



AGENDA

Local Health Authority Commission

January 13, 2025

5:30 PM

512 W. Aten Rd., Imperial, CA 92251

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

Committee Members	Representing	Present
Dr. Theodore Affue	LHA Commissioner- Imperial County Medical Society	
Dr. Bushra Ahmad	LHA Commissioner- County of Imperial – Chief Medical Officer	
Dr. Carlos Ramirez	LHA Commissioner - CEO/Senior Consultant DCRC	
Dr. Unnati Sampat	LHA Commissioner - Imperial County Medical Society	
Dr. Allen Wu	LHA Commissioner - Inncare, Chief Medical Officer	
Miguel Figueroa	LHA Commissioner - County of Imperial – Chief Executive Officer	
Paula Llanas	LHA Commissioner - County of Imperial – Director of Social Services	
Ryan E. Kelley	LHA Commissioner - County of Imperial – Board of Supervisors	
Pablo Velez	LHA Commissioner - ECRMC Chief Executive Officer	
Yvonne Bell	LHA Vice-Chair - Chief Executive Officer – Inncare	
Lee Hindman	LHA Chair-Joint Chambers of Commerce representing the public	

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 AGENDA

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 12/9/2024
- B. Accept the monthly financial reports as reviewed and accepted by the Finance Committee.
 - 1. Enrollment Report
 - 2. Statement of Revenues, Expenses, and Changes in Net Position
 - 3. Statement of Net Position (Assets)
 - 4. Statement of Net Position (Liabilities & Net Position)
 - 5. Summarized TNE Calculation
 - 6. Cash Transaction Report

4. ACTION

- A. Accept the 2025 Budget as accepted by the Finance and Executive Committees
(David Wilson, CFO)

5. INFORMATION

- A. Health Services Report *(Dr. Gordon Arakawa, CMO)*
- B. Financial Services Report *(David Wilson, CFO)*
- C. Compliance Report *(Elysse Tarabola, CCO & Chelsea M. Hardy, Senior Director of Compliance)*
- D. Operations Report *(Julia Hutchins, Chief Operating Officer & Michelle S. Ortiz, Head of Member Experience Development)*
- E. Human Resources Report *(Shannon Long, HR Consultant)*
- F. CEO Report *(Larry Lewis, CEO)*
- G. 2024 Audit Planning *(Stelian Damu, MossAdams)*
- H. Other new or old business *(Lee Hindman, Chair)*



6. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 10/2025)

- A. Audit Communication
- B. Compliance

7. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

8. COMMISSIONER REMARKS

9. ADJOURNMENT

Next meeting: February 10, 2025



MINUTES

Local Health Authority Commission

December 9, 2024

5:30 PM

**Maranatha Steakhouse
612 S. J St., Imperial, CA 92251**

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

Committee Members	Representing	Present
Dr. Theodore Affue	LHA Imperial County Medical Society	A
Dr. Bushra Ahmad	LHA Commissioner – County of Imperial – Chief Medical Officer	✓
Dr. Carlos Ramirez	LHA Commissioner – CEO/Senior Consultant DCRC	✓
Dr. Unnati Sampat	LHA Commissioner – MD, Imperial Valley Family Care Medical Group	✓
Dr. Allen Wu	LHA Commissioner – Inncare, Chief Medical Officer	✓
Miguel Figueroa	LHA Commissioner – County of Imperial – Chief Executive Officer	✓
Paula Llanas	LHA Commissioner – County of Imperial – Director of Social Services	✓
Ryan E. Kelley	LHA Commissioner – County of Imperial – Board of Supervisors	A
Pablo Velez	LHA Commissioner – ECRMC Chief Executive Officer	✓
Yvonne Bell	LHA Vice-Chair – Chief Executive Officer – Inncare	✓
Lee Hindman	LHA Chairperson – Joint Chambers of Commerce representing the public	✓

1. CALL TO ORDER

Lee Hindman, Chair

Meeting called to order at 5:34 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

(Bell/Sampat) Approved the agenda with the removal of closed session item, 6A. Motion carried.



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.

None.

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 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.

(Velez/Sampat) To approve the consent agenda. Motion carried.

A. Approval of Minutes from 11/18/2024

B. Accept the monthly financial reports as reviewed and accepted by the Finance Committee.

1. Enrollment Report
2. Statement of Revenues, Expenses, and Changes in Net Position
3. Statement of Net Position (Assets)
4. Statement of Net Position (Liabilities & Net Position)
5. Summarized TNE Calculation
6. Cash Transaction Report

4. ACTION

A. Motion to Approve the Moss Adams Audit Engagement for 2024 as reviewed and accepted by the Executive Committee

David Wilson, CFO

(Wu/Velez) To approve the Moss Adams Audit Engagement for 2024. Motion carried.

B. DMHC Payment Approval

David Wilson, CFO

(Velez/Ahmad) To approve the DMHC Payment Approval. Motion carried.

C. Election of the LHA Chair

Larry Lewis, CEO

(Bell/Wu) To approve the selection of Lee Hindman as LHA Chair. Motion carried.

D. Election of the LHA Vice-Chair

Chair

(Wu/Ahmad) To approve the selection of Yvonne Bell as LHA Vice-Chair. Motion carried.



E. Appointments of Committee Chairs

Chair

Dr. Carlos Ramirez appointed as Chair of Finance Committee and Dr. Allan Wu appointed as Chair of Regulatory Compliance and Oversight Committee

5. INFORMATION

A. Health Services Report (*Dr. Gordon Arakawa, CMO*)

CMO, Dr. Gordon Arakawa, presented updates on Q4 QIHEC and NCQA.

B. Financial Services Report (*David Wilson, CFO*)

CFO, David Wilson, provided updates on financial reports.

C. Compliance Report (*Elysse Tarabola, CCO & Chelsea M. Hardy, Senior Director of Compliance*)

None.

D. Community Relations Report (*Michelle S. Ortiz, Head of Member Experience Development and Julia Hutchins, Chief Operating Officer*)

None.

E. CEO Report (*Larry Lewis, CEO*)

CEO, Larry Lewis reported on leadership changes within Health Net. Martha Santana-Chin has resigned from her position to assume the role of CEO at L.A. Care Health Plan, succeeding John Baackes. J. Brian Ternan has been appointed as the new CEO of Health Net to succeed Ms. Santana-Chin.

Mr. Lewis stated that CHPIV is nearing compliance with its provider network requirements.

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

None.

6. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 01/2025)

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

None.

7. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.



8. COMMISSIONER REMARKS

Commissioner Sampat announced her appointment as President of the Imperial County Medical Society. Her two-year term of office will commence in January 2025.

Commissioner Bell announced the appointment of Dr. Jacobo, a new Neurologist, to the Inncare medical staff. Commissioner Wu further stated that Dr. Jacobo will assume the practice of Dr. Teske, effective, December 16, 2024.

Chair Hindman thanked the commission for his reappointment as Chair.

9. ADJOURNMENT

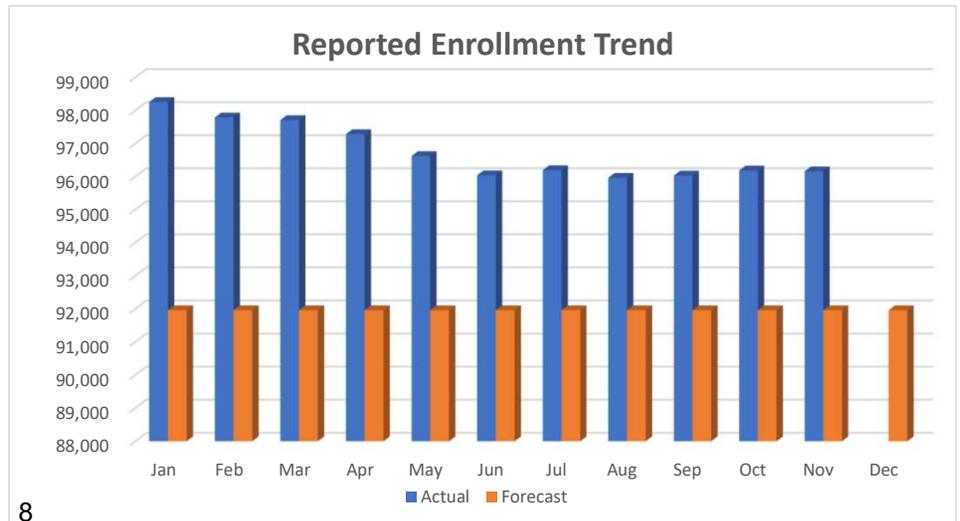
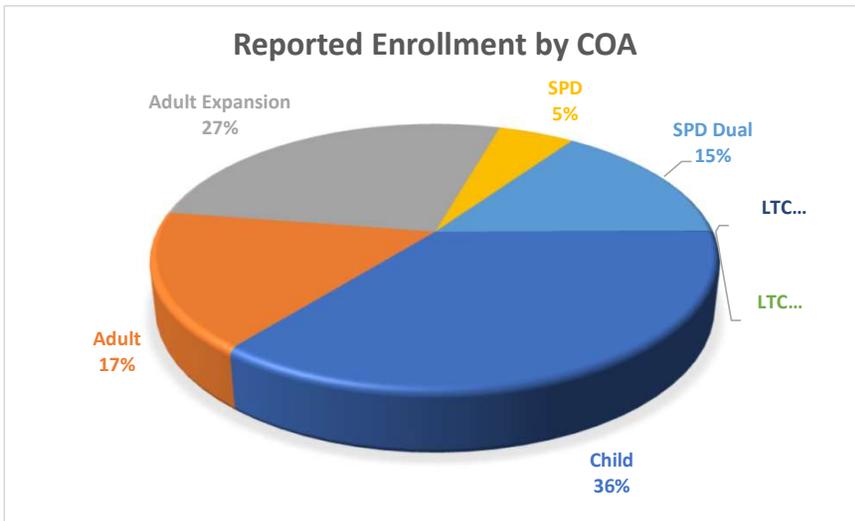
*The meeting was adjourned at 5:54 p.m.
Next meeting: January 13th, 2025*

**Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Enrollment Report
For November 2024**

Category of Aid (COA)*	2024 (Reported)												YTD Months	YTD Δ
	January	February	March	April	May	June	July	August	September	October	November	December		
Child	34,676	34,549	34,607	35,210	34,897	34,589	34,598	34,421	34,424	34,437	34,423		380,831	-0.7%
Adult	17,225	17,130	16,997	16,065	15,906	15,767	15,725	15,675	15,675	15,690	15,664		177,519	-9.0%
Adult Expansion	27,003	26,696	26,579	26,347	26,042	25,784	25,857	25,795	25,733	25,780	25,733		287,349	-4.7%
SPD	5,005	4,982	5,007	5,010	5,025	5,041	5,061	5,057	5,085	5,090	5,096		55,459	1.6%
SPD Dual	14,258	14,342	14,433	14,555	14,652	14,760	14,851	14,910	15,007	15,068	15,122		161,958	5.3%
LTC	11	11	12	17	17	15	17	18	19	19	19		175	72.7%
LTC Dual	81	80	79	83	86	87	88	92	92	105	105		978	13.6%
Total Medicaid	98,259	97,790	97,714	97,287	96,625	96,043	96,197	95,968	96,035	96,189	96,162		1,064,269	-2.3%
<i>Monthly Change</i>		<i>-0.5%</i>	<i>-0.1%</i>	<i>-0.4%</i>	<i>-0.7%</i>	<i>-0.6%</i>	<i>0.2%</i>	<i>-0.2%</i>	<i>0.1%</i>	<i>0.2%</i>	<i>0.0%</i>		<i>-0.2%</i>	

