



CenCal HEALTH[®]
Local. Quality. Healthcare.



CenCal Health Board of Directors Information Update

For Activities within the Month of October 2022

November 14, 2022

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Date: November 14, 2022
To: CenCal Health Board of Directors
From: Marina Owen, Chief Executive Officer
Subject: **Executive Summary**

Financial Position

CenCal Health's net operating gain for the month of October 2022 was \$3.2M and YTD operating gain (July-October) is \$11.3M, given improving revenue and expense factors. Administrative expenses are under budget by \$3M or 13% primarily driven by staff vacancies and better than anticipated costs for outside services. October revenue is tracking slightly under budget, medical expenses slightly favorable (2.6%) and membership is tracking well against budget at 223,245. Tangible Net Equity (TNE) or financial reserve is \$206.5M representing 600% of the regulatory minimum requirement and 84% of board target. Additional financial information can be found in the *Financial Report and Statements* provided by David Ambrose, Chief Financial Officer.

CenCal Health Achieves Top Quality Ratings

Data released with an Auditor of the State of California report confirmed CenCal Health's top standing statewide. Santa Barbara County rated the very best among all counties for the 2020-2021 fiscal year and San Luis Obispo rated third best. The ratings are based on the State Auditor's analysis of the percentage of children that completed all services among key pediatric preventive care services used for the auditor assessment, such as immunizations, blood lead testing, and screening for developmental disorders. The report, titled "*Follow-Up: Children in Medi-Cal: The Department of Health Care Services Is Still Not Doing Enough to Ensure That Children in Medi-Cal Receive Preventive Health Services*", enumerated many State Auditor recommendations yet to be implemented statewide.

In June 2022, CenCal Health reported 40 quality indicators for each of its Medi-Cal product lines to the Department of Healthcare Services (DHCS) and the National Committee for Quality Assurance (NCQA) for the period ending December 31st, 2021. DHCS adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High-Performance Level (HPL) to sanction and reward plans for performance. CenCal Health achieved a commendable 4th place overall quality of care rating for San Luis Obispo, and 6th place rating for Santa Barbara, out of 56 Medi-Cal Managed Care contracted entities. This achievement is based on an analysis of independently audited quality of care results for measurements that DHCS selects as priorities to hold plans accountable. The individual quality indicators for which CenCal Health's performance rated in the top three out of the 56 Medi-Cal Managed Care contracted entities include:

San Luis Obispo County 4 th in State overall (previously 3 rd)	
2 nd place	<ul style="list-style-type: none"> Well Care Visits for Children and Adolescents (ages 3 – 21)
3 rd place	<ul style="list-style-type: none"> Weight Assessment (BMI %) for Children and Adolescents (ages 3 – 17) Depression Screening and Follow-Up*: <ul style="list-style-type: none"> 18-64 years 65 years and older

Santa Barbara County 6 th in State overall (previously 9 th)	
1 st place	<ul style="list-style-type: none"> Well Care Visits for Children (ages 15 months – 30 months) Well Care Visits for Children and Adolescents (ages 3 – 21 years) Timely Postpartum Care
2 nd place	<ul style="list-style-type: none"> Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase*
3 rd place	<ul style="list-style-type: none"> Breast Cancer Screening

Additional details can be found in the [Quality Division Report](#) provided by Dr. Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer, and Carlos Hernandez, Quality Officer. Community and media engagement on CenCal Health's quality rankings can also be found in the [Communications Report](#) provided by Nicolette Worley-Marselian, MBA, Communications Director.

CalAIM Incentives and Program Development

CenCal Health received approval for the Local Homeless Plan and is awaiting receipt of the first payment of 1.35M for related activities listed in the plan. Staff continues to engage with Continuum of Care teams and community providers in San Luis Obispo and Santa Barbara County for the implementation of the activities and projects listed in the Local Homeless Plan and the Investment Plan.

In addition, CenCal Health launched an application process for the Incentive Payment Program (IPP) at the end of October. This is a funding opportunity made available by DHCS to support the development and expansion of enhanced care management and community supports capacity. CenCal Health is in receipt of \$6.4M in funding from DHCS for IPP, with the potential to earn an additional \$13M from DHCS through 2023. Additional details can be found in the [Customer Experience Division Report](#) provided by Dr. Van Do-Reynoso, MPH, PHD, Chief Customer Experience and Health Equity Officer.

Strategy Execution and Responsive Organizational Design

Work is underway to develop a 2023 Operating Plan, which will support the execution of CenCal Health's 2023-2026 Strategic Plan adopted by your Board in September. Efforts continue and on track to centralize and enhance monitoring of organizational

performance and develop a comprehensive Executive Level Dashboard by March 2023. As your Board is aware, CenCal Health set out in January to complete an ambitious roadmap of initiatives identified on the 2022 Operating Plan. In the past ten (10) months, 30 of 47 (67%) Operating Plan tactics have been completed year-to-date, including required and elective initiatives, with the remainder in progress through next year.

Responsive to CenCal Health 2022 Organizational Objectives and informed by organizational design principles, the Executive Team intentionally evolved structure throughout 2022, aligned with the budget. CenCal Health newly established business functions to prepare for strategic advancement, enhance organizational readiness, or meet customer needs. Catalyzed by state-wide transformation initiatives, business functions increased 42% and full-time equivalent (FTE) employees have increased 12.3% to approximately 99% of peer health plan average, with 73% of newly approved FTE in non-leadership positions and 27% in leadership.

Over the course of the year, new departments or units have been established including Behavioral Health, Community Supports, Enhanced Care Management, Program Development, Plan Accreditation and Operational Excellence, which includes performance measurement and process improvement. Employee recruitment has been underway with a vacancy rate at CenCal Health of approximately 11%. Additional details can be found in the *Performance Division Report* provided by Chris Morris, MSOD, Chief Performance Officer.

Staffing Updates

Amanda Flaum, COO, has been instrumental at CenCal Health, beginning with an initial consulting engagement in 2019 and then expanding as she joined our organization full-time in January 2022. After supporting the insourcing of Behavioral Health, developing a Health Services roadmap, and leading the development of Enhanced Care Management and Community Supports, she was offered an external professional growth opportunity that allows her to take the next step in her career leading operations in the Medi-Cal program for California and Hawaii for a commercial, non-profit organization.

Ms. Flaum was an incredible partner, and she will be missed. She leaves a strong team including Mr. Chris Hill, RN, who now serves as CenCal Health's Health Services Officer. He has extensive experience overseeing Health Services Programs and we are pleased that he will support continued improvement and integration of our Health Services Division going forward. Our Health Services Directors include Dr. Seleste Bowers, DHA, and Jeff Januska, PharmD, who provide deep expertise and provide strong leadership of our Behavioral Health and Pharmacy Departments.

For additional information on employee engagement and recruitment underway, please refer to the *Human Resources Report* provided by Kim Andrade, MS, SPHR, Interim Human Resources Director.

Quality Division Board Report

Date: November 14, 2022

From: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Carlos Hernandez, Quality Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Lauren Geeb, MBA, Director of Quality

Executive Summary

This report provides an overview of recent developments in managed care quality performance, implications of significance for CenCal Health, and next steps to assure CenCal Health's operational readiness. Three topics are highlighted that have significant implications for CenCal Health's Quality Program:

- **Quality Care Incentive Program:** In October 2022, CenCal Health distributed over **\$3.75 million in Quality Care Incentive Program (QCIP) payments to 86 eligible primary care providers (PCPs)**. The new pay-for-performance program encompasses 5 clinical categories of care (Women's Health, Pediatric Care, Behavioral Health, Respiratory Care, and Diabetes Care). Incentive payments are earned according to a 5-star methodology. QCIP is CenCal Health's primary mechanism for ensuring the provision of clinically recommended services in accordance with well-established, evidence-based, clinical guidelines.
- **Medi-Cal Plan Statewide Quality Ratings:** In June 2022, CenCal Health reported 40 quality indicators for each its Medi-Cal products to the Department of Health Care Services (DHCS) for the period ending December 31st, 2021. **CenCal Health achieved a commendable 4th place overall quality of care rating for San Luis Obispo, and 6th place rating for Santa Barbara, out of 56 Medi-Cal Managed Care contracted entities**. This achievement is based on an analysis of independently audited quality of care results for measurements that DHCS selects as priorities to hold plans accountable. In Santa Barbara, CenCal Health rated 1st place for Timely Postpartum Care, Well Care Visits for Children ages 15 months – 30 months, and Well Care Visits for Children and Adolescents.
- **CenCal Health Achieves Top Rating based on Auditor of the State of California Pediatric Preventive Services Report Data:** Data released with an Auditor of the of California report confirmed CenCal Health's top standing statewide based on CenCal Health's analysis of the report's data. **Santa Barbara County rated the very best among all counties for the 2020-2021 fiscal year. San Luis Obispo rated third best**. The ratings are based on the State Auditor's analysis of the percentage of children that completed all services among key pediatric

preventive care services used for the auditor assessment, such as immunizations, blood lead testing, and screening for developmental disorders. The report, titled “*Follow-Up: Children in Medi-Cal: The Department of Health Care Services Is Still Not Doing Enough to Ensure That Children in Medi-Cal Receive Preventive Health Services*”, enumerated many State Auditor recommendations yet to be implemented statewide.

Background and Additional Detail

The following recent developments and strategies are outlined in recognition of their significance to CenCal Health’s Quality Program and its operational readiness:

Quality Care Incentive Program

In October 2022, CenCal Health distributed over \$3.75 million in Quality Care Incentive Program (QCIP) payments to 86 eligible primary care providers (PCPs). This marks the second payment for the recently launched pay-for-performance program in March 2022. The program encompasses 5 clinical categories of care (Women’s Health, Pediatric Care, Behavioral Health, Respiratory Care, and Diabetes Care) using the most recently available [NCQA HEDIS® Volume 2 Technical Specifications](#). To monitor progress, PCPs receive monthly performance reports and gaps in care member data via CenCal Health’s secure Provider Portal.

PCPs that are eligible for QCIP participation earn payment based on their delivery of care that aligns with well-established, evidence-based, standards of care or preventive health screening recommendations. Incentives are earned according to a 5-star methodology for all capitated PCPs with QCIP-qualifying members ≥ 30 . Payments are distributed quarterly. If a PCP does not qualify to participate, the PCP’s contribution from their capitation withhold is returned since the PCP had no opportunity to earn any quarterly incentive. The Population Health team continues to assist PCPs with program inquiries on clinical measure criteria, quality scoring, and how to utilize the gaps in care member level reports. Program information and resources are made available on CenCal Health’s [website](#) or can be requested via email at QCIP@cencalhealth.org.

Medi-Cal Plan Statewide Ranking

In June 2022, CenCal Health reported 40 quality indicators for each of its Medi-Cal product lines to DHCS and the National Committee for Quality Assurance (NCQA) for the period ending December 31st, 2021. DHCS adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High-Performance Level (HPL) to sanction and reward plans for performance. To determine this year’s overall plan ratings in the State, CenCal Health applied methodology used by DHCS in prior years that averaged results for all measures for which MPLs and HPLs are applicable (15).

CenCal Health achieved a commendable 4th place overall quality of care rating for San Luis Obispo, and 6th place rating for Santa Barbara, out of 56 Medi-Cal Managed

Care contracted entities. This achievement is based on an analysis of independently audited quality of care results for measurements that DHCS selects as priorities to hold plans accountable. The individual quality indicators for which CenCal Health's performance rated in the top three out of the 56 Medi-Cal Managed Care contracted entities include:

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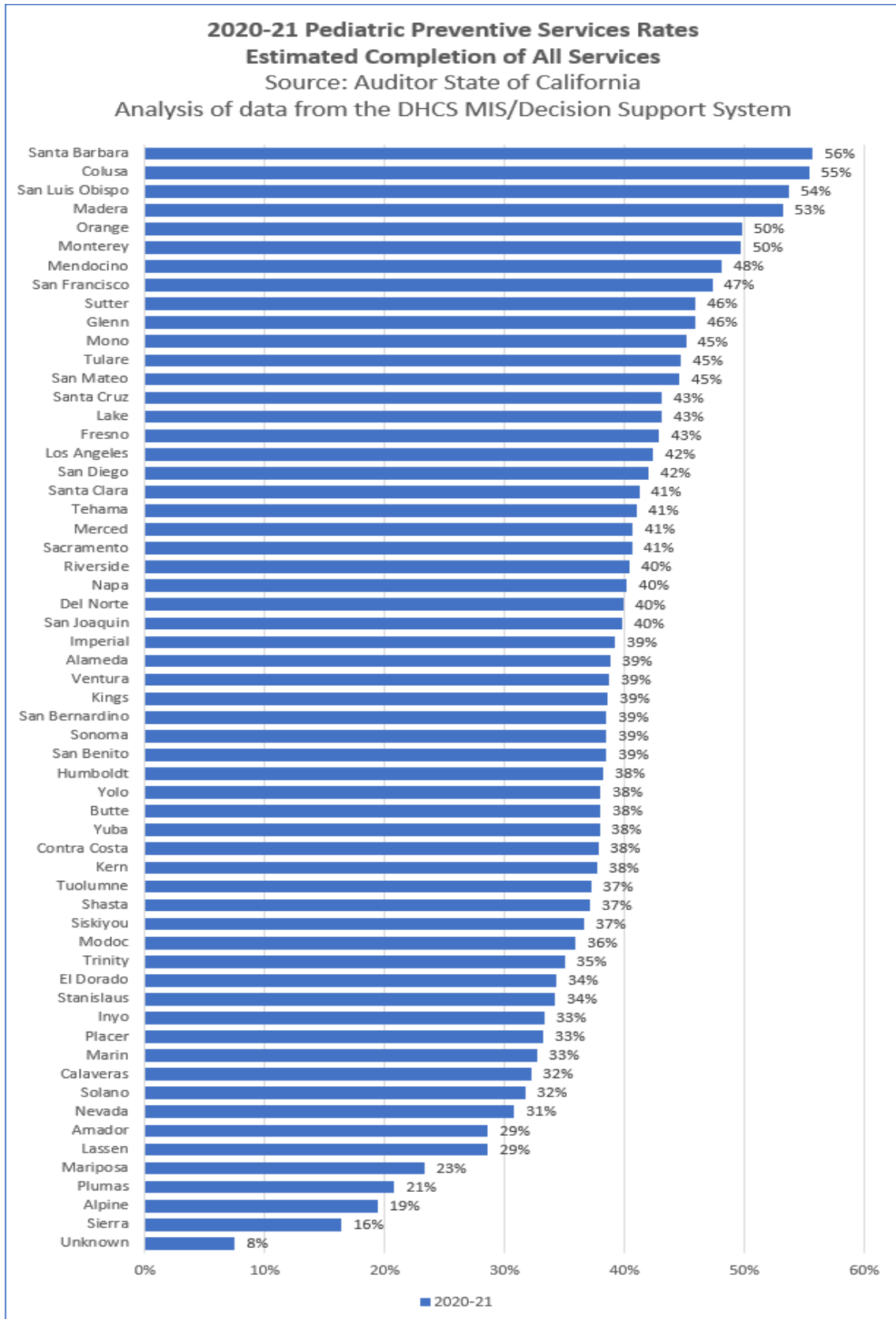
Santa Barbara County 6 th in State overall (previously 9 th)	
1st place	<ul style="list-style-type: none"> Well Care Visits for Children (ages 15 months – 30 months) Well Care Visits for Children and Adolescents (ages 3 – 21 years) Timely Postpartum Care
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3rd place	<ul style="list-style-type: none"> Breast Cancer Screening

*Quality measure not subject to minimum performance level and not included in overall composite score.

California State Auditor Report

In September 2022, the Auditor of the State of California released a report titled “Follow-Up: Children in Medi-Cal: The Department of Health Care Services Is Still Not Doing Enough to Ensure That Children in Medi-Cal Receive Preventive Health Services”. The report found that DHCS made some progress implementing that State Auditor's prior recommendations, but has yet to fully implement many prior recommendations, and that more must be done statewide to improve pediatric quality of care.

The latest State Auditor report, however, confirmed CenCal Health's top standing statewide based on CenCal Health's analysis of the report's county-level release of data. Santa Barbara rated the very best among all counties for the 2020-2021 fiscal year. San Luis Obispo rated third best. The ratings are based on the State Auditor's analysis of the percentage of children that completed all services among key pediatric preventive care services used for the auditor assessment. The analysis was based on the State Auditor's selection of a sample of key services, such as immunizations, blood lead testing and screening for developmental disorders. Below is CenCal Health's summary based on the data released with the State Auditor Report:



Sources:

- 1) <https://www.auditor.ca.gov/reports/2022-502/index.html>
- 2) <https://www.auditor.ca.gov/reports/2022-502/supplemental.html>
- 3) https://www.auditor.ca.gov/reports/2022-502/accessible_content/accessible-by-county-year.html

Next Steps

To sustain organizational accountability, the topics above will be regularly reported to your Board on a quarterly basis to discuss, highlight progress toward CenCal Health's Quality Program goals and celebrate related achievements.

Health Services Operations Report

Date: November 14, 2022
From: Amanda Flaum, Chief Operating Officer
Contributors: Chris Hill RN, Director of Medical Management
Jeff Januska, PharmD, Director of Pharmacy Services
Seleste Bowers, DBH, Director of Behavioral Health
Rita Washington, Health Services Program Manager

Medical Management

Inpatient case rounds continue weekly between Medical Management and the Medical Director team to review medical appropriateness of cases and discuss the correct level of care for members. Additionally, Medical Management is collaborating with Information Technology to further refine hospital stay reporting to inform utilization management and discharge planning opportunities.

CenCal Health's Radiology Benefit Manager, Care to Care, continues to provide quality utilization management services, reviewing over 1,000 radiology authorization requests a month and averaging a 3% denial rate. Care to Care participated in a DHCS 2022 annual audit interview on October 27th, 2022, and quarterly Joint Operating Committee meetings will begin with various internal stakeholders in January 2023.

CenCal Health's partnership with AristaMD provides specialty e-consult support to three (3) Primary Care Providers (PCPs). The program, initiated as a pilot program in 2018, is being evaluated for optimal collaboration with the vendor and our provider network and high-level dashboard metrics are collected monthly from AristaMD. For the month of September, AristaMD reported 423 e-Consults.

CenCal Health's nurse-advice-line vendor, CareNet Health, continues to provide 24/7-member support for physical and behavioral health concerns. In October 2022, CareNet provided 239 nurse-triage calls. CenCal Health continues to track triage calls against clinical guidelines. Quarterly business reviews have been scheduled with CareNet for 2023 to continue this strong partnership.

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

As your Board is aware, Enhanced Care Management began on July 1, 2022, along with Medically Tailored Meals and Recuperative Care Community Support services. To date, sixty-six (66) members are enrolled in ECM and receiving services, and five (5) members are receiving Medically Tailored Meals. Two (2) Recuperative Care Providers transitioned to the Community Supports structure in October 2022 and fifteen (15) members are receiving services to date. Readiness activities are underway to support the launch of four (4) new Community Support services as of January 1, 2023: Housing



Deposits, Housing Transition Services, Housing Tenancy & Sustaining Services, and Sobering Centers.

Pharmacy

Physician administered drugs (PADs) authorization volume as we enter the Fall is up 34% from the previous period in 2021 and continues to trend above the National reference of 25%. Almost 60% of the activity comes from the oncology space where we have introduced a biosimilar preferred benefit design across several agents, and all the cases were processed within regulatory time standards. As previously reported, on September 16th Medi-Cal RX reinstated the prior authorization (PA) requirements on 11 drug classes for beneficiaries >21 years of age as the next step in their phased program roll-out. In the month of October 2022 this contributed to much of the 84 PA case volume with a 15.4% denial rate. The Pharmacy Department continues to support local providers and members through Medi-Cal RX and is in communication with Magellan, the State's Pharmacy Benefit Manager.

Behavioral Health

CenCal Health's Behavioral Health Call Center continues to meet operational and department metrics and performance indicators. The Call Center continues the trend of receiving < 1300 calls per month. The monthly call volume has decreased month over month, indicating members continue to access care directly at the provider's level, supported by CenCal Health's navigation and open access benefit design. Additional, Behavioral Health Utilization Management and Care Coordination teams continue to meet regulatory and operational metrics. Behavioral Health continues to achieve all Phase 3 goals for the Behavioral Health Insourcing project with the goal of successful project closure out by November 30, 2022.

