakeholders, including providers, community-based organizations, homeless services, public health, and other community health advocacy groups. These meetings prioritized achieving NCQA Health Equity/Health Outcome Accreditation and implementing mandatory DEI and TGI trainings for staff and providers. Discussions focused on resolving health disparities identified through stratified HEDIS data, specifically targeting improved outcomes for African American and Pacific Islander members. Additionally, the Council monitored language access grievances and oversaw the Community Advisory Committee to ensure member feedback directly informed health plan operations.

4.5 The Community Advisory Committee

CCHP established the Community Advisory Committee (CAC) to ensure meaningful member input into CCHP's policies and decision-making processes and to promote member engagement as partners in the delivery of Medi-Cal Covered Services. The CAC focuses on cultural and linguistic services, health education, and health equity, fostering community participation and advocacy. With a commitment to addressing health disparities, CAC

members contribute to discussions on preventive care practices, while CCHP's integration strategy enhances services with cultural and linguistic appropriateness.

In 2025, CCHP held four meetings that addressed health equity, Performance Improvement Projects (PIPs), health education priorities, member satisfaction survey results, culturally appropriate services, and plan marketing materials and campaigns with the Community Advisory Committee. We continue to recruit new members annually to ensure CAC reflects the membership we serve.

4.6 Quality Program Planning

CCHP employs a systematic documentation cycle for quality program planning, including the Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the Quality Council charter, are reviewed annually by the Quality Council and Equity Council.

No major changes were made to the process in 2025. The process involved collaboration across departments to capture a comprehensive view of quality across CCHP. Additionally, the refined quality framework was shared with provider groups to encourage collaborative engagement in quality initiatives. Periodic reviews of the quality plan ensured that activities remained on track and met established deliverables. The evaluation provided a framework for developing the subsequent year's quality plan and overall program description.

5 NCQA Accreditation

The Quality and Health Equity Department plays a central role in interpreting standards, identifying gaps, collaborating with other department functions to address deficiencies, ensuring the submission of appropriate and timely documentation, and maintaining oversight of the NCQA health plan accreditation status.

In 2025, CCHP achieved Health Outcomes Accreditation and submitted documentation for the Health Plan Accreditation. The Health Plan Accreditation is on track to be awarded in early 2026. The HEDIS and Accreditation manager established a structure to ensure annual deliverables were met and a framework was set for ongoing meetings with relevant stakeholders.

6 Measurement, Analytics, Reporting, and Data Sharing

CCHP, in collaboration with Contra Costa Health's centralized IT department, boasts a robust technology infrastructure and data analytics capabilities that support quality management and improvement activities. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to bolster quality initiatives. This integrated data warehouse enables the comprehensive collection of all quality performance data across the health plan and delivery system.

6.1 Healthcare Effectiveness Data and Information Set (HEDIS)

The Quality and Health Equity Department collaborates with the CCH Business Intelligence team to annually collect HEDIS data. Medi-Cal Managed Care plans are mandated by both the DHCS, the Department of Managed Health Care (DMHC) and NCQA to report annually on three distinct sets of measures. DHCS requires Medi-Cal Managed Care plans to report annually on a set of quality measures, known as the Medi-Cal Managed Care Accountability Set (MCAS). DMHC requires health plan reported on a set of stratified measures called the Health Equity Quality Measure Set (HEQMS), while NCQA requires health plans report on a set of Health Plan Accreditation measures. In sum, this encompasses over 70 measures spanning clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS benefits engine for reporting and undergoes compliance audits to ensure the certification of all measures by June 15 each year. In June 2025, CCHP reported 2024 measurement year data.

The MCAS measures are comprised of various health-related outcomes, HEDIS measures, and Center for Medicaid and Medicare (CMS) Core Measures. DHCS establishes the targets, or Minimum Performance Level (MPL), on qualifying measures based on the NCQA national Medicaid 50th percentile benchmark. CCHP's performance on Measurement Year (MY) 2024 MCAS measures and their trends over time are illustrated in Table 1.

Table 1. Summary Performance in MCAS Measures Overall MY 2020-2024

Measures	MY 2020	MY 2021	MY 2022	MY 2023	MY 2024	Trend	National Percentile
Adults' Access to Preventive/Ambulatory Health Services	-	-	69.75	71.99	67.27		25th
Antidepressant Medication Management - Effective Acute Phase Treatment	63.07	65.97	66.25	85.80	90.07		90th
Antidepressant Medication Management - Effective Continuation Phase Treatment	41.01	44.16	45.23	73.82	80.99		90th
Asthma Medication Ratio	63.93	64.48	75.23	83.22	79.48		90th
Breast Cancer Screening	58.33	58.66	63.95	63.81	61.72		75th
Cervical Cancer Screening	68.06	68.33	68.33	68.61	67.88		90th
Child and Adolescent Well-Care Visits	42.09	55.05	53.09	56.63	59.11		75th
Childhood Immunization Status - Combination 10	51.34	47.93	44.04	45.61	42.34		90th
Chlamydia Screening in Women	62.81	62.22	66.65	68.37	69.22		90th
Colorectal Cancer Screening	-	-	39.69	48.98	50.66		90th
Contraceptive Care – All Women - Ages 15-20	18.34	17.59	19.01	19.33	17.74		25th
Contraceptive Care – All Women - Ages 21-44	25.52	25.38	25.43	24.52	23.82		75th
Contraceptive Care – Postpartum - Ages 15-20: 60 Days	57.78	47.32	46.43	66.67	60.87		75th
Contraceptive Care – Postpartum - Ages 21-44: 60 Days	46.19	45.03	46.73	52.03	57.93		75th
Controlling Blood Pressure	64.96	62.37	67.27	67.21	72.75		90th
Depression Remission or Response- Follow-up	-	-	29.14	26.04	25.52		25th
Depression Remission or Response- Remission	-	-	8.26	3.29	3.06		25th
Depression Remission or Response- Response	-	-	11.48	7.37	6.64		25th
Depression Screening and Follow-Up for Adolescents and Adults - Screening	-	-	29.73	30.06	32.47		90th
Depression Screening and Follow-Up for Adolescents and Adults - Follow-up	-	-	81.66	75.21	77.44		50th
Developmental Screening in the First Three Years of Life	21.68	37.45	52.57	56.90	69.24		75th
Diabetes Screening for People Who Are Using Antipsychotic Medications	79.41	84.32	85.31	85.14	87.90		90th
Follow-up after ED for AOD - 7 Day	8.94	4.46	16.53	19.64	29.15		75th
Follow-up after ED for AOD - 30 Day	8.94	10.00	26.61	32.31	45.80		75th
Follow-up after ED for Mental Illness - 7 Day	11.74	15.21	27.02	41.59	41.52		50th
Follow-up after ED for Mental Illness - 30 Day	21.81	23.15	45.97	58.78	61.71		50th
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	62.50	48.65	62.50	59.42	55.68		50th
Glycemic Status Assessment for Diabetic Patients - Poor Control*	38.93	34.55	33.99	29.11	24.44		90th
Immunizations for Adolescents (IMA) - Combo2	43.80	44.28	53.36	55.56	52.89		90th
Lead Screening in Children	-	44.23	51.51	52.81	66.10		50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	42.22	54.00	46.08	49.48	51.97		75th
Number of Outpatient ED Visits per 1000 Long-Stay Resident Days	-	-	-	0.40	0.43		-
Pharmacotherapy for Opioid Use Disorder	-	37.04	27.32	21.72	39.16		90th
Plan All-Cause Readmissions*	0.83	0.88	0.87	0.82	1.04		25th
Postpartum Care	90.97	91.19	90.48	89.94	93.02		90th
Postpartum Depression Screening and Follow Up- SCR	-	-	53.07	55.80	46.43		90th
Postpartum Depression Screening and Follow Up- FU	-	-	79.63	74.84	72.30		75th
Potentially Preventable 30-Day Post-Discharge Readmission Measure	-	-	-	0.77	2.84		-
Prenatal Care	93.40	94.34	93.88	93.08	93.60		90th
Prenatal Depression Screening and Follow Up- SCR	-	-	76.95	78.40	69.38		90th
Prenatal Depression Screening and Follow Up- FU	-	-	66.67	56.71	63.58		75th
Prenatal Immunization Status	-	46.11	46.05	42.99	45.07		90th
SNF Healthcare-Associated Infections Requiring Hospitalization	-	-	-	5.45	5.43		-
Topical Fluoride for Children	-	-	12.73	15.21	22.31		50th
Well-Child Visits in the First 30 Months of Life (31d-15m)	56.69	54.35	65.88	73.17	79.03		90th
Well-Child Visits in the First 30 Months of Life (15m-30m)	69.85	64.58	73.05	75.59	80.09		90th

CCHP improved performance in several key MCAS measures in MY 2024. CCHP accomplished this through data improvements, performance improvement initiatives, and increased collaboration with contracted providers. CCHP has more than doubled the number of MCAS measures at the High-Performance Level (HPL) from nine in MY 2022 to 20 in MY 2024. Additionally, CCHP achieved 75th percentile for 12 measures and the 50th percentile for another 6 measures. CCHP was under the 50th percentile for six measures, none of which were target measures.

CCHP has seen notable improvements in pediatric well care metrics between MY 2021 and MY 2024. For Well-Child Visits in the First 30 Months of Life (31d-15m), CCHP performed in the 90th percentile with a rate of 79.0%, leading to a 5.9 percentage point increase when compared to MY 2023 and a 24.7-point increase when compared to MY 2021. In the Well-Child Visits in the First 30 Months of Life (15m-30m) measure, CCHP performed in the 90th percentile and has increased rates by 4.5 percentage points since MY 2023 and 15.5 percentage points since MY 2021. CCHP also performed in the 75th percentile for Child and Adolescent Well Care Visits in MY 2024.

Follow-Up after ED for SUD – 7 Days (FUA-7), Follow-Up after ED for SUD – 30 Days (FUA-30), and Topical Fluoride for Children (TFL-CH), were below the MPL in MY 2023, but exceeded the MPL in MY 2024. All 21 measures subject to a minimum performance level exceeded the MPL, showcasing CCHP's strong and consistent commitment to quality healthcare.

6.2 Member Experience

Each year, CCHP surveys our members to help measure member satisfaction, access to services, and member experience with cultural and linguistic services. We also conduct a thorough analysis of member grievances to obtain a comprehensive understanding of the member experience and identify any opportunity for improvement.

The survey process encompasses three distinct instruments tailored to capture various aspects of the member experience. The Consumer Assessment of Healthcare Providers and System (CAHPS) Health Plan survey offers a comprehensive evaluation of overall experience and access to care. Additionally, the Experiences of Care and Health Outcomes (ECHO) survey specifically targets individuals receiving behavioral health services, aiming to delve deeper into their unique needs and experiences. Lastly, a specialized survey is administered to non-English speaking members, focusing on assessing the adequacy of language access services provided by CCHP.

By systematically gathering feedback through these surveys, CCHP gains valuable insights into members' perspectives, identifies areas for improvement, and aims to tailor services to better meet the diverse needs of its enrollees. This commitment to continuous assessment and enhancement underscores CCHP's dedication to providing accessible, culturally competent, and high-quality care to all members of the community.

The CAHPS survey sampled members who were continuously enrolled with CCHP for the last six months of 2024, with no more than one enrollment gap of 45 days or less. For the Adult Medicaid population, 1,650 members were mailed surveys and received 193 valid

responses, for a response rate of 11.7%. The data from the Adult Medi-Cal population in RY 2025 are presented in Table 2.

Table 2 CAHPS Results RY 2023-2025

Measure	RY 2023	RY 2024	RY 2025	Trend	Percent Change 24-25	Percentile	Goal	Goal Met
Overall Ratings								
Rating of all health care	78.2%	83.4%	81.6%		-2.2%	75th	70.0%	Y
Rating of personal doctor	80.8%	84.3%	83.6%		-0.8%	50th	70.0%	Y
Rating of specialist talked to most often	79.2%	88.1%	84.8%		-3.7%	50th	70.0%	Y
Rating of health plan	79.6%	79.1%	77.4%		-2.1%	33rd	70.0%	Y
Composite Scores								
Getting Needed Care	79.1%	80.8%	77.6%		-4.0%	10th	70.0%	Y
Getting Care Quickly	79.4%	75.2%	71.9%		-4.4%	5th	70.0%	Y
Communication	92.8%	91.4%	92.0%		0.7%	25th	70.0%	Y
Customer Service	85.2%	87.9%	86.7%		-1.4%	10th	70.0%	Y

In RY 2025, CCHP saw declines in both overall scores and national percentile ranking across all Overall Rating measures and most of the Composite CAHPS measures compared to the prior year. Despite this, the established performance goal of 70% was achieved for all measures. The observed decline is largely attributed to a lower survey response rate, which decreased by 0.8 percentage points from 12.5% in 2023 to 11.7% in 2024, along with a shift from oversampling membership to standard sampling.

In 2025, CCHP administered the ECHO survey to members who had utilized behavioral health services. For adult members, CCHP sent 2,250 surveys and received 276 responses, for an overall response rate of 12.6%. The response rate in 2025 was higher than the 11.5% behavioral health survey response rate in 2024. Results for the survey are presented in Table 3.

Table 3 ECHO Survey Results, RY 2023-2025

Measure	RY 2023	RY2024	RY2025	Percent Change	Goal	Goal Met Y/N
Getting Treatment Quickly	-	**61.4%**	**71.3%**	**16.1%** ▲	**70.0%**	**Y**
Usually or always got help by telephone	64.8%	53.3%	58.6%	10.0% ▲		
Usually or always got urgent treatment as soon as needed	59.6%	61.1%	72.9%	19.4% ▲		
Usually or always got appointment as soon as wanted	69.6%	69.2%	79.9%	15.5% ▲		
Communication	-	**91.5%**	**90.1%**	**-1.5%** ▼	**70.0%**	**Y**
Clinicians usually or always listened carefully	81.9%	92.0%	90.7%	-1.4% ▼		
Clinicians usually or always explained things	84.8%	94.2%	92.6%	-1.7% ▼		
Clinicians usually or always showed respect	89.4%	92.8%	93.2%	0.4% ▲		
Clinicians usually or always spent enough time	80.8%	87.7%	88.8%	1.3% ▲		
Usually or always felt safe with clinicians	95.3%	94.9%	92.4%	-2.7% ▼		
Usually or always involved as much as you wanted in treatment	77.9%	87.7%	83.4%	-4.9% ▼		
Getting Information	-	**45.2%**	**60.6%**	**34.1%** ▲	**70.0%**	**N**
Delays in treatment while waiting for plan approval were not a problem	53.2%	44.2%	60.7%	37.3% ▲		
Getting help from customer service was not a problem	42.4%	35.3%	55.8%	58.1% ▲		
Perceived Improvement	-	**66.7%**	**71.2%**	**6.7%** ▲	**70.0%**	**Y**
Better able to deal with daily problems	66.1%	75.1%	76.4%	1.7% ▲		
Better able to deal with social situations	61.3%	64.4%	67.1%	4.2% ▲		
Better able to accomplish things	59.2%	62.0%	69.3%	11.8% ▲		
Better able to deal with symptoms or problems	59.2%	66.3%	71.9%	8.4% ▲		
Information About Treatment Options	-	**46.0%**	**51.0%**	**10.9%** ▲	**70.0%**	**N**
Told about self help or consumer run programs	31.4%	36.8%	40.6%	10.3% ▲		
Told about different treatment options	46.2%	54.1%	60.5%	11.8% ▲		
Rating of Counseling & Treatment	**63.5%**	**71.4%**	**77.2%**	**8.1%** ▲	**70.0%**	**Y**

Overall results demonstrated increased performance in the Getting Treatment Quickly domain, as well as the Getting Information domain. The rating for Getting Treatment Quickly went up by 9.9 percentage points between 2024 and 2025, showcasing increasing member satisfaction regarding timely access to behavioral health services. Members' perceived improvement increased in 2025 compared to the 2024 administration, exceeding the stated goal of 70%, demonstrating the importance of connecting members to care. While more members responded positively to getting information in 2025 compared to 2024, the Getting Information and Information About Treatment Options domains are opportunities for improvement as both remained below the 70% goal. The 2025 Language Access Survey results offer critical insights into member experiences with interpreter services, health promotion and communication efforts. The surveys were sent to members if they utilized services in the previous 6 months and their preferred language is Spanish, Chinese, Dari, Farsi, Vietnamese, Arabic, Punjabi, Tagalog, Russian, Hindi, Korean, Cambodian, Thai, Japanese, Armenian, or Hmong. The results of this year's survey are presented in Table 4.

