



# Welcome to the Joint Conference Committee

Monday, July 31, 2023

1:00 pm – 3:00 pm

## AGENDA

<u>Time</u>	<u>Tab</u>	
1:00	<b>1.0 Call to Order</b>	Supervisor Candace Andersen JCC Committee JCC Committee Public JCC Members
	1.1. Agenda	
	1.2. Approve March 10, 2023 Minutes	
	1.3. Public Comments	
	1.4. JCC Comments	
	<b>2.0 CEO Updates</b>	Sharron Mackey, MHS, MPA, CEO
	2.1. 2023 Roadmap Updates	
	2.2. Single Plan Model (SPM) Deliverables	
	2.3. New Leadership Staff	
	<b>3.0 Chief Medical Officer's Report</b>	Sharron Mackey, MHS, MPA, CEO
	3.1. Farewell to Dr. Hsieh (Accomplishments)	
	3.2. Welcome Dr. Irene Lo	
	3.3. Cal-Aim Updates	
	3.4. DMHC Behavioral Health Audit	Sharron Mackey & Dr. Nicolás E. Barceló
	<b>4.0 Quality Program Overview</b>	Elizabeth Hernandez, MS, CPHQ, Quality Director
	4.1 Timely Access / Satisfaction Surveys	
	<b>5.0 Focus Topics:</b>	
	5.1 Pharmacy Update	Dr. Joseph Cardinalli, PharmD, Pharmacy Director
	5.2 Member Appeals & Grievances Analysis	Dr. Nicolás E. Barceló, Medical Director
	5.3 Advice Nurse	Patricia Munoz-Zuniga, RNC, PHN, MSN, CNL, Advice Nurse Director
	<b>6.0 Chief Executive Officer's Report-Legislative Updates</b>	Sharron Mackey, MHS, MPA, CEO
	6.1 Managed Care Organization Taxes	
	<b>7.0 Review and Approval of Progress Report</b>	Angela Choy, MS, MBA, PMP, COO
	7.1 Operational Dashboard	
	7.2 Enrollment Trend	
	7.3 Next Meeting Reminders	
	<b>8.0 Adjournment</b>	Supervisor Candace Andersen

# 1.2

## Approve March 10, 2023 Minutes

# Contra Costa Health Plan / Board of Supervisors Joint Conference Committee Meeting Minutes

Friday, March 10, 2023

**Present:**

Supervisor Candace Andersen, District II\*  
Dennis Hsieh, MD, JD\*  
\*JCC Voting Member

Supervisor Diane Burgis, District III\*  
Thomas McBride, MD\*

Sharron Mackey, CEO  
Cynthia Choi  
Elizabeth Hernandez  
Jill Ray  
Gabriella Sullivan, MD

Nicolás Barceló  
Angela Choy  
Vanessa Piña  
Stephanie Schram  
Suzanne Tsang

**Zoom**

Susan Frederick  
Roxanne Garza  
Chanda Gonzales  
Will Harper  
Vandana Kumar  
Wendy Mascitto  
Nicole Meyer  
Addey Ogundehin  
Anna Roth

Monica Gabel  
Patrick Godley  
Bruce Gorman  
Erika Jenssen  
Clifton Louie  
Kim McCarl  
Philip Morris  
Fabiola Quintero  
Bill Walker

SUBJECT	DISCUSSION	ACTION / WHO
<b>Call to Order</b>	<p><b><u>1.0 Call to Order</u></b> Supervisor Candace Andersen called the meeting to order on March 10, 2023, at 9:30AM.</p> <p><b><u>1.1 Agenda</u></b> Agenda for March 10, 2023, reviewed and approved unanimously.</p> <p><b><u>1.2 December 9, 2022 Minutes</u></b> Minutes approved unanimously.</p> <p><b><u>1.3 Public Comment</u></b> None.</p> <p><b><u>1.4 JCC Comment</u></b> None.</p>	<p>Supervisor Candace Andersen</p> <p>JCC Committee</p> <p>JCC Committee</p> <p>Public</p> <p>JCC Members</p>
<b>CEO Updates</b>	<p><b><u>2.1 2023 Roadmap</u></b> Regulatory requirements are not part of the Roadmap. The Roadmap is about improving operations to facilitate access to care for our members and support providers. Key accomplishments:</p> <ul style="list-style-type: none"> <li>• <i>Administration:</i> Memorandums of Understanding (MOUs), Delta Dental MOU will go live in January 2024, In-home Support Services (IHSS) MOU</li> <li>• <i>Behavioral Health:</i> Expanded staff and programs.</li> </ul>	<p>Sharron Mackey, MHS, MPA, CEO</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<ul style="list-style-type: none"> <li>• <i>Case Management:</i> Now have a Case Manager Director. On track to get all case managers certified through the Case Management Society of America by end of year. Redesigning case management around care teams to be more collaborative.</li> <li>• <i>Claims:</i> Currently at 99% of clean claims processed within 90 calendar days, meeting the requirement.</li> <li>• <i>Provider Relations:</i> When we transition to the Single Plan Model, we will absorb all of Anthem's members. A preliminary review showed that we have contracts with 90% of Anthem's providers. We will ensure that there is no disruption in care to the Anthem members.</li> <li>• <i>Utilization Management:</i> Dr. Hsieh has turned around the UM department in the last 3 years. The challenge now is the new benefit with long-term care (LTC). We built special teams to Utilization Management and Case Management. Choice In Aging has been invited to be an Enhanced Care Management (ECM) provider.</li> </ul> <p><b><u>2.2 NCQA Audit Results</u></b></p> <ul style="list-style-type: none"> <li>• CCHP has been accredited by the National Committee for Quality Assurance (NCQA). In 2026, this will be mandatory for all Managed Care Plans (MCPs). Lookback period was 3 years and included the pandemic years. Kudos to the team for this accomplishment during challenging times.</li> <li>• Of all the MCP's in the state, CCHP ranks number 5 in quality.</li> </ul> <p><b><u>2.3 Single Plan Model (SPM) Deliverables</u></b></p> <ul style="list-style-type: none"> <li>• .238 new requirements. We have accomplished 78% to date.98% accuracy rate on our policy submissions to DHCS.</li> </ul> <p><b><u>2.4 New Leadership Staff</u></b></p> <ul style="list-style-type: none"> <li>• Case Management Director: Stephanie Schram, RN, PHN, BSN, MSHCA. Many years of experience with Kaiser, the State Public Health department</li> <li>• Family Nurse Practitioner: Maggie Souza, DNP, FNP. New role in CCHP.</li> </ul>	
<p><b>CMO Report</b></p>	<p><b><u>3.1 Long-Term Care Impact on UM/CM Operating Models</u></b></p> <p>Carve-In of Long-Term Care (LTC). These are members who are in Skilled Nursing Facilities (SNFs). Fee for Service or Custodial Care members are now coming into CCHP Managed Care. Goal is to move the member to the right level of care, for example, with family/friends with community supports and other services, or a board and care, Will do a clinical review of each member to determine appropriate level of care. Got 4000-5000 members. CCRMC got 16,000 new patients with the LTC transition, which is SNF's plus the Duals.</p> <p>To ensure that no one falls through the cracks, we are taking all the data from the state and making sure everyone gets enrolled. We are also working with each SNF to enroll their patients who are not enrolled as appropriate. No patients will get kicked out. As we go forward, Supervisor Andersen wants to make sure we retain existing SNF beds and help grow them.</p> <p>A goal is to get people out of the SNF that don't need to be there and getting creative about alternative options such as board and cares, Home and Community Based waiver, MSSP Program via Centers for Elders Independence and Choice in Aging, alongside In Home Support Services (IHSS), looking at our shelter and respite system of care, using and expanding Community Supports and all the services that can be wrapped</p>	<p>Dennis Hsieh, MD, JD, CMO</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<p>around the family. We will be contracting with sub-acute facilities that we have not contracted with in the past. Will connect with the VA, Council on Aging, and the existing community service groups. We are working with H3 on the DHCS Housing Investment Plan where the focus is on homeless needs and meet weekly with H3.</p> <p><b><u>3.2 Impact of the Duals</u></b> Duals are people with Medi-Care and Medi-Cal. Medi-Cal is secondary. This is a bigger population than the long term SNF population.</p> <p><b><u>3.3 Impact of Utilization Review Expanding</u></b> Increasing number of members and programs, new hospital contracts leads to both increase in volume and complexity.</p> <p><b><u>3.4 CalAIM Enhanced Care Management (ECM) Challenges</u></b> Focused on more complex patients, smaller caseloads, more frequent touches. Thus, we are bringing on new providers: Choice in Aging, La Clinica, Brighter Beginnings, CCRMC Community-Based Federally Qualified Health Centers (FQHCs). The carve-in has brought more complex patients into the plan. The plan has also added much more medical expertise.</p> <p>Populations of focus are people in nursing homes who can safely transition into the Community, and people in the Community who can safely remain there. Also children in the Foster Care System, and children who are eligible for California Children’s services.</p>	
<p><b>Quality Program Overview</b></p>	<p><b><u>4.1 2023 Quality Plan Update</u></b></p> <ul style="list-style-type: none"> <li>• Child Well Care visits decreased during COVID. In 2022 rates bounced back and are 10% higher. Focus on performance improvement.</li> <li>• Measurement, Analytics, Reporting, Data Sharing: Developing quality measurement infrastructure in 2023</li> <li>• Performance Improvement Projects: blood lead screening, follow-up after ED visits</li> <li>• Population Health: New member experience, outreach, data sharing, health education, maternal health services</li> <li>• Patient Safety</li> <li>• Provider Engagement</li> </ul> <p>Supervisor Burgis would like to build something that helps new members, for example, there are programs which reach out to kids in high school and give them financial tutoring, on how to be a good health care consumer and see what their role is, i.e., not to go out of network.</p> <p>Quality Plan approved unanimously.</p>	<p>Elizabeth Hernandez, MS, CPHQ, Quality Director</p>
<p><b>Focus Topics</b></p>	<p><b><u>5.1 Redetermination Workplan</u></b></p> <ul style="list-style-type: none"> <li>• Coordinating with EHSD and throughout Contra Costa Health Services.</li> <li>• All CCHP member facing units will share same message to complete paperwork. CCHP gets 2000 members per day calling.</li> <li>• There is a cure period, members will be retroactively enrolled so there will be no break in coverage.</li> <li>• Hiring ambassadors and navigators to assist with completing packets</li> <li>• This is a huge project and executives will present to the full board.</li> </ul> <p><b><u>5.2 Member Appeals &amp; Grievances Analysis</u></b> 3 Types of Grievances.</p>	<p>Suzanne Tsang, Member Services Director</p>

SUBJECT	DISCUSSION	ACTION / WHO
	<ul style="list-style-type: none"> <li>• Quality of service. 75% are issues with services received from providers or staff, communication issues, attitude or courtesy concerns of staff.</li> <li>• Quality of care: 63% are issues with ancillary services, inappropriate provider care, diagnosis and treatment.</li> <li>• Grievances have decreased over time, however, the most likely reason for the decrease is seasonal.</li> <li>• Will be doing a deeper dive into the metrics to determine causes.</li> <li>• About half the total are quality of service grievances, next largest category is quality of care grievances.</li> </ul> <p>Appeals – Members can appeal when services are denied or modified.</p> <ul style="list-style-type: none"> <li>• Decrease in appeals, decrease is probably seasonal</li> <li>• Appeals are primarily due to services being denied. Will analyze whether it's due to non-covered benefits or not meeting the medically necessary criteria. These are generally people who want to go out of network. Mostly we are saying yes, and you need to get it done in network.</li> </ul> <p>Supervisor Burgis: Aren't we serving more people during the holidays? Wouldn't the numbers go up during the holidays?</p> <p>Lag time is generally 1-3 months. People might not choose to file during the holiday. Services denied by line of business, vast majority of grievances are from County Plan A, where people need to go in network. Some plan members were used to going out of network and had to be retrained to stay in network. Conversations with long time members are difficult. CCHP explains to the member that those were always the rules, but had not been enforced previously. CCHP is now enforcing them in order to keep premiums down.</p> <p>Question from Zoom Chat: If you are not tracking grievances connected to "culture and linguistics" and overall grievances from "discrimination" comprises 7% in a later slide, how does CCHP track health and race equity based issues?</p> <p>Will be presenting grievances, appeals by race, ethnicity. Staff concern is that the Medi-Cal population is filing appeals at a much lower rate. Will be doing an equity analysis. '</p> <p>FQ partners have their own processes for reviewing grievances. Aggregate data on grievances from FQ sites broken down like this would be super helpful to the FQ's. Can talk about these issues at the Safety Net Council, whether efforts are being duplicated, etc.</p> <p>Grievances/Appeals per 1000 is the industry standard measure.</p> <p>Turn Around Time: over 95% resolved timely over the last 5 months. Appeals resolved 100% timely except for one month.</p> <p><b>5.3 Commercial Rate Development Process</b>  Many factors involved in setting rates. Can't make rates comparable to Kaiser or Centene:</p> <ul style="list-style-type: none"> <li>• Kaiser: 12 million covered lives</li> <li>• Centene: 3 million covered lives</li> <li>• CCHP: 7000 covered lives</li> </ul> <p>Hospitals give the big plans bigger discounts. County employees are older.</p>	<p>Sharron Mackey, MHS, MPA, CEO</p>

