



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

October 16, 2024-Qtr. 3 Agenda

12:00 P.M.

512 W. Aten Rd., Imperial, CA 92251

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Meeting ID: 251 537 121 771

Passcode: x9fzLM

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 July 10, 2024
- b. Q3 CHPIV QIHEC Consent PPT

4. ACTION

- a. Approval of Health Net Q2 QIHEC PPT and PDF
- b. Approval of Health Net Q3 QIHEC PPT and PDF
- c. Approval of Health Net 2024 Program Descriptions and Work Plans
- d. Approval of Health Net Clinical Policies
- e. Approval of CHPIV Credentialing Policies and Procedures
- f. Present/Approval of Q3 CHPIV QIHEC-Action PPT

Adjournment

Next Meeting: January 15, 2025, at 12:00 p.m. at CHPIV HQ



MINUTES
Quality Improvement Health Equity
Committee (QIHEC)

July 10th, 2024-Qtr. 1

12:00 P.M.

512 W. Aten Rd.

Imperial, CA 92251

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	P
Dr. Masoud Afshar	Masoud Afshar MD	P
Dr. Ameen Alshareef	Valley Pediatric Health	P
Leticia Plancarte- Garcia	Imperial County Behavioral Health	P
Janette Angulo	Imperial County Public Health Department	P
Mersedes Martinez	El Centro Regional Medical Center	A
Shilo Williams	San Diego State University	P
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	P
Jeanette Crenshaw	Community Health Plan of Imperial Valley	P

I. CALL TO ORDER

Dr. Gordon Arakawa, Chair

Meeting called to order at 1200

A. Roll Call

Donna Ponce, Commission Clerk

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

Nancy Del Real and Gabriel Jimenez attended in place of Leticia Plancarte.

Dr. Ramiro Zuniga CMO for Health Net attended as guest.

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- Motion by Dr. Sampat. Seconded by Dr. Alshareef.

II. CONSENT AGENDA

A. *Approval of Minutes from April 10th, 2024- Motion to approve by Shilo Williams Seconded by Janette Angulo.*

B. *Q2 CHPIV QIHEC Presentation- Presentation by Dr. Arakawa*

- Next Meeting- Work plans for each category will be a focus for next meeting. This meeting will be used to review baseline data from Q1.*

III. ACTION- No Action Items.

IV. Q&A

Dr. Sampat-



- ER utilization in our county, there is room for improvement. Need to come together to address issues leading to ER utilization and bringing down those numbers.
- Denials- Important to monitor. Asked question regarding length of time it takes for health plan to provide answer either approval or denial, circumstances leading to denials vs. approval, and number of calls that it takes to receive a response.
- Provider Network- Dr. Sampat states she has spoken to other MD's who report are unable to get approval to be a provider within the network, issues with credentialing. States there should not be a limit of specialist credentialed by CHPIV when they are needed
- HEDIS- Dr. Sampat asked of data pulled is claims based. States Cozeva is available but must be manually updated by the provider/staff which is time consuming.

Dr. Zuniga-

- Provided explanation on how data is pulled from HEDIS→Integration of data with use of CPT and CPT II codes, LOIN codes, Z Codes, Non-Billable Codes. Data mapping must be completed with use of codes so that data is pulled into HEDIS and is accurate when pulled.
- Prior Authorizations- Routine turn around time is 5 days from day of receipt. Urgent turn around time is 72 hours from receipt.
- Denials- Most are modification/partial denials meaning a request form additional information is needed to grant full request. For example, requesting X number of visits but only a percentage of those are approval based on proper diagnosis or assessment documentation. Another example is ordering a study but a different study being approved due to diagnosis.
- Dr. Zuniga would be happy to meet aside with providers to explain data pull and have an expert from Health Net explain specifics on coding, mapping and data pulling.

Shilo Williams-

Question: Will we be able to see data trends such as Q1, Q2, etc.

Dr. Arakawa-

Answer: Yes we will continue to present data for each quarter and be able to track and trend.

Janette Angulo-

- Question on Behavioral Health Data presented, is this only reflecting members referred to County Mental Health and not private providers?

Dr. Arakawa-

- Answer- yes this is only referring to County Mental Health it would be nice and important to have information for members seen at private practices.

