



**Quality Improvement Health Equity
Committee (QIHEC)**

January 15, 2025-Qtr. 4 Agenda

12:00 P.M.

512 W. Aten Rd., Imperial, CA 92251

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Meeting ID: 260 661 110 12

Passcode: xr3xmf

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

Committee Members	Representing	Present
Dr. Unnati Sampat	Imperial Valley Family Medical Care Group	
Dr. Masoud Afshar	Masoud Afshar MD	
Dr. Ameen Alshareef	Valley Pediatric Health	
Leticia Plancarte-Garcia	Imperial County Behavioral Health	
Janette Angulo	Imperial County Public Health Department	
Mersedes Martinez	El Centro Regional Medical Center	
Shiloh Williams	San Diego State University	
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	

1. CALL TO ORDER

- a. Roll Call
- 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

*Dr. Gordon Arakawa, Chair
Donna Ponce, Commission Clerk*

2. PUBLIC COMMENT

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



3. CONSENT AGENDA

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Committee member 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 October 16, 2024
- b. Q4 HCNS QIHEC Packet 11/14/2024
- c. Q4 HCNS QIHEC Presentation

4. ACTION

- a. CHPIV Q4 QIHEC Presentation Main
- b. Approval of 2025 QIHEC Meeting Schedule

Adjournment

Next Meeting: **Wednesday, April 16, 2025**



QIHEC Meeting Minutes: 10/16/24

Community Health Plan of Imperial Valley QIHEC Committee convened on 10/16/24 at 12:04 p.m.

Voting Members Attendance Record (Quorum =) Name / Title	Present	Absent	Designee	Voting Members Attendance Record Name / Title	Present	Absent	Designee
Dr. Unnati Sampat Imperial Valley Family Medical Group	X						
Dr. Masoud Afshar Masoud Afshar MD	X						
Dr. Ameen Alshareef Valley Pediatric Health		X					
Leticia Plancarte-Garcia Imperial County Behavioral Health	X						
Janette Angulo Imperial County Public Health Dept.	X						
Mersedes Martinez El Centro Regional Medical Center	X						
Shiloh Williams San Diego State University	X						
Dr. Gordon Arakawa CHAIR- Community Health Plan of Imperial Valley	X						



Community Health Plan of Imperial Valley QIHEC Committee

Ad Hoc Members & Guests Present	Present	Absent	Designee		Ad Hoc Members & Guests Present	Present	Absent	Designee
Dr. Dixit Health Net	X							



Community Health Plan of Imperial Valley QIHEC Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
I. Call to Order II. Announcements	Dr. Gordon Arakawa (CHPIV Chair) called the meeting to order at 12:04 p.m.		
III. Review of Minutes	Dr. Gordon Arakawa presented the meeting minutes from the QIHEC meeting held on 7/10/24 Qtr 1. For review and approval.	A motion to approve was made by Dr. Sampat and seconded by Janette Angulo.	
IV. Consent Agenda			
Q3 CHPIV QIHEC Presentation Consent Agenda Reports A. CHPIV Document Review B. Clinical Policy Review C. Call Center Metrics D. Utilization Management E. Appeals & Grievances	Dr. Gordon Arakawa presented the Consent Reports for the Committee's review and approval. Please reference the meeting packet consent reports section for detailed information. E. Dr. Afshar asked, delay of the referral, do you know when was the appointment done for that referral? What was the actual delay from point of care to referral? Dr. Arakawa- Pt. had to go to San Diego and one of them was 26 days and the other one was 21 days. Patient appointment was missed. Dr. Sampat- I think the title is miss leading since the member called and they	A motion to approve the consent items was made by Dr. Sampat and seconded by Janette Angulo.	



Community Health Plan of Imperial Valley QIHEC Committee

<p>F. Healthcare Effectiveness Data & Information Set (HEDIS)</p> <p>G. Care Management KPI Report</p> <p>H. Enhanced Care Management/ Community Supports</p>	<p>actually got referral w/in 7 days. At that point it is not in our hands. It's the specialist availability. Getting details on referrals would help clarify info. Dr. Arakawa- both cases referral was made on time, it was just making the appointment and the patient not arriving at the appointment. It was not delay on providers behalf.</p> <p>F. Janette asked, it would be helpful in future meeting we can have a legend of what these acronyms mean. Dr. Arakawa- yes, that is something we'll do.</p>		
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Community Health Plan of Imperial Valley QIHEC Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
<ul style="list-style-type: none"> I. Long Term Support Services (LTSS) J. Behavioral Health K. Quality Improvement Projects L. Peer Review Credentialing 	<p>L. Janette Angulo asked, Toiyabe Dialysis Center where is that located? Donna/Dr, Arakawa- Bishop Ca.</p>		
V. Action			
<ul style="list-style-type: none"> a. Approval of HN Q2 QIHEC PPT & PDF b. Approval of HN Q3 QIHEC PPT & PDF c. Approval of HN 2024 Program Descriptions and Work Plans 		<p>A motion to approve the QIHEC documents was made by Dr. Sampat and seconded by Janette Angulo.</p>	



Community Health Plan of Imperial Valley QIHEC Committee

<p>d. Approval of HN Clinical Policies</p> <p>e. Approval of CHPIV Credentialing Policies & Procedures</p> <p>f. Present/Approval of Q3 CHPIV QIHEC Action PPT</p>			
<p>Agenda Item</p>	<p>Discussion</p>	<p>Recommendation /Decision/ Action /Date</p>	<p>Responsible Party</p>
<p>Questions/Comments</p>	<p>1. Janette Angulo asked, CCS programs. Cases for Qtr 3, key observation r/t cases average identified monthly is that actual cases or referrals? Average approval rate same question. Also question in r/t billing contact for Tuberculosis.</p> <p>Dr. Dixit/HN reply- I will have to connect you with our experts. Send me an email message and I will be glad to reply.</p> <p>2. Mercedes Martinez asked, Is HEDIS strictly claims based correct? Rates?</p> <p>Dr. Arakawa, not always. However there are various systems. Referred question to Dr. Dixit/HN</p> <p>Dr. Dixit reply- HEDIS rates are much more current than the claim based used to populate data.</p> <p>Dr. Samapat comment- there not all claims based, data not always possible to pull claims data. What are clear definitions what goals will be? Georgiana was suppose to get details.</p> <p>Dr. Dixit reply- I will be happy to follow up and get experts to weigh in on that.</p>		



Community Health Plan of Imperial Valley QIHEC Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
NCQA HPA/HEA	Dr. Arakawa- Policies were put through for HEA/HPA NCQA accreditation.		
IX. Adjournment	Next Meeting: Date: January 15, 2025 Time: 12:00PM Location: CHPIV <i>Meeting materials due</i> Meeting adjourned at 12:43 P.M.		



