



# Welcome to the Joint Conference Committee

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



# 1.1 Agenda

| <u>Time</u> | <u>Tab</u>  |  |
|-------------|---|--|
| 9:30        | <b>1.0 Call to Order</b>  | Supervisor Candace Andersen<br>JCC Committee<br>JCC Committee<br>Public<br>JCC Members |
|             | 1.1 Agenda  |  |
|             | 1.2 Approve July 31, 2023, Minutes                              |  |
|             | 1.3 Public Comments   |  |
|             | 1.4 JCC Comments  |  |
|             | <b>2.0 CEO Updates</b>  | Sharron Mackey, CEO  |
|             | 2.1 Single Plan Model (SPM) State of Readiness                  |  |
|             | 2.1.1 Member Services   |  |
|             | 2.1.2 Advice Nurse  |  |
|             | 2.1.3 Case Management   |  |
|             | 2.1.4 Provider Relations  |  |
|             | 2.1.5 Utilization Management                                    |  |
|             | 2.2 DHCS Preliminary Audit Results                              |  |
|             | 2.3 Rankings National Committee for Quality Assurance (NCQA)    |  |
|             | <b>3.0 Chief Medical Officer's Report</b>                       | Dr. Irene Lo, CMO  |
|             | 3.1 Clinical Operations Improvements                            |  |
|             | <b>4.0 Quality Program Overview</b>                             | Elizabeth Hernandez, Quality Director  |
|             | 4.1 Population Health Management                                |  |
|             | <b>5.0 Focus Topics:</b>  |  |
|             | 5.1 Provider Relations  | Terri Lieder, Provider Relations Director  |
|             | 5.1.1 Network Expansion Deficiencies                            |  |
|             | 5.1.2 Anthem Expansion  |  |
|             | 5.2 Member Services – Improvements & Challenges                 | Suzanne Tsang, Member Services Director  |
|             | 5.3 Member Appeals & Grievances                                 | Dr. Nicolás Barceló, Medical Director  |
|             | 5.4 Compliance – Overview and Updates                           | La Rae Banks, Compliance Director  |
|             | <b>6.0 Chief Executive Officer's Report-Legislative Updates</b> | Sharron Mackey, CEO  |
|             | 6.1 Diversity, Equity, and Inclusion training                   |  |
|             | 6.2 Equity & Practice Transformation Payments to Providers      |  |
|             | <b>7.0 Review and Approval of Progress Report</b>               | Sharron Mackey, CEO  |
|             | 7.1 Operational Dashboard                                       |  |
|             | 7.2 Enrollment Trend  |  |
|             | 7.3 Finance Report  | Pat Godley, COO/CFO  |
|             | 7.4 Next Meeting Reminders                                      |  |
|             | <b>8.0 Adjournment</b>  | Supervisor Candace Andersen  |



## 1.2 Approve Minutes

**Approve July 31, 2023 minutes**

**Contra Costa Health Plan / Board of Supervisors  
 Joint Conference Committee Meeting Minutes  
 Monday, July 31, 2023  
 1:00PM – 3:00PM**

**Present:**

Supervisor Candace Andersen, District II\*  
 Gabriela Sullivan, MD, CCRMC\*  
 (Dr. Ceci absent, LifeLong)  
 \*JCC Voting Member

Supervisor Diane Burgis, District III\*  
 Nathan Stern, MD, LifeLong\*

Sharron Mackey, CEO  
 Angela Choy, COO  
 Irene Lo, MD, CMO  
 Anna Roth, HS Director  
 Chanda Gonzales  
 Cheryl Whitfield  
 Cynthia Choi  
 David Chen  
 Debbie Toth  
 Elizabeth Hernandez  
 Erika Jenssen  
 Jill Ray  
 Joseph Cardinalli, PharmD  
 La Rae Banks

Leizl Avecilla  
 Leonel Lujan  
 Magda Souza  
 Nicolas Barcelo, MD  
 Pasia Gadson  
 Patricia Munoz-Zuniga  
 Roxanne Garza  
 Sara Levin, MD  
 Stephanie Schram  
 Susan Frederick  
 Teresa Geringer  
 Wendy Mascitto  
 Will Harper

| SUBJECT                      | DISCUSSION  | ACTION / WHO  |
|------------------------------|---|---|
| <b>1.0<br/>Call to Order</b> | <p><b><u>1.0 Call to Order</u></b><br/>           Supervisor Candace Andersen called the meeting to order on July 31, 2023, at 1:00PM. The Board of Supervisors (BOS) has a policy regarding their committees that at least one BOS be present to meet quorum. Quorum of one met at beginning of meeting.</p> <p><b><u>1.1 Agenda</u></b><br/>           Agenda for July 31, 2023, reviewed and approved by Supervisor Andersen.</p> <p><b><u>1.2 March 10, 2023 Minutes</u></b><br/>           3/10/2023 JCC Minutes approved unanimously at the end of meeting when all voting members were present.</p> <p><b><u>1.3 Public Comment</u></b><br/>           None.</p> <p><b><u>1.4 JCC Comment</u></b><br/>           None.</p> | <p>Supervisor Candace Andersen</p> <p>JCC Committee</p> <p>JCC Committee</p> <p>Public</p> <p>JCC Members</p> |
| <b>2.0<br/>CEO Updates</b>   | <p><b><u>2.1 2023 Roadmap Updates</u></b><br/>           Highlights of some accomplishments: A) Benefit Engine Redesign project, assists with adjudicating claims (goal is to go from 82.2% to 91%; and less manual process). B) Deferral letters, when a physician is asking for specialty care, but not enough information was sent (now at 52% for timely Deferral letters); improves access of care for members. C) 2022 HEDIS scores, CCHP was in the top 90<sup>th</sup> percentile nationally.<br/>           Concerns: Long-Term Care benefit transition with a focus of helping members get out of Skilled Nursing Facilities (SNFs) to return back home</p>   | <p>Sharron Mackey, MHS, MPA, CEO</p>  |

| SUBJECT                          | DISCUSSION   | ACTION / WHO  |
|----------------------------------|--|---|
|                                  | <p>or in the community. Next phase is to contract with facilities such as Intermediate Care Facilities for the Developmentally as well as some specialized rehabilitative services. CCHP will have the network in place for 1/1/2024.</p> <p>Another concern is a new requirement from Department of Health Care Services (DHCS) that states all patients in the hospital will require a case manager. The local health plans have made an appeal to DHCS. CCHP received a new All Plans Letter (APL) that outlines the adjudication of claims. A clean-claim payment turnaround time now will be 30 business days, instead of 45 days.</p> <p>Dual Special Needs Plans (D-SNP) starts 2026: CCHP will need at least two years to prepare for D-SNP</p> <p><b>2. <u>Single Plan Model (SPM) Deliverables</u></b><br/> CCHP is preparing for Single Plan Model (SPM). Have been updating policies and MOUs and expanding the Provider Network. Once CCHP becomes an SPM, 30,000+ Anthem Blue Cross members will automatically be assigned to CCHP. CCHP is in the process of ensuring operations can handle this membership expansion.<br/> There are 250 policies CCHP has to submit. CCHP is at 94% approval rate for the 171 submitted policies to date.<br/> A challenge for the Provider Network is that some of the Anthem Blue Cross providers were used to capitated rates, and CCHP reimburses according to the Medi-Cal Fee-for-Service rates.</p> <p><b>3. <u>New Leadership Staff</u></b><br/> La Rae Banks, Director of Compliance and Government Relations.<br/> Pasia Gadson, CalAIM Family Nurse Practitioner.<br/> Chanda Gonzales, Deputy Executive Director. Leizl Avecilla, Manager of Case Management.</p> | <p>Next JCC meeting, CCHP will provide a status overview of the Provider Network.</p> |
| <p><b>3.0<br/>CMO Report</b></p> | <p><b>1. <u>Farewell to Dr. Hsieh (Accomplishments)</u></b><br/> Dr. Dennis Hsieh left CCHP at the end of June 2023, and CCHP really appreciates his 3+ years as the Chief Medical Officer with the health plan. Major accomplishments: Improved the infrastructure of CCHP's clinical operations. Stopped paper faxed referrals and educated providers on using the Provider Portal. Currently, about 90% of providers are using the Portal. Dr. Hsieh did really good work with the tertiary facilities.</p> <p><b>2. <u>Welcome Dr. Irene Lo</u></b><br/> Dr. Irene Lo is CCHP's new Chief Medical Officer. Dr. Lo has been a consultant with CCHP for a few years, and she was also a contracted provider at Contra Costa Regional Medical Center (CCRM) Dr. Lo is a surgeon by trade.</p> <p><b>3. <u>CalAIM Updates</u></b><br/> 1)Long-Term Care (Phase 1): Currently, 48 contracted SNFs in CCHP's Network. Goal is to transition members, as medically appropriate, back to their homes or community. CCHP has over 1,273 members in SNFs.<br/> 2)Enhanced Care Management (ECM): Currently, almost 2,296 members enrolled in ECM. The Population of Focus for children started 7/1/2023. Children and youth enrolled with California Children's Services (CCS) are eligible for ECM. Public Health (Target Case Management Team) is absorbing the CCS members into ECM.<br/> 3)Community Supports: CCHP currently has 9 out of the 14 services. DHCS has informed that by 2027, the Community Supports services will become benefits. In 2024, CCHP will focus on expanding Nursing Facility</p>   | <p>Sharron Mackey, MHS, MPA, CEO</p>  |

| SUBJECT  | DISCUSSION   | ACTION / WHO  |
|--|--|---|
|  | <p>transition, personal care and homemaker services, home modifications, and respite services.<br/>           (Question from Supervisor Andersen: Where will the members be housed when leaving a SNF? --- Answer from Sharron Mackey: H3 is looking in to a motel in Pinole. There are current conversations about what logical, less-expensive solutions would be.)</p> <p><b>3.4 DMHC Behavioral Health Audit</b><br/>           In November 2021, CCHP had the first Behavioral Health Focused Audit from the Department of Managed Health Care (DMHC). In the past CCHP had one nurse facilitating the Utilization Management operations for the Commercial line. In Q4 2022, CCHP has a fully operational Behavioral Health department with the entire health plan's operations supporting Behavioral Health. New policies and workflows have been developed.<br/>           Dr. Nicolas Barcelo: The DMHC Behavioral Health audit period was from 4/1/2019 through 3/31/2021. CCHP is a world away from where we were in 2021. A top-to-bottom review was done for UM processes, new staff hired, robust training, and built a revised process for Behavioral Health Utilization Management. Worked closely with Claims department to ensure timely reimbursements for those that do not require prior authorization, as well as worked with Provider Relations for continuous outreach to telehealth and in-person providers to ensure Network adequacy.</p>   |   |
| <p><b>4.0<br/>Quality Program<br/>Overview</b></p> | <p><b>4.1 Timely Access / Satisfaction Surveys</b><br/>           1)2022 Annual Provider Appointment Availability Survey for routine and urgent appointments: DMHC's standard for timely access to appointment is 70% of providers must meet the timeliness standards (10 to 15 days depending on type of appointment). 2022 results show that for nonurgent or routine appointments, CCHP met the requirement. For Urgent Care, CCHP was under the requirement. Urgent Care appointment requests were mainly for: Psychiatric, Endocrinology, Pediatric Gastroenterology. There has been work in adding specialties since the 2022 surveys and continued focus of expansion in these specialties.<br/>           2)Member Satisfaction Survey / Access to Care: CCHP sends an annual survey to approximately 15,000 members for access and satisfaction. For Medi-Cal, overall satisfaction rate is 50-60% for timeliness access. For Commercial: Overall, the satisfaction rates for access are lower than that of Medi-Cal.<br/>           3) Annual Provider Satisfaction Survey / Access to Care: 70-80% overall satisfaction with providers regarding access to care.<br/>           (Question from Supervisor Burgis: Why did Commercial members have lower rates than Medi-Cal members? Is the capacity smaller? --- Answer from Sharron Mackey: For many past years, the Commercial Plan A members were allowed to go outside of CCRMC network and use services in the Community Provider Network. CCHP is now enforcing Plan A members to stay within the CCRMC network, unless medically appropriate to expedite care outside CCRMC network. The Commercial Plan A and B are smaller. CCRMC has impacted specialty services, as well as Primary Care availability for in-person visits.</p> | <p>Elizabeth Hernandez,<br/>MS, CPHQ, Quality<br/>Director</p>  |
| <p><b>5.0<br/>Focus Topics</b></p>                 | <p><b>5.1 Pharmacy Update / Q1 and Q2 2023 Accomplishments</b><br/>           1) Pharmacy Dept operations and Customer Service: 100% compliance on DMHC standards for Commercial members regarding Prior Authorization turnaround time. Average call wait times were 33 seconds for Q1, and 26 seconds for Q2. Regularly examine formulary changes to maximize rebate opportunities. Partnered with CCHP Compliance Dept to meet APL requirement changes.</p>  | <p>Dr. Joseph Cardinalli,<br/>PharmD, Pharmacy<br/>Director</p> |

| SUBJECT   | DISCUSSION  | ACTION / WHO  |
|---|---|---|
|   | <p>2) Drug Utilization Review (DUR) Programs: 2023 goal is to update DUR programs. Implemented 9 new clinical programs to assist members and providers with optimal clinical outcomes. The DUR program details were submitted to DHCS, and CCHP Pharmacy Dept received an invitation to present at the Fall 2023 State DUR meeting to showcase accomplishments.</p> <p>3) Medi-Cal Rx Updates: Medi-Cal Rx started 1/1/2022, and Medi-Cal took over as the payor for the prescription benefit for Medi-Cal members. Initial prior authorization requirements were withdrawn in early 2022. As of 9/2022, prior authorizations restarted for medication classes. Pharmacy Dept has been assisting members and providers with the changes. (Question from Supervisor Burgis: Is there an update regarding the prescription drugs used for weight loss that is all over the news? --- Answer from Joseph Cardinali: The Pharmacy &amp; Therapeutic Committee has regular discussions about the upward trend of using certain medications for weight loss and the cost associated. So far the physicians on the committee, decided to not put these drugs on the formulary as of yet, but created clinical criteria.)</p> <p><b>5.2 Member Appeals &amp; Grievances Analysis</b><br/> During Q2 2023, there was an increase in Grievances without any clear trend. For Complaints, when member refused to file Grievance, if certain criteria is met, are still reviewed by CCHP to review any quality concerns.<br/> 1) Grievances by Type: The two major types of Grievances are related to quality of service and quality of care. Moving forward would like to present to JCC the breakdown of the specific types for those concerns.<br/> 2) CCHP Membership by Race: Largest percentage of membership by race is 33.70% Hispanic/Latino. Largest percentage of Grievances by race is 30% White/Other Caucasian.<br/> 3) CCHP Member Appeals: There was an increase in April 2023, same as Grievances, and does not appear to be a trend.<br/> 4) Appeals Reason: Main reason is for service denied. Service denials can include denial for not meeting medical necessity, or it can include a redirect to another In-Network provider.</p> <p><b>5.3 Advice Nurse</b><br/> Comparison of calls from Q1 2023 to Q2 2023 have remained the same, and continue to meet the standards of answering calls less than 7 minutes. Abandonment rate is less than 10%; goal is to get to less than 5%. Five new Advice Nurses have been hired. Continuing to recruit for Licensed Vocational Nurses (LVNs).<br/> (Note: CCHP will pull previous Advice Nurse reports so BOS can review over a longer period of time. Supervisor Burgis would like to see the historical trend.)</p> | <p>Dr. Nicolas Barcelo,<br/> Medical Director</p> <p>Patricia Munoz-Zuniga,<br/> RNC, PHN, MSN, CNL,<br/> Advice Nurse Director</p> |
| <p><b>6.0<br/> CEO Report<br/> Legislative<br/> Updates</b></p> | <p><b>6.1 Managed Care Organization (MCO) Taxes</b><br/> The California Medical Association came to the managed care plans and proposed to sponsor and work with the health plans for this MCO tax. The tax comes from the Commercial plans and based on number of covered lives. The MCO tax will bring about \$19 billion to the State and will tie it to the physician reimbursement rates. The MCO tax will benefit the providers in the CCHP Community Provider Network. The intent is to reimburse providers at 87.5% of the Medicare Fee Schedule.<br/> In 2025, \$2.7 billion annually to improve Access and Equity. CCHP will share more information about the new Equity program. More to come at next JCC meeting.</p>   | <p>Sharron Mackey, MHS,<br/> MPA, CEO</p>   |

| SUBJECT   | DISCUSSION   | ACTION / WHO                              |
|---|--|---|
| <p><b>7.0<br/>Review /<br/>Approval of<br/>Progress<br/>Reports</b></p> | <p><b><u>7.1 Operational Dashboard</u></b><br/> Q2 2023 Executive Dashboard: A) Increase in Medi-Cal membership. B) Some decrease in Case Management Care Coordination cases. C) The Benefit Engine went live 7/1/2023. D) Provider letters have all been automated. E) For Initial Health Assessment, CCHP team continues to work with CCRMC. About half of CCRMC new members had a PCP visit within 120 days. F) Claims Processing: Slight increase in claims processed from Q1 to Q2 2023. In Q2 3% increase in auto-adjudication rate, will continue to see increase due to Benefit Engine implementation. G) Provider Relations: Increase in providers in CCHP network and will continue to see increase due to transition to Single Plan Model.</p> <p><b><u>7.2 Enrollment Trend</u></b><br/> As of July 2023, CCHP has about 275,000 members (97% is Medi-Cal population). 16% increase from same time last year. The County Employees Plan A membership decreased by 11% due to employees electing other health plan coverage.<br/> (Note: CCHP will have more numbers to report regarding the Medi-Cal Redetermination and what the impact may be from members not re-enrolling in time. Also, when members are in the hospital, CCHP will make sure they are aware of the Redetermination.)</p> <p><b><u>7.3 Next Meeting Reminders</u></b><br/> Next Joint Conference Committee (JCC) meeting will occur on Friday, September 8, 2023 at 9:30AM.</p> | <p>Angela Choy, MS, MBA,<br/>PMP, COO</p> |
| <p><b>8.0<br/>Adjournment</b></p>                                       | <p><b><u>8.0 Adjournment</u></b><br/> Meeting adjourned at 2:25PM.</p>   | <p>Supervisor Candace<br/>Andersen</p>    |

Approved:

Date:

\_\_\_\_\_

\_\_\_\_\_



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

**Monday, July 31, 2023  
1:00PM – 3:00PM**

**In-Person / Two Locations:**

**BOS District II: 309 Diablo Rd, Danville, CA 94526**

**BOS District III: 3361 Walnut Blvd, Ste 140, Brentwood, CA 94513**

**Virtual:**

**Virtual Meeting option via Zoom**

<https://cchealth.zoom.us/j/93004351649>

**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 Monday, July 31, 2023, and attached herein.

Excepted Matters: None



## 1.3 Public Comments

## 1.4 JCC Comments



[cchealth.org](http://cchealth.org)

## 2.0 CEO Updates

**Sharron A. Mackey, CEO**

September 2023



## 2.1 Single Plan Model (SPM) State of Readiness

2.1.0 Approved “go live” date of January 1, 2024

2.1.1 Member Services

2.1.2 Advice Nurse

2.1.3 Case Management

2.1.4 Provider Relations

2.1.5 Utilization Management

# Single Plan Model

## *What does Readiness Mean*

- Staffing Capacity to administer regulatory programs
- New Staff Trained
- Policies in Place
- Process for issues
- Processing Claims for Providers in 45 days or less
- Expansion of the network and capturing Anthem's network
- Epic System Changes to accommodate a larger membership and streamline process
- What reorganization to be more Agile and Nimble – and accommodate new programs and workflows