Table 4. Language Access Survey Results, 2024-2025

Measure	RY 2024	RY 2025	Percent Change
General			
How often did you get an interpreter when you needed one?	77.3%	80.0%	3.5% ▲
How often did your personal doctor show respect for what you had to say?	95.5%	93.5%	-2.1% ▼
How often were instructions for health conditions easy to understand?	91.5%	90.3%	-1.3% ▼
How often did you use a friend or family member as an interpreter?*	19.4%	25.8%	33.0% ▼
Rating of Interpreter			
Members who rated their interpreter positively	83.8%	72.0%	-14.1% ▼
Communication			
Email	38.1%	36.0%	-5.4% ▼
Text Messages	24.3%	32.7%	34.8% ▲
Mail Sent to my House	16.4%	13.1%	-20.0% ▼
CCHP Website	6.1%	5.6%	-8.4% ▼
In Person (Face-to-Face)	4.7%	5.1%	7.7% ▲
Voicemail/Phone Messages	4.7%	4.2%	-11.3% ▼
Materials With Large Text/Font Size	1.4%	2.3%	64.3% ▲
Online Video	2.8%	0.9%	-67.4% ▼
Social Media (Facebook, Twitter, Instagram)	1.0%	0.0%	-100.0% ▼
In Braille	0.2%	0.0%	-100.0% ▼

*Lower is better

This year's survey highlights improvements in some areas of language access services, such as increased access to interpreter services when compared to 2024. However, the rating of interpreters decreased by 11.8 percentage points when compared to 2024. Additionally, there was an increase of 6.4 percentage points in the rate of members that had to use friends or family for interpretation when compared to 2024. With these mixed results from the 2025 Language Access Survey, it is clear that there are still significant opportunities for improvement despite the increased access to interpreter services.

Understanding how well new members comprehend their benefits and how to navigate the health plan is essential for delivering accessible, equitable care. CCHP administered a member survey in 2024 and again in 2025 to assess new members' understanding of key topics such as how to access care, use support services, and get help when needed. Results are presented in Table 5.

Table 5. New Member Survey Results, 2024-2025

Question	% Responding Yes	
	2024	2025
Accessing Care		
Do you know the name of your Primary Care Provider	72.2%	82.4%
If you want to change your primary care provider, do you know how?	44.4%	41.2%
When your primary care provider is not available, do you know where to go for care?	53.3%	50.0%
Do you know how to find a pharmacy where you can get your prescriptions?	90.0%	88.2%
Do you know how to access mental health services?	53.3%	50.0%
Do you know how to find a Medi-Cal dentist?	51.1%	41.2%
Are you familiar with how to find a CCHP healthcare provider?	58.9%	64.7%
Support Services		
If you need help with rides or transportation to and from medical appointments or other Medi-Cal services, do you know what to do?	48.1%	30.4%
Do you know how to access interpreter services?	50.0%	77.8%
Do you know how to get help if you have questions or problems with CCHP or accessing health services?	58.6%	51.7%
Membership Information		
If you lose or don't have a CCHP member ID card, do you know how to get one?	53.3%	41.2%
Do you know how to file a complaint if you are not happy about CCHP, a CCHP decision, or the health care services you received?	46.7%	29.4%
Can you find your CCHP membership information online or on MyChart?	66.7%	79.4%
Clarity of Materials		
How easy or hard was it to understand the mail we sent you when you joined CCHP?	82.2%	70.6%

Areas that saw improvement included knowledge of PCP name (+10.2%), knowledge of how to find a network provider (+6.1%), knowledge of how to access interpreter services (+27.8%), and knowledge of MyChart (+12.7%).

While CCHP made important progress in several areas, significant gaps remain in helping members understand how to use foundational services. Patient knowledge of accessing dental services is low and CCHP has quality measures related to dental care.

More information about the ways in which CCHP evaluates the member experience can be found in the forthcoming 2025 Member Experience Report.

CCHP will work to improve member experience by garnering further input from members through the CAC. The CAC can provide valuable input on how to improve members' experiences by offering diverse perspective, insights, and recommendations that are informed by community needs and experiences. The CAC may offer some insights into the underlying factors contributing to areas with low scores and potential strategies for improvement, as well as identifying priority areas that warrant focused attention.

6.3 Network Adequacy

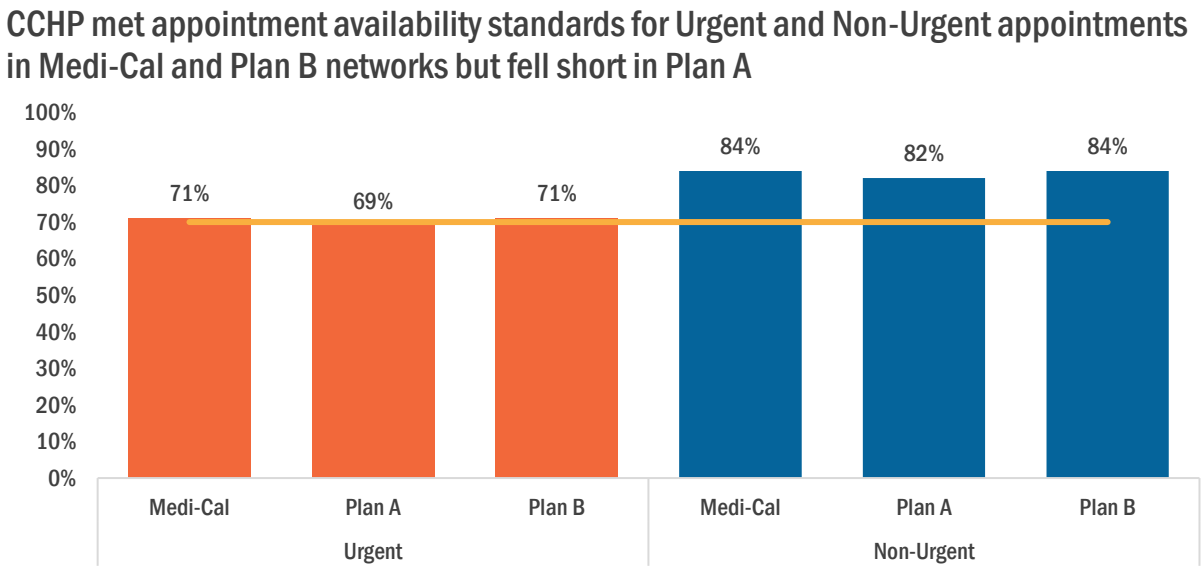
Effective healthcare delivery relies on the accessibility and availability of services when needed. CCHP adheres to access and availability standards as required by DMHC, DHCS, NCQA. Through analysis of provider appointment availability, enrollee experience,

provider satisfaction, and other key metrics, such as initial prenatal appointment availability, Initial Health Appointment (IHA) rates, in-office wait times, and others, CCHP assesses its performance in meeting regulatory standards while ensuring quality and timely service for its members.

The Provider Appointment Availability Survey (PAAS) assesses the readiness of network providers to deliver timely appointments to enrollees. The standard is that 70% of providers within the CCHP network must meet the standards for urgent and non-urgent appointments, and 80% meet standards for non-physician mental health follow-up appointments.

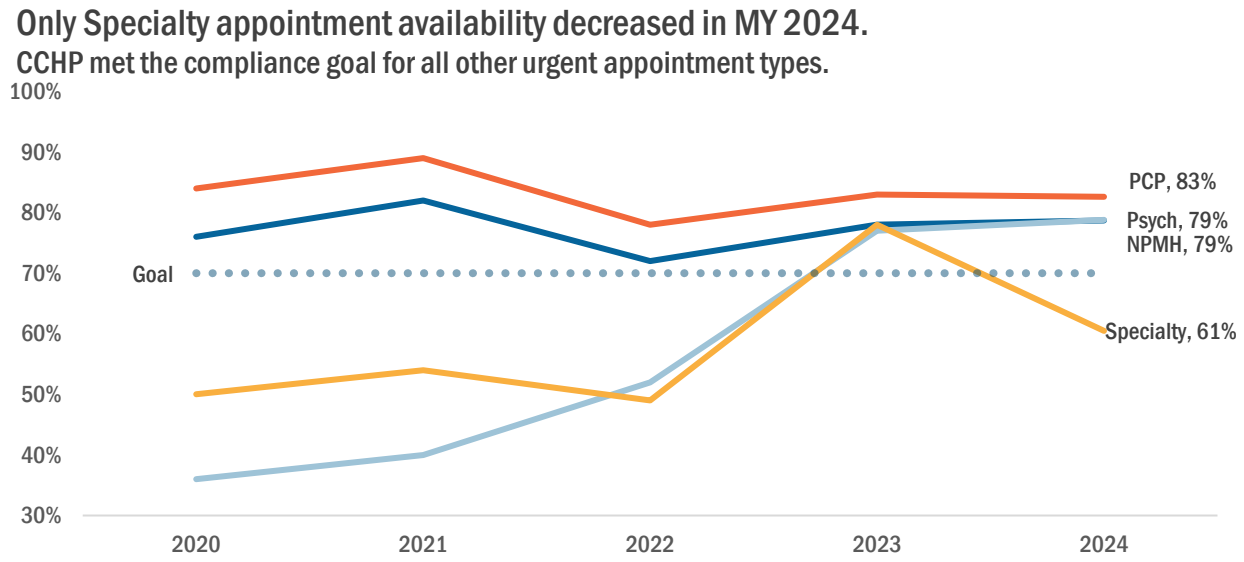
In 2024, CCHP met the standards across all lines of business for non-urgent appointments. For urgent appointments, the only line of business to fall short of the standard of 70% was Plan A with a rate of 69%.

Figure 1. PAAS Compliance Rates for Urgent and Non-Urgent Appointments by Line of Business



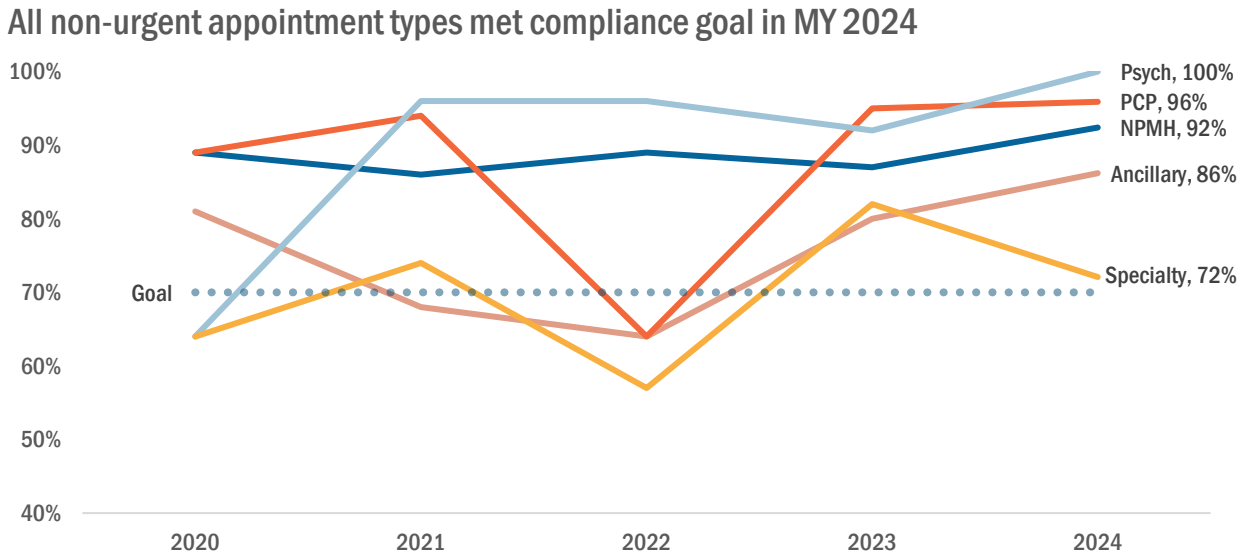
When stratifying urgent appointments by provider type, CCHP saw an increase across most provider types, with primary care, non-physician mental health, and psychiatry experiencing an increase in rating and exceeding the threshold. However, specialty urgent appointments experienced a decrease in rating of 17 percentage points between 2023 and 2024, bringing the rating below the threshold of 70%.

Figure 2. PAAS Urgent Appointment Compliance Over Time



Similarly, non-urgent appointments saw an increase across several provider types in 2024 compared to 2023. Notably, psychiatric appointments increased from 92% to 100%, and ancillary appointments increased from 80% to 86%. Specialty appointments were the only type to experience a decrease in rating, dropping by 10 percentage points between 2023 and 2024. All non-urgent appointment types met the threshold of 70%.

Figure 3. PAAS Non-Urgent Appointment Compliance Over Time



CCHP implemented several targeted interventions based on the opportunities for improvement identified in the MY 2023 Access and Availability Report. The three main priorities were improving provider education on appointment standards, increasing the specialty network, and improving patient education around after-hours and behavioral

healthcare. More comprehensive information about how CCHP assesses its network adequacy can be found in the 2024 Annual Report on Access and Availability.

6.4 Long-Term Care and Long-Term Support Services

Following state guidelines, CCHP developed 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. This report, written in 2025, analyzes quality data from 2024, reviewing primary and secondary sources to present a comprehensive picture of LTC quality. In 2024, CCHP had 1,914 members placed during the reporting period, for a total of 3,182 facility placements. Of these, 1,792 members were placed into an in-network SNF, and 242 members were placed out-of-network.

In 2024, CCHP identified 26 (29.2%) of our facilities had survey deficiencies above the state average and 2 (2.2%) were significantly above average (more than 50% above the state average). Five of our high-volume facilities had higher than average survey deficiencies. For complaints and facility reported incidents, 22.5% of CCHP facilities were above average and approximately 6.7% were significantly above average. Six of our highest volume SNF had complaints and facility reported incidents above the state average.

CCHP reviewed LTC facility data on the CMS Care compare website and recorded the ratings for each facility in the overall, health inspections, staffing, and quality measures categories. The average overall rating for in-network LTC facilities was 3.82, which is higher than the state average of 3.2. There was a total of eight facilities (13.8%) with an overall 1- and 2-star rating. When looking at the individual quality measures, CCHP was above or very close to the state average in 8 of the 12 measures but fell below in four measures related to emergency department visits, antipsychotics use and pressure ulcers.

CCHP also reported on three MCAS measures specific to long-term care facilities:

- Healthcare-Associated Infections Requiring Hospitalization (HAI)
- Number of Out-patient ED Visits per 1,000 Long Stay Resident Days (OED)
- Potentially Preventable 30-day Post-Discharge Readmission (PPR)

In 2024, CCHP's rate Outpatient ED Visits per 1,000 Long Stay Resident Days (LTC-OED) increased significantly to 4.31 compared to 2023's rate of 1.86, which was more closely aligned with benchmarks.

Table 6. Comparison of LTC MCAS Measures to State and National Average.

	RY 2023			RY 2024			CCHP % Change
	CCHP	CA Avg	National Avg	CCHP	CA Avg	National Avg	
LTC-HAI	5.45%	NA	6.9%	5.43%	NA	7.1%	-0.4%
LTC-OED	1.86	1.38	1.65	4.31	1.53	1.74	+131.7%
LTC-PPR	0.77%	NA	10.5%	2.84%	NA	10.5%	+268.8%

*Lower is better

The report presents strengths and areas for improvement within the LTC facilities that serve CCHP members. The data shows CCHP has a strong in-network placements, ensuring continuity of care, improved health outcomes, and closer alignment with quality oversight activities. However, the evaluation also revealed a subset of facilities deviate from state and national averages in survey deficiencies, complaints, and CMS Care Compare ratings. More detailed information is presented in the 2024 Long Term Care Quality Assurance and Performance Improvement Report.

6.5 Other Quality Measurement Activities

In 2025, CCHP successfully completed a number of other quality reporting activities including DHCS encounter data validation, a provider satisfaction survey, and comprehensive reporting on CalAIM requirements, including Enhanced Care Management and Community Supports monitoring reports, and Incentive Payment Program reports.

