



CONTRA COSTA COUNTY

AGENDA - PUBLISHED

Contra Costa Health Plan Joint Conference Committee

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

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

1.2 Agenda Approval or Modification

[25-2110](#)

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

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 Approve JCC Meeting Minutes – April 4, 2025 (as corrected)

[25-2111](#)

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

2.2 Accept Quality Council Minutes

[25-2112](#)

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

Accept Community Advisory Committee Minutes

[25-2113](#)

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

2.4 Motion – JCC Consent Items Approval

3.0 DISCUSSION/CONSENT ITEMS

3.1 Quality and Health Equity Documents [25-2114](#)

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

3.1.2 2025 Quality and Health Equity Program Work Plan

3.1.3 2024 Quality Program Evaluation

3.1.4 Motion – JCC Approval

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

3.2 Compliance Work Plan [25-2115](#)

Attachments: [3.2 JCC staff report Lo - CCHP Compliance Work Plan 25-26 - 6.6.25](#)
[3.2 Compliance Work Plan](#)
[3.2 CCHP Compliance Plan Revised 5.21.25](#)

3.2.1 Motion – JCC Approval

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

3.3 Code of Conduct [25-2116](#)

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](#)

3.3.1 Motion – JCC Approval

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

4.0 PRESENTATION(S)

4.1 Legislative Update [25-2117](#)

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

5.0 ADMINISTRATIVE UPDATES

5.1 CEO Recruitment Update [25-2118](#)

Attachments: [5.1 JCC staff report Kaufmann - CEO Recruitment Update - 6.6.25](#)
[5.1 CEO Recruitment Update](#)

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- 5.2** Interim CEO Report **25-2119**
Attachments: [5.2 JCC staff report Lo - Interim CEO Report - 6.6.25](#)
[5.2 Interim CEO Report](#)
- 5.2.1 *CCHP Staffing Update*
- 5.2.2 *Regulatory Update*
- 5.2.3 *Dual Eligible Special Needs Plan (D-SNP) Progress Update*
- 5.3** Clinical Operations Report **25-2120**
Attachments: [5.3 JCC staff report Levin - Clinical Operations Report - 6.6.25](#)
[5.3 Clinical Operation Report](#)
- 5.3.1 *Overview and Organizational Structure Update*
- 5.3.2 *Long Term Care Benefit*
- 5.4 Departmental Update(s)
- 5.4.1** Advice Nurse Unit Update **25-2121**
Attachments: [5.4.1 JCC staff report Munoz-Zuniga - Advice Nurse Update - 6.6.25](#)
[5.4.1 Advice Nurse Unit Update](#)
- 6.0** QUALITY AND HEALTH EQUITY PROGRAM UPDATE **25-2122**
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
- 6.2 Health Equity and Population Health Programs
- 7.0** COMPLIANCE PROGRAM UPDATE **25-2123**
Attachments: [7.0 JCC staff report Gonzales - Compliance Update - 6.6.25](#)
[7.0 Compliance Program Update](#)
- 7.1 Fraud, Waste, & Abuse
- 7.2 HIPAA/Privacy
- 7.3 Audit Calendar
- 7.4 DMHC All Plan Letter on Health Care Legislation
- 8.0** FINANCE REPORT **25-2124**
Attachments: [8.0 JCC staff report Buchanan - Finance Report - 6.6.25](#)
[8.0 Finance Report](#)
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9.0 EXECUTIVE DASHBOARD **[25-2125](#)**

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

10.0 REMINDER - NEXT JCC MEETING(S) **[25-2126](#)**

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

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

11.0 ADJOURNMENT

Health Plan Acronym List **[25-2127](#)**

Attachments: [Health Plan Acronym List](#)

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.

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



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2110

Agenda Date: 6/6/2025

Agenda #: 1.2

Advisory Board: **Contra Costa Health Plan Contra Costa Health Plan**

Subject: Agenda Approval or Modification

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

Friday, June 6, 2025

9:30 AM – 12:30 PM Pacific Time

Join us in Person: Conservation & Development, ZA Conference Room, 30 Muir Road, Martinez, CA or
District III Supervisor's office, 3361 Walnut Boulevard, Suite 140, Brentwood, CA

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

Join Zoom Meeting: <https://cchealth.zoom.us/j/95505994429>

If the link does not work, please type it into your browser

Meeting ID: 955 0599 4429

AGENDA

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

<u>Tab</u>	<u>Item</u>	<u>Presenter</u>
1.0	CALL TO ORDER	
1.1	Roll Call and Introductions	Supervisor Candace Andersen
1.2	Agenda Approval or Modification	Supervisor Candace Andersen
1.3	Public Comments	JCC Members
1.4	JCC Comments	Public
		JCC Members
2.0	CONSENT ITEMS	Supervisor Candace Andersen
2.1	Approve JCC Meeting Minutes – April 4, 2025 (as corrected)	
2.2	Accept Quality Council Minutes	
2.3	Accept Community Advisory Committee Minutes	
2.4	Motion – JCC Consent Items Approval	
3.0	DISCUSSION/ACTION ITEMS	Dr. Irene Lo, CEO (Interim)
3.1	Quality and Health Equity Documents	
3.1.1	2025 Quality and Health Equity Program Description	
3.1.2	2025 Quality and Health Equity Program Work Plan	
3.1.3	2024 Quality Program Evaluation	
3.1.4	Motion – JCC Approval	
	Motion – recommendation for submission to the Board of Supervisors for approval	
3.2	Compliance Work Plan	
3.2.1	Motion – JCC Approval	
	Motion – recommendation for submission to the Board of Supervisors for approval	
3.3	Code of Conduct	
3.3.1	Motion – JCC Approval	
	Motion – recommendation for submission to the Board of Supervisors for approval	
4.0	PRESENTATION(S)	
4.1	Legislative Update	Dr. William Walker, Director of Legislative and Government Affairs
5.0	ADMINISTRATIVE UPDATES	
5.1	CEO Recruitment Update	Matt Kaufmann, Deputy Director of Health Services
5.2	Interim CEO Report	Dr. Irene Lo, CEO (Interim)
5.2.1	CCHP Staffing Update	
5.2.2	Regulatory Update	
5.2.3	Dual Eligible Special Needs Plan (D-SNP) Progress Update	
5.3	Clinical Operations Report	Dr. Sara Levin, Senior Medical Director
5.3.1	Overview and Organizational Structure Update	
5.3.2	Long Term Care Benefit	
5.4	Departmental Update(s)	
5.4.1	Advice Nurse Unit Update	Patricia Munoz-Zuniga, Advice Nurse Unit Director

6.0 QUALITY AND HEALTH EQUITY PROGRAM UPDATE	Jersey Neilson, Quality Management Program Coordinator
6.1 Quality Performance	
6.2 Health Equity and Population Health Programs	
7.0 COMPLIANCE PROGRAM UPDATE	Chanda Gonzales, Compliance Officer
7.1 Fraud, Waste, & Abuse	
7.2 HIPAA/Privacy	
7.3 Audit Calendar	
7.4 DMHC All Plan Letter on Health Care Legislation	
8.0 FINANCE REPORT	Brian Buchanan, Interim CFO
9.0 EXECUTIVE DASHBOARD	Bhumil Shah, Chief Information Officer
10.0 REMINDER – NEXT JCC MEETING(S)	
11.0 ADJOURNMENT	Supervisor Candace Andersen

Next Meeting is Friday, September 5, 2025

Meetings are customarily scheduled on the 1st Friday of the last month of the quarter

Materials distributed for the meeting are available for viewing at the 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 cynthia.choi@cchealth.org or direct message Cynthia Choi during the Zoom meeting.

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





CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2111

Agenda Date: 6/6/2025

Agenda #: 2.1

Advisory Board: **Contra Costa Health Plan Joint Conference Committee**

Subject: Approve JCC Meeting Minutes - April 4, 2025 (as corrected)

Contra Costa Health Plan / Board of Supervisors Joint Conference Committee Meeting Minutes April 04, 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. Gabriela Sullivan, CCRMC*

Dr. Irene Lo

Dr. Sara Levin

Dr. Nicolás Barceló

Brian Buchanan

Cynthia Choi

Anna Cleese

David Culberson

Brandon Engelbert

Karl Fisher

Chanda Gonzales

Aaron Graessley

Will Harper

Elizabeth Hernandez

Norman Hicks

Mike Miller

Marianna Moore

Erica Murray

Jill Ray

Darwin Seegmiller

Bhumil Shah

Dr. Ori Tzvieli

Matthew Verdier

William Walker

Deneen Wohlford

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Call to Order	<u>1.1 Roll Call</u> Supervisor Burgis called the meeting to order on April 4, 2025, at 9:31 AM.	Supervisor Diane Burgis
	<u>1.2 Agenda</u> Agenda for April 4, 2025, JCC meeting reviewed and approved as posted. Request to waive the 96-hour time limit and accept the addition of the presentation slide deck to the posted agenda. Motion made by Supervisor Andersen Second by Dr. Gabriela Sullivan Passed unanimously	JCC Committee
	<u>1.3 Approve December 13, 2024, Minutes</u> The minutes from December 13, 2024, were approved unanimously. Motion made by Supervisor Andersen Second by Dr. Kimberly Ceci Passed unanimously	JCC Committee
	<u>1.4 Public Comment</u> None.	Public
	<u>1.5 JCC Comment</u> Supervisor Burgis commends Dr. Irene Lo and Dr. Ori Tzvieli as they assume new leadership roles. Supervisor Burgis will continue to act as the JCC Chair for 2025.	JCC Members

<p>2.0 Responding to Federal Threats to California's Public Health Care Systems</p>	<p><u>2.0 Responding to Federal Threats to California's Public Health Care Systems</u></p> <p>Erica Murray gave a report on the budgetary activities occurring on the federal level and how the California healthcare systems may be affected.</p> <p><u>2.1 Appropriations</u></p> <p>Several weeks ago, President Trump signed a Continuing Resolution. It includes Medicaid DSH cuts that would start April 1, 2025. CAPH and other groups are lobbying congress to remove the scheduled reductions.</p> <p><u>2.2 Budget Reconciliation</u></p> <p>A major concern for the California healthcare systems is a House-passed budget resolution that instructed the Energy & Commerce Committee to find \$880 billion in savings. Although President Trump had promised to protect Medicare and Social Security, the issue of finding that much money will still cut into Medicare programs. Currently, a resolution has been approved which allows the House and Senate to act independently while determining areas to cut. In terms of timing, the goal is to identify the savings by Memorial Day.</p> <p>Currently there are two programs vital to Contra Costa County that are at risk, State Directed payments (SDPs) and Provider Taxes. While there are other programs and caps, like lowering the Federal medical Assistance Percentage for states the cover the undocumented, these will negatively impact providers and the Health Plan in the long run by repealing Biden-era regulations and reducing the rate of growth in Medicaid/Medi-Cal.</p> <p>CAPH and other groups began a strategy, aimed at the republicans in the districts with high Medicaid population, to explain why many of the proposed cuts would not generate savings. They hope to emphasize local impact and to strengthen partnerships with other Medicaid partners.</p> <p>Three possible scenarios are anticipated:</p> <ul style="list-style-type: none"> • Moderates will get rolled and programs experience severe cuts • Medicaid cuts will take effect for approximately five years but are not a direct hit to public health systems • No cuts take effect <p><u>2.3 Executive Actions</u></p> <p><u>At the Federal Level</u></p> <p>While there are budget concerns, there are still cuts that are happening at the executive level. These target immigration, gender-affirming care, NIH grants, among others. Several weeks ago, the Executive Branch rescinded a policy for social needs that impacts the Health Related Social Needs program. This limits the scope of social needs which will impact California when the Medicare license is due for renewal in 2026.</p> <p>In December 2026, California's 1115 waiver, that includes the Global Payment Program, will expire causing two issues, the full loss of Safety Net Care Pool and the Statutory Neonatal Care Pay, totaling to over \$600M.</p> <p>At any point, the Executive Branch may rescind managed care rules, imposing other limits on Medicaid supplemental funding. An announcement has been made about the elimination of public comments to regulations, which in turn can speed up the process of cutting programs.</p> <p><u>At the State Level</u></p> <p>Recently, Governor Newsom proposed that California borrow \$6.2 billion to cover Medi-Cal costs. This signals that the Newsom administration believes</p>	<p>Erica Murray, President and CEO, CAPH</p>
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	<p>that the Medi-Cal program may receive cuts. We expect more potential impacts to county indigent programs and a narrowing to coverage options.</p> <p>Question / Supervisor Diane Burgis: <i>How is the timing going with the House and Senate?</i></p> <p>Answer / Erica Murray: <i>It is not clear, but at some point, both the Senate and the House will have to get together and combine their ideas. Senate committees will develop a list of cuts, while the House is making bigger cuts overall. Currently the Senate is delaying the reconciliation.</i></p> <p>Question / Supervisor Diane Burgis: <i>How does the Energy & Commerce committee play in this?</i></p> <p>Answer / Erica Murray: <i>The Energy & Commerce committee, within the House, and Senate Finance have jurisdiction over the Medicaid cuts. In addition, there are other committees that are looking over the cuts.</i></p> <p>Question / Supervisor Diane Burgis: <i>For the work requirement, Contra Costa uses 27%, but of that, we only have 4.8% unemployment.</i></p> <p>Answer / Erica Murray: <i>This will fall, in my opinion, to an executive level and will result in less enrollment through more paperwork.</i></p> <p>Question / Supervisor Diane Burgis: <i>If someone is unable to work, how will that go for them?</i></p> <p>Answer / Erica Murray: <i>Currently, the intention is to add another layer of proof, but that can also result in more delays meaning that people may lose their coverage.</i></p> <p>Question / Supervisor Diane Burgis: <i>What about other states?</i></p> <p>Answer / Erica Murray: <i>The burden falls on private hospitals. Since other states may not use Medicaid, they rely heavily on supplemental payments and push the payments and services to local counties and health programs.</i></p> <p>Question / Dr. Sara Levin: <i>When will the state budget go into effect?</i></p> <p>Answer / Erica Murray: <i>The state budget year begins on July 1st, and they typically pass the budget by June 15th. There are ways to pass “fake budgets” to figure things out over the summer. We will certainly know what is on the table by mid-May and will advocate between May and June.</i></p> <p>Question / Supervisor Diane Burgis: <i>Has Dr. Oz recently indicated his ideas in all of this?</i></p> <p>Answer / Erica Murray: <i>Nothing specifically for Medicaid, but he has inquired, of Secretary Kennedy, about how HHS can achieve his policy objectives while cutting the workforce. A lot of what he says about health resonates, but we will need a connection with the workforce. There is a disconnect between what is being said and what is actually happening. There is no indication of what an “Oz” CMS will look like.</i></p> <p>Question / Marianna Moore: <i>What does the acronym “DSH” stand for?</i></p> <p>Answer / Erica Murray: <i>Disproportionate Shared Hospital.</i></p>	<p>CCHP will provide an acronym page in the JCC packet of materials</p>
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<p>3.0 Health Care Literacy Council</p>	<p><u>3.0 Healthcare Literacy Council</u> Supervisor Diane Burgis worked with delegates from Kaiser, Brown-Miller Communications, and many other hospitals to propose a Healthcare Literacy Council to ensure individuals receive the best possible healthcare by empowering them with information about all the services we offer.</p> <p><u>3.1 Healthcare Literacy</u> With this council, the goal is to help the residents of Contra Costa successfully access and use their healthcare in an informed and efficient way. Contra Costa has a “silver tsunami,” meaning we have the largest population ever on Medicare roles, as well as increases in Medi-Cal eligibility for low-income from the CalAIM program.</p> <p><u>Consequences</u> With the lack of knowledge and information, seniors and low-income individuals struggle to maximize benefits, causing elevated anxiety, anger, and frustration. A common issue that occurs is that members misuse the emergency departments, due to the lack of knowledge, which significantly increases the cost to healthcare providers.</p> <p><u>Common Causes</u> All healthcare can benefit from this because it will improve efficiencies, provide more appropriate use of existing facilities, better client outcomes, promotion of prevention models, healthier communities, and resident empowerment.</p> <p><u>Pilot Campaign – Outreach and Education</u> The current plan is to utilize key influencers and existing resources, while keeping it culturally appropriate and community based. There is a list of about 20 providers, including the core campaign partners of Supervisor Diane Burgis, Kaiser, and CCH.</p> <p><u>Healthcare Literacy Council</u> A council will be created for direction, oversight, and support. An informational website, educational materials, and social and traditional media will be developed. Once the curriculum is embedded, the Council will recruit college educators to assist in teaching the community.</p> <p>The curriculum will have navigators in place to instruct the population on how to navigate through the healthcare system. To make this community owned and engaged, Los Medanos College students will also be recruited and trained to act as ambassadors and connect with high schools, adult seniors, and other colleges. If the pilot is successful, there will be an expansion to other areas of the county and information will be shared via social media, websites, videos, mailers, apps, swag, and other partner-supported special events. The measurements will be based on partnerships developed, class evaluations, ambassador feedback, emergency department usage, website analytics, media impressions, and surveys.</p> <p>A three-year timeline is established to lay the groundwork, execute the campaign, and evaluate. Total cost is estimated to be about \$420,000.</p> <p><i>Question / Dr. Kimberly Ceci: How large is the pilot in the beginning?</i></p> <p><i>Answer / Michael Miller: It will encompass regions from Antioch to Brentwood.</i></p> <p><i>Question / Dr. Kimberly Ceci: How will the Council reduce misinformation?</i></p>	<p>Supervisor Diane Burgis</p> <p>Michael Miller, Brown-Miller Communications</p>
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	<p>Answer / Michael Miller: Right now, we're in the research phase of the project, we will build the curriculum through what we find.</p> <p>Question / Dr. Kimberly Ceci: How can West Contra Costa be a part of this? Lifelong is already part of the community setting, and we have a Promotores Program which champions community members.</p> <p>Answer / Michael Miller: The Promotores Program is a key example for the Council development. We plan to collaborate with the Promotores Program to create marketing videos. This program needs to be bilingual as well.</p> <p>Question / Supervisor Candace Andersen: How are we going to pay for it? Have we identified different sources or potential funding or grants?</p> <p>Answer / Supervisor Diane Burgis and Deneen Wohlford: We are currently working with Kaiser and communicating with CCH about their participation. Contra Costa Fire is interested. This will be an investment to reduce future costs in addition to allowing more education and empowerment for our members. If we can show metrics that this will improve our services, we will garner more support. Kaiser understands the communities and the impact of the current environment.</p>	<p>Dr. Irene Lo will extend the information to the Finance team to explore CCHP's involvement.</p>
<p>4.0 Interim Chief Executive Officer/Chief Medical Officer Report</p>	<p>4.1 CCHP Staffing Update Dr. Irene Lo provides an update on new staff leadership. Key roles that were filled are Chief Digital Officer, Interim Director of Operations, Senior Medical Director, Member Services Director, and Compliance Director.</p> <p>4.2 Summary of Regulatory Audits CCHP will now have "Audits" as a standing agenda for every JCC to align with the commitment to transparency, quality, and continuous innovation in health care delivery. This year, CCHP will be audited by both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC).</p> <p>4.3 DHCS 2024 Medical Audit Findings CCHP had a two-week interview process from DHCS from August 19 through August 30, 2024. The audit included documentation review, verification studies, and interviews with the Plan's representatives discussing six categories of performance:</p> <ul style="list-style-type: none"> • Utilization Management (UM) • Case Management and Coordination of Care • Access and Availability of Care • Member's Rights • Quality Management • Administrative and Organizational Capacity <p>Dr. Lo explains each of the 19 findings that CCHP received which include the Enhanced Care Management (ECM) Program, Grievances, and Fraud, Waste, & Abuse. Since receiving the final report in February, CCHP has completed and submitted all Correction Action Plan responses to DHCS.</p> <p>Question / Supervisor Diane Burgis: Do the Supervisors need to be a part of the Correction Action Plan?</p> <p>Answer / Dr. Irene Lo and Supervisor Candace Andersen: There are strict deadlines for submissions, and the timing for Q1 JCC does not align. I would like to have a meeting in between and involve the Supervisors.</p>	<p>Dr. Irene Lo, Interim CEO</p> <p>Dr. Irene Lo will share audit reviews, findings, and enforcement matters.</p> <p>Audit reports will also be sent to the Supervisors.</p>

	<p>Question / Supervisor Diane Burgis: <i>Is this an ongoing thing? Is there no timeline of progress we must submit?</i></p> <p>Answer / Dr. Irene Lo: <i>We submitted our response in March. Generally, this will be a back-and-forth type of communication where the regulators can ask for more correspondence until they close it.</i></p> <p>Question / Supervisor Diane Burgis: <i>How many providers were out of compliance?</i></p> <p>Answer / Dr. Irene Lo: <i>I do not have the number right now, but I can provide that later.</i></p> <p><u>4.4 Public Health ECM Focused Audit</u> In 2024, DHCS found three audit findings pertaining to CCHP's ECM program. CCHP recognizes its responsibilities to Medi-Cal members and performed an internal audit of the Public Health department which focused on the implementation of key elements of the ECM program and services. CCHP determined that there were significant and commendable improvements when compared to the previous audit period, January 1, 2022, through May 20, 2024. The internal audit is still on-going, and reports will be provided to the JCC.</p> <p><u>4.5 D-SNP Status – High Level Overview of Project Plan/Strategy</u> In January 2026, CCHP will become a Dual Eligible Special Needs Plan (D-SNP) for members to receive expanded benefits. Brown-Miller Communications developed a name for the D-SNP program at CCHP, Contra Costa Health Care Plus (HMO-DSNP). A special team has been rallied together from different departments and leadership to meet all the regulatory requirements and guidelines. CCHP is currently on track to meet the provided timeline.</p> <p>Question / Supervisor Diane Burgis: <i>Are all the positions of the D-SNP Steering Committee filled?</i></p> <p>Answer / Dr. Irene Lo: <i>We do not have a Chief Operations Officer. We are leveraging our Interim Director of Operations for that position. Dr. Sara Levin, as the Senior Medical Director, is filling in for the Chief Medical Officer.</i></p>	<p>Dr. Irene Lo will send the information.</p>
<p>5.0 Quality Program Report</p>	<p><u>5.1 Quality & Health Equity Evaluation, Program Description, and Work Plan Approval</u> Every year, CCHP submits several quality measures to the National Committee of Quality Assurance (NCQA), and this year CCHP ranked 4.5 out of 5 stars. CCHP has exceeded the 90th percentile nationally in 17 measures. For the 2025 Quality Plan, key focus areas are new accreditations for Quality and Healthy Equity.</p> <p>Question / Supervisor Candace Andersen: <i>When shifting from capitation based to actual performance, has that been a burden for the providers?</i></p> <p>Answer / Elizabeth Hernandez: <i>We met with all the providers beforehand to discuss the changes. In general, the providers have already been measuring many of these metrics. The FQHC reports these to the Federal government through the Uniform Data System. This is also an opportunity to align more and provide data sharing.</i></p>	<p>Elizabeth Hernandez, Director of Quality and Health Equity</p>

	<p>Approval of the Quality and Health Equity evaluation, program description and work plan</p> <p>Motion made by Supervisor Anderson Second by Dr. Gabriela Sullivan Passed unanimously</p>	
6.0 Focus Topics	<p><u>6.1 Behavioral Health Focus Audit Update</u> In 2024, DHCS submitted a Corrective Action Plan (CAP) to the Behavioral Health Department. Dr. Nicolás Barceló gives an update to the three major areas which DHCS identified as opportunities to better coordinate in services that relate to entry in Specialty Mental Health Services (SMHS), Transitions of Care between non-SMHS and SMHS, In-Patient Discharges, and new referrals Substance Use Disorder Services. Currently, CCHP has closed all findings but one that relates to Care Coordination.</p> <p><i>Question / Supervisor Diane Burgis:</i> <i>As we are improving, the staffing report may not be clear to those outside. Can there be more explanation in the agendas moving forward.</i></p> <p><u>6.2 Member Appeals & Grievances</u> <u>Member Grievances</u> In 2024, there has been relative stability since March due to a reclassification of a certain type of grievance. This has consistently stayed in the mid-hundreds. Currently, billing issues are the main type of reclassification which led to an increase in grievances in Q1 of 2024.</p> <p><i>Question / Supervisor Diane Burgis:</i> <i>Did we see an increase in membership at the same time?</i></p> <p><i>Answer / Dr. Nicolás Barceló:</i> <i>In the slides there is a rate of grievance per membership that will account for it.</i></p> <p><i>Question / Supervisor Candace Andersen:</i> <i>Were we identifying if there are duplicate grievances? If there are reclassifications, are they being identified?</i></p> <p><i>Answer / Dr. Nicolás Barceló:</i> <i>Our analysis contributes primarily to the reclassification. We see the same number of grievances and those concerns were addressed via a different avenue and are now classified correctly.</i></p> <p><u>Member Appeals</u> 74% of total appeals are Medi-Cal member related, with 15% of the appeals expedited. Trending overtime, there was an 88% decrease in Standard Member Appeal of Services Denied in December 2024. An opportunity of improvement – about 60% of appeals were overturned due to access of service. Moving average per quarter shows a downward trend in Q4 of 2024 for appeals per CCHP Medi-Cal member.</p> <p><i>Question / Supervisor Candace Andersen:</i> <i>Can the Healthcare Literacy Council assist in this in the future?</i></p> <p><i>Answer / Dr. Nicolás Barceló:</i> <i>As the appeal is being reviewed and communicated, member education has been ongoing.</i></p> <p><u>6.3.1 Fraud, Waste, & Abuse (FWA)</u> Within Q1 of 2025, there has been a single potential case that has been submitted to DHCS while two pending cases are still ongoing. CCHP is currently waiting for their evaluation and closure.</p>	<p>Dr. Nicolás Barceló, Medical Director</p> <p>More explanations of reports will be added in future meetings.</p>

	<p>As of early March of this year, CCHP has completed a work order with Cotiviti to add additional FWA services. This includes an upgraded platform, Cotiviti 360 Review Pattern, to help identify billing patterns which will in turn prevent FWA. A Special Investigative Unit (SIU) will support CCHP with in-depth investigations.</p> <p><u>6.3.2 Compliance Workplan</u> The Compliance Workplan has been updated to meet the federal requirements to incorporate all seven core components as listed by the HHS Office of Inspector General (OIG). This ensures effective communication, oversight and monitoring, identifying risks, and preventing FWA.</p>	Chanda Gonzales, Deputy Executive Director and Compliance Officer
7.0 Progress Report	<p><u>7.1 Executive Dashboard</u> With the cooperation of Dr. Lo and IT, metrics have been produced on an Executive Dashboard to show the overall progress of CCHP. We plan to post the metrics publicly to meet the Plan's transparency vision.</p> <p><u>7.2 Finance Report</u> A summary by service line was provided with an actual and estimated year-to-date performance. While the commercial line is operating at a small deficit, it is expected and is included in the \$3.7 million of county support that flows to the commercial plan. As for the Medi-Cal line, operating deficits have occurred in the first half of the year, reflecting in inadequate rates. The rates were set with the anticipation of the addition of 42,000 Anthem members joining the program. DHCS has recognized the rates. They will be adjusted to a positive projection for the year, resulting in a small net surplus. With the D-SNP implementation, CCHP may see losses as the Plan adjusts.</p> <p>As for Regulatory Deliverables, Finance is working on improving the process for reports and filings to DMHC and DHCS. A progress report will be shared at future JCC meetings.</p> <p><u>7.3 Next Meeting Reminders 2025</u> Friday, June 6, 2025 Friday, September 5, 2025 Friday, December 5, 2025</p>	<p>Bhumil Shah, Chief Digital Officer</p> <p>Brian Buchanan, Interim Chief Financial Officer</p>
8.0 Adjournment	Meeting adjourned at 12:27PM.	

Approved:

Supervisor Diane Burgis, District III

Date:

5/6/2025



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2112

Agenda Date: 6/6/2025

Agenda #: 2.2

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Accept Quality Council Minutes

Quality Council Meeting Minutes

Contra Costa Health Plan–Community Plan

February 11, 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, 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
✓	*Irene Lo, MD, CCHP Chief Medical Officer
	*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 February 11, 2024, via Zoom.	
Introductions and Information	There were no introductions at this meeting.	

Reports		
CMO Update	The Chief Medical Officer, Irene Lo, MD, provided the update. CCHP will become a Duals and Special Needs Plan (D-SNP) in 2026; we have turned in our application for this transition. We hope to begin enrolling members by Q4 2025. We are working on an operational framework to improve preventive care and delivery of care as this deadline approaches. We will look to the Council for guidance during this process.	
Voting for New Members of Quality Council	Irene Lo introduced two new members to the Council: Dr. Michael Clery and Dr. Nusrat Chaudhry. The Council unanimously approved the two new members to join the Council.	
Clinical Operations	Irene Lo gave a high-level overview of Clinical Operations of CCHP. Advice Nurse Unit (ANU) – Key accomplishments: 14,000 calls per month, Satisfaction Rate 99.4%, Average Speed of Answer and Abandonment Rates have improved year over year. Looking	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>forward: improve interactions with CPN members and look at ways to improve overall operations of the ANU.</p> <p>Appeals and Grievances Department (AGD) – Key accomplishments: streamlined member appeals and grievance processes; improved quality of resolutions. Looking forward: prepare for D-SNP, automate CRM letters, analyze grievance and appeals data to identify improvement opportunities, and cross train all nurses.</p> <p>Behavioral Health Department (BHD) – Key accomplishments: insourced utilization management, improved role in care coordination. Looking forward: interface with outside partners, improve school-based BH services, network management.</p> <p>CalAIM – Key accomplishments: expanded Community Supports offerings, provider network was strengthened in 2024, regulatory compliance and training, and housing support. Looking forward: continue improved coordination between providers, operationalize Closed Loop Referrals for Community Supports, facilitate monthly Complex case rounds with all ECM providers.</p> <p>Case Management – Key accomplishments: Enhanced Care and Program Expansion, Epic and Workflow Advancements, Strengthened Collaboration and Compliance, Case Management growth with number of cases handled. Looking forward: Building on progress from 2024 while helping both new and current staff prepare for D-SNP and NCQA in 2026.</p> <p>Pharmacy – Key accomplishments: maintained high prior auth turnaround times over 99% of PAs completed within 24 hours, transitioned to a new retail pharmacy PA processing and notification software system. Looking forward: continue preparation for new Part D plan line of business as part of D-SNP</p> <p>Utilization Management – Key accomplishments: developed CPT Search Code tool to streamline PA process. Looking forward: implement Service Level Authorization, prepare for D-SNP implementation.</p> <p>Dr. Junaid asked for clarification about the call center. Irene Lo explained that there are two Call Centers at CCHP: Advice Nurse and Member Services. There is no significant automation being used at this time. We have well established work flows in the ANU as well as Member Services to handle calls received.</p>	
Quality Program Description, Work Plan, and Evaluation	<p>The Quality Director, Beth Hernandez gave an overview of the Quality Program Description and Work Plan for 2025 as well as the Program Evaluation for 2024. As always, the Council received their reading materials prior to the Quality Council meeting. This trio of documents is presented annually.</p> <p>Highlights included:</p> <ul style="list-style-type: none"> 2024 Evaluation: Annual Health Plan Rating received: 4.5 out of 5 Stars; exceeded 90th percentile nationally in 17 HEDIS measures (up from 9 measures in 2023); expansion of CalAIM services; improved internal infrastructure, Pay for Performance Program & Data Sharing with Providers with 	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>Provider Portal Reports; created the Equity Council, a new governance body; we restructured quality at CCHP – Quality Department, Equity Department, and Clinical Quality Auditing departments</p> <ul style="list-style-type: none"> • 2025 Program Description: Little change from prior year in terms of program structure; combining Equity and Quality Departments for more cohesion; program functions remain the same – quality improvement, performance improvement, and population health • 2025 Work Plan: focused areas for 2025 – NCQA Accreditation, D-SNP preparation for Population Health, Patient Safety, and Provider Engagement <p>Traditionally, CCHP has paid providers on a Fee for Service basis. Starting in 2025, we will be transitioning to a Pay-for performance program that rewards quality. CMS and DHCS require a payment design linked to quality; changes in Medical Loss Ratio calculations. This change is being applied in phases beginning in 2024 with CPN providers with panels >15,000 members. That will expand in 2025 to providers with panels >2,000, with remaining providers included in 2026. Modeled quality performance will be equivalent (or higher) to current state “Case Management Incentives” for provider groups, with the ability to earn more for higher performance.</p> <p>Provider Support, as always, will be ongoing: regular meetings to show current performance rates, provide gap in care lists for specific measures on the Provider Portal, opportunities for supplemental data submission. Health Education teams will be available for targeted quality improvement projects.</p>	
Quality PIP Update	<p>Beth Hernandez provided an update to ongoing Performance Improvement Projects. 2024 was a year with massive change for the Health Plan with the transition to the Single Plan Model.</p> <p>Three main areas of PIPs were shared:</p> <ul style="list-style-type: none"> • DHCS PIPs – EQR (Clinical & Non-Clinical): well child visits in first 15 months, case management post ED for Behavioral Health (BH) • Low Performance MCAS: Lead screening, follow-up after ED for substance abuse, topical fluoride varnish • Institute for Healthcare Improvement (IHI): childhood health equity, follow-up to ED for Behavioral Health <p>More details were shared regarding these PIPs with a chart presenting data of Activities, Results, and Next Steps for PIPs.</p> <p>Dr. Gee asked about the Pay-for-performance. He wanted to know if “financial penalties” (sanctions) will be part of the equation. At this time, it was not considered. Beth did mention that this could present itself as a difficult aspect for recruitment of providers into our Network.</p> <p>Dr. Chaudhry asked about data on BH. She noticed that the data is Pediatric-heavy; she wanted more information about adult portion of</p>	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>BH. Beth gave clarifying information about the HEDIS measures for BH. Dr. Gee wanted to know if the HEDIS measure data can get down to granular level with measuring specific provider groups if needed. Beth explained that the data is available, and that this information is shared with provider groups. Beth asked the Council if they would like to see this granular level of data. Dr. Kelly liked the idea of more data for Pediatrics, specifically regarding 18-21-year olds. Beth said that his data could be provided. The Council agreed they would like more granular data to see where improvements could be made with specific provider groups.</p> <p>Dr. Kelly also asked about social media presence (Instagram, etc.) for reaching this younger population. Dr. Lo stated the accounts are at a higher level than our organization and would need to take this information to that level.</p> <p>Dr. Junaid asked if there was a way to share a gaps in care report. Beth stated that this report is now shared on the Provider Portal; these reports are available to run on demand.</p> <p>The 2024 Evaluation, 2025 Program Description, and 2025 Work Plan were presented to the Council for approval; all three documents were approved unanimously.</p>	

Consent Items		
Review / Approval of Minutes and Reports	<ul style="list-style-type: none"> • CCHP Quality Council Minutes 1/14/2025 • UM Committee Minutes 1/13/2025 • Quality & Health Equity Program Description, Work Plan, and Evaluation • Advice Nurse Program Description, Work Plan, and Evaluation • Behavioral Health Department Program Description, Work Plan, and Evaluation • Utilization Management Program Description, Work Plan, and Evaluation <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
Policies and Procedures	<ul style="list-style-type: none"> • BHD18.009 Non-Specialty Mental Health Services: Member Outreach, Education, and Experiences • CM16.016 Case Closures (RETIRED) • CM16.201 Case Management Program Description • QM14.101 Timely Access to Care Standards • AM14.802 CCHP Staff and Network Provider Cultural Competency Training • UM15.071 Long Term Care 	


	All policies were unanimously approved by the Quality Council as presented.	
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Closing		
Adjournment	Meeting in recess at 12:58 PM. The next Quality Council meeting is scheduled for April 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 February 11, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:

 4/9/25
Committee Chair Signature Date

 4/15/25
Committee Co-Chair Signature Date

 4/9/2025
Quality Management Administrative Assistant Signature Date

Quality Council Meeting Minutes

Contra Costa Health Plan–Community Plan

January 14, 2025

MEMBERSHIP

✓	*Nicolás Barceló, MD, CCHP Medical Director
✓	*Kimberly Ceci, MD, Medical Director, LifeLong Medical Care
	*Yaron Friedman, Medical Consultant, CPN OB/GYN Provider
✓	*David Gee, MD, Medical Consultant
✓	Beth Hernandez, Director, CCHP Quality, 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
✓	*Irene Lo, MD, CCHP Chief Medical Officer
	Lisa Schilling, RN
	*Suzanne Tavano, Ph.D, Director, CCH Behavioral Health Services

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

GUESTS

✓	Aaron Graessley
✓	Alejandro Fuentes
✓	Maggie Souza
✓	Michael Clery, MD
✓	Nusrat Chaudry
✓	Patricia Muñoz-Zuniga

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 January 14, 2024, via Zoom.	
Introductions and Information	There were no introductions at this meeting.	

Reports		
CMO Update	<p>The Chief Medical Officer, Irene Lo, MD, provided the update. CCHP will become a Duals and Special Needs Plan (D-SNP) in 2026; we are currently working on our application for this transition.</p> <p>As a follow-up, CCHP has carved-in foster youth from Fee-for-Service Medi-Cal as of January 1, 2025; we are working towards continuity of care.</p>	
Advice Nurse Unit (ANU) Report	The ANU Director, Patricia Muñoz-Zuniga, presented this report. Over 168,000 calls were handled by the Unit in 2024 with a 2% call abandonment rate; average answer time was consistently under 60 seconds (improvement over 2023-2 minute wait time). Of those calls, over 25% were resolved with a home care solution and only 18% resulted in an ED referral.	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<p>Operational updates were provided including a personnel update, improvement plans, and challenges the ANU faces.</p> <p>Dr. Gee congratulated the ANU on their improvement of average answer time and call abandonment rate and asked how this was accomplished. Patricia stated that offering nurses extra hours while working from home; nurses volunteered to work these extra hours because they were able to work from home; supervisors also assisted in taking calls during times of heavy call volume. Nasrat Chaudhry asked about same day appointments in the "reasons for calls" section of the report (1.4% of calls). She wanted clarification of this statistic. Patricia explained that potentially there are more same day appointments that occur once the call is sent to TCC; nurses also refer members to Urgent Care. Home care advice also reduces the need for a same day appointment.</p>	
Behavioral Health	<p>Medical Director Nicolás Barceló, MD presented a general overview of the Behavioral Health Department (BHD). BHD is charged with authorizing and coordinating all mental and behavioral health services for CCHP members; this includes services for Autism Spectrum Disorder (ASD). Currently, CCHP is staffing up to meet member needs and comply with regulatory expectations. For UM performance, BHD consistently performs at or greater than 95% for authorization turnaround time standards.</p> <p>The "No Wrong Door" policy for BHD means members can access services via Access Line, referral from a PCP, call to Member Services or ANU, or by way of self-referral via the provider directory.</p> <p>Specialty Mental Health Services (moderate-severe acuity) are carved out to Behavioral Health Services (BHS). Coordination efforts are made challenging by systems and data fragmentation. Currently, CCHP is working on a corrective action by piloting new systems and processes for tracking and monitoring CCHP members.</p> <p>Substance Use Disorder (SUD) Services are carved out to BHS. These services are also fragmented between specialty and non-specialty services. A new collaboration between CCHP, BHS, and local emergency departments regarding coordination of services following ED discharge for substance use concerns is in place. We are actively working to improve quality.</p> <p>CCHP manages all aspects of MH/BH for commercial members. As with Medi-Cal, most routine or ambulatory services for commercial members do not require authorization.</p> <p>We are actively working to promote neuropsych testing. It is a small, but growing portion of BHD work. We are anticipating increased demand with the D-SNP launch and aging population in the County.</p> <p>School-based services are a statewide project. BHD is point for CCHP's involvement in the Children and Youth Behavioral Health Initiative. CCHP is working with local school districts and building internal processes to implement the Multi-Payor Fee Schedule, a program for schools to bill insurers for BH services provided on campuses. We have MOUs in place with Regional Center of the</p>	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	East Bay and First Five of Contra Costa County to help facilitate data sharing.	
Facility Site Review (FSR), Medical Record Review (MRR), and Physical Accessibility Review Survey	<p>This report was presented by the Director of Clinical Quality Auditing and BHD, Maggie Souza and FSR Nurse Alejandro Fuentes. Nurses from CQA visit offices of PCPs to inspect and evaluate the continuing capacity of the site to support the delivery of quality health care services. Site reviews consist of a FSR and a MRR. These reviews are conducted every 3 years (or every year if a failing score is recorded).</p> <p>Areas of improvement in 2024 include:</p> <ul style="list-style-type: none"> • Access (Disabled Accessibility) and Safety Criteria – employee alarm system, emergency medications • Personnel Criteria – training on member rights, cultural and linguistics, and disability rights and provider obligations • Office Management Criteria • For Medical Records Review – format criteria (is the medical record well organized providing key information, notice of privacy, documentation criteria, and coordination of care criteria); this is more an issue for smaller providers <p>New review items for PCP sites in 2024:</p> <ul style="list-style-type: none"> • Clinical Services Criteria – pharmaceutical: written plan for vaccine protection and California Immunization Registry • Preventive Services Criteria – autoclave vs. cold chemical sterilization (autoclaving is preferable to cold chemical) • For Medical Records Review – IHA: history and physical, member risk assessments, and IHAs within 120 days of assignment to PCP <p>Other new review items for Medical Record Review – Pediatric Preventive Criteria:</p> <ul style="list-style-type: none"> • Alcohol, drug, and tobacco use screening using validated tools (Adult and Pediatric) • Autism Spectrum Disorder screening using validated tools • Blood Lead Screening at 12 and 24 months including anticipatory guidance • Dental health including fluoride supplementation and fluoride varnish application • Depression screening (Adult and Pediatric) using validated tool • Hearing and Vision screening – FSR requires training for pediatric sites (previously CHDP) • Hep B, Hep C, and HIV risk assessments including one time blood screening (Adult and Pediatric) 	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<ul style="list-style-type: none"> • Sudden Cardiac Arrest and Sudden Cardiac Death Screening • Tuberculosis risk assessments (Adult and Pediatric) • Vaccination status including Flu and COVID (Adult and Pediatric) <p>For Adult Preventive Criteria:</p> <ul style="list-style-type: none"> • Abdominal Aneurysm screening for males with a history of smoking • Lung Cancer screening • Folic Acid supplementation recommendations • Intimate Partner violence screening • Skin Cancer counseling (24 years old and younger) • Vaccination status (shingles, pneumococcal, Tdap and evidence of MMR and Varicella immunity) <p>Physical Accessibility Review Survey: This is a standardized review of a site to determine the level of accessibility for members with disabilities.</p> <p>To help mitigate some of these challenges, we've had providers sign an attestation. We will remind them of the 120-day IHA requirement, provide them with FSR and MRR tools and links to training videos for the newer items. We provide the USPSTF A and B recommendations. We provide training packets for the office staff. Solo providers and smaller offices are more challenging than FQHC and larger practices; we provide these smaller locations with sample Policies and Procedures to help them get a leg up on standardizing practices.</p> <p>Olga Kelly asked for clarification of details regarding pediatric cardiac screening. Alejandro Fuentes provided additional information to answer her question.</p>	
Quality Plan Updates	<p>The Quality Director, Beth Hernandez, provided Quality Plan updates.</p> <p>Data Project Highlights for Q4 2024 – completed onboarding of all PCP groups with data sharing on CCHP Provider Portal; real time data sharing with PCP providers in CPN network; future reports in Q1 2025 include ADT, Initial Health Appointment, Redetermination due</p> <p>Performance Improvement Projects</p> <ul style="list-style-type: none"> • Lead screening project: In follow-up from a discussion during the February 2024 Quality Council meeting, there has been an 8% improvement since April 2024 when this project began, we appear to be about 20 tests under the DHCS target (perhaps some late claims will come in), MY2025 appears to be in better shape with rates increased for testing at age 1 	

Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
	<ul style="list-style-type: none"> Follow-up for ED visits for MH/AOD: strong collaboration with County Behavioral Health; In-Services at ED, very strong participation (Kaiser, John Muir) Well Care Visits for African American and Native Hawaiian/Pacific Islander: 2-3% increase in well care visits <p>Value Based Payment (VBP) Program – tiered rollout of program; transition to capitated incentive dollars for PCP group based on empanement, not tied to quality of new VBP program; tiered payment is based on high performance and MPL targets; differential weighting on measures that are at risk</p> <p>Currently, La Clinica and LifeLong are participating. The program will be rolled out to 8 additional provider groups in 2025 and the remaining providers (based on small-panel model) in 2026.</p> <p>Looking ahead to 2025 – At the next Quality Council, we will review the evaluation on the 2024 Quality Work Plan initiatives, and discuss strategic priorities for 2025 and align on focus areas.</p> <p>Dr. Ceci thanked CCHP for the support at LifeLong. She stated that they have implemented Point of Care Testing for Lead Screening at their Contra Costa County sites. The Council took note of this implementation and believes that we should see an improvement of Lead Screening in 2025 for our HEDIS measurement.</p>	

Consent Items		
Review / Approval of Minutes and Reports	<ul style="list-style-type: none"> CCHP Quality Council Minutes 11/12/2024 CCHP Quality Improvement and Health Equity Committee Quarterly Report UM Appeals and Grievances Advice Nurse Unit Report 2024 UM Referrals, Turnaround Time, Denials 10/2024 UM Committee Minutes 11/18/2024, 12/09/2024 MD and RN IRR Results Summary Q3 2024 <p>All documents were reviewed by Council members, and approved unanimously as presented.</p>	
Policies and Procedures	<ul style="list-style-type: none"> ADMIN1.041 Community Supports Operations and Evaluation ADMIN1.042 ECM Enrollment, Disenrollment and Graduation ADMIN1.045 Community Supports Criteria ADMIN1.046 Data System requirements and Data Sharing to Support Community Supports and Enhanced Care Management (ECM) ADMIN1.048 ECM Engagement, Operations, and Evaluation 	

	<ul style="list-style-type: none"> • ADMIN1.051 Child Welfare Liaison • AGD20.002 Handling of Complaints and Grievances • AGD20.004 Discrimination Grievance Policy • BHD18.001 - BHD18-007 (7 policies – annual review) • CLIN13.001 Maternal and Infant Health • CLIN13.006 Immunizations • CLIN13.007 Minor Consent Requirements • CLIN13.010 Clinical Operations Remote Work Policy • CM16.204 Private Duty Nurse Case Management Responsibilities • CM16.300 Transitional Care • PA9.834 Enhanced Approach to PR • QM14.001 Quality Council • QM14.201 External Quality Review • QM14.202 HEDIS Data Collection and Reporting • QM14.203 Long Term Care QAPI • QM14.301 Delegation Oversight • QM14.401 Quality and Performance Improvement Projects • QM14.501 Provision of Health Education Services • QM14.502 Development and Provision of Health Education Resources • QM14.603 Clinical Practice and Preventive Health Guidelines • QM14.701 Initial Health Appointment • QM14.702 REAL and SOGI Data Collection • QM14.703 Blood Lead Screening • QM14.706 Population Health Management • QM14.707 Health Information Form Screening and Health Risk Assessment • QM14.801 Cultural & Linguistic Policy <p>All policies were unanimously approved by the Quality Council as presented.</p>	
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Closing		
Adjournment	Meeting in recess at 12:58 PM. The next Quality Council meeting is scheduled for February 11, 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 January 14, 2025, and attached herein.

Excepted Matters: None

Approved by CCHP Quality Council:



Committee Chair Signature

2/14/25

Date



Committee Co-Chair Signature

2/14/25

Date



Quality Management Administrative Assistant Signature

2/14/25

Date



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2113

Agenda Date: 6/6/2025

Agenda #:

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Accept Community Advisory Committee Minutes

Community Advisory Committee

Contra Costa Health Plan (CCHP)

595 Center Avenue, Suite 100

Martinez, CA 94553

March 13, 2025

CHAIR

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

CCHP STAFF

✓	Allison Liu, Quality Manager, Health Equity
✓	Tiffany Belland, CCHP Presenter
✓	Sofia Rosales, CCHP Presenter
✓	Miranda Pena, CCHP Presenter
✓	Jersey Neilson, CCHP Presenter

CAC MEMBERS

✓	Tamara M, CAC Member	✓	Emmanuel C, CAC Member
✓	Isabel M, CAC Member	✓	Helen M, CAC Member
✓	Cynthia C, CAC Member	✓	Alicia N, CAC Member
✓	Dulce B, CAC Member	✓	Norma P, CAC Member
✓	Chipo, CAC Member	✓	Sharon C, CAC Member

COMMUNITY BASED ORGANIZATIONS/OTHER

✓	Claudia, Spanish Interpreter
✓	Jill R, Office of Supervisor Candace Anderson

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

Minutes		
Welcome and Housekeeping	<p>Simultaneous Spanish interpretation is being made available. This was started and participants were directed to select the language they wish to listen to meeting. Participants were reminded if they choose Spanish, they should mute original audio so they will not hear 2 languages.</p> <p>Call for any questions – no questions at this time – any future questions please type in chat or raise hand</p> <p>More reminders about simultaneous interpreter instructions – speakers are reminded to speak slowly and use short sentences. Also, a general reminder that meeting is being recorded. Any personal information should NOT be considered private. All public comments will be limited to two minutes per speaker per topic</p> <p>Introduced Allison Liu (AL) and Cynthia Laird (CL) from CCHP-Community Advisory Committee. Both BT and CT welcomed all participants. BT goes over the agenda for the meeting</p>	
Follow Up from Last Meeting	<ul style="list-style-type: none"> Transportation Services discussion 	

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> ○ Car seats in Uber/Lyft vehicles are still being discussed ○ The Health Plan is trying to set up workshop training on Transportation Services ● Denti-Cal Discussion <ul style="list-style-type: none"> ○ Carve Out Services ○ Answer on last meeting inquiry – Denti-Cal does not communicate with members via email. 	
Community Advisory Committee Conference	<p>CCHP staff attended a two-day conference last week (March 5 and 6). Staff learned great deal from DHCS and other Plans. Additionally, CCHP provided feedback on CAC meetings to DHCS. BT thanked Chipso for attending the meeting as a panel speaker</p> <p>Staff came away with some follow up actions:</p> <ul style="list-style-type: none"> ● Plan agenda to be more member-centered ● Agenda to contain standing item to report back on actions from previous meetings ● Additionally, Interim focus groups are being considered between meetings 	
Health Education (HE)	<p>BT introduced the Team presenters for this topic, Sofia, Miranda and Tiffany. Sofia opened a discussion on the topic. Tiffany started out with an Ice-breaker activity of positive affirmations. Tiffany encourages participants to share positive affirmations to stay motivated about your health with the group. Affirmations posted in the chat were read out by the Health Education (HE) team.</p> <p>Tiffany thanks attendees for their participation in exercise and reminded everyone of the HE overall purpose to keep members healthy. HE Team outreaches to members by promoting preventive services and creating HE materials and resources directed at being useful for membership. HE hopes to help motivate and empower members to take care of their health.</p> <p>Miranda presented the pregnancy services and program guide. She requested feedback on this material. HE put together a guide to provide a resource guide for everything available to pregnant members. The presentation on contained a small portion of the 12-page guide. Guide contains information on doula and Buddhist medicine. Miranda requested feedback so that materials are relevant and helpful to membership. If participants need more review of materials, feedback can be emailed</p> <ul style="list-style-type: none"> ● Glad to see Doula services are included ● Home birth availability <p>Sofia introduced other HE materials. Materials are designed to be simple and direct. HE recognizes that members coming out of doctor's office may be overwhelmed. Members may not need materials that contain difficult medical terminology to read. Created HE materials are available in English, Spanish and Chinese. Additionally, materials needed in other languages will be referred to the interpreter services for translation. Materials are available for different conditions such as:</p> <ul style="list-style-type: none"> ● Asthma ● Diabetes ● Stress ● Pregnancy ● Nutrition 	<p>Information is available at www.healthed.cchealth.org</p> <p>Questions, support or interest in outreach contact HealthEducation@cchealth.org</p>

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> • Mental Health <p>Sofia detailed the aspects using as example the one-page flyer for Mental Health. Front page contained a brief article on the importance of good mental health and Back page listed mental health tool and resources. HE tries to give simple and direct resources that are free and available to Contra Costa County residents. These resources can virtual or a phone number. Staff try to ensure that the resources are quick and easy to use. Materials are designed to be used outside doctor's office/clinics to assist members with figuring out their next step or where members might learn more about their health condition. This is the purpose of the health resources guide. Sophia requests feedback on the flyer:</p> <ul style="list-style-type: none"> • Liked flyer: is flyer available in clinic or will it be soon? – Sophia stated that staff like to table at local clinics, such as Brighter Beginnings and La Clinica. Additionally, HE staff provides all the materials at community events as well • One-page flyer is precise and helpful; it's great to have resource information. Providing it at multiple locations is great too • Like the flyer, this member goes to WCHC and on her last visit saw other flyers at the front and thought it was a good idea, they help to educate people <p>Sofia also requested to have more feedback from members, especially from the CAC participants. The feedback helps CCHP staff to know areas we could improve to best fit your needs. If you are more comfortable with email: this is available.</p>	
Cultural & Linguistic Services	<p>Allison was introduced and covered interpreter services. CCHP is required to No cost interpreter services to membership. Allison Liu presented the initial 2024 Cultural & Linguistic report for committee feedback.</p> <p>Allison asked the participants if they knew how to request interpreter services. Member states that she tells the nurse, and the nurse dials the number. She asked a follow-up question about family members acting as interpreters for the member. When she acts as interpreter for her parents and she can receive push back from medical staff, why is this?</p> <p>Although CCHP does not mandate their use; CCHP encourages professional interpreters due to:</p> <ul style="list-style-type: none"> • Familiarity of medical terminology – may make mistake in translation • Nonprofessionals may have a bias or their own agenda • Withhold information from patients due to not wishing to translate bad news or not translating conversation because of embarrassment or want to protect their family • Family/Friends may find conversation emotional and sometimes can cause liability issues • Provider concern that the interpretation is completely related to patient • Mistakes with interpretation may cause family/friend guilt • Sometimes immigrants are used to using their children as interpreter and sometimes these are minor children <p>Allison encouraged providers and members to use qualified interpreters.</p> <p>Allison provided additional information on requesting an interpreter</p>	

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> • Ask doctor to arrange an interpreter • Call CCHP-Member Services • Call CCHP Member Services; option 7 to have an interpreter on phone, if the member is in doctor's office, pharmacy or other Medi-Cal covered services <p>She provided more information on all the above ways to request interpreter</p> <p>Allison asked participants if they knew about 3 types of available interpreter service</p> <ul style="list-style-type: none"> • Phone interpreter • In-Person interpreter • Interpreter over Zoom <p>Allison goes on to discuss why interpreters are important so we can have better communication to build better relationship between provider and patient, it avoids misunderstanding and helps the quality of healthcare patient receives such as understanding how to use medications and how medication may affect patient. Interpreter provides a bridge between providers and members. Issues for patients to have this resource is so that it provides better time management for the medical team to have interpreter ready from the very start of appointment and it is important tool for patient to have as they exit appointment to provide clarification if patient is not clearly understanding aspects of the appointment. Participants also inform CCHP that members don't always choose the correct language the patient wishes to use for appointments. Allison agrees that this is important to reduce medical errors and increase patient satisfaction and compliance</p> <p>Alison provides an overview – to give example of why interpreter services are important</p> <ul style="list-style-type: none"> • Over one-third of members speaks a language other than English • Only 20% of providers are bilingual • Only 9% of provider speak Spanish-while 29% of members prefer Spanish <p>Open questions:</p> <p>How does CCHP make interpreter services experience better?</p> <ul style="list-style-type: none"> • Have staff ask patients to use interpreter services in a more polite and respectful way • May staff should mention the legal reasons for using professional interpreters • May have a HE flyers posted in doctor office or clinics detailing the reasons for using professional interpreters • Member expressed some cultural challenges with using professional interpreter – such as women do not speak for themselves • Member stated although some member speaking English as a second language. Medical terminology is often not mastered so interpreters should encourage for safety <p>Allison goes over the results of the language access survey. Over 500 survey respondents in 10 different languages</p> <ul style="list-style-type: none"> • 72.8% replied that they have used interpreter services in the last 6 months • 77.3% replied positively to being able to get an interpreter 	

Topic	Minutes	Person Assigned
	<ul style="list-style-type: none"> 19.4% replied that they 'always or usually' had to use family/friends for interpreter 95.6% replied that doctor showed respect for what they had to say <p>Overall committee members are satisfied with all the linguistic services they receive either during CCHP contact, CAC meetings our medical encounter. Committee members suggested further educational material should also be developed for members to understand how to access interpreter services and the importance of it. Suggest that we post information in doctor's waiting room.</p>	
CalAIM Centers	<p>Allison provided a follow-up to a meeting last year regarding CalAIM centers in 2025. She reminded the CalAIM means "California Advancing and Innovating Medi-Cal" CCHP wants to make life better and healthier for people on Medi-Cal and to improve and strengthen the Medi-Cal system</p> <p>CCHP is currently working with 5 CBOs in different areas of the County</p> <ul style="list-style-type: none"> Brentwood Senior Activity Center Discovery Counseling Center (Danville) Monument Impact (Concord) Opportunity Junction (Antioch) RYSE Center (Richmond) <p>Currently, CCHP is working with the above organizations to set up CalAIM centers. The process is still in the early stages; however, we would welcome some feedback from participants</p> <ul style="list-style-type: none"> What kind of services would you like to see we offer at CalAIM Centers? <ul style="list-style-type: none"> Currently, staff are looking at providing health education activities or materials at these centers. Do participants know of any Community Based Organizations CCHP should be working with? <ul style="list-style-type: none"> Family Justice Centers La Clinica de la Raza (CCHP already working with them) Brentwood Villag Community Resource Center Trinity Center in Walnut Creek Rising Juntos 	
Close up	<p>Cynthia follows up with a call for any questions on the topics discussed</p> <p>She announced the following:</p> <ul style="list-style-type: none"> Reminded participants that there is a 2-year term for this committee member. So, participants joining the committee in March 2023, your term is coming to an end; however, an email will be sent with more information She also requests for discussion topics for the next meeting <ul style="list-style-type: none"> Access to food Access to housing Community support for seniors How to make appointments 	

Topic	Minutes	Person Assigned
Adjournment	<i>The meeting ended at 5:12 PM. The next meeting is scheduled for Thursday, June 12, 2025, from 4:00 p.m. to 5:15 p.m. on Zoom.</i>	

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



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2114

Agenda Date: 6/6/2025

Agenda #: 3.1

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Quality and Health Equity Documents

Presenter: Dr. Irene Lo, CEO (Interim)



To: Joint Conference Committee (JCC) Members

From: Irene Lo, MD FACS; Chief Executive Officer (Interim)
Elizabeth Hernandez, Quality and Health Equity Director

Date: June 6, 2025

Subject: Submission of 2025 Quality & Health Equity Program Description, 2025 Work Plan, and 2024 Quality & Health Equity Program Evaluation for Board of Supervisors Consent

Background

Pursuant to state and federal regulatory requirements and Contra Costa Health Plan's commitment to continuous quality improvement and health equity, the following key quality documents have been developed and updated for 2025:

- **2025 Quality & Health Equity Program Description**
- **2025 Quality & Health Equity Work Plan**
- **2024 Quality & Health Equity Program Evaluation**

These documents outline CCHP's ongoing efforts to improve access, care coordination, member satisfaction, and health outcomes, with a focused emphasis on addressing health disparities and promoting equity across all member populations.

