

# CenCal CareConnect

## Maximizing Clinical Quality Provider Incentives in Improving CareConnect D-SNP Member Health Outcomes

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Course 7



# Meeting Housekeeping



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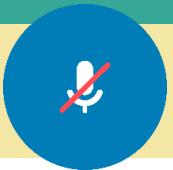
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# Agenda

- Understanding Medicare D-SNP & Member Eligibility
- Medicare Star Ratings
- Quality Incentives: Program Overview & 2026 Enhanced Measures
- Q&A Session

# Presenters & Expert Panel



**Dawn Bryant**

Provider Network  
Development Specialist



**Andrea Lynn Darough**

Population Health  
Specialist



**Katrina Brent**

Medicare STARS  
Program Manager

**CenCal  
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# Introduction to Dually Eligible Beneficiaries

## Dually Eligible Definition

- Members with both Medicare and Medi-Cal are often referred to as “Dually Eligible Beneficiaries.”

CenCal Health currently covers Medi-Cal benefits for dually eligible beneficiaries in both Santa Barbara and San Luis Obispo counties. Members with Medicare and Medi-Cal already receive Medi-Cal covered services through CenCal Health.

Today, CenCal Health **covers nearly 23,000 duals** through Medi-Cal.

### **Santa Barbara County**

Approximately 15,000

### **San Luis Obispo County**

Approximately 8,000



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# Dually Eligible Individuals: The Basics

Individuals that qualify for both Medicare and Medi-Cal will be eligible for D-SNP

## Medicare Eligibility Criteria

*Federal health insurance program*

Age 65 or older

**OR**

Under age 65 with a disability such as:

- Intellectual/Development disabilities
- Cognitive disabilities
- Physical disabilities
- Behavioral health needs
- Chronic medical conditions

**OR**

Any age with End-Stage Renal Disease

## Medi-Cal Eligibility Criteria

*State health insurance program*

Meet income and asset requirements  
(varies by eligibility group and state)

**AND**

Member of eligible group

- Adults with disabilities
- Older adults
- Children and families
- People who are pregnant
- Other

# Dual eligible members will not be automatically enrolled in CenCal Health's D-SNP Plan.

Dual Members will participate in Medicare Open Enrollment beginning in October 2025.

## Members will choose between:

- CenCal Health's D-SNP
- Original Medicare and CenCal Health
- Medicare Advantage plan and CenCal Health



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# Eligibility Overview

- Open Enrollment for Members starts October 2025
- Plan Effective Date 1/1/26
- Members will be allowed to enroll/disenroll each month
- Provider portal and member cards will reflect CenCal CareConnect



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(HMO D-SNP)

**Member Name:** Jane Doe  
**Member ID:** 10000000CC  
**Care Management Phone:** 1-877-814-1861  
**PCP Group/Name:** Dr. Jones  
**PCP Phone:** 1-805-555-3000

**MEMBER CANNOT BE CHARGED**  
**Copays: PCP/Specialist:** \$0 **ER:** \$0

**H7620-001**

**Medicare<sup>Rx</sup>**  
Prescription Drug Coverage  
**RxBIN:** 015574  
**RxPCN:** ASPROD1  
**RxGRP:** CEN10

**In case of emergency, call 9-1-1 or go to the nearest emergency room.**  
**Member Services:** 1-877-814-1861 (TTY: CA Relay at 711)  
**Behavioral Health:** 1-877-814-1861  
**Nurse Advice Line 24/7:** 1-800-524-5222  
**Pharmacy Help Desk & Customer Service 24/7:** 1-833-726-0676  
**Website:** [www.cencalhealth.org/careconnect](http://www.cencalhealth.org/careconnect)

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**Send Claims to:**

<b>Medical:</b> CenCal CareConnect P.O. Box 948 Goleta, CA 93116 <a href="http://www.cencalhealth.org/providers/claims">www.cencalhealth.org/providers/claims</a>	<b>Pharmacy:</b> MedImpact Healthcare Systems, Inc. P.O. Box 509108 San Diego, CA 92150-9108 Fax: 1-858-549-1569 E-mail: <a href="mailto:Claims@MedImpact.com">Claims@MedImpact.com</a>
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# Benefits of a D-SNP Program

