



# CONTRA COSTA COUNTY

## AGENDA - PUBLISHED

### Contra Costa Health Plan Joint Conference Committee

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Friday, October 3, 2025                      9:30 AM      30 Muir Road, Martinez or 3361 Walnut  
Boulevard, Suite 140, Brentwood |  
<https://cchealth.zoom.us/j/96248148089> |  
access code: 962 4814 8089

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

- 1.1 Roll Call and Introductions
- 1.2 Agenda Approval or Modification [25-3982](#)  
**Attachments:** [JCC Agenda - 10.3.25](#)
- 1.3 Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).
- 1.4 JCC Comments
- 2.0 Consent Items [25-3983](#)  
**Attachments:** [2.0 Consent Items](#)
- 2.1 JCC Meeting Minutes from June 6, 2025 [25-3984](#)  
**Attachments:** [JCC Meeting Minutes - 06.06.25 EXECUTED](#)
- 2.2 Quality Council Minutes [25-3985](#)  
**Attachments:** [Quality Council Minutes 2025-04-08](#)  
[Quality Council Minutes 2025-05-13](#)  
[Quality Council Minutes 2025-07-08](#)
- 2.3 Health Equity Council Minutes [25-3986](#)  
**Attachments:** [Health Equity Council Minutes 2025-03-11](#)

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| 2.4 | Community Advisory Committee Minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <a href="#"><u>25-3987</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>Community Advisory Committee Minutes 2025-06-12</u></a>                                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| 2.5 | Pharmacy & Therapeutics Committee Minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <a href="#"><u>25-3988</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>Pharmacy &amp; Therapeutics Minutes 2025-03-07</u></a><br><a href="#"><u>Pharmacy &amp; Therapeutics Minutes 2025-06-13</u></a>                                                                                                                                                                                                                                                                                                                             |                                |
| 2.6 | Compliance Committee Minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <a href="#"><u>25-3989</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>Compliance Committee Minutes 2025-01-14</u></a><br><a href="#"><u>Compliance Committee Minutes 2025-02-25</u></a><br><a href="#"><u>Compliance Committee Minutes 2025-03-25</u></a><br><a href="#"><u>Compliance Committee Minutes 2025-04-29</u></a><br><a href="#"><u>Compliance Committee Minutes 2025-05-20</u></a><br><a href="#"><u>Compliance Committee Minutes 2025-06-26</u></a><br><a href="#"><u>Compliance Committee Minutes 2025-07-29</u></a> |                                |
| 2.7 | Peer Review and Credentialing Committee Report                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <a href="#"><u>25-3990</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>Peer Review and Credentialing Committee Report - Jan-Aug 2025</u></a>                                                                                                                                                                                                                                                                                                                                                                                       |                                |
| 3.0 | CEO Recruitment Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <a href="#"><u>25-3991</u></a> |
| 4.0 | Finance Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <a href="#"><u>25-3992</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>4.0 Finance Report</u></a>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
| 5.0 | CCHP Information Technology Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <a href="#"><u>25-3993</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>5.0 CCHP Information Technology Report</u></a>                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| 6.1 | Legislative Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <a href="#"><u>25-3994</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>6.1 Legislative Update</u></a>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| 6.2 | Anticipated Impact from HR1 and California State Budget                                                                                                                                                                                                                                                                                                                                                                                                                                               | <a href="#"><u>25-3995</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>6.2 Anticipated Impact from HR1 and the California State Budget</u></a>                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| 7.1 | Organizational Structure and Salary Survey Analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <a href="#"><u>25-3996</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>7.1 Organizational Structure and Salary Survey Analysis</u></a>                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| 7.2 | Quality and Health Equity Activities Report                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <a href="#"><u>25-3997</u></a> |
|     | <b><u>Attachments:</u></b> <a href="#"><u>7.2A Quality and Health Equity Update</u></a><br><a href="#"><u>7.2B JCC staff report - Quality &amp; Health Equity QIHEC Activities 2025Q2</u></a><br><a href="#"><u>7.2C Attachment A - QIHEC Quarterly Activities Report Q2 2025</u></a>                                                                                                                                                                                                                 |                                |
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| <b>7.3</b> | Compliance Activities Report                                                                          | <a href="#"><u>25-3998</u></a> |
|            | <b><u>Attachments:</u></b> <a href="#"><u>7.3 Compliance Activities Update</u></a>                    |                                |
| <b>8.0</b> | Interim CEO Report                                                                                    | <a href="#"><u>25-3999</u></a> |
| <b>8.1</b> | CCHP Staffing                                                                                         | <a href="#"><u>25-4000</u></a> |
|            | <b><u>Attachments:</u></b> <a href="#"><u>8.1 CCHP Staffing</u></a>                                   |                                |
| <b>8.2</b> | Regulatory Update                                                                                     | <a href="#"><u>25-4001</u></a> |
|            | <b><u>Attachments:</u></b> <a href="#"><u>8.2 Regulatory Update</u></a>                               |                                |
| <b>8.3</b> | Dual Special Needs Plan (D-SNP) Update                                                                | <a href="#"><u>25-4002</u></a> |
|            | <b><u>Attachments:</u></b> <a href="#"><u>8.3 Dual Special Needs Plan (D-SNP) Progress Update</u></a> |                                |
| <b>8.4</b> | Commercial Plan Update                                                                                | <a href="#"><u>25-4003</u></a> |
|            | <b><u>Attachments:</u></b> <a href="#"><u>8.4 Commercial Plan Update</u></a>                          |                                |
| <b>9.0</b> | Reminder - Next JCC Meeting(s)                                                                        | <a href="#"><u>25-4004</u></a> |
|            | <b><u>Attachments:</u></b> <a href="#"><u>JCC 2025 Meeting Date(s)</u></a>                            |                                |

The next meeting is currently scheduled for Friday, December 5, 2025.

Adjourn

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|-----------------------------------------------------------------------------------------|--------------------------------|
| Health Plan Acronym List                                                                | <a href="#"><u>25-4005</u></a> |
| <b><u>Attachments:</u></b> <a href="#"><u>Health Plan Acronym List - Sept. 2025</u></a> |                                |

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, during normal business hours. Staff reports related to items on the agenda are also accessible online at [www.contracosta.ca.gov](http://www.contracosta.ca.gov). If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access. Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

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



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3982

**Agenda Date:** 10/3/2025

**Agenda #:** 1.2

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Advisory Board: CCHP Joint Conference Committee

Subject: Agenda Approval or Modification



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

**Friday, October 3, 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 Supervisor III, 3361 Walnut Boulevard, Brentwood, CA

The public may also attend this meeting remotely via the information provided below

**Join Zoom Meeting:** <https://cchealth.zoom.us/j/96248148089>

If the link does not work, please type it into your browser (Meeting ID: 962 4814 8089)

## AGENDA

(Public comments will be recognized after each section/subsection)

### Tab   Item

#### **1.0 CALL TO ORDER**

- 1.1 Roll Call and Introductions
- 1.2 Agenda Approval or Modification
- 1.3 Public Comments
- 1.4 JCC Comments

### Presenter

Supervisor Candace Andersen  
Supervisor Candace Andersen  
JCC Members  
Public  
JCC Members

#### **2.0 CONSENT ITEMS**

- 2.1 Approve JCC Meeting Minutes – June 6, 2025
- 2.2 Accept Quality Council Minutes
- 2.3 Accept Health Equity Council Minutes
- 2.4 Accept Community Advisory Committee Minutes
- 2.5 Accept Pharmacy & Therapeutics Committee Minutes
- 2.6 Accept Compliance Committee Minutes
- 2.7 Accept Peer Review and Credentialing Committee Report
- 2.8 Motion – JCC Consent Items Approval

Supervisor Candace Andersen

#### **3.0 CEO RECRUITMENT UPDATE**

Matt Kaufmann, Deputy Health Director, CCH

#### **4.0 FINANCE REPORT**

Brian Buchanan, CFO (Interim)

#### **5.0 CCHP IT REPORT**

Bhumil Shah, Chief Information Officer

#### **6.0 PRESENTATIONS**

- 6.1 Legislative Update
- 6.2 Anticipated Impact from HR1 and California State Budget

Katie Rodriguez, VP-Govt. Relations, CAPH  
Brian Buchanan, CFO (Interim)

#### **7.0 DISCUSSION/ACTION ITEMS**

- 7.1 Organizational Structure and Salary Survey Analysis
  - 7.1.1 Organizational Structure Analysis
  - 7.1.2 Salary Survey
  - 7.1.3 Motion – Accept this report on the salary analysis and organizational structure analysis.  
Direct the Interim CEO of CCHP to collaborate with Contra Costa Health – Personnel and County Human Resources on next steps for aligning CCHP salaries with market benchmarks, including making compensation adjustments, as necessary.  
Direct CCHP leadership to develop an implementation roadmap to strengthen organizational structure in alignment with best practices and operational needs.

Dr. Irene Lo, CEO (Interim) /  
Tere LeBarron, Sr. Director, A&M  
Dr. Irene Lo, CEO (Interim)

**7.0 DISCUSSION/ACTION ITEMS (continued)**

7.2 Quality and Health Equity Activities Report

Beth Hernandez, Quality Director

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

7.3 Compliance Activities Report

Chanda Gonzales, Compliance Officer

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

**8.0 INTERIM CEO REPORT**

Dr. Irene Lo, CEO (Interim)

8.1 CCHP Staffing

8.2 Regulatory Update

8.3 Dual Special Needs Plan (D-SNP) Update

8.4 Commercial Plan Update

**9.0 REMINDER – NEXT JCC MEETING(S)**

**10.0 ADJOURNMENT**

Supervisor Candace Andersen

**Next Meeting is Friday, December 5, 2025**

**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 Ave, Suite 100, Martinez, CA

**HOW TO PROVIDE PUBLIC COMMENT:** Persons who wish to address the Contra Costa Health Plan/Board of Supervisors 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 [darwin.seegmiller@cchealth.org](mailto:darwin.seegmiller@cchealth.org) or direct message Darwin Seegmiller during the Zoom meeting.

Public comments may also be submitted before the meeting by email to [compliance@cchealth.org](mailto: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.





# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3983

**Agenda Date:** 10/3/2025

**Agenda #:** 2.0

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**To:** Joint Conference Committee (JCC) Members

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

**Date:** October 3, 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:

**1. JCC Meeting Minutes - June 6, 2025**

Minutes from our Joint Conference Committee, including meeting discussions, actions taken, and updates on priority initiatives.

**2. Quality Council Minutes**

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

**3. Health Equity Council Minutes**

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

**4. Community Advisory Committee Minutes**

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

**5. Pharmacy and Therapeutics Committee Minutes**

Minutes from our Pharmacy and Therapeutics Committee, including programs, initiatives, and performance metrics.

**6. Compliance Committee Minutes**

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

**7. Peer Review and Credentialing Committee Report**

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

### 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)**

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)**

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.



**[cchealth.org](http://cchealth.org)**

## 2.0 Consent Items

**Presented by:**  
**Supervisor Candace Andersen**

## 2.1-2.7 Consent Items

### 2.1 Joint Conference Committee Minutes

June 6, 2025

### 2.2 Quality Council Minutes

April 8; May 5; July 8, 2025

### 2.3 Health Equity Council Minutes

March 11, 2025

### 2.4 Community Advisory Committee Minutes

June 12, 2025

### 2.5 Pharmacy & Therapeutics Committee Minutes

March 7, 2025

### 2.6 Compliance Committee Minutes

January 14; February 25; March 25, April 29; May 20; June 26; July 29, 2025

### 2.7 Peer Review and Credentialing Committee Report

January through August 2025



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3984

**Agenda Date:** 10/3/2025

**Agenda #:** 2.1

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Advisory Board: CCHP Joint Conference Committee

Subject: JCC Meeting Minutes from June 6, 2025

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

June 06, 2025 | 9:30 AM – 12:30 PM

**Present:**

Supervisor Candace Andersen, District II\*

Supervisor Diane Burgis, District III\*

\*JCC Voting Member

Dr. Kimberly Ceci, Lifelong\*

Dr. Andrea Sandler, CCRMC\*

Dr. Irene Lo

Dr. Sara Levin

Samantha Barnes

Brian Buchanan

David Culberson

Chanda Gonzales

Aaron Graessley

Norman Hicks

Matt Kaufmann

Shulin Lin

Patricia Munoz-Zuniga

Jersey Neilson

Jill Ray

Darwin Seegmiller

Bhumil Shah

William Walker

SUBJECT	DISCUSSION	ACTION / WHO
<b>1.0 Call to Order</b>	<p><b><u>1.1 Roll Call and Introductions</u></b> Supervisor Andersen called the meeting to order, June 6, 2025, 9:31 AM.</p> <p><b><u>1.2 Agenda Approval or Modification</u></b> Agenda for June 6, 2025, JCC meeting approved as posted.</p> <p><b><u>1.3 Public Comments</u></b> None.</p> <p><b><u>1.4 JCC Comments</u></b> None.</p>	<p>Supervisor Candace Andersen</p> <p>JCC Committee</p> <p>Public</p> <p>JCC Members</p>
<b>2.0 Consent Items</b>	<p><b><u>2.1 Approve JCC Meeting Minutes – April 4, 2025 (as corrected)</u></b></p> <p><b><u>2.2 Accept Quality Council Minutes</u></b></p> <p><b><u>2.3 Accept Community Advisory Committee Minutes</u></b></p> <p><b>Motion – Consent Items Approval and Acceptance</b> – A motion was made by Dr. Andrea Sandler, second by Supervisor Diane Burgis. The minutes were approved and accepted unanimously.</p>	<p>Supervisor Candace Andersen</p>
<b>3.0 Discussion/ Action Items</b>	<p><b><u>3.1 Quality and Health Equity Documents</u></b> <b>Quality and Health Equity Program Description</b> – This document defines the structure, scope, and framework of CCHP’s Quality and Health Equity Program for 2025, including governance, roles and responsibilities and strategic priorities aligned with state and national quality standards.</p> <p><b>Quality and Health Equity Program Work Plan</b> – The work plan details specific, measurable goals, initiatives, and timelines designed to advance quality and equity in care delivery. It includes targeted interventions based on prior performance evaluations and emerging health equity needs.</p>	<p>Dr. Irene Lo CEO (Interim)</p>



	<p><b>2024 Quality Program Evaluation</b> – The evaluation provides a comprehensive review of CCHP’s quality and equity performance during 2024, analyzing successes, areas for improvement, and lessons learned. It informs the development of the 2025 work plan and supports ongoing quality assurance and improvement activities.</p> <p><b>Motion for Approval</b> – Supervisor Diana Burgis suggested including requirements in the staff reports. Dr. Irene Lo proposed that state contractual obligations, an emphasis on requirements, and the deadlines for those requirements be included in next year’s documents.</p> <p>A motion was made by Supervisor Diane Burgis to approve the three Quality and Health Equity documents and submit the documents to the Board of Supervisors for approval. It was seconded by Dr. Andrea Sandler and approved unanimously.</p> <p><b>3.2 Compliance Work Plan</b> The work plan is part of the overall Compliance Program and is required, by state and federal regulations, to be reviewed and approved by the health plan’s governing body. It outlines the core elements of a Compliance program including details about roles, responsibilities and requirements.</p> <p><i>Question/Supervisor Candace Andersen: How has this changed from past plans?</i></p> <p><i>Answer/Dr. Irene Lo: The feedback from the DHCS was to better delineate how we select the Compliance Officer, and how we, as a health plan, perform our compliance role.</i></p> <p><b>Motion for Approval</b> – A motion was made by Dr. Andrea Sandler to approve the CCHP Compliance work plan and submit the document to the Board of Supervisors. It was seconded by Dr. Kimberly Ceci and approved unanimously.</p> <p><b>3.3 Code of Conduct</b> The code of conduct is part of the overall Compliance Program and is required, by state and federal regulations, to be reviewed and approved by the health plan’s governing body. It provides guidance to staff and contractors on how they should perform their daily work activities.</p> <p><b>Motion for Approval</b> – A motion was made by Dr. Andrea Sandler to approve the Code of Conduct and submit the document to the Board of Supervisors. It was seconded by Supervisor Diane Burgis and approved unanimously.</p>	
<p><b>4.0 Presentation(s)</b></p>	<p><b>4.1 Legislative Update</b> In May, the Governor made several proposals for the state budget which have a direct impact on the health plan and on the delivery system. The focus is on people who are 19 or older and were previously enrolled in Medicaid because of their immigration status.</p> <p>It was proposed to enroll more people in Medicaid, due to their immigration status, by January 2026, and to eliminate the higher payments that are received by California Federally Qualified Health Centers (FQHC). By 5/1/2027, a requirement of a \$100 per month premium would be added to those that continue to be enrolled. On 7/1/2026, full scope dental will be eliminated for the group and go back to basic emergency dental coverage.</p> <p>A state budget is required by June 15<sup>th</sup>, 2025. Several advocates and health plans are encouraging state legislature to postpone the May Revise proposals and allow an 8-to-12-month period to develop alternatives.</p>	<p>Dr. William Walker Director of Legislative and Government Affairs</p>

	<p>The proposals are expected to diminish enrollment in CCHP by 40,000 members and reduce revenue by \$33.4 million in calendar year 2026 and \$40.4 million in calendar year 2027.</p> <p>The House passed the Reconciliation Bill on May 21. The legislation will greatly impact hospitals around the county with up to 11 million people losing health coverage. America's Essential Hospitals is working with a lobbying firm in DC to persuade Republican Senators to vote against the bill.</p>	
<p><b>5.0 Administrative Update</b></p>	<p><b><u>5.1 CEO Recruitment Update</u></b></p> <p>With Sharron Mackey's retirement at the end of March 2025, recruitment for a replacement CCHP Chief Executive Officer was initiated. The county employed the recruiting service, The Duffy Group, for assistance. More than 50 applications were received via the government website and The Duffy Group. The top nine candidates will be interviewed during the second week of June.</p> <p>Panel interviews are planned over the next few months. Key executives from the health plan, the delivery system, the Office of the Director and the County Administrator's Office will conduct these interviews.</p> <p><b><u>5.2 Interim CEO Report</u></b></p> <p><b>CCHP Staffing Update</b> - CCHP's priorities are to stabilize leadership and operations, ensure audit and regulatory readiness, launch the Dual Eligible Special Needs Plan (D-SNP) in January 2026, strengthen provider partnerships, and build a competitive/sustainable workforce.</p> <p>The recruitment strategy faces challenges on several fronts:</p> <ul style="list-style-type: none"> <li>• County job classifications do not reflect health plan requirements</li> <li>• Limited flexibility to recruit individuals with specialized regulatory or operational expertise</li> <li>• Below market compensation for director and senior-level salaries – wage packages are not competitive with peer health plans</li> <li>• Regional competition with neighboring health plans that are also recruiting for D-SNP launches</li> </ul> <p>The current state of the health plan has persistent vacancies in key leadership positions and technical roles that impact regulatory readiness, daily operations, and program implementation. To help with continuity, CCHP engaged consultants in the areas of Compliance, Operations, and Claims. Currently, there are vacancies in three key leadership positions, Director of Provider Relations/Credentialing/Contracting, Director of Compliance, and Chief Operations Officer.</p> <p>Vacancies at this level lead to:</p> <ul style="list-style-type: none"> <li>• Delays in execution of strategic initiatives and regulatory deliverables</li> <li>• Increase of operational gaps in leadership, oversight, and staff accountability</li> <li>• Reliance on external consultants that are not financially sustainable</li> </ul> <p>The targeted strategies that CCHP will initiate are enhancing job classifications, adjusting compensation structures, streamlining internal hiring/onboarding processes, and improving candidate outreach/marketing.</p> <p>CCHP has proactively communicated with the regulatory bodies on the leadership vacancies and interim coverage. DMHC expressed concern</p>	<p>Matt Kaufmann Deputy Director of Health Services</p> <p>Dr. Irene Lo CEO (Interim)</p>

	<p>about the volume of vacancies. We responded with recruitment timelines, interim leadership assignments, and stabilization efforts.</p> <p>CCHP recommends conducting a market study and salary survey to evaluate opportunities to enhance the competitiveness of compensation for Director-level positions.</p> <p><b>Motion</b> – A motion of support to proceed with a market study and salary survey was raised by Dr. Andrea Sandler. It was seconded by Supervisor Diane Burgis and approved unanimously.</p> <p><b>Regulatory Update</b> – Updates on the DHCS 2023 Focused Audit were given. All transportation related findings were closed, responses for Behavioral Health were submitted to DHCS, and CCHP is awaiting formal response from the DHCS.</p> <p>For the DHCS 2024 Medical Audit, cross functional teams are actively engaged in implanting policy and process revisions, delivering role-specific training across departments, conducting internal audits, and tracking/reporting corrective actions through Compliance.</p> <p>In a feedback statement provided by DHCS on 4/20/25, one corrective action plan was fully accepted and all other findings were partially accepted with requests for clarification. Follow-up responses were sent to DHCS on 5/23/25, and CCHP is awaiting further instruction.</p> <p><b>Dual Eligible Special Needs Plan (D-SNP) Progress Update</b> - CCHP shared milestone details that are completed or upcoming in the next six months. In-progress milestones include D-SNP State Medicaid Agency Contracts (SMAC) submission (July 2025), Medicare Advantage Contract Execution with CMS (end of August 2025), Annual Enrollment Period from October 2025 to December 2025, and the D-SNP launch on 1/1/2026.</p> <p><u>Question/Dr. Andrea Sandler:</u> <i>In addition to working with CCRMC and the clinics, are you also engaged with your other contracted primary care sites to get them ready for D-SNP?</i></p> <p><u>Answer/Dr. Irene Lo:</u> <i>Yes, we are. We have been educating our primary care provider network and our community network. Starting next month, we will launch provider townhalls to share a more robust and comprehensive D-SNP outreach initiative.</i></p> <p><b>5.3 Clinical Operations Report</b>  The CalAIM program launched a nine-part ECM training series and is completing Corrective Action Plan (CAP) findings and conducting ongoing monthly complex case rounds and audits with ECM providers. Utilization Management (UM) launched CPT search and service level authorization tools to streamline the processes for authorization. In Case Management (CM), a new EPIC-integrated care management platform was deployed.</p> <p>Ongoing challenges for clinical operations have been staffing, with shortages in Advice Nurse Unit (ADU), Case Management, CalAIM, and UM. The impact that these shortages have is on the response times within ADU and care timelines with case managers.</p> <p>Currently UM and ADU are undergoing some structural transitions, specifically reorganizing workflow in UM and standardizing shifts in ADU.</p> <p>A Long Term Care (LTC) workgroup was launched which shares provider-facing and member-facing information. The purpose is to build infrastructure</p>	<p>Dr. Sara Levin Senior Medical Director</p>
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	<p>for oversight/quality monitoring and to transition eligible 24/7 LTC members to community-based care.</p> <p>The Emergency Department (ED) Utilization workgroup is collaborating with the ADU and the UM team to understand the high-utilization trends, reduce avoidable ED visits, and identify interventions for the high likelihood of return on investment.</p> <p>Future priorities include organizational development, including recruitment for vacant positions, professional development, and operational efficiency by investing in Wellsky for LTC and Interqual expansion.</p> <p><u>Question/Dr. Andrea Sandler: Will the Wellsky platform feed into EPIC Care Everywhere?</u></p> <p><u>Answer/Dr. Sara Levin: That is the understanding, yes.</u></p> <p><b>Overview and Organizational Structure</b> – Dr. Sara Levin reviewed the updated organizational chart with the committee. The key initiatives for clinical operations are DHCS audit readiness, NCQA accreditation, and preparation for the launch of D-SNP in January 2026.</p> <p><b>Long Term Care (LTC) Benefit</b> - In 2023, The LTC benefit was established in all Medi-Cal Managed Care Plans (MCPs). Its goals are to coordinate care across all settings, standardize coverage, and expand care management.</p> <p>Medicaid LTC is designed for financially limited individuals needing support with daily living. Community Supports expand the benefit to include transition to assisted living facilities.</p> <p>For subacute settings, CCHP is challenged by the scarcity of beds which results in extended hospital stays and the use of Congregate Living Health Facilities (CLHFs) as alternatives.</p> <p>For intermediate care facilities, these benefits were launched in January 2024. They provide stable care for young adults with severe developmental disabilities.</p> <p>In Skill Nursing Facility (SNF) settings, CCHP is responsible for the LTC benefits for members. Most facilities operate outside of traditional public funding. Prolonged institutional care for residential level needs results in higher costs.</p> <p>There are approximately 2,000 CCHP members in SNFs with the LTC benefit and 56 contracted SNFs. UM has identified many members that do not need 24/7 institutional care, and efforts are underway to divert these members to the community and ensure long term support services, Community Supports, and the 1915 waiver programs.</p> <p><b>5.4 Advice Nurse Unit Update</b>  Advice nurses provide 24/7 telephonic medical advice to CCHP members and county residents without private insurance. They are the first line of contact during emergencies and provide information regarding evacuation, shelter-in-place, and other instructions during health-related incidents.</p> <p><u>Question/Supervisor Candace Andersen: Are the Advice Nurses given the most relevant information when there is a community warning alert?</u></p>	<p>Patricia Munoz-Zuniga  Advice Nurse Unit  Director</p>
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	<p><u>Answer/Patricia Munoz-Zuniga:</u> All our protocols are symptom based, and the information comes from Public Health or other departments depending on the emergency.</p> <p><u>Question/Supervisor Diane Burgis:</u> We are seeing a decline in support for the CDC and public health entities. Is there support between the advice nurses and county Public Health?</p> <p><u>Answer/Patricia Munoz-Zuniga:</u> Public Health is very supportive, giving advice nurses the resources they need.</p> <p>In 2024, the department handled 168,205 calls with an average answer speed of 56 seconds and a 2% abandonment rate. The first quarter of 2025 saw 40,593 calls with an average answer speed of 57 seconds and a 2% abandonment rate. Of those callers, 21.10% were given home care advice, and 88% of the patients, referred to a telephone consultation clinic, had their medical needs met without an in-person visit.</p> <p>There are two vacant Advice Nurse positions which we expect to fill by the end of the month. After those hires, we will begin the search process for three vacant Licensed Vocations Nurse (LVN) positions.</p> <p>There have been some challenges hiring LVNs as the general list from the county does not have the same requirements as the health plan. Also, there are staffing concerns related to an increased call volume when the D-SNP plan is in place. Once the new D-SNP nursing staff are on board, they will require six to eight months of training.</p> <p>One of the current Advice Nurse Unit (ADU) projects is to reduce unnecessary Emergency Department (ED) referrals. ADU has completed the first step, identifying the top ten advice nurses with the highest rates of referral. Next, a list of the most frequently used referral guidelines will be compiled. The Assistant Medical Director and ED physician will review these guidelines to assess the need for updates.</p> <p>ADU will start a pilot study for post-ED discharge follow-ups. LVNs will call members recently discharged from the ED to review their discharge instructions and refer them to Case Management if needed. The patient information received from the admission, discharge, and transfer feed will be entered into the nurse triage work queue.</p>	
<b>6.0 Quality and Health Equity Program Update</b>	<p><b>Quality Performance</b> – CCHP anticipates above target accountability in all measures for the reporting year. For the health plan, these are the best results that have been measured to date.</p> <p><b>Healthy Equity and Population Health Programs</b> – CCHP is approaching the one year anniversary of the Health Education Team expansion. The team collaborated with providers, such as the Regional Medical Center (RMC), for well child visit outreach and FIT kits, RMC Food as Medicine with Movement classes, and with Federally Qualified Health Centers (FQHCs) for tabling at events.</p> <p>In the community, CCHP staff supported the nutrition focused Story Time at the Concord Library, attended the LMC Health Fair, Youth Wellness Summit, and Senior Information &amp; Health Fair.</p> <p>CCHP brought together Public Health, RMC Healthy Start, WIC/Lactation Consultants and contracted doulas to a Maternal Health Summit. From that summit, the team developed a doula provider manual to help improve the doula experience and a prenatal services brochure to highlight the doula benefit and all the other services that are available to pregnant members.</p>	Jersey Neilson Quality Management Program Coordinator

<p><b>7.0 Compliance Program Update</b></p>	<p><b>Fraud, Waste, and Abuse (FWA)</b> – In 2025-Q1 and -Q2, three FWA cases have been closed and three cases are currently open (all received in May). Those cases are:</p> <ul style="list-style-type: none"> <li>• Potential fraudulent billing by a provider</li> <li>• Potential fraudulent referral</li> <li>• Potential fraudulent billing by DME provider</li> </ul> <p>The FWA team works closely with the Cotiviti team and their special investigations unit (SIU) on these cases and attends weekly meetings implemented for SIU discussions.</p> <p><u>Question/Supervisor Candace Andersen:</u> <i>Is there a certain threshold before we open a case for fraud or any time we identify an irregularity?</i></p> <p><u>Answer/Chanda Gonzales:</u> <i>The initial Compliance report relays basic information. If an irregularity is not ruled out, SIU becomes involved, and they help determine the threshold.</i></p> <p><u>Question/Supervisor Candace Andersen:</u> <i>How do we compare to other health plans regarding the number of cases? Are we missing fraud with so low a number?</i></p> <p><u>Answer/Chanda Gonzales:</u> <i>I do not have the number now, but I can follow up on that. One of the reasons we are working so closely with Cotiviti is to ensure we catch the fraudulent activity.</i></p> <p><b>HIPAA/Privacy</b> – In 2025-Q1, CCHP had sixteen total incidents, and in Q2, there were five incidents. Of these incidents, 71% of them occurred externally and there are currently four active investigations. Two CAPs emerged from these findings, one with CCHP and one with an outside clinic.</p> <p><b>Audit Calendar</b> – The DHCS 2025 medical audit will occur between August 18 and August 29. This audit will be on site. The DMHC Finance Audit will occur on 12/8/25. The Routine Survey Audit for DMHC is projected to be in April 2026.</p> <p><b>DMHC All Plan Letter on Health Care Legislation</b> – An ongoing project, the DMHC All Plan Letter from 12/20/24, requires changes to system-wide processes for authorizations, claims, and member notices. CCHP filed submissions in late March and May, and there are continuing implementations. We will initiate other requirements in July 2025.</p>	<p>Chanda Gonzales Compliance Officer</p>
<p><b>8.0 Finance Report</b></p>	<p>Contra Costa Health is building infrastructure in the Finance Department, including the development of new processes and bolstering a strong team. Shulin Lin, Assistant CFO, has joined the department.</p> <p>From the medical loss perspective, CCHP is in a deficit position and has been for the past few quarters. This is not unique. Many local health plans are experiencing losses currently.</p> <p>We are still in a strong financial position with a \$260 million fund balance.</p> <p>With the D-SNP plan launch in January 2026, the expected loss before breakeven is \$23 million dollars. CCHP will reach the breakeven point after three years of D-SNP operation (2026 – 2028).</p> <ul style="list-style-type: none"> <li>• CY26 \$10 million startup cost + \$6 million operational loss</li> <li>• CY27 \$5 million operational loss</li> <li>• CY28 \$2 million operational loss</li> <li>• CY29 break even</li> </ul>	<p>Brian Buchanan Interim CFO</p>

<b>9.0 Executive Dashboard</b>	IT reached out to other health plans in the state to gather data about Key Performance Indicators (KPIs) tracking. We then compiled a list and compared it with state reporting. This list of more than 100 measures was sent to the Directors of all departments. They were asked to review the menu of KPIs and identify two or three that would define the health of their units. The goal over the next few months is to publish the KPI data internally and share with the JCC members.	Bhumil Shah Chief Information Officer
<b>10.0 Next JCC Meeting(s)</b>	Friday, September 5, 2025 Friday, December 5, 2025	
<b>11.0 Adjournment</b>	Meeting adjourned at 12:27 PM.	Supervisor Candace Andersen

Approved:



Supervisor Candace Andersen, District II

Date:

7/2/25

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

**Friday, June 6, 2025  
9:30AM – 12:30PM**

## **In-Person Location:**

Conservation & Development, 30 Muir Road, Martinez  
District III Supervisor's office, 3361 Walnut Boulevard, Brentwood

## **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 COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3985

**Agenda Date:** 10/3/2025

**Agenda #:** 2.2

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Advisory Board: CCHP Joint Conference Committee

Subject: Quality Council Minutes

# Quality Council Meeting Minutes

## Contra Costa Health Plan–Community Plan

### April 8, 2025

#### MEMBERSHIP

✓	*Nicolás Barceló, MD, CCHP Medical Director
✓	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
✓	*Nursat Chaudhry, MD, CCHP
✓	*Michael Clery, MD, CCHP
	*Yaron Friedman, Medical Consultant, CPN OB/GYN Provider
	*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

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#### SCRIBE

✓	Arnie DeHerrera, Quality Administrative Assistant
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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 April 8, 2024, via Zoom.	
Introductions and Information	There were no introductions at this meeting.	

Reports		
Senior Medical Director Update	The Senior Medical Director, Dr. Sarah Levin, presented her update. Dr. Levin has stepped into the role of co-chair for Quality Council now that Irene Lo, MD has been named the interim CEO at CCHP.	
DHCS Annual Medical Audit	Dr. Levin presented an overview of the DHCS Annual Medical Audit. The Quality Council reviewed the audit findings from August 1, 2023, to July 31, 2024, which included 19 findings across six performance categories. The committee is addressing these findings and has already corrected many of them (see Consent Items: Quality - Lead Audit Summary Q4 2024 & Quality – IHA Audit Summary). Work is being done on developing the DSNP bid and proposal with enrollment anticipated to begin in October 2025.	
AGD Annual Report	The Medical Director, Nicolás Barceló, MD, presented the Appeals, Grievances, and Disputes (AGD) Report.  Grievance rates for seniors and persons with disabilities are higher than for the general population, primarily driven by billing issues.	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>While quality of care concerns (Inappropriate Provider Care and Diagnosis/Treatment) decreased, access to care remains a challenge, particularly timely appointments. During analysis, no providers were “repeat offenders” in areas of complaint. AGD is working to address these issues through provider outreach, staff training, and improved authorization processes. Dr. Juvvadi asked if there has been an analysis on types of medications related to grievances. Dr. Barceló stated that this type of analysis would be challenging based on all the related pieces (Medi-Cal Rx, commercial, etc.).</p> <p>Disproportionate grievances are being submitted by certain racial and ethnic groups, particularly regarding staff service issues for Black/African American members. The most common grievance subtypes vary by group with Billing Issues being the most frequent grievance. While the overall grievance rate is trending up, efforts are being made to address concerns through provider training and improved access to services. The established NCQA goal of &lt;5.0 complaints per 1,000 members (2024 result: 11.8) for non-Behavioral Health grievances was not reached in 2024; the same was true for Behavioral Health goal of &lt;0.2 (2024 result: 0.35). Access is a focus for improvement. The Council agreed with the summary of the report.</p> <p>Appeals showed better results for achieving goals. Both Non-Behavioral Health and Behavioral Health met the NCQA Appeals goal when measured per 1,000 members.</p> <p>Dr. Clery asked for more information about classification of grievances wondering if the original grievance type is selected by the member. Dr. Barceló stated CCHP staff gives it a classification after the grievance has been submitted. Dr. Levin asked if there was additional data available that shows if grievances were based on discrimination. Dr. Barceló noted this information is available. The information will be provided at a future meeting as mentioned by Beth Hernandez.</p>	
<b>UM Annual Report</b>	<p>The Director of Utilization Management (UM), Jill Perez, presented the report which included:</p> <ul style="list-style-type: none"> <li>• Operational Priorities – refining operational efficiencies, adhering to regulatory requirements, Dual Eligible Special Needs Plan [D-SNP], utilizing data effectively, improved Member and Provider communication</li> <li>• Key Projects – CPT Code Search Tool, simplifying the authorization process and aligning it with the CPT tool, review and redesign of member letters, department reorganization</li> </ul> <p>Jill Perez asked the Council for guidance and oversight for the reorganization of the department (Inpatient UM Team, Outpatient UM Team).</p> <p>Organizational priorities for UM include On-Boarding, Education and Training, Staff Engagement, Staff Satisfaction, Member Satisfaction, and Provider Satisfaction.</p>	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Quarterly Quality Activities Update</b>	The Director of Quality and Health Equity, Beth Hernandez provided this quarterly update for Quality highlighting progress in HEDIS measures and C&L analysis. HEDIS showed marked improvements year-to-year despite significant member turnover. Final HEDIS scores will be presented during at Quality Council in Q3 2025.	
<b>Self-Swab Cervical Cancer Screening</b>	<p>Beth Hernandez covered clinical guidelines for Cervical Cancer. In May 2024, the FDA approved self-swab hr-HPV testing conducted in a clinical setting. The billing codes have finally been added for these procedures. LabCorp has just launched self-collection in clinical setting or patient service center. Beth asked the Council for further input on this new screening.</p> <p>Dr. Levin shared her excitement for this opportunity to improve screening rates for this self-swab for HPV specifically with populations that are uncomfortable with pelvic exams. She mentioned the support of self-collection by organizations like the American Society of Clinical Oncology and the WHO.</p> <p>Dr. Junaid would like to see the data about screenings shared with the Council; he hopes not to see a decrease in pap smears if patients opt for the self-collection kit instead. Dr. Clery asked if this test would be used as a precursor to cytology evaluation. This was confirmed.</p>	
<b>Additional Comments</b>	Sara Levin discussed potential cuts to Medicaid coverage, including a rollback of extended coverage for undocumented individuals and the implementation of a work requirement. Imran Junaid expressed concern about the impact of these cuts on membership and access to care, emphasizing the need for communication with the broader network to address anxiety and would like to cover this topic at a future meeting. Beth Hernandez agreed to add this topic; she expressed concern due to Medi-Cal's financial shortfall in the first two quarters. We are anticipating a revision to the budget in May, 2025.	