Category of Aid (COA)*	2024 (Restated)												YTD Months	YTD Δ
	January	February	March	April	May	June	July	August	September	October	November	December		
Child	35,296	35,591	35,539	35,338	35,097	34,800	34,736	34,565	34,580	34,512	34,423		384,477	-2.0%
Adult	16,468	16,578	16,496	16,188	16,059	15,924	15,840	15,823	15,783	15,720	15,664		176,543	-4.2%
Adult Expansion	26,823	26,742	26,667	26,376	26,046	25,788	25,781	25,682	25,656	25,694	25,733		286,988	-4.4%
SPD	5,055	5,120	5,114	5,104	5,110	5,113	5,099	5,102	5,098	5,087	5,096		56,098	0.9%
SPD Dual	14,399	14,530	14,632	14,714	14,792	14,881	14,920	14,992	15,059	15,088	15,122		163,129	4.6%
LTC	10	10	13	16	16	15	19	18	19	19	19		174	90.0%
LTC Dual	79	80	79	85	84	86	85	89	93	104	105		969	17.7%
Total Medicaid	98,130	98,651	98,540	97,821	97,204	96,607	96,480	96,271	96,288	96,224	96,162		1,068,378	-1.9%
<i>Monthly Change</i>		<i>0.5%</i>	<i>-0.1%</i>	<i>-0.7%</i>	<i>-0.6%</i>	<i>-0.6%</i>	<i>-0.1%</i>	<i>-0.2%</i>	<i>0.0%</i>	<i>-0.1%</i>	<i>-0.1%</i>		<i>-0.2%</i>	

* Source: DHCS 820 Remittance summary; includes retroactivity



**Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Statement of Revenues, Expenses, and Changes in Net Position
For November 2024**

	October		November			November (YTD)			Current Month Explanations
	Actual	Actual	Forecast	Variance - B/(W)		Actual	Budget	Variance - B/(W)	
				vs. Forecast	vs. Prior Month				
REVENUE									
Premium	\$ 23,049,788	\$ 22,580,622	\$ 22,249,362	\$ 331,260	\$ (469,166)	\$ 250,877,363	\$ 244,742,979	\$ 6,134,385	Maternity down in November, offset by Medical cost Timing of settlements booked in 2023
Pass-Through	657,816	321,811	883,592	(561,781)	(336,005)	6,366,412	9,719,508	(3,353,096)	
HN Settlements	-	-	-	-	-	602,764	1,135,000	(532,236)	
Government Grants	-	-	-	-	-	134,859	-	134,859	
TOTAL REVENUE	23,707,604	22,902,433	23,132,953	(230,521)	(805,171)	257,981,398	255,597,487	2,383,912	Favorable due to member volume (+\$1.1M), offset by rate/mix (-\$1.3M)
HEALTH CARE COSTS	\$ 23,016,110	\$ 22,225,014	\$ 22,465,472	\$ 240,458	\$ 791,096	\$ 249,620,881	\$ 247,120,197	\$ (2,500,683)	
Gross Margin	691,494	677,419	667,481	9,938	(14,075)	8,360,517	8,477,289	(116,772)	
ADMINISTRATIVE EXPENSE									
Salaries & Wages	\$ 269,510	\$ 271,243	\$ 241,139	\$ (30,103)	\$ (1,733)	\$ 2,821,322	\$ 2,564,199	\$ (257,123)	Total labor in line with forecast
Benefits and Bonus	29,518	30,490	78,663	48,173	(973)	386,211	837,297	451,087	
Total Labor Costs	299,028	301,733	319,803	18,070	(2,705)	3,207,532	3,401,496	193,963	
Consulting, Legal, & Other Professional	\$ 173,592	\$ 113,942	\$ 15,508	\$ (98,434)	\$ 59,649	\$ 825,015	\$ 130,592	\$ (694,423)	HMA, Moss Adams, Manifest MedEx, and Legal
Insurance and Banking	4,492	4,492	6,380	1,888	-	41,505	70,182	28,676	
IT Hardware/Software	2,994	3,162	9,820	6,657	(168)	43,992	188,017	144,024	
Office Expense	5,779	3,182	14,606	11,424	2,597	157,488	160,666	3,178	Regulatory fees of \$53K paid to DHCS
Other Admin	49,757	65,827	12,443	(53,383)	(16,070)	517,512	106,542	(410,971)	
Total Administrative Expense	535,642	492,338	378,560	(113,778)	43,304	4,793,046	4,057,494	(735,552)	
Non-Operating Income									
Dividend, Interest & Investment Income	\$ 94,351	\$ 103,403	\$ 100,347	\$ 3,056	\$ 9,052	\$ 924,113	\$ 990,319	\$ (66,206)	
Rental Income	1,450	1,450	-	1,450	-	15,950	-	15,950	
Total Non-Operating Income	95,801	104,853	100,347	4,506	9,052	940,063	990,319	(50,256)	
Depreciation & Amortization	\$ 10,656	\$ 10,228	\$ -	(10,228)	\$ (428)	\$ 106,703	\$ -	(106,703)	
Change in Net Position	\$ 240,997	\$ 279,705	\$ 389,267	\$ (109,562)	\$ 38,708	\$ 4,400,832	\$ 5,410,114	\$ (1,009,283)	
Key Metrics									
Enrollment	96,189	96,162	91,964	4,199	(27)	1,064,269	1,011,599	52,671	
Revenue PMPM	\$246.47	\$238.17	\$251.54	(\$13.38)	(\$8.30)	\$242.40	\$252.67	(\$10.26)	
MLR	97.08%	97.04%	97.1%	7 bps	4 bps	96.8%	96.7%	(13) bps	
Admin Ratio	2.3%	2.1%	1.6%	(51) bps	11 bps	1.9%	1.6%	(27) bps	
Net Income PMPM	\$2.51	\$2.91	\$4.23	(\$1.32)	\$0.40	\$4.14	\$5.35	(\$1.21)	
Net Income %	1.0%	1.2%	1.7%	(46) bps	20 bps	1.7%	2.1%	(41) bps	

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position
As of November 30, 2024**

ASSETS

Current Assets	<u>Oct 2024</u>	<u>Nov 2024</u>	<u>Change</u>
Cash and Investments			
Chase - Checking	\$ 199,830	\$ 199,830	\$ -
Chase - Money Market	3,370,693	25,799,897	22,429,204
JPMorgan Securities	12,304,439	13,039,168	734,729
First Foundation Bank	152,098	40,960	(111,138)
Receivables			
Accounts Receivable	4,223	2,773	(1,450)
Dividend Receivable	10,460	15,153	4,693
Premium Receivable	23,049,788	22,580,622	(469,166)
Pass-Through Receivable	359,633	321,811	(37,822)
Other Current Assets			
Prepaid Expenses	150,067	246,749	96,682
Total Current Assets	39,601,231	62,246,963	22,645,732
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	300,000	300,000	-
Capital Assets			
Buildings - Net	2,974,601	2,966,053	(8,548)
Computers & Office Equipment - Net	8,068	7,900	(168)
Improvements - Net	46,809	46,401	(408)
Intangible Assets - Net	44,957	44,134	(823)
Operating ROU Asset (Copier) - Net	7,037	6,756	(281)
Total Noncurrent Assets	3,381,472	3,371,244	(10,227)
Total Assets	<u>\$ 42,982,703</u>	<u>\$ 65,618,207</u>	<u>\$ 22,635,505</u>

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position
As of November 30, 2024**

LIABILITIES

CURRENT LIABILITIES	<u>Oct 2024</u>	<u>Nov 2024</u>	<u>Change</u>
Payables			
Accounts Payable	\$ 183,605	\$ 273,895	\$ 90,290
Capitation Payable	22,358,294	44,261,497	21,903,203
Pass-Through Payable	657,816	979,627	321,811
Credit Card Payable	9,294	13,395	4,101
Other Current Liabilities			
Short Term Lease Liability - Copier	3,359	3,375	15
Bonus Accrual	119,194	131,114	11,919
Salaries Accrual	46,190	56,664	10,474
Vacation Accrual	105,152	119,425	14,273
Total Current Liabilities	23,482,905	45,838,992	22,356,087
NON-CURRENT LIABILITIES			
Long Term Lease Liability - Copier	3,853	3,565	(288)
Total Noncurrent Liabilities	3,853	3,565	(288)
Total Liabilities	23,486,758	45,842,557	22,355,799

NET POSITION

Net investment in Capital Assets	3,381,472	3,371,244	(10,228)
Restricted by Legislative Authority	300,000	300,000	-
Unrestricted	11,693,346	11,703,574	10,228
Net Revenue	4,121,127	4,400,832	279,705
Total Net Position	19,495,945	19,775,650	279,705
Total Liabilities and Net Position	\$ 42,982,703	\$ 65,618,207	\$ 22,635,505

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Summarized Tangible Net Equity Calculation
As of November 30, 2024**

Net Equity	\$	19,775,650
Add: Subordinated Debt and Accrued Subordinated Interest	\$	0
Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles	\$	0
Tangible Net Equity (TNE)	\$	19,775,650
Required Tangible Net Equity *	\$	4,248,292
TNE Excess (Deficiency)	\$	15,527,358

Full Service Plan		
A.	Minimum TNE Requirement	\$ 1 1,000,000
B.	REVENUES:	
	2% of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement)	\$ 3,000,000
	Plus	
	1% of annualized premium revenues in excess of \$150 million	\$ 1,248,292
	Total	\$ 4,248,292

* Calculated Required Tangible Net Equity	
\$	22,902,432 - Current Month Premium
	x 12
\$	274,829,184 - Annualized
	←
\$	150,000,000
	x 2%
\$	3,000,000
	←
\$	124,829,184
	x 1%
\$	1,248,292
\$	4,248,292 - Required TNE

