

**AMENDMENT ELEVEN TO
MEDI-CAL PHYSICIAN SERVICES PROVIDER AGREEMENT, FEDERALLY
QUALIFIED HEALTH CENTER**

This Amendment Eleven (“Amendment Eleven”) to the Medi-Cal Physician Services Provider Agreement, Federally Qualified Health Center (“Agreement”) is made between the **Santa Barbara San Luis Obispo Regional Health Authority, dba CenCal Health** (“CenCal Health”), and **County of Santa Barbara** (it’s true legal name) (“Provider”), and is effective January 1, 2026. Any capitalized term utilized in this Amendment Eleven will have the same meaning ascribed to it in the Agreement unless the term is otherwise defined in this Amendment.

RECITALS

- A. CenCal Health and Provider entered into the Agreement effective January 1, 2012, and as subsequently amended, to provide Covered Services to CenCal Health’s Members.
- B. CenCal Health and Provider have agreed to changes to the terms in the Agreement pertaining to the Quality Care Incentive Program (“QCIP”) and wish to replace the existing “Summary of the Pay for Performance Program” terms.

NOW, THEREFORE, the parties agree as follows:

- 1. The above Recitals are true and correct.
- 2. Attachment A-3 “Summary of the Pay for Performance Program” of the Agreement is hereby deleted in its entirety and replaced by a new Attachment A-3 “Summary of the Pay for Performance Program,” which is attached hereto and incorporated by reference herein.
- 3. Except as amended by this Amendment Eleven, all other provisions of the Agreement shall remain in full force and effect.

[continued on the next page]

IN WITNESS WHEREOF, the parties have executed this Amendment Eleven by their authorized representatives.

COUNTY OF SANTA BARBARA

Signed by:

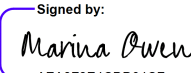
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Signature

Mouhanad Hammami
Print Name of Person Signing

Director
Title of Person Signing

12/18/2025
Date

CENCAL HEALTH

Signed by:

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Signature

Marina Owen
Print Name of Person Signing

Chief Executive Officer
Title of Person Signing

12/19/2025
Date

ATTACHMENT A-3

SUMMARY OF THE PAY FOR PERFORMANCE PROGRAM

(For Primary Care Provider or Primary Care Group)

This Attachment A-3 sets forth the terms for Provider's participation in CenCal Health's pay for performance program known as the Quality Care Incentive Program ("QCIP") for the Performance Period described below. Additional information regarding the QCIP is set forth in the 2026 Provider Manual, a copy of which has been supplied to and reviewed by Provider, and is hereby incorporated by reference. In the event of a conflict between the description of the QCIP set forth in the Provider Manual and the terms set forth within this Attachment A-3, the terms of this Attachment A-3 shall control.

All QCIP measures used to quantify Provider's performance and calculate QCIP payments encourage increased utilization of treatment, screening, and preventive health services. Therefore, Provider's participation in QCIP, and CenCal Health's QCIP payments to Provider, must not induce Provider to reduce or limit medically necessary covered services provided to Members.

Performance Period

The Performance Period for the QCIP is January 1, 2026, through December 31, 2026.

QCIP Eligibility

Provider's execution of this Amendment to participate in QCIP must maintain their Agreement for Primary Care Provider or Primary Care Group case management of Medi-Cal and/or D-SNP Members, and Provider's and CenCal Health's continuance of Agreement requires Provider's participation in QCIP.

Eligibility for a quarterly QCIP payment requires Provider to have thirty (30) or more Members in all QCIP measures combined to enable QCIP performance measurement. A Provider that has fewer than thirty (30) Members in all QCIP measure denominators combined does not qualify for QCIP payment for performance at the time of quarterly payment calculation, and will receive payment equal to the portion of their capitation withhold that they did not have opportunity to earn through QCIP.

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and non-FQHC/RHC Providers are automatically inscribed into QCIP, provided that they meet all QCIP eligibility criteria applicable to CenCal Health network primary care Providers.

