



CenCal HEALTH[®]
Local. Quality. Healthcare.



CenCal Health Board of Directors Information Update

For Activities within the Month of November 2022

December 19, 2022

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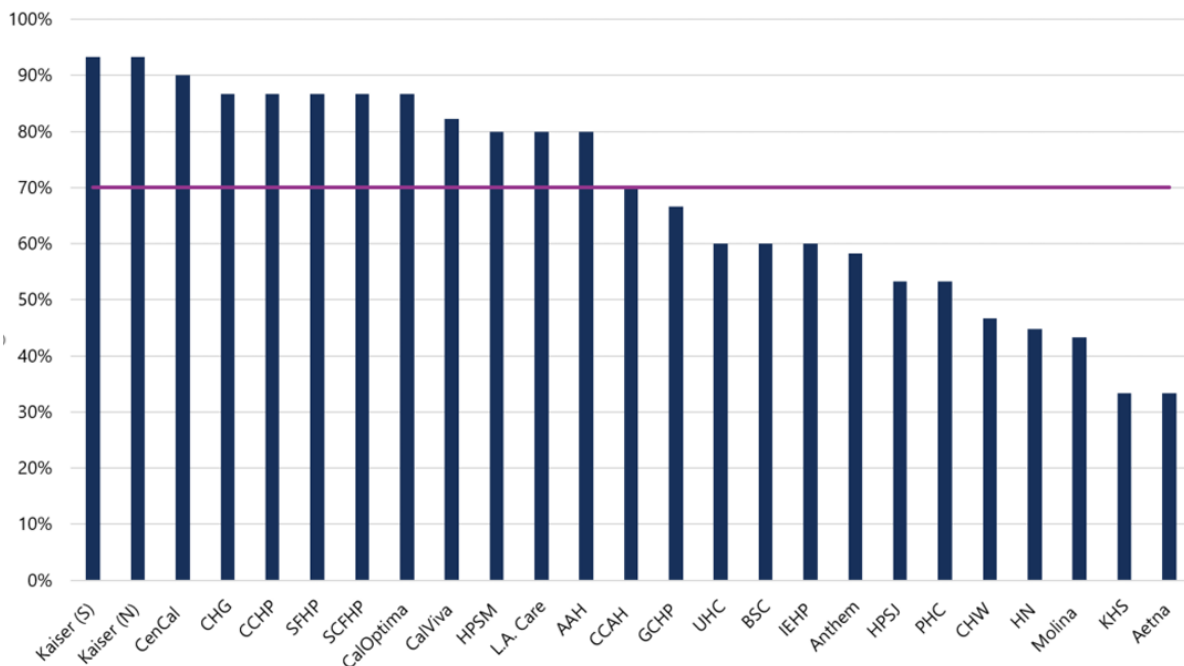
CEO Executive Summary

Date: December 19th, 2022
To: CenCal Health Board of Directors
From: Marina Owen, Chief Executive Officer

Quality of Care Achievement and NCQA Accreditation Readiness

Earlier this month, the Department of Health Care Services (DHCS) independently evaluated 24 Medi-Cal plans and CenCal Health and Kaiser Permanente were the only two health plans identified as in the Green Tier for Quality and not financially sanctioned for annual quality performance. This achievement is a testament to the excellent quality of care rendered by CenCal Health's network providers, and the enduring commitment to excellence by all our health plan staff.

Financial sanctions are a significant step, as DHCS shared they intend to hold plans accountable to improve health outcomes. In total, \$2,299,000 in fines was imposed, ranging from \$437,000 for one plan that serves 7 counties, to \$25,000 that was applicable to several plans. In total, 22 plans were sanctioned for quality performance, despite many noting that COVID-19 and workforce impacts were wide-reaching in their service areas, and included steps required to remediate performance to at least equal the 50th percentile of performance achieved by Medicaid health plans nationally. Overall, the average health plan performance was 70%, as noted below.





CalAIM requires all Medi-Cal Managed Care plans to achieve National Committee of Quality Assurance (NCQA) Health Plan and Health Equity Accreditation by January 2026. Last month, CenCal Health publicly released a Request for Quote (RFQ) to invite proposals for independent assessment of CenCal Health's operational readiness for accreditation. Sheila Hill, MSPH, MBA, CPHQ, was also recently hired as a full-time Accreditation Project Leader and serves as a resource to guide our organization's development, refinement, and reliable execution of NCQA-compliant operational processes and is an experienced and active NCQA accreditation surveyor. CenCal Health leadership recently met with NCQA to begin planning to schedule an accreditation survey in October 2024.

Additional detail can be found in the [Quality Division Report](#) provided by Dr. Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer, and Carlos Hernandez, Quality Officer.

Expanded Community Supports Services

As your Board is aware, CenCal Health began offering Medically Tailored Meals as a Community Support on July 1, 2022. Recuperative Care services launched under the CalAIM Framework last month and this program provides members with stable housing and care as they transition from an acute hospitalization and current enrollment stands at 25. Work is underway at CenCal Health to expand local support to those experiencing homelessness on January 1st, 2023, with the additional of four (4) new community supports services: Housing Deposits, Housing Transition Services; Housing Tenancy and Sustaining Services, and Sobering Centers.

Additional detail can be found in the [Health Services Report](#) provided by Chris Hill, RN, MBA, Health Services Officer.

Incentive Program Supports CalAIM and Social Determinants of Health

As your Board is aware, CenCal Health announced an incentive program to support CalAIM Initiatives and address the social determinants of health. At the end of October, CenCal Health launched an application process for the Incentive Payment Program (IPP), which is a structured funding opportunity made available by DHCS to support the development and expansion of Enhanced Care Management (ECM) and Community Support (CS) capacity. CenCal Health is in receipt of \$6.4M from DHCS over the coming year through IPP. Applications are reviewed by the CenCal Health Application Review Committee. As of the end of November, CenCal Health received five IPP applications and a total of \$5,386,116 was requested to support ECM and CS services.

Additional details can be found in the [Customer Experience Report](#) provided by Dr. Van Do-Reynoso, MPH, PHD, Chief Customer Experience and Health Equity Officer, with contributions from Jordan Turetsky, Provider Network Officer.

Quality Division Report

Date: December 19th, 2022

From: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Carlos Hernandez, Quality Officer

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

NCQA Accreditation

CalAIM requires all Medi-Cal Managed Care plans to achieve NCQA Health Plan and Health Equity Accreditation by January 2026. In November, CenCal Health publicly posted an RFQ on its web site, and distributed the RFQ to NCQA accreditation surveyors. The RFQ is CenCal Health's public notice inviting bids for independent consultation to quantitatively and qualitatively assess CenCal Health's operational readiness for accreditation. CenCal Health additionally hired Sheila Hill, MSPH, MBA, CPHQ, as a full-time Accreditation Project Leader. Ms. Hill is an experienced and active NCQA accreditation surveyor. The Accreditation Project Leader position was budgeted for 2022 as a vital resource to provide subject matter expertise planwide to guide the development, refinement, and consistent execution of NCQA-compliant operational processes that are reliably sustainable. CenCal Health leadership also met with an assigned NCQA account representative to kick-off the process to reserve its accreditation survey dates in October 2024.

PHM Program Operations and Attestation

CalAIM also requires Medi-Cal Managed Care plans to implement standardized PHM programs, effective January 2023. The Department of Health Care Services, through the PHM Program, aims to "establish a cohesive, statewide care management approach that ensures all Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity." To meet this challenge, in late October, DHCS required submission of a comprehensive attestation from each plan, to precisely demonstrate the operational capacity and expertise in place to successfully execute PHM operations. The attestation included specific prompts to enable DHCS' assessment of each plan's readiness to operationalize the CalAIM PHM Program's extensive requirements and vision. CenCal Health's narrative response totaled 50 pages that thoroughly illustrated its capability to effectively implement its PHM Program. The submission was the collective work product of subject matter experts representing many of CenCal Health's core operations. Preliminary feedback from DHCS has been very promising,

with only a few follow-up clarifications requested. Leadership is optimistic that CenCal Health's PHM submission and minor clarifications will soon be approved by DHCS.

Next Steps

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

Recommendation

There is no action requested of the Board of Directors and this report is presented as informational.



Performance Division Report

Date: December 19th, 2022

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, MBA, Operational Excellence Director

Executive Summary

The following report provides select updates surrounding the development and execution of Performance Division functions, including strategic development and operational excellence.

Strategic Development

Strategy Execution

Cross-functional teams responsible for each Strategic Priority concluded the process of identifying tactics responsive to Strategic Priorities and Working Strategies in 2023. These tactics have been collated into a single plan and the CenCal Health senior leadership team will consider adoption of the 2023 Operating Plan this month. Following, the 2023 Operating Plan will be shared for Board awareness in January 2023.

Operational Excellence Update

Organizational Dashboard Update

Metrics are being identified, discussed and adopted by the senior leadership team towards the development of a Monthly Huddle Board. Development is on track, with reporting anticipated to begin in February 2023 for January 2023 performance. Building from the Monthly Huddle Board, development of a comprehensive Executive Level Dashboard prototype is on-track for Board consideration in March 2023.

2022 Operating Plan Update

The Enterprise Project Management Office (EPMO) will oversee the comprehensive Operating Plan in 2023. In the interim, the EPMO provides project management support for 12 of the 22 active tactics on the 2022 Operating Plan, 92% (n=11) of which are in good health, and one of which is at-risk:

- **Member Portal** – This project is highlighted in the Customer Experience Report and intended to *adapt operations to meet customer needs* by providing members with a secure, customizable portal to perform self-service requests and support two-way communication. This project is currently at risk of not being able to have all



necessary requirements built, tested, and ready for release by scheduled 12/31/22 go-live. Testing and remediation are active and will continue beyond go-live to ensure an optimal member experience.

Next Steps

1. Share the 2023 Operating Plan for Board awareness in January 2023.
2. Bring a comprehensive Executive Level Dashboard prototype for Board consideration in March 2023.

Recommendation

This material is informational, and no action is requested.

Health Services Report

Date: December 19th, 2022

From: Christopher Hill, RN, MBA, Health Services Officer

Contributors: Jeff Januska, PharmD, Director of Pharmacy Services
Seleste Bowers, DBH, Director of Behavioral Health
Blanca Zuniga, Associate Director, Care Management
Rita Washington, Health Services Program Manager

Medical Management

The Utilization and Case Management teams continue to provide the Department of Healthcare Services (DHCS) with required new policies to demonstrate adherence with new requirements as outlined in the 2024 contract.

Care to Care: CenCal Health's Radiology Benefit Manager continues to provide quality utilization management services, reviewing over 1,000 radiology authorization requests a month, averaging a 3% denial rate. Quarterly Joint Operating Committee meetings will begin with internal stakeholders in January 2023.

AristaMD: CenCal Health's partnership with AristaMD provides specialty e-consult support to three PCP providers. The program, initiated as a pilot program in 2018, is under review by internal teams at CenCal Health for optimal collaboration with the vendor and our provider network. High-level dashboard metrics are collected monthly from AristaMD. For the month of November, AristaMD reported 353 e-Consults with 59% of those consults utilized for CenCal Health members.

CareNet Health: CenCal Health's nurse-advice-line vendor, CareNet Health, continues to provide 24-7-member support for physical and behavioral health concerns. In November, CareNet provided 267 nurse-triage calls. CenCal Health continues to track triage calls by Physical (PH) vs. Behavioral Health (BH) clinical guideline. Quarterly Business Reviews have been scheduled with CareNet for 2023.

Pharmacy

The physician administered drugs (PADs) authorization volume as we enter Winter continues the uptrend +34% from the previous period in 2021 and continues to trend above the National reference of 25%. Over half the activity volume comes from the oncology space followed by immunology with about 13% of the volume. All cases were processed within regulatory time standards. Pharmacy is reviewing a value-based contract (VBC) offering on a new to market gene therapy for the treatment of transfusion dependent β -thalassemia. There have been several gene and cell therapies

which came to market in the past years and 3-4 more anticipated in 2023 that are high cost for one-time treatments.

Enhanced Care Management (ECM)

Enhanced Care Management (ECM) began as a new benefit for members on July 1, 2022. CenCal Health identified approximately 3,000 members presumed eligible for ECM. The program added forty-three new members in November and current

enrollment stands at 107 members. We have 436 members currently receiving outreach calls and evaluated for enrollment for the ECM program. Negotiations continue to expand our network of providers to engage our next populations of focus (POF) members that will be eligible for ECM services on 1/1/23, they include POF 5, Adults living in the community at risk for initialization, and POF 6, Adults who are nursing facility residents transitioning to the community.

Community Supports (CS)

CenCal Health began offering Medically Tailored Meals as a Community Support on July 1, 2022. We have approved medically tailored meals for our members and continue to promote the program through provider trainings and delivering marketing materials to external stakeholders. We are in the process of providing PCPs with a list of their members identified by diagnosis and utilization as potentially eligible for the medically tailored meals. Recuperative Care services launched last month, this program provides our members with stable housing and care as they transition from an acute hospitalization the current enrollment stands at 25. Work continues on Phase 2 services including four (4) new community supports services scheduled for 1/1/2023 including: Housing Deposits, Housing Transition Services; Housing Tenancy & Sustaining Services, and Sobering Centers.

Behavioral Health

Behavioral Health has successfully completed and closed out the Behavioral Health Integration Project. The Behavioral Health Call Center continues to meet operational and department metrics in the following key areas including authorization turnaround time (TAT) average speed to answer, abandonment rate, first call resolution and call handle times. The monthly call volume has decreased month over month, the call center received 967 calls in November. This is almost a 45% decrease since January 2022, when the transition from the Holman Group occurred. Members are accessing care directly at the provider's level at an increasing rate, supporting the unrestricted access to these important benefits.

The Behavioral Health Care Coordination teams continue to meet operational requirements of coordinating care with the county and there has been a decrease in



referrals from both Counties during the month of November. The Behavioral Health Integration Specialist and Behavioral Health Director continue to meet weekly and monthly with the County Managers, Access Line, and leadership to collaborate on the referral process and improving the member experience.

Behavioral Health is working closely with both counties to develop Data Sharing Agreements as part of the 2024 Contract amendments and both County's Behavioral Health Quality Improvement Project (BHQIP). Behavioral Health is working collaboratively internally to strategically align strategies to finalize both Data Sharing Agreements as part of a larger initiative focused on data sharing and member care.

SLO County has accepted the MOU revisions for eating disorder and CenCal is awaiting BeWell's acceptance of the MOU revisions in Santa Barbara County. Staff continue to work internally to finalize standard operating procedures for eating disorder services and will be meeting with both counties to present proposed collaborative strategies for feedback and next steps.



November 2022 Look Back

To:
CenCal Health's Board of Directors

From:
Nicolette Worley Marselian
Director, Communications &
Community Relations

Date:
December 12, 2022

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CONGRATULATIONS!

Dr. Edward Bentley - 2022 Physicians of the Year Awards

CenCal Health congratulates Board member Dr. Edward Bentley for his well-deserved recognition as a recipient of the 2022 Physicians of the Year Awards.



The annual awards were presented by CenCal Health network provider Cottage Health, and honor doctors and medical staff for exemplary performance. Honorees are selected by the Physicians Reward and Recognition Team based on the most nominations received in four criteria: dedication to the profession and patients, respect and courtesy, collaborative practices, and efficient use of resources.

Dr. Bentley practices internal medicine and gastroenterology for Santa Barbara Gastroenterology Consultants Medical Group. He has been an active Santa Barbara medical community member and a CenCal Health provider since 1986.

In November, an article announcing this year's four award recipients was published in the *Santa Barbara Independent*.

