Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee Meeting Minutes
Thursday, September 19, 2024
1:00PM – 3:00PM

Present:

Supervisor Candace Andersen, District II*
Kim Ceci, MD, Lifelong*
*JCC Voting Member

Supervisor Diane Burgis, District III*
Gabriela Sullivan, MD, CCRMC*

Sharron Mackey, CEO
Dr. Irene Lo, CMO
Dr. Nicolas Barcelo
Ronda Arends
Brandon Azevedo
Carol Brenes
Brian Buchanan
Janice Chang
Cynthia Choi
David Culberson
Lauren English
Sonia Escobar
Karl Fischer
Phil Froilan
Chanda Gonzales
Joanna Gudino
Will Harper
Elizabeth Hernandez
Erika Jenssen
Sara Kennard
Aisa Laico
John Moral
Paralee Purviance
Jill Ray
Paul Reyes
Heather Roberts
Lisa Schilling
Darwin Seegmiller
Samir Shah
Linda Tran
William Walker

(Absent: Anna Roth, HS Director, Patrick Godley, HS CFO)

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Call to Order	**1.1 Roll Call** Supervisor Diane Burgis called the meeting to order on September 19, 2024, at 1:01PM. Supervisor Burgis will be the Chair of the JCC for 2024.	Supervisor Diane Burgis
	1.2 Agenda Agenda for September 19, 2024, reviewed and approved by Supervisor Diane Burgis.	JCC Committee
	1.3 Approve June 14, 2024, Minutes The minutes from June 14, 2024, were approved unanimously.	JCC Committee
	1.4 Public Comment None.	Public
	1.5 JCC Comment None.	JCC Members

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2.0 Dual Eligible Special Needs Plan (D-SNP) Overview	**2.1 Dual Eligible Special Needs Plan (D-SNP) Overview** D-SNP programs are currently available in 12 California counties. These programs will launch in the remaining counties across the state on January 1, 2026. **2.2 Dual Eligible Beneficiaries Overview** People having both Medicare and Medi-Cal (Medi-Medi) are known as dual eligibles. Medicare Covers doctor visits, hospital stays, labs, prescription drugs, and other benefits. Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, and In-Home Support Services (IHSS). Dual Eligible Beneficiaries • More likely in poor health with chronic conditions • Have high utilization • Diverse in race, ethnicity, and language • High rate of limited English proficiency • Navigate a complex delivery system Dual Eligible Beneficiaries in California • Approximately a quarter (1.7 million Californians) of Medicare beneficiaries also have Medi-Cal • All dual eligible beneficiaries in California are enrolled in Medi-Cal managed care plans (MCPs) Dual Eligible Beneficiaries in Contra Costa County • Approximately 37,600 dual eligible beneficiaries as of April 2024 **2.3 Medical Medi-Cal Plans (Medi-Medi Plans)** Dual eligible beneficiaries need coordinated care to navigate both sets of benefits. The fragmented system can be confusing and may not provide person-centered care. CalAIM Approach to Coordinated Care • Health plan to coordinate care across Medi-Medi Plans • Medi-Medi Plans will launch in 46 addition counties in 2026 • Medi-Medi Plans are only available to dual eligible beneficiaries • Medi-Medi Beneficiaries receive their Medicare benefits through a D-SNP and their Medi-Cal benefits through a Medi-Cal MCP Plans in California • Medi-Medi Plans are single plan in beneficiary-facing materials • Members receive one card, one welcome packet, and one phone number to call • Information can be found on the DHCS Website Care Coordination for Medi-Medi Plans • Plan is required to coordinate all Medicare and Medi-Cal benefits • Joining the plan does not impact In-Home Supportive Services (IHSS) benefits • Eligible for community supports and Enhanced Care Management • Access to providers through the Medi-Medi Plan network • Help connecting the beneficiary with a new doctor or help a beneficiary's physician join the network • Continuity of Care provisions	Anastasia Dodson, Deputy Director for the Office of Medicare Innovation, Department of Health Care Services

