



**CenCal HEALTH**<sup>®</sup>  
Local. Quality. Healthcare.



# ***CenCal Health Board of Directors Meeting Packet***

***Wednesday, May 18, 2022  
6:00 pm***

**Santa Maria Inn**

Santa Maria Room Santa Maria,

CA

**Notice of Regular Meeting**  
**CenCal Health Board of Directors**  
**May 18, 2022 at 6:00 p.m.**

Santa Maria Inn (Santa Maria Room)  
801 South Broadway  
Santa Maria, CA

Members of the public will be allowed to provide public comment in real time during the public comment portion of the Board meeting (Item 1 below) or you may do so by emailing comments before 10:00 am, May 16, 2022 to the Clerk of the Board at [pbottiani@cencalhealth.org](mailto:pbottiani@cencalhealth.org) with "Public Comment" in the subject line. Comments received will be read during the meeting.

If you require any special disability-related accommodations, please contact the CenCal Health Board Clerk's Office at (805) 562-1020 or via email at [pbottiani@cencalhealth.org](mailto:pbottiani@cencalhealth.org) at least twenty-four (24) hours prior to the scheduled board meeting to request disability related accommodations.

**Agenda**

	<u>Action/ Information</u>
1. Public Comment	
2. <b>Consent Agenda</b> ( <i>Action to accept reports</i> )(Ms. Tanner)	Action
2.1 Approve Minutes of March 16, 2022 Regular Meeting	
2.2 Revised 2022/2023 Board Meeting Schedule and Group Meeting Covid-19 Protocols	
2.3 Board of Directors 2022 Survey Results	
2.4 Administrative Reports	
2.4.1 Executive Summary	
2.4.2 Administrative Report	
2.4.3 Health Services Report	
2.4.4 Operations Report	
2.4.5 Information Technology Report	
2.5 Community Engagement Report: <i>CEO Listening Tour</i>	
2.6 Behavioral Health Insourcing Report	
2.7 Compliance Report and Revised Compliance Charter	
2.8 Communications Report	
2.9 Community Advisory Board (CAB) Meeting Minutes of January 13, 2022	
2.10 Provider Advisory Board (PAB) Meeting Minutes of January 10, 2022	
<b>Regular Agenda</b>	
3. Executive Report ( <i>Ms. Owen</i> )	Information
4. Adopt Organizational Values ( <i>Ms. Owen</i> )	Action
5. Health Equity Collaborative ( <i>Mr. Hernandez and Ms. Geeb</i> )	Information
6. Adopt 2023 Community Supports ( <i>Ms. Flaum</i> )	Action

- |   |             |
|---|-------------|
| 7. DHCS Housing and Homelessness Incentive Program (Mr. Harris) | Information |
| 8. CenCal Health Performance Program (Mr. Morris)               | Information |
| CenCal Health 2022 Operating Plan and Integrated Planning       |             |
| 9. Information Technology Roadmap (Mr. Cioffi)                  | Information |
| 10. Financial Update (Mr. Ambrose)                              | Action      |
| 10.1 Financial Statements (Period Ended April 30, 2022)         |             |
| 11. Items for Immediate Action                                  | Action      |

Closed Session:

- CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9 Pursuant to Potential Litigation

*Items for which the need to take immediate action arose subsequent to the posting of the agenda (requires determination of this fact by vote of two-thirds of the Directors present or, if fewer than nine Directors are present, unanimous vote)*

*Note: The meeting room is accessible to the handicapped. Additional information can be found at the CenCal Health website: [www.cencalhealth.org](http://www.cencalhealth.org)*



## **DRAFT**

**MINUTES**  
**CenCal Health**  
**BOARD OF DIRECTORS REGULAR MEETING**  
**Via Video Conference**  
**March 16, 2022**

The regular meeting of the Board of Directors of CenCal Health was called to order by Lynda Tanner, Chair, on March 16, 2022 at 6:00 PM via Video Conference.

**MEMBERS PRESENT:** Daniel Herlinger, Daniel Nielson, Edward “Ned” Bentley, MD, Lynda Tanner, Mark Lisa, René Bravo, M.D., Sue Andersen, Supervisor Debbie Arnold, Supervisor Joan Hartmann and Van Do-Reynoso

**MEMBERS ABSENT:** None

**STAFF PRESENT:** Marina Owen, Amanda Flaum, Bill Cioffi, Carlos Hernandez, Chris Morris, Citlaly Santos, David Ambrose, Eric Buben, Gary Ashburn, Gayla Bierend, Jennifer Fraser, Karen Kim, Karen Hord, MD, Keith Emmons, Kim Cowles, Krisza Vitocruz, Lauren Geeb, Leanne Bauer, Michael Harris, Mimi Hall, Nancy Vasquez, Nicole Bennett, Nicolette Worley Marselian, Paul Jaconette, Puja Shah, Rachel Ponce, Selesté Bowers, Sheila Thompson, Tommy Curran and Paula M. Bottiani (Clerk)

**GUESTS PRESENT:** Penny Borenstein, MD, MPH, Mohammad Zafar Iqbal, Ph.D. (Prospective New Board Members) and Darren Xanthos (HMA)

### **1. AB 361 FINDINGS IN SUPPORT OF VIRTUAL MEETINGS**

***ACTION: On motion of Mr. Herlinger and seconded by Daniel Nielson the Board approved the AB 361 Findings in Support of Virtual Meetings by roll call vote. Motion passed 10 to 0.***

**Roll Call:**

Dan Herlinger: Yea  
 Daniel Nielson: Yea  
 Edward Bentley, MD: Yea  
 Lynda Tanner: Yea  
 Mark Lisa: Yea  
 René Bravo, MD: Yea  
 Sue Andersen: Yea  
 Supervisor Arnold: Yea  
 Supervisor Joan Hartmann: Yea  
 Van Do-Reynoso: Yea

**2. PUBLIC COMMENT:** There was no public comment.

**3. Consent Agenda (Action to accept reports)**

- 3.1 Approve Minutes of January 19, 2022 Regular Meeting
- 3.2 Return to Office Report
- 3.3 Medi-Cal Rx Report
- 3.4 Behavioral Health Incentive Program Report
- 3.5 Quality Improvement Committee: Approval of 2022 Quality Assessment and Improvement Plan (QAIP) and 2022 Work Plan Report
- 3.6 Report from Community Advisory Board (CAB)
  - 3.6.1 CAB Meeting Minutes of October 14, 2021
- 3.7 Report from the Provider Advisory Board (PAB)
  - 3.7.1 Appointment to PAB
  - 3.7.2 PAB Meeting Minutes of Minutes of October 11, 2021
- 3.8 Report from the Family Advisory Committee (FAC)
  - 3.8.1 FAC Meeting Minutes of November 18, 2021

***ACTION: On motion of Supervisor Hartmann and seconded by Supervisor Arnold the Board Accepted the Consent Agenda Reports with no objection.***

**4. Introduce New Prospective Board Members**

**Ms. Owen** introduced Dr. Penny Borenstein (SLO Health Agency Director) and Mohammad Zafar Iqbal, Ph.D. (Professor Emeritus-Finance at Cal Poly University and SLO County Medicare Recipient). They will be appointed on April 5, 2022 by the San Luis Obispo County Board of Supervisors.

**5. Establish Board Development Committee**

**Ms. Owen** explained that as a matter of best practice, CenCal Health's Board of Directors may consider forming a Board Development Committee to support and make recommendations to the CenCal Health's Board of Directors in review of CenCal Health Bylaws and Board policy to support efficient and effective governance.

The Board Development Committee may be comprised of four members of the Board of Directors, or less than a quorum of the full Board of Directors, elected annually including the immediate past Board Chair (and/or, if unavailable, a prior past Board Chair). The Chair may be any of the Board Development Committee members, as recommended by the Nominating Committee, and as approved by the Board of Directors. Two members of the Board Development Committee shall represent San Luis Obispo County and two members shall represent Santa Barbara County.

The Committee may meet at least once a year or on an ad hoc and as needed basis to fulfill these responsibilities and make associated recommendations to the Board of Directors. The Chief Executive Officer shall manage Board Development Committee processes with the support of the Chief Legal and Compliance Officer for CenCal Health, who serves as the Board's General Counsel.

Staff recommends consideration of establishing an ad hoc Board Development Committee.

***ACTION: On motion of Mr. Lisa and seconded by Mr. Herlinger the Board Approved the Establishment of the Board Development Committee with no objection.***

**6. Executive Report**

**Ms. Owen** acknowledged Mr. Paul Jaconette for his 11 years of service to the agency as the Chief Operating Officer. Paul will be leaving the agency effective April 1, 2022.

**Ms. Tanner** wished him well in the future.

**Mr. Lisa** thanked him for his service and wished him well in future endeavors.

**Dr. Bravo** echoed Mr. Lisa's sentiments and thanked him for his tenure as COO.

**Ms. Owen** continued by sharing that NCQA awarded CenCal Health their Innovation Award for our work in Population Health and explained that the National Committee for Quality Assurance (NCQA) exists to improve the quality of health care. Staff were acknowledged.

**Ms. Owen** announced that the board survey has been distributed to board members. The survey contained ten (10) questions surrounding board materials, board presentations, board meeting day/time, and our 2022 Strategic Planning Retreat. This will assist staff in further meeting the needs of our board members and improve or enhance board materials and meetings.

**Ms. Owen** announced that the May Board meeting will be an in-person meeting in Santa Maria, CA and recognized that, after two years of virtual convening, many will welcome the change.

## **7. Community Relations Update**

### **7.1 CommUnify Community Benefit Proposal**

**Ms. Worley Marselian** gave a detailed PowerPoint presentation of the proposed CommUnify Community Benefit. This benefit would enhance the program's wraparound support by providing trauma-informed, evidence-based clinical therapeutic services for parents and children and will provide the complete AFLP program including behavioral wellness services to 25-30 additional families on and extensive waitlist. Proposed funding is \$100K April 1, 2022 – June 30, 2023 (this Fiscal Year) and up to \$100K in matching funds next fiscal year.

**Dr. Do-Reynoso** stated that she is familiar with the AFLP, indicated that the program is evidenced-based and supports the recommendation.

***ACTION: On motion of Dr. Do-Reynoso and seconded by Ms. Andersen the Board Approved the CommUnify Community Benefit Proposal without objection***

### **7.2 2021 Community Report**

**Ms. Worley Marselian** gave a comprehensive video demonstration of the 2021 Community Report. The board expressed appreciation to Ms. Worley Marselian and her staff for producing an excellent Community Report again this year.

## **8. Behavioral Health Insourcing Update**

**Ms. Flaum** gave a detailed PowerPoint presentation and update of the Behavioral Health Insourcing project.

**Ms. Andersen** asked where does the county responsibility end and where does CenCal Health begin as far as providing for services.

**Dr. Bowers** stated that CenCal Health has guidelines that we follow and collaborated on with local partners. She indicated that the guidelines were agreed upon by both SB and SLO counties.

## **9. Enhanced Case Management and Community Supports Update**

**Ms. Flaum** gave a detailed PowerPoint presentation and update of the Behavioral Health Insourcing project.

**Ms. Owen** shared that CenCal Health will develop a Community Supports Task Force with community partners to develop a multi-year strategic plan of member benefit offerings.

**Dr. Do-Reynoso** stated that she is working to collaborate with CenCal Health on this effort in order to better take care of our members.

**Mr. Lisa** supported the concept of a task force be formed to support this program.

**Ms. Andersen** stated a task force is vital to accomplish the goals of the program.

**Ms. Owen** concurred that a task force will create more alignment between the health plan and Community Based Organizations (CBOs) to meet the goals of the program. She expressed appreciation to Mr. Harris and Ms. Flaum for their leadership of this project.

#### **10. Kaiser No-Bid Contract Discussion**

**Ms. Owen** reported that the Governor's Office held private conversations with Kaiser Permanente (Kaiser) resulting in an announcement by the Department of Healthcare Services (DHCS) that significantly alters state policy and the role of public health plans in the future. Effective January 1, 2024, Kaiser Permanente will be granted a no-bid contract to become a Medi-Cal Health Plan in 25 counties in California and serve 900K members with an intention for 25% growth over time. This arrangement was made without stakeholder input, public process or discussion with safety-net providers, counties, community advocates or local health plans like CenCal Health and raises many questions and concerns. Local Health Plans of California (LHPC), CenCal Health's association, has taken a position of opposition and released a comprehensive Fact Sheet to legislators and stakeholders outlining these concerns. In February, CenCal Health met with both Santa Barbara and San Luis Obispo County representatives, Supervisors Hartmann and Arnold, and Public Health Directors to discuss local advocacy efforts to oppose Trailer Bill Language drafted to enact this change. Coordination between and amongst counties across the central coast is underway and local Federally-Qualified Health Centers are similarly concerned and making their voices heard with elected representatives. Michael Harris, Government Relations Director, is engaged with CenCal Health's state and federal lobbyists.

**Dr. Do-Reynoso** stated that she is very impressed with the plans' opposition to this.

**Dr. Bravo** added that the CMA is looking very closely at this.

**Supervisor Hartmann and Supervisor Arnold** said they are in full support of the health plans' opposition to this action by the Governor's office.

**Ms. Andersen** stated that Kaiser does not take high-risk Medi-Cal members and is cherry picking.

**Dr. Bravo** commended Ms. Owen for her leadership of the opposition of the Kaiser situation.

**Ms. Owen** thanked Dr. Bravo and in turn commended Dr. Do-Reynoso for her leadership in convening counties to support this opposition effort.

#### **11. Financial Update (Mr. Ambrose)**

##### **11.1 Financial Statements (Period Ended February 28, 2022)**

###### **Financial Highlights (year-to-date)**

- *Consolidated gain or loss* from all programs and activities show a year-to-date operating loss of \$9.0 million compared to anticipated flexible budget operating loss of \$16.3 million.
- *Capitation revenue* is over budget by \$7.0 million and 1.0%.
- *Total medical costs* are over budget by \$4.3 million and 0.7%.
- *Medical loss ratio (MLR) FYTD* is running at 90%.
- *Administrative expenses* are under budget by \$3.6 million and 9.1%.
- *Admin Costs as a Percentage of Capitation Revenue FYTD* is running at 5%.
- *Other revenue and unrealized gain (loss)* is over budget by \$966,000 and 105%.
- *Tangible net equity (TNE)* is at \$161.2 million, which is 63% of the Board approved Minimum TNE Target at \$255.6 million.
- *Member enrollment* is at 210,940 covered lives as of February 2022.

**ACTION:** On motion of Mr. Herlinger and seconded by Mr. Lisa the Board Approved the Financial Statements for the period ended February 28, 2022 without objection.

**12. ITEMS FOR WHICH THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA (REQUIRES DETERMINATION OF THIS FACT BY VOTE OF FOUR DIRECTORS OR, IF LESS THAN FOUR DIRECTORS ARE PRESENT, UNANIMOUS VOTE).**

**Ms. Tanner** opened the closed session at 7:40pm.

Closed Session: CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9 On-Going Litigation

**Ms. Tanner** ended the closed session at 8:42 pm.

**Report from the Closed Session:**

**Ms. Tanner reported:** After discussion in closed session, the Board of Directors agreed to Counsel's recommendation.

As there was no further business to come before the Board, Ms. Tanner adjourned the meeting at 8:44 pm.

Respectfully submitted,



Paula Marie Bottiani, Clerk of the Board



# CenCal Health Board of Directors Meeting Schedule

## January 2022 through January 2023

Year 2022		
January	19	Santa Maria
March	16	San Luis Obispo
May	18	Santa Maria
June	15	Santa Maria
July ( <i>Special</i> )	01	Retreat
September	21	Santa Maria
October	19	Santa Barbara
Year 2023		
January	18	Santa Maria

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All Regular Board Meetings will begin at 6:00pm  
 Dinner will be served at 5:30pm prior to each meeting  
 Finance Committee will meet on an Ad Hoc basis prior to  
 Regular Board Meeting  
 Retreat location will be announced upon confirmation

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## Group Meeting COVID Safety Protocols

CenCal Health is committed to the safety and well-being of our customers, partners, board members and staff and has adopted the following S.A.F.E.R. principles to guide our decision-making as we continue to navigate COVID-19:

- SAFE: We prioritize the safety of our employees, board members, members and providers and align with best practices and guidelines.
- ALIGNED: We prioritize collaboration to support a cohesive organization and strong culture.
- FLEXIBLE: We value work/life balance for employees and embrace a hybrid work model.
- EMPATHETIC: We communicate proactively and empathetically.
- RESPONSIVE: We respond to the needs of our customers and partners as a local health plan committed to our community by retaining a local presence.

As these principles apply to public indoor meetings, the following COVID safety protocols have been modeled off public health guidance and available best practices. Please review these protocols before traveling to/arriving at a CenCal Health meeting, to ensure you have taken safety precautions.

1. **Vaccination** plus a booster is recommended or testing is required.
2. **Testing**<sup>1</sup>. COVID-19 test with a negative result within 48 hours prior to the meeting is recommended, regardless of vaccination status. Pre-entry testing on-site can be arranged as needed.
3. **Self-Screening** for potential COVID-19 symptoms is required the day of the respective meeting.
4. **Illness**. Should you test positive prior to the meeting, please follow updated CDC guidelines for isolation and quarantine and do not attend the meeting.
5. **Face Coverings**<sup>2</sup> are optional at this time and recommended when in close proximity to others. Masks will be available on-site as needed.
6. **Focused Attendance**. Staff attendees will be limited to those with a business need to attend.
7. **Ventilation**<sup>3</sup>. Meeting rooms will be ventilated naturally (windows and doors) when possible.

An attestation and these protocols will be distributed to meeting attendees. Attendance at meetings open to the public, pursuant to the Brown Act, is welcomed and precautions will be taken to ensure the safety of members of the public, board members and staff.

CenCal health will continue to assess and adapt protocols based on public health and best practice information to promote the safety and well-being of our customers, board members, partners and staff.

<sup>1</sup> [California Department of Public Health Safe and SMART Events Playbook, April 1 2022](#)

<sup>2</sup> [California Department of Public Health, Masking and COVID-19 in California, April 2022](#)

<sup>3</sup> [California Department of Public Health, COVID-19 & Indoor Air Quality Ventilation Tips, July 2021](#)

## **CenCal Health 2022 Board Survey Results**

Date: May 18, 2022

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

Contributors: Chris Morris, Chief Performance Officer  
Paula Bottiani, Sr. Executive Assistant of Administration / Board Clerk

### **Background**

Further to discussion at the March Board Meeting, a CenCal Health 2022 Board Survey was distributed to Board members on April 5, 2022. The survey contained ten (10) questions surrounding board materials, board presentations, board meeting day/time, and our 2022 Strategic Planning Retreat.

### **Summary of Results**

Seventy percent (70%) of Board members responded to the survey as follows:

1. 88% of respondents agree/strongly agree the Board packet helps them fulfill their governance role on CenCal Health's Board, with 100% assessing the Board packet as providing insight into CenCal Health's mission achievement and 63% indicating the Board packet provides more information than necessary.
2. 100% of respondents identified health plan performance as the most valuable elective topic, followed by operational updates and provider and member satisfaction. Correspondingly, 100% of respondents identified a CenCal Health dashboard as a valuable future improvement, in addition to an enhanced consent agenda (100%) and Board memos (86%).
3. 57% of respondents agree/strongly agree that the current Board meeting day and time is ideal, with 0% disagreeing. However, 71% of respondents are open to alternate meeting days and times, with 57% open to Wednesdays at 4pm, Thursdays at 3pm or Thursdays at 4pm.
4. 71% of respondents identified Friday July 1<sup>st</sup> as an available date for the Strategic Board Retreat, following by Friday June 3<sup>rd</sup> (57%).

### **Recommendations**

After review of survey results and conferring with CenCal Health's Board Chair and Vice Chair, following are recommendations for staff:

1. Continue to improve Board packet by:
  - a. Providing more high level and concise information, focusing on health plan performance, operational updates and provider and member satisfaction, in addition to required financial, quality and compliance content

- b. Developing a CenCal Health executive dashboard, including a concise-one page summary of key organizational-level performance indicators
- 2. Enhance Board meetings by:
  - a. Utilizing the consent agenda to focus meeting time on important and concise presentations and Board decisions
  - b. Retain the existing day and time for the Board meeting, and consider holding the meeting earlier after receiving feedback from all existing and new Board members following our in-person Board meeting in May 2022
- 3. Hold the Strategic Board Retreat on Friday July 1<sup>st</sup>, with an introductory reception on the evening of Thursday, June 30<sup>th</sup> and closing reception on Friday late afternoon.



**Date:** May 18, 2022  
**To:** Board of Directors  
**From:** Marina Owen, Chief Executive Officer  
**Subject:** Executive Summary

**Federal Landscape** With party primaries underway for the November midterm elections, Congress will find it increasingly difficult to enact major legislation. Additional aid for Ukraine and resources to address COVID-19 are currently pending in the Senate. FY 2023 budget and appropriations hearings are underway. The \$10 billion COVID supplemental appropriations package is pending in the Senate but provides less than half of the funding requested by the White House. As currently written, the package does not replenish the depleted Health Resources and Services (HRSA) accounts that reimbursed providers for administering COVID vaccines, tests and therapeutics to uninsured patients. Meanwhile, the Senate Finance Committee is in the process of developing bipartisan legislation to improve behavioral health care in the United States, which may see progress in summer. The Committee is considering measures to increase the behavioral health workforce; address the needs of children, adolescents, and youth; improve mental health and substance use disorder parity; and expand telehealth services. Additional detail can be found in the *Federal Lobbyist Briefing*.

**State Policy** Advocacy against AB2724 (Arambula) continues at the local and state-level through discussion in both the California Assembly and Senate. As your Board is aware and by way of background, the Governor's Office held private conversations with Kaiser Permanente (Kaiser) resulting in an announcement by the Department of Healthcare Services (DHCS) that significantly alters state policy and the role of public health plans in the future. Effective January 1, 2024, Kaiser will be granted a no-bid contract to become a Medi-Cal Health Plan in 25 counties in California and serve 900K members, with an intention for 25% growth over time. CenCal Health, Santa Barbara Board of Supervisors, San Luis Obispo County Board of Supervisors and the California State Association of Counties (CSAC) formally opposed the proposal. Local Health Plans of California crafted proposed amendments to the initial Trailer Bill and subsequent Policy Bill (AB2724).

While DHCS indicates to CenCal Health that their proposal does not impact our service area, state officials have not taken steps to clarify this in state policy. Earlier this month, Senator Monique Limon met with CenCal Health and Gold Coast Health Plan to understand the needs and concerns. In the subsequent Senate Hearing led by Senator

Pan, Senator Limon raised concerns to DHCS and made the request that state law be clarified to exempt areas where the proposal should not apply. The Senator emphasized the importance of trust and clarify, emphasizing the importance of the local medical communities in her district. In follow-up, the Santa Barbara County Board of Supervisors emphasized the importance of the County Organized Health System (COHS) model and made the request that CenCal Health's service area be exempted. An appropriations hearing will take place in late May and your Board will be kept apprised of developments. Additional detail can be found in both the [Public Policy Advocates Briefing](#).

**Financial Position** CenCal Health's net operating gain in April 2022 was \$2.1M, given improving revenue and administrative expense factors. Administrative expenses are under budget by \$782K for the month and \$5M for the year (or 10%). April revenue is 1% better than projected. Medical expenses are reported over budget forecast for the month as influenced by the following expense categories: out of area inpatient care, skilled nursing care and mental health/behavioral health services. Overall, year to date losses are \$5.3M compared to anticipated monthly operating losses of \$13.4M. Tangible Net Equity (TNE) is \$165M, which is 433% of the DMHC required minimum and 65% of the board approved target. April represents the fourth consecutive month ending in a positive operating margin, which trends well against the revised budget forecast covering the months of January –June 2022. Additional details can be found in the [Financial Report and Statements](#).

**Housing and Homelessness Incentive Program** The California Department of Health Care Services received approval from the federal government to match state discretionary and federal monies to address homelessness and living insecurities amongst Medi-Cal members and CenCal Health has been awarded up to \$27M through a newly established housing and homelessness incentive program. This program for managed care plans is intended to strengthen the infrastructure of service providers and expand the continuum of services over a two-year period. CenCal Health will partner with each county and Continuum of Care (COC) partners to develop a Local Homelessness Plan in accordance with state requirements. The program funding is intended to expand street medicine, provide rapid rehousing for families and youth and interim housing for seniors, and enhance coordination housing access across the continuum and will be discussed at your May Board of Directors meeting. Additional details can be found in the [Housing and Homelessness Incentive Program Report](#).

**Member Outreach to Support Health Coverage** CenCal Health's aggregate membership continues to grow with the DHCS suspension of eligibility re-determinations through the end of the Public Health Emergency, which was extended again through July 15, 2022. To raise awareness that eligibility verification will resume and towards the goal of continuous health coverage, CenCal Health initiated a social media and website campaign and sent change of address postcard reminders to all members. CenCal Health's message encourages members to be responsive to requests from the Department of Social Services and reminds members to make sure their address is up-to-date. Next, CenCal Health plans to feature this information in the June Member Newsletter. Additional details can be found in the [Operations Report](#).

**Medi-Cal Rx Program Update** After completion of the 4th month of the Medi-Cal Rx program, Jeff Januska, PharmD and the Pharmacy Department shares a few observations in the Health Services Report. The number of monthly adjudicated prescriptions and the amount paid for prescriptions continues to track above historical experience as we continue to see a shift from generic utilization over to brand utilization, which favors rebate opportunity under the DHCS design. The Prior Authorization (PA) volumes from Medi-Cal Rx continue to track below natural history experience from CenCal, close to 30% of historical experience. This is compounded by DHCS removing the PA requirements for many classes of medications due to their significant backlog in processing. DHCS stated the intention to not turn back on the suspended adjudication edits until further notice, which were supposed to be reinstated May 1st.

**Quality Audit** DHCS requires annual quality of care reporting by all Medi-Cal Managed Care plans, to reliably compare their quality according to a rigorous, standardized, methodology maintained by the National Committee for Quality Assurance (NCQA). The HEDIS Compliance Audit is a comprehensive assessment of CenCal Health's data management and reporting capability. This month, the medical record collection and review phase was successfully concluded. This year's assessment required collection of medical record evidence of key preventive health and other services, rendered to a random sample of 4,913 members. Staff confidently anticipate the successful certification of CenCal Health's results. The NCQA auditor's findings will be finalized on or prior to a national June 15<sup>th</sup> deadline, with reporting of results to the NCQA and DHCS. Results will thereafter be shared with your Board. Additional details can also be found in the Health Services Report.

**Staffing Update** A few exciting developments are underway at CenCal Health, including communicating the reimagined role of Chief Customer Experience Officer (CXO). This role (previously COO) leads our Provider Services, Member Services and Claims Departments. Operations expertise exists in our team with Amanda Flaum, our Chief Health Operations Officer. The CXO will serve as a trusted partner in advancing health equity, support design an improved member experience, champion excellence in service for providers and focus on meeting community needs.

Dr. Bravo, Dr. Barkley and Dana Goba, CEO of the Central Coast Medical Association have also been kind enough to serve on a panel that will meet and greet with top Chief Medical Officer candidate(s) as this process comes to a close. Lastly, the top Provider Services leader has been hired. Jordan Turetsky, MPH, will begin on May 31<sup>st</sup> and serve as the Provider Network Officer reporting to the CXO. Jordan comes to us from Central California Alliance for Health where she served as Provider Services Director for the past eight (8) years. There, Jordan established enhanced telehealth capabilities, led a cross-functional Pandemic Care Task Force, and developed an enhanced case management provider network for CalAIM. Prior to that, Jordan served as the Healthy Kids Manager for the Health Improvement Partnership of Santa Cruz where she managed an 18-month initiative to strengthen behavioral health integration in the safety-net. She holds a Master's in Public Health from UC Berkeley, a Bachelor's of Science from UC Santa Cruz.

## **Administrative Monthly Report**

**Date:** May 2022

**From:** Michael Harris, Director of Government Affairs

**Through:** Marina Owen, Chief Executive Officer

### **Overview**

Assembly Bill 2724 has been a significant focus of CenCal Health Administration and Government Affairs. This legislation is the result of a private, closed-door deal between the Governor's Office and Kaiser Permanente. The proposed agreement between the State and Kaiser creates a precedent-setting arrangement that infringes on local determinations that create County Organized Health Systems (COHS).

The Department of Health Care Services (DHCS) is going through a process in which DHCS awards service areas throughout the state to various private insurance companies. In many cases, these private insurance companies operate in the same areas as a local health plan. As part of this, "procurement", DHCS published its Medi-Cal managed care model contract for 2024. This 375+ page contract has new and substantive provisions that CenCal Health must observe.

The staff work on the transformation of Medi-Cal in California, CalAIM, continues at CenCal Health. Significant staff resources are working on CenCal Health's initial CalAIM efforts for Community Supports and Enhanced Case Management (ECM).

### **Government Affairs**

#### *Assembly Bill 2724 (Arambula)*

DHCS is in the process of receiving proposals from private health insurance companies to work in Medi-Cal throughout the state in two-plan counties. While this process has been underway, Governor Newsom was holding private, closed door meetings with executives from Kaiser Permanente about their abilities to continue serving Medi-Cal members in their business locations. Kaiser's business model, that serves certain locations, has a closed model in which they operate all aspects of a Kaiser member's health care. This model makes it difficult for Kaiser to participate in the new procurement (bidding) process that was being undertaken by DHCS.

Gov. Newsom's office announced that Kaiser would not have to participate in the procurement process in the areas that it currently operates. Instead, Kaiser would be allowed to continue to serve its existing Medi-Cal members and its current Kaiser members who transition into Medi-Cal. This arrangement would last for at least the next five years under a separate contract with the State (subject to renewals). In addition, Kaiser would be allowed to add 25% more Medi-Cal members in those areas that it



serves. Unlike local health plans, or in those counties where commercial health plans operate, Kaiser would not have to cover the entire county. Rather, it would serve only the ZIP Codes in which it has a business existing.

Requiring legislative approval, the Gov.'s office originally proposed this confidentially negotiated agreement be approved as a budget bill. Budget bills are unique in that they have limited community or constituent input and generally do not have to be heard in various policy committees. CenCal Health, joining its sister plans through its state association, in addition to other constituents, raised significant concerns about processing this policy matter as a budget bill. Assemblymember Arambula worked with various constituents and had the bill moved into a policy bill; AB 2724.

AB 2724 is still being heard in the Assembly side of the legislature. However, on 4 May 2022, the State Senate conducted a combined hearing with the Senate Budget Subcommittee on Health and the Senate Health Committee. During this hearing, numerous questions were posed to DHCS and Kaiser regarding significant parts of AB 2724 which are not memorialized in the statute. Senator Limón was particularly pointed in her questions to DHCS on why some COHS health plans, such as CenCal Health, are not specifically excluded in the legislation if there is no Kaiser present in their counties. DHCS did not specifically answer why exclusion language was not being added.

AB 2724 will continue its legislative process. As the bill proceeds, the Governor retains the ability to move this back into a budget bill and limit comment. CenCal Health, both the Counties of Santa Barbara and San Luis Obispo, under the leadership of Supervisors Hartmann and Arnold, have formally opposed AB 2724. Dr. Do-Reynoso provided significant assistance in organizing's other counties in formal opposition to AB 2724. Other CenCal Health Board members, including Drs. Bravo and Bentley, have raised concerns with the Central Coast Medical Association (CCMA) and have also voiced concern to their state associations to offer their assistance. Staff will keep your Board apprised of developments.

#### *Federal Advocacy*

For many years, CenCal Health contracted with an experienced and very capable lobbyist in Washington DC, Susan White. At the end of 2021, Ms. White retired.

CenCal Health has a strong interest in maintaining an advocacy in Washington DC. Strategic goals and business impacts originate at the Federal level. In addition, should the Governor's proposal, as discussed above for Kaiser be approved, federal approval through CMS may be required. CenCal Health has, with the recommendation of Susan White, retained the services of Paul V. Beddoe, Government Affairs, LLC. Mr. Beddoe will be in routine contact with CenCal Health and will be monitoring various federal activities which may impact California or CenCal Health. A copy of Mr. Beddoe's report is attached for your Board at [Attachment A](#).

### *State Advocacy*

As has been discussed, significant events are occurring in Sacramento on healthcare. For several years, CenCal Health has retained the services of Public Policy Advocates (PPA). PPA works with CenCal Health in monitoring various legislative activities, arranging communication with legislative offices and monitoring Sacramento for policies that may impact CenCal Health. Mr. Russ Noack, a partner at PPA, has submitted a monthly report for your Board; which may be found at Attachment B.

### *2024 Contract*

CenCal Health contracts with the Department of Health Care Services (DHCS) to provide Medi-Cal services in the counties of Santa Barbara and San Luis Obispo. The contract CenCal Health operates under is updated with various provisions on a routine basis. Federal laws change, State laws are enacted and new State or Federal policies take effect.

Above, in discussions regarding AB 2724, staff identified that DHCS is currently undertaking a bid process (a "procurement") for commercial health plans to operate in various areas of the state. As part of this process, DHCS has issued a new contract that all health plans will have to adhere to in 2024. This contract, is over 375 pages. CenCal Health staff are currently analyzing the seven different sections for new requirements. New requirements vary from management information systems, requirements for CalAIM, quality, financial reporting and liquidity and much more. Some of these new requirements are substantial and will require CenCal Health to implement various new aspects of healthcare operations and policy.

**To:** Marina Owen, Chief Executive Officer  
Michael Harris, Director of Government Affairs  
CenCal Health

**From:** Paul V. Beddoe, Principal  
Paul V. Beddoe Government Affairs, LLC

**Subject:** Federal Report, May 2022

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## **Overview**

With party primaries underway for the November midterm elections, Congress will find it increasingly difficult—though not impossible—to enact major legislation. Additional aid for Ukraine and resources to address COVID-19 are currently pending in the Senate. FY 2023 budget and appropriations hearings are underway. Meanwhile, the House and Senate Appropriations Committees' chairs and ranking members are meeting to seek agreement on top-line levels for defense and domestic discretionary spending, which would allow them to proceed to crafting the FY 2023 appropriations bills.

## **Congressional and Administrative Action to Watch**

### *COVID Response*

The \$10 billion COVID supplemental appropriation package pending in the Senate is fully offset but provides less than half of the funding requested by the White House. As currently written, the package does not replenish the depleted Health Resources and Services (HRSA) accounts that reimbursed providers for administering COVID vaccines, tests and therapeutics to uninsured patients.

### *Bipartisan Behavioral Health Legislation*

The Senate Finance Committee is in the process of developing bipartisan legislation to improve behavioral health care in the United States, which it intends to mark up this summer. The Committee is considering measures to increase the behavioral health workforce; address the needs of children, adolescents, and youth; improve access, integration, and coordination; improve mental health and substance use disorder (SUD) parity; and expand telehealth services. Bipartisan consensus will be required to advance the measure, including on offsets for any costs associated with it. In addition to the Senate Finance Committee, a number of other committees of jurisdiction in both chambers are looking to advance bipartisan bills.

### *D-SNP Changes in CY 2023 Medicare Advantage and Part D Final Rule*

The Centers for Medicare and Medicaid Services (CMS) published a final rule April 29, which, among other things, revised regulations for D-SNPs, updating requirements for enrollee advisory committees, health risk assessments, and other provisions aimed at improving the integration of Medicare and Medicaid services for these beneficiaries.

## **Activities**

Going forward, we will closely monitor the California Department of Health Care Services pending State Plan Amendments (SPAs) submitted to CMS, and CMS approved SPAs for California. We will also work with relevant members of the California Congressional Delegation to raise awareness of possible Federal dimensions to the State's new alternative health care service plan and potential impacts on health outcomes for vulnerable populations.

We will also monitor for, and report to CenCal Health on any legislation introduced and or proposed CMS regulations which would impact the County Organized Health System (COHS) model.



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**To:** Marina Owen, Chief Executive Officer  
Michael Harris, Director of Government Affairs  
CenCal Health

**From:** Russ Noack, Legislative Advocate

**Subject:** Legislative Update –May 2022

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The major legislative activity for COHS in Sacramento continues to be focused on the Governor Newsom Administration backed proposal to have DHCS enter into a direct contract with Kaiser as a Medi-Cal managed care plan within certain geographical regions of the state to begin on January 1, 2024. The proposal was announced earlier this year with the plan to ultimately place it into a budget trailer bill to be considered in connection with the budget later this month. However, due to serious concerns expressed by the opposition and some sympathetic legislators as to whether that process would lead to an open, transparent consideration of the various implications implicit in such a major policy shift, the proposal was amended into Assembly 2724 by Dr. Joaquin Arambula, a Democratic Assembly Member from Fresno and assigned to the Assembly Health Committee.

AB 2724 received a lengthy hearing by the committee on April 19. DHCS and Kaiser presented the measure and it had strong opposition from selected representatives of the coalition led by the Local Health Plans of California (LHPC), including a selected COHS. Several individual counties also actively opposed the measure. As you know, the opposition was based on how the Kaiser plan would undercut the public plan model which has existed for nearly 40 years and has worked to serve the health care needs of underserved populations in many communities. Recommendations to amend the bill to exclude Kaiser's statewide contract in the 22 existing COHS counties was not accepted by the author or sponsor as being "Impractical". The bill passed out of the committee on a 10 to 2 vote, with 5 abstentions and now moves to the Assembly Appropriations Committee for further action later this month.

The Senate had its first look at the Governor's proposal when it held a Joint Informational Hearing of the Senate Health Committee and the Senate Budget Subcommittee 3 on May 4. The hearing was not limited to the content of AB 2724, but also examined the DHCS' original proposed trailer bill language. It should be noted that the trailer bill process is still a viable and the preferred pathway for the Administration to proceed to enact their proposal.

The tone of yesterday's hearing was much more open and favorable to comprehending the concerns of the opposition coalition than occurred in the Assembly. The two Chairs, Dr. Pan and Senator Eggman, as well as several other members, seemed receptive to the arguments, particularly those advanced relating to COHS. Following an extremely productive briefing meeting that included our CEO with Senator Monique Limon, the Senator deserves special recognition for pressing the DHCS representative to explain that since she has stated repeatedly that the Kaiser contract will not apply to Santa Barbara and San Luis Obispo Counties, why don't you put in express language exempting these counties? Dr. Pan summed up the hearing by indicating he would be looking for much more discussion from the proponents and an openness to consider amendments, "To do what's best for Medi-Cal patients".

**CenCal Health Report**  
**May 2022**  
**Page 2**

In the aftermath of yesterday's hearing, we continue to coordinate on a daily basis with Michael Harris and the coalition actively engaged in opposing the Governor's proposal. We continue to brief members and staff and have accelerated the discussion of expressly exempting Santa Barbara and San Luis Obispo Counties. We have provided information to all of CenCal's delegation and personally briefed the recipients of importance of the proposal to CenCal and their counties. We had a very productive meeting with Assembly Member Steve Bennett's Legislative Director, Alexander Soto to provide him with the details of the proposal. We have reached out to the legislative advocates for these counties and will participate in combined meetings with our legislators. We are working with San Luis Obispo County's lobbyist, Paul Yoder to meet with Senator John Laird who had indicated he would like to meet once the matter is before the Senate, which it now is.

Thank you to all Board Members who reached out to the county governments to get their active engagement in this vital matter. Moreover, we cannot overstate how beneficial the CEO's dynamic actions have contributed to reshaping the Kaiser legislative proposal and to work for an acceptable outcome to this legislative battle.

o-o-o

**Date:** May 18, 2022

**From:** Amanda Flaum; Chief Health Operations Officer  
Karen Hord, MD; Interim Chief Medical Officer  
Carlos Hernandez, Quality Officer

**Contributors:** Isis Montalvo, MBA, MS, RN, CPHQ; Director of Medical Management  
Jeff Januska, PharmD; Director of Pharmacy Services  
Seleste Bowers, DBH; Director of Behavioral Health  
Rita Washington; Health Services Program Manager  
Lauren Geeb, MBA; Director of Quality

**Subject:** Health Services Report

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**Purpose:** To spur feedback and dialogue between the BOD, the CMO, and the CHO for all areas of accountability and provide a strategic overview of activity within the CMO's and the CHO's areas of accountability.

### **Chief Health Operations Officer & Chief Medical Officer Update**

The Chief Medical Officer and Director of Medical Management recruitment interviews are near final. It is anticipated that both selections will be announced in May. After nearly five years with the company, Dr. Hord will be retiring from CenCal 5/31/22 to support family and with the plan to allow for transition time for the incoming CMO. Isis Montalvo will remain in her role as interim Director of Medical Management through June to ensure continuity with the teams.

Development of an Enhanced Case Management and Community Support program continues with Part 3 of the Model of Care template submitted to DHCS for approval on April 15, 2022. The Program Manager for Community Supports has been selected, internal promotion, and will be announced very soon. Additionally, Blanca Zuniga, formerly the Manager of Case Management, was promoted to Associate Director Care Management, and will be leadership responsibility for Care Management, Disease Management, Social Work program, Enhanced Care Management, and Community Supports. CenCal Health continues the recruitment process for the approved positions designed to manage and operationalize both of these important programs. The Behavioral Health Insourcing project has submitted a separate memo to update your Board on progress and current operational status.

## **Medical Management Update**

### *Utilization Management*

For Adult Utilization Management (UM) in April, Turn-Around Time (TAT) rates for urgent pre-service authorizations ( $\leq 72$  hours) were improved at (98%), retrospective ( $< 30$  days) or post-service authorizations were at (100%) and standard pre-service ( $\leq 5$  days) authorizations were improved at (98%). A TAT action plan was implemented in March to improve our compliance. The Adult CSA team received 1,431 calls in April which is a decrease from 1,805 in March. For adult UM, authorizations past the 5 day turnaround time have been due to current one time agreement process and a weekly huddle continues between Medical Management and Provider Services to provide line of sight and get status updates. Some progress has been made. For Peds UM, the Turn-Around Time (TAT) rates for urgent pre-service authorizations is at 99%, standard pre-service is at 98% and retrospective post service at 100%. The Peds CSA team received 924 phone calls in April which is a 27% decrease from 1277 in March. The rate of response is 97% (calls answered).