The screenshot shows a news article from the Santa Barbara Independent. The article title is "Cottage Health Honors 2022 Physicians of the Year". The author is identified as "Cottage Health". The article is dated "Mon Nov 21, 2022 | 5:05pm". The article text states: "SANTA BARBARA –Cottage Health has announced its 2022 Physicians of the Year Awards, which recognize physicians on the Medical Staff for exemplary performance. Cottage Health staff members submit nominations every year to the Physicians Reward and Recognition Team. The selection of award honorees is based upon the most nominations in four criteria: dedication to the profession and patients, respect and courtesy, collaborative practices, and efficient use of resources. 'Nominations for the awards come from staff who work closely with the physicians,' said Dr. Ed Wroblewski, Vice President of Medical Affairs & Chief Medical Officer at Cottage Health. 'All four physicians honored have earned high praise for the care and respect they give to patients and colleagues. They always strive to collaborate with staff to do what's best for the patient.'" Recipients of the Cottage Health Physicians of the Year Awards for 2022: **Dr. Edward Bentley**, Internal Medicine/Gastroenterology, Santa Ynez Valley Cottage Hospital, appointed 1986.

November 2022 Look Back

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From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: December 12, 2022



EXTERNAL COMMUNICATIONS

Earned Media

The Communications and Community Relations department distributed the following press release in November 2022:

- CenCal Health Announces Incentive Program to Support CalAIM Initiatives
Providers offered funding to address social determinants of health on the Central Coast

(Note: to read the press release, go to page 8.)

The news release announcing the launch of the Incentive Payment Program (IPP) garnered three media mentions, including a story in the *Santa Barbara News-Press*, a top headline and link in *Payers & Providers*, and in the media monitoring email *Member Mentions* distributed by the Local Health Plans of California (LHPC).

The 2022 Who's Who in Healthcare, Insurance and Life Sciences special report, published in November by *Pacific Coast Business Times*, included the photos and biographies of CenCal Health CEO Marina Owen and Board members Sue Andersen and Mark Lisa. Numerous community and provider partners were also among those recognized, including representatives of Cottage Health, Sansum Clinic, French Hospital, Lompoc Valley Medical Center, VNA Health, County of Santa Barbara, County of San Luis Obispo, and many more! In the special report, dozens of decision-makers in healthcare, life sciences, and insurance industries within the tri-county area are profiled annually.

Positive publicity continued for the introduction of CalAIM (California Advancing and Innovating Medi-Cal) on the Central Coast. In November, the regional magazine *Central Coast Physicians* featured a two-page spread detailing CenCal Health's efforts and the efforts of its community partners to implement the multi-year CalAIM initiative. The quarterly magazine produced by the Central Coast Medical Association (CCMA) has a circulation of over 2,000 per issue.

CalAIM and CenCal Health were also mentioned in a *Santa Barbara News-Press* article introducing Dr. Noemi Doohan as the Santa Barbara County Public Health Department's new medical director for the county's health care centers. Dr. Doohan was quoted saying, "Every aspect of my career has prepared me for this role... I founded the Santa Barbara Street Medicine nonprofit Doctors Without Walls (DWW) right out of family medicine residency training, and now I am joining the county in exploring opportunities to collaborate with DWW and CenCal Health to provide Enhanced Care Management (as part of CalAIM) for our communities experiencing homelessness."

A CenCal Health-sponsored event also earned media coverage. Digital news outlet Noozhawk mentioned the health plan as a community sponsor of the Santa Barbara Empty Bowls fundraiser benefit.

November 2022 Look Back

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EXTERNAL COMMUNICATIONS

Paid Media

Congratulations to all those recognized!

As CenCal Health focuses on our 2023-2025 Strategic Plan to advance quality and health equity for all, we look forward to collaborating with many of you, our community partners, who work so tirelessly to improve the health and well-being of our communities.



Learn more about our 2023-2025 Strategic Plan:
cencalhealth.org/strategicplan

CenCal Health is a community-accountable health plan serving more than 225,000 Medi-Cal members exclusively in Santa Barbara and San Luis Obispo counties.

P-COMSPA-1022 E

CenCal Health purchased advertising in this year's Who's Who in Healthcare, Insurance and Life Sciences special report published by *Pacific Coast Business Times*. The ad lauded those recognized in the issue, and featured a QR code and URL to promote our 2023-2025 Strategic Plan.

November 2022 Look Back

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 Date: December 12, 2022



EXTERNAL COMMUNICATIONS

Media Coverage Report

CenCal Health received seven media mentions, including press release coverage, in November 2022.

CenCal Health Media Coverage Report - November 2022						
Date	Name	Type	Page	Section	Subject	Headline
11/22/2022	Payers & Providers	E-news		Featured Article	CalAIM Incentive Payment Program	CenCal Health announces Incentive Program
11/17/2022	LHPC	Email		Member Mentions	CalAIM Incentive Payment Program	CenCal Health involved with IPP, CalAIM Initiatives
*11/16/2022	Santa Barbara News-Press	Print & digital	B2	Life	CalAIM Incentive Payout Program	CenCal Health involved with IPP, CalAIM initiatives
*11/15/2022	Central Coast Physicians	Print & digital	20 & 21	CenCal Health News Hub	Introduction of CalAIM to Local Communities	CalAIM arrives in Santa Barbara and San Luis Obispo counties
*11/14/2022	Santa Barbara News-Press	Print & digital	A2	Local	Community Partnership News	Doohan named medical director of county healthcare centers
*11/11/2022	Pacific Coast Business Times	Print & digital	12 & 18	Who's Who in Healthcare	CenCal Health ad of congratulations/strategic plan intro, plus photos/bios	Who's Who in Healthcare, Insurance & Life Sciences
*11/4/222	Noozhawk	Digital & email		Homes & Lifestyle	CenCal Health Sponsorship	Santa Barbara Empty Bowls Celebrates a Quarter Century of Goodwill and Good Food

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

November 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: December 12, 2022



Clippings Samples

Of the seven press mentions, below are five notable samples.

1

11/16/2022

Santa Barbara News-Press,
CenCal Health involved
with IPP, CalAIM initiatives

CenCal Health involved with IPP, CalAIM initiatives

CenCal Health has announced the launch of the Incentive Payment Program. IPP is designed to support CalAIM, California's multi-year plan to transform Medi-Cal by breaking down the traditional walls of health care — extending beyond hospitals and health care settings into communities.

In Santa Barbara and San Luis Obispo counties, CenCal Health is implementing CalAIM programs with its community partners and may earn up to \$18.4 million in IPP funding from the state, according to a news release.

CenCal Health will make available IPP funds to increase capacity for two CalAIM initiatives:

- Enhanced Care Management is a new benefit made available to vulnerable members with the intent of supporting health and social service navigation. CenCal Health went live with the Enhanced Care Management benefit in July 2022.
- Community Supports services are optional for health plans to provide medically appropriate, cost-effective alternatives to traditional health care services. CenCal Health currently offers two Community Supports: Medically Tailored Meals and Recuperative Care. Beginning in January, CenCal Health plans to make available sobering center services, as well as housing transition and navigation, housing tenancy and sustaining supports, and housing deposits.

"CenCal Health recognizes the deep commitment of our local communities in ensuring that we are collectively meeting the needs of Medi-Cal members on the Central Coast. Enhanced Care Management and Community Supports services provide an opportunity for providers to address the social determinants of health," said CenCal Health CEO Marina Owen.

— Dave Mason

2

11/15/2022

Central Coast Physicians,
CalAIM arrives in Santa Barbara
and San Luis Obispo counties

CenCal Health NEWSHUB:
CALAIM ARRIVES IN SANTA BARBARA AND SAN LUIS OBISPO COUNTIES

What is CalAIM and how does it affect patients and providers on the Central Coast? The California Advancing and Innovating Medi-Cal program — known as CalAIM — is the far-reaching, multi-year plan to transform Medi-Cal. The long-term mission of CalAIM is to offer 14+ million Californians a more equitable, coordinated, and person-centered approach to maintaining their health and life trajectory. CalAIM will provide expanded services that go beyond traditional medical care, addressing social factors that affect human health from birth to end of life, including homelessness, behavioral health, care of older adults, services for individuals transitioning from incarceration, and beyond. The comprehensive program was developed by the State of California's Department of Health Care Services (DHCS). CalAIM is the State's largest overhaul of how Medi-Cal services are delivered and paid since the implementation of managed care in the late 1970s.

"Our community partners have continuously been at the forefront of innovation, providing person-centered care to our members and underserved neighbors," said CenCal Health CEO Marina Owen. "With the opportunities afforded by CalAIM, we are pleased to support our providers' efforts to enhance, expand, and strengthen local services."

CenCal Health, the Medi-Cal health plan for Santa Barbara and San Luis Obispo counties, has implemented two new initiatives under the CalAIM framework. They are:

- Enhanced Care Management (ECM) is a benefit for members with complex needs requiring seamless coordination between multiple doctors and other care providers. With ECM, enrolled members are assigned a lead care manager who helps coordinate doctors, specialists, pharmacists, case managers, and social service providers, among others, in order to comprehensively manage a member's primary care, acute care, behavioral health, developmental health, oral health, and community services and supports.
- Community Supports provide medically appropriate and cost-effective alternatives to traditional medical services. Community Supports comprehensively addresses the needs of members — including those with the most complex challenges affecting health such as homelessness, unstable and unsafe housing, food insecurity, and/or other social needs.

CenCal Health currently offers two Community Supports — Medically Tailored Meals and Recuperative Care. Medically Tailored Meals provides meals to members with diabetes, congestive heart failure, or chronic kidney disease, and who have had a skilled nursing facility stay, inpatient hospital visit, or emergency room visit within six months.

Recuperative Care is medically supervised respite care for patients who have just been released from the hospital due to serious illness or injury, and are experiencing homelessness or at risk of homelessness. Community partners, doctors, and local hospital providers Dignity Health, Cottage Health and Tenet Health have been offering Recuperative Care since 2019. Through CalAIM, CenCal Health will continue to support these critical services.

"We are addressing homelessness among the most vulnerable individuals in the community," said Dr. Lynn Fitzgibbon, Cottage Health's Medical Director of Population Health. "The Cottage Recuperative Care Program at PATH is dedicated to helping those experiencing homelessness access vital services to address their medical needs, improve their health, and transition to stable housing."

Good Samaritan Shelter, PATH Santa Barbara, and Community Action Partnership of San Luis Obispo partner with the area hospitals to ensure an integrated referral and care coordination structure for members residing in and out of respite services. "Finding homelessness for individuals, families and communities requires partnerships across many sectors, including healthcare," said Jennifer Hark Dyer, CEO of PATH. "That's why, at our Santa Barbara interim housing site, we provide people experiencing homelessness with access to services they need to improve their health, increase their income, and transition to stable housing."

20 CENTRAL COAST PHYSICIANS Fall 2022

November 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: December 12, 2022



Clippings Samples (cont.)

3

11/14/2022

Santa Barbara News-Press,
Doohan named medical director of county healthcare centers

SANTA BARBARA NEWS-PRESS

LOCAL - LIFE - SPORTS - SPECIAL EDITIONS - OBITUARIES - ARCHIVES - RESOURCES - LOGIN - SUBSCRIBE - VIRTUAL EDITIONS - Q

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Local

Doohan named medical director of county healthcare centers
by Katherine Schoder | November 14, 2022 | 0 comment

Dr. Doohan joins Santa Barbara County with 20 years of experience in the medical field. She is board-certified in family medicine and earned her medical degree at Stanford University, followed by a residency in family medicine at the Contra Costa County Regional Medical Center in Martinez.

Dr. Doohan earned a doctorate in molecular biology from UCSB and a master's in public health from the University of Massachusetts Amherst.

"Every aspect of my career has prepared me for this role," she told the News-Press. "For example, I founded the Santa Barbara Street Medicine nonprofit Doctors Without Walls right out of family medicine residency training, and now I am joining the county in exploring opportunities to collaborate with DWV and CenCal Health to provide Enhanced Care Management (as part of CalAIM) for our communities experiencing homelessness."

Dr. Doohan has broad experience in all aspects of primary care as a family medicine provider and as a leader in private practice, FQHCs, rural and tribal clinics, urgent care, hospitalist medicine, street medicine, corrections, global health and medical education.

She has extensive experience in public health as the Mendocino County health officer through the first year of the COVID-19 pandemic, deputy health officer in both Mendocino and Santa Barbara counties, and as a medical officer focusing on COVID-19 and other public health emergencies for the California Department of Public Health.

Dr. Doohan also served as co-chair of the Health Equity Committee from September 2020 through March 2022 for the California Conference of Local Health Officers.

"As the medical director, I lead a team of four supervising physicians overseeing a staff of more than 30 physicians, nurse practitioners, and other support staff employed in our five health centers and three shelter clinics," she said. "I oversee all clinical services of the health centers and ensure oversight and compliance with local, state and federal mandates to achieve organizational goals and requirements. Several of the key responsibilities that I most look forward to are staff development

4

11/11/2022

Pacific Coast Business Times,
Who's Who in Healthcare,
Insurance & Life Sciences

Marina Owen
CEO
CenCal Health
Santa Barbara

Marina Owen spent 15 years of her career at CenCal Health before leaving for the Chief Operating Office at a similar plan, Central California Alliance for Health. In 2021 she returned to the local Medical health plan as CEO, only the fourth CEO in CenCal Health's nearly four decades, and the first woman. As CEO of a health plan that covers one of the largest populations of Santa Barbara County, she is responsible for the overall direction, management and adoption of programs and services which that CenCal Health fulfills its goals and objectives.

Sue Andersen
President, CEO
Marian Regional
Medical Center
Santa Maria

Sue Andersen has been a part of the Central Coast health care community for almost 30 years. Now a leader at Dignity Health Central Coast's five-hospital network, she is president and CEO for Marian Regional Medical Center—one of Santa Barbara County's largest health care facilities with more than 2,100 beds. She is also executive for Arroyo Hospital. Combined, she has managed more than \$600 million in revenue across two hospitals. Andersen oversees Extended Care, Home Care and Home care services on the Central Coast. She runs three cancer centers.

Mark Lisa
CEO
Tenet Health Central
Coast
San Luis Obispo

Mark Lisa is the CEO of Tenet Health Central Coast, which consists of Twin Cities Community Hospital in Templeton and Sierra Vista Regional Medical Center in San Luis Obispo. Lisa first came to the Central Coast in 2012 as CEO for Twin Cities. Prior to that he served as CEO of Doctors Hospital of Manteca.

Lisa is also a retired lieutenant from the Medical Services Corps of the U.S. Navy, having served nine years as a corpsman and chief hospital corpsman, and 11 years as an officer. Additionally, Lisa served in Washington, D.C., on the staff of the Navy surgeon general. He earned his master's degree in health care administration from Chapman University and is a board-certified fellow of the American College of Healthcare Executives.

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Clippings Samples (cont.)

5

11/4/2022

Noozhawk,

Santa Barbara Empty Bowls Celebrates a Quarter Century of Goodwill and Good Food

The screenshot shows a news article on the Noozhawk website. The article is titled "Santa Barbara Empty Bowls Celebrates a Quarter Century of Goodwill and Good Food" and is categorized under "Homes & Lifestyle". The sub-headline reads "Foodbank fundraiser is Sunday, Nov. 13 at Page Youth Center". The article text includes a quote from Danyel Dean, founder of Empty Bowls, and lists sponsors of the 2022 event, including CenCal Health. A small photo of a woman is visible on the left side of the article.

Santa Barbara Empty Bowls Celebrates a Quarter Century of Goodwill and Good Food

Foodbank fundraiser is Sunday, Nov. 13 at Page Youth Center

SOURCE: JADITH SMITH-MEYER FOR FOX

This year's soup to go will be prepared by **Food from the Heart**, with vegan, vegetarian and omnivorous options for guests to enjoy at home. Coffee and treats will be available from **United States of Espresso**, with a portion of proceeds benefiting the Foodbank.

"It's been my honor and delight for 25 years to support the Foodbank," said Danyel Dean, ceramics artist and educator, Empty Bowls founder and chair of the event's host committee since 1997.

"The way the Empty Bowls project has expanded awareness for the Foodbank and food insecurity in our community is immeasurable," Dean said. "The experience of helping create opportunities for people to donate their time, talents and money to the Foodbank has been a joy."