SUBJECT	DISCUSSION	ACTION / WHO
	Interventions: increased focus on Birthday Letter, now using InterQual standards, move to generic drugs.	
<b>COO Report</b>	<p><b><u>6.1 Benefit Engine Redesign</u></b> Benefit Engine not looked at since 2015. Drives referrals and claims which drives operations. 82% auto-adjudication rate. Goal is 90%. 30-40,000 claims manually processed. 47% to 90% of Referrals manually touched. Referral/Authorization Claims matching. Currently 9000 manually matched. Goal: 2000.</p>	Angela Choy, MBA, MPA, COO
<b>CEO Report Legislative Updates</b>	<p><b><u>7.1 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)</u></b></p> <ul style="list-style-type: none"> <li><b><u>Transition to Medi-Cal Kids &amp; Teens</u></b></li> </ul> <p>All about prevention. Will blanket the provider networks, especially pediatricians with the toolkit and school districts.</p> <p><b><u>7.3 Design of CCHP's New Health Equity Office</u></b> CCHP required to have a Chief Equity Officer. DMHC defined the list of accountable measures with national benchmarks. There will be a dotted line to the Contra Costa Chief Equity Officer.</p> <p>Board of Supervisors will also have an Office of Regional Equity and Social Justice. Will coordinate with what's going on. Will also have a Community Director working in the community. Opportunities for partnership.</p>	Sharron Mackey, MHS, MPA, CEO
<b>Review / Approval of Progress Reports</b>	<p><b><u>8.1 Medi-Cal Enrollment Trend Report</u></b> Increase of 25,000 members</p> <p><b><u>8.2 Operational Dashboard</u></b> ECM decreased due to WPC graduates Decrease in 340B savings, manufacturers moving away from that program. Claims processing improving Advice Nurse improving Increase in specialists: telehealth, behavioral health providers Member Services, wait times staying low HRA – created online version</p> <p><b><u>8.3 Finance Report</u></b> First half financially sound. Projection for yearend uncertain due to big program changes that were discussed earlier, particularly Duals and LTC. Recently received CY2023 rates and are assimilating these. However, projecting to be in the black at year end.</p> <p><b><u>Next Meeting Reminders</u></b> <del>Next Joint Conference Committee (JCC) meeting will occur on Friday, June 9, 2023 at 9:30AM.</del></p> <p><b>Meeting Rescheduled to July 19, 9:30 – 11:30 am. Location TBD. Virtual Meeting via Zoom.</b></p>	<p>Angela Choy, MBA, MS, COO</p> <p>Patrick Godley, MBA, HSD COO &amp; CFO</p>
<b>Adjournment</b>	<p><b><u>9.0 Adjournment</u></b> Meeting adjourned at 11:30AM.</p>	Supervisor Candace Andersen

Approved:

Date:

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

**Friday, March 10, 2023  
9:30AM – 11:30AM**

**In-Person:**

**777 Arnold Drive, Martinez, CA, 94553 -- Paramount Room**

**Virtual:**

**Virtual Meeting option via Zoom**

**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, March 10, 2023, 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



CONTRA COSTA  
HEALTH

2023 Road  
Map  
Update Q1



CONTRA COSTA  
HEALTH

# CCHP 2023 Operational Roadmap

## Key Goals

(Green Print means complete)



### Administration

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Recruit new talent to support the Single Plan Model.</li> <li>2. Design a Health Equity Office, CalAIM Team and expand Compliance Unit.</li> <li>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.</li> <li>4. Provide leadership and support to ensure a successful redetermination process.</li> <li>5. Create a Document Management Program- centralize all Member and Provider Letters.</li> <li>6. Ensure that the principles of Continuous Quality Improvement are used.</li> <li>7. Qualitative and Quantitative data analysis is performed examining metrics that are linked to HEDIS outcomes.</li> <li>8. Chief Medical Officer and Medical Director ensures that CCHP clinical guidelines and practices are monitored, disseminated and discussed with the committee.</li> <li>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.</li> </ol>



### Advice Nurse

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Continue with Pilot having members send a non-urgent message to AN unit with nonclinical non-urgent questions. Assigned an LVN to monitor the myChart messages. Members would be able to send message to AN unit and an LVN will be assigned to monitor the myChart messages.</li> <li>2. Assist AN's in decreasing wrap time to below 5 min.</li> </ol>

### Analysis and Reporting (A&R)

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. 88% of the hot sheets, A&amp;R work queues, and check processing are completed within 5 working days.</li> <li>2. 100% of PerformRx payment is completed within 5 working days.</li> <li>3. 95% of Ad-Hoc report completed within the agreed due date with the internal customers.</li> <li>4. 90% of Check Cycle is completed on time.</li> </ol>

### Appeals, Grievances & Disputes

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Achieve 100% compliance in acknowledgement and resolution of all grievances and appeals – both standard and expedited.</li> <li>2. Build staff infrastructure to address concerns directed to CCHP from members, providers, and State regulators.</li> <li>3. Complete cross training of staff for continuity and coverage.</li> </ol>



(Green Print means complete)

### Behavioral Health

% Completed	Goal
	<ol style="list-style-type: none"> <li>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.</li> <li>2. Renewed and Revised population health risk assessments consistent with CALAIM Population Health Management guidelines.</li> </ol>

### Case Management

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. All, (100%), Case Managers, (RNs, LVN, MSWs), will complete the Case Manager Certification Training by 12/31/23.</li> <li>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.</li> <li>3. By 4/1/23 the Department of Case Management will have implemented an attendance tracking program.</li> <li>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.</li> <li>5. By 12/31/23 The Department of Case Management Services will achieve an access interval of 15 days for new referrals.</li> </ol>

### Claims

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



(Green Print means complete)

Compliance

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Build a Fraud, Waste, Abuse Program with a comprehensive review process.</li> <li>2. Conduct monthly P&amp;P validation reviews via the Compliance Meeting to increase standardization.</li> </ol>

Equity

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Hire an Equity Officer and 2 staff members by 6/1/2023.</li> <li>2. Start the NCQA Equity Accreditation Roadmap.</li> <li>3. Design the Framework and Training Blueprint for Equity Office.</li> </ol>

Member Services & Marketing

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Reach or maintain Member Services call center standards of: <ul style="list-style-type: none"> <li>• 10 minute average speed of answer</li> <li>• &lt; 8% call abandonment rate</li> </ul> </li> <li>2. Recruit at least 25 Community Advisory Committee (CAC) members with sufficient racial / ethnic diversity to appropriately represent CCHP membership per DHCS. Have at least 25 CCHP members participate in 4 focus groups.</li> </ol>





(Green Print means complete)

### Pharmacy

% Completed	Goal
25%	<ol style="list-style-type: none"> <li>1. Work with CCHP network providers, pharmacies and members to navigate Medi-Cal Rx including the reinstatement of the prior authorization requirements and the retirement of the transition policy.</li> <li>2. Support clinical programs for CCHP members:               <ul style="list-style-type: none"> <li>• Provide clinical and operational support for clinical programs</li> <li>• Assist other departments within CCHP on their clinical and/or educational goals</li> <li>• Strengthen the reporting and compliance for Pharmacy Dept's in house clinical goals (opioid/benzo, Hep C)</li> </ul> </li> </ol>

### Personnel

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Recruit to fill all vacancies across both county-wide and departmental classifications.</li> <li>2. Initiate key position recruitment cycles for 2024 contract-mandated programs and directorates.</li> <li>3. Audit at 100% for Background Checks for staff, consultants, and vendors.</li> </ol>

### Project Management Office

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Standardize expectations and role of PMO through consistent use of tools and approach by 2/28/23.</li> <li>2. Establish, facilitate and maintain productive, professional relationships between internal and external business units by 3/31/23.</li> </ol>



(Green Print means complete)

Provider Relations

% Completed	Goal
	<ol style="list-style-type: none"> <li>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"> <li>• Submit Plan to PMO for approval</li> <li>• After approval, contract with identified vendor</li> <li>• Implement outsourcing</li> </ul> </li> <li>2. Ensure Anthems Provider Network is contracted.</li> </ol>

Quality

% Completed	Goal
20%	<ol style="list-style-type: none"> <li>1. Obtain NCQA accreditation for CCHP for 3-year lookback period (2020-22).</li> <li>2. Collaborate CCHS departments, providers, and community to implement Population Health in 2023.</li> <li>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.</li> <li>4. Develop a comprehensive Health Education program for CCHP members.</li> </ol>

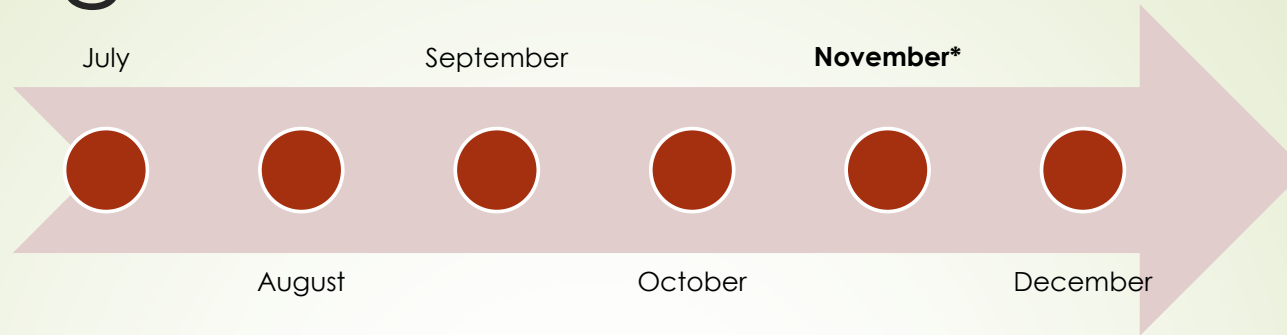
Utilization Management

% Completed	Goal
	<ol style="list-style-type: none"> <li>1. Transition from a UM focused operations to a clinical operations and integrate all clinical operations with UM in the lead role.</li> <li>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.</li> <li>3. Redesign the operations of tighter oversight of UM.</li> <li>4. Build a LTC teams that connects UM and Case Management + Long Term Care Integration and Optimization.</li> <li>5. Transition and centralize all UM letters to members and providers to a Document Management Program.</li> <li>6. Transfer the responsibility of CPT code analysis from UM to the Claims Department.</li> <li>7. Provider call center evaluation/overhaul.</li> <li>8. Developing expertise in inpatient transitions of care and detailed review.</li> </ol>

