



CenCal HEALTH[®]
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CenCal Health Board of Directors Information Update

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November 20, 2025



Executive Summary

Date: November 20, 2025

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

2025 Quality Achievement Awards – *State Recognition*

I am pleased to share that at this month's Department of Health Care Services (DHCS) Quality Conference, CenCal Health received two (2) Achievement Awards for Outstanding Quality Performance for last year's performance, representing Measurement Year 2024. CenCal Health is one of three out of 23 Medi-Cal plans recognized for Managed Care Accountability Set for overall performance in Santa Barbara and San Luis Obispo County combined. In addition, CenCal Health was recognized for Managed Care Accountability Set for the Children's Health Domain.

The Managed Care Accountability Set is DHCS' core set of priority quality measures used to evaluate Medi-Cal plan performance annually. Because it represents the State's highest-priority quality indicators, earning recognition in both the overall set and the children's domain reflects truly exceptional performance. This recognition reflects the dedication of our local physicians, safety net clinics and community partners.

Dual Special Needs Program Development – *CenCal CareConnect*

October 1st marked the beginning of the member communication period for CenCal CareConnect and CenCal Health has launched a phased mailing campaign. The Annual Enrollment Period (AEP) runs from October 15 through December 7th, during which eligible members may elect to enroll in a Dual Eligible Special Needs Plan (D-SNP), with health insurance coverage effective January 1st, 2026.

As of the date of this memo, more than 90 members have enrolled in CareConnect, and the plan remains on track to reach between 150 and 200 enrollments by the close of the period. Health Risk Assessment (HRA) completion rates are above the 95-percent range, reflecting high engagement from prospective members. Applications are being received from a variety of sources, including word-of-mouth referrals, online submissions, paper applications, and responses to mailed outreach materials. This mix indicates that awareness of the new product is increasingly successful through multiple channels.

CenCal Health's D-SNP Roadmap provides a high-level view of program implementation, outlining key phases, major milestones, and critical activities necessary for a successful launch. This Roadmap serves as a strategic guide to ensure regulatory readiness, timely system readiness and operational readiness, and is included for reference. The Board's Oversight Committee convened in November to hear presentations on CenCal Health's readiness to go-live on January 1st and staff anticipate a successful program launch.



For additional information, please reference the Operations Report and progress against the D-SNP Roadmap from Kaliki Kantheti, Chief Operating Officer.

Quality Care Incentive Program – *Quarterly Update*

CenCal Health's Quality Care Incentive Program (QCIP) is a pay-for-performance system designed to motivate primary care practice transformation and promote consistent delivery of high quality, evidence-based, preventive care and treatment. QCIP satisfies requirements for the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance accreditation standards.

In October 2025, CenCal Health distributed \$4.1 million in QCIP incentive payments to 87 Primary Care Providers (PCPs). Since the program's inception in March 2022, a total of \$56 million has been distributed. QCIP encompasses five clinical care categories -- *Behavioral Health, Diabetes Care, Pediatric Care, Respiratory Care, and Women's Health*. This payment includes the first incentive for the Developmental Screening in Children measure.

For additional information, please reference the enclosed Quality Report from Carlos Hernandez, Chief Quality Officer.

Provider Engagement – *Ongoing Training*

In October 2025, CenCal Health hosted 10 provider training and engagement sessions, reaching 348 provider partners. Participant feedback remained positive, with an average satisfaction rate of 99%, reflecting strong provider engagement and the continued impact of CenCal Health's training initiatives. This month's sessions included CalAIM and CareConnect courses, along with CenCal Health Essential courses which provide foundational trainings that reinforce key processes related to authorizations, claims, and care coordination.

CenCal CareConnect courses continued to be offered during the month, including Care Coordination and Care Management for D-SNP Members, Transitions of Care Training, and Maximizing Clinical Quality and Provider. The CenCal Health Essential courses were equally successful, drawing 167 participants across four sessions, all achieving 100% satisfaction and highlighting sustained provider interest in foundational operational education. Provider-focused customer service metrics are within trend, with attention to timely phone-based support continuing to be an area of needed focus and improvement.

For additional information, please reference the Strategic Engagement Report and progress against Provider Services Metrics from Jordan Turetsky, MPH, Chief Strategic Engagement Officer.

Chief Medical Officer Report

Date: November 20, 2025

From: Maya Heinert, MD, MBA, FAAP, Chief Medical Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

The Chief Medical Officer (CMO) Report to the Board contains a high-level summary of the priorities and activities of the Chief Medical Officer and the activities and accomplishments of the Medical Directors. The CMO's activities support CenCal Health's Vision and Mission in three broad areas of focus:

- *Community Physician Liaison,*
- *Community Health & Education Advocate*
- *CenCal Health Clinical and Health Services Representative*

Background

This report is submitted in conjunction with 2 additional Board reports that detail areas of focus that fall under the supervision and direction of the CMO:

1. The October 2025 Health Services Medical Management Board Report
2. The October 2025 Quality Report to the Board

Activities of the Chief Medical Officer

Summary:

The focus of the CMO during October centered around **readiness of clinical teams** for the launch of CareConnect. Heightened collaboration and communication between Health Services and internal and external partners was prioritized to ensure that clinical and regulatory requirements are ready to welcome our D-SNP members and to maintain service excellence with our Medi-Cal members.

Staff wellbeing remains a priority as 2025 ends and the critical work conducted by clinical teams expands; our October Health Services Division meeting highlighted the Mind-Body connection, and how competing neurotransmitters, in response to our activities and emotions, play a significant role in our overall feelings of wellbeing at work. This presentation was delivered by our Behavioral Health Director **Rachel Lambert** and importantly provided staff with multiple pathways to learn and incorporate activities and techniques into their workday to improve wellbeing.

Community Physician Liaison:

*As community physician liaison, the CMO meets with our **local partners** to understand their priorities and challenges.*

In October, the CMO visited **Dr. Albert Hawkins**, internal medicine specialist in Santa Maria, learning how his practice and patients have changed over the 45 years he has been in practice in the region. Dr. Hawkins has run a solo practice with the assistance of his long-time office manager Sherry, caring for members of his largely agricultural community, often in the 2nd or 3rd generation. Dr. Heinert and Cammie Flores provided information about our D-SNP population and the differences between CareConnect and Medi-Cal programs.

Dr. Heinert visited Santa Maria Gastroenterology, meeting with **Dr. Atul Vachhani** and his team. With the assistance of our provider relations team members, the practice was provided with additional clarity regarding referral procedures and prior authorizations with additional follow up being planned. **Dr. Omar Viramontes**, one of the practice's newest physicians, met with Dr. Heinert and agreed to join CenCal's new Utilization Management Committee (UMC) and represent his partners and specialty.

October 2025 was an important month for California physicians, as the **California Medical Association's** (CMA) Annual House of Delegates (HOD) event took place in Los Angeles during which physician delegates vote on the most pressing issues facing the practice of medicine. The CMA HOD consists of more than 500 delegates elected by members of component medical societies, specialty societies, and CMA sections and forums, representing virtually every mode of practice and region of the state. The Central Coast Medical Association (CCMA) invited Dr. Heinert to serve as a delegate for District V which represents San Luis Obispo, Santa Barbara, and Ventura counties.

During this annual event, **René Bravo, MD**, CCH Board member and San Luis Obispo Pediatrician, was introduced as the **2026 President of the California Medical Association**, the largest and arguably most influential such association in the country. Dr. Bravo gave a moving tribute to the importance of physicians in the fabric of our society whose dedication to protecting lives will always impact policy. Dr. Bravo's message that it is for us, the governed, to tell our elected officials what is "just and acceptable" unified the attendees and served as the resounding message for the proceedings.

During the 3-day event, the delegates voted on [56 topics relating to federal funding cuts](#) and other attacks on health care, public health, and medicine. The views of the CMA from this voting are shared with California policymakers, other states' medical associations, and the American Medical Association, among others.

Community Health & Education Advocate:

*The CMO participates in and advocates for activities that **promote education and community collaboration** to improve the lives of our members, providers, community partners, and other members of the community at large.*

In October, the CMO joined CCH Board Member **Kieran Shah** at the **Santa Barbara Pediatric Concurrent Care Collaborative Meeting** at Cottage Hospital, where this team dedicated to the principles of hospice and palliative care reviewed the program's growth and development opportunities. This month's meeting was followed by a special screening and panel discussion sponsored by *Palliative Care Consulting* of a film demonstrating the impact that end-of-life decisions have on patients, families, and healthcare providers.

CenCal Health Clinical and Health Services Representative:

*The CMO serves as a champion for organizational priorities that involve **clinical services** and **quality of care**.*

In October, Dr. Heinert chaired the 4th quarter **Peer Review & Credentialing Committee (PRCC) meeting**, during which community providers assess quality of care cases and credentialing issues brought forth for their consideration by CCH Staff. Our PRCC providers are **Dr. Douglas Duncan** (Family Medicine), **Dr. Luis Diaz** (Chiropractic Medicine), **Dr. Shan Thomas** (Ob-Gyn), and **Dr. Tushar Yadav** (Family Medicine). CCH is grateful to our physician partners for their dedication and objectivity in assessing these cases with our staff. Medical Director Dr. Tanya Phares was introduced to the committee and will participate in case presentation going forward.

HS Leadership and Staffing Updates

Rita Washington was promoted to **Health Services Regulatory Operations Associate Director**. Rita is a seasoned healthcare leader with over 30 years of experience in healthcare operations, compliance, and regulatory oversight. Known for her strategic vision and operational excellence, she has led initiatives that strengthened compliance frameworks, improved audit performance, and ensured organizational integrity. Rita and her team work closely with our medical management directors in UM, CM, BH and D-SNP Clinical Operations and assists the CMO in prioritizing the complex regulatory workload.

Recommendation

No action is needed. This report is submitted for board awareness and approval as part of the consent agenda.

Quality Report

Date: November 20, 2025

From: Carlos Hernandez, Chief Quality Officer
 Lauren Geeb, MBA, Senior Director, Quality & Population Health

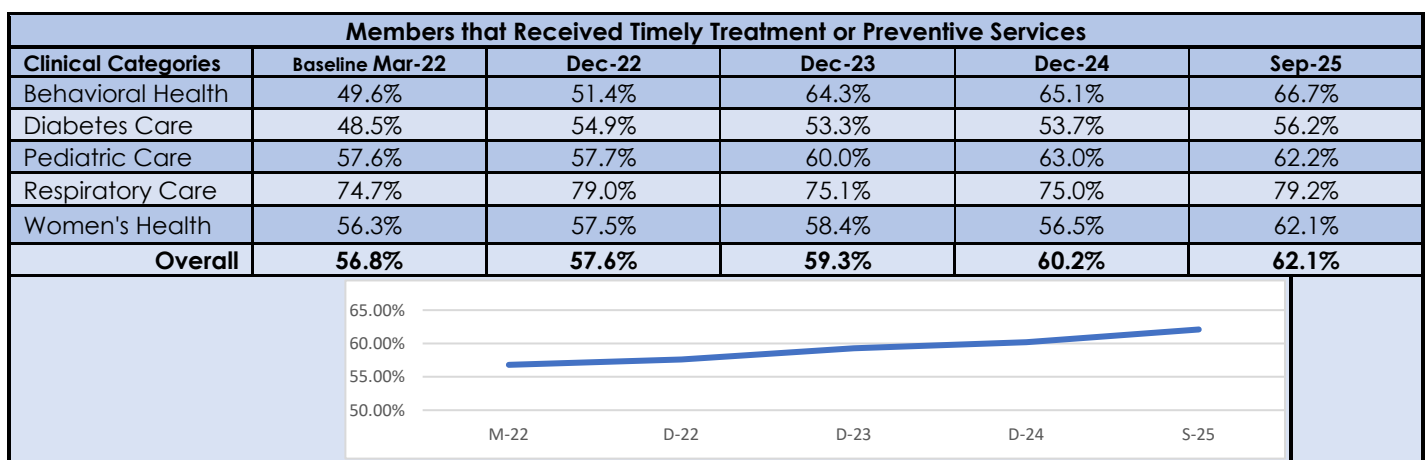
Through: Maya Heinert, MD, MBA, FAAP, Chief Medical Officer

Contributors: Chelsee Elliott, MHA, Manager, Quality Measurement

Executive Summary

CenCal Health's Quality Care Incentive Program (QCIP) is a pay-for-performance system designed to motivate primary care practice transformation and promote consistent delivery of high quality, evidence-based, preventive care and treatment. QCIP satisfies requirements for the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance accreditation standards.

In October 2025, CenCal Health distributed \$4.1 million in QCIP incentive payments to 87 Primary Care Providers (PCPs). Since the program's inception in March 2022, a total of \$56 million has been distributed. QCIP encompasses five clinical care categories -- *Behavioral Health, Diabetes Care, Pediatric Care, Respiratory Care, and Women's Health*. This payment includes the first incentive for the Developmental Screening in Children measure. Compliance with established clinical guidelines has improved across all domains as shown below:



Note: Includes all QCIP-eligible PCPs and aspects of care evaluated for incentive payment calculations that are comparable since QCIP baseline in March 2022.

Background

In October 2025, \$4.1 million in QCIP incentive payments were distributed to 87 eligible PCPs. This marks the 14th quarterly payment since CenCal Health's pay-for-performance program launched in March 2022. PCPs eligible for QCIP participation earn incentives based on their delivery of services aligned with well-established, evidence-based, standards of care. Incentives are earned according to a 5-star methodology.

Individual aspects of care have improved significantly within all five clinical care domains since the QCIP program was launched. **Notable achievements representing improvement of 10 percentage points or more include: antidepressant medication management, developmental screening in children, well-child visits for infants, lead screening in children, and chlamydia screening for women.** Many of these aspects of care have been challenges for CenCal Health. The inclusion of Developmental Screening in Children in this most recent payment marked the first incentive for the measure, which has already demonstrated meaningful gains. About 67% of QCIP priority measures have shown statistically meaningful improvement.

QCIP Categories of Care	Baseline*	Sep-25	Change	Statistically Meaningful
Behavioral Health				
Antidepressant Medication Management Effective Acute Phase Treatment	57.3%	74.1%	16.8%	Yes
Antidepressant Medication Management Effective Continuation Phase Treatment	42.8%	59.1%	16.3%	Yes
Diabetes Care				
Comprehensive Diabetes Care - Eye Exam	48.5%	56.7%	8.2%	Yes
Pediatric Care				
Child and Adolescent Well-Care Visits	56.6%	59.4%	2.8%	
Childhood Immunization Status -- Influenza*	53.2%	47.0%	-6.2%	
Developmental Screening in Children - 1st 3 Years of Life*	49.7%	61.5%	11.8%	Yes
Immunizations for Adolescents - HPV*	45.5%	47.5%	2.0%	
Lead Screening in Children	59.1%	76.4%	17.3%	Yes
Topical Fluoride for Children*	45.9%	44.1%	-1.8%	
Well Child Visits - 2+ visits before 30th month of age	78.7%	84.0%	5.3%	Yes
Well Child Visits - 6+ visits before 15th month of age	50.6%	70.6%	20.0%	Yes
Respiratory Care				
Asthma Medication Ratio	73.9%	79.2%	5.3%	Yes
Women's Health				
Breast Cancer Screening	60.5%	62.9%	2.4%	
Cervical Cancer Screening	54.4%	60.2%	5.8%	Yes
Chlamydia Screening in Women	57.3%	67.3%	10.0%	Yes

* Baseline timeframes were later when these aspects of care transitioned to incentivized measures.

To support PCP engagement, monthly QCIP performance reports and actionable member-level data are distributed to PCPs via CenCal Health's secure Provider Portal. Through the Provider Portal, PCPs have access to helpful analytical tools to help PCPs identify and close care gaps.

Sustainable systems change is supported by meaningful financial incentives and in-person connection with PCPs to nurture deep and meaningful relationships. Quality staff continue to host Quality Collaboratives and trainings to maintain QCIP engagement, share networkwide best practices, and align with upcoming program changes. Detailed QCIP program information and resources are available on CenCal Health's website at www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/.

Next Steps

The most recent QCIP performance measurement period incorporated pediatric developmental screenings. The latest measurements for these aspects of care indicate improved compliance with [American Academy of Pediatrics/Bright Futures preventive guidelines](#).

