



CenCalHEALTH®
Local. Quality. Healthcare.



**CenCal Health
Board of Directors
Meeting Packet**

**Wednesday,
June 17, 2026
6:00 pm**

Historic Santa Maria Inn
801 South Broadway
Santa Maria, CA
Santa Maria Room



**Notice of Regular Meeting
CenCal Health Board of Directors**

June 17, 2026

6:00 pm

The Historic Santa Maria Inn
801 South Broadway
Santa Maria, CA
Santa Maria Room

Members of the public wishing to provide public comment on items within the jurisdiction of the Board of Directors may do so during the public comment period or by emailing comments before 10:00 am, June 17, 2026 to the Clerk of the Board at pbottiani@cencalhealth.org with "Public Comment" in the subject line. Comments received will be read during the meeting.

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

Agenda

Action/Information

1. Public Comment (Ms. Andersen)
2. **Consent Agenda** (Action to accept reports) (Ms. Andersen) Action
 - 2.1 Approve Minutes of April 15, 2026, Board of Directors Meeting
 - 2.2 Approve Minutes of May 26, 2026, Board Compliance & Oversight Committee Meeting
 - 2.3 Accept Administrative Reports
 - 2.3.1 CEO Executive Summary
 - 2.3.2 Chief Medical Officer and Health Services Report
 - 2.3.3 Quality Report
 - 2.3.4 Performance Report
 - 2.3.5 Strategic Engagement Report
 - 2.3.6 Customer Experience Report
 - 2.3.7 Operations and D-SNP Report
 - 2.4 Accept Program Reports and Contracts
 - 2.4.1 Compliance Oversight Committee
 - 2.4.2 Quality and Health Equity Committee (QIHEC)
 - 2.4.3 Information Technology Program Interoperability Contract
 - 2.5 Accept Committee Reports
 - 2.5.1 Community Advisory Board (CAB) Report
 - 2.5.2 Community Advisory Board (CAB) Meeting Minutes of January 8, 2026

3. Regular Agenda

3.1 Report from the Chief Executive Officer (Ms. Owen)	Information
3.2 Accept Finance Report from CFO/Treasurer and Approve April 2026 Financial Statements (Ms. Bishop)	Action
3.3 Presentation from Chief Performance Officer on Employee Engagement (Mr. Morris)	Information
3.4 Accept Report from Chief Information Officer on Physical Security and Facilities (Mr. Moore and Mr. Velasco)	Information
3.5 Report from Chief Compliance and Fraud Prevention Officer on Program Integrity, Approve Corporate Integrity Agreement (CIA) Attestation and Conduct Annual Board Compliance Training (Ms. Kim)	Action
3.6 Items for Immediate Action	Action

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

Note: The meeting room is accessible to the disabled. Additional information can be found at the CenCal Health website: www.cencalhealth.org



Executive Summary

Date: June 17, 2026

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

May Revision to the Governor's Budget

Ahead of the Governor's May Revision, CenCal Health leadership traveled to Sacramento to engage directly with key legislators, including the offices of Assemblymember Dawn Addis, Assemblymember Gregg Hart, Senator John Laird, and Senator Monique Limón. These discussions emphasized the critical role of local plans in coordinating access to quality care, and highlighted CenCal Health's work in advancing provider recruitment and retention, expanding behavioral health services, and addressing other regional health priorities.

Following the release of the May Revision, CenCal Health continued outreach to policymakers to advance budget priorities that protect access to care. CenCal Health launched a campaign to raise awareness as to the value of local health plans, with fact sheets and social media posts shared through CenCal Health's key communication channels. In partnership with CenCal Health Board of Directors, the Central Coast Health Coalition and CenCal Health's Lobbyists, staff advocated for an alternative approach developed by the Local Health Plans of California (LHPC) that aligns with federal requirements while preserving access to care for some of our most vulnerable members. In addition, in the role of Chair of LHPC, state-wide Safety-Net Coalition advocacy is underway. Advocacy letters to the Legislature following the May Revision are enclosed, both of which are included as reference materials, in addition to the Local Plan fact sheets produced and shared across social media platforms. Staff wish to extend appreciation for the engagement and effective advocacy at the state-level of Board Members Supervisor Ortiz-Legg, Supervisor Hartmann, Dr. Bravo, Joel Diringer and Toni Navarro.

A supplemental report prepared by Mr. Armand Feliciano and Mr. Obed Franco of Public Policy Advocates is included for reference. Additional information can be found in the Strategic Engagement Reports provided by Ms. Turetsky.

Federal Policy Landscape

On June 1, the Centers for Medicare & Medicaid Services (CMS) released an Interim Final Rule (IFR) establishing a nationwide framework for Medicaid Community Engagement Requirements, effective January 1, 2027. Under the rule, affected beneficiaries must complete at least 80 hours per month of qualifying activities, such as employment, job training, education, job search, or community service, or earn a minimum of \$580. States will be required to establish verification and reporting systems, initially relying on self-attestation before transitioning to more robust documentation



processes, with federal funding and technical assistance available to support implementation. The additional medical frailty exemption requirements indicate that diagnostic criteria alone will not afford an exemption, and members must demonstrate both a medical frailty diagnosis and an inability to work. These requirements are more stringent than anticipated and are under review by staff. Comments to the IFR are due to CMS by July 31, 2026, though we understand that changes are unlikely to be made.

CenCal Health has led an effort on Capitol Hill to introduce legislation that would help alleviate some of the potential administrative barriers for eligible beneficiaries who are required to submit community engagement documentation and/or are being redetermined for Medicaid eligibility. This potential legislation would allow Medicaid health plans such as CenCal Health to contact members via cell phone and/or text with eligibility and enrollment information. Current law only allows for such communication to occur for healthcare-related outreach (i.e. benefits, upcoming appointments) and would provide plans with a vital tool to help maintain coverage of members. The bill is in draft form and is being championed by Senator Adam Schiff (D-CA) who is working with CenCal Health's Government Relations team as well as coordinating with the Association for Community Affiliated Plans (ACAP) to find a Republican co-sponsor before introduction prior to the August recess. Staff wish to extend appreciation our Director of Government Affairs and our federal lobbyist.

A supplemental report prepared by Mr. Ken Preede of Parker Poe Federal Strategies is included for reference.

Employee Engagement Update

CenCal Health has been featured for an 8th straight year as a Best Place to Work by the Pacific Coast Business Times. Additionally, results from the 2026 Employee Engagement Survey indicate sustained high levels of engagement and satisfaction, with an overall survey score of 81, compared to 82 in 2025 and 75 in 2023. While slightly below last year's peak, engagement remains historically strong and reflects durable gains achieved over the past three years. Participation also remained high, with a 77% response rate (357 employees), reinforcing that results are broadly representative of the workforce. Employee Net Promoter Score (eNPS) increased to 54 (+21 points since 2023), placing CenCal Health firmly within the "exceptional" eNPS category. Since 2023, the organization has realized 15%+ improvements across several engagement drivers, including connection to colleagues, belief that feedback matters, trust in leadership, understanding of compensation, and psychological safety. Only one survey item declined over the two-year period ("I am motivated to do my best work," -1.1%), yet it remains well above benchmark and continues to represent a strength.

A full report prepared by Mr. Chris Morris Employee Engagement Report is included for reference, in addition to the Performance Report and Organizational Dashboard.



Financial Highlights

As of April 2026, CenCal Health remains in a strong financial position, with Tangible Net Equity well above State requirements and reserves exceeding the Board-approved target. This strength provides continued flexibility to address emerging risks while sustaining investments in member care and community priorities. Year-to-date financial performance is favorable to budget, with a surplus of approximately \$20.5 million and reserves at 107% of target. Results are primarily driven by lower-than-anticipated medical and administrative expenses; however, these variances are largely timing-related and expected to normalize over the remainder of the year.

Membership trends reflect a modest decline that is more pronounced than budget assumptions, driven by the reinstatement of the asset test and ongoing statewide Medi-Cal redeterminations. As of April, enrollment is approximately 2,500 members below budget, and current projections indicate year-end membership may be approximately 4% below forecast if trends continue. Management is closely monitoring these dynamics and incorporating updated assumptions into financial projections and administrative capacity planning as part of a broader risk mitigation framework.

Details include:

- **Consolidated Net Operating Gain** of \$20.5 million, which is \$14.4 million more than the budgeted gain.
- **Medi-Cal Net Operating Gain** of \$21.4 million, which is \$13.3 million more than the budgeted gain.
- **CareConnect Net Operating Loss** of \$863,393, which is \$1.1 million less than the budgeted loss.
- **Net Revenue** of \$431.1 million; under budget by \$1.6 million and 0.4%.
- **Medical Expenses** of \$374.3 million; under budget by \$15.0 million and 3.9%.
- **Administrative Expenses** of \$35.0 million; under budget by \$1.1 million and 3.0%.
- **Community Reinvestments** of \$3.5 million; under budget by \$852,079 and 19.7%
- **Tangible Net Equity (TNE)** \$352.0 million, representing 823% of minimum regulatory requirement and 107% of the minimum Board-Designated reserve target.
- **Total Cash and Short-Term Investments** \$375.6 million. Cash and Short-Term Investments available for operating the health plan is \$346.4 million, representing 136 Days Cash on Hand.

A full report prepared by Ms. Bishop including Financial Report and Statements.



The Honorable John Laird, Chair

Senate Budget and Fiscal Review Committee
1021 N Street, Room 8720
Sacramento, CA 95814

The Honorable Akilah Weber Pierson, Chair

Senate Health Committee
1021 O Street, Suite 7310
Sacramento, CA 95814

The Honorable Caroline Menjivar, Chair

Senate Subcommittee 3 on Health and Human Services
1021 O Street, Suite 6630
Sacramento, CA 95814

Cc: The Honorable Monique Limón

Senate President pro Tempore
1021 O Street, Suite 8518
Sacramento, CA 95814

Re: Community Opposition to the Proposed Transition of Medi-Cal Members to Fee-for-Service

Dear Legislative Leaders:

We, the undersigned community partners, safety-net providers, local organizations, and advocates from Santa Barbara and San Luis Obispo Counties, write with urgent concern about the proposal to move Medi-Cal members with unsatisfactory immigration status from managed care to the state Fee-for-Service (FFS) system. Coverage alone is not access. Access requires providers who will see members, help navigating care, and accountability for outcomes. Few providers, and even fewer specialists, accept FFS Medi-Cal. Moving members into FFS risks creating coverage without meaningful access, especially for children, older adults, and people with complex needs.

We urge the Legislature to reject this proposal and direct DHCS to work with local health plans such as CenCal Health on lawful alternatives that preserve coordinated managed care for all populations.

In practice, this proposal creates a two-tiered system that gives vulnerable members, including children and older adults, worse access and fewer supports. We support program integrity and full compliance with federal guidance. But compliance does not require a policy that harms residents, underpays providers, strains community-based organizations, and weakens Medi-Cal.

This issue is immediate and significant in our region. CenCal Health serves 230,000 members across Santa Barbara and San Luis Obispo Counties, including 38,703 UIS members, among them 4,501 children and 1,676 older adults. These are not abstract budget numbers. They are our patients, students, neighbors, workers, parents, and grandparents.

CenCal Health is a Local Health Plan That is:

1. Rooted in the safety net. Through local governance, provider and community partnerships, and direct investment in member care, CenCal Health provides integrated system of access, accountability, and support. *FFS takes members out of this coordinated system and place them into a fragmented model.*
2. Governed by local leaders, providers, and public representatives who understand this region. Its work is grounded in local relationships, local data, and local accountability. *FFS is centrally administered and cannot match that level of community oversight or responsiveness.*
3. Accountable for coordinated, whole-person care that connects physical health, behavioral health, social needs, transportation, transitional care, and community-based support. *FFS does not provide care coordination, case management, proactive outreach, or trusted local navigation.*

Managed Care Preserves Critical Supports and Supports the Safety Net; FFS Does Not.

Under this proposal, members would lose health plan supports central to California's Medi-Cal transformation, including:

- Enhanced Care Management and Community Supports
- Transportation coordination
- Local navigation, including community health worker services
- Proactive care management
- Connections to housing, food, behavioral health, and community-based services

These services are not extras. They make coverage meaningful for people with complex needs, *and they do not exist in FFS.*

A rapid transition that removes these and other services would strain FQHCs, clinics, hospitals, county systems, behavioral health providers, and nonprofit partners. Those hit hardest would be the people least able to absorb disruption: children, older adults, people with chronic illness or disabilities, farmworkers, low-wage workers, mixed-status families, and others who rely on trusted local support to navigate care.

We urge the Legislature to delay PPS rate reductions for FQHCs, support local member navigation, and help cover county eligibility and indigent care costs.

The Operational Timeline Is Not Realistic and Projected Savings Are Unlikely to Materialize Without Shifting Costs Elsewhere

The proposed January 1, 2027 timeline to move 2 million members statewide into an FFS system that does not exist today is not realistic. A change of this scale requires clear guidance, member communication, provider readiness, system changes, data exchange, continuity-of-care protections, and local implementation support. Without those safeguards, the result will be confusion, disruption, and harm.

Savings that come from lower provider payments, lost services, and reduced care coordination are not true savings. Costs shift to emergency departments, hospitals, counties, clinics, community organizations, and families. Cutting costs on paper while increasing harm in practice is not responsible policy.

Our Coalition Respectfully Urges the State to Pursue a Different Path

We urge the Legislature and Administration to protect continuity of care and avoid moving vulnerable members into a system that cannot meet their needs or reflect California's commitment to comprehensive, coordinated, whole-person care.

Specifically, we respectfully request that the state:

1. **Retain UIS members in managed care while complying with federal requirements**
Managed care is the most effective, least disruptive, and most accountable way to serve this population. CMS has made clear that the issue is how emergency services for UIS members are accounted for. That can be fixed without dismantling care for working families who are essential to California's economy.
2. **Protect children, older adults, and high-need members from any transition out of managed care**
These groups face the greatest risk from disruption, loss of care coordination, and reduced provider access. FFS is not the only option, and it is not the least harmful one.
3. **Preserve access to Enhanced Care Management and Community Supports**
These services are essential to California's whole-person care strategy and cannot be replicated in FFS.

4. **Maintain local navigation and trusted-messenger outreach**
Promotores, nonprofits, FQHCs, health plans, and community partners are essential to helping members understand changes, keep coverage, and stay connected to care.
5. **Require transparency and open dialogue with DHCS and local health plans serving UIS members today**
Any transition must include clear guidance, sufficient time, continuity-of-care protections, provider readiness, and community-based implementation support.
6. **Assess and mitigate impacts on FQHCs, clinics, hospitals, county systems, and safety-net providers**
The state must evaluate the effects on FQHC stability, provider participation, specialty care access, and local safety-net capacity.
7. **Consider alternative models that preserve coordinated care**
Options such as state-only managed care arrangements, targeted exemptions for high-risk populations, or locally administered coverage models should be fully explored.

The Central Coast has spent decades building a coordinated, community-based Medi-Cal system. It is not perfect, but it is local, accountable, integrated, and deeply connected to the people it serves. FFS cannot replace it.

We urge state leaders not to move vulnerable members out of coordinated care and into a fragmented system that will leave too many without the support they need.

We stand ready to provide data, operational insight, community perspective, and partnership to help develop a solution that meets federal requirements while protecting access, continuity, equity, and the safety net.

Respectfully,

The Central Coast Health Coalition & Community Partners

Arcenio Lopez

Executive Director
Mixteco/Indigena
Community Organization
Project (MICOP)

Ashley Costa

Executive Director
Lompoc Calley
Community Healthcare
Organization

Claudia Caceres

Executive Director
Tu Tiempo Digital Contigo

Dana Gamble

Consultant
Dana's Point Consulting

Edwin Weaver

Executive Director
Fighting Back Santa Maria
Valley

Erica Jane Flores

Executive Director
Santa Ynez Valley People
Helping People

Devon McQuade

Executive Director
5 Cities Homeless Coalition

Joan Hartmann

*3rd District County
Supervisor*
Santa Barbara County

Kieran Shah, CHPCA

*President & Chief
Executive Officer
VNA Health*

Laura Capps

*2nd District Supervisor, Chair
Santa Barbara County*

Lawren Ramos

*Program Director
CAPSLO Homeless Services*

Lisa Brabo, Ph.D.

*Chief Executive Officer
Family Service Agency*

Lisa Fraser

*Executive
Director
Center for Family
Strengthening*

Mahdi Ashrafian, MD

*Chief Executive Officer
Santa Barbara
Neighborhood Clinics*

Marina Owen

*Chief Executive Officer
CenCal Health*

MaryEllen Rehse

*Executive Director
Children & Family
Resource Services*

Matt Pontes

*Chief Executive
Officer
San Luis Obispo County*

Natalie Harnett

*Policy & Project Manager
City of San Luis Obispo*

Ryan Ashlock

*President
Adventist Health Central
Coast*

Sara Macdonald

*Recipient Board Member
CenCal Health Board of
Directors*

Scott Black

*Executive Director
American Indian Health &
Services*

Scott Wester

*President & Chief
Executive Officer
Cottage Health*

Sue Andersen

*Chief Executive Officer
Marian Regional Medical
Center
French Hospital Medical
Center
Arroyo Grande Community
Hospital*

Wendy Wendt

*Executive Director
First5 San Luis Obispo
County*

Willie Lubka

*Executive Director
Buen Vecino*

Yvette Cope

*Chief Executive Officer
Lompoc Valley Medical
Center*



June 12, 2026

Hon. Monique Limón
President Pro Tempore California Senate
1021 O Street, Suite 8518
Sacramento, CA 95814

Hon. Robert Rivas
Speaker of the California State Assembly
State Capitol Building, Room 219
Sacramento, CA 95814

Hon. John Laird
Chair, Senate Budget Committee
Capitol Office, 1021 O Street, Suite 8720
Sacramento, CA 95814

Hon. Jesse Gabriel
Chair, Assembly Budget Committee
Capitol Office, 1021 O Street, Suite 8230
Sacramento, CA 95814

Hon. Caroline Menjivar
Chair, Senate Budget Committee on Health
Capitol Office, 1021 O Street, Suite 6630
Sacramento, CA 95814

Hon. Dawn Addis
Chair, Assembly Budget Subcommittee on Health
Capitol Office, 1021 O Street, Suite 4120
Sacramento, CA 95814

Re: Adopt an Alternative Solution to Retain Coordinated Care for Medi-Cal Members with Unsatisfactory Immigration Status

Dear Senators Limón, Laird, Menjivar and Assemblymembers Rivas, Gabriel and Addis,

Our organizations strongly urge the Legislature to reject the proposal to move Medi-Cal beneficiaries with Unsatisfactory Immigration Status (UIS) out of managed care and into the Fee-For-Service (FFS) delivery system and instead adopt our proposal to retain coordinated and accessible Medi-Cal coverage for UIS Medi-Cal members. This proposal is compliant with federal guidance, maintains a large portion of the Administration's assumed savings, and is achievable by January 1, 2027.

The Administration's proposed shift would dismantle the coordinated care infrastructure that UIS beneficiaries rely on and **replace it with a fragmented system offering limited care management, reduced provider options, and significantly higher long-term costs.** The consequences would be immediate and severe. Reduced access to managed care providers will drive increased emergency room utilization, disrupt preventive and chronic care, and overwhelm the already strained safety net system. Far from reducing expenses, these proposals simply shift costs to more acute and expensive settings, thereby creating avoidable crises for families and greater financial pressure on counties, hospitals and community providers. These outcomes are not theoretical; they are baked into the savings and cost assumptions in the Administration's budget proposal.

Our proposal is straightforward: **maintain continuity, preserve provider rates for managed care services, and avoid the disruption of care for nearly 2 million vulnerable Medi-Cal members.**

Under this model, UIS members would remain connected to their existing health plan, provider network, care coordination infrastructure, member services, and access supports, while the state would directly pay for the federally sensitive carve-out services through their proposed FFS system.

This approach **addresses the federal directive without eliminating meaningful access to care,** through a state-only contract with plans to manage outpatient, preventative and specialty care carved-in services and a targeted FFS carve-out for federally payable services. It also protects the safety net by avoiding the Administration's projected utilization consequences — including the proposed **16% increase in inpatient care and 12% increase in emergency room use** — because plans would continue managing outpatient access, primary and specialty care pathways, complex case management, community health worker services, and local care coordination.

Importantly, we are not asking to preserve the status quo. Plans are agreeing to give up approximately **\$224 million** through reduced administrative costs, underwriting gain concessions, and opportunities to right-size rates where UIS medical loss ratios are at or below 85%. The proposal **maintains nearly two-thirds** of the Administration's assumed savings, while avoiding larger downstream costs to hospitals, clinics, physicians, counties, and members. Importantly, it preserves physician rates for managed care services paid now by health plans.

We respectfully urge the Legislature to invest the approximately \$190 million necessary to preserve the safety net and direct DHCS to implement this compliant approach by January 1, 2027. California can address the federal directive and achieve meaningful savings without eliminating access to comprehensive, local, coordinated care for nearly 2 million Medi-Cal members.

While we are not naïve to the operational efforts of health plans, the Department of Health Care Services, and Medi-Cal providers necessary to implement this proposal, **we are confident it is achievable and the tradeoff is untenable.** The May Revision proposal is silent on the current readiness of the FFS system and the additional state resources that would be required to serve an additional 2 million Medi-Cal members in FFS. A dramatic increase in FFS member volume, combined with lower reimbursement rates that discourage provider participation, would place unsustainable strain on the FFS system and create significant access barriers.

Our plan does not fully address providers' need for sustainable payment levels, which will require further attention to support the stability of the broader delivery system. It also does not resolve the long-term financial viability of public hospitals, which remain essential to meeting the healthcare needs of our communities. While our model provides a compliant alternative that enables both hospitals and public health systems to optimize DSH funding, it does not by itself ensure their long-term sustainability. Similarly, there must be solution for sustainable support for community health centers/FQHCs as a core of the Medi-Cal delivery system. Supporting the safety net Medi-Cal providers will be essential to preserving comprehensive access for all populations.

We understand that the state is attempting to respond to federal guidance, but compliance does not require adopting this harmful policy. **We urge the Legislature to reject this proposal and instead adopt this solution that allow all populations, regardless of immigration status, to benefit from comprehensive and coordinated care.** We look forward to working with the Legislature to identify workable solutions that are both compliant with federal law and ensure true access to care.

Sincerely,



Linnea Koopmans
Chief Executive Officer
Local Health Plans of California



Dennis Cuevas-Romero, Esq.
Vice President of Government Affairs
California Primary Care Association



Angela Hill
Legislative Advocate
California Medical Association



Katie Rodriguez
Interim, President & Chief Executive Officer
California Association of Public Hospitals



Charles Bacchi
Chief Executive Officer
California Association of Health Plans



Avo Makdessian
Executive Director
First 5 Association of California



Natalie Pita, MPH
Legislative and Policy Advocate
California Academy of Family Physicians



Michelle Cabrera
Executive Director
County Behavioral Health Directors Association



William "Bill" Barcellona
Executive Vice President of Government Affairs
America's Physician Groups



Anne McLeod
Chief Executive Officer
Private Essential Access Community Hospitals



Dawn Ortiz Legg
Supervisor, San Luis Obispo County
President, Latino Caucus of California Counties



Mike Odeh
Senior Director of Health
Children Now



James Cruz, MD
Board President
Latinx Physicians of California

A handwritten signature in blue ink, reading "Ryan Witz". The signature is fluid and cursive, with the first name "Ryan" and last name "Witz" clearly distinguishable.

Ryan Witz
Executive Director
District Hospital Leadership Forum



MINUTES
CenCal Health
BOARD OF DIRECTORS REGULAR MEETING
April 15, 2026

The regular meeting of the Board of Directors of CenCal Health was called to order by Sue Andersen, Chair, on April 15, 2026, at 6:02 PM at the Santa Maria Inn, Santa Maria, CA, Santa Maria Room.

MEMBERS PRESENT: Supervisor Dawn Ortiz-Legg, Daniel Herlinger, Edward “Ned” Bentley, MD, Joel Diringer, Kieran Shah, Kristin Ventresca, Lisa Moore, René Bravo, MD, Sara Macdonald, and Sue Andersen

MEMBERS EXCUSED: Antonette “Toni” Navarro, Supervisor Joan Hartmann, and Mouhanad Hammami

STAFF PRESENT: Amy Sim, Andrew Hansen, Bao Xiong, Brandon Roberts, Cathy Slaughter, Citlaly Santos, Darin Moore, Eric Buben, Hon Chan, Jai Raisinghani, Joel Gluzman, Jordan Turetsky, Karen Kim, Kashina Bishop, Lauren Geeb, Luis Somoza, Marina Owen, Nicole Wilson, Stuart Warren, Van Do-Reynoso, and Paula M. Bottiani (Clerk)

GUESTS PRESENT: John Britton (Bartlett, Pringle, and Wolf), Rosemary Schmoller (Bartlett, Pringle, and Wolf), and Shanna Day (24 Hour Home Care)

1. Public Comment:

Ms. Andersen read the following statement submitted by Mahdi Ashrafian:

Dear CenCal Board of Directors,

I hope this message finds you well. I am writing to express my deepest gratitude to the Board, the entire CenCal team, and specifically to Marina. Because of CenCal's support, we are on the verge of a landmark achievement enabled by the Medi-Cal Capacity Grant awarded to us last year: transitioning our operations from an outdated Electronic Medical Record (EMR) system to Epic. For years, our previous system acted as a functional barrier to care. Moving to Epic will not only streamline our workflows but will facilitate significantly better health outcomes for our patients and the diverse communities we serve. As you are acutely aware, the healthcare landscape has been under constant, unparalleled pressure for the last 16 months. We are operating in an unprecedented era where traditional safety nets are being strained. To provide context:

- We typically anticipate access to 2–3 new federal grants annually; however, during this current period, no new federal funding has been available to us.
- This lack of federal support coincides with a massive projected loss of Medi-Cal coverage for our residents, which current estimates suggest could impact up to 30% of our patient population.
- The timing is particularly challenging as we move forward with the construction of our new Westside Clinic. While increasing capacity and improving access are essential to keeping our community safe, these projects are massive undertakings for a Federally Qualified Health Center (FQHC) even in the best of times.