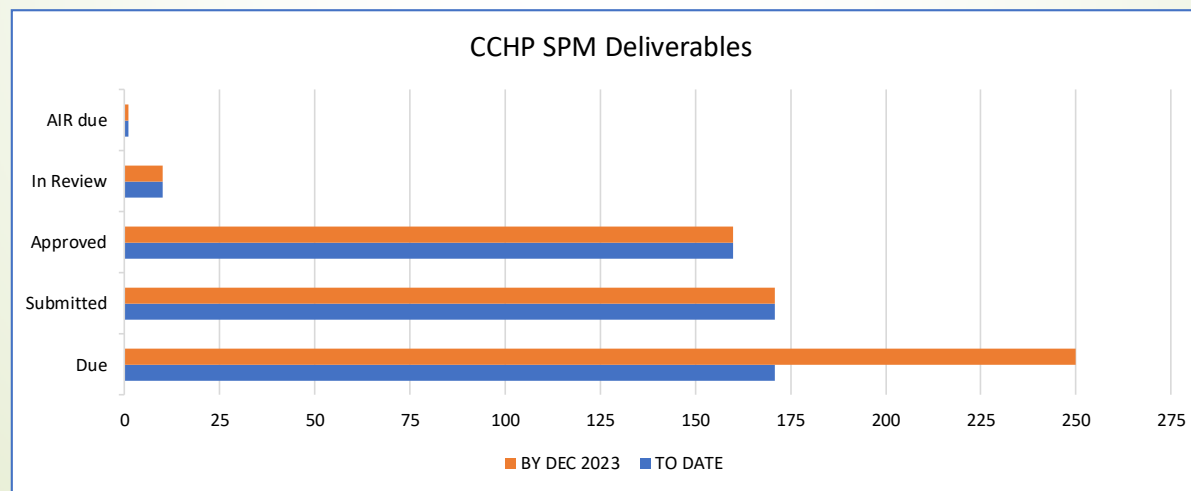
## 2.2

# Single Plan Model (SPM) Deliverables

# Single Plan Model Readiness



SPM	Due	Submitted	Approved	In Review	AIR due	Approval %
TO DATE	171	171	160	10	1	94%
BY DEC 2023	250	171	160	10	1	64%



- Ready to Launch
- CCHP Leadership Team met and performed a SWOT Analysis to identify challenges to resolve and ensure infrastructure is ready to provide access to care for 30-40K members.

## 2.3

# New Leadership Staff



# **La Rae Banks**

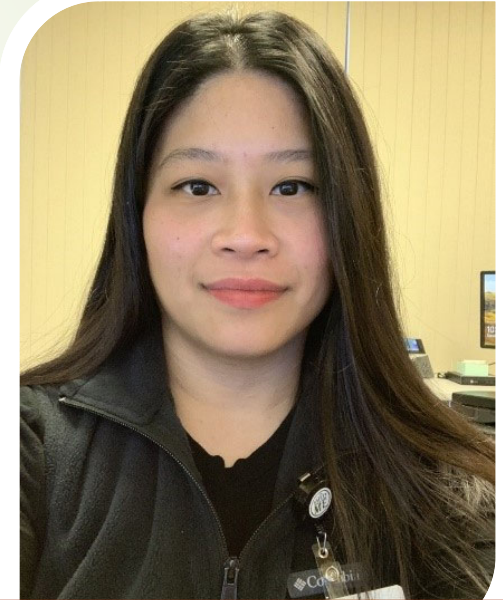
**Director of Compliance and Government Relations**



**Pasia Gadson, FNP**  
CaAIM Family Nurse  
Practitioner



**Chanda Gonzales**  
Executive Deputy  
Director



**Leizl Avecilla**  
Manager of Case  
Management

# 3.0 Chief Medical Officer's Report

Sharron A. Mackey, MHS, MPA



CONTRA COSTA  
HEALTH



## 3.1

# Farewell, Dr. Hsieh



595 Center Ave. Ste 100 Martinez CA [94553](http://94553) | Phone: (925) 313-6000 | Fax: (925) 313-6580  
cchealth.org

### Dr. Dennis Hsieh, Chief Medical Officer – Accomplishments

- Created the infrastructure for the clinical reviews for UM.
- Reduced the turnaround time for UM referrals.
- Transform the faxes to e-faxes.
- Transition providers from eFax to the ccLink Provider Portal.
- Developed the guidelines and infrastructure for Enhanced Care Management.
- Created the Community Supports Services Program, specifically:
  - Successful Medically Tailored Meals/Medically Supportive Groceries program with numerous community partners
  - Successful Post Hospital Stabilization and Medical Respite Integration with PH and H3
  - Launched the Housing Deposits Program.
  - Successful implementation of the Housing Navigation and Tenancy Sustaining Services program
  - Laid the groundwork for the launch of home modifications, caregiver respite, and personal care support services
- Revised the clinical guidelines for Tertiary Care by keeping access in the Contra Costa marketplace.
- Worked with CCRMC Medical Director for the Post Stabilization program and getting CCRMC members back to CCRMC beds.
- Evaluated all the clinical operations to include BH/Advice Nurse/CM and Facility Site Review Nurses.
- Redesigned the Quality Council to a more focused and productive council.
- Created the clinical review design for Appeals and Grievances.
- Developed a strong networking relationship with CMOs of the 3 delivery systems in Contra Costa that covers 8 hospitals.
- Redefined the Kaiser non-members going to ER room to stay with Kaiser – a cost effective move.
- Developed a strong Provider Training Program that is highly effective.

- Redefined the role of the UM Committee to be more aligned with CCHP's Policies and Clinical Guidelines for Medi-Cal.
- Saved CCHP thousands of dollars due to litigations and reduced sanction dollars from the DMHC.
- Successfully decreased number of substantive DHCS audit findings in clinical areas.
- Successfully resolved all DHCS member appeals and grievances in way that was agreeable to both the member and CCHP.
- Successfully resolved new DMHC complaints resulting in no sanctions or fines to the plan.
- Created after hours triage and clinical backup partnership between CCRMC ED and Advice Nurse Unit.
- Removed Case Management waiting list and streamlined intake process.
- Instituted clear Case Management intake/graduation criteria.
- Streamlined BHD operations after transition from CCRMC to CCHP.
- Successfully partnered with H3 and the homeless system of care to integrate H3 into all CalAIM efforts.
  - Built out relationships with the long-term acute care facilities where there is a real time working relationship to avoid future lawsuits over long stays.
- Built relationships with the local safety net clinic CMOs.

## 3.2

Welcome Dr. Irene Lo



**Dr. Irene Lo**

**Chief Medical Officer**

## 3.3

# CalAIM Updates: Long-Term Care Enhanced Care Management Community Supports



California  
Advancing  
and  
Innovating  
Medical  
**(CalAIM)**  
Updates

➤ **Long Term Care (Phase I)**

- SNF - Remains a challenge due to reimbursements, despite the added future Direct Payments
- Forty-eight (48) Skilled Nursing Facilities (SNF) in our network
- Over 1,273 Contra Costa Health Plan (CCHP) members in the (SNF)
- Goal is to transition Member as medically appropriate back to their home or residence
- Aligns with Community Supports Services to keep member in the community versus an institution

➤ **Enhanced Care Management (ECM)**

- Population of Focus: Children started July 01, 2023 (CCS eligible for ECM)
- Approximately 4,500 children in CCS
- Public Health /Target Care Management Team are absorbing the CCS members into ECM except those with MH needs
- Currently there are almost 2,296 members enrolled in ECM (CCS pending enrollment)
- Behavior Health will be assigned all members that have MH needs to include children and adults and Populations of Focus



California  
Advancing  
and  
Innovating  
Medical  
**(CalAIM)**  
Updates

➤ **Community Supports (CS)**

- New Community Supports Model of Care
- DHCS encourages more flexibility for Community Based Organizations (CBOs) participating as a Community Supports Provider
- Amended Community Supports (CS) Policies and Procedures & Provider Capacity
- Currently, CCHP has nine (9) of the fourteen (14) Services
- Actively recruiting to expand Housing and Asthma Remediation
- In 2024 we are Focusing on expanding the following:
  1. Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for Elderly and Adult Residential Facilities
  2. Personal Care and Homemaker Services
  3. Environmental Accessibility Adaptions (Home Modifications)
  4. Respite Services



# DHCS Approved Community Supports

Fourteen distinct Community Supports services have been pre-approved by DHCS:

- Housing Transition/Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation
- Short-Term Post-Hospitalization and Sustaining Services\*
- Recuperative Care (Medical Respite)\*

\*Indicates the Community Supports service is authorized under the Section 1115 waiver.

# Community Supports and Cost Effectiveness

- » Community Supports are **medically appropriate and cost-effective alternatives to State Plan services**; associated funding is built into the PMPM capitation payments (covered in later slides).
  - Capitation rates amply support broader uptake of Community Supports. Across 2022 and 2023, DHCS provided approximately \$300M in associated capitation rate **increases**, without any net reduction to base costs for State plan services. In addition, Medi-Cal managed care plans (MCPs) can earn \$350M within the Incentive Payment Program associated with Community Supports uptake.
- » MCPs must have Community Supports authorization protocols, which may include presumptive authorization, that align with Community Supports policy.
  - MCPs do **not** need to actively report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements.
  - DHCS will not be retroactively recouping money spent by MCPs on Community Supports as part of any cost effectiveness monitoring.
- » In future years, **utilization and actual costs of Community Supports will be considered in developing the component of the MCP rates** that represents the covered State Plan services for which the Community Supports are expected to substitute (covered in later slides).

## 3.4

# DMHC Behavioral Health Audit

## Contra Costa Health Plan EXECUTIVE SUMMARY

DATE: May 31, 2023

TO: Anna Roth, Pat Godley

FROM: Sharron Mackey, M.H.S., M.P.A.

SUBJECT: Results of the Department of Managed Health Care – Office of Plan Monitoring – Division of Plan Survey Performed in November 2021

Almost 2 years later *they* issue their Findings. This is the first time in history that the Department of Managed Health Care (DMHC) has inspected our Behavioral Health Department. Please note Contra Costa Health Plan (CCHP) did not have a Behavioral Health (BH) Department until 2022. We had one (1) nurse in Utilization Management (UM) who was doing all aspects for the health plan for over 25 years. The audit period is from 2019 – 2021, therefore it was not functioning as a department with responsibilities. We have revamped and designed a new department with nine (9) staff members that has two (2) Physicians supporting the Department.

Below is the summary of the improvements with a highly functional Behavioral Health (BH) Department:

- Educated the other departments, like Member Services on how to handle Behavioral Health calls
- Trained the Advice Nurses on using their clinical guidelines for Behavioral Health
- Hired five (5) new people for this Department since 2022 – there are two (2) physicians, one (1) behavioral health nurse, Health Plan Authorization Representatives (HPARs), Program Manager, Health Services Administrator
- Created workflows and policies and procedures
- Implemented a Quality Assurance and Auditing Program
- 

The Department received approval from the 2020-21 state budget to conduct focused Behavioral Health Investigations (BHI) of all full-service commercial health plans regulated by the Department to further evaluate health plan compliance with parity laws and to assess whether enrollees have consistent access to medically necessary behavioral health care services. The full-service commercial health plans will be investigated in phases. The investigation of Contra Costa Health Plan (Plan) is included in Phase One. On April 16, 2021, the Department notified the Plan of its BHI covering the time-period of **April 1, 2019, through March 31, 2021.**

**Knox-Keene Findings**

Findings	Department	Corrective Action	On-going Surveillance and Quality Assurance
<p>1. The Plan failed to implement prompt corrective action when provider appointment monitoring revealed the behavioral health network was not sufficient to ensure timely access.</p>	<p>Provider Relations</p>	<p>CCHP has continuously recruited over the last three (3) years to increase the network and access to care. There are currently two hundred and sixty-two (262) therapists available to deliver care to the Commercial Members.</p> <p>On April 01, 2021, CCHP had one hundred and seventy-three (173) contracted therapists Commercial Members could access for care within Contra Costa County and surrounding counties of Alameda and Solano. Contracted therapists included Psychiatrists, Psychologists, Marriage Family Therapists and Licensed Clinical Social Workers. In addition, CCHP offered Letters of Agreement (LOA) as needed to non-contracted therapists to further increase timely access to care.</p> <p>Within the calendar year 2021, the Contracts Team recruited four (4) Telehealth Behavioral Health groups to increase access to care, adding one hundred (100) therapists including seven (7) psychiatrists.</p> <p>In 2022, CCHP added eighty-four (84) therapists, including three (3) Psychiatrists, with eight (8) in process of being approved in June. CCHP is currently in discussion with two (2) additional psychiatry Telehealth groups to deliver care to CCHP Commercial Members.</p>	<p>The Network Management team monitors the Behavioral Health Network on a monthly-basis and works together with the Quality Management Team to identify access issues. The Network Management Team informs the Contracts Team which Behavioral Health Provider Type needs to be recruited. The Contracts team continually recruits Behavioral Health Providers and groups that offer Telehealth and in person care to increase timely access for our Commercial Members.</p>
<p>2. The Plan failed to ensure the waiting time for enrollees to speak by telephone with a plan customer service representative did not exceed 10 minutes.</p>	<p>Member Services</p>		
<p>3. The Plan failed to consistently notify the requesting provider of authorization decisions within 24 hours of making the decision.</p>	<p>Behavioral Health Department</p>		<p>BHD is in the process of hiring a dedicated HPAR to address timeliness of letter generation (for UM decisions as well as deferral letters).</p>