In preparation for CenCal Care Connect Dual Special Needs Program launch, Quality staff led a provider training titled *"Maximizing Clinical Quality and Provider Incentives in Improving CareConnect D-SNP Member Health Outcomes."* Additional trainings will be scheduled to further support PCP success as QCIP evolves to include a subset of prioritized Medicare Star measures 2026.

Recommendation

This Quality Report is presented for information only.

Strategic Engagement Division Report

Date: November 20, 2025

From: Jordan Turetsky, MPH, Chief Strategic Engagement Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Cathy Slaughter, Provider Relations Director
Luis Somoza, Provider Services Director
Brandon Roberts, Government Relations Director
Kylie Schmidt, Strategic Engagement Manager
Adam Butler, Public Policy Analyst

Executive Summary

The Strategic Engagement Division includes Government Relations, Strategic Engagement, and Provider Relations functions, as well as CenCal Health's Foundation and Grant programs. Within this Strategic Engagement Division Report are updates on key areas of Government Relations developments, public relations items specific to CenCal Health, and a summary of community and provider engagement events hosted within the month of October.

Government Relations

State Policy Landscape

Proposition 50

As the special election on November 4 approaches, Proposition 50, known as the Election Rigging Response Act, will ask California voters to approve the temporary redrawing of U. S. House district maps, replacing those currently drawn by an independent commission with ones drawn by the state legislature. If Proposition 50 passes, the new maps are projected to put at least five Republican-held congressional seats at greater risk of being flipped. Those targeted include Rep. Doug LaMalfa (CA-1), Rep. Kevin Kiley (CA-3), Rep. David Valadao (CA-22), Rep. Ken Calvert (CA-41), and Rep. Darrell Issa (CA-48).

While all 52 congressional districts in California would be subject to redrawing under Proposition 50, the districts covering Santa Barbara and San Luis Obispo Counties are expected to experience minimal changes, and the CenCal Health service area would continue to be represented federally by two members of Congress.

Priority Bill Report

The California Legislature adjourned for its year-end recess on September 12 after advancing over 900 bills to Governor Newsom, who had until October 12 to sign or veto measures. Below is a selection of priority bills that were signed into law by the governor.

- **AB 543 (Gonzalez, Mark) – Medi-Cal: field medicine.** This bill authorizes a Medi-Cal managed care plan (MCP) to cover services through field medicine providers for unhoused members. Additionally, this bill requires a Medi-Cal MCP that elects to cover services offered by a field medicine provider to ensure unhoused members can access care and receive direct referrals from any in-network field medicine provider, regardless of network assignment, and to offer a method for a member to inform the Medi-Cal MCP online, in person, or via telephone if they are experiencing homelessness.
- **SB 81 (Arreguin) – Health and care facilities: information sharing.** This bill expands the definition of "medical information" to include a person's immigration status and place of birth. Additionally, this bill prohibits a health care provider, service plan, or contractor from disclosing this information or from granting access to nonpublic areas of a provider site for immigration enforcement purposes, unless required by a search warrant or court order.
- **SB 530 (Richardson) – Medi-Cal: time and distance standards.** This bill extends the operation of existing Medi-Cal managed care plan (MCP) network adequacy standards, and adds new requirements regarding subcontractor oversight, telehealth appointments, applications for alternative access standards, and reporting and testing of network adequacy. Additionally, this bill clarifies that telehealth does not absolve a Medi-Cal MCP of its responsibility to provide access to in-person services and requires the Department of Health Care Services to evaluate the sufficiency of payment rates offered by a Medi-Cal MCP when an alternative access standard is requested.

Additional details can be found in the accompanying report from Mr. Armand Feliciano and Mr. Obed Franco of Public Policy Associates.

Federal Policy Landscape

CenCal Health Meetings with Members of Congress in Washington, DC

In partnership with the Association for Community Affiliated Plans, CenCal Health leadership met with the Capitol offices of Rep. Salud Carbajal and Rep. Jimmy Panetta to strengthen our federal partnerships in support of H.R. 1 implementation. The meetings occurred at the outset of the federal government shutdown, with discussions centered on ensuring CenCal Health members maintain coverage amid new work requirements, eligibility redeterminations, and other administrative challenges, as well as supporting California as it navigates significant revenue losses resulting from the federal changes to allowed provider tax structures.

CenCal Health leadership also shared information on the launch of our Dual Eligible Special Needs Plan (D-SNP), designed to better serve individuals dually enrolled in Medi-Cal and Medicare. The meetings were highly productive and reaffirmed our shared commitment with members of Congress to advancing the health and wellbeing of our communities.

Federal Government Shutdown

The federal government entered a shutdown on October 1 after Congress failed to pass a continuing resolution to fund agencies for the new fiscal year. The impasse centers on healthcare provisions, specifically, whether to extend enhanced Affordable Care Act premium tax credits. Democratic lawmakers have insisted that these subsidies must be renewed as part of any funding package, while Republican lawmakers argue that such health care policy decisions should be considered separately. With no resolution in sight, the standoff risks becoming the longest federal government shutdown in history if an agreement is not reached soon. Local impacts on the Central Coast include threats to continued funding for the Head Start program, as well as a partial lapse in benefits for over 50,000 households who rely on CalFresh, California's food stamp program.

The included report from Mr. Ken Preede of Parker Poe Federal Strategies provides detail on the impact of the federal government shutdown and what we can expect in the coming weeks.

Provider and Community Engagement Activities

Strategic Engagement

In October, CenCal Health sponsored and attended 14 community events in support of local partners and organizations across Santa Barbara and San Luis Obispo Counties. Staff were pleased to represent CenCal Health at partner gatherings, including the Doctors Without Walls Annual Donor Appreciation Event at which Jordan Turetsky, CenCal Health's Chief Strategic Engagement Officer and Doctor's Without Walls Board Member, was a featured speaker.

Additionally, CenCal Health announced the launch of CenCal CareConnect through a press release which achieved strong visibility with over 1,250 online views, publication across 200+ media outlets including the Associated Press and Yahoo Finance, and delivery to 24,432 subscribers. An op-ed by CEO Marina Owen, titled "The Health of the Community Is Our Shared Responsibility," was published in the Santa Barbara Independent and later shared by Daily Santa Barbara and Local Health Plans of California. Other media coverage highlighted CenCal Health's partnerships and community investments, including Doctors Without Walls, the Breast Cancer Research Center, and Lompoc Valley Medical Center.

In total, CenCal Health achieved 27 earned media placements in October, plus over 190 media postings from the BusinessWire distribution of the CenCal CareConnect release. Additional information on public relations and community engagement activities can be found in the included Strategic Engagement Department Supplemental Report.

Provider Engagement

In October 2025, CenCal Health hosted 10 provider training and engagement sessions, reaching 348 provider partners. Participant feedback remained positive, with an average satisfaction rate of 99%, reflecting strong provider engagement and the continued impact of CenCal Health's training initiatives. This month's sessions included CalAIM and CareConnect courses, along with CenCal Health Essential courses which provide foundational trainings that reinforce key processes related to authorizations, claims, and care coordination.

On October 1, CenCal Health held our monthly CalAIM Engagement Session, which drew 57 attendees where participants learned about the Mental Health Benefit to support health outcomes for our members. On October 16, we hosted Bridging Care: Referring Members into CalAIM Programs, where the 21 attendees gained insight into the different services available through CalAIM which support whole person care for our members. Both sessions achieved a 100% satisfaction rating.

CenCal CareConnect courses continued to be offered during the month, including Care Coordination and Care Management for D-SNP Members, Transitions of Care Training, and Maximizing Clinical Quality and Provider. The CenCal Health Essential courses were equally successful, drawing 167 participants across four sessions, all achieving 100% satisfaction and highlighting sustained provider interest in foundational operational education.

Provider-focused customer service metrics are within trend, with attention to timely phone-based support continuing to be an area of needed focus and improvement.

Recommendation

This Strategic Engagement Division Report is informational only and no action is requested.

Attachments

- Federal Legislative Report from Parker Poe Federal Strategies
- State Legislative Report from Public Policy Advocates, LLC
- Strategic Engagement Department Supplemental Report
- Provider Customer Service Metrics



Memorandum

To: Marina Owen, Chief Executive Officer
CenCal Health

From: Ken Preede, Principal
Parker Poe Federal Strategies

Date: October 20, 2025

Re: Federal Update - October 2025

Federal Government Partial Shutdown: October 2025

The federal government entered a **nearly full shutdown on October 1, 2025** after Congress failed to pass a **continuing resolution (CR)** to fund agencies into the new fiscal year. The dispute centers on **health care provisions**, particularly whether to **extend enhanced Affordable Care Act (ACA) premium tax credits**.

- **Democrats** insist these subsidies be renewed within any funding package.
- **Republicans**, led by House and Senate leadership and supported by the Trump Administration, argue that health care policy changes should be debated separately.

Status as of Mid-October 2025

- **The Senate has rejected the House-passed CR 12 times**, with Democrats maintaining a unified block.
- **The White House** has taken an unusually aggressive stance during the shutdown, authorizing mass "reduction in force" (RIF) layoffs of thousands of federal workers rather than routine furloughs. A federal judge blocked those firings, calling them politically motivated.
- **Core entitlements**—Medicare, Medicaid, and Veterans Health—remain funded and operational through mandatory appropriations.
- **Administrative functions** (claims processing, data reporting, grant activity, and marketplace operations) are delayed or scaled back. This week, CMS recalled nearly 3,000 employees back to work (unpaid) so that regulatory functions related to the Rural Health Transformation Fund and Medicare rulemaking could proceed without delay.
- The **Medicare open enrollment period (Oct 15–Dec 7)** began under this uncertainty, creating logistical and communication challenges for seniors and insurers.

Disruptions to Key Health Programs & Emerging Risks

While not directly impactful to CenCal Health, the following programs are experiencing significant delays and/or have been interrupted:

Hospital-at-Home Program:

The Medicare-funded program enabling hospitals to treat patients at home has been especially hard hit. Hospitals have scaled back or suspended services because the shutdown halted funding renewals and disrupted the necessary waivers. This change may force patients back into inpatient settings, risking hospital crowding and worse outcomes.

Telehealth, Ambulance, & Reimbursement Disruptions:

Analysts warn that reimbursement delays or uncertainty in payments could affect telehealth, ambulance services, and emergency response—especially in rural or under-resourced areas.

Insurance Premiums & ACA Marketplace Uncertainty:

Because the enhanced ACA subsidies are slated to expire at year-end, the uncertainty during the shutdown adds strain on marketplaces. Without a congressional extension, many enrollees could face steep premium increases or coverage losses. With open enrollment beginning November 1, insurers are already planning under uncertainty.

Public Health Communication & Surveillance:

The CDC's ability to issue guidance, track outbreaks, and publish its weekly morbidity reports has been undermined by staff cuts and operational disruption.

Outlook

The shutdown has persisted for more than four weeks with no end in sight unfortunately. The political messaging war is focused on placing blame rather than coming to the table to negotiate between the two parties. We have already seen what were perceived to be key milestones (i.e. Military paychecks being missed) with no movement.

The most pressing issue that will impact CenCal's members (if not CenCal directly) will be the expiration this coming weekend on food assistance benefits. Beginning November 1st, approximately 5.4 million Californians - including more than 2 million children - will not receive food assistance payments through the CalFresh program.



To: Marina Owen, Chief Executive Officer
Jordan Turetsky, Chief Strategic Engagement Officer
Brandon Roberts, Government Relations
Adam Butler, Public Policy Analyst

From: Armand Feliciano and Obed Franco, Public Policy Advocates

Date: October 20, 2025

Subject: California November Board Report

Proposition 50 Update

As the special election on November 4, 2025, approaches, Democrats and Republicans continue to raise significant funds for and against Proposition 50 (Election Rigging Response Act). Proposition 50 will ask voters to approve new maps developed by the Legislature for the 2026, 2028, and 2030 elections, instead of the maps developed by an independent Commission.

If Proposition 50 passes, five Congressional Republican incumbents face a competitive 2026 re-election: Congress man Doug La Malfa District 1 (Redding), Congressman Kevin Kiley District 3 (Yuba), Congressman David Valadao District 22 (Kern), Congressman Ken Calvert District 41 (Corona), and Congressman Darrell Issa District 48 (Escondido).

Currently, the YES on Proposition 50 campaign has raised about \$110 million, \$13 million of that is from Tom Steyer. In contrast, the NO on Proposition 50 campaign has raised about \$42 million.

A recent CBS news poll (conducted on October 16-21) found 62% YES and 38% NO on Proposition 50. According to the CBS news poll, many voters are inclined to support Proposition 50 because of the nationwide redistricting efforts that began in Texas, and some support it because California has not fared well in the Trump administration.

Supporters of Proposition 50 include Governor Newsom, former President Barack Obama, Tom Steyer, labor groups and organizations such as Planned Parenthood. On the opposing side, former Governor Arnold Schwarzenegger, former House Speaker Kevin McCarthy, and Charles Munger Jr.

Legislative Bill Signings and Vetoes

On October 13, 2025, the month long process for Governor Newsom to sign or veto legislation concluded. Governor Newsom received 917 legislative bills from the



Legislature. He signed 476 Assembly bills and 318 Senate bills; and vetoed 74 Assembly bills and 49 Senate bills. Below are some of notable bills that were signed, vetoed, or stalled in the Legislature:

- SB 7 (McNerney) is known as the "No Robot Bosses Act," which proposes to provide human oversight and protect workers' rights related to employer use of automated decision systems (ADS) in the workplace. It also requires employers to give a 30 day written notice to workers affected by ADS usage, provides an appeal process for workers, prohibits predictive behavior analysis that could forecast individual behavior, and forbids retaliatory acts from employers. (SB 7 was vetoed by the Governor.)
- SB 32 (Weber-Pierson) requires the Departments of Managed Health Care and Insurance (DMHC and CDI) to develop and adopt standards for the geographic accessibility of perinatal units to ensure timely access for patients, and the standards must not be longer in time or distance than what is currently implemented for Medi-Cal managed care plans by county type under existing law. (SB 32 was held in the Assembly Appropriations Committee.)
- SB 81 (Arreguin) proposes including immigration status and place of birth in the definition of medical information for the purposes of the Confidential Medical Information Act (CMIA), prohibits a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement, except if authorized by a patient, enrollee, or subscriber and required or allowed under existing law. It also prohibits a health care facility's employees from permitting access to the nonpublic spaces of the facility for the purposes of immigration enforcement if the federal agents do not have a valid judicial warrant or court order. (SB 81 was signed by the Governor.)
- SB 306 (Becker) requires the Departments of Managed Health Care (DMHC) and Insurance (CDI) to issue instructions on or before July 1, 2026, to health care service plans and health insurers to report statistics regarding covered health care services subject to prior authorization and the percentage rate at which they are approved or modified. It would also require a health care service plan and health insurer to report those statistics, including information from a delegated entity, to the DMHC or CDI or before December 31, 2026. It would further require the DMHC and CDI to evaluate these reports, identify the health care services approved at a rate that meets or exceeds the threshold rate of 90%, and, on or before July 1, 2027. Additionally, health care service plans and health insurers are allowed to reinstate prior authorization on a specific health care provider if they determine that the provider has engaged in fraudulent activity or clinically inappropriate care. (SB 306 was signed by the Governor.)