Adjournment: *Meeting Adjourned at 1317*

**Q3 CHPIV Quality Improvement Health
Equity Committee Presentation
(Consent)**

Q3 CHPIV QIHEC Agenda

Topics

- Pharmacy
- California Children's Services (CCS)
- Health Equity
- County Relations Report

Pharmacy

Pharmacy

Data/Results: PA Metrics

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

Pharmacy

Top 5 Pharmacy PA Requests

January 2024	February 2024	March 2024	April 2024	May 2024	June2024
filgrastim	filgrastim	pegfilgrastim	filgrastim	pegfilgrastim	filgrastim
pegfilgrastim	pegfilgrastim	filgrastim	pegfilgrastim	viscosupplement	pegfilgrastim
IV Iron	botulinum toxin	IV Iron	botulinum toxin	filgrastim	IV iron
botulinum toxin	denosumab	pembrolizumab	denosumab	pembrolizumab	fulvestrant
denosumab	pembrolizumab	denosumab	IV iron	IV iron	pembrolizumab

Pharmacy

Top 5 Denials in Q2 based on Percentage and Total Number

Drug Name	% Denied	Drug Name	# Denied
IV iron	100.00%	pegfilgrastim	15
epoetin alfa	100.00%	IV iron	14
viscosupplement	80.00%	viscosupplement	8
ped hydrolyzed/amino acid	66.67%	filgrastim	5
pegfilgrastim	62.50%	botulinum toxin	3

Pharmacy

Comments

For Q1

1. Viscosupplement
2. Epoetin Alfa
3. Ped hydrolyzed/amino acid (enteral formula)

Pharmacy

Quality Assurance/Reliability Results for Q2

Analysis/Findings/Outcomes:

- **90%** threshold met. **95%** goal not met; overall score was **95.83%**
- **0** cases missed TAT.
- **3** cases were noted that criteria used was not applied or documented appropriately after plan review
- **1** case had letter language that could have been clearer to the member and/or MD after plan review.
- **1** case were determined to have a questionable denial or approval after plan review.

California Children's Services (CCS)

California Children's Services (CCS)

Key Observations

1. Average of 50 cases identified monthly for CCS Consideration (similar to Q1)
2. For CHPIV cases submitted to CCS, average approval rate of 75% (similar to Q1)

Health Equity

Health Equity Strategy Summary

Health Equity Mission:

Help the people and communities we serve achieve the highest level of health by advancing equity in health and healthcare

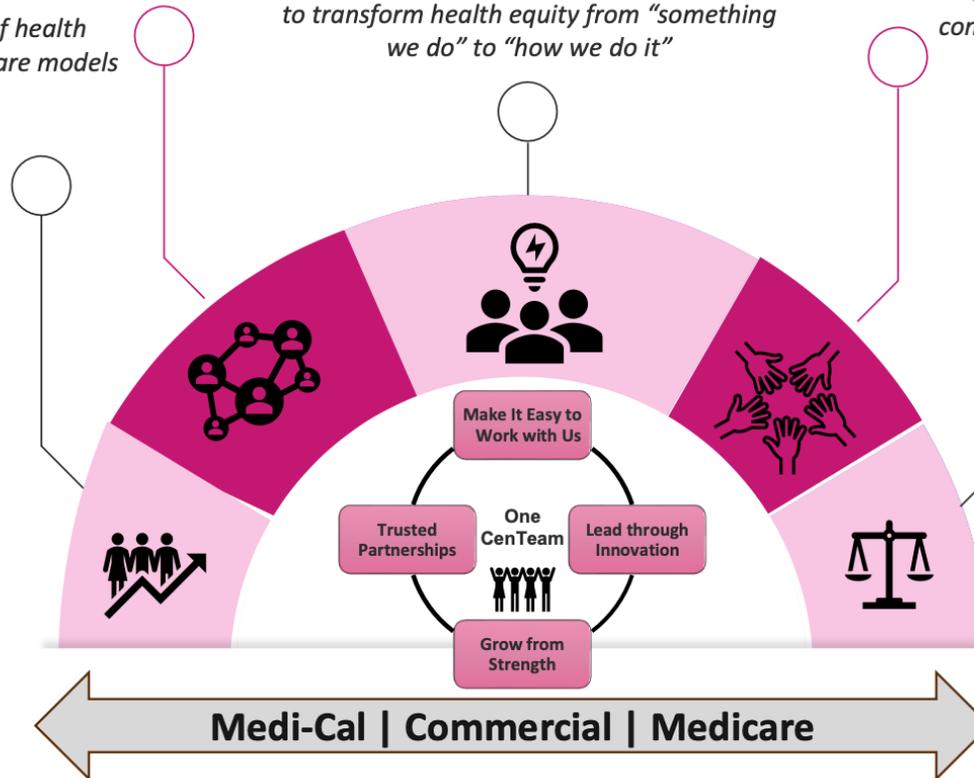
2. Enhance Population Health and Quality
to address social drivers of health inequities using integrated care models

