



CenCalHEALTH®
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**CenCal Health
Board of Directors
Meeting Packet**

**Friday,
July 31, 2026
8:30 am**

**The Genevieve Hotel
3627 Sagunto Street
Santa Ynez, CA**



**Notice of Special Meeting
CenCal Health Board of Directors
Strategic Retreat**

Friday, July 31, 2026

8:30 am

The Genevieve | 3627 Sagunto Street, Santa Ynez, CA 93460

Agenda

Members of the public will be allowed to provide public comment in real time during the public comment portion of the Board meeting (Item 1 below) or you may do so by emailing comments 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.

1. Public Comment

2. Consent Agenda *Ms. Andersen (Board Chair) (Action)*

2.1 Adopt Board Resolution for Assemblymember Dawn Addis

3. Regular Agenda

3.1 **Welcome, Introductions and Agenda Overview:** *Ms. Andersen (Board Chair), Ms. Owen (Chief Executive Officer, CenCal Health) and Mr. Rafael Gomez (Retreat Facilitator, El Cambio Consulting) (Information)*

3.2 **Our Position, Context and Strategic Direction:** *Ms. Owen (Chief Executive Officer, CenCal Health) and Kashina Bishop (Chief Financial Officer) (Information)*

3.3 **Panel Discussion:** *A Federal Lens on Medicaid, Medicare and the Health Plan Journey: Meg Murray (Chief Executive Officer, Association of Community Affiliated Plans-ACAP) and Christine Aguilar Lynch (VP, ACAP) (Guests) (Information)*

3.4 **Discussion: CareConnect Dual Special Needs Plan:** *Ms. Owen (Chief Executive Officer, CenCal Health), and Mr. Rafael Gomez (Retreat Facilitator, El Cambio Consulting)*

3.5 **Discussion: HR-1 Impact on Uninsured:** *Ms. Owen (Chief Executive Officer, CenCal Health) and Mr. Rafael Gomez (Retreat Facilitator, El Cambio Consulting) (Information)*

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)

3.7 **Board Reflections, Thank You and Adjourn:** *Ms. Andersen (Board Chair), Ms. Owen (Chief Executive Officer, CenCal Health) and Mr. Rafael Gomez (Retreat Facilitator, El Cambio Consulting) (Information)*

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

CenCal Health Board of Directors Retreat *What to Expect Guide*

Directions & Parking

Directions

The Genevieve, [3627 Sagunto Street, Santa Ynez, CA 9360](#) | 805.688.5588

From 101 North

- US-101 S to CA-154 E
- Exit 140A for CA-154 (towards Los Olivos)
- Turn right on Edison Street
- Turn left on Sagunto Street
- The Genevieve will be on your right

From 101 South

- US-101 N to CA-154 E (San Marcos Pass)
- Turn left on CA-246 (becomes "Mission Drive")
- Turn right on Meadowvale Road
- Turn left on Sagunto Street
- The Genevieve will be on your right

Parking

- The Genevieve will have on-site parking and street parking

Expected Weather:

- High 90° with sunny skies.

Check-In Instructions

Hotel Registration

- Give your last name to the front desk to check-in
- Have a form of ID ready to show the front desk upon check in. You will be asked to place a personal credit card on file for incidentals only. Room and taxes will be paid for by CenCal Health.
- A room key will be provided as well as directions to your room, if requested

Event Check-In

- The July 30th Welcome Reception will be located at The Coach House at The Genevieve Hotel. The hotel front desk can provide directions as needed and check-in will be provided by Paula Bottiani, CenCal Health Clerk of the Board
- The July 31st Board Retreat Session will be located at the Coach House at The Genevieve Hotel, with a Closing Reception following at the Coach House as well. The hotel front desk can provide directions as needed and check-in will be provided by Paula Bottiani, CenCal Health Clerk of the Board

Food & Refreshments

July 30, 6pm - Welcome Reception and Dinner: Refreshments and hors d'oeuvres will be provided. Buffet Dinner to follow. There will be access to a no-host bar located at The Victor adjacent to the Coach House should you wish to purchase an adult libation.

July 31, 8:00am – 8:30am- Board Arrives, Breakfast

July 31, 8:30am – 9:15am- Regular Board Business

July 31, 9:15am-9:30- Speakers Arrive, Breakfast and Board Coffee Break

July 31, 9:30am – 10:00am – Board Retreat Begins: Welcome, Introductions and Agenda Overview

July 31, 10:00am – 10:45am – Morning Session: Our Position, Context and Strategic Direction

July 31, 10:45am – 11:00am – Break

July 31, 11:00am – 12:10pm- Morning Session Discussion: A Federal Lens on Medicaid, Medicare and the Health Plan Journey

July 31, 12:10pm – 1:00pm – Lunch

July 31, 1:00pm – 2:00pm – Afternoon Session: Discussion: Care Connect Dual Special Needs Plan

July 31, 2:00pm – 2:10 – Break

July 31, 2:10pm – 3:15pm- Afternoon Session Discussion: HR-1 Impact on Uninsured

July 31, 3:15pm – 3:30pm – Reflections, Thank You and Adjourn

July 31, 3:30pm – 4:00pm - Closing Reception: Refreshments will be provided. There will be access to a no-host bar located at The Victor, adjacent to the Coach House should you wish to purchase an adult libation.

Dress/Attire Guidance

Business Casual

- Dress is business casual (e.g., khakis, slacks, collared shirts and blouses, sweaters, dresses, skirts) (no suits/ties)

**RESOLUTION OF THE BOARD
OF DIRECTORS OF
SANTA BARBARA REGIONAL HEALTH AUTHORITY
DBA CENCAL HEALTH**

Resolution No. 2026-02

Recognition and Appreciation of Assemblymember Dawn Addis

WHEREAS, CenCal Health administers the Medi-Cal program in Santa Barbara and San Luis Obispo counties, ensuring access to high-quality, equitable, and compassionate health care for the communities it serves; and,

WHEREAS, the Medi-Cal program serves more than 220,000 Central Coast residents, including more than 62,000 members in San Luis Obispo County, and plays a vital role in advancing health, well-being, and access to care for children, families, adults, seniors, and vulnerable populations; and,

WHEREAS, Assemblymember Dawn Addis has represented California's 30th Assembly District since 2022 and has distinguished herself as a dedicated champion for the health and well-being of San Luis Obispo County residents, recognizing that strong public policy, strategic investment, and collaborative leadership are essential to expanding access to high-quality physical, behavioral, and preventive health care; and,

WHEREAS, as Chair of the Assembly Budget Subcommittee No. 1 on Health, Assemblymember Addis has demonstrated exceptional leadership in advancing policies and investments affecting Medi-Cal, behavioral health, public health, and access to care, helping strengthen California's health care system and improve outcomes for millions of Californians; and,

WHEREAS, Assemblymember Addis secured \$5 million in state funding for a groundbreaking CenCal Health pilot program to expand treatment and services for individuals living with severe schizophrenia and anosognosia, helping address one of the region's most complex and urgent behavioral health challenges; and,

WHEREAS, Assemblymember Addis has also supported initiatives to address long-term health care workforce shortages on the Central Coast, recognizing that a strong and sustainable workforce is critical to meeting the current and future health care needs of the region; and,

WHEREAS, through her leadership, partnership, and unwavering commitment to public service, Assemblymember Addis has become a trusted ally to CenCal Health and a powerful advocate for Medi-Cal members, providers, and communities throughout San Luis Obispo County; and,

WHEREAS, the Board of Directors of CenCal Health recognizes Assemblymember Dawn Addis for her extraordinary contributions to improving access to care, strengthening

behavioral health services, advancing health care workforce solutions, and improving the health and well-being of San Luis Obispo County residents;

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The above recitals are true and correct and are incorporated herein by this reference.
2. The Board of Directors of CenCal Health hereby recognizes Assemblymember Dawn Addis as a Champion of Health Care for her outstanding leadership, tireless advocacy, and steadfast commitment to improving the lives and health outcomes of San Luis Obispo County residents.
3. The Board expresses its sincere appreciation for Assemblymember Addis' partnership with CenCal Health and her continued support of Medi-Cal members, safety-net providers, behavioral health innovation, health care workforce development, and equitable access to care.
4. The Board further commends Assemblymember Addis for securing \$5 million in state funding for a CenCal Health pilot program to expand treatment and services for individuals living with severe schizophrenia and anosognosia, advancing innovative and compassionate care for some of the region's most vulnerable residents.
5. The Board of Directors hereby presents the CenCal Health Champion of Health Care Award to Assemblymember Dawn Addis in recognition of her exemplary public service and her enduring contributions to improving health care access, strengthening communities, and advancing the health and well-being of the people of San Luis Obispo County.
6. The Board further authorizes and directs its Clerk to deliver a certified copy of this Resolution, duly executed, to Assemblymember Dawn Addis as an expression of the Board's gratitude, admiration, and recognition.