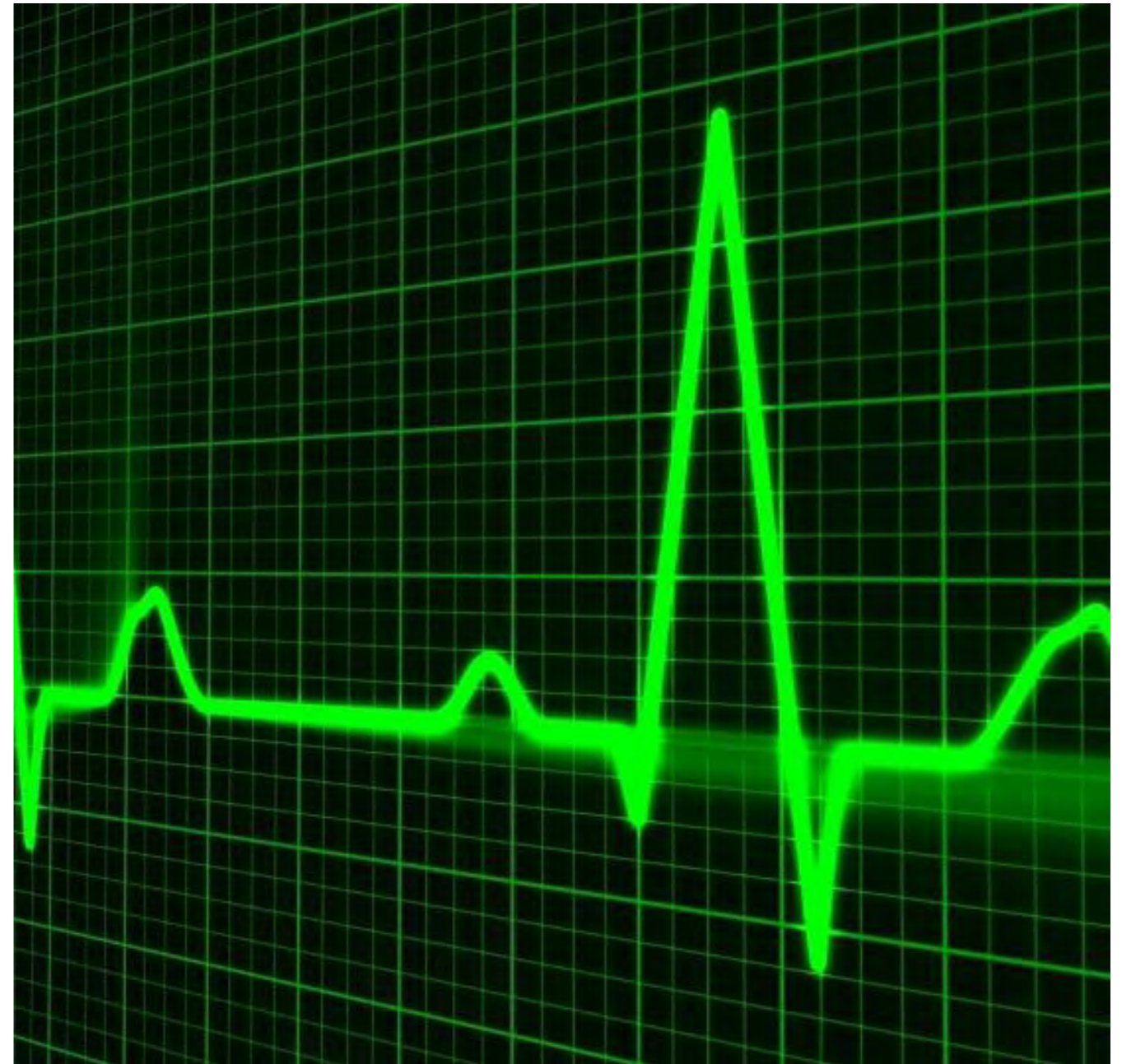
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Op

Operational phase

# Health Status of CCHP as Managed Care Plan

- NCQA Ratings Access to Care Ratings
- Healthcare Effectiveness Data & Information Set (HEDIS) Scores
- Medi-Cal Managed care Accountability Set (MCAS) Scores
- Member Appeals & Grievances rates
- Members Access to Care
- Specialty Wait Times - within 14 days
- Specialty Care for all Medical/Behavioral Health needs
- Performance in Audits – low percentage of Findings
- Corrective Action Plans executed
- Infrastructure (policies & procedures)
- Administrative Capacity – Staffing and experience to operate the plan
- DMHC Enforcements pending or projected
- DHCS Timeliness Requirements
- Overturned Independent Medical Reviews
- Percentages of Denials for Medical Necessity
- Percentage of Members using the ER vs going to their PCP
- Percentage of new Members coming in for their Initial Health appointment within 120 days
- Litigations for claims or disputes for Medical Necessity
- Low percentage of interest payment for late claims
- DMHC 3-year Financial Audit





# Member Services Representatives

*“ Front Line Defense ”*

## for Member Issues



**275,821\* Total  
CCHP members  
(August 2023)**



**FTEs = 12 Member  
Services and Non-  
Medical  
Transportation  
Reps + (4 NMT)**



**Members :  
Member Services  
Representatives  
8 Open positions**



**Current Ratio =  
23,000 : 1  
(excluding KP  
19,000 : 1)**



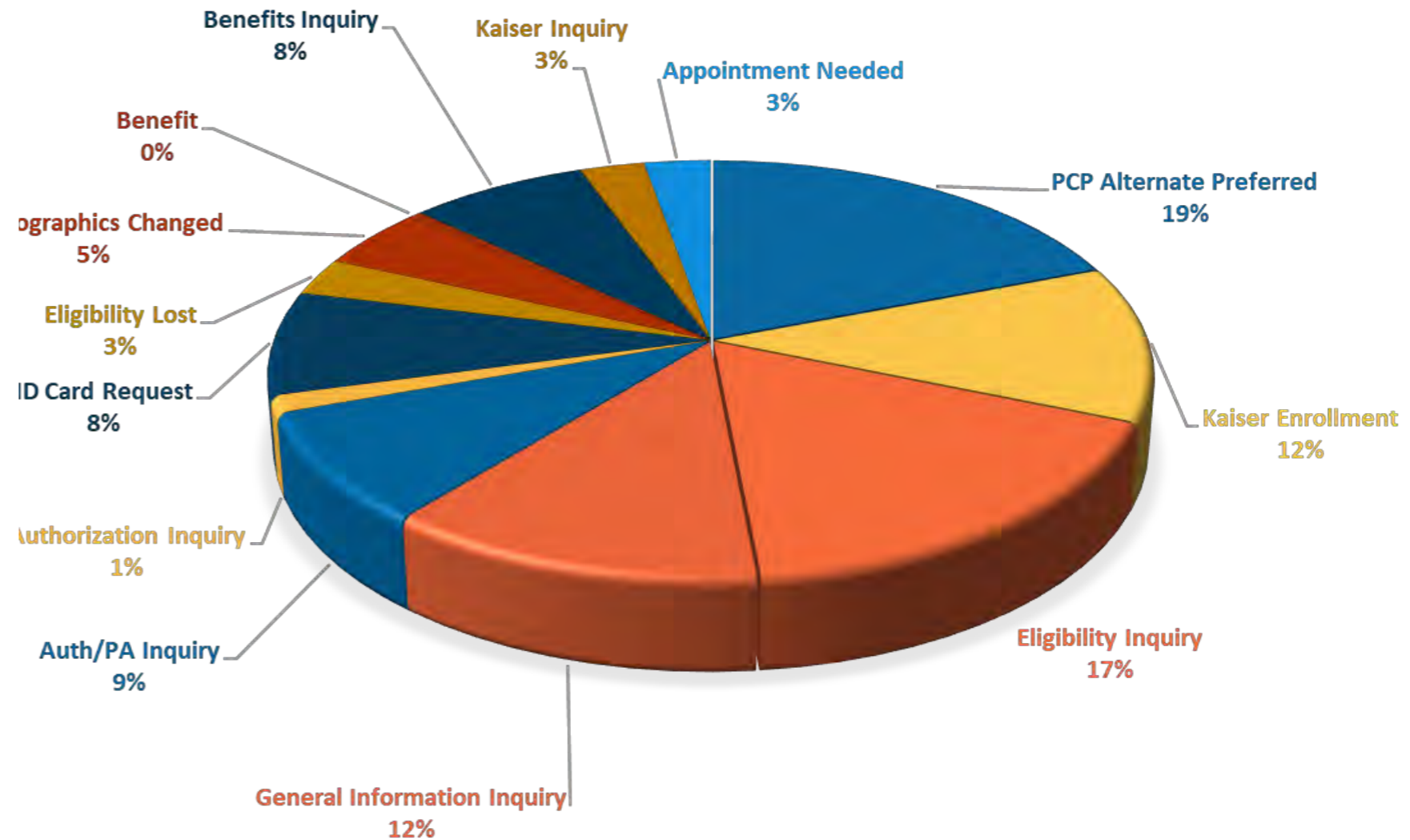
**Future Ratio =  
15,300 : 1  
(assuming 8 open  
positions to be  
filled under MS –  
based on an  
estimate of 30,000  
to 47,000 member  
expansion )**



**Average Monthly  
Attendance of  
Existing Staff: ~  
72%**



### MEMBER SERVICES CALLS & REQUESTS BREAKDOWN



Largest request in Member Services is PCP changes at 19%, second is Eligibility 17% and with Kaiser assignments/Information at 12%. An analysis of our PCP assignment algorithm will be reviewed along with automating this process and allowing member choice will defray some of the calls to Member Services and improve wait times.



## Primary Care Physician (PCP) Assignments

- Enable self-service:
  - Members will be able to change PCP via MyChart late Sept 2023
  - Automated changes over the phone may be possible as a future project
- Work with IT to confirm and refine New Member PCP assignment algorithm, ensuring Continuity of Care:
  - Enable assignment to members' existing PCPs, including those with closed panels.
  - Ensure CC CARES members assigned to existing CPN FQHC.
- Ensure providers have *Change PCP form* to enable staff to assign members on appointment date.
- Educate future members prior to CCHP enrollment



# Advice Nurses Readiness : 24 X 7 Medical Call Center

## Model Change

- Add Medical Assistants to work with LVNs

## Execute a Pilot Program:

- Members will send non-urgent, non-clinical message to AN through My Chart versus waiting on the phone
- Medical Assistants will respond to the non-clinical messages
- Clinical messages will be routed to the Charge Nurse

## New Workflows & Training

- New Work script for non-urgent messages
- Create a Symptoms List to post on My Chart to alert patients to call n OR 911 depending on the symptoms
- Supervisors will assist in answering calls during high call volume to ensure response time is within NCQA standards
- Design a workflow for AN Leadership to re-triage the call queue to screen based on acuity level of the member

## Staff Expansion

- Five New Advice Nurses hired and orientation completed by September 30th



# Case Management Readiness

## **Staff Preparation**

- Ensuring staff is practicing at the top of their job description, scope of licensure or credentials. (Registered Nurses and Social Workers)
- Continuous Training on expectation of Cal AIM on Long term Care and Care Transition and graduating ECM members
- On-boarding new staff both administratively and clinical practices under managed care
- Utilizing professional organizations , Case Management of America criteria and community resources) trainings
- Supporting staff to become a Certified Case Management Certificate

## **Workflow Enhancements**

- Improve documentation software, including Compass Rose to appropriately report data and align clinical decisions
- Monthly internal audits to ensure operation is compliant to policies and design training based on audit results
- Continuous improvement of current programs - transitions, care coordination, complex case management

## **Policy preparation and enforcement**

- Updating policies to avoid any inefficiencies while also following contract agreements/requirements and updating the staff as these policy changes occur.
- enforcing policies when opening and closing cases to ensure appropriate case is assigned or redirected to other Case Management programs (CHW, ECM, other community CM programs) if needed.

## **Expanding Relationships with Community partners and other Managed Care Plans**

- Active participation with community partners such as School Districts, Community Supports providers and CBOS that support low income and diverse populations
- Leveraging resources such as Community Health Worker benefit, ECM, Community Support Services , and other community resources to create capacity for expanded membership and new product lines (Duals – Special Needs Plan)

## UM Readiness : 11,000 Medical Reviews Monthly

- Recruited two new Ambulatory Providers to assist in Medical Reviews
- Hired two new consultants to focus on outpatient reviews and facility with DRG reimbursements
- Recruited a UM Vendor McBee to work as a UM overflow for outpatient services
- Redesigned the member deferral letters to improve notification to providers for missing clinical information
- Transition to one Prior Authorization List
- Chief Medical Officer is evaluating all major workflows with improvements for review criteria

## Provider Relations: DMHC/DHCS Access Standards:

- One primary care provider within 10 miles or 30 minutes of an enrollee's residence.
- One primary care provider for every 2,000 enrollees.
- One physician overall (including specialists) for every 1,200 enrollees.
- No more than one full-time equivalent physician extender per 1,000 enrollees. Readily available and accessible medically required specialists.
- Contracted with large groups : John Muir, Children's Hospital Oakland, Lucille Packard & Asian Health.
- We need 20 physicians for 40,000 members with a maximum 2,000 panel size.





# Staffing Challenges: Key Leadership

1

Recruiting for a Chief  
Operations Officer

2

Recruiting for a Chief  
Health Equity Officer

3

Recruiting for a  
Marketing/Member  
Outreach Manager

## New Improvements Underway for Readiness :

Outsourcing with  
McBees

Vendor for  
Credentialing

Consultant to help  
build the Anthem  
Network

Expanding ECM  
network

Improving the LTC  
Challenges

Expanding  
Community Health  
Workers (new Rise  
contract)

Managing the SBHIP  
working with the  
Schools

Data Scientist  
relationship to track  
and trends to better  
support the members

Status of Corrective  
Action Plans  
(DMHC/DHCS)

Status of the Letters  
and Turn around time

Population Health  
Management

## 2.2 DHCS Annual Medical Audit

- Access to Specialty care  
Turn-Around Time
- Member UM Letters
- Oversight of County  
Behavior Health Delegation
- Administrative Capacity





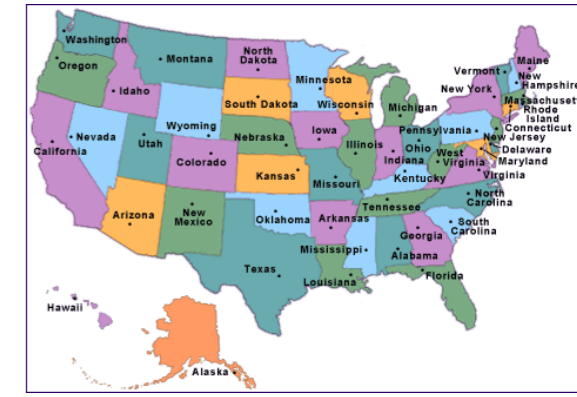
## NCQA Rankings – related to Readiness

- ❖ Nationally, CCHP ranked high with 4 stars. In California, there were 5 other health plans in the state that got 4 stars. No health plan attained a 4.5 or 5 star rating.
- ❖ Based on the composite scores, CCHP ranked highest in state due to our integrated delivery system. **A GREAT accomplishment.**





# NCQA National Rankings



| Overall Rating | Plan Name  | States | Reporting Product | NCQA Accreditation |
|----------------|--|--------|-------------------|--------------------|
| 4.5            | Capital District Physicians' Health Plan, Inc. (CDPHP)   | NY     | HMO               | Yes                |
| 4.5            | Excellus Health Plan, Inc. dba Excellus BlueCross BlueShield   | NY     | HMO               | Yes                |
| 4.5            | Excellus Health Plan, Inc. dba Univera Healthcare  | NY     | HMO               | Yes                |
| 4.5            | Fallon Community Health Plan   | MA     | HMO               | Yes                |
| 4.5            | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.   | MD     | HMO               | Yes                |
| 4.5            | Kaiser Foundation Health Plan, Inc. - Hawaii   | HI     | HMO               | Yes - CAP          |
| 4.5            | Mass General Brigham Health Plan, Inc.   | MA     | HMO               | Yes                |
| 4.5            | Neighborhood Health Plan of Rhode Island   | RI     | HMO               | Yes                |
| 4.5            | Tufts Health Public Plans, Inc.  | MA     | HMO               | Yes                |
| 4.5            | UnitedHealthcare of New England, Inc. dba UnitedHealthcare Community Plan (RI)   | RI     | HMO               | Yes                |
| 4.5            | UnitedHealthcare of the Midlands, Inc. dba UnitedHealthcare Community Plan (NE)  | NE     | HMO               | Yes                |
| 4.5            | UPMC For You, Inc.   | PA     | HMO               | Yes                |
| 4.5            | Vista Health Plan, Inc. aka AmeriHealth Caritas Health Plan (operating as AmeriHealth Caritas Pennsylvania Community Health Choices) | PA     | HMO               | Yes                |
| 4              | Aetna Better Health of Kentucky  | KY     | HMO               | Yes                |
| 4              | Alameda Alliance for Health  | CA     | HMO               | Yes                |
| 4              | Amerigroup Iowa Inc.   | IA     | HMO               | Yes                |
| 4              | Anthem Insurance Companies, Inc. dba Anthem Blue Cross and Blue Shield in Indiana  | IN     | HMO               | Yes                |
| 4              | Blue Plus (HMO Minnesota dba Blue Plus)  | MN     | HMO               | Yes                |
| 4              | Boston Medical Center Health Plan, Inc (d/b/a WellSense Health Plan) - MA  | MA     | HMO               | Yes                |
| 4              | Care Improvement Plus Wisconsin Insurance Company dba UnitedHealthcare Community Plan (WI)   | WI     | HMO               | Yes                |
| 4              | Chorus Community Health Plans, Inc.  | WI     | HMO               | Yes                |
| 4              | Community Health Group   | CA     | HMO               | Yes                |
| 4              | Contra Costa Health Plan   | CA     | HMO               | Yes                |



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## 3.0 Chief Medical Officer's Report

**Dr. Irene Lo, CMO**

September 2023



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DHCS Audit Observations

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Priorities

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90 Day Roadmap

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Preliminary Clinical Operations Observations

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Enhancing Community Relationships



## Clinical Audit Observations

- Comprehensive audit of our CCHP infrastructure and performance
- Provided an in-depth understanding of CCHP
- Opportunities for Improvement exist
  - Audit Findings and Feedback
  - Plan for Improvement
    - ✓ Enhance our strengths
    - ✓ Overcome our weaknesses
    - ✓ Leverage our opportunities

# Priorities

## CCHP

- Infrastructure
- Clinical Departments
- Non-clinical Departments

## CCHS – our Integrated Relationships

- CCRMC
- Public Health
- Behavioral Health

## Key Community Partners

- CPN providers
- Hospitals/Health Care Systems
- Skilled Nursing Facilities
- Long Term Acute Care Hospitals
- Community Organizations

# Preliminary Clinical Operations Observations

## Advice Nurse Unit

- Meetings with Director and Staff
- Review of Policies/Procedures, Standing Orders, Protocols
- Gaining an understanding of issues: Staffing
- Initial ideas for Improvement  
 Addition of non-clinical staff to support clinical staff and to triage/manage non-clinical issues?