3. Advance our Knowledge, Competencies and Capabilities
to transform health equity from “something we do” to “how we do it”

4. Employ Place-Based Strategies
to remove health inequities at the community level and deliver a seamless member experience

1. Harness the Power of our Health Equity Data
to identify health equity patterns, inform priorities and measure outcomes

5. Shape the future of Health Equity
through policy leadership and advocacy



Strategic Objectives: Close care gaps, remove health inequities and set the standard with regulators, purchasers and accreditation bodies

Health Equity Vision: Become the partner of choice and the innovative industry leader in Health Equity

2024 Mid Year (Q1 & Q2) LAP Report

CHPIV Members with Limited English Proficiency (MLEP) = 56,213

Number of Telephone Interpreter Requests = 1,231

YTD Rate = $1,231/56,213 \times 2 = 44$ per 1000 MLEP Members

Number of Cultural & Linguistic Grievances = 4

County Relations Report

CHPIV/Health Net Quarterly Meetings with

1. Behavioral Health
2. Public Health
3. Regional Center

Public Health

Increase in number of cases of Tuberculosis (TB)

- 17 active TB cases, 73 contacts
- Investigations at two correctional facilities
- **Awareness drives identification of TB cases**

Questions & Comments

Q3 CHPIV Quality Improvement Health Equity Committee Presentation

Q3 CHPIV QIHEC Agenda

Topics

- CHPIV Document Review
- Clinical Policy Review
- Call Center Metrics
- Utilization Management
- Appeals & Grievances
- Healthcare Effectiveness Data & Information Set (HEDIS)
- Care Management KPI Report
- Enhanced Care Management/Community Supports

Q3 CHPIV QIHEC Agenda

Topics

- Long Term Support Services (LTSS)
- Behavioral Health
- Quality Improvement Projects
- Population Health Management (PHM) Quarterly Report
- Peer Review Credentialing

CHPIV Document Review

- Population Health Management Strategy Description
- Care Management Program Description
- Health Equity Program Description
- Utilization Management Program Description
- Quality Improvement Health Education Program Description

- 2024 Health Equity Work Plan
- 2024 Quality Improvement, Health Education, and Wellness Work Plan
- Utilization Management/Care Management Work Plan 2024 Mid-Year Evaluation

Clinical Policy Review

Review of Centene Clinical Policies

For Q1 & Q2

One (1) New Clinical Policy

Sixty-Eight (68) Revised Clinical Policies

Call Center Metrics

Call Center Metrics

KPI	Target	April 2024	May 2024	June 2024	Q2	Q1
<i>Member Services</i>						
Calls Offered		3,989	3,595	2,785	10,369	21,197
Calls Handled		3,968	3,555	2,765	10,288	20,473
% Calls Abandoned	<5%	0.53%	1.11%	0.72%	0.79%	4.46%
% SVL (all abn calls)	>80% w/in 30 seconds	98.17%	97.82%	98.41%	98.13%	87.49%
Average Speed Answer	<= 30	0:00:05	0:00:04	0:00:05	0:00:05	0:00:25

Call Center Metrics

Member Call Volume for Q2-2024: CHPIV - 10,369

Top member call types:

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

Call Center Metrics

KPI	Target	April 2024	May 2024	June 2024	Q2	Q1
<i>Provider Services</i>						
Calls Offered		1,536	1,539	1,413	4,488	5,301
Calls Handled		1,521	1,532	1,394	4,447	5,233
% Calls Abandoned	<5%	0.98%	0.45%	1.34%	0.92%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	99.15%	98.89%	96.59%	98.21%	89.27%
Average Speed Answer	<= 45	0:00:06	0:00:07	0:00:13	0:00:09	0:00:14

Call Center Metrics

Provider Call volume for Q2-2024: CHPIV - 4,488

Top provider call types:

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

Utilization Management Metrics

Utilization Management Key Metrics

	2024-Q1	2024-Q2
	Combined	Combined
Admissions per Thousand	43.9	36.8
Bed Days per Thousand	180.0	153.4
Average Length of Stay	4.1	4.2
Percent 30-Day Readmission	9.2%	6.5%
ER per Thousand	466.1	443.0
Outpatient Surgery per Thousand	142.7	143.0

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
CHPIV-101	CHPIV PA Routine Authorizations TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	97.78%
CHPIV-103	CHPIV PA Urgent Authorizations TAT	93.33%	100.00%	100.00%	97.78%	90.00%	100.00%	100.00%	96.67%
CHPIV-106	CHPIV Concurrent Authorization TAT	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
Approvals	555	905	2,348	3,808	2,298	2,930	2,262	7,490
Denials	34	36	45	115	40	45	21	106
Deferrals	19	14	15	48	18	18	19	55
Modifications (Partially Approved)	45	27	26	98	33	36	49	118

2024 Q1 to Q2 Trends

Approvals increased by 49%, Denials decreased by 8%

Appeals decreased by 48%

Overall casework increased by 48%

Appeals & Grievances

Appeals & Grievances

Appeals and Grievances – Rolling Year Totals

2024 Appeals	Q1	Q2	YTD
CHPIV	7	15	22

2024 Grievances	Q1	Q2	YTD
CHPIV	96	145	241

Appeals & Grievances

Q2 – Top 5 Appeals

Description	Volume	PTMPY	OT
Not Medically Necessary - Diagnostic - MRI	3	0.09	2/3
Not Medically Necessary - Diagnostic - Test	2	0.06	0/2
Not Medically Necessary – DME-Apnea Monitor	1	0.03	1/1
Not Medically Necessary – Other-Self Injectable Medication	1	0.03	1/1
Not Medically Necessary – Prosthetic-Upper or Lower Extremities	1	0.03	1/1

Appeals & Grievances

Q2 – Top 5 QOS Grievances

Description	Volume	PTMPY
Access to Care - Prior Authorization Delay	21	0.66
Transportation - General Complaint Vendor	20	0.62
Administrative Issues - Member Materials	10	0.31
Administrative Issues - Referral Process	9	0.28
Administrative Issues - Health Plan	6	0.19

Appeals & Grievances

Q2 – Top 5 QOC Grievances

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

1. 9 QOC Grievances filed in Q2
2. All cases referred to Health Net Clinical Department for assignment of severity level
 1. 5 cases – level 0
 2. 2 cases – level 1
 3. 2 cases – level 2
3. All cases reviewed by Dr. Arakawa

