Welcome to the Joint Conference Committee

Friday, December 8, 2023

9:00 am – 11:30 am

CONTRA COSTA HEALTH

cchealth.org

1.1 Agenda

Time	Tab		
9:30	**1.0**	**Call to Order**	Supervisor Candace Andersen
		1.1 Agenda	JCC Committee
		1.2 Approve September 8, 2023, Minutes	JCC Committee
		1.3 Public Comments	Public
		1.4 JCC Comments	JCC Members
	2.0	**CEO Updates**	Sharron Mackey, CEO
		2.1 Single Plan Model (SPM)	
		2.1.1 New Memorandums of Understanding	
		2.1.2 Homeless Investment Plan	
		2.1.3 Intermediate Care Facilities/Developmentally Disabled	
		2.1.4 Transition from Skilled Nursing Facilities to the Community	
		2.1.5 Preparation for Dual Special Needs Plan (D-SNP)	
		2.1.6 New Leaders at CCHP and Staffing Challenges	
		2.1.7 Projected Opportunities for 2024	
	3.0	**Chief Medical Officer's Report**	Dr. Irene Lo, CMO
		3.1 Anthem's Continuity of Care and Member Transition	
		3.2 Equity Practice Transformation	
		3.3 First 90-Day Improvements in Clinical Operation	
	4.0	**Quality Program Overview**	Elizabeth Hernandez, Quality Director
		4.1 Quality Measures	

CONTRA COSTA HEALTH
cchealth.org

1.1 Agenda (continued)

5.0	**Focus Topics**	
	5.1 Provider Relations – Update on Networks	Terri Lieder, Provider Relations Director
	5.2 Member Services	Suzanne Tsang, Member Services Director
	5.2.1 Redetermination Status	
	5.2.2 Member Services Operations (Jan-June)	
	5.2 Member Appeals & Grievances	Dr. Nicolás Barceló, Medical Director
	5.3 Cultural & Linguistics Update	Otilia Tiutin, C&L Manager
	5.4 Compliance – Outcomes of Fraud, Waste, and Abuse Cases	Sharron Mackey, CEO
6.0	**Chief Executive Officer's Report-Legislative Updates**	Sharron Mackey, CEO
	6.1 DHCS and DMHC Quality Sanctions	
7.0	**Review and Approval of Progress Report**	Elizabeth Hernandez, Quality Director
	7.1 Operational Dashboard	
	7.2 Enrollment Trends	
	7.3 Finance Report	Pat Godley, COO/CFO
	7.4 Next Meeting Reminders 2024	
8.0	**Adjournment**	Supervisor Candace Andersen

CONTRA COSTA HEALTH

cchealth.org

1.2 Approve Minutes

Approve

September 8, 2023

Minutes

Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee Meeting Minutes
Friday, September 8, 2023
9:30AM – 11:30AM

Present:

Supervisor Candace Andersen, District II*
Andrea Sandler, MD, CCRMC*
(Absent: Gabriela Sullivan, MD, CCRMC*)
*JCC Voting Member

Supervisor Diane Burgis, District III*
Kim Ceci, MD, Lifelong*

Sharron Mackey, CEO
Dr. Irene Lo, CMO
Anna Roth, HS Director
Patrick Godley, HS CFO
Ashleigh Goddard
Bruce Gorman
Chanda Gonzales
Cheryl Whitfield
Clifton Louie
Cynthia Choi
Darwin Seegmiller
Elizabeth Hernandez
Erica Yanez
Erika Jenssen
Hany Rednic
Jill Ray

John Moral
Joseph Greaves
Juliana Mondragon
Kim McCarl
La Rae Banks
Matt Kaufmann
Dr. Nicolás Barceló
Paul Reyes
Robert Auman
Robert Sessler
Sarah Kennard
Susan Frederick
Suzanne Tsang
Terri Lieder
Toni Panetta
Will Harper

SUBJECT	DISCUSSION	ACTION / WHO
1.0 Call to Order	**1.0 Call to Order** Supervisor Diane Burgis (Vice Chair) called the meeting to order on September 8, 2023, at 9:30AM. Supervisor Candace Andersen (Chair) joined by Zoom for the opening of meeting and will return later. Supervisor Candace Andersen is using the emergency special exception to the Brown Act to participate remotely due to medical condition. Dr. Andrea Sandler is the alternate appointment for Dr. Gabriela Sullivan. **1.1 Agenda**	Supervisor Candace Andersen Quorum of four met. JCC Committee

SUBJECT	DISCUSSION	ACTION / WHO
	1.2 July 31, 2023 Minutes July 31, 2023, JCC Minutes approved unanimously. **1.3 Public Comment** None. **1.4 JCC Comment** None.	JCC Committee Public JCC Members
2.0 **CEO Updates**	**2.1 Single Plan Model (SPM) State of Readiness – Go Live 1/1/2024** SPM readiness involves reviewing capacity of staffing and ensuring policies and procedures are in place. Currently, the SPM is 92% complete. Improvements in process: • Adjudication of claims and expeditious provider reimbursements • Network is in place with adequate provider capacity • More automation of processes • Evaluation of CCHP's IT platform. • **2.1.1 Member Services:** Currently, CCHP employs 12 Member Services Counselors (MSC), as well as some MSCs working in Non-Medical Transportation. There are eight open positions with recruitment in process. Current ratio is 23,000 members to one MSC. The Member Services Dept. is looking at ways to have more automation. Top 3 reasons why members call: 1) PCP assignment (by late 9/2023, members will be able to select PCP via MyChart); 2) Eligibility; 3) Kaiser membership questions (47,000 members assigned with Kaiser, which will change as of 1/1/2024, and those members will stay with Kaiser). (Question / Supervisor Burgis: Are the 8 open positions new? Answer / Sharron Mackey: Yes.) (Question / Supervisor Burgis: Is there way for CCHP to assist an older demographic with PCP changes who may not have access to modern technology? Answer / Sharron Mackey: Yes, CCHP will partner with the Safety Net Providers, e.g., LifeLong and La Clinica, to do some community Town Halls. Speaking to a MSC will always be an option.) • **2.1.2 Advice Nurse:** The Advice Nurse Dept. will run a pilot in which a Medical Assistant is the first staff to answer the Advice Nurse line and use an approved protocol-driven algorithm. The assessment will be done by a nurse. Another pilot is for members to send a nonurgent, nonclinical message	Sharron Mackey, CEO Goal is for CCHP to be SPM ready by 11/15/2023. Will bring membership feedback to next JCC from the Community Advisory Committee (CAC) regarding Seniors and Persons with Disabilities (SPD)

SUBJECT	DISCUSSION	ACTION / WHO
	to Advice Nurse through MyChart. Also, a Symptoms List will be created to post in MyChart for a new workflow. • **2.1.3 Case Management:** The Case Managers have all become Certified Case Managers (CCM). The Case Management Dept. is reviewing their policies and procedures and making updates as needed such as expanding relationships with community partners and other Managed Care Plans. The unit will continue to leverage resources such as Community Health Worker benefit, Enhanced Case Management services, Community Supports services, and other resources to expand capacity for increasing membership. • **2.1.4 Provider Relations:** (Provider Relations overview will be presented under 5.0 Focus Topics by Terri Lieder, Provider Relations Director.) • **2.1.5 Utilization Management (UM):** There are 11,000 medical reviews monthly. The UM Dept. will be bringing on 2 new physicians. To assist with UM overflow, CCHP currently has the option to outsource with vendors. After working with IT, the two authorization lists (no authorization required, and prior authorization required) have been converted to one list. Dr. Irene Lo, Chief Medical Officer, will be doing a roadshow and going out to see the physicians. **2.2 DHCS Preliminary Audit Results** DHCS: The annual audit with CCHP will be conducted over a two-week duration. The consensus is, this year's audit was good, with less than 10 findings. Highlight of a few findings: 1) Access to specialty care turn-around time; pertaining more to delegated Behavioral Health services; 2) Not having full attachments with member UM letters; 3) Administrative capacity. **2.3 Rankings – National Committee for Quality Assurance (NCQA)** NCQA rankings are related to Single Plan Model readiness. CCHP ranked 4 out of 5 stars nationally. No other health plan received a 4.5- or 5-star rating.	
3.0 **CMO Report**	**3.1 Clinical Operations Improvements** DHCS Audit Observations: A comprehensive review was done on CCHP's infrastructure and performance. Opportunities for improvement:	Irene Lo, MD, CMO

SUBJECT	DISCUSSION	ACTION / WHO
	• Advice Nurse Dept. – Leverage technology and nonclinical staff and collaborate more with community partners and CCRMC • Utilization Management – there is opportunity to streamline the workflows, particularly with prior-authorization; need to improve how we communicate with members and providers and make sure the letters are easy to understand • Promote efficiency and consistency in workflows. As CCHP receives feedback from DHCS, CCHP will continue to refine the operational improvements. Priorities: • Look at the internal infrastructure • Full evaluation of clinical departments and learn more how clinical departments interface with nonclinical departments • Externally, explore key integrated relationships with CCRMC and Health Centers, Public Health, and Behavioral Health • Further outward, look at the community relationships (e.g., CPN providers, hospitals, Skilled Nursing Facilities, Long-Term Acute Care hospitals). 90-Day Roadmap: By 30 days (Forming) – participate in DHCS audit, perform CCHP deep dive, start to build and enhance relationships within Contra Costa Health (CCH). By 60 days (Norming) – continue with CCHP deeper dive, collaborate with CCH divisions, and continue to build and enhance community relationships. By 90 days (Performing) –ongoing work regarding deep dive, enhancing key departments, streamlining meetings, establishing programs and initiatives, and performing regular assessment and feedback. Enhancing Community Relationships: Clinical Operations implemented leadership rounds with CCH divisions, CCRMC providers, CPN providers, hospitals, Skilled Nursing Facilities, Long-Term Acute Care, and community partners.	
4.0 Quality Program Overview	**4.1 Population Health Management (PHM)** New programs have emerged from CalAIM, i.e., Enhanced Case Management, Community Supports, Doula services, a Community Health Worker benefit, and school programs. New focus will be on data exchange, community partnerships and moving health outside of the health delivery system. Population Needs Assessment and Strategy: DHCS has reimagined the process for the managed care plans, public health and nonprofit hospitals	Elizabeth Hernandez, Quality Director

SUBJECT	DISCUSSION	ACTION / WHO
	joining together in these assessments to leverage joint data. Most importantly, process enhancements will be realized by engaging the community through community meetings and identifying improvements; with the end goal of creating strategies for health improvement. This work will be ongoing for the next several years. Gathering Information for Screenings and Assessments: CCHP has been streamlining the way in which information is gathered for new members. With the current process, a new member joins CCHP, they provide information in a variety of ways. CCHP has combined this into a streamlined assessment that is age appropriate, set up workflows, and made sure information is shared with the providers. Transitional Care Services: CCHP assists members transitioning from hospital, acute care, or a Skilled Nursing Facility back to home, community, post-hospital stabilization, post-acute care, or Long-Term Care settings. Members who are transitioning from discharge, will be assigned a CCHP case manager who will coordinate with the discharge planner. Currently, case managers are assigned for all high-risk members during transition.	
5.0 **Focus Topics**	**<u>5.1 Provider Relations</u>** • **5.1.1 Network Expansion Deficiencies** Current existing providers in CCHP Network: 376 Primary Care / 10,111 Specialty Care. Specialty Care Deficiencies: Psychologists, oral and maxillofacial surgery, neurology, plastic and reconstructive surgery, sedation dentistry, and transgender surgery. The main issue is that these providers are not interested in contracting. Recruitment Challenges: Lack of adequate staffing to recruit, contract, and credential providers; Low reimbursement; Lengthy contracting process; and new County Purchasing approval requirement. Recruitment Strategy: Provider Relations is currently recruiting and hiring new staff. CCHP recently contracted with a Contract/Recruitment consultant. The new consultant will identify and meet with the needed specialty groups to review contracting. • **5.1.2 Anthem Expansion** CCHP has a good percentage of the Anthem Blue Cross providers in the CCHP Network. For Primary Care Providers: 348 out of 380 are contracted. For Specialty Care Providers: 796 out of 1242 are contracted. The majority of noncontracted providers are in large physician groups. Our goal is to contract with 100% of Anthem Blue	Terri Lieder, Provider Relations Director

SUBJECT	DISCUSSION	ACTION / WHO
	Cross's Network Providers before 1/1/2024. Recruitment strategies are focusing on PCPs, contacting with the larger groups, and following up on Anthem providers' contract inquires.(This is the first time the Supervisors have heard of time delays with County Administration Office. Supervisors Andersen and Burgis will follow up with CAO to discuss the County's contracting time. Health Services Director, Anna Roth, confirms this has been an ongoing issue, especially with the timelines and pace DHCS requires for contracts to be in place. Also, the demands of County requirements and the demands of DHCS/CCHP requirements have been a contracting challenge. (Question / Supervisor Andersen: How is CCHP's reimbursement compared with Anthem's structure? Answer / Sharron Mackey: Anthem pays a per-member-per-month fee which encompasses all the care being provided. CCHP reimburses according to the Medi-Cal fee-for-service schedule for Medi-Cal members. However, in 2024 there will be the Managed Care Organization (MCO) tax where some dollars will go towards the Med-Cal reimbursement and will bring the PCP and OB/GYN rates close to 87.5% of Medicare reimbursement. This tax does not pertain to the Federally Qualified Health Centers.) **5.2 Member Services – Improvements & Challenges** Member Services' Call Center / Average Speed of Answer in Minutes: The standard is 10 minutes. For August 2023, 72% of calls were answered within 10 minutes. Due to the Q1 winter season, there is a higher speed of answer that correlates to the volume of calls received. We are anticipating the same increase in Q1 2024. For the Non-Medical Transportation (NMT) unit, there is more variability in the average speed of answer due to low staffing. NMT is a very popular benefit and continues to increase. Over 80% of transportation is provided by rideshares. Member Services Improvements: • Enable and promote self-service features through MyChart • Pilot a website chatbot • Work with other departments to improve communications sent to members • Cross-train Member Services' staff to perform NMT tasks • Implement a pilot to enable certain members to book NMT rides on their own, particularly dialysis patients **5.3 Member Appeals & Grievances** Appeals: Out of 11,000+ authorization requests received, greater than 90% are authorized. Most of the member appeals are related to services denied and network benefits (for the Commercial and IHSS members). Denied	Suzanne Tsang Member Services Director Nicolás Barceló, MD, Medical Director

SUBJECT	DISCUSSION	ACTION / WHO
	referrals are due to a few reasons which include inadequate information from the provider, in-network vs out-of-network provider requests, no prior authorization request received, and medical necessity of requested services. There is continuing education with providers to request prior authorizations before providing services. Grievances by Topic: A majority of grievances are related to quality of service followed by quality of care. Top Five Quality of Care grievances YTD: • Diagnosis/Treatment • Inappropriate provider care • Treatment explanation • Ancillary service issue • Diagnostic testing issues Top Five Quality of Service grievances: • Provider/Office staff services issue • Communication issue • Provider/office staff attitude/courtesy concerns • Inaccurate information given by staff • Discrimination. The Grievance team reaches out to providers to clarify and resolve members' concerns. CCHP Membership by Race: The Hispanic/Latino population continues to be the largest of CCHP's membership, followed by Caucasian, and Asian. CCHP Grievances by Race: The largest population is Caucasian. **5.4 Compliance – Overview and Updates** Role of Compliance: • Ensure the health plan operates according to the DHCS and DMHC contract terms • Adopt new practices when laws or policies change • Foundation is the policy governance • Stay compliant with legislation and regulation • Monitor internal processes • Perform regular internal audits • Conduct various investigations, such as Fraud, Waste & Abuse or HIPAA violations. Compliance Director reports to CCHP CEO and Board of Supervisors. Regulatory changes and All Plan Letters are coming at an increased level. We have received over 50 new regulations this year. CCHP will hire an outside consultant to assist with assessing staffing and structure, and the request for a Contract Compliance Specialist has been submitted.	La Rae Banks, Compliance Director

SUBJECT	DISCUSSION	ACTION / WHO
	Fraud, Waste & Abuse Program: CCHP has an anti-fraud program in place. Currently about 10 cases are still under review but will be closed soon. There is more work to be done around this program. La Rae Banks is working on a 45-day process to push the cases through. (Question / Supervisor Andersen: What role does County Counsel have in these investigations? Answer / La Rae: Currently, they do not play a role but could be included in the future. Comment / Supervisor Andersen: Would like to hear future updates at a Board of Supervisors' closed-session meeting.)	
6.0 CEO Report Legislative Updates	**6.1 Diversity, Equity and Inclusion (DEI) Training** There is an important DEI requirement effective 1/1/2024. Its focus is access to care, member outcomes, and reduction of disparities. CCHP will need to make sure the provider network and members are trained on equity. New staff coming to CCHP will go through the training, and there will be ongoing surveillance. CCHP's focus is to play a major role in reducing health disparities. During the Community Advisory Committee (CAC) meetings, CCHP has a chance to really listen to the voices of the members. Also, we plane to work collaboratively with the Community Based Organizations (CBOs) and share recommendations. **6.2 Equity & Practice Transformation (EPT) Payments to Providers** EPT Payments is a one-time initiative of $700M to the provider network. The purpose is to advance equity, reduce COVID-19-driven care disparities, invest in partnerships to address health/wellness, and fund transformation aligned with Value-Based Payment model. Dr. Irene Lo, Dr. Nicolás Barceló, and Elizabeth Hernandez developed an action plan focusing on the submission of on-time application to providers. As a Managed Care Plan (MCP), it is required that CCHP assemble a committee to prioritize the applications before submitting to DHCS.	Sharron Mackey, CEO Will keep the JCC informed on how many providers have applied, and what the outcome is
7.0 Review / Approval of Progress Reports	**7.1 Operational Dashboard** Highlights: The majority of members are in the CCRMC network. As of 1/1/2024, about 47,000 members will stay with Kaiser Permanente. CCHP will see a decrease in membership at that time. However, with the roll over from Anthem Blue Cross, CCHP will increase membership by about 30,000 to 40,000 more members. Case Management: In July 2023, 665 members enrolled in case management while about 2,200 enrolled Enhanced Care Management (ECM). Industry standards indicate membership enrollment of 2-3% in Case Management. CCHP needs to increase Case Management enrollment to about 5,000 members. CCHP will be doing more aggressive approaches to let members know about Case Management services.	Sharron Mackey, CEO

SUBJECT	DISCUSSION	ACTION / WHO
	(Comment / Supervisor Burgis: Suggestion to change the name of Case Management. Reply / Health Services Director Anna Roth: Agrees that rebranding the Case Management name is a good idea while staying within DHCS guidelines.) Claims Department: So far in Q3, 177,684 claims have been processed. The unit is currently recruiting a Claims Manager. The auto-adjudication rate is at about 77%. To meet the standard, we need to increase the rate to 81%. Utilization Management turnaround time is in the 90th percentile. **7.2 Enrollment Trend** As of July 2023, CCHP's membership total is 275,194. CCHP is currently reviewing 2024 County employee premiums. **7.3 Finance Report** CCHP Product Line Financial Summary Snapshot of Fiscal Year End 2022-2023: Due to a couple minor County issues currently in the system, the numbers have not been audited. Year-To-Date Ending 6/30/2023: We have realized 1.6B in revenue. We are expecting a net income of about $50M, which is in line with previous years. As a reminder, we do not carry Stop Loss. It is not cost effective. We currently have the appropriate retained earnings required to cover any large claims. A major issue we are monitoring is the inclusion of the long-term care benefit which is effective 1/1/2024. **7.4 Next Meeting Reminders** The next Joint Conference Committee (JCC) meeting will occur on Friday, December 8, 2023, at 9:30AM.	Pat Godley, COO/CFO Updates will be provided at next JCC, 12/8/23 Working on the expenditure run and will give better snapshot at next JCC
8.0 Adjournment	**8.0 Adjournment** Meeting adjourned at 11:38AM	Supervisor Candace Andersen

Approved: **Date:**

Contra Costa Health Plan / Board of Supervisors
Joint Conference Committee

Friday, September 8, 2023
9:30AM – 11:30AM

In-Person Location:

Emergency Medical Services, 777 Arnold Dr., Martinez, CA 94553

Virtual:

Virtual Meeting option via Zoom
https://cchealth.zoom.us/j/94514787237

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, September 8, 2023, and attached herein.