A noteworthy achievement in 2025 was the improvement of sharing quality information with network providers. CCHP expanded the reporting available in the CCHP Provider Portal from provider empanelment reports, lead screening reports, and gap in care reports available to also include reports informing providers about their members due for Initial Health Appointments, Medi-Cal Redetermination, and those who had ED visits & hospitalizations in past 30 days. Primary Care Providers are now able to access these reports on-demand, in a more secure fashion. This demonstrates CCHP's commitment to patient privacy while maintaining real-time feedback loops with network providers.

7 Performance Improvement Projects

The Quality Program at CCHP is dedicated to enhancing care and services for members through continuous evaluation and improvement, utilizing the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles. Goals focus on improving health outcomes, member experience, health equity, and cost efficiency. Project prioritization considers regulatory

requirements from DHCS, DMHC, and NCQA, along with insights from HEDIS and other quality metrics, findings from the Population Needs Assessment, PQIs, member grievances, member and provider experience surveys, and access studies.

CCHP identifies additional performance improvements through annual reviews of quality metric data. This analysis assesses areas needing improvement, leading to the development of projects added to the work plan. Monthly reviews allow for timely adjustments to the work plan, addressing areas of declining performance or those falling below desired quality targets. Quality staff conduct root cause analyses and formulate plans for implementing performance improvement projects.

7.1 DHCS Performance Improvement Projects

CMS and DHCS require CCHP to conduct a minimum of two Performance Improvement Projects annually as part of External Quality Review (EQR). CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level.

In 2025, CCHP submitted MY2024 data and a summary of implemented interventions for the 2023-2026 DHCS PIPs. Both PIPs met 100% of the methodological evaluation elements and received high confidence rating for methodology. The clinical PIP, Improving W30-6 Measure Rate Among Black Members, focuses on reducing disparities in well care visit rates between Black/African American children and children of other races. CCHP's non-clinical PIP, Improving the Percentage of Members Enrolled in Care Management Within 14 Days of SMH/SUD Diagnosis, focuses on connecting members with Case Management (CM) services after an ED visit for mental health or substance use diagnoses.

7.1.1 Improving W30-6 Measure Rate Among Black Members

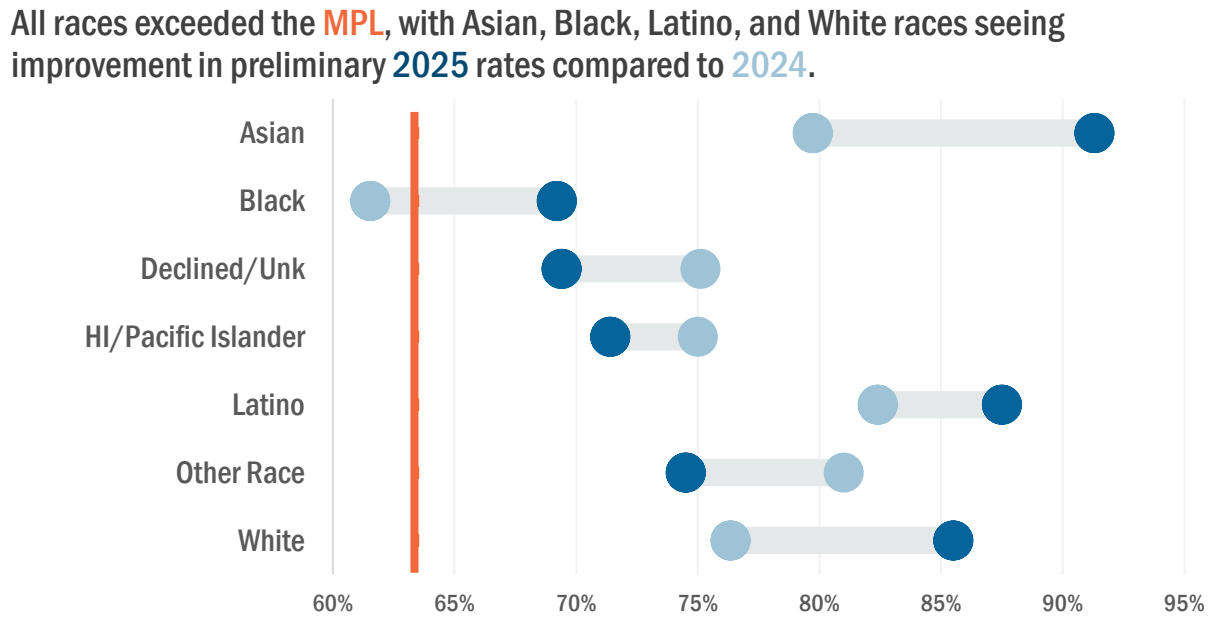
In 2024, CCHP achieved the 90th percentile for the W30-6 measure, with 79.03% of continuously enrolled patients completing at least 6 well care visits with a PCP by 15 months of age. CCHP has demonstrated marked improvement in this measure since 2021, with 2024 rates up +24.68 percentage points.

However, despite CCHPs performance, disparities in WCV completion rates exist between racial categories. In MY 2024, Latino members had a W30-6 completion rate of 82.4%, compared to only 61.54% of Black/African American members. If the completion rate for Black members was the same as for Latino, 14 additional Black members would have been compliant with the measure. This equates to lost opportunities for vaccinations and

important screenings, like lead and anemia, which have further downstream effects on the W30-6 completion rate for this population.

Though these disparities are present in the W30-6 measure for Black/African American members, there was a great amount of progress in the rating for this group. The rate increased by 7.7 percentage points between MY 2023 and MY 2024, leading to a rate of 69.24%, exceeding the established MPL of 63.4% by 5.8 percentage points.

Figure 4. W30-6 Rates by Race, 2024-2025.



To achieve the DHCS' Bold Goal of reducing the disparities seen amongst well child visits between races, CCHP conducted outreach to members ages 0-15 months who were overdue for a well care visit, with a particular focus on Black/African American members, members with a declined/unknown race, and Hawaiian/Pacific Islander members. For patients within the Regional Medical Center (RMC) network, CCHP staff offered to directly book appointments for patients and offered caregivers an incentive to complete the appointment. For patients in the Community Provider Network (CPN), CCHP staff informed caregivers about the child's overdue well care visit and offered them the phone number of the appointment scheduling unit for their child's PCP. If a caregiver was not reached, they were eligible for an additional phone call seven days after the first.

In 2025, CCHP health education staff placed 539 calls to 384 members, contact was made with a caregiver for 154 (40.1%) members. Overall, 125 (29.1%) patients who received an outreach call had a completed WCV within 75 days of patient outreach. The average time from the call to visit was 34.3 days and the average age at the time of visit was 7.7 months. Despite outreach efforts, CCHP knew that the stated goal would not be achieved. In Q3 of

2025, CCHP partnered with Contra Costa Black Infant Health to conduct focus groups with parents/caregivers of Black/African America infants within the county to determine barriers for WCV. From this focus group, a mailer informing parents/caregivers of the WCV cadence was developed to be tested in Q1 of 2026.

7.1.2 Improving the Percentage of Members Enrolled in Care Management within 14 Days of SMH/SUD Diagnosis

CCHP's non-clinical PIP is focused on improving enrollment in case management following an emergency department visit for mental health or substance use. Previous data analysis demonstrated that members who were previously enrolled in Enhanced Care Management (ECM) or Complex Case Management (CCM) were more likely than members not enrolled in care management (CM) to receive a clinical follow up visit after their ED visit for mental health or substance use.

According to baseline data, between 0-10% of members are authorized for case management within 14 days of an emergency department visit for behavioral health. One reason for this is claims lag, which prevents CCHP from identifying individuals for case management in a timely fashion and establishing workflows to trigger authorizations for needed services. In Q3 2024, CCHP implemented an automated process to authorize and triage potentially eligible members from Admit, Discharge, and Transfer (ADT) feeds. Enrollment in ECM and CM within 14 days of the ED visit increased from 0.9% in 2023 to a rate of 1.5% in 2024, an increase of 0.6%-points (+66.7%) (most recent reporting year). Efforts in 2025 focused on engaging with ED providers to increase follow-up with the Access Line.

7.2 PIPs for Low Performing MCAS Measurement

CCHP regularly monitors HEDIS and MCAS measures and develops improvement plans based on low performing measures. In MY 2024 (reported in 2025) CCHP identified lead screening and topical fluoride application as low performing measures.

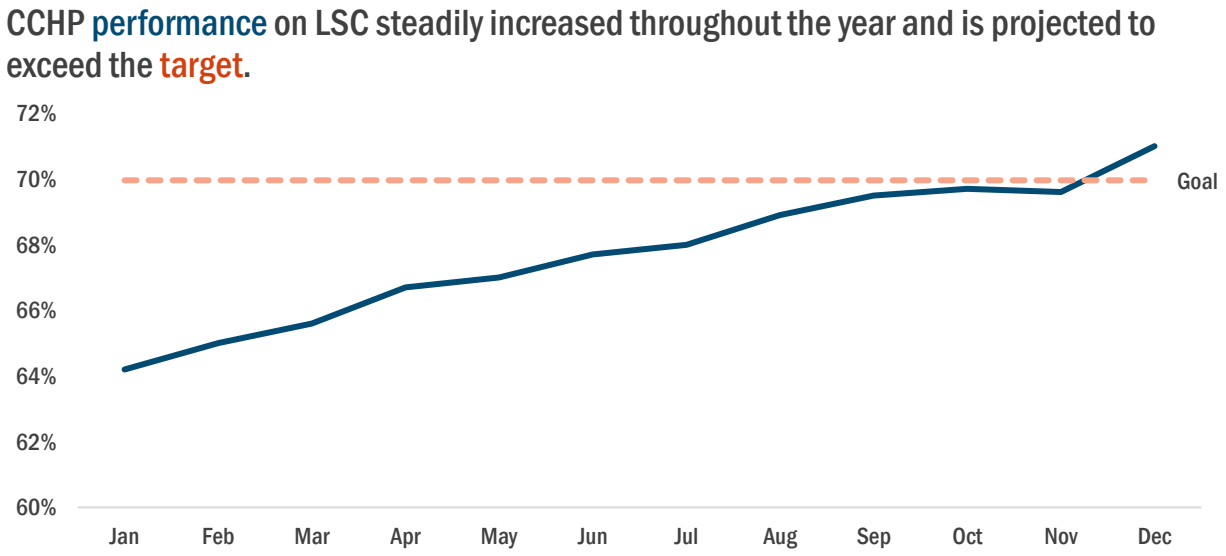
7.2.1 Lead Screening in Children

Lead Screening in Children (LSC) is a measure that CCHP must perform at the 50th percentile or better when compared to other HMO Medicaid plans. LSC rates have increased considerably since MY2021, rising from 44.23% to 66.10%, exceeding the 63.84% target in MY2024. The target for LSC increased considerably in MY2025, to 69.96%, so CCHP sustained the lead outreach campaign initially implemented in 2024. This multimodal outreach strategy includes outreach by health education staff to caregivers of

members approaching their second birthday who have not had the recommended blood lead test, as well as quarterly lead mailings. For the health education outreach, caregivers are called and informed of the importance of lead screening and how their child can get screened. In 2025, a total of 709 calls were made to 382 members' caregivers (avg. 1.9 calls/person) and a caregiver was reached for 280 (73.3%) of members. Ultimately, 62 (16.2%) of members who were outreached had a lead test that was collected within two weeks of outreach. In total, 202 (52.9%) members in this population had a lead screening by the end of 2025, with 61 (16.0%) of these screenings occurring before the member's second birthday. Members were eligible for the lead mailing campaign if they were overdue for a lead screen and their second birthday was in quarter following the mailing, leading to 1,165 packets sent in 2025. Mailers included a letter informing patients of their overdue lead screening status, as well as educational fliers that had been previously developed with the Contra Costa Health Public Health department. Of the 1,165 members mailed a letter, 213 (18.3%) had a lead screen by the end of 2025, with 103 (8.8%) of those screenings occurring before the member's second birthday. CCHP partnered with the Contra Costa Lead Poisoning Prevention Program to present about lead to the Stege Elementary School community in May 2025 and for Lead Poisoning Prevention Week in October 2025.

Preliminary MY 2025 HEDIS results for CCHP demonstrate increased improvement in LSC to 72.55%, which exceeds the MY2025 target.

Figure 5. Lead Screening Rate by Month in 2025.



7.2.2 Topical Fluoride Varnish

While CCHP increased performance on TFL from 15.21% in MY 2023 to 22.31% in MY 2024, CCHP anticipates marginal improvements in MY 2025 rates and the MPL has

increased to 21.60%. In order to improve TFL rates and meet the MPL, CCHP implemented an outreach campaign to members ages 0-20, with a specific focus on members ages 6-20 who are only eligible for fluoride varnish at a dental visit. CCHP placed over 4,500 calls to parents/caregivers and members to educate them about their dental benefits, as well as to inform them of dental providers in their area who are accepting Smile, California dental insurance. Dental services are a carved-out benefit and CCHP does not control the dental network, so education and outreach is one of the few activities CCHP can engage in to address this rate. In addition to outreach calls, CCHP distributed over 500 Denti-Cal fliers at 34 distribution sites throughout 2025.

7.3 Institute for Healthcare Improvement Projects

In March 2024, DCHS announced a partnership with the Institute for Healthcare Improvement (IHI) to implement two improvement projects for all Medi-Cal Managed Care plans. Through a series of biweekly coaching calls, IHI committed to supporting Medi-Cal plans through the implementation evidence-based interventions to address pediatric well care visit completion rates and behavioral health follow-up visit rates. Critical elements to achieve this goal include effective team-based care, automation and effective use of technology, including Electronic Health Records, population health management, and addressing social drivers of health. These projects were completed at the end of quarter one in 2025.

7.3.1 Child Health Equity

To improve health equity in the pediatric domain, CCHP partnered with Brighter Beginnings, a provider group with 3 locations throughout the county. CCHP and Brighter Beginnings conducted a thorough data analysis and together decided to focus on improving the Well Care Visit rate for members ages 18-21 from 11.0% to 48.1% by March 2025. At the end of this collaborative, which included activities such as weekend morning clinics and a social media campaign, while Brighter Beginnings did not achieve the stated goal of 48.1% of 18-21-year-olds completing a WCV, they did increase performance in this group by 107% to 22.8%. In Q3 of 2025, CCHP started Round 2 of the Child Health Equity Collaborative, this time focusing on improving well child visits in the first 15 months of life and from 15-30 months of life with the Contra Costa Regional Medical Center.

7.3.2 Behavioral Health

CCHP partnered with Contra Costa Health Behavioral Health Services (CCBHS), the specialty mental health and Drug Medi-Cal-Organized Delivery System plan in Contra Costa, to increase the follow-up visits for behavioral health by 5% from baseline for HEDIS FUM

and FUA measures by the end of Q1 2025. Interventions including improved data reporting utilizing Admission, Discharge, and Transfer feeds, outreach by the Behavioral Health Access Line, and in-service presentations to local ED staff. By the end of the collaborative, CCHP achieved a 13.5% increase in FUA rates, but only a 2.5% increase in FUM rates. In addition to the improvements in FUM and FUA rates, the Access Line completed over 2,500 outreach calls, 344 connections were made to mental health and AOD services, and 41 patients were enrolled into Enhanced Care Management (ECM). CCHP decided to participate in round two of the collaborative, with participation from, and an enhanced focus on, an Emergency Department with lower linkage rates and high patient volumes.

8 Population Health Management

Population Health Management (PHM) at CCHP is dedicated to maximizing health by collaboratively designing services with members and providers. This involves delivering primary and secondary evidence-based interventions for illness prevention and management within our assigned population.

In 2025, CCHP continued our work to enhance the PHM program. This involved a comprehensive series of meetings engaging key CCHP leadership and collaborating with provider, county, and community partners. The ongoing collaboration with stakeholders demonstrates CCHP's dedication to advancing population health initiatives and adapting to the evolving landscape of healthcare services.

8.1 Population Needs Assessment, Strategy, and Impact Report

Annually, CCHP conducts a Population Needs Assessment, leveraging diverse data sources to identify disparities and trends. The outcomes guide the formulation of the Population Health Management Strategy—an annual document approved by the Quality Council, delineating the programs CCHP will implement to address population needs. Concurrently, CCHP conducts an annual Population Health Impact report to evaluate the effectiveness of the implemented programs.

Utilizing these various data sources, CCHP responded proactively to population needs, expanding programs for patients with complex needs (patients experiencing homelessness, patients with avoidable emergency room and hospitalizations, patients with experience of incarceration, and members with substance use and severe mental health), diabetes management, and asthma services. Furthermore, CCHP bolstered programs in homeless services, long term support services, doula services, and behavioral health.