Consent Items		
<b>Review / Approval of Minutes and Reports</b>	<ul style="list-style-type: none"> <li>• CCHP Quality Council Minutes 2/11/2025</li> <li>• AGD – 2024 Q3 &amp; Q4 Quarterly Results</li> <li>• AGD – NCQA Annual Denial Information Integrity Audit Report</li> <li>• AGD – QIHE MY 2024 Member Experience</li> <li>• Advice Nurse Q1 2025 Stats Report</li> <li>• Pharmacy MCAL PATAT 2024 – Pharmacy Department Denials</li> <li>• Quality – QIHEC Q1 2025 Activities Report</li> <li>• Quality – Lead Audit Summary Q4 2024</li> <li>• Quality – IHA Audit Summary</li> </ul>	

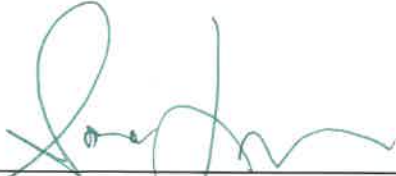
	<ul style="list-style-type: none"> <li>• UM Committee Meeting Minutes 2/10/2025</li> <li>• UM 2024 NCQA Denial Information Integrity Audit Report</li> <li>• UM MD IRR Summary Q4 2024</li> <li>• UM RN IRR Summary Q4 2024</li> </ul> <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
<b>Policies and Procedures</b>	<ul style="list-style-type: none"> <li>• ADM1.048 ECM Engagement, Operations, and Evaluations</li> <li>• AGD20.002 Handling of Complaints and Grievances</li> <li>• AGD20.005 Medi-Cal Member Appeal Policy</li> <li>• AGD20.006 Commercial Member Appeal Policy</li> <li>• CLIN13.001 Maternal and Infant Health</li> <li>• CLIN13.002 Reproductive Care</li> <li>• CLIN13.005 EPSDT Services</li> <li>• CLIN13.007 Minor Consent Requirements</li> <li>• CLIN13.011 Palliative Care</li> <li>• CR11.029 Systems and Controls</li> <li>• QM14.801 Cultural and Linguistic Services</li> <li>• QM14.802 CCHP Staff &amp; Network Provider Cultural Competency Training</li> <li>• QM14.804 Non-Discrimination Notice</li> <li>• UM15.001 Utilization Management Overview</li> <li>• UM15.002 Utilization Review Criteria and Guidelines</li> <li>• UM15.003 Policy for Prior Authorization</li> <li>• UM15.010 New Technology</li> <li>• UM15.029 Continuity of Care</li> <li>• UM15.030 Disclosure of Utilization Management Criteria or Guidelines</li> <li>• UM15.071 Long Term Care</li> </ul> <p>All policies were unanimously approved by the Quality Council as presented.</p>	

<b>Closing</b>		
<b>Adjournment</b>	Meeting in recess at 1:05 PM. The next Quality Council meeting is scheduled for May 13, 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 April 8, 2025, and attached herein.

Excepted Matters: None

**Approved by CCHP Quality Council:**

  
Committee Chair Signature

5/14/25  
Date

  
Committee Co-Chair Signature

5/14/2025  
Date

  
Quality Management Administrative Assistant Signature

5/14/2025  
Date

# Quality Council Meeting Minutes

## Contra Costa Health Plan–Community Plan

### May 13, 2025

#### MEMBERSHIP

✓	*Nicolás Barceló, MD, CCHP Medical Director
	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
✓	*Nursat Chaudhry, MD, CCHP
✓	*Michael Clery, MD, CCHP
	*Yaron Friedman, Medical Consultant, CPN OB/GYN Provider
✓	*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

✓	Elena White
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#### SCRIBE

✓	Arnie DeHerrera, Quality Administrative Assistant
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Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Call to Order</b>	The Quality Council meeting was called to order at 12:00 PM on May 13, 2025, via Zoom.	
<b>Introductions and Information</b>	The Quality and Health Equity Director, Beth Hernandez, introduced Elena White, our interim COO. Elena is also filling in as the interim Director of Provider Relations.	

Reports		
<b>Medical Director Update</b>	The Medical Director, Dr. Nicolás Barceló, presented the Medical Director update. Dr. Barceló covered progress highlights on D-SNP preparation, continued efforts of compliance with regulators, and projects in Clinical Ops related to Population Health Management.	
<b>Annual Access Report</b>	<p>Beth Hernandez presented this report; it covered a review of Provider Appointment Availability, Satisfaction Surveys, and Emergency Instructions. DMHC has a set methodology: the Provider Appointment Availability Survey. This survey is done annually. All Health Plans must adhere to the standards as set by DMHC. We met appointment availability standards for Urgent and Non-Urgent appointments in Medi-Cal and Plan networks but fell short in Plan A for Urgent appointments.</p> <p>Results of the survey were broken down by provider type. A dip in specialty care for urgent and non-urgent appointments was found in the trend data. When showing a breakdown by specialty, some of</p>	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>the data appeared to be skewed due to low response rates from some providers.</p> <p>All California Residents have a right to timely access to appointments. Appointment timeframes can be shortened/extended as clinically appropriate. If extended, it must be documented within the medical record that it is not determinantal to the members health and provider must notify member of their right to file a grievance. (This was a CAP for CCHP in the past.)</p> <p>Three Member Experience Surveys are conducted annually: CAHPS, ECHO (Behavioral Health), and Language Access. Data was shared about results of these surveys with the Council.</p> <p>Provider Satisfaction Survey showed moderate responses for Specialists and Primary Care; Behavioral Health showed less satisfaction with access to behavioral health services.</p> <p>First prenatal appointment should be available within 14 days of request. After multiple years of monitoring availability with 100% compliance, a drop in May 2024 showed 86% compliance and then in December 2024 it dropped to 33% (25-day average wait); this drop was attributed to holiday outages. After the holidays, monitoring showed all are back within 14-day timeframe.</p> <p>Initial Health Appointment: CCHP has a data-driven report that matches CPT codes to members. New members are encouraged to visit their PCP within 120 days of being enrolled in Medi-Cal. Our trend line is currently showing marginal improvement, but it is a large improvement over last year.</p> <p>Emergency Instructions should be available during business and non-business hours when contacting a provider. 79% of providers are compliant with emergency instructions.</p> <p>Wait Times: Providers were surveyed to measure "time to answer" their phones; 100% answered within 5 minutes (99% within 1 minute). In-office wait time from appointment time to being taken to exam room: 99% compliance with less than 45 minutes. Follow-up for missed appointments showed 97% of providers have a process for verifying follow-up.</p> <p>Access Follow-Ups:</p> <ul style="list-style-type: none"> <li>• Further review of data by providers and specialty <ul style="list-style-type: none"> <li>○ Feedback from Quality Council and providers on experiences</li> </ul> </li> <li>• Meetings with provider relations and internal stakeholders to discuss trends</li> <li>• Focused follow-up actions <ul style="list-style-type: none"> <li>○ Network expansion – since fielding, added gastroenterologist and psychiatrists</li> <li>○ Provider education and feedback on timely access standards, to understand barriers</li> </ul> </li> </ul>	
<b>Provider Satisfaction</b>	<p>Beth Hernandez provided the report. Annual Provider Satisfaction Survey was administered by our vendor, QMetrics during Winter 2024-25. The survey was revised based on feedback from last year. Topics covered included: Satisfaction with CCHP, UM and Quality,</p>	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>Access to Care, Provider Relations, Claims, Call Center, and Language Access Services.</p> <ul style="list-style-type: none"> <li>Providers expressed highest satisfaction with timeliness of UM decisions</li> <li>Providers rate CCHP highly when compared to other health plans and in their own relationships with CCHP.</li> <li>High ratings for support for claims and billing including timeliness of claims</li> <li>Providers believe that it could be easier to reach the call center and that the center is moderately effective at resolving issues.</li> <li>Overall, providers report high satisfaction with language access</li> </ul> <p>Dr. Imran Junaid stated from personal experience that the authorization process has been simplified; this has made the process easier for providers. He likes the auto-authorization tool. Regarding phone service, Dr. Junaid asked if AI or bots are being considered to assist in call centers to triage calls. Beth shared that the call center currently uses a "pre-AI" tool to assist with directing calls. It is an area that is being explored. Elena White also stated that self-service is an area that needs to be expanded.</p>	
<b>Provider Relations Report</b>	<p>The interim COO, Elena White, provided the Provider Relations (PR) report. She is also supporting PR in her COO capacity during the search for a new PR director. The report was an overview of key recommendations and implemented actions for Provider Relations. This included:</p> <ul style="list-style-type: none"> <li>Talent Management &amp; Organization Structure Redesign</li> <li>Provider Data Operations Department Redesign</li> <li>Simply &amp; Transform Provider Experience</li> <li>D-SNP: Accelerate Provider Network Expansion</li> <li>Interdependencies Requiring Attention</li> </ul>	

Consent Items		
<b>Consent Items</b>	<ul style="list-style-type: none"> <li>CCHP Quality Council Minutes 4/8/2025</li> <li>2024 Enrollee Experience Survey</li> <li>2024 Provider Satisfaction Survey</li> <li>2025 CCHP Provider Online Search Engine Usability Survey (Provider Relations)</li> <li>Physician Directory Accuracy Q3 2024 NCQA (Provider Relations)</li> <li>Q1 2025 Geographic Report (Provider Relations)</li> <li>UM Committee Meeting Minutes 3/10/2025</li> <li>Annual Credentialing Information Integrity Report</li> <li>2024 Annual Report on Access and Availability</li> </ul> <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
<b>Policies and Procedures</b>	<ul style="list-style-type: none"> <li>ADM1.041 Community Supports Operations and Evaluation</li> </ul>	

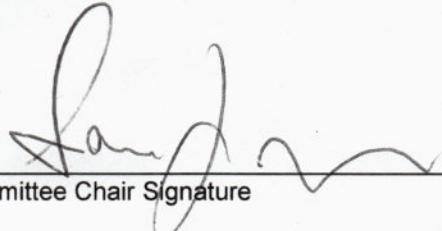
	<ul style="list-style-type: none"> <li>• ADM1.045 Community Support Overview, Eligibility, Restrictions/Limitations</li> <li>• BHD18.001 Access to Mental Health Services</li> <li>• BHD18.002 Applied Behavioral Analysis</li> <li>• BHD18.003 Alcohol and Drug Use Screening and Treatment</li> <li>• BHD18.004 No Wrong Door - Screening and Transition Tools</li> <li>• BHD18.005 Community Based Adult Services (CBAS)</li> <li>• BHD18.006 Eating Disorders</li> <li>• BHD18.007 Data Sharing</li> <li>• CM16.101 Client Files</li> <li>• CM16.103 Department Disaster Plan</li> <li>• CM16.302 Termination of Provider Services- SNF, HHA, CORF (RETIRED)</li> <li>• CM16.304 Coordination of Care for Members with Tuberculosis (TB)</li> <li>• CQA10.001Practitioner Office Quality Site Visit</li> <li>• CQA10.002 Facility Site Review</li> <li>• CQA10.003 Medical Record Standards</li> <li>• CQA10.004 Consent for Sterilization Procedures</li> <li>• CQA10.005 Clinical Quality Audit Policy</li> <li>• CQA10.006 Potential Quality Issue</li> <li>• CQA10.007 Reporting Provider Preventable Conditions</li> <li>• CQA10.008 Discrimination Potential Quality Issue Policy</li> <li>• MS8.052 Marketing to Prospective Medi-Cal Members</li> <li>• MS8.053 Changes in Member's Circumstance</li> <li>• QM14.801 Non-Discrimination and Notice of Availability</li> <li>• UM15.016 Noncracting Hospital Post-Stabilization Care</li> <li>• UM15.066 Information Integrity (formerly UM System Controls)</li> </ul> <p>All policies were unanimously approved by the Quality Council as presented.</p>	
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Closing		
<b>Adjournment</b>	Meeting in recess at 12:59 PM. The next Quality Council meeting is scheduled for July 8, 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 May 13, 2025, and attached herein.

Excepted Matters: None


**Approved by CCHP Quality Council:**

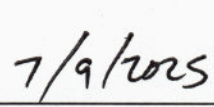
  
Committee Chair Signature

  
Date

  
Committee Co-Chair Signature

  
Date

  
Quality and Health Equity Administrative Assistant Signature

  
Date



# Quality Council Meeting Minutes

## Contra Costa Health Plan–Community Plan

### July 8, 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

✓	Jena Cooper
✓	Brandon Engelbert
✓	Pasia Gadson
✓	Belkys Teutle

#### SCRIBE

✓	Arnie DeHerrera, Quality Administrative Assistant
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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 July 8, 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. Progress on D-SNP implementation continues; we 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.	
CalAIM: ECM, CS, CHW, Doula	The Director of CalAIM Programs and Transitional Care Services, Pasia Gadson, presented this report. Pasia shared increases in CalAIM Care Coordination Services. Significant increases for Community Supports, Transitional Care Services, and Doula Services were highlighted.  ECM 2024 Medical Audit showed three findings: 1) the Plan did not ensure the provision of comprehensive care management and coordination of care for the clinical needs relevant to members enrolled in the ECM program, 2) the Plan did not ensure that all members received all seven ECM core service components, and 3)	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>the Plan did not ensure that ECM members and their authorized support persons received a copy of the members' Care Management Plan, along with information about how to request updates. The program team is working on corrective actions. CCHP implemented our enhanced oversight and quality monitoring program in March 2025. To date 95% of our 19 active ECM providers have been audited, and CCHP has issued five CAPs.</p> <p>Dr. Gee asked if the State is planning an audit to see how effective the Programs are. Pasia stated that the State has done an analysis on all the Programs; the State found that these Programs are working and benefiting our members. DHCS has reported to CMS that the Programs are cost-effective and beneficial. Dr. Gee also asked if CCHP will also be doing a review of the Programs. Beth Hernandez responded stating that CCHP is partnering with UC Berkeley on a CalAIM analysis, specifically looking at doing an analysis on health outcomes. This is targeted for Fall 2025. Quality will report to the Council in 2026 with findings of this analysis.</p>	
<b>CCHP Case Management</b>	<p>Dr. Sara Levin presented this update.</p> <p><u>Member Identification &amp; Referral Automation</u> – Identification of high-risk members has been automated for Transitional Care Services (TCS) and Complex Case Management (CCM). This will ensure timely identification and appropriate enrollment into TCS and CCM programs. We automated referrals for members assigned to the RMC network who deliver babies and receive care outside of CCRMC into Case Management (CM). We are identifying and referring eligible active CM members to Enhanced Care Management (ECM).</p> <p><u>Continuity of Care</u> – Reconnecting postpartum members with appropriate follow-up services; ensuring infants are linked back to pediatric care following birth</p> <p><u>Staff and Provider Engagement</u> – Staff training on available services and other CM programs, promoting community engagement to increase member awareness of CM services, enhancing provider outreach to strengthen understanding and use of CM support, and improving coordination with providers to address complex cases and establish clearer communication</p> <p><u>System Improvements</u> – Enhancing documentation systems to support better integration, care coordination, and collaboration with providers and community partners</p> <p><u>Program Infrastructure &amp; Systems Enhancement</u> – Updated assessment tools to meet current regulatory and accreditation standards; implemented a shared care planning platform to support cross-team collaboration and service integration; developed reporting tools to notify Case Managers of member admissions and discharges that require follow-up assessments; enhancing dashboards for staff and leadership to improve visibility, workflow oversight, and performance tracking; preparing internal systems and workflows to support D-SNP implementation and ongoing compliance</p>	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>Dr. Olga Kelly is encouraged by the growth of cases in CM. She asked about new risk patients that are born outside the County system and assigned a PCP: what is the grace period? How are these patients contacted? Dr. Levin said that ideally the patients are engaging pre-discharge; and if not, then it is within the first few days after discharge with a goal of completing an Initial Assessment within 7 days post discharge. Beth Hernandez stated that CCHP is working on getting data feeds of the external deliveries that are occurring so the information can be delivered quickly to the CM team so appointments and medical records can be coordinated.</p>	
<p><b>Member Services</b></p>	<p>The Director of Member Services, Brandon Engelbert, presented this report. Call volume for the Member Services Call Center is trending upwards, showing a 15% increase in calls from June 2024 to May 2025. They expect an increase in calls due to expected changes in Medi-Cal coverage.</p> <p><u>Email Response</u> Using a quarterly sample of 30 inquiries, response goal is turnaround time of 1 business day. With a performance goal of 80%, the center achieved 87% in 2024. The unit wants to continue this success with enhancements to our website, workflows, and additional staff.</p> <p><u>Quality &amp; Accuracy of Web &amp; Phone</u> Audit methodology is 120 inquiries per year. Audit showed results significantly exceeded internal goals. Looking ahead in 2025, the unit will continue making improvements to website stability to further strengthen the member experience and by targeting staff refreshers.</p> <p><u>Assessing Member Understanding</u> This is another measure that checks reps are promoting comprehension of benefits and services to our members. This is measured by use of call monitoring, listening and verifying member understanding. The audit of these monitored calls was successful with a 100% comprehension of billing and 94% for benefits. Ongoing coaching for staff and CRM coding refreshers will help with continued improvement of this measure.</p> <p>2024 DHCS Audit Findings and Corrections</p> <p><u>Provider Terminations</u> DHCS requires plans to notify impacted members in writing of provider terminations and submit to DHCS for approval. CCHP lacked a process to ensure timely written notices, resulting in missed notifications for impacted members. CCHP has now implemented procedures to ensure all impacted members receive timely, DHCS-approved termination notices.</p> <p><u>Change in Member Circumstances</u> DHCS requires single model plans to promptly report member changes that may affect eligibility. CCHP lacked policies and processes to report income or death changes to DHCS, relying instead on external county departments. CCHP has established procedures to ensure timely notification to DHCS of member income and death changes, as required.</p>	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Appeals and Grievances</b>	<p>Dr. Nusrat Chaudhry presented this report.</p> <p><u>Appeals</u> Total number of appeals remains consistent with past quarters. When comparing Q1 2024 with Q1 2025, there is a marked increase of 49%. However, this was due to our start of Single Plan Model in the County. Expedited appeals are also consistent without much fluctuation from quarter to quarter.</p> <p>When compared to control charts the overturned appeals vs. upheld appeals remain consistent year over year; no significant changes.</p> <p><u>Grievances</u> Grievances, like Appeals, remain steady with minimal fluctuation. And like appeals, the increase when comparing Q1 2024 with Q1 2025 is about the same (48%). This increase was explained by the start of the Single Plan Model. The AGD team will continue to monitor these patterns. Quality of Service grievances remain the largest portion of grievances throughout the reporting period of 1/1/2024 through 3/31/2025. Quality of Service grievances include case management, provider/staff attitude, and member materials.</p> <p>Dr. Levin asked about the significant increase in Quality of Service grievances for Q1 2024. Dr. Chaudhry explained this was due to the start of the Single Plan Model; appeals reflected the same change in number of appeals.</p> <p>The number of exempt grievances exponentially jumped due to the finalization of policy and procedure. Then, it has trended down since that time; the team will continue to watch the trend and will discuss with Member Services. Billing grievance classification changed in March 2024 based on DHCS finding and billing grievances were backlogged in claims that were entered between March and August 2024.</p> <p>An audit analysis of a random sample (30 cases) of Medication Grievances showed that 80% of the same were from the CCRMC Network. Key patterns were identified; 26 of the 30 cases were due to Provider-Related Refill issues. One systemic access barrier was identified; members reported running out of medications while waiting for a refill. Inaccessibility of providers for urgent prescription needs is a challenge.</p> <p>Dr. Gee asked about the number of appeals that are overturned. He is wondering why the number is so high; is there something that can be done so that the grievances do not have to be appealed in the first place. Dr. Chaudhry stated that dashboards are being developed to help mitigate this issue and help improve the process. Dr. Gee is concerned that the current process is wasting a lot of time.</p>	
<b>Quality Improvement and Health Equity Committee (QIHEC) Activities Update</b>	<p>The Director of Quality and Health Equity, Beth Hernandez provided a report of Q2 2025 Activities of the QIHEC team. The summary included: HEDIS Submission (6/13/2025), NCQA Health Plan Accreditation, Improvement Projects, Other reporting (DMHC Timely Access, EQR audits, member &amp; provider experience surveys), Population Health, and Provider Engagement. This report will be</p>	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>posted on our website and presented to the County Board of Supervisors.</p> <p>The Q2 2025 QIHEC Activities Report was unanimously approved by the Council.</p>	

Consent Items		
<b>Consent Items</b>	<ul style="list-style-type: none"> <li>• QHE – CCHP Quality Council Minutes 5/13/2025</li> <li>• QHE – Member Experience – Assessing Member Understanding Evaluation 2025</li> <li>• QHE – 2024 Cultural &amp; Linguistics Analysis Report</li> <li>• QHE – Lead Audit Summary Q1 and Q2 2025</li> <li>• AGD – Medication Grievance Audit Analysis</li> <li>• AN – Advice Nurse Summary Q2 2025</li> <li>• CalAIM – ECM DHCS 2024 Medical Audit Summary</li> <li>• UM – UM Committee Meeting Minutes 4/14/2025</li> <li>• UM – UM Committee Meeting Minutes 5/12/2025</li> <li>• UM – Appeals Q1 2025</li> <li>• UM – MD IRR Summary Q1 2025</li> <li>• UM – RN IRR Summary Q1 2025</li> <li>• UM – TAT and Visual Trends April 2025</li> </ul> <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
<b>Policies and Procedures</b>	<ul style="list-style-type: none"> <li>• ADM1.041 Community Supports Operations and Evaluation</li> <li>• AGD20.002 Handling of Complaints and Grievances</li> <li>• AGD20.004 Discrimination Grievance</li> <li>• AGD20.005 Medi-Cal Member Appeal</li> <li>• AGD20.006 Commercial Member Appeal</li> <li>• CLIN13.001 Maternal and Infant Health</li> <li>• CLIN13.002 Reproductive Care</li> <li>• CLIN13.003 Street Medicine</li> <li>• CLIN13.004 Community Health Workers Service</li> <li>• CLIN13.005 EPSDT Services</li> <li>• CLIN13.006 Immunization</li> <li>• CLIN13.007 Minor Consent Requirements</li> <li>• CLIN13.008 Hospice Services</li> <li>• CLIN13.011 Palliative Care</li> <li>• CM16.201 Case Management Program Description</li> <li>• CM16.202 Interdivisional Coordination</li> <li>• CM16.203 Hospice Services (RETIRED)</li> <li>• Community Advisory Committee</li> <li>• PM6.001 Pharmacy Fraud Referral Procedure</li> <li>• PM6.002 Narcotics Abuse</li> <li>• PM6.003 P&amp;T Committee</li> <li>• PM6.010 Pharmacy Service</li> <li>• PM6.011 Pharmacy PA Process Oversight</li> <li>• PM6.012 Pharmacy Network Audit Oversight</li> <li>• PM6.017 CCHP Procedures for Pharmaceutical Recalls</li> <li>• PM6.019 Pharmacy Emergency Operations</li> <li>• PM6.021 Pharmacy Delegation Agreement</li> </ul>	




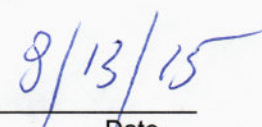
	<ul style="list-style-type: none"> <li>• PM6.022 CCHP DUR Policy</li> <li>• PM6.023 Medi-Cal Rx DU and Pharmacy</li> <li>• PM6.024 Pharmacy Delegation Agreement for Medicare Part D</li> <li>• PMA6.001 Medicare Part D Coverage Determination</li> <li>• PMA6.002 P&amp;T Committee and Formulary Management</li> <li>• PMA6.003 Medicare Part B Organization</li> <li>• PMA6.005 Pharmacy Claims Processing</li> <li>• PMA6.006 Hospice and Part D Coordination of Benefits</li> <li>• PMA6.007 Access to Part D Vaccines</li> <li>• PMA6.008 Transition Process</li> <li>• PMA6.009 True Out-of-Pocket (TrOOP)</li> <li>• PMA6.010 Medication Coordination of Benefits</li> <li>• PMA6.011 Medication Therapy Management</li> <li>• PMA6.012 Medication Quality Assurance</li> <li>• PMA6.013 Opioid Medication Utilization Management</li> <li>• PMA6.014 Pharmacy Audit Review</li> <li>• PMA6.015 Pharmacy Network Credentialing and Access</li> <li>• PMA6.016 PBM Auditing and Review</li> <li>• QM14.101 Timely Access to Care Standards</li> <li>• QM14.706 Population Health Management</li> <li>• QM14.804 Non-Discrimination Notices</li> <li>• UM15.018 Timeliness of the Utilization Review Decision and Communication</li> <li>• UM15.050 CCS Special Authorization &amp; Payment</li> <li>• UM15.064 Non-Emergency Medical Transportation (NEMT) &amp; Travel Expenses</li> <li>• MS8.004 Program Description</li> <li>• MS8.005 Quality Monitoring</li> <li>• MS8.006 Training Curriculum</li> <li>• MS8.007 Distribution of Member Informational Packet</li> <li>• MS8.008 Changes in Availability/Location of Services</li> <li>• MS8.009 Member Enrollment and Selection/ Assignment of Providers</li> <li>• MS8.010 Notification of Rejection of Selected PCP</li> <li>• MS8.012 Handling of Medi-Cal</li> <li>• MS8.016 Member Rights</li> <li>• MS8.019 Response to Member Inquiries</li> <li>• MS8.028 Information on Plan Covered Services</li> <li>• MS8.036 Translation of Plan Member Materials</li> <li>• MS8.040 Member Materials in Alternate Format(s)</li> <li>• MS8.043 CCHP Responsibility to Ensure Member Rights</li> </ul> <p>All policies were unanimously approved by the Quality Council as presented.</p>	
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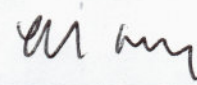
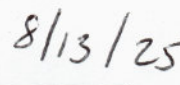
Closing		
<b>Adjournment</b>	Meeting in recess at 1:00 PM. The next Quality Council meeting is scheduled for August 12, 2025, at 12:00 PM via Zoom.	


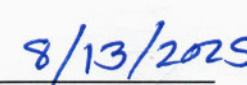
Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Quality Committee, dated July 8, 2025, and attached herein.

Excepted Matters: None

**Approved by CCHP Quality Council:**

   
\_\_\_\_\_  
Committee Chair Signature Date

   
\_\_\_\_\_  
Committee Co-Chair Signature Date

   
\_\_\_\_\_  
Quality Management Administrative Assistant Signature Date



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3986

**Agenda Date:** 10/3/2025

**Agenda #:** 2.3

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Advisory Board: Joint Conference Committee

Subject: Health Equity Council Minutes

# Equity Council Meeting Minutes

## Contra Costa Health Plan–Community Plan

### March 11, 2025

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

#### GUESTS

✓	Arnie DeHerrera (scribe)

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Call to Order</b>	The Quality Improvement and Health Equity Committee or Equity Council meeting was called to order by Irene Lo, MD at 12:00 PM on March 11, 2025, via Zoom.	
<b>Introductions and Information</b>	There were no introductions at this meeting.	

Reports		
<b>Executive Orders and Impacts</b>	<p>The Chief Medical Officer, Irene Lo, MD, presented an overview of ICE Immigration Actions and Executive Orders.</p> <p>Three executive orders from the federal government were summarized. These orders:</p> <ul style="list-style-type: none"> <li>• Call for eliminating all DEI policies, programs, and positions with the government and terminating all “equity-related grants and contracts,”</li> <li>• Require all contracts and grant awards to include a certification stating that “compliance in all respects with all applicable Federal anti-discrimination laws is material to the government’s payment decisions”</li> <li>• Reshape the federal government’s stance on sex and gender (binary sex and no federal funding of gender ideology)</li> </ul> <p>Currently, there are concerns about members not getting care due to fear. A preliminary injunction blocking parts of these orders will</p>	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>continue to have a reprieve, at least in the short term. NCQA released temporary guidelines for both Health Plan accreditation and Health Equity accreditation for survey data through April 2025; we are still waiting for final guidelines for our Health Equity Survey (scheduled for August 2025). CCHP is mandated by the State to perform DEI Training and TGI Training; these are scheduled to be rolled out in 2025. There are a lot of questions with no answers to give. We are waiting to see what happens in Washington and how Sacramento will respond. As information becomes available, it will be shared with the Council.</p> <p>The floor was opened at this time for organizations to share how they are responding, concerns, and to ask what support would be useful from a health plan perspective. Karen Jovin from CCHP shared that an entity in Los Angeles has discontinued gender affirming care at this time. Karen stated that her department is also responsible for collecting SOGI data; they are currently waiting on how to proceed. Dr. Lo stated that we at CCHP still have a lot of questions about everything. Dr. Barceló wanted clarification about Los Angeles. Karen stated it is the delivery system that has discontinued gender affirming care at this time. Anh Thang Dao-Shar of John Muir Health would like to keep in touch with the Council about the goings on. She stated that they are continuing to follow State law until told otherwise. Dr. Junaid asked the Council if they think there is a risk of future funding if we continue following State law. Dr. Lo does not know the answer but did state that CCHP is accountable to the DHCS contract in place. DHCS is standing firm on their stance.</p> <p>Dr. Junaid of Jiva Health asked for a future talking point at either Equity or Quality Council regarding funding and how Medi-Cal membership will be affected by potential upcoming changes; any data on this issue would be helpful we look for future hiring, etc. Beth Hernandez dropped a link in the Zoom chat to an article published by Kaiser Family Foundation, "Eliminating the Medicaid Expansion Federal Match Rate: State-by-State Estimates."</p>	
<b>Updates: DEI and TGI Trainings, NCQA Health Equity Accreditation</b>	<p>The Quality Director, Beth Hernandez, provided some Health Equity updates.</p> <ul style="list-style-type: none"> <li>• Transgender, Gender Diverse, and Intersex Training (TGI) – This was required for all CCHP staff to be completed by 3/14/2025; training rolled out to staff on 12/2/2024. Curriculum was submitted to DHCS for approval. Provider training has not yet occurred as we wait for guidance at the State level</li> <li>• Diversity, Equity, and Inclusion Training (DEI) – Curriculum reviewed and approved by DHCS; Initial training required by 12/31/2025. As of 3/4/2025, 33.6% of CCHP staff have completed the training. We will be rolling out this training to providers depending on federal requirements.</li> <li>• NCQA Accreditation – NCQA has cut back on DEI practices for which they had initially required. CCHP is moving forward with implementing all items that were already established as standards by NCQA, but reporting those</li> </ul>	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	standards has been modified. NCQA is working on getting more clarification. All policies were updated and approved by Quality Council. Provider Directory update has been completed. Member Services now has access to PCP race/ethnicity data in the PCP portal. Member Newsletter updated with 6 additional languages in tagline.	
<b>2024 Cultural and Linguistics Report</b>	<p>The Equity Program Manager, Allison Liu, presented the C&amp;L Report. CCHP has been able to capture more data for Race/Ethnicity. Declined/Unknown category dropped from 17% in 2023 to 10.5% in 2024.</p> <p>Compared to County population, CCHP serves more Latino and African American members; and CCHP serves a lower percentage of White and Asian members compared to the general population of Contra Costa County.</p> <p>Race/Ethnicity of the provider network shows 39% of all providers are White/non-Hispanic and 9% are Hispanic. This data was compared to the membership of CCHP. These two categories (White and Hispanic) show the largest differences in member vs. provider.</p> <p>CCHP has three threshold languages in the population: English, Spanish, and Chinese. Language preference of the membership was shown with 63.7% of the membership selecting English as their preferred language; 29.4% selected Spanish and 1.3% selected Chinese for language of choice. There are more than 240,000 instances of interpretation services provided annually. 20.4% of providers reported they speak a language other than English.</p> <p>With over 500 member responses, the annual C&amp;L survey showed 72.8% of respondents used interpreter services within the past 6 months, 19.4% of members indicated they “always” or “usually” had to use friends/family to interpret, and 95.6% of members felt their doctor showed respect for what they had to say.</p> <p>Accomplishments:</p> <ul style="list-style-type: none"> <li>• Completed development for DEI and TGI trainings</li> <li>• Updated CCHP new staff orientation material with interpreter services instruction</li> <li>• Updated Provider Network Fact Sheet for interpreter and translation services, shared with Provider Relations</li> <li>• Roll out of “I Speak” cards</li> </ul> <p>Initiatives:</p> <ul style="list-style-type: none"> <li>• Tagline requires an update</li> <li>• Translation of materials in Simplified Chinese</li> </ul>	
<b>Quarterly and Annual Review: Grievances Related to Language Access and Discrimination</b>	Allison Liu presented the Grievances Review for Language Access. The DHCS Audit showed a finding that CCHP did not submit grievances alleging discrimination, along with detailed information regarding the grievances to DHCS as required. The recommendation is to implement policies and procedures to ensure	



Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>grievances alleging discrimination, along with detailed information regarding the grievances are submitted to DHCS. A Corrective Action Plan (CAP) is now in place:</p> <ul style="list-style-type: none"> <li>• Update desk procedure for processing discrimination/ language access grievances</li> <li>• Establish written workflow for Health Equity Team to review grievances, send out required information to DHCS and monthly review of grievances</li> <li>• Health Equity Team establish internal tracking mechanism to ensure timely submission to DHCS</li> <li>• Monthly review of grievances by Health Equity Team and check-in with Grievance Team</li> </ul> <p>Q4 2024 report shows 20 grievances alleging discrimination/ language access. The report showed 68 for all of 2024.</p>	
<b>HEDIS Measurement Review</b>	<p>Allison Liu presented a review of HEDIS measurements. Breast Cancer Screening revealed disparities for “Declined/Unknown” as well as Hawaiian/Pacific Islander populations. These same disparities are present for Cervical Cancer Screening.</p> <p>Opportunities for improvement:</p> <ul style="list-style-type: none"> <li>• Targeted outreach for Hawaiian/Pacific Islanders and the unknown/declined categories</li> <li>• Consider more languages when developing new material for cervical cancer screening (Portuguese, Tagalog, Farsi, Arabic, Punjabi)</li> <li>• Consider more culturally appropriate message for cancer screening, barriers related to sexual orientation and/or race/ ethnicity</li> <li>• Work with LGBTQIA+ serving or friendly organizations to campaign or message for cervical cancer screening</li> <li>• Look into other cultural factors (i.e. religion)</li> </ul> <p>Beth Hernandez asked providers if there were any initiatives they have incorporated for improvement. Dr. Junaaid of Jiva Health said they do a lot of outreach calls and are about to implement an Epic campaign to help close these care gaps. He mentioned that being culturally sensitive with availability of female caregivers for the Farsi, Arabic, and Punjabi populations would be helpful for cervical screenings. Beth asked Lisa Diemoz for information to see if there are higher instances of breast and cervical cancer in the County in these populations. Lisa stated that SOGI data for these screenings is not available. Dr. Kishore Nath of John Muir Health asked if there are flyers being distributed at mosques, churches, and temples regarding these screenings; he stated that vaccine flyers have been quite an effective tool to reach specific communities.</p>	

Consent Items		
<b>Equity Council Meeting Minutes</b>	The Equity Council Meeting Minutes for 12/10/2024 were presented to the Council for approval. The minutes were approved	

	unanimously.	
<b>Closing</b>		
<b>Adjournment</b>	Meeting in recess at 1:00 PM. The next Health Equity Council meeting is scheduled for June 10, 2025, at 12:00 PM.	