Community Health Plan of Imperial Valley
November 2024 Cash Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Checking				
11/15/2024	Chase Checking	J.P. Morgan Chase	Dividend Income - Oct 2024	\$ 10,459.91
11/15/2024	Chase Checking	Health Net	Rental Income - Oct 2024	1,450.00
11/15/2024	Chase Checking	Imperial Irrigation District	IID Energy Efficiency Savings Rebate / State Compensation Refund	3,302.40
11/15/2024	Chase Checking	Department of Health Care Services	11/15/24 Receipt - DHCS (Oct 2024 Revenue)	22,911,510.19
11/15/2024	Chase Checking	Department of Health Care Services	11/15/24 Receipt - DHCS (Oct 2024 Revenue)	429,749.97
11/15/2024	Chase Checking	Department of Health Care Services	11/15/24 Receipt - DHCS (Oct 2024 Revenue)	59,278.91
11/15/2024	Chase Checking	Department of Health Care Services	11/15/24 Receipt - DHCS (Oct 2024 Revenue)	7,689.85
11/15/2024	Chase Checking	Department of Health Care Services	11/15/24 Receipt - DHCS (Oct 2024 Revenue)	1,191.58
11/15/2024	Chase Checking	Mid Atlantic Trust Company	Payroll Date: 11/01/24 - Retirement Contributions	-5,976.98
11/15/2024	Chase Checking	JPMorgan Chase	Service Charges - Oct 2024	-698.42
11/15/2024	Chase Checking	AM Copiers Inc.	Chase Bill Pay - Invoice: IN6141	-356.15
11/15/2024	Chase Checking	American Trust Retirement Services	Chase Bill Pay - Invoice: 466513	-1,494.87
11/15/2024	Chase Checking	Brawley Rotary Club	Chase Bill Pay - October Statement	-155.00
11/15/2024	Chase Checking	City of Imperial	Chase Bill Pay - Service Period: 09/23/24 - 10/23/24	-164.47
11/15/2024	Chase Checking	Conveyor Group	Chase Bill Pay - Invoices: 11291 / 11338	-7,100.93
11/15/2024	Chase Checking	Epstein Becker & Green, P.C.	Chase Bill Pay - Invoices: 1177118 / 1177119	-17,956.00
11/15/2024	Chase Checking	Health Management Associates, Inc.	Chase Bill Pay - Invoice: 210806-0000003	-25,066.25
11/15/2024	Chase Checking	i.Access, Inc.	Chase Bill Pay - Invoice: WA2782410	-45.00
11/15/2024	Chase Checking	I.V. Termite & Pest Control	Chase Bill Pay - Invoice: 0341988	-120.00
11/15/2024	Chase Checking	I.V. Termite & Pest Control	Chase Bill Pay - Invoice: 0343165	-120.00
11/15/2024	Chase Checking	Imperial County Treasurer-Tax Collector	Chase Bill Pay - ASMT Number: 990-134-189-000 2nd Installment	-1,016.00
11/15/2024	Chase Checking	Imperial County Treasurer-Tax Collector	Chase Bill Pay - ASMT Number: 990-134-189-000 2nd Installment	-12,601.02
11/15/2024	Chase Checking	Imperial Desert Landscape	Chase Bill Pay - Invoice: 24-273	-250.00
11/15/2024	Chase Checking	Imperial Irrigation District	Chase Bill Pay - Service Period: 09/24/24 - 10/20/24	-1,310.08
11/15/2024	Chase Checking	Junior's Cafe	Chase Bill Pay - Invoice: 13-17267	-502.58
11/15/2024	Chase Checking	Law Office of William S. Smerdon	Chase Bill Pay - Invoice: 2805	-2,805.00
11/15/2024	Chase Checking	Liebert Cassidy Whitmore	Chase Bill Pay - Invoice: 277834	-544.00
11/15/2024	Chase Checking	Milliman, Inc.	Chase Bill Pay - Invoices: 1529840 / 1532945 / 1541428 / 1546909	-68,134.75
11/15/2024	Chase Checking	Oracle America, Inc.	Chase Bill Pay - Invoice: 2006541	-33,024.99
11/15/2024	Chase Checking	Quench USA	Invoice: INV080903339	-129.30
11/15/2024	Chase Checking	Republic Services	Chase Bill Pay - Invoice: 0467-001727372	-141.17
11/15/2024	Chase Checking	Salary.com	Chase Bill Pay - Invoice: INV67407	-6,400.00
11/15/2024	Chase Checking	Shannon Long	Chase Bill Pay - Invoice: 1 / Invoice: 2	-9,139.23
11/15/2024	Chase Checking	State Compensation Insurance Fund	Chase Bill Pay - Invoice: 1002048097	-815.08
11/15/2024	Chase Checking	Stericycle, Inc.	Invoice: 8008714813	-110.84
11/30/2024	Chase Checking	Health Net	Rental Income - Nov 2024	1,450.00
11/30/2024	Chase Checking	Mid Atlantic Trust Company	Payroll Date: 11/15/24 - Retirement Contributions	-6,122.28
First Foundation Bank				
11/30/2024	FFB Payroll	Rippling	Module - Time & Attendance	-230.40
11/30/2024	FFB Payroll	First Foundation Bank	CC Payment 11/07/24	-5,801.70
11/30/2024	FFB Payroll	Amazon	Office Desk	-119.06
11/30/2024	FFB Payroll	Rippling	Payroll Date 11/15/24 - Employee / Employer Taxes	-41,128.76
11/30/2024	FFB Payroll	Rippling	Payroll Date 11/15/24 - Net Salaries / Wages	-73,345.35
11/30/2024	FFB Payroll	Paychex of New York LLC	Service Fee - OAB Invoice (11/20/24)	-49.50
11/30/2024	FFB Payroll	Employee - D. Wilson	Employee Reimbursement - D.Wilson	-620.70
11/30/2024	FFB Payroll	Blue Shield of California	Insurance Benefits - Dec 2024	-16,067.31
11/30/2024	FFB Payroll	Rippling	Payroll Date 11/29/24 - Employee / Employer Taxes	-40,774.74
11/30/2024	FFB Payroll	Rippling	Payroll Date 11/29/24 - Net Salaries / Wages	-74,606.78
11/30/2024	FFB Payroll	Rippling	J. Alcaraz Final Paycheck - Employee / Employer Taxes	-992.68
11/30/2024	FFB Payroll	Rippling	J. Alcaraz Final Paycheck - Net Salaries / Wages	-5,523.24
11/30/2024	FFB Payroll	First Foundation Bank	11/07/24 - Wire Fee	-10.00
J.P. Morgan Securities				
11/30/2024	J.P. Morgan Securities	J.P. Morgan Securities	Investment Income - Nov 2024	\$ 88,283.32



**Community
Health Plan**
OF IMPERIAL VALLEY

2025 Budget Review

1/8/2025

Key Assumptions

Membership & Gross Margin

- Membership was forecasted with a -3.1% erosion in overall member months, consistent with DMHC projections for the county; net gross margin impact: (\$311K)
 - December 2025 ending membership: 92,520 (November 2024: 96,162)
 - No DSNP membership forecasted in 2025
- Revenue was down (\$4.5M), or -1.6%, from \$282.4M to \$277.9M, driven largely by Pass-Through revenue
 - Premium capitation improved from \$214 PMPM to \$233 PMPM (9% mix-adjusted increase) based on 2025 Preliminary rate guidance from DMHC
 - Pass-through revenue was down (\$2.6M), all of which is offset in medical costs
 - Profit Share revenue down by (\$0.6M) due to higher medical costs anticipated with Health Net

Key Assumptions (Continued)

Administrative Costs

- Overall, Administrative costs are forecasted to increase in 2025 by \$2.1M, driven by DSNP investment of \$2.6M
- FTE's increase from 18 to 46, all of which are related to the DSNP launch in 2026 and are back-loaded in second half of year; Sales, Case Management and Health Services make up the majority of the increase

Administrative Cost Bridge

2024 Administrative Costs	\$ 5,329,071
----------------------------------	---------------------

Legacy Administrative Changes - B/(W)

Cost of Living Increase on Legacy Salaries	\$ (140,386)
FTE Efficiencies	\$ (11,521)
Consulting/Start-up	\$ 262,318
All Other (Annualization of Outside Services, FTEs, Other)	\$ (171,602)

Total Legacy Cost Changes	\$ (61,192)
----------------------------------	--------------------

DSNP Changes - B/(W)	\$ (2,070,095)
-----------------------------	-----------------------

Total Administrative Cost Change	\$ (2,131,287)
---	-----------------------

2025 Administrative Costs	\$ 7,460,357
----------------------------------	---------------------

FTE Bridge

December 2024 FTEs	18
---------------------------	-----------

Change in FTEs

Healthcare Services	4
Case Management	9
Compliance	2
Operations	-
Member & Provider Services	2
Sales & Marketing	6
Corporate (Executive, IT, Finance, HR)	5

Total Change in FTEs	28
-----------------------------	-----------

December 2025 FTEs	46
---------------------------	-----------

DSNP Assumptions

DSNP Administrative Cost Projection

- DSNP costs, both start-up and ongoing, were forecasted at \$2.6M, a \$2.1M increase over 2024

DSNP Cost Summary	2025	% of Total
Salary	\$ 1,641,759	64.0%
Benefits	\$ 134,886	5.3%
Bid Development (Milliman)	\$ 260,000	10.1%
Legal & Consulting	\$ 399,000	15.6%
Other Outside Services	\$ 40,000	1.6%
Marketing & Advertising	\$ 40,985	1.6%
Other	\$ 49,085	1.9%
Total DSNP Estimate:	\$ 2,565,715	100%

- The DSNP Feasibility study projected 2025 DSNP incremental cost to be \$2.7M; key changes included a reduction to IT start-up costs (\$500K) offset by increases in consulting
- Total 2026 CHPIV administrative costs in the Feasibility Study were forecasted at \$11M, inclusive of MSO fees, and fully loaded (annualized) Salaries & Wages

CHPIV 2025 P&L



(\$, 000)	2024					2025					vs. 2024		Feasibility Study (2025)		
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	B/(W)	% Δ	\$	B/(W)	% Δ
REVENUE															
Premium Capitation	\$66,748	\$68,897	\$69,602	\$68,640	\$ 273,887	\$68,773	\$68,376	\$67,980	\$67,583	\$ 272,713	\$ (1,175)	-0.4%	\$ 269,345	\$ 3,367	1.3%
Pass Through	\$ 2,651	\$ 1,665	\$ 1,071	\$ 1,324	\$ 6,711	\$ 1,039	\$ 1,033	\$ 1,027	\$ 1,021	\$ 4,120	\$ (2,591)	-38.6%	\$ 8,570	\$ (4,450)	-51.9%
Quality/Profit Sharing	\$ -	\$ 603	\$ -	\$ -	\$ 603	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (603)	-100%	\$ 1,000	\$ (1,000)	-100%
Other Revenue															
Investment & Other Income	\$ 269	\$ 287	\$ 319	\$ 306	\$ 1,180	\$ 267	\$ 267	\$ 267	\$ 267	\$ 1,066	\$ (114)	-9.7%	\$ 1,287	\$ (221)	-17.2%
TOTAL REVENUES	\$69,668	\$71,452	\$70,992	\$70,270	\$ 282,381	\$70,079	\$69,676	\$69,273	\$68,870	\$ 277,898	\$ (4,483)	-1.6%	\$ 280,202	\$ (2,304)	-0.8%
HEALTHCARE COST															
Medical Capitation	\$64,746	\$66,734	\$67,514	\$66,581	\$ 265,574	\$66,710	\$66,325	\$65,940	\$65,556	\$ 264,531	\$ 1,043	0.4%	\$ 261,265	\$ (3,266)	-1.3%
Pass Through	\$ 2,651	\$ 1,665	\$ 1,071	\$ 1,324	\$ 6,711	\$ 1,039	\$ 1,033	\$ 1,027	\$ 1,021	\$ 4,120	\$ 2,591	38.6%	\$ 8,570	\$ 4,450	51.9%
TOTAL HEALTH CARE COST	\$67,396	\$68,399	\$68,585	\$67,905	\$ 272,285	\$67,749	\$67,358	\$66,967	\$66,576	\$ 268,651	\$ 3,634	1.3%	\$ 269,835	\$ 1,184	0.4%
Gross Margin	\$ 2,272	\$ 3,053	\$ 2,407	\$ 2,365	\$ 10,096	\$ 2,330	\$ 2,318	\$ 2,306	\$ 2,294	\$ 9,247	\$ (849)	-8.4%	\$ 10,367	\$ (1,120)	-10.8%
ADMINISTRATIVE COSTS															
Labor Costs															
Salaries & Wages	\$ 623	\$ 874	\$ 891	\$ 845	\$ 3,232	\$ 946	\$ 1,162	\$ 1,207	\$ 1,586	\$ 4,901	\$ (1,668)	-51.6%			
Benefits Expense	\$ 66	\$ 73	\$ 80	\$ 58	\$ 277	\$ 74	\$ 89	\$ 106	\$ 135	\$ 403	\$ (125)	-45.2%			
Total Labor Costs	\$ 688	\$ 948	\$ 971	\$ 903	\$ 3,510	\$ 1,020	\$ 1,250	\$ 1,313	\$ 1,720	\$ 5,303	\$ (1,794)	-51.1%			
Contract & Professional Fees	\$ 96	\$ 149	\$ 264	\$ 326	\$ 835	\$ 302	\$ 277	\$ 104	\$ 89	\$ 772	\$ 63	7.6%			
Outside Services	\$ -	\$ -	\$ 28	\$ 117	\$ 145	\$ 94	\$ 155	\$ 88	\$ 91	\$ 429	\$ (284)	-195%			
Advertising & Marketing	\$ 16	\$ 8	\$ 14	\$ 16	\$ 54	\$ 7	\$ 22	\$ 13	\$ 10	\$ 53	\$ 1	2.6%			
Regulatory Fees	\$ (0)	\$ 0	\$ 175	\$ 81	\$ 256	\$ 85	\$ 83	\$ 83	\$ 83	\$ 334	\$ (78)	-30.4%			
Information Technology	\$ 13	\$ 10	\$ 14	\$ 10	\$ 47	\$ 15	\$ 12	\$ 23	\$ 18	\$ 69	\$ (21)	-45.0%			
Travel	\$ 4	\$ 32	\$ 18	\$ 23	\$ 76	\$ 32	\$ 26	\$ 25	\$ 27	\$ 110	\$ (33)	-43.8%			
Office & Occupancy Expense	\$ 44	\$ 72	\$ 33	\$ 17	\$ 165	\$ 35	\$ 32	\$ 34	\$ 34	\$ 135	\$ 31	18.6%			
Memberships & Subscriptions	\$ 1	\$ 56	\$ 29	\$ 31	\$ 117	\$ 28	\$ 28	\$ 29	\$ 31	\$ 116	\$ 1	0.5%			
Taxes, Licenses & Other Financial	\$ 23	\$ 30	\$ 22	\$ 33	\$ 107	\$ 28	\$ 35	\$ 23	\$ 36	\$ 123	\$ (15)	-14.3%			
Other	\$ -	\$ 5	\$ 3	\$ 8	\$ 16	\$ 2	\$ 6	\$ 7	\$ 3	\$ 18	\$ (2)	-14.8%			
TOTAL ADMINISTRATIVE COSTS	\$ 885	\$ 1,311	\$ 1,570	\$ 1,563	\$ 5,329	\$ 1,647	\$ 1,927	\$ 1,743	\$ 2,144	\$ 7,460	\$ (2,131)	-40.0%	\$ 8,418	\$ 957	11.4%
Operating Income	\$ 1,386	\$ 1,743	\$ 837	\$ 801	\$ 4,767	\$ 683	\$ 391	\$ 563	\$ 150	\$ 1,787	\$ (2,980)	-62.5%	\$ 1,950	\$ (162)	-8.3%
Depreciation/Amortization	\$ 28	\$ 29	\$ 29	\$ 31	\$ 117	\$ 33	\$ 33	\$ 33	\$ 33	\$ 132	\$ (15)	-12.9%	\$ 118	\$ (14)	-12.2%
Change in Net Position	\$ 1,359	\$ 1,714	\$ 808	\$ 770	\$ 4,650	\$ 650	\$ 358	\$ 530	\$ 117	\$ 1,655	\$ (2,995)	-64.4%	\$ 1,832	\$ (177)	-9.7%
Period Ending Membership	98,539	96,580	96,035	95,490		94,748	94,005	93,263	92,520		(2,970)	-3.1%	96,777	(4,257)	-4.4%
Ratios															
Revenue PMPM	\$235.91	\$245.03	\$246.05	\$244.83	\$ 242.91	\$245.90	\$246.42	\$246.94	\$247.47	\$ 246.68	\$ 3.76	1.5%	\$ 242.61	\$ 4.06	1.7%
Medical Cost PMPM	\$228.21	\$234.56	\$237.70	\$236.59	\$ 234.23	\$237.73	\$238.22	\$238.72	\$239.22	\$ 238.47	\$ (4.24)	-1.8%	\$ 233.64	\$ (4.83)	-2.1%
MLR	96.7%	95.7%	96.6%	96.6%	96.4%	96.7%	96.7%	96.7%	96.7%	96.7%	25 bps		96.3%	-37 bps	
Admin PMPM	\$ 3.00	\$ 4.49	\$ 5.44	\$ 5.45	\$ 4.58	\$ 5.78	\$ 6.81	\$ 6.21	\$ 7.70	\$ 6.62	\$ (2.04)	-44.5%	\$ 7.29	\$ 0.67	9.1%
Admin Ratio	1.3%	1.8%	2.2%	2.2%	1.9%	2.4%	2.8%	2.5%	3.1%	2.7%	-80 bps		3.0%	32 bps	
Net Position Ratio	2.0%	2.4%	1.1%	1.1%	1.6%	0.9%	0.5%	0.8%	0.2%	0.6%	-105 bps		0.7%	-6 bps	

