

CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553



Meeting Minutes - Final

Friday, June 6, 2025

9:30 AM

30 Muir Rd, Martinez | 3361 Walnut Blvd., Suite 140, Brentwood |
<https://cchealth.zoom.us/j/95505994429> | access code: 741 562 4178

Contra Costa Health Plan Joint Conference Committee

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

1.0 CALL TO ORDER

1.1 Roll Call and Introductions

Supervisor Andersen called the meeting to order, June 6, 2025, 9:31 AM.

1.2

Attachments: [1.2 JCC Agenda - 6.6.25 FINAL](#)

Agenda for June 6, 2025, JCC meeting approved as posted.

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

2.1

Attachments: [2.1 JCC Meeting Minutes - 04.04.25 Executed - Corrected](#)

2.2

Attachments: [2.2a CCHP QC Minutes 2025-02](#)
[2.2b CCHP QC Minutes 2025-01](#)

Attachments: [2.3. CAC Meeting 03-13-2025 Minutes](#)

2.4 Motion – JCC Consent Items Approval

approved

Motion: **Sandler**

Second: **Burgis**

Aye: Andersen, Burgis, Ceci, and Sandler

Aye: Andersen, Burgis, Ceci, and Sandler

Absent: Stern, and Sullivan

Absent: Stern, and Sullivan

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

3.1

Attachments: [3.1 JCC staff report Lo - QIHE Program Documents 2025 - 6.6.25](#)
[3.1 Quality Documents](#)
[3.1.1 2025 QIHETP Program Description](#)
[3.1.2 2025 QIHETP Work Plan](#)
[3.1.3 2024 Quality Program Evaluation](#)

3.1.1 2025 Quality and Health Equity Program Description

Quality and Health Equity Program Description - 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.

3.1.2 2025 Quality and Health Equity Program Work Plan

Quality and Health Equity Program Work Plan - 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.

3.1.3 2024 Quality Program Evaluation

2024 Quality Program Evaluation - 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.

3.1.4 Motion – JCC Approval

Motion – recommendation for submission to the Board of Supervisors for approval

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.

approved

Motion: Burgis

Second: Sandler

Aye: Andersen, Burgis, Ceci, and Sandler

Absent: Stern, and Sullivan

Result: Passed

3.2

Attachments: [3.2 JCC staff report Lo - CCHP Compliance Work Plan 25-26 - 6.6](#)
[3.2 Compliance Work Plan](#)
[3.2 CCHP Compliance Plan Revised 5.21.25](#)

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.

Question/Supervisor Candace Andersen: How has this changed from past plans?

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.

3.2.1 Motion – JCC Approval

Motion – recommendation for submission to the Board of Supervisors for approval

approved

Motion: Sandler

Second: Ceci

Aye: Andersen, Burgis, Ceci, and Sandler

Absent: Stern, and Sullivan

Result: Passed

3.3

- Attachments:** [3.3 JCC staff report Lo - CCHP Code of Conduct - 6.6.25](#)
 [3.3 Code of Conduct](#)
 [3.3 CCHP Code of Conduct Rev. 5.21.25](#)

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.

3.3.1 *Motion – JCC Approval*

Motion – recommendation for submission to the Board of Supervisors for approval

approved

- Motion:** **Sandler**
Second: **Burgis**
Aye: **Andersen, Burgis, Ceci, and Sandler**
Absent: **Stern, and Sullivan**
Result: **Passed**

4.0 PRESENTATION(S)

4.1

- Attachments:** [4.1 JCC staff report Walker - Legislative Update - 6.6.25](#)
 [4.1 Legislative Update](#)

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.

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.

A state budget is required by June 15th, 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.

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.

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.

5.0 ADMINISTRATIVE UPDATES

5.1

- Attachments:** [5.1 JCC staff report Kaufmann - CEO Recruitment Update - 6.6](#)
 [5.1 CEO Recruitment Update](#)

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.

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.

5.2

Attachments: [5.2 JCC staff report Lo - Interim CEO Report - 6.6.25](#)
[5.2 Interim CEO Report](#)

5.2.1 CCHP Staffing Update

CCHP Staffing Update - 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.

The recruitment strategy faces challenges on several fronts:

- County job classifications do not reflect health plan requirements
- Limited flexibility to recruit individuals with specialized regulatory or operational expertise
- Below market compensation for director and senior-level salaries - wage packages are not competitive with peer health plans
- Regional competition with neighboring health plans that are also recruiting for D-SNP launches

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.

Vacancies at this level lead to:

- Delays in execution of strategic initiatives and regulatory deliverables
- Increase of operational gaps in leadership, oversight, and staff accountability
- Reliance on external consultants that are not financially sustainable

The targeted strategies that CCHP will initiate are enhancing job classifications, adjusting compensation structures, streamlining internal hiring/onboarding processes, and improving candidate outreach/marketing. CCHP has proactively communicated with the regulatory bodies on the leadership vacancies and interim coverage. DMHC expressed concern about the volume of vacancies. We responded with recruitment timelines, interim leadership assignments, and stabilization efforts.