In times of such systemic uncertainty, the importance of visionary leadership cannot be overstated. These initiatives are what allow organizations such as Santa Barbara Neighborhood Clinics (SBNC) to survive and thrive when our very model of care is being threatened by external economic shifts. I cannot stress enough how vital these CenCal initiatives are. Without them, the gap left by the absence of federal grants and the volatility of current reimbursement rates would be insurmountable. Thank you for your continued partnership and for your commitment to the health of our community.

With tremendous respect,
Mahdi Ashrafian, MD, MBA Chief Executive Officer
Santa Barbara Neighborhood Clinics

Director Comments/Announcements:

Ms. Andersen introduced two new board members, Joel Diringer (SLO Medicare Recipient) and Kristin Ventresca (SLO Interim Health Agency Director). Both Mr. Diringer and Ms. Ventresca gave brief remarks sharing their backgrounds in health policy, legal services, behavioral health, and county administration, and expressed enthusiasm for serving on the board. This was followed by introductions made around the board table.

2. Consent Agenda

- 2.1 Approve Minutes of March 18, 2026, Board of Directors Regular Meeting
- 2.2 Approve Minutes of March 5, 2026, Board Nominating Committee Meeting
- 2.3 Approve Minutes of March 11, 2026, Board Medi-Cal Access, Capacity & Workforce Development Subcommittee Meeting
- 2.4 Approve Minutes of March 31, 2026, Board Compliance & Oversight Committee Meeting
- 2.5 Accept Administrative Reports
 - 2.5.1 CEO Executive Summary
 - 2.5.2 Chief Medical Officer and Health Services Report
 - 2.5.3 Population Health Report
 - 2.5.4 Performance Report
 - 2.5.5 Strategic Engagement Report
 - 2.5.6 Customer Experience Report
 - 2.5.7 Operations and D-SNP Report
- 2.6 Accept Advisory Committee Report
 - 2.6.1 Pediatric Clinical Advisory Committee (PCAC) Report and Minutes of 12/03/2025
 - 2.6.2 Family Advisory Committee (FAC) Report and Minutes of 11/20/2025

ACTION: On motion of Supervisor Ortiz-Legg, seconded by Dr. Bravo, the Board of Directors Unanimously Accepted the Consent Agenda without objection.

3. Regular Agenda

- 3.1 Report from Chief Executive Officer

Ms. Owen reported:

- Welcomed Joel Diringer, SLO Medicare Representative, and Kristin Ventresca, Interim Health Agency Director, recently appointed to the CenCal Health Board of Directors by the San Luis Obispo County Board of Supervisors. Thank you to Supervisor Ortiz-Legg for

your championship.

- Appreciated Supervisor Joan Hartmann for her invitation to join Santa Barbara County Board of Supervisors with County Health on the FY26-27 Budget to address health policy impacts that can be anticipated and highlighting CenCal Health's role in our region.
- Reported that CenCal Health's Board Compliance Oversight Committee convened on March 31st. Thanked Dan Herlinger, Toni Navarro and Karen Kim, Chief Compliance and Fraud Prevention Officer for their attendance. Reported that CenCal Health's Board Finance Committee convened on Friday, April 10th. Thanked Sue Andersen, Kieran Shah, Lisa Moore and Kashina Bishop, Chief Financial Officer/Treasurer for attendance.
- Shared that Sara Macdonald and staff traveled to Berkeley for the Association of Community Affiliated Plans (ACAP)'s Spring Membership Council Meeting on federal policy. By way of community events, recognized NAACP's 3rd Annual Health Equity Day on April 25th honoring Van Do-Reynoso, Chief Health Equity Officer, as Champion in Health and noted that May 1st was Board Member Toni Navarro's Ribbon Cutting for the Grand Opening of the Wellness Center in Santa Barbara.
- Reflected on CenCal Health's Mission to be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together, provided an overview of CenCal Health's strategic priorities and strategic planning efforts.
- Acknowledged Paula Bottiani for her 24 years of service at CenCal Health.

Discussion:

Supervisor Ortiz-Legg shared she is aware Noor Clinic that does not ask patients if they have insurance, they just treat them regardless. She asked if CenCal has been in contact with them to determine if some of our members had dropped off eligibility.

Ms. Owen explained that the Noor Clinic will be an important partner for outreach and they serve on our CalAIM Community Steering Committee and serve as a home for the Promotores.

Mr. Shah asked if there were any commercial plans coming to the table to help support during these challenging times the way that CenCal is.

Ms. Owen stated that she will remain engaged as these are statewide issues.

Ms. Andersen added that Dignity gave out \$487 thousand in grants to fifteen different organizations. There are entities that move into the communities and sponsor many events, but don't help with specific community needs.

Ms. Moore explained that at Cottage under their Population Health Initiative they partner with organizations and provide millions of dollars in support every year. Cottage is proud to be part of the community and part of the solution and appreciate the partnership and Marina's report at the recent Board of Supervisors' meeting to speak about the challenges that the policy changes represent to this community.

Ms. Andersen questioned if the County funding gaps are greater than anticipated and that they would in fact be reconsidered for deeper reserve support.

Ms. Owen recognized the collective difficulty in back-filling federal funds for healthcare following HR-1 and noted that it is a challenge for the state, for counties, and for health plans to address all needs with limited resources.

Dr. Bravo shared that it is necessary that the state be held accountable for the proper implementation of Prop 35 that was approved by the voters and that state funds come from Washington intended for healthcare, stay in healthcare. Implementation is moving slowly and it is important that we continue to put pressure on the governor's office through continued advocacy to honor the will of the people that healthcare is funded for the indigent and most needy.

Mr. Herlinger met with Dr. Angel Iscovich, retired ER physician and new chairman of the Santa Barbara Foundation, who shared that the Foundation is interested in having healthcare as a large part of their agenda. He recommended that CenCal Health reach out to him. Ms. Owen thanked Mr. Herlinger for this important connection.

Ms. Owen announced by way of next steps within the Executive Policy Group, the Foundations have been very willing to come to the table to think creatively about what struggles we are all facing and that CenCal Health will stay engaged with the Santa Barbara Foundation.

- 3.2 Accept Finance Report from CFO/Treasurer, Independent Financial Audit from Auditors, and December 2025 Audited Financial Statements

Ms. Bishop gave a Power Point presentation with the following highlights:

Ms. Bishop presented the 2025 year-end financial results. She stated that the Finance Committee met on April 10th and recommended that the board accept the Finance Report, Independent Financial Audit and December 2025 audited statements. She extended kudos to **Ms. Amy Sim**, Director of Accounting and the entire Finance team for their attention to detail and deep commitment to accuracy. CenCal Health is starting in 2026 from a strong financial position.

- **Year-End Financial Performance:** CenCal Health ended 2025 with a \$28.9 million gain, reserves above board targets, and favorable financial metrics, driven by supplemental maternity payments and positive risk corridor adjustments.
- **Membership Decline Analysis:** Total membership as of December 2025 was 238,588, representing a decline of ~3.3K members (1.4%) compared to December 2024. Although membership in both counties decreased by roughly 1% during 2025. Members with Unsatisfactory Immigration Status (UIS) increased through July 2025 but have steadily declined since, though they remain above December 2024 levels. Conversely, members with Satisfactory Immigration Status (SIS) have consistently decreased throughout 2025, likely due to ongoing redetermination efforts.
- **Medical Expenses:** Twelve months through September 2025 were \$347 per member/per month which represents a 4.6% increase from the prior year. This is due primarily to rate increases utilizing the MCO tax, increases in utilization of community support, especially medically tailored meals, enhanced care management, and mental and behavioral health services. These trends are expected to continue into 2026.
- **Financial Risks and Reserve Management:** Key financial risks include state funding changes, utilization growth, and membership shifts, with strategies emphasizing state advocacy, analytics, conservative forecasting, and audit readiness to maintain stability.
- **Administrative Cost Modeling:** Mr. Morris conducted modeling to compare staffing and administrative costs to other local health plans, aiming to balance resource needs with potential future declines in membership and funding.

Financial Highlights

- **Consolidated Net Operating Gain** of \$11.6 million, which is \$8.4 million more than the budgeted gain.
 - **Medi-Cal Net Operating Gain** of \$11.7 million, which is \$7.5 million more than the budgeted gain.
 - **CareConnect Net Operating Loss** of \$125,900, which is \$875,097 less than the budgeted loss.
- **Net Revenue** is at \$217.6 million; under budget by \$757,065 and 0.3%.
- **Medical Expenses** are at \$188.3 million; under budget by \$7.4 million and 3.8%.
- **Administrative Expenses** are at \$16.3 million; under budget by \$1.7 million and 9.4%.
- **Community Reinvestments** are at \$1.8 million; under budget by \$328,801 and 15.2%
- **Tangible Net Equity (TNE)** is \$343.1 million, representing 813% of the minimum regulatory requirement and 104% of the minimum Board-Designated reserve target.
- **Total Cash and Short-Term Investments** are \$385.7 million. Cash and Short-Term Investments available for operating the health plan is \$358.3 million, representing 140 Days Cash on Hand.
- **Member Enrollment** consolidated is at 234,507 for the month of February 2026.
 - **Medi-Cal-** 234,250
 - **CareConnect-** 257

Independent Financial Audit: John Britton and Rosemary Schmoller from Bartlett, Pringle, and Wolf, gave a presentation and reviewed significant estimates in the financial statements, including depreciation, accounts receivable based upon member months, medical claims payable using historical data, DHCS revenue recoup, physician incentive pools, and net pension liability calculated with staff using CalPERS data.

Mr. Britton delivered a clean audit opinion stating there were no material weaknesses, no instances of non-compliance or significant deficiencies. He summarized key balance sheet and revenue/expense figures with the following summary:

- Cash decreased due to payment timing
- Accounts receivable increased
- Medical claims payable remained consistent
- Operating revenues and expenses rose due to higher rates and utilization, with net assets increasing by \$28.9 million
- Significant increase in the MCO tax
- Total assets at end of year: \$1.3 billion
- Total Liabilities at end of year: \$972 million
- Equity at year end: \$331.5 million
- No accounting standards needed to be implemented
- Disclosures of certain capital assets will need to be implemented in 2027 with no significant impact on finances

Discussion:

Dr. Bravo asked why eligible members are not signing up.

Ms. Bishop explained that the decline among those with satisfactory immigration status is

greater than staff anticipated, and that staff explored possible causes such as asset tests, redeterminations, and the chilling effect, with efforts to obtain more data from the state and the counties to address the issue.

Dr. Bravo asked if staff is seeing children not being enrolled due to their parents' unsatisfactory immigration status.

Ms. Bishop stated that staff is seeing declines in enrollment across the board. The plan is balancing having the resources needed to fulfill our mission and being mindful of potential declines in membership which would reduce our administrative funding.

Ms. Owen highlighted the quarterly Operational Dashboard as a tool for the board's use in assessing staff's performance in meeting the needs of the membership.

Ms. Andersen noted that our TNE is much higher than the State's requirement. She asked if the State reconciles monies back.

Ms. Bishop described the risk corridor and enhanced care management have efficiency adjustments as a way for the state to reduce funding. Although the TNE looks very healthy, these funds can decline very rapidly due to unanticipated circumstances.

Dr. Bentley added that in his opinion TNE should be sufficient to cover the cost of services provided by our providers if the agency were to close because of the lag in getting reimbursed for claims submitted. He asked when the work requirements take effect and their impact on our membership.

Ms. Bishop said Work requirements will begin in January 2027 with the first affected group in March, and are expected to impact about 30,000 members, primarily in the adult expansion category.

Ms. Owen added California is developing processes for volunteers and students, with increasingly rigorous validation.

Ms. Andersen asked if staff calculates cash on hand.

Ms. Bishop added that staff has the ability to calculate this.

Ms. Andersen commended staff on the clean audit.

ACTION: On motion of Ms. Macdonald and seconded by Ms. Moore, the Board of Directors Accepted the Finance Report from CFO/Treasurer, Independent Financial Audit from Auditors, and December 2025 Audited Financial Statements without objection.

3.3 Adopt 2026 Community Investment Priorities

- **Ms. Turetsky** presented the 2026 Community Investment strategy, recommending staff's \$12 million allocation distributed 60-40 between Santa Barbara and San Luis Obispo counties, based on prior agreements and strategic priorities, with Board input sought for adoption and next steps.
 - **Allocation Methodology:** The recommended 60-40 allocation between Santa Barbara and San Luis Obispo counties is based on community size, membership differences, and infrastructure needs, aiming for equity and consistency with prior investments.
 - **Strategic Priority Distribution:** The \$12 million allocation will be distributed among CenCal Health's strategic priorities, as informed by the Board's Access and Finance committees, to ensure meaningful community impact.
 - **Board Adoption and Next Steps:** Board approval of the allocation will initiate further steps to implement the community investment strategy, with ongoing oversight and evaluation to maximize effectiveness.

Discussion:

Mr. Diring asked what the process is moving forward once approved.

Ms. Owen and Ms. Turetsky explained that staff will design the program, develop the application criteria and application materials. Once this is complete, the Program Development team led by Dr. Do-Reynoso and the Provider Capacity Grant team led by Ms. Turetsky will begin developing criteria evaluated by staff grant subcommittees followed by published materials on the CenCal Health website. An open call will be extended to community-based organizations (CBOs) and providers through electronic distribution, publication in the Provider Bulletin. The Funding committee would review each application and make decisions on a grant-by-grant basis. The Board subcommittee will be provided with information on outcomes and impact to ensure these initiatives are fulfilling their obligations and then a final report will be

Ms. Andersen shared that the last few times she met with Assemblymember Dawn Addis, she said a priority of hers is to get more physicians and providers in the area. She recommended sharing the amount of funding CenCal Health as the state is seeking to invest as well.

Ms. Owen replied that staff will do so and added that CenCal Health is also collaborating with the SLO Health Counts/Workforce partnership.

ACTION: On motion of Dr. Bravo and seconded by Mr. Shah, the Board of Directors Adopted the 2026 Community Investment Priorities without objection.

3.4 Report on HR-1 Implementation Program and Executive Medi-Cal Policy Committee

Ms. Owen, Ms. Turetsky and Mr. Roberts gave a Power Point presentation with the following highlights:

- Presentation encompassed a review of strategic priorities, a description of the HR-1 program structure, and the Launch of the Medi-Cal Executive Policy Committee
- **Next Steps through HR-1 program:**
 - Convene Medi-Cal Executive Policy Group quarterly.
 - Launch HR-1 Program internal committee and tactic work.
 - Advance system capacity, align on uninsured data and planning efforts, and implement Medi-Cal member retention efforts.

Discussion:

Ms. Andersen shared appreciation of the formation of the Executive Policy Committee and said it is a group that has the potential to accomplish good things for our communities.

Dr. Bravo recommended that we include an ER physician from Santa Barbara County and one from San Luis Obispo County on the Executive Policy Committee. These individuals are experts at what's happening on the ground level and can provide excellent guidance to the committee. Both **Ms. Moore** (Cottage Health) and **Ms. Andersen** (Dignity Health) support this recommendation.

Mr. Diring recommended that we include Mental/Behavioral Health providers on the committee if not already included.

Ms. Owen appreciated these thoughtful recommendations and will follow-through to invite individuals as suggested.

3.5 Accept Report from Chief Compliance and Fraud Prevention Officer and Approve Compliance Plan and Code of Conduct

Ms. Kim gave a Power Point presentation providing the following summary:

- **2026 Compliance Plan and Code of Conduct:**
 - The 2026 Compliance Plan and Code of Conduct incorporate new D-SNP program requirements from Medicare Managed Care Manual Chapter 21 and federal regulations, update all seven elements of the Compliance Program, and expand oversight responsibilities for delegates. Key enhancements include required screenings against CMS preclusion lists, clearer record-retention standards, strengthened Fraud, Waste, and Abuse reporting obligations, and the addition of a formal non-retaliation policy. The documents also underwent formatting, flow, and readability improvements, and now include a footer revision date for version tracking.
- **Positive Observations of Security Penetration Test:**
 - The security penetration test showed strong overall resilience: external attackers were unable to compromise any internet-facing systems, and internal attempts failed to escalate privileges or move laterally. Multi-Factor Authentication effectively blocked credential-based attacks, including phishing and MFA bombing, while employees consistently followed procedures and resisted social engineering. Physical security controls also performed well, preventing unauthorized access to interior areas.

Discussion:

Ms. Andersen asked if the agency does regular testing and phishing attempts with staff.

Ms. Kim said, yes on a regular basis.

Mr. Shah asked if this has been extended to board members.

Ms. Kim said, no; however, we could.

Ms. Moore asked if the plan uses an outside vendor for the penetration tests.

Ms. Kim said, yes and it is recommended to change vendors from time to time.

Mr. Herlinger added that there has been a tremendous amount of compliance activity.

ACTION: On motion of Dr. Bravo and seconded by Ms. Moore, the Board of Directors Accepted the report from Chief Compliance and Fraud Prevention Officer and Approved the Code of Conduct without objection.

3.5 Items for Immediate Action

Ms. Andersen called for any additional items requiring immediate action.

Ms. Owen responded that staff did not identify further action necessary.

As there was no further business to come before the Board, Ms. Andersen adjourned the Regular meeting of the Board at 7:41 pm.

Respectfully submitted,

Paula M. Michal

Paula Marie Bottiani, Clerk of the Board



**CenCal Health
BOARD OF DIRECTORS
COMPLIANCE AND OVERSIGHT COMMITTEE MEETING MINUTES
May 26, 2026**

The quarterly meeting of the Board of Directors Compliance and Oversight Committee Meeting called to order by Daniel Herlinger, Chair, May 26, 2026, at 12:29 PM at The Landsby Hotel, Solvang, CA.

MEMBERS PRESENT: Daniel Herlinger, Antonette Navarro, Karen Kim, and Marina Owen

Members Excused: Kristin Ventresca

STAFF PRESENT: Paula Bottiani (Recorder), Nicole Wilson (IT/AV support)

1. Public Comment-There was no public comment.
2. Approve Board Resolution for the CIA

Ms. Kim led the committee to review the 2026 CIA Board of Directors resolution that is unchanged from the previous year and was approved for recommendation to the full board for adoption in June. Following board adoption, the resolution will be circulated for signatures and included in the annual report to the Office of the Inspector General (OIG).

3. Program Integrity

Ms. Kim discussed how regulatory enforcement has increased significantly in recent years, with a focus on Program Integrity and fraud prevention. The federal government is shifting from a pay and chase approach to pre-payment controls. Ms. Kim outlined CenCal Health's strategic approach to strengthening its Program Integrity Program and fraud prevention efforts.

4. Self-Reporting of FWA and Medicare Noncompliance Policy

Ms. Kim introduced a new self-reporting policy for fraud, waste, and abuse (FWA) and Medicare non-compliance, emphasizing early detection, transparency, and escalation to leadership, with multiple reporting channels and a structured approval process. Multiple channels are available for reporting compliance issues, including a 24/7 hotline, email, phone, in-person, and web forms. The policy demonstrates CenCal Health's commitment to reducing compliance risk and building trust with regulators through voluntary self-reporting.

5. United Program Integrity Contractor (UPIC) Audit

Ms. Kim outlined the upcoming United Program Integrity Contractor (UPIC) audit purpose and scope. The audit requests information on different aspects of CenCal Health's Program Integrity program, fraud prevention activities, and data on claims and prior authorizations.

As there was no further business to come before the committee, Mr. Herlinger adjourned the meeting at 1:18 pm.

Respectfully submitted,

Paula M. Bottiani

Paula Marie Bottiani, Clerk of the Board

Chief Medical Officer Report

Date: June 17, 2026

From: Tanya Phares, DO, MPH, CPE, FACP, FACPM, Interim CMO

Through: Marina Owen, Chief Executive Officer

Executive Summary

The Chief Medical Officer (CMO) Report to the Board contains a high-level summary of activities within the Health Services Division and includes the operations of our clinical departments (Medical Management) and supportive departments (Clinical Training and Regulatory Units) as well as the activities of the Medical Directors (Medical Affairs).

Background

During April and May 2026, the Division of Health Services maintained its focus on supporting our new D-SNP members and preparing for the launch of our Stars Program. In addition, we reviewed our Policies and Procedures and prepared all document requests for submission to the DHCS in preparation for our medical audit scheduled from June 1, 2026 through June 12, 2026.

Priorities and Activities

The activities and priorities of the CMO support CenCal Health's Vision and Mission. The CMO serves as community physician liaison, as clinical liaison for community health & education activities, and as an internal representative for CenCal's clinical programs.

In April Dr. Maya Heinert took leave of absence and Dr. Tanya Phares began covering in the interim until Dr. Heinert's return.

Community Physician Liaison

In April and May, CenCal Health held Joint operating Committees with the following partners: Adventist Health, Dignity Health, Santa Barbara County Public Health, Stanson Health. In May, Dr. Tanya Phares served as an interview panelist for San Luis Obispo County, contributing to their process for hiring a Public Health Director.

Community Health & Education Advocate

CenCal Health held the Provider Relations Credentialing Committee in April, and the Utilization Management Committee in May, both chaired by Dr. Phares. Dr. Phares represented CenCal Health during the April and May sessions for the CFO and CMO Utilization Management forum hosted by the Department of Healthcare Services (DHCS), which aims to strengthen Medi-Cal Stewardship and ensure access and high-

quality care. In May, Dr. Phares attended the Clinical Leaders' Summit in Sacramento, sponsored by Covered California, CalPERS and DHCS. The leaders' summit brought together clinical leaders from across California, to discuss alignment on public health and topics in health equity.

CenCal Health Clinical and Health Services Representative

As a component of CenCal Health's **2026 Operating Plan**, and our priority to *Organize for Strategic Impact and Effectiveness*, The **Well at Work Program Town Halls**, a series of Town Halls, Lunch & Learns, and other optional activities for CenCal employees will have its first Town Hall on June 23rd, 2026.

Medical Affairs: Departmental Summaries

In May, Dr. Phares and Dr. Dianna Myers attended the VNA Health sponsored 25th Annual Mother's Day Luncheon in Santa Barbara, which celebrated the women who have championed health and well-being in the community. Dr. Myers attended a reception for the CEO of the American Academy of Pediatrics (AAP) at Cottage Hospital on May 7, 2026, as well as Pediatric Grand Rounds on Strategic Advocacy in Challenging Times, delivered by the AAP CEO the following day.

During April and May, the Medical Director team remained focused on providing divisional support and clinical guidance for complex medical cases, evaluating medical necessity, and reviewing clinical grievance and appeals cases. Medical Directors contributed to Bi-weekly Adult and Pediatric Complex Case Rounds, newly launched D-SNP Inpatient Clinical Rounds, and weekly Quality Case Review Rounds.

Medical Management

Dual Special Needs (D-SNP) clinical team – D-SNP clinical operations continue to demonstrate steady stabilization and strong performance across Care Management and Utilization Management as membership engagement increases. To date, 154 members have accepted Care Management services, 46 have declined, and 88 are non-responders, with 285 individualized care plans completed to support coordinated care planning and ongoing member outreach. Preparations are underway to begin Interdisciplinary Care Team (ICT) meetings in June, which will further strengthen collaboration with providers and support comprehensive care planning for high-risk members. On the Utilization Management (UM) side, the team has received and processed 658 authorization requests, maintaining 99% turnaround time (TAT) compliance, ensuring timely access to services for members and providers. Operational focus during this period has centered on workflow refinement, reporting accuracy, and continued alignment with CMS Model of Care requirements as the program matures.

In May, the **Care Management Department** focused on advancing analysis of the DHCS Risk Stratification and Segmentation Tool (RSST) to inform targeted outreach and engagement strategies for high- and medium-risk members. This work requires process improvement support due to enhancements to current workflows and the impact across multiple departments, including Quality, Utilization Management (UM), Care

Management, Enhanced Care Management (ECM), and Community Supports (CS). The department also maintained compliance with UM requirements for ECM and Community Supports, achieving 100% timeliness for ECM and 99% for CS.

The **Utilization Management (UM) team** met all required timeliness standards for authorization requests in April and May. This includes Pre Service (Prior Authorization) requests, both routine and urgent, in accordance with the revised processing timeframe, which changed from five (5) business days to seven (7) calendar days effective 1/1/2026.

The **Pharmacy Department** maintained stable CareConnect D-SNP pharmacy operations during April and May, including oversight of Medicare Part B and Part D coverage determinations, appeals, grievances, formulary administration, and related regulatory activities. During this reporting period, Pharmacy also completed the FFY 2025 Medicaid Managed Care Drug Utilization Review (DUR) Annual Survey and supported key CY2027 D-SNP bid and formulary development activities in collaboration with MedImpact and cross-functional leadership, including Medi-Cal Value Added Services (VAS) strategy evaluation and CMS submission readiness efforts.