## Utilization Management

### Ongoing

- Meetings with Leadership, Physicians, Nurses, and Staff
- Regular meetings with team
- Review of Policies/Procedures, Guidelines, Letters

### Issues

- Staffing
- Workflows
- Collaboration
- Reporting/Auditing

### Ideas for Improvement

- Enhancement of letters
- Promote consistency in workflows and documentation to increase efficiency
- Turn around times

## Appeals & Grievances Department

### Ongoing

- Meetings with Leadership, Physicians, Nurses, and Staff
- Regular meetings with team
- Review of Policies/Procedures, Guidelines, Letters

### Issues

- Staffing
- Focus
- Collaboration
- Reporting/Auditing

# 90 Day Roadmap







## Forming



- DHCS Audit
- CCHP Deep Dive
- Building/Enhancing CCHS Relationships
  - CCRMC
  - RMC Clinics and Providers
  - Public Health
  - Behavioral Health



## Norming



- CCHP Deeper Dive
- Collaboration with CCHS Divisions
- Building/Enhancing Community Relationships
  - CPN providers
  - Hospitals/Health Care Systems
  - SNFs/LTACHs
  - Community Organizations
- Other Health Plans



# Performing



- Ongoing:
  - CCHP Deep Dive
- Execution: Continue the work
  - Enhance key departments
    - Policies/Procedures
    - Workflows
    - Data Reporting
    - Internal Audits
  - Streamline meetings
  - Establish new programs/initiatives
  - Regular assessment/feedback
  - Strengthen relationships with partners

# Community Relationships

## Previous

- Health Plans
- Leadership
- CCHP Network: RMC and CPN
- Community Involvement

## Ongoing/Future

- Leadership Rounds
  - CCHS
  - RMC
  - CPN
- Hospital/Health Care Systems
- SNFs/LTACHs
- Community Partners
- Local Health Plans

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## 4.0 Quality Program Overview

**Elizabeth Hernandez**  
Quality Director

September 2023

## 4.1 Population Health Management

- New initiative under CalAIM
  - New programs: enhanced care management, community supports, doula services, community health worker benefit, school programs
  - Existing programs: case management, health education, disease management programs, health risk assessments
- Leverage into a coordinated framework
- Focus on data exchange, interoperability
- Focus on community partnerships and moving health outside of health delivery system

# Population Needs Assessment and Strategy



Partnership with public health department on Community Health Assessment



Utilize diverse data sets to better understand community factors impacting health



Community engagement and collaboration with a variety of stakeholders: community-based organizations, social services, education



Goal to use needs assessment to create cross-sector strategies that focus on neighborhoods/communities with poor health outcomes

# Assessing Risk by Leveraging Data

CCHS has already done much of this groundwork as an integrated health system

Coalesce into single person record for a 360 view

Using integrated data to help individuals at point-of-care

Proactively identifying people for program enrollment

- Claims
- DHCS data
- Social Services data (e.g. WIC, CalFresh, IHSS)
- Electronic Health Records
- Screenings and Assessments
- Behavioral Health Services
- Pharmacy
- Laboratory
- Admissions, Discharge, and Transfer (ADT) data
- Demographics
- Disability Status
- Justice involved data
- Housing and Homelessness Reports



## Gathering Information for Screenings and Assessments



New member data collected upon enrollment and assessments administered care team



Age-appropriate risk assessments



Workflows to follow-up to positive screenings and direct people to services



Sharing information across systems to streamline and avoid duplicative questions at different points in care



# Transitional Care Services

## From

- Hospital discharges
- Acute care
- Skilled nurse facilities

## To

- Home or community-based settings
- Community Supports (respite, post-hospital stabilizations)
- Post-acute care
- LTC settings

# Transitional Care Services Timeline

## 2023

- Prior authorizations for follow-up care
- Know when members are admitted, discharged, or transferred through ADT feeds
- Assigning care manager for all “high risk” members. [Defined at ECM and CCM patients, LTSS patients]
- MCP must notify care manager of discharge/admission within 24 hours (n/a if care manager has access to ADT directly)
- MCP will notify discharging facility of care managers contact information, including phone number.
- Member must be given care manager’s contact information as part of the discharge planning document
- Care manager must coordinate with discharge planning team on discharge risk assessment and planning document

## 2024

- TCS provided to ALL members
- Requirements for high-risk members must be in place for discharges
- “MCPs are strongly encourage to contract with PCP groups, hospitals, ACOs, or other entities to provide TCS, particularly for lower- and medium-rising risk members.”
- Contracting transitional care services is not considered formal delegation



## 2023-2024 Population Health - Next Steps

- Implementation of transitional care services
- Population needs assessment & community health assessment
- Workflows on data exchange
- Building out or prevention, wellness, and disease management programs
- Tiering and connection to services

Questions/Comments?

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## 5.0 Focus Topics

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## 5.1 Provider Relations

**Terri Lieder**  
**Provider Relations Director**

September 2023

## 5.1.1 Provider Relations Network Deficiencies

### Existing CCHP Network

- Primary Care Providers (PCPs) - 376
- Specialty Providers - 10,111

### Specialty Types Deficiencies

- Behavioral Health-Psychologists
- Oral and Maxillofacial Surgery
- Neurology
- Plastic And Reconstructive Surgery
- Sedation Dentistry
- Transgender Surgery

## Challenges and Strategy

### Recruitment Challenges

- Lack of Human Resources to recruit, contract and credential
- Low reimbursement
- Capacity Issues
- County Contracts and Grants processing time – 3-6 months
- New County Purchasing Approval Requirement
- Final signature by CAO - 3-6 weeks
- Recruited Specialists quit before contract executed

### Recruitment strategy

- Contract with a Contract/Recruitment Consultant
- Consultant will identify and meet with needed Specialty groups to discuss contracting.



## 5.1.2 Provider Relations

### Single Plan Model – Recruitment of Anthem Blue Cross Network

**Goal - Contract with 100% of Anthem Blue Cross Network Providers prior to January 1, 2024**

#### Existing CCHP Network

- Primary Care Providers (PCPs) - 376
- Specialty Providers - 10,111

#### Anthem Network

- PCPs - 348/380 contracted with CCHP
- Specialty Providers = 796/1242 contracted with CCHP

**A total of 478 PCPs and Specialty Providers are not contracted with CCHP**

- PCPs - 32
- Specialty Providers – 446

**The majority non-contracted Providers in large groups such as:**

- Brown and Toland and Hill Physicians

**Providers not affiliated with a large group**

- 96 Specialists

## Challenges and Strategy

### Challenges

- Identifying the Contract or Practice Managers for Anthem Providers
- Reimbursement: Anthem Per Member Per Month. CCHP Fee-for-Service
- Contract processing time
- County Purchasing Department approval

### Recruitment strategy

- Focus on PCP's
- Contact the large groups
- Follow-up Anthem Providers contract inquiries

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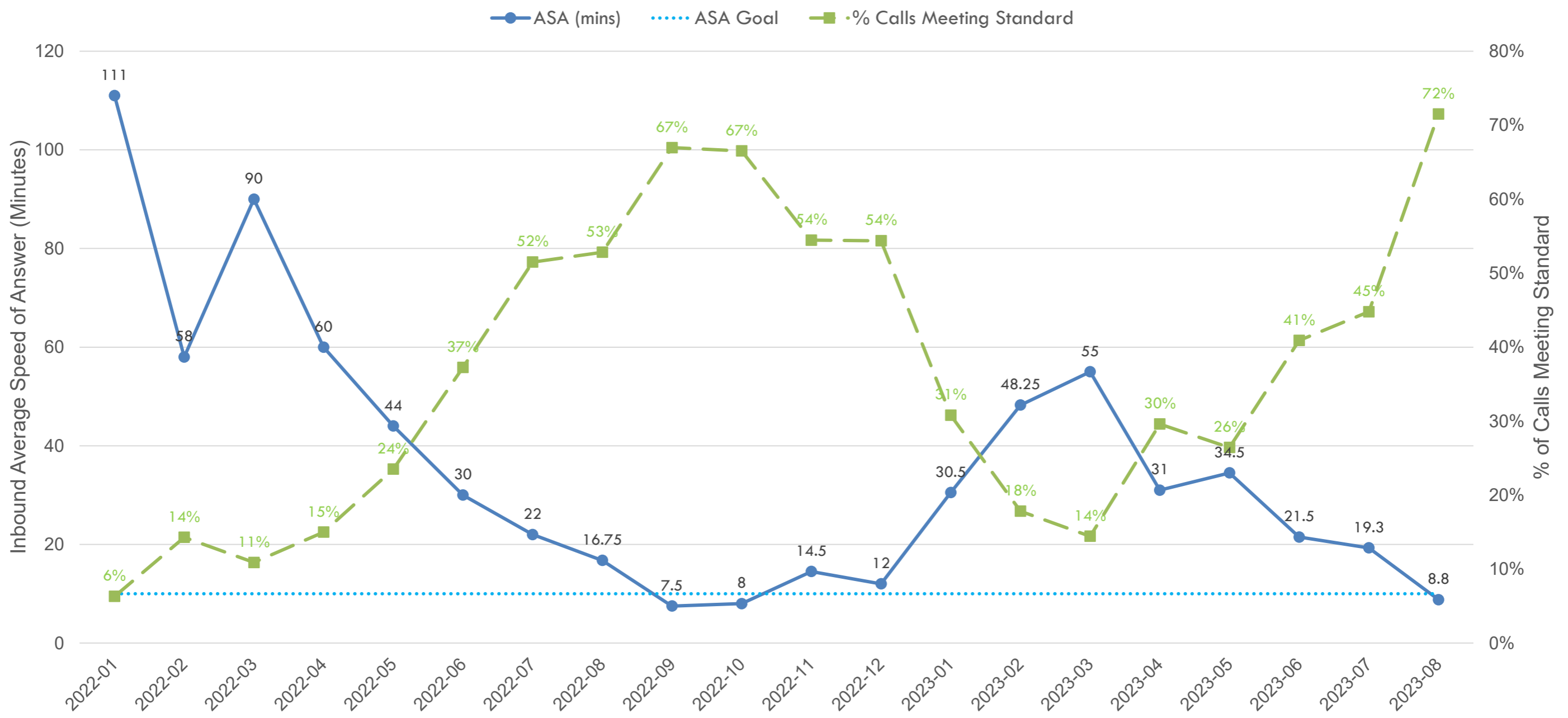
## 5.2 Member Services Improvements & Challenges

**Suzanne Tsang**

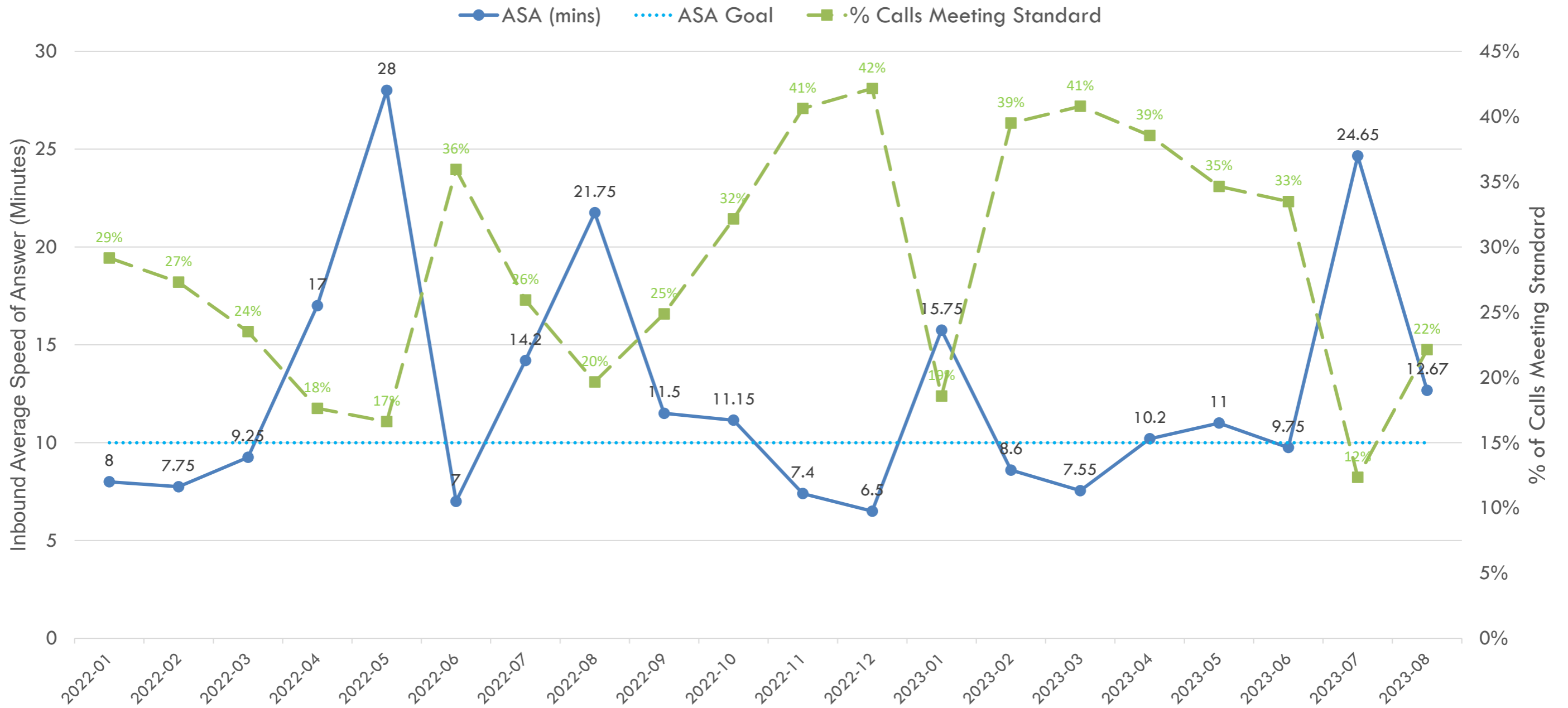
**Member Services Director**

September 2023

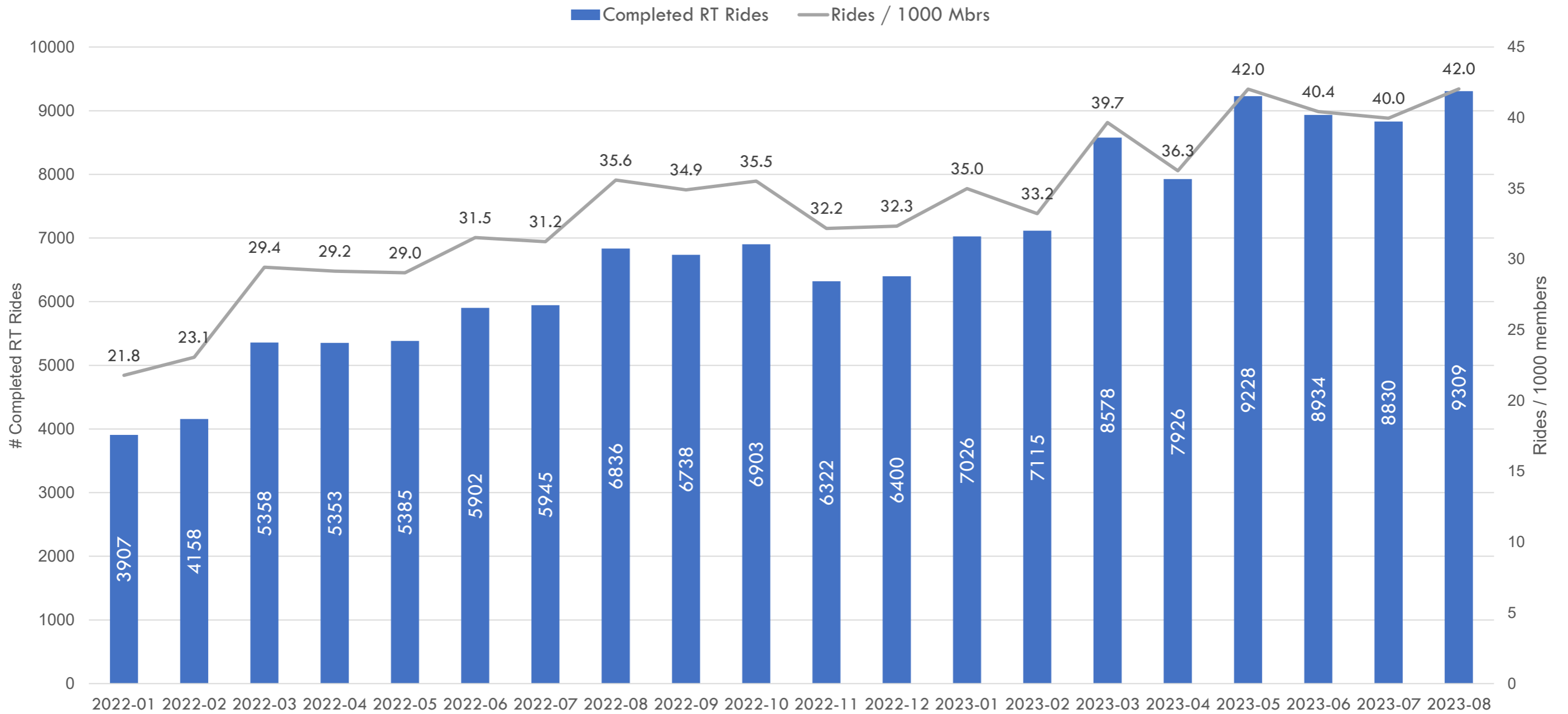
### Member Services Average Speed of Answer (ASA) & % Calls Meeting Standard



### Non-Medical Transportation (NMT) Average Speed of Answer (ASA) & % Calls Meeting Standard



### Non-Medical Transportation Completed Round Trip (Rideshare) Rides



# Member Services Improvements

- Enable & Promote Self-Service:
  - MyChart Member Portal
    - PCP Change
    - Digital ID card
  - Website chatbot
    - Benefit information
    - Mental / Behavioral Health Provider Search
- Work with other departments to improve letters & information sent to members.
- Cross-train Member Services staff to perform Non-Medical Transportation (NMT) work.
- Pilot enabling certain members (e.g., dialysis patients) to book NMT rides on their own.

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## 5.3 Member Appeals & Grievances

