

Contra Costa Health Plan

Joint Conference Committee Meeting Minutes

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

VOTING MEMBERS PRESENT:

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

Dr. Magdalen Edmunds, Lifelong
 Dr. Gabriella Sullivan, CCRMC

OTHER STAFF AND GUESTS PRESENT:

Dr. Irene Lo
 Samantha Barnes
 Brian Buchanan
 Dr. Grant Colfax

Sunny Cooper
 David Culberson
 Beth Hernandez
 Norman Hicks

Matt Kaufmann
 Shulin Lin
 Jen Quallick
 Bhupil Shah

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Call to Order	1.1 Roll Call and Introductions Supervisor Andersen called the meeting to order at 9:34 AM. Introductions were made for in-person attendees. 1.2 Public Comments Dr. Grant Colfax, Director of Health Services, introduced himself on Zoom. 1.3 JCC Comments – None.	Supervisor Andersen Public JCC Members
2.0 Consent Items	2.1 Approve JCC Meeting Minutes – October 3, 2025 2.2 Accept Quality Council Minutes 2.3 Accept Health Equity Council Minutes 2.4 Accept Community Advisory Committee Minutes 2.5 Accept Compliance Committee Minutes 2.6 Accept Peer Review and Credentialing Committee Report 2.7 Accept Recommendations for 2026 JCC Physician Membership 2.8 Accept Recommendation for CCHP Compliance Officer, Fraud Prevention Officer, and Privacy Officer 2.9 Motion – JCC Consent Items Approval A motion was made to approve all eight consent items by Dr. Sullivan, seconded by Dr. Edmunds. All consent items were approved unanimously.	Supervisor Andersen
3.0 Discussion / Action Items	3.1 Organizational Priorities 2025 was a foundational and transformative year for CCHP. Leadership roles were clarified, and organizational needs were assessed. SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) was conducted for the health plan. It highlighted opportunities for growth in the areas of cross-departmental collaboration, data utilization, regulatory compliance, and transparency.	Dr. Irene Lo Interim CEO

SUBJECT	DISCUSSION	ACTION / WHO
	<p>An assessment was conducted by Alvarez & Marsal (A&M). It highlighted opportunities for growth by aligning with industry best practices, clearly defining roles and responsibilities, and establishing more appropriate spans of control.</p> <p>CCHP must modernize its infrastructure and processes. The health plan needs to operate as a nimble, data-driven, and high-performing managed care organization.</p> <p>Dr. Lo highlighted strategic principles that will drive the health plan in 2026:</p> <ul style="list-style-type: none"> • Fiscal Transparency and Accountability • Responding to Federal and State Fiscal Challenges • Strengthening Collaboration with CCRMC and Health Centers • Engaging with Peer Managed Medi-Cal Plans • Implementing Organizational Changes <p>To support these principles, CCHP formally launched Performance Improvement Workgroups (PIWs) supported by the Program Management Office (PMO). PIWs are responsible for identifying root causes and executing solutions.</p> <p>The health plan developed a suite of enterprise-level dashboards to enhance transparency, strengthen accountability, and support data-driven decision making.</p> <p>There are significant risks that CCHP must manage in 2026 including financial pressures from HR1, state budget uncertainty, and Medi-Cal / Medicare operational integration and systems readiness.</p> <p>The mitigation for these risks will come from enhanced financial modeling and forecasting as well as standardization of project workflows and PIW structure to support our cross-functional integration.</p> <p>Public Comments – None. JCC Comments – None.</p> <p>3.1.1 Motion – Accept Report A motion was made to accept the 2026 Organizational Priorities report by Supervisor Burgis, seconded by Dr. Edmunds. The report was accepted unanimously.</p> <p>3.2 Code of Conduct CCHP revised their code of conduct and removed some of the sections that did not relate to a code of conduct document.</p> <p>Public Comments – None. JCC Comments – None.</p> <p>3.2.1 Motion – JCC Approval and Recommendation for Submission to the Board of Supervisors for Approval A motion was made to approve the Code of Conduct by Dr. Sullivan, seconded by Dr. Edmunds. The Code of Conduct was approved unanimously.</p> <p>3.3 Quality and Health Equity Activities Report CCHP focused on core operational work including Performance Improvement Projects (PIP) and Population Health Initiatives (PIH). A PIP highlight is the collaboration with County Behavioral Health, Public Health, and Kaiser Permanente on follow-up after behavioral health emergency department visits.</p>	<p>Sunny Cooper Compliance Officer</p> <p>Beth Hernandez Interim COO</p>



