



AGENDA

Executive Committee

February 5, 2025

12:00 PM

512 W. Aten Rd., Imperial, CA 92251

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

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

1. CALL TO ORDER

Lee Hindman, Chair

A. Roll Call

Donna Ponce, Commission Clerk

B. Approval of Agenda

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

2. PUBLIC COMMENT

Lee Hindman, Chair

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

3. CONSENT 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 1/8/2025



B. Motion to recommend to the full commission the acceptance of 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** *(No items)*

5. **INFORMATION**

A. Health Services Report *(Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services)*

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

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

D. Operations Report *(Julia Hutchins, COO and Michelle S. Ortiz-Trujillo, Head of Member Experience)*

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

F. 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. Community Health Group Administrative Services Agreement
- B. 2025 Goals
- C. Compliance *(No report)*



7. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

8. COMMISSIONER REMARKS (*Lee Hindman, Chair*)

9. ADJOURNMENT

Next meeting: March 5, 2025



MINUTES

Executive Committee

January 8, 2025

12:00 PM

512 W. Aten Rd., Imperial, CA 92251

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

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

1. CALL TO ORDER

Lee Hindman, Chair

Meeting was called to order at 12:08 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

(Sampat/Ramirez) To approve the order of the agenda. 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.

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

- A. Approval of Minutes from 12/4/2024
- B. Motion to recommend to the full commission the acceptance of 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 recommend to the full commission the acceptance of the 2025 Budget
David Wilson, CFO
(Ramirez/Sampat) To recommend to the full commission the acceptance of the 2025 Budget. Motion carried.

5. INFORMATION

- A. Health Services Report *(Dr. Gordon Arakawa, CMO)*
CMO, Dr. Gordon Arakawa reported on Quality Improvement and EDHCS, Jeanette Crenshaw reported on NCQA.
- B. Financial Services Report *(David Wilson, CFO)*
CFO, David Wilson, presented the financial reports.
- C. Compliance Report *(Chelsea M. Hardy, Senior Director of Compliance)*
SDC, Chelsea Hardy and CCO, Elysse Tarabola, gave updates regarding the Delegation Oversight Monitoring Program



- D. Community Relations Report (*Michelle S. Ortiz-Trujillo, Head of Member Experience Development and Julia Hutchins, Chief Operating Officer*)
COO, Julia Hutchins, presented the operations report on Member/Provider experience and the D-SNP Provider Contracting Status.

HME, Michelle Ortiz, presented the Marketing/Communications report

- E. CEO Report (*Larry Lewis, CEO*)
CEO, Larry Lewis reported on the following:

- *Follow-up meeting with Imperial County Behavioral Health, Imperial County Public Health, and SDSU regarding collaborating and coordinating each other's goals and addressing issues as a team.*
- *Community reinvestment process*
- *LHPC Strategic Planning Retreat*

- 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, 10/2025)

Chair Hindman announces that the committee will enter into closed session.

- A. Update/Action on Contract with Health Net Community Solutions, Inc.
B. Public Employee Annual Performance Evaluation

7. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.

Chair Hindman announces the committee has reconvened into open session and reports the following:

(Ramirez/Sampat) Approved a 5% raise for the CEO, retroactive to the date of review. The motion passed unanimously.

8. COMMISSIONER REMARKS (*Lee Hindman, Chair*)-*None.*

9. ADJOURNMENT

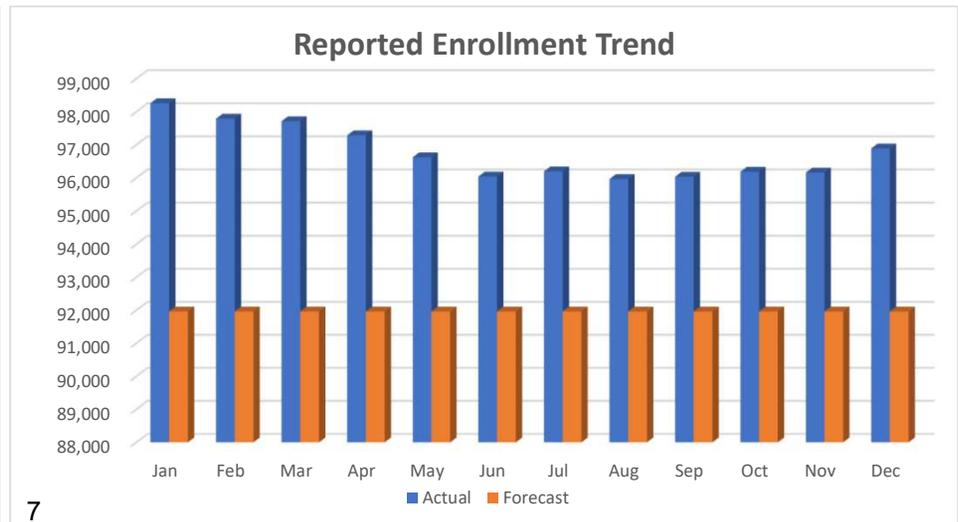
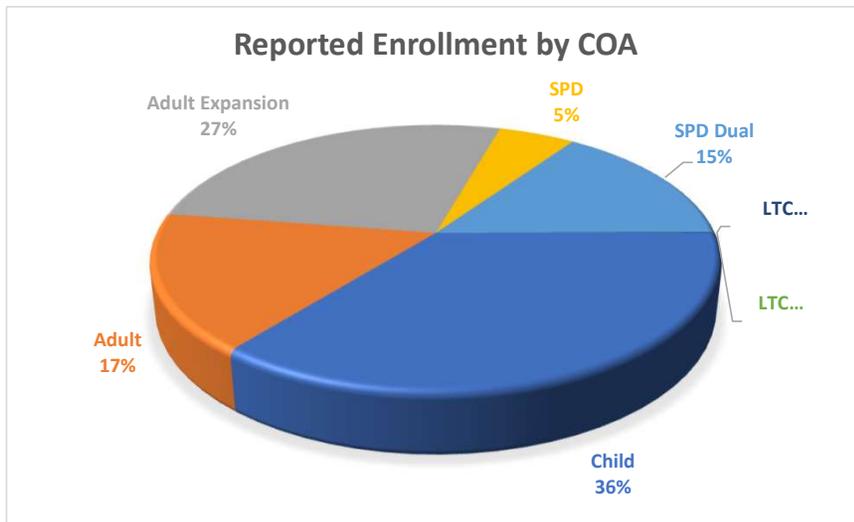
The meeting was adjourned at 1:02 p.m.
Next meeting: February 5, 2024

**Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Enrollment Report
For December 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	34,551	415,382	-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	15,768	193,287	-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	26,019	313,368	-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	5,139	60,598	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	15,288	177,246	5.3%
LTC	11	11	12	17	17	15	17	18	19	19	19	22	197	72.7%
LTC Dual	81	80	79	83	86	87	88	92	92	105	105	104	1,082	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	96,891	1,161,160	-2.3%
Monthly Change		-0.5%	-0.1%	-0.4%	-0.7%	-0.6%	0.2%	-0.2%	0.1%	0.2%	0.0%	0.8%	-0.1%	

Category of Aid (COA)*	2024 (Restated)												YTD Months	YTD Δ
	January	February	March	April	May	June	July	August	September	October	November	December		
Child	35,294	35,589	35,538	35,333	35,093	34,797	34,731	34,571	34,584	34,558	34,467	34,551	419,106	-2.0%
Adult	16,465	16,575	16,492	16,185	16,057	15,922	15,841	15,832	15,797	15,757	15,698	15,768	192,389	-4.1%
Adult Expansion	26,815	26,736	26,660	26,371	26,039	25,782	25,773	25,676	25,634	25,693	25,665	26,019	312,863	-4.4%
SPD	5,062	5,128	5,124	5,112	5,121	5,123	5,113	5,116	5,115	5,104	5,102	5,139	61,359	1.0%
SPD Dual	14,401	14,533	14,638	14,722	14,802	14,890	14,929	15,001	15,070	15,111	15,166	15,288	178,551	4.6%
LTC	10	10	13	16	16	15	19	18	19	19	19	22	196	90.0%
LTC Dual	79	80	79	85	84	86	85	89	93	104	103	104	1,071	17.7%
Total Medicaid	98,126	98,651	98,544	97,824	97,212	96,615	96,491	96,303	96,312	96,346	96,220	96,891	1,165,535	-1.8%
Monthly Change		0.5%	-0.1%	-0.7%	-0.6%	-0.6%	-0.1%	-0.2%	0.0%	0.0%	-0.1%	0.7%	-0.1%	

* 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 December 2024**

	November	December				December (YTD)			Current Month Explanations
	Actual	Actual	Forecast	Variance - B/(W) vs. Forecast vs. Prior Month		Actual	Budget	Variance - B/(W)	
REVENUE									
Premium	\$ 22,580,622	\$ 25,710,688	\$ 22,249,362	\$ 3,461,326	\$ 3,130,066	\$ 276,588,051	\$ 266,992,341	\$ 9,595,711	Maternity down in November, offset by Medical cost Timing of settlements booked in 2023
Pass-Through	321,811	402,720	883,592	(480,872)	80,909	6,769,132	10,603,100	(3,833,967)	
HN Settlements	-	-	-	-	-	602,764	1,135,000	(532,236)	
Government Grants	-	-	-	-	-	134,859	-	134,859	
TOTAL REVENUE	22,902,433	26,113,408	23,132,953	2,980,455	3,210,975	284,094,806	278,730,440	5,364,366	Favorable due to member volume, \$1.2M; rate favorable by \$1.7 due to IPP payment and revised 2024 rates.
HEALTH CARE COSTS	\$ 22,225,014	\$ 25,342,087	\$ 22,465,472	\$ (2,876,615)	\$ (3,117,073)	\$ 274,962,968	\$ 269,585,670	\$ (5,377,298)	
Gross Margin	677,419	771,321	667,481	103,840	93,902	9,131,838	9,144,770	(12,932)	
ADMINISTRATIVE EXPENSE									
Salaries & Wages	\$ 271,243	\$ 268,843	\$ 241,139	\$ (27,703)	\$ 2,400	\$ 3,090,165	\$ 2,805,338	\$ (284,827)	Total labor in line with forecast
Benefits and Bonus	30,490	37,705	78,663	40,958	(7,215)	423,916	915,960	492,045	
Total Labor Costs	301,733	306,548	319,803	13,255	(4,815)	3,514,080	3,721,298	207,218	
Consulting, Legal, & Other Professional	\$ 113,942	\$ 128,544	\$ 130,758	\$ 2,215	\$ (14,601)	\$ 953,559	\$ 261,350	\$ (692,209)	Regulatory fees of \$28K paid to DHCS
Insurance and Banking	4,492	4,492	6,380	1,888	-	45,997	76,562	30,565	
IT Hardware/Software	3,162	8,981	34,820	25,839	(5,819)	52,973	222,836	169,863	
Office Expense	3,182	7,776	14,606	6,830	(4,594)	165,264	175,272	10,008	
Other Admin	65,827	57,474	15,443	(42,031)	8,353	574,987	121,985	(453,001)	
Total Administrative Expense	492,338	513,815	521,810	7,995	(21,477)	5,306,860	4,579,304	(727,556)	
Non-Operating Income									
Dividend, Interest & Investment Income	\$ 103,403	\$ 102,898	\$ 100,347	\$ 2,551	\$ (505)	\$ 1,027,011	\$ 1,090,666	\$ (63,655)	
Rental Income	1,450	1,450	-	1,450	-	17,400	-	17,400	
Total Non-Operating Income	104,853	104,348	100,347	4,001	(505)	1,044,411	1,090,666	(46,255)	
Depreciation & Amortization	\$ 10,228	\$ 10,228	\$ -	(10,228)	\$ 0	\$ 116,931	\$ -	(116,931)	
Change in Net Position	\$ 279,705	\$ 351,626	\$ 246,017	\$ 105,608	\$ 71,920	\$ 4,752,457	\$ 5,656,132	\$ (903,674)	
Key Metrics									
Enrollment	96,162	96,891	91,964	4,928	729	1,161,160	1,103,562	57,598	
Revenue PMPM	\$238.17	\$269.51	\$251.54	\$17.97	\$31.35	\$244.66	\$252.57	(\$7.91)	
MLR	97.04%	97.05%	97.1%	7 bps	(0) bps	96.8%	96.7%	(11) bps	
Admin Ratio	2.1%	2.0%	2.2%	29 bps	18 bps	1.9%	1.6%	(22) bps	
Net Income PMPM	\$2.91	\$3.63	\$2.68	\$0.95	\$0.72	\$4.09	\$5.13	(\$1.03)	
Net Income %	1.2%	1.3%	1.1%	28 bps	13 bps	1.7%	2.0%	(35) bps	

