

The County of Santa Cruz
Integrated Community Health Center Commission
MEETING AGENDA

February 7, 2019 @ 11:00 am

Meeting Location: 1080 Emeline Ave., Bldg. D (DOC Conference Room, 2nd Floor), Santa Cruz, CA 95060
 1939 Harrison Street, Suite 211, Oakland, CA 94612

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda, and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. January 3, 2019 Meeting Minutes – Recommend for Approval
4. Quality Management Committee Update
5. Financial Update
6. Medi-Cal Issues
7. CEO Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Lens report -Kaiser arrival in 3-4 months	Len	3/19	
Review and Visit metrics annually, Include IBH in future reviews.	Julian		
Amy to keep updating committee on what we will be receiving for homeless funding	Amy		

Next meeting: March 7, 2019 11:00 am- 1:00 pm
 1080 Emeline Ave, Building D, DOC Conference Room, Second Floor, Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held January 3, 2019

Attendance	
Marco Martinez-Galarce	Member
Dinah Phillips	Member
Len Finocchio	Member
Pamela Hammond	Member
Amy Peeler	Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Administrative Services Manager
Mary Olivares	County of Santa Cruz, Administrative Aide
Meeting Commenced at 11:05 am and Concluded at 12:10 pm	
1. Excused/Absent:	
Excused: Christina Berberich Excused: Rahn Garcia Absent: Gustavo Mendoza	
2. Oral Communications:	
There was a brief discussion on the flu season peaking.	
3. December 6, 2018 Meeting Minutes - Action item	
Review of December 6, 2018 minutes - Recommended for Approval. Dinah motioned for the acceptance of the minutes Len moved to accept and the rest of the members present were in favor.	
4. Quality Management Committee Update	
Raquel stated she was working with IT to add a section on our web page on Quality Management, and Peer Review. This would give access to our employees to the minutes and agendas and other useful information. She stated that she has been working with our Quality Improvement Nurses from the Alliance to bring trainers in to assist our staff on coding. She also stated we are working toward our goals on our Team Based Care. Raquel stated she had met with Dr. Bishop and Dr. Porro from the Alliance and they highlighted emergency room data and will focus on the highest cost members.	
5. Financial Update	
Julian presented the FQHC patient visit metric study. He stated the study was focused on HPHP, Santa Cruz, and Watsonville Clinics FQHC qualified patient visits minus IBH. He presented data from 2016 thru 2018 on total patient visits, and month to month visits. He noted HPHP peak visit months were November, January and March 2018; Watsonville peak visits were months January, February, and March 2018; Santa Cruz peak visit months were March, April and October 2018. It was also noted that HPHP has seen a significant patient visit increase since 2016. It was recommended to review the visit metric annually and include IBH in future reviews.	
6. Medi-Cal Issues	
Pam stated that the Santa Cruz County Med-Cal 800 number is useless and expressed the issues she's experienced with the Medi-Cal services. It was also stated that it is hard to get through and talk to supervisors/managers. She stated that the staff is great but they are over loaded with work. Amy will convey these frustrations to the Human Services Department.	
7. CEO update	
Amy stated we received notice last month that Service Area Competition status came back and we have been renewed as a FQHC Clinic for another 3 years. She also stated we receive about 2.5 million dollars in support from HRSA. Amy passed out information on the Public Charge Rule and a discussion ensued with the commissioners. Amy stated we would learn more about this as 2019 progresses. We will not be asking our patients about immigration status. There was discussion on the dignity merger and the homeless funding. It is unknown how much money will be coming to our community. Amy will keep updating on what we will be receiving.	
Action items:	
1. Len's report -Kaiser arrival in 3-4 months	
2. Review and visit metrics annually, Include IBH in future reviews.	
3. Amy to keep updating committee on what we will be receiving for homeless funding	

Next Meeting: February 7th, 2019 11:00 am -1:00 pm
1080 Emeline, Santa Cruz, CA

Minutes approved _____ / /
(Signature of Board Chair or Co-Chair) (Date)

