



AGENDA

Executive Committee

April 3rd, 2024

12:00 PM

512 W. Aten Rd.

Imperial, CA 92251

All supporting documentation is available for public review at <https://chpiv.org>

| Committee Members | Representing | Present |
|---------------------------|--|---------|
| Lee Hindman | LHA Chairperson – Joint Chambers of Commerce Nominee | |
| Yvonne Bell | LHA Vice-Chair & Finance Committee Vice-Chair – CEO, Inncare | |
| Dr. Carlos Ramirez | Finance Committee Chair – CEO/Consultant DCRC | |
| Dr. Unnati Sampat | LHA Commissioner – Imperial Valley Medical Society | |
| Dr. Allan Wu | LHA Commissioner – Inncare | |

1. CALL TO ORDER

Lee Hindman, Chair

A. Roll Call

Donna Ponce, Commission Clerk

B. Approval of Agenda

1. Items to be pulled or added from the Information/Action/Closed Session Calendar
2. Approval of the order of the agenda

2. PUBLIC COMMENT

Lee Hindman, Chair

Public Comment is limited to items NOT listed on the agenda. This is an opportunity for members of the public to address the Commission on any matter within the Commission’s jurisdiction. Any action taken as a result of public comment shall be limited to the direction of staff. When addressing the Commission, state your name for the record prior to providing your comments. Please address the Commission as a whole, through the Chairperson. Individuals will be given three (3) minutes to address the board.

3. CONSENT CALENDAR

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

A. Approval of Minutes from 3/6/2024



Larry Lewis, CEO

4. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 01/2024)

- A. Update/Action on Contract with Health Net Community Solutions, Inc.
- B. Draft Bylaws Update-General Counsel Report (*Bill Smerdon, Legal Counsel*)
- C. Employee Benefits

5. ACTION CALENDAR

- A. Report on actions taken in closed session.
- B. Motion to recommend to the full Committee approval of the financial reports as presented. (*Mark A. Southworth, CFO*)
 1. Revenue & Expenses – February 29, 2024
 2. Statement of Financial Position – February 29, 2024
 3. Cash Transactions – February 29, 2024

6. INFORMATION

- A. Health Services Report (*Dr. Gordon Arakawa, CMO*)
 1. Meetings
 2. NCQA Accreditation
 3. Health Services Monitoring/Auditing Meetings
- B. Financial Services Report (*Mark Southworth, CFO*)
 1. Finance Issues Dashboard
- C. Compliance Report (*Elysse Tarabola, CCO*)
 1. Compliance Training
 2. Updated and New Policies and Procedures (P&Ps)
 3. Go-Live Issues
 4. Pre-Delegation Audit
 5. Regulatory Compliance Oversight Committee (RCOC) of the Commission



- D. Human Resources and Community Relations Report (*Michelle S. Ortiz-Trujillo, HRCR*)
 - 1. Human Resources
 - 2. Member Services
 - 3. Community Relations

- E. CEO Report (*Larry Lewis, CEO*)
 - 1. Facility Update

- F. Other new or old business (*Lee Hindman, Chair*)

- G. Commissioner Remarks (*Lee Hindman, Chair*)

Adjournment

Next Meeting: May 1, 2024



MINUTES

Executive Committee

March 6th, 2024

12:00 PM

512 W. Aten Rd.

Imperial, CA 92251

All supporting documentation is available for public review at <https://chpiv.org>

| Committee Members | Representing | Present |
|---------------------------|--|---------|
| Lee Hindman | LHA Chairperson – Joint Chambers of Commerce Nominee | ✓ |
| Yvonne Bell | LHA Vice-Chair & Finance Committee Vice-Chair – CEO, Innercare | ✓ |
| Dr. Carlos Ramirez | Finance Committee Chair – CEO/Consultant DCRC | ✓ |
| Dr. Unnati Sampat | LHA Commissioner – Imperial Valley Medical Society | ✓ |
| Dr. Allan Wu | LHA Commissioner – Innercare | ✓ R |

I. CALL TO ORDER

Lee Hindman, Chair

Meeting called to order at 12:01 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

Roll call taken and quorum confirmed. Attendance is as shown.

B. Approval of Agenda

1. Items to be pulled or added from the Information/Action/Closed Session Calendar
2. Approval of the order of the agenda

(Ramirez/Sampat) To approve the agenda. Motion carried.

II. PUBLIC COMMENT

Lee Hindman, Chair

Public Comment is limited to items NOT listed on the agenda. This is an opportunity for members of the public to address the Commission on any matter within the Commission’s jurisdiction. Any action taken as a result of public comment shall be limited to the direction of staff. When addressing the Commission, state your name for the record prior to providing your comments. Please address the Commission as a whole, through the Chairperson. Individuals will be given three (3) minutes to address the board.

None.

III. CONSENT CALENDAR

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.



A. Approval of Minutes from 2/7/2024

(Ramirez/Sampat) To approve the Consent Calendar. Motion carried.

IV. CLOSED SESSION

Larry Lewis, CEO

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 01/2024)

A. Update/Action on Contract with Health Net Community Solutions, Inc.

B. Employee Benefits

V. ACTION CALENDAR

A. Report on actions taken in closed session.

No action taken.