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position
As of December 31, 2024**

ASSETS

Current Assets	<u>Nov 2024</u>	<u>Dec 2024</u>	<u>Change</u>
Cash and Investments			
Chase - Checking	\$ 199,830	\$ 199,830	\$ -
Chase - Money Market	25,799,897	4,364,886	(21,435,011)
JPMorgan Securities	13,039,168	13,261,966	222,798
First Foundation Bank	40,960	120,117	79,157
Receivables			
Accounts Receivable	2,773	2,773	0
Dividend Receivable	15,153	14,644	(509)
Interest Receivable	-	83,454	83,454
Premium Receivable	22,580,622	23,962,231	1,381,609
Pass-Through Receivable	321,811	402,720	80,909
Other Current Assets			
Prepaid Expenses	246,749	197,390	(49,359)
Total Current Assets	62,246,963	42,610,011	(19,636,952)
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	300,000	300,000	-
Capital Assets			
Buildings - Net	2,966,053	2,957,505	(8,548)
Computers & Office Equipment - Net	7,900	7,731	(168)
Improvements - Net	46,401	45,993	(408)
Intangible Assets - Net	44,134	43,311	(823)
Operating ROU Asset (Copier) - Net	6,756	6,475	(282)
Total Noncurrent Assets	3,371,244	3,361,016	(10,228)
Total Assets	\$ 65,618,207	\$ 45,971,027	\$ (19,647,180)

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position
As of December 31, 2024**

LIABILITIES

CURRENT LIABILITIES	Nov 2024	Dec 2024	Change
Payables			
Accounts Payable	\$ 273,895	\$ 123,082	\$ (150,813)
Capitation Payable	44,261,497	24,939,367	(19,322,130)
Pass-Through Payable	979,627	402,720	(576,907)
Credit Card Payable	13,395	5,523	(7,872)
Other Current Liabilities			
Short Term Lease Liability - Copier	3,375	3,390	15
Bonus Accrual	131,114	158,912	27,798
Salaries Accrual	56,664	88,130	31,466
Vacation Accrual	119,425	119,351	(74)
Total Current Liabilities	45,838,992	25,840,476	(19,998,516)
NON-CURRENT LIABILITIES			
Long Term Lease Liability - Copier	3,565	3,275	(290)
Total Noncurrent Liabilities	3,565	3,275	(290)
Total Liabilities	45,842,557	25,843,751	(19,998,806)

NET POSITION

Net investment in Capital Assets	3,371,244	3,361,016	(10,228)
Restricted by Legislative Authority	300,000	300,000	-
Unrestricted	11,703,574	11,713,802	10,228
Net Revenue	4,400,832	4,752,457	351,626
Total Net Position	19,775,650	20,127,276	351,626
Total Liabilities and Net Position	\$ 65,618,207	\$ 45,971,027	\$ (19,647,180)

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Summarized Tangible Net Equity Calculation
As of December 31, 2024**

Net Equity	\$	20,127,276
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)	\$	20,127,276
Required Tangible Net Equity *	\$	4,389,740
TNE Excess (Deficiency)	\$	15,737,535

Full Service Plan		
A. Minimum TNE Requirement	\$	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	\$	1,389,740
Total	\$	4,389,740

* Calculated Required Tangible Net Equity	
\$ 210,633,739	- Q1 - Q3 Reported
78,340,224	- Q4 (Dec) Annualized
\$ 288,973,963	- Annualized
\$ 150,000,000	←
x 2%	
\$ 3,000,000	
\$ 138,973,963	←
x 1%	
\$ 1,389,740	
\$ 4,389,740	- Required TNE



Health Services Report

1. Q4 CHPIV QIHEC Meeting Report
2. NCQA Accreditation Update

Q4 CHPIV Quality Improvement Health Health Equity Committee Presentation

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.