ACKNOWLEDGEMENT OF APPROVED COMMITTEE MINUTES

I acknowledge that the CHPIV PAC minutes for 10/16/2024 were approved by the committee 10/16/2024.

XYZ, MD, MBA, FAAFP
Vice President, Medical Director, Medi-Cal

Date

Q4 CHPIV Quality Improvement Health Health Equity Committee Presentation

Q3 CHPIV QIHEC Agenda

Topics

- Call Center Metrics
- Utilization Management
- Appeals & Grievances
- Healthcare Effectiveness Data & Information Set (HEDIS)
- Care Management KPI Report
- Enhanced Care Management/Community Supports
- Long Term Support Services (LTSS)
- Pharmacy
- Behavioral Health

Q3 CHPIV QIHEC Agenda

Topics

- California Children's Services
- Quality Improvement Projects
- Population Health Management (PHM) Quarterly Report
- Health Equity
- Peer Review Credentialing
- Facility Site Reviews
- Network access & Availability
- Vendor Management

Call Center Metrics

Call Center Metrics

KPI	Target	July 2024	August 2024	September 2024	Q3	Q2	Q1
<i>Member Services</i>							
Calls Offered		3,158	2,961	2,681	8,800	10,369	21,197
Calls Handled		3,137	2,943	2,667	8,747	10,288	20,473
% Calls Abandoned	<5%	0.66%	0.61%	0.52%	0.60%	0.79%	4.46%
% SVL (all abn calls)	>80% w/in 30 seconds	98.03%	97.94%	98.24%	98.07%	98.13%	87.49%
Average Speed Answer	<= 30	0:00:05	0:00:05	0:00:04	0:00:05	0:00:05	0:00:25

Call Center Metrics

Top member call types:

- Benefits & Eligibility
- PCP update
- Update Member Demographics
- PCP/PPG search

Call Center Metrics

KPI	Target	July 2024	August 2024	September 2024	Q3	Q2	Q1
<i>Provider Services</i>							
Calls Offered		1,500	1,419	1,189	4,108	4,488	5,301
Calls Handled		1,489	1,419	1,186	4,094	4,447	5,233
% Calls Abandoned	<5%	0.73%	0.00%	0.25%	0.33%	0.92%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	98.66%	99.65%	99.75%	99.35%	98.21%	89.27%
Average Speed Answer	≤ 45	0:00:08	0:00:06	0:00:06	0:00:07	0:00:09	0:00:14

Call Center Metrics

Top provider call types:

- Eligibility, Claim status
- Claim adjustments
- PCP transfer
- Authorization inquiries.

Behavioral Health Call Center Metrics

KPI	Target	May	Jun	Jul	Aug	Sep	Q3
Calls Offered	N/A	55	58	64	59	57	180
Calls Handled	N/A	55	58	63	59	57	179
Abandonment	≤5%	0%	0%	1.56%	0%	0%	0.56%
Average Speed of Answer	≤30 sec	17 sec	16 sec	6 sec	17 sec	7 sec	10 sec
Service Level	≥80%	92.73%	91.38%	93.75%	94.92%	94.74%	94.44%

Utilization Management

Utilization Management Key Metrics

	2024-Q1	2024-Q2	2024-Q3
	Combined	Combined	Combined
Admissions per Thousand	54	52	50
Bed Days per Thousand	1517	613	400
Average Length of Stay	28	12	8
Percent 30-Day Readmission	7.6%	7.7%	7.8%
ER per Thousand	473	463	304 ← 445
Outpatient Surgery per Thousand	146	162	113

Utilization Management Key Metrics

UM Prior Authorization TAT

CHPIV Metric	CA Prior Auth App/Den/Mod TAT	Jan	Feb	Mar	Q1 - Overall Quarterly Score	Apr	May	Jun	Q2 - Overall Quarterly Score	Jul	Aug	Sept	Q3 - Overall Quarterly Score
CHPIV-101	CHPIV PA Routine Authorizations TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	97.78%	100.00%	100.00%	100.00%	100.00%
CHPIV-103	CHPIV PA Urgent Authorizations TAT	93.33%	100.00%	100.00%	97.78%	90.00%	100.00%	100.00%	96.67%	100.00%	100.00%	93.75%	97.92%
CHPIV-106	CHPIV Concurrent Authorization TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Utilization Management Key Metrics

UM CHPIV Medi-Cal Activities

UM Activities	Jan-2024	Feb-2024	Mar-2024	Q1	Apr-2024	May-2024	Jun-2024	Q2	Jul-2024	Aug-2024	Sep-2024	Q3
Appeals (Provider)	NA	NA	NA	NA	NA	NA	NA	0	12	25	18	55
Approvals	555	905	2348	NA	2298	2930	2262	7490	2675	1951	1494	6120
Denials	34	36	45	115	40	45	21	106	39	78	63	180
Deferrals	19	14	15	48	18	18	19	55	15	15	28	58
Modifications (Partially Approved)	45	27	26	98	33	36	49	118	34	69	29	132

2024 Q2 to Q3 Trends

Approvals decreased by 22%

Overall casework decreased by 19%

Appeals & Grievances

Appeals & Grievances

Appeals and Grievances – Rolling Year Totals

2024 Appeals	Q1	Q2	Q3	YTD
CHPIV	7	15	16	38

2024 Grievances	Q1	Q2	Q3	YTD
CHPIV	96	145	110	351

Appeals & Grievances

Q3 – Top 5 Appeals

Description	Volume	PTMPY	OT
Not Medically Necessary - Diagnostic - MRI	5	0.16	5/5
Not Medically Necessary - DME - Other	4	0.12	3/4
Not a Covered benefit – Outpatient Surgery	1	0.03	1/1
Not Medically Necessary – Surgical – Lumbar Spinal Fusion	1	0.03	0/1
Not Medically Necessary – Surgical – Reconstructive Surgery	1	0.03	1/1

Appeals & Grievances

Q3 – Top 5 QOS Grievances

Description	Volume	PTMPY
Transportation – General Complaint Vendor	21	0.66
Interpersonal – Lack of Caring/Concern	7	0.22
Administrative Issues- Member Materials	7	0.22
Administrative Issues- Eligibility – PCP Changes	5	0.16
Administrative Issues – Health Plan	5	0.16