**Dr. Nicolás Barceló**  
**Medical Director**

September 2023





# *Member Appeals & Grievances*

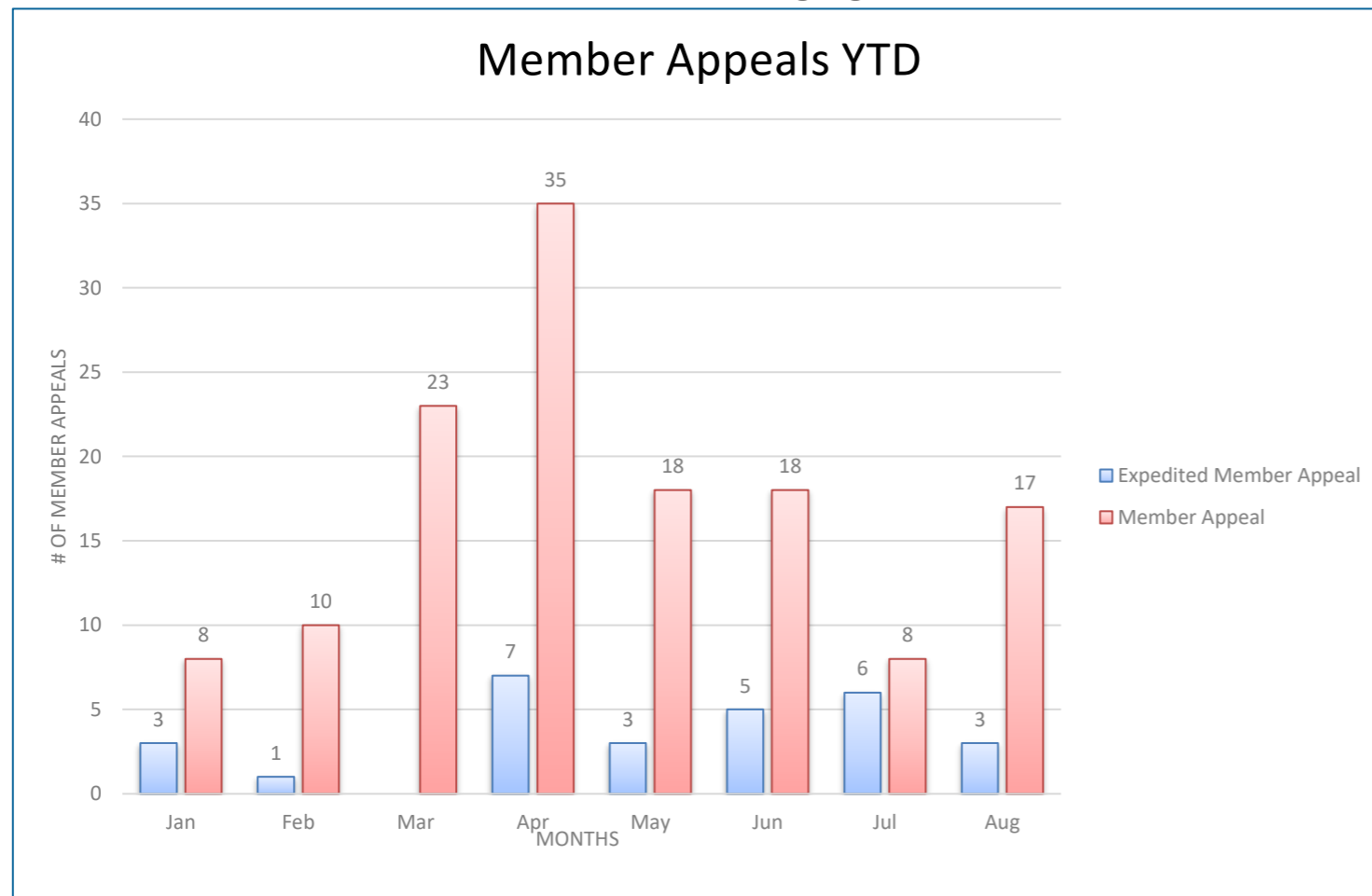
Trends and Quality Opportunities



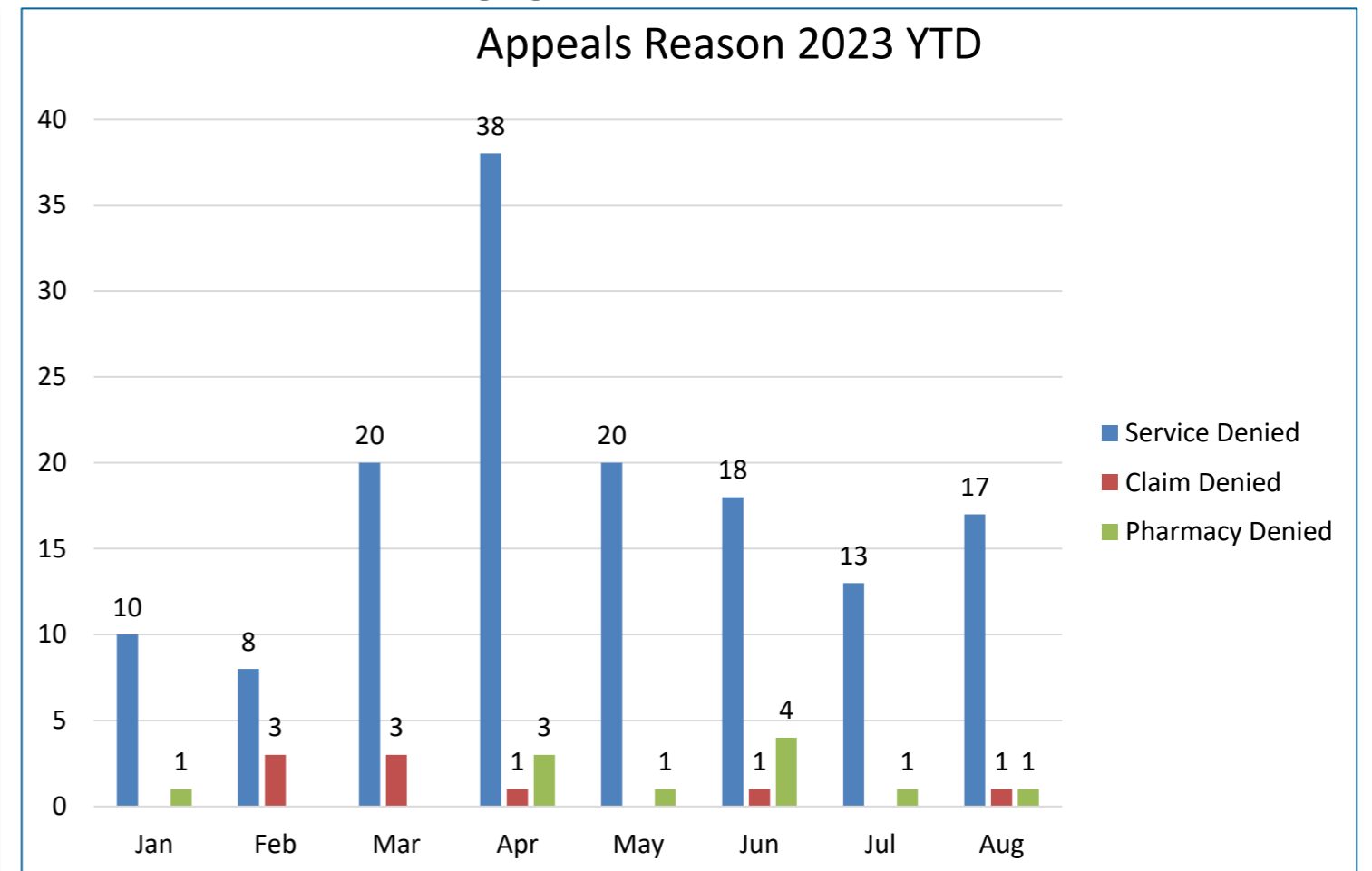
# *Appeals*

# Member Appeals & Appeals Reason

## Member Appeals



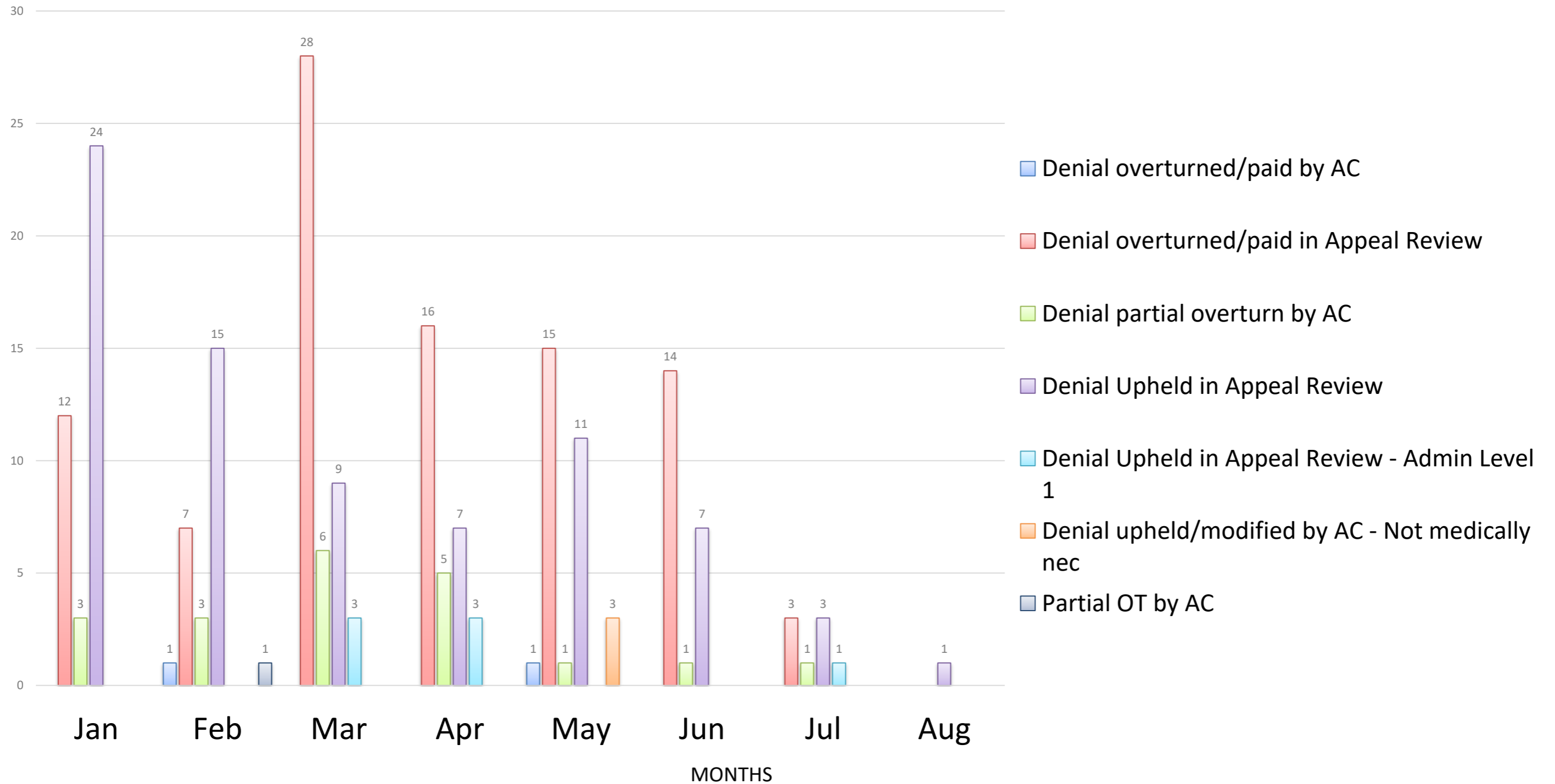
## Appeals Reason



Service Denied remains the leading appeal reason mostly due to network/necessity factors, accounting for 87% of all appeals. April has the most Appeals so far in 2023 due to ECM graduation and DME denials.



## Member Appeals Overturned vs. Upheld



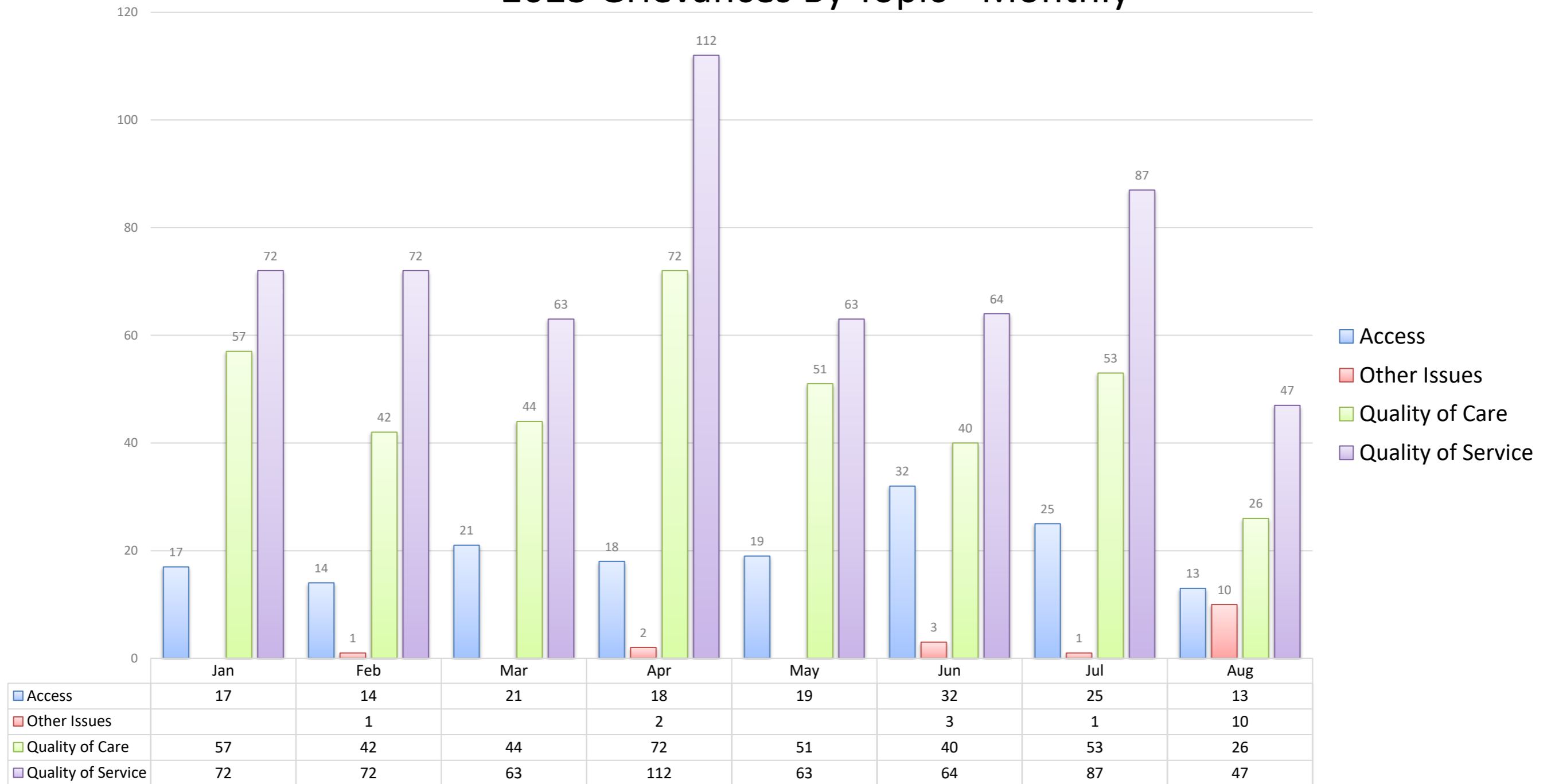
Denied referrals are due to a few reasons, they include inadequate information from the provider at the time of the referral review, in network vs. out-of-network provider requests, no prior authorization requests or medical necessity of the requested service etc. Policies have been reviewed (CPAP) and there is continuing education for providers to request prior authorization before providing services.



# *Grievances*



## 2023 Grievances By Topic - Monthly



Quality of Service(QS) and Quality of Care (QC) remain the leading grievance issue types in 2023. QC and QS represent 85% of all grievance issues. Access issue accounts for 13% of grievance issues.



# Grievances Subtopics by Category – 2023 YTD

| Top 5 Quality of Care Issues YTD |                         |                                |                       |                            |                              |
|----------------------------------|-------------------------|--------------------------------|-----------------------|----------------------------|------------------------------|
|                                  | 1                       | 2                              | 3                     | 4                          | 5                            |
| Issue                            | Diagnosis/<br>Treatment | Inappropriate Provider<br>Care | Treatment Explanation | Ancillary Service<br>Issue | Diagnostic<br>Testing Issues |
| # of<br>Complaints<br>YTD        | 101                     | 92                             | 62                    | 28                         | 27                           |

| Top 5 Quality of Service Issues - YTD |   |                                  |  |  |                |
|---------------------------------------|---|----------------------------------|--|--|----------------|
|                                       | 1                                       | 2                                | 3  | 4  | 5              |
| Issue                                 | Provider/Office<br>Staff Services Issue | Communication Issue<br>(non-C&L) | Provider/Office Staff<br>Attitude/Courtesy<br>Concerns | Inaccurate Information<br>Given by Staff | Discrimination |
| # of<br>Complaints<br>YTD             | 151                                     | 120                              | 111  | 37                                       | 26             |

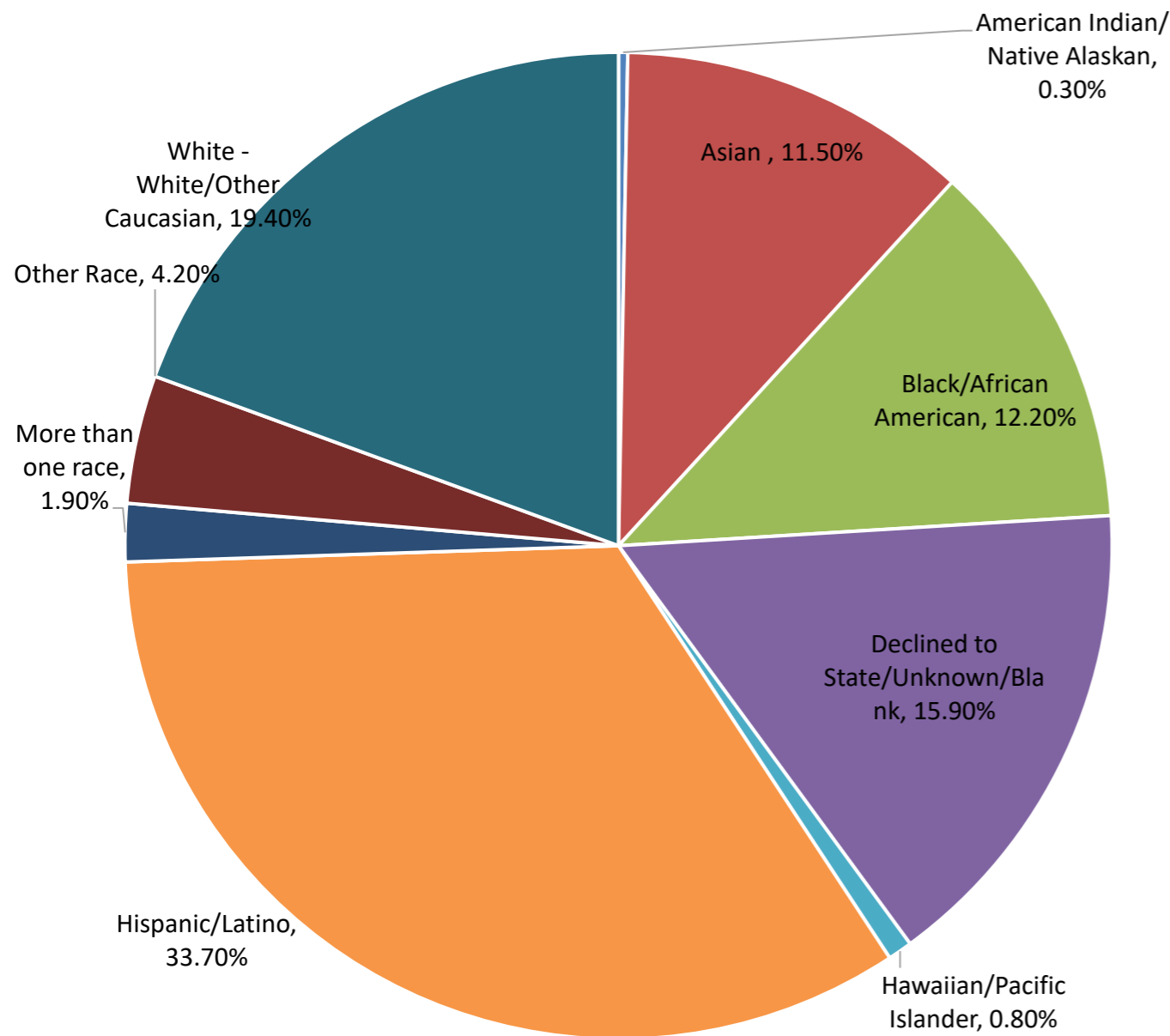
The leading QC issue member’s file a grievance about is Diagnosis/Treatment, for QS-Provider/Office Staff services Issues. The grievance team reaches out to providers to clarify/ resolve member’s concern.