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 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 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

HEDIS Measures RY2025

Measure	Goal Rate	YTD Rate	Rate Change	Rate Status	Rate Status 2023	Denominator	Gap to Goal
IM Adolescent	34.3%	41.7%	+2.9%	75 th %	50 th %	1610	0
Lead Screen	63.8%	75.8%	-0.2%	75 th %	75 th %	1286	0
WCV 15-30	69.4%	75.5%	+5.1%	75 th %	50 th %	1263	0
Asth Med Ratio	66.2%	71.4%	+13.0%	50 th %	<25 th	1470	0
Breast CA Sc	52.7%	55.9%	+0.9%	50 th %	75 th	3623	0
IM Child	27.5%	31.9%	+2.5%	50 th %	25 th %	1274	0
ED Sub Abuse	36.2%	39.2%	+10.6%	50 th %	50 th %	334	0
Cervical CA Sc	57.2%	50.9%	-3.1%	25 th %	25 th %	18810	1180
Chlamydia Sc	56.0%	53.5%	+3.1%	25 th %	25 th %	2119	53
Blood Pressure	64.5%	53.2%	+9.0%	<25 th %	25 th %	5342	611
ED MH	53.8%	34.6%	+10.2%	<25 th %	<25 th %	130	25
HbA1c Control	33.3%	61.3%	+1.6%	<25 th %	<25 th %	5611	1522
Post Part Care	80.2%	74.2%	+8.1%	<25 th %	<25 th %	1081	66
Prenatal Care	84.6%	75.9%	+3.6%	<25 th %	<25 th %	1081	95
WCV 0-15	60.4%	52.4%	+1.8%	<25 th %	25 th %	666	54
WCV C & A	51.8%	41.3%	+1.2%	<25 th %	50 th %	31988	3359
Dev Screen	34.7%	49.8%	+3.3%	50 th %	50 th %	3238	0
Top Fluoride	19.3%	4.7%	+1.2%	<25 th %	<25 th	33763	4920



Care Management

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%

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

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

CS Authorizations/Claims Trends



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

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%

Questions & Comments

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

Measure	Goal Rate	YTD Rate	Rate Change	Rate Status	Rate Status 2023	Denominator	Gap to Goal
IM Adolescent	34.3%	41.7%	+2.9%	75 th %	50 th %	1610	0
Lead Screen	63.8%	75.8%	-0.2%	75 th %	75 th %	1286	0
WCV 15-30	69.4%	75.5%	+5.1%	75 th %	50 th %	1263	0
Asth Med Ratio	66.2%	71.4%	+13.0%	50 th %	<25 th	1470	0
Breast CA Sc	52.7%	55.9%	+0.9%	50 th %	75 th	3623	0
IM Child	27.5%	31.9%	+2.5%	50 th %	25 th %	1274	0
ED Sub Abuse	36.2%	39.2%	+10.6%	50 th %	50 th %	334	0
Cervical CA Sc	57.2%	50.9%	-3.1%	25 th %	25 th %	18810	1180
Chlamydia Sc	56.0%	53.5%	+3.1%	25 th %	25 th %	2119	53
Blood Pressure	64.5%	53.2%	+9.0%	<25 th %	25 th %	5342	611
ED MH	53.8%	34.6%	+10.2%	<25 th %	<25 th %	130	25
HbA1c Control	33.3%	61.3%	+1.6%	<25 th %	<25 th %	5611	1522
Post Part Care	80.2%	74.2%	+8.1%	<25 th %	<25 th %	1081	66
Prenatal Care	84.6%	75.9%	+3.6%	<25 th %	<25 th %	1081	95
WCV 0-15	60.4%	52.4%	+1.8%	<25 th %	25 th %	666	54
WCV C & A	51.8%	41.3%	+1.2%	<25 th %	50 th %	31988	3359
Dev Screen	34.7%	49.8%	+3.3%	50 th %	50 th %	3238	0
Top Fluoride	19.3%	4.7%	+1.2%	<25 th %	<25 th	33763	4920