Sue Andersen

Chair, Board of Directors



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Board of Directors Annual Retreat

July 31, 2026



Agenda for Today

8:30 – 9:30	Regular Board Business and Break
9:30 – 10:00	Board Retreat Begins: Welcome, Introductions and Agenda Overview
10:00 – 10:45	Our Position, Context and Strategic Direction
10:45 – 11:00	Break
11:00 – 12:10	Panel Discussion: A Federal Lens on Medicaid, Medicare and the Health Plan Journey
12:10 – 1:00	Lunch
1:00 – 2:00	Discussion: CareConnect Dual Special Needs Plan
2:00 – 2:10	Break
2:10 – 3:15	Discussion: County Uninsured and Indigent Care Planning
3:15 – 3:30	Reflections, Thank You and Adjourn



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Our Position, Context and Strategic Direction

Marina Owen
Chief Executive Officer



DISCUSSION GOAL

Set the context for today by reviewing financial/organizational position, State policy implications, and CenCal Health strategic and risk mitigation directions

Strategic Plan Priorities

2026 – 2030

Strengthen Provider Partnerships

Elevate Quality
for our Communities

Integrate for
Better Outcomes

Advance
Affordable Access

Organize for Strategic Impact and Effectiveness

CenCal Health 2026 Top 3 Can't Miss Priorities

- 1 Cultivate partnerships to facilitate eligibility, access and coverage solutions
- 2 Stabilize D-SNP on the path to our 5-year strategic objective to optimize D-SNP to standardize best practices
- 3 Leverage health care funding opportunities to support and stabilize providers

State Policy Updates and Reflections

- Medi-Cal is entering a **new political, fiscal and policy cycle** in California, under pressure from the federal government
- The 2026-27 state budget **preserved most coverage** and core health funding (e.g. FQHCs), relying on delays and stopgaps
- Immediate issues include transition of **UIS members** to fee-for-service and **county indigent care** program funding shortfalls and solutions
- HR-1 creates a **coverage retention challenge** requiring member outreach and focus on stabilizing the **provider safety-net**
- CenCal Health needs to show with increasing clarity that local plans **produces value, is a public steward** and **innovates locally**

Financial Position – as of June 30, 2026

\$21.5M

YTD Net Gain

\$353.0M

Tangible Net Equity

817%

of Required Minimum

107%

of Board Target

- **Financial position is strong:** YTD net gain of \$21.5M and tangible net equity of \$353.0M — 817% of required and 107% of the Board target.
- **Medical costs are accelerating:** utilization up 5%, led by ECM, Mental Health, Behavioral Health, and professional claims, plus two high-dollar claims over \$2.5M.
- **Forecast turns negative:** base scenario net income moves from +\$5.5M in 2026 to \$(15.1)M by 2028; the downside scenario reaches \$(34.1)M as MLR climbs toward 93.5%.
- **Membership is declining:** both projection models show enrollment erosion through 2028, adding downward pressure on revenue.
- **Reserves provide a buffer:** even a \$100M loss would leave TNE above 550% of required — the focus is mitigation, not solvency.

Emerging Cost Trends

Key medical cost drivers

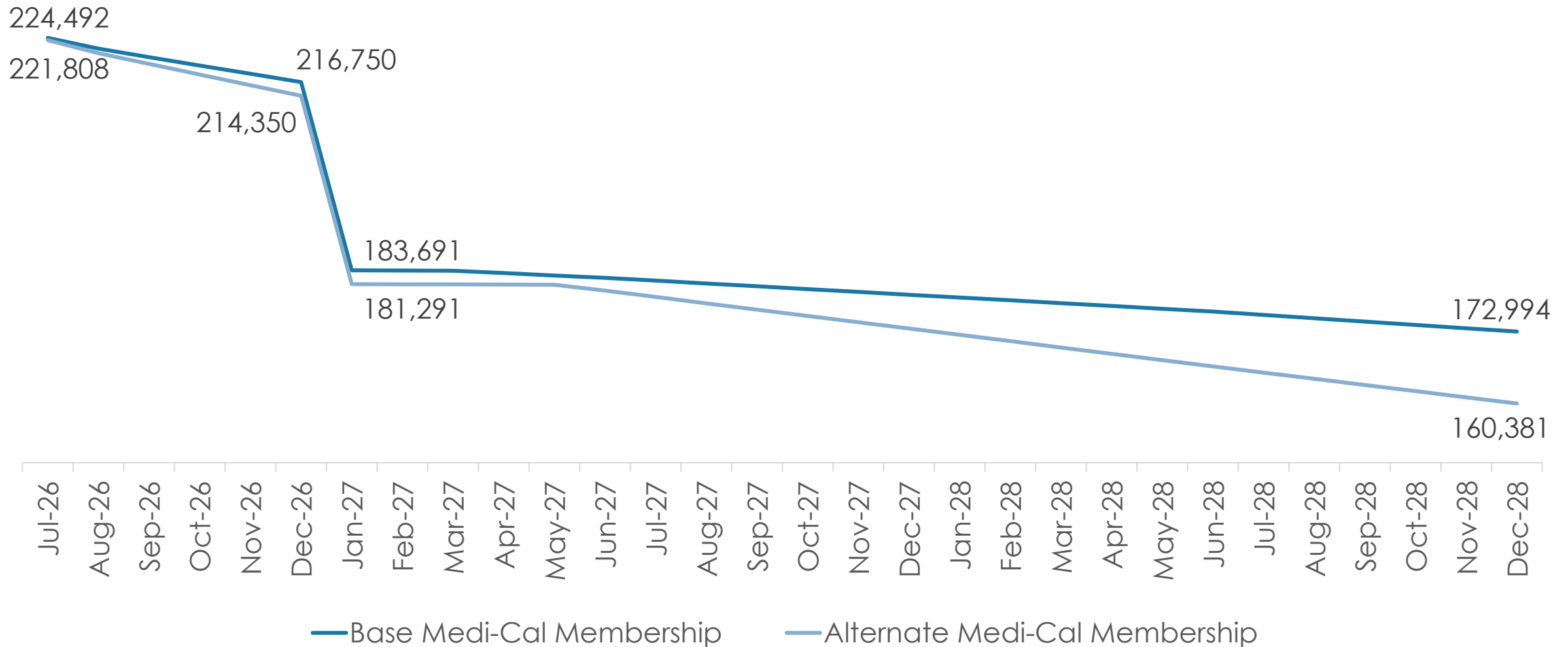
1. High-dollar claims are rising — two April claims exceeded \$2.5 million each.
2. Overall utilization rose 5%, led by ECM, Mental Health, Behavioral Health, and professional claims.
3. The ECM risk corridor no longer offers protection — it now adds revenue risk.
4. Seasonality and rising member acuity are adding further cost pressure.

Financial Forecasts

Key drivers and their sensitivity under the base and downside scenarios.

Major Drivers	Base	Downside	Overall Impact
Membership — 2026	-9%	-10%	1% = approx. \$700K in absorbed admin costs + acuity considerations
Membership — 2027	-17%	-19%	
Membership — 2028	-4%	-8%	
Revenue	+3%	+2%	1% = approx. \$10 million
Medical Expenses			
Member acuity		+2.50%	1% FFS = \$8 million
Cost of Care Initiatives			
Provider contracting			
Administrative Costs			1% = approx. \$1 million

Base / Downside Membership Forecast



Base / Downside Scenario Forecast

Line Item	FY 2026		FY 2027		FY 2028	
	Base	Downside	Base	Downside	Base	Downside
Revenue	\$1,244,675,146	\$1,240,977,211	\$1,024,582,597	\$1,006,184,722	\$1,020,067,102	\$963,832,626
Medical Expense	1,134,801,691	1,139,801,691	937,985,514	946,201,081	937,520,730	901,054,700
Administrative	100,524,903	100,524,903	98,680,385	98,223,170	101,797,442	100,412,657
Community Reinvestment	13,000,000	13,000,000	5,000,000	5,000,000	5,000,000	5,000,000
Other Income	9,143,116	9,143,116	9,143,116	9,143,116	9,143,116	9,143,116
Net Income (Loss)	\$5,491,668	(\$3,206,267)	(\$7,940,185)	(\$34,096,412)	(\$15,107,954)	(\$33,491,615)
MLR	91.20%	91.80%	91.50%	94.00%	91.90%	93.50%
ACR	8.10%	8.10%	9.60%	9.80%	10.00%	10.40%

Even after a \$100 million loss, Tangible Net Equity would remain above 550% of the required minimum.

Strategic Risks & Mitigation

Progress update — status as of the July 2026 Board Retreat.

Initiative	Mitigation Status	Progress Update
Enhanced Care Management	In Progress	Active workgroup implementing a provider contract strategy, with ongoing State advocacy to phase in.
Enrollment Decline	On Track	Forecasts updated, member retention strategy implemented, and FTE modeling aligned.
Program Integrity	Planning	Multi-year program integrity roadmap is in progress.
Clinical Efficiency	In Progress	Cost of Care workgroup established; impacts being incorporated into planning.
Rate Adequacy	In Progress	Focused on providing additional data to DHCS to support CY 2027 rate development.