Appeals & Grievances

PQIs

- For Q2, there were 0 Cases or Investigations

HEDIS Measures RY2025

MEASURE_ID	Goal Rate	DEN YTD	Rate YTD	Rate SMLY	Rate Change YOY	Rate Status YTD	Gaps to Reach Goal YTD	Gaps Per Month YTD	Pacing Per Month YTD	Pacing On Track
AMR	65.61%	1309	69.90%	69.49%	0.41%	QC 50th	0	0	0.00%	On Track
BCSE	52.60%	3688	51.17%	50.64%	0.53%	QC 25th	53	18	0.49%	On Track
CBP*	61.31%	5057	24.88%	38.46%	-13.58%	QC <25th	1843	615	12.16%	Not On Track
CCS*	57.11%	19820	47.17%	51.76%	-4.59%	QC <25th	1971	657	3.31%	Not On Track
CDEV	34.70%	3263	46.61%	45.48%	1.13%	DHCS 50th	0	0	0.00%	On Track
CHL	56.04%	1745	44.18%	44.61%	-0.43%	QC <25th	207	69	3.95%	Not On Track
CIS_CO10*	30.90%	1287	24.40%	28.55%	-4.15%	QC <25th	84	28	2.18%	Not On Track
COL-E	49.88%	8778	31.85%	30.02%	1.83%	QI 25th	1583	528	6.02%	Not On Track
FUA_30DAY	36.34%	207	37.68%	21.60%	16.08%	QC 50th	0	0	0.00%	On Track
FUM_30DAY	54.87%	76	31.58%	10.26%	21.32%	QC <25th	18	6	7.89%	On Track
HBD_HBA1CPOOR*^	37.96%	5108	70.56%	70.86%	0.30%	QC <25th	1666	556	10.88%	Not On Track
IMA_CO2*	34.31%	1623	38.32%	35.52%	2.80%	QC 50th	0	0	0.00%	On Track
LSC*	62.79%	1298	73.50%	74.88%	-1.38%	QC 75th	0	0	0.00%	On Track
PPC_PPC*	78.10%	773	67.27%	59.97%	7.30%	QC <25th	84	28	3.62%	Not On Track
PPC_TPC*	84.23%	773	77.36%	74.12%	3.24%	QC <25th	54	18	2.33%	Not On Track
TFLCH_Rate1	19.30%	35187	0.94%	0.56%	0.38%	DHCS <25th	6461	2154	6.12%	Not On Track
W30_0_15*	58.38%	678	41.89%	37.56%	4.33%	QC <25th	112	38	5.60%	On Track
W30_15_30*	66.76%	1274	72.45%	66.28%	6.17%	QC 75th	0	0	0.00%	On Track
WCV	48.07%	33439	22.20%	22.30%	-0.10%	QC <25th	8651	2884	8.62%	Not On Track

Care Management

Care Management

Physical Health

Metric	Q1 2024	Q2 2024	12 mo. Total
Outreached (UTR,refuse,accept)	220	209	429
Engaged	96	97	193
Engagement Rate	43.6%	46.4%	45.0%
Total Screened and Refused/Decline	38	27	65
Unable to Reach (UTR)	86	85	171
Total Cases Closed	71	74	145
Total Cases Managed	143	169	240
Complex Case Management	17	23	27
Non-Complex Case Management	126	146	213

Care Management

Behavioral Health

Metric	Q1 2024	Q2 2024	12 mo. Total
Outreached (UTR,refuse,accept)	33	35	68
Engaged	21	32	53
Engagement Rate	63.6%	91.4%	77.9%
Total Screened and Refused/Decline	2	1	3
Unable to Reach (UTR)	10	2	12
Total Cases Closed	10	26	36
Total Cases Managed	26	47	58
Complex Case Management	3	3	4
Non-Complex Case Management	23	44	54

Care Management

Maternity

Metric	Q1 2024	Q2 2024	12 mo. Total
Outreached (UTR,refuse,accept)	220	100	320
Engaged	152	36	188
Engagement Rate	69.1%	36.0%	58.8%
Total Screened and Refused/Decline	11	2	13
Unable to Reach (UTR)	57	62	119
Total Cases Closed	234	59	293
Total Cases Managed	316	117	352
Complex Case Management	12	8	12
Non-Complex Case Management	304	109	340

Care Management

Transitional Care Services

Metric	Q1 2024	Q2 2024	12 mo. Total
Outreached (UTR,refuse,accept)	254	249	503
Engaged	151	163	314
Engagement Rate	59.4%	65.5%	62.4%
Total Screened and Refused/Decline	22	12	34
Unable to Reach (UTR)	81	74	155
Total Cases Closed	74	168	242
Total Cases Managed	153	229	316
Complex Case Management	0	0	0
Non-Complex Case Management	153	229	316

Care Management

Top Diagnoses - YTD

PH CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Diabetes	73
Chronic renal failure	32
Nutritional deficiency/Dehydration	18
Infectious disease	14
Rx: Antineoplastic treatment	13

BH CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Mental Disorder NOS	12
Depression	12
Alcohol / Substance Abuse	11
Anxiety Disorder	10
Bipolar Disorder	8