B. Motion to recommend to the full Committee approval of the financial reports as presented.

(Mark A. Southworth, CFO)

(Ramirez/Bell) To accept the financial reports as recommended by the Finance Committee. Motion carried.

1. Revenue & Expenses – January 31, 2024

2. Statement of Financial Position – January 31, 2024

3. Cash Transactions – January 31, 2024

VI. INFORMATION

A. Health Services Report *(Larry Lewis, CEO for Dr. Gordon Arakawa, CMO)*

Chief Executive Officer (CEO), Larry Lewis updated the commission on the following:

- *Meetings*
- *NCQA Accreditation*
- *Health Services Monitoring/Auditing Meetings*

B. Financial Services Report *(Mark Southworth, CFO)*

Chief Financial Officer (CFO) Mark Southworth updated the commission on the following:

- *Finance Issues Dashboard*



- C. Compliance Report (*Chelsea Hardy, SDC for Elysse Tarabola, CCO*)
Senior Director of Compliance (SDC) Chelsea Hardy updated the commission on the following:
- *Compliance Training*
 - *Pre-Delegation Audit Update*
 - *DHCS Transition Monitoring*
 - *Go-Live Issues Update*
- D. Human Resources and Community Relations Report (*Michelle S. Ortiz-Trujillo, HRCR*)
Senior Director of Human Resources and Community Relations, (SDHRCR), Michelle S. Ortiz-Trujillo updated the commission on the following:
- *Human Resources*
 - *Member Services*
 - *Community Relations*
 - *Events to Participate in this year*
- E. CEO Report (*Larry Lewis, CEO*)
CEO, Larry Lewis updated the Commission on the following:
- *Landscape bids for CHPIV facility*
 - *Enhanced security for CHPIV facility*
 - *New thermostat installation*
 - *Updates on bylaws*
- F. Other new or old business (*Lee Hindman, Chair*)
Commissioner Sampat announced that she will be traveling to Washington D.C. May 14-15, 2024 as she was selected to represent Region 3 of California as a Physician Leader by the American College of Physicians (ACP). She asked the commission to suggest State Representatives to look out for. Commissioner Bell offered to reach out to Congressman Raul Ruiz in hopes that he and Commissioner Sampat have a chance to meet.
- G. Commissioner Remarks (*Lee Hindman, Chair*)
None.

Adjournment

Meeting adjourned at 1:13 p.m.

IMPERIAL COUNTY LOCAL HEALTH AUTHORITY
dba Community Health Plan of Imperial Valley
Year to Date P&L Variance
1/1/2024 to 2/29/2024

| | January | February | January | February | January | February | Year To Date | |
|--|-------------------|-------------------|-------------------|-------------------|------------------|-----------------|------------------|---|
| | Forecast | Forecast | Actual | Actual | Variance | Variance | Variance | Explanation |
| REVENUE | | | | | | | | |
| HN Settlements | 135,000 | - | - | 134,859 | (135,000) | 134,859 | (142) | We will be moving this back to 2023 |
| Premium | 22,249,362 | 22,249,362 | 22,249,361 | 22,249,361 | -1 | -1 | (1) | |
| Pass-Through | 883,592 | 883,592 | 883,592 | 883,592 | 0 | 0 | 1 | |
| Interest Income | 43,600 | 43,600 | 44,660 | 32,258 | 1,060 | (11,342) | (10,282) | Chase sweep issue affected February and March |
| TOTAL REVENUE | 23,311,553 | 23,176,553 | 23,177,613 | 23,300,070 | (133,941) | 123,517 | (10,424) | |
| HEALTH CARE COSTS | 22,465,472 | 22,465,472 | 22,465,472 | 22,465,472 | (0) | (0) | (1) | |
| Gross Margin | 846,081 | 711,081 | 712,141 | 834,598 | (133,940) | 123,517 | (10,423) | |
| ADMINISTRATIVE EXPENSE | | | | | | | | |
| Salaries | 206,532 | 213,677 | 169,446 | 215,892 | (37,085) | 2,214 | (34,871) | |
| Benefits and Bonus | 67,694 | 69,959 | 26,607 | 40,285 | (41,086) | (29,673) | (70,760) | 403(b) Profit Share not yet in place |
| Total Labor Costs | 274,225 | 283,636 | 196,053 | 256,177 | (78,172) | (27,459) | (105,631) | Will be made whole in later months |
| Consulting, Audit, Legal, other Prof | 10,508 | 10,508 | 6,373 | 57,589 | (4,135) | 47,081 | 42,946 | Audit cost total, was spread in budget |
| Office Occupancy | 14,606 | 14,606 | 12,529 | 19,039 | (2,077) | 4,433 | 2,357 | |
| Other Misc Admin | 27,476 | 21,976 | 3,702 | 39,880 | (23,774) | 17,904 | (5,870) | |
| Total Administrative Exense | 326,816 | 330,727 | 218,658 | 372,686 | (108,158) | 41,959 | (66,199) | |
| Non-Operating | - | - | - | - | - | - | - | |
| Excess Revenues from Operations | 519,265 | 380,354 | 484,460 | 461,912 | (34,805) | 81,558 | 46,753 | |