# CCHP Membership by Race/ Grievances by Race 2023 YTD

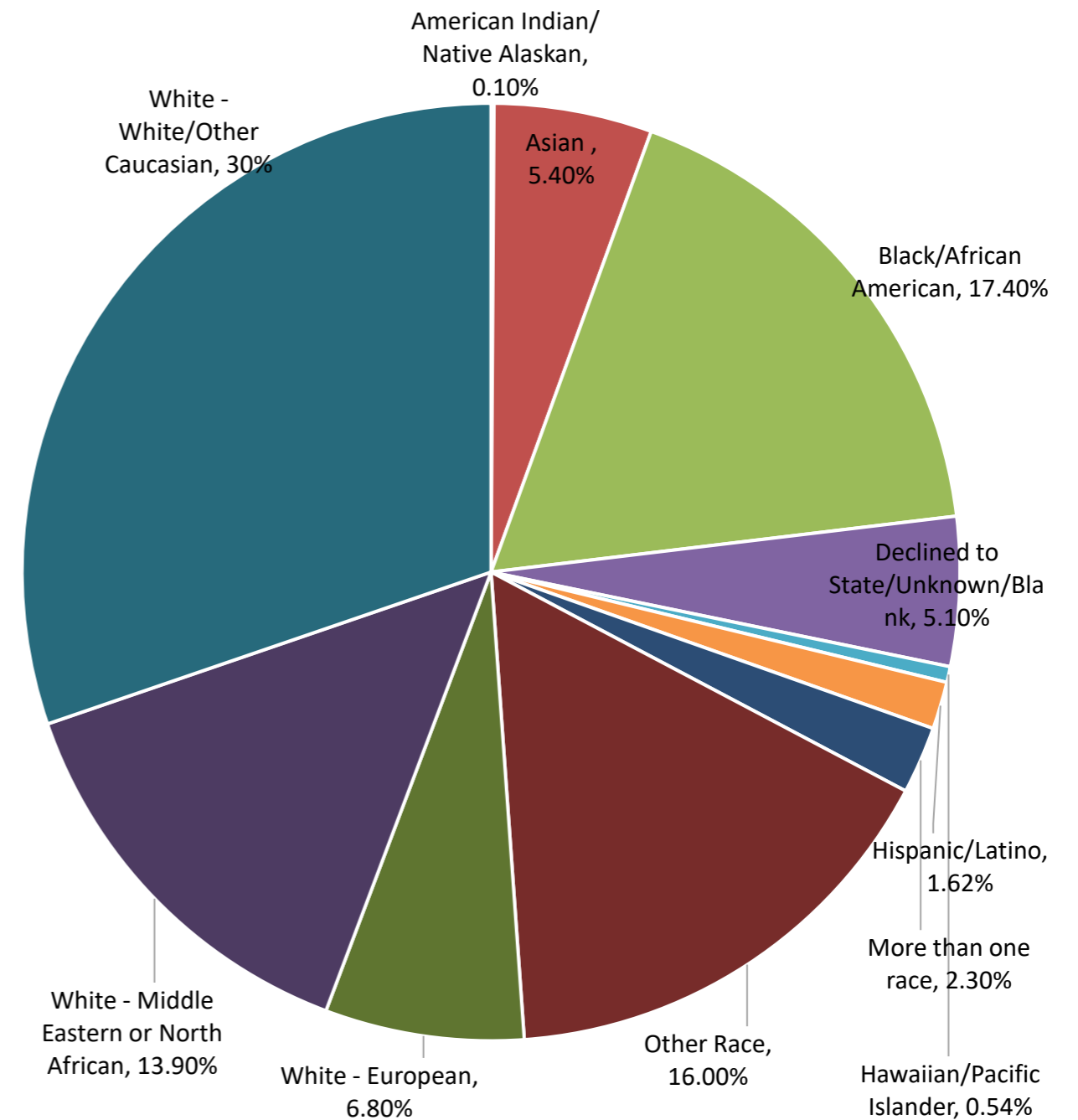
## CCHP Membership by Race

CCHP % Membership by Race



## CCHP Grievances by Race

% of Grievances by Race





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## 5.4 Compliance Overview and Updates

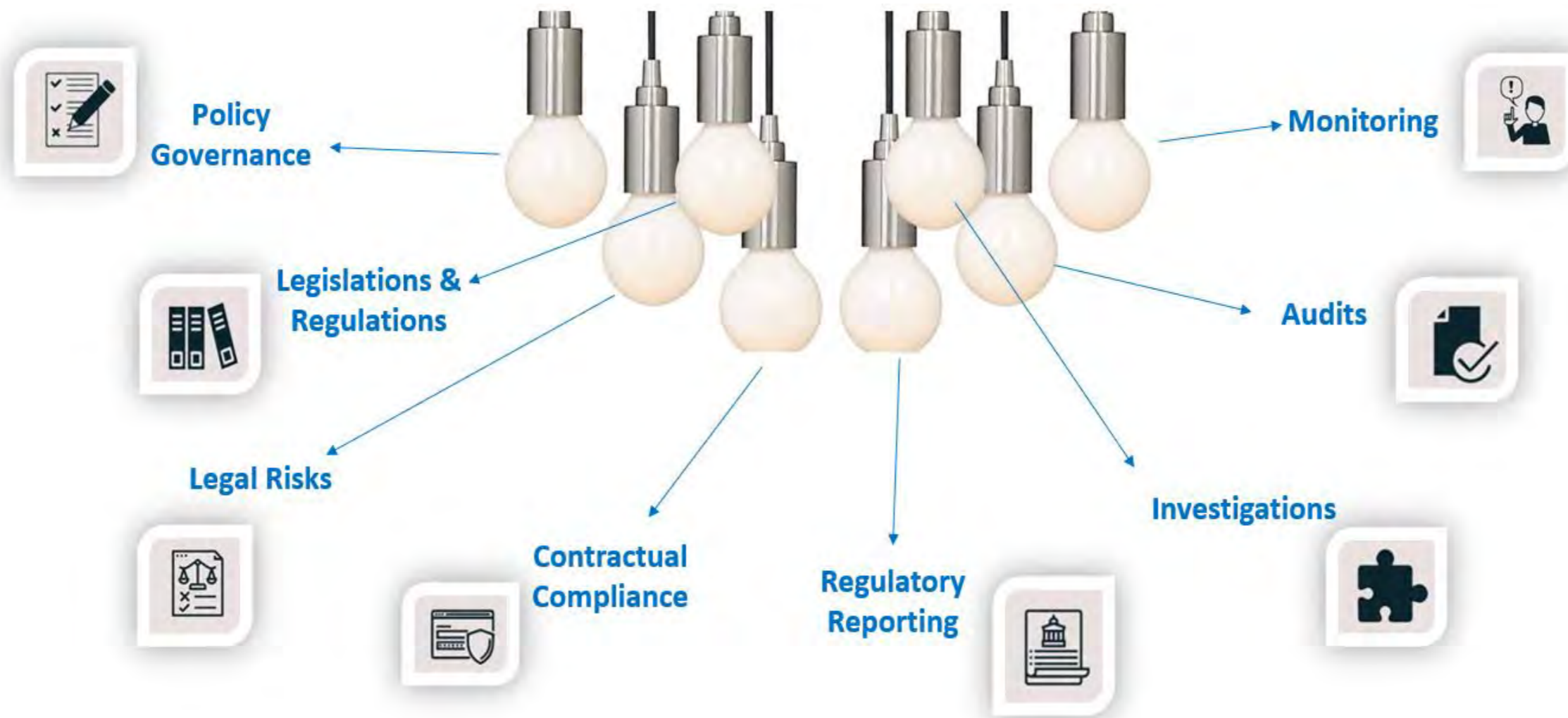
**La Rae Banks**  
**Compliance Director**

September 2023



# Aspects of Governance

## The Role of Compliance



What?

# The Role of Compliance

*Regulatory landscape is  
more complicated than  
in years past & CCHP  
is more prone to risk*

- Responsible for the Health Plan operating according to regulatory contracts and Federal/State laws & regulations
- Independent Practice from Health Plan Operations
  - Reports to the CEO & Board of Directors”
  - DHCS SPM “...acts independently of operational & program areas without fear of repercussions for uncovering deficiencies or noncompliance”<sup>1</sup>
  - Develops and implements policies, procedures, and practices designed to ensure compliance with DHCS/DMHC contract & Federal/State laws and regulations
- Defines & Executes Compliance Program
- Open Door Policy



<sup>1</sup> DHCS Contract 22-20199, Exhibit A, Attachment III, pp. 97

## Now What?

# A Compliance Department

### BUILD THE DEPARTMENT

- Organizational Structure
  - CCHP Chief Compliance Officer
- Staffing & Job Descriptions
  - “Contract Compliance Specialist”
- Strategy Development
- Hiring External Compliance Consultant

### KEY INITIATIVES

- Revise CCHP Compliance Program
- 2023 DHCS CAP Preparation
- Assess Terms of DHCS Single Plan Model (SPM) Contract
- Reevaluate Policy & Procedure Governance
- Greater Governance of HealthPlan Operations
- Secure Tools & Processes for Stronger Health Plan Governance

# Reevaluating Program

## CCHP Anti-Fraud Program

### Purpose of Fraud Prevention Program

- CMS Medicaid Integrity Program – *Protect Taxpayer dollars*
- DHCS - *To Prevent, Detect, and Investigate incidents of Fraud, Waste, and Abuse*

### Mandated CCHP Fraud Prevention Program

- DHCS Contract 22-20199, Exhibit A, Attachment III, Section 1.3
- DHCS Contract 04-36067, Exhibits A, B, E
- CMS Program Integrity - Title 42 CFR § 438.608
- False Claims Act (FCA) - 31 U.S.C. § 3729-3733
- Antifraud Plan - California Health & Safety Code § 1348

### DHCS Single Plan Model (Exhibit A, Attachment III)

- Fraud Prevention Officer - Reports to CEO & Board (can be Compliance Officer)
- Participate in DHCS quarterly Program Integrity Meetings
- Develop & Maintain Effective Systems
- Ensure Subcontractors FWA Programs
- Corrective Action Plans - signed by CCO & publicly posted
- Regulatory Reporting Obligations - case and aggregate level

### CCHP Current Anti-Fraud Program Not Compliant – *program revisions required*

- CCHP ADM. 1.006 Anti-Fraud Program
- Possible areas of non-compliance: Investigation Progress, Regulatory Reporting, Transparency, Officer
- *Possible: 10+ Aged & Non-compliant Cases*

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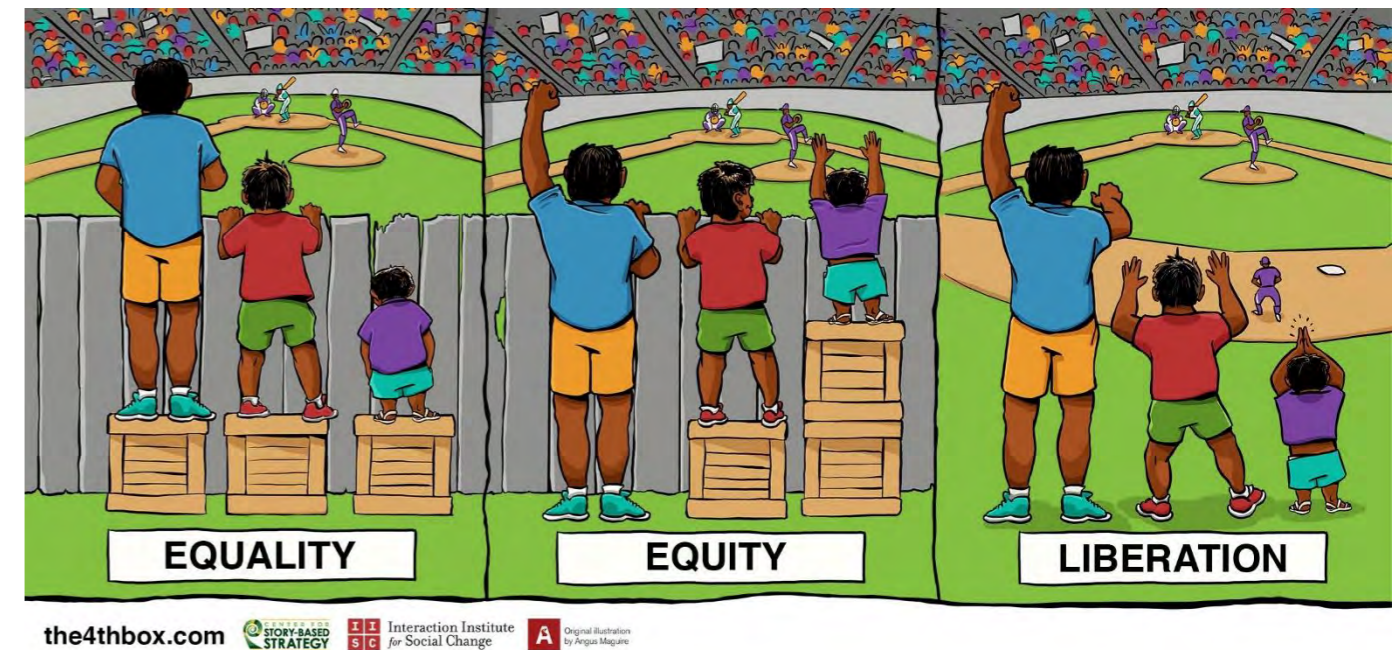
# 6.0 Chief Executive Officer's Report Legislative Updates

**Sharron A. Mackey, CEO**

September 2023

## 6.1 Diversity, Equity & Inclusion Training Program

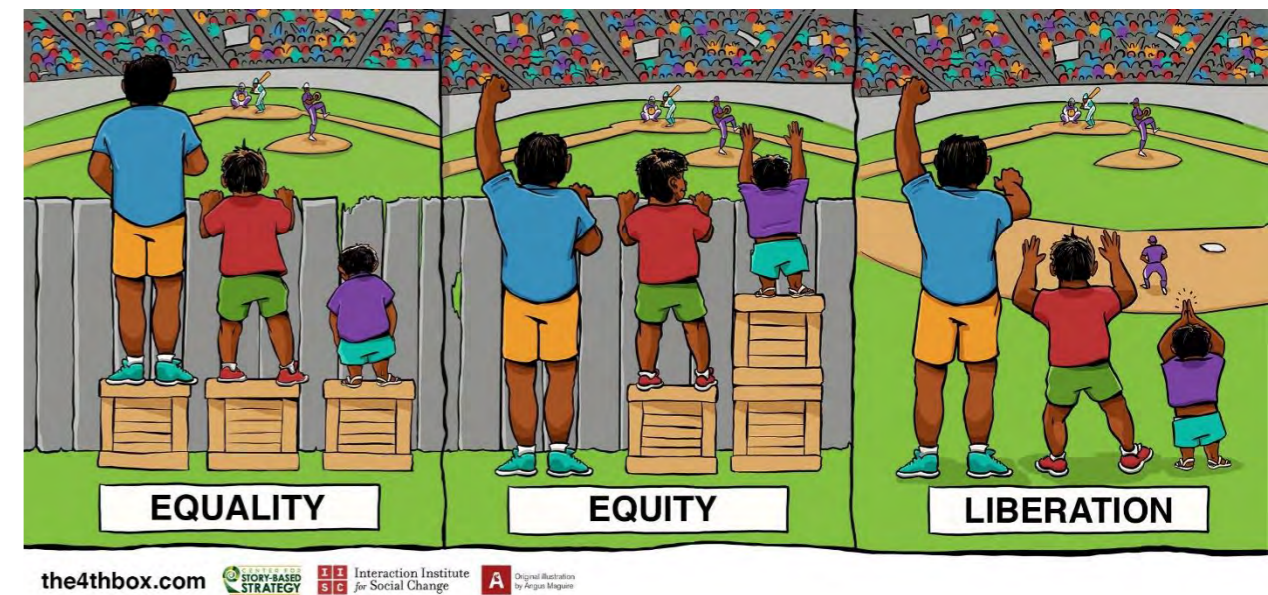
- Important Requirement: Effective 1/1/2024
- **Focus: Access to Care**
  - Member Outcomes
  - Reduction of disparities
- **Background**
  - Advance Health Equity for all 300+ members
  - Medical Staff all levels
  - Delegates
  - Provider Network all 15000
- **Goal: Eliminate Health Care Disparities**
  - Racial, ethnic, gender, sexual orientation
  - Support Policy that drives SDOH
  - Medi-Cal, Medicare, and Commercial
  - Spearheaded by Chief Health Equity Officer
  - NCQA Accredited by January 2026
  - Use the CAC to help design DEI Training
  - Work with Bay Area MCPs (Alameda, Santa Clara, San Francisco, San Mateo) CHEO group through LHPC and CAPH





# Diversity, Equity & Inclusion Training Components

- 100% Track all Staff and Providers
- On-Boarding for new Staff Providers and delegates
- Supports the CA Penal Code 422.56
- Within 30 days of start date (December New Hires)
- Annual Training 5 Star Program
- Training and Surveillance must be evaluated by CHEO
  - Education Opportunities based on health outcomes impacted by C&L
  - Identify Training deficiencies in the healthcare delivery system
  - Partner with a progressive educational system – Expertise in Equity
  - Use CBOs to appraise or recommend educational programs
  - Use Community leaders to evaluate MCP Program

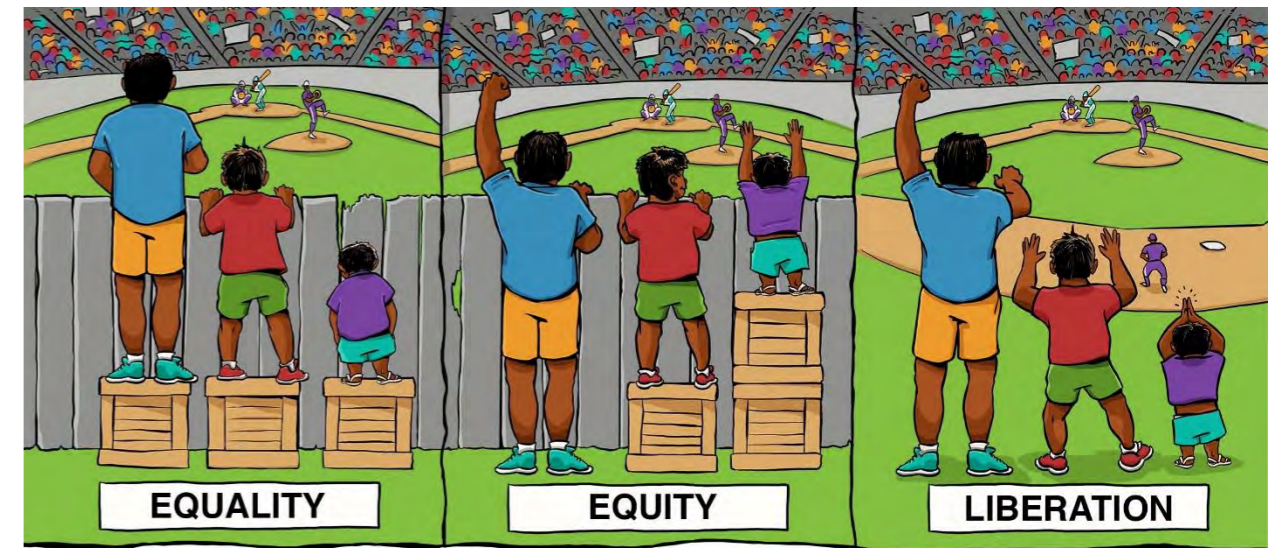






# Diversity, Equity & Inclusion On-going Surveillance

- Measure current Quality Improvement program
- Review Member Grievances and complaints relating to discrimination cultural biases and insensitive practices
- Evaluate Member language access both written and verbal
- Ensure language access is available both for office visits and telehealth
- Intensive review of CCHP's current Cultural & Linguistics program and eliminate any deficiencies





# 6.2 Equity & Practice Transformation (EPT) Payment: Provider Directed Payment Program

Public Webinar, 8/30/2023

# Overview of EPT Payments Program

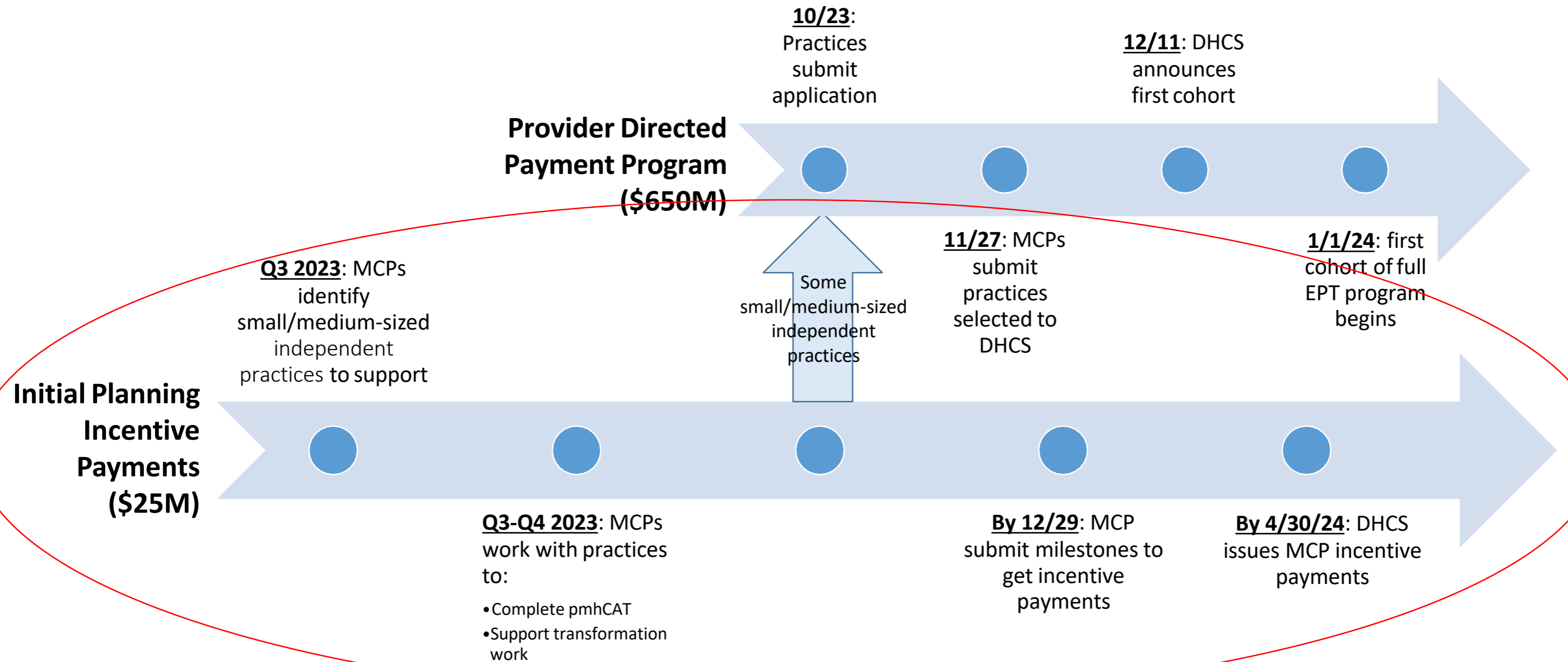
- » **Funding:** One-time \$700M initiative
- » **Goal** is to improve primary care for Medi-Cal recipients:
  - Advance equity
  - Reduce COVID-19-driven care disparities
  - Invest in up-stream care models/partnerships to address health/wellness
  - Fund practice transformation aligned with value-based payment models