- SB 530 (Richardson) proposes that a Medi-Cal plan shall ensure that each subcontractor network complies with the appointment times required under Health and Safety Code 1367.03 (e.g., urgent care appointments within 48 hours if no prior authorization is required). It would also authorize the Department of Health Care Services to require enhanced time or distance standards that are more stringent than the time or distance standards in Medi-Cal managed care plans. (SB 530 was signed by the Governor.)
- AB 55 (Bonta) repeals the requirement that licensed alternative birth centers be certified as a Comprehensive Perinatal Services Provider, and the requirement that the alternative birth center be located nearby a hospital with the capacity for the management of obstetrical and neonatal emergencies; it instead requires a written policy for hospital transfer that ensures all medical records are provided at the time of transfer, and that patients are informed of the estimated transfer time to the planned receiving hospital. (AB 55 was signed by the Governor.)
- AB 280 (Aguiar-Curry) requires health plans and insurers to annually verify and correct inaccurate provider information from its directories, and that such provider directories be 60% accurate by July 1, 2026, with the overall goal of reaching 95% accuracy on or before July 1, 2029. It further provides for administrative penalties for non-compliance. (AB 280 stalled in the Senate but may be reconsidered in 2026.)
- AB 543 (Gonzalez) requires the Department of Health Care Services to update the Medi-Cal application to collect information on whether an applicant is experiencing homelessness. It also requires Medi-Cal managed care plans who contract with field medicine providers to allow Medi-Cal recipients experiencing homelessness to obtain services from a contracted, in-network field medicine provider regardless of network assignment, and allow field medicine providers to make direct referrals for Medi-Cal covered services such as diagnostic services, medications, or durable medical equipment within the managed care network. (AB 543 was signed by the Governor.)
- AB 707 (Durazo) provides several changes to the Brown Act, which includes defining a new category of legislative body to include a city council of a city or a county board of supervisors of a county with a population of 30,000 or more, requiring additional public access and participation requirements such as an opportunity to attend via a two-way telephonic service or a two-way audiovisual platform, and clarifying the existing authority of a legislative body to remove or limit participation by persons who disrupt, disturb, impede, or render infeasible the orderly conduct of a meeting applies to members of the public participating in a meeting via a two-way telephonic service or a two-way audiovisual platform. (AB 707 was signed by the Governor.)



- AB 1018 (Bauer-Kahan) proposes to regulate the use of automated decision making (ADS), which means systems that use algorithms and data analytics to make decision without human intervention. Users of ADS are required to disclose actions that have consequential decision and provide the right to opt out and authorize the California Attorney General to bring civil actions. This bill could impact day to day operations of various industries such as housing, health care, lodging, legal services and other businesses who use ADS. (AB 1018 stalled in the Senate but may be reconsidered in 2026.)

Key Legislative Date:

- January 5, 2026, Legislature reconvenes

Strategic Engagement Department Supplemental Report November Look-Back



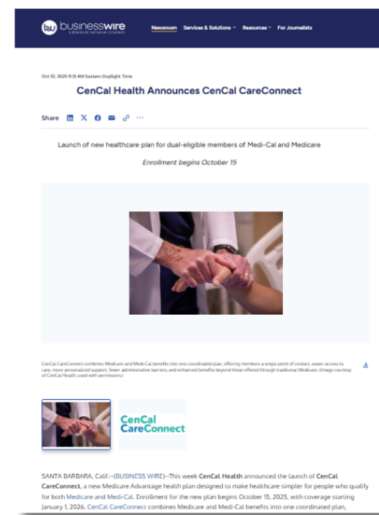
Date: November 20, 2025

From: Kylie Schmidt, Strategic Engagement Manager

Through: Jordan Turetsky, Chief Strategic Engagement Officer

PUBLIC RELATIONS & MEDIA

In October, CenCal Health produced and distributed a press release titled "CenCal Health Announces CenCal CareConnect," announcing the launch of a new healthcare plan designed for individuals who are dually eligible for both Medi-Cal and Medicare. Distributed through BusinessWire, the press release achieved substantial visibility, garnering over 1,250 online views and publication on more than 200 media outlets, including prominent platforms such as the Associated Press (AP) and Yahoo Finance. In addition, the announcement was disseminated to a targeted BusinessWire subscriber list reaching 24,432 email recipients. The launch of CenCal CareConnect also attracted notable local media coverage, including features by KCBX Central Coast Public Radio, Noozhawk, and the *Pacific Coast Business Times*, among others.



Following the Santa Barbara County Public Health Department's announcement, "New Federal and State Changes Impact Who Can Be Served at Santa Barbara County Health Centers," and the October 7 Santa Barbara County Board of Supervisors meeting, SED managed a significant volume of media inquiries on behalf of CenCal Health. Resulting coverage appeared in several regional outlets, including the *Santa Barbara Independent*, *Noozhawk*, *Santa Maria Sun*, *Lompoc Record*, and *TuTiempo Digital*, among others.

An op-ed authored by CenCal Health CEO, Marina Owen, titled "The Health of the Community Is Our Shared Responsibility," was offered exclusively to the *Santa Barbara Independent* and published on October 25. It was picked up by multiple outlets including the *Daily Santa Barbara* and Local Health Plans of California. Further media attention in October stemmed from CenCal Health's partnerships, sponsorships, and grant initiatives. Highlights include coverage of Doctors Without Walls in the *Santa Barbara Independent*, the Breast Cancer Research Center feature in *Noozhawk*, and the Lompoc Valley Medical Center capacity grant spotlight in the *Santa Maria Times*.



CenCal Health Receives Partnership Award at California Health and Behavioral Health Directors Association Annual Conference

Last month, CenCal Health was honored to receive the Partnership Award at the California Health and Behavioral Health Directors Association (CHBDA) Annual Conference. This recognition highlights CenCal Health's ongoing commitment to collaboration with county agencies, providers, and community partners in advancing integrated, person-centered care for Medi-Cal members across the Central Coast.

News Clipping Samples



Op-ed: The Health of the Community is Our Shared Responsibility

"This has been a challenging and tumultuous year for many. As the CEO of CenCal Health, Santa Barbara County's not-for-profit local health plan, I see firsthand how our health care safety net is under pressure. With federal Medicaid cuts looming, there are threats to funding and resources available for vital programs. Without access to consistent primary care, more people will be forced to rely on emergency rooms for basic health needs — a costly, inefficient approach that puts added strain on hospitals already stretched thin.

"Now is not the time to turn away from partnerships with one another. These are challenges our community must confront jointly with compassion, clarity and courage. Our community's strength depends on ensuring everyone has access to the care they need and that every key stakeholder is at the table to contribute towards local health care solutions. Health insurance provides individuals with access to vital preventive care to avoid more costly services in our busy emergency rooms. Immigrants contribute to our economy, our workforce and our neighborhoods, while access to health care for all strengthens community health, supports economic productivity and ensures no one is left behind. These are not just policy issues, they reflect the values we hold as neighbors, families, organizations and communities." Maria Owen, CenCal Health CEO.

[Read more](#)



YOUR HEALTH | Cottage Health

Lompoc Valley Medical Center Receives \$200,000 Grant for Pediatrics and Primary Care

Lompoc Valley Medical Center has received a \$200,000 grant from CenCal Health to help in expanding community access to primary and pediatric care services.



"CenCal Health Medical Center has received a \$200,000 grant from CenCal Health to help in expanding community access to primary and pediatric care services."



CareConnect D-SNP Provider Training Program

For participating physicians, D-SNP training courses are available to provide an overview of how CenCal Health coordinates care for members who are eligible for both Medicare and Medi-Cal. (D-SNP launches January 2026.)

Held virtually, the informative sessions outline the essentials of D-SNP including program introduction; coordination of benefits; claims and billing; member-centered care management; interdisciplinary care teams; and provider collaboration to improve health outcomes.

- 1 **10/30/25**
Local Health Plans of California (LHPC) Media Monitoring
The Health of the Community Is Our Shared Responsibility

- 2 **10/27/25**
Santa Maria Times
Lompoc Valley Medical Center Receives \$200,000 Grant to Expand Pediatrics and Primary Care Services

- 3 **10/9/25**
Central Coast Medical Association (CCMA) e-newsletter The Pulse
CareConnect D-SNP Provider Training Program

Media Coverage Report

In October, CenCal Health garnered a total of 27 media placements, in addition to more than 190 media postings generated through the *BusinessWire* distribution of the CenCal CareConnect press release. Notable media placements are listed below.

October 2025		
Date	Name	Headline
10/30/2025	Local Health Plans of California (LHPC) Media Monitoring	The Health of the Community Is Our Shared Responsibility
10/30/2025	Noozhawk	Help Shape Future of Local Behavioral Health Services
10/30/2025	Local Health Plans of California (LHPC) CEO Monthly Newsletter	The Health of the Community Is Our Shared Responsibility
10/27/2025	Santa Maria Times	Lompoc Valley Medical Center Receives \$200,000 Grant to Expand Pediatrics and Primary Care Services
10/26/2025	Daily Santa Barbara	The Health of the Community Is Our Shared Responsibility
10/25/2025	Santa Barbara Independent	The Health of the Community Is Our Shared Responsibility
10/20/2025	Local Health Plans of California (LHPC) Media Monitoring	Doctors Without Walls Updates Donors on Street Medicine Work
10/13/2025	Local Health Plans of California (LHPC) Media Monitoring	CenCal Health Announces New Medicare Advantage Plan
10/10/2025	Noozhawk	CenCal Health Announces CenCal CareConnect
10/10/2025	BusinessWire	CenCal Health Announces CenCal CareConnect
10/9/2025	Central Coast Medical Association (CCMA) e-newsletter The Pulse	CareConnect D-SNP Provider Training Program

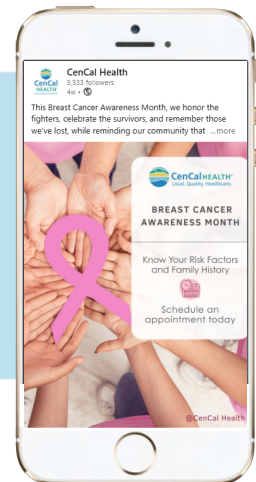
SOCIAL MEDIA



October Social Examples

Breast Cancer Awareness Month

CenCal Health raised awareness during Breast Cancer Awareness Month by encouraging preventive care and promoting early detection through regular screenings. The message aimed to educate members and the broader community on the importance of scheduling check-ups, while also highlighting CenCal Health's commitment to supporting members' access to preventive health services.

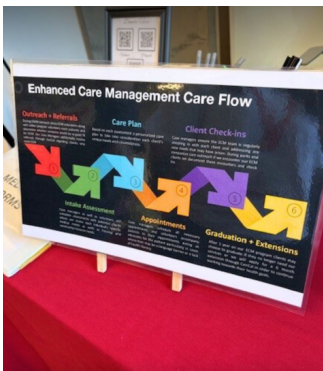


Northern Santa Barbara County United Way Mayors' Bash

The organization highlighted community involvement and partnership with Northern Santa Barbara County United Way at the 2025 Mayors' Bash. The social media post emphasized the organization's support for early literacy and childhood development initiatives, illustrating CenCal Health's ongoing commitment to building healthier, stronger communities by investing in children's futures.

COMMUNITY ENGAGEMENT

Outreach and Events Spotlight



Doctor's Without Walls Annual Donor Event

Last month, CenCal Health sponsored and attended the Doctors Without Walls – Santa Barbara Street Medicine Annual Donor Appreciation Event underscoring the organization's commitment to health equity and community-based care. CenCal Health celebrated the volunteers and donors who deliver essential medical services directly to individuals experiencing homelessness or barriers to traditional care.

French Hospital Gathering For Good Event

In October, CenCal Health joined Dignity Health and French Hospital Medical Center in celebrating two decades of meaningful impact and recognizing the 2025 Louis Tedone, MD Humanitarian Award recipients, Drs. Edwin and Howard Hayashi, for their dedication to compassionate care. This involvement highlights CenCal Health's ongoing efforts to foster collaboration and promote health equity across the Central Coast alongside our dedicated hospital partners.



Customer Experience and Health Equity Report

Date: November 20, 2025

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

Through: Marina Owen, Chief Executive Officer

Contributors: Eric Buben, Member Services Director
Nicolette Worley Marselian, Communications and Marketing Director
Bao Xiong, Program Development Director

Executive Summary

This report summarizes the activities of the Member Services, Health Equity and Program Development, and Communications and Marketing departments for October 2025. This month's highlights include the launch of CareConnect activities by key CenCal CareConnect teams in Communications and Marketing and Member Services, as well as two grants from Program Development to support our network providers. The four-member Sales Team is achieving sales results that are well above industry standards, and the Enrollment team has successfully enrolled 79 CareConnect members, with zero grievances filed to date.

Member Services

Membership

CenCal Health's aggregate membership as of November 5, 2025, reached 239,120, reflecting a net decrease of 862 members from September's final total of 239,982. November's final enrollment will be higher, due to members reinstated during the 90-day cure period being added back after responding to DHCS regarding coverage loss. The final November 2025 enrollment total will be available on December 3, 2025.

New member enrollment in October was 1,742 for Santa Barbara County and 899 for San Luis Obispo County, for a total of 2,641. Most are in Aid Code M1 – ACA Adult Expansion.

Call Center

The call center averaged 393 calls per day (9,031 total) in October, well below the 2024 daily average of 472. The ASA goal of 85% was not met in October, with a score of 76%. The abandonment rate goal of less than 5.0% was met at 4.1%. New member enrollments (2,641 in October) continue to drive increased call volume, as automated welcome and HRA reminder calls allow direct transfers to the call center and needs for

plan education and PCP selections. Additionally, Member Services had 1 MSR on a leave of absence & 6 MSRs in training backfilling open positions.

Despite these challenges, the goal to track 95% of queue calls was met, with 97% tracked. Staff worked diligently to manage demand and maintain service quality amid ongoing enrollment growth and short staffing.

Grievance & appeal volume remained in control with usual volume and all turnaround times for G&A were all met for standard, expedited and exempt grievances and/or appeals.

Adapting Member Services Functions to Support D-SNP Members: Enrollment & Eligibility
All five new system builds for CareConnect Annual Enrollment Period (AEP) Readiness to be utilized for Member Services business have gone live in production as of October 1st. These five systems are Ring Central, QNXT, MyQNXT, Elements (EAM) and MedHok (MHK). The Policies and Procedures and Standard Operating Procedures are being developed.

Annual Enrollment Period (AEP) Member Services Statistics

CareConnect Call Center

- Avg 12-15 calls per day with approximately 600 calls in October.
- 7% of Total Call Volume is related to CareConnect. Mostly call volume from Medi-Cal members currently that get transferred to the Medi-Cal phone queues.

Grievance & Appeals:

- None filed to date

Health Equity & Program Development

Incentive Payment Program (IPP)

In October, CenCal Health launched two grant opportunities to support D-SNP readiness and behavioral health integration:

- D-SNP Readiness Grant – CenCal Health will invest \$1M to support network providers D-SNP readiness activities. Funding will support providers with securing the staffing, processes, and technology needed to serve CenCal Care Connect members. The grant application is available on our website at <https://www.cencalhealth.org/providers/d-snp-readiness-grant-funding-opportunity/>, with a deadline of 12/1/25.
- Behavioral Health Integration Grant - CenCal Health will invest \$4M to support the County Behavioral Health Departments in San Luis Obispo and Santa Barbara counties with developing and implementing integrated behavioral health plans to transform the behavioral health system in our service area.

Member Experience



Listening to the voices of members is key to understanding their needs and experience. Planning is underway for a series of Member Experience Listening sessions designed to gather insights directly from CenCal Health members. To support this effort, CenCal Health has partnered with Evolve Equity, a consulting firm with expertise in equity-centered engagement, to facilitate the listening sessions.

Community Investment

CenCal Health continues to invest in community-driven solutions that improve health outcomes by addressing social drivers of health for the Medi-Cal population. In Q3 2025, CenCal Health awarded a \$74,900 grant to Northern Santa Barbara County United Way to expand an integrated initiative linking three impactful programs: Literacy 2.0, AmeriCorps Home for Good, and Escalante Meadows. This initiative is designed to enhance literacy among children, improve financial literacy for children and their families, and provide supportive housing services to families experiencing homelessness or housing insecurity. Through this partnership, an estimated 3,000 children and 1,300 adults and caregivers will gain access to critical resources that support literacy, financial literacy, and housing stability.

Communications and Marketing

The Communications and Marketing Department launched multiple projects and tactics during October. The website "cencalhealth.org/careconnect," along with all regulatorily- required integrated materials, were launched on October 1. The Sales Unit also went live on a new phone system and a new sales software system. Member interest has been steady and expected, given our marketing strategy to grow the product line slowly. Three of the four sales navigators, including the manager, are bilingual in Spanish. Length of phone calls ranges from 60-90 minutes since the Sales team is prioritizing education of our members so that they can make an informed decision. Early data indicate a remarkable sales rate that is well above the industry average.

Recommendation

The Customer Experience Division report is informational, and no action is requested.