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 December 10, 2024, and attached herein.

Excepted Matters: None

**Approved by CCHP Health Equity Council:**

\_\_\_\_\_  
Committee Chair Signature Date

\_\_\_\_\_  
Committee Co-Chair Signature Date

\_\_\_\_\_  
Quality Management Administrative Assistant Signature Date



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3987

**Agenda Date:** 10/3/2025

**Agenda #:** 2.4

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Advisory Board: CCHP Joint Conference Committee

Subject: Community Advisory Committee Minutes

## Community Advisory Committee

Contra Costa Health Plan (CCHP)

595 Center Avenue, Suite 100

Martinez, CA 94553

June 12, 2025

### CHAIR

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

### CCHP STAFF

✓	Allison Liu, Quality Manager, Health Equity
✓	Fabiola Quintero, CCHP Presenter
✓	Leizi Avecilla, CCHP Presenter
✓	Jagjit Gosal, HS Appointment Unit Presenter
✓	Brandon Engelbert, CCHP

### CAC MEMBERS

✓	Emmanuel C., CAC Member	✓	Norma P., CAC Member
✓	Viridana R., CAC Member	✓	Helen M., CAC Member
✓	Cynthia C., CAC Member	✓	Chipo, CAC Member
✓	Alicia N., CAC Member		

### COMMUNITY BASED ORGANIZATIONS/OTHER

✓	Matt Kaufman
✓	Claudia Lindgren, Spanish Interpreter

Topic	Minutes	Person Assigned
Call to Order	<i>The meeting began at 4:00 pm.</i>	Belkys Teutle, Member Services Manager

Minutes		
<b>Welcome and Housekeeping</b>	Allison welcomes everyone to the meeting (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 meeting. 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.	
<b>Agenda Review and Follow up from last meeting</b>	Belkys went over the agenda for the participants <ul style="list-style-type: none"> <li>Provider Directory</li> <li>Guest Speaker: Appointment Unit</li> <li>Case Management</li> </ul>	
<b>Provider Directory &amp; Provider Network</b>	Fabiola Quinter was introduced by the Provider Relations Department. Fabiola gives a quick overview of the Online Provider Search engine. Fabiola asked participants "Does everyone know how to access the provider search engine to look for providers?" She goes on to explain that search engine can be Google by typing CCHP Provider Directory, then click on provider search link.	

Topic	Minutes	Person Assigned
	<p>The online tool can be searched by 2 categories, by Provider or by Facility. Once category is selected, one can select several options to narrow your search to PCP or Specialist (such as network, provider type, specialty, female or male, etc.). For Facility the options are (location, network, type, or service), Provider search options by Location, (within miles of members location, entering zip code or member's address). Additionally, one can search by providing more details (provider's gender, patient's age, other languages spoken, or provider's name, etc.)</p> <p>Provider search by Coverage and Care Requirements-select network, provider type, specialty, service, or hospital affiliation. This feature includes a coverage map for these providers.</p> <p>No questions from participants – one comment from Helen that provider search appears more user friendly.</p>	
<b>Coordination of Services - Appointment Unit</b>	<p>Jagjit Gosal from Appointment Unit was introduced. She gave a brief overview of the appointment unit, what the unit does and what kind of appointments the unit schedules.</p> <ul style="list-style-type: none"> <li>• The Unit consists of approximately 45 employees and answers nearly 30,000 calls each month.</li> <li>• The unit assists new and current patients to schedule appointments with PCP and specialist providers.</li> <li>• The unit also staffs the financial counseling unit and helps patients with payment plans and insurance questions and screen callers for Medi-Cal to make sure patients are approved or can be on Medi-Cal.</li> <li>• Also updates providers' schedules to improve access, making it easier for patients to receive care.</li> </ul> <p>When the call comes in:</p> <ul style="list-style-type: none"> <li>• Staff help figure out which type of care the patient needs (i.e., appointment with PCP or Specialist), then assist guiding them to the right appointment.             <ul style="list-style-type: none"> <li>○ Primary Care Visits (60 days in advance) include                 <ul style="list-style-type: none"> <li>▪ Establish-Care Visits</li> <li>▪ Return-patient appointment</li> <li>▪ Short-notice appointments (sick visits within 3 days)</li> </ul> </li> <li>○ Specialty Care Visits (6 months in advance) include:                 <ul style="list-style-type: none"> <li>▪ Newly referred patients*</li> <li>▪ Return-patient appointments</li> <li>▪ Testin/procedures</li> </ul> </li> </ul> <p><i>*Most CCHS specialists require a referral from PCP (an internal or community provider) before scheduling</i></p> <p>What appointment modes are available?</p> <ul style="list-style-type: none"> <li>▪ Most providers offer a virtual visit option for previous seen patients</li> <li>▪ Short-notice appointments also include a virtual choice.</li> <li>▪ If choice is available, patients are asked the format for their preference</li> </ul> <p>How to Book appointments</p> <ul style="list-style-type: none"> <li>▪ Call 800-495-8885, the unit is staffed Monday through Friday 7 am to 6 pm</li> </ul> </li></ul>	<p>Allision will drop AN number into Chat</p>

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> <li>Patients can make appointment using MyChart (patients can schedule appointments from a referral, book directly with their PCP or find a short-notice appointment)</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>The timeframe for the next appointment is too far away. Why is this? Jagiit explained about short notice appointment (sick visits within 3 days). These appointments are released at the beginning of the day, and they go very quickly. You advised callers to call back. She is very disappointed about lack of appointments available – Monday and Tuesday are the busy days. Any doctor available makes the process easier. 24 hours AN lines open 24/7 days – may be able to schedule appointment or can authorize Urgent Care.</li> <li>Helen asked how to make appointments. Jagiit explained the process again using the appointment slides</li> <li>Will phone appointments be available if they cut MCAL benefits? CCHP is still waiting for answers regarding this situation – Both budgets have yet to be passed.</li> </ul>	
<b>Coordination of Services - Case Management</b>	<p>Belkys introduces Leizl Avecilla Director of Case Management</p> <p>Leizl discussed the benefits to members regarding case management (CM) and care coordination. (This service is voluntary and free to CCHP members)</p> <ul style="list-style-type: none"> <li>What CM does <ul style="list-style-type: none"> <li>Help members to understand their health</li> <li>Coordinate their care and appointments</li> <li>Connecting members with support and resources</li> <li>Make managing their health easier</li> </ul> </li> <li>How can CM help Members <ul style="list-style-type: none"> <li>Personalize care plans</li> <li>Work w/ doctors and care team</li> <li>Support with transportation, medicines, and more</li> <li>Advocate for patients to make sure they are heard</li> </ul> </li> <li>CM's Goal to help you live better, avoid hospital visits, and feel confident in your care.</li> <li> <p>This is done by CM staff by contacting recommended members and with the members to create a care plan. Members are involved in this process and work with your doctors, care team, and in-home support (if patient requests). Also assists with other support resources (i.e., transportation), make sure patients understand medications and stand by the patient to ensure they are heard. Participation is voluntary. Members can opt out anytime; if you choose not to have the service it does not affect their care or coverage.</p> </li> </ul>	
<b>Enhanced Care Management (ECM)</b>	<p>Leizl will be discussing the levels of CM services not provided by CCHP staff and are provided by contracted providers. Beginning with Enhanced Care Management (ECM). ECM is the most intensive service provided. Case managers meet patients where they are, therefore, in-person meetings are scheduled once a month. It is only available to Medi-Cal members only.</p> <p>Who can get this help? (Participation is voluntary)</p> <ul style="list-style-type: none"> <li>CCHP Medi-Cal member: <ul style="list-style-type: none"> <li>Populations of Focus (defined by State) – Patients w/ complex health or social needs)</li> </ul> </li> </ul>	

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> <li>○ Patients needing extra support managing their health</li> <li>• What ECM offers:               <ul style="list-style-type: none"> <li>○ Intensive, whole-person care coordination</li> <li>○ Support with medical, behavioral, and social need</li> <li>○ Help from a CCHP-contracted ECM provider</li> <li>○ CM works w/ patients, their family and their doctor(s)</li> </ul> </li> </ul> <p>Information on the website and contact information to enroll in service were provided.</p>	
<b>Complex Case Management</b>	<p>Available to both Medi-Cal and Commercial Members who don't quite qualify for ECM</p> <p>Who can get this help? (Participation is voluntary)</p> <ul style="list-style-type: none"> <li>• 2+ hospital stays last year (1 related to chronic condition)</li> <li>• 3+ ER visits in the last 6 months (1 related to chronic condition)</li> <li>• Or take 15+ medications</li> <li>• Help managing transplant (pre/post-transplant care)</li> </ul> <p>What kinds of support are offered:</p> <ul style="list-style-type: none"> <li>• Full review of medical, emotional and social needs</li> <li>• Custom care plan built around your goals</li> <li>• Coordination w/ patient's doctor(s) and care team</li> </ul> <p>Information on the website and contact information to enroll in service were provided.</p>	
<b>Care Coordination</b>	<p>This is for patient's short-term or one-time needs. A little bit lower level of case management designed for providing support for members with short-term or episodic needs</p> <p>Who can get this? (Participation is voluntary)</p> <ul style="list-style-type: none"> <li>• Available to Medi-Cal and commercial members</li> <li>• Members with short-term or one-time needs</li> <li>• Patients who don't meet ECM or Complex Case Management criteria</li> </ul> <p>How We Help:</p> <ul style="list-style-type: none"> <li>• Short-term support from CM</li> <li>• Assistance in finding services and resources</li> <li>• Care Team Coordination</li> <li>• Create personal care plan (specifically for each patient)</li> </ul> <p>Information on the website and contact information to enroll in service were provided.</p>	
<b>Transitional Care Service</b>	<p>This service is available for both Medi-Cal and Commercial Members. The service is geared to high risk who have recently been admitted, discharged or transferred to a care setting. A CM is assigned to the patient for at least 30 days after hospital discharge.</p> <p>Who can get this?</p> <ul style="list-style-type: none"> <li>• Available to Medi-Cal and Commercial Members</li> <li>• High-risk (required) or low risk (per member request) who have recently been admitted, discharged or transferred between care settings</li> </ul> <p>What can Staff help with?</p>	

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> <li>• Talk with your hospital care team</li> <li>• Discharge instructions review</li> <li>• Make sure your medications are correct, and patients are taking the medications correctly and understand instructions and why they are taking meds. Also, check for medication duplication</li> <li>• Help with scheduling follow up appointments</li> <li>• Help arrange transportation to appointments</li> <li>• Connect patient with community resources and more ongoing support if needed</li> <li>• Create a personalized care plan</li> </ul> <p>Information on the website and contact information to enroll in service were provided.</p>	
<b>How to Request Case Management Services</b>	<p>Leizl reviewed how members can request CM</p> <p>Need help or want to enroll in CM?</p> <ul style="list-style-type: none"> <li>• Call Case Management at 925-313-6887 (TTY 711)</li> <li>• Talk to your Primary Care Provider (PCP)</li> <li>• If member needs an Interpreter, the service is free</li> </ul>	
<b>Community Health Worker</b>	<p>The next 3 slides will discuss non-case management programs offering support services to our members. These programs have been rolled out by the State in the last few years.</p> <p><b><u>Community Health Worker:</u></b></p> <p>Who Can Get These Services?</p> <ul style="list-style-type: none"> <li>• Medi-Cal Members Only</li> <li>• As of October 2024, DHCS has issued a standing recommendation for all Medi-Cal members to increase access to these services</li> </ul> <p>How can Community Health Worker help?</p> <ul style="list-style-type: none"> <li>• Typically, non-clinical technicians with lived experience</li> <li>• Provide health education &amp; coaching</li> <li>• Help finding care and services (guidance to appropriate care)</li> <li>• Screenings and assessments</li> <li>• One-on-one support &amp; advocacy</li> <li>• The service is provided by CCHP-Contracted CHW providers</li> </ul> <p>Information on the website and contact information to enroll in service were provided.</p>	
<b>Doula Services</b>	<p>Free Doula Services for CCHP members</p> <p>Who Can Get These Services?</p> <ul style="list-style-type: none"> <li>• CCHP Medi-Cal and Commercial Members</li> <li>• Pregnant or recently pregnant (within the last 12 months)</li> </ul> <p>How can a Doula Help?</p> <p><b>Before Birth</b></p> <ul style="list-style-type: none"> <li>• Create a birth plan</li> <li>• Connect to appropriate pregnancy resources</li> <li>• Provide emotional support &amp; guidance</li> </ul> <p><b>During Labor</b></p> <ul style="list-style-type: none"> <li>• Physical &amp; emotional support</li> <li>• Advocate for your wishes</li> </ul>	

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> <li>• Help with hospital communication</li> </ul> <p><b>After Birth</b></p> <ul style="list-style-type: none"> <li>• Breastfeeding &amp; Recovery help</li> <li>• Baby Care Tips (up to 12 months)</li> </ul> <p><b>Support after miscarriage or loss</b></p> <p>The service is provided by CCHP-Contracted CHW providers</p> <p>Information on the website and contact information to enroll in service were provided.</p>	
<b>CalAIM Community Support Services</b>	<p>This service is available to CCHP Medi-Cal Members to help with everyday needs. This service assist participants in receiving extra help through community support. CCHP offers 13 out of 14 community DHCS approved supports</p> <p>Available Services:</p> <ul style="list-style-type: none"> <li>• Free service to CCHP Medi-Cal Members to help with everyday needs like <ul style="list-style-type: none"> <li>○ Health Meals</li> <li>○ Housing Support</li> <li>○ In-Home Care</li> <li>○ Home Modifications</li> </ul> </li> </ul> <p>How to get Started</p> <ul style="list-style-type: none"> <li>• Call CCHP Member Services: 1-877-661-6230; option 2 (TTY 711)</li> <li>• Or ask your doctor or care team to refer you</li> <li>• Or if you have a care manager, ask them for assistance</li> <li>• Members have met criteria, and a referral is needed to obtain these services</li> <li>• Leizl recommends going to an informational website to obtain more information on criteria and the support offered</li> </ul> <p>Information on the website and contact information to enroll in service were provided.</p>	Leizl has dropped in more information about these criteria
<b>CM - Questions</b>	Can you define Commercial members? These are members employed by Contra Costa County.	
<b>Close up</b>	<p>Cynthia requests that CAC members suggest topics and complete surveys sent via email. Also, inform them that their 2-year term is over. County websites have the meeting dates are lists. It is not available on CCHP website. If you are interested in rejoining CAC members can fill out an application.</p> <p>Next questions:</p> <p>If you do not wish to sign up again, can you still attend the meeting? How do you find out the date of meetings? Open format meeting so all can participate. The meeting dates are posted on the County website; Allison will email you the link. If interested, Allison will continue to send you an email.</p> <p>Then can members join for another 2 years? Yes, just email CCHP</p> <p>If you have not received email, then you are still a member, correct? You are correct. CAC members feel that Transportation services need to get the word out of these services to help members get to appointments</p> <p>Allison corrected the phone number 1-800-211-8040..</p>	



Topic	Minutes	Person Assigned
Adjournment	<i>The meeting ended at 5: PM. The next meeting is scheduled for Thursday, September 11, 2025, from 4:00 p.m. to 5:15 p.m. on Zoom.</i>	

Additional Information		
Contact Us	<ul style="list-style-type: none"> <li>• <b>Email:</b> <a href="mailto:CCHP-CAC@cchealth.org">CCHP-CAC@cchealth.org</a></li> <li>• <b>Phone:</b> 1-800-221-8040 (CCHP Marketing Department)</li> <li>• <b>Business Hours:</b> Monday – Friday, 8 a.m. – 5 p.m. (PST)</li> </ul>	



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3988

**Agenda Date:** 10/3/2025

**Agenda #:** 2.5

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Advisory Board: CCHP Joint Conference Committee  
Subject: Pharmacy & Therapeutics Committee Minutes

**Pharmacy & Therapeutics Committee Meeting Minutes**  
**Contra Costa Health Plan**  
**March 7, 2025**

**Attendees:**

X	*Irene Lo, MD CCHP Medical Director, Co-Chair
X	*David Gee, MD
	Sharron Mackey, Chief Executive Officer
X	*Joseph Cardinali, PharmD, Co-Chair (#)
X	Rebecca Lau, PharmD
	*Vijay Bhandari, MD
	*Nusrat Chaudhry, MD
	*Parham Gharagozlou, MD
X	Iryna Makukh, PharmD, PerformRx
	Stephanie Dauer, PharmD, PerformRx
	*Oliver Graham, MD
X	*Nicolas Barcelo, MD
	*Ogo Mbanugo, MD
X	*Olga Kelly, MD
	Barrie Cheung, PharmD, PerformRx
X	Patrick Dehoratius, PharmD, PerformRx
X	*Marjan Orellana, PharmD CCRMC
	Adeebah Fakurnejad, PharmD CCRMC
X	Todd Laskowski, PerformRx
	Ruth Smith, RPh, PerformRx
	Erich Weiss, RPh, PerformRx
X	Liza Rosendale, PerformRx
*voting members, #scribe	

Topic	Discussion/Decision/Action	Follow-up Action
Call to Order	Pharmacy and Therapeutics Committee meeting was called to order at 12:33 pm on March 7, 2025 via virtual meeting (Teams) by Joe Cardinalli. Quorum is present.	
Review/Approval of Previous Minutes	Motion by Dr. Gee and second by Dr. Barcelo and voted to approve the minutes from the December 2024 P&T meeting. If you notice any omissions, deletions or small changes that need to occur you can always send us a message.	Approved
Consent agenda (presented by Rebecca)	<ol style="list-style-type: none"> <li>1) Remove criteria that is no longer relevant and use generic nonformulary criteria in place</li> <li>2) Modified criteria to edit out typos and overly restrictive/outdated criteria</li> <li>3) Preview potential criteria of recent FDA approved medications that could be presented in the future</li> </ol> <p>Motion to approve by Dr. Barcelo and seconded by Dr. Gee Approved via vote.</p>	Approved
Policy and Procedure Review	<p>Joe presented updates to an existing policy PM 6.010 titled Pharmacy Services. Joe noted these updates were put in place to comply with newly passed regulations and to comply with a recent DMHC APL. This policy was reviewed by the committee members. There were no additional questions.</p> <p>Motion to approve by Dr. Barcelo and seconded by Dr. Gee Approved via vote.</p>	Approved
New criteria <ol style="list-style-type: none"> <li>1. Vyalev (foscarbidopa and foslevodopa)</li> <li>2. Rheumatoid arthritis criteria</li> </ol>	<ol style="list-style-type: none"> <li>i. <b>Vyalev (foscarbidopa and foslevodopa):</b> Joe presented the monograph and proposed criteria for Vyalev. The criteria was discussed by the committee. Dr. Gee stated that this med would be helpful for members with up and down responses to oral carbidopa/levodopa. Motioned to approve by Dr Kelly and seconded by Dr Gee. Approved by committee as listed in packet.</li> <li>ii. <b>Rheumatoid Arthritis Criteria:</b> Becky presented the proposed criteria for Rheumatoid Arthritis as listed in P&amp;T packet. Joe stated that this criteria is being put in place so we have a specific RA criteria instead of just a general biologic medication criteria. The criteria was discussed by the committee. Motioned to approve by Dr Gee and seconded by Dr Barcelo. Approved by committee as listed in packet.</li> </ol>	Approved all as listed in packet

<p>Updates to existing criteria:</p> <p>1. Medical Benefit Physician Administered Drug Approval Criteria</p> <p>2. Agents for Atopic Dermatitis</p> <p>3. Pulmonary Biologics for Asthma and Eosinophilic Conditions</p>	<p>i. <b>Medical Benefit Physician Administered Drug Criteria:</b> presented by Joe-presented as written in packet. Joe explained that this is now a separate criteria document to apply to all PADs rather than having the retail pharmacy criteria and PAD criteria in the same document. Committee agreed with criteria as written. Motioned to approve by Dr Gee and seconded by Dr Kelly. Approved by committee as presented in packet.</p> <p>ii. <b>Agents for Atopic Dermatitis:</b> presented by Becky-presented as written in packet. Dr. Gee asked for clarification of the mechanism of action for the interleukin inhibitors. Committee agreed with criteria as written. Motioned to approve by Dr Barcelo and seconded by Dr Gee. Approved by committee as presented in packet.</p> <p>iii. <b>Pulmonary Biologics for Asthma and Eosinophilic Conditions:</b> presented by Becky-presented as written in packet. Committee agreed with criteria as written. Motioned to approve by Dr Barcelo and seconded by Dr Gee. Approved by committee as presented in packet.</p>	<p>All Updates Approved by Committee</p>
<p>Formulary Updates/Drug Class Reviews:</p> <p>i. Second Generation Antihistamines</p>	<p>i. <b>Second Generation Antihistamines</b> (presented by Joe)</p> <p>a. Presented information as written in packet. Joe stated there is are currently some inconsistencies in the coverage of medications in this class so the proposals are to create consistency for the OTC medication coverage for these agents. The committee agreed with the recommendations as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Gee and seconded by Dr. Kelly. This was approved by the committee.</p> <p>All formulary update changes approved by committee</p>	<p>Approved CCHP pharmacy unit to submit necessary changes to PBM and place auths as necessary</p>
<p>DUR Review and Health Plan Reports:</p> <p>i. Q4 2024 DUR observations and changes</p> <p>ii. Medi-Cal DURx-2024 Immunization Update: COVID-19, Influenza, RSV, Pneumococcal, Polio,</p>	<p>1. Rebecca presented the drug utilization review observations for Q4 2024 as highlighted in the packet. The change is to add teriparatide to the high dollar exception table to prevent rejections for the medication. A motion to approve this section was made by Dr. Barcelo and seconded by Dr. Gee. This was approved by the committee.</p> <p>2. Rebecca presented the article from Medi-Cal DURx regarding 2024 Immunization Update: COVID-19, Influenza, RSV, Pneumococcal, Polio, Meningococcal, HiB, HepB and Mpox. The committee reviewed the article as written in the packet.</p> <p>3. Joe presented the CCHP ongoing pharmacy department clinical project updates as listed in packet. It was noted that there are several new projects that have been recently put into place and the clinical projects are ongoing and proceeding as planned.</p> <p>4. CCHP Pharmacy Department data was presented by Joe as written in P&amp;T packet including PMPMs, PA data and turnaround time and medication cost and usage data. Joe pointed out</p>	

<p>Meningococcal, HiB, HepB and Mpox</p> <p>iii. CCHP Clinical Project Review</p> <p>iv. Pharmacy Department Data</p>	<p>that the PATAT report is now in NCQA format which gives a more complete picture. Dr. Gee asked if there is AI software available for PA processing. Dr. Lo stated that recent regulation has stated that human physicians or pharmacists will have to be involved with modifications or denials. Dr. Lo stated that CCHP will be examining the usefulness of this technology in the future. Dr. Gee also stated that it seems like biologics are becoming a higher percentage of CCHP's overall usage. Dr. Gee recommended that CCHP examine the documentation necessary to satisfy trial and failure requirements as a result of the increased cost of these medications.</p>	
	<p>Meeting adjourned at 1:26 pm by Joseph Cardinali</p>	

Unless otherwise indicated below, Contra Costa Health Plan hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Pharmacy and Therapeutics Committee, dated March 7, 2025 and attached herein.

Excepted matters: none

**Approved by CCHP Pharmacy and Therapeutics Committee:**

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Co-Chair Signature

\_\_\_\_\_  
Date

**Pharmacy & Therapeutics Committee Meeting Minutes**  
**Contra Costa Health Plan**  
**June 13, 2025**

**Attendees:**

X	*Sara Levin, MD CCHP Interim Chief Medical Director, Co-Chair
X	*David Gee, MD
	Irene Lo, Interim CCHP Chief Executive Officer
X	*Joseph Cardinalli, PharmD, Co-Chair (#)
X	Rebecca Lau, PharmD CCHP
	*Vijay Bhandari, MD
X	*Michael Clery, MD
	*Parham Gharagozlou, MD
X	Iryna Makukh, PharmD, PerformRx
X	Pauline Tran, PharmD, CCHP
	*Oliver Graham, MD
X	*Nicolas Barcelo, MD
	*Ogo Mbanugo, MD
X	*Olga Kelly, MD
	Barrie Cheung, PharmD, PerformRx
X	Patrick Dehoratius, PharmD, PerformRx
X	*Marjan Orellana, PharmD CCRMC
	Adeebah Fakurnejad, PharmD CCRMC
X	Todd Laskowski, PerformRx
	Ruth Smith, RPh, PerformRx
	Erich Weiss, RPh, PerformRx
X	Liza Rosendale, PerformRx
	*voting members, #scribe

Topic	Discussion/Decision/Action	Follow-up Action
Call to Order	Pharmacy and Therapeutics Committee meeting was called to order at 12:32 pm on June 13, 2025 via virtual meeting (Teams) by Joe Cardinalli. Quorum is present. Introduced interim CMO Dr. Levin and CCHP Clinical Pharmacist Pauline Tran.	
Review/Approval of Previous Minutes	Motion by Dr. Gee and second by Dr. Levin and voted to approve the minutes from the March 2025 P&T meeting. If you notice any omissions, deletions or small changes that need to occur you can always send us a message.	Approved
Consent agenda (presented by Rebecca)	<ol style="list-style-type: none"> <li>1) Remove criteria that is no longer relevant and use generic nonformulary criteria in place</li> <li>2) Modified criteria to edit out typos and overly restrictive/outdated criteria</li> <li>3) Preview potential criteria of recent FDA approved medications that could be presented in the future</li> </ol> <p>Dr. Gee asked about recently approved medications and if there would be time to present criteria to P&amp;T before seeing requests. Joe answered that these meds are used for rare conditions and most likely would have Medical Director Review or IMR before approval. The P&amp;T approved criteria would then be put into place once we know it is necessary for our population.</p> <p>Motion to approve by Dr. Gee and seconded by Dr. Levin Approved via vote.</p> <p>J code appendix criteria review -Betsy presented the PAD criteria for supportive and supplemental care medications. Dr. Gee asked if we could add these medications to the UMI no auth list and Joe answered that all J codes require authorization, no PADs are considered no auth.</p> <p>Motion to approve by Dr. Gee and seconded by Dr. Kelly Approved via vote.</p>	Approved
Policy and Procedure Reviews <ol style="list-style-type: none"> <li>1. COMM/MCAL Annual P&amp;P Review</li> <li>2. Initial Medicare DSNP P&amp;P Approvals</li> </ol>	<ol style="list-style-type: none"> <li>1. Joe presented the annual Policy and Procedure review. The complete P&amp;Ps were sent to the Committee along with the P&amp;T packet. The P&amp;T packet contained a chart of the changes made to the P&amp;Ps during the annual review including changes to allow conversion into PolicyStat. These policies were reviewed by the committee members. There were no additional questions.  Motion to approve by Dr. Gee and seconded by Dr. Barcelo Approved via vote.</li> <li>2. Joe presented the initial Policy and Procedures for the upcoming Medicare DSNP line of business for initial P&amp;T review and approval. The complete P&amp;Ps were sent to the Committee along with the P&amp;T packet. The P&amp;T packet contained a chart of the policy numbers, policy names, purpose,</li> </ol>	Approved



	regulations and highlights of the DSNP P&Ps. These policies were reviewed by the committee members. There were no additional questions.  Motion to approve by Dr. Levin and seconded by Dr. Gee Approved via vote	
<p>New criteria</p> <ol style="list-style-type: none"> <li>1. Zepbound (tirzepatide) for Obstructive Sleep Apnea</li> <li>2. Fertility Medication Criteria</li> <li>3. Diclegis (doxylamine/pyridoxine)</li> <li>4. Zunveyl</li> <li>5. (benzgalantamine) (ocrelizumab)</li> </ol>	<p>i. <b>Zepbound (tirzepatide) for Obstructive Sleep Apnea Criteria:</b> Becky presented the proposed criteria for Zepbound for OSA as listed in P&amp;T packet. The criteria was discussed by the committee. Dr. Levin stated that the understanding of a consult with a specialist would be counted as the interpretation of the sleep study (AHI score). The committee discussed that the original medication studies excluded patients with a history of type 1 or type 2 diabetes. Dr. Cleary asked if there was a concern of hypoglycemic events if a member was already on diabetes therapy and then started Zepbound for OSA. Dr. Levin stated that provider management of diabetes with a GLP-1 like Zepbound is now standard and did not believe that hypoglycemic events would be an issue. The committee decided to remove the exclusion of hx of type 1 or 2 DM from the criteria. Motioned to approve by Dr. Kelly and seconded by Dr. Gee. Criteria approved by committee as listed in packet without the exclusion of hx of type 1 or 2 DMI.</p> <p>ii. <b>Fertility Medication Criteria:</b> Joe presented the proposed criteria for Fertility Medications as listed in P&amp;T packet. Joe stated that this criteria is being put in place so CCHP is compliant with SB 729. The criteria was discussed by the committee. Motioned to approve by Dr. Gee and seconded by Dr. Levin. Approved by committee as listed in packet.</p> <p>iii. <b>Diclegis (doxylamine/pyridoxine) Criteria:</b> Pauline presented the proposed criteria and medication write up for Diclegis as listed in P&amp;T packet. Dr. Levin stated that the over the counter medications (doxylamine and pyridoxine) are frequently used in clinical practice for this indication. The criteria was discussed by the committee. Dr. Levin asked how to verify that the member had tried and failed the individual over the counter ingredients. Joe answered that it would be verified by the provider PA/notes. Motioned to approve by Dr. Gee and seconded by Dr. Levin. Approved by committee as listed in packet.</p> <p>iv. <b>Zunveyl (benzgalantamine):</b> Pauline presented the proposed criteria and medication write up for Zunveyl as listed in P&amp;T packet. The criteria was discussed by the committee. Dr. Clery asked about the level of GI events that would qualify as trial and failure. Joe stated that any documentation of GI side effects would be sufficient in the PA process. Dr. Gee proposed that this medication be listed as a Step Four medication in the criteria due to the cost. Dr. Levin agreed since there are multiple oral options and transdermal options in the first three criteria steps. The committee decided to adjust the criteria listed in the packet to add a fourth step with only Zunveyl on that step and a step four criteria that the member has tried and failed a medication in step 1, 2 and 3 before the step 4 medication is approved. Motioned to approve updated criteria by Dr. Levin and seconded by Dr. Kelly. Approved by committee as detailed above.</p> <p>v. <b>Ocrevus Criteria:</b> Pauline presented the proposed criteria for Ocrevus as listed in P&amp;T packet. The criteria was discussed by the committee. Dr. Clery mentioned that treatment of PPMs as soon as possible was important. Dr. Gee asked about the prices and questioned if there should be tried and failed medications in the criteria because of the high cost. Marjan noted that the dosing for Ocrevus was dosed every 6 months after the initial dosing phase. It was noticed that the costs were listed in the packet as package size cost and not as a monthly or yearly cost since the dosage frequency differs for all of the other agents listed. Due to some pricing and clinical appropriateness confusion, the committee decided not to vote on the criteria listed in</p>	<p>Approved items 1-4 as detailed in the minutes. Item 5 was not voted on and will be addressed at the next P&amp;T</p>


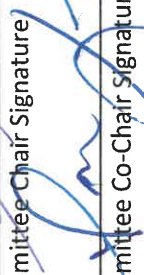
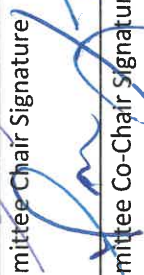
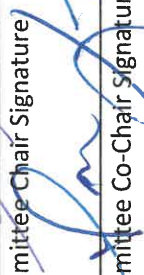
	the packet and asked CCHP Pharmacy to update the pricing comparison and provide additional clinical research.	
<p>Updates to existing criteria:</p> <p>1. Durolane (hyaluronic acid)</p> <p>2. Stelara (ustekinumab) biosimilar and specialty biologic agents criteria updates</p> <p>3. Osteoporosis Criteria Update-Evenity (romosozumab)</p>	<p>i. <b>Durolane (hyaluronic acid) Status in Existing Criteria:</b> presented by Joe-presented as written in packet. Joe explained that currently Durolane is listed as non-preferred in the hyaluronic acid criteria and proposed moving it to a preferred status due to the evidence submitted in the packet. Committee agreed with recommendations as written. Motioned to approve by Dr Gee and seconded by Dr Kelly. Approved by committee as presented in packet.</p> <p>ii. <b>Ustekinumab biosimilar and biologic agents criteria update:</b> presented by Joe-presented as written in packet. Joe recommended adding Yesintek, Selarsdi and Otulfi to Step 2 and all other Stelara biosimilars to Step 3 due to potential cost savings. Committee agreed with recommendation and criteria as written. Motioned to approve by Dr Gee and seconded by Dr Clery. Approved by committee as presented in packet.</p> <p>iii. <b>Evenity (romosozumab):</b> presented by Becky-presented as written in packet. Committee agreed with criteria as written. Motioned to approve by Dr Gee and seconded by Dr Levin. Approved by committee as presented in packet.</p>	All Updates Approved by Committee
<p>Formulary Updates/Drug Class Reviews:</p> <p>i. Parkinson's Disease Agents</p> <p>ii. Anticonvulsant Class Review</p> <p>iii. ADHD Medication Class Review</p> <p>iv. Pegfilgrastim and biosimilar criteria review</p>	<p>i. <b>Parkinsons Disease Agents</b> (presented by Pauline)</p> <p>a. Presented information as written in packet. Pauline stated there are currently some strengths of pramipexole missing from the formulary and apomorphine is listed as formulary when it should be non-formulary due to non-usage and cost. The committee agreed with the recommendations as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Gee and seconded by Dr. Levin. This was approved by the committee.</p> <p>ii. <b>Anticonvulsant Class Review</b> (presented by Pauline)</p> <p>a. Presented information as written in packet. Pauline stated there is a Lamictal starter kit mistakenly listed on the formulary when all other starter kits require a PA. Dr Barcelo asked if the intention of the starter kit is to provide guidance on dosing which Pauline confirmed. The committee agreed with the recommendations as listed in the packet. A motion to approve the formulary changes as listed in packet was made by Dr. Barcelo and seconded by Dr. Levin. This was approved by the committee.</p> <p>iii. <b>ADHD Medication Class Review</b> (presented by Joe)</p> <p>a. Presented information as written in packet. Joe stated that there was missing criteria for members over 18 years old for medications that are formulary for members under 18. The criteria was presented as listed in the packet. The committee agreed with the criteria</p>	<p>Approved CCHP pharmacy unit to submit necessary changes to PBM and place auths as necessary</p>

	<p>as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Clery and seconded by Dr. Gee. This was approved by the committee.</p> <p>iv. <b>Pegfilgrastim and biosimilars</b> (presented by Becky)</p> <p>a. Presented information as written in packet. Becky stated there is are pegfilgrastim biosimilars missing from the criteria document. The criteria with the added biosimilars was presented. The committee agreed with the criteria updates as listed in the packet. A motion to approve the criteria as listed in packet was made by Dr. Gee and seconded by Dr. Clery. This was approved by the committee.</p> <p>All formulary update changes approved by committee</p>	
<p>DUR Review and Health Plan Reports:</p> <p>i. Q1 2025 DUR observations and changes</p> <p>ii. Medi-Cal DUR- Measles Vaccination Prevents Outbreaks, Protects Californians and Pharmacists Furnishing of Nicotine Replacement Therapy Products</p> <p>iii. CCHP Clinical Project Review</p> <p>iv. Pharmacy Department Data</p>	<ol style="list-style-type: none"> <li>1. Rebecca presented the drug utilization review observations for Q1 2025 as highlighted in the packet. The change is to add Sublocade to the high dollar exception table to prevent rejections for the medication. A motion to approve this section was made by Dr. Levin and seconded by Dr. Clery. This was approved by the committee.</li> <li>2. Rebecca presented the articles from Medi-Cal DURx regarding Measles Vaccination and Pharmacists Furnishing Nicotine Replacement Products. The committee reviewed the articles as written in the packet.</li> <li>3. Joe presented the CCHP ongoing pharmacy department clinical project updates as listed in packet. Joe also highlighted several new projects that have been recently started. Joe also asked the committee to discontinue the RSV project due to lack of productive data since all usage seems appropriate. There was no objection from the committee about discontinuing the RSV project.</li> <li>4. CCHP Pharmacy Department data was presented by Joe as written in P&amp;T packet including PMPMs, PA data and turnaround time and medication cost and usage data.</li> </ol> <p>Meeting adjourned at 1:59 pm by Joseph Cardinali</p>	

Unless otherwise indicated below, Contra Costa Health Plan hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan's Pharmacy and Therapeutics Committee, dated June 13, 2025 and attached herein.

