

# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553



## Committee Meeting Minutes - Final

Friday, December 19, 2025

9:30 AM

30 Muir Road, Martinez or 3361 Walnut Boulevard, Suite 140, Brentwood |  
<https://cchealth.zoom.us/j/91753776956> | 917 5377 6956

**Contra Costa Health Plan Joint Conference Committee**

Agenda Items: Items may be taken out of order based on the business of the day and preference of the Committee

**Present** Candace Andersen, Diane Burgis, Magdalen Edmunds, and Gabriela Sullivan

**Excused** Kimberly Ceci, Andrea Sandler, and Nathan Stern

**1.0** Call to Order

**Attachments:** [JCC Agenda - 12.19.25 Final](#)

**1.1** Roll Call and Introductions

**Attachments:** [1.1 Roll Call](#)

Supervisor Andersen called the meeting to order at 9:34 AM. Introductions were made for in-person attendees.

**1.2-3** Public and JCC Comments

**Attachments:** [1.2 Comments](#)

Dr. Grant Colfax, Director of Health Services, introduced himself on Zoom.

**2.0** Consent Items

**Attachments:** [2.0 Consent Items](#)

**2.1** JCC Meeting Minutes – October 3, 2025

**Attachments:** [JCC Meeting Minutes - 10.03.25 EXECUTED](#)

**2.2** Quality Council Minutes

**Attachments:** [Quality Council Minutes 2025-08-12](#)  
[Quality Council Minutes 2025-10-14](#)

**2.3** Health Equity Council Minutes

**Attachments:** [Health Equity Council Minutes 2025-06-10](#)

**2.4** Community Advisory Committee Minutes

**Attachments:** [Community Advisory Committee Minutes 2025-09-11](#)

**2.5** Compliance Committee Minutes

**Attachments:** [Compliance Committee Meeting Minutes 2025.11.05](#)

**2.6** Peer Review and Credentialing Committee Report

**Attachments:** [Peer Review and Credentialing Committee Report - Sept-Nov 2025](#)

**2.7** Recommendations for 2026 JCC Physician Membership

**2.8** Recommendation for CCHP Compliance Officer, Fraud Prevention Officer, and Privacy Officer

**2.9** Motion – JCC Consent Items Approval

**Attachments:**            [2.9 Motion](#)

**A motion was made to approve all eight consent items by Dr. Sullivan, seconded by Dr. Edmunds. All consent items were approved unanimously.**

**Motion:**                    **Sullivan**

**Second:**                  **Edmunds**

**Aye:**                        **Andersen, Burgis, Edmunds, and Sullivan**

**Result:**                   **Passed**

**3.0** Discussion/Action Items

**Attachments:**            [3.0 Discussion-Action Items](#)

### 3.1 2026 Organizational Priorities

**Attachments:**            [3.1 2026 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.

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.

### 3.1.1 Motion – Accept Report

**Attachments:**            [3.1.1 Motion](#)

A motion was made to accept the 2026 Organizational Priorities report by Supervisor Burgis, seconded by Dr. Edmunds. The report was accepted unanimously.

**Motion:**                    Burgis

**Second:**                  Edmunds

**Aye:**                        Andersen, Burgis, Edmunds, and Sullivan

**Result:**                    Passed

### 3.2 Code of Conduct

**Attachments:**            [3.2 Code of Conduct](#)  
[3.2B CCHP Code of Conduct 2025.11.25](#)

CCHP revised their code of conduct and removed some of the sections that did not relate to a code of conduct document.

#### 3.2.1 Motion – JCC Approval

Motion – Recommendation for Submission to the Board of Supervisors for Approval

**Attachments:**            [3.2.1 Motion](#)

A motion was made to approve the Code of Conduct by Dr. Sullivan, seconded by Dr. Edmunds. The Code of Conduct was approved unanimously.

