



Welcome to the Joint Conference Committee

Friday, March 10, 2023

9:30 am – 11:30 am

1.0 Call to Order

1.1 Agenda

1.2 Approve December 9, 2022 Minutes

1.3 Public Comments

1.4 JCC Comments

AGENDA

<u>Time</u>	<u>Tab</u>	
9:30	1.0	<p>Call to Order</p> <p>1.1. Agenda</p> <p>1.2. Approve December 9, 2022 Minutes</p> <p>1.3. Public Comments</p> <p>1.4. JCC Comments</p>
	2.0	<p>CEO Updates</p> <p>2.1. 2023 Roadmap</p> <p>2.2. NCQA Audit Results</p> <p>2.3. Single Plan Model (SPM) Deliverables</p> <p>2.4. New Leadership Staff</p>
	3.0	<p>Chief Medical Officer's Report</p> <p>3.1. Long Term Care Impact on UM/CM Operating Models</p> <p>3.2. Impact of the Duals</p> <p>3.3. Impact of Utilization Review Expanding</p> <p>3.4. Cal-AIM Enhanced Care Management (ECM) Challenges</p>
	4.0	<p>Quality Program Overview</p> <p>4.1. 2023 Quality Plan Update</p> <ul style="list-style-type: none"> • Approval <p>4.2. Healthcare Effectiveness Data and Information Set (HEDIS) update</p>
	5.0	<p>Focus Topics:</p> <p>5.1. Redetermination Work Plan</p> <p>5.2. Member Appeals & Grievances Analysis</p> <p>5.3. Commercial Rate Development Process</p>
	6.0	<p>COO's Report</p> <p>6.1. Benefit Engine Redesign</p>
	7.0	<p>Chief Executive Officer's Report-Legislative Updates</p> <p>7.1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)</p> <ul style="list-style-type: none"> • Transition to Medi-Cal Kids & Teens <p>7.2. Recruitment of Chief Equity Officer</p> <p>7.3. Design of CCHP's New Health Equity Office</p>
	8.0	<p>Review & Approval of Progress Report</p> <p>8.1. Medi-Cal Enrollment Trend Report</p> <p>8.2. Operational Dashboard</p> <p>8.3. Finance Report</p> <p>8.4. Next Meeting Reminders</p>
	9.0	<p>Adjournment</p>
		<p>Supervisor Candace Anderson JCC Committee JCC Committee Public JCC Members</p>
		<p>Sharron Mackey, MHS, MPA, CEO</p>
		<p>Dr. Dennis Hsieh, MD, JD, CMO</p>
		<p>Elizabeth Hernandez, MS, CPHQ, Director of Quality</p>
		<p>Suzanne Tsang, Member Services Director Suzanne Tsang, Member Services Director Sharron Mackey, MHS, MPA, CEO</p>
		<p>Angela Choy, MBA, MS, COO</p>
		<p>Sharron Mackey, MHS, MPA, CEO</p>
		<p>Angela Choy, MBA, MS, COO</p>
		<p>Patrick Godley, MBA, HSD/COO/CFO</p>
		<p>Supervisor Candace Anderson</p>

1.2

Approve December 9, 2022
Minutes

**Contra Costa Health Plan/Board of Supervisors
Joint Conference Committee Meeting Minutes
Friday, December 9, 2022**

Present:

Supervisor Candace Andersen, Dist. II*
Dennis Hsieh, MD, JD*
*JCC Voting Member

Supervisor Diane Burgis, Dist. III*
Kimberly Ceci, MD LifeLong Medical Director*

Robert Auman
Nicolás Barceló, MD
Michael Chavez
Angela Choy
Michael Foster
Pat Godley
C. Gonzales
Joseph Greaves
Beth Hernandez
Barbara Hockett

Sarah Kennard
Michelle Ladrangan
Sharron Mackey, CEO
Juliana Mondragon
Jill Ray
Anna Roth
Charlis Salazar
Bob Sessler
Otilia Tiutin

SUBJECT	DISCUSSION	ACTION / WHO
<p>Call to Order</p>	<p>1.0 <u>Call to Order</u> Supervisor Diane Burgis called the meeting to order on December 9, 2022 at 9:30 AM.</p> <p>1.1 <u>Agenda</u> Agenda for December 9, 2022, reviewed and approved unanimously.</p> <p>1.2 <u>September 9, 2022 Minutes</u> Minutes approved unanimously.</p> <p>1.3 <u>Public Comment</u> None</p> <p>1.4 <u>JCC Comment</u> None</p>	<p>Supervisor Diane Burgis</p> <p>JCC Committee</p> <p>JCC Committee</p> <p>Public</p> <p>JCC Members</p>
<p>CEO Updates</p>	<p>2.1 <u>Roadmap Accomplishments/Challenges</u> Currently, CCHP is 80% ready for Single Plan Model (SPM): provider network is adequate, policies and procedures in place. Per DHCS, we are at 98% accuracy rate with submission of requested requirements. New or Expanded Programs are in development; 32% of new framework of SPM has been started.</p> <p>Progress made on Operational Infrastructure including redesign of several key units: Case Management, Appeals, Grievances, and Disputes, Behavioral Health, and Compliance. Benefit redesign in Claims will assist with accuracy of adjudicating claims.</p> <p>2.2 <u>DHCS/DMHC Focus</u> Focused audits from DHCS will be coming in 2023. They will be reviewing Non-Medical Transportation, Non-Emergency Medical Transportation, and Behavioral Health. Our concerns include systemic issues coming from grievances, medical audits, and reporting as well as administrative and monetary sanctions that may be imposed.</p> <p>2.3 <u>Status of Single Plan Model Deliverables & Challenges</u> Systemic challenges were addressed including: - Staffing shortage in Advice Nurse Unit</p>	<p>Sharron Mackey, MHS, MPA, CEO</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<ul style="list-style-type: none"> - Getting new staff trained on non-profit clinical guidelines through use of BH consultant - Rebranding and training required for Case Management; getting staff certified through Case Management Society of America - 40% of nurses' time spent on analyzing CPT codes; this needs to be addressed <p>2.4 Staffing Updates New leadership staff has been hired: Sarah Kennard, Deputy Executive Director; Beth Hernandez, Quality Director; Juliana Mondragon, Director of Operations. Staffing summary presented: 58 permanent new hires, 4 temps, and 5 promotions. Hiring and training of staff to continue in 2023 as we prepare for expansion.</p>	
CMO Report	<p>3.1 Long Term Care Impact on UM/CM Operating Models Fee for Service members are coming into the Managed Care model of care. This will increase members with high acuity needs. LTC training is required for both UM and Case Managers as these services are more specialized. Member grievances and complaints could expand if the quality of care in a SNF is not closely monitored.</p> <p>3.2 CalAIM-Enhanced Care Management – Reassessment Issues CCHP will be providing focus to these members including improving quality in SNFs. This is a new beginning for a new model of care linked to the community; a new set of Community Supports including nursing facility transition services, community transition services, personal care and homemaker services, environmental accessibility adaptations, and respite services.</p> <p>3.3 Behavioral Health Transformation Progress update shows new partnerships in the CCHP Networks. Key clinical areas identified for transformations in Behavioral Health including Neuropsychological/ Cognitive Testing, Psychotherapy and Psychiatry, Autism Benefits, Data-driven referrals for ECM, and No Wrong Door.</p> <p>Upcoming projects include integrating mental health services with school-based services, CalAIM Screening and Transition Tools, Behavioral Health Integration, Baby Watch and Maternal Mental Health, Elder Care and Behavioral Health/Dementia, and Continuation of efforts to promote Care Coordination for members with Mental Health concerns.</p>	<p>Dennis Hsieh, MD, JD, CMO</p> <p>Dr. Nicolás Barceló, Medical Director</p>
Quality Program Updates	<p>4.1 Quality Plan Update CCHP is preparing for the NCQA Reaccreditation submission. It is due 12/13/2022. Among HMOs offering Medi-Cal, CCHP rated highest in the NCQA's annual report card, giving high marks for patient experience and preventive care.</p> <p>CCHP completed the DHCS population health management readiness assessment and is preparing for Population Health launch in 2023.</p> <p>Disease Management Programs were highlighted: Gojii program with outreach to 730 members with uncontrolled diabetes, Hiring of a Community Health Worker to assist with the Asthma Mitigation program, Four health education classes around managing anxiety naturally, and the completion of an annual afterhours access survey for all providers and behavioral health member experience survey.</p> <p>4.2 Population Health Management (PHM) Program This multi-year initiative is rooted in the DHCS Bold Goals, clinical focus areas and advancing health equity.</p> <p>While leveraging data, robust PHM programs will:</p>	<p>Dennis Hsieh, MD, JD, CMO</p> <p>Beth Hernandez, Quality Director</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<ul style="list-style-type: none"> - alert parents that their child has miss an annual well-child visit; notify them of the importance of the visit; offer help with transportation - realize a senior with history of stroke has not picked up aspirin in last 3 months; will offer support with follow up, education and coordination with a provider if needed <p>The Population Needs Assessment/Strategy is showing us how to understand the needs of the community. We will collaborate with a wide variety of stakeholders (health department, First Five, social services, education) to meet these needs. We will build on community collaborations enhanced during COVID pandemic. The goal: use needs assessment to create cross-sector strategies that focus on neighborhoods/communities with poor health outcomes.</p> <p>In July 2023, DHCS will be integrating data at the State level as part of Population Health Service. Our next step is learning how we can use this integrated data to help individuals at the point-of-care.</p> <p>Focuses of PHM:</p> <ul style="list-style-type: none"> - Basic Population Health Management (BPHM) focuses: Engagement with PCP, Care coordination/navigation and social services referrals, Wellness and prevention programs, Chronic Disease Management, and Programs to Address Maternal Health Outcomes. - Care Management Across the Spectrum focuses: Enhanced Care Management, Complex Care Management, and Transitional Care Services <p>DHCS will be issuing monitoring guidelines for PHM. The main opportunities going into 2023 will be how to implement these new programs.</p>	
<p>Focus Topics</p>	<p>5.1 <u>Advice Nurse Unit Update</u> Advice Nurse Unit is working closing with the Telephone Clinic Providers with meeting the goal of zero COVID deaths in the County: Path to Zero. The Unit is taking calls from many health care services, not just CCHP.</p> <p>Path to Zero is supported by our TCC providers who offer Paxlovid or other treatment options to those who qualify. Patients from other health care systems within the county can access these appointments through the Advice Nurse Unit. Advice Nurses screen callers prior to offering an appointment.</p> <p>As CCHS received word of the first case of MPox to be confirmed in the County, the Unit was able to assist in assessing those with possible symptoms or who otherwise thought they were exposed and provide the contact information to receive immunization at the county-run vaccination sites.</p> <p>Abandonment rate is currently 12% with a new proposed goal of 10%.</p> <p>5.2 <u>Cultural & Linguistics – Population Needs Assessment (PNA)</u> The purpose of the PNA: Member health status and behaviors, Member health education and cultural/linguistic needs, Health disparities, and Gaps in services related to these issues.</p> <p>Results of survey include:</p> <ul style="list-style-type: none"> - 97% felt they were treated with respect - 97% of Providers know how to access interpreter services in 2021 compared to 78% in 2019 - 75% children and adults got an appointment right away - 96% child and 93% of adult members felt that their doctor explained things in an easy-to-understand way - 95% and 93% of adult reported their provider listened carefully 	<p>Charlis Salazar, RN Advice Nurse Supervisor</p> <p>Otilia Tiutin, PhD, DNM, Cultural & Linguistic Services Manager</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<ul style="list-style-type: none"> - Top 5 health education topics of interest: healthy eating, exercise, healthy teeth, high blood pressure, cholesterol/heart health <p>Action items of the PNA:</p> <ul style="list-style-type: none"> - Improve members knowledge on how to access Mental Health/Behavioral Health services - Increase Well-Child Visit in 3-to 6-year-old African American RMC members - Decrease percentage of members with obesity and an A1c >9 who live in East and West counties - Increase health education resources for healthy eating, exercise, healthy teeth & high blood pressure - Increase antidepressant medication adherence for African Americans and Hispanic/Latino members - Increase health education resources on managing anxiety 	
	<p>5.3 <u>Member Services – Public Health Emergency Unwinding</u> PHE was extended and expected to end January 11, 2023 but will likely be extended again. Required 60-day notice has not yet been provided. We believe that this will again be extended. Our goal is that we have zero members lose healthcare coverage.</p>	<p>Sharron Mackey, MHS, MPA, CEO</p>
	<p>5.4 <u>School Behavior Health Incentive Program Readiness Plan</u> This 3-year project funnels money through CCHP to school districts for use of Behavioral Health services on or near school campuses. Four districts (Antioch, Pittsburg, John Swett, and West CC) have been selected for the program. The plan has been submitted to the State for approval. The program is scheduled for 2023 and 2024. The program’s budget is \$9 Million.</p>	<p>Robert Auman, Senior Program Manager</p>
<p>COO Report</p>	<p>6.1 <u>Key Projects and Operational Impact</u> The PMO is now in place. Current project portfolio shows 45 projects with 9 of them completed. CCHP now has 2 project managers working in the PMO. We are still hiring project managers. We have 3 types of projects: System Implementation, Improvement Projects, and State Requirements. The goal of the PMO is to standardize and consolidate the current programs at CCHP.</p>	<p>Angela Choy, MBA, MS, COO</p>
<p>CEO Report</p>	<p>7.1 <u>New Legislation on Children Coverage</u> This is called “Stopping the Churn.” Before the COVID-19 public health emergency began in 2020, millions of children churned on and off Medicaid each year—an indication that many were losing coverage because of administrative problems, rather than because their family’s income had increased and made them ineligible.</p> <p>Several Western states, including California, are seeking to change that and weighing new continuous-enrollment policies for the youngest Medicaid members. The possibility of changing their decades-old enrollment rules comes as the states weigh the effects of changes brought on by the pandemic.</p> <p>California lawmakers have approved a proposal for children who qualify for Medicaid to enroll at birth and stay enrolled until age 5, starting in 2025, pending federal approval.</p> <p>7.2 <u>CPSP Transition into Baby Watch (Doula + Healthy Start)</u> The new name of this program signifies a transformation with better coordination of prenatal and postnatal services. It ensures that the contractual requirements under the DHCS contract for CPSP are met through the redesign.</p> <p>We will now invite all pregnant members to enroll in the Healthy Start Program, track the Doula Services Benefit participation, steer members to give birth at CCRM, establish metrics and measure program outcomes for healthy pregnancy</p>	<p>Sharron Mackey, MHS, MPA, CEO</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<p>and healthy baby. The Case Management Team consists of a Program Manager, Registered Nurse, and a Social Worker. All Prenatal/Postnatal programs in the Health Services Division will now be linked to Baby Watch.</p> <p>Baby Watch will reside in Case Management with coordination with pregnant members eligible for the Enhanced Care Management benefit. Care Coordination of Services will be available: everything from coordination of well mom and baby visits to interpreter services.</p> <p>The Baby Watch Prenatal Program is now being communicated to the community to ensure that our providers know this program is available and can communicate it to the members they see. Updates will be presented in Q1 2023.</p> <p><u>7.3 Proposal to Sunset Managed Care Commission into Community Advisory Committee</u> The DHCS contract with CCHP requires a Community Advisory Committee (CAC). In the past we have used the MCC to fulfill this requirement. However, based on the contract's obligations the MCC does not meet the critical guidelines: not enough members on MCC, deficient on Community Based Organizations that service Medi-Cal members, and no impact on policies that impact Medi-Cal members.</p> <p>The CAC will start in 2023. The first meeting will be used to explain the roles of members of the CAC. The committee will meet 6 times a year.</p>	
Review & Approval of Progress Report	<p><u>8.1 Medi-Cal Enrollment Trend Report</u> Membership continues to increase; as of the end of September 2022 – 244,000 members now covered by CCHP; this is year-over-year change of 12%.</p> <p><u>8.2 Medi-Cal Choice Rate</u> The Medi-Cal Choice Rate shows a steady trend now in the 88%+ for Medi-Cal members to be assigned to CCHP. As of January 2022, 87.2% of individuals eligible for Medi-Cal are assigned to CCHP.</p> <p><u>8.3 Operational Dashboard</u> Numbers across the dashboard remain consistent quarter-over-quarter. Even with increases in enrollment, performance of the units remains consistent. There will be a concerted effort to increase the number of IHAs completed. We are hoping to show improvement in the coming quarters.</p> <p><u>8.4 Finance Report</u> Financial analysis currently shows a surplus of \$21,952,690.</p> <p>There have been no disenrollments since March 2020. The State wanted to ensure coverage of members during the current health crisis. This policy comes to an end on 12/31/2022.</p> <p><u>8.5 Meeting Reminders 2023 Dates</u> The next Joint Conference Committee meeting will occur on Friday, March 10, 2023, at 9:30 AM.</p>	<p>Angela Choy, MBA, MS, COO</p> <p>Patrick Godley, MBA, HSD/COO/CFO</p>
Adjournment	<p><u>9.0 Adjournment</u> Meeting adjourned at 11:30 AM.</p>	<p>Supervisor Diane Burgis</p>