The annual, 2022 Inter-Rater Reliability (IRR) testing was completed in April. Testing results revealed a high level of understanding among Utilization Management Clinical Reviewers regarding the appropriate and consistent application of criteria, across our Adult, Pediatric and Behavioral health UM reviewers. Reports will be presented to UMC, and QIC based on the results and the analysis. A survey was sent to staff who participated in IRR to submit feedback on this year's new IRR process. Staff will have 2 weeks during the month of May to complete the survey and feedback will be used to perfect the 2023 process.

The 26th edition of the Managed Care Guideline (MCG) was also released on February 25th, 2022. UM Clinical Reviewers were provided with a copy of the MCG care web guideline summary of changes document, and are responsible for completing the 26th edition summary of changes module located in the MCG Learning Management System by the end of this May.

### *Care Management*

The Pediatric Care Management (CM) team is continuing on phase two of the Individualized Care Plan (ICP) Enhancement Project. They enhanced the Social Worker and Transition Planning (aging out) goals. The next step is to look into diagnosis-specific goals for Nurse Case Managers. The top referral source in Peds case management is California Children's Services (CCS) County offices from Santa Barbara (SB) and San

Louis Obispo (SLO). The referrals are mostly for CCS members being reviewed for their annual CCS medical eligibility redetermination. The Pediatric team made a total of 132 referrals to the County CCS offices in April which is a slight decrease from March referrals. Member outreach is done when there is lack of recent medical visit notes on file and to determine if continued follow-up for the CCS condition is required. Total referrals received to Adult CM during Quarter 1 was 295 members. Our Disease Management Program during the month of April consisted of 145 members enrolled in the Heart Program and 133 in the Diabetes Program.

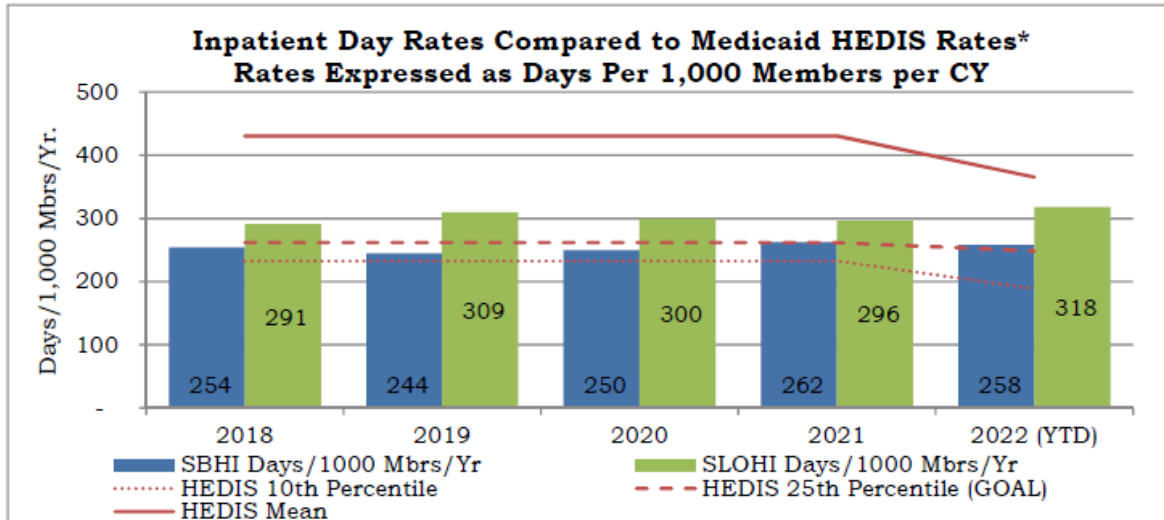
*Enhanced Care Management (ECM) and Community Supports (CS)*

Medical Management posted 7 new approved positions in support of ECM and CS including an Associate Director (AD) Care Management position to oversee Adult Care Management, Disease Management, ECM and CS, and 3 positions for ECM and 3 positions for CS. Blanca Zuniga has been promoted to Associate Director Care Management effective May 2<sup>nd</sup>. ECM project work continues with developing an ECM comprehensive assessment, care plan and TAR templates to ensure our ECM providers have the necessary tools to implement ECM services for our members.



**Key Performance Indicators**

**SBHI & SLOHI Inpatient Days Rates**



Last published HEDIS rates are for calendar year 2020 (measurement year 2019).

CY 2017 HEDIS Rates:

•10th Percentile: 231 •25th Percentile: 260 •50th Percentile: 317 •75th Percentile: 388 •Mean: 424

CY 2018 HEDIS Rates:

•10th Percentile: 233 •25th Percentile: 262 •50th Percentile: 328 •75th Percentile: 404 •Mean: 430

CY 2020 HEDIS Rates:

•10th Percentile: 189 •25th Percentile: 248 •50th Percentile: 303 •75th Percentile: 387 •Mean: 365

Includes Medicare Reported Days and Members

Excludes Psych, NICU, Nursery and Mental Health/Detox Days per the HEDIS definition of Inpatient Days.

\*Rates can fluctuate for up to 12 months due to late claims.

Effective July 1, 2018, SLOHI rates include CCS claims.

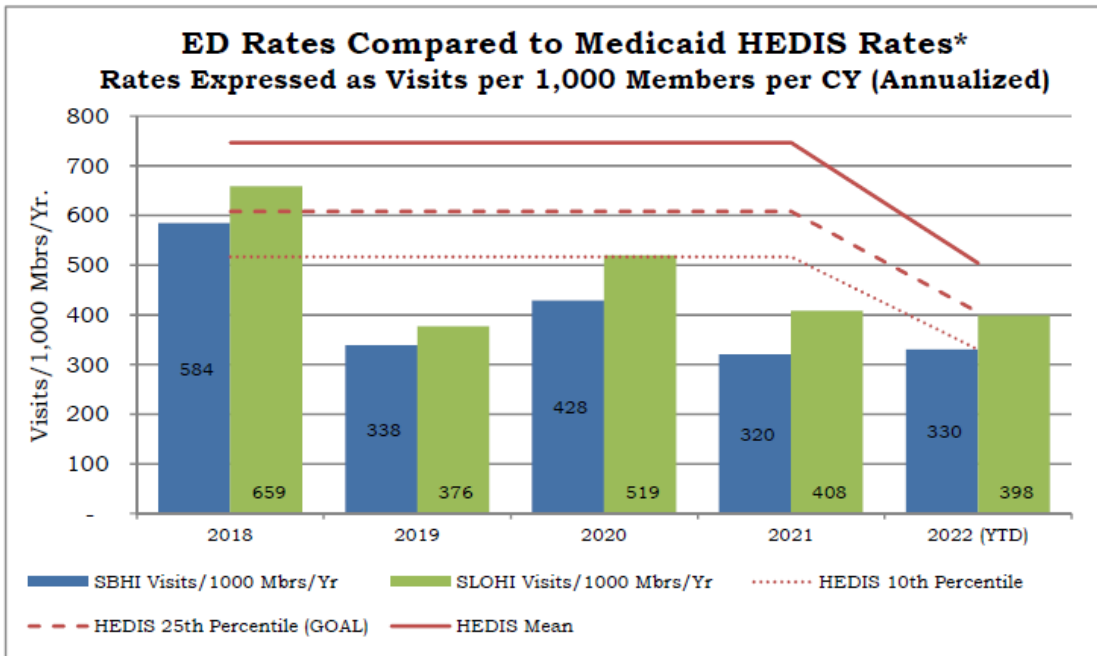
**Impressions:**

The inpatient graph above displays the year-to-year (YTY) annualized rate of inpatient days per 1,000 members. For 2022 YTD, rates for days/1000 is currently 258 for SBHI and 318 for SLOHI, which is lower than last months, but higher than 2021 year end. Comparatively, 2021 rates are trending about the same for year-end 2020. SLOHI and SBHI are above CenCal Health’s goal of being in the 25<sup>th</sup> percentile of 262. Both remain below the Medicaid HEDIS 50<sup>th</sup> percentile of 328 and the HEDIS mean of 430. Of note, the 2022 year-to-date inpatient day rate is based on limited data for only a few months of calendar year 2022. As such, the increase in 2022 rate may be largely influenced by seasonality and/or normal variability often seen in YTD rates that represent only a few months of service.

**Actions:**

An inpatient stay workgroup has been convened to evaluate data and determine if the increase in day rates is secondary to scheduled admissions, changes in referral patterns, or other factors.

## HEDIS SBHI & SLOHI Emergency Department Visit Rates



Last published HEDIS rates are for calendar year 2020 (measurement year 2019).

CY 2017 HEDIS Rates:

•10th Percentile: 531 •25th Percentile: 627 •50th Percentile: 752 •75th Percentile: 872 •Mean: 783

CY 2018 HEDIS Rates:

•10th Percentile: 517 •25th Percentile: 608 •50th Percentile: 726 •75th Percentile: 841 •Mean: 746

CY 2020 HEDIS Rates:

•10th Percentile: 330 •25th Percentile: 405 •50th Percentile: 492 •75th Percentile: 574 •Mean: 504

\*Rates can fluctuate for up to 12 months due to late claims.

Effective July 1, 2018, SLOHI rates include CCS claims.

### Impressions:

The above graph displays a year-to-year (YTY) annualized rate of ED visits per 1,000 members. ED visits per 1,000 members appeared to be well within goal for CenCal Health as both counties continue to meet and exceed the target goal of being within the HEDIS 25<sup>th</sup> percentile. Initial data for 2022 indicates similar trending to 2021 and well below the benchmarks.

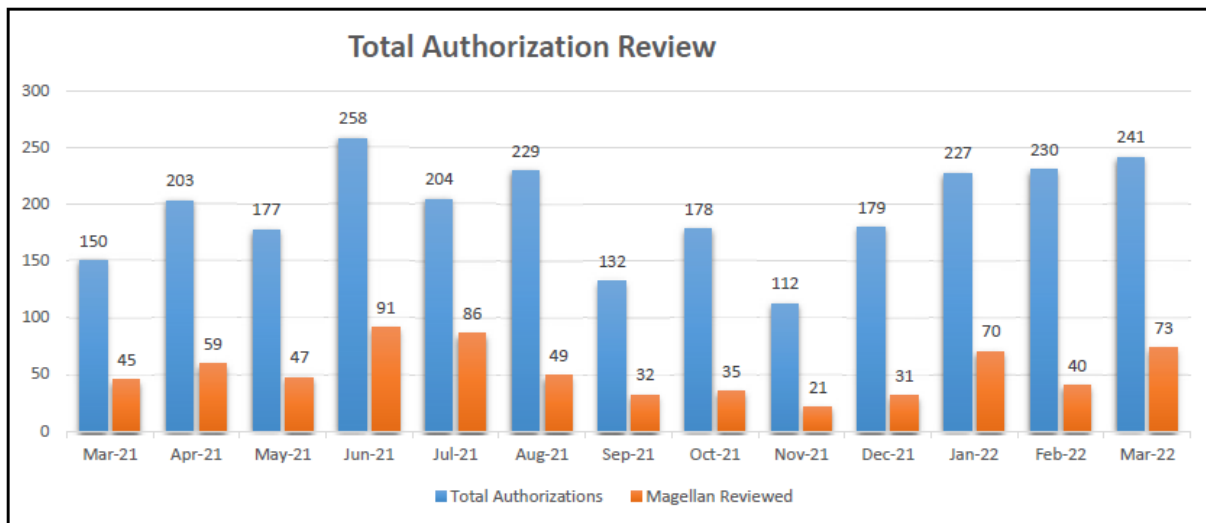
### Actions:

CenCal Health's overall and "avoidable" ED utilization is below the standards set by both HEDIS and DHCS. A reassessment of ongoing actions is not necessary at this time.

## Pharmacy Update

### *Medical-Pharmacy (Physician Administered Drugs – PADs)*

For the Month of March, the CenCal Health Clinical Pharmacy team processed 241 Physician Administered Drug (PAD) authorizations sending 73 out to our 3rd party review. 65% of the requests were for pre-service and a little over ½ within the oncology space. The authorization requests were completed within the regulatory time standards.



### *Medi-Cal Rx - retail pharmacy carve-out*

After completion of the 4th month of the Medi-Cal Rx program, our observations include:

- The number of monthly adjudicated prescriptions continues to track close to our historical experience.
- The amount paid for prescriptions continues to track above historical experience as we continue to see a shift from generic utilization over to brand utilization, which favors rebate opportunity under the DHCS design.
- Prior Authorization (PA) volumes from Medi-Cal Rx continue to track below natural history experience from CenCal, close to 30% of historical experience. This is compounded by DHCS removing the PA requirements for many classes of medications due to their significant backlog in processing.
- DHCS stated they will not turn back on the suspended adjudication edits which were supposed to be reinstated May 1st until further notice.

## **Behavioral Health Update**

### *Behavioral Health Care Coordination Center*

The Behavioral Health Care Coordination Center continues to meet key performance indicators into quarter 2. Overall, the Behavioral Health Care Coordination Center calls from Members are regarding starting mental health services or finding a contracted provider. The Behavioral Health Department and Provider Services have identified that provider availability updates are needed regularly and have implemented several strategies to obtain this information to support member timely access to care. The Behavioral Health Department will continue to receive provider availability updates to support provider assignment to members accessing care.

The Behavioral Health Department received 84 authorization requests in the month of April. There was a 2% denial rate.

A month by month comparison shows a decrease in authorizations that were received in April and the turnaround time is at 21.85 days. The goal is to meet DHCS standard of a 5 business day turnaround time. The Behavioral Health Department has seen several peaks in submission rates as providers have resubmitted prior authorizations to CenCal Health, which were previously submitted to the Holman Group and were not reviewed. The Behavioral Health Team was not fully staffed with 3FTE until March and were not operational with 3 FTE until end of April. Staff have completed an initial assessment of root causes and created a corrective plan to address process, people, and technological barriers. This plan has been submitted to Compliance for monitoring and the Behavioral Health Department is providing weekly updates on completion and resolution of this issue with a goal date of completion of 8/1/2022.

The Behavioral Health Department is actively recruiting for the open UM Supervisor position which oversees the clinical teams. In lieu of having this position filled, the Director of Behavioral Health is filling this position's responsibilities. The Behavioral Health Director continues weekly meetings with providers to support training and the transition. Regular monthly and bi-monthly meetings continue to occur with all clinic providers and the County Departments of Behavioral Health.

## **Quality Update**

### *Quality Care Incentive Program (QCIP)*

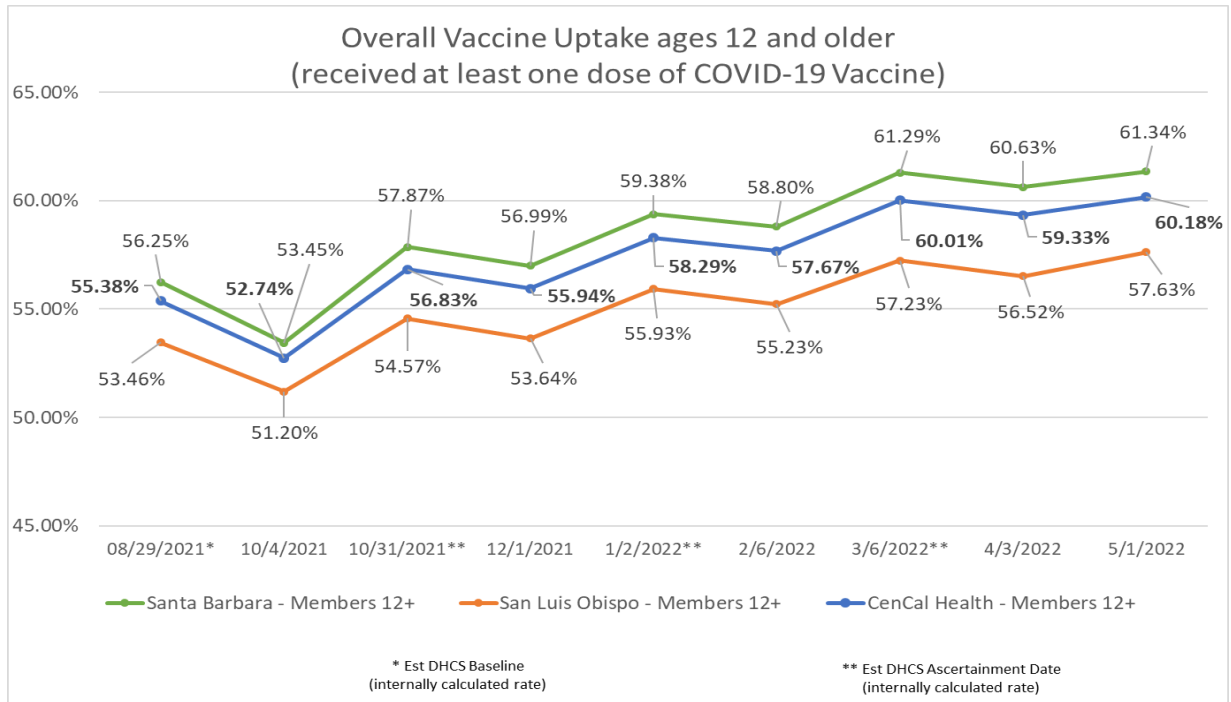
Throughout April, the Population Health team continued to assist CenCal Health's Primary Care Provider Network in navigating the new Quality Care Incentive Program (QCIP) recently launched in March 2022. Primary Care Providers (PCPs) received ongoing training (virtually and through in-person meetings) on program components, clinical measures, and how to navigate the new QCIP provider portal screens. Further training regarding quality scoring and available quality improvement resources was also provided. Population Health will continue to support program inquiries, evaluate enhancements, and request input regarding areas for improvement as the Quality Care Incentive Program is implemented.

### *COVID-19 Vaccine Strategy - DHCS Vaccine Response Plan (VRP)*

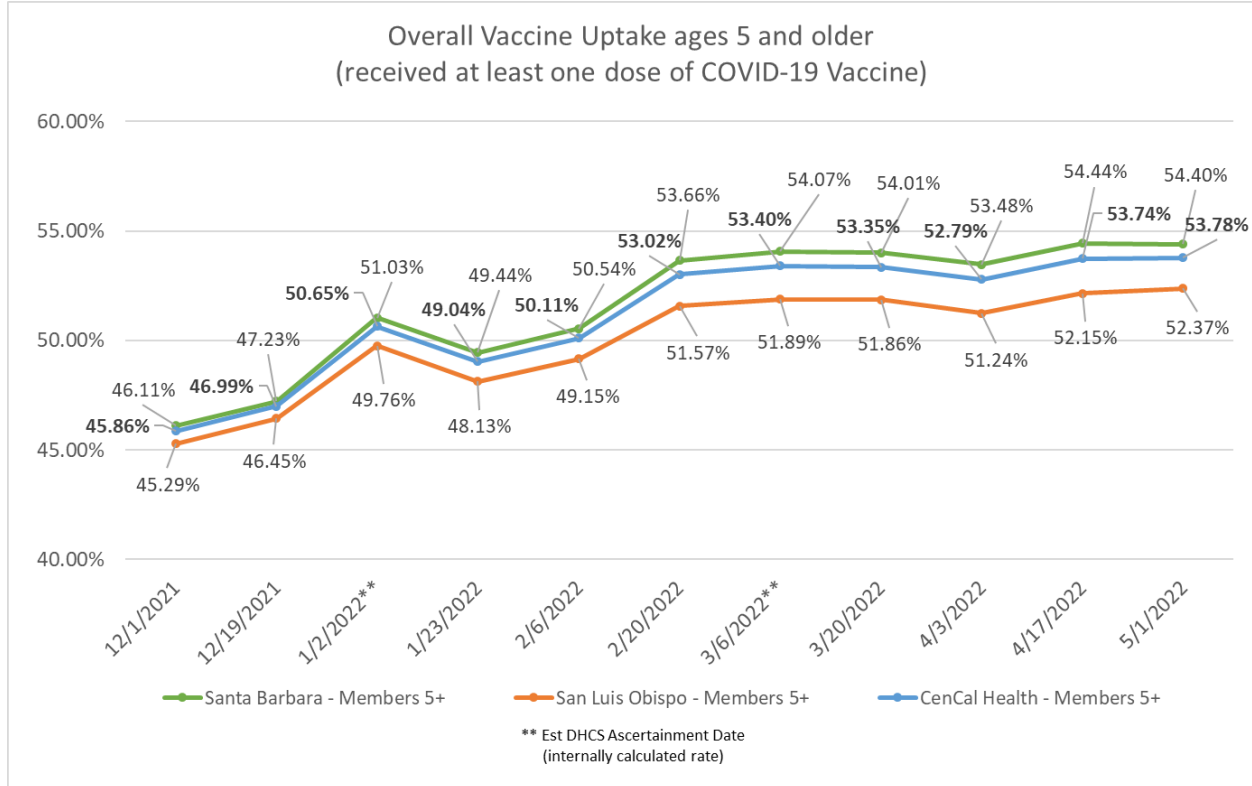
Throughout April, staff concluded final VRP activities including text messaging campaigns, airing of a Public Service Announcement, and distribution of both member and provider incentives. Final outcomes will be reported in August. However, many outcomes have already been achieved. Below are important rates and goals that have been met.

- The overall vaccination rate for members 12 and older increased from 55.38% to 59.96% from August 2021 through March 2022.
- The number of PCPs providing vaccinations in their clinics increased from 35.92% to 57.28%, surpassing the goal of 46.7%.
- Accomplished a 33% gap closure in two of the targeted populations by October 31, 2021:
  - 12 to 25 year old members.
  - Black/African American members.
- Accomplished a 66% gap closure for Black/African American members by January 2, 2022.

While the VRP concluded on March 1st, work will continue to support ongoing outreach and project sustainability. The COVID-19 workgroup will also assess how best to utilize VRP revenue earned (~\$549k) for meeting goals.



\*note that the number of eligible members for vaccination continues to increase as children turn 12



### *Health Promotional Efforts*

A local collaborative led by the Santa Barbara Foundation, including CenCal Health, has secured \$150,000 in grant funding from the California Healthcare Foundation to implement a 20-month initiative to increase Community Health Worker/Promotora (CHW/P) workforce capacity on the Central Coast.

The objectives of the project are as follows:

1. **Needs Assessment:** assess the collective need and opportunity for CHW/Ps workforce capacity building in the tri-county region.
- 1) **Stakeholder Engagement:** establish a formal stakeholder, partner organization capacity-building collaborative to determine collective vision and confirm institutional commitments.
- 2) **Certification and Workforce Development Advisory Committee:** assess readiness and develop an advisory committee to coordinate educational opportunities and policy needs to advance the standardization and certification process for CHW/Ps.
- 3) **Energizing Pilot Programs:** identify and support existing programs in the region that will invigorate learning, develop proof of concept, and support the CHW/Ps in their current roles and/or advance career pathways in child and maternal health and family services.

As the local Medi-Cal Managed Care Plan serving two of the project's County service areas, CenCal Health will have a key role in this initiative.

### *HEDIS Compliance Audit*

The Quality Measurement team is nearing the end of the medical record review phase of the annual HEDIS Compliance Audit which began in February 2022 and was completed in the first week of May 2022, as required by the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA). This component of the audit required collection of evidence of key services completed for a sample of 4,913 CenCal Health members, a 28% increase from the prior year's sample. Medi-Cal plans will be required to implement improvement plans for aspects of care than do not meet established minimum performance levels. This audit will conclude on or prior to June 15<sup>th</sup> with reporting of results to the NCQA and DHCS. Results will be shared with your Board soon thereafter.

**Operations Monthly Report**

**Date:** May 18, 2022

**From:** Eric Buben, Director of Member Services

**Contributors:** Gary Ashburn, Director of Claims  
Nancy Vasquez, Provider Services Operations Manager  
Sheila Thompson, R.N., Provider Quality & Credentialing Manager

**Member Services:** CenCal Health's aggregate membership continues to grow with the DHCS suspension of re-determinations for Medi-Cal Eligibility through the end of the public health emergency, which was extended again until July 15, 2022. CenCal Health performed social media, website and change of address postcard reminders for all members as part of the outreach campaign to ensure members are responsive to re-determination requests from DSS, and that their address information is correct. Additionally, there will be a Member Newsletter article in June to encourage members to keep their contact information current for the re-determination process when it begins again soon. Member call volume daily average in April was 361. Average Speed to Answer was 91% which is above the goal of 85% and abandon rate at 1%, below the goal of 3% or less. All other metrics are at goal or better.

**Provider Services:** Staff continued to meet individually with Behavioral Health Therapy providers to understand their needs with the transition from The Holman Group to CenCal Health. Staff additionally enacted an email campaign to gather accurate data regarding BH provider availability for use by the Behavioral Health staff to match members with open providers and list in our Provider Directory for members to view. For the Cal AIM project, Provider Services staff continue to engage potential ECM/CS providers in the ongoing effort to build provider networks for these two CalAIM initiatives. On 4/28/22, staff hosted the first ECM Provider Roundtable Collaborative Meeting. This meeting was well attended and included an in-depth discussion around billing and reporting requirements in particular. Staff have distributed draft ECM/CS agreements and exhibits to allow provider review and comment.

**Claims:** All metrics are well within our goals for all critical measures. Our claims processing operational metrics in April were all within the target range. Medical claim receipts increased significantly to 263,833, which is 19% over the pre-pandemic baseline. Based on typical seasonality, membership increases, and the addition of behavioral health claims, there are no unexpected causes of this increase. Provider calls decreased, and are trending toward normal levels after an increase in March, which in part was due to the integration of the mental health claims processing. Many of the calls include instructions for submitting claims and accessing the provider portal.



## **Information Technology and EPMO Update**

**Date:** May 18, 2022

**From:** Bill Cioffi, Chief Information Officer

### **Information Technology**

#### *IT Help Desk Supervisor*

IT Department announced the new role for Ryan Popke from Systems Operations/Network Administrator to IT Help Desk Supervisor. Ryan has been with CenCal Health since 2016 and has contributed greatly to support various services and solution provided by IT, particularly by developing organizations phone systems and various call centers. In his new role, starting April 25<sup>th</sup>, Ryan will oversee the IT Help Desk team and will report to the Director of IT.

This IT Help Desk team will be a centralized resource to address service disruptions and provide end-user service support, with the goal of achieving a higher customer satisfaction rate. I have great confidence in this team and their ability to serve and support our customers.

### **EPMO Project Status**

The Executive Dashboard indicates there are a total of twenty-two (22) projects with nine (9) closed, seven (7) in process, five (5) not started and one (1) on hold. Two of the CalAIM projects are in yellow (a project experiencing risk) and the EPMO is identifying risks to address returning these to green (a project meeting expectations). The quality of project work is constrained by budget, deadline, and scope, where DHCS defines the deadline and scope limiting our opportunity to return to green.

**Community Engagement Report:** *CEO Listening Tour*

**Date:** May 18, 2022

**From:** Marina Owen, Chief Executive Officer

**Contributors:** Nicolette Worley Marselian, Director, Communications & Community Relations and Nicole Bennett, Senior Community Relations Specialist

As a trusted partner in the community, CenCal Health embarked on a Community Listening Tour to enhance its understanding of the challenges our members, providers and community partners are experiencing in a post-pandemic climate.

**Background**

As part of the chief executive officers' initial engagement plan, insight from community stakeholders was sought. The goal is to obtain a thorough analysis of our communities' needs and expectations, including challenges that have arisen or worsened due to the COVID-19 pandemic, and explore future opportunities for collaboration. CenCal Health visited over twelve community-based organizations (CBOs) throughout Santa Barbara and San Luis Obispo counties that provide services and resources to some of the most vulnerable populations we serve.

Populations of Focus	Santa Barbara County	San Luis Obispo County
<b>Individuals Experiencing Homelessness</b>	<ul style="list-style-type: none"> <li>• Good Samaritan Shelter</li> <li>• PATH</li> <li>• Santa Barbara County Continuum of Care (CoC)</li> <li>• Doctors Without Walls/ Santa Barbara Street Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• 40 Prado</li> <li>• El Camino Homeless Organization</li> <li>• San Luis Obispo County Continuum of Care (CoC)</li> </ul>
<b>Children:</b>	<ul style="list-style-type: none"> <li>• Children &amp; Family Resource Services Santa Barbara County – including Health Linkages</li> </ul>	<ul style="list-style-type: none"> <li>• Center for Family Strengthening</li> </ul>
<b>Latine/x:</b>	<ul style="list-style-type: none"> <li>• Promotores Collaborative of Santa Barbara County</li> </ul>	<ul style="list-style-type: none"> <li>• Promotores Collaborative of San Luis Obispo County</li> </ul>
<b>Seniors:</b>	<ul style="list-style-type: none"> <li>• CommUnify</li> </ul>	<ul style="list-style-type: none"> <li>• Meals That Connect</li> </ul>

Themes included ample prospects to support local communities through future opportunities such as the CalAIM initiative, Medi-Cal expansion, and the Community Health Worker benefit and a desire for CenCal Health to take a proactive posture to convene, inform, and coordinate state-related initiatives impacting managed care.

### Common Barriers

- CARES Act funding nearing termination
  - Both counties' Continuum of Care groups provided CARES Act funding, allowing shelters to expand staffing resources focused on outreach efforts. This funding is set to end in September 2022, leaving many shelters with the looming possibility of sending termination notices to desperately needed staff.
- Increase in medically fragile individuals, children, and families experiencing homelessness
  - The number of medically fragile individuals and seniors in shelters requiring resources for activities of daily living (ADLs), etc., has become increasingly difficult for shelters. Shelter providers have voiced the need for Certified Nursing Assistants (CNAs) to help support some of the shelter client's needs.
  - Sustaining tenancy due to the severity of medical and mental health issues has become a significant challenge in both counties.
  - More families are requesting services and falling out of services than ever before, including children.
- Need for sobering centers
  - Funding for the Good Samaritan/Dignity Health sobering center is ending in September 2022. Through the utilization rate seen in the Santa Maria location, there is a significant need for expansion into the Lompoc area.
- Mental health resources
  - Mental health/ behavioral health access is needed throughout both counties, particularly for the Latine/x and pediatric populations.
- Lack of cost-effective and accessible board and care facilities or skilled nursing
  - Many vulnerable seniors must leave their communities to receive the level of care they require or remain in hospitals without a safe discharge location (e.g. board and care facility)
- Certain Geographic regions with a greater need for additional resources include: Lompoc, Santa Maria, Paso Robles and San Miguel

### Opportunities for Partnerships

- Community Health Workers
  - Both counties' Promotores Collaborative programs have partnered with local agencies such as public health, hospitals, county mental health departments, Santa Barbara Foundation, and Women's Fund to receive certified training that helps support physical and mental health activity assistance to Latine/x community members. Supporting sustainable wages for these important contributors to the healthcare delivery system is a priority through sustainable reimbursement as is additional training to increase the workforce locally.
  
- CalAIM Enhanced Care Management (ECM) and Community Supports (CS)
  - Shelter providers have shown interest in becoming ECM and CS-Recuperative Care providers.
  - CenCal Health will continue to expand CS opportunities based on the feedback received from these trusted community partners.
  
- DHCS Medi-Cal Redeterminations
  - As the end of the public health emergency nears, the Promotores Collaborative of Santa Barbara County has committed to becoming a Department of Health Care Services (DHCS) ambassador to provide outreach to those who need support. CenCal Health will continue conversations and provide support as requested.

### **Recommendation**

The community engagement report is informational and no action is requested of CenCal Health's Board of Directors at this time. Staff will incorporate feedback from community partners into CalAIM Program Development going forward and future recommendations.

## **Behavioral Health Insourcing Project**

**Date:** May 18, 2022

**From:** Dr. Selesté Bowers, DHA, LCSA, Director of Behavioral Health  
Nancy Vasquez, MPA, Provider Services Operations Manager  
Gary Ashburn, Director of Claims Operations  
Sandy Dunbar, Project Manager II

**Through:** Amanda Flaum, Chief Health Operations Officer

### **Overview**

In 2021, CenCal Health made the strategic decision to insource the Behavioral Health (BH) benefit from its delegated vendor, The Holman Group, which held the delegated responsibility since 2014. Health Management Associates (HMA) was engaged to assist in the preparation and implementation of this project as key consultants. Effective January 1, 2022 CenCal Health assumed direct responsibility of the BH benefit. This memo highlights the current state of the insourcing project (post 1/1/22 go-live), progress on Initial Launch and Applied Behavioral Health action plans, and status on operational key performance indicators.

### **Background**

CenCal Health organized the post-go live insourcing project into three phases.

- Phase 1 Initial Launch (1Q22): implementation and stabilization of critical functions to administer the BH benefit
- Phase 2 Ongoing Functions (2Q22): secondary functions and ongoing maintenance
- Phase 3 Long Term Sustainability (3Q22): ensure benefit administration stability and sustainability

The CenCal Health Executive Program Management Team (EPMO) has assumed all project management functions and support. HMA continues to provide expert guidance and support, as needed. The following Workgroups have been established along with work plans to ensure successful completion of project phases: Long Term Sustainability, Claims Operations, Clinical, Provider Services/Network, and Staffing.

### **BH Insourcing Project Update**

Initial Launch Phase 1: Summary

All functional capabilities to support Initial Launch have been implemented. The performance of the functions is monitored via the weekly key performance indicators dashboard.

## Initial Launch Scorecard 2Q 2022

Function	Definition/Measure of Success	Status
Claims processing for DOS 2022	Process claims from newly contracted providers according to Medi-Cal contract requirements	●
Provider Dispute Resolution	Answer provider questions, triage requests, process disputes	●
Grievances/appeals	Intake grievances and appeals from members	●
Call Center – Member Services	Triage calls from members to newly developed BH Core Coordination Center	●
Call Center – BH	Answer calls according to Medi-Cal contract requirements.	●
Call Center – Provider	Answer calls according to Medi-Cal contract requirements.	●
Authorizations	Receive and authorize services for members	●
Continuity of Care	Manage the care for members with Providers not contracted as of 1/1/22	●
Provider Contracting	Recruit and contact adequate BH Provider Network for go live	●
DHCS Account Management	Report project status, as needed	●
System configuration for claims, provider loading	Load contracted providers into system and configure system to pay claims against fee schedule	●

Key ongoing operational functions that ensure CenCal Health can sustainably administer the BH benefit. ● = Complete ● = On Track ● = At Risk ● = Off Track

### Initial Launch Action Plan: Progress Summary

CenCal Health established the Initial Launch Action Plan in the first quarter of 2022 to address the challenges identified from Phase 1/Initial Launch. The team continues to make progress on the action plan.

Specifics updates from the Initial Launch Action Plan are as follows:

- Enable access to care and continuity of care for members regardless of authorization status.
  - Status: In Process
  - Continue to coordinate care for 12 members and provide updates to the Department of Health Care Services (DHCS).
- Ensure entire provider network has fully executed agreements that contain all requirements for services rendered.
  - Status: In Process
  - 94% of network has fully executed agreements and 6% are currently in process for full execution.
- Create training and education materials to support Providers transition to new CenCal processes.
  - Status: Complete
- Identify solutions to develop and refine current systems to provide reliable Provider availability.

- Status: In Process
- "Accepting New Patients Email Survey", was rolled out as three email campaigns; the team has completed 2 of the 3 emails surveys.
- Roughly 25% of providers have completed survey with updated information thus far. A third email went out the last week of April and responses are still coming in.
- Created BH Provider Update email to receive timely provider updates. BH and Provider Services receive emails and update the Provider Directory.
- Partner with Community Clinics through monthly/bimonthly meetings to support transition and address member access to care.
  - Status: Complete
  - Meetings established and are now part of standard operating model.

#### Applied Behavioral Analysis (ABA) Action Plan: Progress Summary

There were specific challenges and issues related to the Applied Behavioral Analysis (ABA) services transition. The following actions we taken to address the issues promptly and ensure a sustainable solution:

- Complete execution of ABA Corrective Action Plan.
  - Status: Ongoing
  - Developed a Corrective Action Plan, implemented by CenCal Health's Compliance department. The functional leaders and Compliance meet regularly to ensure progress is made and action items completed.
- Meetings held with ABA Providers to communicate next steps and reiterate commitment to a strong provider partnership.
  - Status: Complete
- Ensured ABA Providers were paid for services rendered according to The Holman Group contract terms.
  - Status: Complete
  - Completed outreach to all ABA Providers to discuss and clarify billing practices.
- Individual meetings held with ABA Providers to solicit feedback and answers questions.
  - Status: Complete
  - Individual meetings were informative and also demonstrated our commitment to partnership. Learnings from meetings will inform any changes to processes, contracts, and templates, which will be rolled out via additional meetings and trainings.

## Phase 2 Ongoing Functions (2Q22): Ongoing Functions Scorecard

Our second quarter focus is on ancillary functions and ongoing maintenance. Our EPMO team facilitates weekly meetings with business leads and key stakeholders for Clinical, Provider Services/Network, and Claims Operations Work Groups. These were established and detailed work plans have been defined to monitor and track progress. Additionally, all individual work plans have been consolidated into a master project plan so the EPMO team can more accurately track progress, as well as, identify potential risks and team constraints.

With the exception of Authorization Process, all functions are on track or complete. The Authorization Process is currently being evaluated for process improvements. Any quick hit opportunities will be implemented, as appropriate.

### Phase 2 Ongoing Function Scorecard 2Q 2022

Function	Definition/Measure of Success	Status
Historical Appeals and Grievance File	Ensure readiness of A&G files for 2022 DHCS audit	●
Claims processing for 2021 DOS	System configured and tested to process historical claims for 2021 DOS by 3/15/22	●
Credentialing	Complete credentialing by 6/30/22	●
Provider Contracting	Convert all Letters of Agreement to executed contracts by 5/31/22	●
Provider Contracting – Telehealth	Determine Telehealth strategy and execution timeline by 6/31/22	●
Provider Education	Create plan for ongoing Provider education and integrate feedback from Providers by 6/30/22	●
Network Adequacy	Implement process to identify, communicate, and display Provider availability by 5/31/22	●
Authorization Process	Authorization end-to-end process refined and staff trained by 6/30/22	●
DHCS Account Management	Report project status, as needed. Obtain DHCS sign off on outreach efforts for transitioning members and contracting efforts with all active THG providers.	●
Staffing	Start Department Assessments to include BH function in 2Q and complete by September 2022	●
Finance	Continue to monitor the BH administrative cost monthly, and perform comparison analysis to determine the overall benefit administration cost by 9/30/22	●

Key ongoing operational functions that ensure CenCal Health can sustainably administer the BH benefit

● = Complete ● = On Track ● = At Risk ● = Off Track

## Key Performance Indicators Scorecard

The project team established a key performance indicator dashboard that tracks the operational performance of the Initial Launch functions. The dashboard is updated by the workgroup owners and is distributed to the entire project team and the Executive Leadership team weekly. The Key Performance Indicators Scorecard is a summary view of the dashboard for Executive Leadership.



## Key Performance Indicators Scorecard 2Q 2022

Function	Performance Update	Performance Status
Claims	All contracts and fee schedules are loaded in the system. Regular EOP runs weekly without claims being held for corrections. Inventory levels are within range despite significantly higher than anticipated receipts.	●
Provider Dispute Resolution (PDR)	Provider receipts have been low with only 2 providers submitting disputes. The disputes are for 2021 claims.	●
Grievances	Data will be reported on monthly basis; inventory data added each week; 19 total grievances received since 1/1/22	●
Care Coordination	Team is currently not meeting turn around time requirements on County step down referrals. Action planning underway to bring into compliance.	●
Authorizations	Team is currently not meeting turn around time requirements on authorization requests. Action planning underway to bring into compliance.	●
Call Center-BH	Meeting all KPI's for Performance.	●
Provider Contracting	88% of all Letters of Agreement (LOA) have been converted to fully executed contracts.	●
Provider Credentialing	85% of all providers have been credentialed.	●
Provider Onboarding	73% have been fully on boarded and many are in process.	●
Provider Relations	Interdepartmental processes have been created to address provider complaints. Provider Services have received 0 grievances	●

Key ongoing operational functions that ensure CenCal Health can sustainably administer the BH benefit

● - On Track   ● - At Risk   ● - Off Track

### Action Plan and Goal for key performance indicators At Risk or Off Track

- Care Coordination: County step down referrals
  - Care Coordination requests for Members transitioning from the County are averaging 12 days (Goal of 10 days)
  - Action Plan:
    1. Improve member care coordination by focusing on making appointments with provider for or with member.
    2. Track provider responsiveness and availability and work closely with Provider Services to recruit strategically and gather provider updated availability.
    3. Improve process issues through staff training and oversight.
  - Estimated Date to meet metric: 7/1/2022
- Authorizations
  - Authorizations Turn-Around Time is currently 22 days for month of April (Goal of 5 business days)
  - Action Plan:
    1. Review, assess and refine End to End Process of Authorization Review.
    2. Support providers in submitting complete authorization requests through training and Quality Assurance opportunities.

3. Share FTE resources with Medical Management to address volume of authorizations.
  4. Work closely with Provider Services to identify network needs and strategically recruit by specialty and region.
- o Estimated Date to meet metric: 8/1/2022

### **Next Steps**

Health Services will complete action plans to address initial challenges, including plans specific to ABA providers, and are developing key indicators to understand process-level performance. Following, staff will complete Phase 3 Long Term Sustainability (3Q22) plans, including ensuring the effectiveness of benefit administration longer term.

### **Recommendation**

Staff recommends acceptance of this informational update, as no action is requested of the Board of Directors at this time.

**Compliance Department Monthly Report**

**Date:** May 18, 2022

**From:** Karen S. Kim, JD, MPH, Chief Legal and Compliance Officer

**Executive Summary**

The purpose of this memo is to provide the CenCal Health Board of Directors with an update on compliance activities for the organization. The memo highlights the recent 2021 Department of Health Care Services (DHCS) Audit Exit Interview and preliminary findings and changes made pursuant to California Government Code Section 6270.5.

**Department of Health Care Services (DHCS) Medical Audit 2021**

The 2021 DHCS Medical Audit (Audit) was held virtually from October 25 through November 5, 2021. The Audit was full scope with a two-year look-back period from November 1, 2019 through September 30, 2021 and included the following components: Utilization Management, Case Management and Coordination of Care, Access and Availability, Member Rights, Quality Management, Administrative and Organizational Capacity, and State Supported Services. The CenCal Health delegate selected for the Audit is Care to Care.