Excepted Matters: None

CONTRA COSTA HEALTH

cchealth.org

1.3 Public Comments

1.4 JCC Comments

CONTRA COSTA HEALTH

cchealth.org

2.0 CEO Update

Sharron Mackey

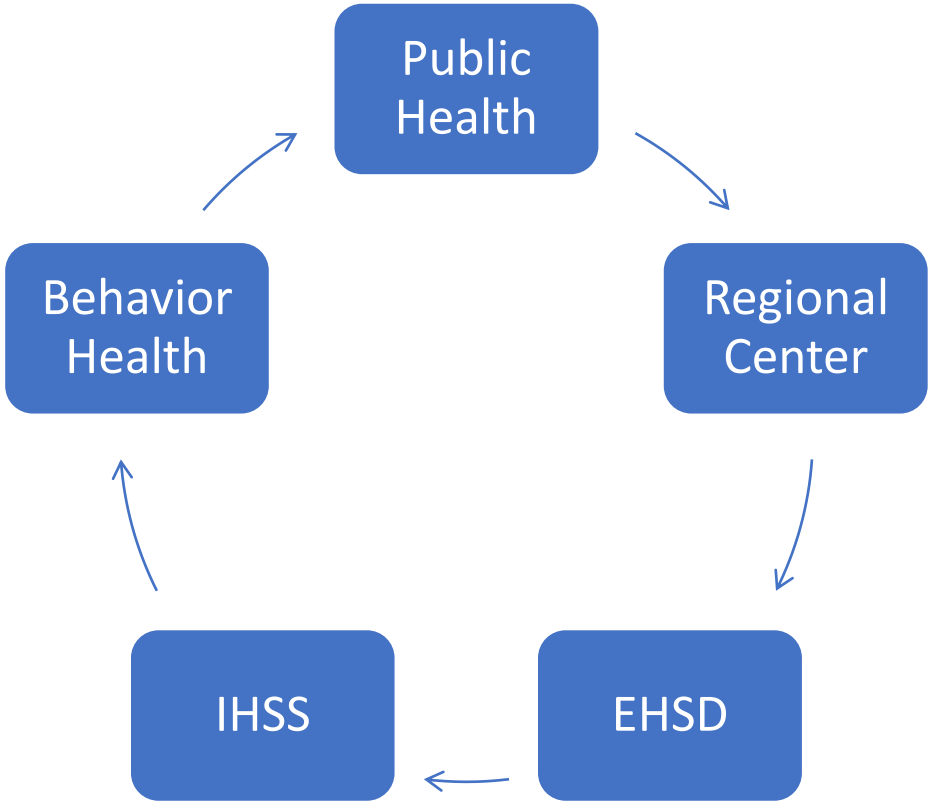
Single Plan Model – 23 Days and Counting

- Coordination with Anthem for Continuity of Care for members
- Capturing 90% of Anthem providers into CCHP's network
- Exchanging data files from DHCS with Anthem members
- Working with Kaiser on data file exchange for CBAS and community supports services
- Training new staff in Member Services
- Detailing a contingency plan for Continuity of Care for non-network providers
- Streamlining the Letters of Agreement process for non-network providers
- Completing Memorandum of Understanding agreements with third-party entities

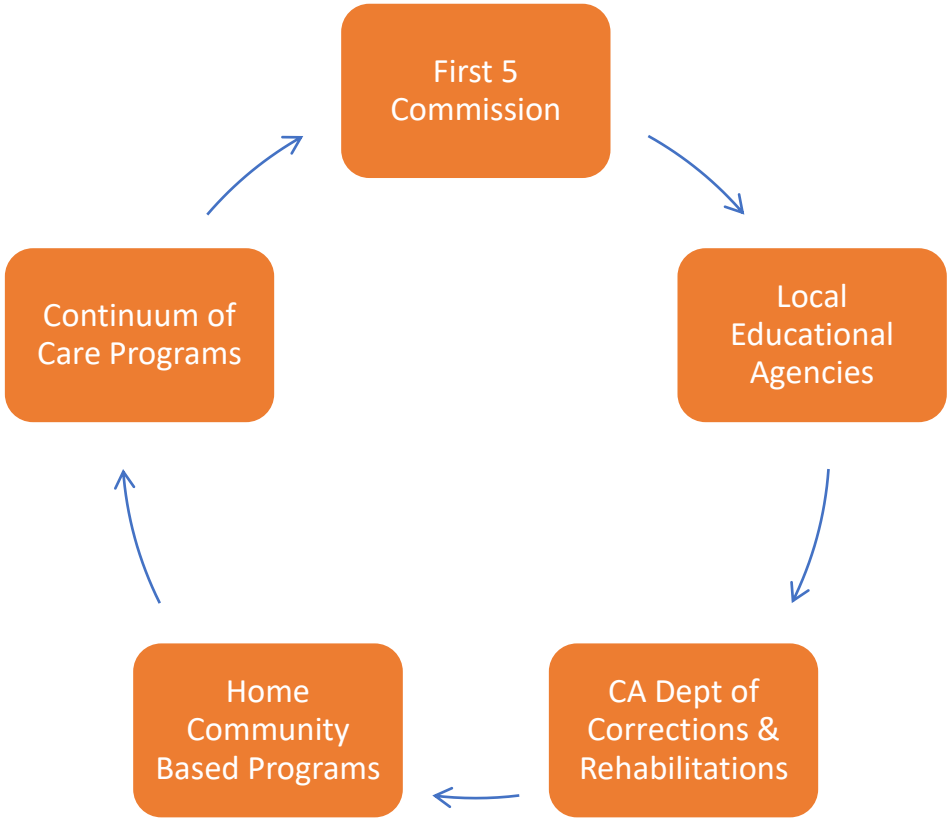
Memorandums of Understanding (MOUs)

- Partnerships and coordination of care
- Member access to community resources for whole person care
- Exchange of information and collaboration with third-party entities
- Create and strengthen referral patterns among providers and the community
- Know the roles and responsibilities for the MCP and third-party entities
- Agreement of workflows and processes
- Data sharing arrangements
- Sharing of member information and working under confidentiality rules of the third-party entities

MOUs 2024



MOUs 2025



Major Changes with the MOU

Formal and Structured

- Training internal staff and providers
- Data exchange with IT support
- Close loop referrals process
- Care coordination system with medical, behavioral, and CBOs
- Disaster emergency response
- Compliance oversight and auditing
- Annual MOU reviews
- Quarterly, annual, and DHCS reporting

Home Investment Incentive Plan

Improve Health Outcomes by Addressing Housing Insecurity
Statewide $644 Million Dollar Program Approved by CMS in 2022

- Incentive program that MCPs can earn incentive dollars for improving homelessness and housing insecurity which is a major component to Social Determinant of health
- Four of the Community Supports Programs focus on homelessness that will eventually become benefits for Medi-Cal members
- <u>Strategic Approach</u>
  - Partnership with the community and county agencies
  - Rapid rehousing for Medi-Cal members and expanding housing services
  - Reduce avoidable cost by using Community Support services
  - Design solutions for the information flow to better identify and help the populations of Focus

CCHP's Homeless Investment Plan - $20 Million

- Performed a risk analysis with Health, Housing and Homeless Dept (H3) to identify the challenges with solutions to minimize homelessness
- Align the Homeless Investment Plan with the long-term care benefit and shift homeless members from skilled nursing facilities back into community
- Partnering with H3 to purchase hotel rooms at the Motel 6 in Pinole for multiple years
- Use Community Supports services as a wraparound for care
- Reviewing the Valley Oaks Care Model in Alameda to replicate in our county
- Investment plan will yield major savings and create a path for housing sustainability

Intermediate Care Facilities/DD

Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/IID) are health facilities licensed by the Licensing and Certification Division of the California Department of Public Health (CDPH) to provide 24-hour-per-day residential services.

There are four types of ICF/IID's, which primarily provide services to regional center clients with developmental disabilities.

ICF/DD provides personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

New product line for members who are eligible for Medicaid and Medicare

Duals Eligible Special Needs Plans (D-SNPs)

- CCHP will hold a capitated contract with Center for Medicaid & Medicare (CMS) along with the DHCS contract
- Members are eligible both for Medi-Cal and Medicare at the same time
- Duals are eligible due to income, age, disabilities and or health conditions
- Duals benefits are richer than standard Medicare benefits
- Care Coordination is the linchpin of the D-SNP

DSNP Key Events Timeline

2023	2024	2025
• Appoint CCHP's D-SNP Team • Educate the organization on Medicare requirements • Attend CMS readiness webinars • Participate in DMHC's preliminary readiness	• CCHP submits the Notice of Intent to Apply to CMS • DHCS distributes the Care Coordination Guide for 2026 • CCHP confirms a state of readiness to submit the D-SNP application in the Health Plan Management System • Evaluation of CCHP's staffing model (e.g. adding Care Coordinators to CM) • Evaluation of Claims Team for processing Medicare clams	• Submits the D-SNP application in February • Medicare network must be in place • CMS Advanced Payment notices released • CMS will release the HPMS memo that shows 2026 Part C Benefit Structure • Confirmation between CMS & DHCS (SMAC) • Possibility of a DHCS readiness review for CCHP • Release of marketing material • Open enrollment ends

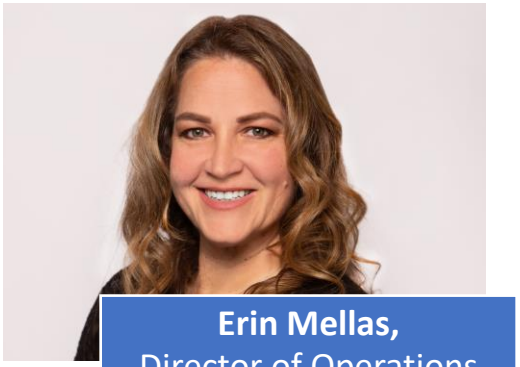
D-SNP Readiness
2024 Opportunities

- Interface with Epic Platform and CMS Health Plan Management System
- Transition to a Medicare Model of Care – largest impact will be to Case Management, Utilization Management, Advice Nurses, Member Services, and Pharmacy Management
- Staffing that is knowledgeable about Medicare product
- CMS stringent audits and reporting requirements

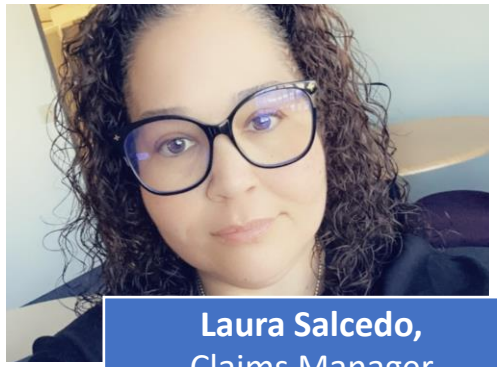
New Leadership Staff

Eileen Moscaritolo,
Chief Operations Officer

Stephanie Rivera,
Chief Health Equity Officer



Erin Mellas,
Director of Operations



Laura Salcedo,
Claims Manager

Brandon Engelbert,
Claims Manager

Staffing Comparison to Bay Area Managed Care Plans

- **CCHP ranks number three in membership size in the Bay Area**
- **San Mateo and San Francisco membership is smaller with more staff**
- **San Mateo staff is larger by 9%**
- **San Francisco staff is larger by 30%**

Bay Area MCPs	Alameda Alliance	San Francisco Health Plan	Santa Clara	Health Plan of San Mateo	Contra Costa Health Plan
Staffing	476	423	370	321	295
Membership	387,397	161,989	397,958	141,000	275,000

CHALLENGES

- Recruitment of quality staff; other MCPs allow full-time work from home and offer higher salaries
- Training in Managed Care is complex and time consuming
- Some positions may not have an established list for recruitment
- Time constraints to onboarding new staff (instances where an offer was accepted, but canceled with another job offer)

SOLUTIONS

- Using temporary staff from agencies
- Repurposing staff with the same job description where needs are greater (AGD, Member Services)
- Reviewing areas where clinicians can be substituted for RNs with oversight
- Evaluating the Models of Care in CM to add more clinical coordinators
- Usage of consultants
- Outsourcing within a limited timeline while meeting union concerns and training staff
- Creating internship opportunities with Community Health Workers
- Time study of staffing roles to ensure optimum productivity
- Continue to review workflow processes to identify opportunities for automation
- Increasing leadership involvement in team management

2024 Projected Challenges & Opportunities

- Transition of approximately 1,000 members from SNFs to community
- Payments to Intermediate Care Facilities must be timely (30 days or less)
- MOU and Data Exchanges with entities outside of HSD delivery system
- Issues with confidentiality and closed loop referrals
- Unknown status of our new population if undocumented immigrants
- Impact of HEDIS scores with the exit of Kaiser as a planned partner
- Health Equity NCQA accreditation
- HEDIS scores of the new Anthem members
- Redesign of CCHP's Compliance Framework
- Population of Focus transition to Managed Care
- Development of the Duals Eligible Special Need Plan (2-year complicated journey)
- Establishing the infrastructure for CMS stringent audits
- Rebuilding the Compliance Department

CONTRA COSTA HEALTH

cchealth.org

3.0 Chief Medical Officer's Report

Irene Lo, MD, FACS

CONTRA COSTA HEALTH

cchealth.org

Anthem – Transition and Continuity of Care

CONTRA COSTA HEALTH
cchealth.org

Anthem – Transition/Continuity of Care

- CCHP hard at work on operational readiness
- Regular meetings with Anthem
- Keeping members and our provider network in the loop
- Priorities:
  - Understanding our transitioning members
  - Determining their current providers, services, and authorizations
  - Continuity of Care

CONTRA COSTA HEALTH
cchealth.org

Continuity of Care

- Set of coordination policies that are designed to protect member access to care after the 2024 Transition
- Help members maintain trusted relationships with providers and access to needed services as they transition between MCPs, promoting positive health outcomes

CONTRA COSTA HEALTH
cchealth.org

Continuity of Care in 2024

- 2024 Continuity of Care (CoC) Policy applies to members who change MCPs on January 1, 2024
- Policy aims to minimize
  - Service interruptions, particularly for members living with complex chronic conditions (Special Populations)
  - Member, provider, and MCP confusion
  - Unnecessary administrative burdens for members, providers, and MCPs
- Policy aligns and builds upon CoC protections under the Knox-Keene Health Care Service Plan Act
- Policy applies to Medi-Cal members who must change MCPs on January 1, 2024

CONTRA COSTA HEALTH
cchealth.org

Special Populations

- All transitioning members have CoC protections, but some transitioning members will have enhanced protections leading up to and throughout the 2024 MCP Transition
- Generally, individuals living with complex or chronic conditions
- Under the 2024 MCP CoC Policy, DHCS is requiring both Previous and Receiving MCPs to focus attention and resources on transitioning members in Special Populations to minimize the risk of harm from disruptions in their care

CONTRA COSTA HEALTH
cchealth.org

Types of Continuity of Care

Three key protections

- Continuity of Care for Providers
  - A member may continue seeing a provider with whom they have a Pre-Existing Relationship, even if the provider is out of network (OON) with CCHP
- Continuity of Care for Covered Services
  - A member may continue an Active Course of Treatment as well as receive services previously authorized by Anthem
- Continuity of Care Coordination and Management Information
  - Anthem and CCHP will work together to share supportive information important for member's care coordination and management

CONTRA COSTA HEALTH
cchealth.org

Continuity of Care for Providers

- If a member's current provider is a network provider in both Anthem and CCHP, the member may continue to see their provider when the member transitions to CCHP on January 1, 2024
- Some members who transition to CCHP on January 1, 2024 will be receiving care from providers who are OON providers for CCHP
  - Some members may be comfortable switching to a network provider on January 1, 2024
  - For other members, transitioning to a new provider on January 1, 2024 may disrupt their care
- Continuity of Care for Providers enables transitioning members to continue receiving care from their existing provider for 12 months if certain requirements are met
- DHCS is requiring that Receiving MCPs, like CCHP, retain at least 90% of transitioning members' PCP either as network providers or through CoC for Providers agreement
  - If CCHP is unable to enter into a contract with a member's PCP, and the member requests to continue with their trusted PCP, CCHP must offer the PCP a CoC for Providers agreement if all requirements are met
    - If CCHP and the eligible provider are unable to reach a CoC for Providers agreement, CCHP must offer the member an alternative network provider in a timely manner so that the member's service is not disrupted

CONTRA COSTA HEALTH
cchealth.org

Continuity of Care for Covered Services

- Enables all transitioning members to continue receiving Covered Services without seeking a new authorization from CCHP during the 6-month CoC for Services period from January 1, 2024 to July 1, 2024
  - Requires that CCHP honor active prior authorizations when data are received from Anthem and/or when requested by the member, Authorized Representative, or provider, and CCHP obtains documentation of the prior authorization before or within the 6- month CoC for services period
- CCHP has begun to accept and process requests starting November, 1, 2023

Continuity of Care Coordination and Management Information

- Transitioning members in Special populations who are receiving care management services from Anthem will change to a new Care Manager on January 1, 2024
- For members in inpatient hospital care on January 1, 2024, CCHP is responsible for initiating contact with hospitals and coordinating Transitional Care services

CONTRA COSTA HEALTH
cchealth.org

Enhanced CoC Protections

- Special Populations
- Members accessing the Transplant Benefit
- Members who will have extended duration of CoC for Providers
  - Receiving hospice care
  - Pregnancy or postpartum
  - Receiving hospital inpatient care

CONTRA COSTA HEALTH
cchealth.org

Additional CoC Protections for All Transitioning Members

- Durable Medical Equipment Rentals and Medical Supplies
- Non-Emergency Transportation and Non-Medical Transportation
- Scheduled Specialist Appointments

CONTRA COSTA HEALTH
cchealth.org

How is CCHP Preparing?