**Community Health Plan of Imperial Valley
Cash Reconciliation - February 2024**

Chase Bank - Checking Account #3723

| | | | |
|--------------------------------|----|----------------------|-----|
| Bank Balance - December 2023 | \$ | 27,378,012.18 | |
| Add: Deposits in Transit | | 0.00 | |
| Less: Outstanding Transactions | | 0.00 | |
| CHPIV Balance - December 2023 | \$ | <u>27,378,012.18</u> | [A] |

First Foundation Bank - Payroll Account #2698

| | | | |
|--------------------------------|----|------------------|-----|
| Bank Balance - December 2023 | \$ | 59,912.37 | |
| Add: Deposits in Transit | | 0.00 | |
| Less: Outstanding Transactions | | 0.00 | |
| CHPIV Balance - December 2023 | \$ | <u>59,912.37</u> | [A] |

Imperial County Auditor-Controller's Office

| | | | |
|----------------------------------|----|--------------------|-----|
| County's Balance - December 2023 | \$ | (32,249.43) | |
| Add: Deposits in Transit | | 0.00 | |
| Less: Outstanding Transactions | | 0.00 | |
| CHPIV Balance - December 2023 | \$ | <u>(32,249.43)</u> | [A] |

Chase Bank - Operating Account #3723

| | | | |
|--------------------------------|----|---------------------|-----|
| Bank Balance - December 2023 | \$ | 3,000,000.00 | |
| Add: Deposits in Transit | | 0.00 | |
| Less: Outstanding Transactions | | 0.00 | |
| CHPIV Balance - December 2023 | \$ | <u>3,000,000.00</u> | [A] |

First Foundation Bank - Restricted Deposit #4602

| | | | |
|--------------------------------|----|-------------------|-----|
| Bank Balance - December 2023 | \$ | 300,000.00 | |
| Add: Deposits in Transit | | 0.00 | |
| Less: Outstanding Transactions | | 0.00 | |
| CHPIV Balance - December 2023 | \$ | <u>300,000.00</u> | [A] |

Total Cash Reconciliation

| | | | |
|-------------------------------|----|----------------------|------|
| Total Cash Per Reconciliation | \$ | 30,705,675.12 | Σ[A] |
| Total Cash Per QuickBooks | | <u>30,705,675.12</u> | |
| Difference | | 0.00 | |

Preparer: Tony Godinez, Jr. - Senior Accounting Manager

Approver: Mark Southworth - Chief Financial Officer

Imperial County Local Health Authority

Statement of Activity

February 2024

| | TOTAL |
|---|------------------------|
| Revenue | |
| Contributed income | |
| Government grants & contracts | 134,858.50 |
| Total Contributed income | 134,858.50 |
| DHCS Pass-Through | 883,592.00 |
| DHCS Premium | 22,249,361.00 |
| Interest Income | 32,258.41 |
| Total Revenue | \$23,300,069.91 |
| Cost of Goods Sold | |
| Healthcare Capitation | 21,581,880.00 |
| Healthcare Pass-Through | 883,592.00 |
| Total Cost of Goods Sold | \$22,465,472.00 |
| GROSS PROFIT | \$834,597.91 |
| Expenditures | |
| Advertising & marketing | 13,476.73 |
| Contract & Professional Fees | 2,524.06 |
| Accounting Fees | 21,000.00 |
| Consulting Fees | 66.29 |
| DMHC Fees | 298.21 |
| Healthcare Consulting Fees | 11,213.74 |
| Legal Fees | 22,425.10 |
| Recruitment and Hiring Fees | 62.05 |
| Total Contract & Professional Fees | 57,589.45 |
| Insurance | |
| Liability insurance | 3,919.32 |
| Total Insurance | 3,919.32 |
| Interest paid | 64.94 |
| Labor Costs | |
| Benefits Expense | |
| Employee Health Insurance | 27,888.84 |
| Employee Retirement Plan Employer Match | 8,824.63 |
| Workers' compensation insurance | 3,571.75 |
| Total Benefits Expense | 40,285.22 |
| Salaries & wages | 215,891.62 |
| Total Labor Costs | 256,176.84 |
| Meals and Entertainment | 501.29 |
| Employee Appreciation | 116.00 |
| Total Meals and Entertainment | 617.29 |

Imperial County Local Health Authority

Statement of Activity

February 2024

| | TOTAL |
|---------------------------------|----------------------|
| Occupancy | |
| Cleaning | 975.00 |
| Landscaping | 4,200.00 |
| Rent | 2,500.00 |
| Utilities | 1,946.46 |
| Total Occupancy | 9,621.46 |
| Office expenses | 5,769.28 |
| Bank fees & service charges | 4,747.75 |
| Memberships & subscriptions | 815.00 |
| Printing & photocopying | 908.41 |
| Small tools & equipment | 1,908.30 |
| Software & apps | 1,844.74 |
| Total Office expenses | 15,993.48 |
| Phone | 155.15 |
| Repairs & maintenance | 85.00 |
| Taxes & Licenses | 4,806.12 |
| Total Expenditures | \$362,505.78 |
| NET OPERATING REVENUE | \$472,092.13 |
| Other Expenditures | |
| Amortization expenses | 281.50 |
| Depreciation | 9,136.37 |
| Vehicle expenses | |
| Vehicle fines & penalties | 762.11 |
| Total Vehicle expenses | 762.11 |
| Total Other Expenditures | \$10,179.98 |
| NET OTHER REVENUE | \$ -10,179.98 |
| NET REVENUE | \$461,912.15 |