	<p>CCHP is restructuring their compliance governance with a Compliance Committee that consists of high-level leadership in the organization and will be supported by four other committees, Audit & Oversight, Policy Review, Program Integrity, and Privacy & Security.</p> <p>Public Comments – None. JCC Comments – None.</p> <p>3.4.1 Motion – JCC Approval and Recommendation for Submission to the Board of Supervisors for Approval</p> <p>A motion was made to approve the Compliance Activities Report by Dr. Sullivan, seconded by Dr. Edmunds. The Compliance Activities Report was approved unanimously.</p>	
<p>4.0 Finance Report</p>	<p>The financial results for fiscal year 25-26 were shared. The commercial line of business was discussed. There was a \$3.9 million loss due to high medical expenses originating from unfavorable provider contract terms. If not for county subsidies and tobacco tax revenue, there would have been a \$5.8 million loss.</p> <p>Question/Supervisor Andersen: <i>What are we doing about it?</i> Answer/Shulin Lin: <i>It is a sensitive topic with providers. Providers are facing a heavy funding cut of their own.</i></p> <p>In a previously presented report, there was high claim interest in July and August. After further research, 75% of the claim interest that was paid was due to a rate update, that was mandated by the state, and a contract renegotiation. The understanding of the calculated date was incorrect as confirmed by our regulator. Therefore, much of the claim interest that CCHP paid was unnecessary. The team will recalculate the correct amount, and CCHP will issuing a recoupment notice to those providers.</p> <p>Question/Supervisor Andersen: <i>Does our contract allow us to reclaim the interest within a calendar year?</i> Answer/Shulin Lin: <i>Yes, it does.</i></p> <p>In 2026, the “time to pay” duration will reduce from 45 days to 30 days. CCHP anticipates a temporary spike in claim interest in the spring as the Claims team adjusts to the new regulation.</p> <p>DHCS released a draft of the calendar year 2026 Medi-Cal rates with a 2% increase. The health plan advocated with DHCS to consider the recent expense trends and contract changes. In November, they notified us of an additional 6% increase which will help to reduce the expected losses for FY 25-26.</p> <p>A slide of the FY 25-26 projection was shared. It is projected that the Medi-Cal line of business will suffer a \$36.2 million loss, Medicare D-SNP projects a \$16.2 million loss, and Commercial projects a \$12.8 million loss. The total projected loss for FY 25-26 is expected to reach \$65.2 million.</p> <p>Public Comments – None. JCC Comments – None.</p> <p>4.1 Motion – Accept Finance Report</p> <p>A motion was made to accept the Finance report by Dr. Edmunds, seconded by Dr. Sullivan. The Finance report was accepted unanimously.</p>	<p>Shulin Lin Deputy Chief Financial Officer</p>

<p>5.0 CCHP IT Report</p>	<p>Membership in CCHP is mostly flat with a small increase in Unsatisfactory Immigration Status (UIS) membership. Appeals have remained stable over the last year.</p> <p>Some of the key IT projects for 2026 are the implementation of a new payment integrity system for Claims, the construction of new dashboards to clarify data, and several AI initiatives.</p> <p>IT is working closely with CMS and DHCS to support approximately 100 new Medicare / Medi-Cal file exchanges. They evaluated and improved 22 operational and technical workstreams and engaged with eight new third-party vendors.</p> <p>CMS released rule CMS-0057-F on January 17, 2024. The focus of this rule is the improvement of health information exchange to achieve appropriate and necessary access to health records for patients, healthcare providers, and payers. IT continues to implement technical and operational changes to their applications to improve data exchange.</p> <p>Regarding Round Trip, the non-emergency, non-medical transportation benefit at the health plan, the process for obtaining a ride has been streamlined to eliminate some of the administrative burden.</p> <p>Public Comments – None. JCC Comments – None.</p> <p>5.1 Motion – Accept CCHP IT Report A motion was made to accept the Finance report by Supervisor Burgis, seconded by Dr. Sullivan. The CCHP IT report was accepted unanimously.</p>	<p>Bhumil Shah Chief Information Officer</p>
<p>6.0 Interim CEO Report</p>	<p>6.1 CCHP Staffing The health plan submitted position modification requests for FY 26-27 to strengthen operational effectiveness, reinforce organizational alignment, and ensure that CCHP remains well-positioned to meet its strategic, regulatory, and financial responsibilities in a rapidly evolving environment.</p> <p>Efforts were made to reinforce the Clinical Operations leadership structure. Dr. Nicolás Barceló was appointed Deputy Chief Medical Officer and oversees Appeals & Grievances, Behavioral Health, Pharmacy Services, and Utilization Management.</p> <p>Dr. Sara Levin serves as Deputy Chief Medical Officer and Chief Health Equity Officer. She oversees Quality and Health Equity, Clinical Quality Auditing, Advice Nurse Unit, CalAIM programs, and Case Management.</p> <p>On the Business Operations side, Beth Hernandez was promoted to Interim Chief Operating Officer and will oversee Claims, Marketing and Sales, Member Services, Provider Relations, Credentialing and Contracting, Personnel / Facilities / Safety, Analysis & Reporting, and the Project Management Office. Recruitment for the permanent COO has also been launched.</p> <p>Sunny Cooper will continue as Interim Senior Director of Compliance and Regulatory Affairs and will serve as CCHP’s designated Compliance Officer, Fraud Prevention Officer, and Privacy Officer. Chanda Gonzales will serve as the Director of Regulatory Affairs and Communication.</p> <p>CCHP launched a Project Management Office (PMO) as a dedicated operational department to shepherd project execution. The PMO staff is establishing a consistent project management framework that includes standardized tools, governance structures, and reporting processes.</p>	<p>Dr. Irene Lo Interim CEO</p>