The Behavioral Health Department is working closely with both counties to develop Data Sharing Agreements as part of the 2024 DHCS Contract amendment and in support of both County's Behavioral Health Quality Improvement Projects (BHQIP). Workgroup meetings are scheduled with counties in November to draft the Data Sharing Agreements and discuss implementation between systems and entities.

CenCal Health continues to support the DHCS Behavioral Health Integration Incentive Program (BHIIP). BHIIP incentivizes improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care. The State's program is set to sunset at the end of 2022 (2 full Program Years). Participating providers have received incentive payments for Program Year One and submitted all milestones through Program Year Two, Quarter 2. The next milestone submission, Q3 2022, will be submitted to the State by November 29, 2022.



October 2022 Look Back

To:
CenCal Health's Board of Directors

From:
Nicolette Worley Marselian
Director, Communications &
Community Relations

Date:
November 7, 2022

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EXTERNAL COMMUNICATIONS

Earned Media

The Communications and Community Relations department distributed the following press release in English and Spanish in October 2022:

- **Local Health Care Providers Propel CenCal Health to top 5% Nationwide in Postpartum Care**

Two industry audits substantiate high quality of pediatric care provided by Medi-Cal physicians on Central Coast

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

The news release announcing the high ratings earned by CenCal Health providers and the health plan's customer service representatives garnered five mentions, including a bilingual report in the regional digital publication *Amigos 805*. Other digital coverage was provided by the Local Health Plans of California (LHPC) on its website; Central Coast Medical Association's (CCMA) monthly e-newsletter *The Pulse; Payers and Providers*; and *Nonprofit Resource Network*.

Positive publicity continued from the September press release announcing the introduction of CalAIM in Santa Barbara and San Luis Obispo counties and what it will mean for members. An October news story based on the press release was featured in the *Pacific Coast Business Times*. The report quoted Chief Customer Experience Officer Dr. Van Do-Reynoso, and Good Samaritan Shelter – a CenCal Health CalAIM provider – Executive Director Sylvia Barnard.

In addition, there were three media mentions of CenCal Health executives: two for CEO Marina Owen regarding her appointment as vice chair for the LHPC Board of Directors, and one for Dr. Emily Fonda, acknowledging her new membership to CCMA.

The online news outlet *Noozhawk* included a CenCal Health sponsorship mention in its event coverage of the Santa Maria Empty Bowls benefit hosted by the Foodbank of Santa Barbara County.

October 2022 Look Back

To: CenCal Health's Board of Directors
 From: Nicolette Worley Marselian, Director, Communications & Community Relations
 Date: November 7, 2022



EXTERNAL COMMUNICATIONS

Media Coverage Report

CenCal Health earned ten media mentions, including press release coverage, for October 2022.

CenCal Health Media Coverage Report - October 2022						
Date	Name	Type	Page	Section	Subject	Headline
10/26/2022	The Capitol Morning Report	Digital & email		News	CenCal Health CEO Marina Owen appointed vice chair of LHPC Board	Local Health Plans of California reports having appointed Jarrod McNaughton as chair of its board of directors, Marina Owen as vice chair and Christine Tomcala as treasurer.
*10/25/2022	LHPC press release	Digital & email		News	CenCal Health CEO Marina Owen appointed vice chair of LHPC Board	LHPC Appoints New Board Leadership
*10/24/2022	CCMA's The Pulse e-newsletter	Email		Member Spotlight	CenCal Health Executive News	Welcome to the CCMA, Dr. Emily Fonda!
10/24/2022	CCMA's The Pulse e-newsletter	Email		News	HEDIS & CAHPS Results	High Quality of Pediatric Care Provided by Medi-Cal Physicians on Central Coast
*10/21/2022	Pacific Coast Business Times	Print & digital	5A & 8A	Central Coast Health Watch	Introduction of CalAIM to Local Communities	New state Medicaid program arrives in tri-county region
10/18/2022	Payers & Providers	Digital & email		News	HEDIS & CAHPS Results	CenCal Health Top 5% Nationwide in Postpartum Care
*10/12/2022	Noozhawk	Digital		Good for Santa Barbara	CenCal Health Sponsorship	Soup's On Again In Person at 21st Annual Santa Maria Empty Bowls Benefit
*10/10/2022	Nonprofit Resource Network	Digital		Newswire	HEDIS & CAHPS Results	Two Industry Audits Substantiate High Quality of Pediatric Care Provided by Medi-Cal Physicians on Central Coast
*10/6/2022	Amigos 805	Digital		Bilingual Report-Health	HEDIS & CAHPS Results	Local Health Care Providers Propel CenCal Health to top 5% Nationwide in Postpartum Care
10/6/2022	LHPC website	Digital		Media	HEDIS & CAHPS Results	Local Health Care Providers Propel CenCal Health to top 5% Nationwide in Postpartum Care

*Clippings of online and/or print articles included below.

October 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: November 7, 2022



Clippings Samples

Of the ten press mentions, below are six notable samples.

1

10/25/2022 – LHPC press release, LHPC Appoints New Board Leadership

October 25, 2022

LHPC Appoints New Board Leadership



SACRAMENTO, CA – Today, the Local Health Plans of California (LHPC) announced the appointment of Inland Empire Health Plan (IEHP) CEO Jarrod McNaughton as chair of its Board of Directors, **CenCal Health** CEO Marina Owen as vice chair, and Santa Clara Family Health Plan (SCFHP) CEO Christine M. Tomcala as treasurer. Their two-year term begins in January 2023.

McNaughton succeeds Liz Gibboney, CEO of Partnership Health Plan of California, who has served as board chair since January 2021.

"It is a tremendous honor to serve as board chair and a privilege to further support all of the local health plans' commitment to serve vulnerable populations and address long-standing health disparities in our communities," said McNaughton.

As CEO of IEHP, McNaughton leads one of the largest Medi-Cal health plans in the country. With a network of more than 7,000 providers and more than 3,000 employees, IEHP serves more than 1.5 million residents in Riverside and San Bernardino counties.

CenCal Health CEO Marina Owen runs one of the oldest, most established Medicaid managed care plans of its kind in the country. As the local Medi-Cal managed care plan serving Santa Barbara and San Luis Obispo counties, **CenCal Health** provides access to high quality health care for 1 in 4 people in Santa Barbara County and 1 in 5 people

2

10/24/2022 – The Pulse, CCMA e-newsletter, Welcome to the CCMA, Dr. Emily Fonda!

MEMBER SPOTLIGHT

Welcome to the CCMA,
Dr. Emily Fonda!

Dr. Emily Fonda was recently named **CenCal's** new Chief Medical Officer as of June 13, 2022. Dr. Fonda was previously the CMO at CalOptima, a public health plan in Orange County, California, where she served since 2013 starting as a Medical Director.



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Clippings Samples (cont.)

3

10/21/2022 – Pacific Coast Business Times,
 New state Medicaid program arrives in tri-county region

Business Times Health Watch

Briefcase

New CEO at French
 Dignity Health, the owner of French Hospital Medical Center in San Luis Obispo, has hired a veteran health care executive as the hospital's new CEO.

Well Health's new name
 Well Health, a telehealth cloud software company based in Santa Barbara, announced Oct. 18 that it is changing its name to Arava. The former Well Health has been on the Inc. 5000 list of the fastest-growing privately owned companies in the United States for the past three years, and has seen its revenue approximately double each year.

Cal Poly scores state grant
 Cal Poly San Luis Obispo has been awarded \$2.39 million over the next five years from the California Institute for Regenerative Medicine, the state's publicly funded stem cell research program, to establish an undergraduate program in regenerative medicine.

Cottage hires new CFO
 Cottage Health, the largest hospital and clinic network in Santa Barbara County, has announced its interim CFO to pursue search status.

Marian looks to build a second major expansion
 Marian Regional Medical Center, a hospital in Santa Maria, is planning its second major expansion in the past decade.

New state Medicaid program arrives in tri-county region
 Under California's plan, the highest-level Medi-Cal enrollees will receive expanded services that go beyond traditional medical care. Medi-Cal is California's version of the federal Medicaid program providing health insurance for low-income people.

4

10/12/2022 – Noozhawk,
 Soup's on Again In Person at 21st Annual Santa Maria Empty Bowls Benefit

NOOZHAWK
 the freshest news in Santa Barbara

Investing in Our Community's College
 PROVIDING MORE THAN \$1 MILLION ANNUALLY TO SUPPORT THE SBCC PROMISE, STUDENT SUCCESS PROGRAMS, SCHOLARSHIPS, EMERGENCY GRANTS, AND MORE. Your support makes it possible. sbccfoundation.org

Good for SANTA BARBARA
 Sponsored by SBCC FOUNDATION

Soup's on Again In Person at 21st Annual Santa Maria Empty Bowls Benefit

Gourmet soups will be created and donated by local chefs and restaurants including Allan Hancock College Culinary Program, Blast 825 (corn chowder), Center for Employment Training (CET), Cups and Crumbs, Jack's in Old Orcutt (corn chowder), Jaffa Café (red lentil) Kay's Country Kitchen, La Tapatia (green chicken posole), Lidos Concessions (chili), Olive Garden, Pizzeria Bello Forno (roasted red pepper and tomato), Vintner's Bar & Grill at the Santa Maria Radisson (tomato basil), The Salty Brigade, Santa Maria Country Club, Santa Maria Inn, Splash Café (clam chowder), Testa Catering (roasted cauliflower) and Zoe's Hawaiian BBQ (chicken tortilla).

Leftover soup from the event will be shared with the Salvation Army for use when warming shelters open up during the cold winter months.

Community members who wish to volunteer for Santa Maria Empty Bowls (set-up, service, clean-up ...) may sign up [here](#) or email Kelly Smith at KSmith@FoodbankSBC.org.

The Foodbank is grateful to the following sponsors of 2022 Santa Maria Empty Bowls:

Atlas Copco Mafi-Trench, **CenCal Health**, CoastHills Community Foundation, Mechanics Bank, Montecito Bank & Trust, Pacific Premier Bank, Union Bank, Allan Hancock College, Bethel Lutheran Church, Betteravia Farms, Community West Bank, Dignity Health, Farm Credit West, Grower-Shipper Association, Hardy Diagnostics, Pea King Produce, NECA-IBEW, Community Bank of Santa Maria, Innovative Produce, Judy Frost, and Pacific Western Bank.

The Foodbank is grateful to the Santa Maria Empty Bowls committee, which has worked for

October 2022 Look Back

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Clippings Samples (cont.)

5

10/10/2022 – Nonprofit Resource Network,

Two Industry Audits Substantiate High Quality of Pediatric Care Provided by Medi-Cal Physicians on Central Coast

Two Industry Audits Substantiate High Quality of Pediatric Care Provided by Medi-Cal Physicians on Central Coast
Posted by: SMOBLEY | []

Local Health Care Providers Propel CenCal Health to top 5% Nationwide in Postpartum Care
CenCal Health Ranks No. 1 in Customer Service for Child Members in California Survey

CenCal Health, the community health plan for Medi-Cal in Santa Barbara and San Luis Obispo counties, received high marks in two respected professional health care assessments—the national **Healthcare Effectiveness Data and Information Set (HEDIS®)**, and the state-wide report on **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)**. With results released in 2022, the findings in both annual audits concluded that, in multiple categories, CenCal Health and its providers delivered exceptional care to child members, as well as members that are new mothers and members with diabetes.

According to the HEDIS results for pediatric members of the nation's **Medicaid** plans, San Luis Obispo County rated in the top 5% for weight assessment, physical activity counseling, and nutrition counseling for children and adolescents. Santa Barbara County rated in the top 10% nationally for meningococcal, Tdap and human papillomavirus (HPV) immunizations for adolescent plan members, ages 9-13.

In addition, for the second year in a row, both counties covered by CenCal Health received the highest HEDIS rating—top 5% in the nation—for timeliness of women's postpartum care. This year, the community health plan also rated in the top 10% nationally for having a low rate of diabetic members with HbA1c poor control. This means that a higher percentage of CenCal Health members with diabetes had better blood

6

10/6/2022 – Amigos 805,

Bilingual report — Local Health Care Providers Propel CenCal Health to top 5% Nationwide in Postpartum Care

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by Community Contributor • October 6, 2022 • Comments Off

Two industry audits substantiate high quality of pediatric care provided by Medi-Cal physicians on Central Coast. CenCal Health Ranks No. 1 in Customer Service for Child Members in California Survey

SANTA BARBARA
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October 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: November 7, 2022



Press Release

Local Health Care Providers Propel CenCal Health to top 5% Nationwide in Postpartum Care

Two industry audits substantiate high quality of pediatric care provided by Medi-Cal physicians on Central Coast

SANTA BARBARA, Calif. – Oct. 6, 2022 – **CenCal Health**, the community health plan for Medi-Cal in Santa Barbara and San Luis Obispo counties, received high marks in two respected professional health care assessments– the national Healthcare Effectiveness Data and Information Set (HEDIS®), and the state-wide report on Consumer Assessment of Healthcare Providers and Systems (CAHPS®). With results released in 2022, the findings in both annual audits concluded that, in multiple categories, CenCal Health and its providers delivered exceptional care to child members, as well as members that are new mothers and members with diabetes.

According to the HEDIS results for pediatric members of the nation's Medicaid plans, San Luis Obispo County rated in the top 5% for weight assessment, physical activity counseling, and nutrition counseling for children and adolescents. Santa Barbara County rated in the top 10% nationally for meningococcal, Tdap and human papillomavirus (HPV) immunizations for adolescent plan members, ages 9-13.

In addition, for the second year in a row, both counties covered by CenCal Health received the highest HEDIS rating – top 5% in the nation – for timeliness of women's postpartum care. This year, the community health plan also rated in the top 10% nationally for having a low rate of diabetic members with HbA1c poor control. This means that a higher percentage of CenCal Health members with diabetes had better blood glucose control compared to Medicaid members with diabetes in other plans nationwide. CenCal Health's HEDIS measurements are independently audited and reported annually to the National Committee for Quality Assurance (NCQA) to demonstrate the quality of care rendered by CenCal Health's providers.

"CenCal Health prides itself on partnering with committed and compassionate physicians, clinics, hospitals and health care specialists in both counties," said CenCal Health CEO Marina Owen. "It is because of these outstanding provider partners – with support from CenCal Health – that our organization and community have achieved these excellent results in both evaluations."

CAHPS is the health care survey on patient experience that asks consumers and patients to report on and evaluate their experiences with health plans, providers and healthcare facilities. With funding from the California Department of Health Care Services (DHCS), the Health Services Advisory Group (HSAG) is the designated External Quality Review Organization that administered the current CAHPS survey. DHCS and CenCal Health use CAHPS results to improve patients' experiences with care.

October 2022 Look Back

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Press Release cont.

In 2021, HSAG surveyed consumers in 25 health plans in California, ranking CenCal Health No. 1 in Customer Service for Child Members, No. 2 in Overall Rating of Health Plan for Child Members, and No. 3 in Overall Rating of Personal Doctor for Child Members.

"During the pandemic, we saw diminished preventative care-seeking behaviors in our local population," said Dr. Tamara Battle of Central Coast Pediatrics. "Recovery has been an important part of supporting the health and well-being of our patients. Central Coast Pediatrics strives to assist families in achieving health outcomes that enrich the lives of children in our community."

The measurement period for the latest HEDIS report ended December 31, 2021. For CAHPS, the survey was available to consumers from February to May 2021, with ratings representing members' experiences of care and service over the prior six months.

Detailed HEDIS performance results for the health plan are available on CenCal Health's website. More information about CAHPS survey reports can be found at www.dhcs.ca.gov.

About HEDIS®

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. The NCQA accredits and certifies a wide range of health care organizations and manages the evolution of HEDIS, the performance measurement tool used by more than 90 percent of the nation's health plans.

About CAHPS®

Developed by The Agency for Healthcare Research and Quality (AHRQ), the Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a standardized HEDIS survey instrument to assess the patient experience of health plan members. The survey prompts consumers and patients to report on and evaluate their experiences with health plans and providers. The survey results are used to improve patients' experiences with care. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

About CenCal Health

CenCal Health is a community-accountable health plan that partners with over 1,500 local physicians, hospitals and other providers in delivering patient care to nearly 220,000 members – about one in four residents of Santa Barbara County and one in five residents of San Luis Obispo County. A public agency, the health plan contributes approximately \$50 million a month into the local economy, primarily through payments to healthcare providers who serve its membership. Established in 1983, it is the oldest Medicaid managed care plan of its kind in the nation. View its annual Community Report at cencal2021.org

October 2022 Look Back

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Date: November 7, 2022



INTERNAL COMMUNICATIONS

2022 Company Picnic



In October, nearly 300 CenCal Health employees, temps, and their family members gathered at Tucker's Grove Park in Santa Barbara for the first in-person company event held since the start of the COVID-19 pandemic. Guided by COVID protocols, the Communications and Community Relations department and the Human Resources department led the event planning efforts.

On a Friday afternoon, amidst food, games, activities, and good weather, attendees enjoyed a day filled with much-needed camaraderie and catching up. Entertainment was designed for both children and adults to enjoy, with caricature artists and carnival games being especially busy, and a magician that kept those waiting in line for food amused with sleight-of-hand tricks. For lunch, attendees chowed down on a BBQ spread featuring ribs, tri-tip, chicken, and all the fixings.

An open-air photo booth even commemorated the event by including CenCal Health's logo at the bottom of the photos.

But the real draw of the picnic was the ability to interact with people that staff had not seen face-to-face in over two years. For many staff hired during the pandemic, the picnic was their first opportunity to meet colleagues in person.

Ultimately, the results of a post-event survey reflect the positive sentiments shared by attending staff:

- 100% of respondents said they enjoyed themselves!
- Nearly 100% said they met someone they work with face-to-face for the first time.
- Nearly 100% of respondents with children under 18 said they would likely bring them next year if the event were held in summer when school was out.

"The annual picnic is one of my favorite events, so I was very excited to go this year. I had a great time hanging out with my CCH family!"

"This was a wonderful event! I enjoyed myself so much; I wish we had more time together. Because we are no longer together physically, I believe these events are even more important to have."

"A great day out all around. Fun to see so many people, and with good weather, great organizing and high spirits, we couldn't have asked for more."

October 2022 Look Back

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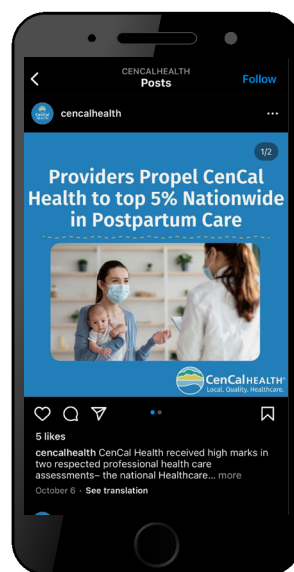
SOCIAL MEDIA

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

October Campaigns



Mental Illness Awareness Week



Providers Propel CenCal Health to Top 5% Nationwide in Postpartum Care



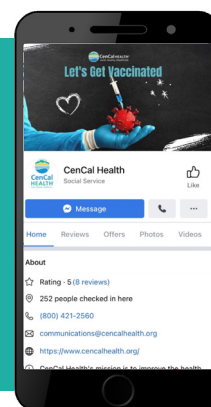
October is Health Literacy Month!



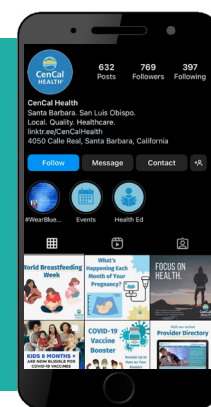
After Hours Care!

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

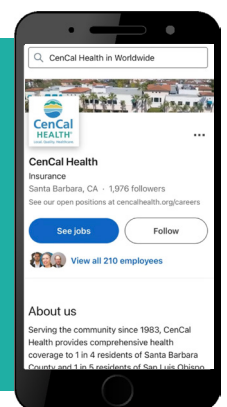
- **Follow** CenCal Health on Facebook, Instagram, and LinkedIn.
- **"Like"** posts.
- **Post comments** as appropriate.
- **Share posts** you think others may find interesting or informative.



Facebook



Instagram



LinkedIn

On social media, you will see that our Facebook and Instagram content provides targeted information for our members and providers. On LinkedIn, our posts recruit, inform and repost content from our network providers and community-based organizations with whom we work closely. We also communicate with teleworking CenCal Health staff.