Communications October 2025 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Marketing

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

Date: November 20, 2025



G-COM5-NOVBRD-1125 E

New Beginnings & Echoes of History: CenCal CareConnect's First Enrollment

Communications and Marketing marked a proud milestone for CenCal Health as we celebrated the **first official enrollment into our new Dual Special Needs Plan (D-SNP), CenCal CareConnect!**

Communications captured the historic occasion as the Medicare Sales Manager assisted Board Member Sara Macdonald with her plan enrollment.

To honor this milestone, the Communications team paid homage to a historic 1965 photograph of President Lyndon B. Johnson signing Medicare into law and enrolling former President Harry S. Truman as the first Medicare beneficiary. Just 60 years ago, that event symbolized the start of a transformative era in American healthcare, and our moment is part of continuing that story.

Our launch of CenCal CareConnect marks a new chapter in CenCal Health's commitment to serving Medi-Cal and Medicare recipients on the Central Coast. It's a reminder that our work connects us to a larger purpose: delivering equitable, accessible, and high-quality care for all.



In the same spirit as the first Medicare enrollment in 1965, CenCal Health proudly celebrates a milestone 60 years later: the launch of CenCal CareConnect (HMO D-SNP) and the enrollment of its first D-SNP member, Sara Macdonald, on October 15, 2025.



President Lyndon B. Johnson signs the Medicare program into law with former President Harry S. Truman (seated right), the first beneficiary of Medicare, July 30, 1965.

Medicare Sales Navigators Report Enthusiastic Interest in CenCal CareConnect

Two weeks into our first Annual Enrollment Period (AEP), the Medicare sales team is seeing strong engagement and enthusiasm from prospective members. Enrollment calls are averaging more than 55 minutes, reflecting meaningful conversations and genuine interest.

While financial savings are important to prospective members, the sales team reports that what truly resonates with members is the plan's built-in value, particularly our commitment to comprehensive care coordination. Prospects consistently express relief at the idea of

(continued on next page)



having a personal care coordinator and a single point of contact to simplify their Medicare and Medi-Cal benefits.

The ease of one plan and one card is resolving long-standing confusion and anxiety, confirming that members seek more than savings — they want a trusted health partner.

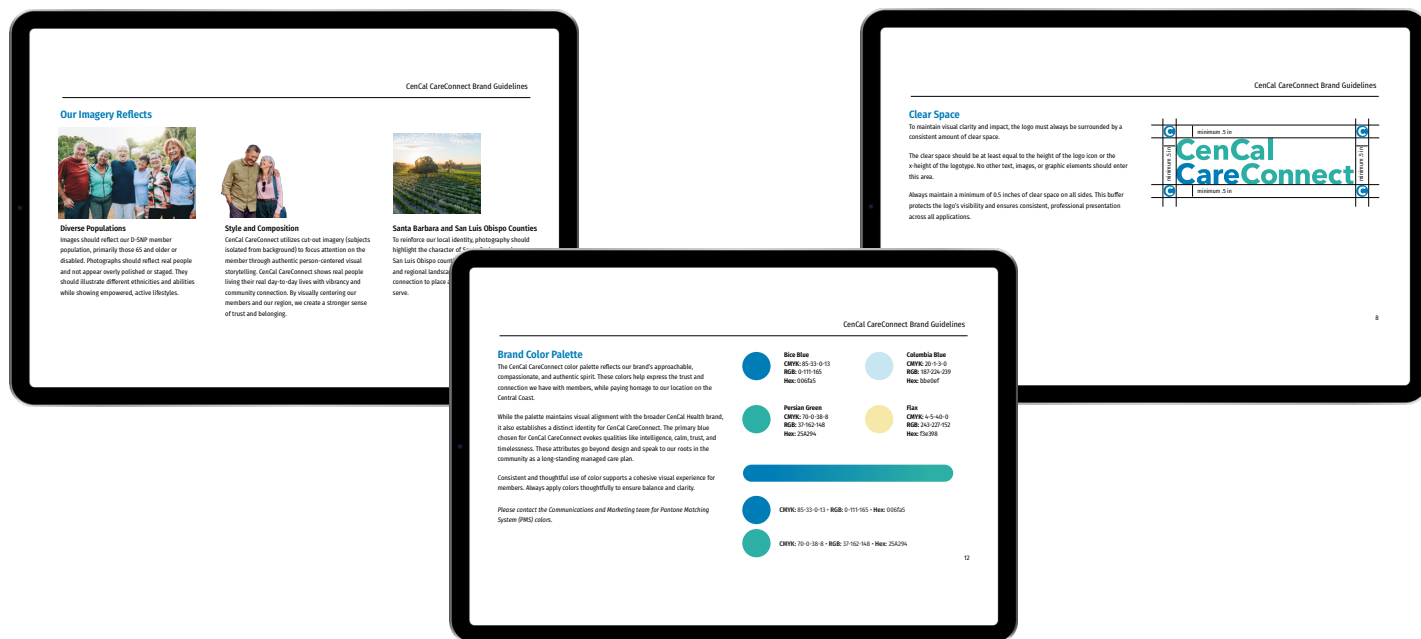
Additional benefits like quarterly over-the-counter allowances and robust hearing and vision coverage are also driving interest.

The Member Services team is helping to support sales by managing the increased call volume with incredible professionalism and assisting with eligibility queries and fielding our many transfers, ensuring that every prospective member's questions are answered clearly and kindly.

New Branding Guidelines Define D-SNP Identity

The Communications and Marketing team has developed comprehensive Branding Guidelines to support the launch of CenCal CareConnect. These guidelines define the brand's personality, positioning, voice, and name, ensuring every message reflects our values. They also provide clear direction on logo usage, graphic elements, color palette, photography, typography, and compliance with Medicare regulations.

Consistency in branding builds trust and helps us present a unified, professional, and approachable identity to members, providers, and the community. Whether designing materials or communicating across channels, these guidelines ensure we speak with one voice and a cohesive visual style.



Key D-SNP Dates:

Marketing Begins: October 1

Annual Enrollment Period (AEP): October 15 – December 7

ID Cards and New Member Kits Mail: December 15

CenCal CareConnect Plan Begins: January 1, 2026

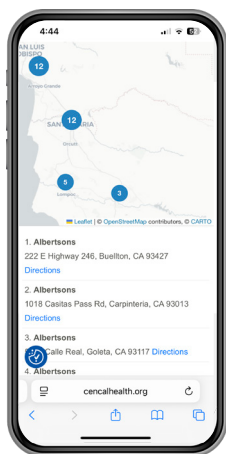
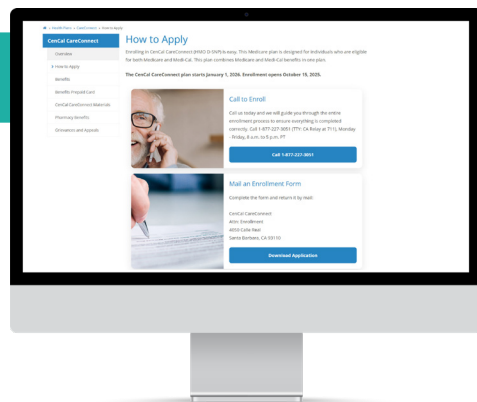
Communications Material Development

In October, Communications worked on more than 70 projects and tickets, including more than 30 member materials in support of D-SNP. Samples of collateral materials Communications produced for members, providers, and the community are included below.

MATERIALS: Member-focused

D-SNP Enrollment Options Live on Website

When the Annual Enrollment Period (AEP) opened for Medicare on October 15, Communications and Marketing added information to the CenCal CareConnect website guiding members on how to initiate their enrollment. Members can click a link that opens a call to the Sales Navigator, or they can download an enrollment form to mail to CenCal Health.



Benefits Prepaid Card Store Locator

As part of the new CenCal CareConnect website, Communications and Marketing developed a customized tool that members can use to locate merchants by city that will accept the Benefits Prepaid Card to purchase eligible over-the-counter items.

MATERIALS: Provider-focused

CenCal CareConnect Marketing Guidance for Providers

Communications and Marketing created a presentation that educates providers on the guidelines for Medicare marketing activities allowed in common areas of offices, such as the display of educational materials, brochures, and events, as well as what provider-initiated communications are permitted with patients about Medicare.



Quick Guide: Behavioral Health FAQs for Schools

Supporting Children's Mental Health and Access to Services through CenCal Health

What is CenCal Health?
CenCal Health is a nonprofit, community-based health plan that provides Medi-Cal (California's Medicaid) program services to eligible children and youth (ages 0-19) who are enrolled in Medi-Cal. CenCal Health is a public benefit of Medi-Cal.

What behavioral health services are available to youth through CenCal Health?
For eligible youth of school age, CenCal Health covers services for members who are in school or in a postsecondary education setting. These services include:

- Outpatient therapy (individual)
- Individual, medication, and management
- Individual Behavior Therapy (CBT) services for members with autism or related conditions (diagnosed, not yet diagnosed)
- Psychological/Neuropsychological testing, when medically necessary
- For members with severe mental health needs (clinically unstable) who are in school or in a postsecondary education setting, the CenCal Health Department is the appropriate point of contact. Examples of severe mental health needs include: hospitalization, placement in a residential treatment center, or placement in a residential treatment center for a period of 30 days or more.

When should parents (or youth) request mental health support?
If your youth has been diagnosed with a mental health condition, you should request support as soon as possible.

- Call the CenCal Health Department at 800-421-2500
- If the member has a mental health condition, the school will assist in identifying a support and/or therapist.
- If the member has a mental health condition, the school will assist in identifying a support and/or therapist.
- If the member has a mental health condition, the school will assist in identifying a support and/or therapist.
- If a youth is requesting support, school staff can assist the family in submitting a Behavioral Health Care Coordination Form to the school.

How can families enroll in Medi-Cal / CenCal Health?
Families can enroll in Medi-Cal / CenCal Health by completing a Medi-Cal application.

Steps to Apply for Medi-Cal:
1. By Mail: Download the application from the California Department of Social Services website: <https://www.cdss.ca.gov>

Send your completed and signed application to your local County Department of Social Services office.

1/18/2022

Behavioral Health FAQs for Schools

In support of Behavioral Health, Communications designed an FAQ handout that can be provided to schools outlining helpful information about the behavioral health services that are available to youth through CenCal Health.

Behavioral Health Coordination Request Form

Communications updated a form used by Behavioral Health that assists mental health providers and agencies to refer members for care coordination through CenCal Health Navigation Services.

Behavioral Health Care Coordination Request Form
This form is the bridge for mental health providers through CenCal Health Navigation Services.

You may refer members to:
• Find a provider online at: www.cencalhealth.org/providersdirectory
• Contact the Behavioral Health Care Center: 1-800-421-2500

Referring Provider:
• Please fax this form to the Behavioral Health Department: 805-681-1070
• Upload to: <https://forms.cencalhealth.org/forms/24>
• Questions? Please call 805-952-1600

Referring Provider (Required)
Name: _____ Phone: _____
Email: _____ Fax: _____
Agency Name: _____ Date of Submission: _____

Member Information (Required)
☐ Member is a new member to this care coordination request.
Note: Do not submit this request without Member consent.
Please complete Member information for each family member.
Member Name: _____
CenCal Health Member ID: _____
Date of Birth: _____
Language: _____
Ref time for each member: Monday through Friday, 8 a.m. to 5 p.m.

Reason for Care Coordination Request:
☐ New Coordination Request for Behavioral Health Services
☐ Medication Management (Pharmacy)
☐ Other: _____

Member needs additional support with delivery to County Department of Behavioral Health Substance Use Services
☐ Note: Members seeking Substance Use Services for initial care only directly:
• Santa Barbara County MCHS Line 1-800-858-5649
• San Luis Obispo County MCHS Line 1-800-858-5649
Additional Information to Substance Use Services (Required): _____

MATERIALS: Community-focused

CenCal Health
Local Quality Healthcare

Answers to Your Questions about Changes to Medi-Cal
When: June 2022

General Questions

1. **Is CenCal Health responsible for determining Medi-Cal eligibility?**
A. Yes, CenCal Health is responsible for determining Medi-Cal eligibility. Medi-Cal eligibility is determined by the Department of Social Services and the Department of Health Care Services.
2. **Is CenCal Health responsible for determining Medi-Cal coverage for youth?**
A. Yes, CenCal Health is responsible for determining Medi-Cal coverage for youth. Coverage is determined by the Department of Social Services and the Department of Health Care Services.
3. **Does CenCal Health have member data with non-identifiable information?**
A. Yes, CenCal Health has member data with non-identifiable information. This data is used for the purpose of managing member care in partnership with a member's care team. It is not shared with other entities outside of CenCal Health.
4. **Does CenCal Health have other non-identifiable information?**
A. Yes, CenCal Health has other non-identifiable information. This information is used for the purpose of managing member care in partnership with a member's care team. It is not shared with other entities outside of CenCal Health.
5. **What is the youth and member impact of the changes to Medi-Cal?**
A. The changes to Medi-Cal will impact the way that members receive their care. The changes will ensure that members receive the care they need to stay healthy and happy.
6. **How does the California state budget affect non-identifiable Medi-Cal members?**
A. The California state budget affects non-identifiable Medi-Cal members. The budget includes funding for the Department of Social Services and the Department of Health Care Services.
7. **How does the California state budget affect non-identifiable Medi-Cal members?**
A. The California state budget affects non-identifiable Medi-Cal members. The budget includes funding for the Department of Social Services and the Department of Health Care Services.

FAQ on Changes to Medi-Cal

In support of Strategic Engagement, Communications designed a three-page FAQ handout that answers general questions the community may have about how legislative decisions may impact Medi-Cal eligibility and coverage. The FAQ document is available on the CenCal Health website in English and Spanish.

Logo Guidelines for Sponsorships

Strategic Engagement requested an updated handout that can be provided to organizations that may be using the CenCal Health logo for sponsorships that outlines high-level guidelines on logo formats and usage.

CenCal Health
Local Quality Healthcare

LOGO GUIDELINES
Please follow the guidelines below for using the CenCal Health logo in both digital and print materials. Only use the logo files provided to you. Do not download logos from the internet, as they may be incorrect or outdated.

CenCal Health will provide you with both a JPEG and a PNG file.

JPEG FILE
Use the JPEG file when printing it on white or very light backgrounds. This ensures optimal visibility.

PNG FILE
Use the PNG file when printing it on dark or colored backgrounds. This ensures optimal visibility.

Additional logo formats
If you need a CenCal Health logo in a vertical format, please reach out to communications@cencalhealth.org.

Please don't alter the design

Do not stretch or compress the CenCal Health logo.

Do not place the logo on a light background.

Do not make the logo too small, or too large, or use other color variations.

Do not place any logo within a "box" or modify the color background of the box.

Note: We must approve any material (digital and print) before you publish CenCal Health's logo, including social media.

Please send web and printed proofs using the CenCal Health logo to communications@cencalhealth.org for approval.

Health Services Medical Management Report

Date: November 20, 2025

From: Maya Heinert, MD, Chief Medical Officer

Contributors: Jeff Januska, PharmD, Director of Pharmacy Services
Heather Te, ECM Program Manager
Ariel Land, Community Supports Program Manager
Ana Stenersen, Director, Utilization Management
Rita Washington, Health Operations Program Manager
Jamie Funderburk, Master Clinical Trainer
Rachel Lambert, Director, Behavioral Health
Cammie Flores, Sr. Director, Care Management and D-SNP Clinical Ops

Executive Summary

The information contained in this report provides the status of operations for the medical management departments within Health Services: Utilization Management, Case Management, Pharmacy, Behavioral Health, and the Dual Special Needs Program. The report also contains summaries of operations for Health Services Compliance and Health Services Training.

In October, the Health Services Division was in full preparation for the launch of CenCal CareConnect. Clinical teams began training on the new MHK platform and essential business revolved around the training of personnel and the support of CareConnect members.

Division Compliance

For October 2025, all turnaround times for Utilization Management and Behavioral Health were met.

Health Services Regulatory Compliance

The Regulatory Unit has prioritized the Utilization Management Committee (UMC) build to ensure alignment with Dual Eligible Special Needs Plan (D-SNP) regulatory requirements. This included the recruitment of new committee members, specifically practicing physicians, with support from Dr. Heinert. The UMC meeting under the revised structure is scheduled for November 11, 2025. This meeting will serve to formally review and approve key governance documents, including the UMC Charter, Annual Work Plan, and the Health Services Program Description. These materials are foundational to supporting both D-SNP and Medi-Cal clinical operations.