CHPIV 2025 P&L (by Department)



(\$, 000)	FY 2024	Healthcare Services	Case Mgmt.	Compliance	Operations	Member & Provider	Sales & Marketing	Corporate*	FY 2025	vs. 2024 B/(W)	% Δ
ADMINISTRATIVE COSTS											
Labor Costs											
Salaries & Wages	\$ 3,232	1,097	380	929	430	244	268	1,554	\$ 4,901	\$ (1,668)	-51.6%
Benefits Expense	\$ 277	75	34	71	27	33	29	134	\$ 403	\$ (125)	-45.2%
Total Labor Costs	\$ 3,510	1,172	413	1,000	456	277	298	1,688	\$ 5,303	\$ (1,794)	-51.1%
Contract & Professional Fees	\$ 835	60	-	48	95	-	-	569	\$ 772	\$ 63	7.6%
Outside Services	\$ 145	179	-	13	-	-	72	164	\$ 429	\$ (284)	-195%
Advertising & Marketing	\$ 54	-	-	-	-	12	41	-	\$ 53	\$ 1	2.6%
Regulatory Fees	\$ 256	-	-	-	-	-	-	334	\$ 334	\$ (78)	-30.4%
Information Technology	\$ 47	5	11	2	-	2	12	36	\$ 69	\$ (21)	-45.0%
Travel	\$ 76	10	3	31	28	9	4	25	\$ 110	\$ (33)	-43.8%
Office & Occupancy Expense	\$ 165	5	9	3	-	3	5	109	\$ 135	\$ 31	18.6%
Memberships & Subscriptions	\$ 117	-	-	-	-	-	-	116	\$ 116	\$ 1	0.5%
Taxes, Licenses & Other Financial	\$ 107	-	-	-	-	-	-	123	\$ 123	\$ (15)	-14.3%
Other	\$ 16	-	-	6	-	-	2	10	\$ 18	\$ (2)	
TOTAL ADMINISTRATIVE COSTS	\$ 5,329	\$ 1,431	\$ 435	\$ 1,104	\$ 579	\$ 303	\$ 434	\$ 3,174	\$ 7,460	\$ (2,131)	-40.0%
<i>% of Total</i>		19.2%	5.8%	14.8%	7.8%	4.1%	5.8%	42.5%	100%		
Ratios											
Admin PMPM	\$ 4.58								\$ 6.62	\$ (2.04)	-44.5%
December 2024 FTE	18	4	-	4	2	2	-	6			
December 2025 FTE		8	9	6	2	4	6	11	46		
Change in FTE		4	9	2	-	2	6	5	28		156%

* Includes Executive, Finance, IT, and HR

CHPIV 2024 & 2025 Balance Sheet



(\$,000)	Forecast	
	Dec 2024	Dec 2025
Balance Sheet		
Premiums Receivables (Medicaid)	\$ 23,354	\$ 22,823
Cash from Operations and Investing	\$ 16,604	\$ 18,391
Restricted	\$ 300	\$ 300
Net Property & Equip/Other	\$ 3,061	\$ 2,929
TOTAL ASSETS	\$ 43,319	\$ 44,443
Claims Liability (Medicaid)	\$ 22,664	\$ 22,149
Other Liabilities	\$ 397	\$ 407
TOTAL LIABILITIES	\$ 23,061	\$ 22,556
Restricted Deposits	\$ 300	\$ 300
Unrestricted Funds	\$ 16,648	\$ 18,577
Capital Assets	\$ 3,061	\$ 2,929
Net Income	\$ 250	\$ 82
TOTAL NET POSITION	\$ 20,258	\$ 21,887
TOTAL LIABILITIES & NET POSITION	\$ 43,319	\$ 44,443

Tangible Net Equity Analysis	Dec 2024	Dec 2025
Required TNE	\$ 4,302	\$ 4,239
TNE - Minimum	\$ 1,000	\$ 1,000
TNE - 2 % of Premium (1% > 150M)	\$ 4,302	\$ 4,239
TNE - 8 % Health Care (4% Mgd Inp)		
TANGIBLE NET EQUITY	\$ 20,258	\$ 21,887
EXCESS TANGIBLE NET EQUITY	\$ 15,956	\$ 17,648
PERCENT OF TNE FULFILLED	471%	516%

Risks & Opportunities (Not included in Plan)



Amount	Risk Level	Description
Risks		
-\$150,000	High	Consulting budgets and other outside vendors will continue to be tightly managed; however, unknown factors surrounding DSNP implementation could create pressure to engage outside support
-\$50,000	Med/Low	Community Investment requirements will likely be satisfied by Health Net; the quantified risk reflects maximum exposure
-\$10,000	Low	Administrative challenges in hiring patterns for internal DSNP support based on anticipated 2026 growth

- \$210,000 Total Risk

Opportunities		
\$500,000	Med	Preliminary 2025 Medi-Cal rates suggest a 7% increase over previously published rates; opportunity is not fully quantified, but will be finalized in Q2 forecast
\$300,000	Med	Health Net profit share has been removed based on preliminary rates and emerging medical cost trends; new rates could impact profit share opportunity
\$26,000	High	CHPIV qualifies for exemption of property taxes; applications have been submitted to county but are still pending

\$826,000 Total Opportunity



Health Services Report

1. Quality Improvement Update
2. NCQA Update



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update January 2025

Delegation Oversight Monitoring Program - 2024 Quarter 3

The CHPIV Delegation Oversight reviewed Health Net's performance across various high-risk delegated functions for 2024 Quarter 3 (July through September) and issued the Q3 final scorecard on 11/27/2024.

CHPIV Delegation Oversight identified one new Key Performance Indicator (KPI) that failed to meet compliance standards for two consecutive quarters, resulting in the issuance of a Corrective Action Plan (CAP). The noncompliant KPI is Member Notification Timeliness at 94.1%, with the CAP due on 12/13/2024. The CAP was received and is currently under review. Additionally, Provider Notification Timeliness at 88.3% remains noncompliant, with a CAP already in place that CHPIV is actively monitoring for effectiveness. We will continue to oversee the implementation of corrective actions to ensure compliance and assess their impact.

Overall, Health Net has shown significant improvement in quarter 3 2024, with only 2 KPIs in the red and all other 22 KPIs in the green.

The table below highlights the KPIs that were noncompliant for two consecutive quarters:

Category	KPI	Q2 Results	Q3 Results	Thresholds*	CAP Status
Utilization Management	UM002: Member Notification Timeliness	94.6%	94.1%	Green: >96% Yellow: 95-96% Red: <95%	Received; under review by CHPIV Compliance

* Thresholds are established based on the performance standards outlined in Exhibit A-5 of CHPIV's Plan-to-Plan agreement with Health Net

Noncompliant KPIs from Quarter 3 2024:

Functional Area	KPI #	KPI	Quarter 3 Results	Thresholds
UM	UM002	Member Notification Timeliness	94.1%	Green: >96% Yellow: 95-96% Red: <95%
UM	UM003	Provider Notification Timeliness	88.3%	Green: >96% Yellow: 95-96% Red: <95%

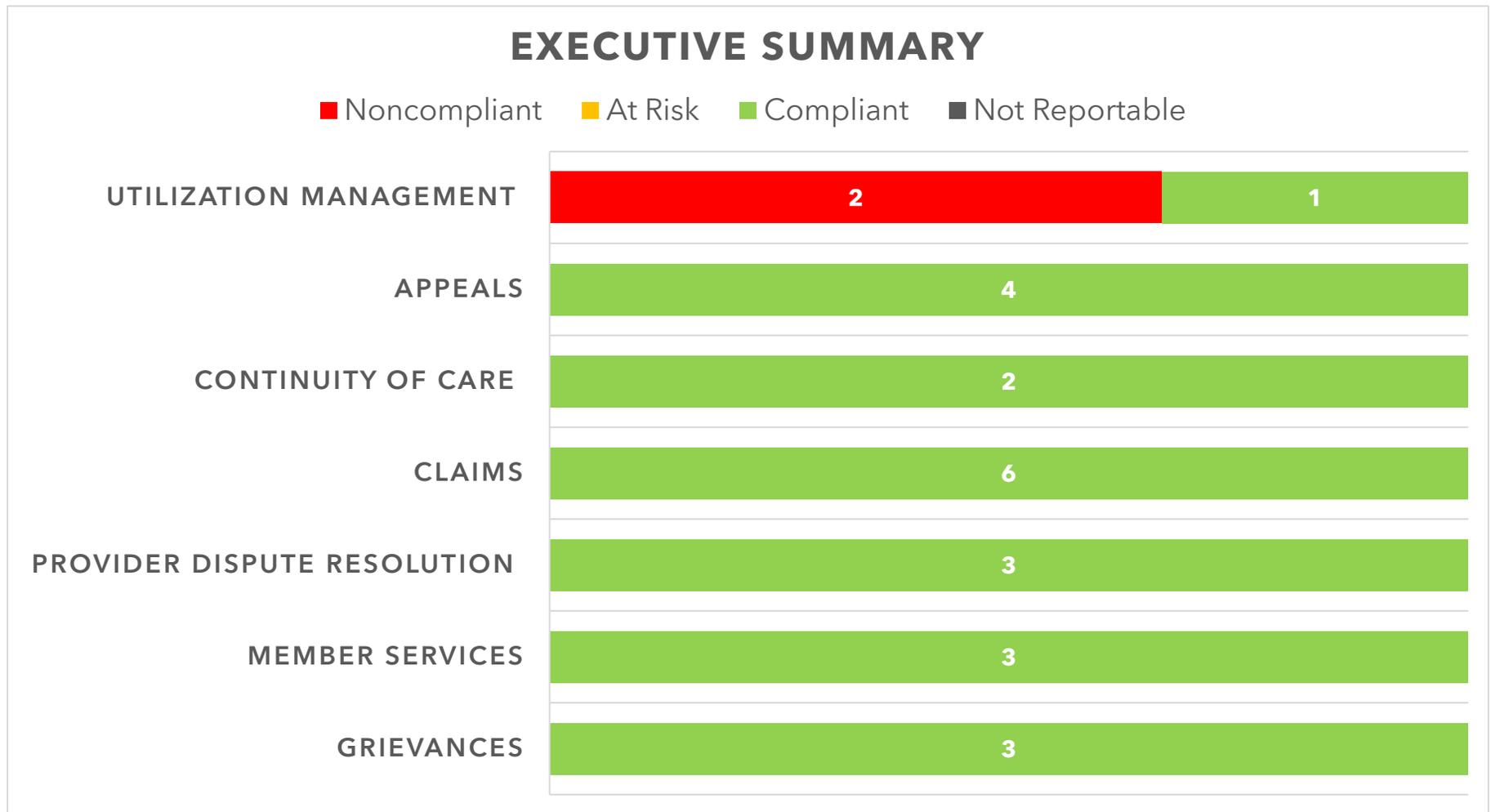
See **Exhibit A: Quarter 3 2024 Monitoring Scorecard** for all quarter 3 results.