Santa Cruz County Health Services Agency Clinics

Fiscal Presentation

Data through

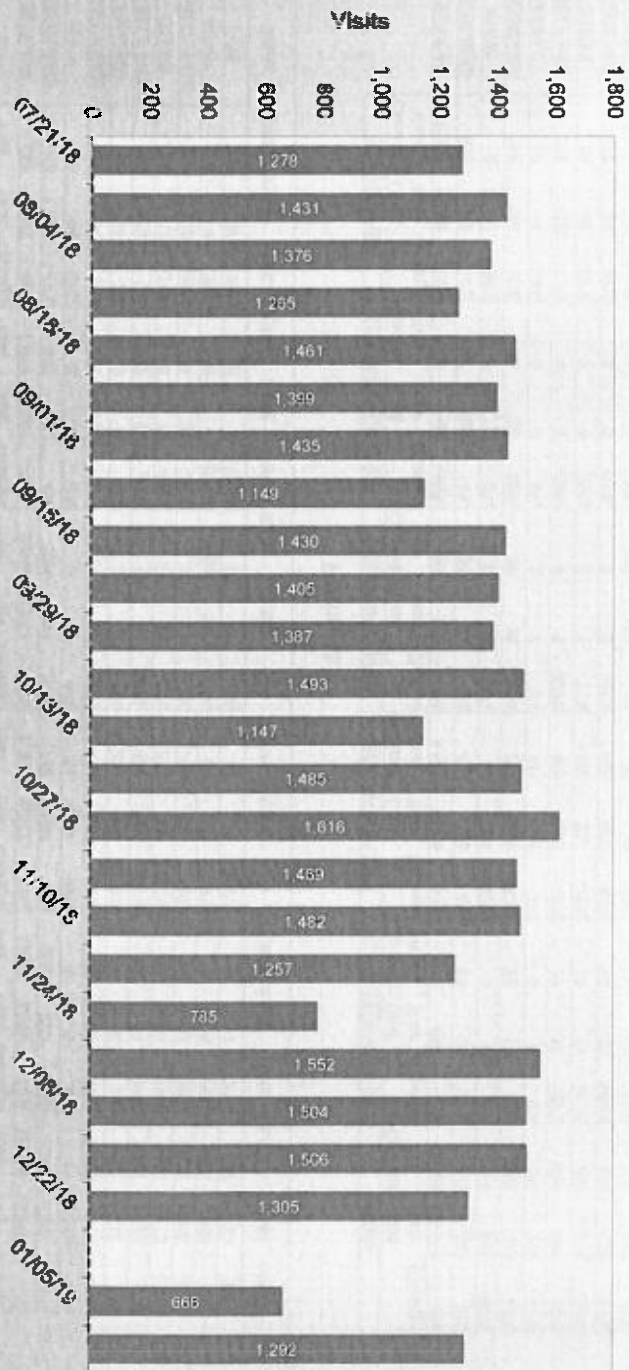
Through December 31st 2018

County of Santa Cruz (HSA)
 FY 18/19 (AID) CLINIC(AID)
 As of 12-31-18

Row Labels	Sum of Budget	Sum of Actual	Sum of Estimated Actual	Sum of EA Var to Bud	Percentage at 50% of FY
REVENUE	(40,462,503)	(11,986,905)	(40,462,146)	(456.90)	30%
+ CLINIC ADMINISTRATION	(2,233,642)	(700,390)	(2,233,642)	0.00	31%
+ CORAL STREET CLINIC (HHP)	(3,135,484)	(1,032,560)	(3,135,484)	0.00	33%
+ EMELINE CLINIC	(9,213,273)	(1,871,237)	(9,213,042)	(230.90)	20%
+ MENTAL HEALTH FQHC	(15,084,042)	(3,894,700)	(15,084,042)	0.00	26%
+ WATSONVILLE CLINIC	(8,596,162)	(3,467,122)	(8,595,936)	(226.00)	40%
+ WATSONVILLE DENTAL	(2,200,000)	(1,020,896)	(2,200,000)	0.00	46%
= EXPENDITURE	42,015,744	12,741,208	39,645,732	2,370,011.98	30%
+ CLINIC ADMINISTRATION	5,710,284	1,344,764	5,563,109	147,174.80	24%
+ CORAL STREET CLINIC (HHP)	4,346,695	1,758,947	3,922,842	423,852.66	40%
+ EMELINE CLINIC	8,939,105	3,285,165	7,373,385	1,565,719.54	37%
+ FORENSIC SERVICES	0	77,134	(14,938)	14,937.69	
+ MENTAL HEALTH FQHC	13,984,042	2,800,066	14,000,163	(16,120.96)	20%
+ WATSONVILLE CLINIC	7,435,618	3,212,356	6,761,170	674,448.25	43%
+ WATSONVILLE DENTAL	1,600,000	262,775	2,040,000	(440,000.00)	16%
Grand Total	1,553,141	754,303	(816,414)	2,369,555.08	49%

*We are currently utilizing \$798,838 less of the budgeted
 NCC

Visit Volume: Weekly total of all arrived or completed appointments.