Findings	Department	Corrective Action						On-going Surveillance and Quality Assurance
4. The Plan is operating at variance with its filed utilization management policy.	Behavioral Health Department	<p>Department of Managed Health Care (DMHC) cites materials from the County BHS (SMHS for Medi-Cal members only) that are not reflective of Contra Costa Health Plan (CCHP) Managed Care Plan (MCP) policies or procedures for Commercial Members.</p> <p>CCHP MCP policies regarding access to Mental Health services were last updated in the fall of 2022. For providers who insist on filing referral for the initiation of care (despite “no auth required for first 7 visits”), CCHP BHD now offers a “No auth” letter (including a referral number) for provider record keeping.</p>						
5. The Plan failed to establish and implement a quality assurance process that assesses and evaluates compliance with utilization management requirements.	Behavioral Health Department	<p>Since 2022, BHD has tracked and reported metrics related to Utilization Management (UM) that monitor 1) UM volume by referral type, 2) letter compliance, 3) appropriateness of clinical decision making, and 4) Inter-Rater Reliability.</p> <p>Overall, this review has shown an overall increase in multiple referral types, an improvement in compliance regarding Turn Around, and high levels of inter-rater reliability in clinical decision making.</p>						Contra Costa Health Plan (CCHP) Behavioral Health Department (BHD) has not previously tracked utilization of In-Patient (IP) admissions / or Bed Days by Line-of-Business (LOB) and anticipates new report generation in collaboration with Business Intelligence (BI).
6. Failure of customer service to identify all grievances.	Appeals, Grievances, and Disputes							
7. The Plan failed to timely pay claims	Claims	Metric	Formula	Pre-Project Performance	Tier 1	Tier 2	Tier 3	CCHP is working on a key project to improve the claims and referral operations and system configuration. The changes of this project will go live on June 1 <sup>st</sup> , 2023.
		Claims Auto-Adjudication Rate	(Sum of CPN & KSR Auto-Adjudicated Claims) / (Total CPN & KSR Claim	82.2%	85.0%	88.0%	91.0%	

Findings	Department	Corrective Action						On-going Surveillance and Quality Assurance
			Volume Previous 3 Months)					We anticipate the changes will reduce the claims turnaround time for 25% to 40% of the overall pending claims.
		Referral Manual Processing %	(Sum of referrals manually touched by CCHP users) / (Total number of referrals processed)	Urgent: 67.2% Routine: 48.5% Retro: 97.4%	55%	50%	45%	
		Referral / Claims Matching	(Sum of unique claims fired with REFP) / (Total Claims Processed)	4.7%	2.7%	2.0%	1.0%	
8. The Plan failed to provide adequate training to Plan staff concerning the Plan's language assistance program with respect to understanding the cultural diversity of the Plan's enrollee population and sensitivity to cultural differences relevant to delivery of health care interpretation services.	Quality	<p>During the Department of Managed Health Care (DMHC) audit period, Contra Costa Health Plan (CCHP) had a 4-hour Employee Training that was divided in to two (2) sections, 1<sup>st</sup> part was called Managed Care 101 and 2<sup>nd</sup> part called Cultural Linguistics Program.</p> <p>CCHP provided extensive training to staff on understanding the cultural diversity of the plan population, sensitive to cultural differences, racial differences and health disparities, and information on the importance of using interpreter/translation services and our process for utilizing them. A video depicting a scenario where a patient did not receive interpreter services when needed, and the outcomes, was followed by a group discussion. Handout on how to use CCHP's interpreter/translation services and tips on working with interpreters. A separate topic on how to support</p>						Currently, Contra Costa Health Plan (CCHP) has revised the Cultural and Linguistic Training. The cultural diversity of the plan members as well as cultural sensitivity are covered all in one PowerPoint and includes detailed breakdown of race/ethnicity/language, our threshold languages, and how to effectively use interpreter services as well as translation of documents. See PowerPoint called New

Findings	Department	Corrective Action	On-going Surveillance and Quality Assurance
		members who are seniors with disabilities. (FRAGMENTED SENTENCES)	Employee C & L Training point dated March 2023.



# 4.0 Quality Program Overview

Sharron A. Mackey, MHS, MPA



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HEALTH

## 4.1

# Timely Access / Satisfaction Surveys

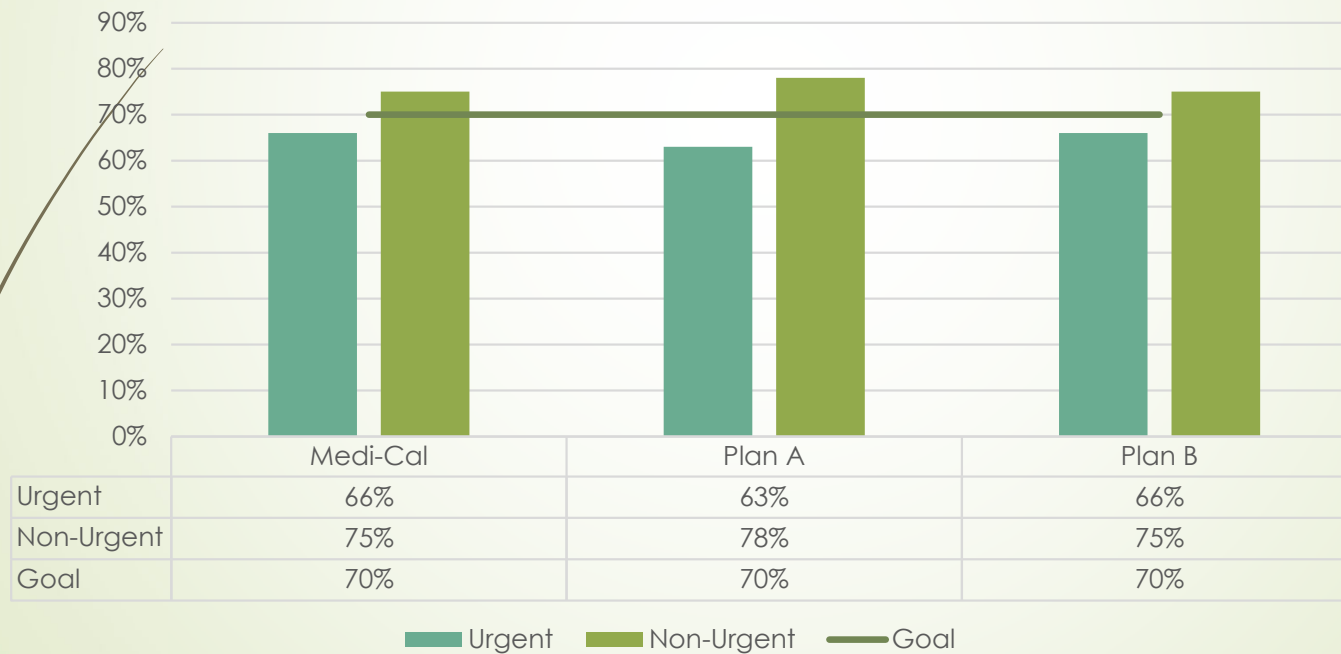
## Provider Appointment Availability

- Annual Provider Appointment Availability survey for routine and urgent appointment
- DMHC standards for timely access to appointment – 70% of providers must meet timeliness standards
- Appointment availability Standards:

	Non-Urgent Appointment	Urgent Appointment
<b>Primary Care Physicians</b>	Within 10 Business Days	Within 48 Hours
<b>Non-Physician Mental Health</b>	Within 10 Business Days	Within 96 Hours
<b>Psychiatrists</b>	Within 15 Business Days	Within 96 Hours
<b>Specialists</b>	Within 15 Business Days	Within 96 Hours
<b>Ancillary Providers</b>	Within 15 Business Days	N/A

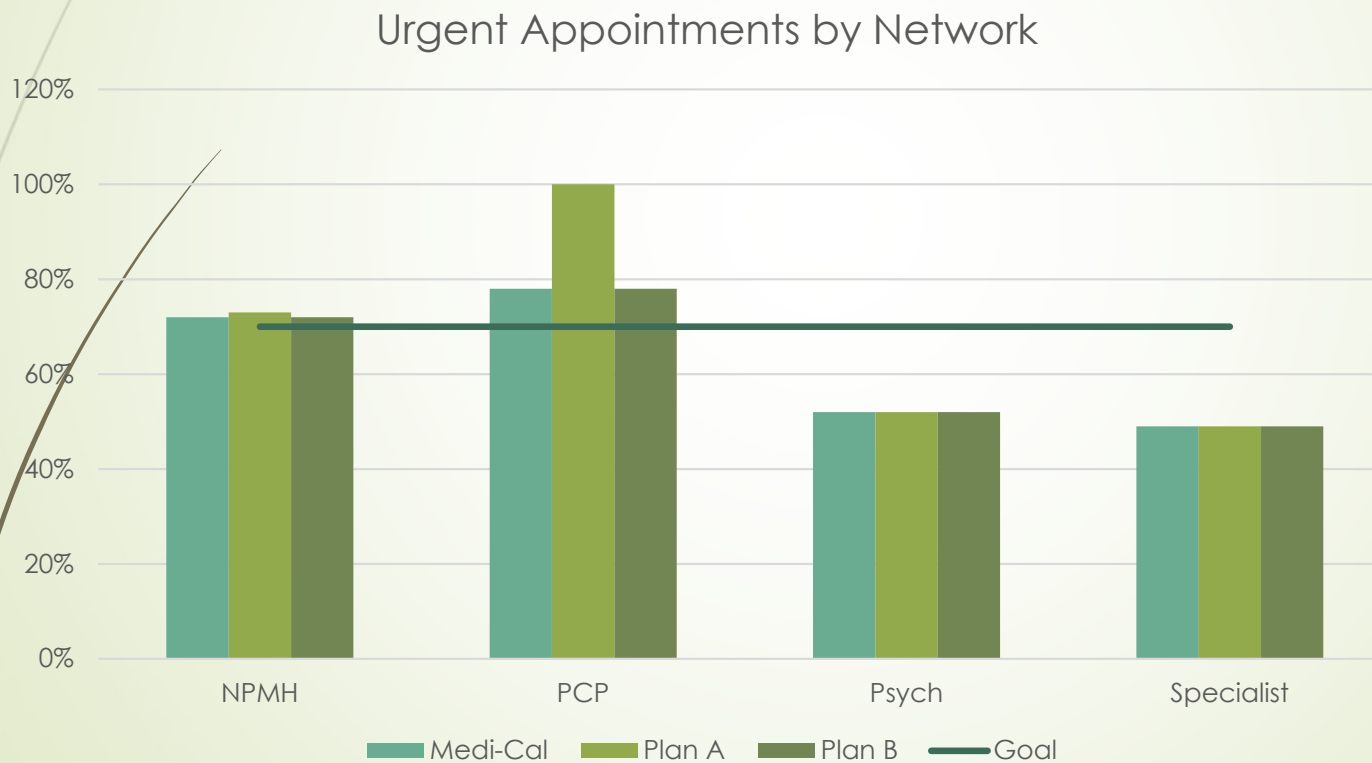
# CCHP Networks meets all Timely Standards for Routine Appointments, but not Urgent Appointments