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

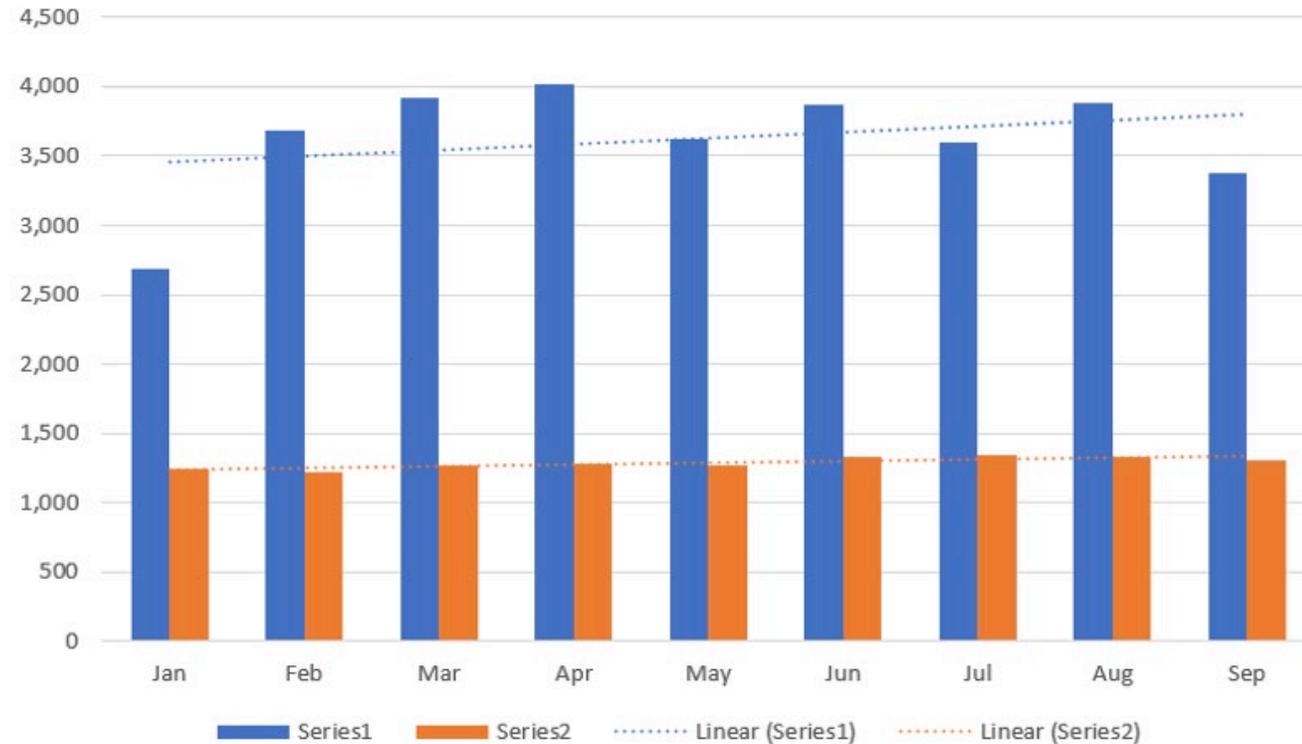
Texting Program

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)