Visit Metrics



FQHC-Defined Visits and Patients Report
 (Includes Open Charts and CRWQ)
 Compare Current Year Period to Same Period Last Year

Visits

Current Fiscal Year to Date
 07/01/2018 - 12/31/2018

SCZ SC CLINIC includes SCZ SC ORTHO CLINIC
 SCZ WANTS CLINIC includes SCZ WANTS HRC CLINIC

	SCZ SC CLINIC	SCZ SANTA CRUZ BR	SCZ HARP CLINIC	SCZ WANTS CLINIC	SCZ WENTWORTHVILLE BR	Totals									
	Current Year	Current Year	Current Year	Current Year	Current Year	Current Year									
BEHAVIORAL	4107	4103	1714	2281	1822	1887	22								
BEHAVIORAL	1216	1202	513	822	472	525	41								
CHRP	3	84	0	0	0	0	0								
MENTAL CARE	203	207	174	192	323	331	78								
PSYCHIATRY	13	14	0	0	63	2	2								
SELF-PAY	151	172	22	15	473	4	1								
OTHER	49	82	5	10	433	11	11								
PHYSICIAN	125	188	13	28	333	1	3								
HARP	5	4	0	1	607	422	387								
FEES	33	24	0	2	1607	0	0								
Totals	6018	7037	-15%	2784	3083	-9%	2748	2538	7%	1421	2123	-33%	25141	26783	-6%

Patients

	SCZ SC CLINIC	SCZ SANTA CRUZ BR	SCZ HARP CLINIC	SCZ WANTS CLINIC	SCZ WENTWORTHVILLE BR	Totals												
	Current Year	Current Year	Current Year	Current Year	Current Year	Current Year												
BEHAVIORAL	1031	2189	-10%	421	438	-28%	401	373	8%	3206	3384	-4%	312	331	12%	5449	5630	-3%
BEHAVIORAL	55	52	1%	107	103	4%	95	83	2%	735	726	1%	13	13	0%	1279	1240	3%
CHRP	3	62	-85%	0	0	0%	0	0	0%	45	88	-49%	0	0	0%	48	917	-95%
MENTAL CARE	159	153	10%	36	26	39%	30	23	23%	217	166	32%	25	17	47%	326	301	23%
PSYCHIATRY	13	14	-2%	0	0	0%	2	2	0%	181	158	32%	0	0	0%	183	188	-1%
SELF-PAY	113	137	-11%	4	8	-50%	4	1	300%	594	533	-6%	22	17	25%	617	689	-11%
OTHER	32	46	-32%	3	6	-47%	2	7	-71%	185	233	-21%	10	17	-41%	234	284	-20%
PHYSICIAN	73	13	10%	5	6	-17%	1	3	-67%	423	470	-10%	12	20	-40%	433	525	-19%
HARP	5	2	100%	1	1	0%	159	178	-7%	35	59	-40%	2	2	0%	231	217	8%
FEES	13	11	18%	0	1	-100%	0	0	0%	11	3	237%	0	1	-100%	22	19	17%
Totals	2929	3235	-9%	579	649	-11%	710	693	6%	6233	6637	-7%	531	481	10%	9196	9916	-8%

Total Unique Patients: 2463 3127 -6% 563 639 -11% 633 635 3% 5972 5975 0% 525 475 10% 9129 8383 9%

*Patients can be duplicated between payer groups

FQHC-Defined Visits and Patients Report
(Includes Open Charts and CRWA)
Compare Current Year Period to Same Period Last Year

Visits

Current Month
12/01/2018 - 12/31/2018

SCZ SC CLINIC includes SCZ SC ORTHO CLINIC
 SCZ WANTS CLINIC includes SCZ WANTS HBC CLINIC