Strategic Reflections on Moving Forward

- Top 3 priorities remain unchanged, becoming even more **timely and critical** for CenCal Health and community partners
- Fiscal position is strong; however, **investment in key areas** is necessary (member retention, provider safety-net, program integrity, coverage planning, fiscal forecasting and monitoring)
- CenCal Health will be monitoring CalAIM, ECM and Community Supports **cost effectiveness and sustainability** closely
- Behavioral Health integration emerges as a key objective, growing CareConnect a key opportunity and ULS coordination a necessity
- Strong **administrative and fiscal stewardship** will be ongoing focus

Board Discussion

- **Strategic Focus and Risk Mitigation.** What questions or feedback do you have about how leadership are focusing strategic efforts and financial risk mitigation strategies?
- **Financial and Membership Projections.** What questions do you have about the forecast prepared for the team? Is there additional information that would be helpful for Board planning and understanding?





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A Federal Lens on Medicaid, Medicare and the Health Plan Journey

Meg Murray (CEO) and Christine Aguiar-Lynch (VP)
Association of Community Affiliated Plans (ACAP)



DISCUSSION GOAL

Provide a national health plan perspective on policy issues and directions to watch in Medicaid and Medicare

About ACAP



About ACAP

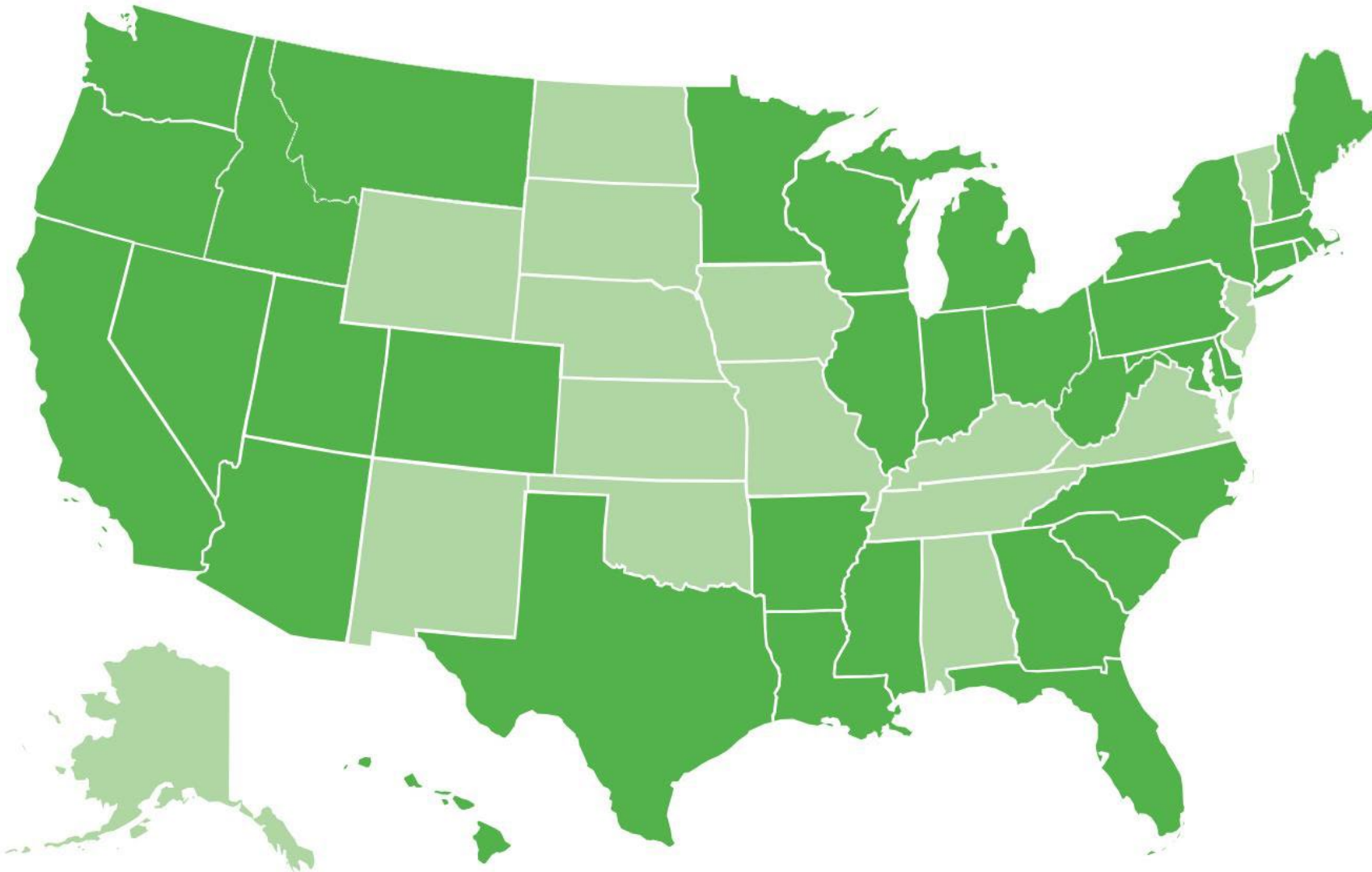


- **Our mission** is to strengthen not-for-profit Safety Net Health Plans in their work to improve the health and well-being of people with limited resources or significant health needs.
- **Our vision** is a country with equitable, affordable, high-quality care that is accessible regardless of income and provided through coordinated care entities.

Criteria for Full ACAP Membership

- Local, community-affiliated health plan.
- Not-for-profit, or owned by a not-for-profit organization. Not publicly traded.
- Must have a Medicaid contract.
- At least 51 percent of members must come from publicly-sponsored coverage programs.
- Affiliated with or owned by community health center, government, hospital or other provider group.
- If managed by an outside for-profit firm, the CEO and senior staff must be employees of the plan, not the management firm. Only plan staff may attend ACAP meetings and conference calls.
- Agree with ACAP's mission and principles.
- New membership is at current members' discretion.

ACAP's 92 Member Safety Net Health Plans Cover More Than 30 Million People



Our plans participate in Medicaid, Medicare, Marketplaces and other publicly-supported programs.

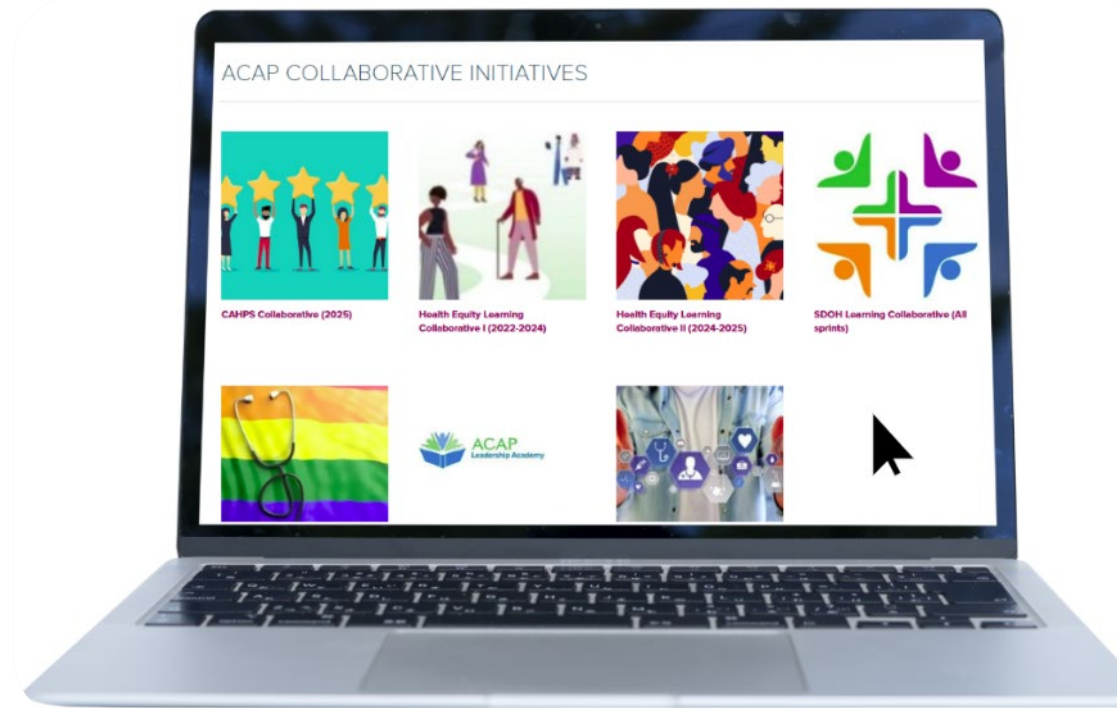
What Can ACAP Do For You?