The DHCS Exit Interview with CenCal was held on April 26, 2022 to review preliminary audit results and to provide the Plan with an opportunity to ask questions before formal rebuttals are submitted to DHCS and the final audit report is published. The Compliance Officer shall provide the Board with an update on the 2021 DHCS Audit Results once DHCS has finalized their findings.

**California Government Code Section 6270.5**

California Government Code Section 6270.5 requires local agencies to create a catalog of enterprise systems and to post the catalog in a prominent location on the local agency's website. The regulation also exempts systems related to information technology security and operational security, or if disclosure would reveal vulnerabilities to, or otherwise increase the potential for an attack on, an information technology system of a public agency.

Given the data stored within CenCal Health's enterprise systems is Protected Health Information (PHI) and with the rise of cyberattacks on similar type agencies, posting this information on the Plan's website would provide information on our vulnerabilities and may increase the potential or effectiveness of phishing, ransomware attacks, and cyberattacks on the agency. As a result, CenCal currently does not publish a full catalog of its enterprise systems on its website.

## **CenCal Health Compliance Committee Charter**

This Compliance Committee is established to maintain CenCal Health's commitment to the highest levels of ethical standards and integrity. The Chief Legal and Compliance Officer, who acts as chair of the Compliance Committee, shall have a direct reporting relationship to the Board of Directors regarding compliance-related matters and updates.

The Compliance Committee is responsible for the development and oversight of a comprehensive Compliance Program that includes organizational policies and procedures. The Compliance Committee is also responsible for the development, monitoring, and revision of the Code of Conduct. The Code of Conduct governs the manner in which employees conduct business activities on behalf of CenCal Health.

### Compliance Committee Responsibilities

- Oversee the development and implementation of CenCal Health's Compliance Program.
- Review and approve written policies and procedures that define organizational expectations, including the Code of Conduct.
- Establish organizational training and education processes and publishes expectations for all employees and governing body members.
- Establish communication lines for reporting concerns to the Compliance Officer, including anonymous and confidential reporting.
- Establish a non-retaliation policy to encourage good faith participation and outlines disciplinary actions for violations of policy or the Code of Conduct.
- Establish a system for routine risk assessment and evaluation, internal audit, and regulatory reporting.
- Establish a system for immediate response to compliance related matters when escalated; development of corrective action plans; and reporting compliance matters to appropriate regulatory bodies, when necessary.

### Compliance Committee Membership (Voting Members)

- Chief Legal and Compliance Officer (Chair)
- Board Liaison
- Chief Executive Officer
- Chief Customer Experience Officer
- Chief Financial Officer
- Chief Health Operations Officer
- Chief Information Officer
- Chief Medical Officer
- Chief Performance Officer
- Provider Network Officer
- Quality Officer
- Director of Compliance and Privacy Officer
- Director of IT and Security Officer
- Director of Behavioral Health
- Director of Claims
- Director of Finance
- Director of Government Affairs
- Director of Human Resources

Compliance Committee Membership (Voting Members - Continued)

- Director of Medical Management
- Director of Member Services
- Director of Pharmacy
- Director of Provider Services

Compliance Committee Staff (Non-Voting Members)

- Compliance Manager
- Compliance Coordinator
- Compliance Investigator
- Compliance Specialist
- Privacy Investigator
- Sr. Delegation Specialist



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- Director of Human Resources

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Compliance Committee Membership (Voting Members - Continued)

- Director of Medical Management
- Director of Member Services
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- Director of Provider Services

Compliance Committee Staff (Non-Voting Members)

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- Compliance Coordinator
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- Privacy Investigator
- Sr. Delegation Specialist

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The Compliance Committee reports to the Board of Directors on a quarterly basis.



# April 2022 Look Back

**To:**  
CenCal Health's Board of Directors

**From:**  
Nicolette Worley Marselian  
Director, Communications &  
Community Relations

**Date:**  
May 5, 2022

## What's Inside

### EARNED MEDIA ..... pg. 1

- Public Relations/Publicity Efforts
- Media Coverage Report
- Press Release

### PAID MEDIA ..... pg. 10

- COVID-19 Vaccine Public Service Announcements

### SHARED MEDIA ..... pg. 11

- COVID-19 Vaccine Outreach: Second SMS Campaign
- Social Media Campaigns

## EARNED MEDIA

### Public Relations/Publicity Efforts

In April, the Communications and Community Relations department distributed the following two press releases:

- **New Incentive Program to Improve Quality of Care for Central Coast Medi-Cal Members**  
CenCal Health Launches QCIP to Support Physician Excellence in Healthcare
- **CenCal Health Earns National Recognition for HPV Vaccination Education**  
Local Health Plan Receives Innovation Award for Cancer Prevention Initiative

(Note: to read the press releases, go to page 6.)



Press coverage of CenCal Health's Quality Care Incentive Program (QCIP) included mentions by Noozhawk, the Local Health Plans of California (LHPC) weekly e-newsletter and NonProfit Resource Network. In addition, Health Payer Intelligence used the release as part of a larger article on the status of pay-for-performance initiatives in the market.

Replacing five different financial incentive programs previously utilized, the single integrated QCIP will more extensively support primary care providers (PCPs) to achieve excellence in quality care. The goal is to render adequate, timely member utilization of evidence-based treatment, screenings and preventive health services.



# April 2022 Look Back

To: Board of Directors  
From: Nicolette Worley Marselian, Director, Communications & Community Relations  
Date: May 5, 2022



## EARNED MEDIA

### Public Relations/Publicity Efforts (cont.)

Additionally, the press release publicizing CenCal Health's recent NCQA Innovation Award earned for its *Know More: HPV* initiative, was featured in the digital publication *NonProfit Resource Network*, with more publicity expected in May.



#### **Know More: HPV project creators**

**Rachel Ponce (left)**

*Population Health Supervisor*

**Gaby Labraña, MPH (right)**

*Health Promotion Supervisor*

The unique in-office patient intervention consists of a digital program that interactively provides health information on HPV and the need to vaccinate adolescents. Citing CenCal Health's commitment to advancing health care quality and addressing population health needs, NCQA credited the *Know More: HPV* campaign with "improving vaccination uptake and closing health disparities." It should be noted that the Communications department helped develop this project, including video production and digital interactivity.

April also rendered organic publicity. The health plan was mentioned for its sponsorship of the FSA event "Supporting Youth Mental Health" taking place on May 12 with Dr. Sarah Y. Vinson.



#### **TOP 50 WOMEN In Business**

**Marina Owen**  
CEO, CenCal Health

Also in April, CEO Marina Owen was recognized at an event on April 21st as one of the Top 50 Women in Business in the tri-county area by *Pacific Coast Business Times*.

# April 2022 Look Back

To: Board of Directors  
 From: Nicolette Worley Marselian, Director, Communications & Community Relations  
 Date: May 5, 2022



## EARNED MEDIA

### Media Coverage Report

CenCal Health received seven media mentions, including press release coverage, for the month of April 2022.

CenCal Health Media Coverage Report - April 2022						
Date	Name	Type	Page	Section	Subject	Headline
*4/28/2022	NonProfit Resource Network	Digital		News	NCQA Innovation Award to CenCal Health	<b>CenCal Health Earns National Recognition for HPV Vaccination Education</b>
*4/28/2022	Health Payer Intelligence	Digital		Value Based Care News	CenCal Health Quality Care Incentive Program (QCIP)	<b>CA Medicaid Plan Seeks to Streamline Pay for Performance Model</b>
4/18/2022	NonProfit Resource Network	Digital		News	CenCal Health Quality Care Incentive Program (QCIP)	<b>New Incentive Program to Improve Quality of Care for Central Coast Medi-Cal Members</b>
4/18/2022	Local Health Plans of California (LHPC) Email	Digital		Member Mentions	CenCal Health Quality Care Incentive Program (QCIP)	<b>New Incentive Program to Improve Quality of Care for Central Coast Medi-Cal Members</b>
4/14/2022	Noozhawk	Digital		Homes & Lifestyle	CenCal Health Quality Care Incentive Program (QCIP)	<b>New Incentive Program to Improve Quality of Care for Central Coast Medi-Cal Members</b>
*4/14/2022	CCMA's e-newsletter The Pulse	Email		News	PSAs Featuring Providers on COVID-19 Vaccination	<b>Vaccination Response Plan on the Central Coast</b>
*4/12/2022	Noozhawk	Digital		Good for Santa Barbara	CenCal Health Sponsorship	<b>Family Service Agency Event Focuses on Youth Mental Health Needs</b>

\*Clipping of online and/or print articles included on the next page.

# April 2022 Look Back

To: Board of Directors  
From: Nicolette Worley Marselian, Director, Communications & Community Relations  
Date: May 5, 2022

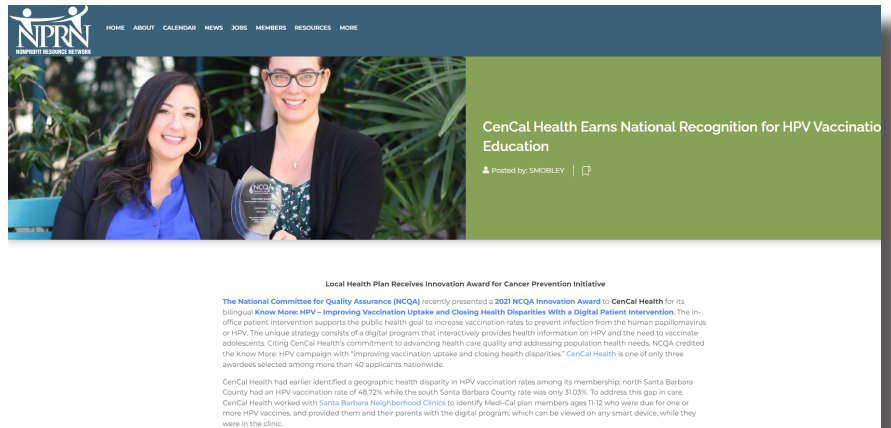


## Clippings Samples

Of the seven press mentions, below are four notable samples.

1

### 4/28/2022 – NonProfit Resource Network, CenCal Health Earns National Recognition for HPV Vaccination Education

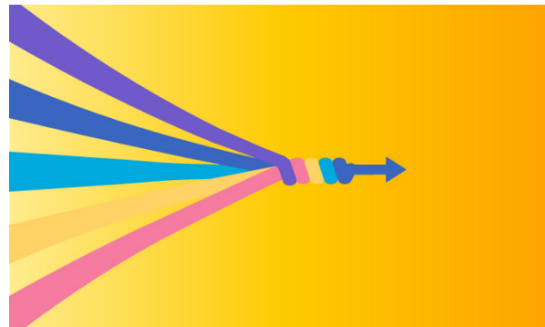


2

### 4/28/2022 – Health Payer Intelligence, CA Medicaid Plan Seeks to Streamline Pay for Performance Model

## CA Medicaid Plan Seeks to Streamline Pay for Performance Model

Pay for performance models have long been one of the most popular types of reimbursement models, used to boost quality of care.



Source: Getty Images

By Kelsey Waddill



April 28, 2022 - CenCal Health, a Medicaid plan in California, is employing a pay for performance model to improve quality of care, called the Quality Care Incentive Program.

"The new Quality Care Incentive Program is an innovative step forward in CenCal Health's strategy to ensure equitable health care for all," said Marina Owen, chief executive officer of CenCal Health.

"QCIP reinforces our enduring partnership with providers, and meaningfully recognizes them. I am proud of CenCal Health's commitment to eliminating health disparities through



### Newsletter Signup

- Payers, Policy and Employee Wellness
- Bio and Pharma News
- RevCycle, Value Based Care and Finance

Organization Type

Select One

Your email

sign up

[view our privacy policy](#)



# April 2022 Look Back

To: Board of Directors  
From: Nicolette Worley Marselian, Director, Communications & Community Relations  
Date: May 5, 2022



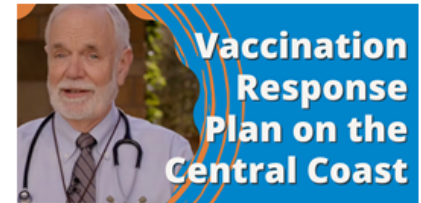
## Clippings Samples (cont.)

3

**4/14/2022 – *The Pulse*, Central Coast Medical Association's (CCMA) e-newsletter, Vaccination Response Plan on the Central Coast**



**Dr. Borenstein Receives Inaugural Community Excellence Award**  
[Dr. Borenstein Receives Inaugural Community Excellence Award](#). Dr. Penny Borenstein, a public health leader in San Luis Obispo, was awarded the first Community Excellence Award during the San Luis Obispo Chamber of Commerce's Annual Dinner on Saturday, March 12, 2022, in front of nearly 500 attendees for her demonstrated excellence in communication, consistency, leadership, and empathy in her arduous and often thankless role as a public health official throughout this pandemic.



**Vaccination Response Plan on the Central Coast**  
[Vaccination Response Plan on the Central Coast](#). **CenCal Health** recently produced Public Service Announcements (PSAs) in collaboration with Dr. Steven Barkley, Cottage Health and Dr. Charles Fenzi, Santa Barbara Neighborhood Clinics. Both providers volunteered their time to deliver messages of encouragement and education to parents, regarding the importance of vaccinating children and adolescents against COVID-19. The PSAs are currently airing on ABC, CBS, NBC and Fox affiliates plus top cable networks.

4

**4/12/2022 – *Noozhawk*, Family Service Agency Event Focuses on Youth Mental Health Needs**

### Sign Up for the A.M. Report

Keep up with Noozhawk's daily COVID-19 coverage, delivered at 4:15 a.m. right to your inbox.

**SUBSCRIBE >**

FSA and other youth-serving organizations feel that urgency in situations across Santa Barbara County. More children and adolescents are experiencing challenges to emotional wellbeing, including documented increases in anxiety, depression, and suicidal ideation.

FSA invites the community to hear Dr. Vinson talk about the crisis and how to support youth mental health.

Dr. Vinson has been featured in national media such as the PBS Newshour, The Guardian, Washington Times, and the Roland Martin Show. She has been an invited speaker at national meetings such as the American Psychiatric Association and School Based Health Alliance.

Dr. Vinson has received awards in recognition of her service and leadership including the University of Florida College of Medicine Outstanding Young Alumni Award and the Jeanne Spurlock Minority Fellowship Alumna Achievement Award.

Tickets for the in-person reception and presentation are \$150 and can be purchased at [fsacares.org/sarah-vinson](https://fsacares.org/sarah-vinson).

The event is sponsored by Tania and John Burke, Marni and Michael Cooney, Santa Barbara Foundation, Ginny and Tim Bliss, Zora and Les Charles, Montecito Bank & Trust, Union Bank, Jill and John Bishop, Ginny and Tim Bliss, Dignity Health, Tisha Ford, Jane and Fred Sweeney, Carole MacEhenny, Liz and Andrew Butcher, and **CenCal Health**. For a full list of sponsors visit [fsacares.org/sarah-vinson](https://fsacares.org/sarah-vinson).

For more about Family Service Agency of Santa Barbara County, visit [fsacares.org](https://fsacares.org) or call 805-965-1001.

# April 2022 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Community Relations

Date: May 5, 2022



## Press Release #1

### New Incentive Program to Improve Quality of Care for Central Coast Medi-Cal Members

CenCal Health Launches QCIP to Support Physician Excellence in Healthcare

**SANTA BARBARA, Calif.** – April 14, 2022 – To maximize the quality of care for its health plan members, CenCal Health has launched an innovative program named **Quality Care Incentive Program** or QCIP. Effective March 1, 2022, this pay-for-performance program aligns financial incentives to healthcare providers with excellence in clinical care of health plan members. **CenCal Health** is a Medi-Cal plan that partners with over 1,500 local physicians, hospitals and other providers in delivering patient care to more than 210,000 members in Santa Barbara and San Luis Obispo counties. Replacing five different incentive programs previously utilized, the single integrated QCIP will more extensively support primary care providers (PCPs) to achieve excellence in quality care. Medi-Cal is the name of California's Medicaid benefits program; Medicaid is administered by the federal government.

In 2003, the **Centers for Medicare & Medicaid Services** established pay-for-performance initiatives to control healthcare costs and to increase access to care by encouraging more physicians to participate in Medicaid health plans. More recently, incentive programs have evolved to place emphasis on quality of care, especially on prevention and management of chronic conditions.

QCIP emphasizes the clinical priorities of significance to CenCal Health members such as diabetes and asthma care, breast cancer and cervical cancer screenings, and child and adolescent well-care visits. Performance is measured monthly and in accordance with pre-defined, industry-standard, measurement specifications maintained by the **National Committee for Quality Assurance** (NCQA).

"We designed this incentive program to encourage increased utilization of evidence-based treatment, screening, and preventive health services," said **Carlos Hernandez**, CenCal Health Quality Officer. "Performance is based on how often the standard of care is met. And no measures used in CenCal Health's payment calculations encourage withholding of services."

continue...

# April 2022 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Community Relations

Date: May 5, 2022



## Press Release #1 (cont.)

QCIP includes five measure domains, encompassing 13 clinical measures, as follows:

- **Behavioral Health Care**
  - Antidepressant Medication Management - Acute Treatment
  - Antidepressant Medication Management - Continuing Treatment
- **Diabetes Care**
  - HbA1c Testing
  - Retinal Eye Exams
- **Respiratory Care**
  - Asthma Medication Ratio
- **Women's Health Care**
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Chlamydia Screening
- **Pediatric Care**
  - Lead Screening in Children
  - Immunizations for Adolescents
  - Well Child Visits in the first 15 Months of Life
  - Well Child Visits in the first 30 Months of Life
  - Child & Adolescent Well-Care visits

To develop and execute QCIP, CenCal Health's quality management team, under the direction of Quality Officer Hernandez, collaborated with all internal departments at the local health plan, and external organizations such as the State of California **Department of Health Care Services**, as well as representative primary care providers. QCIP has already received positive reviews from PCPs for its comprehensive information and ease of use.

"The new Quality Care Incentive Program is an innovative step forward in CenCal Health's strategy to ensure equitable health care for all," said CenCal Health CEO **Marina Owen**. "QCIP reinforces our enduring partnership with providers, and meaningfully recognizes them. I am proud of CenCal Health's commitment to eliminating health disparities through compassionate service."

More information on CenCal Health is available at [cencalhealth.org](http://cencalhealth.org)

# April 2022 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Community Relations

Date: May 5, 2022



## Press Release #2

### CenCal Health Earns National Recognition for HPV Vaccination Education

Local Health Plan Receives Innovation Award for Cancer Prevention Initiative

**SANTA BARBARA, Calif.** – April 28, 2022 – **The National Committee for Quality Assurance (NCQA)** recently presented a **2021 NCQA Innovation Award** to **CenCal Health** for its bilingual **Know More: HPV – Improving Vaccination Uptake and Closing Health Disparities With a Digital Patient Intervention**. The in-office patient intervention supports the public health goal to increase vaccination rates to prevent infection from the human papillomavirus or HPV. The unique strategy consists of a digital program that interactively provides health information on HPV and the need to vaccinate adolescents. Citing CenCal Health's commitment to advancing health care quality and addressing population health needs, NCQA credited the *Know More: HPV* campaign with "improving vaccination uptake and closing health disparities." CenCal Health is one of only three awardees selected among more than 40 applicants nationwide.

CenCal Health had earlier identified a geographic health disparity in HPV vaccination rates among its membership; north Santa Barbara County had an HPV vaccination rate of 48.72% while the south Santa Barbara County rate was only 31.03%. To address this gap in care, CenCal Health worked with **Santa Barbara Neighborhood Clinics** to identify Medi-Cal plan members ages 11-12 who were due for one or more HPV vaccines, and provided them and their parents with the digital program, which can be viewed on any smart device, while they were in the clinic.

HPV annually infects 14 million people and causes more than 33,000 people in the U.S. to develop cancer each year. Though the vaccine helps prevent infections that can lead to numerous types of cancer, historically HPV vaccination rates have been lower than most other routine vaccines. In 2020, the rate of adolescents who had received at least one HPV vaccine dose was 75.1%, but only 58.6% of teens were considered up to date with HPV vaccinations. In comparison, the rate of adolescents who had received at least one dose of two other vaccines recommended for the same age range – Tdap and meningococcal – was nearly 90% for both, according to the **Centers for Disease Control and Prevention**.

CenCal Health collaborated with the **American Cancer Society** to develop the digital learning tool that educates families about HPV vaccination at a critical moment – when the child is at the doctor's office. It also gives health providers and parents a starting point to discuss vaccination during the visit. Produced in-house by CenCal Health, *Know More: HPV* includes a slideshow, Q&A and video in both English and Spanish.

The *Know More: HPV* digital learning program was developed in-house by CenCal Health graphic designer Kendall Klein.

# April 2022 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Community Relations

Date: May 5, 2022



## Press Release #2 (cont.)

"It was a pleasure to support the CenCal Health team in their efforts to increase HPV vaccination rates in Santa Barbara County," said America Cancer Society's **Raquel Arias**, MPH. "The HPV vaccine is a safe and effective vaccine that helps prevent six types of cancer later in life. We applaud CenCal Health for using innovative strategies to ensure that all parents are offered this life-saving vaccine for their children."

CenCal Health's Population Health Supervisor **Rachel Ponce** and Health Promotion Supervisor **Gabriela Labraña** will present the award-winning initiative during **the 2022 Quality Innovation Series**. This national conference will include over 20 presentations from NCQA leadership and staff, external subject matter experts, thought leaders and accelerators outlining best practices for advancing the quality playbook.

In 2019, the State of California's Department of Health Care Services also awarded CenCal Health with an Innovation Award for this health care improvement initiative. "I am immensely proud of this cancer-preventing work by our Population Health and Health Education teams," said CenCal Health CEO **Marina Owen**. "With national and state recognition, we will be able to share – with both the healthcare industry and the public at-large – an innovative solution to educating families on the importance of HPV vaccination."



View our *Know More: HPV videos*

**English:**

[cencalhealth.org/vaccines](https://cencalhealth.org/vaccines)

**Spanish:**

[cencalhealth.org/vacunas](https://cencalhealth.org/vacunas)

For more information on CenCal Health, visit:  
[cencalhealth.org](https://cencalhealth.org)

## About NCQA

NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA's website (**[ncqa.org](https://ncqa.org)**) contains information to help consumers, employers and others make informed health care choices.



# April 2022 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Community Relations

Date: May 5, 2022



## PAID MEDIA

### COVID-19 Public Service Announcements

As part of CenCal Health's Pandemic Response Plan (formerly Vaccination Response Plan), a Public Service Announcement (PSA) campaign centered on vaccine promotion for children and adolescents, culminated in April with thousands of airings.

#### The campaign had three goals:

- 1) Deliver a message that addresses the entire community, not just our members.
- 2) Acknowledge parents' concerns and apprehensions about COVID-19 vaccination for their children.
- 3) Use a local-lens approach, by securing the participation of established experts that our members and communities trust – our healthcare providers.

Featuring Cottage Health's Chief Pediatric Medical Officer **Dr. Steven Barkley**, and Santa Barbara Neighborhood Clinics' Chief Executive Officer **Dr. Charles Fenzi**, the public awareness campaign began airing in mid-March. Through two PSAs, 30 seconds and 15 seconds in duration, the highly-esteemed network physicians provide parents with COVID-19 vaccine reassurance and education. Both doctors volunteered their time for this project.

Over a six-week period, the PSAs were broadcast across homes in Santa Barbara and San Luis Obispo counties on more than 2,700 occasions, counting in-kind donated placements. Airtime with top broadcasters like ABC, CBS, NBC and Fox, was secured through a tactfully designed media plan that incorporated cable TV networks. In addition, local stations KEYT-TV, KCOY-TV and KSBY-TV ran the PSAs during a variety of high-viewership programming, including morning newscasts, evening newscasts, daytime talk shows and weekends. Spanish closed-captioning was used to accommodate Spanish TV and bilingual social media publicity.

Links to the PSAs were also published on all of CenCal Health's social media platforms, LinkedIn, FaceBook and Instagram. The PSAs also promoted CenCal Health's COVID-19 microsite [whyishould.org](http://whyishould.org), which contains information on where to get vaccinated and on myth-busting. The site experienced an increase in viewership: In the time the PSAs ran, the site received a 10% jump in visitors.

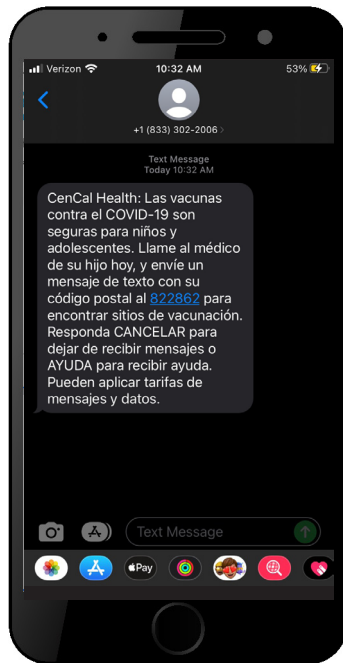
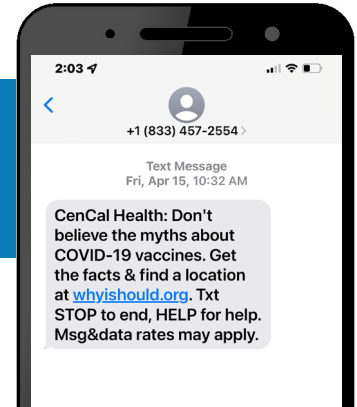
# April 2022 Look Back

To: Board of Directors  
From: Nicolette Worley Marselian, Director, Communications & Community Relations  
Date: May 5, 2022



## SHARED MEDIA

Nearly 24,000 adult-only member households were targeted with a text message, in English or Spanish, addressing the dangerous abundance of misinformation related to COVID-19 vaccines.



This text message, targeting Spanish-speaking parents/guardians of unvaccinated pediatric members, was sent to more than 10,600 households.

Translation: *CenCal Health: COVID vaccines are safe for kids & teens. Call your kid's Dr. today & text your ZIP to 822862 for vax locations. Txt STOP to end, HELP for help. Msg&data rates may apply.*

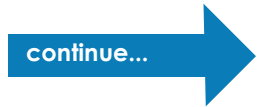
## COVID-19 Vaccine Outreach: Second SMS Campaign

Given the State's extension of the Public Health Emergency (PHE), CenCal Health effectively pursued additional outreach efforts to unvaccinated beneficiaries via mobile texting (SMS). Through a series of audience-tailored scripts, in both English and Spanish, the second SMS campaign in the health plan's history targeted more than 47,700 member households. Both adult members, and the parents/guardians of pediatric members received messaging.

The campaign included households with a mobile phone record on file, where at least one member aged 5 to 40, without a first vaccine dose, resided. If multiple unvaccinated members lived in the same residence, only one phone record was selected in order to avoid multiple outreaches to a single household.

**An astonishing 94% of all eligible member households were successfully reached.**

In addition to using traditional methods of outreach, like mailers, CenCal Health's SMS campaigns aim to build vaccine confidence, combat misinformation, and address any barriers to vaccine access. Should the PHE extension continue, additional subgroups within our unvaccinated membership (e.g., ethnicity, and/or locality) are expected to receive similarly focused messaging.



# April 2022 Look Back

To: Board of Directors

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Date: May 5, 2022



## SHARED MEDIA (cont.)

Below are additional analytics of the second SMS campaign:

- **Total member households targeted**
  - 47,718
    - » Pediatric member households — 23,762
    - » Adult-only member households — 23,956
  
- **Households successfully reached**
  - 44,892
    - » Pediatric member households — 22,398
    - » Adult-only member households — 22,494
  
  - 3% of the total households successfully reached opted-out from receiving future messages related to this COVID-19 outreach campaign
  
- **Counties**
  - 69% of all eligible households were located in Santa Barbara County
  
  - 31% of all eligible households were located in San Luis Obispo County
  
- **Languages**
  - 67% of all eligible households were targeted with English messaging
  
  - 33% of all eligible households were targeted with Spanish messaging
  
- **Total SMS sent**
  - 186,819
    - » Pediatric member households — 100,503
    - » Adult-only member households — 86,316

Note: total SMS includes the initial outbound outreach message, plus responses prompted by replies (i.e., responses if the recipient replied HELP and/or STOP).

# April 2022 Look Back

To: Board of Directors  
From: Nicolette Worley Marselian, Director, Communications & Community Relations  
Date: May 5, 2022



## SHARED MEDIA

### April Social Media Campaigns

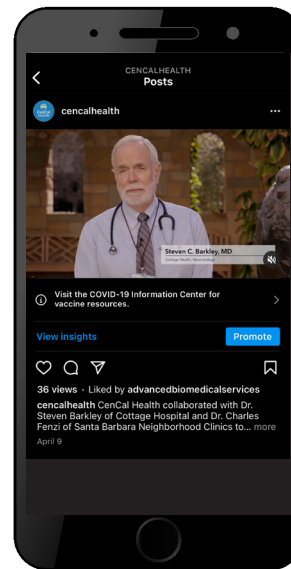
CenCal Health uses social media platforms to communicate with our members, providers, staff, and communities at large.



STD Awareness Week



Infant Immunization Week

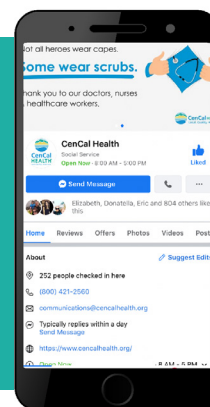


### COVID-19 Vaccine Information:

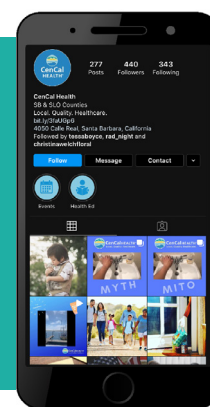
- Vaccine Education
- Pop-up Clinic Information
- COVID Vaccine for Children

### As a reminder, we encourage members of the Board to:

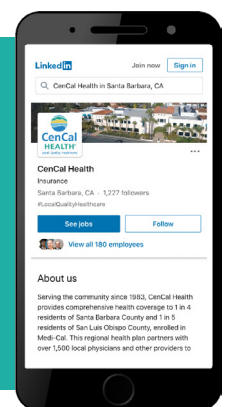
- **Follow** CenCal Health on Facebook, Instagram, and LinkedIn.
- **“Like”** posts.
- **Post comments** as appropriate.
- **Share posts** you think others could find interesting or informative.



Facebook



Instagram



LinkedIn

On our social media platforms, you will see what we're communicating to our viewers, as well as teleworking posts with CenCal Health staff. Together, we will reach a larger audience, become a resource for our local communities, and connect with local partners and stakeholders.

**ATTENDEES:** Dana Gamble, Susan Liles, Petra Lowen, Jonathan Nibbio, Jennifer Nitzel, Rachel Ponce, Julie Posada, Diana Robles, Elia Rodriguez, Nicolette Worley Marselian

**EXCUSED:** Michelle Balter, Nicole Bennett, Barbara Clayton, Shon Clayton, Jose Clemente, Pamela Crabaugh, Maria Garcia, Maria Hernandez, Gaby Labrana, Mary Ellen Rehse

**GUESTS:** Dr. Karen Hord, M.D., Illa L Linares (representing Mary Ellen Rehse)

**FACILITATOR/CHAIR:** Eric Buben

**RECORDER:** Teri Amador

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
1. Introductions and comment on any <u>non-agenda item</u> of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).	None	<i>Information Only</i>		
2. Acceptance of Minutes for October 14, 2021 CAB Meeting	<b>Motion to approve Minutes from October 14, 2021 meeting was made by Elia Rodriguez, seconded by Dana Gamble, and unanimously approved by the CAB.</b>	<i>And Action</i>		<i>CAB voting members</i>
3. Behavioral Health Transition Update <ul style="list-style-type: none"> <li>Key Resources Flyer</li> </ul>	Presented the Mild-to-Moderate Mental Health Services & ABA Benefit Administration Changes for 2022 flyer regarding the Behavioral Health Transition. This flyer was also shared with our Board of Directors. The committee can use this flyer as a resource if they have members or providers asking questions on any information around this transition.	<i>Informational</i>		<i>E. Buben</i>

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<p>The Behavioral Health Call Center has been live for a week and has been averaging 105 call per day. Call volume is down about 45 to 50 calls on average from what Holman was experiencing on a daily basis. Holman has been warm transferring over calls to us from their Interactive Voice Response (IVR).</p> <p>Initially, we had 566 members that we had to notify that their provider would not be contracted with CenCal Health. This was due to not having contracts in place with providers. Our contracting team, as well as our consultants, Health Management Associates (HMA), have brought on contracted providers and whittled that number down to less than 60 members needing a new provider. CenCal Health was able to send a second notice to the addition 500 members letting them know that their current provider was now a provider with CenCal Health and that they did not need to find a new provider.</p> <p>We are now receiving claims and paying claims for dates of service for 2022. We are working with Holman on their backlog through the month of February. Holman is handling all of 2021 claims and doing the run out of payment for those services.</p> <p>There is one issue that we have experienced with Holman in the substantial backlog of Authorization Requests that we just received from them. The Authorization Requests were submitted to Holman but were not acted upon. We have all the Authorization Requests and our team is working through that backlog as quickly as possible. CenCal Health set our number one priority to get through these requests and get members connected as quickly as possible. We have told providers, due to the circumstances and the member's mental health, treat the member and square away the Authorization Request after the fact.</p> <p>The committee had no questions regarding the flyer.</p>			

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
<p>4. Medi-Cal RX Transition Update –</p> <ul style="list-style-type: none"> <li>• Key Resource Flyer (Mailed out member with new ID card)</li> </ul>	<p>Presented the New Pharmacy Program for all Medi-Cal Members flyer to committee. The Medi-Cal Rx Program is handled completely now through the statewide call center at Magellan Rx. They are now the new source for all pharmacy needs and prescriptions and everything for an individual that has Medi-Cal in the State of California.</p> <p>The program went live January 1, 2022. The Member Service Call Center is not experiencing a whole lot of calls due to members not being able to be connected to Medi-Cal Rx quickly. Any open Authorizations that were open for members and approved by plans were honored by Medi-Cal Rx. The Authorizations are honored through the date that they were open up to a one year cap.</p> <p>Our Pharmacy team is still doing a lot of outreach with liaisons that we have been given directly for each plan with Magellan. The team is involved with Medi-Cal Rx to work through some of the emergency refills and urgent needs for our members.</p> <p>Important Information on Flyer information:</p> <ul style="list-style-type: none"> <li>• CenCal is no longer managing the pharmacy benefit</li> <li>• Members advised new ID Cards should have been received</li> <li>• New BIN and PCN numbers for pharmacies to use for billing for prescription coverage</li> <li>• Members received a 30-day notice about the transition that came from CenCal Health after earlier notices from DHCS.</li> <li>• Links to Medi-Cal Rx Website and their contracted drug list (CDL)</li> <li>• Important Phone Numbers</li> </ul> <p>The committee had no questions regarding the flyer.</p>	<p><i>Information</i></p>		<p><i>E. Buben</i></p>

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
<p>5. Family Care Network</p> <ul style="list-style-type: none"> <li>• Presentation: Service Divisions and Programs</li> </ul>	<p>Mr. Nibbio gave a detailed presentation of The Family Care Network, Inc. Service Divisions and Programs on the service divisions and programs that they offer. A copy of the presentation was supplied by Mr. Nibbio and will be distributed to the CAB members by Mr. Buben.</p> <p>Dr. Hord asked what the average length of stay for the families that were in the rental assistance and housing program. Mr. Nibbio replied that it was about an average of one year.</p> <p>Mr. Nibbio mentioned that they have a program called Family Specialists. These are people that have been in the rental assistance program and have graduated and help mentor and guide other families coming into the program. Dr. Hord asked if the specialists were volunteers and Mr. Nibbio said that they were paid positions.</p> <p>Mr. Buben thanked Mr. Nibbio for his excellent presentation and asked the committee for volunteers to present, on behalf of their organization, for the future CAB meetings.</p>	<p><i>Information</i></p>		<p><i>J. Nibbio</i></p>
<p>6. Health Education Report</p> <ul style="list-style-type: none"> <li>• Health Education Report</li> <li>• Population Needs Assessment: 2021 Update &amp; 2022 Overview</li> </ul>	<p>Ms. Ponce presented Ms. Labrana's <u>Health Education Report</u></p> <ul style="list-style-type: none"> <li>• Annual Asthma Mailing – Members with persistent asthma were sent the Annual Asthma mailing this month. It also included a health education brochure and an asthma action plan. The asthma Action Plan Completion improved by 20% from 2020 to 2021, largely due to the mailer that we sent out last year. We are going to continue to monitor rate improvement after this mailing as well.</li> <li>• January Member Newsletter –We are incentivizing all of our members to get their vaccine with a \$50 gift card. It included information about getting a flu shot, the Behavioral Health Integration, teen mental health and the importance of colorectal cancer screening. It also included an invitation to our members to join the Community Advisory Board (CAB).</li> </ul>	<p><i>Action</i></p>		<p><i>R. Ponce (for G. Labrana)</i></p>



Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<p><u>Population Needs Assessment</u>: 2021 Update &amp; 2022 Overview</p> <ul style="list-style-type: none"> <li>• Health topics included in the 2022 assessment: <ul style="list-style-type: none"> <li>➤ Asthma – Control and Management</li> <li>➤ Breast Cancer screening</li> <li>➤ Hypertension – Control</li> <li>➤ Cervical Cancer Screening</li> <li>➤ Chlamydia – Screening for women</li> <li>➤ Childhood and Adolescent Immunizations</li> <li>➤ Pediatric Developmental Screening</li> <li>➤ Pediatric Lead Screening</li> <li>➤ Well Child Visits</li> <li>➤ Screening for Depression – Including creating a follow-up plan</li> <li>➤ Access to Care</li> </ul> </li> </ul> <p>Ms. Ponce asked the committee if they had anything else to add to the list. There was no input from the committee during this time, but the offer was given to email additional thoughts to Eric Buben or Gaby Labrana directly.</p> <p><b>Motion to approve Health Education Report update was made by Mr. Dana Gamble, and seconded by Ms. Susan Liles, and unanimously approved by the CAB.</b></p>			
7. Population Health Report	<p>Ms. Ponce gave a detailed presentation of the <u>Population Health Report</u>.</p> <ul style="list-style-type: none"> <li>• CenCal Health, and our team, won the 2021 National Committee for Quality Assurance Innovation Award for the “Know More: HPV” Program.</li> <li>• Vaccine Response Plan (VPR) Update <ul style="list-style-type: none"> <li>➤ Supported public health departments and vaccine clinics</li> </ul> </li> </ul>	<i>Discussion</i>		<i>R. Ponce</i>

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<ul style="list-style-type: none"> <li>➤ Completed 24 targeted mailings that reached over 119,000 members</li> <li>➤ Distributed \$50 member incentive for getting their first vaccine – Member incentive information included in all of the new member packets</li> <li>➤ Health Services and Member Services continue to educate our members about the importance of COVID vaccination</li> <li>➤ Distributed school district toolkits to our largest school districts in both counties</li> <li>➤ Working and collaborating with the Promotoras Network to provide community outreach</li> <li>➤ Distributed Provider toolkits to our Primary Care Physicians (PCPs)</li> <li>➤ Enrolled a few PCPs so that they can give the vaccine in their office</li> <li>➤ Developed a PCP Incentive Program - \$50 per member for giving members their first shot</li> <li>➤ Continue to partner with all our large Provider groups and support in any way that we can</li> <li>➤ Continue to promote the vaccine on social media through other venues</li> </ul> <ul style="list-style-type: none"> <li>• Food Rx Program – Launched last year in collaboration with the Food Bank of Santa Barbara and the Santa Barbara Public Health Department to improve childhood obesity and food insecurities. <ul style="list-style-type: none"> <li>➤ The program closed in November 2021 and we had 78 members and their families complete the program.</li> <li>➤ Final analysis results unfortunately showed that a reduction in BMI was not accomplished. This was likely due to the sedentary nature of pandemic stay at home restrictions.</li> </ul> </li> </ul>			

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<ul style="list-style-type: none"> <li>➤ There was a 25.5% decrease in food insecurity for participating families, a 77% increase in knowledge of healthy eating habits and 92% of participants expressed the need for this program to continue.</li> <li>➤ Exploration of the program expansion will occur in the coming months as well as an assessment of sustained behavior change.</li> <li>➤ Ms. Ponce gave a shout out to Ms. Liles who helped develop this program and has continued to support CenCal Health throughout the entire program.</li> </ul> <p>There were no questions from the committee and this report did not need approval.</p>			
<p>8. Communications/Community Outreach Report</p> <ul style="list-style-type: none"> <li>• Text + IVR Campaigns for COVID Vaccines</li> </ul>	<p>Text + IVR Campaigns for COVID Vaccines</p> <ul style="list-style-type: none"> <li>• SMS Campaign Update: <ul style="list-style-type: none"> <li>➤ Waiting on approval – After approval:</li> <li>➤ CenCal Health will pull all member telephone numbers that we believe have not received the vaccine</li> <li>➤ CenCal Health will send a simple text message letting members know how to make an appointment to get a vaccine</li> <li>➤ For members that do not text, CenCal Health will be doing outbound calls to members with an Interactive Voice Response (IVR)</li> <li>➤ Scheduled for March 2022</li> </ul> </li> </ul> <p>CenCal Health’s 2021 Community Report will be coming out soon – viewable at <a href="http://www.cencal2021.org">www.cencal2021.org</a></p> <ul style="list-style-type: none"> <li>• Vaccine Response Plan (VRP) Collateral Updates</li> </ul>	<i>Discussion</i>		<i>N. Worley Marselian</i>

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<ul style="list-style-type: none"> <li>➤ CenCal Health did a membership-wide mailing to all members that we had no record of receiving a vaccination</li> <li>➤ The mailing noted that children 12 and up were safe to get vaccinated</li> <li>➤ The mailing has a URL that can be used with a photo application on a mobile device that will take the member directly to why they should get a vaccination</li> <li>➤ \$50 incentive postcards for members to get their first vaccine</li> <li>➤ Designed postcards to be distributed at public health pop up clinics. These postcards can be modified for quick turnaround to accommodate the specific date and needs of a pop up clinic.</li> <li>➤ Designed posters and pamphlets</li> <li>➤ In the proves of filming a Public Service Announcement about getting children vaccinated –Two local physicians will be making the announcement – This announcement will be viewing on local television and posting on non-traditional spaces</li> </ul> <ul style="list-style-type: none"> <li>• Whyishould.org – CenCal Health’s new Website (also in Spanish)</li> </ul> <p>There were no questions from committee members.</p>			

**Next Meeting April 14, 2022 – Location TBD**

Respectfully submitted,

Chair Signature : Eric Buben

Chair Name: Eric Buben, Chair, Director of Member Services

Date: April 14, 2022

**SB ATTENDEES:** **Members:** Dana Goba; Dusty Keegan; Michael Bordofsky, MD; Nancy Tillie (Excused); Suzanne Jacobson; Yolanda Robles (Excused).  
**Staff:** Adam Butler; Carlos Hernandez; Jeff Januska; Karina Orozco; Marteena Cao-Galanis; Nancy Vasquez; Sheila Thompson RN, CPHQ; Terri Howell (Excused); Carmen Obregon.