Excepted matters: none

Approved by CCHP Pharmacy and Therapeutics Committee:

		9.12.2025
Committee Chair Signature		Date
		7/12/25
Committee Co-Chair Signature		Date



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3989

**Agenda Date:** 10/3/2025

**Agenda #:** 2.6

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Advisory Board: CCHP Joint Conference Committee

Subject: Compliance Committee Minutes



595 Center Avenue, Suite 100 | Martinez, CA 94553 | Phone: (925) 313-6000  
cchealth.org

## Monthly Operational Compliance Meetings

January 14, 2025 | 02:00PM – 03:00PM | Microsoft Teams

### Attendees

- Dr. Irene Lo, Chief Medical Officer
- Chanda Gonzales, Deputy Executive Director / Compliance Officer
- Alejandro Fuentes, Clinical Quality Auditing
- Belkys Teutle, Member Services
- Beth Hernandez, Quality Director
- Brandon Engelbert, Claims
- Cynthia Choi, Compliance
- David Chen, Compliance
- Dulce Orozco, Clinical Quality Auditing
- Jay Putta, Compliance
- Jersey Neilson, Quality
- Jill Perez, Appeals & Grievances and Utilization Management Director
- John Moral, Administration
- Dr. Joseph Cardinalli, Pharmacy Director
- Juliana Mondragon, Utilization Management
- Leizl Avecilla, Case Management Director
- Magda Souza, Clinical Quality Auditing Director
- Melissa Bailey, Compliance
- Michael Chavez, Compliance
- Dr. Nicolas Barcelo, Medical Director
- Nikita Hughes, Appeals & Grievances
- Otilia Tiutin, Compliance
- Pasia Gadson, CalAIM Programs and Transitional Care Services Director
- Patricia Munoz-Zuniga, Advice Nurse Director
- Rebecca Lau, Pharmacy
- Dr. Sara Levin, Medical Director
- Shari Jones, Quality
- Sonia Escobar, Analysis & Reporting Director
- Sylvia Taqi-Eddin, Compliance
- Terri Lieder, Provider Relations Director
- Wendy Mascitto, Compliance

SUBJECT	DISCUSSION	ACTION / WHO
<b>1.0 Welcome</b>	<b><u>1.0 Welcome</u></b> Chanda Gonzales starts the Monthly Operational Compliance Meeting.	Chanda Gonzales
<b>2.0 All Plan Letters</b>	<b><u>2.0 All Plan Letters</u></b> Otilia Tiutin presents a list of All Plan Letters from both regulators and their due dates. All departments that are impacted have been notified and are in discussion.  <b><u>2.1 Upcoming APLs</u></b> There are three upcoming All Plan Letters that are in draft with the regulators. They have been shared to the impacted departments for review and to prepare when the drafts will be finalized.	Otilia Tiutin
<b>3.0 Regulatory Deliverables</b>	<b><u>3.0 Regulatory Deliverables</u></b> Two important deliverables were reminded to the staff in attendance. The first is the CMS Application to have materials and documents ready for the submission goal of January 31 <sup>st</sup> . The other is a DMHC APL 24-023. Compliance will send out a filing matrix and submission folder link that has info for impacted departments on what is needed.  A reminder was sent out that due to the Bird Flu and Southern California Fires, the Plan remains in emergency operations status and the plan will prioritize support to members impacted by these events. Another reminder is that DHCS is still drafting an APL to provide guidance to health plans about the use of Artificial Intelligence.  <b><u>3.1 Regulatory Deliverables Tracker</u></b> A snapshot of upcoming submissions for January and February was shown with the due dates and impacted	Chanda Gonzales

	<p>units. There are a total of one hundred and twenty one known deliverables for both months.</p> <p>A graph was shown comparing the inflow and completions of DMHC eFilings that the Plan receives. We are currently on track. As of January 7, there are 21 filings pending with CCHP and 21 under review with DMHC.</p>	
<p><b>4.0</b> <b>Fraud Waste Abuse (FWA) &amp; HIPAA</b></p>	<p><b>4.1 FWA Cases</b> In December, the Plan received three cases regarding billing, CCC residency, and medication issues. Two out of the three cases were closed, the billing issue being the remaining one. The FWA team is waiting on additional clarification on follow-up questions.</p> <p><b>4.2 HIPAA Cases</b> There are a total of 32 cases in the past 6.5 months, 28 external incidents and 4 internal. 21 of the cases are closed, while 11 are still under investigation.</p> <p><b>4.3 Protected Health Information (PHI) /Patient Confidentiality</b> A reminder was sent out that patient/protected health information should only be viewed on an as-needed basis. Staff should be mindful when emailing and saving information and to remove PHI when it is not necessary, using initials instead of the full name, and add [ENCRYPT] in the subject line of any email that is being sent outside of CCH. Staff was also reminded to lock their computer when leaving their workstation.</p>	<p>Sylvia Taqi-Eddin</p> <p>Chanda Gonzales</p>
<p><b>5.0</b> <b>Regulatory &amp; Staff Trainings</b></p>	<p><b>5.1 Regulatory Trainings – TGI/DEI</b> The Transgender, Gender Diverse and Intersex (TGI) training were sent out last month in December. It is due by the end of January. Alerts will be sent out to staff to complete this training and their immediate manager/supervisor. A Diversity, Equity &amp; Inclusion (DEI) has also been included in the training package, but not due until November 31.</p> <p>A reminder was posted that both trainings must be completed within the first two weeks for new hires.</p> <p><b>5.2 Regulatory Trainings – FWA/HIPAA</b> The 2025 Fraud Waste &amp; Abuse training was enrolled to everyone in CCHP on January 14. This training is due by the end of the year but is encouraged for it to be finished as soon as possible.</p> <p>The HIPAA training has not been rolled out to staff, HR is still working on the training and will release when available.</p>	<p>Otilia Tiutin</p> <p>John Moral</p>
<p><b>6.0</b> <b>Corrective Action Plans</b></p>	<p><b>6.0 Corrective Action Plans</b> The 2023 DHCS Medical Audit Corrective Action Plan (CAP) and 2024 DHCS Primary Care Provider (PCP) Facility Site and Medical Record Review were closed. The Plan is still waiting for the 2024 DHCS Medical Audit preliminary filings. ECM Public Health CAP Quarter 1 status report were submitted to DHCS while Quarter 2 will be due November 15.</p> <p><b>6.1 2023 DHCS Focused Audit CAP – Behavioral Health</b> Submissions for the CAP are currently under review by DHCS. BHD is now following up for closed loop referrals for 3 populations: Specialty Mental Health Services, Transitions of Care, and Inpatient Transitions. All findings partially accepted; closure is pending internal audit results.</p> <p><b>6.2 2023 DHCS Focused Audit CAP – Transportation</b> All responses to the four findings have been accepted by DHCS. Transportation CAP finished.</p>	<p>Cynthia Choi</p> <p>Wendy Mascitto</p>

Next meeting scheduled on

Tuesday, February 25, 2025 at 02:00PM

APPROVED BY: 

DATE: 2/25/25

NAME, TITLE: CHANDA GONZALES, COMPLIANCE OFFICER



595 Center Avenue, Suite 100 | Martinez, CA 94553 | Phone: (925) 313-6000  
cchealth.org

## Monthly Operational Compliance Meetings

February 25, 2025 | 02:00PM – 03:00PM | Microsoft Teams

### Attendees

- Dr. Irene Lo, Chief Medical Officer
- Alejandro Fuentes, Clinical Quality Auditing
- Belkys Teutle, Member Services
- Beth Hernandez, Quality Director
- Brandon Engelbert, Claims
- David Chen, Compliance
- Dulce Orozco, Clinical Quality Auditing
- Jay Putta, Compliance
- Jersey Neilson, Quality
- Jill Perez, Appeals & Grievances and Utilization Management Director
- John Moral, Administration
- Dr. Joseph Cardinali, Pharmacy Director
- Juliana Mondragon, Utilization Management
- Leizl Avecilla, Case Management Director
- Magda Souza, Clinical Quality Auditing & Behavioral Health Director
- Melissa Bailey, Compliance
- Michael Chavez, Compliance
- Dr. Nicolas Barcelo, Medical Director
- Nikita Hughes, Appeals & Grievances
- Rebecca Lau, Pharmacy
- Dr. Sara Levin, Medical Director
- Shari Jones, Quality
- Sonia Escobar, Analysis & Reporting Director
- Sylvia Taqi-Eddin, Compliance
- Terri Lieder, Provider Relations Director
- Wendy Mascitto, Compliance

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Welcome	<b>1.0 Welcome</b> Melissa Bailey starts the Monthly Operational Compliance Meeting.	Melissa Bailey
2.0 All Plan Letters	<b>2.0 All Plan Letters</b> <ul style="list-style-type: none"> <li><b>24-017: Transgender, Gender Diverse or Intersex Cultural Competency Training Program and Provider Directory Requirements</b> – As of 2-24-25, all CCHP staff have completed the Transgender, Gender Diverse &amp; Intersex (TGI) Training, unless they were on leave. Currently waiting for an attestation for the Provider Directory. On 2-28-25, provider directory will be run to confirm requirements are in place.</li> <li><b>24-016: Diversity, Equity, &amp; Inclusion Training Program Requirement</b> – The Diversity, Equity, &amp; Inclusion (DEI) training must be one that encompasses sensitivity, diversity, cultural competency and cultural humility, and health equity trainings, for all Managed Care Program staff and Network Providers, regardless of their cultural or professional training and background. Thus, all CCHP staff need to complete this online training by 10-30-25. Staff can access this training via ccLearn on the "To Do List" page of the learning portal.</li> <li><b>24-018: Medical Loss Ratio Requirements for Subcontractors and Downstream Subcontractors</b> – No updates.</li> <li><b>24-019: Minor Consent to Outpatient Mental Health Treatment or Counseling</b> – No updates; nothing currently due to Compliance Unit.</li> <li><b>24-023: Newly Enacted Statutes Impacting Health Plans (2024 Legislative Session)</b> – As of 2-24-25: All CCHP departments have been sent an email from their assigned Compliance staff member, along with the APL, bill information, and requirements. Revised policies and other documents should be uploaded to the appropriate SharePoint folder no later than COB March 14th. If multiple departments are impacted by a specific bill, the Compliance Unit will need a response from</li> </ul>	Sylvia Taqi-Eddin



	<p>each individual department.</p> <ul style="list-style-type: none"> <li>- <b><u>*25-002: Skilled Nursing Facility Workforce Quality Incentive</u></b> – issued 1-13-25. Cynthia Choi will be the contact person. Impacted departments are Analysis &amp; Reporting, Claims, Finance, Case Management, Provider Relations, and Information Technology.</li> <li>- <b><u>*25-003: Establishing Dual Eligible Special Needs Plans by 2026</u></b> – Important dates:  Notice of Intent due 11-11-24  D-SNP App due 2-12-25  Bid + Formulary Submission due 6-2-25  Contract Execution with CMS due 8-31-25</li> <li>- <b><u>*25-004: Community Reinvestment Requirements</u></b> – Issued 2-11-25 – As of 2-24-25, final version pending official posting on DHCS website. This APL will require Managed Care Plans (MCPs) to initiate community reinvestment planning in 2025 with implementation of activities starting in 2026. Thus, nothing currently due to Compliance Unit. However, this APL will eventually fall under Finance &amp; Admin. In the meantime, Sharron will let us know about next steps regarding this APL. Otilia will follow-up with Sharron</li> <li>- <b><u>*25-005: Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats</u></b> – Issued 2-12-25. Falls under the units of Member Services, Quality Management, &amp; AGD. Threshold languages get updated every 3 years. According to Federal law, there needs to be a methodology for identifying the prevalent non-English languages spoken by potential members in each Managed Care Plan. For CCHP, we have 3 (English, Spanish, &amp; Chinese). Impacted units will need to work on updating the new Tagline (new name of the document is Notice of Availability) document and Nondiscrimination notice document. Both documents will need to be translated into Spanish, Chinese Simplified and Chinese Traditional. Then each department will need to assess their member mailings and make their updates to include the new attachments. Impacted units will need to update their policies &amp; procedures and submit them to Compliance by the 5-1-25 deadline</li> </ul> <p>*New APLS. Cover letters have been sent out to appropriate units</p> <p><b><u>2.1 Upcoming APLs (currently still drafts)</u></b>  Drafts have been sent out to impacted units, no action required yet.</p> <ul style="list-style-type: none"> <li>- <b><u>24-XXX: Hospice Services and Medi-Cal Managed Care</u></b> – supersedes APL 13-014</li> <li>- <b><u>25-XXX: Targeted Provider Rate Increases</u></b> – supersedes APLs 24-007, 10-014, and 10-003. Guidance on eligible provider payment requirements applicable to Medi-Cal Targeted Rate Increases.</li> <li>- <b><u>25-XXX: Assembly Bill 3275 Guidance (Claim Reimbursement)</u></b> – released 02.13.25</li> </ul>	<p>Dr. Sara Levin: <i>remove Case Management, add Provider Relations</i></p> <p>Dr. Irene Lo: <i>Add Utilization Management</i></p> <p><i>Sylvia Taqi-Eddin to confirm with Otilia Tiutin that Finance and IT department gets APL notices.</i></p> <p>Sylvia Taqi-Eddin</p> <p><i>Add DMHC/DHCS tags per APL.</i></p>
<p><b>3.0 Regulatory Deliverables</b></p>	<p><b><u>3.0 Regulatory Deliverables – Updates</u></b>  CMS – Application submitted on February 11. There is currently no updates to the application, but there are two “cure” period that CMS allows to submit/correct any changes/errors in our application when we receive them.</p> <p>DMHC – APL 24-023: 2024 Legislation is a large legislative filing that all units are impacted. Compliance should have reached out to the impacted units about their assigned bills.</p> <p>DHCS – Regarding the potential impacts of the recent federal executive orders, DHCS contract managers have confirmed that when new guidance arrives, they will share with the Plan.</p> <p><b><u>3.1 Regulatory Deliverables Tracker</u></b>  The Plan is currently on track of all DMHC deliverables.</p> <p><b><u>3.2 Upcoming Submissions for March and April</u></b>  The Compliance Program Managers will be sending out the March and April deliverables list for each units beginning March.</p>	<p>Melissa Bailey</p>

	<p><b>3.3 Other Updates</b> Policy Stat go-live has been pushed to July, information will be sent out when received.</p>	
<p><b>4.0 Fraud Waste Abuse (FWA) &amp; HIPAA</b></p>	<p><b>4.1 FWA Cases</b> A quick summary for 2025 Fraud Waste &amp; Abuse cases, the Plan has only received one report in the month of February. 2 out of the 3 cases were closed in December, while the last one is under finalization after reviewing claims history from 2021. The new case received in February is in relation to member impersonation.</p> <p>Each quarter, the Plan received a TRAP report from our vendor Cotiviti. They assist us in flagging providers of suspected FWA scenarios. Quarter 4 should be received within March. A new contract is underway with the Plan and Cotiviti to involve more assistance using Cotiviti and their resources to make the investigation smoother and easier.</p> <p><b>4.2 HIPAA Cases</b> Within the past 7.5 months, there were a total of 42 cases. 35 of the 42 are currently closed, while 7 are still active and under investigation.</p> <p><b>4.3 Protected Health Information (PHI)/Patient Confidentiality</b> A guide was presented to attendees that when faced with a situation to identify a privacy incident.</p> <ul style="list-style-type: none"> <li>- Who was the victim and the unintended recipient(s)?</li> <li>- What information was shared?</li> <li>- How was the information shared?</li> <li>- Was it deleted, returned, destroyed, or other?</li> </ul> <p>A web form is being created to send out to the departments to assist in reporting.</p>	<p>Sylvia Taqi-Eddin</p> <p>Michael Chavez</p>
<p><b>5.0 Regulatory &amp; Staff Trainings</b></p>	<p><b>5.1 Regulatory Trainings – TGI/DEI</b> Two new trainings that are required were reminded to the attendees that all staff need to complete. The Transgender, Gender Diverse and Intersex (TGI) training has been completed for staff who were present at the time. A reminder was stated to ask department heads/staff that those who were on leave to complete as soon as possible. The second new training, Diversity, Equity &amp; Inclusion (DEI), is due on October 31st. Attendees were recommended to complete as early as possible. New hires are also required to have both trainings completed within their first two weeks of hire.</p> <p><b>5.2 Regulatory Trainings – FWA/HIPAA</b> Fraud Waste &amp; Abuse training were enrolled to everyone on January 14, while the 2025 HIPAA course has not been finalized. Both will have a due date at the end of this year. Attendees were recommended to complete as early as possible. New hires are also required to have both trainings completed within their first two weeks of hire.</p> <p>Due to the delay of the 2025 HIPAA course, 2024 HIPAA will be assigned to new hires for the time being, but when release, the 2025 HIPAA course must also be completed.</p>	<p>John Moral</p>
<p><b>6.0 Corrective Action Plans</b></p>	<p><b>6.1 2024 DHCS Medical Audit</b> The Plan submitted their response to the CAPs on February 13. Pending finalized findings and any more potential CAPs.</p> <p><b>6.2 ECM Public Health CAP</b> The Plan has submitted the quarter 1 status report to DHCS and is working on quarter 2. The quarter 2 report is due November 15.</p> <p><b>6.3 2024 DHCS Interoperability Requirements CAP</b> IT project has been completed and are awaiting review and response by DHCS.</p> <p><b>6.4 2023 DHCS Focus Audit CAP – Behavioral Health</b> The Plan is 85% complete with responses. Cynthia Choi is working closely with Behavioral Health.</p>	<p>Melissa Bailey</p>
<p><b>7.0 Questions and Conclusion</b></p>	<p><b>7.0 Questions and Conclusion</b> “Pending a new Director, in the next Compliance Meeting, can we discuss DHCS audit preparations?”</p> <p>Yes, that can be brought up in consideration. With that, we’re expecting to get a new Compliance Director soon and introduce them in the next meeting.</p>	<p>Dr. Irene Lo</p> <p>Melissa Bailey</p>

Next meeting scheduled on

Tuesday, March 25, 2025 at 02:00PM

APPROVED BY: CHANDRA GONZALES,  
COMPLIANCE OFFICER

SIGNED: , 8/25/25



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## Monthly Operational Compliance Meetings

March 25, 2025 | 02:00PM – 03:00PM | Microsoft Teams

### Attendees

- Dr. Irene Lo, Chief Medical Officer
- Chanda Gonzales, Deputy Executive Director / Compliance Officer
- Alejandro Fuentes, Clinical Quality Auditing
- Belkys Teutle, Member Services
- Beth Hernandez, Quality Director
- Brandon Engelbert, Claims
- Cynthia Choi, Compliance
- David Chen, Compliance
- Dulce Orozco, Clinical Quality Auditing
- Jay Putta, Compliance
- Jersey Neilson, Quality
- Jill Perez, Appeals & Grievances and Utilization Management Director
- John Moral, Administration
- Dr. Joseph Cardinalli, Pharmacy Director
- Juliana Mondragon, Utilization Management
- Leizl Avecilla, Case Management Director
- Magda Souza, Clinical Quality Auditing Director
- Melissa Bailey, Compliance
- Michael Chavez, Compliance
- Dr. Nicolas Barcelo, Medical Director
- Nikita Hughes, Appeals & Grievances
- Otilia Tiutin, Compliance
- Pasia Gadson, CalAIM Programs and Transitional Care Services Director
- Patricia Munoz-Zuniga, Advice Nurse Director
- Rebecca Lau, Pharmacy
- Dr. Sara Levin, Medical Director
- Shari Jones, Quality
- Sonia Escobar, Analysis & Reporting Director
- Sylvia Taqi-Eddin, Compliance
- Terri Lieder, Provider Relations Director
- Wendy Mascitto, Compliance

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Welcome	<b>1.0 Welcome</b> Chanda Gonzales starts the Monthly Operational Compliance Meeting.	Chanda Gonzales
2.0 Introduction	<b>2.0 Introduction – New Compliance Director</b> Matthew Verdier is introduced as the new Compliance Director.	Matthew Verdier
3.0 All Plan Letters	<b>3.0 All Plan Letters</b> <b>DHCS:</b> <ul style="list-style-type: none"> <li>- <b>24-019: Minor Consent to Outpatient Mental Health Treatment or Counseling</b> – No current updates; nothing currently due to Compliance Unit.</li> <li>- <b>25-002: Skilled Nursing Facility Workforce Quality Incentive</b> – issued 01-13-25. No current updates.</li> <li>- <b>25-004: Community Reinvestment Requirements</b> – issued 2-11-25. No current updates.</li> <li>- <b>25-005: Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats</b> – Issued 2-12-25. The due date has been changed to July 1, 2025. The Quality Department has submitted a ticket to IT to edit all letters to adhere to the update.</li> </ul> <b>DMHC:</b> <ul style="list-style-type: none"> <li>- <b>21-011: Grievance and Appeals Requirements, Notice and “Your Rights” Templates</b> – Issued 1-10-25. No current updates</li> <li>- <b>*25-004: AB 118: Part 1 – Compliance with Large Group Standardized Evidence of Coverage/Disclosure Form</b> – Issued 3-10-25. Changes apply to all commercial full-service health care service plans and require DMHC to develop standardized templates for various documents</li> </ul>	Otilia Tiutin









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## Monthly Operational Compliance Meetings

April 29, 2025 | 02:00PM – 02:45PM | Microsoft Teams

### Attendees

- Dr. Irene Lo, Chief Medical Officer
- Chanda Gonzales, Deputy Executive Director / Compliance Officer
- Matthew Verdier, Compliance Director
- Aaron Graessley, Clinical Operations
- Alejandro Fuentes, Clinical Quality Auditing
- Belkys Teutle, Member Services
- Beth Hernandez, Quality Director
- Brandon Engelbert, Claims
- Coquise Fulgham, Utilization Management
- Cynthia Choi, Compliance
- David Chen, Compliance
- Dulce Orozco, Clinical Quality Auditing
- Janice Chang, Finance
- Jay Putta, Compliance
- Jena Cooper, Case Management
- Jersey Neilson, Quality
- Jill Perez, Appeals & Grievances and Utilization Management Director
- John Moral, Administration
- Dr. Joseph Cardinalli, Pharmacy Director
- Juliana Mondragon, Utilization Management
- Leizl Avecilla, Case Management Director
- Magda Souza, Clinical Quality Auditing & Behavioral Health Director
- Melissa Bailey, Compliance
- Michael Chavez, Compliance
- Dr. Michael Clery, Ambulatory Care
- Dr. Nicolas Barcelo, Medical Director
- Nikita Hughes, Appeals & Grievances
- Otilia Tiutin, Compliance
- Paralee Purviance, Finance
- Pasia Gadson, CalAIM Director
- Patricia Munoz-Zuniga, Advice Nurse Director
- Rebecca Lau, Pharmacy
- Dr. Sara Levin, Medical Director
- Shari Jones, Quality
- Sonia Escobar, Analysis & Reporting Director
- Sylvia Taqi-Eddin, Compliance

SUBJECT	DISCUSSION	ACTION / WHO
<b>1.0 Welcome</b>	<b>1.0 Welcome</b> Melissa Bailey starts the Monthly Operational Compliance Meeting.	Chanda Gonzales & Matthew Verdier
<b>2.0 All Plan Letters</b>	<b>2.0 All Plan Letters</b> <b>DHCS:</b> <ul style="list-style-type: none"> <li>- <b>25-004: Community Reinvestment Requirements</b> – issued 2-11-25. No current updates.</li> <li>- <b>25-005: Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats</b> – Issued 2-12-25. The due date has been changed to July 1, 2025. The Quality Department has submitted a ticket to IT to edit all letters to adhere to the update.</li> <li>- <b>25-006: Timely Access Requirements</b> – Issued 4-25-25. APL offers guidance regarding the ongoing requirement to meet timely access standards as outlines in Health and Safety Code (H&amp;S) section 1367.03. Additionally, this APL outlines the required minimum performance as set by the DHCS. Affected departments are Quality Management and Provider Relations. Due date to compliance is 7-15-25.</li> <li>- <b>25-007: Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions</b> – Issued 4-25-25. Supersedes DHCS APL 23-012. Awareness of the enforcement actions, including corrective action plans, and administrative and monetary sanctions, which are among the enforcement actions DHCS may take if CCHP does not meet the on-going contractual obligations</li> </ul>	Otilia Tiutin

	<p>and applicable state and federal laws. Affected units are Admin and Compliance.</p> <p><b>DMHC:</b></p> <ul style="list-style-type: none"> <li>- <b>25-004: AB 118: Part 1 – Compliance with Large Group Standardized Evidence of Coverage/Disclosure Form</b> – Issued 3-10-25. Changes apply to all commercial full-service health care service plans and require DMHC to develop standardized templates for various documents describing health plan member benefits, such as the Evidence of Coverage, Disclosure Form, Schedule of Benefits, Explanation of Benefits, and Cost-Share Summary. Affected departments are Compliance, Member Services, and Pharmacy.</li> <li>- <b>25-005: Southern California Fires and Flexibilities to Impacted Providers</b> – Issued 3-19-25. DMHC directs all health plans with providers in Los Angeles and/or Ventura Counties who were misplaced by the fires to follow certain guidelines related to extend prior auth. by 180 days. Extend timeframes to submit claims to 365 days, extend dispute or overpayment to 180 days, allow mobile clinics or temp locations for 6 months, create a resource web page for providers. Affected departments are Compliance, Auth-UM, Provide Relations, and Claims.</li> <li>- <b>25-006: Health Plan coverage of Mobile Crisis Services</b> – Issued 3-21-25. To provide guidance regarding the obligations of health plans related to behavioral health crisis services provided to an enrollee by a 988 center or mobile crisis team. Affected units are Claims and Behavioral Health Services.</li> <li>- <b>25-007: Assembly Bill 3275 Guidance (Claim Reimbursement)</b> – Issued on 4-1-25. Provide guidance to health care service plans (plans) on requirements for the processing and reimbursement of claims within 30 days of receipt on or after January 1, 2026. Affected units are Clinical Operations, A&amp;G, Member Services, and Contracts. Due date to compliance is 7-25-25.</li> <li>- <b>25-008: Provider Directory Annual Filing Requirements</b> – Issued on 4-8-25. To remind health plans to annually submit provider directory policies and procedures to the Department. In addition, the Department reminds plans to submit the changes to their provider directory policies and procedures. Affected unit is Provider Relations. Due date to compliance is 5-12-25.</li> <li>- <b>25-009: 2025 Health Plan Annual Assessments – Quarterly Financial Statements</b> – Issued on 4-15-25. Health plans are annually required to submit the Report of Enrollment Plan form to DMHC by May 15. Affected unit is Finance. Due date to compliance is 5-10-25.</li> </ul> <p><b>2.1 Upcoming APLs (currently still drafts)</b></p> <p><b>DHCS:</b></p> <ul style="list-style-type: none"> <li>- <b>24-XXX: Hospice Services and Medi-Cal Managed Care</b> – supersedes APL 13-014</li> <li>- <b>25-XXX: Targeted Provider Rate Increases</b> – Supersedes APLs 24-007, 10-014, and 10-003. Released 1-15-25</li> <li>- <b>25-XXX: Adult and Youth Screening and Transition of Care Tools</b> – Supersedes APL 22-028. Released 3-10-25</li> <li>- <b>25-XXX: Data Sharing and Quality Rate Production</b> – Released 4-25-25</li> </ul> <p><b>DMHC:</b></p> <ul style="list-style-type: none"> <li>- <b>25-XXX: Assembly Bill 3275 Guidance (Claim Reimbursement)</b> – released 02-13-25</li> </ul>	
<p><b>3.0 Regulatory Deliverables</b></p>	<p><b>3.0 Regulatory Deliverables – Updates</b></p> <p>CMS – Additional information requested regarding pharmacy contract and compliance plan. 2<sup>nd</sup> response for deficiency corrections submitted 4-24-25</p> <p>DMHC Enforcement Matter 24-143 – Submitted 4-25-25</p> <p>DMHC Enforcement Matter 22-710 (Kaiser Grievance) – Due 5-5-25, reminder to relevant parties to submit to compliance their assignments</p> <p>DMHC APL 24-023: 2024 Legislation – Compliance has reached out to the impacted units about their assigned bills.</p> <p>Timely Access and Annual Network Report – Due 5-1-25. TA data has been validated and documents uploaded.</p> <p>DHCS – Reminder that the 2025 Audit CAP deliverables are due</p> <p><b>3.1 Regulatory Deliverables Tracker - Upcoming</b></p> <p>As of 4-28-25, the Plan is currently on track of all DMHC deliverables. 19 filings pending with CCHP while 24 under review with DMHC.</p>	<p>Chanda Gonzales</p>

<b>4.0</b> <b>Fraud Waste Abuse (FWA) &amp; HIPAA</b>	<p><b><u>4.1 FWA Cases</u></b>  The Plan has received 1 new case each month since February and has closed two out of the three cases received. April case is a DHCS referral about a provider billing issue.</p> <p><b><u>4.2 HIPAA Cases</u></b>  In Quarter 2, there are currently 4 cases reported in total.</p>	<p>Sylvia Taqi-Eddin</p> <p>Michael Chavez</p>
<b>5.0</b> <b>Regulatory &amp; Staff Trainings</b>	<p><b><u>5.1 Regulatory Trainings – TGI/DEI</u></b>  A reminder was sent out to complete the Transgender, Gender Diverse and Intersex (TGI) and Diversity, Equity &amp; Inclusion (DEI) trainings.</p> <p><b><u>5.2 Regulatory Trainings – FWA/HIPAA</u></b>  A reminder was sent out to complete the Fraud, Waste, and Abuse (FWA) and HIPAA trainings. Due by the end of the year.</p>	<p>John Moral</p>
<b>6.0</b> <b>Corrective Action Plans</b>	<p><b><u>6.1 2024 DHCS Medical Audit</u></b>  No feedback from DHCS.</p> <p><b><u>6.2 ECM Public Health CAP</u></b>  The Plan has submitted the update to DHCS for Quarter 1 status report. Expecting the Quarter 2 status report to be due on November 15.</p> <p><b><u>6.3 2024 DHCS Interoperability Requirements CAP</u></b>  Pending 1 minor correction by vendor.</p> <p><b><u>6.4 2023 DHCS Focus Audit CAP – Behavioral Health</u></b>  Waiting for DHCS Final Review</p>	<p>Cynthia Choi</p>
<b>7.0</b> <b>Auditor-Controller Audit</b>	<p><b><u>7.0 Office of Auditor-Controller 2025</u></b>  The Office of the Auditor-Controller will be conducting a routine audit of the financial practices and procedures related to CCHP Vendor Payments, focusing on the processing of vendor invoices. Relevant parties should have been alerted and are expected to participate.</p>	<p>Matthew Verdier</p>

Next meeting scheduled on

Tuesday, April 29, 2025 at 02:00PM

APPROVED BY: CHANDA GONZALES,  
COMPLIANCE OFFICER

SIGNED: , 8/25/25



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## Compliance Committee Meetings

**May 20, 2025 | 02:00PM – 03:00PM | Microsoft Teams**

### Attendees

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <ul style="list-style-type: none"> <li>Dr. Irene Lo, Interim Chief Executive Officer</li> <li>Elena White, Interim Director of Operations</li> <li>Chanda Gonzales, Deputy Executive Director / Compliance Officer</li> <li>Beth Hernandez, Quality Director / Health Equity Officer</li> <li>Bhumil Shah, Chief Information Officer</li> <li>Brandon Engelbert, Member Services Director</li> <li>Cynthia Choi, Compliance</li> <li>David Chen, Compliance</li> <li>Jay Putta, Compliance</li> <li>Jill Perez, Appeals &amp; Grievances and Utilization Management Director</li> <li>John Moral, Compliance</li> <li>Dr. Joseph Cardinali, Pharmacy Director</li> </ul> | <ul style="list-style-type: none"> <li>Leizl Avecilla, Case Management Director</li> <li>Magda Souza, Clinical Quality Auditing and Behavioral Health Director</li> <li>Melissa Bailey, Compliance</li> <li>Michael Chavez, Compliance</li> <li>Dr. Nicolas Barcelo, Medical Director</li> <li>Otilia Tiutin, Compliance</li> <li>Pasia Gadson, CalAIM Programs and Transitional Care Services Director</li> <li>Patricia Munoz-Zuniga, Advice Nurse Director</li> <li>Dr. Sara Levin, Senior Medical Director</li> <li>Shulin Lin, Finance</li> <li>Sonia Escobar, Analysis &amp; Reporting Director</li> <li>Sylvia V. Taqi-Eddin, Compliance</li> <li>Terry Reiser, Senior Compliance Director</li> </ul> |
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SUBJECT	DISCUSSION	ACTION / WHO
<b>1.0 Welcome</b>	<p><u><b>1.0 Welcome</b></u> CCHP is required by CMS to have a Compliance Committee. This meeting will only have Directors and C-Suite as members of the Committee.</p> <p><u><b>1.1 Terry Reiser</b></u> Matthew Verdier has departed from the Plan and Terry Reiser will be the Senior Compliance Director.</p>	Dr. Irene Lo
<b>2.0 Overview of Compliance Committee</b>	<p><u><b>2.0 Overview of Compliance Committee</b></u> This meeting is intended to talk about more sensitive information. The Compliance Program is overseen by the Compliance Committee to detect Fraud, Waste, and Abuse, implement corrective action plans, and provide proper training. The Committee is responsible to comply and know the Code of Conduct and will be a resource to the Compliance Officer in decisions and risk assessments.</p> <p>The Compliance Charter has been sent out to the attendees for review. The Charter will be reviewed for approval/denial in the next Compliance Committee meeting.</p>	<p>Melissa Bailey</p> <p>The Compliance Committee charter will be reviewed for approval in the next meeting.</p>
<b>3.0 General Agenda</b>	<p><u><b>3.0 General Agenda</b></u> The sample agenda has been previewed for future meetings</p> <ol style="list-style-type: none"> <li>1. Welcome/Introductions</li> <li>2. Consent Agenda</li> <li>3. Regulatory and Audit Updates</li> </ol>	Dr. Irene Lo

	4. Fraud, Waste, and Abuse (FWA) Report 5. Medicare Compliance Program Development 6. Compliance Monitoring and Internal Audits 7. Policy and Procedure Review 8. Training and Education 9. Next Steps	
<b>4.0 Policies</b>	<b><u>4.0 Non-Clinical Policies</u></b> There is a plan in the future that this Committee will also be responsible to review and approve/deny non-Clinical policies to ensure that policies align with applicable APLs, have accurate content and overall compliance.	John Moral

Next meeting scheduled on

Tuesday, June 26, 2025 at 02:00PM

**Approved:**

**Date:**



Chanda Gonzales, Compliance Officer







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## Compliance Committee Meetings