Quality and Operational Support



Learning Collaboratives/Workshops

- Current:
 - Value-Based Payment Workshop Series
 - ICHRA Learning Series
 - CAHPS Improvement Learning Collaborative
 - Work Requirements
- Recent:
 - Health Equity 2.0 Learning Collaborative
 - Health-Related Social Needs Impact Workshop Series
- www.communityplans.net/collaboratives



Workforce Support for You



- **ACAP Leadership Academy**
- **Roundtable calls** around compliance, IT, HR, pharmacy, finance, quality, health equity
- **Executive Compensation Survey**
- **ACAP Jobs Board**
- **Physician Leadership Accelerator Program**
- **Online MSW** through **Univ. of Pittsburgh** with additional ACAP programming





ACAP Center for SDOH Innovation

Addressing Social Inequities to Improve Health

- **Supports ACAP member plans' SDOH/HRSN efforts** through a rich portfolio of services and activities.
- Develops, communicates promising practices
- Connections to funding, vendors, [competitive analyses](#)
- Serves as an RFP differentiator
- Web site: sdohinnovation.org
- SDOH/HRSN Benchmarking Assessment
- **Join us:** E-mail tblanchard@communityplans.net with the subject line “**Add Me to the SDOH List**”

Networking Opportunities



ROUNDTABLES

- **100+ videoconferences per year** on a wide range of topics for audiences from manager/director level to CEOs.

MEETINGS

- Membership Council
- Legislative Fly-Ins (D.C.)
- Marketplace
- CMO/Quality Directors
- Operations (COO/CIO/CFO/staff)
- SDOH Innovation
- Communications
- Others (special topics, Learning Collaboratives)

CEO SUMMIT

- Signature 2-day event for plan and health care thought leaders
- Keynote speaker (2025): Chris Koller, President, Milbank Memorial Fund
- Other topics: Plan CEOs on leadership; high-cost drugs; chronic condition care; member retention

What Can ACAP Do For You?

Policy: Advocacy and Accomplishments



Medicaid is US

- **2017:** \$1m campaign to fight American Health Care Act.
13K advocates,
50K+ letters to Congress.
- **2025:** Revived *Medicaid is US* to target key House, Senate districts to fight cuts to Medicaid.
 - Kept assets from first campaign.
 - 5000+ letters to Congress and counting.
- **Subsequent campaign to extend enhanced Marketplace tax credits**

Tell Congress:
Protect Medicaid

**Medicaid covers
1 in 5 Americans**



Medicaid Priorities



Work
Requirements
Implementation

Rate Setting
Issues

Fraud Waste and
Abuse

Supporting
Managed Care
Over Fee-For-
Service

State Directed
Payments
And Provider Taxes

Medicare and MLTSS Priorities

D-SNP
Sustainability

Differentiating
Safety Net D-
SNPs

Avoiding Payment
Cuts to D-SNP

Supporting
Medicare and
Medicaid
Integration

Operational
Support



Successfully advocated CMS to give NY's HIDE SNPs an exception on the EAE requirements.

Successfully advocated CMS to delay implementation of the new risk-adjustment model and to allow unlinked chart reviews for new members.

Differentiated ACAP's D-SNP members through direct advocacy, data analyses, and a D-SNP infographic.

Positioned ACAP as solution-oriented on coding intensity with Congress and CMS.

Advocated Hill staff to not make further cuts to Safety Net D-SNPs.

Positioned ACAP as a thought leader by developing potential D-SNP demonstration ideas.

Current D-SNP Policy Environment

Congress: Positive Environmental Factors

- Congressional commitment to D-SNPs (Congress made them statutorily permanent)
- Congressional interest in promoting Medicare-Medicaid integration through D-SNPs

Congress: Challenges/Threats

- Medicare Advantage (MA) cuts, likely through coding changes, possibly on the table
- Focus on vertical integration and prior authorization
- Occasional calls for MA reform

CMS: Positive Environmental Factors

- History of making positive changes to D-SNPs consistent with ACAP's positioning
- Changes to improve D-SNP integration with Medicaid tend to benefit ACAP plans
- Recent focus on C-SNPs would benefit ACAP plans in certain markets

CMS: Challenges/Threats

- **STAR RATINGS**
- Risk-adjustment improvements still needed
- Annual proposals to reduce MA payments/not give MA plans as much of an update
- Focus on fraud, waste, and abuse
- Risk-adjustment data validation (RADV) audits

Current ACAP Medicare/MLTSS Work Plan

CRUSH RFI
Response on FWA

CLOVER Lawsuit
Star Ratings
Analyses

Detailed MLR
Analysis

D-SNP Prior
Authorization
Analysis

Fact Sheet on
ACAP's MLTSS Plans
Best Practices to
Address FWA

Developing "How
To's" on Medicare
Passive/Auto
Enrollment for Duals

Preventing D-SNP
Cuts in Congress

Additional Programming and Resources



Marketplace Priorities

Ensure Coverage is Affordable & Comprehensive

- Support a Robust Marketplace
- Reinstate the Enhanced Premium Tax Credits (ePTCs)
- Limit STLDIs (aka “junk insurance”)
- Strengthen & Support Consumer Protections

Protect Consumers from Bad Actors

- Protect Consumers from Misleading Marketing
- Ensure Brokers Have a Fiduciary Responsibility to their Clients

Keep Coverage Competitive & Efficient

- Address Marketplace Operational Policies
- Streamline Marketplace Enrollment Processes
- Support role of “Overlap” Plans

Operational Projects

- ICHRA Learning Series
- QRS Benchmarking
- Risk Adjustment Insights
- Marketplace Survey
- QHP Premium Analysis
- Support for New QHP Entrants

ACAP/CHCS Work Requirements Learning and Action Series

Helping Safety Net Health Plans support members through new Medicaid community engagement requirements

The One Big Beautiful Bill Act (OBBBA / H.R. 1) requires state Medicaid agencies to implement new community engagement (work) requirements, making continued coverage for expansion populations contingent on qualifying activities — a major operational shift for plans, states, and providers.

ACAP's Learning and Action Series, with the Center for Health Care Strategies (CHCS), helps plans build efficient, member-friendly processes to meet this challenge.

G Project Goals

- Support Safety Net Health Plans as they help eligible members maintain Medicaid coverage and access to care under new work requirements.
- Facilitate knowledge sharing via peer-to-peer engagement and access to subject matter experts for member outreach and messaging.
- Tailor strategies to the assets, context, and needs of members and communities served by Safety Net Health Plans.
- Publish two toolkits throughout the project period: one focusing on policy readiness in the fall of 2026, and the other focused on operational implementation in the spring of 2027.

T Series Timeline

● July 2026

Roundtable Launch Call

● Jul 2026 – Jun 2027

Monthly roundtables, last Wednesday

● Aug 2026 – Jul 2027

Optional office hours, 2nd Wednesday

● July 2027

National Webinar

*CY 2027 spending is dependent on inclusion in the 2027 ACAP budget.



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Discussion CareConnect Dual Special Needs Plan



DISCUSSION GOAL

- Provide an update on CareConnect launch
- Share context on the evolving market and policy landscape
- Discuss D-SNP growth strategy and key areas of focus

Launched Successfully!

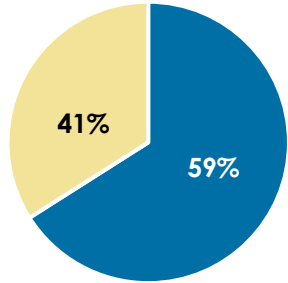
CenCal CareConnect went live on Jan 1, 2026, and operations are running well.