During Mental Health Awareness Month, the **Behavioral Health Department** participated in community outreach activities and continued efforts to strengthen information sharing and coordination across behavioral health partners. The department also provided ongoing support and education to Behavioral Health Treatment (BHT) providers to promote access to services and provider engagement.

The **Health Services Regulatory Unit** remains primarily focused on the DHCS Medical Audit. To strengthen organizational readiness, Health Services successfully completed a series of mock audits with the Utilization Management (UM) and Care Management (CM) teams. AMO conducted additional mock audits with UM and CM to further reinforce preparedness and ensure alignment across functions. Interviews began on June 1, 2026, and continued through June 12, 2026. Throughout this period, the team actively responded to supplemental document requests from DHCS auditors as related to UM and CM activities. This work remains a top priority to ensure a smooth and compliant audit process.

Over April and May, the **Health Services Training Team** prioritized the facilitation of Inter-Rater Reliability (IRR) testing. Preliminary results indicate that all UM reviewers demonstrated a strong understanding and consistent application of UM processes and criteria. In addition, the team successfully leveraged AI-enabled tools within CenCal's licensed platforms to efficiently design and deploy six asynchronous e-learning courses for Health Services staff. This includes a comprehensive course on developing NCQA-compliant care plans, which all care managers will complete ahead of CenCal's next NCQA survey.

Recommendation

This report is submitted for board awareness and approval as no action is requested.

Quality Report

Date: June 17, 2026

From: Lauren Geeb, MBA, Senior Director, Quality and Population Health

Through: Tanya Phares, DO, MPH, CPE, FACP, FACPM, Interim Chief Medical Officer

Contributor: Amber Sabiron, MSN, RN, Population Health Manager
Katrina Brent, Medicare Stars Program Manager

Executive Summary

This report summarizes recent developments on key Quality and Population Health initiatives that support CenCal Health's commitment to improving member health outcomes, strengthening provider partnerships, and maintaining operational readiness for evolving state and federal requirements.

Medicare Model of Care and Stars Performance Update

Regulations require that all Dual Special Needs Plans conduct a quality improvement program that measures the effectiveness of its Model of Care (MOC). At the Quality Improvement and Health Equity Committee's (QIHEC) May 2026 convening, the Committee reviewed and approved progress and received a Medicare Stars performance update. QIHEC acknowledged that first quarter results reflect early stages of Dual Eligible Special Needs Plan (D-SNP) implementation and that performance monitoring will continue to mature as membership, encounter, pharmacy, and claims data become more complete over time.

Q1 highlights include:

- Integration of CenCal CareConnect (HMO D-SNP) Stars data with Medi-Cal data for monitoring HEDIS and quality performance including claims, pharmacy, CMS membership, and more.
- Review of first quarter performance trends.
- Advancement of a Stars reporting and forecasting tool to support performance monitoring and intervention planning.
- A provider training on the Medicare Stars Program including best practices related to Follow-Up After Emergency Room Visit for People with Multiple High-Risk Chronic Conditions (FMC), Plan-All Cause Readmission (PCR), Transitions of Care (TRC), chronic disease management, and preventive screenings.

Focus areas include diabetes management and medication adherence, controlling high blood pressure, breast and colorectal cancer screenings, transitions of care, and follow-up after emergency department visits and readmissions.

Quality Care Incentive Program (QCIP)

In April 2026, CenCal Health distributed \$4.3 million in QCIP incentive payments to 94 Primary Care Providers (PCPs). Since its inception in 2022, the program has distributed \$64.7 million through 16 quarterly payment cycles. QCIP remains a cornerstone of CenCal Health's value-based strategy by aligning financial incentives with evidence-based clinical guidelines and quality improvement priorities.

For the 2026 program year, QCIP expanded to include 12 additional clinical quality measures and 3 operational member experience measures that align with select Medicare Star Ratings measures. The expanded measure-set supports quality performance across both CenCal Health's Medi-Cal and Dual Eligible Special Needs Plan (D-SNP) populations. PCPs have received updated gaps in care performance reporting that includes Medi-Cal and D-SNP membership.

The first incentive payments incorporating the expanded measure set are scheduled for distribution in July 2026. Detailed information and resources are available for the current iteration of CenCal Health's QCIP program at:

www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/

Quality Engagement Activities

Department of Health Care Services (DHCS) Summit Participation

In May 2026, CenCal Health representatives from Care Management and Population Health participated in multiple statewide DHCS-sponsored forums. Participation in the Transitional Care Services (TCS) Summit supported CenCal Health's ongoing work with the California Maternal Quality Care Collaborative (CMQCC) and implementation planning for new requirements intended to strengthen care coordination for pregnant and postpartum members. In addition, staff from Health Services and Health Promotion participated in a Clinical Leaders Summit which provided opportunities to collaborate with healthcare leaders statewide on emerging topics including recent state efforts to protect vaccine recommendations through the Public Health for all Californians Together (PHACT) coalition, strategies for reframing immunization communications using evidence-informed approaches, and access to gender-affirming healthcare services.

Maternal Health Community Health Worker (CHW) Outreach

In response to 2025 Population Needs Assessment findings showing low utilization of supportive maternal health services among CenCal Health's perinatal members, CenCal Health launched a Maternal Health telephonic outreach pilot in collaboration

with contracted CHW organizations in Santa Barbara and San Luis Obispo Counties. The pilot seeks to improve early engagement with pregnant and postpartum members and facilitate connections to services that may improve outcomes for both parent and newborn, including doula services, lactation education, and mental health support.

Next Steps

Next steps through August 2026 are focused on strengthening operational processes, launching cross-functional Stars workstreams, completing a mid-year Stars performance evaluation, and continuing provider engagement, member outreach, and clinical interventions that support improved quality outcomes and member experience. On June 16, 2026, CenCal Health will host a provider training workshop. The workshop will review program enhancements, measure specifications, performance reporting, and available resources to support provider success. The first incentive payment incorporating the expanded measure set is scheduled for July 2026.

CenCal Health will continue collaborating with CMQCC, DHCS, and other managed care plans to implement updated TCS requirements. Current efforts are focused on addressing barriers related to early pregnancy identification and provider outreach. Provider training and communications will be developed in partnership with Provider Services and Provider Relations. CenCal Health will monitor pilot performance and assess opportunities for future expansion and long-term sustainability in collaboration with CHW partners.

Recommendation

This Quality Report is submitted for the Board's acceptance.

Performance Division Report

Date: June 17, 2026

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.

Talent Acquisition and Retention Update

Total vacancy, spanning all Medi-Cal and D-SNP FTE, now sits at 5.2%. Highlights surrounding key senior leadership team recruitments include:

- Recruitment is underway for Health Services Officer and Medical Director positions.

All cause turnover remains healthy at a 12-month rolling average of 6.7%, significantly 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.

Organizational Dashboard

The Executive View Dashboard indicates strong organizational performance with nine (9) of nine (9) Level 1 processes meeting or exceeding 95% of target in Q1 2026. Level 1 core processes contain subprocesses, known as Level 2 processes, shown on the right side of the Dashboard. Notable performance highlights are as follows:

- Engage and Support Members. This Level 1 core process met target in Q1 2026. Performance within the *Help Members Navigate* Level 2 process fell below threshold, driven by the % of calls to Member Services answered within 30 seconds. Staffing challenges affected performance during the quarter and remain an ongoing focus for the department. As of April, performance on this metric improved by 22%.

- Support and Develop the Provider Network. This Level 1 core process met target in Q1 2026. Performance within the *Develop the Provider Network* Level 2 process remains below threshold and impacted by time and distance standards and timely access measures. Advancing the CenCal Health Access Plan remains the primary focus to drive sustained improvement in this area.

2026 Operating Plan Update

The 2026 Operating Plan is comprised of thirty-four (34) tactics. Tracked progress is as follows:

- 5 (15%) are new and yet to report % complete
- 12 (35%) are between 1-25% complete
- 4 (12%) are between 25-50% complete
- 4 (12%) are between 50-75% complete
- 8 (24%) are between 75-99% complete
- 1 (3%) has closed at 100% complete

Aggregate Operating Plan health (scope, schedule, resources) is meeting target, with performance at 93%. Five (5) tactics are at-risk of becoming or off-track with planned mitigations to address each project as follows:

- Closed-Loop Referral System – This tactic is intended to reduce health disparities in our populations through the implementation of a Closed-Loop Referral System. This tactic is reporting at-risk due to challenges in ensuring selected technologies can meet both new and existing DHCS requirements. Active mitigations are in place through interim manual processes, as well as close partnership with IT and technology vendors to ensure functionality can robustly and sustainably meet DHCS requirements through a phased approach.
- Reports for D-SNP – This tactic is intended to optimize technology and analytics to enable high-performing operations through the delivery of D-SNP reports. This tactic is reporting at-risk as some of the originally scheduled D-SNP reports have been delayed due to the need to prioritize more urgent reporting requests. IT is working closely with the business to prioritize report development and delivery in alignment with business needs.
- Core System (QNXT) Implementation – This tactic is intended to optimize the Dual Special Needs Program to standardize best practices through the implementation of the Cognizant QNXT Core System. The Core System includes modules for Claims, Enrollment Administration Management, and Financial Reconciliation Management. This tactic is reported at-risk due to a backlog of open items, including identified interface needs. Key processes are currently functioning to meet business needs, while continued closure of open items will further strengthen functionality and automation.
- Health Management Software (MHK) Implementation – This tactic is intended to optimize the Dual Special Needs Program to standardize best practices through the

implementation of the new health management software. This tactic is reporting at-risk due to challenges with certain data files. Active mitigation efforts include close cross-functional collaboration to develop and implement remediations, enhanced monitoring activities, and the use of interim workarounds or manual processes as needed.

- D-SNP Model of Care (MOC) – This tactic is intended to optimize the Dual Special Needs Program to standardize best practices through the development and implementation of a Model of Care. This tactic is reported as at-risk due to delays in implementing the end-to-end Health Risk Assessment process. Mitigations are in place to ensure all requirements continue to be met through interim processes.

Recommendation

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

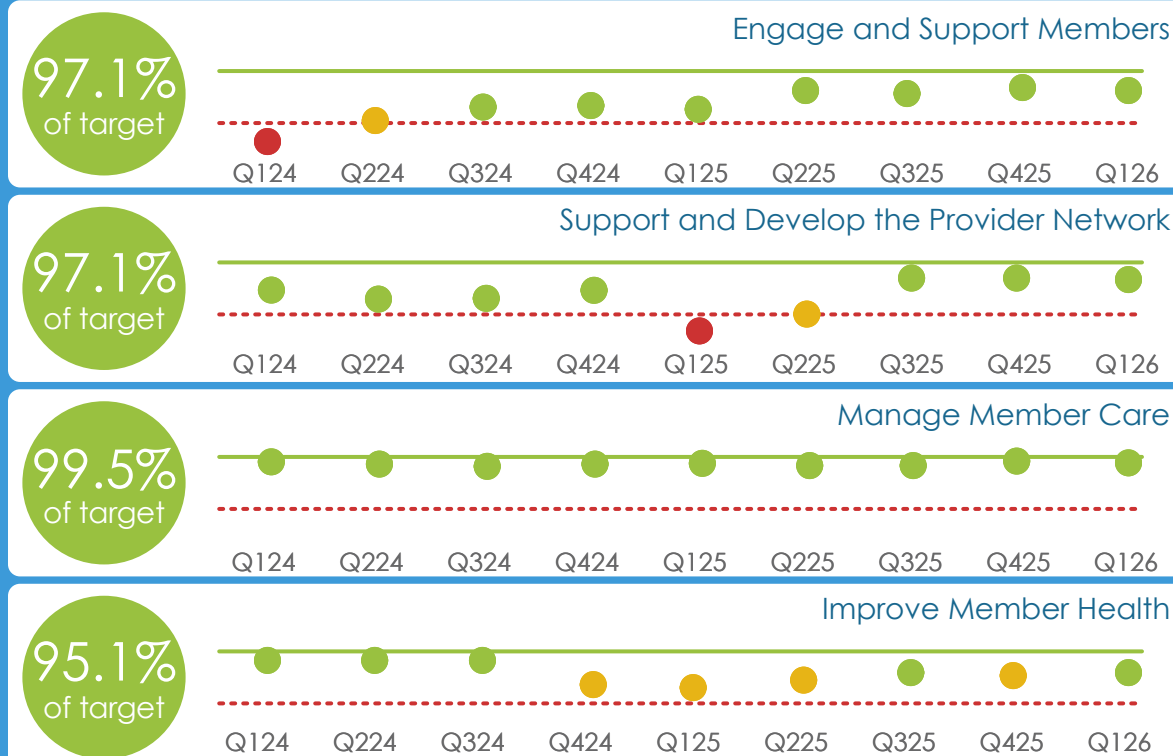
Enclosures

1. Q1 2026 Executive View Dashboard
2. May 2026 Operating Plan

Purpose: To provide oversight of health plan performance across all organizational processes, to enable timely and targeted intervention and celebration.

Context and Limitations: Target and Threshold values are informed by contractual requirements and best practices, where available. This dashboard is structured by core processes (which deliver values directly to members, providers and the community) and managerial and support processes (which guide and support the organization). Results are produced using composites, meaning the performance of subprocesses is combined for aggregate performance scores. All metrics are normalized to a 100 point scale, so Target performance is always 100%.

Core Processes



	Q125	Q225	Q325	Q425	Q126
Subprocesses					
Help Members Engage	88.9	94.0	97.0	98.9	98.9
Help Members Navigate	98.2	98.9	94.1	96.5	93.3
Improve Member Experience	99.5	98.3	98.2	99.0	99.0
Subprocesses					
Support the Provider Network	92.9	95.7	99.2	99.8	98.8
Develop the Provider Network	90.5	89.7	93.0	92.6	92.6
Pay Providers	99.2	98.6	100	100	100
Subprocesses					
Manage Utilization	98.4	98.6	98.6	98.9	98.9
Coordinate Member Care	100	100	100	100	100
Subprocesses					
Improve Effectiveness of Care Delivery	91.5	92.7	94.2	93.8	94.2
Manage Population Health	—	96.1	96.1	96.1	96.0

Support and Managerial Processes



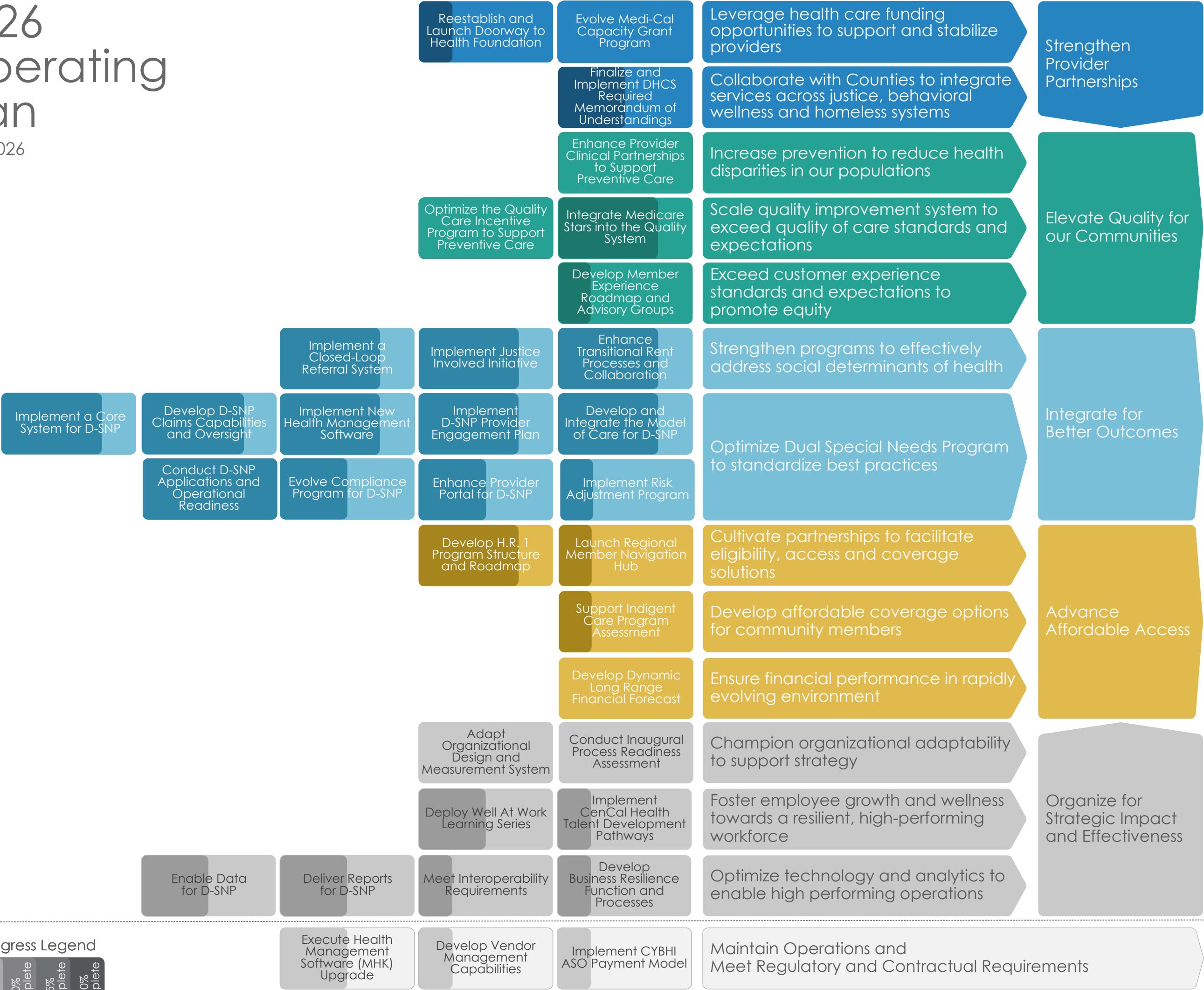
2026 Operating Plan

May 2026

Organizational Tactics

Objectives

Priorities



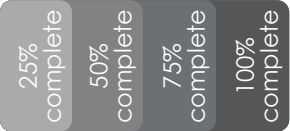
Mission

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

Progress Legend



Strategic Engagement Report

Date: June 17, 2026

From: Jordan Turetsky, MPH, Chief Strategic Engagement Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Cathy Slaughter, Provider Relations Director
Brandon Roberts, Government Relations Director
Citlaly Santos, Strategic Engagement Director
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 Grant programs. Within this Strategic Engagement Report are updates on key areas of Government Relations developments, public relations items specific to CenCal Health, and a summary of community and provider engagements.

Government Relations

State Policy Landscape

May Revision to the Governor's Budget

The Governor's May Revision, released May 14th, proposed significant changes to the Medi-Cal program. Key policy changes included reinstating Medi-Cal asset limits, increasing monthly premiums for adults with unsatisfactory immigration status (UIS) from \$30 to \$50, and transitioning the UIS population from managed care to the state's fee-for-service delivery system beginning January 2027.

The May Revision also proposed a restructured Managed Care Organization tax aligned with federal requirements, preserving funding for provider rate increases. At the same time, it reduces investments in and speaks to more stringent eligibility requirements for CalAIM programs, including Enhanced Care Management and Community Supports.

On May 21, CenCal Health hosted a Provider Town Hall to review the Medi-Cal Policy with local providers and community partners. Over 170 participants attended the event, and CenCal Health will continue to engage our community through educational efforts including Town Halls and information shared on CenCal Health's Policy Pulse.

CenCal Health Budget Advocacy

Ahead of the Governor's May Revision, CenCal Health leadership traveled to Sacramento to engage directly with key legislators, including the offices of Assemblymember Dawn Addis, Assemblymember Gregg Hart, Senator John Laird, and Senator Monique Limón. These discussions emphasized the critical role of local plans in coordinating access to quality care, highlighted concerns for members and providers, expanding behavioral health services, and addressing other regional health priorities.

Following the release of the May Revision, CenCal Health continued outreach to policymakers to advance budget priorities that protect access to care around priorities critical to the Central Coast Health Coalition and our local health plan. CenCal Health launched a campaign to raise awareness as to the value of local health plans, with fact sheets and social media posts shared through CenCal Health's key communication channels. In partnership with the Coalition, CenCal Health advocated for an alternative approach developed by the Local Health Plans of California that aligns with federal requirements while preserving access to care for some of our most vulnerable members. The Coalition submitted three letters to the Legislature following the May Revision, included as reference materials, in addition to the Local Plan fact sheets produced and shared across social media platforms.

A supplemental report prepared by Mr. Armand Feliciano and Mr. Obed Franco of Public Policy Advocates is included for reference.

Federal Policy Landscape

Medicaid Community Engagement Requirements

On June 1, the Centers for Medicare & Medicaid Services (CMS) released an Interim Final Rule (IFR) establishing a nationwide framework for Medicaid Community Engagement Requirements, effective January 1, 2027. Under the rule, affected beneficiaries must complete at least 80 hours per month of qualifying activities, such as employment, job training, education, job search, or community service, or earn a minimum of \$580. States will be required to establish verification and reporting systems, initially relying on self-attestation before transitioning to more robust documentation processes, with federal funding and technical assistance available to support implementation. The additional medical frailty exemption requirements indicate that diagnostic criteria alone will not afford an exemption, and members must demonstrate both a medical frailty diagnosis and an inability to work. These requirements are more stringent than anticipated and are under review by staff. Comments to the IFR are due to CMS by July 31, 2026, though we understand that changes are unlikely to be made.

A supplemental report prepared by Mr. Ken Preede of Parker Poe Federal Strategies is included for reference.

Provider and Community Engagement Activities

Strategic Engagement

In April and May, CenCal Health supported more than 45 community events, including the Santa Ynez Valley Benefits Fair and First 5 San Luis Obispo County's Pediatric Town Hall. Staff also represented the organization at key gatherings such as the VNA Health Mother's Day Luncheon, Restorative Partners Art for Change event, and Angels Foster Care Luncheon, reinforcing CenCal Health's commitment to community centered engagement and collaboration.

Board Chair Sue Andersen and CEO Marina Owen were recognized by the Pacific Coast Business Times as Top Women in Business, and CenCal Health was named among the region's Best Places to Work, reflecting a sustained focus on cultivating a supportive, mission driven workplace that strengthens service to members and partners. Media activity across April and May generated 24 placements. Two Santa Barbara Independent articles examining healthcare funding challenges featured CEO Marina Owen and amplified the organization's voice in critical policy discussions. Nationally, CenCal Health participated in a May 19 Becker's Healthcare webinar on rural healthcare access, sharing regional insights and elevating the organization's leadership in addressing persistent care access gaps.

Across social media, CenCal Health's channels generated more than 77,000 impressions, amplifying community partnerships, leadership engagement, and member focused initiatives. Additional details are provided in the Strategic Engagement Department Supplemental Report.

Provider Engagement

In April and May 2026, staff conducted 7 live training sessions specific to CalAIM services and CenCal CareConnect operations. 91 participants attended the April sessions and reported 100% satisfaction, and 124 participants attended the May sessions with an overall satisfaction rating of 93.8%.

Recommendation

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

Attachments

- Public Policy Advocates Board Report
- Parker Poe Board Report
- Central Coast Health Coalition Advocacy Letters
- Strategic Engagement Department Supplemental Report



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

Date: June 17, 2026

Subject: June California Board Report

California Election Update

On June 2, 2026, Californians voted in the state's primary election. Although the vote count is not final, the projected winners in the statewide constitutional races and are moving onto the general election this fall are the following:

Governor

- Democrat Xavier Becerra
- Republican Steve Hilton

California counties handle the printing, mailing, verifying, and counting of ballots. Each of the 58 counties report their election results to the Secretary of State (SOS), and it has 38 days after the election to certify the election results.

California Budget Update

With the legislative budget's deadline, June 15, 2026, to pass a budget bill fast approaching, several budget issues remain open as the Legislature and the Governor continue to negotiate on a number of May Revise proposals released by the Governor on May 14, 2026. These proposals include the following:

- **Medi-Cal Enrollment**- 500,000 decline in enrollment, from 14.4 to 13.9 million;
- **Asset Limit Lowered**- asset limits for seniors and disabled, \$2,000 individual, and \$3,000 for a couple;
- **Unsatisfactory Immigration Status (UIS)**- move UIS to fee-for service (FFS) and premium increases to \$50 per month for UIS adults;
- **Managed Care Organization (MCO) Tax**- restructure the MCO tax in alignment with federal law by 1/1/27 and maintain targeted provider rate increases.
- **Hospital Quality Assurance Fee (HQAF)**- includes \$84.7 million in 2025-26, and \$1.7 billion in 2026-2027 to support children's coverage through the HQAF;
- **Enhanced Care Management and Community Support Refinement**- restricts eligibility and utilization controls to reduce spending;
- **Covered California State Subsidy Program**- expands premium subsidies to enrollees up to 200% of the Federal Poverty Level



- **County Medi-Cal Administration**- one time augmentation to support county workload.

CenCal Health leadership and PPA advocates have been working with various stakeholders, including the Local Health Plans of California, clinics and provider groups, to persuade the Legislature and engage Department of Health Care Services (DHCS) on an alternative and proposal intended to meet all federal requirements that would retain the UIS members in a comprehensive Medi-Cal managed care through a compliant, state-only managed care contract with a targeted FFS carve-out for federally payable services.