"The Foodbank, the Santa Barbara community and especially our neighbors living with hunger, have gained food, awareness — and love — as a result of Danyel's singular commitment, along with her committee and our dedicated family of Empty Bowls participants," said Foodbank CEO Erik Talkin.

Empty Bowls guests will also have an opportunity to tour the Foodbank's warehouse, and learn more about the Foodbank's mission and programs.

The Foodbank is grateful to sponsors of 2022 Santa Barbara Empty Bowls including Pacific Premier Bank, Frank Schipper Construction, Cyndee Howard, Montecito Bank & Trust, David and Julie Siegel, Union Bank, the Ford Family, Donnalyn Karpeles, Doug Hamilton, **CenCal Health**, Susan Rose, Mary Thompson, Katherine Bower, Brylen Technologies, Inc., California Learning Center, Shannon Frew, Susan Hersberger, Danyel Dean and Peter Castellanos, and Elizabeth and Leon

November 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: December 12, 2022



Press Release

CenCal Health Announces Incentive Program to Support CalAIM Initiatives

Providers offered funding to address social determinants of health on the Central Coast

SANTA BARBARA, Calif. – Nov 12, 2022 – Under the Department of Health Care Services (DHCS) CalAIM Initiative (California Advancing and Innovating Medi-Cal), health plans are poised to work closely with health care partners to ensure that Medi-Cal members have the tools and support needed to achieve optimal health outcomes. To support the expansion of novel services under the Medi-Cal Program, CenCal Health announces the launch of the Incentive Payment Program (IPP). IPP was created by DHCS to support CalAIM, the far-reaching, multi-year plan developed by the State to transform Medi-Cal by breaking down the traditional walls of health care – extending beyond hospitals and health care settings into communities. In Santa Barbara and San Luis Obispo counties, the local health plan CenCal Health is responsible for managing the implementation of many CalAIM programs with its community partners, and may earn approximately \$19.2M in IPP funding from the State.

CenCal Health will make available IPP funds to build and increase capacity for two CalAIM initiatives: Enhanced Care Management is a new benefit made available to vulnerable members with the intent of supporting intensive wrap-around health and social service navigation. CenCal Health went live with the Enhanced Care Management benefit in July of 2022, and looks forward to working with its providers and community partners to build and expand capacity for Enhanced Care Management services.

Community Supports services are optional for health plans to provide and make available medically appropriate, cost effective alternatives to traditional health care services. CenCal Health currently offers two Community Supports: *Medically Tailored Meals* and *Recuperative Care*. Beginning in January 2023, CenCal Health plans to make available sobering center services, as well as housing transition and navigation, housing tenancy and sustaining supports, and housing deposits.

Through the CalAIM framework, CenCal Health will support the expansion of services beyond traditional medical care, addressing social factors that affect people's health in partnership with its counties, community, and provider partners.

"CenCal Health recognizes the deep commitment of our local communities in ensuring that we are collectively meeting the needs of Medi-Cal members on the Central Coast. Enhanced Care Management and Community Supports services provide an opportunity for providers to address the social determinants of health," said CenCal Health CEO Marina Owen.

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Press Release cont.

CenCal Health is currently in receipt of \$6.4M in IPP funds. Up to an additional \$12.8M may be earned for IPP in the coming year, based on State approval. IPP funding may be used by Enhanced Care Management and Community Supports providers, including community-based organizations, county organizations, and traditional healthcare providers, toward one-time or ongoing activities, including staffing support; infrastructure or capital investment; data/information technology development or enhancement; staff training and education, and operations.

“Using the IPP funds made available by DHCS, we are poised to support our partners in building and expanding Enhanced Care Management and Community Supports capacity,” said CenCal Health Provider Network Officer Jordan Turetsky. Interested organizations who are currently providing or plan to provide Enhanced Care Management or Community Supports services are encouraged to apply online at cencalhealth.org/providers/calaim/incentive-payment-program.

More information about CalAIM on the Central Coast is available at cencalhealth.org/calaim. Additional information about CalAIM can be found on the DHCS site at dhcs.ca.gov/calaim. To learn more about CenCal Health, go to cencalhealth.org.

About CenCal Health

CenCal Health is the local Medi-Cal health plan that partners with over 1,500 local physicians, hospitals, and other providers in delivering health care services to over 225,000 members in its two-county service area – one in four residents of Santa Barbara County and one in five residents of San Luis Obispo County. Founded in 1983, CenCal Health prioritizes cultivating community partnerships; advancing quality and health equity; expanding its service role and reach in the community; and organizing for impact and effectiveness. With a vision to be a trusted leader in advancing health equity so that the communities we serve thrive and achieve optimal health, CenCal Health invites the public to review its 2023-2025 Strategic Plan at www.cencalhealth.org/strategicplan.

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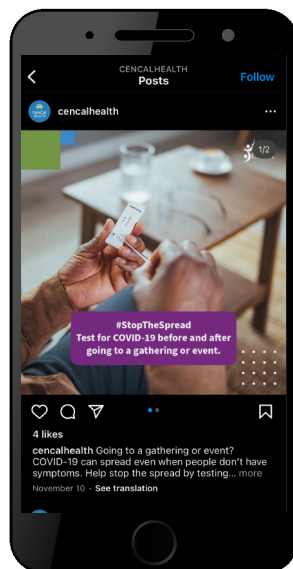
SHARED MEDIA

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

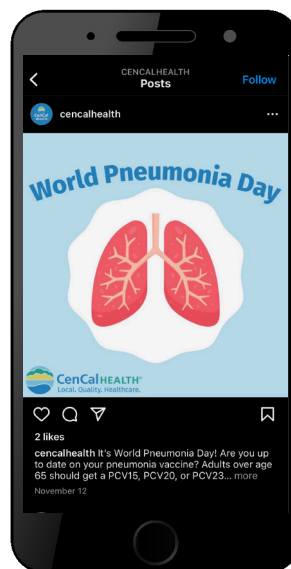
November Campaigns (samples)



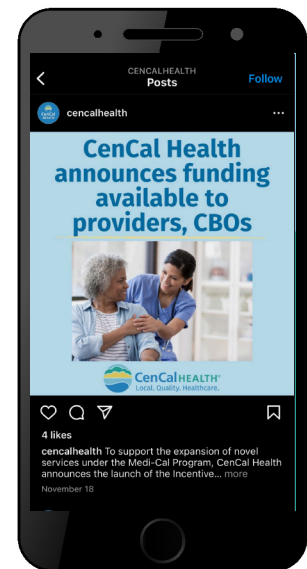
Food Resources during the Holidays



#StopTheSpread



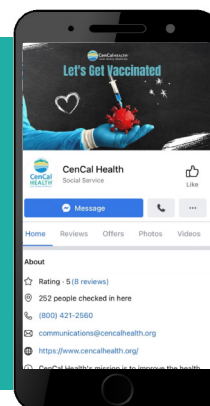
World Pneumonia Day



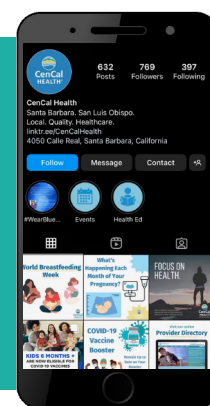
CenCal Health announces funding available

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

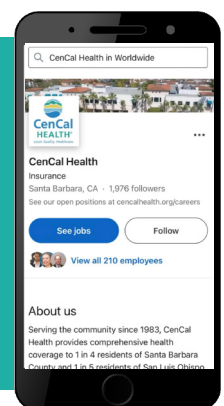
- **Follow** CenCal Health on Facebook, Instagram, and LinkedIn.
- **"Like"** posts.
- **Post comments** as appropriate.
- **Share posts** you think others may find interesting or informative.



Facebook



Instagram



LinkedIn

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

November 2022 Look Back

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 Date: December 12, 2022



Community Meetings

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

Community Engagement Report

CenCal Health participated in 14 community-focused meetings and activities in November 2022. Due to the COVID-19 pandemic, remote conferences and events are prioritized to ensure our staff's safety while maintaining engagement. When in-person activities occur, staff is encouraged to follow recommended preventive safety measures, like mask-wearing and social distancing.

Date	Activity/Event/Meeting	Audience Reached
November 18	Help Me Grow Advisory Committee (SB)	Public/CBOs/Business Community/County
November 17	Housing & Homeless Incentive Program Investments (SB)	County
November 16	Homeless Management Information System Learning Group (SB)	Public/CBOs/Business Community/County/ Provider/Legislators
November 16	Homeless Services Oversight Council Executive Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
November 15	Lompoc Primary and Behavioral Health Care Collaborative (SB)	Public/CBOs/Business Community/County/ Provider/Legislators
November 14	Help Me Grow Steering Committee (SLO)	Public/CBOs/Business Community/County
November 10	Continuum of Care Coordinated Entry System Quarterly Meeting (SB)	Public/CBOs/Business Community/County/ Provider/Legislators
November 10	Housing & Homeless Incentive Program Investments (SB)	County
November 9	Care Coordination Coalition Meeting (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
November 8	Partnership for Action Meeting (SB/SLO)	CBOs/Business Community/Provider
November 8	Housing & Homeless Incentive Program Implementation (SB/SLO)	Business Community/Managed Care Plans
November 8	Network Management Committee Meeting (SB/SLO)	Public/CBOs/Business Community/County/ Provider
November 4	Adult Services Policy Council (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
November 2-3	Partnerships for Action: California Health Care & Homelessness Learning Collaborative (SB/SLO)	CBOs/Business Community/County/Provider/ Legislators/MCP

Government Affairs and Administrative Report

Date: December 19th, 2022

From: Michael Harris, Government Affairs and Administrative Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

As Congress briefly returns into session there are several activities taking place during this lame-duck session. The CenCal Health federal advocate's report is attached at Federal Legislative Report. In Sacramento, the legislature has reconvened briefly before the holidays to swear-in new members and make leadership role assignments.

Over the course of 2022, the Department of Healthcare Services (DHCS) implemented various policies, directions, and guidelines to managed health care plans such as CenCal Health. As a result, DHCS implements year-end contract amendments to update the CenCal Health contract. As these contracts come in from DHCS, staff have been reviewing them for their consistency with previous DHCS correction. Staff then ensures timely execution and reporting to DHCS. Finally, as you are aware, CenCal Health staff have been working diligently on a wide variety of programs and projects. Of note in this report, are the DHCS efforts to improve access to behavioral health services.

Background

At the federal level, the federal public health emergency, which is separate from the California State of Emergency from the Governor's office, will be continuing until approximately mid-April.

California has been interested in expanding services to children, schools, and members of our community who are incarcerated, including incarcerated children. Numerous studies show that individuals being released from incarceration have difficulty integrating back into the community. Helping these post-incarcerated individuals, as they are discharge from jail or a juvenile holding facility, access to physical and mental health services, has been shown to improve reintegration and decrease reoffending.

California has been working with the federal government in implementing reintegration services. CenCal Health's Washington advocate explains that this approach to early access to Medi-Cal's physical and mental health services seems to be gaining federal support.

Student Behavioral Health Incentive Program (SBHIP)

SBHIP, as your Board may recall, is a collaborative effort between CenCal Health, local school districts and respective County Offices of Education.

Year 1 of the program, calendar year 2022, has been an assessment (being conducted in school districts in both counties) of their potential need for Medi-Cal behavioral health services in their schools. CenCal Health staff, in cooperation with our consultant, is currently reviewing the district assessments and the proposed behavioral health interventions that the respective school districts may be able to provide based on assessment data. These reports will be provided to DHCS by the end of December.

Program years 2 and 3, occurring during calendar years 2023 and 2024, will utilize DHCS funding to implement any approved interventions. Tentatively, DHCS has estimated that approximately \$6.3 million will be available to CenCal Health for implementation during these two years.

As the assessment reports are submitted to DHCS, and DHCS provides implementation feedback for years 2 and 3, staff will provide more information to your Board on this promising development in providing Medi-Cal to children and working with local school districts.

With this move into implementation, SBHIP will be transitioned into CenCal Health's Program Development Department overseen by Dr. Do-Reynoso.

Behavioral Health Incentive Integration Program (BHIIIP)

In this program, DHCS is trying to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in a Medi-Cal managed health care plan's network.

The program, implemented in 2020 provides funding to six contracted-network providers for performing approved quarterly milestones to meet annual performance measures. The program is set to sunset at the end of 2022 (2 full program years). The participating providers have received incentive payments for Program Year One and submitted all milestones through Program Year 2, Quarter 3. The final milestone submission for 4 Q 22, will be submitted to DHCS by March 1, 2023. The final Program Year 2 Annual Performance Measure Report will be submitted to DHCS March 31, 2023.

Implementation of this complicated incentive program has been a team effort between the providers, CenCal Health, and DHCS. Particular thanks go to Dr. Stephanie Lem and Susan Ramirez of the Pharmacy Department. Their analytical and skills and coordination have been critical in managing this program.

Paul V. Beddoe Government Affairs, LLC

811 4TH ST NW UNIT 911
WASHINGTON DC 20001-4925

To: Marina Owen, Chief Executive Officer
Michael Harris, Government Affairs and Administrative Officer
CenCal Health

From: Paul V. Beddoe, Principal
Paul V. Beddoe Government Affairs, LLC

Subject: Federal Report, December 2022

Overview

After the November mid-term election, the December 6 Georgia runoff election, and decision of Arizona Senator Kyrsten Sinema to register as an independent, but to continue to vote with the Democrats on organizational matters, the Democrats will control the upper chamber with a narrow majority. Republicans won control of the House of Representatives, also with a majority in the single digits. To-do items for the lame duck session include all twelve FY 2023 appropriations bills, the FY 2023 National Defense Authorization bill, and a host of other priorities that Members and advocates would like to see ride on one of these must-pass bills.

Continuing Resolution

The current FY 2023 stop-gap spending bill runs through December 16, 2022. Leaders are likely to need to pass a short-term extension, probably to December 23, to give themselves enough time to reach agreement on a full-year FY 2023 Omnibus.

FY 2023 Appropriations Year-End Omnibus

Top House and Senate appropriators still have not yet reached agreement on the top-line defense and non-defense/domestic numbers. When agreement on those levels is reached the rest of the details can be settled relatively quickly. There is a strong preference among leaders in both chambers and both parties to reach an agreement and pass an omnibus before the end of the year, since the alternative would be a year-long Continuing Resolution (CR).

Biden Administration

On November 15, the White House Office of Management and Budget sent a letter to Congress asking for just over \$8.25 billion in new funding for COVID response in the lame duck session. According to OMB, the funds would be used to prepare for a potential winter surge, smooth the way to commercialization for vaccines and therapeutics, conduct research and treatment for long COVID, and develop new vaccines and treatments. An additional \$1 billion would go to overseas response. Republicans on

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Capitol Hill have continued to express skepticism over the need for new funds and promise oversight of the way that the previously appropriated funds have been spent.

On or before November 12, the U.S. Department of Health and Human Services did not issue a sixty-day notice that the COVID public health emergency (PHE) would end, as scheduled, on January 11. This indicates that it will be allowed to continue for another 90 days, to mid-April.

On December 6, CMS released a proposed rule to streamline the prior authorization process by requiring that Medicaid managed care plans, Medicare Advantage plans, Medicaid fee-for-service programs, and ACA exchange plans establish an electronic prior authorization system. All payers would be required to set up an electronic system to share clinical and claims data as patients change from one plan to another.

On December 9, as part of the Medicaid and CHIP Payment and Access Commission (MACPAC) December meeting, the Commission had a panel presentation and discussion on the role of Medicaid in improving outcomes for adults leaving incarceration. Of interest to CenCal Health, one of the key themes was the experts' expectation that CMS was preparing to approve the pending 1115 waiver requests submitted by California and eleven other states for coverage of re-release "in-reach" services. The timing is unclear, but it will likely be in early 2023,

Activities

We continue to monitor the California Department of Health Care Services pending State Plan Amendments (SPAs) submitted to CMS, and CMS approved SPAs for California. In mid-October we met with DC-based health policy staff for Rep. Salud Carbajal (CA-24), to discuss CenCal Health and its work serving Medi-Cal beneficiaries in Santa Barbara and San Luis Obispo Counties.