Summary of Documents

- **2025 Quality & Health Equity Program Description**
The 2025 Program Description outlines Contra Costa Health Plan's strategy to ensure high-quality, equitable care for its Medi-Cal members. It defines the structure, oversight, and operational foundation of the Quality and Health Equity Program, including the roles of governing committees and internal departments and staff. The program is grounded in regulatory and accreditation requirements from the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA), and it reflects CCHP's commitment to continuous improvement.

The document describes how quality and health equity goals are set, how interventions are selected and tracked through the annual work plan, and how performance is measured across domains such as clinical quality, member experience, access, and health disparities. Special attention is given to identifying and addressing inequities across race, ethnicity, language, and geography, and to applying findings from the Population Needs Assessment, including specific strategies for data collection, stratification, and culturally appropriate health education.

The Program Description outlines how CCHP governs and implements its integrated approach to quality improvement, health equity, and population health. The program is anchored by a governance structure that includes the Quality Council and Equity Council, which provide oversight and direction. CCHP is actively pursuing NCQA Health Plan Accreditation and Health Equity Accreditation, and the program description reflects work aligned with both. The plan's measurement strategy includes robust data collection, reporting, and analytics across clinical quality, experience, and equity domains. A defined process guides the selection and implementation of performance improvement projects, based on impact, feasibility, and regulatory priorities. CCHP uses a population health framework that spans prevention, wellness, chronic condition management, maternal health, and health-related social needs. Patient safety is monitored through event tracking, credentialing oversight, and facility review processes. Provider collaboration is supported through peer review, feedback reports, coaching, and shared learning opportunities. The program also includes oversight of delegated entities to ensure they meet CCHP's quality and equity standards. Overall, the document establishes the foundation for advancing quality and equity across CCHP's services and populations in 2025.


- **2025 Quality & Health Equity Work Plan**

This document outlines 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 and includes the individuals at CCHP responsible for the activities.

The work plan begins with the completion of the annual program documents, which includes the Annual Evaluation, Program Description, and Work Plan. These documents are reviewed by the Quality Council, which will meet monthly (at least eight times per year) to provide oversight and governance. The Equity Council, which meets quarterly, will continue implementing the work plan with attention to ensuring health equity is embedded into all aspects of CCHP's operations.

The plan also prioritizes regulatory compliance and external accreditation efforts. CCHP will complete and submit its NCQA Health Plan Accreditation materials by December 2025, aiming for re-accreditation by March 2026. Concurrently, staff will work toward NCQA Health Equity Accreditation with a submission due in August and an expected accreditation status by year-end.

Measurement and data sharing remain foundational to quality improvement efforts. By June 2025, the plan calls for the completion of Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year 2024 (MY2024) reporting, including Managed Care Accountability Sets (MCAS) and Health Equity and Quality Measure Set (HEQMS) compliance. Dashboards will be maintained and updated monthly to monitor key metrics. Targeted improvement projects will be launched for at-risk measures, and data will be shared regularly with provider groups via gap lists and performance feedback reports. HEDIS results, along with annual reports, will be incorporated into the Population Health Needs Assessment. Member and provider experience will be monitored through various surveys and feedback mechanisms. The team will analyze results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Limited English Proficiency surveys, behavioral health surveys, and grievance data, using these insights to inform population health strategies and improvement plans. In 2025, a new survey tool will be developed to evaluate the member experience with case management, while



community feedback will be solicited via the Community Advisory Committee to inform the Cultural & Linguistic Program and other key initiatives. Provider experience will also be assessed through a standardized survey and follow-up education on access and performance. Access to care will be monitored comprehensively through quarterly appointment availability surveys, telephonic access audits, and other timely access standards. Results will be compiled into an annual access report and shared with providers through an established feedback loop. CCHP will complete a comprehensive Cultural and Linguistic services report. Additionally, CCHP will maintain quarterly Population Health Monitoring Reports and complete a Long-Term Care quality report.

Performance Improvement Projects for 2025 address previously identified disparities and include efforts to increase enrollment in case management after emergency department visits for mental health and substance use, and to narrow the well-care visit gap between Black/African American and Asian children under 15 months. Additionally, we will complete the Institute for Healthcare Improvement (IHI) Child Health Equity and Behavioral Health Collaboratives and launch new interventions focused on blood lead screening and fluoride treatment.

Population Health activities for 2025 emphasize comprehensive assessment, segmentation, and engagement. The Quality team will complete a Population Needs Assessment in alignment with NCQA standards and will support Contra Costa Public Health in planning for the 2025 Community Health Needs Assessment. CCHP will strengthen screening and referral processes for new members, particularly for those with long-term services and supports (LTSS) needs, serious mental illness, and social risk factors. The implementation of electronic screenings and closed-loop referrals will improve coordination of care. To advance chronic condition management, the health plan is expanding programs for diabetes (including medically tailored meals and remote glucose monitoring), cardiovascular disease, asthma, and depression. Preventive health efforts continue through wellness education, Fecal Immunochemical Test (FIT) kit mailings, and targeted outreach.

CCHP maintains a strong focus on patient safety through structured quality auditing, medication safety initiatives, and site review oversight. All Potential Quality Issues (PQIs) and Provider Preventable Conditions (PPCs) are investigated and leveled within required timeframes, with Corrective Action Plans (CAPs) issued as needed. The plan tracks trends in over- and under-utilization, conducts audits on high-risk prescribing patterns, and promotes safe transitions of care for high-risk members. Facility Site Reviews and Medical Record Reviews ensure provider compliance with safety standards and proper documentation of care, while Hepatitis C treatment adherence and prescription access post-Emergency Department (ED) discharge are monitored to safeguard member health.

CCHP actively partners with its provider network to improve care quality and member outcomes. Engagement activities include quarterly provider trainings, newsletters, and site visits, along with structured quality meetings with major provider groups. Providers receive regular performance data via the Provider Portal, including panel reports and gap-in-care updates. The health plan supports clinical alignment through education on Clinical Practice Guidelines, Diversity, Equity and Inclusion (DEI) training, and shared decision-making tools. The new Value-Based Payment (VBP) program further incentivizes collaboration and continuous quality improvement.

- **2024 Quality & Health Equity 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. The evaluation examined activities implemented throughout the year, including review of committee structures, leadership engagement, resource adequacy, performance metrics, and effectiveness of programs.

CCHP achieved strong outcomes in 2024, earning a 4.5-star rating on NCQA’s Health Plan Report Card and exceeding the 90th percentile for 17 Medicaid MCAS measures, including well-child visits, maternal care, cancer screenings, and diabetes management. CCHP implemented several new initiatives, including a Value-Based Payment program, automated care management alerts using ADT feeds, and expanded data tools for providers via the CCHP Provider Portal. A maternal health redesign project led to an increase in doula services, and significant efforts were made to expand Enhanced Care Management and Community Supports.

CCHP faced challenges from a sharp increase in membership due to the Anthem Blue Cross market exit, the demands of CalAIM and DSNP implementation, and ongoing provider shortages in key specialties. Despite these barriers, the program demonstrated measurable impact. Data-driven decision-making, strong medical leadership, and robust committee structures supported improvement efforts across the organization.

The evaluation concluded that CCHP’s current quality infrastructure—bolstered by the creation of the Equity Council and expanded Health Education team—remains effective and well-resourced. No major structural changes are planned for 2025. CCHP will continue building on this foundation to advance quality, access, and equity for its members.

Recommendation

It is recommended that the Joint Conference Committee review and endorse the 2025 Quality & Health Equity Program Description, 2025 Work Plan, and 2024 Quality & Health Equity Program Evaluation, supporting their submission to the Board of Supervisors for approval as consent items.

Next Steps

Following review and recommendation by the Joint Conference Committee, these documents will be submitted to the Contra Costa County Board of Supervisors for approval.

3.1 Discussion/Action Item Quality and Health Equity Documents

3.1.1 Quality Improvement and Health Equity Transformation Program Description (2025)

3.1.2 Quality Improvement and Health Equity Transformation Program Work Plan (2025)

3.1.3 Quality Program Evaluation (2024)

2025 Quality Improvement and Health Equity Transformation 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.

2025 Quality Improvement and Health Equity Transformation 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.

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.

Public Comments

JCC Comments

3.1.4 MOTIONS NEEDED

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

QUALITY IMPROVEMENT AND HEALTH EQUITY TRANSFORMATION PROGRAM DESCRIPTION 2025



January 2025

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2 INTRODUCTION

Contra Costa Health Plan (CCHP) is a federally qualified, state-licensed, and county-sponsored Health Maintenance Organization (HMO) serving Contra Costa County in the East Bay of the San Francisco Bay Area. Established in 1973, CCHP became the first county-sponsored HMO in the United States.

CCHP is a department within Contra Costa Health (CCH), the health services division of Contra Costa County's government. CCH integrates multiple departments that collectively support the health and well-being of the county's population. Other departments within CCH include:

- **Contra Costa Regional Medical Center (CCRMC)**, a 166-bed public hospital, Level II trauma center that includes ten outpatient Federally Qualified Health Centers (FQHCs). CCRMC offers a comprehensive range of services, including a Cancer Care Program, and is home to a nationally recognized Family Medicine Residency Program.
- **County Behavioral Health Services**, which oversees specialty mental health and alcohol and other drug (AOD) services, carved out from Medi-Cal.
- **Community Health & Safety**, which houses a range of departments serving the entire county. The County Public Health Department operates a wide range of programs and services, including school health centers, health care for the homeless, case management programs, the Women, Infants, and Children (WIC) program, communicable disease control, HIV/AIDS Ryan White programs, family maternal and child health programs, and mobile clinics. Health, Housing, and Homelessness operates shelters, homeless street outreach, supportive housing, and other programs serving individuals experiencing homelessness. Environmental Health and HazMat focus on food safety, including restaurant licensing and inspections, as well as other public safety and environmental health initiatives such as hazardous materials (HazMat) management and response. Emergency Medical Services (EMS) provides oversight for prehospital care, ambulance services, and disaster preparedness.

All divisions of CCH, including CCHP, share centralized infrastructure for Human Resources, Finance, and Information Technology. This integrated structure enables collaboration and streamlines operations to support the mission of serving Contra Costa County residents.

According to the 2023 American Community Survey (1-year estimate) from the U.S. Census Bureau, Contra Costa County has a population of approximately 1.155 million residents. CCHP provides health insurance to roughly 270,000 members, covering over 20% of the county's population, including one-third of the county's children. Our membership is diverse and comprised of 42% Hispanic/Latino, 14.9% of White/Caucasian, 12% of Black/African American, 11.4% of Asian and 1.6% of more than one race. Language wise,

38% of CCHP members have preferred language other than English; besides English, Spanish is the most common preferred language at 28.6%, followed by Chinese (1.2%), Dari (0.9%) and Portuguese (0.75%).

Contra Costa Health Plan currently serves approximately 263,000 Medi-Cal members and is one of two Medi-Cal Health Plans serving the region.¹ CCHP serves over 85% of Medi-Cal members in Contra Costa County. Beginning in 2024, the Department of Managed Healthcare (DHCS) launched a new managed care contract and the managed care plan transition, in which members in various geographic regions were transitioned to new managed care plans. In 2024, Anthem Blue Cross left the Contra Costa service area and DHCS entered a direct contract with Kaiser Permanente. Previously, Kaiser Permanente was a delegate of CCHP.

CCHP also administers a commercial product for County employees, County retirees, and In-Home Support Services (IHSS) caregivers. CCHP covers approximately 6,500 commercial members with these product lines.

Starting in 2026, CCHP will be starting a new line of business for dually enrolled Medicare and Medicaid beneficiaries, a Dual-Special Needs Plan (D-SNP). CCHP has approximately 23,000 dual enrollees, and estimates that approximately 10% will enroll in the first year.

The CCHP provider network consists of Contra Costa Regional Medical Center and Health Centers and the Community Provider Network, which includes Federally Qualified Community Health Centers, contracted provider groups, and private practices.

The Quality Improvement and Health Equity Transformation Program (QIHETP) collaborates with Contra Costa Health divisions, CCHP internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost efficient, equitable, and timely care to members. The Quality Council, a multi-disciplinary physician group, and the Equity Council, a group of community and provider stakeholders, guides the overall development, implementation, and evaluation of the quality and equity. The Joint Conference Committee was appointed by the Board of Supervisors to oversee the QIHETP for CCHP.

3 PROGRAM PURPOSE, GOALS, AND SCOPE

3.1 PROGRAM PURPOSE

CCHP is committed to the delivery of high-quality and equitable health care services to our culturally and linguistically diverse members. CCHP's Quality Improvement and Health Equity Transformation Program (QIHETP) is designed to measure, monitor, evaluate, and enhance the quality and safety of health care services, ensuring not only the equitable

¹ Kaiser Permanente is the other plan serving the Medi-Cal population, however, enrollment is limited to select populations according to Kaiser's direct contract with the California Department of Health Care Services (DHCS).

delivery of healthcare, but also promoting and achieving equitable health outcomes for all members.

3.2 GOALS

The overarching quality and equity goals at CCHP are to:

- Achieve better health outcomes for members by closing gaps in care that are informed by evidence-based practice guidelines.
- Provide a robust population health management strategy to address the needs of members across the continuum of care services.
- Promote health equity and reduce disparities in care through a coordinated strategy with members, providers, and the community.
- Ensure patient safety by ensuring adequate and timely identification and investigation of issues.
- Improve the member experience of care, including timely access to care that is convenient and culturally competent.
- Avoid unnecessary utilization in the ED and hospital by investing in preventive care and coordinating care across settings.
- Stabilize or reduce health care costs by targeting the right resources to the patients who need them most.
- Optimize the provider experience through meaningful collaboration and reducing administrative barriers.

To achieve these goals, CCHP:

- Uses data from a variety of sources to identify areas for improvement in clinical care, member experience, and provider experience measures.
- Solicits input from our providers and members through various committees and provider meetings. This includes the Community Advisory Committee, Equity Council, Quality Council, and Joint Conference Committee.
- Collaborates with community-based organizations and providers in developing outreach and health education strategies.
- Establishes aims, measures, interventions, and improvement teams for Performance Improvement Projects (PIPs).
- Leverages technology and automation to establish proactive identification and outreach systems for services.
- Continuously monitors performance, sustain performance where targets are met, and develop an improvement strategy to address where performance falls short.
- Provide training and education to staff and providers to ensure all services provided are culturally and linguistically appropriate.

3.3 PROGRAM SCOPE

The QIHETP scope includes the provision of clinical care (medical and behavioral health) and service for all Medi-Cal and Commercial members. In partnership with CCHP departments, provider networks and facilities, community-based organizations, and Contra Costa Health (CCH) departments, the QIHETP Program encompasses all aspects of care and service including, but not limited to:

- Access to care
- Continuity and care coordination between primary care and specialty care, as well as primary care and behavioral health
- Developing and implementing a population health strategy
- Evaluating utilization, cost, and clinical trends
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Health education
- Cultural and linguistic services
- Identifying and addressing health disparities through targeted performance improvement projects
- Identifying and addressing overuse and underuse of clinical services
- Addressing member appeals and grievances
- Ensuring excellent member experience with care and service outcomes
- Achieving NCQA Accreditation standards for the Medi-Cal product line
- Potential quality issues identification and resolution
- Preventive, chronic care and acute health care guidelines compliance
- Developing and educating on clinical practice guidelines
- Ensuring high provider satisfaction with CCHP services
- Quality measurement and implementing Performance Improvement Projects (PIPs) in underperforming measures

Healthcare settings within the Scope of Services include:

- Acute hospital services
- Ambulatory care services including preventive health care, family planning, perinatal care, and chronic disease management
- Ancillary services including, but not limited to lab, pharmacy, radiology, medical supplies, durable medical equipment (DME), and home health
- Behavioral health (mild/moderate and substance use disorder)
- Emergency services and urgent care
- Long-term care including skilled nursing facilities and rehabilitation care
- Specialty care and tertiary care providers

CCHP complies with applicable Federal civil rights laws and is responsible for ensuring that all medically necessary covered services are available and accessible to all members

regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and that all covered services are provided in a culturally and linguistically appropriate manner.

4 PROGRAM GOVERNANCE AND STRUCTURE

4.1 OVERVIEW

Program governance and structure form the foundation of the program, ensuring effective oversight, accountability, and alignment with regulatory standards to meet the needs of members.

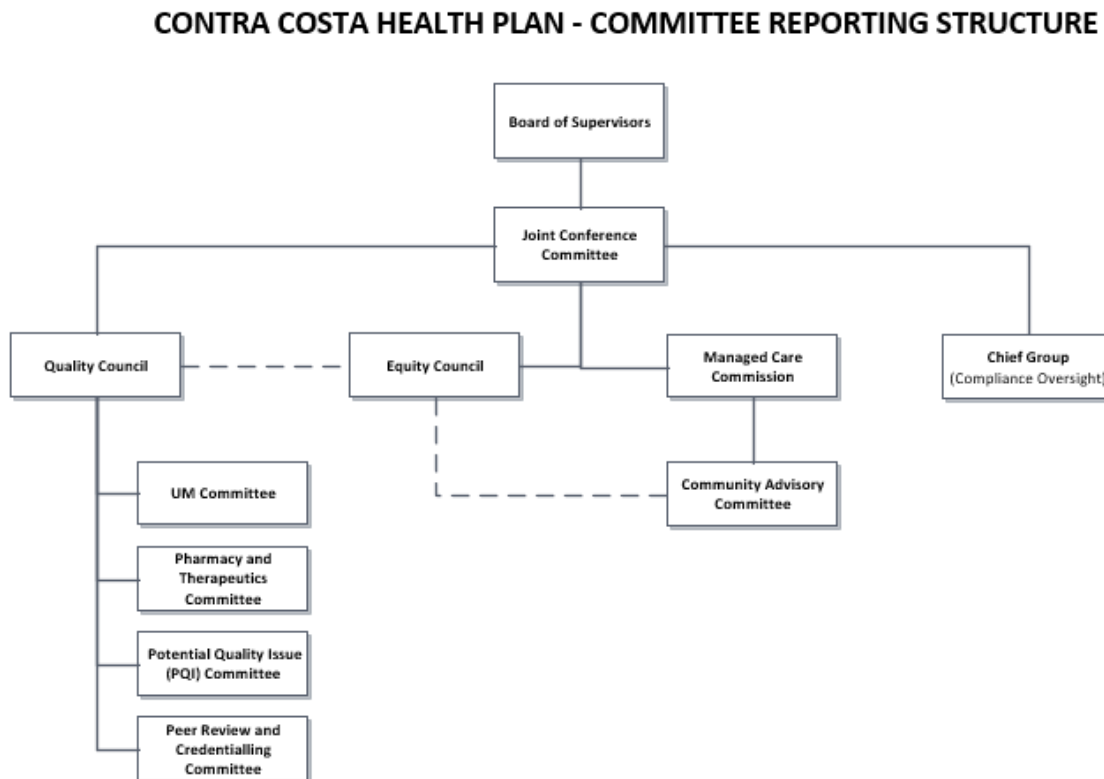
4.2 PROGRAM GOVERNANCE

The Quality Council (QC) and the Equity Council (EC) are the principal committees for directing and overseeing quality, equity, and patient safety operations and activities for CCHP, including but not limited to, clinical and service-related performance improvement projects, access to care studies for medical and behavioral health, member grievances, potential quality issues, case management, utilization management, and oversight of delegated entities for utilization management and behavioral health. The Quality Council and Equity Council make recommendations to the Joint Conference Committee, which has been delegated the approval body for the Quality Program by the Contra Costa County Board of Supervisors.

As the governing body, the Joint Conference Committee gives authority to the Chief Medical Officer and the Chief Executive Officer of the Plan to ensure the QIHETP has the needed resources to meet its goals and to evaluate and monitor the program's progress toward reaching its goals. The CEO has authority over general administration of the Plan and reports to the JCC on the health plan's operations, including quality and equity.

4.2.1 Organizational Chart

Below is an organizational chart of the committee reporting structure.



4.2.2 Joint Conference Committee

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors exercises oversight of CCHP, including quality operations and activities. Two members of the Board of Supervisors are assigned to serve on the JCC. The other two JCC members are providers within the CCHP network, one representing CCRMC and one representing the CPN network. All meetings of the Joint Conference Committee are open to the public in accordance with the Brown Act. Responsibilities of the JCC include:

- Promote communication between the Board of Supervisors, the CCHP Quality Council, and CCHP administration.
- Assess and monitor the overall performance of CCHP and its contracted providers including, but not limited to, the quality of care and service provided to members.
- Review, evaluate, and make recommendations annually regarding modifications to the Annual QIHETP Program Description, Program Evaluation, and Work Plan.

- Receive, evaluate, and act on reports from the Quality Council and Equity Council on a quarterly basis or more frequently if needed. Any action taken by the JCC is subject to approval by the Board of Supervisors.

4.2.3 Quality Improvement and Health Equity Committee (QIHEC)

The California Department of Health Care Services (DHCS) requires all Medi-Cal managed care plans to establish a Quality Improvement and Health Equity Committee (QIHEC) to guide the integration of quality improvement and health equity efforts. Contra Costa Health Plan (CCHP) fulfills this requirement through the coordinated work of two complementary committees: the Quality Council and the Equity Council. Together, these councils support the continuous development, execution, and assessment of CCHP's quality and health equity initiatives.

The Quality Council, with a clinical focus, includes providers from various specialties and is responsible for overseeing clinical care, performance improvement projects, and member outcomes. The Equity Council expands membership to include community-based organizations, public health representatives, and other non-clinical stakeholders, alongside clinical participants, to address health disparities, review discrimination grievances, and promote equitable care across the member population. While each council maintains distinct membership to reflect their specific areas of focus, overlapping representation ensures alignment and coordination of efforts, fostering a comprehensive approach to improving both quality and equity in care delivery.

4.2.3.1 Quality Council

The Plan's Quality Council assists in oversight and assurance of the quality of clinical care, patient access, service excellence and patient safety of CCHP. The committee ensures that providers are involved in the planning, prioritization, and implementation of quality initiatives, as well as monitoring the care and service received by our members.

Responsibilities of the Quality Council include:

- Reviews, evaluates, and acts upon the reports of subcommittees.
- Reviews and approves the QIHETP Program Description, prior year's Annual Evaluation, and current Work Plan.
- Annually reviews, evaluates, and makes recommendations to the Board of Supervisors or the Joint Conference Committee on the status of contracted providers delegated for quality management, utilization management, credentialing, medical records, and member rights.
- Reviews reports concerning member grievances and potential quality and safety issues. The Quality Council investigates such occurrences and makes recommendations to the Credentialing Committee, Board of Supervisors and/or the Joint Conference Committee regarding resolution or implementation of any corrective action that may be required.
- Reviews reports regarding activities including, but not limited to: quality improvement projects, potential quality issues, population health management

programs, cultural and linguistic services, appeals and grievances, delegation audit scores and recommendations, access and availability reports, HEDIS quality measures, CalAIM updates, utilization review turn-around time and interrater reliability, and over/under utilization of clinical resources. The Quality Council evaluates these reports and makes recommendations to the Board of Supervisors and the Joint Conference Committee regarding implementation of any corrective action that may be required.

- Reviews and evaluates quality reports pertaining to medical, Pharmacy and Therapeutics, and benefit interpretation policy issues. The Quality Council makes recommendations to the Board of Supervisors and the Joint Conference Committee regarding trends and modifications to be implemented.
- Reviews and approves clinical practice guidelines at annually.

The Chair of the Quality Council is the Chief Medical Officer. The Co-Chair is the Director of Quality and Healthy Equity. The Quality Council meets eight times per year. A quorum is greater than 50% of voting member attendance. Voting members are the Chief Medical Officer and practicing clinicians in the provider network. The network clinicians participating in the Quality Council represent multiple specialties that align with the needs of our Medi-Cal population. Specialties that provide direct input into the Quality Program include a general surgeon, psychiatry, pediatrics, internal medicine, family medicine, OB/GYN, and cardiology.

4.2.3.1.1 Subcommittees Reporting to Quality Council

The Pharmacy and Therapeutics (P&T) Advisory Committee report to Quality Council annually and meets at least quarterly to review pharmaceutical management activities. P&T keeps the Quality Council and provider networks abreast of pharmacy overuse/underuse, clinical projects, and pharmacy operations including authorization turnaround time (TAT), inter-rater reliability (IRR), activities related to fraud, waste and abuse, and other activities related to pharmacy management. P&T also reviews formulary changes, drug safety updates, recalls, pharmacy restriction and preference guidelines and generic substitution, therapeutic interchange and step therapy, and other pharmaceutical management policies.

The Director of Provider Relations presents updates from the Peer Review and Credentialing Committee (PRCC) to the Quality Council semi-annually. The Chief Medical Officer chairs the PRCC. Updates include summary data on the credentialing operations including number of providers credentialed and recredentialed, nonclinical provider complaints, and Facility Site Reviews performed including CAPS issued and completed. PRCC recommendations are submitted directly to the Board of Supervisors for approval.

The Chief Medical Officer or delegate chairs the UM Committee and minutes are reviewed at Quality Council. This committee oversees all outpatient and inpatient Utilization Management activities including the UM Program, UM Evaluation activities, UM Work Plan,

authorization TAT and IRR, and over/under utilization activities. Membership includes the Chief Medical Officer, Medical Directors, UM Director, UM Managers, UM Supervisors, and providers from the CCHP Provider Network. UM staff, Case Management Manager, and other department directors join on an ad-hoc basis. The committee meets at least every two months.

The potential quality issue (PQI) committee reviews all potential quality issues and levels cases. Voting members include the CCHP Medical Directors and Assistant Medical Directors. Nurses investigate cases and present to committee members who decide upon severity. The committee has oversight over PQI corrective actions.

4.2.3.2 The Equity Council

The purpose of the Equity Council is to provide oversight and collaboration with the CCHP Quality Improvement and Health Equity Transformation Program (QIHETP). The Equity Council reports to the Joint Conference Committee. CCHP's CMO is the committee chair, who works closely with the Director of Quality and Health Equity and the Cultural and Linguistics Manager on committee activities. The Equity Council meets four times a year and has representation from practicing network providers, community-based organizations, homeless services organizations, Contra Costa County Public Health, community health workers, and CalAIM providers.

Responsibilities of the Equity Council include oversight on the annual QIHETP annual plan, evaluation, and program description, overseeing activities surrounding National Committee on Quality Assurance (NCQA) Health Equity Accreditation, and ensuring all quality improvement projects and member surveys have a health equity lens, and reviewing appeals and grievances connected to health equity.

4.2.4 The Community Advisory Committee

Contra Costa Health Plan (CCHP) has a Community Advisory Committee (CAC) to ensure that its members have meaningful impact into CCHP's policies and decision making and are engaged as partners in the delivery of Medi-Cal Covered Services. CCHP utilizes the CAC to promote community participation within the areas of cultural and linguistic services, health education, and health inequities. CAC members identify and are advocates for health disparities that exist in the member population and discuss improvement opportunities for CCHP. CAC members work directly with the leadership of the operational departments within CCHP to receive oversight and direction. The CAC makes recommendations to the Board of Supervisors, County Health Services Director, and Chief Executive Office of CCHP.

4.3 QUALITY IMPROVEMENT AND HEALTH EQUITY STRUCTURE

The quality improvement and health equity structure at CCHP is organized to ensure that all departments and key personnel work collaboratively to deliver high-quality, equitable care to our members.

4.3.1 Key Departments Supporting Quality and Health Equity

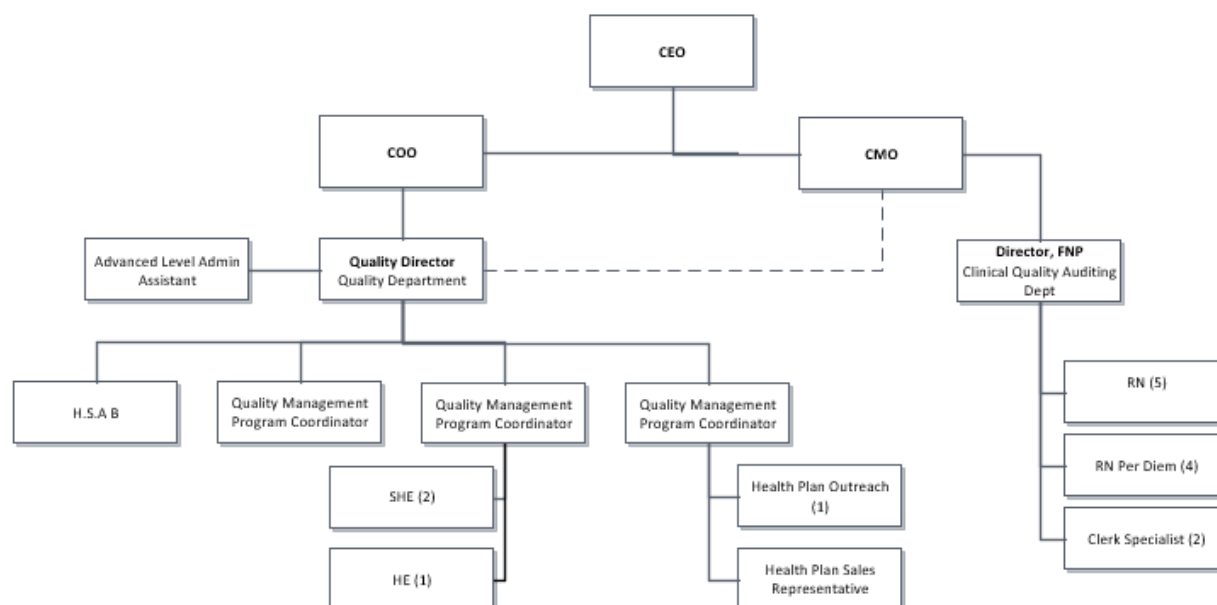
The Quality and Health Equity Department and the Clinical Quality Auditing (CQA) Department are the primary drivers of Contra Costa Health Plan's quality improvement initiatives. Together, these departments lead efforts to monitor, evaluate, and enhance the quality of care and services provided to our members. Their work encompasses quality measurement, patient safety, compliance, health equity, and strategic partnerships with other departments and providers to ensure continuous improvement.

The **Quality and Health Equity Department** is accountable for implementing quality measurement, quality improvement projects, health equity initiatives, cultural and linguistic services, health education, and population health management. Quality staff monitor quality indicators, implement, evaluate improvement activities, support CCHP leadership in strategic priorities, and collaborate with CCHP and CCH departments on the overall quality program. Additionally, the department ensures health equity is prioritized through the marketing strategy, policies, member and provider outreach, quality improvement activities, grievance and appeals, and utilization management. The Quality and Health Equity department collaborates with community-based organizations and develops targeted interventions designed to eliminate inequities. Population health management is a key aspect of the overall quality program, integrated into the Quality and Health Equity Department. Staff work together to achieve the shared goals of quality and population health initiatives. Both quality and population health report to the Director of Quality and Healthy Equity, with dotted line accountability to the Chief Medical Officer (CMO).

The **Clinical Quality Auditing Department** is responsible for patient safety initiatives at CCHP. This includes conducting all facility site reviews, medical record reviews, and physical accessibility reviews for primary care providers (PCP) and providers with specialties that are considered high-volume and/or high-impact. Responsibilities extend to investigating potential quality issues and provider preventable conditions and conducting ad hoc internal clinical audits. The team also conducts chart abstractions for HEDIS. This department reports to the Chief Medical Officer.

Below is an organizational chart of CCHP's quality and health equity department structure.

CONTRA COSTA HEALTH PLAN - DEPARTMENT STRUCTURE, QIHETP



4.3.2 Supporting Departments in Quality

In addition to the Quality and CQA Departments, several other departments play vital roles in supporting Contra Costa Health Plan's quality improvement efforts. These departments, include both Clinical Operations departments and non-Clinical operations. Each contribute through their specialized expertise and programs to ensure comprehensive, coordinated, and member-focused care.

The **Utilization Management (UM) Department** is responsible for ensuring the appropriate use of healthcare services. This includes reviewing both medical necessity and appropriateness of care through pre-authorization, concurrent review, and retrospective analysis. The UM department also oversees the coordination of care across service areas and is involved in the monitoring over and under-utilization of health services. The department ensures that utilization practices align with the overall quality and health equity goals of the health plan, ensuring services are delivered efficiently, effectively, and equitably. This department reports to the Chief Medical Officer.

The **Behavioral Health Department** addresses the mental health and substance use needs of members. This department provides ensures behavioral health services are provided to members and staff facilitate transitions between carved-in and carved-out Medi-Cal services, collaborating closely with Contra Costa County Behavioral Health Services, which provided carved-out specialty mental health services and substance use services. Additionally, CCHP's Behavioral Health Department collaborates with primary care providers, school districts, and community organizations, and non-specialty mental health

providers, ensuring treatment is provided for members. By providing culturally sensitive and accessible care, CCHP works to reduce disparities in behavioral health access and outcomes, particularly for underserved communities.

The **Appeals and Grievance Department** is responsible for overseeing the formal process for handling member complaints, appeals, and grievances. The department ensures that all concerns are addressed promptly and thoroughly, and it plays an integral role in protecting member rights and improving member satisfaction. In addition to resolving individual issues, the department tracks trends in complaints and appeals, identifying opportunities for system improvements and enhancing the overall member experience and improving care quality.

The **Case Management Department** provides case management services and works closely with providers to ensure that high-risk and complex members receive the care and resources they need. This department helps to close gaps in care, manage chronic conditions, and provide a coordinated approach to treatment. It ensures members have access to the necessary healthcare services while also focusing on improving outcomes for vulnerable populations. The Case Management Department plays a crucial role in improving health equity by addressing disparities in access and outcomes for underserved groups and working on population health management with at-risk members and those needing care transitions.

The **CalAIM Department** at Contra Costa Health Plan plays a crucial role in connecting our most at-risk members to the services they need. This department works closely with Enhanced Care Management (ECM) and Community Supports (CS) providers to ensure that members facing complex health and social challenges are linked to appropriate, comprehensive care. By coordinating these services, the CalAIM Department helps to improve health outcomes and reduce disparities for vulnerable populations.

The **Member Services Department** is responsible for ensuring that members have a positive experience with the health plan. This includes providing support in accessing healthcare services, resolving complaints and grievances, and offering education on health plan benefits and services. Member Services plays a vital role in health equity by ensuring that all members, especially those from historically underserved communities, receive the appropriate support to navigate the healthcare system. They are also involved in outreach and engagement efforts to improve member satisfaction and involvement in their care.

The **Provider Relations Department** serves as the primary liaison between Contra Costa Health Plan and our network of healthcare providers. This department is dedicated to building strong partnerships with providers, addressing their needs, and ensuring seamless communication. Provider Relations supports contracting, onboarding, and training, as well as assisting providers with operational issues to ensure they have the tools and resources needed to deliver high-quality care to our members.

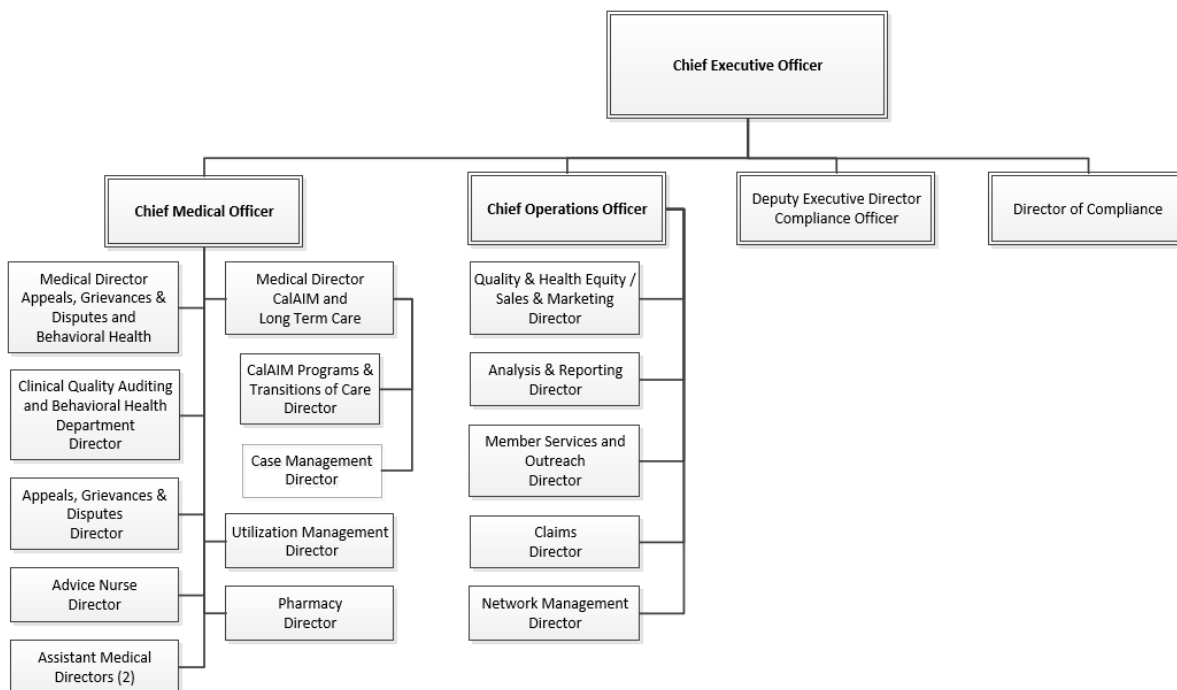
The **Business Intelligence Department**, centrally located in Contra Costa Health Information Technology Department, is responsible for the collection, aggregation, and

reporting of health data to measure and track performance against quality indicators. This department provides aggregates data for HEDIS quality measures, develops dashboards, reports, and drives analysis that allow for continuous improvement and ensure the success of quality improvement initiatives. The team works closely with both clinical and operational departments to identify trends, monitor progress, and make data-driven decisions that can improve care delivery and address health disparities.

Each department collaborates closely to ensure the quality of care and health outcomes for all members, with a particular focus on eliminating health disparities and improving care for historically marginalized groups. This collaborative approach supports the overall mission of CCHP to provide high-quality, equitable care to its diverse member population.

Below is an organization chart of CCHP.

CCHP Organizational Chart



4.3.3 Key Quality Personnel

The key quality personnel at Contra Costa Health Plan (CCHP) provide leadership and expertise to drive quality improvement, ensure patient safety, and promote health equity efforts. These individuals oversee critical functions, including clinical quality, behavioral health, pharmacy, and equity initiatives, ensuring that CCHP delivers high-quality, equitable care to its diverse member population.

4.3.3.1 Chief Medical Officer

The Chief Medical Officer is the Chair of the Quality Council, Equity Council, Pharmacy & Therapeutics, Peer Review and Credentialing Committee, and Utilization Management Committee. The Chief Medical Officer provides oversight and guidance to the development of clinical guidelines, improvement projects, and other initiatives. The Chief Medical Officer makes determinations in potential quality issues, grievances and appeals and has authority over peer review. The Chief Medical Officer oversees all medical staff at CCHP, including the Medical Directors, medical consultants, and nursing.

4.3.3.2 Medical Director, Behavioral Health

The CCHP Medical Director oversees behavioral health services at CCHP. The Medical Director provides oversight and guidance on the provision of behavioral health services, utilization management of behavioral health services, and oversight of the partnership and collaboration with County Behavioral Health, which provides Special Mental Health Services and Alcohol and Other Drug program. The Medical Director is a member of the Quality Council and Equity Council. This position is an MD in psychiatry and reports to the CMO.

4.3.3.3 Director of Behavioral Health Services

Contra Costa County's Behavioral Health Services Director oversees Contra Costa's Specialty Mental Health, network of non-specialty mental health, and Alcohol and Other Drug treatment services. The County Behavioral Health Services Director is a member of the Quality Council and provides guidance and insight on all behavioral health aspects of the quality program at CCHP. This position is a PhD.

4.3.3.4 Director of Pharmacy

CCHP's Director of Pharmacy oversees pharmaceutical safety services, the development of formularies, pharmacy utilization review, and the oversight of CCHP's pharmacy benefit manager for the commercial line of business. The Director of Pharmacy is the co-chair of the Pharmacy & Therapeutics Committee. This position is a PharmD and reports to the CMO.

4.3.3.5 Director of Quality and Health Equity

The Director of Quality and Health Equity works closely with the Chief Medical Officer, the Quality Council, and Equity Council on developing, implementing, and evaluating the QIHETP activities. The Director of Quality and Health Equity is responsible for the oversight of the QIHETP work plan, population health management portfolio, and overseeing department staff. The Director of Quality and Health Equity reports to the Chief Operations Officer with a dotted line to the Chief Medical Officer.

4.3.3.6 Clinical Quality Auditing Director

The Clinical Quality Auditing (CQA) Director works closely with the Chief Medical Officer (CMO), the Director of Quality and Health Equity, the Appeals and Grievances Department, and with the Quality Council, on adopting, assessing, and implementing clinical quality

activities. The CQA Director oversees the clinical quality nurses. The CQA Director reports to the CMO.

4.3.3.7 Quality Managers

The QIHETP has Quality Managers responsible for the day-to-day management of the quality improvement and equity activities. One is responsible for the NCQA health plan accreditation. The second is responsible for population health management activities, administering quality improvement projects, member experience surveys, disease management programs, and overseeing CCHP's team of health educators. This person serves as CCHP's Qualified Health Educator for DHCS. The third serves as the Cultural and Linguistic Services Manager who is responsible for implementing all aspects of the Cultural & Linguistics program and cultural competency trainings according to state and federal regulations and providing technical assistance to providers to ensure provision of culturally sensitive and appropriate care to CCHP members. This position reviews member grievances with a health equity lens to identify any potential acts of discrimination against members. In addition, this position is responsible for successful implementation of all Equity Committee priorities as well as leading equity-focused improvement projects. These positions report to the Director of Quality and Health Equity.

4.3.3.8 Quality Nurses

Nurses in the clinical quality auditing department oversee Facility Site Reviews, Medical Record Reviews, Physical Accessibility Review Survey, HEDIS chart abstractions, potential quality issues, and ad hoc audits and oversight. The Quality Nurses report to the Clinical Quality Auditing Director.

4.3.3.9 Health Education Specialists

CCHP has two Senior Health Education Specialists and one Health Education Specialist that ensure that the health education program is responsive to members' needs. The health educators develop, implement, and evaluate the Health Education Program, which includes a range of health education resources and delivery modalities, and the position works internally with other departments to assess literacy levels of health education and member informing materials, including the member newsletter. The Senior Health Educator reports to the Quality Management Program Coordinators.

4.3.3.10 Health Services Administrator

The Health Services Administrator is responsible for management HEDIS reporting and access and availability reporting. This person conducts analysis and develops reports for CCHP's quality measures. This position reports to a Director of Quality and Healthy Equity.

4.3.3.11 Secretary Advanced Level

The Secretary Advanced Level is responsible for providing administrative support to the Quality and Equity Team. The Secretary organizes and takes minutes at the Quality Council and Equity Council meetings, provides administrative support to access studies, and

coordinates encounter data validation chart abstractions. The Secretary reports to the Director of Quality and Healthy Equity.

5 QUALITY IMPROVEMENT, EQUITY, AND POPULATION HEALTH PROGRAMS

5.1 QUALITY IMPROVEMENT AND HEALTH EQUITY PROGRAM PLANNING

CCHP incorporates ongoing documentation cycles that applies a systematic process of assessment, identification of opportunities, action implementation, and evaluation. This documentation cycles includes: Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the quality council charter, are reviewed annually by the Quality Council.

5.1.1 QIHETP Program Description

The Quality Program Description is a document that outlines CCHP's structure and process to monitor and improve the quality and safety of care to members.

5.1.2 QIHETP Work Plan

The work plan identifies the scope of the quality programs and defines activities to be complete in the program year. The work plan is developed annually after completing the Quality Program Evaluation from the previous year. The work plan includes objectives, planned activities, timeframe, and staff members responsible.

5.1.3 QIHETP Program Evaluation

The quality program evaluation includes an annual summary of all quality activities, impact the program had on member care, and an analysis of the achievement of goals, and an assessment of revisions.

5.2 NCQA ACCREDITATION

5.2.1 NCQA Health Plan Accreditation

The quality and health equity department takes the lead on interpreting standards, identifying gaps, consulting with other department functions on closing their gaps, ensuring submission of appropriate and timely documentation, and providing general oversight and maintenance of the NCQA accreditation status. CCHP was granted its fourth full three-year Accreditation early in 2023. The next review is March 2026.

5.2.2 NCQA Health Equity Accreditation

The quality and health equity department takes the lead on the NCQA Health Equity Accreditation which must be achieved no later than January 2026. In preparation for this initial accreditation, the cultural and linguistic manager with the other CCHP departments to ensure compliance on the health equity accreditation standards. Data will be stratified

to identify health disparities and work collaboratively with CCHP departments to implement targeted interventions and update policies and practices.

5.3 MEASUREMENT, ANALYTICS, REPORTING, AND DATA SHARING

CCHP in partnership with Contra Costa Health IT department has the technology infrastructure and data analytics capabilities to support goals for quality management and improvement activities. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to support quality activities. This integrated data warehouse allows for the collection of all quality performance data across the health plan and delivery system.

The Quality and Health Equity Department partners with our Business Intelligence team to collect HEDIS data annually for Managed Care Accountability Sets (MCAS), NCQA HEDIS Accreditation measures, and DMHC Health Equity and Quality Measure Set (HEQMS). This includes over 70 measures that cover clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS engine for reporting. CCHP also contracts with a vendor to conduct the CAHPS survey. HEDIS data is stratified by race, ethnicity, language, provider network, provider and other key demographic variables to identify variations and opportunities to improve care and service. The Quality and Health Equity Department works with the BI and IT teams to develop and utilize dashboard and reports to evaluate performance and identify opportunities for improvement.

In addition to HEDIS reporting, CCHP regularly produces the following mandated reports: DMHC Timely Access to Care, Member and Provider experience, DHCS Encounter Data validation, DHCS Performance Improvement projects, and External Quality Review (EQR) reporting. CCHP also tracks internal quality metrics aimed at improving care and services for members. CCHP reviews the EQR technical report and evaluation recommendations to make improvements annually.

5.4 PERFORMANCE IMPROVEMENT PROJECTS

5.4.1 Quality Improvement Framework

The Quality Program utilizes the Model for Improvement and PDSA cycles to continuously evaluate and improve care and services for our members. Our broader aims focus on improving health, member experience, health equity, and cost efficiency. Work is prioritized by:

- Regulatory requirements from DHCS, DMHC, and NCQA
- Data-driven by performance in HEDIS and other quality metrics
- Findings from the Population Needs Assessment
- Data on PQIs, member grievances, internal member surveys, and access studies
- Assessment on value and impact on members

- Synergies with the delivery system to identify areas where combined health plan and delivery system collaboration can best achieve results.

5.4.2 Active Performance Improvement Projects

CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level. Additionally, CCHP identifies additional performance improvements in the work plan based on an analysis of quality data. Annually, CCHP reviews quality metric data, assesses measurement areas that need improved, and develops improvement projects to be added to the work plan. On an at minimum of monthly basis, CCHP reviews quality metric data and may modify the work plan to add additional performance improvement projects. CCHP identifies areas where there is a decline in performance level or CCHP is under the desired quality target. Quality staff conduct a root cause analysis and develop a plan to implement a performance improvement project.

5.5 POPULATION HEALTH MANAGEMENT

The work of population health is to maximize health by co-creating services with members and providers which deliver primary and secondary evidence-based interventions for the prevention and management of illness in our assigned population. In 2023, the Department of Health Care Services (DHCS) launched Population Health Management, a key feature of CalAIM. Population Health Management will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. This will be accomplished through the following initiatives:

5.5.1 Population Needs Assessment, Strategy, and Impact Report

Annually, as part of NCQA accreditation, CCHP conducts a comprehensive Population Needs Assessment uses available data sources to identify disparities and trends. CCHP utilizes the Population Needs Assessment to develop its Population Health Management Strategy, an annual document approved by the Quality Council that outlines the programs CCHP will implement to address the needs of the population. CCHP assesses the population health impact of the programs implemented in the strategy to determine the efficacy of programming and inform future programming. Population Needs Assessment is also used to identify priorities for Cultural and Linguistic Program.

CCHP also participates on the steering committee for Contra Costa County's Public Health Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). By aligning our Population Health Management Strategy with the overall needs identified in the CHA and CHIP, we ensure that our initiatives are responsive to broader community health priorities and foster collaborative, community-wide health improvements.

5.5.2 Gathering Member Information

Member data is fragmented between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are

often duplicative across settings. Leveraging its integration within the county delivery system, CCHP utilizes comprehensive data systems, integrating data from claims, clinical data, detention health, EMS, social services, homeless systems, and public health into one unified member record to co-locate this information for population health management activities.

5.5.3 Risk Stratification, Segmentation, and Tiering

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by leveraging data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data, including homelessness and criminal justice data, CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This diverse dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories, and tiering based on acuity. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services. CCHP regularly evaluates its risk stratification methods for potential biases to ensure equitable resource allocation across all populations.

5.5.4 Population Health Services

CCHP has established a comprehensive population health program aimed at promoting overall well-being and addressing the varying needs of our members. This program focuses on keeping healthy members well, offering self-management resources for individuals with well-controlled chronic conditions, and providing case management support to those with poorly controlled chronic diseases. For our highest-need members, we offer Enhanced Care Management services tailored to those with significant healthcare utilization. Case Management Services, including Complex Case Management and Transitional Case Management, are structured around risk stratification to ensure the most appropriate support for those with the greatest needs. Additionally, our basic population health services provide health education, wellness promotion, and preventive care for all members.

5.5.4.1 Cultural and Linguistic Services

CCHP prioritizes culturally and linguistically sensitive care for its diverse membership, and ensures all services provided are non-discriminatory and meet all state and federal requirements. CCHP Cultural and Linguistic Services (C&L) program aims to prevent discrimination, offering culturally appropriate care to all members, including those with limited English proficiency and diverse backgrounds. CCHP C&L program advocates and uses the application of national standards for Culturally and Linguistically Appropriate Services (CLAS) developed by the Office of Minority Health to health plan operations by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health

literacy, and other communication needs. To ensure members have access to cultural and linguistic services for effective communication during healthcare services, CCHP actively collects Race, Ethnicity, and Language (REAL) and sexual orientation and gender identity (SOGI) data to identify health disparities.