October 2022 Look Back

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COMMUNITY RELATIONS

Community Meetings

CenCal Health staff is active on community boards, councils, and committees representing issues on access to healthcare, children and senior issues, behavioral health, Latine/x outreach, individuals with developmental disabilities, and homelessness. Our objective is to improve access to high-quality healthcare, reduce health inequities, provide education, and promote a healthy lifestyle.

Activities Report

CenCal Health participated in 20 community-focused meetings and activities in October 2022. Due to the COVID-19 pandemic, remote conferences and events are prioritized to ensure our staff's safety while maintaining engagement. When in-person activities occur, staff is encouraged to follow recommended preventive safety measures, like mask-wearing and social distancing.

Date	Activity/Event/Meeting	Audience Reached
October 28	Housing & Homelessness Incentive Program and Community Supports Updates, Santa Barbara Continuum of Care (SB)	Legislators
October 28	St. Vincent's introductory meeting and sponsorship delivery (SB)	CBO
October 27	Promising Practices in California's Medicaid Transformation Initiatives webinar (CA)	CBOs/Provider
October 27	Homeless Health Working Group (SB/SLO)	CBOs/County/Provider/Legislators
October 27	Healthy Lompoc Coalition (SB)	Public/CBOs/Business Community/County/Provider
October 25	Dignity Health and Dignity Moves (SB/SLO)	Provider/CBO
October 24	Organic Soup Kitchen introductory meeting and sponsorship delivery (SB)	CBO
October 21	Savie Health introductory meeting and sponsorship delivery (SB)	CBO
October 20	Healthy People Healthy Trails (SB)	Public/CBOs/Business Community/County
October 19	Foodbank of Santa Barbara County introductory meeting and sponsorship delivery (SB)	CBO
October 19	Homeless Services Oversight Council Executive Committee (SLO)	Public/CBOs/Business Community/County/Provider/Legislators
October 18	California Pan-Ethnic Health Network webinar (CA)	Nonprofit

October 2022 Look Back

To: CenCal Health's Board of Directors
 From: Nicolette Worley Marselian, Director, Communications & Community Relations
 Date: November 7, 2022



Activities Report (cont.)

Date	Activity/Event/Meeting	Audience Reached
October 17	California Health Care Foundation (CA)	Nonprofit
October 13	Alpha Resource Center introductory meeting and sponsorship delivery (SB)	CBO
October 11	Center for Health Care Strategies (SB/SLO)	CBOs/ County/Provider/Legislators
October 10	Provider Advisory Board (SB/SLO)	Public/CBOs/Business Community/County/ Provider
October 7	Adult Services Policy Council (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
October 5	KIDS Network (SB)	Public/CBOs/Business Community/County
October 4	Homeless Services Oversight Council Housing Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
October 3	Homeless Services Oversight Council Homeless Services Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators

Performance Division Report

Date: November 14th, 2022

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, Operational Excellence Director

Executive Summary

The following report provides updates surrounding the development and execution of Performance Division functions: *strategic development, process excellence, and organizational development.*

- Strategic Planning. Staff have initiated 2023 strategy execution planning, including the development of 2023 Integrated Organizational Planning Principles, the adoption of 2023 Organizational Objectives, and the development of cross-functional teams to begin the 2023 CenCal Health Operating Plan development process; the 2023 Operating Plan will be shared for Board awareness in January 2023. These activities establish a system for strategy execution at CenCal Health.
- Organizational Design. Responsive to CenCal Health 2022 Organizational Objectives and informed by organizational design principles, the Executive Team has intentionally evolved organizational structure throughout 2022, aligned with the budget. During this period, CenCal Health newly established business functions that will *prepare for strategic advancement, enhance organizational readiness and meet customer needs.* In addition to the transformation and expectations contained within CalAIM, business functions have increased 42% and full-time equivalent (FTE) employees have increased 12.3% to approximately 99% of peer health plan average, with 73% of newly approved FTE in non-leadership positions and 27% in leadership, including the addition of a Chief Performance Officer and Chief Health Operations Officer, and the reimagining of the Chief Operating Officer role into the Chief Customer Experience and Health Equity Officer role. In addition, new departments have been established including Behavioral Health, Program Development and Operational Excellence, including performance measurement and process improvement.
- Operational Excellence Update. Efforts continue and are on track to centralize and enhance monitoring of organizational performance through a Monthly Huddle Board by January 2023, and a comprehensive Executive Level Dashboard (prototype) by March 2023. As your Board is aware, CenCal Health set out in early 2022 to complete an ambitious roadmap of initiatives identified on the 2022 Operating Plan. In ten (10) months, 30 of 47 (64%) Operating Plan tactics have been completed year-to-date with the remainder in progress.

Strategy Execution

Following Board adoption of the 2023 – 2025 strategic plan in September 2022, Staff initiated strategy execution planning. Foundational to effective strategy execution is the alignment and integration of all organizational planning processes. Since planning coordination impacts planning quality, and planning quality impacts execution effectiveness, Staff coalesced around an organizational planning vision: *plan well together to execute well together*. Following are the Integrated Organizational Planning Principles developed and adopted by the Executive Leadership Team, as follows:

1. Every three years, understand and respond to our environmental conditions through strategic planning and establish a multi-year plan
2. Create tactical focus through establishing annual organizational objectives
3. Identify existing and known initiatives that require resources from multiple departments
4. Empower leaders through Departmental Assessment to evaluate departmental purpose, operations and structure in support of organizational objectives
5. Enable the Senior Leadership Team to prioritize the best initiatives in a single Operating Plan to advance annual organizational objectives, maintain the health plan, and meet regulatory and contractual requirements
6. Plan for and manage financial expenditures through annual Budget development, informed by the Operating Plan and considering administrative efficiency
7. Invest in new people, process and technology resources responsive to Department Assessments, Annual Organizational Objectives, and aligned with Budget
8. Develop employee goals within budget, to align focus with organizational and department direction, and to develop our people in support of employee growth, longevity and satisfaction
9. Nurture a healthy and inclusive culture by soliciting employee voice, developing behaviors and competencies that align with values, and continuing assessment of organizational design

Responsive to principle 2, Staff adopted the CenCal Health 2023 – 2025 Strategic Priorities as our 2023 Organizational Objectives and selected a subset of Working Strategies to create tactical focus in 2023. CenCal Health's 2023 Organizational Objectives informing tactical and operational planning are:

1. Cultivate Community Partnerships through the following *Working Strategies*:
 - Convene, educate and collaborate with Providers on Medi-Cal reforms to enable coordinated action
 - Align the CenCal Health Doorway to Health Foundation to advance quality and health equity for all and promote innovation

- Embrace the role of convener, facilitator, and humble partner with other health providers, social service leaders and government agencies to promote health equity
- 2. Advance Quality and Health Equity through the following *Working Strategies*:
 - Enhance the Quality and Equity Program and achieve NCQA accreditation
 - Implement population health capabilities to identify and address health disparities
- 3. Expand Service Role and Reach through the following *Working Strategies*:
 - Prepare and develop a sustainable and integrated Medi-Cal and Medicare program to serve dual-eligible members
 - Support expansion of Enhanced Care Management, Community Supports and Community Health Workers programs responsive to local needs
 - Invest in capacity to serve members through State sponsored incentive programs
- 4. Organize for Impact and Effectiveness through the following *Working Strategies*:
 - Develop planning and execution capabilities to advance organization-wide integration and coordination
 - Enhance insight into organizational performance and adapt processes through continuous improvement methodologies
 - Strengthen proactive, integrated and comprehensive compliance capabilities to support achievement of regulatory requirements
 - Develop a strategic human resources function and capabilities
 - Evolve technology strategy to emphasize external partnerships that meet business needs
 - Develop strategic financial function to forecast financial performance, evaluate the impact of policy, program or environmental changes, and proactively respond

Responsive to principles 3 and 5, Staff aligned on role and responsibility assignments for each 2023 Organizational Objective and Working Strategy, developed cross-functional teams responsible for each 2023 Organizational Objective, and began the process of identifying tactics for the 2023 CenCal Health Operating Plan. The 2023 Operating Plan will be shared for Board awareness in January 2023.

Organizational Design

In January 2022, Staff established organizational objectives to guide and align focus while developing our next strategic plan; these included *Adapt Operations to Meet Customer Needs*, *Enhance Organizational Readiness* and *Prepare for Strategic Advancement*. Responsive to these objectives, Staff has been intentionally evaluating and evolving organizational structure in 2022, aligned with the budget, and informed by a set of design principles, summarized as follows:

1. Height of organizational structure should favor flatter given organizational size, except where span of control necessitates additional height.

2. Leaders' span of functional control should be within certain boundaries, and when those boundaries are exceeded, reorganization should occur to ensure equitable and sustainable division of work and role design.

Ongoing evaluation of business needs and application of these design principles has resulted in the following changes in 2022, also visualized in **Attachment A, Organizational Chart**:

1. A 42% increase in organizational functions, including for example: *Behavioral Health Utilization Management, Care Management, Care Coordination and County Collaboration; Strategic Planning and Strategy Execution; Process Management and Process Improvement; Organizational Development; Health Plan Accreditation and Population Health; Enhanced Care Management and Community Supports; Provider Network Development; and Program Development.*
2. A 12.3% increase in full-time equivalent (FTE) employees, aligned with the administrative budget, equating to approximately **99% of the membership-adjusted peer health plan average**, and aligned with CenCal Health membership growth during the same period. Notably, 73% of newly approved FTE were individual contributor positions and 27% were leadership positions, with changes to the leadership structure as follows:
 - The addition of a Chief Performance Officer to support organizational effectiveness through the implementation of *Strategic Development, Operational Excellence and Organizational Development capabilities.*
 - The addition of a Chief Health Operations Officer as the operational leader, partnering with the Chief Medical Officer, to manage and improve care.
 - The reimagining of the Chief Operating Officer role into a Chief Customer Experience and Health Equity Officer role, to champion customer experience and health equity across the organization through engagement and support of our members, providers, and community partners.
 - The creation of an Deputy or VP/Officer level between Executives and Directors to support equitable division of work across the Executive and Senior Leadership Team and enhance support for our departmental leaders, resulting in the addition of a Quality Officer, Provider Network Officer, Deputy Chief Information Officer, Government Affairs and Administrative Officer and Health Services Officer.

Concurrent to the above structural changes, department Directors engaged in an organization-wide Department Assessment process between March – October 2022. The Department Assessment is a 10-step evaluative tool that enables Directors to annually assess current departmental mission and values, composition, functions, strategic alignment, and metrics, and then consider future functions, goals and structure to adapt to evolving business needs. All department Directors completed the inaugural exercise, the insights from which will inform CenCal Health's 2023 administrative budget process.

Operational Excellence Update

Organizational Dashboard Update

Efforts continue and are on-track towards the development of a Monthly Huddle Board by January 2023, to centralize and enhance monitoring of organizational performance through the Executive and Senior Leadership Teams. Building from the Monthly Huddle Board, development of a comprehensive Executive Level Dashboard prototype is on-track for Board consideration in March 2023.

Operating Plan Evaluation

The 2022 Operating Plan, available at **Attachment B – Operating Plan**, contains 47 organizational tactics. Operating Plan tactics vary by scale and duration with the schedule for many tactics exceeding 2022 by design. As your Board is aware, CenCal Health set out in early 2022 to complete an ambitious roadmap of initiatives identified on the 2022 Operating Plan. In ten (10) months, 30 of 47 (64%) Operating Plan tactics have been completed year-to-date with the remainder in progress. Two additional tactics may complete before year-end, and the remainder are in process and will be re-evaluated for inclusion on the 2023 Operating Plan.

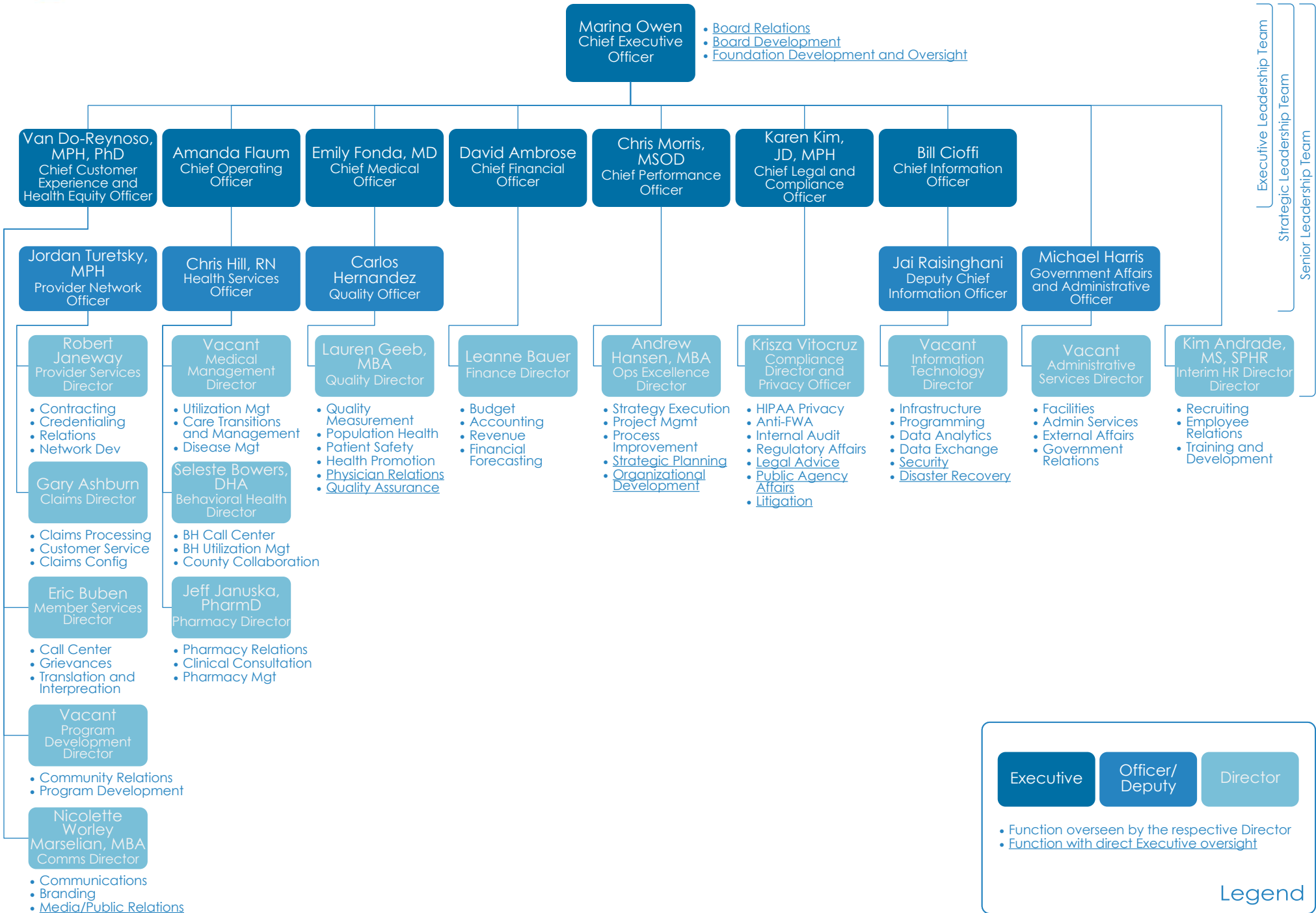
Recommendation

Staff provides this report as information only and no action is requested at this time.

Enclosures

Attachment A – *Organizational Chart*

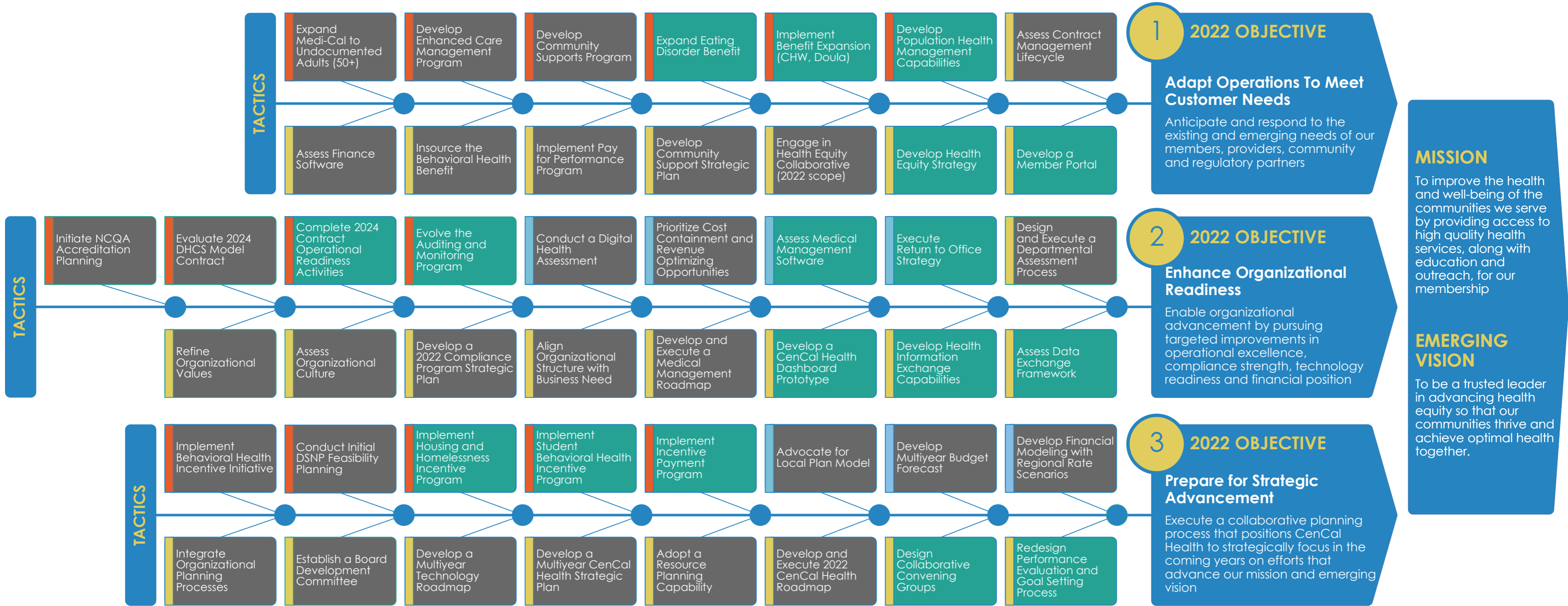
Attachment B – *2022 Operating Plan*



Executive	Officer/Deputy	Director
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• Function overseen by the respective Director
 • Function with direct Executive oversight

Legend



VALUES

- Compassionate Service**
Serving and advocating for all customers with excellence
- Collaboration**
Coming together to achieve exceptional results
- Integrity**
Doing the right thing, even and especially when it is hard
- Improvement**
Continually improving to ensure our growth, success & sustainability

Legend

- Complete Tactic
- Organizational tactic required to achieve external requirement(s)
- Organizational tactic to execute or maintain an organizational capability
- Organizational tactic to improve or develop an organizational capability

Human Resources Report

Date: November 14, 2022

From: Kim Andrade, Interim Human Resources Director

Through: Marina Owen, Chief Executive Officer

Contributors: Dina Miranda, HR Manager

Executive Summary

The purpose of this report is to accomplishments, initiatives, and projects underway in Human Resources at CenCal Health, including employee engagement initiatives, recruitment and onboarding and the execution of CenCal Health's newly adopted compensation schedule.

Background

Over the past several months, a departmental assessment has been conducted and the Human Resources Department has evaluated internal processes and systems to enhance or improve and better leverage technological resources to improve the efficiency and effectiveness in the ways in which we service the organization. The sub-functions of key focus include Recruitment, HR Systems and Employee Engagement. These areas will continue to be the focus over the coming months.

Employee Engagement

As highlighted in the Communications Report, in October 2022, approximately 300 CenCal Health team members and their family members attended the Summer Picnic. The Communications and Community Relations department partnered with Human Resources to ensure the first in-person event since the pandemic was both safe and enjoyable. For those who could not or preferred not to attend in person, the option was offered to receive a gift card to purchase lunch at home. The post-event survey indicated that 100% of the attendees enjoyed the event and nearly 100% said they met someone for the first time with whom they work regularly. The success of the event, especially based on the feedback received, reinforces the need and desire for our CenCal Health employees to engage with one another, in person, while respecting COVID-safe protocols. We are pleased with the outcome and glad we made the investment to host this event.

Recruitment

CenCal Health's vacancy rate during the current budget cycle has been approximately 11.5% and CY22 year to date all cause turnover is 1.27% monthly, or 4.5

employees per month. Our successful hires per month/per recruiter in the last three months is approximately 4.1.