# What is a "Directed Payment Program"?

- » **CMS approved payment methodology** under [CFR 42 438.6](#)
  - Requires specific reimbursement to providers in Medicaid managed care
  - CMS must approve each program through a "preprint"
- » **The Provider Directed Payment Program is a directed payment program; practices can only get payment for completed activities/measures during program** rather than anything done in the past



# Timelines



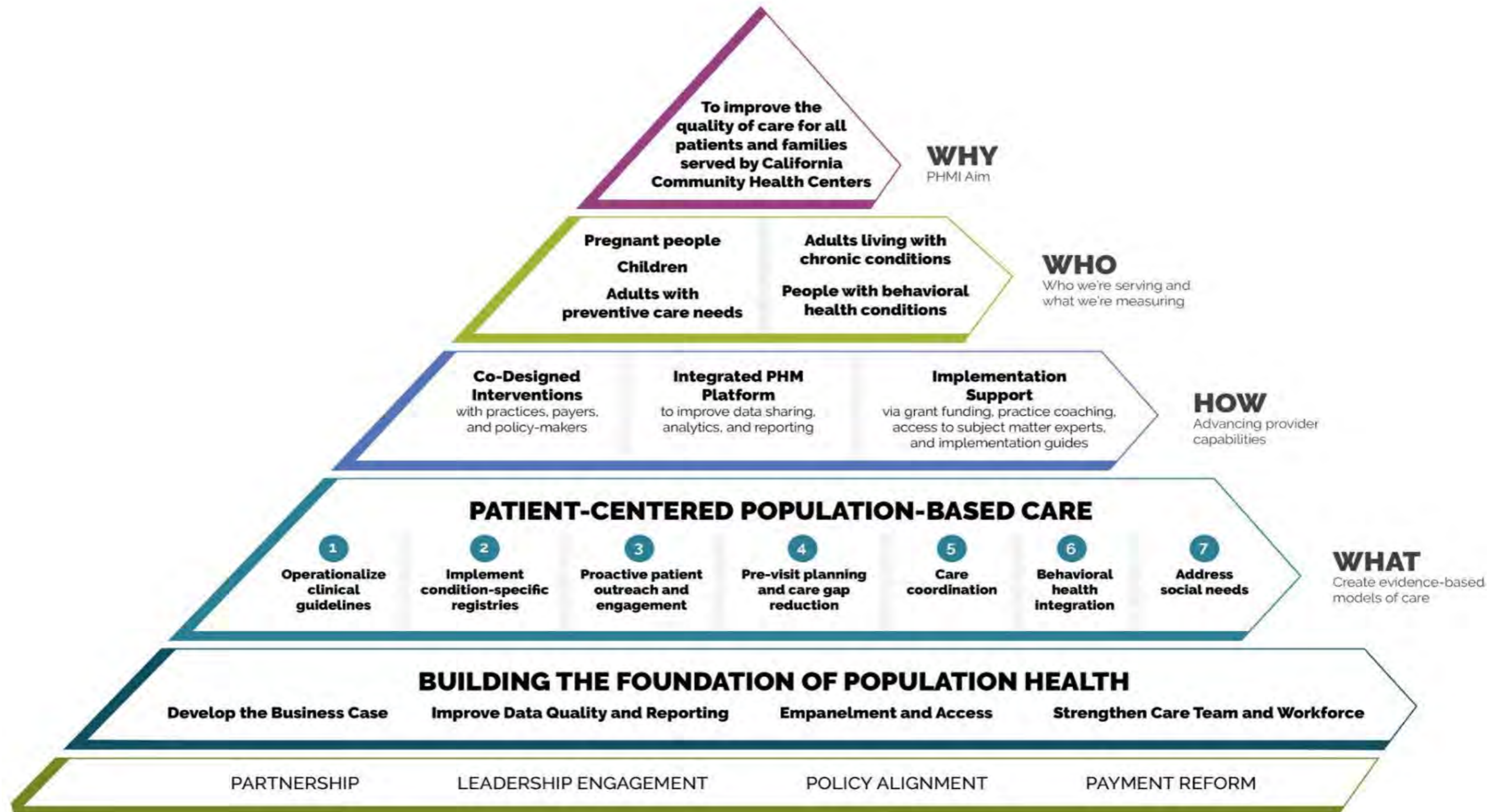
## Population Health Management Initiative (PHMI)

- » Program that **supports 32 Federally Qualified Health Centers' (FQHCs) work on population health management and health equity**
- » PHMI has **developed resources to support clinics' transformation efforts**, many of which will be leveraged for EPT
- » Many EPT activities are designed to be **consistent with [PHMI Implementation Guides](#)**

<https://phminitiative.com/about/>



# PHMI Implementation Model



# Categories of Activities

(which align with pmhCAT and Implementational Model)

## Required Categories

Empanelment & Access

Technology & Data

Patient-Centered, Population-Based Care  
(focused on specific patient population)

## Other Categories (Optional)

Evidenced-Based Models of Care

Value-Based Care & Alternative  
Payment Methodologies

Leadership & Culture

Behavioral Health

Social Health



## **Maximum Payment Based on Assigned Medi-Cal Lives (at time of application)**

| Medi-Cal & D-SNP Assigned Lives Range (at time of application) | Maximum Payment (over all categories) |
|--|---------------------------------------|
| 500-1,000  | \$375,000                             |
| 1,001-2,000  | \$600,000                             |
| 2,001-5,000  | \$1,000,000                           |
| 5,001-10,000   | \$1,500,000                           |
| 10,001-20,000  | \$2,250,000                           |
| 20,001-40,000  | \$3,750,000                           |
| 40,001-60,000  | \$5,000,000                           |
| 60,001-80,000  | \$7,000,000                           |
| 80,001-100,000   | \$9,000,000                           |
| 100,001+   | \$10,000,000                          |

Funding subject to CMS approval

## Funding Distribution

- » **Funding is proportionally divided** among activities
- » For example, if a practice commits to **10 activities**, the funding will be allocated as **1/10 of the total for each activity** (which will be further divided into funding for milestones)
- » Maximum **payments may be reduced by DHCS based on the number of activities selected**

## Patient-Centered, Population-Based Care Activities: Focus Population

- » For this category, applicants **must choose primary focus population to work with and a further subpopulation**
- » **Activities within this category remain the same** regardless of population
- » **Focus populations** to choose from are below (all populations are part of larger strategic DHCS efforts):
  - Birthing populations (pregnancy and up to 12 months postpartum)
  - Children and youth
  - Adults with preventive care needs
  - Adults with chronic conditions
  - People living with behavioral health conditions

## DHCS Next Steps

- » **Post application instructions to the [EPT website](#)**
- » **Share the web-based application** with interested practices
- » Work with stakeholders **to refine exact milestones and deliverables for each activity** (likely complete early Q4 2023); current materials only list “example steps”
- » **Develop MCP guidance** for Provider Directed Payment Program before 10/23/23 (due date for applications):
  - Working to develop MCP guidance for types of applicants to prioritize for evaluation by DHCS
  - Goal is to select a variety of practices based on geography, size, type of practice, current level with practice transformation (more and less advanced practices), and populations served
- » Working to **establish mechanism for practice to report milestone achievement and frequency of payments** from DHCS
- » **Submit “preprint” to CMS for approval** before end of 2023

## Practice Next Steps

- » Review program materials at [EPT website](#), including Guidelines and Application Instructions (to be posted this week)
- » Consider application to the program, choosing a single MCP that the practice *will be contracted with in 2024* (even if practice crosses multiple counties)
- » Submit application by October 23, 2023 at 11:59 pm
- » Contact MCPs with questions or email [ept@dhcs.ca.gov](mailto:ept@dhcs.ca.gov)

## MCP Next Steps

- » Continue to work with small- to medium-sized independent practices through the Initial Planning Incentive Payment Program, with goal of getting practices to apply for Provider Directed Payment Program
- » Reach out to practices that might be good applicants for Provider Directed Payment Program
- » Communicate with practices that reach out about applying through your MCP for the Provider Directed Payment Program
- » Attend upcoming webinar with DHCS to discuss programs in more depth; invite forthcoming soon



[cchealth.org](http://cchealth.org)

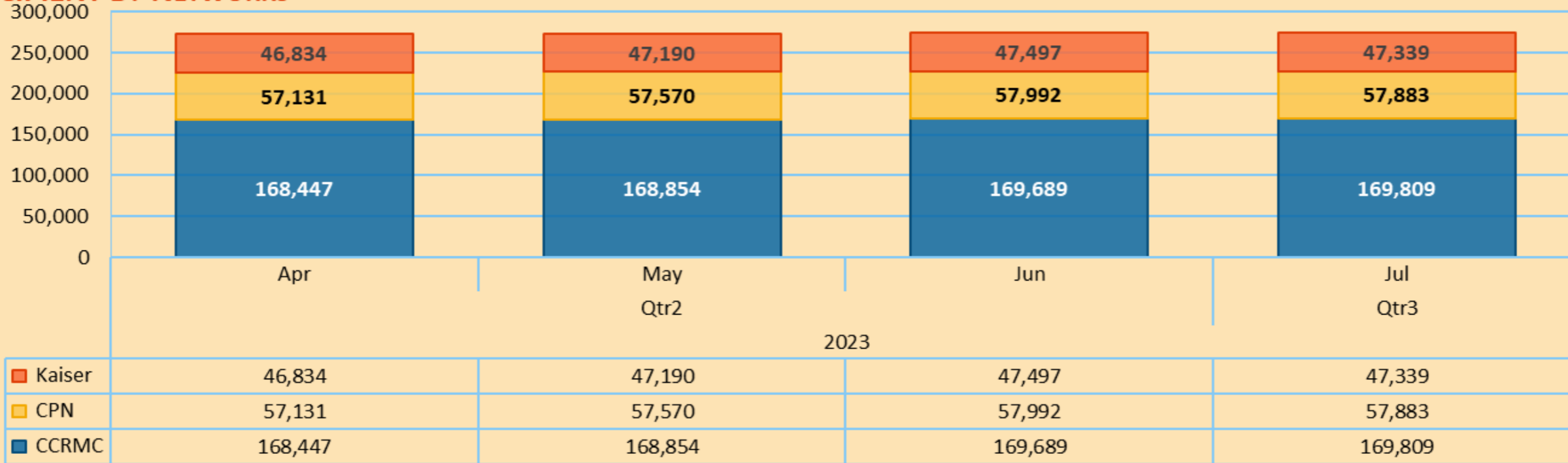
## 7.0 Review and Approval of Progress Report

September 2023

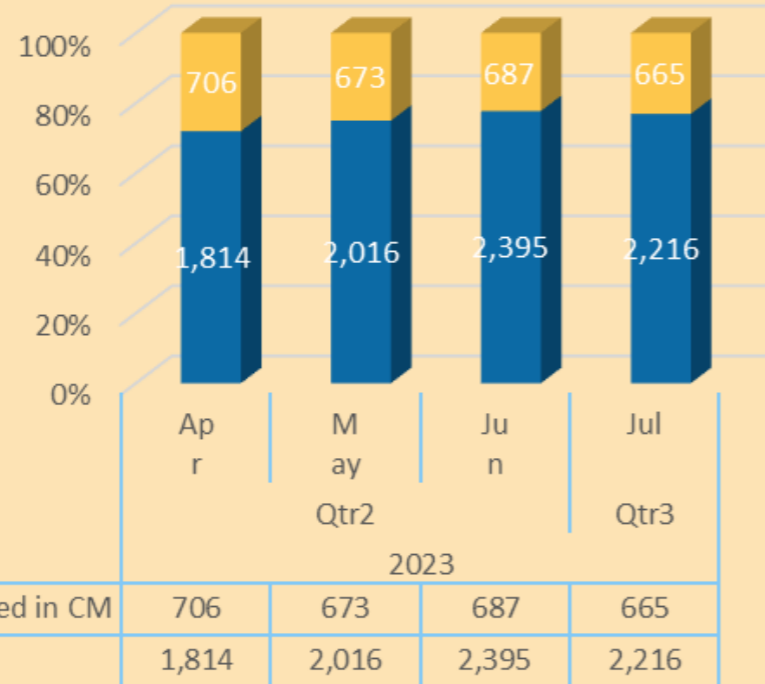


# 7.1 Operational Dashboard

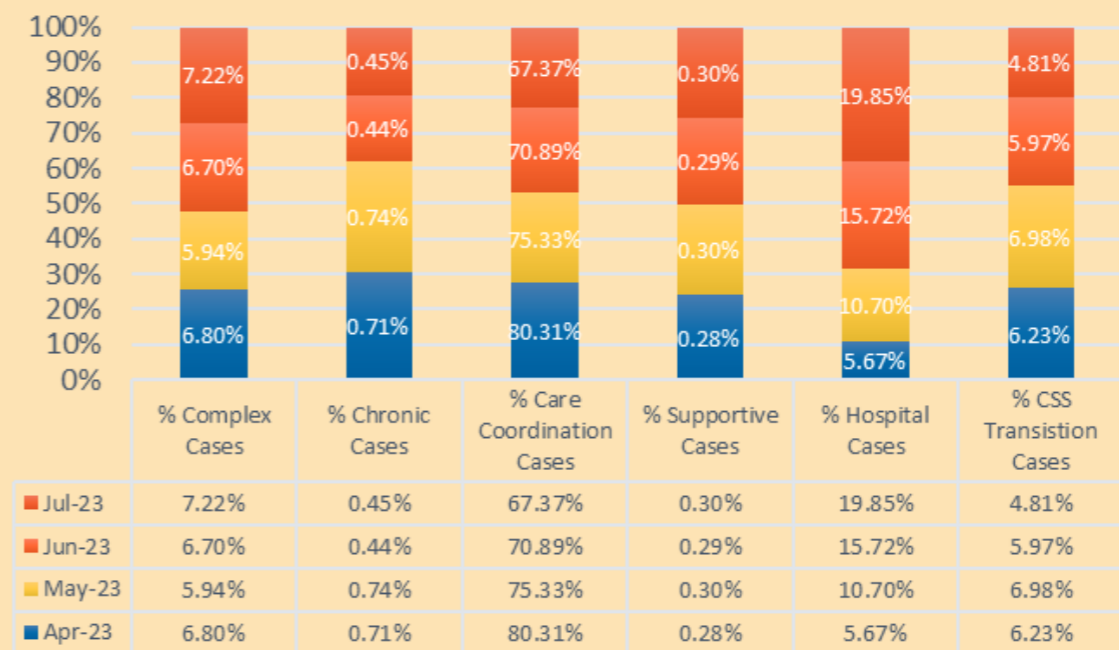
## RECIPIENT BY NETWORKS



## CASE MANAGEMENT



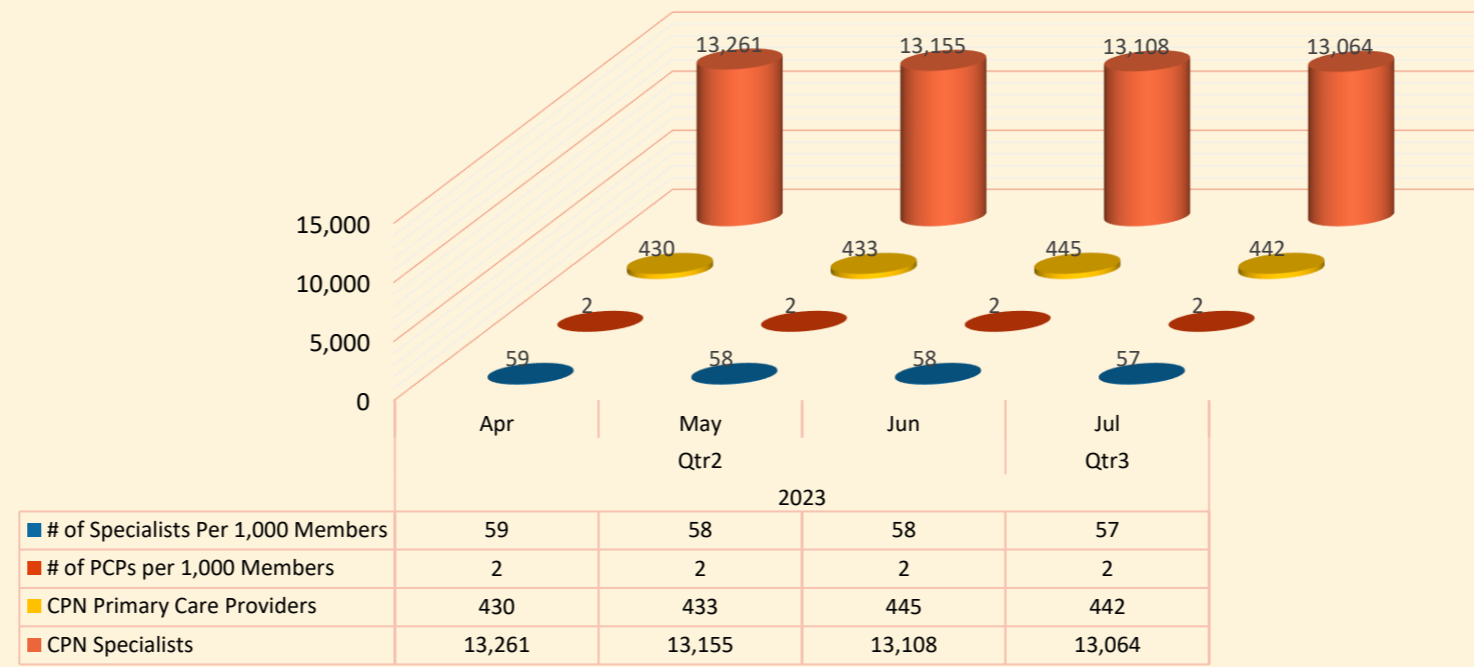
## CASE MANAGEMENT TYPES







PROVIDER NETWORK



CLAIMS PROCESSED

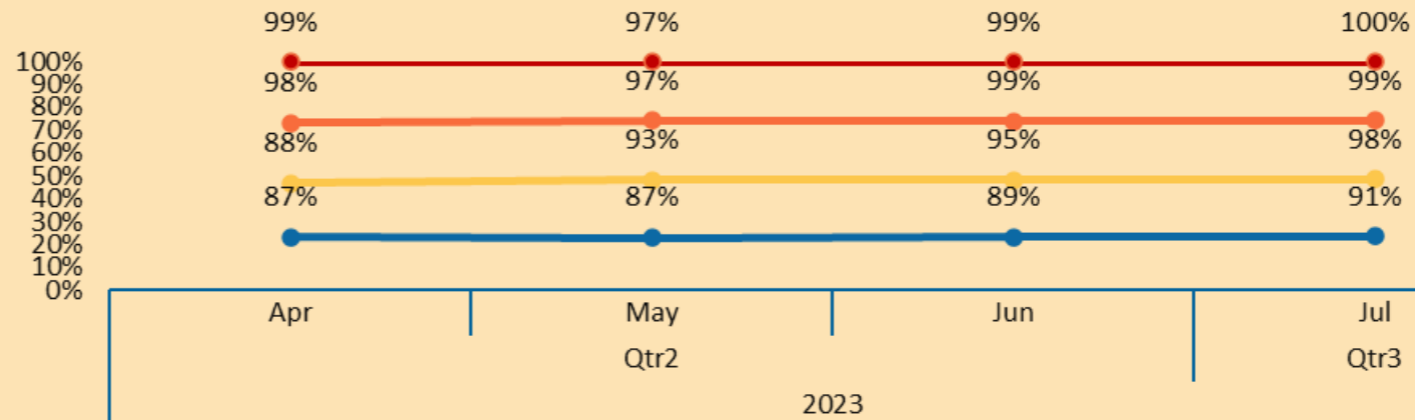
|   | Apr     | May Qtr2 | Jun     | Jul Qtr3  |
|---|---------|----------|---------|-----------|
| 2023                                    |         |          |         |           |
| # Claims Processed                      | 175,560 | 215,522  | 196,682 | 177,684   |
| # Claims Denied                         | 22,851  | 1,404    | 19,193  | 22,666    |
| % Denied Claims                         | 13.02%  | 0.65%    | 9.76%   | 12.76%    |
| % Approved Claims                       | 0.07%   | 0.10%    | 0.16%   | 0.14%     |
| % Claims Processed (< 30 Business Days) | 83.78%  | 88.28%   | 89.05%  | 89.88%    |
| % Claims Processed (<45 business Days)  | 90.79%  | 96.36%   | 97.42%  | 97.86.00% |
| Auto Adjudication Rate                  | 78.60%  | 80.90%   | 73.80%  | 76.90%    |
| % Provider Disputes to # of Claims      | 0.07%   | 0.10%    | 0.16%   | 0.14%     |

