CONTRA COSTA COUNTY

AGENDA - PUBLISHED

Contra Costa Health Plan Joint Conference Committee

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**

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

1.0	Call to Order	**25-5375**

Attachments: JCC Agenda - 12.19.25 Final

1.1	Roll Call and Introductions	**25-5376**

Attachments: 1.1 Roll Call

1.2-3	Public and JCC Comments	**25-5377**

Attachments: 1.2 Comments

2.0	Consent Items	**25-5378**

Attachments: 2.0 Consent Items

2.1	JCC Meeting Minutes – October 3, 2025	**25-5379**

Attachments: JCC Meeting Minutes - 10.03.25 EXECUTED

2.2	Quality Council Minutes	**25-5380**

Attachments: Quality Council Minutes 2025-08-12
Quality Council Minutes 2025-10-14

2.3	Health Equity Council Minutes	**25-5381**

Attachments: Health Equity Council Minutes 2025-06-10

| **2.4** | Community Advisory Committee Minutes | **25-5382** |

Attachments: Community Advisory Committee Minutes 2025-09-11

| **2.5** | Compliance Committee Minutes | **25-5383** |

Attachments: Compliance Committee Meeting Minutes 2025.11.05

| **2.6** | Peer Review and Credentialing Committee Report | **25-5384** |

Attachments: Peer Review and Credentialing Committee Report - Sept-Nov 2025

| **2.7** | Recommendations for 2026 JCC Physician Membership | **25-5385** |

| **2.8** | Recommendation for CCHP Compliance Officer, Fraud Prevention Officer, and Privacy Officer | **25-5386** |

| **2.9** | Motion – JCC Consent Items Approval | **25-5387** |

Attachments: 2.9 Motion

| **3.0** | Discussion/Action Items | **25-5388** |

Attachments: 3.0 Discussion-Action Items

| **3.1** | 2026 Organizational Priorities | **25-5389** |

Attachments: 3.1 2026 Organizational Priorities

| **3.1.1** | Motion – Accept Report | **25-5390** |

Attachments: 3.1.1 Motion

| **3.2** | Code of Conduct | **25-5391** |

Attachments: 3.2 Code of Conduct
3.2B CCHP Code of Conduct 2025.11.25

| **3.2.1** | Motion – JCC Approval
Motion – Recommendation for Submission to the Board of Supervisors for Approval | **25-5392** |

Attachments: 3.2.1 Motion

| **3.3** | Quality & Health Equity Activities Report | **25-5393** |

Attachments: 3.3 Quality and Health Equity Activities Report
3.3B Attachment A - QIHEC Quarterly Activities Report Q3 2025

3.3.1   Motion –   JCC Approval   **25-5394**
        Motion –   Recommendation for Submission to the Board of Supervisors for Approval

        Attachments: 3.3.1 Motion

3.4   Compliance Activities Report   **25-5395**

        Attachments: 3.4 Compliance Activities Report

3.4.1   Motion –   JCC Approval   **25-5396**
        Motion –   Recommendation for Submission to the Board of Supervisors for Approval

        Attachments: 3.4.1 Motion

4.0   Finance Report   **25-5397**

        Attachments: 4.0 Financial Report

4.1   Motion - Accept Finance Report   **25-5398**

        Attachments: 4.1 Motion

5.0   CCHP IT Report   **25-5399**

        Attachments: 5.0 CCHP IT Report

5.1   Motion - Accept CCHP IT Report   **25-5400**

        Attachments: 5.1 Motion

6.0   Interim CEO Report   **25-5401**

        Attachments: 6.0 Interim Cheif Executive Officer Report

6.1   CCHP Staffing   **25-5402**

        Attachments: 6.1 CCHP Staffing

6.2   Regulatory Update   **25-5403**

        Attachments: 6.2 Regulatory Update

6.3   Dual Special Needs Plan (D-SNP) Progress Update   **25-5404**

        Attachments: 6.3 Dual Special Needs Plan Progress Update

6.4   Organizational Transformation Update   **25-5405**

        Attachments: 6.4 Organizational Transformation Update

6.5   Community Supports   **25-5406**

         Attachments: 6.5 Community Supports

6.6   Motion - Accept Interim CEO Report   **25-5407**

         Attachments: 6.6 Motion

7.0   Reminder Next JCC Mtg(s)   **25-5408**

         Attachments: 7.0 Next JCC Meetings

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

8.0   Adjournment   **25-5409**

         Attachments: 8.0 Adjournment

         Acronym List   **25-5410**

         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. 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

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CONTRA COSTA COUNTY

Staff Report

File #: 25-5375   **Agenda Date:** 12/19/2025   **Agenda #:** 1.0

Contra Costa Health Plan
Joint Conference Committee (JCC)

Friday, December 19, 2025
9:30 AM – 12:30 PM Pacific Time
Join us in Person: Conservation & Development, ZA Conference Room, 30 Muir Road, Martinez, CA or
District III, 3361 Walnut Boulevard, Suite 140, Brentwood, CA

The public may also attend this meeting remotely via the information provided below
Join Zoom Meeting: https://cchealth.zoom.us/j/91753776956
If the link does not work, please type it into your browser (Meeting ID: 917 5377 6956)

AGENDA
(Public comments are recognized after each section/subsection)

Tab	Item	Presenter
1.0	**CALL TO ORDER**	Supervisor Candace Andersen
	1.1 Roll Call and Introductions	Supervisor Candace Andersen
	1.2 Public Comments	Public
	1.3 JCC Comments	JCC Members
2.0	**CONSENT ITEMS**	Supervisor Candace Andersen
	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	
3.0	**DISCUSSION/ACTION ITEMS**	
	3.1 2026 Organizational Priorities	Dr. Irene Lo, CEO (Interim)
	3.1.1 Motion – Accept Report	
	3.2 Code of Conduct	Sunny Cooper, Compliance Officer
	3.2.1 Motion – JCC Approval	
	Motion – Recommendation for Submission to the Board of Supervisors for Approval	
	3.3 Quality & Health Equity Activities Report	Beth Hernandez, Quality/Health Equity Director
	3.3.1 Motion – JCC Approval	
	Motion – Recommendation for Submission to the Board of Supervisors for Approval	
	3.4 Compliance Activities Report	Sunny Cooper, Compliance Officer
	3.4.1 Motion – JCC Approval	
	Motion – Recommendation for Submission to the Board of Supervisors for Approval	
4.0	**FINANCE REPORT**	Shulin Lin, Deputy CFO
	4.1 Motion – Accept Finance Report	
5.0	**CCHP IT REPORT**	Bhumil Shah, CIO
	5.1 Motion – Accept CCHP IT Report	

6.0   INTERIM CEO REPORT   Dr. Irene Lo, CEO (Interim)
    6.1   CCHP Staffing
    6.2   Regulatory Update
    6.3   Dual Special Needs Plan (D-SNP) Progress Update
    6.4   Organizational Transformation Update
    6.5   Community Supports
    6.6   Motion – Accept Interim CEO Report

7.0   REMINDER – NEXT JCC MEETING(S)

8.0   ADJOURNMENT   Supervisor Candace Andersen

Next Meeting is Friday, March 6, 2026
Meetings are customarily scheduled on the first Friday of the last month of the quarter
Materials distributed for the meeting are available for viewing at
Contra Costa Health Plan, 595 Center Avenue, Martinez, CA

HOW TO PROVIDE PUBLIC COMMENT: Persons who wish to address the Contra Costa Health Plan Joint Conference Committee (JCC) during public comment 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 "raise your hand" feature in the Zoom app.

All public comments will be limited to two minutes per speaker.

For assistance with remote access contact, email samantha.barnes@cchealth.org or direct message Samantha Barnes during the Zoom meeting.

Public comments may also be submitted before the meeting by email to compliance@cchealth.org. Comments submitted by email or voicemail will be included in the record of the meeting but will not be read or played aloud during the meeting.

File #: 25-5376   **Agenda Date:** 12/19/2025   **Agenda #:** 1.1

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1.1 Roll Call and Introductions

CONTRA COSTA COUNTY

Staff Report

File #: 25-5377
1.2-3

Agenda Date: 12/19/2025

Agenda #:

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1.2 Public Comments

1.3 JCC Comments

CONTRA COSTA COUNTY

Staff Report

File #: 25-5378   **Agenda Date:** 12/19/2025   **Agenda #:** 2.0

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: Consent Items
To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD FACS; Chief Executive Officer (Interim)

Date: December 19, 2025

Subject: Consent Calendar Summary

Purpose
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 memo 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.

Consent Items for Review

The following materials are included in the consent calendar for this meeting:

JCC Meeting Minutes - October 3, 2025
Minutes from our Joint Conference Committee, including meeting discussions, actions taken, and updates on priority initiatives.

Quality Council Minutes
Minutes from our Quality Council, including performance metrics, quality improvement initiatives, and member activities.

Health Equity Council Minutes

Minutes from our Health Equity Council, including programs, initiatives, and member activities.

Community Advisory Committee Minutes

Minutes from our Community Advisory Committee meeting, including member feedback, access and service issues, and community engagement efforts.

Compliance Committee Minutes
Minutes from our Compliance Committee, including programs, initiatives, policies, and updates.

Peer Review and Credentialing Committee Report

Report from our Peer Review and Credentialing committee, including updates on providers, credentialing, and re-credentialing.

 Recommendations for 2026 JCC Physician Membership

Recommendation of the following for 2026 JCC physician membership:

Dr. Sergio Urcuyo, Chief Medical Officer, Contra Costa Regional Medical Center

Alternate - Dr. Geena Jester, Hospital Medical Director, Contra Costa Regional Medical Center

Dr. Kimberly Ceci, Interim Co-Chief Medical Officer, LifeLong Medical Care

Alternate - Dr. Magdalen Edmunds, Interim Co-Chief Medical Officer, LifeLong Medical Care

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

Recommendation for Sunny Cooper to assume the role of CCHP Compliance Officer, Fraud Prevention Officer, and Privacy Officer.

 Overview of CCHP Committees

Below is a brief overview of the major standing committees at CCHP that inform policy, guide operations, and ensure accountability:

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.

Quality Council serves as the primary body for monitoring and improving the quality of care delivered to CCHP members. Focus areas include HEDIS performance, patient safety, quality improvement projects, and clinical outcomes. The Council provides input on the annual Quality Improvement Work Plan and Evaluation.

Health Equity Council focuses on identifying and addressing health disparities across member populations. Supports data-driven strategies to improve outcomes for historically underserved groups and advances culturally and linguistically appropriate services (CLAS).

Pharmacy and Therapeutics (P&T) Committee provides clinical oversight of CCHP's formulary and medication policies. Comprised of physicians, pharmacists, and clinical experts from both within CCHP and the external provider community. Reviews utilization trends and clinical guidelines to ensure safe, effective, and equitable medication use.

Community Advisory Committee (CAC) is 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.

Peer Review and Credentialing Committee (PRCC) is responsible for reviewing and approving provider credentialing and recredentialing to ensure that all participating clinicians meet professional standards, regulatory requirements, and network adequacy criteria. The committee also oversees peer review processes, addressing concerns and supporting continuous improvement.

 Conclusion
We look forward to sharing more regular updates from these committees to support JCC's role in guiding and overseeing CCHP's mission. The consent items and committee structure outlined above aim to enhance visibility into our ongoing work and reinforce our shared commitment to excellence, accountability, and community partnership.

Please feel free to reach out with any questions or requests for additional information.

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**2.0
Consent Items**

Presented by:

Supervisor Candace Andersen

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2.1 Joint Conference Committee Minutes
October 3, 2025

2.2 Quality Council Minutes
August 12 and October 14, 2025

2.3 Health Equity Council Minutes
June 10, 2025

2.4 Community Advisory Committee Minutes
September 11, 2025

2.5 Compliance Committee Minutes
November 5, 2025

2.6 Peer Review and Credentialing Committee Report
September through November 2025

2.7 Recommendations for 2026 JCC Physician Membership

2.8 Recommendation for CCHP Compliance Officer/Fraud Prevention Officer/Privacy Officer

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Public Comments

JCC Comments

File #: 25-5379   **Agenda Date:** 12/19/2025   **Agenda #:** 2.1

Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee Meeting Minutes
October 3, 2025 | 9:30 AM – 12:30 PM

Present:

Supervisor Candace Andersen, District II*	Dr. Kimberly Ceci, Lifelong*
Supervisor Diane Burgis, District III*	Dr. Gabriella Sullivan, CCRMC*
	JCC Voting Member

Dr. Irene Lo	Matt Kaufmann
Dr. Sara Levin	Shulin Lin
Samantha Barnes	Katie Rodriguez
Brian Buchanan	Darwin Seegmiller
David Culberson	Bhumil Shah
Chanda Gonzales	Sunny Cooper
Norman Hicks	Nancy McAdoo

SUBJECT	DISCUSSION	ACTION / WHO
1.0 **Call to Order**	**1.1 Roll Call and Introductions** Supervisor Burgis called the meeting to order, October 3, 2025, 9:30 AM.	Supervisor Diane Burgis
	1.2 Agenda Acceptance or Modification Agenda for October 3, 2025, JCC meeting accepted as posted.	JCC Committee
	1.3 Public Comments None.	Public
	1.4 JCC Comments None.	JCC Members
2.0 **Consent Items**	**2.1 Approve JCC Meeting Minutes – June 6, 2025 (as corrected)** **2.2 Accept Quality Council Minutes (April, May, and June 2025)** **2.3 Accept Health Equity Council Minutes (March 2025)** **2.4 Accept Community Advisory Committee Minutes (June 2025)** **2.5 Accept Pharmacy & Therapeutics Committee Minutes (March and June 2025)** **2.6 Accept Compliance Committee Minutes (January, February, March, April, May, June, and July 2025)** **2.7 Accept Peer Review and Credentialing Committee Report (January through August 2025)** **Motion – Consent Items Approval and Acceptance** – A motion was made approve and accept all consent items by Supervisor Candace Andersen, second by Dr. Kimberly Ceci. The minutes and report were approved and accepted unanimously.	Supervisor Diane Burgis

3.0 **CEO Recruitment** **Update**	Sharron Mackey, former Chief Executive Officer (CEO) for CCHP, retired at the end of March 2025, and Dr. Irene Lo has served as Interim CEO. Recruitment efforts continue. Dr. Grant Colefax was recently appointed as the Director of Contra Costa Health (CCH). Updates on the ongoing recruitment activities continue to be shared with Dr. Colefax.	Matt Kaufmann Deputy Director for Health Services
4.0 **Finance Report**	Based on an audited financial performance for the fiscal year (July 2024 – June 2025), CCH has an accumulated a net loss of $28 million. The medical loss ratio was at 101%. This measures the medical expense over revenue received from the state and commercial payers. The 4th quarter (April – June 2025) showed a net income because CCH accumulated three quarters of losses and needed to release a reserve of $30 million to keep CCHP compliant with regulators. This created a net income of $23 million for Q4. CCHP accumulated significant interest income throughout the whole year to help offset operational losses. CCHP is at 535% of net tangible equity, 385% higher than the minimum requirements. Medi-Cal makes up 98% of the CCHP business line and represents the largest portion of the accumulated loss. **CCHP Claims Financial Activities** The current requirement is to pay claims within 45 calendar days. The coming fiscal year requirement will be 30 days and is subject to interest if not paid on time. Finance, Claims, and IT are actively working on ensuring claims are expedited to avoid interest going forward. *Question/Supervisor Diane Burgis: What is the reason for the increase in interest?* *Answer/Shulin Lin: In July, Sutter Bay Hospitals contract was not configured properly in the claim system. When it was reprocessed, all the underpaid claims incurred interest. John Muir Health claims resulted in underpaid claims when it was reprocessed due to claims not being configured properly.* *Question/Supervisor Diane Burgis: Did we know about this in July or did we not know until August?* *Answer/Shulin Lin: We did know. When it was reprocessed, the claims were already past 45 days. We paid the original claim on time but when it was reprocessed, the underpayment caused an interest.* *Question/Supervisor Diane Buris: Will we be seeing this in September and October?* *Answer/Shulin Lin: Between Claims, Finance, and IT, we have been working on accurately programming contracts in the system to fix the issue.* *Question/Supervisor Candace Andersen: Historically, have we had this issue or is this more recent?* *Answer/Shulin Lin: We had similar issues in September of 2024.* Even though enrollment overall has been increasing, the Satisfactory Immigration Status (SIS) population has been decreasing. The number of Unsatisfactory Immigration Status (UIS) members has increased. Next year the UIS will have less funding and SIS funding will remain consistent. This impacts how CCHP can pay providers.	Shulin Lin Deputy Chief Financial Officer

	Federally Qualified Health Centers (FQHC) typically see many UIS patients. Due to the elimination of Prospective Payment Systems (PPS), their revenue will be impacted. Membership fluctuation between SIS and UIS has raised concern for the health plan. *Question/Supervisor Diane Burgis: It's my understanding that they have until January 1st to enroll if they are not already enrolled, correct? Do they have to re-certify more than once a year?* *Answer/Shulin Lin: Yes, January 1st. At a minimum of six months under the new HR1 regulation.* *Question/Supervisor Candace Andersen: Do we have any indication as to why the SIS population is declining? Is it failure to enroll?* *Answer/Shulin Lin: Leaders in the organization are analyzing that decrease.*	
5.0 CCHP IT Report	Overall, membership has remained flat. There is a decline in documented enrollees and an increase in undocumented enrollees. Between 500-900 documented members are moving to Kaiser every month. The number of appeals and expedited appeals over the last year has stayed relatively flat. The primary reason for appeals is the quality of service. The number of grievances has stayed flat with data showing 1.7 grievances per 100K members, which is below the state average. The primary reason for grievances is quality of service. For the past year, the new Advanced Claims Dashboard has been active. This tool helps Claims and Provider Relations with contract negotiations, offering real time statistical analysis of data. Under Dr. Lo's leadership, there has been further collaboration between IT, Provider Relations and Contracts, and Claims. This has led to better oversight in the contracting and payment process for claims. *Question/Supervisor Diane Burgis: In relation to the interest, was it not entered correctly?* *Answer/Bhumil Shah: Contracts are very complex and individualized and need to be programmed. Due to the lack of coordination, we were paying over the base rate which led to provider underpayments. However, the 45 day window had passed which resulted in accrued interest. We are exploring ways to standardize some of our contracts to reduce the variables encountered within the provider negotiation process and to establish better coordination between IT and the contracting team.* *Question/Dr. Gabriella Sullivan: With the decrease in the number of SIS members, how is it that patients can choose Kaiser with their Medi-Cal?* *Answer/Dr. Irene Lo: Kaiser has a state-wide contract for Medi-Cal which includes specific criteria used to determine if a member goes to Kaiser or to CCHP. I can provide specific contract guidelines offline. Due to the criteria, many members have been able to move to Kaiser.* *Question/Supervisor Diane Burgis: Is part of it the lack of options such as being unable to get a primary care physician?* *Answer/Dr. Irene Lo: Yes, absolutely – network adequacy and access.*	Bhumil Shah Chief Information Officer

6.0 Presentations	**6.1 Legislative Update**	Katie Rodriguez Vice President of Government Relations, CAPH
	The federal government shut down as of October 1, 2025, due to the inability to pass a continuing resolution (CR) to keep the federal government funded. We anticipate that it could last at least a couple of weeks, potentially longer. The CR would include cuts to Medicaid DSH funding and an extension of Medicare telehealth flexibilities.	
	Congress has delayed Medicaid DSH cuts for the last 11 years, and we assume that when they pass a CR, they will pass a delay that will be retroactive. Annually it is a cut of $20 million for Contra Costa, with payment given quarterly of $5 million. If the federal government does not reopen by mid-October, the cut will go through. While Contra Costa will get some DSH funding, it will not get the full allotment. If Congress passes a CR with a retroactive delay, the money will likely come back in December or January.	
	A rural health transformation program will allocate $50 billion, split among the states, to be distributed at the agency's discretion. Allocation to every state, by the Health and Human Services Agency, is not required. There is no guarantee that funding will be received. Efforts are underway in California to submit an application that meets requirements.	
	We received initial guidance related to directed payments which included information regarding steps to submit the applications. While cuts were included with the two main state-directed payments, the larger cuts will not take effect until 2028. We are drafting an operational plan to address the changes in enrollment, eligibility, and other HR1 requirements.	
	In July, guidelines regarding federal public benefits impacting health care centers (community clinics, FQHCs) were released which restricted access to these services for many lawfully residing and undocumented immigrants. In September, an injunction was placed and the restrictions are on hold.	
	At the state level, the Health Trailer Bill underwent technical fixes around the coverage changes on the UIS population, specifying that it did not apply to foster care youth and that they would be able to remain in coverage until the age of 26.	
	The state has changed immunization standards to be set with federal government recommendations laid out a few months ago, with allowance for California Department of Public Health to update as needed.	
	A coalition of providers and health plans continue to discuss possible statewide alternatives to coverage changes for UIS adults and others who may lose coverage due to HR1.	
	Question/Supervisor Diane Burgis: Will foster youth have higher premiums or co-pays?	
	Answer/Latie Rodriguez: Beginning in January 2027, adults will have a premium of $30 a month (per UIS changes). The bill exempts foster care youth until the age of 26.	
	6.2 Anticipated Impact from HR1 and California State Budget Shulin Lin presented the anticipated federal and state impacts from HR1 depicting the net financial impacts to CCHP as outlined in the chart.	

7.0 Discussion/ Action Items	**7.1 Organizational Structure and Salary Survey Analysis** **Organizational Structure Analysis** Dr. Lo reviewed existing structure and identified opportunities to continue to enhance leadership and operational efficiency. CCHP engaged with external consulting firm, Alvarez & Marcel (A&M). Tere LeBarron, Senior Director at A&M, presented their findings which included:	Dr. Irene Lo CEO (Interim) Tere LeBarron Senior Director, A&M
	• Inconsistent span of control	
	• Titles did not reflect the nature of work being done	
	• Lack of benchmarking and determining volume of people needed	
	• Need for a county classification system like other health plans	
	The report proposed changes to the staff who report to the CEO. It included the creation of three groupings for clinical domains and additional groupings for the operational domain. IT will function as a shared service. Ms. LeBarron presented a new flowchart with recommended alterations to structure.	
	Question/Supervisor Diane Burgis: Were any of these implemented, or is this an informational item?	
	Answer/Dr. Irene Lo: This is a discussion item but I do have a motion at the end of these reports for some guidance from the JCC on next steps.	
	Salary Analysis CCHP performed an LHPC-based salary analysis and market comparison to reveal how CCHP salaries align. The results will guide any structural reclassifications needed. Few roles fall above the LHPC median. Several roles were concentrated below the median LHPC salary range. One of the next steps could be a collaboration between CCHP leadership, Contra Costa Health Personnel, and County HR to address salary compensation.	
	We are requesting the following actions from the JCC:	
	• Accept the report on salary analysis and organizational structure	
	• Direct the Interim CEO of CCHP to collaborate with County Personnel and HR for next steps in aligning CCHP salaries	
	• Direct CCHP leadership to develop an implementation roadmap to strengthen organizational structure	
	Motion for Approval – A Motion was made by Supervisor Candace Andersen to approve the requested recommendations for next steps on organizational structure and salary analysis. It was seconded by Supervisor Diane Burgis and passed unanimously.	
	7.2 Quality and Health Equity Activities Report There is a total of 84 clinical quality measures that are reported to different regulatory bodies. Ms. Hernandez discussed the Medi-Cal capitation rates which are impacted by quality measures. For 2025, the capitation rate is 1.1%. Due to CCHP's outstanding performance, we anticipate earning back 100% of capitation dollars for the fiscal year.	Elizabeth Hernandez Quality and Health Equity Director
	There were two sanctions from DHCS in 2023 that have since been corrected. In 2024, we achieved our minimum performance level in all quality measures so we will have no sanctions.	
	The Department of Managed Care just released corrective action plans for racial and ethnic groups that were under performing measures. 2024 rates are finalized, and we have improved those measures.	

	The NCQA health plan rating is at 4.5 stars. CCHP is one of 14 plans in the entire country to receive that rating. In California, a total of three health plans received a 4.5 stars rating. A quarterly Quality and Health Equity Activities Report is a required submission to the Department of Health Care Services. The Q2 report provides additional details on the specifics related to quality and health equity at CCHP. **Motion for Approval –** A motion was made by Supervisor Candace Andersen to approve the Quality and Health Equity Activities Report and submit the document to the Board of Supervisors. It was seconded by Dr. Gabriella Sullivan and approved unanimously. **7.3 Compliance Activities Report** CCHP concluded their annual, in-person Department of Health Care Services (DHCS) audit which occurred during the final two weeks of August 2025. The last deliverables were submitted by Compliance, and we anticipate ongoing DHCS review until the final report is released. We submitted the concluding update for the 2024 medical audit corrective action plan (CAP) in response to 2023 findings. Key Dual Eligible Special Needs Plan (D-SNP) items have been submitted and approved. Compliance is focusing on the continued coordination and implementation of program and regulatory requirements to launch the D-SNP program by January 1, 2026. **Motion for Approval –** A motion was made by Supervisor Candance Andersen to approve the Compliance Activities Report and submit the document to the Board of Supervisors. It was seconded by Dr. Gabriella Sullivan and approved unanimously.	Chanda Gonzales Compliance Officer
8.0 Interim CEO Report	**8.1 CCHP Staffing** CCHP welcomes Sunny Cooper, Interim Senior Director of Compliance. Nancy McAdoo joined our team as the new Director of Provider Relations, Credentialing, and Contracting. CCHP received approval to add several staff positions as we launch D-SNP, and recruitment is currently active. Updates are submitted to our regulators, DHCS and the Department of Managed Health Care (DMHC), regarding key leadership vacancies and changes. We will meet with DMHC before the end of year and present an update on our progress. **8.2 Regulatory Update** Highlights of 2024 DHCS medical audit - corrective action plan (CAP) • Most of the CAPs have been accepted • We are on track to close the remaining CAPs 2025 DHCS medical audit (held August 18 – 25, 2025) • Actively implanting enhancements across the organization on some initial concerns expressed during closing session • A formal exit conference will take place in early spring 2026	Dr. Irene Lo CEO (Interim)

Question/Supervisor Diane Burgis: During the closing session, is there an expectation that CCHP will have dealt with some of those initial concerns? Are they straightforward?

Answer/Dr. Irene Lo: There is no formal expectation. The findings will be outlined in their final report. My expectation is that our team will begin working on the initial concerns and initiate process improvements

Question/Supervisor Candace Andersen: Are these findings any carryovers from before?

Answer/Dr. Irene Lo: It has been a different audit team each time, but they operate from a checklist and focus on certain items, six focus categories, but the range of questions may vary. Of the initial concerns, there was only one that was like a previous finding – a concern regarding letters that we are actively revising.

A few months ago, CCHP provided DHCS with responses to the 2023 DHCS Behavioral Health and transportation focused audit. We are awaiting their formal response and further instruction.

Upcoming audits:
- DMHC financial audit in April 2026
- DMHC follow up medical survey in August 2026

Dr. Lo provided an update regarding the DMHC enforcement matters currently in process.

Question/Supervisor Diane Burgis: What are we doing to prevent future enforcement matters?

Answer/Dr. Irene Lo: Back in 2021/2022, CCHP's delegated oversight mechanisms were not completely effective. Knowing this, we are establishing much more robust delegation oversight. Currently, we do not have any delegates, but that will most likely change in 2026. This would include delegating our transitional rent program to Health, Housing, and Homeless in the Health Department, for example.

Question/Supervisor Diane Burgis: Is that assigning it specifically to a particular person that does this work or is this a values statement?

Answer/Dr. Irene Lo: Both a value statement and actual work. This typically falls within our compliance program to lead our delegation oversight program with certain delegates involved with different departments in the health plan.