**Motion:**                    Sullivan

**Second:**                  Edmunds

**Aye:**                        Andersen, Burgis, Edmunds, and Sullivan

**Result:**                    Passed

### 3.3 Quality & Health Equity Activities Report

**Attachments:**            [3.3 Quality and Health Equity Activities Report](#)  
[3.3B Attachment A - QIHEC Quarterly Activities Report Q3 2025](#)

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.

CCHP won a Top Honors award at the California Association of Public Health Systems for this initiative.

**3.3.1** Motion – JCC Approval

Motion – Recommendation for Submission to the Board of Supervisors for Approval

**Attachments:**            [3.3.1 Motion](#)

**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.**

**Motion:**                    Edmunds

**Second:**                    Sullivan

**Aye:**                         Andersen, Burgis, Edmunds, and Sullivan

**Result:**                    Passed

### 3.4 Compliance Activities Report

**Attachments:**            [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

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.

**3.4.1 Motion – JCC Approval**

Motion – Recommendation for Submission to the Board of Supervisors for Approval

**Attachments:**                    [3.4.1 Motion](#)

**A motion was made to approve the Compliance Activities Report by Dr. Sullivan, seconded by Dr. Edmunds. The Compliance Activities Report was approved unanimously.**

**Motion:**                                **Sullivan**

**Second:**                               **Edmunds**

**Aye:**                                      **Andersen, Burgis, Edmunds, and Sullivan**

**Result:**                                 **Passed**

#### 4.0 Finance Report

**Attachments:**                    [4.0 Financial Report](#)

*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.

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4.1 Motion - Accept Finance Report

**Attachments:**            [4.1 Motion](#)

**A motion was made to accept the Finance report by Dr. Edmunds, seconded by Dr. Sullivan. The Finance report was accepted unanimously.**

**Motion:**                    **Edmunds**

**Second:**                  **Sullivan**

**Aye:**                        **Andersen, Burgis, Edmunds, and Sullivan**

**Result:**                    **Passed**

5.0 CCHP IT Report

**Attachments:**            [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.

5.1 Motion - Accept CCHP IT Report

**Attachments:**            [5.1 Motion](#)

**A motion was made to accept the CCHP IT report by Supervisor Burgis, seconded by Dr. Sullivan. The CCHP IT report was accepted unanimously.**

**Motion:**                    **Burgis**

**Second:**                  **Sullivan**

**Aye:**                        **Andersen, Burgis, Edmunds, and Sullivan**

**Result:**                    **Passed**

## 6.0 Interim CEO Report

**Attachments:**                    [6.0 Interim Chief Executive Officer Report](#)

## 6.1 CCHP Staffing

**Attachments:**                    [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.

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

## 6.2 Regulatory Update

**Attachments:**            [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

## 6.3 Dual Special Needs Plan (D-SNP) Progress Update

**Attachments:**            [6.3 Dual Special Needs Plan 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

#### 6.4 Organizational Transformation Update

**Attachments:**            [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

#### 6.5 Community Supports

**Attachments:**            [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.

#### 6.6 Motion - Accept Interim CEO Report

**Attachments:**            [6.6 Motion](#)

**A motion was made to accept the Interim CEO Report Dr. Sullivan, seconded by Dr. Edmunds. The Interim CEO Report was accepted unanimously.**

**Motion:**                    Sullivan

**Second:**                 Edmunds

**Aye:**                      Andersen, Burgis, Edmunds, and Sullivan

**Result:**                 Passed

#### 7.0 Reminder Next JCC Mtg(s)

**Attachments:**            [7.0 Next JCC Meetings](#)

The next meeting is currently scheduled for March 6, 2026.

## 8.0 Adjournment

**Attachments:**            [8.0 Adjournment](#)

Meeting adjourned at 11:55 AM.

Acronym List

**Attachments:**            [Health Plan Acronym List - Dec. 2025](#)

The Committee will provide reasonable accommodations for persons 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](http://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. Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact: Norman Hick at [Norman.Hicks@cchealth.org](mailto:Norman.Hicks@cchealth.org)