Imperial County Local Health Authority

Statement of Financial Position

As of February 29, 2024

| | TOTAL |
|--------------------------------------|------------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| Chase Checking | 27,378,012.18 |
| Chase Money Market | 3,000,000.00 |
| FFB Payroll | 59,912.37 |
| FFB Restricted | 300,000.00 |
| Imperial County LHA Funds | -32,249.43 |
| Total Bank Accounts | \$30,705,675.12 |
| Accounts Receivable | |
| Accounts Receivable (A/R) | 2,773.48 |
| Interest Receivable | 32,258.41 |
| Pass-Through Receivable | 1,767,184.00 |
| Premium Receivable | 24,357,251.27 |
| Total Accounts Receivable | \$26,159,467.16 |
| Other Current Assets | |
| Prepaid expenses | 24,180.72 |
| Total Other Current Assets | \$24,180.72 |
| Total Current Assets | \$56,889,323.00 |
| Fixed Assets | |
| Accumulated depreciation | -35,359.49 |
| Buildings | 3,077,173.09 |
| Computer Hardware & Office Equipment | 10,084.49 |
| Construction In Progress | 0.00 |
| Improvements | 3,031.00 |
| Intangible Assets | 23,720.00 |
| Operating ROU Asset | 10,134.16 |
| ROU Accumulated Amortization | -844.51 |
| Total Fixed Assets | \$3,087,938.74 |
| TOTAL ASSETS | \$59,977,261.74 |

Imperial County Local Health Authority

Statement of Financial Position

As of February 29, 2024

| | TOTAL |
|--|------------------------|
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| Accounts Payable (A/P) | 53,535.45 |
| Capitation Payable | 43,163,760.00 |
| Pass-Through Payable | 1,767,184.00 |
| Total Accounts Payable | \$44,984,479.45 |
| Other Current Liabilities | |
| Credit Card Payable | 18,494.23 |
| Payroll wages and tax to pay | 243.00 |
| Short Term Lease Liability | 2,686.41 |
| Unearned Revenue | 6,000.00 |
| Vacation Accrual | 60,203.51 |
| Total Other Current Liabilities | \$87,627.15 |
| Total Current Liabilities | \$45,072,106.60 |
| Long-Term Liabilities | |
| Long Term Lease Liability | 6,665.49 |
| Total Long-Term Liabilities | \$6,665.49 |
| Total Liabilities | \$45,078,772.09 |
| Equity | |
| Opening balance equity | 0.00 |
| Retained Earnings | 13,952,117.59 |
| Net Revenue | 946,372.06 |
| Total Equity | \$14,898,489.65 |
| TOTAL LIABILITIES AND EQUITY | \$59,977,261.74 |

Imperial County Local Health Authority

Statement of Activity

January - February, 2024

| | TOTAL |
|---|------------------------|
| Revenue | |
| Contributed income | |
| Government grants & contracts | 134,858.50 |
| Total Contributed income | 134,858.50 |
| DHCS Pass-Through | 1,767,184.00 |
| DHCS Premium | 44,498,722.00 |
| Interest Income | 76,917.96 |
| Total Revenue | \$46,477,682.46 |
| Cost of Goods Sold | |
| Healthcare Capitation | 43,163,760.00 |
| Healthcare Pass-Through | 1,767,184.00 |
| Total Cost of Goods Sold | \$44,930,944.00 |
| GROSS PROFIT | \$1,546,738.46 |
| Expenditures | |
| Advertising & marketing | 13,476.73 |
| Contract & Professional Fees | 3,059.06 |
| Accounting Fees | 21,000.00 |
| Consulting Fees | 66.29 |
| DMHC Fees | 298.21 |
| Healthcare Consulting Fees | 11,213.74 |
| Legal Fees | 22,425.10 |
| Recruitment and Hiring Fees | 62.05 |
| Total Contract & Professional Fees | 58,124.45 |
| Insurance | |
| Liability insurance | 5,348.25 |
| Total Insurance | 5,348.25 |
| Interest paid | 110.20 |
| Labor Costs | |
| Benefits Expense | |
| Employee Health Insurance | 46,502.05 |
| Employee Retirement Plan Contributions | 7,937.93 |
| Employee Retirement Plan Employer Match | 8,824.63 |
| Workers' compensation insurance | 3,627.84 |
| Total Benefits Expense | 66,892.45 |
| Salaries & wages | 385,337.80 |
| Total Labor Costs | 452,230.25 |
| Meals and Entertainment | 2,176.84 |
| Employee Appreciation | 748.50 |
| Total Meals and Entertainment | 2,925.34 |