Routine and Urgent Appointments  
By Network



DMHC defines 'patterns of non-compliance' as any network below 70% for urgent and/or non-urgent appointments

# Breakdown of urgent appointment results by provider type



When looking specifically at where urgent care appointments are not meeting timeliness standards, these are concentrated in psychiatry and specialty care

# Timely Access Analysis and Conclusions



Further review of patterns of non-compliance with psychiatric care and specialty care

One large telehealth provider represents psychiatric low rates for urgent care; repeat finding from 2021; high rates for routine care, but low rates for urgent care  
Specialty urgent rates were concentrated in endocrinology and pediatric gastroenterology; no trends across multiple years



Meetings with provider relations and internal stakeholders to discuss trends



Follow-up actions focused on:

Network expansion – since fielding, added gastroenterologist and psychiatrists

Provider education and feedback on timely access standards, to understand barriers

# Member Satisfaction Survey– Access to Care

## Methods

- CCHP sends a member survey to approximately 15,000 members annually to assess access and satisfaction (separate from CAHPS survey)
- Response rate of ~5%

## Results – Medi-Cal Survey

- Overall satisfaction rates in the 50-60% for timely access to services
- Observed a decline in members reporting they could access urgent care when they needed
- Observed a decline in members reporting they could get a routine appointment with their PCP within 10 days
- Observed a decline in members reporting they could get a specialist appointment within 15 days
- No significant change in laboratory or mental health or behavioral health access
- Observed lower rates for RMC vs CPN in access to PCP and specialty appointments

## Results – Commercial Survey

- Commercial members reported lower access rates than that of Medi-Cal members
- Observed no decline in urgent care and slight decline in routine care
- Observed significant increase in behavioral health access

# Provider Satisfaction Survey— Access to Care

## Methods

- Provider survey to 1,500 providers with 15% response rate

## Results

- Overall high satisfaction with provider regarding access to care (70-80%)
- Lower satisfaction with RMC providers than CPN providers on access to services
- Lower satisfaction with access to route primary care than urgent primary care (opposite of Timely Access and patient survey results)



## 5.0 Focus Topics



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## 5.1

# Pharmacy Update

# CCHP Department Operations and Customer Service

- ▶ Prior Authorization Turn Around Time
  - ▶ 100% compliance on DMHC standards for PA turnaround time for CCHP Commercial members for Q1 and Q2 2023
- ▶ Customer Service Stats
  - ▶ Average in Queue wait time for incoming department phone calls was 33 seconds for Q1 2023 and 26 seconds for Q2 2023
- ▶ Pharmacy Formulary Review
  - ▶ Examining formulary changes for the commercial pharmacy benefit to maximize rebate opportunities
- ▶ Regulatory Compliance
  - ▶ Partnered with CCHP Compliance Department to establish proper documentation to meet requirements of APL changes due during Q1 and Q2 2023

# Drug Utilization Review Programs

- Goal for 2023 has been to update DUR programs
- Clinical DUR Programs
  - Pharmacy department has implemented or updated 9 clinical programs focusing on our Medi-Cal members to assist members and providers with optimal clinical outcomes
  - Examples include opioid benzo letters, proper usage of anti-psychotics and stimulants in children, Hepatitis C medication compliance and emergency department prescription access audits
- Most recent DUR program details were submitted to DHCS in June 2023
  - Received an invitation to present at the Fall State DUR meeting

# Medi-Cal Rx Updates

- ▶ Medi-Cal Rx began on 1/1/2022
  - ▶ Medi-Cal Rx is the payor for the prescription benefit for CCHP Medi-Cal members
  - ▶ Initial prior authorization requirements were withdrawn in early 2022
  - ▶ As of 9/2022, prior authorizations restarted for medication classes
    - ▶ This phased process has continued through Q1 and Q2 2023 with a stepwise approach
  - ▶ CCHP Pharmacy department has been assisting members and providers with these changes
    - ▶ CCHP has taken many steps to work with members and providers to facilitate these changes including provider newsletters, P&T updates and educational customer service calls with members and pharmacies