If the alternative proposal is not adopted by the Legislature, in Santa Barbara and San Luis Obispo Counties, nearly 40,000 community members would lose CenCal Health insurance coverage and local assistance. The current state of play is that the Assembly and Senate are amenable to the alternative proposal, but DHCS cites implementation challenges and timing.

CenCal Health leadership and PPA advocates continue to work with its coalition partners and lobby legislative leaders, including Senators Limon and Laird, Assembly members Addis and Hart, and members of the Assembly and Senate Budget Committees to avert the transition of the UIS community into FFS.

California Legislative Update

In June, bills crossed over to the second house and policy committee hearings have resumed. Below are the status of various health care related legislation.

AB 1900 (Katra, Single Payer) proposes to create the California Guaranteed Health Care for All program, or CalCare, that would provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. CalCare would also cover a wide range of medical benefits and other services, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare Program. Funding for CalCare is to be addressed in a separate legislation. **Status:** Defeated.

AB 2729 (Bonta, Medi-Cal Employer Penalty) via intent language proposes to require employers who have employees enrolled in the Medi-Cal program to pay a penalty as contribution to a Medi-Cal fund. On March 19, 2026, this bill was amended to create the Employer Responsibility for Medi-Cal Trust Fund to consist of new taxes and deposits, including employer penalties specified in the Budget Act of 2026. The bill would continuously appropriate the fund to the State Department of Health Care Services to fund the costs of administering the Medi-Cal program in a manner necessary to prevent loss of or to restore health care coverage, benefits, or access to care following the passage of federal House Resolution 1 (Public Law 119-21) and subsequent state budget actions. The bill would state that these provisions would become operative only if the



Medicaid provisions of federal House Resolution 1 are not repealed prior to January 1, 2027. **Status:** This bill is in the Assembly Appropriations Committee.

SB 1422 (Durazo, Medi-Cal/Immigration Status) proposes to make an individual who is 19 years of age or older, who does not have satisfactory immigration status, eligible for the full scope of Medi-Cal benefits subject to payment of premiums and certain dental benefits. **Status:** This bill is on the Senate Floor.

AB 1682 (Hart, Scalp Cooling) proposes to require a health care service plan contract or health insurance policy to provide coverage for scalp cooling as prescribed by a health care provider in connection with chemotherapy for persons with cancer, and it further requires expanding Medi-Cal's schedule of benefits to include scalp cooling provided federal financial assistance is available and necessary federal approvals have been obtained. **Status:** This bill is in Senate Rules Committee.

AB 1907 (Addis, Health Benefits Exchange) beginning on July 1, 2027, expands Covered California's streamlined enrollment process, allowing individuals who apply through the Statewide Automated Welfare System and qualify for financial assistance to be automatically enrolled in eligible health plans. It requires eligible individuals to be enrolled in either: 1) the lowest-cost silver plan, 2) the plan in which other household members are enrolled, 3) the lowest-cost plan for an eligible Indian under federal law with reduced cost-sharing, or 4) their previous Medi-Cal plan. **Status:** This bill is in Senate Rules Committee.

Key Legislative Dates:

- June 15, 2026, Last Day for Legislature to pass a budget bill
- June 25, 2026, Last Day for a legislative measure to qualify for the November ballot



Memorandum

To: Marina Owen, Chief Executive Officer
CenCal Health

From: Ken Preede, Principal
Parker Poe Federal Strategies

Date: June 17, 2026

Re: Federal Update - June 2026

Executive Summary

Since March 2026, activity in Washington has been dominated by implementation of the major budget reconciliation law enacted in 2025, aggressive regulatory actions by the Trump Administration, growing debate regarding the future of Medicaid, and heightened geopolitical instability abroad. For Medicaid-focused organizations such as CenCal Health, the most significant development has been the Centers for Medicare & Medicaid Services' (CMS) release of its Interim Final Rule (IFR) implementing new Medicaid Community Engagement Requirements, commonly referred to as Medicaid work requirements. In addition, Congress has continued oversight of Medicare Advantage, Medicaid financing, program integrity, and health care affordability while preparing for FY 2027 appropriations and budget debates.

Political Environment

President Trump and congressional Republicans continue to focus on implementation of the 2025 reconciliation law, federal spending reductions, immigration enforcement, and restructuring of federal programs. Although Republicans maintain control of the White House and Congress, disagreements have emerged regarding implementation timelines and operational challenges associated with several major Medicaid provisions.

Democrats have increasingly concentrated their messaging on the anticipated coverage impacts of Medicaid changes enacted through reconciliation, including community engagement requirements, eligibility verification requirements, and Affordable Care Act marketplace reforms. Health care remains one of the primary areas of partisan disagreement heading into the second half of 2026.

Congress has largely shifted from debating whether these reforms should occur to overseeing how CMS and states will implement them.

Medicaid Community Engagement Requirements

The most consequential health policy development since March has been CMS's release of an Interim Final Rule implementing Medicaid Community Engagement Requirements. The rule establishes a nationwide framework for implementing mandatory community engagement requirements beginning January 1, 2027. The requirements apply primarily to certain adults enrolled through the Medicaid expansion population. CMS issued the rule pursuant to statutory requirements enacted in the 2025 reconciliation law.

Affected beneficiaries generally must demonstrate at least 80 hours per month of qualifying activities, including employment, work training, education, job search activities, community service, or combinations of those activities. Individuals enrolled at least half-time in educational programs may also satisfy the requirement.

Key features of the IFR include:

- Monthly community engagement standard of 80 hours.
- Multiple qualifying activities may be combined to satisfy requirements.
- Exemptions for medically frail individuals, pregnant women, certain disabled individuals, and other specified populations.
- States must establish verification and reporting systems.
- Initial reliance on self-attestation before transitioning to more robust documentation requirements.
- Federal funding and technical assistance to support state implementation.

For Medicaid managed care organizations, implementation will likely require significant beneficiary outreach, member education, eligibility support activities, data-sharing coordination with state agencies, and enhanced call center capacity. Operational details continue to evolve and additional guidance is expected from CMS throughout 2026. Several stakeholders have raised concerns regarding administrative burden and potential coverage losses among eligible individuals who fail to complete reporting requirements.

CenCal Health has led an effort on Capitol Hill to introduce legislation that would help alleviate some of the potential administrative barriers for eligible beneficiaries who are required to submit community engagement documentation and/or are being redetermined for Medicaid eligibility. This potential legislation would allow Medicaid health plans such as CenCal Health to contact members via cell phone and/or text with eligibility and enrollment information. Current law only allows for such communication to occur for healthcare related outreach (i.e. benefits, upcoming appointments) and would provide plans with a vital tool to help maintain coverage of members. The bill is in draft form and is being championed by Senator Adam Schiff (D-CA) who is working with CenCal Health's Government Relations team as well as coordinating with the Association for Community Affiliated Plans (ACAP) to find a Republican co-sponsor before introduction prior to the August recess. More information to come once we have it.

Congressional Oversight of Medicaid

Congressional committees have continued oversight of Medicaid program integrity, managed care financing, provider taxes, supplemental payment arrangements, and eligibility operations. Particular attention has been directed toward ensuring states remain on schedule for implementation of reconciliation-related reforms.

Lawmakers have also examined Medicaid workforce challenges, behavioral health access, home- and community-based services (HCBS), and care delivery for vulnerable populations. MACPAC and MedPAC reports released this spring highlighted workforce shortages, behavioral health access issues, and long-term Medicare payment policy concerns.

Medicare Advantage and Health Plan Oversight

Congressional interest in Medicare Advantage remains elevated. Oversight discussions continue to focus on risk adjustment, prior authorization practices, marketing oversight, and quality measurement. While no major Medicare Advantage legislation has advanced since March, plans should expect continued scrutiny from both Congress and federal regulators.

Budget and Appropriations Outlook

Congress has begun laying groundwork for FY 2027 appropriations. While a government shutdown does not appear imminent, significant disagreements remain regarding discretionary spending levels and health-related funding priorities.

Key issues under discussion include:

- Centers for Disease Control and Prevention (CDC) funding.
- National Institutes of Health (NIH) appropriations.
- Public health preparedness funding.
- Behavioral health and substance use disorder programs.
- CMS program management funding.
- Rural health initiatives.

The Administration continues to emphasize deficit reduction and federal spending restraint, creating potential pressure on non-defense discretionary programs if Congressional Republicans wish to advance a second Budget resolution for FY27 with reconciliation instructions - often referred to as "Reconciliation 3.0."

Outlook for the Remainder of 2026

For Medicaid managed care organizations, the remainder of 2026 will be defined largely by implementation activities associated with the 2025 reconciliation law. Community engagement requirements, eligibility verification reforms, and related operational changes will require significant coordination among CMS, state Medicaid agencies, managed care organizations, providers, and beneficiary advocates.

Congress is expected to maintain active oversight of implementation efforts while continuing debate over federal spending, health care affordability, and the future direction of Medicaid. Additional CMS guidance and regulatory actions are anticipated throughout the summer and fall.

For CenCal Health, monitoring California's implementation strategy for community engagement requirements, beneficiary communication requirements, and operational responsibilities for managed care plans should remain a top federal policy priority through year-end.

Strategic Engagement Department Supplemental Report April & May Look-Back

Date: June 17, 2026

From: Citlaly Santos, Strategic Engagement Director

Through: Jordan Turetsky, Chief Strategic Engagement Officer



PUBLIC RELATIONS & MEDIA

CenCal Health generated strong media visibility across regional and industry outlets during April and May 2026.

The *Pacific Coast Business Times* released its annual Best Places to Work on the Central Coast rankings, covering Ventura, Santa Barbara, and San Luis Obispo counties. CenCal Health ranked 26th out of 50 organizations, marking its eighth consecutive year of recognition. Among 115 participating companies, the ranking underscores the competitiveness of this distinction.

The *Santa Barbara Independent's* Nick Welsh authored two high-impact news stories—published in April and May—examining federal, state, and county budget cuts to local healthcare. Both articles emphasized CenCal Health's strategic leadership and CEO Marina Owen's role in advancing systemwide impacts and advocating for sustainable solutions to regional healthcare funding challenges.

At the national level, Becker's Healthcare invited CenCal Health to contribute to a pre-recorded panel discussion on strategies to close rural access gaps. The webinar, broadcast nationally on May 19, featured Chief Strategic Engagement Officer Jordan Turetsky and emphasized transportation's critical role, positioning the organization as a thought leader on rural healthcare access.



Congratulations to all companies recognized as **Best Places to Work!**

CenCal Health sincerely appreciates our compassionate staff who embody our mission, vision, and values every day as they support our members, providers, and communities.

Thank you for recognizing us among the Best Places to Work!

CenCal Health is a community-accountable health plan serving more than 236,000 Medi-Cal members in Santa Barbara and San Luis Obispo counties.

[Join our team! Learn more at: CenCalHealth.org/careers](https://CenCalHealth.org/careers)



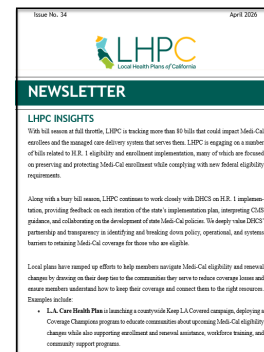
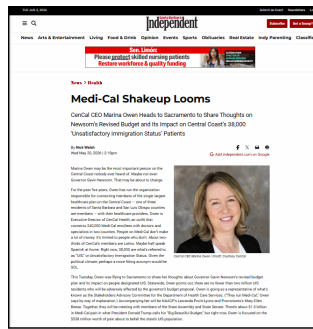
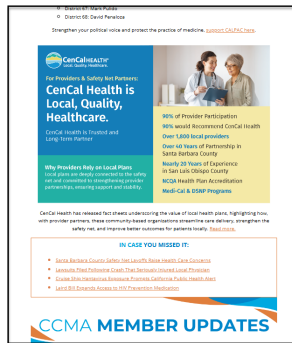
CenCal Health Santa Barbara
Office Exterior in May

CenCal Health also received broad media coverage for its participation in the national Light Up Green campaign for Mental Health Month, which was locally spearheaded by the Santa Barbara County Behavioral Wellness Department. CenCal Health's Santa Barbara headquarters were illuminated in green throughout May, contributing to a highly visible community initiative. Coverage appeared in outlets including *Carpinteria Coastal View News* and *Noozhawk*.

In San Luis Obispo County, CenCal Health participated in a public education initiative on nicotine quit medicines led by San Luis Obispo County Health Agency. *Paso Robles News* covered the campaign, including a quote from Marina Owen.

Additionally, CenCal Health's sponsorship of community events generated numerous media mentions across outlets such as *Edhat*, *Noozhawk*, and the *Santa Barbara Independent*, reinforcing its ongoing community presence and engagement.

News Clipping Samples



1 5/28/26
CCMA Local Rounds
Newsletter - CenCal
Health is Local. Quality.
Healthcare.

2 5/20/26
Noozhawk
Medi-Cal Shakeup
Looms

3 4/23/26
LHPH Monthly Newsletter
Local Plans Have
Ramped Up Efforts to
Help Members Navigate
Medi-Cal Eligibility

Media Coverage Report

In April and May, CenCal Health earned 24 media placements. Of those, 12 are highlighted below.

April - May 2026 Media Coverage		
Date	Name	Headline
5/30/2026	Santa Maria Times	Faces of Hope Village: John Reeley finds hope in services, support
5/28/2026	Santa Barbara Independent	Angels Foster Care's 13th Annual Al Fresco Luncheon Celebrates Over 20 Years of Care
5/28/2026	CCMA Local Rounds	CenCal Health is Local. Quality. Healthcare.
5/26/2026	Local Health Plans of California e-newsletter	LHPH Board Chair and CenCal Health CEO Marina Owen Discusses Potential Impact of State Budget May Revision
5/22/2026	Pacific Coast Business Times	2026 Central Coast Best Places to Work
5/20/2026	Noozhawk	Medi-Cal Shakeup Looms
5/6/2026	Carpinteria Coastal View News	More Good Days Together: County marks Mental Health Month
5/4/2026	Paso Robles Daily News	County Quit Campaign Doubles Nicotine Therapy Prescriptions
4/30/2026	CCMA Local Rounds	Celebrating National Nurses Week May 6-12
4/29/2026	Noozhawk	'Light up Green' Campaign Supports Mental Health Month
4/23/2026	Santa Barbara Independent	CALM Holds Record-Breaking Let's Get Loud Fundraiser with \$125,000 Raised to Prevent and Treat Trauma
4/23/2026	Local Health Plans of California Monthly Newsletter	Local Plans Have Ramped Up Efforts to Help Members Navigate Medi-Cal Eligibility and Renewal Changes

SOCIAL MEDIA



April & May Social Examples

Value of Local Health Plans Campaign

To elevate public understanding of local plan impact and effectiveness, CenCal Health shared fact sheets via social media explaining how local plans strengthen community health. The purpose of the post is to educate the public and stakeholders about the impact of local health plans, reinforce CenCal Health's role as a trusted community partner, and advance broader advocacy efforts focused on protecting and strengthening the healthcare safety net.



First 5 San Luis Obispo County Pediatric Town Hall

Regional leaders convened to strengthen early childhood health at First 5 San Luis Obispo County's Pediatric Town Hall. CEO Marina Owen gave opening remarks, welcoming over 100 local partners and community members. Insights from California Surgeon General Dr. Diana E. Ramos and other experts highlighted how coordinated, cross-system support improves long-term outcomes and reinforced a shared commitment to healthier futures for children and families.

COMMUNITY ENGAGEMENT

Outreach and Events Spotlight



Restorative Partners Community Resource Fair

CenCal Health participated in Restorative Partners' "Bridging the Gap – Art for Change" event and resource fair in Los Osos, highlighting how creative expression and restorative programs support healing, transformation, and community connection. The event reflected Restorative Partners' work to reduce violence and support reentry services, while underscoring CenCal Health's commitment to strengthening Central Coast communities through partnership.

VNA Mother's Day Luncheon

CenCal Health was proud to support VNA Health's 25th Anniversary Mother's Day Luncheon, honoring mothers and caregivers whose compassion strengthens Central Coast communities. The event recognized Honored Mother Katina Zaninovich and Remembered Mother Nancy Koppelman. CenCal Health was proud to sponsor the luncheon and support VNA Health's commitment to compassionate home health, hospice, and end-of-life care.



DHCS Contract Amendment A10 to Agreement Number 23-30239

Date: June 17, 2026

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer
Brandon Roberts, MPH, Director of Government Affairs

Executive Summary

CenCal Health contracts with the California Department of Health Care Services (DHCS) to provide Medi-Cal services in Santa Barbara and San Luis Obispo Counties.

In 2024, the Board approved execution of a new contract between CenCal Health and the Department of Healthcare Service (DHCS). As state and federal policies evolve, new amendments may be required to update the existing contract between CenCal Health and DHCS.

The Board has delegated authority to the CenCal Health Chief Executive Officer (CEO) to execute such amendments, with review and concurrence from internal subject matter experts (SMEs), and review and approval of the Board Chair.

On May 14, 2026, DHCS issued the Amendment A10 to its contract with CenCal Health. **Amendment A10 to Agreement Number 23-30239** incorporates changes and new requirements to:

- Definitions
- Diversity, Equity, and Inclusion Training Requirements
- Chief Health Equity Officer duties
- Key Personnel Changes
- Overpayment Recoveries
- Medical Loss Ratio Requirements for Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements,
- Prior Authorization and Review Procedures
- Requirements for Network Provider Agreements, Subcontractor Agreements and Downstream Subcontractor Agreements
- Prohibition Against Payment to Excluded Providers
- Transitional Care Services
- CMS Requirements for Community Supports
- Community Supports Quarterly Implementation Monitoring Report
- Grievances and Continuation of Services Pending Appeal
- Provider Directory
- Hospice Care
- Memorandum of Understanding (MOU) Purpose and Compliance

- Operations Deliverables
- Targeted Rate Increases
- Directed Payment Initiatives
- Governing Law and DHCS Guidance

Internal SMEs reviewed the amendment and reported no concerns. Additionally, CenCal Health's General Counsel and Chief Compliance and Fraud Prevention Officer completed their review and identified no issues and were agreeable to the language.

Action Taken and Recommendation

Consistent with prior Board direction authorizing the CEO to execute routine contract amendments following internal SME review, the CEO executed the 23-30239 A10 contract amendment on or before the DHCS deadline of May 29, 2026. The amendment was executed and returned to DHCS and is included in consent.

Customer Experience and Health Equity Report

Date: June 17, 2026

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 key metrics and activities of the Member Services, Health Equity and Program Development, and Communications and Marketing departments for May 2026. This month's highlights include successful enrollment of 487 members in CareConnect, release of the Medi-Cal Outreach and Navigation grant program, and creation of strategies to support member retention.

Member Services

Membership

CenCal Health's aggregate membership as of June 4, 2026, is 225,903, reflecting a net **decrease** of 2,982 members from May's final total of 228,885. June's final enrollment is expected to increase following historical trends where members are reinstated during the 90-day cure. New member enrollment for May was 1,594 for Santa Barbara County (SBC) and 834 for San Luis Obispo County (SLOC), for a total of 2,443 new members.

Call Center

The call center averaged 406 calls per day in May, below the 2025 daily average of 452. The Average Speed to Answer goal of 85% was met in May, with a score of 85%. This month's improvement was achievable due to filling three vacancies and new staff completing their onboarding and training. Additional operational support from Supervisors and Health Navigators during peak periods and lunch coverage also helped improve response times. Performance was achieved despite intermittent volume changes driven by automated outreach to approximately 2,400 new members, which created volume on queue times. Staff maintained strong performance, with abandonment well below target at 1.6% and call tracking exceeding expectations at 97%, demonstrating continued commitment to service excellence.

Grievance and Appeal

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

Member Services Functions to Support CenCal Care Connect

CareConnect Call Center

- Average of 20 calls per day, with 628 calls total in May.
- 54% of Total Call Volume is related to CareConnect.

CareConnect Enrollment & Eligibility

- 487 members are officially enrolled as of June 1, 2026, with 65 new enrollments processed in May.
- 100% of applications are processed timely and all member notifications are occurring as required.

CareConnect Grievance & Appeals

During May, 20 grievances were filed on concerns including provider billing, access to care, provider customer service, continuity of care, pharmacy benefit, and member understanding of plan benefits. Two Part D appeals were received and resolved.

Health Equity & Program Development

CenCal Health launched the Medi-Cal Outreach and Navigation grant program to support trusted community partners in educating Medi-Cal members about renewal requirements and providing direct assistance to help eligible members maintain coverage. The program goals are to increase awareness of renewal requirements among Medi-Cal members; reduce disenrollment from Medi-Cal due to administrative or procedural reasons; and prevent disruption in care.

Communications and Marketing

Communications and Marketing began retention work to support members through the 2027 Medicaid changes, as prescribed in HR 1. These included launching both internal and external community collaboratives focused on complementary retention guidance. Expanding the use of digital communication tools was explored for use both in retention and to assist other departments with annual information gatherings.

Recommendation

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

Communications April/May 2026 Look Back

To: Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Marketing

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

Date: June 17, 2026



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New Marketing Materials Highlight Medicare Guidance and Support

Choosing the right Medicare coverage can feel confusing, especially for members with complex needs. To make it easier, the Communications and Marketing team developed new materials for people eligible to enroll in CenCal CareConnect. These pieces focus on a simple message: We're here to help you understand your Medicare options.

What's launching:

- **Navigator outreach:** A postcard and a buckslip highlight the support our Medicare Navigators offer as licensed, local experts who provide trusted guidance.
- **Educational seminars:** Mailers and flyers invite members to local events that explain Medicare basics. These sessions are for learning, so members can make informed choices.
- **Sales presentations:** Mailers and flyers also promote in-person events where attendees can learn about CenCal CareConnect benefits beyond Original Medicare. Attendees are able to enroll in the plan at these events.



Together, these materials make it easier for eligible members to find reliable information, feel supported, and learn whether enrolling in CenCal CareConnect is right for them.

**Have questions about Medicare?
Need Help Enrolling?
We're Here for You.**

**Medicare can be confusing.
You don't have to navigate it alone.**

CenCal CareConnect's licensed Medicare Navigators are here to help you understand your options, with no pressure.

Call 1-877-671-6155

Our Navigators can help you:

- Understand Medicare basics & how Medicare works with Medi-Cal
- Understand enrollment deadlines
- Explain Part D drug plans
- Check which doctors and prescriptions are covered

Navigators are local and represent CenCal Health only.

CenCal CareConnect

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**Need Help with Medicare?
We're Here for You.**

Medicare can be confusing. You don't have to figure it out alone. CenCal CareConnect has Medicare Navigators who are here to help.

Who is a Medicare Navigator?

- They are licensed by the state of California.
- They can explain Medicare rules & options.
- They are local & represent CenCal Health.

Our Navigators can help you:

- Understand how Medicare works with Medi-Cal
- Compare your Medicare options
- Understand enrollment deadlines
- Explain Part D drug plans
- Check which doctors & prescriptions are covered

Whether you're new to Medicare or helping a loved one, support is available. Our Navigators are here to listen, explain, and help you decide the right fit for you.

Questions about CenCal CareConnect (HMO-D-SNP)?
Call 1-877-227-3051 (TTY: CA Relay at 711), Monday through Friday, 8 a.m. to 5 p.m. PT, or visit www.cencalhealth.org/careconnect

CenCal CareConnect

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**Medi-Cal & Medicare
can be confusing.
Let's make it clear.**

CenCal CareConnect

H7620_D26-26346_C 04/29/2026

**Are you getting everything you can from your Medicare?
Learn how to get MORE.**

**¿Está usted aprovechando al máximo su Medicare?
Aprenda como aprovecharlo MÁS.**

CenCal CareConnect

H7620_D26-26346_M 04/29/2026

Spotlighting the Value of Local Health Plans

As proposed changes to the state budget reshape Medi-Cal, CenCal Health has taken a leadership role in advocating for the strength and value of local, community-based health plans. The Communications team partnered with Government Relations to develop a series of factsheets that highlight how local plans improve access, drive better outcomes, and respond to community needs.

Designed for policymakers, providers, and community members, these materials clearly communicate why local managed care matters. They also serve as adaptable templates for sister plans, helping amplify a unified, statewide message that reinforces the essential role of local health plans in California's health care system.

CenCal Health: Created to Address Local Needs

- County Organized Health System
- Local Governance
- Launched 1983, Santa Barbara Co.
- Expanded 2008, San Luis Obispo Co.
- Created to Enhance Access, Increase Quality, Control Costs, Improve Satisfaction

System Design Area	General Statewide Approach	Local Plan Strengths
Governance	Centralized decision-making	Local accountability and community governance
Implementation	Standardized statewide rollout	Local tailoring based on regional needs
Provider Networks	Uniform contracting models	Deep safety net partnerships
Equity	High-level statewide goals	Neighborhood level equity work
Social Needs	Limited integration	Whole person care leadership
Financial Model	Statewide incentives	Local reinvestment into community health
Stability	Potential for market shifts	Long-term presence and continuity

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For Community & Advisory Organizations: CenCal Health is Advancing Equity Through Community Partnership

Facts on Programs:

- Investing \$12 million in Medi-Cal Capacity Grant Program
- \$56 million in Revenue Payment Program
- \$10 million in Housing and Homelessness Program
- Partnerships with Community Health Workers

Outcomes:

- Investing Transition Navigator Services: \$12M (Revenue Payment Program)
- Housing Tenancy and Sustaining Services: \$56M (Revenue Payment Program)
- Homeless Care: \$10M (Housing and Homelessness Program)
- Housing Supports: \$10M (Housing and Homelessness Program)

Why Communities Trust Local Plans

Local plans are built to serve the people who face the greatest barriers to care.

