

**Contra Costa Health Plan/Board of Supervisors
Joint Conference Committee Meeting Minutes
Friday, March 12, 2021**

Present:

Supervisor Candace Andersen, Dist. II*
Gabriela Sullivan, MD*
Barbara Hockett
Belkys Teutle, CCHP Member Services Manager
Angela Choy, CCHP COO
Bob Sessler
Pat Godley, HSD CFO, COO
Michael Foster

Dennis Hsieh, MD, CCHP CMO**
Sharron Mackey, MHS, MPA, CCHP CEO**
Supervisor Federal Glover, Dist. V*
Pamela Lee, CCHP CM Manager
Kimberley Ceci, MD, LifeLong Medical Director*
Alvaro Fuentes
William Walker, MD

*JCC Voting Member

**JCC Non-Voting Member

ITEM # & SUBJECT	DISCUSSION	ACTION / WHO
<p>Call to Order</p>	<p>1.0 Call to Order Supervisor Candace Andersen called the meeting to order on March 12, 2021 at 9:30 AM.</p> <p>1.1 Agenda Agenda/Minutes for December 11, 2020 reviewed and approved unanimously.</p> <p>1.2 Approve June 12, 2020 Minutes Minutes approved unanimously.</p> <p>1.3 Public Comment None</p> <p>1.4 JCC Comment None</p>	<p>Supervisor Candace Andersen</p> <p>JCC Committee</p> <p>JCC Committee</p> <p>Public</p> <p>JCC Members</p>
<p>CEO Updates</p>	<p>2.1 2020 Operational Accomplishments Key accomplishments were highlighted for each Unit at CCHP. Project Management Tasks: Several Scrum Teams were formed to enhance productivity which also resulted in cost savings for CCHP.</p> <p>Other New Cost Savings Programs included: End-Stage Renal Disease Program, Claims Bill Review, Limiting Letters of Agreement, and Repatriation into the Network.</p> <p>One other noteworthy accomplishment was the creation of the Behavioral Health Unit.</p> <p>2.2 2021 Operational Road Map Key Goals and Objectives were presented. Some key focuses included: transition of 15,000 providers to using the Provider Portal, creating a smooth transition to Medi-Cal Rx for both members and CCHP.</p> <p>A focus for 2022 will be the development of a wellness program for county employees: telehealth urgent care services to reduce ER cost, create a pharmacy formulary to expand usage of generic drugs, special outreach campaigns to employees that select Plan A, enrollment in Care Management, and enrolling county employees with End-Stage Renal</p>	<p>Sharron Mackey, MHS, MPA, CCHP CEO</p>

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	Diseases. Sharron also shared Equity and Health Disparity Goals for 2021.	
Medical Director's Report	<p>3.1 Sutter Health Care Delivery System Improvements CCHP has been working on Sutter Health accountability: portal for submission (no more faxes or e-faxes), review of high dollar cases using Care Everywhere with concurrent review, weekly meetings with Sutter.</p> <p>3.2 Improvement of Quality Landscape Hiring a director for the Quality department is under way. We are moving ahead on projects (diabetes, asthma, well child/immunizations, blood level screening, IHA, access to perinatal care). There are improvements with internal processes too including breaking down silos in Units. We are also creating closer relationships with CCRMC and CPN providers.</p> <p>3.3 Utilization Management Improvements Improvements to Utilization Management were presented including focus on substance not procedure when making decisions, getting rid of e-faxes, leveraging Care Everywhere, clarifying how we measure turnaround time, and review of all processes and procedures.</p> <p>3.4 In Lieu of Services – Food and Housing CalAIM is coming in 2022; it was delayed a year by the pandemic. We are beginning to discuss the “In Lieu of Services” provision of CalAIM. We are coming up with ways to fit criteria that are cost-neutral or save money. Food and housing are two areas that help provide health security. We are looking at both of these areas for potential intervention.</p>	Dennis Hsieh, MD, JD
Chief Operations Officer Special Report	<p>4.1 Change in Claims Clearing House from DocuStream to Availity We are currently changing our Claims clearing house from DocuStream to Availity. DocuStream's technology is not performing to the level we require with our growing population. Lost claims have also been an issue (paper documents get lost in the mail, etc.). These issues definitely impact or providers as well as our members.</p> <p>Our new clearinghouse, Availity, has the capacity to support large provider networks and small clinics with robust technology to support data analysis, reporting, and deep-dive research.</p> <p>The implementation of this project began on March 10, 2021. It is estimated to take 4-8 months.</p>	Angela Choy, MBA, MS, COO
Focus Topics	<p>5.1 Case Management There were 1415 members referred to case management between 1/1/2020 and 12/31/2020. Of those members, 1238 members were either screened and enrolled in Case Management; closed for unwillingness to participate; or the member did not respond to Case Manager's outreach attempts. There were 177 referrals that were redirected to the appropriate Health Services programs (i.e. Community Connect, Targeted Case Management and California Children's Services) if they were already enrolled in that program. The additional referrals that were not enrolled in CM included for reasons such as not enrolled with CCHP, deceased, incarcerated, or were already in hospice.</p> <p>CM started utilizing a new enhancement to Epic, a charting module called Compass. CCHP was the first health plan in the USA to roll out this</p>	Pam Lee, CM Director