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	Contracted Network adequacy Requirements • Must maintain a network of adequate access to covered services • Medicare provider network must be adequate • Information can be found on the CMS website Crossover Billing • A beneficiary's D-SNP and Medi-Cal plan is operated by the same organization • The primary payer of provider bills is Medicare • Medicare providers cannot bill dual eligible beneficiaries for Medicare Part A and B cost sharing Joining Medi-Medi Plan • Beneficiaries can join if they meet the requirements • Enrollment is voluntary • Medicare open enrollment for Contra Costa County is 10/15/25 through 12/7/25. ***Question / Dr. Gabriela Sullivan***: Is there data of how many Medi-Medi eligible patients have enrolled in county plans throughout CA? ***Answer / Anastasia Dodson***: Close to 300K members in the 12 county Medi-Medi Plans. ***Question / Supervisor Candace Anderson***: Are there simple marketing material that patients can find online? ***Answer / Sharron Mackey***: Yes, there are videos and information which are offered in different languages. ***Question / Supervisor Candace Anderson***: Is CCHP working with EHSD's Council on Aging? ***Answer / Sharron Mackey***: We will roll out a comprehensive marketing plan, engagement with the Health Insurance Counseling and Advocacy Program (HICAP) and various CBOs. Everyone that connects with senior citizens. Letters have gone out.	
3.0 **CEO Updates**	**<u>3.1 Operational Challenges</u>** CCHP continues to enact changes to ensure our growth and be more transparent with regards to the operational challenges faced within the health plan. We are taking a proactive approach by meeting with the Board and continually providing reports and information. We are confident this will help solve some of the challenges we face. • As the responsible MCP, system enhancements are needed to be ready for D-SNP and for the adjudication of Medi-Cal and Medicare claims. A robust project plan has commenced. We have brought in consultants with ample D-SNP expertise. • Adding more community health workers has been a challenge. With help from our Case Management department, we are making a push for expansion in this area. We believe community health workers will also be instrumental as advocates for the D-SNP program.	Sharron Mackey, CEO In early October, Sharron will send the Board more information on the D-SNP and the three different project plans.

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	• Under Prop 1, Behavioral Health is transitioning fully. CCHP is now responsible for closed looped referrals which means low to moderate cases are handled by the plan and the county handles specialty and severe services. We are taking a bigger role in the end-to-end services of our members. • The redesign of the Appeals, Grievance, and Disputes (AGD) unit has faced obstacles. It is the members' right to file an appeal and to get resolution. Regularly, members that chose Medicare Plan "A" attempt to go to the network and use Plan "B." The right specialty care needs to be in place within our network to handle this. CCRMC is working in unison with us to provide that specialty care. • Our Compliance unit is working with Finance to prepare for the 2025 DMHC's financial audit (which occurs every three years.) • Credentialing of providers is an ongoing issue for operational units such as Provider Relations. As an MCP requirement, our robust network of over 15,000 providers must be recredentialed every three years. • Staffing is a persistent issue due to retirements, staff retention, and the new employment landscape post COVID. ***Question / Supervisor Diane Burgis****: Do you have the intention of employing Measure X for the transitional rent program?* ***Answer / Sharron Mackey****: We have not approached Measure X. Currently this is optional in 2025. In 2026 it becomes mandatory and that is when we will be reimbursed by the state. Currently we have clinicians involved in the community supports, and we will identify someone that has a background in real estate and rentals for a supervisory role. The position will be temporary until we can get a classification that allows us to hire someone full time. The plan currently works with Christy Saxton and Lavonna Martin as part of our community supports network.* **<u>3.2 DHCS Audit Results</u>** The DHCS found 10 preliminary findings. We believe that the first three finding will be thrown out. With Public Health, the plan conducted an extensive review of our Enhanced Care Management (ECM) providers. The rating Public Health received was 4 out of 5 stars. The Plan agrees that Public Health can improve their clinical notes. ECM is a new program, and this finding will probably be dismissed. The auditors will follow up with the CalAIM team. The fraud, waste, and abuse finding indicated that DHCS auditors could not find CCHP's Code of Conduct on the website. We sent the location to them. ***Question / Supervisor Burgis:*** *Did you make it easier to find the Code of Conduct on the website?* ***Answer / Sharron Mackey:*** *We will look at how user friendly it is to find the Code of Conduct.*	Sharron will share a concept paper with the board.

