Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee Meeting Minutes
October 3, 2025 | 9:30 AM – 12:30 PM

Present:

Supervisor Candace Andersen, District II*
Supervisor Diane Burgis, District III*
Dr. Kimberly Ceci, Lifelong*
Dr. Gabriella Sullivan, CCRMC*
**JCC Voting Member*

Dr. Irene Lo
Dr. Sara Levin
Samantha Barnes
Brian Buchanan
David Culberson
Chanda Gonzales
Norman Hicks
Matt Kaufmann
Shulin Lin
Katie Rodriguez
Darwin Seegmiller
Bhumil Shah
Sunny Cooper
Nancy McAdoo

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Call to Order	**1.1 Roll Call and Introductions** Supervisor Burgis called the meeting to order, October 3, 2025, 9:30 AM. **1.2 Agenda Acceptance or Modification** Agenda for October 3, 2025, JCC meeting accepted as posted. **1.3 Public Comments** None. **1.4 JCC Comments** None.	Supervisor Diane Burgis JCC Committee Public JCC Members
2.0 Consent Items	**2.1 Approve JCC Meeting Minutes – June 6, 2025 (as corrected)** **2.2 Accept Quality Council Minutes (April, May, and June 2025)** **2.3 Accept Health Equity Council Minutes (March 2025)** **2.4 Accept Community Advisory Committee Minutes (June 2025)** **2.5 Accept Pharmacy & Therapeutics Committee Minutes (March and June 2025)** **2.6 Accept Compliance Committee Minutes (January, February, March, April, May, June, and July 2025)** **2.7 Accept Peer Review and Credentialing Committee Report (January through August 2025)** **Motion – Consent Items Approval and Acceptance** – A motion was made approve and accept all consent items by Supervisor Candace Andersen, second by Dr. Kimberly Ceci. The minutes and report were approved and accepted unanimously.	Supervisor Diane Burgis

3.0 **CEO Recruitment Update**	Sharron Mackey, former Chief Executive Officer (CEO) for CCHP, retired at the end of March 2025, and Dr. Irene Lo has served as Interim CEO. Recruitment efforts continue. Dr. Grant Colefax was recently appointed as the Director of Contra Costa Health (CCH). Updates on the ongoing recruitment activities continue to be shared with Dr. Colefax.	Matt Kaufmann Deputy Director for Health Services
4.0 **Finance Report**	Based on an audited financial performance for the fiscal year (July 2024 – June 2025), CCH has an accumulated a net loss of $28 million. The medical loss ratio was at 101%. This measures the medical expense over revenue received from the state and commercial payers. The 4th quarter (April – June 2025) showed a net income because CCH accumulated three quarters of losses and needed to release a reserve of $30 million to keep CCHP compliant with regulators. This created a net income of $23 million for Q4. CCHP accumulated significant interest income throughout the whole year to help offset operational losses. CCHP is at 535% of net tangible equity, 385% higher than the minimum requirements. Medi-Cal makes up 98% of the CCHP business line and represents the largest portion of the accumulated loss. **CCHP Claims Financial Activities** The current requirement is to pay claims within 45 calendar days. The coming fiscal year requirement will be 30 days and is subject to interest if not paid on time. Finance, Claims, and IT are actively working on ensuring claims are expedited to avoid interest going forward. *Question/Supervisor Diane Burgis: What is the reason for the increase in interest?* *Answer/Shulin Lin: In July, Sutter Bay Hospitals contract was not configured properly in the claim system. When it was reprocessed, all the underpaid claims incurred interest. John Muir Health claims resulted in underpaid claims when it was reprocessed due to claims not being configured properly.* *Question/Supervisor Diane Burgis: Did we know about this in July or did we not know until August?* *Answer/Shulin Lin: We did know. When it was reprocessed, the claims were already past 45 days. We paid the original claim on time but when it was reprocessed, the underpayment caused an interest.* *Question/Supervisor Diane Buris: Will we be seeing this in September and October?* *Answer/Shulin Lin: Between Claims, Finance, and IT, we have been working on accurately programming contracts in the system to fix the issue.* *Question/Supervisor Candace Andersen: Historically, have we had this issue or is this more recent?* *Answer/Shulin Lin: We had similar issues in September of 2024.* Even though enrollment overall has been increasing, the Satisfactory Immigration Status (SIS) population has been decreasing. The number of Unsatisfactory Immigration Status (UIS) members has increased. Next year the UIS will have less funding and SIS funding will remain consistent. This impacts how CCHP can pay providers.	Shulin Lin Deputy Chief Financial Officer