OB CASE MANAGEMENT	
Diagnosis/Case Type	Referrals
Supervision Normal Pregnancy	316
Supervision Of High Risk Pregnancy	14
Gestational Diabetes	4
Hypertension	2
Anemia	2

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	104	25	13	52.0%	16	2	12.5%	-39.50%

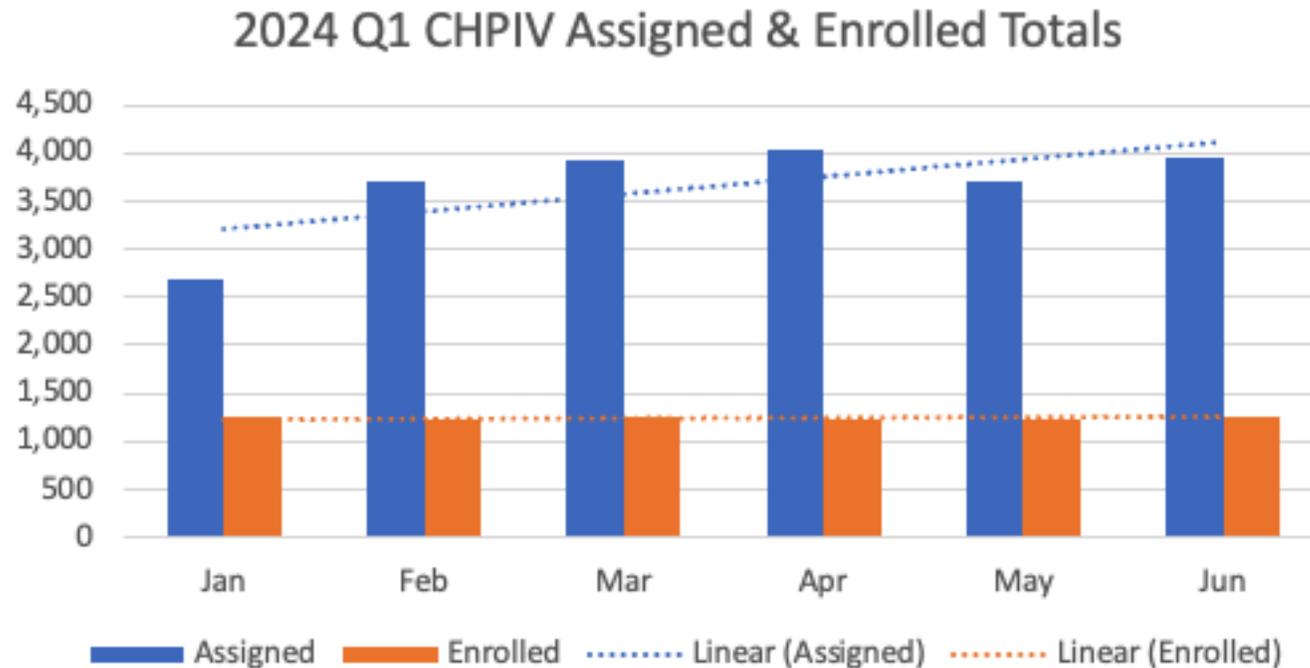
ED Claims

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	104	29	2,230	17	1,308	-12	-462

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

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

ECM Enrollment



Assigned & Membership By County	Jan 2024		Feb 2024		Mar 2024		Apr 2024		May 2024		Jun 2024	
	Assigned	Membership										
Imperial	2,686	1,251	3,692	1,224	3,931	1,253	4,029	1,240	3,691	1,226	3,941	1,262