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

The CHPIV Delegation Oversight Monitoring Program ensures continuous oversight of high-risk and critical delegated activities that have high member impact and regulatory focus. The Executive Summary provides a concise overview of the performance metrics and categorizes each area into compliant (green), areas at risk (yellow), non-compliant (red), and not reportable (grey) giving a clear snapshot of where performance is strong and where improvements are needed. The thresholds are defined in Exhibit 1, in accordance with the Plan-to-Plan agreement. KPIs that are deemed not reportable are due to CHPIV being unable to calculate compliance because the data was either unavailable or inaccurate.



DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

This section provides an overview of Health Net’s high-performing areas, non-compliant areas, and necessary actions. It highlights the sections where the program excels, identifies specific areas needing improvement, highlights logs that could not be validated, and outlines next steps.

★ HIGH PERFORMING AREAS

- ✓ 100% Appeals Acknowledgement, Decision, Effectuation of Overturned Appeals and Member Notification Timeliness
- ✓ 100% Continuity of Care Processing and Notification Timeliness
- ✓ 98.07% Calls Answered within 30 seconds
- ✓ 1.79% Call Center Abandonment Rate Level
- ✓ 100% Timely Issuance of Member ID Cards
- ✓ 100% Grievance Acknowledgement, Resolution and Member Notification Timeliness
- ✓ 99.95% PDR Acknowledgement Timeliness
- ✓ 99.28% PDR Written Determination Timeliness
- ✓ 100% Interest Payment on Late PDRs Timeliness
- ✓ 99.4% UM Decision Timeliness
- ✓ 96.66% 30 C- Days, 99.50% 45 W-Days and 100% 90 C- Days Claims Payment Timeliness
- ✓ 99.99% Claims Acknowledgment Timeliness
- ✓ 99.82% Misdirected Claims Timeliness
- ✓ 99.85% Timeliness of Interest Payment on Late Claims



NON-COMPLIANT AREAS

- ✗ 94.1% UM Member Notification Timeliness
- ✗ 88.3% UM Provider Notification Timeliness

! ACTIONS REQUIRED

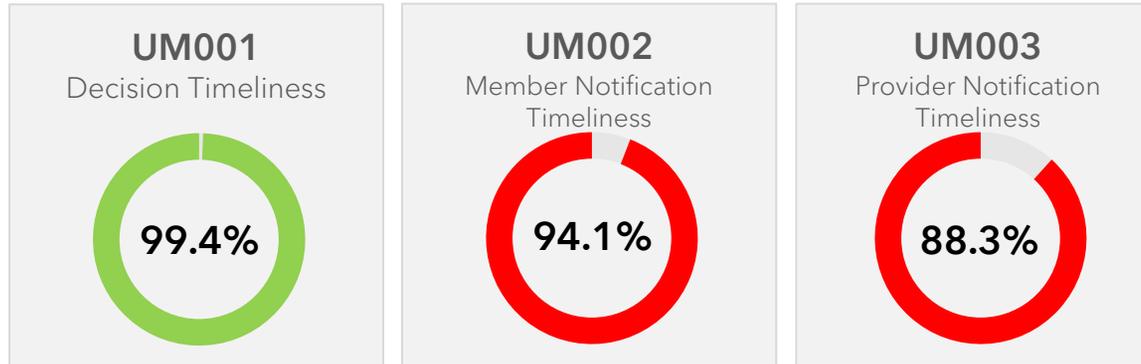
FUNCTIONAL AREA	ACTION	DUE DATE
UTILIZATION MANAGEMENT	Corrective Action Plan (CAP)	12/13/2024
APPEALS	None	NA
CONTINUITY OF CARE	None	NA
CLAIMS	None	NA
PROVIDER DISPUTE RESOLUTION	None	NA
MEMBER SERVICES	None	NA
GRIEVANCES	None	NA

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

UTILIZATION MANAGEMENT



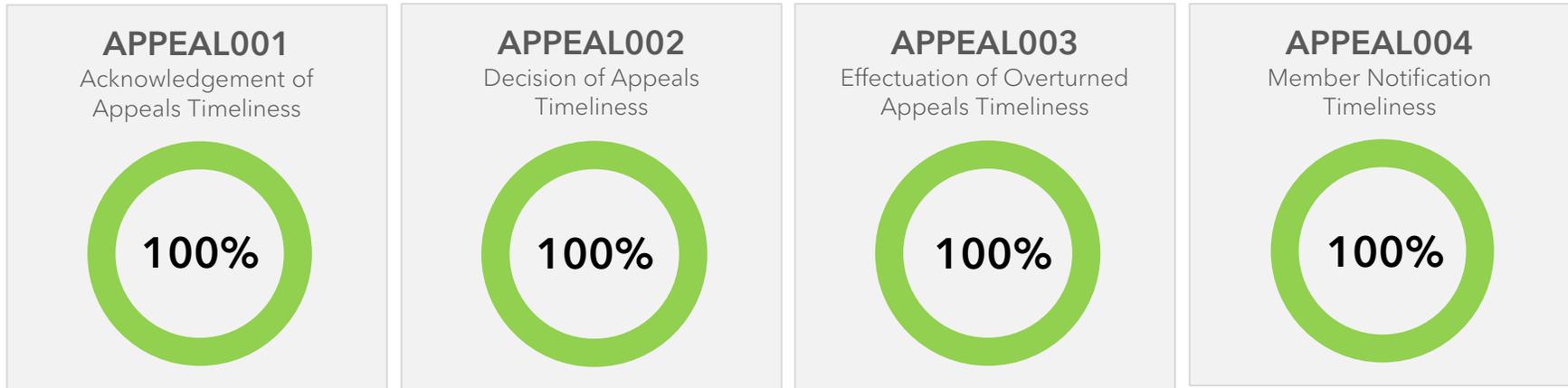
KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
UM001	Decision Timeliness	98.3%	99.6%	99.4%	
UM001SP	▶ Standard Preservice	98.3%	98.3%	97.6%	
UM001EP	▶ Expedited Preservice	95.2%	100%	100%	
UM001C	▶ Concurrent	98.9%	100%	100%	
UM001R	▶ Retrospective	100%	100%	100%	
UM001PS	▶ Post Stabilization	No cases	No cases	No Cases	
UM002	Member Notification Timeliness	96%	94.6%	94.1%	
UM002SP	▶ Standard Preservice	100%	98.3%	91.3%	
UM002EP	▶ Expedited Preservice	86.8%	66.7%	71.4%	
UM002C	▶ Concurrent	97%	93.2%	98.9%	
UM002R	▶ Retrospective	100%	100%	83.3%	
UM003	Provider Notification Timeliness	89.1%	90.2%	88.3%	
UM003SP	▶ Standard Preservice	89.7%	100%	96.4%	
UM003EP	▶ Expedited Preservice	85.4%	100%	100%	
UM003C	▶ Concurrent	89.2%	86.4%	84.7%	
UM003R	▶ Retrospective	100%	100%	83.3%	

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

APPEALS



KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
APPEAL001	Acknowledgement of Appeals Timeliness	100%	100%	100%	
APPEAL002	Decision of Appeals Timeliness	100%	100%	100%	
APPEAL002S	▶ Standard	100%	100%	100%	
APPEAL002E	▶ Expedited	No cases	100%	100%	
APPEAL003	Effectuation of Overturned Appeals Timeliness	80%	100%	100%	
APPEAL004	Member Notification Timeliness	100%	100%	100%	
APPEAL004S	▶ Standard	100%	100%	100%	
APPEAL004E	▶ Expedited	No cases	100%	100%	

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

CONTINUITY OF CARE



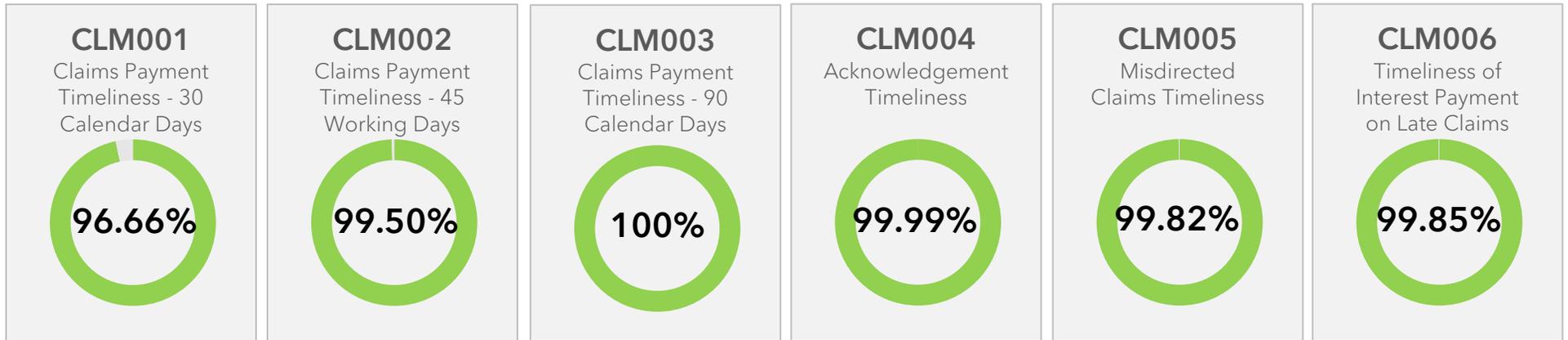
KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
COC001	CoC Processing Timeliness	73.08%	80%	100%	
COC001N	▶ Non-Urgent	100%	80%	100%	
COC001I	▶ Immediate	No Cases	No Cases	No Cases	
COC001U	▶ Urgent	36.36%	No Cases	No Cases	
COC002	CoC Notification Timeliness	100%*	100%	100%	
COC002N	▶ Non-Urgent	100%	100%	100%	
COC002I	▶ Immediate	No Cases	No Cases	No Cases	
COC002U	▶ Urgent	100%	No Cases	No Cases	