	Federally Qualified Health Centers (FQHC) typically see many UIS patients. Due to the elimination of Prospective Payment Systems (PPS), their revenue will be impacted. Membership fluctuation between SIS and UIS has raised concern for the health plan. *Question/Supervisor Diane Burgis: It's my understanding that they have until January 1st to enroll if they are not already enrolled, correct? Do they have to re-certify more than once a year?* *Answer/Shulin Lin: Yes, January 1st. At a minimum of six months under the new HR1 regulation.* *Question/Supervisor Candace Andersen: Do we have any indication as to why the SIS population is declining? Is it failure to enroll?* *Answer/Shulin Lin: Leaders in the organization are analyzing that decrease.*	
5.0 **CCHP IT Report**	Overall, membership has remained flat. There is a decline in documented enrollees and an increase in undocumented enrollees. Between 500-900 documented members are moving to Kaiser every month. The number of appeals and expedited appeals over the last year has stayed relatively flat. The primary reason for appeals is the quality of service. The number of grievances has stayed flat with data showing 1.7 grievances per 100K members, which is below the state average. The primary reason for grievances is quality of service. For the past year, the new Advanced Claims Dashboard has been active. This tool helps Claims and Provider Relations with contract negotiations, offering real time statistical analysis of data. Under Dr. Lo's leadership, there has been further collaboration between IT, Provider Relations and Contracts, and Claims. This has led to better oversight in the contracting and payment process for claims. *Question/Supervisor Diane Burgis: In relation to the interest, was it not entered correctly?* *Answer/Bhumil Shah: Contracts are very complex and individualized and need to be programmed. Due to the lack of coordination, we were paying over the base rate which led to provider underpayments. However, the 45 day window had passed which resulted in accrued interest. We are exploring ways to standardize some of our contracts to reduce the variables encountered within the provider negotiation process and to establish better coordination between IT and the contracting team.* *Question/Dr. Gabriella Sullivan: With the decrease in the number of SIS members, how is it that patients can choose Kaiser with their Medi-Cal?* *Answer/Dr. Irene Lo: Kaiser has a state-wide contract for Medi-Cal which includes specific criteria used to determine if a member goes to Kaiser or to CCHP. I can provide specific contract guidelines offline. Due to the criteria, many members have been able to move to Kaiser.* *Question/Supervisor Diane Burgis: Is part of it the lack of options such as being unable to get a primary care physician?* *Answer/Dr. Irene Lo: Yes, absolutely – network adequacy and access.*	Bhumil Shah Chief Information Officer

6.0 Presentations	**<u>6.1 Legislative Update</u>** The federal government shut down as of October 1, 2025, due to the inability to pass a continuing resolution (CR) to keep the federal government funded. We anticipate that it could last at least a couple of weeks, potentially longer. The CR would include cuts to Medicaid DSH funding and an extension of Medicare telehealth flexibilities. Congress has delayed Medicaid DSH cuts for the last 11 years, and we assume that when they pass a CR, they will pass a delay that will be retroactive. Annually it is a cut of $20 million for Contra Costa, with payment given quarterly of $5 million. If the federal government does not reopen by mid-October, the cut will go through. While Contra Costa will get some DSH funding, it will not get the full allotment. If Congress passes a CR with a retroactive delay, the money will likely come back in December or January. A rural health transformation program will allocate $50 billion, split among the states, to be distributed at the agency's discretion. Allocation to every state, by the Health and Human Services Agency, is not required. There is no guarantee that funding will be received. Efforts are underway in California to submit an application that meets requirements. We received initial guidance related to directed payments which included information regarding steps to submit the applications. While cuts were included with the two main state-directed payments, the larger cuts will not take effect until 2028. We are drafting an operational plan to address the changes in enrollment, eligibility, and other HR1 requirements. In July, guidelines regarding federal public benefits impacting health care centers (community clinics, FQHCs) were released which restricted access to these services for many lawfully residing and undocumented immigrants. In September, an injunction was placed and the restrictions are on hold. At the state level, the Health Trailer Bill underwent technical fixes around the coverage changes on the UIS population, specifying that it did not apply to foster care youth and that they would be able to remain in coverage until the age of 26. The state has changed immunization standards to be set with federal government recommendations laid out a few months ago, with allowance for California Department of Public Health to update as needed. A coalition of providers and health plans continue to discuss possible statewide alternatives to coverage changes for UIS adults and others who may lose coverage due to HR1. *<u>Question</u>/Supervisor Diane Burgis: Will foster youth have higher premiums or co-pays?* *<u>Answer</u>/Latie Rodriguez: Beginning in January 2027, adults will have a premium of $30 a month (per UIS changes). The bill exempts foster care youth until the age of 26.* **<u>6.2 Anticipated Impact from HR1 and California State Budget</u>** Shulin Lin presented the anticipated federal and state impacts from HR1 depicting the net financial impacts to CCHP as outlined in the chart.	Katie Rodriguez Vice President of Government Relations, CAPH