8.3 Dual Special Needs Plan (D-SNP) Update
Progress is concentrated in three key areas:
- Regulatory Milestones
- Operational Readiness
- Oversight Infrastructure

2026 Contracting documents and post-application requirements were approved by the Centers for Medicare and Medicaid Services (CMS). CCHP will become a D-SNP health plan beginning January 1, 2026, and open enrollment kicks off on October 15, 2025.

	We established D-SNP educational and training programs to keep the health system and community providers up to date. We continue to prioritize network adequacy to counter the evolving nature of Medicare. Next quarter we will finalize the provider and vendor contracts and submit the deliverables to CMS, DHCS, and DMHC. **8.4 Commercial Plan Update** CCHP has been working closely with Segal and Contra Costa County on what will be our 2026 Commercial Plan. We were informed that Contra Costa County accepted our renewal on August 20. In late September, explanations of coverage for the 2026 Commercial Plan were sent for review to Segal and Contra Costa County. At the end of August, we sent the health plan premium renewal letter, with rate information, to relevant stakeholders.	
9.0 Next JCC Meeting(s)	Friday, December 19, 2025	
10.0 Adjournment	Meeting adjourned at 12:06 PM.	Supervisor Diane Burgis

Approved: **Date:**

Candace K Andersen (signature)   10-31-25

_____   _____
Supervisor Candace Andersen, District II

Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee

Friday, December 19, 2025
9:30AM – 12:30PM

In-Person Location:
Conservation & Development, 30 Muir Road, Martinez

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 June 6, 2025, and attached herein.

Excepted Matters: None

CONTRA COSTA
HEALTH

File #: 25-5380   **Agenda Date:** 12/19/2025   **Agenda #:** 2.2

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

MEMBERSHIP

✓	*Nicolás Barceló, MD, CCHP Medical Director
	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
✓	*Nursat Chaudhry, MD, CCHP
✓	*Michael Clery, MD, CCHP
✓	*David Gee, MD, Medical Consultant
✓	Beth Hernandez, Director, CCHP Quality & Health Equity, Co-chair
✓	*Iman Junaid, MD, Medical Consultant, Jiva Health
	*Anita Juvvadi, MD, Medical Consultant, La Clinica de la Raza
✓	*Olga Kelly, MD, Medical Consultant, Pediatrics/Clinical Consultant
✓	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
	*Suzanne Tavano, Ph.D, Director, CCH Behavioral Health Services

* Voting members. Quorum is one half of eligible voting members.

GUESTS

✓	Jersey Neilson

SCRIBE

✓	Arnie DeHerrera, Quality Administrative Assistant

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
Call to Order	The Quality Council meeting was called to order at 12:00 PM on August 12, 2025, via Zoom.	
Introductions and Information	There were no introductions at this session of Quality Council.	

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

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	3 within a six-month period. The report provided to the Council shows PQI cases closed at level 2 or 3 between August 16, 2024 and June 5, 2025.	
MY 2024 HEDIS Report	The Director of Quality and Health Equity, Beth Hernandez, provided the report. CCHP just submitted HEDIS rates for MY 2024 to NCQA. HEDIS measures are provided to multiple entities: DHCS, DMHC, NCQA, and CMS (new for 2026). A total of 84 measures are reported across all regulatory bodies. A specific subset of these measures are held to the Minimum Performance Level (MPL): 50% nationally according to benchmarks.	

The Director of Quality and Health Equity, Beth Hernandez, provided the report. CCHP just submitted HEDIS rates for MY 2024 to NCQA. HEDIS measures are provided to multiple entities: DHCS, DMHC, NCQA, and CMS (new for 2026). A total of 84 measures are reported across all regulatory bodies. A specific subset of these measures are held to the Minimum Performance Level (MPL): 50% nationally according to benchmarks.

Regulator Usage of Quality Measures for Managed Care Plans
DHCS withholds a percentage of our capitation dollars which CCHP can earn back by achieving certain percentage of "good quality" throughout the year. For CY 2025, the capitation rate is 1% (about $12-13 million). If the plan is under the MPL, penalties/sanctions may be applied. We do not anticipate any sanctions for CY 2024. NCQA has made changes in measurement, moving the plan from hybrid measures to electronic measures.

HEDIS Quality Measures
There were some changes to measures for MY 2024:

- Increasing rates: improvement projects, dedicated health education team focused on specific measures, increased data sharing and improvements

- Decreasing rates: loss of 45,000 Kaiser members (traditionally high quality performance), inclusion of 33,000 Anthem members (lower quality scores than CCHP traditionally), inclusion of individuals with unsatisfactory immigration status, data losses from Anthem for measures with additional look backs

Currently for MY 2025, we are at risk (within 2%) of the MPL target with two measures: Cervical Cancer Screening and Follow-up after ED for Mental Health. Dr. Levin asked for clarity about these measures. Beth explained that we are above the target at this time.

MCAS Measures
We had a high percentage of our measures (nearly half) at the 90th percentile nationally for the year, no measures under the 50th percentile.

Dr. Gee asked about what we are doing to help reduce Plan All-Cause Readmissions. Traditionally, CCHP had been in 90th percentile with this measure, but is now at the 25th percentile. Beth explained that for our MPL measures, CCHP has a "Pay for Performance" program, but not for the broader measures. Providers focus on the Value-Based Payment measures in the program. This one measure was an anomaly this year.

Equity Measurement
We are looking at how each racial ethnic group compares to the benchmark or target. Beth presented an example of an MCAS disparity (Gap Between Lowest Performing Group and MPL); this example showed our biggest gap – Lead Screening in Children for Black/African American (a gap of over 17 percentage points).

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

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Quality Council Meeting – August 2025

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

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

	All policies were reviewed and unanimously approved by the Quality Council as presented.	

Closing		
Adjournment	Meeting in recess at 1:00 PM. The next Quality Council meeting is scheduled for August 12, 2025, at 12:00 PM via Zoom.	

Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Quality Committee, dated August 12, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:
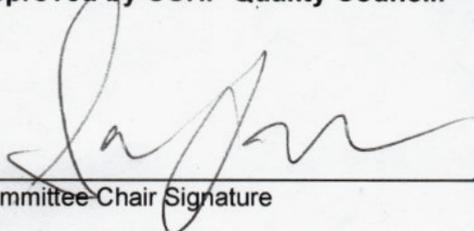
_____   10/20/25
Committee Chair Signature   Date
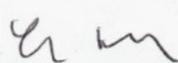
_____   10/15/25
Committee Co-Chair Signature   Date

_____   10/15/2025
Quality Management Administrative Assistant Signature   Date

Quality Council Meeting Minutes
Contra Costa Health Plan–Community Plan
October 14, 2025

MEMBERSHIP

X	*Nicolás Barceló, MD, CCHP Medical Director
X	*Michael Clery, MD, CCHP
X	*David Gee, MD, Medical Consultant
X	Beth Hernandez, Director, CCHP Quality and Health Equity, Co-chair
	*Iman Junaid, MD, Medical Consultant, Jiva Health
	*Anita Juvvadi, MD, Medical Consultant, La Clinica de la Raza
	*Olga Kelly, MD, Medical Consultant, Pediatrics/Clinical Consultant
X	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
X	*Yui Nishiike, NP, Chief Medical Information Officer, LifeLong Medical Care
	*Suzanne Tavano, Ph.D, Director, CCH Behavioral Health Services

* Voting members. Quorum is one half of eligible voting members.

GUESTS

X	Alejandro Fuentes, RN
X	Madhusree Sen, RN
X	Eloisa Lopez-Valencia

SCRIBE

X	Arnie DeHerrera, Quality and Health Equity Administrative Assistant

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
Call to Order	The Quality Council meeting was called to order at 12:00 PM on October 14, 2025, via Zoom.	
Introductions and Information	VP of Clinical Operations from LifeLong Medical Care, Yui Nishiike, NP, was introduced to the Council. She will now be the Council representative from LifeLong.	

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

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Quality Council Meeting – October 2025

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

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

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

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Quality Council Meeting – October 2025

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	- CalAIM5.041 Community Supports Operations and Evaluation - CalAIM5.043 California Integrated Care Management (CICM) - CalAIM5.045 Community Support Overview, Eligibility, Restrictions, and Limitations - CLIN13.006 Immunization - CLIN13.013 Liaison Program - CM16.201 Case Management Program Description - CM16.400 Care Management Program Description for D-SNP Enrollees - CM16.401 Health Risk Assessment for D-SNP Enrollees - CM16.402 Individualized Care Planning for D-SNP Enrollees - CM16.403 Interdisciplinary Care Team for D-SNP Enrollees - CM16.404 Care Transitions for D-SNP Enrollees - CM16.405 Follow-Up for Emergency Department Care for D-SNP Enrollees - CM16.406 Face-to-Face Encounters for D-SNP Enrollees - CQA10.006 Potential Quality Issue - MS8.005 Quality Monitoring - QM14.706 Population Health Management - UM15.002 Utilization Review Criteria and Guidelines - UM15.003 Policy for Prior Authorization - UM15.015 Utilization Review Process - UM15.029 Continuity of Care - UM15.037 Cancer Clinical Trial - UM15.048 Coordinating Chronic Pain Management Care - UM15.066 UM Information Integrity - UM15.072 Biomarker Testing - UM15.079 Physician Administered Drugs All policies were reviewed and unanimously approved by the Quality Council as presented.	

Closing		
Adjournment	Meeting in recess at 1:00 PM. The next Quality Council meeting is scheduled for November 18, 2025, at 12:00 PM via Zoom.	

Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Quality Committee, dated October 14, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:

_____   4/19/25
Committee Chair Signature   Date

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

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

Quality Council Meeting – October 2025

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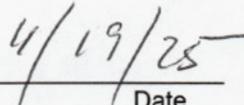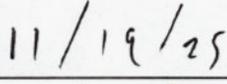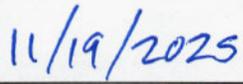
File #: 25-5381   **Agenda Date:** 12/19/2025   **Agenda #:** 2.3

Equity Council Meeting Minutes
Contra Costa Health Plan–Community Plan
June 10, 2025

✓	Allison Liu		Kimberly Ceci, MD, LifeLong
✓	Andrea Sandler, MD, CCRMC	✓	Kishore Nath, MD, John Muir Health
	Anh Thang Dao-Shah, John Muir Health	✓	Lisa Diemoz, CCH
	Ann Wrixon, CC CASA	✓	Nicolás Barceló, MD, CCHP
✓	Beth Hernandez, CCHP	✓	Olga Kelly, MD, CCH
	Christy Saxton, CCH		Phyllis Carroll, Brighter Beginnings
✓	Ernesto De La Torre, CC CHW		Rachael Birch, CCPH
✓	Gilbert Salinas, CCH		Rajiv Pramanik, MD, CCH
✓	Imran Junaid, MD, Jiva Health	✓	Sara Levin, MD, CCHP, Co-Chair
	Irene Lo, MD, CCHP, Co-Chair	✓	Sefanit "Sofe" Mekuria, MD, CCPH
	Jennifer Bruggeman, CCBH		Shannon Ladner-Beasley
	Karen Jovin, CCH	✓	Viola Lujan, La Clinica

GUESTS

✓	Arnie DeHerrera (scribe)
✓	Jersey Neilson
✓	Miranda Peña
✓	Sofia Rosales
✓	Tiffany Brelland

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
Call to Order	The Quality Improvement and Health Equity Committee or Equity Council meeting was called to order by Irene Lo, MD at 12:00 PM on June 10, 2025, via Zoom.	
Introductions and Information	There were no introductions during this meeting.	

Reports		
Senior Medical Director Update	The report presented by the Senior Medical Director and Acting Interim CMO, Dr. Sara Levin. Dr. Levin acknowledged the current challenges posed by the new administration in Washington, DC and budget constraints in Sacramento, emphasizing the organization's strong mission and commitment to care for members of CCHP.	
DEI & TGI Trainings Update	Quality Improvement Program Manager, Allison Liu, presented this update to items previously shared at Equity Council. Transgender, Gender Diverse, and Intersex (TGI) Training: training rolled out to staff on 12/2/2024; all CCHP staff have completed TGI training as of 2/24/2025; training required every 2 years; curriculum was approved by DHCS Diversity, Equity & Inclusion (DEI) Training: CCHP launched DEI training to all staff in January 2025; as of 6/3/2025, 46.5% of CCHP staff completed the training; staff has through December to	

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Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	complete DEI training; DEI training to Providers as well as D-SNP training will launch in July 2025. Viola Lujan from La Clinica asked for clarification on which Provider Trainings would be required. Allison provided the information.	
NCQA Accreditation	Allison Liu provided a high-level update of the NCQA Equity Accreditation. Temporary guidance has been provided by NCQA regarding 5 specific elements: • HE 1A – Building a Diverse Staff • HE 1B – Promoting DEI Among Staff • HE 2A – Systems for Individual-Level Data (Factor 3 – Gender Identity) • HE 2D – Collection of Data on Gender Identity • HE 6B – Use of Data to Assess Disparities (Factor 3 – Gender Identity) These elements and factors will be scored as N/A during our Health Equity Accreditation. This temporary guidance is now valid through 6/30/2026. The Provider Directory Update has been completed. It now shows language(s) spoken by practitioners and through practice (bilingual staff); race and ethnicity are listed (if available). These are provided to better align with equity standards. Andrea Sandler asked if the required to have the PCP race and ethnicity data or is it required to share the data if you have it available. Allison explained that it is not a requirement; it is voluntary for providers to provide race and ethnicity, but we do our best to gather language proficiency of the providers and office staff.	
Community Advisory Committee	Allison Liu provided information about the Community Advisory Committee (CAC). The CAC team attended the MCP CAC Workshop in March 2025. This was a workshop presented by DHCS. The CAC will meet quarterly in 2025. CCHP will follow all requirements of the CAC as detailed by DHCS. CCHP is currently recruiting new members of the CAC as members that started in 2023 will term out.	
Health Education and IHI Project	The Health Education team from the Quality & Health Equity unit presented this report. Health educators Tiffany Brelland and Sofia Rosales contributed to the report. The report presented various projects focusing on: • Chronic disease management and health literacy • Provider & community engagement including maternal health initiatives and preventive health classes • Supporting CalAIM centers • Development of newsletters These projects were developed to help our Medi-Cal population gain knowledge regarding their health needs.	

Equity Council Meeting – June 2025

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Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	"One-Pagers" have been developed by the Health Education team to help educate our members as well as "next steps" to show the members what they can do for "help if they need it." The Health Education team requests feedback with every one-pager that is distributed to help improve materials. The Equity Committee liked the samples of one-pagers that have been developed for the members and would like to see these materials available for download on the website. Sofia stated that this is coming; the materials should be available on the CCHP website later this month. The Health Education team also provided their email address to the Committee for ease of contact regarding any materials requests or further questions. Sofia Rosales was asked to present at the Harvard T.H. Chan School of Public Health. We collaborated with The Institute for Healthcare Improvement (IHI) and Brighter Beginnings to help improve Well Child Visits. The targeted population selected for the collaborative was 18-21 year olds. The team wanted to raise this HEDIS measure from 11% to 48.1% (MPL) by March 2025. With a targeted approach using a Journey Map developed with IHI, the team was able to develop a strategy to achieve success with the set goals. The Well Care Visits increased by 95% to currently 21.5%.	
Quarterly and Annual Review: Grievances Related to Language Access and Discrimination	Allison Liu presented this report. DHCS approved the CAP as of 6/5/2025. The finding from last year's audit stated that CCHP did not submit grievances alleging discrimination, along with detailed information regarding grievances to DHCS as required. CCHP implemented policies and procedures to ensure this is corrected. An increase in grievances noted, with common issues including appointment cancellations, pain medication management, transportation concerns, and language access. Targeted outreach to providers about interpreter services was recommended.	

Consent Items		
Equity Council Meeting Minutes	Three consent items were presented to the Council for approval: • Equity Council Meeting Minutes – 03/11/2024 • Policy QM14.802 CCHP Staff & Network Provider Cultural Competency Training • New ADMIN Policy – Community Advisory Committee The consent items were approved unanimously by the Equity Council.	

Closing		
Adjournment	Meeting in recess at 1:00 PM. The next Quality Council meeting is scheduled for September 9, 2025, at 12:00 PM via Zoom.	

3

Equity Council Meeting – June 2025

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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 Improvement and Health Equity Committee, dated June 10, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Health Equity Council:

_____ 10/13/25
Committee Chair Signature   Date

_____ 10/15/25
Committee Co-Chair Signature   Date

_____ 10/9/2025
Quality Management Administrative Assistant Signature   Date

Equity Council Meeting – June 2025

CONFIDENTIAL — Protected by California Evidence Code 1157

CONTRA COSTA COUNTY

Staff Report

File #: 25-5382   **Agenda Date:** 12/19/2025   **Agenda #:** 2.4

Community Advisory Committee

Contra Costa Health Plan (CCHP)
595 Center Avenue, Suite 100
Martinez, CA 94553
September 11, 2025

CHAIR

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

CCHP STAFF

✓	Allison Liu, Quality Manager, Health Equity
✓	Krista Holguin, CCHP Presenter
✓	Jersey Neilson, CCHP Presenter
✓	Brandon Engelbert, CCHP

CAC MEMBERS

✓	Sheena G, CAC Member	✓	Helen M, CAC Member
✓	Dulce B, CAC Member	✓	Tamara M, CAC Member
✓	Isabel M, CAC Member		Teresa M, CAC Member
✓	Chipo W, CAC Member		

COMMUNITY BASED ORGANIZATIONS/OTHER

✓	Patricia Bryson, CCHP – Notetaker
✓	Claudia Lindgren, Spanish Interpreter

Topic	Minutes	Person Assigned
Call to Order	*The meeting began at 4:00 pm.*	Allison Liu, Quality Manager

Minutes		
Welcome and Housekeeping	Allison welcome (with Claudia translation). 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.	Belkys Teutle, Member Services Manager
Agenda Review and Follow up from last meeting	Belkys went over the agenda for the participants • Medi-Cal Re-Determination • Mental Health Services outreach and education plan • Member Services: Current function & Communication, Future Technology for Communication • CCHP Training: Diversity, Equity & Inclusion	Belkys Teutle, Member Services Manager
Welcome New Members	Cynthia introduces herself and welcomes new members and existing members. She briefly states the meeting purpose: • Share feedback from the public to improve service of Plan • Work with community members and local partners to make CCHP stronger for our community	Cynthia Laird, Member Services Supervisor

Topic	Minutes	Person Assigned

Medi-Cal Re-Determination	Belkys introduces Krista Holguin -Medi-Cal Program Analyst for Contra Costa Employment and Human Service Department to discuss medi-cal renewals and using website benefitscal.com.
	
	Krista goes into detail regarding the renewal process. She reminds participants that ALL Medi-Cal Members are required to renewal their coverage annually (means every 12 months)
	• Some members' coverage is renewed automatically, and some members are required to complete renewal forms.
	• These members should receive a "Yellow Envelope". These are mailed out to the members 45 days before they are due.
	• Members can complete renewal forms and provide current information by the following:
	  o Phoning Medi-Cal/CalFresh Service Center at 866-663-3225
	  o Mailing back completed forms (self-addressed post-paid envelope provided)
	  o Or by submitting forms online using benefitscal.com
	• The easiest and fastest way to submit your renewal is via mail or online
	(Wait times on the phone can be long and Krista noted that members may also come into local district offices; however, the in-person wait-times can be long as well)
	
	• If members do not provide information by the due date the member's coverage will end.
	• If this happens, members have 90 days to provide the information without needing to re-apply (meaning members can turn in forms or contact Medi-Cal via phone to complete renewal within 90 days.
	
	Krista provides information on benefitscal.com. Benefitscal.com is medi-cal online service that allows members to get forms to the county in real time. For example,
	• Members can upload documents (like renewal forms)
	• Members can request callbacks from county
	• Members can report changes to the country
	Members can do this through "Manage my Benefits" function on the website without needing to create an account.
	• Even though members can submit documents w/o an account; however, members will need to know their case number. Members need to know this number and provide ID information to upload documents.
	• However, creating an account is highly encouraged and allows people to:
	  o View benefits (not just M-CAL. Includes CalFresh and CalWORKs
	  o Track status and reminders
	  o Read notices
	  o Keep up with reporting
	• Once member logs in their things to do list.
	• Fastest way to submit documents to county
	Krista provides some additional information and phone numbers
	• EHSD Website is where you can find benefit information and locations
	• Benefitscal.com has information to assist members on how to create or start an application to complete your renewal
		Krista Holguin County Employment and Human Service Department
		
		CCHP Team will email Dulce question regarding work requirement

Topic	Minutes	Person Assigned

	• Another resource found on benefitscal.com is how to video, there are videos on basically anything you can do on the website (including a step-by-step video on how to complete your Medi-Cal renewal)
	• My Medi-Cal: Howe to Get the Health Care You Need – available on EHSD website
	Questions:
	• How does one know if your Medi-Cal is automatically renewal? Members will receive a notice in the mail stating your coverage has been renewed and informs members of the next renewal date in the next 12-month period. This notice requires members to inform members of approval or discontinuing.
	• The County is constantly notifying members of renewals either by notifying them of automatic renewals or by sending out packets and if not received and due date is approaching.
	• Member has a comment that CCHS has partnered with Medi-Cal to remind patients during their appointment that patients are reminded to renew M-Cal it is their renewal due.
	• Jersey: What other information can you find on benefitscal.com or what other programs can apply for? On benefitscal.com you can apply for Cal Works, Cal Fresh and Medi-Cal. Also, you can report or change anything (i.e., address changes or income changes or changes in household members). You can uphold documents and submit renewals. If member has set up an account, they can renew notices, create an income verification. They can also obtain a history of benefits and proof of benefits. They check program status (whether case is approved or denied). The site posts reminders in members account of things to do. Members can see this from their login page. It really is the fastest way to get the members' documents turned in.
	• Have you used the website to apply for Medi-Cal
	• Member asked about changes to Medi-Cal? Summary of change
	    o Effective January 2026 – the asset test which was eliminated in January 2024 will be returning
	    o Customers are allowed to retain or have $130,000 worth of assets for one person and $65.000 additional per person up to 10 people. Messages and FAQ will be going out in the next few weeks.
	    o Another large change starting January 2026. Any person applying for Medi-Cal that does not have satisfactory immigration status will be approved for restricted Medi-Cal only. Current Medi-Cal members regardless of immigration status coverage will still continue past January 2026.
	    o Dulce asked another question after Krista left the meeting. The question was about the 80-hour work requirement.	

Mental Health Services – Outreach and Education Plan	Belkys introduced Jersey Neilson with Quality Management team. Jersey asked some basic questions on how to get appointments, assistance in Mental Health (MH) crisis and available resources dealing with Mental Health and Substance Use. One member spoke about some issues with getting appointments. She explained that she is finding process difficult and awaiting a callback from Mental Health appointment desk. Jersey offered some	Jersey Neilson Quality Manager

Topic	Minutes	Person Assigned
	guidance with the process and some possible short cuts (the best way is call Access Line). Jersey informed all that MH Access line does intake for both specialty MH services and substance use services. Jersey reminded the group that for MH crisis the County has 3 crisis response 800 number and trained MH counselors. There were questions about waitlists in chat; Allison put MH Access Line number in chat. Jersey provided a list of resources and programs available for MH and Substance Use cases. All resources are available through Access Line Jersey informed participants of 2024 requirement to create plans on how to outreach and to educate members on how to access services. She stated the reason for speaking at this CAC meeting as these services are not accessed as often as they should be and the plan needs to have input from this group who are Medi-Cal members and who may or may not need to access services. • Additionally, the plan needs to have input from county Behavioral Health services who run the access line. • Also, the plan needs to determine whether the available services are equitable, and it informs people how to receive help with an interpreter. • The plan must tell how it will reduce stigma around MH and substance use. • It must tell how it's going to educate providers how to inform members how to obtain services. • How we are going let members know what services are available and how to get them. What we have done • Developed 1-pagers with health education on 1 page and resources (i.e., educate members on when they should seek treatment specifically for adults and another one for children; how to cope with stress in a healthy way; another flyer about pregnancy and MH). Jersey also requested other topics from participants • Created a MH specific e-newsletter going out to people who have signed up (members, providers and community health providers). It is about upcoming local events and other topics. Briefly highlighted the first issue launched in February which focused on seasonal affective disorder (SAD) and when one should consider treatment. • Having a table at community events and health centers-handing out 1-pager and other information at community health fairs and events. What we do • Place at least 1 MH article in CCHP members' newsletter at least once a year • Annual Member Experience surveying our patients who have accessed MH services to see where CCHP is doing well and where improvements are needed. • New Member mailers – included information on how to access MH and substance abuse services. • Provide education on MH Services – a quarterly network bulleting and provider training. What we plan to do • Social Media posts in May (MH Awareness Month) – partnering with BH providers and doing social media posts and awareness and continue with community outreach	

Topic	Minutes	Person Assigned
	• Continue community outreach-Farmers' Markets, Flee Markets and other open-air markets working on targeting these and getting into these venues – target date as early as October. • More materials/handouts – targeting a larger audience (what works from some/may not work for others) – everything is always available in Spanish and Chinese, but CCHP is always able to translate to additional languages. Question: What else can CCHP do to spread word? • Issue with long wait times for Spanish interpreters-more availability with telehealth; however, for in-person interpreters – CCHP is trying to expand their network. Overall, it's hard to get MH providers nationally. • Follow up to above issue – participant asked for clarification on "211". Jersey was not aware of what "211" does – she indicated that "211" is recommended as an option in text and chat and they have a wealth of resources. It was explained that it's the team understanding that "211" is hub for everything that Jersey mentioned like mental health access and other resources can be funneled through "211". Most likely if a caller requests MH services, the caller would be warm transferred to MH access line • One member has reported issues in the past and she is now engaging in the process with another foster child. She hopes that this time will go smoother and she will report back to the group her recent experiences as it was difficult for her to obtain care, make appointments and then the therapist wasn't with county very long so that ended. • Jersey reminded group of the timely access standards and if they feel the standards are not being met then they have the right to phone health plan to inform them of issues – difficulty in getting providers • One member suggested that the health plan add a direct graphic and link to mental health services-making information more available and easier to find on the website is always a good suggestion. • Jersey shares another example of the 1-pager flyer (general information on the subject on the front side and MH resources specific to the County on the back side) with a QR code on the top right for feedback.	
Member Services: Current Function & Communication, Future Technology for Communication	Brandon was introduced to discuss this topic. Brandon briefly lists the types of technology assistance that may become available. • How should smart tech work for members? • What would be helpful for you? Someone indicates that they prefer text messages, someone adds that the Health Plan already sends some text messages, Allison clarifies that texts are sent for upcoming appointments and reminders about health screening; however, she feels that Brandon was asking about tech function used to access ID cards, or other issues members currently need to speak to Member Services staff. Another member indicates that she would like to have an ID card sent to her by text and also, she liked the comprehensive way appointment reminders are sent by text. Brandon responded that appointment reminder come from Health Services side. Participant indicated that it might be helpful if members could file a grievance using a technology solution. CCHP Member Services are considering the following for interactive text messaging or chat bots or if your kind of IVR is too complicated it would escalate the inquiry to live human representative	Brandon Engelbert, Director of Member Service

Topic	Minutes	Person Assigned
	• Order a new Member ID card • Change your Primary Care Provider • Check your benefits • Message with a live Member Services staff • Still get help from a person for hard questions • Participant suggested filing a grievance • Another Participant suggested changes to basic health information (such as changes to address or phone number) Just to make clear, Member Services are still in the evaluation phase. It remains to be seen if any of the above will come to pass. This exercise is to see if the Plan can meet members where they are and improve member's satisfaction. Brandon concludes with statement of goals • Give choices to members so they can pick what works best for them • To provide better access when a phone is not necessary • To provide self-service tools anytime day or night	
NMT - Update	Cynthia indicated that there was a message regarding transportation services • CCHP is currently transitioning to RoundTrip, and she is aware of the struggles. • CCHP has worked with the call center to take a shorter time of 15 to 20 minutes to assist and has added a callback feature. • It seems CCHP is improving a lot on wait times as the call times have gone down to 10 minutes. • CCHP is continuing to work on this issue to improve service	

CCHP Training: Diversity, Equity & Inclusion	Belkys introduces Allison to discuss this topic
	
	Participant added to chat a message about Contra Costa Health Atlas and how they are finding this a great resource. Additionally, a participant would like to include fitness like East Bay Regional Parks. Allison briefly described CC Health Atlas for the participants.
	It is a feature on the website and includes different local data in the county. Jersey indicated that more data sources are being added as they become available.
	