**June 26, 2025 | 02:00PM – 03:00PM | Microsoft Teams**

### Attendees

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <ul style="list-style-type: none"> <li>Dr. Irene Lo, Interim Chief Executive Officer</li> <li>Chanda Gonzales, Deputy Executive Director / Compliance Officer</li> <li>Beth Hernandez, Quality Director / Health Equity Officer</li> <li>Brandon Engelbert, Member Services Director</li> <li>Cynthia Choi, Compliance</li> <li>David Chen, Compliance</li> <li>Denise Valder, Claims</li> <li>Jay Putta, Compliance</li> <li>Jill Perez, Appeals &amp; Grievances and Utilization Management Director</li> </ul> | <ul style="list-style-type: none"> <li>Dr. Joseph Cardinalli, Pharmacy Director</li> <li>Leizl Avecilla, Case Management Director</li> <li>Melissa Bailey, Compliance</li> <li>Michael Chavez, Compliance</li> <li>Dr. Nicolas Barcelo, Medical Director</li> <li>Otilia Tiutin, Compliance</li> <li>Pasia Gadson, CalAIM Programs and Transitional Care Services Director</li> <li>Patricia Munoz-Zuniga, Advice Nurse Director</li> <li>Sonia Escobar, Analysis &amp; Reporting Director</li> <li>Sylvia Taqi-Eddin, Compliance</li> <li>Terry Reiser, Senior Compliance Director</li> </ul> |
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SUBJECT	DISCUSSION	ACTION / WHO
<b>1.0 Welcome</b>	<p><b><u>1.1 Call to Order</u></b> Chanda Gonzales has called the meeting to order, June 26, 2025, 2:03 PM.</p> <p><b><u>1.2 Terry Reiser</u></b> Terry Reiser is introduced as the Senior Director of Compliance.</p>	<p>Chanda Gonzales</p> <p>Terry Reiser</p>
<b>2.0 Compliance Committee Charter Discussion</b>	<p><b><u>2.1 Clinical vs. Non-Clinical Policies</u></b> A proposal was introduced that the Committee will review Non-Clinical policies to ensure policies are aligned with regulatory rules and guidelines. Clinical policies will continue to go through their proper channels, like the UM Committee and Quality Council. Attendees are reminded that Compliance is not responsible for developing other business' policies, nor the content. Draft workflows of Policies &amp; Procedures were presented.</p> <p><b><u>2.2 Proposed Policy Review Process</u></b> Proposal postponed to the next Compliance Committee June 29, 2025.</p>	<p>Terry Reiser Melissa Bailey</p>
<b>3.0 Regulatory Updates</b>	<p><b><u>3.0 Regulatory Updates</u></b> <b>DMHC Enforcement Matter 2019 Survey</b> – As of June 16, 2025, a proposed CAP was submitted and is pending DMHC comments. There is also a penalty and formal statement under review. For the future, County Counsel will be involved and reports will also be sent out to the Joint Conference Committee with the Board of Supervisors.</p> <p><b>CMS</b> – The State Medicaid Agency Contract (SMAC) will be uploaded for review June 26, 2025. On July 3, 2025, the D-SNP steering committee will be introduced to the CMS Account Manager, Andy Mathison.</p>	<p>Chanda Gonzales</p>
<b>4.0 Audit Updates</b>	<p><b><u>4.0 Audit Updates</u></b> <b>DHCS Focused Audit CAP (BH, NMT)</b> – All issues addressed and submissions completed. Awaiting</p>	<p>Chanda Gonzales</p>

	<p>final review and closure.</p> <p><b>DHCS Interoperability CAP (A&amp;R)</b> – On June 12, 2025, closure letter was received.</p> <p><b>DHCS Medical Audit CAP</b> – A reminder that the 3<sup>rd</sup> submission is due for upload by July 1, 2025.</p> <p><b>DHCS 2025 Audit</b> – The Compliance team is currently doing Quality Assurance on submitted items with aim to complete submission by July 3, 2025.</p>	
<p><b>5.0</b> <b>Open CAP Review</b></p>	<p><b>4.1 Open CAP Items</b></p> <p><b>Provider Terminations Self-Monitoring Results and Change in Member Circumstances Self-Monitoring Results</b> - Both CAPs are reported to be on the verge of closing. Documents have been submitted to DHCS, now in the stages on showing the process that we have implemented within the team and iSite.</p> <p><b>Enhanced Care Management</b> - After a multi-team collaboration, it is currently in the phase to close at the end of August.</p>	<p>Brandon Engelbert</p> <p>Pasia Gadson</p>
<p><b>6.0</b> <b>Fraud, Waste, and Abuse (FWA) Report</b></p>	<p><b>6.0 Fraud, Waste, and Abuse (FWA) Report</b></p> <p>Total of 8 cases, still currently pending. All cases have been reported to DHCS.</p> <p>The Cotiviti contract amendment is under negotiations and information will be shared when finalized.</p>	<p>Sylvia Taqi-Eddin</p> <p>Dr. Irene Lo</p>
<p><b>7.0</b> <b>Adjournment</b></p>	<p>Meeting adjourned at 03:00PM.</p>	<p>Chanda Gonzales</p>

Next meeting scheduled on

Tuesday, July 29, 2025 at 02:00PM

**Approved:**

**Date:**

  
Chanda Gonzales, Compliance Officer

  
8/15/25



595 Center Avenue, Suite 100 | Martinez, CA 94553 | Phone: (925) 313-6000  
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## Compliance Committee Meeting

July 29, 2025 | 02:02PM – 03:00PM | Microsoft Teams

### Attendees

- |                                                                                                          |                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Dr. Irene Lo, Interim Chief Executive Officer                        | <input checked="" type="checkbox"/> Leizl Avecilla, Case Management Director                              |
| <input type="checkbox"/> Elena White, Interim Director of Operations                                     | <input checked="" type="checkbox"/> Magda Souza, Clinical Quality Auditing and Behavioral Health Director |
| <input checked="" type="checkbox"/> Chanda Gonzales, Deputy Executive Director / Compliance Officer      | <input checked="" type="checkbox"/> Melissa Bailey, Compliance                                            |
| <input checked="" type="checkbox"/> Beth Hernandez, Quality Director / Health Equity Officer             | <input checked="" type="checkbox"/> Michael Chavez, Compliance                                            |
| <input type="checkbox"/> Bhumil Shah, Chief Information Officer                                          | <input checked="" type="checkbox"/> Dr. Nicolas Barcelo, Medical Director                                 |
| <input checked="" type="checkbox"/> Brandon Engelbert, Member Services Director                          | <input checked="" type="checkbox"/> Otilia Tiutin, Compliance                                             |
| <input checked="" type="checkbox"/> Cynthia Choi, Compliance                                             | <input checked="" type="checkbox"/> Pasia Gadson, CalAIM Programs and Transitional Care Services Director |
| <input checked="" type="checkbox"/> David Chen, Compliance                                               | <input checked="" type="checkbox"/> Patricia Munoz-Zuniga, Advice Nurse Director                          |
| <input checked="" type="checkbox"/> Denise Valder, Claims                                                | <input checked="" type="checkbox"/> Dr. Sara Levin, Senior Medical Director                               |
| <input checked="" type="checkbox"/> Jay Putta, Compliance                                                | <input checked="" type="checkbox"/> Shulin Lin, Finance                                                   |
| <input checked="" type="checkbox"/> Jill Perez, Appeals & Grievances and Utilization Management Director | <input checked="" type="checkbox"/> Sonia Escobar, Analysis & Reporting Director                          |
| <input checked="" type="checkbox"/> John Moral, Compliance                                               | <input checked="" type="checkbox"/> Sylvia V. Taqi-Eddin, Compliance                                      |
| <input checked="" type="checkbox"/> Dr. Joseph Cardinali, Pharmacy Director                              | <input checked="" type="checkbox"/> Terry Reiser, Senior Compliance Director                              |

### DISCUSSION

- Meeting Minutes **Approved**
- Reviewed Policy Review Process (Clinical vs. Non-Clinical Policies)
- Modified Compliance Charter, incorporating the new policy review process **Approved**
- Reviewed following P&Ps for approval:
  - a. Member Services – Brandon Engelbert
    - i. MS 8.053 Changes in Member Circumstances (New) - **Approved**
  - b. Claims – Denise Valder
    - i. CLM 4.007e Claims Processing, Determination Timeliness Internal Monitoring (Modified) - **Approved**
    - ii. CLM 4.573e Sensitive Services (Modified) – **Proposed to delay**
    - iii. CSU 4.159e Recovery of Provider Overpayment (Modified) – **Approved**
    - iv. CLM Claims Payment Requirements (New) – **Approved**
  - c. Compliance – Terry Reiser
    - i. COMP 3.002 All Plan Letters (Modified) – **Approved**
    - i. COMP 3.006 Anti-Fraud Program Policy (Modified) – **Approved**
    - ii. COMP 3.007 Enforcement Actions Policy (New) – **Approved**
    - iii. COMP 3.022 Health Plan Documentation (To be Retired) – **Approved to retire**
    - ii. COMP 3.039 HIPAA – Reporting of Improper Disclosures (Modified) – **Approved**
    - iii. COMP 3.040 Compliance Program (Modified) – **Approved**
    - iv. COMP 3.502 Investigation Compliance (Modified) – **Approved**
  - d. Business Operations – Terry Reiser
    - i. BOPS 1.052 Community Reinvestments Policy (New) – **Approved**
    - ii. BOPS 1.053 Medical Loss Ratio Policy (New) – **Approved**
- Open CAP Review
  - a. Reviewed actions taken to complete the DHCS Medical Audit CAP

- i. Provider Terminations Self-Monitoring Results (Brandon Engelbert)
  - ii. Change in Member Circumstances Self-Monitoring Results (Brandon Engelbert)
- Open Discussion
  - a. 2025 DHCS Audit – audit period August 18 – August 29

#### ACTION ITEMS

- **Melissa Bailey, due by August 12, 2025** – Provide clarity that the department lead ensures that Clinical Policies go to appropriate council and how the Compliance Department will receive the finalized P&Ps
- **Denise Valder, due by August 12, 2025**
  - i. CLM 4.573e – move discussions with Dr. Sara Levin to another offline meeting for clarity of P&P (Terry Reiser will schedule)
  - ii. CSU 4.159 – add definition of “TRAP” abbreviation – Target Research Assess Present
  - iii. Claims Payment Requirements – add references to bottom of the page

Next meeting will be held on

Tuesday August 12, 2025 at 02:00PM – 03:00PM

**Approved:**

**Date:**



Chanda Gonzales, Compliance Officer





# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3990

**Agenda Date:** 10/3/2025

**Agenda #:** 2.7

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Advisory Board: CCHP Joint Conference Committee

Subject: Peer Review and Credentialing Committee Report



595 Center Ave., Ste. 100 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6580  
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## **Subject: Peer Review and Credentialing Committee Report (January 2025 – August 2025)**

### **January 2025**

At the January meeting the committee reviewed and approved 122 new providers joining the CPN network and reviewed and approved recredentialing for 40 pre-existing providers. The committee discussed potential quality issues and performance monitoring of four providers as well as reviewed facility site review reports, and delegated provider quarterly reports.

### **February 2025**

At the February meeting the committee reviewed and approved 91 new providers joining the CPN network and reviewed and approved recredentialing for 19 pre-existing providers. The committee also reviewed potential quality issues and performance monitoring of 14 providers/facilities, facility site review reports, and delegated provider quarterly reports.

### **April 2025**

At the April meeting the committee reviewed and approved 210 new providers joining the CPN network and reviewed and approved recredentialing for 44 pre-existing providers. The committee also reviewed potential quality issues and performance monitoring of five providers, reviewed facility site review reports, monitoring reports (inactive provider and non-clinical provider complaints), and delegated credentialing reports.

### **June 2025**

At the June meeting the committee reviewed and approved 156 new providers joining the CPN network and reviewed and approved recredentialing for 50 pre-existing providers. The committee also reviewed potential quality issues and performance monitoring of 12 providers, reviewed facility site review reports, monitoring reports, and delegated credentialing reports.

### **August 2025**

At the August meeting the committee reviewed and approved 99 new providers joining the CPN network and reviewed and approved recredentialing for 65 pre-existing providers. The committee also reviewed potential quality issues and performance monitoring of eight providers and two grievances, reviewed facility site review reports, monitoring reports, and delegated credentialing reports.

**March 2025** – No meeting held

**May 2025** – No meeting held

**July 2025** – No meeting held





# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3991

**Agenda Date:** 10/3/2025

**Agenda #:** 3.0

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**To:** Joint Conference Committee (JCC) Members

**From:** Matthew Kaufmann, Deputy Health Director, Contra Costa Health

**Date:** October 3, 2025

**Subject:** Contra Costa Health Plan (CCHP) Chief Executive Officer (CEO) Recruitment Update

### **Purpose**

This memo serves as an update on efforts to recruit the next permanent CEO for CCHP.

### **Department Description**

The Office of the Health Services Director is leading this recruitment effort.

### **Key Accomplishments and Highlights**

Contra Costa Health is recruiting the next permanent CEO for CCHP following the retirement of Sharron Mackey on March 29, 2025. Dr. Irene Lo has been serving as the interim CEO since March 30, 2025.

### **Current Priorities and In-Progress Work**

Contra Costa Health (CCHP) continues recruitment efforts for the next permanent CCHP CEO. Several rounds of interviews have been conducted thus far.

### **Challenges**

No challenges have been identified at this time.

### **Looking Ahead**

With interview process concluding shortly, CCH is hopeful that a new permanent CEO for CCHP will be identified in early Fall 2025.



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3992

**Agenda Date:** 10/3/2025

**Agenda #:** 4.0

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**To:** Joint Conference Committee (JCC) Members

**From:** Brian Buchanan, Chief Financial Officer (Interim), Finance

**Date:** October 3, 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

- Stabilized health plan's finance operations
- Filed timely financial reports to DHCS and DMHC for Apr-Jun 2025 quarter
- Completed Commercial rate increase filing for next calendar year
- Developed and documented routine processes for key regulatory financial filings
- Built real time revenue and expense data with IT's support

### Current Priorities and In-Progress Work

- Ensuring the fiscal year closes smoothly with the Auditor-Controller
- 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
- Supporting Medicare D-SNP go-live

### 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 monthly
- Can't use Workday to generate regulatory or financial reporting

**Looking Ahead**

- Fiscal year end and audit will run until November 2025
- Audited financial reports will be filed with DHCS & DMHC post year end
- Complete all routine and special data requests from the state
- Analyze CY2026 Medi-Cal draft capitation rate impact, with draft rates released in late September and final rates in December 2025
- Start monthly health plan operating review



[cchealth.org](http://cchealth.org)

## 4.0 Finance Report

**Presented by:**  
**Brian Buchanan**  
**Chief Financial Officer (Interim)**

# Financial Results Based on Regulatory Filings

- Enrollment showed slight increase
- Annual loss was \$28 million
- Medical Loss Ratio was 101%
- Q4 showed net income due to release of \$30 million unearned premium revenue
- Q4 showed increases of admin expense due to year-end accrual and reclassification adjustments
- Non-Operating income was primarily interest income
- Tangible Net Equity is 385% higher than DMHC's minimum requirement (150%)

Unaudited. Dollar Amount in Thousands

Member months

## Revenue

	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total
Member months	794,216	799,355	810,276	818,102	3,221,949
Premium Revenue	\$ 296,731	\$ 332,600	\$ 352,614	\$ 409,758	\$ 1,391,702
MCO Tax Revenue	\$ 75,427	\$ 168,501	\$ 122,818	\$ 105,712	\$ 472,457
Pass-through Revenue	\$ 76,333	\$ 28,942	\$ 291,343	\$ 28,278	\$ 424,897
Other Revenue	\$ 3,825	\$ 4,316	\$ 5,159	\$ 13,935	\$ 27,236
<b>Total Revenue</b>	<b>\$ 452,316</b>	<b>\$ 534,359</b>	<b>\$ 771,933</b>	<b>\$ 557,683</b>	<b>\$ 2,316,292</b>

## Premium Revenue PMPM

**\$374      \$416      \$435      \$501      \$432**

## Expenses

Medical Expenses	\$ 297,784	\$ 356,420	\$ 368,969	\$ 381,743	\$ 1,404,916
MCO Tax Expenses	\$ 75,427	\$ 168,501	\$ 122,818	\$ 105,712	\$ 472,457
Pass-through Expenses	\$ 76,333	\$ 28,942	\$ 291,343	\$ 28,278	\$ 424,897
Admin Expenses	\$ 10,893	\$ 14,573	\$ 15,184	\$ 25,241	\$ 65,891
<b>Total Expenses</b>	<b>\$ 460,436</b>	<b>\$ 568,436</b>	<b>\$ 798,314</b>	<b>\$ 540,974</b>	<b>\$ 2,368,161</b>

## Medical Expense PMPM

**\$375      \$446      \$455      \$467      \$436**

## Non-Operating Income(Loss)

\$ 5,919	\$ 6,351	\$ 5,062	\$ 6,422	\$ 23,755
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## Net income

<b>\$ (2,201)</b>	<b>\$ (27,726)</b>	<b>\$ (21,319)</b>	<b>\$ 23,131</b>	<b>\$ (28,114)</b>
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Source: DMHC filing

Medical Loss Ratio	100%	107%	105%	93%	101%
Admin Expense as % of Total Revenue	2%	3%	2%	5%	3%
Tangible Net Equity	670%	602%	536%	535%	535%

- Enrollment increase was driven by Medi-Cal Line
- Annual loss was \$23 million
- Medical Loss Ratio was 99%
- Q4 showed net income due to release of \$30 million unearned premium revenue
- Q4 showed increases of admin expense due to year-end accrual and reclassification adjustments
- Non-Operating income was primarily interest income

## Financial Updates – Medi-Cal Line

Unaudited. Dollar Amount in Thousands

	EF2: Medi-Cal				
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total
Member months	774,512	779,668	790,200	797,961	3,142,341
<b>Revenue</b>					
Premium Revenue	\$ 280,258	\$ 313,180	\$ 336,726	\$ 388,876	\$ 1,319,040
MCO Tax Revenue	\$ 75,427	\$ 168,501	\$ 122,818	\$ 105,712	\$ 472,457
Pass-through Revenue	\$ 76,333	\$ 28,942	\$ 291,343	\$ 28,278	\$ 424,897
Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Revenue</b>	<b>\$ 432,018</b>	<b>\$ 510,622</b>	<b>\$ 750,887</b>	<b>\$ 522,866</b>	<b>\$ 2,216,393</b>
<b>Premium Revenue PMPM</b>	<b>\$362</b>	<b>\$402</b>	<b>\$426</b>	<b>\$487</b>	<b>\$420</b>
<b>Expenses</b>					
Medical Expenses	\$ 277,901	\$ 331,679	\$ 343,499	\$ 350,986	\$ 1,304,064
MCO Tax Expenses	\$ 75,427	\$ 168,501	\$ 122,818	\$ 105,712	\$ 472,457
Pass-through Expenses	\$ 76,333	\$ 28,942	\$ 291,343	\$ 28,278	\$ 424,897
Admin Expenses	\$ 9,589	\$ 14,021	\$ 15,055	\$ 20,254	\$ 58,919
<b>Total Expenses</b>	<b>\$ 439,250</b>	<b>\$ 543,143</b>	<b>\$ 772,714</b>	<b>\$ 505,230</b>	<b>\$ 2,260,337</b>
<b>Medical Expense PMPM</b>	<b>\$359</b>	<b>\$425</b>	<b>\$435</b>	<b>\$440</b>	<b>\$415</b>
Non-Operating Income(Loss)	\$ 4,761	\$ 5,892	\$ 4,613	\$ 5,860	\$ 21,125
<b>Net income</b>	<b>\$ (2,471)</b>	<b>\$ (26,629)</b>	<b>\$ (17,215)</b>	<b>\$ 23,496</b>	<b>\$ (22,819)</b>
Source: DHCS filing					
Medical Loss Ratio	99%	106%	102%	90%	99%
Admin Expense as % of Total Revenue	2%	3%	2%	4%	3%



- Enrollment is steady
- FY24-25 operated under cash-basis causing large variances for quarterly comparison
- Annual loss \$5 million despite significant County subsidy (\$4 million) and tax revenue (\$10 million).
- Q4 Other Revenue included \$10 million tobacco tax revenue
- Medical Loss Ratio is 139%
- Q4 showed increases of admin expense due to year-end accrual and reclassification adjustments
- Non-Operating income is primarily interest income

## Financial Updates – Commercial Line

Unaudited. Dollar Amount in Thousands

	EF3: Commercial				
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	FY24-25 Total
Member months	19,704	19,687	20,076	20,141	79,608
<b>Revenue</b>					
Premium Revenue	\$ 16,473	\$ 19,420	\$ 15,888	\$ 20,882	\$ 72,663
Other Revenue	\$ 3,825	\$ 4,316	\$ 5,159	\$ 13,935	\$ 27,236
<b>Total Revenue</b>	<b>\$ 20,298</b>	<b>\$ 23,737</b>	<b>\$ 21,047</b>	<b>\$ 34,817</b>	<b>\$ 99,898</b>
<b>Premium Revenue PMPM</b>	<b>\$836</b>	<b>\$986</b>	<b>\$791</b>	<b>\$1,037</b>	<b>\$913</b>
<b>Expenses</b>					
Medical Expenses	\$ 19,883	\$ 24,741	\$ 25,470	\$ 30,757	\$ 100,852
Admin Expenses	\$ 1,303	\$ 552	\$ 129	\$ 4,987	\$ 6,972
<b>Total Expenses</b>	<b>\$ 21,187</b>	<b>\$ 25,293</b>	<b>\$ 25,599</b>	<b>\$ 35,744</b>	<b>\$ 107,823</b>
<b>Medical Expense PMPM</b>	<b>\$1,009</b>	<b>\$1,257</b>	<b>\$1,269</b>	<b>\$1,527</b>	<b>\$1,267</b>
Non-Operating Income(Loss)	\$ 1,159	\$ 460	\$ 449	\$ 562	\$ 2,629
<b>Net income</b>	<b>\$ 270</b>	<b>\$ (1,097)</b>	<b>\$ (4,104)</b>	<b>\$ (365)</b>	<b>\$ (5,296)</b>
	Calculated				
Medical Loss Ratio	121%	127%	160%	147%	139%
Admin Expense as % of Total Revenue	6%	2%	1%	14%	7%



# Operational Dashboard-Claims



Date Received

1/1/2022 9/18/2025

Vendor Type

☐ External
 ☐ Internal

Product

All

Calendar Days

Business Days

Date Paid

5/1/2024 9/18/2025

Date of Service

1/1/2022 8/31/2025

Month Paid	Sep-2024	Oct-2024	Nov-2024	Dec-2024	Jan-2025	Feb-2025	Mar-2025	Apr-2025	May-2025	Jun-2025	Jul-2025	Aug-2025
30 Days	96%	98%	96%	98%	89%	78%	98%	93%	94%	97%	94%	92%
30-45 Days	1%	1%	2%	0%	1%	1%	1%	1%	2%	2%	4%	3%
45 Days+	3%	1%	2%	2%	10%	21%	1%	6%	3%	2%	2%	6%
Interest Paid	\$ 463,877	\$ 59,791	\$ 117,065	\$ 100,893	\$ 144,804	\$ 159,768	\$ 31,922	\$ 56,678	\$ 138,581	\$ 69,428	\$ 254,246	\$ 265,455

Causes of high interest expense in July & August 2025:

July 2025: Sutter Bay Hospitals payment reconciliation resulted in under-paid claims paying claim interest - \$190K.

August 2025: John Muir Health claims were not configured properly in Tapestry that resulted in a repricing - \$230K.

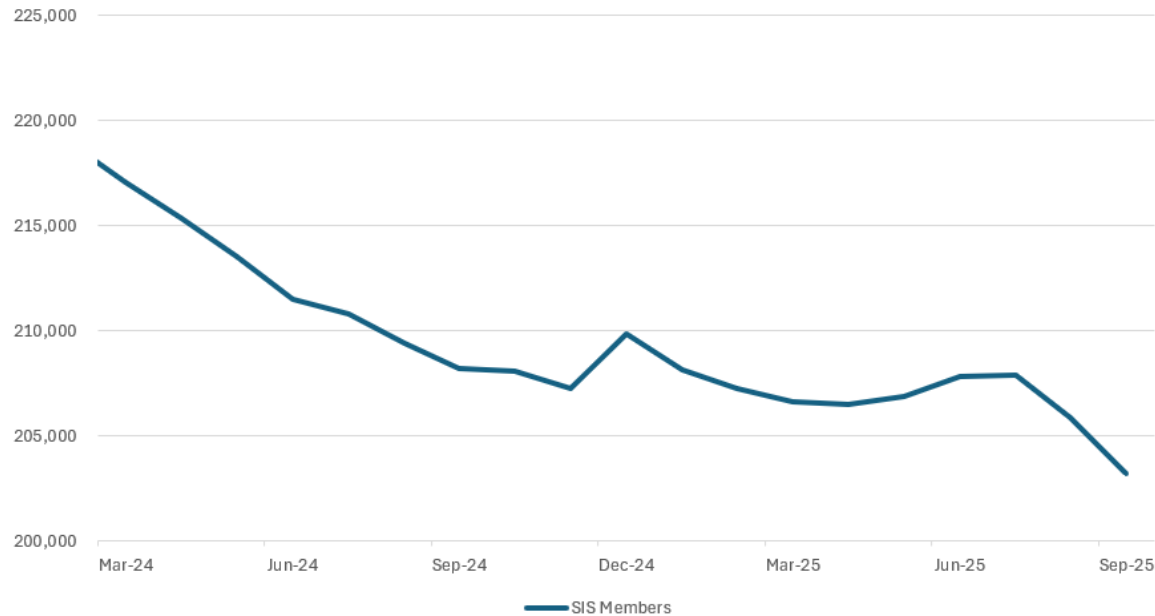
Root cause: Epic Tapestry was not configured properly.

Looking forward: Increase quality control will be in place for Taspestry build.

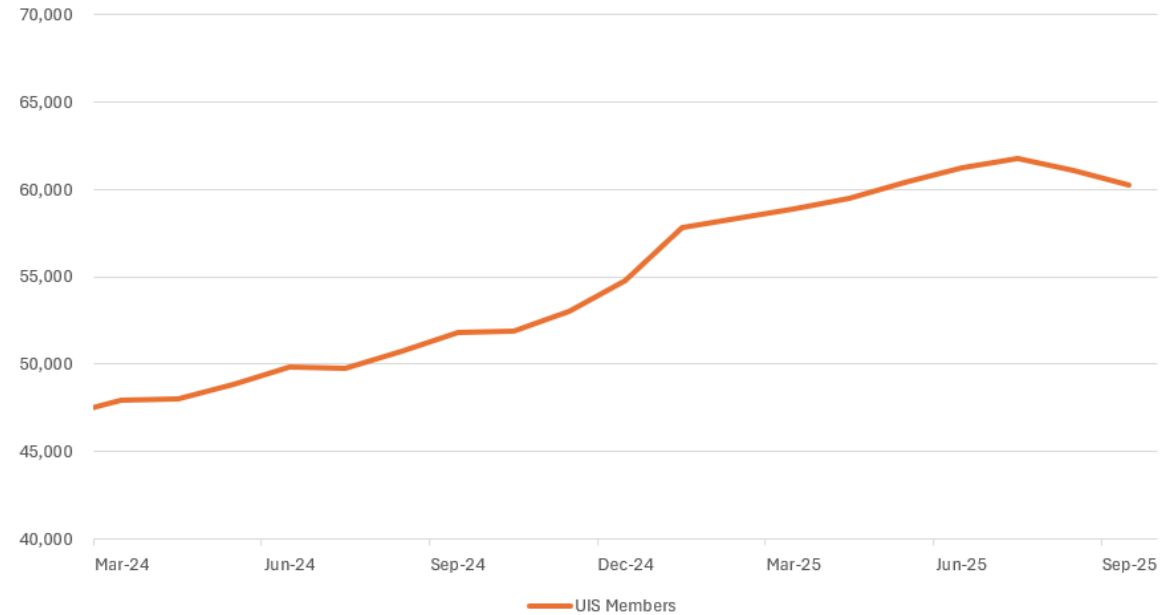
As of 9/18/2025

## SIS/UIS Enrollment Trend

SIS Member Count



UIS Member Count



Satisfactory Immigration Status (SIS) members declined by 16,700 members from early 2024 to September 2025. Unsatisfactory Immigration Status (UIS) members increased by 14,000 from early 2024 to September 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.



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3993

**Agenda Date:** 10/3/2025

**Agenda #:** 5.0

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**To:** Joint Conference Committee (JCC) Members

**From:** Bhumi Shah, CIO, CCHP IT (Information Technology)

**Date:** October 3, 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 have completed most of the IT system configuration to prepare for D-SNP. Testing is in progress, with testing for Member Services, Case Management and Utilization Management complete.
- We completed the implementation of Transportation Vendor service for CCHP members that streamlines member transportation request with a dedicated call center
- We hosted 10+ Epic staff to review our Credentialing and Privileging process and develop a roadmap for system implementation
- We have developed dashboards to identify potential anomalies in billing for further investigation

### Current Priorities and In-Progress Work

- A team of approximately 10 staff are currently implementing the Medicare Advantage module of Epic Electronic Medical Record for D-SNP.
- Our data analysts are working with the actuaries and finance staff on expenses optimization analysis given the HR1 and State budget challenges.
- We are reviewing AI solutions to reduce manual workflows for faxed referrals and improve membership experience.

### Challenges

We are experiencing contracting delays that are delaying the integration of 3<sup>rd</sup> party systems into Epic needed for D-SNP ID Cards, member material and supplemental benefits.

### Looking Ahead

In the next quarter, we plan to complete the unit and integrated testing of the D-SNP build including support enrollment, process claims, model of care and regulatory compliance and user training. Additionally, we have developed a post go-live D-SNP support plan to handle any unexpected issues.