Approved: _____

Date: _____

**Contra Costa Health Plan/Board of Supervisors
Joint Conference Committee**

**Friday, December 9, 2022
9:30 AM — 11:30 AM**

**Virtual Meeting via Zoom
Martinez, California**

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, December 9, 2022, and attached herein.

Excepted Matters: None

1.3 Public Comments

1.4 JCC Comments

2.0 Chief Executive Officer Updates

Sharron A. Mackey, MHS, MPA



CCHP 2023 Operational Roadmap

Key Goals



Administration

% Completed	Goal
	<ol style="list-style-type: none"> 1. Recruit new talent to support the Single Plan Model. 2. Design a Health Equity Office, CalAIM Team and expand Compliance Unit. 3. Expand MOUs to Delta Dental, School Districts, In Home Support Services to support Population Health, Health Equity and address gaps in care and support quality at all levels of care. 4. Provide leadership and support to ensure a successful redetermination process. 5. Create a Document Management Program- centralize all Member and Provider Letters. 6. Ensure that the principles of Continuous Quality Improvement are used. 7. Qualitative and Quantitative data analysis is performed examining metrics that are linked to HEDIS outcomes. 8. Chief Medical Officer and Medical Director ensures that CCHP clinical guidelines and practices are monitored, disseminated and discussed with the committee. 9. Membership of the QIHETP committee includes providers that service SPD, Children with Special Health Care Needs, Limited English Proficiencies, and service to members with chronic health conditions.



Behavioral Health

% Completed	Goal
	<ol style="list-style-type: none"> 1. Successful development of operations related to new clinical programs including Baby Watch, SBHIP, Dyadic Services, Cognitive Screenings, and the No Wrong Door Screening and Transition Tools. 2. Renewed and Revised population health risk assessments consistent with CALAIM Population Health Management guidelines.

Case Management

% Completed	Goal
	<ol style="list-style-type: none"> 1. All, (100%), Case Managers, (RNs, LVN, MSWs), will complete the Case Manager Certification Training by 12/31/23. 2. By 5/30/23 the Contra Costa Case Management Department will make at least 3 doulas available to Healthy Start and all other CPN programs serving Contra Costa Health Plan members. 3. By 4/1/23 the Department of Case Management will have implemented an attendance tracking program. 4. By 12/31/23 the Department of Case Management will decrease the amount of unprotected sick time used by 5% of that value for April 2023. 5. By 12/31/23 The Department of Case Management Services will achieve an access interval of 15 days for new referrals.

Claims

% Completed	Goal
	<ol style="list-style-type: none"> 1. Complete the benefit engine project by July 31st, 2023. 2. 99% of KSR claims forwarded to Kaiser within 10 business days. 3. 90% of clean claims processed within 30 calendar days. 4. 99% of clean claims processed within 90 calendar days. 5. 95% of clean claims processed within 45 working days. 6. <1% of provider dispute vs. claims received.



Provider Relations

% Completed	Goal
	<ol style="list-style-type: none"> 1. Outsource credentialing to eliminate the backlog of applications and facilitate onboarding of new providers to meet Member needs: <ul style="list-style-type: none"> • Submit Plan to PMO for approval • After approval, contract with identified vendor • Implement outsourcing 2. Ensure Antheims Provider Network is contracted.

Quality

% Completed	Goal
20%	<ol style="list-style-type: none"> 1. Obtain NCQA accreditation for CCHP for 3-year lookback period (2020-22). 2. Collaborate CCHS departments, providers, and community to implement Population Health in 2023. 3. Ensure high quality of care for CCHP members by developing a quality metric tracking system and a continuous improvement quality program for low performing areas. 4. Develop a comprehensive Health Education program for CCHP members.

Utilization Management

% Completed	Goal
	<ol style="list-style-type: none"> 1. Transition from a UM focused operations to a clinical operations and integrate all clinical operations with UM in the lead role. 2. Recruit two physicians and a Family Nurse Practitioner to build an extensive UM team in preparation for the Single Plan Model + supporting staff as appropriate. 3. Redesign the operations of tighter oversight of UM. 4. Build a LTC teams that connects UM and Case Management + Long Term Care Integration and Optimization. 5. Transition and centralize all UM letters to members and providers to a Document Management Program. 6. Transfer the responsibility of CPT code analysis from UM to the Claims Department. 7. Provider call center evaluation/overhaul. 8. Developing expertise in inpatient transitions of care and detailed review.



National Committee for Quality Assurance
has awarded

Contra Costa Health Plan

Medicaid HMO

an accreditation status of

Accredited



for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.

CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

03/01/2023

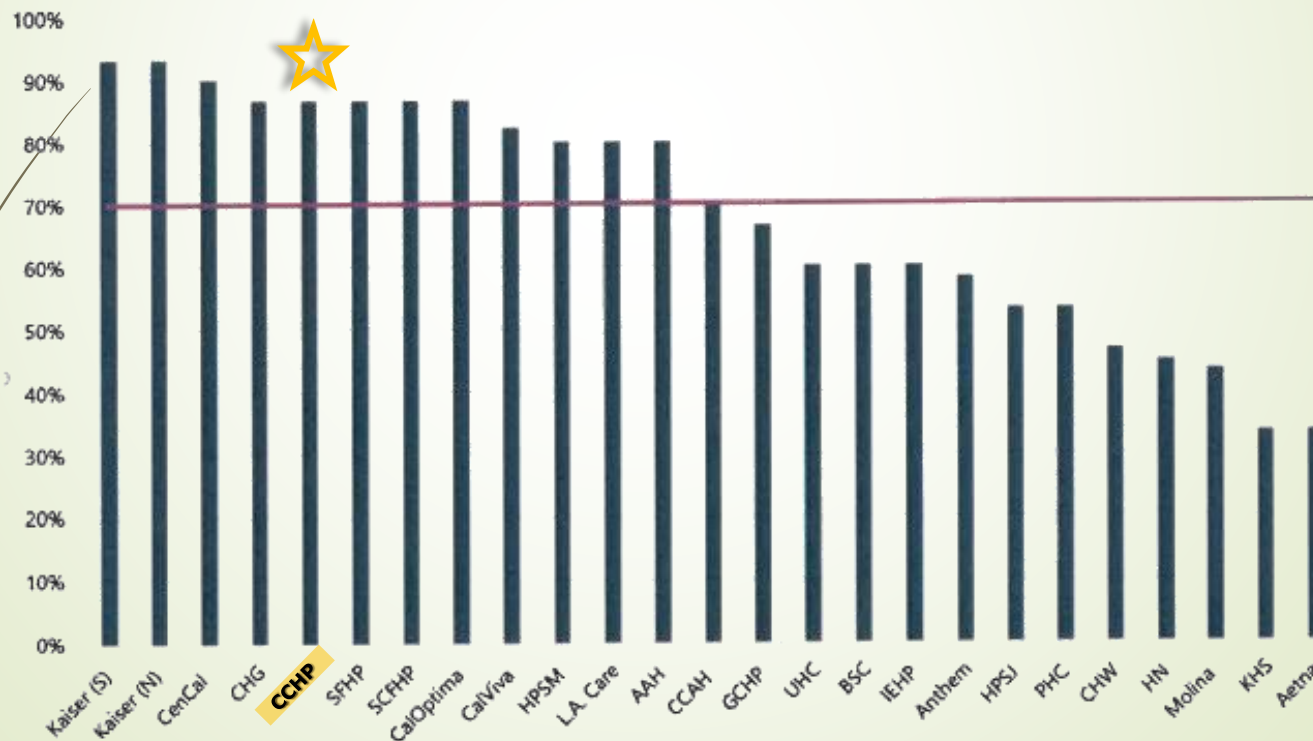
DATE GRANTED

03/01/2026

EXPIRATION DATE

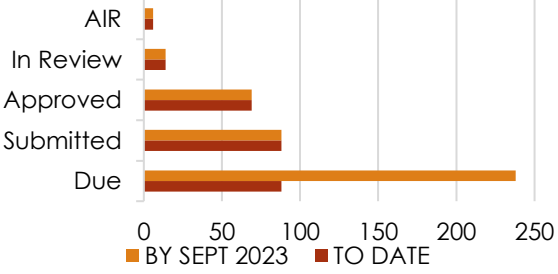
Medi-Cal MCPs Overall Performance: Meeting the Minimum Performance Level (MPL) Across all Domains for MY 2021

The graph below represents the number of measures per MCP reporting unit (the smallest region for which a quality rate is calculated for all MCPs) that met the MPL in terms of % of measures that met the MPL across all domains (children, women, and chronic disease). For reference, a median across all MCPs of all measures that met the MPL is represented for comparison. A higher percent indicates better quality performance of the MCP. MCPs above the 70 percent median had more measures above the MPL compared to their peers.