- **People (97% of D-SNP positions)**
 - Sales, Enrollment, Call Center, Claims, Compliance, Clinical Ops, Quality, Product, Pharmacy & more.
- **Processes (100+ processes)**
 - Business process readiness & regulatory compliance.
 - Ongoing review to identify & implement efficiencies.
- **Technology (Multiple, large-scale implementations)**
 - Core/QNXT, MHK (Clinical) & EvolveNXT (Sales)
 - RingCentral phone system
 - Member Portal & Provider Portal
 - Benefit Partners: MedImpact (Pharmacy) & Nations Benefits (Supplemental Benefit)

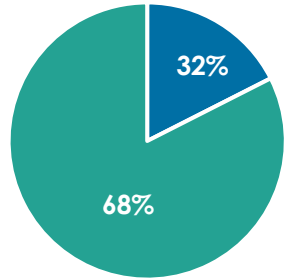


CenCal CareConnect

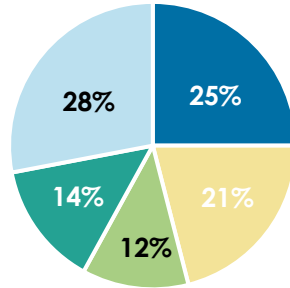
CareConnect Membership



- San Luis Obispo County
- Santa Barbara County

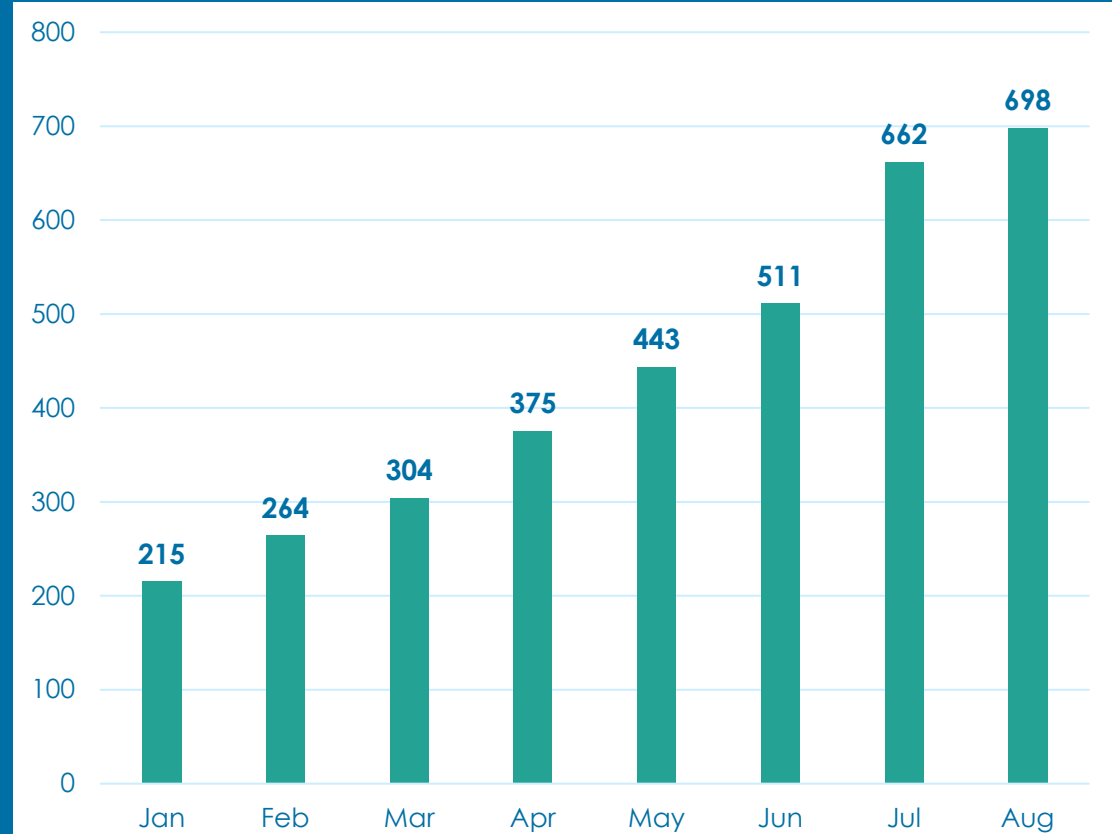


- Other MAPD/D-SNP plans
- Original Medicare



- CHC
- Adventist
- Lompoc Valley Medical Center
- Sansum
- Pacific Health (Dignity)

Membership

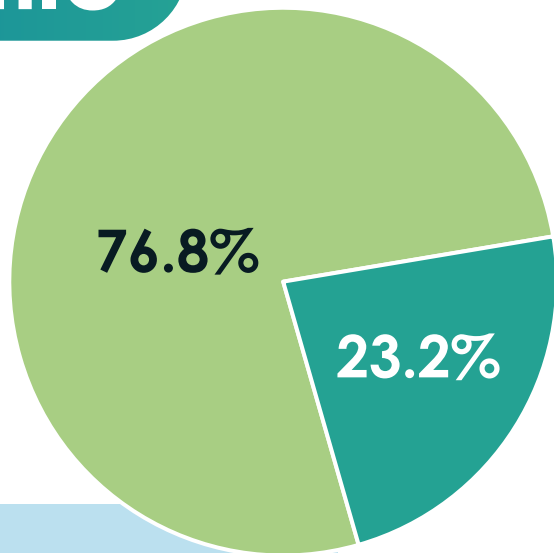


Member Profile

Member Age Range:

- 0-59 (11.1%)
- 60-69 (45.4%)
- 70-79 (32%)
- 80-89 (8.3%)
- 90-100+ (3.2%)

● Aged (>65 yrs old) ● Disabled (<65 yrs old)



Risk Score: 1.231

Category	Plan Distribution
Community - Aged	67.4.2%
Community - Disabled	16.4%
Dialysis (ESRD) - Disabled	0.3%
New Enrollee	14.7.5%
Institutional	0.5%

TOP 5 HCC Hierarchy Grouping	July 2026	Comparison FFS population
Diabetes	36.3%	5.1%
Mental Health	24.3.0%	7.4%
Chronic lung disorders	16.2%	5.2%
Chronic kidney disease (CKD)	14.2%	3.2%
Substance Abuse	13.5%	5.9%

Diabetes:

Diabetes is the top chronic condition within the population. Members are supported through ongoing care management outreach, education, preventive care coordination, and provider collaboration to promote effective disease management and reduce complications.

Mental Health:

Depression is the most prevalent mental-health condition across the population. Through coordinated outreach, education, and care coordination, care management and behavioral health partners work together to connect members with needed services and community supports that promote stability and well-being.

Member Story

A 78-year-old member was hospitalized following recurrent falls that resulted in a right hip fracture. After completing rehabilitation at a skilled nursing facility (SNF), she was discharged home with orders for home health services, including PT, OT, and a home health aide.

During a post-discharge outreach call, the care manager learned that the member had been home for several days without any contact from the home health agency and was worried about managing safely on her own. The care manager quickly coordinated with the SNF social services team and discovered that the original home health agency could not accept the referral and that the required authorization for the new agency had not been submitted.

The care manager worked with the SNF to facilitate the authorization request, allowing the new home health agency to schedule a visit the same day. The member was relieved to have services arranged and expressed gratitude for the assistance, sharing that she had been concerned about her recovery and the possibility of returning to the hospital. This intervention helped ensure a safe transition home and prevented further delays in care.

CareConnect '26/'27 Strategic Questions & Considerations

- Should we adhere to current **membership targets** or push for accelerated membership growth in 2026?

- How do we need to adapt and mature our **provider network, benefits and operational capabilities** as we grow?

- What are the key **policy and market considerations** and what do they mean for how we move forward?

Financial Dashboard: Projected CY 2026 vs CY 2027

Projected performance overview — dollar figures in USD millions

REVENUE

\$86.2M

▲ 334%

CY 2026: \$19.9M

COST OF HEALTHCARE

\$75.3M

▲ 340%

CY 2026: \$17.1M

ADMINISTRATIVE COSTS

\$11.7M

▲ 106%

CY 2026: \$5.7M

KEY TAKEAWAY

The 2027 bid is expected to deliver improved profitability compared to 2026, driven by:

- Enrollment Growth
- Reduction in start-up cost
- Risk score accuracy projects
- Favorable growth rates

Revenue is projected to grow roughly 334%, from \$19.9M to \$86.2M, as the plan scales.

Administrative costs more than double (+106%), yet the Administrative Cost Ratio still falls from 29% to 14% as revenue outpaces spending.

PROFIT/LOSS

(\$3M) → (\$0.8M)

▲ \$2.2M

CY 2026 → CY 2027

MEDICAL LOSS RATIO (MLR)

86% → 87%

▲ 1 pt

CY 2026 → CY 2027

ADMINISTRATIVE COST RATIO (ACR)