Imperial County Local Health Authority

Statement of Activity

January - February, 2024

| | TOTAL |
|---------------------------------|----------------------|
| Occupancy | |
| Cleaning | 1,662.50 |
| Landscaping | 4,200.00 |
| Rent | 5,000.00 |
| Utilities | 2,461.33 |
| Total Occupancy | 13,323.83 |
| Office expenses | 14,671.26 |
| Bank fees & service charges | 5,248.36 |
| Memberships & subscriptions | 1,959.98 |
| Printing & photocopying | 908.41 |
| Small tools & equipment | 2,611.76 |
| Software & apps | 3,122.91 |
| Total Office expenses | 28,522.68 |
| Phone | 310.30 |
| Repairs & maintenance | 864.63 |
| Supplies | 813.49 |
| Taxes & Licenses | 4,806.12 |
| Travel | |
| Airfare | 237.79 |
| Parking & tolls | 30.00 |
| Vehicle rental | 39.81 |
| Total Travel | 307.60 |
| Total Expenditures | \$581,163.87 |
| NET OPERATING REVENUE | \$965,574.59 |
| Other Expenditures | |
| Amortization expenses | 563.01 |
| Depreciation | 17,877.41 |
| Vehicle expenses | |
| Vehicle fines & penalties | 762.11 |
| Total Vehicle expenses | 762.11 |
| Total Other Expenditures | \$19,202.53 |
| NET OTHER REVENUE | \$ -19,202.53 |
| NET REVENUE | \$946,372.06 |



Health Services Report

1. Meetings
 - a. Provider Advisory Group
 - b. Quality Improvement Health Equity Committee
2. National Commission for Quality Assurance Accreditation
3. Health Services Monitoring/Auditing Meetings

Finance Commission Presentation

April 2024

Action Item - Motion to accept the financials as reported:

1. February 2024 Commission P&L Variance Report
2. February 2024 Cash Transactions
3. February 2024 Statement of Activity
4. February 2024 Statement of Financial Position
5. February 2024 Year-to-date Statement of Activity

Discussion:

1. Finance Issues Dashboard

**Imperial County Local Health Authority
Finance Committee Governance Dashboard
April, 2024**

| Risk | Urgency | Issue | Date Added | Description | Status Date | Status |
|--|---|--------------------------|------------|---|-------------|--|
|  |  | Financial Audit | 3/1/2024 | Moss Adams annual financial audit for CY2023. Planned to be finished in April. | 3/28/2023 | We may need to move some \$1.13m 2024 budgeted revenue into 2023 accruals. We also need to convene an audit committee to review the draft and final audit report |
|  |  | Chase Sweep Floor | 3/1/2024 | After our first \$20m capitation revenue from the State Chase reduced our daily swept amount to the contract minimum of \$3m (from a variable \$10m+). This costs us \$4,000 a day in lost interest | 3/28/2023 | Set up a bond trading account at JP Morgan and bought T-Bills directly. |
|  |  | County Fund Close-Out | 3/1/2024 | Close to shutting the county 'claim on cash' fund. | 3/28/2023 | We are closed out of the county fund at of 3/23/2024 |
|  |  | Investment Account Setup | 3/1/2024 | We need to designate reserve funds, an investment manager, and move reserves into a diversified account. | 3/28/2023 | Account setup is underway at CNB, and we have a fixed income alternative with JPMorgan. |



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update April 2024

Overview

The executive summary includes a detailed overview of Compliance Training, policies requiring review and approval, go-live issues, pre-delegation audit, and the Regulatory Compliance Oversight Committee (RCOC) of the Commission.

Compliance Training

As of this month, we are pleased to report that we have achieved 100% compliance in Compliance Training. The final two Commissioners, who were previously noted as noncompliant in our last report, have successfully completed their required training sessions. This marks a significant achievement and reflects the collective effort and commitment of all parties involved.

Updated and New Policies and Procedures (P&Ps)

The attached packet includes new and updated P&Ps for your review and approval. Please examine these materials and provide your approval to implement and enforce the policies outlined within.

Go-Live Issues

To date, Health Net has reported a total of 42 go-live issues, with the majority falling within two main categories. The highest number of concerns, totaling 13, pertains to PCP Assignment/Member IDs, where provider contract types were mislabeled in the system, impacting PCP assignments and Member IDs. To mitigate this, a stopgap manual process is in place while systemic solutions are under development. The Health Net's Provider Network team is also proactively working to fix data discrepancies. The second most reported issue is in Provider Training, numbering 9. Providers are unclear about procedural transitions, lacking orientation and support in areas such as toll-free help systems and patient care billing protocols. Remedial actions include direct provider outreach, specialized communication and training sessions, and ongoing education programs to address and resolve these concerns.

Pre-Delegation Audit

In updating the status of the Pre-Delegation Audit, significant progress can be noted in the recent period. For Phase 1, Health Net submitted their corrective action plans (CAPs) responses by February 28, 2024, and additional documents on March 25, 2024. Upon review of these submissions, CHPIV found that all 12 of the previously open and unsatisfactory CAPs have now been deemed satisfactory. This resulted in the issuance of a CAP closure letter sent to the organization on March 26, 2024. This concludes Phase 1 of the audit. For Phase 3, Health Net received 100% as CHPIV was able to validate Health Net's timely implementation of regulatory changes issued via Department of Health Care Services (DHCS) All Plan Letters (APLs) through a P&P review process. The initial findings during the Pre-Delegation Audit, which were due to Health Net's failure to submit the required documents during the audit period, have now been resolved. The submission of additional documentation after the audit reports were issued has sufficiently demonstrated Health Net's operational readiness. With CHPIV now fully operational, we remain fully committed to ensuring Health Net's adherence to regulatory standards and operational performance. Continuous oversight will be maintained through ongoing monitoring and audits.