We will continue to monitor for, and report to CenCal Health on, any legislation introduced and or proposed CMS regulations which would impact the County Organized Health System (COHS) model.

Customer Experience Report

Date: December 19th, 2022

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

Through: Marina Owen, Chief Executive Officer

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

This Customer Experience report provides operational trends and updates in Member Services, Provider Services, Claims Departments, and CalAIM incentive programs.

Enrollment

CenCal Health's aggregate membership continues to grow with the DHCS suspension of negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. As of December 4, 2022, CenCal Health enrollment is 228,302.

Member Services

Call volume fell significantly below the average call volume per month in comparison to our 2021 monthly average. This may be due to seasonality, as the decrease in volume is similar to the those during the same timeframe in previous years. Another contributing factor to the decrease is due to the redesigned our main toll-free phone menu in January 2022. This re-design provides more options for direct transfer to the Behavioral Health phone queue or to Medi-Cal Rx and bypassing Member Services. Average Speed to Answer exceeded the goal of 85% answered within 30 seconds, at 86%. Abandon rate was only 2%.

Alternative Format Selections (AFS)

CenCal Health finalized a second contract with Big Language Solutions. This second vendor contract was needed to ensure competitive pricing of AFS needs, in addition to vendor AvantPage.

Member Services completed direct phone outreach campaign for AFS members to determine current needs. Our total counts are at 585 members currently with an AFS chosen, with 98% being large print. Of this, we have 9 members confirming needing a large print 20pt font EOC, which will be delivered in January 2023. CenCal Health also received one request for a Braille ID card, which was mailed.

Member Portal

The Member Portal Project is nearing its Phase I build completion. User acceptance testing is occurring during the first two weeks of December. CenCal Health's Member Portal will launch after approval from DHCS. To engage members, 10,000 households were mailed a Member Portal Survey seeking feedback on CenCal Health's Member Portal design. Member Services received responses from 93 members who provided very positive feedback on the design. We also received additional recommendations for enhancements in future efforts.

CenCal Health Portal will begin with accounts being available for personal use only, and for any member 18 years and older, for HIPAA privacy and security purposes. Design considerations will continue as part of a Phase II effort. Future features may include accounts for members ages 12-17, parental viewing and change capabilities of children's information within the parent's account, and on-going review and assessment of features designed in Phase I.

Claims

Claims receipts for the month of November were 277,005, which is a 25% increase over the pre-pandemic baseline and trending up when compared to the previous month's receipts. Notably, the month of November had the highest average daily claims receipts in CenCal Health history, a data point which staff are further researching to determine the root cause. Claims volume follows a seasonal variation, with peaks remaining consistent with historical trends and typical increases in claims receipts occurring close to year-end. The auto adjudication rate, or the rate at which claims are automatically processed, continues to be high at 94.1%. High auto adjudication rates translate to increases in timeliness and accuracy of claims payment to CenCal Health providers.

The Claims customer service team received 1,443 provider calls in the month of November, with an average speed to answer of 15 seconds and an abandonment rate of 0.9%. The Claims customer service team is implementing improvements to phone availability, including an expansion of hours during which providers may call to receive support.

Provider Services

The month of November saw the Provider Services team initiate its annual Provider Satisfaction and Needs Assessment Survey to learn of opportunities to improve customer service activities. In response to previously identified opportunities for customer service improvement, the Provider Services Relations team engaged in a rapid process improvement event, the outcomes of which include increased phone support coverage and availability, regular in-person provider visit schedules, and training for the Provider Relations team. These recent and ongoing efforts

reflect a priority for Provider Services to better serve the CenCal Health provider network. Outcomes of the current Survey will help to inform future improvement efforts.

Incentive Payment Program (IPP)

At the end of October, CenCal Health launched an application process for the Incentive Payment Program (IPP), a funding opportunity made available by the Department of Health Care Services (DHCS) to support the development and expansion of ECM and CS capacity. CenCal Health is in receipt of \$6.4M through IPP and may earn up to an additional \$12.8M from DHCS over the coming year. IPP applications are accepted by CenCal Health on a rolling basis. Those applications received before the 15th of the month will be reviewed by the CenCal Health IPP Application Review Committee (Committee) the following month.

As of the end of November, CenCal Health received five IPP applications, four of which were submitted by/before November 15th for review in December. Across the five applications, a total of \$5,386,116 was requested to support ECM and CS services. To ensure continued IPP funding for additional applicants, CenCal Health may consider partial funding awards with subsequent funding to be issued on receipt of additional IPP funding from DHCS. Applicants whose submissions were reviewed by November 15th will be informed of the decisions of the Committee following the Committee's review in December.

Health & Homeless Incentive Program (HHIP)

During November, CenCal Health convened with the Continuum of Care in both Counties and additional community partners to develop funding strategies for the three priority areas: Partnerships and capacity to support referrals for services; Infrastructure to coordinate and meet member housing needs; and Delivery of services and member engagement. CenCal anticipates having several signed agreements by the end of December with partners serving the homeless communities.

Enclosures

1. Aggregate Member Enrollment Metrics
2. Aggregate Member Call Volume Metrics
3. Member Grievances and Appeals Metrics

CENCAL HEALTH - Calendar 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: NOVEMBER 2022 – SBHI & SLOHI

Reporting period:

November 2022 – Calendar 2022

SBHI Monthly Enrollment 2022

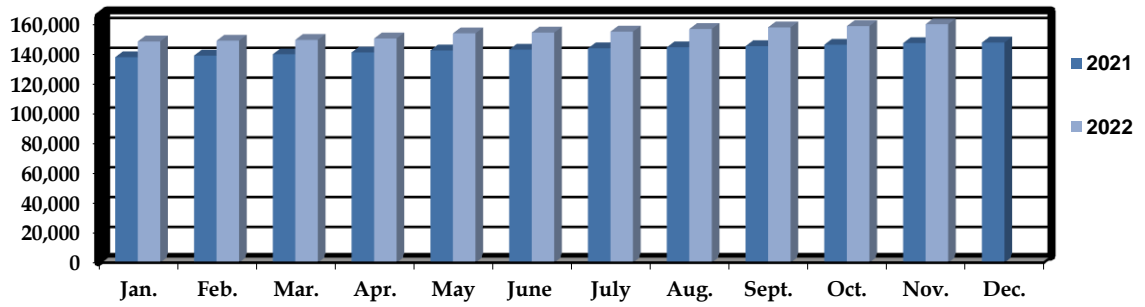
November 2022 = **159,679**

Membership increased by a net **1,266** members when compared to last month.

New members for November = **1,706**

DHCS has suspended negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Expected continued membership increases due to lack of negative redeterminations.

SBHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	137,567	138,654	139,589	140,795	142,111	142,618	143,540	144,225	144,983	145,940	147,038	147,397
2022 Members	148,119	148,657	149,203	150,143	153,555	154,077	154,717	156,487	157,558	158,413	159,679	

SLOHI Monthly Enrollment 2022

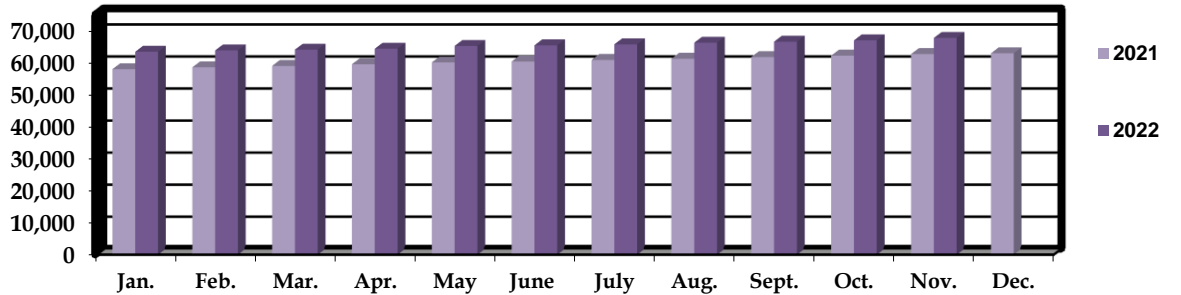
November 2022 = **67,663**

Membership increased by a net **766** members when compared to last month.

New members for November = **939**

DHCS has suspended negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Expected continued membership increases due to lack of negative redeterminations.

SLOHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	57,894	58,479	58,919	59,431	60,011	60,304	60,788	61,153	61,664	62,129	62,617	62,851
2022 Members	63,347	63,753	63,990	64,291	65,157	65,348	65,653	66,150	66,480	66,897	67,663	

CENCAL HEALTH - Calendar 2022 CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

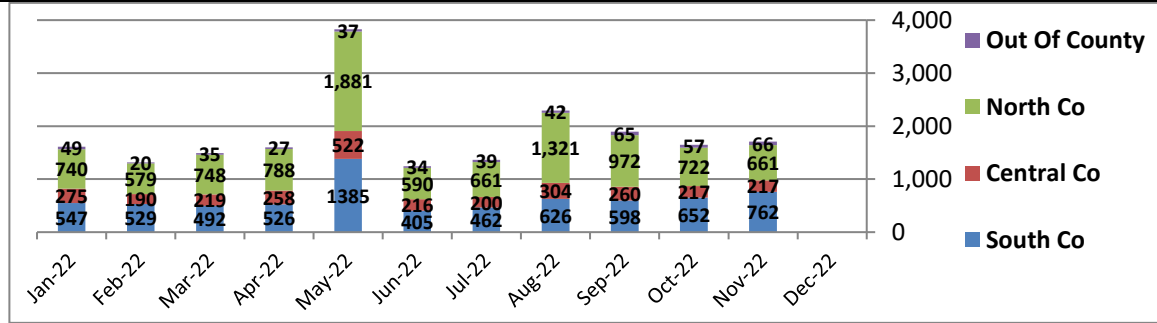
SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: NOVEMBER 2022

Reporting period:

November 2022 – Calendar 2022

Santa Barbara County New Member Enrollment by Area

November 2022 = 1,706

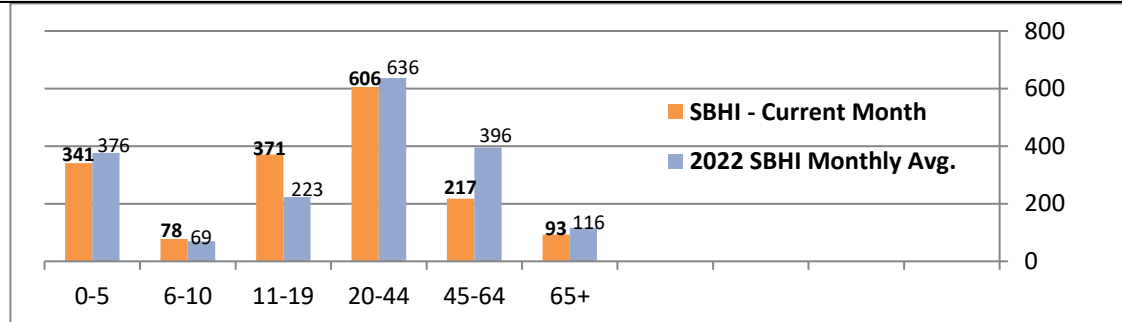


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,602	1,598	1,698	1,825	1,702	1,345	1,506	1,488	1,567	1,712	1,789	1,365
2022 Members	1,611	1,318	1,494	1,599	3,825	1,245	1,362	2,293	1,895	1,648	1,706	

SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: NOVEMBER 2022

Santa Barbara County New Members by Age

November 2022 = 1,706

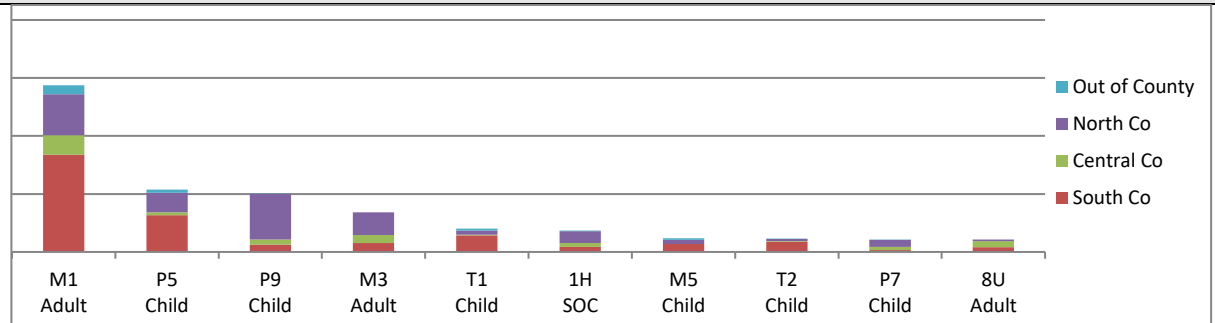


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	388	290	373	418	425	361	378	446	397	324	341	
6-10	95	57	71	82	70	56	60	71	64	60	78	
11-19	213	202	197	224	233	142	142	207	212	315	371	
20-44	595	520	596	596	520	422	464	1,208	900	572	606	
45-64	241	195	188	209	2,145	206	219	249	225	260	217	
65+	79	54	69	70	432	58	99	112	97	117	93	

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

Santa Barbara County New Members by Top 10 Aid Codes

November 2022



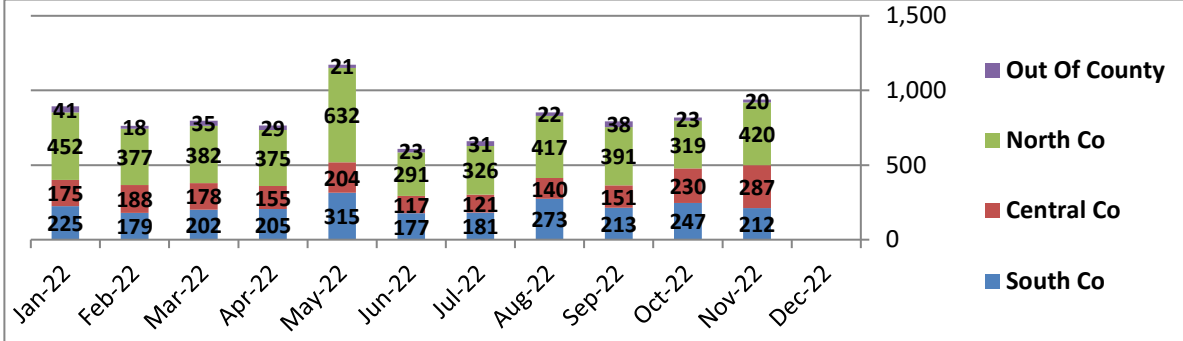
Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	579	503	545	535	1,210	424	442	528	548	603	575	
P5	118	121	126	153	127	83	83	113	126	164	215	
P9	209	198	241	268	273	224	248	294	245	216	202	
M3	136	119	179	183	627	123	147	163	151	133	137	
T1	56	40	44	51	46	27	36	53	42	62	80	
1H	53	40	57	52	300	37	78	94	85	96	74	
M5	18	27	24	23	20	20	14	22	24	45	47	
T2	21	26	20	31	32	19	21	14	17	27	46	
P7	44	22	42	59	49	41	38	58	43	44	43	
8U	35	30	32	32	42	38	32	38	46	19	43	

CENCAL HEALTH - Calendar 2022 CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: NOVEMBER 2022