- Regular meetings with CCHP and CCHS stakeholders to discuss current state, transition-related policies, data acquisition and processing, and workflow enhancements
- Regular meetings with Anthem
- Regular updates to our members and provider network

CONTRA COSTA HEALTH

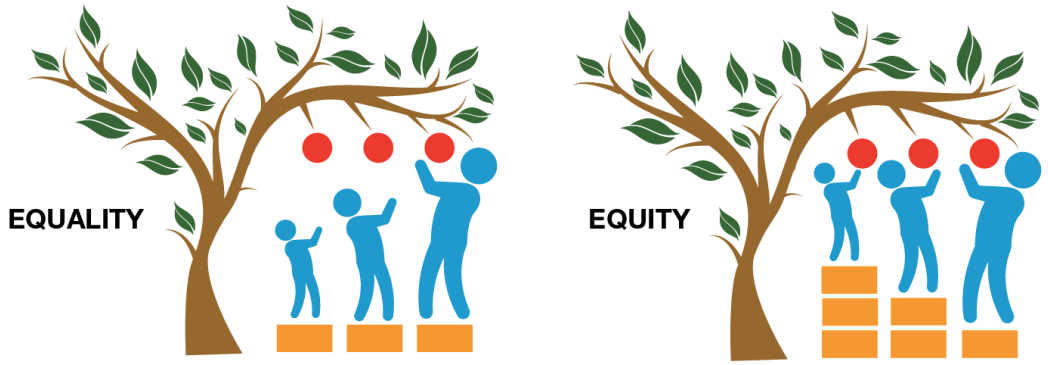
cchealth.org

Equity Practice Transformation (EPT) Program

CONTRA COSTA HEALTH
cchealth.org

Equity Practice Transformation (EPT) Program

- Directed payment program for primary care practices with assigned Medi-Cal managed care patients
- Goal of the program is to push practice transformation to address health equity, population health, and move toward value-based care
- Primary care practices include those providing the following services: family medicine, internal medicine, pediatrics, primary care OB/GYN, and/or behavioral health in an integrated primary care setting



CONTRA COSTA HEALTH
cchealth.org

EPT Timeline

Applications were due October 23, 2023

CCHP will review applications and then select which applications to forward to DHCS

DHCS will then review and announce selected practice by December 11, 2023

First cohort January 2024

CONTRA COSTA HEALTH
cchealth.org

90-Day Roadmap Update

- Have been at CCHP for over 4 months now!
- First 90 days have been a thrilling ride!
  - Ongoing deep dive into CCHP
    - Infrastructure
    - Clinical Operations
    - Non-Clinical Operations
    - Policies and Procedures
    - Workflows
    - Data Reporting
    - ….. And the people!

CONTRA COSTA HEALTH
cchealth.org

What Have I Learned?

- So much!
  - CCHP is an incredibly strong and resilient organization
  - Fantastic leadership
  - The staff is hard-working and dedicated
  - Our provider network is robust
  - Our members are at the forefront in our decision-making
  - Our members are engaged
  - The mission of CCHP is pervasive – we are here for our members
  - Grateful and excited for this opportunity to be a part of CCHP and CCHS
  - But still… there always opportunities for improvement!

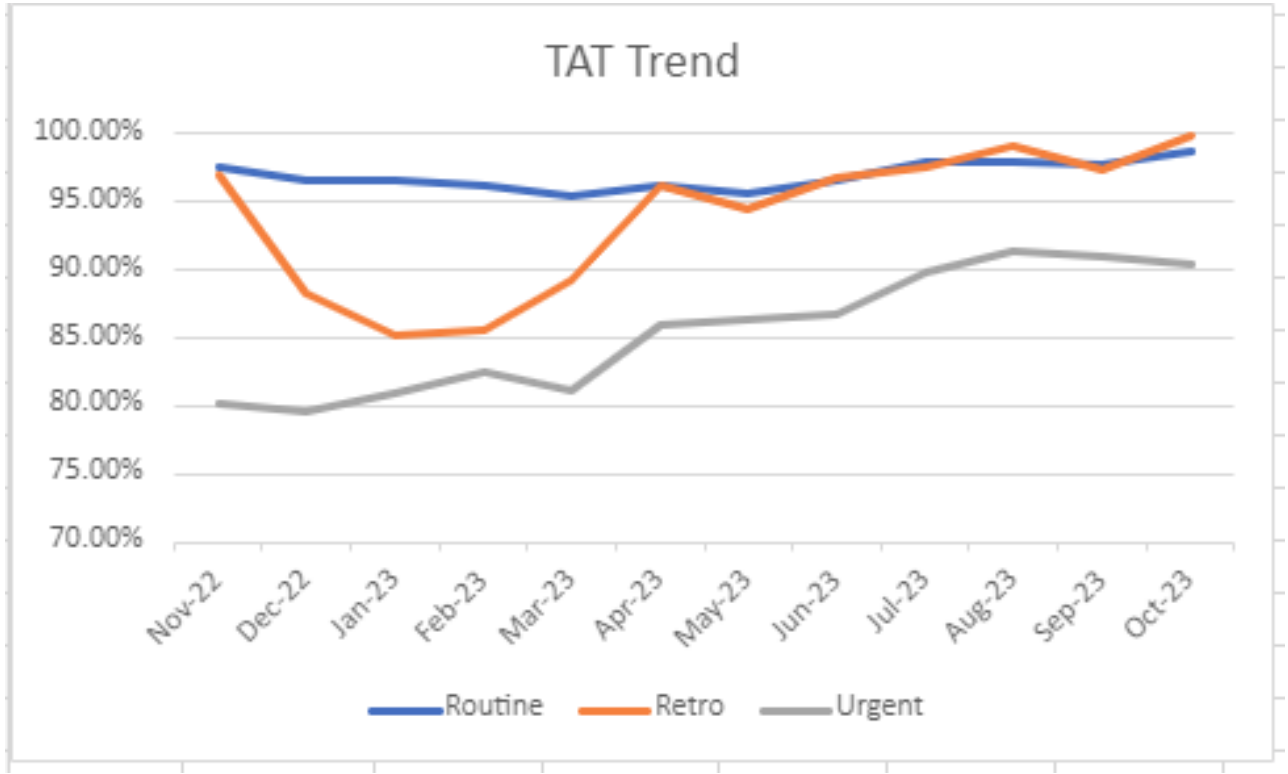
Clinical Operations -- What Have We Improved So Far

- Utilization Management
  - Strong foundation!
  - Hired a new full-time physician. Recruiting for one more!
  - Enhancement of our Authorization Matrix
    - Guide that providers can use to determine what requires authorization according to service type and line of business
  - Updated various policies to improve access to care for our members and decrease administrative burden on our provider network as well as our staff
    - Dental Anesthesia
    - Continuous Positive Airway Pressure (CPAP) Machines
    - Bariatric Surgery
    - Pain Management
    - Durable Medical Equipment (DME) rentals and purchases
    - Specialty follow-ups
  - Improvement in Workflows
  - Improvement in Turn Around Times (TATs)

CONTRA COSTA HEALTH
cchealth.org

Turnaround Time (TAT)

Referrals in TAT by Percent			
Month	Routine	Retro	Urgent
Nov-22	97.57%	96.94%	80.13%
Dec-22	96.66%	88.37%	79.60%
Jan-23	96.64%	85.15%	80.91%
Feb-23	96.20%	85.59%	82.41%
Mar-23	95.39%	89.32%	81.14%
Apr-23	96.30%	96.30%	85.89%
May-23	95.70%	94.41%	86.34%
Jun-23	96.62%	96.74%	86.83%
Jul-23	97.92%	97.49%	89.80%
Aug-23	98.04%	99.09%	91.46%
Sep-23	97.71%	97.37%	91.05%
Oct-23	98.73%	99.83%	90.43%



CONTRA COSTA HEALTH
cchealth.org

Clinical Operations

- Clinical Quality Auditing
  - Potential Quality Issues (PQI)
    - A PQI is a possible adverse variation from expected clinician performance, clinical care, our outcome of care
      - PQIs require further investigation to determine whether an actual quality issue or opportunity for improvement exists
    - Can be referred by CCHP staff, providers, etc.
    - Development of new PQI submission/referral form to streamline submissions and enhance the PQI investigation process
    - Cross-training of CQA staff to be well-versed in PQI in addition to their other responsibilities
    - Plans cross-train new CQA/PQI staff in Appeals, Grievances, and Disputes to provide support to our AGD department and to lend more understanding to PQI investigations

CONTRA COSTA HEALTH

cchealth.org

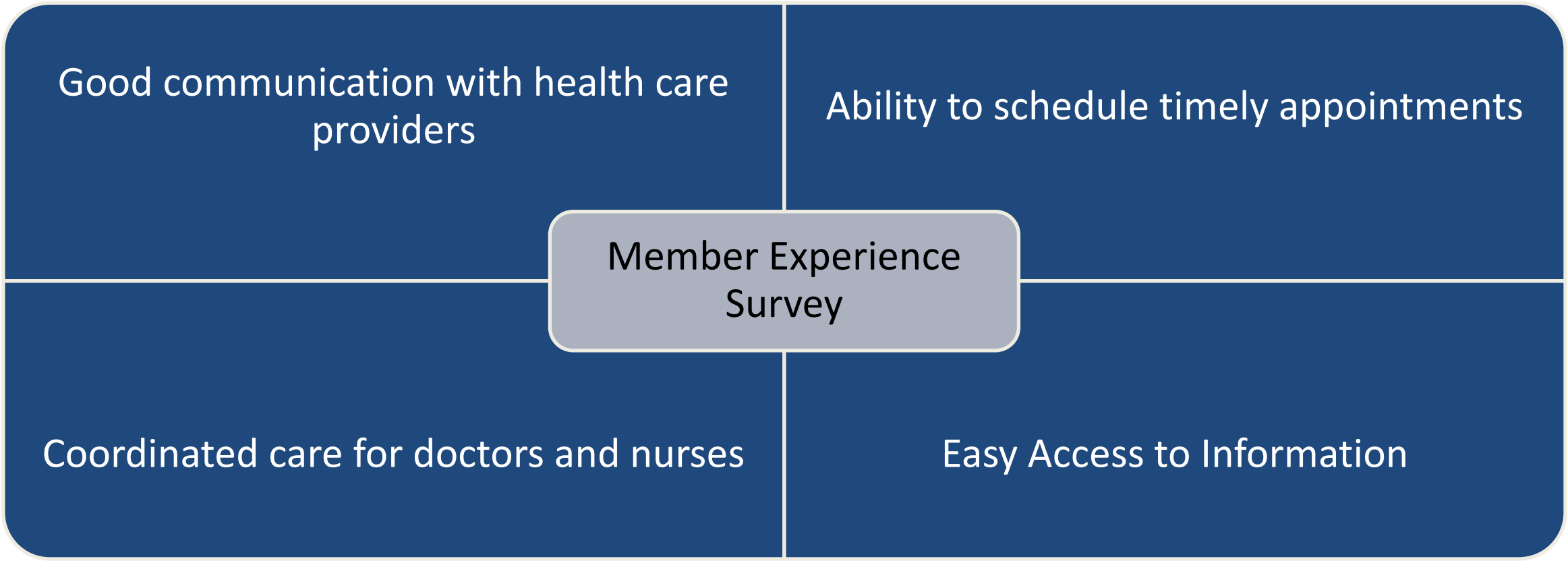
4.0 Quality Program Overview

Elizabeth Hernandez

CONTRA COSTA HEALTH
cchealth.org

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Patient experience survey developed by the Agency for Healthcare Research and Quality
- Standardized survey used nationally by health plans, hospitals, providers

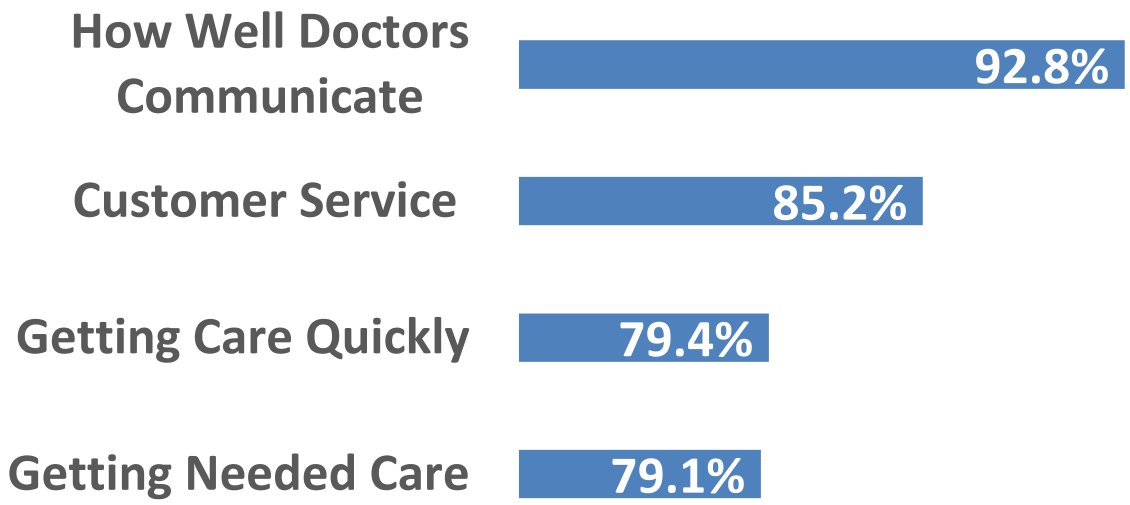


CONTRA COSTA HEALTH
cchealth.org

Overall Ratings

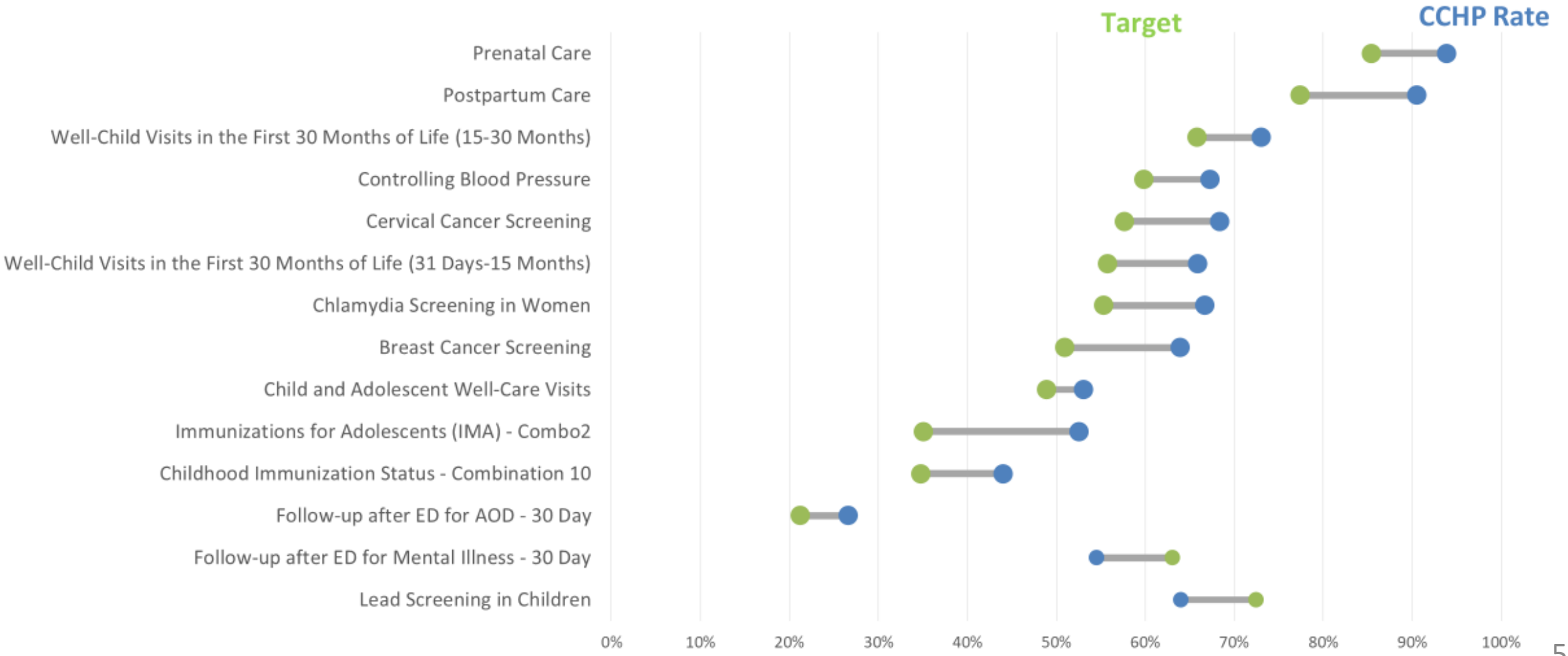
- 3,600 member surveyed by mail from February – May 2023
- Members enrolled in the plan for the last 6 months of 2022
- Response rate was 13.8%
- Overall, CCHP rated nationally as one of the highest plans
- Top 5 in all California Medi-Cal health plans