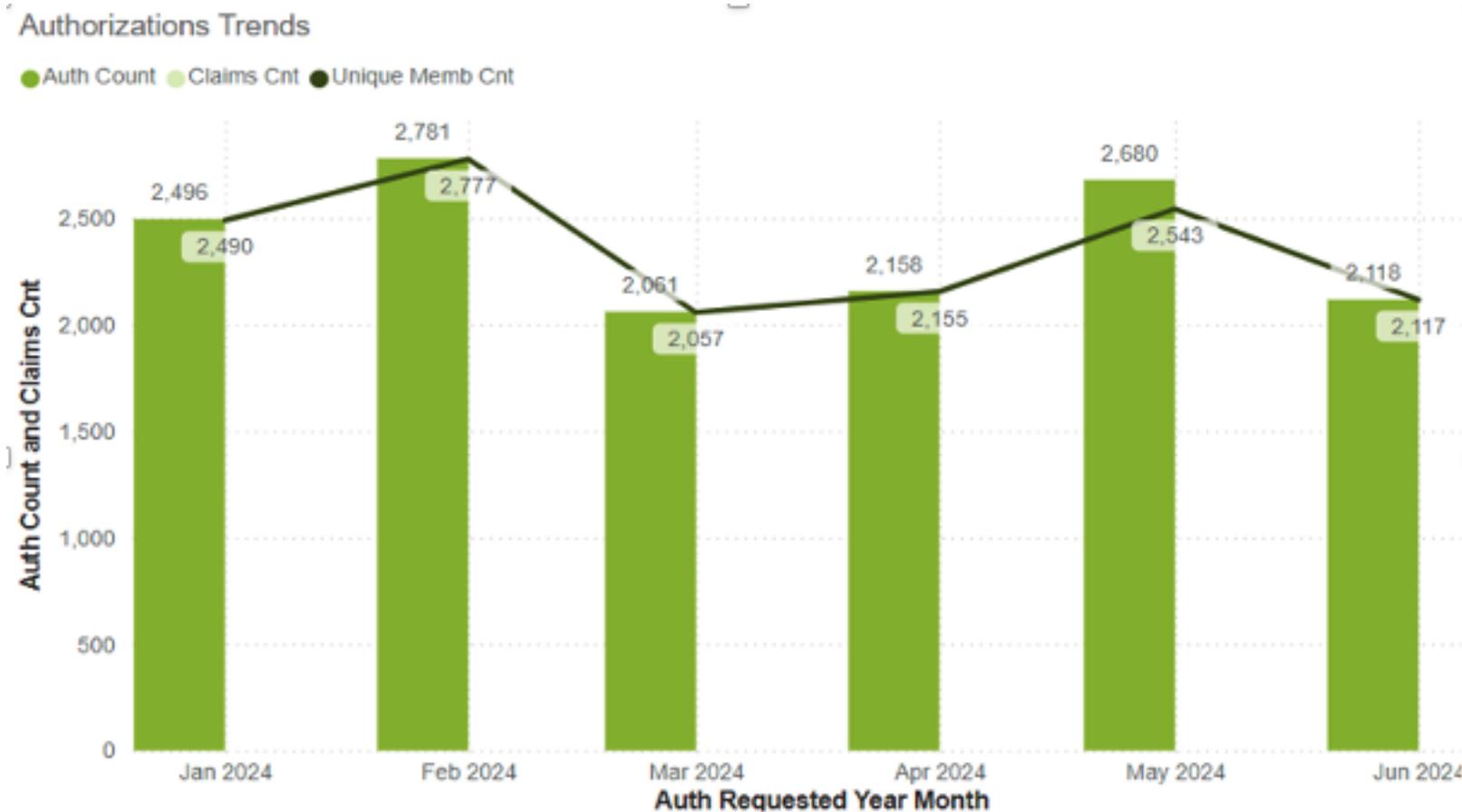
Enhanced Care Management (ECM) & Community Supports (CS)

ECM Information

- Average assignment to enrollment remains steady at 32%
- Highest number of Claims from Serene Health (76%) and MedZed (19%)
- 49 Members graduated from ECM during Q1 & Q2

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

CS Authorizations to Claims Count



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

CS Information

- 62 CS referrals were made to 10 CS Providers in Q1 & Q1
- Over 14,000 authorizations for CS were submitted with a 98,500 claims count in Q1 & Q2

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)

Q2

LTC (Long Term Care)

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

Q1

LTC (Long Term Care)

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)

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)

	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

Behavioral Health

Behavioral Health/SUD

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

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

Q1 BH Medi-Cal Referrals – CHPIV

0	members were referred to HN BH by County SMHP
4	members were referred by HN BH to County SMHS
18	members were referred to HN BH providers

Behavioral Health/SUD

Applied Behavioral Analysis (ABA) Services

Community Health Plan of Imperial Valley	
Total Members Provided UM & CM:	813
New referrals for ABA services	91
ABA authorizations	367
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	15.7
Age range of ABA recipients	1.7-20yrs

Quality Improvement Projects

Performance Improvement Projects - 2024

CHPIV Non-Clinical Behavioral Health Topic of Focus

Targeted Interventions that result in improvement in the rate of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Imperial County.