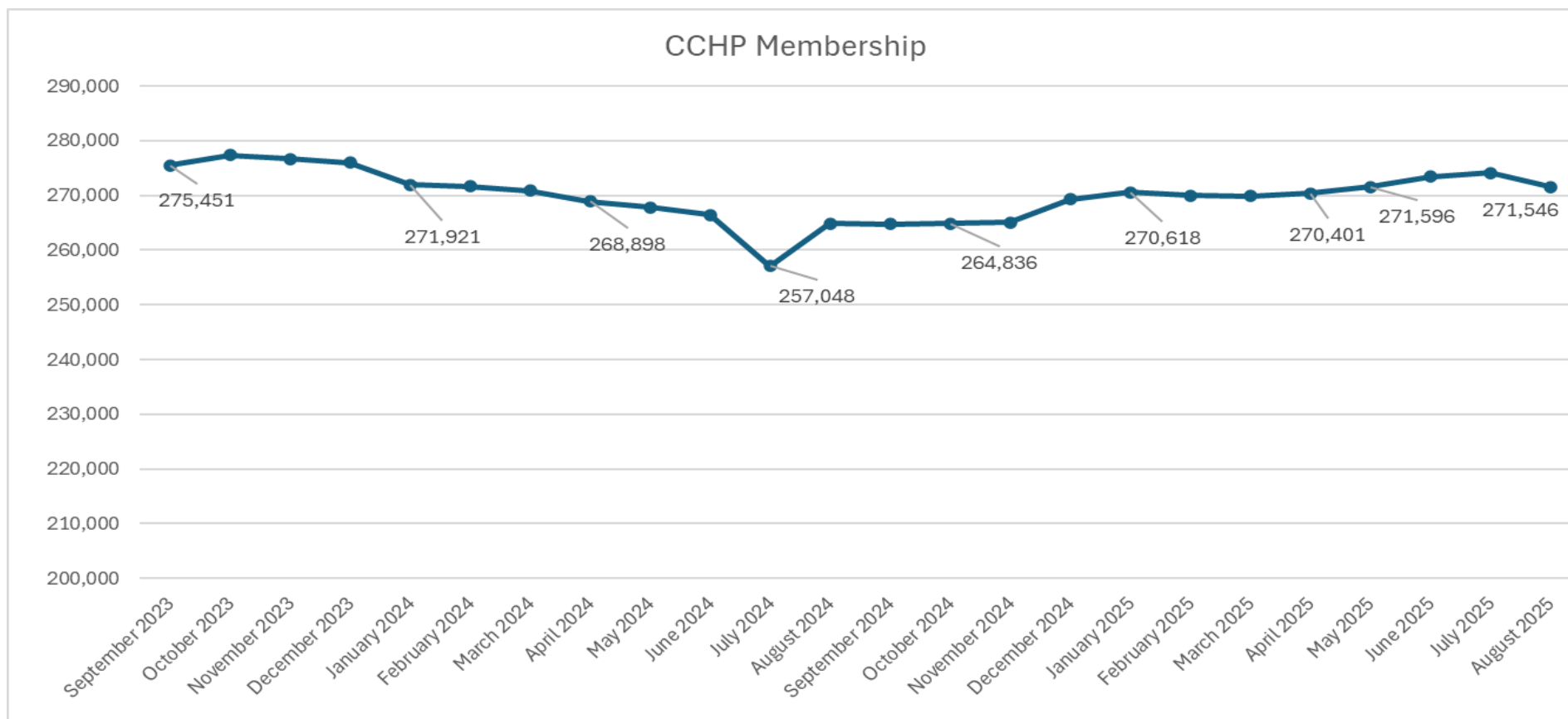


**[cchealth.org](http://cchealth.org)**

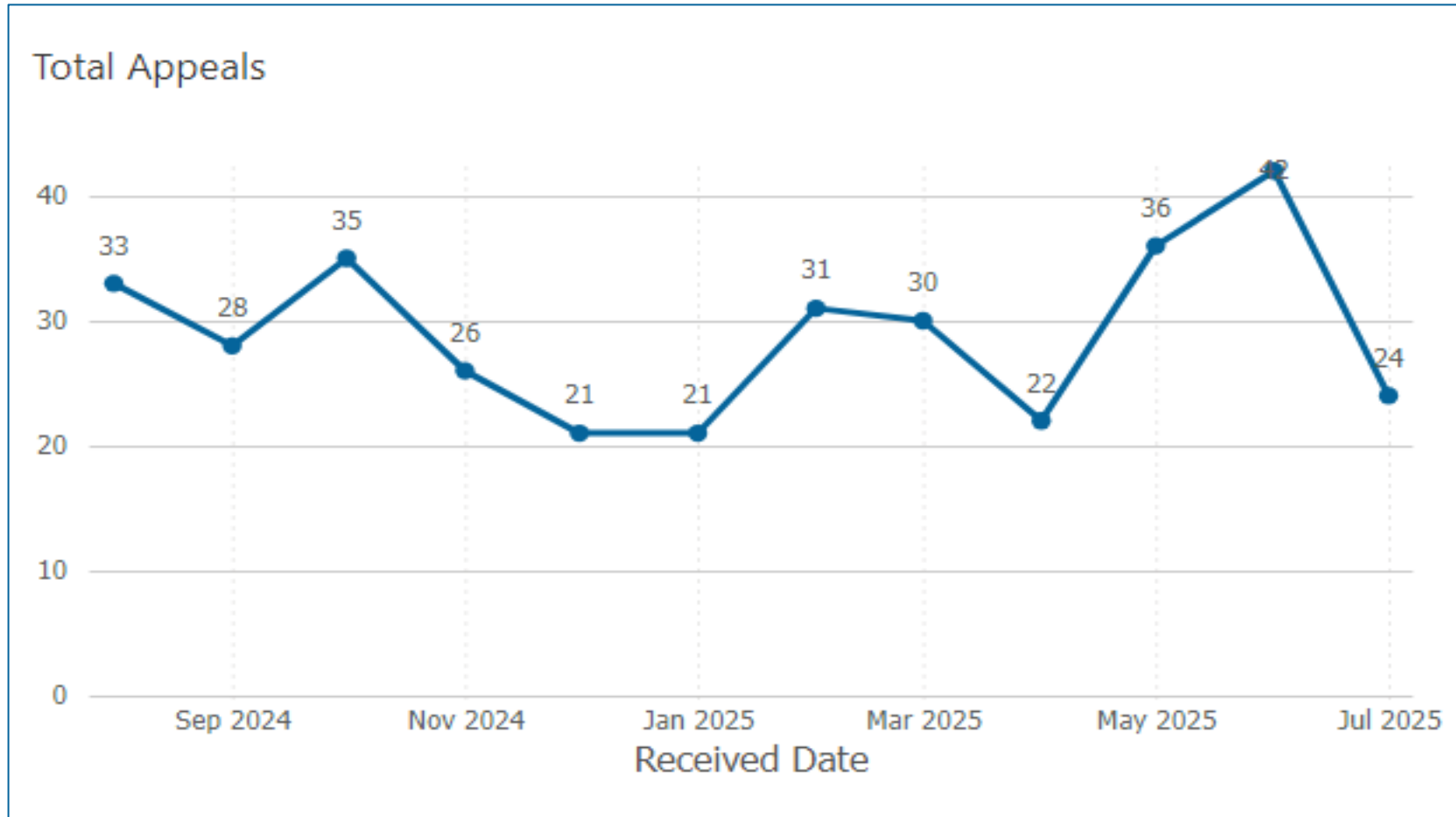
## 5.0 CCHP IT Report

**Presented by:**  
**Bhumil Shah**  
**Chief Information Officer**



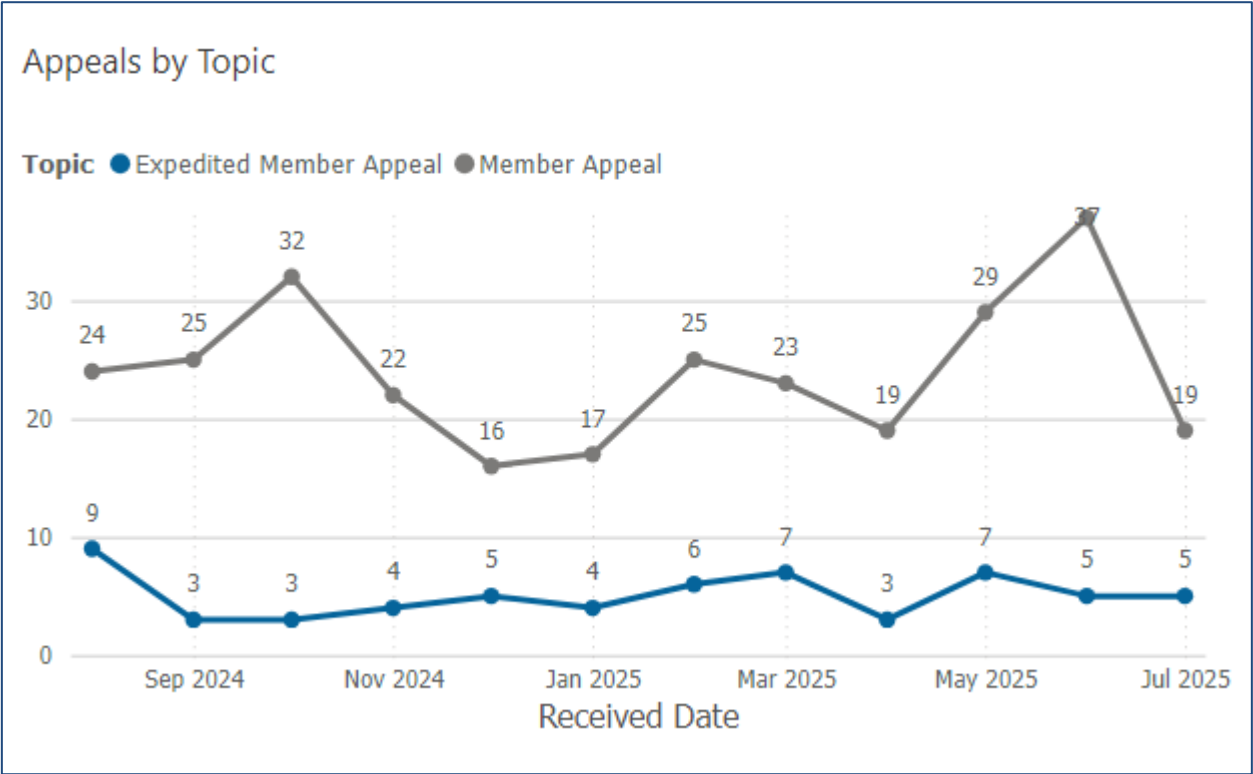


Source: CCHP Population Health Dashboard (Power BI) as of 9/18/2025

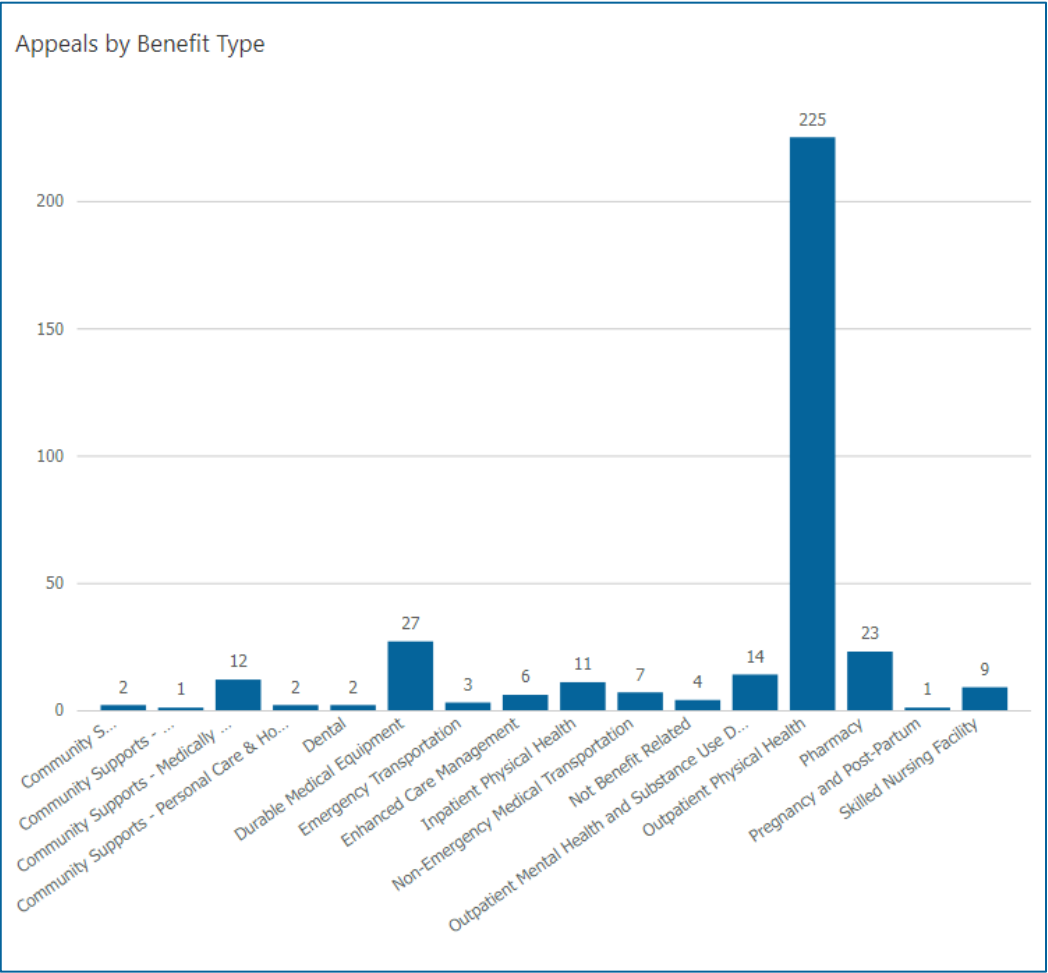


Source: CCHP Appeals and Grievances Dashboard (Power BI) | Date Range: 8/1/2024 – 7/31/2025

# Appeals (Continued)



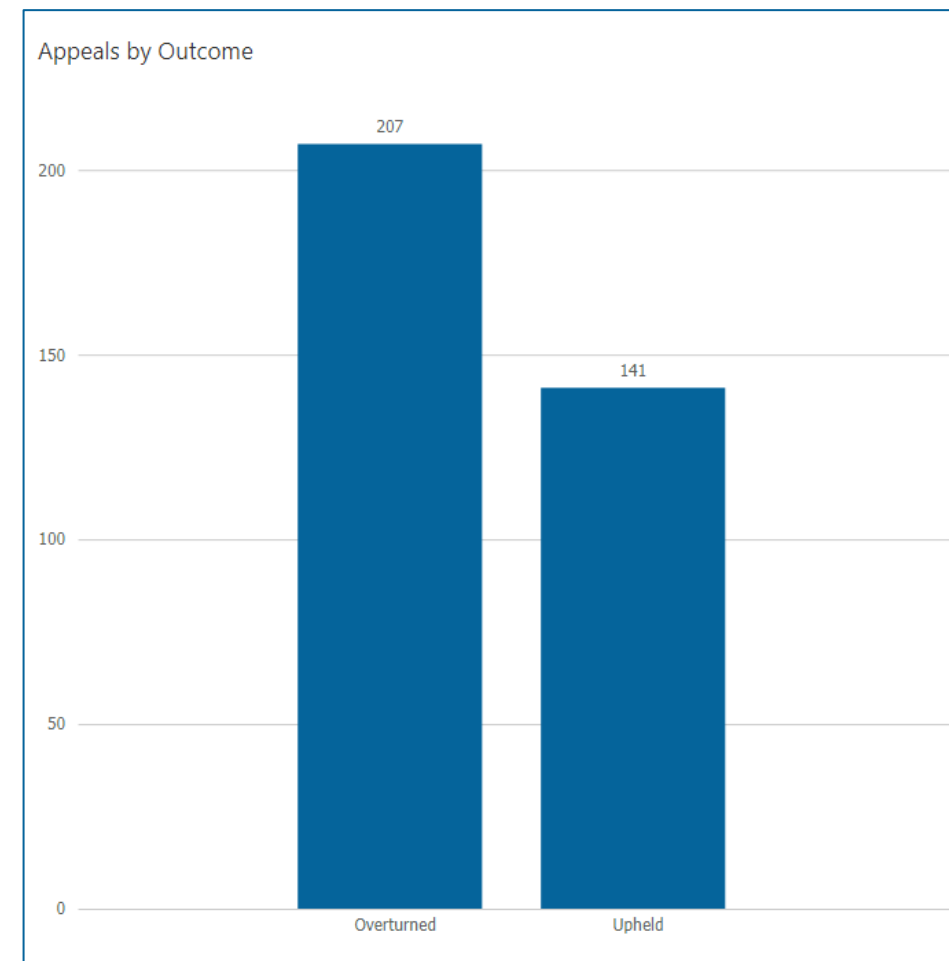
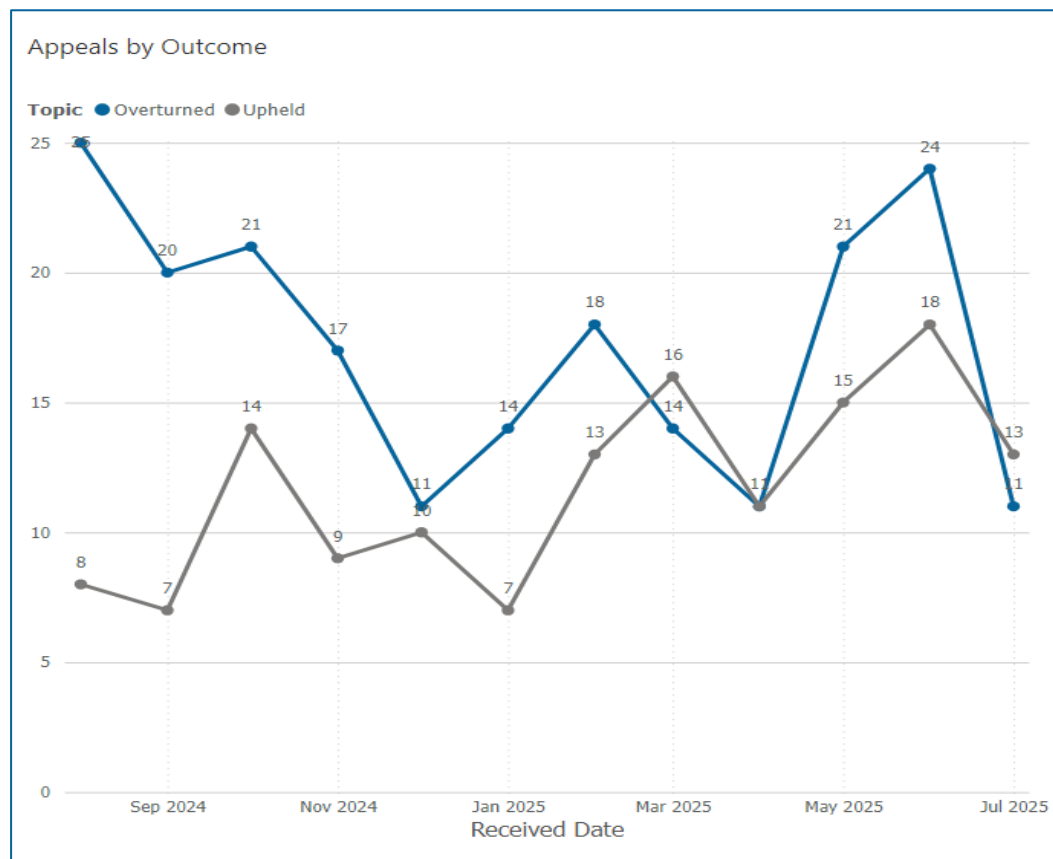
Expedited appeals are defined as appeals where waiting for a standard decision may seriously put the health of the member at risk (like if they are currently in the hospital or urgently need medication)



Source: CCHP Appeals and Grievances Dashboard (Power BI) | Date Range: 8/1/2024 – 7/31/2025



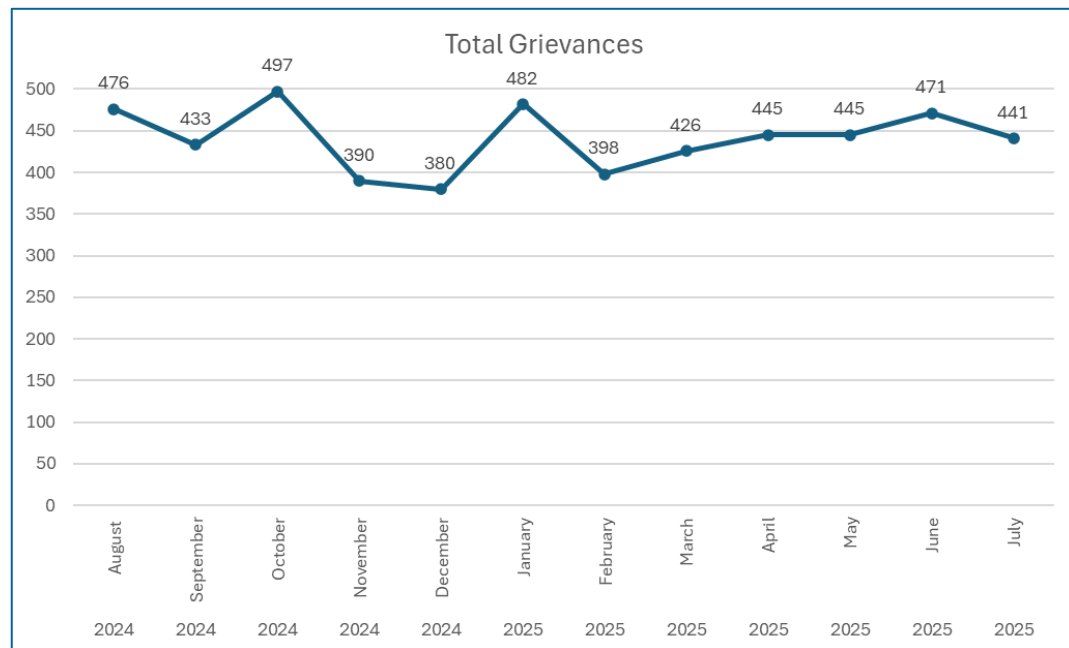
## Appeals (Continued)



Source: CCHP Appeals and Grievances Dashboard | Date Range: 8/1/2024 – 7/31/2025  
Filter: Removed “Other” outcomes (member cancelled or not yet resolved)



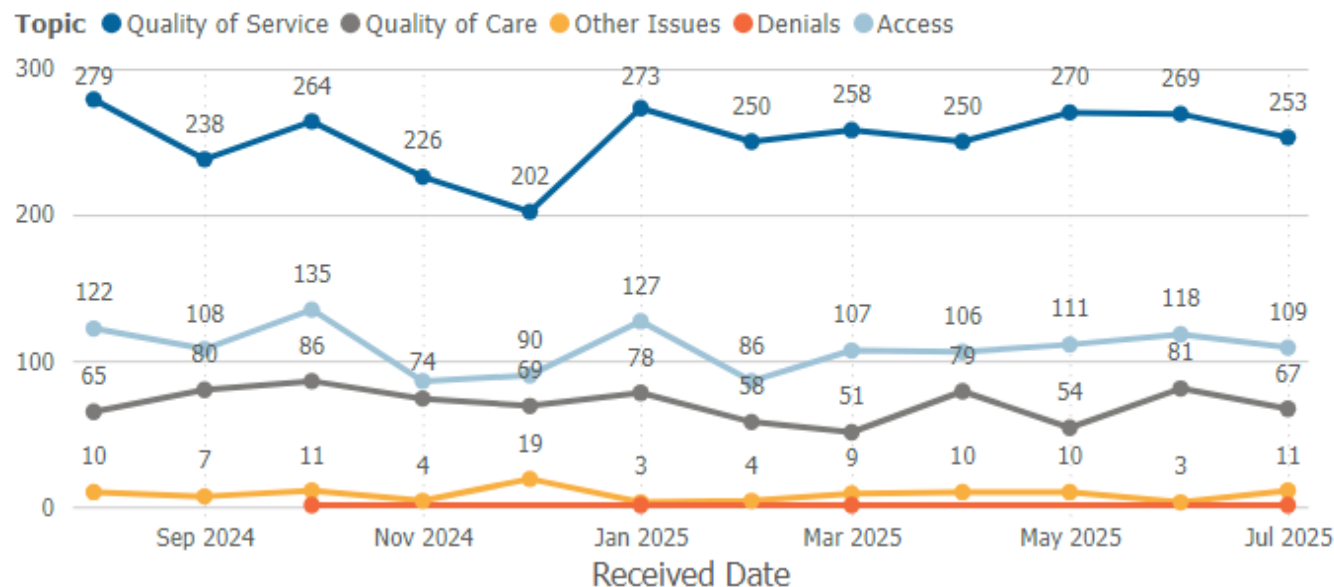
# Grievances



CCHP: 1.7 grievances per 100K member

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

## Grievances by Issue Type



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

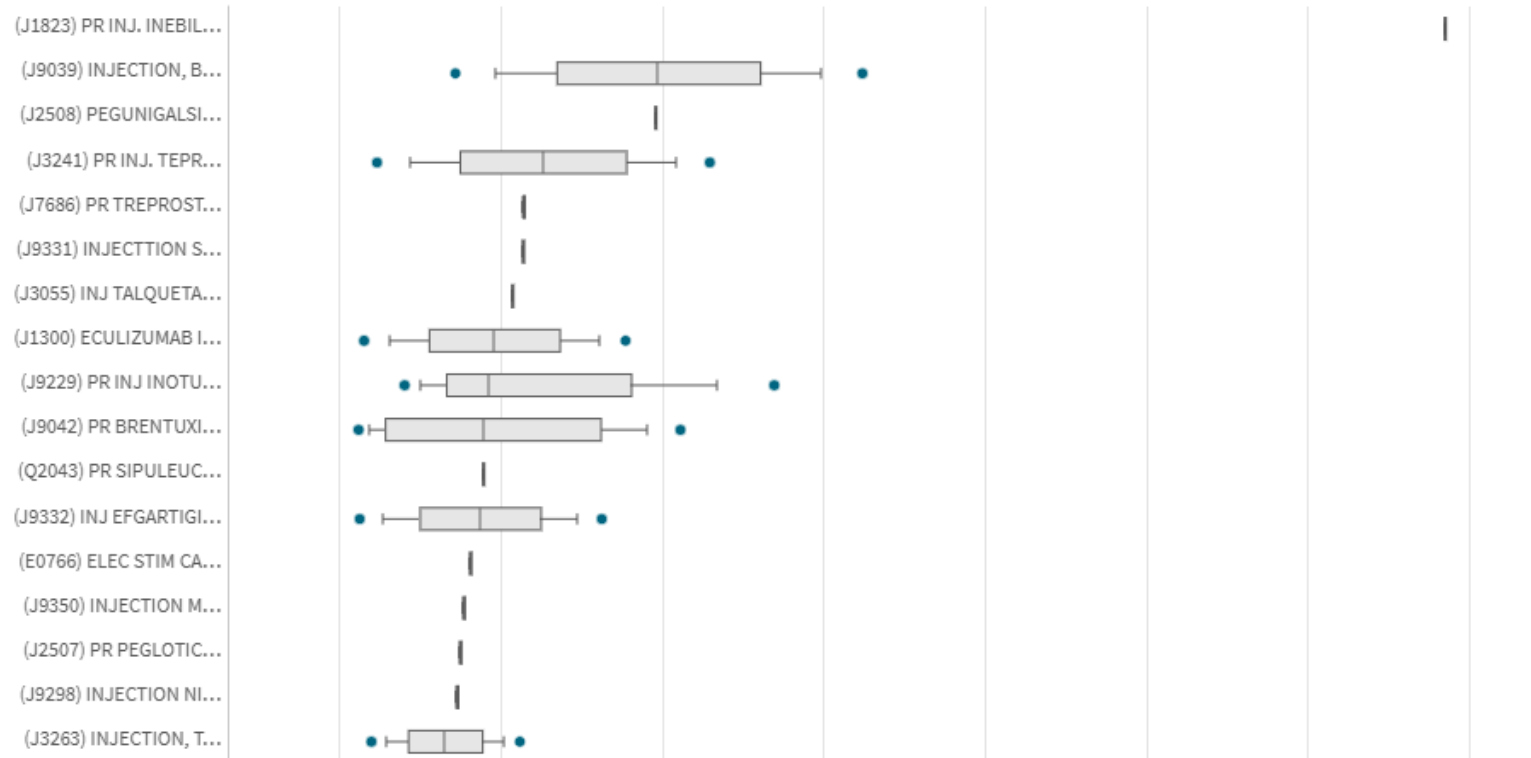
Other Issues examples: Referrals, billing, appeal timeliness

Source: CCHP Appeals and Grievances Dashboard(Power BI) | Date Range: 8/1/2024 – 7/31/2025

# New - Advanced Claims Dashboard Released

## Boxplot: Avg Payout per Member by Procedure and Vendor

Box plots show the distribution of price per member by vendor and procedure. Outliers have been set at the 10th and 90th percentiles. Vendors below 10th percentile may be underpaid, vendors above 90th percentile may be overpaid.



Source: CCHP Billing Analysis Dashboard

Purpose: Real time statistical analysis of Claims data for Claims and Utilization Management





# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3994

**Agenda Date:** 10/3/2025

**Agenda #:** 6.1

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**To:** Joint Conference Committee (JCC) Members

**From:** Katie Rodriguez, Vice President for Government Relations at CAHP

**Date:** October 3, 2025

**Subject:** Legislative Update

### Purpose

We will provide a brief update on recent state and federal budget developments and legislative activity relevant to Medi-Cal managed care. The dramatic modifications passed within HR1 will impact Medicaid and Medicare services in Contra Costa County. Through this presentation, we hope to provide an update on the current geography, how the landscape continues to evolve, and highlight potential implications for CCHP operations, funding, and priorities.



**[cchealth.org](http://cchealth.org)**

## 6.1 Legislative Update

**Presented by:**

**Katie Rodriguez**

**VP of Government Relations, CAPH**



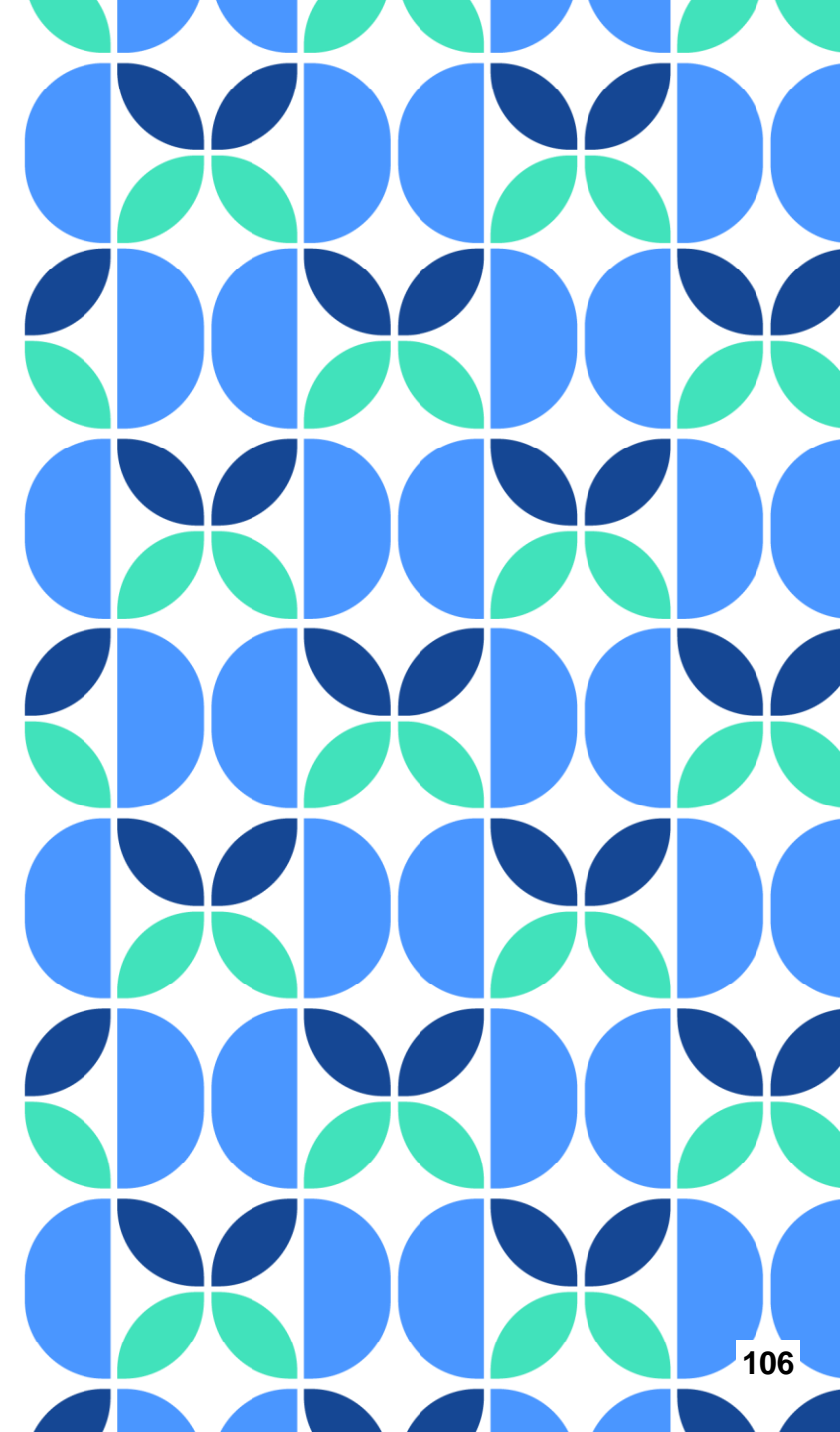
# State and Federal Policy Update

Katie Rodriguez, Interim President and CEO

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California Association of Public Hospitals and Health Systems (CAPH)

October 3, 2025



# Objectives

- 1. Provide an update on federal and state policy happenings**
- 2. Answers questions**

# Federal Updates

# Possible Government Shutdown and Potential Impacts

**Congress has until September 30 to pass a continuing resolution (CR) to keep the federal government funded and running**

CR is expected to include Medicaid DSH funding cut delay and extension of Medicare telehealth flexibilities

- Medicaid DSH funding cuts:
  - Go into effect October 1
  - Have been successfully delayed or eliminated since 2014
  - Strong bipartisan support
  - Impact for all California public health care systems would be \$856M annually. CCHS would lose \$20M annually
- Medicare telehealth flexibilities:
  - Expire September 30 if they're not extended
  - In place/extended since the COVID-19 public health emergency with strong bipartisan support to maintain telehealth access
  - Would impact
    - Ability for Medicare patients to receive non-behavioral telehealth services at home
    - Authority for FQHCs and RHCs to serve as distant site providers
    - Flexibilities around originating site and geography
    - Use of audio-only services



# HR 1 Implementation

**Initial HR 1 implementation guidance slowly coming out from Trump Administration, but most remains unavailable.**

- Rural Health Transformation Program guidance has been released
  - Allocates \$50 billion—split equally among the states and distributed at the agency's discretion
  - Supports rural health innovation, strengthen recruitment and training efforts, and enhance emergency medical services.
- California implementation stakeholder groups starting to meet but no concrete information yet.

## Federal changes to PRWORA

- In July, the U.S. Department of Health and Human Services released guidance reinterpreting the definition of “federal public benefits,” expanding it to include the Health Center Program (among others)
  - Could have restricted or eliminated access to FQHC services for many lawfully residing and undocumented immigrants.
- In September, a preliminary injunction was granted blocking enforcement of the new restrictions on access to public benefits based on immigration status in the plaintiff states, including California, while litigation continues.

# State Updates

## End of Session Recap

- No special session expected at this time
- Health Trailer Bill Passed
  - Exempts current and former foster youth from any of the previous UIS changes (enrollment freeze, monthly premiums, benefits changes);
  - Maintains full scope Medi-Cal eligibility for foster care youth until age 26;
  - Allows state to set its own immunization standards instead of depending on federal guidance; and
  - Extends certain legal protections for providers administering vaccines.

# Coalition Working to Develop Alternative to Coverage Changes

- CAPH continuing to work with provider, plan and county partners to explore a more affordable, sustainable coverage option for UIS adults and potentially others who may lose coverage due HR 1
  - Goal: preserve access to care amid budget constraints
- California Health Care Foundation is supporting the development of potential statewide options
  - Providing policy, actuarial, legal and other technical expertise.
- Legislative leaders eager to be involved
- Work will continue through the fall



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3995

**Agenda Date:** 10/3/2025

**Agenda #:** 6.2

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**To:** Joint Conference Committee (JCC) Members

**From:** Brian Buchanan, Chief Financial Officer (Interim), Finance

**Date:** October 3, 2025

**Subject:** Anticipated Impact from HR1 and California State Budget

### Purpose

This summary is to show the major financial impact to CCHP

### H.R. 1

Section 71113 Family planning provider band impacts CCHP immaterially due to CCHP's family planning expense is 98% reimbursed by DHCS. Less spending means less reimbursement. However, this bill will impact family planning health providers significantly.

Section 71113 Retro Medicaid and CHIP (California Children's Health Insurance Program) limits to one month will potentially impact a few CHIP members not receiving retro coverage. Financial impact to CCHP is immaterial.

Section 71119 Work requirement 80 hours per month for aged 19-64 Medi-Cal members will cause an estimated disenrollment of 67,000 members. At an estimated \$360 revenue per member month, the reduction of revenue is expected to be \$290 million. As a result of Medi-Cal disenrollment, CCHP also expects to see a \$276 million reduction of medical expenses, which shall result in an estimated net loss of \$14 million annually to CCHP. The biggest financial impact will be to the providers who see these members.

Section 71201 Medicare coverage limit to certain aliens impacts CCHP immaterially due to CCHP's new Medicare D-SNP line of business shall have a 3-year loss. Having less members will create less loss immaterially.

### State Budget

SB116 Elimination of certain over-the-counter Medi-Cal drug coverage impacts CCHP primarily on the elimination of COVID testing. CCHP expects to save annually \$6 million based on historical spending level.

SB116 Enrollment freeze for full-scope Medi-Cal Expansion to Undocumented Californians, adult ages 19 will cause an estimated disenrollment of 15,000 members. At an estimated \$360 revenue per member month, the reduction of revenue is expected to be \$65 million. As a result of Medi-Cal disenrollment, CCHP also expects to see a \$62 million reduction in medical expenses, which shall result in an estimated net loss of \$3 million annually to CCHP. The biggest financial impact will be to the providers who see these members.



[cchealth.org](http://cchealth.org)

## 6.2 Anticipated Impact from HR1 and California State Budget

Presented by:  
Brian Buchanan  
Chief Financial Officer (Interim)



## Anticipated Impact from HR1 and California State Budget

Policy	Federal/State	Enrollment Impact	Net Financial Impact FY25-26	Net Financial Impact FY26-27	Net Financial Impact FY27-28
<p>HR1: Medicaid Expansion population work requirement 1/1/2027</p> <p>Section 71119 Work requirement 80 hours per month for aged 19-64 Medi-Cal members will cause an estimated disenrollment of 67,000 members. At an estimated \$360 revenue per member month, the reduction of revenue is expected to be at \$290 million. As a result of Medi-Cal disenrollment, CCHP also expects to see a reduction of medical expense of \$276 million, which shall result an estimated net loss of \$14 million annually to CCHP. The biggest financial impact will be to the providers who see these members.</p>	Federal	-67,000 members		-\$7 million	-\$14 million
<p>SB 116 Enrollment freeze for full-scope Medi-Cal expansion to Undocumented Californians, adults aged 19 and older &amp; copay 1/1/2026</p> <p>Enrollment freeze for full-scope Medi-Cal Expansion to Undocumented Californians, adult ages 19 and older will cause an estimated disenrollment of 15,000 members. At an estimated \$360 revenue per member month, the reduction of revenue is expected to be at \$65 million. As a result of Medi-Cal disenrollment, CCHP also expects to see a reduction of medical expense of \$62 million, which shall result an estimated net loss of \$3 million annually to CCHP. The biggest financial impact will be to the providers who see these members.</p>	State	-15,000 members	-\$1.5 million	-\$3 million	-\$3 million
Total Impact	Federal/State	-82,000 members	-\$1.5 million	-\$10 million	-\$17 million
All other policies have immaterial financial impact to CCHP					



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3996

**Agenda Date:** 10/3/2025

**Agenda #:** 7.1

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**To:** Joint Conference Committee (JCC) Members

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

**Date:** October 3, 2025

**Subject:** Organizational Structure Analysis and Salary Survey

### 1. Organizational Structure Analysis

The purpose of this report is to provide an update on the organizational structure analysis conducted at Contra Costa Health Plan (CCHP). The analysis was performed at the direction of the JCC and initiated to review CCHP's current organizational structure and identify opportunities for enhancement in leadership, departmental alignment, and operational efficiencies. The goal is to ensure that the organizational model supports best practices in managed care, prepares CCHP for future growth, and strengthens our ability to deliver high-quality, coordinated services.

#### **Background**

At the direction of the JCC, CCHP engaged the external consulting firm Alvarez & Marsal (A&M) to partner with leadership in reviewing our organizational structure. The review assessed the current state of leadership roles, departmental design, and lines of accountability. The analysis also considered industry best practices and the evolving requirements of managed care, including CCHP's preparation for new initiatives such as the Medicare-Medi-Cal Dual Special Needs Plan (D-SNP) launch.

#### **Key Findings**

- Organizational structure misalignment
- Inconsistent spans of control
- Unclear leadership title framework
- Staffing decisions not based on benchmarks
- County job classification system issues

#### **A&M Recommendations**

A&M provided several recommendations to strengthen CCHP's organizational structure, including:

- Reorganization of leadership
- Adjustment of spans of control
- Title framework improvements

#### **Next Steps**

- Leadership will review and prioritize recommendations from A&M's analysis.
- A phased implementation plan will be developed to address key enhancements in leadership roles and departmental alignment.
- Staff and stakeholders will be engaged throughout the process to ensure smooth transition and adoption.
- Updates will be provided to the Board/Committee as recommendations are finalized and implemented.

## **2. Salary Survey**

### ***Background***

At CCHP, we have experienced persistent challenges in recruiting and retaining experienced staff for leadership and key management positions. Subjectively, our salaries have not been competitive and have not allowed us to attract high-caliber candidates or adequately reward current team members for their responsibilities and performance.

During the June 2025 Joint Conference Committee (JCC) meeting, JCC members and CCHP leadership agreed to initiate a salary analysis and market comparison using the most recent available data. This analysis and report represent the outcome of that decision. This decision was informed by internal discussions on recruitment and retention challenges, as well as ongoing efforts to modernize operations and strengthen alignment with industry standards.

