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*
Dr. Kimberly Ceci, Lifelong*
Dr. Gabriela Sullivan, CCRMC*

*JCC Voting Member

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	**1.1 Roll Call** Supervisor Burgis called the meeting to order on April 4, 2025, at 9:31 AM.	Supervisor Diane Burgis
	1.2 Agenda 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
	1.3 Approve December 13, 2024, Minutes The minutes from December 13, 2024, were approved unanimously. **Motion made by Supervisor Andersen** **Second by Dr. Kimberly Ceci** **Passed unanimously**	JCC Committee
	1.4 Public Comment None.	Public
	1.5 JCC Comment 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

2.0 Responding to Federal Threats to California's Public Health Care Systems	**2.0 Responding to Federal Threats to California's Public Health Care Systems** Erica Murray gave a report on the budgetary activities occurring on the federal level and how the California healthcare systems may be affected. **2.1 Appropriations** 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. **2.2 Budget Reconciliation** 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. 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. 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. Three possible scenarios are anticipated: • 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 **2.3 Executive Actions** At the Federal Level 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. 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. 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. At the State Level Recently, Governor Newsom proposed that California borrow $6.2 billion to cover Medi-Cal costs. This signals that the Newsom administration believes	Erica Murray, President and CEO, CAPH

	that the Medi-Cal program may receive cuts. We expect more potential impacts to county indigent programs and a narrowing to coverage options. ***Question / Supervisor Diane Burgis:*** *How is the timing going with the House and Senate?* ***Answer / Erica Murray:*** *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.* ***Question / Supervisor Diane Burgis:*** *How does the Energy & Commerce committee play in this?* ***Answer / Erica Murray:*** *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.* ***Question / Supervisor Diane Burgis:*** *For the work requirement, Contra Costa uses 27%, but of that, we only have 4.8% unemployment.* ***Answer / Erica Murray:*** *This will fall, in my opinion, to an executive level and will result in less enrollment through more paperwork.* ***Question / Supervisor Diane Burgis:*** *If someone is unable to work, how will that go for them?* ***Answer / Erica Murray:*** *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.* ***Question / Supervisor Diane Burgis:*** *What about other states?* ***Answer / Erica Murray:*** *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.* ***Question / Dr. Sara Levin:*** *When will the state budget go into effect?* ***Answer / Erica Murray:*** *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.* ***Question / Supervisor Diane Burgis:*** *Has Dr. Oz recently indicated his ideas in all of this?* ***Answer / Erica Murray:*** *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.* ***Question / Marianna Moore:*** *What does the acronym "DSH" stand for?* ***Answer / Erica Murray:*** *Disproportionate Shared Hospital.*	CCHP will provide an acronym page in the JCC packet of materials

3.0 Health Care Literacy Council	**3.0 Healthcare Literacy Council** 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.	Supervisor Diane Burgis
	3.1 Healthcare Literacy 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. Consequences 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. Common Causes 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. Pilot Campaign – Outreach and Education 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. Healthcare Literacy Council 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. 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. A three-year timeline is established to lay the groundwork, execute the campaign, and evaluate. Total cost is estimated to be about $420,000. ***Question / Dr. Kimberly Ceci:*** *How large is the pilot in the beginning?* ***Answer / Michael Miller:*** *It will encompass regions from Antioch to Brentwood.* ***Question / Dr. Kimberly Ceci:*** *How will the Council reduce misinformation?*	Michael Miller, Brown-Miller Communications

	Answer / Michael Miller: *Right now, we're in the research phase of the project, we will build the curriculum through what we find.* ***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.* ***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.* ***Question / Supervisor Candace Andersen:*** *How are we going to pay for it? Have we identified different sources or potential funding or grants?* ***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.*	Dr. Irene Lo will extend the information to the Finance team to explore CCHP's involvement.
4.0 Interim Chief Executive Officer/Chief Medical Officer Report	**<u>4.1 CCHP Staffing Update</u>** 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. **<u>4.2 Summary of Regulatory Audits</u>** 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). **<u>4.3 DHCS 2024 Medical Audit Findings</u>** 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: • Utilization Management (UM) • Case Management and Coordination of Care • Access and Availability of Care • Member's Rights • Quality Management • Administrative and Organizational Capacity 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. ***Question / Supervisor Diane Burgis:*** *Do the Supervisors need to be a part of the Correction Action Plan?* ***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.*	Dr. Irene Lo, Interim CEO Dr. Irene Lo will share audit reviews, findings, and enforcement matters. Audit reports will also be sent to the Supervisors.

	Question / Supervisor Diane Burgis: *Is this an ongoing thing? Is there no timeline of progress we must submit?* ***Answer / Dr. Irene Lo:*** *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.* ***Question / Supervisor Diane Burgis:*** *How many providers were out of compliance?* ***Answer / Dr. Irene Lo:*** *I do not have the number right now, but I can provide that later.* **4.4 Public Health ECM Focused Audit** 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. **4.5 D-SNP Status – High Level Overview of Project Plan/Strategy** 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. ***Question / Supervisor Diane Burgis:*** *Are all the positions of the D-SNP Steering Committee filled?* ***Answer / Dr. Irene Lo:*** *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.*	Dr. Irene Lo will send the information.
5.0 Quality Program Report	**5.1 Quality & Health Equity Evaluation, Program Description, and Work Plan Approval** 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. ***Question / Supervisor Candace Andersen:*** *When shifting from capitation based to actual performance, has that been a burden for the providers?* ***Answer / Elizabeth Hernandez:*** *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.*	Elizabeth Hernandez, Director of Quality and Health Equity

	Approval of the Quality and Health Equity evaluation, program description and work plan **Motion made by Supervisor Anderson** **Second by Dr. Gabriela Sullivan** **Passed unanimously**	
6.0 Focus Topics	**<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. ***Question / Supervisor Diane Burgis:*** *As we are improving, the staffing report may not be clear to those outside. Can there be more explanation in the agendas moving forward.* **<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. ***Question / Supervisor Diane Burgis:*** *Did we see an increase in membership at the same time?* ***Answer / Dr. Nicolás Barceló:*** *In the slides there is a rate of grievance per membership that will account for it.* ***Question / Supervisor Candace Andersen:*** *Were we identifying if there are duplicate grievances? If there are reclassifications, are they being identified?* ***Answer / Dr. Nicolás Barceló:*** *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.* <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. ***Question / Supervisor Candace Andersen:*** *Can the Healthcare Literacy Council assist in this in the future?* ***Answer / Dr. Nicolás Barceló:*** *As the appeal is being reviewed and communicated, member education has been ongoing.* **<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.	Dr. Nicolás Barceló, Medical Director More explanations of reports will be added in future meetings.

	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. **6.3.2 Compliance Workplan** 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.	Chanda Gonzales, Deputy Executive Director and Compliance Officer
7.0 Progress Report	**7.1 Executive Dashboard** 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. **7.2 Finance Report** 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. 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. **7.3 Next Meeting Reminders 2025** Friday, June 6, 2025 Friday, September 5, 2025 Friday, December 5, 2025	Bhumil Shah, Chief Digital Officer Brian Buchanan, Interim Chief Financial Officer
8.0 Adjournment	Meeting adjourned at 12:27PM.	

Approved: **Date:**

5/6/2025

Supervisor Diane Burgis, District III