**San Luis Obispo County
New Member Enrollment by
Area**

November 2022 = 939

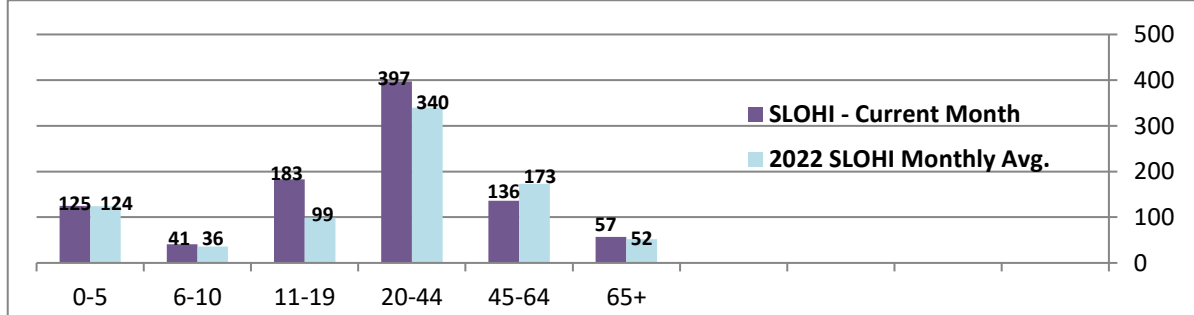


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,004	861	765	867	823	741	800	795	815	821	875	736
2021 Members	893	762	797	764	1,172	608	659	852	793	819	939	

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: NOVEMBER 2022

**San Luis Obispo County
New Members by Age**

November 2022 = 939

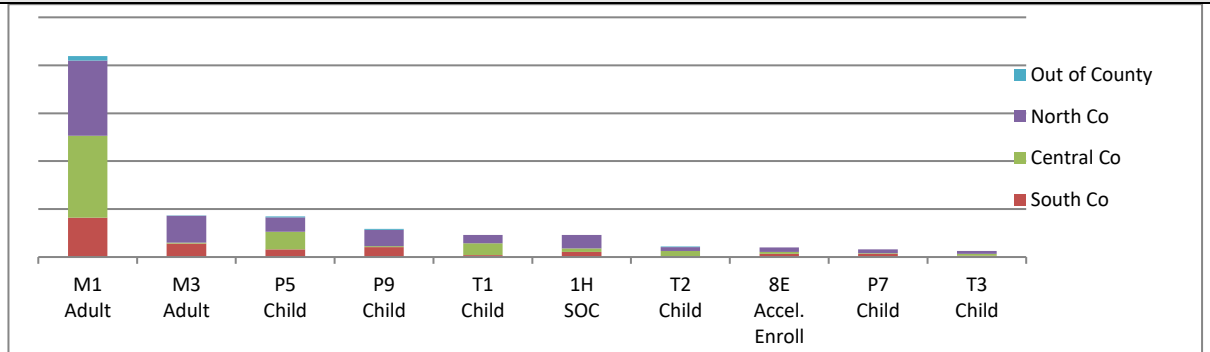


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	121	123	125	139	113	112	116	137	129	124	125	
6-10	35	36	38	40	31	27	31	32	43	41	41	
11-19	87	89	110	82	67	58	76	94	83	156	183	
20-44	415	351	356	328	321	250	263	393	350	312	397	
45-64	188	140	138	128	540	130	119	136	129	123	136	
65+	47	23	30	47	100	31	54	60	59	63	57	

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

**San Luis Obispo County
New Members by Top 10
Aid Codes**

November 2022



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	435	371	377	331	468	274	276	305	308	318	419	
M3	83	66	59	69	140	68	62	71	78	67	87	
P5	50	60	61	45	42	38	38	64	54	75	85	
P9	60	61	59	69	61	56	58	70	58	54	59	
T1	22	29	29	18	20	14	19	21	13	44	46	
1H	38	15	22	38	72	21	35	44	44	49	46	
T2	12	11	13	14	7	10	9	4	5	22	22	
8E	46	28	26	11	20	13	14	25	11	26	20	
P7	34	18	10	26	21	17	18	25	28	19	16	
T3	2	8	5	6	1	8	8	6	7	17	13	

CENCAL HEALTH CALENDAR 2021 - 2022 MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE CALL VOLUME FOR HEALTH PLAN (CHART #1) AGGREGATE AVERAGE SPEED TO ANSWER (CHART#2)

Reporting period:

November 2022 - Calendar 2022 Chart #1

Monthly Call Volume

- In Control
- Not In Control

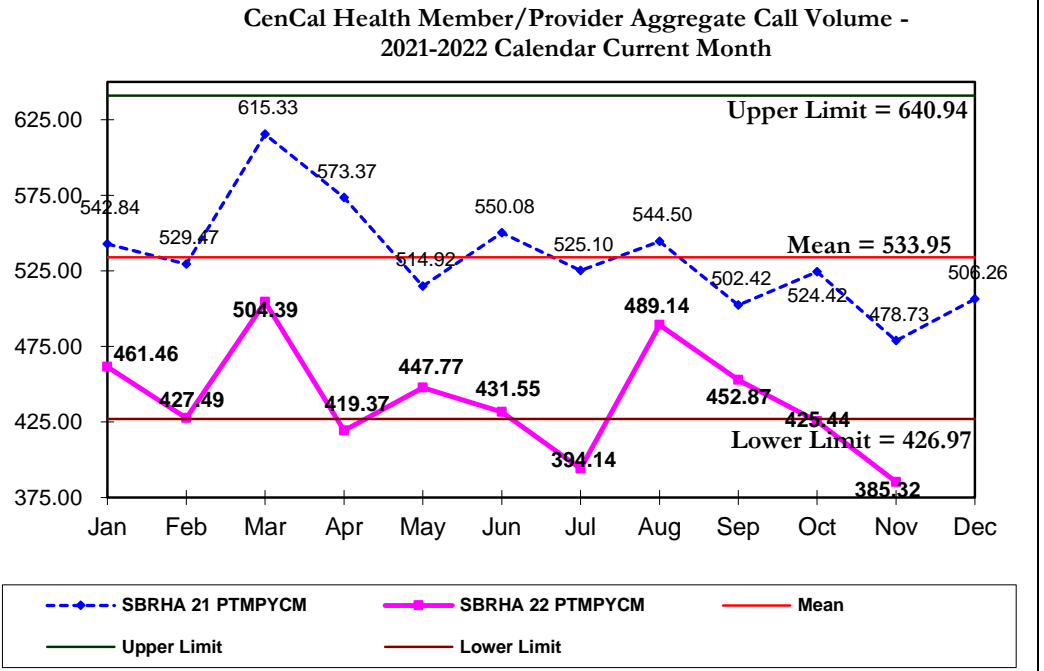
November 2022:

Member Queue = **6,031**
 Provider Queue = **871**
 Non ACD = **398**
 Aggregate Call Volume = **7,300**

Calls per 1,000/month (PTMPM) = **32.11**
 Calls per 1,000/year (PTMPY) = **385.32**

Analysis:
 November's call volume PTMPY is below 2021's mean and slightly below the lower control limit. The drop in PTMPY is the result of the continued membership increases due to suspended DHCS disenrollment during the PHE for Covid-19, without associated increased in call volume. Phone Menu/IVR re-design in 2022 also allows members to select direct options outside of Member Services to avoid transfer, removing more volume to the Member Services queue.

Additionally, CenCal Health offices were closed Thursday-Friday for the Thanksgiving holiday, removing two full days of potential call volume.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
21 Members	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
Call Volume	8,842	8,698	10,179	9,567	8,673	9,302	8,941	9,319	8,652	9,093	8,364	8,870
PTMPYCM	542.84	529.47	615.33	573.37	514.92	550.08	525.10	544.50	502.42	524.42	478.73	506.26
22 Members	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	
Call Volume	8,132	7,567	8,961	7,494	8,161	7,891	7,238	9,075	8,455	7,988	7,300	
PTMPYCM	461.46	427.49	504.39	419.37	447.77	431.55	394.14	489.14	452.87	425.44	385.32	

November 2022 - Chart #2

Monthly Average Speed to Answer

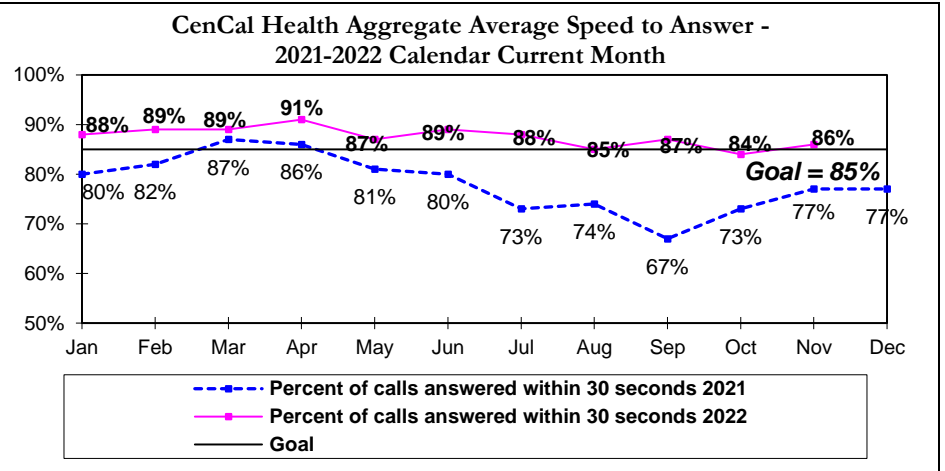
- Exceeding Goal
- Meets Goal
- Not Meeting Goal

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

November's score = **86%**

Aggregate calls answered: **7,072**
 Aggregate calls answered within 30 seconds: **6,098**

Analysis:
 November 2022 averaged 359 calls a day. There were 5 calls in the queue over 10 minutes before answer. Most of these occur during the new member automated welcome call outreach which allows members to connect to the call center directly.



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

CENCAL HEALTH CALENDAR 2021 - 2022 MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE MONTHLY ABANDON RATE (CHART #3) AGGREGATE MONTHLY CALL CODING PERCENTAGE (CHART#4)

November 2022 - Chart #3

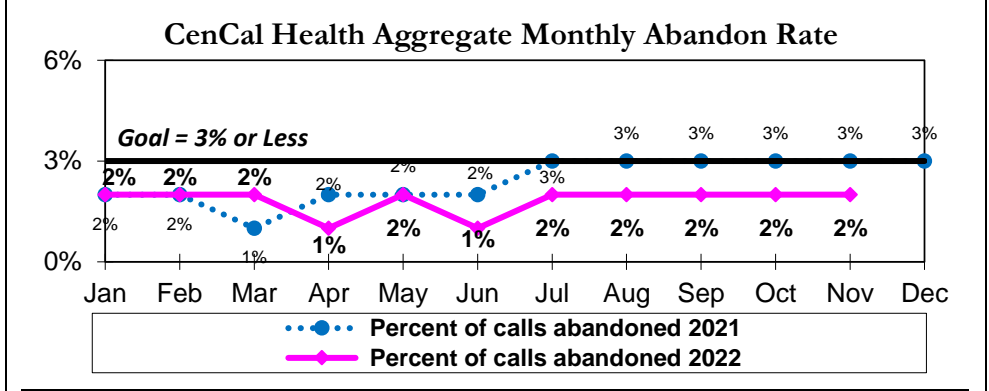
Monthly Aggregate Abandon Rate

Exceeding Goal
 Meets Goal
 Not Meeting Goal

CenCal Health Goal = 3% or less

Aggregate Call Volume: **7,300**
 Abandoned Calls: **131**

Percent of calls abandoned in November 2022 = 2%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Abandoned Calls 2021	2%	2%	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%
% of Abandoned Calls 2022	2%	2%	2%	1%	2%	1%	2%	2%	2%	2%	2%	

November 2022 - Chart #4

Monthly Aggregate Calls Coded

Exceeding Goal
 Meets Goal
 Not Meeting Goal

Goal for Percentage of Coded Calls = 95%

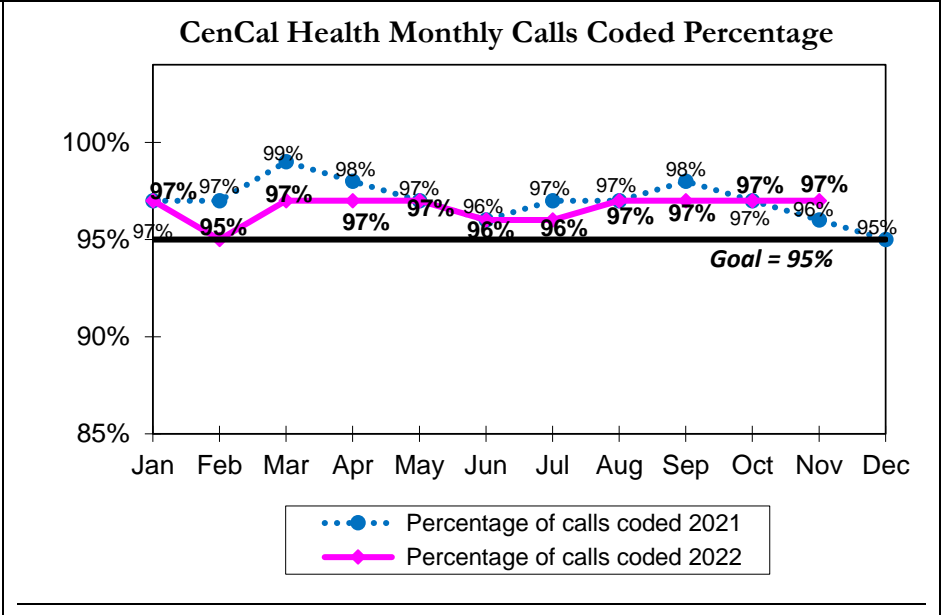
Queue Calls Handled: **6,674**
 Queue Calls Coded: **6,456**

Percentage of calls coded in November 2022 = 97%
 Total Issues Coded: **8,234**
 *Calls may have more than one category.

Top 5 Call Codes:

Category	Calls	% of Total
Eligibility	2,037	25%
PCP Selection	1,522	18%
Transfer	938	11%
Benefits	734	9%
Miscellaneous	653	8%

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



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

November Analysis:

*Eligibility Calls – 51% Eligibility verification, 32% Referred to DSS/SSA, 11% Coordination of Benefits (OHC) Verification.

*Transferred Calls – 18% to Ventura Transit, 14% to Med. Management, 11% to DSS.

*Benefits – 31% Dental, 12% Vision, 12% Specialists.

*Pharmacy – 61 Total pharmacy related calls, 12 resulted in a transfer to Magellan RX.

*COVID specific calls – 19 total calls regarding testing sites, vaccinations, new at-home testing coverage and general questions.

*Provider Call Volume (1,227) = 15% of all calls coded. 49% were for Eligibility, 20% were transferred out of Member Services (35% to Medical Management) and another 10% for PCP selection calls to Member Services.

CENCAL HEALTH CALENDAR 2022 MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

MEMBER GRIEVANCES & APPEALS

Reporting period:

November 2022 - Calendar 2022

In Control

Not in Control

November's PTMPY for grievance and appeals was **2.11**, slightly above 2021's Mean of 1.93 and in control.

November Grievance/Appeals = 40

Appeals = **16** (0 Expedited Appeals)

Quality of Care = **8**

Administrative = **5**

Interpersonal = **5**

Access = **4**

Benefit = **2**

Analysis and Trends

* **Appeals:** 11 TAR appeals including 3 RBM, & 3 DME appeals with no trends. 5 RAF appeals mostly to out of area providers for various services with no trends.

* **QOC Grievances** 4 PCP, 3 Mental/Behavioral Health, 1 Specialist: Various perceived quality of care concerns/reasons with two being related to discontinued or change in prescription medication.