Appeals & Grievances

Q3 – Top 5 QOC Grievances

Description	Volume	PTMPY
Quality of Care - PCP – Delay in Referral by PCP	3	0.09
Quality of Care - PCP – Inadequate Care	2	0.06
Quality of Care – Specialist -Treatment Delay	2	0.06
Quality of Care - PCP – Treatment Delay	2	0.06
Quality of Care- Specialist – Effectiveness of Treatment	1	0.03

1. 15 QOC Grievances filed in Q3
2. All cases referred to Health Net Clinical Department for assignment of severity level
 1. 12 cases – level 0
 2. 2 cases – level 1
 3. 1 cases – level 2
3. All cases will be reviewed by Dr. Arakawa

Appeals & Grievances

Q3 – Top 5 Access to Care Grievances

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	9	0.28
Access to Care - PCP Referral for Services	5	0.16
Access to Care – Availability of Appointment w/Specialist	4	0.12
Access to Care – Availability of Appointment w/PCP	3	0.09
Access to Care - Specialist Referral for Services	1	0.03
Access to Care – Prescription Delay	1	0.03

1. 23 Access to Care Grievances filed in Q3

Appeals & Grievances

PQIs

- For Q3, there was 1 Case identified (Provider Preventable Condition – to be reviewed by Dr. Arakawa)

HEDIS Measures RY2025

HEDIS

MEASURE_ID	Goal Rate	DEN YTD	Rate YTD	Rate SMLY	Rate Change YOY	Rate Status YTD	Gaps to Reach Goal YTD	Rate Change MOM	DEN Prior Month	DEN SMLY	DEN LYFNL	Rate LYFNL	Rate Status LYFNL	Supplemental Rate YTD	NUM YTD	SNUM YTD
IMA_CO2*	34.30%	1610	41.73%	38.87%	2.86%	QC 75th	0	0.47%	1609	1636	1637	39.03%	QC 50th	13.98%	672	225
LSC*	63.84%	1286	75.81%	76.04%	-0.23%	QC 75th	0	0.47%	1290	1248	1248	76.36%	QC 75th	3.89%	975	50
W30_15_30	69.43%	1263	75.45%	70.35%	5.10%	QC 75th	0	0.26%	1266	1194	1196	71.23%	QC 50th	14.17%	953	179
AMR	66.24%	1470	71.36%	58.40%	12.96%	QC 50th	0	-1.41%	1418	1827	2003	52.27%	QC <25th	0.00%	1049	0
BCSE	52.68%	3623	55.92%	55.01%	0.91%	QC 50th	0	0.65%	3656	3679	3658	59.62%	QC 75th	40.60%	2026	1471
CIS_CO10*	27.49%	1274	31.86%	29.37%	2.49%	QC 50th	0	0.41%	1278	1239	1239	30.18%	QC 25th	27.00%	406	344
FUA_30DAY	36.18%	334	39.22%	28.66%	10.56%	QC 50th	0	0.82%	289	307	344	36.62%	QC 50th	6.59%	131	22
CCS*	57.18%	18810	50.91%	53.98%	-3.07%	QC 25th	1180	0.80%	19090	15700	15683	54.86%	QC 25th	8.98%	9578	1689
CHL	55.95%	2119	53.46%	50.39%	3.07%	QC 25th	53	1.63%	2041	1881	2033	55.97%	QC 25th	3.35%	1133	71
CBP*	64.48%	5432	53.24%	44.22%	9.02%	QC <25th	25	9.24%	5511	4509	4496	53.53%	QC <25th	29.03%	2892	1577
FUM_30DAY	53.82%	130	34.61%	24.42%	10.19%	QC <25th	25	5.91%	108	131	148	41.21%	QC <25th	23.85%	45	31
GSD_POORHB**^	33.33%	5611	61.34%	62.96%	1.62%	QC <25th	15	1.56%	5585	4258	4344	56.16%	QC <25th	6.24%	3442	350
PPC_PPC*	80.23%	1081	74.19%	66.11%	8.08%	QC <25th	66	3.33%	1057	1021	1039	68.23%	QC <25th	3.79%	802	41
PPC_TPC*	84.55%	1081	75.85%	72.28%	3.57%	QC <25th	66	-0.02%	1057	1021	1039	72.66%	QC <25th	21.55%	820	233
W30_0_15	60.38%	666	52.40%	50.61%	1.79%	QC <25th	54	1.21%	672	571	569	58.17%	QC 25th	30.78%	349	205
WCV	51.81%	31988	41.31%	40.07%	1.24%	QC <25th	3559	3.74%	32299	28348	28455	48.31%	QC 50th	1.33%	13216	427
CDEV	34.70%	3238	49.78%	46.51%	3.27%	DHCS 50th	0	0.03%	3234	3070	3071	46.89%	DHCS 50th	1.70%	1612	55
TFLCH_Rate1	19.30%	33763	4.73%	3.51%	1.22%	DHCS <25th	4920	1.45%	33776	29525	29638	8.49%	DHCS <25th	0.08%	1599	28

HEDIS

IMA_CO2*	Immunizations for Adolescents
LSC*	Lead Screening in Children
W30_15_30	Well Child Visits 15-30months
AMR	Asthma Medication Ratio
BCSE	Breast CA Screening
CIS_CO10*	Child Immunization Status – Combo 10
FUA_30DAY	Follow Up after ED visit Substance Abuse
CCS*	Cervical CA Screening
CHL	Chlamydia Screening
CBP*	Control of Blood Pressure
FUM_30DAY	Follow Up after ED visit Mental Illness
GSD_POORHB*^	Hemoglobin A1c Control
PPC_PPC*	Post Partum Care
PPC_TPC*	Timeliness of Prenatal Care
W30_0_15	Well Child Visits 0-15 months
WCV	Child & Adolescent Well Child Visits
CDEV	Developmental Screening in first three years
TFLCH_Rate1	Topical Fluoride for Children

Care Management

Care Management

Physical Health

Metric	Q1 2024	Q2 2024	Q3 2024
Outreached (UTR,refuse,accept)	222	224	74
Engaged	98	102	37
Engagement Rate	44.1%	45.5%	50.0%
Total Screened and Refused/Declined	38	27	11
Unable to Reach (UTR)	86	95	26
Total Cases Closed	73	80	75
Total Cases Managed	140	169	131
Complex Case Management	17	23	18
Non-Complex Case Management	123	146	113