CCHP C&L Program coordinates and oversees all linguistic services to members, this includes 24-hour access to interpreter services, document translation, alternative format of information and ensures all critical materials are available in threshold languages. C&L Program provides annual training for staff and providers on health equity, communication skills, linguistic services, cultural competency, awareness and sensitivity. C&L program also develops and updates Diversity, Equity & Inclusion (DEI) training and Transgender, Gender Diverse, Intersex (TGI) cultural competency training, and ensures these trainings are incorporated within QIHETP goals. C&L program provides technical assistance to providers, collaborates with county health services and community agencies to reduce health disparities, and promptly responds to the cultural and linguistic needs of both providers and members. C&L program monitors cultural and linguistic needs and trends of CCHP's membership and works closely with Health Educators to ensure health education services meet the cultural and linguistic needs of our members.

In addition, C&L Program seeks community and member feedback through Community Advisory Committee, Equity Council, Population Health Assessment, member surveys and grievance monitoring to identify and prioritize opportunities for improving cultural and linguistic services.

5.5.4.2 Basic Population Health Management

Access, Utilization, and Engagement with Primary Care: CCHP ensures ongoing primary care access, member engagement, and strategies for non-duplication of services. The focus is on health equity, meeting National Standards for Culturally and Linguistically Appropriate Services (CLAS), and reporting on primary care spending.

Care Coordination, Navigation, and Referrals Across all Health and Social Services, Including Community Supports: CCHP guarantees access to needed services, partnering with primary care and other systems for effective care coordination, navigation, and referrals. Closed Loop Referrals are emphasized, ensuring coordination with various community resources.

Information Sharing and Referral Support Infrastructure: CCHP implements information-sharing processes and referral support infrastructure, complying with privacy laws and professional standards.

Integration of Community Health Workers (CHWs): CHWs are integrated into PHM, addressing various health-related issues. The new CHW benefit facilitates reimbursement for basic population health management services.

Wellness and Prevention Programs: Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs

Assessment and other sources such as HEDIS, Community Advisory Committee feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this at least annually in the member and provider newsletters. Topics covered include health weight maintenance, smoking and tobacco use cessation, encouraging physical activity, healthy eating, managing stress, avoiding at-risk drinking, and identifying depressive symptoms.

Programs Addressing Chronic Disease: CCHP offers evidence-based disease management programs, focusing on improving member health and well-being. Key conditions, including diabetes, cardiovascular disease, asthma, and depression, are addressed through health education interventions, member engagement, and closing care gaps to enhance equity and reduce health disparities. Aligned with the Population Needs Assessment and Population Health Management Strategy, initiatives are tailored to the unique needs of diverse Medi-Cal populations, fostering collaboration with community programs and supporting overall health improvement.

Programs to Address Maternal Health Outcomes: CCHP works to improve maternal health outcomes, adhering to comprehensive perinatal service program standards.

PHM for Children: CCHP ensures ensure early and periodic screening, diagnostic, and treatment for children, meeting federal and state requirements, coordinating health and social services, and actively promoting preventive services. CCHP is developing MOUs with WIC providers, First 5 programs, and Local Education Agencies strengthen support for school-based services.

Behavioral Health: CCHP is responsible for mild to moderate behavioral health services for Medi-Cal and all behavioral health services for commercial members. For Medi-Cal, CCHP partners with the Contra Costa County Behavioral Health Services to triage patients to determine level of severity and to provide appropriate treatment. For members who are seen at FQHCs in the community, members are generally triaged and treated at those facilities. Some Community Health Centers are providing embedded behavioral health services, and CCHP contracts with telehealth providers to further expand access. Quality activities for behavioral health focus on HEDIS measures, continuity and coordination of care for outpatient behavioral health, measuring behavioral health practitioner access and availability, and conducting an annual satisfaction survey aimed at those receiving behavioral health services. Updates on the quality activities are provided to the Quality Council quarterly and a Behavioral Health clinician is a member of the Quality Council.

5.5.4.3 Care Management

Care management services are designed to meet the needs of the most vulnerable members. CCHP has two essential programs - Complex Care Management (CCM) and Enhanced Care Management (ECM), both integral to addressing the diverse needs of MCP

members. CCM, aligning with NCQA standards, provides extra support for higher- and medium-risk members who are not covered by ECM. It offers chronic care coordination and interventions for episodic needs, emphasizing flexible eligibility criteria determined by CCHP. CCM includes a comprehensive assessment, care plan, various interventions, and basic population health management integration. Care managers, assigned to each member, ensure effective communication, and access to needed services, including Community Supports.

ECM, initiated in January 2022, is a community-based benefit addressing the clinical and nonclinical needs of Medi-Cal's highest-need members through intensive coordination. CCHP contracts with ECM providers, which include providers, county agencies and community-based organization. The ECM providers assign a lead care manager to each member for personalized in-person interactions. ECM eligibility is based on specific "Populations of Focus" criteria, rolled out in phases throughout 2022-2024. ECM and CCM operate on a continuum, with members transitioning from ECM to CCM as needed, ensuring comprehensive care management. DHCS monitors outcomes through quarterly reporting, evaluating and enhancing Populations of Focus definitions and policies over time to optimize the ECM benefit.

5.5.4.4 Transitional Care Services

The concept of care transitions encompasses the movement of members from one care setting to another, such as hospital discharges to home-based settings, community placements, or post-acute care facilities. Key responsibilities include services such as comprehensive medication reconciliation upon discharge and follow-up care by a provider. Individuals considered high risk are assigned a care manager upon discharge who coordinate transitional care services. Individuals considered low risk can access additional coordination services as needed by having a direct pathway to transitional care services.

5.6 PATIENT SAFETY ACTIVITIES AND PROJECTS

Patient safety is addressed by multiple plan departments. Staff regularly review data from grievances and appeals, access and availability data, MCAS measures, satisfaction survey results, utilization and case management data, studies on adherence to clinical guidelines, and data from facility site reviews and chart reviews to identify areas of risk to members' safety. Data is presented regularly to the Quality Council.

5.6.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify a potential quality issue (PQI) and forward it to the Clinical Quality Auditing Department for investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) and develops PQIs as necessary. The quality nurses investigate all cases and present these to the PQI committee, which consists of the Chief Medical Officer, Medical Director, and Director of Pharmacy. The committee reviews and assigns levels to all PQIs. PQIs with a level of 3 will receive a Corrective Action Plan (CAP) and may be forwarded to

the Peer Review and Credentialing Committee. Provider Relations further identifies any trends at the provider level where intervention is warranted. The PRCC uses data from facility site reviews, grievances, and PQIs. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council at least annually.

5.6.2 Pharmaceutical Safety

Pharmaceutical safety is also addressed through overuse/underuse use activities. These include: reviewing members with fifteen or more prescriptions and referring to case management if applicable, reviewing members with opioid prescriptions from multiple providers and/or pharmacies, reviewing members with potentially unsafe medication regimens, and reviewing prescription trends for potential fraud, waste, and abuse. Actions include notifying providers around medication safety and educating patients.

5.6.3 Facility Site Review and Medical Record Review

CCHP ensures that primary care provider sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards. CCHP ensures that medical records follow legal protocols and provider have documented the provision of preventive care and coordination of primary care services. Facility Site Review nurses complete periodic full scope review of facilities and their medical records, and complete corrective action plans for cited deficiencies.

5.6.4 Clinical Practice Guidelines

CCHP reviews clinical practice guidelines annually through the Quality Council to ensure they reflect current, evidence-based standards of care. These guidelines are reviewed and approved by the Chief Medical Officer and the medical team, then distributed to all network providers to support consistent, high-quality clinical practices across the network.

5.7 PROVIDER COLLABORATION

CCHP collaborates with provider stakeholders on improvement efforts. This includes the CCRMC system, Federally Qualified Community Health Centers (FQHCs), Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication among diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration includes participation in various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

CCHP hosts quarterly provider trainings that cover updates on quality activities and provides an opportunity for providers to share their input on the Quality Program. Efforts to support quality also focus on building partnerships through committee and workgroup participation. CCHP regularly meets with internal departments and external agencies to collaborate on quality improvement initiatives.

Examples of these supports to our providers and partners are listed below:

- CCHP CEO and CMO attend regular Joint Operations Meetings with hospitals.
- CMO, Provider Relations, Case Management, and Quality staff conduct regular provider site visits.
- Community clinics meet quarterly as part of the Safety Net Council with attendance by the CCHP's Chief Executive Officer, CMO and Director of Quality and Healthy Equity. FQHC CMOs meet monthly with the CCHP CMO and Medical Directors. CCHP Director of Quality and Healthy Equity meets every other month with individual FQHCs sites quality teams, going over quality projects and areas of opportunity. Providers from the RMC and CPN networks are members of CCHPs Quality Council, chaired by CCHP's Chief Medical Officer and Quality Management Director (CMO).
- The Medical Director of Case Management and Long-Term Care hosts quarterly Joint Operations Meetings with CalAIM providers.
- CCHP Director of Quality and Healthy Equity attends the Ambulatory Redesign workgroup, Quality Incentive Pool (QIP) improvements meetings, Outreach Committee, and presents annually at the Patient Safety/Performance Improvement Committee at CCRMC.
- CCHP Medical Director of Behavioral Health meets regularly with County Behavioral Health Services and CCHP Director of Quality and Health Equity meet regularly with County Behavioral Health Services quality team to coordinate on quality initiatives.
- Senior leaders and practitioners from Behavioral Health Services attend CCHP's monthly Quality Council meetings.
- The Chiefs across all CCH divisions meet at least monthly to collaborate on CCH strategies including population management.
- Updates on CCHP's population management activities are communicated regularly to our Board, the Joint Conference Committee.

5.8 DELEGATION

Delegated activities are supported by a delegation agreement that define the specific functions and responsibilities for the delegated entities. CCHP does not delegate any quality and health equity or utilization management functions.

2025 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
1. QIHETP Structure					
1.1	QIHETP Program Documents	By March 2025, approve annual quality program documents at March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2024 QIHETP Evaluation	January -February 2025	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager
1.2			Develop annual 2025 QIHETP Program Description, incorporating structural changes identified in the evaluation	January -February 2025	Beth Hernandez, Quality Director Magda Souza, Clinical Quality Auditing Director
1.3			Develop annual 2025 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	January -February 2025	Beth Hernandez, Quality Director Magda Souza, Clinical Quality Auditing Director
1.4	Quality Council	Ensure Quality Council oversight of CCHP's quality and health equity program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	January -November 2025	Irene Lo, CMO Beth Hernandez, Quality Director Arnold DeHerrera, Administrative Asst
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	January -February 2025	Beth Hernandez, Quality Director
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	January 2025 - December 2025	Beth Hernandez, Quality Director
1.7	Equity Council	Ensure Equity Council oversight of CCHP's quality and health equity program through regular meeting schedule	Implement the QIHETP work Plan and convene quarterly scheduled meetings	March, June, September, December 2025	Irene Lo, CMO Hua Hsaun Liu, Quality Manager Beth Hernandez, Quality Director Arnold DeHerrera, Administrative
1.8		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	January 2025-December 2025	Irene Lo, CMO Beth Hernandez, Quality Director
1.9		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	January 2025-December 2025	Beth Hernandez, Quality Director Hua Hsuan Liu, Quality Manager Irene Lo, CMO
1.10	Community Advisory Committee	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community based organizations and CCHP members through Quarterly CAC meetings.	January 2025-December 2025	Belkys Teutle, Member Services Manager Cynthia Laird, Member Services Supervisor Hua Hsuan Liu, Quality Manager
2. NCQA Accreditation					
2.1	NCQA Health Plan Accreditation	By December 2025, complete NCQA survey submission for survey submission due date in December. Achieve re-accreditation by March 2026.	Complete submission materials on standards and guidelines according to project plan and timeline.	January 2025 - December 2025	Shari Jones, Quality Manager Beth Hernandez, Quality Director

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
2.2	NCQA Health Equity Accreditation	By August 2025, complete NCQA survey submission for survey submission due date in August. Achieve accreditation status by December 2025.	Complete submission materials on standards and guidelines according to project plan and timeline.	January 2025 - August 2025	Shari Jones, Quality Manager Hua Hsuan Liu, Quality Manager Beth Hernandez, Quality Director
3. Measurement, Analytics, Reporting, and Data Sharing					
3.1	HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)	1. By June 15, 2025, report HEDIS MY2024 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS)	Complete all annual HEDIS, MCAS, and HEQMS activities, ensuring compliance with quality measurement regulatory agencies, including NCQA, DHCS, EQRO, and DMHC.	January 2025 - June 2025	Dustin Peasley, HEDIS Manager Shari Jones, Quality Manager Business Intelligence Analysts CQA Nurses
3.2		2. Exceed the 50th percentile for all MCAS MPL measures and establish performance improvement plan for those near or at risk	Complete annual HEDIS MY2024 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	July 2025 - September 2025	Dustin Peasley, HEDIS Manager Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
3.3		3. Achieve 4.5 Stars on NCQA Health Plan Ratings.	Identify areas of opportunity for data systems and data sources for MY2025	July 2025 - August 2025	Beth Hernandez, Quality Director Dustin Peasley, HEDIS Manager Business Intelligence
3.4		4. Prepare for transition to ECDS by identifying efficiencies in data system measurement	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	March 2025 - August 2025	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
3.5	CCHP Quality Measurement Infrastructure	Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	January 2025 - December 2025	Business Intelligence Beth Hernandez, Quality Director
3.6			Maintain quality feedback mechanism for providers, which shares performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	July 2025 - September 2025	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager
3.7			Maintain system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	January 2025 - December 2025	Beth Hernandez, Quality Director Jersey Neilson, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.8	Member Experience and Quality of Service (NCQA, DHCS)	By June 30, 2025, gather, analyze, and highlight areas of opportunity utilizing member experience surveys and grievances	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	August 2025 - September 2025	Jersey Neilson, Quality Manager
3.9			Host internal CAHPS think tank to gather insights into member experience from cross-functional teams	July 2025 - August 2025	Jersey Neilson, Quality Manager
3.10		Develop member feedback channel through the Community Advisory Committee	Review and analyze the limited English enrollee survey	August 2025 - September 2025	Hua Hsuan Liu, Quality Manager
3.11			Review and analyze behavioral health specific member experience surveys	October - November 2025	Jersey Neilson, Quality Manager
3.12			Develop report on MY2024 member experience	February - March 2025	Jersey Neilson, Quality Manager
3.13			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	February - March 2025	Jill Perez, Director of UM/AGD Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director
3.14			Develop survey tool to assess member experience with Case Management, conduct survey, analyze results	October 2025 - November 2025	Beth Hernandez, Quality Director Leizl Avecilla, Case Management Director
3.15			Conduct new member survey to assess comprehension of new member materials	April 2025	Jersey Neilson, Quality Manager
3.16			Collect member experience on population health programs	March 2025 - August 2025	Health Educators Jersey Neilson, Quality Manager
3.17			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, Strategy as well as Cultural & Linguistic Program.	April 2025 - September 2025	Hua Hsuan, Quality Manager Jersey Neilson, Quality Manager
3.18	Provider Experience	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey. Incorporate feedback into annual access report.	August 2025 - September 2025	Dustin Peasley, Quality Analyst Terri Leider, Director of Provider Relations
3.19	Access to Care and Quality of Service (DMHC, DHCS)	Achieve at least 70% compliance for urgent and non-urgent appointments during Provider Appointment Availability Survey	Complete all access monitoring through surveys and auditing calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times	March 2025, June 2025, September 2025, December 2025	Dustin Peasley, Quality Analyst
3.20		Implement quality monitoring program on timely access standards	Develop process for DHCS quarterly access monitoring	March 2025 - May 2025	Dustin Peasley, Quality Analyst
3.21			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	March 2025 - May 2025	Dustin Peasley, Quality Analyst Beth Hernandez, Quality Director
3.22			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	August - September 2025	Dustin Peasley, Quality Analyst

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
3.23	CalAIM Reporting (DHCS)	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly Population Health Monitoring Reports, reviewing key KPIs on population health metrics	February, May, August, November	Beth Hernandez, Quality Director
3.24			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	February, May, August, November	Pasia Gadson, CalAIM Director Sara Levin, Medical Director
3.25			Complete the monthly JSON CalAIM reporting	January - December 2025	Tyler Heslinger, Business Intelligence
3.26	REAL and SOGI Data	Achieve 90% of race/ethnicity reporting for membership Improve collection of sexual orientation and gender identify data.	Input new member REAL and SOGI surveys into ccLink	January 2025 - December 2025	Student Interns Arnold DeHerrera, Executive Assistant
3.27			Develop baseline measurement for SOGI data collection and establish targets.	February - March 2025	Hua Hsuan Liu, Quality Manager
3.28	CLAS Reporting	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	January - February 2025	Hua Hsuan Liu, Quality Manager
3.29	Encounter Data Validation (DHCS)	Implement the encounter data validation study per the timelines and requirements from DHCS	Procure medical records and submit according to auditors deadlines	February 2025 - June 2025	Arnold DeHerrera Shari Jones, HEDIS Manager
3.30	Long Term Care and Long Term Support Services	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long term support services	May - July 2025	Eloisa Lopez-Valencia, Quality Intern
4. Performance Improvement Projects					
4.1	Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	March 2025 - December 2025	Jersey Neilson, Quality Manager Nicolas Barcelo, Medical Director ECM providers
4.2	Well Care Visits in the First 15-Months of Life	Narrow the health disparities gap between Black/African American and Asian members to 5%	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	March 2025 - December 2025	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.3	IHI Improvement Projects	1. Increase WCV in 18-21 year olds at Brighter Beginnings to MPL. 2. Increase FUM and FUA rates by 5% over baseline.	Complete IHI Child Health Equity Collaborative.	April 2025	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager Health Educators
4.4			Complete IHI Behavioral Health Collaborative with CCBHS.	April 2025	Beth Hernandez, Quality Director CCBHS
4.5	Blood Lead Screening*	Increase pediatric blood lead screening rates to exceed the DHCS MPL. (Previously identified issue)	Collaborate with providers with low lead screening rates to identify opportunities for improvement	January 2025 - December 2025	Jersey Neilson, Quality Manager Health Educators
4.6	Topical Fluoride Treatment in Children*	Increase the percentage of member under 21 who complete Topical Fluoride Treatment by 5%. (Previously identified issue)	Conduct outreach to member who did not have topical fluoride treatment in the last 12 months, develop and distribute dental benefits material.	January 2025 - December 2025	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
4.7	Disparities in Well Care Visits	Reduce the disparity in well care visits for African American and Native Hawaiian/Pacific Islander children by reducing the gap to the 50th percentile benchmark by 50%.	Conduct regular outreach to African American and Native Hawaiian/Pacific Islander children who have not seen provider for over 12 months, and connect them to services they need.	January 2025 - December 2025	Jersey Neilson, Quality Manager Hua Hsuan Liu, Quality Manager
4.8	D-SNP QIP Planning	Identify QIP options for D-SNP based on eligible Medicare Population	Research quality measures for Medicare-only population and identify areas for opportunity upon D-SNP launch in 2026.	July 2025 - December 2025	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
4.9	ED Workgroup	Understand areas for improvement with regards to ED utilization	Convene workgroup to analyze ED utilization and identify areas for opportunity.	July 2025 - December 2025	Irene Lo, CMO Michael Cleary, Medical Director Beth Hernandez, Quality Director Jersey Neilson, Quality Manager
4.10	Monitoring and rapid improvement cycles	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard, and deploy rapid improvement outreach efforts where needed for measures.	January 2025 - December 2025	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
5. Population Health					
5.1	Population Needs Assessment and Community Health Needs Assessment	Understand member needs and health to create a responsive population health program	Complete MY 2024 population needs assessment according to NCQA guidelines	July 2025 - October 2025	Jersey Neilson, Quality Manager
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2025 Community Health Needs Assessment and Community Health Implementation Plan	January 2025 - December 2025	Lisa Demoiz, CCH Epidemiologist Ashley Kokotaylo, Public Health Beth Hernandez, Quality Director Jersey Neilson, Quality Manager Business Intelligence
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, cultural and linguistic needs to identify and prioritize opportunities for improvement.	October - December 2025	Hua Hsuan Liu, Quality Manager
5.4	Population Health Management Strategy	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	July 2025 - October 2025	Jersey Neilson, Quality Manager Beth Hernandez, Quality Director
5.5	Population Impact Report and Evaluation	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	July 2025 - October 2025	Jersey Neilson, Quality Manager
5.6	Initial Screening Process	Provide streamlined new member experience, with regards to HIF/MET, HRA/LTSS, and other assessments. Develop an new member outreach workflow to maximize Initial Health Appointments and New member survey completion	Monitor ongoing HIF/MET and HRA completion rate and follow-up for positive screenings	September - December 2025	Beth Hernandez, Quality Director Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director
5.7		Ensure system exists so members with positive screenings are identified for the appropriate services Develop data system so screening questions are results are shared across providers	Implement electronic HIF/MET and HRA screenings utilizing myChart questionnaires	March 2025 - June 2025	Beth Hernandez, Quality Director Leizl Avecilla, Case Management Director

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.8	Initial Health Appointment*	Increase IHA completion rates. (Previously identified issue)	Conduct chart audits and give feedback and education to providers missing IHA elements	April 2025, October 2025	Magda Souza, FNP CQA Nurses
5.9			Implement text message and email reminder for patients to complete Initial Health Appointment	September - December 2025	Beth Hernandez, Quality Director
5.10	DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering	Implement DHCS Population Health Service into existing workflow	Implement DHCS Population Health Service based on forthcoming guidance upon service launch.	July 2025 - December 2025	Beth Hernandez, Quality Director Bhumil Shah, Assoc Chief Information Officer
5.11	Assessment and Reassessment	Ensure annual assessment and reassessment of Members with LTSS needs and CSHCN	Utilize custom assessment for SPDs and CSHCN and triage according to needs	January 2025 - December 2025	Beth Hernandez, Quality Director
5.12	Ongoing Engagement with PCP	Increase regular engagement with PCPs Close Member gaps in preventative care	Utilized disengaged member reports and connect Members with PCPs & close care gaps	July - December 2025	Jersey Neilson, Quality Manager Health Educators
5.13	Closed Loop Referrals	Understand closed loop referral guidelines and implement technical system to support regulations	Develop workplan for implementing closed loop referrals based on DHCS guidance	June 2025 - December 2025	Pasia Gadson, CalAIM Director Business Intelligence
5.14	Community Health Workers, Care Coordination, and Navigation with Social Services	Implement social resources into health education workflows and support referrals to CHW services	Develop referral process for CHW services based on identified social needs	March 2025 - July 2025	Pasia Gadson, CalAIM Director
5.15	Wellness and Prevention Programs	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Educate providers and staff on available health education tools	January 2025 - December 2025	Jersey Neilson, Quality Manager Health Educators
5.16			Develop in person and telehealth classes to be facilitated by CCHP Health Educators	February - December 2025	Jersey Neilson, Quality Manager Sofia Rosales, Sr. Health Educator
5.17	Colorectal Cancer Screening	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	January - December 2025	Regional Medical Center
5.18	Chronic Disease Management	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	March 2025 June 2025 Sept 2025 Dec 2025	Jersey Neilson, Quality Manager Irene Lo, CMO Nicolas Barcelo, Medical Director Joseph Cardinali, Pharmacy Director Beth Hernandez, Quality Director
5.19	Chronic Conditions: Diabetes Management Program	Reduce number of CCHP members with uncontrolled diabetes	Provide medically tailored meals to patients with uncontrolled diabetes. Evaluate efficacy of MTM.	January 2025 - December 2025	Sara Levin, Case Management Medical Director
5.20		Increase the number of people enrolled in the Diabetes Prevention Program	Continue expansion of remote blood glucose monitoring partnership with Goji	January 2025 - December 2025	Jersey Neilson, Quality Manager
5.21			Conduct PDSA with DPP provider to increase referrals & enrollment of prediabetic Members	January - March 2025	Jersey Neilson, Quality Manager Health Educators

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.22	Maternal Health Outcomes	Improve key maternal health outcomes across quality measures	Develop brochures for pregnant Members	January 2025 - March 2025	Jersey Neilson, Quality Manager Health Educators
5.23			Increase the number of pregnant Members receiving Transitional Care Services (TCS)	January 2025 - December 2025	Leizl Avecilla, Case Management Health Educators Outreach Team
5.24	Keeping Members Healthy: Gaps in Care	Notify members of gaps in care for needed preventive services	Continue mailing adult birthday letters	January 2025 - December 2025	Jersey Neilson, Quality Manager Sr. Health Educators
5.25			Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care	July 2025 - October 2025	Jersey Neilson, Quality Manager Sr. Health Educators
5.26	Health Education Materials and Resources	Assure that members are provided health education materials and are informed on new community and medical services. Develop a strong community presence.	Publish member facing newsletter three times per year	February 2025, June 2025, November 2025	Jersey Neilson, Quality Manager Sr. Health Educators
5.27			Conduct outreach events at health clinics, CBOs, and other relevant locations.	January 2025 - December 2025	Jersey Neilson, Quality Manager Sr. Health Educators
5.28	Culturally and Linguistically Competent Care	Ensure systematic processes in place to promote cultural competent care and health equity by providing linguistics services, educational opportunities, current and up-to-date resources, and understanding of CLS needs. Less than 20% of respondent in member experience survey state they use friends/family for interpreter. More than 95% of respondent in member experience survey indicate they get interpreter services when request one.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	January 2025 - December 2025	Hua Hsuan Liu, Quality Manager
5.29			Facilitate translation and interpreter services request of educational materials, website, forms, and other documents.	January 2025 - December 2025	Hua Hsuan Liu, Quality Manager
5.30			Ensure all CCHP staff complete Transgender, Gender Diverse, or Intersex (TGI) by February 2025.	January - February 2025	Hua Hsuan Liu, Quality Manager Otilia Tuitin, Compliance Manager
5.31			Ensure all CCHP staff and providers complete Diversity, Equity, and Inclusion (DEI) training by December 2025.	January - December 2025	Hua Hsuan Liu, Quality Manager Otilia Tuitin, Compliance Manager
5.32			Educate and advocate interpreter services to CCHP members.	January - December 2025	Hua Hsuan Liu, Quality Manager
5.33			Review, monitor and track all grievances related to discrimination, language access and trans-inclusive care.	January 2025 - December 2025	Hua Hsuan Liu, Quality Manager

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
5.34	EPSDT / Medi-Cal for Teens and Kids	Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions.	Monitor and trend denials for Members <21 years old	March 2025 June 2025 Sept 2025 Dec 2025	Jill Perez, Director of UM/AGD
5.35		Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Conduct outreach and education for identified Members who have fallen off of the pediatric well care visit periodicity.	January 2025 - December 2025	Jersey Neilson, Quality Manager Health Educators
5.36		Ensure provision of Medically Necessary Behavioral Health Treatment.	Annual notification to Members <21 years old regarding EPSDT services	February 2025	Jersey Neilson, Quality Manager
		Ensure compliance with all Case Management & Care Coordination requirements.	Ensure and monitor bi-annual DHCS EPSDT training	February 2025	Heather Peang, Provider Relations Manager Jersey Neilson, Quality Manager
5.37		Inform Members <21 about EPSDT, including benefits of Preventive Care, services available under EPSDT, where & how to obtain these services, and that transportation & scheduling assistance is available. Must be provided annually or within 7 days of enrollment for new members.	Ensure all network providers completed EPSDT-specific training no less than every 2 years using DHCS materials.		
5.38	Case Management Services	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	January 2025 - December 2025	Leizl Avecilla, Case Management Director Pasia Gadson, CalAIM Director Sara Levin, Medical Director Beth Hernandez, Quality Director
5.39	D-SNP CPIP Planning	Develop comprehensive Chronic Care Improvement Program for D-SNP Population	Research regulatory requirements, conduct needs assessment of Medicare population, and develop comprehensive care improvement program.	March 2025 - December 2025	Irene Lo, CMO Beth Hernandez, Quality Director
5.40	Transitional Care Services*	Ensure all high risk members receive transitional care services. (Previously identified issue)	Ensure high risk members receive referrals for transitional care services, utilizing automated referrals from ADT feeds as well as manual referral pathways.	March - May 2025	Leizl Avecilla, Case Management Director Sara Levin, Medical Director
5.41			Develop oversight process on discharge planning process	March 2025 - December 2025	Sara Levin, Medical Director Irene Lo, CMO
5.42		Ensure transitional care services support for low risk members	Provide phone number for low risk members to access transitional care services	January 2025	Belkys Teutle, Member Services Manager Cynthia Laird, Member Services Supervisor Hua Hsuan Liu, Quality Manager
5.43	Non Specialty Mental Health Outreach and Education	Conduct member outreach and education to inform of Non Specialty Mental Health Services	Streamline member information presented on cchealth.org website	January 2025 - June 2025	Jersey Neilson, Quality Manager Health Educators
5.44			Conduct outreach at Farmers' Markets, Open Air (Flea) Markets, and health clinic locations to inform members about NSMHS benefits.	January 2025 - December 2025	Health Educators
6. Patient Safety					
6.1	Potential Quality Issues (PQIs)	Review and resolve potential quality issues within 120 days	Investigate and level all PQIs within timeframes. Issue CAPS according to leveling guidelines. report on trends.	January 2025 - December 2025	Maggie Souza, DNP - Clinical Quality Auditing Director

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
6.2	Provider Preventable Conditions (PPCs)*	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	January 2025 - December 2025	Maggie Souza, DNP, Director Clinical Quality Auditing Department
6.3	Over/Under Utilization	Develop a standard over-under utilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	April - June 2025	Irene Lo, CMO
6.4	Medication Safety	Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.6		Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audit to determine if these medications that are being prescribed to children have a qualifying diagnosis	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.8		Reduce number of members with 15 or more medications	Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.9		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits. Additionally, this quarterly audit will look for members with 4 or more ED visits in a 6 month period and refer them to case management.	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.10		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	January 2025 - December 2025	Joseph Cardinalli, Director of Pharmacy
6.11		Facility Site Reviews	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	January 2025 - December 2025
6.12	Medical Record Reviews	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	January 2025 - December 2025	Maggie Souza, DNP - Clinical Quality Auditing Director Facility Site Review nursing team
6.13	Clinical Practice Guidelines	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	November 2025	Irene Lo, MD Quality Council
6.14			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	January - March 2025	Irene Lo, CMO
7.Provider Engagement					
7.1	Provider Training	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	January 2025, April 2025, July 2025, October 2025	Irene Lo, CMO
7.2	Provider Newsletters	Provide regular communication to providers through provider newsletters	Provide quarterly provider newsletters covering a range of topics including regulatory changes/updates for providers	January 2025, April 2025, July 2025, October 2025	Provider Relations Compliance
7.3	Quality Provider Meetings and Resources	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	January 2025 - December 2025	Beth Hernandez, Quality Director
7.4	Value Based Payment	Implement newly created VBP program with provider groups to improve quality measurement activities	Implement newly created VBP program with large provider groups to increase quality measurement rates.	January 2025 - December 2026	Beth Hernandez, Quality Director Terri Leider, Director of Provider Relations

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Dates	Responsible Team
7.5	Provider Portal and Panel Reports - Data Sharing	Provider member level data on quality and gaps in cares to providers to assist in delivering needed services to members	Maintain daily update of provider portal with quality reports and gap in care reports. Implement new reports including well care periodicity schedules and admit, transfer, and discharge admittance data to providers on portal.	January 2025 - December 2025	Beth Hernandez, Quality Director
7.6	Provider Site Visits	Conduct site visits with provider to update on health plan operations	Conduct site visits with ten or more medical offices to open communication channel with providers.	January 2025 - December 2025	Irene Lo, Chief Medical Officer Beth Hernandez, Quality Director Fabiola Quintara, Network Management
7.7	Training on Diversity Equity and Inclusion	Ensure all providers are trained in DEI by December 31, 2025	Utilize newly developed DEI training and ensure providers receive training by December 31, 2025 and upon re-credentialing	January 2025 - December 2025	Hua Hsuan Liu, Quality Manager Heather Peang, Provider Relations
7.8	Shared Decision-Making Aids	Ensure all provider received evidence based shared decision making	Update website and provide evidence based decision aids to providers through regular communications	July 2025 - September 2025	Jersey Neilson, Quality Manager
8. Delegation Oversight					
8.1	Delegation oversight	Assess whether delegation for quality and population health is necessary	Review activities to determine if delegation for quality or population is needed to enhance operations.	January 2025 - December 2025	Beth Hernandez, Quality Director Terri Leider, Director of Provider Relations

**Previously Identified Issue*

QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM EVALUATION 2024



January 2025

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2 INTRODUCTION

The 2024 Annual Evaluation assesses Contra Costa Health Plan's (CCHP) Quality Improvement Program. It examines the effectiveness of initiatives implemented across CCHP departments in 2024, identifying successes, areas for improvement, and potential program modifications for the following year. The evaluation reviews committee and subcommittee structures, resource adequacy, internal and external reporting, practitioner participation, leadership involvement, and quantitative and qualitative data to assess program outcomes.

The Quality and Health Equity Department leads the evaluation, gathering input from stakeholders, including committees, departments, content experts, data analysts, and work plans. The assessment involves analyzing qualitative and quantitative data, identifying barriers, evaluating interventions, and determining opportunities for improvement. Findings inform next steps for program development.

2.1 MAJOR ACCOMPLISHMENTS

In 2024, CCHP Quality and Health Equity Department led a number of initiatives with notable successes:

- In NCQA's Annual Health Plan Rating, CCHP ranked with 4.5 stars (out of 5). These ratings evaluate health plans on the quality-of-care patients receive, how satisfied patients are with their care, and health plans' efforts to keep improving.
- CCHP exceeded the 90th percentile nationally for 17 MCAS measures, including Well-Child Visits in the First 30 Months of Life (31d-15m), Prenatal and Postpartum Care, Breast and Cervical Cancer Screenings, Childhood Immunization Status- Combo 10, and Diabetes Hemoglobin Poor Control (>9.0%), demonstrating CCHP's commitment to high quality patient care.
- CCHP implemented a Value Based Payments (VBP) program to incentivize and reward providers for providing high quality, efficient care.
- CCHP developed reporting and automatic authorization for care management services from Admission, Discharge, and Transfer Feeds to allow for better real time identification of member discharges.
- Provider empanelment reports, gap in care lists, and members due for lead screening reports are now available on demand through the secure CCHP Provider Portal, ensuring that providers are able to access real time patient level data in a HIPAA compliant fashion.

- CCHP launched a maternal health redesign project to ensure comprehensive and equitable maternal health services. CCHP hosted kick off summit with representation from providers, doulas, public health, WIC, and other community partners that lead to a significant increase in the number of doula services provided.
- The Health Education team expanded to include one additional Senior Health Education Specialist and a Health Education Specialist. The Health Education team began efforts to enhance relationships with network providers and other important community groups.
- CCHP enrolled 7,706 members in Enhanced Care Management, of which 1,916 were Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization. CCHP is one of the highest amongst all health plans in the state in the provision of ECM according to overall membership size.
- CCHP provided Community Supports to 5,664 members, with 3,384 receiving medically tailored meals and 2,110 members receiving housing transition/navigation services.
- CCHP partnered with its largest provider group to implement an outreach project to reengage members into care. CCHP outreach staff were able to contact and directly schedule appointments for over 500 CCHP members who had been out of care for at least 12 months.
- CCHP engaged in a wide array of performance improvement projects, including activities aimed to address well care visits, colorectal cancer screening, lead screening in children, topical fluoride application, and improve follow-up care after emergency department visits for substance use.

3 PROGRAM PURPOSE, GOALS, AND SCOPE

CCHP is a federally qualified, licensed, county sponsored Health Maintenance Organization serving Contra Costa County. In 1973, CCHP became the first county sponsored HMO in the United States.

Contra Costa County is located in the East Bay of the San Francisco Bay Area. In 2024, according to the American Community Survey 1-year estimate from the United States Census Bureau, the county population was 1.146 million residents. Contra Costa Health Plan serves more than 262,000 Medi-Cal members, providing health insurance to nearly one-quarter of the county population. CCHP also administers a commercial product for County employees and In-Home Support Services (IHSS) caregivers. It serves more than 6,000 commercial members.

The CCHP provider network consists of Contra Costa Regional Medical Center and the Community Provider Network (Federally Qualified Community Health Centers and contracted provider groups, and private practices). The Quality Program collaborates with internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost-efficient, equitable, and timely care to members.

The Quality Council, a physician committee consisting of plan and network physicians, and the Equity Council, a multidisciplinary group including providers, community organizations, and public health, oversee the development, implementation, and evaluation of the Quality Program. The Joint Conference Committee was delegated by the Board of Supervisors to oversee the quality and health equity programs for CCHP. CCHP's quality program is designed to support its purpose and goals to improve the quality, safety, and equity of care and services provided to members. CCHP is committed to continuous quality improvement for both the health plan and its care delivery system.

CCHP's quality and health equity program is designed to measure, monitor, evaluate, and improve the quality, safety, and equity of care and services provided to members. CCHP's overarching quality goals are to achieve better health outcomes, refine population health management, promote health equity, ensure patient safety, improve member experience, avoid unnecessary ED and hospital utilization, stabilize or reduce healthcare costs, and enhance provider experience. To achieve these goals, CCHP utilizes data analysis, solicits input from providers and members through committees, collaborates with community-based organizations, sets aims, measures, and improvement teams for Performance Improvement Projects (PIPs), leverages technology for early identification, and continuously monitors and sustains performance.

The Quality Program encompasses clinical care and services for all Medi-Cal and Commercial members, involving partnerships with various entities. The scope includes access to care, care coordination, population health strategy, utilization evaluation, patient safety standards compliance, health education, cultural and linguistic services, addressing health disparities, managing clinical services usage, member appeals, grievances, and accreditation compliance. CCHP ensures accessibility to all members, regardless of demographics or health status, complying with applicable civil rights laws.

In 2024, there was a substantial change made to the overarching purpose, goals, and scope of the quality program to ensure the inclusion of health equity in all program aspects. The current framework now effectively addresses the outlined goals, demonstrating the program's stability and effectiveness. Looking ahead to 2025, CCHP is working to achieve National Committee on Quality Assurance (NCQA) accreditation in Health Equity and Health Plan reaccreditation.

4 PROGRAM STRUCTURE AND GOVERNANCE

4.1 OVERVIEW

The Quality Council is the principal committee for directing and overseeing quality and patient safety operations and activities for CCHP. It plays a crucial role in directing clinical and service-related performance improvement projects, access to care studies, member grievances, potential quality issues, utilization management, and other programs requiring quality oversight. The Equity Council is the committee responsible for addressing health equity, including reviewing discrimination grievances, identifying health inequities, and promoting interventions to reduce disparities in care and outcomes. The Quality and Equity Councils' recommendations to the Joint Conference Committee contribute to the approval process for the Quality Program by the Contra Costa County Board of Supervisors.

4.2 QUALITY DEPARTMENT STRUCTURE

Quality staff at CCHP play a vital role in implementing and monitoring quality projects and improvement activities, supporting CCHP leadership in strategic priorities, and collaborating with CCHP providers to ensure quality care for members. Led by the Chief Medical Officer, staff include directors, managers, analysts, health educators, and administrative support.

The Quality and Health Equity Department continues to lead ongoing initiatives, including quality measurement, access and availability monitoring, member and provider experience, PIPs, population health management, provider engagement, and NCQA accreditation oversight. With an increased focus on equity in 2024, the department was renamed to the Quality and Health Equity Department and assumed responsibility for ensuring health equity is prioritized through marketing strategy, policies, member and provider outreach, quality improvement activities, grievance and appeals, and utilization management. In recognition of the importance of primary and secondary prevention in improving member outcomes and reducing long-term healthcare costs, CCHP hired a Senior Health Education Specialist and a Health Education Specialist. These roles will focus on promoting preventive services, chronic disease management, wellness initiatives, and member outreach. Their expertise will enhance member engagement, support health literacy, and ensure our members have access to critical health education resources.

4.3 GOVERNING BODY – JOINT CONFERENCE COMMITTEE

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors provides oversight of CCHP, including quality operations and

activities. With two Board of Supervisors members assigned to the JCC, it operates transparently under the Brown Act, ensuring accessibility to the public. The JCC meets quarterly, and its responsibilities include promoting communication between the Board of Supervisors, Quality and Equity Councils, and CCHP administration; assessing and monitoring the overall performance of CCHP and its contracted providers, including, but not limited to, the quality of care and services provided to members; reviewing, evaluating, and making recommendations regarding modifications to the Annual Quality Program Description, Annual Quality Program Evaluation, and Quality Work Plan; and reviewing, evaluating, and acting on quarterly reports on quality and health equity from CCHP's Quality Director and Chief Medical Officer.

Throughout 2024, the JCC actively engaged in activities aimed at overseeing and improving the quality of CCHP's operations. At each meeting, a comprehensive quality report was presented, facilitating a continuous assessment of the health plan's performance. The JCC approved essential program documents, including the Annual Quality Program Description, Quality Evaluation, and Quality Work Plan. The committee also conducted a detailed review and discussion of access and availability, evaluating the effectiveness of CCHP's strategies in ensuring timely access to care. Another focal point was the assessment of population health management, evaluating the overall effectiveness of CCHP's strategies in addressing broader health trends and enhancing the well-being of the population. The JCC reviewed CCHP's Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) results, involving a thorough examination of CCHP's performance against key quality measures in accordance with national standards.

4.4 QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE (QIHEC)

The Quality Improvement and Health Equity Committee (QIHEC) is a requirement outlined by the California Department of Health Care Services (DHCS) for all Medi-Cal managed care plans. DHCS mandates that health plans establish a QIHEC to oversee the integration of quality improvement and health equity initiatives. At CCHP, this requirement is met through the collaboration of two distinct but complementary committees: the Quality Council and the Equity Council. These councils work together to ensure the ongoing development, implementation, and evaluation of quality and health equity programs. The Quality Council, clinically focused, includes providers across various specialties and monitors clinical care, performance improvement projects, and member outcomes. The Equity Council, which includes community organizations, addresses issues of health disparities, discrimination grievances, and the promotion of equitable care across the plan's member population. While the councils have distinct memberships, there is overlapping representation between the two, ensuring alignment and coordination of

efforts to improve both quality and equity in care delivery. In 2024, two Quality Councils and one Equity Council meeting were held each quarter.

4.4.1 Quality Council

The Quality Council is responsible for reviewing and acting on subcommittee reports, approving program documents, and providing recommendations to governing bodies. Chaired by the Chief Medical Officer and co-chaired by the Quality and Health Equity Director, the Council is comprised of a multi-specialty group of clinicians who meet eight times per year. Voting members, including the Chief Medical Officer and network clinicians, represent specialties essential to the Medi-Cal population.

Subcommittees that report to the Quality Council, such as the Pharmacy and Therapeutics (P&T) Advisory Committee, Peer Review and Credentialing Committee (PRCC), Utilization Management (UM) Committee, and Potential Quality Issues (PQIs) Committee play key roles in pharmaceutical management, credentialing, overseeing outpatient and inpatient utilization management, and patient safety. These committees report regularly to the Quality Council for oversight.

Throughout 2024, the Quality Council's effectiveness and member participation were evaluated through feedback from members and a review of past meeting agendas and minutes. The assessment indicated consistent attendance from providers. Updates from the Quality Council focused on CCHP's transition to a Single Plan Model, expanded provider networks, and improvements in access to care, including behavioral health and specialty services. Key initiatives in 2024 emphasized clinical quality, equity, and care coordination, with notable progress in HEDIS, performance improvement projects, and policy updates aimed at supporting maternal health and value-based payments. Surveys on member and provider experience identified strengths in access but highlighted areas for improvement in communication and follow-up. Additional updates covered long-term care quality monitoring, behavioral health utilization changes, and preparations for the D-SNP launch in 2026, reinforcing CCHP's commitment to continuous quality improvement.

4.4.2 Equity Council

In 2024, one meeting per quarter was dedicated to overseeing equity-focused initiatives, engaging a broader group of stakeholders, including community-based organizations, homeless services, public health, and other community health advocacy groups. These meetings centered on advancing health equity within the system, including efforts to achieve NCQA Health Equity Accreditation. Key initiatives included the launch of Diversity, Equity, and Inclusion (DEI) and Transgender, Gender Diverse, and Intersex (TGI) training

programs, the development of performance measures, and outreach and education for non-specialty mental health services.

4.5 THE COMMUNITY ADVISORY COMMITTEE

CCHP established the Community Advisory Committee (CAC) to ensure meaningful member input into CCHP's policies and decision-making processes and to promote member engagement as partners in the delivery of Medi-Cal Covered Services. The CAC focuses on cultural and linguistic services, health education, and health equity, fostering community participation and advocacy. With a commitment to addressing health disparities, CAC members contribute to discussions on preventive care practices, while CCHP's integration strategy enhances services with cultural and linguistic appropriateness.

In 2024, CCHP successfully relaunched the Community Advisory Committee, holding four meetings that addressed health equity, Performance Improvement Projects (PIPs), health education priorities, member satisfaction survey results, culturally appropriate services, and plan marketing materials and campaigns.

4.6 QUALITY PROGRAM PLANNING

CCHP employs a systematic documentation cycle for quality program planning, including the Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the Quality Council charter, are reviewed annually by the Quality Council and Equity Council.

No major changes were made to the process in 2024. The process involved collaboration across departments to capture a comprehensive view of quality across CCHP. Additionally, the refined quality framework was shared with provider groups to encourage collaborative engagement in quality initiatives. Periodic reviews of the quality plan ensured that activities remained on track and met established deliverables. The evaluation provided a framework for developing the subsequent year's quality plan and overall program description. A new addition in 2024 was the creation of quarterly activity reports, which were presented to the Quality Council and also posted on CCHP's website to increase transparency and engagement.

5 NCQA ACCREDITATION

The Quality and Health Equity Department plays a central role in interpreting standards, identifying gaps, collaborating with other department functions to address deficiencies,

ensuring the submission of appropriate and timely documentation, and maintaining oversight of the NCQA health plan accreditation status.

In 2024, CCHP undertook efforts to ensure survey readiness for the Health Plan and Health Equity Accreditations, both to take place in 2025. The HEDIS and Accreditation manager established a structure to ensure annual deliverables are met and a framework has been set for ongoing meetings with relevant stakeholders. By the end of the year, all expected deliverables had been requested and received.

6 MEASUREMENT, ANALYTICS, REPORTING, AND DATA SHARING

CCHP, in collaboration with Contra Costa Health's centralized IT department, boasts a robust technology infrastructure and data analytics capabilities that support quality management and improvement activities. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to bolster quality initiatives. This integrated data warehouse enables the comprehensive collection of all quality performance data across the health plan and delivery system.

6.1 HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

The Quality and Health Equity Department collaborates with the CCH Business Intelligence team to annually collect HEDIS data. Medi-Cal Managed Care plans are mandated by both the DHCS, the Department of Managed Health Care (DMHC) and NCQA to report annually on three distinct sets of measures. DHCS requires Medi-Cal Managed Care plans to report annually on a set of quality measures, known as the Medi-Cal Managed Care Accountability Set (MCAS). DMHC requires health plan reported on a set of stratified measures called the Health Equity Quality Measure Set (HEQMS), while NCQA requires health plans report on a set of Health Plan Accreditation measures. In sum, this encompasses over 70 measures spanning clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilizes a certified HEDIS benefits engine for reporting and undergoes compliance audits to ensure the certification of all measures by June 15 each year. In June 2024, CCHP reported 2023 measurement year data.

The MCAS measures are comprised of various health-related outcomes, HEDIS measures, and Center for Medicaid and Medicare (CMS) Core Measures. DHCS establishes the targets, or Minimum Performance Level (MPL), on qualifying measures based on the NCQA national

Medicaid 50th percentile benchmark. CCHP's performance on Measurement Year (MY) 2023 MCAS measures and their trends over time are illustrated in Table 1.

Table 1. Summary Performance in MCAS Measures Overall MY 2019-2023

Measures	MY 2019	MY 2020	MY 2021	MY 2022	MY 2023	Trend	National Percentile
Adults' Access to Preventive/Ambulatory Health Services	-	-	-	69.75	71.99		25th ☆
Ambulatory Care - Emergency Dept Visits/1000 MM	634.80	437.40	483.24	563.04	563.33		90th ★
Antidepressant Medication Management - Effective Acute Phase Treatment	62.59	63.07	65.97	66.25	85.80		90th ★
Antidepressant Medication Management - Effective Continuation Phase Treatment	41.17	41.01	44.16	45.23	73.82		90th ★
Asthma Medication Ratio	60.48	63.93	64.48	75.23	83.22		90th ★
Breast Cancer Screening	68.86	58.33	58.66	63.95	63.81		90th ★
Cervical Cancer Screening	68.37	68.06	68.33	68.33	68.61		90th ★
Child and Adolescent Well-Care Visits	-	42.09	55.05	53.09	56.63		75th ★
Childhood Immunization Status - Combination 10	51.09	51.34	47.93	44.04	45.61		90th ★
Chlamydia Screening in Women	68.36	62.81	62.22	66.65	68.37		90th ★
Colorectal Cancer Screening	-	-	-	39.69	48.98		-
Contraceptive Care - All Women - Ages 15-20	19.78	18.34	17.59	19.01	19.33		25th ☆
Contraceptive Care - All Women - Ages 21-44	27.85	25.52	25.38	25.43	24.52		50th ☆
Contraceptive Care - Postpartum - Ages 15-20: 60 Days	57.89	57.78	47.32	46.43	66.67		75th ★
Contraceptive Care - Postpartum - Ages 21-44: 60 Days	46.44	46.19	45.03	46.73	52.03		75th ★
Controlling Blood Pressure	73.73	64.96	62.37	67.27	67.21		50th ★
Depression Remission or Response- Follow-up	-	-	-	29.14	26.04		-
Depression Remission or Response- Remission	-	-	-	8.26	3.29		-
Depression Remission or Response- Response	-	-	-	11.48	7.37		-
Depression Screening and Follow-Up for Adolescents and Adults - Screening	-	-	-	29.73	30.06		-
Depression Screening and Follow-Up for Adolescents and Adults - Follow-up	-	-	-	81.66	75.21		-
Developmental Screening in the First Three Years of Life	24.38	21.68	37.45	52.57	56.90		75th ★
Diabetes - HbA1c Poor Control (>9.0%)*	37.71	38.93	34.55	33.99	29.11		90th ★
Diabetes Screening for People Who Are Using Antipsychotic Medications	87.78	79.41	84.32	85.31	85.14		75th ★
Follow-up after ED for AOD - 7 Day	2.94	8.94	4.46	16.53	19.64		25th ☆
Follow-up after ED for AOD - 30 Day	6.42	8.94	10.00	26.61	32.31		25th ☆
Follow-up after ED for Mental Illness - 7 Day	10.39	11.74	15.21	27.02	41.59		50th ☆
Follow-up after ED for Mental Illness - 30 Day	20.25	21.81	23.15	45.97	58.78		50th ☆
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	53.03	51.63	44.92	50.60	53.61		75th ★
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	47.23	62.50	48.65	62.50	59.42		50th ☆
Immunizations for Adolescents (IMA) - Combo2	50.85	43.80	44.28	53.36	55.56		90th ★
Lead Screening in Children	-	-	44.23	51.51	52.81		25th ☆
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	61.11	42.22	54.00	46.08	49.48		75th ★
Number of Outpatient ED Visits per 1000 Long-Stay Resident Days	-	-	-	-	0.40		-
Pharmacotherapy for Opioid Use Disorder	-	-	37.04	27.32	21.72		25th ☆
Plan All-Cause Readmissions*	1.00	0.83	0.88	0.87	0.82		90th ★
Postpartum Care	88.08	90.97	91.19	90.48	89.94		90th ★
Postpartum Depression Screening and Follow Up- SCR	-	-	-	53.07	55.80		90th ★
Postpartum Depression Screening and Follow Up- FU	-	-	-	79.63	74.84		75th ★
Potentially Preventable 30-Day Post-Discharge Readmission Measure	-	-	-	-	0.77		-
Prenatal Care	93.43	93.40	94.34	93.88	93.08		90th ★
Prenatal Depression Screening and Follow Up- SCR	-	-	-	76.95	78.40		90th ★
Prenatal Depression Screening and Follow Up- FU	-	-	-	66.67	56.71		50th ☆
Prenatal Immunization Status	-	-	46.11	46.05	42.99		90th ★
SNF Healthcare-Associated Infections Requiring Hospitalization	-	-	-	-	5.45		-
Topical Fluoride for Children	-	-	-	12.73	15.21		<25th ☆
Well-Child Visits in the First 30 Months of Life (31d-15m)	70.32	56.69	54.35	65.88	73.17		90th ★
Well-Child Visits in the First 30 Months of Life (15m-30m)	-	69.85	64.58	73.05	75.59		75th ★

CCHP improved performance in several key MCAS measures in MY 2023. CCHP accomplished this through data improvements, performance improvement initiatives, and increased collaboration with contracted providers. CCHP has nearly doubled the number of MCAS measures at the High-Performance Level (HPL) from nine in MY 2022 to 17 in MY 2023. Additionally, CCHP achieved the 75th percentile for 9 measures and the 50th

percentile for another 6 measures. CCHP was under the 50th percentile for 7 measures, 3 of which were target measures (Follow-Up After Emergency Department Visit for Substance Use, Lead Screening in Children, and Topical Fluoride for Children).

CCHP has seen notable improvement in pediatric well care visit metrics. For Well-Child Visits in the First 30 Months of Life (31d-15m), CCHP performed in the 90th percentile and surpassed pre-pandemic visit completion rates. In the Well-Child Visits in the First 30 Months of Life (15m-30m) measure, CCHP performed in the 75th percentile and has increased rates by 10 percentage points since MY 2021. CCHP also performed in the 75th percentile for Child and Adolescent Well Care Visits in MY2023.

For Lead Screening in Children (LSC), Follow-Up after ED for SUD – 30 Days (FUA-30), and Topical Fluoride Varnish (TFL), which were below the MPL, rates in MY 2023 increased compared to MY 2022. To ensure that CCHP exceeds the MPL for FUA-30, CCHP had instigated a Performance Improvement Project (PIP) for the 2023-2026 improvement cycle. This project focuses on connecting CCHP members who present to the ED with a SUD or mental health concern to care management. CCHP also continued improvement activities to address Lead Screening in Children. These efforts include targeted provider education and gap in care lists and are more detailed in 7.2.