CCHP Providers and System Rate High in Overall CAHPS Composite Ratings



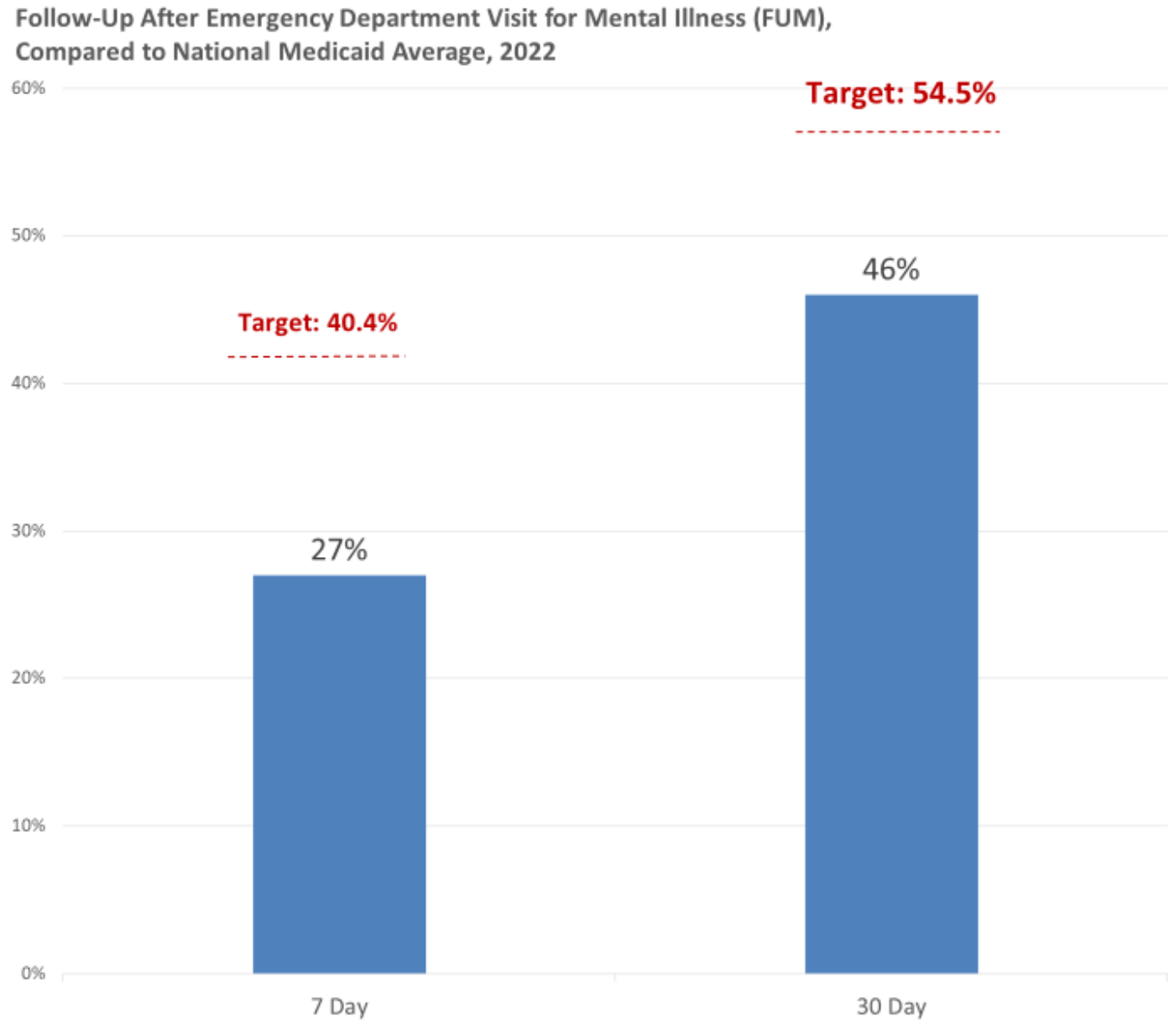
CONTRA COSTA HEALTH
cchealth.org

CCHP quality rate exceeds the **target** in all but 2 quality measures in 2022



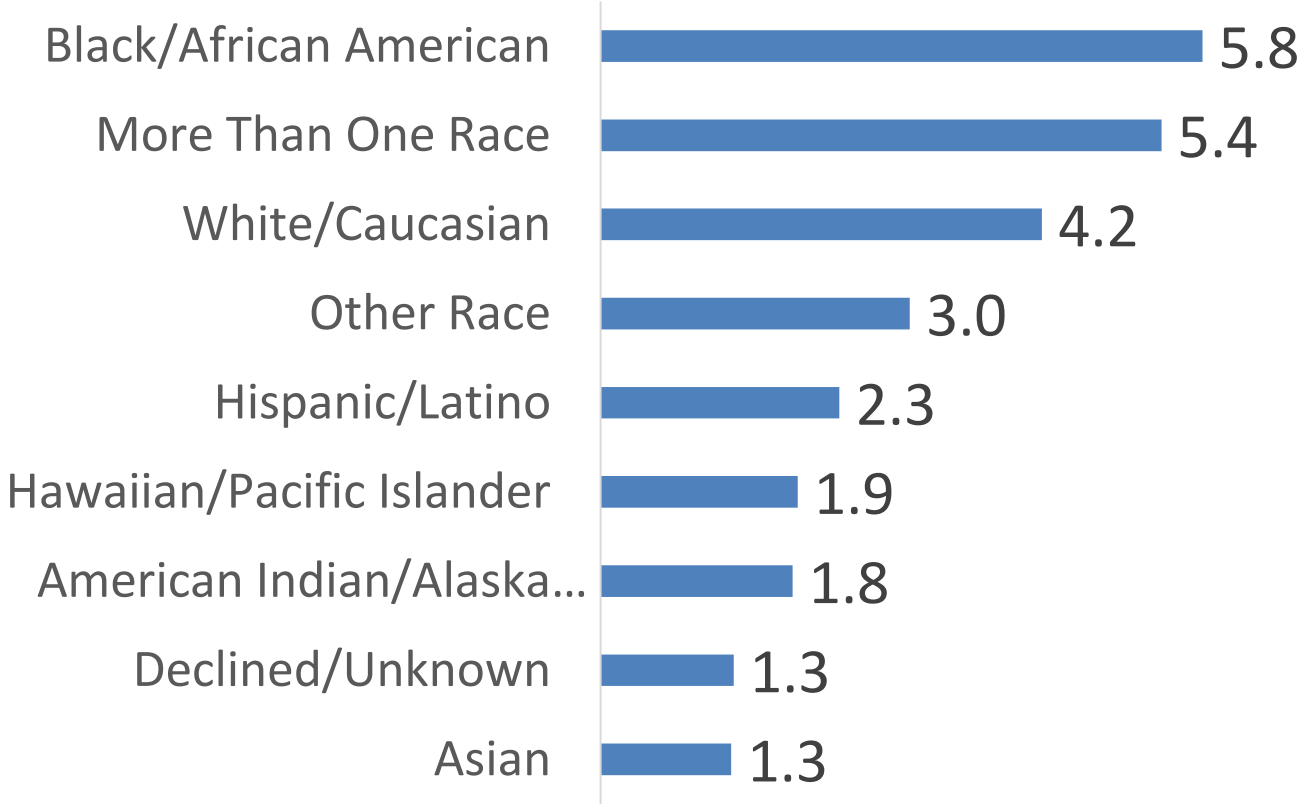
CONTRA COSTA HEALTH
cchealth.org

- After people went to the ED for mental health or intentional self-harm, did they receive a follow-up visit with a practitioner with 7 or 30-days to link them to ongoing care
- Under target by 13% for 7-day measure and 9% for 30-day measure
- Active improvement project



CONTRA COSTA HEALTH
cchealth.org

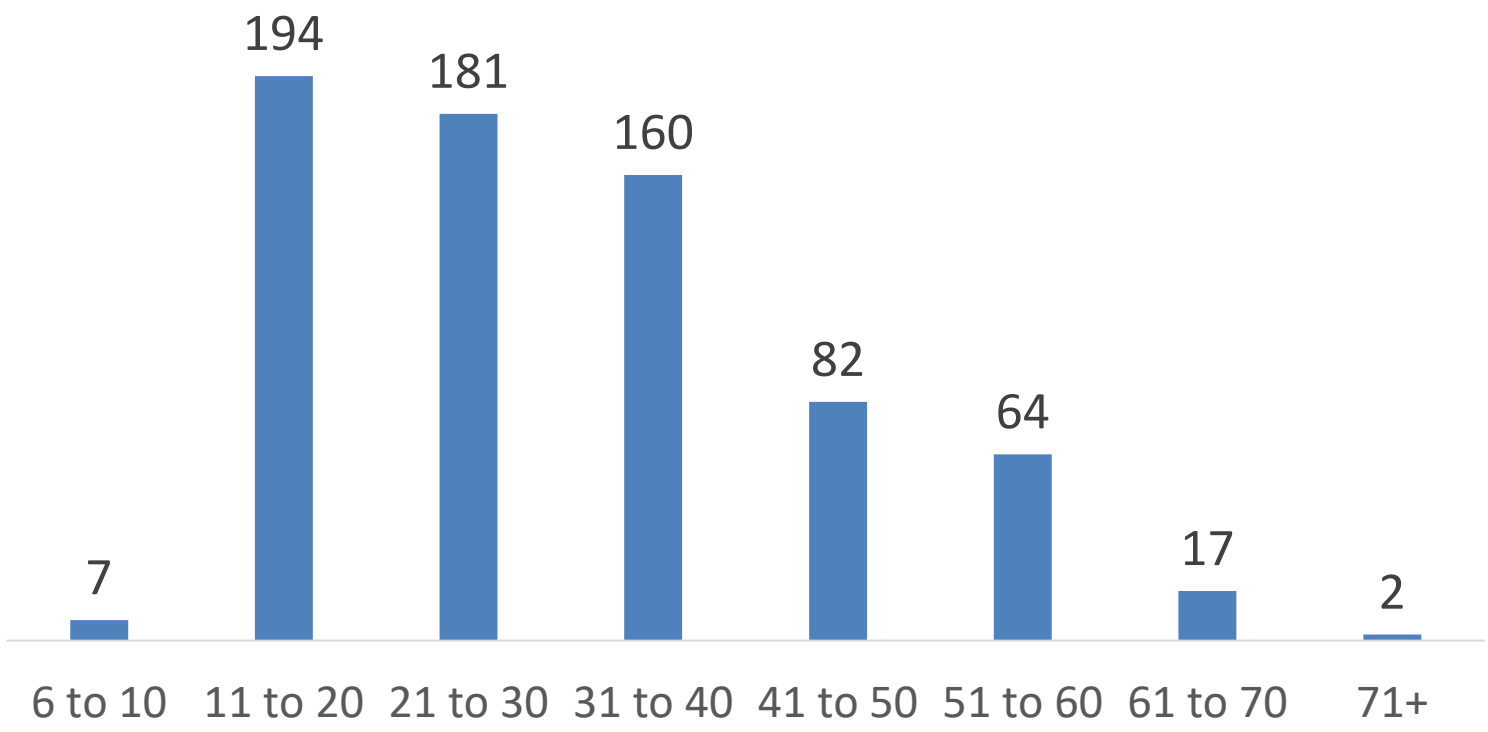
Rate of ED Visits due to Mental Health, per 1000 members



While Hispanic/Latinos represent the largest number of ED visits, when looking at the rate of ED visits relative to membership, Black/African Americans are **over 4 times** likely to have an ED visit due to mental health than Asians.

CONTRA COSTA HEALTH
cchealth.org

ED Visits for Mental Health are concentrated with youth and young adults



Youth and young adults are the **most likely** to receive follow-up services.

Those middle aged are nearly ***half as likely*** to receive follow-up visits, compared to youth and young adults

CONTRA COSTA HEALTH
cchealth.org

Improvement Work in Progress

Meeting with Behavioral Health & CCHP

- Data review & Chart review
- Intervention development

Goal: Patients leave ED with a follow-up appointment in-hand

- Warm call to Access Line to allow for screening with patient while in ED or ED complete screening directly and call access line to receive appointment
- Call line can directly book appointments for Specialty Mental Health and provide referral to non-specialty appointment
- Kaiser Richmond as pilot site
- Looking to expand to Kaiser, Sutter Delta, John Muir, Alta Bates

Linkage to Enhanced Care Management

- Piloting process for enrollment into care management post ED presentation
- Assist with accessing clinical follow-up services

Barrier Analysis

- Collaboration from ED staff in a busy environment
- Presentation in ED is often during non-business hours where call-lines do not have access to appointment booking

CONTRA COSTA HEALTH

cchealth.org

5.1 Provider Relations

Terri Lieder

CONTRA COSTA HEALTH
cchealth.org

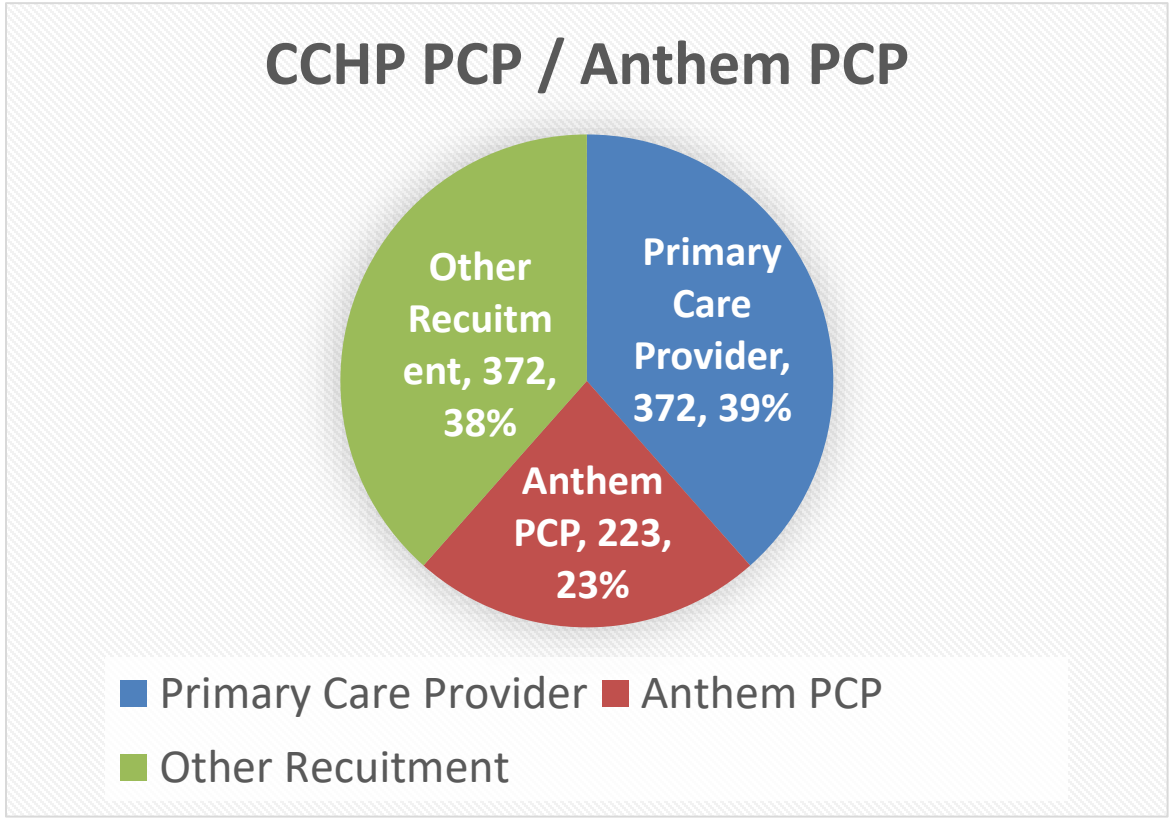
Provider Relations

Existing CCHP Network
Primary Care Providers (PCPs) = 372
Specialty Providers = 10,129

Anthem Network – Contract Progress
PCPs = 60% contracted with CCHP
Specialty Providers = 68% are contracted with CCHP

Continuity of Care
Letters of Agreement (LOA) for 12 months

Recruitment Focus (Remaining 40% PCP)
- Expansion of John Muir Physician Network
- Adding the UCSF Benioff Pediatric FQHC's
- Adding the Asian Health Services FQHC
- Expansion of Sutter Network to include Hospitals and Providers
- Finalizing San Ramon Medical Center Hospital Contract



CONTRA COSTA HEALTH
cchealth.org

New Facility Types

Type of Intermediate Care Facility	Beds	Number of Facilities	Number Contracted
ICF-DD	1-59 beds, 60+ beds	11 facilities in CA*, 0 in Contra Costa County	Contracts declined
ICF DDH	4-6 beds, 7-15 beds	11 facilities in Contra Costa County	Contracted with 11/11 facilities
ICF DDN	4-6 beds, 7-15 beds	11 facilities in Contra Costa County	Contracted with 9/11 facilities
Type of Subacute Facilities	**Number of Facilities**		**Number Contracted**
Adult	19 facilities in CA, 2 in Contra Costa County		Contracted with 6/19 facilities
Pediatrics	10 facilitate in CA, 0 in Contra Costa County		Contracted with 2/10 facilities