**SLO ATTENDEES:** **Members:** Barbara Brown-Ramirez; Kathleen Sullivan(Excused); Marie Moya (Excused); Mazharullah Shaik, MD; Rahul Vinchhi.  
**Staff:** Cathy Slaughter; Nicole Bennett.

**BOARD LIAISON:** Lynda Tanner, RN, MSN.

**LOCATIONS:** GoToMeeting #966555309

**CC:** Board of Directors

Topic	Discussion	Action Item	Resp. Team Member
Meeting Start Time	The meeting started at 11:35 AM		
Welcome, Announcements, Introductions	<p><b>Sheila Thompson</b> welcomed all to the call-in meeting.</p> <p>Being the first meeting of the year, Sheila made a brief reference to the PAB information that was sent to the members and staff via email. The packet included (a) the 2022 PAB roster. (b) the “Membership Guidelines” and (c) the 2022 schedule for the PAB meetings. Members were requested to check, and review the PAB Roster and notify if there were any changes to their contact information. Finally, Sheila briefly commented regarding the process of the stipend claims.</p>		Sheila
Approval of 10/11/21 Minutes	<p><b>Sheila Thompson</b> inquired whether there were any suggestions or comments for the 10/11/21 minutes. <b>Dusty Keegan</b> moved to approve the 10/11/21 minutes; <b>Rahul Vincchi</b> seconded; the minutes in electronic format were approved.</p>		Sheila
Director Updates	<p><b>Sheila Thompson</b> gave the Director updates.</p> <p><b>DHCS Full Scope Medical Audit</b></p> <ul style="list-style-type: none"> <li>As part of the process of the Full Scope Medical Audit that DHCS conducted last Fall, the team received an informal preliminary discussion item.</li> <li>The company is anticipating receiving a draft report from DHCS in late January or February, that might include any findings from DHCS. The team will review these findings and once these are accepted, the team might move to a corrective action plan process if needed.</li> <li>This audit was a very in-depth process. There was a lot of interest from DHCS in Behavioral Health Insourcing and also in the termination of the Lags Group.</li> </ul> <p><b>CaAIM: ECM and Community Supports</b></p> <ul style="list-style-type: none"> <li>The company has started to focus on (1) Enhanced Care Management (ECM) and (2) Community Support, two projects from the CaAIM initiative. (The Community Support project was formerly known as In-Lieu of Services).</li> <li>An internal workgroup was established to work on these projects. Currently, the target is to work on the member identification for Phase 1. For Phase 1, the population of focus is the homeless population, or people at risk of being homeless, the high utilizers, and the SMI/SUD population. The team completed the member identification for the first 2 populations of focus.</li> </ul>		Sheila

	<ul style="list-style-type: none"> <li>• The team decided to look where this population was assigned for primary care, and identified about nine of the top providers where the majority of the members were assigned. Some outreach and some initial discussion were done with these large groups and multi-site FQHCs to evaluate their interest and their ability to serve as ECM providers.</li> <li>• A provider readiness assessment that is part of this process has been sent out to providers to request (1) to review, and understand what will be required from them, (2) to fill out the form, and (3) send it back to the team to continue the conversations.</li> <li>• Members of the team attended a DHCS webinar where a provider and member toolkits were provided.</li> <li>• The company has to submit to DHCS the model of care template, which describes the progress in developing the program. The initial submittal date of this document was January 1<sup>st</sup>; DHCS has postponed it to March 1<sup>st</sup>.</li> </ul>		
<p>Insourcing Behavioral Health - Update</p>	<p><b><u>Insourcing Behavioral Health Update – Nancy Vasquez</u></b></p> <ul style="list-style-type: none"> <li>• As background information, CenCal Health decided to bring in the Behavioral Health services to better integrate the physical health services with the mental health and behavioral health therapy services.</li> <li>• The Behavioral Health services were managed for several years by the Holman Group. The company terminated the contract with them as of December 31<sup>st</sup>, 2021. Starting January 1<sup>st</sup>, 2022, all the Mental Health and Behavioral Health providers were brought in-house to CenCal Health.</li> <li>• To achieve a successful transition of the BH Insourcing, the team set several goals: <ul style="list-style-type: none"> <li>○ <u>Contracting over 370 provider groups</u>. Currently, 255 groups have been contracted; 103 providers have not been contacted yet, but they are not seeing members; 12 providers elected not to contract.</li> <li>○ <u>Credentialing over 750 providers</u>. The company accepted Holman’s credentialing info where available and applicable, but CCH is also credentialing the providers.</li> <li>○ <u>To configure over 1200 providers in the system</u>. We’re in the process of configuring all the data related to these providers; much of this data has been loaded into the system, including provider rates.</li> <li>○ <u>To have minimal impact on the members</u>, as we transition from the Holman Group to bring the BH network in-house. Over 5,000 members were actively engaged in Mental Health services or Behavioral Health therapy. Currently, less than 65 members have been impacted by this change.</li> </ul> </li> <li>• As of today, the team can report the following in-progress activities: <ul style="list-style-type: none"> <li>○ Various training topics are being conducted for all of the providers (use of the portal, how to invoice CCH, how to complete authorizations).</li> <li>○ Telehealth providers are an option being explored. Currently for psychiatry services as well as psychotherapy, just to fill any gaps that we might have in the network.</li> <li>○ The Provider Directory is now reflecting our CenCal Health network.</li> <li>○ We’re continuing to search and recruit new providers. There are certain areas where there is great need, i.e. eating disorders, psychologists who specialize in psychological testing for kids with autism, etc.</li> </ul> </li> <li>• There was an opportunity for Q&amp;A after Nancy’s presentation.</li> </ul>		<p>Nancy</p>
<p>New P4P Program</p>	<p><b><u>New P4P Program – Carlos Hernandez</u></b></p> <ul style="list-style-type: none"> <li>• Carlos gave a PowerPoint presentation on the new “Quality Care Incentive Program”, formerly known as the P4P Program. The slides for this presentation can be seen <a href="#">here</a>.</li> </ul>		<p>Carlos</p>

	<ul style="list-style-type: none"> <li>• This new program was designed by a team composed of a broad representation of all departments of the company. Additionally, the team used a lot of feedback from providers, including suggestions and criticism about the old programs, which were key to re-design this new program.</li> <li>• The goal was to create one easy-to-use program to improve the care of our members and to maintain the company’s leadership as an innovative managed care program statewide and nationwide.</li> <li>• The new program will go live on March 1<sup>st</sup>, 2022, replacing the 5 old incentive programs with one integrated and more efficient program.</li> <li>• The presentation covered:             <table border="0" style="margin-left: 20px;"> <tr> <td>1. The development team.</td> <td>7. Funding.</td> </tr> <tr> <td>2. What we aim to achieve.</td> <td>8. Performance calculation.</td> </tr> <tr> <td>3. Project ground rules.</td> <td>9. Payment calculation.</td> </tr> <tr> <td>4. What we accomplished.</td> <td>10. Performance reporting.</td> </tr> <tr> <td>5. The program structure.</td> <td>11. Projected payments.</td> </tr> <tr> <td>6. Clinical measures.</td> <td>12. What’s left to complete?</td> </tr> </table> </li> <li>• There was an opportunity for Q&amp;A after Carlos’ presentation.</li> <li>• This presentation will be emailed to all members and attendees after the meeting.</li> <li>• For any additional information about the program, Carlos can be contacted at <a href="mailto:chernandez@cencalhealth.org">chernandez@cencalhealth.org</a></li> </ul>	1. The development team.	7. Funding.	2. What we aim to achieve.	8. Performance calculation.	3. Project ground rules.	9. Payment calculation.	4. What we accomplished.	10. Performance reporting.	5. The program structure.	11. Projected payments.	6. Clinical measures.	12. What’s left to complete?		
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Medi-Cal RX	<p><b>Medi-Cal RX – Jeff Januska</b></p> <ul style="list-style-type: none"> <li>• Jeff gave a PowerPoint presentation on “Medi-Cal RX” and the first 10 days as a carved-out benefit of the pharmacy services from the plan to the State FFS. The slides for this presentation can be seen <a href="#">here</a>.</li> <li>• The pharmacy services that will be carved out are those included in the “traditional pharmacy” (pharmacy benefit) side which includes retail stores like Walgreens or CVS, for items such as capsules, and inhalers. The services included in the “medical pharmacy” (medical benefit) that refer to physician offices, outpatient hospitals, and physician clinics will remain in CenCal Health.</li> <li>• After 10 days of operating with the new changes, the team has the following observations:             <ul style="list-style-type: none"> <li>○ The claims are trending at normal levels.</li> <li>○ The volume of phone calls (Rx &amp; MS) has been manageable, around 20-30 per day of service.</li> <li>○ The wait time for Clinical Liaisons has been around 45-60 minutes.</li> <li>○ There’s a bit of missing data in the Magellan claim form. The team has been working with them to try to rectify this situation.</li> <li>○ Many historical OTC products were not covered. The state has issued an override for the pharmacies to allow the adjudication of those medications.</li> </ul> </li> <li>• Highlights of the post-carved-out phase:             <ul style="list-style-type: none"> <li>○ The company still has a pharmacy department at CenCal Health with pharmacy responsibilities, handling significant detail, and working with DHCS's PBM (pharmacy benefit manager)</li> <li>○ The department still has the medical pharmacy benefit with no change and has been growing 25% annually for the last 3-4 years.</li> <li>○ About one-third of the activities involve quality responsibilities in handling and creating pharmacy data.</li> </ul> </li> </ul>		Jeff												

	<ul style="list-style-type: none"> <li>○ The department still has a customer service center to interface with the Clinical Liaisons.</li> <li>• The presentation covered: <ol style="list-style-type: none"> <li>1. High Attitude Overview.</li> <li>2. What will be carved out?</li> <li>3. MediCal RX website.</li> <li>4. Website Update. (a) Tools and resources, (b) CDL &amp; Provider Manual, (c) Provider Portal.</li> <li>5. Prior Authorizations.</li> <li>6. Transition period: 180 days.</li> <li>7. Clinical Liaisons.</li> <li>8. Customer Service</li> <li>9. CenCal Preparedness.</li> <li>10. First Day Observations.</li> <li>11. CenCal Pharmacy Post Carve-out.</li> </ol> </li> <li>• There was an opportunity for Q&amp;A after Jeff’s presentation.</li> </ul>		
<p>Communications &amp; Community Relations Update / Population Health Project Update</p>	<p><b><u>COVID-19 Vaccine Outreach – Nicole Bennett &amp; Karina Orozco</u></b></p> <ul style="list-style-type: none"> <li>• <u>Background information.</u> DHCS issued the All Plan Letter (APL) 21-10 called the “Medi-Cal Vaccination Incentive Program” to allow MCPs to earn incentives for increasing access to vaccination for underserved communities. MCPs had to develop a Vaccination Response Plan (VRP) which was approved by DHCS by the end of August 2021. The strategies described in the VRP drive the outcome measures, which determine the financial reimbursement from the State.</li> <li>• <u>Member Incentive updates.</u> <ul style="list-style-type: none"> <li>• CenCal is offering a \$40-Gift Card as an incentive to members who receive their first dose of the two-dose vaccine or the only dose of the one-dose vaccine. CenCal Health is also creating Member Incentive Banners that can be hung in provider offices or Community-Based Organization (CBO) offices. If anyone is interested in receiving a member incentive banner for your office, please contact Nicole (<a href="mailto:nbennett@cencalhealth.org">nbennett@cencalhealth.org</a>) or Karina (<a href="mailto:korozco@cencalhealth.org">korozco@cencalhealth.org</a>).</li> <li>• CenCal Health is supporting our public health agencies and provider partner pop-up COVID-19 vaccine clinics throughout SB and SLO Counties.</li> <li>• CenCal Health created a school district toolkit that includes (1) posters that can be hung around campus, (2) a brochure hand-out with basic information regarding the vaccine and what happens after receiving the vaccine, and (3) a small business card type resource that includes places to find the COVID-19 vaccine.</li> </ul> </li> <li>• <u>Provider Vaccination Support.</u> The team created a provider toolkit that includes tips on how to start the conversation with patients to get vaccinated, posters to put around the medical office, brochures that providers can distribute to their patients, and information where patients can find a vaccination location near their home.</li> <li>• <u>Provider Incentive program.</u> <ul style="list-style-type: none"> <li>○ The purpose of this PCP Incentive program is to encourage all contracted PCPs to provide COVID -19 vaccinations to CenCal Health members ages 5 and older at their clinic locations in both Santa Barbara and San Luis Obispo Counties.</li> <li>○ PCPs that have their patients vaccinated on or after 11/01/21, will receive a \$50 incentive for the first dose of a 2-dose vaccine or the first and unique dose of a single vaccine.</li> <li>○ The payments will be sent monthly until the funding is available.</li> <li>○ Karina took the time to thank all the PCP collaboration in this process.</li> </ul> </li> </ul>		<p>Nicole</p> <p>Karina</p>



	<ul style="list-style-type: none"> <li>For additional requests of the provider toolkit or additional information on the PCP incentive program, please reach out to Karina at <a href="mailto:korozco@cencalhealth.org">korozco@cencalhealth.org</a> or <a href="mailto:populationhealth@cencalhealth.org">populationhealth@cencalhealth.org</a></li> </ul> <p><b>Population Health Updates – Karina Orozco</b></p> <ul style="list-style-type: none"> <li><u>NCQA Award.</u> CenCal Health has been awarded the 2021 NCQA award for “Know More: HPV” – Improving vaccination uptake and closing health disparities with a digital, patient intervention for the second time! The NCQA award is recognized nationwide and the Population Health team would like to thank and recognize the partnership with Santa Barbara Neighborhood Clinic that contributed to the success of the program.</li> <li><u>Food Rx Program.</u> <ul style="list-style-type: none"> <li>Population Health launched the Food Rx pilot in September 2020 to address childhood obesity and food insecurity by providing families in Santa Maria with a 20lb box of seasonal produce delivered weekly to their homes for six months. The program is a collaboration with the Santa Barbara Public Health Department and the Foodbank of Santa Barbara.</li> <li>The program has ended. The team received 58 outcome surveys of the 78 program participants.</li> <li>The team shared the following results: <ul style="list-style-type: none"> <li>Food insecurity decreased by 25.5%.</li> <li>The behavioral change improved as there was a 90% decrease in fast food consumption.</li> <li>Families cooking daily at home with fruits and vegetables increased by 55%.</li> <li>Knowledge about healthy eating (my plate diagram) increased by 77%</li> <li>36% increase of families being comfortable cooking healthy meals.</li> </ul> </li> <li>The team is now exploring the future of the program and the expansion to more of our service areas.</li> </ul> </li> <li>For additional information, please reach out to Karina at <a href="mailto:korozco@cencalhealth.org">korozco@cencalhealth.org</a> or <a href="mailto:populationhealth@cencalhealth.org">populationhealth@cencalhealth.org</a></li> </ul>		Karina
Items from the Floor	None.		Sheila
Meeting Adjournment	Meeting adjourned at 12:45 PM.		Sheila

**Next Meeting:** July 11<sup>th</sup>, 2022

Respectfully submitted,  
(Interim) Co-Director of Provider Services



Name: **Sheila Thompson** Date: **04/04/22**

**CenCalHEALTH**  
Local. Quality. Healthcare.

## Quality Care Incentive Program Provider Advisory Board

Carlos Hernandez  
Director, Quality Measurement  
January 10, 2022

1

### AGENDA

- Development Team
- What we aim to achieve
- Project groundrules
- What we accomplished
- Program structure
- Clinical measures
- Funding
- Performance calculation
- Payment calculation
- Performance reporting
- Projected payments
- What's left to complete?
- Q&A

2

### Development Team

- Claims Department
- Health Services
- Population Health
- Legal Affairs
- Compliance
- Information Technology
- Quality Measurement
- Provider Services
- Finance
- Member Services
- Pharmacy Services
- Communications/Marketing

3

### What We Aim to Achieve

- Maintain CenCal Health's leadership as an innovative managed care model, and sustain a top quality rating among California's best health plans
  - Increase capability to efficiently & effectively improve care delivery systems & quality \*\*
  - Increase focus on priority aspects of care \*\*
  - Increase PCP engagement in program
  - Effective March 1, 2022, replace CenCal Health's 5 incentive programs with 1 integrated, industry-leading, F4F program
  - \*\* regulatory basis

4

### Project Groundrules

- Easily understood methodology
- Aspects of care that are meaningful to the health of members
- Alignment with evidence-based standards of practice
- Stability across multiple years
- Increase timeliness, efficiency & completeness of data reporting
- Gap closure that is actionable
- Incentives for FQHCs that are no less than those for non-FQHCs \*\*
- Compliance with Medicaid & DHCS incentive program policy \*\*
- \*\* regulatory basis

5

### What We Accomplished

- Single integrated "Quality Care Incentive Program" to promote established standards of care
- Sophisticated, yet easily understood design
- Practical to administer for PCPs & CenCal Health
- Easily scalable to adapt to clinical priorities
- Compliant with DHCS & Medicaid incentive program policy
- All measures for payment encourage increased utilization of health services

6

### Program Structure

- Responsive to external feedback & lessons learned
- No measures used for payment encourage withholding of services
- Performance is reported monthly & payments made quarterly

7

### Clinical Measures

- Performance is measured using evidence-based, industry-standard, clinical measures
- Evolved from Gaps in Care Program implemented in October 2018
- 5 domains of care: behavioral health, women's health, pediatric care, diabetes care, respiratory care
- 12 systematically selected quality of care measures
- Quality Improvement Committee endorsed the Gaps in Care methodology
- Positive provider feedback

8

### Funding

- At-risk funding available to be earned
- Provider-specific & scaled to member caseload
- PCP contribution is a percentage of capitation
- CenCal Health contribution, subject to annual budgeting process
- Simplified methodology
- Adaptable to incorporate alternate clinical risk adjustment technology

9

### Performance Calculation

- All capitated PCPs participate, subject to sufficient number of members to responsibly measure performance (n ≥ 30)
- Performance is calculated using NCGA-certified software
- Easy-to-understand calculation for each PCP's assigned members & their care needs
- Goals set for each aspect of care, based on NCGA benchmarks

10

### Payment Calculation

- Easy-to-understand, simple, familiar 5-Star methodology
- Payment based on each PCP's overall rating among eligible PCPs
- Incentives paid based on number of stars earned
  - 5 stars = 100% of total at-risk funding
  - 4 stars = 80%
  - 3 stars = 60%
  - 2 stars = 40%
  - 1 star = 20%

11

### Performance Reporting

- Performance reported for each clinical measure & all combined clinical measures
- Clinical performance reported monthly, including information necessary for PCPs to improve performance
- Starting July 2022, incentive payments will be made quarterly
- Frequency of reporting & payment is strategic to maintain PCP engagement & focus on priorities

12

### Projected Payments

- \$12 million – equivalent to prior year PMPM
- 87% of PCP entities are projected to get a payment increase
  - Among large PCPs the maximum increase is 143%
  - Overall median payment increase is 81%
- 43% of PCP entities are projected to get a payment decrease
  - Among large PCPs the maximum decrease is 44%
  - Overall median payment decrease is 11%
- For Year-1 the payment methodology was moderated to lessen the incentive for all PCPs

13

### What's left to complete?

- Technological infrastructure
- Clinical PCP performance & financial reports
- Written guidelines
- PCP training & outreach
- Retirement of existing programs concurrent with start of new program

14

### Questions

15

**Medi-Cal Rx – PAB Provider Update**

Jeff Januska, Pharm.D.  
Director of Pharmacy Services  
January 10, 2022



1



**High Altitude Overview**

**Traditional Pharmacy (Pharmacy Benefit)**

- Retail Stores (Walgreens, CVS)
- Pills, capsules, insulins, injectables
- Mall order
- Repeals
- Universal is ~1.3M Rx for \$150M per year

**Medical Pharmacy (Medical Benefit)**

- Physician offices, Outpatient hospitals, Infusion Clinics
- Highly infusions or injections
- Universal is ~300K Rx for \$25M per year

2

★

**What will be carved out?**

**Medi-Cal Rx in scope**  
= "Traditional Pharmacy"  
Retail Stores, Pills & Capsules  
Enteral therapy and some medical supplies

**Medi-Cal Rx out of scope**  
= "Medical Pharmacy"  
Infusion Clinics, IV Medications

3


★

**Medi-Cal Rx website** ... <https://med-calrx.dhcs.ca.gov/home/>



4

**Website Update ... Tools & Resources addition**




5

**Website Update ... CDL & Provider Manual**



6

**Website Update ... Provider Portal**



7

**Prior Authorizations**



8

**Transition Period ... 180 days**

- Existing Prescriptions w/o a prior authorization
  - 180 day lookback and approval before requiring a new authorization
  - PCS message directing when an authorization will be needed
- Existing Prescriptions w/an existing authorization
  - Will allow continuation through the term of current approval for up to 1-year
- New Prescription requiring Medi-Cal Rx authorization
  - No grandfathering, subject to program rules day #1


9

★

**Clinical Liaisons**

**MCP CLs ROLES and RESPONSIBILITIES**

**MCP CLs ROLES and RESPONSIBILITIES (cont.)**



10

★


**Clinical Liaisons cont.**

The Clinical Liaisons will be the direct resource for Central Designated Users to assist with clinical pharmacy related issues, including, but not limited to:

- Step 1: Prior Authorization information
- Assistance in facilitating urgent cases, hospital discharge

**MCP CL Spotlight: DEDICATED TO THOSE WE SERVE**

- 30 Dedicated MCP Clinical Liaisons (MCP CLs)
- 2 Contact Centers
- San Diego
- San Jose
- San Francisco
- Hours of Operation
- 24 hours a day
- 7 days a week
- 8:00 am - 6:00 pm
- Including weekends & holidays




11

★

**Customer Service ... 1-800-977-2273**


Need assistance?



12

**CenCal Preparedness ...**

- Amended PABs
- Terminated vendor relationships
- 30-day Member notification
- Issued New Beneficiary Cards
- Updated phone scripts
- Numerous Provider outreachs
- Created web content



13

★

**First Days Observations**

- Claims are trending at historical levels
- Members are getting medications
- Call Volumes at CenCal (Rx & MS) not bad
- Providers are learning the benefit
- Clinical Liaison wait times ~45-60 minutes
- Missing data in FirstCI (Magellan claims platform)
  - retroactive and new data
- OTCs ... many historical are not being covered

14

★

**CenCal Pharmacy Post Carve-Out**

- Retail Pharmacy - Plan interface with DHCS's PBM & network support
- Medical Pharmacy - No change, growing at +25%/year
- Quality Responsibility - DUR and various activities using RX data
- Customer Service - CL interface, call center support



15

**Questions?**



16



# Our Values



## Compassionate Service

**Serving and advocating for all customers with excellence.**

- Serving and advocating with kindness, compassion, empathy, and respect
- Understanding the unique needs of our members, providers, community partners, and one another to provide excellent service



## Collaboration

**Coming together to achieve exceptional results.**

- Valuing the interconnectedness of the diverse communities we are a part of and serve
- Empowering thoughtful, open, inclusive, and data-based information
- Ensuring open, honest communication that recognizes everyone's unique contributions



## Integrity

**Doing the right thing, even and especially when it is hard.**

- Diligently making, executing, and standing behind shared decisions
- Committing to and accomplishing collective goals



## Improvement

**Continually improving to ensure our growth, success, and sustainability.**

- Continually examining our organization for creative and innovative solutions
- Prioritizing coordinating and executing in pursuit of excellence



**CenCal**HEALTH<sup>®</sup>  
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# Advancing Health Equity

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**Carlos Hernandez**  
Quality Officer

**Lauren Geeb, MBA**  
Director of Quality



# Defining Health Equity

The principle that:



**Plans eliminate inequities** that adversely affect the health of excluded or marginalized members



**All members receive quality care**, notwithstanding their social position or other socially-determined circumstances

# A Fundamental Imperative

Plans have an **express responsibility** to ensure members receive quality care, no matter their personal characteristics

**Evolutionary next step** to address accepted evidence that social determinants impact health outcomes

**High-quality** across the entire spectrum of members

**Applies to all markets**, as purchasers, regulators & NCQA establish health equity requirements



# A Transformation is Underway



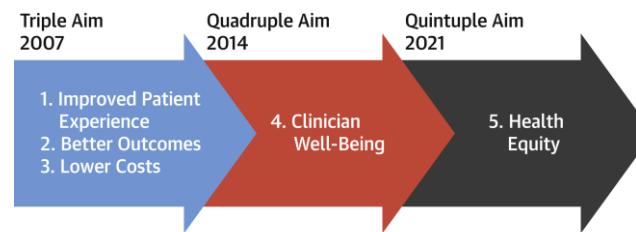
**Integration** of managed care systems that influence population health



**Capture of data** on social factors, such as language, race/ethnicity, sexual identity



**Stratification of social & clinical risks** to inform & design risk-based educational materials, programs, & outreach





# CenCal Health's **Next Steps**

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**Lauren Geeb, MBA**  
*Director of Quality*

# Operational Systems Integration

**Compliance with** National Committee for Quality Assurance Population Health Management Program accreditation standards

**Increased collaboration** internally & across communities to design new & better ways to engage members

**Participation in a Health Equity Learning Collaborative** of 15 health plans, led by ACAP, the Association for Community Affiliated Plans (*acceptance pending*)



# ACAP Health Equity Collaborative

ACAP is a national trade association whose mission is to strengthen not-for-profit safety-net plans to improve the health & wellbeing of members.



**Provides 1:1 technical expertise** to guide the design & implementation of a strategic plan to address health equity



**Emphasizes strategy** based on local community resources, disparities, member needs, & DHCS priorities

# Q&A

**CalAIM: Community Supports Update**

**Date:** May 18, 2022

**From:** Blanca Zuniga, Associate Director, Care Management  
Nicole Bennett, Community Supports Program Manager

**Through:** Amanda Flaum, Chief Health Operations Officer

**Executive Summary**

Community Supports (formerly In Lieu of Services) is one of the first two (2) initiatives under CalAIM to be implemented by CenCal Health. With a launch date of July 1, 2022, staff is working to develop Recuperative Care (RC) and Medically Tailored Meals (MTM) programs. This memo outlines the proposed additional community supports effective January 1, 2023.

**Background**

Enhanced Care Management (ECM) and Community Supports are foundational components of CalAIM, a multi-year initiative by the Department of Healthcare Services (DHCS) to improve the quality of life and health outcomes of California's Medicaid population by implementing a broad delivery system as well as program and payment reform across the Medi-Cal program. Community Supports services are medically appropriate and cost-effective alternatives to services covered under the State Plan and will integrate with the ECM benefit for high-risk members. Community Supports are optional services but strongly encouraged for Medi-Cal managed care plans (MCPs) to provide and are optional for managed care members.

**Current Community Supports Services**

DHCS has provided a list of pre-approved Community Supports services and are encouraging health plans to offer as many of the Community Supports as possible to eligible Medi-Cal members. Effective July 1, 2022, CenCal Health will be offering Recuperative Care (Medical Respite) and Medically Tailored Meals / Medically Supportive Food.

Through community and provider partners' feedback, CenCal Health proposes prioritizing Community Supports (CS) that provide needed resources to individuals experiencing homelessness or at risk of homelessness. This population of focus (POF) has experienced some of the most challenging barriers during and post-pandemic. This POF also has a high prevalence of severe mental illness (SMI) and substance use disorders (SUD), supporting the need for sobering centers.

## **Future Community Supports Services**

As described in the Community Engagement Report, a listening tour was conducted and contributed to the development of a recommendation for the future. CenCal Health is proposing to offer four (4) additional Community Supports **effective January 1, 2023** as follows:

**1. Sobering Centers**

*Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.*

**2. Housing Transition Services**

*These services are provided to help members obtain housing. Services include; tenant screenings and housing assessments, developing an individualized housing support plan, providing housing options, benefits advocacy, etc.*

**3. Housing Deposit Assistance**

*Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute room and board.*

**4. Housing Tenancy & Sustaining Services**

*This service provides tenancy and sustaining services intended to maintain safe and stable tenancy once housing is secured. Services include early identification and interventions for behaviors that may jeopardize housing, tenant education and training, coaching on developing relationships with the landlord, etc.*

## **Next Steps**

CenCal Health will develop the Model of Care Part I & II for the four (4) proposed additional Community Supports effective January 1, 2023. Staff will identify potential provider network options. Staff will continue to collaborate with community partners and engage a Community Support Task Force to build a long-term plan for the third and all future phases that will be effective July 1, 2023.

## **Recommendation**

Based on community partner feedback, staff recommends the Board of Directors adopt up to four (4) additional Community Supports to be offered by CenCal Health effective January 1, 2023, including sobering centers, housing tenancy and sustaining services and housing deposit assistance.



# CalAIM: Community Supports 2022-2023

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Amanda Flaum  
*Chief Health Operations Officer*

Board of Directors Report  
*May 18, 2022*

# Primary Goals

## California Advancing and Innovating Medi-Cal



**Identify and manage** member risk and need through whole person care approaches and addressing Social Determinants of Health (SDOH);



**Move Medi-Cal** to a more consistent and seamless system by reducing complexity and increasing flexibility; and



**Improve quality outcomes,** reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform



# CalAIM Initiatives

- Mandatory Managed Care Enrollment ~ 1/1/22
- Standardized Managed Care Benefits ~ 1/1/22 – 1/1/23
- Enhanced Care Management ~ 7/1/22
- **Community Supports + Incentive Payments ~ 7/1/22**
- Population Health Management ~ 1/1/23
- Mandatory Application for Justice-involved Persons ~ 1/1/23
- SMI/SED Demonstration Opportunity ~ 2023 or 2024
- Statewide Managed LTSS (D-SNP) ~ 1/1/25
- NCQA Accreditation for MCPs ~ 1/1/26
- Full Integration: Physical /Behavioral/Dental Health ~ 1/1/27
- Long-term Plan for Foster Care ~ TBD



# Community Supports (CS) Services

- Builds upon Whole Person Care (WPC) Pilots
- Flexible wrap-around services to be implemented into Population Health Strategies
- Substitutes or avoids other services such as hospital or SNF admission or discharge delay
- Integrates with Enhanced Care Management for high risk members
- Voluntary (but strongly encouraged) for plans and optional for beneficiaries
- DHCS has provided a list of fourteen (14) pre-approved services that plans are encouraged to offer



# DHCS Pre-approved Community Supports (CS) Services

- **Recuperative Care (Medical Respite)** *(Go Live 7/1/22)*
- **Medically Tailored Meals / Medically Supportive Food** *(Go Live 7/1/22)*

- Short-term Post-Hospitalization Housing
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (home modifications)
- Asthma Remediation

## ***Proposed Go Live: 1/1/23***

- Housing Transition Services
- Housing Deposits
- Housing Tenancy & Sustaining Services
- Sobering Centers

# Proposed Community Supports

*Effective January 1, 2023*

- Housing Transition Services
- Housing Deposits
- Housing Tenancy & Sustaining Services
- Sobering Centers



## WHY?

- Community and Provider partner feedback indicates the desperate need for housing solutions and support.
- Individuals experiencing homelessness or at risk of homelessness have experienced some of the most challenging barriers during and post-pandemic.
- High prevalence of mental illness and substance use disorders.

# Community Supports Timeline

## Community Supports Services

## Effective Dates

<b>Statewide Launch of Community Supports</b>	<b>1/1/2022</b>
<b>CCH Go-Live of approved Community Support Services</b> <ul style="list-style-type: none"><li>• Recuperative Care</li><li>• Medically Tailored Meals</li></ul>	<b>7/1/2022</b>
<b>CCH Go-Live Proposed Community Support Services</b> <ul style="list-style-type: none"><li>• Housing Transition Services</li><li>• Housing Deposits</li><li>• Housing Tenancy &amp; Sustaining Services</li><li>• Sobering Centers</li></ul>	<b>1/1/2023</b>



# Next Steps Community Supports

## Recuperative Care & Medically Tailored Meals Effective 7/1/2022

<b>Finalize</b> CS Provider Rates	<b>May 20<sup>th</sup></b>
<b>Complete</b> Workflows/ Requirements & <b>Start</b> System Build	<b>May 20<sup>th</sup></b>
<b>Complete</b> Community Supports Contract Boilerplate	<b>May 20<sup>th</sup></b>
<b>Execute</b> Contracts with CS Providers <i>(pending)</i>	<b>June 1<sup>st</sup></b> <i>(goal)</i>
<b>Respond</b> to DHCS on Plan Template Parts 3 Feedback <i>(pending)</i>	<b>June 1<sup>st</sup></b> <i>(goal)</i>

## Housing Transition Services, Housing Deposits, Housing Tenancy & Sustaining Services, Sobering Centers. Effective 1/1/2023

<b>Complete</b> Model of Care Template Parts 1 & 2	<b>July 1<sup>st</sup></b>
<b>Identify</b> CS Provider Network	<b>July 1<sup>st</sup></b>



\*Part 1 requests information on building provider capacity

\*Part 2 requests information on approach to administering the benefit/service to include the boilerplate contract language for ECM

\*Part 3 requests a list of the contracted providers and their demographic information to include the boilerplate contract language for CS services being offered

# Q&A



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## **Housing and Homeless Incentive Program (HHIP)**

**Date:** May 18, 2022

**From:** Michael Harris, Director of Government Affairs

**Through:** Marina Owen, Chief Executive Officer

### **Executive Summary**

The California Department of Health Care Services (DHCS) has received approval from the federal government to match state discretionary and federal monies to address homelessness and living insecurities amongst Medi-Cal members. Social Determinants of Health (SDOH) is the recognition that social factors, outside traditional healthcare, impact individuals' health status. One of the principal influences on an individual's health is their housing or living-arrangement status.

CenCal Health has worked with DHCS and received approval for up to \$27 million over the next two years to help CenCal Health members address housing insecurities in partnership with counties, cities, continuum of care partners and homeless service agencies (e.g. shelter providers).

### **Background**

The State of California is utilizing its discretionary funding from the American Rescue Plan Act (ARPA) of 2021 to match with federal funds to construct a \$12.8 billion program in one-time funding. This program, directed by DHCS and overseen through its managed care plans, is called the Housing and Homeless Incentive Program (HHIP).

Food insecurity, insecure housing or housing instability, mental illness and substance abuse, among others, are all examples of issues impacting members' health. CalAIM builds on this recognition that managed care plans must be part of the solution in addressing SDOH amongst its members. The HHIP incentive program is designed to support and facilitate the coordination of homeless services between CenCal Health and our various communities. This program will end effective March 31, 2024. DHCS has described the strategies for HHIP as follows:

- Develop partnerships between MCPs (Managed Care Plans) and social service agencies, counties, public health agencies, and public and community-based housing agencies to address homelessness;
- Provide rapid rehousing for Medi-Cal families and youth, and interim housing for aging and disabled populations;
- Expand access to housing services and street medicine programs;
- Improve access to coordinated housing, health and other social services;

- Reduce avoidable use of costly health care services;
- Improve whole person health for Medi-Cal enrollees, including behavioral health treatment and resources; and,
- Implement solutions that manage information to better identify populations of focus and Member needs.

The first step in understanding where gaps currently exist and leverage the knowledge of our community partners and agencies to build systems and resources for homeless or housing-insecure CenCal Health members through the development of a Local Homelessness Plan (LHP).

### **Local Homelessness Plan (LHP)**

CenCal Health will work with Santa Barbara County and San Luis Obispo County to submit an LHP that:

- Conducts a landscape analysis of the CenCal Health service area that includes member demographics, needs and where gaps may exist.
- Identifies the existing funding availability and gaps in that funding that impede services.
- Identifies CenCal Health strategies to address identified housing and service gaps.

At the County level, much of this data exists. The Counties, in partnership with cities, community-based organizations and partnering entities, have data and information that will be used to rapidly build the LHP by the end of June 2022.

### **HHIP Priority Areas**

These priority areas, developed by DHCS, will guide CenCal Health staff and community partners to focus on:

1. Partnerships and capacity to support referrals for services.
2. Infrastructure to coordinate and meet member housing needs
3. Delivery of services and member engagement

Specifically, these priority areas will focus on improving communications, increasing data sharing that facilitates entry into housing and other services, supporting street medicine and other health services specifically meeting the needs of our homeless members, tracking homeless CenCal Health members who obtain housing and ensuring that these individuals remain successfully housed.

### **Next Steps**

As CenCal Health continually evaluates its support of CalAIM services that helps improve our members' health status, this program is designed to further build relationships, systems and infrastructure that will allow CenCal Health members to better access housing and supportive services. This program is the upstream development of what CenCal Health strives to be providing in the future.

In the coming months, staff will develop an effective and compliant incentive program framework and with Santa Barbara and San Luis Obispo communities to develop and submit a Local Homelessness Plan to DHCS.

**Recommendation**

This is an informational item and no recommended action for the CenCal Health Board of Directors is required at this time. As the program progresses, staff will provide follow-up reports and information.