What Local Plans Deliver

- Community voice through advisory groups and local governance.
- Culturally responsive care via CHWs, promotoras, and community-based programs.
- Social needs integration including housing supports, food security, and transportation.
- Local reinvestment into community health.
- Local leadership that strengthens neighborhoods and reduces disparities.

How Local Plans Advance Equity

- Use granular local data to target disparities with local guidance from community advisory boards.
- Fund community-specific programs that reflect cultural and linguistic needs.
- Build cross-sector partnerships with housing, justice, education, and youth organizations.
- Support trusted messengers who improve engagement and outcomes.

Bottom Line: Local plans make equity real, not rhetorical or theoretical.

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For Providers & Safety Net Partners: CenCal Health is Local, Quality, Healthcare.

CenCal Health is a Trusted and Long-Term Partner.

- 90% of Provider Participation
- 90% would Recommend CenCal Health
- Over 1,800 local providers in Santa Barbara County
- Nearly 20 Years of Experience in San Luis Obispo County
- NCA Health Plan Accreditation
- Medi-Cal & DSH Programs

Why Providers Rely on Local Plans

Local plans are deeply connected to the safety net and committed to strengthening provider partnerships, ensuring support and stability.

What Local Plans Deliver

- Deep relationships with clinics, hospitals, and behavioral health providers.
- Higher and more reliable reimbursement to providers than state-wide Medi-Cal rates, including investments that support local jobs and infrastructure.
- Collaborative problem-solving on workforce, access, and quality.
- Whole-person care through Enhanced Care Management, Community Supports, and care coordination.

How Local Plans Support Providers

- Reduce administrative burden through local contracting and support teams.
- Strengthen care coordination with community-based navigators.
- Invest in quality improvement, data sharing and clinic capacity.
- Maintain stable networks, enhance local decision-making and protect continuity.
- More local investment, not enrolling distant shareholders or for-profit entities.

Bottom Line: Local plans are trusted, stable, and aligned with the mission of the safety net.

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For Legislators and Policymakers: CenCal Health is Local, Quality, Healthcare.

Our Mission: To improve the health and well-being of the communities we serve by providing access to high-quality health services, ensuring financial and social equity, and meeting the needs of our members.

Our Vision: To be a trusted leader in advancing health equity and ensuring communities thrive and achieve optimal health together.

Our Values: Collaboration, Community, Integrity, Investment.

Our Membership:

- 230,000 Members
- 1 in 3 Residents in Santa Barbara
- 1 in 4 Residents in San Luis Obispo
- US Community Members Represented: 34,700
 - Children (0-17): 4.5%
 - Adults (18-64): 52.5%
 - Elder Adults (65+): 43%

Why Local Plans Matter

Local health plans are community-based, member-driven, and deeply embedded in the safety net. They reinforce statewide policy into real and community-level results.

What Local Plans Deliver

- Local accountability – On-the-ground shaped by county boards, community voices, and safety net partners.
- High performance – Strong results in preventive care, chronic disease management, provider and member satisfaction.
- Safety net alignment – Longstanding partnerships with physicians, safety-net clinics like FQHCs and tribal health centers, county hospitals, and behavioral health systems.
- Reinvestment – Capital dollars they invest, supporting housing, food security, and community health and law enforcement efforts.
- Local Service and Stability – Crucial to local safety through every policy cycle, political direction and budget downturn given community commitment and mission-driven workforce.

How Local Plans Strengthen Statewide Reforms

- Local tailoring ensures statewide policies work in diverse regions.
- Operational expertise reduces implementation risk.
- Equity leadership turns statewide equity goals into measurable outcomes.

Bottom Line: Local plans are critical infrastructure for Medi-Cal. Strong statewide policy requires strong local partners and robust and CenCal health plans ensure local support.

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Communications Material Development

In April and May, Communications worked on more than 120 projects and tickets. Samples of collateral materials Communications produced for members, providers, and the community are included below.

MATERIAL: Member-focused

Spring 2026 Member Newsletter

In April, members received the spring edition of Plan Matters, the member newsletter that helps members get the most from their plan benefits. The issue included articles on staying informed about Medi-Cal renewal information, setting up an Initial Health Appointment with a primary care provider, receiving plan information in alternate formats or through language interpretation services, reserving transportation services, and more.

PLAN matters
HOW TO GET THE MOST FROM YOUR BENEFITS

SPRING 2026

Questions About Your Benefits?

Member Services is available toll-free at 1-800-945-5801 (TTS) or 1-800-945-5801 (TTS) or 1-800-945-5801 (TTS) or 1-800-945-5801 (TTS).

Keep Your Medi-Cal. Keep Your Care

Staying enrolled in Medi-Cal keeps you and your family connected to your CenCal Health coverage.

Keeping your information current is the best way to avoid gaps in the care you rely on. Stay prepared for routine checkups, prescriptions, hospital visits, and any other health needs that come your way.

What can I do to stay covered?

- Update your information. Keep your phone number and address up-to-date with your county Department of Social Services (DSS) or on www.BenefitsCal.com. This is so you don't miss important notices.
- Open your mail. Watch your mail and respond to renewal packets or letters from your health plan or local county DSS office.
- Know your Medi-Cal renewal date. Go online or meet with your county DSS office to renew your Medi-Cal. If you don't receive notifications.
- Visit www.dhs.ca.gov/medicaid for more information on how to keep your Medi-Cal.

Staying covered helps you and your family stay healthy. If you have questions about your Medi-Cal renewal, call or visit your local DSS office.

Visit www.KeepCenCal.org for a list of local DSS office phone numbers and addresses.

¿Qué puedo hacer?

Si necesitas la información de tu plan de salud en español, inglés, o chino, o si tienes preguntas sobre cómo mantener tu cobertura, llámanos al 1-800-945-5801 (TTS) o visita www.BenefitsCal.com.

No pierda su cuidado

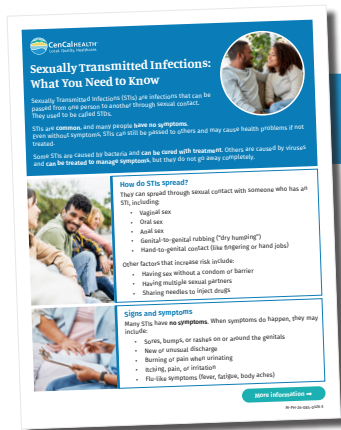
Si quiere mantener su cobertura de salud, debe mantener su información actualizada. Esto le ayudará a evitar interrupciones en su cuidado de salud. Manténgase al tanto de los paquetes de renovación y las cartas de su plan de salud o de su oficina local de DSS.

¿Qué puedo hacer?

- Actualizar su información. Mantenga su número de teléfono y su dirección actualizados con su oficina local de DSS o en www.BenefitsCal.com. Esto le ayudará a evitar interrupciones en su cuidado de salud.
- Abra su correo. Vigile su correo y responda a los paquetes de renovación o las cartas de su plan de salud o de su oficina local de DSS.
- Conozca su fecha de renovación de Medi-Cal. Vaya en línea o se reúna con su oficina local de DSS para renovar su Medi-Cal. Si no recibe notificaciones.
- Visite www.dhs.ca.gov/medicaid para obtener más información sobre cómo mantener su Medi-Cal.

Mantener su cobertura le ayuda a usted y a su familia mantenerse saludables. Si tiene preguntas sobre su renovación de Medi-Cal, llame o visite su oficina local de DSS.

Visite www.KeepCenCal.org para obtener una lista de los números de teléfono y las direcciones de las oficinas locales de DSS.



Sexually Transmitted Infections (STIs) Flyer

Communications worked with the Health Promotion team to design a member flyer with clear information on STI facts, symptoms, and testing options.

Newborn Checklist

In support of the Health Promotion team, Communications designed a checklist for expectant parents. It guides them on things to take care of before and after the baby is born, including enrolling the newborn in Medi-Cal, setting up well-baby checkups with a doctor, and what to expect during doctor visits.

 A "Newborn Checklist" form from CanCalHealth. It includes sections for "Before you go to the birthing facility," "Before you leave the birthing facility," "After you leave the birthing facility," "Your newborn should have a well-baby checkup appointment when they are 3-5 days old," "What to expect during well-baby checkups," and "Before each well-baby appointment." It also features a table for well-baby checkup appointments.

MATERIAL: Provider-focused

STI & HIV Prevention for Spanish-Speaking Members

Communications worked with the Health Promotion team to design a guide for providers to help address rising rates of sexually transmitted infections and HIV in Spanish-speaking and Hispanic/Latino populations.

 A flyer titled "Closing the Gap: STI & HIV Prevention for Spanish-speaking Members" from CanCalHealth. It includes sections for "Normalize Routine Screening," "Discuss Prevention Options," "Clinical Actions for Providers," and "Provider Tools & Resources." It features a photo of a healthcare provider.


Lactation Support and Referral Training Flyer

Communications worked with the Health Promotion team to design a flyer inviting local providers to an upcoming training session focused on lactation support.

MATERIALS: General-Audience Focused

Medi-Cal Outreach and Navigation Program Webpage

The Communications team launched a website in support of Program Development that provides information on a CenCal Health grant program that supports community partners doing Medi-Cal outreach and navigation. Information about the program can be found at: www.cencalhealth.org/community/grant-funding-opportunities/

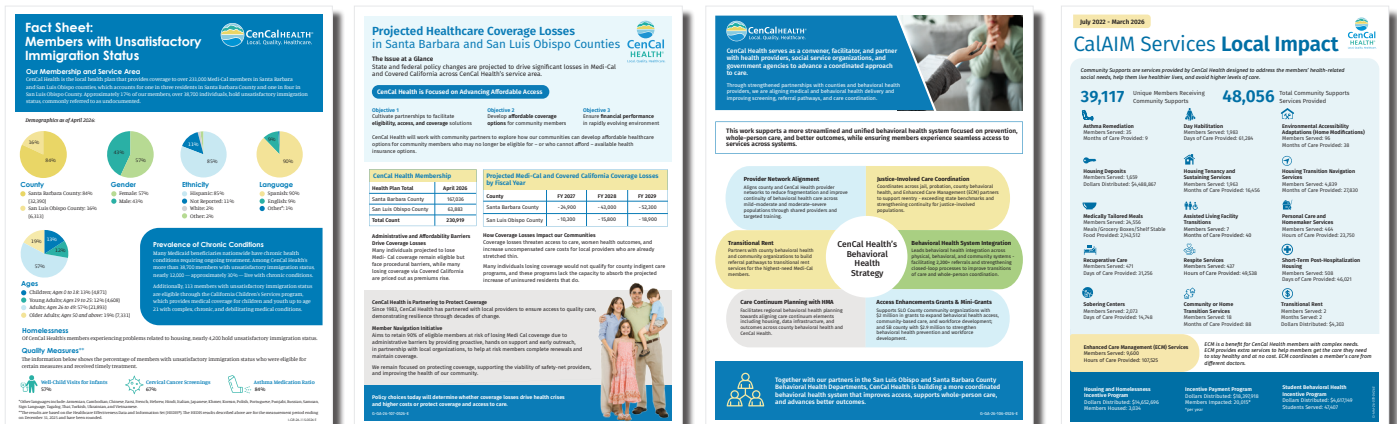


Local Ads for Community Events

In support of the Strategic Engagement Department, Communications designed advertisements for events for CommUnity, Boys and Girls Club, and Partners In Care Foundation.

Factsheets Highlight Medi-Cal Impacts and Community Health Insights

The Communications team designed a series of factsheets supporting Strategic Engagement using clear data to illustrate key healthcare issues. Topics include projected coverage losses due to Medi-Cal changes, behavioral health strategy, UIS member demographics, and the local impact of CalAIM services.



Operations Report

Date: June 17, 2026

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 May and early June activities specific to CenCal Health's Dual Special Needs Program (D-SNP) CareConnect. 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 Operational Overview

Medicare growth in Q1-Q2 2026 was intentionally paced to ensure operational readiness and deliver a positive experience to both members and providers. CenCal CareConnect has 510 total enrollments with 488 active members as June 1, 2026, and 22 members effective July 1, 2026. CenCal Health achieved 100% of the Q1 enrollment target of 400 members with brochures, letters, and postcards mailed to 12,592 prospective members.

Health Risk Assessment (HRA) completion rate remains strong at 93%, with HRA's completed for all members effective January 1st. Member Services Call Center continues to perform well with strong adherence to service levels, ensuring a positive member experience. CenCal Health developed 285 individualized care plans have been completed, with over 154 members actively engaged in Care Management and 685 authorizations were received and processed, alongside 26 Continuity of Care requests to support seamless member care.

A total of 4,523 claims were processed and payments made to providers, 4,495 prescriptions have been filled, with approximately 74% of our members utilizing the pharmacy benefit. Approximately 414 enrollees activated their flex spend cards, with 1,214 transactions to date, with top three purchase categories being vitamins & dietary supplements, first aid & medical supplies, and dental care.

2026 CareConnect Priorities

As the program shifts from implementation into full operational functions, the priorities

for 2026 will focus on stabilization and building the foundational infrastructure needed for long-term success. A key effort will be the development of robust data reporting and dashboard capabilities that provide reliable, real-time visibility into both product and operational performance. These tools will not only support day-to-day decision-making but also create a consistent framework for monitoring trends, identifying risks, and ensuring alignment across all D-SNP functions.

Additional focus will be on strengthening the compliance function and establishing formal oversight mechanisms to support overall audit readiness. This includes developing a robust Compliance program to ensure all D-SNP operational areas meet regulatory requirements. Lastly, the plan will deepen its focus on Quality (Stars) and Risk Adjustment, recognizing their critical role in optimizing plan performance, revenue accuracy, and member outcomes. Advancing these capabilities will position the program to deliver consistent, high-quality service while supporting long-term product viability.

2027 Bid Development Update

CenCal Health has successfully completed and submitted the 2027 D-SNP bid to the Centers for Medicare & Medicaid Services (CMS) by the June 1, 2026, deadline. With the submission complete, CenCal Health has transitioned into the post-submission phase, which includes CMS review and evaluation of the bid. During this period, in partnership with our Actuaries, we will respond to any CMS inquiries and assess opportunities to refine our offering, as appropriate, based on emerging guidance and finalized D-SNP benchmarks. This next phase is critical to ensuring readiness for plan year 2027 and maintaining alignment with regulatory expectations. Overall, the CY 2027 bid activities remain on schedule and are progressing as expected.

Recommendation

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

Quality Improvement Health Equity Committee (QIHEC) Report

Date: June 17, 2026

From: Lauren Geeb, MBA, Senior Director of Quality and Population Health

Through: Marina Owen, Chief Executive Officer
Tanya Phares, DO, MPH, CPE, FACP, FACPM, Interim Chief Medical Officer
Van Do-Reynoso, PhD, Chief Health Equity Officer

Contributor: Amber Sabiron, MSN, RN, Population Health Manager

To simplify presentation of materials, the documents referenced herein are each hyperlinked for your convenience to supplement your Board's meeting materials.

Executive Summary

This QIHEC report summarizes proceedings from its 2nd quarterly meeting of 2026, held on May 28, 2026. QIHEC is your Board's appointed entity accountable to oversee the effectiveness of CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP).

Key committee actions included approval of:

- February 26, 2026 **QIHEC minutes**.
- **Reports from the following committees:** Pediatric Clinical Advisory Committee, Customer Experience Committee, Utilization Management Committee, Peer Review and Credentialing Committee, and Pharmacy and Therapeutics Committee.
- **QIHETP systems integration – Key Performance Metrics:** Reporting of Utilization Management, Access and Availability, Pre-Service Appeals and Member Grievance operations. Most metrics met expectations. Of note this quarter:
 - The Department of Health Care Services (DHCS) accepted CenCal Health's 2024 Annual Network Certification (submitted in 2025). Updated DHCS network adequacy review methodology identified additional time and distance compliance gaps in outlying rural areas. CenCal Health has approved Alternate Access Standard (AAS) for each of these gaps, and in each of these cases, is already contracted with the nearest provider.
 - Pre-Service Appeals increased to 49 in Q1 2026 due to a benefit change from DHCS APL guidance for Community Supports – Medically Tailored Meals, resulting in 36 appeals for continuity of care. While the increase is notable, the volume remains within normal limits.

- For Q1 2026, Utilization Management metrics in Medi-Cal, Dual-Special Needs Plan (D-SNP) and Behavioral Health are above the regulatory thresholds. There are no unusual trends identified.
- **D-SNP – Model of Care (MOC) and Medicare Stars Performance Update:** Continued oversight of CenCal CareConnect (HMO D-SNP) implementation following the 1/1/2026 go-live, with Q1 highlights including ongoing Stars reporting, advancement of a Stars forecasting tool to support performance monitoring and planning, refinement of care coordination workflows, and continued provider collaboration. Focus areas include diabetes management and medication adherence, controlling high blood pressure, breast and colorectal cancer screenings, transitions of care, and follow-up after emergency department visits and readmissions.
- **Quality Care Incentive Program (QCIP) Update:** Continued monitoring of 2026 QCIP enhancements, including twelve clinical and 3 operational member experience measures, while monitoring provider performance and reviewing future measure opportunities aligned with emerging trends and regulatory priorities, with any proposed updates returning to QIHEC.
- Annual **Practice Guideline** updates, including revised immunization and preventive care recommendations and alignment with updated DHCS guidance following federal vaccine recommendation changes and California vaccine coverage requirements under Assembly Bill (AB) 144.
- **2026 QIHETP Work Plan** Routine quarterly updates. **A spotlight** presentation in response to 2025 PNA findings regarding low benefit/service utilization for supportive maternal health services amongst CenCal Health's perinatal members, CenCal Health is developing a Maternal Health telephonic outreach program in collaboration with contracted Community Health Worker (CHW) organizations in both Santa Barbara and San Luis Obispo Counties. CHWs will outreach to pregnant and postpartum members to connect them to benefits that may improve health outcomes for the member and the newborn, including doula services, lactation education, mental health support, and others.
- Routine quarterly updates of the **Quality Dashboard** for ongoing monitoring and identification of improvement opportunities for areas where benchmarks are not being met. Priority areas of focus include Follow-Up After Emergency Department Visit for Mental Illness, Well-Child Visits in the First 15 Months of Life, Controlling High Blood Pressure, Diabetes management, and Timeliness of Prenatal Care.

The QIHEC's approval of the work products listed above included consideration by contracted network physicians and other representatives that are required members of the QIHEC.

Background

DHCS requires that CenCal Health implement and maintain a QIHEC appointed by and accountable to your Board. Your Board's annual approval of the QIHETP Description affirms your Board's appointment of the QIHEC to oversee the effectiveness of the QIHETP. The QIHEC's quarterly review ensures that CenCal Health's QIHETP evolves and is implemented with meaningful contracted network practitioner involvement. The QIHEC's recent review and approval was based upon their understanding that their action was undertaken as your Board's accountable entity to oversee CenCal Health's QIHETP.

Role of the Board

Your Board, as CenCal Health's governing body, is required to participate in CenCal Health's Quality Improvement System as follows:

1. *Annual approval of the overall QIHETP, annual QIHETP Work Plan, and Quality Program Evaluation.*

This responsibility was completed with your Board's March 2026 approval of CenCal Health's 2025 QIHETP Evaluation, the 2026 QIHETP Description, and the 2026 QIHETP Work Plan. These documents detail CenCal Health's achievements and goals for continued improvement during the coming year. They define the structure of CenCal Health's QIHETP and responsibilities of entities and individuals within CenCal Health that support improvement in quality of care, patient experience, and safety. They also demonstrate CenCal Health's investment of resources to assure continuous improvement and achieve population health excellence.

2. *Appointment of an accountable entity within CenCal Health to oversee the effectiveness of the QIHETP.*

This responsibility was affirmed by your Board's approval of CenCal Health's 2026 QIHETP Description. The QIHEC, chaired by the Chief Medical Officer in collaboration with the Chief Health Equity Officer, is accountable for overseeing QIHETP's effectiveness and evolution.

3. *Review of written progress reports from the QIHEC describing actions taken, progress in meeting QIHETP objectives, improvements made, and directing necessary modifications to QIHETP policies and procedures to ensure compliance with quality improvement and health equity standards.*

This report represents your Board's report on the quality committee's recent proceedings for its 2nd quarterly meeting of 2026 for your consideration.

direction, and approval. This report fulfills your Board's responsibility to review written progress reports from the QIHEC.

After each quarterly meeting of the QIHEC, staff present your Board with approved minutes of the QIHEC's proceedings to ensure the full scope of QIHEC activities is available to inform your Board's governance. Additionally, each quarterly report may include policies reviewed and approved by QIHEC, for your Board's further consideration, direction, and approval.

In total, this QIHEC report includes the summary of recent QIHEC proceedings detailed above, and the following documents referenced:

- a) The meeting agenda for the recent QIHEC meeting. ([Reference 1: Agenda](#))
- b) The meeting minutes of the prior QIHEC meeting, which were approved at the recent meeting of the QIHEC. ([Reference 2: Minutes](#))

The QIHEC's approval of the referenced QIHETP documents serves as the QIHEC's recommendation for your Board's approval, as your Board's accountable entity to oversee the effectiveness of CenCal Health's Quality Program.

Next Steps

Subject to your Board's approval, staff will implement the approved documents and policies. The proceedings of future quarterly QIHEC meetings will be reported to your Board after each meeting of the QIHEC, to fulfill the progress reporting responsibilities.

Recommendation

Staff recommend your Board accept this QIHEC progress report and provide additional direction if warranted based on the content that was evaluated and approved by the QIHEC.

References:

- [Reference 1 – QIHEC Meeting Agenda 05-28-2026](#)
- [Reference 2 – QIHEC Approved Meeting Minutes 02-26-2026](#)

May 2026 Board Compliance and Oversight Committee Meeting Summary

Date: June 17, 2026

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

Executive Summary

The May Board Compliance and Oversight Committee meeting focused on CenCal Health's ongoing compliance oversight responsibilities, Corporate Integrity Agreement (CIA) obligations, Program Integrity, fraud, waste, and abuse (FWA) prevention activities, self-reporting of FWA and Medicare noncompliance obligations, and United Program Integrity Contractor (UPIC) audit activities.

Background

The May 2026 Board Compliance and Oversight Committee packet includes the following:

- Copy of the 2026 CenCal Health Board of Directors Resolution for the Corporate Integrity Agreement (CIA) annual reporting requirements.
- Chief Compliance Officer Report that includes a description of the 2026 strategic workplan to strengthen and evolve the compliance program to support Dual Eligible Special Needs Plan (D-SNP) requirements.
- Regulatory Compliance updates on new contract amendments, regulatory guidance and reporting requirements, and policy updates.
- Description of CenCal Health's Program Integrity Program and commitment to fraud prevention activities.
- Activities related to a United Program Integrity Contractor (UPIC) audit.
- Summary of current and upcoming internal audit activities, and progress on internal audit workplan.
- Summary of current and upcoming regulatory audits with the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS).
- Summary of Delegation Oversight activities, including current and upcoming delegate audits and corrective actions.
- Privacy Office report including compliance with regulatory reporting requirements and caseloads for privacy incidents, breaches, and discrimination grievances.
- Security Office report including progress on annual roadmap and preventive measures, including testing and training.
- Self-Report Policy that describes the process of self-reporting issues of Medicare noncompliance and fraud, waste, and abuse (FWA) to regulatory agencies.

A link to the full May 2026 Board Compliance and Oversight Committee packet can be found here:

https://www.cencalhealth.org/wp-content/uploads/2026/06/2026-06_BCOOC-Q2-May-2026-Packet_5-26-post-to-website.pdf

Recommendation

This memo is intended to be informational. The May 2026 Board Compliance and Oversight Committee packet has been included as part of the June 2026 CenCal Health Board of Directors consent agenda for review and approval.

Interoperability Solution Renewal and Automated Prior Authorization Solution Procurement

Date: June 17, 2026

From: Darin Moore, Chief Information Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

In 2020, CenCal Health conducted a Request for Proposal (RFP) process to select an Interoperability solution to meet Federal and State requirements. At the conclusion of the RFP process, the Cotiviti-Edifecs solution was selected and implemented. Since 2020, the contract has been extended and is now expiring; a contract renewal is required to keep this solution in place.

In 2024, CMS issued additional rules for Interoperability and Prior Authorizations that go into effect January 1, 2027. CenCal Health is conducting an RFP to select a vendor to procure and implement a solution that meets these additional requirements.

Current Interoperability Solution Renewal

The Cotiviti-Edifecs solution that was selected and implemented meets the Interoperability requirements for the Patient Access Application Programming Interface (API), Provider Access API, Payer-to-Payer API, and Provider Directory API. This solution continues to meet established requirements, and a renewal contract should be negotiated and signed to maintain compliance with these Interoperability requirements.

Consent Management and Prior Authorization Solution Procurement

With the release of the 2024 CMS Interoperability and Prior Authorization Final Rule, there are additional requirements that introduce new expectations for Utilization Management workflows, provider engagement, and reporting obligations. While the current Interoperability solution meets the current requirements, additional functionality is required to meet the new requirements.