*Note: Attempted to contract, facility declined

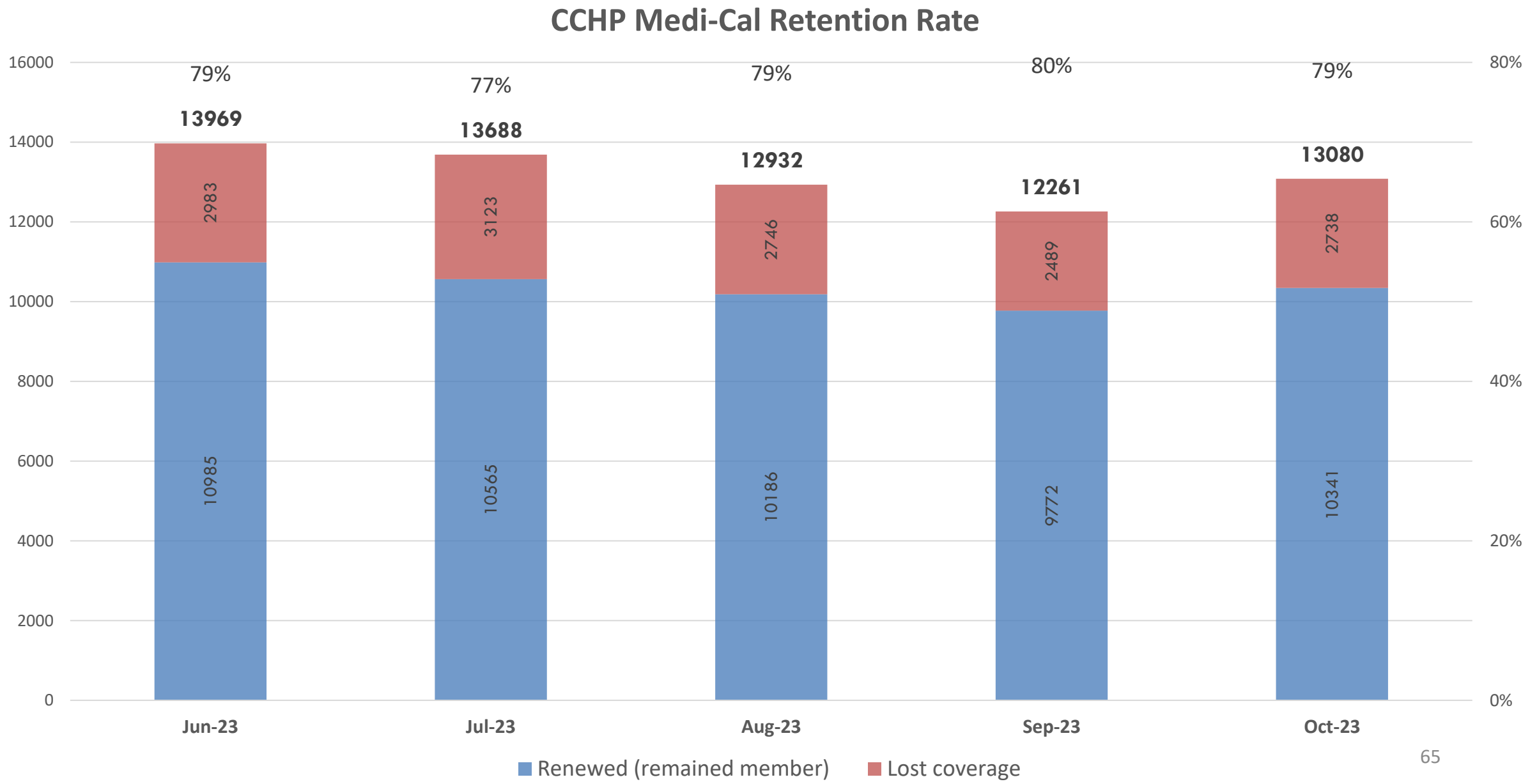
CONTRA COSTA HEALTH

cchealth.org

5.2 Member Services

Suzanne Tsang

CCHP MEDI-CAL RETENTION AFTER REDETERMINATION



Member Services ENHANCED Operations (January – June 2024)

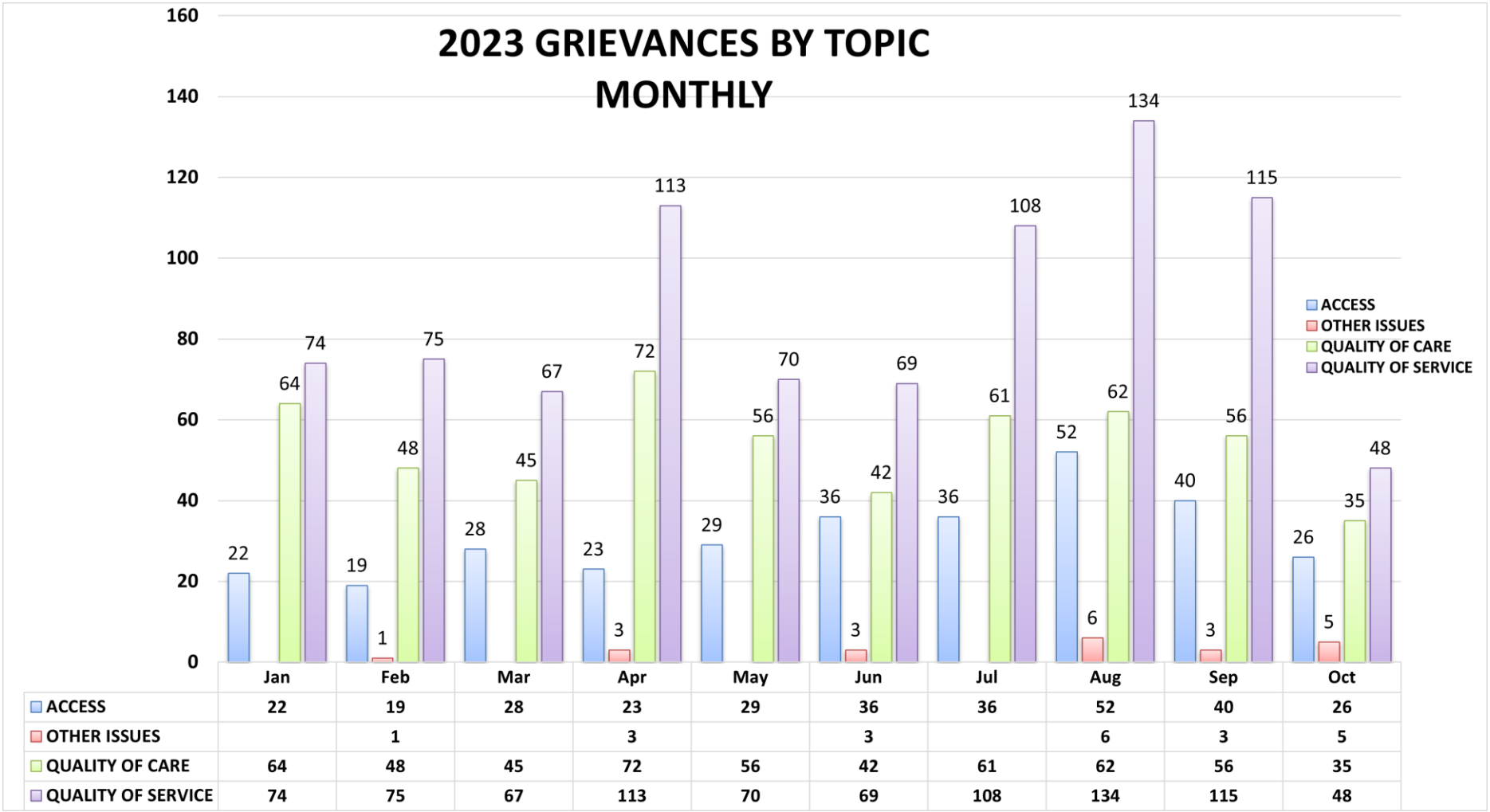
- Time-shifting Member Services staff for coverage over extended hours (8am – 6pm)
- Specialized team to assist with internal communication and coordination, following up with members, & finding new providers if necessary.
- Additional staff to assist with member calls
  - Shifted staff with same Job Title into Member Services
  - Temporary hires up to 6 months
- Updates to the phone tree routing
- Self-service PCP changes through MyChart
  - CCRMC PCPs: 12/1/2023
  - Community Provider Network PCPs: 1/1/2024

CONTRA COSTA HEALTH

cchealth.org

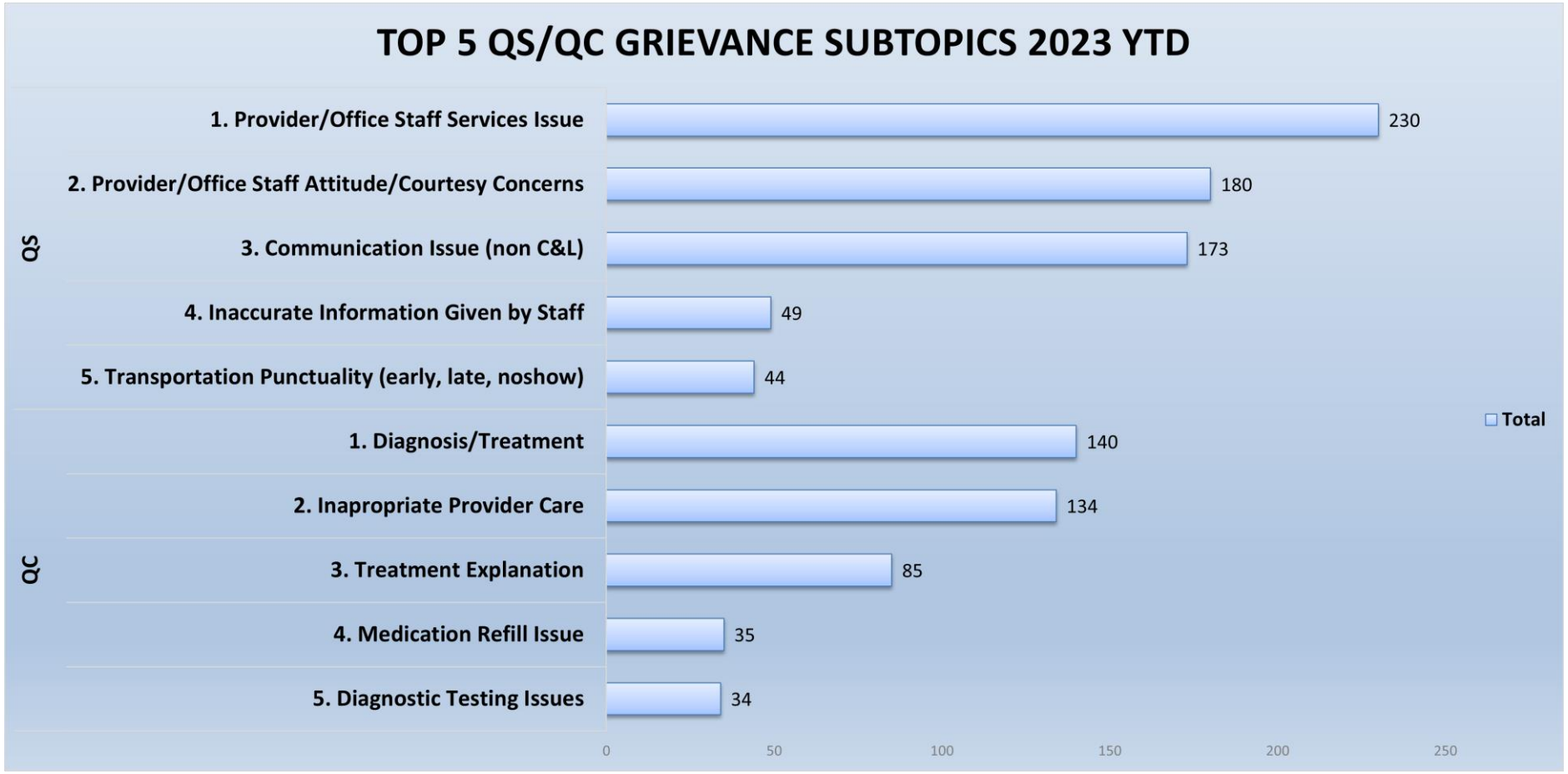
5.3 Grievances and Appeals

Nicolás Barceló, MD



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
ACCESS	22	19	28	23	29	36	36	52	40	26
OTHER ISSUES		1		3		3		6	3	5
QUALITY OF CARE	64	48	45	72	56	42	61	62	56	35
QUALITY OF SERVICE	74	75	67	113	70	69	108	134	115	48

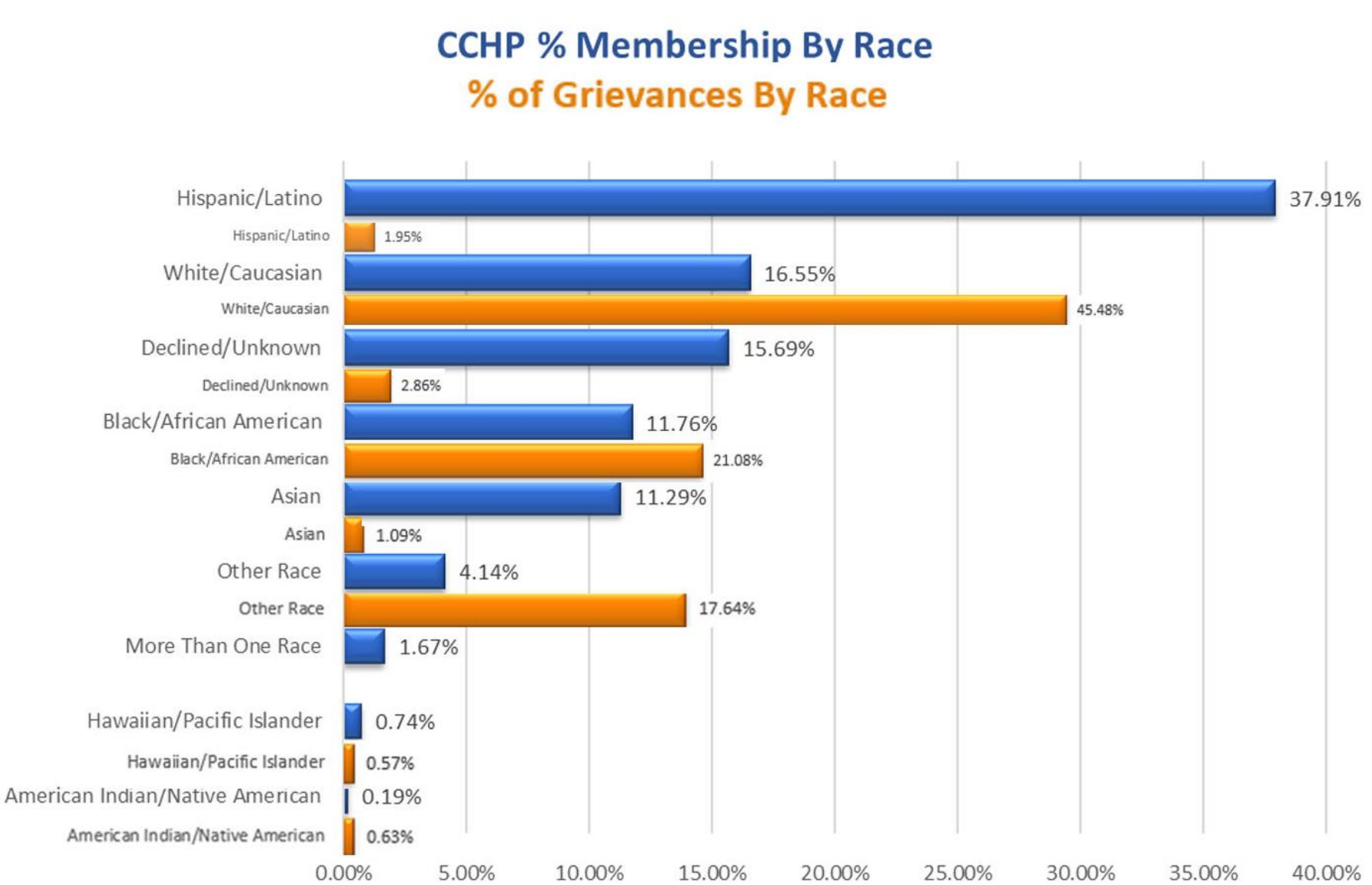
Quality of Service(QS) and Quality of Care (QC) remain the leading grievance issue types in 2023. QC represents 31%, QS represent 50% and Access represents 17% of grievance issues.



The leading Quality of Care issue members file a grievance about is Diagnosis/Treatment; for Quality of Service, it is Provider/Office Staff services Issues.