29% → 14%

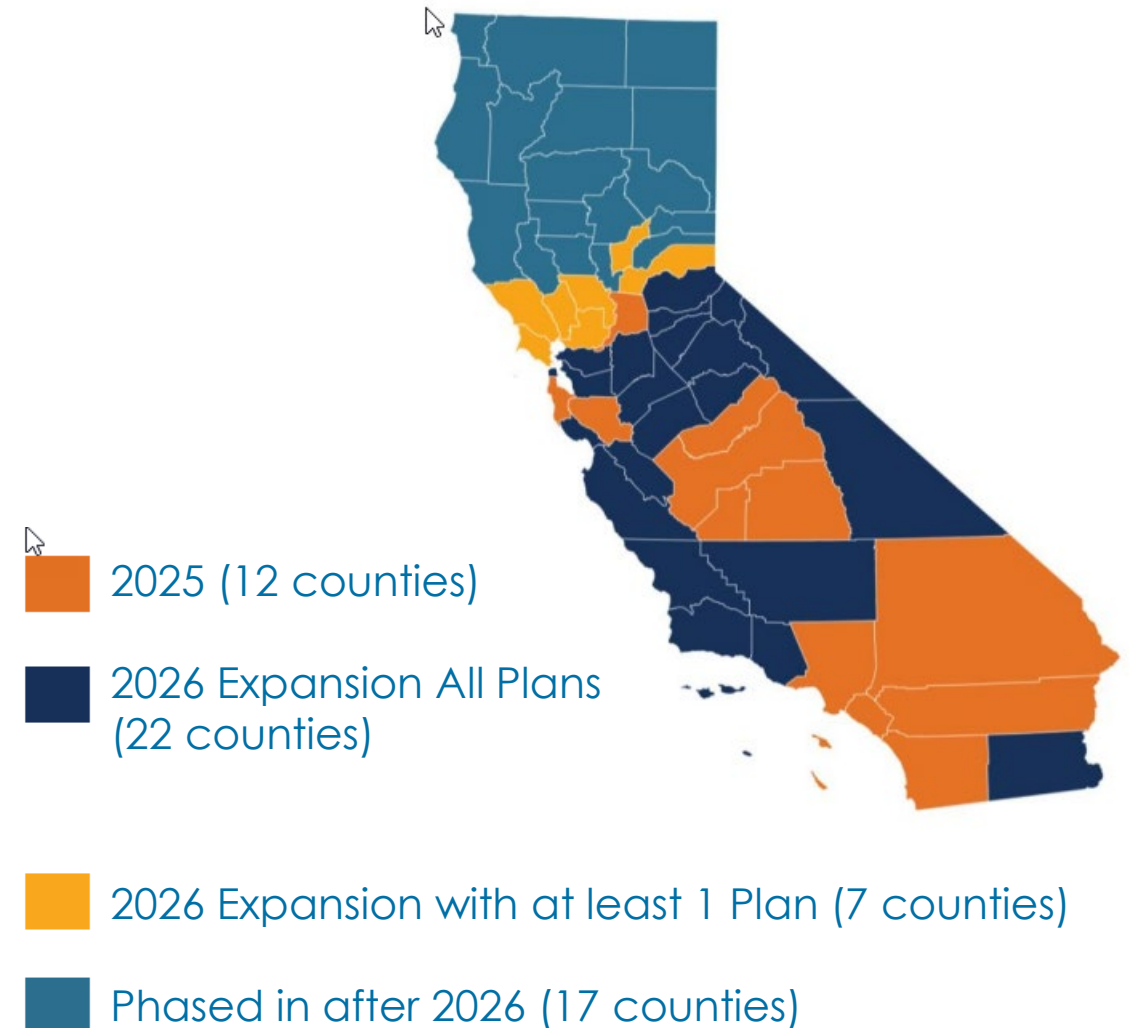
▼ 15 pts

CY 2026 → CY 2027

California Policy Considerations

Dual Special Needs Plan (D-SNP) Growth Throughout California

- Exclusively Aligned Enrollment (EAE) Expansion
 - As part of the CalAIM, California expanded the Exclusively Aligned Enrollment (EAE) D-SNP model statewide, extending integrated Medicare & Medi-Cal coverage from **12** counties in 2025 to **41** counties starting January 2026.



Federal/State Policy Considerations

Federal

- CMS Program Integrity Focus (aggressive enforcement, expanded audits and oversight)
- Medicare Star Ratings (Clover v CMS lawsuit)

California

- Exclusively Aligned Enrollment (EAE) Expansion
- Expansion of Default EAE D-SNP Enrollment
- Value Added Services (Medicare Drug Affordability)

Membership Growth

	2026				2027			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Membership Targets	400	756	1,130	1,500	2,200	2,900	3,700	4,500
Growth Goal YOY	1,500				3,000			
Accelerated Membership Growth in 2026	400	756	1,310	2,000	2,600	3,100	3,800	4,500
Growth Goal YOY	2,000				2,500			

Key Consideration: Time D-SNP growth to support dynamic work force evolution and transition of existing staffing responsive to declines in Medi-Cal membership.

Provider Network Growth Strategy

To ensure a comprehensive provider network for CenCal CareConnect

- Alignment across Medi-Cal and CenCal CareConnect
- Full CMS and DHCS Compliance
- Improved Specialty Access
- Enhanced member experience

GOAL:

Contract with all providers who are qualified for and eligible to participate in CareConnect, achieving 100% overlap.



CenCal
CareConnect

Provider Network Overlap Report

- ❑ **515 of 1,040** Medi-Cal contracted groups are participating in CenCal CareConnect
- ❑ **Key barriers:** Rates and operational costs, access and availability, and general concerns around process and authorizations

Primary Care Providers	Specialists	Facilities	Ancillary	Behavioral Health
➤ Groups: 85.7% ➤ 24 of 28 groups contracted	➤ Groups: 58.2% ➤ 166 of 285 groups contracted	➤ Groups: 35% ➤ 72 of 206 groups contracted	➤ Groups: 57.4% ➤ 66 of 115 groups contracted	➤ Groups: 47.8% ➤ 214 of 448 groups contracted

Provider Quotes

Santa Barbara Neighborhood Clinics (SBNC)

"We have had nothing but positive feedback from CenCal CareConnect patients. Everyone at CenCal Health has been wonderful to work with and when we need anything, we get help with our answers right away. Our experience has been amazing so far."

Santa Maria Gastro

"We were initially hesitant to participate in CareConnect, but our experience has exceeded expectations. The program has made it easier to coordinate care for our patients, and the authorization process has been remarkably simple and efficient. Combined with CenCal Health's responsive support and collaborative approach, CareConnect has helped streamline our workflows and enhance the care we provide. We're very pleased to be a participating provider."

Product Operational Considerations

- **Just-in-time staffing:**
 - Monitor workload, enrollment growth, and service demand to align staffing levels while leveraging dynamic workforce management, cross-training, and technology-enabled efficiencies.
- **Strengthen Compliance:**
 - Bolster compliance, data integrity, and audit preparedness to support CMS Program Audits and other regulatory reviews.
- **Risk Adjustment (RA) & Stars**
 - Strengthen RA and Stars through focused provider engagement, accurate diagnosis capture, care gap closure, and monitoring to improve quality outcomes and maximize plan performance.
- **Stabilize Systems & Processes:**
 - Stabilize core systems, enhance reporting and analytics, automate workflows, and implement scalable process improvements that drive efficiency.

Board Discussion

- **CareConnect Pace of Growth.** What questions, feedback or guidance do you have on the pace of CareConnect growth?
- **Future Conversations.** What strategic conversations or presentations do you think the Board should have as we move through this next phase of program growth?





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Discussion

HR-1: Coverage and County Uninsured Planning



DISCUSSION GOAL

- Describe our policy context and local position
- Introduce program design/financing questions and considerations
- Outline and discuss local planning directions, timing and CenCal role

County Indigent Care Program Discussion

- County Indigent Care Responsibilities and Structures
- Our Policy Context and Planning Timeline
- Who Are the Anticipated Uninsured in Santa Barbara and San Luis Obispo
- Local Uninsured Program Design Options and Examples
- Local Planning Questions and Directions

Indigent Care: County Responsibilities

Statutory Requirements:

- **Welfare and Institutions Code (WIC) § 17000:** Obligates counties to provide coverage for indigent individuals, and gives counties broad flexibility, subject to certain conditions.
- **WIC § 10000:** Imposes a minimum standard of care and gives counties discretion re how to meet this standard, subject to certain conditions.

California's Indigent Programs:

- **35 counties fulfill statutes via County Medical Services Program (CMSP) (denoted in blue):** Uniform eligibility criteria & benefits, administered by state, managed by contracted health plans.
- **24 counties fulfill statutes via County Medically Indigent Services Program (CMISP) (denoted in gray):** Variety of eligibility criteria & benefits, variety of administration and management models.