This analysis is based on the 2024 Local Health Plans of California (LHPC) Salary and Benefit Survey Report. The Local Health Plans of California (LHPC) is an association that represents all of California's publicly governed, not-for-profit health plans that serve Medi-Cal enrollees. LHPC conducts regular salary and benefit surveys to support member plans in assessing competitiveness, equity, and workforce planning. Their survey database includes robust compensation data from plans of similar structure and mission and serves as a reliable benchmark for evaluating salaries across leadership and operational roles.

The LHPC survey includes minimum and maximum salary ranges by role type, plan size, and organizational structure, offering a comprehensive and recent snapshot of compensation trends.

As part of CCHP's commitment to workforce competitiveness, fiscal stewardship, and talent retention, we conducted a comparative salary analysis of CCHP leadership and key management positions against industry benchmarks from the Local Health Plans of California (LHPC) compensation database. This review aligns with best practices in organizational development and supports CCHP's broader efforts to modernize its operations, promote internal equity, and remain a competitive employer in California's dynamic healthcare market.

### ***Purpose of the Analysis***

The purpose of this analysis is to:

- Assess how current CCHP salaries align with market-based salary data.
- Identify roles where CCHP compensation is potentially under or over the prevailing market rate.
- Support data-driven recommendations to improve recruitment, retention, and organizational stability.
- Inform leadership decisions regarding the restructuring and reclassification of specific positions to meet market expectations.

### ***Methodology***

The 2024 LHPC survey provided a standardized benchmark across plans and was used as the primary source for comparison. While both median and mean salary data were available, this analysis uses the median as the primary reference point. The median provides a more accurate and stable benchmark, minimizing the influence of outliers and better reflecting compensation norms across similar publicly governed health plans.

The analysis compared CCHP salary ranges by job title to corresponding ranges in the LHPC salary database. Key data points included:

- CCHP salary range.
- LHPC salary range and median for comparable roles.
- Relative position of CCHP compensation compared to the LHPC median.

### ***Key Observations***

- High-End Alignment: Five roles fall above the LHPC median, suggesting strong compensation relative to the market.
- Low-End Concentration: Several roles that are within the LHPC salary range are concentrated below the LHPC median. This indicates that, while technically within the LHPC range, these roles may not be competitive from a recruitment or retention standpoint.

- For several classifications, CCHP may have contributed to the lower end of the LHPC salary benchmark range, particularly where County step structures are used and where peer organizations do not use similar civil service classifications.

This evidence supports the need for CCHP to revise salary structures for roles currently below or on the lower edge of the market range. Doing so would help ensure that positions critical to operational and clinical success can attract and retain the necessary talent, especially as the Plan prepares for growing regulatory oversight and performance expectations.

***Conclusion***

This analysis confirms that while most CCHP roles are generally aligned with market standards, there is a clear need for action in positions that are below the LHPC median. Addressing below-median compensation will be critical to strengthening CCHP's recruitment and retention capabilities, especially in high-impact roles tied to quality, compliance, and operations. Making targeted revisions will also improve CCHP's ability to recruit and retain top talent, ensure organizational equity, and enhance overall operational readiness and regulatory compliance.

***Recommendation***

CCHP leadership should work with CCH Personnel and County HR to address compensation where necessary to recruit and maintain talent within the plan.

***Requested Action of the Board:***

Accept this report on the salary analysis and organizational structure analysis. Direct the Interim CEO of CCHP to collaborate with Contra Costa Health - Personnel and County Human Resources on next steps for aligning CCHP salaries with market benchmarks, including making compensation adjustments, as necessary. Direct CCHP leadership to develop an implementation roadmap to strengthen organizational structure in alignment with best practices and operational needs.

## 7.1 Discussion/Action Item

# ORGANIZATIONAL STRUCTURE AND SALARY SURVEY ANALYSIS

**Dr. Irene Lo**  
**Tere LeBarron**

# Organizational Structure Analysis

- At the direction of the JCC, an organizational structure analysis was performed and initiated to review CCHP's current organizational structure and identify opportunities for enhancement in leadership, departmental alignment, and operational efficiencies.
- The goal is to ensure that the organizational model supports best practices in managed care, prepares CCHP for future growth, and strengthens our ability to deliver high-quality, coordinated services.
- CCHP engaged the external consulting firm Alvarez & Marsal (A&M) to partner with leadership in reviewing our organizational structure.



## Key Considerations for Span of Control

- **Nature of Work:** Highly standardized or routine tasks can support wider spans of control, as less direct supervision is needed.
- **Team Size and Composition:** Ensure a manageable number of direct reports for each leader. A typical range is 5–10, but this can vary based on the complexity of the roles and the leader's capacity. Teams with highly skilled, experienced, and autonomous staff may allow for wider spans of control, while less experienced teams may require closer supervision and narrower spans.
- **Leadership Capacity:** Leaders with additional responsibilities (e.g., overseeing multiple functions) may need narrower spans of control to balance their workload effectively. Leaders with strong delegation, communication, and time management skills may be able to handle wider spans of control.
- **Organizational Structure:** A flatter organizational structure typically supports wider spans of control, while a more hierarchical structure may require narrower spans. Leaders managing multiple or conflicting functions (e.g., Appeals and Utilization Management) may need narrower spans to ensure focus and avoid conflicts of interest.
- **Healthplan Benchmarks:** Benchmark spans of control against industry standards to ensure competitiveness and alignment with best practices. Align spans of control with the size of the health plan membership to ensure adequate staffing and oversight.
- **Technology and Tools:** Automated processes can reduce the need for manual oversight, allowing leaders to manage larger teams.
- **Employee Engagement and Development:** Ensure that employees have adequate access to their leaders for guidance, support, and feedback, which may require narrower spans in certain cases.
- **Regulatory and Compliance Requirements:** Functions with strict regulatory or compliance requirements (e.g., Appeals, Grievances) may require narrower spans to ensure adherence to standards and minimize risk.

# Letter of Transmittal and Executive Summary

September 24, 2025

Irene Lo, MD, FACS  
Chief Executive Officer (Interim)  
Chief Medical Officer

Subject: Transmittal of Draft Organizational Design Project

Dear Dr Lo,

We are pleased to deliver the draft results of the organizational design project conducted for the Contra Costa Health Plan. This project was undertaken to align the organization's structure with its goals, enhance operational efficiency, and ensure role accountability.

I believe this document reflects the comments you shared during our last call. Please do not hesitate to reach out if any details are not accurately captured.

## Findings

Our assessment of the current organizational structure revealed several critical issues that hinder the effectiveness and alignment of the health plan.

- **Organizational Structure Misalignment:** The structure does not reflect a contemporary health plan framework. Similar functions are not strategically grouped, and accountability is unclear.
- **Inconsistent Spans of Control:** Some leaders manage only one direct report, while others oversee as many as thirty, creating inefficiencies and imbalances.
- **Unclear Leadership Title Framework:** Leader titles are inconsistent,
- **Staffing Decisions are not Based on Benchmarks:** The number of staff members is not aligned with membership levels and published benchmarks, forcing leaders to make staffing decisions based on limited information. It is unclear whether staffing growth is associated with member growth.
- **County Job Classification System Issues:** Staff titles reflect the county job classification system, which complicates external recruitment and creates internal confusion. Titles such as "Charge Relief RN" are irrelevant in the health plan context and misaligned with industry norms making compensation benchmarking difficult.

## Letter of Transmittal and Executive Summary

To address these issues, we recommend the following:

**Reorganization of Leadership:** Reorganize the leadership structure to ensure clear accountability. Clarify and delineate operational and clinical roles and group them appropriately (e.g., Care Coordination, and Case Management on the clinical side, Contracting and Credentialing on the operational side).

**Adjustment of Spans of Control:** Add or combine leadership roles to address unusually low or high spans of control to create a more balanced and reasonable spans.

**Title Framework Improvements:** Use leader titles more consistently. Adopt common health plan titles for all positions to align with industry standards. Titles irrelevant to the health plan environment (e.g., "Charge Relief RN") were identified for removal, with a full title alignment revamp strongly recommended.

### Recommendations

- To further enhance the organizational structure and operational efficiency, we recommend:
- Conducting a comprehensive review and benchmarking of staffing levels against membership size.
- Fully transitioning to a health plan-specific title framework to improve recruitment, internal clarity, and alignment with industry norms.
- Regularly reviewing spans of control and leadership roles to ensure ongoing alignment with organizational needs and best practices.

These changes will position the health plan for improved operational efficiency, clearer accountability, and better alignment with industry standards.

Thank you for the opportunity to partner with you on this important initiative. Please feel free to contact me directly at 520-904-3407 or [tere.lebarron@alvarezandmarsal.com](mailto:tere.lebarron@alvarezandmarsal.com) with any questions or to discuss the findings in greater detail.

Sincerely,

Tere Goitia LeBarron  
Senior Director  
Alvarez & Marsal

#	Topic
1	Project Background and Approach
2	Observations
3	Design Principles
4	Structure Recommendations
5	Title and Span of Control Considerations

# Project Background and Approach

## Engagement Background

1. Review the current Contra Costa Health Plan (CCHP) structure and capabilities
2. Provide an assessment of CCHP's structural efficacy, alignment, span of control, capacity for growth, agility, and decision making.

## A&M Project Approach



**Current State Assessment:** Understand the current organizational structure.



**Performance Analysis:** Examine the size and composition of the leadership team.







**Market Based Framework:** Analyzing best practices from other health plans and health systems



**Final Report & Recommendations:** Assess the effectiveness of the organizational structure and provide recommendations on the structure and staffing

- The current organizational structure does not align with a contemporary health plan framework.
- Spans of control are inconsistent:
  - Some leaders manage only one direct report.
  - Others oversee as many as thirty direct reports.
- The leadership title framework is unclear
- The number of health plan staff members is not benchmarked against membership levels:
  - Leaders are forced to make staffing decisions based on limited data.
- Staff titles reflect the county job classification system leading to difficult external recruitment, lack internal clarity and an inability to easily benchmark staffing levels and compensation.

## Design Principles

 <b>Reorganization</b>	 <b>Healthplan Operations</b>	 <b>Strategic Functions</b>	 <b>Additional Considerations</b>
<ul style="list-style-type: none"> <li>▪ Develop a structure to support growth with the flexibility to adjust through growth phases and new product introduction</li> <li>▪ Ensure manageable spans of control</li> <li>▪ Create a focus on operational efficiency to ensure nimble and execution health plan activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consolidate non-clinical healthplan operations under a Chief Operations Officer</li> <li>▪ Develop a structure with defined accountability for operational efficiency and excellence</li> <li>▪ Consolidate project management and IT functions, eliminate all shadow functions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strategically group clinically focused servicers such as Quality &amp; Health Equity, CalAIM Programs and Case Management</li> <li>▪ Create a Medicare Medical Director to support D-SNP requirements</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure consistent use of leader titles</li> <li>▪ Reduce or eliminate 1:1 chain of command (i.e., Director, Manager, Supervisor)</li> </ul>





Compliance

Clinical and Health  
Equity

Medicare Medical  
Operations

Medical Officer

Operations

## Clinical Domain Grouping

### Clinical and Health Equity

- CalAim
- Case Management
- Advice Nurse
- Quality and Health Equity

### Chief Medical Officer

- Utilization Management (UM),
- Appeals, Grievances & Disputes
- Pharmacy
- Behavioral Health Department (BHD)

### Medicare Medical Director

- Medicare/D-SNP Clinical Strategy
- Model of Care Implementation & Monitoring
- Medicare Product Development

## Operational Domain Grouping

Claims

Member Services  
& Outreach

Contracting  
& Provider  
Network  
Engagement

Credentialing and  
Network  
Operations

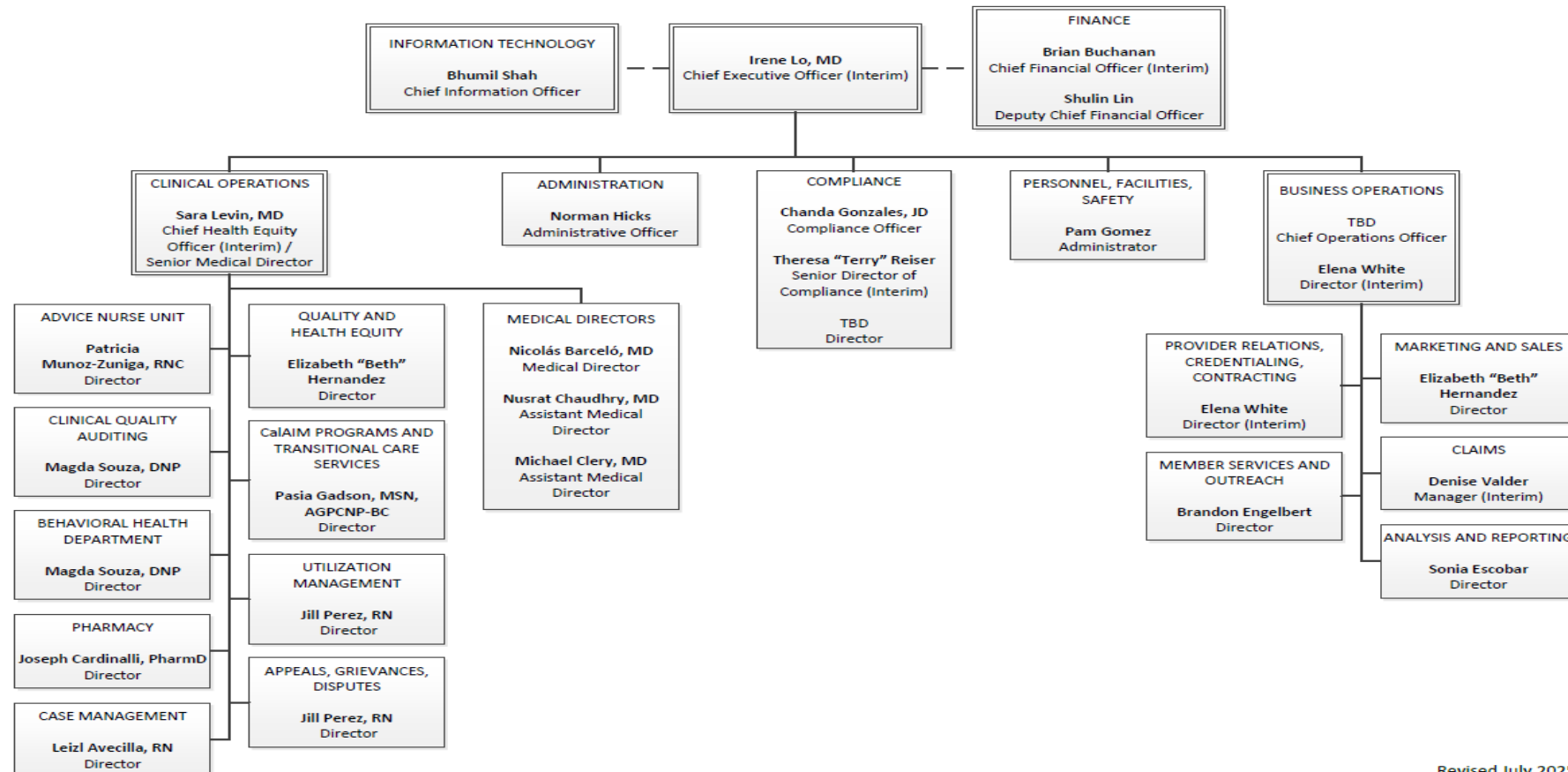
Marketing & Sales

Personnel,  
Facilities & Safety

Project  
Management



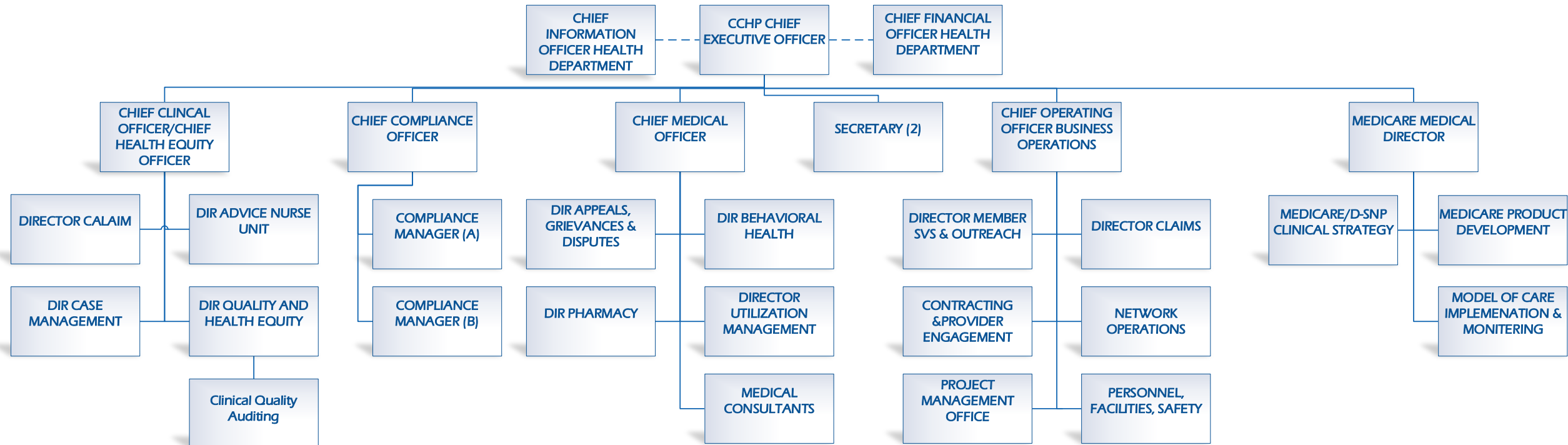
## Leadership Contra Costa Health Plan



Revised July 2025

# Structure Recommendations

## Chief Executive Officer



# Structure Recommendations

## Chief Executive Officer

### Chief Executive Officer

- Create a Chief Medical Officer (CMO) with accountability for Utilization Management (UM), Appeals & Grievances, Pharmacy and Behavioral Health Department (BHD)
- Create a Chief Clinical Officer / Chief Health Equity Officer (CHEO) with accountability for Quality & Health Equity, CalAIM Programs, Case Management, the Advice Nurse Unit and Clinical Quality Auditing (CQA)
- Create a Medicare Medical Director with accountability for Medicare/D-SNP Clinical Strategy, Model of Care Implementation & Monitoring and Medicare Product Development
- Move Facilities, Safety and Personnel to the Chief Operations Officer

### Quality

- Move the Quality function to the Chief Clinical Officer/Chief Health Equity Officer
- Combine all Quality functions by moving Clinical Quality and Auditing under Quality and Health Equity

### Compliance

- Create and recruit for a Chief Compliance Officer
- Create a Senior Compliance Director and a Compliance Director position.
- Create a matrix relationship with a Health Department Compliance Officer (TBD)



# Clinical Structure



# Structure Recommendations Clinical Grouping

## Chief Clinical Officer/Chief Health Equity Officer

- Create two Managers for Case Management
- Move the Admin Case Management to the Director of Case Management.
- Move CalAim to the Chief Clinical Officer/Chief Health Equity Officer
- Place the Advice Nurse Unit under the Chief Clinical Officer/Chief Health Equity Officer

## Chief Medical Officer

- Create a Manager for Appeals Grievances & Disputes and move accountability for Administrative Support and the Coordination Counselors to the Manager
- Move RNs in Appeals, Grievance and Disputes to the Director
- Add a Manager the Pharmacy section who will have accountability for benefits management and D-SNP.
- Move the Medical Consultants to the Chief Medical Officer

## Medicare Medical Director

- Add a Medicare Medical Director with accountability for Medicare/D-SNP Clinical Strategy, Model of Care Implementation & Monitoring and Medicare Product Development

# Structure Recommendations Utilization Management and Case Management

## Case Management

- Level span of control by creating two Managers for Case Management
- Move the Admin Case Management to the Director of Case Management.

## Utilization Management

- Create specialty pods for inpatient, outpatient and long-term care utilization management



# Operational Structure

# Structure Recommendations

## Chief Operating Officer

### Operations

- Move Facilities, Safety and Personnel to the Chief Operations Officer
- Create a Project Management Office and eliminate all shadow Project Management functions
- Move Analysis and Reporting to Network Operations

### Claims

- Add a Director for Claims
- Add a Claims Manager and a Claims Manager Coding

### Member Services and Outreach

- Create two Managers
- Create one admin support position for the department
- Marketing and Sales will move to Member Services and Outreach in 2026

### Contracting, Network Operations and Provider Engagement

- Create a Director of Contracting and Provider Network Engagement with accountability provider system support
- Create a Director of Credentialing and Network Operations



# Leader Title and Span of Control Considerations

# Title Considerations

## 1. Directors

Role Overview: Directors are responsible for strategic leadership, overseeing a department or function with significant scope and responsibility. Directors drive a function and organizational goals. They focus on high-level planning, resource allocation, and performance outcomes. Reports to a Senior Director, Chief or VP.

## 2. Managers

Role Overview: Managers are responsible for operational leadership, managing teams, and ensuring the execution of departmental goals. They focus on day-to-day operations, team performance, and process improvements. Reports to a Senior Manager or Director.

## 3. Supervisors

Role Overview: Supervisors are responsible for frontline leadership, directly managing staff and ensuring the completion of specific tasks or processes. They focus on team coordination, task execution, and immediate problem-solving. Reports to a Manager or Senior Supervisor.

### Key Considerations for Implementation

- Consistency Across Levels: Ensure that titles reflect the scope of responsibility and align with organizational hierarchy.
- Clear Progression Path: Create a logical career progression from Supervisor to Manager to Director, with clear expectations for each level.
- Alignment with Industry Standards: Benchmark titles and responsibilities against similar organizations in the health plan industry to ensure competitiveness and clarity.
- Communication and Training: Educate staff on the new framework to ensure understanding and alignment across the organization.

## Key Considerations for Span of Control

- **Nature of Work:** Highly standardized or routine tasks can support wider spans of control, as less direct supervision is needed.
- **Team Size and Composition:** Ensure a manageable number of direct reports for each leader. A typical range is 5–10, but this can vary based on the complexity of the roles and the leader's capacity. Teams with highly skilled, experienced, and autonomous staff may allow for wider spans of control, while less experienced teams may require closer supervision and narrower spans.
- **Leadership Capacity:** Leaders with additional responsibilities (e.g., overseeing multiple functions) may need narrower spans of control to balance their workload effectively. Leaders with strong delegation, communication, and time management skills may be able to handle wider spans of control.
- **Organizational Structure:** A flatter organizational structure typically supports wider spans of control, while a more hierarchical structure may require narrower spans. Leaders managing multiple or conflicting functions (e.g., Appeals and Utilization Management) may need narrower spans to ensure focus and avoid conflicts of interest.
- **Healthplan Benchmarks:** Benchmark spans of control against industry standards to ensure competitiveness and alignment with best practices. Align spans of control with the size of the health plan membership to ensure adequate staffing and oversight.
- **Technology and Tools:** Automated processes can reduce the need for manual oversight, allowing leaders to manage larger teams.
- **Employee Engagement and Development:** Ensure that employees have adequate access to their leaders for guidance, support, and feedback, which may require narrower spans in certain cases.
- **Regulatory and Compliance Requirements:** Functions with strict regulatory or compliance requirements (e.g., Appeals, Grievances) may require narrower spans to ensure adherence to standards and minimize risk.



# Salary Analysis

- At the direction of the JCC, CCHP initiated a salary analysis and market comparison using the most recent available data
- Purpose:
  - Assess how current CCHP salaries align with market-based salary data
  - Identify roles where CCHP compensation is potentially under or over the prevailing market rate
  - Support data-driven recommendations to improve recruitment, retention, and organizational stability
  - Inform leadership decisions regarding the restructuring and reclassification of specific positions to meet market expectations

- Analysis based on the 2024 Local Health Plans of California (LHPC) Salary and Benefit Survey Report
  - LHPC survey includes robust compensation data from plans of similar structure and mission and serves as a reliable benchmark for evaluating salaries across leadership and operational roles
- Analysis compared CCHP salary ranges by job title to corresponding ranges in the LHPC salary database
- Key data points included:
  - CCHP salary range
  - LHPC salary range and median for comparable roles
  - Relative position of CCHP compensation compared to the LHPC median

- **High-End Alignment:** Five roles fall above the LHPC median, suggesting strong compensation relative to the market.
- **Low-End Concentration:** Several roles that are within the LHPC salary range are concentrated below the LHPC median.
- For several classifications, CCHP may have contributed to the lower end of the LHPC salary benchmark range

- Addressing below-median compensation will be critical to strengthening CCHP's recruitment and retention capabilities, especially in high-impact roles tied to quality, compliance, and operations.
- Making targeted revisions will also improve CCHP's ability to recruit and retain top talent, ensure organizational equity, and enhance overall operational readiness and regulatory compliance.

CCHP leadership should work with Contra Costa Health Personnel and County HR to address compensation where necessary to recruit and maintain talent within the plan.



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3997

**Agenda Date:** 10/3/2025

**Agenda #:** 7.2

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**To:** Joint Conference Committee (JCC) Members

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

**Date:** October 3, 2025

**Subject:** Quality & Health Equity Update

### **Recommendation**

Receive an informational report on Contra Costa Health Plan's (CCHP) Quality and Health Equity program activities, recent accomplishments, and focus areas.

### **Background**

The Quality and Health Equity Department at CCHP is responsible for monitoring and improving the quality of care delivered to our members, advancing health equity across populations, and supporting the organization's population health efforts. The department manages quality measurement and reporting, oversees accreditation, implements data-informed interventions to address disparities and improve outcomes, delivers health education to promote prevention and wellness, and ensures access to culturally and linguistically appropriate services. Staff collaborate across departments, with providers, and in community organizations to ensure care delivery aligns with the needs of CCHP's diverse membership.

### **Key Accomplishments and Highlights**

CCHP submitted its Measurement Year (MY) 2024 Healthcare Effectiveness Data and Information Set (HEDIS) in June 2025. These measures are used by a variety of regulators for enforcement purposes. CCHP anticipates earning back 100% of capitation dollars (totaling approximately \$6 million) for CY 2024 through Department of Health Care Services (DHCS) Quality Withhold program. CCHP surpassed the Department of Health Care Services (DHCS) Minimum Performance Level (MPL) for all Medi-Cal Accountability Set (MCAS) Measures in 2024 and will not receive any sanctions.

The National Committee on Quality Assurance (NCQA) just released the 2025 Health Plan Ratings, and CCHP received 4.5 Stars, placing CCHP as 1 of 3 Medicaid plans in California with 4.5 Stars (the other two being Kaiser Permanente North and South). CCHP is 1 of 14 in Medicaid Plans in the country to receive this rating.

### **Corrective Actions and Improvement Initiatives**

The Department of Managed Health Care (DMHC) released its findings for the MY2023 Health Equity and Quality Measure Set (HEQMS). This is a new quality measurement reporting set that evaluates whether each racial and ethnic group meets or exceeds the minimum performance level for a set of measures. Several racial and ethnic groups were below the minimum performance level for Hemoglobin A1c Control and Poor Control, Controlling High Blood Pressure, and Well Care Visit Measures. While this CAP was just issued, our MY2024 results show that most of the deficiencies have been corrected in our MY2024 rates, and remaining issues are related to Well Care Visits. CCHP has a performance improvement project focusing on improving well care visits for Native Hawaiian and Pacific Islander and Black/African

American populations.

**Current Priorities and In-Progress Work**

Current departmental priorities focus on completing preparations for the upcoming NCQA Health Plan and Health Equity Accreditation surveys, advancing D-SNP readiness for the January 2026 launch, and implementing quality-based pay for performance payment arrangements with provider groups. Outreach efforts continue to support preventive care, behavioral health follow-up, and chronic disease management. Staff are actively engaged with providers and community partners to improve member experience, address health disparities, and ensure that educational and outreach programs reach priority populations. Additionally, the department is preparing for year-end performance improvement projects, maternal health initiatives, and the collection and reporting of D-SNP Star measures.

**Challenges**

The department's primary challenge this quarter is completing NCQA Health Plan and Health Equity Accreditation preparations and implementing pay for performance payment arrangements with provider groups while the Dual Eligible Special Needs Plan (D-SNP) project continues to demand significant focus and resources. Preparing for accreditation requires intensive documentation, workflow reviews, and coordination across multiple departments. At the same time, CCHP is advancing large-scale initiatives such as the launch of the D-SNP. Ensuring these major projects progress concurrently requires careful prioritization, resource allocation, and sustained cross-department collaboration.

**Looking Ahead**

In the coming quarter, key milestones include submitting the Health Plan Accreditation deliverables in December, advancing year-end performance improvement projects, and preparing maternal health and behavioral health collaborative initiatives. The department will continue transitioning provider contracts to incorporate pay-for-performance incentives and begin preparing for D-SNP Star measures to ensure strong quality and member experience outcomes. CCHP is also working on transitioning to digital quality measures and incorporating Medi-Cal Connect data sources into population health initiatives. These efforts will be coordinated alongside ongoing routine quality monitoring, preventive care outreach, and equity-focused interventions.



# QUALITY AND HEALTH EQUITY ACTIVITIES REPORT

**Beth Hernandez**

## Quality Measure Regulatory Landscape

DHCS

DMHC

NCQA

CMS (new  
for 2026)

MCAS – 42  
measures

MPL – 18  
measures

Quality  
Withhold – 9  
measures

HEQ 13  
measures

44 measures

TBD –  
Medicare  
Stars and  
HEDIS

Total of 84 measures reported across all regulatory  
bodies

# Regulator Usage of Quality Measures for Managed Care Plans

## DHCS: Quality Withhold Component in Managed Care Capitation Rate Setting

- .5% capitation in CY 2024 (~\$6 million)
- 1% of capitation in CY 2025 (~\$12-13 million)
- Anticipate to earn back 100% of dollars in CY 2024

## DHCS: Penalties/Sanctions for being under benchmarks

- No sanctions in CY 2024 → Met MPL in all measures

## DMHC: CAPs for being under benchmarks for each racial/ethnic group

- CY 2023 CAPs just issued
- CY2024 under review

## NCQA: Health Plan Ratings – 4.5 Stars

- 1 in 3 Plans in California with 4.5 Stars
- 1 in 14 in Country with 4.5 Stars

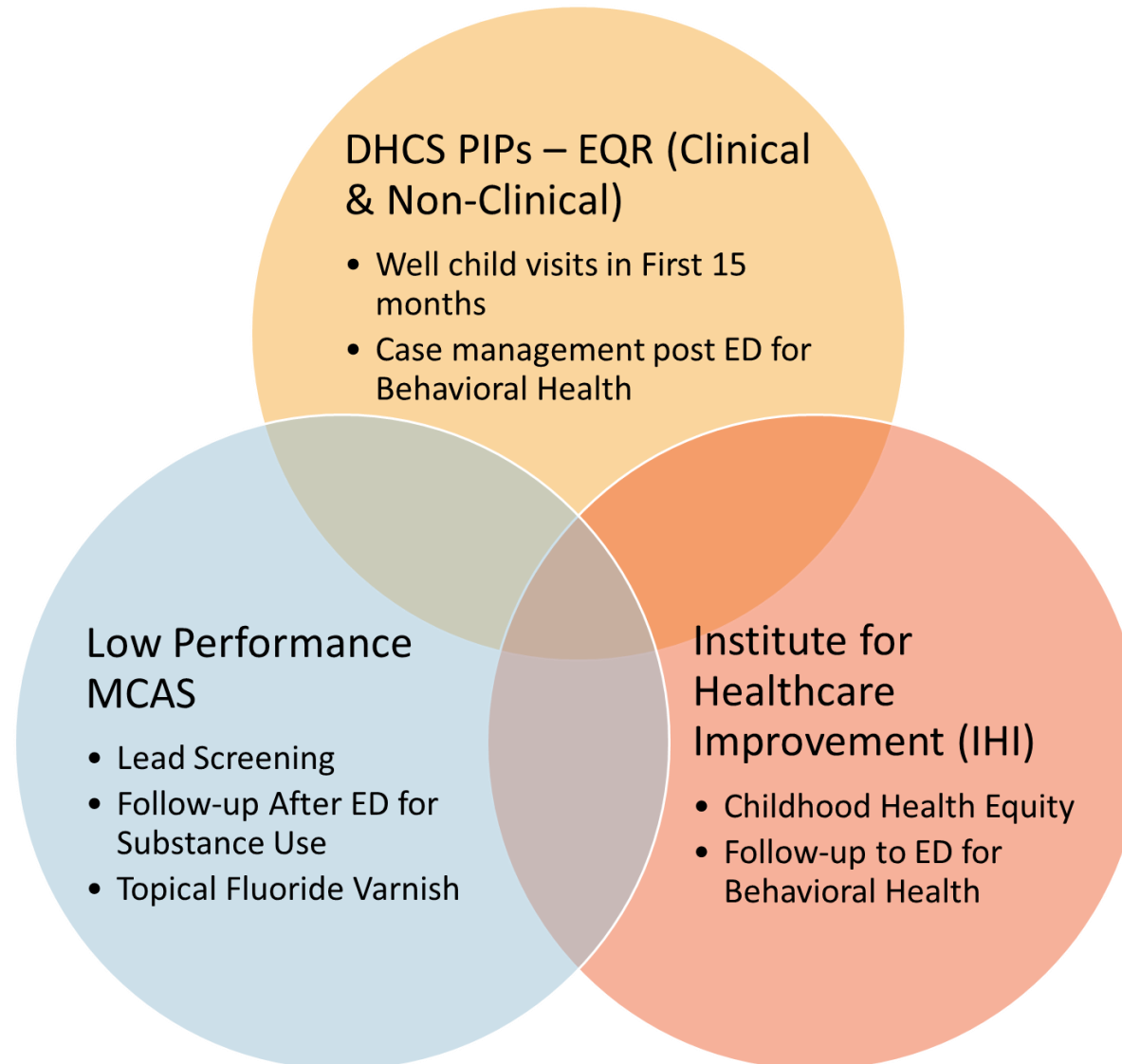


# Managed Care Accountability Set

Measures	MY 2020	MY 2021	MY 2022	MY 2023	MY 2024	Trend	National Percentile
Asthma Medication Ratio	63.93	64.48	75.23	83.22	79.48		90th ★
Cervical Cancer Screening	68.06	68.33	68.33	68.61	67.64		90th ★
Childhood Immunization Status - Combination 10	51.34	47.93	44.04	45.61	42.34		90th ★
Chlamydia Screening in Women	62.81	62.22	66.65	68.37	69.22		90th ★
Controlling Blood Pressure	64.96	62.37	67.27	67.21	72.75		90th ★
Diabetes - HbA1c Poor Control (>9.0%)*	38.93	34.55	33.99	29.11	24.44		90th ★
Immunizations for Adolescents (IMA) - Combo2	43.80	44.28	53.36	55.56	52.89		90th ★
Postpartum Care	90.97	91.19	90.48	89.94	93.02		90th ★
Prenatal Care	93.40	94.34	93.88	93.08	93.60		90th ★
Well-Child Visits in the First 30 Months of Life (15m-30m)	69.85	64.58	73.05	75.59	80.09		90th ★
Well-Child Visits in the First 30 Months of Life (31d-15m)	56.69	54.35	65.88	73.17	79.03		90th ★
Breast Cancer Screening	58.33	58.66	63.95	63.81	61.72		75th ★
Child and Adolescent Well-Care Visits	42.09	55.05	53.09	56.63	59.11		75th ★
Developmental Screening in the First Three Years of Life	21.68	37.45	52.57	56.90	69.44		75th ★
Follow-up after ED for AOD - 30 Day	8.94	10.00	26.61	32.31	45.80		75th ★
Follow-up after ED for Mental Illness - 30 Day	21.81	23.15	45.97	58.78	61.71		50th ☆
Lead Screening in Children	-	44.23	51.51	52.81	66.10		50th ☆
Topical Fluoride for Children	-	-	12.73	15.21	22.31		50th ☆

\*Lower is better measure

# Performance Improvement Projects





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

**To:** Joint Conference Committee

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

**Date:** October 3, 2025

**Report Title:** CCHP Quality Improvement and Health Equity Committee (QIHEC) Quarterly Activities Report, 2025 Q2

### **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 2 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**


As part of its Medi-Cal contract with DHCS, 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 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.