6.2 MEMBER EXPERIENCE

Each year, CCHP surveys our members to help measure member satisfaction, access to services, and member experience with cultural and linguistic services. We also conduct a thorough analysis of member grievances to obtain a comprehensive understanding of the member experience and identify any opportunity for improvement.

The survey process encompasses three distinct instruments tailored to capture various aspects of the member experience. The CAHPS survey offers a comprehensive evaluation of overall experience and access to care. Additionally, the Experiences of Care and Health Outcomes (ECHO) survey specifically targets individuals receiving behavioral health services, aiming to delve deeper into their unique needs and experiences. Lastly, a specialized survey is administered to non-English speaking members, focusing on assessing the adequacy of language access services provided by CCHP.

By systematically gathering feedback through these surveys, CCHP gains valuable insights into members' perspectives, identifies areas for improvement, and aims to tailor services to better meet the diverse needs of its enrollees. This commitment to continuous assessment and enhancement underscores CCHP's dedication to providing accessible, culturally competent, and high-quality care to all members of the community.

The CAHPS survey is administered yearly and the data from the Adult Medi-Cal population in RY 2024 are presented in Table 2.

Table 2 CAHPS Results RY 2023-2024

Measure	RY 2023	RY 2024	Percent Change	Percentile
Overall Ratings				
Rating of all health care	78.2%	83.4%	6.6%	95th ▲
Rating of personal doctor	80.8%	84.3%	4.3%	66th ▲
Rating of specialist talked to most often	79.2%	88.1%	11.2%	95th ▲
Rating of health plan	79.6%	79.1%	-0.6%	50th ▲
Composite Scores				
Getting Needed Care	79.1%	80.8%	2.1%	33rd ▲
Getting Care Quickly	79.4%	75.2%	-5.3%	10th ▼
Communication	92.8%	91.4%	-1.5%	25th ▼
Customer Service	85.2%	87.9%	3.2%	10th ▼
Effectiveness of Care				
Advising Smokers to Quit	80.4%	88.5%	8.1%	95th ▬
Discussing Cessation Medications	63.0%	61.5%	-1.5%	90th ▼
Discussing Cessation Strategies	70.5%	52.0%	-18.5%	75th ▼

In RY 2024, CCHP improved in national percentile rankings in all four of the Overall Ratings and performed at the 95th percentile for Rating of All Health Care and for the Specialist Talked to Most Often. While CCHP saw improvement in the overall Composite Scores for Customer Service compared to the prior year, performance in the national percentile ranking decreased. CCHP also saw decreases in the overall Composite Scores for Getting Care Quickly and Communication, as well as decreases in national percentile rankings. Under the Effectiveness of Care domain, CCHP improved overall performance in Advising Smokers to Quit, but saw some decreases in both overall scores and national percentile rankings for Discussing Cessation Medications and Discussing Cessation Strategies.

In 2024, CCHP administered the ECHO survey to members who had utilized behavioral health services; this time through a vendor to allow for more robust and generalizable results. Overall results demonstrated high satisfaction with communication from behavioral health providers and ratings of counseling and treatment. Members' perceived improvement increased in 2024 compared to the 2023 administration, demonstrating the importance of connecting members to care. While more members responded positively to being able to see a provider as soon as they wanted in 2024 compared to 2023, the Getting Treatment Quickly domain is an opportunity for improvement.

The 2024 Language Access Survey results offer critical insights into member experiences with interpreter services, health promotion and communication efforts. This year's survey highlights significant opportunities for improvement, as seen by the decreases in member's

ability to get an interpreter and increase in members' reliance on their family for interpreter services.

In 2024, to assess additional improvement opportunities, CCHP created a new member survey to gather information on the clarity of materials and members' understanding of the health plan's policies and procedures, particularly those centered around navigating the health system to get desired care and services. This survey demonstrated that while redesigned new member materials were easy to understand, there were opportunities for improvement with regards to educating members on how to access their benefits, support services, and membership information. CCHP utilized this feedback to redesign the new member orientation and will report on the impact of this intervention in 2025.

More information about the ways in which CCHP evaluates the member experience can be found in the forthcoming 2024 Member Experience Report.

CCHP will work to improve member experience by garnering further input from members through the CAC. The CAC can provide valuable input on how to improve members' experiences by offering diverse perspective, insights, and recommendations that are informed by community needs and experiences. The CAC may offer some insights into the underlying factors contributing to areas with low scores and potential strategies for improvement, as well as identifying priority areas that warrant focused attention.

6.3 NETWORK ADEQUACY

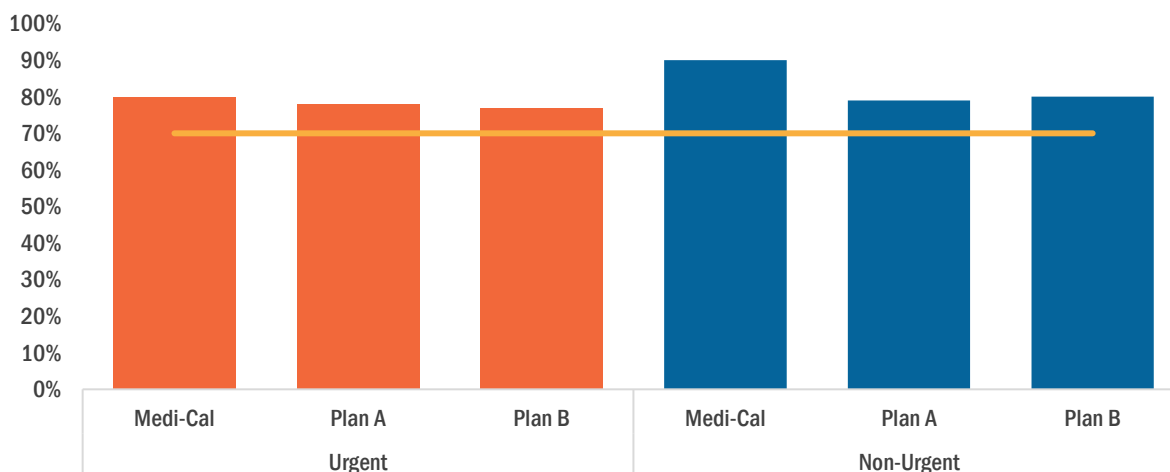
Effective healthcare delivery relies on the accessibility and availability of services when needed. CCHP adheres to access and availability standards as required by DMHC, DHCS, and NCQA. Through analysis of provider appointment availability, enrollee experience, provider satisfaction, and other key metrics, such as initial prenatal appointment availability, Initial Health Appointment (IHA) rates, in-office wait times, and others, CCHP assesses its performance in meeting regulatory standards while ensuring quality and timely service for its members.

The Provider Appointment Availability Survey (PAAS) assesses the readiness of network providers to deliver timely appointments to enrollees. The standard is that 70% of providers within the CCHP network must meet the standards for urgent and non-urgent appointments, and 80% meet standards for non-physician mental health follow-up appointments.

In 2024, CCHP met the standards for both urgent and non-urgent appointments.

Figure 1. PAAS Compliance Rates for Urgent and Non-Urgent Appointments by Line of Business

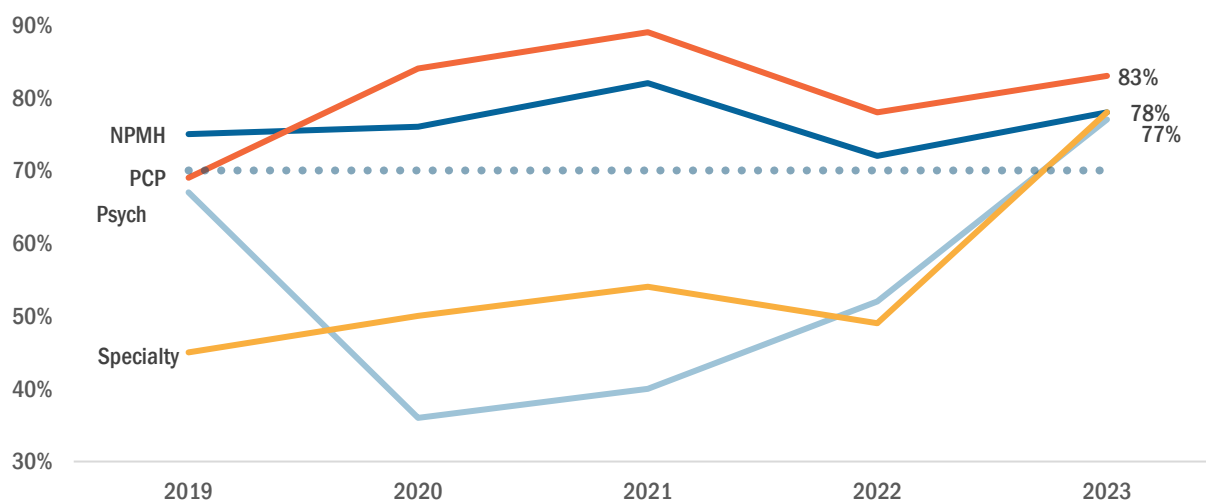
CCHP met appointment availability standards for Urgent and Non-Urgent appointments in all networks.



When stratifying urgent appointments by provider type, CCHP saw a universal increase across all provider types, with primary care, specialty, non-physician mental health, and psychiatry all exceeding the threshold. Notably, the rate for urgent psychiatry appointments meeting the standards increased from 52% to 77% between 2022 and 2023, and the rate for specialty urgent appointments increased from 49% to 78% between 2022 and 2023.

Figure 2. PAAS Urgent Appointment Compliance Over Time

Compliance for all urgent appointment types increased in MY 2023.
CCHP met the compliance goal for all urgent appointment types.

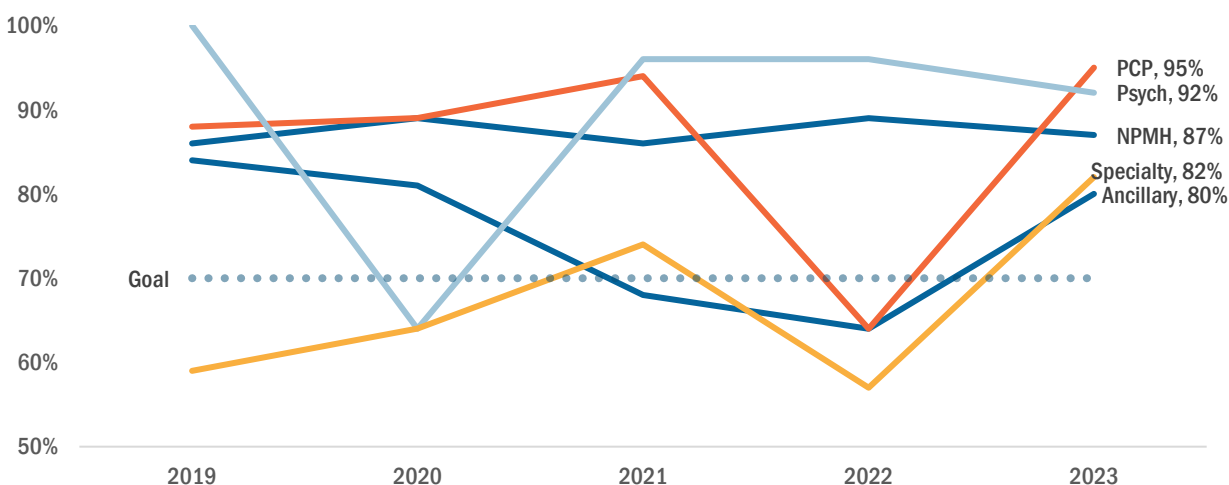


Similarly, non-urgent appointments saw an increase across several provider types in 2023 compared to 2022. Notably, routine primary care appointments increased from 64% to

95%, specialty appointments increased from 57% to 82%, and ancillary care increased from 64% to 80%. Psychiatry appointments increased from 52% to 77%

Figure 3. PAAS Non-Urgent Appointment Compliance Over Time

All non-urgent appointment types also met compliance goal in MY 2023



CCHP implemented several targeted interventions based on the opportunities for improvement identified in the MY 2022 Access and Availability Report. The three main priorities were expanding the psychiatry network, improving provider education on appointment standards, and increasing the specialty network. More comprehensive information about how CCHP assesses its network adequacy can be found in the [2023 Annual Report on Access and Availability](#).

6.4 LONG TERM CARE AND LONG-TERM SUPPORT SERVICES

Following state guidelines, CCHP developed a comprehensive Quality Assurance Performance Improvement Program (QAPI) to ensure members receiving care in Skilled Nursing Facilities (SNF) Long Term Care (LTC) receive high quality services. This report, developed in 2024, analyzes quality data from 2023, reviewing primary and secondary sources to present a comprehensive picture of SNF quality. In 2023, CCHP had 1,882 members placed during the reporting period, for a total of 2,139 facility placements. Of these, 1,750 members were placed into an in-network SNF, and 168 members were placed out-of-network.

In 2023, amongst the 26 SNP facilities with more than 20 CCHP members placed, CCHP identified that 13.8% of our facilities had survey deficiencies above the state average and approximately 5.2% were significantly above average (more than 50% above the state average). Three of our highest volume SNF had higher than average survey deficiencies.

For complaints and facility reported incidents, 20.7% of CCHP facilities were above average and approximately 5.2% were significantly above average. Five of our highest volume SNF had complaints and facility reported incidents above the state average. CCHP reviewed each SNF's data on the CMS Care compare website and recorded the ratings for each facility in the overall, health inspections, staffing, and quality measures categories. The average overall SNF rating was 3.94 which is higher than the state average of 3.2. There was a total of eight facilities (13.8%) with an overall 1- and 2-star rating and two of CCHP's high volume SNF had a 2-star rating. When looking at the individual quality measures, CCHP was above the state average in 8 of the 11 measures but fell below in two measures related to emergency department visits, and one related to antipsychotics.

CCHP also reported on three MCAS measures specific to long term care facilities:

- Healthcare-Associated Infections Requiring Hospitalization (HAI)
- Number of Out-patient ED Visits per 1,000 Long Stay Resident Days (OED)
- Potentially Preventable 30-day Post-Discharge Readmission (PPR)

Table 3. Comparison of LTC MCAS Measures to State and National Average.

	LTC-HAI	LTC-OED*	LTC-PPR
CCHP Rate	5.45%	1.86	0.77%
CA	NA	1.38	NA
National Average	6.9%	1.65	10.5%

*Lower is better

The report presents strengths and areas for improvement within the SNFs that serve CCHP members. The data shows CCHP has a strong in-network placements, ensuring continuity of care, improved health outcomes, and closer alignment with quality oversight activities. However, the evaluation also revealed a subset of facilities deviate from state and national averages in survey deficiencies, complaints, and CMS Care Compare ratings. More detailed information is presented in the [2023 Long Term Care Quality Assurance and Performance Improvement Report](#).

6.5 OTHER QUALITY MEASUREMENT ACTIVITIES

In 2023, CCHP successfully completed a number of other quality reporting activities including DHCS encounter data validation, a provider satisfaction survey, and comprehensive reporting on CalAIM requirements, including Enhanced Care Management and Community Supports monitoring reports, and Incentive Payment Program reports.

A noteworthy achievement in 2024 was the improvement of sharing quality information with network providers. CCHP moved from sharing provider empanelment reports, lead

screening reports, and gap in care reports via SharePoint and encrypted emails to a more secure pathway through the CCHP Provider Portal. Primary Care Providers are now able to access these reports on-demand, in a more secure fashion. This demonstrates CCHP's commitment to patient privacy while maintaining real-time feedback loops with network providers.

7 PERFORMANCE IMPROVEMENT PROJECTS

The Quality Program at CCHP is dedicated to enhancing care and services for members through continuous evaluation and improvement, utilizing the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles. Goals focus on improving health outcomes, member experience, health equity, and cost efficiency. Project prioritization considers regulatory requirements from DHCS, DMHC, and NCQA, along with insights from HEDIS and other quality metrics, findings from the Population Needs Assessment, PQIs, member grievances, member and provider experience surveys, and access studies.

CCHP identifies additional performance improvements through annual reviews of quality metric data. This analysis assesses areas needing improvement, leading to the development of projects added to the work plan. Monthly reviews allow for timely adjustments to the work plan, addressing areas of declining performance or those falling below desired quality targets. Quality staff conduct root cause analyses and formulate plans for implementing performance improvement projects.

7.1 DHCS PERFORMANCE IMPROVEMENT PROJECTS

CMS and DHCS requires CCHP to conduct a minimum of two Performance Improvement Projects annually as part of External Quality Review (EQR). CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level.

In 2024, CCHP submitted baseline MY2023 data and a summary of implemented interventions for the 2023-2026 DHCS PIPs. Both PIPs met 100% of evaluation elements and received high confidence ratings. The clinical PIP, Improving W30-6 Measure Rate Among Black Members, focuses on reducing disparities in well care visit rates between Black/African American children and children of other races. CCHP's non-clinical PIP, Improving the Percentage of Members Enrolled in Care Management Within 14 Days of SMH/SUD Diagnosis, focuses on connecting members with Case Management (CM) services after an ED visit for mental health or substance use diagnoses.

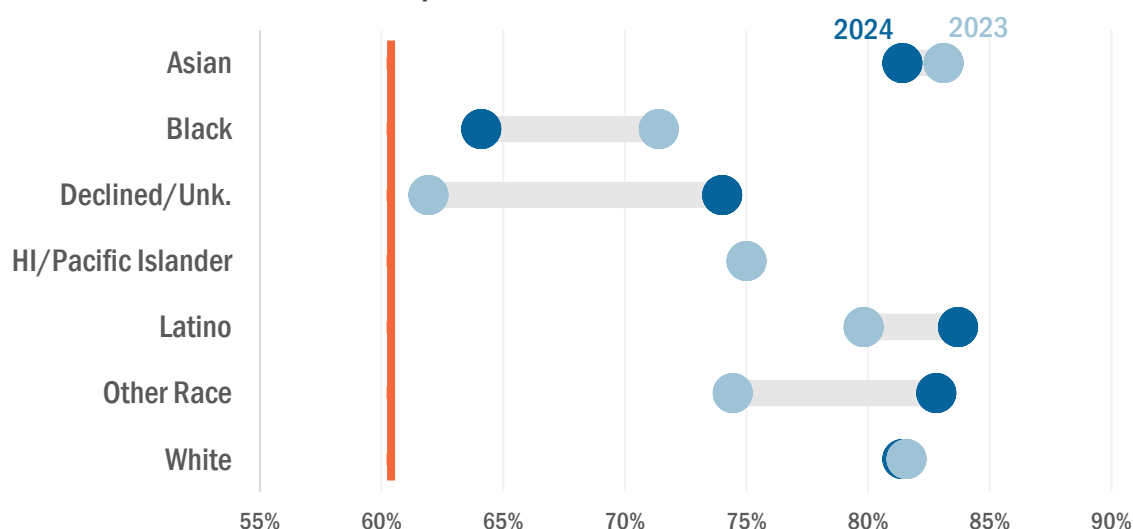
7.1.1 Improving W30-6 Measure Rate Among Black Members

In 2023, CCHP achieved the 90th percentile for the W30-6 measure, with 73.2% of continuously enrolled patients completing at least 6 well care visits with a PCP by 15 months of age. CCHP has demonstrated marked improvement in this measure since 2021, with 2023 rates exceeding the rates achieved prior to the COVID-19 pandemic.

However, despite CCHPs performance, disparities in WCV completion rates exist between racial categories. In MY 2023, Asian members had a W30-6 completion rate of 83.1%, compared to only 71.6% of Black/African American members. If the completion rate for Black members was the same as for Asian, 10 additional Black members would have been compliant with the measure. This equates to lost opportunities for vaccinations and important screenings, like lead and anemia, which has further downstream effects. Despite the 11.5%-point gap in the W30-6 rate, the rate for Black/African American members achieved 90th percentile of all Medicaid HMOs.

Figure 4. W30-6 Rates by Race, 2023-2024.

While all races exceeded the **MPL**, Asian, Black, and White members saw preliminary W30-6 rates decrease in **2024** compared to **2023**.



To achieve the DHCS' Bold Goal of reducing the disparities seen amongst well child visits between races, CCHP conducted outreach to members ages 0-15 months who were overdue for a well care visit, with a particular focus on Black/African American members, members with a declined/unknown race, and Hawaiian/Pacific Islander members. For patients within the Regional Medical Center (RMC) network, CCHP staff offered to directly book appointments for patients and offered caregivers an incentive to complete the appointment. For patients in the Community Provider Network (CPN), CCHP staff informed caregivers about the child's overdue well care visit and offered them the phone number of

the appointment scheduling unit for their child's PCP. If a caregiver was not reached, they were eligible for an additional phone call seven days after the first.

CCHP health education staff placed 117 calls to 101 members, including 70 (69.3%) within the RMC network and 31 (30.7%) in CPN. A total of 59 calls were made to 45 Black/African American members (1.3 calls/member) and 18 members with declined/unknown race and one Hawaiian/Pacific Islander member received 1 phone call each. Contact information was missing or invalid for 13.9% of members but was much higher at 20.0% for Black/African American members. Only 11.1% of members with declined/unknown race had missing or invalid contact information. Contact was made with a caregiver for 41 (40.6%) members, but only for 6 (33.3%) members with declined/unknown race. Despite the higher percentage of missing/invalid contact information, CCHP successfully contacted caregivers for 18 (40.0%) Black members. Of the 70 RMC patients who were outreached, 7 (10.0%) completed appointments, including 3 (7.9%) Black/African American children. For members who had a successful contact upon outreach, 17.1% of members, including 16.7% of Black/African American members, completed an appointment. Of the 31 CPN patients, 13 (41.9%) had a claim for a well care visit within 2-90 days of the outreach attempt. The average age at outreach was 8.3 months, so this intervention is predicted to have more of an impact in 2025 as these members turn 15 months old. Health education staff reported that about 10% of patients had moved out of the service area and that approximately another 10% had health insurance other than CCHP.

7.1.2 Improving the Percentage of Members Enrolled in Care Management within 14 Days of SMH/SUD Diagnosis

CCHP's non-clinical PIP is focused on improving enrollment in case management following an emergency department visit for mental health or substance use. Previous data analysis demonstrated that members who were previously enrolled in Enhanced Care Management (ECM) or Complex Case Management (CCM) were more likely than members not enrolled in care management (CM) to receive a clinical follow up visit after their ED visit for mental health or substance use.

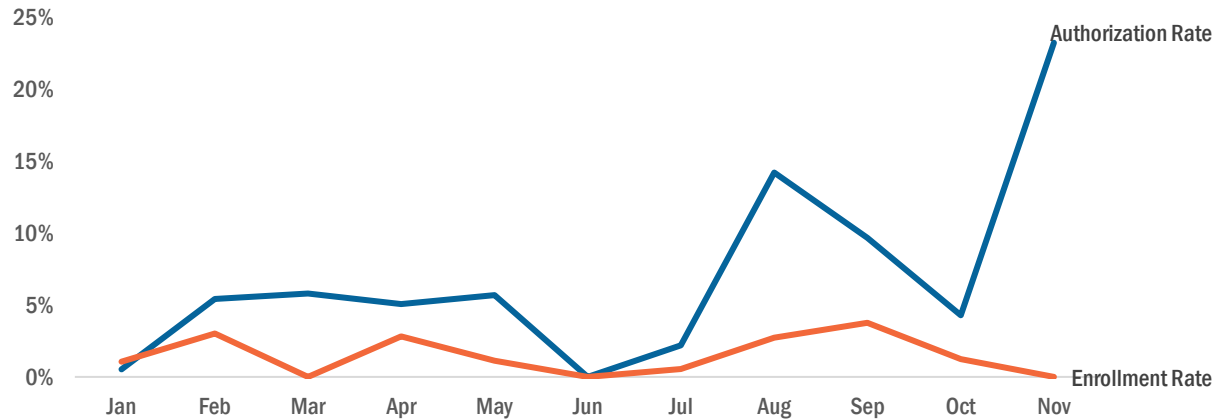
According to baseline data, between 0-10% of members are authorized for case management within 14 days of an emergency department visit for behavioral health. One reason for this is claims lag, which prevents CCHP from identifying individuals for case management in a timely fashion and establishing workflows to trigger authorizations for needed services. In Q3 2024, CCHP implemented an automated process to authorize and triage potentially eligible members from Admit, Discharge, and Transfer (ADT) feeds. After implementation, the authorization rate ranged as high as 23.2%, with an average authorization rate of 6.7% in 2024, +3.1%-points (+86.1%) over 2023. Enrollment in ECM

and CM within 14 days of the ED visit increased from 0.9% in 2023 to a preliminary rate of 1.5% in 2024, an increase of 0.6%-points (+66.7%). This initiative, launched at the end of the year, was initially implemented at a gradual pace to ensure a measured approach. As the process matures and gains traction, enrollment rates are anticipated to increase progressively throughout 2025. Ongoing efforts will be directed toward optimizing the initiative’s reach and impact.

Figure 5. The Authorization and Enrollment Rates for ECM and CM Servies in 2024.

Authorizations for ECM and CM increased after auto-authorization process implemented in Q3.

Enrollment typically trended with authorization rate.



7.2 PIPs FOR LOW PERFORMING MCAS MEASUREMENT

CCHP regularly monitors HEDIS and MCAS measures and develops improvement plans based on low performing measures. In MY 2023 (reported in 2024) CCHP identified lead screening, follow-up for ED visits for substance use, and topical fluoride application as low performing measures.

7.2.1 Lead Screening in Children

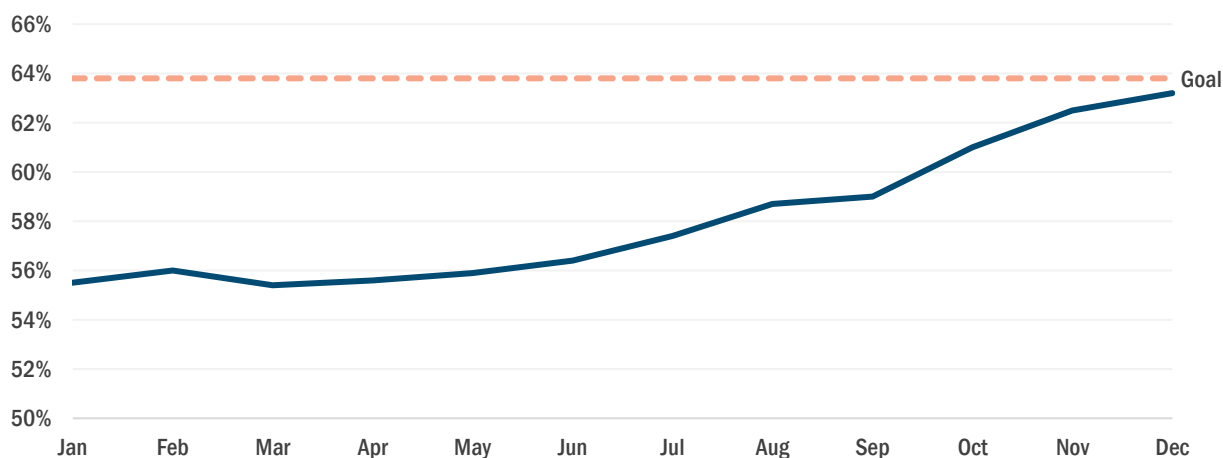
Lead Screening in Children (LSC) is a measure that CCHP must perform at the 50th percentile or better when compared to other HMO Medicaid plans. While LSC rates increased from 51.51% in MY 2022 to 52.81% in MY 2023, CCHP was at the 25th percentile nationally and therefore, did not meet the MPL. As part of CCHP’s efforts to increase LSC in 2024, CCHP implemented an outreach campaign. Health education staff outreached caregivers of non-compliant members approaching their second birthday to inform them of the importance of lead screening and where to get screened. A total of 1,149 calls were made to 547 members’ caregivers (avg. 2.1 calls/person) and a caregiver was reached for 397 (72.6%) of members. Ultimately, 109 (19.9%) of members who were outreached had a

lead test that was collected within two weeks of outreach. In total, 211 (38.6%) members in this population had a lead screening by the end of 2024, with 136 of these screenings occurring before the member's second birthday. In addition to the outreach calls, CCHP conducted a mailing campaign to 330 members in September 2024. Members were eligible for a mailer if they were overdue for a lead screen and their second birthday was in Q4 2024. Of the 330 members mailed a letter, 26 (7.9%) had a lead screen by the end of 2024, with 16 of those screenings occurring before the member's second birthday. The mailing was repeated in November for birthdays in the first quarter of 2025. To fulfill the DHCS requirement for MCPs to collaborate with a Local Health Jurisdiction (LHJ), CCHP, Contra Costa Health Public Health, and Kaiser Permanente jointly developed an informational flyer to educate members about the harms of lead on young children, where lead is found, and testing recommendations. These flyers were distributed to PCPs and were included in the mailers to members overdue for lead screening. CCHP also continued the partnership with the Contra Costa Lead Poisoning Prevention Program and posted social media messages during Lead Poisoning Prevention Week.

Preliminary MY 2024 HEDIS results for CCHP demonstrate increased improvement in LSC to 63.2%, which corresponds to 33rd percentile nationally. This is still below the MPL; however, claims lag and/or hybrid chart review may result in this rate reaching the target.

Figure 6. Lead Screening Rate by Month in 2024.

CCHP performance on LSC steadily increased throughout the year but fell just short of the target.



7.2.2 Follow-Up After Emergency Department Visit for Substance Use (FUA)

While CCHP has improved performance on the FUA measure, from 26.61% in MY 2022 to 32.31% in MY 2023, and exceeded the MPL in MY2022, the target increased in 2023 and CCHP was in the 25th percentile nationally. To further increase performance on this

measure, CCHP partnered with Contra Costa Behavioral Health Services to conduct a Performance Improvement Project. In coordination with the Access Line, the coordinated entry point for Specialty and Non-Specialty Mental Health Services and Substance Use Treatment services, a workflow was developed to connect patients that had presented to the ED with a substance use diagnosis to mental health services. During Access Line business hours, ED social workers, discharge planners, or navigators call the Access Line on behalf of the patient to conduct a warm handoff. If a patient leaves the ED during non-business hours, the Access Line will outreach patients directly during normal business hours. In 2024, there were 1,316 calls made for mental health and substance use linkages, 81 (6.2% of calls) were inbound calls and 1,237 were outbound calls after the patient was discharged. Of these calls, 189 (14.4%) members were reached and connected to specialty mental health, non-specialty mental health, or substance use treatment. Additionally, 121 (9.2%) of patients on the list to receive calls were already connected to services. The current estimate for MY 2024 FUA-30 is 41.4%, which would put CCHP above the MPL. Additionally, CCHP conducted in-service education events for local emergency departments to inform providers about the Access Line and how to connect their patients to mental health and substance use services, so people can leave the Emergency Department with a follow-up behavioral health appointment. CCHP and Behavioral Health staff conducted in-services at Sutter Delta Medical Center, Kaiser Richmond, Kaiser Walnut Creek, and John Muir Health Walnut Creek and Concord Emergency Department. In sum over 70 ED staff from 5 hospitals attended. These in-services had positive feedback from attendees and increased awareness of the Access Line referral process while people are still in the Emergency Department.

7.2.3 Topical Fluoride Varnish

While CCHP increased performance on TFL from 12.73% in MY 2022 to 15.21% in MY 2023, CCHP was in the 10th percentile nationally for this measure and anticipates marginal improvements in MY 2024 rates. In order to improve TFL rates and meet the MPL, CCHP implemented an outreach campaign to members ages 0-20, with a specific focus on members ages 6-20 who are only eligible for fluoride varnish at a dental visit. CCHP placed 55 calls to 52 caregivers and members to educate them about their dental benefits, as well as to inform them of dental providers in their area who are accepting Smile, California dental insurance. Contact was made to 38 members (73.1%) and all contacted members were receptive to receiving the dental information. Dental services are a carved-out benefit and CCHP does not control the dental network, so education and outreach is one of the few activities CCHP can engage in to address this rate.

7.3 INSTITUTE FOR HEALTHCARE IMPROVEMENT PROJECTS

In March 2024, DCHS announced a partnership with the Institute for Healthcare Improvement (IHI) to implement two improvement projects for all Medi-Cal Managed Care plans. Through a series of biweekly coaching calls, IHI committed to supporting Medi-Cal plans through the implementation evidence-based interventions to address pediatric well care visit completion rates and behavioral health follow-up visit rates. Critical elements to achieve this goal include effective team-based care, automation and effective use of technology, including Electronic Health Records, population health management, and addressing social drivers of health

7.3.1 Child Health Equity

To improve health equity in the pediatric domain, CCHP partnered with Brighter Beginnings, a provider group with 3 locations throughout the county. CCHP and Brighter Beginnings conducted a thorough data analysis and together decided to focus on improving the Well Care Visit rate for members ages 18-21. After selecting the measure, CCHP conducted patient interviews with Brighter Beginnings members in the target population, as well as Brighter Beginnings staff, to determine possible areas for intervention. After reviewing the journey map, Brighter Beginnings and CCHP then decided to implement a PDSA of conducting Saturday morning clinics for pediatric patients at two different clinic locations. CCHP conducted outreach to patients due for well care visits and offered health education, transportation support, and direct appointment scheduling. The clinics were held in early Q4 and while there was a high no-show rate, Brighter Beginnings learned that appointment times later in the morning worked better for teens and young adults, while the early morning appointments were best suited for young children. At the end of 2024, preliminary data showed that Brighter Beginnings increased their WCV rate for 18-21-year-olds by 63.8%, though there is still work to be done to ensure that this age group meets the WCV MPL. CCHP and Brighter Beginnings will continue to partner together through Q1 2025 to further work on this goal.

7.3.2 Behavioral Health

CCHP partnered with Contra Costa Health Behavioral Health Services (CCBHS), the specialty mental health and Drug Medi-Cal-Organized Delivery System plan in Contra Costa, to increase the follow-up visits for behavioral health by 5% from baseline for HEDIS FUM and FUA measures. The main intervention for this project was enhancing an existing dashboard to allow for more timely identification of patients who had been in the emergency department for behavioral health diagnoses. The previous dashboard had been a retrospective review of patients once the 30-days after the ED visit had elapsed, which

did not allow for the identification of members who still needed a follow-up visit. Additionally, the index ED visits were identified based on claims, but with claims lag this limited the plan's ability to do improvement work as we needed more timely notification of ED visits. CCHP decided to utilize ADT feeds, electronic messages that provide updates on patient movements within healthcare facilities. These ADT feeds are about the exchanges of data, and are not fundamentally about notifications, so CCHP underwent an extensive project to develop and validate notifications based on these feeds. CCHP then implemented a report based on these visits for outreach by the Access Line and auto referrals to ECM and CCM, detailed above in 7.2.2.

7.3.3 Assigned Not Seen Project

In Q2, CCHP partnered with the largest provider group within its network to engage CCHP patients who had been continuously enrolled and assigned to the provider group but had not completed a visit within the past 12 months. Pediatric members, especially Black/African American, Spanish speaking, Hawaiian/Pacific Islander, and non-English speaking members were prioritized for outreach. The goal was for 10% of outreached patients to complete a visit by the end of 2024. Over 12 weeks, 7 CCHP staff outreached to caregivers of members and offered direct appointment booking with the provider group. CCHP staff also informed caregivers that if the member completed the WCV, they would receive an incentive from the health center. The outreach results are summarized in the table below. CCHP exceeded the goal of engaging 10% of this population into care.

Table 4. Outreach Results by Population of Focus.

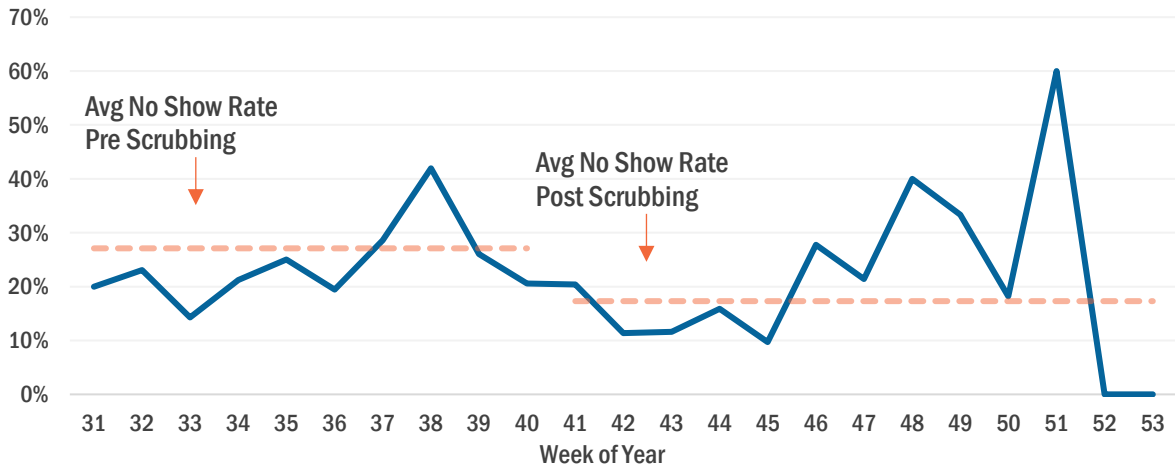
Population	Black/ African American	Spanish Speaking	Other Lang.	Hawaiian/ Pacific Islander	All
Number of People	1,007	1,764	306	120	3,380
Number of Calls	1,690	2,570	458	180	5,098
Calls/Person	1.7	1.5	1.5	1.5	1.5
Ever Reached %	34.4%	41.2%	30.7%	34.2%	37.7%
Percentage w/ Appt Scheduled	16.7%	23.7%	15.4%	25.0%	20.5%
Number of Completed Appts	106	341	38	20	532
Successful Engagment	10.5%	19.3%	12.4%	16.7%	15.7%
Overall No Show Rate	36.9%	18.4%	19.1%	33.3%	23.3%
No Show Rate w/o Scrubbing	39.5%	18.8%	26.3%	30.8%	25.3%
No Show Rate w/ Scrubbing	29.5%	17.7%	14.3%	35.3%	19.9%

After appointment no-show rates started increasing, CCHP outreach staff implemented reminder calls (also called scrubbing calls) to the caregivers two days before the scheduled

appointment. The overall no-show rate was 25.3% before the reminder calls were implemented, which decreased to 19.9% after. A total of 318 patients received reminder calls, and of those patients, 73.3% completed the appointment and 9.4% of patients canceled the appointment, allowing other members to access that appointment slot.

Figure 7. The Effects of Reminder Calls on the No-Show Rate.

Conducting reminder calls decreased the no-show rate by 5.4 percentage points



8 POPULATION HEALTH MANAGEMENT

Population Health Management (PHM) at CCHP is dedicated to maximizing health by collaboratively designing services with members and providers. This involves delivering primary and secondary evidence-based interventions for illness prevention and management within our assigned population.

In 2024, CCHP continued our work to enhance the PHM program. This involved a comprehensive series of meetings engaging key CCHP leadership and collaborating with provider, county, and community partners. The ongoing collaboration with stakeholders demonstrates CCHP's dedication to advancing population health initiatives and adapting to the evolving landscape of healthcare services.

8.1 POPULATION NEEDS ASSESSMENT, STRATEGY, AND IMPACT REPORT

Annually, CCHP conducts a Population Needs Assessment, leveraging diverse data sources to identify disparities and trends. The outcomes guide the formulation of the Population Health Management Strategy—an annual document approved by the Quality Council, delineating the programs CCHP will implement to address population needs. Concurrently,

CCHP conducts an annual Population Health Impact report to evaluate the effectiveness of the implemented programs.

Utilizing these various data sources, CCHP responded proactively to population needs, expanding programs for patients with complex needs (patients experiencing homelessness, patients with avoidable emergency room and hospitalizations, patients with experience of incarceration, and members with substance use and severe mental health), diabetes management, and asthma services. Furthermore, CCHP bolstered programs in homeless services, long term support services, doula services, and behavioral health.

As part of continuous improvement, CCHP acknowledges the complexity of evaluating these programs due to regression to the mean and is actively developing a framework and evaluation methodology for program impact assessment. Propensity score matching and other methodologies are being explored to comprehensively assess program effectiveness, ensuring a data-driven approach to population health management.

In addition to CCHP efforts, collaborative efforts with the Public Health Department's epidemiologist and quality team were initiated to align with Contra Costa's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). CCHP is an active stakeholder in Contra Costa County's next CHA, scheduled to begin planning in 2025, and has been a key participant in the CHA steering committee. CCHP also collaborated with Kaiser Permanente and Contra Costa Public Health on the shared DHCS Population Health Strategy goal to create lead education collateral for Contra Costa residents.

8.2 IMPROVED MEMBER INFORMATION

Leveraging its integration within the county delivery system, CCHP utilizes comprehensive data systems, centralizing data from claims, clinical data, detention health, EMS, social services, homeless systems, and public health into one unified member record. While CCHP's data infrastructure is robust, initial new member screening and assessment processes presented an area of improvement.

To address this opportunity, CCHP initiated a comprehensive overhaul of the new member workflow, streamlining activities for improved alignment. A revamped Health Insurance Form/Medical Evaluation Tool (HIF/MET) and Health Risk Assessment (HRA) were designed, featuring specific questions tailored for adults, children, seniors, and persons with disabilities. Questions were aligned with standard queries available in the Electronic Health Record (EHR) to enhance interoperability.

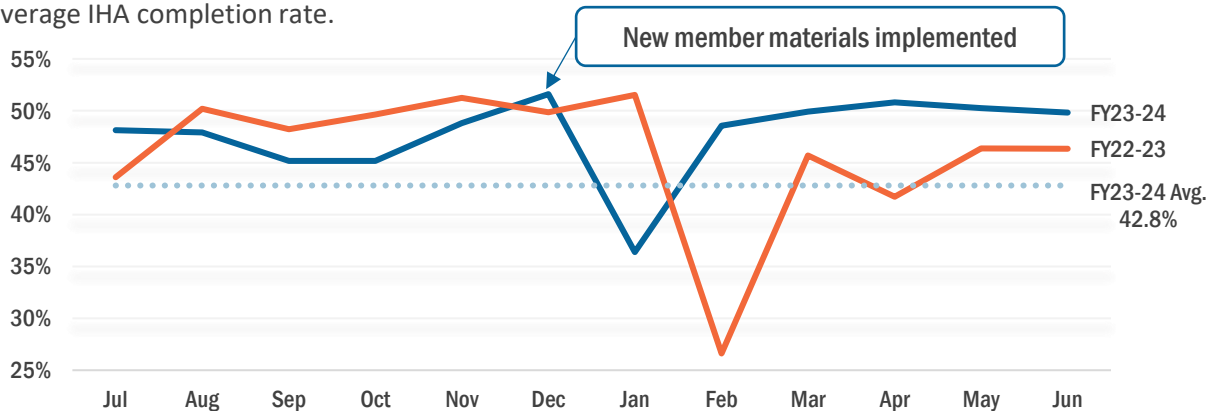
These screenings were seamlessly integrated with the Race, Ethnicity, Age, and Language (REAL) data collection survey, Primary Care Physician (PCP) assignment letter, and a reminder to schedule an Initial Health Appointment. The information from these screenings was incorporated into the electronic health records, ensuring accessibility for all providers on the Epic platform through CareEverywhere and the provider portal.

This refined process was implemented in December 2023, and its impact is demonstrated in the figures below. While the IHA rate in FY 23-24 was slightly lower compared to the previous year, CCHP saw an influx of nearly ten times the average amount of new members in January 2024 after the Single Plan Model was in effect. Excluding January 2024 from FY23-24 data increases the IHA completion rate to 48.6%, an increase of 12.8% compared to FY22-23.

Figure 8. The impact of new member materials on IHA, HIF/MET, and referral rates.

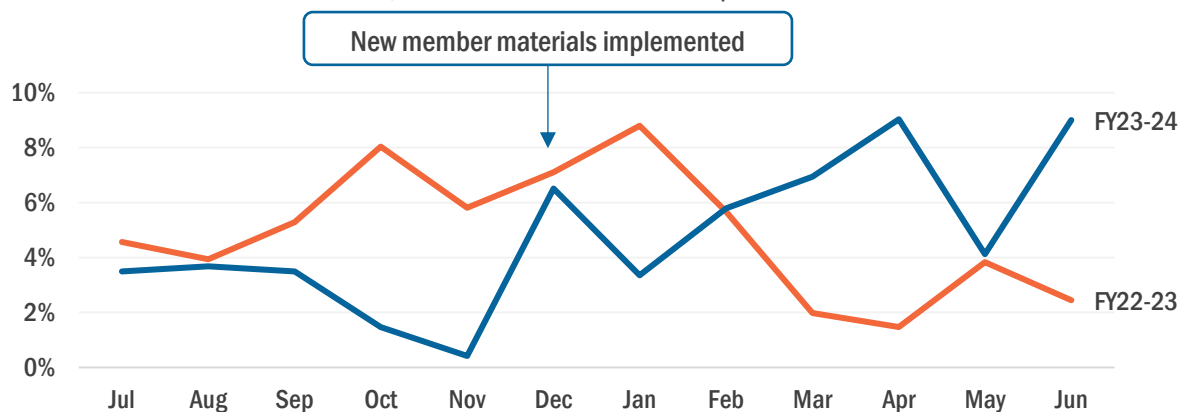
After January 2024, IHA completion rates were higher compared to the previous year.

Large changes in membership eligibility at the start of the year have a considerable impact on the average IHA completion rate.



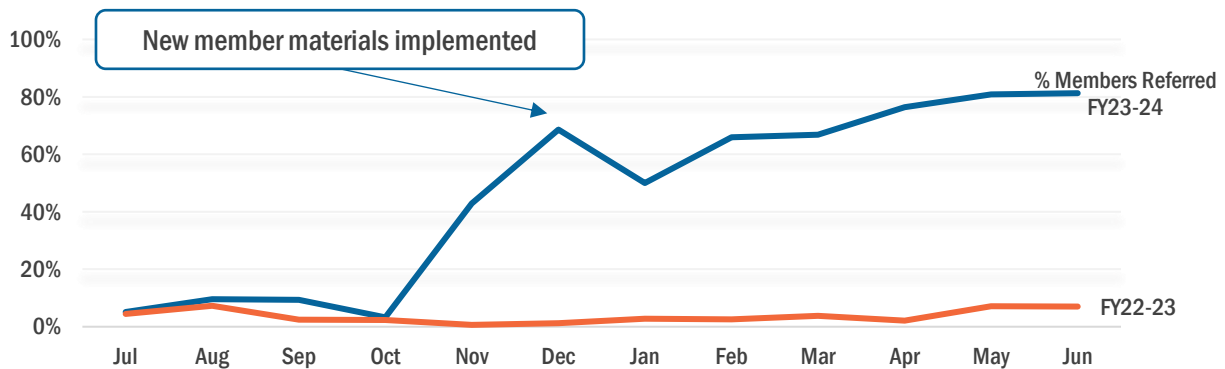
HIF/MET completion rates were higher in Q2 2024 compared to the previous year.

CCHP will continue to monitor HIF/MET rates to assess the impact of the new member materials.



Streamlined member information processes allowed for better identification of member needs & connections to resources.

56.1% of members who completed a HIF/MET in FY23-24 received a referral for care coordination



CCHP also noted that the percentage of the population with declined/unknown race decreased from 16.2% of the population to 10.4% (-5.8%-point [-35.8% change]) and unknown language decreased from 1.7% of members to 0.8% (-0.9%-point [-52.9% difference]) as of December 2024. In Q4 2024, CCHP updated the REAL forms to include Sexual Orientation and Gender Identity (SOGI) questions to further health equity.

8.3 RISK STRATIFICATION, SEGMENTATION AND TIERING

CCHP employs a comprehensive approach to risk stratification, segmentation, and tiering by harnessing data from diverse sources. Utilizing claims and encounter data, DHCS-provided data, screening and assessments, electronic health records, referral and authorization data, behavioral health data, pharmacy data, utilization data, and social services data including homelessness data, criminal justice data CCHP establishes the foundational data for its risk stratification and tiering methodologies.

This dataset enables CCHP to create individual member records based on risk, segmenting them into different risk categories and tiering based on acuity. Beyond classification, CCHP leverages this data to generate automatic referrals, proactively directing members to appropriate services and programs for which they may qualify. This ensures that individuals not only receive accurate risk assessment but are also seamlessly connected to the care and support they need. The incorporation of a broad range of data points facilitates the identification of interventions and eligibility criteria, allowing for the triaging of individuals to services.

In 2024, significant work was done to create an infrastructure to utilize ADT feeds for risk identification and program eligibility, combining both risk tiering with program eligibility and exclusion data. These data have then been leveraged to automatically identify and refer

people to services, without the need of a practitioner referrals. In Q3, CCHP was able to implement auto authorizations to ECM for serious mental illness or substance use, as well as identify and refer patients to CM who are high risk and had a recent hospital admission.

8.4 SERVICES

CCHP has introduced programs to cater to the diverse health needs of its members. These initiatives aim to maintain the well-being of individuals already in good health, offer self-management resources to those with well-controlled chronic conditions, extend specialized services to members dealing with poorly controlled chronic diseases, and provide case management services. These include Enhanced Care Management for individuals with the most complex needs, Complex Case Management for those requiring ongoing support for chronic conditions, and Transitional Care Services for individuals in need of assistance during care transitions. Additionally, basic population health management services have been implemented to provide health education, wellness programs, and preventive services accessible to all members.

8.4.1 Basic Population Health Management Services

Basic population health management ensures timely access to essential programs and services for all members, irrespective of their risk tier. Unlike care management, which targets populations with specific needs, basic population health management is provided to all members, emphasizing equity. It encompasses primary care access, care coordination, navigation, cultural and linguistic services, and referrals across health and social services. The program includes services by community health workers, wellness and prevention, chronic disease management, maternal health programs, and services covered for children under early and periodic screening, diagnostic, and treatment (EPSDT).

The evaluation of basic population health management primarily relies on HEDIS and MCAS measures, detailed in Table 1. These measures encompass critical aspects such as well care visits for children, immunizations, preventive screenings, and prenatal and postpartum visits.

8.4.1.1 Community Supports, Community Health Workers, Care Coordination, and Navigation with Social Services

In alignment with CalAIM, CCHP has expanded its service offerings aimed to address the comprehensive well-being of individuals. This broader spectrum of services includes doula services, community health worker assistance, care coordination services provided by CCHP's social workers and nurses, and community support services, covering a diverse array of needs for the homeless, individuals requiring long-term support, and those

managing chronic conditions that could benefit from specialized interventions such as medically tailored meals or asthma services.

Table 5 outlines the number of individuals who received these services in 2024. CCHP provided the following Community Support (CS) services for the first time in 2024: Personal Care and Homemaker Services, Nursing Facility Transition to Assisted Living Facility, Housing Deposits, Day Habilitation Programs, Environmental Accessibility Adaptations, and Nursing Facility Transition to Homes. In addition to the newly provided CS, CCHP significantly increased utilization of Medically Tailored Meals, Housing Transition/Navigation, Short-Term Post-Hospitalization Housing, and Housing Tenancy and Sustaining services in 2024 compared to 2023. CCHP Care Coordination Services and the number of unique members receiving CHW services also increased significantly in 2024 compared to 2023.

Table 5. Basic Population Health Services

Program	2023	2024	% Change
Community Supports	1,743	5,664	225.0%
Medically-Supportive Food/Medically Tailored Meals	600	3,384	464.0%
Housing Transition/Navigation Services	719	2,110	193.5%
Personal Care and Homemaker Services	-	228	-
Short-Term Post-Hospitalization Housing	84	180	114.3%
Housing Tenancy and Sustaining Services	105	130	23.8%
Nursing Facility Transition to Assisted Living Facility	-	95	-
Asthma Remediation	86	83	-3.5%
Housing Deposits	-	72	-
Day Habilitation Programs	-	33	-
Recuperative Care	48	27	-43.8%
Respite Services	-	21	-
Environmental Accessibility Adaptations	-	20	-
Nursing Facility Transition to a Home	-	8	-
CCHP Care Coordination Services	1,537	2,170	41.2%
Members Receiving CHW Services	920	2,038	121.5%
Doula Services	5	48	860.0%

8.4.1.2 Cultural and Linguistic Services

CCHP is dedicated to providing culturally and linguistically appropriate services, ensuring equitable healthcare access for its diverse membership. CCHP actively facilitates REAL data collection to identify health disparities and offers linguistic services to members in need. Through training programs, CCHP fosters cultural awareness and sensitivity among its staff and contracted providers. CCHP aims to prevent discrimination, educate stakeholders on

language services and cultural humility, offer technical assistance to providers, collaborate with community agencies, and address health disparities.

In 2024, CCHP conducted a Language Access survey incorporating supplemental CAHPS questions, revealing critical insights into member experiences with interpreter services, health promotion and communication efforts. This year's survey highlights significant opportunities for improvement, as seen by the decreases in member's ability to get an interpreter and increase in members' reliance on their family for interpreter services. The table below highlights key survey measures and compares results from last year's findings.

Table 6. Language Access Survey Results

Measure	RY 2023	RY 2024	Percent Change
General			
How often did you get an interpreter when you needed one?	81.4%	77.3%	-5.0% ▼
How often did your personal doctor show respect for what you had to say?	94.5%	95.5%	1.1% ▲
How often were instructions for health conditions easy to understand?	90.8%	91.5%	0.8% ▲
How often did you use a friend or family member as an interpreter?*	18.9%	19.4%	2.6% ▼
Rating of Interpreter			
Members who rated their interpreter positively	83.9%	83.8%	-0.1% ▲
Health Promotion & Education			
Attended a health-related class online	2.6%	2.6%	1.1% ▲
Attended a health-related class in person	3.4%	3.1%	-9.8% ▼
Used the health plan website	6.6%	5.1%	-22.6% ▼
Watched an online video about health	6.8%	13.1%	93.2% ▲
I didn't do anything	27.3%	18.8%	-31.0% ▼
Spoke to a health professional	31.3%	26.4%	-15.6% ▼
Searched the internet for health information	43.5%	30.2%	-30.5% ▼
Communication			
Email	38.8%	38.1%	-1.9% ▼
Text Messages	24.1%	24.3%	0.7% ▲
Mail Sent to my House	17.3%	16.4%	-5.4% ▼
CCHP Website	7.4%	6.1%	-17.4% ▼
In Person (Face-to-Face)	6.6%	4.7%	-28.3% ▼
Voicemail/Phone Messages	2.4%	4.7%	97.2% ▲
Materials With Large Text/Font Size	1.8%	1.4%	-22.2% ▼
Online Video	1.0%	2.8%	176.1% ▲
Social Media (Facebook, Twitter, Instagram)	0.6%	1.0%	66.7% ▲
In Braille	0.0%	0.2%	100.0% ▲

* Lower is better

Looking ahead to 2025, CCHP plans to further the understanding of members' SOGI information by analyzing the impact of the new SOGI data collection forms.