- 1 Integrated Medicare & Medicaid Coverage
- 2 Valuable Supplemental Benefits
- 3 Comprehensive Prescription Drug Coverage
- 4 Access to Community Support Services
- 5 Coordinated Care Management



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# Integrated Medicare & Medi-Cal Coverage

- Streamlined coverage through one plan with one card
- Aligns with Medi-Cal, reducing costs for services Medicare alone doesn't fully cover.
- Improved payment coordination (one claim for most Providers)
- Integrated Grievances and Appeals
- Comprehensive Network, including over 43 Provider and Facility Types
- Local Assistance & Benefit Streamlining
- One call center to meet Member needs
- Ability to continue seeing members who choose to participate in CenCal Health's D-SNP plan



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# Valuable Supplemental Benefits



## **Vision**

Coverage includes 1 visit per year, plus an allowance for frames and lenses or contact lenses

## **Hearing**

Coverage includes 1 visit per year, hearing aid devices and fitting/evaluation

## **Flexible Spending Card**

Quarterly flex spending allowance on Over-the-Counter products

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# Access to Additional Services

- 1 Transportation
- 2 Language Assistance Services
- 3 Medically Tailored Meals
- 4 Housing Services
- 5 Environmental Accessibility Adaptions (Home Modifications)
- 6 And so much more!



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# STARs/QCIP (PCPs)

*The Medicare Star Ratings & QCIP both aim to improve healthcare quality.*

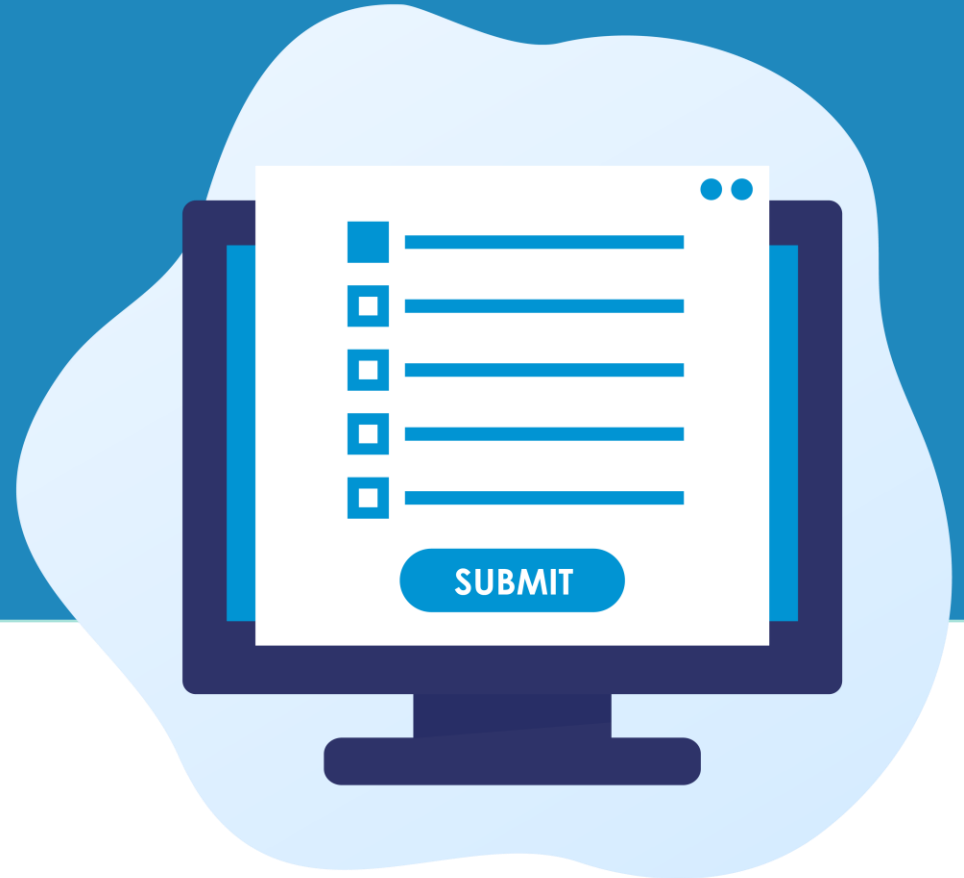
## Benefits of National Quality Standards in Healthcare:

- **Standardized Excellence:**  
Establishes a national benchmark for delivering high-quality, consistent care.
- **Improved Care Delivery:**  
Encourages evidence-based practices aligned with established clinical guidelines.
- **Better Health Outcomes:**  
Supports preventive care and early intervention, reducing complications and hospitalizations.
- **Higher Patient Satisfaction:**  
Ensures a reliable and engaging care experience, building patient trust and confidence.

# Poll Question:

## How knowledgeable are you on Medicare Star Ratings ?

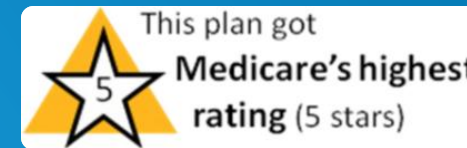
- **Very knowledgeable** (I know the measures and how I impact them.)
- **Knowledgeable** (I know some of the measures and some ways to impact them.)
- **Somewhat knowledgeable** (I know a few measures.)
- **These are new to me**



# Medicare Star Ratings

- **CMS publishes Medicare Star Ratings each year to:**
  - Measure the quality of health and prescription drug services received by enrollees in Medicare plans
  - Help people with Medicare and their caregivers compare Medicare plans to make informed health care decisions
  - Determine Medicare plan Quality Bonus Payments
- **CMS uses a 5 Star rating scale**
- **Ratings appear on Medicare Plan Finder**

Rating	Description
★★★★★	Excellent
★★★★☆	Above Average
★★★☆☆	Average
★★☆☆☆	Below Average
★☆☆☆☆	Poor



# Medicare Stars Measures (MY2026/SY2028\*)

★ Breast Cancer Screening \$	★ Colorectal Cancer Screening \$	★ Care for Older Adults – Medication Review	★ Osteoporosis Management in Women who had Fracture \$	★ Diabetes Care – Eye Exam \$	★★★ Diabetes Care – Blood Sugar Controlled	★ Kidney Health Evaluation for Patients with Diabetes \$	★★★ Controlling Blood Pressure	★★★ Plan All-Cause Readmissions
★ Statin Therapy for Patients with Cardiovascular Disease \$	★ Transitions of Care	★ Follow-up after Emergency Room Visit	★ Care for Older Adults– Functional Status Assessment	★★★ Improving or Maintaining Physical Health	★★★ Improving or Maintaining Mental Health	★ Monitoring Physical Activity	★ Reducing the Risk of Falling	★ Improving Bladder Control
★ Annual Flu Vaccine \$	★★ Getting Needed Care \$	★★ Getting Appointments and Care Quickly \$	★★ Customer Service	★★ Rating of Health Care Quality \$	★★ Rating of Health Plan	★★ Care Coordination	★★ Complaints about the Health Plan	★★ Members Choosing to Leave the Plan
★★★★★ Health Plan Quality Improvement	★ Special Needs Plan (SNP) Care Management	★★ Plan Makes Timely Decisions about Appeals	★★ Reviewing Appeals Decisions	★★ Call Center – Foreign Language Interpreter and TTY Availability	★★ Call Center – Foreign Language Interpreter and TTY Availability	★★ Complaints about the Drug Plan	★★ Members Choosing to Leave the Plan	★★★★★ Drug Plan Quality Improvement
★★ Rating of Drug Plan	★★ Getting Needed Prescription Drugs	★ MPF Price Accuracy	★ Medication Adherence for Diabetes Medications \$	★ Med Adherence for Hypertension (RAS antagonists) \$	★ Medication Adherence for Cholesterol (Statins) \$	★ Statin Use in Persons with Diabetes	★ Concurrent Use of Opioids and Benzodiazepines	★ Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults

Part D Measures

## Measure Source Key:

HEDIS©	Admin
HOS	Improvement
CAHPS	Pharmacy

QCIP Measure: \$

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# Medicare Stars Measures (MY2026/SY2028\*)

★ Breast Cancer Screening \$	★ Colorectal Cancer Screening \$	★ Care for Older Adults – Medication Review	★ Osteoporosis Management in Women who had Fracture \$	★ Diabetes Care – Eye Exam \$	★★★ Diabetes Care – Blood Sugar Controlled	★ Kidney Health Evaluation for Patients with Diabetes \$	★★★ Controlling Blood Pressure	★★★ Plan All-Cause Readmissions
★ Statin Therapy for Patients with Cardiovascular Disease \$	★ Transitions of Care	★ Follow-up after Emergency Room Visit	★ Care for Older Adults– Functional Status Assessment	★★★ Improving or Maintaining Physical Health	★★★ Improving or Maintaining Mental Health	★ Monitoring Physical Activity	★ Reducing the Risk of Falling	★ Improving Bladder Control
★ Annual Flu Vaccine \$	★★ Getting Needed Care \$	★★ Getting Appointments and Care Quickly \$	★★	★★ Rating of Health Care Quality \$	★★	★★ Care Coordination	★★	★★
★★★★★ Health Plan Quality Improvement	★	★★	★★	★★	★★	★★	★★	★★★★★ Drug Plan Quality Improvement
★★ Rating of Drug Plan	★★ Getting Needed Prescription Drugs	★ MPF Price Accuracy	★ Medication Adherence for Diabetes Medications \$	★ Med Adherence for Hypertension (RAS antagonists) \$	★ Medication Adherence for Cholesterol (Statins) \$	★ Statin Use in Persons with Diabetes	★ Concurrent Use of Opioids and Benzodiazepines	★ Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults

Part D Measures

## Measure Source Key:

HEDIS©	Admin
HOS	Improvement
CAHPS	Pharmacy

QCIP Measure: \$

PCPs are Key!

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# Importance of Regular Health Assessments

- **Annual Assessments:**
  - Health Risk Assessment
  - Blood Pressure Checks
  - Functional Status Assessments
  - Medication Reviews
  - Social Need Screening
  - Depression Screening
  - Unhealthy Alcohol Use Screening
  - Tobacco Use Screening
- **Preventative Screenings**
  - Mammograms
  - Colorectal Cancer Screenings
  - Bone Density Scans
- **Diabetic Patients**
  - Glycemic Status Assessments
  - Retinal Exams
  - Kidney Health Evaluations (eGFR and uACR)

# Understanding Quality Incentives



# Quality Care Incentive Program

*Launched in March 2022 to strengthen quality of care for CenCal Health members.*

- **Direct Rewards:** Incentive payments for Primary Care Providers (PCPs) who meet evidence-based care standards.
- **Trusted Standards:** Measures aligns with industry standard quality measurement methodology (NCQA HEDIS and CMS Technical Specifications).
- **Focus Areas:** Preventive health services, screenings, and chronic condition management.
- **Sustained Partnership:** Success relies on ongoing collaboration and long-term provider engagement.

QCIP rewards **quality care** and streamlines delivery to support timely, evidence-based services.



**NCQA:** National Committee for Quality Assurance

**HEDIS:** Healthcare Effectiveness Data and Information Set

**CMS:** Centers for Medicare and Medicaid Services

# QCIP Standards of Care

In alignment with regulatory contract provisions, CenCal Health covers and ensures preventive and medically necessary diagnostic and treatment services for adult and pediatric members as recommended by:

- U.S. Preventive Services Task Force (USPSTF) A&B Recommendations
- Advisory Committee on Immunization Practices (ACIP) from the Centers for Disease Control (CDC)
- The Bright Futures Periodicity Schedule from the American Academy of Pediatrics (AAP)
- The American College of Cardiology and The American Heart Association
- The American Diabetes Association

# QCIP Key Features

- **Real-Time Scoring:** Quality scores are based on real-time claims data and supplemental data sources (e.g., immunization registry, Department of Health Care Services data)
- **Holistic Rewards:** Performance across all measures by clinic drives incentive payments.
- **Peer Benchmarking:** Providers are ranked by overall performance among their peers.