CCHP recommends conducting a market study and salary survey to evaluate opportunities to enhance the competitiveness of compensation for Director-level positions.

Motion - 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.

5.2.2 Regulatory Update

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.

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.

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.

5.2.3 Dual Eligible Special Needs Plan (D-SNP) Progress Update

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.

Question/Dr. Andrea Sandler: *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?

Answer/Dr. Irene Lo: 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.

5.3

Attachments: [5.3 JCC staff report Levin - Clinical Operations Report - 6.6.25](#)
[5.3 Clinical Operation Report](#)

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.

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.

Currently UM and ADU are undergoing some structural transitions, specifically reorganizing workflow in UM and standardizing shifts in ADU.

A Long Term Care (LTC) workgroup was launched which shares provider-facing and member-facing information. The purpose is to build infrastructure for oversight/quality monitoring and to transition eligible 24/7 LTC members to community-based care.

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.

Future priorities include organizational development, including recruitment for vacant positions, professional development, and operational efficiency by investing in Wellsky for LTC and Interqual expansion.

Question/Dr. Andrea Sandler: Will the Wellsky platform feed into EPIC Care Everywhere?

Answer/Dr. Sara Levin: That is the understanding, yes.

5.3.1 Overview and Organizational Structure Update

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.

5.3.2 Long Term Care Benefit

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.

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.

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.

For intermediate care facilities, these benefits were launched in January 2024. They provide stable care for young adults with severe developmental disabilities.

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.

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.

5.4 Departmental Update(s)

5.4.1

Attachments: [5.4.1 JCC staff report Munoz-Zuniga - Advice Nurse Update - 6.6.2](#)
[5.4.1 Advice Nurse Unit Update](#)

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.

Question/Supervisor Candace Andersen: Are the Advice Nurses given the most relevant information when there is a community warning alert?

Answer/Patricia Munoz-Zuniga: All our protocols are symptom based, and the information comes from Public Health or other departments depending on the emergency.

Question/Supervisor Diane Burgis: 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?

Answer/Patricia Munoz-Zuniga: Public Health is very supportive, giving advice nurses the resources they need.

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.

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.

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.

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.

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.

6.0

Attachments: [6.0 JCC staff report Neilson - Quality and Health Equity Update - 6.6.25](#)
[6.0 Quality and Health Equity Program Update](#)

6.1 Quality Performance

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.

6.2 Health Equity and Population Health Programs

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. 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 & Health Fair.

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.

7.0

Attachments: [7.0 JCC staff report Gonzales - Compliance Update - 6.6.25](#)
[7.0 Compliance Program Update](#)

7.1 Fraud, Waste, & Abuse

In 2025-Q1 and -Q2, three FWA cases have been closed and three cases are currently open (all received in May). Those cases are:

- Potential fraudulent billing by a provider
- Potential fraudulent referral
- Potential fraudulent billing by DME provider

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.

Question/Supervisor Candace Andersen: Is there a certain threshold before we open a case for fraud or any time we identify an irregularity?

Answer/Chanda Gonzales: The initial Compliance report relays basic information. If an irregularity is not ruled out, SIU becomes involved, and they help determine the threshold.

Question/Supervisor Candace Andersen: How do we compare to other health plans regarding the number of cases? Are we missing fraud with so low a number?

Answer/Chanda Gonzales: 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.

7.2 HIPAA/Privacy

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.

7.3 Audit Calendar

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.

7.4 DMHC All Plan Letter on Health Care Legislation

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.

8.0

Attachments: [8.0 JCC staff report Buchanan - Finance Report - 6.6.25](#)
[8.0 Finance Report](#)

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.

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.

We are still in a strong financial position with a \$260 million fund balance.

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).

- CY26 \$10 million startup cost + \$6 million operational loss
- CY27 \$5 million operational loss
- CY28 \$2 million operational loss
- CY29 break even

9.0

Attachments: [9.0 JCC staff report Shah - Executive Dashboard Update - 6.6.25](#)
[9.0 Executive Dashboard](#)

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.

10.0

Attachments: [10.0 JCC 2025 Meeting Dates](#)

Friday, September 5, 2025

Friday, December 5, 2025

The Committee will provide reasonable accommodations for persons with disabilities planning to attend the Committee meetings. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Committee less than 96 hours prior to that meeting are available for public inspection at 595 Center Avenue, Martinez, CA, 94553, during normal business hours. Staff reports related to items on the agenda are also accessible online at www.contracosta.ca.gov. If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access. Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

11.0 ADJOURNMENT

Meeting adjourned at 12:27 PM.

Attachments: [Health Plan Acronym List](#)

3.0 DISCUSSION/CONSENT ITEMS

For Additional Information Contact: Norman Hicks at norman.hicks@cchealth.org