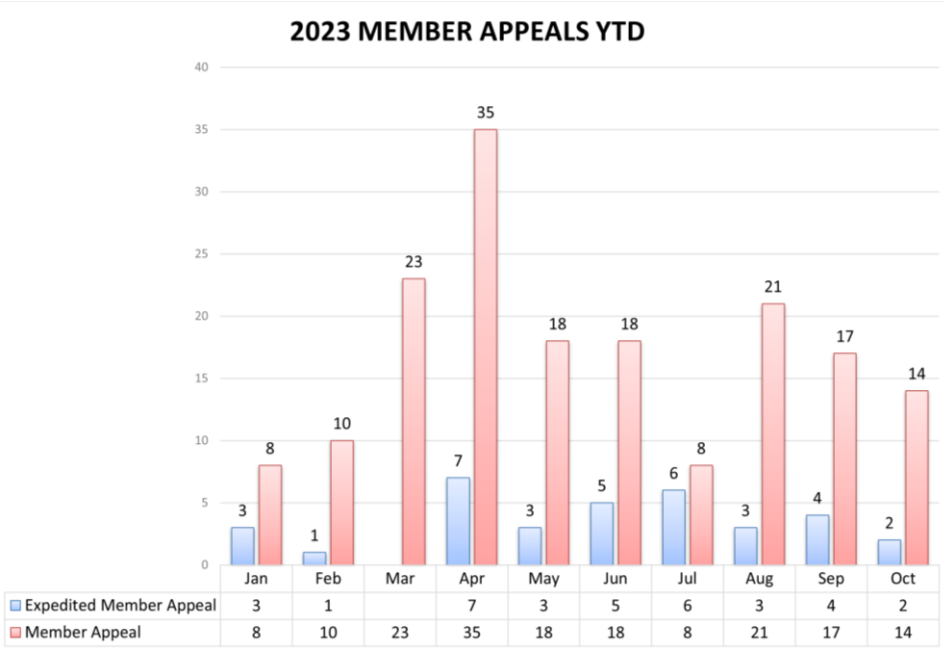
CONTRA COSTA HEALTH

CCHP Membership by Race/ Grievances by Race – 2023 YTD

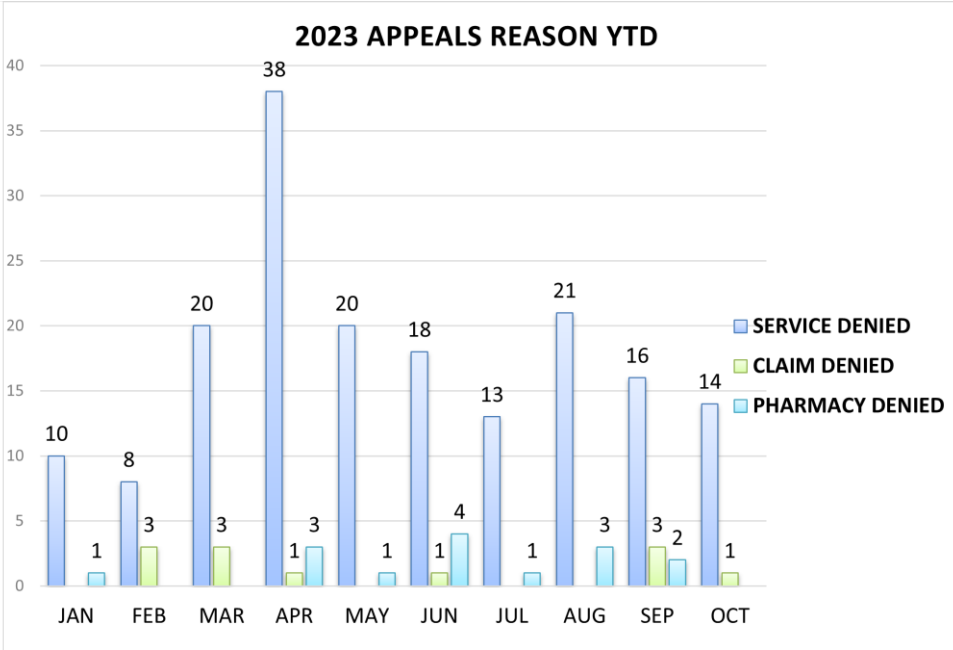


Member Appeals & Appeals Reason

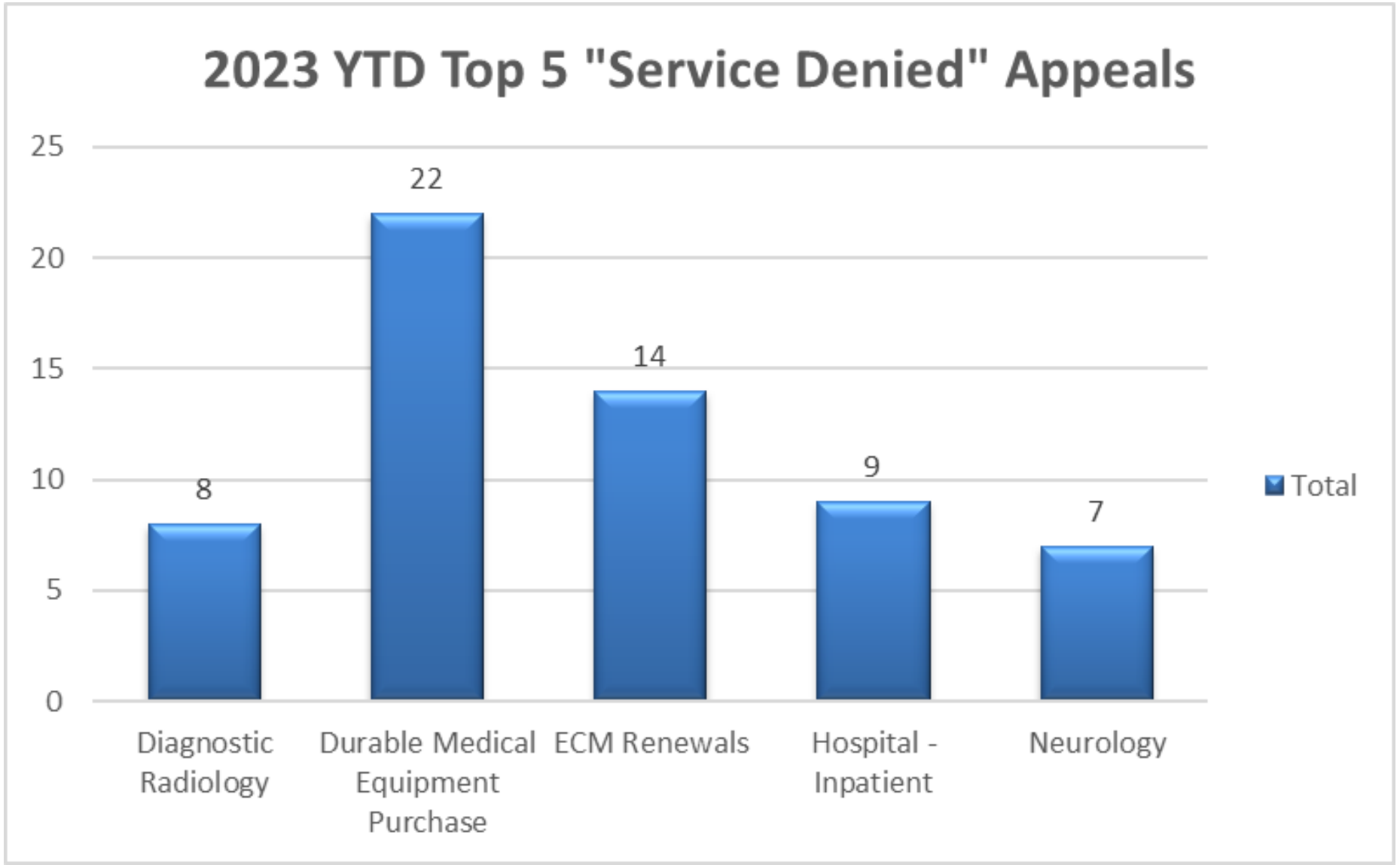
Member Appeals



Appeal Reason



Service Denied remains the leading appeal reason mostly due to network/necessity factors, accounting for 87% of all appeals. April has the most Appeals representing 42 Appeals.


2023 YTD Top 5 "Service Denied" Appeals
25
20
15
10
5
0
22
14
9
8
7
Diagnostic Radiology
Durable Medical Equipment Purchase
ECM Renewals
Hospital - Inpatient
Neurology
Total

CONTRA COSTA HEALTH

cchealth.org

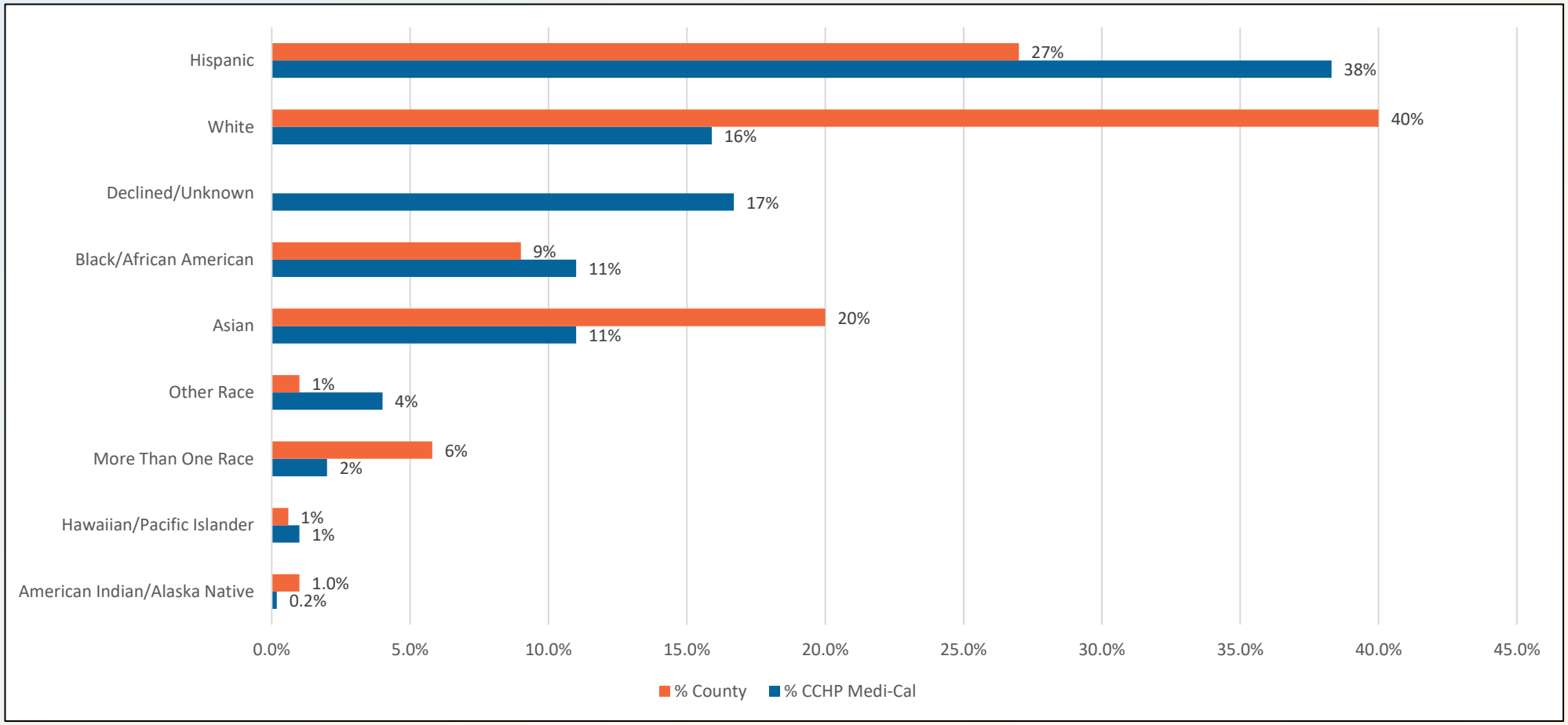
5.4 Cultural and Linguistics

Otilia Tiutin

Introduction

The purpose of this report is to assess the cultural, ethnic, racial, and linguistic needs of CCHP members relative to its network as required by National Committee for Quality Assurance (NCQA) standards.

Race/Ethnicity MediCal Members vs. County Population



There are proportionally more Hispanic/Latino and Black/African American MediCal members, and less White and Asian members compared to county population.

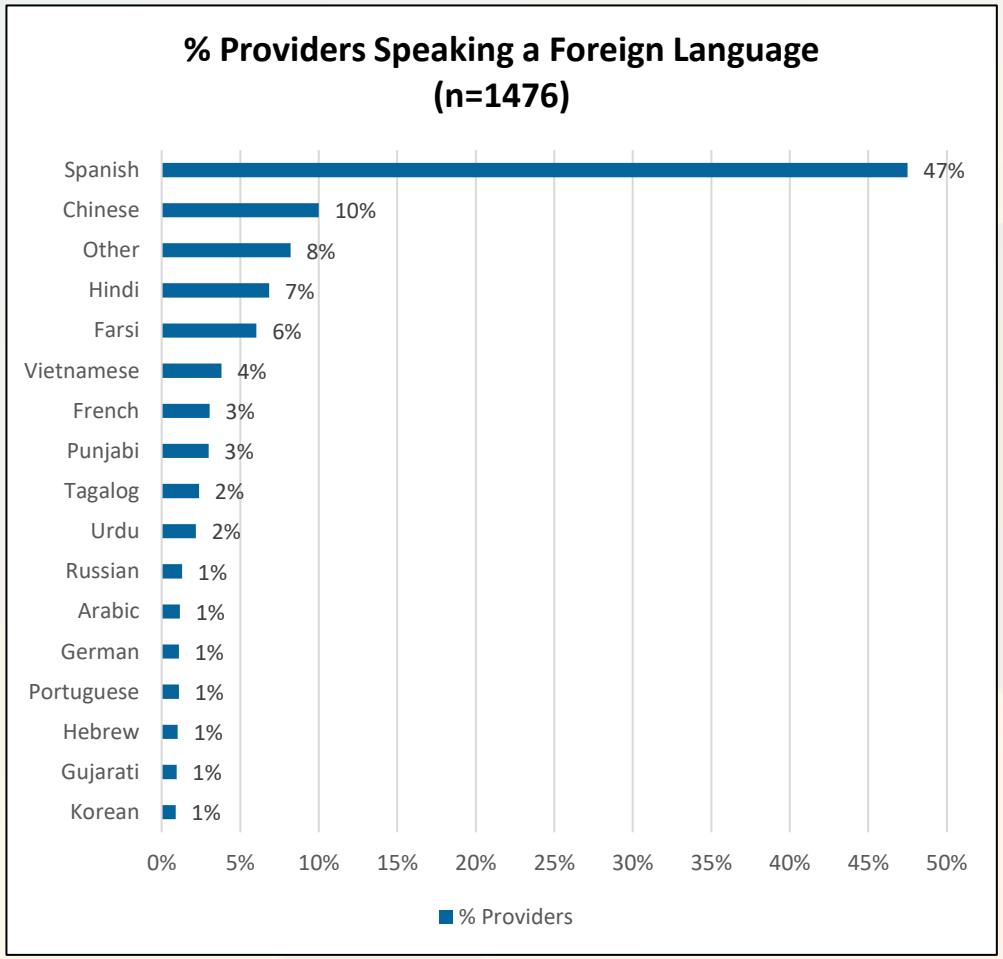
Provider Language Distribution.

# of providers who shared during the credentialing process that they speak a foreign language and passed our assessment.

252 are Mental Health Providers.

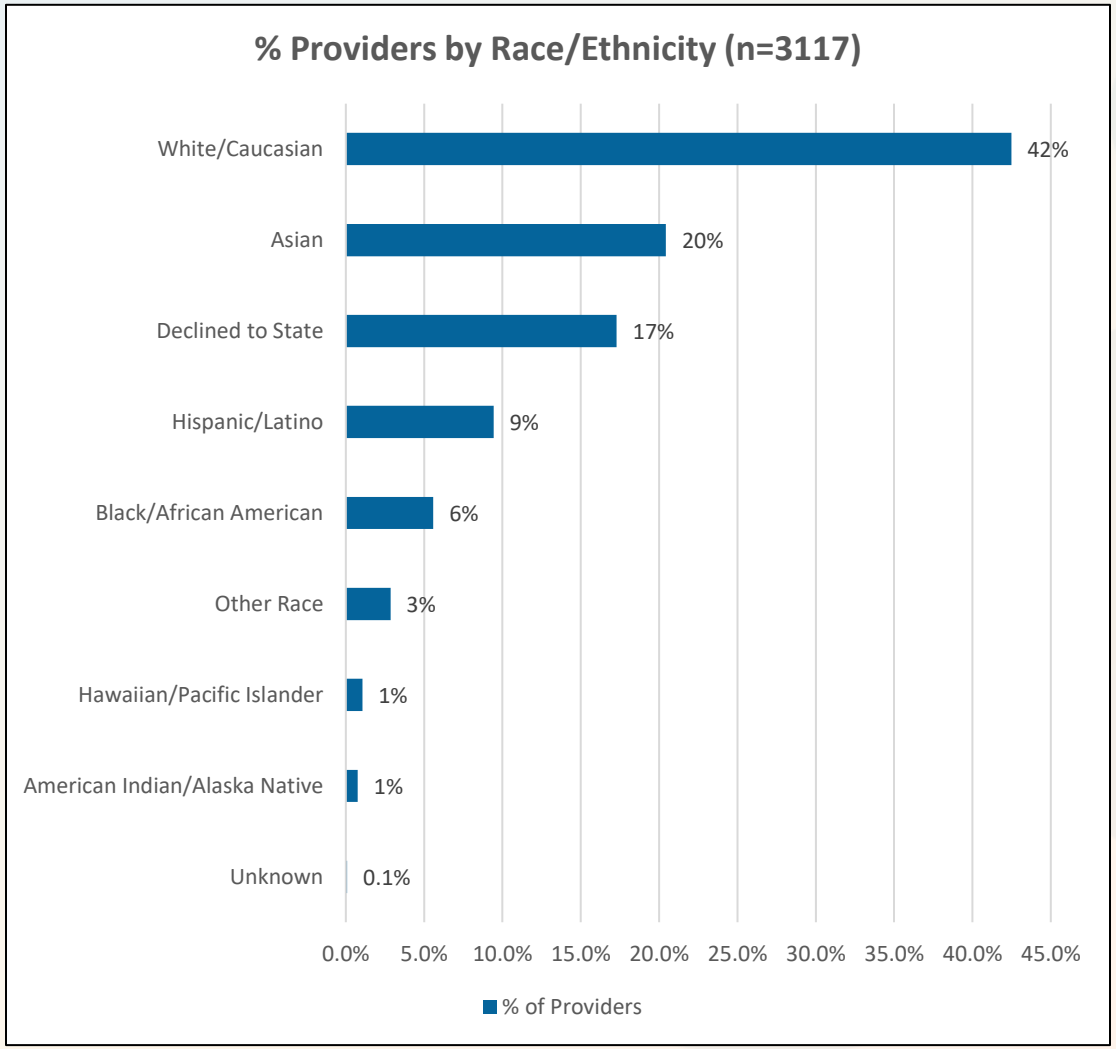
Threshold languages Spanish and Chinese have good provider coverage.

Language groups with 10 providers or more are represented.



Provider Race Demographics

The top four predominant groups are White, Asian, Hispanic and Black. 17% of providers chose Decline to state and 3% chose "Other race".

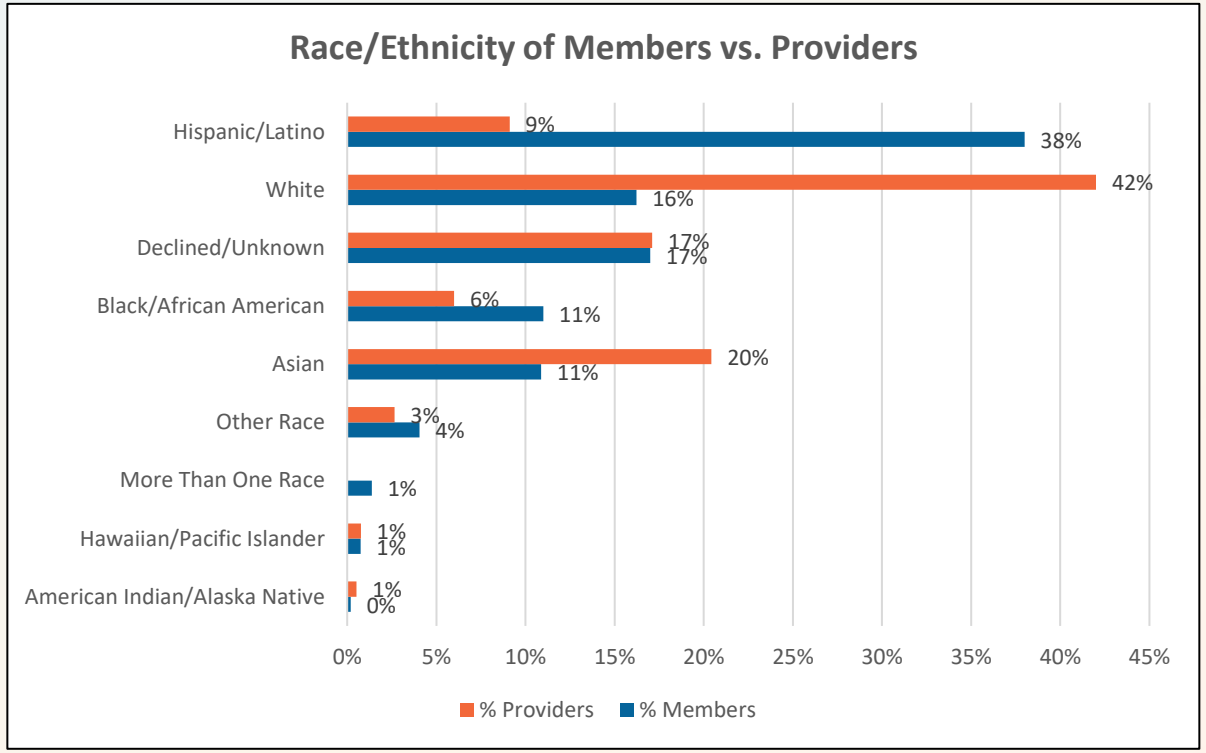


2023 Provider Data

Member, Provider Demographics

We have (701) CCHP providers who speak Spanish, they make up 9% of contracted providers. Two other large groups of providers are White (42%) and Asian (20%), followed by Black/African American at 5%.