QCIP Standards and Metrics

All measures within QCIP use clearly-defined, well-documented, objectively measurable and unaltered specifications adopted from nationally recognized professional organizations including but not limited to the National Committee for Quality Assurance (NCQA), other professional measure stewards like Pharmacy Quality Alliance (PQA), or the Centers for Medicare & Medicaid Services (CMS). All measures included in the QCIP and used for incentive calculations encourage increased utilization of treatment, screening, and preventive health services that improve the health status of CenCal Health Members. The QCIP includes a total of

twenty-five measures comprised of twenty-two clinical measures and three operational measures used to quantify Provider’s performance:

Measure Name	Measure Description	Measure Specification Source
Clinical Measures		
Annual Flu Vaccine	The percentage of Members 19 years of age and older who are up to date on recommended routine annual vaccines for influenza.	NCQA HEDIS
Asthma Medication Ratio	The percentage asthmatic Members who have a ratio of filled controller asthma medications to total asthma medication fills of 50% or more in the last 12 months.	NCQA HEDIS
Breast Cancer Screening	The percentage of Member (with a gender of female at any time in the Member’s history) age 40-74 who’ve received a screening mammogram in the last 24 months.	NCQA HEDIS
Cervical Cancer Screening	The percentage of Members (excludes Members assigned male at birth) age 21-64 who’ve received appropriate cervical cancer screening in the last 36 or 60 months.	NCQA HEDIS
Child and Adolescent Well-Care Visits	The percentage of children age 3-21 who have had at least one well-care visit during the last 12 months.	NCQA HEDIS
Childhood Immunization Status – Influenza	The percentage of children who have received at least 2 influenza vaccinations on or before their 2nd birthday.	NCQA HEDIS
Chlamydia Screening	The percentage of Members (excludes Members assigned male at birth) age 16-24 who are sexually active and have been screened for chlamydia in the last 12 months.	NCQA HEDIS
Colorectal Cancer Screening	The percentage of Members 45 –75 years of age who had appropriate screening using validated tests for colorectal cancer using any of the following tests: - Fecal occult blood test (FOBT) during the measurement year. - Flexible sigmoidoscopy during the measurement year or the 4 years before the measurement year. - Colonoscopy during the measurement year or the 9 years before the measurement year. - CT colonography during the measurement year or the 4 years before the measurement year. - Stool DNA (sDNA) with FIT test during the measurement year or the 2 years prior to the measurement year.	NCQA HEDIS
Developmental Screening in the First Three Years of Life	The percentage of children ages 1, 2, and 3 screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	CMS
Immunizations for Adolescents – HPV	The percentage of adolescents who have received at least 2 HPV vaccines before their 13th birthday.	NCQA HEDIS

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Kidney Health Evaluation for Patients with Diabetes	The percentage of adults 18-85 years of age with diabetes (type 1 and type 2) received an annual kidney health evaluation, including a blood test for kidney function (estimated glomerular filtration rate [eGFR]) and a urine test for kidney damage (urine albumin-creatinine ratio [uACR]).	NCQA HEDIS
Lead Screening in Children	The percentage of children who have received at least one or more capillary or venous lead blood test on or before their 2nd birthday.	NCQA HEDIS
Medication Adherence for Cholesterol (Statins)	The percentage of adults 18 years and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	PQA
Medication Adherence for Diabetes Medications	The percentage of adults 18 years and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	PQA
Medication Adherence for Hypertension (RAS antagonists)	The percentage of adults 18 years and older with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	PQA
Osteoporosis Management in Women Who Had a Fracture	The percentage of women age 67-85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.	NCQA HEDIS
Eye Exam for Patients with Diabetes	The percentage of Members 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.	NCQA HEDIS
Statin Therapy for Patients with Diabetes - Received Statin Therapy	The percentage of Members age 40-75 with diabetes who were dispensed at least one statin medication during the year.	NCQA HEDIS
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	The percentage of male Members age 21-75 and female Members 40-75 with cardiovascular disease who were dispensed at least one high or moderate intensity statin medication.	NCQA HEDIS
Topical Fluoride in Children	The percentage of children age 1–4 who received at least two fluoride varnish applications during the last 12 months.	NCQA HEDIS
Well Child Visits in the First Thirty Months of Life – Before 15 months	The percentage of children who have had 6 or more well-child visits before their 15th month of age.	NCQA HEDIS

Well Child Visits in the First Thirty Months of Life – 15 to 30 months	The percentage of children who have had 2 or more well-child visits before their 30th month of age.	NCQA HEDIS
Operational Measures		
Getting Appointments and Care Quickly	Percent of the best possible score the Provider earned on how quickly Members get appointments and care.	CAHPS (Member Survey)
Getting Needed Care	Percent of the best possible score the Provider earned on how easy it is for Members to get needed care, including care from specialists.	CAHPS (Member Survey)
Rating of Health Care Quality	Percent of the best possible score the Provider earned from Members who rated the quality of the health care they received.	CAHPS (Member Survey)

QCIP Funding

Provider's QCIP funding is "at-risk" for Provider's forfeiture and is only earned by Provider based on QCIP performance according to the QCIP measures (listed above).