8.4.1.3 Wellness, Prevention, and Health Education

CCHP works with providers on getting members into primary care and addressing care gaps. Two main initiatives in 2024 were the creation of pediatric wellness letters to inform RMC members of overdue health maintenance topics and improving Fecal Immunochemical Test (FIT) kit return rates. In Q4, CCHP developed pediatric wellness letter reminders to mirror the adult birthday letters that are already in place for RMC members. In addition to a personalized letter detailing a child's overdue health maintenance topics, members and their caregivers will a handout detailing age-specific health information and resources. These letters are anticipated to go out in late Q1 2025. In the second half of 2024, CCHP and RMC identified RMC patients who had previously returned a FIT kit but were non-compliant in 2024. These members were mailed a second FIT kit and were encouraged to mail them in. The second FIT kit mailing resulted in an overall return rate of 26.1%.

Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs Assessment and other sources such as HEDIS, CAC feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this as least annually in the member and provider newsletters. Additionally, CCHP sends out via mail and email a member newsletter three times a year covering a range of topics.

CCHP had previously identified the need for a more interactive, engaging, and mobile-friendly health education website and partnered with StayWell to implement the Krames Patient Education library. In Summer 2024, CCHP launched the overhauled health.cchealth.org website that includes a comprehensive library of interactive and dynamic health education resources, videos, interactive quizzes, animations, and personalized health content. The website launch was communicated to members and providers through the member newsletter, provider newsletter, provider network training, and was publicized at various provider meetings.

With the expansion of the Health Education team, CCHP was able to increase community engagement efforts. The Health Education team created health information flyers and developed CCHP branded materials for member outreach efforts. CCHP began to reinforce

existing relationships with FQHCs and in Q4 began resource tabling within partnering health centers. CCHP is looking to further strengthen our presence in the county by seeking out additional trusted community partners for outreach and education efforts, including the county library system.

8.4.1.4 Behavioral Health

CCHP assumes responsibility for mild to moderate behavioral health services for Medi-Cal members and comprehensive behavioral health services for commercial members. Collaborating with Contra Costa County Behavioral Health Services, CCHP triages patients to determine severity levels and delivers appropriate treatment. FQHCs in the community often handle triage and treatment for their members, with some offering embedded behavioral health services. Telehealth providers are contracted to augment access. Quality initiatives focus on HEDIS measures, outpatient behavioral health continuity, coordination of care, and practitioner availability. The Quality Council receives updates, with a Behavioral Health clinician actively participating.

To ensure compliance with SB1019, in 2024, CCHP developed the Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan. This plan was developed after a review of NSMHS utilization data and a comprehensive Population Needs Assessment (PNA) that elucidated where CCHP had the most opportunity for improvement. The NSMHS plan was presented to the CAC and the Equity Council to allow for members and providers to provide feedback on the plan. The final outreach and education plan includes outreach events at provider clinic locations, at county libraries, at local farmers' and open-air markets, and a new mental health specific e-newsletter.

In 2024, CCHP utilized the Agency for Healthcare Research and Quality (AHRQ) Experiences of Health Outcomes (ECHO) survey to gather feedback from members who had utilized behavioral health services. Overall, members' ratings of counseling and treatment were high, as well as clinician communication. Areas for improvement centered around educating members about different treatment options and members' abilities to obtain urgent treatment appointments.

8.4.1.5 Maternal Health

Through close collaboration with community partners and doula providers, CCHP has expanded its efforts to enhance maternal health education, member outreach, and provider support. While CCHP consistently performs well on maternal health quality measures, postpartum visit rates remain lower among African American members, highlighting a key area for improvement.

To address this, CCHP has implemented a range of health education and outreach initiatives aimed at increasing awareness of available benefits, their importance, and how to access them. These efforts include clinic flyers, educational brochures, a pilot maternal health e-newsletter, and a comprehensive guide to prenatal and postpartum services.

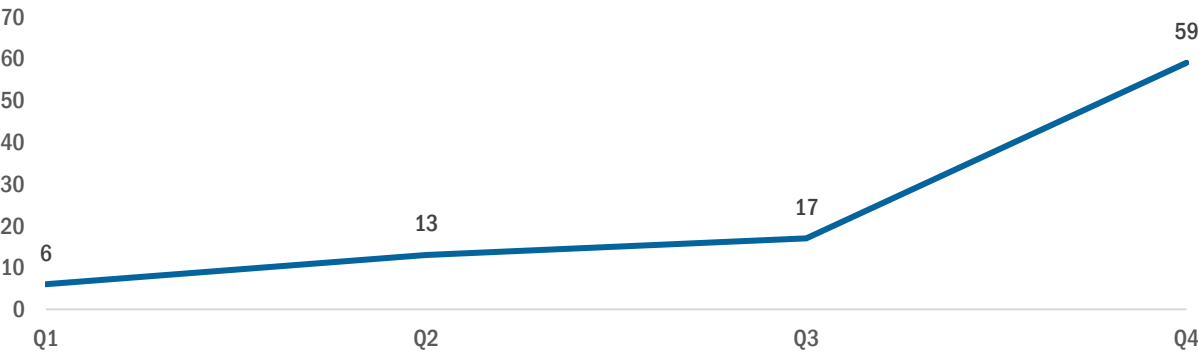
Recognizing the critical role doulas play in improving maternal health outcomes, CCHP has also strengthened provider support to expand and sustain its doula network. Initiatives such as doula office hours, joint operations meetings, and a dedicated doula provider manual have been introduced to foster collaboration and retention.

Since launching these initiatives in September 2024, doula claims have increased by 247% compared to previous quarters, reflecting significant progress in expanding access to doula care.

Figure 9. Doula Claims by Quarter, 2024.

Doula Claims Increased Following Our Initiatives Between Q3 and Q4.

Claims received for doula services increased 247% after implementing educational outreach and resources for both members and provider



8.4.2 Programs Addressing Chronic Disease

8.4.2.1.1 Food as Medicine

As part of the Community Supports, CCHP partners with 18 Reasons to provide the Food as Medicine (FAM) program, medically tailored foods for patients with diabetes, obesity or high-risk pregnancies. Members are sent weekly grocery deliveries and attend a cooking class with 18 Reasons and a medical provider. In 2024, 18 Reasons served 897 CCHP members and delivered over 15,000 boxes of groceries. CCHP supported outreach and enrollment into the FAM high risk pregnancy program by contacting 128 eligible patients, then referring 48 (37.5%) into the program and helping facilitate appointment scheduling for a subset of these patients. A propensity score analysis of FAM efficacy has demonstrated a 1.68-point drop in member A1c levels after participation, showing an effective intervention to improve members’ health.

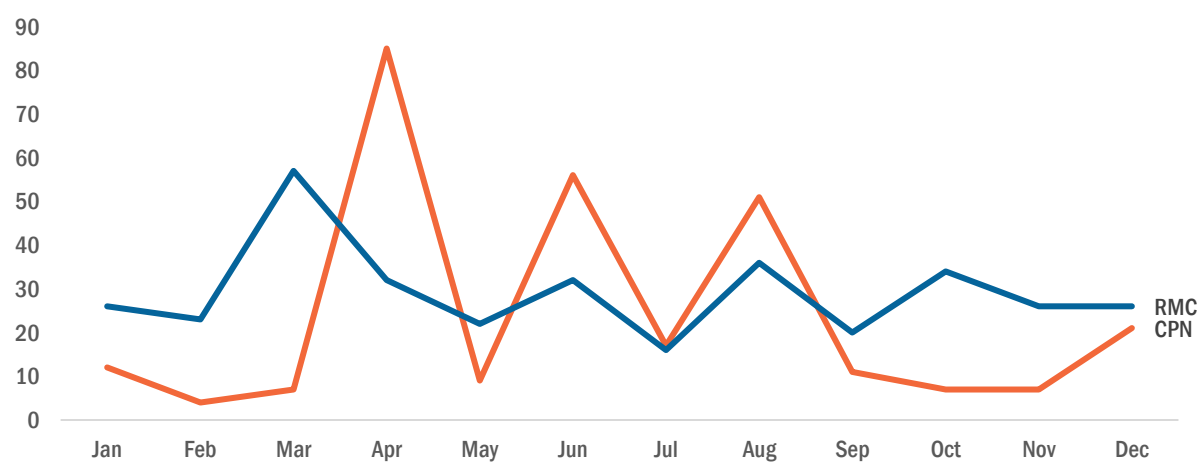
8.4.2.2 Remote Patient Monitoring for Diabetes and Hypertension

After completing a successful Performance Improvement Project, CCHP expanded our partnership with Gojji Pharmacy to provide remote patient monitoring for patients with uncontrolled diabetes. In 2023, CCHP built out infrastructure to prospectively identify and outreach eligible patients for referral to Gojji. CCHP also expanded eligibility to allow providers to refer any member with uncontrolled diabetes to the program.

CCHP continued its partnership with Gojji Pharmacy to provide remote patient monitoring services for members with diabetes and/or hypertension. In 2024, CCHP contacted 2,030 members with uncontrolled diabetes and referred 493 (24.3%) RMC patients into the program, with 350 (71.0%) members ultimately enrolling. In addition to the 350 RMC member enrolled, CPN providers referred and ultimately enrolled 287 members, up significantly from the 38 enrolled in 2023. Since the program began in 2022, CCHP has enrolled 1,219 patients into the diabetes RPM program. A previous propensity score analysis on this program revealed that patients who participated in the program saw an average A1c decrease of nearly 16%. CCHP has also seen improvement in the HEDIS Diabetes HbA1c Poor Control (>9.0%) measure and performed at the 90th percentile in MY 2023.

Figure 10. Enrollment into the Diabetes RPM Program by Network.

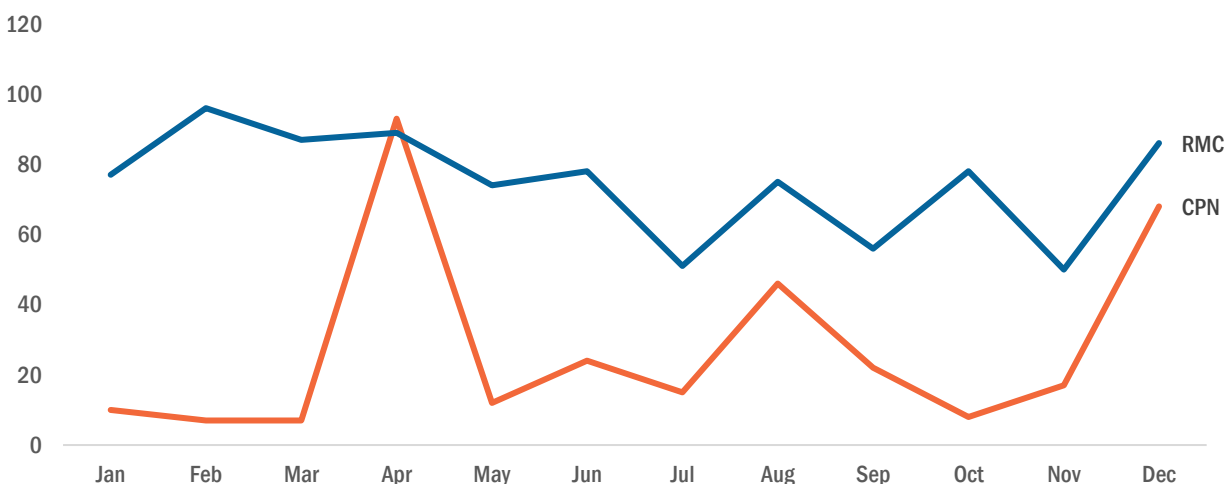
CPN providers have significantly increased enrollment into the diabetes RPM program



In addition to the diabetes RPM, Gojji also offers a hypertension program. Currently, CCHP providers can enroll members by prescribing a blood pressure cuff and sending the prescription to be filled by Gojji pharmacy. In 2024, Gojji enrolled 1,241 members in the hypertension RPM program (Figure 11).

Figure 11. Enrollment into the Hypertension RPM Program by Network.

1,241 people were dispensed HTN cuffs in 2024



CCHP is undergoing contract negotiations to expand the data sharing agreement to allow for better tracking of patient outcomes.

8.4.2.3 Asthma Education and Remediation Services

Prior to 2024, CCHP utilized two grant-funded Community Health Workers (CHW) to provide Asthma Preventative Services (APS) and direct consumer remediation supplies. After the grant was successfully completed, CCHP contracted with a regional provider to offer these services to members via the APS benefit and CalAIM Asthma Remediation services. After the program transition, CCHP noticed a decline in the number of referrals for services, with only 18.5 members/month referred for services. The previous CCHP CHWs had access to the data structure to prospectively identify and recruit members with moderate to severe asthma, but after moving to the contracted provider recruitment into services relied on provider and case manager referrals. In order to increase the number of members served, CCHP conducted a PDSA in Q2 to increase referrals. The CCHP student intern conducted 52 outreach calls to 33 unique members who had a recent Emergency Department visit for asthma or who met the criteria for moderate to severe asthma. The student intern was able to make contact with 25 (75.8%) of the outreached members and 17 (51.5%) of all outreached patients received a referral. Overall, the number of referrals for CalAIM Asthma Services increased from an average of 18.5/month in the months preceding the PDSA to 35 referrals/month during the PDSA, an increase of 89.2%. CCHP expanded the contracted provider network in 2024 and now has two providers, demonstrating the continued commitment to ensuring capacity for these services.

In addition to the PDSA, CCHP has participated in the RMC Ambulatory Care Redesign project specifically focused on Alternative Care Models for patients with moderate to severe asthma. These patients will be contacted and invited to participate in a nurse-led asthma clinic to better address patient medication management and education. Recruitment for these clinics will be conducted by the CCHP Health Education Specialist and will begin in Q1 2025.

8.4.3 Care Management

CCHP prioritizes the needs of its most vulnerable members through two essential programs, Enhanced Care Management (ECM) and Complex Case Management (CCM). ECM, designed for the most complex patients offers community-based case management, offering personalized, in-person interactions. This program targets diverse populations with unique needs, including homeless individuals, those at risk for avoidable hospitalizations, individuals with severe mental illness and substance use, those with a history of incarceration, children with a welfare background, and adults transitioning from skilled nursing facilities. In 2024, the ECM expanded again to include pregnant and postpartum women who are subject to racial and ethnic disparities (Black, American Indian or Alaska Native, or Pacific Islander women). Recognizing the intricate needs of these members, ECM enrollment is for one year, with the option to extend based on individual requirements. In contrast, CCM supports higher and medium-risk members not served by ECM, providing chronic care disease management and episodic interventions. The fluid transition between ECM and CCM ensures comprehensive care management.

In 2024, CCHP made significant investments to direct qualified individuals to ECM, leveraging the robust data infrastructure discussed in the risk stratification section above. The implementation of automated authorizations streamlined service access. The capacity of ECM providers increased from eight to 23 by year-end, showcasing CCHP's commitment to expanding capacity. CCHP made a concerted effort to increase referrals to these new community ECM provider groups. CCHP stands out as one of the leading health plans in the state for ECM provision, surpassing others in overall ECM enrollment relative to assigned Medi-Cal lives.

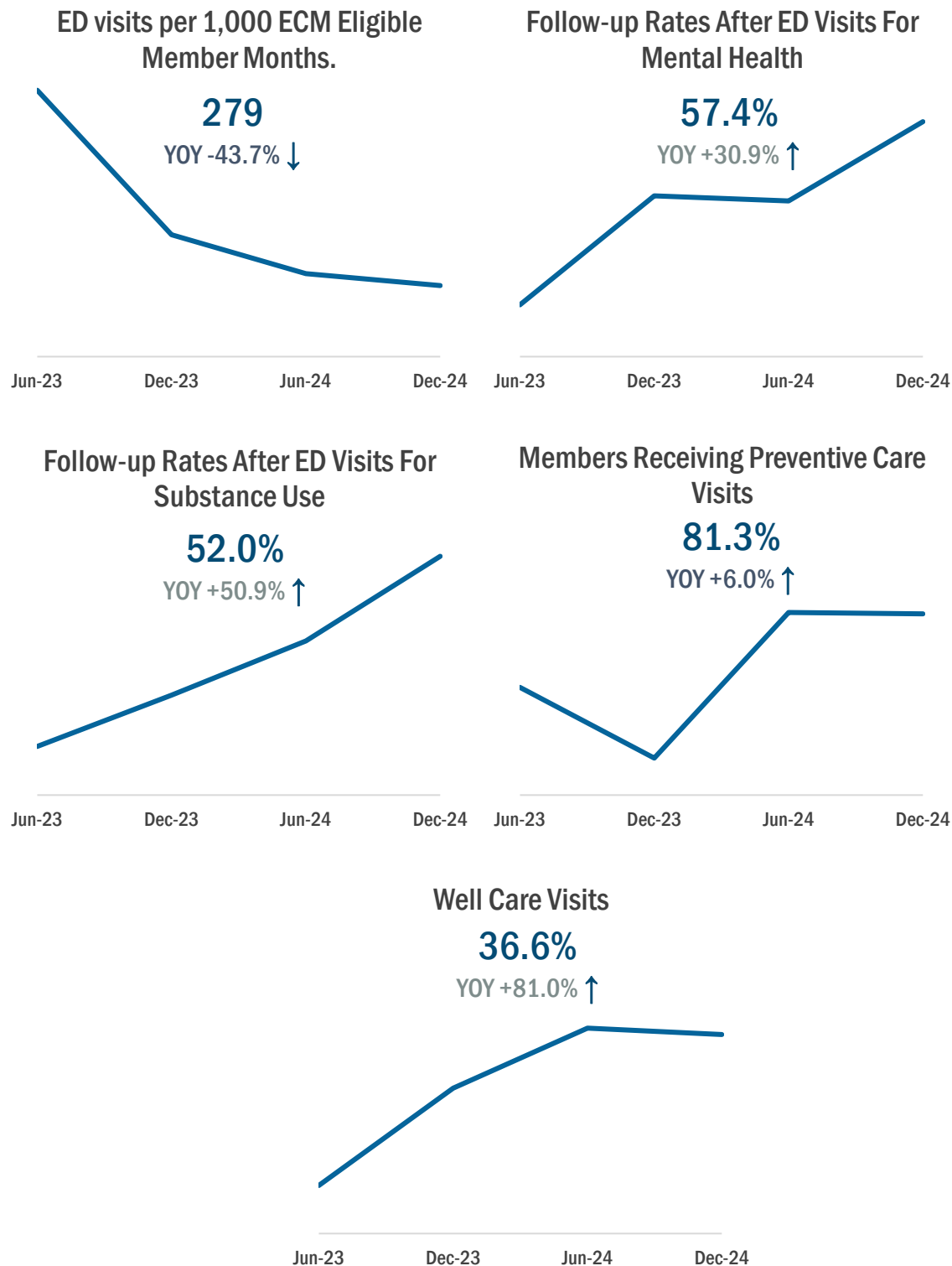
Table 7. Comparison of Enrollment in Care Management Programs

Care Management Program	2023	2024	% Change
ECM Population of Focus	6,488	7,706	18.8%
Adult High Utilizer	836	1,916	129.2%
Adult Homelessness Individual	1,081	1,707	57.9%
Adult SMI/SUD	806	1,595	97.9%
Child/Youth High Utilizer	453	1,278	182.1%
Child/Youth SED/CHR	138	510	269.6%
Adult Incarceration Transition	490	409	-16.5%
Adult LTC	30	321	970.0%
Child/Youth CCS/WCM	149	303	103.4%
Adult Homelessness Family	56	262	367.9%
Adult Nursing Facility Transition	30	215	616.7%
Child/Youth Homelessness Family	71	153	115.5%
Child/Youth Homelessness	30	138	360.0%
Child/Youth Welfare Hx	48	83	72.9%
Adult Birth Equity	-	41	-
Child/Youth Incarceration Transition	32	30	-6.3%
Child/Youth Birth Equity	-	18	-
Case Management	981	3,425	249.1%
Transitional Care Services	634	2,882	354.6%
Complex Case Management	200	400	100.0%
CCS Transitions	147	143	-2.7%

CCHP notably increased the number of members served in 2024 compared to 2023, especially for the Adult Long Term Care, Adult Nursing Facility Transition, Homeless Families with Adult CCHP members, and Unaccompanied Homeless Children populations of focus (POF). The RSS tiering discussed in 8.3 also lead to significant increases in Transitional Care Services and the number of members receiving Complex Case Management.

To assess impact of ECM, CCHP has begun trending several HEDIS measures for the ECM enrolled population: Emergency Department Visits/1000 Member Months, Follow-up for ED with Mental Health, Follow-up for ED with AOD, Adult Access to Preventive/Ambulatory Health Services, and Child and Adolescent Well Care Visits. Even with the Adult High Utilizer POF more than doubling in 2024, the number of ED visits per 1,000 ECM Eligible Member Months decreased over 43% at the end of 2024 compared to June 2023. The follow-up rates after ED visits for behavioral health reasons and the Adult Access to Preventive/Ambulatory Health Services increased as well. While there were notable improvements in the Child and Adolescent Well Care Visit rates, the rate for children receiving ECM is much lower than the overall CCHP average.

Figure 12. Select HEDIS Measures in the ECM Population.



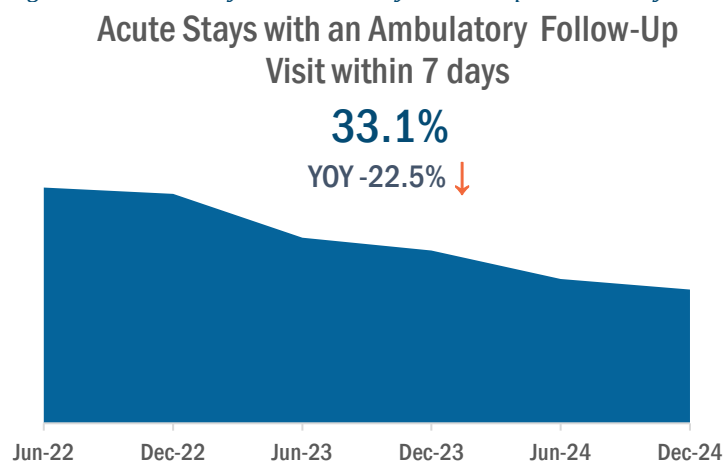
8.4.4 Transitional Care Services

Transitional Care Services (TCS) at CCHP focuses on facilitating the movement of members across different care settings, ensuring a smooth transition from hospitals to home-based or community settings. Essential services include comprehensive medication reconciliation upon discharge and post-discharge, linkage to a primary care appointment post discharge, review of discharge paperwork, and coordination of any post-discharge needs, which may include durable medical equipment, coordination of services, transportation, and other supports. High-risk individuals receive personalized care management, while low-risk individuals have direct access to coordination services.

In 2024, 2,882 members were successfully linked to a CCHP case manager for TCS, in addition to those members that had a pre-identified case manager through ECM or CCM at the time of discharge. This is an increase of over 355% compared to the number of members in TCS in 2023.

Throughout 2024, analyzed the DHCS Acute Stays with an Ambulatory Follow-Up Visit within 7-Days measure, which indicated 33.1% of individuals had an ambulatory visit within 7-days post-discharge. The identified barriers to achieving this target include timely identification of admissions, assigning a case manager promptly, and ensuring effective member engagement within a limited timeframe. To overcome these challenges and enhance efficiency, CCHP implemented auto referrals based on ADT feeds, as described in 8.3. After the implementation of these auto referrals in Q3, both the number of patients and the overall percentage of patients with a CM visit per quarter increased. CCHP will continue to trend these metrics over time and implement improvement activities as needed.

Figure 13. Acute Stays with a Timely Follow-Up Ambulatory Visit.



9 PATIENT SAFETY ACTIVITIES AND PROJECTS

Patient safety is a top priority at CCHP, and various departments collaborate to address this critical aspect of healthcare. Routine reviews of data from sources such as grievances, appeals, access and availability metrics, claims, medical record review, HEDIS measures, satisfaction surveys, utilization and case management records, as well as studies on adherence to clinical guidelines, contribute to the identification of potential risks to members' safety. The findings from these reviews are regularly presented to the Quality Council, allowing for comprehensive oversight and continuous improvement in patient safety measures.

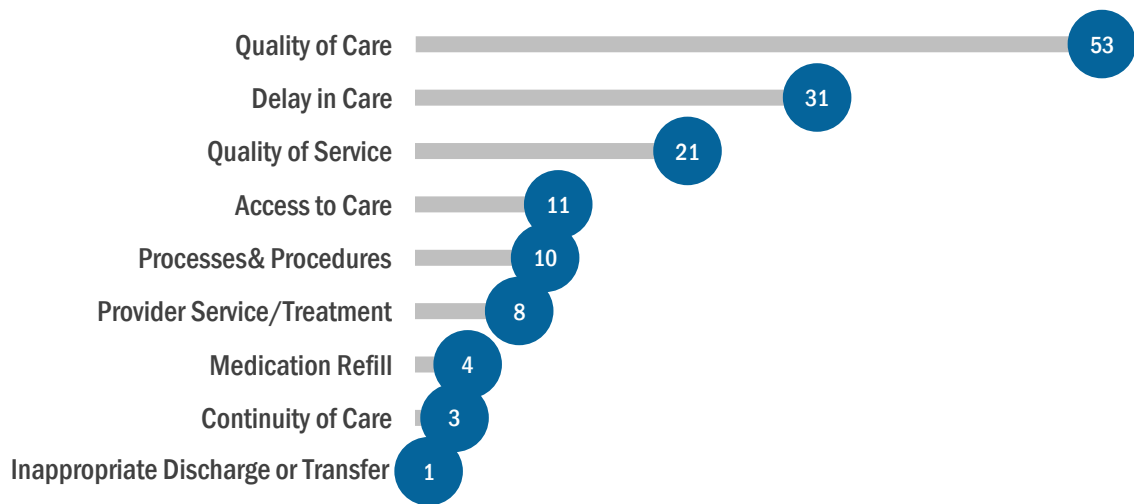
9.1 POTENTIAL QUALITY ISSUES AND PROVIDER PREVENTABLE CONDITIONS

Any department, provider or member can identify and report a potential quality issue (PQI) which will then undergo an investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) according to diagnosis codes. All PPCs are entered in the system as a PQI and undergo an investigation. The PQI committee, consisting of the Chief Medical Officer, Medical Director, and Director of Pharmacy, evaluates and categorizes PQIs from level 0 (no confirmed issue) to level 3 (a significant concern). Level 3 PQIs prompt a Corrective Action Plan (CAP) and potential escalation to the Peer Review and Credentialing Committee (PRCC). Provider Relations further identifies any trends at the provider level where intervention is warranted. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council bi-annually.

During 2024, CCHP reviewed 264 cases, primarily referred through grievances, followed by utilization review. Of those cases 122 were determined to have no quality issue (level 0), 77 had minor issues (level 1), 48 moderate issues (level 2), and 17 presented significant quality issues (level 3). PQIs predominantly centered around Quality of Care. Through diligent follow-up, corrective action plans (CAPs) were initiated, empowering providers to enhance services and elevate overall care quality. All PQIs are protected under California Evidence Code 1157.

Figure 14. PQIs by Issue Type.

The majority of PQIs were due to Quality of Care Issues



Compared to 2023, there was a slight decrease in PQI cases.

9.2 PHARMACEUTICAL SAFETY

CCHP actively addresses pharmaceutical safety concerns through targeted over/under-use activities. These initiatives encompass the review of members with fifteen or more prescriptions, potential case management referrals, assessments of members with potentially unsafe medication regimens, and review of prescription trends to detect possible fraud, waste, and abuse. Proactive measures include notifying providers about medication safety issues and educating patients.

Throughout the reporting period, CCHP executed the outlined pharmaceutical safety activities to ensure the ongoing safety and appropriateness of medication regimens. For example, CCHP tracked, communicated with and provided education to 72 members being treated for Hepatitis C to ensure completion of therapy. Additionally, 74 letters were sent to providers alerting them of their patients who were currently taking the dangerous drug therapy combination of opioids and benzodiazepines. Continuous efforts in provider communication and patient education underscore CCHP's commitment to pharmaceutical safety, aligning with best practices in healthcare quality management.

9.3 FACILITY SITE REVIEW AND MEDICAL RECORD REVIEW

CCHP prioritizes the adherence of primary care provider sites to local, state, and federal regulations to uphold patient safety standards. Stringent protocols ensure medical records comply with legal standards, documenting the provision of preventive care and effective

coordination of primary care services. Facility Site Review nurses conduct periodic full-scope reviews, addressing deficiencies through corrective action plans.

In 2024, CCHP completed 33 Facility Site Reviews, with 31 providers undergoing medical record reviews, totaling 381 records. This comprehensive assessment process identified areas for improvement, resulting in the formulation of 31 corrective action plans. Additionally, Physical Accessibility Review Surveys (PARS) were conducted for PCP sites, high volume specialists, ancillary providers, and community-based adult services providers, with 58 PARS completed during the year. The identified corrective actions and PARS contribute to an ongoing cycle of improvement, reinforcing CCHP's dedication to fostering a healthcare environment that prioritizes patient safety and regulatory compliance.

10 PROVIDER COLLABORATION

CCHP is dedicated to fostering collaborative relationships with provider stakeholders, including the CCRMC system, Federally Qualified Community Health Centers (FQHCs), Community Provider Network providers, Behavioral Health, Public Health, Skilled Nursing Facilities, Hospitals, and Community Support and Enhanced Care Management providers. Joint Operations Meetings (JOM) provide a platform for leadership discussions, facilitating communication across diverse entities. CCHP actively participates in the Safety Net Council structure, engaging with FQHCs and regional clinical consortiums. The commitment to collaboration extends to various operational, quality, and provider-focused meetings, underscoring the shared goal of enhancing healthcare quality and delivery.

In 2024, CCHP completed Joint Operations Meetings with hospitals, SNFs, ECM, and CS providers and established a new framework for JOM meetings with doula providers. Four quarterly provider network trainings and 2 newsletters successfully provided updates and a forum for direct community with providers. Regular round meetings occurred between the Utilization Management (UM) and Case Management teams and hospitals to refine member transitions and discharge processes. The Quality and Health Equity Department continued bi-monthly quality meetings with individual FQHC quality teams, emphasizing focused discussions on quality improvement activities. Over 20 dedicated meetings transpired, focusing on reviewing quality measures and crafting active improvement initiatives. To ensure alignment on quality improvement efforts, the CCHP Quality Program Manager also participated in weekly meetings with RMC Quality Incentive Pool (QIP) teams focused on pediatric measures.

In 2024, CCHP launched its Pay-for-Performance (P4P) program to directly support and reward providers who deliver high-quality care and improve patient outcomes. The P4P

program focuses on key areas such as preventive care, chronic disease management, and maternal and child health. This program aims to align provider incentives with high-quality care by rewarding those who meet or exceed established performance benchmarks. By linking financial incentives to the achievement of quality measures, CCHP seeks to enhance patient outcomes, promote efficient care delivery, and foster a culture of continuous improvement. The program supports CCHP's commitment to delivering exceptional healthcare by rewarding provider groups that excel in their performance and achieve superior results for their patients. In the first year, provider groups with more than 15,000 assigned CCHP patients are eligible for incentives; in 2025 CCHP will expand the program to include provider groups with more than 2,000 CCHP members.

In 2024, leveraging enhanced provider engagement, CCHP has successfully strengthened its coordination and service delivery to members through effective partnerships. The year was marked by structured engagements, strategic meetings, and proactive communications, fostering collaborative initiatives, transparent communication channels with providers, and a steadfast commitment to continuous quality improvement.

11 DELEGATION

Delegated activities at CCHP are governed by a comprehensive delegation agreement, defining specific functions and responsibilities assigned to delegated entities. After the transition to the county Single Plan Model, Kaiser Permanente is no longer in the CCHP network and therefore, there are no delegated entities for Quality functions

As a sister organization, CCHP had previously extended its delegation to CCBHS for utilization management. In 2024, CCHP resumed oversight for UM functions and no longer delegates this activity to CCBHS.

12 CONCLUSION

12.1 BARRIERS

In 2024, CCHP successfully completed and met a large majority of the ambitious goals and objectives outlined in the 2024 Quality Work Plan. There were, however, some barriers to successfully meeting all objectives in the year.

One of the more challenging barriers stemmed from the complex regulatory landscape coupled with the rollout of simultaneous ambitious initiatives by DHCS. Navigating through the requirements associated with the implementation of the Single Plan Model and additional CalAIM initiatives, as well as efforts to launch a Dual-Special Needs Plan proved

to be demanding. These project rollouts required meticulous execution amidst competing priorities while ensuring ongoing compliance with existing statutes and organizational goals.

A significant barrier that CCHP encountered was the large membership increase in 2024 due to Blue Cross exiting the market in Contra Costa. CCHP saw an influx of 36,124 new members in January 2024, about ten times as many new members in an average month. This large influx of members will likely impact MY2024 HEDIS rates as they meet measure specific continuous enrollment criteria.

Addressing access and availability concerns, CCHP is actively engaged in expanding the provider network to improve appointment availability, particularly in specialties facing significant impact. At the end of 2024, CCHP made a significant expansion with bringing on the Sutter specialties in network.; however, challenges persist due to shortages of providers willing to accept Medi-Cal rates, especially in certain specialties. CCHP remains dedicated to the ongoing development of its population health services, with a focus on expanding transitional care services and refining processes to facilitate effective linkage and navigation for individuals at critical junctures.

12.2 OVERALL EFFECTIVENESS

CCHP achieved 4.5 stars in NCQA's Health Plan Report Card, the highest rating given to Medi-Cal plans in California. This endorsement is a recognition of CCHP's commitment to quality and patient care.

One of the primary indicators of CCHP's success is improved patient outcomes. CCHP's efforts in preventive care, chronic disease management, and care coordination have contributed to better health outcomes and enhanced overall patient well-being as demonstrated by the 17 MCAS measures that achieved the 90th percentile ranking of all Medicaid HMOs nationally.

CCHP is also proud to report significant enhancements in the patient experience because of quality program initiatives. Patient experience scores improved on the CAHPS survey, with many measures increasing in percentile ranking.

Central to CCHP's quality program is the use of data-driven decision-making to inform our quality improvement efforts. CCHP has established robust data collection, analysis, and reporting mechanisms that provide actionable insights into our performance metrics, outcomes, and areas for improvement. By leveraging data analytics and performance

metrics, the quality department can identify trends, track progress, and make informed decisions to drive continuous quality improvement.

CCHP has fostered a culture of excellence, innovation, and continuous quality improvement throughout our organization and provider network. CCHP hosted regular quality meetings with provider groups to work together to identify improvement opportunities, develop solutions collaboratively, and ensure alignment with clinical priorities.

The successes achieved through CCHP's quality program reflect the dedication to delivering exceptional healthcare services and improving patient outcomes. By prioritizing patient-centered care, data-driven decision making, and a culture of continuous improvement, CCHP has made significant strides in enhancing the quality, safety, and efficiency of healthcare delivery.

A critical aspect of our success is the continuous evaluation of our quality improvement program resources. The addition of health education staff has allowed for greater outreach and engagement with members. With these additions, we believe our current resources are adequate. Our current quality improvement committee and subcommittee structure are robust, ensuring a comprehensive approach to quality initiatives. The addition of the Equity Council in 2024 provided an additional layer of insight to our quality improvement and health equity efforts and has provided meaningful feedback to drive improvement. CCHP's CMO and other Medical Directors provide meaningful practitioner engagement and leadership in the quality improvement program, with fruitful meetings and valuable input from providers. The active participation and leadership in the quality program played a pivotal role in achieving strong quality results. Through strategic oversight, clinical expertise, and engagement with key stakeholders, the CMO and physician leadership helped drive data-driven decision-making and fostered a culture of continuous improvement. This leadership ensured the successful implementation of evidence-based interventions, ultimately enhancing health outcomes and performance metrics. This collaboration has further enriched our quality initiatives.

As we reflect on the year, CCHP acknowledges the adequacy of our quality improvement program resources, the effectiveness of our committee structure, and the active practitioner participation and leadership. Looking ahead, the quality improvement program for the subsequent year will maintain its current structure, with no major changes planned for 2025. This decision is grounded in the success and positive outcomes witnessed in our current approach.

The effectiveness of CCHP's quality program is evident in improved patient outcomes, enhanced patient experiences, and the positive impact on key metrics. By fostering a

culture of excellence, innovation, and continuous improvement, we remain dedicated to delivering exceptional healthcare services and achieving meaningful improvements in patient well-being. Our commitment to patient-centered care, data-driven decision-making, and a culture of continuous improvement positions CCHP as a leader in enhancing the quality, safety, and efficiency of healthcare delivery.

13 2024 QUALITY WORK PLAN AND EVALUATION OF ACTIVITIES

2024 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1. QIHETP Structure				
1.1	QIHETP Program Documents	By March 2024, approve annual quality program documents at the March JCC meeting. Evaluate quality program to ensure that resources and priorities reflect organizational missions and strategies.	Conduct annual evaluation of the QIHETP program and develop written 2022 QIHETP Evaluation	Met. CCHP reviewed and approved the annual quality documents at the February 2024 Quality Council Meeting and at the March Joint Conference Committee Meeting. The annual plan and priorities served as a focal point for meetings with providers throughout the year.
1.2			Develop annual 2023 QIHETP Program Description, incorporating structural changes identified in the evaluation	
1.3			Develop annual 2023 QIHETP Work Plan, including monitoring of issues identified in prior years that require follow -up.	
1.4	Quality Council	Ensure Quality Council oversight of CCHP's quality program through regular meeting schedule	Convene monthly Quality Council meetings. Convene a minimum of 8 Quality Council meetings annually	Met. CCHP convened 8 Quality Council meetings in 2024. Program documents and policies were reviewed and updated in a timely fashion. Attendance remained strong.
1.5		Ensure program governance of Quality Council meeting	Revise Quality Council charter; approval of program description, evaluation and work plan	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1.6		Ensure there are policies and procedures to meet regulatory and operational needs	Review CCHP policies annually and upon any new APL changes	
1.7	Equity Council	Ensure Equity Council oversight of the Quality Improvement and Health Equity Transformation Program through regularly scheduled meetings.	Implement the QIHETP work Plan and convene quarterly scheduled meetings	Met. CCHP convened 4 Equity Council meetings in 2024. Program documents were completed and presented at the Q1 meeting and policies were reviewed and revised as required.
1.8		Ensure program governance of Equity Council meeting	Create Equity Council Charter and ensure approval of program description, evaluation and work plan.	
1.9		Ensure there are policies and procedures to meet regulatory and operational needs to ensure health equity is woven into the fabric of the organization	Review CCHP Policies with a specific view of health equity annually and update policies per APL changes.	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
1.10	Community Advisory Committee	Ensure community feedback and incorporate member input into CCHP Quality and Health Equity policies and procedures	Engage with community-based organizations and CCHP members through Quarterly CAC meetings.	Met. CAC meetings were revamped to be more interactive, with nine new members recruited in 2024. Four meetings covered the 14 required topics; additional topics such as benefits, transportation, and appointment scheduling were discussed based on member interest.
2. NCQA Accreditation				
2.1	NCQA Health Plan Accreditation	By January 2024, ensure CCHP staff are trained and survey ready for the 2025 Health Plan Accreditation survey.	Organize kick off meeting and identify department team members	Met. The CCHP Quality Department met and trained with all departments to ensure a successful 2025 Health Plan Accreditation survey. Regular meetings were held with various departments to collect survey deliverables, with a mock file review being completed. Policies were updated as needed.
2.2			Complete training on new standards, review standards and guidelines, develop project plan and timeline for submission of materials to be ready for the 2025 survey	
2.3		Ensure deficiencies identified during the 2020-2022 NCQA accreditation survey are corrected and update policies and procedures as they related to new 2024 and 2025 NCQA Standards	Modify internal processes and report formats for any "not met" or "partially met" areas	
2.4			Revise policies and procedures according to new NCQA standards and guidelines	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
2.5	NCQA Health Equity Accreditation	By February 2024, identify NCQA Health Equity Accreditation survey and timeline.	As part of the NCQA Health Plan Accreditation, identify, the Health Equity Standards to be implemented	Met. CCHP scheduled the NCQA Health Equity Accreditation survey for Fall 2025. Staff were trained on standards and guidelines; policies and workflows were updated as needed.
2.6		Review NCQA Health Equity Accreditation 2024 standards	Complete training on health equity standards, review guidelines and develop project plan and timeline	
2.7		Program development of NCQA Health Equity Accreditation for implementation in 2025.	Create policies and procedures and systems to implement accreditation guidelines.	
3. Measurement, Analytics, Reporting, and Data Sharing				
3.1	HEDIS Reporting and Quality of Clinical Care (DHCS, NCQA, DMHC)	1. By June 15, 2024, report HEDIS MY2023 scores for NCQA Health Plan Accreditation, the DHCS Managed Care Accountability Set (MCAS), and the DMHC Health Equity and Quality Measures Set (HEQMS)	Complete all annual HEDIS, MCAS, and HEQMS activities, including incorporating new measures and completing medical record abstraction.	Partially Met. CCHP achieved 4.5 stars in Health Plan ratings and high performance (over the 90th percentile nationally) in 17 MCAS measures. However, three MCAS measures were under the minimum performance level, lead screening, follow-up after ED visits for AOD, and topical fluoride application in children. CCHP began improvement projects on all three measures
3.2		2. Exceed the 50th percentile for all MCAS measures and establish	Complete annual HEDIS MY2023 report, analyzing yearly trends and identifying areas for improvement. Incorporate report into Population Health Needs Assessment.	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.3		performance improvement plan for those near or at risk	Identify areas of opportunity for data systems and data sources for MY2024	in 2024 and will continue with these projects in 2025.
3.4		3. Prepare for transition to ECDS by identifying efficiencies in data system measurement 4. Align HEDIS measurements to quality improvement projects and strategic goals for 2024	Develop and implement improvement projects targeting at risk measures and those measures that align with other strategic goals of CCHP	Data system improvements included improving coverage tables, reviewing enrollment files, standardizing LabCorps and Quest data files, working on standard supplemental data templates for providers, and improving local mapping on the following measures: FUM, FUA, EED, PPC, BCS, CCS, TFL-CH.
3.5	CCHP Quality Measurement Infrastructure	Create quality dashboard and quality monitoring program with feedback loop to providers to allow for ongoing tracking of all HEDIS MCAS measures, including measuring disparities, trends by year, and current rates	Maintain CCHP quality metric dashboard, updating to include rolling 12-month measurements for MCAS MPL measures	Met. CCHP updated the Quality Dashboard to include rolling 12-month measurements for MCAS MPL measures. CCHP can stratify measures by providers groups and rates are shared with providers during regularly held quality meetings. Panel reports, Gap in Care reports, and Children due for Lead Screening Reports that are updated daily are now available to providers on the provider portal, allowing
3.6			Create quality feedback mechanism for providers, which will share performance rates by provider group on CCHP priority measures and identify unique areas of opportunities	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.7			Develop system of data sharing gap in care lists with CPN network to allow for ongoing quality improvement	CCHP to exchange data with providers in a secure fashion.
3.8	Member Experience	<p>1. By June 30, 2024, gather, analyze, and highlight areas of opportunity using the CAHPS survey</p> <p>2. Process 95% percent of grievances within required timeframes.</p> <p>3. Develop member feedback channel through the Community Advisory Committee</p>	Review and analyze CAHPS survey results trending results by year. Incorporate into Population Health Needs Assessment.	Met. CCHP completed and analyzed the CAHPS survey, behavioral health survey, interpreter services survey, and member experience surveys for the diabetes remote patient monitoring and asthma home remediation programs. These experience surveys were administered and results analyzed, with trending and comparison to benchmarks when available. The CCHP Medical Director regularly reported grievance data during Quality Council meetings and communicated that CCHP exceeded goals for grievance processes. The CCHP Quality Director presented and gathered input from the Community Advisory Committee during meeting throughout 2024. The input from the CAC was
3.9			Review and analyze the limited English enrollee survey	
3.10			Review and analyze behavioral health specific member experience surveys	
3.11			Develop report on MY2023 member experience	
3.12			Review and analyze grievance and appeals data according to NCQA methodology and review quality of service and quality of care. Complete annual report	
3.13			Develop survey tool for collecting member experience on population health programs	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.14			Gather member input on member experience utilizing Community Advisory Committee. Incorporate into annual Population Health Needs Assessment, Impact Report, and Strategy	incorporated into the SB1019 workplan and other population health documents.
3.15	Provider Experience	Implement standard process for collected provider experience and identify areas for opportunity	Implement Provider Experience Survey	Met. CCHP sent out a provider experience survey at the end of 2024 utilizing a new vendor. Results have not yet been received at time of the evaluation report.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.16	Access to Care and Quality of Service (DMHC, DHCS)	1. Review results of Provider Appointment Availability Survey and NCQA High Volume/High Impact specialists monitoring and develop and act on at least one opportunity for improvement. 2. Implement quality monitoring program on timely access standards	Complete all access monitoring through surveys and secret shopper calls: *DMHC Provider Appointment Availability Survey *NCQA High Impact/High Volume specialists *OB/GYN and midwife providers survey on first prenatal appointment *Initial Health Appointment *After hour triage and emergency access *In-office wait time *Telephone wait times and time to return call *Call Center wait times *Shortening or Expanding timeframes *Skilled Nursing Facility placement	Met. Completed annual PAAS survey and additional monitoring activities as part of Annual Access report. CCHP met all urgent and non-urgent appointment standards for all lines of business, demonstrating improved performance compared to 2023. The report was submitted to DMHC and presented at May Quality Council and results were communicated back to provider groups.
3.17			Create comprehensive annual access report that identifies trends and identifies areas for opportunities	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.18			Develop feedback loop to providers on their results from the annual PAAS/NCQA survey, providing education and timely access standards.	
3.19	CalAIM Reporting (DHCS)	Complete all DHCS CalAIM reporting deliverables and maximize incentive dollars available through continuous improvement in pay for performance measures	Complete the quarterly CalAIM Population Health Monitoring Reports, reviewing key KPIs on population health metrics	Met. CCHP completed all reporting in a timely manner and engaged in DHCS workgroup on PHM Monitoring KPI metrics to provide feedback on new methodology and specifications.
3.20			Complete the DHCS Incentive Payment Program reporting	
3.21			Complete DHCS quarterly CalAIM ECM-CS Quarterly Monitoring Reports, reporting enrollment and utilization of CalAIM services	
3.22			Develop measure specifications and compete the transition to JSON report for CalAIM enrollment reporting	
3.23	REAL and SOGI Data	Improve collection of race, ethnicity, preferred spoken and written language data collection	Input new member REAL surveys into ccLink	Met. CCHP developed a process for ingesting Race, Ethnicity, And Language (REAL) data from new member surveys and race/ethnicity 834 data into the
3.24			Develop process for ingesting race/ethnicity 834 data into ccLink	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
3.25		Improve collection of sexual orientation and gender identity data	Modify new member packets to incorporate SOGI collection	EHR, ccLink. CCHP also developed a new SOGI form that was sent out to new members beginning in Q4.
3.26	CLAS Reporting	Ensure cultural and linguistic needs of population are being met by provider network	Conduct annual CLAS analysis of patient and provider population	Met. The results were presented at March Equity Council meeting.
3.27	Encounter Data Validation (DHCS)	Implement the encounter data validation study per the timelines and requirements from DHCS	Procure medical records and submit according to auditor's deadlines	Met. CCHP successfully completed the encounter data validation study with a 97.1% submission rate, higher than the state average of 90.6%. Omission rates for encounter data were consistently well under the 10% benchmark with high accuracy rates.
3.28	Long-Term Care and Long-Term Support Services	Develop quality measurement measure set that supports long-term care quality improvement and a systematic monitoring system for members with long term support services	Complete annual report on long term care and long-term support services	Met. The report was completed and presented at October Quality Council.
4. Performance Improvement Projects				

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.1	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Increase the percentage of members who complete a follow-up appointment within 30-days of an ED visit for mental illness. (Previously identified issue)	Conduct comprehensive analysis on FUM data to identify areas of opportunity; collaborate with Contra Costa Behavioral Health on improvement project	Met. CCHP conducted weekly meetings and ongoing collaboration with CCBH and the 2024 FUM rate is 54.5% (preliminary data). This puts CCHP above the minimum performance level of 53.8%. In addition to weekly meetings, CCHP enrolled in the IHI Behavioral Health Collaborative with CCBH and engaged with CCRMC QIP FUM/FUA Committee
4.2	Follow-up for Emergency Department Visits after ED Visit Substance Use (FUA)	Increase the percentage of members who complete a follow-up appointment within 30-days of an ED visit for substance use. (Previously identified issue)	Conduct comprehensive analysis on FUA data to identify areas of opportunity; collaborate with Contra Costa Behavioral Health on improvement project	Met. CCHP conducted weekly meetings and ongoing collaboration with CCBH on FUA, the rate increased from 32.31% in 2023 to 41.2% in 2024 (preliminary data). This 8.89%-point increase puts CCHP over the minimum performance level of 36.2%. (Percent change: +27.5%). In addition to weekly meetings, CCHP enrolled in the IHI Behavioral Health Collaborative with CCBH and engaged with CCRMC QIP FUM/FUA Committee

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.3	Enrollment in Case Management after Emergency Department visit for Mental Health and Substance Use	Increase the percentage of members who enroll in case management within 14-days of an ED visits for mental health or substance use. (Previously identified issue)	Develop workflow for authorizing and enrolling eligible individuals into case management after ED visit for mental health and substance use	Met. The rate of enrollment in case management of naive patients who visited the ED for mental health or substance increased from 0.9% in 2023 to 1.5% in 2024 (preliminary data), an increase of 0.6% points. (Percent change: +66.7%). CCHP implemented auto-referrals for patients in this population in late Q3.
4.4	Blood Lead Screening	Increase pediatric blood lead screening rates to exceed the DHCS MPL. (Previously identified issue)	Distribute lead outreach toolkit and lead education materials to providers	Not met. The preliminary 2024 data for LSC shows that the rate increased from 52.81% in 2023 to 63.0% in 2024. This increase of 10.19% points leaves CCHP just shy of the 63.8% target. (Percent change: +19.3%)
4.5			Collaborate with providers with low lead screening rates to identify opportunities for improvement	
4.6			Increase provider awareness of lead testing options, including POCT and microcontainers	Efforts to address this measure included outreach calls and mailers to patients due for screening.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.7	Well Child Visits in First 6 Months of Life	Narrow the health disparities gap between Black/African American and Asian members	Identify regional and provider level disparities in WCV completion performance and develop targeted improvement project.	Partially met. The health disparities gap between Asian and Black members increased from a difference of 11.7% in 2023 to 17.3% in 2024 (preliminary data), a difference of 5.6% points (+47.9% increase). CCHP identified that the provider group with the most opportunity for impact on this metric was RMC and implemented an outreach campaign to target members who had not been seen by their PCP in over 12 months for outreach and direct appointment scheduling. CCHP also conducted outreach to members under 15 months of age who were out of compliance with the expected cadence of their WCV and connected the members' caregivers to the PCP appointment lines.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.8	Continuity and Coordination of Medical Care (NCQA)	Improve continuity and coordination of member care between medical providers through at least 3 projects that meet NCQA standards.	Establish baseline report for projects and implement interventions	Abandoned. The NCQA requirements for QI3 & QI4 were revised and the resources to meet these requirements were incorporated into various improvement projects.
4.9	Continuity and Coordination Between Medical Care and Behavioral Healthcare	Improve continuity and coordination of member care between medical providers and behavioral health providers through at least 2 projects that meet NCQA standards.	Establish baseline report for projects and implement interventions	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
4.10	Monitoring and rapid improvement cycles	Develop process for monitoring MCAS and HEDIS measures and conduct rapid improvement for measures that are dipping below expected rates.	Develop and monitor dashboard and deploy rapid improvement outreach efforts where needed for measures.	Met. CCHP continuously monitored the MCAS dashboards and began improvement efforts as needed for lead screening in children (LSC), topical fluoride for children (TFL), and well-care visits in the first 15 months of life (W30-015). Outreach efforts were also implemented for FIT kit completions to impact the COL measure. Outreach efforts were implemented at the Access Line for follow-up measures after ED visits for mental health and substance use (FUM & FUA).
5. Population Health				
5.1	Population Needs Assessment and Community Health Needs Assessment	Understand member needs and health to create a responsive population health program	Complete MY 2023 population needs assessment according to NCQA guidelines	Met. CCHP completed a population needs assessment and presented to the Quality Council. Additionally, CCHP