During September and October 2022, the Human Resources team invested heavily in Recruitment activities. First, we evaluated our step-heavy recruiting processes to look for efficiencies and streamline where possible, leveraging technology available through our current HR system (Paycom). Next, staff developed a thorough recruitment and interviewing training for all hiring managers to empower them in the entire process. Last, in order to serve the requisition demand (52 open requisitions in October), Human Resources leadership onboarded two temporary full-time recruiters.

The result of this process re-design and resourcing resulted in 10 positions being filled in September and 13 in October compared to four in July and five in August. Two critical hires made recently include the ECM Program Manager and the Accreditation Project Leader (NCQA specialist, also a NCQA certified consultant). These activities allowed CenCal Health to better serve the organization while staying within budget.

Compensation

In preparation for the impact of the new pay transparency law (CA SB1162), Human Resources is reviewing our Compensation policy to ensure we adapt our procedures accordingly, as well as creating an educational training for our managers to ensure they are educated and empowered with information. Staff will also begin working on a full evaluation of our compensation process beginning with the conducting a compensation study including job description updates and benchmarking data. A full salary analysis will be conducted once the study is completed, and proposals made for any adjustments needed per our standard process, in line with budget and the salary survey structure.

Other Updates

Benefits and Open Enrollment

CenCal Health concluded an annual passive enrollment this year for our benefit programs and had no program design changes. Employees did not experience an increase in employee premiums, as CenCal Health absorbed the increase we received of 8.2% overall given the environment and impacts of inflation on our workforce.

Performance Management

In preparation of shifting the performance review calendar from the previous fiscal year to calendar year cycle, HR is preparing new content for the performance review itself, including a new competency model based on CenCal Health's vision and values. This will be designed over the next several months to roll out to employees, along with training, in Q1 2023.

Next Steps

As these initiatives proceed, staff will bring all pertinent information forward and report on the progress and the achievement of the milestones involved.

Recommendation

The content in this report is informational and no action is requested at this time.

Government Affairs and Administrative Report

Date November 14, 2022

From: Michael D. Harris, Government Affairs & Administrative Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

On the federal level, states were anticipating the end of the public health emergency (PHE) that Mr. Ambrose referred to at your Board's October meeting. On November 11th, 2022, the federal government announced that it would extend the PHE through Spring 2023. The decision to extend the emergency comes as public health officials are expecting a winter surge as people gather more indoors and is watching subvariants as well.

The PHE, first declared in January 2020 and renewed every 90 days since, has had a significant impact on the healthcare system by expanding public health insurance. Medicaid and the Children's Health Insurance Program increased 26% during the pandemic to a record of more than 89 million people with Health and Human Services estimating that as many as 15 million people could lose their insurance once the programs return to normal operations. The emergency declaration has also given health plans, hospitals and provider more flexibility in how they operate as well.

With both the Federal and State legislative branches on recess, there has been minimal legislative activity. Midterm elections will weigh heavily at the federal level for the next two years of activity from Washington. As staff stated in its last Board report, a number of new bills passed the California legislature and were signed by the Governor. Just a couple (of the dozens) are highlighted in this report.

Legislative Update

Federal

Paul Beddoe, our advocate in Washington DC, met with Congressman Carbajal's staff and briefed the Congressman's health staff on the latest activities at CenCal Health. Mr. Beddoe discussed current CenCal Health member demographics and numbers. In addition, Mr. Beddoe reviewed a number of the initiatives currently underway. CenCal Health has a strong relationship with the Congressman and his office and will be scheduling an early 2023 visit.

On October 13th, HHS Sec. Javier Becerra announced that the government has extended the COVID-19 public health emergency another 90 days, to January 11, 2023. If the Administration has planned to allow the PHE to expire, they would have notified

states and other stakeholders by November 11th, 60-days before the expiration. At a minimum this means no involuntary terminations will occur by the end of January 2023 and continued enhanced federal match until the end of March.

State

Congress is in recess as Members campaigned for the November midterm elections. They are expected to return the week of November 14th to complete work on must-pass FY 2023 appropriations before the end of the year. Other items which could be included in the year-end omnibus include Medicaid funding for the territories and a bipartisan behavioral health package of some kind.

As mentioned earlier, the federal government will have decided by the time of the report, whether to end the federal PHE or whether to continue the PHE for an additional 90-days. California has made some important policy decisions and reminders as it pertains to the PHE. When the PHE expires, the State of California will require those individuals, as they come up for renewal, to conduct a redetermination regarding their Medi-Cal eligibility. Often, this redetermination will pertain to their income eligibility. During the pandemic, individuals and families were allowed to stay on Medi-Cal in order to avoid residents from becoming uninsured during a once-in-a-lifetime health crisis. Failure to reapply for complete the mandatory paperwork results in members losing their Medi-Cal coverage.

The State is expanding Medi-Cal for all residents regardless of immigration status in the near future. It makes little sense to remove those individuals from enrollment if they otherwise qualify for Medi-Cal. As such, the current State plan is to keep those individuals on Medi-Cal if they otherwise qualify (i.e., income).

This year the California legislature sent Governor Newsom approximately 1,166 legislative bills. The governor vetoed 169 bills. Obviously, the bills span an enormous variety of topics and policy areas.

“The governor is wanting to make progress on those areas that he believes are the right economic and public policy and social policy for California going forward,” H.D. Palmer, a Department of Finance spokesman stated to the news site Governing.com. *“At the same time, he is extremely mindful of the fact that our fortunes can change rather rapidly.”*

The State Department of Finance recently reported that revenues were projected to be short approximately \$9 billion. While this is concerning, California continues to bring in excessive revenues compared to expenditures. The California legislature passed a number of bills relating to Medi-Cal benefits and coverage, behavioral health, health plan requirements and monitoring amongst others.

While there were dozens of Medi-Cal related bills that were signed, following is a highlight of pertinent legislation:

SB 1473 (Pan) will continue to require health plans pay for COVID-19 testing and treatment without cost-sharing or utilization management. The intent of this legislation is to ensure that California residents had easy and rapid access the COVID 19 therapeutics.

CenCal Health staff have reported to your Board the increased focus around social determinants of health (SDOH). **AB 1929 (Gabrielle)** requires Medi-Cal plans to assist their members with violence prevention services. While this is not anticipated to have any significant health plan impacts, it underscores the State's vision of having health plans serve the entire member not only the traditional primary care and specialty services. This also ties closely with the State's efforts to utilize community health workers (CHW) in assisting Medi-Cal members with their lives around violence prevention and protection.

AB 2697 (Aguiar-Curry) continues the State's correction of utilizing non-traditional interventions to help members stabilize their lives beyond traditional healthcare. To accomplish this, the State requires health plans to utilize CHWs from a variety of local sources to assist members

Senator **Limón** was successful with **SB 966**. This will allow federally qualified health centers (FQHCs) different classifications of social workers and therapists to provide mental health services. This allowance requires federal approval and clear guidance from the State. Given the statewide shortage of behavioral health providers, this bill seeks to allow those clinics to continue this practice that was started during the pandemic.

AB 32 (Aguiar-Curry) continues to support the use of telehealth. AB 32, while supporting the use of telehealth, prohibits under most circumstances the use of audio-only services. This legislation will require clear guidance from the State in addition to the Department of Health Care Services reassessing its telehealth policies in the weeks to come. The telehealth technology integration into healthcare occurred rapidly during the pandemic, has been well received in many areas and is ready for some "tightening up" of various state policies.

In Sacramento, the legislature and governor are reaffirming their strong demands that Medi-Cal and commercial health plans provide high quality and accessible services. **SB 858 (Weiner)** increased health plans' potential civil penalties. The penalties have been at the same amount since 1975 and required updating. This bill assisted with updating those penalties but also sent a message that the State will be using a stick to ensure health plan performance. SB 858 ties in with **SB 225 (Weiner)** that incorporated statutory standards around timely access for health plans.

Finally, **AB 2724 (Arambula)** was signed by the Governor. Your Board will recall that this addressed Kaiser directly contracting with the State for Medi-Cal services. With the support of Senator Limón, many of your Board members and work from our Sacramento legislative advocate and CenCal Health staff, CenCal Health is not included in this legislation. In discussions with other health plans, significant details are still being addressed and will require those health plans' considerable time and effort.

At the State-level, there are interests in slowing-down the plethora of health-related legislative initiatives. Behind the scenes, operationalizing the policy bills requires immense efforts by State and health plan staff. In addition, economic concerns are appropriately growing.

After the election, the legislature will briefly reconvene and then adjourn. The newly elected members will reconvene and begin the process of establishing committee assignments and leadership. The legislative leadership remains very unclear. During the 2022 session, there was some jostling for leadership positions and attempts to replace some positions and key leaders establish legislative tone and priorities.

Compliance Department Monthly Report

Date: November 14, 2022

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

Contributors: Krisza Vitocruz, Compliance Director and Privacy Officer
Kimberly Wallem, Senior Delegation Oversight Specialist
Allison Bartee, Compliance Specialist

Executive Summary

The purpose of this memo is to provide the CenCal Health Board of Directors with an overview of current compliance activities for the organization. The memo highlights certain compliance activities and includes Department of Health Care Services (DHCS) Medical Audits, DHCS APLs, and other Compliance Department updates.

2024 Contract Operational Readiness

As part of the DHCS effort to redefine how Medi-Cal managed care is delivered to the 12 million Californians receiving health care benefits, DHCS has restructured the managed care contract to hold plan partners and subcontractors more accountable for high-quality, accessible, and comprehensive care, to reduce health disparities, and to improve health outcomes. As your Board is aware, the new contract (2024 Contract or Contract) is effective January 1, 2024, and DHCS has structured the 2024 Contract Operational Readiness process into two (2) distinct periods: (1) Implementation Period; and (2) Operations Period. The Implementation Period is from August 1, 2022, through December 31, 2023. The Operations Period Commences on January 1, 2024.

The Implementation Period includes a total of approximately 229 deliverables due to DHCS. The deliverables are spread across 3 phases and 10 due dates. CenCal Health staff has completed submissions for Phase 1, which includes due dates in August, September, and October. This first phase included 61 deliverables, all of which have been approved. The current percent of deliverables that were returned to the Plan requesting additional information (AIR) is 13%. The Plan's goal is to achieve an AIR rate of less than 5%.

The Plan is currently preparing timely and high-quality submissions for Phase 2, which includes 65 deliverables with due dates in December 2022 and in January and March 2023.

Department of Health Care Services (DHCS): Audits

2022 DHCS Medical Audit

The 2022 Department of Health Care Services (DHCS) Medical Audit was conducted virtually, from October 17, 2022, through October 24, 2022. The 2022 audit is a limited scope audit and evaluates the Plan's compliance with contract requirements and regulations in the areas of *Utilization Management, Case Management and Care Coordination, Access and Availability, Member Rights, Quality Improvement, Administrative and Organizational Capacity and State Supported Services Contract*. The scope of the audit period was from October 1, 2021, through September 30, 2022. Each year the auditors identify a delegate to evaluate and interview, and this year's focus was on our Radiology Benefit Manager, Care to Care.

The limited scope audit consisted of six (6) days of interviews by the DHCS Audit team and drew participation from multiple departments and stakeholders within the Plan. Also included were separate interviews with the Plan's delegate, Care to Care, and telephone interviews by DHCS Nurse Evaluators with randomly selected Medical & Behavioral Health Providers.

The Preliminary Exit Conference is scheduled for November 15, 2022, where the Department will provide initial feedback of the Plan's performance and will be held virtually.

Department of Health Care Services: All Plan Letters

The following All Plan Letters (APLs) were released in October 2022.

1. **APL 22-019** Proposition 56 Value-Based Payment Program Directed Payments
 - Supersedes APL 20-014
 - Released 10/10/2022
2. **APL 22-020** Community-Based Adult Services Emergency Remote Services
 - Supersedes APL 20-007
 - Released 10/21/2022
 - Revised 10/28/2022
3. **APL 22-021** Proposition 56 Behavioral Health Integration Incentive Program
 - Released 10/26/2022
4. **APL 22-022** Abortion Services
 - Supersedes APL 15-020
 - Released 10/28/2022

Audit and Monitoring

Delegation Oversight

Compliance provided the 2023 Annual Audit notification to Sansum Clinic, a multi-specialty provider delegated for Credentialing & Re-Credentialing, in early November 2022. The virtual audit will be performed in early December 2022 and the next scheduled Audit will occur in February 2023 with an Annual Audit of ChildNet, also delegated with Credentialing & Re-Credentialing.

Recommendation

This memo is intended to be informational only and no action by the Board of Directors is requested at this time.

Customer Experience Division Board Report

Date: November 14, 2022

From: Van Do-Reynoso, MPH, PhD, Chief Customer Experience Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Eric Buben, Member Services Director
Jordan Turetsky, Provider Network Officer

This Customer Experience report provides operational trends and updates in Member Services, Provider Services, Claims Departments, and CalAIM incentive programs. In addition to standard operations during this month, Member Services and Provider Services staff also participated in several audit sessions conducted by DHCS with a particular focus on grievance and appeals, access to care, provider data management, and transportation services.

CalAIM Incentives and Program Development

Program Development Department

CenCal Health has created a Program Development Department under Dr. Do-Reynoso's leadership to support CalAIM Incentive Programs and other initiatives. Phylene Wiggins, previously CenCal Health's Associate Director in Human Resources, has experience in community engagement through her work at the Santa Barbara and Ventura Foundations and recently joined this newly developed department in a senior role. CenCal Health is also engaged in active recruitment for the Director of the Program Development Department.

Incentive Payment Program

At the end of October, CenCal Health launched an application process for the Incentive Payment Program (IPP), a funding opportunity made available by the Department of Health Care Services (DHCS) to support the development and expansion of ECM and CS capacity. CenCal Health is in receipt of \$6.4M in funding from DHCS for IPP, with the potential to earn an additional \$13M from DHCS through 2023.

Housing and Homeless Incentive Program

CenCal Health recently received approval for the Local Homeless Plan and is awaiting receipt of the first payment of 1.35M for related activities listed in the plan. Staff continues to engage with Continuum of Care teams and community providers in San



Luis Obispo and Santa Barbara County for the implementation of the activities and projects listed in the Local Homeless Plan and the Investment Plan.

Provider Engagement

In support of the upcoming expansion of Enhanced Care Management (ECM) and Community Supports (CS) in January 2023, staff continue to hold provider engagement sessions to build awareness of the new benefit and services, to share best practices, and to engage organizations who may participate in the future.

Member Services

Member Enrollment

CenCal Health's aggregate membership continues to grow with the DHCS suspension of negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. As of November 6, 2022, CenCal Health has 227,580 members.

Member Portal Development

The Member Portal Project is progressing in its efforts for implementation in early 2023, pending full DHCS approval. To engage members, 10,000 households were recently mailed a Member Portal Survey seeking feedback on its design. Initial results appreciate efforts to launch the member portal and validates the conceptual design and features. The project is exploring the feasibility of incorporating new suggestions from members received in survey responses.

Community Advisory Board

The Community Advisory Board (CAB) met for its regularly scheduled quarterly meeting on October 13, 2022. The CAB welcomed Ms. Michelle Shoresman as the new representative from San Luis Obispo County Public Health Department. Other agenda topics included an overview of the new CenCal Health Strategic Plan, a CAHPS presentation featuring CenCal Health's strong customer service performance as reported by our members, a Health Education Report with Population Needs Assessment action plan updates, and a report from our Population Health Department.

Member Call Center

Member call volume fell significantly below the average call volume per month in comparison to our 2021 monthly average; however, CenCal Health redesigned our Main toll-free phone menu in January 2021 to provide more options for direct transfer of behavioral health and pharmacy calls to the Behavioral Health phone queue or to Medi-Cal Rx and bypassing Member Services. For the third month in a row, Behavioral Health grievances are elevated in volume and the Behavioral Health Transition Team is closely monitoring the increase and trends related to access to appointments and

availability of providers. The Provider Services and the Behavioral Health teams are partnering to develop new access plans to improve accessing timely appointments, phone access, availability of providers, and accurate provider demographic information for our Provider Directory.

Claims Operations

Claims receipts for the month of October were over 260,000, which is an 18% increase over the pre-pandemic baseline and trending up by 2% when compared to previous month's receipts. Claims volume follows a seasonal variation, with peaks remaining consistent with historical trends.

The auto adjudication rate, or the rate at which claims are automatically processed, continues to be high at 93.6%. High auto adjudication rates translate to increases in timeliness and accuracy of claims payments to CenCal Health providers. The Claims customer service team received 1,037 provider calls in the month of October 2022, with an average speed to answer of 23 seconds and an abandonment rate of 1.7%. The majority of provider calls continued to reflect questions regarding the provider portal and claims submissions, and average talk time remained just above 8 minutes.

Enclosures

1. Aggregate Member Enrollment Metrics
2. Aggregate Member Call Volume Metrics
3. Member Grievances and Appeals Metrics
4. Provider Services Metrics
5. Claims Submission Metrics

CENCAL HEALTH - Calendar 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: OCTOBER 2022 – SBHI & SLOHI

Reporting period:

October 2022 – Calendar 2022

SBHI Monthly Enrollment 2022

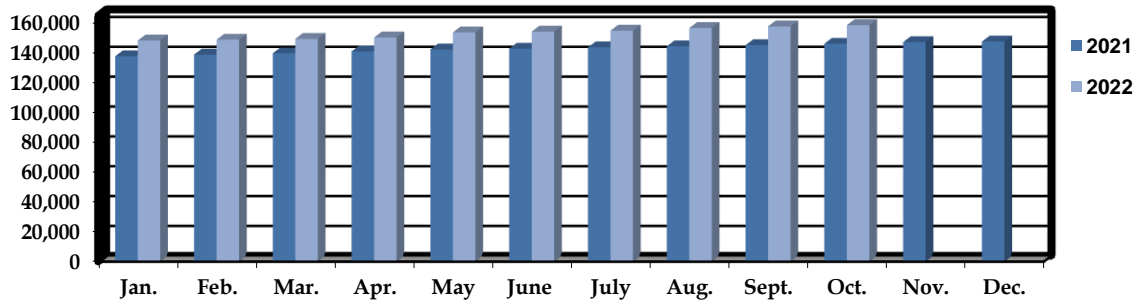
October 2022 = 158,413

Membership increased by a net 855 members when compared to last month.

New members for October = 1,648

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.

SBHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	137,567	138,654	139,589	140,795	142,111	142,618	143,540	144,225	144,983	145,940	147,038	147,397
2022 Members	148,119	148,657	149,203	150,143	153,555	154,077	154,717	156,487	157,558	158,413		

SLOHI Monthly Enrollment 2022

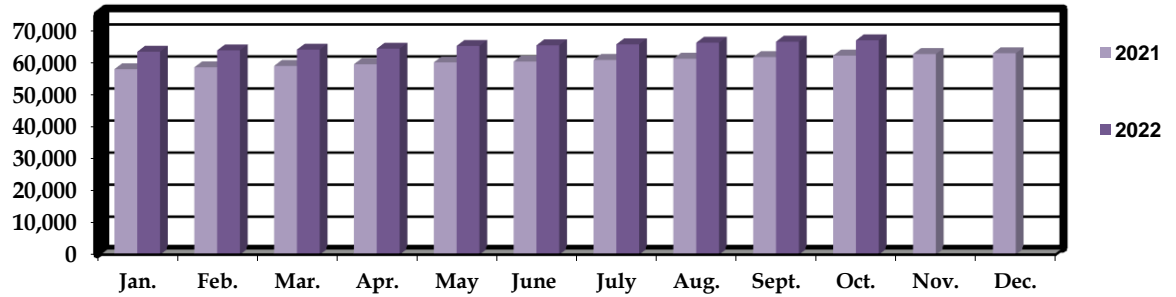
October 2022 = 66,897

Membership increased by a net 417 members when compared to last month.

New members for October = 819

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.

SLOHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	57,894	58,479	58,919	59,431	60,011	60,304	60,788	61,153	61,664	62,129	62,617	62,851
2022 Members	63,347	63,753	63,990	64,291	65,157	65,348	65,653	66,150	66,480	66,897		

CENCAL HEALTH - Calendar 2022 CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

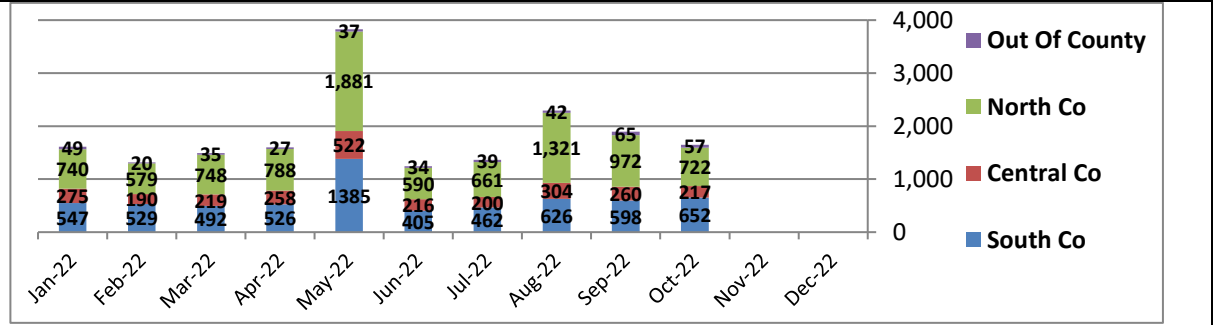
SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: OCTOBER 2022

Reporting period:

October 2022 – Calendar 2022

Santa Barbara County New Member Enrollment by Area

October 2022 = 1,648

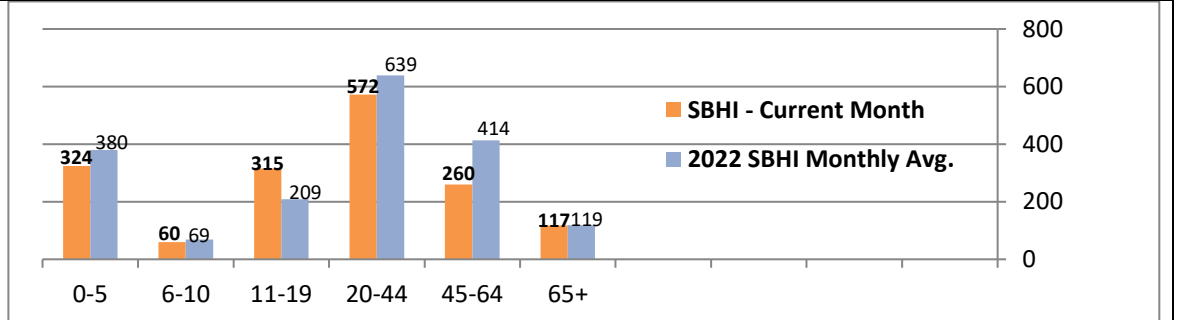


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,602	1,598	1,698	1,825	1,702	1,345	1,506	1,488	1,567	1,712	1,789	1,365
2022 Members	1,611	1,318	1,494	1,599	3,825	1,245	1,362	2,293	1,895	1,648		

SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: OCTOBER 2022

Santa Barbara County New Members by Age

October 2022 = 1,648

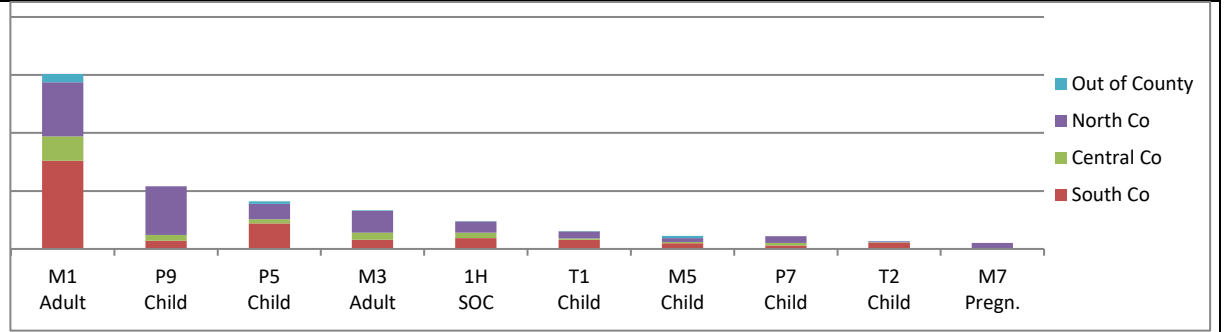


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	388	290	373	418	425	361	378	446	397	324		
6-10	95	57	71	82	70	56	60	71	64	60		
11-19	213	202	197	224	233	142	142	207	212	315		
20-44	595	520	596	596	520	422	464	1,208	900	572		
45-64	241	195	188	209	2,145	206	219	249	225	260		
65+	79	54	69	70	432	58	99	112	97	117		

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

Santa Barbara County New Members by Top 10 Aid Codes

October 2022

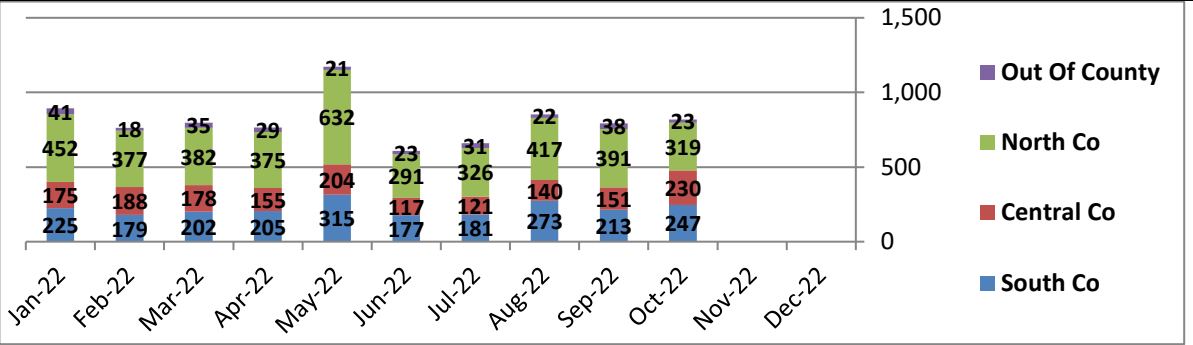


Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	579	503	545	535	1,210	424	442	528	548	603		
P9	209	198	241	268	273	224	248	294	245	216		
P5	118	121	126	153	127	83	83	113	126	164		
M3	136	119	179	183	627	123	147	163	151	133		
1H	53	40	57	52	300	37	78	94	85	96		
T1	56	40	44	51	46	27	36	53	42	62		
M5	18	27	24	23	20	20	14	22	24	45		
P7	44	22	42	59	49	41	38	58	43	44		
T2	21	26	20	31	32	19	21	14	17	27		
M7	30	24	24	28	29	23	28	20	24	21		

CENCAL HEALTH - Calendar 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: OCTOBER 2022

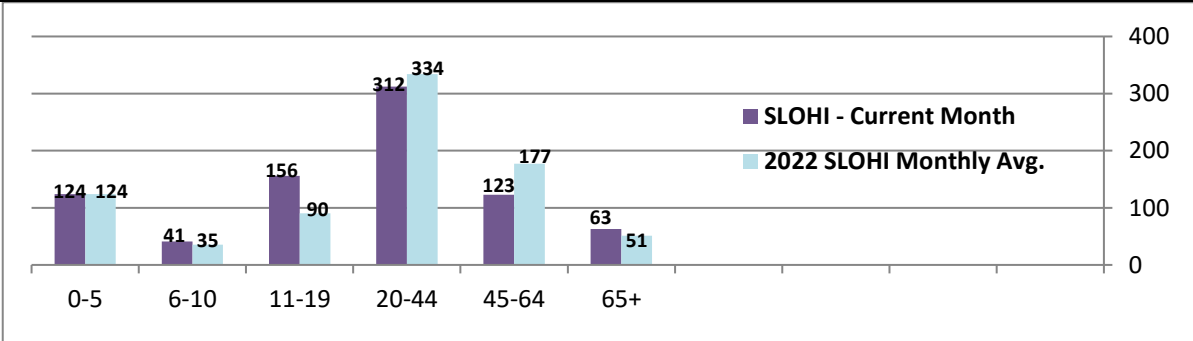
San Luis Obispo County
New Member Enrollment by Area
 October 2022 = 819



	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	1,172	608	659	852	793	819		

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: OCTOBER 2022

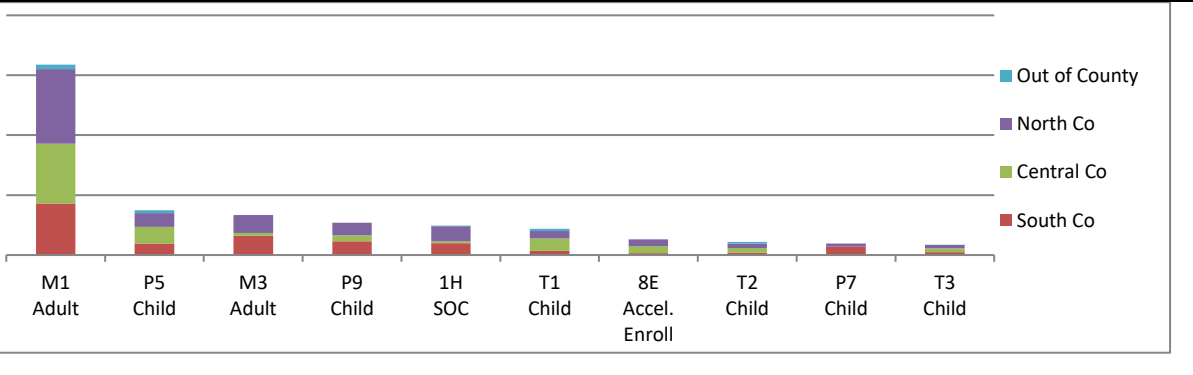
San Luis Obispo County
New Members by Age
 October 2022 = 819



New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	121	123	125	139	113	112	116	137	129	124		
6-10	35	36	38	40	31	27	31	32	43	41		
11-19	87	89	110	82	67	58	76	94	83	156		
20-44	415	351	356	328	321	250	263	393	350	312		
45-64	188	140	138	128	540	130	119	136	129	123		
65+	47	23	30	47	100	31	54	60	59	63		

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

San Luis Obispo County
New Members by Top 10 Aid Codes
 October 2022



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
M1	435	371	377	331	468	274	276	305	308	318
P5	50	60	61	45	42	38	38	64	54	75
M3	83	66	59	69	140	68	62	71	78	67
P9	60	61	59	69	61	56	58	70	58	54
1H	38	15	22	38	72	21	35	44	44	49
T1	22	29	29	18	20	14	19	21	13	44
8E	46	28	26	11	20	13	14	25	11	26
T2	12	11	13	14	7	10	9	4	5	22
P7	34	18	10	26	21	17	18	25	28	19
T3	2	8	5	6	1	8	8	6	7	17

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:

October 2022 - Calendar 2022 Chart #1

Monthly Call Volume

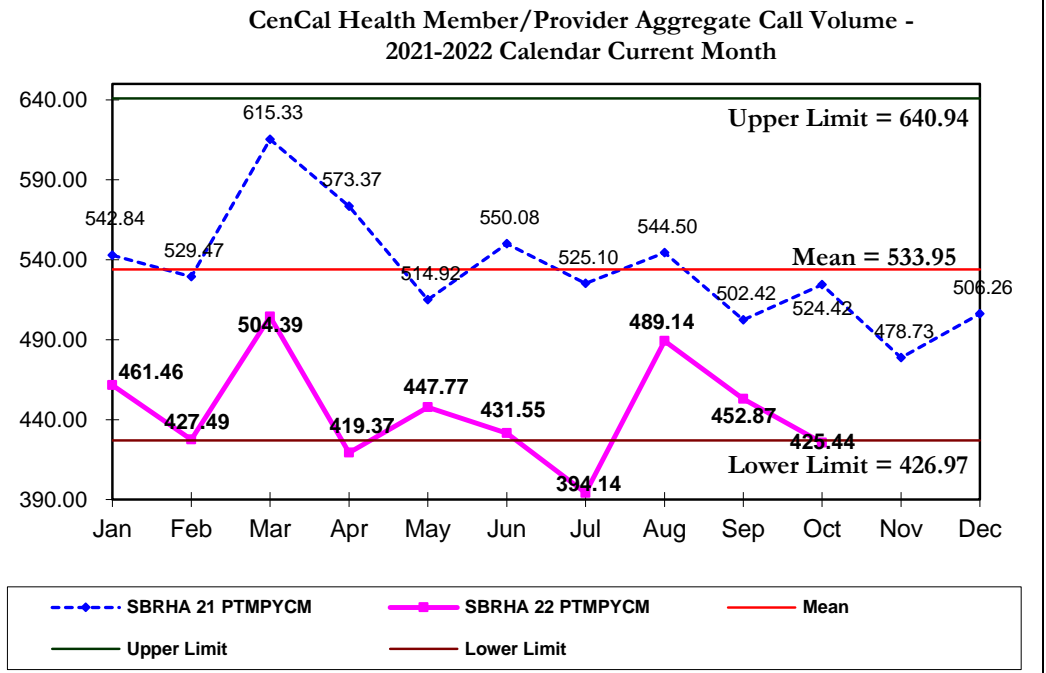
- In Control
- Not In Control

October 2022:

Member Queue = **6,501**
 Provider Queue = **927**
 Non ACD = **560**
 Aggregate Call Volume = **7,988**

Calls per 1,000/month (PTMPM) = **35.45**
 Calls per 1,000/year (PTMPY) = **425.44**

Analysis:
 October's call volume PTMPY is below 2021's mean and slightly below the lower control limit. The drop in PTMPY is the result of the continued membership increases due to suspended DHCS disenrollment during the PHE for Covid-19, without associated increased in call volume.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
21 Members	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
Call Volume	8,842	8,698	10,179	9,567	8,673	9,302	8,941	9,319	8,652	9,093	8,364	8,870
PTMPYCM	542.84	529.47	615.33	573.37	514.92	550.08	525.10	544.50	502.42	524.42	478.73	506.26
22 Members	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310		
Call Volume	8,132	7,567	8,961	7,494	8,161	7,891	7,238	9,075	8,455	7,988		
PTMPYCM	461.46	427.49	504.39	419.37	447.77	431.55	394.14	489.14	452.87	425.44		

October 2022 - Chart #2

Monthly Average Speed to Answer

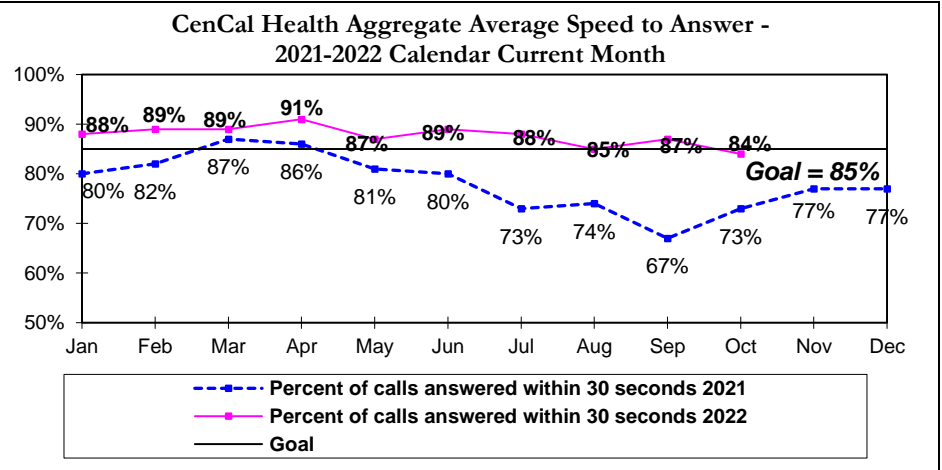
- Exceeding Goal
- Meets Goal
- Not Meeting Goal

Average Speed to Answer Goal = 85% of Calls Answered Within 30 Seconds

October's score = **84%**

Aggregate calls answered: **7,728**
 Aggregate calls answered within 30 seconds: **6,470**

Analysis:
 October 2022 averaged 372 calls a day. There were 15 calls in the queue over 10 minutes before answer. Most of these occur during the new member automated welcome call outreach which allows members to connect to the call center directly.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Answered in 30 seconds or less 2021	80%	82%	87%	86%	81%	80%	73%	74%	67%	73%	77%	77%
Answered in 30 seconds or less 2022	88%	89%	89%	91%	87%	89%	88%	85%	87%	84%		

CALENDAR 2021 - 2022

MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE MONTHLY ABANDON RATE (CHART #3)

AGGREGATE MONTHLY CALL CODING PERCENTAGE (CHART#4)

October 2022 - Chart #3

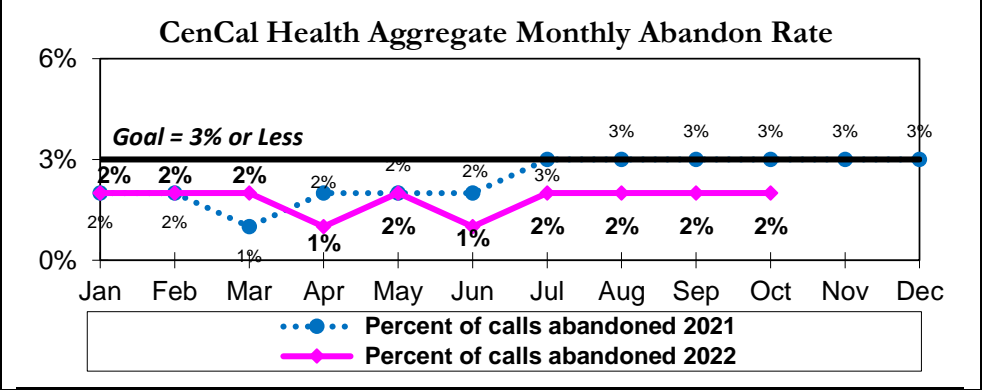
Monthly Aggregate Abandon Rate

Exceeding Goal
 Meets Goal
 Not Meeting Goal

CenCal Health Goal = 3% or less

Aggregate Call Volume: **7,988**
 Abandoned Calls: **153**

Percent of calls abandoned in October 2022 = 2%



	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%	2%	1%	2%	2%	2%	2%		

October 2022 - Chart #4

Monthly Aggregate Calls Coded

Exceeding Goal
 Meets Goal
 Not Meeting Goal

Goal for Percentage of Coded Calls = 95%

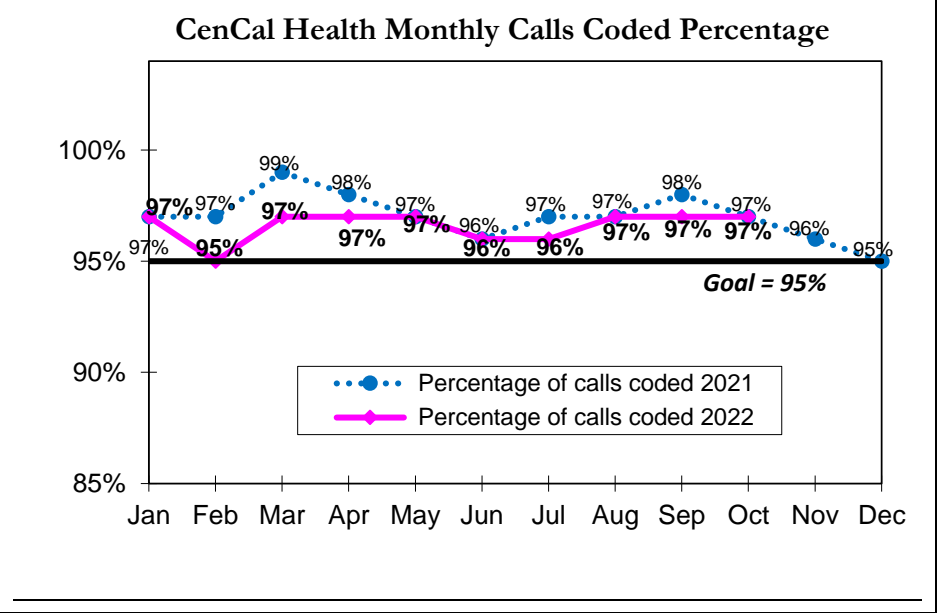
Queue Calls Handled: **7,168**
 Queue Calls Coded: **6,922**

Percentage of calls coded in October 2022 = 97%
 Total Issues Coded: **8,383**
 *Calls may have more than one category.

Top 5 Call Codes:

Category	Calls	% of Total
Eligibility	2,142	26%
PCP Selection	1,654	20%
Transfer	958	11%
Benefits	862	10%
Miscellaneous	614	7%

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



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

October Analysis:

*Eligibility Calls – 51% Eligibility verification, 33% Referred to DSS/SSA, 12% Coordination of Benefits (OHC) Verification.