	Allison restated the members' suggestion that new Tech might be used to make filing grievances easier. Allison reminded all participants that CCHP website does have an online grievance form. Allison is posting the link in the chat.
	
	CCHP Training: Diversity, Equity & Inclusion
	• Allision asked the following questions:
	   o What's your definition of Diversity, Equity & Inclusion?
	   o Do you think this is important to you as a CCHP Member?
	   o What do you think providers or CCHP staff should learn from DEI training? Participant indicated that she is very positive with HP implementing DEI processes and she appreciates that it includes member disabilities as well, whether it is an obvious issue or whether it a disability that is not obvious
	Allison stated that all CCHP staff and providers are required to complete training by end of 2025. Staff and providers will need to redo training every 2 to 3 years. The team will continue to make updates to this training. This update will be made annually if not more frequently.
		Allison Liu
		Quality Manager

Topic	Minutes	Person Assigned
	Allison is looking for feedback from participants on what should be added to this training Current topics include: • Definition and importance of DEI, Social Determination of Health (i.e., access to health through transport to medical services). CCHP is looking to reduce barriers to member's access to health care • Different types of racism – acknowledging different types and how racism affect our health and how it might lead to health disparities • Health Disparities in our community • Cultural humility and implicit bias – the need to improve cultural humility and check our own implicit bias • How better communicate with members (including interpreter services and different cultural backgrounds) (i.e., as mentioned previously by Tamara) • Members with different needs (children, senior …) – how to service members with different needs • LGBTQIA+ - how to communicate without offending anyone; using respectful form of communication As Allison previously mentioned, this training will continue to be updated, and any suggestions made by participants would be appreciated and will incorporate in future training. One member expressed their satisfaction to CCHP and appreciates CCHP going through these training for staff.	
Close up CM - Questions	Cynthia asked the group if they had any more questions. No additional questions were stated. Cynthia thanked all the participants and stated how much their input as helps CCHP to improve their service. Allison followed up by stating that the participants will need to be sure to provide email address for thank you gift cards	
Adjournment	*The meeting ended at 5:00 PM. The next meeting is scheduled for Thursday, December 11, 2025, from 4:00 p.m. to 5:15 p.m. on Zoom.*	

Additional Information		
Contact Us	• **Email:** CCHP-CAC@cchealth.org • **Phone:** 1-800-211-8040 (CCHP Marketing Department) • **Business Hours:** Monday – Friday, 8 a.m. – 5 p.m. (PST)	

File #: 25-5383   **Agenda Date:** 12/19/2025   **Agenda #:** 2.5

Compliance Committee – November 5, 2025

MEETING MINUTES

- **Approval of Meeting Minutes and Policies:** Chanda led the committee through the approval of the July 29, 2025 meeting minutes and a set of updated policies and procedures, with motions and seconds provided by Elizabeth, Brandon, and Nicolas, and brief discussion on the review process for future policy updates.

  - **Meeting Minutes Approval:** Chanda confirmed quorum and initiated the approval of the July 29, 2025 Compliance Committee meeting minutes, with Elizabeth making the motion and Brandon providing the second; the minutes were approved and John was asked to record the approval.

  - **Policy Review Process:** Chanda explained that smaller policy updates would be summarized and reviewed during meetings, while larger or more complex updates would be sent out in advance for committee review, ensuring members have adequate time to assess substantive changes.

  - **Member Services Policy Update:** Brandon clarified the correct policy number and described the main update as additional language to ensure compliance with DHCS/Medical requirements, emphasizing annual review and noting Beth's contribution to the NCQA-driven update.

  - **Anti-Fraud Program Policy Update:** Chanda and John presented a major update to the anti-fraud policy, incorporating current definitions and requirements from DHS contracts, CMS, and DHCS, removing outdated language, and clarifying processes for compliance and departmental interaction.

  - **Administrative Business Operations Policies:** Chanda noted that the remaining policies were administrative in nature, governing business operations and staff functions, and confirmed that most members had already seen these in prior communications; the committee approved the

current set of policies and procedures with motions from Nicolas and Elizabeth.

- **DTS 2024 Medical Audit and ECM CAP Status:** Michael provided a summary of the current status of the Corrective Action Plan (CAP) related to the DTS 2024 medical audit, detailing ongoing provider monitoring, audit findings, and progress on closing identified gaps, with Chanda facilitating the discussion.

  - o **CAP Follow-Up Requests:** Michael reported that the team received a third response from DHCS and is down to four remaining follow-up requests, primarily focused on implementing ongoing tracking and monitoring of providers to ensure closure of identified gaps.

  - o **Audit Findings Overview:** Michael outlined three main findings: provision of comprehensive care management and coordination, ensuring all members receive all seven ECM core service components, and ensuring members or their support persons receive a copy of the care management plan.

  - o **Provider Audit and CAP Progress:** Michael shared that out of 30 ECM providers, 23 are active, with 18 audited; 17 received CAPs of varying sizes, and the team is working with providers to build training, oversight, and monitoring into their processes, with ongoing reporting.

- **Required Staff Training and Compliance:** Chanda, Elizabeth, and Melissa discussed the status of required staff trainings, addressing overdue items, discrepancies in staff lists, and expectations for consultants and interns, with Melissa clarifying CMS requirements and communication issues.

  - o **Training Deadlines and Reminders:** Chanda reminded the committee of upcoming and overdue training deadlines, including the DSNP model of care training due on November 10 and other required trainings such as fraud, waste, abuse, and HIPAA, emphasizing the importance of timely completion.

  - o **Staff List Discrepancies:** Elizabeth raised concerns about inactive staff and consultants appearing on training lists, suggesting communication with Pam to update cost centers and clarify expectations for consultants and interns regarding training requirements.

  - o **CMS Training Requirements:** Melissa explained that CMS requires all staff, including consultants and interns staying longer than 90 days, to complete training within 90 days of hire and annually thereafter, recommending that even temporary or part-time staff complete training on day one.

- o **Training Assignment Issues:** Melissa noted that some consultants may not receive training assignments due to system issues, advising that there may be blockages in communication and that not all required staff are being reached through CC Learn.

- **Annual Risk Assessment and Auditing Work Plan:** Melissa presented the new strategy for annual risk assessment and the development of an auditing and monitoring work plan, explaining the methodology, regulatory requirements, and committee responsibilities, with Sunny emphasizing oversight of both internal programs and vendors.

    - o **Risk Assessment Purpose and Process:** Melissa described the risk assessment as a CMS-mandated annual review of organizational processes, systems, and controls to identify and prioritize risks, with input required from all functional areas and participation being mandatory.

    - o **Methodology and Scoring:** Melissa detailed the rubric for risk assessment, including impact, financial and regulatory consequences, likelihood, controls, and reputational impact, with risks scored and ranked using a pre-programmed Excel tool to guide the work plan.

    - o **Auditing vs. Monitoring:** Melissa clarified the distinction between monitoring (ongoing internal reporting of key performance indicators) and auditing (formal reviews by compliance or regulators), with the committee responsible for quarterly review of work plan progress and escalation of serious concerns to the board.

    - o **Operational and Vendor Oversight:** Melissa and Sunny emphasized that risk assessment and auditing must cover all functional areas, including first-tier, downstream, and related entities such as vendors and providers, with oversight required for both internal and delegated functions.

    - o **Work Plan Implementation and Committee Role:** Melissa explained that the work plan is a living document, subject to updates as new risks emerge, and that functional area leads are responsible for monitoring their departments, with the committee receiving regular progress reports and being accountable for ensuring compliance activities are completed.

Follow-up tasks:

- **Staff Training List Accuracy:** Review and update staff training lists to remove inactive staff, student interns not returning, and clarify consultant training requirements; communicate necessary changes to Pam. (Chanda, Elizabeth)

- **Consultant Training Communication:** Ensure all consultants who require compliance training are properly notified and have access to required training modules. (Chanda, John)

- **Training Assignment System Issues:** Investigate and resolve any issues with CC Learn or other systems that may prevent required training assignments from reaching consultants and part-time staff. (John)

APPROVED BY : CHANDA GONZALES

File #: 25-5384   **Agenda Date:** 12/19/2025   **Agenda #:** 2.6

Peer Review and Credentialing Committee Report

Submitted by: Ronda Arends, Manager of Peer Review and Credentialing

	2025		
	Sept	**Oct**	**Nov**

Volume (source: PPL):

	Sept	Oct	Nov
• Providers reviewed	88	86	58
• Providers approved	88	84	58
• Providers denied	0	0	0
• Providers deferred	0	2	0

Breakdown by type (source: PPL):

	Sept	Oct	Nov
• Physicians	21	20	23
• Allied Health Professionals	14	15	12
• Behavioral Health	53	49	22

Highlights: Any process improvements, backlog reduction, or IT/vendor system updates.

Sept	Oct	Nov
None to report	None to report	None to report

PEER REVIEW ACTIVITIES

Files with Issues Reviewed:

	Sept	Oct	Nov
• Number and type of cases reviewed	N/A	5	12
• Clinical care	N/A	0	0
• Documentation	N/A	0	0
• Quality	N/A	2	3
• Behavioral	N/A	0	0
• Other	N/A	3	9

Outcomes:

	Sept	Oct	Nov
• Resolved	N/A	80%	100%
• Referred for further review	N/A	20%	100%
• Resulting in education or action)	N/A	0%	0%

Trends: Any themes (e.g., documentation issues, delays in follow-up, adherence to protocols).

Sept	Oct	Nov
N/A	None to report	None to report

Corrective Actions / Education: Summary of educational interventions or system-level improvements.

Sept	Oct	Nov
N/A	None to report	None to report

	Sept	Oct	Nov
Number of PQIs/Grievances escalated to the Committee	N/A	5	1
Number of CAPs	N/A	0	0

File #: 25-5385   **Agenda Date:** 12/19/2025   **Agenda #:** 2.7

File #: 25-5386   **Agenda Date:** 12/19/2025   **Agenda #:** 2.8

File #: 25-5387   **Agenda Date:** 12/19/2025   **Agenda #:** 2.9

CONTRA COSTA HEALTH
cchealth.org

2.9 MOTION NEEDED

JCC Consent Items Approval

File #: 25-5388   **Agenda Date:** 12/19/2025   **Agenda #:** 3.0

CONTRA COSTA HEALTH
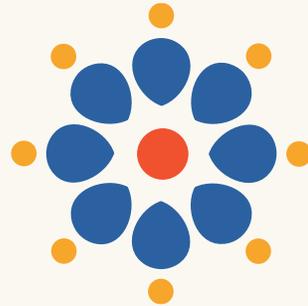
cchealth.org

3.0 Discussion / Action Items:

Presented by:
- **Irene Lo, MD, FACS**
  Chief Executive Officer (Interim)
- **Sunny Cooper, Compliance Officer**
- **Beth Hernandez**
  Quality and Health Equity Director

CONTRA COSTA COUNTY

Staff Report

File #: 25-5389 | **Agenda Date:** 12/19/2025 | **Agenda #:** 3.1

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: 2026 Organizational Priorities

To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD FACS; Chief Executive Officer (Interim)

Date: December 19, 2025

Subject: 2026 Organizational Priorities

This report provides an overview of CCHP's strategic direction for 2026, outlining the organizational priorities, focus areas, and foundational work that will guide our transformation efforts over the next year. It is intended to support shared understanding, alignment, and oversight as CCHP strengthens its role as a Managed Care Plan and within the Contra Costa Health integrated delivery system.

2025 YEAR IN REVIEW - INTRODUCTION

2025 was a foundational and transformative year for Contra Costa Health Plan (CCHP). Over the past twelve months, the organization strengthened core infrastructure, clarified leadership roles, assessed organizational needs, and deepened alignment with the broader Contra Costa Health (CCH) integrated delivery system.

A comprehensive Strength Weakness Opportunities and Threat (SWOT) analysis highlighted opportunities to improve workflow efficiency, cross-departmental coordination, data utilization, internal communication, fiscal literacy, regulatory compliance, and governance. These insights underscored the need for enhanced alignment, standardized processes, and a stronger culture of accountability across the Plan.

Alvarez & Marsal (A&M) also conducted a comprehensive analysis of CCHP's organizational structure. Their review highlighted opportunities to align with industry best practices, more clearly define roles and responsibilities, clarify expectations of leadership, and establish more appropriate spans of control. Coupled with A&M's previous operational assessment, this structural review provided CCHP with a deeper and more detailed understanding of organizational strengths and opportunities for enhancement, further informing CCHP's modernization path.

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At the system level, Contra Costa Health welcomed new departmental leadership, bringing clearer expectations and renewed alignment across the enterprise. During this period, CCHP also built stronger relationships with key delivery system partners-including CCRMC/Health Centers, Public Health, Behavioral Health, and Health, Housing & Homeless Services (H3)-reinforcing collaboration and accelerating systemwide coordination.

Together, these assessments, leadership transitions, strengthened partnerships, and early modernization efforts laid the groundwork for CCHP's 2026 organizational priorities and strategic direction.

2026 ORGANIZATIONAL PRIORITIES

Contra Costa Health Plan (CCHP) is entering a pivotal phase of transformation driven by new regulatory expectations, fiscal pressures, and organizational realignment. As we prepare for the launch of the Dual Eligible Special Needs Plan (D-SNP) in 2026 and respond to federal statewide policy and funding changes, our focus remains on strengthening the Plan's governance, regulatory compliance, operational effectiveness, and long-term financial sustainability.

To meet these challenges, CCHP must modernize its infrastructure, processes, and systems to operate as a nimble, data-driven, and high-performing managed care organization. A recent Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis has revealed significant opportunities for improvement-particularly in areas such as workflow efficiency, cross-departmental coordination, data utilization, internal communication, fiscal literacy, regulatory compliance, and governance. These findings underscore the need for stronger alignment, education, and accountability across all functions to ensure that operations, decision-making, and oversight fully support CCHP's mission and financial sustainability.

 Over the next year, CCHP's work will be guided by a clear set of strategic priorities designed to reinforce accountability, enhance collaboration, and modernize operations within the Contra Costa Health integrated delivery system. These priorities include:

Fiscal Transparency and Accountability - Enhancing financial oversight and operational alignment through clear reporting, collaborative budgeting, and disciplined cost management.

Responding to Federal and State Fiscal Challenges (HR1 and the California State Budget) - Proactively assessing and mitigating the impact of policy and funding changes to maintain organizational stability and safeguard member services.

Strengthening Collaboration with CCRMC and Health Centers - Driving improvements in quality, access, and care coordination while achieving measurable cost savings and long-term system sustainability.
Engaging with Peer Managed Medi-Cal Plans - Working directly and collaboratively with leadership at other managed Medi-Cal plans and statewide associations such as Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) to align advocacy efforts, share best practices, and promote coordinated systemwide improvements.

Implementing Organizational Changes - Executing Alvaraz and Marsal's (A&M) recommendations to establish

a leaner, more effective organizational model that enhances accountability, operational efficiency, and cost containment, supporting long-term financial stability and sustainable growth.

These priorities can be further condensed into three major strategic focus areas:

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

Through disciplined execution, transparent reporting, modernization of core systems, and close collaboration across departments, CCHP will continue to strengthen its foundation as a high-performing public health plan-responsive to our members, our providers, and the evolving health care landscape across California.

PERFORMANCE IMPROVEMENT WORKGROUPS (PIWs)

To support CCHP's 2026 organizational priorities and strengthen accountability across the Plan, CCHP has formally launched Performance Improvement Workgroups (PIWs). These workgroups are designed to accelerate operational improvements, enhance cross-departmental coordination, and provide a structured forum for solving systemwide challenges. These workgroups will also work in parallel to and in coordination with Contra Costa Health Division-level Performance Improvement Workgroups to support system-wide alignment.

Each PIW is supported by CCHP's Project Management Office (PMO) and anchored in clear charters, defined roles, timelines, and measurable objectives. PIWs are responsible for identifying root causes, executing solutions, and providing regular updates to executive leadership and CCHP's Performance Improvement Workgroup Steering Committee.

These PIWs provide a disciplined, consistent structure for issue resolution, project execution, and systemwide alignment. They will serve as a critical mechanism for operationalizing CCHP's strategic priorities in 2026.

DASHBOARDS AND REPORTING INFRASTRUCTURE

As part of CCHP's modernization efforts, the organization is developing a suite of enterprise-level dashboards to enhance transparency, strengthen accountability, and support data-driven decision-making.

These dashboards are designed to provide leaders with consistent and timely visibility into key metrics across financial performance, member experience, operations, quality, and regulatory readiness. They incorporate standardized data definitions, clear performance thresholds, and alignment with state and federal reporting requirements.

These dashboards will support executive decision-making, facilitate PIW oversight, and ensure visibility into

performance trends across the organization. They also reinforce CCHP's commitment to transparency, operational excellence, and regulatory readiness.

Risks and Mitigation

As CCHP prepares for an intensive operational and regulatory year in 2026, several enterprise-level risks require active monitoring and coordinated mitigation. The following summarizes the most significant risks and the strategies in place to address them:

Regulatory Oversight and Audit Readiness

Risk: CCHP will undergo multiple major reviews in 2026, including the DMHC Financial Audit, the DMHC Follow-up Medical Survey, the DHCS Medical Audit, NCQA Health Plan Accreditation, and ongoing CMS/DHCS monitoring for the D-SNP launch. These audits carry operational, financial, and reputational implications.

Mitigation:

Strengthening policy management, delegation oversight, and internal monitoring

Conducting internal mock audits and readiness reviews

Maintaining proactive communication with NCQA, DHCS, DMHC, and CMS

Deploying the Compliance PIW to coordinate audit preparation and issue resolution

Workforce Stability and Recruitment Challenges

Risk: Ongoing recruitment challenges impact operational stability and increase regulatory and financial risk.

Mitigation:

Accelerated recruitment for high-priority roles, including interim subject matter experts as bridge coverage

Launching FY 2026-2027 position modifications to stabilize staffing

Strengthening spans of control, onboarding, and internal training

Deploying PMO and PIWs to examine opportunities to strengthen labor and workforce

Financial Pressures Tied to HR1 and State Budget Uncertainty

Risk: Federal HR1 provisions and California state budget constraints may impact Medi-Cal funding,

administrative allocations, and rate structures, posing risks to long-term financial sustainability.

Mitigation:

Enhanced financial modeling, forecasting, and scenario planning

Strengthening cost-containment strategies across UM, claims, and network management

Active participation in LHPC and CAHP advocacy efforts

Operational Integration and Systems Readiness

Risk: Modernizing systems and workflows remains complex, particularly across claims, UM, member services, and Medicare/Medi-Cal integration. Delays or inconsistencies may affect compliance, member experience, and financial performance.

Mitigation:

Standardization of project workflows, systems testing, and process redesign

Comprehensive dashboard development to improve visibility and decision-making
PIW structure to support cross-functional integration and eliminate operational silos

Strengthened collaboration with CCH Information Technology partners

CONCLUSION

CCHP enters 2026 with a stronger foundation, clearer priorities, and a more unified direction than at any point in recent years. The work completed throughout 2025-organizational assessments, strengthened partnerships across Contra Costa Health, establishment of the PMO, creation of Performance Improvement Workgroups, and the development of transparent reporting tools-has positioned the Plan to navigate a complex regulatory landscape and deliver improved outcomes for members, providers, and the broader community.

The year ahead will require discipline, collaboration, and a continued commitment to modernization. By focusing on fiscal transparency, regulatory readiness, operational efficiency, and deeper integration with CCRMC/Health Centers and other system partners, CCHP is well-positioned to strengthen its performance as a Managed Care Plan and to support Contra Costa Health's mission of advancing quality, equity, and sustainability across the delivery system.

Through the collective efforts of our teams, the guidance of our leadership, and the support of our partners,

CCHP will continue to evolve into a more accountable, data-driven, and high-performing public health plan-prepared to meet the needs of our members today and ready to succeed in the rapidly changing healthcare landscape of tomorrow.

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2026 ORGANIZATIONAL PRIORITIES

Dr. Irene Lo

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- 2025 was a foundational and transformative year for CCHP
  - o   Strengthened core infrastructure
  - o   Clarified leadership roles
  - o   Assessed organizational needs
  - o   Deepened alignment with the broader Contra Costa Health

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- Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis conducted
  - Highlighted opportunities to improve workflow efficiency, cross-departmental collaboration, data utilization, internal communication, fiscal literacy, regulatory compliance, governance, accountability, and Transparency

- Alvaraz and Marsal (A&M) Organizational Structure Assessment
  - Highlighted opportunities to:
    - Align with industry best practices
    - More clearly define roles and responsibilities
    - Clarify expectations of leadership
    - Establish more appropriate spans of control
  - Combined with prior A&M operational assessment, provided deeper insight into strengths and opportunities

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- Contra Costa Health Plan (CCHP) is entering a pivotal phase of transformation driven by new regulatory expectations, fiscal pressures, and organizational realignment.

- To meet these challenges, CCHP must modernize its infrastructure, processes, and systems to operate as a nimble, data-driven, and high-performing managed care organization.

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☐ **Fiscal Transparency and Accountability** – Enhancing financial oversight and operational alignment through clear reporting, collaborative budgeting, and disciplined cost management.

☐ **Responding to Federal and State Fiscal Challenges (HR1 and the California State Budget)** – Proactively assessing and mitigating the impact of policy and funding changes to maintain organizational stability and safeguard member services.

☐ **Strengthening Collaboration with CCRMC and Health Centers** – Driving improvements in quality, access, and care coordination while achieving measurable cost savings and long-term system sustainability.

☐ **Engaging with Peer Managed Medi-Cal Plans** – Working directly and collaboratively with leadership at other managed Medi-Cal plans and statewide associations such as Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) to align advocacy efforts, share best practices, and promote coordinated systemwide improvements.

☐ **Implementing Organizational Changes** – Executing Alvaraz and Marsal's (A&M) recommendations to establish a leaner, more effective organizational model that enhances accountability, operational efficiency, and cost containment, supporting long-term financial stability and sustainable growth.

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- These priorities can be further condensed into three major strategic focus areas:
  - 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

Performance Improvement Workgroups (PIWs)

- To support CCHP's 2026 organizational priorities and strengthen accountability across the Plan, CCHP has formally launched Performance Improvement Workgroups (PIWs).
  - o Designed to accelerate operational improvements, enhance cross-departmental coordination, and provide a structured forum for solving systemwide challenges.
  - o Workgroups will also work in parallel to and in coordination with Contra Costa Health Division-level Performance Improvement Workgroups to support system-wide alignment

- Each PIW is supported by CCHP's Project Management Office (PMO) and anchored in clear charters, defined roles, timelines, and measurable objectives.
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Dashboards and Reporting Infrastructure

- Developing a suite of enterprise-level dashboards to enhance transparency, strengthen accountability, and support data-driven decision-making.
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  - Will support executive decision-making, facilitate PIW oversight, and ensure visibility into performance trends across the organization.
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Public Comments

JCC Comments

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 25-5390
3.1.1

Agenda Date: 12/19/2025

Agenda #:

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3.1.1 MOTION NEEDED

JCC Accept 2026 Organizational Priorities Report

File #: 25-5391 | **Agenda Date:** 12/19/2025 | **Agenda #:** 3.2

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: Code of Conduct

To: Joint Conference Committee (JCC) Members

From: Sunny T. Cooper, Senior Director of Compliance and Regulatory Affairs (Interim)

Compliance Department

Date: December 19, 2025

Subject: Code of Conduct

Approval of Code of Conduct November 2025 Release

CCHP has updated its Code of Conduct to remove reference to specific processes and focus more on ethical conduct and behavioral standards. Below is a detailed summary of changes.

 NEW - disclaimer that the Code of Conduct shall not be construed as a contract of employment and who it applies to.

NEW - Table of Contents

NEW Section Introduction and Purpose - Definition of Ethics and what it is, Questions to ask yourself when faced with a challenging situation

NEW Section on Business Practices - expanded Conflicts of Interest, gifts and Tips, FWA, description of applicable laws (false claims act, stark law, anti-kickback law, etc)

NEW Section on Privacy, Security, and Protection of Assets - Information Security and Data Protection, Responsible use of AI

NEW Section on Public Engagement - Media and Speaking Engagements, Reference to Social Media Policy, Political Activity

NEW Section on Workplace Environment - Drug and smoke-free workplace, emergency plan, no discrimination, bullying, harassment, or violence, no solicitation

Section in Current Code	Current
Mission and Principles	RETAINED as written
Commitment to members, payors and regulators, Patient/client/member care and rights	MOVE AND UPDATED section to "professional interactions" - Streamlined language to highlight that everyone should be treated with respect and dignity
Confidentiality of patient information, HIPAA	REMOVED section of payments for referrals and the process for contracting physicians
Contract Physicians	REMOVED section of payments for referrals and the process for contracting physicians
Agreements with other health care provider and management/marketing companies	REMOVED additional notes on referrals and requirements of contracts
Accrediting bodies	REMOVED section on treating accrediting bodies in an honest manner (included in business practices)
Contracting and bidding process	REMOVED section on process
Marketing Practices	REMOVED section that marketing should be truthful and honest (included in business practices)
Antitrust	REMOVED statement on anti-trust
Waivers of copayments and deductibles	REMOVED language that waivers are "not routine"
Coding and third-party billing	REMOVED statement that all coding and billing should be accurate (section included in protection of assets)
Cost reports	REMOVED requirement that cost reports are submitted according to law
Third-party payers	MOVED AND UPDATED language that says oversight is done (included in a FWA section)
Response to inquiries	REMOVED section that says billing inquiries are responded to in a timely manner
Business Information and Management information Systems	MOVED AND UPDATED sections on accuracy, retention, and confidential information and electronic media as they only refer back to policy and include general statements that books and records should be accurate (included in Privacy, Security, and Protection of Assets section)

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Workplace Conduct - Conflict of Interest	MOVED AND UPDATED and reworded section to "Professional Interactions."
Copyrights	REMOVED sentence that copyright law should be followed.
Personal Use of CCHP resources	MOVED AND UPDATED Covered in the Privacy, Confidentiality and Resources Section
Prohibited Conduct (Improper claims, false claims, excluded providers, medical necessity, kickbacks)	MOVED AND UPDATED, reworded, and streamlined under Business Practices
CCHS and CCHP Compliance Programs (how to report, duty to report, corrective actions)	MOVED AND UPDATED to Ethics, Introduction and Purpose Section.

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CODE OF CONDUCT

Sunny Cooper

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CCHP has updated its Code of Conduct to remove reference to specific processes and focus more on ethical conduct and behavioral standards. Below and the following slides are summary of changes.

1) ***NEW*** - disclaimer that the Code of Conduct shall not be construed as a contract of employment and who it applies to.

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CONTRA COSTA HEALTH

CONTRA COSTA HEALTH PLAN

CODE OF CONDUCT

Contents

This Code of Conduct and its contents is not, and may not be, construed as, a contract of employment or any other type of contract. Employment with Contra Costa Health Plan ("CCHP") at all times is "at will," and either the employee or CCHP has the right to terminate the employment relationship at any time.

This Code applies to all employees, board members, officers, directors, clinical staff, volunteers, vendors, contractors, consultants and agents of CCHP.

MISSION

Contra Costa Health Plan, a division of Contra Costa Health Services, cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

- We provide high quality services with respect and responsiveness to all.
- We are an integrated system of health care services, community health improvement and environmental protection.
- We anticipate community health needs and change to meet those needs.
- We work in partnership with our patients, cities and diverse communities, as well as other health, education and human service agencies.
- We encourage creative, ethical and tenacious leadership to implement effective health policies and programs.