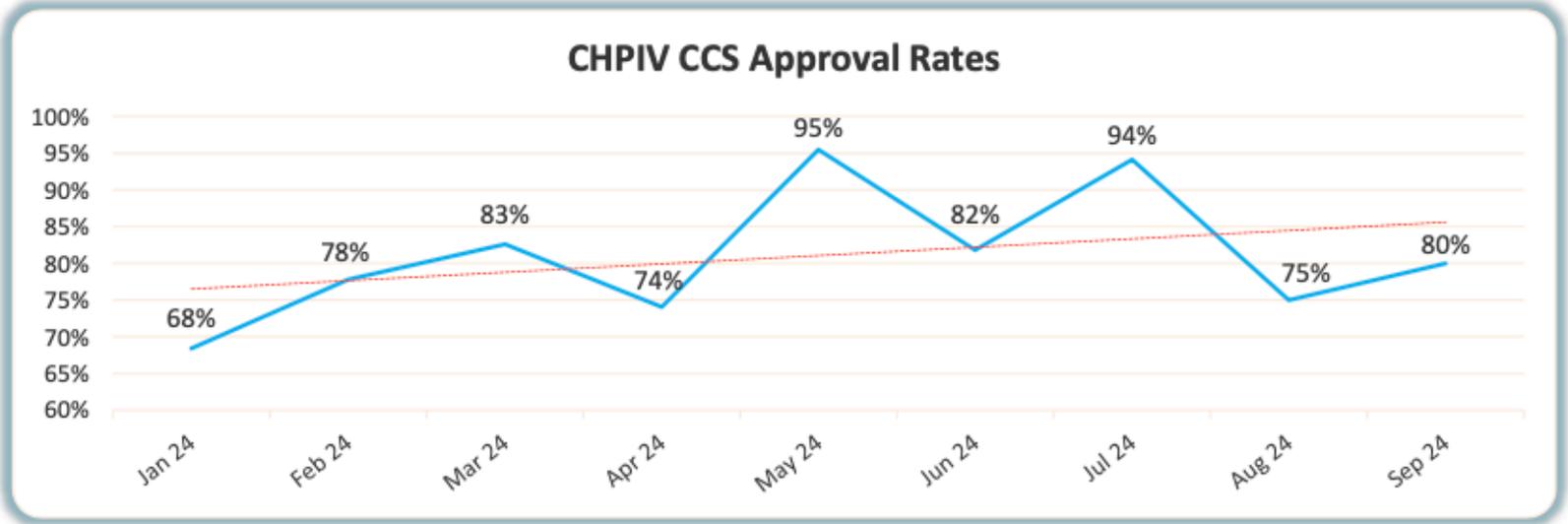
CCS Case Review

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

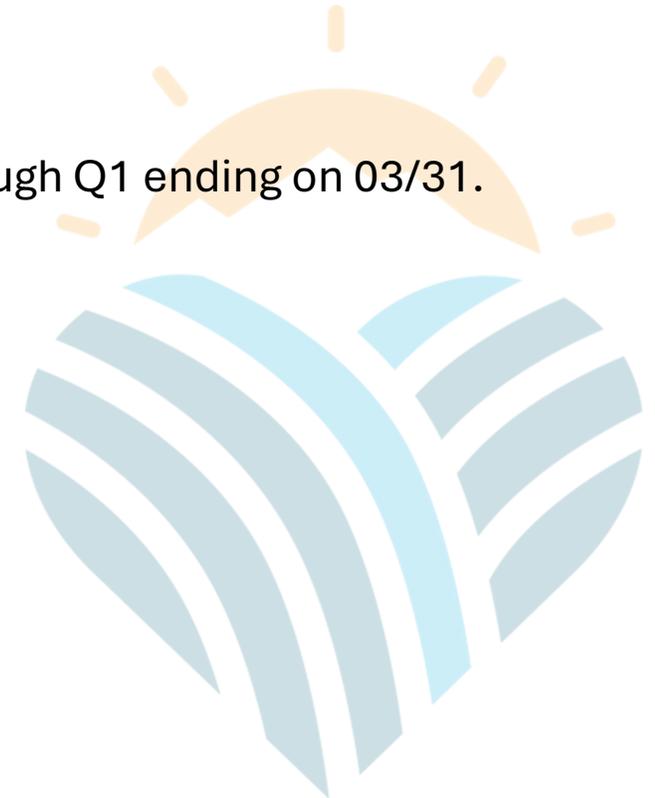
Next Steps: Meetings to discuss the vendors' remediation plan and track progress.

Questions & Comments

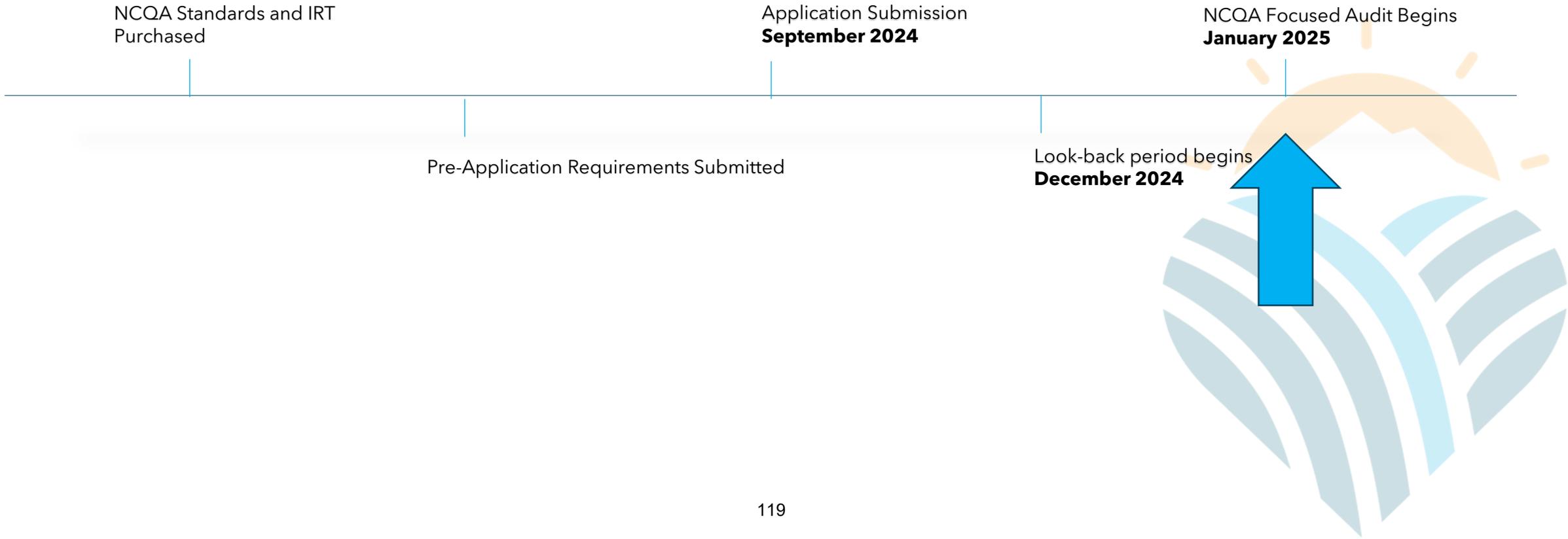
NCQA Updates

Current Status

- We are officially in our lookback period, scrutinizing all documentation that will be required to be submitted
- Performing another detailed review of P&P, focusing on any required 2025 updates
- Answering NCQA's questions via their online portal
- We have officially begun our Q1 NCQA focused Audit which will run completely through Q1 ending on 03/31.



Accreditation Timeline



Accreditation Timeline (continued)

Documents uploaded to NCQA's online portal
May 2025

NCQA Response
• **HEA July 2025**
• **HPA August 2025**

Audit Summarized for NCQA
April 2025

Survey Submission Dates
• **HEA June 03, 2025**
• **HPA June 24, 2025**



Next Steps

- Early on in Q2 we will summarize our findings of the audit which will be sent as part of our NCQA accreditation process
- By the end of Q2 we will be submitting all documents to NCQA for our Accreditation
- Overall, we remain on track for our Q2 Submission for Health Plan as well as Health Equity Accreditation





Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update February 2025

Mandatory Compliance Training

Background

The CHPIV Compliance department has launched a mandatory Compliance Training Program for all employees and Commissioners to uphold high compliance and ethical standards. This training meets DHCS and CHPIV policy requirements (P&P CMP-006). Completion requires a quiz score of 80% or higher. CHPIV has partnered with American Medical Compliance (AMC) to assign and track the training. Compliance training courses must be completed within ninety (90) days of onboarding and annually thereafter. The required training modules include (1) General Compliance Training, (2) Fraud, Waste, and Abuse Training, and (3) HIPAA Training.