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.2			Develop cross functional team collaborating with Contra Costa County Public Health in preparation for the 2025 Community Health Needs Assessment and Community Health Implementation Plan	joined the cross divisional CHA and CHNA workgroup to participate in the CHA planning process. CCHP advised the CAC about the workgroup and encouraged them to participate in the planning process and to give the county input on its findings and activities.
5.3			Engage CAC as part of CHNA process by reporting involvement and findings, obtain input/advice from CAC on how to use findings from the CHNA to influence strategies and workflows related to the Bold Goals, wellness and prevention, health equity, health education, and cultural and linguistic needs.	
5.4	Population Health Management Strategy	Develop population health strategy in alignment NCQA and DHCS requirements, involving delivery system, county, and community partners	Complete PHM Strategy in alignment with DHCS and NCQA guidelines	Met. Completed PHM Strategy and submitted on time to DHCS.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.5	Population Impact Report and Evaluation	Develop framework for evaluating CCHP's population health program and measuring impact to ensure programs are achieved desired outcomes	Complete PHM Impact and Evaluation report	Met. Completed PHM Impact and Evaluation report to assess the Population Health Program.
5.6	Initial Screening Process	1. Provide streamlined new member experience, with regards to HIF/MET, IHA, LTSS, and other assessments. 2. Develop a new member outreach workflow to maximize Initial Health Appointments and New member survey completion 3. Ensure system exists so members with positive screenings are identified for the appropriate services 4. Develop data system so screening questions are results are shared across providers	Implement electronic HIF/MET and LTSS screenings utilizing myChart questionnaires	Partially Met. 1. Met: All positive screenings are referred to CHW providers and the IHA report was updated to incorporate HIF/MET responses. 2. Not Met: Electronic HIF/MET and LTSS screenings utilizing MyChart has been deferred to when CCHP has an active DSNP.
5.7			Develop and implement workflows with community health workers for following up on positive screenings	
5.8			Develop reporting for on-going monitoring of HIF/MET	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.9	Initial Health Appointment	Increase IHA completion rates. (Previously identified issue)	Conduct chart audits and give feedback and education to providers missing IHA elements	Partially Met. 1. Met: CCHP completed IHA audits and presented the findings at the May Quality Council.2. Not Met: IHA rates decreased slightly from 43.1% in FY22/23 to 42.8% in FY23/24. Text message and email reminders to complete the IHA were deferred.
5.10			Implement text message and email reminder for patients to complete Initial Health Appointment	
5.11	DHCS Population Health Service/Risk Stratification, Segmentation, and Tiering	1. Implement DHCS Population Health Service into existing workflows	Implement DHCS Population Health Service based on forthcoming guidance upon service launch.	Met. No updates from DHCS regarding PHM Service
5.12		2. Refine CCHP's risk stratification, segmentation, and tiering processes utilizing all available data sources	Modify RSS and Tiering and supporting workflows to incorporate the DHCS Population Health Services	
5.13	Assessment and Reassessment	Ensure annual assessment of Members with LTSS needs and CSHCN	Utilize custom assessment for SPDs and CSHCN and triage according to needs	Met. CCHP is currently utilizing the new custom assessment for new members to triage members with positive LTSS questions.
5.14		Ensure annual reassessment of Members with LTSS needs and CSHCN	Develop workflows to ensure annual reassessment of Members with LTSS needs and CSHCN	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.15	Ongoing Engagement with PCP	1. Increase regular engagement with PCPs 2. Close Member gaps in preventative care	Develop disengaged member reports to identify population	Met. CCHP participated in and provided significant support for the Contra Costa Health Assigned Not Seen project. Outreach staff conducted over 5,000 calls to patients ages 0-17 who had fallen out of care for over 12 months; leading to over 600 appointments completed by patients at the end of 2024. Reports were developed to identify patients ages 0-3 who have fallen off of the Brighter Futures well visit periodicity schedule to easily identify members for outreach and engagement. Gap in Care reports at the provider level were also developed to allow providers to more proactively identify their panel and close care gaps.
5.16			Develop workflows to connect disengaged Members with PCPs & close care gaps	
5.17	Closed Loop Referrals	Understand closed loop referral guidelines and implement technical system to support regulations	Develop workplan for implementing closed loop referrals based on DHCS guidance	Met. CCHP is on track to implement closed loop referrals for ECM and CS on 7/1/2025 per DHCS guidance.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.18	Community Health Workers, Care Coordination, and Navigation with Social Services	Implement social resources into health education workflows and support referrals to CHW services	Develop referral process for CHW services based on identified social needs	Met. CCHP implemented a referrals process to CHW providers based on identified social needs.
5.19	Wellness and Prevention Programs	Improve preventative health of members with regards to: healthy weight, smoking/tobacco, physical activity, healthy eating, managing stress, avoiding at-risk drinking, identifying depressive symptoms	Implement Health Education Krames to have dynamic website that offers self-management tools.	Met. CCHP launched the healthd.cchealth.org website in Q3. CCHP advertised the new website and the available tools to members in the Fall newsletter and to CCHP providers at the provider network training. Telehealth asthma classes were recorded and made available online. In person classes are in development.
5.20			Educate providers and staff on available new health education tools	
5.21			Develop in person and telehealth classes to be facilitated by CCHP Health Educators	
5.22	Colorectal Cancer Screening	Increase colorectal cancer screening rates	Send out FIT kits monthly to Members due for colorectal cancer screening	Met. CCHP increased COL rates from 47.97% in 2023 to 58.6% in 2024 (preliminary data), an increase of 10.6% points (percent change +22.2%). Outreach staff conducted over 2,600 calls to patients to encourage them to complete their FIT kit test.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.23	Chronic Disease Management	Monitor Chronic Disease Management Programs	Monitor programs for the following chronic conditions: Diabetes, Cardiovascular Disease, Asthma, and Depression and identify any areas for improvement	Met. CCHP monitored activities in these programs and conducted PDSAs related to diabetes prevention and asthma education & remediation.
5.24	Chronic Conditions: Diabetes Management Program	1. Reduce number of CCHP members with uncontrolled diabetes	Provide medically tailored people to patients with uncontrolled diabetes. Evaluate efficacy of MTM.	Met. In MY2023 CCHP achieved the 90th percentile for the Hemoglobin A1c Control (updated to Glycemic Status Assessment for Patients with Diabetes in MY2024) and was exceeding the target for the measure for MY2024, with an estimated GSD >9.0% of 31.8% (preliminary data). In 2024,
5.25		2. Increase the number of people enrolled in the Diabetes Prevention Program	Continue expansion of remote blood glucose monitoring partnership with Gojji	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.26			Conduct PDSA with DPP provider to increase referrals & enrollment of prediabetic Members	CCHP referred 493 RMC members to Gojji and 350 enrolled. CPN patients saw increased access to Gojji services, with 287 enrolling in Gojji's diabetes RPM program in 2024. CCHP increased referrals to the contracted DPP provider from 63 in 2023 to 169 in 2024, with 87 consenting to services and 29 completing at least one visit. CCHP conducted an outreach PDSA to help outreach to 21 referred members and complete the sign-up process.
5.27	Chronic Conditions: Asthma Mitigation Program	Reduce the number of CCHP members with acute asthma exacerbations that require emergency department visits and/or hospitalization	Complete Bay Area Healthy Homes Initiative (BAHHI) data collection and reporting	Partially Met. 1. Met: CCHP successfully completed BAHHI data collection and reporting in Q2. In 2024, 217 CCHP members were referred to the CalAIM Asthma Home Remediation Program, with 14 of those referrals coming direction from Quality outreach

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
			Expand referrals to Asthma Home Remediation CalAIM Programs	efforts. Inpatient hospitalizations for asthma decreased from 0.6 IP stays per 1,000 members in 2023 to 0.3 IP stays per 1,000 members in 2024 (difference: -0.3 visits, percent change: -50.0%). The average number of admissions per patient decreased from 1.4 per member to 1.2. 2. Not Met. ED visits for asthma increased from 5.6 visits per 1,000 members in 2023 to 7.7 visits per 1,000 members in 2024 (difference: +2.1 visits, percent change: +37.5%). The average number of ED visits per person remained unchanged at 1.3 visits per person.
5.28	Maternal Health Outcomes	Improve key maternal health outcomes across quality measures	Develop reporting metrics for Baby Steps	Met. CCHP continues to exceed the minimum performance level for the Prenatal and Postpartum Care measures and expects to continue performance in the highest percentiles. CCHP opened 118 members to the Baby Steps case management
5.29			Develop brochures for pregnant Members	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.30			Increase the number of pregnant Members receiving Transitional Care Services (TCS)	program (now rebranded as Baby Steps) in 2024, compared to 41 in 2023. CM workflows and data reporting were updated and CCHP has enrolled at least 39 postpartum members in TCS. Additionally, in 2024 after targeted efforts, 47 CCHP members received 145 doula services in 2024 compared to 4 members receiving 26 services in 2023.
5.31	Keeping Members Healthy: Gaps in Care	Notify members of gaps in care for needed preventive services	Continue mailing adult birthday letters	Met. Over 90,000 letters were mailed to adult CCHP patients, with over 12,500 patients (14.0%) completing a health maintenance topic within 60 days of outreach. Pediatric wellness letters and health education handouts were developed during Q4 2024, with the goal of mailing the first letters by the end of Q1 2025.
5.32			Develop specific pediatric birthday letter that provider more specific information to members in terms of gaps in care	
5.33	Health Education Materials and Resources	1. Assure that members are provided health education materials and are informed on new community and	Publish member facing newsletter three times per year	Met. The CCHP Member Newsletter, Healthy Sense, was published in Spring, Summer, and Fall 2024. Printed copies

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.34		medical services.2. Develop comprehensive health education program	Develop health education plan, including the following: classes, provider-based strategy, direct patient outreach strategy, including triggering event notifications, community presence at CBOs, churches and school, and referral and request process for members, digital strategy for health education which may include email campaigns, care pathways, social media calendar, and health education council.	were mailed to each member household and email newsletters were sent to members with a valid email address on file. The CCHP Health Education team expanded from 1 Senior Health Education Specialist (SHES) to 2 SHES and 1 Health Education Specialist (HES). The HE Team has worked to develop virtual asthma classes, increased community presence at local FQHCs, and is continuing to expand our reach.
5.35	Cultural and Linguistic Access	Ensure systematic processes in place to promote cultural competency/health equity by making accessible: educational opportunities, current and up-to-date resources, and understanding of CLS needs.	Complete provider trainings and educate providers on interpretation requirements and resources, and reading level requirements	Met. Cultural & Linguistic Manager attended Provider Network Training in August 2024 to provide information on interpretation requirement, resources and reading level requirement. Instruction and resources for linguistic services were also sent to providers as needed.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.36			Facilitate translation request of educational materials, website, forms, and other documents.	Met. Cultural & Linguistic manager facilitates and coordinates translation request and ensure materials are available in threshold languages.
5.37			Review CLAS grievances	Met. Cultural & Linguistic manager collaborate with Appeals and Grievance department to review all grievances related to discrimination and linguistic access; also reports these grievances to Equity Council quarterly.
5.38	EPSDT / Medi-Cal for Teens and Kids	1. Ensure coverage of and timely access to all medically necessary EPSDT services to correct or ameliorate defects and physical and mental illnesses and conditions.	Create quarterly reporting to track and trend denials for Members <21 years old	Met. CCHP created a report to easily identify members ages 0-3 who have fallen out of compliance with the AAP/Brighter Futures periodicity schedule. The report is available on a real time basis to network providers via the EHR provider portal. Additionally, notifies members about their EPSDT benefits and services through the Member Newsletter and online at the cchealth.org website. CCHP has developed a
5.39		2. Ensure Members <21 must receive all age-specific assessments and services required by MCP contract and AAP/Bright Futures periodicity schedule.	Create report to identify Members who are out of compliance with AAP/Brighter Futures periodicity schedule. Create workflows for outreach and education for identified Members.	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.39		3. Ensure provision of Medically Necessary Behavioral Health Treatment.	Develop standardized process and procedures for annual notification to Members <21 years old	report to identify providers who are non-compliant with the DHCS EPSDT training, which is emailed monthly to relevant stakeholders for follow-up. CCHP conducted two email campaigns to non-compliant providers informing them of state requirements. Quarterly monitoring is in progress for all activities.
5.40		<p>4. Ensure compliance with all Case Management & Care Coordination requirements.</p> <p>5. Inform Members <21 about EPSDT, including benefits of Preventive Care, services available under EPSDT, where & how to obtain these services, and that transportation & scheduling assistance is available. Must be provided annually or within 7 days of enrollment for new members.</p> <p>6. Ensure all network providers completed EPSDT-specific training no less than every 2 years using DHCS materials.</p>	Develop report to identify providers who need to complete DHCS EPSDT training	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
5.41	Case Management Services	Utilize RSS to identify individuals eligible for CCM, ECM, and other services and ensure eligibility for these services	Monitor automatic authorization pathways and utilize new and expanded data sources to expedite enrollment into ECM and CCM	Met. CCHP implemented automated referrals for SMI/SUD ECM and finalized the process for CCM auto referrals beginning in Q1 2025.
5.42	Transitional Care Services	Ensure all high-risk members receive transitional care services. (Previously identified issue)	Develop ADT feeds and supporting workflows to utilize ADT feeds, including automating referrals and incorporating ADT feeds into care pathways and monitoring reporting	Met. CCHP developed ADT feed reporting and incorporated it into Follow-up for ED measures. CareEverywhere is available on the ccLink Provider Portal so CCHP providers can view recent admissions. CCHP developed a process for high risk TCS members to be identified through ADT feeds and get automatically assigned a TCS care manager. The health plan implemented a dedicated phone number for low-risk members to contact for discharge care coordination that is placed into local area hospital discharge instructions.
5.43			Develop workflow to re-share ADT feeds with PCPs and ECM providers	
5.44			Develop oversight process on discharge planning process	
5.45		Ensure transitional care services support for low-risk members	Create dedicated phone number for member contact and support for low-risk members	
6. Patient Safety				

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.1	Potential Quality Issues (PQIs)	Review and resolve potential quality issues within 120 days	Issues CAPS according to leveling guidelines, report on trends. Modify ccLink workflow for ease of reporting	Met. CCHP met timeframes on all PQIs.
6.2	Provider Preventable Conditions (PPCs)	Review and investigate PPC through the PQI process	Capture all PPCs through accurate reports, Investigate all identified PPCs. Report to DHCS and track all confirmed PPCs, Provide education on PPCs for contracted network	Met. CCHP investigated all PPC. Education on PPCs was provided during quarterly network training.
6.3	Over/under utilization - ED Use	Develop a standard over-underutilization report and develop standards with how reporting is used to improve care	Define measures to track and identify areas of opportunity for improvement initiatives	Met. CCHP completed UM identified measures for standard O/U report. Included for July QC.
6.4	Medication Safety	Reduce concurrent prescribing of opiate and benzodiazepine	Provide quarterly reports to providers on patients that are co-prescribed opioids and benzodiazepines	Met. 74 letters were sent to providers alerting them of their patients who were currently taking the dangerous drug therapy combination of opioids and benzodiazepines/anti-psychotics.
6.5		Reduce concurrent prescribing of opioids and anti-psychotic medications	Provide quarterly reports to providers on patients that are co-prescribed opioids and anti-psychotics	

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.6		Antipsychotic, anti-depressant and mood stabilization prescriptions for children	Quarterly audits to determine if these medications that are being prescribed to children have a qualifying diagnosis	Met. CCHP completed quarterly audits.
6.7		Improve Hepatitis C medication adherence	Review HepC medication to ensure that members are fully completing their course of treatment	Met. CCHP tracked, communicated with and provided education to 72 members being treated for Hepatitis C to ensure completion of therapy.
6.8		Reduce number of members with 15 or more medications	Review CCHP members with 15+ prescriptions, develop personalized recommendations when appropriate and refer members to case management	Met. CCHP pharmacy reviewed medications and referred individuals to CCHP case management.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.9		Ensure members can get their prescriptions filled after ED discharge	Audit Emergency Department discharges with prescriptions and confirm that individuals were able to fill their prescriptions; educate pharmacies on prescription benefits. Additionally, this quarterly audit will look for members with 4 or more ED visits in a 6-month period and refer them to case management.	Met. Completed ED visit audit and educated pharmacies on benefits.
6.10		Reduce prescription opiate abuse	Review potential unsafe prescriptions where members have multiple opiate prescriptions from multiple prescribers and pharmacies—refer to case management for potential follow up with members and providers	Met. Reviewed unsafe combinations and referred individuals to case management for review.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
6.11	Facility Site Reviews	Ensure PCP sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards and practices.	Complete an initial Facility Site and Medical Record Review and the Physical Accessibility review Survey for newly contracted PCPs. Conduct periodic full scope reviews for PCPs. Complete corrective action plans for cited deficiencies.	Met. Completed all scheduled FSR, MRR, and PARs. Developed and tracked corrective action plans with providers.
6.12	Medical Record Reviews	Ensure medical records follow legal protocols and providers have documented the provision of preventive care and coordination of primary care services.	Conduct MRR of provider office in accordance with DHCS standards.	Met. Completed all scheduled MRR according to DHCS standards. Developed and tracked corrective action plans as necessary
6.13	Clinical Practice Guidelines	Review clinical practice guidelines with Quality Council and train providers on practice guidelines	Annually Review and approve Clinical Practice Guidelines at Quality Council	Met. The Clinical Practice Guidelines were presented and unanimously approved at the November Quality Council. The previously approved Clinical Practice Guidelines were distributed in the Q1 2024 Provider Bulletin and during the Q1 Provider Network Training.
6.14			Distribute and educate providers on Clinical Practice Guidelines during quarterly provider trainings and in quarterly newsletter	
6.15	Long Term Care Facility Reviews	Ensure members that were recently carved into Medi-Cal are receiving optimal care while they are in skilled nursing facilities	Develop monitoring plan for long term care facilities	Met. CCHP completed a long-term care monitoring report and presented it for review at October Quality council.

Item #	Program/Project Area	Goals and Objectives	Planned Activities to Meet Objectives	Evaluation of Activities
7. Provider Engagement				
7.1	Provider training	Conduct quarterly provider network trainings, increase attendance and satisfaction with trainings.	Develop and implement four Quarterly trainings covering a range of topics including regulatory changes/updates and topics that matter most to providers; solicit input from providers on agenda topics	Met. CCHP conducted 4 quarterly network trainings.
7.2	Quality Provider Meetings	Conduct quality meetings with provider groups to discuss quality measures and improvement plans	Meet with the largest provider groups on a regular basis to discuss quality topics	Met. CCHP met with all FQHC provider groups on a bimonthly basis throughout 2024.
8. Delegation Oversight				
8.1	Delegation oversight	Review credentialing and UM files to ensure Behavioral Health CMU is in compliance	Report out delegation oversight activities annually during Quality Council.	Met. CCHP completed the delegation oversight report and presented during February Quality Council meeting.



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2115

Agenda Date: 6/6/2025

Agenda #: 3.2

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Compliance Work Plan

Presenter: Dr. Irene Lo, CEO (Interim)



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To: Joint Conference Committee (JCC) Members

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

Date: June 6, 2025

Subject: Compliance Work Plan for year 2025-2026

Background


The Compliance Department submits the revised Compliance Plan for review and approval by the JCC. The Compliance 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.

Summary and Purpose

The submitted Compliance Plan outlines the core elements of a Compliance Program with details about roles, responsibilities, and requirements. The Compliance Plan reflects CCHP's aim and goal of conducting ethical, transparent actions that reflect compliance with all state and federal regulations and ultimately creating a more efficient and trustworthy organization for our health plan members, providers, community partners, and our workforce.

The Compliance Plan addresses the following:

- I. Code of Conduct, Written Policies and Procedures
 - Purpose, maintenance, and distribution of these documents
- II. Compliance Officer, Compliance Committee, and Oversight
 - Criteria, roles, and responsibilities of these key entities
- III. Training and Education
 - Required training for staff, board members, and contractors
- IV. Effective Lines of Communication – Reporting of Non-Compliance
 - System to ensure regulatory requirements and reinforcement of ethical and lawful behavior
- V. Enforcement and Disciplinary Standards
 - Enforcement of the Code of Conduct and maintaining a zero-tolerance policy toward any unethical or illegal conduct performed by the organization

- 
- VI. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks
 - Annual risk assessment to identify and evaluate compliance and FWA risk areas
 - VII. Procedures and Systems for Prompt Response to Compliance Issues
 - Investigation, resolution, and reporting of potential non-compliance
 - VIII. Prevention and Detection of Fraud, Waste, and Abuse (FWA)
 - Proactive monitoring for FWA
 - IX. Compliance Reporting Structure and Independence
 - Maintaining independence of Compliance Program from operational functions

3.2 Discussion/Action Item – Work Plan

Compliance Work Plan 2025 – 2026

Compliance Work Plan

- The Compliance 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.
- Outlines the core elements of a Compliance Program with details about roles, responsibilities, and requirements.
 - Code of Conduct, Written Policies and Procedures
 - Compliance Officer, Compliance Committee, and Oversight
 - Training and Education
 - Effective Lines of Communication – Reporting of Non-Compliance
 - Enforcement and Disciplinary Standards
 - Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks
 - Procedures and Systems for Prompt Response to Compliance Issues
 - Prevention and Detection of Fraud, Waste, and Abuse (FWA)
 - Compliance Reporting Structure and Independence

Public Comments

JCC Comments



3.2.1 MOTIONS NEEDED

a) JCC Approval

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



Contra Costa County Medical Service DBA Contra Costa Health Plan

2025-2026 Compliance Plan

Contra Costa Medical Service

597 Center Avenue, Suite 200

Martinez, California 94553

www.cchealth.org

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Introduction

For over 52 years, the Contra Costa County Medical Service DBA Contra Costa Health Plan (“CCHP”) has demonstrated a culture of caring for our most vulnerable members as part of an integrated delivery system. As the Safety Net provider in Contra Costa County, we endeavor to continue this legacy. In service of our members, Contra Costa Health Plan is strongly committed to meeting ethical standards, contractual obligations, and all applicable statutes, regulations, and rules governing all programs we offer, including our Medicaid (Medi-Cal) and Medicare Advantage and Medicare Prescription Drug programs. We design and monitor our programs to ensure our services support the needs of the populations in Contra Costa County.

To this end, Contra Costa Health Plan maintains a Compliance Program that includes the seven elements of an effective Compliance Program as recommended by the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) as outlined below to ensure all members receive high-quality care. The Compliance Program includes: 1) the Compliance Plan, 2) the Code of Conduct, and 3) Policies and Procedures. Contra Costa Health Plan’s Compliance Program applies to all employees, the Board of Supervisors (“BOS”) via members of the Joint Conference Committee (“JCC”), and all first-tier, downstream, and related entities (FDRs). Compliance is everyone’s responsibility and together we play a critical role in the successful execution of our Compliance Program. Contra Costa Health Plan’s Compliance Department promotes compliance guidelines and ensures that all employees, BOS/JCC member, delegates, and providers understand their compliance responsibilities and applicable requirements.

The Compliance Plan

Contra Costa Health Plan maintains a comprehensive Compliance Plan that describes the standards and activities for the prevention, detection, and correction of compliance issues applicable to all lines of business.

The Compliance Plan, in conjunction with our Code of Conduct and Policies and Procedures, constitutes our Compliance Program and incorporates the seven elements of an effective Compliance Program as recommended by the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) to meet the Medicare and Medi-Cal regulations. The seven elements include:

1. Standard Policies and Procedures
2. Oversight
3. Performance of due diligence
4. Education and Communications
5. Internal Monitoring and Auditing
6. Incentives and Enforcements
7. Response to incidents



Contra Costa Health Plan’s Compliance Plan is dynamic and regularly updated to meet the changing needs of Contra Costa Health Plan, its members, and regulatory mandates. Contra Costa Health Plan requires its BOS/JCC members, employees, and FDRs to review and maintain an understanding of the Plan.

FDRs may follow their own Compliance Program if approved by Contra Costa Health Plan. Alternatively, FDRs may adopt Contra Costa Health Plan’s Compliance Program. FDRs must attest that they have reviewed the Contra Costa Health Plan Compliance Program or their approved equivalent.

I. Code of Conduct, Written Policies and Procedures

a) Code of Conduct

To maintain the high standard of conduct expected and deserved by Contra Costa Health Plan members, employees, BOS/JCC members, and FDRs, and to enable the organization to continue to offer services required by those in need, Contra Costa Health Plan maintains a Code of Conduct that is available on our website at <http://www.cchealth.org>. The Code of Conduct describes the standards and practices that all employees, BOS/JCC members, and FDRs must follow. It requires that all BOS/JCC members, employees, and FDRs ethically conduct themselves, that they report non-compliance and potential FWA through appropriate mechanisms, and that reported issues will be addressed and corrected. The Code of Conduct is updated to incorporate changes to applicable requirements and is reviewed and approved by the full Governing Board.

Violation of the Code of Conduct may result in disciplinary action. Each misconduct case is addressed by Contra Costa Health Plan and forwarded to the Compliance Committee as appropriate.

b) Policies and Procedures

Contra Costa Health Plan maintains written policies and procedures that address specific areas of operations, implementation of the Compliance Program, and fraud, waste, and abuse prevention, detection, and remediation. These policies and procedures serve to guide BOS/JCC members, employees, FDRs, and providers in adhering to all contractual, statutory, and regulatory

requirements and outline processes to identify, report, investigate, and resolve suspected, detected, or reported compliance issues. We expect BOS/JCC members, employees, FDRs, and providers to review and remain up to date with the policies and procedures pertinent to their respective roles and responsibilities; likewise, we expect them to perform their responsibilities in compliance with ethical standards, contractual obligations, and applicable law.

Contra Costa Health Plan policies and procedures are reviewed annually and updated as necessary to address state and federal regulatory changes and operational changes. The Compliance Committee reviews and approves proposed changes to non-clinical policies and procedures, while the Quality Review Committee reviews and approves changes to clinical policies.

BOS/JCC members, employees, FDRs, and providers receive notice of updated policies and procedures via a monthly memorandum. All Contra Costa Health Plan policies and procedures are available to BOS/JCC members, employees, FDRs, and providers through the Plan's website.

c) Distribution of the Compliance Plan, Policies & Procedures, and the Code of Conduct

Compliance policies and procedures and the Code of Conduct are distributed to employees within 90 days of hire when there are policy updates and annually thereafter. Contra Costa Health Plan distributes the Code of Conduct and Compliance policies and procedures to its FDR's employees. Alternatively, Contra Costa Health Plan may ensure that all FDRs maintain and distribute a comparable Code of Conduct and Compliance policies and procedures to its employees. The Compliance Officer (CO) informs BOS/JCC members, employees, and FDRs of applicable policy requirements and that such dissemination of information is documented and retained, in accordance with applicable record retention standards.

Contra Costa Health Plan reviews its Compliance Plan annually and makes modifications as appropriate. Contra Costa Health Plan also reviews its Compliance Plan if regulatory or operational changes may necessitate modifications. The Compliance Plan is submitted to the BOS/JCC annually for review and approval. After approval from the BOS/JCC, it is published on Contra Costa Health Plan's website and discussed internally at the next Compliance Committee meeting.

II. Compliance Officer, Compliance Committee, and Oversight

a) Governing Body

The Board of Supervisors, through the Joint Conference Committee, as the governing authority, is responsible for overseeing the Compliance Program, including Compliance Program approval, implementation, and ongoing monitoring. The BOS/JCC is accountable for ensuring the effectiveness of the Compliance Program within Contra Costa Health Plan.

The BOS/JCC is tasked with:

- Approving the Code of Conduct and Compliance Plan;
- Understanding the Compliance Program structure;

- Remaining informed about the compliance program outcomes, including results of internal and external audits;
- Remaining informed about governmental compliance enforcement activity such as Notices of Non-Compliance, Warning Letters, and/or more formal sanctions;
- Receiving regularly scheduled, periodic updates from the CO and Compliance Committee; and
- Reviewing the results of performance and effectiveness assessments of the compliance program.

The BOS/JCC reviews data to evaluate and ensure that the Compliance Program detects and prevents non-compliance promptly and reduces risks through effective prevention activities. In particular, the BOS/JCC reviews performance indicators of compliance with requirements across key operational areas and FDRs, status and trends associated with findings and Corrective Action Plans (CAPs), timeliness of regulatory implementation, timeliness of remediation, FWA trends, grievances trends, and more to oversee risk areas and monitor effectiveness.

b) Compliance Officer

The CO is a full-time, senior management position responsible for implementing the Compliance Program and its day-to-day activities. The position is independent and does not serve in operational areas. The CO provides reports directly to the CEO, and provides reports directly, or via the compliance infrastructure, to the BOS/JCC on the Compliance Program's activities and status.

The CO interacts with the BOS/JCC, CEO, executive staff, departmental management, county legal counsel, state and federal representatives, and others as required. In addition, the CO leads the Compliance Department which includes compliance professionals with expertise and responsibilities for the following areas: Medi-Cal, Medicare, Medicare Advantage and Medicare Prescription Drug Program, Regulatory Affairs & Compliance, FWA, Privacy, Internal Auditing and Monitoring, Policies and Procedures, and training on compliance activities.

The CO's responsibilities include, but are not limited to:

- Ensuring compliance reports are provided regularly to the CEO, BOS/JCC, and Compliance Committee. Reports address compliance program implementation, the identification and resolution of suspected, detected, or reported non-compliance, and oversight and audit activities;
- Being aware of daily business activity;
- Creating and coordinating educational training programs ensuring Contra Costa Health Plan's employees, BOS/JCC, and FDRs are knowledgeable about the Compliance Program, Code of Conduct, policies and procedures, and applicable regulations and requirements relevant to their role;
- Developing and implementing methods and programs that encourage managers and employees to report non-compliance and potential FWA without fear of retaliation;
- Maintaining the compliance reporting mechanism and closely coordinating with the internal audit department and the FWA committee, where applicable;

- Responding to reports of potential FWA, including the coordination of internal investigations with the FWA Committee or internal audit department and developing appropriate corrective or disciplinary actions, if necessary. The CO may design and coordinate internal investigations;
- Ensuring that the U.S. Department of Health and Human Services (DHHS) Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) and U.S. General Services Administration's (GSA) Unique Identity Number (SAM) formerly known as DUNS exclusion lists have been checked for all employees, BOS/JCC members, and FDRs monthly and coordinating any resulting personnel issues with Contra Costa Health Plan's Human Resources, Security, Legal or other departments as appropriate;
- Maintaining documentation for each report of potential non-compliance or potential FWA received from any source through any reporting method (e.g., hotline, mail, or in-person);
- Overseeing the development and monitoring of the implementation of corrective action plans;
- Coordinating potential fraud investigations/referrals with the FWA Committee, where applicable, and the appropriate NBI MEDIC including facilitation of any documentation or procedural requests that the NBI MEDIC makes of Contra Costa Health Plan.

The CO collaborates with other health plans, regulatory entities, law enforcement, and other organizations, where appropriate, upon discovery of a potential FWA issue involving multiple parties and has the authority to:

- Interview or delegate the responsibility to interview the sponsor's employees and other relevant individuals regarding compliance issues;
- Review Contra Costa Health Plan contracts and other documents pertinent to Medicare, Medicaid, and Commercial programs;
- Review or delegate the responsibility to review the submission of data to regulators ensuring that it is accurate and in compliance with reporting requirements;
- Independently seek advice from County legal counsel;
- Report potential FWA to its regulators, including CMS, its designee, or law enforcement;
- Conduct and/or direct audits and investigations of any FDRs;
- Conduct and/or direct audits of any area or function; and
- Recommend policy, procedure, and process changes.

c) Compliance Committee

The Compliance Committee is tasked with operational oversight of the compliance plan. The committee is chaired by the Compliance Officer and comprises Contra Costa Health Plan's executive staff, including the CEO, Chief Operating Officer (COO), Chief Medical Officer (CMO), and Chief Financial Officer (CFO). The Compliance Committee is also comprised of clinical and operational subject matter experts from business areas across the organization who understand the compliance considerations within their respective areas of expertise. The Compliance Committee is accountable

to the BOS/JCC and reports regularly to the BOS/JCC and the CEO. The role of the Compliance Committee is to oversee and continuously monitor the implementation of the Compliance Program and to participate in conducting the provisions of this Compliance Plan. The Compliance Committee serves to advise the CO. The Compliance Committee meets at least quarterly and will hold off-cycle meetings to address priority issues. Collectively, Compliance Committee meetings enable oversight activities such as implementation and monitoring of corrective actions. The Compliance Committee records minutes of its meetings.

The Compliance Committee is responsible for:

- Developing strategies to promote compliance and the detection of any potential violations;
 - Reviewing and approving compliance and FWA training, and ensuring that training and education are effective and appropriately completed;
 - Assisting with the creation and implementation of the compliance risk assessment and of the compliance monitoring and auditing work plan;
 - Assisting in the creation, implementation, and monitoring of effective corrective actions;
 - Developing innovative ways to implement appropriate corrective and preventative action;
 - Reviewing effectiveness of the system of internal controls designed to ensure compliance with Medicare regulations in daily operations;
 - Supporting the CCO's needs for sufficient staff and resources to perform their duties;
 - Ensuring that Contra Costa Health Plan has appropriate, up-to-date compliance policies and procedures;
 - Ensuring that Contra Costa Health Plan has a system for employees and FDRs to ask compliance questions and report potential instances of non-compliance and potential FWA confidentially or anonymously (if desired) without fear of retaliation;
 - Ensuring that Contra Costa Health Plan has a method for enrollees to report potential FWA
 - Reviewing and addressing reports of monitoring and auditing of areas in which Contra Costa Health Plan is at risk for non-compliance or potential FWA and ensuring that corrective action plans are implemented and monitored for effectiveness; and
 - Providing regular and ad hoc reports on the status of compliance with recommendations to the BOS/JCC.

d) Delegation Oversight Committee

The Delegation Oversight Committee ("DOC") is responsible for developing, maintaining, and overseeing agreements and monitoring performance between Contra Costa Health Plan and its delegates. The DOC is chaired by the CO or Director of Compliance and reports to the Compliance Committee. The DOC is comprised of Contra Costa Health Plan's executive staff, including the CEO, Chief Operating Officer (COO), Chief Medical Officer (CMO), and Chief Financial Officer (CFO). The DOC comprises clinical and operational subject matter experts from business areas across the organization who understand the DOC compliance considerations within their respective areas of expertise.

The DOC is accountable to the BOS/JCC, reporting quarterly to both the BOS/JCC and the CEO. The DOC's responsibilities include reviewing and approving potential delegates through pre-delegation

audits, conducting annual surveys, and overseeing performance metrics to ensure compliance with Contra Costa Health Plan, DHCS, and applicable standards such as NCQA and URAC. Upon identifying opportunities for improvement, the DOC ensures delegates implement mandated corrective action plans. Additionally, the DOC oversees the implementation of the Compliance Program, ensuring that all health plan functions delegated to subcontracted entities meet Contra Costa Health Plan's contractual obligations with DHCS. Delegated functions may include network management, utilization management, credentialing, and re-credentialing, which Contra Costa Health Plan may delegate to qualified entities to maintain efficient and lawful service delivery to members.

The DOC reviews and approves potential delegates by performing pre-delegation audits and maintaining oversight by conducting annual surveys, and overseeing performance metrics related to delegated functions to ensure compliance with Contra Costa Health Plan and DHCS requirements as well as the relevant NCQA, URAC, or other applicable standards. If opportunities for improvement are identified through the oversight process, the DOC ensures stakeholders appropriately implement interventions of recommended corrective actions.

The Delegation Oversight Committee hold responsibility to:

- Review all delegate financial and operational performance.
- Review delegation arrangements to ensure Contra Costa Health Plan meets objectives to provide access to the full scope of services, including but not limited to medically necessary physical and behavioral health services, and transportation.
- Maintain a reporting matrix that itemizes delegate reports, tracks reporting frequency, and ensures timeliness of report submissions.
- Review delegates' reports to ensure compliance with delegation agreement, the compliance plan, and identify potential areas for improvement.
- Implement interventions or recommend corrective action plans to remediate identified compliance issues.
- Evaluate Contra Costa Health Plan's compliance with applicable regulatory, accreditation, and contractual standards relevant to delegation.
- Oversee the delegates' financial and operational performance of contractual obligations, their development and administration of relevant policies and procedures, their administrative capacity, performance improvement plans, and any instances of sub-delegation arrangements.
- Conduct annual surveys of each delegate; upon successful completion of each survey, the delegate's agreement will be eligible for renewal and voted on by the DOC.

III. Training and Education

Training and education are important and essential to Contra Costa Health Plan's overall Compliance Program. The following trainings must be completed by BOS/JCC members, employees, and FDRs within ninety (90) calendar days of hire, appointment, or commencement of the contract, as applicable, and annually after that:

- Code of Conduct
- General Compliance

- Fraud, Waste, and Abuse
- HIPAA Privacy Compliance

Adherence to the Compliance Program requirements, including training requirements, shall be a condition of employment and a factor in each employee's annual performance.

Individuals are assigned specialized education courses based on their respective roles or positions within or with Contra Costa Health Plan's departments and its programs. Examples include the fundamentals of managing Seniors and People with Disabilities (SPD) and cultural competency, Contra Costa Health Plan's Five Star Orientation, and special state, county, or CMS trainings.

Contra Costa Health Plan ensures that FDRs receive Compliance Training annually. First-tier, downstream, and related entities that have met the fraud, waste, and abuse certification requirements through enrollment into the Medicare program or accreditation as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the training and educational requirements for fraud, waste, and abuse.

The CO is responsible for ensuring that BOS/JCC members, employees, and FDRs complete training annually. The CO coordinates compliance education and ensures that completion is tracked, documented, and maintained, via sign-in sheets, attestation, or electronic certifications as applicable.

Contra Costa Health Plan's Human Resources Department utilizes state-of-the-art web-based training courses that emphasize our commitment to the Compliance Program. We update courses regularly, ensuring employees are kept fully informed about any changes in procedures, regulations, and requirements.

IV. Effective Lines of Communication – Reporting of Non-Compliance

Contra Costa Health Plan is committed to effective communication processes regarding compliance with regulatory requirements and reinforcement of ethical and lawful behavior. Contra Costa Health Plan shall maintain systems for receiving, recording, responding, and tracking questions or reports of suspected or detected non-compliance from BOS/JCC members, employees, and FDRs acting on behalf of the organization.

a) Compliance Hotline, Website, Email, and Mail Address

Contra Costa Health Plan's Fraud, Waste, and Abuse hotline is a toll-free confidential resource available to Contra Costa Health Plan employees, contract employees, agents of Contra Costa Health Services, and the general public 24 hours a day, 7 days a week. The hotline is for reporting or raising questions/concerns related to non-compliance, unethical behavior, and suspected FWA.

Contra Costa Health Plan's Fraud, Waste, and Abuse Hotline Number: **1-800-304-9490**

Website: <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/file-a-complaint>

Email: Compliance@cchealth.org

Mail Address:

Contra Costa Health Plan
Compliance Department
595 Center Ave., Suite 200
Martinez, CA 94553

Contra Costa Health Plan's hotline and online "Member Grievance/Appeals form" can be completed anonymously without the fear of intimidation or retaliation. The lines of communication are confidential and never traced.

Additionally, reports of suspected or confirmed non-compliance may be made to direct managers, Compliance leaders, or staff. The CO and their designees are available to answer questions concerning adherence to the law and to this Program.

Reporters are encouraged to provide as much detailed information as possible, including:

- Names and contact information of individuals or organizations involved.
- Description of the alleged fraudulent activity or abuse.
- Dates and locations where the suspected activity occurred.
- Any supporting documentation or evidence.

b) Non-Retaliation and Confidentiality

We have designed Contra Costa Health Plan's communication channels, ensuring accessibility to everyone within the organization and encouraging individuals to report potential compliance issues in good faith without fear of retaliation. We publicize our reporting channels and non-retaliation policies throughout Contra Costa Health Plan. This approach helps us promptly identify and address compliance matters, supporting our mission to uphold ethical and legal standards across all levels of Contra Costa Health Plan. Accessibility and ease of use are key to our reporting mechanisms, which are available 24 hours a day and 7 days per week. Reports can be anonymous, and we protect confidentiality to the extent law allows. Contra Costa Health Plan keeps all information reported confidential to the extent that privacy is possible throughout any resulting investigation; however, there may be a point where an employee's identity may become known or revealed in certain instances.

V. Enforcement and Disciplinary Standards

Contra Costa Health Plan is committed to ensuring that all employees, BOS/JCC members, and FDRs abide by applicable laws, policies, and regulations that guide our operations. To support this, Contra Costa Health Plan has established a clear Code of Conduct and encourages good faith participation from all our employees, BOS/JCC members, and FDRs to ensure that our organization remains within legal compliance and ethical standards. Violation of the Code of Conduct and Contra Costa Health Plan's Compliance Program may be subject to disciplinary action.

Contra Costa Health Plan maintains well-publicized disciplinary standards that include County Employee Handbooks, Administrative Bulletins and Contra Costa Health Plan Employee Operating manuals. Contra

Costa Health Plan maintains a zero-tolerance policy toward any unethical or illegal conduct performed by the organization. Contra Costa Health Plan facilitates our disciplinary guidelines to staff through training upon orientation and periodically after that, in addition to annual training, documents and signage posted and distributed by our organization.

Our Code of Conduct and relevant policies are easily accessible to all staff and frequently updated to reflect Contra Costa Health Plan's commitment to assuring compliance and ethical standards. Contra Costa Health Plan enforces these standards through appropriate disciplinary actions. Any violation of applicable laws and regulations, even unintentional, could potentially subject individuals, entities, or Contra Costa Health Plan to civil, criminal, or administrative sanctions or penalties. Employees and staff are subject to discipline, up to and including termination, depending on the nature and severity of the conduct or behavior. Contra Costa Health Plan takes appropriate disciplinary measures on a case-by-case basis per this Program and related policies and procedures.

Any identified incidents or potential risks promptly trigger appropriate training and education to correct identified problems or behaviors. Individual records of violations are maintained for ten years, capturing the date the violation was reported, description of the violation, date of investigation, summary of findings, disciplinary action, and the date it was taken.

VI. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks

a) Risk Assessment

Contra Costa Health Plan performs a risk assessment at least annually to identify and evaluate compliance and FWA risk areas. Risk assessments consider all business operational areas.

Areas of focus include but are not limited to:

- Marketing
- Credentialing
- Quality
- Appeals and Grievances
- Utilization Management
- Claims
- Provider Disputes
- FDR oversight and monitoring of delegated functions

The risk assessment process, overseen by the CO and presented to the Compliance Committee for review and approval, is a flexible and adaptable system. Risks are identified through several means, including reviewing regulatory audit findings, the OIG work plan, internal and first-tier entity auditing and monitoring results, complex business processes, and operational or regulatory change areas. This adaptability ensures that the system can manage changes in the business environment and regulatory landscape. Risks are ranked and prioritized based on impact and addressed accordingly through oversight and remediation activities. The risk assessment is updated as appropriate.

Contra Costa Health Plan's risk assessment includes risks associated with FDRs and delegated functions. It also considers any previously identified issues, such as corrective actions and at-risk service level performance.

b) Routine Auditing & Monitoring

After completing the risk assessment, Contra Costa Health Plan develops a monitoring and auditing work plan (Work Plan).

The Work Plan includes, but is not limited to, the following elements:

- Audits to be performed for the calendar year, including estimated time frames
- Audit methodologies
- Necessary resources
- Person(s) responsible
- Final audit reports and recommendations
- Follow-up reviews from findings, including CAPs (when applicable)

The Work Plan includes monitoring and auditing activities for internal Contra Costa Health Plan operational areas and FDRs.

Per the Work Plan, Contra Costa Health Plan conducts routine monitoring and auditing to evaluate and confirm compliance with regulations, including but not limited to sub-regulatory guidance, contractual agreements, all applicable federal and state laws, and internal policies and procedures, to protect against non-compliance and potential fraud, waste, and abuse. The Work Plan is updated as needed to address additional areas of focus. We report the results of monitoring and auditing activities to senior leaders and the Compliance Committee.

c) Audit of Compliance Program

Contra Costa Health Plan undergoes an audit annually to assess the effectiveness of the compliance program, and results are shared with the BOS/JCC.

To ensure objectivity and avoid self-policing, the Compliance staff entrust the annual audit assessing the effectiveness of the compliance program to external auditors. This decision is a testament to the trust and confidence we have in their expertise and impartiality.

While the Compliance Department does not conduct the formal audit of the compliance program, it performs other internal self-assessments and utilizes dashboards, reports, and other measures to monitor program effectiveness.

d) Delegation Oversight

Contra Costa Health Plan maintains appropriate oversight of delegated functions to first-tier, downstream, and related entities (FDRs). Contra Costa Health Plan conducts routine oversight and monitoring of its delegates to ensure compliance with applicable regulatory rules, contractual obligations, policies and procedures, the Compliance Plan, and state and federal laws as applicable. FDRs may also be referred to as a Subcontractor or Downstream Subcontractor.

Before delegating a function to a Subcontractor, Contra Costa Health Plan performs a pre-delegation assessment and review. Upon completion of the pre-delegation assessment, the potential delegate may be issued a Delegation Agreement. Delegation Agreements are reviewed at least annually and may be renewed at the recommendation of the Compliance Department after completing either a pre-delegation assessment or an annual audit. A Subcontractor must receive a passing score in their individual audit area for Contra Costa Health Plan to delegate that audit function.

Additionally, Subcontractors and Downstream Subcontractors are subject to unannounced audits to assess their compliance with requirements outlined in the Medi-Cal managed care contract related to delegated functions. All Contra Costa Health Plan Subcontractors are subject to the oversight and monitoring mechanisms of the Delegation Oversight Committee (DOC). Delegated functions may include pharmacy benefit management. Other functions not listed above may be delegated to a potential Subcontractor following a pre-delegation assessment or review and a recommendation by the COMPLIANCE Department to the DOC. The DOC reviews data reported to Contra Costa Health Plan by its Subcontractors.

The Director of Compliance (or the Director's designee) chairs the DOC, which reports to the Compliance Committee. The DOC maintains a platform for communicating general audit findings and results, new audit standards, audit schedules, general subcontractor performance updates, and developing new agreements. As a committee that reports to the Compliance Committee, the DOC will refer matters as necessary for consideration by the Compliance Committee.

e) Preclusion List Monitoring

Contra Costa Health Plan implements safeguards to identify excluded providers and entities. Contra Costa Health Plan reviews the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS) before the hiring or contracting of any new employee, temporary employee, volunteer, consultant, BOS/JCC member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

We screen entities against the entire LEIE and EPLS at the time of hire or contracting. Contra Costa Health Plan reviews the LEIE supplement file provided each month, which lists the entities added to the list that month and reviews the EPLS updates provided during the specified monthly timeframe.

Contra Costa Health Plan does not make payment for any items or services furnished or prescribed by an excluded provider or entity.

VII. Procedures and Systems for Prompt Response to Compliance Issues

Contra Costa Health Plan takes immediate action when there is a suspected, detected, or reported incident of non-compliance. All issues of non-compliance, including FWA, are investigated and resolved in accordance with regulatory guidelines.

Each confirmed incident of non-compliance will be documented and include a description of the allegation and a referral, including contact information, a summary of the issues, specific statutes and

allegations, background information, and an ongoing data log containing any relevant information about the case.

Upon confirmation of a non-compliance issue, we address it by developing a root cause analysis and corrective action plan (CAP). The CAP promotes the correction of the identified issue in a timely and well-documented manner. Corrective actions may include revising processes, updating policies or procedures, retraining staff, and any other necessary actions, depending on the extent of the identified incident. The CO identifies and implements a documented corrective action plan and preventative measures. The Compliance Department drives timely completion of the root cause analyses and CAPs and tracks the status of all open corrective action plans. Upon closure, we may refer the issue for ongoing monitoring or auditing. We report the status of CAPs to the Compliance Committee. If a first-tier entity does not remediate a non-compliance matter as appropriate, Contra Costa Health Plan may pursue further action, including contract termination.

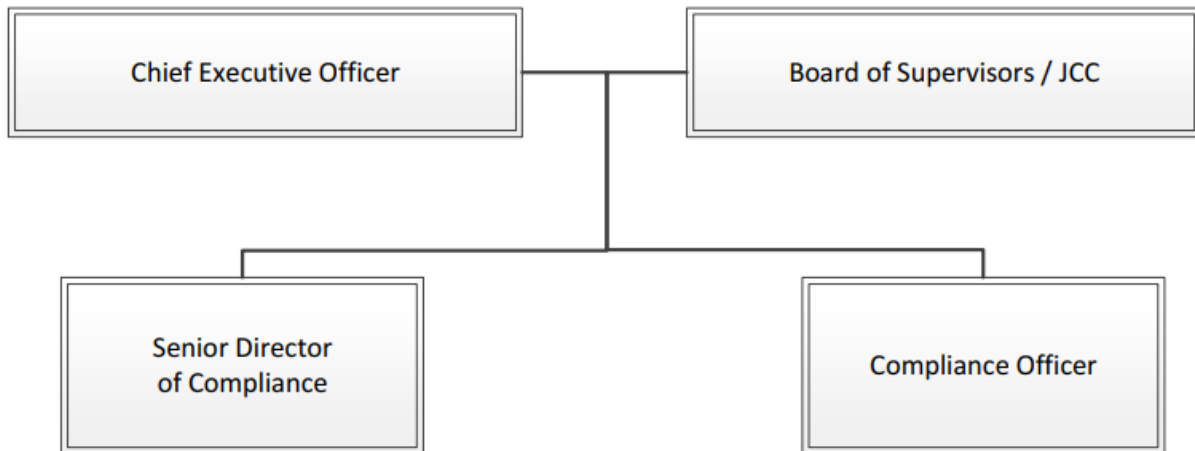
When appropriate, Contra Costa Health Plan reports all necessary information to internal and external stakeholders to promote transparency, meet regulatory requirements, and sustain a culture of compliance within Contra Costa Health Plan. Per applicable reporting procedures, Contra Costa Health Plan reports violations of requirements to regulatory and enforcement agencies, such as the Medicare Drug Integrity Contractor (MEDIC) and law enforcement agencies, as applicable.

VIII. Prevention and Detection of Fraud, Waste, and Abuse (FWA)

Contra Costa Health Plan maintains an FWA program to identify, investigate, and address FWA associated with any Contra Costa Health Plan programs within the Plan or at the FDR. All staff should report potential or suspected fraud cases using the mechanisms outlined in section IV of this Compliance Plan. Contra Costa Health Plan maintains the confidentiality of the individual reporting the suspected issue. Contra Costa Health Plan also proactively monitors FWA using data analytics, such as comparing claim information against other data (e.g., provider, drug or medical service provided, diagnoses, or beneficiaries) to identify unusual patterns.

When a potential case is reported or identified, Contra Costa Health Plan documents and evaluates the reported incident for validity. Based upon the supporting documentation, Contra Costa Health Plan either closes the case or refers it for further investigation. Contra Costa Health Plan communicates cases referred to the applicable government agency. Contra Costa Health Plan refers suspected, detected, or reported cases of illegal drug activity, including drug diversion, to the NBI MEDIC and/or law enforcement and conducts case development and support activities for NBI MEDIC and law enforcement investigations.

IX. Compliance Reporting Structure and Independence



Contra Costa Health Plan's Compliance Program acts independently of operational and program areas. To ensure that the functions of the Compliance Program are conducted without fear of repercussions for uncovering deficiencies and noncompliance, key compliance personnel maintain a direct line of communication and reporting to the health plan's governing board as reflected in the above reporting structure.



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2116

Agenda Date: 6/6/2025

Agenda #: 3.3

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Presenter: Dr. Irene Lo, CEO (Interim)



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To: Joint Conference Committee (JCC) Members

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

Date: June 6, 2025

Subject: Code of Conduct

Background

The Compliance Department submits the revised Code of Conduct for review and approval by the JCC. 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.

Summary and Purpose

The submitted Code of Conduct provides guidance to staff and contractors for carrying out their daily work activities in a way that is consistent with the Contra Costa Health Services (CCHS) and CCHP Compliance Programs. The Code of Conduct provides standards that address areas identified as a high priority for Compliance oversight. These standards are intended to communicate policies that are comprehensive and easily understood.

The Code of Conduct states CCHP's expectations regarding ethical treatment of plan members, interactions with business partners, and workplace conduct. The Code addresses the duty to report any compliance issues and the multiple ways to do so.

The Code of Conduct also encourages the implementation of effective communication that ensures confidentiality between the Compliance Officer, members of the CCHP Compliance Committee, CCHP Personnel and CCHS Senior Staff and Administration.

3.3 Discussion/Action Item Code of Conduct

Code of Conduct

- 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.
- The submitted Code of Conduct provides guidance to staff and contractors for carrying out their daily work activities in a way that is consistent with the CCHS and CCHP Compliance Programs.
- The Code of Conduct states CCHP's expectations regarding ethical treatment of plan members, interactions with business partners, and workplace conduct.
- The Code of Conduct also encourages the implementation of effective communication that ensures confidentiality between the Compliance Officer, members of the CCHP Compliance Committee, CCHP Personnel and CCHS Senior Staff and Administration.

Public Comments

JCC Comments

3.3.1 MOTIONS NEEDED

a) JCC Approval

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

CONTRA COSTA HEALTH PLAN CODE OF CONDUCT

I. Organizational Mission and Code of Conduct

A. Contra Costa Health Plan Mission Statement

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

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

B. Purpose of the Code of Conduct

Contra Costa Health Services (CCHS) and Contra Costa Health Plan (CCHP) have developed this Code of Conduct (hereinafter the “Code”) to provide guidance to personnel in carrying out their daily work activities in a way that is consistent with the CCHS and CCHP Compliance Programs. The Code provides standards that address areas identified as a high priority for Compliance oversight. These standards are intended to communicate policies that are comprehensive and easily understood. However, because these topics are complex, CCHP encourages all personnel who have questions or concerns to seek clarification and advice from their immediate supervisor, Senior Management or the Compliance Officer. While the Code of Conduct may also reference other personnel matters such as sexual harassment and discrimination, County policies exist which address those topics, and it is not the purpose of the Code to reiterate those policies.

The Compliance Program was developed to ensure that all CCHP personnel understand what commitment to ethical behavior is and are clear on how to meet its requirements. CCHP expects that all personnel conduct themselves in an ethical manner. This means that the ideals reflected in the Mission Statement and in this Code must be reflected not only in words, but also in our actions. Likewise, we expect that everyone will be guided by a sense of shared values for high ethical standards.

The CCHP Code of Conduct also encourages the implementation of effective

communication that ensures confidentiality between the Compliance Officer, members of the CCHP Compliance Committee, CCHP Personnel and CCHS Senior Staff and Administration. CCHP also ensures this communication and confidentiality to be available to subcontracted entities to allow them to report with the same anonymity available to CCHP Personnel.

C. Principles of the Code of Conduct

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

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

II. Commitment to Members, Payers and Regulators

CCHP provides a variety of health care services throughout Contra Costa County, and in some cases, beyond the boundaries of the County. These services are necessary to the health and well-being of Contra Costa County's residents and institutions, and generally may be provided only pursuant to Federal, State, and local laws and regulations. Any person suspecting a violation of this Code of Conduct should immediately report such to a supervisor, a member of Senior Management, the Compliance Officer, or the Compliance information hot line.

A. Patient/Client/Member Care and Rights

Patients, clients, and members have the right to be treated with dignity, respect and privacy. All CCHP personnel will treat all members with the dignity and respect they deserve regardless of their ability to pay. CCHP is proud of its record of quality care and

its consistent uniformity of care for all who enter its doors. To the extent possible, CCHP will involve patients/members and their families in the decisions made about the care being delivered to them. We recognize and honor the right of patients, clients and members to make choices about their own care, and will seek to provide information to patients, clients and members about the therapeutic risks involved. CCHP personnel will obtain the consent of the patient/client/member or their family member for the performance of all services and procedures. We will strive to provide care that is sensitive, compassionate, promptly delivered and cost effective.

Patients or members are informed of their right to make advance directives. These directives will be followed according to law and the organization's mission, philosophy, and capabilities.

Patients or members will be given the appropriate level of confidentiality, privacy, security and protective services. They will be given an opportunity to have their complaints resolved in a timely manner.

B. Confidentiality of Patient Information

CCHP collects information about the patient's medical condition, history, medication and family history of illnesses in order to provide the best care possible. We recognize the sensitive nature of the information we receive from patients and are committed to maintaining its confidentiality. Patient- specific information will not be released to others unless it either benefits the patient, is requested by the patient, or is required by law.

CCHP staff should never disclose confidential information that violates the rights of our patients/clients/members. No CCHP staff shall access any patient/member information that is not necessary to perform their job.

Patients/clients/members can rely on the fact that their privacy will be protected. We will not sell patient/member lists or specific patient/member information.

C. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

CCHS and CCHP have processes and procedures that address HIPAA. Hence, confidentiality, privacy, security of patient information, and the requirements of HIPAA are coordinated with the requirements of CCHS and CCHP's Compliance Program in order to prevent duplication and inconsistencies in policies and procedures. Where possible, the HIPAA Coordinator and the Compliance Officer collaborate and facilitate implementation of both programs.

