

# Contra Costa Health Plan / Board of Supervisors Joint Conference Committee Meeting Minutes

December 13, 2024 | 9:30 AM – 11:30 AM

**Present:**

Supervisor Candace Andersen, District II\*  
Supervisor Diane Burgis, District III\*

Dr. Kimberly Ceci, Lifelong\*  
Dr. Gabriela Sullivan, CCRMC\*

\*JCC Voting Member

Sharron Mackey, CEO  
Dr. Irene Lo, CMO  
Brandon Azevedo  
Melissa Bailey  
Dr. Nicolás Barceló  
Brian Buchanan  
Sonia Bustamante  
Dr. Nusrat Chaudhry  
Dr. Michael Clery  
Aaron Graessley  
Cynthia Choi  
David Culberson  
Ian Greer  
Sonia Escobar  
Norman Hicks  
Karl Fisher  
Phil Froilan  
Chanda Gonzales  
Bruce Gorman  
Joanna Gudino

Will Harper  
Nikita Hughes  
Elizabeth Hernandez  
Matt Kauffman  
Sarah Kennard  
Clifton Louie  
Hua Hsuan "Allison" Lui  
Wendy Mascitto  
Alicia Nuchols  
Jill Ray  
Paul Reyes  
Heather Roberts  
Rhonda Rochon Smith  
Anna Roth  
Darwin Seegmiller  
Bhumil Shah  
Dr. Samir Shah  
Sylvia Taqi-Eddin  
William Walker

SUBJECT	DISCUSSION	ACTION / WHO
<b>1.0 Call to Order</b>	<b><u>1.1 Roll Call</u></b> Supervisor Diane Burgis called the meeting to order on December 13, 2024, at 9:31 AM.	Supervisor Diane Burgis
	<b><u>1.2 Agenda</u></b> Agenda for December 13, 2024, reviewed and approved by Supervisor Diane Burgis.	JCC Committee
	<b><u>1.3 Approve September 19, 2024, Minutes</u></b> The minutes from September 19, 2024, were approved unanimously.	JCC Committee
	<b><u>1.4 Public Comment</u></b> None.	Public
	<b><u>1.5 JCC Comment</u></b> None.	JCC Members



	<p>Outreach Specialists and Health Educators will establish weekly operating hours at the Centers. The following CBOs were chosen as the initial five CalAIM Centers:</p> <ul style="list-style-type: none"> <li>• Discovery Counseling Center – (Danville)</li> <li>• Opportunity Junction – (Antioch)</li> <li>• Monumental Impact – (Concord)</li> <li>• RYSE Center – (Richmond)</li> <li>• Brentwood Senior Activity Center – (Brentwood)</li> </ul> <p><b><u>2.4 Legislative Update</u></b>  The Medicaid program is entering a time of uncertainty under the new administration. Analysis from the health care trade affiliations project cuts to Medicaid and Obamacare. The proposed tariffs could increase the cost of medical care, and we expect reversals on some of the Biden health care policies.</p> <p>Looking at new Assembly and Senate bills for 2024-2025 implementation, there were 39 new bills signed by the Governor, 27 bills sponsored by the Assembly, and 12 bills sponsored by the Senate. Every department in the health plan is impacted by the legislated activity. There are many bills on emergency medicine, behavioral health, and women’s health.</p>	
<p><b>3.0 Chief Medical Officer’s Report</b></p>	<p><b><u>3.1 Challenges with the D-SNP Model of Care</u></b>  The Model of Care (MOC) is the foundational framework guiding CCHP’s delivery of D-SNP services and ensuring that all providers are aligned in delivering high-quality, patient-center care. This is a Centers for Medicare and Medicaid Services (CMS) requirement for all Medicare Advantage Special Needs Plans.</p> <p>Through the patient centered approach, there is an emphasis on prevention with routine visits, individualized goals of care, and medication management. We focus on outcomes by reducing avoidable hospitalization, reducing complications, and creating positive patient outcomes. Lastly, we focus on quality and embrace a “Care Team” approach by providing clear quality indicators and reporting progress to CMS.</p> <p>Currently the MOC is a robust and collaborative effort among multiple departments at CCHP, but we face challenges from:</p> <ul style="list-style-type: none"> <li>• Integration of Care Across Providers for Medicaid and Medicare</li> <li>• Care Coordination and Case Management <ul style="list-style-type: none"> <li>○ Training care coordinators/managers</li> <li>○ Developing effective workflows</li> <li>○ Timely access to services</li> <li>○ Addressing the Social Determinants of Health</li> </ul> </li> <li>• Quality Measurement and Reporting as required by CMS</li> </ul> <p><b><i>Question / Supervisor Diane Burgis: Approximately how many people are with D-SNP?</i></b></p> <p><b><i>Answer / Dr. Irene Lo: We are conservatively estimating under 8,000 in our first year.</i></b></p> <p><b><u>3.2 Long Term Care Issues</u></b>  Long Term Care (LTC) was carved in as a benefit to managed Medi-Cal in 2023. Issues have been encountered with care coordination between providers, integration of services, and provider network adequacy.</p>	<p>Irene Lo, MD, CMO</p>