Administration

% Completed	Goal	Accomplishments																		
78% to date	<p>Ensure CCHP is 75% ready for the Single Plan Model (238 Requirements)</p> <p>Readiness include:</p> <p>(1) Provider Network is adequate (2) Policies and Procedures in place (3) Only 19 new or improved programs out of the 235 requirement (six of the 19 are already completed: MOUs, new CAC) (4) New Programs are implemented prior to 1/1/2024</p>	<ul style="list-style-type: none"> Created an SPM Guide for staff Performed kick-off meetings to ensure alignment Implemented a Strong Quality Review for submissions <div data-bbox="1058 729 1657 1103" style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">SPM Deliverables</p>  <table border="1" style="display: none;"> <caption>SPM Deliverables Data</caption> <thead> <tr> <th>Category</th> <th>BY SEPT 2023</th> <th>TO DATE</th> </tr> </thead> <tbody> <tr> <td>AIR</td> <td>~5</td> <td>~5</td> </tr> <tr> <td>In Review</td> <td>~15</td> <td>~15</td> </tr> <tr> <td>Approved</td> <td>~75</td> <td>~75</td> </tr> <tr> <td>Submitted</td> <td>~90</td> <td>~90</td> </tr> <tr> <td>Due</td> <td>~235</td> <td>~235</td> </tr> </tbody> </table> </div>	Category	BY SEPT 2023	TO DATE	AIR	~5	~5	In Review	~15	~15	Approved	~75	~75	Submitted	~90	~90	Due	~235	~235
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New Leadership Staff



Stephanie Schram RN, PHN, BSN, MSHCA

Case Management Director



Maggie Souza, DNP, FNP

Nurse Practitioner

Long Term Care
Challenges,
Impact of the
Duals, Impact of
Utilization Review
Expanding, ECM
Updates
(Children &
Population of
Focus)



CONTRA COSTA
HEALTH PLAN

A Division of Contra Costa Health Services

Dr. Dennis Hsieh, MD, JD

Carve-In of Long-Term Care

- ▶ Members who are in Skilled Nursing Facilities long term
- ▶ Were Fee-for-Service (FFS) Medi-Cal
- ▶ Now are CCHP

Challenges with Long Term Care Carve-In

- Data: Figuring out which members are in which facility
- Workload: Bolus of new members + ongoing work: Processing / Reviewing each member
- Clinical: Review of each member for alternative options

Solutions to Challenges

- Data: Manual verification with facilities
- Workload: Special project (initial) + Long term strategic plan for increased volume (staffing in both UM and Case Management) + Balanced approach
- Clinical: Leveraging CalAIM Enhanced Care Management, Building out Community Supports, & Considering nontraditional approaches (Board and Cares, other supports) to help step individuals down to the most appropriate level of care

Dual Eligibles

- ▶ Those who have Medicare + Medi-Cal
- ▶ Were Medicare + Medi-Cal Fee-for-Service
- ▶ Now Medicare + Medi-Cal CCHP
- ▶ CCHP is secondary, meaning:
 - ▶ Certain things (e.g. shower chairs) that Medicare does not cover = CCHP responsible
 - ▶ When Medicare “runs out” – CCHP responsible = long hospitalizations, long nursing home stays

Utilization Management Challenges

- Increasing number of members
- Increasing number of programs
- New hospital contracts
- Increasing number of referrals
- Additional types requiring review: ECM, ECM renewals, Community Supports
- Huge increase in workload for concurrent review + SNF review + transitions of care

Enhanced Care Management Updates

- Model Change: Bringing on New Providers to expand both capacity and expertise
- Expanding to include CCRMC, Community-Based Federally Qualified Health Centers (FQHCs)
- Focused on more complex patients, smaller caseloads, more frequent touches

Enhanced Care Management: New Populations of Focus

21



- ▶ Individuals in Nursing Homes who can safely transition into the Community (currently under evaluation)
- ▶ Individuals in the Community who are at risk of being in Nursing Homes who can safely remain in the Community (referral based)
- ▶ Children in the Foster Care System or formerly in the Foster Care System (starts July 1, 2023)
- ▶ Children who are eligible for California Children's Services (starts July 1, 2023)

Building Towards a Long Term Vision for Health

- ▶ Many of the Community Supports focused on Housing and Homelessness
- ▶ Transitions of Care is a cornerstone of Population Health
- ▶ To safely transition individuals to an appropriate level of care, housing + supports are needed

So What Does this Mean?

- ▶ Strong Partnership with Health, Housing, and Homelessness (H3) – ongoing sustainability through Medi-Cal benefits
- ▶ Expanded partnerships with other Community Based Organizations
- ▶ Thinking outside of the box to leverage all appropriate supports (housing options + benefits advocacy + services) – a 3 Pronged Approach:
 - ▶ Get into housing
 - ▶ Stay in housing
 - ▶ Maintain health

Looking Ahead

Expanding Support

- Working to build out and expand additional community supports
- Understanding, partnering and leveraging CBO services that are not covered
- Creating a cohesive system to meeting a patient's health + social needs

4.0 Quality Program Overview



Elizabeth Hernandez, MS, CPHQ – Quality Director

4.1

2023 Quality Plan Update

- Approval

4.2

Healthcare Effectiveness Data and Information Set (HEDIS) Update

HEDIS Measurement Life Cycle

HEDIS Reporting Timeline

- Annual cycle reported in June for the *previous* year
- Data collection for administrative data is combined with hybrid measures which occurs in March
- All information is certified through auditing process with final rates in June
- Many measures have multi-year lookbacks

MY2021

Current HEDIS rates are Measurement Year (MY) 2021 – Finalized measures that have been through audit and are certified.

MY2023

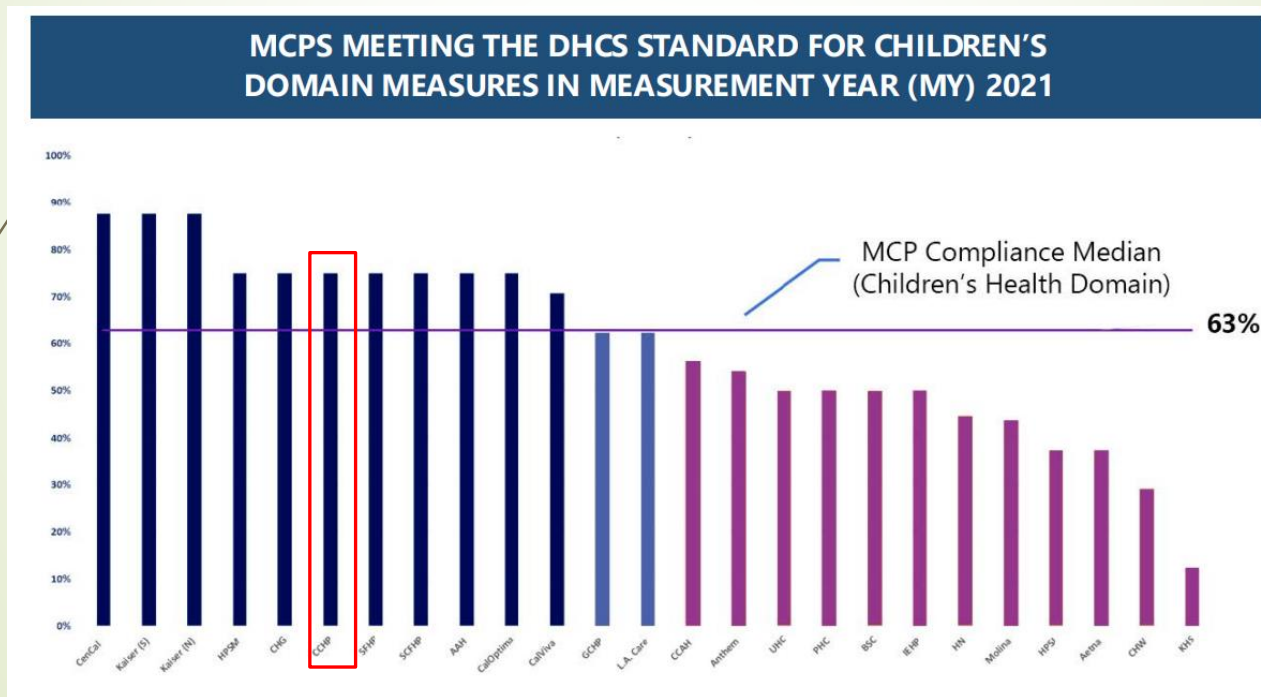
Where the real opportunity for quality improvement lies, even though these measures will not be reported until mid-2024

MY2022

Currently working on compiling MY2022 Measures; these will be due in June 2023 and certified at that time

Comparison to Other Plans

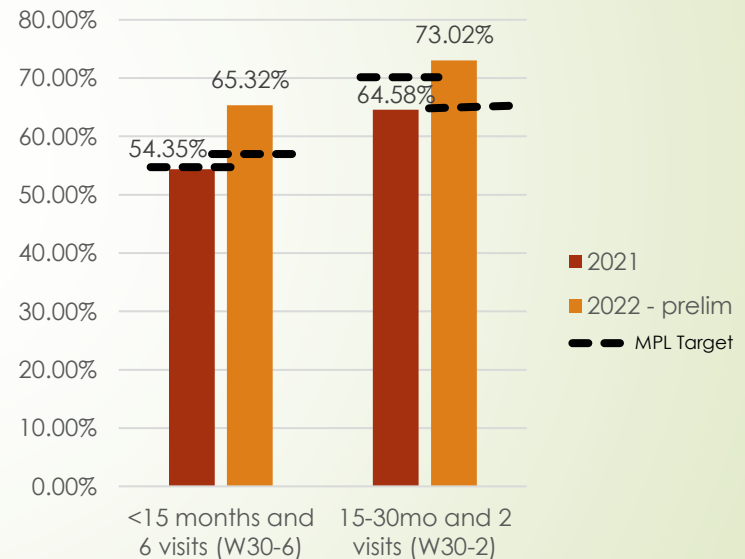
- Holistic performance across on children's domain measures, CCHP rates well



Current State: Well Child Visit

- Significant increase in HEDIS WCV Rates from 2021 to 2022 preliminary data
- Improvements both absolute and relative to each year's targets
- Where do we want to be?

Well Child Visits HEDIS Rates,
MY2021 compared to
Preliminary 2022



2023 Quality Plan



QUALITY PROGRAM
STRUCTURE



NCQA
ACCREDITATION



MEASUREMENT,
ANALYTICS,
REPORTING, AND
DATA SHARING



PERFORMANCE
IMPROVEMENT
PROJECTS



POPULATION
HEALTH



PATIENT SAFETY



PROVIDER
ENGAGEMENT



DELEGATION
OVERSIGHT

2023 Quality Plan Highlights

Measurement, Analytics, Reporting, and Data Sharing

- HEDIS, Member Experience, Timely Access, Provider Experience, Race/ethnicity/age/language
- CalAIM
- **Deepen internal infrastructure for quality reporting for ongoing measurement**

Performance Improvement projects

- Reflective of **at-risk measures**: blood lead screening, follow-up after ED for mental illness and substance use, well care visits

Population Health

- **New member experience, coordinating outreach, and data sharing**
- Implementing DHCS Population Health Service
- Transitional care management
- Improving **chronic disease management programs, health education, maternal health services**

Patient Safety

- PQIs, PPC, Medication safety, Facility Site Reviews, and **Long-Term Care Facility reviews**

Provider Engagement

- Provider Trainings, **Quality Improvement Collaborative**

5.0 Focus Topics

Suzanne Tsang, Member Services Director

Sharron A. Mackey, MHS, MPA



CCHP Member Outreach: Strategy for Redetermination

- DHCS released a new campaign website (KeepMediCalCoverage.org) along with collateral marketing materials (social media posts, flyers), which will help with communicating with members and getting the message across.
- All Member facing units will share the same message to complete paperwork connected to the broader collaborative with CCHS and EHSD (CM, Advice Nurse, Member Services).
- Standard Provider Newsletter and training.
- Informing providers about the redetermination campaign at all provider meetings on 2 different dates.
- Marketing providing CBOs and partners with flyers to educate Medi-Cal beneficiaries.
- Work with CPN FQHCs and meeting with John Muir and Sutter system to establish desire to partner with CCHP in redetermination campaign and assistance with gathering updated member contact information.
- Brief redetermination campaign message to play prior to members connecting with CCHP departments by phone.
- Announcement at all Joint Operations Meetings.
- We are having ongoing meetings at the CCHS level (with Erika Jensen) to get all departments involved.
- Plans to text members regarding coverage without risking breaking any laws. This will help immensely with communicating with members regarding redetermination.
- Telephone Lobby Monitor announcement and reception desk
- Facility Site Review Nurses
- CCHP's Social Media platform
- Vendors like Journey Healthcare
- Mental Health Access Line
- Pharmacy Network



All Entry Points for Redetermination Outreach



CCHP

- Member Services
- Reception Desk
- Marketing Team
- 5,000 Provider Locations
- 8 Hospital Networks
- Tertiary Facilities (San Francisco & Alameda)
- Vendors doing Outreach (Journey Health for Community Health Workers)
- Provider Trainings
- Advice Nurses

Public Health

- Public Health Clinics
- Public Health Nurse Visits
- Public Health School Vans
- All Public Monitors in CCHS buildings
- Health Detention Centers
- Homeless Encampments