CCHP fulfills this requirement through the work of two standing councils: the Quality Council and the Equity Council. These two bodies together comprise the QIHEC, bringing both clinical and community perspectives to guide the integration of quality and equity efforts across the health plan. The councils oversee performance improvement projects, review member experience and clinical quality data, and recommend corrective actions as needed.

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**

The Q2 2025 QIHEC Quarterly Report reflects governance through two Quality Council meetings and one Equity Council meeting. The April Quality Council meeting reviewed DHCS Annual Medical Audit results, grievance, appeals, and utilization management reports, and policy updates, with discussion focused on improving access, regulatory readiness, and preparing for the D-SNP launch. The May Quality Council meeting focused on access and availability, reviewing access report findings, provider satisfaction survey



results, and Provider Relations updates, along with approval of additional annual reports and policies. The June Equity Council meeting addressed NCQA Health Equity Accreditation requirements, staff and provider training completion, Community Advisory Committee updates, and health education initiatives aimed at advancing maternal health, well child visits, and language access.

During this quarter, CCHP advanced multiple quality improvement and health equity activities across accreditation preparation, measurement, and performance improvement projects. Accreditation deliverables remained on track, with documentation collected for both Health Plan and Health Equity Accreditation submissions. MY 2024 HEDIS and CAHPS audits were submitted on time with no findings, and CCHP exceeded Minimum Performance Levels across all 18 HEDIS measures submitted. Access and network monitoring continued through completion of the Annual Access Report, Provider Appointment Availability Survey, and Encounter Data Validation audits, along with provider satisfaction survey analysis and planning for corrective actions in urgent specialty care access. Additional analytic activities included case management and behavioral health survey development, and presentations at statewide seminars on quality data integration.

Performance Improvement Projects showed measurable gains in behavioral health follow-up, immunization outreach, pediatric well care, cervical cancer screening, and preventive oral health services. CCHP engaged in targeted outreach to members and collaborated with community providers to expand screening and preventive care rates, while advancing maternal health initiatives and child health equity work through statewide and academic partnerships. Population health activities included implementation of pay-for-performance programs, expansion of health education and health literacy outreach, and continued work with community-based organizations on CalAIM centers. Patient safety oversight, provider training, guideline dissemination, and joint projects with local health centers and the Regional Medical Center further supported quality and equity goals, ensuring alignment with DHCS requirements and CCHP's strategic priorities.

#### **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 Q2 2025



## Quality Improvement and Health Equity Committee (QIHEC) Quarterly Report

**Report Period:** April 1, 2025 – June 30, 2025

### 1. Meeting Dates and Main Topics Covered

April 8, 2025: Quality Council

- **Senior Medical Director Update.** The Senior Medical Director shared that she has assumed the role of co-chair of Quality Council following the appointment of the previous Chief Medical Officer to Interim CEO.
- **DHCS Annual Medical Audit.** The Council reviewed results from the annual audit covering August 2023 to July 2024, which had 19 findings across six categories. Many findings have already been addressed, with continued work underway. The Council also discussed preparations for the upcoming D-SNP bid and proposal.
- **Appeals, Grievances, and Disputes (AGD) Annual Report.** The Council reviewed trends showing higher grievance rates for seniors and people with disabilities, primarily due to billing and access issues. Quality of care grievances declined, but access to timely appointments remains a focus. Disproportionate grievance rates were noted among racial/ethnic groups, with particular attention to staff service concerns for Black/African American members. Appeals performance met NCQA targets.
- **UM Annual Report.** The Utilization Management team outlined operational priorities to improve efficiency, communication, and readiness for D-SNP. Key projects included simplifying the authorization process, updating member letters, and department reorganization to improve service and compliance.
- **Quarterly Quality Activities Update.** The Quality and Health Equity team shared improvements in HEDIS measures despite high member turnover. Final scores will be reviewed by the Council in Q3 2025. The Council also discussed Cultural and Linguistic analysis work in progress.
- **Self-Swab Cervical Cancer Screening.** The Council was briefed on new FDA-approved self-swab HPV screening options for use in clinical settings. Discussion focused on improving screening rates among populations uncomfortable with pelvic exams and ensuring clear guidance on its use alongside cytology.



- **Additional Comments.** The Council discussed potential cuts to Medicaid coverage, including extended coverage for undocumented individuals and possible work requirements, highlighting the need for clear communication to reduce member anxiety.
- **Consent Items.** The Council unanimously approved prior meeting minutes, quarterly reports on AGD, UM, Advice Nurse stats, pharmacy denials, audit summaries, and member experience updates.
- **Policies and Procedures.** The Council approved updates to 21 policies covering ECM operations, grievances and appeals, reproductive and pediatric care, palliative care, cultural and linguistic services, utilization management processes, and continuity of care.

#### May 13, 2025: Quality Council

- **Medical Director Update.** The Medical Director shared progress on D-SNP preparation, ongoing regulatory compliance work, and Clinical Operations projects focused on Population Health Management.
- **Annual Access Report.** The Council reviewed appointment availability data, satisfaction surveys, and emergency instruction compliance. While overall access standards were met for most networks, there were gaps in urgent specialty care and Plan A urgent appointments. Prenatal appointment compliance dipped during the holidays but returned to target levels. Initial Health Appointment rates showed marginal but steady improvement over last year. Emergency instruction compliance was 79%, with provider phone and in-office wait times showing high compliance. Follow-up actions include provider education, network expansion, and detailed data reviews.
- **Provider Satisfaction.** Results from the annual Provider Satisfaction Survey showed high ratings for timeliness of UM decisions, claims support, and language access services. Opportunities were identified to improve call center accessibility and effectiveness. Providers also reported that recent changes, like the simplified authorization process, improved their experience.
- **Provider Relations Report.** The interim COO presented Provider Relations updates, including key recommendations and actions such as talent management redesign, improvements to provider data operations, simplifying the provider experience, accelerating D-SNP network expansion, and managing interdependencies across departments.
- **Consent Items.** The Council unanimously approved meeting minutes, enrollee and provider experience survey results, physician directory accuracy, geographic reports, UM committee minutes, credentialing integrity reports, and the annual report on access and availability.
- **Policies and Procedures.** The Council approved 27 policies and procedures, covering Community Supports, Behavioral Health access and screening, care coordination, disaster planning, site reviews, medical record standards, quality audits, provider preventable conditions, marketing, member circumstances, non-discrimination, and utilization management information integrity.

## June 10, 2025: Equity Council

- **Senior Medical Director Report.** The Acting Interim CMO emphasized the organization’s mission and commitment to members despite ongoing budget pressures in Sacramento and changes at the federal level, highlighting CCHP’s continued focus on high-quality care.
- **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 46.5% staff completion as of June. DEI and D-SNP training for providers will launch in July 2025. Clarifications about which provider trainings are required were also shared.
- **NCQA Accreditation.** A high-level update on NCQA Health Equity Accreditation was provided. Five specific elements related to gender identity data collection and DEI staffing practices will be scored as “N/A” through June 2026 under temporary guidance. The Provider Directory was also updated to include languages spoken and available race/ethnicity information to better align with equity standards.
- **Community Advisory Committee.** The team shared updates about the CAC, including participation in the DHCS MCP CAC Workshop in March and ongoing recruitment of new members as original 2023 members term out. Quarterly meetings will continue throughout 2025 to meet DHCS requirements.
- **Health Education and IHI Project.** The Health Education team reported on projects to improve health literacy, maternal health initiatives, chronic disease management, and CalAIM center support. “One-Pagers” for member education will soon be available on the CCHP website. Results of a targeted project to improve Well Child Visit rates for 18–21 year-olds showed a 95% relative increase to 21.5%, supported through a collaboration with IHI and Brighter Beginnings.
- **Quarterly and Annual Review: Grievances Related to Language Access and Discrimination.** The Council reviewed an approved CAP addressing past audit findings about grievance reporting to DHCS. The report noted an increase in grievances with common issues such as appointment cancellations, transportation concerns, and language access, with recommended outreach to providers about interpreter services.
- **Consent Items.** The Council unanimously approved three items: Equity Council Meeting Minutes (3/11/2024), Policy QM14.802 (CCHP Staff & Network Provider Cultural Competency Training), and the new ADMIN Policy on the Community Advisory Committee.

## 2. Update on Quarterly Activities in QIHETP Program

### Program Structure:

- Convened two Quality Council meetings and one Equity Council meeting.
- Joint Conference Committee received and approved the annual Quality and Health Equity Evaluation, Workplan, and Program Description to send to the Contra Costa County Board of Supervisors.

- Convened Community Advisory Committee (CAC) on June 12, 2025, with topics covering Provider Directory, Access to Services and Coordination of Services.

#### NCQA Accreditation

- The Health Plan accreditation audit is on schedule with 50% of the documentation collected and ready for final consultant review prior to the NCQA audit deadline of December 9<sup>th</sup>.
- The Health Equity Accreditation initial submission is on schedule with 97% documentation ready for consultant review prior to submission deadline of August 26<sup>th</sup> deadline.

#### Measurement, Analytics, Reporting, and Data Sharing

- All audit requirements were met for the Healthcare Effectiveness Data & Information Set (HEDIS) & Consumer Assessment of Healthcare Providers & Systems (CAHPS) audits were approved by both Advent Advisory Group and HSAG auditing agencies and submitted prior to deadline of June 13<sup>th</sup> required with the National Committee for Quality Assurance (NCQA). CCHP exceeded the Minimum Performance Levels (MPLs) in all the 18 submitted measures and is awaiting NCQA Star ratings, released in September 2025.
- Completed fielding of annual member experience CAHPS survey with analysis to begin in Q3.
- Completed the analysis of the 2024 Provider Satisfaction Survey and conducted interactive workshop with CCHP staff to brainstorm improvement opportunities.
- Provider Appointment Availability Survey (PAAS) MY2024 results submitted to DMHC. Urgent specialty care access in the Plan A network was identified as a deficiency; a corrective action plan is in development to address this gap.
- Comprehensive Annual Access Report for MY2024 completed and reviewed by the Quality Council in May; the report provides updates on all access program efforts and ongoing tracking activities.
- Network Adequacy Validation (NAV) Audit is on schedule, Quality submitted the Information Systems Capabilities Assessment Tool (ISCAT) to the Health Services Advisory Group (HSAG) on June 24<sup>th</sup>, prior to the July 17, 2025 due date, and is awaiting on feedback from auditor.
- Quality submitted 100% of the 411 requested records by May 1<sup>st</sup>, prior to the May 13<sup>th</sup> due date for the Encounter Data Validation (EDV) audit. CCHP is waiting on feedback from the HSAG auditors.
- Collaborated with stakeholders to finalize Case Management Survey content, to ensure alignment with program goals and member needs. Coordinated with the contracted vendor to complete survey programming, establish data collection protocols, and initiate fielding activities.
- Launched the Experiences in Care and Health Outcomes (ECHO) survey in collaboration with the survey vendor, targeting eligible members to assess their experiences and perceptions related to behavioral health services. Ensured all outreach materials were finalized and distributed according to the established timeline.
- Presented at the Safety Net Institute/Local Health Plans of California (SNI/LHPC) Data Sharing Seminar on Contra Costa's approaches to quality data integration between health systems and health plans.

### Performance Improvement Projects

- Demonstrated improvements in the Follow-up after Emergency Department for Mental Health and Alcohol and Other Drugs measures with Contra Costa Behavioral Health through the Institute for Healthcare Improvement collaborative. Conducted additional in-services with area Emergency Departments to discuss behavioral health referral patterns. Created substance use navigator network (SUN network) with SUNs across area EDs to increase collaboration. Launched text message pilot and sent text messages to nearly 500 patients.
- Organized and facilitated a Lunch & Learn for providers and care team staff to promote evidence-based strategies for improving childhood immunization rates. Participants engaged in peer-to-peer discussion and shared successful approaches from their own practices, fostering collaboration and knowledge exchange to support improved preventive care outcomes.
- Conducted over 350 outreach calls to members aged 0-2 years due for well-care visits and scheduled over 70 appointments for members.
- Conducted around 1,000 outreach calls to members for Denti-Cal benefits and Topical Fluoride Treatment.
- Collaborated with community network providers to conduct over 600 outreach calls for well care visits and over 800 calls for cervical cancer screening.
- Continued to conduct outreach calls for African American and Pacific Islander members assigned to RMC due for well care visits.
- Completed over 60 calls to members under two who are due for lead screening.
- Presented IHI-DHCS Child Health Equity Collaborative results at Harvard TH Chan School of Public Health Practical Applications of Improvement Science class.
- Sponsored a student project with UC Berkeley School of Public Health Quality Improvement class focusing on Cultural and Linguistic Services.
- Presented to UC Berkeley School of Public Health Quality Improvement class and Cal State East Bay Public Health Informatics class.
- Collaborated with Regional Medical Center Prenatal/Postpartum Quality Team to identify gaps in postpartum care for members who deliver at non-RMC facilities. The workgroup explored strategies to improve data sharing, streamline referral processes, and enhance outreach to ensure timely enrollment into case management services. The goal is to improve continuity of care, support maternal health outcomes, and reduce disparities in postpartum follow-up.

### Population Health

- Initiated first pay for performance payment for largest two provider groups. For calendar year 2025, 7 provider groups will be in a pay for performance program.
- Transgender, Gender Diverse, or Intersex (TGI) training curriculum was approved by DHCS and completed by CCHP all staff. Around 50% of CCHP staff completed newly roll-out Diversity, Equity & Inclusion Training.
- Completed 2024 Cultural & Linguistic Analysis Report, including assessment of Provider Cultural Responsiveness and Cultural & Linguistic program evaluation.


- The summer edition of Health Sense was mailed to members and included timely health tips, 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 30 outreach events, including outreach at the Concord Library, tabling at network Federally Qualified Health Centers, Los Medanos Health Fair, Youth Wellness Summit, Senior Health Fair, Parks Rx, and Stege Elementary lead education.
- Initiated the reassessment process for members enrolled in the California Children and Youth with Special Health Care Needs and Long-Term Services and Supports programs.
- Engaging with 4 Community-based Organizations to roll out CalAIM centers. Successfully conducted 2 presentations with CalAIM centers and start implementation of office hours on site.
- Conducted new member survey to assess understanding of patient materials.
- Initiated planning for an emergency department (ED) utilization reduction project. Conducted preliminary data analysis to identify high-utilizing member populations and common drivers of avoidable ED visits. Began engaging key stakeholders across departments, including Advice Nurse Unit, Clinical Operations, and Health Education teams, to develop targeted intervention strategies.
- Participated in Contra Costa Public Health Community Health Assessment Steering Committee to support countywide planning and collaboration. Attending Bridging Public Health and Managed Care event with Public Health Departments and Managed Care plans across California.
- Actively engaged in Supervisor Burgis' Health Literacy Council, working on strategies to reduce emergency department utilization and improve health literacy for Far East County residents.

#### 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

- 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 100 patients to schedule 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.



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3998

**Agenda Date:** 10/3/2025

**Agenda #:** 7.3

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**To:** Joint Conference Committee (JCC) Members

**From:** Chanda Gonzales, Compliance Officer, Contra Costa Health Plan

**Date:** October 3, 2025

**Subject:** Compliance Activities Report

### Purpose

To provide the JCC with an overview of updates and notable information related to compliance activities and requirements.

### Department Description

The Compliance Department coordinates all regulatory communication for the health plan, reviews and disseminates regulatory changes and requirements, monitors and ensures that all departments conduct operations in a timely, ethical, and compliant manner.

### Key Accomplishments and Highlights

Compliance managed the process for this year's Department of Health Care Services on-site audit. Compliance oversaw and coordinated the audit requests for information and ensured that all responsible departments submitted the required information and documents in a timely manner. Compliance conducted quality assurance for the several hundred documents and responses submitted to the auditors. Compliance continues to oversee this process as the auditors review final submissions.

Compliance also coordinated the final submission of CCHP's 2024 Medical Audit Corrective Action Plan (CAP). We await final review from DHCS.

Compliance additionally facilitated communications with multiple regulators (DMHC, DHCS, CMS) to ensure their urgent requests for revisions to DSNP member materials were addressed promptly and by the responsible department leaders. Compliance and CCHP leader collaboration resulted in the timely submission and approval of all key DSNP member materials: member handbook, member ID card, provider/pharmacy directory, formulary. CCHP also received conditional approval from CMS for our State Medicaid Agency Contract (SMAC).

### Current Priorities and In-Progress Work

- Continuing coordination of audit submissions and communication
- Continuing crucial submissions to CMS and monitoring communication for D-SNP
- Implementation of CMS compliance program requirements

### Challenges

CCHP will be expanding its regulators from two state (DHCS, DMHC) to three including a federal regulator (CMS). The increasing regulatory requirements and areas for risk management require staff who have specific skills and experience.

While the Compliance department has obtained additional SMEs to help train and guide staff, we anticipate greater workloads and growing responsibilities.

**Looking Ahead**

In October, the open enrollment period begins for our new Medicare line of business; Compliance will continue to coordinate and closely monitor federal regulatory requirements and guidelines related to this event and all preparation for becoming a Dual Special Needs Plan (D-SNP). In December, the Department of Managed Health Care (DMHC) will conduct its routine financial audit of the health plan. Compliance will coordinate with the Finance department and help support the audit process.



# COMPLIANCE ACTIVITIES REPORT

**Chanda Gonzales**

## Compliance – Activities Report

### Key Accomplishments and Highlights

- Oversaw and coordinated the annual DHCS audit, conducted on-site
  - Organized the review & submission of several hundred documents and responses for the audit
- Submitted final update for the 2024 Medical Audit CAP (process started in February)
  - address and correct findings from the prior year's audit
- Helped ensure the timely submission and approval of key D-SNP items:
  - Formulary approved by DHCS
  - Provider/Pharmacy Directory approved by DHCS
  - Member Handbook approved by DHCS & DMHC
  - CMS conditionally approved the State Medicaid Agency Contract (SMAC)

### Current Priorities and In-Progress Work

- Continuing coordination of audit submissions and communication
- Continuing crucial submissions to CMS and monitoring communication for D-SNP
- Continuing weekly reviews with our Fraud, Waste, and Abuse vendor, Cotiviti
- Implementation of CMS compliance program requirements



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-3999

**Agenda Date:** 10/3/2025

**Agenda #:** 8.0

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**To:** Joint Conference Committee (JCC) Members

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

**Date:** October 3, 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***

- **Compliance Department**

CCHP has recently taken steps to strengthen leadership within our Compliance Department. Recognizing the need for additional support and direction, we engaged Sunny Cooper in August 2025 as an external consultant to serve as Interim Senior Director of Compliance. This proactive measure provides stability, consistent leadership, and positions the department for long-term success.

Sunny brings extensive experience in the California Medi-Cal managed care environment and is playing a critical role in establishing structure, providing guidance, and driving momentum as we continue to strengthen our compliance program, meet regulatory requirements, and prepare for upcoming program expansions.

- **Provider Relations, Credentialing, and Contracting Department**

In August 2025, CCHP welcomed Nancy McAdoo as our new Director of Provider Relations, Credentialing, and Contracting. This leadership role is central to strengthening provider partnerships, streamlining network development, and advancing provider satisfaction.

Nancy brings a wealth of Managed Medi-Cal experience and a fresh perspective to our team. She will play a pivotal role in optimizing contracting strategies and deepening provider engagement as we prepare for the launch of our D-SNP and future growth.

- **Quality and Health Equity Department**

To further strengthen our work in Quality and Health Equity, we have transitioned the Quality and Health Equity Department from Business Operations to Clinical Operations. This move fosters closer alignment with clinical leadership and ensures that the principles of quality and equity are fully integrated across all areas of Clinical Operations.

***Dual-Special Needs Plan (D-SNP) Recruitment***

In August 2025, CCHP received approval to add several much-needed positions in preparation for the launch of the D-SNP. These roles are essential to strengthening our operational capacity-enabling us to meet regulatory requirements, deliver robust care coordination, and respond more effectively to the needs of our members and providers. Recruitment is now underway, and we look forward to welcoming new colleagues who will help us continue building a strong foundation for CCHP's future growth.

***Dual-Special Needs Plan (D-SNP) Recruitment***

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. We also conveyed that interim consultants are currently providing regulatory oversight and continuity in impacted departments while permanent hires are being pursued.

DMHC has indicated they plan to meet with us again before the end of the year to assess progress and ensure that permanent leaders have been placed into these roles. CCHP remains committed to maintaining strong communication with our regulators and to providing timely updates as recruitment advances and positions are filled.

**2. Regulatory Update**

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

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

***DHCS 2024 Medical Audit - Corrective Action Plan (CAP)***

Contra Costa Health Plan (CCHP) continues to advance its response to the findings from the 2024 DHCS Medical Audit. CCHP submitted its initial Corrective Action Plan (CAP) on March 28, 2025, followed by supplemental submissions in May, July, and August that included updated policies, internal audit results, training documentation, and revised workflows.

On August 19, 2025, DHCS provided its most recent feedback. While DHCS indicated that the majority of corrective plans had been accepted and significant progress had been made, DHCS identified a couple of remaining open items - primarily related to audit follow-ups and evidence of sustained improvements.

The Plan remains on track for CAP closure and continues to prioritize long-term sustainability of corrective actions through leadership oversight and internal monitoring.

We will continue to keep the JCC informed of our progress and share any additional feedback from DHCS in future updates.

***DHCS 2025 Medical Audit***

Contra Costa Health Plan recently completed its 2025 Department of Health Care Services (DHCS) Medical Audit, which was conducted in person from August 18-28, 2025. The audit reviewed CCHP's compliance and performance for the period of August 1, 2024, through July 31, 2025.

CCHP welcomed seven auditors from DHCS, who conducted a comprehensive review across all six audit categories:

- Utilization Management
- Case Management and Coordination of Care
- Access and Availability
- Member's Rights
- Quality Improvement

- Administrative and Organizational Capacity

In preparation, CCHP engaged in extensive readiness activities, including mock audits and focused work sessions. As a result, staff were well prepared, professional, and confident in presenting information and participating in audit interviews.

During the closing session of the onsite audit, DHCS shared some initial concerns. A formal exit conference with DHCS, where findings will be officially presented, is tentatively scheduled to take place in early Spring 2025. The CCHP team has already identified areas for improvement based on the audit and is actively implementing process enhancements to address them.

We will provide the JCC with DHCS's findings once they are formally released and continue to keep the committee informed as the process moves forward.

#### ***DHCS 2023 Behavioral Health and Transportation Focused Audit - Corrective Action Plan (CAP)***

DHCS confirmed satisfactory closure of all Transportation related findings and several Behavioral Health Focused Audit findings. Responses to the remaining Behavioral Health audit findings have been submitted to DHCS. We are currently awaiting formal response and further instruction from DHCS.

#### ***DMHC Audits***

The DMHC Financial Audit will be taking place in April 2026, starting 4/6/2025. Pursuant to Section 1382 of the California Health and Safety Code, the DMHC Division of Financial Oversight is responsible for conducting routine financial examinations of each health plan and issuing a public report at minimum of once every five years. The purpose of the financial examinations is to evaluate and report on regulatory compliance with the Knox Keene Act. Each financial examination discusses plan performance in the areas of health plan fiscal and administrative functions. Topics include claims, provider dispute resolutions, financial accounts review, and statutory compliance.

The DMHC Follow Up Medical Survey will also take place in April 2026, starting 4/26/2025. California law requires the DMHC to conduct a routine medical survey of each licensed full service and specialty health plan at least once every three years. When the survey is complete, the DMHC issues a Final Report that is publicly available. The DMHC may perform a Follow-Up Survey within 18 months of the Final Report for any uncorrected deficiencies. The medical survey is a comprehensive evaluation of the plan's compliance with the law in the following health plan program areas:

- Quality assurance
- Grievance and appeals
- Access and availability
- Utilization management
- Overall plan performance in meeting enrollee's health care needs

#### ***DMHC Audits***

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
  - CCHP sent an acknowledgement to DMHC on 9/12/2025, accepting the administrative penalty.
  - Received Letter of Agreement from DMHC on 9/22/2025, indicating that payment of the administrative penalty is due 10/10/2025.
- Enforcement Matter 23-348
  - Stems from deficiencies that remain unresolved from DMHC's 2019 Routine Survey
  - 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
- CCHP sent an acknowledgement to DMHC on 6/16/2025, accepting the administrative penalty. CCHP also submitted a proposed CAP
- Status: Awaiting response from DMHC regarding CAP
- Enforcement Matter 24-143
  - Focuses on interrogatories related to behavioral health services, including timely access to care, prior authorization practices, claims payments, provider satisfaction, staff training, and call center operations
  - Received from DMHC: 3/26/2025
  - Response provided to DMHC: 4/25/2025
  - Status: Awaiting response from DMHC

### **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 and Medi-Cal Dual Special Needs Plan (D-SNP) on January 1, 2026. This launch represents a major organizational milestone and a critical opportunity to better serve dual-eligible individuals—those who qualify for both Medicare and Medi-Cal—through a more coordinated and person-centered care model.

#### ***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.

On 9/19/2025, the Centers for Medicare and Medicaid Services (CMS) informed CCHP that they had reviewed and approved all 2026 contracting documents and post-application requirements for our D-SNP Contract (Contract ID H5119).

- **Operational Readiness**
  - Finalizing contracts with vendors supporting key D-SNP functions
  - Advancing provider contracting to meet CMS and DHCS network adequacy requirements
  - Internal workgroups refining workflows and configuring systems to support implementation
  - Education and outreach initiatives underway, including staff training and provider engagement
  - Recruitment in progress for critical D-SNP positions to ensure implementation and sustainability
- **Regulatory Readiness and Oversight**
  - Finalizing policies and procedures that align with Medicare Advantage and Medi-Cal integration standards
  - Building a comprehensive Medicare Compliance Program to ensure sustained compliance with CMS and DHCS expectations
  - Establishing oversight infrastructure to support long-term success as a Medicare plan sponsor
- **Regulatory Readiness and Oversight**
  - Coordinating closely with Contra Costa Health, particularly Contra Costa Regional Medical Center and Health Centers, to ensure systemwide alignment
  - Engaging the Safety Net Council, which includes the majority of external Federally Qualified Health Centers (FQHCs) as well as other key external providers across the county, to prepare the broader provider community for integrated care

#### ***Strategic Importance***

The D-SNP launch is not only a compliance milestone but also a strategic cornerstone for CCHP's future direction:

- **Creating a Scalable Model:** Building an integrated care framework adaptable for future products and lines of business.

- Leadership in California's Medi-Cal Transformation: Positioning CCHP as a leader in CalAIM by demonstrating how local health plans can deliver integrated care to vulnerable populations.
- Quality and Equity Infrastructure: Leveraging D-SNP investments to advance continuous improvement in quality, equity, and member experience.

### ***Risk Management & Challenges***

CCHP is proactively identifying and mitigating key risks to ensure a successful launch:

- **Workforce Readiness:** Recruitment for Medicare-specific expertise is ongoing. Mitigation includes phased onboarding, training, and cross-training to ensure depth of knowledge.
- **Regulatory Oversight:** CMS and DHCS impose rigorous requirements. Mitigation includes early deliverable submission, mock audits, and strong compliance monitoring.
- **Network Adequacy:** Building and maintaining a robust network of hospitals, specialists, behavioral health, and primary care providers remains a challenge. Mitigation includes targeted contracting outreach and close coordination with CCRMC/HC and external providers.
- **Member Experience:** Ensuring clear, culturally and linguistically appropriate communication during the Annual Enrollment Period is critical. Mitigation includes member materials review, staff training, and expanded call center support.
- **Operational Complexity:** Integrating Medicare and Medi-Cal workflows requires new systems and oversight. Mitigation includes structured testing, vendor performance monitoring, and internal readiness drills.

### ***Next Quarter Priorities***

CCHP's near-term implementation priorities include:

- Finalizing provider and vendor contracts
- Submitting required deliverables to CMS, DHCS, and DMHC
- Continuing recruitment for approved D-SNP staffing roles
- Expanding internal staff education and training
- Ongoing operational readiness testing
- Continuing communications and education for network providers
- Preparing for Annual Enrollment Period (October - December 2025)

### ***Next Steps & 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. Commercial Plan Update**

**Purpose:** To ensure effective oversight and promote transparency for CCHP's Commercial Line of Business.

CCHP continues to work closely with Segal and Contra Costa County on the 2026 Commercial Plan.

- On 8/20/2025, CCHP was informed that Contra Costa County had accepted our renewal, subject to Board Approval
- Benefit summaries and Summaries of Benefits and Coverage (SBCs) were also sent to Segal/Contra Costa County in August 2025 for review
- CCHP sent Explanations of Coverage (EOCs) to Segal/Contra Costa County in late September 2025 for review

On 8/29/2025, 2026 CCHP Health Plan Premium Renewal Letters, with rate information, were sent to all relevant organizations:

- In-Home Support Services
- VistAbility (Contra Costa ARC)
- Superior Court of California, County of Contra Costa

Additional updates will be provided to the Joint Conference Committee as implementation progresses.



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-4000

**Agenda Date:** 10/3/2025

**Agenda #:** 8.1

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Advisory Board: CCHP Joint Conference Committee

Subject: CCHP Staffing



## 8.1 CCHP STAFFING

- **Compliance Department**
  - Sunny Cooper, Interim Senior Director of Compliance
- **Provider Relations, Credentialing, and Contracting Department**
  - Nancy McAdoo, Director of Provider Relations and Credentialing

## Dual-Eligible Special Needs Plan (D-SNP) Staffing

- **Received approval to add several much-needed positions in preparation for the launch of D-SNP**
- **Recruitment is underway**
- **Key roles:**
  - Director of Utilization Management
  - Director of Contracting
  - Director of Clinical Operations
  - Director of Claims
  - Marketing and Sales Manager
  - Member Service Counselors
  - Public Health Nurses
  - Administrative Support Assistants

- CCHP continues to keep both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) informed of key leadership changes and vacancies
- Will be meeting with DMHC again before the end of the year to discuss progress and next steps



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-4001

**Agenda Date:** 10/3/2025

**Agenda #:** 8.2

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Advisory Board: CCHP Joint Conference Committee  
Subject: Regulatory Update

## 8.2 REGULATORY UPDATE

## 2024 DHCS Medical Audit Corrective Action Plan

- **Received our most recent feedback from DHCS in August 2025**
  - While most corrective action plans had been accepted, a couple items still remain open
- **Plan remains on track for CAP Closure**
- **Plan continues to prioritize long-term sustainability of corrective actions through leadership oversight and internal monitoring**

- CCHP completed its 2025 Department of Health Care Services (DHCS) Medical Audit
  - Held August 18-28, 2025
  - In-person audit
- To prepare, CCHP engaged in extensive readiness activities, including mock audits and focused work sessions
- Staff were well prepared, professional, and confident in presenting information and participating in audit interviews
- During the Closing session, DHCS expressed some initial concerns
  - CCHP is already working on these areas of initial concern and additional areas of improvement based on the audit and is actively implementing process enhancements to address them.
- Formal Exit conference will take place in early Spring 2025
- CCHP will provide the JCC with the DHCS final report and findings once they are released



## 2023 DHCS Behavioral Health and Transportation Focused Audit – Corrective Action Plan

- CCHP has closed all Transportation related findings and several Behavioral Health Focused Audit findings
- Responses to remaining Behavioral Health audit findings have been submitted to DHCS
- CCHP is currently waiting formal response and further instruction from DHCS

- **The DMHC Financial Audit will be taking place in April 2026, starting 4/6/2025.**
  - Topics include claims, provider dispute resolutions, financial accounts review, and statutory compliance.
- **The DMHC Follow Up Medical Survey will also take place in April 2026, starting 4/26/2025.**
  - The focus of this audit will be on our previous findings in the following topics:
    - Quality assurance
    - Grievance and appeals
    - Access and availability
    - Utilization management
    - Overall plan performance in meeting enrollee's health care needs

### 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.
- CCHP sent an acknowledgement to DMHC on 9/12/2025, accepting the administrative penalty.

### Enforcement Matter 23-348

- Stems from deficiencies that remain unresolved from DMHC's 2019 Routine Survey
- 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.
- CCHP sent an acknowledgement to DMHC on 6/16/2025, accepting the administrative penalty. CCHP also submitted a proposed CAP.
- Status: Awaiting response from DMHC regarding CAP.

### Enforcement Matter 24-143

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



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-4002

**Agenda Date:** 10/3/2025

**Agenda #:** 8.3

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Advisory Board: CCHP Joint Conference Committee

Subject: Dual Special Needs Plan (D-SNP) Progress Update

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

- 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.
- On 9/19/2025, the Centers for Medicare and Medicaid Services (CMS) informed CCHP that they had reviewed and approval all 2026 contracting documents and post-application requirements for our D-SNP Contract (Contract ID H5119).



- **Operational Readiness**
  - Finalizing contracts with vendors
  - Advancing provider contracting to meet network adequacy requirements
  - Internal operational and technology workgroups
  - Staff education initiatives underway
  - Provider outreach and engagement underway
  - Recruitment in progress for critical D-SNP positions
- **Regulatory Readiness and Oversight**
  - Finalizing policies and procedures
  - Building comprehensive Medicare compliance program
  - Establishing oversight infrastructure
- **Health System and Community Alignment**
  - Coordinating closely with Contra Costa Health
  - Engaging the Safety Net Council, external FQHCS, and other key external providers

## Risks and Challenges

- Workforce readiness
- Regulatory oversight
- Network adequacy
- Member experience
- Operational complexity

## Next Quarter's Priorities

- Finalizing provider and vendor contracts.
- Submitting required deliverables to CMS, DHCS, and DMHC.
- Continuing recruitment for approved D-SNP staffing roles.
- Expanding internal staff education and training.
- Ongoing operational readiness testing.
- Continuing communications and education for network providers.
- Preparing for Annual Enrollment Period (October – December 2025).



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-4003

**Agenda Date:** 10/3/2025

**Agenda #:** 8.4

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Advisory Board: CCHP Joint Conference Committee

Subject: Commercial Plan Update

## 8.4 Commercial Plan Update

- CCHP continues to work closely with Segal and Contra Costa County on the 2026 Commercial Plan.
  - On 8/20/2025, CCHP was informed that Contra Costa County had accepted our renewal, subject to Board Approval.
  - Benefit summaries and Summaries of Benefits and Coverage (SBCs) were also sent to Segal/Contra Costa County in August 2025 for review.
  - CCHP sent Explanations of Coverage (EOCs) to Segal/Contra Costa County in late September 2025 for review.
- On 8/29/2025, 2026 CCHP Health Plan Premium Renewal Letters, with rate information, were sent to all relevant organizations



# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-4004

**Agenda Date:** 10/3/2025

**Agenda #:** 9.0

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Advisory Board: CCHP Joint Conference Committee

Subject: Reminder - Next JCC Meeting(s)



## **Joint Conference Committee**

### **2025 Meeting Date(s)**

**Friday, December 5, 2025, 9:30 – 12:30 PM**

**Location: Conservation & Development, ZA Conference Room  
30 Muir Road, Martinez, CA**

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





# CONTRA COSTA COUNTY

1025 ESCOBAR STREET  
MARTINEZ, CA 94553

## Staff Report

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**File #:** 25-4005

**Agenda Date:** 10/3/2025

**Agenda #:**

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Advisory Board: CCHP Joint Conference Committee

Subject: Health Plan Acronym List

# 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 (OSHDP)
HCBS	Home and Community-Based Services
HCO	Health Care Options
HEDIS®	Healthcare Effectiveness Data and Information Set
HEQ	Health Equity and Quality Measure Set (aka HEQMS)
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
PL	Policy Letter

PMPM	Per Member Per Month
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	Satisfactory Immigration Status (see UIS)
SMAC	State Medical Agency Contracts
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
SPD	Senior and Person with Disability
STC	Special Terms and Conditions
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder
TAR	Treatment Authorization Request
TB	Tuberculosis
TCC	Telephone Consultation Clinic
TCM	Targeted Case Management
TDD	Telecommunication Devices for the Deaf
TNE	Tangible Net Equity
TPTL	Third Party Tort Liability
TTY	Telephone Typewriters
UIS	Unsatisfactory Immigration Status (see SIS)
UM	Utilization Management

USC	United States Code
USPSTF	United States Preventive Services Task Force
VFC	Vaccines for Children
W&I	Welfare and Institutions Code
WCM	Whole Child Model
WIC	Women, Infants and Children Supplemental Nutrition Program