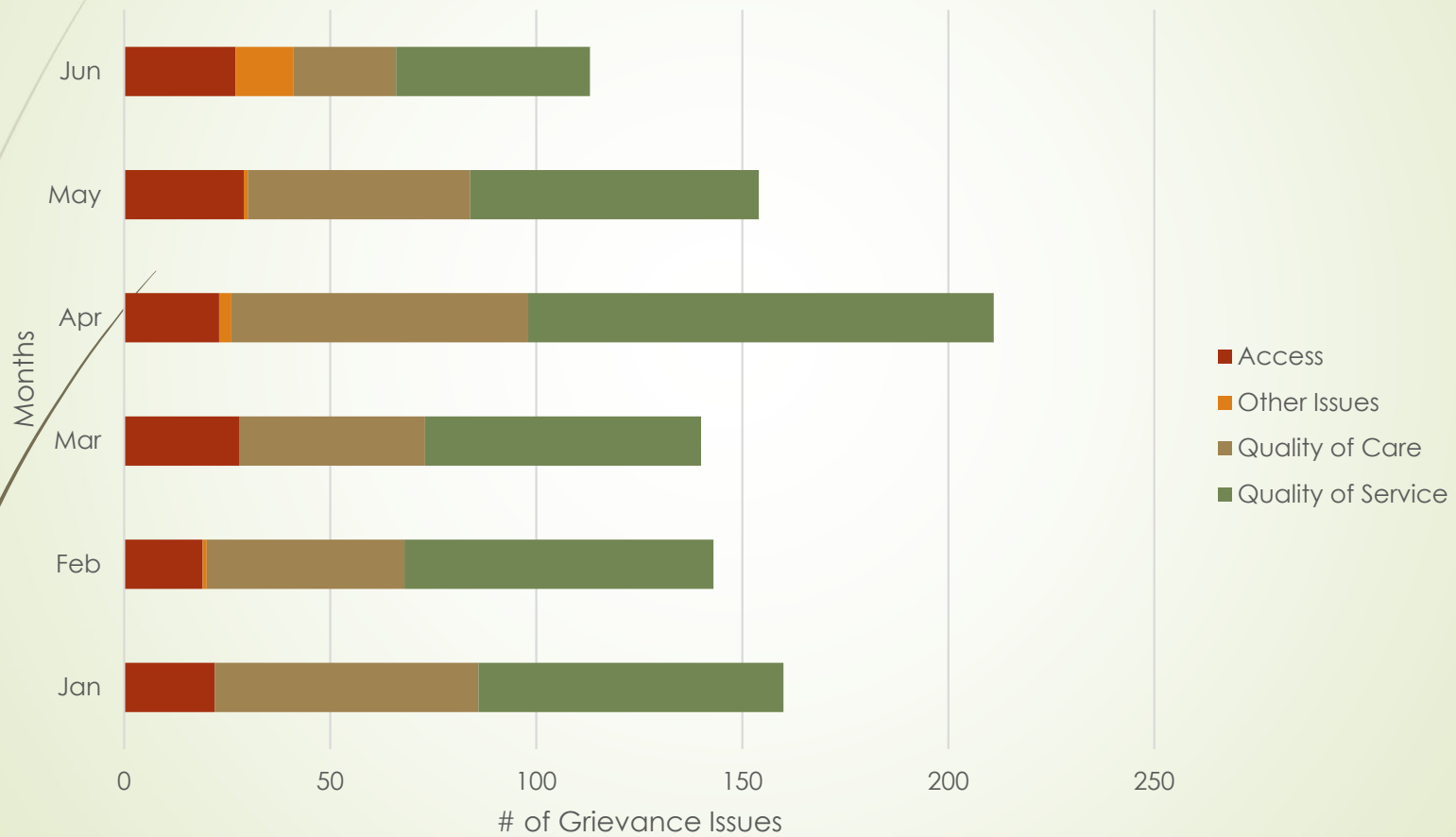
## 5.2

# Member Appeals & Grievances Analysis

# CCHP Grievances



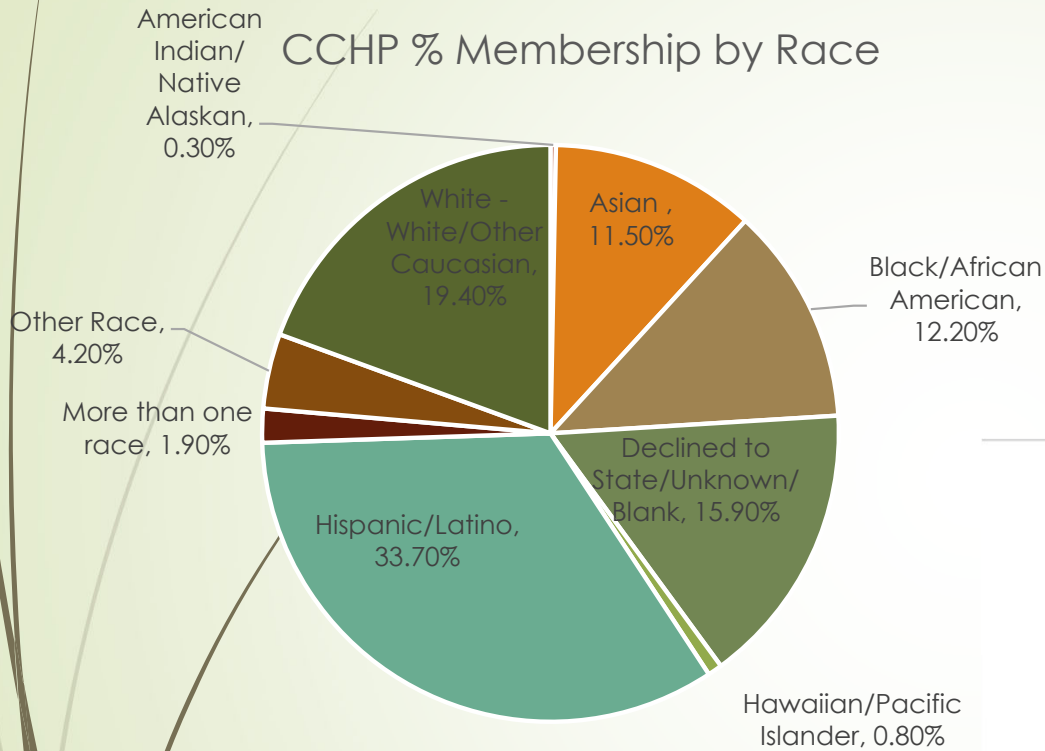
# Grievances by Type



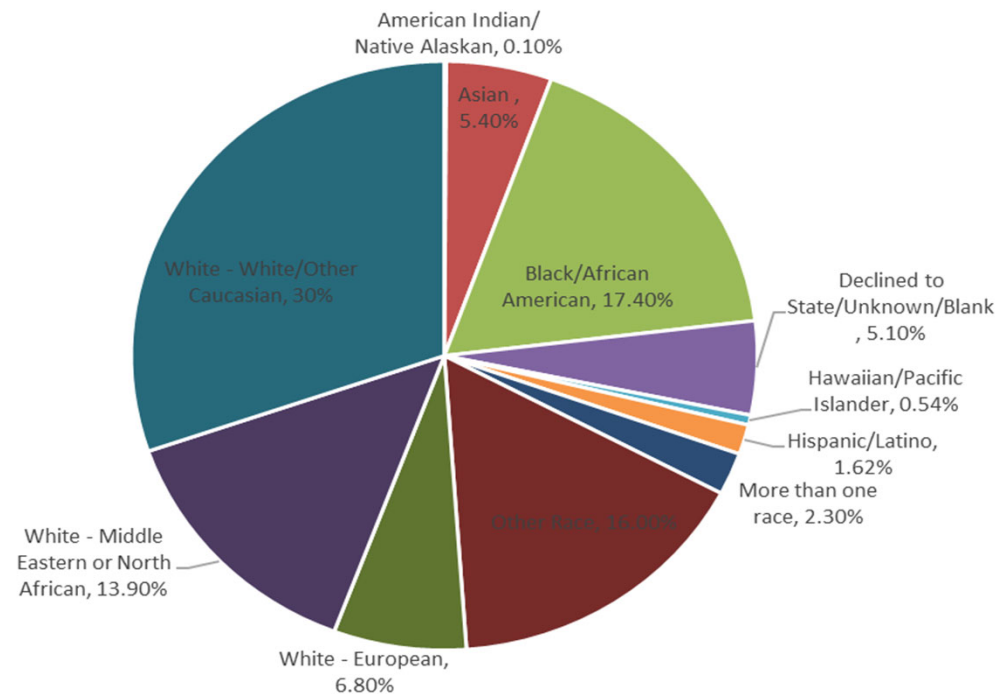


# CCHP Membership by Race/ Grievances by Race

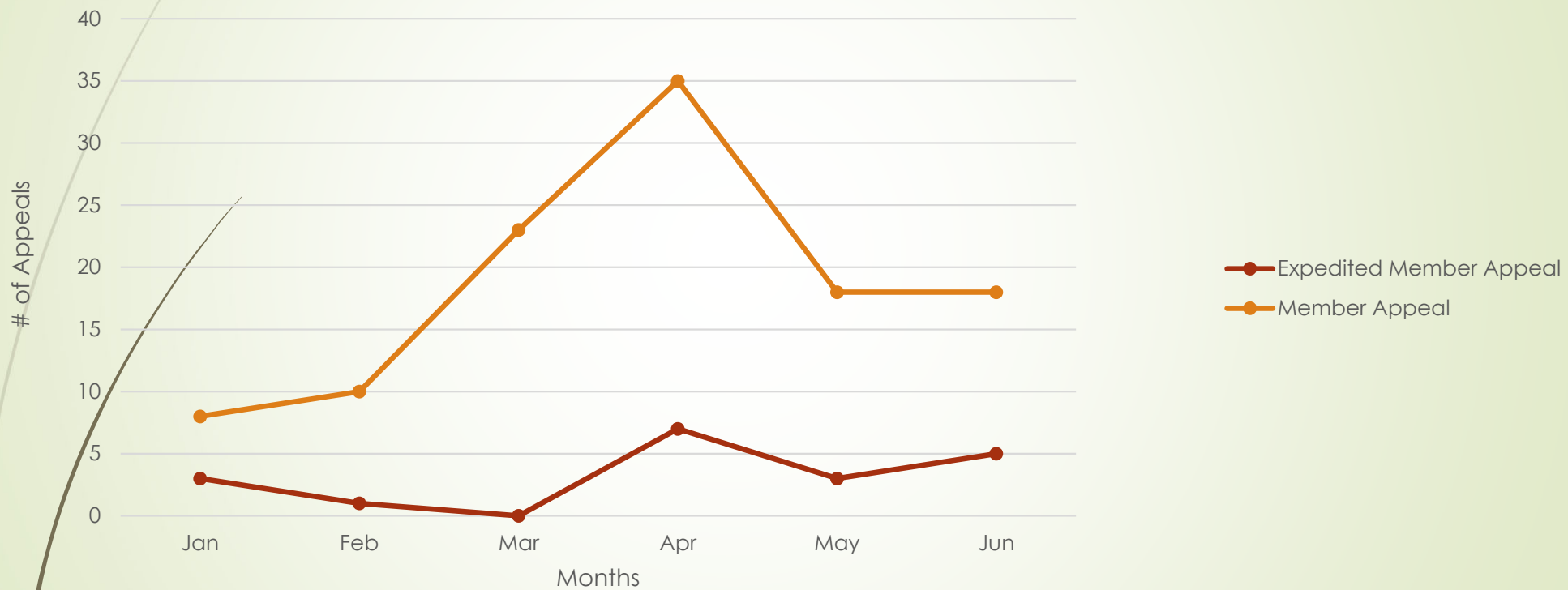
CCHP % Membership by Race



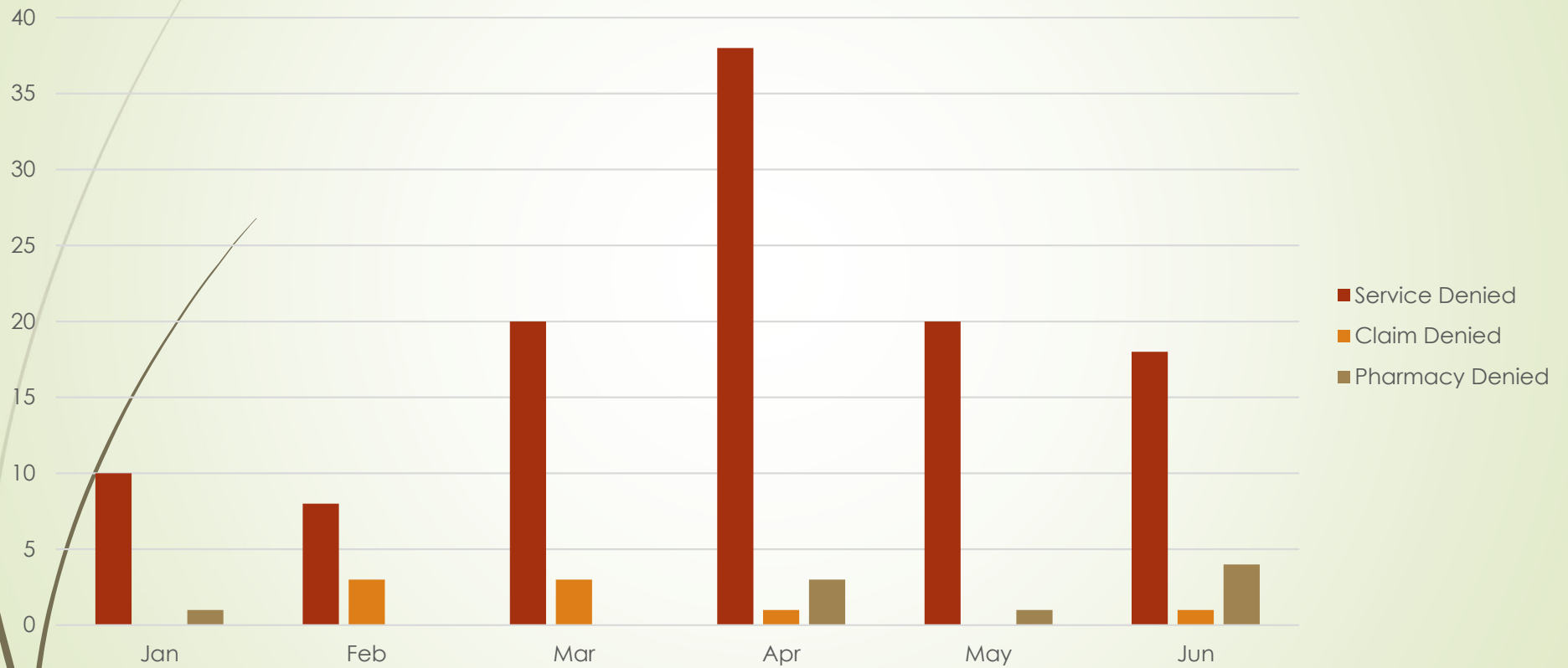
% of Grievances by Race



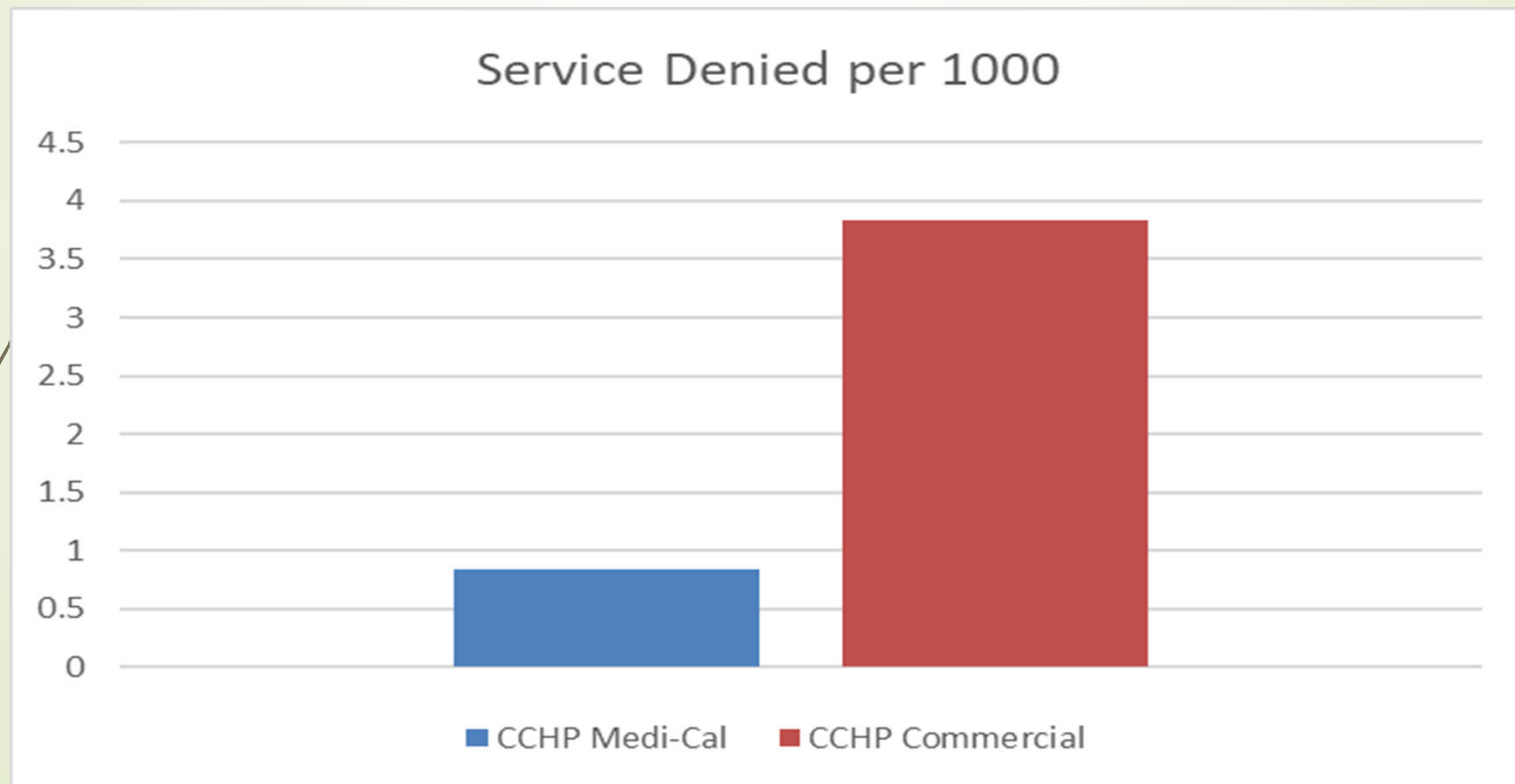
# CCHP Member Appeals



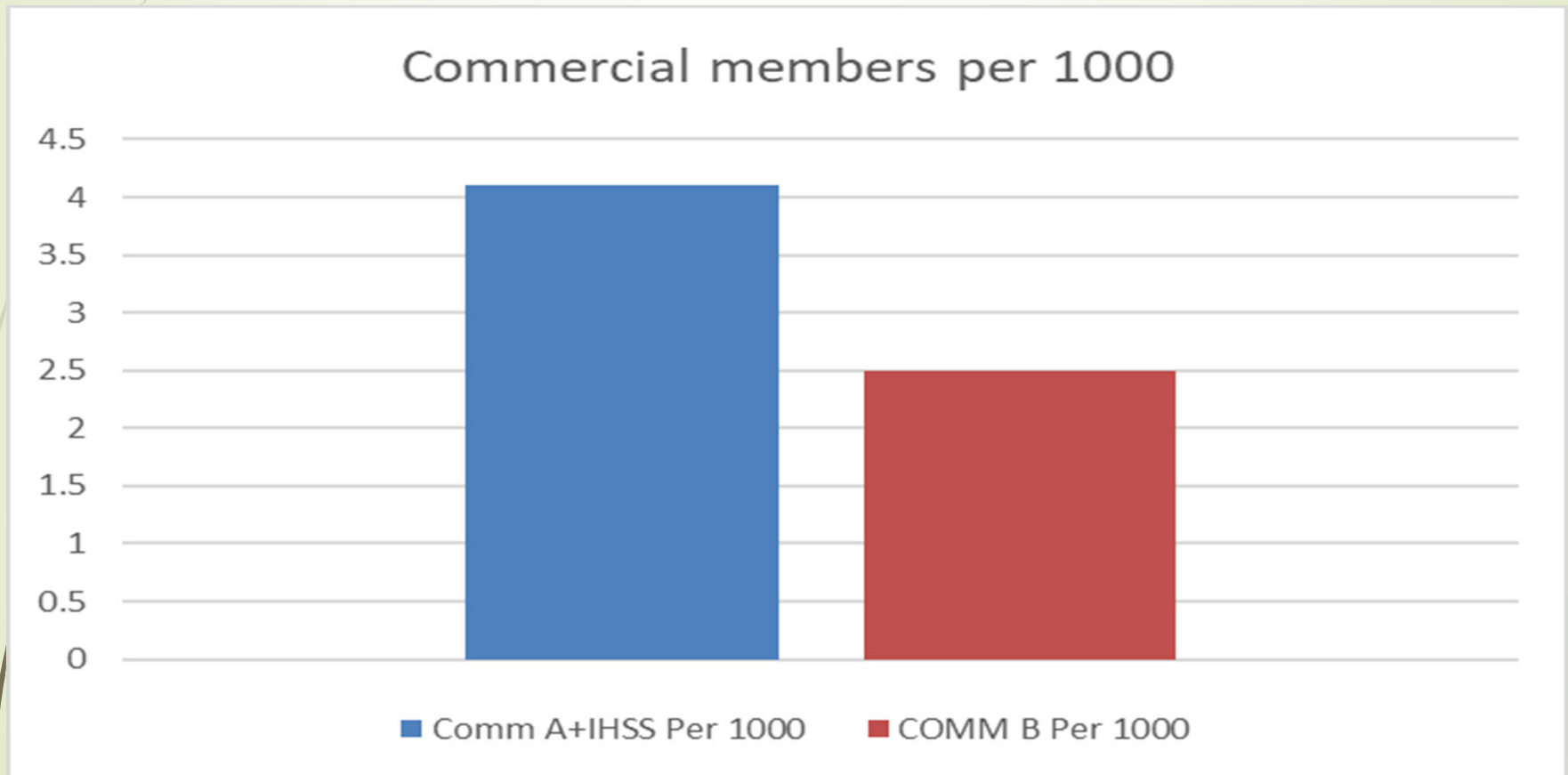
# Appeals Reason



# Member Appeals for Service Denied- Per 1000 Members



## Commercial Members Appeals for Service Denied



# Provider "Hospital" Disputes

Provider Appeal



## 5.3

# Advice Nurse Unit

# CCHP ADVICE NURSE UNIT REPORT

January 2023 to June 2023

Advice Nurses	Goal	Standard	1Q 2022	2Q 2022	3Q 2022	4Q 2022	Total 2022	2022-23 Goal	2022-23 Standard	1Q 2023	2Q 2023	3Q 2023	4Q 2023	Total 2023
Number of Calls (total)	N/A	NA	57,156	48,976	42,130	43,404	191,666	N/A	N/A	45,153	43,717			
Call back option calls	N/A	N/A	4,743	3,917	3*	3419	12,082	N/A	N/A	4218	3760			
Average answer time (seconds) 2021-22 goal 30sec	30 sec	<30	224	173	164	200	761	7 Min (420s)	<7Min (420s)	196	158			
Abandonment Rate Average	5%	5%	10%	9%	12%	10%	10%	10% 5%-fully staffed	<10%	9%	8%			
Wrap Time average 2020 goal <90 sec	<90 sec	NA	1:59	2:23	2:24	2:06	2:03	<90sec	N/A	2:13	2:24			
Calls answered in <30 seconds	Short Term 75% Long Term 90%	90%	2%	3%	2%	2%	2%	Calls answered 1-3 min	TBD	22%	20%			
Calls answered <60 sec	N/A	N/A	7%	7%	6%	7%	7%	Calls answered 3-5 m	TBD	15%	13%			
Calls answered 30 to 60 seconds	N/A	N/A	5%	4%	4%	5%	5%	Calls answered >5m	TBD	63%	67%			
Calls answered in 1 to 5 minutes	N/A	N/A	38%	30%	27%	30%	31%							
Calls answered >5 mins	N/A	N/A	55%	64%	67%	63%	62%							

\*The callback option on CCHP phone tree was not functioning properly. It has been corrected.



# CCHP ADVICE NURSE UNIT REPORT

January 2023 to June 2023

<b>Personnel</b>	<p>Hired 5 new Permanent PT Advice Nurses. Orientation schedules will be set starting end of July. Our LVN candidate declined the offered position. We will ask for an additional list. Advice Nurse Supervisor position has been posted. Per-diem Supervisor position posted and filled by previous Supervisor, Charlis Salazar</p>
<b>Conclusion</b>	<p>Orientation start dates for new Advice Nurses will start end of July. Continue to recruit for 2 open LVN positions.</p>
<b>Actions Completed</b>	<p>Advice Nurse Interviews Per-diem Supervisor position posted and filled.</p>

6.0 Chief  
Executive  
Officer's Report-  
Legislative  
Updates

Sharron A. Mackey, MHS, MPA



CONTRA COSTA  
HEALTH

## 6.1

# Managed Care Organization Taxes

## State Investment in Medi-Cal: Member Wins

- ▶ Statewide over 15 million members benefit under this budgetary structure
- ▶ MCO taxes impact and improve access, quality and equity
- ▶ Huge financial support of the CalAIM initiative

# Managed Care Organization (MCO) Taxes

- Health Care related taxes as a licensing fee or assessment or a mandatory payment
- Govern by Federal Government to impose these taxes