NEW CONTRACTS



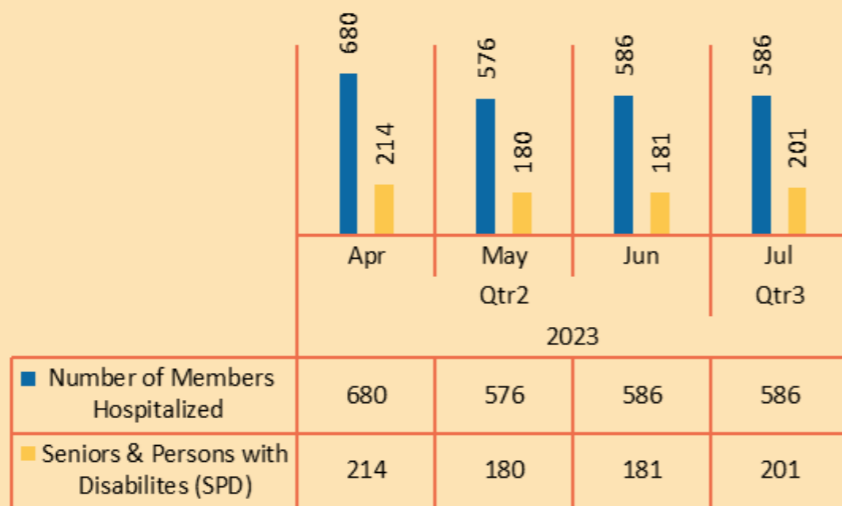


**UTILIZATION MANAGEMENT  
TURNAROUND TIME**

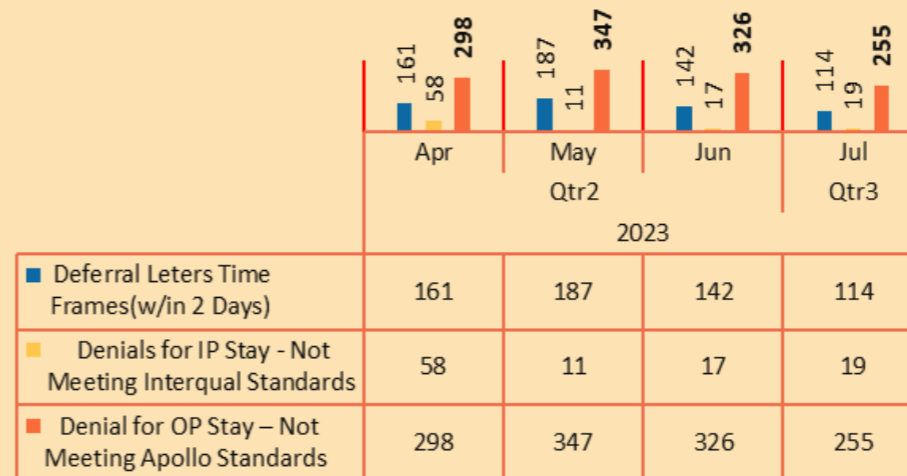


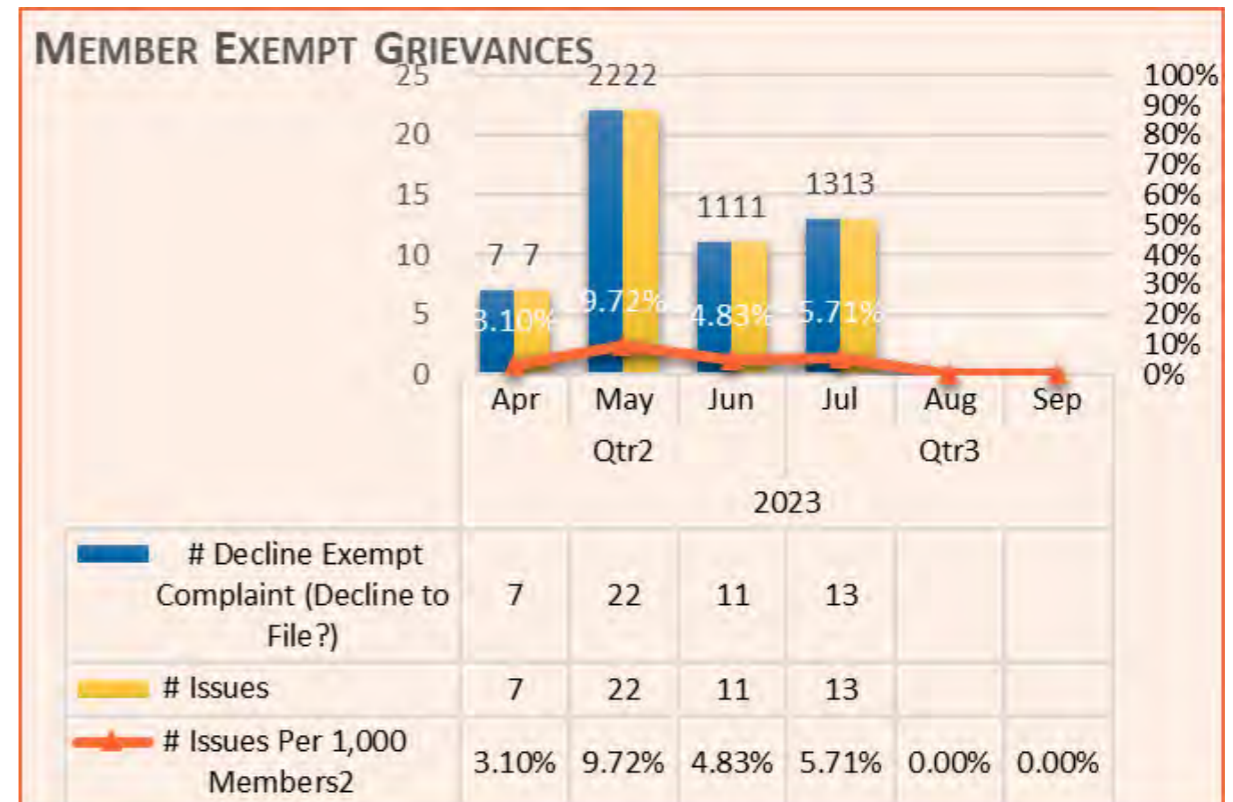
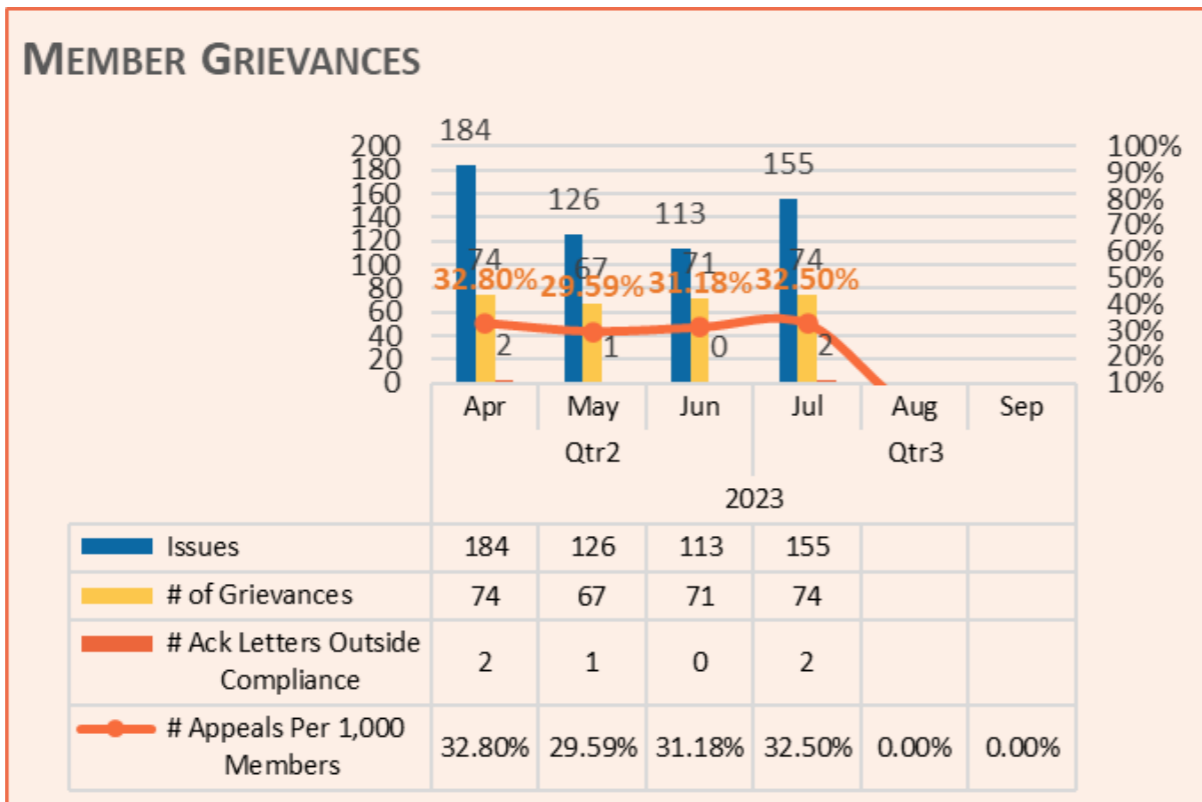
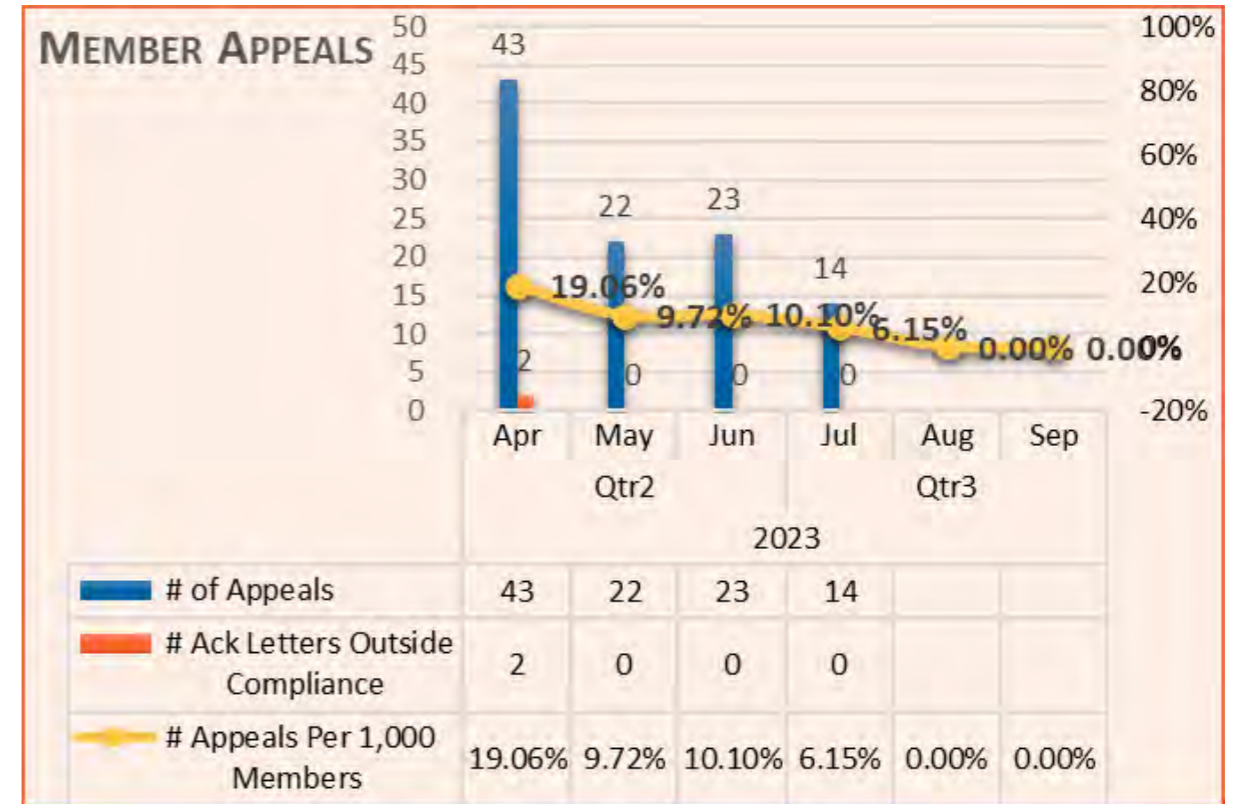
|   | Apr  | May | Jun | Jul  |
|---|------|-----|-----|------|
|   | 2023 |     |     |      |
| ● Retro % Completed <= 30 Calendar Days   | 99%  | 97% | 99% | 100% |
| ● Routine % Completed <= 14 Calendar Days | 98%  | 97% | 99% | 99%  |
| ● Routine % Completed <= 5 Business Days  | 88%  | 93% | 95% | 98%  |
| ● Urgent % Completed <72 Hrs              | 87%  | 87% | 89% | 91%  |

**IP - TURNAROUND TIME (5 DAYS- DMHC/14 DAYS - DHCS)**



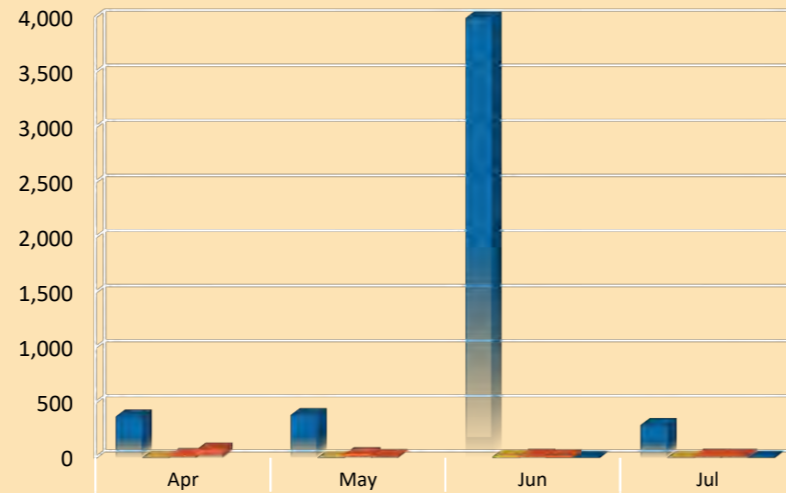
**OP - TURNAROUND TIME (5 DAYS- DMHC/14 DAYS - DHCS)**





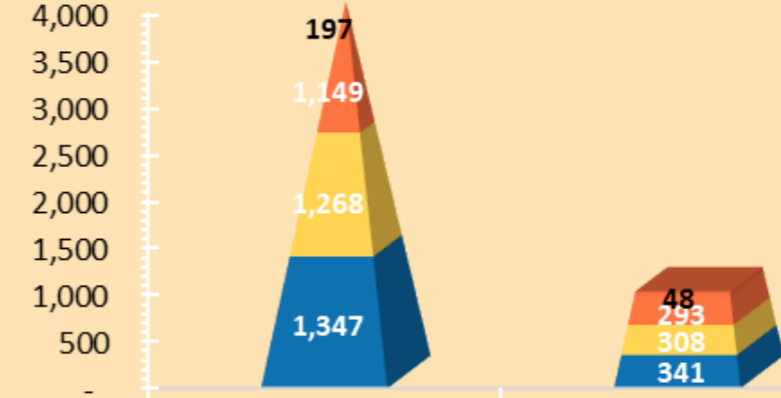


### REFERRAL STATUS



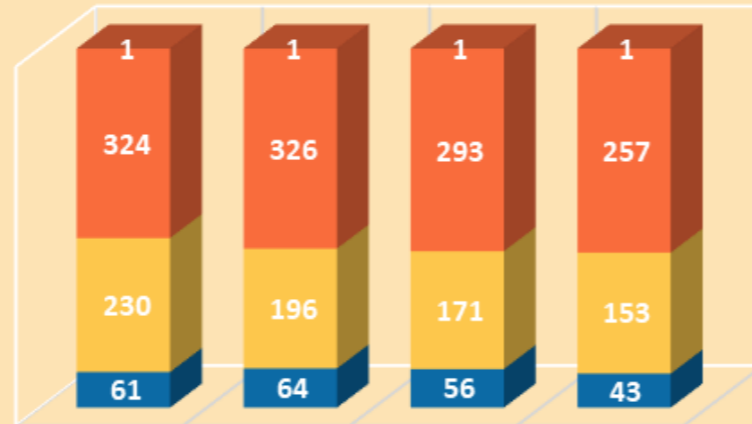
|                                   | Apr | May | Jun   | Jul |
|-----------------------------------|-----|-----|-------|-----|
| Authorized                        | 374 | 388 | 3,991 | 297 |
| Denied                            | 5   | 2   | 10    | 4   |
| Closed (Duplicates)               | 24  | 32  | 18    | 19  |
| Pending Review/Add Info Requested | 74  | 15  | 12    | 18  |
| Modified                          |     |     | 2     | 3   |

### REFERRAL SOURCE



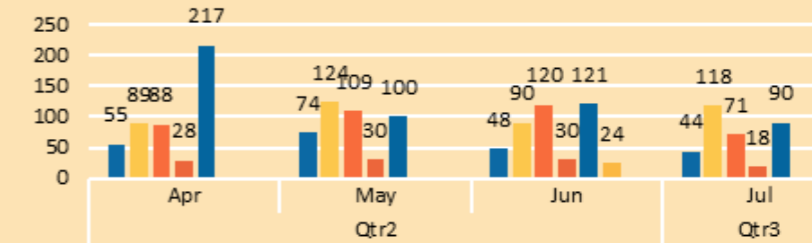
|                         | Qtr2  | Qtr3 |
|-------------------------|-------|------|
| Commercial              | 197   | 48   |
| MediCal                 | 1,149 | 293  |
| Total Members           | 1,268 | 308  |
| Total Referrals Handled | 1,347 | 341  |

### DEMOGRAPHICS



|                        | Apr | May | Jun | Jul |
|------------------------|-----|-----|-----|-----|
| Count of Pregnant      | 1   | 1   | 1   | 1   |
| Sum of <= 21 Years Old | 324 | 326 | 293 | 257 |
| Hispanic/Latino        | 230 | 196 | 171 | 153 |
| African-American       | 61  | 64  | 56  | 43  |

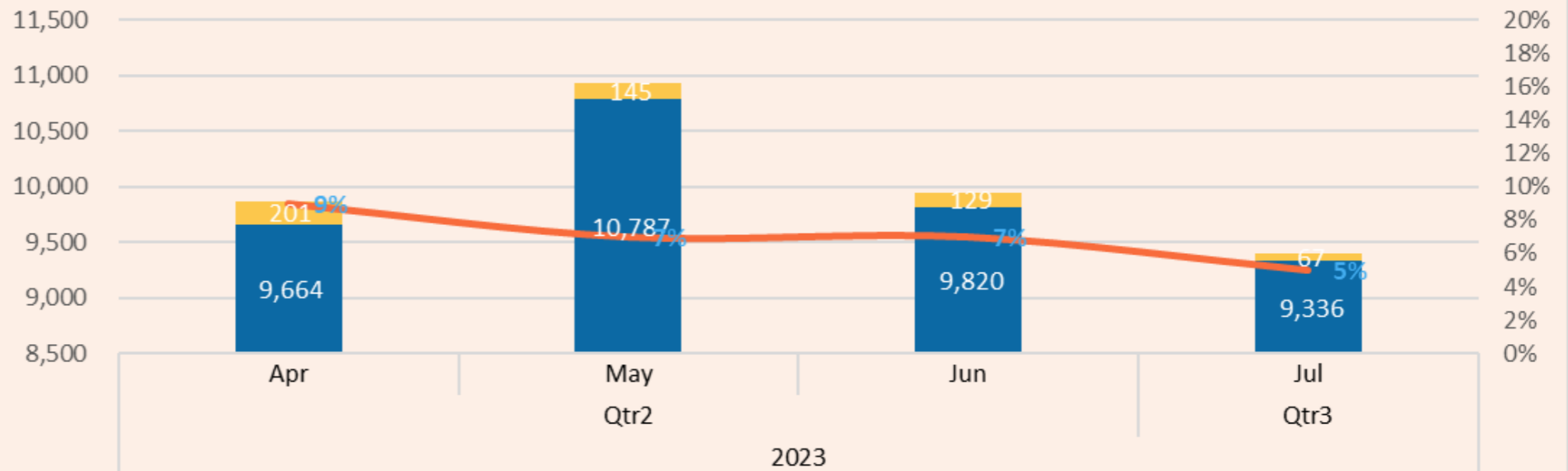
### REFERRAL TYPES



|  | Apr | May | Jun | Jul |
|--|-----|-----|-----|-----|
| Comprehensive Diagnostic Evaluation - Autism | 55  | 74  | 48  | 44  |
| Applied Behavioral Analysis - Autism         | 89  | 124 | 90  | 118 |
| Functional Behavioral Assessment - Autism    | 88  | 109 | 120 | 71  |
| Psychiatry (Med Eval)                        | 28  | 30  | 30  | 18  |
| Psychotherapy                                | 217 | 100 | 121 | 90  |
| Neuropsychology                              |     |     | 24  |     |
| PHP/IOP/IOP-Eating Disorder                  |     |     |     |     |



### ADVICE NURSE



|                                    | Apr   | May    | Jun   | Jul   |
|------------------------------------|-------|--------|-------|-------|
| Avg. Call Answer Time (in Seconds) | 201   | 145    | 129   | 67    |
| Calls Received                     | 9,664 | 10,787 | 9,820 | 9,336 |
| Call Abandonment                   | 9%    | 7%     | 7%    | 5%    |

### INITIAL HEALTH APPOINTMENT



One comprehensive visit within 120 days of enrollment.

|                      | Apr   | May   | Jun   | Jul   |
|----------------------|-------|-------|-------|-------|
| Total Members w/ IHA | 1,145 | 1,278 | 1,233 | 1,351 |
| Total New Members    | 2,243 | 3,423 | 2,688 | 3,332 |
| % CPN Compliance     | 82%   | 43%   | 82%   | 79%   |
| % RMC Compliance     | 47%   | 34%   | 43%   | 37%   |



**HEALTH RISK ASSESSMENTS**

The graph is skewed due to the high volume of new members reassigned from Medi-Cal.