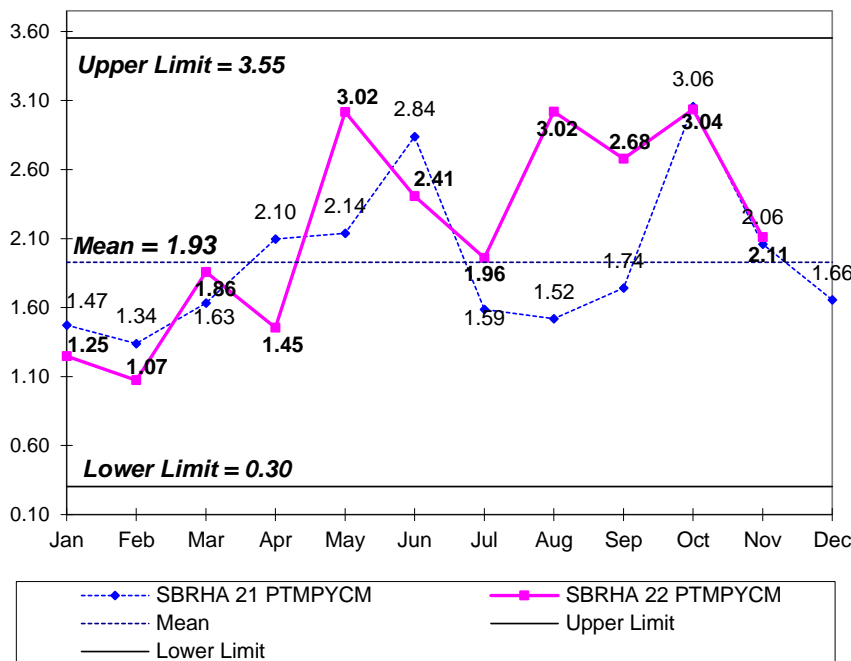
* **Administrative:** Mostly centered around the member's dissatisfaction with expected time for the complete paperwork or dissatisfaction with timely communication with no trends.

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

* **Transportation:** VTS had 6 grievances filed against them (3 Interpersonal, 2 Benefit, 1 administrative with none resulting in missed appointments.

* **Total Mental Health/BHT Services= 9** (3 QOC, 2 Access, 2 Appeals, 1 Admin, 1 Interpersonal). Commonly dissatisfied with appointment availability, being dismissed by provider, delays in call back/poor communication or not being prescribed medications.

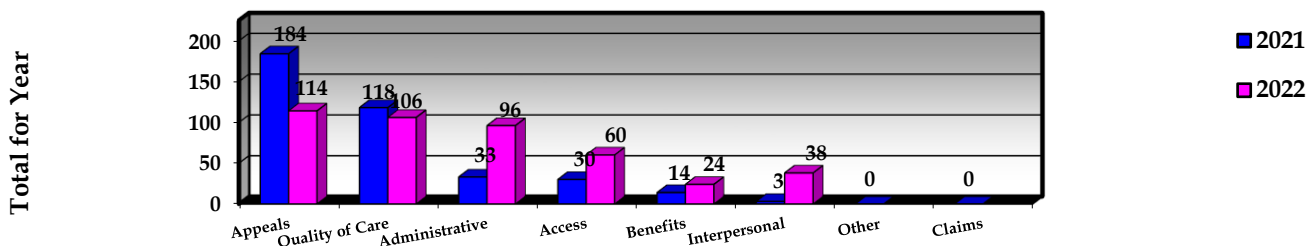
**Grievance & Appeal System - Total Receipts
2021-2022 Calendar Current Month**



Of the **40** grievances/appeals filed:
 28 = SB County (6 Mental/Behavioral Health = 21% of SB Vol.)
 12 = SLO County (3 Mental/Behavioral Health = 25% of SLO Vol.)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CenCal 21 Mbrshp	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
CenCal G&A Issues	24	22	26	35	35	47	27	26	29	47	36	28
CenCal PTMPYCM	1.47	1.34	1.63	2.10	2.14	2.84	1.59	1.52	1.74	3.06	2.06	1.66
CenCal 22 Mbrshp	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	
CenCal G&A Issues	22	19	33	26	55	44	36	56	50	57	40	
CenCal PTMPYCM	1.25	1.07	1.86	1.45	3.02	2.41	1.96	3.02	2.68	3.04	2.11	

Member Grievance & Appeal System Receipts by Reasons



Type	Calendar 2021	Calendar 2022 (Through November)
Appeals	185	114
Quality of Care	118	106
Administrative	33	96
Access	30	60
Benefits	14	24
Interpersonal	3	38

Analysis: The transition of pharmacy benefits to Medi-Cal Rx has significantly lowered overall appeals averaging 10 Appeals/month in 2022 compared to 15/month in 2021. MRF appeals accounted for 55% of all appeals in 2021. Additionally, with the addition of Mental Health/BHT grievance management transitioned to CCH in 2022, we expected an increase in all grievance types, having BHT/Mental Health grievance counts now being included within those types vs. as "Holman aggregated" previously. These were the direct cause for access, interpersonal and administrative increases in 2022.

Information Technology Board Report

Date: December 19th, 2022

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

Executive Summary

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

Technology Operations Statistics

During the month of October, the Health Plan received approximately 270,000 claims in total, an increase of 3% from the month prior. HIPAA Compliant 837I/837P was the source of 93% of total claims and CenCal Health's Provider Portal was used for 4% of claim submissions. Summarily, 98% of total claims were received via electronic method (HIPAA 837I/ 837P/ Proprietary files). Auto-adjudications rates for the month was at 95%.

During the month of October, the Health Plan received approximately 10,400 authorization requests in total. 82% of total authorizations were entered using CenCal Health's Provider Portal and 6% of total requests were part of data transmission from the Health Plan's Radiology Benefit Manager (RBM).

Enhanced Information Technology Help Desk Software

The Health Plan's IT Help Desk migrated to new Help Desk system, Halo. The new Service Desk system went live on December 9th. The IT and Training department conducted various trainings including training videos and developed 100+ knowledge base articles to help staff locate help for common topics which eliminates the need to create a help desk ticket. Information Technology, Communications and Community Relations, and Facilities departments started using this new system initially upon go-live.

CenCal Health Member Portal Development

The IT Department, Member Services in collaboration with Communications are collaborating on the development of CenCal Health's portal for members to access their account to access basic information and request changes like PCP, Demographic etc. Various activities are undergoing for this go-live readiness with support of Enterprise Project Management Office.

Financial Report for the five (5) Months Ending November 30, 2022

Date: December 15, 2022
From: Leanne Bauer, Director of Finance
Through: David Ambrose, Chief Financial Officer / Treasurer

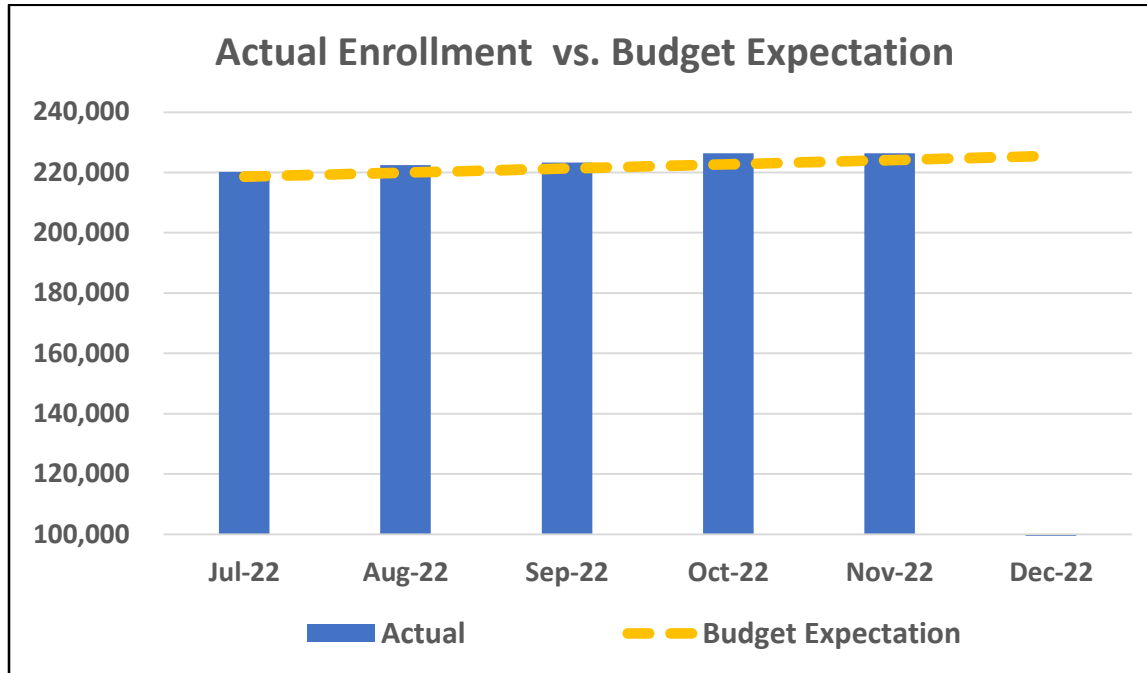
Executive Summary

This memo summarizes the health plan's financial performance fiscal year-to-date through November 30, 2022 and provides insight on how the health plan is operating against budget forecast expectations.

Financial Highlights (fiscal year-to-date: July – November)

- **Operation Gain (Loss):** Through five (5) months of the fiscal year we are reporting an operating gain of \$16.8 million.
- **Capitation Revenue** is at \$462.9 million; over budget by \$4.1 million and .9%.
- **Medical Expenses** are at \$390.1 million; under budget by \$6.2 million and 1.6%.
- **Administrative Expenses** are at \$24.9 million; under budget by \$3.6 million and 12.8%.
- **MCO Tax Expense** is at \$33.6 million; essentially at budget.
- **Tangible Net Equity (TNE)** is at \$212.0 million; representing 598% of the minimum regulatory requirement and 85% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at \$296.6 million. Cash and Short-Term Investments available for operating the health plan is at \$195.5 million, representing 77 Days Cash on Hand.
- **Member Enrollment** is at 226,303 for the month of November 2022.

Enrollment Trend FYTD



The health plan's enrollment count as of November 2022 is forecasted at 226,303 compared to a budget expectation of 224,116. July through November, total member months are over budget expectations by 0.9%.

Capitation Revenue

Revenue Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Base Capitation Revenue	\$448,125,157	\$444,832,000	\$3,293,157	0.7%
Supplemental Revenue	\$15,451,577	\$13,960,000	\$1,491,577	10.7%
Budgeted Revenue Items	\$463,576,734	\$458,792,000	\$4,784,734	1.0%
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	(\$674,760)	-	(\$674,760)	
TOTAL CAPITATION REVENUE	\$462,901,974	\$458,792,000	\$4,109,974	0.9%

Base Capitation Revenue is over budget with a variance of 0.7% due to several factors, including actual enrollment by member case mix (e.g., by aid category grouping) being different than the member case mix assumed within the budget. In addition, a component of base capitation --- hospital directed payment (HDP) PMPM\$ --- is exceeding budget expectations due to revised rates from DHCS. DHCS revised the CY2022 HDP PMPM\$ components subsequently to the development of the budget. FYTD revenue is also reduced by \$4.8 million as a result of accruing for medical loss ratio (MLR) DHCS contractual requirements.

Supplemental Revenue [Behavioral Health Therapy Services, Maternity Deliveries, and visits to American Indian Health Clinics] is over budget by 10.7% due to recent utilization data trending higher than budget expectations. Supplemental revenue is directly impacted by the volume of services incurred.

YTD Other Income is increased over budget due to payment received for Behavior Health Incentive program, Student Behavior Health Incentives and COVID19 Vaccinate incentive (members gift cards).

YTD Interest Income is increased over budget due to interest from CalTrust investments, COLI and LAIF.

Overall, actual budgeted revenue is close to budget expectations by 0.9%.

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

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

Medical Expenses

Medical Expense Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Medical Costs + Incentives	\$398,038,609	\$394,737,000	\$3,301,609	0.8%
Reinsurance – net	\$1,252,161	\$1,605,000	(\$352,839)	-22.0%
Budgeted Medical Items	\$399,290,770	\$396,342,000	\$2,948,770	0.7%

Prior Year Expense Adjustments:	(\$9,141,900)	-	(\$9,141,900)	
Prior Year Retroactive Items Recorded in Current Year				
TOTAL MEDICAL COSTS	\$390,148,870	\$396,342,000	(\$6,193,130)	-1.6%

Medical Costs & Incentives are trending over budget with a variance of 0.8%. Three (3) medical expense categories are primarily currently contributing to this budget variance: Long term care/skilled nursing, Hospital Outpatient – out of area, Prior year change in IBNR estimate offset by Hospital Directed Payments (HDP). [note --- HDP expense is correlated to the HDP revenue].

Overall, actual budgeted medical costs are under budget by 1.6%.

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

- \$9.1 million of reduced cost is recorded primarily as a result of a change in estimate within a recent (month of August) Incurred But Not Paid (IBNP) Model forecasting a change in the total projected medical costs for dates of service occurring on or before June 30, 2022 and the reduction in hospital directed payments associated to CY2020 [refer to correlated comments with prior year revenue].

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

Expense	FYTD Actual Average Claim Cost	FYTD Projected Util per 1,000	Budget Forecasted Average Claim Cost	Budget Forecasted Util per 1,000
Physician Services	\$139.71	5,182	\$136.35	5,361
FQHC Services	\$35.18	2,145	\$31.40	2,611
Hospital IP In-Area	\$9,689	40	\$9,563	67.7
Hospital IP Out-of-Area	\$23,243	10.8	\$37,180	8.7
Hospital OP In-Area	\$262.79	371	\$246.53	1,100
Hospital OP Out-of-Area	\$634.77	120	\$638.68	96
LTC Facilities	\$314.50	1,919	\$279.43	2,072
Home Health	\$262.82	63	\$229.92	74
Hospice	\$2,759.33	11	\$2,677.89	15
Laboratory	\$47.97	1,365	\$55.48	1,576
Transportation	\$127.03	209	\$154.95	153
Physical Therapy	\$55.91	240	\$51.38	262

Durable Medical Equip.	\$146.99	292	\$134.32	316
Dialysis	\$908.64	38	\$830.95	41
Behavioral Health Therapy	\$391.82	193	\$327.97	225
Mental Health	\$130.74	1,033	\$151.52	702

Note: FYTD Actual Average Claim Cost is based on paid medical claims as of Nov 30 with dates of service from July 1, 2022 through November 30, 2022. FYTD Projected Util/1,000 is backed into using the IBNP Model's estimate of total expense, the actual average unit cost to date, and actual member enrollment.

MCO Tax Expense

MCO Tax expense is at \$33.6 million and is under budget by 0.01%.

Administrative Expenses

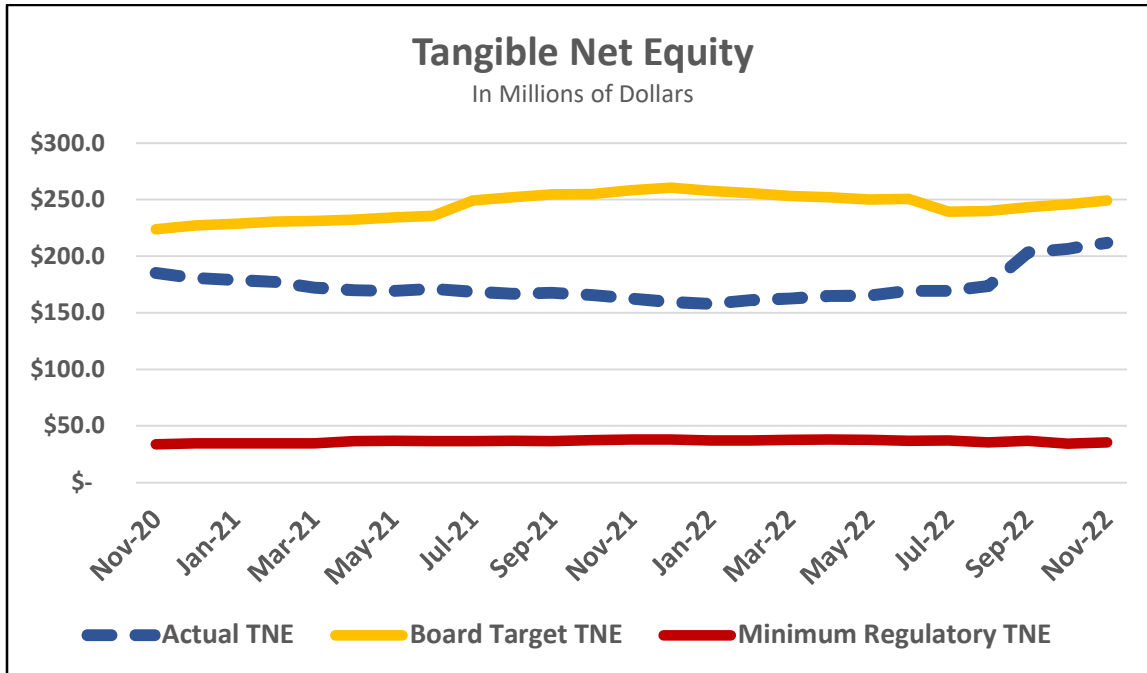
Administrative Expenses are at \$24.9 million and under by \$3.6 million and 12.8% primarily driven by:

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

Tangible Net Equity (TNE)

As of November 2022, actual TNE is at \$212.0 million. This level represents 598% of the Regulatory Minimum TNE level (\$35.5 million) and 85% of the Board of Director's minimum TNE target currently at \$249.3 million.