Principles of the Code of Conduct

The following principles are the basis for the CCHP Code of Conduct. All CCHP personnel shall:

1. Treat all members with respect and dignity in an appropriate professional manner without regard to race, language, age, gender, religion, national origin or sexual preference. 2. Follow the Code of Conduct and conduct themselves in an ethical manner.
2. Report any concerns about possible compliance issues to the Compliance Officer or any member of the Compliance Committee. There shall be no retaliation against anyone who reports concerns that he/she believes create compliance issues for the organization. CCHP does not tolerate any acts of intimidation for good faith participation in the compliance program.
3. Communicate their questions or concerns to their immediate supervisor if they require clarification of a procedure, regulation or law related to their duties. Personnel will not be penalized for raising Compliance issues. CCHP expects that all personnel will be actively involved in correcting errors in a timely manner.
4. Obey all laws, rules, regulations, policies and procedures to the very best of their abilities and knowledge.

INTRODUCTION AND PURPOSE

Ethics

At Contra Costa Health Plan ("CCHP"), we are committed to adhering to high ethical standards in our operations. Ethical decision-making is not just about compliance with laws and regulations but about making choices that uphold the trust and respect of our colleagues, members, and stakeholders.

In both personal and professional settings, ethical decision-making involves evaluating choices in a way that considers the potential consequences such as impact on others, the organization, and society as a whole. We encourage all employees and stakeholders to approach decisions with care, seek advice when necessary, and ensure that their actions reflect our shared values of integrity and respect.

It is not possible or practical to list all behaviors that may be considered unacceptable in the workplace. Any seriously inappropriate conduct, as determined by CCHP, may result in consequences up to and including termination for the first offense. If you have questions about a topic or issue, you may go to your supervisor, manager, the Health Services Personnel Office, or the Compliance department.

Unsure of what to do? Try considering the answers to these questions:

Does this decision align with CCHP's core values and principles? Will this choice reflect integrity, honesty, and fairness?

How will this decision affect others? What impact will it have on my colleagues, clients, community, or stakeholders?

Is this decision legal? Does it comply with applicable laws, regulations, and organizational policies?

Am I avoiding conflicts of interest? Is this decision influenced by personal interests, biases, or external pressures?

Would I be comfortable if this decision were made public? How would it look if others, such as my peers or the general public, knew about this decision?

Have I sought advice or consulted others if I'm unsure? Did I reach out to someone for guidance or perspective?

Do you have a question or want to file a report?

If you have questions or concerns about something you hear or observe, but aren't sure if you should speak up, we encourage you to reach out to the Compliance department. Our goal is to prevent unethical or non-compliant activities before they occur.

When you report concerns in good faith, you allow us to address our risks and potentially fix our problems. This ensures that CCHP can continue to provide high-quality, affordable programs, services, and care for all our members. Every member of the CCHP community has a duty to report concerns immediately.

While you can talk to your supervisor or other team leader directly about a concern, we also ensure there are multiple ways to reach us. You may contact our department directly by reaching out to someone you already know, or you can submit a report to our department through any of the methods listed below. CCHP also contracts with an independent hotline that is available 24/7 and accepts anonymous reports.

To make a complaint:

- Contact any member of the compliance department or the Compliance or Privacy Officer
- Call our third-party hotline: 1-800-304-9490; for privacy matters call 1-800-659-4611
- E-mail compliance@cchealth.org
- Fax to 925-523-7092
- Sending mail to: CCHP Compliance Department, c/o Privacy Officer, 597 Center Avenue, Suite 200, Martinez, CA 94553

How Reports are Reviewed

Reports of non-compliance are considered serious matters and all reports are reviewed in a timely manner. The type of complaint that is filed usually determines who reviews or investigates the report. Sometimes, subject matter experts from a certain department are involved.

In order to ensure your complaint can be reviewed thoroughly, reports should include dates, times, names of individuals involved, witnesses, and a detailed description of events.

If asked, all employees must cooperate with our investigation process. Questions should be answered honestly and any documents that are requested should be provided,

unaltered, in a timely manner. Failure to report a violation, refusal to cooperate with, or obstructing a Compliance investigation may lead to disciplinary action.

Confidentiality

Reports may be filed anonymously and are kept confidential to the extent possible. However, please know that in some cases, anonymity may not be guaranteed based on the details of the incident, or when required by law.

Promise of No Retaliation

CCHP has a strict non-retaliation policy. Retaliation against any employee for reporting policy violations in good faith will not be tolerated. Any CCHP employee or agent who attempts to or encourages others to retaliate against an individual who has reported a violation or who fails to cooperate with an investigation will be referred to the Health Services Personnel Office for disciplinary action.

> **Common Compliance Concerns**
>
> **Code of Conduct violations**
>
> **HIPAA violations**
>
> **Fraud, waste and abuse**
>
> **Illegal acts such as bribery or theft**
>
> **Conflicts of interest**

BUSINESS PRACTICES

Professional Interactions

All individuals have the right to be treated with dignity, respect and privacy, and members of the CCHP community are no exception. Our goals and values reflect honesty, integrity, adherence to the law, and quality. All members of our community should strive to conduct themselves according to these guiding principles.

As a Health Plan, in order to ensure CCHP provides a high level of service to members, CCHP :

- Must never deny payment of a qualified claim that is authorized for coverage
- Must never delay or deny approval of a medically necessary referral that was submitted timely

- Must ensure our members have access to sufficient providers in our network to meet their needs.

Conflicts of Interest

A conflict of interest is any situation in which your personal interests may influence how you handle CCHP business or your professional conduct. Employees must not engage in any conduct that would create an actual, potential, or perceived conflict of interest. Any potential or actual conflict must be disclosed to Compliance. The following situations are examples of conflicts of interest:

- An employee participates in the selection, award, or administration of a contract or services where a family member, or any person with whom they have a business or personal connection, also has a financial interest.
- An employee discloses or uses confidential CCHP information for personal profit, advantage, or other unauthorized reasons.
- A clinician suggests a certain provider because they receive kickbacks from the provider.
- An employee conducts or accepts outside employment or work, directly or through an intermediary, which can or will adversely affect your work obligations for CCHP. You may engage in work outside your regular work schedule at CCHP if this work does not detract from your job performance, is not harmful to CCHP's best interests, and does not present a conflict of interest with your employment with CCHP.

If you or a family member is an owner, part-owner, employee of, or is receiving money from a company that does business with, proposes to do business with, competes with, solicits employees from, or receives any other remuneration from CCHP, please notify the Compliance department.

CCHP resources are to be used for business purposes and not for personal gain. If you have questions about what constitutes a conflict of interest, please ask your supervisor or Compliance.

Gifts and Tips—Receiving

We serve diverse and vulnerable groups of people. Our members depend on our programs and staff to look out for them and act in their best interests. Accordingly, employees shall not solicit and shall discourage personal gifts from members or their families and friends. Members should be politely thanked and told that CCHP employees are not permitted to

accept gifts or gratuities. Similarly, soliciting or accepting gifts from vendors and service providers is not permitted.

<u>Gifts and Tips—Offering</u>

Employees also must not offer or give anything of value in order to generate business, influence a contract, win an award, or affect legislation. If any individual requests or demands gifts or benefits from CCHP, you should report it immediately to the Compliance department.

Fraud, Waste, and Abuse

As a government-sponsored program, we must steward our resources wisely. By preventing unnecessary costs, we can improve health outcomes and demonstrate the efficacy of our

programs. Doing so may ensure that we continue to serve our members for many years to come.

Fraud - Intentional deception or misrepresentation to acquire something.

- Examples include expense account fraud, timesheet fraud, identity theft, embezzlement

Waste - Extravagant, careless, or needless expenditures. Examples of waste include:

- Booking expensive travel options without considering cost effective alternatives
- Paying for unused software subscriptions
- Paying more for goods and services due to lack or price comparisons

Abuse- Wrongful or improper use of CCHP assets that may directly or indirectly result in unnecessary costs. Examples include:

- Using copy machines to print fliers for personal reasons such as a restaurant or school
- Requesting or approving unnecessary overtime

Exclusions

By law, CCHP cannot employ or contract with any person or entity that has been:

- Excluded, suspended, or debarred from participation in federal or state programs
- Convicted of a crime in connection with the delivery or administration of health care services.

Adherence to Other Laws

U.S. False Claims Act (FCA)

The Federal False Claims Act and other similar laws make it a crime to present false claims to the government. All business records, financial records, timecards, and medical records should be accurate and complete. Records should never be falsified or altered to disguise the truth. Employees should also refrain from editorializing in any business records and instead adhere to providing factual information.

U.S. Foreign Corrupt Practices Act (FCPA)

The FCPA prohibits giving money or things of value to a government official to influence their actions or secure business advantages or with the intent of gaining or retaining business.

Stark Law

Stark Law, also known as the Physician Self-Referral Law, prohibits physicians from referring patients for certain health services to entities with which they or their immediate family members have a financial relationship. The law aims to prevent conflicts of interest and overutilization of healthcare services by restricting self-referrals that could result in unnecessary costs to the healthcare system. This often comes up where a physician might order lab work or equipment for a patient and recommend they fill the order at a lab or supplier they co-own. Please notify the Compliance Department if you are aware of any such instances.

Anti-Kickback Laws

Anti-kickback laws impose criminal and civil penalties on individuals and companies who attempt to offer, give, solicit, or accept a kickback. CCHP prohibits making or offering kickbacks to anyone for the purpose of obtaining, retaining, or influencing our business. Kickbacks may include items of value (cash or gifts), promising favors, preferential selection or hiring, business courtesies (free products or services), or waivers of expenses. The Compliance Department should be consulted prior to offering, giving, soliciting, or receiving anything of value that is not fair market value for services or products received.

Anti-Rebate Laws

Anti-rebating laws prohibit any person representing CCHP from offering current or prospective customers a promise of employment, stock, dividends, contracts,

agreements, goods and services, or other in-kind contributions. State and local laws vary, so ensure you contact the Ethics & Compliance or Legal Department for guidance.

Relations with Pharmaceutical Companies

State and federal regulations include guidelines for any compensation received from a drug company. Any direct or indirect compensation creates a potential or an appearance to influence CCHP's business decisions regarding drug coverage and utilization decisions. No employees should engage in activity that may be perceived as compensation with a drug company without counsel from the Health Services Legal Department.

PRIVACY, SECURITY, AND PROTECTION OF ASSETS

CCHP has a variety of assets and property, such as records, emails, laptops, equipment, time, and supplies, under its care. These records and devices must be accurate and complete, and preserved from tampering and retained for the required amounts of time for business reasons including law enforcement purposes, internal investigations, or legal counsel. Care should be used when CCHP assets are used for any type of communication.

Information Security and Data Protection

All employees must abide by the terms of their employee agreements, training courses, and any other similar agreement that protects CCHP's business information. The obligation to keep this information confidential exists both during and after separation from employment. Confidential and proprietary CCHP business information includes all information relating to CCHP's non-public information such as financial affairs, marketing, operational and strategic information, or administration, as well as member records.

In order to ensure that our systems remain functional and we continue to operate efficiently, our Information Security department has developed best practices and acceptable use policies.

Some best practices include:

- Not leaving records or laptops unattended in vehicles. Be sure to report any lost or stolen items immediately.
- Not clicking on any suspicious links. Do not download information from unknown sources.
- Reporting suspicious items or behavior, including unattended items to the Security Department.

- When sending an email with sensitive information, include the word "SECURE" in the subject line.
- Not using another employee's username and password or don't share your username and password.

Privacy and Confidential Information

Each employee is responsible for safeguarding sensitive information and other personal and private information. You may only access and use sensitive information for purposes related to your job duties, and you may only access the minimum amount of information required to perform your duties.

There are multiple federal, state, and local laws that protect sensitive information such as personally identifiable information (PII) and protected health information (PHI). PHI is protected by the California Confidentiality of Medical Information Act (CMIA) and the Federal Health Insurance Portability and Accountability Act (HIPAA). In addition to those laws, CCHP may be a **business associate** of other government agencies and is contractually obligated to protect sensitive information.

PHI access, use, and disclosure are typically limited to others involved in the care and treatment of a member, in the payment for such care and treatment, or in CCHP's internal operations. Written authorization from the member or their legal representative is required in advance of disclosing PHI for any other purpose.

CCHP is accountable for all incidents that involve unauthorized access, use, or disclosure of sensitive information (e.g. PII or PHI). These incidents, or suspected incidents, should be immediately reported to Compliance.

A covered entity is a health care provider, health plan, or health care clearinghouse that is subject to HIPAA.

A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information (PHI) on behalf of, or provides services to, a covered entity.

Responsible Use of Artificial Intelligence (AI)

CCHP is committed to responsible and ethical use of technologies that enhance our services, enrich customer experiences, and improve health outcomes.

Any AI use should be thoroughly reviewed to ensure the usage is safe, ethical, and lawful. Users of AI must ensure that any use avoids data breaches or biased decisions.

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CAUTION!

Artificial Intelligence can be used to impersonate a real person. Be wary of phone calls or videos that come from trusted colleagues, senior executives, or vendors that include urgent requests or demands for financial transactions

PUBLIC ENGAGEMENT

Media and Speaking Engagements

You may be approached by members of the media, academia, or industry groups to speak on behalf of CCHP or to present CCHP materials or information. If you are approached by the media for interviews or comments, you should not respond; instead, you should immediately contact our Marketing Department. For other speaking engagements such as conferences or teaching settings, you must gain advance approval from the Office of Communications and Media before participating in such activities.

Social Media

CCHP recognizes the value of social media platforms as vital resources to promote the organization's mission and values, operational goals, and marketing activities. CCHP is committed to supporting honest, transparent, and knowledgeable communication through social media.

CCHP supports employees' right to use social media for their own, personal purposes. However, social media use must not interfere with any employee's performance or disrupt the workplace. Whether during work or non-work hours, employees must ensure that their use of social media does not violate the Social Media Policy and/or applicable state and federal laws.

When posting on any public platform, please know that you:

- Must not post any sensitive or confidential information, including member images or information.
- Make clear that you are not representing CCHP, but that your posts and opinions are your personal views.

Political Activity

As a non-profit organization, CCHP is prohibited from directly or indirectly participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office. Employees may not engage in partisan political activities as an actual or perceived representative of CCHP (e.g., employees should not support or oppose any candidate running for public office on behalf of CCHP). This includes wearing overtly political clothing supporting or campaigning against a person or political party while on duty.

However, we respect your right to participate in political activities as a private citizen and when off duty. Be sure you do not use your CCHP title, email address, letterhead, or department funds for campaigning for or against any political candidate.

WORKPLACE ENVIRONMENT

Drug and Smoke-Free Workplace

While in or around CCHP premises, individuals should refrain from substance misuse or abuse. Unlawful use, manufacture, distribution, dispensation, possession, or sale of illicit and mood-altering substances is strictly prohibited. Accordingly, smoking, including e-cigarettes or similar items, is not permitted in our buildings or closer than 20 feet from CCHP building egresses and ingresses.

Environment and Safety

CCHP is committed to complying with all laws and regulations that govern workplace health and safety, including staff training, the inspection of facilities, investigation of accidents, and communication and observance of safety and health rules. We all play a role in creating a safe, secure, and injury-free workplace.

All employees shall:

- Be aware of emergency and security procedures.
- Comply with all laws and regulations which govern occupational and patient health and safety and to make every reasonable effort to ensure that members/clients, employees, and visitors are protected from undue health risks and unsafe conditions.
- Comply with all applicable environmental laws and regulations.
- Ensure that CCHP has obtained and renews all necessary licenses, permits, and approvals.

- Employ the proper procedures and controls in the identification, handling, storage and disposal of toxic, hazardous, and biohazardous materials and waste to prioritize minimizing exposure. Please see the Employee Handbook for more information about Health and Safety.

No Discrimination, Bullying, Harassment, or Violence

CCHP does not tolerate violent statements, behaviors or actions on workplace premises. Discrimination based on age, gender, gender identity, gender expression, race, color, religion, religious creed, national origin, sex, sexual orientation, citizenship, marital status, mental disability, physical disability, genetic information, military status, veteran status, medical condition, or any additional characteristic protected by law is also not tolerated. People who engage in harassment, threatening, abusive, or violent behavior, whether on or off duty, may be referred to the Health Services Personnel Office for further action including and up to termination.

Non-Solicitation and Distribution

Employees are prohibited from soliciting others, including members and colleagues, during work hours if such solicitation is not part of their job duties. Solicitation includes, but is not limited to, requests for donations, contributions to charities, support for political organizations, requests or encouragement to patronize a particular business, and/or merchandise purchases.

Solicitation by distribution of non-CCHP literature is also prohibited. Distribution includes placing or handing out advertising materials, handbills, and other printed and written literature. Employees may not use CCHP stationery, supplies, computers, or equipment for solicitation or distribution purposes.

Requests from outside people or organizations to sell merchandise, solicit contributions, distribute literature, arrange displays, or use CCHP facilities should be referred to the Health Services Personnel Office, a director, or any supervisor.

Additional Guides and Resources

All members of the CCHP community are expected to behave responsibly and with integrity. Compliance is the responsibility of everyone. This Code does not cover every situation you may encounter but provides the framework that guides our mission and actions.

This Code is supplemented by the **CCHP Policies and Procedures.**

If you have questions, would like to report a violation of the code, or need additional guidance, you may contact your supervisor, manager, or the Compliance department directly.

Revised and Updated November 2025

CONTRA COSTA COUNTY

Staff Report

File #: 25-5392
3.2.1

Agenda Date: 12/19/2025

Agenda #:

cchealth.org

3.2.1 MOTION NEEDED

a) JCC Approval of Code of Conduct

b) JCC Recommendation for Submission to the Board of Supervisors

File #: 25-5393	**Agenda Date:** 12/19/2025	**Agenda #:** 3.3

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: Quality & Health Equity Activities Report

To: Joint Conference Committee

From: Beth Hernandez, Quality and Health Equity Director, Contra Costa Health Plan

Date: 12/1/25

Subject: CCHP Quality Improvement and Health Equity Committee (QIHEC) Quarterly Activities Report, 2025 Q3

RECOMMENDATION

That the Joint Conference Committee review and endorse the Contra Costa Health Plan (CCHP) Quality Improvement and Health Equity Committee (QIHEC) Quarterly Activities Report for Quarter 3 of 2025, as required under the Department of Health Care Services (DHCS) contract, and forward the report to the Contra Costa County Board of Supervisors for approval as a consent item.

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 OF DOCUMENTS

During Q3, CCHP advanced significant work across NCQA accreditation, compliance audits, quality measurement, and regulatory reporting. CCHP received final approval for NCQA Health Equity Accreditation in October, following submission of the survey in August. Preparations for the NCQA Health Plan Accreditation survey also remained on schedule, with all documentation collected and undergoing consultant review ahead of the December 9 submission. CCHP additionally completed the DHCS annual Medical Onsite Audit and the Network Adequacy Validation Audit in August; both audits identified limited corrective actions, and the plan has begun implementing necessary process improvements.

Quality measurement and reporting activities were extensive throughout the quarter. CCHP received a 4.5-Star rating from NCQA, the highest rating of any Medicaid plan nationally and one of only 14 Medicaid plans in the country to achieve this score. CCHP also met the Minimum Performance Level for all MCAS measures in MY2024. The plan submitted the MY2024 Health Equity and Quality Measure Set (HEQMS) to DMHC and began preparing responses for the Corrective Action Plan related to the MY2023 HEQMS. Additional analytic work included preparing and fielding the Provider Appointment Availability Survey, continuing the Case Management and Behavioral Health survey fielding, and concluding data collection for the ECHO survey. To strengthen provider access to actionable information, CCHP also launched new provider-facing reports in the Provider Portal, including recent hospitalization alerts, behavioral health ED visit notifications, and Medi-Cal redetermination data.

CCHP continued to advance Performance Improvement Projects with measurable results. Outreach efforts to members due for well-care visits, cervical cancer screening, and lead screening for young children contributed to improved completion rates and strengthened preventive care engagement across key populations. Targeted efforts continued for African American and Pacific Islander members assigned to RMC, and CCHP partnered with Black Infant Health to conduct focus groups addressing barriers to pediatric well-child visits.

Behavioral health work intensified through the second round of the Medi-Cal Behavioral Health Collaborative, including biweekly case reviews with Contra Costa Behavioral Health and Kaiser Permanente to address missed follow-up opportunities. In partnership with Contra Costa County Behavioral Health, Public Health, and Contra Costa Regional Medical Center, CCHP received Top Honors from the California Association of local Health System and Safety Net Institute for this performance improvement project.

Population health activities further expanded CCHP's equity and prevention efforts. The annual Population Needs Assessment and Population Health Management Strategy were completed and approved by the Quality Council. CCHP participated in the countywide Community Health Assessment Steering Committee, including a full-day planning retreat. CCHP also prepared for the January launch of Transitional Rent as a Community Support, supported CalAIM Center expansion through regular office hours with multiple community-based organizations, advanced ED utilization reduction work, and initiated ingestion of Medi-Cal Connect data to integrate statewide risk stratification into population health workflows.

In quarter 3, CCHP staff attended more than 20 outreach and health education events and disseminated multiple member newsletters, including Health Sense, as well as maternal health, mental health, and children and family e-newsletters.

CCHP collaborated with Supervisor Diane Burgis, Kaiser Permanente, and Contra Costa County Fire on health literacy initiatives designed to reduce emergency department use, with program launch scheduled for Quarter 4.

Patient safety and provider engagement efforts remained strong throughout the quarter. CCHP continued monitoring and investigating Potential Quality Issues, safety events, and Provider Preventable Conditions while completing Facility Site Reviews and Medical Record Reviews.

Provider engagement activities included distribution of provider-specific HEDIS rate sheets, updated health education materials, quarterly network training, and six quality-focused meetings with major provider groups. CCHP also collaborated closely with Contra Costa Regional Medical Center on ambulatory redesign initiatives, including support for a nurse-led asthma clinic and pre-visit screening recommendations. The plan also co-hosted a major doula workshop with Public Health and FIERCE Advocates to improve contracting, credentialing, and claims navigation for local doulas.

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.

 FISCAL IMPACT

There is no fiscal impact associated with this report.

ATTACHMENT

Attachment A- QIHEC Quarterly Activities Report Q3 2025

QUALITY AND HEALTH EQUITY ACTIVITIES REPORT

Beth Hernandez

Core Operational Work

Core Operational Work

CONTRA COSTA HEALTH
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Performance Improvement Projects

- Well-child visits
  - Focus groups with Black Infant Health
- Outreach calls for at risk measures: cervical cancer screening, lead screenings, fluoride treatments, well care visits
- Follow-up after behavioral health ED visits collaboration with County Behavioral Health, Public Health, and Kaiser Permanente

Population Health Initiatives

- Attended 20+ outreach events in prior quarter
- Perinatal health project and doula provider workshop
- Annual Population Needs Assessment & PHM Strategy completed
- Health Literacy Council collaboration with Supervisor Burgis, Kaiser Permanente, and Contra Costa Fire
- ED utilization reduction project with Advice Nurse
- Provider engagement – quality reviewing meetings and enhanced data sharing with additional quality reports

Accreditation and Regulatory Quality Oversight

Regulator Updates

- NCQA Health Equity Accreditation
  - Achieved on October 27
- NCQA Health Plan Accreditation
  - Submitted December 9
  - Survey date scheduled February 2-3
- External Quality Review Organization (EQRO)
  - Network Adequacy Validation Audit – No findings
  - Performance Improvement Projects – Submitted for review
- DMHC HEQMS
  - Submitted corrective action for 2023

Quality Measure Status

- MY2024:
  - Achieved 100% of quality withhold dollars earned back (~$6million)
  - Met MPL in all measures – no sanctions
- MY2025:
  - Rates finalized June 2026
  - At risk in 2 measures

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Public Comments

JCC Comments

Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

Report Period: July 1, 2025 – September 30, 2025

1. Meeting Dates and Main Topics Covered

July 8, 2025: Quality Council

- **Senior Medical Director Update.** The Senior Medical Director shared that CCHP will begin offering D-SNP to members in Q4 2025 with coverage beginning 1/1/2026. DHCS Audit will occur during the last 2 weeks of August 2025. It is a return to an in-person audit.

- **Appeals, Grievances, and Disputes (AGD) Annual Report.** The Council reviewed trends showing that appeals and grievances showed about a 48-49% increase from Q1 2024 to Q1 2025, primarily due to the launch of the Single Plan Model, though overall trends remain stable quarter to quarter. Quality of Service grievances—such as provider attitude, case management, and member materials—continue to make up the largest category, with fluctuations explained by policy updates and classification changes. A medication grievance audit revealed that most cases originated from provider-related refill delays within the CCRMC network, prompting ongoing monitoring and dashboard development to address systemic barriers and reduce avoidable appeals.

- **CalAIM: ECM, CS, CHW, Doula**: The Director of CalAIM Programs and Transitional Care Services reported notable increases in Care Coordination, Community Supports, Transitional Care, and Doula Services. The 2024 ECM Medical Audit identified three compliance gaps, prompting corrective actions and enhanced oversight. CCHP and UC Berkeley are partnering on a CalAIM outcomes analysis expected in Fall 2025, with results to be reported in 2026.

- **CCHP Case Management**: The Director of Case Management shared updates with the Council on automation of high-risk member identification and referrals, improved continuity of care for postpartum members and infants, and enhancements to staff training, provider engagement, and system integration to strengthen case management programs. Ongoing improvements include updated assessment tools, shared care planning platforms, real-time reporting dashboards, and preparation of internal systems to support D-SNP implementation and compliance.

- **Member Services:** The Director of Member Services reported a 15% increase in call volume from June 2024 to May 2025, with continued strong email response performance (87% within one business day) and audit results exceeding quality targets. The department implemented corrective actions from the 2024 DHCS audit—establishing procedures for timely provider termination notices and prompt reporting of member income and death changes—while enhancing website stability, staff training, and communication workflows to strengthen member experience and compliance.
- **Quarterly Quality Activities Update.** The Quality and Health Equity team shared activities report including HEDIS submission, NCQA Accreditation progress, improvement projects, regulatory reporting, population health initiatives and provider engagement efforts.
- **Consent Items.** The Council unanimously approved prior meeting minutes, quarterly reports on AGD, UM, Advice Nurse stats, pharmacy denials, audit summaries, cultural & linguistic analysis report and member experience updates.
- **Policies and Procedures.** The Council approved updates to 65 policies covering grievances and appeals, reproductive and pediatric care, palliative care, community advisory committee, utilization management processes, pharmacy management and member services.

August 12, 2025: Quality Council

- **Medical Director Update.** The Medical Director reported ongoing D-SNP implementation and audit readiness efforts, along with key leadership additions: Nancy McAdoo as Director of Provider Relations, Credentialing, and Contracting, and Sunny Cooper as Interim Senior Director of Compliance.
- **MY 2024 HEDIS Report**: The Director of Quality and Health Equity shared with the Council that CCHP submitted HEDIS measures for MY 2024, with most meeting performance targets and no anticipated sanctions. While overall quality remained strong, membership changes with the Single Plan Model and data gaps affected some rates, and two measures are being closely monitored for MY 2025. CCHP's MCAS results were strong overall, though readmission rates declined, and new equity tracking showed widened racial gaps, prompting the development of a DMHC Equity Index to guide improvement efforts.
- **MY 2024 CAHPS Report.** The Council received updates on the MY2024 CAHPS Report, which measures member experience across four domains: access to care, timeliness, provider communication, and customer service. Adult scores were slightly below the 50th percentile in 2024, while children's ratings exceeded all benchmarks, with the greatest improvement in provider communication.
- **Performance Improvement Projects:** The Council received updates on three main Performance Improvement Projects (PIPs): low-performing measures, DHCS-assigned PIPs, and collaborative projects with IHI. A key focus is improving the W30-6 well-child visit rate among Black/African American members, which declined in 2024; patient outreach efforts are underway to promote regular visits. Additional active PIPs target

lead screening, follow-up after behavioral health ED visits, and application of topical fluoride varnish.