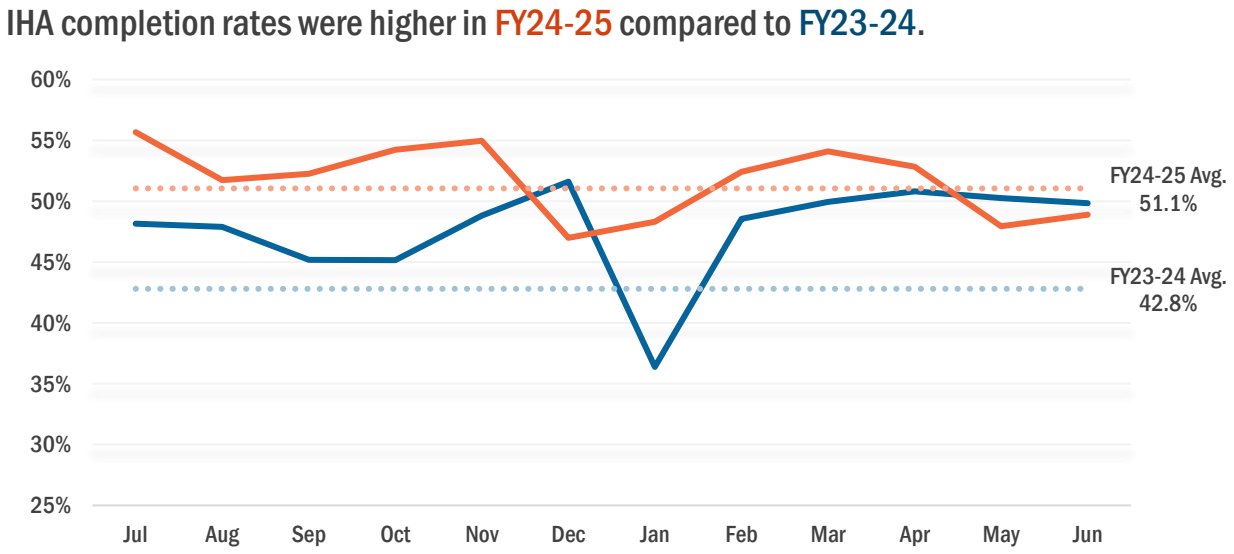
As part of continuous improvement, CCHP acknowledges the complexity of evaluating these programs due to regression to the mean and is actively developing a framework and evaluation methodology for program impact assessment. Propensity score matching and other methodologies are being explored to comprehensively assess program effectiveness, ensuring a data-driven approach to population health management.

In addition to CCHP efforts, collaborative efforts with the Public Health Department's epidemiologist and quality team were initiated to align with Contra Costa's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). CCHP was an active stakeholder in Contra Costa County's CHA, which began planning in 2025, and participated in 14 meetings as a key member of the CHA steering committee.

8.2 Initial Health Appointments

CCHP ensures that adult and pediatric members receive timely initial health appointments and comprehensive preventive services upon enrollment with the plan. CCHP previously identified improving IHA completion rates as a priority and has undertaken several efforts to increase rates over the past two years. Efforts in 2025 included chart audits of the largest provider groups with feedback on compliance, provider education on IHA requirements via the Provider Network Training and provider bulletins, and on-demand reports on the CCHP Provider Portal showing members due for an IHA. Figure 6 demonstrates the improvement in IHA rates in FY24-25 compared to FY23-24. Compared to FY22-23, IHA completion rates are up 8.0 percentage points (+18.6% change), demonstrating the success of efforts to improve rates.

Figure 6. IHA Completion rates FY23-24 to FY24-25.



8.3 Risk Stratification, Segmentation and Tiering

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by harnessing data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data including homelessness data, criminal justice data CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories and tiering based on acuity. Beyond classification, CCHP leverages this data to generate automatic referrals, proactively directing members to appropriate services and programs for which they may qualify. This ensures that individuals not only receive accurate risk assessment but are also seamlessly connected to the care and support they need. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services.

In 2025, CCHP expanded on previous work that developed infrastructure to utilize ADT feeds for risk identification and program eligibility. These data have then been leveraged to automatically identify and refer people to services, without the need of a practitioner referrals. CCHP was able to expand referrals to include Transitional Care Services referrals for recently hospitalized pregnant members assigned to the RMC network and ECM referrals for the Birth Equity population of focus.

In summer 2025, DHCS launched Medi-Cal Connect, a platform to aggregate individual and population-level data from various state data sources in order to risk stratify members. CCHP has reviewed the initial risk segmentation data from Medi-Cal Connect and is working to incorporate it into the population health program.

Finally, CCHP launched an annual reassessment of LTSS and Children with Special Health Care Needs (CSHCN) to ensure that these especially vulnerable members are reassessed at least annually and connected to relevant resources. Since this project was implemented, over 3,300 letters have been mailed and approximately 2.7% of members have returned an assessment form.

8.4 Services

CCHP has introduced programs to cater to the diverse health needs of its members. These initiatives aim to maintain the well-being of individuals already in good health, offer self-

management resources to those with well-controlled chronic conditions, extend specialized services to members dealing with poorly controlled chronic diseases, and provide case management services. These include Enhanced Care Management for individuals with the most complex needs, Complex Case Management for those requiring ongoing support for chronic conditions, and Transitional Care Services for individuals in need of assistance during care transitions. Additionally, basic population health management services have been implemented to provide health education, wellness programs, and preventive services accessible to all members.

8.4.1 Basic Population Health Management Services

Basic population health management ensures timely access to essential programs and services for all members, irrespective of their risk tier. Unlike care management, which targets populations with specific needs, basic population health management is provided to all members, emphasizing equity. It encompasses primary care access, care coordination, navigation, cultural and linguistic services, and referrals across health and social services. The program includes services by community health workers, wellness and prevention, chronic disease management, maternal health programs, and services covered for children under early and periodic screening, diagnostic, and treatment (EPSDT).

The evaluation of basic population health management primarily relies on HEDIS and MCAS measures, detailed in Table 1. These measures encompass critical aspects such as well care visits for children, immunizations, preventive screenings, and prenatal and postpartum visits.

8.4.1.1 Community Supports, Community Health Workers, Care Coordination, and Navigation with Social Services

In alignment with CalAIM, CCHP has expanded its service offerings aimed to address the comprehensive well-being of individuals. This broader spectrum of services includes doula services, community health worker assistance, care coordination services provided by CCHP's social workers and nurses, and community support services, covering a diverse array of needs for the homeless, individuals requiring long-term support, and those managing chronic conditions that could benefit from specialized interventions such as medically tailored meals or asthma services.

Table 7 outlines the number of individuals who received these services in 2025. CCHP significantly increased utilization of Medically Tailored Meals, Nursing Facility Transition/Diversion to Assisted Living Facilities, Day Habilitation Programs, Respite Services, Environmental Accessibility Adaptations, and Recuperative Care (Medical Respite) services in 2025 compared to 2024. CCHP Care Coordination Services and the

number of unique members receiving CHW services also increased significantly in 2025 compared to 2024. After targeted patient and provider education improvement efforts in 2025, the number of patients receiving doula services increased over 400%.

Table 7. Number of Members Receiving Basic Population Health Services

Program	2023	2024	2025	Trend	% Change 2024 to 2025
Community Supports	1,743	5,664	7,469		31.9%
Medically-Supportive Food/Medically Tailored Meals	600	3,384	5,421		60.2%
Housing Transition/Navigation Services	719	2,110	1,787		-15.3%
Nursing Facility Transition/Diversion to Assisted Living Facilities	-	95	244		156.8%
Personal Care/Homemaker Services	-	228	243		6.6%
Short-Term Post-Hospitalization Housing	84	180	157		-12.8%
Housing Tenancy and Sustaining Services	105	130	154		18.5%
Day Habilitation Programs	-	33	124		275.8%
Respite Services	-	21	122		481.0%
Housing Deposits	-	72	95		31.9%
Environmental Accessibility Adaptations	-	20	84		320.0%
Recuperative Care (Medical Respite)	48	27	61		125.9%
Asthma Remediation	86	83	30		-63.9%
Community Transition Services/Nursing Facility Transition to a Home	-	8	8		0.0%
CCHP Care Coordination Services	1,537	2,170	2,765		27.4%
Members Receiving CHW Services	920	2,038	2,665		30.8%
Doula Services	5	48	257		435.4%

8.4.1.2 Wellness, Prevention, and Health Education

CCHP works with providers on getting members into primary care and addressing care gaps. CCHP undertook a number of projects in 2025 to help connect members into services. Building on the work done in 2024, in Q1 2025 CCHP mailed the first set of pediatric wellness letter reminders to patients assigned to the RMC network who are overdue for health maintenance topics. The wellness letter includes a personalized list of items the child is overdue for and provides information for members on how to make an appointment. In 2025, CCHP and RMC sent out over 18,000 letters to patients overdue for at least one health maintenance topic, with 1,629 (8.7%) of patients completing one or more health maintenance topics within 60 days of letter mailing. CCHP also conducted telephonic outreach for four separate projects to connect members to care. For Blood Pressure Control, CCHP made 296 calls to 290 patients who were due for a blood pressure check or recheck, and 30 of these patients (10.1%) completed an appointment that was scheduled within two weeks of outreach. For colon cancer screening, CCHP conducted 3,060 to 2,368 patients to remind members to return a Fecal Immunochemical Test (FIT) kit sample. Of the patients who were called, 245 (8.0%) returned a FIT test within 60 days of outreach. CCHP also conducted outreach for Cervical Cancer Screening, placing 2,560 calls to 2,164 patients to connect them to care. Of these, 153 patients (6.0%) completed an

appointment that was scheduled within two weeks of the outreach. The least successful outreach campaign was the Assigned Not Seen project, where pediatric members were contacted if their last well-care visit was greater than 18 months in the past to try and reconnect them to care. Of the 2,589 calls to 1,339 patients, only 34 appointments (1.3% outcome success) were scheduled within two weeks of outreach. While the successes in the Assigned Not Seen group were low, this was expected as this group had received a round of outreach in 2024, and this was the third and fourth outreach attempts for many of these members.

Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs Assessment and other sources such as HEDIS, CAC feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this as least annually in the member and provider newsletters. Additionally, CCHP sends out via mail and email a member newsletter three times a year covering a range of topics.

After the Health Education team expanded in 2024, efforts were undertaken to increase the presence of the CCHP within the community. In 2025, the Health Education Team demonstrated an unwavering commitment to improving community health through education, outreach, and collaboration. The three-person team attended more than eighty events across Contra Costa County, ensuring a strong presence in Central, East, and West regions, as well as through virtual platforms. Their efforts included recurring sessions at the Concord and Pittsburg libraries, at the Richmond and Antioch Mobile Farmers Markets, participation in major community gatherings such as the County Block Party, Senior Health Fair, and Food Bank Agency Summit, and partnerships with clinics including La Clinica, Brighter Beginnings, and Lifelong Medical Care. They also delivered monthly movement sessions to the virtual Food as Medicine classes in English and Spanish.

Throughout the year, the team distributed over 17,500 health education materials, including brochures, booklets, and Contra Costa Health branded items. In addition to distribution, the team developed thirty-seven original health education documents to address priority topics such as prenatal and maternal health, child and family preventive care, chronic condition management, and access to coverage. They also produced three annual newsletters and introduced topic-specific e-newsletters for families, maternal health, and mental health, new initiatives that began in 2025 to strengthen communication and engagement with our community.

Community engagement was further strengthened through strategic partnerships with public health and Regional Medical Center clinics, which amplified distribution and education efforts. High-demand items such as stress balls, pens, hand sanitizers, and totes consistently enhanced visibility and participation at events. These engagement tools, combined with targeted educational materials, allowed us to meet residents where they are and address their most pressing health needs.

8.4.1.3 Behavioral Health

CCHP assumes responsibility for mild to moderate behavioral health services for Medi-Cal members and comprehensive behavioral health services for commercial members. Collaborating with Contra Costa County Behavioral Health Services, CCHP triages patients to determine severity levels and delivers appropriate treatment. FQHCs in the community often handle triage and treatment for their members, with some offering embedded behavioral health services. Telehealth providers are contracted to augment access. Quality initiatives focus on HEDIS measures, outpatient behavioral health continuity, coordination of care, and practitioner availability. The Quality Council receives updates, with a Behavioral Health clinician actively participating.

In 2024, CCHP was required to develop a Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan to increase member and provider awareness of behavioral health services and increase equity in those who access behavioral health services. In addition, the 2024 administration of the ECHO survey demonstrated that member awareness of different behavioral health treatment options was an area for improvement. Given this, in 2025 CCHP developed seven one-page information sheets with a health education article on one side and local county behavioral health resources on the back. Topics include maternal mental health, adult mental health, child mental health, and what to know about stress. Over 600 of these materials were distributed at over 30 events, including outreach at providers offices, county libraries, and regional health fairs. In addition to the one-pagers, a mental health focused e-newsletter was developed and six issues were produced. The newsletter covered topics such as depression, child and teen behavioral health and wellness, healthy coping, and hope and recovery. Notably, the Information About Treatment Options composite score in the 2025 ECHO survey increased over 10% compared to the 2024 administration, and the NSMHS penetration increased from 4.1% in 2024 to 4.5% in 2025.

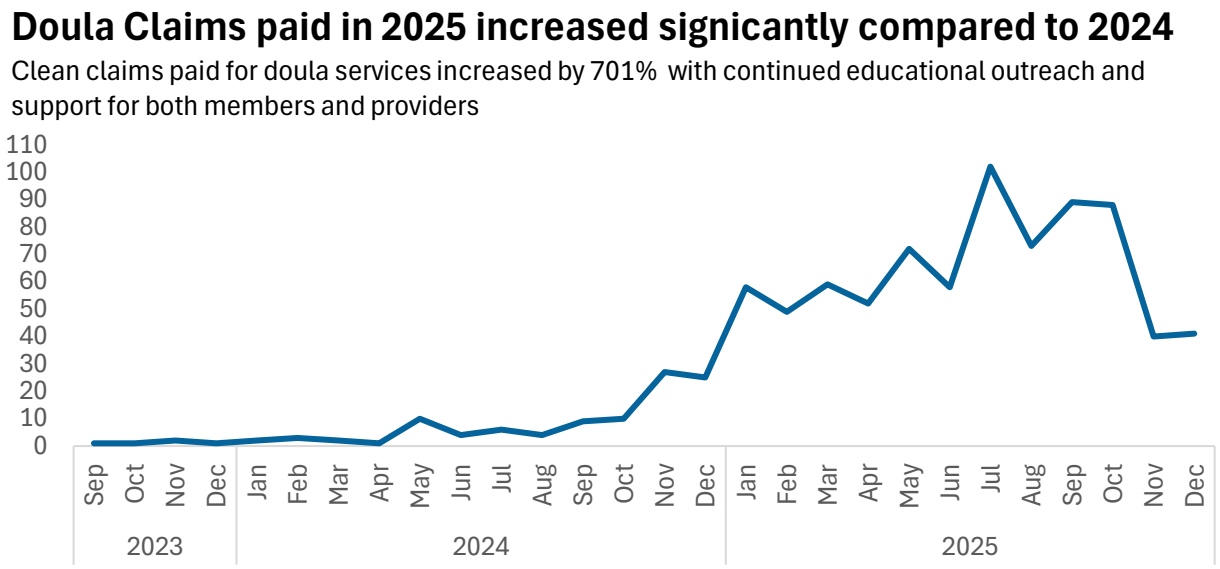
8.4.1.4 Maternal Health

In 2024, CCHP strengthened its commitment to improving maternal health and aligning with statewide priorities. In 2025, this work continued to grow through sustained collaboration with community partners, public health programs, and network providers.

CCHP's Health Education team plays a central role in community outreach and engagement. In 2025, the team participated in 46 events serving pregnant and postpartum individuals. These included Women, Infants, and Children (WIC) Breastfeeding Week activities across the county, outreach at perinatal care sites, the Black Infant Health (BIH) Holiday Fair, and other community gatherings. Through these efforts, CCHP distributed more than 5,000 maternal health education materials over the year.