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# DHCS Housing Program Homeless Housing Incentive Program (HHIP)

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Michael Harris

Director, Government & Administrative Services

18 May 2022

# HHIP Purpose

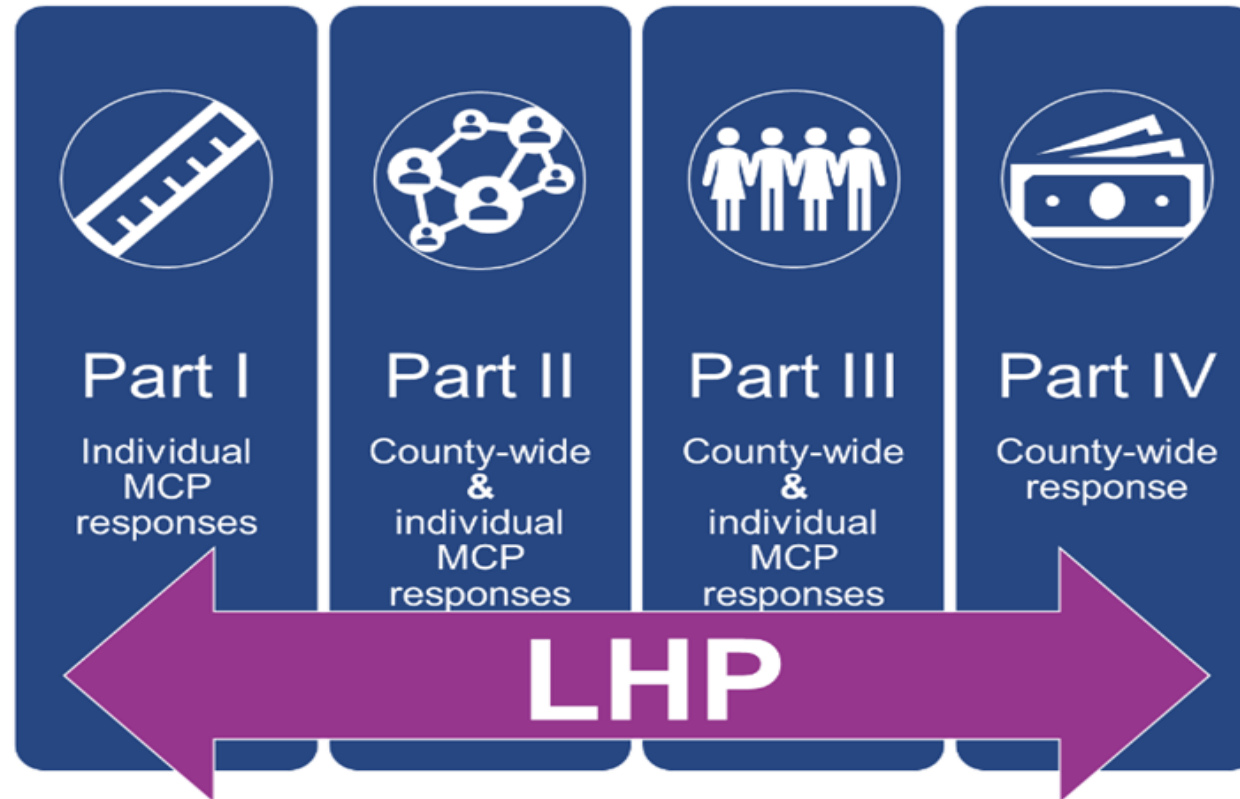
- \$1.28 Billion (State [ARPA] & Federal Medicaid) Funding over Two Years
- Voluntary Program for Managed Care Plans
- CenCal Health Applied & Was Notified up to \$27 Million
- Strategic Approach to Build Capacity, Infrastructure and Increase Medi-Cal Member Engagement
- Activities & Projects Based on Strategic Needs From “*Local Homelessness Plan*” (LHP)

# HHIP Background

- DHCS Kicked-Off HHIP on 31 January 2022 with a Program Discussion
- DHCS Released its *First* Program Guide on 24 February
- DHCS Released Draft “Letter of Intent”/Guidance to Apply on 8 March (while it still finalized program guidance)
- CenCal Health applied on 4 April
- Allocation Noticed Received on 29 April: Up to \$10.3M – SLOCo; \$16.7M – SBCo
- Final Templates, Program Measures & Design Received on 9 May

# Local Homelessness Plan

## LHP Submission Components



# Partnerships

- **External Partners**

- County Housing/Homeless Departments
- Continuums of Care
- Cities
- Mental Health & Public Health Departments
- Housing Assistance Providers
- Community Based Organizations (NGOs)
- Street Medicine Providers
- Others

- **Internal Partners – CenCal Health Community Supports**

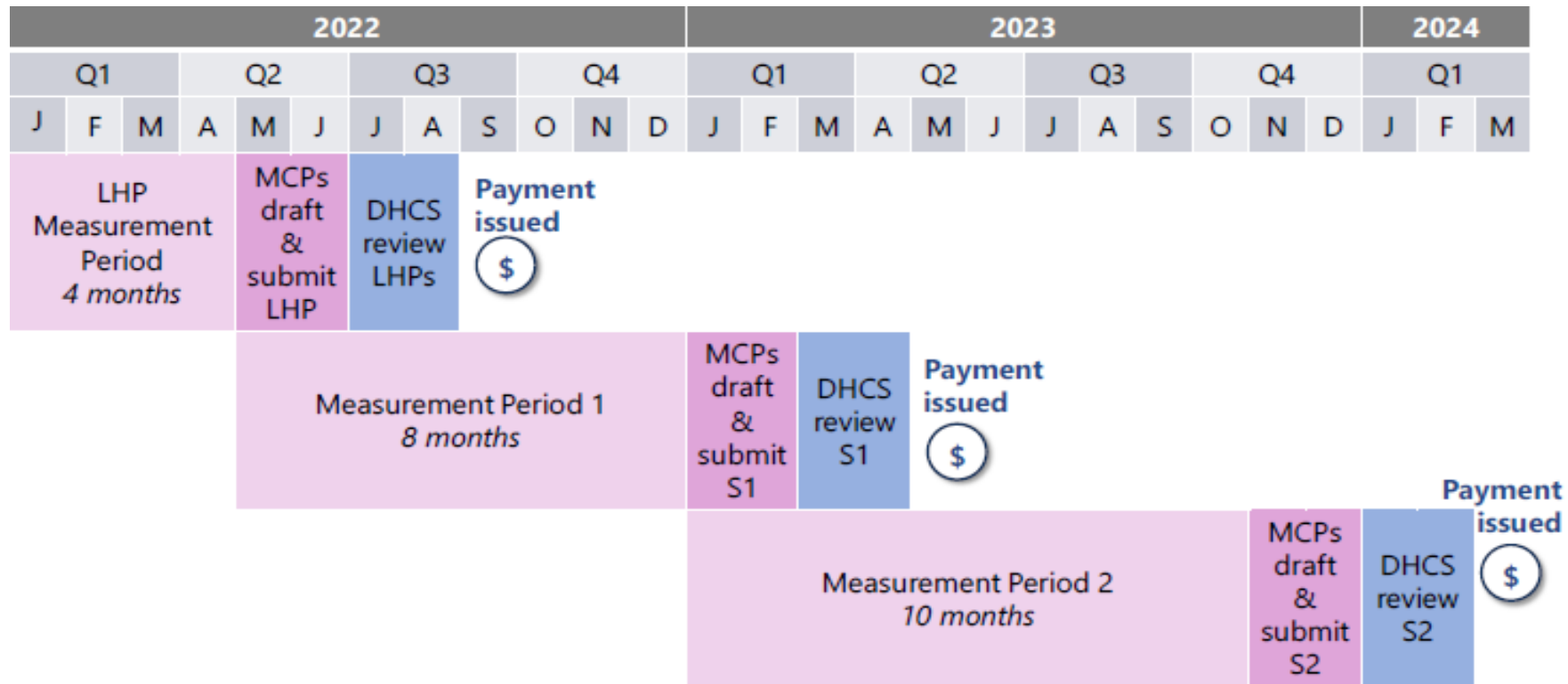




# To-Date & Next Steps

- Partnership Development
  - LHP Preparation with Continuum of Care & Other Partners
  - Meetings with both Counties & Interested Parties
- Next Steps
  - Submit LHP on 30 June
  - Execute on LHP Identified Gaps & Needs
  - Progress Report to Board in Fall of 2022

# HHIP Timeline



# HHIP

Part of CenCal Health's  
Partnerships in Our Communities.





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## **Organizational Performance Model and Capabilities**

**Date:** May 18, 2022

**From:** Chris Morris, Chief Performance Officer

### **Executive Summary**

Effective organizations continuously adapt, integrate and reconfigure existing assets to take advantage of new opportunities responsive to changes in the environment. This requires significant intention and a CenCal Health Organizational Performance Model was developed to support focus, balance execution, and enable both present and future success. The CenCal Health Organizational Performance Model identifies 12 primary capabilities for development, five of which have been initiated to date in 2022. Among those is Integrated Organizational Planning and an Annual Operating Plan.

Integrating Organizational Planning consists of effectively aligning the organization's dozen or more annual planning processes together to enhance execution. To improve integration, timing adjustments are indicated in two areas: the annual budget and employee goal setting processes.

The inaugural CenCal Health Operating Plan collates multiple portfolio and work plans into a single Operating Plan to make visible all initiatives necessary to meet our 2022 organizational objectives. In May 2022, staff identified 35 active or planned tactics aligned with these organizational objectives, including 12 tactics (34%) to adapt operations to meet customer needs, 13 tactics (37%) to enhance organizational readiness, and 10 tactics (29%) to prepare for strategic advancement. Relevant updates on tactic execution will be provided in the monthly executive summary.

### **Organizational Performance Model**

The external context for CenCal Health is increasingly dynamic and complex. Environmental factors (e.g. health policy, delivery system transformation, labor markets and technological evolutions) have considerable implications for our organizational planning and execution, and organizational alignment with these factors is significantly predictive of our short-term success and longevity. To continue to be effective, CenCal Health must continuously adapt, integrate and reconfigure existing assets to take advantage of new opportunities responsive to changes in the environment. For organizations, this has been referred to as "ambidexterity in action" (O'Reilly & Tushman, 2011) – the capacity to both exploit operational effectiveness necessary for present success and explore new opportunities necessary for future success. An organization's capacity to balance the tension between these two abilities is critical to sustained organizational performance.

"Every system is perfectly design to get the results it gets" (Batalden, 1984) and absent intentional structures and capabilities to enable this ability to adapt, the preference for stability may neglect adaptation and advancement. For this reason, an Organizational

Performance Model aims to support focus and balance execution. The inaugural CenCal Health Organizational Performance Model was developed in May 2022 and defines how CenCal Health will maintain, advance, align and operate the organization. The Organizational Performance Model identifies 12 primary capabilities, all of which require development and five of which have been initiated to date in 2022, including Integrated Organizational Planning, the 2022 CenCal Health Operating Plan, the 2022 Departmental Assessment process, the 2023+ Strategic Planning process, and the CenCal Health Dashboard. The CenCal Health Dashboard, which will ultimately aggregate process performance across the enterprise, will be the primary mechanism by which organizational performance will be monitored, assessed and continuously improved. The CenCal Health Dashboard will be a key organizational initiative for the balance of 2022 to be developed for the Board of Directors. In the interim, details on Integrated Organizational Planning and the 2022 CenCal Health Operating Plan immediately follow.

### **Integrated Organizational Planning**

In January 2022 the Board adopted CenCal Health's 2022 Roadmap inclusive of the Plan's 2022 Objectives:

- Adapt Operations to Meet Customer Needs
- Enhance Organizational Readiness
- Prepare for Strategic Advancement

The Operating Plan (enclosed) outlines all active and planned organizational efforts responsive to these Objectives. In February and in preparation for strategic advancement, staff developed and adopted an Integrated Organizational Planning Process. Integrated planning is a strategic planning enabler, critical to our ability to effectively execute our future strategic ambitions. CenCal Health executes a dozen or more annual planning processes, including planning how to:

- focus our organizational attention, through strategy and objectives
- allocated our funding, through an annual budget
- prioritize our projects, through a project portfolio
- resource our departments, through employee recruitment
- execute our work, through departmental functions and processes
- align our activities, through employee goal setting
- maintain and evolve our technology, through a technology roadmap
- meet our members' clinical needs, through our Quality Improvement System
- ensure regulatory/contractual compliance, through Compliance work planning
- invest in our peoples' growth, through employee development

Connecting these processes improves alignment, and alignment improves execution. Current state assessment identified the primary driver for dis-integration is timing, with the majority of planning processes aligned with the calendar year and the annual budget and employee goal setting processes aligned with the fiscal year. With this

insight staff adopted a plan to align all organizational planning processes to the calendar year.

### **Annual Operating Plan**

The inaugural CenCal Health Operating Plan was developed in May 2022 to make visible and support coordination of initiatives necessary to meet organizational objectives. The Operating Plan collates multiple plans relied on by CenCal Health (e.g. project portfolio, technology tactics, roadmap) into a single Operating Plan. It empowers leaders to develop tactics aligned with the organizational direction, makes these efforts visible to all CenCal Health employees, allows for ongoing monitoring throughout the year, and serves as a dynamic tool as tactics are initiated, adapted, completed or abandoned.

In 2022, CenCal Health is focused on three organizational objectives: adapting operations to customer needs, enhancing readiness and preparing for strategic advancement. CenCal Health identified 35 tactics aligned with these organizational objectives, including 12 tactics (34%) to adapt operations to meet customer needs, 13 tactics (37%) to enhance organizational readiness, and 10 tactics (29%) to prepare for strategic advancement. Among these efforts, 9 tactics (26%) achieve a regulatory or contractual requirement (e.g. Develop Enhance Care Management Program), 5 (14%) execute or maintain an organizational capability (e.g. Conduct a Digital Health Assessment), and 21 tactics (60%) improve or develop an organizational capability (e.g. Develop a CenCal Health Dashboard Prototype)

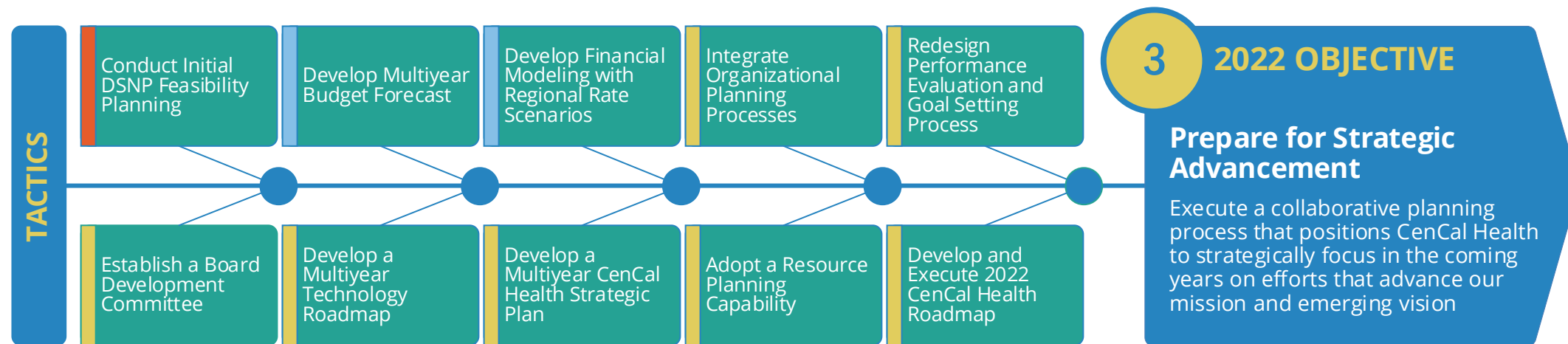
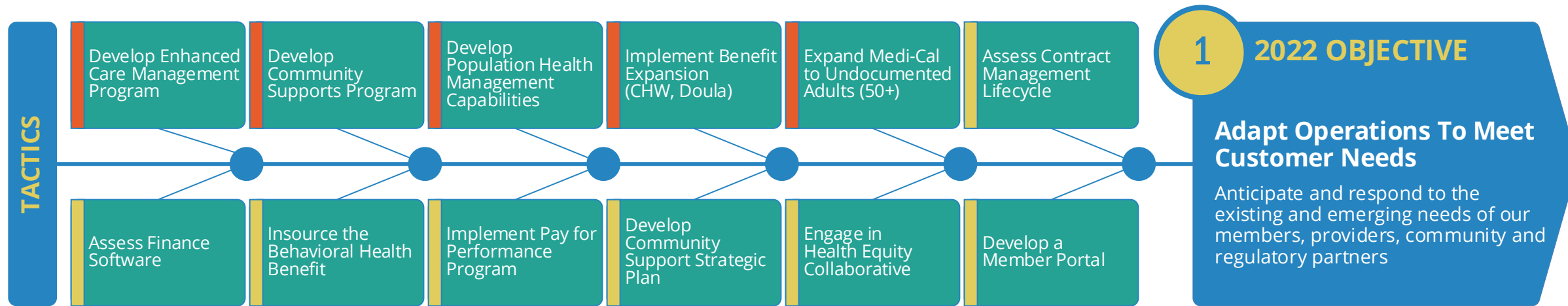
Relevant updates on tactic execution will be provided in monthly executive summaries.

### **Recommendation**

This material is informational and there are no recommended actions requested.

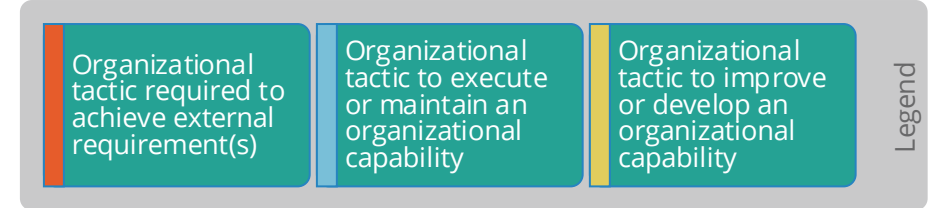
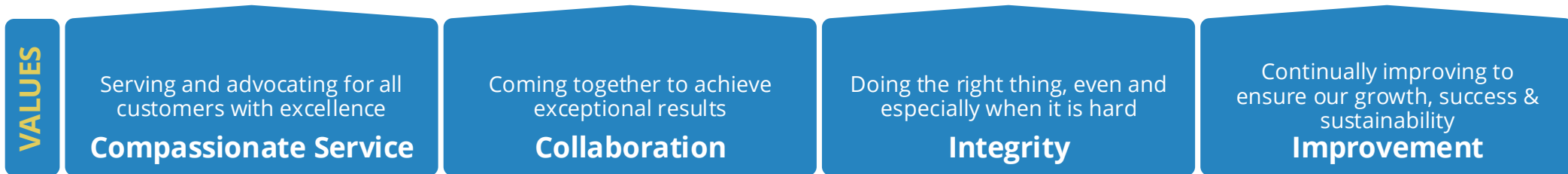
### **Enclosures**

1. CenCal Health 2022 Operating Plan



**MISSION**  
 To improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership

**EMERGING VISION**  
 To be a trusted partner, advancing health equity in every neighborhood creating the healthiest communities in California.





**Financial Report for Month Ended 4/30/2022**

**Date:** May 18, 2022  
**To:** CenCal Health Board of Directors  
**From:** Amy Sim, General Accounting Manager  
 Leanne Bauer, Director of Finance  
**Through:** David Ambrose, Chief Financial Officer/Treasurer

**Financial Highlights (year-to-date)**

- **Consolidated gain or loss** from all programs and activities show a year-to-date operating loss of \$5.3 million compared to anticipated flexible budget operating loss of \$13.4 million.
- **Capitation revenue** is over budget by \$79.2 million and 8.9%.
- **Total medical costs** are over budget by \$75.2 million and 9.5%.
- **Medical loss ratio (MLR)** FYTD is running at 90%.
- **Administrative expenses** are under budget by \$5.0 million and 10.1%.
- **Admin Costs as a Percentage of Capitation Revenue** FYTD is running at 5.0%.
- **Other revenue and unrealized gain (loss)** is over budget by \$1.8 million and 157.4%.
- **Tangible net equity (TNE)** is at \$165.0 million, which is 65% of the Board approved Minimum TNE Target at \$252.0 million.
- **Member enrollment** is at 213,165 covered lives as of April 2022.

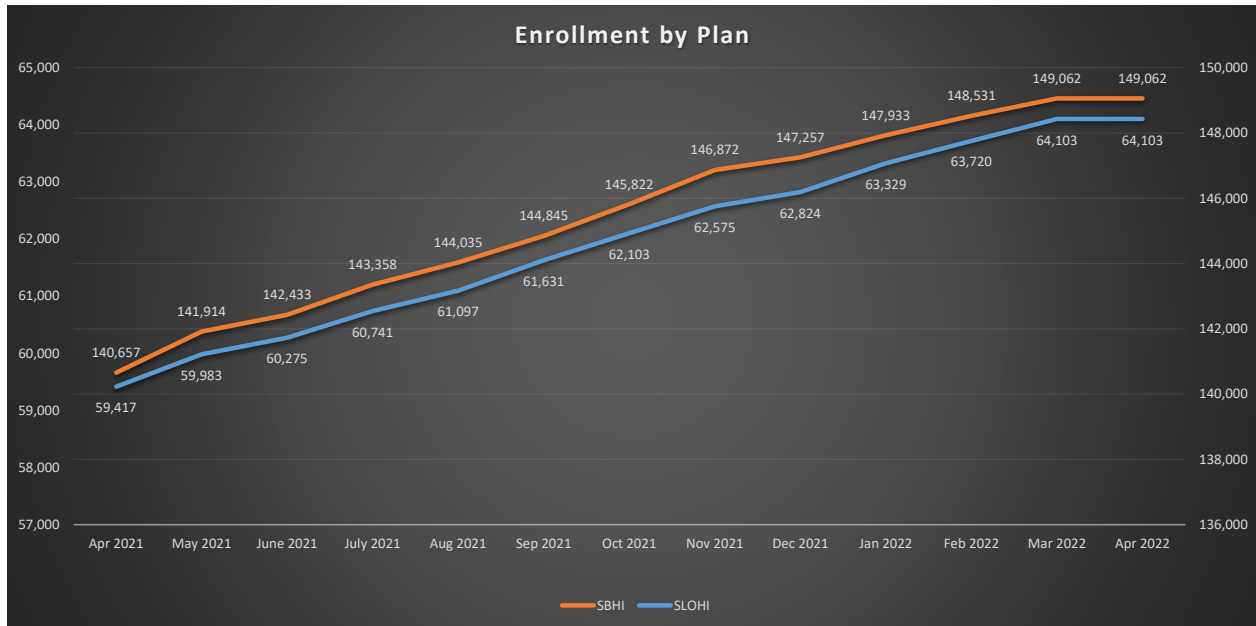
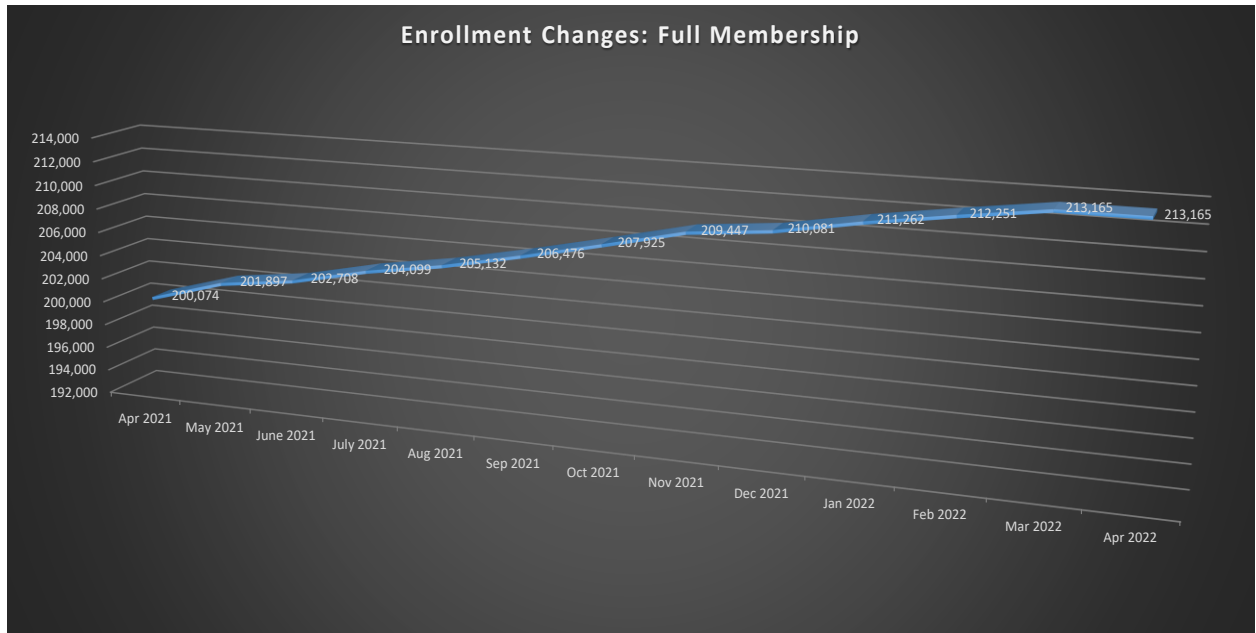
**MONTHLY FINANCIAL RECONCILIATION-APR 2022**

SB County Operating Gain/Loss	\$ (7,230,042.89)
SLO County Operating Gain/Loss	\$ 8,967,923.97
Realized Gain/Loss	\$ -
Unrealized Gain/Loss	\$ (392,872.02)
Cash Management Income	\$ 89,480.00
Other Program Revenues	\$ 669,512.04
<b>Month GAIN</b>	<b>\$ 2,104,001.10</b>

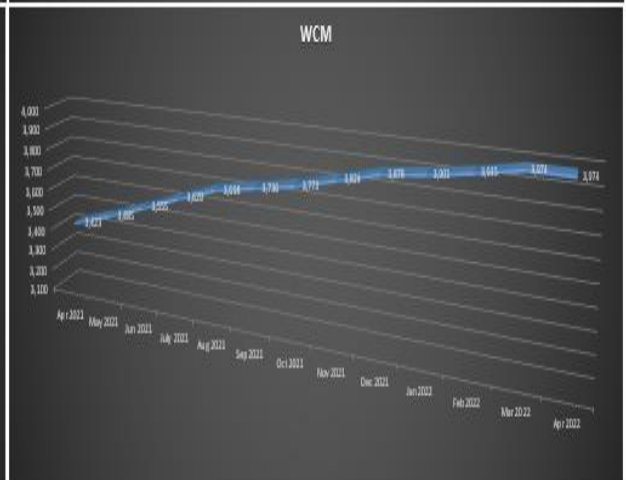
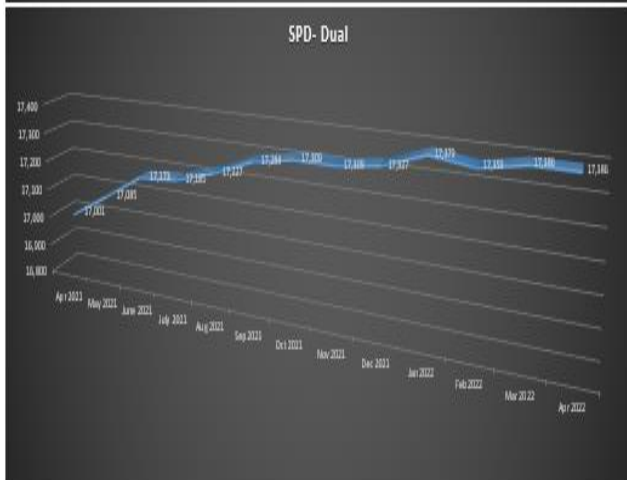
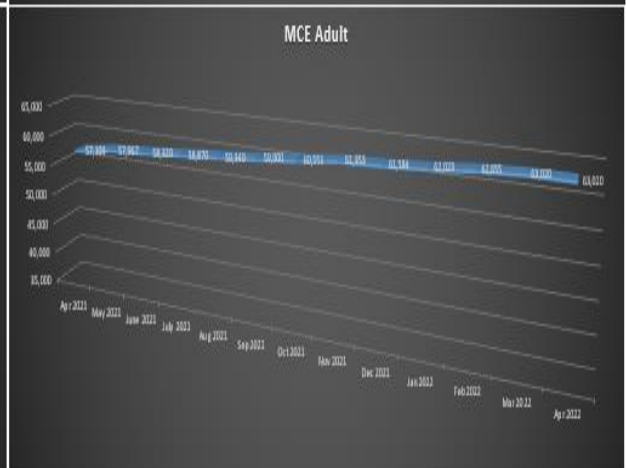
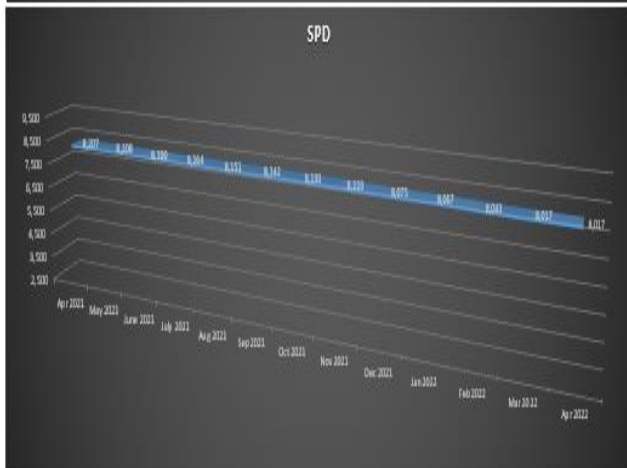
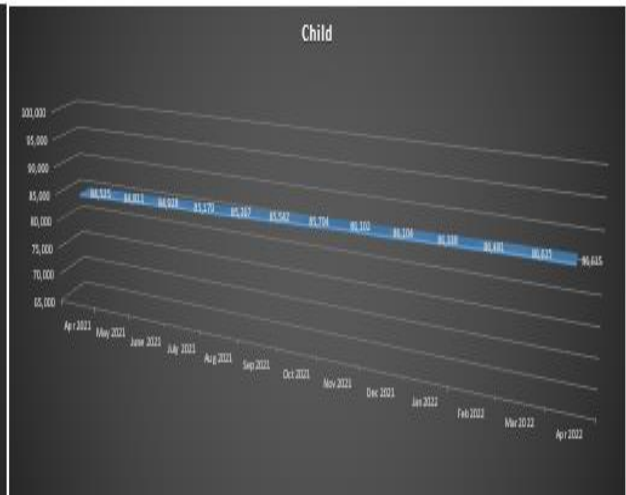
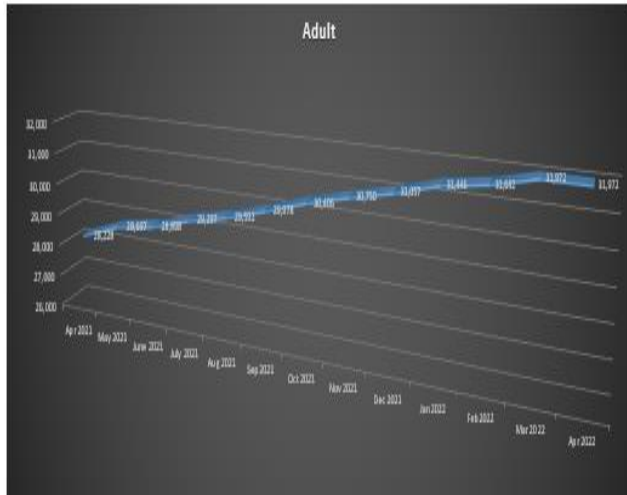
**Financial Report:**

The 2021-22 unaudited financial statements and supplemental information are included in this board packet.

**Member Enrollment:** The health plan’s membership count for April 2022 is 213,165 enrollees versus our budget forecast for April at 212,153 enrollees.



The upward enrollment trend began around March 2020. The Health Plan anticipates the upward trend to continue in the months ahead through June 2022.



With the exception of the SPD aid category member population, all aid category member populations have been on an upward trend.

**Revenue:**

FYTD is \$79.2 million or 8.9% greater than budget due to the recording of prior year revenue within the current 21/22 fiscal year.

<b>Revenue Type</b>	<b>FYTD Actual Dollars</b>	<b>FYTD Budget</b>	<b>FYTD Variance</b>	<b>% Variance</b>
Base Capitation Revenue	\$904,632,300	\$868,699,000	\$35,933,300	4.1%
BHT, HepC, AIS Revenue, Maternity	\$30,807,261	\$19,818,000	\$10,989,261	55.5%
<b>Budgeted Revenue Items</b>	<b>\$935,439,561</b>	<b>\$888,517,000</b>	<b>\$46,922,561</b>	<b>5.3%</b>
Prior Year Revenue Adjustments: Prior Year Items Recorded in Current Year	\$32,266,764	----	\$32,266,764	
<b>TOTAL PROGRAM REVENUE</b>	<b>\$967,706,325</b>	<b>\$888,517,000</b>	<b>\$79,189,325</b>	<b>8.9%</b>

Base Capitation revenue FYTD is tracking close to budget with a variance of only 4.1%.

Plan received \$861,000 on January 5<sup>th</sup> for VRP program (Vaccination Respond Program) initiated by DHCS. Plan has made payments to providers who help vaccinate our members. Plan received \$787,777.11 on April 6<sup>th</sup> another payment from DHCS; plan made payments to applicable providers the last week of April.

Plan received \$710,000 for the BHIP (Behavioral Health Incentive Program) for Q1 measures. Plan paid the qualified providers in November their incentive dollars. Plan received \$851,318 Q2 measures payment in mid-January, payment made to all the applicable providers in February. Plan received \$751,596.25 on April 6<sup>th</sup> for Year1 Q3 measures and made payment to applicable providers the last week of April.

Plan received an awarded letter from DHCS for CalAIM Incentive Payment Program (CalAIM IPP) Program Year 1 for the total amount of \$12.8M. The 1<sup>st</sup> payment is expected to be mid-May and 2<sup>nd</sup> payment is mid-December. Plan is expected to pay DHCS back if plan does not meet the expected metrics.

Behavioral Health Therapy (BHT), Hepatitis C Prescriptions (HepC), Maternity Deliveries, and American Indian Services (AIS) revenue (these four items are also known as supplemental revenue), which each are volume-based, combined are over budget with a variance of 54.8% due to higher estimated utilization of services than anticipated compared to the budget assumption.

For the month, plan incurred several prior year revenue adjustments that are impacting the reported revenue figure on the financial statements:

- Due to capitation revenue rate changes and Prop 56 MLRs. These prior year rate changes were due to Hospital Directed Payment for FY19/20. Prop 56 MLR adjustments for prior year activity being offset by Physician Services, which is under budget by \$3.3 million for the month (budget variance is impacted by Prop 56 services being incurred at a lower level than the associated Prop 56 revenue).

**DHCS Risk Corridor [covering the 18-month period July 2019 to Dec 2020]:**

The health plan has recorded a receivable due from DHCS in the amount of \$2.8 million because the health plan’s allowable medical expenses exceed the 102% threshold (104.2% SB and 104.1% SLO) of the risk corridor. The receivable is recorded within the A/R – Medi-Cal Capitation account on the balance sheet. As of the date of this financial report, the DHCS has not yet established a timeline for reporting and reconciling the 18-Month Risk Corridor.

**Medical Expenses:**

April actual FYTD medical expenses are near at budget, over budget by \$75.2M or 9.5%; and the month medical expenses are over budget by \$521K or 1%, primary due to Hospital Inpatient Out of Area.

**Medical Expense Summarization:**

<b>Medical Expense Type</b>	<b>FYTD Actual Dollars</b>	<b>FYTD Budget</b>	<b>FYTD Variance</b>	<b>% Variance</b>
Medical Costs + Incentives	\$856,763,818	\$791,135,000	\$65,628,818	8.3%
Reinsurance – net	(\$3,370,780)	\$1,301,000	(\$4,671,780)	
<b>Budgeted Medical Items</b>	<b>\$853,393,038</b>	<b>\$792,436,000</b>	<b>\$60,957,038</b>	<b>7.7%</b>
Prior Year Expense Adjustments: Prior Year Items Recorded in Current Year	\$14,282,455		\$14,282,455	
<b>TOTAL MEDICAL COSTS</b>	<b>\$867,675,493</b>	<b>\$792,436,000</b>	<b>\$75,239,493</b>	<b>9.5%</b>

The health plan projects reinsurance recoveries at 70% of the premium cost. The deductible threshold is \$1.25 million, plus the aggregation deductible of \$0.85 pmpm. FYTD Reinsurance-net is exceeding budget expectations due to 3<sup>rd</sup> Party recoveries (Medicare and Commercial payers) currently occurring at a greater value than the budget forecast.

The prior year expense adjustments of \$14.3 million is due to rate change for PHDP (Private Hospitals Direct Payment). The budget is based on a preliminary PMPM rate from the DHCS. Any dollars within these expense items also reside within the health plan’s capitation revenue, resulting in a budget-neutral position.

**Medicaid Expansion Population MLR:** On the Balance Sheet, \$50.9 million is a reserved liability which represents Medi-Cal capitation revenue which will be recouped back to the DHCS under the terms of the MCE Adult aid category medical loss ratio (MLR) contract language. This amount covers the period July 2017 through December 2021.

The health plan has completed and submitted to DHCS the MLR submission specific to the period covering July 2017 – June 2018. The submission is pending final review by DHCS and staff expects \$23.6 million will be owed back to DHCS.

For the period covering July 2018 – December 2021, actual MLR submission to DHCS is likely many months away. DHCS has not established an MLR submission timeline yet. Staff has recorded an interim liability estimate at \$27.3 million for this time period.

**Prop 56 Programs [Enhanced Reimbursement for Qualifying Providers] – Table by Programs**

The health plan anticipates that DHCS will be recouping back Prop 56 Program revenue that has an MLR less than 98% under the terms of a Prop 56 medical loss ratio (MLR) contract provision. The current liability recorded on the balance sheet in total is \$17.4 million. For FY18/19 is \$286K, 18 months bridge period (Jul 2019 to Dec 2020) is \$9.7 million and CY2021 is \$7.4 million.

**Administrative Costs:**

For the month Administrative Costs are under budget by \$782,000 and FYTD under budget by \$5.0 million or 10.1% driven primarily by:

- Staffing vacancies; 36.5 budgeted positions are currently vacant (8 open for behavioral health).
- Contract Services are lower than expected, due to Legal and Outside Processing costs year to date being lower than budget.
- Rent and Occupancy is lower than budget mainly due to janitorial costs and other occupancy costs. Janitorial costs should increase as staff are reintroduced into the CenCal offices. Utilities vary from month to month.
- Other Expenses are higher than expected mainly due to the acknowledgement of GASB 87 (Lease). The lease expense for the Ekwil and SLO offices were amortized retro to FY 20/21 and July 2021 through February 2022 which impacted \$750K for 19 months catch up.
- Travel costs are under budget due to the timing of conferences/seminars and executive travel and the near shut down of all traveling since the Covid public health emergency.

**Insourcing MH/BHT for January 2022 Go-Live:**

The total administrative cost under budget variance is also influenced by the timing or ramp-up of expenditures associated to the start-up costs of the MH/BHT Project.

FYTD the health plan has incurred \$1.2 million while the budget forecast was \$2.7 million of expenditures incurred through April 30th. The favorability for FYTD is \$1.5 million. As we move into the future months, this will be changing as more staff of MH/BHT being hired.

**MCO Tax:**

Plan is expecting to receive a determination letter from DHCS in May to recoup \$2.6 million for the period of FY 2013/2014 to FY2015/2016. Plan has accrued the amount will be paying DHCS shortly after receiving the determination letter.

**Recruitment and Retention Program:**

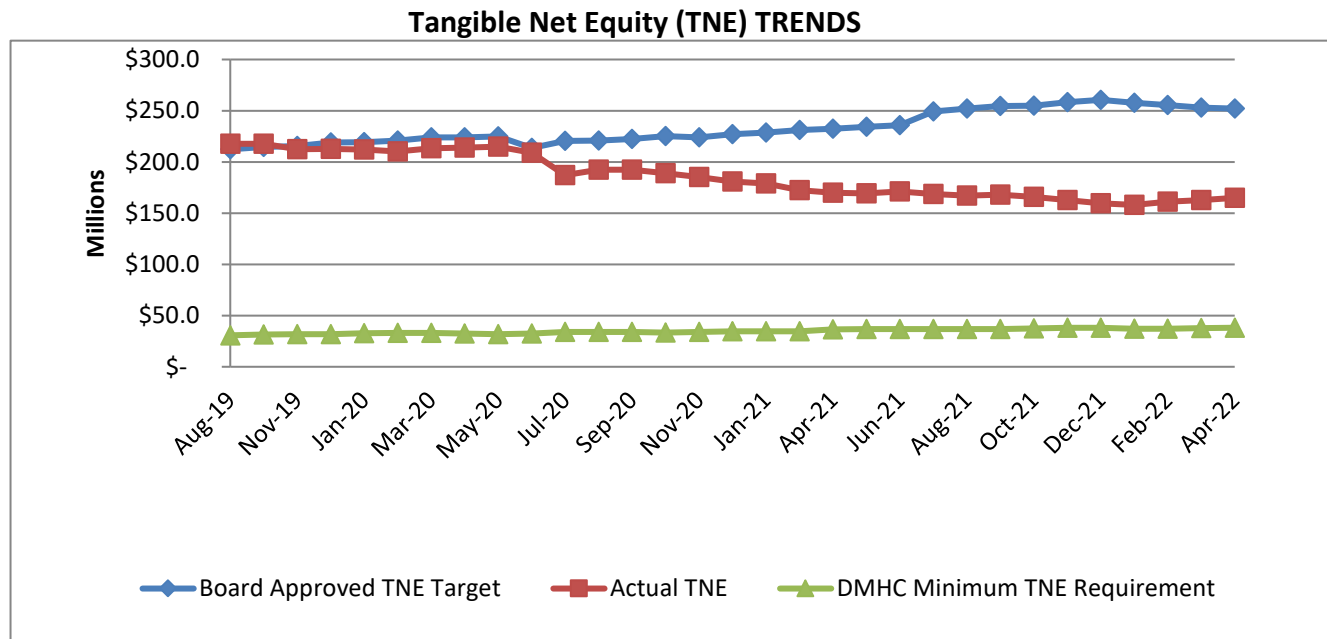
This program became effective July 2020. The health plan purchased \$10 million of Corporate Owned Life Insurance (COLI). As a reminder, this event is solely a balance sheet transaction ---- - converting one asset (\$10 million of cash) to another asset (the COLI worth initially \$10

million). It is estimated that as of April 30<sup>th</sup>, 2022, we have earned interest income in the amount of \$ 469,509.26 on the COLI.

Executives Retiree Health Benefits, plan has obtained an actuarial services to provide the GASB 74/75 Report for a one-year lookback basis for the fiscal year ending June 30, 2022. Full Valuation estimated of \$161, 000 that plan needs to accrue as liability.

MAP (Mortgage Assistance Program and SAL (Shared Appreciation Loan) Loans: The health plan has executed one (1) loan in the amount of \$300,000. This loan is recorded on the balance sheet as a receivable of \$300,000.

**Tangible Net Equity (TNE):** As of April 2022, our actual TNE is \$165.0 million. The Board approved TNE target is \$252.0 million, which equates to three and a half times the value of current fiscal year average monthly capitation revenue (base capitation, excluding pass-thru dollars & supplemental dollars) applicable for 2021-22. The minimum TNE requirement established by the Department of Managed Health Care (DMHC) for CenCal Health is currently \$38.1 million; this is a continuous moving target as it is primarily driven by our annualized medical expenditures. Currently the actual TNE is 433% of the minimum DMHC requirement, and 65% of the Board approved TNE target.



Note: The **Board Approved TNE Target** is established at three and a half times the average monthly program revenue of the health plan. The board-approved target excludes MCO Tax, Rate Range IGT, Pooled Directed payment and HQAF Directed payment. **Actual TNE** represents the value of health plan assets minus the value of health plan liabilities, as reported on the Balance Sheet. **DMHC Minimum TNE Requirement** is a calculation per Title 10, CCR, Section 1300.76 TNE which is primarily a function of and dependent on the magnitude of the health

plan’s annualized medical expenses. As health plan membership grows and/or medical utilization & unit costs increase, the DMHC Minimum will correspondingly increase.

**Treasury Activities:**

**Capitation Payments Received:**

Cash received during the month in the form of capitation from the State of California, Department of Health Care Services received is shown.

Capitation and Premium Payments Received

SBHI Capitation	\$ 50,607,008
SLOHI Capitation	24,458,553
	<u>\$ 75,065,561</u>

**Investments, Cash Balances & Interest Income:**

Interest earnings for the current fiscal year to date are \$619,000 and unrealized loss on investments is \$2.5 million. The schedule of Investments and cash balances in **Figure 2** provides details on all invested funds and accrued interest receivable at April 30, 2022, including earnings accruing on the investment in LAIF funds and CalTrust, and the unrealized loss in the Medium Term fund at CalTrust.