Health Services Training

The main area of focus for the training team in October was building out MHK end-user training for the D-SNP Program. The Utilization Management solution end-user training will take place the week of November 3rd for the following teams: Community Supports, Pharmacy, Utilization Management and Behavioral Health. The training will focus on system orientation and basic navigation to prepare teams for follow-up business-level guidance. Additional areas of focus have included implementation of CGT (Cite Guideline Transparency) and continued build out of the department's learning support platforms—SharePoint and Litmos.

Utilization Management

In October 2025, Utilization Management (UM) identified staff participants for the DSNP Train-the-Trainer series conducted by MHK. Several UM team members are also engaged in ongoing User Acceptance Testing (UAT) to evaluate UM functionalities within MHK. The Pediatric Whole Child Model (WCM) team continues to collaborate with CCS County partners to align processes in response to recent changes in CCS NICU and HRIF eligibility. Pediatric Case Managers are working closely with Santa Barbara County Clinics to support members affected by PCP reassignments. The Transitional Care Services (TCS) team is reviewing and enhancing workflows to ensure compliance with regulatory requirements and to improve member outcomes. Additionally, the Pediatric and Adult UM teams, in partnership with the HS Operations Specialist, have launched a project to analyze One-Time Agreements (OTAs). This initiative focuses on tracking completion timelines, identifying barriers and delays, and assessing provider trends to strengthen OTA oversight and improve process efficiency.

Enhanced Care Management (ECM)

In October 2025, the Enhanced Care Management team focused on Provider education related to timely reporting of Provider Return Transmission Files to support Closed Loop Referrals and notifying referring entities timely of referral status updates. The team met with Provider Relations and 3 newly contracted ECM Providers to support with onboarding and training and continued to co-host monthly CalAIM Drop-In sessions with Community Supports. This meeting had over 100 contracted ECM and CS attendees. The ECM team has begun identifying workflows for Transitional Rent to support members with timely assignments and ensure compliance with outreach requirements.

Community Supports

In October 2025, the Community Supports unit continued collaborative efforts to support program integrity, policy alignment, and operational readiness across both counties. Key areas of activity include advancing Medically Tailored Meals (MTM) updates in preparation for the transition to Foodsmart. This work included implementation of clinical guidelines, updates to policies and procedures, and revisions to member communication materials. The team also strengthened pathways for

members experiencing food insecurity who do not meet clinical criteria by reinforcing referrals to local food resources.

Work continued to support Closed Loop Referral implementation, with focus on system configuration within existing platforms such as MHK and Oracle for referral automation testing, documentation standards, and quality monitoring workflows.

Additionally, the team initiated Community Supports website updates and member-facing communication revisions identified during the recent DHCS interview, ensuring alignment with state expectations. The unit also continued preparing for the sunset of the Nursing Facility Transition program effective December 31, 2025, and in alignment with state guidance, Housing Deposit rental coverage concluded on October 31, 2025.

The Community Supports team also co-hosted the CalAIM Path collaborative with ECM, providing program updates, answering provider questions, and reinforcing compliance and service delivery standards. Ongoing network engagement and internal readiness efforts remain on track

ECM Justice Involved Initiatives

In October 2025, the focus was coordinating with SLO Probation and SLO Sheriff. SLO Sheriff and CenCal Health leadership have been meeting to discuss an MOU. JI Liaison, Provider Relations, and Behavioral Health Director met with San Luis Obispo County Jail staff to discuss ECM referrals and current justice involved Provider network. The focus with SLO Probation has been on identifying ECM Providers interested in presenting at member meetings with Probation to explain ECM services and potentially enroll members, building relationships with the Probation team, and coordinating care for mutual members.

Transitional Rent

In October 2025, the Community Supports unit continued implementation planning for Transitional Rent. CenCal Health reviewed updated State guidance and advanced development of the draft payment model, including alignment with internal operational workgroups to refine service delivery workflows and systems needs. Coordination also continued with county partners to define referral pathways and support readiness for program launch. Additionally, the team completed the Model of Care AIR review and submitted the requested supplemental documentation to the State. Readiness activities remain on track.

Behavioral Health

The Behavioral Health team continues to strengthen partnerships with county agencies through monthly leadership meetings focused on process improvement, shared initiatives, and coordinated member care. In collaboration with Santa Barbara County, the team is hosting community listening sessions to better understand local needs and shape more responsive behavioral health supports. Community Integration efforts also

continue, emphasizing coalition building and advocacy to better serve members with behavioral health needs—particularly those exiting incarceration or experiencing homelessness—while planning for new initiatives and evolving state requirements. The team also led a provider training to review CenCal Health processes, address billing questions, and strengthen support for network partners. Lastly, the department is partnering with both counties to finalize MOUs that ensure members have access to treatment for eating disorders.

Pharmacy

The Pharmacy team's focus in October was continued preparation for the launch of our D-SNP line of business with a focus on testing the claims configuration within the PBM platform and PBM platform introductory meetings across claims adjudication, prior authorization and business intelligence reporting. We have obtained platform licensing for Pharmacy, Member Services, Claims and Finance across the PBM systems needed.

All of the Medi-Cal LOB metrics were trending toward natural history and meeting regulatory requirements with no areas of concern.

Dual Special Needs Program (D-SNP) Clinical Program

The program remains on schedule for key readiness milestones through late November, with continued go-live preparation activities planned in December. User Acceptance Testing (UAT) is actively underway for Utilization Management (UM), Care Management (CM), and Appeals modules and will continue through November 20, with Medi-Cal UM and CM staff assisting in UAT system validation and issue resolution. Physician subject matter experts have been engaged to validate UAT MD workflows and ensure alignment with clinical operations. Internal MHK system platform training for staff, including physicians, begins November 3 and will continue through November, covering all modules and role-based workflows. Prior Authorization (PA) code mapping and validation are approximately 95% complete, ensuring cross-platform accuracy. D-SNP staff recruitment is progressing, with 90% of positions filled and the UM RN role identified as a priority hire. A couple of Medi-Cal UM RN subject matter experts have been identified to participate in upcoming D-SNP training sessions to enhance cross-functional understanding and operational support. Operational policies and training materials continue to be refined to support readiness activities and facilitate transition into production deployment.

Recommendation

No action is needed at this time, and this report is submitted for board awareness and approval as part of the consent agenda.

Performance Division Report

Date: November 20, 2025

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, MBA, Operational Excellence Director
Katrina Delevati, MBA, People Operations Director

Executive Summary

The following report provides updates surrounding the development and execution of Performance Division functions where applicable, including talent acquisition and retention, process management and strategy execution.

People Operations

Talent Acquisition and Retention Update

Total vacancy, spanning all Medi-Cal and D-SNP FTE, now sits at 8.0%. Talent acquisition for D-SNP specifically is progressing well, with 91% occupancy. Highlights surrounding key senior leadership team recruitments include:

- Recruitment is underway for the Sr. People and Organizational Development Director and Medical Director positions.

All cause turnover remains healthy at a 12-month rolling average of 8.3%, below the prior 3-year average (11.5%) and more than 20-points below the industry average (Bureau of Labor Statistics). CenCal Health is committed to remaining an employer of choice for mission-driven professionals, through a thoughtful and competitive hybrid workforce strategy that meets the needs of our members, providers and community partners, and supports the collaboration and belonging needs of our team members.

Operational Excellence

Organizational Dashboard

Departmental submissions of Q325 Organizational Dashboard metric results are currently in process. Following receipt of all results, the Q325 Organizational Dashboard will be produced for your Board's consideration in January 2026.

2025 Operating Plan Update

The 2025 Operating Plan is comprised of forty-two (42) tactics. Tracked progress is as follows:

- 1 (2.0%) is new and initiating
- 4 (10.0%) are between 1-25% complete
- 3 (7.0%) are between 25-50% complete
- 16 (38.0%) are between 50-75% complete
- 9 (21.5%) are between 75-99% complete
- 9 (21.5%) are at 100% and have completed

Aggregate Operating Plan health (scope, schedule, resources) is at 94%. Five (5) tactics are at-risk of becoming or off-track with planned mitigations as follow:

- Core System (QNXT) Implementation – This tactic is intended to prepare to serve new D-SNP members through the implementation of the Cognizant QNXT Core System. Notably, the Core System includes modules for Claims, Enrollment Administration Management, and Financial Reconciliation Management. This tactic is reported as at-risk due to high complexity and compressed timeframes particularly in User Acceptance Testing as well as issue resolution for Enrollment Administration Manager letters. Active mitigations are in place through enhanced coordination internally and with vendor, expediting timeframes where achievable, and establishing contingency plans where necessary.
- D-SNP Eligibility and Enrollment Capabilities – This tactic is intended to prepare to serve new D-SNP members through the development and implementation of eligibility and enrollment, call center and grievance and appeal functions and processes. This tactic is reported as at-risk due to challenges encountered during AEP go-live, which have required fixes for member data loading and processing activities within the QNXT system for eligibility and enrollment. Active mitigations are in place through manual workarounds where necessary, established escalation protocols, close cross-functional collaboration, and prioritization of any member-impacting issues.
- Health Management Software (MHK) Implementation – This tactic is intended to prepare to serve new D-SNP members through the implementation of a new health management software, MHK. This tactic is reporting at-risk due delays on file transmission and interface work. Active mitigations are in place through close cross-functional collaboration, frequent and targeted monitoring, and potentially leveraging a vendor to support some interface build work.
- D-SNP Model of Care (MOC) – This tactic is intended to prepare to serve new D-SNP members through the development and implementation of a Model of Care. This tactic is reporting at-risk due to the number of unfilled D-SNP clinical positions as well as contracting with a vendor to support HRA processing work. Active mitigations are in place through close collaboration with People Operations, support from other

Medi-Cal clinical teams, and potentially utilizing contractor support as a contingency for position fill as well as partnership with Procurement towards execution of an SOW with identified vendor.

- Payment Integrity Program Implementation – This tactic is intended to ensure financial performance to support sustainability through the implementation of a Payment Integrity vendor solution. This tactic is reporting at-risk due to schedule. The tactic's scope was revised, and work is ensuing to reassess the technical approach along with resource estimates to create and adopt a recast schedule. Tactic is anticipated to return to on-track following.

Recommendation

This material is informational with no action being requested at this time.

Enclosures

1. October 2025 Operating Plan

2025 Operating Plan

October 2025

Organizational Tactics

Objectives

Priorities



Mission

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

Vision

To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together

¹ Tactic also maps to the Leverage and adapt technology and analytics to enable transformation Objective
² Tactic also maps to the Ensure financial performance to support sustainability Objective

Operations Report

Date: November 20, 2025

From: Kaliki Kantheti, Chief Operating Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Hector Garcia, Medicare Director
Gary Ashburn, Claims Director

Executive Summary

This Operations Report provides an overview of late October to early November 2025 activities specific to CenCal Health's Dual Special Needs Program (D-SNP) CareConnect implementation. Customer service metrics for Claims can be found in the included metric reports which are all at or above goal for the reporting period, and there are no notable deviations.

CenCal CareConnect Implementation Update

1. Annual Enrollment Period (AEP) Update

The Annual Enrollment Period (AEP) runs from October 15 through December 7, during which eligible members may elect to enroll in a Dual Eligible Special Needs Plan (D-SNP), with coverage effective January 1 of the following year. Sales and enrollment activities have aligned with expectations.

As of the date of this memo, more than 90 members have enrolled in CareConnect, and the plan remains on track to reach between 150 and 200 enrollments by the close of the period. Health Risk Assessment (HRA) completion rates are above the 95-percent range, reflecting high engagement from prospective members. Applications are being received from a variety of sources, including word-of-mouth referrals, online submissions, paper applications, and responses to mailed outreach materials. This mix indicates that awareness of the new product is spreading effectively through multiple channels. Lastly, while AEP remains an important driver of new enrollment, it is important to note that, as an Exclusively Aligned Enrollment (EAE) D-SNP, CenCal can continue to accept eligible enrollments even after the close of AEP.

To support daily monitoring and operational alignment throughout the AEP, the Medicare team has implemented tiered huddles, which brings together key stakeholders across Sales, Enrollment, Member Services, and Clinical Operations. This serves as a central forum to review daily performance metrics, monitor enrollment progress, and address emerging issues in real

time. It also functions as an escalation channel, ensuring that any identified barriers or system challenges are promptly elevated to leadership for timely resolution.

2. CenCal CareConnect Bid Update

CenCal officially began CY 2027 bid development on October 1, marking the launch of CareConnect's next Medicare bid cycle. As part of this effort, the organization is leveraging insights from the recently released CY 2026 Medicare Advantage and Part D Landscape file to conduct a comparative benefit analysis. This analysis will evaluate how competitors are positioning their products, identify gaps and opportunities in the market, and ensure that CenCal Health's benefit design remains both competitive and responsive to member needs. The team is now entering the final phase of the market analysis and will soon present the CY 2027 Bid Roadmap for executive approval. This roadmap will outline key milestones, deliverables, and timeline to guide the full bid development process.

3. D-SNP Roadmap Update

Lastly, the D-SNP Roadmap below provides a high-level view of program implementation, outlining key phases, major milestones, and critical activities necessary for a successful launch. This Roadmap serves as a strategic guide to ensure regulatory readiness, timely system readiness and operational readiness, and is included for reference.

Critical operational systems, RingCentral (New Telephony System), Evolve NXT (Sales Intake), Provider Directory, and modules in QNXT (Core System) and MHK (Care Management) that are required for AEP are now operational.

CenCal Health is approximately nine weeks away from product go-live, with 25 key milestones remaining as the organization advances toward launch. All milestones remain on track for completion within their designated deadlines. Project leadership continues to be highly engaged and vigilant, maintaining close coordination across departments to ensure full readiness for January 1, 2026 launch.

Attachment

1. CenCal Health DSNP Roadmap

Recommendation

This report is informational only, and no action is requested.



**CenCal
CareConnect**



Compliance Report

Date: November 20, 2025

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

Contributors: Krisza Vitocruz, Privacy Officer and Security Director
Puja Shah, Audits, Monitoring, and Oversight Director
Kimberly Wallem, Audits, Monitoring, and Oversight Manager
Allison Bartee, Regulatory Compliance Director

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 the Department of Health Care Services (DHCS) APLs, audits and monitoring, delegation oversight, risk assessment, privacy office, security office, and other Compliance Division updates.

Compliance Program Update

The Compliance Division is responsible for four D-SNP program tactics, which include:

1. D-SNP Knox-Keene License Tactic: Submission and approval of application to materially modify the Plan's Knox-Keene license to include a Medicare line of business.

Status Update: Work on this tactic is complete.

2. D-SNP Application and Operational Readiness Tactic: Establish D-SNP operational readiness requirements and include the following:
 - a. Develop a policy library and requirements crosswalk reflecting Medi-Cal, D-SNP, and NCQA requirements;
 - b. Ensure timely and complete submission of CMS applications for CenCal Health to operate a Medicare line of business;
 - c. Ensure timely and complete submission of the State Medicaid Agency Contract (SMAC);
 - d. Conduct an operational gap analysis of D-SNP requirements; and
 - e. Ensure timely and complete submission of DHCS operational readiness checklists.

Status Update: CenCal Health continues D-SNP policy development work to ensure D-SNP policies are drafted or updated by January 1, 2026. In addition, CenCal Health signed and received a counter-signed CMS contract, which finalizes the Plan's written contracts for the D-SNP Program.

3. D-SNP Compliance Program Tactic: Ensure CenCal Health's Compliance Program meets federal regulatory requirements and addresses any gaps in compliance.

Status Update: The D-SNP Compliance Program Tactic continued to monitor the development of required regulatory reports for CMS. In addition, the Medicare Compliance Manager continued to support work around reviewing D-SNP Member Informing Materials and D-SNP Integrated Materials for submission to DHCS and CMS.

4. D-SNP Audits & First Tier, Downstream, and Related Entities (FDR) Tactic: Ensure CenCal Health's D-SNP audit and monitoring readiness and expand CenCal Health's delegation oversight program to support oversight of first-tier, downstream, and related entities performing delegated health plan functions.

Status Update: The D-SNP Audits & FDR Tactic continued to monitor the development of required audit universes with IT data analytics.