CCHP also continued to expand support for both contracted and prospective doulas, recognizing their critical role in improving maternal health outcomes. Support efforts included online doula office hours and quarterly joint operations meetings. In September, CCHP partnered with Family, Maternal, and Child Health (FMCH) and FIERCE Advocates, a local community-based organization, to host an in-person doula provider workshop. This event offered doulas the opportunity to connect directly with CCHP staff and receive assistance with contracting and claims processes. As a result of these ongoing efforts, doula service utilization increased substantially, with a 701% rise in paid doula claims compared to 2024. The number of CCHP patients who received doula services increased from 47 in 2024 to 257 in 2025.

Figure 7. Doula claims 2023-2025.

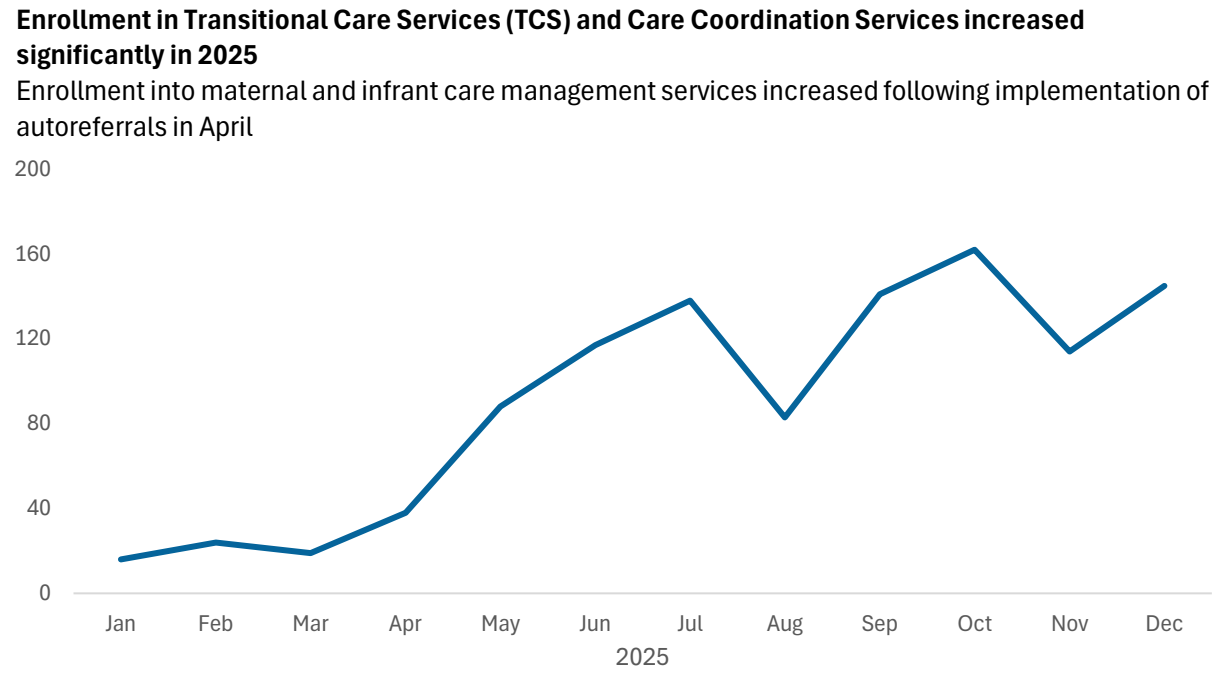


Collaborating with community partners and providers enables CCHP to connect members to vital resources early in their pregnancy. However, some members may choose not to engage with these services or may not be identified until after delivery. To ensure support during the critical postpartum stage, CCHP launched automated referrals to Transitional Care Services (TCS) in 2025.

TCS helps new mothers navigate a smooth transition between levels of care and provides specialized assistance for those experiencing delivery complications, including coordination of complex needs. Beyond clinical support, TCS addresses social determinants of health by linking mothers and their babies to essential community resources and programs.

This enhanced referral system also identifies members who deliver at external hospitals, ensuring timely TCS outreach. Since its implementation in April 2025, we have seen a significant increase in member enrollment in care coordination services for maternal and infant health.

Figure 8. Enrollment in Care Management Services for Maternal Health, 2025.



8.4.2 Programs Addressing Chronic Disease

8.4.2.1.1 Food as Medicine

As part of the Community Supports, CCHP partners with 18 Reasons to provide the Food as Medicine (FAM) program, medically tailored foods for patients with diabetes, obesity or high-risk pregnancies. Members are sent weekly grocery deliveries and attend a cooking

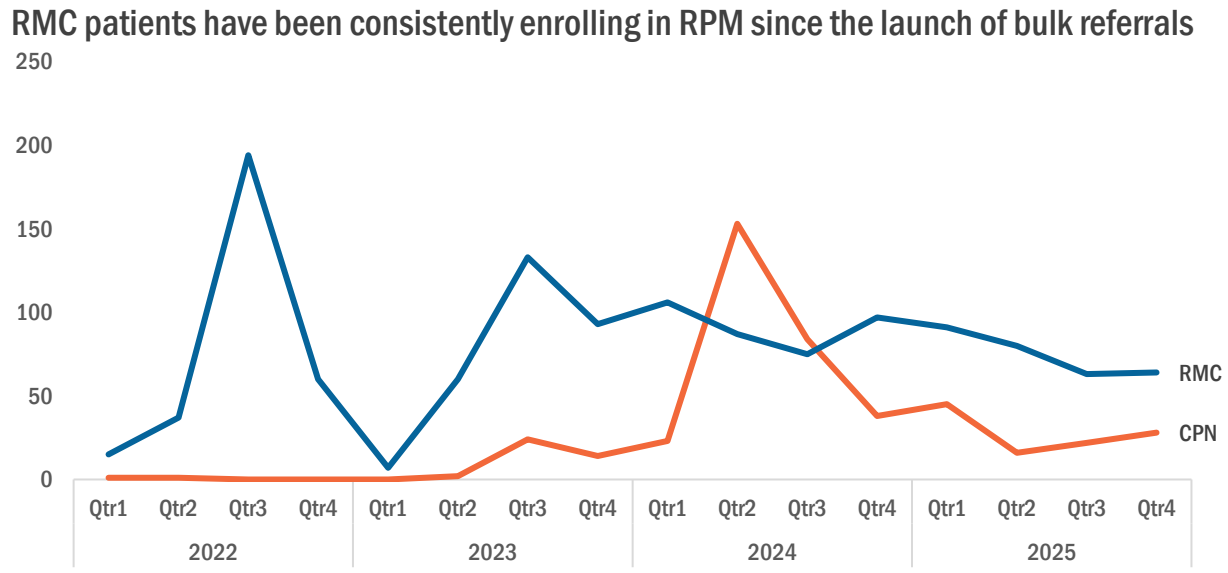
class with 18 Reasons and a medical provider. In 2025, 18 Reasons served 1,961 CCHP members and delivered over 17,000 boxes of groceries. CCHP's Health Education Team also expanded its involvement with FAM groups by offering movement breaks and health education sessions. The team facilitated 46 classes for groups experiencing pediatric and adult obesity, as well as diabetes. These sessions highlighted the benefits of regular physical activity and included simple, at-home demonstrations to help members build confidence in incorporating movement into their daily routines. Members enrolled in FAM for diabetes lowered their A1c 11% compared to patients who were not enrolled, a difference that achieved statistical significance. For pediatric patients with obesity, patients who participated in FAM saw increases in BMI, however, these increases in BMI were 5% less on average than those who were not enrolled, another statistically significant difference.

8.4.2.2 Remote Patient Monitoring for Diabetes and Hypertension

After completing a successful Performance Improvement Project, CCHP expanded our partnership with Gojji Pharmacy to provide remote patient monitoring for patients with uncontrolled diabetes. In 2023, CCHP built out infrastructure to prospectively identify and outreach eligible patients for referral to Gojji. CCHP also expanded eligibility to allow providers to refer any member with uncontrolled diabetes to the program.

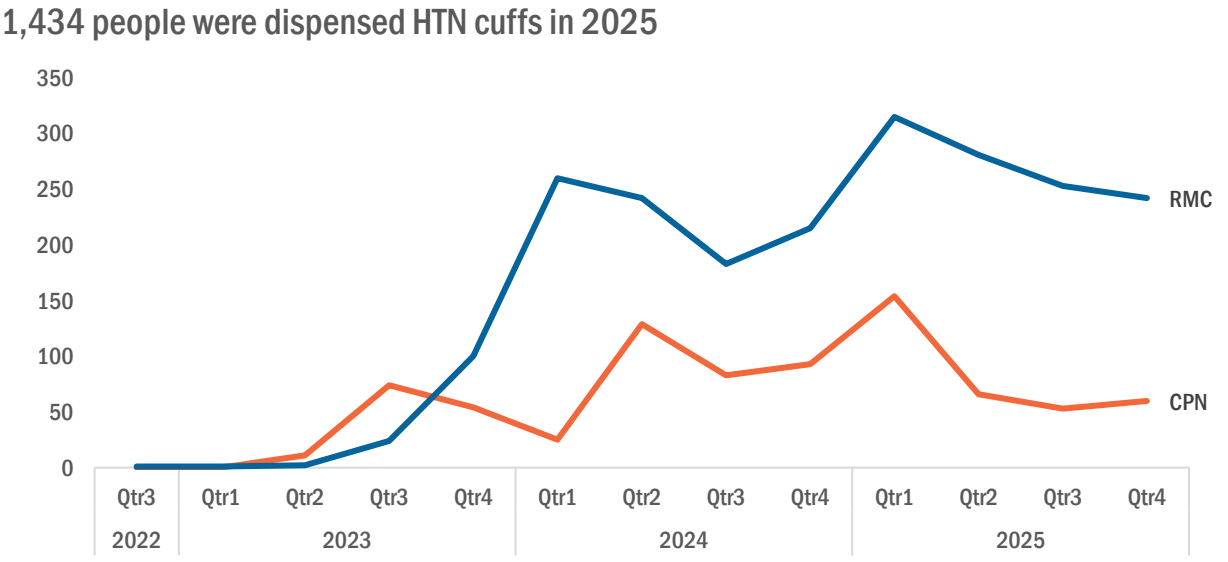
CCHP continued its partnership with Gojji Pharmacy to provide remote patient monitoring services for members with diabetes and/or hypertension. In 2025, CCHP contacted 2,115 members with uncontrolled diabetes and referred 431 (20.4%) RMC patients into the program, with 246 enrolling. Ultimately in 2025, 411 members were newly enrolled into the diabetes remote patient monitoring program, with 72.5% of enrolled members coming from the RMC network. CPN providers enrolled 111 members, about one-third of the patients enrolled in 2024. Since the program began in 2022, CCHP has enrolled 1,726 patients into the diabetes RPM program. CCHP has also seen improvement in the HEDIS Glycemic Status Assessment -Poor Control (>9.0%) and Control (<8.0%) measures and performed at the 90th percentile for both in MY 2024.

Figure 9. Enrollment into the Diabetes RPM Program by Network.



In addition to the diabetes RPM, Gojji also offers a hypertension program. Currently, CCHP providers can enroll members by prescribing a blood pressure cuff and sending the prescription to be filled by Gojji pharmacy. In 2025, Gojji enrolled 1,434 members in the hypertension RPM program. To date, 2,947 patients have been enrolled.

Figure 10. Enrollment into the Hypertension RPM Program by Network.



8.4.2.3 Asthma

In 2025, CCHP participated in the RMC Ambulatory Care Redesign project specifically focused on Alternative Care Models for patients with moderate to severe asthma. These patients were contacted and invited to participate in a nurse-led population health clinic to

better address asthma medication management and education. Recruitment for these clinics -were conducted by the CCHP Health Education Specialist beginning in Q1 2025. The population health nurse clinic was piloted between February 4, 2025, and December 31, 2025, at West County Health Center. Eligible patients included those ages 4 and older, assigned to West Center Health Center or North Richmond Health Center, and met a set criteria of moderate to severe asthma. The CCHP Health Education Specialist conducted 688 outreach calls to eligible patients, including 370 (53.8%) reached attempts. A total of 362 patients were contacted. Patients were informed about the nurse appointments for asthma education and control available as a 4-hour clinic, 3 days a week. Initial intake appointments were scheduled over-the-phone using a standardized outreach script. During an initial visit, the population health registered nurse will assess patient understanding of the disease process and medication use, inhaler techniques, asthma control test score, and asthma triggers. Based on this initial assessment, appropriate education is provided by the registered nurse and follow-up appointments are scheduled at 4-6 weeks. Patient "no show" rates were evaluated to identify scheduling barriers and streamline the process. Telephone appointment reminders were provided by CCHP at least a day to a week prior to scheduled appointments. In-person, telehealth video, and telephone audio visit options were also available to help address no shows. A total of 133 patients were successfully scheduled or had completed a nurse appointment made within 14 days. Development of standardized procedures for the asthma population health clinic and implementation will continue into Q1 2026. Further collaboration will aim to explore the potential expansion of the population health nurse clinic to additional RMC clinics and chronic disease focus, including diabetes and hypertension.

8.4.3 Care Management

CCHP prioritizes the needs of its most vulnerable members through two essential programs, Enhanced Care Management (ECM) and Complex Case Management (CCM). ECM, designed for the most complex patients, offers community-based case management, offering personalized, in-person interactions. This program targets diverse populations with unique needs, including homeless individuals, those at risk for avoidable hospitalizations, individuals with severe mental illness and substance use, those with a history of incarceration, children with a welfare background, and adults transitioning from skilled nursing facilities. Recognizing the intricate needs of these members, ECM enrollment is for one year, with the option to extend based on individual requirements. In contrast, CCM supports higher and medium-risk members not served by ECM, providing chronic care disease management and episodic interventions. The fluid transition between ECM and CCM ensures comprehensive care management.

In 2025, CCHP made significant investments to direct qualified individuals to ECM, leveraging the robust data infrastructure discussed in the risk stratification section above. The implementation of automated authorizations streamlined service access for patients in the Birth Equity POF, high utilizers, and those with SMI/SUD.

Table 8. Comparison of Enrollment in Care Management Programs

Care Management Program	2023	2024	2025	Trend	% Change 2024 to 2025
ECM Population of Focus	6,488	7,706	7,959		3.3%
Adult Homelessness Individual	1,081	1,707	1,990		16.6%
Adult High Utilizer	836	1,916	1,672		-12.7%
Adult SMI/SUD	806	1,595	1,480		-7.2%
Child/Youth High Utilizer	453	1,278	1,305		2.1%
Adult LTC	30	321	526		63.9%
Adult Nursing Facility Transition	30	215	484		125.1%
Child/Youth SED/CHR	138	510	392		-23.1%
Adult Incarceration Transition	490	409	280		-31.5%
Child/Youth CCS/WCM	149	303	243		-19.8%
Adult Homelessness Family	56	262	171		-34.7%
Child/Youth Homelessness Family	71	153	132		-13.7%
Child/Youth Homelessness Individual	30	138	132		-4.3%
Adult Birth Equity	-	41	94		129.3%
Child/Youth Welfare Hx	48	83	57		-31.3%
Child/Youth Birth Equity	-	18	10		-44.4%
Child/Youth Incarceration Transition	32	30	8		-73.3%
Case Management	981	3,425	6,940		102.6%
Transitional Care Services	634	2,882	6,408		122.3%
Complex Case Management	200	400	431		7.8%
CCS Transitions	147	143	101		-29.4%

CCHP notably increased the number of members served in 2025 compared to 2024 for the Adult Long Term Care, Adult Nursing Facility Transition, and Adult Birth Equity populations of focus (POF). The number of members receiving Care Management services also saw a significant increase, raising by 102.6% between 2024 and 2025. The increase in overall Care Management volume was primarily driven by growth in Transitional Care Services, which saw an increase of 122.3% between 2024 and 2025. The RSS tiering discussed in 8.3 also lead to significant increases in Transitional Care Services and the number of members receiving Complex Case Management.

8.4.4 Transitional Care Services

Transitional Care Services (TCS) at CCHP focuses on facilitating the movement of members across different care settings, ensuring a smooth transition from hospitals to home-based or community settings. Essential services include comprehensive medication reconciliation upon discharge and post-discharge, linkage to a primary care appointment post discharge, review of discharge paperwork, and coordination of any post-discharge needs, which may include durable medical equipment, coordination of services, transportation, and other supports. High-risk individuals receive personalized care management, while low-risk individuals have direct access to coordination services.

In 2025, 6,408 members were successfully linked to a CCHP case manager for TCS, in addition to those members that had a pre-identified case manager through ECM or CCM at the time of discharge. This is an increase of over 122.3% compared to the number of members in TCS in 2024.