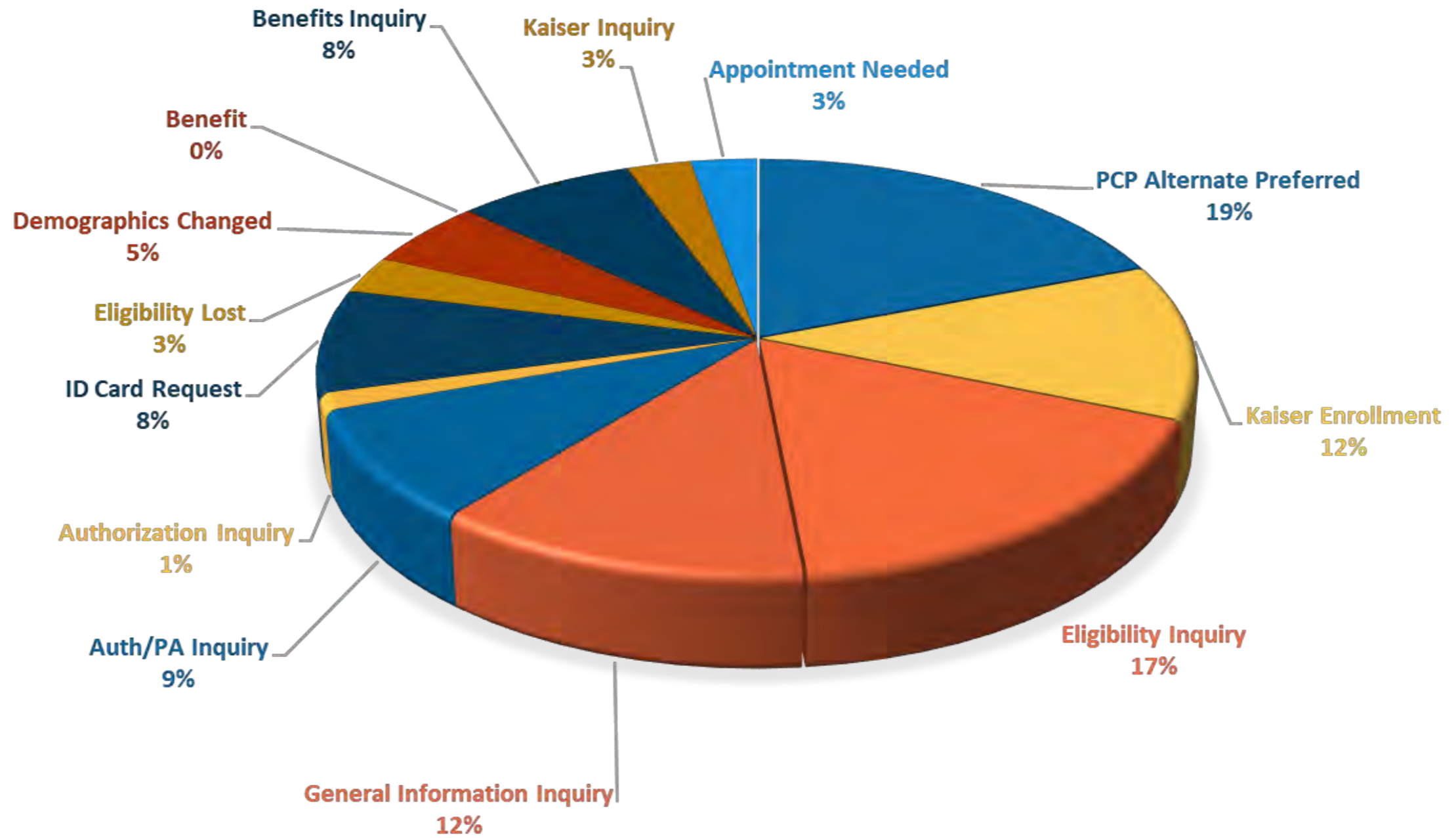
|  | Apr    | May<br>Qtr2 | Jun     | Jul<br>Qtr3 |
|--|--------|-------------|---------|-------------|
|  | 2023   |             |         |             |
| Total Senior Persons w/ Disabilities Members | 763    | 482         | 500     | 490         |
| HRA Survey Forms Completed                   | 339    | 171         | 636     | 241         |
| Calls Made (For HRA Forms Not Completed)     | 213    | 193         | 169     | 0           |
| HRA Survey Forms Not Completed               | 424    | 311         | 0       | 249         |
| Member Hang-Up/Refused                       | 0      | 0           | 0       | 2           |
| Unable To Reach (Bad/Missing Number)         | 0      | 18          | 0       | 3           |
| Other Reason**                               | 0      | 0           | 0       | 0           |
| % of Completed HRA Surveys                   | 44.43% | 35.48%      | 127.20% | 49.18%      |
| % of Not Completed HRA Surveys               | 55.57% | 64.52%      | 0.00%   | 50.82%      |

\* 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 Health Risk Assessments are collected and reported up to 8 weeks.



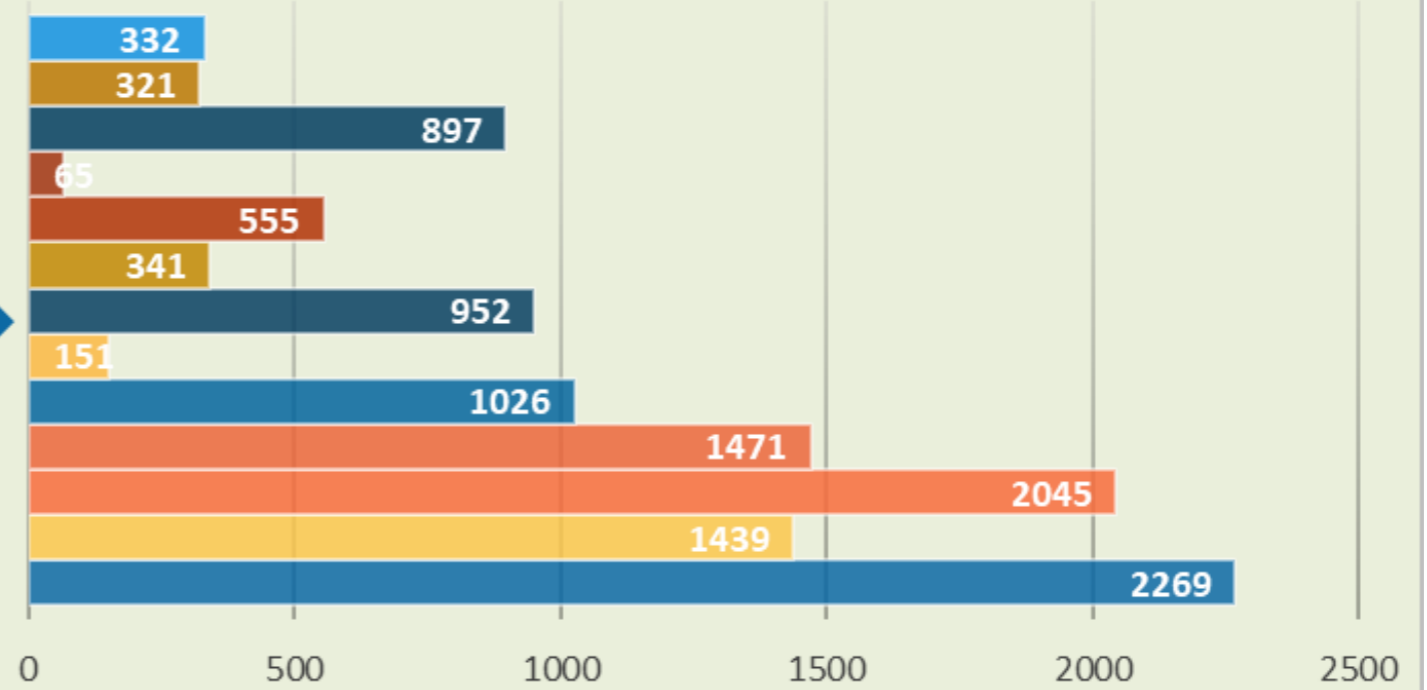
### MEMBER SERVICES CALLS & REQUESTS BREAKDOWN





### TYPES OF MEMBER SERVICES CALLS & REQUESTS

Total Calls 14,642

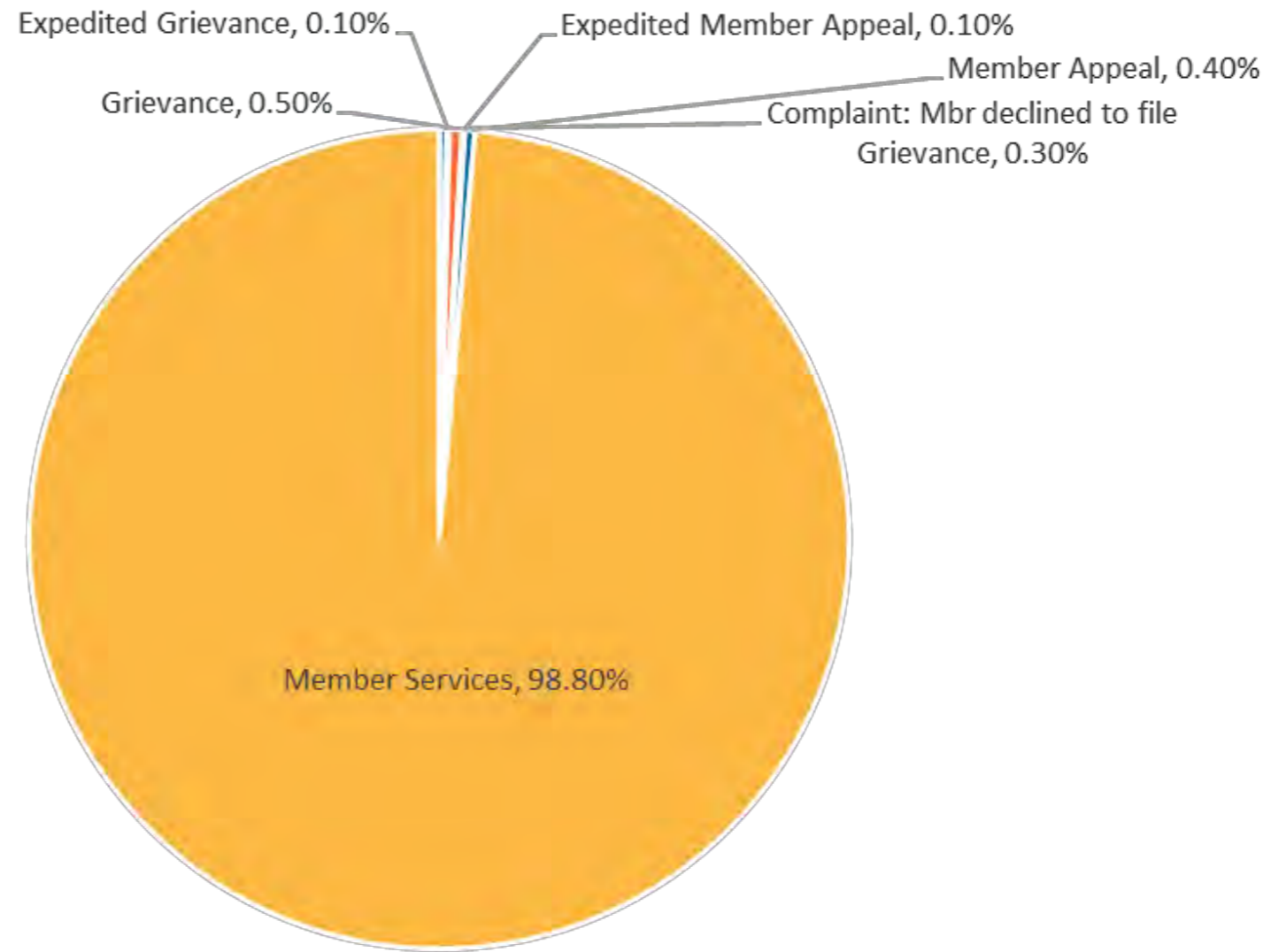


|                               |      |
|-------------------------------|------|
| ■ Appointment Needed          | 332  |
| ■ Kaiser Inquiry              | 321  |
| ■ Benefits Inquiry            | 897  |
| ■ Benefit                     | 65   |
| ■ Demographics Changed        | 555  |
| ■ Eligibility Lost            | 341  |
| ■ ID Card Request             | 952  |
| ■ Authorization Inquiry       | 151  |
| ■ Auth/PA Inquiry             | 1026 |
| ■ General Information Inquiry | 1471 |
| ■ Eligibility Inquiry         | 2045 |
| ■ Kaiser Enrollment           | 1439 |
| ■ PCP Alternate Preferred     | 2269 |





### MEMBER SERVICES CALLS & REQUESTS



■ Complaint: Mbr declined to file Grievance ■ Expedited Grievance ■ Grievance ■ Expedited Member Appeal ■ Member Appeal ■ Member Services



## 7.2 Enrollment Trend

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

8/5/2023 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                             | 28,167        | 20,749        | 57,946         | 106,862        | 106,092                      | 99,105               | 7,757         | 8%          |
| Medi-Cal (duals)                          | 3,580         | 3,666         | 22,124         | 29,370         | 29,385                       | 14,161               | 15,209        | 107%        |
| Medi-Cal (Voluntary)                      | 306           | 380           | 1,417          | 2,103          | 2,076                        | 1,371                | 732           | 53%         |
| Medi-Cal Low Income Child Program         | 6,573         | 6,533         | 9,527          | 22,633         | 22,916                       | 22,614               | 19            | 0%          |
| Medi-Cal SPD                              | 3,946         | 1,884         | 10,214         | 16,044         | 16,088                       | 15,441               | 603           | 4%          |
| Medi-Cal Expansion (New)                  | 14,784        | 14,187        | 62,352         | 91,323         | 90,310                       | 80,778               | 10,545        | 13%         |
| <b>Subtotal</b>                           | <b>57,356</b> | <b>47,399</b> | <b>163,580</b> | <b>268,335</b> | <b>266,867</b>               | <b>233,470</b>       | <b>34,865</b> | <b>15%</b>  |
| <b>3) COUNTY EMPLOYEES</b>                |               |               |                |                |                              |                      |               |             |
| PLAN A                                    | 0             | 0             | 3,426          | 3,426          | 3,444                        | 3,832                | (406)         | (11%)       |
| PLAN B                                    | 526           | 0             | 621            | 1,147          | 1,145                        | 1,105                | 42            | 4%          |
| 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>527</b>    |               | <b>4,104</b>   | <b>4,631</b>   | <b>4,647</b>                 | <b>5,000</b>         | <b>(369)</b>  | <b>(7%)</b> |
| <b>4) Commercial</b>                      |               |               |                |                |                              |                      |               |             |
| In-Home Supportive Services               | 0             | 0             | 2,125          | 2,125          | 2,158                        | 2,146                | (21)          | (1%)        |
| <b>Subtotal</b>                           |               |               | <b>2,125</b>   | <b>2,125</b>   | <b>2,158</b>                 | <b>2,146</b>         | <b>(21)</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             | 61             | 61             | 45                           | 36                   | 25            | 69%         |
| Administrative Override (Rx Only)         | 0             | 0             | 40             | 40             | 43                           | 49                   | (9)           | (18%)       |
| <b>Subtotal</b>                           |               |               | <b>103</b>     | <b>103</b>     | <b>90</b>                    | <b>87</b>            | <b>16</b>     | <b>18%</b>  |
| <b>CCHP MEMBER TOTAL (Less Uninsured)</b> | <b>57,883</b> | <b>47,399</b> | <b>169,809</b> | <b>275,091</b> | <b>273,672</b>               | <b>240,616</b>       | <b>34,475</b> | <b>14%</b>  |
| <b>CCHP Managed Lives Total</b>           | <b>57,883</b> | <b>47,399</b> | <b>169,912</b> | <b>275,194</b> | <b>273,762</b>               | <b>240,703</b>       | <b>34,491</b> | <b>14%</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 Finance Report

### Contra Costa Health Plan Product Line Financial Summary For the Year ending 6/30/2023

| Description        | Commercial(1) |               | Medi-Cal (2)     |                  | Totals (3)       |                  | FY2022/23       | Surplus        |
|--------------------|---------------|---------------|------------------|------------------|------------------|------------------|-----------------|----------------|
|                    | Ytd June 2023 | Projection    | Ytd June 2023    | Projection       | Ytd June 2023    | Projection       | Budget Adjusted | (Deficit)      |
| Total Revenues     | \$ 83,166,977 | \$ 83,166,977 | \$ 1,494,870,813 | \$ 1,494,870,813 | \$ 1,578,037,790 | \$ 1,578,037,790 | \$ 967,799,000  | \$ 610,238,790 |
| Total Expenditures | 82,169,426    | 82,169,426    | 1,445,371,469    | 1,445,371,469    | 1,527,540,895    | 1,527,540,895    | 967,799,000     | (559,741,895)  |
| Income/(Loss)      | \$ 997,551    | \$ 997,551    | \$ 49,499,344    | \$ 49,499,344    | \$ 50,496,895    | \$ 50,496,895    | \$ -            | \$ 50,496,895  |

**Notes:**

- (1) Includes Commercial and In-Home Support Services.
- (2) Includes Community Provider Network, Kaiser, Other Medi-Cal Non-Crossover, AFDC & Medi-Cal ACA Expansion
- (3) General Fund contribution \$3.7M for IHSS and \$1M for Contra Costa Cares included in total revenue Commercial Product Line
- (4) The Projection includes revenues and \$391.9M 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, Private Hospital Directed Payment). These payments will have no bottom line/net income impact.
- (5) M-Cal rates used for June 2023 projection include Add-on rates for Medi-Cal Enhanced Care Management.
- (6) CCHP is self-insured for all medical claims (no stop loss insurance coverage).
- (7) 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.

Date: 08/29/2023

Reviewed by: P. Purviance



## 7.3 Next Meeting Reminder

CONTRA COSTA  
**HEALTH**



**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