	SCZ SC CLINIC		SCZ SANTA CRUZISH		SCZ HRP CLINIC		SCZ WANTS CLINIC		SCZ WANTS/ORTHOP		Totals	
	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change
REACOM	603	733 -23%	287	305 -6%	244	283 -15%	1,104	1,070 3%	229	267 -14%	2,467	2,072 47%
REARREN	143	205 -30%	80	91 -12%	88	77 14%	230	226 1%	43	26 64%	630	630 0%
CHOP	1	9 -89%	0	0 0%	0	0 0%	4	120 -97%	0	0 0%	5	130 -96%
REORGARE	51	45 13%	35	21 67%	21	24 -13%	88	48 83%	10	16 38%	148	148 0%
PARAFACT	0	3 -100%	0	0 0%	1	0 0%	37	38 3%	0	0 0%	38	38 0%
SELF PAV	27	10 67%	3	3 0%	1	0 0%	135	137 -1%	7	15 46%	173	172 1%
OTHER	7	11 -37%	1	2 -50%	3	2 50%	44	83 -47%	4	7 -43%	60	78 21%
REARRRUIZ	17	25 -32%	1	2 -50%	0	2 -100%	107	133 -20%	3	9 -67%	123	170 -29%
HRP	1	1 0%	1	0 0%	61	63 3%	14	14 0%	2	0 0%	78	71 11%
FELS	3	1 200%	0	0 0%	0	0 0%	2	1 100%	0	1 -100%	5	3 67%
Totals	619	1,691 -21%	427	474 -10%	409	444 -9%	1,765	1,846 -4%	250	325 -23%	3,718	4,160 -10%

Patients

	SCZ SC CLINIC		SCZ SANTA CRUZISH		SCZ HRP CLINIC		SCZ WANTS CLINIC		SCZ WANTS/ORTHOP		Totals	
	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change	Current Year	Last Year Change
REACOM	413	631 -35%	103	220 -54%	109	140 -21%	604	637 -6%	103	103 0%	1,829	1,888 -3%
REARREN	135	182 -26%	85	85 0%	32	40 -20%	163	161 2%	23	22 5%	407	447 -9%
CHOP	1	9 -89%	0	0 0%	0	0 0%	4	120 -97%	0	0 0%	5	130 -96%
REORGARE	49	43 14%	23	13 83%	15	11 37%	76	48 60%	8	7 14%	169	112 50%
PARAFACT	0	3 -100%	0	0 0%	1	0 0%	32	34 -6%	0	0 0%	32	37 -13%
SELF PAV	25	18 30%	2	2 0%	1	0 0%	115	134 -14%	4	0 40%	140	161 -13%
OTHER	8	18 -56%	1	2 -50%	1	2 -50%	35	40 -13%	4	4 0%	44	61 -28%
REARRRUIZ	17	25 -32%	1	2 -50%	0	2 -100%	101	115 -12%	3	8 -63%	110	150 -27%
HRP	1	1 0%	1	0 0%	44	47 -6%	11	11 0%	2	0 0%	66	69 -4%
FELS	3	1 200%	0	0 0%	0	0 0%	2	1 100%	0	1 -100%	6	2 200%
Totals	725	991 -26%	210	295 -29%	263	260 1%	1,556	1,648 -6%	287	214 33%	2,763	3,041 -9%