Care Management

Behavioral Health

Metric	Q1 2024	Q2 2024	Q3 2024
Outreached (UTR,refuse,accept)	34	35	103
Engaged	22	32	23
Engagement Rate	64.7%	91.4%	22.3%
Total Screened and Refused/Declined	2	1	9
Unable to Reach (UTR)	10	2	71
Total Cases Closed	10	26	25
Total Cases Managed	25	47	44
Complex Case Management	3	3	5
Non-Complex Case Management	22	44	39

Care Management

Maternity

Metric	Q1 2024	Q2 2024	Q3 2024
Outreached (UTR,refuse,accept)	228	100	118
Engaged	160	37	78
Engagement Rate	70.2%	37.0%	66.1%
Total Screened and Refused/Declined	11	2	9
Unable to Reach (UTR)	57	61	31
Total Cases Closed	241	59	46
Total Cases Managed	323	117	137
Complex Case Management	12	8	8
Non-Complex Case Management	311	109	129

Care Management

Transitional Care Services

Metric	Q1 2024	Q2 2024	Q3 2024
Outreached (UTR,refuse,accept)	255	283	273
Engaged	152	177	172
Engagement Rate	59.6%	62.5%	63.0%
Total Screened and Refused/Declined	22	12	11
Unable to Reach (UTR)	81	94	90
Total Cases Closed	88	177	150
Total Cases Managed	152	241	238

Care Management

First Year of Life

Metric	Q1 2024	Q2 2024	Q3 2024
Outreached (UTR,refuse,accept)	142	35	12
Engaged	142	35	12
Engagement Rate	100%	100%	100%
Total Screened and Refused/Declined	0	0	0
Unable to Reach (UTR)	0	0	0
Total Cases Closed	78	32	11
Total Cases Managed	206	161	142

Care Management

Top Diagnoses - YTD

PH CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Diabetes	80
Chronic renal condition	43
Other dermatology	19
Joint degeneration - back	17
Nutritional deficiency/Dehydration	16
Infectious disease	15
Rx: Antineoplastic treatment	14
Cirrhosis	14
Rx: Immunologics/immunosuppressives	13
Other gastroenterology	11
Epilepsy	11
Leukemia/Neoplastic blood disease	10
Other urology	10
Joint degeneration - foot/ankle/knee/leg	9
Other gynecology	8
Other CNS hereditary degenerative disease	8
CVA	8
Acute Respiratory	8
Psychotic & schizophrenic disorders	8
Asthma	7
Coronary Artery Disease/Atherosclerosis	7
Other ophthalmology	6
Hypertension	6
Pain	6
Anemia	6
Mood disorder/Depression	6
Diagnoses with 5 or less referrals	203

Care Management

Top Diagnoses - YTD

BH CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Mental Disorder NOS	28
Depression	21
Alcohol / Substance Abuse	16
Anxiety Disorder	12
Autistic Disorder	11
Food Insecurity	10
Bipolar Disorder	9
Schizophrenia	7
Diagnoses with 2 or less referrals	48

OB CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Supervision Normal Pregnancy	454
Supervision Of High Risk Pregnancy	34
Gestational Diabetes	5
Supervision Of Elderly Multigravida	3
Hypertension	3
Supervision of Twin Pregnancy	2
Nausea and Vomiting	2
Anemia	2
Diagnoses with one referral	5

Care Management

CHPIV Outcomes Report

Readmissions

Measure for Case Management	Members	90 days prior to CM enrollment*			90 days following CM enrollment*			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	227	72	24	33.3%	43	12	27.9%	-5.4%

ED Visits

Measure for Case	Members	90 days prior to CM enrollment*		90 days following CM enrollment*		Difference	
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.
Emergency Department (ED)	227	110	3,876	68	2,396	-42	-740

Maternity Outcomes

Measure for Maternity Program	Members <u>not</u> enrolled in Maternity Program		Members enrolled in Maternity Program		Difference
	Members	Rate	Members	Rate	Rate
First prenatal visit within the first trimester	468	74.1%	82	86.6%	12.5%
Pre-term deliveries by high risk members	61	9.8%	6	0.0%	-9.8%
Postpartum visit between 7 and 84 days after delivery	468	70.7%	82	78.0%	7.3%