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



Treasury Activities for the Month of November 2022

Total Cash Received is at \$85.4 million.
 Total Cash Disbursements is at \$63.7 million.
 Accrued and Earned Interest Income is at \$296,861.

CenCal Health

Financial Statements and Other Information For the five (5) month period ending November 30, 2022

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

CenCal Health

Balance Sheet

As of November 30, 2022

Assets

Cash and cash equivalents	\$296,643,353.05
Accounts receivable:	
DHCS capitation and other	390,279,432.04
Reinsurance and other recoveries	3,135,808.21
Interest and other	<u>402,089.51</u>
Total accounts receivable	393,817,329.76
Prepaid expenses	1,883,456.70
Capital assets - net	29,028,553.55
Certificate of deposit – DMHC assigned	300,000.00
Corporate owned life insurance (COLI)	10,620,396.47
Deposits and other assets	8,212,885.94
Total Assets	<u>\$740,505,975.47</u>

Liabilities and Net Assets

Medical claims payable and incentives	\$110,480,391.85
Accounts payable, accrued salaries and expenses	13,567,645.19
Accrued DHCS revenue recoups – MLRs	63,446,971.76
Accrued DHCS directed payments	314,411,350.09
Accrued MCO Tax	18,431,064.18
Unfunded pension liability – CalPERS	(1,346,155.07)
Other accrued liabilities	9,492,523.21
Net Assets – Tangible Net Equity	\$212,022,184.26
Total Liabilities and Net Assets	<u>\$740,505,975.47</u>

CenCal Health

Income Statement

For the five (5) month period ending November 30, 2022

	Actual \$	Budget \$	Variance \$	%
Operating Revenues:				
Capitation	\$462,901,974	\$458,792,000	\$4,109,974	0.9%
Other	1,879,535	15,000	1,864,535	
	<u>464,781,509</u>	<u>458,807,000</u>	<u>5,974,509</u>	<u>1.3%</u>
Medical Expenses:				
PCP capitation	17,142,957	18,813,000	(1,670,043)	-8.9%
Physician services	77,266,837	79,209,000	(1,942,163)	-2.5%
Hospital inpatient	82,473,254	91,600,000	(9,126,746)	-9.7%
Hospital outpatient	32,562,855	31,291,000	1,271,855	4.1%
LTC facilities	56,392,983	54,071,000	2,321,983	4.3%
All other services	133,451,884	121,358,000	12,093,884	9.9%
PY estimate change	(9,141,900)	-----	(9,141,900)	----
	<u>390,148,870</u>	<u>396,342,000</u>	<u>(6,193,130)</u>	<u>-1.6%</u>
Operating Expenses:				
Administrative expenses	24,878,092	28,524,709	(3,646,617)	-12.8%
MCO tax expense	33,577,660	33,580,000	(2,340)	0.0%
	<u>58,455,752</u>	<u>62,104,709</u>	<u>(3,648,957)</u>	<u>-5.9%</u>
Interest income	1,438,248	250,000	1,188,248	475%
Realized gain (loss)	----	----	----	----
Unrealized gain (loss)	(858,076)	----	(858,076)	----
Operating Gain (Loss)	<u><u>\$16,757,059</u></u>	<u><u>\$610,291</u></u>	<u><u>\$16,146,768</u></u>	

CenCal Health

Income Statement

For the month of November 2022

Operating Revenues:

Capitation	\$100,737,583
Other	519,265
	<hr/>
	101,256,848

Medical Expenses:

PCP capitation & incentives	3,488,572
Physician services	17,345,758
Hospital inpatient	15,905,234
Hospital outpatient	6,536,596
LTC facilities	13,193,686
All other services	28,324,835
Prior year change in estimate	35,575
	<hr/>
	84,830,256

Operating Expenses:

Administrative expenses	4,927,277
MCO tax expense	6,715,532
	<hr/>
	11,642,809

Interest income	363,684
Realized gain (loss)	329,109
Unrealized gain (loss)	----

Operating Gain (Loss)	<u><u>\$5,476,576</u></u>
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CenCal Health

Medical Expenses by Category

For the five (5) month period ending November 30, 2022

	Actual \$	Budget \$	Variance \$	%
PCP capitation	\$17,142,957	\$18,813,000	\$(1,670,043)	-8.9%
Physician services	77,266,837	79,209,000	(1,942,163)	-2.5%
Hospital inpatient <small>in-area</small>	36,763,460	39,519,000	(2,755,540)	-7.0%
Hospital inpatient <small>out-of-area</small>	23,511,803	30,611,000	(7,099,197)	-23.2%
Hospital capitation <small>inpatient</small>	22,197,992	21,470,000	727,992	3.4%
Hospital outpatient <small>in-area</small>	9,109,750	9,496,000	(386,250)	-4.1%
Hospital outpatient <small>out-of-area</small>	7,127,780	5,791,000	1,336,780	23.1%
Hospital capitation <small>outpatient</small>	16,325,325	16,004,000	321,325	2.0%
Long term care facilities	56,392,983	54,071,000	2,321,983	4.3%
Mental health services	12,616,841	9,995,000	2,621,841	28.8%
Behavioral health therapy	4,903,491	6,821,000	(1,917,509)	-28.1%
Transportation	5,203,643	4,811,000	392,643	8.2%
Durable medical equip.	4,010,271	3,986,000	24,271	0.6%
Laboratory	6,119,024	8,268,000	(2,148,976)	-26.0%
Dialysis	3,234,341	3,242,000	(7,659)	-0.2%
Hospice	2,924,017	3,701,000	(776,983)	-21.0%
Home health	1,547,584	1,599,000	(51,416)	-3.2%
Enhanced care mgmt.	17,077	614,000	(596,923)	-97.2%
Community supports	74,594	1,458,000	(1,383,406)	-94.9%
DHCS directed payments	82,828,338	68,673,000	14,155,338	20.6%
All other medical services	8,720,501	6,585,000	2,135,501	32.4%
Reinsurance & recoveries	1,252,161	1,605,000	(353,839)	-22.0%
Prior year change in estimate	(9,141,900)	----	(9,141,900)	----
Total Medical Expenses	<u>\$390,148,870</u>	<u>\$396,342,000</u>	<u>(6,193,130)</u>	<u>-1.6%</u>

CenCal Health

Administrative Expenses by Category

For the five (5) month period ending November 30, 2022

	Actual \$	Budget \$	Variance \$	%
Salaries & wages	\$ 11,943,218	\$ 12,953,575	\$ (1,010,357)	-7.8%
Fringe benefits	5,943,384	6,314,995	(371,611)	-5.9%
Contract services	2,966,878	4,294,825	(1,327,947)	-30.9%
Travel expenses	40,362	219,239	(240,358)	-110%
Rent & occupancy	317,542	557,900	(187,827)	-42.1%
Supplies & equipment	377,668	583,890	(206,222)	-35.3%
Insurance	503,236	696,000	(192,764)	-27.7%
Depreciation expense	718,849	660,700	58,149	8.8%
Software maintenance	7,796	43,300	(35,504)	-82.0%
Software licensing	1,438,217	1,228,050	210,167	17.1%
Communications	204,966	262,400	(57,434)	-21.9%
Professional dues	110,999	126,556	(15,557)	-12.2%
Marketing & relations	119,092	216,600	(97,508)	-45.0%
Member/Provider materials	56,133	77,415	(21,282)	-27.5%
Credentialing fees	14,060	11,700	2,360	20.2%
Provider relations	----	26,500	(26,500)	----
Board committee fees	5,925	15,000	(9,075)	-60.5%
Meeting room expenses	22,256	89,030	(66,774)	-75.0%
All other expenses	87,241	147,034	(59,793)	-40.7%
Total Admin Expenses	\$24,878,092	\$28,524,709	\$ (3,646,617)	-12.8%

CenCal Health

Santa Barbara County Operating Statement

For the five (5) months ending November 30, 2022

	Actual \$	Budget \$	Variance \$	%
Capitation revenue	\$ 321,509,424	\$ 312,062,000	\$ 9,447,424	3.0%
Medical expenses	275,337,986	277,292,000	(1,954,014)	-0.7%
Administrative expenses	17,506,111	20,071,659	(2,565,548)	-12.8%
MCO tax expense	23,590,064	23,505,000	85,064	0.4%
Operating Gain (Loss)	<u>\$ 5,075,263</u>	<u>\$ (8,806,659)</u>	<u>13,881,922</u>	<u>158%</u>

Medical Loss Ratio (MLR)	86%
Admin Loss Ratio (ALR)	5.4%
FYTD Member Months	789,196
Avg. Member Count	157,839

CenCal Health

San Luis Obispo County Operating Statement

For the five (5) months ending November 30, 2022

	Actual \$	Budget \$	Variance \$	%
Capitation revenue	\$ 141,392,549	\$ 146,730,000	\$ (5,337,451)	-3.5%
Medical expenses	114,864,611	119,050,000	(4,185,389)	-3.5%
Administrative expenses	7,371,660	8,452,000	(1,080,340)	-12.8%
MCO tax expense	9,987,597	10,075,000	(87,403)	-0.9%
Operating Gain (Loss)	<u>\$ 9,168,681</u>	<u>\$ 9,153,000</u>	<u>15,681</u>	<u>0.2%</u>

Medical Loss Ratio (MLR)	81%
Admin Loss Ratio (ALR)	5.2%
FYTD Member Months	332,317
Avg. Member Count	66,463

CenCal Health

Tangible Net Equity (TNE)

As of November 30, 2022

Actual TNE (from the Balance Sheet)	\$ 212,022,184
Tangible Net Equity – DMHC minimum regulatory requirement	35,458,168
TNE – excess (deficiency)	\$ 176,564,016
Pct. Actual TNE of the Regulatory Minimum	598%

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

CenCal Health

Notes to the Financial Statements

As of November 30, 2022

USE OF ESTIMATES The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. CenCal Health's principal areas of estimates include reinsurance, third-party recoveries, retroactive capitation receivables, and claims incurred but not yet reported. Actual results could differ from these estimates.

REVENUE RECOGNITION Under contracts with the State of California, Medi-Cal is based on the estimated number of eligible enrollees per month, times the contracted monthly capitation rate. Revenue is recorded in the month in which eligible enrollees are entitled to health care services. Revenue projections for Medi-Cal are based on draft capitation rates issued by the DHCS effective as of January 1, 2022, as well as prior year any retroactive rate adjustments issued by the DHCS.

GASB 68 requires the health plan to record the magnitude of the unfunded pension liability. Accrued CalPERS Pension Liability is reserved on the balance sheet in the amount of (\$1,346,155) based on current estimates.

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

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

PROVIDER BULLETIN

A PUBLICATION FOR OUR
PROVIDERS FROM CENCAL HEALTH

VOL. 32 NO. 11 • NOVEMBER 2022

PROVIDER NEWS

- 2023-2025 CenCal Health Strategic Plan: Working with community partners to fulfill new Vision
- Sign-up to receive email notifications
- How is CenCal Health doing? We want to hear from you!
- Watch our Cultural Competency & Health Literacy training today!

HEALTH PROMOTION

- Developmental Screening

POPULATION HEALTH

- Blood Lead Testing of Young Children
- Coding for Social Determinants of Health (SDOH)

BEHAVIORAL & MENTAL HEALTH SERVICE REMINDERS

- Referring members for ABA services?
- Are you an ABA provider seeing a new member for services?
- Is your new member availability up to date?

CLAIMS CORNER

- The new “Claims Status Report” is now available on the Web Portal
- Reminder: Checking Member’s Eligibility
- Contacting CenCal Health Claims Representative with Claims Inquires

CALAIM INITIATIVE

- Apply for the CalAIM Incentive Payment Program (IPP) Funding today!
- Enhanced Care Management (ECM): Referrals and New Populations of Focus
- Community Supports: New Medically Tailored Meals Resources!
- Join us for the Next CalAIM Enhanced Case Management and Community Supports Provider Engagement Session

PROVIDER NEWS

2023-2025 CenCal Health Strategic Plan: Working with community partners to fulfill new Vision

CenCal Health is pleased to share our 2023-2025 Vision and Strategic Plan which prioritizes working with you, our provider partners. CenCal Health’s new Vision is:

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

Our Strategic Plan focuses on the following priorities: to cultivate community partnerships, advance quality, and health equity for all, and expand our service role and reach through the transformational and ground-breaking CalAIM program. This requires that we organize for impact and effectiveness both now and in the future. The guidance this Plan offers and the priorities it sets have been thoughtfully considered through a broad and inclusive process that extended to a wide array of stakeholders, including provider partners, community-based organizations, local stakeholders, and the members we serve.

Within CenCal Health, we are committed to achieving our Strategic Plan, recognizing that it serves as an important framework going forward. The Plan includes **objectives and the working strategies that will get us there.**

The value of a local health plan to Santa Barbara and San Luis Obispo Counties is more important than ever. As we turn our attention to the journey we collectively embark on over the next three years, we look forward to collaborating closely with you, the providers that work so tirelessly to improve the health and wellbeing of our communities.

To read CenCal Health’s full 2023-2025 Strategic Plan go to cencalhealth.org/strategicplan.

Sign-up to receive email notifications

CenCal Health shares news regularly to keep contracted providers informed about upcoming trainings, Medi-Cal updates, CenCal Health campaigns and resources, regulatory requirements, and more!

If you’re not already receiving our email publications, you can sign up for our digital news updates at cencalhealth.org/providers/provider-bulletin-newsletter/



**CenCal Health Holiday Closures:
Thursday, Nov. 24 & Friday, Nov. 25, 2022 (Thanksgiving)**



Watch our Cultural Competency & Health Literacy training today!

The CenCal Health Cultural and Linguistic (C&L) Services Program strives to provide culturally and linguistically appropriate health care and services for our members regardless of race, color, national origin, ethnic group identification, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups.

To reduce health disparities and bridge language barriers, CenCal Health covers interpreting services and written information in other formats for all Limited English Proficient (LEP), deaf or hard of hearing members, and for members with disabilities. Additionally, CenCal Health ensures that all members have access to health care providers and services in their language of choice when accessing covered services.

Under federal and state regulations, as well as CenCal Health requirements, contracted providers must adhere to the following standards:

DO:

- Offer qualified interpreters, at no cost to members.
- Document every patient's language in their medical record.
- Document in the medical record if the patient refuses an interpreter and prefers to use a family member or friend.

DO NOT:

- Require patients to bring their own interpreters.
- Suggest that patients use a friend or family member to interpret.
- Use untrained interpreters.

To further the goals of reducing health disparities and bridging language barriers, CenCal Health provides Cultural Competency and Health Literacy tools to improve provider-patient communication. We recommend you share our recent learning series on this topic with your staff. To reference CenCal Health's interpreter service resources, please visit our website at cencalhealth.org/providers/cultural-linguistic-resources/

Developmental Screening



If a child has a developmental delay, it is important to identify it early so that the child and family can receive needed intervention services and support.