The D-SNP readiness assessment work continued in October to determine whether current D-SNP implementation efforts meet CMS compliance requirements. Compliance is leading this effort in collaboration with ATTAC consulting.

Lastly, the Audits, Monitoring, and Oversight Department collaborated with departmental leaders to determine how to best organize the roles and responsibilities for delegate oversight within CenCal Health.

Corporate Integrity Agreement (CIA)

CenCal Health continued to monitor for any reportable events to the Office of Inspector General (OIG). No reportable events were identified during October.

Department of Health Care Services (DHCS): All Plan Letters (APLs)

For the month of October 2025, DHCS released one (1), revised one (1), and retired zero (0) APLs.

1. 25-015: Medi-Cal Rx Pharmacy Benefits, And Cell And Gene Therapy Coverage
 - Released: 10/02/2025
2. 21-011 Grievance and Appeals Requirements, Notice and "Your Rights" Templates
 - Revised: 10/22/2025

Audits, Monitoring, and Oversight (AMO)

The Audits, Monitoring, and Oversight Department (AMO) is responsible for performing risk assessments and internal audits of CenCal Health's business units and processes, facilitating external audits with regulators, assisting business owners with audit remediation efforts, and conducting oversight of delegated providers. AMO recently hired a candidate to fill the Compliance Auditor (CMS) position, starting in January 2026. AMO is currently looking to fill the Senior Compliance Strategist position.

Risk Assessment and Audit Workplan

In October, audit activities are ongoing for the remaining two (2) workplan items, and all workplan items are on track.

Delegation Oversight

New and Prospective Delegates. AMO is currently engaged in a pre-delegation assessment of one (1) proposed credentialing delegate for the D-SNP line of business: Santa Barbara County of Behavioral Wellness.

Current Delegates. AMO completed the 2025 annual delegate audit of Ventura Transit Systems (VTS) and is overseeing the open corrective action plan (CAP) issued in late July 2025. AMO closed the annual delegate audit of Premier's Stanson Health.

Committee. The Delegation Oversight Committee met for Q32025 on October 20, 2025, and will next convene for Q42025 on January 26, 2026.

Security Office

The Security Office continues to make progress on the 2024-25 Security Work Plan and Roadmap. CenCal Health engaged a third-party vendor to conduct a security assessment of CenCal Health's Microsoft 365 (M356) and Azure environments to ensure responsible and secure adoption of the Microsoft E5 Suite of Products. The Security Office and IT Operations have been working closely to complete this project. Thus far, thirty-four (34) action items have been closed and additional action items are in progress. This body of work is scheduled to be completed by the end of 2025.

In 2024, the Security Office began evaluating various Security Operations Centers (SOC) vendors to strengthen CenCal Health's ability to monitor and respond to cybersecurity threats through 24/7 surveillance coverage and threat detection. The Security Office finalized its contract negotiations with a SOC vendor and implementation of the SOC services will start in Q4 2025.

The Security Office also conducted its annual Security Risk Assessment. The result of the Security Risk Assessment was used to draft the 2026 Road Map which will be presented to the Security Governance Committee for approval on November 20, 2025. The 2026 Security Road Map will include the annual penetration test, annual incident response plan mock exercise, and other work to strengthen the Security Program at CenCal Health.

In October 2025, the Security Team with members of IT leadership team visited the Lightedge Data Center to review security protocols and data center equipment. Security protocols include check-in process and facility access controls. Data center equipment included CenCal Health servers, security devices, back up batteries, and energy sources. The visit included a meeting with Lightedge's Chief Information Security Officer (CISO).

Privacy Office

The Security, Privacy, and Fraud Prevention Offices collaborated to prepare the 2025 Annual Compliance Training which was launched on October 1, 2025. All staff hired prior to January 1, 2025, are required to complete the annual training by November 30, 2025.

Recommendation

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

Information Technology (IT) Board Memo – November 2025

Date: November 20, 2025
To: Board of Directors
From: Darin Moore, Chief Information Officer

Executive Summary

The following information serves as an update to the Board on the ongoing operational and project-oriented priorities of the IT functions within The Plan.

Operational Statistics

Claims:

During October 2025, the Health Plan received 373,078 claims in total, HIPAA Compliant 837I/837P was the source of 88.32% of claims and CenCal Health's Provider Portal was used for 9.87% of claim submissions, Paper submissions accounted for 1.81%. Auto-Adjudication rates for the month were at 95.94%.

Authorizations:

During October 2025, the Health Plan received 32,975 authorization requests in total. 83.82% of total authorizations were entered using CenCal Health's Provider Portal, 4.86% of total requests were part of data transmission from that Plan's Radiology Benefit Manager (RBM). 9.75% of total authorization requests were received via Fax, 1.57% by other sources.

IT Help Desk:

October 2025:

The Service Desk received a total of 2,140 requests during the month of October via the IT Service Desk system related to various systems and services supported by the IT department. During the month, 2,070 total requests were closed.

Below are the average times measured during October 2025 for the Help Desk Team:

Average Response Time: 3.09 Hours

Average Resolution Time: 4.61 Hours

IT Portfolio Planning:

Since the last Board report, four items have been completed. Year-to-date, forty-nine projects in the portfolio have been completed. Currently, the 2025 IT portfolio includes a total of sixty projects.

Eleven projects are underway, all initiated on the planned start date. No projects are scheduled for completion in November but eight are scheduled for completion in December and are all on track.

Planning for the 2026 IT Portfolio began in October. This process is centered on answering three questions: 1) What is the right work to do? 2) How much work can be done? 3) When, how, and by whom can this work be done?

Phone System Replacement Update

In April, the Board approved contracting with RingCentral for a new cloud-based phone system. The implementation of the new phone system was completed in two phases. The first phase to support the D-SNP Annual Enrollment Period and Member Services Call Center was implemented on October 1. The second phase moved all remaining phones to RingCentral and was implemented on November 5. The current Cisco phone system will be decommissioned in December.

RightFax Cloud Migration

CenCal Health has used an on-premise version of the RightFax solution for many years. With the move of the on-premise data center to a co-location facility it was decided that instead of moving the existing RightFax solution to the co-location facility that CenCal Health would transition to a cloud-based version of RightFax. The migration to the cloud-based version was completed in October.

Financial Report for the ten (10) Month Period Ending October 31, 2025

Date: November 20, 2025

To: CenCal Health Board of Directors

From: Kashina Bishop, Chief Financial Officer/Treasurer

Contributors: Amy Sim, Accounting Director

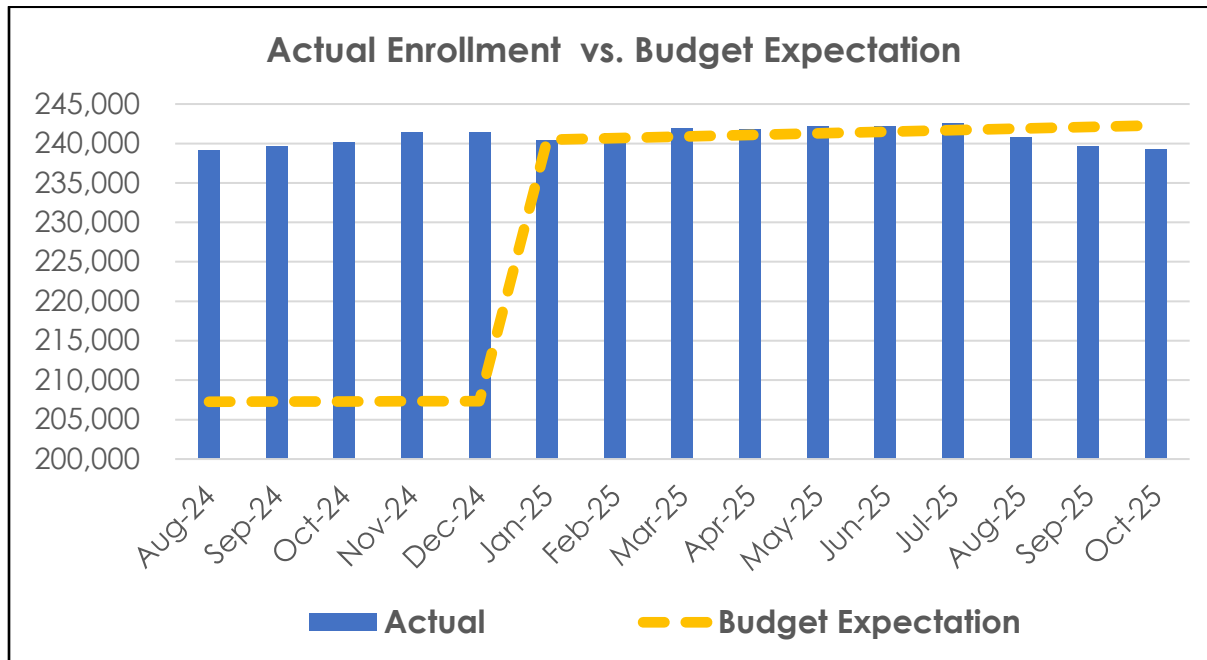
Executive Summary

This memo provides an overview of the health plan's financial performance for the calendar year-to-date (CYTD) through October 31, 2025, and assesses how the plan is aligning with budget expectations. As of the end of October 2025, medical expenses continue to exceed budget projections which is a key area to monitor as we move forward. Administrative costs, on the other hand, are below budget at this stage, though they are expected to rise as the year progresses.

Financial Highlights

- **Net Operating Gain** of \$24.9 million which is \$1.9 million more than the budgeted gain.
- **Net Revenue** is at \$1,024.0 million; over budget by \$23.3 million and 2.3%.
- **Medical Expenses** are at \$929.4 million; over budget by \$32.8 million and 3.7%.
- **Administrative Expenses** are at \$70.0 million; under budget by \$3.2 million and 4.4%.
- **Strategic Investments** are at \$6.5 million; under budget by \$6.2 million and 48.7%.
- **Community Reinvestments** are at \$1.3 million; under budget by \$218,968 and 14.5%
- **Tangible Net Equity (TNE)** is \$327.4 million, representing 775% of the minimum regulatory requirement and 99% of the minimum Board-Designated reserve target.
- **Total Cash and Short-Term Investments** are \$329.0 million. Cash and Short-Term Investments available for operating the health plan is \$300.1 million, representing 117 Days Cash on Hand.
- **Member Enrollment** is at 239,315 for the month of October 2025.

Enrollment Trend YTD



The health plan's enrollment count as of October 2025 is at 239,315 compared to a budget forecast of 242,292. January 1st –October 31st total member months are at 2,416,299 compared to budget expectations of 2,413,861; over budget 0.1%.

Capitation Revenue

Revenue Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Base Capitation Revenue	\$971,330,492	\$959,407,926	\$11,922,566	1.2%
Supplemental Revenue	\$46,345,534	\$41,278,622	\$5,066,912	12.3%
Budgeted Revenue Items	\$1,017,676,026	\$1,000,686,548	\$16,989,478	1.7%
Incentive Revenue	\$4,588,253		\$4,588,253	
Prior Year Revenue Adjustments	\$1,770,112		\$1,770,112	
TOTAL CAPITATION REVENUE	\$1,024,034,391	\$1,000,686,548	\$23,347,843	2.3%

Base capitation is over budget by 1.2% which is close to the budget expectation for October 2025.

Supplemental Revenue [Maternity Deliveries, and visits to American Indian Health Clinics] is over budget by 12.3% mainly due to estimates in expected utilization for maternity submissions.

Overall, actual budgeted revenue exceeds budget expectations by 2.3%.

Medical Expenses

Medical Expense Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Medical Costs + Incentives	\$943,663,085	\$895,853,929	\$47,809,156	5.3%
Reinsurance – net	\$1,458,806	\$749,094	\$709,713	94.7%
Budgeted Medical Items	\$945,121,891	\$896,603,023	\$48,518,869	5.4%
CalAim Incentive Programs	\$3,823,545	-	\$3,823,545	
Prior Year Expense Adjustments:	(\$19,537,098)	-	(\$19,537,098)	
TOTAL MEDICAL COSTS	\$929,408,338	\$896,603,023	\$32,805,316	3.7%

Fee for service medical expense is calculated through a predictive model which examines the timing of claims receipt and claims payments, referred to as “Incurred But Not Paid” (IBNP) and reported as a liability on the balance sheet. This is considered a significant estimate and actual experience may vary as claims are received.

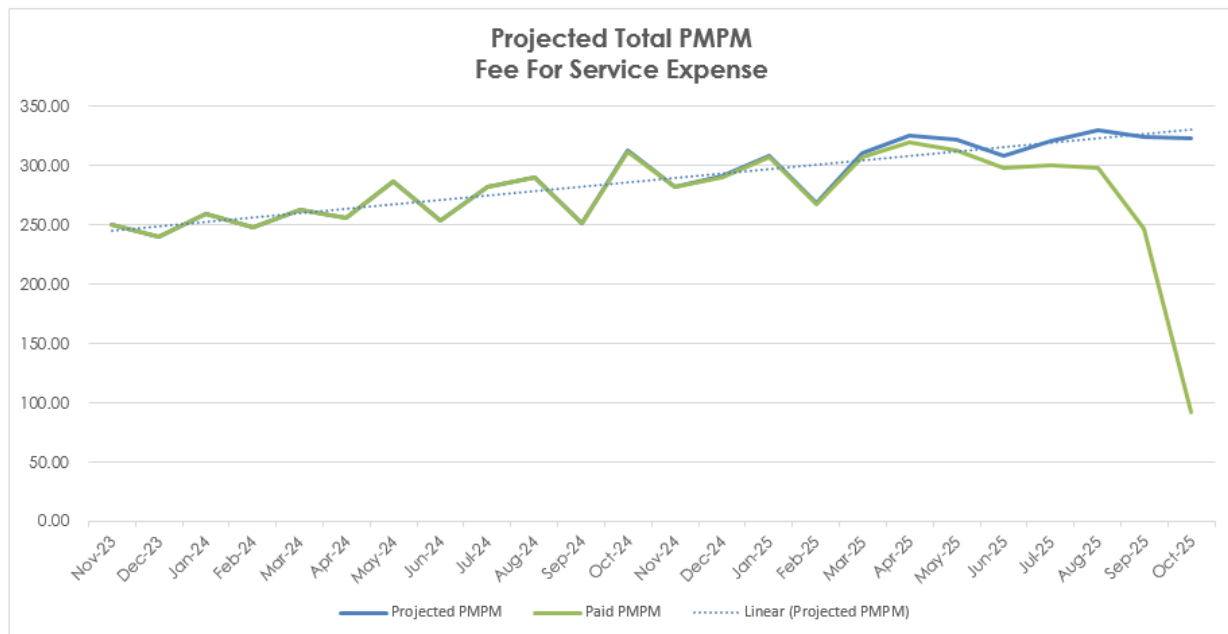
Medical costs, while above budget, have stabilized after months of challenges estimating the monthly cost with key initiatives impacting the IBNP model such as targeted rate increases (TRI) and claim projects. Many of the service categories budget variances are being driven by TRI costs that exceed budget estimates. Service categories in which have sustained budget variances, unrelated to TRI, are as follows:

- **Outpatient Facility** – the costs are being driven by contractual changes that carved out infusion drugs paid on a medical claim from a capitation arrangement. These costs were being reimbursed to a provider for a limited period of time through the State’s Pharmacy Rx program. As they were not contemplated in the capitation agreement, CenCal Health began paying claims for the costs at the end of 2024.
- **Mental Health** – budget variances are due to increased utilization of services; there has been an almost 14% increase in visits per month.
- **Enhanced Care Management** - utilization of ECM continues to exceed the financial forecasts, which can also impact other categories as members get engaged in the health care system. CenCal Health is currently engaged with an outside consultant to assess the impact of Enhanced Care Management (ECM).

In addition, there is a risk corridor for ECM, so the financial risk is offset by estimated revenue.

The high-level trends, on a per member per month (PMPM) basis, based on the current IBNP estimate is as follows:

All Categories of Service



Administrative Expenses

Administrative Expenses are at \$70.0 million and under budget by \$3.2 million and 4.4% primarily driven by:

- Salaries and wages are over budget due to the timing of a non-recurring payroll accrual. In addition, the budgeted vacancy rate was 6% but the actual rate is currently around 8.0%.
- Fringe benefits are under budget mainly due to the timing of staff recruitment.
- Contract Services are under budget due to the timing of services needed.
- Rent and Occupancy is lower than budget expectations mainly due to building repairs and maintenance costs and other occupancy costs. 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 timing of computer maintenance, printing expenses and software subscriptions.