Care Management

Other Notes

Satisfaction Surveys

Complaint/Grievances

Audits

Member Demographics

Barriers

Next Steps

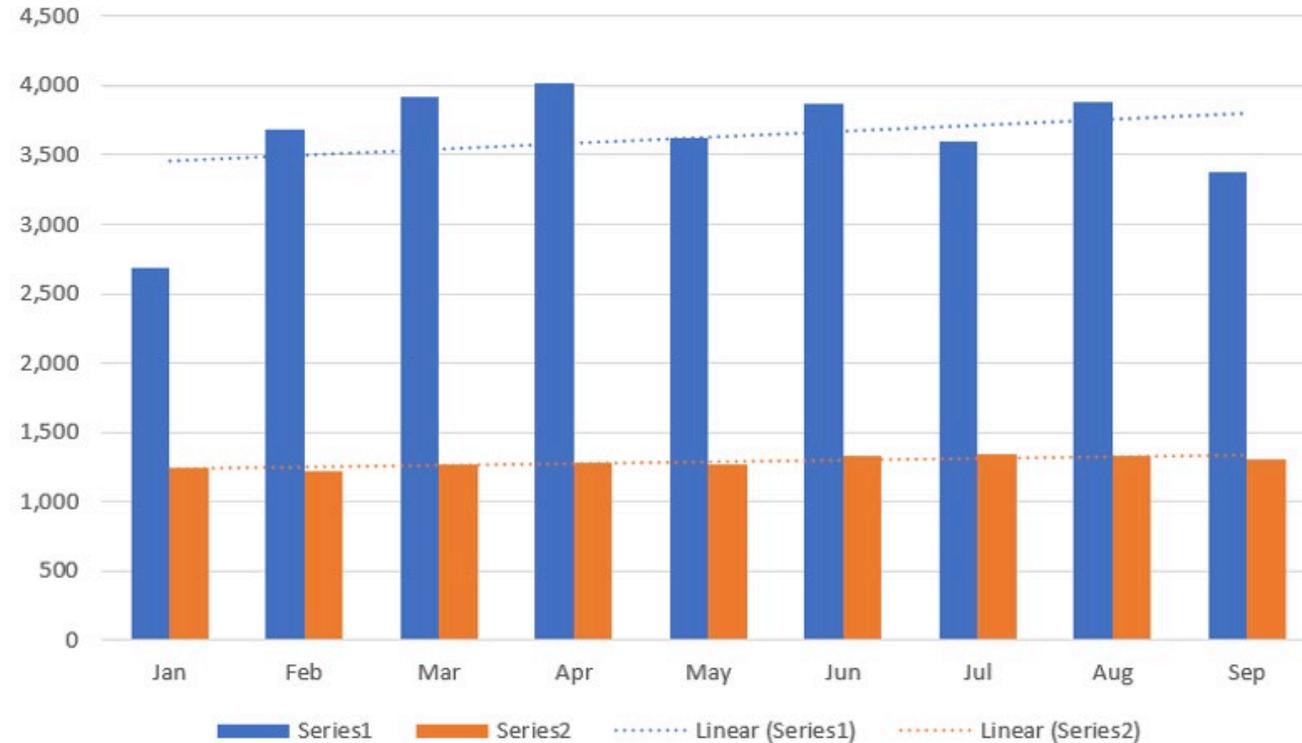
Texting Program

CM Managers involved in PPG JOM's

Enhanced Care Management (ECM) & Community Supports (CS)

Enhanced Care Management (ECM) & Community Supports (CS)

ECM Enrollment



Assigned/Enrolled Percentages Last 3 Months & Annual Total									
County	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
Imperial	46.4%	33.0%	32.3%	31.9%	35.2%	34.3%	37.2%	34.4%	38.6%

Enhanced Care Management (ECM) & Community Supports (CS)

ECM Information

- Average assignment to enrollment remains steady 38.4%
- Highest number of Claims from Serene Health (76%), MedZed (16%) and ECRMC (2%)
- 58 Members graduated from ECM through Q3

Enhanced Care Management (ECM) & Community Supports (CS)

CS Authorizations/Claims Trends



Enhanced Care Management (ECM) & Community Supports (CS)

CS Authorizations/Claims Trends

CS Authorization and Claims Summary

County	CS Service	Auth Count	Claims Count	Claims Unit
Imperial	Housing Deposits	5	8	8
	Housing Tenancy and Sustaining Services	5	7	6
	Housing Transition/Navigation Services	60	166	166
	Medically Tailored Meals	19,422	173,795	199,032
	Personal Care Services	11	256	1,664
	Recuperative Care	2	9	8
	Respite Services	2		
	TOTAL	19,507	174,241	200,884

CS Claims Paid Amount by County

County	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Total
Imperial	\$1,000,857	\$579,062	\$1,340,402	\$2,170,997	\$1,769,593	\$1,653,772	\$1,981,959	\$1,677,712	\$1,975,889	\$14,150,242

Enhanced Care Management (ECM) & Community Supports (CS)

CS Information

- 86 CS referrals were made through FindHelp to 11 Providers – Top 3: Mom’s Meals (23%), Roots Food Group (19%), and St. Vincent Preventative Family Care (13%).
- Over 19,500 authorizations for CS were submitted with a 175,000 claims count through Sept., 2024.
- 99% of paid CS claims were for Medically-Tailored Meals/Medically Supported Foods.

Enhanced Care Management (ECM) & Community Supports (CS)

Barriers to ECM & CS

- Lack of accurate or available member contact info
- Difficult to find members for referral into program
- Lack of awareness by members and providers about the program
- Training and technical assistance needs by providers for claims and billing, portal access and other operational functions
- Lack of capacity of providers to conduct in-person outreach

Long Term Support Services (LTSS)

Long Term Support Services (LTSS)

LTC (Long Term Care)

Q3

Unique Utilizing LTC Members	Jul 2024	Aug 2024	Sep 2024
El Centro Post Acute	87	94	91
Imperial Manor	26	30	29
Pioneer Memorial D/P	73	83	92
Out of County	132	120	137
Out of State	25	26	24

LTC (Long Term Care)

Q2

Unique Utilizing LTC Members	Apr 2024	May 2024	Jun 2024
El Centro Post Acute	77	86	97
Imperial Manor	18	24	26
Pioneer Memorial D/P	57	58	61
Out of County	171	115	55
Out of State	2	0	0

LTC (Long Term Care)

Q1

Unique Utilizing LTC Members	Jan 2024	Feb 2024	Mar 2024
El Centro Post Acute	58	66	64
Imperial Manor	10	14	18
Pioneer Memorial D/P	36	40	42
Out of County	19	24	43
Out of State	0	0	0

Long Term Support Services (LTSS)

Q3

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Jul 2024	Aug 2024	Sep 2024
ARC #1, #2, #3	16	15	16

Q2

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Apr 2024	May 2024	Jun 2024
ARC #1, #2, #3	16	15	16

Q1

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Jan 2024	Feb 2024	Mar 2024
ARC #1, #2, #3	15	16	16

Long Term Support Services (LTSS)

CBAS (Community Based Adult Services)

	Jul 2024	Aug 2024	Sep 2024
Unique Utilizing CBAS Mbrs	257	251	258
Average Days per Week	2.0	1.9	1.8
Members utilizing CBAS six months ago, now in LTC	1	0	0

	Apr 2024	May 2024	Jun 2024
Unique Utilizing CBAS Mbrs	267	261	255
Average Days per Week	1.9	2.1	1.8
Members utilizing CBAS six months ago, now in LTC	0	0	1

	Jan 2024	Feb 2024	Mar 2024
Unique Utilizing CBAS Mbrs	254	254	258
Average Days per Week	1.9	1.9	1.7
Members utilizing CBAS six months ago, now in LTC	0	0	0

Pharmacy

Pharmacy

Data/Results: PA Metrics

	Goal	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
Total CHPIV										
Total # PA's	N/A	76	66	47	50	60	36	63	60	41
# Approved %	N/A	57%	71%	55%	60%	55%	64%	51%	50%	61%
# Denied %	N/A	43%	29%	45%	40%	45%	36%	49%	50%	39%
PA per 1,000M	N/A	0.79	0.68	0.48	0.51	0.62	0.37	0.65	0.63	0.43
% PA requests meet goal*	100%	76.3%	98.5%	86.8%	88%	96.7%	97.2%	96.8%	98.3%	100%