	<p>Currently, the care team collaborates interdepartmentally, holds regular meetings with the LTC providers, and closely monitors the grievances to look for potential quality issues.</p> <p>We have implemented several processes to increase operational effectiveness and increase continuing education for our members and providers.</p> <p><b><u>3.3 Closed-Loop Referrals</u></b>  DHCS defines a closed-loop referral (CLR) as a referral initiated on behalf of a Medi-Cal managed care member that is tracked, supported, monitored, and results in a known closure (i.e., member receiving services). CLRs are a key component of the DHCS Population Health Management Program under CalAIM. Though the initiative has a launch date of July 1, 2025, CCHP is proactively integrating it into the health plan. The priority services will be Enhanced Care Management and Community Supports.</p> <p>The goal is to increase the share of Medi-Cal members successfully connected to the services they need by identifying and addressing gaps in referral practices and service availability. The key requirements per DHCS are tracking member referrals, supporting referrals, and monitoring member referrals.</p> <p><b><u>3.4 Transitions of Care</u></b>  This program was initiated by the DCHS in 2023 and is part of the Population Health Management Program. It ensures that the health plan plays a role in care coordination, the members receive the care that they need, and the prevention of readmissions.</p> <p>The care team consists of the Chief Medical Officer, a Medical Director, CalAIM, Case Management, Behavioral Health, and Utilization Management. Collaboration is inter-departmental. There are regular meetings with hospitals and facilities to discuss discharging patients. Joint Operation Meetings (JOMs) are held at set times throughout the year with larger hospital and health care networks. Educational meetings are held to train providers on the program.</p>	
<p><b>4.0 Quality Program Report</b></p>	<p><b><u>4.1 Health Equity / Cultural &amp; Linguistics</u></b>  <u>Health Equity</u>  It is CCHP's goal that equity is incorporated into every program and initiative throughout the health plan, that we collaborate with communities to address barriers to care, and that we re-think current initiatives to improve outcomes.</p> <p>The framework for equity comprises the needs and feedback of members, community-based collaborations, national Culturally and Linguistically Appropriate Services (CLAS), NCQA health equity standards, and DHCS/DMHC equity initiatives.</p> <p>To understand where some of our disparities and areas of improvement exist, we look at gaps in quality measures. Asthma medication, prenatal care and postpartum care have the smallest gaps in White and Asian communities. Childhood immunizations and lead screening in children have the largest gaps in Black/African American and Asian communities.</p> <p>Equity is focused on improvement projects. Some inflight projects are:</p> <ul style="list-style-type: none"> <li>• Well care visits for children and adolescents</li> <li>• Pre-diabetic/diabetes outreach for disease management programs</li> <li>• Colorectal cancer FIT kit returns.</li> </ul>	<p>Elizabeth Hernandez, Quality Director</p>

	<p>Projects in the planning phase are:</p> <ul style="list-style-type: none"> <li>• Maternal health programming</li> <li>• Barriers to immunizations</li> <li>• Cervical cancer screening</li> </ul> <p><b>Question / Supervisor Diane Burgis:</b> <i>Related to immunizations, is the disparity number consistent with pre-Covid numbers?</i></p> <p><b>Answer / Elizabeth Hernandez:</b> <i>Across the board nationally we have seen a decrease in immunizations.</i></p> <p><b>Question / Supervisor Diane Burgis:</b> <i>Related to childhood immunizations, are the parents not pursuing it or are they rejecting it?</i></p> <p><b>Answer / Elizabeth Hernandez:</b> <i>That is a hard question to answer. What we can see is that children are getting into the doctor's office, but when they are there, they aren't taking the flu immunization shot.</i></p> <p><u>Cultural &amp; Linguistics</u>  About one third of our members prefer to be spoken to in a language other than English. Every month, about 20,000 members use the interpreter services.</p> <p>Over 500 people responded to the annual survey in 2024 and 72% of them used the service in the last six months. 77% of them responded positively to being able to have an interpreter, while 19% indicated they always or usually have friends/family interpret for them. Notably, 95% of the respondents felt their doctor showed respect for what they had to say.</p> <p>We are working to increase member awareness of the right to interpretation services, improve our Community Provider Network education on interpreter services usage, and follow-up on complaints and grievances related to language access.</p> <p><b>Question / Dr. Gabriela Sullivan:</b> <i>There are many new technologies and vendors coming out. I'm wondering how CCHP might be looking at all the new services becoming available.</i></p> <p><b>Answer / Elizabeth Hernandez:</b> <i>CCHP tends to use whatever the wider delivery system uses, and I think that will continue to be the case.</i></p> <p><b>Question / Dr. Gabriela Sullivan:</b> <i>When patients are referred out to specialty care, we have heard that many of those vendors will not see patients that speak other languages.</i></p> <p><b>Answer / Dr. Irene Lo:</b> <i>We are very aware of this. One of our key priorities in our provider outreach is to let people know what access is available for interpreter services.</i></p>	
<p><b>5.0 Focus Topics</b></p>	<p><b><u>5.1 Behavioral Health Update</u></b>  Improvements are underway in the Behavioral Health (BH) Department. We have a Memorandum of Understand (MOU) with county Behavioral Health Services (BHS) and Regional Center of East Bay (RCEB). We continue to partner with local emergency rooms to increase the quality of post-discharge care for members presenting with MH/SUD concerns, and we have revised referral processes to decrease the burden on primary care providers (PCPs) to access Neuropsychology consultations.</p>	<p>Nicolás Barceló, MD  Medical Director</p>