An RFP for the additional functionality was issued on May 13, 2026, and six vendors responded. A team of staff members scored the RFP and the vendors with the highest scores were selected for demonstrations. The highest cost estimate for a three-year contract from vendors selected for demonstrations is \$800,000. Once a vendor is selected, contract negotiations will begin.

Next Steps

Staff will continue working with Cotiviti-Edifecs to obtain pricing and terms to renew the license for the existing solution and will continue to evaluate the selected vendor solutions to meet the new requirements. If the Board approves, once the vendor is selected, staff will negotiate and execute a contract for the additional functionality.

Budget

Expenses are budgeted within the Calendar Year 2026 approved CenCal Health Budget within Information Technology administrative expenses.

Recommendation

For the existing Interoperability solution, the staff recommends that the Board approve negotiating and contracting with the existing vendor at a cost not to exceed \$1,000,000 for a term of three years.

For the additional Interoperability functionality, the staff recommends that the Board approve negotiating and contracting with the selected vendor at a cost not to exceed \$800,000 for a term of three years.

CEO Report

Board of Directors | June 17th, 2026

Marina Owen, Chief Executive Officer

Preview of Board Agenda

- State Budget, Advocacy and Medi-Cal Policy
- Financial Position
- Employee Engagement
- Physical Security and Facilities
- Compliance and Required Board Training



[CenCal Health: Resolution Honoring Congressman Salud Carbajal | June 1, 2026 - YouTube](#)

About CenCal Health

Local Medi-Cal Managed Care Plan



**OUR
MEMBERSHIP:
230,919**

*Medi-Cal members as of
April 2026

1 in 3

residents of
Santa Barbara
County
(167,036 members)

1 in 4

residents of
San Luis Obispo
County
(63,883 members)

State Budget: Healthcare Proposals

Proposal	Impact
Medi-Cal Enrollment	~500K decline in enrollment, from 14.4M to 13.9M
Asset Limit Lowered	Asset limits for Seniors and Persons with Disabilities: \$2K/individual, \$3K/couple
Impacts to Medi-Cal Members with Unsatisfactory Immigration Status (UIS)	Moves members with UIS from managed care to fee-for-service (FFS), and increases premiums from to \$50 per month for UIS adults
Managed Care Organization (MCO) Tax	Restructures the MCO tax in alignment with federal law, effective January 2027, and maintains targeted provider rate increases
Hospital Quality Assurance Fee (HQAF)	Includes \$84.7 million in 2025–26 and \$1.7 billion in 2026–27 to support children's coverage through the HQAF
Enhanced Care Management and Community Supports Refinement	Tightens eligibility and utilization controls to reduce spending
Covered California State Subsidy Program	Expands premium subsidies to Covered California enrollees up to 200% of Federal Poverty Level
County Medi-Cal Administration	One-time augmentation to support county workload

Local Impact

The proposed state budget changes could have significant impacts on the local healthcare system.

1. **38,000 UIS Members** potentially removed from coverage
2. **Increased pressure** on county indigent care programs
3. **Financial strain** on hospitals and safety-net providers



For Providers & Safety Net Partners:

**CenCal Health is
Local, Quality,
Healthcare.**

CenCal Health is Trusted and
Long-Term Partner

Why Providers Rely on Local Plans

Local plans are deeply connected to the safety net and committed to strengthening provider partnerships, ensuring support and stability.



90% of Provider Participation

90% would Recommend CenCal Health

Over 1,800 local providers

Over 40 Years of Partnership in
Santa Barbara County

Nearly 20 Years of Experience
in San Luis Obispo County

NCQA Health Plan Accreditation

Medi-Cal & DSNP Programs

Recent Advocacy



For Legislators and Policymakers:
CenCal Health is Local, Quality, Healthcare

Our 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 members.

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

Our Values

- Compassionate Service
- Collaboration
- Integrity
- Improvement

Our Membership:
230,000 Members

- 1 in 3 Residents in Santa Barbara
- 1 in 4 Residents in San Luis Obispo

UIS Community Members Impacted: 38,703

- Children (0-17): 4,501
- Adults (18-64): 32,526
- Older Adults (65+): 1,676

Why Local Plans Matter
Local health plans are **community-governed, mission driven, and deeply embedded** in the safety net. They translate statewide policy into real and community-level results.

What Local Plans Deliver

- Local accountability** — Decisions shaped by county leaders, community voices, and safety net partners.
- High performance** — Strong results in preventive care, chronic disease management, provider and member satisfaction.
- Safety net alignment** — Longstanding partnerships with physicians, safety-net clinics like FQHCs and tribal health county hospitals, and behavioral health systems.
- Reinvestment** — Surplus dollars stay local, supporting housing, food security, and community health and low administrative overhead.
- Local Service and Stability** — Decades of local service through every policy cycle, political direction and budget given community commitment and mission-driven workforce.

How Local Plans Strengthen Statewide Reforms

- Local tailoring** ensures statewide policies work in diverse regions.
- Continuity of care** protects members during transitions.
- Operational expertise** reduces implementation risk.
- Equity leadership** turns statewide equity goals into measurable outcomes.

Bottom Line
Local plans the **critical infrastructure** for Medi Cal. Strong statewide policy requires strong local partners and voices. Medi-Cal beneficiaries deserve local support.

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For Community & Advocacy Organizations:
CenCal Health is Advancing Equity Through Community Partnership

Facts on Programs:

Investing 8 times the requirement annually	\$12 million in Medi-Cal Capacity Grant Program	\$56 million in Incentive Payment Program	\$15 million in Housing and Homelessness Program	Partnerships with Community Health Workers
--	---	---	--	--

Outcomes:

Housing Transition Navigation Services Members Served: 4,839 Months of Care Provided: 27,830	Housing Tenancy and Sustaining Services Members Served: 1,963 Months of Care Provided: 16,456	Recuperative Care Members Served: 471 Days of Care Provided: 31,256	Housing Deposits Members Served: 1,659 Dollars Distributed: \$4,488,867
---	--	--	--

Why Communities Trust Local Plans
Local plans are built to serve the people who face the greatest barriers to care.

What Local Plans Deliver

- Community voice** through advisory groups and local governance.
- Culturally responsive care** via CHWs, promotoras, and community based programs.
- Social needs integration** including housing supports, food security, and transportation.
- Local reinvestment** that strengthens neighborhoods and reduces disparities.

How Local Plans Advance Equity

- Use **granular local data** to target disparities with local guidance from community advisory boards.
- Fund **community-specific programs** that reflect cultural and linguistic needs.
- Build **cross-sector partnerships** with housing, justice, education, and youth organizations.
- Support **trusted messengers** who improve engagement and outcomes.

Bottom Line: Local plans make equity **real**, not rhetorical or theoretical.

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CenCal Health: Created to Address Local Needs

- County Organized Health System
- Local Governance
- Launched 1983, Santa Barbara Co.
- Expanded 2008, San Luis Obispo Co.
- Created to Enhance Access, Increase Quality, Control Costs, Improve Satisfaction

Local versus Statewide Approaches: Side-by-side Comparison

System Design Area	General Statewide Approach	Local Plan Strengths
Governance	Centralized decision-making	Local accountability and community governance
Implementation	Standardized statewide rollout	Local tailoring based on regional needs
Provider Networks	Uniform contracting models	Deep safety net partnerships
Equity	High level statewide goals	Neighborhood level equity work
Social Needs	Limited integration	Whole person care leadership
Financial Model	Statewide incentives	Local reinvestment into community health
Stability	Potential for market shifts	Long term presence and continuity

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The Value of Local Plans

-  **Delivering** coordinated, integrated care through robust provider networks.
-  **Improving** health outcomes through preventive care and reducing avoidable high-cost utilization.
-  **Creating** fiscal discipline and predictable costs for the State through capitation, accountability, and care management.
-  **Monitoring** utilization and identifying fraud, waste, and abuse.
-  **Demonstrating** that cost containment and high-quality care can go hand in hand.
-  **Proving** successful in California, where more than 95% of Medi-Cal members are enrolled.

Our Policy Context and Timeline

- 1 California Unsatisfactory Immigration Status (UIS) carve out and coverage decisions
- 2 Likely no statewide uninsured solution in the near-term
- 3 County indigent care steps in July 2026... baby steps with no new State funding
- 4 Coverage losses due to Community Engagement requirements accelerate fast starting March 2027

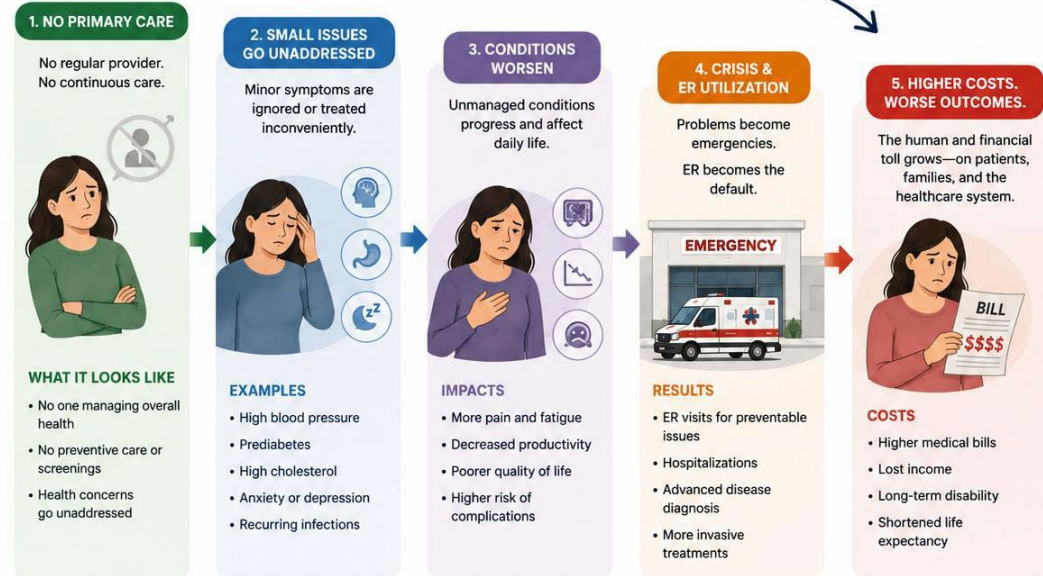


Community Impact of Inaction

THE CASCADED IMPACT OF LACK OF PRIMARY CARE

When patients don't have a regular primary care provider, small problems don't stay small.

*What starts small
can spiral into serious
consequences.*



PRIMARY CARE CHANGES EVERYTHING.
It prevents problems. Detects early.
Manages conditions. Saves lives.



Stronger relationships



Better health



Lower costs



Healthier communities

Work Requirements: June 1 Federal Guidance

Effective: January, 2027

Requirement:

80 hr/month of employment, job training, education, and/or community service OR earn a monthly minimum income of \$580



Eligible Populations:

Adults 19-64 in the Medi-Cal expansion population who are not pregnant or enrolled in Medicare



Frequency:

New applicants need to meet the requirement for at least one month before application; existing beneficiaries need to meet the requirement for one+ months between renewals.



Exemptions:

Pregnant or in a postpartum period, disabled or medically frail, caretakers of children under 14 or people with disabilities, American Indians and Alaska Natives.



Medically Frail now means demonstrated inability to work with a qualifying diagnosis, as opposed to the diagnosis being the only qualifying factor.

Medi-Cal Executive Policy Committee

Vision and Purpose...

Provide a structured executive-level forum to:

- ✓ **Develop a shared awareness** of the impact and timing of Federal/State Medi-Cal policy changes on health coverage and funding
- ✓ **Provide space** to process policy changes/updates together;
- ✓ **Build understanding** and alignment between partners about the major community and sector-specific impacts of health policy changes, and;
- ✓ **Provide a forum** to identify shared priorities and act collaboratively

Areas of Initial Focus...

- State and Federal Policy Tracking
- Aligned Medi-Cal Retention Efforts
- Local Uninsured Program Learning, Exploration and Planning

Meeting Cadence: June, September, December

Uninsured Estimates for San Luis Obispo and Santa Barbara County

New Uninsured by Category			
Medi-Cal (excluding UIS)	FY 27/28	FY 28/29	FY 29/30
Adult Medi-Cal Expansion (MCE Adult SIS)	10,026	15,143	21,822
Adult Family Medi-Cal (Linked Adult SIS)	3,110	3,110	3,110
Child Family Medi-Cal (Child SIS)	2,185	2,185	2,185
Non-MAGI Medi-Cal (SIS Non-Duals)	1,891	2,137	2,469
Covered California	FY 27/28	FY 28/29	FY 29/30
Subsidized 0-138% FPL	273	450	450
Subsidized 139-200% FPL	1,937	3,535	3,535
Subsidized 201-400% FPL	3,294	6,011	6,011
Santa Barbara and San Luis Obispo UIS Membership Profile			
Total UIS Enrollment: 38,703 - Santa Barbara: 32,390 - San Luis Obispo: 6,313	Total UIS Enrollment by Age 0-18: 4,871 (13%) 19-25: 4,680 (12%) 26-49: 21,893 (57%) 50+: 7,331 (19%)		
Potential NEW Uninsured 2029			
- Santa Barbara: +57,000 - San Luis Obispo: +21,000 - Total NEW: +78,000			

Considerations...

- Total uninsured includes those who would be eligible for an indigent care program (small percentage of overall uninsured population).
- 90%+ of those who may lose Covered California will be over 138% FPL (ineligible for Medi-Cal).
- Note that there are other uninsured categories not reflected in this table, which contribute to the total uninsured numbers above

(Using the HMA Coverage Modeler)



Regional Member Navigation Hub

Santa Barbara & San Luis Obispo Counties



STRATEGIC MILESTONES

2026 Operating Plan

January 2026

2026-2030 Strategic Plan and 2026 Organizational Budget

Adopt five multi-year priorities to guide CenCal Health over the next five years.
Make reasonable budget assumptions and meaningful local investments.

April 2026

Community Investment Strategy and HR-1 Implementation

Launch 2026 grant programs to support Medi-Cal Access, Capacity and Workforce Program, advance integration and support local partners. Complete Uninsured Modeling for Counties and update membership projections.

July 31, 2026

Board Strategic Retreat

Review FY 26-27 State Budget implications and consider Affordable Access and regional Coverage Program. Provide guidance on 2027 objectives.

March 2026

Executive Medi-Cal Policy Committee

Advance local collaboration on eligibility, uninsured / coverage and access by developing health policy group and facilitation plan.

May and June 2026

Doorway to Health Foundation, Indigent Program Focus and Program Integrity

Following Board reconstitution by Legal, re-establish purpose and strategy of Foundation. Provide update on program integrity and Coverage Program considerations.

Looking Ahead: Board Retreat

Friday, July 31st

The Genevieve Hotel

3627 Sagunto St, Santa Ynez, CA 93460

Facilitator: Rafael Gomez, El Cambio Consulting

Guests: Meg Murray, President and CEO, Association for Community Affiliated Plans
Vice Presidents for Medicaid, Medicare, Marketplace

Topics: The Future of Federal Medicaid and Medicare Policy: Local Implications for
CenCal Health and Community Stakeholders



CenCalHEALTH[®]
Local. Quality. Healthcare.

Financial Report for the four (4) Month Period Ending April 30, 2026

Date: June 17, 2026

To: CenCal Health Board of Directors

From: Kashina Bishop, Chief Financial Officer/Treasurer

Contributors: Amy Sim, Accounting Director

Executive Summary

As of April 2026, CenCal Health remains in a strong financial position, with Tangible Net Equity well above State requirements and reserves exceeding the Board-approved target. This strength provides continued flexibility to address emerging risks while sustaining investments in member care and community priorities.

Year-to-date financial performance is favorable to budget, with a surplus of approximately \$20.5 million and reserves at 107% of target. Results are primarily driven by lower-than-anticipated medical and administrative expenses; however, these variances are largely timing-related and expected to normalize over the remainder of the year.

Membership trends reflect a modest decline that is more pronounced than budget assumptions, driven by the reinstatement of the asset test and ongoing statewide Medi-Cal redeterminations. As of April, enrollment is approximately 2,500 members below budget, and current projections indicate year-end membership may be approximately 4% below forecast if trends continue. Management is closely monitoring these dynamics and incorporating updated assumptions into financial projections and administrative capacity planning as part of a broader risk mitigation framework.

CenCal CareConnect (D-SNP)

January marked the launch of the program. Initial revenue and medical expense recognition are proceeding as expected; however, early performance assessment is limited by typical claims lag. More meaningful performance insights will emerge as additional months of experience develop.

Financial Highlights

- **Consolidated Net Operating Gain** of \$20.5 million, which is \$14.4 million more than the budgeted gain.
 - **Medi-Cal Net Operating Gain** of \$21.4 million, which is \$13.3 million more than the budgeted gain.

- **CareConnect Net Operating Loss** of \$863,393, which is \$1.1 million less than the budgeted loss.
- **Net Revenue** \$431.1 million; under budget by \$1.6 million and 0.4%.
- **Medical Expenses** \$374.3 million; under budget by \$15.0 million and 3.9%.
- **Administrative Expenses** \$35.0 million; under budget by \$1.1 million and 3.0%.
- **Community Reinvestments** \$3.5 million; under budget by \$852,079 and 19.7%
- **Tangible Net Equity (TNE)** \$352.0 million, representing 823% of minimum regulatory requirement and 107% of the minimum Board-Designated reserve target.
- **Total Cash and Short-Term Investments** \$375.6 million. Cash and Short-Term Investments available for operating the health plan is \$346.4 million, representing 136 Days Cash on Hand.
- **Member Enrollment** consolidated is at 230,468 for the month of April 2026.
 - **Medi-Cal-** 230,106
 - **CareConnect-** 362

Recommendation

Staff recommend that the Board of Directors approve the unaudited financial statements as of April 30, 2026.

CenCal Health

Finance Statements and Other Information

For the four (4) month period ending April 30, 2026

Primary Financial Statements:	Page
Balance Sheet	2
Calendar Year-to-Date (YTD) Income Statement	3
Current Month Income Statement	4
 Supplemental Financial Information:	
YTD Administrative Expenses by Category (Medi-Cal)	5
Tangible Net Equity (TNE)	6
Notes to the Financial Statements	7

CenCal Health

Balance Sheet

As of April 30, 2026

Assets

Cash and cash equivalents	\$	375,555,486
Accounts receivable:		
DHCS capitation and other		872,831,312
CMS capitation		73,775
Reinsurance and other recoveries		3,974,618
Interest and other		3,514,699
Total accounts receivable		880,394,404
Prepaid expenses		3,826,783
Capital assets-net		25,995,825
Certificate of deposit - DMHC assigned		300,000
Deposits and other assets		25,670,807
Total Assets	\$	1,311,743,305

Liabilities and Net Assets

Medical claims payable and incentives	\$	120,758,840
Accounts payable, accrued salaries and expenses		18,290,763
Accrued DHCS revenue recoups-MLRs		14,099,584
Accrued DHCS directed payments		722,876,359
Accrued MCO Tax		30,764,857
Accrued CMS liabilities		119,961
Unfunded pension liability - CalPERS		3,535,208
Other accrued liabilities		49,256,963
Net Assets - Tangible Net Equity		352,040,772
Less capital assets-net		(25,995,825)
Available reserves	\$	326,044,947
Board-Designated reserve target		304,017,689
Excess Reserves	\$	22,027,258 *

Total Liabilities and Net Assets	\$ 1,311,743,305
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* Excess reserves Board-designated for Community reinvestment.

CenCal Health

Income Statement

For the four (4) month period ending April 30, 2026

	Medi-Cal	CareConnect	Consolidated	Budget	Variance \$	%
Operating Revenues:						
Capitation	\$ 701,130,724	\$ -	\$ 701,130,724	\$ 430,403,599	\$ 270,727,125	62.9%
CMS Capitation	-	2,002,839	2,002,839	2,352,492	(349,653)	-14.9%
Directed Payments/Pass-throughs	(148,944,634)	-	(148,944,634)	-	(148,944,634)	0.0%
MCO Tax Expense	(123,059,428)	-	(123,059,428)	-	(123,059,428)	0.0%
Total Net Income	\$ 429,126,662	\$ 2,002,839	\$ 431,129,501	\$ 432,756,091	\$ (1,626,590)	-0.4%
Medical Expenses:						
Provider capitation	\$ 56,640,350	\$ -	\$ 56,640,350	\$ 58,208,588	\$ (1,568,238)	-2.7%
FFS-Inpatient Hospital	65,183,470	400,291	65,583,761	70,206,198	(4,622,437)	-6.6%
FFS-Outpatient Facility	31,209,394	261,905	31,471,300	31,457,657	13,643	0.0%
FFS-Emergency Room	5,086,136	43,604	5,129,740	4,569,618	560,122	12.3%
FFS-Long Term Care	57,329,526	110,889	57,440,414	58,989,631	(1,549,216)	-2.6%
FFS-Pharmacy	-	310,481	310,481	514,908	(204,427)	-39.7%
FFS-Physician Primary Care	10,819,682	71,575	10,891,257	10,235,989	655,268	6.4%
FFS-Physician Specialty	46,194,754	259,045	46,453,799	49,794,025	(3,340,226)	-6.7%
FFS-FQHC/AIHC	10,175,803	595	10,176,398	10,314,836	(138,438)	-1.3%
FFS-Other Medical Professional	13,972,146	60,398	14,032,544	10,023,485	4,009,060	40.0%
FFS-Mental Health (Outpatient)	15,641,581	7,073	15,648,654	13,769,564	1,879,090	13.6%
FFS-BHT Services	13,858,602	-	13,858,602	13,910,516	(51,914)	-0.4%
FFS-Laboratory & Radiology	6,663,795	87,061	6,750,856	5,767,495	983,362	17.1%
FFS-Transportation	2,120,030	21,407	2,141,437	2,154,977	(13,540)	-0.6%
FFS-CBAS	1,766,459	-	1,766,459	985,642	780,817	79.2%
FFS-Hospice	3,366,512	-	3,366,512	3,413,430	(46,917)	-1.4%
FFS-Community Supports	11,683,425	-	11,683,425	15,356,355	(3,672,930)	-23.9%
FFS-ECM (Community-Based)	13,071,835	-	13,071,835	9,096,565	3,975,270	43.7%
FFS-HCBS Other	1,897,502	58,317	1,955,819	1,876,716	79,103	4.2%
FFS All Other Health Care Services	7,147,795	52,423	7,200,218	5,639,383	1,560,835	27.7%
Incentives	5,997,485	10,014	6,007,499	5,581,504	425,995	7.6%
Prop 56 Add-Ons	4,174,833	-	4,174,833	2,508,730	1,666,103	66.4%
Healthcare Quality Improvement	3,895,838	20,118	3,915,956	4,666,665	(750,709)	-16.1%
Change to prior year estimate	(15,543,046)	-	(15,543,046)	-	(15,543,046)	0.0%
Other Health Care Related Expense	121,441	52,589	174,030	288,331	(114,301)	-39.6%
Total Cost of Healthcare	\$ 372,475,348	\$ 1,827,785	\$ 374,303,132	\$ 389,330,806	\$ (15,027,674)	-3.9%
Operating Expenses:						
Administrative expenses	\$ 33,907,628	\$ 1,038,447	\$ 34,946,075	\$ 36,015,415	\$ (1,069,340)	-3.0%
Community Reinvestment	3,481,053	-	3,481,053	4,333,132	(852,079)	-19.7%
Total Operating Expense	\$ 37,388,681	\$ 1,038,447	\$ 38,427,128	\$ 40,348,547	\$ (1,921,419)	-4.8%
Interest income	2,870,572	-	2,870,572	2,381,039	489,534	0.0%
Realized gain (loss)	-	-	-	-	-	0.0%
Non-Operating expense/income	12,371	-	12,371	666,667	(654,296)	0.0%
Unrealized gain (loss)	(744,078)	-	(744,078)	-	(744,078)	0.0%
Operating Gain (Loss)	\$ 21,401,499	\$ (863,393)	\$ 20,538,105	\$ 6,124,443	\$ 14,413,662	235.3%
MLR	86.8%	91.3%	86.8%			
ACR	7.9%	51.8%	8.1%			

CenCal Health

Income Statement

For the month of April 2026

	Medi-Cal	CareConnect	Consolidated
Operating Revenues:			
Capitation	\$ 173,025,479	\$ -	\$ 173,025,479
CMS Capitation	-	614,962	614,962
Directed Payments/Pass-throughs	(36,529,399)	-	(36,529,399)
MCO Tax Revenue	(30,764,857)	-	(30,764,857)
	<u>\$ 105,731,223</u>	<u>\$ 614,962</u>	<u>\$ 106,346,185</u>
Medical Expenses:			
PCP capitation	\$ 13,986,912	\$ -	\$ 13,986,912
FFS-Inpatient Hospital	12,462,064	119,025	12,581,089
FFS-Outpatient Facility	10,558,350	81,992	10,640,342
FFS-Emergency Room	1,427,210	13,716	1,440,926
FFS-Long Term Care	13,903,917	32,972	13,936,889
FFS-Pharmacy	-	130,074	130,074
FFS-Physician Primary Care	2,808,011	22,534	2,830,544
FFS-Physician Specialty	11,336,123	81,543	11,417,666
FFS-FQHC/AIHC	2,493,094	214	2,493,309
FFS-Other Medical Professional	3,555,693	18,950	3,574,643
FFS-Mental Health (Outpatient)	3,977,268	2,938	3,980,207
FFS-BHT Services	3,989,137	-	3,989,137
FFS-Laboratory & Radiology	1,755,794	27,324	1,783,117
FFS-Transportation	549,751	6,685	556,436
FFS-CBAS	364,891	-	364,891
FFS-Hospice	750,783	-	750,783
FFS-Community Supports	1,474,559	-	1,474,559
FFS-ECM (Community-Based)	2,902,090	-	2,902,090
FFS-HCBS Other	461,014	17,406	478,420
FFS All Other Health Care Services	2,195,866	45,297	2,241,163
Incentives	1,852,302	3,075	1,855,377
Prop 56 Add-Ons	927,353	-	927,353
Healthcare Quality Improvement	927,354	5,404	932,758
Change to prior year estimate	(491,280)	-	(491,280)
Other Health Care Related Expense	206,667	18,911	225,578
	<u>\$ 94,374,921</u>	<u>\$ 628,060</u>	<u>\$ 95,002,981</u>
Operating Expenses:			
Administrative expenses	\$ 8,763,550	\$ (320,208)	\$ 8,443,343
Community Reinvestment	876,227	-	876,227
	<u>\$ 9,639,778</u>	<u>\$ (320,208)</u>	<u>\$ 9,319,570</u>
Interest income	751,127	-	751,127
Realized gain (loss)	-	-	0
Non-Operating Income (income/expense)	3,798	-	3,798
Unrealized gain (loss)	(148,680)	-	(148,680)
Operating Gain (Loss)	\$ 2,322,769	\$ 307,109	\$ 2,629,878

CenCal Health

Administrative Expenses by Category

For the four (4) month period ending April 30, 2026

	Actual \$	Budget \$	Variance \$	%
Salaries & wages	\$ 18,190,455	\$ 18,321,325	\$ (130,870)	-0.7%
Fringe benefits	8,366,013	7,714,822	651,191	8.4%
Contract services	5,766,221	6,301,456	(535,235)	-8.5%
Travel expenses	76,083	193,995	(117,912)	-60.8%
Rent & occupancy	517,881	765,032	(247,151)	-32.3%
Supplies & equipment	2,906,113	3,950,504	(1,044,391)	-26.4%
Insurance	522,330	633,200	(110,870)	-17.5%
Depreciation expense	2,322,410	2,368,168	(45,758)	-1.9%
Member/Provider/Community Expenses	19,039	127,320	(108,281)	-85.0%
Licenses/Dues/Subscriptions	135,270	191,145	(55,875)	-29.2%
All Other expenses	40,216	115,113	(74,897)	-65.1%
Admin to Medical Reclass	(3,915,956)	(4,666,665)	750,709	-16.1%
Total Administrative Expenses	\$ 34,946,075	\$ 36,015,415	\$ (1,069,340)	-3.0%

CenCal Health

Tangible Net Equity (TNE)

As of April 30, 2026

Actual TNE (from the Balance Sheet)	\$ 352,040,772
Tangible Net Equity - DMHC minimum regulatory	42,758,516
TNE - excess (deficiency)	\$ 309,282,256
Pct. Actual TNE of the Regulatory Minimum	823%

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

CenCal Health

Notes to the Financials Statements

As of April 30, 2026

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, 2026, 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 \$3,535,208 based on current estimates.