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

CLAIMS



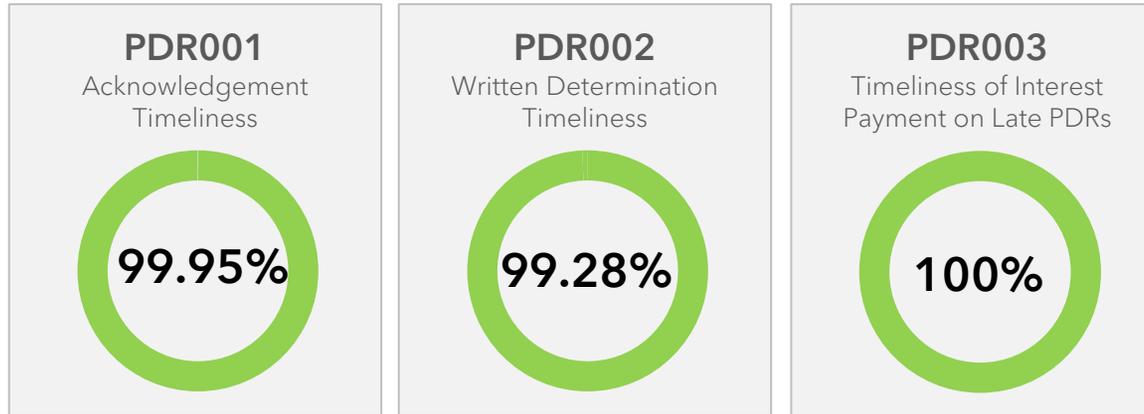
KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CLM001	Claims Payment Timeliness - 30 Calendar Days	99.86%	99.92%	96.66%	
CLM002	Claims Payment Timeliness - 45 Working Days	100%	100%	99.50%	
CLM003	Claims Payment Timeliness - 90 Calendar Days	100%	100%	100%	
CLM004	Acknowledgement Timeliness	99.76%	99.99%	99.99%	
CLM004E	▶ Acknowledgement Timeliness - Electronic	100%	100%	100%	
CLM004P	▶ Acknowledgement Timeliness - Paper	93.69%	99.76%	99.52%	
CLM005	Misdirected Claims Timeliness	99.9%	99.84%	99.82%	
CLM006	Timeliness of Interest Payment on Late Claims	100%	No Cases	99.85%	

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

PROVIDER DISPUTE RESOLUTION



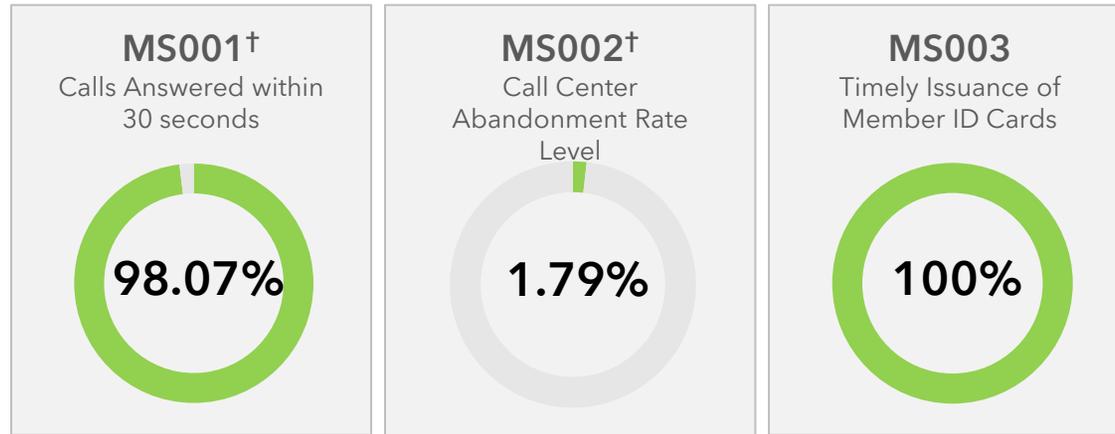
KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PDR001	Acknowledgement Timeliness	99.25%	100%	99.95%	
PDR001E	▶ Acknowledgement Timeliness - Electronic	No Cases	No Cases	No Cases	
PDR001P	▶ Acknowledgement Timeliness - Paper	99.25%	100%	99.95%	
PDR002	Written Determination Timeliness	100%	99.92%	99.28%	
PDR003	Timeliness of Interest Payment on Late PDRs	100%	100%	100%	

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

MEMBER SERVICES



KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
MS001	Calls Answered within 30 seconds	83.17%†	98.11%†	98.07%	
MS002	Call Center Abandonment Rate Level	3.42%†	0.78%†	1.79%	
MS003	Timely Issuance of Member ID Cards	81.27%	90.61%	100%	

† Self-reported compliance rate

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

GRIEVANCES



KPI #	KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
GRV001	Acknowledgement Letter Timeliness	95.3%	97.9%	100%	
GRV002	Grievance Resolution Timeliness	100%	100%	100%	
GRV002S	▶ Standard	100%	100%	100%	
GRV002E	▶ Expedited	100%	100%	100%	
GRV003	Member Notification Timeliness	100%	100%	100%	
GRV003S	▶ Standard	100%	100%	100%	
GRV003E	▶ Expedited	100%	100%	100%	

DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

Appendix 1 - KPI Details

This appendix provides comprehensive details for each Key Performance Indicator (KPI), including the KPI type, predefined thresholds, and the specific log used to calculate the KPI compliance rate.

Functional Area	KPI Type	KPI #	KPI	Thresholds			Log
				Green	Yellow	Red	
Utilization Management (UM)	Quantitative	UM001	Decision Timeliness	>96%	95-96%	<95%	UM Authorizations Log
Utilization Management (UM)	Quantitative	UM002	Member Notification Timeliness	>96%	95-96%	<95%	UM Authorizations Log
Utilization Management (UM)	Quantitative	UM003	Provider Notification Timeliness	>96%	95-96%	<95%	UM Authorizations Log
Appeals	Quantitative	APPEAL01	Timely Acknowledgement of Appeals	>96%	95-96%	<95%	Appeal Log
Appeals	Quantitative	APPEAL02	Timely Decision of Appeals	>96%	95-96%	<95%	Appeal Log
Appeals	Quantitative	APPEAL03	Timely Effectuation of Overturned Appeals	>96%	95-96%	<95%	Appeal Log
Appeals	Quantitative	APPEAL04	Member Notification Timeliness	>96%	95-96%	<95%	Appeal Log
Continuity of Care	Quantitative	COC001	CoC Processing Timeliness	>96%	95-96%	<95%	CoC Log
Continuity of Care	Quantitative	COC002	CoC Notification Timeliness	>96%	95-96%	<95%	CoC Log
Claims	Quantitative	CLM001	Claims Payment Timeliness - 30 Calendar Days	>91%	90-91%	<90%	Claims Log
Claims	Quantitative	CLM002	Claims Payment Timeliness - 45 Working Days	>96%	95-96%	<95%	Claims Log
Claims	Quantitative	CLM003	Claims Payment Timeliness - 90 Calendar Days	>99%	99%	<99%	Claims Log
Claims	Quantitative	CLM004	Claims Acknowledgement Timeliness	>96%	95-96%	<95%	Claims Log
Claims	Quantitative	CLM005	Misdirected Claims Timeliness	>96%	95-96%	<95%	Claims Log
Claims	Quantitative	CLM006	Timely Interest Payment on Late Claims	>96%	95-96%	<95%	Claims Log



DELEGATION OVERSIGHT

Health Net 2024 Quarter 3 Final Scorecard

Report Issued: November 27, 2024

Functional Area	KPI Type	KPI #	KPI	Thresholds			Log
				Green	Yellow	Red	
Provider Dispute Resolution (PDR)	Quantitative	PDR001	PDR Acknowledgement Timeliness	>96%	95-96%	<95%	PDR Log
Provider Dispute Resolution (PDR)	Quantitative	PDR002	PDR Written Determination Timeliness	>96%	95-96%	<95%	PDR Log
Provider Dispute Resolution (PDR)	Quantitative	PDR003	Timeliness of Interest Payment on Late PDRs	>96%	95-96%	<95%	PDR Log
Member Services	Quantitative	MS001	Calls Answered within 30 seconds	>90%	80%-90%	<80%	Call Center SLA Log
Member Services	Quantitative	MS002	Call Center Abandonment Rate Level	less than 5%	5%	>5%	Call Center SLA Log
Member Services	Quantitative	MS003	Timely Issuance of Member ID cards	100%	NA	<100%	Member ID Cards Log
Grievances	Quantitative	GRV001	Timely Acknowledgement Letter	>96%	95-96%	<95%	Grievance Log
Grievances	Quantitative	GRV002	Timely Grievance Resolution	>96%	95-96%	<95%	Grievance Log Call Log
Grievances	Quantitative	GRV003	Member Notification Timeliness	>96%	95-96%	<95%	Grievance Log

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Operations Report, Jan 2025

Member | Provider Experience

CHPIV Call Center Trends Report, Health Net, Nov 2024

Member Calls (Per 1,000)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	% CHPIV
Coordination of Benefits	76	29	21	20	17	20	27	26	24	25	23	0.1%
Benefits and Eligibility	48	15	11	10	-	11	15	14	13	13	20	0.0%
Update PCP	31	17	14	12	10	11	14	13	12	12	18	0.3%
Update member demographics	26	11	10	8	8	8	11	12	11	10	14	0.0%
Provider search inquiry	20	10	8	6	5	6	7	6	6	6	10	0.1%
Materials Fulfillment	15	5	3	2	2	3	3	3	3	4	5	0.2%
Update member preferences	4	3	3	4	3	3	5	5	4	5	5	0.0%
ID CARD	14	3	2	2	2	2	3	3	3	3	5	3.0%
Log view status	3	4	2	2	2	2	2	2	2	2	3	0.0%
Medical authorization inquiry	1	1	1	1	1	1	1	1	1	2	1	0.2%

Provider Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
Coordination of Benefits	1558	843	1068	1049	1391	2457	2563	2782	2306	2654	18,671
Benefits and Eligibility	1435	999	1038	999	1057	798	797	892	840	885	9,740
Medical authorization	603	503	572	470	478	421	573	620	495	575	5,310
Provider search inquiry	15	13	17	27	8	11	10	13	5	11	130
Form based communication	18	4	3	2	4	5	3	6	3	6	54
Care management	3	1	3	3	1	3	3	7	6	6	36
Language services	2	1		1		1	3	1	4	3	16
Scheduled Activity		3		1				4	4	4	16
Appeals & Grievance Inquiry		3		2	2					1	8
Pharmacy claims Inquiry	1	1		1		1		2	1		7

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



D-SNP Provider Contracting Status

As of January 8, 2025

Specialty #	Specialty Type	Adequate Network (Y/N)	# Contracted Providers	# Direct Contracts
001	General Practice	Y	2	
002	Family Practice	Y	18	
003	Internal Medicine	Y	43	
004	Geriatrics	Y	0	
005	Primary Care - Physician Assistants	Y	1	
006	Primary Care - Nurse Practitioners	Y	0	
S03	Primary Care	Y	64	
007	Allergy and Immunology	Y	6	
008	Cardiology	Y	11	1
010	Chiropractor	Y	7	1
011	Dermatology	Y	46	
012	Endocrinology	Y	15	
013	ENT/Otolaryngology	N	10	
014	Gastroenterology	Y	14	
015	General Surgery	Y	25	
016	Gynecology, OB/GYN	Y	3	
MC	Hematology	Y	44	
017	Infectious Diseases	Y	39	
018	Nephrology	Y	43	
019	Neurology	Y	39	
020	Neurosurgery	Y	1	
021	Oncology - Medical, Surgical	Y	1	
022	Oncology - Radiation	Y	18	
023	Ophthalmology	Y	20	
025	Orthopedic Surgery	Y	11	
026	Physiatry, Rehabilitative Medicine	Y	1	
027	Plastic Surgery	Y	12	
028	Podiatry	Y	26	
029	Psychiatry	Y	28	18
030	Pulmonology	Y	66	
031	Rheumatology	Y	34	
033	Urology	Y	77	