QCIP is designed to integrate into your existing workflows with minimal disruption — *rewarding the great work you're already doing!*

# Performance Measurement

- **Performance calculations are processed monthly** and made available through the **Provider Portal** (option to also receive this data through an SFTP in addition to being posted on the Provider Portal). Incentive payments distributed quarterly.
- **Measurement calculation uses NCQA-certified software** to compute how often the clinical standard of care was met.
- **Requires no manual data entry.** Note that CenCal Health does incorporate supplemental data not processed via claims. Examples include: registry data and EMR data files.
- **The overall performance summary quality scores are based on performance for all measures combined.**

# QCIP Measures



# Current Measures encompass six domains:

1. Behavioral Health

2. Cardiac Care

3. Diabetes Care

4. Pediatric Care

5. Respiratory Care

6. Women's Health

## Priority Measures

Quality measures that will be incentivized (\$)

## Informational Measures\*

Quality measures that will be reported but not incentivized

# QCIP – Priority Measure Retirement

## Antidepressant Medication Management:

Currently an incentivized measure\* that assesses whether adults with a diagnosis of major depression were newly treated (*Acute Treatment*) with antidepressant medication and remained on their medications (*Continuing Treatment*).

## Rationale:

NCQA retirement due to limitations in the measure only addressing adherence to antidepressants as a treatment for depression... Measure does not address other recommended treatments, such as psychotherapy.

# Priority Measures

Domain	Measure	Description
Women's Health	Breast Cancer Screening	The percentage of female members ages <b>52-74</b> who have <b>received a screening mammogram in the last 24 months.</b>
	Cervical Cancer Screening	The percentage of female members ages <b>24-64</b> who have received appropriate <b>cervical cancer screening in the last 36 or 60 months.</b>
	Chlamydia Screening in Women	The percentage of women ages <b>16-24</b> who are <b>sexually active</b> and have been <b>screened for chlamydia in the last 12 months.</b>
Diabetes Care	Retinal Eye Exams	The percentage of <b>members with diabetes</b> who have <b>received a retinal or dilated eye exam by an optometrist or ophthalmologist in the last 12 months</b> or a <b>negative retinal or dilated eye exam in the last 24 months.</b>
Respiratory Care	Asthma Medication Ratio	The percentage <b>asthmatic members</b> who have a ratio of filled controller <b>asthma medications to total asthma medication fills of 50% or more in the last 12 months.</b>

# Priority Measures (cont.)

Domain	Measure	Description
Pediatric Care	Child & Adolescent Well Care Visits	The percentage of children ages <b>3-21</b> who have had <b>at least one well-care visit during the last 12 months.</b>
	Childhood Immunization Status – Influenza	The percentage of children who have received at least <b>2 influenza vaccinations on or before their 2nd birthday.</b>
	Lead Testing in Children	The percentage of children who have received <b>at least one blood lead test before their 2nd birthday.</b>
	Well Child Visits in the First Thirty Months of Life – Before 15 months	The percentage of children who have had <b>6 or more well-child visits before their 15th month of age.</b>
	Well Child Visits in the First Thirty Months of Life – 15 to 30 months	The percentage of children who have had <b>2 or more well-child visits before their 30th month of age.</b>
	Immunizations for Adolescents – HPV	The percentage of adolescents who have received <b>at least 2 HPV vaccines before their 13th birthday.</b>
	Developmental Screening in the First Three Years of Life (DEV)	Percentage of children <b>screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.</b>
	Topical Fluoride for Children (TFC)	Percentage of members <b>1-4 years</b> of age who received <b>at least two fluoride varnish applications during the measurement year.</b>