Mental Health

- Mental Health Access Line
- Behavioral Health Clinics

10 FQHCs

- Provider Offices
- Appointment Process

CCRMC

- Hospital
- Appointment Desk

Additional

- Community Supports Providers
- Community Health Workers in CPN Network and CCRMC
- CBOs with contracts throughout the delivery systems
- 211 / Aunt Bertha Program
- My Chart
- All CCHS Community Meetings as a Public Announcement

5.2

Member Appeals & Grievances Analysis

Analysis of Member Appeals

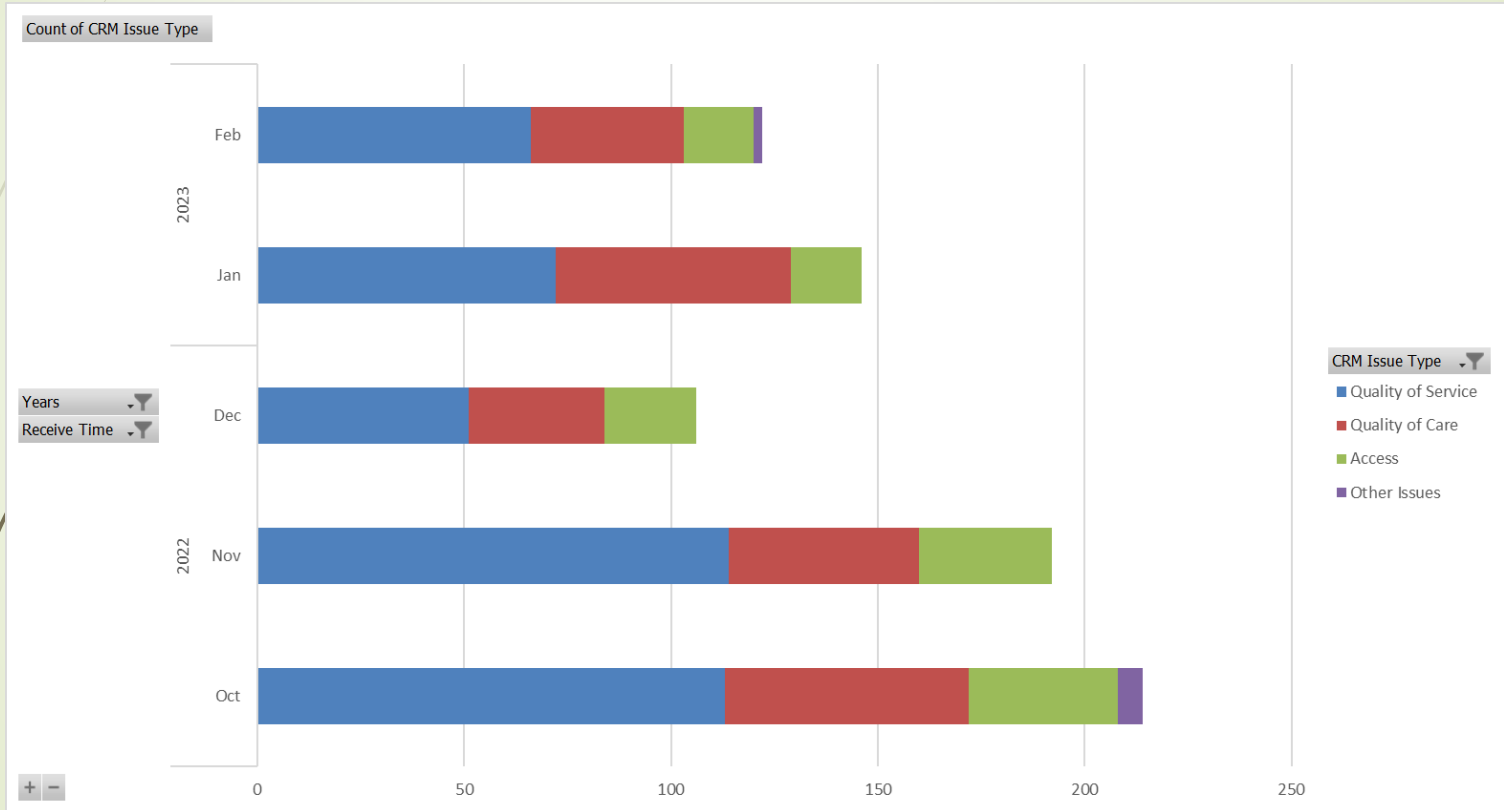
- ▶ 75% of our Quality of Service grievances are comprised of these top 3 issues:
 - ▶ Services received from providers or staff
 - ▶ Communication issues (not related to culture or linguistics)
 - ▶ Attitude or courtesy concerns of staff
- ▶ 63% of our Quality of Care grievances are comprised of these top 3 issues:
 - ▶ Ancillary Service
 - ▶ Inappropriate Provider Care
 - ▶ Diagnosis and Treatment
- ▶ CCHP will be conducting a deeper dive of these grievances to identify strategies to reduce problems our members are encountering.

CCHP Grievances

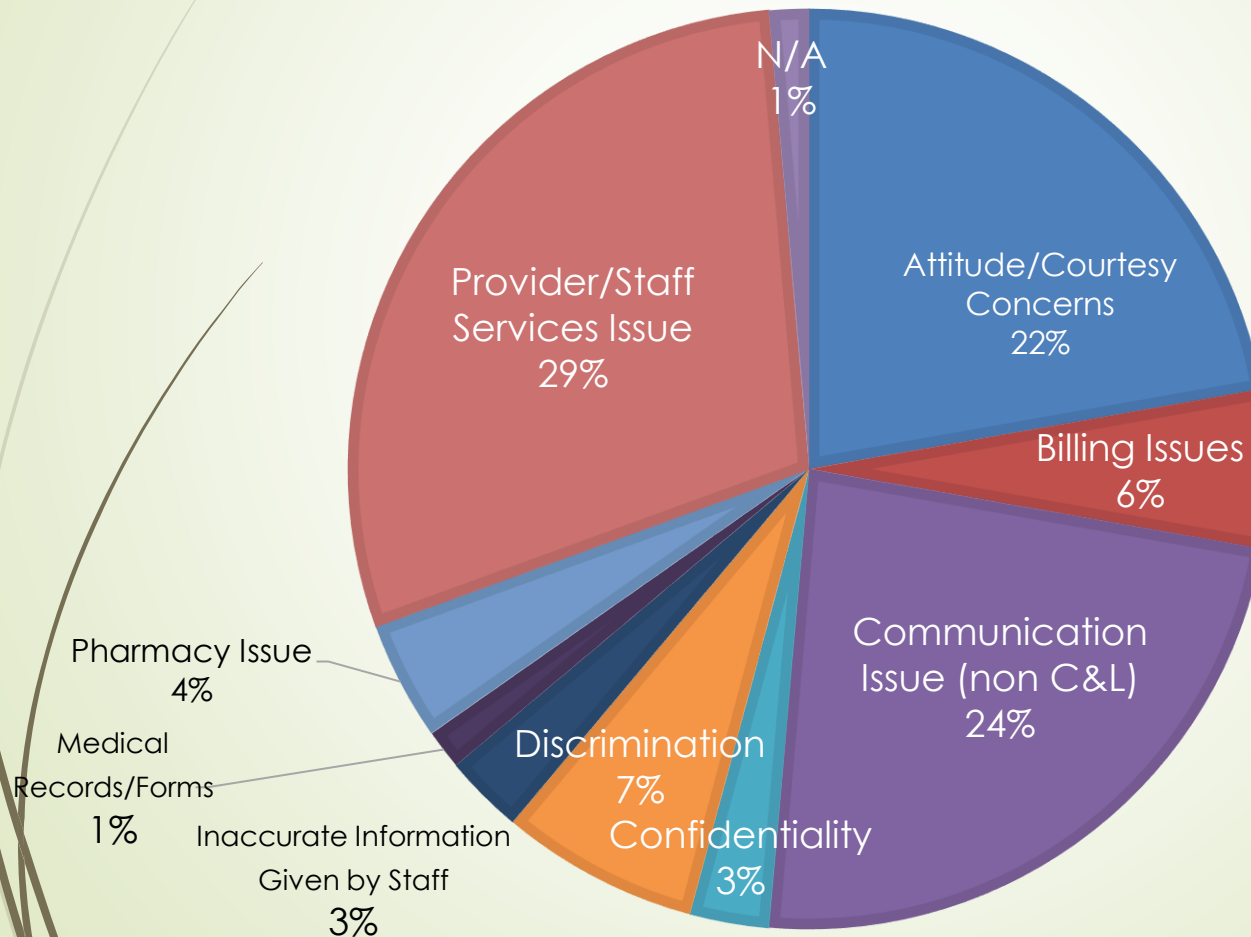


Number of Standard and Expedited Grievances by Month including 3-month trailing baseline