D. Contract Physicians

Any business arrangement with a community provider must be structured to ensure compliance with legal requirements. Such arrangements shall be in writing and approved

by County Counsel and the Board of Supervisors.

CCHP does not pay for referrals. Patient referrals and admissions are based solely on the patient's clinical needs and CCHP's ability to provide the appropriate service. Violation of this policy may have grave consequences for the organization. If an individual violates this requirement, the individual involved will be subjected to disciplinary action, or if applicable, contract termination.

CCHP does not accept payments for referrals that we make. No person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Likewise, when making patient referrals to another health care provider, no consideration will be given to the value of referrals made to CCHP.

E. Agreement with Other Health Care Providers and Management/Marketing Companies

Agreements between CCHP and other health care providers in a position to take referrals from CCHP (i.e. other hospitals, nursing homes, home health agencies, ambulance services, clinical laboratories, pharmaceutical vendors, etc.), and agreements with companies providing significant management and/or marketing services must be in writing and in a form approved by County Counsel prior to initiation of the activity. Only those authorized may negotiate such agreements. The financial and other terms of these agreements will be commercially reasonable and based on the fair market value of the items or services actually provided, which are reasonably necessary, for legitimate business purposes, and appropriately documented. Again, compensation pursuant to these agreements shall be provided without regard to the volume or value of referrals made to or from CCHP.

F. Accrediting Bodies

CCHP will treat all members of an accrediting team such as URAC for Advice Nurse Unit and NCQA for the Health Plan, in a direct, open and honest manner. No efforts will be made to mislead accrediting bodies or their survey teams, directly or indirectly.

Accreditation is an important privilege bestowed upon CCHP's entities and as such, our standards will be adhered to with the best of our abilities.

G. Contracting and Bidding Process

CCHP is committed to managing contractor and vendor relationships in a fair and equitable manner consistent with all applicable laws. Selection of a vendor or contractor will be made based on objective criteria including quality, service, and adequate maintenance of services and supplies. For service providers, we will ensure that the agreement requires that they conduct themselves in compliance with all Federal and State laws and regulations and that they have an active compliance program or participate in

the compliance program at CCHS or CCHP. Where appropriate, they will be requested to provide documentation that supports the existence of their compliance program.

H. Marketing Practices

CCHP may use marketing and advertising to educate the public, provide information to the community, increase awareness of services and to conduct recruitment. We will present only truthful, informative and non-deceptive information in our marketing materials. No government payer will inappropriately bear the costs of such activities since marketing is not an allowable cost for government sponsored insurance programs. Wherever appropriate, CCHP will also follow state or federal guidelines on marketing, as appropriate for different product lines.

I. Antitrust

Antitrust laws are designed to create a competitive marketplace. We will not entertain discussions with competitors regarding setting our prices, carving up markets among competitors, or refusing to deal with a targeted vendor.

III. Compliance – Financial Matters

A. Waivers of Copayments and Deductibles

CCHP will not routinely waive insurance copayments or deductibles or provide other incentives to induce patients/members to receive services from CCHP, except where it is deemed reasonable to do so and the action is not in violation of the law.

B. Coding and Third-Party Billing

CCHP will exercise the utmost care in ensuring that bills submitted to government and private insurance payors are accurate and are in compliance with federal and state laws and regulations.

Care will be taken to verify that claims are submitted only for services actually provided and that services are billed as provided. All personnel are prohibited from intentionally presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent. Oversight and monitoring systems will be developed to ensure accuracy in documentation of services. CCHP will also ensure that all current and new employees are trained regarding the false claims act.

Contractors engaged to perform services that impact CCHP's coding or billing process must have the necessary skills and procedures in place to ensure that claims submitted to the government and commercial insurance payors are accurate and complete. CCHP will require in the written agreement with the contractor that they have a compliance program in place and will comply with all federal and state laws and regulations.

C. Cost Reports

CCHP receives reimbursement from government sponsored insurance programs. As a result of participation in these programs, CCHP is required to report our costs of operations. CCHP will comply with Federal and State laws relating to all cost reports. These laws and regulations specify what costs are allowable and define the appropriate method to use when claiming reimbursement for the cost of services provided to program beneficiaries. Because of the complexity of the cost reporting process, all issues related to the CCHP completion or settlement filing of cost reports is coordinated by the CCHP Finance Department. CCHP personnel will deal with auditors in an open and honest manner.

D. Third Party Payers

CCHP will operate oversight systems in order to verify that claims are submitted only for services actually provided. Our emphasis will focus on the importance of complete and accurate documentation of services provided. Accordingly, we will maintain current and accurate medical records to the best of our abilities.

E. Response to Inquiries

CCHP will expeditiously respond to any billing inquiries. Requests for information will be coordinated by CCHP Business Services, and will be answered with complete, factual, and accurate information. Cooperation and courtesy to all government regulators will be the standard for our actions in dealing with regulators or government representatives.

CCHP staff shall never conceal, destroy or alter any documents, lie, or make misleading statements to a government representative.

IV. Business Information and Management Information Systems

A. Accuracy

Each employee at CCHP is responsible for the integrity and accuracy of the organization's documents and records, and for ensuring their compliance with regulatory and legal requirements.

B. Retention

Medical and business records will be retained in accordance with the law and CCHP's record retention policy.

C. Confidential Information

Confidential information about patients or the organization will be protected and not shared with those that are not authorized or required to have such information. Confidential information may include personnel data, patient and clinical information, pricing and cost data, financial data, strategic plans, vendor and contractor information, and any information defined as confidential under the HIPAA guidelines.

D. Electronic Media

All communication systems, electronic mail, intranet, internet access and voicemail are the property of CCHP. Limited reasonable personal use of the communications system is permitted; however, employees should assume that these communications are not private. Patient or confidential information should not be sent via email or the internet unless confidentiality can be assured.

E. Financial Reporting and Records

CCHP strive to ensure a high standard of accuracy and completeness of its financial records since they serve as the basis for managing our financial and budgetary obligations to our stakeholders. We will strive to ensure that all financial information reflects actual transactions and conforms to generally accepted accounting principles. CCHP maintains a system of internal financial controls to ensure appropriate processes in all transactions executed.

V. Workplace Conduct

A. Conflict of Interest and Business Courtesies

CCHP staff shall ensure that their outside activities and personal interests do not influence or appear to influence their ability to make objective decisions in their job. Other conflicts of interest may occur when the demands of outside activities detract from work performance, or if CCHP resources are used in meeting those outside activities. Each employee is responsible for avoiding conflicts of interest in the performance of their duties.

CCHP, in its operations and activities, shall not induce any person to make, solicit, or receive entertainment or gifts. Personnel may never accept cash or cash equivalents, such as gift certificates, nor may personnel solicit gifts.

B. Copyrights

CCHP staff shall ensure that they comply with the law when making copies of copyrighted materials.

C. Personal Use of CCHP Resources

Each CCHP employee is responsible for preserving the assets of the organization, which include time, materials, supplies and information. The organization's assets are to be

maintained for business related purposes. Personal use of CCHP assets is prohibited, as well as the use of resources for personal financial gain.

D. Prohibited Conduct

CCHP is part a fully integrated health services system including providers and payors. As such, personnel are informed about and instructed that they are prohibited from engaging and participating in any of the following:

A. Improper Claims

Presenting or causing to be presented to the federal or state government or any other healthcare payor:

1. A Claim for an Item or Service Not Provided as Claimed

A claim for a medical service or other item or service that such person knows or should know was not provided as claimed, including a pattern or practice of presenting or causing to be presented a claim for an item or service that is based on a code that such person knows or should know will result in a greater payment to CCHP than the code such person knows or should know is applicable to the item or service actually provided.

2. A False Claim

A claim for a medical service or other item or service that such person knows or should know is false or fraudulent.

3. Services by Unlicensed Physicians

A claim for a physician's service (or an item or service incident to a physician's service) when such person knows or should know that the individual who furnished (or supervised the furnishing of) the service:

- a. was not a licensed physician;
- b. was licensed as a physician, but such license had been obtained through a misrepresentation of material facts (including cheating on an examination required for licensing); or
- c. represented to the patient at the time the service was furnished that the physician was certified in a medical specialty by a medical specialty board when the individual was not so certified.

4. Claims From an Excluded Provider

A claim for a medical service or other item or service furnished during a period in which such person knows or should know that the provider who furnished the services was excluded from the program under which the claim was made.

5. Claims for Services That Are Not Medically Necessary

A claim for a medical service or other item or service that the person knows or should know is not medically necessary, that is, items or services which are not warranted by the patient's current and documented medical condition.

B. False Statement in Determining Rights to Benefits

Making, using, or causing to be made or used any false record, statement, or representation of a material fact for use in determining rights to any benefit or payment under any healthcare program.

C. Conspiracy to Defraud

Conspiring to defraud the federal or state government or any other healthcare payer by getting a false claim allowed or paid.

D. Patient Dumping (EMTALA: Emergency Medical Treatment and Active Labor Act)

Refusing to treat, transferring, or discharging any individual who comes to receive emergency services, and on whose behalf a request is made for treatment or examination, without first providing for an appropriate medical screening examination to determine whether or not such individual has an emergency medical condition, *and*, if such individual has such a condition, stabilizing that condition or appropriately transferring such individual to another hospital in compliance with the requirements of the law.

E. Healthcare Fraud/False Statements Relating to Healthcare Matters

Executing or attempting to execute a scheme to defraud any healthcare benefit program or to obtain, by means of false, fictitious, or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program.

F. Prohibited Referrals

Presenting or causing to be presented a claim for reimbursement to any individual, third-party payer, or other entity for items or services that were furnished pursuant to a referral by a physician to an entity with which the physician has a financial relationship except as permitted by law.

G. Kickbacks

Knowingly and willfully:

1. soliciting or receiving any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind either:

a. in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program; or

b. in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal healthcare program; or

2. offering or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person either:

a. to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program; or

b. to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service or item for which payment may be made in whole or in part under a federal healthcare program.

H. Failure to Report Known Violations to Compliance Office

All employees are expected to promptly report any instance of noncompliant conduct to the Compliance Officer.

VI. CCHS and CCHP Compliance Programs

The CCHS and CCHP Compliance Programs are intended to work together with both demonstrating the organizations' commitment to the highest ethical standards and compliance with all federal and state laws and regulations. This commitment is exhibited at all levels of the organizations.

For information about CCHP's Compliance Program you may contact the CCHP Compliance Office via e-mail at compliance@cchealth.org or by direct mail at the following address:

Compliance Office
Contra Costa Health Plan
595 Center Ave. Ste. 200
Martinez, CA 94533

To anonymously report potential compliance or privacy issues, you can also contact the Contra Costa Health Services 24-hour Compliance Hotline at **1-800-659-4611**.

Whenever possible, issues should be addressed with your immediate supervisor. When that is

not possible or the individual feels that another course of action is required, contacting a member of Senior Management or the Compliance Officer directly is also an option. The confidentiality of the identity of any individual who files a report will be maintained unless disclosure of their identity is mandated by law or County policy. CCHP's Compliance Officer is vested with day-top-day operations of the Health Plan Compliance Program. CCHP's Compliance Manager is full-time employee of the CCHP division and is always available to you for matters pertaining specifically to CCHP.

a. Personal Obligation to Report

CCHS and CCHP are committed to ethical and legal conduct in compliance with all relevant laws and regulations. To that end, every person is obligated to report and correct wrongdoing whenever it may occur in the organization. This commitment also extends to self-reporting any potential fraud or misconduct related to Medicare Part C and Part D Programs. The safeguard of the integrity of these programs requires open communication and the ability to self-report any potential fraud or misconduct to the proper entity within the CMS Division of Plan Oversight and Accountability within the Center of Program Integrity.

b. Internal Investigations of Reports

All potential compliance issues will be investigated promptly and confidentially to the extent possible. Either the CCHS Compliance Officer or CCHP Compliance Officer will coordinate all investigations and initiate corrective action. All CCHS and CCHP staff are expected to cooperate with investigations.

c. Corrective Action

Where an internal investigation substantiates a reported violation, corrective action is expected. Corrective action includes making prompt restitution of any overpayments, disclosure to the appropriate governmental agency, and instituting disciplinary action where needed.

d. Discipline

Violations of the Compliance Program policies shall be addressed pursuant to disciplinary procedures outlined in County policies and union contracts.

e. Internal Auditing and Monitoring

CCHP is committed to proactive monitoring of its compliance with federal and state laws and regulations. An internal monitoring system is in place that will be used to provide routine audits of specific areas that are deemed "high risk" by the Office of Inspector General or for areas of operational concern as identified by regulators such as DMHC, CMS, or DHCS.

CCHP's Compliance program works in conjunction with the overall Health Services Compliance Program. The CCHP Compliance Officer reports directly to the CEO of CCHP and the Contra Costa County Board of Supervisors (via the Joint Conference Committee "JCC"). The CCHP Compliance Office also maintains direct communication with the CCHS Compliance Office.

The Contra Costa County Board of Supervisors (hereinafter the "Board") is the designated governing body responsible for the supervision of the compliance efforts of CCHS and CCHP. The Board or appropriate subcommittees such as the CCHP Joint Conference Committee, CCHP's Compliance Committee, and key leadership will oversee CCHP's compliance efforts, consult with advisors it deems necessary, receive periodic reports from the Health Services Director or the CCHS or CCHP Compliance Officer, and take any actions it deems appropriate and necessary to ensure that CCHS and CCHP conduct their activities according to federal, state and local laws and regulations.

A copy of the minutes of all Board or subcommittee meetings reflecting reports on Compliance matters, as well as the decisions made by the Board or subcommittees may be reviewed upon request.

f. Acknowledgement Process

CCHP personnel will be required to sign an acknowledgement indicating that they have received the Code of Conduct and understand that it represents a mandatory policy of CCHP.

g. Role of Department Managers

All CCHP managers are responsible for ensuring their staff receive Compliance training. All new employees shall be exposed to the Compliance Program through the orientation process. For current employees, each department manager will schedule initial Compliance training with the Compliance Officer and document accordingly in the department personnel records. Subsequent review of the Compliance Program will occur during each employee's annual evaluation. Employees working in high-risk areas (as defined by the OIG) will receive specialized training as appropriate on an annual basis. These special training programs will include but not be limited to: (1) the content and procedures of the Compliance Program; (2) that cooperation with the Compliance Program is an expectation of management, (3) that CCHS will take appropriate disciplinary action, up to and including termination of employment, in a manner consistent with our policies and union contracts for violations of Federal and State laws and regulations. Accordingly, the Compliance Program will be a formal program of CCHS and as such, will require adherence by all employees.

h. Special Provision for Entities Meeting FWA Certification Through Enrollment into the Medicare Program or Accreditation as Durable Medical Equipment, Prosthetics, Orthotics and Supplies Providers.

CCHP recognizes an entity who enrolls into the Medicare program as a provider or who meets accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), as entities deemed to have met the training and educational requirements for fraud, waste and abuse.



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2117

Agenda Date: 6/6/2025

Agenda #: 4.1

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Legislative Update

Presenter: Dr. William Walker, Director of Legislative and Government Affairs



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

To: Joint Conference Committee (JCC) Members

From: William Walker, MD, Director of Legislative and Government Affairs

Date: June 6, 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 legislative landscape at both the state and federal levels is swiftly evolving, and changes may potentially impact Medicaid and Medicare services in Contra Costa County. Through this presentation, we hope to provide an update on the current landscape and highlight potential implications for CCHP operations, funding, and priorities.



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4.1 Legislative Update

Presented by:

William Walker, MD

**Director of Legislative and
Government Affairs**

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2118

Agenda Date: 6/6/2025

Agenda #: 5.1

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: CEO Recruitment Update

Presenter: Matt Kaufmann, Deputy Director of Health Services



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

To: Joint Conference Committee (JCC) Members

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

Date: June 6, 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 began recruitment for the next permanent CCHP CEO on May 2, 2025. CCH is using a recruiter (The Duffy Group) to assist with recruitment efforts. In total, Contra Costa Health has received greater than 50 applications for the position. The interview process will commence shortly and consist of multiple interview panels from subject matters experts from a wide range of disciplines.

Challenges

No challenges have been identified at this time.

Looking Ahead

With interviews commencing shortly, we anticipate having a new permanent CEO for CCHP identified by the end of Summer 2025/early Fall 2025.



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5.1 CEO Recruitment Update

Presented by:
Matt Kaufmann
Deputy Director of Health Services

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2119

Agenda Date: 6/6/2025

Agenda #: 5.2

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Interim CEO Report

Presenter: Dr. Irene Lo, CEO (Interim)



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

To: Joint Conference Committee (JCC) Members

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

Date: June 6, 2025

Subject: Interim CEO Report

The purpose of this report is to provide Joint Conference Committee (JCC) 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.

This report includes the following components:

1. CCHP Staffing Update

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

Overview: 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 our broader commitment to ensuring continuity of essential services while positioning CCHP to meet current and future demands.

Recruitment and Hiring Challenges

CCHP continues to face significant barriers in recruiting and retaining staff across all levels. These challenges impact our ability to operate efficiently and meet regulatory and programmatic requirements.

Key barriers include:

- **County Job Classifications:** Existing classifications often do not reflect the specialized qualifications required for regulated health plan roles, limiting access to qualified candidates.

- **Below-Market Compensation:** Salaries for leadership, technical, and managerial roles are often below industry standards, making it difficult to compete for experienced professionals.
- **Regional Competition:** Local health plans are actively hiring for their upcoming D-SNP launches, intensifying competition for a limited pool of qualified candidates in leadership, clinical, and operational domains. In many instances, these plans are offering either increased salary, fully remote work, or both.

CCHP's unique operational structure further demands highly specialized staff. In the past, constraints in the candidate pool have led to hiring managers and directors without prior health plan experience, resulting in gaps in oversight, leadership, and execution.

To maintain operational continuity amid these recruitment difficulties, CCHP has engaged interim support from external consultants in critical roles:

- Senior Director of Compliance
- Director of Operations
- Claims Manager

While necessary in the short term, consultant support is not financially or operationally sustainable.

Path Forward

To address staffing gaps and reduce dependency on interim support, CCHP needs to pursue targeted improvements to our hiring and recruitment processes. These efforts are essential to building a sustainable leadership pipeline and operational foundation. Potential solutions include:

- Enhancing job classifications available to CCHP to better align with the specialized needs of a managed care health plan
- Adjusting compensation structures for key leadership positions (e.g., Directors and above) to improve competitiveness
- Streamlining internal hiring and onboarding processes to minimize delays and reduce candidate drop-off
- Establishing targeted recruitment strategies that focus on sourcing candidates with prior managed care or health plan experience
- Improving candidate outreach and marketing to raise awareness of CCHP's mission, benefits, and career opportunities

Department Specific Updates

- **Compliance Department Updates**
CCHP has made recent adjustments to strengthen leadership in our Compliance Department. Recognizing the need for additional support and direction, Terry Reiser was engaged as an external consultant for the role of Interim Senior Director of Compliance. This proactive step was taken to ensure consistent leadership and to help position the department for long-term success.

Terry brings deep regulatory expertise within the Medi-Cal Managed Care space and is playing a key role in providing structure, guidance, and momentum as we work to enhance our compliance program, respond to ongoing regulatory requirements, and prepare for upcoming audits and program expansion.

Following our Director of Compliance's resignation, Chanda Gonzales continues to serve in her critical role as Compliance Officer, providing stability and continuity in internal monitoring and oversight functions.

We anticipate launching recruitment for a new Director of Compliance in the coming months. Based on lessons learned, we are refining the candidate profile to target individuals with direct health plan compliance experience, including expertise in CMS, DMHC, and DHCS regulations, and the ability to operate in a fast-paced, highly regulated environment. We anticipate that this will be a challenging recruitment given compensation constraints and the need for specialized regulatory experience. These difficulties are further compounded by past audit findings and ongoing challenges in attracting qualified candidates for this critical leadership role.

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

Following Terri Lieder's retirement in March 2025, we are actively recruiting for a new Director of Provider Relations, Credentialing, and Contracting. This role is critical to strengthening our provider partnerships and advancing efforts to streamline network development and improve provider satisfaction. We are excited to bring in a fresh perspective and added experience to help optimize contracting strategies and enhance provider engagement—both of which are key priorities as we scale for D-SNP and beyond.

This position plays a vital role in ensuring that CCHP maintains a provider network that meets regulatory standards for access and clinical quality across all lines of business. The Director must be able to ensure network adequacy, oversee effective provider contracting, verify that providers are appropriately credentialed, and lead outreach and engagement strategies that support a high-functioning provider network. These functions are essential to supporting the increasing complexity of managing benefit packages across Medi-Cal, Commercial, and D-SNP populations.

Recruitment for this position has been challenging. Although we are currently awaiting our initial list of candidates, the posting has already been extended due to a limited number of qualified applicants. We anticipate ongoing difficulties in filling this position, largely due to compensation constraints and the specialized experience required in provider contracting, network development, and stakeholder engagement within a health plan environment.

Regulatory Coordination and Transparency

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

In our most recent communication with DMHC, the Department expressed concern about the volume of concurrent leadership vacancies. We acknowledged these concerns and emphasized our active

recruitment efforts. We also communicated that interim consultants are currently providing regulatory oversight and continuity in affected departments while permanent hires are being pursued.

We remain committed to maintaining strong lines of communication with our regulators and ensuring timely updates as recruitment progresses and positions are filled.

Ongoing Engagement with JCC

CCHP remains committed to transparency with our stakeholders and welcomes feedback from JCC members regarding update preferences, reporting of active concerns, and how the JCC can continue supporting these efforts.

Your engagement and guidance are critical as we work to stabilize staffing and build a high-functioning, sustainable health plan that can meet the demands of a multi-line service model.

We deeply appreciate the Joint Conference Committee's continued partnership and support.

Recommendation

CCHP recommends conducting a market study and salary survey to evaluate opportunities to enhance the competitiveness of compensation for Director-level positions. This assessment would help identify necessary adjustments to ensure CCHP can attract and retain qualified leadership talent, particularly in critical operational areas where recruitment has proven challenging.

Requested Action

CCHP requests a motion of support from the Joint Conference Committee (JCC) to proceed with a market study and salary survey focused on Director-level roles at CCHP.

2. Regulatory Update

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

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

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.

DHCS 2024 Medical Audit – Corrective Action Plan (CAP)

CCHP submitted its initial Corrective Action Plan (CAP) to DHCS on March 28, 2025, addressing all findings identified during the 2024 DHCS Medical Audit.

- Audit findings were obtained in the following areas:
 - Prior Authorization
 - Member Appeals
 - Member Grievances
 - Enhanced Care Management
 - Blood Lead Screening
 - Initial Health Assessments
 - Provider Preventable Conditions
 - Provider Terminations
 - Compliance
 - Fraud, Waste, and Abuse
 - Notifications of Changes in Member's Circumstances

Our Corrective Action Plan included the following key components:

- Revised and implemented policies and procedures to directly address audit findings and support sustained regulatory compliance
- Submission of supporting documentation to demonstrate implementation of corrective measures
- Evidence of staff and provider education and training, where applicable, to reinforce updated requirements and workflows
- Documentation of ongoing internal monitoring and auditing activities to assess effectiveness and ensure continued adherence
- Proof of established oversight infrastructure, confirming accountability and governance across all areas of corrective action

As part of our commitment to sustained improvement, cross-functional teams are actively engaged in:

- Implementing policy and process revisions
- Delivering role-specific training across departments
- Conducting ongoing internal audits and quality reviews
- Tracking and reporting corrective actions through compliance governance structures

On April 30, 2025, DHCS provided initial feedback:

- The Corrective Action Plan for the following finding was accepted by DHCS without further questions.
 - Finding 4.1.1. Quality of Care Grievances
 - The Plan did not have policies and procedures to ensure medical Quality of Care grievances were immediately submitted to the Medical Director for action
- All other findings were partially accepted with requests for clarification and follow-up in the following areas:
 - Submission of internal audit results demonstrating CAP effectiveness

- Provision of revised or finalized policies and procedures reflecting the audit findings
- Clarification of training plans and documentation workflows, particularly for grievances, access timeliness, and care management tracking

Follow-up responses were submitted to DHCS on May 23, 2025, and included the following additional information:

- Clarifications to policies, procedures, and operational workflows to address areas identified by DHCS
- Supplemental internal audit results and monitoring reports to demonstrate corrective action implementation and effectiveness
- Updates on ongoing staff and provider education and training efforts, where applicable, to reinforce compliance and operational standards

Currently, we are awaiting formal response and further instruction from DHCS.

CCHP will continue to keep the JCC informed of final CAP approvals, remaining actions, and post-audit validation activities once DHCS provides its formal feedback.

3. D-SNP Progress Update

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

CCHP is preparing to launch 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.

Background and CMS Approvals

In February 2025, we submitted our full Medicare Advantage (Part C), Part D, and D-SNP application, including provider network and a detailed Model of Care. We are pleased to report that we have received Conditional Approval from CMS for all three components. Our Model of Care received a perfect score of 100% from both CMS and DHCS, with no deficiencies identified.

In June 2025, we completed our Medicare Advantage Bid and Formulary Submission, which features a 6-tier formulary with \$0 copays for medications aligned with CMS Stars performance measures, such as those used for chronic condition management and preventive care.

Our D-SNP will also offer a robust package of supplemental benefits:

- Vision coverage
- Wider Circle, a community-based program that helps members combat social isolation, navigate care, and build supportive relationships

- A Grocery/Over the Counter (OTC) card to purchase healthy food and over-the-counter health products

CCHP is currently preparing its State Medicaid Agency Contract (SMAC) for submission by July 2025 and aims to execute its Medicare Advantage contract with CMS by August 31, 2025. The Annual Enrollment Period will occur from October through December 2025.

Regulatory Readiness and Oversight

To meet all CMS and DHCS regulatory requirements, the following efforts are underway:

- Vendor contracts are being finalized to ensure all required D-SNP support services—such as enrollment, pharmacy benefit administration, and supplemental benefits—are secured prior to launch.
- Internal workgroups are refining core processes, such as eligibility, claims, utilization management, case management, member services.
- Subject matter experts (SMEs) are engaged to provide support on policies and procedures, reporting, and other operational changes that need to occur with D-SNP implementation
- Provider contracting is ongoing to ensure adequate access across primary care, specialty care, behavioral health, and ancillary services.
- Provider education materials are in development to ensure readiness and compliance with D-SNP requirements.
- CCHP has completed a staffing needs assessment and is awaiting approval to recruit for key positions that will support both implementation and long-term operational success.

Operational Readiness

CCHP is actively building internal infrastructure and systems for a successful January 2026 launch:

- Core systems (claims, enrollment, reporting, utilization management, care management) are being configured and tested for Medicare readiness.
- A centralized project management structure ensures accountability, cross-functional coordination, and milestone tracking.
- Readiness assessments and internal testing are scheduled for the coming months.
- Provider onboarding and training opportunities related to complexities of providing care to D-SNP members (e.g. coding and billing)

Internal Governance Structure

Oversight of D-SNP implementation is being coordinated through a D-SNP Implementation Steering Committee, which meets biweekly and includes executive sponsors and key departmental leads. Members include the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Information Officer (CIO), Senior Medical Director, Director of Operations, Director of Quality, Director of Pharmacy, and Compliance Officer. Supporting this effort are operational workgroups and a project management office that monitor task progress, regulatory alignment, and readiness indicators across departments.



Risk Mitigation Planning

In parallel, CCHP has launched a risk mitigation workstream to identify and proactively manage potential regulatory, operational, and system risks associated with D-SNP implementation. Key focus areas include reporting accuracy, network adequacy, IT integration, member experience, and critical vendor contracts. Cross-departmental teams are developing contingency plans to ensure resilience and timely response to emerging issues.

Next Quarter Priorities

Looking ahead, our next quarter priorities include:

- Completing provider network contracting
- Finalizing all vendor contracts
- Submitting contracts to the Board of Supervisors for review and approval in June and July 2025 to allow sufficient time for implementation and launch
- Beginning recruitment for approved D-SNP positions
- Conducting staff training and readiness testing across core operational areas
- Launching internal communications and staff education on D-SNP benefits, processes, and compliance expectations
- Initiating provider-facing communications and education to ensure awareness of D-SNP requirements and operational workflows

We will continue to keep the JCC updated on our progress toward regulatory approvals, operational readiness, and member engagement. Your oversight and partnership remain essential to our success in launching this important new program.



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5.2 Interim Chief Executive Officer Report

Presented by:
Irene Lo, MD, FACS
Chief Executive Officer (Interim)

5.2.1 CCHP Staffing Update Organizational Priorities

- Stabilize leadership and operations
- Ensure audit and regulatory readiness
- Launch Dual Eligible Special Needs Plan (D-SNP) by January 2026
- Strengthen provider partnerships and infrastructure
- Build a sustainable and competitive workforce

- Persistent vacancies in key leadership and technical roles impacting regulatory readiness, daily operations, and program implementation.
- Interim external consultants currently supporting, but not sustainable:
 - Compliance (Senior Director)
 - Operations (Director)
 - Claims (Manager)

Key Recruitment Challenges

- County Job Classifications
 - Do not reflect managed care health plan requirements
 - Limit flexibility to recruit individuals with specialized regulatory or operational expertise
- Below-Market Compensation
 - Director and senior-level salaries are often not competitive with peer health plans
 - Hinders ability to attract and retain experienced professionals
- Regional Competition
 - Neighboring health plans recruiting for D-SNP launches

- Delayed execution on strategic initiatives and regulatory deliverables
- Operational gaps in leadership, oversight, and staff accountability
- Reliance on external consultants not financially sustainable

- Need to pursue targeted improvements to our hiring and recruitment process
- Potential solutions
 - Enhancing job classifications
 - Adjusting compensation structures
 - Streamlining internal hiring and onboarding processes
 - Establishing targeted recruitment strategies
 - Improve candidate outreach and marketing

Regulatory Communication and Transparency

- Proactive Engagement:
 - Regular updates provided to DHCS and DMHC regarding leadership vacancies and interim coverage
 - Emphasis on operational continuity and regulatory compliance despite staffing gaps
- Regulator Feedback:
 - DMHC expressed concern about volume of vacancies
 - CCHP responded with recruitment timelines, interim leadership assignments, and stabilization efforts
- Commitment to Transparency:
 - Continued reporting and coordination with oversight agencies
 - Reinforced assurance that compliance and oversight functions remain intact

- CCHP recommends conducting a market study and salary survey to evaluate opportunities to enhance the competitiveness of compensation for Director-level positions.
- Requested Action:
 - CCHP requests a motion of support from the JCC to proceed with a market study and salary survey focused on Director-level roles at CCHP.

Public Comments

JCC Comments

5.2.2 Regulatory Update DHCS 2023 Focused Audit – Corrective Action Plan

- Satisfactory closure of all Transportation related findings and several Behavioral Health Focused Audit findings
- Responses to the remaining audit findings related to Behavioral Health have been submitted to DHCS
- Currently awaiting formal response and further instruction from DHCS

DHCS 2024 Medical Audit – Corrective Action Plan

- Ongoing: Cross-functional teams are actively engaged in:
 - Implementing policy and process revisions
 - Delivering role-specific training across departments
 - Conducting ongoing internal audits and quality reviews
 - Tracking and reporting corrective actions through Compliance governance structures
- 4/20/2025: DHCS provided initial feedback
 - CAP Accepted – Finding 4.1.1. Quality of Care Grievances: The Plan did not have policies and procedures to ensure medical Quality of Care grievances were immediately submitted to the Medical Director for action
 - All other findings were partially accepted with requests for clarification and follow-up
- 5/23/2025: Follow-up responses were submitted to DHCS
- Currently, awaiting formal response and further instruction from DHCS

Public Comments

JCC Comments

5.2.3 D-SNP Progress Update D-SNP Implementation Milestones

MILESTONE	DEADLINE	STATUS	DETAILS
Medicare Advantage (MA), Part D, and SNP Application Submission, including Model of Care and Provider Network	February 12, 2025	Completed	<ul style="list-style-type: none"> MA application approved Part D application approved Model of Care approved (Score: 100%)
Model of Care Submission to DHCS	February 12, 2025	Completed	<ul style="list-style-type: none"> DHCS found zero deficiencies with State-related MOC
MA Bid and Formulary Submission	June 2, 2025	Completed	<ul style="list-style-type: none"> 6 Tier formulary Supplemental Benefits: Vision, Wider Circle, Grocery Card
D-SNP State Medicaid Agency Contracts (SMAC) Submission	July 2025	In Progress	
Medicare Advantage Contract Execution with CMS	August 31, 2025	In Progress	
Annual Enrollment Period	October 2025 – December 2025	In Progress	
D-SNP Launch	January 1, 2026	In Progress	

- Vendor contracts are being finalized to ensure services are secured prior to launch
- Internal workgroups are refining core operational and regulatory processes
- Subject matter experts (SMEs) are engaged to provide support on policies and procedures, reporting, and other operational changes
- Provider contracting is ongoing to ensure adequate network access
- Provider education materials are in development
- Awaiting approval to recruit for key positions that will support both D-SNP implementation and long-term operational success.

- In parallel, CCHP has launched a risk mitigation workstream to identify and proactively manage potential regulatory, operational, and system risks associated with D-SNP implementation.
- Key focus areas include reporting accuracy, network adequacy, IT integration, member experience, and critical vendor contracts.
- Cross-departmental teams are developing contingency plans to ensure resilience and timely response to emerging issues.

Next Quarter Priorities

- Completing provider network contracting
- Finalizing all vendor contracts
- Submitting contracts to the Board of Supervisors for review and approval in June/July 2025 to allow sufficient time for implementation and launch
- Beginning recruitment for approved D-SNP positions
- Conducting staff training and readiness testing across core operational areas
- Launching internal communications and staff education on D-SNP benefits, processes, and compliance expectations
- Initiating provider-facing communications and education to ensure awareness of D-SNP requirements and operational workflows

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2120

Agenda Date: 6/6/2025

Agenda #: 5.3

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Clinical Operations Report

Presenter: Dr. Sara Levin, Senior Medical Director



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cchealth.org

To: Joint Conference Committee (JCC) Members

From: Sara Levin, Senior Medical Director, CCHP Clinical Operations

Date: June 6, 2025

Subject: Clinical Operations Update

The purpose of this report is to provide the Joint Conference Committee with a high-level overview of activities within CCHP's Clinical Operations Department including current and future initiatives and priorities, recent successes and ongoing challenges. The intent is to ensure that the JCC Members and the Board of Supervisors are informed and empowered with the necessary information to fulfill their oversight advisory role as our governing board.

Clinical Operations Department

The Clinical Operations Department of Contra Costa Health Plan (CCHP) plays a critical role in ensuring that the delivery and oversight of clinical care and services to our members meet the highest standards of quality, safety, and continuous improvement. This department encompasses Utilization Management, Appeals and Grievances, Case Management, Behavioral Health, CalAIM, Clinical Quality and Auditing, Pharmacy, and the Advice Nurse Unit.

Current Priorities and In-Progress Work

Key departmental initiatives include but are not limited to 1) the development of Chronic Disease Management Programs; 2) Collaborations across clinical operations departments and with IT and Business Intelligence partners to improve care access, quality, and value through analysis and strategic planning related to utilization of inpatient care, emergency services, and long-term care. These initiatives aim to enhance early intervention, disease prevention, and reduce morbidity and mortality through timely and appropriate care access.

All departments in Clinical Operations are actively engaged in preparation for key regulatory and accreditation activities, including Dual-Eligible Special Needs Plan (D-SNP) implementation, Department of Health Care Services (DHCS) audit readiness, and National Committee for Quality Assurance (NCQA) accreditation efforts.

Key Accomplishments and Highlights:

- The CalAIM Department launched a 9-part training series for Enhanced Care Management (ECM) providers, featuring expert presenters from community partner organizations. This initiative supports DHCS requirements and broadens education for community stakeholders.
- Clinical Operations teams are leveraging D-SNP implementation as a platform to enhance data accuracy and usability in collaboration with CCHP's IT and Business Intelligence departments. These efforts are aimed at strengthening decision-making, priority-setting, and resource allocation.
- The Behavioral Health Department has successfully completed a DHCS Corrective Action Plan initiated in October 2024. Key outcomes include coordinated specialty mental health services for 1,333 patients, 401 patient transitions between specialty and non-specialty mental health care, and transitional services for 887 members.
- The Utilization Management (UM) Department launched tools such as the CPT Search Tool and System-Level Authorization Tool to improve access to timely authorizations for both providers and members.
- The Case Management (CM) Department deployed a new Care Management platform to enhance the quality and consistency of the provision of case management services to our members. This ccLink/EPIC integrated platform will also greatly improve the care coordination and communication with our delivery network partners and providers.
- Two recent initiatives launched that highlight the collaborative efforts across CCHP departments and with our provider networks. These initiatives are the Long-Term Care (LTC) workgroup and the Emergency Department Utilization workgroup. The Long-Term Care workgroup will be addressing the critical role that CCHP has to ensure that one of our most vulnerable member groups, members requiring 24/7 LTC, can receive that care in the community setting rather than in an institutional setting. This work group includes members from our UM, CM, CalAIM, Claims and Provider Relations departments. The second launch initiative is an Emergency Department Utilization workgroup. This workgroup will analyze, address, and reduce avoidable emergency department utilization across Contra Costa Health Plan (CCHP) membership

Ongoing Challenges:

Staffing

Recruiting and retaining qualified staff to meet rising membership, service demands, and regulatory obligations. We currently have staffing gaps in:

- a. Advice Nurse Unit impacting call response times.
- b. Case Management Unit impacts our capacity to provide timely and comprehensive CM and Transitional Care Services (TCS) to our members who are in high-risk groups and require these services to be offered within specific timelines.
- c. CalAIM department which has an impact on our capacity to carry out essential functions necessary to maintain and provide oversight to our ECM and Community Supports provider network.
- d. UM department which has an impact on the capacity to maintain consistent compliance with our contractual obligations and quality goals for ensuring timely utilization reviews and authorizations. We are actively engaged with Personnel to aggressively hire and recruit additional team members.

Organizational Change Management

Managing organizational change associated with upcoming structural changes in the Utilization Management and Advice Nurse Unit (ANU) departments.

CCHP Clinical Ops leadership is progressing towards implementing structural changes that involve:

- a. How the daily body of work is organized and assigned within our UM department
- b. Standardizing the work shifts in the ANU, a critical unit providing 24/7 services to our members and community.

We are engaging with the staff of these units and our labor partners in moving these changes forward with the intent to improving quality, efficiency and consistency in the services that these units provide to our members and communities.

Future Quarter Priorities

Audit Readiness

- Completion of the key components of the Corrective Action Plan issued at 2024 DHCS audit
- Implementing policy and procedures revisions to address prior findings
- Expanded internal monitoring and auditing activities
- Conduct mock audits in preparation for upcoming audit

CarePlus (D-SNP HMO) Implementation

- Continue to work with our Subject Matter Expert (SME) consultants with Optum and HMA to finalize policies and procedures, reporting and other operational changes that must occur with D-SNP implementation
- Develop and refine core processes for Clinical Operations Units as relates to delivery of D-SNP service line

Organizational Change Management

- Continue working with our staff and labor partners to move forward structural reorganizations of key departments.
- Support opportunities for professional development to grow expertise and leadership potential in our units.

Enhance Operational Efficiencies

Invest in tools and workflow improvements (e.g. WellSky platform implementation for LTC facilities; InterQual expansion for Inter-Rater Reliability) to optimize limited staff capacity.



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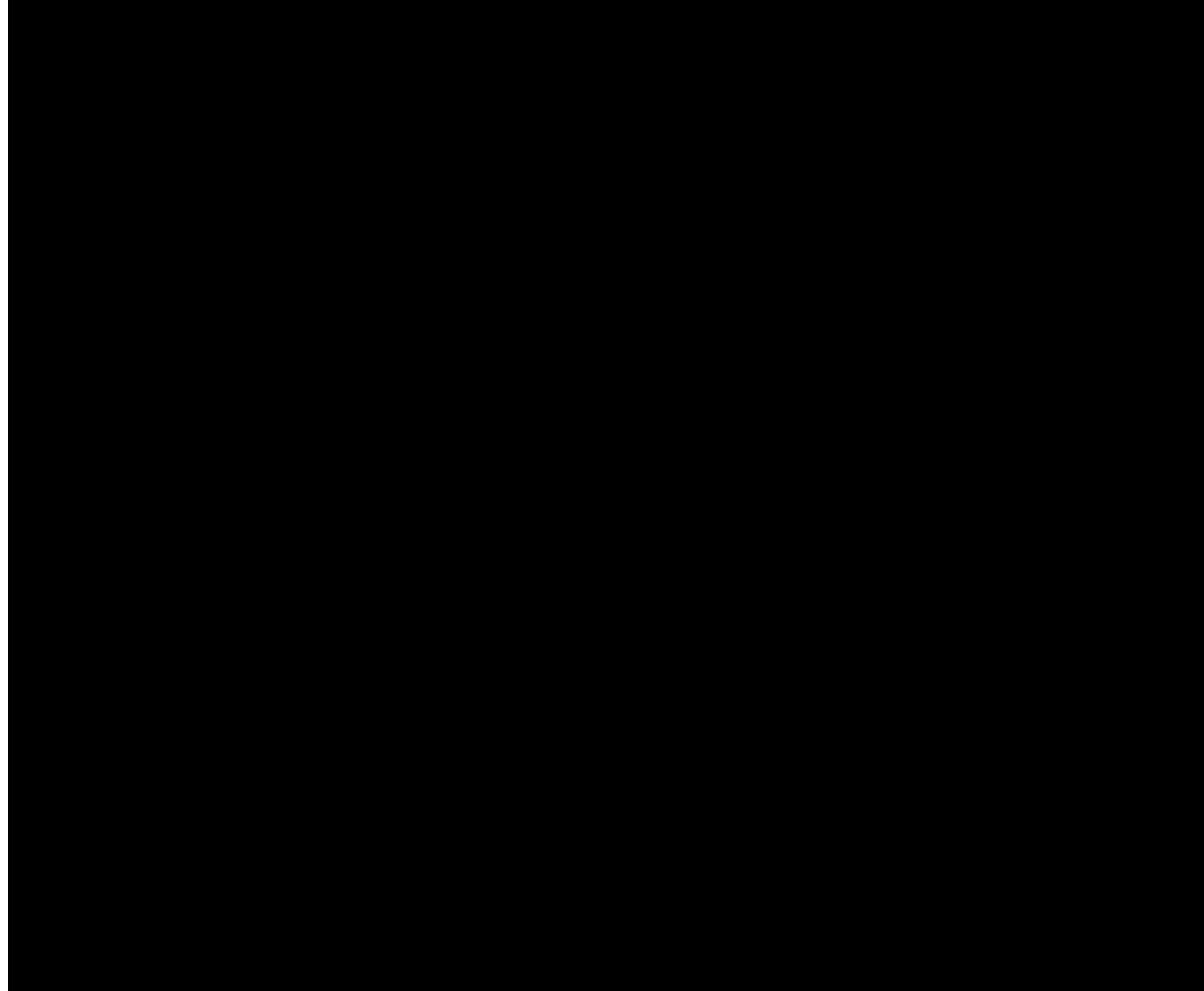
5.3 Clinical Operations Report

Presented by:
Sara Levin, MD
Senior Medical Officer

5.3.1 Clinical Operations Overview and Organizational Structure Update

- Overview of department functions
- Focus on quality, safety, and regulatory compliance
- Successes, Challenges and Future Priorities

Clinical Operations Organizational Chart



Regulatory and Accreditation Key Initiatives

- DHCS audit readiness
- NCQA accreditation activities
- D-SNP (CarePlus) implementation readiness

CalAIM:

- 9-part ECM training series launched
- Conducting ongoing Monthly Complex Case Rounds with ECM providers
- Conducting ongoing audits with ECM providers and completing CAP findings

Behavioral Health:

- Completed 2024 DHCS Corrective Action Plan
- 1,333 coordinated care cases

UM:

- Launched CPT Search & Service Level Authorization Tools

Case Management:

- New EPIC-integrated Care Management platform deployed

Interdepartmental Collaborations

LTC Workgroup:

- Provider-facing information and tools for authorizations; notifications; claims
- Member-facing materials for understanding benefit
- Building infrastructure for oversight and monitoring for quality; financial risk/mitigation
- Building infrastructure to transition eligible members to community-based care for 24/7 LTC members

ED Utilization Workgroup:

- Reduce avoidable ED visits
- Analyze high-utilization trends
- Identify interventions for high likelihood of ROI

Ongoing Challenges – Staffing

- Shortages in ANU, CM, CalAIM, and UM
- Impacts on response times, care timelines, and compliance
- Active recruitment efforts in collaboration with Personnel

Ongoing Challenges – Change Management

Structural Transitions:

- UM workflow reorganization
- ANU shift standardization

Engagement:

- Staff & labor partner engagement ongoing
- Focus on quality, consistency, and efficiency

Future Priorities – Audit Readiness

- Finalizing Corrective Action Plan
- Policy/procedure updates
- Expanded internal auditing
- Mock audit execution

Future Priorities – D-SNP Implementation

- Leveraging Optum & HMA Consultants with D-SNP expertise
- Implementation planning of MOC for Clinical Ops Departments
- Reporting and compliance framework build-out
- Continued development of our IT Collaboration

Future Priorities Organizational Development

- Continued support for structural reorganization
- Professional development initiatives
- Leadership pipeline development
- Recruitment for Vacant Positions
- Development of Classifications appropriate to MCPs SOW

Future Priorities – Operational Efficiency

- Tool and workflow investments:
 - WellSky for LTC
 - InterQual expansion for IRR
- Goal: Maximize clinical team capacity

North Stars for Clinical Operations

- Progress and resilience across departments
- Regulatory readiness and data-driven transformation
- Commitment to member-centered care and operational excellence

Overview/Organizational Structure Update

Public Comments

JCC Comments

5.3.2 Medi-Cal Long-Term Care (LTC) Carve-In Overview

Background:

- Under CalAIM, all Medi-Cal Managed Care Plans (MCPs) began covering LTC in 2023
- Transition occurred in phases by benefit type [Custodial (SNFs); Subacute(SNFs); Intermediate Care Facilities (ICF-DDs)]

Goals of LTC Carve-In:

- Coordinate and integrate care across settings
- Standardize coverage across California
- Expand care management and offer Enhanced Care Management & Community Supports
- Transition eligible from institutional settings to community settings

Timeline of LTC Benefit Carve-In

Before January 2023:

- LTC benefits were carved out of Medi-Cal managed care

From January 2023:

- LTC benefits carved into CCHP and other MCPs

Understanding Medicaid Long-Term Care

- Designed for financially limited individuals needing support with daily living and 24/7 supervision
- Commonly used by aging adults and those with chronic conditions like Alzheimer's
- Services provided in SNFs for the most complex and those without adequate housing or support in home
- Waiver programs (MSSP; ALW; HCBA; CCT) expand benefit possibilities to maintain services in private homes
- Community Supports expand benefit possibilities to transition to Assisted Living Facilities (ALFs/RCFEs/ARFs)

MCP Carve-In Implications for LTC

In Custodial/SNF Settings:

- CCHP now responsible for the LTC benefit for members
- Most LTC facilities operate outside traditional public funding
- Many LTC facilities are for-profit organizations
- Some residents could receive appropriate care in residential settings without 24/7 skilled nursing
- Prolonged institutional care for residential-level needs results in higher costs

In ICF/DD and Subacute Settings:

- **Effective January 2024** – Carve-in extended to ICF/DD and Subacute LTC settings
- **ICF/DD Settings:**
 - Provide stable LTC for young adults with severe developmental disabilities
- **Subacute Settings:**
 - Subacute LTC beds are scarce
- **Bed shortages result in:**
 - Extended hospital stays
 - Use of CLHFs (Congregate Living Health Facilities) as alternatives

Long Term Care Benefit

- Approximately 2000 CCHP members living in skilled nursing facilities (SNFs) with LTC Benefit
- 56 Contracted SNFs
- SNFs incentivized to keep lowest acuity members in LTC (Custodial Beds)
- Utilization Management process has uncovered many members who are not in need of 24/7 institutional care
- Diversion efforts underway to maintain LTC in community with Long-Term Support Services (LTSS); Community Supports and 1915(c) Waiver Programs

Long Term Care Benefit-Barriers/Risks

- Benefit for Medi-Cal members only
- Only applicable to certain facility types (SNFs; Sub-Acute; Intermediate Care Facilities for Developmentally Disabled ICF/DD)
- Lack of "benefit" structure for community placements (e.g. Residential Care Facilities for Elderly/Congregate Living Health Facilities)
- Limited Assisted Living Waiver (ALW) placements

Long Term Care Benefit Alternatives Through Utilization of Community Supports

Community Supports – Transformation 2023 through 2025

- Nursing Facility Transition and Diversion
- Caregiver Support
- Personal Care-giving and Homemaker support
- Home Modifications
- Housing trio

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2121
5.4.1

Agenda Date: 6/6/2025

Agenda #:

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Advice Nurse Unit Update

Presenter: Patricia Munoz-Zuniga, Advice Nurse Unit Director



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To: Joint Conference Committee (JCC) Members

From: Patricia Munoz-Zuniga, Health Plan Advice Nurse Program Director

Date: June 6, 2025

Subject: Advice Nurse Unit Update

Purpose

To provide the Joint Conference Committee with a high-level overview of the Advice Nurse Unit, progress, priorities, and challenges.

Department Description

The Advice Nurse (AN) Department supports Contra Costa Health Plan (CCHP) members by offering telephonic nurse triage services. The team assists in coordination of the patient's care within the multidisciplinary health care departments, refers patients to the proper level of care and assists in reducing unnecessary emergency room visits. The department also assists in meeting the patient's medical needs without the need for a clinical appointment by referring to the Telephone Consultation Clinic (TCC).

Key Accomplishments and Highlights

- Maintain an average call answer time of one minute and an average abandonment rate of 2%
- 21.10% of calls handled were given home care advice
- 88% of patients referred to TCC had their medical needs met without the need of an in-person visit

Current Priorities and In-Progress Work

Reviewing calls from AN's with the highest Emergency Department (ED) disposition to determine reason for high ED disposition. The top 10 AN's with highest ED disposition have been identified. We are now in the process of reviewing a percentage of the nurses' calls to determine if ED disposition was appropriate. While reviewing the calls it was noted certain guidelines were being utilized more frequently and resulting in an ED disposition. A list of the top five guidelines used by the AN's with

highest ED disposition will be created. The top five guidelines will be reviewed with our Assistant Medical Director to determine if the guideline should be updated.

Challenges

- Two vacant Advice Nurse positions and three LVN vacant positions.
 - Challenges filling LVN position as we use the general LVN recruitment. The list usually has many new graduates without any experience. This makes it challenging to find candidates that meet the needs of our unit.
 - Concern about meeting the new 30 second call answer time D-SNP (Dual Special Needs Plan) requirement.

Looking Ahead

- Develop pilot- Advice Nurse post ED discharge follow-up calls.
 - AN's will conduct a follow up call to patients who have recently been discharged from ED.
 - The AN will review discharge instructions with the patient, as well as make sure the patient picked up medications.
 - The AN will also answer any other questions and can conduct an assessment if patient is still experiencing symptoms or symptoms have changed.
 - Depending on the outcome of the assessment the AN can schedule an appointment with PCP or TCC if appointment with PCP is not available.
 - With the assistance of Leizl Avecilla (Director of Case Management), Beth Hernandez (Quality and Health Equity Director) and Jersey Neilson (QM Program Coordinator) we will work on obtaining the names of the patients who were recently seen at the ED.
 - The information is generated by EPIC from ADT feed, and it is sent to a work queue.
- In-Services
 - Dr. Michael Clery, Assistant Medical Director, will begin providing in-services during our AN staff meeting.
 - The first in-service will be reviewing the top three reasons for ED visit for pediatrics and Adults.
 - The next in-service will be reviewing the list of top five guidelines used by AN's with high ED disposition.



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5.4.1 Advice Nurse Unit Update

Presented by:
Patricia Munoz-Zuniga, RNC
Advice Nurse Director

- Provide 24/7 telephonic medical advice to CCHP members and county residents without private insurance
- Advice Nurses (Registered Nurses) perform a telephone assessment and determine the most appropriate and safest level of care - home care to calling 911 when medically necessary
- First line of contact during emergency/disaster situations- H1N1 (influenza A), measles outbreak, COVID-19.
- Provide information regarding evacuation, shelter-in-place, and other instructions during health-related incidents.

Key Accomplishments

- Handled a total of 168,205 calls in 2024 with average ASA 56 seconds and 2% abandonment rate
- 1st Qtr. 2025- handled 40,593 calls with average ASA 57 seconds and 2% abandonment rate
- 21.10% of calls handled were given home care advice
- 88% of patients referred to a teleconference call (TCC) had their medical needs met without the need of an in person visit



Level of Care

Level of Care	Jan-March 2025	April-June 2025	July-Sep 2025	Oct-Dec 2025	2025 Average
Call 911	1.10%				
ED disposition ₃	16.50%				
Urgent Care	10.70%				
TCC	13.90%				
Same Day ₁	23.07%				
Seen in >3days	12.08%				
Home Care ₂	21.10%				
RX	0.06%				
Behavioral Health	0.005				
Misc.	1.49%				

- Two vacant Advice Nurse positions- two recently filled.
- Interviews will be completed first week of June 2025 for the 2 vacant positions.
- Goal is to make job offers no later than third week of June.
- List for Licensed Vocational Nurse (LVN) position will be requested

- Difficulty filling vacant LVN positions using the general LVN candidate list
- Loss of experienced Advice Nurse by end of May 2025
- Staffing concerns related to increased call volume from the new Dual Eligible Special Needs Plan (D-SNP)
- Once fully staffed, three new Advice Nurses will require 6–8 months of training and ramp-up time

Reducing Unnecessary Emergency Department (ED) Referrals by Advice Nurses (ANs)

- Identified top 10 ANs with the highest rate of ED referrals
- Compiled top five clinical guidelines most frequently used by these ANs
- Assistant Medical Director and ED Physician will review these guidelines to assess need for updates

Post-ED Discharge Follow-Up Call Pilot

- LVNs will call members recently discharged from the ED to:
 - Review discharge instructions and medications
 - Refer to Care Management as needed
- Patient information will be received via Admission, Discharge, and Transfer (ADT) feed and placed in a Nurse Triage work queue

Staff Development & Training

- Dr. Michael Clery will lead in-services during Advice Nurse staff meetings
- Training will include:
 - Review of top 3 ED referral reasons by ANs: abdominal pain, chest pain, and cough
 - Review of top 5 clinical guidelines used by ANs with high ED referrals

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2122

Agenda Date: 6/6/2025

Agenda #: 6.0

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Quality and Health Equity Program Update

Presenter: Jersey Neilson, Quality Management Program Coordinator



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To: Joint Conference Committee (JCC) Members

From: Beth Hernandez, Quality and Health Equity Director
Jersey Neilsen, Quality Management Program Coordinator

Date: June 6, 2025

Subject: Quality & Health Equity Update

Purpose

To provide the Joint Conference Committee with a high-level overview of Contra Costa Health Plan's Quality and Health Equity program activities, progress, and current focus areas.