7.0 Discussion/ Action Items	**<u>7.1 Organizational Structure and Salary Survey Analysis</u>** **Organizational Structure Analysis** Dr. Lo reviewed existing structure and identified opportunities to continue to enhance leadership and operational efficiency. CCHP engaged with external consulting firm, Alvarez & Marcel (A&M). Tere LeBarron, Senior Director at A&M, presented their findings which included: • Inconsistent span of control • Titles did not reflect the nature of work being done • Lack of benchmarking and determining volume of people needed • Need for a county classification system like other health plans The report proposed changes to the staff who report to the CEO. It included the creation of three groupings for clinical domains and additional groupings for the operational domain. IT will function as a shared service. Ms. LeBarron presented a new flowchart with recommended alterations to structure. *<u>Question</u>/Supervisor Diane Burgis: Were any of these implemented, or is this an informational item?* *<u>Answer</u>/Dr. Irene Lo: This is a discussion item but I do have a motion at the end of these reports for some guidance from the JCC on next steps.* **Salary Analysis** CCHP performed an LHPC-based salary analysis and market comparison to reveal how CCHP salaries align. The results will guide any structural reclassifications needed. Few roles fall above the LHPC median. Several roles were concentrated below the median LHPC salary range. One of the next steps could be a collaboration between CCHP leadership, Contra Costa Health Personnel, and County HR to address salary compensation. We are requesting the following actions from the JCC: • Accept the report on salary analysis and organizational structure • Direct the Interim CEO of CCHP to collaborate with County Personnel and HR for next steps in aligning CCHP salaries • Direct CCHP leadership to develop an implementation roadmap to strengthen organizational structure **Motion for Approval –** A Motion was made by Supervisor Candace Andersen to approve the requested recommendations for next steps on organizational structure and salary analysis. It was seconded by Supervisor Diane Burgis and passed unanimously. **<u>7.2 Quality and Health Equity Activities Report</u>** There is a total of 84 clinical quality measures that are reported to different regulatory bodies. Ms. Hernandez discussed the Medi-Cal capitation rates which are impacted by quality measures. For 2025, the capitation rate is 1.1%. Due to CCHP's outstanding performance, we anticipate earning back 100% of capitation dollars for the fiscal year. There were two sanctions from DHCS in 2023 that have since been corrected. In 2024, we achieved our minimum performance level in all quality measures so we will have no sanctions. The Department of Managed Care just released corrective action plans for racial and ethnic groups that were under performing measures. 2024 rates are finalized, and we have improved those measures.	Dr. Irene Lo CEO (Interim) Tere LeBarron Senior Director, A&M Elizabeth Hernandez Quality and Health Equity Director

	The NCQA health plan rating is at 4.5 stars. CCHP is one of 14 plans in the entire country to receive that rating. In California, a total of three health plans received a 4.5 stars rating. A quarterly Quality and Health Equity Activities Report is a required submission to the Department of Health Care Services. The Q2 report provides additional details on the specifics related to quality and health equity at CCHP. **Motion for Approval –** A motion was made by Supervisor Candace Andersen to approve the Quality and Health Equity Activities Report and submit the document to the Board of Supervisors. It was seconded by Dr. Gabriella Sullivan and approved unanimously. **7.3 Compliance Activities Report** CCHP concluded their annual, in-person Department of Health Care Services (DHCS) audit which occurred during the final two weeks of August 2025. The last deliverables were submitted by Compliance, and we anticipate ongoing DHCS review until the final report is released. We submitted the concluding update for the 2024 medical audit corrective action plan (CAP) in response to 2023 findings. Key Dual Eligible Special Needs Plan (D-SNP) items have been submitted and approved. Compliance is focusing on the continued coordination and implementation of program and regulatory requirements to launch the D-SNP program by January 1, 2026. **Motion for Approval –** A motion was made by Supervisor Candance Andersen to approve the Compliance Activities Report and submit the document to the Board of Supervisors. It was seconded by Dr. Gabriella Sullivan and approved unanimously.	Chanda Gonzales Compliance Officer
8.0 **Interim CEO Report**	**8.1 CCHP Staffing** CCHP welcomes Sunny Cooper, Interim Senior Director of Compliance. Nancy McAdoo joined our team as the new Director of Provider Relations, Credentialing, and Contracting. CCHP received approval to add several staff positions as we launch D-SNP, and recruitment is currently active. Updates are submitted to our regulators, DHCS and the Department of Managed Health Care (DMHC), regarding key leadership vacancies and changes. We will meet with DMHC before the end of year and present an update on our progress. **8.2 Regulatory Update** Highlights of 2024 DHCS medical audit - corrective action plan (CAP) • Most of the CAPs have been accepted • We are on track to close the remaining CAPs 2025 DHCS medical audit (held August 18 – 25, 2025) • Actively implanting enhancements across the organization on some initial concerns expressed during closing session • A formal exit conference will take place in early spring 2026	Dr. Irene Lo CEO (Interim)