17% of providers and 17% of members chose to decline sharing their race/ethnicity data.



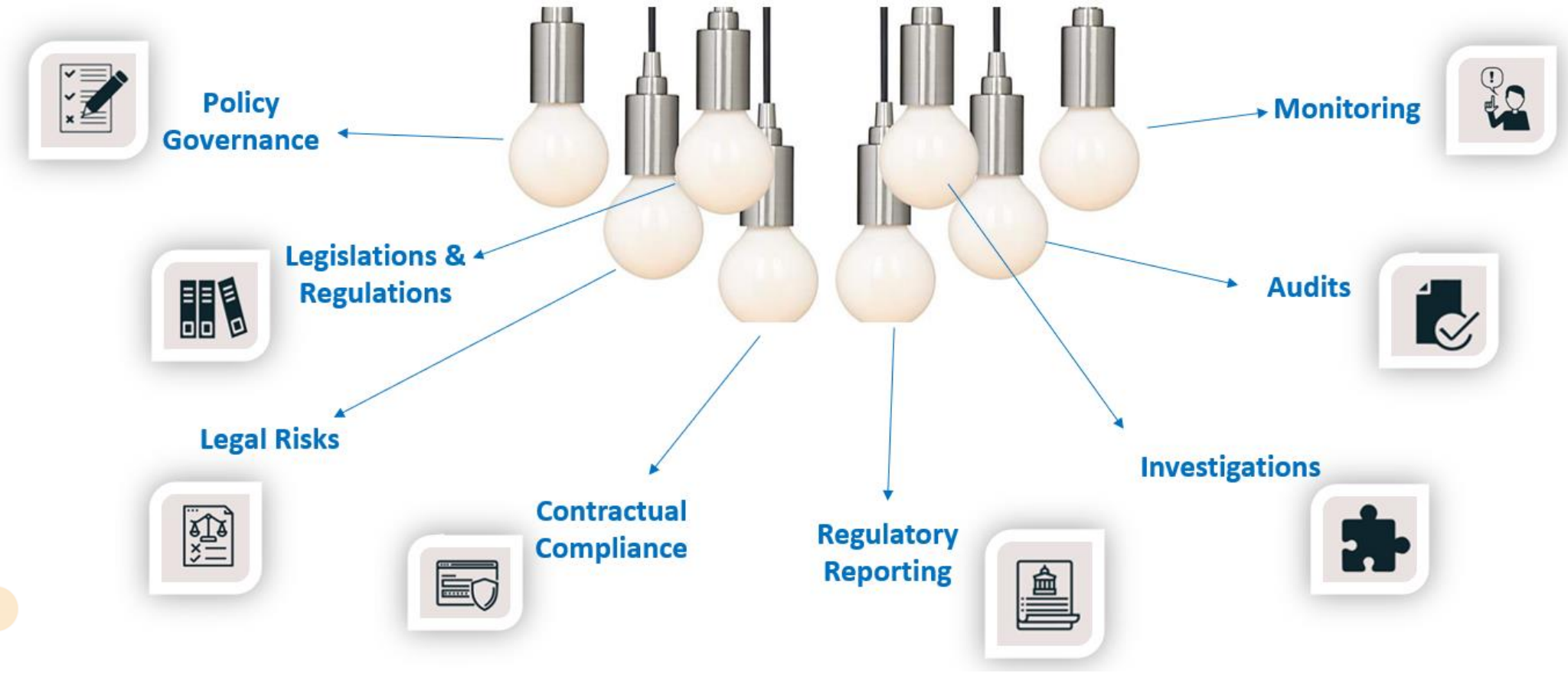
CONTRA COSTA HEALTH

cchealth.org

5.5 Compliance Outcomes of Fraud, Waste, and Abuse Cases

Sharron Mackey

CCHP Compliance Program



Fraud, Waste & Abuse (FWA) Program Update

CCHP has eight provider cases identified under our FWA program

- **Fraud** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.1 1 4c CFR § 455.2; Welfare & Institution Code (WIC) § 14043.1(I)
- **Waste** is the overutilization, underutilization or misuse of resources, and typically is not a criminal or intentional act.
- **Abuse** means provider practices that are inconsistent with sound fiscal, business, or dental practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for dental services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

CCHP Actions

- Hired a consultant with Health Management Associates one of the top managed care consultants in California (28 years experience in Claims Analysis)
- Fraud was not found in any of these cases (With Fraud intent must be proven by law enforcement)
- Cases are mostly waste and abuse that requires educating providers and tracking claims submissions

Findings/Recommendations

Provider Type	Abuse Description	Recommendations
1. Medical Group	Upcoding in billing practice	Provider placed on review
2. Dialysis Center	Billing higher cost testing and greater frequency	Further verification needed from Cotiviti. Provider may be billing within standard billing practices.
3. Durable Medical Equipment	Charging irregulaties on parts that were under warranty for power wheelchairs	Claim reported was adjusted after Chief Medical Officer intervened. Will complete a full review of other claims to ensure there is no pattern of improper billing.
4. Medical Prothesis Orthotics & DME	Utilizing higher cost DME and duplication and upcoding	Provider never contacted will re-engaged the investigation.
5. Clinical Medical Laboratory – Genetic Testing	Using higher genetic testing that may not be medically appropriate	Manual review is required for the Claims staff. Ensure that Medical Records are attached and have a clinician work with the Claims staff.
6. Neurology & Psychiatry	Billing duplicate lab & imaging through bunded lab services	Need the Medical Records and Claims report to determine if Modifier is appropriate.
7. Home Services	Billing homer services at higher in facility rates without approval after COVID restriction was lifted	UM Medical Director reviewed this case in May. Request CMO do a second review.
8. Enhanced Care Management	Billing for on-going services without contacting member	Internal review from UM no official filing. Referred to ECM Medical Director for further investigation/Close

CCHP Enhancements to FWA Program

- Appointed a Compliance Officer to oversee program
- Director of Operations working with Claims Management to track providers will claims/billing issues
- Expand the contract with Covetti for more services to expedite review of the cases
- Upgrade provider training on FWA program annually and include in new provider on-boarding
- Quarterly FWA committee meet and prepare quarterly reports for JCC Board with actions taken and pending outcomes

CONTRA COSTA HEALTH

cchealth.org

6.0 Legislative Updates - DHCS and DMHC Quality Sanctions

Sharron Mackey

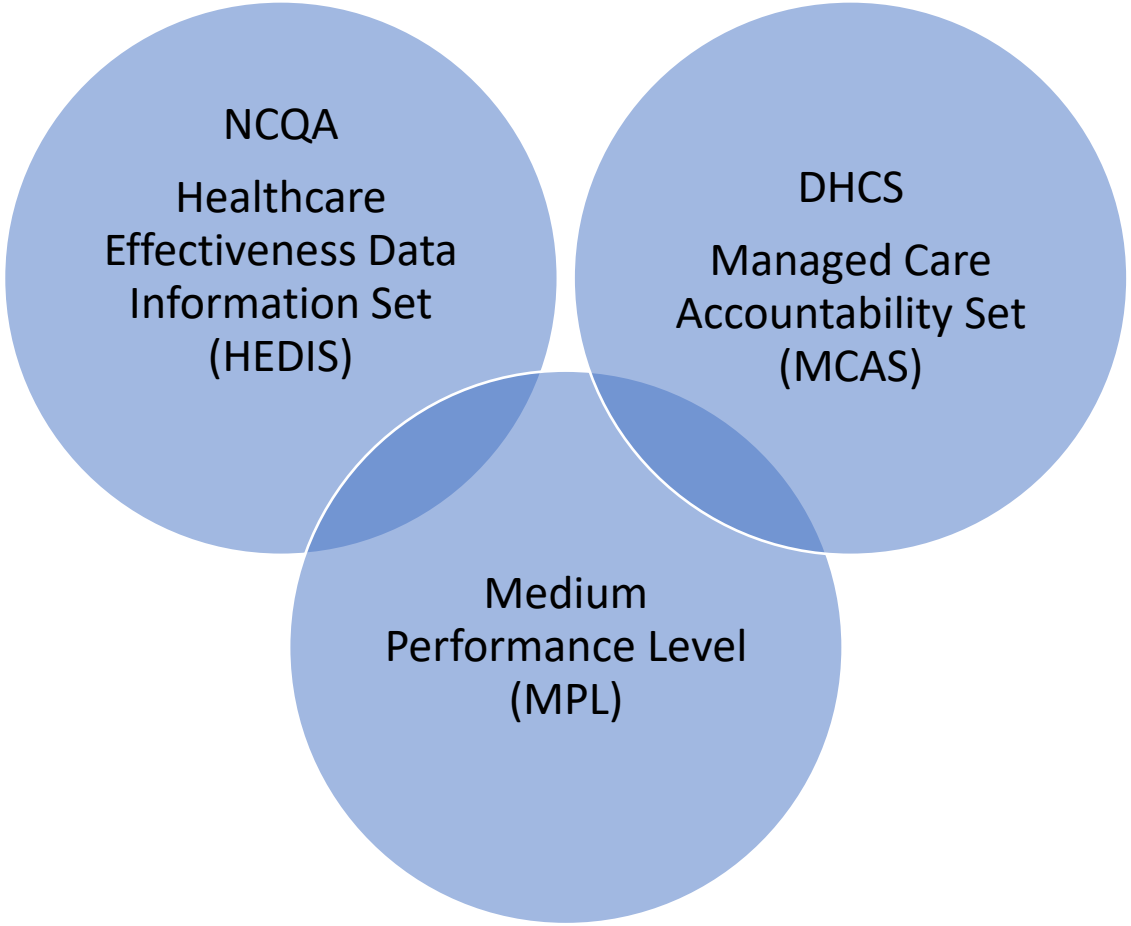
c

- MCPs are accountable under their DHCS contract to improve the health outcomes of their Medi-Cal members
- Quality ratings are the proof that MCPs are impacting the quality of life from birth to death of our members
- Under Cal AIM strategy DHCS now holds MCPs accountable
- HEDIS measures are the lifeline of the quality scores
- Minimum Performance level

CCHP's Quality History

- CCHP ranked in the top 90th percentile in 11 of 38 MCAS HEDIS measures, including: breast cancer screening, cervical cancer screening, depression screening for adolescents and adults, immunization for adults, postpartum depression screening, prenatal depression screening, timeliness of prenatal care, postpartum care, prenatal immunization status, initiation of care for children prescribed ADHD medications, and asthma medication ratio
- CCHP providers were in the top 90th percentile for **all** perinatal quality measures
- In the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, **93% of members reported high satisfaction in how well their doctors communicate**
- CCHP received four stars (out of five) in the Health Plan Ratings from the National Committee on Quality Assurance for its high-quality measures – CCHP was one of six Medi-Cal plans in California to receive four stars
- In DHCS rankings of health plans, CCHP ranked 2nd out of 25 plans in the Women's Health Domain and 6th out of 25 plans in the Children's Health Domain (2021)

Quality Framework: 50th Percentile



Quality & Performance Improvement

- California Code of Regulations Title 42
- MCPs must perform improvements to the quality of care and service to Medi-Cal members

Quality Enforcement Action

	First Year Under Sanction	Second Year Under Sanction	Third Year Under Sanction	Reference
Monetary Sanctions	Up to $25,000 per violation	Up to $50,000 per violation without evidence of improvement	Up to $100,000 per violation without evidence of improvement	W&I 14197.7 (f) – (g)
Non-monetary Sanctions	Outlined in W&I 14197.7(j) and 14197.7 (d)(4); MCP Contract, Exhibit E, Sanctions			

Impact to HEDIS Scores (Health plan's Report Card)

- Anthem’s population is unknown
- Anthem’s HEDIS scores historically have been significantly lower than CCHP’s
- Adding undocumented immigrants to the Medi-Cal membership that have not had a history of preventive care may impact our quality scores
- Extension of Anthem’s providers who are not on EPIC platform could impact our ability to pull information on the membership and documenting services
- New expanded quality metrics for Equity and additional MCAS will intensify the accountability requirement

Sharron Mackey, Chief Executive Officer,

The Department of Health Care Services (DHCS) has determined that Contra Costa Health Plan will not receive a sanction for measurement year 2022 as it met required Medi-Cal Managed Care Accountability Set (MCAS) performance measures for the measurement year.

If you have any questions, please reach out to DHCS at QualityMonitoring@dhcs.ca.gov.

Very Respectfully,

Sarah Lahidji
Division Chief, Quality and Health Equity
Quality and Population Health Management California
Department of Health Care Services

CONTRA COSTA HEALTH

cchealth.org

7.0 Review and Approval of Progress Report

Elizabeth Hernandez

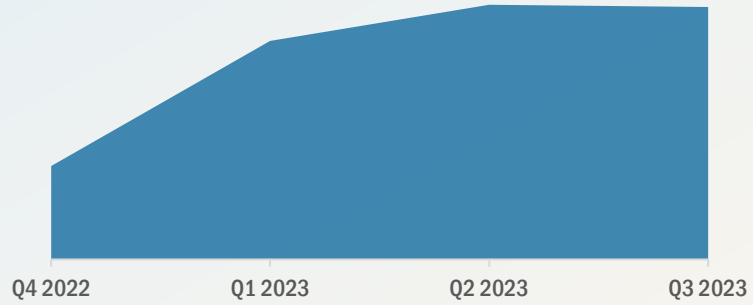
MEMBERSHIP

Total Membership

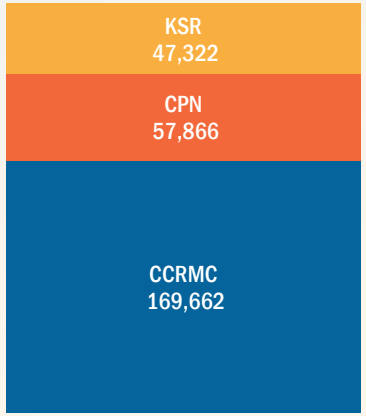
1 Year Trend

274,850

YOY +10.0% ↑



Membership by Network

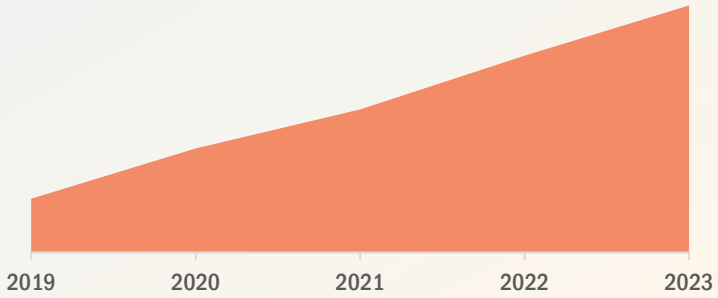


Total Membership

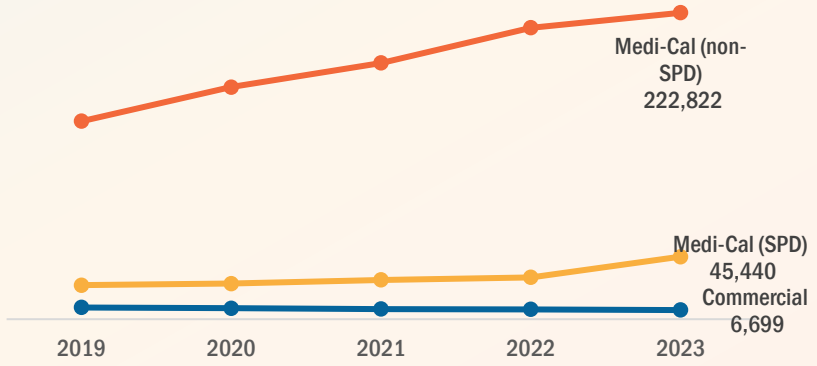
5 Year Trend

274,850

5 YR +20.2% ↑



Membership by Product Line



5 Year Trend

Medi-Cal (non-SPD): +54.8% ↑

Medi-Cal (SPD): +84.1% ↑

HMO: -21.4% ↓

Utilization Management

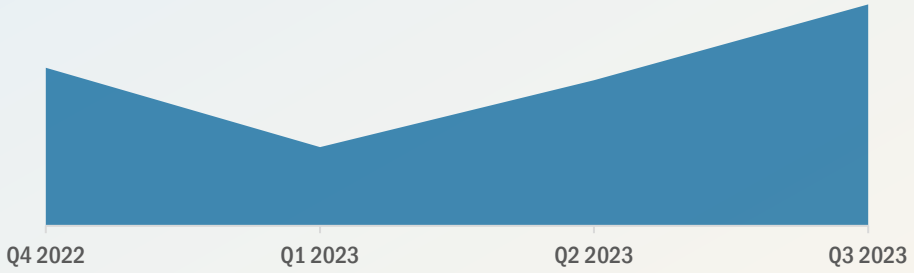
Turnaround Time - % Compliance

Urgent

(<72 Hours)