QCIP "at-risk" funding corresponding to Member's with CenCal Health Medi-Cal eligibility is calculated as a percentage of Total Capitation paid to Provider for the twelve (12) months preceding each QCIP Payment Month. QCIP "at-risk" funding corresponding to Member's with CenCal Health D-SNP eligibility is calculated as a percentage of CenCal Health's monthly premium received for each Member assigned to Provider.

The total QCIP "at-risk" funding consists of the following components:

- **Provider Capitation Withhold:** The portion of "at-risk" funding contributed by the Provider, and retained by CenCal Health, is calculated as Provider's Total Capitation multiplied by the Provider's applicable Capitation Withhold Rate.
- **CenCal Health Contribution:**
 - Members Covered by Medi-Cal Line of Business: CenCal Health separately contributes to QCIP "at-risk" funding an additional amount equal to fifty percent (50%) of Provider's Total Capitation.
 - Members Covered by Dual Special Needs Plan (D-SNP) Line of Business: CenCal Health separately contributes to QCIP "at-risk" funding an additional amount computed as one-half of one percent (0.50%) of CenCal Health's monthly premium received for each eligible D-SNP Member.

Because providers serving Members covered by CenCal Health's D-SNP line of business have no capitation withhold, the "at risk" funding corresponding to D-SNP members is only contributed by CenCal Health. Twenty-five percent (25%) of total "at-risk" funding, equal to the

sum of Provider's Capitation Withhold plus the CenCal Health contribution, is retained by CenCal Health and that sum is the total potential QCIP funding available to be earned quarterly by Provider based on QCIP performance. The balance of "at-risk" funding retained by CenCal Health is available to be earned based on QCIP performance in the subsequent three QCIP quarterly payments.

QCIP Payment

QCIP performance and payment are calculated for each Provider site location to which Members are assigned for Provider's primary care case management of Members.

CenCal Health's QCIP "at-risk" funding may be earned by Provider based on the specific measures and performance terms defined herein that must be attained by the PCP to earn QCIP payment.

QCIP payment is calculated as a Provider's overall performance percentage, based on the sum of all measure numerators divided by the sum of all measure denominators for the Provider.

CenCal Health shall pay Provider based on the percentage of Provider's assigned Members for whom services were rendered and reported that met specifications to demonstrate Provider's successful outcomes for the QCIP measures listed above.

Performance is expressed as a Provider percentage, based on Provider's position among the performance stratification of all QCIP eligible Provider sites across five quintiles. The five-quintile stratification is expressed as a 5-star performance scale.

- Providers earn incentives according to the position the Provider attains within one of the five quintiles and the number of corresponding stars achieved:
 - o Quintile 5 = 5 Stars = payment of 100% of total QCIP at-risk available funding
 - o Quintile 4 = 4 Stars = payment of 80% of total QCIP at-risk available funding
 - o Quintile 3 = 3 Stars = payment of 60% of total QCIP at-risk available funding
 - o Quintile 2 = 2 Stars = payment of 40% of total QCIP at-risk available funding
 - o Quintile 1 = 1 Star = payment of 20% of total QCIP at-risk available funding
- For QCIP payment calculations, if multiple PCPs have an equal QCIP quarterly performance score, PCPs with equal scores will be included in the higher quintile and star performance category.

CenCal Health's performance measurement methodology is equally applied for all Providers, including but not limited to FQHCs and RHC Provider types. QCIP payments are not paid as an additional rate per service or visit.

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Payment Months

QCIP incentive payments will be paid quarterly, and CenCal Health will in good faith endeavor to distribute payments to Provider on or before the last day of each month in the months of January, April, July, and October.

Capitation Withhold Rate

Provider agrees to the following Capitation Withhold Rate applicable to Provider's Total Capitation for the Performance Period for each of Provider's primary care sites:

Capitation Withhold Rate

☐ 20% of Total Capitation

☐ 40% of Total Capitation