Regulatory Compliance Oversight Committee (RCOC) of the Commission

The Commission's RCOC is ready to convene for its inaugural meeting on April 9, 2024. Chaired by Dr. Allan Wu, the Committee is set to meet quarterly, functioning independently of CHPIV's operational management to ensure transparency, accountability, and continuous improvement. Its key responsibilities include overseeing the CHPIV Compliance Program, facilitating effective communication on compliance matters, and ensuring adherence to all relevant policies, regulations, and contractual obligations.



Human Resources | Member Services | Community Relations

Human Resources

1. Receptionist Position now open and taking applications until 04/09/2024.

Member Services

1. No new updates

Community Relations

1. Community Advisory Committee had their first meeting where we had 6 CHPIV Members present. We are working towards having better and more attendance next time.
2. Member Demographic Report we submitted to DHCS to showcase our recruitment strategy as well as member demographics for 2024 for CAC.



Community Health Plan of Imperial Valley (CHPIV) Annual Community Advisory Committee (CAC) Demographic Report

Table of Contents

1. Overview

2. Report Template

1. Overview

The purpose of this report is to ensure Community Advisory Council (CAC) membership represents the community served in Imperial County as described in **Exhibit A Attachment III Section 5.2.11** of the contract. Community Health Plan of Imperial Valley (CHPIV) shall complete and submit a CAC Demographic Report to the Department of Health Care Services (DHCS) annually.

2. Report Template

CAC Demographic Composition

1. **How many local CACs has CHPIV established?**

CHPIV has established 1 local Community Advisory Committee that meets quarterly. The first CHPIV CAC was held on March 21, 2024 where committee members participated virtually and in-person.

2. **What percentage of the total CAC membership are Members and/or enrollees¹? If there are less than 10% consumers on a particular CAC, please explain why and provide a plan with milestones to increase consumer representation.**

CHPIV understands the importance of establishing a local bi-directional forum for Medi-Cal Members to advocate for themselves and the communities they represent directly with CHPIV. We believe the CAC empowers Members to bring their voices to the table to ensure the Plan is actively driving interventions and solutions to build more equitable care. In 2024, we are working to ensure 10% of our committee participants are Medi-Cal Members. We are pleased to report that CHPIV has exceeded its goal! **During the March CAC, 7 Medi-Cal Members participated in the first quarterly CAC, which is approximately 35% of the total committee participants.** Please see question #4 below for insights on the additional organizational partner.

3. **Describe the demographic composition of each CAC. Please include race, ethnicity, gender identity, language, chronic conditions, and disability information for CAC**

¹ Member and/or enrollees are defined as persons who are not employees of the plan, providers of health care services, subcontractors to the plan or group contract brokers, or persons financially interested in the plan.



Members (where possible) in the description.

The Plan has been working diligently to ensure the Medi-Cal Member representation of the committee reflects the general Medi-Cal Member population in Imperial County and meets the 2024 contractual requirements. **In a short amount of time, the Plan has engaged with Medi-Cal Members who can represent the Seniors and Persons with Disabilities (SPD), individuals with Limited English Proficiency and individuals from diverse cultural and ethnic backgrounds.** We acknowledge there is more work to do to engage individuals with chronic conditions, adolescents and/or parents and/or caregivers of children, including foster youth. Below is a summary of the demographic composition of the 7 Medi-Cal Members who participated in the first quarterly CAC of 2024.

- 57% of the Medi-Cal Members who participated reported Hispanic as their primary race and ethnicity. All of which also report Spanish being their preferred spoken and written language. The remaining Medi-Cal Members did not report a race or ethnicity but did inform the Plan their primary spoken and written language is English. As noted in the Plan’s response to question #6 below majority of the Imperial County community identify as Hispanic with Spanish as the preferred spoken and written language.
- 100% of the Medi-Cal Members who participated identify as female. CHPIV recognizes that male Medi-Cal member participation is needed considering 44% of the population of the County is male. We intend to continue to make efforts to recruit Medi-Cal Members.
- According to Plan Member data majority, or 67%, of the Medi-Cal Members who participate in the CAC are between the ages of 19 – 44 years old. We have representation from 1 Medi-Cal Members who represents the 45-64 years old age group and another representing the 65 years and over age group. We recognize there is a gap in Medi-Cal Member representation on the CAC for 0 – 18 years old, however there are 2 participants who are mothers with young children. These stakeholders have already begun to use the CAC as an opportunity to share their child’s healthcare experience. Based on publicly available and Plan Member data we understand 36% of the population in Imperial County are children ages 0 – 18. CHPIV is committed to ensuring this population has their voice heard and we will continue to recruit individuals who can represent this population.
- CHPIV also compared the aid codes of the participating Medi-Cal Members to the general Medi-Cal population. According to Publicly available data and Plan



Member data the top 2 aid codes of the Medi-Cal population are SPD and ACA Medicaid Expansion Adults Age 19 – 64. The participating Medi-Cal Members align with the Imperial County Medi-Cal population and represent the following Aid Code categories M1: Adult Expansion, M3: Adult/Family/ OTLIC, and 1H: Seniors and Persons with Disabilities (SPD).