For the calendar year 2021, children aged 1 in San Luis Obispo County received a developmental screening at a lower rate (12.30%) than children in Santa Barbara County (40.27%).

As healthcare providers, you play a critical role in monitoring children's growth and development and identifying problems as early as possible.

The American Academy of Pediatrics (AAP) recommends that healthcare providers:

- Monitor the child's development during regular well-child visits.
- Screen children with evidence-based screening tools, such as the ASQ-9, to identify any areas of concern that may require further evaluation at 9 months, 18 months, and 30 months.
- Ensure that more comprehensive developmental evaluations are completed if risks are identified.

You can bill CenCal Health for developmental screening using the CPT code 96110.

**Don't wait!
Keep up on developmental screenings starting today!**

Blood-Lead Testing of Young Children

Lead poisoning is one of the most common and preventable environmental diseases in children, with low-income and minority children disproportionately affected. No level of lead exposure is considered safe. The good news is that childhood lead poisoning is 100% preventable.

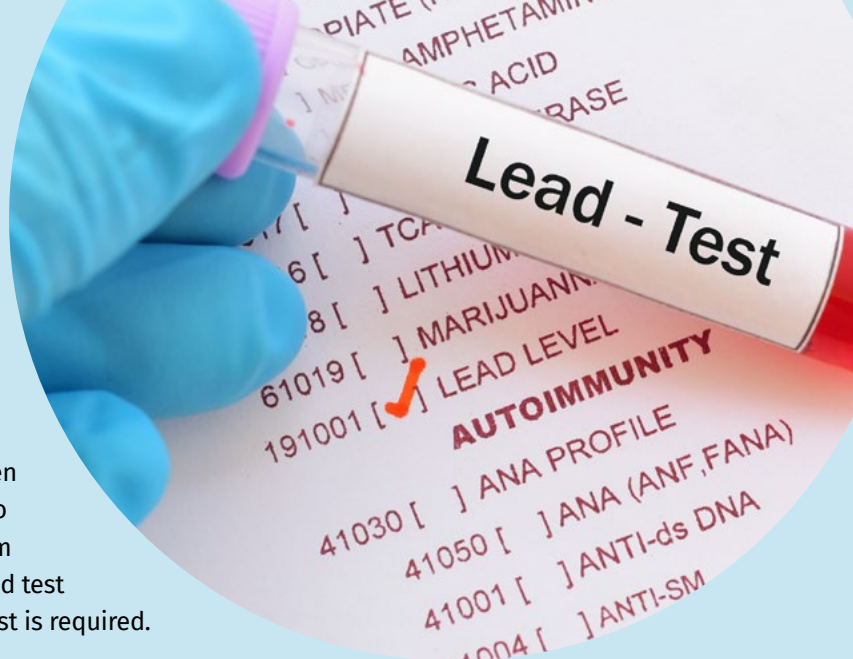
Federal and State law requires blood lead testing on all children in publicly funded programs at 12 and 24 months of age. Talk to parents about potential exposures at every well-child visit from 6 months to 6 years of age. If a child has never had a blood lead test before the age of 6 or has likely been exposed, a blood lead test is required.

Tips

- Add an alert in your EMR system or the patient's chart to test for lead exposure
- Utilize CenCal Health's "Members due for lead testing" reports available within the Gaps in Care Report located within the Provider Portal web.cencalhealth.org/Account/Login
- Offer point-of-care lead testing in your office
- Providers should bill for lead screening using CPT code 83655

As a reminder, lead testing is one of the priority measures in CenCal Health's new Quality Care Incentive Program.

For more information, you can go to cencalhealth.org/providers/care-guidelines/epsdt-services/lead-screening/ or contact CenCal Health staff at QCIP@cencalhealth.org



BEHAVIORAL & MENTAL HEALTH SERVICE REMINDERS

Behavioral & Mental Health Service Reminders

Referring members for ABA services?

When referring CenCal Health members for Behavioral Health Applied Behavior Analysis (ABA) treatment services, please ensure that you are selecting a contracted ABA provider that can meet the availability of the member you are referring for services. You can locate these details on the CenCal Health Provider Directory online at providir.cencalhealth.org.

Are you an ABA Provider seeing a new member for services?

Please ensure that you are contacting members upon receipt of new referrals and submit a Medical 50-1 TAR for the requested FBA hours prior to starting services. For additional resources go to cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/behavioral-health-treatment-aba-provider-resources/.

Is your availability for new members up to date?

Please ensure that you are keeping your availability current with CenCal Health so we can continue to coordinate care for our CenCal Health members to see you. You can locate these details on the CenCal Health Provider Directory online at providir.cencalhealth.org. Please either email CenCal Health's Behavioral Health team at BHProviderUpdates@cencalhealth.org if updates are required, or select "See a problem? Click here to let us know" next to your entry on the provider directory.

In addition to updating your availability within our provider directory, we recommend that your outgoing voicemail message indicate if you are unable to accept new CenCal Health members. By doing this, our members can quickly locate a new mental health provider that has appointment availability.

Coding for Social Determinants of Health (SDOH)

Consistent and reliable collection of SDOH data is vital to identify ways to support our members. There are several health-related social factors that can be improved through the analysis of member characteristics, health, social, and risk needs. We need your support in helping us identify health disparities, and their root causes, that are negatively impacting our members' health.

All Providers should include SDOH codes in their billing so that CenCal Health can better identify members' needs and find solutions to help them thrive and achieve optimal health.

Below is a list of priority codes as provided by DHCS today. For a comprehensive and up-to-date list, please go to: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in the past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness, or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

The new “Claims Status Report” is now available on the Provider Portal

We continue to enhance the claims section of our provider portal by making it easier and more efficient for you. The new report will provide easier resources when locating your claims status details, as well as an export feature for the report data. This new feature will replace the following reports that billers may utilize on a regular basis:

- Claim Report
- Claim Status
- Daily Claims
- Patient Profile Report

If you need assistance, please contact the CenCal Health Claims Customer Service team at (805) 562-1083. In addition, please watch our quick video tutorial which shows you how to utilize this new report online cencalhealth.org/providers/claims/ under the ‘CenCal Health Provider Portal’ tab.

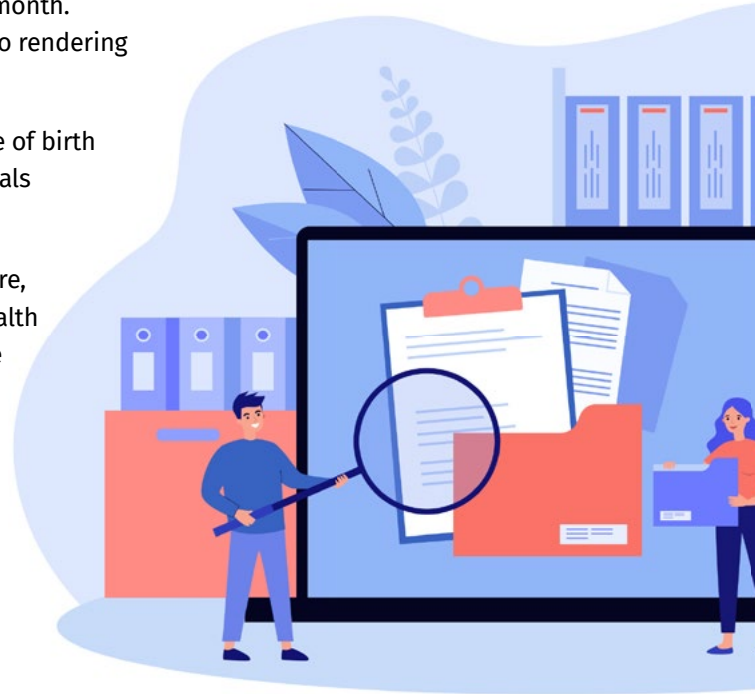
Reminder: Checking Member’s Eligibility

A CenCal Health member’s eligibility status can change from month to month. To prevent claims denials, member eligibility should be checked prior to rendering services for CenCal Health members.

When submitting claims to CenCal Health, the member’s name and date of birth must match how it appears on the eligibility record to prevent any denials or rejections.

Additionally, if the member has Other Health Coverage (OHC) or Medicare, you must bill the member’s primary insurance first and then CenCal Health as secondary, unless the CPT or HCPCS codes are listed on the Medicare or OHC Non-Covered list.

- Medicare Non-Covered Services can be found in the Medi-Cal manual section under “medi non cpt” and “medi non hcp.”
- Other Health Coverage Non-Covered Services can be found in the Medi-Cal manual section under Other Health Coverage (OHC): CPT and HCPCS Codes



Contacting CenCal Health Claims Representatives with Claims Inquiries

CenCal Health’s Claims Customer Service Representatives are available to assist with claims inquiries and any questions related to claims status.

To reach a Claims Customer Service Representative, please contact 800-421-2560 extension 1083 or send your request to cencalclaims@cencalhealth.org.

Please remember that e-mail correspondence must be sent securely or contain only the Claim Control Number (CCN) and no protected health information.

Enhanced Care Management (ECM): Referrals and New Populations of Focus

Referring Members to ECM

CenCal Health launched the CalAIM ECM benefit on July 1, 2022. The overall goal of ECM is to provide comprehensive care and achieve better health outcomes for our most vulnerable members through coordinated care management services. CenCal Health is committed to identifying and providing ECM services to all members that are eligible for the program.

Eligible members have been identified using several different internal and external data sources, such as:

- Enrollment data
- Encounter data
- Utilization data
- Social Determinants of Health data
- ECM Referrals

Providers are welcome to refer members who may benefit from ECM! ECM Referrals can also be submitted by members or their Authorized Representatives, Community and Government agencies. To submit a referral request for ECM, <https://qrc0.de/bdVy9S>, or call our Member Services Department at 1-877-814-1861. We ask that you please allow ten (10) business days to determine eligibility and assign an ECM provider for Member Outreach.

Primary Care Providers (PCP) are an integral part of the member's care coordination team and will be notified when an ECM eligible member has been enrolled in the ECM program. The notification will include name and contact information of the member's assigned ECM providers.

ECM Phase Two Populations of Focus

In addition to those already eligible for ECM services, CenCal Health expand ECM services to the following new ECM Populations of Focus (POFs) effective 1/1/2023:

- Adults living in the community who are at risk for Long Term Care and;
 - ⇒ Who meet Skilled Nursing Facility level of care or;
 - ⇒ Require lower-acuity skilled nursing such as medical and nursing services, supports and/or equipment for prevention, diagnosis, or treatment of acute illness or injury and;
 - ⇒ Have a complex social or environmental factor influencing their health and can reside continuously in the community with wraparound services

ECM provides the following care coordination support, in collaboration with member's care team:

- ⇒ Coordinate all aspects of member's care physical, behavioral, developmental, oral, vision, Long Term Services and Supports, and social needs
- ⇒ Identify and connect the member to wraparound services and supports that will ensure the member is setup to live continuously in the community
- Nursing Home residents transitioning to the community who are interested in moving out of the institution and are likely candidates to do so successfully by being able to reside continuously in the community.

ECM provides the following care coordination support, in collaboration with member's care team:

- ⇒ Provide linkage to address all needs of the member, including coordinating with local housing agencies
- ⇒ Identifying the least restrictive community housing option
- ⇒ Partner with those involve with the member, their family, and friends (as requested), legal representative (as applicable), and the interdisciplinary care team, the SNF discharge planner, PCP and any other relevant clinical, behavioral health, and social work staff
- ⇒ Assist in coordinating ongoing medical care that may be needed, and other community-based services to ensure the member will be able to transition and reside continuously in the community

If you are interested in becoming an ECM Provider or want to learn more about ECM, please call our Provider Services team at (805) 562-1676 or email ecmandcs@cencalhealth.org

Apply for CalAIM Incentive Payment Program (IPP) Funding today!

The Department of Health Care Services has made available an Incentive Payment Program (IPP) to support the development and expansion of Enhanced Care Management (ECM) and Community Supports (CS) services. CenCal Health has been awarded funding from DHCS through IPP.

CenCal Health is pleased to open the application process for IPP funding, available to current and interested ECM and CS providers! The application and more information can be found on the CenCal Health IPP website.

All funding should support the development and expansion of sustainable ECM and CS services for CenCal Health members.

Applications will be accepted on a rolling basis. Applications received before the 15th of each month will be reviewed at the following month's IPP Review Committee meeting.

Interested in learning more? Contact IPP@cencalhealth.org or go to cencalhealth.org/providers/calaim/incentive-payment-program/ and download the Incentive Payment Program Funding Application today!

Join us for the Next CalAIM Enhanced Case Management and Community Supports Provider Roundtable

Once every three weeks, CenCal Health hosts virtual roundtable discussions with our ECM and CS provider partners on topics of interest as well as CenCal Health process updates.

The next ECM and CS Provider Roundtable will focus on housing services and will be held on December 1, 2022, from 12:00-1:00 p.m.

These meetings require pre-registration to attend. Please contact CenCal Health ecmandcs@cencalhealth.org to receive registration and invitation details.

Community Supports: New Medically Tailored Meals Resources!

CenCal Health has created a Medically Tailored Meals (MTM) PCP Member Eligibility List that will make it easier for PCPs to identify members who are eligible for MTM services. MTM services provide nutritious meals tailored to members' chronic medical conditions and are delivered to their door weekly.

Your Provider Services Representatives will be visiting offices to provide PCPs with a list of eligible members and a MTM Quick Reference Guide. These resources will help you and your team identify your members who are eligible to receive this service as well as provide you support when submitting an authorization request.

For more information on MTM or to order MTM Quick Reference Guides contact the Provider Services Department at (805) 562-1676. Referral forms can be found at cencalhealth.org/~media/files/pdfs/providers/for-providers/directories-and-guides/community-supports-medically-tailored-meals-20220608.pdf?la=en, and can be faxed to (805) 681-3039.

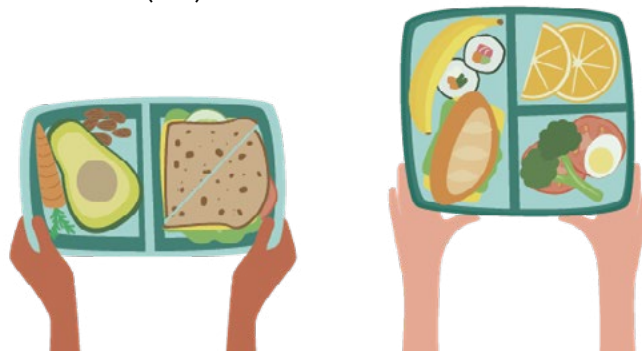
Reminder that MTM services are available for members with eligible chronic conditions in need of dietary support. A member is considered eligible if:

- They have one of more of the following diagnosis:
 - ⇒ Diabetes, with A1c9 or higher
 - ⇒ Chronic kidney disease, Stages 3 or 4
 - ⇒ Congestive heart failure, Stages C or D

And

- Have been discharged from a skilled nursing facility, had an ED visit, or inpatient stay within the last six months.

For more information, please contact the Community Supports team by phone at (805) 562-1698 or visit cencalhealth.org/providers/calaim/. Referrals for MTM can be faxed to (805) 681-3039.





November 2022 Provider Bulletin



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- Health Services (805) 562-1082
- Member Services (877) 814-1861
- Behavioral Health (805) 562-1600

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



How is CenCal Health doing? We want to hear from you!

Every year, CenCal Health conducts a Provider Satisfaction and Needs Assessment Survey. This survey measures provider satisfaction with various health plan processes and resources, the effectiveness and accessibility of the staff in each department, and satisfaction with CenCal Health overall.

Key findings and trends are closely tracked year over year, and we are committed to improve our customer service at CenCal Health. Look for details soon on our website about how to participate in this important survey and be entered to win one of several prizes for your office!



<https://qrco.de/bdVyD7>