Pharmacy

Top 5 Pharmacy PA Requests

January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
filgrastim	filgrastim	pegfilgrastim	filgrastim	pegfilgrastim	filgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim
pegfilgrastim	pegfilgrastim	filgrastim	pegfilgrastim	viscosupplement	pegfilgrastim	IV iron	IV iron	IV iron
IV Iron	botulinum toxin	IV Iron	botulinum toxin	filgrastim	IV iron	filgrastim	filgrastim	botulinum toxin
botulinum toxin	denosumab	pembrolizumab	denosumab	pembrolizumab	fulvestrant	viscosupplement	atezolizumab	pembrolizumab
denosumab	pembrolizumab	denosumab	IV iron	IV iron	pembrolizumab	denosumab	botulinum toxin	trastuzumab

Pharmacy

Top 5 Denials in Q3 based on Percentage and Total Number

Drug Name	% Denied	Drug Name	# Denied
IV iron	100%	IV iron	26
atezolizumab	100%	pegfilgrastim	34
rituximab	57%	atezolizumab	5
pegfilgrastim	53%	denosumab	9
epoetin alfa	50%	rituximab	7

Pharmacy

Quality Assurance/Reliability Results for Q3

Analysis/Findings/Outcomes:

Pharmacy prior authorization (PA) metrics were at in all months of Q3 2024. The average TAT for Q2 2024 was **98.17%**. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits.

Barrier Analysis:

Q3 2024 TAT goal was not met in with an average of **98.17%**, increase of 4.4% over Q2 2024. PA approval rates in Q3 2024 were lower compared to Q2 2024 with September having higher approval rates than the rest of the quarter. PA volume was lower in September compared to other months in the quarter. Trending in volume and TAT will be monitored in Q4 2024 to ensure consistent processes and procedures by the PA team.

Behavioral Health

Behavioral Health/SUD

CHPIV Members Served by Month Q2 (Unduplicated)

County	Apr 2024	May 2024	Jun 2024
Imperial +	1,339	1,288	694

CHPIV Members Served by Month Q1 (Unduplicated)

County	Jan 2024	Feb 2024	Mar 2024
Imperial +	1,058	1,088	1,205

CHW Members Served by Month Q4* (Unduplicated)

County	Oct 2023	Nov 2023	Dec 2023
Imperial +	1,041	911	819

Behavioral Health/SUD

Q3 BH Medi-Cal Referrals – CHPIV

7	members were referred to HN BH by County SMHP
5	members were referred by HN BH to County SMHS
7	members were referred to HN BH providers

Q2 BH Medi-Cal Referrals – CHPIV

0	members were referred to HN BH by County SMHP
1	members were referred by HN BH to County SMHS
19	members were referred to HN BH providers

Behavioral Health/SUD

Applied Behavioral Analysis (ABA) Services – Q3

Community Health Plan of Imperial Valley	
Total Members Provided UM & CM:	938**
New referrals for ABA services	75**
ABA authorizations	394
ABA full denials	0
ABA partial denials	3
New SCAs for out-of-network providers (mostly COC)	0
Average number of treatment hours/week authed	14.2
Age range of ABA recipients	1.9-20yrs

California Children's Services (CCS)

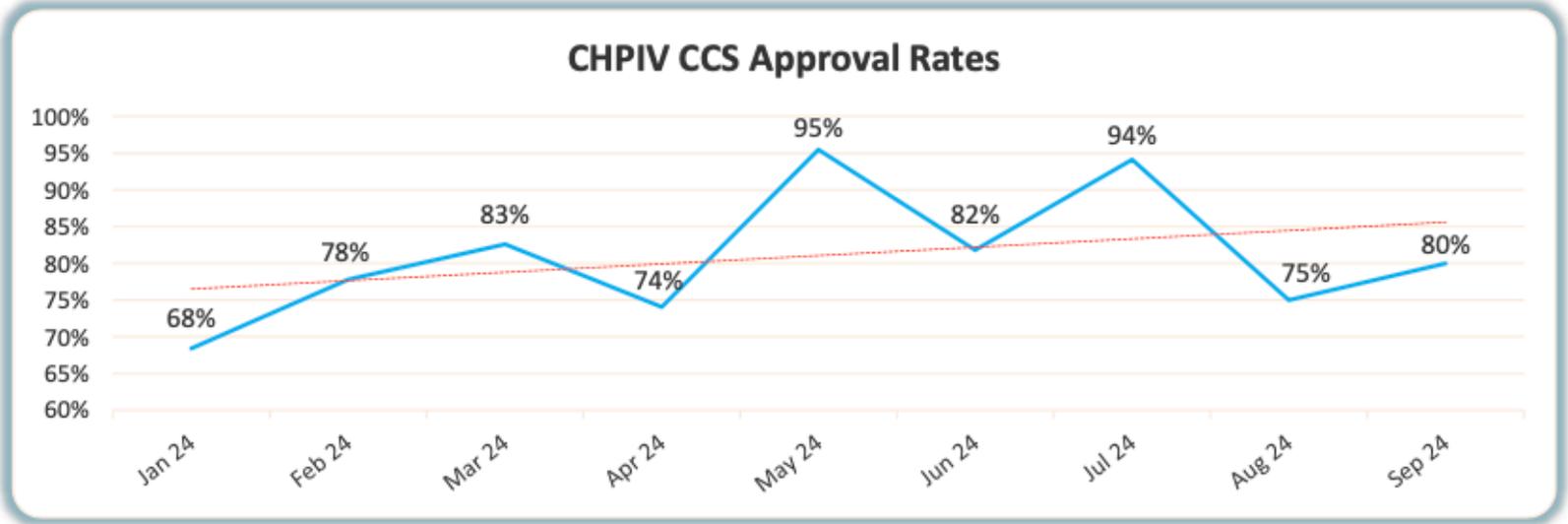
CCS Case Review

Month	Existing App	Approved	Denied by CCS	Pending CCS Feedback	Approval Rate	Denial Rate	% Pending	Auth Voided - Not Sent to CCS	Grand Total
Jan-24	12	26	12		68%	32%	0%	1	50
Feb-24	29	21	6		78%	22%	0%		56
Mar-24	23	19	4		83%	17%	0%	1	46
Apr-24	30	20	7	4	74%	26%	13%		61
May-24	7	21	1	1	95%	5%	4%	1	30
Jun-24	13	18	4		82%	18%	0%		35
Jul-24	17	16	1	2	94%	6%	11%	2	36
Aug-24	14	18	6	6	75%	25%	20%		44
Sep-24	17	4	1	22	80%	20%	81%		44
2024 YTD	162	163	42	35	80%	20%	15%	5	402