Dual Eligible Special Needs Plan (D-SNP) recruitment is ongoing, and the health plan has filled several key positions.

Public Comments – None.

JCC Comments – None.

6.2 Regulatory Update

The DMHC Financial Audit is scheduled for April 2026. Its purpose is to evaluate and report on the plan's compliance with the financial and administrative requirements of the Knox-Keene Act.

There are three enforcement matters that remain under DMHC review:

- Enforcement Matter 22-710
 - Administrative penalty paid to DMHC in October 2025
- Enforcement Matter 23-348
 - Awaiting response from DMHC regarding CCHP's submitted Corrective Action Plan
- Enforcement Matter 24-143
 - Awaiting response from DMHC

Public Comments – None.

JCC Comments – None.

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

CCHP has over 200 D-SNP enrollees and continues to prepare for operational readiness. The first three months following the D-SNP launch will be critical for establishing operational stability, demonstrating regulatory readiness, and ensuring a positive experience for new members and providers.

CCHP priorities are:

- Member onboarding and care coordination
- Operational performance monitoring
- Regulatory compliance and reporting
- Provider engagement and issue resolution
- Network adequacy and access monitoring
- Workflow refinement and staffing optimization
- Preparation for early CMS deliverables

Public Comments – None.

JCC Comments – None.

6.4 Organizational Transformation Update

Following the SWOT analysis and the operational assessment, CCHP has strengthened its internal infrastructure by:

- Clarifying leadership roles and spans of control
- Reinforcing expectations around accountability and performance
- Updating internal processes to improve operational consistency
- Enhancing cross-departmental alignment to reduce silos

The health plan developed channels to coordinate with the broader CCH integrated delivery system including:

- Enhanced collaboration with CCRMC/Health Center, Public Health, Behavioral Health, and H3
- Joint planning with Behavioral Health and H3 to launch Transitional Rent, a new CalAIM Community Support going live January 1, 2026

Public Comments – None.

JCC Comments – None.

	<p>6.5 Community Supports In 2025, CCHP completed a comprehensive review of its Community Supports portfolio. Based on this assessment, Asthma Remediation, Day Habilitation, and Personal Care & Homemaker Services were identified for discontinuation due to low utilization, operational challenges, redundancy, and limited return on investment. These services also have existing alternatives available through county organizations, community programs, or Medicaid-funded benefits.</p> <p>Public Comments – None. JCC Comments – None.</p> <p>6.6 Motion – Accept Interim CEO Report A motion was made to accept the Interim CEO Report Dr. Sullivan, seconded by Dr. Edmunds. The Interim CEO Report was accepted unanimously.</p>	
<p>7.0 Next JCC Meeting(s)</p>	<p>Friday, March 6, 2026</p>	
<p>8.0 Adjournment</p>	<p>Meeting adjourned at 11:55 AM.</p>	<p>Supervisor Andersen</p>

Minutes for Meeting

Unless otherwise indicated below, Contra Costa Health Plan hereby adopts all issues, findings or resolutions discussed in the agenda for Contra Costa Health Plan’s Joint Conference Committee, dated December 19, 2025, and attached herein.

Excepted Matters: None

Approved:

Date:



1-6-26

Supervisor Candace Andersen, District II



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