- Member, provider, and community expenses are under budget due to the timing of marketing, member materials, and provider recruitment events.
- Other Expenses are under budget due to the timing of board fees, depreciation and meeting expenses.

Strategic Investments

Calendar year-to-date Strategic Investments, which include expenditures associated with start-up costs for launching a Medicare Dual Special Needs Program (D-SNP) and investments in technology infrastructure solutions, as of October 31, 2025, YTD actual is at \$6.5 million compared to the budget forecast of \$12.7 million. The budget variance is primarily due to timing of recruitment of new positions and vendor expenses occurring later in the year.

Community Reinvestment

Community Reinvestments support programs and initiatives administered by community partners to benefit our members and to demonstrate a commitment to the local community. As of October 31, 2025, YTD actual is \$1.3 million compared to the budget forecast of \$1.5 million. In addition to ongoing community commitments, CenCal Health includes an additional estimate of the regulatory required amount which fluctuates based on net income.

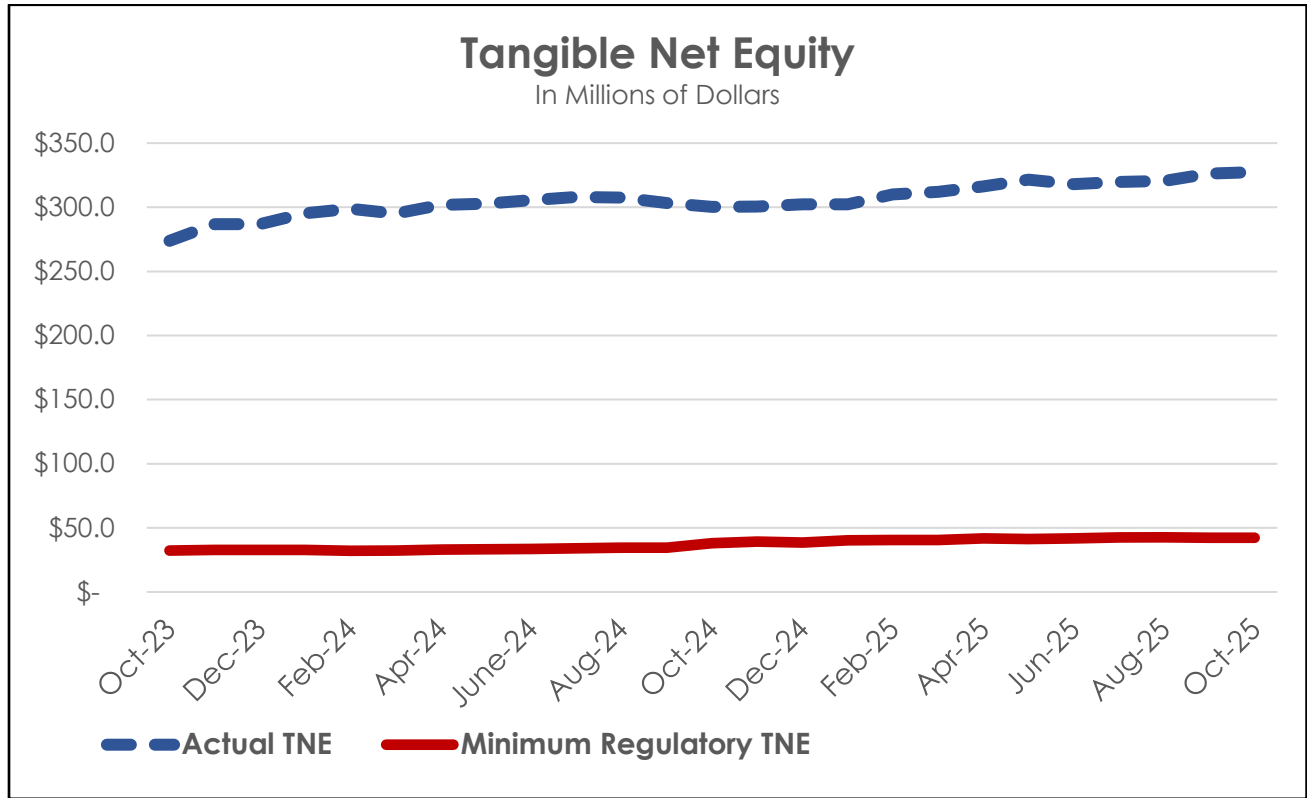
Interest Income

Calendar YTD Interest Income is exceeding budget expectations primarily due to current market interest rates being earned are greater than budget assumption.

Tangible Net Equity (TNE)

As of October 2025, TNE is \$327.4 million. This level represents 775% of the Regulatory Minimum TNE level (\$42.3 million) and 99% of the Board-Designated reserve target. The Board of Director's approved the Board-Designated Reserve policy which establishes a target at three times the monthly operating expense to ensure long-term solvency.

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 2025

Total Cash Received is at \$101.2 million.

Total Cash Disbursements is at \$122.1 million.

Accrued and Earned Interest Income is at \$1.2 million.

CenCal Health

Finance Statements and Other Information

For the ten (10) month period ending October 31, 2025

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Calendar Year-to-Date (YTD) Income Statement	3
Current Month Income Statement	4
 Supplemental Financial Information:	
YTD Administrative Expenses by Category	5
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Notes to the Financial Statements	7

CenCal Health

Balance Sheet As of October 31, 2025

Assets

Cash and cash equivalents	\$	328,971,407
Accounts receivable:		
DHCS capitation and other		741,363,752
Reinsurance and other recoveries		2,561,585
Interest and other		9,018,661
Total accounts receivable		752,943,998
Prepaid expenses		4,857,701
Capital assets-net		26,261,018
Certificate of deposit - DMHC assigned		300,000
Deposits and other assets		17,800,967
Total Assets	\$	1,131,135,091

Liabilities and Net Assets

Medical claims payable and incentives	\$	109,431,470
Accounts payable, accrued salaries and expenses		19,902,572
Accrued DHCS revenue recoups-MLRs		12,538,511
Accrued DHCS directed payments		623,473,883
Accrued MCO Tax		-
Unfunded pension liability - CalPERS		8,278,632
Other accrued liabilities		30,078,036
Net Assets - Tangible Net Equity		327,431,987
Less capital assets-net		(26,261,018)
Available reserves	\$	301,170,969
Board-Designated reserve target		304,535,116
Excess Reserves	\$	(3,364,147) *

Total Liabilities and Net Assets **\$ 1,131,135,091**

* Excess reserves up to \$25 million Board-designated for the D-SNP Program start up.

CenCal Health

Income Statement

For the ten (10) month period ending October 31, 2025

	Actual \$	Budget \$	Variance \$	%
Operating Revenues:				
Capitation	\$ 1,738,213,668	\$ 1,000,686,548	\$ 737,527,120	73.7%
Directed Payments/Pass-throughs	(375,592,111)	-	(375,592,111)	0.0%
MCO Tax Expense	(338,587,166)	-	(338,587,166)	0.0%
Total Net Income	\$ 1,024,034,392	\$ 1,000,686,548	\$ 23,347,843	2.3%
Medical Expenses:				
Provider capitation	\$ 145,654,645	\$ 147,385,694	\$ (1,731,050)	-1.2%
FFS-Inpatient Hospital	169,130,412	171,517,619	(2,387,206)	-1.4%
FFS-Outpatient Facility	73,778,844	61,549,207	12,229,637	19.9%
FFS-Emergency Room	11,217,910	10,438,465	779,444	7.5%
FFS-Long Term Care	141,608,528	142,021,023	(412,495)	-0.3%
FFS-Physician Primary Care	28,307,355	21,013,754	7,293,601	34.7%
FFS-Physician Specialty	110,030,286	114,627,277	(4,596,991)	-4.0%
FFS-FQHC/AIHC	24,904,162	23,426,498	1,477,664	6.3%
FFS-Other Medical Professional	26,066,113	21,772,777	4,293,336	19.7%
FFS-Mental Health (Outpatient)	34,767,132	30,018,038	4,749,094	15.8%
FFS-BHT Services	29,275,183	28,073,157	1,202,026	4.3%
FFS-Laboratory & Radiology	14,705,614	12,587,174	2,118,440	16.8%
FFS-Transportation	6,039,035	5,550,695	488,340	8.8%
FFS-CBAS	3,053,488	1,671,328	1,382,160	82.7%
FFS-Hospice	8,552,916	5,828,582	2,724,334	46.7%
FFS-Community Supports	38,141,175	37,867,712	273,463	0.7%
FFS-ECM (Community-Based)	20,757,658	9,592,950	11,164,708	116.4%
FFS-HCBS Other	4,290,062	4,931,130	(641,068)	-13.0%
FFS All Other Health Care Services	16,321,511	16,465,123	(143,612)	-0.9%
Incentives	18,917,767	14,308,201	4,609,566	32.2%
Prop 56 Add-Ons	11,228,527	6,632,354	4,596,172	69.3%
Healthcare Quality Improvement	11,093,385	11,904,492	(811,107)	-6.8%
Change to prior year estimate	(19,537,098)	-	(19,537,098)	
Other Health Care Related Expense	1,103,729	(2,580,228)	3,683,957	-142.8%
Total Cost of Healthcare	\$ 929,408,339	\$ 896,603,023	\$ 32,805,316	3.7%
Operating Expenses:				
Administrative expenses	\$ 69,983,290	\$ 73,224,213	\$ (3,240,924)	-4.4%
Community Reinvestment	1,289,332	1,508,300	(218,968)	-14.5%
Strategic investments	6,514,134	12,686,708	(6,172,574)	-48.7%
Total Operating Expense	\$ 77,786,756	\$ 87,419,221	\$ (9,632,465)	-11.0%
Interest income	7,936,796	5,580,185	2,356,611	42.2%
Realized gain (loss)	-	666,667	(666,667)	-100.0%
Non-Operating expense/income	32,910	-	32,910	
Unrealized gain (loss)	44,246	-	44,246	0.0%
Operating Gain (Loss)	\$ 24,853,249	\$ 22,911,156	\$ 1,942,093	8.5%
MLR	90.8%			
ACR	6.8%			

CenCal Health

Income Statement

For the month of October 2025

	Actual \$
Operating Revenues:	
Capitation	\$ 141,630,613
Directed Payments/Pass-throughs	(38,556,590)
MCO Tax Revenue	50,822
	<u>\$ 103,124,845</u>
Medical Expenses:	
PCP capitation	\$ 14,374,762
FFS-Inpatient Hospital	13,231,101
FFS-Outpatient Facility	9,575,587
FFS-Emergency Room	1,180,112
FFS-Long Term Care	15,145,937
FFS-Physician Primary Care	2,858,143
FFS-Physician Specialty	10,266,935
FFS-FQHC/AIHC	2,664,798
FFS-Other Medical Professional	2,619,072
FFS-Mental Health (Outpatient)	3,969,876
FFS-BHT Services	3,060,536
FFS-Laboratory & Radiology	1,633,157
FFS-Transportation	561,949
FFS-CBAS	383,253
FFS-Hospice	152,380
FFS-Community Supports	4,029,708
FFS-ECM (Community-Based)	3,208,310
FFS-HCBS Other	511,303
FFS All Other Health Care Services	1,773,715
Incentives	1,185,792
Prop 56 Add-Ons	1,118,716
Healthcare Quality Improvement	1,077,735
Change to prior year estimate	(1,703,413)
Other Health Care Related Expense	455,728
	<u>\$ 93,335,191</u>
Operating Expenses:	
Administrative expenses	\$ 8,301,368
Community Reinvestment	(229,767)
Strategic investments	1,095,525
	<u>\$ 9,167,126</u>
Interest income	784,062
Realized gain (loss)	-
Non-Operating Income (income/expense)	3,681
Unrealized gain (loss)	(225,224)
Operating Gain (Loss)	\$ 1,185,046

CenCal Health

Administrative Expenses by Category

For the ten (10) month period ending October 31, 2025

	Actual \$	Budget \$	Variance \$	%
Salaries & wages	\$ 42,637,192	\$ 41,104,960	\$ 1,532,232	3.7%
Fringe benefits	16,072,749	17,570,788	(1,498,039)	-8.5%
Contract services	9,431,197	9,687,236	(256,039)	-2.6%
Travel expenses	186,217	355,192	(168,976)	-47.6%
Rent & occupancy	1,247,728	1,741,930	(494,202)	-28.4%
Supplies & equipment	7,958,717	9,891,478	(1,932,761)	-19.5%
Insurance	1,162,196	1,555,800	(393,604)	-25.3%
Depreciation expense	1,736,570	2,246,700	(510,130)	-22.7%
Member/Provider/Community Expenses	98,867	334,600	(235,733)	-70.5%
Licenses/Dues/Subscriptions	417,287	422,004	(4,717)	-1.1%
All Other expenses	127,955	218,017	(90,062)	-41.3%
Admin to Medical Reclass	(11,093,385)	(11,904,492)	811,107	-6.8%
Total Administrative Expenses	\$ 69,983,289	\$ 73,224,213	\$ (3,240,924)	-4.4%

CenCal Health

Tangible Net Equity (TNE)

As of October 31, 2025

Actual TNE (from the Balance Sheet)	\$ 327,431,987
Tangible Net Equity - DMHC minimum regulatory	42,273,456
TNE - excess (deficiency)	\$ 285,158,531
Pct. Actual TNE of the Regulatory Minimum	775%

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

CenCal Health

Notes to the Financials Statements

As of October 31, 2025

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 reported 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, 2025, 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 \$8,278,632 based on current estimates.

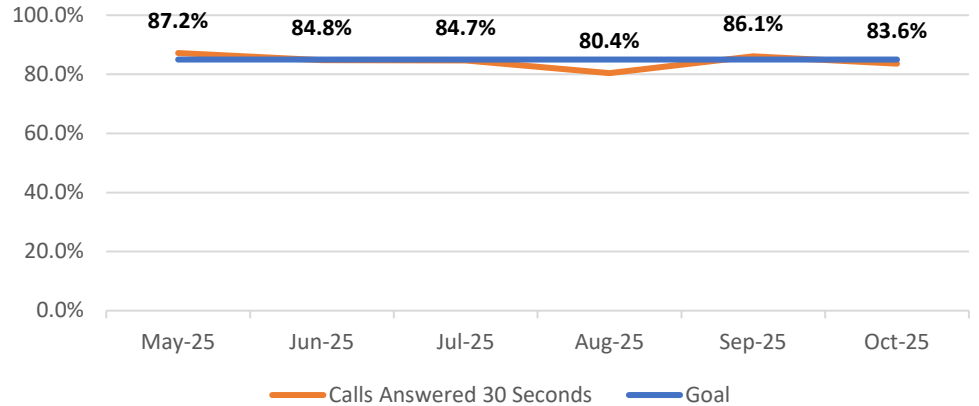
CENCAL HEALTH

PROVIDER CUSTOMER SERVICE METRICS

Analysis:
Goal: 85%
Result: 83.6%

Performance continues to trend just below goal, with consistency is meeting goal a continued focus.

Calls Answered Within 30 Seconds

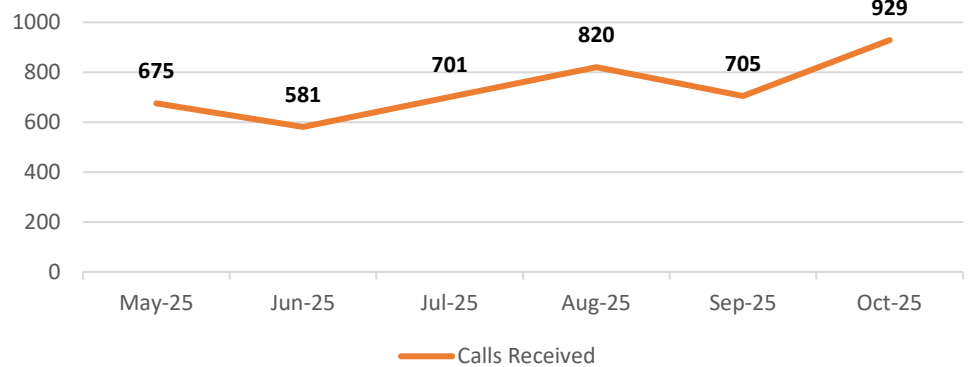


May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
87.2%	84.8%	84.7%	80.4%	86.1%	83.6%

Analysis:
September 2025 Calls Received: 929

Call volume to Provider Services increased during the month of October with the majority of calls continuing to be about CenCal CareConnect recruitment efforts.