Key Observations

- Even with 81% of September cases pending CCS review, CHPIV cases submitted to CCS for review have an approval rate of 81% in September, 80% for 2024, year-to-date
- An average of 45 cases are identified monthly for CCS consideration
- Of all potential CCS cases identified year-to-date, 40% of the time (162 cases), an existing/already active SAR was identified, so a SAR submission to CCS was unnecessary

New SAR CCS Approval Rates



For the past nine months, the average CCS approval rate for new SAR submissions is 80%

Quality Improvement Update

Performance Improvement Projects - 2024

Community Health Plan of Imperial Valley QITS Overview

80 Projects

8% Health Equity
Focus Projects

QITS Data Source: October 2024_10.22.2024 QITS Report

Scheduled Quality Trainings-Coordinated by the HN Training POD

October 2024	QI Toolkit: Mastering Tools for Better Outcomes: Session 2 Fishbone Diagram
November 2024	QI Toolkit: Mastering Tools for Better Outcomes: Session 3 Process Mapping
November 2024	Measure of Focus (Care Coordination) PE Office Hours
November 2024	QI Toolkit: Mastering Tools for Better Outcomes: Session 4 FMEA
November 2024	QI Toolkit: Mastering Tools for Better Outcomes: Session 5 Key Driver Diagram
November 2024	QI Toolkit: Mastering Tools for Better Outcomes: Session Literature Review

Initial Health Appointment (IHA): Community Health Plan of Imperial Valley (CHPIV)

Medical Record Review/Facility Site Review-Q2 2024

	Total Records	% Compliant
PED IHA	10	N/A
Adult IHA	160	N/A

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From January – March 2024	%
IHA Completed within 120 days	31.41↑
Member Outreach Compliance (3 attempts completed)	41.05↑
Overall Compliant (outreach or IHA compliant)	59.07↑

Denominator (able and unable to contact): 22,359

CHPIV Lead Screening Completion and Compliance

Table 1: Overall Compliance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	366	131	1,888
Denominator	1,563	579	4,294
% Compliant	23.42%↑	22.63%↑	43.97%↑

Table 2: CPT Code 83655 (Lead Testing) Only

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	353	127	1,792
Denominator	1,563	579	4,294
% Compliant	22.58%↑	21.93%↑	41.73%↑

Table 3: Anticipatory Guidance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	13	1	62
Denominator	1,563	579	4,294
% Compliant	0.8%↑	0.2%↓	1.4%↑

Population Health Management (PHM)

Population Health Management (PHM) Report

2024 Segmentation Inputs		# of Members Eligible as of January 2024	% of Members Eligible as of January 2024
Program Name	Eligible Population	CHPIV	CHPIV
N/A	Members with no risk factors	25,224	25.68%
N/A	Members with no claims	36,236	36.89%
Improve Preventive Health: Flu Vaccinations	All Members 6 months and older, especially high-risk populations	97,604	99.36%
Improve Preventive Health: Breast Cancer Screening	Women ages 50-74 years	11,681	11.89%
Improve Behavioral Health: Follow-Up Care after Mental Health Emergency Department Visits	Members ages 6 years and older as of the date of the Emergency Department visit for mental illness or intentional self-harm	61	0.06%
Start Smart for Baby	Pregnant Members at risk for complications of pregnancy as determined by the Member having an NOP score >34 and/or provider determination	4	0.004%
Care Management	Members fitting within clinical analytics population health groups 05d, 05c, 07a, 07b derived from ImpactPro with other designated criteria, complex conditions and other designated health factors and/or social determinants of health.	6839	6.96%

Population Health Management (PHM) Report

Transitional Care Management	Members with high complexity profile: Member is inpatient with anticipated discharge or recently discharged, hospital readmissions risk, 2 or more admissions within the past 6 months, 3+ emergency department visits within the past 6 months, multiple medications/high cost medications/high-risk medications, recent catastrophic event or illness, unmanaged/poorly managed chronic or behavioral health issues, psychosocial issues/barriers impacting access to care and/or services, history of non-compliance and/or complexity of anticipated discharge	285	0.29%
Chronic Condition Disease Management	Members with Asthma, Diabetes, COPD, Cardiovascular Conditions, Sickle Cell Disease, and Heart Failure	13,474	13.72%
Chronic Condition Management: Substance Use Disorder-Opioid (SUD-O) Program	SUD-O program timely/effective care in collaboration with providers for members on dangerous combinations (Benzodiazepines, Opioids, Muscle Relaxants, other), high doses and prolonged use	392	0.40%
Tobacco Cessation – Kick It California	Members 13 years and older	74,415	75.75%
Diabetes Prevention Program	Members 18 years and older with pre-Diabetes and/or abnormal glucose	4,368	4.45%
Diabetes Management Program	Members 18-75 years of age with Diabetes (type 1 and 2) with care gaps	4990	5.08%
Cardiac + Diabetes	Members that have Diabetes with Hypertension and/or Cardiovascular Disease	9689	9.86%

Population Health Management (PHM) Report

Fit Families for Life – Home Edition (Transitioning to Corporate Health Coaching Program): Note: Plans to go live first with CHPIV)	Adults and children	98,233	100.00%
Health Information Form	All members	98,233	100.00%
Initial Health Appointment	All members	98,233	100.00%
Digital Behavioral Health Platform	Members 13 years and older	74,415	75.75%
Behavioral Health Care Management	All members	98,233	100.00%
Chronic Condition: Respiratory Conditions (Chronic Obstructive Pulmonary Disease (COPD) and Asthma)	Members with Chronic Obstructive Pulmonary Disease or Asthma diagnosis with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both	1778	1.81%
Emergency Room Diversion Program	Members visiting the ER for avoidable chief complaints	4472	4.55%
Chronic Condition: Oncology	Members with diagnosis of Breast, Prostate, Colon Cancer, Lung cancer, and other Women’s Cancers with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both	582	0.59%
Telemedicine (Teladoc)	All Members	98,233	100.00%

Health Equity

Family Unit HEDIS/Multigap Outreach Calls MY2024 – RY2025 Project Updates

Medi-Cal

- CVH and CHPIV outreach began July - August 2024 with anchor measure WCV (7-13)
- First attempts completed on over 1/3 of members; overall reach rate holds at 20.5%
- HEDIS team is also getting close to 100,000 first attempts completed