CHPIV Clinical Topic of Focus

Measure: Increase WCV care gap closure rate

Participant: Dr. Vishwa Kapoor

Progress: On Schedule

Quality Measure Improvement Projects

HEDIS/MCAS Gap Closure Projects Q1 & Q2

Controlling Blood Pressure

HbA1c Control

Timeliness of Prenatal Visits

Post Partum Care

Topical Fluoride Varnish

Population Health Management (PHM)

Population Health Management (PHM) Report

Campaign At-A-Glance: **Chronic Disease Management Domain (Imperial County)**

Campaign	Chronic Disease Management Domain (CBP/HBD/AMR)	Campaign Start and End Date	5/8/24- 5/24/24		
Executive Overview of Campaign	The Plan's Clinical Pharmacy Team is performing telephonic outreach to engage priority members and as well as their providers in Imperial County to improve CBP, HBD, and AMR HEDIS Measures by helping to schedule and complete their PCP and lab appointments and perform medication reviews to provide clinical recommendations for therapy optimization to providers. Through this work, CBP, HBD, and AMR related Care Gaps will be addressed and closed.				
WHO is being targeted	Medi-Cal members in Imperial with Care Gaps related to AMR, CBP and HBD HEDIS Measures				
WHAT is the key takeaway/call to action?	Member: Schedule PCP visit for blood pressure monitoring and schedule lab appt for A1c. Check SMBG and BP at home. Ensure medication compliance.	Provider: Identify members who have not received annual PCP visit and/or labs and outreach to members to schedule appointments + reminders.	Community: Connect members to resources for chronic condition management/Community Supports, and spread awareness at local places (grocery, worship), health/county fairs, and member-centric community-based events. Assist with connection to PCP.		
WHY is this campaign important?	<ul style="list-style-type: none"> Improves HEDIS rates for AMR, CBP and HBD HEDIS Measures in the measurement year Connects members to their PCPs/lab appointments and providing clinical recommendations for therapy optimization will in turn lead to Care Gap closure related to the CBP and HBD measures 				
Key Areas of Focus	<ul style="list-style-type: none"> CBP (Controlling High Blood Pressure) HBD (Hemoglobin A1c Control in Patients with Diabetes) AMR (Asthma Medication Ratio) 	Areas of Focus - Quality Outcomes (see highlighted areas)	<ul style="list-style-type: none"> PCP visits Screenings 	Areas of Focus – CalAIM Programs (see highlighted areas)	<ul style="list-style-type: none"> Community Supports ECM Connection to Non-traditional Provider

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q1 & Q2

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 – Q1

Re-Credentialing: Organization

Name	Type	Approval Date
Sutter Amador Hospital	Hospital	02/29/2024
Hospice of Amador Calaveras	Home Health	03/28/2024
Radiation Oncology Network of Southern CA - Imperial	Radiation Oncology	06/27/2024

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q2

Initial Credentialing

First	Last	Degree	Specialty	Board Certification Date	Approval Date
Tucker	Fischbeck	DO	Diagnostic Radiology	03/15/2024	06/27/2024

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing –Q2

Re-Credentialing

First	Last	Degree	Specialty	Board Certification Date	Approval Date
Edward	Clinite	DO	Family Practice	N/A	06/07/2024
Jack	Coombs, Jr	MD	Internal Medicine	Lifetime	06/27/2024
Jason	Jeffery		Internal Medicine	02/15/2024	06/27/2024
Vishwa	Kapoor	MD	Pediatrics	02/15/2024	04/25/2024
Artin	Mahmoudi	MD	Internal Medicine	02/15/2024	06/27/2024

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q2

Re-Credentialing: Organization

Name	Type	Approval Date
Fresenius Medical Care	Dialysis	04/25/2024
Fresenius Medical Care Imperial County	Dialysis	04/25/2024
Toiyabe Indian Health Project – Dialysis Center	Dialysis	06/27/2024

Questions & Comments