*Transferred Calls – 20% to Ventura Transit, 15% to Behavioral Health, 14% to Med. Management.

*Benefits – 34% Dental, 11% Vision, 10% Specialists.

*Pharmacy – 66 Total pharmacy related calls, 10 resulted in a transfer to Magellan RX.

*COVID specific calls – 23 total calls regarding testing sites, vaccinations, new at-home testing coverage and general questions.

*Provider Call Volume (1,208) = 14% of all calls coded. 56% were for Eligibility, 20% were transferred out of Member Services (41% to Medical Management) and another 10% for PCP selection calls to Member Services.

CENCAL HEALTH CALENDAR 2022 MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

MEMBER GRIEVANCES & APPEALS

Reporting period:

October 2022 - Calendar 2022

In Control

Not in Control

October's PTMPY for grievance and appeals was **3.04**, above 2021's Mean of 1.93 and in control.

October Grievance/Appeals = 57

Appeals = 17 (1 Expedited Appeals)

Access = 12

Quality of Care = 12 (1 Expedited grievance)

Administrative = 9

Interpersonal = 5

Benefit = 2

Analysis and Trends

* **Appeals:** 11 TAR appeals including 4 outpatient appeals with no trends, 3 DME appeals (2 CPAP) & 2 physical therapy appeals. 6 RAF appeals mostly to out of area providers for various services with no trends.

* **Access:** 7 of the 12 access grievances filed were for lack of mental/behavioral health appointment availability with no provider having more than one access grievance filed against them.

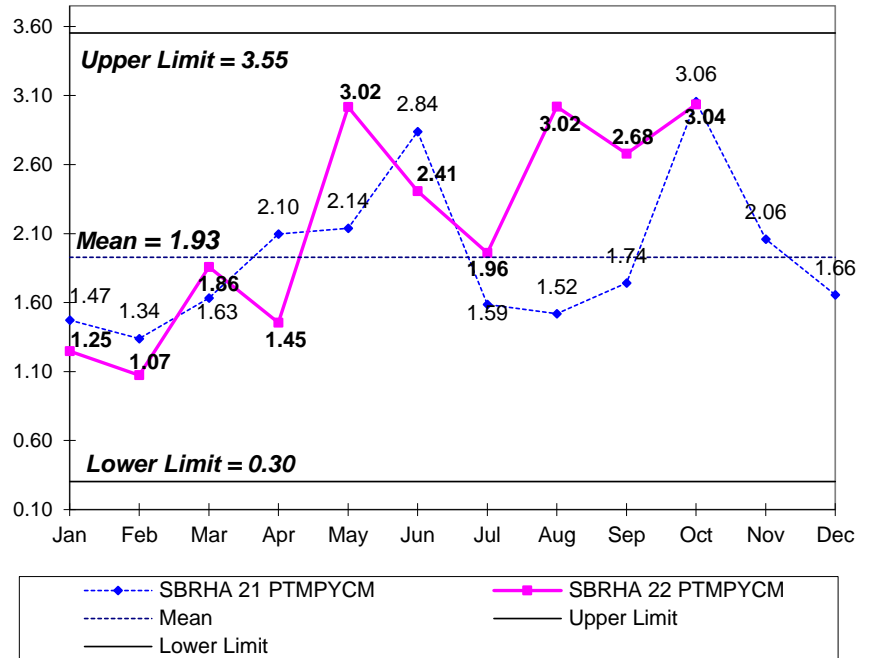
* **QOC Grievances** (8 Mental/Behavioral Health, 4 PCP): Various perceived quality of care concerns/reasons with 5 being related to discontinued or change in prescription medication.

* **Administrative:** Mostly centered around the member's dissatisfaction with expected time for the complete paperwork or dissatisfaction with timely communication with no trends.

* **Interpersonal:** Main cause was the member's sense of rude demeanor by provider or by office staff. No trends.

* **Total Mental Health/BHT Services** (8 QOC, 7 Access, 4 Admin, 1 Interpersonal) grievances. Commonly dissatisfied with appointment availability, being dismissed by provider or delays in call backs, poor communication or not being prescribed medications.

**Grievance & Appeal System - Total Receipts
2021-2022 Calendar Current Month**



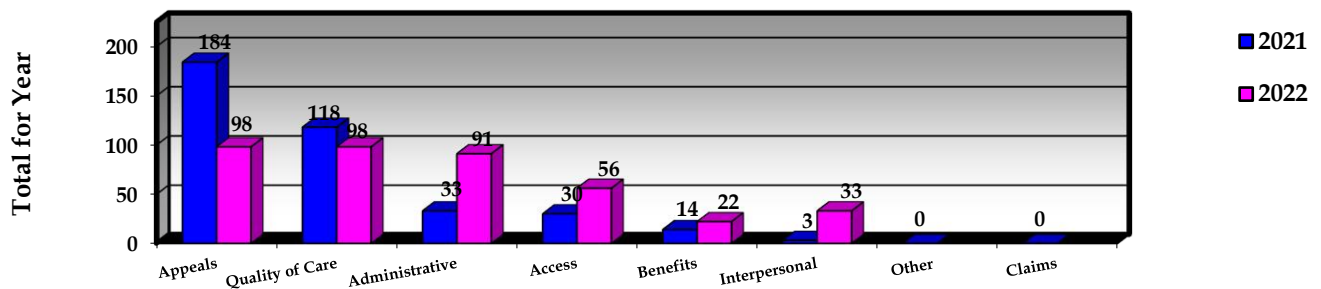
Of the 57 grievances/appeals filed:

41 = SB County (16 Mental/Behavioral Health = 39% of SB Vol.)

16 = SLO County (4 Mental/Behavioral Health = 25% of SLO Vol.)

	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	29	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	218,712	219,425	220,370	222,637	224,038	225,310		
CenCal G&A Issues	22	19	33	26	55	44	36	56	50	57		
CenCal PTMPYCM	1.25	1.07	1.86	1.45	3.02	2.41	1.96	3.02	2.68	3.04		

Member Grievance & Appeal System Receipts by Reasons

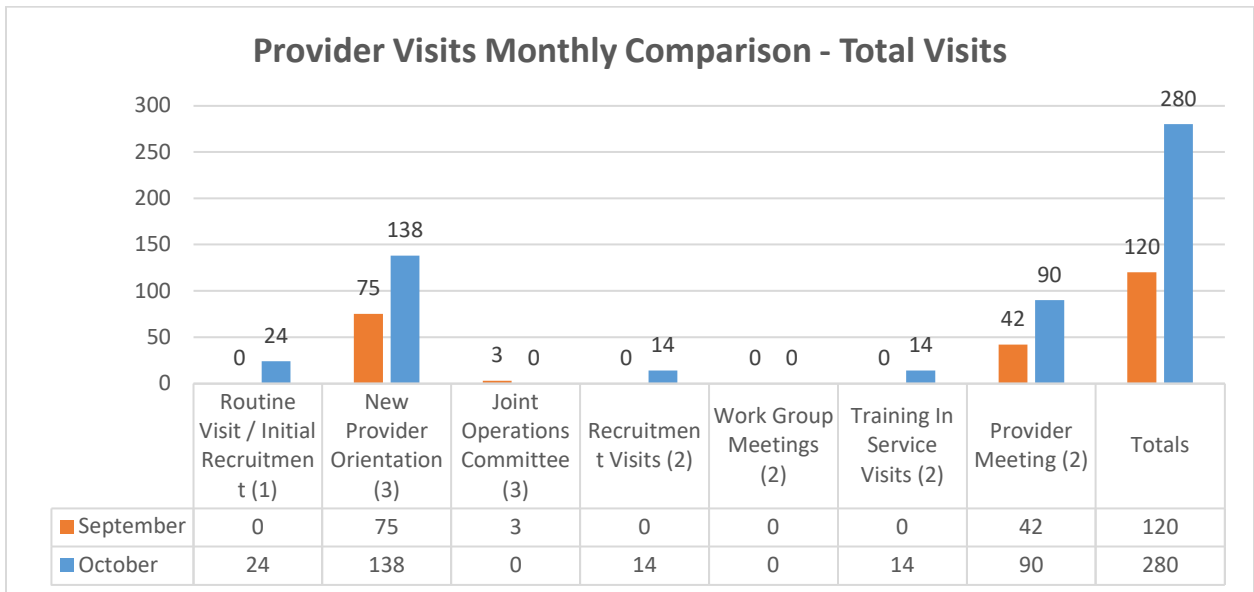
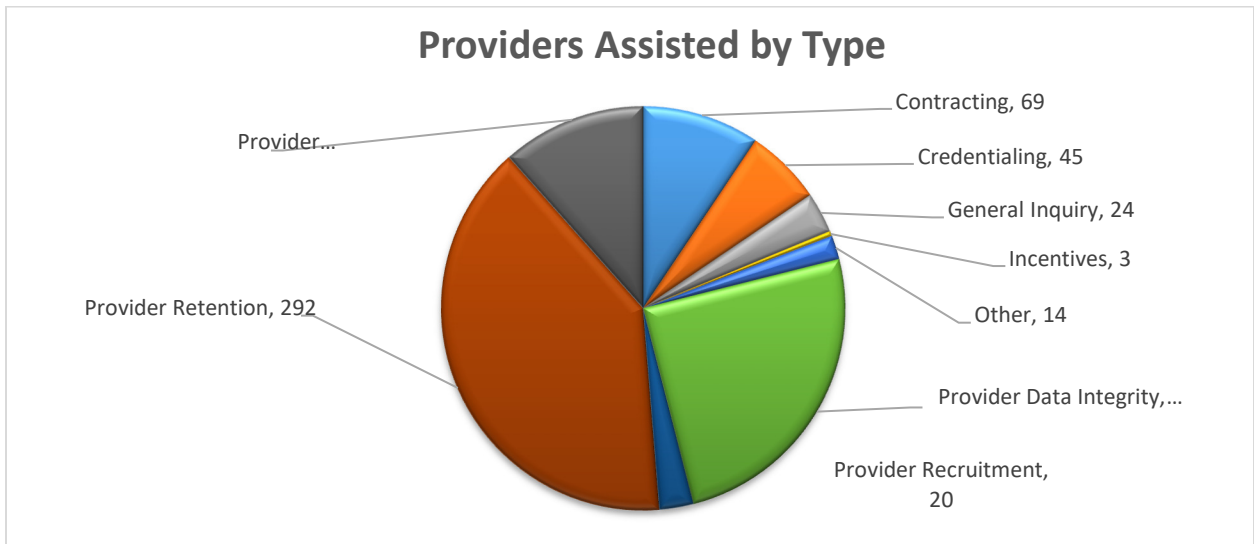
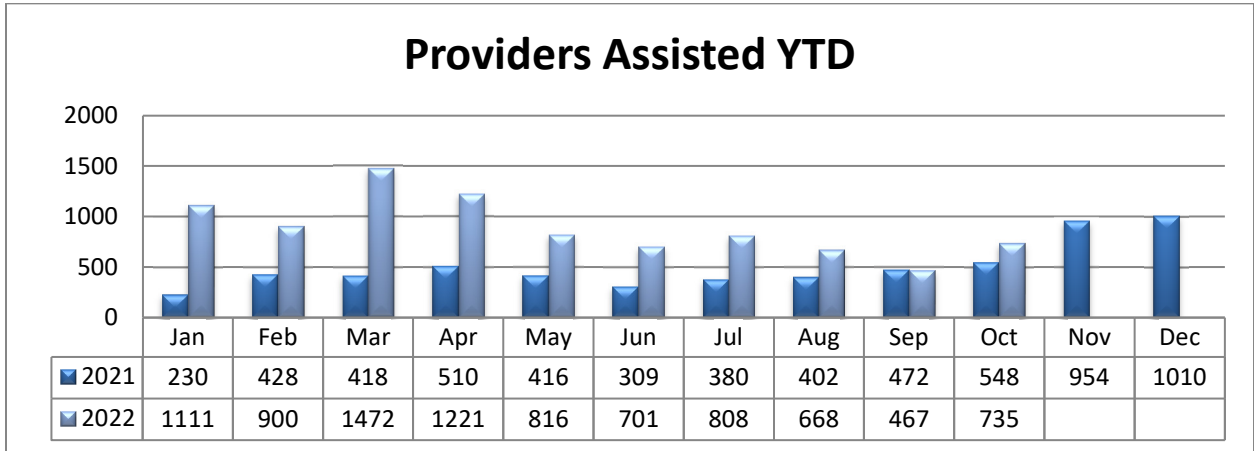


Type	Calendar 2021	Calendar 2022 (Through October)
Appeals	185	98
Quality of Care	118	98
Administrative	33	91
Access	30	56
Benefits	14	22
Interpersonal	3	33

Analysis: The transition of pharmacy benefits to Medi-Cal Rx has significantly lowered overall appeals averaging 10 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 Mental Health/BHT grievance management transitioned to CCH, we expected an increase in all grievance types, having BHT/Mental Health grievance counts now being included within those types vs. as "Holman grievances aggregated" previously.

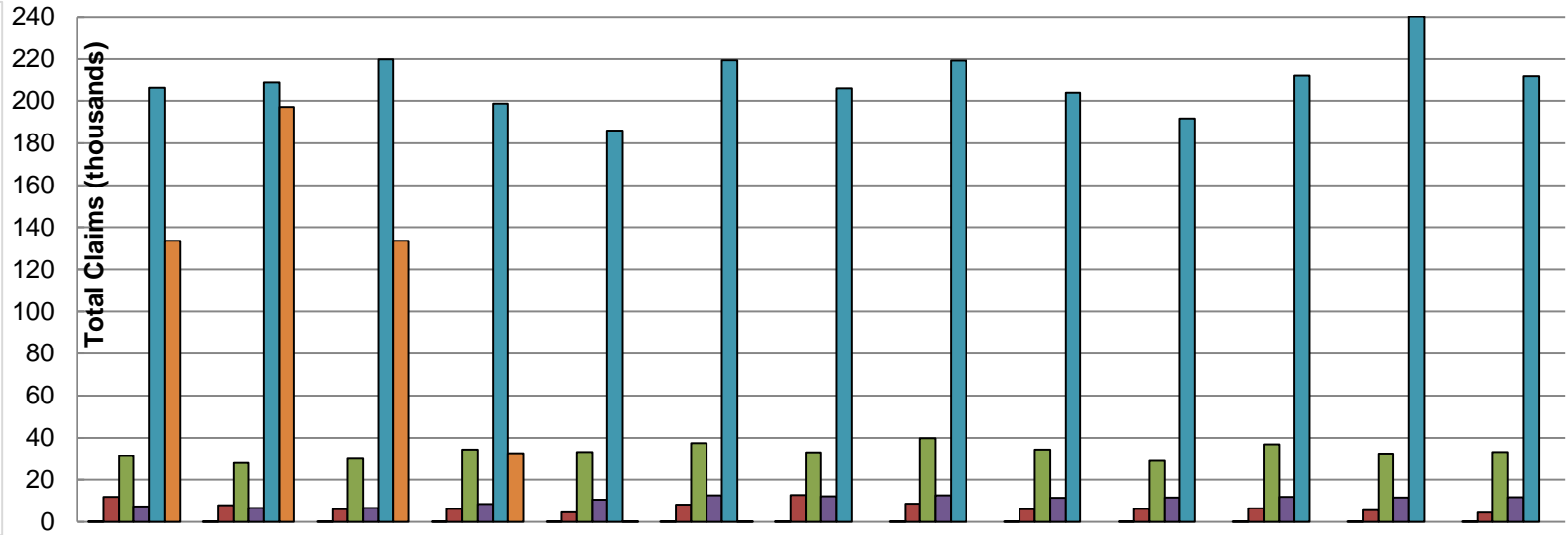
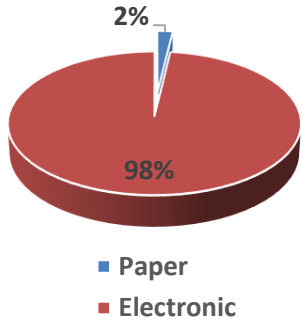
Provider Services Departmental Metrics

Providers Assisted – October 2022



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

Total Claims Submitted for October 2022



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
■ Paper - CenCal Health	61	22	27	123	9	1	7	18	26	17	2	9	16
■ Paper - Outsourced	11,798	7,879	5,948	6,200	4,480	8,203	12,695	8,603	6,038	6,153	6,510	5,511	4,385
■ AdminisTEP	31,317	27,990	30,067	34,382	33,201	37,531	33,133	39,758	34,349	28,935	36,814	32,456	33,229
■ Web-Processed	7,390	6,521	6,559	8,499	10,490	12,571	12,169	12,542	11,441	11,529	11,854	11,586	11,652
■ HIPAA Files	206,191	208,644	219,855	198,763	186,001	219,500	205,829	219,412	203,840	191,680	212,361	240,305	212,057
■ Med-Impact/PBM	133,539	197,089	133,659	32,698	57	8	0	0	0	0	0	0	0

Summary:

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

Information Technology Board Report

Date: November 14, 2022

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

Executive Summary

The following information is provided as an update on on-going operational and project-oriented priorities for the Information Technology Department at CenCal Health.

Staffing Update

Deputy Chief Information Officer

One of CenCal Health's strategic objectives is to *leverage and adapt technology and analytics to enable transformation* and is committed to enhance tactical efforts in support data exchange, interoperability and technology strategies aligned with the 2023 – 2025 Strategic Plan. The IT Department is focused on the development of an aligned IT Strategic Roadmap that contains numerous initiatives that support the business. Responsive to these commitments and consistent with the scope of CalAIM, Mr. Cioffi announced that Jai Raisinghani has accepted the promotion to Deputy Chief Information Officer, previously the Director of Information Technology and with 17 years of experience with CenCal Health. With this promotion, Mr. Raisinghani will take on new roles and responsibilities. The Executive team is proud and appreciative of his expertise and what he will achieve in this new role. As the IT Department completed a comprehensive Departmental Operational Assessment, it became clear that leverages both vendor partnerships and supporting the growth and development of staff within the organization was a priority.

Operational Statistics

During the month of October 2022, CenCal Health received approximately 260,000 claims and the HIPAA Compliant 837I/837P was the source of 93% of total claims. CenCal Health's Provider Portal was used for 4% of claim submissions. The auto-adjudications rate for the month was over 93%.

CenCal Health also received approximately 11,200 authorization requests in October 2022 with 83% of total authorizations entered through CenCal Health's Provider Portal and 6% of total requests were part of data transmission from the Plan's Radiology Benefit Manager (RBM).

Help Desk System Implementation

CenCal Health's internal customer service includes supporting staff with their technology and equipment needs. In the month of October 2022, staff initiated 844 tickets for support and 674 of these were addressed and closed with 170 remaining open or in process going into the following month.

The Health Plan's IT Help Desk team is in the process of migrating a legacy Help Desk system to an enhanced ITSM based Help Desk System. Information Technology, Communications and Community Relations, and Facilities departments will begin using this new system in its initial rollout. The Help Desk in collaboration with the Training Department will be conducting trainings and webinars for staff during the months of November and December 2022.