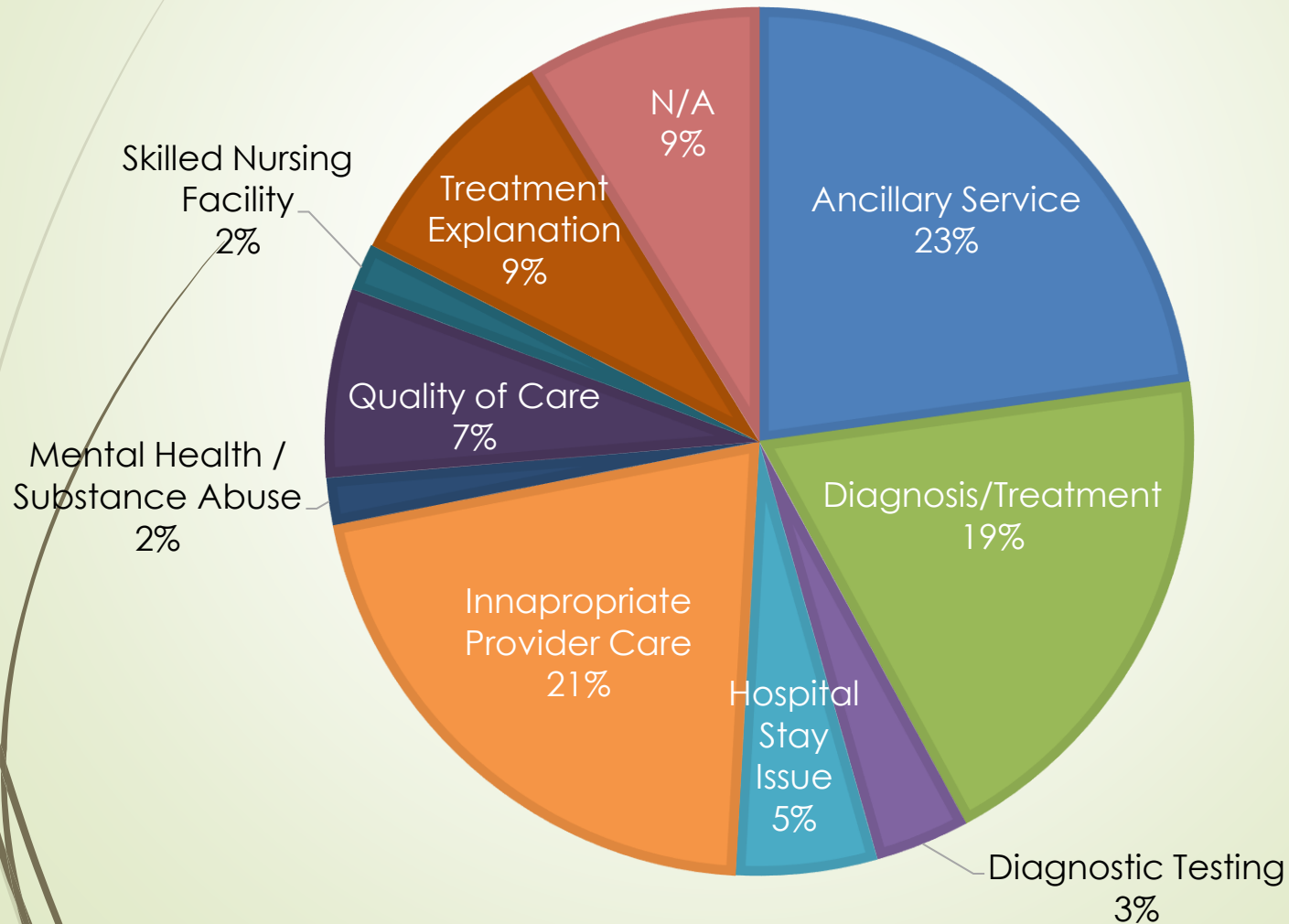
CCHP Grievances by Type



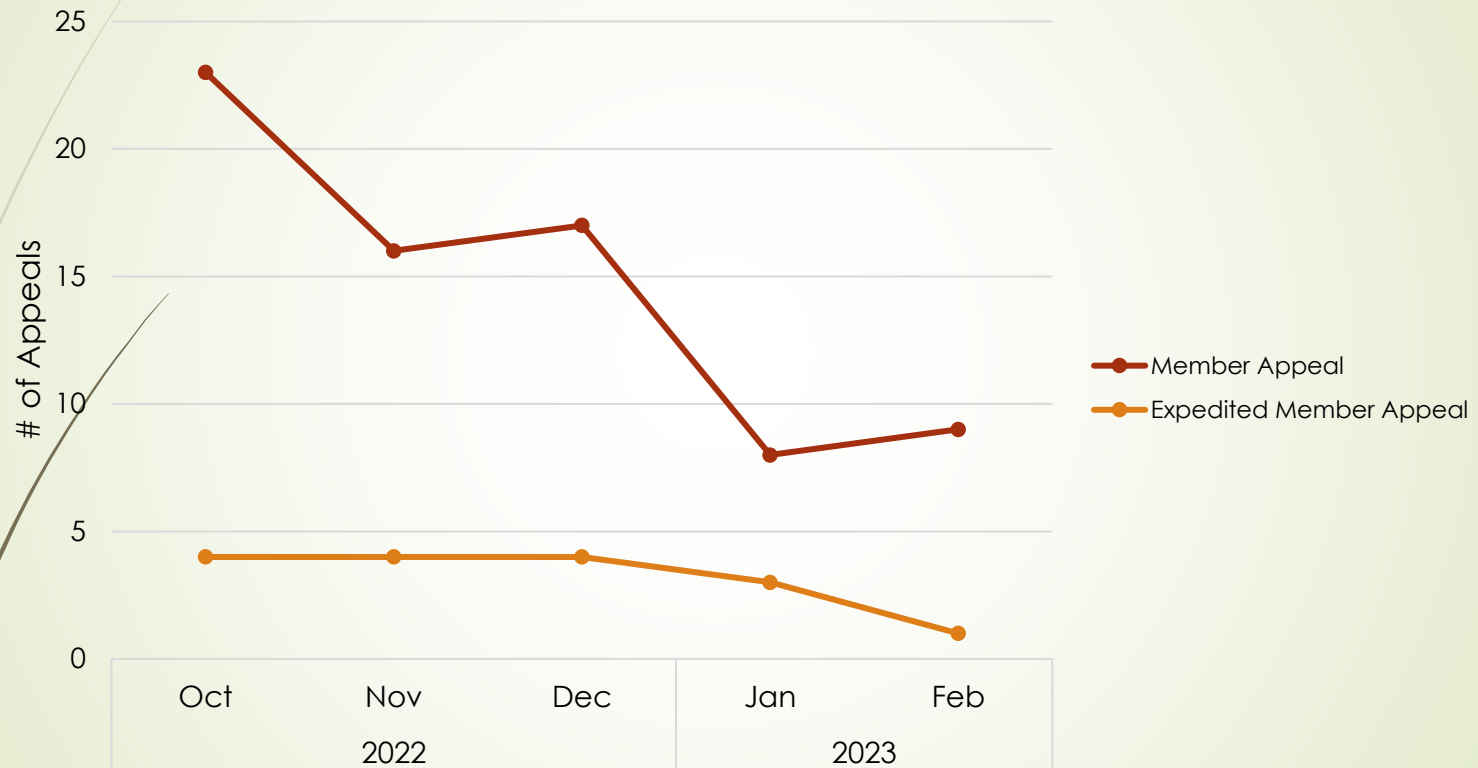
Quality of Service Issues – Oct 22 – Feb 23



Quality of Care Issues – Oct 22 – Feb 23

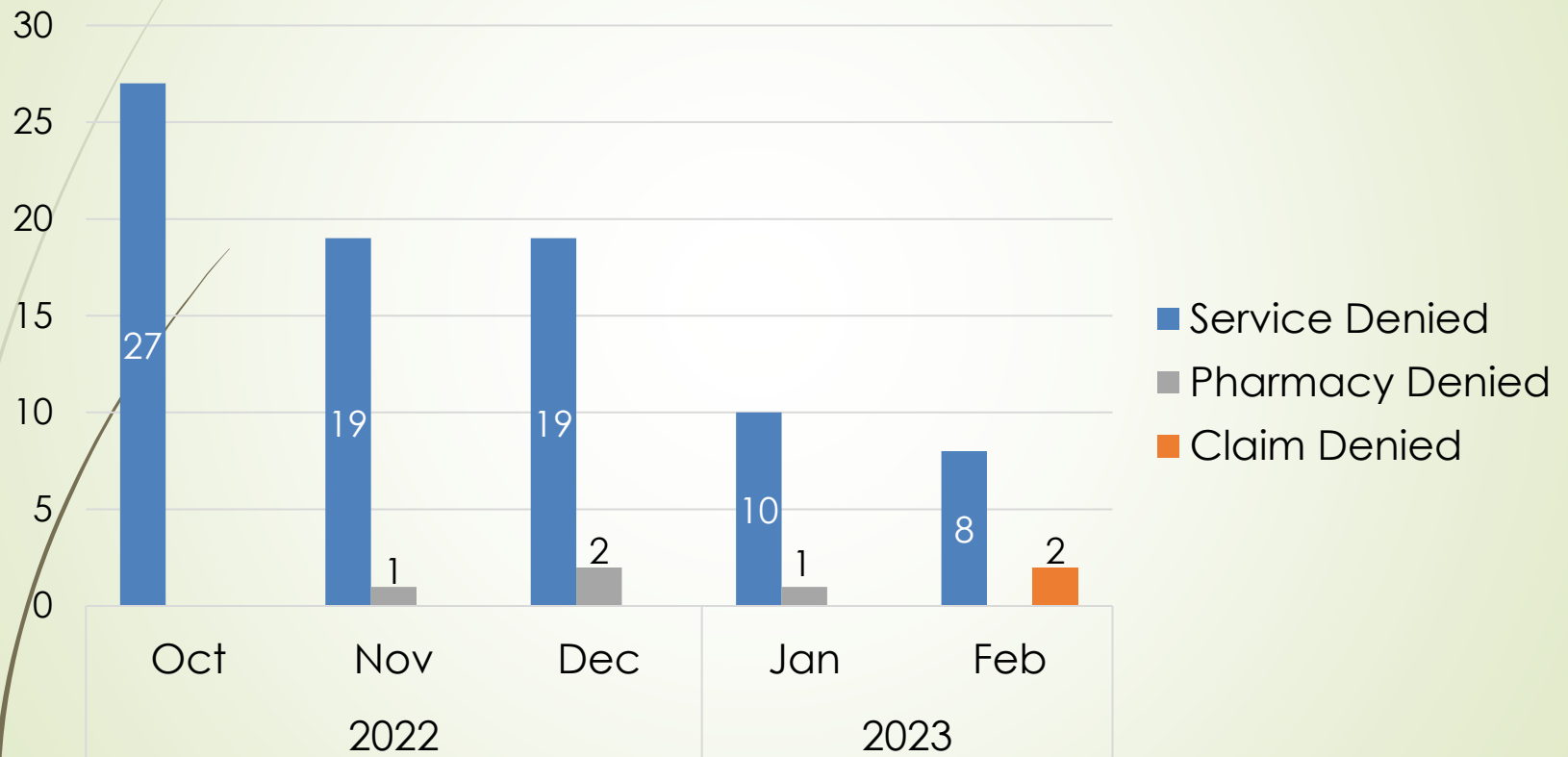


CCHP Member Appeals

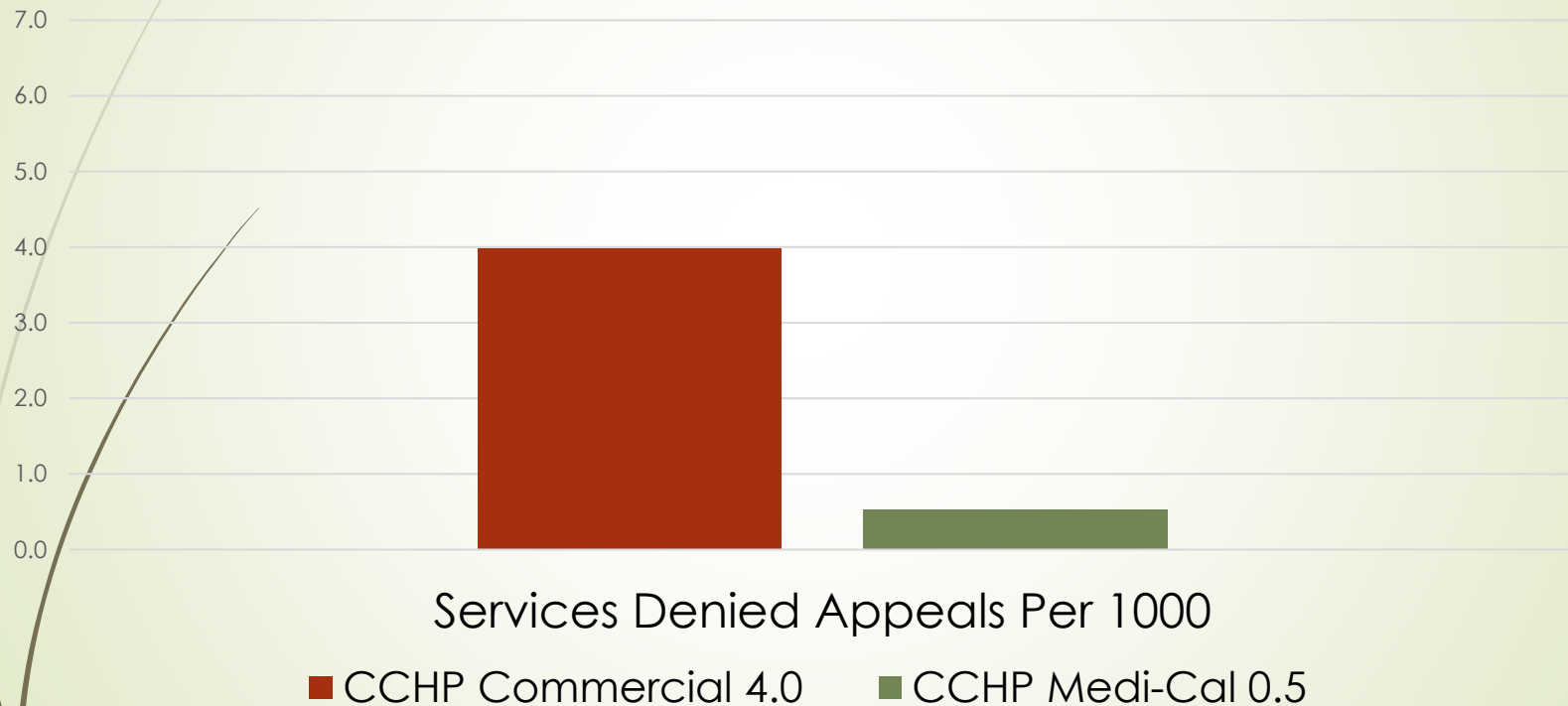


Number of Standard and Expedited Appeal by Month including 3-month trailing baseline

Appeals Reason



Member Appeals for Services Denied - Per 1000 Members

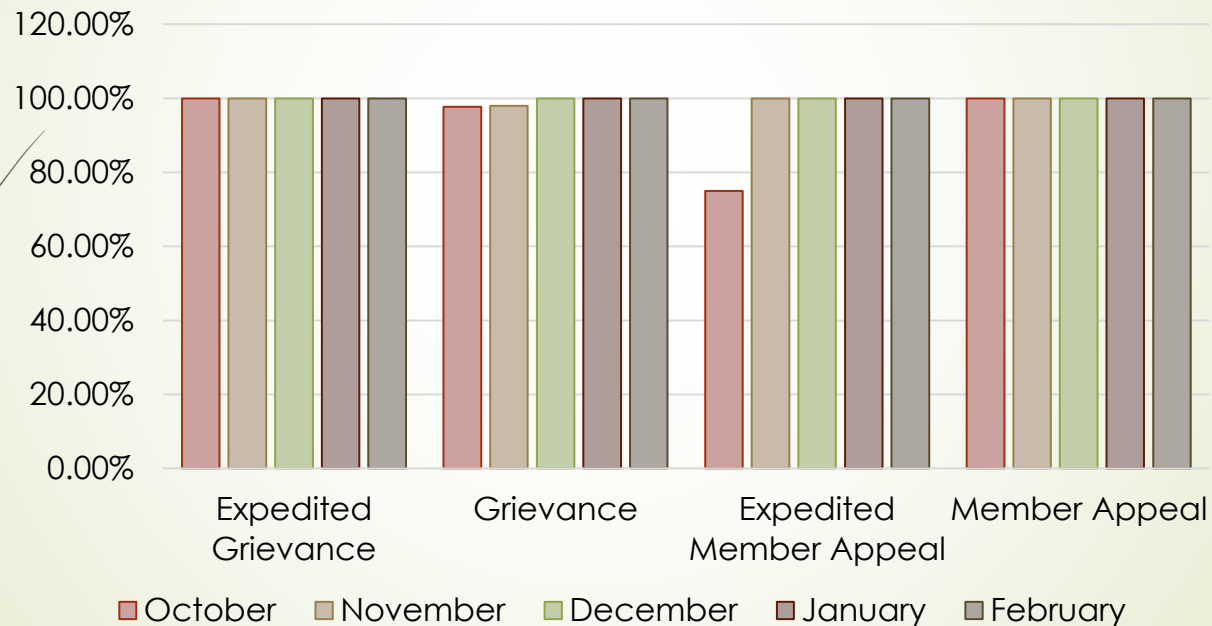


Timely Resolution



Turn Around Time Compliance

Grievance and Appeal Cases Resolved in Compliance of Timeliness Standard



5.3

Commercial Rate Development Process

Commercial Line of Business Health Plan Premium Increases Concerns

- ▶ Union members representing county employees are concerned with the increase of premiums over the years. Request is to make the premium increases comparable to Kaiser or Centene
- ▶ CCHP cannot compete with Kaiser or Centene due to the size of their membership because they can leverage for better hospital discounts, therefore passing the discounts to the membership in the form of lower premiums
- ▶ Challenging for a small County owned health plan with only 6,966 covered lives to compete with a national insurer with millions of covered lives
- ▶ A request from County Human Resources is to review for 2024, an increase in premiums as a Tiered approach instead of a flat rate