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	<p>charting module. The CM staff has provided valuable feedback to the Epic team for this new module.</p> <p>5.2 Member Services An overview of all grievance types was provided. The staff processed a total of 76 grievances for Q4 2020. Out of the 76 grievances, 18 cases involved two or more issues. A total of 94 issues were reported: 39 related to quality of care, 44 related to quality of services and 11 related to access to care.</p> <p>5.3 Quality (HEDIS Update) The Healthcare Effectiveness Data Information Set deals with many different measures, everything from Prevention and Screening to Respiratory and Cardiovascular Conditions to Diabetes. The scores are important. It is a "report card" that determines the number of members that are assigned directly to CCHP as opposed to any other MHC plan in the County.</p>	<p>Belkys Teutle, Manager</p> <p>Sharron Mackey, MHS, MPA, CEO</p>
<p>CEO Report</p>	<p>6.1 CalAIM – Enhanced Care Management & In Lieu of Services This program was postponed until January 1, 2022. It has three primary goals:</p> <ol style="list-style-type: none"> 1) Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health 2) Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility 3) Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform <p>The timeline for CalAIM shows a lot that needs to be done before January 1, 2022 including the Model of Care Template (due July 1, 2021), MOU with Public Health, evaluation of Whole Person Care (Community Connect), services that are not in the present WPC model-subcontract under the MOU, and determining the type of additional providers required in the provider network.</p> <p>6.2 Behavioral Health Updates</p> <ul style="list-style-type: none"> • A new Senate bill was introduced that expands the definition of Medical Necessity to include Substance Abuse for the commercial business • Increased access to Student Behavioral Health Services • We have a new BH department at CCHP which includes a UM Nurse, Medical Director, and LCSW (repurposed staff from other units in CCHP) • CCHP will host seminars on BH Low to Moderate and Autism to enhance the knowledge base of PCPs • Design a Behaviorist Internship with a local university • Manage the BH integration pilot program with LifeLong, La Clinica, Brighter Beginnings, and Porta Bella 	<p>Sharron Mackey, MHS, MPA, CEO</p>
<p>Review & Approval of Progress Reports</p>	<p>7.1 Medi-Cal Enrollment Trend Report Membership continues to increase; this trend is believed to be a direct result of the pandemic.</p> <p>7.2 Medi-Cal Choice Rate The Medi-Cal Choice Rate shows a steady trend in the 80%+ for the past</p>	<p>Angela Choy, MBA, MS, COO</p>

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	<p>2 years for Medi-Cal members to be assigned to CCHP. We continue to be above other counties in the Bay Area in this trend.</p> <p>7.3 CCHP Operations Dashboard CCHP has increased in membership without the benefit of additional staff. Staff has continued to support members well even with this increase. No outstanding trends were noted.</p> <p>Increase in claims is evident. This is most likely due to providers opening up more to patients as things have improved with the pandemic. Turnaround time increased for claims due to lower staffing. Some claims staff was deployed to assist with the vaccination efforts in the County.</p> <p>7.4 Proposed New Operational Metrics Dashboard Reporting Format Current metrics are reported quarterly and do not reflect the operations of the entire health plan. With the "top to bottom" internal audit we performed at CCHP, we looked everywhere where improvements can be made. It was decided that we need a redesign for more meaningful metrics. This provides a pathway to our future to better manage program with measurable outcomes.</p> <p>We met with the CIO and the Tapestry Team and reviewed all our programs to transition to the Epic platform. Redesigned metrics will capture all the critical processes and workflows. These new metrics are linked to compliance requirements (HRAs, IHA, Grievances, Denials, etc.). These metrics will be reported monthly for better tracking and interventions. This will allow the leadership team to better manage programs.</p> <p>7.5 Medi-Cal Managed Care Model Options (Action Requested): Recommend to the County Board of Supervisors 1) Submission of a state Letter of Intent to convert CCHP from a two-plan model to a single plan model known as a County Organized Health System (COHS) 2) Authorize the CCHP CEO to provide a letter of support for such action</p> <p>The County currently has CCHP and Blue Cross providing Managed Care. Currently, CCHP has approximately 84% of the Medi-Cal membership in the County. We are requesting the State to change to a single plan model in Contra Costa County. This will enhance the probability of success in the State's CalAIM initiatives, provide a pathway for full Medi-Cal population initiatives, and allow for consideration of a fully integrated model inclusive of behavioral health, dental, and long-term care.</p> <p>This conversion will require approval from DHCS. The letter of intent is set to be approved by the County Board of Supervisors by April 30, 2021.</p> <p>7.6 Finance Report Financial analysis currently shows a surplus of \$12,547,838.</p> <p>7.7 Meeting Reminders 2020 Dates The next Joint Conference Committee meeting will occur on Friday, June 11, 2021 at 9:30 AM.</p>	<p>Sharron Mackey, MHS, MPA, CEO</p> <p>Patrick Godley, MBA, COO, CFO</p> <p>Sharron Mackey, MHS, MPA, CEO</p>

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Adjournment	Meeting adjourned at 11:02 AM.	Supervisor Candace Andersen

Approved: *Candace R Andersen*

Date: July 27, 2021

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

**Friday, March 12, 2021
9:30 AM — 11:30 AM**

**Virtual Meeting via Zoom
Martinez, California**

Minutes for Meeting

Unless otherwise indicated below, Contra Costa Health Plan — Community Plan, hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan's Joint Conference Committee, dated Friday, March 12, 2021 and attached herein.

Excepted Matters: None