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	Claims had a finding. We are caught up and at a 90% of all the claims being adjudicated within the 30 days. The other findings have been addressed or completed. **3.3 Board Approvals** We plan to grant 5 to 7% of our net profits as community reinvestment. We are investigating the most effective ways to familiarize community leads with the program. We will look to the Supervisors to nominate CBOs for the initial granting period, which will go into effect in 2025 once the financial information is release. The Board has indicated its support of Dual Eligible Special Needs Plan (D-SNP) rollout and the creation of a user friendly platform for members. Seniors and Persons with Disabilities are the targeted group. To create an environment of understanding with this population, we intend to stage townhalls, administer survey, and extend other means of communication. CCHP is looking at the challenges of insourcing the Behavioral Health (BH) program. Conversations have started with County BH, and we are investigating the best way facilitate the transition. We are currently recruiting a Chief Operations Officer. Recruitment of the Provider Relations and Member Services Directors is also a priority. ***Question / Supervisor Candace Anderson***: How far along is CCHP in the recruitment process? ***Answer / Sharron Mackey***: Once we receive a resignation notice, CCHP submits the P12. Hopefully all three positions will be filled by the end of the year. **3.4 Noteworthy Accomplishments** NCQA has rated Contra Costa Health Plan with 4.5 out of 5.0 stars.	Sharron will send an email requesting written approval.
4.0 Chief Medical Officer's Report	**4.1 Clinical Approach to D-SNP** D-SNP Clinical approach has three main components which are our current focus: Model of Care, Impact to CCHP's Clinical Operations, and impact on Provider network which ultimately impacts CCHP members. The Health Plan wants to make sure there is a clear vision and alignment. The Model of Care is a foundational framework that guides the health plan's delivery of D-SNP services to its members and ensures that providers align with delivering high-quality, patient-centered care. These goals are echoed by the provider network, CCRMC, and Health Centers. Critical Components to the Model of Care are Health Risk assessment, Individualized Care Plans, Interdisciplinary Care Team, Care Coordination, and Quality Improvement Measure. Every D-SNP member that has a CCHP Medi-Cal and Medicare will need a personalized care plan base on their health risk assessment and specific medical, behavioral, and social needs. Additionally, a case manager will work with all the healthcare professionals and providers caring for the member to provide collaborative and comprehensive healthcare.	Dr. Irene Lo, CMO

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5.0 Quality Program Report	**5.1 HEDIS and CAHPS** The plan reports to 84 quality measures across various regulatory bodies. There are changes to certain measures that are part of the Quality Withhold. Half percent capitation rate is held back by the state and performance on those quality measures helps MCPs earn that money back at the end of the year, placing more importance on the overall value of services. We report 13 different quality and equity measures to the Department of Managed Health Care (DMHC) for both Medicaid and the commercial line of business. In 2027, DMHC will require that every single race and ethnicity must be above the minimum performance level for all measures. CCHP has begun an improvement process to reach these goals. In key measures, CCHP providers are currently ranked in the top 10% nationally. From 2022 through 2023, the providers more than doubled the number of measures which were over the 90th percentile. In May 2024, surveys were distributed to members in various age groups. Parents, who are reporting for their children, have a slightly better perception of services than adults. CCHP ranks extremely high regarding how well doctors communicate and across most measures. Access to care services is an area where we will focus.	Elizabeth Hernandez, Quality Director
6.0 Focus Topics	**6.1 Member Appeals & Grievances Appeals** Dr. Nicolas Barcelo gave an overview in areas of Appeals and Grievances. • Authorization Utilization Management thoroughly reviews medical necessity, changes in the department's authorization requirements, working with providers, and adhering to guidelines to ensure access to care. • Prospective services that members hope to receive from care that is out of network, is not being denied but rather redirected to providers within their network. • Overturn and appeal are affected by different elements. Decisions on appeals and grievances were appropriately based on the information that we had. If new information comes to light, a decision may be overturned. • If there is a significant impact for the member, authorization is allowed for out-of-network service. • Continued member support will be given during the grievance process. • The plan consistently performs well overall – at or above national benchmarks. • Q1 of 2024 saw a significant increase in grievances due to the plan's new approach on grievance classifications. Numbers have now stabilized in March and July. ***Question / Supervisor Diane Burgis***: Do we look at ways to avoid grievances if we can? ***Answer / Dr. Nicolas Barcelo:*** *We have not, in the last two quarters, identified a single provider for whom grievances are a trending concern. An example is when we take billing issues. This concern seems to be dispersed throughout the network, and, considering our very large membership, there are cases where bills are inappropriately sent. The plan is looking for new ways to communicate with the providers and their office*	Nicolás Barceló, Medical Director