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



034	Vascular Surgery	Y	33	
035	Cardiothoracic Surgery	Y	1	
036	Clinical Psychology	Y	2	1
037	Clinical Social Work	Y	9	8
040	Acute Inpatient Hospital Beds	Y	0	2
041	Cardiac Surgery Program	X	0	0
042	Cardiac Catheterization Services	Y	0	2
043	Critical Care Services / Intensive Care Units	Y	0	2
045	Surgical Services (Outpatient or ASC)	Y	0	2
046	Skilled Nursing Facilities	Y	0	1
047	Diagnostic Radiology	Y	32	2
048	Mammography	Y	0	2
049	Physical Therapy	Y	50	2
050	Occupational Therapy	Y	0	1
051	Speech Therapy	Y	0	2
052	Inpatient Psychiatric Facility Services	X	0	0
057	Outpatient Infusion/Chemotherapy	Y	0	
058	Outpatient Behavioral Health	Y	0	
MC	DME	N	0	
MC	Non-specialty behavioral health	N		
MC	Freestanding Birthing Centers	X	0	
MC	Nurse Midwives (CM/LM)	N	0	
MC	Doulas	X	0	
MC	Indian Health Care Programs	N	0	
MC	Transportation	Y	0	1
MC	Intermediate Care Facility / Developmentally Disabled	N	0	
MC	Housing Transition Navigation Services	N	0	
MC	Housing Deposits	N	0	
MC	Housing Tenancy and Sustaining Services	N	0	
MC	Short-term Post-Hospitalization Housing	X	0	
MC	Recuperative Care (Medical Respite)	N	0	
MC	Respite Services (Caregiver)	N	0	
MC	Day Habilitation Programs	N	0	

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



MC	Nursing Facility Transition / Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly & Adult (RCFE) and Adult Residential Facilities (ARF)	N	0	
MC	Community Transition Services / Nursing Facility Transition to a Home	N	0	
MC	Personal Care (beyond In Home Services and Supports) and Homemaker Services	N	0	
MC	Environmental Accessibility Adaptations (Home Modifications)	N	0	
MC	Meals / Medically Tailored Meals	Y	0	1
MC	Sobering Centers	X	0	
MC	Asthma Remediation	X	0	
MC	Audiology + hearing aids	N	0	
MC	Optometry + glasses/contacts	N	1	
MC	Hospice (room and Board)	N	0	
MC	Ambulance - air	N	0	
MC	Orthotics	N	0	
MC	Acupuncture	N	0	



Marketing | Communications

December 2024 Recap:

1. Community Advisory Committee:

a. **Cultural Appropriateness of Messaging:**

Overview of how CHPIV develops materials that are culturally appropriate and easy to understand. These are the materials you see on the website, get in the mail, Flyers you may see.

b. **Member Experience Survey/Consumer Assessment of Healthcare Providers and Systems (CAHPS)**

Shared Health Net's results from the CAHPS survey – CAHPS is a survey that all managed care plans utilize to learn more about the Member's experience in accessing their health care.

c. **Health Equity Workplan and Social Needs**

Reviewed the Health Equity department's 2024 workplan and polled committee on their social needs. – a dept. at CHPIV that focuses on various Health Equity projects for the plan, does LAP.

d. **Access and Availability**

Shared access standards and county-level results with committee – how long to get appt., transportation etc.

e. **Health Education Material Field Testing: Fluvention Email**

Reviewed a flu prevention email campaign targeting Members and collected committee feedback. Field testing will continue. Value input will be used to ensure message is clear.

f. **Population Health Campaigns**

Provided an overview of CHPIV's campaigns that will promote better health outcomes.

PH Campaigns: Feedback was directly provided to departments who developed campaigns to enhance outreach efforts.





g. DEI training

– shared 4 different trainings CHPIV will implement for providers and plan staff.
- Staff collected feedback during the meeting and implement as the Plan is developing training program.

–The Plan reviewed the outreach and education plan requirements and requested feedback from the committee.

Insights on barriers and challenges in accessing benefit are being used to inform strategies.

h. Population Needs Assessment

The Plan shared information on the new Population Needs Assessment, which is a collaboration with other plans and local health department to identify the priority needs of the community. The feedback taken to Local Health

Department directly. Next year, we will report back on more specific details on how to work towards/approach goal.

- **2025 Q1 Meeting: Next CAC meeting: March 18, 2025 / 12pm – 2:00pm**
- **“Christmas in a Small-Town” Imperial Event was successful. See photos below:**



**Follow us on social media to keep up with your local health plan:
@CommunityHealthPlan**



MOSSADAMS

Community Health Plan of Imperial Valley

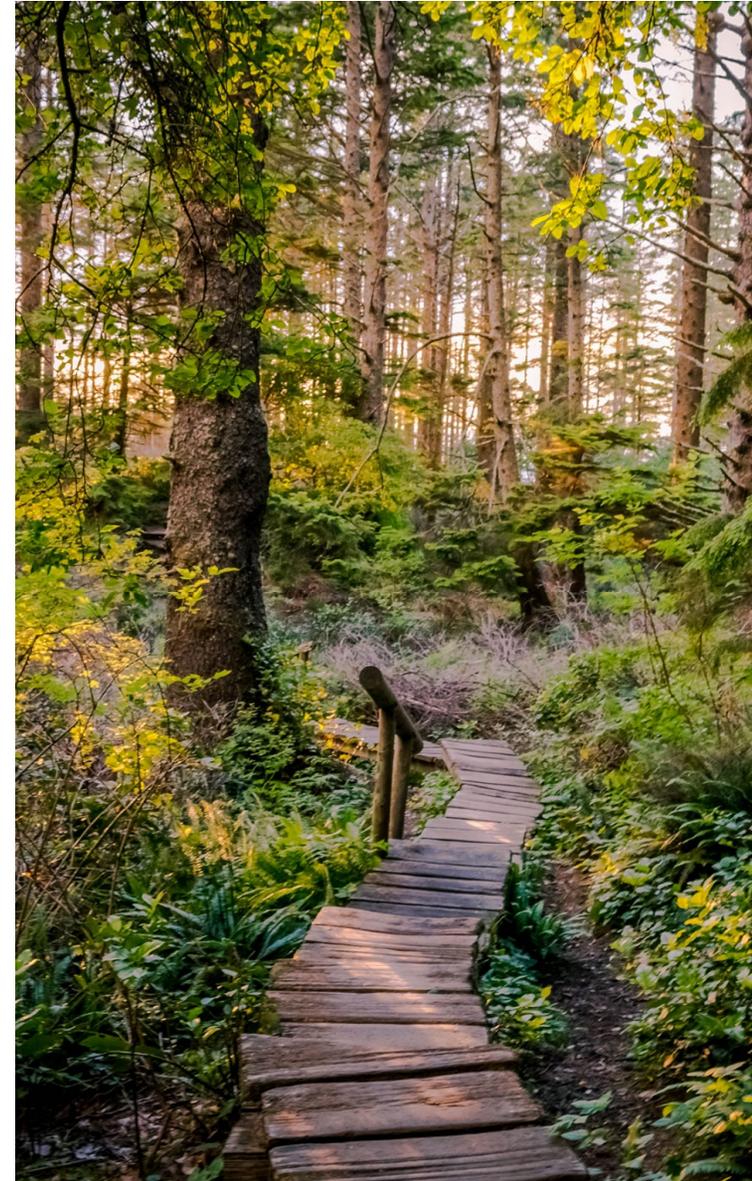
2024 AUDIT PLANNING

Discussion with Management
and the Audit Committee



Agenda

1. Your Service Team
2. Scope of Services
3. Auditor's Responsibilities in a Financial Statement Audit
4. Significant Risks Identified
5. Risks Discussion
6. Consideration of Fraud in a Financial Statement Audit
7. Audit Timeline
8. Audit Deliverables
9. Expectations
10. Documents Containing Audited Financial Statements and Independent Auditor's Report
11. Recent Accounting Developments
12. Executive Session



Your Service Team



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Other team members:

Nick Scott, *Assurance Manager*

Renee Navarro, *Assurance Senior*

Arjay Bustillo, *Assurance Staff*



Scope of Services

Relationships between Moss Adams and Community Health Plan of Imperial Valley:

Annual Audit



- Annual financial statement audit of Community Health Plan of Imperial Valley for the year ended December 31, 2024.

Non-Attest Services



- Assist in drafting the financial statements and related footnotes as of and for the year ended December 31, 2024.



Auditor's Responsibilities in a Financial Statement Audit

- Auditor is responsible for:
 - Forming and expressing an opinion on whether the financial statements are prepared, in all material respects, in conformity with U.S. generally accepted accounting principles;
 - Performing an audit in accordance with generally accepted auditing standards issued by the American Institute of Certified Public Accountants;
 - Communicating significant matters, as defined by professional standards, arising during the audit that are relevant to you; and
 - When applicable, communicating particular matters required by law or regulation, by agreement with you, or by other requirements applicable to the engagement.
- The audit of the financial statements does not relieve management or you of your responsibilities.
- The auditor is not responsible for designing procedures for the purpose of identifying other matters to communicate to you.



Significant Risks Identified

During the planning of the audit, we have identified the following significant risks:

Significant Risks	Procedures
Management Override of Controls	During journal entry testing, we will test the workflow of the users entering and posting journal entries to verify that manual adjustments are reviewed and approved. Additionally, we will perform required fraud inquiries with various levels of management and those charged with governance (TCWG).
Capitation Revenue	We will perform test of details of capitation revenue by comparing YTD capitation revenue recorded to cash receipts and investigating significant differences.





Risks Discussion

1. What are your views regarding:

- Community Health Plan of Imperial Valley's objectives, strategies, and business risks that may result in material misstatements
- Significant communications between the entity and regulators
- Attitudes, awareness, and actions concerning:
 - Community Health Plan of Imperial Valley's internal control and importance
 - How those charged with governance oversee the effectiveness of internal control
 - Detection or the possibility of fraud
 - Other matters relevant to the audit

2. Do you have any areas of concern?



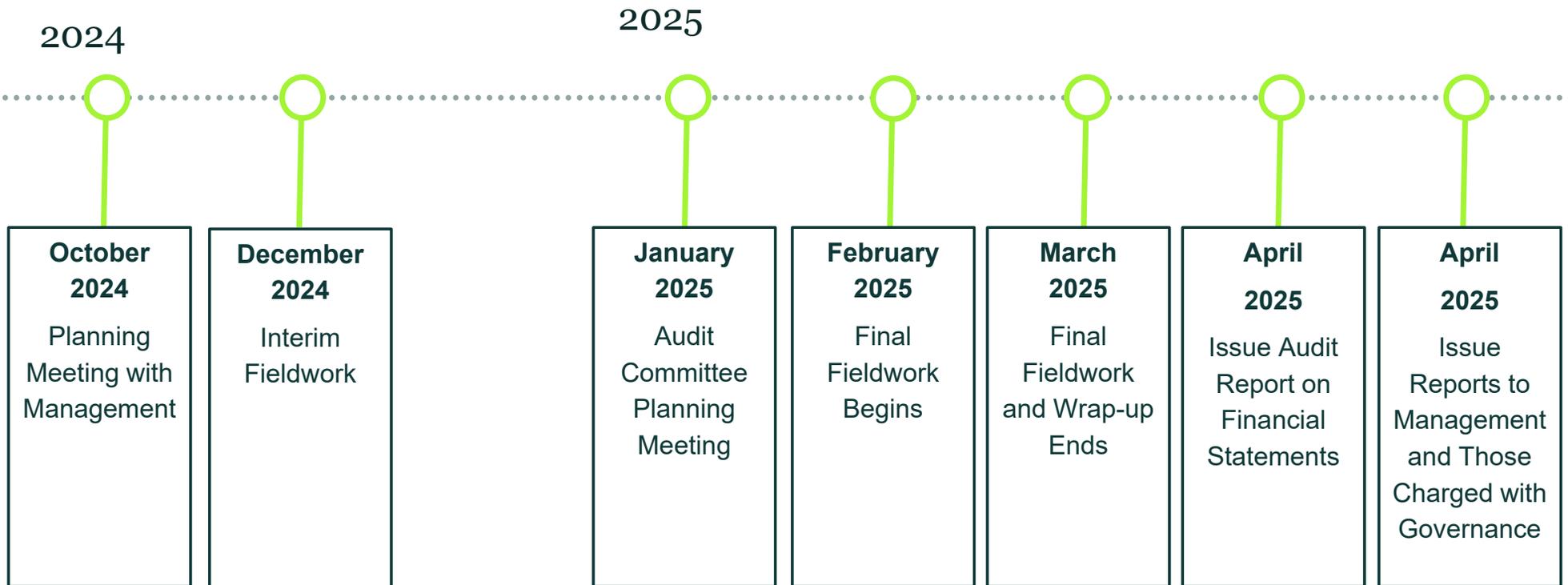
Consideration of Fraud in a Financial Statement Audit

Auditor's responsibility: Obtain reasonable assurance the financial statements as a whole are free from material misstatement – whether caused by fraud or error

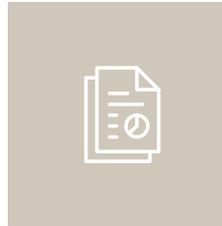
	Procedures to address the risk of fraud	Engagement team discussion
	Identify the risks of material misstatement due to fraud	<ul style="list-style-type: none">• Perform procedures to address identified risks• Inherent limitation of an audit
	Unavoidable risk exists that some material misstatements may not be detected	



Audit Timeline



Audit Deliverables



Report of Independent Auditors

- on financial statements for Community Health Plan of Imperial Valley for the year ended December 31, 2024



Report to Management

(communicating internal control related matters identified in an audit)



Report to Those Charged With Governance

(communicating required matters and other matters of interest)



Expectations

CHPIV will:



- Have no adjusting journal entries after beginning of fieldwork.
- Close books and records before beginning of fieldwork.
- Provide auditor requested information in Client Audit Preparation schedule one week prior to the beginning of fieldwork.