91.5%

YOY +3.7% ↑

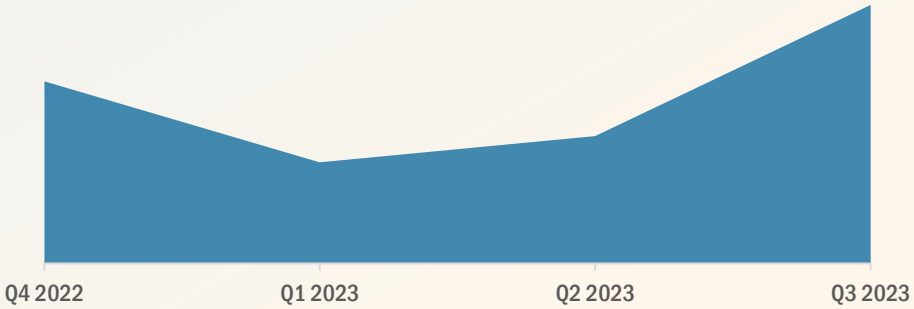


Routine

(DMHC Standard: <5 Business Days)

97.3%

YOY +3.2% ↑

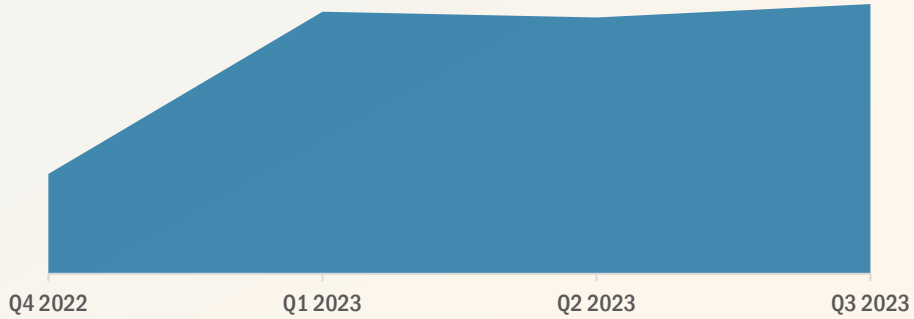


Routine

(DHCS Standard: <14 Calendar Days)

99.1%

YOY +13.8% ↑

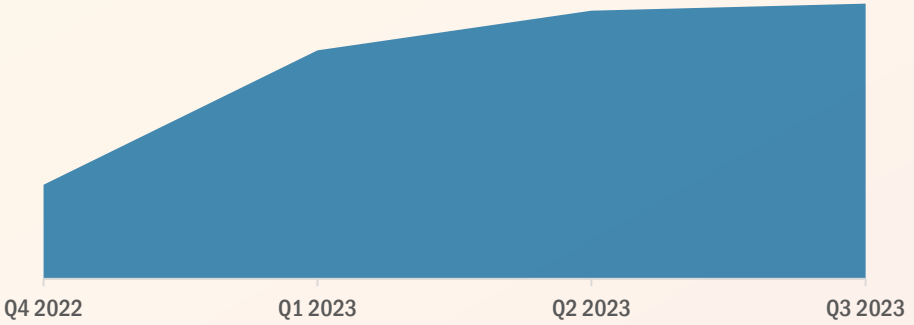


Retro

(<30 days)

99.5%

YOY +24.3% ↑

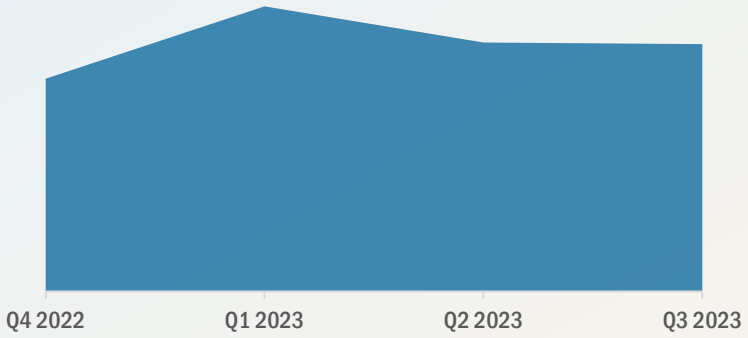


Member Services

Calls Received

35,697

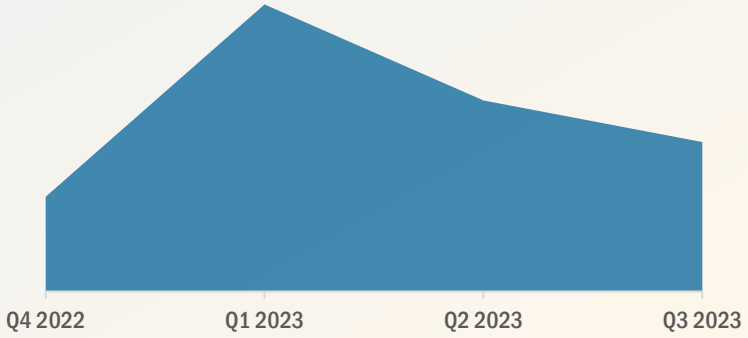
YOY +16.2% ↑



Avg Answer Time (mm:ss)

16:09

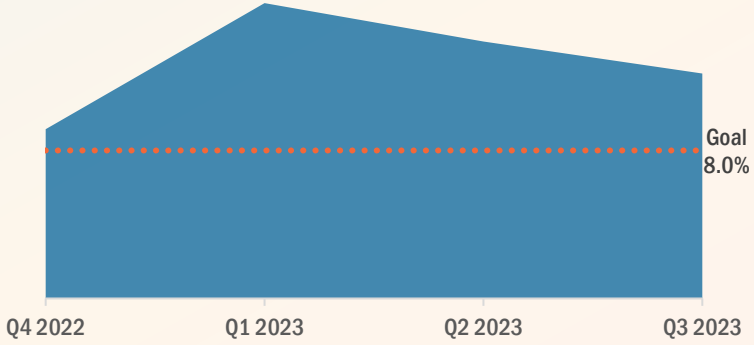
YOY +54.2% ↑



Abandonment Rate

12%

YOY +32.8% ↑

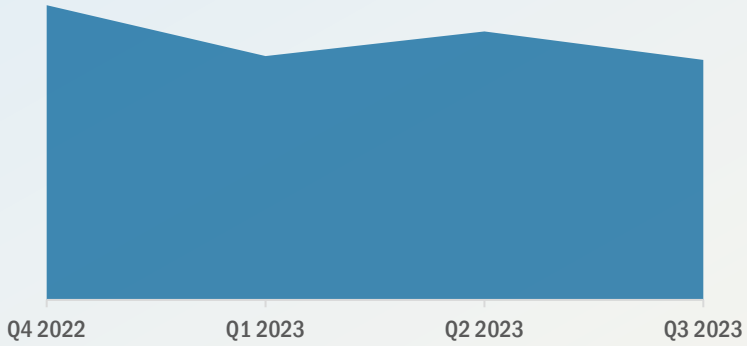


CLAIMS

Claims Processed

525,122

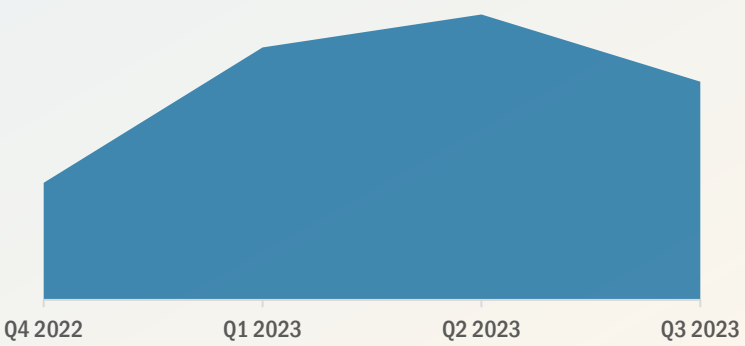
YOY -18.6% ↓



Paid Claims

89.1%

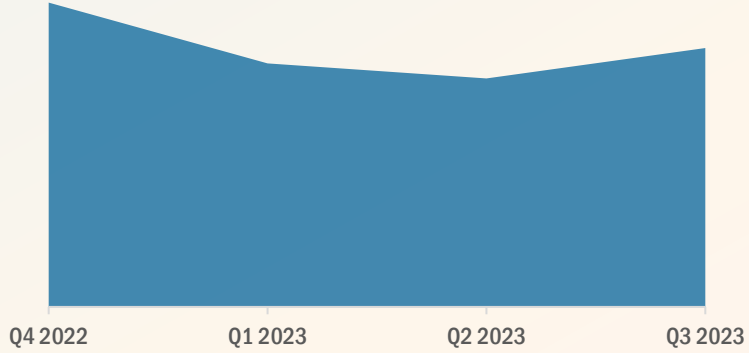
YOY +2.2% ↑



Denied Claims

10.9%

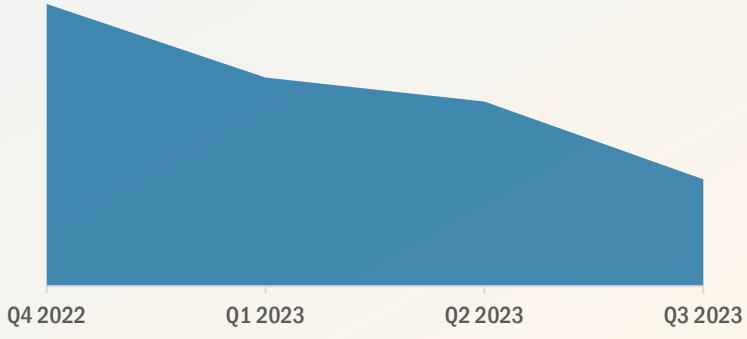
YOY -15.0% ↓



Auto-Adjudication Rate

74.5%

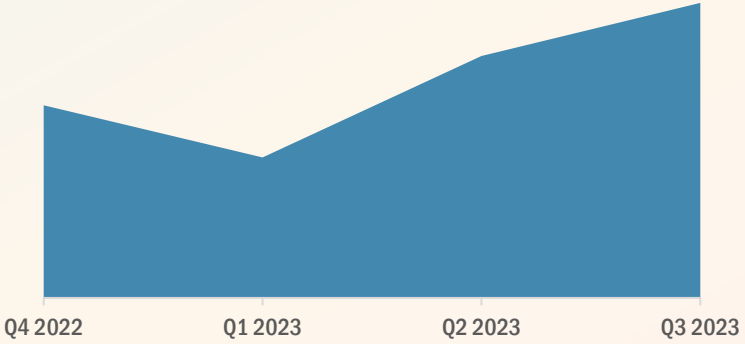
YOY -9.0% ↓



Provider Disputes

79.7%

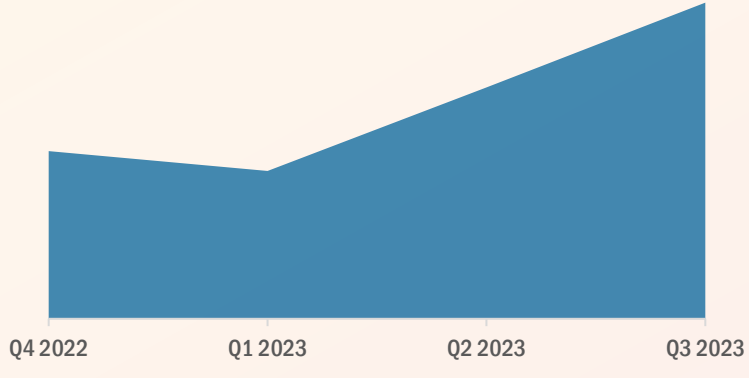
YOY +53.3% ↑



Disputes/Claims

0.15%

YOY +88.3% ↑

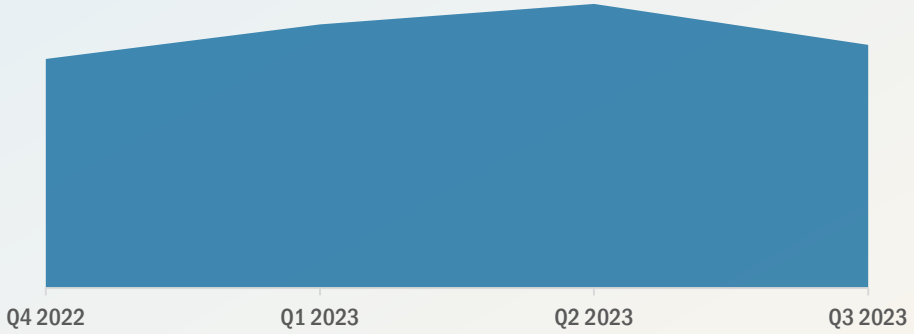


Initial Health Assessments & Health Risk Assessments

Total New Members

2,301

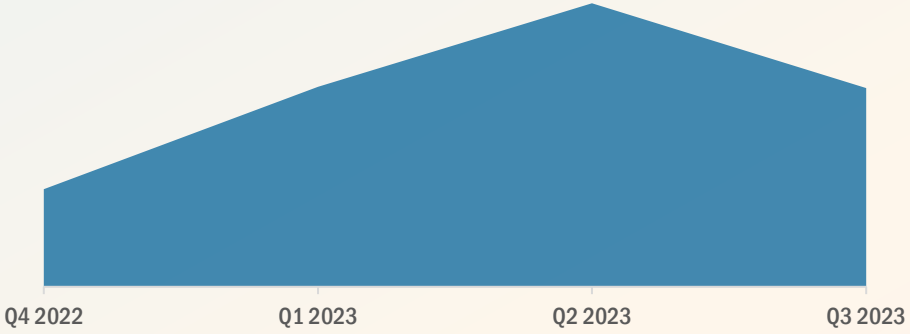
YOY +6.2% ↑



IHA Compliance Rate

53.2%

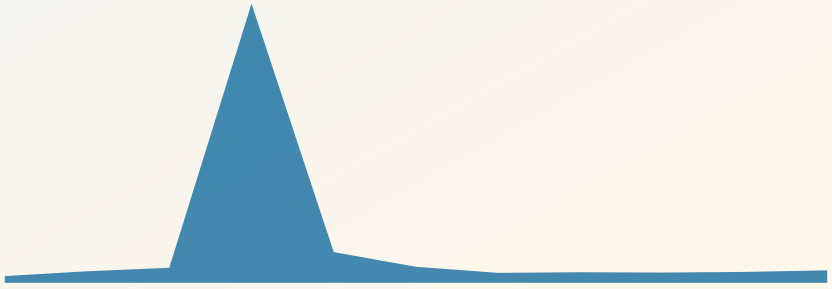
YOY +2.1% ↑



Total SPD

605

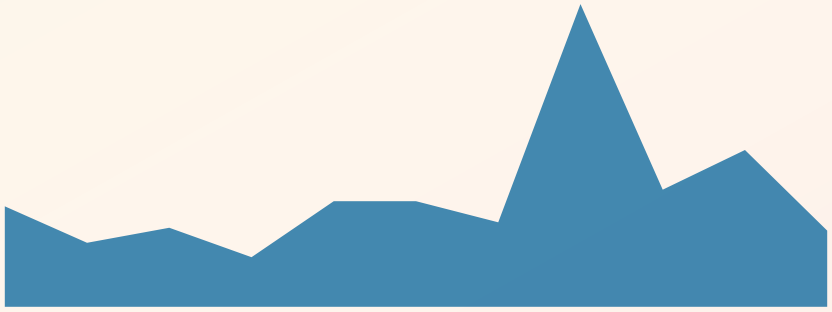
YOY +89.1% ↑



% of Completed HRA Surveys

32%

YOY -24.0% ↓



CONTRA COSTA HEALTH

cchealth.org

7.3 Finance Report

Contra Costa Health Plan Product Line Financial Summary
For the Year ending 6/30/2024

	Commercial(1)		Medi-Cal (2)		Totals (3)		FY2023/24	Surplus
Description	Ytd Sept. 2023	Projection	Ytd Sept. 2023	Projection	Ytd Sept. 2023	Projection	Budget Adjusted	(Deficit)
Total Revenues	$ 17,232,543	$ 77,356,994	$ 301,113,501	$ 1,204,624,668	$ 318,346,044	$ 1,281,981,662	$ 1,181,535,903	$ 100,445,759
Total Expenditures	16,981,880	76,360,739	298,192,267	1,192,559,418	315,174,147	1,268,920,157	1,181,535,903	(87,384,254)
Income/(Loss)	$ 250,663	$ 996,255	$ 2,921,234	$ 12,065,250	$ 3,171,897	$ 13,061,505	$ -	$ 13,061,505

Notes:

(1) Includes Commercial and In-Home Support Services.

(2) Includes Community Provider Network, Kaiser, Other Medi-Cal Non-Crossover, AFDC & Medi-Cal ACA Expansion

(3) General Fund contribution $3.7M for IHSS and $500K for Contra Costa Cares included in total revenue Commercial Product Line

(4)The Projection includes revenues and $114.8M in State directed/mandated pass-through payments and expenses (e.g. Proposition 56, Hospital Quality Assurance Fee' and Ground Emergency Medical Transport). We do not have 2024 rates for Private Hospital Directed Payment, Quality Improvement Program, Enhanced Payment Program Fee for Service. These payments will have no bottom line/net income impact.

(5) M-Cal rates used for June 2024 projection include Add-on rates for Medi-Cal Enhanced Care Management.

(6) CCHP is self-insured for all medical claims (no stop loss insurance coverage).

(7) 2023 CY Medi-Cal rates subject to retroactive downward revision by the State. Impact unknown. Calendar year 2024 rates under review.

(8) In March 2020 the normal Medi-Cal redetermination eligibility process was suspended. As of April 1, 2023 California will resume the redetermination process.

Date: 12/04/2023

Reviewed by: P. Purviance

CONTRA COSTA HEALTH
cchealth.org

7.4 Meeting Reminders for 2024

Joint Conference Committee

2024 Meeting Dates

Friday, March 8, 2024
Friday, June 14, 2024
Friday, September 13, 2024
Friday, December 13, 2024

All meetings are scheduled from 9:30 to 11:30 AM

Location: The Paramount Room, 777 Arnold Drive, Martinez, CA
(Emergency Medical Services Administration)

District II Supervisor's office:
309 Diablo Road
Danville, CA

District III Supervisor's office:
3361 Walnut Boulevard
Brentwood, CA

Join in person or via Zoom
The Zoom link will be posted prior to each meeting