- **Population Needs Assessment and Population Health Management (PHM) Strategy.** The Council received an update on the annual Population Needs Assessment (PNA), which guides CCHP's Population Health Management Strategy and Work Plan. As of December 2024, CCHP served about 263,000 Medi-Cal members, nearly 25% of county residents—with notable growth in the SPD population. Top chronic conditions include obesity, hypertension, depression, anxiety, and diabetes. The team is developing a Population Health Dashboard to expand monitoring, including dementia, and will consider tracking injury data and deepening community engagement efforts based on emerging trends.
- **Consent Items.** The Council unanimously approved meeting minutes, UM committee minutes, HEDIS summary, Population Health Management Strategy and Population Needs Assessment.
- **Policies and Procedures.** The Council approved 11 policies and procedures, covering Behavioral Health access and screening, Community Advisory Committee and Equity Council Charter, Timely Access to Care, REAL and SOGI data collection, Cultural & Linguistic Services and tracking utilization system.

September 9, 2025: Equity Council

- **Senior Medical Director Report**. Dr. Barcelo reported that Dr. Levin is serving as Chief Equity Officer of CCHP.
- **DEI & TGI Trainings Update.** Staff training updates included completion of Transgender, Gender Diverse, and Intersex (TGI) training for all staff (required every two years) and the rollout of Diversity, Equity & Inclusion (DEI) training in January 2025, with 59% staff completion as of September. CCHP received final approval from DMHC for TGI Training. DEI Training was rolled out to all providers in July 2025, around 12% of providers completed the training.
- **NCQA Accreditation.** CCHP provided updates that CCHP submitted the Equity Accreditation Survey in late August and expects an initial response mid-September. NCQA is also expected to release new standards for Health Equity in December 2025.
- **Community Advisory Committee.** The team shared updates that CCHP successfully recruited 6 new members to CAC and expects to have a quarterly meeting on September 11, 2025.
- **HEDIS and Stratified Measurements:** The Director of Quality and Health Equity provided a report to council regarding DMHC Health Equity and Quality Measure Set, which reports stratified HEDIS to address disparities and close equity gaps. Overall, CCHP exceeded the 50th percentile for most measures. Disparities are observed in Native Hawaiian/Pacific Islander and African American, which would need further targeted intervention efforts.
- **Grievances Related to Language Access and Discrimination**: The report noted an increase in grievances with common issues such as appointment cancellations, medication prescription, transportation concerns, and language access, with

recommended outreach to providers about interpreter services. Council members discussed shifting provider perspectives on pain medication prescribing. Also provided a brief update to the Council regarding DHCS initial findings related to translation of grievance letters.

- **Improving Culturally and Linguistically Appropriate Services.** The Council received updates regarding how CCHP plans to improve culturally and linguistically appropriate services as well as its current efforts.
- **Consent Items.** The Council unanimously approved items: Equity Council Meeting Minutes (3/11/2024), Policy QM14.801 Cultural & Linguistic Services, and BOPS 1.053 Community Advisory Committee.

2. Update on Quarterly Activities in QIHETP Program

Program Structure:
- Convened two Quality Council meetings and one Equity Council meeting.
- The Joint Conference Committee received and approved the Q1 activities report and sent it to the Board of Supervisors for review and approval.
- Convened Community Advisory Committee (CAC) on September 11, 2025, with topics covering Medi-Cal re-determination, Member Services, non-Specialty Mental Health Outreach and Education Plan, and Diversity, Equity & Inclusion training.

NCQA Accreditation and Audits
- CCHP completed final submission of NCQA Health Equity Accreditation and received initial feedback from NCQA with minimal initial issues. The closing conference is scheduled to take place in October and CCHP anticipates final accreditation status being granted in November.
- The Health Plan Accreditation survey is on schedule with all documentation collected and under consultant review. Units are revising materials not meeting requirements based on consultant feedback. CCHP is on track and prepared for the December 9th submission date.
- CCHP completed the DHCS annual Medical Onsite Audit in August. CCHP is reviewing the initial issues presented at the closing conference and working on process improvements. Final Audit Report is expected in early 2026.
- CCHP completed the Network Adequacy Validation (NAV) Audit in August, with no initial issues identified during the session.

Measurement, Analytics, Reporting, and Data Sharing
- CCHP was awarded 4.5 out of 5 stars for the Health Plan Rating by the National Committee on Quality Assurance (NCQA), demonstrating our commitment to quality care. This was the highest rating of any Medicaid plan nationally, and CCHP was one of 14 plans in the country to receive this rating.
- CCHP achieved the Minimum Performance Level (MPL) on all the MCAS measures submitted by DHCS.
- CCHP submitted Health Equity and Quality Measure Set (HEQMS) to the Department of Managed Health Care (DMHC) for MY2024. CCHP also received a Corrective Action Plan

back from DMHC on the MY2023 HEQMS measure set and is preparing for a fall submission.

- CCHP prepared the contact lists for the annual Provider Appointment Availability Survey (PAAS) and fielding began. Results are expected in early 2026 for the DMHC submission.
- The Case Management Survey began fielding during the Q3 reporting period, expected to be completed in Q4.
- The collection phase of the Experiences in Care and Health Outcomes (ECHO) survey has been successfully completed. The third-party vendor responsible for administering the survey is currently in the process of analyzing and tabulating the data. Once finalized, the results will be compiled and shared with relevant stakeholders to inform quality improvement efforts and enhance member experience.
- CCHP published new provider reports on the CCHP Provider Portal to enhance quality efforts. This included recent hospitalizations, recent behavioral health ED visits, and individuals' upcoming Medi-Cal redetermination date.

Performance Improvement Projects

- Submitted the 2024 DHCS Performance Improvement reports for clinical PIPs and non-clinical PIPs to the DHCS External Quality Review Organization (EQRO).
- 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 400 outreach calls to members due for well care visits with at least 9.6% completing a well-care visit.
- Conducted over 540 calls for cervical cancer screening, with 10.3% of members completing a screening.
- Continued to conduct outreach calls for African American and Pacific Islander members assigned to RMC due for well care visits.
- Completed over 280 calls to members under age two who were due for lead screening.
- Collaborated with Black Infant Health to conduct two focus groups to understand barriers to Well Child Visit completion for Black/African American community members.

Population Health

- CCHP wrote the annual Population Needs Assessment and Population Health Management Strategy. These were approved at the August Quality Council meeting.
- CCHP participated in the Contra Costa Public Health Community Health Assessment (CHA) Steering Committee to support countywide planning and collaboration. This included a full-day retreat with Steering Committee members to discuss overall values and vision for the CHA.
- 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 launch is 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 60% of CCHP staff completed newly rolled out Diversity, Equity & Inclusion Training.
- The fall edition of Health Sense was mailed to members and included information about flu vaccinations, seasonal wellness information, and updates on available plan services. In addition, two new editions of the new maternal health, mental health, and children and family e-newsletters were developed and sent. Each edition featured curated content such as health education, community resources, preventive care reminders, and program highlights aimed at engaging members and supporting their overall well-being.
- The Health Education team participated in over 20 outreach events, including outreach at the Pittsburg Library, tabling at network Federally Qualified Health Centers, events for WIC Breastfeeding Week, County Block Party, End of Summer BBQ, and PASOS x Thrive Thursday events.
- CCHP engaged with four community-based organizations to roll out CalAIM centers. CCHP started regular office hours with two CalAIM centers and expected to roll out office hours to a third CalAIM center next quarter.
- 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 presented at the Fierce Advocates Doula Summit to assist with contracting, credentialing, and claims issues. CCHP planned for the annual maternal health summit, being jointly led by Public Health's Family, Maternal, and Child Health team.
- CCHP launched automated ECM referrals for the Birth Equity population of focus to increase case management services for this population.
- CCHP began drafting the Long-Term Care Quality Monitoring Report and an analysis of the Commercial population. These reports will be 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 six quality meetings with providers (Lifelong, La Clínica, Axis, Brighter Beginnings, Asian Health Services, and John Muir) 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.
- CCHP partnered with Family, Maternal, and Child Health and FIERCE Advocates, a community-based organization, to host a successful doula provider workshop, offering current and prospective doulas hands-on support and clarity on contracting, credentialing, and claims processes. The event featured key staff from our provider relations and claims departments, strengthening collaboration and support for our local doula network.

File #: 25-5394
3.3.1

Agenda Date: 12/19/2025

Agenda #:

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3.3.1 MOTION NEEDED

a) JCC Approval of Quality and Health Equity Activities Report

b) JCC Recommendation for Submission to the Board of Supervisors

File #: 25-5395	**Agenda Date:** 12/19/2025	**Agenda #:** 3.4

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: Compliance Activities Report

To: Joint Conference Committee (JCC) Members

From: Sunny T. Cooper, Senior Director of Compliance and Regulatory Affairs (Interim)
Compliance Department

Date: December 19, 2025

Subject: Q4 2025 Compliance Activity Report

Purpose

This 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.

I. Executive Summary

During this reporting period, the Compliance Department continued to strengthen the organization's overall compliance posture across our Medi-Cal and Commercial lines of business while preparing for the D-SNP go live date of 01/01/2026. Our efforts focused on maintaining regulatory readiness, improving coordination between operational teams, and ensuring timely identification and remediation of compliance risks.

Regulatory monitoring remains stable. All required Medi-Cal and Medicare submissions were completed on time, and no critical findings were identified in ongoing state or federal monitoring activities. Preparations for the upcoming Department of Managed Health Care (DMHC) Financial audit are on track, with targeted workgroups addressing documentation, reporting, and operational control enhancements. The design and implementation of various compliance programs to strengthen regulatory compliance and audit readiness are also underway, prioritizing high-risk areas such as fraud prevention, privacy safeguards, and timely regulatory filings and responses.

CalAIM oversight activities are progressing as planned. All annual audits of Enhanced Care Management (ECM) and Community Support Services (CSS) entities are on schedule, and corrective action plans for identified issues are in progress. Enhanced monitoring of high-risk delegates, such as

Pharmacy Benefit Manager (PBM), continues to reduce operational and regulatory exposure. Fraud, Waste, and Abuse (FWA) monitoring shows no emerging risks; investigations are being completed within required timeframes in this past quarter, and overpayment recovery processes remain compliant. Privacy and security events remain low in volume, with no reportable breaches this period. Ongoing staff training and updated technical safeguards continue to strengthen our overall security posture.

Overall, the organization's compliance health is stable and trending positively. While there were several compliance gaps identified, a concerted effort, a.k.a., Compliance Performance Improvement Workgroup, has been put in place to tackle these gaps. The Compliance Department will continue to work collaboratively across the organization to maintain regulatory readiness, promote a culture of compliance, and ensure timely escalation of any emerging risks to the JCC members and to the Board of Supervisors (BOS) as needed.

II. Compliance Dashboard

In an effort to monitor the health of our Compliance Program Performance Dashboard (CPPD), we plan to design and implement a comprehensive Compliance Dashboard to monitor critical Key Performance Indicators (KPIs) in the next few years.

- A typical Compliance Program Performance Dashboard could include the following categories:

  - Compliance Program Performance Dashboard: Examples - compliance training completion rates, policies & procedures review status, etc.

  - Delegation Oversight Dashboard: Examples - number and types of delegated entities, annual audit statuses, compliance training rates, etc.

  - Member Grievances & Appeals Dashboard: Examples - total grievances and appeals by category, timeliness of resolution, D-SNP integrated grievance/appeal metrics, etc.

  - Access & Network Adequacy Dashboard: Examples - network adequacy, appointment availability test results, call center access metrics, etc.

  - Fraud, Waste & Abuse (FWA) Dashboard: Examples - FWA referrals and investigations, timely regulatory reporting, case aging and resolution timeliness, etc.

  - Privacy & Security Dashboard: Examples - HIPAA breach incidents & risk levels, Breach investigation timeliness, timely regulatory reporting, etc.

  - Audit & Regulatory Oversight Dashboard: Examples - regulatory audits status & findings, submission, etc.

  - Clinical Quality & Performance Dashboard: Examples - HEDIS performance and outliers, care coordination metrics (IHSS, LTSS, CS referrals, transitions of care), D-SNP health risk

assessment (HRA) completion timeliness, etc.

o   Claims, Encounters & Payment Integrity Dashboard: Examples - claims payment timeliness, encounter data submission timeliness and acceptance rates, overpayment identification and return compliance, etc.

Due to competing priorities, we plan to design and implement these dashboards in a phased approach. We will highlight each dashboard as they become available in our upcoming reports. Below is a highlight of our current mandatory Compliance Training Dashboard.

- 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. The chart below provides a summary of what we currently track and monitor on an ongoing basis.

Trainings (Due Dates)	CCHP
2025 Transgender, Gender Diverse or Intersex (TGI) Inclusive Care Act (01/31/25)	88%
2025 Diversity Equity & Inclusion (DEI) (10/31/25)	84%
2025 D-SNP Model of Care (MOC) (11/10/25)	68%
2025 General Compliance & FWA (12/31/25)	98%
2025 HIPAA Privacy & Security (12/31/25)	76%

The targeted threshold for attainment is >95%. A discussion topic on how to increase the training attainment rate is planned for our next Compliance Committee meeting which is scheduled to be held on 12/15/25.

III. 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 clear 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.

Between January 1, 2025, and October 22, 2025, a total of 35 FWA incidents were received and investigated. Ten (10) 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, 33 credible FWA cases were filed with DHCS. Untimely filing was noted in 10% (3) cases.

Below tables outline the FWA incidents in more detail.

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	Tot
# Rec.	1	0	1	1	4	5	7	7	5	4	-	-	35
# Clos	0	0	0	2	1	1	2	1	2	1	--		10

Per DHCS contractual requirements, preliminary reports must be filed with DHCS' Program Integrity Unit (PIU) detailing any suspected FWA identified by or reported to us and our third-party entities including contracted providers within 10 working days. 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 to date.

Table 2: Timely Regulatory Reporting of FWA Incident for Reporting Period 1/1/25 - 10/22/25		
Filing Status	Count	% of Total
Timely Filing (within 10 workin days of incident)	27	90%
Untimely*	3	10%
N/A (Reported by DHCS)	3	N/A
Total	33	100%

Table 3: FWA Case Type (Closed Cases) for Reporting Period 1/1/25 - 10/22/25		
Filing Status	Count	% of Total
Services Not Rendered	3	30%
Medically Unnecessary Service	1	10%
Other	1	10%
Not FWA	5	50%
Total	10	100%

IV.   Privacy, Security & HIPAA Compliance

Our HIPAA Privacy Program is designed to protect member information, ensure compliance with federal and state regulations, and safeguard the member's Protected Health Information (PHI), Personally Identifiable Information (PII), and other confidential information relevant to privacy laws. The Program establishes clear 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 ethical and compliant operations.

Between January 2025 and November 2025, we received and investigated a total of 38 cases. Of the 38 cases investigated, 25 (83%) cases were reported timely within 24 hours of discovery while 5 (17%) were reported untimely. One of the primary reasons for untimely reporting was the delay in reporting to

Compliance (16%). This may indicate the need to generate awareness within the organization to ensure that any observed HIPAA violation is reported immediately to Compliance without delay. Compliance is currently working on developing a Compliance Awareness training series to educate and remind CCHP Workforce to report non-compliance incidents timely.

To date, 97% of the HIPAA incidents reported did not result in any reportable breach. The only incident that required additional remediation effort took place with our Pharmacy Benefit Manager (PBM) 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 PBM confirmed that the deficiency was remediated on July 22, 2025. Tables below summarize the HIPAA investigation monitoring activities between January 2025 and November 2025.

Table 5: Timely Regulatory Reporting of HIPAA Incident for Reporting Period 1/1/25 - 11/													
Report Hours	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Tot
Not Tim	1		1		2	1		1					6
Timely	7	5	2	1	4	1	4		1	3	4		32
Grand T	8	5	3	1		2	4	1	1	3	4		38

Table 6: HIPAA Incident by Breach of No Breach Categories													
Internal Delays	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Tot
Breach					1								1
No Brea	8	5	3	1	5	2	4	1	1	3	4		37
Grand T	8	5	3	1	6	2	4	1	1	3	4		38

V. Compliance Investigations & Internal Audits

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

VI.   Policies & Culture of Compliance

We plan to develop & implement a Policy Management Program (PMP) including the establishment of a Policy Review Committee between Q1 2026 and Q3 2026. This effort also includes establishing a Compliance Awareness training series within CCHP and the participation of the nationwide Compliance Week celebration in the first week of November in 2026 to instill a culture of compliance within the organization.

Dept	Number	Policy	Approved	Type	Description
Business Operations	1.052	Community Reinvestments	7/29/2025	New	Establish and implement Contra Costa Health Plan's approach to Community Reinvestment requirements to reinvest a minimum level of their net income into their local communities. DHCS requires an additional investment by MCPs that do not meet quality outcome metrics.
Business Operations	1.054	Medical Loss Ratio	7/29/2025	New	Explain how CCHP will impose the MLR reporting and remittance requirements as outlined in APL 24-018 on Subcontractors and Downstream Subcontractors of CCHP.
Compliance	3.002	All Plan Letters	7/29/2025	Modified	Assure that all CCHP departments are informed and aware of APLs issued from the DMHC and DHCS in a timely manner and that CCHP is compliant with all regulatory requirements.

Dept	Number	Policy	Approved	Type	Description
Compliance	3.006	Anti-Fraud Program	7/29/2025	Modified	Establishes an FWA Plan of Action to comply with DHCS APL 22-005, Section 1348 (SB 956) as it affects CCHP relationship with members, providers, payers, staff, and various regulatory agencies. The purpose of this unit is to minimize our vulnerability to an enrollee, Marketing, and Plan fraud.
Compliance	3.007	Enforcement Actions Policy	7/29/2025	New	To establish procedures for identifying, responding to, and remediating violations of contractual and regulatory obligations that may result in enforcement actions by the DHCS, pursuant to APL 25-007.
Compliance	3.022	Health Plan Documentation	7/29/2025	Retired	Contra Costa Health Plan (Medi-Cal Plan) and Contra Costa Health Plan – Community Plan (Commercial Plan) must maintain all required documentation to sustain each plan's legal existence.
Compliance	3.039	HIPAA - Reporting of Improper Disclosures	7/29/2025	Modified	Outlines the responsibility of the Compliance Department to ensure the protection of patients' rights to confidentiality, and to outline the process CCHP Compliance Staff will follow when a potential HIPAA concern is reported. To comply with DHCS, DMHC, and CMS contracts.
Compliance	3.040	Compliance Program	7/29/2025	Modified	Outlines the responsibility of the Compliance Department in ensuring CCHP is adhering to the DHCS contract and fulfilling its obligations under the Knox-Keene Act and CMS regulations.
Compliance	3.502	Investigation Compliance	7/29/2025	Modified	Outlines the investigation compliance with investigations or prosecutions conducted by Division of Medi-Cal Fraud and Elder Abuse and/or the U.S. Department of Justice and/or the Center for Medicare and Medicaid Services and/or the Department of Health Care Services.
Member Services	8.053	Changes in Member Circumstances	7/29/2025	New	Outlines the DHCS requirements re. reporting and processing changes in a member's circumstances that may affect income, insurance states, and death.
Claims	4.007e	Claim Processing, Determination Timeliness Internal Monitoring	7/29/2025	Modified	Provides guidance for processing and reimbursement of health care services claims. Beginning January 1, 2026, Sections 1371 and 1371.35 require a health plan to reimburse a complete claim, or portion thereof, as soon as practicable but no later than 30 calendar days after receipt.

Dept	Number	Policy	Approved	Type	Description
Claims	4.159e	Recovery of Provider Overpayment	7/29/2025	Modified	APL 23-011 requires Contractor to notify DHCS of any identified or recovered overpayments to a Provider due to potential fraud, waste or abuse.
Claims	4.573e	Sensitive Services	7/29/2025	Modified	Per SB 729: Effective July 1, 2025, Coverage for the treatment of infertility and fertility services shall be provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation.
Claims		Claims Payment Requirements	7/29/2025	New	Establishes procedures for processing claims in accordance with AB 2129, AB 2843, AB 3275, SB 1180, and SB 1320, ensuring timely reimbursement, appropriate cost-sharing waivers, and adherence to regulatory standards.
Member Services	8.005	Quality Monitoring	10/6/2025	Updated	Update - Added to Quality Assurance for Telephone Calls: 6. Any complaint made by an enrollee to CCHP about a delay or denial of a payment of a claim shall be treated as a grievance, regardless of whether the enrollee uses the term "grievance" as part of the complaint.
Sales and Marketing	12.101	Marketing and Communication Standards	10/6/2025	New	New Policy - establish requirements for the creation, approval, distribution, and oversight of all sales and marketing communications related to the D-SNP product line.
Sales and Marketing	12.102	Sales Activities and Member Contact	10/6/2025	New	New Policy – establish standards and procedures governing beneficiary contact, sales presentations, sales events, and the submission of enrollment applications during authorized sales interactions for D-SNP
Sales and Marketing	12.103	Agent, Broker, FMO, and TPO Oversight	10/6/2025	New	New Policy - establish standards and procedures for the oversight of sales channels, including employed gents, contracted brokers, Field Marketing Organizations (FMOs), and Third-Party Marketing Organizations (TPMOs)
Business Operations	1.047	Fast Healthcare Interoperability Resources	11/5/2025	New	New – Guidelines adopted by CCHP to ensure compliance with the CMS Interoperability and Patient Access Final Rule – required to make members' ePHI accessible through a secure standards-based Application Programming Interface

Dept	Number	Policy	Approved	Type	Description
Business Operations	1.050	Downtime and Business Continuity	11/5/2025	New	New – Outlines the procedures and guidelines that CCHP will follow to maintain business during period of downtime
Business Operations	1.051	CCHP Dress Code	11/5/2025	New	New – Outlines dress code standards
Business Operations	1.055	Remote Work Location	11/5/2025	New	New – Outlines rules and standards of remote work from home guidelines
Business Operations	1.057	CCHP Overtime	11/5/2025	New	New – Establish consistent standards for authorization, tracking, and management of overtime
Business Operations	1.058	CCHP Staff Policy for Vacation - Administration Leave - Personal Leave Requests or Holiday Comp Leave	11/5/2025	New	New – Establish a standardized and timely process for requesting, reviewing, and approving or denying leave
Personnel, Facilities & Safety	2.032	Personnel Interviewing Hiring and Onboarding	11/5/2025	Updated	Establish standardized, fair, and transparent process for recruiting, interviewing, hiring, conducting background checks, and onboarding staff
Personnel, Facilities & Safety	2.044	CCHP Emergency Operations	11/5/2025	New policy number	Define CCHP's emergency response framework and operational protocols in the event of a declared state of emergency
Compliance	3.006	Anti-Fraud Program policy	11/5/2025	Updated	Describes the FWA program and the responsibilities of CCHP's FWA staff and contracted SIU regarding the program objectives
Member Services	8.028	Information on Plan Covered Services	11/5/2025	Updated	CCHP provides covered benefits as defined by DHCS, the contract and the standardized EOC template. CCHP does not apply plan-specific benefit limitations, caps, or restrictions.

VII.   Risk Assessment & CAP Tracking
   • 2024 Medical Survey CAP Status Update

There was a total of 19 deficiencies identified from the 2024 DHCS Medical Survey. Of the 19 deficiencies identified, one remaining deficiency is being remediated along with our ECM providers. The status of this deficiency is included below:

ID & Deficiency	Progress Update	Business Owner
2.6 ECM assessment is not comprehensive	1) Corrective Action Plans proposed for the deficiencies were partially accepted by DHCS. 2) Follow-up requests were focused on audits of ECM providers - *in progress*.	ECM

ID & Deficiency	Progress Update	Business Owner
	3) CCHP provided the required monthly update to DHCS on 11/07/25. 4) Currently awaiting DHCS confirmation of next update submission date but anticipate first week of December.	

- 2025 DHCS Medical Survey (closing conference held on 8/26/25)
  Pending final DHCS audit report.

- 2022 Financial Audit CAP

The Department of Managed Health Care (DMHC) conducts financial auditing of Medi-Cal Managed Care Plans (MCPs) every 3 years. Our last financial audit was conducted in 2022. We are currently gathering evidence of remediations in preparation for the upcoming 2026 Financial Audit which is in progress currently. The table below outlines the deficiencies identified in 2022.

ID	Deficiency	Business Owner
1	**Balance Sheet Incurred But Not Reported (IBNR) Claims Liability - G/L 0561** The Plan under accrued its IBNR liability. The Plan is advised to review its IBNR calculation methodology and add a cushion to its IBNR liability.	Claims
2	**INCOME STATEMEN T** The Plan reported $60,247,096 of inpatient per diem medical expenses and $23,962,109 of inpatient fee-for-service medical expenses on line 12: Inpatient Services - Capitated. These expenses should be reported on line 13: Inpatient Services – Per Diem and line 14: Inpatient Services – FFS, respectively.	Finance
3	**Tangible Net Equity (TNE)** TNE was overstated by $15,006,181 due to underreporting of IBNR liability.	Finance
4	**Required TNE Required** TNE was understated by $12,780,997 due to inpatient per diem and fee-for-service medical expenses being incorrectly reported as capitated expenses.	Finance
5	**Administrative Capacity** The Plan lacks adequate administrative capacity. The Plan did not provide requested documents and responses in a timely manner,	Complianc e

ID	Deficiency	Business Owner
	prolonging the examination. For example, documents pertinent to the exam were requested by the Department on March 1, 2022, with a due date of June 9, 2022, but were not submitted until the middle of July.	
6	**Management Changes** The Plan did not file with the Department the appointments of Dennis Hsieh as Chief Medical Officer and Angela Choy as Chief Operating Officer in timely manner.	Compliance
7	**Claims Reviewer Compensation** The Plan's contract with Health Risk Resource Group, Inc. (HRG) for claims processing and negotiation services includes compensation based on a percentage of savings to the Plan	Claims
8	**Provider Contracts** The Plan did not file the following provider contracts revised in 2014 with the Department: Medical Specialist Provider Contract, Non-Physician Provider Contract, Primary Care & Physician Provider Contract. These contracts were filed with the Department during the exam.	Provider Relations
9	**Anti-Fraud Plan** The Plan did not file its revised anti-fraud plan with the Department. The revised antifraud plan was filed with the Department during the exam.	Compliance
10	**Required Reports – AB 1455 Quarterly Claims Settlement Practices Report** The Plan has reported claims payment deficiencies in the Department's AB 1455 Quarterly Claims Settlement Practices Reports for several quarters since Q1 of 2019, although the deficiencies did not exist. The Plan disclosed to the Department that it is not able to accurately capture and report claims data to the Department due to the lack of capacity and system functionality.	Claims

VIII.   Compliance Performance Improvement Workgroup Update

To ensure sustainability and operational excellence amid various pressures, CCHP established a structured framework of Performance Improvement Workgroups (PIWs). These cross-functional teams will identify and implement opportunities for improvement across departments and functions - enhancing efficiency, accountability, and alignment within the integrated system. Identified as one of the workgroups supporting these goals, Compliance Performance Improvement Workgroup (CPIW) is put in place with the following team members.