Compliance Training Completion Report

	Employees	Commissioners
Complete	17	2
Pending (Not Due)	2	2
Incomplete (Past Due)	1	7
Total	20	11

Next Steps

1. Compliance will escalate incomplete/past due trainings to the Compliance & Policy Committee.
2. Compliance is currently working with Human Resources (HR) to transition all Compliance training modules from AMC to Rippling. This initiative aims to streamline all required training modules through one platform for increased efficiency and convenience.

Department of Managed Health Care (DMHC) D-SNP Filings

As part of the D-SNP application process, CHPIV submitted two required filings to the DMHC. Below is a summary of each filing and its current status.

DMHC Filing	Filing Description	Status
1 st D-SNP Filing	Financial Feasibility & Provider Contract Templates	Completed - DMHC has formally closed out this filing and issued an order of approval as well as the State Certification Form required for the CMS Application
2 nd D-SNP Filing	CHG ASA Contract	In Progress - CHPIV has been actively addressing multiple rounds of comments from the DMHC. The latest comments, received on 1/30/25, are due by 2/3/25. DMHC's latest comments do not impact the content of the CHG agreement.



2024 Department of Health Care Services (DHCS) Medical Audit

The DHCS Medical Audit is anticipated to begin soon, as we have received the first request for information. This typically signals the formal engagement letter will follow shortly. This audit is a comprehensive evaluation of our compliance with Medi-Cal program requirements, focusing on key operational areas such as utilization management, member services, quality of care, access to services, grievances and appeals, and delegation oversight. The review will assess our adherence to regulatory standards, identify areas for improvement and ensure we continue to provide high-quality care to our members. The Compliance team is proactively preparing to support the audit process and ensure timely and accurate responses to DHCS inquiries.

Delegation Oversight NCQA Focused Audit

CHPIV initiated its first Delegation Oversight audit focused on the National Committee for Quality Assurance (NCQA) standards on January 7, 2024. The purpose of this audit is to evaluate Health Net's adherence to NCQA requirements in key areas, including, but not limited to:

- Quality Management (including Quality Improvement and Potential Quality Issues)
- Provider Network
- Appeals
- Grievances
- Credentialing
- Utilization Management
- Member Experience
- Care Management
- Population Health Management

This audit is being conducted by our Health Services team as it focuses on NCQA standards, which fall under their purview. Compliance supports the audit process by coordinating efforts between internal teams, ensuring alignment with broader oversight activities, and serving as the liaison with Health Net to facilitate communication and address any cross-functional needs.

Note that a full-scope audit, including a review of regulatory standards, will be conducted after the completion of the DHCS Audit.

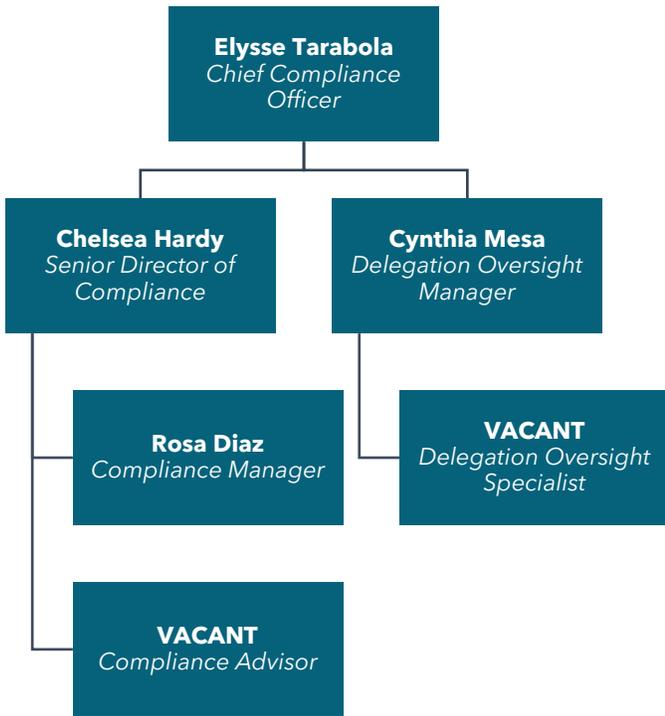
Staffing Updates

The Compliance Department has undergone several key staffing changes to enhance our operational efficiency and support evolving compliance and oversight needs:



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update February 2024



Rosa Sanchez has been promoted from Compliance Advisor to **Compliance Manager**, recognizing her leadership and contributions to the organization. Rosa has been instrumental in ensuring timely, complete, and accurate responses to DHCS and strengthening our delegation oversight processes. In her new role, she will take on management of day-to-day compliance activities and provide training to the organization as we continue to enhance our compliance and oversight function.

- **Cynthia Mesa** has joined as our **Delegation Oversight Manager**, bringing over a decade of experience in healthcare compliance, quality assurance, and delegation oversight. She previously worked at Molina Healthcare focusing on NCQA, DHCS, DMHC, and CMS regulatory compliance across Medicare, Medi-Cal and Commercial lines of business. In addition, she also has significant

experience working within the local healthcare landscape at Inncare, Pioneers Memorial Healthcare District, and El Centro Regional Medical Center. Her familiarity with the regional provider network and healthcare operations will be valuable in supporting our delegation oversight functions.