# 2026 Updated Domains and Priority Measures

1. Behavioral Health

2. Managing Chronic Conditions

3. Staying Healthy

4. Cancer Prevention

5. Member Experience

## Priority Measures

Quality measures that  
will be incentivized (\$)

# 2026 QCIP Priority Measures

Domain	Measure	Description
Managing Chronic Conditions	*Osteoporosis Management in Women who had a fracture ACP	The percentage of women age <b>67-85 years of age</b> who suffered a fracture and who had <b>either a bone mineral density test</b> or a <b>prescription for a drug to treat osteoporosis</b> in the <b>six months after the fracture</b> .
	*Medication Adherence for Cholesterol (Statins) AHA/ACC	The percentage of adults <b>18 years and older</b> with a <b>prescription for a cholesterol medication</b> (a statin drug) who fill their prescription often enough to cover <b>80% or more of the time they are supposed to be taking the medication</b> .
	*Statin Therapy for Patients with Diabetes - Received Statin Therapy ADA	The percentage of members <b>ages 40-75 with diabetes who were dispensed at least one statin medication during the year</b> .
	*Kidney Health Evaluation for Patients with Diabetes KDIGO	Percentage of adults <b>18-85 years of age with diabetes</b> (type 1 and type 2) received an <b>annual kidney health evaluation, including a blood test for kidney function</b> (estimated glomerular filtration rate [eGFR]) <b>and a urine test for kidney damage</b> (urine albumin-creatinine ratio [uACR]).
	*Medication Adherence for Diabetes Medications ADA	The percentage of adults <b>18 years and older</b> with a <b>prescription for diabetes medication</b> who fill their prescription often enough to cover <b>80% or more of the time they are supposed to be taking the medication</b>

# 2026 QCIP Priority Measures

Domain	Measure	Description
Managing Chronic Conditions	*Eye Exams for Patients with Diabetes ADA	The percentage of members <b>18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.</b>
	Asthma Medication Ratio	The percentage asthmatic members who have a ratio of filled controller asthma medications to total asthma <b>medication fills of 50% or more in the last 12 months.</b>
	*Medication Adherence for Hypertension (RAS antagonists) ACC/AHA	The percentage of <b>adults 18 years and older with a prescription for a blood pressure medication</b> who fill their prescription often enough to cover <b>80% or more of the time they are supposed to be taking the medication.</b>
	*Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (SPC) ACC/AHA	The percentage of male members <b>ages 21-75 and female members 40-75 with cardiovascular disease</b> who were dispensed <b>at least one high or moderate-intensity statin medication.</b>
Staying Healthy	*Annual Flu Vaccine	The percentage of members <b>19 years of age and older</b> who are up to date on recommended routine <b>annual vaccines for influenza.</b>
	Immunizations for Adolescents – HPV ACIP	The percentage of <b>adolescents</b> who've received <b>at least 2 HPV vaccines before their 13th birthday.</b>

# 2026 QCIP Priority Measures

Domain	Measure	Description
Staying Healthy	Childhood Immunization Status – Influenza ACIP	The percentage of <b>children</b> who've received <b>at least 2 influenza vaccinations on or before their 2nd birthday</b>
	Child and Adolescent Well-Care Visits AAP	The percentage of children <b>age 3-21</b> who've had <b>at least one well-care visit during the last 12 months.</b>
	Developmental Screening in the First Three Years of Life AAP	The percentage of children screened for risk of <b>developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.</b>
	Lead Screening in Children AAP	The percentage of children who've received <b>at least one or more capillary or venous lead blood test on or before their 2nd birthday</b>
	Well Child Visits in the First Thirty Months of Life – Before 15 months AAP	The percentage of children who've had <b>6 or more well-child visits before their 15th month of age</b>
	*Well Child Visits in the First Thirty Months of Life – 15 to 30 months) AAP	The percentage of children who've had <b>2 or more well-child visits before their 30th month of age.</b>
	Topical Fluoride in Children ADA	The percentage of children <b>age 1–4</b> who received <b>at least two fluoride varnish applications during the last 12 months.</b>