Compliance PIW	Team Members
Executive Sponsor	Irene Lo
Chair	Sunny Cooper
Project Manager	Jessica Stillman
Finance Lead	Shulin Lin/TBD
Data Lead/IT	• Bhumil Shah • Zach Withers
Subject Matter Expert(s)	• Elizabeth Hernandez - Interim COO • Nicolas Barcelo - Deputy CMO • Sara Levin - Deputy CMO
Compliance Support	• Chanda Gonzales • Jeanine Yang
Project Manager	• Jessica Stillman

Compliance PIW will leverage the 7 Elements of an Effective Compliance Program, published in the US Sentencing Guidelines, as our guiding principles to establish an effective compliance and ethics program. In addition, 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: Establish clear, written guidelines for conduct (Code of Conduct) and compliance across the organization.
- Compliance Leadership & Governance: Designate a compliance officer and a Compliance Committee with authority and oversight to manage the Program involving the highest levels of leadership.
- Training and Education: Provide regular, effective training and educational programs to all employees to ensure they understand their compliance obligations.
- Effective Communication: Develop clear and accessible channels for employees to report concerns and ask questions without fear of retaliation.
- Monitoring and Auditing: Conduct regular internal/delegate monitoring and auditing to assess the Program's effectiveness and identify potential areas of non-compliance.
- Enforcement & Discipline: Implement and publicly communicate disciplinary standards and consequences for non-compliance to ensure accountability across the organization.
- Response to Offenses: Establish a system for promptly responding to detected offenses, including investigating issues and taking appropriate corrective action to prevent recurrence.

In this report, we are highlighting our Plan related to the second element - "Compliance Leadership & Governance". The governance structure planned includes:

- JCC Oversight via regular Compliance Officer updates.
- A Compliance Committee, chaired by the Compliance Officer, consists of CCHP leadership team members with the authority and oversight to manage the Compliance Program.

- Sub-committees consist of members from both Compliance and business Subject Matter Experts (SMEs) within the organization to resolve escalated non-compliance risks and propose and/or implement remediation steps.
- Compliance programs monitor day-to-day operational tasks and mitigate non-compliance incidents in real time or via structured audit workplan.

The plan to structure CCHP's Compliance Governance is depicted below.

COMPLIANCE ACTIVITIES REPORT

Sunny Cooper

Between January 2025 and November 2025, we received and investigated a total of 38 cases. Of the 38 cases investigated, 25 (83%) cases were reported timely within 24 hours of discovery while 5 (17%) were reported untimely. One of the primary reasons for untimely reporting was due to delay in reporting to Compliance (16%). 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 – 11/30/25

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	-	25
Grand Total	8	5	3	1	6	2	4	1	1	3	4	-	38

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				-	6
Timely	7	5	2	1	4	1	4		1	3	4	-	32
Grand Total	8	5	3	1	6	2	4	1	1	3	4	-	38

2025 Fraud, Waste & Abuse Incidents

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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	4	-	-	35
# Closed	0	0	0	2	1	1	2	1	2	1	-	-	10

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)*	27
Untimely*	3 (10%)
NA *(reported by DHCS)*	3
TOTAL	**33**

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

Type of FWA	Count
Services Not Rendered	3
Medically Unnecessary Services	1
Other	1
Not FWA	5
TOTAL	**10**

*Untimely filing is about 10% and 90% timely. Threshold is 100%.

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Audit Deficiencies and Correction Action Plan Update

CONTRA COSTA HEALTH

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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 is being remediated along with our ECM providers. The status of this deficiency is included below:

ID & Deficiency	Progress Update	Business Owner
2.6 ECM assessment is not comprehensive	1) Corrective Action Plans proposed for the deficiencies were partially accepted by DHCS. 2) Follow-up requests were focused on audits of ECM providers - *in progress*. 3) CCHP provided the required monthly update to DHCS on 11/07/25. 4) Currently awaiting DHCS confirmation of next update submission date but anticipate first week of December.	ECM

DMHC Financial Audit Deficiencies & CAP

2022 Medical Survey CAP – Collect Evidence of Remediations in time for April 2026 Financial Audit.

1) **Balance Sheet Incurred But Not Reported (IBNR) Claims Liability:** Under accrued IBNR liability.

2) **Income Statement:** Reporting error for registering Inpatient Per Diem & Inpatient Fee for Service (FFS) as capitated expenses.

3) **Tangible Net Equity (TNE):** Overstated TNE due to under-reporting of IBNR specified in Finding #1.

4) **Required TNE:** Overstated TNE due to Income Statement reporting error specified in Finding #2.

5) **Administrative Capacity:** Lacks adequate administrative capacity.

6) **Management Changes:** Timely filing of key personnel changes

7) **Claims Reviewer Compensation:** Contract with a delegate for claims processing and negotiation services includes compensation based on a percentage of savings to the Plan.

8) **Provider Contracts:** Failed to filed Provider boilerplates with the Department.

9) **Anti-Fraud Plan:** Failed to file the Anti-Fraud Plan with the Department.

10) **AB 1455 Quarterly Claims Settlement Practices Report:** Unable to accurately capture and report claims data to the Department due to the lack of capacity and system functionality.

Compliance Performance Improvement Workplan Update

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HEALTH
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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.

1) **Written Policies and Procedures:** Establish clear, written guidelines for conduct (Code of Conduct) and compliance across the organization.
2) **Compliance Leadership & Governance:** Designate a compliance officer and a Compliance Committee with authority and oversight to manage the Program involving the highest levels of leadership.
3) **Training and Education:** Provide regular, effective training and educational programs to all employees to ensure they understand their compliance obligations.
4) **Effective Communication:** Develop clear and accessible channels for employees to report concerns and ask questions without fear of retaliation.
5) **Monitoring and Auditing:** Conduct regular internal/delegate monitoring and auditing to assess the Program's effectiveness and identify potential areas of non-compliance.
6) **Enforcement & Discipline:** Implement and publicly communicate disciplinary standards and consequences for non-compliance to ensure accountability across the organization.
7) **Response to Offenses:** Establish a system for promptly responding to detected offenses, including investigating issues and taking appropriate corrective action to prevent recurrence.

In this reporting period, we are highlighting our Plan related to the second element - "**Compliance Leadership & Governance".** The Plan to structure CCHP's Compliance Governance is depicted below.
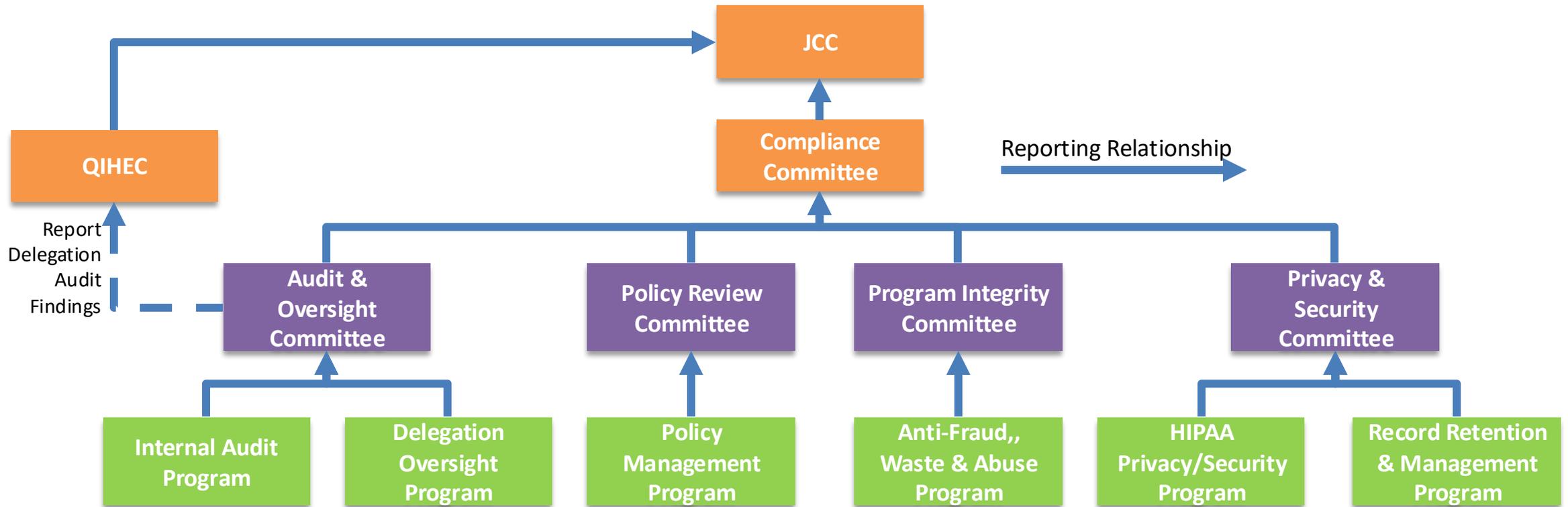
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Public Comments

JCC Comments

File #: 25-5396
3.4.1

Agenda Date: 12/19/2025

Agenda #:

3.4.1 MOTION NEEDED

a) JCC Approval of Compliance Activities Report

b) JCC Recommendation for Submission to the Board of Supervisors for Approval

CONTRA COSTA COUNTY

Staff Report

File #: 25-5397	**Agenda Date:** 12/19/2025	**Agenda #:** 4.0

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: Finance Report

To: Joint Conference Committee (JCC) Members

From: Shulin Lin, Deputy Chief Financial Officer, Finance

Date: December 19, 2025

Subject: Finance Report

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).

Key Accomplishments and Highlights

- Received the amended CY2026 Medi-Cal capitation rate, which included a significant increase
- Completed all routine and special data requests from the state
- Submitted all required documents to support the County annual financial audit with MGO
- Filed all rate increase reports for commercial line of business

Current Priorities and In-Progress Work

- Ensuring the fiscal year closes smoothly with the Auditor-Controller
- Performing monthly financial review with health plan leadership
- Developing standard month-end close process in conjunction with CCRMC finance staff
- 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
- Preparing for Medicare D-SNP go-live
- Preparing for CY2027 Medi-Cal rate setting (RDT) filing due in January 2026

Challenges

- The current general ledger (G/L) configuration of Workday does not support CCHP's regulatory reporting needs. The Finance Department will be working with the Auditor-Controller's staff to make appropriate modifications
- Unable to close financial records (the book) on a monthly basis
- Cannot use Workday to generate regulatory or financial reports

Looking Ahead

- Fiscal year-end close and audit activities will continue through December 2025
- Audited financial reports will be filed with DHCS & DMHC after year-end close
- Complete all routine and special data requests from the state
- CY2027 Medi-Cal rate setting (RDT) filing is due in January 2026
- Prepare for DMHC financial audit in April 2026
- Prepare for CY2027 Medicare D-SNP bid

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4.0
Finance Report

Presented by:

Shulin Lin, CPA, CTP

Deputy Chief Financial Officer

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Financial Results Based on Regulatory Filings

- FY25-26 Q1 enrollment showed a slight decrease. Net income was $5.6 million, due to lower utilization over summer months. Medical Loss Ratio was 96%

- Admin expense fluctuates because it was not accrued pro-rata. County cash basis accounting has made regulatory reporting challenging

- FY25-26 Q1 end Tangible Net Equity was at 539%, which was 389% higher than DMHC's minimum requirement (150%)

- FTE: Direct 370 (filled 302, vacant 68) + Shared Service estimated 42 = 412

Unaudited	Consolidated					
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total	Jul-Sep 2025
Member months	794,216	799,355	810,276	818,102	3,221,949	815,841
Capitation Revenue						
Premium Revenue	$ 296,731,326	$ 332,599,674	$ 352,966,023	$ 406,220,044	$ 1,388,517,067	$ 382,854,894
MCO Tax Revenue	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324
Pass-through Revenue	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219
Total Capitation Revenue	$ 448,491,054	$ 530,042,594	$ 767,126,855	$ 540,210,188	$ 2,285,870,691	$ 668,244,437
Healthcare Expense						
Medical Expense	$ 297,783,795	$ 356,419,985	$ 368,968,840	$ 381,743,421	$ 1,404,916,041	$ 366,705,565
MCO Tax Expense	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324
Pass-through Expense	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219
Other Healthcare Expense	$ (2,828,877)	$ (3,319,949)	$ (3,809,955)	$ (6,853,635)	$ (16,812,416)	$ (1,090,627)
Admin Expense	$ 10,892,814	$ 14,573,316	$ 15,183,965	$ 25,240,742	$ 65,890,837	$ 16,709,527
Total Healthcare Expense	$ 457,607,460	$ 565,116,272	$ 794,503,682	$ 534,120,672	$ 2,351,348,086	$ 667,714,008
Healthcare Income(Loss)	$ (9,116,406)	$ (35,073,678)	$ (27,376,827)	$ 6,089,516	$ (65,477,395)	$ 530,429
Other Income(Loss)						
Investment/Interest Income	$ 5,919,358	$ 6,351,416	$ 5,061,796	$ 6,422,140	$ 23,754,710	$ 4,180,680
Tobacco Tax	$ -	$ -	$ -	$ 9,622,425	$ 9,622,425	$ -
County subsidy	$ 996,498	$ 996,498	$ 996,498	$ 996,498	$ 3,985,992	$ 933,999
Total Other Income(Loss)	$ 6,915,856	$ 7,347,914	$ 6,058,294	$ 17,041,063	$ 37,363,127	$ 5,114,679
Net Income	$ (2,200,550)	$ (27,725,764)	$ (21,318,533)	$ 23,130,579	$ (28,114,268)	$ 5,645,108
Key Measures						
Premium Revenue PMPM	$ 374	$ 416	$ 436	$ 497	$ 431	$ 469
Medical Expense PMPM	$ 375	$ 446	$ 455	$ 467	$ 436	$ 449
Admin Expense PMPM	$ 14	$ 18	$ 19	$ 31	$ 20	$ 20
Medical Loss Ratio	100%	107%	105%	94%	101%	96%
Tangible Net Equity	670%	602%	536%	535%	535%	539%

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Financial Updates – Medi-Cal Line

- FY25-26 Q1 showed a slight decrease in enrollment. Income was $9.6 million due to lower utilization over summer months. Medical Loss Ratio was 94%

- Admin expense fluctuates because it was not accrued pro-rata. County cash basis accounting has made regulatory reporting challenging

- Investment/interest income helped offset health plan operating cost

Unaudited	EF2: Medi-Cal					
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total	Jul-Sep 2025
Member months	774,512	779,668	790,200	797,961	3,142,341	795,963
Capitation Revenue						
Premium Revenue	$ 280,258,448	$ 313,179,564	$ 336,725,792	$ 388,875,774	$ 1,319,039,578	$ 365,461,149
MCO Tax Revenue	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324
Pass-through Revenue	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219
Total Capitation Revenue	$ 432,018,176	$ 510,622,484	$ 750,886,624	$ 522,865,918	$ 2,216,393,202	$ 650,850,692
Healthcare Expense						
Medical Expense	$ 277,900,569	$ 331,679,099	$ 343,498,574	$ 350,986,158	$ 1,304,064,400	$ 345,160,189
MCO Tax Expense	$ 75,426,705	$ 168,500,509	$ 122,817,895	$ 105,711,846	$ 472,456,955	$ 105,658,324
Pass-through Expense	$ 76,333,023	$ 28,942,411	$ 291,342,937	$ 28,278,298	$ 424,896,669	$ 179,731,219
Admin Expense	$ 9,589,456	$ 14,020,946	$ 15,055,021	$ 20,253,788	$ 58,919,211	$ 14,007,883
Total Healthcare Expense	$ 439,249,753	$ 543,142,965	$ 772,714,427	$ 505,230,090	$ 2,260,337,235	$ 644,557,615
Healthcare Income(Loss)	$ (7,231,577)	$ (32,520,481)	$ (21,827,803)	$ 17,635,828	$ (43,944,033)	$ 6,293,077
Other Income(Loss)						
Investment/Interest Income	$ 4,760,786	$ 5,891,685	$ 4,612,913	$ 5,859,920	$ 21,125,304	$ 3,296,632
Net Income	$ (2,470,791)	$ (26,628,796)	$ (17,214,890)	$ 23,495,748	$ (22,818,729)	$ 9,589,709
Key Measures						
Premium Revenue PMPM	$ 362	$ 402	$ 426	$ 487	$ 420	$ 459
Medical Expense PMPM	$ 359	$ 425	$ 435	$ 440	$ 415	$ 434
Admin Expense PMPM	$ 12	$ 18	$ 19	$ 25	$ 19	$ 18
Medical Loss Ratio	99%	106%	102%	90%	99%	94%

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Financial Updates – Commercial Line

- FY25-26 Q1 showed $3.9 million loss. Medical expense exceeds premium revenue. Medical Loss Ratio was 124%

- High medical expense due to unfavorable contract terms with providers (mostly based on % of charges, with no annual price increase limit)

- Without County subsidy and Tobacco Tax revenue, Commercial Line would have operated $5.8 million loss for FY25-26 Q1

Unaudited	EF3: Commercial					
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total	Jul-Sep 2025
Member months	19,704	19,687	20,076	20,141	79,608	19,878
Capitation Revenue						
Premium Revenue	$ 16,472,878	$ 19,420,110	$ 16,240,231	$ 17,344,270	$ 69,477,489	$ 17,393,745
Healthcare Expense						
Medical Expense	$ 19,883,226	$ 24,740,886	$ 25,470,266	$ 30,757,263	$ 100,851,641	$ 21,545,376
Other Healthcare Expense	$ (2,828,877)	$ (3,319,949)	$ (3,809,955)	$ (6,853,635)	$ (16,812,416)	$ (1,090,627)
Admin Expense	$ 1,303,358	$ 552,370	$ 128,944	$ 4,986,954	$ 6,971,626	$ 2,701,644
Total Healthcare Expense	$ 18,357,707	$ 21,973,307	$ 21,789,255	$ 28,890,582	$ 91,010,851	$ 23,156,393
Healthcare Income(Loss)	$ (1,884,829)	$ (2,553,197)	$ (5,549,024)	$ (11,546,312)	$ (21,533,362)	$ (5,762,648)
Other Income(Loss)						
Investment/Interest Income	$ 1,158,572	$ 459,731	$ 448,883	$ 562,220	$ 2,629,406	$ 884,048
Tobacco Tax				$ 9,622,425	$ 9,622,425	$ -
County subsidy	$ 996,498	$ 996,498	$ 996,498	$ 996,498	$ 3,985,992	$ 933,999
Total Other Income(Loss)	$ 2,155,070	$ 1,456,229	$ 1,445,381	$ 11,181,143	$ 16,237,823	$ 1,818,047
Net Income	$ 270,241	$ (1,096,968)	$ (4,103,643)	$ (365,169)	$ (5,295,539)	$ (3,944,601)
Key Measures						
Premium Revenue PMPM	$ 836	$ 986	$ 809	$ 861	$ 873	$ 875
Medical Expense PMPM	$ 1,009	$ 1,257	$ 1,269	$ 1,527	$ 1,267	$ 1,084
Admin Expense PMPM	$ 66	$ 28	$ 6	$ 248	$ 88	$ 136
Medical Loss Ratio	121%	127%	157%	177%	145%	124%

Operational Dashboard-Claims

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	Date Received	Vendor Type	Product	Date Paid	Date of Service
CONTRA COSTA BUSINESS INTELLIGENCE	1/1/2022 11/17/2025	☐ External ☐ Internal	All • Calendar Days Business Days	5/1/2024 11/17/2025	1/1/2022 9/30/2025

Month Paid	Oct-2024	Nov-2024	Dec-2024	Jan-2025	Feb-2025	Mar-2025	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025	Sep-2025	Oct-2025
30 Days	98%	96%	98%	89%	78%	98%	93%	94%	97%	94%	92%	91%	85%
30-45 Days	1%	2%	0%	1%	1%	1%	1%	2%	2%	4%	3%	4%	8%
45 Days+	1%	2%	2%	10%	21%	1%	6%	3%	2%	2%	6%	5%	6%
Interest Paid	$ 59,791	$ 117,065	$ 100,893	$ 144,804	$ 159,768	$ 31,922	$ 56,678	$ 138,581	$ 69,428	$ 254,246	$ 265,455	$ 25,186	$ 23,590

Starting 1/1/2026, claims need to be paid within 30 days

As of 11/17/2025

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- Medi-Cal capitation rates are typically released in fall/winter each year for the following calendar year

- On 9/26/2025 DHCS released draft CY2026 rate with a 2% increase compared to CY2025 rates

- During October 2025, we advocated with DHCS to consider our recent expense trends and contract changes

- On 11/12/2025, DHCS notified CCHP with an additional 6% increase which helps to reduce the expected losses in FY25-26.

- Medi-Cal Line projects $36.2 million loss

- Medicare D-SNP Line (go-live 1/1/2026) projects $16.2 million loss

- Commercial Line projects $12.8 million loss. Operating activities will lose $26.9 million

- Total projected loss for FY25-26 totals $65.2 million

| Unaudited	Medi-Cal	Medicare	Commercial	Consolidated
	FY25-26	FY25-26	FY25-26	FY25-26
Member months	3,202,607	11,937	79,485	3,294,029
Capitation Revenue				
Premium Revenue	$ 1,447,458,360	$ 24,483,727	$ 72,117,277	$ 1,544,059,364
MCO Tax Revenue	$ 541,944,708			$ 541,944,708
Pass-through Revenue	$ 255,169,109			$ 255,169,109
Total Capitation Revenue	$ 2,244,572,177	$ 24,483,727	$ 72,117,277	$ 2,341,173,181
Healthcare Expense				
Medical Expense	$ 1,411,663,771	$ 24,473,854	$ 96,915,245	$ 1,533,052,870
MCO Tax Expense	$ 541,944,708			$ 541,944,708
Pass-through Expense	$ 255,169,109			$ 255,169,109
Other Healthcare Expense			$ (16,715)	$ (16,715)
Admin Expense	$ 90,244,606	$ 16,177,501	$ 2,105,378	$ 108,527,485
Total Healthcare Expense	$ 2,299,022,194	$ 40,651,355	$ 99,003,908	$ 2,438,677,457
Healthcare Income(Loss)	$ (54,450,017)	$ (16,167,628)	$ (26,886,631)	$ (97,504,276)
Other Income(Loss)				
Investment/Interest Income	$ 18,236,286		$ 1,043,057	$ 19,279,343
Tobacco tax			$ 9,309,119	$ 9,309,119
County subsidy			3,735,999	3,735,999
Total Other Income(Loss)	$ 18,236,286	$ -	$ 14,088,175	$ 32,324,461
Net Income	$ (36,213,731)	$ (16,167,628)	$ (12,798,456)	$ (65,179,815)
Key Measures				
Premium Revenue PMPM	$ 452	$ 2,051	$ 907	$ 469
Medical Expense PMPM	$ 441	$ 2,050	$ 1,219	$ 465
Admin Expense PMPM	$ 28	$ 1,355	$ 26	$ 33
Medical Loss Ratio	98%	100%	134%	99%
Tangible Net Equity				350%

As of 11/17/2025

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- 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.

As of 11/17/2025

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SIS vs UIS Member Count
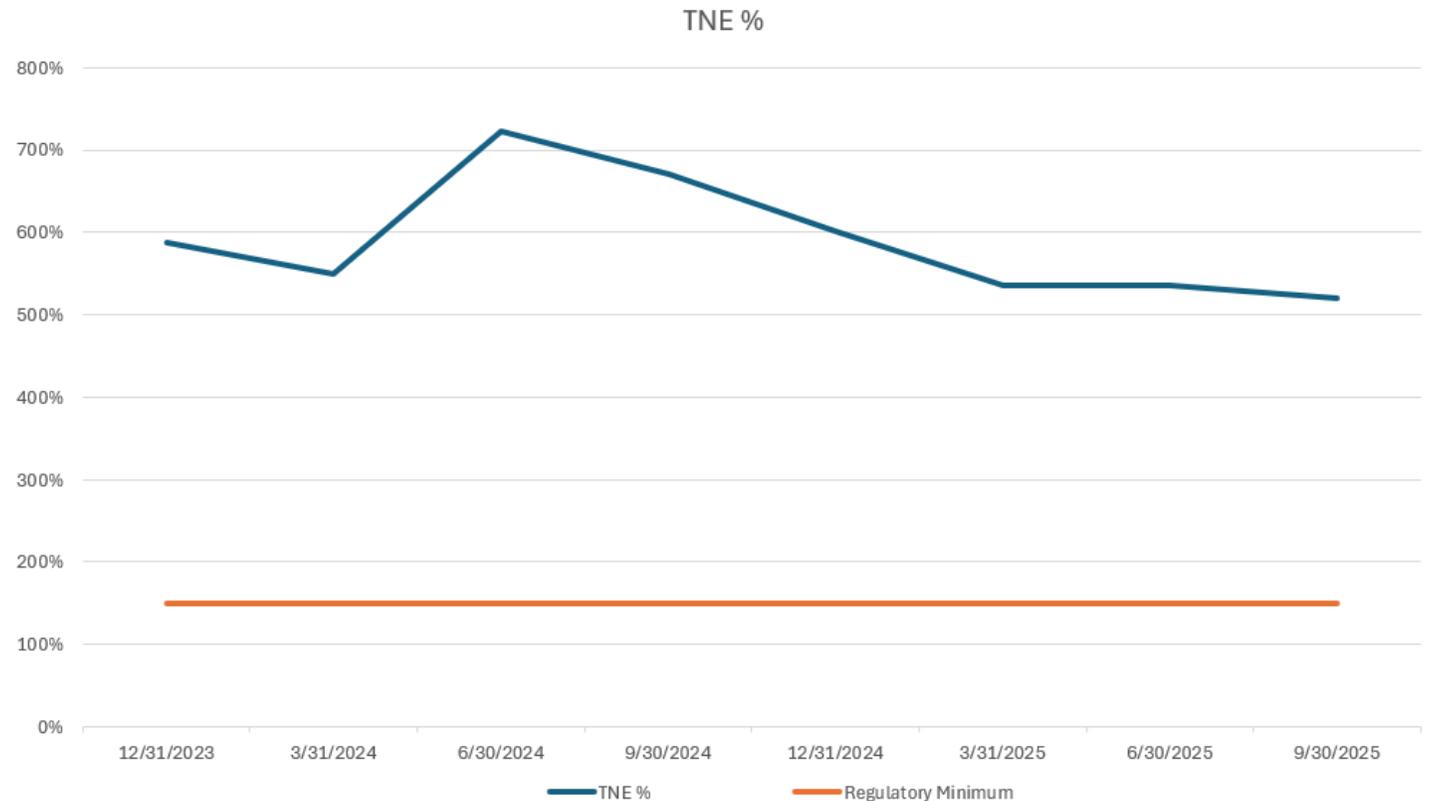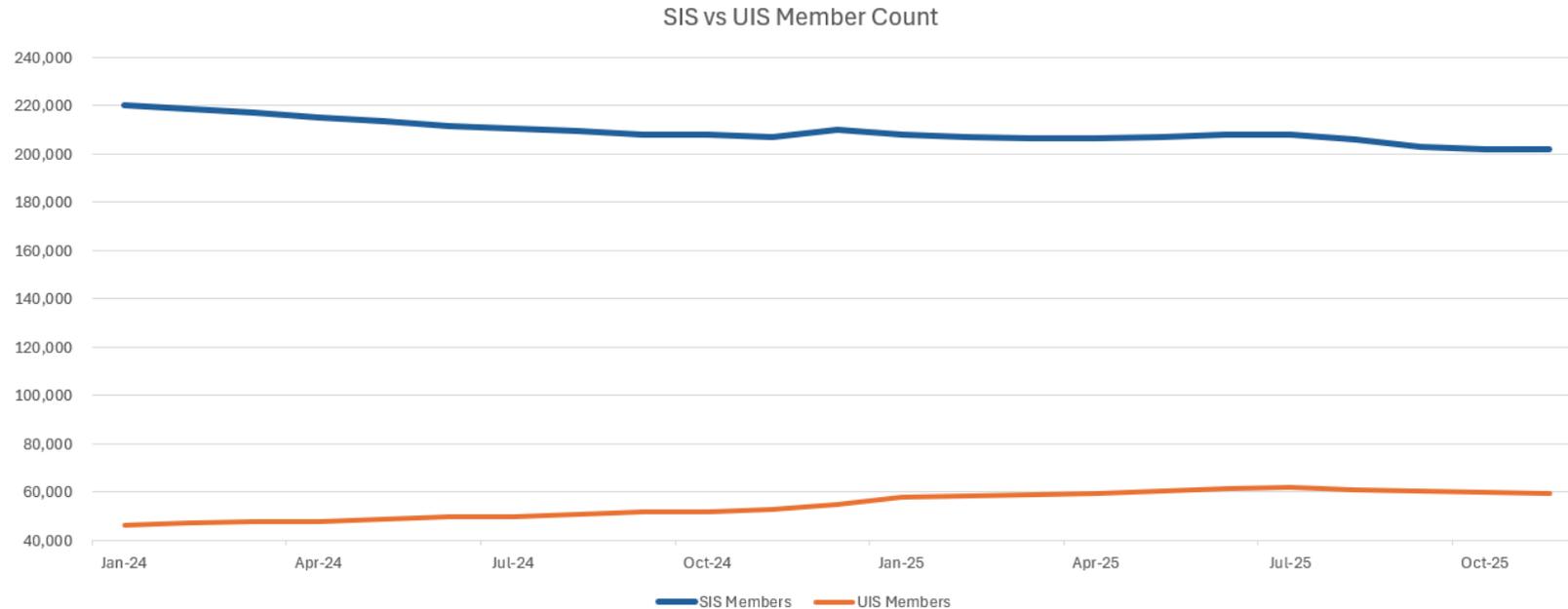
- Satisfactory Immigration Status (SIS) members declined by 18,100 members from January 2024 to November 2025. Unsatisfactory Immigration Status (UIS) members increased by 13,000 from January 2024 to November 2025.
- Change in membership mix from SIS to UIS will impact the revenue to FQHCs due to elimination of Prospective Payment System (PPS) payment for UIS for FQHC visits effective July 1, 2026.