Financial Report for the four (4) Months Ending October 31, 2022

Date: November 11, 2022
From: Leanne Bauer, Director of Finance
Through: David Ambrose, Chief Financial Officer / Treasurer

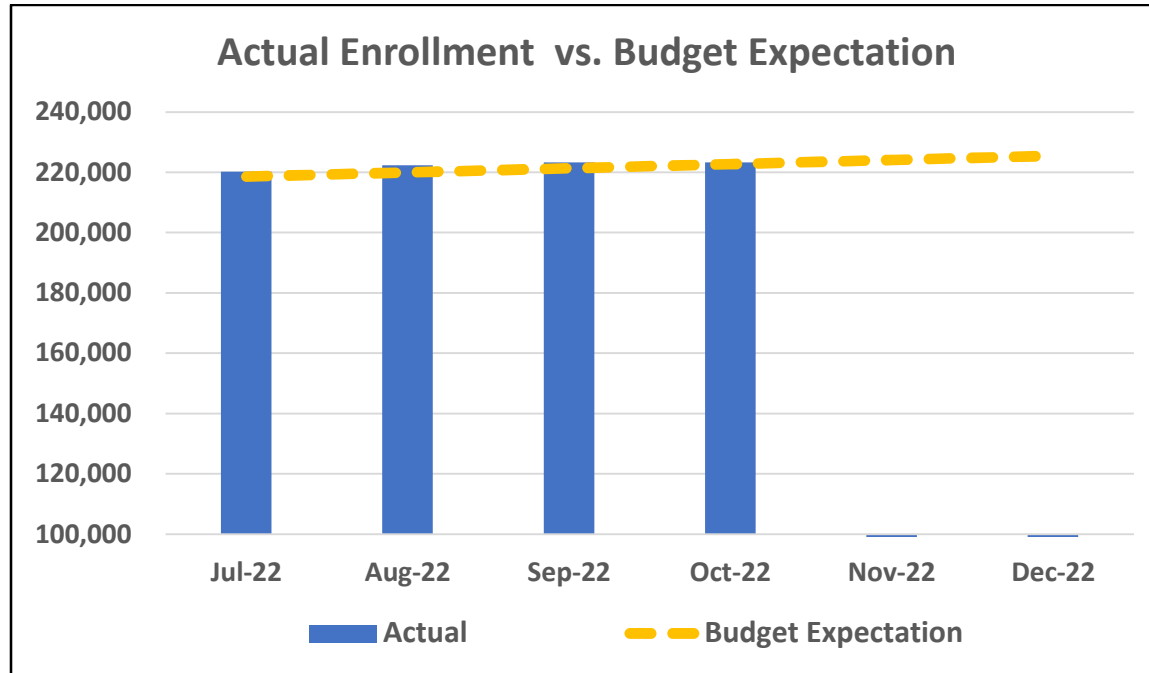
Executive Summary

This memo summarizes the health plan's financial performance fiscal year-to-date through October 31, 2022 and provides insight on how the health plan is operating against budget forecast expectations.

Financial Highlights (fiscal year-to-date: July - October)

- **Operation Gain (Loss):** Through four (4) months of the fiscal year we are reporting an operating gain of \$11.3 million.
- **Capitation Revenue** is at \$362.2 million; under budget by \$822,000 and 0.2%.
- **Medical Expenses** are at \$305.3 million; under budget by \$8.1 million and 2.6%.
- **Administrative Expenses** are at \$20.0 million; under budget by \$3.0 million and 13.1%.
- **MCO Tax Expense** is at \$26.9 million; essentially at budget.
- **Tangible Net Equity (TNE)** is at \$206.5 million; representing 600% of the minimum regulatory requirement and 84% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at \$275.0 million. Cash and Short-Term Investments available for operating the health plan is at \$180.0 million, representing 70 Days Cash on Hand.
- **Member Enrollment** is at 223,245 for the month of October 2022.

Enrollment Trend FYTD



The health plan's enrollment count as of October 2022 is forecasted at 223,245 compared to a budget expectation of 222,745. July through October, total member months are over budget expectations by 0.7%.

Capitation Revenue

Revenue Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Base Capitation Revenue	\$351,556,522	\$351,819,000	(\$262,478)	-0.1%
Supplemental Revenue	\$11,709,229	\$11,168,000	\$541,229	4.8%
Budgeted Revenue Items	\$363,265,751	\$362,987,000	\$278,751	0.1%
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	(\$1,101,360)	-	(\$1,101,360)	
TOTAL CAPITATION REVENUE	\$362,164,391	\$362,987,000	(\$822,609)	-0.2%

Base Capitation Revenue is under budget with a variance of 0.1% due to several factors, including actual enrollment by member case mix (e.g., by aid category grouping) being different than the member case mix assumed within the budget. In addition, a component of base capitation --- hospital directed payment (HDP) PMPM\$ --- is exceeding budget expectations due to revised rates from DHCS. DHCS revised the CY2022 HDP PMPM\$ components subsequently to the development of the budget. FYTD revenue is also reduced by \$4.8 million as a result of accruing for medical loss ratio (MLR) DHCS contractual requirements.

Supplemental Revenue [Behavioral Health Therapy Services, Maternity Deliveries, and visits to American Indian Health Clinics] is over budget by 4.8% due to recent utilization data trending higher than budget expectations. Supplemental revenue is directly impacted by the volume of services incurred.

Overall, actual budgeted revenue is close to budget expectations by 0.2%.

The following retroactive revenue adjustments are also impacting the current total capitation revenue:

- Retroactive enrollment changes applicable to months on or before June 2022.
- Hospital Directed Payment revenue PMPM\$ components applicable to CY2020 were received by DHCS in August which were lower than internal estimates. This reduces current fiscal year revenue while simultaneously reducing prior year estimates for the corresponding expense of hospital directed payments, resulting in a net-zero impact to the actual bottom line operating gain for August.
- The health plan earned additional supplemental revenue applicable to prior year periods greater than internal estimates recorded as of June 30, 2022 resulting in a pick up of revenue within the current fiscal year.

Medical Expenses

Medical Expense Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Medical Costs + Incentives	\$313,487,464	\$312,187,000	\$1,300,464	0.4%
Reinsurance – net	\$1,008,625	\$1,270,000	(\$261,375)	-20.6%
Budgeted Medical Items	\$314,496,089	\$313,457,000	\$1,039,089	0.3%
Prior Year Expense Adjustments: Prior Year Retroactive Items Recorded in Current Year	(\$9,177,475)	-	(\$9,177,475)	
TOTAL MEDICAL COSTS	\$305,318,614	\$313,457,000	(\$8,138,386)	-2.6%

Medical Costs & Incentives are trending under budget with a variance of 2.6%. Three (3) medical expense categories are primarily currently contributing to this budget variance: Physician Services, Hospital Inpatient – out of area, Prior year change in IBNR estimate offset by Hospital Directed Payments (HDP). [note --- HDP expense is correlated to the HDP revenue].

Overall, actual budgeted medical costs are under budget by 2.6%.

The following retroactive medical expense adjustments are also impacting total medical costs:

- \$9.2 million of reduced cost is recorded primarily as a result of a change in estimate within the recent (month of August) Incurred But Not Paid (IBNP) Model forecasting a change in the total projected medical costs for dates of service occurring on or before June 30, 2022 and the reduction in hospital directed payments associated to CY2020 [refer to correlated comments with prior year revenue].

The following table summarizes major medical costs by expense category against budget forecast expectations associated with fee-for-service medical claims. Cells colored Orange indicate where actual trend is exceeding the budget forecast.

Expense	FYTD Actual Average Claim Cost	FYTD Projected Util per 1,000	Budget Forecasted Average Claim Cost	Budget Forecasted Util per 1,000
Physician Services	\$139.87	5,038	\$136.35	5,361
FQHC Services	\$35.26	2,162	\$31.40	2,611
Hospital IP In-Area	\$9,879	63.9	\$9,563	67.7
Hospital IP Out-of-Area	\$24,888	10.4	\$37,180	8.7
Hospital OP In-Area	\$289.94	953	\$246.53	1,100
Hospital OP Out-of-Area	\$639.41	117	\$638.68	96
LTC Facilities	\$309.91	1,882	\$279.43	2,072
Home Health	\$226.63	68	\$229.92	74
Hospice	\$2,714.26	12	\$2,677.89	15
Laboratory	\$46.27	1,301	\$55.48	1,576
Transportation	\$128.10	217	\$154.95	153
Physical Therapy	\$56.72	230	\$51.38	262
Durable Medical Equip.	\$140.40	280	\$134.32	316
Dialysis	\$892.92	38	\$830.95	41
Behavioral Health Therapy	\$406.08	192	\$327.97	225
Mental Health	\$130.30	1,056	\$151.52	702

Note: FYTD Actual Average Claim Cost is based on paid medical claims as of Oct 31 with dates of service from July 1, 2022 through October 31, 2022. FYTD Projected Util/1,000 is backed into using the IBNP Model's estimate of total expense, the actual average unit cost to date, and actual member enrollment.

MCO Tax Expense

MCO Tax expense is at \$26.9 million and is under budget by 0.01%.

Administrative Expenses

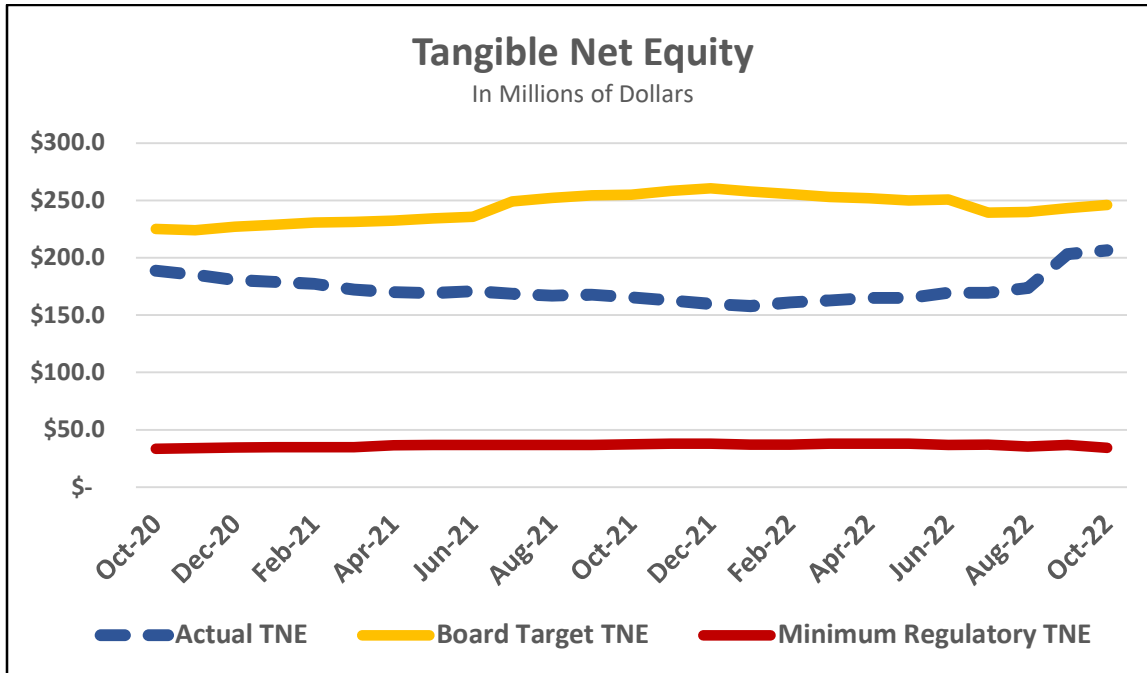
Administrative Expenses are at \$20.0 million and under by \$3.0 million and 13.1% primarily driven by:

- Staffing Vacancies: 35 budgeted positions are currently vacant representing a 10.3% vacancy rate. The Administrative budget incorporated an 8% assumed vacancy rate.
- Salaries and Fringes are under budget primarily due to open positions.
- Contract Services are lower than expected, primarily due to Legal and Outside Processing costs being lower than budget expectations.
- Rent and Occupancy is lower than budget expectations mainly due to janitorial costs and other occupancy costs. Janitorial costs should increase as staff are reintroduced into the CenCal offices over the duration of the fiscal year. Utilities also vary from month to month.
- Travel Costs are under budget due to the timing of actual conferences and seminars.
- Office Supplies & Equipment are under budget primarily due to the timing of needs for printing and supplies.
- Other Expenses are under budget due to items anticipated to occur later during the Fall of 2022.

Tangible Net Equity (TNE)

As of October 2022, actual TNE is at \$206.5 million. This level represents 600% of the Regulatory Minimum TNE level and 84% of the Board of Director's minimum TNE target currently at \$245.9 million.

The following chart provides a visual representation of the health plan's TNE trend over the past two (2) years.



Treasury Activities for the Month of October 2022

Total Cash Received is at \$76.4 million.
 Total Cash Disbursements is at \$92.6 million.
 Accrued and Earned Interest Income is at \$365,193.

Notable Cash events for the month:

- MCO Tax payment of \$20.1 million.

CenCal Health

Financial Statements and Other Information For the four (4) month period ending October 31, 2022

<u>Primary Financial Statements:</u>	<u>Page</u>
● Balance Sheet	2
● Fiscal Year-to-Date (FYTD) Income Statement	3
● Current Month Income Statement	4
<u>Supplemental Financial Information:</u>	
● FYTD Medical Expenses by Category	5
● FYTD Administrative Expenses by Category	6
● Santa Barbara County Operating Statement	7
● San Luis Obispo County Operating Statement	8
● Tangible Net Equity (TNE)	9
● Notes to the Financial Statements	10

CenCal Health

Balance Sheet

As of October 31, 2022

Assets

Cash and cash equivalents	\$274,984,090.87
Accounts receivable:	
DHCS capitation and other	371,739,071.81
Reinsurance and other recoveries	3,034,301.80
Interest and other	<u>411,188.24</u>
Total accounts receivable	375,184,561.85
Prepaid expenses	2,142,724.30
Capital assets - net	29,137,747.71
Certificate of deposit – DMHC assigned	300,000.00
Corporate owned life insurance (COLI)	10,599,684.77
Deposits and other assets	8,264,382.77
Total Assets	<u>\$700,613,192.27</u>

Liabilities and Net Assets

Medical claims payable and incentives	\$101,697,391.85
Accounts payable, accrued salaries and expenses	14,354,963.64
Accrued DHCS revenue recoups – MLRs	63,495,583.36
Accrued DHCS directed payments	294,803,545.91
Accrued MCO Tax	11,715,532.10
Unfunded pension liability – CalPERS	(1,346,155.07)
Other accrued liabilities	9,346,722.41
Net Assets – Tangible Net Equity	\$206,545,608.07
Total Liabilities and Net Assets	<u>\$700,613,192.27</u>

CenCal Health

Income Statement

For the four (4) month period ending October 31, 2022

	Actual \$	Budget \$	Variance \$	%
Operating Revenues:				
Capitation	\$362,164,391	\$362,987,000	\$ (822,609)	- 0.2%
Other	725,586	12,000	625,684	
	<u>362,889,977</u>	<u>362,999,000</u>	<u>(109,023)</u>	<u>-0.03%</u>
Medical Expenses:				
PCP capitation	13,654,385	14,914,000	(1,259,615)	-8.4%
Physician services	59,921,079	62,564,000	(2,642,921)	-4.2%
Hospital inpatient	66,568,020	72,565,000	(5,996,980)	-8.3%
Hospital outpatient	26,026,259	24,792,000	1,234,259	5.0%
LTC facilities	43,199,297	42,601,000	598,297	1.4%
All other services	105,127,069	96,021,000	9,106,069	9.5%
PY estimate change	(9,177,475)	-----	(9,177,475)	----
	<u>305,318,614</u>	<u>313,457,000</u>	<u>(8,138,386)</u>	<u>-2.6%</u>
Operating Expenses:				
Administrative expenses	19,950,815	22,963,534	(3,012,719)	-13.1%
MCO tax expense	26,862,128	26,864,000	(1,872)	0.0%
	<u>46,812,943</u>	<u>49,827,534</u>	<u>(3,014,591)</u>	<u>-6.1%</u>
Interest income	1,074,564	200,000	874,564	437%
Realized gain (loss)	----	----	----	----
Unrealized gain (loss)	(1,187,185)	----	(1,187,185)	----
Operating Gain (Loss)	<u><u>\$11,280,482</u></u>	<u><u>(\$85,534)</u></u>	<u><u>\$11,366,016</u></u>	

CenCal Health

Income Statement

For the month of October 2022

Operating Revenues:

Capitation	\$88,789,902
Other	725,586
	<hr/>
	89,515,488

Medical Expenses:

PCP capitation & incentives	3,448,394
Physician services	13,345,225
Hospital inpatient	13,821,121
Hospital outpatient	7,461,613
LTC facilities	11,277,348
All other services	25,216,373
Prior year change in estimate	65,097
	<hr/>
	74,635,171

Operating Expenses:

Administrative expenses	4,980,092
MCO tax expense	6,715,532
	<hr/>
	11,695,624

Interest income	364,689
Realized gain (loss)	---
Unrealized gain (loss)	(297,846)

Operating Gain (Loss)	<u><u>\$3,251,536</u></u>
------------------------------	----------------------------------

CenCal Health

Medical Expenses by Category

For the four (4) month period ending October 31, 2022

	Actual \$	Budget \$	Variance \$	%
PCP capitation	\$13,654,385	\$14,914,000	\$(1,259,615)	-8.4%
Physician services	59,921,079	62,564,000	(2,642,921)	-4.2%
Hospital inpatient <small>in-area</small>	29,384,966	31,254,000	(1,869,034)	-6.0%
Hospital inpatient <small>out-of-area</small>	19,533,210	24,296,000	(4,762,790)	-19.6%
Hospital capitation <small>inpatient</small>	17,649,844	17,015,000	634,844	3.7%
Hospital outpatient <small>in-area</small>	7,485,868	7,513,000	(27,132)	-0.4%
Hospital outpatient <small>out-of-area</small>	5,548,396	4,602,000	946,396	20.6%
Hospital capitation <small>outpatient</small>	12,991,995	12,677,000	314,995	2.5%
Long term care facilities	43,199,297	42,601,000	598,297	1.4%
Mental health services	10,189,057	7,913,000	2,276,057	28.8%
Behavioral health therapy	3,987,639	5,452,000	(1,464,361)	-26.9%
Transportation	4,240,973	3,817,000	423,973	11.1%
Durable medical equip.	2,911,886	3,173,000	(261,114)	-8.2%
Laboratory	4,458,719	6,522,000	(2,063,281)	-31.6%
Dialysis	2,524,854	2,566,000	(41,146)	-1.6%
Hospice	2,304,970	2,936,000	(631,030)	-21.5%
Home health	1,146,915	1,274,000	(127,085)	-9.8%
Enhanced care mgmt.	12,800	485,000	(472,200)	-97.4%
Community supports	24,000	1,156,000	(1,132,000)	-97.9%
DHCS directed payments	65,312,140	54,225,000	11,087,140	20.4%
All other medical services	7,004,471	5,232,000	1,772,471	33.9%
Reinsurance & recoveries	1,008,625	1,270,000	(261,375)	-20.6%
Prior year change in estimate	(9,177,475)	----	(9,177,475)	----
Total Medical Expenses	\$305,318,614	\$313,457,000	(8,138,386)	-2.6%

CenCal Health

Administrative Expenses by Category

For the four (4) month period ending October 31, 2022

	Actual \$	Budget \$	Variance \$	%
Salaries & wages	\$ 9,440,440	\$10,360,412	\$(919,972)	-8.9%
Fringe benefits	4,864,054	5,152,980	(288,926)	-5.6%
Contract services	2,382,904	3,437,650	(1,054,746)	-30.7%
Travel expenses	29,604	174,578	(144,974)	-83.0%
Rent & occupancy	258,273	446,100	(187,827)	-42.1%
Supplies & equipment	309,373	466,820	(157,447)	-33.7%
Insurance	394,255	557,000	(162,745)	-29.2%
Depreciation expense	436,777	513,200	(76,423)	-14.9%
Software maintenance	6,052	34,640	(28,588)	-82.5%
Software licensing	1,175,836	982,200	193,636	19.7%
Communications	164,268	209,800	(45,532)	-21.7%
Professional dues	88,483	101,116	(12,633)	-12.5%
Marketing & relations	106,796	173,200	(66,404)	-39.3%
Member/Provider materials	47,711	36,800	10,911	29.6%
Credentialing fees	11,431	9,400	2,031	21.6%
Provider relations	----	21,200	(21,200)	----
Board committee fees	5,325	12,000	(6,676)	-55.6%
Meeting room expenses	18,851	71,120	(52,269)	-73.5%
All other expenses	210,382	203,318	7,064	3.4%
Total Admin Expenses	\$19,950,815	\$22,963,534	\$ (3,012,719)	-13.1%

CenCal Health

Santa Barbara County Operating Statement

For the four (4) months ending October 31, 2022

	Actual \$	Budget \$	Variance \$	%
Capitation revenue	\$ 249,648,205	\$ 246,506,000	\$ 3,142,205	1.3%
Medical expenses	215,173,197	219,013,000	(3,839,803)	-1.8%
Administrative expenses	14,013,090	16,130,000	(2,116,910)	-13.1%
MCO tax expense	18,864,420	18,804,000	60,420	0.3%
Operating Gain (Loss)	<u>\$ 1,597,498</u>	<u>\$ (7,441,000)</u>	<u>9,038,498</u>	<u>121%</u>

Medical Loss Ratio (MLR)	86%
Admin Loss Ratio (ALR)	5.6%
FYTD Member Months	624,424
Avg. Member Count	156,106

CenCal Health

San Luis Obispo County Operating Statement

For the four (4) months ending October 31, 2022

	Actual \$	Budget \$	Variance \$	%
Capitation revenue	\$ 112,516,186	\$ 116,481,000	\$ (3,964,814)	-3.4%
Medical expenses	90,145,797	94,444,000	(4,298,203)	-4.6%
Administrative expenses	5,937,404	6,834,000	(896,596)	-13.1%
MCO tax expense	7,997,708	8,060,000	(62,292)	-0.8%
Operating Gain (Loss)	<u>\$ 8,435,277</u>	<u>\$ 7,143,000</u>	<u>1,252,277</u>	<u>18.1%</u>

Medical Loss Ratio (MLR)	80%
Admin Loss Ratio (ALR)	5.3%
FYTD Member Months	264,565
Avg. Member Count	66,141

CenCal Health

Tangible Net Equity (TNE)

As of October 31, 2022

Actual TNE (from the Balance Sheet)	\$ 206,545,608
Tangible Net Equity – DMHC minimum regulatory requirement	34,422,324
TNE – excess (deficiency)	\$ 172,123,284
Pct. Actual TNE of the Regulatory Minimum	600%

Tangible Net Equity calculation is based upon:
Title 10, CCR, Section 1300.76

CenCal Health

Notes to the Financial Statements

As of October 31, 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 these 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.