Determining factors of Premium Increases

- ▶ High cost of health care is rising rapidly due to technology
- ▶ CCHP's tertiary providers contracts are at a percentage of billed charges
- ▶ Emergency Room and Trauma Cases
- ▶ Members going Out of Network for care
- ▶ Shortage of specialists within CCRMC which goes to Community Provider Network (CPN)
- ▶ CPN providers are contracted at a higher rate
- ▶ Member demographics, aging members consume healthcare costs
- ▶ Large claims for high level acuity care in tertiary facilities (UCSF, Stanford)
- ▶ Reduction in younger employees who are more healthy leaving for Kaiser or Centene
- ▶ Older employees and retirees comprise Plan A which is larger and more expensive
- ▶ Cost of specialty care and prescription drug continues to increase



Characteristics of County Employees

(Source: Oliver Wyman 2021 analysis) County Employees can select Plan A which is care within CCRMC or Plan B where care is accessed from the Community Provider Network (CPN)

- ▶ County employees represent the commercial book of business for CCHP where premiums are not subsidized by state or federal government (private pay)
- ▶ County employees represent 3% of CCHP membership, (6,966 members selected CCHP)
- ▶ County employees are categorized by Plan A and Plan B (A is CCRMC network and Plan B is the Community Provider Network)
 - ▶ CCHP A – Actives & Early Retirees
 - ▶ CCHP B – Actives & Early Retirees
 - ▶ CCHP A – Medicare Retirees
 - ▶ CCHP B – Medicare Retirees
- ▶ CCHP CalPERS
- ▶ Traditionally older and access more specialty care
- ▶ Average age is 38 years of age to include dependents
- ▶ Less than 12% of the member population is under age 19
- ▶ Approximately 35% of county membership is ages 55 to 69 years of age
- ▶ Retirees are part of commercial product and assigned mostly to Plan A

Comparison of County Plans: CCHP, Centene, and Kaiser



Health care discounts from providers are based on volume. The number of covered lives is critical in securing discount with providers. The larger the covered lives the deeper the discount because it reduces the provider's financial risk and protects their profits. Covered lives generate income for the hospitals – it is a guarantee of sustained revenue during the life of the contract. Larger insurers with millions of covered lives lower the financial risk. Also the age and demographics is important. Older patients are a higher risk due to their consumption of health care services. Employers that hire relatively young people vs a company where the average age is 50 is a higher risk. County employees tend to make a career in government, therefore the average age is higher.

Chart A – Number of covered lives – membership

Kaiser	Centene (aka HealthNet)	CCHP
12,000,000 (million)	3,000, 000 (million) members	6,966,000 (thousand) members

Chart B - Health plans Employer groups can predict premiums based on their revenue from their clients

Kaiser	Centene (aka HealthNet)	CCHP Budget -Commercial
\$89,000,000,000	\$126,000,000,000	\$79,000, 000

CCHP Interventions 2020-2023

- Increased focus and coordination on the Birthday Letter for preventive care
- Plan A members were consistently going into the CPN network where the rates are much higher than CCRMC
- CCRMC is constantly recruiting specialists to keep plan A in the network
- Educated the providers at CCRMC to steer patients within the delivery system (Member Appeals grew over 500%)
- Increased the UM review using InterQual standards
- Reduced the out of network referrals from UC Davis and California Pacific Medical Center
- Outreach to members on Dialysis who are eligible for Medicare as the primary payor
- Reviewed the Pharmacy drugs to move from brand to generic drugs

6.0 Chief Operations Officer's Report

Angela Choy, MBA, MS





NORDIC™

CCHP Post-Assessment Implementation

Benefits Engine Implementation Kick-Off

December 6, 2022

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Benefits Engine Implementation Overview

- **1.0 Benefits Engine Optimization:** Analyze current benefit setup to Summary of Benefits and define consolidated benefit plans. Build, test, and migrate updated benefit packages into production.
- **2.0 Referral/Authorization Optimization**
 - **2.1 Referral/Authorization Process:** Analyze incomplete referral/authorization workflows, templates, and volumes. Update referral templates and auto-status assignment table, test, and post-production support.
 - **2.2 Authorization Matrix Review:** Assess and review the current authorization documentation to identify opportunities to develop an authorization matrix source of truth by network
- **3.0 Referral/Authorization Claims Matching Optimization:** Update the utility setting to enable the Referral/Claims Matching Tracer to identify breakdowns in Referral/Claims Matching. Update Referral/Claims Matching configuration and monitor claims matching rates for improvement.

Project Success Metrics

These performance metrics will track and monitor project **outcomes**:



Benefits Engine: Increase auto-adjudication rate

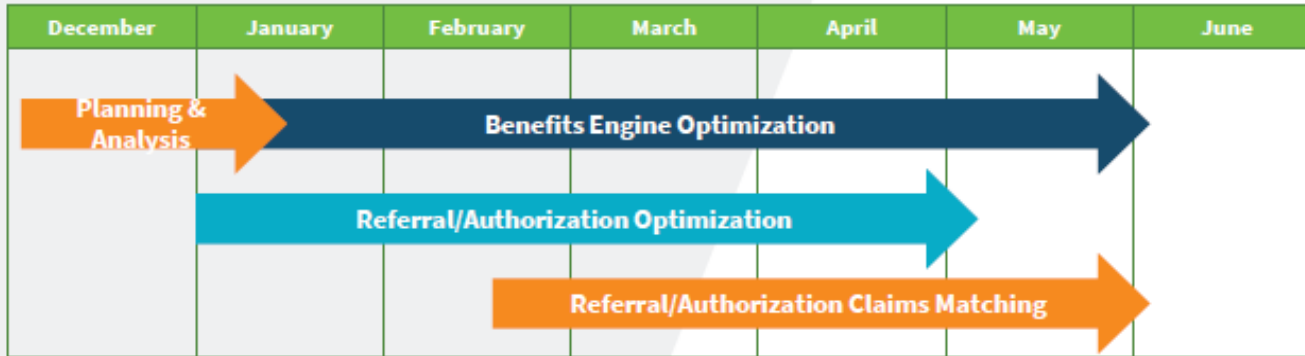
Benefits Engine: Increase claims adjudication accuracy and operational efficiency

Referral/Authorization Process: Increase Aging Performance % for referrals processed within Regulatory timeframe

Referral/Authorization Process: Decrease Manual Referral % for referrals requiring manual intervention

Referral/Authorization Claims Matching: Reduce unique claims fired with REFP

Benefits Engine Implementation Timeline and Key Activities



Key Activities:

- **Planning & Analysis:** Develop Project Charter; Define Project Plan and Implementation Roadmap; Meet with Benefits Engine and Referrals teams; Analyze differences between Benefits Engine and Summary of Benefits; Analyze duplicate Benefit Packages
- **Benefits Engine Optimization:** Analyze differences between Benefits Engine and Summary of Benefits; Analyze duplicate Benefit Packages; Benefits Engine Build, Test, Deploy, and Post-Production Support; Develop Support Documentation
- **Referral/Authorization Optimization:** Document current and future state incomplete referral process; Analyze referral templates; Build, test, deploy, and post-Production Support for Referral updates; Configure Auto-Status Assignment Table
- **Referral/Authorization Claims Matching:** Change Utility Setting to turn on Claims Matching Tracer; Analyze reports for Referral-Claim not Matched; Configure Referral / Claims Matching requirements; Monitor changes to Claims Matching; Define Claims Matching Governance and Maintenance Process



Workstream 1 - Benefits Engine Implementation

Key Activities:	December	January	February	March	April	May	June
Analyze and Develop Benefits Grid	Define Benefits Grids						
Benefit Package Consolidation					Consolidation		
Benefit Package/Plan Build:		Benefit Package (Build Test Deploy Post-Production Support)					
Medi-Cal		Build	Test	UAT / Regression	Deploy	Post-PRD Supp.	
Commercial Plan A		Build	Test	UAT / Regression	Deploy	Post-PRD Supp.	
Commercial Plan B		Build	Test	UAT / Regression	Deploy	Post-PRD Supp.	
Commercial Plan A2		Build	Test	UAT / Regression	Deploy	Post-PRD Supp.	
Commercial IHSS Plan A2		Build	Test	UAT / Regression	Deploy	Post-PRD Supp.	
Documentation:			Documentation & Governance				
Benefit Grids			Document				
Benefit Grid (business)			Document				
Governance & Maintenance Process			Document				

We are here

Workstream 2 - Referral/Authorization Optimization

Key Activities:	December	January	February	March	April	May	June
Referral/Authorization Analysis			Analysis				
Identify Volumes			Volumes				
Document Process Improvement Options			Process Improvements				
Develop Referral Matrix			Referral/authorization Matrix				
Referral/Authorization Governance			Document				
Auto-Status Assignment Table:				Build Test Deploy			
Configure ASA Table				Build			
Test ASA Table					Test		
Deploy ASA Table						Deploy	

We are here

Workstream 3 - Referral Claims Matching

Key Activities:	December	January	February	March	April	May	June
Enable Claims Matching Tracer			Tracer				
Analyze Claim Tracing Reports				Analyze Claims Tracer			
Define Claims Tracing Requirements				Requirements			
Claims Tracing:					Build Test Deploy		
Configure					Configure		
Test					Test		
Deploy						Deploy	
Document Governance Process				Governance Process			

We are here

7.0 Chief Executive Officer's Report

Legislative Updates

Sharron A. Mackey, MHS, MPA



Unveiling a New Name for Early and Periodic Screening Diagnostic and Treatment “Medi-Cal for Kids & Teens”



- Simpler name *Medi-Cal For Kids & Teens*
- *Medi-Cal for Kids & Teens* provides free services to keep your child healthy from birth to age 21
- Services include preventative care with check-ups, shots, and health screenings
- Treatments for physical, mental, and dental health problems
- DHCS released a Tool Kit that includes Enrollee Brochure for members (child-up to 12 years and teens ages 12-20)
- *Medi-Cal Rights Letter*
- Provider Training hosted by DHCS in January 2024
- Providers must be trained every two years by MCP

What happens at your check-up?

Your provider will:

- Do a physical exam
- Check your growth and development
- Ask about your family's health history
- Give recommended shots, when needed
- Talk about dental health and, when needed, give you fluoride supplements and help find a dentist
- Check your hearing and vision
- Ask about your mental health and emotional well-being, and any alcohol or drug use, to find if you need resources or support
- Discuss important health topics such as sexual health, nutrition, safety, and protecting skin from the sun

Your provider will also check for:

- **Depression, anxiety, and suicide risk**
- **Tuberculosis (TB)**, if at risk
- **Cholesterol**, if at risk
- **Anemia**, if at risk
- **Sexually transmitted infections (STIs)**, if at risk
- **Other health issues** or concerns you have



If you have questions or want to learn more

Your Medi-Cal managed care plan

The phone number is on your plan ID card and your plan's website. Or go to www.dhcs.cag.ov/mmchpd

Medi-Cal Member Help Line

Call 1-800-541-5555 (TDD 1-800-430-7077)
Or go to www.dhcs.ca.gov/myMedi-Cal

Medi-Cal Dental

Call Smile, California at 1-800-322-6384 (TTY 1-800-735-2922) Or go to smilecalifornia.org or www.dhcs.cag.ov/MCP

Specialty Mental Health

Call 1-888-452-8609

To ask about services for a serious mental health condition, contact your county Mental Health Plan at www.dhcs.cag.ov/CMHP

Alcohol or drug USE

Call the Department of Health Care Services (DHCS) Substance Use Resource Center 24/7 at 1-800-879-2n2
Or go to www.dhcs.ca.gov/SUD-NERTL

Crisis support

Call the National Suicide Prevention Line at 988

Or call 1-833-317-HOPE (4673)
For live CalHOPE crisis counseling, go to www.calhoopconnect.org

Your rights and responsibilities

Call 1-888-452-8609

BHCS

www.dhcs.cag.ov/kidsandteens



Medi-Cal for Kids & Teens

Preventive and treatment services for teens and young adults to age 21



Medi-Cal offers services for teens and young adults to age 21

If you are under age 21 and enrolled in Medi-Cal, you can get the check-ups, services, and supports you need to stay or get healthy.

It's important to have a check-up once a year to help keep you healthy, even if you're not sick. They can prevent health problems, and find and address them early.