As of 11/17/2025

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Public Comments

JCC Comments

CONTRA COSTA COUNTY

Staff Report

File #: 25-5398   **Agenda Date:** 12/19/2025   **Agenda #:** 4.1

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4.1 MOTION NEEDED

Accept Finance Report

File #: 25-5399   **Agenda Date:** 12/19/2025   **Agenda #:** 5.0

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: CCHP IT Report

To: Joint Conference Committee (JCC) Members

From: Bhumil Shah, CIO, CCHP IT (Information Technology)

Date: December 19, 2025

Subject: IT Report

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.

Key Accomplishments and Highlights

- We successfully went live on Oct 15, 2025, with enrollment and call center systems for DSNP. Testing for the remaining systems needed for the DSNP program that go-live on Jan 1 is in progress with over 1500 scenarios being tested.
- We published dashboards to track claims interest payment, and to reconcile revenue and expenses. The dashboard helped identify the key drivers for claims interest payments and remediation steps have been taken by the Finance and Claims teams.
- We developed data exchange with WellSky so that CCHP can get near real time access to Skilled Nursing Facility (SNF) admits/discharges. The go-live is scheduled for early next year.

Current Priorities and In-Progress Work

- CMS-0057-F final rule requires specific healthcare payers-including Medicare Advantage organizations, state Medicaid and CHIP programs (FFS and managed care), and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges (FFEs)-to implement technical and operational changes to

streamline prior authorization and improve data exchange. The changes need to be implemented by Jan 1, 2027. We have initiated this project to meet CMS regulatory requirements.

- We are actively testing the new system build for the DSNP program to ensure smooth implementation of the program on Jan 1, 2025. As this is new program, we are prepared to handle issues that may arise after go-live with a dedicated IT support team available for Claims, Utilization Management, Enrollment and Case Management.

Challenges

There are several outstanding provider contracts that will need to be built into the system once they are signed and there is a delay in ID card printing integration for DSNP. We will continue to build the contracts in the system as they are signed and have mitigation plans for ID cards printing delays

Looking Ahead

In the next quarter, the goal is to ensure a smooth DSNP system go-live and stabilization. Once the program is stable, we plan to review the backlog of other system enhancements and prioritize them for implementation as the staff is released from the DSNP project.

CONTRA COSTA HEALTH

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5.0
CCHP IT Report

Presented by:
Bhumil Shah
Chief Information Officer

Membership

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Count of Members
BY MONTH

276,037 271,654 268,898 266,485 257,048 264,892 264,796 265,031 270,618 270,005 269,854 271,596 274,147 269,788 266,505
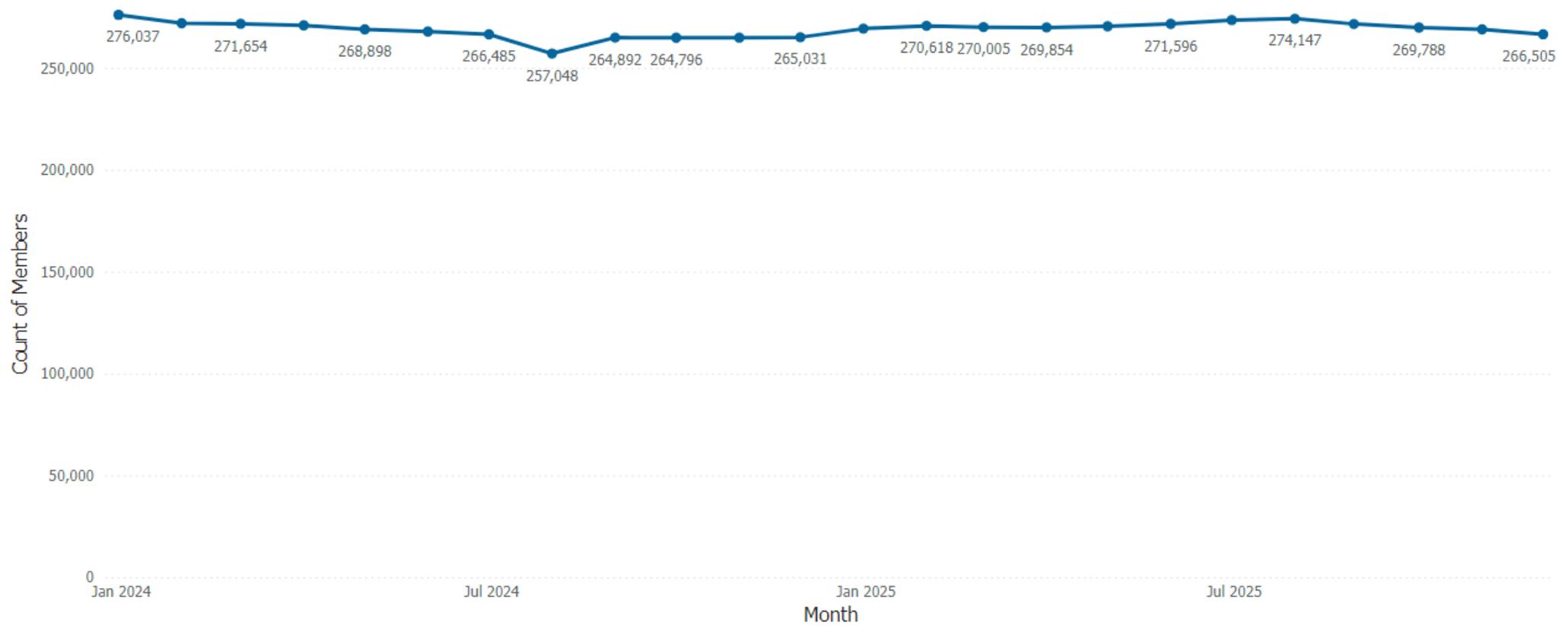
Source: CCHP Population Health Dashboard (Power BI) as of 11/30/2025

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Total Appeals
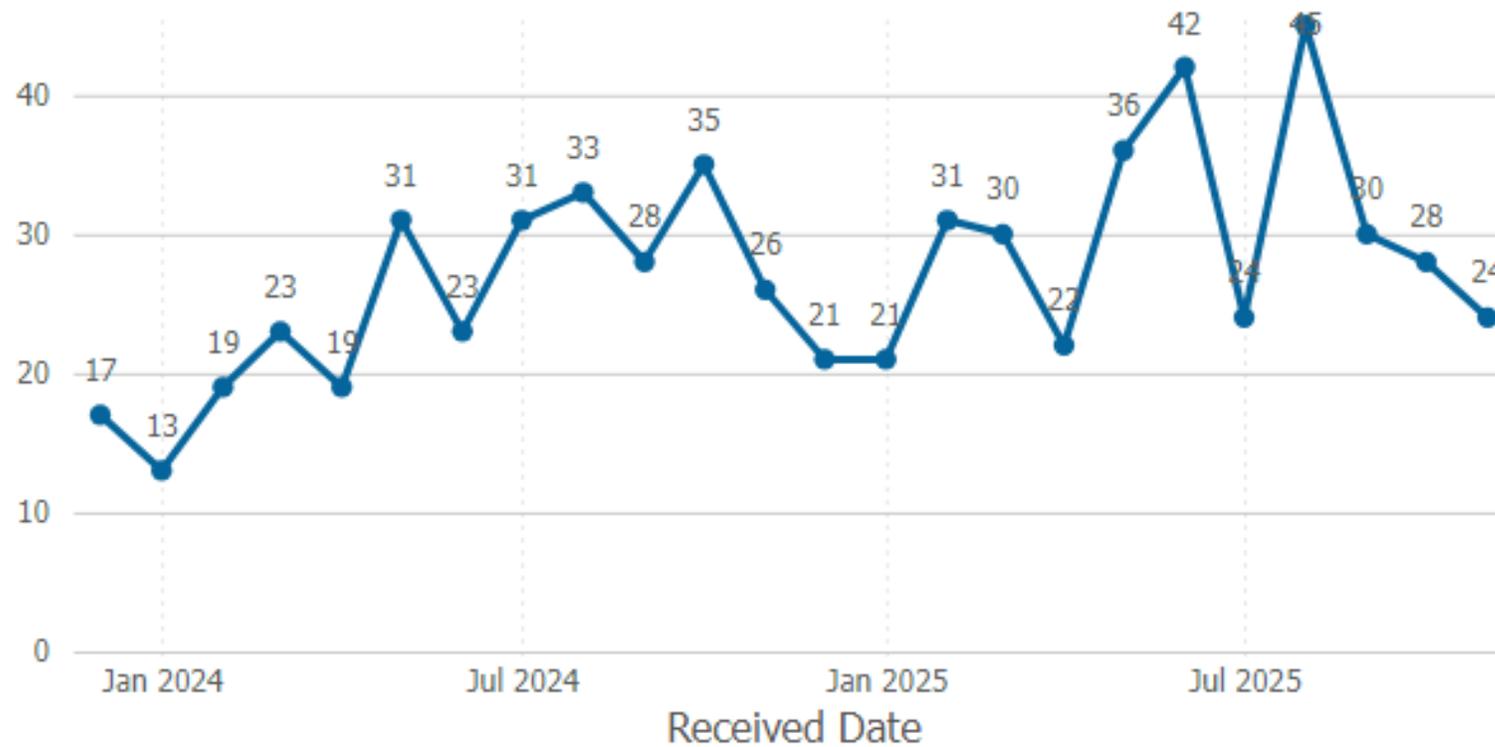
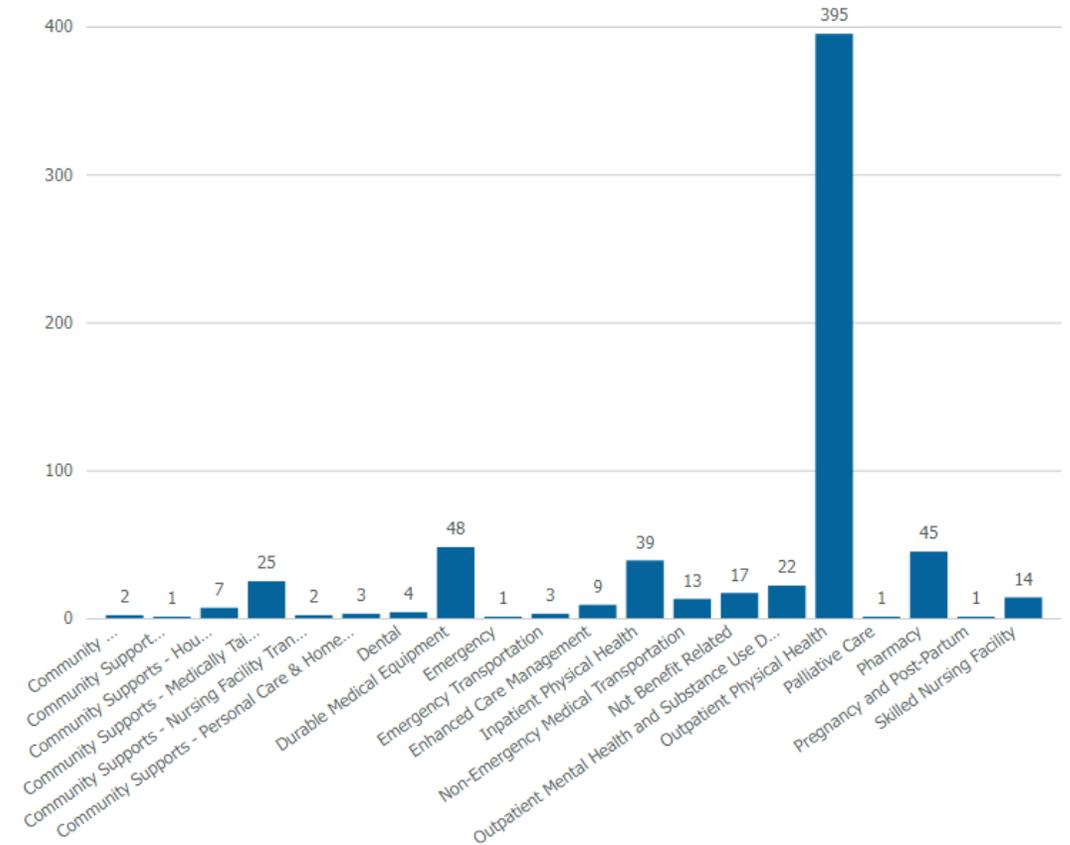Source: CCHP Appeals and Grievances Dashboard (Power BI) as of 11/26/2025

Appeals (Continued)

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Appeals by Topic

Topic ● Expedited Member Appeal ● Member Appeal
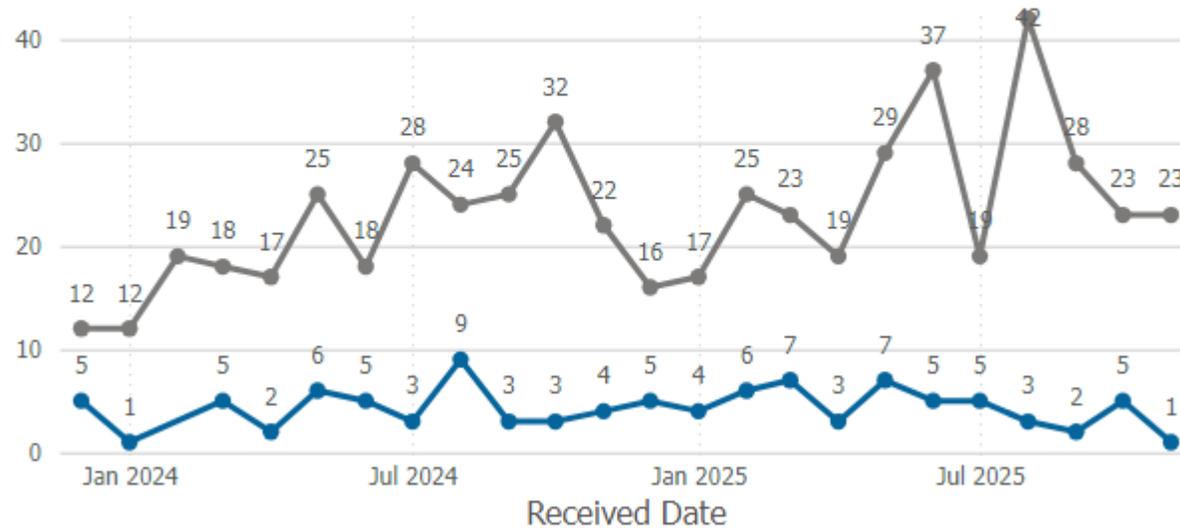
Expedited appeals are defined as appeals where waiting for a standard decision may seriously put the health of the member at risk (like if they are currently in the hospital or urgently need medication)

Appeals by Benefit Type

Source: CCHP Appeals and Grievances Dashboard (Power BI) as of 11/26/2025

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Appeals by Outcome

Topic ● Overturned ● Upheld

Appeals by Outcome

Source: CCHP Appeals and Grievances Dashboard as of 11/20/2025
Filter: Removed "Other" outcomes (member cancelled or not yet resolved)

55 **171**

CONTRA COSTA
HEALTH

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Total Grievances

Grievances by Issue Type

Topic: ● Access ● Denials ● Other Issues ● Quality of Care ● Quality of Service
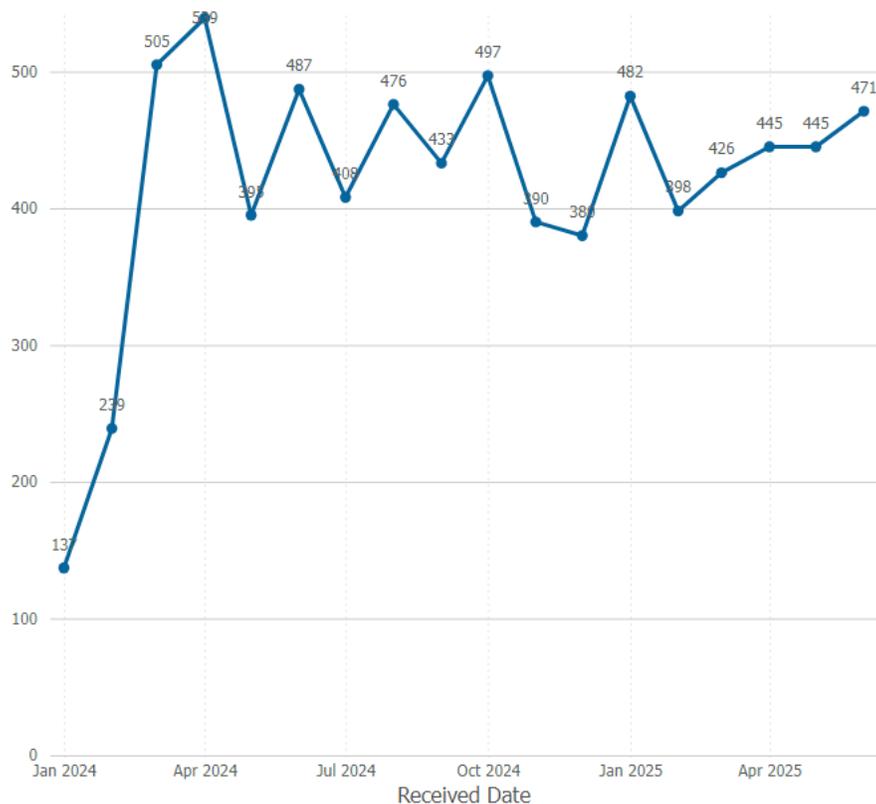
CCHP: 1.7 grievances per 100K member
California Medi-cal average: 3.1 grievances per 100K member

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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- Key In Progress IT Projects
    - New Line of Business: D-SNP
    - Regulatory: CMS Interoperability
    - Member Rides: RoundTrip

- Key Upcoming IT Projects
    - Data: New Dashboards
    - Claims: Payment Integrity
    - AI: Member Services, Claims and Compliance

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HEALTH

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The D-SNP Program is a strategic enterprise initiative that enables us to serve members eligible for both Medicare and Medicaid through a fully compliant Dual Eligible Special Needs Plan. This program ensures we meet all CMS and State requirements while strengthening our capabilities in care coordination, data accuracy, and operational performance.

Key Metrics
- The program supports the exchange of approximately **100 D-SNP files** with CMS and DHCS.
- A total of **44 third-party systems** required detailed scoping and integration.
- The team documented over **1,200 system build decisions** to support readiness.
- Evaluated and improved **22 operational and technical workstreams.**
- Engagement with **8 new third-party vendors** necessitated new or revised contractual agreements.
- The D-SNP effort included **7 comprehensive testing phases**, executing more than **1,500 test scenarios**.
- Enrollment has reached **133 members** as of December 1.

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The Centers for Medicare & Medicaid Services (CMS) released the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) on January 17, 2024. This final rule emphasizes the need to improve health information exchange to achieve appropriate and necessary access to health records for patients, healthcare providers, and payers.

The **CMS-0057-F final rule** requires specific healthcare payers—including Medicare Advantage organizations, state Medicaid and CHIP programs (FFS and managed care), and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges (FFEs)—to implement technical and operational changes to streamline prior authorization and improve data exchange.

<u>**Application Programming Interfaces (API)'s to be implemented**</u>:
- Patient Access API
- Provider Access API
- Payer to Payer API
- Prior Auth Support API
- Coverage Requirements Discovery API
- Documentation Templates and Rule API
- Provider Directory API

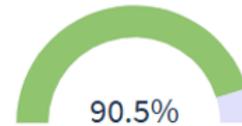# Member Rides: Roundtrip

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All Data from 08-1-25 thru 11-30-25

Booked

129,018 Rides for
5,547 Unique Riders
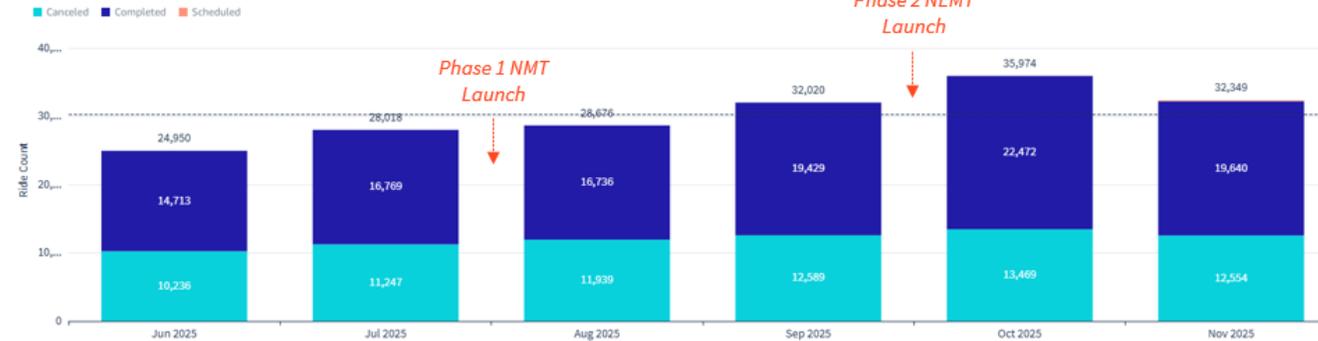
Completed

78,277 Rides for
5,008 Unique Riders

Fulfillment Rate

90.5%

Monthly Ride Volume Trend
Includes All rides for the last 6 months ending 2025-11-30
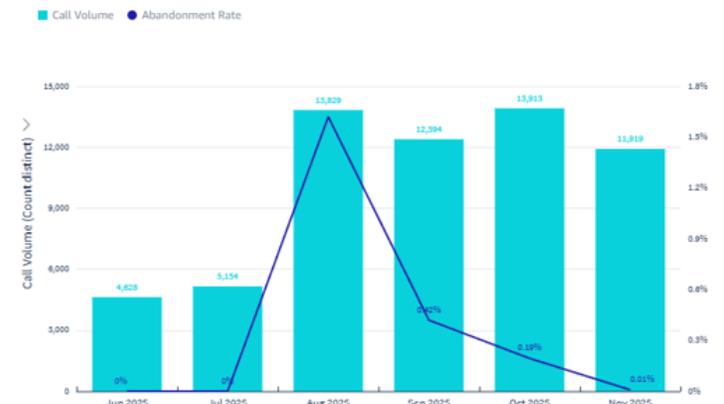
- Canceled - Completed - Scheduled

Phase 1 NMT Launch

Phase 2 NEMT Launch

	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025
Total	24,950	28,018	28,676	32,020	35,974	32,349
Completed	14,713	16,769	16,736	19,429	22,472	19,640
Canceled	10,236	11,247	11,939	12,589	13,469	12,554

Vehicle & Payment Types

Payment Type

Vehicle Type	Facility	Total
Advanced life support	2	2
Basic life support	11	11
Medical sedan	95	95
Rideshare	73,418	73,418
Stretcher van	213	213
Taxi	3,507	3,507
Wheelchair	1,031	1,031
Total	**78,277**	**78,277**

Average Distance Per Transport

10.7 miles

Partners Completing Transports

12

Average Rider Transport Rating

4.8/5

Key Accomplishments:
- New FHIR-integrated data flow for CCHP member data, enabling member search, eligibility check and booking seamlessly within Roundtrip booking portal
- New FWA control features, including:
  - Public Transit Check
  - In-Network Location Check
- Managed 150% increase in call volume, ride bookings and authorization checks

Call Volume Trend

- Call Volume - Abandonment Rate

	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025
Call Volume	4,828	5,154	13,829	12,394	13,913	11,919

roundtrip

Public Comments

JCC Comments

File #: 25-5400　　　　**Agenda Date:** 12/19/2025　　　　**Agenda #:** 5.1

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5.1 MOTION NEEDED

Accept CCHP IT Report

File #: 25-5401   **Agenda Date:** 12/19/2025   **Agenda #:** 6.0

Advisory Board: Contra Costa Health Plan Joint Conference Committee
Subject: Interim CEO Report

To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD FACS; Chief Executive Officer (Interim)

Date: December 19, 2025

Subject: Interim CEO Report

The purpose of this report is to provide Joint Conference Committee members with key updates regarding Contra Costa Health Plan (CCHP) business and operations. These updates are intended to enhance transparency, reinforce the JCC's advisory oversight role, and ensure alignment on important developments impacting our organization and membership.

1. CCHP Staffing Update

Purpose: To promote transparency and accountability regarding organizational leadership and staffing developments.

CCHP is actively working to reinforce leadership stability and operational readiness across departments. Recent efforts include interim leadership appointments, targeted recruitment for key vacancies, and role realignments to support emerging priorities-particularly in preparation for the launch of new lines of business such as the Dual Eligible Special Needs Plan (D-SNP). 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

- Overall

  CCHP submitted position modification requests for FY 2026-2027 to strengthen operational effectiveness, reinforce organizational alignment, and ensure that the health plan remains well-positioned to meet its strategic, regulatory, and financial responsibilities in a rapidly evolving environment.

  These proposals were developed with close alignment to the Alvarez & Marsal (A&M) organizational assessment, advancing clearer role delineation, enhanced accountability, and improved functional integration across the plan. CCHP also incorporated proactive planning for potential impacts related to

HR1 and the state budget, ensuring CCHP maintains stability and continuity amid fiscal uncertainty.

The requests further anticipate operational needs as Contra Costa County moves toward expanding access to basic health care services. In addition, transitioning per diem nursing positions into permanent roles remains a key priority, supporting workforce stability, continuity of care, and reliable clinical operations-while also advancing long-term cost-containment efforts by reducing reliance on higher-cost temporary staffing.

- Clinical Operations
  Within Clinical Operations, Dr. Nicolas Barcelo has been appointed Deputy Chief Medical Officer, and Dr. Sara Levin will be serving as Deputy Chief Medical Officer and Chief Health Equity Officer. Dr. Levin's portfolio encompasses the Advice Nurse Unit, CalAIM programs, Case Management, Clinical Quality Auditing, and the Quality and Health Equity functions. Dr. Barcelo provides leadership over Appeals and Grievances, the Behavioral Health Department, Pharmacy Services, and Utilization Management. As Dr. Irene Lo serves as Interim CEO, reinforcing the leadership structure within Clinical Operations and clarifying spans of control have been essential to ensuring organizational stability, operational continuity, and aligned clinical oversight during this period of transition.

- Business Operations
  Beth Hernandez has been appointed as CCHP's Interim Chief Operating Officer and is providing critical operational leadership during this period of organizational transition. In this capacity, she oversees Claims; Marketing and Sales; Member Services; Provider Relations, Credentialing and Contracting; Personnel, Facilities and Safety; Analysis and Reporting; and the Project Management Office. Under her direction, these functions are advancing stronger operational discipline, improved cross-functional coordination, and tighter alignment with CCHP's strategic priorities. Recruitment efforts across these operational areas will continue as we refine leadership structure and strengthen departmental capacity. Recruitment for the permanent COO role has also been launched.