Our Policy Context and Timeline

- 1 Coverage losses associated with expiration of Covered California premium subsidies began in January 2026, coinciding with Medi-Cal disenrollment driven by HR1 policy.
- 2 No statewide uninsured solution in the near-term
- 3 County indigent care needs to be operationalized with no new State funding
- 4 Coverage losses due to Community Engagement requirements accelerate fast starting March 2027

Potential timeline to implement local uninsured program solutions

- Summer/Fall 2026 – Planning and Design
- Winter 2026/Spring 2027 – Ramp-up
- Summer/Fall 2027 - Launch

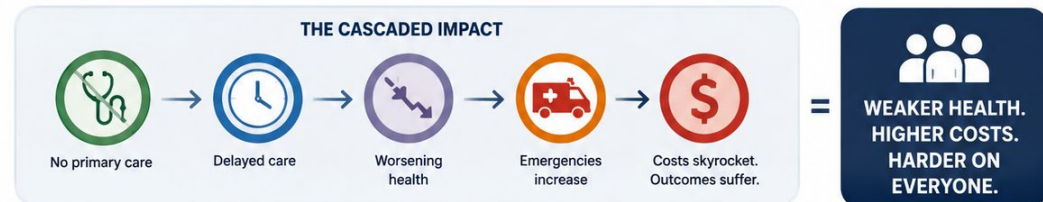
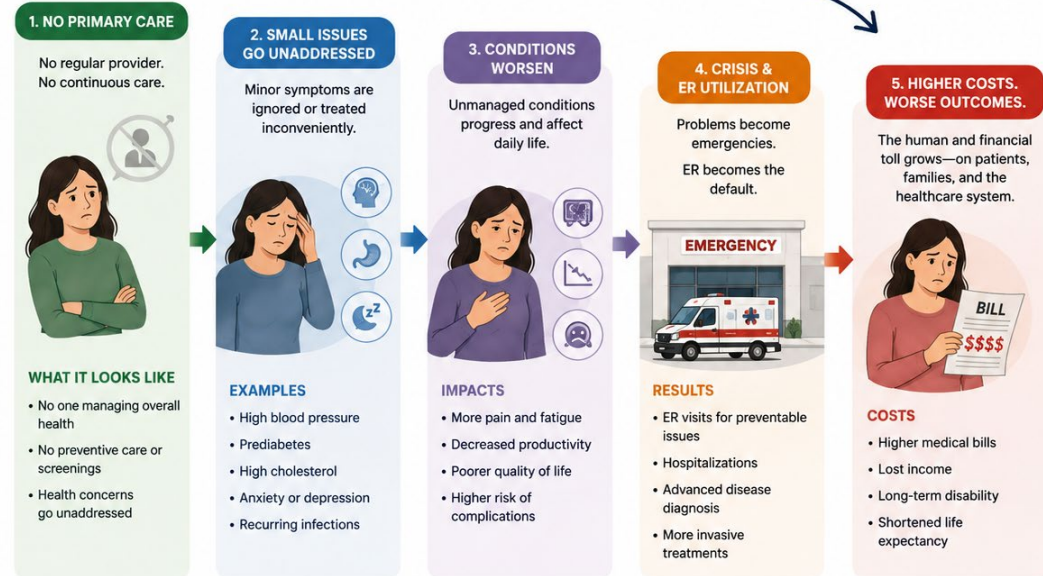


Community Impact of Inaction

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

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)

Indigent Program Design Options

Target Population / Eligibility

- Income level (0-138%, 139%+)
- Age
- Immigration status
- Chronic disease/condition-specific
- Enrollment period... 'bridge' or ongoing program
- Eligibility for other State/Federal programs

Program Financing

- State funding/resources
- County general fund contributions
- Participant copays/monthly payments
- New local revenue (taxes, employer fees)
- Rules to leverage (not supplant) Federal/State programs and reimbursement

Program / Service Design

- Catastrophic care
- Comprehensive service model
- Chronic disease or targeted services
- Health plan role or function

Provider Network and Payment

- Provider network
- Payment models and rates
- Alignment with local charity care, county or other existing safety-net programs/services

Local Uninsured Program Examples

San Mateo Access and Care for Everyone (ACE)

- <200% FPL, aged 19-64 regardless of status
- Comprehensive service model, 12-month eligibility
- Alameda Health System hospital and clinics (plus two FQHCs)
- Copays for >138% FPL
- General fund contributions
- Administered through Health Plan of San Mateo

Healthy San Francisco (HSF)

- All Residents aged 18-64 up to 500% FPL, regardless of status
- Comprehensive service model, 12-month eligibility
- Participant copays and participation fees for those >100% FPL
- General fund augmented by employer contributions/business taxes
- County hospital and clinics, community clinic grants, some augmented community provider contracts
- San Francisco Health Plan as "Third Party Administrator"

San Luis Obispo Medically Indigent Services Program

- 138%-250% FPL, aged 19-64
- Focus on primary, pharmacy, and some diagnostic laboratory tests, x-rays and ultrasounds
- Emergency hospital services
- Monthly cost of share varies based on household income

Santa Barbara Indigent Care Program (ICP)

- Under 100% FPL, aged 18-64
- Focus on primary, specialty and outpatient services through County clinics only
- Hospital inpatient services after application for charity care
- Cost-sharing based on income and household size

Potential CenCal Health Partnership

CenCal Health may be uniquely positioned to support indigent care program operationalization for Santa Barbara and San Luis Obispo Counties.

- 1 **State budget** has no new funding to support indigent care programs
- 2 **Increased pressure** on county indigent care programs
- 3 **Financial strain** on hospitals and safety-net providers



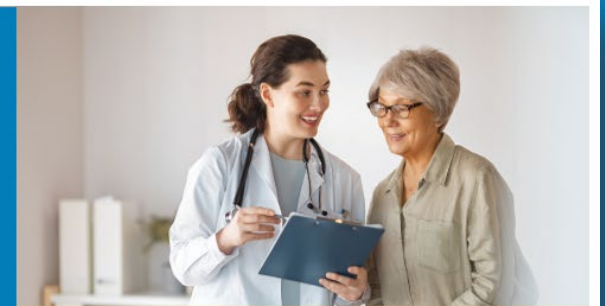
For Providers & Safety Net Partners:

**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

Board Discussion

- **Questions on Next Steps.** What questions, if any, do you have about CenCal Health's next steps to support analysis/exploration of local indigent program models?
 - Are there concerns or guidance you want to share?
 - Are there values or principles that are important to keep front and center?





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Thank you

Appendix

Association for Community Affiliated Plans
Meeting with CenCal Board of Directors

92 ACAP-Member Safety Net Health Plans

ARIZONA

Banner University Health Plans

ARKANSAS

CareSource PASSE

CALIFORNIA

Alameda Alliance for Health

CalOptima Health

CenCal Health

Central California Alliance For Health

Community Health Group

Community Health Plan of Imperial Valley

Contra Costa Health Plan

Gold Coast Health Plan

Health Plan of San Joaquin/Mtn. Valley H.P.