Throughout 2025, analyzed the DHCS Acute Stays with an Ambulatory Follow-Up Visit within 7-Days measure, which indicated 35.4% of individuals had an ambulatory visit within 7-days post-discharge. The identified barriers to achieving this target include timely identification of admissions, assigning a case manager promptly, and ensuring effective member engagement within a limited timeframe. To overcome these challenges and enhance efficiency, CCHP implemented auto referrals based on ADT feeds. After the implementation of these auto referrals both the number of patients and the overall percentage of patients with a CM visit per quarter have increased. CCHP will continue to trend these metrics over time and implement improvement activities as needed.

9 Patient Safety Activities and Projects

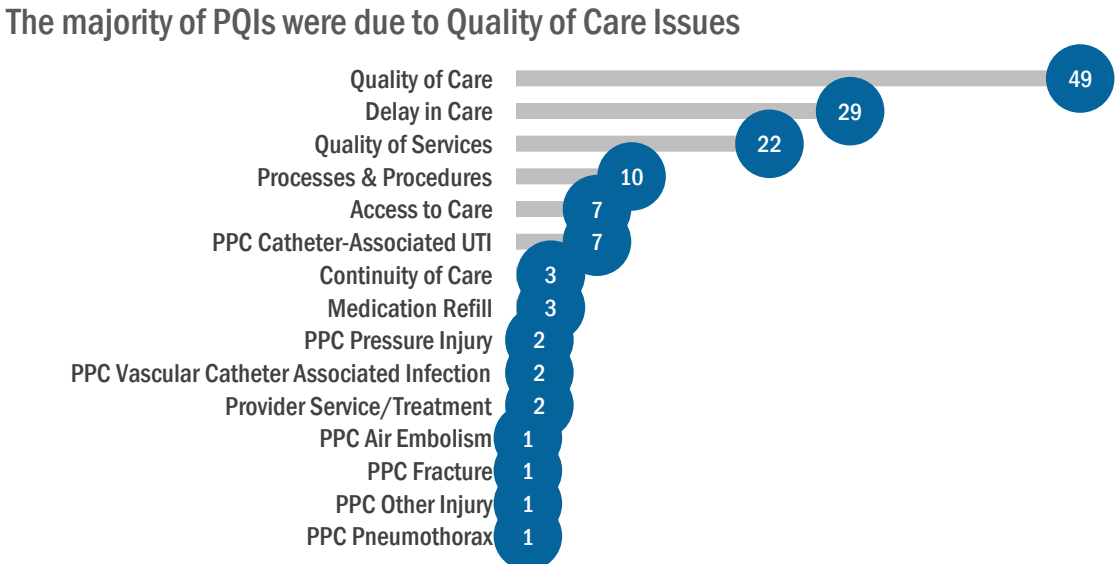
Patient safety is a top priority at CCHP, and various departments collaborate to address this critical aspect of healthcare. Routine reviews of data from sources such as grievances, appeals, access and availability metrics, claims, medical record review, HEDIS measures, satisfaction surveys, utilization and case management records, as well as studies on adherence to clinical guidelines, contribute to the identification of potential risks to members' safety. The findings from these reviews are regularly presented to the Quality Council, allowing for comprehensive oversight and continuous improvement in patient safety measures.

9.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify and report a potential quality issue (PQI) which will then undergo an investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) according to diagnosis codes. All PPCs are entered in the system as a PQI and undergo an investigation. The PQI committee, consisting of the Chief Medical Officer, Medical Director, and Director of Pharmacy, evaluates and categorizes PQIs from level 0 (no confirmed issue) to level 3 (a significant concern). Level 3 PQIs prompt a Corrective Action Plan (CAP) and potential escalation to the Peer Review and Credentialing Committee (PRCC). Provider Relations further identifies any trends at the provider level where intervention is warranted. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council bi-annually.

During 2025, CCHP reviewed 300 cases, primarily referred through grievances, followed by utilization review. Of those cases 158 were determined to have no quality issue (level 0), 76 had minor issues (level 1), 56 moderate issues (level 2), and 10 presented significant quality issues (level 3). PQIs predominantly centered around Quality of Care. Through diligent follow-up, corrective action plans (CAPs) were initiated, empowering providers to enhance services and elevate overall care quality. All PQIs are protected under California Evidence Code 1157.

Figure 11. PQIs by Issue Type.



Compared to 2024, there was a slight increase in PQI cases.

9.2 Pharmaceutical Safety

CCHP actively addresses pharmaceutical safety concerns through targeted over/under-use activities. These initiatives encompass the review of members with fifteen or more prescriptions, potential case management referrals, assessments of members with potentially unsafe medication regimens, and review of prescription trends to detect possible fraud, waste, and abuse. Proactive measures include notifying providers about medication safety issues and educating patients.

Throughout the reporting period, CCHP executed the outlined pharmaceutical safety activities to ensure the ongoing safety and appropriateness of medication regimens. For example, CCHP tracked, communicated with and provided education to 14 of 67 members being treated for Hepatitis C to ensure completion of therapy. Additionally, 28 letters were sent to providers alerting them of their patients who were currently taking the dangerous drug therapy combination of opioids and benzodiazepines. Continuous efforts in provider communication and patient education underscore CCHP's commitment to pharmaceutical safety, aligning with best practices in healthcare quality management.

9.3 Facility Site Review and Medical Record Review

CCHP prioritizes the adherence of primary care provider sites to local, state, and federal regulations to uphold patient safety standards. Stringent protocols ensure medical records comply with legal standards, documenting the provision of preventive care and effective coordination of primary care services. Facility Site Review nurses conduct periodic full-scope reviews, addressing deficiencies through corrective action plans.

In 2025, CCHP completed 33 Facility Site Reviews, with 29 providers undergoing medical record reviews, totaling 431 records. This comprehensive assessment process identified areas for improvement, resulting in the formulation of 27 corrective action plans. Additionally, Physical Accessibility Review Surveys (PARS) were conducted for PCP sites, high volume specialists, ancillary providers, and community-based adult services providers, with 68 PARS completed during the year. The identified corrective actions and PARS contribute to an ongoing cycle of improvement, reinforcing CCHP's dedication to fostering a healthcare environment that prioritizes patient safety and regulatory compliance.

10 Provider Collaboration

CCHP is dedicated to fostering collaborative relationships with provider stakeholders, including the CCRMC system, Federally Qualified Community Health Centers (FQHCs),

Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication across diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration extends to various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

In 2025, CCHP completed Joint Operations Meetings with hospitals, SNFs, ECM, CS, and doula providers. Four quarterly provider network trainings and 2 newsletters successfully provided updates and a forum for direct community with providers. Regular round meetings occurred between the Utilization Management (UM) and Case Management teams and hospitals to refine member transitions and discharge processes. The Quality and Health Equity Department continued bi-monthly quality meetings with individual FQHC quality teams, emphasizing focused discussions on quality improvement activities. Over 20 dedicated meetings transpired, focusing on reviewing quality measures and crafting active improvement initiatives. To ensure alignment on quality improvement efforts, the CCHP Quality Program Manager also participated in weekly meetings with RMC Quality Incentive Pool (QIP) teams focused on pediatric measures.

In 2025, CCHP expanded its Pay-for-Performance (P4P) program to directly support and reward providers who deliver high-quality care and improve patient outcomes. The P4P program focuses on key areas such as preventive care, chronic disease management, and maternal and child health. This program aims to align provider incentives with high-quality care by rewarding those who meet or exceed established performance benchmarks. By linking financial incentives to the achievement of quality measures, CCHP seeks to enhance patient outcomes, promote efficient care delivery, and foster a culture of continuous improvement. The program supports CCHP's commitment to delivering exceptional healthcare by rewarding provider groups that excel in their performance and achieve superior results for their patients.

In 2025, leveraging enhanced provider engagement, CCHP has successfully strengthened its coordination and service delivery to members through effective partnerships. The year was marked by structured engagements, strategic meetings, and proactive communications, fostering collaborative initiatives, transparent communication channels with providers, and a steadfast commitment to continuous quality improvement.

11 DELEGATION

Delegated activities at CCHP are governed by a comprehensive delegation agreement, defining specific functions and responsibilities assigned to delegated entities. After the transition to the county Single Plan Model, Kaiser Permanente is no longer in the CCHP network and therefore, there are no delegated entities for Quality functions

As a sister organization, CCHP had previously extended its delegation to CCBHS for utilization management. In 2024, CCHP resumed oversight for UM functions and no longer delegates this activity to CCBHS.

12 CONCLUSION

12.1 BARRIERS

In 2025, CCHP successfully completed and met a large majority of the ambitious goals and objectives outlined in the 2025 Quality Work Plan. There were, however, some barriers to successfully meeting all objectives in the year.

One of the more challenging barriers stemmed from the complex regulatory landscape coupled with the rollout of simultaneous ambitious initiatives by DHCS. Navigating through the requirements associated with the implementation of the Dual Eligible Special Needs Plan proved to be demanding. This project rollout required meticulous execution amidst competing priorities while ensuring ongoing compliance with existing statutes and organizational goals.

A significant barrier that CCHP encountered in 2025 has been planning for the upcoming Medi-Cal eligibility changes resulting from H.R. 1. This policy shift is anticipated to reduce membership significantly and likely impacted HEDIS rates as members lost coverage and failed to meet continuous enrollment criteria.

Compounding these challenges, CCHP operated in an uncertain environment where immigrant families expressed reluctance or hesitance to seek care. Fear of immigration enforcement and confusion around eligibility created barriers to accessing services, even for those who remain eligible. This climate of distrust made outreach and engagement more difficult and resulted in delayed or forgone care for some members.

12.2 Overall Effectiveness

CCHP achieved 4.5 stars in NCQA's Health Plan Report Card, the highest rating given to Medi-Cal plans in California. This endorsement is a recognition of CCHP's commitment to quality and patient care.

One of the primary indicators of CCHP's success is improved patient outcomes. CCHP's efforts in preventive care, chronic disease management, and care coordination have contributed to better health outcomes and enhanced overall patient well-being as demonstrated by the 20 MCAS measures that achieved the 90th percentile ranking of all Medicaid HMOs nationally.

CCHP is also proud to report significant enhancements in the patient experience because of quality program initiatives. Patient experience scores improved on the ECHO survey, with several measures increasing significantly.

Central to CCHP's quality program is the use of data-driven decision-making to inform our quality improvement efforts. CCHP has established robust data collection, analysis, and reporting mechanisms that provide actionable insights into our performance metrics, outcomes, and areas for improvement. By leveraging data analytics and performance metrics, the quality department can identify trends, track progress, and make informed decisions to drive continuous quality improvement.

CCHP has fostered a culture of excellence, innovation, and continuous quality improvement throughout our organization and provider network. CCHP hosted regular quality meetings with provider groups to work together to identify improvement opportunities, develop solutions collaboratively, and ensure alignment with clinical priorities.

The successes achieved through CCHP's quality program reflect the dedication to delivering exceptional healthcare services and improving patient outcomes. By prioritizing patient-centered care, data-driven decision making, and a culture of continuous improvement, CCHP has made significant strides in enhancing the quality, safety, an efficiency of healthcare delivery.

A critical aspect of our success is the continuous evaluation of our quality improvement program resources. The addition of health education staff has allowed for greater outreach and engagement with members. With these additions, we believe our current resources are adequate. Our current quality improvement committee and subcommittee structure are robust, ensuring a comprehensive approach to quality initiatives. The addition of the Equity Council in 2024 provided an additional layer of insight to our quality improvement

and health equity efforts and has provided meaningful feedback to drive improvement. CCHP's CMO and other Medical Directors provide meaningful practitioner engagement and leadership in the quality improvement program, with fruitful meetings and valuable input from providers. The active participation and leadership in the quality program played a pivotal role in achieving strong quality results. Through strategic oversight, clinical expertise, and engagement with key stakeholders, the CMO and physician leadership helped drive data-driven decision-making and fostered a culture of continuous improvement. This leadership ensured the successful implementation of evidence-based interventions, ultimately enhancing health outcomes and performance metrics. This collaboration has further enriched our quality initiatives.

As we reflect on the year, CCHP acknowledges the adequacy of our quality improvement program resources, the effectiveness of our committee structure, and the active practitioner participation and leadership. Looking ahead, the quality improvement program for the subsequent year will maintain its current structure, with no major changes planned for 2025. This decision is grounded in the success and positive outcomes witnessed in our current approach.

The effectiveness of CCHP's quality program is evident in improved patient outcomes, enhanced patient experiences, and the positive impact on key metrics. By fostering a culture of excellence, innovation, and continuous improvement, we remain dedicated to delivering exceptional healthcare services and achieving meaningful improvements in patient well-being. Our commitment to patient-centered care, data-driven decision-making, and a culture of continuous improvement positions CCHP as a leader in enhancing the quality, safety, and efficiency of healthcare delivery.

13 2025 Quality Work Plan and Evaluation of Activities

2025 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1. QIHETP Structure				
1.1	**QIHETP Program Documents**	By March 2025, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2024 QIHETP Evaluation	Met. CCHP reviewed and approved the annual quality documents at the February 2025 Quality Council Meeting and at the March Joint Conference Committee Meeting. The annual plan and priorities served as a focal point for meetings with providers throughout the year.
1.2			Develop annual 2025 QIHETP Program Description, incorporating structural changes identified in the evaluation	
1.3			Develop annual 2025 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	
1.4	**Quality Council**	Ensure Quality Council oversight of CCHP's quality and health equity program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	Met. CCHP convened 8 Quality Council meetings in 2025. Program documents and policies were reviewed and updated in a timely fashion. Attendance remained strong.
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1.7	**Equity Council**	Ensure Equity Council oversight of CCHP's quality and health equity program through regular meeting schedule	Implement the QIHETP work Plan and convene quarterly scheduled meetings	Partially Met. CCHP convened 3 Equity Council meetings in 2025. Program documents were completed and presented at the Q1 meeting and policies were reviewed and revised as required.
1.8		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	
1.9		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	
1.10	**Community Advisory Committee**	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community based organizations and CCHP members through Quarterly CAC meetings.	Met. CAC meetings were revamped to be more interactive, with 6 new members recruited in 2025. Four meetings covered all required topics; additional topics such as Crisis Response Team (A3), Medi-Cal re-determination and transportation services were presented based on member's interests.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
2. NCQA Accreditation				
2.1	**NCQA Health Plan Accreditation**	By December 2025, complete NCQA survey submission for survey submission due date in December. Achieve re-accreditation by March 2026.	Complete submission materials on standards and guidelines according to project plan and timeline.	Met. CCHP successfully submitted all required documentation within required timelines.
2.2	**NCQA Health Equity Accreditation**	By August 2025, complete NCQA survey submission for survey submission due date in August. Achieve accreditation status by December 2025.	Complete submission materials on standards and guidelines according to project plan and timeline.	Met. CCHP received the Health Outcomes Accreditation in August 2025.
3. Measurement, Analytics, Reporting, and Data Sharing				
3.1	**HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)**		Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC.	
3.2			Complete annual HEDIS MY2024 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	
3.3			Identify areas of opportunity for data systems and data sources for MY2025	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.4		1. By June 15, 2025, report HEDIS MY2024 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS) 2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk 3. Achieve 4.5 Stars on NCQA Health Plan Ratings. 4. Prepare for transition to ECDS by identifying efficiencies in data system measurement 5. Align HEDIS measurements to quality improvement projects and strategic goals for 2025	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	Met. CCHP achieved 4.5 stars in Health Plan ratings and high performance (over the 90th percentile nationally) in 20 MCAS measures. No measure was below the MPL in 2025. Data system improvements included improving coverage tables, reviewing enrollment files, expanding supplemental data sharing with community groups, and improving local mapping on the following measures: FUM, FUA, EED, PPC, BCS, CCS, TFL-CH.
3.5	**CCHP Quality Measurement Infrastructure**	Create quality dashboard and quality monitoring program with feedback loop to providers to	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	Met. CCHP updated the Quality Dashboard to include rolling 12-