Even if you just had a check-up, you can make an appointment with your doctor any time you have health concerns.

You should also go to the dentist every 6 months to keep your teeth healthy.

Plan your check-up

Call your managed care plan. Or call the Medi-Cal Member Help Line at 1-800-541-5555 (TDD 1-800-430-7077).

You can get help to:

- Find a doctor or set up an appointment
- Get a free ride to and from your appointment or to pick up medication, medical equipment, and supplies
- Ask for language assistance at your appointment
- Ask for interpretive services

If you need this flyer or other Medi-Cal materials in an alternative format such as larger font, audio format, CD or braille, call 1-833-284-0040.



Medi-Cal services are **free** for most teens and young adults to age 21

All the care you need is free unless you were found to have Share of Cost when you qualified for Medi-Cal. Care includes check-ups, shots, health screenings, and treatment for physical, mental, sexual, and dental health problems.

Sexual health services can include:

- Family planning counseling and education
- Birth control and emergency contraceptives
- Abortion services
- STI testing and treatment
- HIV testing
- Gender-affirming care

Behavioral health services can include:

- Individual, group, and family therapy
- Crisis counseling
- Case management
- Medication for mental health conditions
- Depression and anxiety screenings
- Drug and alcohol treatment services



Medi-Cal for Kids & Teens covers services to manage and treat health problems

If a doctor finds a physical, mental, sexual, or dental health concern that needs treatment or management, Medi-Cal must provide and cover the needed care.

Care covered by Medi-Cal for Kids & Teens:

- Physical health services, including primary care and specialist visits
- Mental health and drug or alcohol treatment services, including therapy
- Dental check-ups and follow-up services
- Vision services, including eyeglasses
- Hearing services
- COVID-19 testing and treatment
- Medical equipment and supplies, including durable medical equipment
- Medication
- Lab tests, including STI testing, and any needed follow-up care
- Sexual and reproductive health services
- Physical, occupational, and speech therapy
- Pregnancy check-ups
- Home health services, including nursing care
- Hospital and residential treatment
- All other needed services, as your provider determines

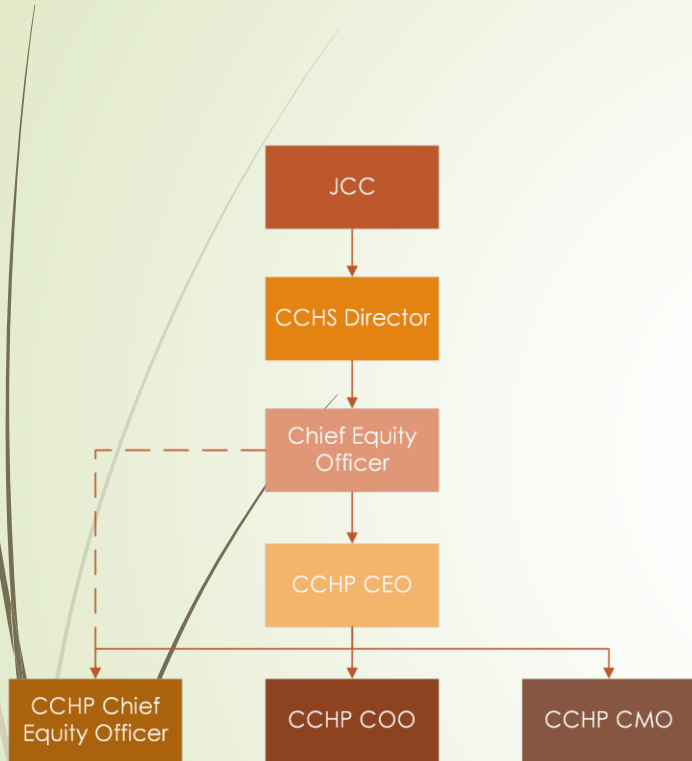


7.2

Recruitment of Chief Equity Officer

The Rise of the Chief Health Equity Officer

- Development and Implementation of new Equity Annual Plan
- Integral Leader in CCHP and accountable to promote equitable practices
- New office is accountable to promote reducing Health Disparities training both internally, externally on Diversion and Equity Inclusion
- Ensure members based on cultural ethnic backgrounds are engaged where they best receive healthcare services
- Cornerstone of the new ecosystem through CalAIM and champion a health equitable care system
- Monitor the Accountable Preventative measures required by DHCS and DMHC



Equity Measures in Health Care

- Metrics help to define the attainment of the highest level of good health for everyone.
- Ensuring access to care must be equitable and accessible.
- Preventive care and early prevention will enhance the quality of live.
- Facilitating access to preventive health programs that minimize usage of emergency services and shorten length of inpatient stays.

66





Accountable Measures	RY2021	RY2022	National Ranking RY2022
Getting Needed Care – Q9	82.5%	80.5%	25 th %
Getting Needed Care – Q18	77.0%	72.7%	5 th %
Breast Cancer Screening	58.33%	58.66%	67 th %
Colorectal Cancer Screening	Not Reported	Not Reported	
HbA1c Poor Control (>9.0%) Ages 18-75	42.53%	34.55%	50 th %
Controlling Blood Pressure Total (18-85 Years)	64.88%	62.37%	67 th %
Asthma Medication Ratio Total (5-64 Yrs)	63.93%	64.48%	33 rd %
Screening for Depression and Follow-up Plan Total (12+ Yrs)	19.23%	4.14%	NA
Timeliness of Prenatal Care	93.40%	94.34%	95 th %
Timeliness of Postpartum Care	90.97%	91.19%	95 th %
Childhood Immunization Status (Combo 10)	51.34%	47.93%	75 th %
Well Child Visits in the First 15 Months of Life	56.69%	54.35%	33 rd %
Well Child Visits in the 15 – 30 Months of Life	69.85%	64.58%	10 th %
Immunizations for Adolescents (Combo 2)	43.80%	47.93%	75 th %
*Plan All Cause Readmission O/E Ratio	0.8250	0.8767	90 th %
*MCAS Required Reported Stratifications			
	RY2021	RY2022	National Ranking RY2022
*Breast Cancer Screening 50-64 Years	60.10%	61.14%	75 th %
*Breast Cancer Screening 65-74 Years	50.70%	48.72%	25 th %
*HbA1c Poor Control (>9.0%) Ages 18-64	43.77%	35.19%	75 th %
*HbA1c Poor Control (>9.0%) Ages 65-74	35.18%	31.43%	90 th %
*Controlling Blood Pressure 18-64 Years	65.56%	63.92%	75 th %
*Controlling Blood Pressure 65-85 Years	62.96%	57.30%	50 th %
*Plan All Cause Readmission O/E Ratio (Stratified by SPD)	0.8215	0.8767	75 th %
*Plan All Cause Readmission O/E Ratio (Stratified by Non-SPD)	0.8267	0.8678	75 th %

8.0 Review & Approval of Progress Report



Angela Choy, MBA, MS

8.1

Medi-Cal Enrollment Trend Report

Medi-Cal Enrollment Trend Report for January 2023



Product	CPN	KSR	RMC	Current Month	Previous Three Month Average	Last Year Same Month	Annual Change	% of Change
1) Medi-Cal								
Medi-Cal AFDC	27,717	20,177	55,555	103,449	102,079	93,082	10,367	11%
Medi-Cal (duals)	2,876	2,920	9,588	15,384	14,636	13,561	1,823	13%
Medi-Cal (Voluntary)	228	293	856	1,377	1,383	1,298	79	6%
Medi-Cal Low Income Child Program	6,765	6,530	9,344	22,639	22,665	22,668	(29)	0%
Medi-Cal SPD	5,470	291	9,874	15,635	15,587	15,134	501	3%
Medi-Cal Expansion (New)	13,800	13,288	58,713	85,801	84,378	74,026	11,775	16%
Subtotal	56,856	43,499	143,930	244,285	240,728	219,769	24,516	11%
3) COUNTY EMPLOYEES								
PLAN A	0	0	3,549	3,549	3,771	3,922	(373)	(10%)
PLAN B	522	0	637	1,159	1,112	1,082	77	7%
PERS	0	0	9	9	9	17	(8)	(47%)
A2 ARCCC	0	0	5	5	5	5		0%
Superior Court	1	0	43	44	46	50	(6)	(12%)
Subtotal	523		4,243	4,766	4,943	5,076	(310)	(6%)
4) Commercial								
In-Home Supportive Services	0	0	2,333	2,333	2,117	2,247	86	4%
Subtotal			2,333	2,333	2,117	2,247	86	4%
5) UNINSURED RECIPIENTS								
Mental Health /Short Doyle (Rx Only)	0	0	2	2	2	2		0%
Pending & Restricted Medi-Cal (Rx Only)	0	0	56	56	49	52	4	8%
Administrative Override (Rx Only)	0	0	40	40	44	49	(9)	(18%)
Subtotal			98	98	95	103	(5)	(5%)
CCHP MEMBER TOTAL (Less Uninsured)	57,379	43,499	150,506	251,384	247,788	227,092	24,292	11%
CCHP Managed Lives Total	57,379	43,499	150,604	251,482	247,883	227,195	24,287	11%
CC Cares				0	0	0	0	

This report is a snapshot of eligible members for the previous month. These are Not current eligibility numbers and should not be used to compare with current membership.

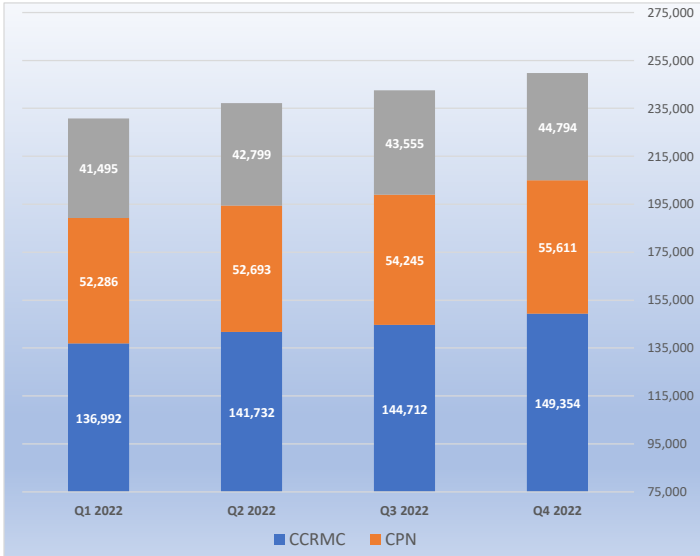
8.2

Operational Dashboard

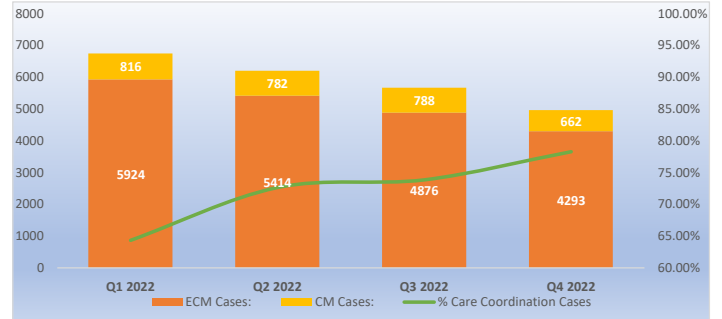
EXECUTIVE DASHBOARD

The CCHP Executive Dashboard provides a high-level overview of key performance measures and indicators

MEMBERSHIP BY NETWORK

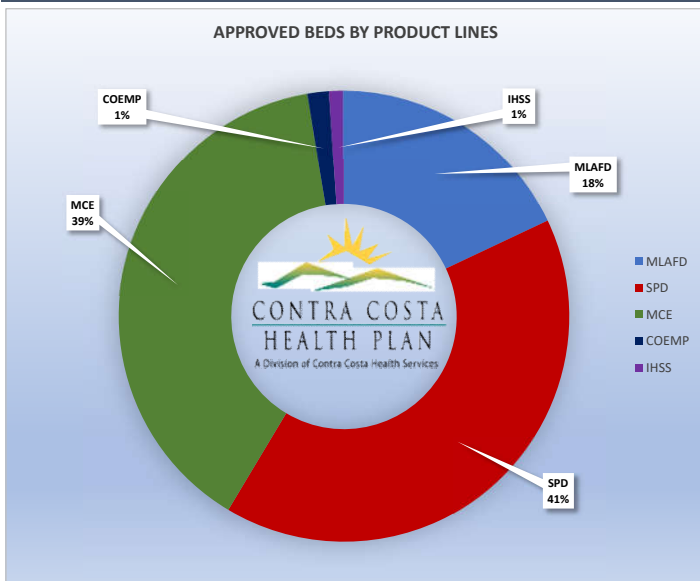


CASE MANAGEMENT



	Q1 2022	Q2 2022	Q3 2022	Q4 2022
ECM Cases:	5924	5414	4876	4293
CM Cases:	816	782	788	662
% Care Coordination Cases	64.34%	72.63%	73.86%	78.25%
% Complex Cases	6.74%	10.61%	12.06%	10.42%
% Hospital Cases	11.76%	7.93%	6.47%	4.38%
% CCS Transition Cases	10.42%	5.75%	5.46%	5.74%
% Chronic Cases	3.31%	1.79%	1.40%	0.91%
% Supportive Cases	3.43%	1.28%	0.76%	0.30%