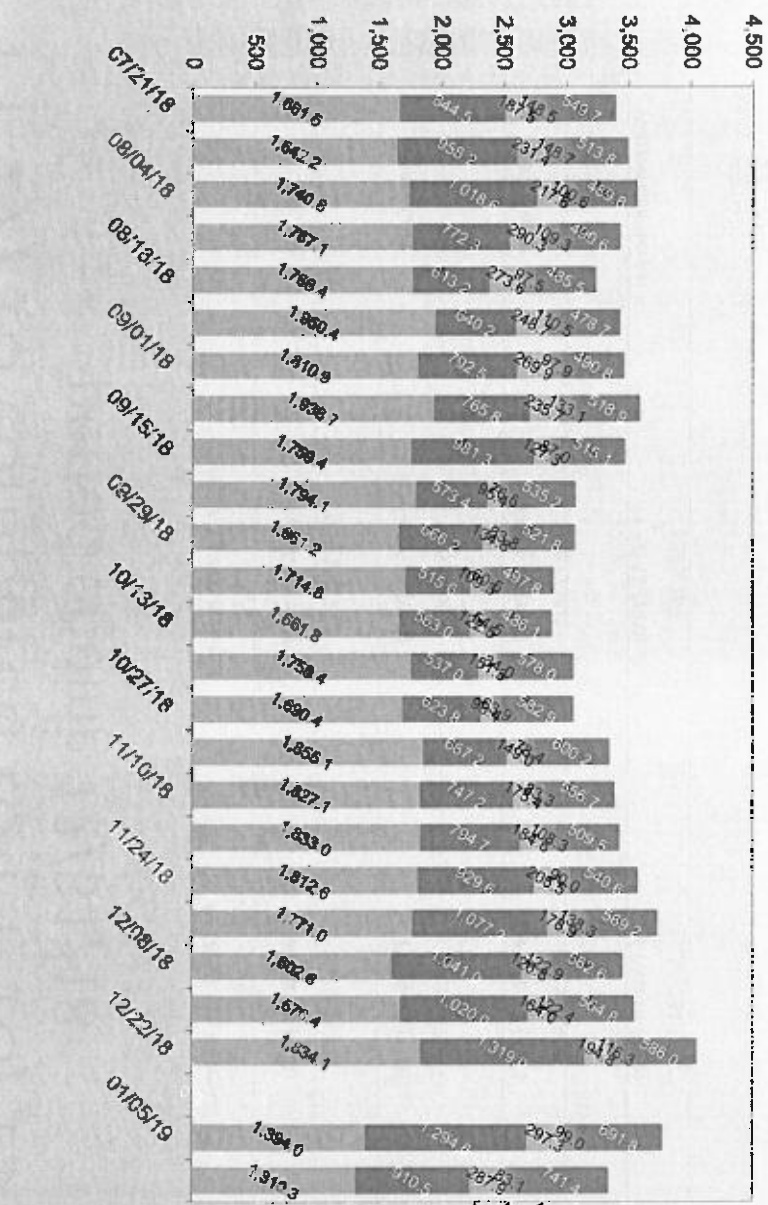
Total Unique Patients: 725 -21% 210 205 -5% 263 260 1% 1,540 1,620 -6% 287 213 35% 2,739 2,880 -5%

*Patients can be duplicated between payer groups

Accounts Receivable

Unit	This Week	Last Week	% Change	13 Week Ave	% Variance	
AR	Days	#N/A	#N/A	#N/A	#N/A	
	Dollars (K)	\$3,340.8	\$3,776.2	-11.53%	#N/A	#N/A
Pre-AR (Charge Review)	Days	3.3	11.3	-70.5%	#N/A	#N/A
	Dollars (K)	\$140.4	\$475.9	-70.5%	\$245.5	-42.8%
Aging over 120 Days	Dollars (K)	\$741.4	\$691.8	7.2%	\$544.9	36.1%
	Percent	22.19%	18%	21.1%	16%	36.1%

Total Aging Dollars (K)



■ Over 120
 ■ 91-120
 ■ 61-90
 ■ 31-60
 ■ 0-30

\$1,112,400
 \$910,500
 \$1,318,300

Total Outstanding
 Charges = \$3,341,200

FY 17/18 compared to FY 18/19 YTD period ending 12/31/18

	FY 17/18 YTD Revenue	FY 18/19 YTD Revenue	Percent Change
All	FY 17-18 (YTD) \$12,150,299	FY 18-19 (YTD) \$12,826,582	5.6%
Santa Cruz	FY 17-18 (YTD) \$2,537,003	FY 18-19 (YTD) \$2,304,730	-9.2%
Watsonville	FY 17-18 (YTD) \$3,572,994	FY 18-19 (YTD) \$3,999,416	11.90%
Watsonville Dental	FY 17-18 (YTD) \$925,762	FY 18-19 (YTD) \$1,234,524	33%
Coral Street	FY 17-18 (YTD) \$731,206	FY 18-19 (YTD) \$884,669	21%
IBH	FY 17-18 (YTD) \$1,540,851	FY 18-19 (YTD) \$1,705,871	10.7%

FY 17/18 Actual Revenue vs. FY 18/19 Projected Revenue

	FY 17/18 Actual year End Revenue	FY 18/19 Projected Revenue	Percent Change
All	FY 17-18 \$27,631,518	FY 18-19 (Projected) \$25,808,952	-6.6%
Santa Cruz	FY 17-18 \$5,240,163	FY 18-19 (Projected) \$4,637,451	-11.5%
Watsonville	FY 17-18 \$8,237,251	FY 18-19 (Projected) \$8,047,408	-2.3%
Watsonville Dental	FY 17-18 \$2,112,549	FY 18-19 (Projected) \$2,484,042	17.6%
Coral Street	FY 17-18 \$1,793,626	FY 18-19 (Projected) \$1,780,082	-0.75%
IBH	FY 17-18 \$5,105,999	FY 18-19 (Projected) \$4,331,177	-15.2%