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	staff to ensure they are looking at our member coverage and not billing Medi-Cal members for balances. ***Answer / Dr. Gabriela Sullivan****: CCHP enrollment has grown tremendously in the past two years. CCRMC has doubled empanelment in the last four to five years so there will be more grievances due to having more members.* ***Questions / Supervisor Candace Anderson****: It would be helpful to also know how many days did it take to get resolved and is there member satisfaction information?* ***Answer / Dr. Nicolas Barcelo****: Regarding resolution, we have redundancies and review processes within AGD to ensure clinically appropriate resolution. For any quality-of-care grievances, these investigations are conducted by the nurse reaching out to the provider and member to understand the concern and how it can be resolved. Those cases are forwarded to physicians within the plan who reviews the grievance and confirms clinical appropriateness. Regarding turnaround for a routine grievance, not related to life or death, the state allows a maximum of 30 days. The plan was at a 100% compliance in the last review. Many grievances are resolved in a shorter amount of time.* **6.2 Compliance – Target Audit Corrective Action Plan** In mid-2023, DHCS conducted a statewide focus audit and observed (1) Behavioral Health care coordination and (2) transportation. The audit revealed trends in other MCPs, and the DHCS decided to address the observations. The audit findings were released in August 2024. Behavioral Health coordination is needed, and we are tracking all services for members enrolled in our health plan. We are committed to ensuring our members get appropriate and timely care in the arenas of mental health care and medical care. Coordination of care is a problem throughout all MCPs. CCHP asked DHCS for assistance to urge the county Behavioral Health department to share required data and to navigate restrictions. Leadership found ways to improve in-house Behavioral Health service for low to moderate cases and to manage the end-to-end process. CCHP needs to add two per diem nurses who have training in mental health. Three slots at County BH will be transferred back to CCHP. The CCHP Advice Nurse team will be assigned low and moderate cases. The County BH/MH network will conduct a “warm handoff” of these cases without impacting member care. Collaboration with County BH on the Mental Health access line will continue. We like the feature of having one entry way for mental and behavioral health. We have the Advice Nurse unit available 24/7 and have clinical protocols. This also helps us know what the patient needs. We will present a report on the elevated Behavioral Health plan at the December JCC meeting. As of 2018, the health plan is responsible for non-emergency and non-medical transportation. CCHP created a transportation team whereas the other health plans outsourced the services. DHCS requires detailed reports. Our primary platform, EPIC, is designed to monitor medical and clinical care. Tracking transportation, especially door-to-door services and claims adjudication is beyond its current capability.	Sharron Mackey, CEO Sharron will release a report in early October regarding “How do you measure the viability of a Health Plan”

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	CCHP leadership developed a new transportation strategy that employs outsourcing solutions with the vendor, Roundtrip. CCHP will be sent outcome reporting automatically, and we will conduct monthly meetings with the vendor. The plan's transportation clerks will be repurposed to other areas for increased member support within the Medicare arena. The revised outsourcing approach is the best way to resolve current issues and prevent future issues as well as addressing the best interest of the members. ***Question / Supervisor Diane Burgis:*** *With the launch of the Autonomous Shuttle, are we open to innovative transportation solutions?* ***Answer / Sharron Mackey****: CCHP is monitoring the Autonomous Shuttle service. If it proves to be successful, we will make further suggestions to DHCS regarding this option and include relevant enhanced responsibility details.*	
7.0 Review and Approval of Progress Report	**7.1 Executive Dashboard** Sonia Escobar reviewed the executive dashboard in the areas of Utilization, Pharmacy, calls to the Advice Nurse unit, Claims processed, and the member's Initial Health Appointment. ***Question / Supervisor Diane Burgis:*** *Why does the membership go up and then down?* ***Answer / Sonia Escobar****: April 2024 there was a spike due to the transition of new members from Anthem to CCHP.* **7.2 Finance Report** One month of actual experience shows we are on target. **7.3 Next Meeting Reminder 2024** Next JCC is Friday, December 13, 9:30-11:30	Sonia Escobar, Analysis & Reporting Sharron Mackey presented for Pat Godley

Approved:

Supervisor Diane Burgis, District III

Date: 10/14/24

Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee

Thursday, September 19, 2024
1:00PM – 3:00PM

In-Person Location:

Conservation & Development, ZA Conference Room
30 Muir Road, Martinez, CA

Virtual:

Virtual Meeting option via Zoom
https://cchealth.zoom.us/j/7415624178?omn=97155281859

Minutes for Meeting

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan, hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan's Joint Conference Committee, dated Friday, June 14, 2024, and attached herein.

Excepted Matters: None