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q3

1. 0 Investigative Cases brought before Peer Review Committee
2. 0 incidences of Appointment Availability Resulting in Substantial Harm
3. 0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q3

Initial Credentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
PAUL	KRUPER	DPM	Pediatrics	SCP	E 000000002411	Y	Podiatry	8/31/2032	7/25/2024
AREN	PANOYAN	MD	Internal Medicine	SCP	A 000000146132	Y	Internal Medicine	2/15/2025	9/26/2024
SHANNON	JOHNSON	SLP	Speech Pathology	No-Physician	SP 000000013361	N/A	N/A	N/A	9/26/2024
ASHLYN	KUKULA	SLP	Speech Pathology	No-Physician	SP 000000030809	N/A	N/A	N/A	9/26/2024
KRISTIN	FLANNIGAN	SLP	Speech Pathology	No-Physician	SP 000000024653	N/A	N/A	N/A	9/26/2024
CHEN-HUA	YOUNG	NP	FAMILY NURSE PRACTITIONER	No-Physician	NP 000000013111	N/A	N/A	N/A	7/25/2024
ALISON	LUTZ	MD	Obstetrics/Gynecology	SCP	A 000000196137	Y	OBSTETRICS & GYNECOLOGY	2/15/2025	8/8/2024

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q3

Re-Credentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification	
								Date	Approval Date
RAFAEL	CAMARENA	FNP	Nurse Practitioner	No-Physician	NP 000000411168	N/A	N/A	N/A	7/25/2024
JEFFREY	BROWN	PA	Physician's Assistant	No-Physician	PA 000000022336	N/A	N/A	N/A	9/26/2024
RICHA	KAUSHAL	MD	Pediatrics	PCP	A 000000138603	Y	Pediatrics	2/15/2025	9/26/2024

Peer Review Credentialing and Access Reports

Certification/Recertification – Q3

Initial Certification

Peer Review Credentialing and Access Reports

Certification/Recertification – Q3

Recertification

Name of Organizational	Type	Approval Date
Pioneers Memorial Healthcare District - Pioneers Children Health Ctr	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Calexico Health Ctr	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Cancer Center	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Comprehenisve Womens Health	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Center for Digestive and Liver Dis	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Specialty Center at Pioneers (SCAP)	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Surgical Health Center	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - The Pioneers Health Center	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Therapy Solutions	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Womens Health Center	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Wound Care Center	CaAIM/ECM	8/29/2024
Pioneers Memorial Healthcare District - Hospital - Brawley	HOSPITAL	8/29/2024

Facility Site Reviews

Facility Site Review & Medical Record Reviews

FACILITY SITE REVIEW AND MEDICAL RECORD REVIEWS:

Health Net completed 11 Facility Site Reviews (FSR) and 1 Medical Record Review (MRR) (total of 10 records reviewed) in the first two quarters of 2024. Corrective Action Plans (CAPs) are required for FSR and MRR scores below 90% and for deficiencies in any Critical Elements (CE); CAPs must be approved, and corrections verified. There was 1 MRR requiring an on-site focused review to verify corrections. There was 1 failed review during this period.

- The FSR mean rate for Q1-Q2 2024 was 98%.
- The MRR mean rate for Q1-Q2 2024 was 77%

METHODOLOGY:

Data are extracted from the FSR database. Health Net uses their FSR database which is a secure web-based application used to manage the FSR/MRR/PARS data and processes.

The period reflected in this FSR, MRR and PARS activity report is for the 1st and 2nd Quarters 2024. It includes sites reviewed by Health Net for Imperial County.

Network Access & Availability

Network Access & Availability Q2 2024 Updates

Report	Review Outcome	Review Period	Next Step
Network Level Access & Availability	<p>Plan met network adequacy regulatory and business goals for Q2 2024, except for PCP and SPC adult/pediatric network adequacy.</p> <ul style="list-style-type: none"> PCP adequacy 95%/PCP pediatric 99.7% SPC adequacy 99.7/SPC pediatric 99.8% 	Q2 2024	Rural ZIP code with limited providers. Submit exemption request through alternative access standard as part of 2024 DHCS Annual Network Certification (TBD).
Access Grievance Provider Outlier	<p>HNCS: Median PTMPY 2.52 CHPIV: Median PTMPY 1.62 *Per thousand member per year (PTMPY)</p> <p>Top Issues: Prior authorization delay, availability of appt with PCP, and network availability. No outliers found.</p>	Q1 2024	Groups will receive their grievance reports as FYI.
Medi-Cal Subnetwork PPG Outlier	TBD – 2024 PPG Network Adequacy level reviews to be completed by Q4 2024. PPG held to same DHCS adequacy standards as Health Net.	Q4 2024	<ul style="list-style-type: none"> Issue PPG results & CAPs as applicable. PPG response to include; details on targeted network development, P&P's for OON access, and/or submission of missing network provider data with targeted dates for improvement. PPG must demonstrate the lack of specialists within standard or provider refusal to contract before SNC CAP closure. Nonresponsive PPGs or PPGs that do not comply with CAPs will be escalated to regional PNM & PE. Possible formal CAPs issued.

Vendor Management

Vendor Management & Oversight

During Q3 2024 the following monitoring/oversight activities were conducted:

- 13 Joint Oversight Committee (JOC) meetings were conducted.
- 6 initiated vendor audits: ModivCare, TurningPoint Centene Pharmacy Services, Evolent (NIA), Teleperformance, Language Line
- 2 Completed audits: Shared Service HRA, Shared Services RN Advice Line.

2024 Audit & Monitoring Results:

Vendor/Affiliated Company	Category of Service	Result
ModivCare	Transportation program	DHCS HNCS Regulatory finding for Physician Certification form delegation to transportation broker and oversight of this process.
ModivCare	Transportation program	Medi-Cal - July and August call center missed average speed to answer 80% in </= 30 Sec

Date	Actions Taken	Barrier Addressed?
September	PCS form process will be moved (de-delegated) from ModivCare to internal department. Oversight policies and processes will be adjusted to address changes.	Y
September	Corrective action issued to ModivCare, remediation plan being developed and financial penalties have been assessed.	Y

Next Steps: Meetings to discuss the vendors' remediation plan and track progress.

Questions & Comments



QIHEC Meeting Dates for 2025

- Q1-Wednesday, April 16, 2025
- Q2-Wednesday, July 16, 2025
- Q3-Wednesday, October 16, 2025
- Q4-Wednesday, January 14, 2026