Department Description

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, including interpretation. Staff collaborate across departments, with providers, and in community settings to ensure care delivery aligns with the needs of CCHP's diverse membership.

Key Accomplishments and Highlights

CCHP is currently finalizing our Measurement Year (MY) 2024 Healthcare Effectiveness Data and Information Set (HEDIS) submission, with anticipated performance above the minimum performance level (MPL) in all Medi-Cal Accountability Set (MCAS) measures—our strongest performance to date. CCHP's current performance on MY 2025 MCAS rates also indicate continued performance above the Minimum Performance Level (MPL) threshold across all measurements.

CCHP's health education and outreach efforts expanded significantly over the past quarter, with a focus on engaging both providers and community members to promote prevention, wellness, and equitable care. Key initiatives included collaboration with Brighter Beginnings through the Department of Health Care Services (DHCS) Child Health Equity Collaborative, and engagement with Contra Costa Regional Medical Center on well child visit outreach, Fecal Immunochemical Test (FIT) kit distribution, asthma

population health, and Food as Medicine programming. Staff conducted outreach and tabling at federally qualified community health centers, libraries, and local events including the Lifelong Medical Care Health Fair, Youth Wellness Summit, and Lead Education events. CCHP also partnered with CalAIM community-based centers across the county to expand reach. The inaugural Maternal Health Summit convened public health, providers, and doulas to identify project goals and improve service materials; over 2,750 prenatal brochures and 700 doula brochures were distributed. Educational materials included newsletters, one-pagers, and direct outreach calls that supported lead screening and well child visit completion.

CCHP successfully completed the Department of Managed Health Care's (DMHC) Timely Access Report and identified a deficiency in urgent specialty care access in the CCHP Plan A network. A performance improvement plan is in development. The Department also completed the annual Cultural & Linguistic Program Evaluation, Provider Satisfaction Survey, and Annual Access report.

CCHP's Dual Eligible Special Needs Plan (D-SNP) Model of Care received a 100% score from the Centers for Medicare and Medicaid Services (CMS), a key milestone as we prepare for implementation in January 2026.

Current Priorities and In-Progress Work

Current areas of focus include provider engagement and support for quality improvement, preparation for upcoming accreditation surveys, and enhanced member and community outreach. We are preparing for two National Committee for Quality Assurance (NCQA) surveys: our first Health Equity Accreditation survey in August 2025 and the Health Plan Accreditation renewal in December 2025. Accreditation deliverables have been collected and reviewed with consulting partners to ensure alignment with standards.


The department is also supporting the transition to value-based payment arrangements with providers, aligning quality goals and performance incentives to improve care outcomes.

Outreach efforts to improve preventive care access and outcomes continue, with targeted member outreach related to lead screening, well child visits, and follow-up after emergency care for behavioral health conditions. The team also continues to support asthma management and maternal health improvement initiatives in collaboration with network providers. Member-facing health promotion and education activities are ongoing in clinical and community settings, including libraries, health fairs, and other local venues.

Challenges

Access to care remains a key challenge, particularly in ensuring timely availability of appointments across all networks and services. The issue was highlighted in the DMHC Timely Access Submission, and corrective actions are under development. Additionally, the department is balancing multiple deadlines across accreditation, D-SNP readiness, and ongoing quality and population health initiatives, which requires careful prioritization and resource management.

Looking Ahead



Key milestones in the coming quarter include finalizing MY2024 quality submissions, submitting deliverables for accreditation review, and implementing improvement actions to address access challenges. We will continue preparing systems and programs to support the successful launch of our D-SNP in 2026, focusing on member experience and care coordination. Community and provider engagement efforts will expand to support improvements in maternal health, lead screening, asthma care, and behavioral health follow-up. Additionally, we will advance the transition to value-based payment arrangements with providers to further align incentives with quality outcomes.



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6.0 Quality and Health Equity Program Report

Presented by:
Jersey Neilson
Quality Program Manager

6.1 Quality Performance: MCAS MPL Measures YTD

All Measures (23)								
Measure	Meeting Target?	Current Rate	Target	Exceeding or Missing Target By	Patients/Encou... Needed or Exceeded by	Up/Down is Better	Performance Sparkline (2024 through 2025)	Measure Category
Totals		-		-	-		-	
Follow-up after ED for AOD - 30 Day	Yes	45.20%	36.18%	9.02%	124	▲		Behavioral Health
Follow-up after ED for Mental Illness - 30 Day	Yes	54.36%	53.82%	0.54%	9	▲		Behavioral Health
Breast Cancer Screening	Yes	57.85%	52.68%	5.17%	746	▲		Cancer Prevention
Cervical Cancer Screening	Yes	57.19%	57.18%	0.01%	5	▲		Cancer Prevention
Child and Adolescent Well-Care Visits	Yes	56.90%	51.81%	5.09%	3,237	▲		Children's Health
Childhood Immunization Status - Combination 10	Yes	36.63%	27.49%	9.14%	234	▲		Children's Health
Developmental Screening in the First Three Years of Life	Yes	69.29%	35.70%	33.59%	2,184	▲		Children's Health
Immunizations for Adolescents (IMA) - Combo2	Yes	52.48%	34.30%	18.18%	538	▲		Children's Health
Lead Screening in Children	Yes	67.02%	63.84%	3.18%	81	▲		Children's Health
Well-Child Visits in the First 30 Months of Life (15-30 Months)	Yes	80.51%	69.43%	11.08%	271	▲		Children's Health
Well-Child Visits in the First 30 Months of Life (31 Days-15 Months)	Yes	81.98%	60.38%	21.60%	276	▲		Children's Health
Asthma Medication Ratio	Yes	74.27%	66.24%	8.03%	85	▲		Chronic Disease Management
Controlling Blood Pressure	Yes	65.21%	64.48%	0.73%	79	▲		Chronic Disease Management
Glycemic Status Assessment for Diabetic Patients	Yes	32.99%	33.33%	0.34%	43	▼		Chronic Disease Management
Chlamydia Screening in Women	Yes	66.34%	55.95%	10.39%	676	▲		Reproductive Health
Postpartum Care	Yes	87.75%	80.23%	7.52%	192	▲		Reproductive Health
Prenatal Care	Yes	88.81%	84.55%	4.26%	108	▲		Reproductive Health

Measure Name	Reporting Year	Rate	Target	Up/Down is Better	National Benchmark Met
Totals		-	-		-
Topical Fluoride for Children	2024	22.31%	19.00%	▲	50th Percentile

Public Comments

JCC Comments

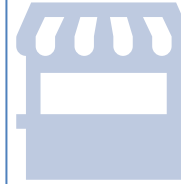
6.2 Health Equity and Population Health Provider & Community Engagement

Provider Office Collaboration



- DHCS-IHI Child Health Equity Collaborative with Brighter Beginnings
- RMC: well child visit outreach, FIT kits, ACR 2.0 asthma population health, participate in QIP teams
- RMC Food as Medicine: Movement – over 20 classes & counting
- Tabling at FQHC partners, including mindful movement demo

Community Outreach Events



- Story time at Concord Library with a focus on nutrition
- Outreach events in the community, including LMC Health Fair, Youth Wellness Summit, Parks Rx, Senior Information & Health Fair, Lead Education Event
- CalAIM Centers: Ryse, Opportunity Junction, Monument Impact, Discovery Counseling Center, Brentwood Senior Center
- Upcoming: Farmers' Markets

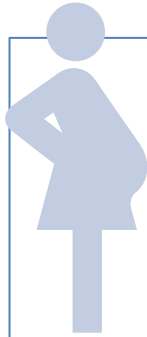


Maternal Health Summit

- Brought together Public Health, RMC Healthy Start providers, WIC/Lactation Consultants, and contracted doulas to identify maternal health project objectives
- Developed Prenatal Services Brochure and Doula Brochure to increase member awareness
- Developed Doula Provider Manual to improve doula experience



6.2 Health Equity and Population Health: Health Education & Promotional Materials



Maternal Health Services Materials

- Created & distributed over 2,750 prenatal services brochures to RMC Healthy Start, FQHC providers, and FMCH programs
- Created & distributed nearly 700 trifold brochures to highlight doula benefit



E-Newsletters

- 3 e-newsletters developed on Mental Health, Maternal Health, and Children + Families
- 3 editions sent so far, advertising in upcoming mailed triennial newsletter to achieve a broader impact

Grow an Allergy-Friendly Garden This Spring

CONTRA COSTA HEALTH

This year you may want to try growing an allergy-friendly garden. Allergies are a common problem, and growing an allergy-friendly garden can help reduce allergen exposure. This brochure provides information on how to grow an allergy-friendly garden, including tips on choosing plants, soil, and water. It also includes a list of allergy-friendly plants and a link to a website with more information.

Identify Allergy-Friendly Plants
Choose plants that are low in pollen and do not produce pollen. This includes many types of vegetables, fruits, and herbs. Avoid plants that are known to be high in pollen, such as flowers and grasses. For more information, visit the website at www.contracostahc.org/allergy-friendly-garden.

Choose Allergy-Friendly Soil and Water
Choose soil and water that are free of allergens. This includes avoiding soil and water that have been treated with pesticides or other chemicals. For more information, visit the website at www.contracostahc.org/allergy-friendly-garden.

Check for Allergies
Check for allergies before growing an allergy-friendly garden. This includes checking for allergies to plants, soil, and water. For more information, visit the website at www.contracostahc.org/allergy-friendly-garden.

Watering and Fertilizing
Water and fertilize your allergy-friendly garden properly. This includes watering regularly and using a balanced fertilizer. For more information, visit the website at www.contracostahc.org/allergy-friendly-garden.

Harvesting and Storing
Harvest and store your allergy-friendly garden properly. This includes washing produce thoroughly and storing it properly. For more information, visit the website at www.contracostahc.org/allergy-friendly-garden.

Source: The Allergy Company LLC. Adapted from www.allergycompany.com.

One-Pagers

- Developed over 20 1-pagers on variety of health topics that education and relevant resources
- Nearly 1,000 distributed across outreach events



Outreach Calls

- Lead: over 650 patients called, 147 completed screening
- Well Care Visits 0 – 3: almost 500 patients called, at least 64 appts so far

Health Equity/Population Health Program

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2123

Agenda Date: 6/6/2025

Agenda #: 7.0

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Compliance Program Update

Presenter: Chanda Gonzales, Compliance Officer



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

To: Joint Conference Committee (JCC) Members

From: Chanda Gonzales, Compliance Officer

Date: June 6, 2025

Subject: Compliance Update

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 with 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

CCHP's Medicare Compliance Plan accepted by CMS and CCHP's Medicare application has now been conditionally approved.

Current Priorities and In-Progress Work

- Implementing all new legislation affecting healthcare and as required by DMHC
- Updating DHCS with actions taken to remedy any remaining audit findings
- Ongoing monitoring of privacy incidents and potential fraud, waste, and abuse
- Preparing staff for upcoming DHCS audit (August 2025)

Implementing Recent Healthcare Legislation

DMHC issued All Plan Letter (APL) 24-023 on 12/20/24. This directive includes 23 Assembly and Senate bills; 19 with current requirements to file. Required changes include system-wide updates such as processes for authorizations, claims, member notices.

CCHP filed the initial submission on 3/21 and a second submission on 5/21. Implementation is continuing with some requirements scheduled to start in July 2025

DHCS Audit Corrective Action Plan

CCHP continues to implement new or revised processes to address any corrective actions required. The Plan has recently submitted the second update; these occur monthly until DHCS determines all corrections have been addressed and satisfied.

Fraud, Waste, and Abuse Monitoring

Q1 & Q2 2025 – Potential FWA Incidents

As of 5/28/25:

- 3 cases have been closed
- 3 cases currently open (all received in May; ongoing investigation)
 - Potential fraudulent billing by provider
 - Potential fraudulent referral
 - Potential fraudulent billing by DME provider

CCHP's FWA team is working more closely with the Cotiviti team and their SIU (Special Investigations Unit). Weekly meetings have been implemented for SIU discussions.

HIPAA/Privacy Incident monitoring

As of 5/28/25:

- 71% of the incidents to date occurred externally
 - 15 of the 21 incidents involved a provider or clinic
- 4 active investigations
- 2 Corrective Action Plans (CAPs) are being implemented
 - 1 with CCHP and 1 with an outside clinic

<u>Q1 2025</u>	<u>Incidents</u>	<u>Q2 2025</u>	<u>Incidents</u>
<u>January</u>	<u>8</u>	<u>April</u>	<u>2</u>
<u>February</u>	<u>6</u>	<u>May</u>	<u>3</u>
<u>March</u>	<u>2</u>	<u>June</u>	<u>--</u>
<u>Q1 Total</u>	<u>16</u>	<u>Q2 Total</u>	<u>5</u>



Challenges

The Director of Compliance recently resigned; this has created a setback in terms of new projects and progress that was being made. This setback should be temporary, however, as a new Senior Director of Compliance will be joining the department this month.

Looking Ahead

In June, the plan will be hosting the Medi-Cal Managed Care Compliance 101 training session (via LHPC) for all staff.



cchealth.org

7.0 Compliance Program Report

Presented by:
Chanda Gonzales
Compliance Officer
Deputy Executive Director

7.1 Fraud, Waste, and Abuse

Q1 & Q2 2025 – Potential FWA Incidents

- YTD (as of 5/28/25):
 - 3 cases have been closed
 - 3 cases currently open (all received in May; ongoing investigation)
 - Potential fraudulent billing by provider
 - Potential fraudulent referral
 - Potential fraudulent billing by DME provider
- FWA team working more closely with the Cotiviti team and their SIU (special investigations unit)
- Weekly meetings implemented for SIU discussions

Public Comments

JCC Comments

7.2 HIPAA/Privacy

Q1 2025	Incidents	Q2 2025	Incidents
January	8	April	2
February	6	May	3
March	2	June	--
Q1 Total	16	Q2 Total	5

(As of 5/28/25)

- 71% of the incidents to date occurred externally
 - 15 of the 21 incidents involved a provider or clinic
- 4 active investigations
- 2 CAPs being implemented
 - 1 with CCHP and 1 with an outside clinic

Public Comments

JCC Comments

7.3 Audit Calendar



- **DHCS Medical Audit** confirmed schedule of **Aug. 18 – Aug. 29**, on site.
- **DMHC Finance Audit** scheduled for **December 8, 2025**
 - formal letter to be sent in August
- **DMHC Routine Survey Audit** projected for **April 2026**
 - formal letter to be sent 6 months prior

Public Comments

JCC Comments



7.4 DMHC APL Healthcare Legislation

DMHC All Plan Letter (APL) 24-023

- ❖ Released 12/20/24
 - ❖ 23 Assembly and Senate bills under this APL, 19 with current requirement to file.
 - ❖ Required changes include system-wide updates such as processes for authorizations, claims, member notices.
- CCHP filed initial submission 3/21
 - CCHP filed second submission on 5/21
 - Implementation continuing; some requirements scheduled to start in July 2025

AB 1936 - Maternal Mental Health Screenings

AB 2105 - Coverage for PANDAS and PANS

AB 2129 - Immediate Postpartum Contraception

AB 2556 - Behavioral Health and Wellness Screenings - Notice

AB 2843 - Health Care Coverage - Rape and Sexual Assault

AB 3059 - Human Milk

AB 3221 - DMHC - Review of Records

SB 1180 - Health Care Coverage - Emergency Medical Services

SB 1320 - Mental Health and Substance Use Disorder Treatment

SB 339 - HIV Preexposure Prophylaxis and Postexposure Prophylaxis

SB 729 - Health Care Coverage - Treatment for Infertility and Fertility Services

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2124

Agenda Date: 6/6/2025

Agenda #: 8.0

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Finance Report

Presenter: Brian Buchanan, Interim CFO



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

To: Joint Conference Committee (JCC) Members

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

Date: June 6, 2025

Subject: Finance Update

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

- Recruited a Deputy CFO with extensive health plan experience
- Filed timely financial reports to DHCS and DMHC for Jan-Mar 2025 quarter
- Made timely Directed Payment to providers
- Completed Commercial rate increase analysis for next year

Current Priorities and In-Progress Work

- Developing and documenting routine processes for health plan finance functions
- Partnering with IT to build real time financial performance reports, starting with bringing revenue data to the data warehouse
- Ensuring fiscal year closes smoothly with the Auditor-Controller
- Completing a successful medical review audit with CMS auditor covering Jul-Dec 2018
- Supporting the required implementation of the DSNP plan



Challenges

- The current 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

Looking Ahead

- Fiscal year end and audit will run until November 2025
- Apr-Jun 2025 financial reports will be filed to DHCS and DMHC in mid-August 2025
- Complete all routine and special data requests from the state



cchealth.org

8.0 Finance Report

Presented by:
Brian Buchanan
Chief Financial Officer (Interim)



Financial Updates

	EF2: Medi-Cal			EF3: Commercial			Consolidated		
	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025
Member months*	775,548	779,762	790,515	19,704	19,687	20,076	795,252	799,449	810,591
	amount in thousands								
Revenue									
Revenue excluding MCO Tax	\$ 356,591	\$ 411,768	\$ 646,047	\$ 20,298	\$ 23,737	\$ 21,047	\$ 376,890	\$ 435,505	\$ 667,094
MCO Tax Revenue	\$ 75,427	\$ 98,854	\$ 104,840	\$ -	\$ -	\$ -	\$ 75,427	\$ 98,854	\$ 104,840
	\$ 432,018	\$ 510,622	\$ 750,887	\$ 20,298	\$ 23,737	\$ 21,047	\$ 452,316	\$ 534,359	\$ 771,933
Expenses									
Medical Expenses	\$ 354,234	\$ 430,268	\$ 652,820	\$ 19,883	\$ 24,741	\$ 25,470	\$ 374,117	\$ 455,009	\$ 678,290
MCO Tax Expenses	\$ 75,427	\$ 98,854	\$ 104,840	\$ -	\$ -	\$ -	\$ 75,427	\$ 98,854	\$ 104,840
Admin Expenses	\$ 9,589	\$ 14,021	\$ 15,055	\$ 1,303	\$ 552	\$ 129	\$ 10,893	\$ 14,573	\$ 15,184
Total Expenses	\$ 439,250	\$ 543,143	\$ 772,714	\$ 21,187	\$ 25,293	\$ 25,599	\$ 460,436	\$ 568,436	\$ 798,314
Non-Operating Income(Loss)	\$ 4,761	\$ 5,892	\$ 4,613	\$ 1,159	\$ 460	\$ 449	\$ 5,919	\$ 6,351	\$ 5,062
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net income	\$ (2,471)	\$ (26,629)	\$ (17,215)	\$ 270	\$ (1,097)	\$ (4,104)	\$ (2,201)	\$ (27,726)	\$ (21,319)
	Source: DHCS filing			Calculated			Source: DMHC filing		
MLR	99%	104%	101%	98%	104%	121%	99%	104%	102%
Admin	3%	3%	2%	6%	2%	1%	3%	3%	2%
TNE							670%	602%	536%

*Enrollment report

Revenue: Includes all pass-through and directed payments

Medical expense: Includes all pass-through and directed payments



Operational Dashboard-Claims



Date Received

1/1/2022

5/15/2025

Vendor Type

☐ External

☐ Internal

Product

All

Calendar Days

Business Days

Date Paid

5/1/2024

5/15/2025

Date of Service

1/1/2022

4/30/2025

Month Paid	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024	Jan-2025	Feb-2025	Mar-2025	Apr-2025
30 Days	89%	93%	95%	97%	96%	98%	96%	98%	89%	78%	98%	93%
30-45 Days	4%	3%	4%	1%	1%	1%	2%	0%	1%	1%	1%	1%
45 Days+	7%	5%	1%	2%	3%	1%	2%	2%	10%	21%	1%	6%
Interest Paid	\$ 89,363	\$ 98,358	\$105,649	\$112,886	\$463,877	\$ 59,791	\$117,065	\$100,893	\$144,804	\$159,768	\$ 31,922	\$ 56,678

Medicare D-SNP Budget Impact

- Projected membership enrollment June 2026: 2,000
- CMS conditionally approved CCHP's Part C & D application
- Bid submission due to CMS 6/2/2025
- Enrollment starts October 2025
- Coverage starts 1/1/2026
- Expected total loss to break even: \$23 million
 - CY26 \$10 million startup cost + \$6 million operational loss
 - CY27 \$5 million operational loss
 - CY28 \$2 million operational loss
 - CY29 break even

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2125

Agenda Date: 6/6/2025

Agenda #: 9.0

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Executive Dashboard

Presenter: Bhumil Shah, Chief Information Officer



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

To: Joint Conference Committee (JCC) Members

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

Date: June 6, 2025

Subject: CCHP Executive Dashboard Update

Purpose

To provide the Joint Conference Committee with a high-level overview of activities since last meeting on development of the CCHP Executive Dashboard.

Department Description

IT Department manages the system and databases used by CCHP that will be used to develop the Executive Dashboard using data visualization tools like PowerBI and Qlik Sense.

Key Accomplishments and Highlights

We have taken important steps to establish a strong foundation for the CCHP Executive Dashboard. These steps include:

- We reached out to other Local Health Plans of California (LHPC) plans to get a list of metrics they are tracking and reporting
- We identified a list of metrics that we need to track for regulatory compliance needs.
- We identified metrics that DHCS/DMHC is tracking for Managed Care Plan (MCP) performance reporting
- We used all of this information to compile a single and comprehensive list of metrics for the Executive dashboard.
- We presented the list to CCHP Directors at a Director's meeting.

While the dashboard is still in development, we want to ensure that the JCC continues to have access to key metrics that reflect CCHP's performance in critical areas. This includes:

- Membership
- Appeals: Volume, Topic, Benefit Type, Outcome
- Grievances: Volume, Issue Type
- Claims: Volume, Percent Auto Adjudicated



Current Priorities and In-Progress Work

- We have requested CCHP Directors to identify 2-3 key performance indicators (KPIs) that will best represent the overall health of their teams

Looking Ahead

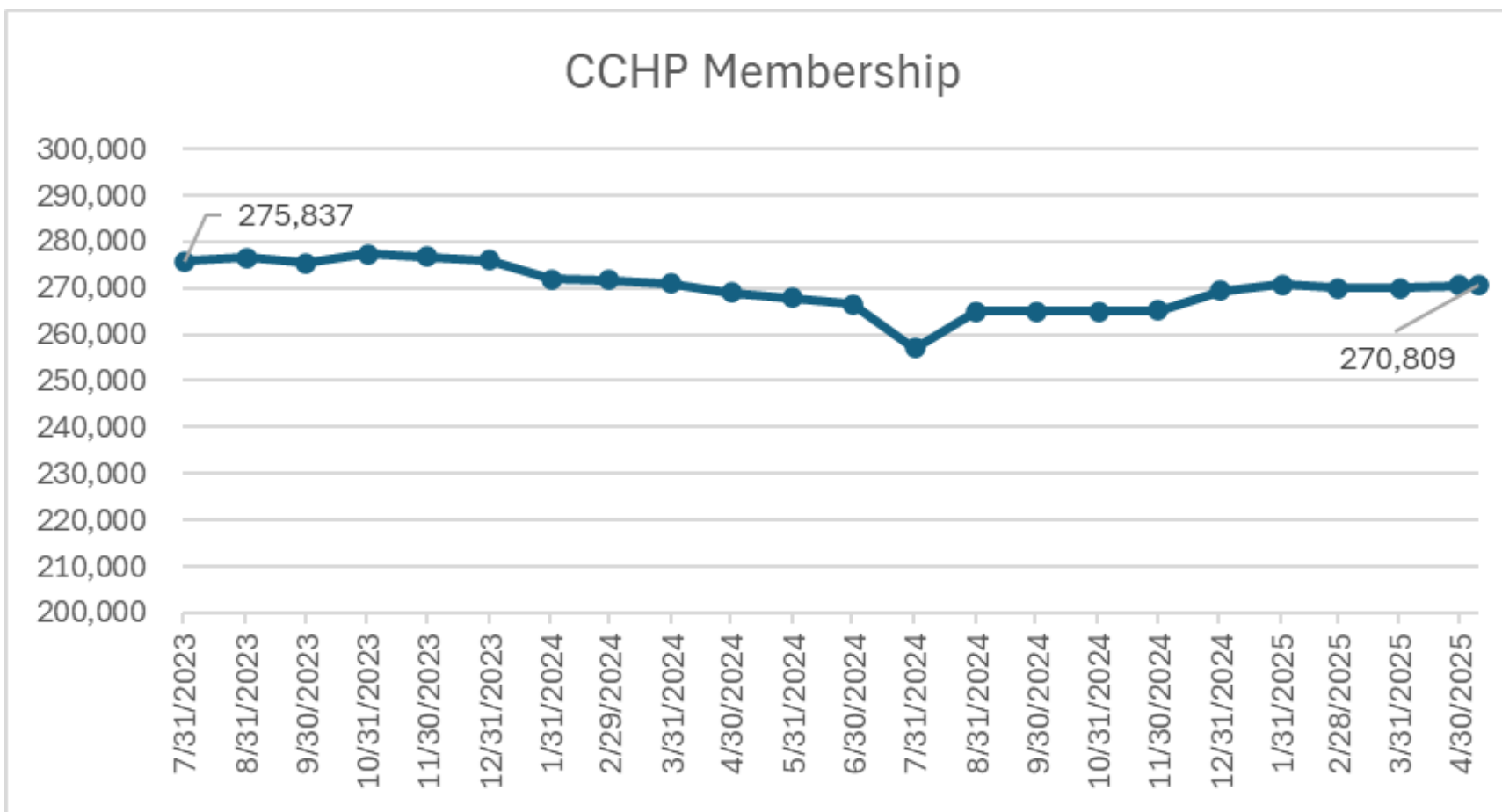
In the next quarter, we will start developing an Executive dashboard that will display these metrics. The metrics will be used to track performance and drive improvements.



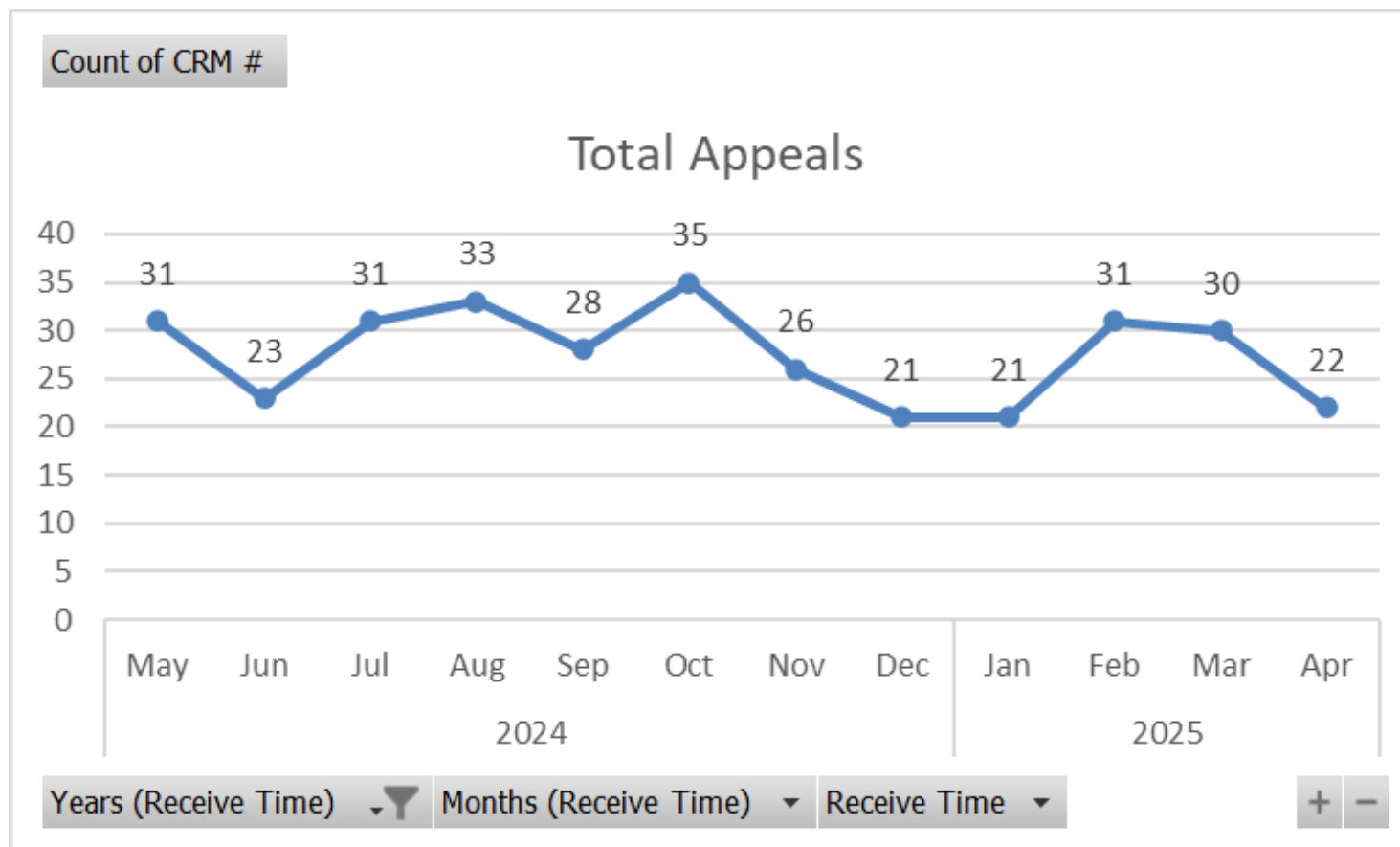
cchealth.org

9.0 Executive Dashboard

Presented by:
Bhumil Shah, Chief Digital Officer

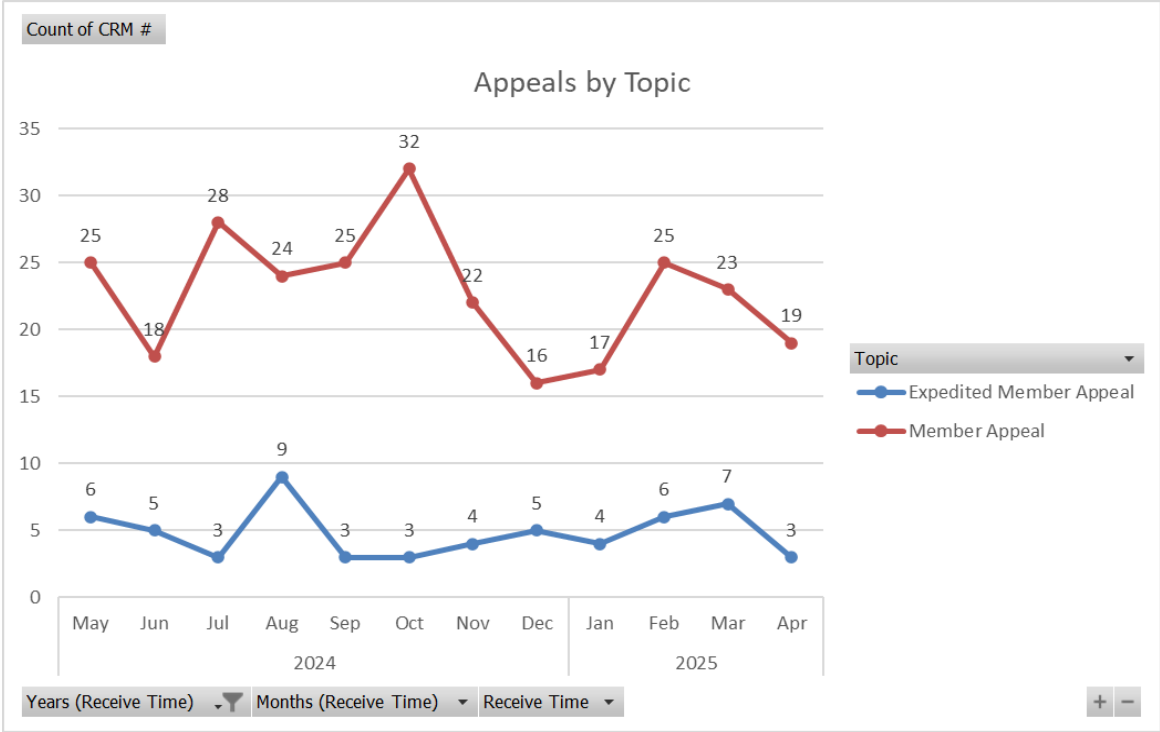


Source: CCHP Population Health Dashboard (Power BI) as of 5/9/2025

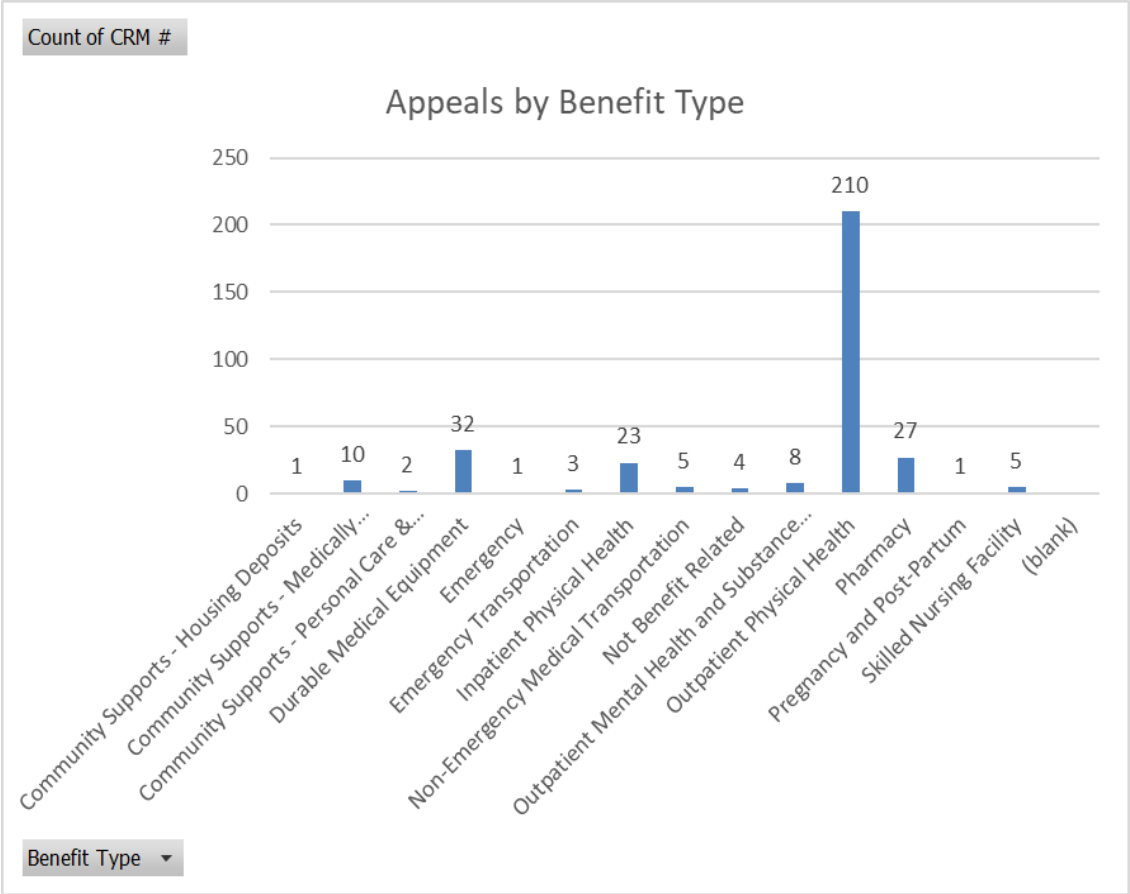


Source: TAP2393 CRM Appeals Report | Date Range: 5/1/2024 – 4/30/2025

Appeals (Continued)

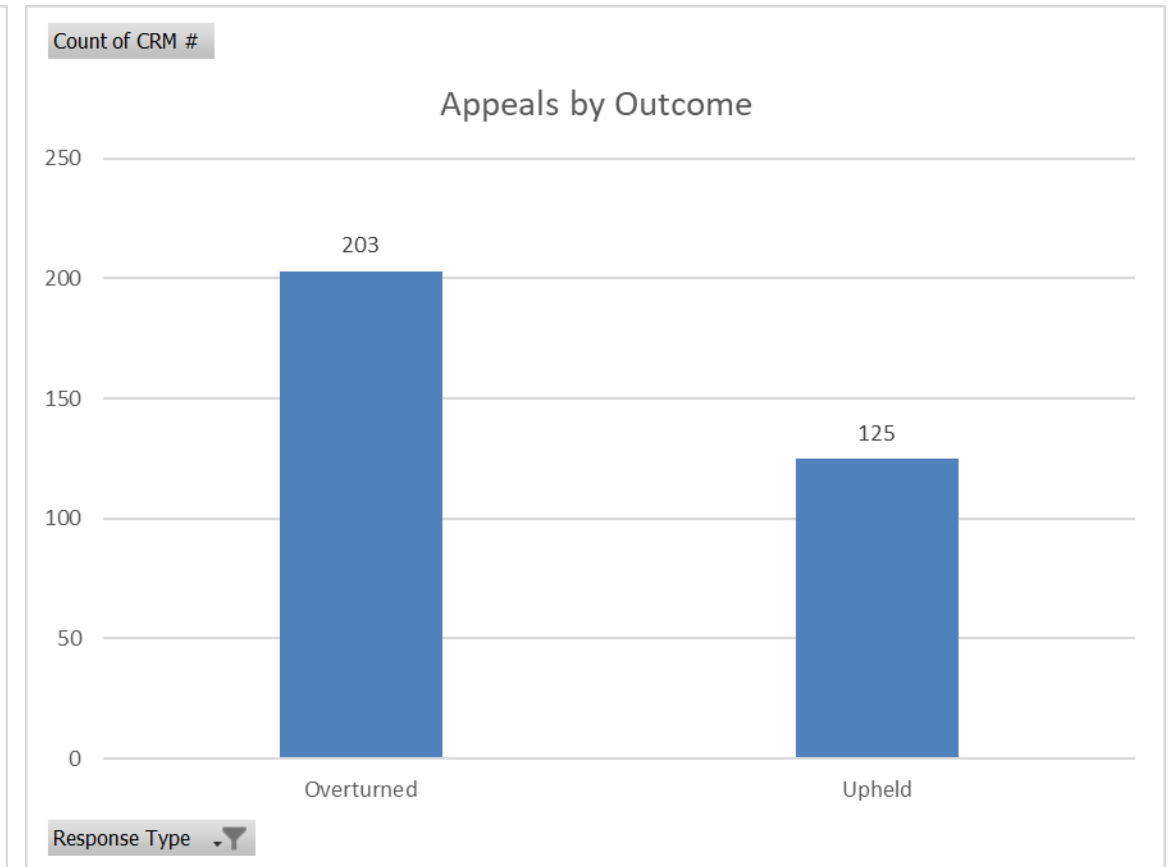
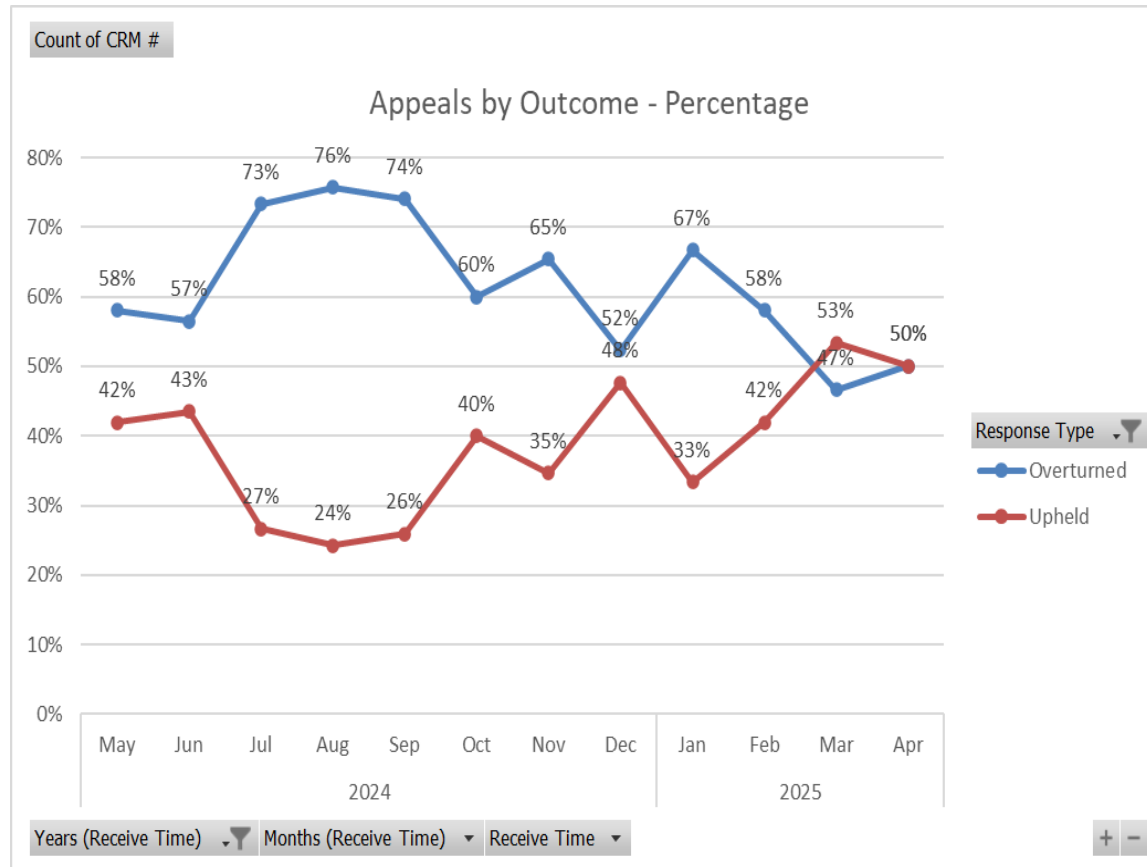


Expedited appeals are defined as appeals where waiting for a standard decision may seriously put the health of the member at risk (like if they are currently in the hospital or urgently need medication)



Source: TAP2393 CRM Appeals Report | Date Range: 5/1/2024 – 4/30/2025

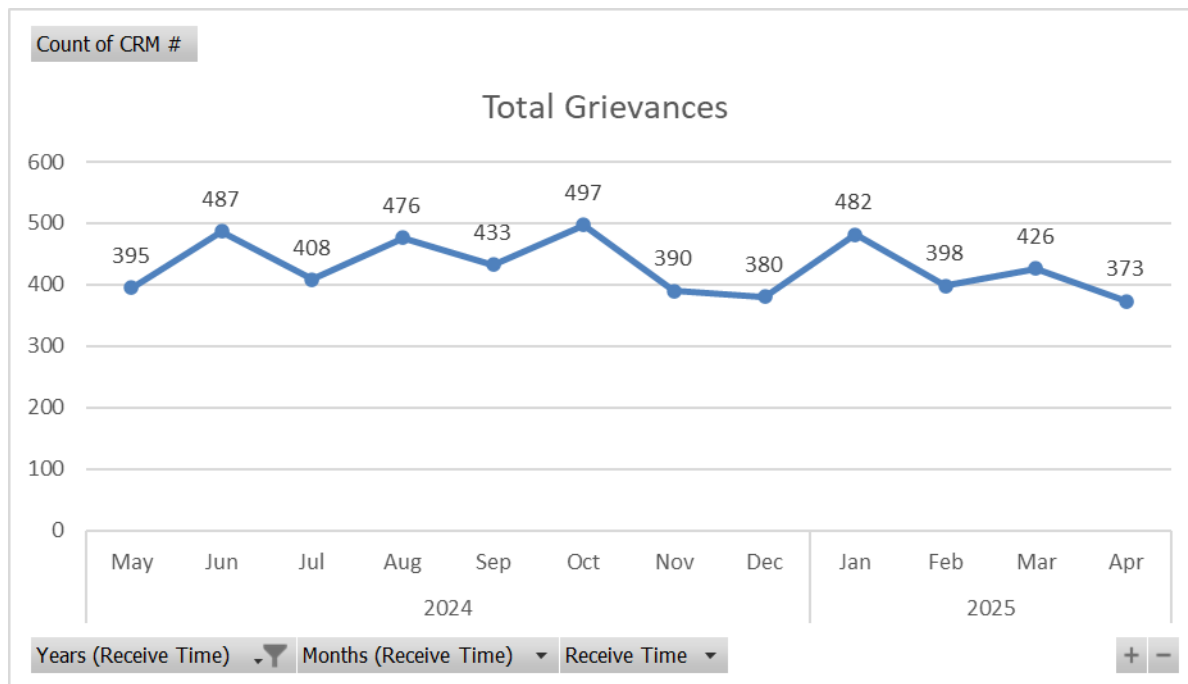
Appeals (Continued)



Source: TAP2393 CRM Appeals Report | Date Range: 5/1/2024 – 4/30/2025
Filter: Removed “Other” outcomes (member cancelled or not yet resolved)

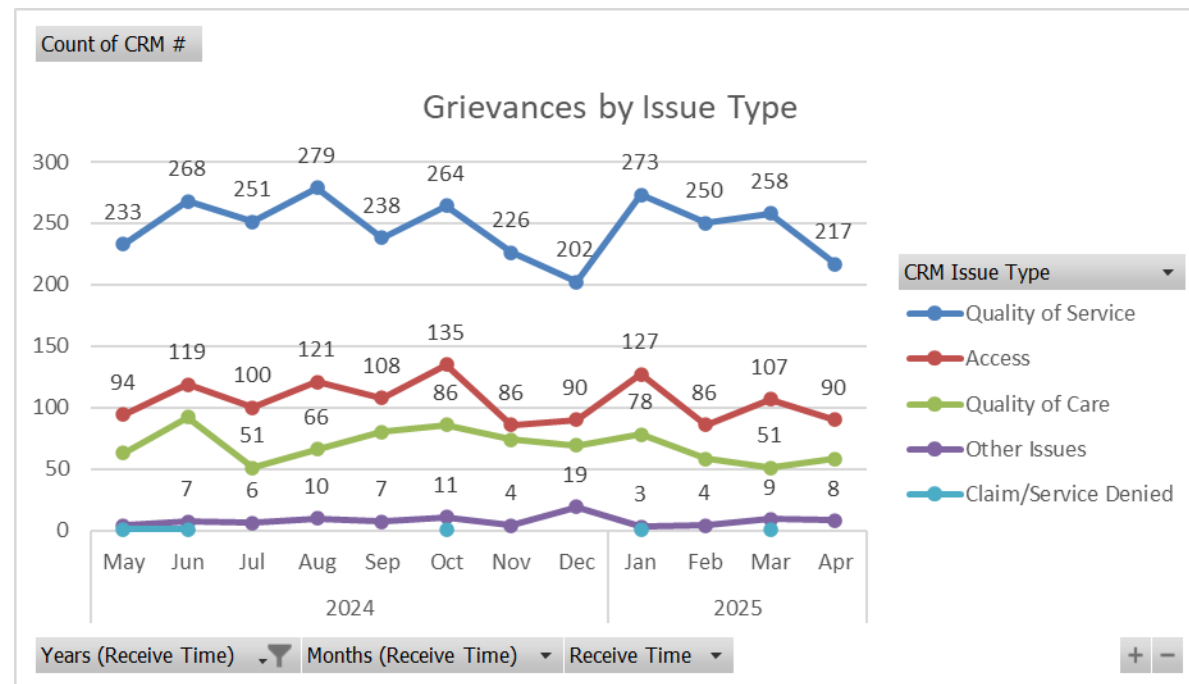


Grievances



CCHP: 1.7 grievances per 100K member

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



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



Date Received

5/1/2024

4/30/2025

Vendor Type

☒ External

☒ Internal

Product

All

Claim Status

All

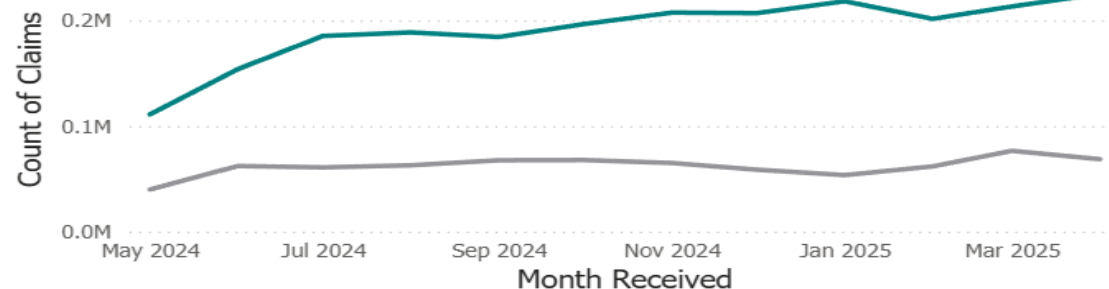
Date of Service

5/1/2024

4/30/2025

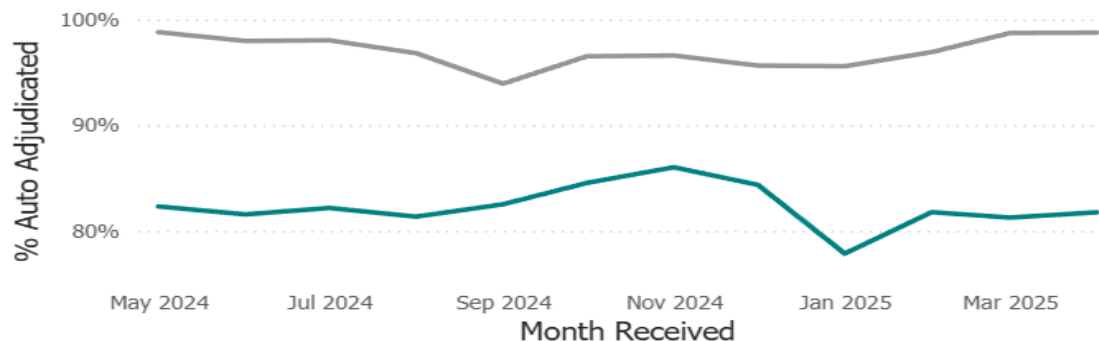
Count of Claims by Month Received and Vendor Type

Vendor Type ● External ● Internal



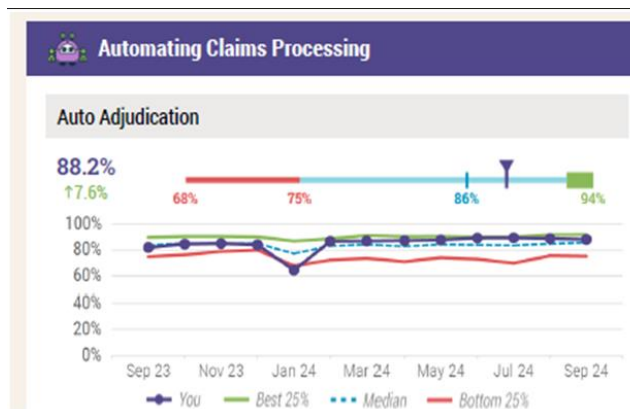
% Auto Adjudicated by Month Received and Vendor Type

Vendor Type ● External ● Internal



CCHP's auto adjudication rate compared to other Epic customers:

As of 5/16/2025



- DMHC requires health plans to pay HMO claims from 45 to 30 days starting 1/1/2026 - require higher efficiency in claim payment. Currently, roughly 20% of non-RMC claims require manual intervention, with 80% automatically adjudicated.
- Actively working on securing an outside vendor for claim payment validation

Public Comments

JCC Comments



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-2126

Agenda Date: 6/6/2025

Agenda #: 10.0

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Reminder - Next JCC Meeting(s)



Joint Conference Committee 2025 Meeting Dates

Friday, September 5, 2025, 9:30 – 12:30 PM

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

File #: 25-2127

Agenda Date: 6/6/2025

Agenda #:

Advisory Board: **Contra Costa Health Plan Joint Conference Committee (JCC)**

Subject: Health Plan Acronym List

HEALTH PLAN ACROYNMS

Acronym	Corresponding Term
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
Basic PHM	Basic Population Health Management
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
CCS	California Children's Services
CDPH	California Department of Public Health
CFR	Code of Federal Regulations
CHA	Community Health Assessment
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
DMC	Drug Medi-Cal
DMC-ODS	Drug Medi-Cal Organized Delivery System
DME	Durable Medical Equipment
DMFEA	Office of the Attorney General, Division of Medi-Cal Fraud and Elder Abuse
DMHC	Department of Managed Health Care
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
EMT	Emergency Medical Transportation
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	United States 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	California Government Code
H&S	Health and Safety Code

HCBS	Home and Community-Based Services
HCO	Health Care Options
HEDIS®	Healthcare Effectiveness Data and Information Set
HHS	Human Health Services
HIE	Health Information Exchange
HIPAA	The Health Insurance Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPA	Health Plan Accreditation
ICD-10	International Classification of Diseases, Tenth Revision
ICF/DD	Intermediate Care Facility Developmentally Disabled
ICF/DD-H	Intermediate Care Facility/Developmentally Disabled Habilitative
ICF/DD-N	Intermediate Care Facility/Developmentally Disabled Nursing
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IHA	Initial Health Appointment
IHCP	Indian Health Care Provider
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
LVN	Licensed Vocational Nurse
MAT	Medications for Addiction Treatment (or Medication-Assisted Treatment)
MCH	Maternal and Child Health
MCP	Managed Care Plan
MEDS	Medi-Cal Eligibility Data System
MFTP	Money Follows the Person
MHP	County Mental Health Plan

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	California Public Contract Code
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
PNA	Population Needs Assessment
PNT	Provider Network Training
POCT	Point-of-Care Glucose Training
PPC	Provider-Preventable Condition
PPR	Post-Payment Recovery
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
RX	Prescription
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDOH	Social Drivers of Health
SED	Serious Emotional Disturbance
SFTP	Secure File Transfer Protocol
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	Teleconference Call
TCM	Targeted Case Management
TDD	Telecommunication Devices for the Deaf
TNE	Tangible Net Equity
TPTL	Third Party Tort Liability
TTY	Telephone Typewriters
U.S. DHHS	United States Department of Health and Human Services
UM	Utilization Management
US DOJ	United States Department of Justice
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