UTILIZATION MANAGEMENT



Health Delivery Systems - Inpatient

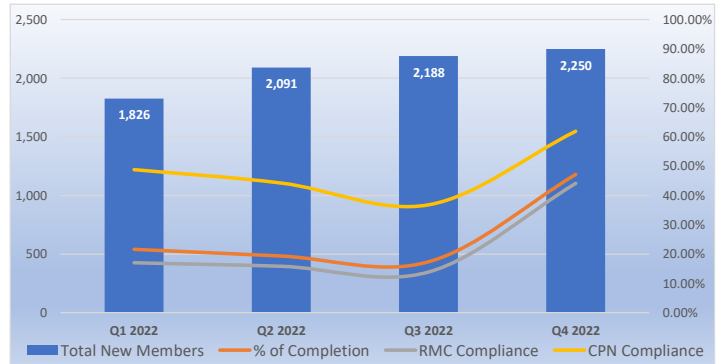
PROVIDERS	Q1 2022	Q2 2022	Q3 2022	Q4 2022
John Muir	967	1021	1050	943
Sutter	398	331	311	327
Alta Bates	186	165	171	77
UCSF	85	74	57	84
Children's Hospital Oakland	102	90	103	132
Other (Out of Network)	438	397	391	343

PHARMACY

	Q1 2022	Q2 2022	Q3 2022	Q4 2022
RX Volume Totals:	29,295	28,992	28,731	29,287
Pharm Costs:	\$3,855,307	\$4,692,793	\$4,773,181	\$4,901,111
340B Savings	\$706,632	\$349,334	\$280,199	\$264,866
Commercial (PMPM)	\$176.37	\$218.03	\$223.11	\$230.22
% Formulary Compliance All	95.82%	95.85%	86.38%	86.22%
% Generic All	88.26%	84.17%	86.98%	86.68%

INITIAL HEALTH ASSESSMENT

One Comprehensive Visit Within 120 Days of enrollment



	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Total New Members	1,826	2,091	2,188	2,250
Total Members w/o IHA	1,430	1,686	1,808	1,189
% of Completion	21.69%	19.37%	17.37%	47.16%
RMC Compliance	17.09%	15.90%	13.92%	44.20%
CPN Compliance	48.86%	44.31%	36.89%	62.00%

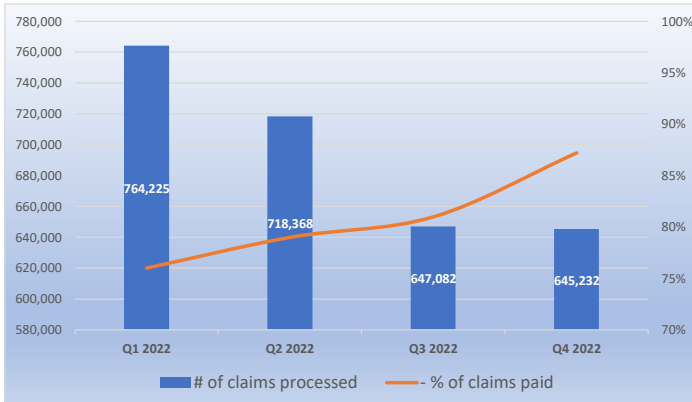


EXECUTIVE DASHBOARD

The CCHP Executive Dashboard provides a high-level overview of key performance measures and indicators

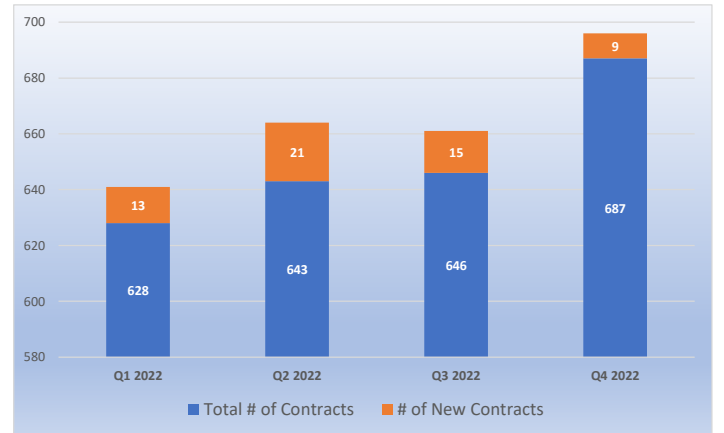
CLAIMS PROCESSING

	Q1 2022	Q2 2022	Q3 2022	Q4 2022
# of claims processed	764,225	718,368	647,082	645,232
- % of claims paid	76%	79%	81%	87%
- % of claims denied	24%	21%	19%	13%
Auto-Adjudication Rate	77%	86%	87%	82%
# provider Disputes	1,033	1,041	831	520
% of dispute to # claims	0.14%	0.14%	0.13%	0.08%



PROVIDER RELATIONS & CONTRACTS

	Q1 2022	Q2 2022	Q3 2022	Q4 2022
CPN Specialists	12,599	12,741	12,730	12,767
CPN PCPs	278	270	267	260
Total # of Contracts	628	643	646	687
# of New Contracts	13	21	15	9



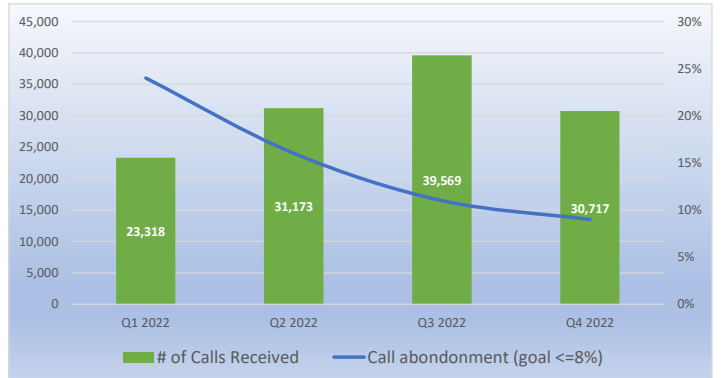
ADVICE NURSE



	Q1 2022	Q2 2022	Q3 2022	Q4 2022
# of Calls Received	33,475	34,868	42,130	31,896
Avg call answer time (seconds)	124	173	164	169
Call abandonment	6%	9%	12%	7%

% of calls answered:				
in less than 30 seconds	2%	3%	2%	5%
in less than 60 seconds (goal)	7%	7%	6%	7%
in 1 to 5 minutes	33%	28%	27%	29%
in more than 5 minutes	62%	64%	67%	63%

MEMBER SERVICES



	Q1 2022	Q2 2022	Q3 2022	Q4 2022
# of Calls Received	23,318	31,173	39,569	30,717
Avg call answer time	1:27:27	0:33:15	0:15:15	0:10:15
Call abandonment (goal <=8%)	24%	16%	11%	9%

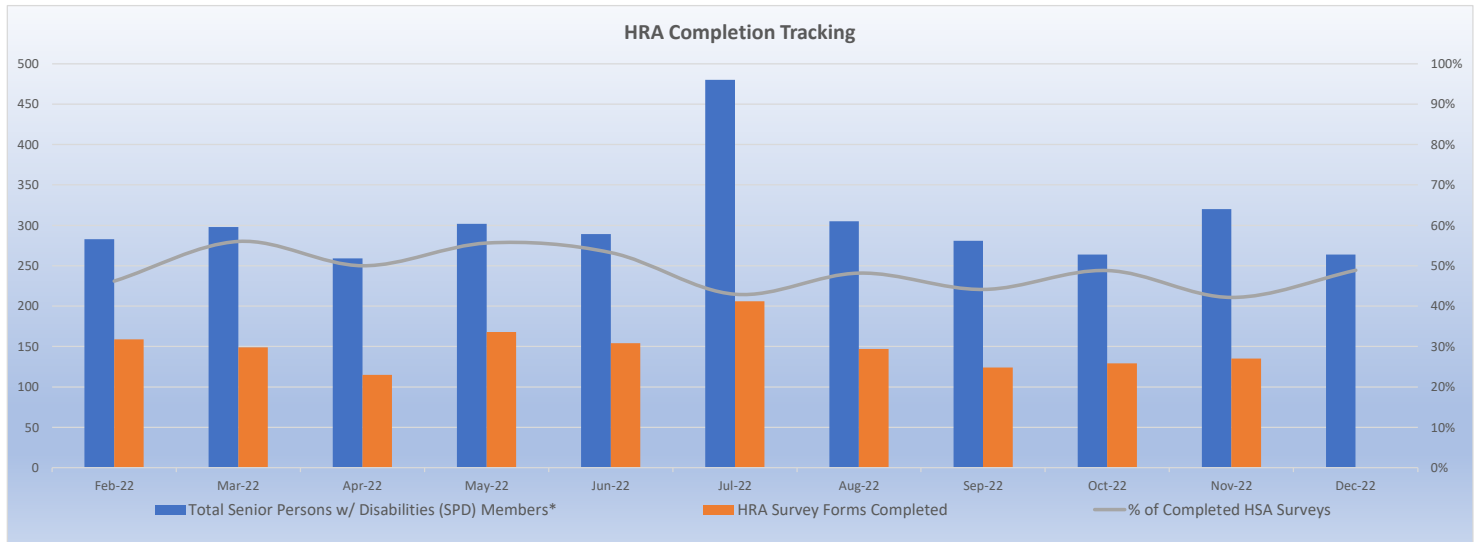
MEMBER APPEALS & GRIEVANCES

	Q1 2022	Q2 2022	Q3 2022	Q4 2022
APPEALS				
# of Member Appeals	32	42	63	68
# per 1000 members	0.17	0.22	0.32	0.33
GRIEVANCES				
# of Grievances	123	135	189	139
# of Issues	254	331	550	512
# per 1000 members	0.65	0.69	0.95	0.68
EXEMPT GRIEVANCES				
# Exempt complaints	0	0	0	0
# Decline Exempt Complaint	109	81	44	34
# of Issues	134	110	66	54
# per 1,000 members	0.58	0.45	0.22	0.17

EXECUTIVE DASHBOARD

The CCHP Executive Dashboard provides a high-level overview of key performance measures and indicators

HEALTH RISK ASSESSMENT TRACKING



Month Enrolled	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Total Senior Persons w/ Disabilities (SPD) Members*	283	298	259	302	289	480	305	281	264	320	264
HRA Survey Forms Completed	159	149	115	168	154	206	147	124	129	135	129
% of Completed HSA Surveys	46%	56%	50%	56%	53%	43%	48%	44%	49%	42%	49%
HRA Survey Forms NOT Completed	124	149	144	134	135	264	158	157	135	185	135
3 calls made (for HRA forms not completed)	88	100	102	85	92	255	103	99	99	57	51
Other Reason**	77	45	38	38	39	95	55	58	35	21	99

*Seniors & Persons with Disabilities – DHCS contract requires 44 days for contacting and 2 telephone attempts

** Relocated out of area, out of the country, deceased, phone number changed or disconnected

8.3

Finance Report

Patrick Godley, HSD COO/CFO

Contra Costa Health Plan

Product Line Financial Summary

For the Year ending 6/30/2023



Description	Commercial		Medi-Cal (2)		Totals (3)		FY2022/23	Surplus
	Ytd Dec. 2022	Projection	Ytd Dec 2022	Projection	Ytd Dec 2022	Projection	Budget Adjusted	(Deficit)
Total Revenues	\$40,883,957	\$81,767,911	\$574,776,718	\$1,149,553,434	\$615,660,675	\$1,231,321,345	\$967,049,000	\$264,272,345
Total Expenditures	40,635,691	81,271,379	559,129,059	1,118,258,116	599,764,750	1,199,529,496	967,049,000	(232,480,496)
Income/(Loss)	\$248,266	\$496,532	\$15,647,659	\$31,295,318	\$15,895,925	\$31,791,850	\$ -	\$31,791,850

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) Actual General Fund contribution of \$ 3,736,000 is for IHSS and \$250,000 is for Contra Costa CARES.
- (4) The Projection includes revenues and \$136M in State directed/mandated pass-through payments and expenses (e.g. Proposition 56, Quality Improvement Program, Enhanced Payment Program Fee for Service, Hospital Quality Assurance Fee, Ground Emergency Medical Transport). These payments will have no bottom line/net income impact.
- (5) M-Cal rates used for the December 2022 projection include Whole Person Care rates and Add-on rates for Medi-Cal Enhanced Care Management and Major Organ Transplant.
- (6) CCHP is self-insured for all medical claims (no stop loss insurance coverage).
- (7) 2022 CY Medi-Cal rates subject to retroactive downward revision by the State. Impact unknown. Calendar year 2023 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.



Joint Conference Committee 2023 Meeting Dates



9:30am - 11:30am

Friday, March 10
Friday, June 9
Friday, September 8
Friday, December 8

Join via Zoom or In Person

Zoom

<https://cchealth.zoom.us/j/96580615399>

In Person

777 Arnold Drive | Martinez, CA | Paramount Conference Room

9.0 Adjournment