**Schedule of Investments and Cash Balances**

LAIF	\$ 26,528,835	
CalTrust - Short Term Fund	73,264,193 *	
CalTrust - Medium Term Fund	36,167,400 *	
Wells Fargo - checking	117,749,684	
Chase - HMS lockbox	225,816	
CD's - assigned to DMHC	300,000	
	<u>\$ 254,235,927</u>	
* Includes unrealized gain (loss) on investments:		
	Current Month	YTD
Beginning Balance	\$ 73,311,246	\$ 73,723,748
Accrual Income Div Reinvestment	\$ 26,112	\$ 125,512
Redemption	\$ -	\$ -
Unrealized Gain (Loss)	(73,165)	(585,067)
Current Market Value	<u>\$ 73,264,193</u>	<u>\$ 73,264,193</u>
Beginning Balance	\$ 36,361,525	\$ 37,454,256
Accrual Income Div Reinvestment	\$ 25,582	\$ 139,893
Unrealized Gain (Loss)	(219,707)	(1,426,749)
Current Market Value	<u>\$ 36,167,400</u>	<u>\$ 36,167,400</u>
Interest income - receivable	\$ 9,316	

**Days Cash on Hand for Operations**

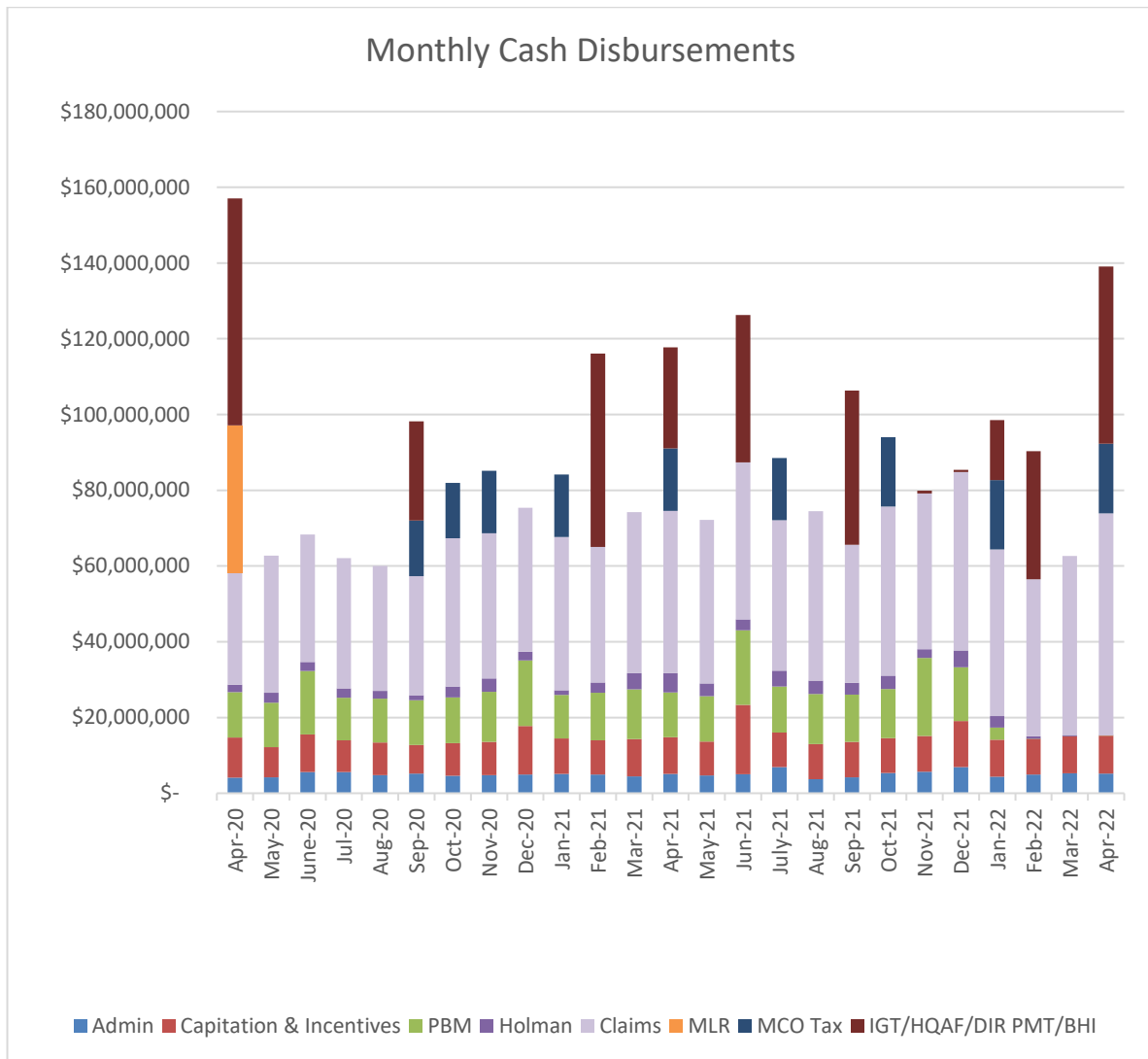
Cash and Investments as of Apr 30	\$ 253,935,927
Less future non-operating cash obligations	<u>\$ (105,499,088)</u>
Net Cash Available for Operations	\$ 148,436,839
Days Cash on Hand for Operations	58



**Total Projected Non-Operating Payments: \$105.5M**

- MCO Tax = \$20.9M
- AE MLR FY17/18 = \$23.6M
- AE MLR FY18/19 = \$7.7M
- AE MLR July19-December 20 = \$6.3M
- AE MLR CY2021 YTD = \$13.2M
- Prop 56 FY18/19 to CY2021 YTD MLR = \$17.4M
- Legal Cases and attorney fee = \$2.5M
- CalAIM Incentives = \$13.8

**Historical Cash Disbursements:**



**MCO Tax:**

The following table tracks the difference between the health plan earned MCO Tax revenue components of our capitation rates versus the magnitude of the MCO Tax due. Currently, MCO

Tax revenue appears to be trending slightly higher than the actual MCO Tax Expense for Q4 2021.

Month	Total Membership	MCO Tax Revenue		MCO Tax Quarterly Invoice Amount	Difference (Under Funded)/Over Funded
		(Based on Membership)			
Jan-20	172,997	\$	4,805,856.66		
Feb-20	174,742	\$	4,854,332.76		
Mar-20	175,102	\$	4,864,333.56		
	522,841	\$	14,524,522.98	\$ 14,652,070.00	\$ (127,547.02)
Apr-20	177,250	\$	4,924,005.00		
May-20	180,307	\$	5,008,928.46		
Jun-20	182,641	\$	5,073,766.98		
	540,198	\$	15,006,700.44	\$ 14,652,070.00	\$ 354,630.44
Jul-20	184,512	\$	5,125,743.36		
Aug-20	186,629	\$	5,184,553.62		
Sep-20	188,532	\$	5,237,418.96		
	559,673	\$	15,547,715.94	\$ 16,483,578.75	\$ (935,862.81)
Oct-20	190,241	\$	5,284,894.98		
Nov-20	191,979	\$	5,333,176.62		
Dec-20	193,599	\$	5,378,180.22		
	575,819	\$	15,996,251.82	\$ 16,483,578.75	\$ (487,326.93)
Jan-21	195,340	\$	5,426,545.20		
Feb-21	196,999	\$	5,472,632.22		
Mar-21	198,361	\$	5,510,468.58		
	590,700	\$	16,409,646.00	\$ 16,483,578.75	\$ (73,932.75)
Apr-21	200,074	\$	5,558,055.72		
May-21	201,897	\$	5,608,698.66		
Jun-21	202,708	\$	5,631,228.24		
	604,679	\$	16,797,982.62	\$ 16,483,578.75	\$ 314,403.87
Jul-21	204,099	\$	6,190,322.67		
Aug-21	205,132	\$	6,221,653.56		
Sep-21	206,476	\$	6,262,417.08		
	615,707	\$	18,674,393.31	\$ 18,315,087.50	\$ 359,305.81
Oct-21	207,925	\$	6,306,365.25		
Nov-21	209,447	\$	6,352,527.51		
Dec-21	210,081	\$	6,371,756.73		
	627,453	\$	19,030,649.49	\$ 18,315,087.50	\$ 715,561.99
Jan-22	211,262	\$	6,407,576.46		
Feb-22	212,251	\$	6,437,572.83		
Mar-22	213,165	\$	6,465,294.45		
	636,678	\$	19,310,443.74	\$ 18,315,087.50	\$ 995,356.24
Apr-22	213,165	\$	6,465,294.45		
May-22	213,165	\$	6,465,294.45	Estimate	
Jun-22	213,165	\$	6,465,294.45	Estimate	
	639,495	\$	19,395,883.35	\$ 18,315,087.50	\$ 1,080,795.85

\$ 2,195,384.69

# CenCal Health

## Financial Statements and Additional Information For The Period Ended April 30, 2022

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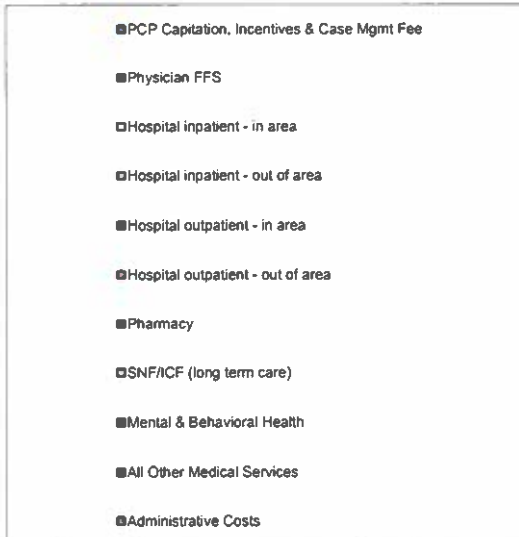
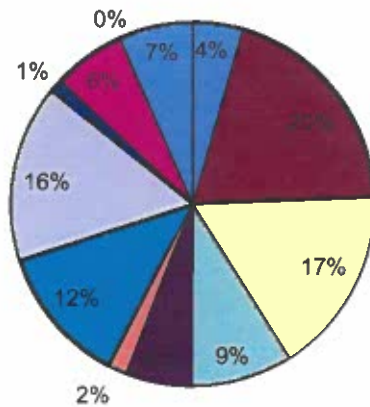
# Executive Dashboard

## Trends in Key Measures of Financial Performance (modified)

CenCal Health	2021-22 Budget	Actual FYTD 2021-22	Actual 2020-21	Actual 2019-20
Avg. # of Covered Lives	212,153	209,300	194,239	176,160
Capitation Revenue PMPM - net	\$ 424.52	\$ 462.35	\$ 292.84	\$ 311.46
<i>Per Member Per Month:</i>				
PCP Capitation, Incentives & Case Mgmt Fee	\$ 14.80	\$ 14.42	\$ 15.57	\$ 13.91
Physician FFS	\$ 74.58	\$ 64.61	\$ 79.52	\$ 67.40
Hospital inpatient - in area	\$ 54.89	\$ 53.60	\$ 57.48	\$ 46.25
Hospital inpatient - out of area	\$ 20.64	\$ 29.33	\$ 21.97	\$ 20.11
Hospital outpatient - in area	\$ 17.73	\$ 18.96	\$ 18.50	\$ 16.91
Hospital outpatient - out of area	\$ 4.95	\$ 5.42	\$ 5.48	\$ 3.77
Pharmacy	\$ 44.13	\$ 40.13	\$ 74.10	\$ 64.17
SNF/ICF (long term care)	\$ 44.62	\$ 50.81	\$ 51.55	\$ 44.82
Mental & Behavioral Health	\$ 9.51	\$ 4.04	\$ 17.32	\$ 9.82
All Other Medical Services	\$ 19.21	\$ 20.64	\$ 20.44	\$ 14.81
Administrative Costs	\$ 23.71	\$ 21.31	\$ 24.10	\$ 16.54

CenCal Health	Actual FYTD 2021-22
<i>Other Financial Indicators:</i>	
Actual TNE as of month-end (millions)	\$164.9
TNE \$ per Member	\$788
FYTD Medical Loss Ratio (MLR)	90%
Total Assets (millions)	\$634.1
Total Liabilities (millions)	\$469.1
Assets to Liabilities Ratio	135%
Cash & Short Term Investments (millions)	\$253.9
Admin Costs to Total Operating Costs	5%
FYTD Operating Gain (Loss) (millions)	-\$5.3

**How Each Dollar Is Spent  
FYTD 2021-22**



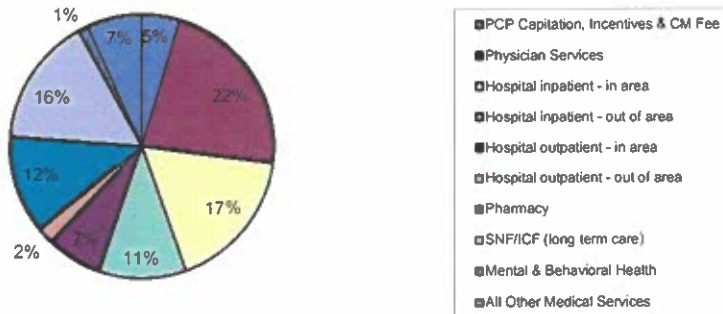
# Executive Dashboard

## Trends in Key Measures of Financial Performance (modified) for Medi-Cal Programs

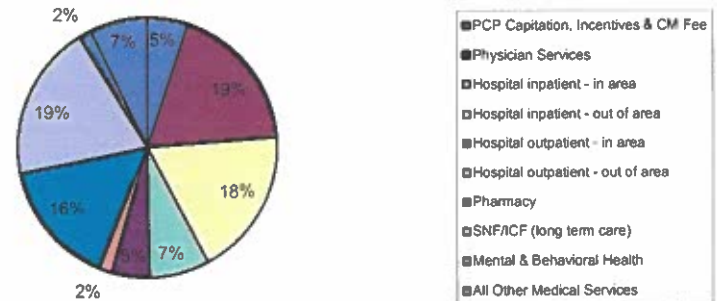
<b>Santa Barbara Co</b>	2021-22 Budget	Actual FYTD 2021-22	Actual 2020-21	Actual 2019-20
Avg. # of Covered Lives	149,396	146,678	136,843	124,631
Capitation revenue PMPM - net	\$ 419.58	\$ 452.29	\$ 293.42	\$ 312.13
<i>Per Member Per Month:</i>				
PCP Capitation, Incentives & CM Fee	\$ 14.58	\$ 14.17	\$ 15.35	\$ 14.54
Physician Services	\$ 78.18	\$ 68.37	\$ 82.15	\$ 78.04
Hospital inpatient - in area	\$ 57.10	\$ 53.11	\$ 59.55	\$ 57.20
Hospital inpatient - out of area	\$ 20.61	\$ 32.38	\$ 21.10	\$ 20.19
Hospital outpatient - in area	\$ 19.68	\$ 21.00	\$ 20.61	\$ 20.75
Hospital outpatient - out of area	\$ 5.16	\$ 5.79	\$ 5.43	\$ 5.21
Pharmacy	\$ 40.13	\$ 37.18	\$ 68.48	\$ 64.50
SNF/ICF (long term care)	\$ 42.07	\$ 47.92	\$ 48.57	\$ 50.50
Mental & Behavioral Health	\$ 8.95	\$ 3.72	\$ 16.05	\$ 12.57
All Other Medical Services	\$ 18.32	\$ 20.48	\$ 20.18	\$ 17.92

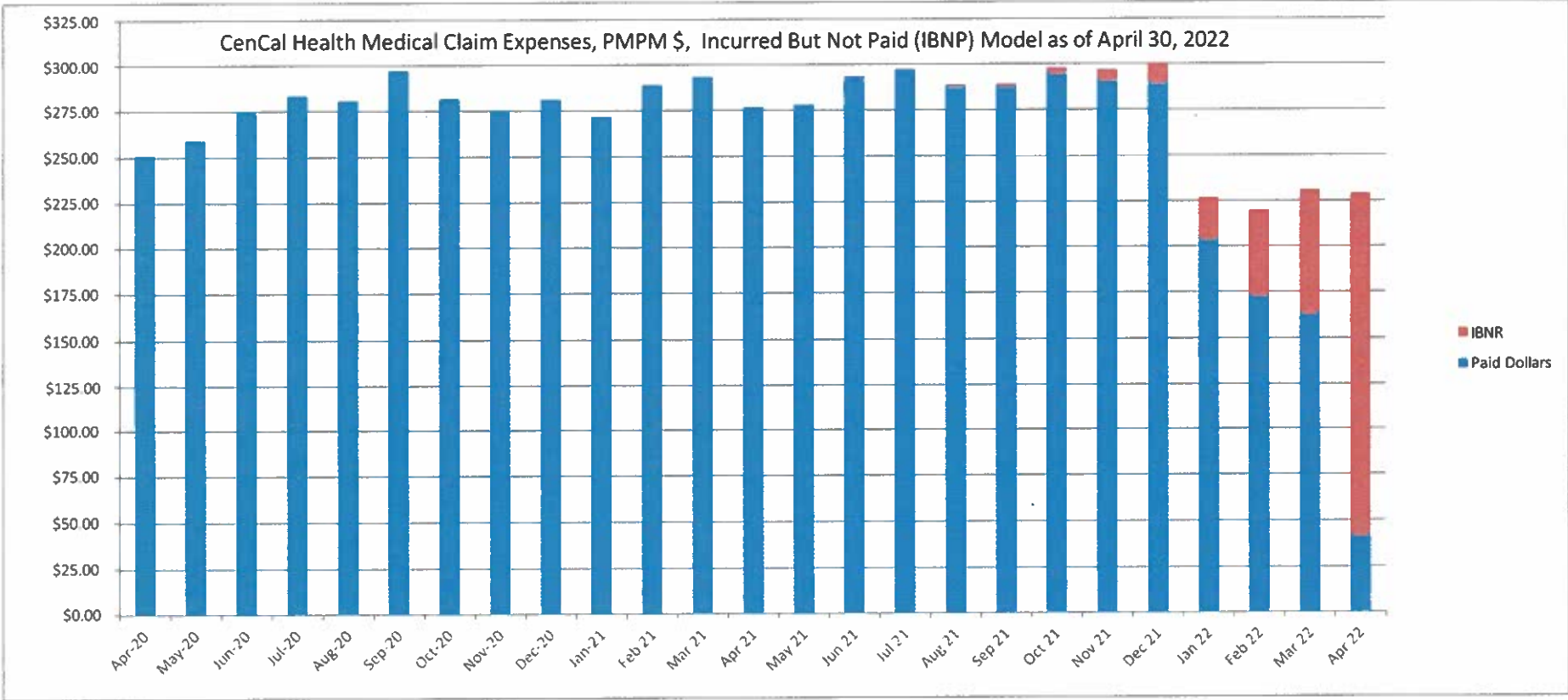
<b>SLOHI</b>	2021-22 Budget	Actual FYTD 2021-22	Actual 2020-21	Actual 2019-20
Avg. # of Covered Lives	62,757	62,623	57,396	51,530
Capitation revenue PMPM - net	\$ 436.08	\$ 485.92	\$ 290.78	\$ 312.68
<i>Per Member Per Month:</i>				
PCP Capitation, Incentives & CM Fee	\$ 15.32	\$ 15.02	\$ 16.11	\$ 15.09
Physician Services	\$ 66.16	\$ 55.82	\$ 73.24	\$ 72.58
Hospital inpatient - in area	\$ 49.72	\$ 54.75	\$ 52.54	\$ 50.97
Hospital inpatient - out of area	\$ 20.69	\$ 22.18	\$ 24.06	\$ 26.90
Hospital outpatient - in area	\$ 13.16	\$ 14.18	\$ 13.46	\$ 13.60
Hospital outpatient - out of area	\$ 4.46	\$ 4.55	\$ 5.60	\$ 8.75
Pharmacy	\$ 53.49	\$ 47.04	\$ 87.52	\$ 84.77
SNF/ICF (long term care)	\$ 50.61	\$ 57.59	\$ 58.64	\$ 63.14
Mental & Behavioral Health	\$ 10.83	\$ 4.77	\$ 20.35	\$ 16.12
All Other Medical Services	\$ 21.29	\$ 21.36	\$ 21.07	\$ 21.24

**SBHI Medical Expenditures  
FY 2021-22**



**SLOHI Medical Expenditures  
FY 2021-22**





**CenCal Health**  
**Statement of Financial Condition**  
**As of April 30, 2022**  
(Unaudited)

<b>ASSETS</b>		
Cash and Short-Term Investments		\$ 253,935,927.35
Receivables		
A/R - Medi-Cal Capitation	313,257,360.58	
A/R - Recoveries	41,157.35	
A/R - Reinsurance	1,963,000.00	
A/R - VRP Funding	0.00	
A/R-CalAIM IPP	12,824,346.00	
Interest Receivable	9,316.05	
Other Receivables	<u>1,375,888.57</u>	
Total Receivables		329,471,068.55
Prepaid Expenses		
Prepaid Insurance	749,407.87	
Other Prepays	<u>1,607,256.42</u>	
Total Prepaid Expense		2,356,664.29
Other Current Assets		
Security Deposits	<u>105,017.84</u>	
Total Other Current Assets		105,017.84
	<b>Total Current Assets</b>	<b>585,868,678.03</b>
Net Property, Plant, & Equipment		29,471,022.74
Other Assets		
Restricted CD - Knox-Keene		300,000.00
Restricted COLI		10,469,509.26
Lease Asset SLO-Ekwill		2,429,445.02
Acc. Amort. Lease SLO-Ekwill		<del>(759,338.94)</del>
Deferred Outflow of Resources		
Deferred pensions		6,274,156.00
	<b>TOTAL ASSETS</b>	<b><u>\$ 634,052,872.11</u></b>
<b>LIABILITIES</b>		
Current Payables		
Medical Claims - Incurred But Not Paid	\$ 97,557,000.00	
Other Current Payables	<u>788,146.62</u>	
Total Current Payables		98,345,146.62
Accrued Payables		
Accrued Salary, Wages, & Benefits	2,933,050.14	
Accrued IGT Distribution	51,243,989.00	
Accrued Hospital Directed Pmts	174,746,986.40	
Accrued HQAF Directed Pmts	12,102,036.22	
Accrued DHCS Revenue Recoups - MLR	69,530,981.94	
Accrued CalAIM IPP	12,824,346.00	
Accrued VRP	358,827.11	
Accrued MCO Tax	9,705,029.20	
Other Accrued Expenses	<u>7,549,042.65</u>	
Total Accrued Payables		340,992,288.66
Other Current Liabilities		
Primary Care Provider Incentives	15,288,095.94	
Quality Initiative Incentives	<u>3,960,950.00</u>	
Total Other Current Liabilities		19,249,045.94
	<b>Total Current Liabilities</b>	<b>458,586,481.22</b>
Other Non-Current Liabilities		
Accrued Unfunded Pension Liability - GASB 68		8,125,246.93
Other Liabilities		
Acc. Amort. Lease		1,742,109.15
Deferred Inflow of Resources		
Deferred pensions		651,019.00
	<b>Total Liabilities</b>	<b>469,104,856.30</b>
<b>FUND BALANCES</b>		
Designated - Contingency Reserve	170,209,882.66	
Undesignated - Current Year	<u>(5,261,866.85)</u>	
Total Fund Balance		164,948,015.81
	<b>Total Liabilities and Fund Balance</b>	<b><u>\$ 634,052,872.11</u></b>

**CenCal Health**

Consolidated Statement of Revenue and Expense  
As of April 30, 2022

	Month Actual	FYTD Actual	FYTD Flexible Budget	Over (Under) Flexible Budget	Pct. Over(Under) Budget	YTD Actual PMPM
<b>PROGRAM REVENUE</b>						
Capitation Revenue	\$ 84,856,070	\$ 967,706,325	\$ 888,517,000	\$ 79,189,325	8.91%	\$462.35
<b>PROGRAM RELATED MEDICAL COSTS</b>						
PCP capitation, incentives & case mgmt fees	3,096,749	30,191,178	30,977,000	(785,822)	-2.54%	\$14.42
Physician services	14,189,558	135,233,838	156,095,000	(20,861,162)	-13.36%	\$64.61
Hospital inpatient - in area	10,938,323	112,185,515	114,886,000	(2,700,485)	-2.35%	\$53.60
Hospital inpatient - out of area	16,602,487	61,389,839	43,191,000	18,198,839	42.14%	\$29.33
Hospital outpatient - in area	5,015,649	39,688,151	37,102,000	2,586,151	6.97%	\$18.96
Hospital outpatient - out of area	990,636	11,341,669	10,360,000	981,669	9.48%	\$5.42
Pharmacy	11,344	83,994,391	92,363,000	(8,368,609)	-9.06%	\$40.13
Long term care / skilled nursing	10,564,675	106,350,617	93,398,000	12,952,617	13.87%	\$50.81
Dialysis	559,415	5,787,758	6,598,000	(810,242)	-12.28%	\$2.77
Home health & hospice	462,246	8,391,372	11,683,000	(3,291,628)	-28.17%	\$4.01
Mental health benefit	2,981,358	8,450,892	9,939,000	(1,488,108)	-15.0%	\$4.04
Behavioral health therapy (ABA)	1,494,517	24,614,144	19,909,000	4,705,144	23.6%	\$11.76
All other health care services	5,782,073	43,193,280	40,210,000	2,983,280	7.42%	\$20.64
Quality initiative incentives & support	358,000	3,645,800	3,666,000	(20,200)	-0.55%	\$1.74
HQAf Directed Prnt	2,701,468	28,846,122	29,515,000	(668,878)	-2.27%	\$13.78
Behavioral Health Integration Incentive Program	751,596	2,313,286	-	2,313,286		\$1.11
Pooled Directed Prnt	(10,953,127)	109,815,667	59,234,000	50,581,667	85.39%	\$52.47
Rate Range IGT	3,312,772	28,505,952	32,009,000	(3,503,048)	-10.94%	\$13.62
CalAIM IPP	-	12,824,346	-	12,824,346		\$6.13
Reinsurance/recoveries - net	(943,332)	(3,370,780)	1,301,000	(4,671,780)	-359.09%	(\$1.61)
Prior year change in IBNR estimate	4,920,915	14,282,455	-	14,282,455		\$6.82
<b>Total Medical Costs</b>	<b>72,837,324</b>	<b>867,675,493</b>	<b>792,436,000</b>	<b>75,239,493</b>	<b>9.49%</b>	<b>\$414.56</b>
<b>ADMINISTRATIVE COSTS</b>						
Salary, wages, & benefits	3,217,144	30,363,320	32,302,252	(1,938,932)	-6.00%	\$14.51
Contract services	455,308	6,797,724	8,620,000	(1,822,276)	-21.14%	\$3.25
Travel expense	11,494	43,608	226,090	(182,482)	-80.71%	\$0.02
Rent & occupancy	97,028	955,706	1,052,900	(97,194)	-9.23%	\$0.46
Office supplies & equip	91,244	947,704	1,054,240	(106,536)	-10.11%	\$0.45
Insurance	86,430	769,041	559,000	210,041	37.57%	\$0.37
Depreciation & amortization	132,508	1,742,593	1,344,800	397,793	29.58%	\$0.83
Other expenses	84,680	2,982,889	4,465,180	(1,482,291)	-33.20%	\$1.43
<b>Total Administrative Costs</b>	<b>4,175,835</b>	<b>44,602,585</b>	<b>49,624,462</b>	<b>(5,021,877)</b>	<b>-10.12%</b>	<b>\$21.31</b>
<b>MCO Tax Expense</b>	<b>6,105,029</b>	<b>63,650,292</b>	<b>61,050,000</b>	<b>2,600,292</b>	<b>4.26%</b>	<b>\$30.41</b>
<b>TOTAL OPERATING EXPENSES</b>	<b>83,118,189</b>	<b>975,928,369</b>	<b>903,110,462</b>	<b>72,817,907</b>	<b>8.06%</b>	<b>466.28</b>
<b>OTHER REVENUE (EXPENSE)</b>						
Interest income	89,480	618,699	1,150,000	(531,301)	-46.20%	\$0.30
Realized gain (loss) on investments	-	-	-	-		\$0.00
Unrealized gain (loss) on investments	(392,872)	(2,511,815)	-	(2,511,815)		(\$1.20)
Other activities	669,512	4,853,294	-	4,853,294		\$2.32
<b>NET OPERATING GAIN (LOSS)</b>	<b>\$ 2,104,001</b>	<b>\$ (5,261,867)</b>	<b>\$ (13,443,462)</b>	<b>\$ 8,181,595</b>	<b>-60.86%</b>	<b>(\$2.51)</b>

Average Member Count	213,165	209,300
FYTD Member Months	---	2,093,003
Medical Loss Ratio (MLR)	86%	90%
Admin Ratio [admin divided by cap revenue]	5%	5%
Pct. Admin to Total Expenses	5%	5%
Operating Margin Gain (Loss)	2%	-1%



# CenCal Health

## Medical Expenses by Category

As of April 30, 2022

All Programs Combined

Direct Medical Expenses Paid to Providers	FYTD Actual	FYTD Budget	Over (Under) Budget	Percentage Over (Under) Budget	FYTD Actual PMPM \$
PCP capitation, incentives & case mgmt fees	\$ 30,191,178	\$ 30,977,000	\$ (785,822)	-2.5%	\$14.42
Physician services	135,233,838	156,095,000	(20,861,162)	-13.4%	\$64.61
Hospital inpatient - in area	67,276,716	68,312,000	(1,035,284)	-1.5%	\$32.14
Hospital inpatient - out of area	61,389,839	43,191,000	18,198,839	42.1%	\$29.33
Hospital capitation - inpatient services	44,908,800	46,574,000	(1,665,200)	-3.6%	\$21.46
Hospital outpatient: in-area	16,267,744	14,949,000	1,318,744	8.8%	\$7.77
Hospital outpatient: out-of-area	11,341,669	10,360,000	981,669	9.5%	\$5.42
Hospital capitation - outpatient services	23,420,407	22,153,000	1,267,407	5.7%	\$11.19
Pharmacy	83,994,391	92,363,000	(8,368,609)	-9.1%	\$40.13
Long term care / skilled nursing	106,350,617	93,398,000	12,952,617	13.9%	\$50.81
Chiropractic	25,719	39,000	(13,281)	-34.1%	\$0.01
Acupuncture	52,064	88,000	(35,936)	-40.8%	\$0.02
Optometry	1,408,170	1,498,000	(89,830)	-6.0%	\$0.67
Optician	50,197	42,000	8,197	19.5%	\$0.02
Audiology	889,494	960,000	(70,506)	-7.3%	\$0.43
Mental health benefit	8,450,892	9,939,000	(1,488,108)	-15.0%	\$4.04
Behavioral health therapy (ABA)	24,614,144	19,909,000	4,705,144	23.6%	\$11.76
Podiatry	1,179,289	1,080,000	99,289	9.2%	\$0.56
Physical therapy	2,543,006	2,249,000	294,006	13.1%	\$1.22
Speech therapy	10,561	6,000	4,561	76.0%	\$0.01
Transportation	8,961,830	9,518,000	(556,170)	-5.8%	\$4.28
Prosthetics	1,369,714	1,716,000	(346,286)	-20.2%	\$0.65
Home health	2,609,872	3,408,000	(798,128)	-23.4%	\$1.25
Hospice	5,781,500	8,275,000	(2,493,500)	-30.1%	\$2.76
Dialysis	5,787,758	6,598,000	(810,242)	-12.3%	\$2.77
Laboratory	13,494,317	12,428,000	1,066,317	8.6%	\$6.45
Durable medical equipment	7,519,250	6,961,000	558,250	8.0%	\$3.59
All other medical services	20,827,301	3,625,000	17,202,301	474.5%	\$9.95
Quality initiative incentives	3,645,800	3,666,000	(20,200)	-0.6%	\$1.74
	<b>\$ 689,596,076</b>	<b>\$ 670,377,000</b>	<b>\$ 19,219,076</b>	<b>2.9%</b>	<b>\$ 329.48</b>

**Santa Barbara County Medi-Cal**  
**Program Operating Statement**  
As of April 30, 2022

	<u>FYTD Actual</u>	<u>FYTD Flexible Budget</u>	<u>Over (Under) Flexible Budget</u>	<u>Pct. Over(Under) Budget</u>	<u>YTD Actual PMPM</u>
<b>PROGRAM REVENUE</b>					
<b>Capitation Revenue</b>	<b>\$ 663,413,544</b>	<b>\$ 615,431,000</b>	<b>\$ 47,982,544</b>	<b>7.80%</b>	<b>\$ 452.29</b>
<b>PROGRAM RELATED MEDICAL COSTS</b>					
PCP capitation, incentives & case mgmt fees	20,787,248	21,383,000	(595,752)	-2.79%	14.17
Physician services	100,277,803	114,666,000	(14,388,197)	-12.55%	68.37
Hospital inpatient - in area	77,897,388	83,752,000	(5,854,613)	-6.99%	53.11
Hospital inpatient - out of area	47,499,675	30,232,000	17,267,675	57.12%	32.38
Hospital outpatient - in area	30,808,336	28,864,000	1,944,336	6.74%	21.00
Hospital outpatient - out of area	8,491,270	7,570,000	921,270	12.17%	5.79
Pharmacy	54,534,044	58,869,000	(4,334,956)	-7.36%	37.18
Long term care / skilled nursing	70,285,559	61,707,000	8,578,559	13.90%	47.92
Dialysis	4,628,090	5,299,000	(670,910)	-12.66%	3.16
Home health & hospice	5,660,517	8,060,000	(2,399,483)	-29.77%	3.86
Mental health benefit	5,463,063	6,556,000	(1,092,937)	-16.67%	3.72
Behavioral health therapy (ABA)	15,541,508	13,130,000	2,411,508	18.37%	10.60
All other health care services	30,040,880	26,875,000	3,165,880	11.78%	20.48
Quality initiative incentives & support	2,560,917	2,568,000	(7,083)	-0.28%	1.75
Reinsurance/recoveries - net	(2,877,882)	958,000	(3,835,882)	-400.41%	(1.96)
HQAf Directed Pmt	20,259,155	21,049,000	(789,845)	-3.75%	13.81
Behavioral Health Integration Incentive Program	2,087,807	-	2,087,807		1.42
Pooled Directed Pmt	74,767,282	40,719,000	34,048,282	83.62%	50.97
Rate Range IGT	19,775,858	22,478,000	(2,702,142)	-12.02%	13.48
CalAIM IPP	8,981,830	-	8,981,830		6.12
Prior year change in IBNR estimate	6,460,367	-	6,460,367		4.40
<b>Total Medical Costs</b>	<b>603,930,714</b>	<b>554,735,000</b>	<b>49,195,714</b>	<b>8.87%</b>	<b>411.74</b>
<b>ADMINISTRATIVE COSTS - allocation</b>	<b>31,257,502</b>	<b>34,777,000</b>	<b>(3,519,498)</b>	<b>-10.12%</b>	<b>21.31</b>
MCO Tax Expense	44,707,370	42,860,000	1,847,370	4.31%	30.48
<b>TOTAL OPERATING EXPENSES</b>	<b>679,895,586</b>	<b>632,372,000</b>	<b>47,523,586</b>	<b>7.52%</b>	<b>463.53</b>
<b>NET OPERATING GAIN (LOSS)</b>	<b>\$ (16,482,042)</b>	<b>\$ (16,941,000)</b>	<b>\$ 458,958</b>	<b>-2.71%</b>	<b>\$ (11.24)</b>

Average FYTD Member Count	146,678	Admin Ratio [admin divided by cap revenue]	4.7%
Current Month Member Count	149,062	Pct. Admin to Total Expenses	4.6%
FYTD Member Months	1,466,777		
Medical Loss Ratio (MLR)	91%		
Operating Margin Gain (Loss) %	-2.5%		

**San Luis Obispo County Medi-Cal**  
**Program Operating Statement**  
As of April 30, 2022

	<u>FYTD Actual</u>	<u>FYTD Flexible Budget</u>	<u>Over (Under) Flexible Budget</u>	<u>Pct. Over(Under) Budget</u>	<u>YTD Actual PMPM</u>
<b>PROGRAM REVENUE</b>					
<b>Capitation Revenue</b>	<b>\$ 304,292,782</b>	<b>\$ 273,086,000</b>	<b>\$ 31,206,782</b>	<b>11.43%</b>	<b>\$ 485.92</b>
<b>MEDICAL COSTS</b>					
PCP capitation, incentives & case mgmt fees	9,403,929	9,594,000	(190,071)	-1.98%	15.02
Physician services	34,956,035	41,429,000	(6,472,965)	-15.62%	55.82
Hospital inpatient - in area	34,288,128	31,134,000	3,154,128	10.13%	54.75
Hospital inpatient - out of area	13,890,163	12,959,000	931,163	7.19%	22.18
Hospital outpatient - in area	8,879,814	8,238,000	641,814	7.79%	14.18
Hospital outpatient - out of area	2,850,400	2,790,000	60,400	2.16%	4.55
Pharmacy	29,460,347	33,494,000	(4,033,653)	-12.04%	47.04
Long term care / skilled nursing	36,065,058	31,691,000	4,374,058	13.80%	57.59
Dialysis	1,159,668	1,299,000	(139,332)	-10.73%	1.85
Home health & hospice	2,730,855	3,623,000	(892,145)	-24.62%	4.36
Mental health benefit	2,987,830	3,383,000	(395,170)	-11.68%	4.77
Behavioral health therapy (ABA)	9,072,636	6,779,000	2,293,636	33.83%	14.49
All other health care services	13,377,879	13,335,000	42,879	0.32%	21.36
Quality initiative incentives & support	1,084,883	1,098,000	(13,117)	-1.19%	1.73
Reinsurance/recoveries - net	(492,897)	343,000	(835,897)	-243.70%	(0.79)
HQAF Directed Pmt	8,586,967	8,466,000	120,967	1.43%	13.71
Pooled Directed Pmt	35,048,385	18,515,000	16,533,385	89.30%	55.97
CalAIM IPP	3,842,516	-	3,842,516		6.14
Rate Range IGT	8,730,094	9,531,000	(800,906)	-8.40%	13.94
Prior year change in IBNR estimate	7,822,088	-	7,822,088		12.49
<b>Total Medical Costs</b>	<b>263,744,778</b>	<b>237,701,000</b>	<b>26,043,778</b>	<b>10.96%</b>	<b>421.17</b>
<b>ADMINISTRATIVE COSTS - allocation</b>	<b>13,345,083</b>	<b>14,848,000</b>	<b>(1,502,917)</b>	<b>-10.12%</b>	<b>21.31</b>
MCO Tax Expense	18,942,922	18,190,000	752,922	4.14%	30.25
<b>TOTAL OPERATING EXPENSES</b>	<b>296,032,783</b>	<b>270,739,000</b>	<b>25,293,783</b>	<b>9.34%</b>	<b>472.73</b>
<b>NET OPERATING GAIN (LOSS)</b>	<b>\$ 8,259,998</b>	<b>\$ 2,347,000</b>	<b>\$ 5,912,998</b>	<b>-251.94%</b>	<b>\$ 13.19</b>

Average FYTD Member Count	62,623	Admin Ratio [admin divided by cap revenue]	4.4%
Current Month Member Count	64,103	Pct. Admin to Total Expenses	4.5%
FYTD Member Months	626,226		
Medical Loss Ratio (MLR)	87%		
Operating Margin Gain (Loss)	3%		

**CenCal Health**  
**Total Administrative Expenses**  
**Fiscal Year-to-Date as of April 30, 2022**

	Current YTD Actual	Current YTD Budget	Over (Under) Variance	
Salaries & Wages	\$ 20,489,933	\$ 22,155,820	\$ (1,665,887)	
Fringe Benefits	9,873,387	10,146,432	(273,045)	
Contract Services	6,797,724	8,620,000	(1,822,276)	
Travel Expenses	43,608	226,090	(182,482)	
Rent & Occupancy	955,706	1,052,900	(97,194)	
Office Supplies & Equip.	947,704	1,054,240	(106,536)	
Insurance	769,041	559,000	210,041	
Depreciation	982,654	1,344,800	(362,146)	
Equipment/Software Maintenance	77,037	83,300	(6,263)	
Communications	443,711	534,800	(91,089)	
Publications	17,909	65,380	(47,471)	
Software Licensing Fees	1,780,853	1,680,420	100,433	
Professional Associate Dues	187,026	219,540	(32,514)	
Community Relations and Marketing	468,243	566,000	(97,757)	
Community Health Promotion	64,881	224,600	(159,719)	
Member and Provider Materials	6,625	72,000	(65,375)	
Provider Relations & Recruitment	-	53,200	(53,200)	
Credentialing Fees	24,175	22,500	1,675	
Director and Advisory Board Fees	17,847	29,050	(11,203)	
Business Meeting Costs	34,836	161,900	(127,064)	
All Other Misc Expenses	137,680	752,490	(614,810)	
<b>Total</b>	<b><u>\$ 44,120,581</u></b>	<b><u>\$ 49,624,462</u></b>	<b><u>\$ (5,503,881)</u></b>	-11.1%
PMPM \$	\$21.08	\$23.71		

**NOTES TO THE FINANCIAL STATEMENTS FOR 10 MONTHS ENDING 4/30/2022**

**USE OF ESTIMATES** The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. CenCal Health’s principal areas of estimates include reinsurance, third-party recoveries, retroactive capitation receivables, and claims incurred but not yet reported. Actual results could differ from those estimates.

**REVENUE RECOGNITION** Under contracts with the State of California, Medi-Cal is based on the estimated number of eligible enrollees per month, times the contracted monthly capitation rate. Revenue is recorded in the month in which eligible enrollees are entitled to health care services. Revenue projections for Medi-Cal are based on draft capitation rates issued by the DHCS effective as of January 1, 2022, as well as prior year any retroactive rate adjustments issued by the DHCS.

**SIGNIFICANT ITEMS REPORTED IN THE CURRENT MONTH’S FINANCIAL STATEMENTS**

- Reserve for 85% Medical Loss Ratio (MLR) contractual provision on the Affordable Care Act (ACA) Medi-Cal Expansion (MCE) population: At April 30, 2022 \$50.9M is reserved on the balance sheet as potential Medi-Cal capitation revenue that will be recouped back to the DHCS under the terms of the MLR contract language. A recoupment of this amount will result in an MLR of 85% for the MCE Adult population. This reserve covers the period July 1, 2017 – December 31st, 2021.
- Reserve for Prop 56 healthcare items including Physician Services, Development Screening Services, Adverse Childhood Event (Trauma) Screening Services, Family Planning Services and Value Based Payment Program. This reserve is effective FY18/19, FY19/20 through Dec 2020 and CY2021 for the amount of \$17.4M for the 3 fiscal/calendar years.
- GASB 68 requires the health plan to record the magnitude of the unfunded pension liability. Accrued CalPERS Pension Liability is reserved on the balance sheet as of April 30, 2022 in the amount of \$8,008,982 based on current estimates. The GASB 68 liability amount is derived by smoothing and amortizing the health plan’s actual unfunded liability over several years and as a result will normally be calculated at a lower amount than the unfunded liability derived by CalPERS.