Moss Adams will:



- Communicate proposed adjustments with management when identified.
- Communicate control deficiencies with management when identified.
- Discuss any additional fees over estimate in engagement letter with management.



Documents Containing Audited Financial Statements and Independent Auditor's Report



Our responsibility under generally accepted auditing standards



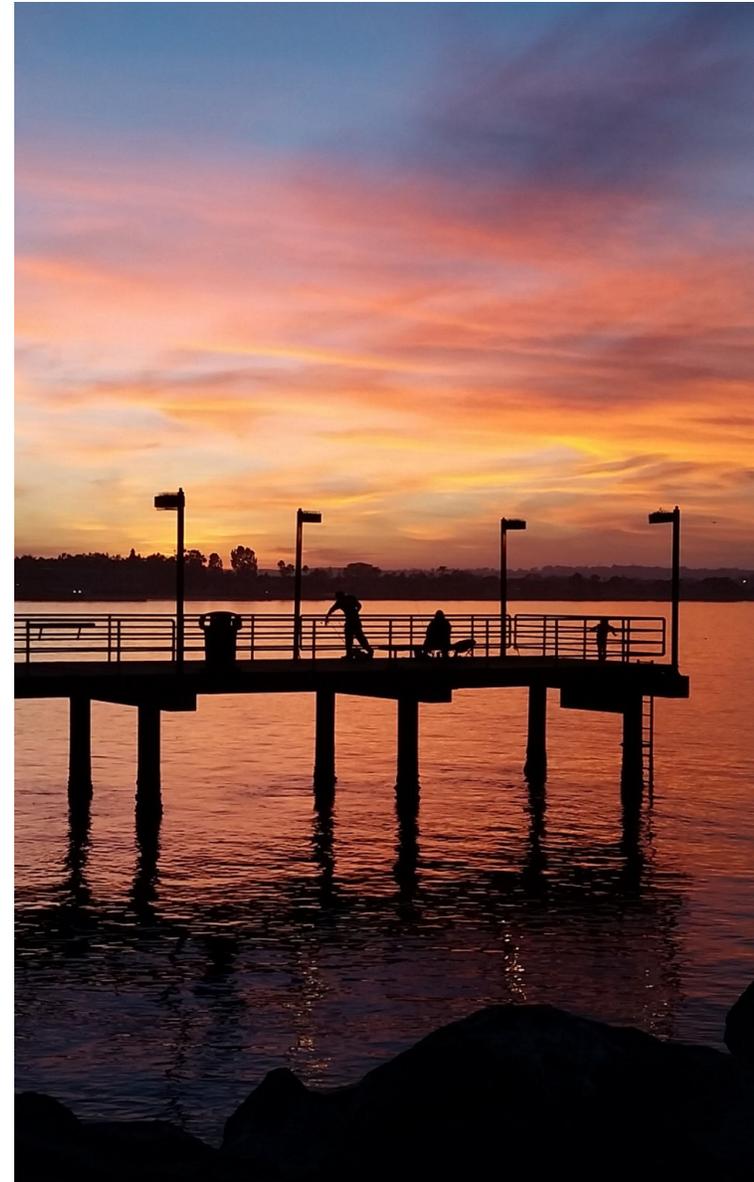
Request for advance notification when you intend to include audited financial statements and the independent auditor's report in a document



Arrangements to obtain the other information prior to report issuance



Recent Accounting Developments



Accounting Standards Update – GASB

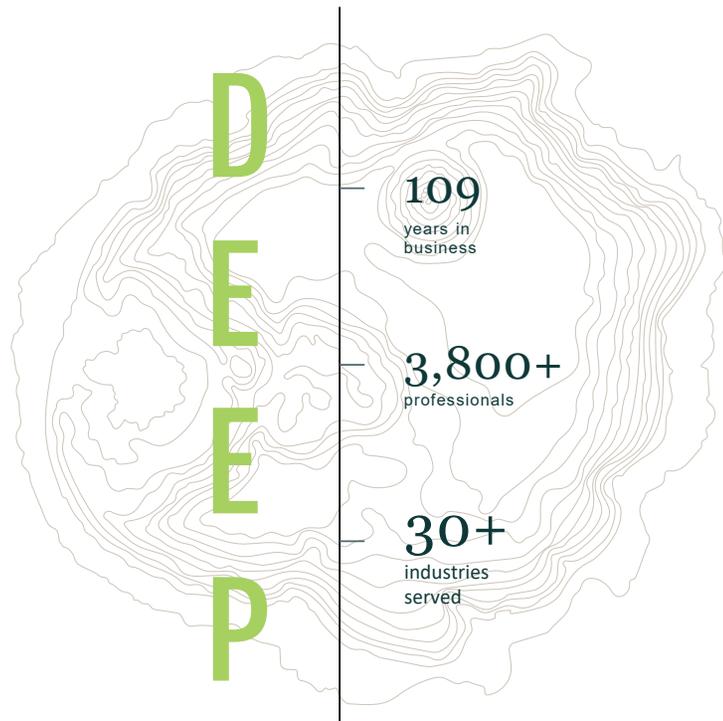
Statement	Title	Effective
No. 100	<i>Accounting Changes and Error Corrections</i> - Revises the presentation and disclosure requirements related to changes in accounting principles, changes in estimates, changes to or within the financial reporting entity and error corrections.	Fiscal years beginning after June 15, 2023 (Effective for FY24).
No. 101	<i>Compensated Absences</i> – Provides guidance on consistent recognition and measurement of the compensated absence liability.	Fiscal years beginning after December 15, 2023 (Effective for FY24).



About Moss Adams

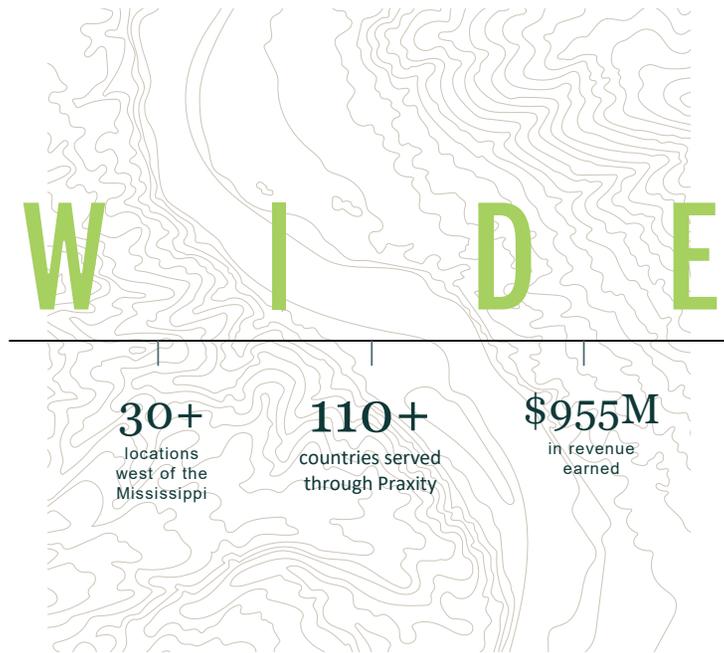


Our Expertise



*Crater Lake—
A monument to perseverance, North America's
deepest lake filled to 1,949 feet over 720 years.*

Our Reach



*Grand Canyon—
At 277 miles long and up to 18 miles
wide, this icon serves as a testament
to determination and time.*

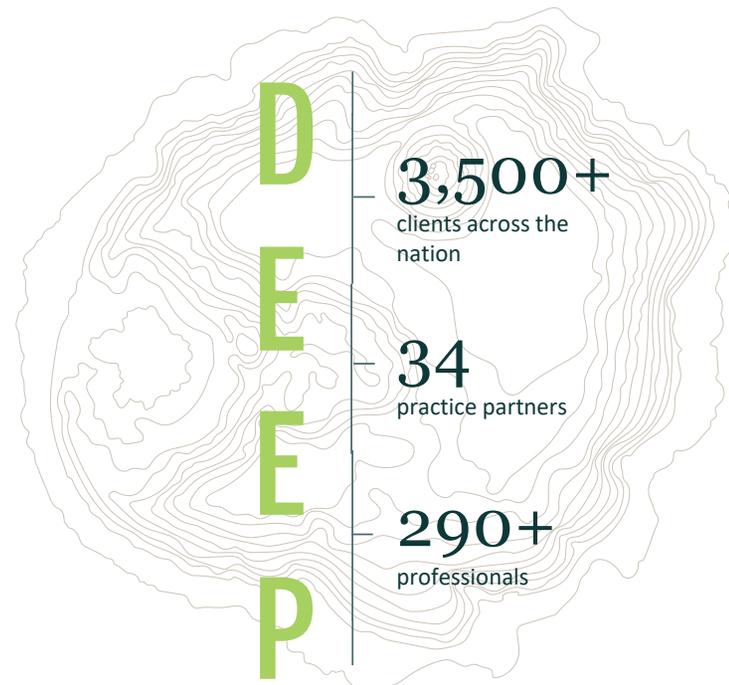


Health Care Industry Experience

Our health care professionals dedicate their careers to serving the industry.

We cover the full spectrum of health care including:

- Hospitals and health systems
- Independent practice associations
- Medical groups
- Community health centers
- Behavioral health organizations
- Long-term care
- Surgery centers
- Knox-Keene licensed health plans
- Health care ancillary services



*Crater Lake—
A monument to perseverance, North
America's deepest lake filled to 1,949 feet over
720 years.*



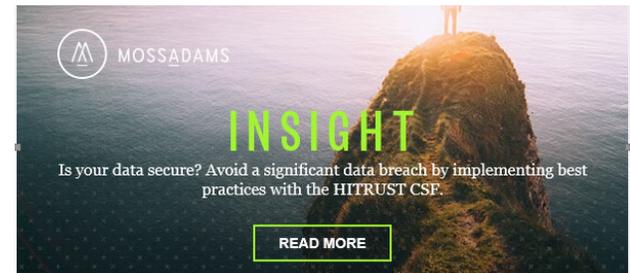
Insights and Resources

In today's fast-paced world, we know how precious your time is. We also know that knowledge is key. These resources offer what you need to know, when you need to know it, and are presented in the format that fits your life.

We'll keep you informed to help you stay abreast of critical industry issues.

Moss Adams closely monitors regulatory agencies, participates in industry and technical forums, and writes about a wide range of relevant accounting, tax, and business issues to keep you informed.

We also offer CPE webinars and events, which are archived and available on demand, allowing you to watch them on your schedule.



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Executive Session





**THANK
YOU**