# 2026 QCIP Priority Measures

Domain	Measure	Description
Cancer Prevention	Breast Cancer Screening USPSTF	The percentage of female members age <b>52-74</b> who've received a screening <b>mammogram in the last 24 months</b> .
	Cervical Cancer Screening USPSTF	The percentage of female members age <b>24-64</b> who've received appropriate cervical cancer <b>screening in the last 36 or 60 months</b> .
	Chlamydia Screening in Women USPSTF	The percentage of women age <b>16-24 who are sexually active</b> and have been <b>screened for chlamydia in the last 12 months</b> .
	Colorectal Cancer Screening USPSTF	The percentage of members <b>45 –75 years</b> of age who had appropriate <b>screening using validated tests</b> for colorectal cancer using any of the following tests: - <b>Fecal occult blood test (FOBT) during the measurement year</b> . - <b>Flexible sigmoidoscopy during the measurement year or the 4 years before the measurement year</b> . - <b>Colonoscopy during the measurement year or the 9 years before the measurement year</b> . - <b>CT colonography during the measurement year or the 4 years before the measurement year</b> . - <b>Stool DNA (sDNA) with FIT test during the measurement year or the 2 years prior to the measurement year</b>

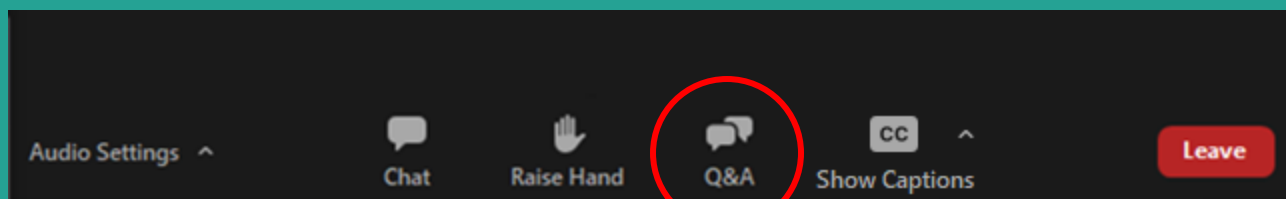
# 2026 QCIP Priority Member Experience Measures

Domain	Measure	Description
Member Experience	*Getting Appointments and Care Quickly (Member Survey)	Percent of the best possible score the plan earned on <b>how quickly members get appointments and care.</b> (Source: CAHPS)
	*Getting Needed Care (Member Survey)	Percent of the best possible score the plan earned on <b>how easy it is for members to get needed care, including care from specialists.</b> (Source: CAHPS)
	*Rating of Health Care Quality (Member Survey)	Percent of the best possible score the plan earned from members who <b>rated the quality of the health care they received.</b> (Source: CAHPS)

# Q&A

Participants do not have access to audio and webcam functionalities.

To ask a question, please type it into the 'Q&A' tool.



# Next Steps

## Provider Training Courses & Resources with topics that will focus on D-SNP tools:

- 1: Understanding D-SNPs: A Guide for Providers
- 2: Coordination of Benefits for CareConnect Members
- 3: Model of Care Training (Required training course for all CareConnect network providers & physicians)
- 4: Care Coordination & Care Management
- 5: Transitions of Care
- 6: PCP Quality Care Incentive Program & STARs Introduction
- 7: Claims & Billing and Risk Adjustment
- 8: Medicare Compliance in D-SNP Members
- 9: Provider Portal Enhancements
- 10: STARs Training

## Contract with CenCal Health to join our D-SNP provider network

- Amendments to your existing contract will be sent to your office
- To receive an electronic copy of your amendment please contact us!

## 1:1 Provider Support & Contracting

**Contact:** Dawn Bryant,  
Provider Network Development Specialist

**Phone:** (805) 685-9525 ext. 5375

**Email:** [dbryant@cencalhealth.org](mailto:dbryant@cencalhealth.org)

**Register Here:** [cencalhealth.org/providers/provider-training-resources/](https://cencalhealth.org/providers/provider-training-resources/)

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