The CalPERS Annual Valuation Report dated July 2021 reports the health plan’s actual unfunded pension liability at \$10,198,049 as of June 30, 2020.

CalPERS Misc Plan for employees hired prior to Jan 1, 2013	\$9,446,850
CalPERS PEPRA Misc Plan for employees hired on or after Jan 1, 2013	751,199
	<hr/>
	\$10,198,049

**CenCal Health**  
**TANGIBLE NET EQUITY CALCULATION**  
**At April 30, 2022**

(1)	Total Assets		\$ 634,052,872
(2)	Less: Intangible assets		_____
(3)	Less: Obligations of officers, directors or owners, which are not fully secured		_____
(4)	Less: Obligations of affiliates which are not current, or not fully secured		_____
(5)	Less: Long-term prepayments of deferred charges or nonreturnable deposits		_____
(6)	Less: Total Liabilities		<u>(469,104,856)</u>
(7)	Add: Subordinated debt	0	_____
	Less: Other	0	_____
	Total Line 7 (net)		<u>0</u>
(8)	ACTUAL TANGIBLE NET EQUITY (Line 1 through 7)		<u>\$ 164,948,016</u>

**Title 10, CCR, Section 1300.76 TNE Requirement:**

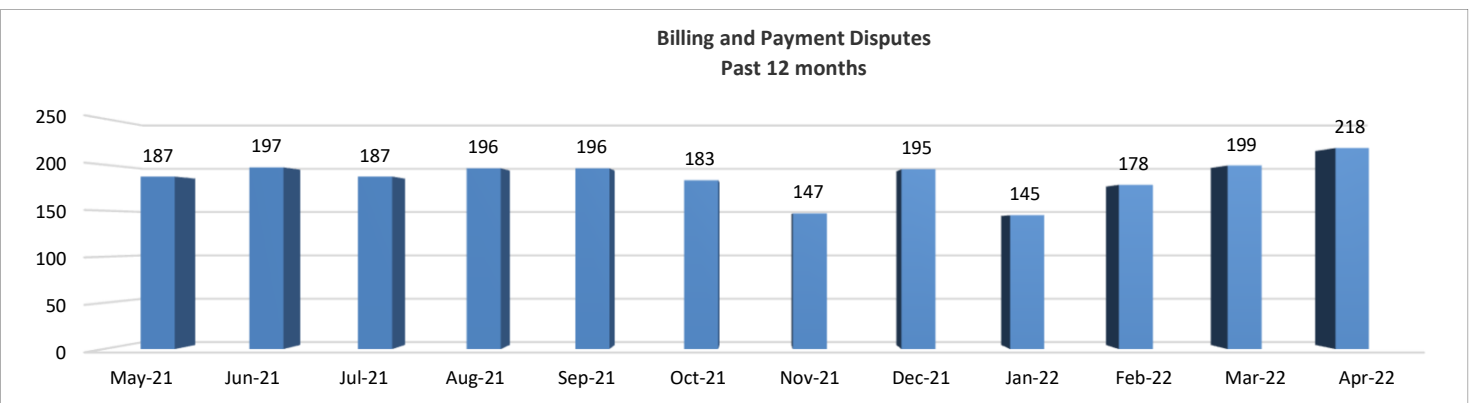
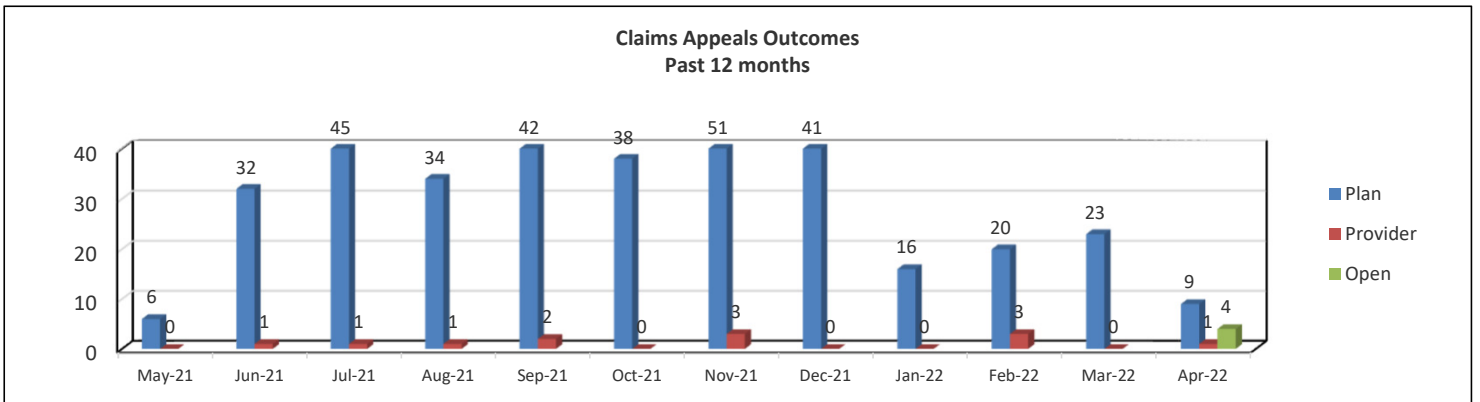
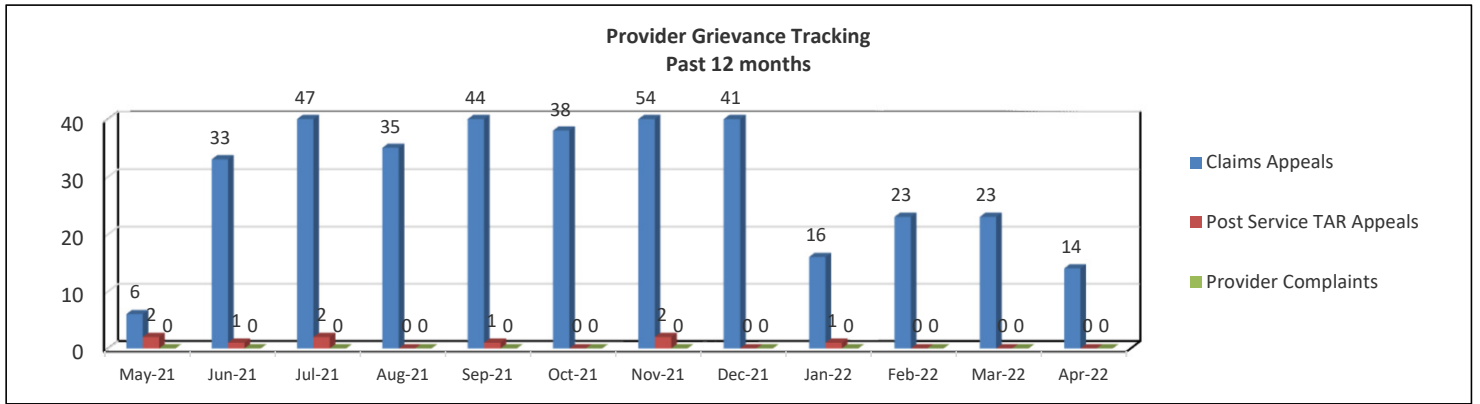
(9)	Minimum TNE Requirement (\$1 million)		\$ 1,000,000
(10)	2% of first \$150M of annualized premium revenue	\$ 3,000,000	_____
	PLUS: 1% of annualized premium revenue > \$150M	9,369,604	_____
	Total (Line 10)		<u>\$ 12,369,604</u>
(11)	8% of first \$150M of annualized health care expenditures, except those paid on a capitated or managed hospital payment basis	\$ 12,000,000	_____
	PLUS: 4% of first \$150M of annualized health care expenditures > \$150M, EXCEPT those paid on a capitated or managed hospital payment basis	15,604,216	_____
	PLUS: 4% of the annualized hospital expenditures paid on a managed hospital payment basis (i.e., per diem payments made to the hospitals)	10,461,685	_____
	Total (Line 11)		<u>\$ 38,065,901</u>
(12)	The greater of lines 9, 10, or 11		<u>\$ 38,065,901</u>
(13)	% of the amount required by Title 10, CCR, Section 1300.76 ☉		<u>100%</u>
(14)	Tangible Net Equity - Minimum required (Line 12 x Line 13)		<u>\$ 38,065,901.05</u>
(15)	Actual Tangible Net Equity (Line 8)	433%	<u>\$ 164,948,016</u>
(16)	Tangible Net Equity - Excess (Deficiency) (Line 15 - Line 14)		<u>\$ 126,882,115</u>



## **Appendices**

- Appendix A: Provider Grievance Tracking Report
- Appendix B: Provider Services Departmental Metrics
- Appendix C: Claims Report
- Appendix D: Member Services Telephone Statistics
- Appendix E: Member Grievance, System Grievance & Appeal Receipts
- Appendix F: CenCal Health Monthly Enrollment by Program

**CenCal Health**  
**Type of Indicator: Service**  
**Indicator: Provider Grievance Tracking**  
**Rolling 12 months**





**CenCal Health**  
**Type of Indicator: Service**  
**Indicator: Provider Grievance Tracking**  
**Rolling 12 months**

**Executive Summary:**

**Measure Description:** This report tracks all provider disputes, appeals and grievances; including provider complaints/grievances, provider claims disputes and appeals, and provider TAR appeals. This report does not track outcomes (except for claims disputes and appeals, see below), only the number and type of disputes, appeals and grievances. August 2017 bundles were removed from data collection and a third graph with total disputes was added.

**Strategic Importance:** Provider satisfaction and plan responsiveness to provider issues are important to maintaining the provider network. Tracking of grievances allows trending of number and type of grievances, and also ensures plan compliance with regulatory and contractual requirements (i.e. timeliness of resolution).

**Benchmark or Goal:** There are no established benchmarks or goals for number or type of disputes, appeals or grievances; however changes in trends may be indicative of system or process changes or problems. Plan expectations are that all disputes and appeals will be resolved within the timelines established by applicable regulations, and grievances will be resolved within 45 business days.

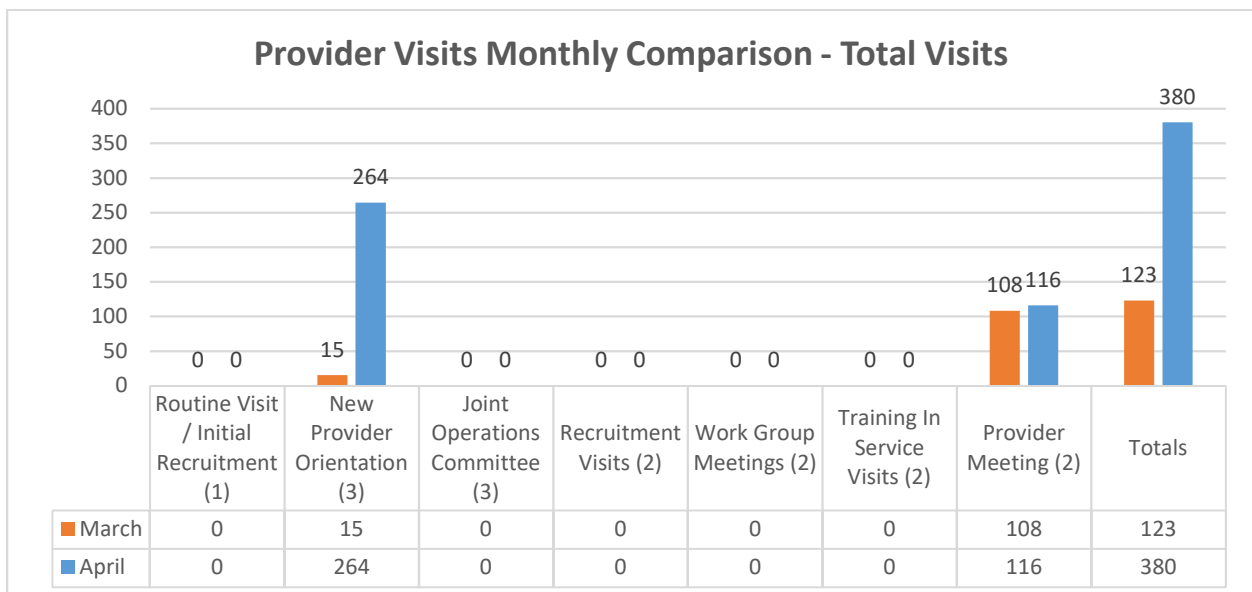
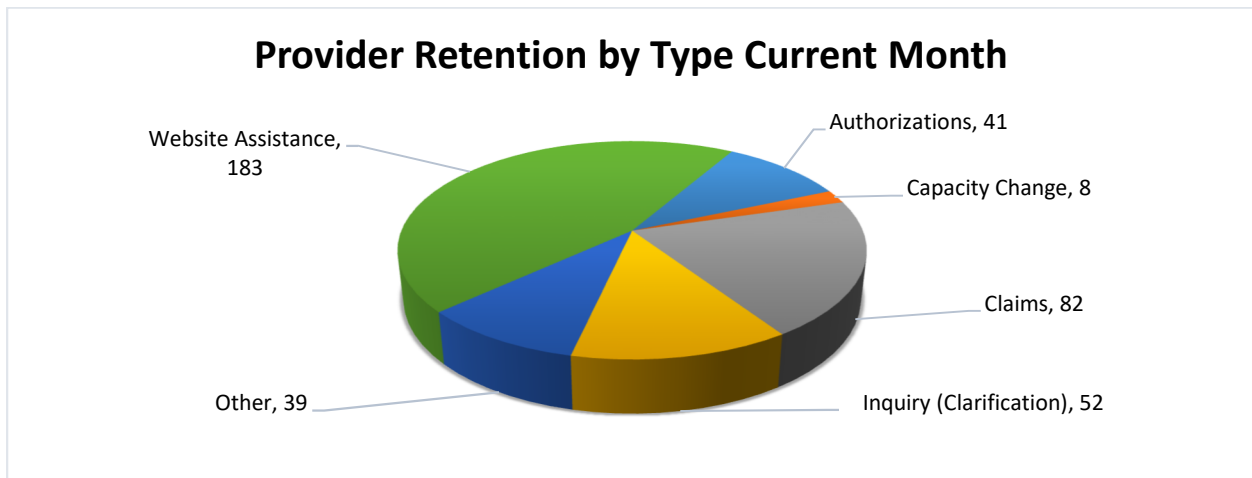
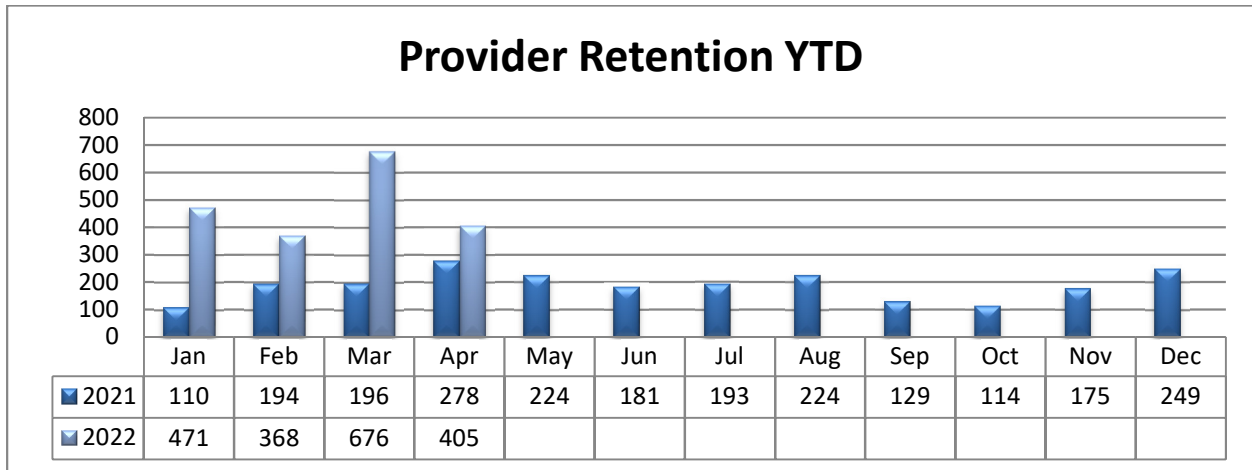
**Conclusions & Actions:** Disputes for April came in at 218 Claims Appeals came in at 14 for the month. There were 9 claims appeals in favor of the plan and 1 in favor of the provider with 4 having no resolution. There was 0 Post Service TAR Appeals and no Provider Complaints for April.

**General Trend & Comparison to Benchmark or Goal:** Claims disputes and appeals outcome categories have been revised in this report beginning with the December 2016 data to reflect whether the resolution was in favor of the Plan ("Plan") or the Provider ("Provider"). This is in alignment with how the Claims department reports data to Plan regulators. Resolutions in favor of the Plan include those formerly categorized as "Upheld", while those in favor of the Provider include those formerly categorized as either "Adjusted" or "Overturned". Roughly 30-50% of claims appeals received each month are adjusted based on additional information received (beyond the required non-claim mail process). Tar appeals are averaging 0 to 2 per month. Provider Services uses Case Tracking to capture provider complaints in a standardized fashion, with outcome & severity criteria. This report shows a rolling 12 months of data, rather than calendar year.

**Caveats and Limitations:** Claims disputes and appeals reports are run by Resolution Date, so data may be incomplete at the time it is first reported as some disputes and appeals may not yet be resolved, categorized as "Open". The graph will be updated the following month with the appropriate outcome codes. Claims and Provider Services staff are collaborating to ensure timely and accurate reporting. Post-service TAR appeals are processed and tracked by the Health Services Department.

# Provider Services Departmental Metrics

Providers Assisted – April 2022

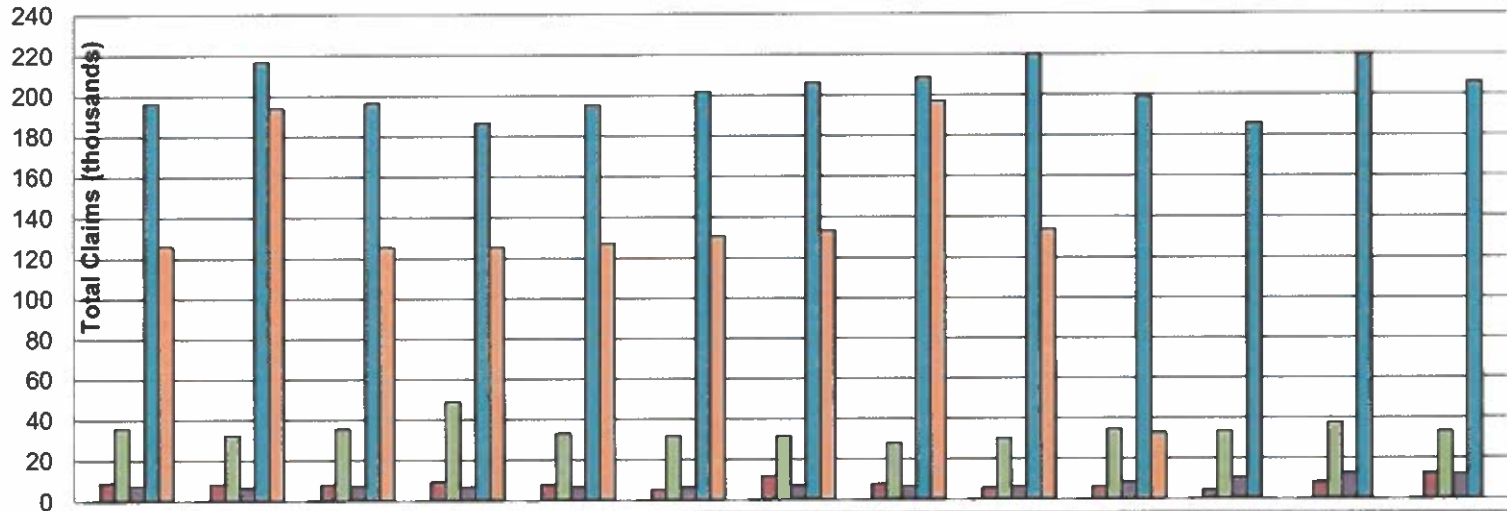


Claims Received by Submission Type per Month: April 2021 - April 2022

Total Claims Submitted for April 2022



■ Paper ■ Electronic



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
■ Paper - CenCal Health	5	44	54	30	149	29	61	22	27	123	9	1	7
■ Paper - Outsourced	9,161	8,209	7,918	9,438	7,874	5,246	11,798	7,879	5,948	6,200	4,480	8,203	12,695
■ AdminisTEP	35,653	32,298	35,461	48,743	33,003	31,736	31,317	27,990	30,067	34,382	33,201	37,531	33,133
■ Web-Processed	7,422	6,714	7,251	6,788	6,699	6,409	7,390	6,521	6,559	8,499	10,490	12,571	12,169
■ HIPAA Files	196,350	216,751	196,473	186,513	195,453	201,716	206,191	208,644	219,855	198,763	186,001	219,500	205,829
■ Med-Impact/PBM	125,848	193,881	125,344	125,169	127,392	130,566	133,539	197,089	133,659	32,698	57	8	0

**Summary:**

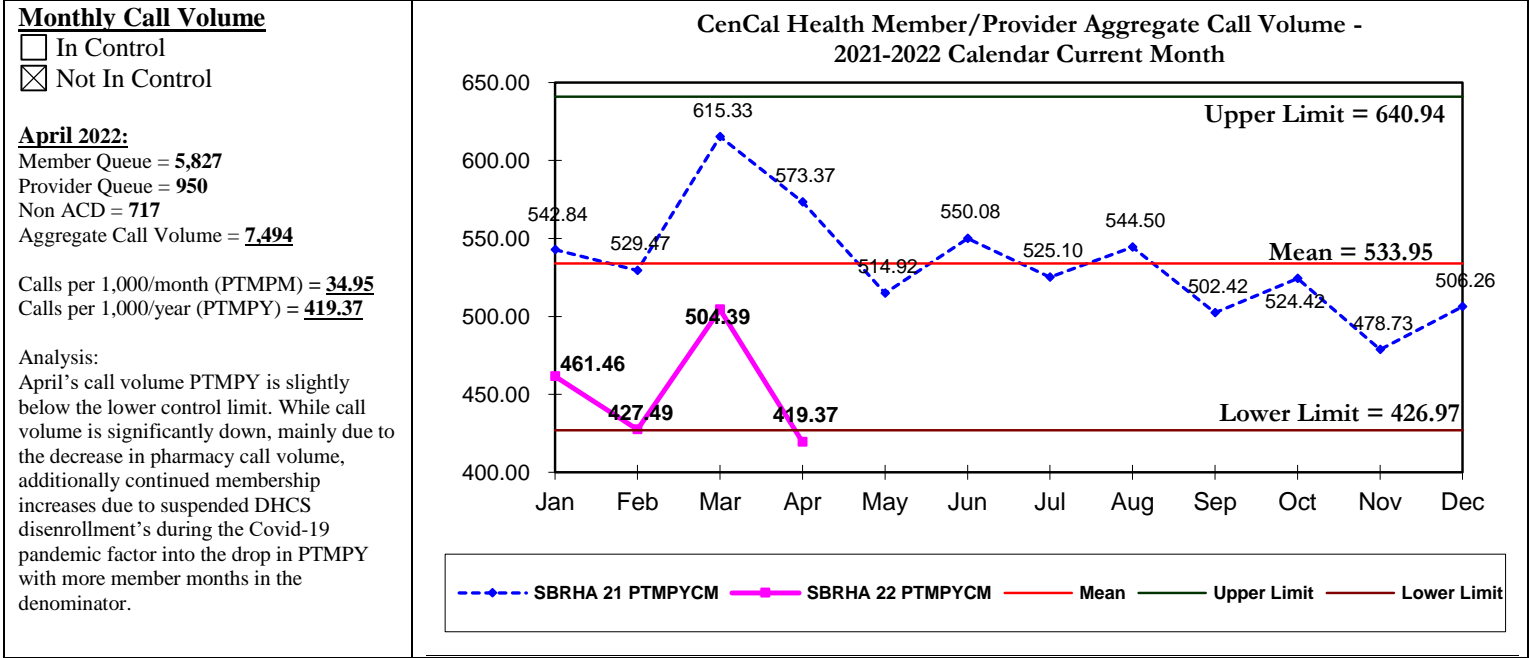
<b>Measure Description:</b>	Monthly report used to oversee total claims received by submission type.
<b>Submission Types:</b>	<p><u>Paper CenCal Health</u> - Claims processed "in-house" by staff at CenCal Health due to special circumstances (example Infusion Providers).</p> <p><u>Paper Outsourced</u> - Claims outsourced to Smart Data Solutions for data entry and imaging.</p> <p><u>AdminisTEP</u> - Paper claims submitted through outsourcing vendor to assist with reduction of Paper claim submission.</p> <p><u>Web Processed</u> - Claims submitted by providers through the CenCal Health website.</p> <p><u>HIPAA Files</u> -HIPAA compliant electronic claims submitted directly to the FTP server, including crossover claims from the Benefits Coordination &amp; Recovery Center (BCRC).</p> <p><u>Med-Impact</u> - Pharmacy claims managed and processed by a contracted PBM</p>

# CENCAL HEALTH CALENDAR 2021 - 2022 MEMBER SERVICE TELEPHONE STATISTICS

## AGGREGATE CALL VOLUME FOR HEALTH PLAN (CHART #1) AGGREGATE AVERAGE SPEED TO ANSWER (CHART#2)

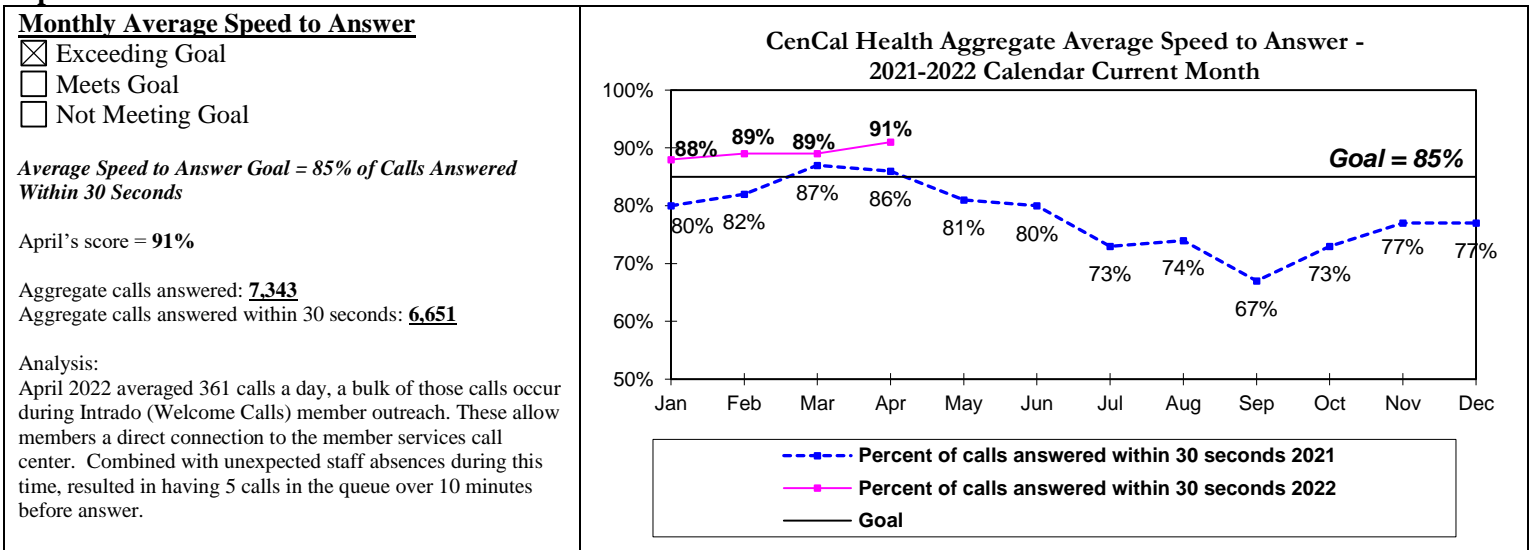
### Reporting period:

**April 2022 - Calendar 2022 Chart #1**



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>21 Members</b>	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
<b>Call Volume</b>	8,842	8,698	10,179	9,567	8,673	9,302	8,941	9,319	8,652	9,093	8,364	8,870
<b>PTMPYCM</b>	542.84	529.47	615.33	573.37	514.92	550.08	525.10	544.50	502.42	524.42	478.73	506.26
<b>22 Members</b>	211,466	212,410	213,193	214,434								
<b>Call Volume</b>	8,132	7,567	8,961	7,494								
<b>PTMPYCM</b>	461.46	427.49	504.39	419.37								

### April 2022- Chart #2



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Answered in 30 seconds or less 2021</b>	80%	82%	87%	86%	81%	80%	73%	74%	67%	73%	77%	77%
<b>Answered in 30 seconds or less 2022</b>	88%	89%	89%	91%								

# CENCAL HEALTH CALENDAR 2021 - 2022

## MEMBER SERVICE TELEPHONE STATISTICS

### AGGREGATE MONTHLY ABANDON RATE (CHART #3) AGGREGATE MONTHLY CALL CODING PERCENTAGE (CHART#4)

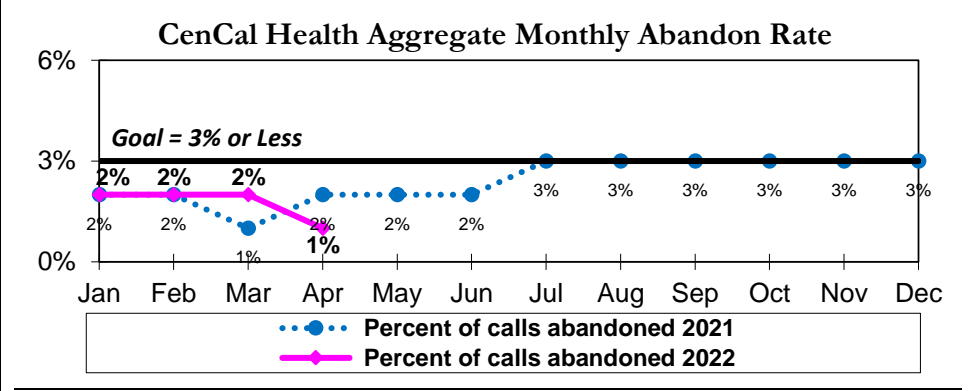
#### April 2022- Chart #3

**Monthly Aggregate Abandon Rate**  
 Exceeding Goal  
 Meets Goal  
 Not Meeting Goal

*CenCal Health Goal = 3% or less*

Aggregate Call Volume: **7,494**  
 Abandoned Calls: **90**

Percent of calls abandoned in April 2022 = 1%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Abandoned Calls 2021	2%	2%	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%
% of Abandoned Calls 2022	2%	2%	2%	1%								

#### April 2022- Chart #4

**Monthly Aggregate Calls Coded**  
 Exceeding Goal  
 Meets Goal  
 Not Meeting Goal

*Goal for Percentage of Coded Calls = 95%*

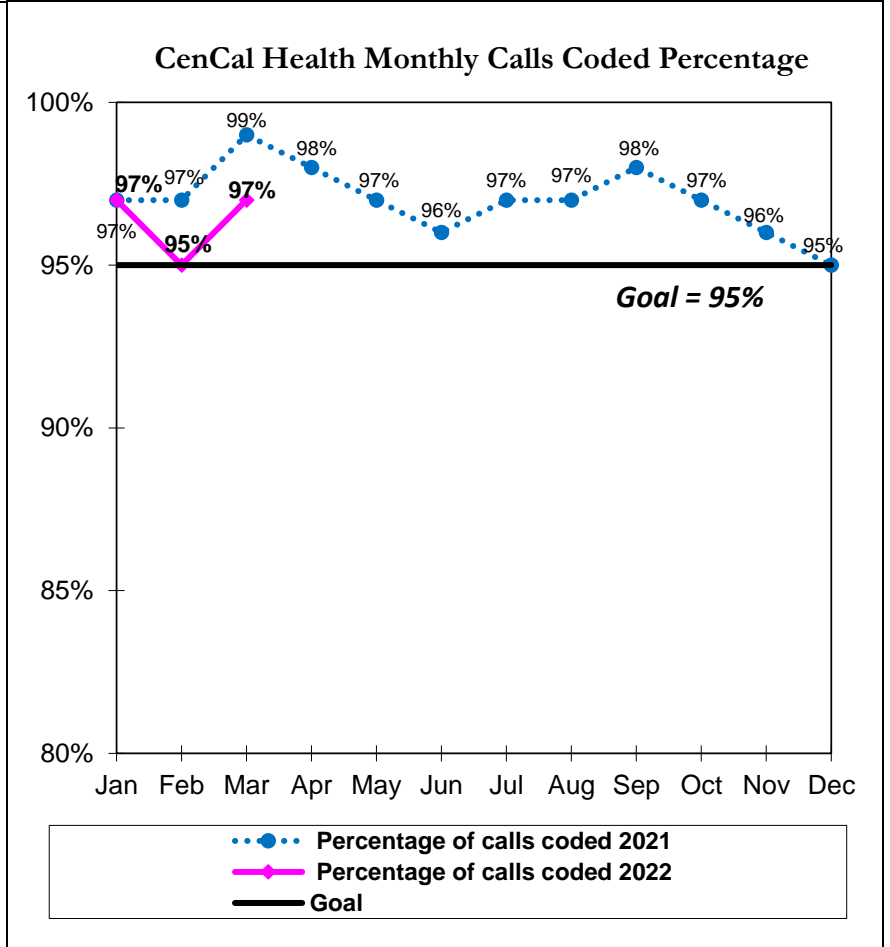
Queue Calls Handled: **6,626**  
 Queue Calls Coded: **6,416**  
 Percentage of calls coded in April 2022 = 97%  
 Total Issues Coded: **7,209**  
 \*Calls may have more than one category.

**Top 5 Call Codes:**

Category	Calls	% of Total
Eligibility	2,034	28%
PCP Selection	1,441	20%
Transfer	946	13%
Benefits	715	10%
Miscellaneous	494	7%

\*Miscellaneous = calls dropped/disconnect or N/A to a preset category.

**April Analysis:**  
 \*Eligibility Calls – 52% Eligibility verification, 31% Referred to DSS/SSA.  
 \*Transferred Calls – 23% to Behavioral Health, 22% to Ventura Transit, 12% to Med. Management.  
 \*Benefits – 37% Dental, 11% Vision.  
 \*Pharmacy – 79 Total pharmacy related calls, 15 resulted in a transfer to Magellan RX.  
 \*COVID specific calls – 18 total calls regarding testing sites, vaccinations, new at-home testing coverage and general questions.  
 \*Provider Call Volume (1,108) = 15% of all calls coded. 54% were for Eligibility Verification, 8% for PCP selections, 7% transferred to Medical Management.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Calls Coded 2021	97%	97%	99%	98%	97%	96%	97%	97%	98%	97%	96%	95%
% of Calls Coded 2022	97%	95%	97%	97%								

# CENCAL HEALTH CALENDAR 2022 MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

## MEMBER GRIEVANCES & APPEALS

**Reporting period:**

April 2022 - Calendar 2022

**In Control**

**Not in Control**

April's PTMPY for grievance and appeals was **1.45**, slightly below 2021's Mean of 1.93 and in control.

**April Grievance/Appeals = 26**

Appeals = **8** (0 Expedited Appeals)

Quality of Care = **5**

Interpersonal = **5**

Access = **4**

Administrative = **2**

Benefit = **2**

**Analysis and Trends**

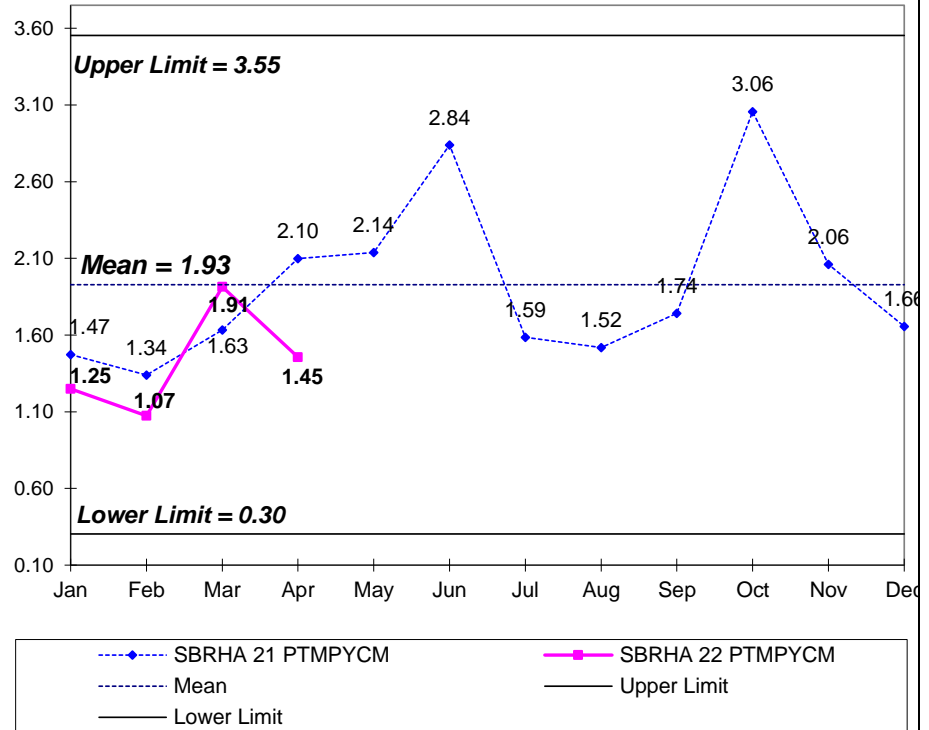
- \* **Appeals:** 8 TAR appeals. 5 RBM appeals with no trends.
- \* **QOC Grievances** (3 Mental Health, 1 Behavioral Health, 1 PCP) These were against different providers/clinics for various perceived quality of care concerns/reasons with no trends.
- \* **Interpersonal** grievances include 3 against Ventura transit for unfavorable interactions with the VTS call center/drivers.
- \* **Access** grievances against various providers (1 PCP, 1 BH, 1 Specialist, 1 VTS) for lack of available appointments at the members preferred time. No trends.
- \* **Ventura Transit System** had 6 total grievances filed against them. Most stem from the members dissatisfaction with customer service when scheduling a ride.
- \* **8 Total Mental/Behavioral Health** grievances. Common complaints about appointment availability, no trends by provider.

Of the **26** grievances/appeals filed:

20 = SB County (6 Appeals = 30% of SB Vol.)

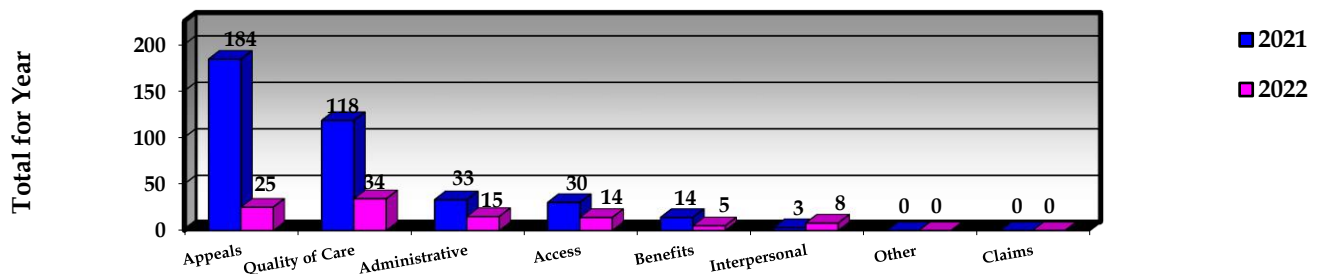
6 = SLO County (2 Appeals = 33% of SLO Vol.)

**Grievance & Appeal System - Total Receipts 2022  
Calendar Current Month**



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CenCal 21 Mbrshp	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
CenCal G&A Issues	24	22	26	35	35	47	27	26	47	47	36	28
CenCal PTMPYCM	1.47	1.34	1.63	2.10	2.14	2.84	1.59	1.52	1.74	3.06	2.06	1.66
CenCal 22 Mbrshp	211,466	212,410	213,193	214,434								
CenCal G&A Issues	22	19	34	26								
CenCal PTMPYCM	1.25	1.07	1.91	1.45								

**Member Grievance & Appeal System Receipts by Reasons**



Type	Calendar 2021	Calendar 2022 (Through April)
Appeals	185	25
Quality of Care	118	34
Administrative	33	15
Access	30	14
Benefits	14	5
Interpersonal	3	8

**Analysis:** The transition of pharmacy benefits to Medi-Cal Rx has significantly lowered overall appeals averaging 6 Appeals/month in 2022 compared to 15/month in 2021. MRF appeals accounted for 55% of all appeals in 2021. Additionally, with the addition of Behavioral/Mental Health grievance management transitioned to CCH, we expect an increase in all grievance types related to behavioral and mental health providers, being included within those types vs. as "Holman grievances aggregated" previously.

**CENCAL HEALTH - Calendar 2022**  
**CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM**  
**MEMBER ENROLLMENT BY MONTH: APRIL 2022 – SBHI & SLOHI**

**Reporting period:**

April 2022 – Calendar 2022

**SBHI Monthly Enrollment 2022**

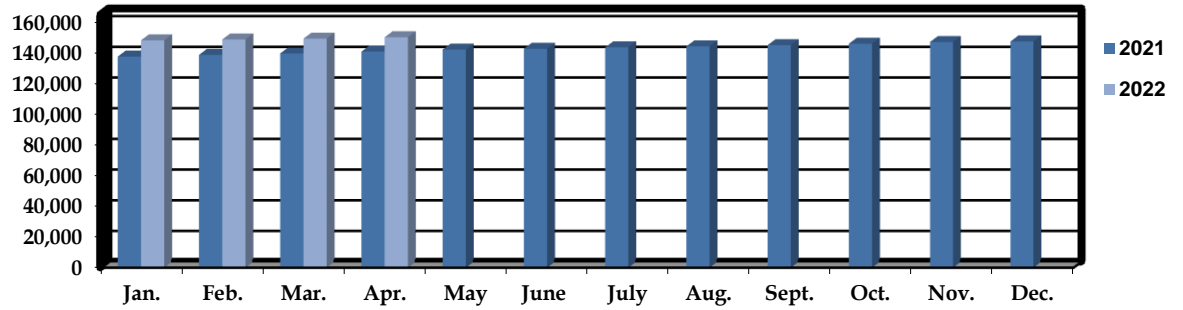
April 2022 = 150,143

Membership increased by a net 940 members when compared to last month.