Compliance Department

The Compliance Department is continuing to build the organizational infrastructure required to meet an increasingly complex regulatory environment. Chanda Gonzales will serve as the Director of Regulatory Affairs and Communication (RAC), providing leadership in regulatory interpretation, policy alignment, and coordination with County and state partners. 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, ensuring leadership continuity across all core compliance domains.

To strengthen departmental capacity, we have also brought on additional temporary staff to streamline responsibilities, support timely audit response and follow-up, and enhance coordination across internal teams. These additions bring valuable managed care expertise and operational experience, positioning CCHP to meet the requirements of DHCS, DMHC, CMS, and NCQA and to maintain a high level of readiness for current and future regulatory reviews.

- Project Management Office
  CCHP has formally launched the Project Management Office (PMO) as a dedicated operational department to drive disciplined project execution, enhance organizational coordination, and strengthen accountability across all major initiatives. In coordination with Contra Costa Health, the CCHP PMO is establishing a consistent project management framework that includes standardized tools, governance structures, and reporting processes to support high-priority operational and strategic work.

  The PMO provides centralized oversight for project planning, implementation, and performance monitoring, including development of project charters, use of Jira and collaboration sites, and deployment of uniform status reporting and dashboards. This structure ensures that initiatives are appropriately scoped, resourced, and aligned with enterprise-wide priorities.

  A key early focus for the PMO is supporting the Performance Improvement Workgroups (PIWs) and advancing CCHP's strategic priorities by building the infrastructure, templates, and coordination mechanisms needed to manage cross-functional work effectively. As CCHP moves forward with its transformation efforts, the PMO will play a critical role in ensuring that complex, interdependent initiatives progress cohesively and with clear accountability.

Dual-Special Needs Plan (D-SNP) Recruitment
In August 2025, CCHP received approval to add several critical positions in preparation for the D-SNP launch. These roles are foundational to strengthening our operational capacity, ensuring we meet complex regulatory requirements, deliver high-quality care coordination, and respond effectively to the needs of our members and provider partners. We have already filled several key positions, and additional recruitments are currently open or pending. Recruitment efforts continue, and we look forward to welcoming new colleagues who will further reinforce our infrastructure and support CCHP's continued growth and readiness for this next phase.

Regulatory Coordination and Transparency
In accordance with regulatory requirements, CCHP has kept both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) informed of key leadership changes and vacancies.

In our most recent communication, DMHC expressed concern regarding the number of concurrent leadership vacancies. We acknowledged these concerns and emphasized our active recruitment efforts, noting that interim consultants are currently providing regulatory oversight and operational continuity in affected departments while permanent hires are being secured.

We anticipate another meeting with DMHC before the end of the year, during which they will assess our progress and review the status of permanent placements. CCHP remains fully committed to maintaining open, proactive communication with our regulators and to providing timely updates as recruitment advances and leadership roles are filled.

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2. REGULATORY UPDATE

Purpose: To ensure the JCC is informed of evolving regulatory requirements and how CCHP is maintaining compliance.

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

DMHC Audits
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.

Each examination assesses a plan's fiscal soundness, operational controls, and adherence to statutory obligations. Areas of review typically include claims processing and timeliness, provider dispute resolution practices, financial account management, oversight of delegated arrangements, premium and encounter data reporting, and compliance with required financial ratios and reserve levels.

Recent financial examination reports issued for other health plans have highlighted several recurring areas of concern across the industry. These commonly include deficiencies in claims accuracy and timeliness, inadequate documentation or monitoring of delegated entities, inconsistent or incomplete financial reconciliations, weaknesses in internal controls over accounting processes, and gaps in regulatory reporting or required disclosures. DMHC has also noted concerns related to staffing levels, leadership turnover, and insufficient segregation of duties in financial operations.

Given these trends, 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
Three enforcement matters remain under Department of Managed Health Care (DMHC) review.

- Enforcement Matter 22-710
  - Pertains to 2021-2022 grievances involving a CCHP member delegated to Kaiser
  - Received from DMHC: 4/4/2025
  - Response provided to DMHC: 5/5/2025
  - Received feedback from DMHC 8/28/2025
    - DMHC found that there was sufficient evidence to establish a Plan violation of Health and Safety code section 1368.01, subdivision (b), and California Code of Regulations, title 28, section 1300.68.01, subdivision (a) (2)

- DMHC indicated that they would be willing to resolve this matter upon the payment of an administrative penalty of $70,000.

  o   CCHP sent an acknowledgement to DMHC on 9/12/2025, accepting the administrative penalty.
  o   Received Letter of Agreement from DMHC on 9/22/2025, indicating that payment of the administrative penalty is due 10/10/2025.
  o   CCHP submitted payment of administrative penalty by 10/10/2025
  o   CCHP finance confirmed that DMHC cashed the payment on 10/23/2025

- Enforcement Matter 23-348
  o   Stems from deficiencies that remain unresolved from DMHC's 2019 Routine Survey
  o   Received from DMHC: 6/4/2025
    - DMHC found that the Plan violated Health and Safety Code section 1380, subdivision (i)(1), by failing to resolve an identified deficiency to the director's satisfaction within a reasonable period of time.
    - 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

  o   CCHP sent an acknowledgement to DMHC on 6/16/2025, accepting the administrative penalty. CCHP also submitted a proposed CAP.
  o   Status: Awaiting response from DMHC regarding CAP

- Enforcement Matter 24-143
  o   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
  o   Received from DMHC: 3/26/2025
  o   Response provided to DMHC: 4/25/2025
  o   Status: Awaiting response from DMHC

3. D-SNP PROGRESS UPDATE

Purpose: To provide oversight on one of CCHP's most significant programmatic expansions and ensure awareness of key milestones.

Background

Contra Costa Health Plan (CCHP) is preparing to launch Contra Costa Health Care Plus, a Medicare-Medi-Cal Dual Special Needs Plan (D-SNP) on January 1, 2026. This launch represents a major organizational milestone and an important opportunity to better serve dual-eligible individuals through a more coordinated, person-

centered model of care.

Current Progress
CCHP continues to make strong progress toward the D-SNP launch, with work concentrated in three key areas: regulatory milestones, operational readiness, and oversight infrastructure.
CCHP is currently in the Annual Enrollment Period (AEP), and enrollment is underway. We have enrolled nearly 150 members, and outreach and education efforts continue to ensure eligible beneficiaries understand their options and receive timely support.

- Operational Readiness
  Operational workstreams continue to advance, including:

  - Finalizing agreements with vendors supporting key D-SNP functions.
  - Advancing provider contracting to meet CMS and DHCS network adequacy standards.
  - Refining workflows and configuring internal systems to support implementation.
  - Conducting D-SNP education and outreach, including staff training and provider engagement.
  - Ongoing recruitment for critical D-SNP roles to ensure readiness and sustainability

- Regulatory Readiness and Oversight
  CCHP is finalizing Medicare-aligned policies and procedures, strengthening the Medicare Compliance Program, and building the oversight infrastructure required for long-term success as a Medicare plan. This includes establishing monitoring, reporting, and governance structures that meet CMS and DHCS expectations.

- Health System & Community Alignment
  CCHP continues to coordinate closely with Contra Costa Health-including Contra Costa Regional Medical Center (CCRMC) and Health Centers-to ensure systemwide alignment. CCHP is also engaging the Safety Net Council, which includes Federally Qualified Health Centers, as well as key external providers across the county, to prepare the broader provider network for integrated care delivery.

Risk Management & Challenges
CCHP is actively monitoring and mitigating risks:

- Workforce Readiness: Recruitment for Medicare-specific expertise remains a priority; mitigation includes phased onboarding and cross-training.

- Regulatory Oversight: CMS and DHCS impose extensive requirements; mitigation includes early submission of deliverables, mock audits, and strengthened compliance monitoring.

- Network Adequacy: Ensuring sufficient specialty, behavioral health, primary care, and hospital capacity remains challenging; mitigation includes targeted contracting and close coordination with CCRMC/HC and external providers.

- Operational Complexity: Integrating Medicare and Medi-Cal systems requires robust oversight; mitigation includes structured testing, vendor monitoring, and readiness drills.

Next Quarter Priorities

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's priorities for Q1 2026 include:

- Member Onboarding and Care Coordination - CCHP will focus on timely completion of Health Risk Assessments, development of individualized care plans, and assignment of care coordinators for all newly enrolled members. Early outreach, welcome calls, and care transitions support will be central to building trust and ensuring continuity of care.

- Operational Performance Monitoring - We will actively monitor key operational indicators-including claims accuracy and timeliness, encounter data submission, call center performance, enrollment file processing, and grievance and appeals activity-to identify trends quickly and resolve issues before they escalate.

- Regulatory Compliance and Reporting - The first quarter requires completion of initial CMS and DHCS monitoring activities, including reporting, oversight meetings, and compliance attestations. CCHP will ensure strict adherence to Medicare Advantage regulatory expectations and maintain continuous communication with regulators.

- Provider Engagement and Issue Resolution - CCHP will continue targeted provider outreach to address operational questions, support adoption of Medicare requirements, and ensure providers have the resources and clarity needed to serve D-SNP members effectively.

- Network Adequacy and Access Monitoring - As utilization patterns emerge, CCHP will monitor network capacity, appointment availability, and access metrics to ensure compliance with CMS and DHCS standards and to identify any areas that may require additional contracting or targeted interventions.

- Workflow Refinement and Staffing Optimization - Based on early operational experience, CCHP will refine workflows, adjust staffing allocation as needed, and strengthen cross-functional coordination to enhance efficiency and ensure sustained readiness.

- Preparation for Early CMS Deliverables - The organization will prepare for initial CMS-required submissions associated with the first quarter of operations, including reporting packages, monitoring requests, and any follow-up documentation from the implementation review process.

Next Steps and Ongoing Commitment
CCHP remains deeply committed to launching a high-quality, fully compliant D-SNP that enhances care coordination, supports member needs, and advances accessible, comprehensive care for Contra Costa's dual-eligible population. Regular updates will continue to be provided to the Joint Conference Committee as implementation progresses.

4. Organizational Transformation Update

Overview of 2025 Organizational Transformation Work
2025 was a foundational year for Contra Costa Health Plan (CCHP), beginning with a transition to new interim leadership at the Plan. This change provided an important opportunity to take a fresh look at long-standing challenges, reassess organizational priorities, and realign operations to better meet regulatory expectations, operational demands, and systemwide needs.

During this period, Contra Costa Health also welcomed new departmental leadership, establishing clearer expectations, stronger alignment across the integrated delivery system, and improved collaboration with CCHP. These system-level changes created momentum for deeper coordination between the Plan and key delivery system partners.

As part of this broader alignment effort, CCHP completed a comprehensive Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, which identified key opportunities to improve workflow efficiency, cross-departmental coordination, data utilization, internal communication, fiscal literacy, and governance.

CCHP also underwent an organizational and operational assessment by Alvarez & Marsal (A&M). This evaluation highlighted structural and operational gaps and provided actionable recommendations to strengthen accountability, streamline processes, clarify roles, and modernize core functions.

Together, these leadership transitions, assessments, and alignment efforts laid the foundation for the organizational progress achieved throughout 2025.

Organizational Assessment & Structural Alignment
Following the SWOT analysis and A&M assessment, CCHP began strengthening 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

These efforts improved clarity, coordination, and stability across key functions.

Integration With Contra Costa Health
CCHP strengthened its relationships with the broader CCH integrated delivery system through enhanced coordination with key partners. Major accomplishments included:
- Enhanced collaboration with CCRMC/Health Centers, Public Health, Behavioral Health, and H3
- Joint planning with Behavioral Health and H3 on the launch of Transitional Rent, a new CalAIM Community Support going live January 1, 2026, including workflow design, model of care development, and cross-system coordination.

These efforts reinforced CCHP's role as a managed Medi-Cal plan embedded within a coordinated county health delivery system.

Provider Network Engagement & Communications
As part of its 2025 transformation efforts, CCHP expanded its provider engagement and communication infrastructure to strengthen transparency and alignment.

- Closer collaboration with providers - CCHP enhanced its collaboration with providers in the CCHP network to further strengthen alignment on access, quality, care coordination, and member experience.

- Enhanced Joint Operations Meetings - CCHP modernized Joint Operations Meetings with CCRMC/Health Centers and contracted provider groups, implementing structured agendas, discussion of key issues and metrics, and systematic follow-up to support accountability.

- Provider Newsletter - The Plan introduced a redesigned Provider Newsletter, offering timely updates on operational changes, regulatory requirements, quality initiatives, and network expectations.

- Safety Net Council Engagement - CCHP leveraged the Safety Net Council as a platform for coordinated communication with Aliados Health, external FQHCs, and community clinics, supporting improved access, quality, and readiness for new benefits such as D-SNP.

Establishment of the Project Management Office (PMO)
CCHP launched a Project Management Office to formalize project governance and improve oversight across initiatives. Key accomplishments included:

- Developing standardized project charters, templates, and documentation
- Establishing Jira-based project tracking and centralized PMO infrastructure

- Supporting leadership with structured reporting on milestones and risks

The PMO will serve as a central coordinating body for CCHP's operational improvement work.

Performance Improvement Workgroups (PIWs)

CCHP established Performance Improvement Workgroups to coordinate improvement efforts across core operational areas. In 2025, PIWs:

- Held kickoff meetings

- Developed charters and defined deliverables

- Improved collaboration across departments

- Aligned with CCH's divisional PIWs for systemwide cohesion

The PIW structure is now embedded as a central mechanism for operational improvement and oversight.

Dashboards and Reporting Infrastructure

In 2025, CCHP made important progress in building the foundation for a modern, data-driven reporting system to support transparency, accountability, and informed decision-making across the organization.

Key accomplishments included:
- Initial development of core dashboards that provide visibility into financial performance, claims operations, utilization management, provider network status, member experience, quality, and D-SNP readiness.
- Initial development of the key metrics needed to support consistent reporting and improve organizational insight into operational performance.

These efforts represent an important shift toward a more data-driven culture, strengthening CCHP's ability to monitor performance, support regulatory readiness, and drive improvement through transparent and reliable information.

Regulatory Readiness Improvements

CCHP made progress improving its regulatory posture in preparation for DHCS, DMHC, CMS, and NCQA oversight. Accomplishments included:
- Strengthening policy and procedure management
- Enhancing delegation oversight
- Initiating internal monitoring and early mock audit preparation
- Increasing coordination between Compliance and Operations
- Maintaining proactive communication with regulators

These improvements increased readiness for upcoming reviews and surveys.

D-SNP Readiness and Medicare Integration

Throughout 2025, CCHP advanced critical work for the January 1, 2026, launch of the Dual Eligible Special Needs Plan (D-SNP). Major accomplishments included:

- CMS approval of 2026 contracting documents
- Initial enrollment during the 2025 Annual Enrollment Period
- Development of Medicare-compliant policies, procedures, and oversight structures
- Completion of operational readiness testing with vendors and internal systems
- Recruitment of staffing needed to support operational and compliance work associated with D-SNP

This work laid the foundation for CCHP's Medicare entry.

Financial Literacy & Internal Education
In 2025, CCHP launched a series of internal education initiatives to strengthen organizational understanding of key operational, fiscal, and regulatory concepts. These efforts were designed to support more informed decision-making, improve cross-departmental alignment, and reinforce a shared knowledge base across the Plan.

Key accomplishments included:

- Financial literacy sessions to improve understanding of medical cost drivers, PMPM trends, MLR/ALR components, and fiscal impacts across operational areas.

- CCHP 101 Educational Series, a foundational curriculum providing staff with an overview of CCHP's structure, operations, lines of business, regulatory landscape, and role within the Contra Costa Health system.

- D-SNP Educational Series, offering targeted training on Medicare concepts, integrated care models, CMS requirements, member communication standards, and operational changes associated with D-SNP implementation.

These initiatives supported CCHP's transition toward a more knowledgeable, aligned, and data-informed culture.

Alternative Health Care Program Preparation
In 2025, CCHP supported Contra Costa Health's early discussions regarding an alternative health care program.

Conclusion
CCHP made significant progress in 2025 to strengthen internal operations, modernize infrastructure, enhance provider and system integration, and prepare for new lines of business. The establishment of the PMO, launch of PIWs, expansion of provider engagement, development of dashboards, and preparation for the D-SNP launch

represent major steps forward in building a more aligned, accountable, and high-performing managed care organization.

At the same time, meaningful opportunities for improvement remain-including strengthening core operational functions, improving data integration, enhancing financial and regulatory readiness, deepening collaboration with system partners, and continuing to build organizational capacity. The foundation established in 2025 positions CCHP to address these opportunities with greater discipline, coordination, and momentum.

CCHP enters 2026 with stronger alignment, clearer structures, improved accountability mechanisms, and a renewed commitment to continued transformation and operational excellence.

5. COMMUNITY SUPPORTS

Background

Community Supports (CS), a key component of CalAIM, provide voluntary, health-related services aimed at addressing social drivers of health and supporting alternatives to higher levels of care. Health plans are required to annually assess each service for utilization, impact, operational feasibility, and sustainability.

In 2025, CCHP completed a comprehensive review of its CS portfolio. Based on this assessment, three services were identified for discontinuation due to low utilization, operational challenges, redundancy, and limited return on investment (ROI):

1. Asthma Remediation
2. Day Habilitation
3. Personal Care & Homemaker Services

These services also have existing alternatives available through County divisions, community programs, or Medicaid-funded benefits.

Next Steps

- CCHP has formally notified the Department of Health Care Services (DHCS) of its intent to discontinue three Community Supports-Asthma Remediation, Day Habilitation, and Personal Care & Homemaker Services- effective January 1, 2026.
- DHCS has informed CCHP that, per contractual and policy requirements, discontinuation of these Community Supports cannot occur earlier than December 31, 2026.

- CCHP has requested a meeting with DHCS to discuss further.

CONCLUSION

In summary, while CCHP had notified DHCS of its intent to pursue discontinuation of Asthma Remediation, Day Habilitation, and Personal Care & Homemaker Services effective January 1, 2026, DHCS has advised that, under contractual and policy requirements, these services may not be discontinued prior to December 31, 2026.

CCHP has requested a meeting with DHCS to further discuss this determination and clarify expectations for any future discontinuation.

In parallel, CCHP will maintain an ongoing evaluation of its Community Supports portfolio throughout 2026 to ensure sustainability, alignment with member needs, provider capacity, operational viability, and broader Contra Costa Health priorities, subject to DHCS review and approval.

6.0
Interim Chief Executive Officer Report

Presented by:
Irene Lo, MD, FACS

Chief Executive Officer (Interim)

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File #: 25-5402   **Agenda Date:** 12/19/2025   **Agenda #:** 6.1

6.1 CCHP STAFFING

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- CCHP has submitted position modification requests for FY 2026–2027 to strengthen operational effectiveness, reinforce organizational alignment, and ensure that the health plan remains well-positioned to meet its strategic, regulatory, and financial responsibilities in a rapidly evolving environment.
  - o Developed with close alignment to the Alvarez & Marsal (A&M) organizational assessment
  - o Incorporated proactive planning for potential impacts related to HR1 and the state budget
  - o Requests anticipate operational needs as Contra Costa County moves toward expanding access to basic health care services.
  - o Transitioning per diem nursing positions into permanent roles remains a key priority, supporting workforce stability, continuity of care, and reliable clinical operations—while also advancing long-term cost-containment efforts by reducing reliance on higher-cost temporary staffing.

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- To ensure organizational stability, operational continuity and aligned clinical oversight during the interim CEO period, efforts were made to reinforce leadership structure within Clinical Operations and clarify spans of control
  - o Dr. Nicolas Barcelo has been appointed Deputy Chief Medical Officer
    - Oversees Appeals and Grievances, the Behavioral Health Department, Pharmacy Services, and Utilization Management.
  - o Dr. Sara Levin will be serving as Deputy Chief Medical Officer and Chief Health Equity Officer.
    - Oversees the Advice Nurse Unit, CalAIM programs, Case Management, Clinical Quality Auditing, and the Quality and Health Equity functions.

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Staffing Updates – Business Operations

- To provide critical operational leadership during this period of organizational transition, Beth Hernandez has been appointed as CCHP's Interim Chief Operating Officer (COO)
  - Oversees Claims; Marketing and Sales; Member Services; Provider Relations, Credentialing and Contracting; Personnel, Facilities and Safety; Analysis and Reporting; and the Project Management Office.

- Recruitment for the permanent COO role has also been launched.

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- To continue building the organizational structure required to meet an increasingly complex regulatory requirement, additional changes were made within our Compliance Department infrastructure:
  - o Chanda Gonzales will serve as the Director of Regulatory Affairs and Communication
  - o 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

Staffing Updates - Project Management Office

- CCHP has launched a Project Management Office (PMO) as a dedicated operational department to drive disciplined project execution, enhance organizational coordination, and strengthen accountability across all major initiatives.
  - o In coordination with Contra Costa Health, the CCHP PMO is establishing a consistent project management framework that includes standardized tools, governance structures, and reporting processes to support high-priority operational and strategic work.
- The PMO provides centralized oversight for project planning, implementation, and performance monitoring
  - o Ensures that initiatives are appropriately scoped, resourced, and aligned with enterprise-wide priorities.

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- Ongoing

- Several key positions have already been filled

- Additional recruitments are currently open or pending

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- In accordance with regulatory requirements, CCHP has kept both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) informed of key leadership changes and vacancies.

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Public Comments

JCC Comments

CONTRA COSTA COUNTY

Staff Report

File #: 25-5403   **Agenda Date:** 12/19/2025   **Agenda #:** 6.2

6.2 REGULATORY UPDATE

- DMHC Financial Audit is scheduled to begin in April 2026
  - Purpose - to evaluate and report on a plan's compliance with the financial and administrative requirements of the Knox-Keene Act.

- Each examination assesses a plan's fiscal soundness, operational controls, and adherence to statutory obligations.
  - Areas of review typically include claims processing and timeliness, provider dispute resolution practices, financial account management, oversight of delegated arrangements, premium and encounter data reporting, and compliance with required financial ratios and reserve levels.

- Recent financial examination reports issued for other health plans have highlighted several recurring areas of concern:
  - Deficiencies in claims accuracy and timeliness, inadequate documentation or monitoring of delegated entities, inconsistent or incomplete financial reconciliations, weaknesses in internal controls over accounting processes, and gaps in regulatory reporting or required disclosures.
  - Staffing levels, leadership turnover, and insufficient segregation of duties in financial operations.

- Given these trends, CCHP anticipates that DMHC's review of CCHP will emphasize claims, 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.

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- Three enforcement matters remain under Department of Managed Health Care (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

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Public Comments

JCC Comments

File #: 25-5404   **Agenda Date:** 12/19/2025   **Agenda #:** 6.3

6.3 DUAL SPECIAL NEEDS PLAN (D-SNP) PROGRESS UPDATE

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- Currently in the Annual Enrollment Period (AEP)
  o Nearly 150 members have been enrolled

- Operational readiness preparation ongoing
  o Finalizing agreements with vendors and providers
  o Refining workflows and configuring internal systems
  o Conducting D-SNP education and outreach
  o Ongoing recruitment for critical D-SNP roles

- Regulatory Readiness and Oversight in development
  o Finalizing Medicare-aligned policies and procedures
  o Strengthening Medicare compliance program

- Health System and Community Alignment
  o Close coordination with key provider partners

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- 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's priorities for Q1 2026 include:
  - 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

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Public Comments

JCC Comments

File #: 25-5405   **Agenda Date:** 12/19/2025   **Agenda #:** 6.4

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6.4 ORGANIZATIONAL TRANSFORMATION UPDATE

- Following the SWOT analysis and the A&M assessment, CCHP began strengthening its internal infrastructure by:
  - o Clarifying leadership roles and spans of control
  - o Reinforcing expectations around accountability and performance
  - o Updating internal processes to improve operational consistency
  - o Enhancing cross-departmental alignment to reduce silos

- CCHP strengthened its relationships with the broader CCH integrated delivery system through enhanced coordination with key partners.

- Major accomplishments included:
  - Enhanced collaboration with CCRMC/Health Centers, Public Health, Behavioral Health, and H3
  - Joint planning with Behavioral Health and H3 on the launch of Transitional Rent, a new CalAIM Community Support going live January 1, 2026.

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- CCHP expanded its provider engagement and communication infrastructure to strengthen transparency and alignment with CCHP's provider network.
  - o Closer collaboration with providers – CCHP enhanced its collaboration with providers in the CCHP network to further strengthen alignment on access, quality, care coordination, and member experience
  - o Enhanced Joint Operations Meetings - CCHP modernized Joint Operations Meetings with CCRMC/Health Centers and contracted provider groups, implementing structured agendas, discussion of key issues and metrics, and systematic follow-up to support accountability.
  - o Provider Newsletter - The Plan introduced a redesigned Provider Newsletter, offering timely updates on operational changes, regulatory requirements, quality initiatives, and network expectations.
  - o Safety Net Council Engagement - CCHP leveraged the Safety Net Council as a platform for coordinated communication with Aliados Health, external FQHCs, and community clinics, supporting improved access, quality, and readiness for new benefits such as D-SNP.

Additional Transformation Updates

- Launched a Project Management Office (PMO) to formalize project governance and improve oversight across initiatives

- Established Performance Improvement Workgroups to coordinate improvement efforts across core operational areas

- Made important progress in building the foundation for a modern, data-driven reporting system to support transparency, accountability, and informed decision-making across the organization

- Made progress improving CCHP's regulatory posture in preparation for DHCS, DMHC, CMS, and NCQA oversight

- Advanced critical work for the January 1, 2026 launch of the Dual Eligible Special Needs Plan

- Launched a series of internal education initiatives to strengthen organizational understanding of key operational, fiscal, and regulatory concepts

- Supported Contra Costa Health's early discussions regarding an alternative health care program

Organizational Transformation Update

Public Comments

JCC Comments

File #: 25-5406   **Agenda Date:** 12/19/2025   **Agenda #:** 6.5

6.5 COMMUNITY SUPPORTS

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- In 2025, CCHP completed a comprehensive review of its Community Supports portfolio. Based on this assessment, three services were identified for discontinuation due to low utilization, operational challenges, redundancy, and limited return on investment (ROI):
  - o Asthma Remediation
  - o Day Habilitation
  - o Personal Care & Homemaker Services

- These services also have existing alternatives available through County divisions, community programs, or Medicaid-funded benefits.

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- CCHP notified DHCS of its intent to discontinue these services effective January 1, 2026.
- DHCS responded that, under contractual and policy requirements, discontinuation cannot occur earlier than December 31, 2026.
- CCHP has requested a meeting with DHCS to discuss next steps.

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Public Comments

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File #: 25-5407   **Agenda Date:** 12/19/2025   **Agenda #:** 6.6

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6.6 MOTION NEEDED

Accept Interim CEO Report

File #: 25-5408   **Agenda Date:** 12/19/2025   **Agenda #:** 7.0

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Joint Conference Committee
2026 Meeting Dates

Friday, March 6, 2026, 9:30 AM – 12:30 PM
Friday, June 5, 2026, 9:30 AM – 12:30 PM
Friday, September 4, 2026, 9:30 AM – 12:30 PM
Friday, December 4, 2026, 9:30 AM – 12:30 PM

Location: Contra Costa Health Plan, Building 597, Room 120
595 Center Avenue, Martinez, CA

Join in person or via Zoom
The Zoom link will be posted prior to each meeting

File #: 25-5409   **Agenda Date:** 12/19/2025   **Agenda #:** 8.0

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THANK

YOU

File #: 25-5410   **Agenda Date:** 12/19/2025   **Agenda #:**

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
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
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
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
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
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
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
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	Satisfacory 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	Unsatifatory 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