Employee Engagement Update

Date: June 17, 2026

From: Chris Morris, MSOD, Chief Performance Officer

Staff is pleased to report the results from the fourth consecutive annual CenCal Health Employee Engagement Survey.

Background

Prior to 2023, CenCal Health last administered an Employee Engagement Survey in 2017. Results from the 2023 survey demonstrated significant improvement over 2017, with 15-point and 17-point increases in overall engagement and satisfaction, respectively. The 2024 and 2025 surveys continued this positive trajectory, with steady year-over-year gains.

Employee Experience Update

Results from the 2026 Employee Engagement Survey indicate sustained high levels of engagement and satisfaction, with an overall survey score of 81, compared to 82 in 2025 and 75 in 2023. While slightly below last year's peak, engagement remains historically strong and reflects durable gains achieved over the past three years. Participation also remained high, with a 77% response rate (357 employees), reinforcing that results are broadly representative of the workforce. Across key measures, trends continue to reflect a high-quality employee experience:

- Core Engagement and Job Satisfaction: Remain well above benchmark, both at 92, and have sustained the significant gains achieved since 2023.
- Well-Being: Demonstrated significant sustained improvement, increasing from 65 in 2023 to 73 in 2026 (+12.3%). In 2026 alone, well-being improved 5.8%, with significant gains in workload manageability (+8.1%). This area has now reached benchmark levels overall, though workload and capacity balance remain important watch items.
- Psychological Safety: Reached its highest level to date (89) and now sits well above benchmark, reflecting a strong culture of openness, trust, and willingness to speak up.
- Senior Leadership: Remains a clear strength, with high and sustained confidence in leadership direction and decision-making. Trust in leadership has increased substantially since 2023 (+17.3%).
- Alignment: Remains a defining organizational strength, with 94% of employees reporting a clear understanding of how their work contributes to organizational goals.

Additional indicators reinforce these findings:

- Employee Net Promoter Score (eNPS) increased to 54 (+21 points since 2023), placing CenCal Health firmly within the “exceptional” eNPS category.
- Since 2023, the organization has realized 15%+ improvements across several engagement drivers, including connection to colleagues, belief that feedback matters, trust in leadership, understanding of compensation, and psychological safety.
- Only one survey item declined over the two-year period (“I am motivated to do my best work,” -1.1%), yet it remains well above benchmark and continues to represent a strength.

While overall results remain strong, several areas warrant continued attention:

- Growth and Development improved modestly over the three-year period, with notable year-over-year gains in perceived opportunity and time to grow (+5.2% in 2026). Despite this progress, it remains an area of relative opportunity, particularly in career development conversations and clarity of advancement pathways.
- Continued focus on workload balance and capacity planning will be important to sustain recent gains in well-being.

Conclusion

CenCal Health’s employee experience remains strong and stable. The organization has successfully maintained high engagement, satisfaction, psychological safety, and confidence in leadership while achieving meaningful gains in employee well-being during a period of significant growth and operational complexity. The most notable multi-year advancement is in well-being, which has improved by more than 12% since 2023 and now meets benchmark levels, reflecting the organization’s continued investment in workforce sustainability.

Looking ahead, the primary opportunity areas center on growth and development, ensuring that the organization’s people practices continue to scale alongside its growth. As an immediate next step, staff will complete a deeper analysis of survey results, including demographic and departmental trends, and will develop targeted recommendations to support both enterprise-wide and departmental-level action planning.

Recommendation

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



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CY26 Employee Engagement Update

Chris Morris, MSOD, Chief Performance Officer

June 17, 2026

Strategic Commitment

Strategic Plan

2026 – 2030

Foster employee growth
and wellness towards a
resilient, high-performing
workforce

Objective

Organize for
Strategic
Impact and
Effectiveness

Priority

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



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And the results are in...

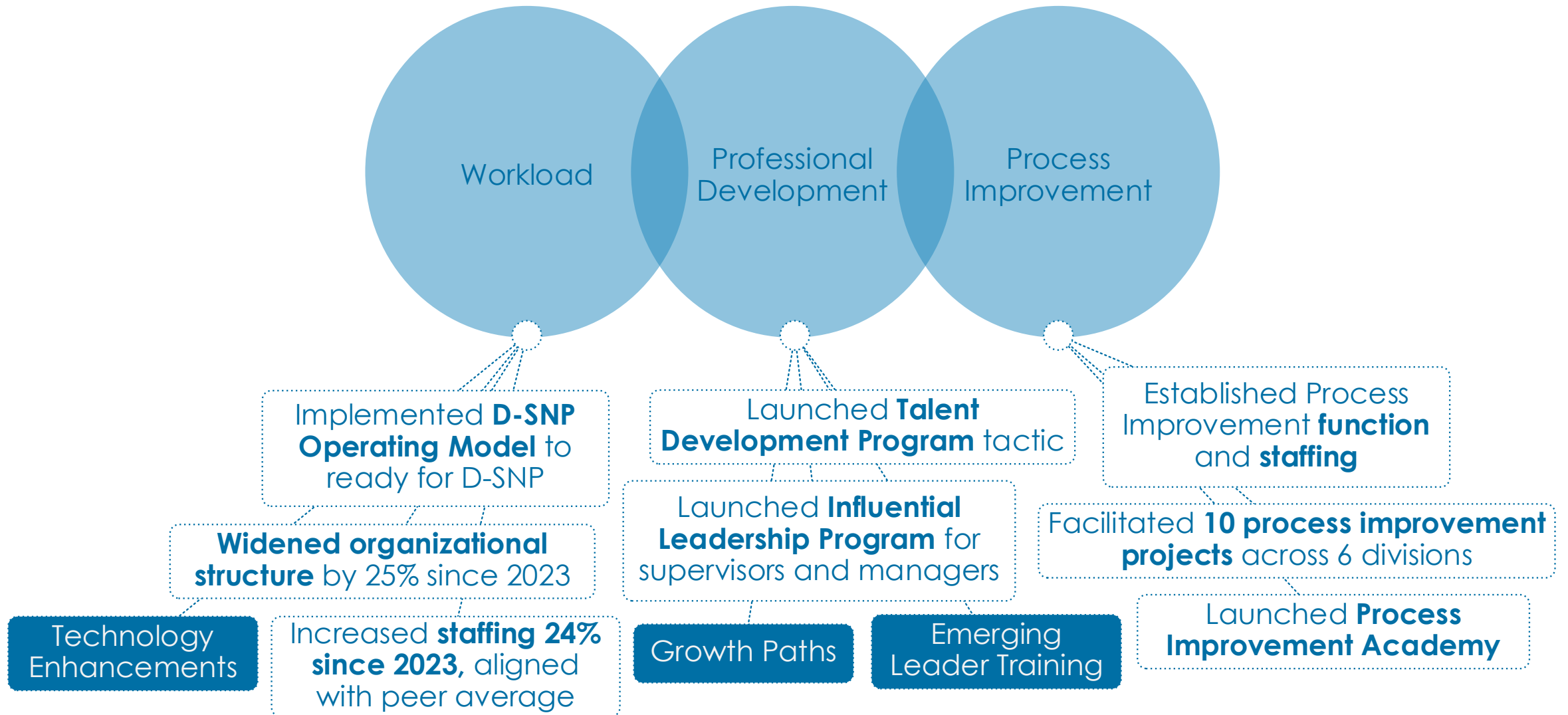
CenCal Health has been selected for the 8th year in a row, as a Best Place to Work !



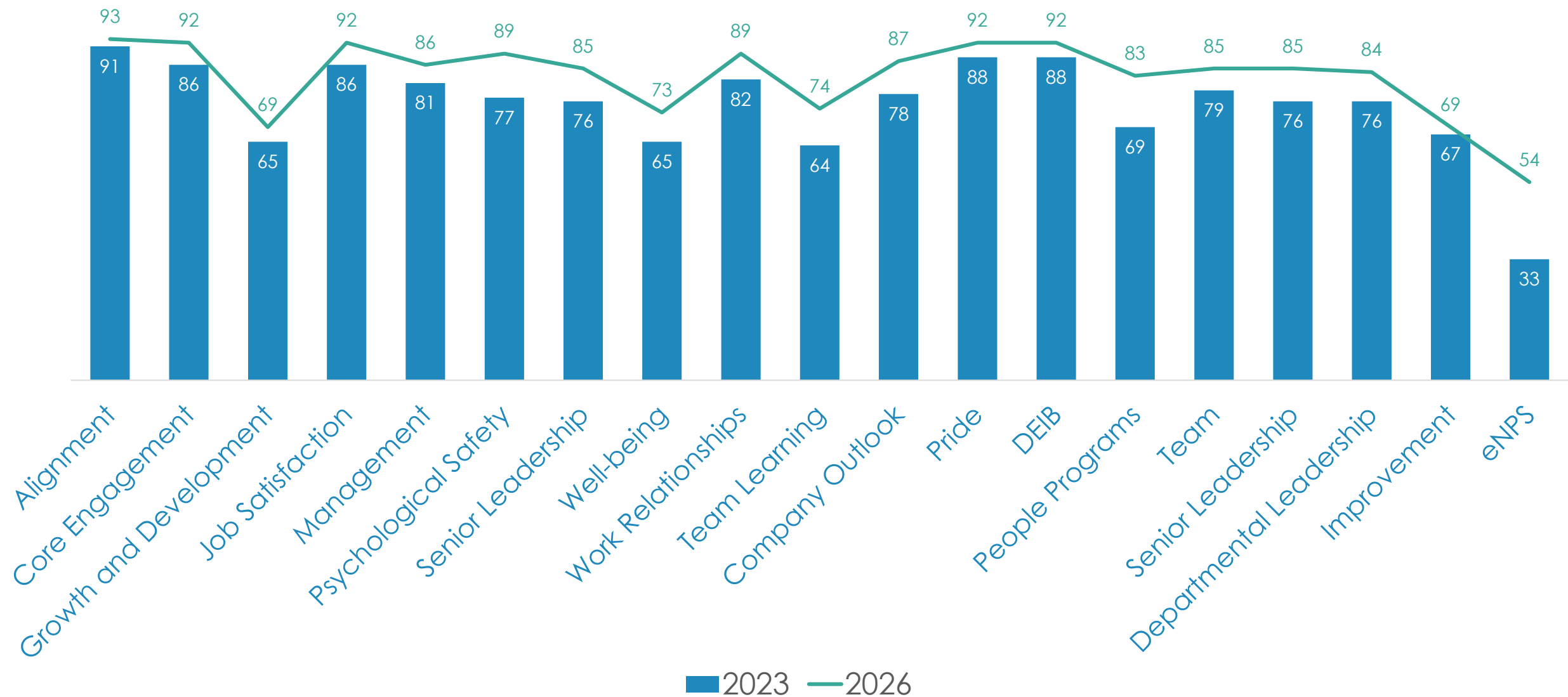
Employee Engagement Journey

	2023 Survey	2024 Survey	2025 Survey	2026 Survey
Timing	Nov 2023	Sept 2024	June 2025	May 2026
Scope	Full Survey 79 questions	Pulse Survey 12 questions	Full Survey 72 questions	Full Survey 72 questions
Response	65% 213	74% 271	78% 309	77% 349
Result	75	79	82	81

Employee Engagement **Actions**



Score by Theme: 2023 to 2026



2023 to 2026 Highlights

- Employee Net Promoter Score (eNPS) remains exceptionally strong at 54
- Psychological Safety reached its highest level to date at 89
- Well-Being demonstrated the largest improvement of 12.3%
- No composites declined

Composite Level



Question Level

- Feeling connected to colleagues (+20.5%)
- Belief that employee feedback makes a difference (+18.8%)
- Understanding how compensation is determined (+17.4%)
- Trust in senior leadership decision-making (+17.3%)
- Feeling safe taking risks and making mistakes (+16.7%)
- Having time and energy for life outside of work (+15.7%)
- Perceptions of performance evaluation fairness (+15.3%)
- I am motivated to do my best work (-1.1%), remaining 4 points above benchmark and continuing to be a significant organizational strength.

2026 “Three Words to Describe CenCal Health”

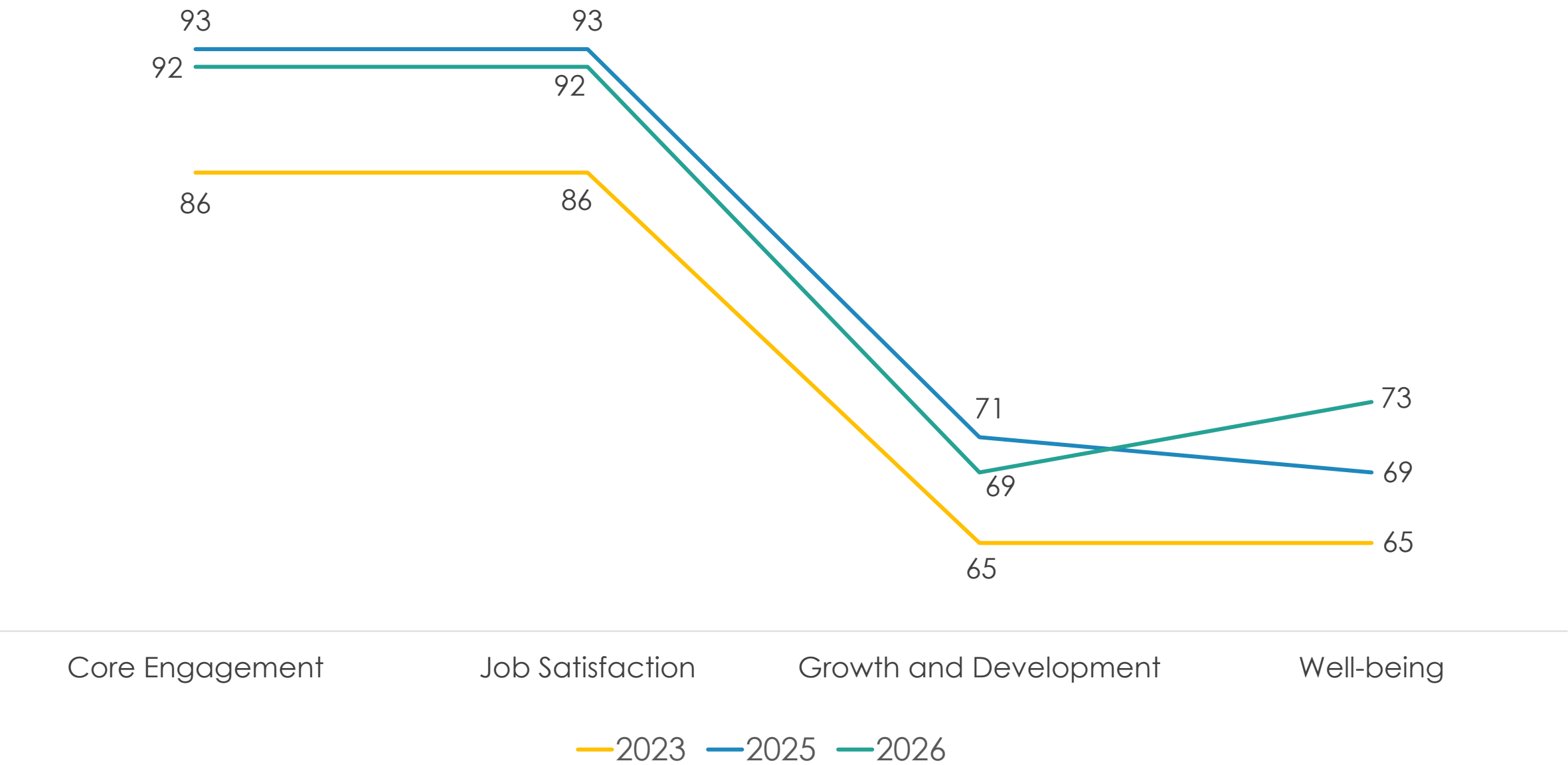


Compassionate and
Mission Focused
Culture

Supportive and
inclusive Team
Environment

Highly
Collaborative
and Empathetic
Leadership

Global Themes + Focus Areas



Key Takeaways

- We are committed to **listening well** and **continuous improvement**
- The Engagement Survey provides **valuable guidance and insight**
- Sustained feedback rates and satisfaction levels signal our **workforce remains engaged and committed**
- We will continue to **focus on development and improvement** as we pursue our incredible mission and vision



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Compliance Program Updates

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

June 17, 2026



Program Integrity



Compliance Role in Program Integrity and Fraud Prevention

Serve as a trusted advisor to help navigate regulatory expectations; protect the organization; reinforce ethical conduct; and collaborative partner with shared goals of achieving CenCal Health's mission, vision, and values.



Enhanced Regulatory Enforcement

- Federal and State enforcement of fraud, waste, and abuse increased significantly in Q1 of 2026.
- CMS Request for Information (RFI) supporting development of the CRUSH initiative – input on existing and new regulations.
- CMS established a Fraud Defense Operations Center (FDOC) to intervene pre-payment.
- Congressional committees have requested information from California on hospice oversight, fraud prevention and investigations.
- DHCS has intensified enforcement efforts focused on hospice fraud.

Shift From Pay and Chase

- Federal strategy is shifting from post-payment recovery to pre-payment prevention.
- Key tools
 - Advanced predictive data analytics
 - Artificial Intelligence (AI)
 - Coordination with state partners
 - Provider enrollment and credentialing processes, background checks
 - Member duplicate enrollment and deceased members



High-Risk Areas

- Durable Medical Equipment (DME): CMS moratorium on new Medicare enrollment for certain DMEPOS suppliers
- Unsatisfactory Immigration Status (UIS): Federal matching funds
- ECM/CS (housing, medically tailored meals): eligibility criteria
- Transportation (NMT/NEMT): prior authorizations
- In Home Supportive Services (IHSS): \$1 billion deferral
- Hospice: LA County investigation and enforcement
- Home health
- Lab and genetic testing
- Skin supplements



California's Response & Efforts

- Key Strategies include
 - Provider enrollment screening and background checks
 - Ownership and control disclosures, site visits
 - High-risk provider monitoring and enrollment freezes
 - Compliance audits and fraud investigations
- Additional Recovery Actions
 - Third-party liability and recovery, other health care coverage.
 - Provider overpayment recovery.
 - Increased frequency of member eligibility redeterminations
 - Eligibility system validations, residency checks



Reporting of FWA and Medicare Program Noncompliance

Multiple Reporting Options

Hotline, email, phone, in-person reporting

Confidentiality and Accessibility

24/7 anonymous compliance hotline

Investigation Process

All credible FWA or Medicare noncompliance concerns investigated promptly



Strategic Approach to Program Integrity

- Program Integrity (PI) Governance through Anti-Fraud Committee.
- Enhance Special Investigations Unit (SIU) resourcing through additional investigators.
- Develop 3-year PI roadmap.
 - Conduct analysis on high-risk areas
 - Implement and evaluate predictive analytics tools
 - Enhance current pre-payment controls
 - Enhance provider enrollment and re/credentialing
 - Respond to new regulatory requests
 - Implement new rules, regulations, reporting
 - Monitor federal and state activity – investigations, rulemaking.



United Program Integrity Contractor (UPIC)



United Program Integrity Contractor (UPIC) Overview

Role of UPIC

Safeguard federal healthcare funds by identifying fraud, waste, and abuse (FWA).

Focus on High-Risk and Emerging Threats

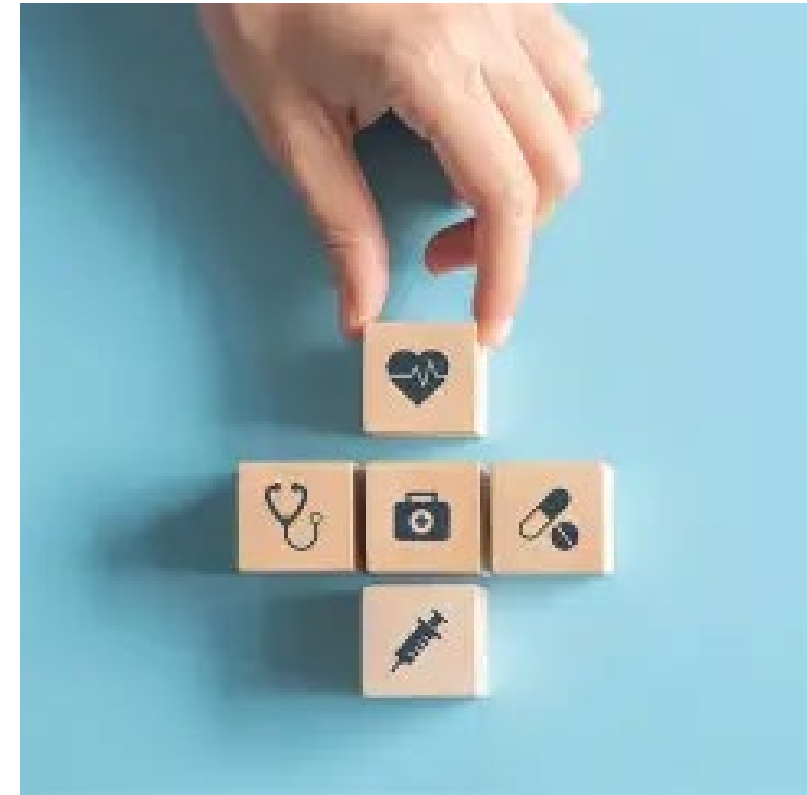
Prioritize high-risk areas and emerging fraud schemes.

UPIC Audits

Conduct detailed audits of billing patterns, claims, and medical records to detect improper payments and fraud.

Recovery and Enforcement

Confirmed improper payments lead to recovery and referral to law enforcement.



Scope of CenCal Health Request

Inquiry Focus on Medicaid

Limited to Medicaid-funded services.

Other LPHC Plans being audited as well.

Program Integrity and Monitoring

The inquiry examines CenCal Health's activities to detect and prevent FWA.

Policies and Medical Record Review

Review includes policies and medical records ensuring compliance with requirements.

Timely and Accurate Response

Providing a focused, well-documented response helps demonstrate commitment and facilitates an efficient review process.