*Projected Charges = Net Charges/Work Days * Total Work Days (248.5)

Clinics Division Vacancies

- Total Budgeted FTE FY 18/19 is 153.45
- Total Vacant Positions are 22.8 FTEs (14.8% vacancy rate)
- Total Vacant Clinical Positions are 10.4 FTEs

Impacts

- Adding an additional dental chair = estimated additional revenue \$500,000
- Construction Projects projected to complete by end of March
- Working on QI projects to increase Clinical per day patient average
- Working on QI projects to increase efficiency by using teaming approach
- Working on QI projects to decrease wait times
- Average overall 10%-15% vacancy rate

Impacts

- IBH will be a Clinics Division program starting FY 19/20 and Clinic will be able to keep all IBH revenue
- Working on adding a Saturday Clinic in Watsonville = \$247,602 (estimate) additional revenue
- Requesting to add Billing Office capacity to increase billing efficiency
- Looking to add structure to overall leadership for Clinic Physicians, Nurses, and Medical Assistants

Impacts

- Looking to fill vacant Clinic Physician/PA/NP positions = add estimated between \$800,000 and \$1,114,207 in revenue per position
- IBH has clinical positions to fill = add estimated \$412,912 of revenue per position

Data References

- Epic Revenue Management Report
- County of Santa Cruz Projection Report (Epic data)
- FQHC Defined Visits Report

Phase I - Empanelment

PROBLEM STATEMENT

The clinic team’s ability to provide patient-centered, team-based care is limited by inefficiencies in clinic operations, inadequate standardization of processes, variation in staff members’ skill sets, and individuals not working at the top of their skill set/certification/licensure, among other issues. As a result, providers report that a lack of cohesion in the work environment leaves them feeling overburdened. These factors have the potential to impact staff performance and result in decreased quality of care provided to patients.

EXPECTED OUTCOMES / SMART GOALS

- Review pre-empanelment report by 02/20/2019
- Determine appropriate panel size by 03/27/2019
- Develop empanelment workflow and working instructions by 05/01/2019
- Develop plan for addressing unassigned patients by 05/01/2019
- All patients on PCP Exception Report assigned to a PCP in Epic by 05/01/2019

IMPORTANCE / BENEFITS

A body of research demonstrates that well-implemented team-based care has the potential to improve the comprehensiveness, coordination, efficiency, effectiveness, and value of care, as well as the satisfaction of patients and providers (AHRQ, 2016). While the transition to this model of care presents challenges for providers, clinic staff, and patients, application of existing frameworks and evidence-based resources can guide practices toward achieving high-functioning primary care teams. Empanelment, which is essential to implementing team-based care, has many benefits, including that it provides a way to balance the demand for services with the capacity to provide them; provides a systematic way to allow patients to see their own PCP; and serves as the foundation for population health management, among others.

SCOPE

In Scope:

- Define patient status types

Out of Scope:

- Panel management
- Develop empanelment policy

PROJECT TEAM

Team Member	Project Role (<i>sponsor, lead, SME, coordinator, etc.</i>)
Raquel Ruiz	Sponsor
Jessica McElveny	Team Lead/SME
Sharon Polak	SME
Eugene Santillano	Provider Champion
Caroline Colvin	SME
Ana Guerrero	Registration

RISKS/BARRIERS

What are the major challenges you anticipate? IT? Attitudes? Behaviors? Culture? Time? And what is your plan to minimize these risks/barriers?

- *Resistance to change
- Staff workloads
- Staff wanting to do bare minimum required
- Scheduling activities
- Consistency with contracts/scopes of practice
- Change fatigue

Phase I – Culture Shift

PROBLEM STATEMENT

The clinic team’s ability to provide patient-centered, team-based care is limited by inefficiencies in clinic operations, inadequate standardization of processes, variation in staff members’ skill sets, and individuals not working at the top of their skill set/certification/licensure, among other issues. As a result, providers report that a lack of cohesion in the work environment leaves them feeling overburdened. These factors have the potential to impact staff performance and result in decreased quality of care provided to patients.