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.6		allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain quality feedback mechanism for providers, which shares performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	month measurements for MY2025 MCAS MPL measures. CCHP updated the reports available to provider via the Provider Portal to include Patients due for Initial Health Appointment, Patients due for Redetermination, and Patients Hospitalized within Past 30 Days. These reports are updated daily and available on demand, allowing CCHP to exchange data with providers in a secure fashion.
3.7			Maintain system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	
3.8	**Member Experience and Quality of Service (NCQA, DHCS)**	By June 30, 2025, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievancesDevelop member feedback channel through the Community Advisory Committee	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	Met. CCHP completed and analyzed the CAHPS survey, behavioral health survey, interpreter services survey, member experience surveys for the
3.9			Host internal CAHPS think tank to gather insights into member experience from cross-functional teams	
3.10			Review and analyze the limited English enrollee survey	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.11			Review and analyze behavioral health specific member experience surveys	diabetes remote patient monitoring and asthma home remediation programs, and a new member survey. These experience surveys were administered and results analyzed, with trending and comparison to benchmarks when available. CCHP partnered with UC Berkeley to develop a
3.12			Develop report on MY2024 member experience	
3.13			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	
3.14			Develop survey tool to assess member experience with Case Management, conduct survey, analyze results	
3.15			Conduct new member survey to assess comprehension of new member materials	
3.16			Collect member experience on population health programs	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.17			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, Strategy as well as Cultural & Linguistic Program.	Case Management experience survey that was administered in late 2025. Results from this survey are still being analyzed. The CCHP Medical Director regularly reported grievance data during Quality Council meetings and communicated that CCHP exceeded goals for grievance processes. The CCHP Quality Director presented and gathered input from the Community Advisory Committee during meeting throughout 2025. The input from the CAC was incorporated into the SB1019 workplan and other population health documents.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.18	**Provider Experience**	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey. Incorporate feedback into annual access report.	Met. CCHP sent out a provider experience survey at the end of 2025. Results have not yet been received at time of the evaluation report.
3.19	**Access to Care and Quality of Service (DMHC, DHCS)**	Achieve at least 70% compliance for urgent and non-urgent appointments during Provider Appointment Availability Survey Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and auditing calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times	Partially Met. Completed annual PAAS survey and additional monitoring activities as part of Annual Access report. CCHP met all urgent and non-urgent appointment standards for all lines of business, except for urgent, Plan A appointments. The only appointment type below goal were urgent, specialty appointments. The
3.20			Develop process for DHCS quarterly access monitoring	
3.21			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.22			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	report was submitted to DMHC, presented to Quality Council and results were communicated back to provider groups.
3.23	**CalAIM Reporting (DHCS)**	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly Population Health Monitoring Reports, reviewing key KPIs on population health metrics	Met. CCHP completed all reporting in a timely manner and engaged in DHCS workgroup on PHM Monitoring KPI metrics to provide feedback on new methodology and specifications.
3.24			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	
3.25			Complete the monthly JSON CalAIM reporting	
3.26	**REAL and SOGI Data**	Achieve 90% of race/ethnicity reporting for membership Improve collection of sexual orientation and gender identify data.	Input new member REAL and SOGI surveys into ccLink	Met. CCHP updated REAL and SOGI data collection according to NCQA Health Equity/Health Outcome Accreditation standard, CCHP also has more than 90% of race/ethnicity data on membership.
3.27			Develop baseline measurement for SOGI data collection and establish targets.	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.28	**CLAS Reporting**	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	Met. The results were presented at March Equity Council meeting.
3.29	**Encounter Data Validation (DHCS)**	Implement the encounter data validation study per the timelines and requirements from DHCS	Procure medical records and submit according to auditors deadlines	Met. CCHP successfully completed the encounter data validation study with a 96.8% submission rate, higher than the state average of 92.4%. Omission rates for encounter data were consistently well under the 10% benchmark with high accuracy rates.
3.30	**Long Term Care and Long Term Support Services**	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long term support services	Met. The report was completed and presented at October Quality Council.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4. Performance Improvement Projects				
4.1	**Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use**	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	Met. CCHP increased the percentage of eligible members enrolled into care management by 66.7% compared to prior year, though this result did not achieve statistical significance.
4.2	**Well Care Visits in the First 15-Months of Life**	Narrow the health disparities gap between Black/African American and Asian members to 5%	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	Partially met. Despite targeted efforts, the disparity gap between Asian and Black/African American members increased in MY2024 compared to MY2023. However, Black/African American children performed above the 50th percentile nationally in this metric and has seen marked improvement in the preliminary MY2025 rates.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.3	**IHI Improvement Projects**	1. Increase WCV in 18-21 year olds at Brighter Beginnings to MPL. 2. Increase FUM and FUA rates by 5% over baseline.	Complete IHI Child Health Equity Collaborative.	Partially met. CCHP partnered with Brighter Beginnings and while the Well Care Visit completion rate increased 107% by the end of the collaborative, the stated goal of 48.1% was not achieved. In Q3 of 2025, CCHP started Round 2 of the Child Health Equity Collaborative, this time focusing on improving well child visits in the first 15 months of life and from 15-30 months of life with the Contra Costa Regional Medical Center.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.4			Complete IHI Behavioral Health Collaborative with CCBHS.	Partially met. By the end of the collaborative, CCHP achieved a 13.5% increase in FUA rates exceeding the 5% goal, but only a 2.5% increase in FUM rates, for mixed results. In Q3 of 2025, CCHP began participation in round two of the collaborative, with participation from, and an enhanced focus on, an Emergency Department with lower linkage rates and high patient volumes.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
~~4.5~~	**Blood Lead Screening***	Increase pediatric blood lead screening rates to exceed the DHCS MPL. (Previously identified issue)	Collaborate with providers with low lead screening rates to identify opportunities for improvement	Met. CCHP achieved the 50th percentile in the LSC measure for MY2024 and is projected to meet the target again for MY2025. Efforts to address this measure included outreach calls and mailers to patients due for screening.
4.6	**Topical Fluoride Treatment in Children***	Increase the percentage of member under 21 who complete Topical Fluoride Treatment by 5%. (Previously identified issue)	Conduct outreach to member who did not have tropical fluoride treatment in the last 12 months, develop and distribute dental benefits material.	Met. CCHP conducted more than 4,500 outreach calls to member who did not have tropical fluoride treatment in the last 12 months and distributed over 500 Denti-Cal flyers at community events throughout the year.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.7	**Disparities in Well Care Visits**	Reduce the disparity in well care visits for African American and Native Hawaiian/Pacific Islander children by reducing the gap to the 50th percentile benchmark by 50%.	Conduct regular outreach to African American and Native Hawaiian/Pacific Islander children who have not seen provider for over 12 months, and connect them to services they need.	Partially Met. CCHP conducted over 2,100 calls to African American and Native Hawaiian/Pacific Islander children and 84 completed a well care visit that was scheduled within two weeks of outreach. However, neither group reached the 50th percentile in MY2024.
4.8	**D-SNP QIP Planning**	Identify QIP options for D-SNP based on eligible Medicare Population	Research quality measures for Medicare-only population and identify areas for opportunity upon D-SNP launch in 2026.	Met. In Q4, CCHP hired a Planner/Evaluator Level B to oversee the DSNP Stars program and develop a strategy for quality performance. Areas for opportunity include hypertension management and the Care for Older Adults measures.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.9	**ED Workgroup**	Understand areas for improvement with regards to ED utilization	Convene workgroup to analyze ED utilization and identify areas for opportunity.	Met. CCHP analyzed ED visits and identified an intervention to attempt to reduce ED utilization. An Advice Nurse callback program was launched in summer 2025 to attempt to reduce the percentage of patients with repeat ED visits and to increase awareness of the Advice Nurse line. The impact of these efforts will be analyzed in early 2026.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.10	**Monitoring and rapid improvement cycles**	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures.	Met. CCHP continuously monitored the MCAS dashboards and began improvement efforts as needed for lead screening in children (LSC), topical fluoride for children (TFL), well-care visits (W15, W30, and WCV), controlling blood pressure (CBP), and cervical cancer screening (CCS). Outreach efforts were also implemented for FIT kit completions to impact the COL measure.
5. Population Health				
5.1	**Population Needs Assessment and Community Health Needs Assessment**	Understand member needs and health to create a responsive population health program	Complete MY 2024 population needs assessment according to NCQA guidelines	Met. CCHP completed a population needs assessment and presented to the Quality Council. Additionally, CCHP joined the cross
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2025 Community Health Needs Assessment and Community Health Implementation Plan	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, cultural and linguistic needs to identify and prioritize opportunities for improvement.	divisional CHA and CHNA workgroup to participate in the CHA planning process. CCHP advised the CAC about the workgroup and encouraged them to participate in the planning process and to give the county input on its findings and activities.
5.4	**Population Health Management Strategy**	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	Met. Completed PHM Strategy and submitted on time to DHCS.
5.5	**Population Impact Report and Evaluation**	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	Met. Completed PHM Impact and Evaluation report to assess the Population Health Program.
5.6	**Initial Screening Process**	Provide streamlined new member experience, with regards to	Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings	Partially Met. 1. Met: All positive

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.7		HIF/MET, HRA/LTSS, and other assessments. Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion Ensure system exists so members with positive screenings are identified for the appropriate services Develop data system so screening questions are results are shared across providers	Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires	screenings are referred to CHW providers. 2. Partially Met: DSNP HRA screenings can be completed utilizing MyChart. However, electronic HIF/MET and LTSS screenings utilizing MyChart has been deferred to 2026.
5.8	**Initial Health Appointment***	Increase IHA completion rates. (Previously identified issue)	Conduct chart audits and give feedback and education to providers missing IHA elements	Partially Met.1. Met: CCHP completed IHA audits and presented the findings at the May Quality Council.2. Met: IHA rates increased from 42.8% in FY23/24 to 51.1% in FY24/25. Text message and email reminders to complete the IHA were deferred.
5.9			Implement text message and email reminder for patients to complete Initial Health Appointment	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.10	**DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering**	Implement DHCS Population Health Service into existing workflow	Implement DHCS Population Health Service based on forthcoming guidance upon service launch.	Met. CCHP has reviewed Medi-Cal Connect data and is currently convening a workgroup to determine how to incorporate these data.
5.11	**Assessment and Reassessment**	Ensure annual assessment and reassessment of Members with LTSS needs and CSHCN	Utilize custom assessment for SPDs and CSHCN and triage according to needs	Met. CCHP is currently utilizing the HIF/MET assessment for new members to triage members with positive LTSS questions. Annual reassessment mailings were implemented in Q3 of 2025 to ensure the annual reassessment of LTSS and CSHCN members.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.12	**Ongoing Engagement with PCP**	Increase regular engagement with PCPs Close Member gaps in preventive care	Utilized disengaged member reports and connect Members with PCPs & close care gaps	Met. CCHP participated in and provided significant support for the Contra Costa Health Assigned Not Seen project. Outreach staff conducted over 2,500 calls to patients ages 0-17 who had fallen out of care for over 12 months; leading to 34 appointments completed by patients at the end of 2025. Other initiatives to close care gaps targeted cervical cancer screening, blood pressure control, and colorectal cancer screening.
5.13	**Closed Loop Referrals**	Understand closed loop referral guidelines and implement technical system to support regulations	Develop workplan for implementing closed loop referrals based on DHCS guidance	Met. CCHP completed closed loop referrals for ECM and CS per DHCS guidance.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.14	**Community Health Workers, Care Coordination, and Navigation with Social Services**	Implement social resources into health education workflows and support referrals to CHW services	Develop referral process for CHW services based on identified social needs	Met. CCHP implemented a referrals process to CHW providers based on identified social needs.
5.15	**Wellness and Prevention Programs**	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Educate providers and staff on available health education tools	Met. CCHP educated providers and staff about health education tools via provider newsletter, provider network trainings, and by sharing information in regularly scheduled quality meetings. Staff participated in biweekly FAM classes teaching a movement based activity.
5.16			Develop in person and telehealth classes to be facilitated by CCHP Health Educators	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.17	**Colorectal Cancer Screening**	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	Met. CCHP staff conducted over 3,000 calls to members reminding them to mail in a completed FIT kit. 245 members had a resulted test within 60 days of outreach. Projected COL-E rates for MY2025 are about the same as MY2024, when CCHP performed in the 90th percentile.
5.18	**Chronic Disease Management**	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	Met. CCHP monitored activities in these programs and conducted PDSAs related to diabetes prevention and asthma education & remediation.
5.19	**Chronic Conditions: Diabetes Management Program**	Reduce number of CCHP members with uncontrolled diabetes	Provide medically tailored meals to patients with uncontrolled diabetes. Evaluate efficacy of MTM.	Met. CCHP achieved the 90th percentile for the Glycemic Status Assessment for Patients with
5.20		Increase the number of people	Continue expansion of remote blood glucose monitoring partnership with Gojji	

5.21		enrolled in the Diabetes Prevention Program	Conduct PDSA with DPP provider to increase referrals & enrollment of prediabetic Members	Diabetes- Control and -Poor Control in MY2024 and was exceeding the target for the measure for MY2025. In 2025, CCHP referred 431 RMC members to Gojji and 298 enrolled. CPN patients saw increased access to Gojji services, with 111 enrolling in Gojji's diabetes RPM program in 2025. CCHP increased referrals to the contracted DPP provider from 169 in 2024 to 221 in 2025, with 32 completing at least one visit and 2 members continuing with the program for 12 months. Additionally, 7 members received diabetes self-management education.
5.22			Develop brochures for pregnant Members	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.23	**Maternal Health Outcomes**	Improve key maternal health outcomes across quality measures	Increase the number of pregnant Members receiving Transitional Care Services (TCS)	Met. CCHP developed a comprehensive prenatal services brochure that details services available to pregnant and postpartum members in the CCHP service area. Over 2,500 of these brochures were distributed to network providers, community based organizations, and community members at events throughout the county. The number of patients receiving TCS increased to 736 in 2025, with a significant monthly increase in enrollment after the development of automated referral pathways.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.24	**Keeping Members Healthy: Gaps in Care**	Notify members of gaps in care for needed preventive services	Continue mailing adult birthday letters	Met. Over 91,000 letters were mailed to adult CCHP patients, with over 13,000 patients (14.3%) completing a health maintenance topic within 60 days of outreach. Pediatric wellness letters and health education handouts were first mailed in March 2025, with over 16,000 letters mailed and over 1,300 (8.2%) completing a health maintenance topic within 60 days of outreach.
5.25			Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.26			Publish member facing newsletter three times per year	

5.27	**Health Education Materials and Resources**	Assure that members are provided health education materials and are informed on new community and medical services. Develop a strong community presence.	Conduct outreach events at health clinics, CBOs, and other relevant locations.	Met. The CCHP Member Newsletter, Healthy Sense, was published in Spring, Summer, and Fall 2025. Printed copies were mailed to each member household and email newsletters were sent to members with a valid email address on file. Additional printed copies were distributed to network providers for display in patient waiting rooms. The health education team attended more than 80 events throughout the county, including at county libraries, local farmers' markets, major community events, and providers offices. They distributed over 17,500 health education materials

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
				and Contra Costa Health branded items.
5.28	**Culturally and Linguistically Competent Care**	Ensure systematic processes in place to promote cultural competent care and health equity by providing linguistics services, educational opportunities, current and up-to-date resources, and understanding of CLS needs. Less than 20% of respondent in member experience survey state they use friends/family for interpreter. More than 95% of respondent in member experience survey indicate they get interpreter services when request one.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	Met. CCHP continues to facilitate translation and interpreter services for providers and provide training related to culturally and linguistically competent care. All CCHP staff completed required DEI Training and TGI Training. Provider training deadline was postponed to 2026 following DHCS guidance. Cultural & Linguistic Manager continue to review all grievances related to discrimination, language access and trans-inclusive care.
5.29			Facilitate translation and interpreter services request of educational materials, website, forms, and other documents.	
5.30			Ensure all CCHP staff complete Transgender, Gender Diverse, or Intersex (TGI) by February 2025.	
5.31			Ensure all CCHP staff and providers complete Diversity, Equity, and Inclusion (DEI) training by December 2025.	
5.32			Educate and advocate interpreter services to CCHP members.	
5.33			Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care.	
5.34	**EPSDT / Medi-Cal for Teens and Kids**	Ensure coverage of and timely access to all medically necessary EPSDT	Monitor and trend denials for Members <21 years old	Met. CCHP placed over 3,700 calls to