- Tax is a mechanism to finance the non-federal share of payments to the MCO and there is a federal match
- Economically neutral to MCOs paying the tax and revenue generating
- MCO brings down billions of dollars to CA – taxes are not paid by Medi-Cal MCO
- Commercial health plans pay this tax to help fund the Medi-Cal
- Win-win for those commercial plans that have a state sponsored product (Kaiser, Anthem, Healthnet, Blue Shield, etc.)
- Amount of MCO is based on Membership (CCHP small amount with only 7.0 commercial members)

## MCO Principles: Opportunity to Address Historical Problems of Provider Reimbursements

- ▶ Increases the Medi-Cal provider reimbursements
- ▶ Long-term strategy for rate increases – addresses the chronic problem of reimbursements
- ▶ Expand the benefit designs – more health & social services
- ▶ Addresses the social inequities and disparities in health care
- ▶ Positions the state to draw down additional matching funds
- ▶ In 2025 there is a \$2.7 Billion annually earmarked to improve Access & Equity

## Provider Impacted: Medi-Cal Fee Schedule to Medicare

- PCPs
- OB Providers
- Low to Moderate Mental Health
- Specialty
- Hospital Outpatient Procedures
- Family Planning
- Designated Hospital
- Long Term Care



## 7.0 Review & Approval of Progress Report

Sharron A. Mackey, MHS, MPA



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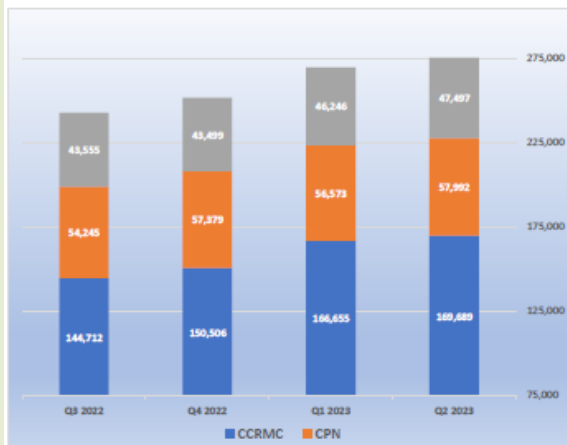


## 7.1

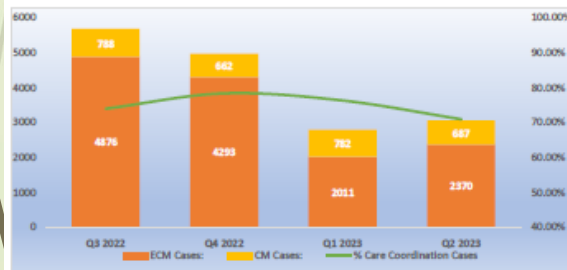
# Operational Dashboard

# Executive Dashboard

## MEMBERSHIP BY NETWORK

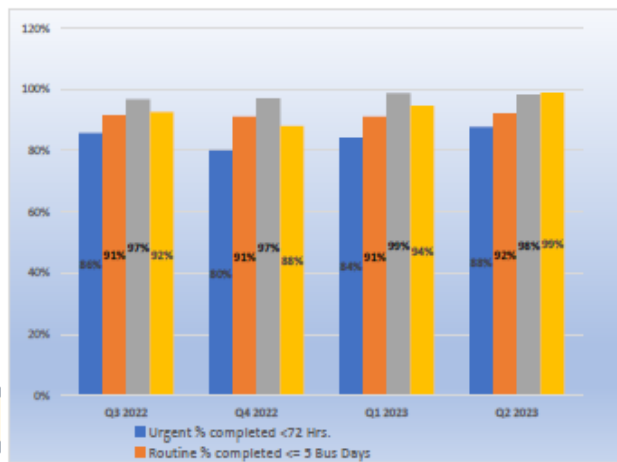


## CASE MANAGEMENT



	Q3 2022	Q4 2022	Q1 2023	Q2 2023
ECM Cases:	4876	4293	2011	2370
CM Cases:	788	662	782	687
% Care Coordination Cases	73.86%	78.25%	76.21%	70.89%
% Complex Cases	12.06%	10.42%	7.54%	6.70%
% Hospital Cases	6.47%	4.38%	6.65%	15.72%
% CCS Transition Cases	5.46%	5.74%	8.44%	5.97%
% Chronic Cases	1.40%	0.91%	0.90%	0.44%
% Supportive Cases	0.76%	0.30%	0.26%	0.29%

## UTILIZATION MANAGEMENT



## Turnaround time (5 days - DMHC/14 days - DHCS)

Turnaround time	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Urgent % completed <72 Hrs.	86%	80%	84%	88%
Routine % completed <= 5 Bus Days	91%	91%	91%	92%
Routine % completed < 14 Cal days	97%	97%	99%	98%
Retro % completed <= 30 Cal Days	92%	88%	94%	99%

## PHARMACY

	Q3 2022	Q4 2022	Q1 2023	Q2 2023
<b>RX Volume Totals:</b>	<b>28,731</b>	<b>29,287</b>	<b>28,185</b>	<b>27,816</b>
Pharm Costs:	\$4,773,181	\$4,901,111	\$5,159,032	\$5,260,512
340B Savings	\$280,199	\$264,866	\$291,425	\$250,264
Commercial (PMPM)	\$223.11	\$230.22	\$244.95	\$256.44
% Formulary Compliance All	86.38%	86.22%	86.88%	86.44%
% Generic All	86.98%	86.68%	87.28%	87.06%

## INITIAL HEALTH ASSESSMENT

### One Comprehensive Visit Within 120 Days of enrollment

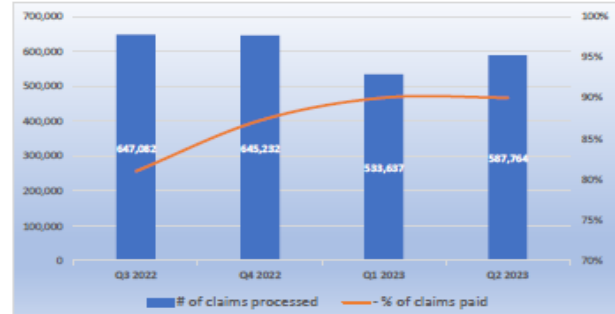


	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Total New Members	2,188	2,250	2,494	2,688
Total Members w/o IHA	1,808	1,189	1,167	1,233
<b>% of Completion</b>	<b>17.37%</b>	<b>47.16%</b>	<b>53.21%</b>	<b>54.13%</b>
RMC Compliance	13.92%	44.20%	43.30%	42.50%
CPN Compliance	36.89%	62.00%	86.60%	82.10%