Provider Services Calls Received

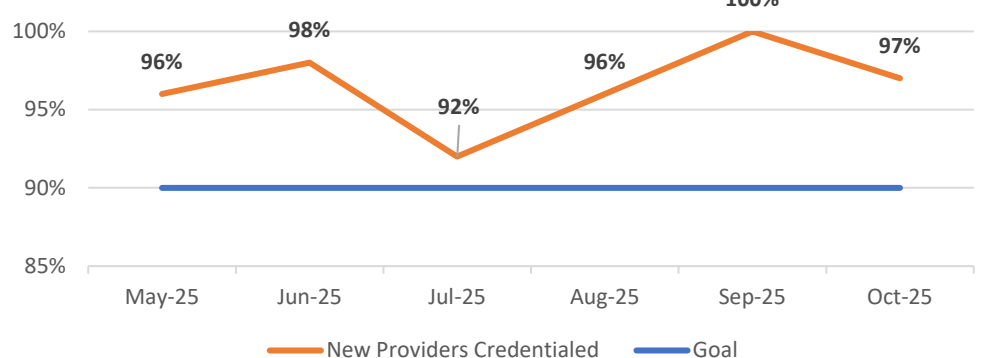


May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
675	581	701	820	705	929

Analysis:
Goal: 90%
Results: 97%

68 providers were credentialed in October within 90 days. 66 were timely and 2 were past due to required PRCC review/approval.

Percentage of New Providers Credentialed Within 90 Days



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
96%	98%	92%	96%	100%	97%

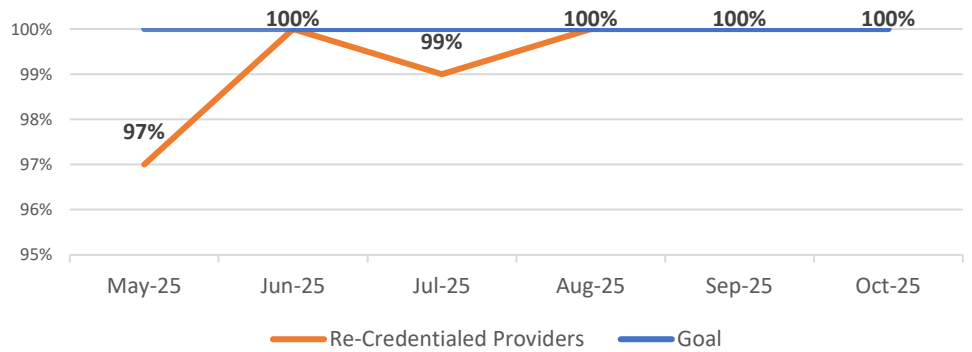
CENCAL HEALTH

PROVIDER SERVICES STATISTICS

Analysis:
Goal: 100%
Results: 100%

138 providers were due to be recredentialed in October. All qualifying providers were recredentialed on or before the required due date.

Percentage of Providers Recredentialed by Due Date (36 Months)

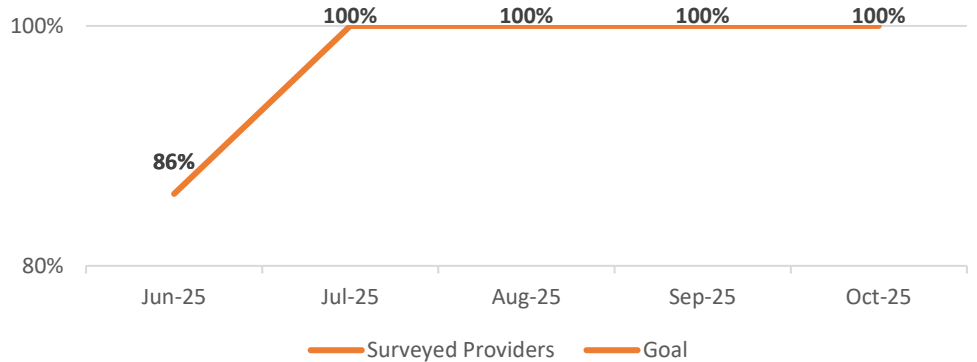


May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
97%	100%	99%	100%	100%	100%

Analysis:
Goal: 95%
Results: 100%

All providers who returned post visit satisfaction surveys in October stated that they would recommend CenCal Health to their peers.

Percentage of Providers Who Would Recommend CenCal Health



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
100%	86%	100%	100%	100%	100%

CENCAL HEALTH - CALENDAR 2025

CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: OCTOBER 2025 – SBHI & SLOHI

Reporting period:

October 2025 – Calendar 2025

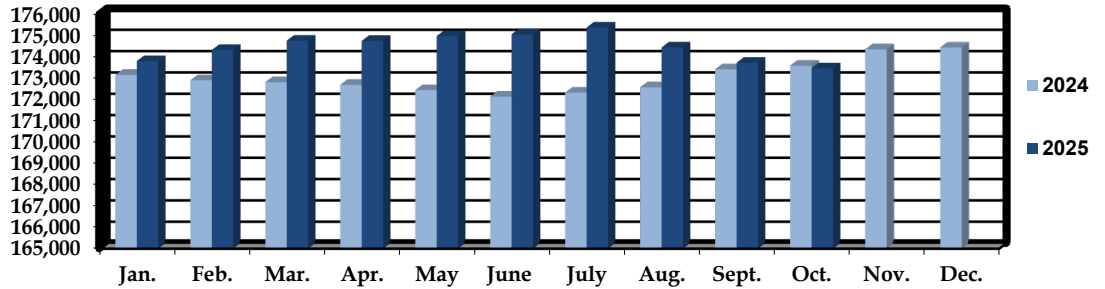
SBHI Monthly Enrollment 2025

October 2025 = 173,452

Membership decreased by a net **-263** members when compared to last month.

New members for October = **1,742**

SBHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2024 Members	173,144	172,890	172,801	172,680	172,430	172,127	172,315	172,560	173,404	173,575	174,343	174,427
2025 Members	173,790	174,314	174,749	174,741	174,966	175,049	175,366	174,432	173,715	173,452		

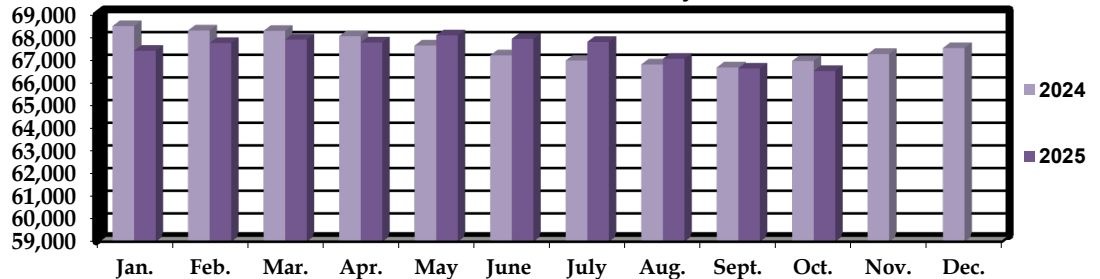
SLOHI Monthly Enrollment 2025

October 2025 = 66,530

Membership decreased by a net **-108** members when compared to last month.

New members for October = **899**

SLOHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2024 Members	68,508	68,316	68,302	68,064	67,654	67,218	66,992	66,816	66,687	66,917	67,275	67,542
2025 Members	67,420	67,766	67,918	67,788	68,102	67,950	67,814	67,072	66,638	66,530		

CENCAL HEALTH

CLAIMS OPERATIONS STATISTICS

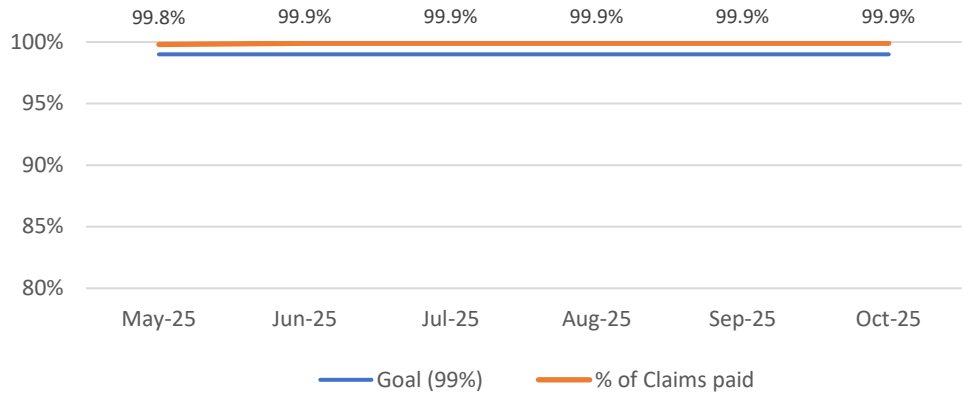
Analysis:

Goal: 99%
Result: **99.9%**

The Turn-Around-Time (Percentage of Claims Paid) is a regulatory requirement with a standard of 99%.

Results are consistently above this level.

Percentage of Claims Paid Within 90 Days



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
99.8%	99.9%	99.9%	99.9%	99.9%	99.9%

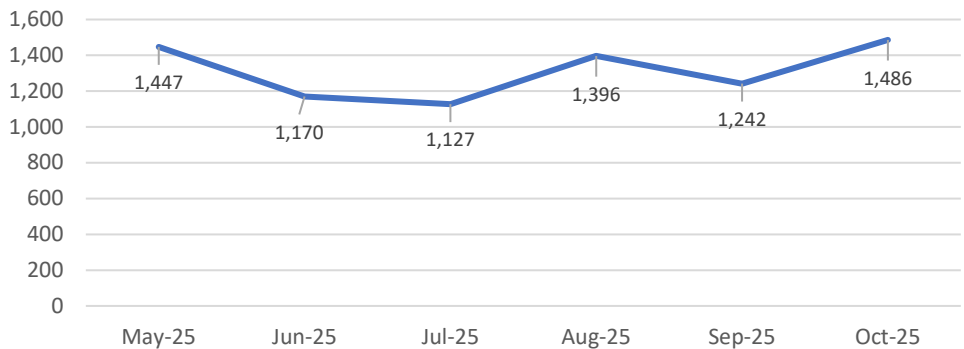
Analysis:

Claims Paid per 1,000 Members is to compare payments per month normalized with the total membership to account for claims and membership fluctuations.

Result: **1,486** claims paid per 1,000 members trends within the normal range.

The apparent elevated rate in May and August is due to 5 EOP cycles every 3rd month compared to 4 cycles the other months.

Claims Paid per 1,000 Members



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
1,447	1,170	1,127	1,396	1,242	1,486

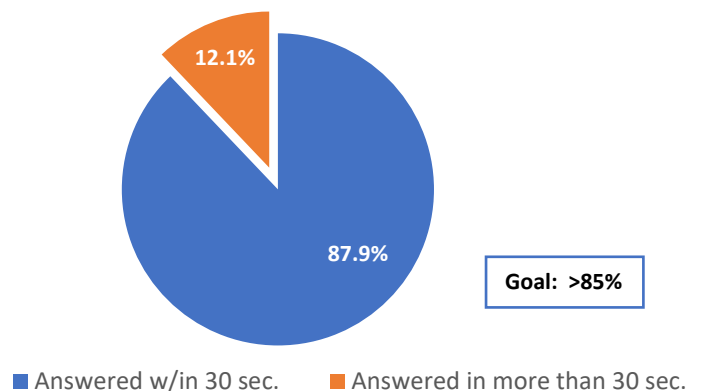
Analysis:

Goal: 85%
Result: **87.9%**

The current performance is above goal.

The calls not answered in 30 seconds were isolated during peak call times. These calls were eventually answered since Abandonment Rates remain low, even during the peak periods.

Percentage of Calls Answered Within 30 Seconds



CENCAL HEALTH

CLAIMS OPERATIONS STATISTICS

Analysis:

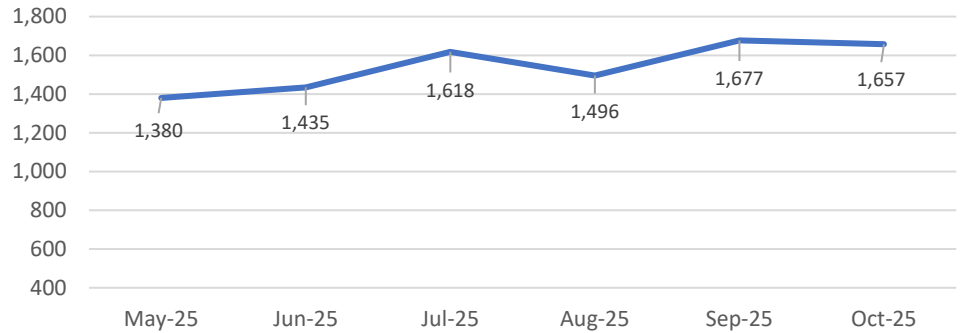
Calls Received: **1,657**

Total Calls received has trended up, but remains within normal range.

Claim status remains the top reason for calls, though a variety of self service options are available providers prefer to call.

The increase may be due to call back as the team was doing outreach and these produce call backs.

Total Calls Received



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
1,380	1,435	1,618	1,496	1,677	1,657

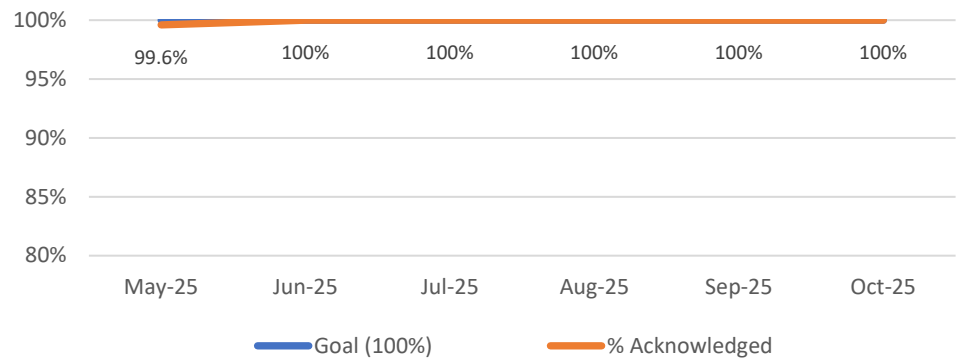
Analysis:

Goal: 100%

Result: **100%**

The disputes acknowledged in 15 working days is a regulatory requirement.

Disputes Acknowledged within 15 Working Days



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
99.6%	100%	100%	100%	100%	100%

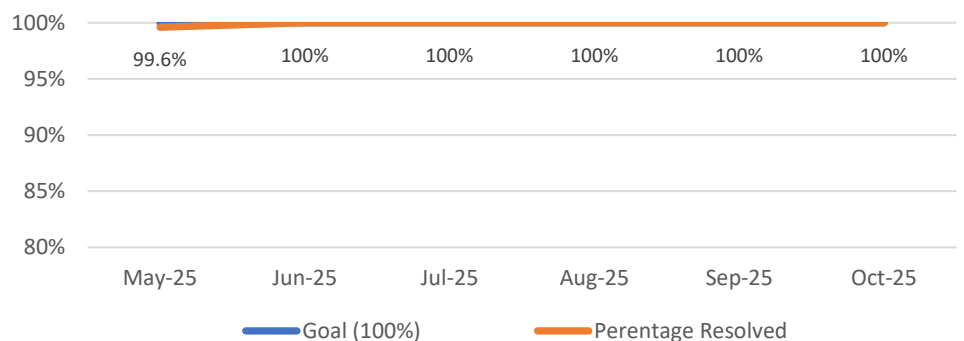
Analysis:

Goal: 100%

Result: **100%**

The disputes resolved in 45 working days is a regulatory requirement.

Disputes Resolved within 45 Working Days



May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025
99.6%	100%	100%	100%	100%	100%