4. **(A) Please note all organizational partners who are voting CAC members.**
CHPIV has successfully engaged representation from the required stakeholders according to the 2024 contract, which includes Community Based Organizations (CBOs), Community Advocates, Health Care Service Providers, and County Partners as outlined in the 2024 contract requirements. Below is a summary of the organizations have agreed to participate on the CAC. CHPIV has not yet initiated the CAC Selection Committee but intends to go through the formal process of selecting all participating CAC Members at the beginning of quarter 2.

| County Partners & Local Government Agencies | Healthcare Services Providers | Community Based Organizations (CBO) | Community Advocates |
|--|---|---|---|
| <ul style="list-style-type: none"> Imperial County San Diego Regional Center | <ul style="list-style-type: none"> InnerCare Pioneers Memorial Healthcare District Roots Food Group El Centro Regional Medical Center Sonnisa Village El Centro Post Acute Rose Crest Assisted Living Serene Health | <ul style="list-style-type: none"> Moore's Cancer Center Imperial Valley Food Bank Volunteers of America Project Food Box | <ul style="list-style-type: none"> Disability Rights of California Imperial Valley Equity & Justice Coalition |





(B) Below, please check all boxes that represent these partners. Note: A CAC member may represent more than one sector or category.

- County Partners & Local Government Agencies
- Health Care Service Providers
- Community-Based Organizations
- Community Advocates
- Other (Please list)

5. Describe approach to CAC member recruitment, including ongoing, updated, and new efforts and strategies to ensure adequate CAC representation.

CHPIV's approach to CAC recruitment started with analyzing Plan Member data to understand the individuals and stakeholders we needed to engage to ensure the committee adequately represents the Medi-Cal population of Imperial County. The Plan leveraged a multi-pronged approach to recruit stakeholders and test which method of outreach was the most impactful.

- Prior to the launch of the 2024 contract the Plan looked internally for CAC stakeholder recruitment support and established processes to refer stakeholders with the call center, Member Connections team, Case Management, and Mobile RV team to help spread the word of the opportunity to engage directly with the Plan through the CAC.
- The Plan offers a \$100 gift card as an incentive for any CHPIV Medi-Cal Member who attends a quarterly CAC meeting. We will also provide a \$25 gas card for any Member who attends the meeting in-person. If the Plan is made aware of the Member's needs we will coordinate child care and interpreter services upon request.
- The Plan identified the high-volume Enhanced Care Management (ECM) providers in Imperial County to engage and referrals for Medi-Cal Members they support. The Plan met with and educated these providers on the CAC opportunity and gift card incentive for those Medi-Cal Members who participate.
- The Plan invested in social media posts inviting individuals from Imperial County to attend the quarterly meetings.
- Partnering with advocacy organizations to spread awareness of the CAC engagement opportunity and incentive.



- The Plan has created a public facing CAC webpage where individuals from the community can directly contact CHPIV if interested in learning more about the CAC or to receive an invite and participate.
- At each CAC the Plan reminds participating committee members that CACs are open to all and support spreading awareness within their own circles or communities is needed.
- **The most productive strategies to recruit Medi-Cal Members included leveraging the Plan’s Member facing portal and several direct email campaigns.** Prior to the next quarterly CAC we intend to continue posting information to the Member facing portal and the direct email campaign to all CHPIV Members who have shared their email address.
- **Local Plan staff who live and work in Imperial County leverage their relationships and connections within the community to encourage Medi-Cal Members to attend the CAC.** They spread awareness through word of mouth, partnerships with city leadership and the Chamber of Commerce.

Going forward the Plan intends to pursue a targeted call campaign to ensure we engage individuals with chronic conditions, adolescents and/or parents and/or caregivers of children, including foster youth. We will also continue to partner with advocacy organizations to spread awareness and ensure their community’s voice is heard. Finally at ever quarterly CAC, the Plan will remind participants their friends, family, and community partners are encouraged and welcomed to attend.

6. Describe any barriers or challenges to achieving alignment between CAC membership with the demographics of the Members within the Service Area.

In general, recruiting Medi-Cal Members from any population to participate in the quarterly CAC meetings has proven to be a challenge. Despite our best efforts we cannot force Medi-Cal Members to participate, even though an \$100 gift card incentive is offered. The Plan was also not able to deploy a call campaign prior to the first quarterly CAC due to redetermination outreach and support being a top priority for the Plan’s call center. We are actively working to coordinate a targeted call campaign to ensure we engage the remaining required Medi-Cal Members to participate in the Plan’s CAC. This includes targeting Medi-Cal Members with chronic conditions, adolescents and/or parents and/or caregivers of children, including foster youth.

7. Define the demographics and diversity of CHPIV’s Members and Potential Members within



the Service Area.