Health Plan of San Mateo

Inland Empire Health Plan

Kern Family Health Care

L.A. Care Health Plan

Partnership Health Plan of California

Santa Clara Family Health Plan

San Francisco Health Plan

COLORADO

Colorado Access

Denver Health Medical Plan

CONNECTICUT

Community Health Network of Connecticut

DELAWARE

AmeriHealth Caritas Delaware

DISTRICT OF COLUMBIA

AmeriHealth Caritas District of Columbia

Health Services for Children w. Special Needs

MedStar Family Choice

FLORIDA

AmeriHealth Caritas Next Florida

Community Care Plan

GEORGIA

CareSource Georgia

HAWAII

AlohaCare

IDAHO

Mountain Health Co-Op*

St. Luke's Health Plan*

ILLINOIS

CountyCare – Cook County Health

INDIANA

CareSource

LOUISIANA

AmeriHealth Caritas Louisiana

MAINE

Community Health Options*

MARYLAND

Maryland Community Health System*

Maryland Physicians Care

MedStar Family Choice

Priority Partners

MASSACHUSETTS

Commonwealth Care Alliance/CareSource

Fallon Health

WellSense Health Plan

MICHIGAN

Blue Cross Complete of Michigan

HAP CareSource

MINNESOTA

Hennepin Health

South Country Health Alliance

MISSISSIPPI

TrueCare

MONTANA

Mountain Health Co-Op*

NEVADA

CareSource

NEW HAMPSHIRE

AmeriHealth Caritas New Hampshire

WellSense Health Plan

NEW YORK

Amida Care

Elderplan | HomeFirst

ElderServe Health

Hamaspik Choice

HealthFirst

MetroPlusHealth

Nascentia Health

VillageCareMAX

VNS Health

NORTH CAROLINA

Alliance Health

AmeriHealth Caritas North Carolina

Partners Health Management

Trillium Health Resources

Vaya Health

OHIO

CareSource Ohio

AmeriHealth Caritas Ohio

OREGON

CareOregon

Yamhill Community Care

PENNSYLVANIA

AmeriHealth Caritas Pennsylvania

Geisinger Health Plan

Highmark Wholecare

Jefferson Health Plans

Keystone First

UPMC *for You*

RHODE ISLAND

Neighborhood Health Plan of Rhode Island

SOUTH CAROLINA

SelectHealth of South Carolina

TEXAS

Community First Health Plans

Community Health Choice

Cook Children's Health Plan

Dell Children's Health Plan

Driscoll Health Plan

El Paso Health

Parkland Community Health Plan

Sendero Health Plans*

Texas Children's Health Plan

UTAH

University of Utah Health Plans

WASHINGTON

Community Health Plan of Washington

WEST VIRGINIA

CareSource West Virginia

WISCONSIN

CareSource

Chorus Community Health Plans

Lakeland Care

** Partner or Associate Plan*

53 Safety Net Health Plans Operate Medicare Advantage, D-SNP, MLTSS or MMP Plans

AZ	Banner University Health Plans	DSNP	MLTSS	MA	NC	AmeriHealth Caritas North Carolina	MLTSS	
CA	Alameda Alliance for Health	DSNP			NY	Elderplan HomeFirst	DSNP	MLTSS MA
	CalOptima Health	DSNP	MLTSS			ElderServe Health	DSNP	MLTSS
	CenCal Health	DSNP				Hamaspik Choice	DSNP	MLTSS
	Central California Alliance for Health	DSNP				HealthFirst	DSNP	MLTSS MA
	Community Health Group	DSNP	MLTSS			MetroPlusHealth	DSNP	MLTSS MA
	Contra Costa Health Plan	DSNP				Nascentia Health	DSNP	MLTSS
	Gold Coast Health Plan	DSNP	MLTSS			VillageCareMAX	DSNP	MLTSS MA
	Health Plan of San Joaquin/ Mountain Valley Health Plan	DSNP				VNS Health	DSNP	MLTSS MA
	Health Plan of San Mateo	DSNP	MLTSS		OH	CareSource Ohio	DSNP	
	Inland Empire Health Plan	DSNP	MLTSS		OR	CareOregon	DSNP	
	Kern Family Health Care	DSNP			PA	AmeriHealth Caritas Pennsylvania	DSNP	MLTSS
	L.A. Care Health Plan	DSNP	MLTSS			Geisinger Health Plan	DSNP	MA
	San Francisco Health Plan	DSNP				Highmark Wholecare	DSNP	
	Santa Clara Family Health Plan	DSNP	MLTSS			Jefferson Health Plans	DSNP	MA
CO	Denver Health Medical Plan	DSNP	MLTSS	MA		UPMC for You	DSNP	MLTSS MA
DE	AmeriHealth Caritas Delaware		MLTSS		RI	Neighborhood Health Plan of Rhode Island	DSNP	MLTSS
GA	CareSource Georgia	DSNP			SC	SelectHealth of South Carolina	DSNP	MA
HI	AlohaCare	DSNP	MLTSS		TX	Community First Health Plans	DSNP	MA
IL	CountyCare – Cook County Health		MLTSS			Community Health Choice	DSNP	
MA	Commonwealth Care Alliance/CareSource	DSNP		MA		Cook Children's Health Plan		MLTSS
	Fallon Health	DSNP		MA		Driscoll Health Plan		MLTSS
	WellSense Health Plan			MA		El Paso Health	DSNP	
MI	HAP CareSource	DSNP				Texas Children's Health Plan		MLTSS
MN	Hennepin Health		MLTSS		WA	Community Health Plan of Washington	DSNP	MA
	South Country Health Alliance	DSNP			WI	CareSource	DSNP	
						Lakeland Care		MLTSS

36 Safety Net Health Plans Operate Plans in Marketplaces

CA Inland Empire Health Plan

CA L.A. Care Health Plan

CO Denver Health Medical Plan

DE AmeriHealth Caritas Delaware

FL AmeriHealth Caritas Next Florida

FL Community Care Plan

GA CareSource Georgia

ID Mountain Health CO-OP*

ID St. Luke's Health Plan*

IN CareSource

LA AmeriHealth Caritas Louisiana

MA Fallon Community Health Plan

MA WellSense Health Plan

ME Community Health Options*

MT Mountain Health CO-OP*

NC AmeriHealth Caritas North Carolina

NH WellSense Health Plan

NV CareSource

NY HealthFirst

NY MetroPlusHealth

OH CareSource Ohio

PA Geisinger Health Plan

PA Jefferson Health Plans

PA UPMC *for You*

RI Neighborhood Health Plan of R.I.

SC Select Health of South Carolina

TX Community First Health Plans

TX Community Health Choice

TX Sendero Health Plans*

UT University of Utah Health Plans

WA Community Health Plan of Washington

WI Common Ground Health Cooperative*

WV CareSource West Virginia

These plans offer the Basic Health Plan only:

DC AmeriHealth Caritas District of Columbia

DC MedStar Family Choice

OR CareOregon

*** Partner or Associate Plan**

CenCal CareConnect



Member Story 2

A member was on the verge of disenrolling and filing a grievance after a medication denial and challenges accessing an endoscopy close to home.

Through care management outreach, we walked him through his Medicare coverage and celebrated the progress he'd made, his A1c improving from nearly 7 to 5.7 and 100 lb. weight loss, helping him understand why the medication was no longer approved.

Care Management then partnered with his surgeon to secure a procedure site near his home, removing a major barrier to care. With transportation support, he completed the endoscopy and later expressed his gratitude for the team's help navigating his care.

He ultimately chose not to file a grievance and remains a CareConnect member!

Member Story 3

An 81-year-old member living alone with a history of falls contacted the D-SNP Care Management team for assistance obtaining IHSS. The member had previously been denied services and felt discouraged after negative interactions with an IHSS social worker during the assessment process. Despite ongoing safety concerns, she was hesitant to pursue further assistance.

The Community Health Worker (CHW) provided education about the IHSS appeal process, reviewed the member's rights, and offered encouragement and advocacy support. After discussing her options with her daughter and the CHW, the member decided to appeal the denial. The CHW assisted her throughout the process.

As a result of the appeal, an IHSS Supervisor conducted a home visit. The member reported a much more positive experience and was informed that she qualifies for IHSS services. She is currently awaiting determination of authorized service hours and assignment of a provider. The member expressed gratitude for the CHW's support and encouragement in helping her obtain needed in-home assistance.

2027 CareConnect Member Benefits

In addition to existing benefits, the following new benefits will be available in CY 2027

- ❑ Members will have \$0 copays for drugs across all 6 tiers of the formulary
- ❑ Members will have access to a personal emergency response device

Part D Copay (New for 2027)

- 6 Tier Formulary
- \$0 Cost Part D Copay

Flex Spend Debit Card

- \$120 Per Quarter OTC

Personal Emergency Response Device (New for 2027)

- PERs Device for Member for Support

Vision Benefit

- Annual Eye Exam
- \$400 Glasses or Contacts every two years

Hearing Benefit

- Annual Hearing Aid Exam
- \$1250 Hearing Aid Allocation

LHPC D-SNP Membership Snapshot

Health Plan	D-SNP Name	Geographic Name	As of July 1, 2026	2026 Goal
Inland Empire Health Plan	IEHP DualChoice (HMO D-SNP)	Riverside and San Bernardino Counties	38,577	43,000
LA Care	L.A. Care Medicare Plus (HMO D-SNP)	Los Angeles County	30,993	-
CalOptima	CalOptima Health OneCare Complete (HMO D-SNP)	Orange County, California	18,900	20,000
Santa Clara Family Health Plan	DualConnect (HMO D-SNP)	Santa Clara County	11,500	-
Health Plan San Mateo	CareAdvantage (HMO D-SNP)	San Mateo County	8,544	-
Kern Health Systems	Kern Family Health Care Medicare (HMO D-SNP)	Kern County	1,231	1,900
San Francisco Health Plan	SFHP Care Plus (HMO D-SNP)	San Francisco County	1,176	1,393
Central CA Alliance for Health	TotalCare (HMO D-SNP)	Central California	954	1,892
Gold Coast Health Plan	Gold Coast Health Plan Total Care Advantage (HMO D-SNP)	Ventura County	703	2,500
CenCal Health	CenCal CareConnect (HMO D-SNP)	Central Coast California	600	2,000
Contra Costa Health	Contra Costa Health Care Plus (HMO D-SNP)	Contra Costa County	505	1,200
Community Health Plan of Imperial County	Community Advantage Plus (HMO D-SNP)	Imperial County	468	800
Alameda Alliance for Health	Alameda Alliance Wellness (HMO D-SNP)	Alameda County	381	-
Health Plan of San Joaquin	Advantage D-SNP (HMO) (HMO D-SNP)	San Joaquin, Stanislaus, Alpine, El Dorado	345	600

Product Strategic Consideration

Chronic Special Needs Plan (C-SNP)

- A C-SNP is designed for members with qualifying chronic conditions, providing a potential growth opportunity that leverages our existing care management and quality infrastructure.

Program of All-Inclusive Care for the Elderly (PACE)

- PACE is a fully integrated care model that coordinates medical, long-term care, and social support services for frail older adults.

C-SNP Market Growth

Alignment Requirements

C-SNPs do not have a state Medicaid agency contract and are not subject to the same Medicaid integration requirements as D-SNPs

C-SNPs do not have a state Medicaid agency contract and are not subject to the same Medicaid integration requirements as D-SNPs

C-SNPs Remain Available

Plans without state Medicaid contracts may shift dual-eligible members into C-SNP products

Plans without state Medicaid contracts may shift dual-eligible members into C-SNP products

National C-SNP Growth Accelerates

C-SNPs provide a pathway to retain membership while avoiding D-SNP alignment restrictions

C-SNPs provide a pathway to retain membership while avoiding D-SNP alignment restrictions

C-SNP growth reflects both the appeal of chronic-condition-focused plan designs and alignment requirements.

National SNP Enrollment (Jan 2023 – April 2026)