Question/Supervisor Diane Burgis: During the closing session, is there an expectation that CCHP will have dealt with some of those initial concerns? Are they straightforward?

Answer/Dr. Irene Lo: There is no formal expectation. The findings will be outlined in their final report. My expectation is that our team will begin working on the initial concerns and initiate process improvements

Question/Supervisor Candace Andersen: Are these findings any carryovers from before?

Answer/Dr. Irene Lo: It has been a different audit team each time, but they operate from a checklist and focus on certain items, six focus categories, but the range of questions may vary. Of the initial concerns, there was only one that was like a previous finding – a concern regarding letters that we are actively revising.

A few months ago, CCHP provided DHCS with responses to the 2023 DHCS Behavioral Health and transportation focused audit. We are awaiting their formal response and further instruction.

Upcoming audits:

- DMHC financial audit in April 2026
- DMHC follow up medical survey in August 2026

Dr. Lo provided an update regarding the DMHC enforcement matters currently in process.

Question/Supervisor Diane Burgis: What are we doing to prevent future enforcement matters?

Answer/Dr. Irene Lo: Back in 2021/2022, CCHP's delegated oversight mechanisms were not completely effective. Knowing this, we are establishing much more robust delegation oversight. Currently, we do not have any delegates, but that will most likely change in 2026. This would include delegating our transitional rent program to Health, Housing, and Homeless in the Health Department, for example.

Question/Supervisor Diane Burgis: Is that assigning it specifically to a particular person that does this work or is this a values statement?

Answer/Dr. Irene Lo: Both a value statement and actual work. This typically falls within our compliance program to lead our delegation oversight program with certain delegates involved with different departments in the health plan.

8.3 Dual Special Needs Plan (D-SNP) Update

Progress is concentrated in three key areas:

- Regulatory Milestones
- Operational Readiness
- Oversight Infrastructure

2026 Contracting documents and post-application requirements were approved by the Centers for Medicare and Medicaid Services (CMS). CCHP will become a D-SNP health plan beginning January 1, 2026, and open enrollment kicks off on October 15, 2025.

	We established D-SNP educational and training programs to keep the health system and community providers up to date. We continue to prioritize network adequacy to counter the evolving nature of Medicare. Next quarter we will finalize the provider and vendor contracts and submit the deliverables to CMS, DHCS, and DMHC. **8.4 Commercial Plan Update** CCHP has been working closely with Segal and Contra Costa County on what will be our 2026 Commercial Plan. We were informed that Contra Costa County accepted our renewal on August 20. In late September, explanations of coverage for the 2026 Commercial Plan were sent for review to Segal and Contra Costa County. At the end of August, we sent the health plan premium renewal letter, with rate information, to relevant stakeholders.	
9.0 Next JCC Meeting(s)	Friday, December 19, 2025	
10.0 Adjournment	Meeting adjourned at 12:06 PM.	Supervisor Diane Burgis

Approved: **Date:**

10-31-25

Supervisor Candace Andersen, District II

Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee

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

In-Person Location:

Conservation & Development, 30 Muir Road, Martinez

Minutes for Meeting

Unless otherwise indicated below, Contra Costa Health Plan hereby adopts all issues, findings or resolutions discussed in the agenda for Contra Costa Health Plan's Joint Conference Committee, dated June 6, 2025, and attached herein.

Excepted Matters: None

CONTRA COSTA HEALTH