EXPECTED OUTCOMES / SMART GOALS

- Develop team-based care messaging by 02/13/2019
- Introduce team-based care concepts to clinicians and staff by 02/20/2019
- Develop team-based care communication plan by 03/27/2019
- Complete roll-out of messaging to clinicians and staff about transition to care teams by 04/17/2019

IMPORTANCE / BENEFITS

A body of research demonstrates that well-implemented team-based care has the potential to improve the comprehensiveness, coordination, efficiency, effectiveness, and value of care, as well as the satisfaction of patients and providers (AHRQ, 2016). While the transition to this model of care presents challenges for providers, clinic staff, and patients, application of existing frameworks and evidence-based resources can guide practices toward achieving high-functioning primary care teams. By involving change champions, developing a shared vision and set of goals, and making other recommended steps toward a “share the care” model, clinics are better positioned to provide high-quality and timely acute, preventive, and chronic care services.

SCOPE

In Scope:	Out of Scope:
<ul style="list-style-type: none"> - Communication plan includes communications to staff and patients - Confirm how leadership will demonstrate engagement and support - Initiate development of communication materials - IBH 	<ul style="list-style-type: none"> - Role definition (Phase III) - Direct communication with patients (Phase III) - Ortho, acupuncture, lab, x-ray

PROJECT TEAM

Team Member	Project Role (<i>sponsor, lead, SME, coordinator, etc.</i>)
Raquel Ruiz	Sponsor
David Pheng	Team Lead
Jessica McElveny	SME
Penelope Brooks	Provider Champion
Eugene Santillano	Provider Champion
Catherine Henderson	Nurse Champion
Rosie Salvador	Medical Assistant
Ana Guerrero	Registration Staff
Naomi and Jeanene	Coaches

RISKS/BARRIERS

- *Resistance to change
- Staff workloads
- Scheduling activities
- Consistency with contracts/scopes of practice
- Change fatigue

REDUCE YOUR LOANS BY WORKING FOR SANTA CRUZ COUNTY CLINICS

The County of Santa Cruz Clinic Services Division is a National Health Service Corps Loan Repayment Program (NHSC LRP) Site and we are looking for healthcare providers to join our clinics. If eligible, healthcare providers can receive up to \$75,000 in loan repayment funds.

YOU QUALIFY FOR THE NHSC LRP IF YOU ARE:

- A United States citizen (U.S. born or naturalized) or United States national;
- A provider (or be eligible to participate as a provider) in the Medicare, Medicaid and the State Children's Health Insurance Program, as appropriate;
- Fully trained and licensed to practice in the NHSC-eligible primary care medical, dental or mental/behavioral health discipline and state in which you are applying to serve; and
- A health professional in an eligible discipline with qualified student loan debt for education that led to your degree.

YOU QUALIFY FOR NURSE CORPS LRP IF YOU:

- Are a licensed registered nurse; an advanced practice registered nurse, or a faculty nurse member with qualifying nursing debt.
- Received for your nursing education from an accredited school of nursing located in a U.S. state or territory.

LOAN REPAYMENT PROGRAM INFORMATION:

- <https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program.html>
- <https://nhsc.hrsa.gov/loan-repayment/nhsc-sud-workforce-loan-repayment-program.html#how-to-apply>
- <https://bhw.hrsa.gov/loansscholarships/nursecorps/lrp>



SC COUNTY CLINICS ARE APPROVED SITES FOR THE FOLLOWING PROGRAMS:

- NHSC Loan Repayment Program - up to \$50,000
- NHSC SUD Workforce Loan Repayment Program - up to \$75,000
- Nurse Corps - up to 60% of unpaid student loans

WORK SITES:

- Emeline Health Center
- Homeless Persons' Health Project
- Watsonville Health Center

WANT TO WORK WITH US ? CONTACT:

Amy Peeler, MPH
Chief of Clinic Services
Amy.Peeler@
SantaCruzCounty.us
831-454-4764



DEPARTMENT OF HUMAN SERVICES PHONE CUSTOMER SERVICE CENTER NEW HOURS OF OPERATION



To better support customers, the Santa Cruz County Department of Human Services Phone Customer Service Center is changing its hours of operation. Starting Friday, February 1st, 2019, The Phone Customer Service Center will be open from 7:30 am to 5:00 pm, Monday through Friday. Walk-in hours remain the same, 8:00 am to 5:00 pm, Monday through Friday. The number to call for benefit assistance is: (888)421-8080.