	<p>contractual and regulatory requirements verses our operational efficiency. Adding operational metrics based on those findings/recommendations will improve our procedures and processes. New operational KPIs will help us monitor performance and enhance staff accountability.</p> <p>The A&amp;M assessment confirmed the need for a performance management system. Based on their recommendations, CCHP will create a Performance Management Unit consisting of a Project Management Office, an internal academy for staff, improved personnel policies, and we will update our three-year strategic plan with operational KPIs.</p> <p><b><u>5.4 Compliance Update</u></b>  Closed Corrective Action Plans (CAPs):</p> <ul style="list-style-type: none"> <li>• Long-Term Care (LTC) Intermediate Care Facility (ICF) for the Developmentally Disabled (DD) network readiness requirements; CAP imposed July 2024. <ul style="list-style-type: none"> <li>✓ 10/01/24 – DHCS confirmed requirements successfully fulfilled by CCHP</li> </ul> </li> <li>• PCP Facility Site and Medical Record Review held in April 2024; CAP imposed May 2024. <ul style="list-style-type: none"> <li>✓ 9/24/24 – DHCS confirmed all requested items have been addressed and corrected</li> </ul> </li> </ul> <p>There is one open CAP currently that is related to the focused audit in BH and Transportation.</p> <p>There are five findings in BH:</p> <ul style="list-style-type: none"> <li>• Case Management and Care Coordination</li> <li>• Coordination of Care for Transitioning Members</li> <li>• Care Coordination and Information Exchange with the Mental Health Plan</li> <li>• Good Faith Efforts to Confirm Treatments</li> <li>• Follow up to Understand Barriers and Adjust Referrals</li> </ul> <p>There are four findings in Transportation:</p> <ul style="list-style-type: none"> <li>• Provision of Door-to-Door Assistance</li> <li>• Plan Monitoring and Oversight of Door-to-Door Assistance</li> <li>• NEMT – Monitoring and Oversight of Providers’ No-Show Rates</li> <li>• NMT – Monitoring and Oversight of NMT Providers’ No-Show Rates</li> </ul> <p>In all these areas, CCHP is on track. Many of the local health plans have had the exact same findings as these are areas that DCHS has asked for new requirements.</p>	<p>Chanda Gonzales, Compliance Officer</p>
<p><b>6.0 Review and Approval of Progress Report</b></p>	<p><b><u>6.1 Executive Dashboard</u></b>  Sonia Escobar reviewed the executive dashboard in the areas of total membership, Utilization Management, Advice Nurse calls, Member Services calls, Case Management, and Claims.</p> <p><b><u>6.2 Finance Report</u></b>  Going forward, the finance report will be expanded to include more data. Based on the third quarter results, CCHP is on track relative to the budget for the year.</p> <p>In Finance, there is significant work being done internally on some of the financial processes related to the health plan. There have been issues with timely filing in the past, and we are completing a CAP.</p>	<p>Sonia Escobar, Analysis &amp; Reporting Director</p> <p>Brian Buchanan, Interim Chief Financial Officer</p>

	<b>6.3 Next Meeting Reminders 2025</b> Friday, March 14, 2025 Friday, June 13, 2025 Friday, September 12, 2025 Friday, December 12, 2025	
<b>7.0 Adjournment</b>	Meeting adjourned at 11:30AM.	

Approved:



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Supervisor Diane Burgis, District III

Date:

1-31-25

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# Contra Costa Health Plan / Board of Supervisors Joint Conference Committee

Friday, December 13, 2024  
9:30AM – 11:30AM

## In-Person Location:

Agriculture, 2380 Bisson Lane, Sequoia Conference Room,  
Concord, CA or  
District II Supervisor's office, 309 Diablo Road, Danville, CA or  
District III Supervisor's office, 3361 Walnut Blvd., Suite 140,  
Brentwood, CA

## Virtual:

Virtual Meeting option via Zoom

<https://cchealth.zoom.us/j/7415624178?omn=99122533244>

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan, hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan's Joint Conference Committee, dated December 13, 2024, and attached herein.

Excepted Matters: None