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.35		services to correct or ameliorate defects and physical and mental illnesses and conditions.Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.Ensure provision of Medically Necessary Behavioral Health Treatment.Ensure compliance with all Case Management & Care Coordination requirements.Inform Members <21 about EPSDT, including benefits of Preventive Care, services available under EPSDT, where & how to obtain these services, and that transportation & scheduling assistance is available. Must be provided annually or within 7 days of enrollment for new members. Ensure all network providers completed EPSDT-specific training no less than every 2 years using DHCS materials.	Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	over 2,100 CCHP members overdue for well care visits in order to connect members back into care, with over 100 patients completing an appointment that was scheduled within 2 weeks of outreach. CCHP notifies members about their EPSDT benefits and services through the Member Newsletter and online at the cchealth.org website. CCHP has developed a report to identify providers who are non-compliant with the DHCS EPSDT training, which is emailed monthly to relevant stakeholders for follow-up. Quarterly monitoring is in progress for all activities.
5.36			Annual notification to Members <21 years old regarding EPSDT services	
5.37			Ensure and monitor bi-annual DHCS EPSDT training	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.38	**Case Management Services**	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	Met. Auto referrals are in place to identify members eligible for ECM high utilizer population of focus (POF), unhoused POF, justice involved POF, SMI/SUD POF, and birth equity POF. Auto referrals are in place to identify members eligible for CCM based on polypharmacy, for patients who have recently delivered, and for psychiatric admissions.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.39	**Justice-Involved Reentry Coordination**	Ensure coordinated, comprehensive care for members transitioning from correctional facilities to the community.	• Maintain policies and procedures for coordination with correctional facilities and pre-release care managers, in alignment with the CalAIM Justice-Involved Initiative Policy and Operational Guide. • Designate a Justice-Involved liaison to serve as the primary point of contact for correctional facility coordination • Assign ECM providers upon post-release in coordination with pre-release providers • Establish processes to coordinate transition of care from pre-release to post-release, including data sharing protocols. • Ensure access to medically necessary covered services including ECM, physical and behavioral health care, Community Supports, NEMT, and NMT.	Met. CCHP CalAIM Director served as the Justice-Involved liaison and met regularly with the Justice and Re-entry coalition that includes county correctional health partners, reentry coordinators, and other stakeholders involved in the planning, implementing & supporting services for justice-involved populations. MOUs are in development to receive members from correctional facilities in surrounding counties

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.40	**D-SNP CPIP Planning**	Develop comprehensive Chronic Care Improvement Program for D-SNP Population	Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program.	Met. Completed regulatory review and needs assessment of the Medicare population, the development and implementation of a comprehensive care improvement program will begin in Q1 2026.
5.41	**Transitional Care Services***	Ensure all high risk members receive transitional care services. (Previously identified issue)	Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways.	Met. A number of automated referral pathways were implemented to ensure the successful connection of eligible members to TCS, with enrollment in TCS up over 122% compared to 2024. The has a dedicated phone number for low-risk members to contact for discharge care coordination that is placed into local area hospital discharge instructions.
5.42			Develop oversight process on discharge planning process	
5.43		Ensure transitional care services support for low risk members	Provide phone number for low risk members to access transitional care services	

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.44	**Managed Care Liaisons**	Ensure the designation, training, and notification processes for liaisons to support coordination, compliance, and oversight across key program areas.	Designate Tribal, LTSS, Transportation, CCS, Child Welfare, Dental, Justice, IHSS, MOUs, and Regional Center liaisons and provide training on rules, referrals, care coordination, and authorizations.	Met. CCHP had all required liaisons to ensure coordination, compliance, and oversight of key programs.
5.45	**Non-Specialty Mental Health Outreach and Education**	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Streamline member information presented on cchealth.org website	Met. CCHP conducted outreach at over 30 events throughout the county in 2025 and distributed over 600 behavioral health specific resources at these events. Health education information was published onto the website to make it easier for members to find relevant resources and advice.
5.46			Conduct outreach at Farmers' Markets, Open Air (Flea) Markets, and health clinic locations to inform members about NSMHS benefits.	
6. Patient Safety				
6.1	**Potential Quality Issues (PQIs)**	Review and resolve potential quality issues within 120 days	Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines, report on trends.	Met. CCHP met timeframes on all PQIs.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.2	**Provider Preventable Conditions (PPCs)***	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	Met. CCHP investigated all PPC. Education on PPCs was provided during quarterly network training.
6.3	**Over/Under Utilization**	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	Met. CCHP has developed an anomalous billing dashboard to explore areas of opportunity for improvement. DME was identified as a target area to explore in 2026.
6.4	**Medication Safety**	Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	Met. 28 letters were sent to providers altering them of their patients who were currently taking the dangerous drug therapy combination. The number of providers receiving these letters has decreased over the past three years.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	Met. Prescribers were provided reports on their patients who were co-prescribed these medications.
6.6		Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	Met. CCHP completed quarterly audits.
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	Met. 67 members receiving medication were tracked and only 14 needed intervention.
6.8		Reduce number of members with 15 or more medications	Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management	Met. CCHP created an automatic referral to Complex Case Management if a patient is identified with polypharmacy.
6.9		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits.	Met. Completed ED visit audit and educated pharmacies on benefits.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.10		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	Met. Reviewed unsafe combinations and referred individuals to case management for review.
6.11	**Facility Site Reviews**	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	Met. Completed all scheduled FSR, MRR, and PARs. Developed and tracked corrective action plans with providers.
6.12	**Medical Record Reviews**	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	Met. Completed all scheduled MRR according to DHCS standards. Developed and tracked corrective action plans as necessary
6.13	**Clinical Practice Guidelines**	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	Partially Met. Clinical Practice Guidelines were distributed in the Q2 2025 Provider Bulletin and during the Q1 2025 Provider Network Training.
6.14			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	
7.Provider Engagement				

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7.1	**Provider Training**	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	Met. CCHP conducted 4 quarterly network trainings.
7.2	**Provider Newsletters**	Provide regular communication to providers through provider newsletters	Provide quarterly provider newsletters covering a range of topics including regulatory changes/updates for providers	Met. CCHP produced 4 Provider Network News bulletins.
7.3	**Quality Provider Meetings and Resources**	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	Met. CCHP met with all FQHC provider groups on a bimonthly basis throughout 2025.
7.4	**Value Based Payment**	Implement newly created VBP program with provider groups to improve quality measurement activities	Implement newly created VBP program with large provider groups to increase quality measurement rates.	Met. The VBP program successfully completed payments to providers in Q3 2025 and expanded to additional provider groups in 2026.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7.5	**Provider Portal and Panel Reports - Data Sharing**	Provider member level data on quality and gaps in cares to providers to assist in delivering needed services to members	Maintain daily update of provider portal with quality reports and gap in care reports. Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal.	Met. CCHP has eight reports available on demand to providers via the CCHP Provider Portal. These reports were updated in 2025 to include (1) patients due for Initial Health Appointment, (2) patients due for Medi-Cal redetermination, and (3) patients with recent ED visits and hospitalizations.
7.6	**Provider Site Visits**	Conduct site visits with provider to update on health plan operations	Conduct site visits with ten or more medical offices to open communication channel with providers.	Met. CCHP conducted site visits at Regional Medical Center clinic locations.
7.7	**Training on Diversity Equity and Inclusion**	Ensure all providers are trained in DEI by December 31, 2025	Utilize newly developed DEI training and ensure providers receive training by December 31, 2025 and upon re-credentialing	Partially Met. CCHP DEI Training was rolled out to all providers in September 2025, deadline of completion of training is extended to end of 2026 by DHCS.

Item #	Program/ Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7.8	**Shared Decision-Making Aids**	Ensure all provider received evidence based shared decision making aids	Update website and provide evidence based decision aids to providers through regular communications	Met. The CCHP website for providers has been updated with Shared Decision Making resources and an email was sent to providers in Q3 to inform them of available resources.
8. Delegation Oversight				
8.1	**Delegation oversight**	Assess whether delegation for quality and population health is necessary	Review activities to determine if delegation for quality or population is needed to enhance operations.	Met. CCHP reviewed activities and determined that quality and population health activities are not delegated and do not need delegation oversight.

File #: 26-856 **Agenda Date:** 3/6/2026 **Agenda #:** 7.

HEALTH PLAN ACROYNMS

Acronym	Corresponding Terms
AAP	American Academy of Pediatrics
ABD	Adverse Benefit Determination
ACE	Adverse Childhood Experience
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetrician and Gynecologists
ADA	Americans with Disabilities Act of 1990
ADHC	Adult Day Health Care
ADO	Alternate Dispute Officer
ADT	Admission, Discharge, and Transfer
AFS	Alternative Format Selection
AIDS	Acquired Immune Deficiency Syndrome
APL	All Plan Letter
API	Application Programming Interface
APS	Asthma Preventive Service
AR	Authorized Representative
ASAM	American Society of Addiction Medicine
ASD	Autism Spectrum Disorder
BHD	Behavioral Health Department
BHS	Behavioral Health System
BHT	Behavioral Health Treatment
C&L	Cultural & Linguistic
CAP	Corrective Action Plan
CalAIM	California Advancing and Innovating Medi-Cal
CBAS	Community Based Adult Services
CB-CME	Community-Based Care Management Entities
CBO	Community-Based Organization
CCBH	Contra Costa Behavioral Health
CCHP	Contra Costa Health Plan
CCM	Complex Care Management
CCR	California Code of Regulations
CCRMC	Contra Costa Regional Medical Center
CCS	California Children's Services
CDPH	California Department of Public Health
CFR	Code of Federal Regulations
CHA	Community Health Assessment
CHHS/Cal HHS	California Health and Human Services Agency
CHIP	Community Health Implementation Plan
CHW	Community Health Worker
CLIA	Clinical Laboratory Improvement Act
CLPPB	Childhood Lead Poisoning Prevention Branch

CMP	Care Management Plan
CMS	The Centers for Medicare & Medicaid Services
CNM	Certified Nurse Midwife
COBA	Coordination of Benefits Agreement
COHS	County Organized Health Systems
CPN	Community Psychiatric Nurse
CPSP	Comprehensive Perinatal Services Program
CPT	Current Procedural Terminology
CQA	Clinical Quality Auditing
CQI	Continuous Quality Improvement
CRC	Caregiver Resource Center
CRM	Customer Relations Management
CSHCN	Children with Special Health Care Needs
CSS	Community Support Services
DDS	Department of Developmental Services
DF	Disclosure Form
DHCS	Department of Health Care Services
DHHS	Department of Health and Human Services
DMC	Drug Medi-Cal
DMC-ODS	Drug Medi-Cal Organized Delivery System
DME	Durable Medical Equipment
DMFEA	Division of Medi-Cal Fraud and Elder Abuse (Office of the Attorney General)
DMHC	Department of Managed Health Care
DOJ	Department of Justice
DOT	Direct Observed Therapy
D-SNP	Dual-Eligible Special Needs Plan
DUR	Drug Use Review
DVBE	Disabled Veteran Business Enterprises
ECM	Enhanced Care Management
ED	Emergency Department
EDI	Electronic Data Interchange
EMT	Emergency Medical Transportation
EOC	Explanation of Coverage
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
ERS CBAS	Emergency Remote Services
ESRP	End Stage Renal Disease
FBC	Freestanding Birthing Centers
FDA	Food and Drug Administration
FFP	Federal Financial Participation
FFS	Fee-For-Service
FQHC	Federally Qualified Health Center
FSR	Facility Site Review

FTE	Full Time Equivalent
FWA	Fraud, Waste and Abuse
GAAP	Generally Accepted Accounting Principles
GC	Government Code (California)
H&S	Health and Safety Code
HCAI	Department of Health Care Access and Information (open data source) formerly Office of Statewide health Planning and Development (OSHPD)
HCBS	Home and Community-Based Services
HCO	Health Care Options
HEDIS®	Healthcare Effectiveness Data and Information Set
HEQ/HEQMS	Health Equity and Quality Measure Set
HHS	Human Health Services
HIE	Health Information Exchange
HIPAA	The Health Insurance Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPA	Health Plan Accreditation
HRGi	Insurance company providing cost containment solutions for healthcare
ICD-10	International Classification of Diseases, Tenth Revision
ICF/DD	Intermediate Care Facility Developmentally Disabled
ICF/DD-H	Intermediate Care Facility/Developmentally Disabled Habilitative
ICF/DD-N	Intermediate Care Facility/Developmentally Disabled Nursing
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IHA	Initial Health Appointment
IHCP	Indian Health Care Provider
IHI	Initial Healthcare Improvement
IHS	Indian Health Service
IHSP	Individualized Health and Support Plan
IHSS	In-Home Supportive Services
IMD	Institution for Mental Diseases
IMR	Independent Medical Review
IPA	Independent Physician/Provider Associations
IPC	Individual Plan of Care
IT	Information Technology
JC	Joint Commission
JCC	Joint Conference Committee
JI	Justice Involved
KKA	Knox-Keene Health Care Service Plan Act of 1975
LAT	Language Assistance Timeline
LEA	Local Education Agency
LEP	Limited English Proficiency
LGA	Local Government Agency
LHD	Local Health Department

LM	Licensed Midwife
LOB	Line of Business
LTC	Long-Term Care
LTSS	Long-Term Services and Support
MAT	Medications for Addiction Treatment (or Medication-Assisted Treatment)
MCH	Maternal and Child Health
MCAS	Managed Care Accountability Set
MCO	Managed Care Organization
MCP	Managed Care Plan
MEDS	Medi-Cal Eligibility Data System
MFTP	Money Follows the Person
MHP	Mental Health Plan (Contra Costa County
MIS	Management and Information System
MLR	Medical Loss Ratio
MMA	Medicare Modernization Act
MOC	Model of Care
MOU	Memorandum of Understanding
MPL	Minimum Performance Level
MRR	Medical Record Review
MSSP	Multipurpose Senior Service Program
NABD	Notice of Adverse Benefit Determination
NAR	Notice of Appeal Resolution
NCQA	National Committee for Quality Assurance
NDC	National Drug Code
NDN	Nondiscrimination Notice
NEMT	Non-Emergency Medical Transportation
NISTSP	National Institute of Standards and Technology Special Publication
NMT	Non-Medical Transportation
NOA	Notice of Action
NP	Nurse Practitioner
NPI	National Provider Identifier
NQTL	Non-Quantitative Treatment Limitation
NSMHS	Non-Specialty Mental Health Service
OHC	Other Health Coverage
OIG	Office of the Inspector General
P&P	Policies and Procedures
PACE	Program for All-Inclusive Care for the Elderly
PCC	Public Contract Code (California)
PCP	Primary Care Provider
PH	Public Health
PHI	Protected Health Information
PHM	Population Health Management
PHMS	Population Health Management Strategy
PI	Personal Information

PIA	Prison Industry Authority
PIP	Performance Improvement Project
PIR	Privacy Incident Reporting
PIU	Program Integrity Unit
PIW	Performance Improvement Workgroups
PL	Policy Letter
PMC	Policy Management Committee
PMP	Policy Management Program
PMPM	Per Member Per Month
PMO	Project Management Office
PNA	Population Needs Assessment
PNT	Provider Network Training
POCT	Point-of-Care Glucose Training
PPC	Provider-Preventable Condition
PPR	Post-Payment Recovery
PPS	Prospective Payment System
PQI	Potential Quality Issue
PSCI	Personal, Sensitive, and/or Confidential Information
QAS	Qualified Autism Services
QI	Quality Improvement
QIHEC	Quality Improvement and Health Equity Committee
QIHETP	Quality Improvement and Health Equity Transformation Program
QOC	Quality of Care
QSO	Qualified Service Organization
QTL	Quantitative Treatment Limitation
RC	Regional Center
RDT	Rate Development Template
RHC	Rural Health Clinic
RPD	Restricted Provider Database
RSS	Risk Stratification and Segmentation
SBC	Summary of Benefits and Coverage
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDOH	Social Drivers of Health
SED	Serious Emotional Disturbance
SFTP	Secure File Transfer Protocol
SIS	Satisfactory Immigration Status (see UIS)
SMAC	State Medical Agency Contracts
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
SPD	Senior and Person with Disability
STC	Special Terms and Conditions
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder

TAR	Treatment Authorization Request
TB	Tuberculosis
TCC	Telephone Consultation Clinic
TCM	Targeted Case Management
TDD	Telecommunication Devices for the Deaf
TNE	Tangible Net Equity
TPTL	Third Party Tort Liability
TTY	Telephone Typewriters
UIS	Unsatisfactory Immigration Status (see SIS)
UM	Utilization Management
USC	United States Code
USPSTF	United States Preventive Services Task Force
VFC	Vaccines for Children
W&I	Welfare and Institutions Code
WCM	Whole Child Model
WIC	Women, Infants and Children Supplemental Nutrition Program