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 in the amount of (\$1,346,155) based on current estimates.

The CalPERS Annual Valuation Report dated June 2022 reports the health plan's actual unfunded pension liability at \$1,412,359 as of June 30, 2021:

CalPERS Misc Plan for employees hired prior to Jan 1, 2013	\$1,818,411
CalPERS PEPRA Misc Plan for employees hired on or after Jan 1, 2013	<u>(406,052)</u>
	\$1,412,359

PROVIDER BULLETIN

A PUBLICATION FOR OUR
PROVIDERS FROM CENCAL HEALTH

VOL. 32 NO. 10 • OCTOBER 2022

PROVIDER NEWS

DHCS audit happening now; what does this mean for your practice?

New Requests for Electronic Funds Transfer (EFT) to be managed by Wells Fargo

NEW Requirement for all Home Health Care Services Providers

Calling CalAIM Provider Partners! Join our Provider Engagement Sessions

Medically Tailored Meals Quick Reference Guide available

HEALTH PROMOTION

Population Needs Assessment 2021 key findings

CLINICAL CORNER

October is National Depression and Mental Health Screening Month

PROVIDER TRAINING

Register now for Cultural Competency & Health Literacy webinar on Nov. 9

PHARMACY UPDATES

COVID-19 treatment guidelines & resources

Medi-Cal Rx benefit updates - Implementation of Phase I, Wave III - Reinstatement of Prior Authorizations for 11 Drug Classes

BEHAVIORAL & MENTAL HEALTH

ABA referral news, psychological testing
Medical record requires Level of Care Assessment, more

Keep us updated

CLAIMS CORNER

Coming Soon! New "Claims Status Report" Effective October

PROVIDER NEWS

DHCS audit happening now; what does this mean for your practice?

CenCal Health is undergoing our annual California Department of Health Care Services (DHCS) audit from October 17, 2022 through October 28, 2022.



What does this mean for our provider network?

A small sample of CenCal Health's contracted providers may receive a call from DHCS Nurse Evaluators. If contacted, you may be asked a few brief questions, such as whether you are contracted with CenCal Health and what contact information is on file for your practice. If you receive a call, please answer the questions asked to the best of your ability.

If you have questions related to this audit, please contact our Provider Services Representatives at (805) 562-1676 or email psrgroup@cencalhealth.org. **Thank you in advance if you are selected for this brief survey!**

New Requests for Electronic Funds Transfer (EFT) to be managed by Wells Fargo

CenCal Health is pleased to announce that we are partnering with Wells Fargo to manage the enrollment and update process for Automated Clearing House (ACH), also known as Electronic Funds Transfer (EFT).

Beginning December 2022, all new requests to enroll in or change your EFT information will be processed through Wells Fargo via their Supplier Analysis & Onboarding platform.

Providers not currently enrolled in EFT will soon receive "ACH Outreach" letters with instructions on how to enroll. CenCal Health recommends that all providers enroll in EFT to support timely payments, increase fraud protection, and simplify reconciliation.

This change will not impact providers who are already enrolled in EFT/ACH unless you are making an update to your information after this date.

Please do not hesitate to contact our CenCal Health Provider Services Representatives at (805) 562-1676 or by email at psrgroup@cencalhealth.org.



Requirement for all Home Health Care Services Providers



Electronic Visit Verification (EVV) is a telephone and computer-based solution that electronically verifies in-home service visits occur. All Home Health Care Service (HHCS) providers who provide in-home services must have registered into the California Electronic Visit Verification (CalEVV) system by October 19, 2022.

CenCal Health providers should register for the upcoming informational webinar which will be hosted by the Department of Health Care Services (DHCS). Additional provider training resources can be found at <https://go.oncehub.com/CalEVVProviderTraining>.

To determine if your practice will be impacted by the EVV requirements, please visit the DHCS EVV website. dhcs.ca.gov/provgovpart/Pages/EVV.aspx

Providers that have additional questions can contact their Provider Services Representative at (805) 562-1676 or by email at providerservices@cencalhealth.org.



Register now for a Cultural Competency & Health Literacy webinar on Nov. 9



Enhanced communication between providers, staff and patients is essential to effectively provide quality care in a culturally sensitive manner. CenCal Health advocates for quality care for all members, regardless of how they may identify. To further that goal, CenCal Health provides Cultural Competency and Health Literacy tools to improve provider-patient communication.

Please join us on November 9 for a Cultural Competency and Health Literacy training. During this training we will review best practices in the following areas:

- Interacting with diverse patients in a clinical setting
- Communicating across language barriers
- Understanding patients from various cultural backgrounds
- Accessing Language Interpreter Services
- Examining alternative approaches and areas of teaching emphasis that will better inform best practices for practitioners and learners

Register in advance at cencalhealth.org/providers/provider-training-resources/ to attend this webinar.

The Santa Barbara County Consortium for Continuing Medical Education is accredited by the California Medical Association (CMA) to provide continuing medical education for physicians.

The Santa Barbara County Consortium for Continuing Medical Education designates this activity for a maximum of 1 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



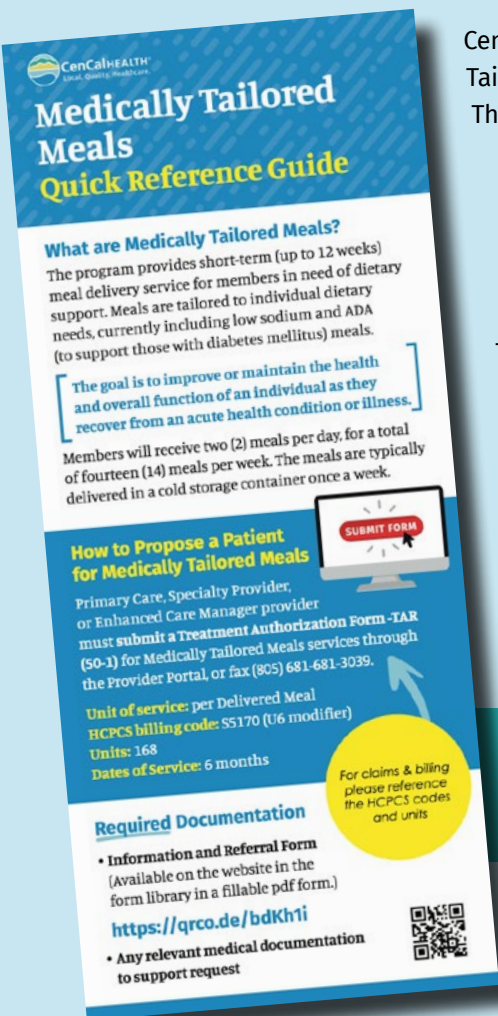
Calling CalAIM Provider Partners! Join our Provider Engagement Sessions

CenCal Health continues to work closely with traditional and non-traditional health care partners through the CalAIM Initiative to ensure that vulnerable populations have the tools and support needed to achieve optimal health outcomes. In support of this initiative, we welcome local Community Supports (CS) partners and Enhanced Care Management (ECM) providers to attend ongoing engagement session with CenCal Health.

These roundtable sessions are part of a series of events focused on sharing information and answering implementation questions from the field. For additional inquiries or to be invited to these engagement sessions, please contact our CalAIM Team via email at ECMandCS@cencalhealth.org or reference past events online at cencalhealth.org/providers/calaim/.



Medically Tailored Meals Quick Reference Guide available



CenCal Health has created a new resource for providers whose patients may need Medically Tailored Meals, one of the optional CalAIM Community Supports which CenCal Health provides. The Medically Tailored Meals Quick Reference Guide provides at-a-glance information including:

- Program description
- Eligibility criteria
- Authorization instructions
- Required documentation

The Medically Tailored Meals program provides short-term (up to 12 weeks) meal delivery service for members in need of dietary support. These meals are tailored to individual dietary needs, currently including low sodium and American Diabetic Association (ADA) supported meal plans. A QR code on the guide allows you to easily access the authorization form, a list of contracted meal providers, and FAQs.

You can request the printed Medically Tailored Meals Quick Reference Guide by contacting our Provider Services Representatives at (805) 562-1676, or by visiting our website at cencalhealth.org/providers/calaim/.

The CenCal Health Community Supports team is available by phone at (805) 562-1698 if you would like to learn more about Medically Tailored Meals.

Population Needs Assessment 2021 key findings

Last month, CenCal Health released our Population Needs Assessment (PNA) results. This month, we are elaborating on the previous article by providing the 2021 key findings. These key findings will be addressed through four Action Plan objectives which address the gaps and health disparities identified.

Key Findings:

Membership

- There was an 8.5% increase in total membership, and approximately a 15% increase in CenCal Health members enrolled in the California Children's Services program.

Health Status and Disease Prevalence

- 75% of adult members reported their overall health as being good, very good, or great.
- Of the 4 chronic conditions assessed (asthma, chronic obstructive pulmonary disease, diabetes, and hypertension), hypertension was the most prevalent condition, with almost 9% of total members having this diagnosis.

Access to Care

- CenCal Health met network access requirements, such as provider-to-patient ratios, and member distance from primary care.
- There were no cultural and linguistic access issues identified, with all interpreter services requested by members being appropriately coordinated by CenCal Health's Cultural & Linguistics staff.
- CenCal Health will focus on increasing utilization of the Health Survey Tools, to comprehensively assess members' health and social needs, particularly for adults, which had only about a 10% return rate.

Health Disparities: Identified Gaps

Health education and quality improvement activities will focus on closing the following identified gaps:

- Breast Cancer Screening:
 - ⇒ English speakers were screened for breast cancer at a lower rate (54.39%) than Spanish speakers (73.51%). We aim to increase the rate for English speakers to 63.77%, which is the HEDIS 90th percentile for this measure.
- Pediatric Developmental Screening
 - ⇒ Children aged 1 are being screened for pediatric development at a lower rate (9.32%) than children ages 2-3 (32.30%) in San Luis Obispo County. As an intermediate goal we aim to increase this rate from 9.32% to 24.91%, which is the 2022 Statewide Aggregate Average for this measure. Higher developmental screening goals will be set thereafter to build upon any intermediate achievements.
- Cervical Cancer Screening
 - ⇒ Women ages 21-65 were screened for cervical cancer at a rate of 54.47%. We aim to increase this rate to 67.99%, which is the HEDIS 90th percentile for this measure.
- Controlling high blood pressure
 - ⇒ Disparities in this measure were identified regarding sex and language in Santa Barbara County. Female members controlled their blood pressure 15.54% better than men. Spanish speakers controlled their blood pressure 15.36% better than English speakers. We aim to increase the overall percentage of hypertensive members in Santa Barbara County that have a recorded blood pressure measurement, from 58.29% to 66.79%, which is the HEDIS 90th percentile for this measure.



The complete PNA, including the full list of disparities and detailed information on these measures, can be found on our website:

COVID-19 treatment guidelines & resources

CenCal Health is dedicated to keeping our providers up to date with the most current information for the treatment of COVID-19. The information below provides details on the use of the pharmacy benefit and medical benefit for COVID-19 treatment.

COVID-19 National Institutes of Health Guidelines

The following National Institutes of Health (NIH) COVID-19 Treatment Guidelines provide clinicians with evidence-based recommendations on the management of COVID-19 and are revised with the emerging, rapidly evolving COVID-19 treatment options: [NIH COVID-19 Treatment Guidelines](#)

Outpatient Treatment of COVID-19 as a Medi-Cal Rx Pharmacy Benefit

Monoclonal Antibodies for Pre-Exposure Prophylaxis of COVID-19

- Tixagevimab packaged with Cilgavimab (Evusheld)

Monoclonal Antibodies to Treat Mild-to-Moderate COVID-19

- Bebtelovimab

COVID-19 Oral Antiviral Treatments

- Nirmatrelvir/Ritonavir (Paxlovid)
- Molnupiravir (Lagevrio)

COVID-19 monoclonal antibodies and oral antiviral treatments are currently being distributed by the Department of Health and Human Services (HHS). Providers can find public locations that have received shipments of the COVID-19 monoclonal antibodies and oral antiviral treatments via the COVID-19 Therapeutics Locator ([arcgis.com](#)). For California, see [Distribution and Ordering of Anti-SARS-CoV-2 Therapeutics](#) on the California Department of Public Health website.

Remdesivir (Veklury) for Outpatient Treatment of COVID-19

(DHCS) will reimburse Remdesivir (Veklury) as a pharmacy benefit when dispensed for use in non-hospitalized patients in accordance with Food and Drug Administration (FDA) approval or Emergency Use Authorization (EUA).

For more information on COVID-19 treatments, including product fact sheets and patient-facing communication, visit the California Department of Public Health's [COVID-19 Treatments](#) page.

Locating Contracted Medi-Cal Rx Pharmacies

Medi-Cal RX Find a Pharmacy Search Tool

- <https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy/>
- Users can enter their location and see Medi-Cal-enrolled pharmacies or mail order options in their area. The search results can be easily sorted and filtered to find a pharmacy that specifically fits the user preferences.

CenCal Health Medical Benefit Coverage of COVID-19 Treatments

Infused therapeutics with appropriate procedure codes can be billed to CenCal Health on a medical claim once FDA-approved (i.e., remdesivir). Infused monoclonal antibodies are currently supplied free to providers by the federal government; CenCal Health will only reimburse the administration fees with the appropriate administration procedure code in accordance with FDA Emergency Use Agents (EUA). As infused therapeutic options become FDA-approved and supported by DHCS, NIH Treatment Guidelines, CenCal Health will be responsible for coverage if billed on a medical claim.

A list of CenCal Health infusion providers that offer COVID therapies can be found on the Provider Section of the CenCal Health website here cencalhealth.org/providers/covid-faq/.

Treatment for COVID-19 is a dynamic space and CenCal Health will provide quarterly updates on treatments and resources.

COVID-19 Test to Treat Sites

The nationwide Test to Treat initiative began in March 2022 to allow individuals to be tested for Covid-19 and, if tested positive and treatment is recommended, receive treatment at one location. For more information on locating a Test to Treat location, or how to become a Test to Treat provider, please visit: <https://aspr.hhs.gov/testtotreat>. Providers may also work directly with their local County Public Health Departments and find more information here:

Santa Barbara County Public Health Department
publichealthsb.org/test-to-treat/

San Luis Obispo County Public Health Department
slocounty.ca.gov/COVID-19/COVID-19-Testing.aspx

For any questions regarding COVID-19 treatment options please contact Medi-Cal Rx at (800) 977-2273 or CenCal Health Pharmacy Department at (805) 562-1080.

For any questions regarding COVID-19 Test to Treat options please contact CenCal Health Provider Services at (805) 562-1676 or providerservices@cencalhealth.org

PHARMACY UPDATES

Medi-Cal Rx Benefit Updates - Implementation of Phase I, Wave III – Reinstatement of Prior Authorizations for 11 Drug Classes

On September 16, 2022, prior authorization (PA) requirements were reinstated for 11 drug classes for new start medications for beneficiaries 22 years of age and older.

- New starts are defined as new therapies or medications not previously prescribed to the beneficiary during the 15-month lookback period. Claims data and PAs will be used to review for grandfathering.
- New start prescriptions for children and youth 21 years of age and under within these 11 drug classes will not be subject to PA reinstatement.

For detailed information on the 11 drug classes with reinstated prior authorization requirements please see the article Reinstatement of Prior Authorization Requirements for 11 Drug Classes.

For any questions regarding the implementation of Phase I, Wave III, please contact Medi-Cal Rx at (800) 977-2273 or CenCal Health Pharmacy Department at (805) 562-1080.

BEHAVIORAL & MENTAL HEALTH UPDATES

Attention PCP: ABA referral news & psychological testing

Effective 8/15/2022, any physician, psychiatrist, psychologist or surgeon may complete an ABA Referral to refer a member for ABA services. Please ensure that the ABA provider is accepting new members and can meet the schedule needs of the member that is being referred.

Psychological Evaluation

Psychological Testing is a covered benefit for members with underlying Mental Health symptoms. If you believe a member may benefit from psychological testing, please contact any contracted psychologist to discuss the member and the reason for referring the member for psychological evaluation. Please see our helpful Quick Guide to Behavioral Health Referrals and Treatment Requests.

October is National Depression and Mental Health Screening Month



October is National Depression and Mental Health Screening Month. Mental health is critical for personal well-being at every stage of life. About 1 in 5 adults in the United States suffer from a diagnosable mental health disorder each year. Mental health screenings can provide the opportunity for those patients to receive the treatment that they need.

Remember to screen your patients ages 12 and older for clinical depression using a standard, age-appropriate tool, at least once a year. Those who have a positive screening result should receive follow-up care within 30 days. CenCal Health promotes the use of the PHQ-2 and/or PHQ-9, as well as the Edinburgh Postnatal Depression Scale.

Did you know CenCal Health reimburses for depression screening? For pregnant or post-partum women, you can bill us using G8510 for a negative screen, or G8431 for a positive screen with a documented follow-up plan. For all other members, you can bill us using 96127.

CenCal Health offers a Provider Toolkit for Adolescent Depression Screening which can be requested by emailing us at populationhealth@cencalhealth.org

We also offer teen-facing content on our website cencalhealth.org/teens: a “Teens Depression Guide” and an easy to print “Mental Health Brochure.”

For more information about depression screening guidelines, please visit: cencalhealth.org/providers/care-guidelines/clinical-guidelines/

References: <https://www.nimh.nih.gov/health/statistics/mental-illness>

Attention Mental Health Providers: Level of Care Screening in the Medical record

Please ensure that all members have a medical record maintained with a Level of Care Screening, Assessment, Treatment Plan and Progress Notes. Members who are screened as severe should be referred to CenCal Health’s Behavioral Health Department. Please complete the Level of Care Screening and Transition of Care form.

If you are currently providing care to a member who has screened as severe, please ensure you continue care until the member transitions care to the appropriate County Behavioral Health Department. The Behavioral Health Department will coordinate your request and provide a referral update within five business days. Please ensure that you are discussing your recommendation with the member and ensure they agree with the recommendation. Members who are not in agreement can be referred to CenCal Health’s Behavioral Health Department for a second opinion.

If you are available for new referrals, please ensure that you are offering members a new appointment within 10 business days of the referral date.

If a member prefers to wait for services, please ensure you are documenting the member’s consent to be wait listed and informing the referring provider.



Keep us updated

Members have access to our online Provider Directory (cencalhealth.org/providerdirectory) so they can find and select providers within our network for care.

CenCal Health is experiencing a high demand for Behavior Health Treatment Applied Behavioral Analysis and Mental Health Services, and we want to ensure that we are correctly listing your availability to take on new members.

Please ensure you keep your availability updated by emailing BHProviderUpdates@cencalhealth.org.



October 2022 Provider Bulletin



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- 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

Please scan the QR code to sign up to receive provider news by email.



CLAIMS CORNER

Coming Soon! New “Claims Status Report” Effective October

CenCal Health continues to enhance the Claims section of our Provider Portal to make it easier and more efficient for you. In October a new “Claims Status Report” feature will replace the following current reports: Claim Report, Claim Status, Daily Claims, and Patient Profile report tools.

This new report will provide a more efficient tool for our provider partners to locate and export claims status details. For help with this new report, please contact the Claims Customer Service Department at (805) 562-1083 for assistance or to answer any questions you may have.