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Current and Upcoming Regulatory Audits

2026 DHCS Medical Annual Audit (June 1-12)

2026 DHCS Encounter Data Validation Annual Audit (June-July)

2026 DHCS Network Adequacy Validation Annual Audit (June-July)

CMS Network Adequacy Review (June)

CMS UPIC Audit (June)

2026 Mock CMS Data Validation Audit (Q3)

2026 Compliance Program Effectiveness Annual Audit (Q4)

2027 CMS Data Validation Annual Audit (March/April 2027)

Corporate Integrity Agreement (CIA) Board of Directors Resolution

CenCal Health Board of Directors Resolution (2026)

The Board has made a reasonable inquiry into the operations of CenCal Health's compliance program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Board has concluded that, to the best of its knowledge, CenCal Health has implemented an effective compliance program to meet Federal health care program requirements and the requirements of CenCal Health's Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services.

Recommendation

Recommend approval of the 2026 CIA Board of Directors Resolution.

PLAN *matters*

HOW TO GET THE MOST FROM YOUR BENEFITS



SPRING 2026

La versión en español está del otro lado.

Questions About Your Benefits?

Member Services is available toll-free at **1-877-814-1861** (TTY: CA Relay at 711), Monday through Friday, 8 a.m. to 5 p.m. or at www.cencalhealth.org.

CenCal Health
4050 Calle Real
Santa Barbara, CA 93110

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Permit No. 625

M-MS-25-345-0526 ES SA-0326

This newsletter is not intended to replace professional medical advice, diagnosis, or treatment. If you have concerns or questions about specific content that may affect your health, please contact your health care provider. All photos are stock photos. Professional models shown.

Keep Your Medi-Cal, Keep Your Care

Staying enrolled in Medi-Cal keeps you and your family connected to your CenCal Health coverage.

Keeping your information current is the best way to avoid gaps in the care you rely on. Stay prepared for routine checkups, prescriptions, hospital visits, and any other health needs that come your way.

What can I do to stay covered?

- **Update your information.** Keep your phone number and address up to date with your county Department of Social Services (DSS) or on www.BenefitsCal.com. This is so you don't miss important notices.
- **Open your mail.** Watch your mail and respond to renewal packets or letters from your health plan or local county DSS office.
- **Know your Medi-Cal renewal date.** Go online or work with your county DSS office to renew your Medi-Cal if you do not receive notifications.
- Visit www.dhcs.ca.gov/mymedi-cal for more information on how to keep your Medi-Cal.

Staying covered helps you and your family stay healthy. If you have questions about your Medi-Cal renewal, call or visit your local DSS office.

Visit www.keepCenCal.org for a list of local DSS office phone numbers and addresses.



Make Your First Appointment Today

Welcome to CenCal Health! If you're a new member, your first step is to call your **Primary Care Provider (PCP)** and set up your **Initial Health Appointment**.

Why is this important?

Meeting with your PCP within the first four months of becoming a member helps you stay on track with your health. This is important even if you're feeling great! Your doctor can guide your care and make sure you get the preventive services you need.

Need help finding a doctor?

Member Services can help you choose a doctor or clinic from our Provider Directory. This directory also lists specialists, pharmacies, and hospitals near you. Call Member Services at the toll-free number at the bottom of this page.



To review the Provider Directory for Members online, scan the QR code or visit: www.cencalhealth.org/provider-directory

Stay Connected to Your Care: Create a Member Account

CenCal Health makes it easy to manage your Medi-Cal benefits online. If you're 18 or older, you can create a free Member Account to securely access your health information anytime on your phone, tablet, or computer. With your account, you can check your medical details, see suggested appointments, complete forms and surveys, and more.

Create your free account today:

- 1 Open your phone's camera
- 2 Point it at the QR code, then tap the link that appears
- 3 Create an account



You can also go online:
memberportal.cencalhealth.org



Get Involved as a CenCal Health Member

You're invited to join our Community Advisory Board!

This group is made up of members and community representatives just like you. CenCal Health holds quarterly meetings (every three months) to talk about what is going well and what we can improve. The group shares important feedback and ideas for our programs and materials.

It's a great chance to make a difference. If you would like to be a part of this group, call Member Services to learn how to apply.

Member Services is available toll-free at **1-877-814-1861** (TTY: CA Relay at 711), Monday through Friday, 8 a.m. to 5 p.m. or at www.cencalhealth.org.

Remember: Complete Your Health Survey!

If you received a health survey from CenCal Health in the mail, please take a few minutes to fill it out. Then, send it back to us.

You can also find the survey in your online Member Account:
memberportal.cencalhealth.org

These surveys help us connect you to services that can support your personal health needs. They also help your doctor learn about your current and past medical history.



Get Help in Your Language

Language should not make it hard for you to get care. CenCal Health can give you support so you can communicate with your doctor. We can also translate written health information you receive.



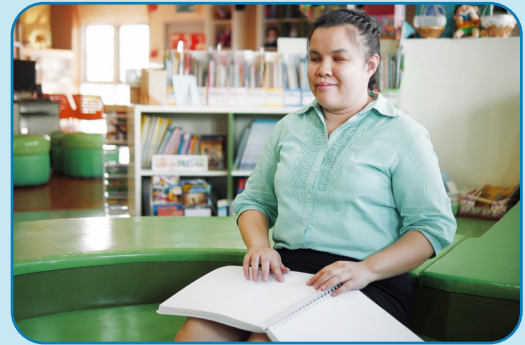
Interpretation Services

You can get care and health guidance in the language you prefer. Interpretation services are available free of charge.

Member Services can:

- Help you get a phone interpreter in over 230 languages.
- Help your doctor set up an interpreter for your visit.
- Help Spanish-speaking members on a special Spanish phone line.
- Set up in-person interpreters for Spanish (when certain rules are met), American Sign Language (ASL), and Mixteco.

To learn more or to request interpreter services, call Member Services.



Alternative Format Selections (AFS)

CenCal Health can help you get written information in different languages and formats. You can also choose the format you want for your health plan materials.

Alternative formats include:

- Large print (20-point font)
- Data CD
- Audio CD
- Braille
- Other selections considered



For all written language translation and alternative format requests, call Member Services.

Care Management Support for Pregnant & Postpartum Members

Pregnancy and the postpartum period can be overwhelming. Sometimes caring for your newborn makes it hard to get the care you need. **CenCal Health's Care Management team is here to support you.**

We can help if you:

- Have missed appointments or have trouble getting to visits.
- Feel stressed, overwhelmed, depressed, or anxious.
- Have medical concerns during pregnancy or after delivery.
- Need help with transportation.
- Have housing, food, or safety concerns.

Our team can support you with:

- Making a care plan with your providers.
- Regular check-ins.
- Scheduling appointments.
- Transportation help.
- Connecting you to mental health services.
- Linking you, your child, or family to community resources. This can include food, housing, and financial support.

For more information or to get support:

- Call Member Services at the number on the bottom of this page or
- Call Care Management at **805-562-1082, Option 1**

You are not alone – help is available.

Protect Your Medi-Cal Benefits

Misuse of Medi-Cal services can increase health costs for everyone.

Help prevent fraud, waste, and abuse by following these tips:

- Review your Member Account. Report any services identified that you did not receive.
- Safeguard your insurance information.
- Confirm the quantity of any medication you received.

If you suspect fraud, waste, or abuse, please report it. You may remain anonymous.

Reach out to make a report:

- Toll-Free Hotline: **1-866-775-3944**
- Online: [qrco.de/EthicsPointCCH](https://www.qrco.de/EthicsPointCCH)

For examples, refer to the “Fraud, Waste, and Abuse” section in Chapter 6 of your Member Handbook: www.cencalhealth.org/member-handbook



Member Services is available toll-free at **1-877-814-1861** (TTY: CA Relay at 711),
Monday through Friday, 8 a.m. to 5 p.m. or at www.cencalhealth.org.

Better Health Through Community Supports

What are Community Supports?

Community Supports offer help beyond your basic health needs. You may qualify for services such as housing support, personal care, access to food, and more. These services can help you stay healthy at no cost to you.

Community Supports offered by CenCal Health include help with:



Housing

Housing support includes resources to help you stay in your home or find housing. You may be eligible for assistance with things like:

- Help finding housing
- Application fees and moving expenses
- Utilities set-up fees and arrears
- Landlord coordination
- Eviction prevention resources and support
- Short-term transitional rent assistance



Keeping You Safe at Home

Support is available to keep you safe, healthy, and independent at home. You may be eligible to receive things like:

- Meal and grocery deliveries
- In-home support help
- Accessibility updates to your home (grab bars, ramps, wheelchair accessibility)
- Asthma support
- Help with daily tasks
- Short-term relief for caregivers



Safe Transitions

Assistance is available to support you through different life transitions. You may be eligible to receive help with:

- Short-term housing and care after a hospital stay
- Sobering services
- Mentoring
- And more

How Can I Get Community Supports?

Refer to your Member Handbook to learn more about the different Community Supports available:

www.cencalhealth.org/member-handbook

You can be referred to Community Supports by:

- Your Enhanced Care Management (ECM) provider
- Your primary doctor
- Social services providers
- Other providers
- You or your family



For a full list of current Community Supports, visit: www.cencalhealth.org/members/community-supports



Need a Ride? We Can Help You Get There

If you need a ride to a health appointment or the pharmacy, CenCal Health can help.

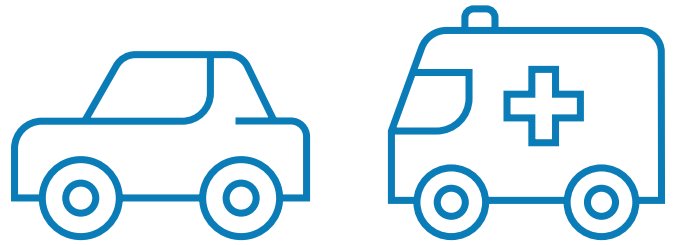
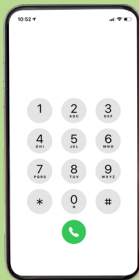
CenCal Health members can use two free transportation options through Ventura Transit System (VTS) for approved health visits. All rides are round-trip.

Non-Medical Transportation (NMT):

- For members without transportation who need rides to appointments for Medi-Cal-covered services.
- Includes rides to pick up prescriptions or medical supplies.
- Includes private or public vehicles.

Find out if you qualify for free transportation:

- Call CenCal Health's Member Services Department at the toll-free number listed at the bottom of this page.
- Call VTS directly at **1-855-659-4600** (TTY/TDD 711).



Non-Emergency Medical Transportation (NEMT):

- For members with medical and physical conditions requiring specialized transport.
- Includes ambulance, wheelchair, gurney, or air transport.
- Requires a prescription and a doctor's authorization.

All NEMT trips include door-to-door services.

Going to your appointment, the driver will:

- Help you from the front door to the vehicle.
- Help you get from the vehicle to your appointment location.

Returning from your appointment, the driver will:

- Help you from your appointment to the vehicle.
- Help you from the vehicle to the front door of your drop-off location.

Know Your Pharmacy Benefits

Understanding your pharmacy benefits can help you find the right place to get your medicines.

Pharmacy benefit: Medication you get from a pharmacy.

To learn more about covered medications and to find a pharmacy:

- Visit [medi-calrx.dhcs.ca.gov/member/](https://www.medi-calrx.dhcs.ca.gov/member/) or
- Call Medi-Cal Rx Customer Service at **1-800-977-2273**

Medical Pharmacy benefit, Physician

Administered Drugs (PAD):

Medication injected or infused at your doctor's office or healthcare facility.

The PAD drug list is updated quarterly (every three months). To find updates or information about an approval request for a PAD:

- Visit www.cencalhealth.org/members/your-pharmacy-benefits/ or
- Call CenCal Health Member Services at **1-877-814-1861**

Member Services is available toll-free at **1-877-814-1861** (TTY: CA Relay at 711), Monday through Friday, 8 a.m. to 5 p.m. or at www.cencalhealth.org.

TEMAS *del plan*

CÓMO SACARLE EL MÁXIMO A SUS BENEFICIOS



PRIMAVERA 2026

An English version, Plan Matters, is on the other side.

¿Tiene preguntas sobre sus beneficios?

Servicios para Miembros está disponible llamando al número gratuito, **1-877-814-1861** (TTY: CA Relay al 711), lunes a viernes, 8 a.m. a 5 p.m. o en www.cencalhealth.org/es.



La intención de este boletín no es reemplazar el consejo, diagnóstico ni tratamiento médico profesional. Si tiene inquietudes o preguntas sobre contenido específico que pueda afectar su salud, por favor comuníquese con su proveedor de cuidado de salud. Todas las imágenes son fotos de banco (fotos archivadas para uso comercial). Se ven modelos profesionales.

No pierda su Medi-Cal, No pierda su cuidado

Seguir inscrito en Medi-Cal lo mantiene a usted y a su familia conectados a su cobertura de CenCal Health.

Mantener al día su información es la mejor manera de evitar interrupciones en el cuidado con el que usted cuenta. Esté listo para los chequeos de rutina, recetas, visitas al hospital, y cualquier otra necesidad de salud que surja.

¿Qué puedo hacer para mantener mi cobertura?

- **Actualice su información.** Mantenga al día su número de teléfono y dirección con el Departamento de Servicios Sociales (DSS) de su condado o en www.BenefitsCal.com. Esto es para que no se le pasen avisos importantes.
- **Abra su correo.** Esté pendiente de su correo y conteste a los paquetes de renovación o cartas de su plan de salud u oficina local de DSS de su condado.
- **Conozca su fecha de renovación de Medi-Cal.** Renueve su Medi-Cal en línea o trabaje con su oficina local del DSS si no recibe notificaciones.
- Visite www.dhcs.ca.gov/mymedi-cal para más información sobre cómo no perder su Medi-Cal.

Mantener su cobertura le ayuda a usted y a su familia a seguir saludables. Si tiene preguntas sobre su renovación de Medi-Cal, llame o visite su oficina local del DSS.



Visite www.mantengaCenCal.org para una lista de números de teléfono y direcciones de oficinas locales del DSS.

Haga su primera cita hoy mismo

¡Bienvenido a CenCal Health! Si es un nuevo miembro, su primer paso es llamar a su Proveedor de Cuidado Primario (PCP) y programar su Cita Inicial de Salud.

¿Por qué es importante?

Reunirse con su PCP dentro de los primeros cuatro meses de convertirse en miembro ayuda a que su salud siga por buen camino. ¡Esto es importante aunque se esté sintiendo muy bien! Su proveedor puede orientar su cuidado y asegurar que usted reciba los servicios preventivos que necesita.

¿Necesita ayuda para encontrar un doctor?

Servicios para Miembros puede ayudarle a elegir un doctor o clínica de nuestro Directorio de Proveedores. Este Directorio también incluye especialistas, farmacias, y hospitales cerca de usted. Llame al Departamento de Servicios para Miembros de CenCal Health al número gratuito que aparece al final de esta página.



Para consultar el Directorio de Proveedores para Miembros en línea, escanee el código QR o visite: www.cencalhealth.org/es/provider-directory

Mantenga su conexión con su cuidado: Abra una Cuenta de Miembro

CenCal Health facilita que usted maneje sus beneficios de Medi-Cal en línea. Si tiene 18 años o más, puede crear gratis una Cuenta de Miembro para acceder de manera segura a su información de salud en cualquier momento en su teléfono, tableta, o computadora. Con su cuenta, usted puede revisar sus detalles médicos, ver citas sugeridas, completar formularios y encuestas, y más.

Para crear hoy mismo una cuenta gratis:

- 1 Abra la cámara de su teléfono celular
- 2 Apúntela al código QR, luego haga clic en el enlace que aparece
- 3 Cree una cuenta



También puede hacerlo en línea: memberportal.cencalhealth.org

Tome parte como miembro de CenCal Health

¡Le invitamos a participar en nuestra Junta Comunitaria de Asesoría!

Este grupo está compuesto de miembros y representantes comunitarios como usted. CenCal Health lleva a cabo reuniones trimestrales (cada tres meses) para hablar sobre lo que va bien y lo que podemos mejorar. El grupo comparte opiniones importantes e ideas para nuestros programas y materiales.

Es una gran oportunidad de tener un impacto positivo. Si quiere ser parte de este grupo, llame a Servicios para Miembros para aprender cómo presentar su solicitud.

Recuerde: ¡Complete su encuesta de salud!

Si recibió por correo una encuesta de salud de CenCal Health, por favor tome unos cuantos minutos para completarla. Luego, devuélvanosla.

También puede encontrar la encuesta en su Cuenta de Miembro en línea:
memberportal.cencalhealth.org

Estas encuestas nos ayudan a conectarle a servicios que pueden apoyar sus necesidades de salud personales. También le ayudan a su proveedor a conocer su historial médico actual y pasado.



Obtenga ayuda en su idioma

El idioma no debe hacer que le sea más difícil obtener cuidado. CenCal Health le puede brindar apoyo para que se pueda comunicar con su proveedor. También podemos traducir información de salud escrita que usted reciba.



Servicios de interpretación

Puede recibir atención y consejos sobre la salud en el idioma que usted prefiere. Los servicios de interpretación están disponibles sin costo alguno.

Servicios para Miembros puede:

- Ayudarle a obtener un intérprete por teléfono en más de 230 idiomas.
- Ayudarle a su proveedor a conectarse con un intérprete para su cita.
- Ayudarles a los miembros que hablan español en una línea telefónica especial en español.
- Programar intérpretes en persona para español (cuando se cumplen ciertas reglas), lenguaje de señas americano (ASL), y Mixteco.

Para aprender más o para solicitar servicios de interpretación, llame a Servicios para Miembros.



Selección de Formato Alternativo (AFS)

CenCal Health puede ayudarle a obtener información escrita en diferentes idiomas y formatos. También puede elegir el formato que quiera para los materiales de su plan de salud.

Los formatos alternativos incluyen:

- Letra grande (20 puntos)
- CD de datos
- CD de audio
- Braille
- Se considerarán otras selecciones



Para todas las solicitudes de traducciones de idioma escrito y formatos alternativos, llame a Servicios para Miembros.

Apoyo de Administración de Cuidado para miembros durante el embarazo y posparto

El embarazo y periodo posparto pueden ser agobiantes. A veces cuidar a su recién nacido hace que sea difícil obtener el cuidado que usted necesita. **El equipo de Administración de Cuidado de CenCal Health está aquí para apoyarle.**

Le podemos ayudar si usted:

- Ha faltado a citas o se le dificulta ir a citas.
- Siente estrés, agobio, depresión, o ansiedad.
- Tiene inquietudes médicas durante el embarazo o después del parto.
- Necesita ayuda con transporte.
- Tiene problemas con vivienda, comida, o seguridad.

Nuestro equipo puede apoyarle con:

- Crear un plan de cuidado con sus proveedores.
- Reuniones de evaluación regulares.
- Programar citas.
- Ayuda con transporte.
- Conectarle con servicios de salud mental.
- Conectarle a usted, su hijo, o familia a recursos comunitarios. Esto puede incluir apoyo de comida, vivienda y apoyo económico.

Para más información o para obtener apoyo:

- Llame al Departamento de Servicios para Miembros al número que aparece al final de esta página o
- Llame a Administración de Cuidado al 805-562-1082, Opción 1

No está solo – hay ayuda disponible.

Proteja sus beneficios de Medi-Cal

El uso incorrecto de los servicios de Medi-Cal puede aumentar los costos de atención de salud para todos.

Ayude a prevenir el fraude, desperdicio, y abuso usando los siguientes consejos:

- Revise su Cuenta de Miembro. Reporte cualquier servicio identificado que usted no haya recibido.
- Proteja su información de seguro médico.
- Confirme la cantidad de cada medicamento que reciba.

Si sospecha que hay fraude, desperdicio, o abuso, por favor repórtelo. Usted puede hacerlo de manera anónima.

Comuníquese para hacer un reporte:

- Línea directa gratuita: 1-866-775-3944
- En línea: [qrco.de/EthicsPointCCH](https://www.qrco.de/EthicsPointCCH)

Para ver ejemplos, consulte la sección de “Fraude, desperdicio y abuso” en el capítulo 6 de su Manual para Miembros: www.cencalhealth.org/es/member-handbook



Mejor salud por medio de Apoyos Comunitarios

¿Qué son los Apoyos Comunitarios?

Los Apoyos Comunitarios ofrecen ayuda más allá de sus necesidades básicas de salud. Es posible que usted califique para servicios tales como apoyo de vivienda, atención personal, acceso a comida, y más. Estos servicios pueden ayudar a que se mantenga saludable sin costo para usted.

Los Apoyos Comunitarios que ofrece CenCal Health incluyen ayuda con:



Vivienda

Los apoyos de vivienda incluyen recursos para ayudarle a permanecer en su hogar o para encontrar vivienda. Es posible que sea eligible para recibir ayuda con cosas como:

- Ayuda para encontrar vivienda
- Cuotas de solicitudes y gastos de mudanzas
- Cuotas de instalación de servicios públicos y pagos atrasados
- Coordinación con el propietario
- Recursos y apoyo para evitar el desalojo
- Ayuda con la renta de transición a corto plazo



Mantenerse Seguro en su Hogar

Hay apoyo disponible para mantenerle seguro, saludable e independiente en su hogar. Es posible que sea eligible para recibir cosas como:

- Entrega de comida o compras del mercado
- Ayuda con apoyo en el hogar
- Modificaciones de accesibilidad para su hogar (barras de seguridad, rampas, accesibilidad para silla de ruedas)
- Apoyo para el asma
- Ayuda con quehaceres diarios
- Descanso a corto plazo para cuidadores



Transiciones Seguras

Hay ayuda disponible para apoyarle durante diferentes transiciones en la vida. Es posible que sea eligible para recibir ayuda con:

- Vivienda y cuidado a corto plazo después de una estancia en el hospital
- Servicios de sobriedad
- Orientación
- Y más

¿Cómo puedo obtener Apoyos Comunitarios?

Consulte su Manual para Miembros para aprender más sobre los diferentes Apoyos Comunitarios disponibles: www.cencalhealth.org/es/member-handbook

Puede recibir una referencia para Apoyos Comunitarios de:

- Su proveedor de Administración de Atención Mejorada (ECM, por sus siglas en inglés)
- Su doctor primario
- Proveedores de servicios sociales
- Otros proveedores
- Usted o su familia



Para una lista completa de los Apoyos Comunitarios actuales, visite: www.cencalhealth.org/es/members/community-supports



¿Necesita transporte? Le podemos ayudar a llegar

Si necesita transporte a una cita médica o a la farmacia, CenCal Health puede ayudarle.

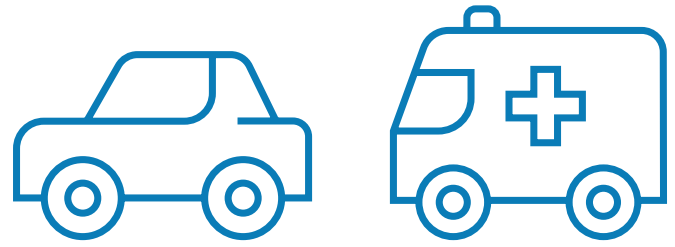
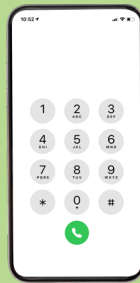
Los miembros de CenCal Health pueden usar dos opciones gratis para el transporte por medio de Ventura Transit System (VTS) para citas médicas aprobadas. Todo el transporte es para viaje redondo.

Transporte No Médico (NMT, por sus siglas en inglés):

- Para miembros sin transporte que necesitan transportación a sus citas para servicios cubiertos por Medi-Cal.
- Incluye transportación para recoger recetas o suministros médicos.
- Incluye vehículos privados o públicos.

Averigüe si califica para transportación gratis:

- Llame al Departamento de Servicios para Miembros de CenCal Health al número gratuito que aparece al final de esta página.
- Llame directamente a VTS al **1-855-659-4600** (la línea TTY/TDD 711).



Transporte Médico que no es una Emergencia (NEMT, por sus siglas en inglés):

- Para miembros con problemas médicos y físicos por los cuales se necesita transporte especializado.
- Incluye ambulancia, silla de ruedas, camilla, o transporte aéreo.
- Se necesita una receta y la autorización de un doctor.

Todos los viajes de NEMT incluyen servicios de puerta a puerta.

Cuando vaya a su cita, el chofer le:

- Ayudará de la puerta de entrada hasta el vehículo.
- Ayudará a llegar del vehículo hasta el lugar de su cita.

Cuando regrese de su cita, el chofer le:

- Ayudará desde su cita hasta el vehículo.
- Ayudará desde el vehículo hasta la puerta de entrada del lugar dónde le dejarán.

Conozca sus beneficios de farmacia

Entender sus beneficios de farmacia puede ayudarle a encontrar el lugar correcto para obtener sus medicinas.

Beneficios de farmacia: Medicamentos que obtiene de una farmacia.

Para aprender más sobre sus medicamentos cubiertos y para encontrar una farmacia:

- Visite medi-calrx.dhcs.ca.gov/member/ o
- Llame a Servicio al Cliente de Medi-Cal Rx al **1-800-977-2273**

Beneficios médicos de farmacia, medicamentos administrados por un médico (PAD, por sus siglas en inglés): Medicamento inyectado o por infusión en el consultorio de su proveedor o en un centro de atención médica.

La lista de medicamentos PAD se actualiza trimestralmente (cada tres meses). Para encontrar la lista actualizada o información sobre una solicitud aprobada de un PAD:

- Visite www.cencalhealth.org/es/members/your-pharmacy-benefits/ o
- Llame a Servicios para Miembros de CenCal Health al **1-877-814-1861**