New members for April = 1,599

DHCS has suspended negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Expected continued membership increases due to lack of negative redeterminations and associated disenrollment.

**SBHI Member Enrollment by Month**



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2021 Members</b>	137,567	138,654	139,589	140,795	142,111	142,618	143,540	144,225	144,983	145,940	147,038	147,397
<b>2022 Members</b>	148,119	148,657	149,203	150,143								

**SLOHI Monthly Enrollment 2022**

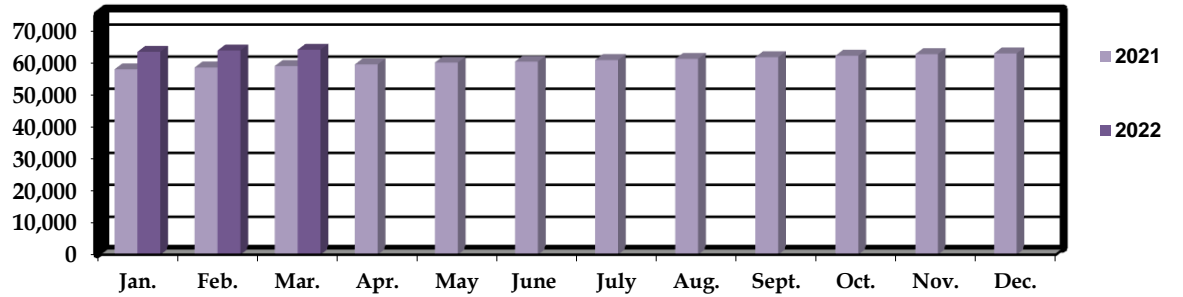
April 2022 = 64,291

Membership increased by a net 301 members when compared to last month.

New members for April = 764

DHCS has suspended negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Expected continued membership increases due to lack of negative redeterminations and associated disenrollment.

**SLOHI Member Enrollment by Month**



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2021 Members</b>	57,894	58,479	58,919	59,431	60,011	60,304	60,788	61,153	61,664	62,129	62,617	62,851
<b>2022 Members</b>	63,347	63,753	63,990	64,291								

**CENCAL HEALTH - Calendar 2022**  
**CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM**

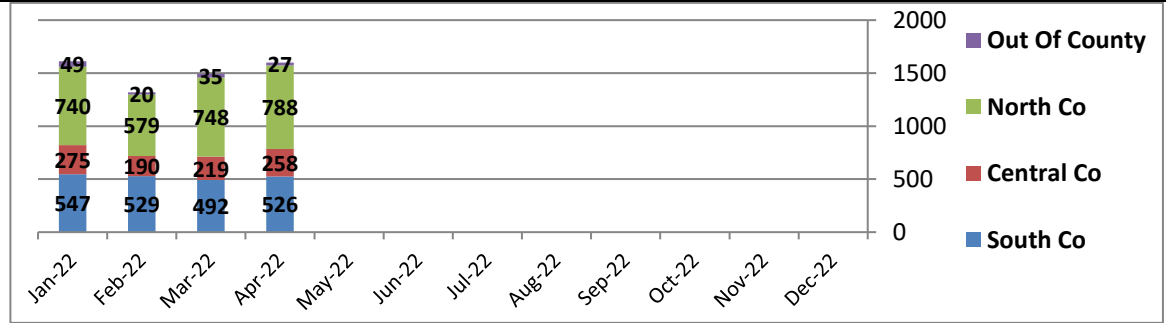
**SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: APRIL 2022**

**Reporting period:**

April 2022 – Calendar 2022

**Santa Barbara County New Member Enrollment by Area**

April 2022 = 1,599

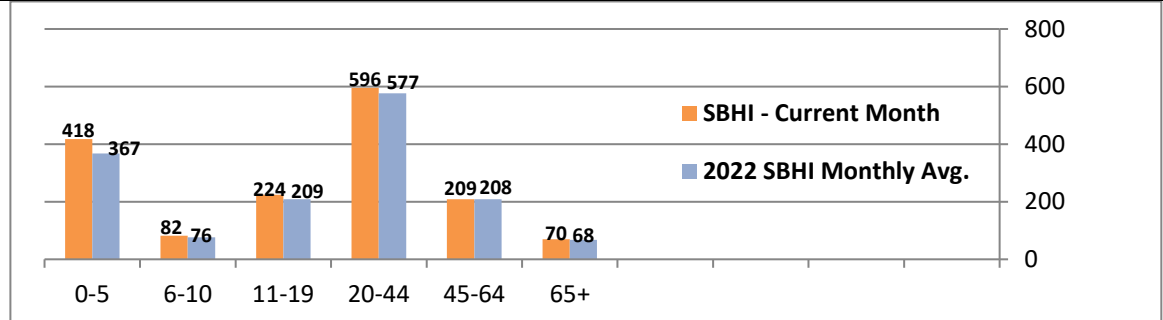


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,602	1,598	1,698	1,825	1,702	1,345	1,506	1,488	1,567	1,712	1,789	1,365
2022 Members	1,611	1,318	1,494	1,599								

**SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: APRIL 2022**

**Santa Barbara County New Members by Age**

April 2022 = 1,599

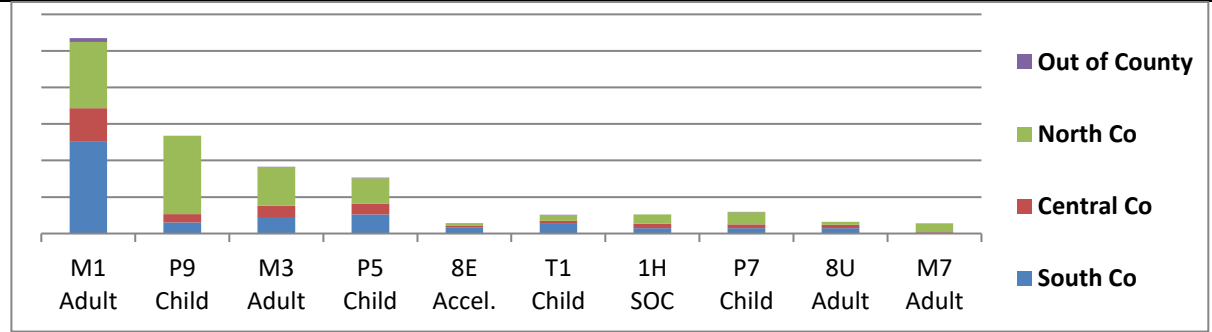


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	388	290	373	418								
6-10	95	57	71	82								
11-19	213	202	197	224								
20-44	595	520	596	596								
45-64	241	195	188	209								
65+	79	54	69	70								

**SANTA BARBARA NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: APRIL 2022**

**Santa Barbara County New Members by Top 10 Aid Codes**

April 2022



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	579	503	545	535								
P9	209	198	241	268								
M3	136	119	179	183								
P5	118	121	126	153								
8E	123	57	33	29								
T1	56	40	44	51								
1H	53	40	57	52								
P7	44	22	42	59								
8U	35	30	32	32								
M7	30	24	24	28								

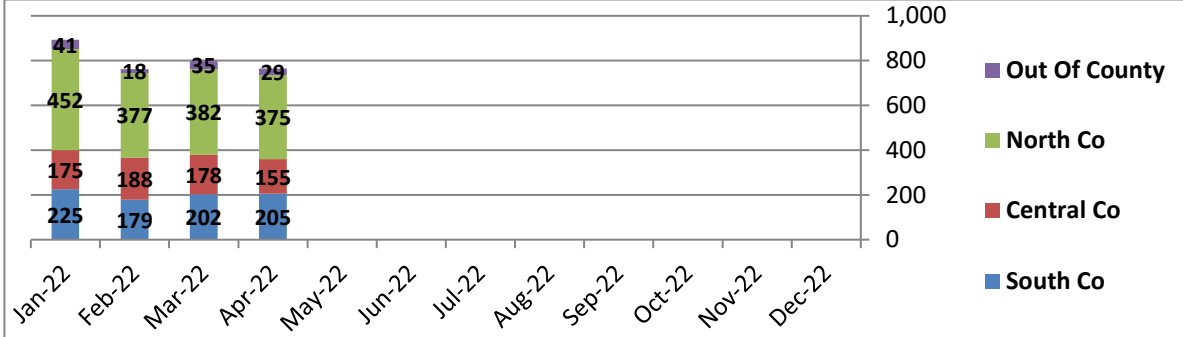


**CENCAL HEALTH - Calendar 2022**  
**CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM**

**SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: APRIL 2022**

**San Luis Obispo County**  
**New Member Enrollment by Area**

April 2022 = 764

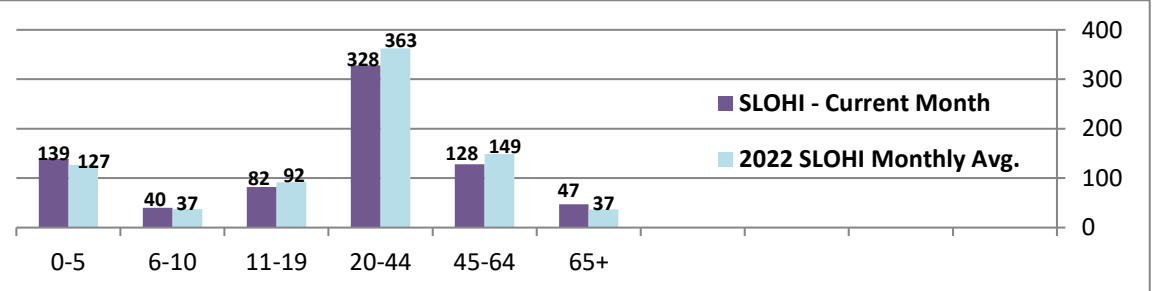


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,004	861	765	867	823	741	800	795	815	821	875	736
2021 Members	893	762	797	764								

**SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: APRIL 2022**

**San Luis Obispo County**  
**New Members by Age**

April 2022 = 764

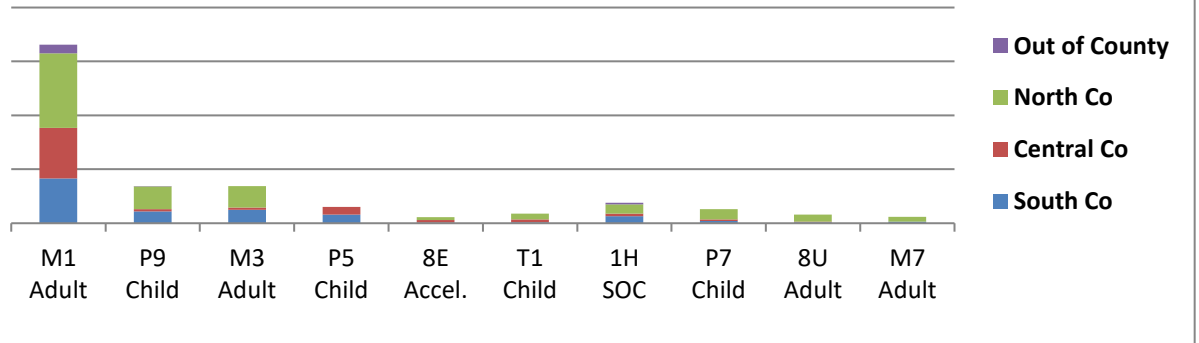


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	121	123	125	139								
6-10	35	36	38	40								
11-19	87	89	110	82								
20-44	415	351	356	328								
45-64	188	140	138	128								
65+	47	23	30	47								

**SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: APRIL 2022**

**San Luis Obispo County**  
**New Members by Top 10 Aid Codes**

April 2022



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	435	371	377	331								
M3	83	61	59	69								
P9	60	66	59	69								
P5	50	25	31	30								
1H	38	28	26	11								
T1	22	29	29	18								
P7	34	15	22	38								
60	13	18	10	26								
T2	12	15	18	16								
8U	6	6	10	12								



## What's Inside

### PROVIDER NEWS

Report Your Practice Changes  
Behavioral & Mental Health  
Treatment Updates

### HEALTH PROMOTION UPDATE

April is Alcohol Awareness Month

### CLINICAL CORNER

Importance of Blood Lead  
Screening of Young Children

### CLAIMS CORNER

Behavioral Health and Mental  
Health Claims Update

### THIS JUST IN...

New Annual Community Report  
Celebrates Network

### INSIDE:

**Meet the CenCal Health  
Provider Relations Team**

Provider Services (805) 562-1676  
Claims Services (805) 562-1083  
Pharmacy Services (805) 562-1080  
Health Services (805) 562-1082  
Member Services (877) 814-1861  
Behavioral Health (805) 562-1600



# PROVIDER BULLETIN

A PUBLICATION FOR OUR PROVIDERS FROM CENCAL HEALTH

VOL. 32 NO. 4 • APRIL 2022

## Report Your Practice Changes

CenCal Health needs to know about any changes to your availability to accept new CenCal Health members so that our Provider Directory has your most current practice information. We also need to be notified of any updates to your address, phone numbers and email addresses, as well as any providers that are joining or leaving your practice. Having this current information ensures that CenCal Health members are able to navigate receiving the best care possible.

Please reference [cencalhealth.org/providers/provider-profile-and-practice-changes/](https://cencalhealth.org/providers/provider-profile-and-practice-changes/) for resources on how to report your changes to CenCal Health or contact your Provider Services Representative at (805) 562-1676.

## Behavioral Health Treatment & Mental Health Updates

**Reminder: CenCal Health  
has transitioned the Mental  
Health and Behavioral Health  
Treatment Benefit from The  
Holman Group as of 1/1/2022.**

Please send all Mental Health referrals and Behavioral Health Treatment (ABA) referrals to the Behavioral Health Department via the provider portal by selecting the Behavioral Health RAFB or 50-1 Authorization form or sending your paper request via fax (805) 681-3070, secure link:

<https://gateway.cencalhealth.org/form/bh> .

Please direct CenCal Health members to contact CenCal Health's Behavioral Health Department at (805) 562-1600 our team can assist them to find a provider that best fits their needs.

**You can find these resources online at:**

[cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/](https://cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/)



# Importance of Blood Lead Screening of Young Children

CenCal Health would like to remind our pediatric Providers about the importance of blood lead level testing. For all children in publicly supported programs, including but not limited to Medi-Cal, CHDP, and the Women, Infants, and Children Program, the American Academy of Pediatrics recommends blood lead testing at 12 months of age and then again at 2 years of age. Additionally, if a child has never had a blood lead test before the age of 6 or has likely been exposed to lead, a screening is required.

The Department of Health Care Services requires Providers give a patient's guardian anticipatory guidance including information on harm caused by lead exposure at every preventive health visit. Providers must also document the reason a screening was not completed or refused. **Providers may request a lead screening toolkit from CenCal Health.**

## This toolkit includes:

- A "Protocols and Tips for Pediatric Lead Screening" guide
- Patient anticipatory guidance and health education handouts
- Parent opt-out forms
- A brochure holder

## For more information on Blood Lead testing please visit:

- [cencalhealth.org/providers/care-guidelines/epsdt-services/lead-screening/](https://cencalhealth.org/providers/care-guidelines/epsdt-services/lead-screening/)
- CenCal Health online Provider Manual (Section E.17)  
[cencalhealth.org/providers/forms-manuals-policies/provider-manual/](https://cencalhealth.org/providers/forms-manuals-policies/provider-manual/)

For questions about recommended lead exposure screening, contact Population Health at [populationhealth@cencalhealth.org](mailto:populationhealth@cencalhealth.org).



## New Annual Community Report Celebrates Network

Referencing its decades-long history in healthcare on the Central Coast, CenCal Health recently published its annual community report.

In 2021, CenCal Health's membership in both counties grew to 210,248 members, marking an increase of almost 15,000 beneficiaries. Out of 56 contracted Medi-Cal Managed Care entities in California, the health plan ranked #1 in well-child visits for children 15 to 30 months of age in Santa Barbara County, and #3 in overall quality of care in San Luis Obispo County. Nationwide, CenCal Health ranked in the top 5% of Medicaid plans for timeliness of women's postpartum care, in both counties it serves.

CenCal Health's 2021 Community Report emphasizes the important work of its 1,500+ local providers and community partners including Community Health Centers of the Central Coast; Santa Barbara Neighborhood Clinics; Santa Barbara County Public Health Department; senior meal program Meals

That Connect in San Luis Obispo County; and Camp Mariposas, providing pediatric therapies during the summer in both Santa Barbara and Atascadero.

Also featured in the report are several of the innovative healthcare programs that CenCal Health executed due to COVID-19 with the help of network physicians, such as the multi-faceted Vaccine Response Plan. Because the Medi-Cal population participated in COVID-19 vaccination at a lower rate than the general population, special incentives were created and implemented to increase members' protection against COVID-19. Incentives included easy-to-access neighborhood "pop-up" vaccination sites and \$50 gift cards for members who received their first vaccine dose and providers administering the shot.

To learn more, visit [CenCal2021.org](https://CenCal2021.org).

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# Meet the CenCal Health Provider Relations Team



**Cathy Slaughter**

*Provider Relations Manager*

The Provider Relations team maintains a strong commitment to meeting the needs of our Provider Network. We are dedicated to building and retaining strong relationships with our provider partners by offering support when needed. We strive to ensure that providers have positive experiences when working with CenCal Health. **CenCal Health offers a dedicated Provider Services phone line managed by PSRs . Our PSR team can be reached by calling (805) 562-1676 or by email [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org)**



**Dona Lopez**

*Lead Provider Services Representative*

## Team leader of the Provider Services Representatives

*Addresses complex cases and in depth analysis, while supporting the Provider network.*

## Provider Trainings and Webinars

*Maintains provider material and supporting documents on the CenCal Health website in addition to updating the Provider Manual, and coordinates/hosts Provider Network Training events throughout the year*



**Elizabeth Ginder**

*Sr. Provider Services Trainer*



**Anna Garcia**

*Provider Services Representative*

## South & Central Santa Barbara County

*Carpinteria, Montecito, Santa Barbara, Goleta, Isla Vista, Lompoc, Solvang, Santa Ynez, Buellton, Los Olivos, Los Alamos*

**Provider Type: PCP, Specialists, Allied, DME, Hospital**

**Includes: AIHS, SBNC, Sansum , SYTH, Lompoc Valley Medical Center, UCLA, CHLA and Valley Children's Hospita**



**Jamie Hughes**

*Sr. Provider Services Representative*

## North Santa Barbara County

*Orcutt , Santa Maria, Guadalupe, & New Cuyama*

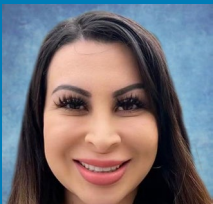
**Provider Type: PCP, Specialists, Allied, DME, Hospital**

**Includes: SBPHD (County), Dignity Health PCCHC, Urology Associates & VTS**



**Anna McNeil**

*Provider Services Representative*



**Crystal Rivera**

*Provider Services Representative*

## San Luis Obispo County

*Arroyo Grande, Avila Beach, Grover Beach, Nipomo, Pismo Beach, Cayucos, Los Osos, Morro Bay, San Luis Obispo, Atascadero, Cambria, Paso Robles, Santa Margarita & Templeton*

**Provider Type: PCP, Specialists, Allied, DME, Hospital**

**Includes: CHCCC, FCPP, & Ride-on**



**Viri Carrasco**

*Provider Services Representative*



**Valerie Moreno**

*Provider Network Support Coordinator*

## Provider Portal & Phone Customer Service Support

Supports the Provider Services main line (805) 562-1676 and email address: [ProviderServices@cencalhealth.org](mailto:ProviderServices@cencalhealth.org), in addition to assisting with inquiries received via the webmaster contact page. They assist with triaging Providers to the correct representative, assisting with CenCal Health Portal User Account Access, and technical issues.



**Linda Olivera**

*Provider Network Support Coordinator*  
**Package Page Number 145**



# HEALTH matters

Helpful information from CenCal Health



**WEAR YOUR MASK**  
**WATCH YOUR DISTANCE**  
**WASH YOUR HANDS**

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*La versión en español, Temas de salud, está adentro.*

## In This Issue:

- How to Get Important Plan Documents
- Is a Telemedicine Appointment Right for You?
- Take Charge of Your Health
- What is Complementary Care?
- Is COVID-19 Stressing You Out? Manage Your Anxiety With These 8 Tips
- The COVID-19 Vaccine: We're in This Together
- Your Prescription Drug Benefit is Changing in April

## How to Get Important Plan Documents

CenCal Health offers the newest versions of the documents listed below online. You can view or download these documents anytime on our website at [www.cencalhealth.org](http://www.cencalhealth.org)

- **Member Handbook/Evidence of Coverage** - This book lists all of the Medi-Cal benefits offered to you and/or your child. It explains the benefits and services covered by CenCal Health. You can find it here: [www.cencalhealth.org/eoc](http://www.cencalhealth.org/eoc)
- **Provider Directory** - CenCal Health contracts with many Primary Care Providers, specialists, and hospitals near you. The Provider Directory lists these providers, their addresses, and contact information. You can find it here: [www.cencalhealth.org/providerdirectory](http://www.cencalhealth.org/providerdirectory)
- **Formulary** - The Formulary is a list of medications that CenCal Health covers when your doctor prescribes it. You can find it here: [www.cencalhealth.org/formulary](http://www.cencalhealth.org/formulary)

You can also ask us to mail you printed versions of these three documents at any time. We will mail you printed copies within five business days of when we get your request. Call our Member Services department Monday - Friday, 8 a.m. - 5 p.m., at 1-877-814-1861 (TTY 1-833- 556-2560 or 711).



## Is a Telemedicine Appointment Right for You?

Many of us put off going to the doctor when the coronavirus pandemic hit. Now that we know more about preventing the spread of the virus, it's time to restart your preventive care. Doctor's offices are open, and some are even offering telemedicine!

**What is telemedicine?** Telemedicine means having your doctor's appointment over phone or video. It is a way to get care when you can't be (or don't need to be) in-person with your doctor.

You may have never had a telemedicine appointment before — don't worry! Today, telemedicine is easier to use than ever.

**Here's what you need to know:**

### STEP 1 Call your CenCal Health provider.

Find out if they offer telemedicine and if a telemedicine appointment is right for your medical needs.

### STEP 2 Get set-up.

You will need a smartphone, tablet, or computer and an internet connection.

### STEP 3 Get connected.

Ask your doctor's office what software/app to download before your appointment. They may also send you an email with a link. Call your doctor's office if you are having trouble connecting.

### STEP 4 Prepare for your appointment.

You may need to create an account or log into the app or website. Gather everything you will need for your appointment, such as your member ID card and information related to your visit.

### STEP 5 Attend your appointment.

Your telemedicine appointment will be through phone or video. You might have to wait in a virtual waiting room before your appointment begins.

## Take Charge of Your Health

Health Education materials can help you learn about how to have a healthy lifestyle and how to manage health conditions. If you would like information about a health topic, call our **Health Education Request Line at 1-800-421-2560, extension 3126**. We will send the materials you need to your home at no cost to you.



## What is Complementary Care?

The word “complementary” means “in addition to.” Complementary medicine is a term used for a wide variety of health care practices that may be used along with standard medical treatment.

### Examples of complementary medicine include:

- Alternative health approaches such as traditional Chinese medicine, homeopathy, and naturopathy.
- Mind and body practices like acupuncture, massage therapy, and tai chi.
- Natural products like herbs, dietary supplements, and probiotics.

CenCal Health covers some complementary and alternative care, like acupuncture and chiropractic. To learn more, go to [www.cencalhealth.org/eoc](http://www.cencalhealth.org/eoc)

# Is COVID-19 Stressing You Out? Manage Your Anxiety With These 8 Tips

It's normal to feel worried during times of stress, and many people struggle with anxiety in the best of times. Here are some steps you can take to manage anxiety and lower your stress.

1. **Stay on a regular schedule.** Keeping a normal routine can be reassuring. Sleep and eat at regular times. If you're working from home, shower and dress as you normally would.
2. **Eat healthy, balanced meals.** Don't overdo caffeine, and limit or avoid alcohol.
3. **Get enough sleep.** And don't forget to rest if you need to.
4. **Stay active.** If you can, go for a walk or a bike ride. If you can't get outside, find ways to be active indoors. For example, you might look for online exercise classes or put on some music and dance.
5. **Take breaks from media.** Limit the amount of time you spend on your phone or computer reading news about the virus. Focusing too much on it can raise your anxiety level.
6. **Do things that help you relax.** Maybe it's stretching, meditation, or deep breathing. Or maybe it's taking a warm bath, reading a good book, or doing a hobby you enjoy.
7. **Keep in touch with your support network.** Sharing your feelings with friends and family may help you feel better. Your support in return can be helpful to them, too.
8. **Reach out if you need more help.** Many therapists can do counseling by phone or online. You could also look for an online support group.

## The COVID-19 Vaccine: We're in This Together

The science is clear: Vaccines save lives. A COVID-19 vaccine is one of the most important tools to end the pandemic. You can support your community by keeping yourself and your family up-to-date on vaccinations — including the COVID-19 vaccine once it is widely available.

### Is the Vaccine Safe?

We understand that some people may be concerned about being vaccinated. But rest assured — even though these vaccines were developed quickly, they are very safe, and are over 94% effective. Both the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) have approved them for use.

Similar to other vaccines, most side effects are mild. Severe reactions have occurred in only a small number of people. If you are concerned, your doctor can help you decide if it is safe for you to get vaccinated.

### Be Careful What You Read

Conspiracy theories and misinformation have caused confusion and anxiety about the COVID-19 vaccine. When browsing the internet, check that the source is credible and updated on a regular basis.

The CDC's web content is researched, written, and approved by physicians, researchers, epidemiologists, and analysts. Content is based on peer-reviewed science. You can trust what the CDC says.

### When Can I Be Vaccinated?

The State will fairly distribute the COVID-19 vaccine to everyone in California who wants it. Those at highest risk will get the vaccine the soonest. There will be no cost to CenCal Health members.

Visit [www.covid19.ca.gov/vaccines](http://www.covid19.ca.gov/vaccines) to learn more about the COVID-19 vaccine.



# Your Prescription Drug Benefit Is Changing in April

You have received letters from the State telling you about a change coming to covered prescription drugs on January 1. **This change has been delayed until April 1, 2021.**



## The new Medi-Cal Rx prescription drug program will begin April 1, 2021.

### What is changing?

Beginning April 1, 2021, you will get your Medi-Cal covered prescriptions through the Medi-Cal Rx program instead of CenCal Health. This means that if you have a problem with getting your covered prescription drugs, you will need to call Medi-Cal Rx beginning on April 1, 2021.

### How will it affect members?

You may not even notice a change. But if you have a problem getting your prescription drugs, there will be a new customer service number to call. In March, we will send you a new CenCal Health ID card that has the Medi-Cal Rx customer service phone number on it.

### Will I need to change my medication?

Most people will not have to change their medications or pharmacy. The list of drugs that require prior approval may be different from before. Your doctor may need to get approval to refill prescriptions. They may talk to you about changing to a medication that does not require prior approval.

### Will my pharmacy change?

Most pharmacies will accept your new coverage. If you need help finding a pharmacy, use the Medi-Cal Rx Pharmacy Locator online at [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov) or call the Medi-Cal Rx Call Center 24 hours a day, 7 days a week, at 1-800-977-2273, or 711 for TTY, Monday through Friday, 8 a.m. to 5 p.m.

## The State will send you more information as the date gets closer.



### HAVE YOU MOVED?

Make sure you tell us your new address!  
Call Member Services toll free at  
1-877-814-1861 Monday - Friday, 8 a.m. to 5  
p.m. [CA Relay at 711 or TTY at 1-833-556-2560].



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**2020  
Community  
Report!**

[www.cencal2020.org](http://www.cencal2020.org)



# TEMAS de salud

Información útil de CenCal Health



**Use una mascarilla**  
**Lávase las manos**  
**Mantenga su distancia**

Health Matters is published by CenCal Health and is not intended to replace professional medical advice, diagnosis, or treatment. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. CenCal Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Temas de salud está publicado por CenCal Health y no está destinado a reemplazar el consejo médico profesional, diagnóstico, o tratamiento. Si usted tiene preocupaciones o preguntas sobre el contenido específico que le puede afectar su salud, por favor póngase en contacto con su proveedor de cuidado médico. CenCal Health cumple con las leyes federales aplicables de derechos civiles y no discrimina en la base de raza, color, origen nacional, edad, discapacidad, o sexo.

CenCal Health • 4050 Calle Real, Santa Barbara CA 93110 • 1-877-814-1861 • [www.cencalhealth.org](http://www.cencalhealth.org) • All photos are stock photos. Professional models shown.

## En esta edición:

- Cómo obtener documentos importantes sobre el plan de salud
- ¿Es conveniente para usted una consulta de telemedicina?
- Tome control de su salud
- ¿Qué es la atención médica complementaria?
- ¿El COVID-19 le está causando estrés? Controle su ansiedad con estos 8 consejos
- La vacuna contra el COVID-19: Estamos juntos en esto
- El beneficio para sus medicamentos recetados cambiará en abril

## Cómo obtener documentos importantes sobre el plan de salud

CenCal Health ofrece a través de línea de internet, las nuevas versiones de los documentos anotados a continuación. Usted puede ver o descargar los documentos en cualquier momento en nuestra página de internet, [www.cencalhealth.org](http://www.cencalhealth.org)

- **Manual para Miembros/ Comprobante de Cobertura Combinada** - Este libro lista todos los beneficios que ofrece Medi-Cal para usted y/o su hijo/a. Le explica los beneficios y servicios cubiertos por CenCal Health. Usted puede ver el libro aquí: [www.cencalhealth.org/eoc](http://www.cencalhealth.org/eoc)
- **Directorio de proveedores** - CenCal Health tiene contratos con muchos Proveedores de Cuidado Primario, especialistas, y hospitales cerca de usted. El directorio de proveedores ofrece una lista de estos proveedores, sus localidades, e información para contactarlos. Usted puede ver el directorio aquí: [www.cencalhealth.org/providerdirectory](http://www.cencalhealth.org/providerdirectory)
- **Formulario** - El Formulario es una lista de medicamentos que CenCal Health cubre cuando son recetados por su médico. Usted puede ver el formulario aquí: [www.cencalhealth.org/formulary](http://www.cencalhealth.org/formulary)

Usted también puede pedir que le envíen por correo las versiones imprimidas de estos tres documentos. Nosotros le enviaremos copias imidadas dentro de cinco días hábiles, tras haber recibido su petición. Llame al departamento de Servicios para Miembros de lunes a viernes, de 8 a.m. — 5 p.m., al 1-877-814-1861 (a la línea TTY 1-833-556-2560 o al 711).

## ¿Es conveniente para usted una consulta de telemedicina?

Muchos de nosotros suspendimos las visitas al médico ante la llegada de la pandemia. Ahora que sabemos más sobre cómo prevenir la transmisión del COVID-19, es tiempo de seguir adelante con sus cuidados preventivos. ¡Las oficinas médicas están abiertas y algunas están ofreciendo telemedicina!

**¿Qué es telemedicina?** La telemedicina significa que su consulta médica ocurrirá por teléfono o video llamada. Es una manera de obtener el cuidado necesario cuando usted no puede (o no necesita) ver a su médico en persona.

¡Quizás usted nunca antes había tenido una consulta de telemedicina, pero no se preocupe! Hoy la telemedicina es más fácil que nunca. **Esto es lo que usted debe saber:**

### **Paso 1** Llame a su proveedor de CenCal Health.

Entérese si su médico ofrece telemedicina y pregunte si es conveniente para usted debido a sus necesidades médicas.

### **Paso 2** Entérese de lo que necesita.

Usted necesitará un teléfono inteligente (smartphone), tableta, o computadora, y una conexión de internet.

### **Paso 3** Conéctese.

Pregunté a la oficina de su médico cuál programa o aplicación necesita descargar antes de su consulta. Podrían enviarle un correo electrónico con un enlace. Si tiene problemas para conectarse, llame a la oficina de su médico.

### **Paso 4** Prepárese para su consulta.

Quizás sea necesario que usted haga una cuenta, o ingrese a la aplicación o página de internet que le fue indicada. Tenga a la mano todo lo necesario para su consulta, como su tarjeta de Identificación de CenCal Health y cualquier información relacionada con su consulta.

### **Paso 5** Asista a su consulta.

Su consulta de telemedicina será por teléfono o video llamada. Quizás sea necesario que usted espere su turno en una sala de esperas virtual, antes de que comience su cita.

## Tome control de su salud

Los materiales educativos de la salud le pueden ayudar a aprender cómo tener un estilo de vida saludable y cómo tomar el control de sus condiciones de salud. Si usted desea información sobre algún tema de salud, llame a **la Línea de Solicitudes de la Educación de la Salud al 1-800-421-2560, extensión 3126**. Nosotros le enviaremos a domicilio los materiales que usted necesita, de manera gratuita.



## ¿Qué es la atención médica complementaria?

La palabra “complementaria” significa “adicional.” La medicina complementaria se usa para describir una amplia selección de servicios médicos que pueden ser usados en conjunto con los tratamientos médicos estándares.

### **Algunos ejemplos de medicina complementaria incluyen:**

- Tratamientos alternativos para la salud como la medicina china tradicional, homeopatía, y naturopatía.
- Prácticas de mente y cuerpo como la acupuntura, terapia de masajes, y tai chi (taichí).
- Productos naturales como hierbas, suplementos dietéticos, y prebióticos.

CenCal Health cubre algunos servicios de salud complementarios y alternativos, como la acupuntura y cuidados quiroprácticos. Para aprender más, visite [www.cencalhealth.org/eoc](http://www.cencalhealth.org/eoc)

# ¿El COVID-19 le está causando estrés? Controle su ansiedad con estos 8 consejos

Es normal que usted se sienta preocupado durante estos tiempos estresantes. Además, muchas personas viven con ansiedad aun durante los mejores momentos. Aquí le presentamos los pasos que usted puede tomar para controlar su ansiedad y bajar su nivel de estrés.

- 1. Mantenga una rutina.** Mantener una rutina normal puede brindarle tranquilidad. Duerma y coma durante los horarios regulares. Si usted trabaja de casa, báñese y vístase como lo haría normalmente.
- 2. Coma alimentos saludables y balanceados.** No consuma cafeína en exceso y limite o evite el alcohol.
- 3. Duerma lo suficiente.** Y no se olvide de tomar un descanso si usted lo necesita.
- 4. Manténgase activo.** Si usted puede, salga a caminar o pasear en bicicleta. Si no puede salir, encuentre formas de mantenerse activo en casa. Por ejemplo, busque clases de ejercicio ofrecidas por línea de internet, o ponga música y baile.
- 5. Tome un descanso de los medios de comunicación.** Limite el tiempo que pasa en su teléfono o computadora leyendo noticias sobre el virus. Enfocarse demasiado en la pandemia puede aumentar su nivel de ansiedad.
- 6. Haga cosas que ayuden a relajarlo.** Quizás le relaje hacer ejercicios para estirar sus músculos, meditar, o practicar la respiración profunda. O tal vez le relaje un baño caliente, leer un libro, o hacer su pasatiempo (hobby) favorito.
- 7. Manténgase en contacto con su red de apoyo.** Compartir sus sentimientos con sus amigos y familiares puede ayudarle a sentirse mejor. A cambio, su apoyo también podría ayudarle a alguien más.
- 8. Hable con alguien si necesita más ayuda.** Muchos terapeutas pueden dar terapias por teléfono o línea de internet. También puede buscar un grupo de apoyo por línea de internet.

## La vacuna contra el COVID-19: Estamos juntos en esto

La ciencia es clara: las vacunas salvan vidas. Una vacuna de COVID-19 es uno de los recursos más importantes para poner fin a la pandemia. Puede apoyar a su comunidad manteniéndose usted y su familia al corriente sobre las vacunas, incluso la vacuna de COVID-19, una vez que esté ampliamente disponible.

### ¿Es segura la vacuna?

Entendemos que algunas personas pueden estar preocupadas de ser vacunadas. Pero tenga la seguridad de que, a pesar de que estas vacunas se desarrollaron rápidamente, son muy seguras y tienen una eficacia de más de 94%. Tanto la Administración de Drogas y Alimentos (FDA por sus siglas en inglés) como los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) han aprobado el uso de estas vacunas.

Al igual que otras vacunas, la mayoría de los efectos secundarios son leves. Han ocurrido reacciones severas, pero solamente en pocas personas. Si le preocupa, su médico le puede ayudar a decidir si es seguro vacunarse.

### Tenga cuidado con lo que lee

Las teorías de conspiración y el estar mal informado pueden causar confusión y ansiedad sobre la vacuna de COVID-19. Al navegar el Internet, compruebe que la fuente es creíble y que la información este actualizada regularmente.

El contenido en el sitio web de CDC es investigado, escrito, y aprobado por médicos, investigadores, epidemiólogos y analistas. El contenido se basa en la ciencia revisada por estudio de colega. Usted puede confiar en lo que dice CDC.

### ¿Cuándo puedo vacunarme?

El estado distribuirá la vacuna de COVID-19 de una manera justa a todas las personas de California que la deseen. Las personas con mayor riesgo recibirán la vacuna lo más pronto posible. No habrá ningún costo para los miembros de CenCal Health.

Para obtener más información sobre la vacuna COVID-19, visite la página web [www.covid19.ca.gov/vaccines](http://www.covid19.ca.gov/vaccines)



# Su beneficio de medicamentos recetados cambiará en abril

Usted ha recibido cartas de parte del estado informándole sobre el cambio a su beneficio de medicamentos recetados cubiertos, que ocurriría el 1 de enero.

**Este cambio se ha pospuesto hasta el 1 de abril de 2021.**



## El nuevo programa de medicamentos recetados Medi-Cal Rx comenzará el 1 de abril de 2021.

### ¿Que cambiará?

Comenzando el 1 de abril de 2021, usted obtendrá sus medicamentos recetados cubiertos por medio del programa Medi-Cal Rx, en vez de CenCal Health. Esto significa que, si usted tiene un problema con sus medicamentos recetados cubiertos, usted necesitará que llame al Centro de Llamadas de Medi-Cal Rx a partir del 1 de abril de 2021.

### ¿Cómo afectará a los miembros?

Quizás no note el cambio. Pero si tiene algún problema obteniendo sus medicamentos recetados cubiertos, necesitará llamar un nuevo número telefónico para la línea de servicio al cliente. En marzo, le enviaremos una nueva tarjeta de identificación de CenCal Health (ID, por sus siglas en inglés) que incluirá el número telefónico de Medi-Cal Rx.

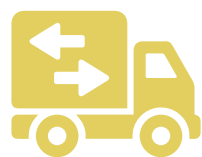
### ¿Tendré que cambiar mi medicamento?

La mayoría de las personas no tendrán que cambiar sus medicamentos o farmacia. Pero quizás sea diferente, la lista de medicamentos que requieren de una previa aprobación. Tal vez su médico tendrá que obtener una aprobación antes de volver a surtir sus medicamentos. Su médico quizás hablará con usted para cambiar su medicamento a otro que no requiera de una previa aprobación.

### ¿Cambiará mi farmacia?

La mayoría de las farmacias aceptarán su nueva cobertura. Si usted necesita ayuda encontrando una farmacia, use el localizador de farmacias que ofrece Medi-Cal Rx, en su sitio de internet en [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov) o llame al Centro de Llamadas de Medi-Cal Rx las 24 horas del día, 7 días de la semana, al 1-800-977-2273. Las personas con problemas auditivos pueden llamar al 711 (servicio TTY) de lunes a viernes, de 8 a.m. — 5 p.m.

## El estado le enviara más información cuando se aproxime la fecha.



### ¿Ha cambiado de domicilio?

¡Asegúrese de informarnos su nueva dirección!  
Llame a Servicios para Miembros de lunes a viernes, de 8 a.m. — 5 p.m., al 1-877-814-1861 (a la línea TTY 1-833-556-2560 o al 711).



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[www.cencal2020.org](http://www.cencal2020.org)

CLAIMS CORNER

**Calling all newly contracted Behavioral Health (ABA) Treatment providers and Mental Health Providers: effective March 1st 2022, CenCal Health will be processing claims with 2021 and 2022 Dates of Service.**

**These claims should be submitted to CenCal Health, not The Holman Group.**

Claims can be submitted on the provider portal, electronically, or via paper.

If you need assistance with the portal, or have any questions please feel free to give the Claims Customer Service Representatives a call at (800) 421-2560 ext. 1083 or visit:

[cencalhealth.org/providers/claims/new-behavioral-health-integration/](https://cencalhealth.org/providers/claims/new-behavioral-health-integration/)

**We are here to help!**



# April 2022 Provider Bulletin



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Santa Barbara, Ca 93110

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HEALTH PROMOTION

## April is Alcohol Awareness Month

This month, focus on starting conversations with your patients about their alcohol use, for all patients ages 9 and above. Use the Staying Healthy Assessment (SHA) alcohol screening questions; if your patient answers “yes” to the alcohol screening questions on the SHA, expand screening to obtain additional information about your patient’s needs. CenCal Health recommends the use of the AUDIT or AUDIT-C questionnaire for further screening.

If you would like to refer your patient for an alcohol use disorder, you can contact your County’s Alcohol and Drug Program at:

- San Luis Obispo: (800) 838-1381 Fax: (805) 781-1171
- Santa Barbara: (888) 868-1649 Fax: (805) 681-5117

For training materials and resources on alcohol misuse screening, visit our Provider Training Library site:

[cencalhealth.org/providers/provider-training-resources/provider-training-library/](https://cencalhealth.org/providers/provider-training-resources/provider-training-library/)

More information about Substance Use Services can also be found in the Provider Manual (Section E8) online:

[cencalhealth.org/providers/forms-manuals-policies/provider-manual/](https://cencalhealth.org/providers/forms-manuals-policies/provider-manual/)