- The **Compliance Coordinator position has been eliminated** following Amanda Delgado’s transition to Health Services. As part of an effort to streamline our department’s structure and optimize resources, the responsibilities of this role have been reassessed and redistributed to existing positions to improve workflow efficiency and better align with the department’s evolving needs.
- Fernanda Ortega has also transitioned to Health Services, however she continues to provide support to our team during this transition. We appreciate her efforts in ensuring continuity while Cynthia is fully onboarded and while we work to **backfill** her previous **Delegation Oversight Specialist position**.
- We are **actively recruiting for a Compliance Advisor**, which will incorporate both Rosa’s previous responsibilities and the essential functions previously handled by the Compliance Coordinator. This position will support all regulatory compliance activities including coordination of regulatory audits.



OPERATIONS REPORT, FEB 2025

Marketing | Communications

1. Carnival Community Event: February 15th 2025, Imperial CA
2. [Community Advisory Committee](#) Q1 Meeting: March 18th 2025 12-2pm.

Member Experience

1. On-Site Member Functions: As of this week, members are able to come into the office to request a temporary ID card, make a PCP change request, notify of a pregnancy and more. We are working towards enhancing the overall member experience and satisfaction.
2. Website Enhancements: Change your PCP, Member Inquiries, and more.
3. For complaints about unsatisfaction of coverage or providers, members are able to file online.

Select an option for details:

▼ Members

For Member Services inquiries, please call our call center at [1-833-236-4141](tel:1-833-236-4141) (TTY: 711). Our team is available 24/7 to provide support.

To request a PCP Change, please fill out our [online form here](#)

To request a provider directory please [click here](#)

To file a complaint regarding a provider or are unsatisfied with coverage, please [click here](#)

▼ Providers

For Provider related questions please contact us at provider@chpiv.org

▼ Press or CBO's

For Public Relations contact us at pr@chpiv.org

Provider Contracting

Specialty #	Specialty Type	Adequate Network (Y/N)	# Contracted Providers	# Direct Contracts
1	General Practice	Y	2	
2	Family Practice	Y	18	
3	Internal Medicine	Y	43	
4	Geriatrics	Y	0	
5	Primary Care - Physician Assistants	Y	1	
6	Primary Care - Nurse Practitioners	Y	0	
S03	Primary Care	Y	64	
7	Allergy and Immunology	Y	6	
8	Cardiology	Y	11	1
10	Chiropractor	Y	7	
11	Dermatology	Y	46	
12	Endocrinology	Y	15	
13	ENT/Otolaryngology	N	10	
14	Gastroenterology	Y	14	
15	General Surgery	Y	25	
16	Gynecology, OB/GYN	Y	3	
MC	Hematology	Y	44	
17	Infectious Diseases	Y	39	
18	Nephrology	Y	43	
19	Neurology	Y	39	
20	Neurosurgery	Y	1	
21	Oncology - Medical, Surgical	Y	1	
22	Oncology - Radiation	Y	18	
23	Ophthalmology	Y	20	
25	Orthopedic Surgery	Y	11	
26	Physiatry, Rehabilitative Medicine	Y	1	
27	Plastic Surgery	Y	12	
28	Podiatry	Y	26	
29	Psychiatry	Y	28	18
30	Pulmonology	Y	66	
31	Rheumatology	Y	34	
33	Urology	Y	77	
34	Vascular Surgery	Y	33	
35	Cardiothoracic Surgery	Y	1	

Specialty #	Specialty Type	Adequate Network (Y/N)	# Contracted Providers	# Direct Contracts
36	Clinical Psychology	Y	2	1
37	Clinical Social Work	Y	9	8
40	Acute Inpatient Hospital Beds	Y	0	2
41	Cardiac Surgery Program	Y	1	0
42	Cardiac Catheterization Services	Y	0	2
43	Critical Care Services / ICU	Y	0	2
45	Surgical Services (Outpatient or ASC)	Y	0	2
46	Skilled Nursing Facilities	Y	0	1
47	Diagnostic Radiology	Y	32	2
48	Mammography	Y	0	2
49	Physical Therapy	Y	50	2
50	Occupational Therapy	Y	0	1
51	Speech Therapy	Y	0	2
52	Inpatient Psychiatric Facility Services	Y	1	0
57	Outpatient Infusion/Chemotherapy	Y	0	
58	Outpatient Behavioral Health	Y	0	
MC	DME	Y	0	
MC	Freestanding Birthing Centers	Y	0	
MC	Nurse Midwives (CM/LM)	N	0	
MC	Doulas	X	0	
MC	Indian Health Care Programs	Y	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	N	0	
MC	Recuperative Care (Medical Respite)	N	0	
MC	Respite Services (Caregiver)	N	0	
MC	Day Habilitation Programs	N	0	
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	

Specialty #	Specialty Type	Adequate Network (Y/N)	# Contracted Providers	# Direct Contracts
MC	Community Transition Services / Nursing Facility Transition to a Home	N	0	
MC	Personal Care and Homemaker Services	N	0	
MC	Environmental Accessibility Adaptations (Home Modifications)	N	0	
MC	Meals / Medically Tailored Meals	Y	0	1
MC	Sobering Centers	N	0	
MC	Asthma Remediation	N	0	
MC	Audiology	N	0	
MC	Optometry	N	1	
MC	Hearing aids	Y	0	1
MC	Hospice (room and Board)	N	0	
MC	Ambulance - air	N	0	
MC	Orthotics	N	0	
MC	Acupuncture	Y	0	1