# Executive Dashboard

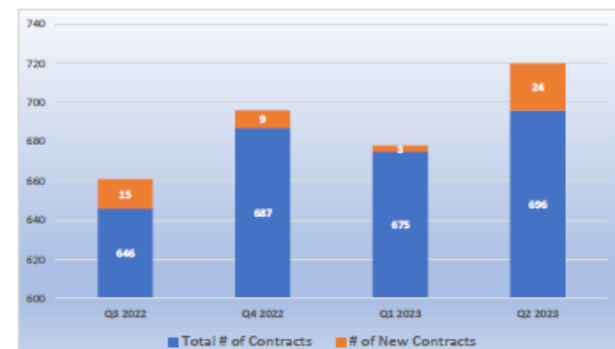
## CLAIMS PROCESSING

	Q3 2022	Q4 2022	Q1 2023	Q2 2023
# of claims processed	647,082	645,232	533,637	587,764
- % of claims paid	81%	87%	90%	90%
- % of claims denied	19%	13%	10.00%	10%
Auto-Adjudication Rate	87%	82%	79%	82%
# provider Disputes	831	520	379	653
% of dispute to # claims	0.13%	0.08%	0.07%	0.11%

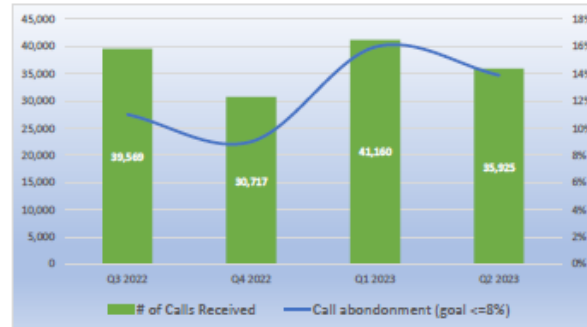


## PROVIDER RELATIONS & CONTRACTS

	Q3 2022	Q4 2022	Q1 2023	Q2 2023
CPN Specialists	12,730	12,767	13,081	13,108
CPN PCPs	267	260	432	445
Total # of Contracts	646	687	675	696
# of New Contracts	15	9	3	24



## MEMBER SERVICES

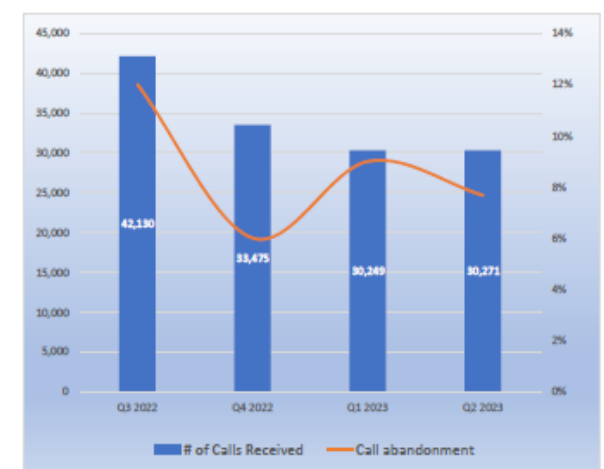


	Q3 2022	Q4 2022	Q1 2023	Q2 2023
# of Calls Received	39,569	30,717	41,160	35,925
Avg call answer time	0:15:15	0:10:15	0:31:00	0:20:38
Call abandonment (goal <=8%)	11%	9%	16%	14%

## MEMBER APPEALS & GRIEVANCES

	Q3 2022	Q4 2022	Q1 2023	Q2 2023
<b>APPEALS</b>				
# of Member Appeals	63	68	45	88
# per 1000 members	0.32	0.33	0.20	0.39
<b>GRIEVANCES</b>				
# of Grievances	189	139	138	212
# of Issues	550	512	372	423
# per 1000 members	0.95	0.68	0.62	0.93
<b>EXEMPT GRIEVANCES</b>				
# Exempt complaints	0	0	0	0
# Decline Exempt Complaint	44	34	20	40
# of Issues	66	54	42	40
# per 1,000 members	0.22	0.17	0.09	0.18

## ADVICE NURSE

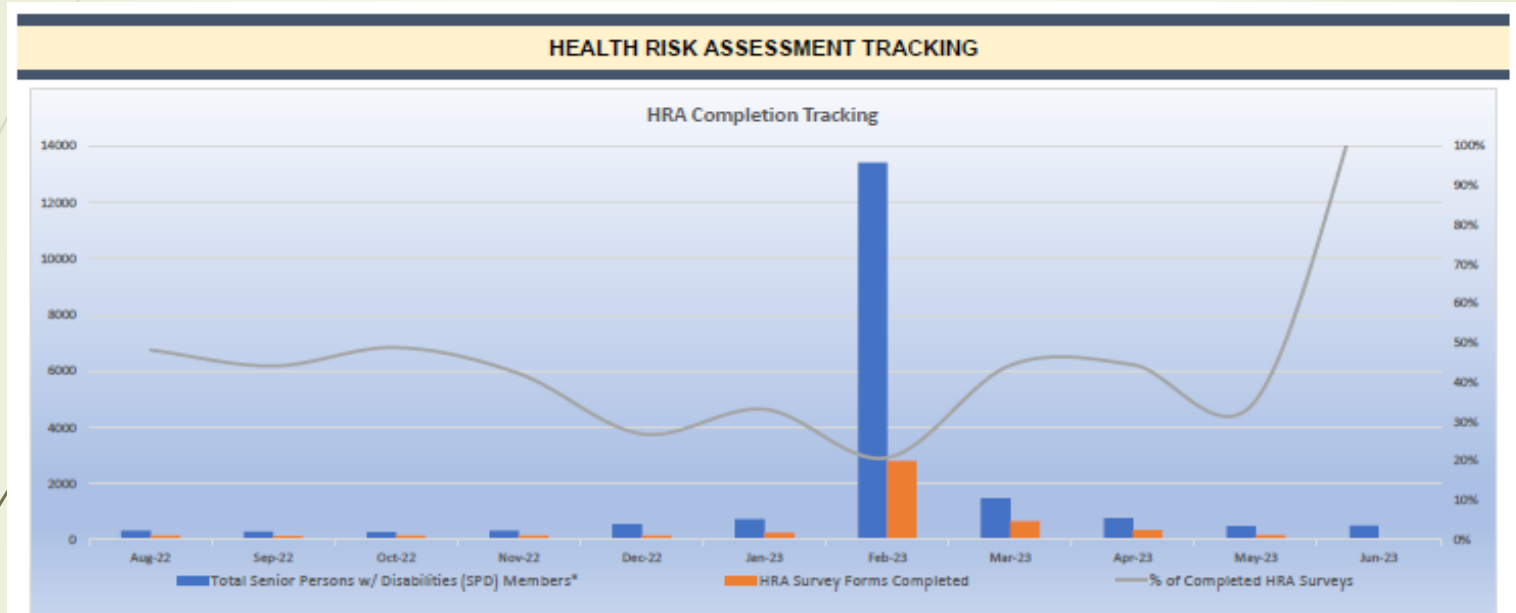


	Q3 2022	Q4 2022	Q1 2023	Q2 2023
# of Calls Received	42,130	33,475	30,249	30,271
Avg call answer time (seconds)	164	124	196	475
Call abandonment	12%	6%	9%	8%

### % of calls answered:

	Q3 2022	Q4 2022	Q1 2023	Q2 2023
in less than 30 seconds	2%	2%	2%	2%
in less than 60 seconds (goal)	6%	7%	7%	7%
in 1 to 5 minutes	27%	30%	30%	30%
in more than 5 minutes	67%	61%	61%	61%

# Executive Dashboard



**NOTE: The graph is skewed due to high volume of new members reassigned from Medi-Cal in Feb 2023. This impacts following months as well.**

Month Enrolled	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Total Senior Persons w/ Disabilities (SPD) Members*	305	281	264	320	547	727	13,406	1,473	763	482	500
HRA Survey Forms Completed	147	124	129	135	147	241	2,792	653	339	171	636
% of Completed HRA Surveys	48%	44%	49%	42%	27%	33%	21%	44%	44%	35%	127%
HRA Survey Forms NOT Completed	158	157	135	185	400	486	10,614	820	424	311	
3 calls made (for HRA forms not completed)	103	99	99	383	459	1,134	852	213	149		
Other Reason**	55	58	36	29	73	27	34	125			

\*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

## 7.2 Enrollment Trend

### CCHP Enrollment Trend Report for June 2023 (TAP2696)

7/5/2023 9:00 AM

Product	CPN	KSR	RMC	Current Month	Previous Three Month Average	Last Year Same Month	Annual Change	% of Change
<b>1) Medi-Cal</b>								
Medi-Cal AFDC	28,235	20,803	57,551	106,589	105,501	97,660	8,929	9%
Medi-Cal (duals)	3,565	3,641	22,321	29,527	29,196	14,045	15,482	110%
Medi-Cal (Voluntary)	292	373	1,465	2,130	1,979	1,375	755	55%
Medi-Cal Low Income Child Program	6,720	6,585	9,520	22,825	22,935	22,603	222	1%
Medi-Cal SPD	3,959	1,898	10,287	16,144	16,034	15,218	926	6%
Medi-Cal Expansion (New)	14,692	14,197	62,308	91,197	89,246	79,066	12,131	15%
<b>Subtotal</b>	<b>57,463</b>	<b>47,497</b>	<b>163,452</b>	<b>268,412</b>	<b>264,891</b>	<b>229,967</b>	<b>38,445</b>	<b>17%</b>
<b>3) COUNTY EMPLOYEES</b>								
PLAN A	0	0	3,427	3,427	3,465	3,842	(415)	(11%)
PLAN B	528	0	615	1,143	1,151	1,088	55	5%
PERS	0	0	8	8	8	9	(1)	(11%)
A2 T & P	0	0	1	1	1	1		0%
A2 ARCCC	0	0	5	5	5	5		0%
Superior Court	1	0	43	44	44	48	(4)	(8%)
<b>Subtotal</b>	<b>529</b>		<b>4,099</b>	<b>4,628</b>	<b>4,674</b>	<b>4,993</b>	<b>(365)</b>	<b>(7%)</b>
<b>4) Commercial</b>								
In-Home Supportive Services	0	0	2,138	2,138	2,171	2,167	(29)	(1%)
<b>Subtotal</b>			<b>2,138</b>	<b>2,138</b>	<b>2,171</b>	<b>2,167</b>	<b>(29)</b>	<b>(1%)</b>
<b>5) UNINSURED RECIPIENTS</b>								
Mental Health /Short Doyle (Rx Only)	0	0	2	2	2	2		0%
Pending & Restricted Medi-Cal (Rx Only)	0	0	53	53	42	39	14	36%
Administrative Override (Rx Only)	0	0	44	44	44	56	(12)	(21%)
<b>Subtotal</b>			<b>99</b>	<b>99</b>	<b>88</b>	<b>97</b>	<b>2</b>	<b>2%</b>
<b>CCHP MEMBER TOTAL (Less Uninsured)</b>	<b>57,992</b>	<b>47,497</b>	<b>169,689</b>	<b>275,178</b>	<b>271,736</b>	<b>237,127</b>	<b>38,051</b>	<b>16%</b>
<b>CCHP Managed Lives Total</b>	<b>57,992</b>	<b>47,497</b>	<b>169,788</b>	<b>275,277</b>	<b>271,824</b>	<b>237,224</b>	<b>38,053</b>	<b>16%</b>

*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.*

## 7.3

# Next Meeting Reminders



## Joint Conference Committee

### Next Meeting Date

Friday, March 10, 2023  
Monday, July 31, 2023\*  
Friday, September 8, 2023  
Friday, December 8, 2023

**All Meetings Are Scheduled  
From 9:30AM-11:30AM**

\*scheduled 1:00PM - 3:00PM

**Join via Zoom or in person**

**Zoom link posted prior to meeting**

# 9.0 Adjournment



CONTRA COSTA  
**HEALTH**