The chart below defines the demographics and diversity of Imperial County. Please see question #8 for the data sources used and numbered references.

| | DHCS Total Reporting Unit ¹ | | | Plan Member Data ² | | |
|-----------------------------------|--|---------|--------|---|--------|--------|
| | | n | p | | n | p |
| | TOTAL | 100,536 | 100.0% | TOTAL | 97,967 | 100.0% |
| Gender | Female | 55,378 | 55.1% | Female | 54,006 | 55.1% |
| | Male | 45,158 | 44.9% | Male | 43,961 | 44.9% |
| Age | Age 00-18 | 37,032 | 36.8% | Age 00-18 | 35,768 | 36.5% |
| | Age 19-44 | 32,873 | 32.7% | Age 19-44 | 32,137 | 32.8% |
| | Age 45-64 | 16,704 | 16.6% | Age 45-64 | 16,228 | 16.6% |
| | Age 65+ | 13,927 | 13.9% | Age 65+ | 13,834 | 14.1% |
| Race/Ethnicity³ | AI/AN | 622 | 0.6% | American Indian or Alaska Native | 373 | 0.4% |
| | ASIAN | 435 | 0.4% | Asian | 372 | 0.4% |
| | BLACK | 896 | 0.9% | Black | 832 | 0.8% |
| | HISPANIC | 88,544 | 88.1% | Hispanic | 88,212 | 90.0% |
| | NOT REPORTED | 5,298 | 5.3% | Native Hawaiian or Other Pacific Islander | 18 | 0.0% |
| | WHITE | 4,741 | 4.7% | Other | 104 | 0.1% |
| | | | | Unknown | 3,704 | 3.8% |
| | | | | White | 4,238 | 4.3% |

| | | | | | | |
|------------------------------|----------------------|--------|-------|--|--------|-------|
| Language⁴ | Spanish | 57,507 | 57.2% | SPANISH | 56,817 | 58.0% |
| | English | 42,611 | 42.4% | ENGLISH | 41,040 | 41.9% |
| | Missing/Unknown | 287 | 0.3% | OTHER | 37 | 0.0% |
| | Cantonese | 31 | 0.0% | CHINESE | 32 | 0.0% |
| | Other Non-Eng | 20 | 0.0% | KOREAN | 15 | 0.0% |
| Enrollment Categories | SPD ⁵ | 19,165 | 19.1% | SPD | 18,414 | 18.8% |
| | ACA MCE ⁶ | 27,601 | 27.5% | ACA MCE | 27,131 | 27.7% |
| Chronic Conditions | na | na | | Adult Diabetic ⁷ | 4,130 | 4.2% |
| | na | na | | Adult Hypertensive (ages 18-85 years) ⁸ | 4,364 | 4.5% |
| | na | na | | Asthmatic (ages 5-64) ⁹ | 1,780 | 1.8% |

8. Identify the data sources relied upon to validate that its CAC membership aligns with Member demographics.

The Plan leveraged publicly available DHCS enrollment data for January 2024 and the Plan Member enrollment and HEDIS data as of 1/31/2024. Below are the following data sources used to validate the CHPIV CAC membership aligns with the Medi-Cal Member demographics of Imperial County. The below numbering also aligns with the numbered references in the chart above:

1. DHCS enrollment for January 2024 per <https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-tables-by-county-from-2010-to-most-recent-reportable-month>
2. CHPIV enrollment data as of 1/31/2024
3. CHPIV R/E data includes DHCS enrollment plus supplemental, self-reported data from call-center encounters and California Immunization Registry (CAIR) among other sources.
4. Top 5 highest-volume languages in the Reporting Unit(s). CHPIV languages indicate preferred

written language for correspondence.

5. Seniors and Persons with Disabilities
 6. ACA Medicaid Expansion Adult Age 19 to 64
 7. Adult members included in the HbA1c Control for Patients with Diabetes (HBD) HEDIS® denominator per NCQA. (<https://www.ncqa.org/wp-content/uploads/2023/02/01.-Diabetes-Care.pdf>)
 8. Internal Plan HEDIS data was leveraged. For more information on the measures please see: <https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/>
 9. Internal Plan HEDIS data was leveraged. For more information on the measures please see: <https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/>
9. **Provide a description of the CAC’s ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, resource allocation, and other community-based initiatives, including examples of how CAC input impacted and shaped CHPIV’s initiatives and/or policies.**

The Plan has implemented a process to capture recommendations and additional insights from the CAC and circulate those findings internally. Recommendations from the CAC are vetted internally within the Internal Health Equity Governance eco-system before they are approved for operation. The CAC is kept informed of the status of their recommendations progress through the Plan’s internal eco-system by way of a standing agenda item called the “Recommendation Update” during each CAC. Our CAC participants are supportive of this process and appreciate the level of awareness the Plan providers. All recommendations from the CAC approved for implementation are also shared with the Quality Improvement Health Equity Committee (QIHEC) for awareness. For example, the Plan is working to implement a recommendation from the CAC to create a simple one-pager that informs the Member or advocate of the Member’s Medi-Cal rights. The resource provides an overview of their rights and the tools available to advocate, file a grievance, or change Plans.

The Plan’s Health Equity department regularly engages with CACs to obtain feedback and guidance in the delivery of culturally and linguistically appropriate health care and to establish and maintain community linkages. In compliance with DHCS guidelines, the Plan’s empowers members of the CAC to ensure the Plan is actively driving interventions and solutions to build more equitable care by:





- Obtaining local level feedback, insights, and perspectives to inform and address our quality and health equity strategy,
- Providing the Plan with the community's perspective on health equity and disparities, population health, children's services, and relevant plan operations and programs, and
- Informing the Plan's cultural and linguistic services program.

Information provided by the CAC participants is included in the development of Health Equity Department materials, health education materials and programs and Quality Improvement Projects. They provide critical feedback for Health Net to understand that perception, experience, and satisfaction of services.

