COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

AGENDA

Provider Advisory Committee

March 17th, 2025-Qtr. 1

12:00 P.M.

512 W. Aten Rd. Imperial, CA 92251

[Join the meeting now]

Meeting ID: 264 689 736 538

Passcode: g9XE7d7h

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

Committee Members	Representing	Present
Dr. Hamid Zadeh	OB/Gyn	
Dr. John Harper	El Centro Regional Medical Center	
Dr. Jennifer Cohen	Whole Person Care Clinic	
Dr. Bushra Ahmad	Imperial County Behavioral Health	
Arnold Perreras	Unicare	
John Teague, PharmD	Pioneers Memorial Healthcare District	
Kenia Arredondo	MedZed	
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	

1. Call to Order
2. Roll Call
3. Announcements
4. Review of December 16th, 2024-Qtr. 4 PAC Meeting Minutes
5. Q4 CHPIV Provider Advisory Committee Presentation
6. Action Items
    a. Approval of Health Net Community Solutions 2025 Q1 Packet & Presentation
    b. Approval of Heath Net Community Solutions Clinical Policies
    c. Approval of Heath Net Community Solutions Program Descriptions and Workplans
        i. 2025 Health Equity Program Description
        ii. 2025 Health Equity Workplan
        iii. 2024 Health Equity Workplan Complete

iv. 2025 Quality Improvement Health Equity Program Description
v. 2025 Quality Improvement Health Equity Workplan
vi. 2025 UM Program Description
vii. 2025 UM/Care Management Workplan
viii. 2024 UM/Care Management Workplan Evaluation
ix. 2025 Care Management Program Description

7. Adjournment

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

PAC Meeting Minutes:

Community Health Plan of Imperial Valley PAC Committee convened on 12/16/24 at 12:00 p.m.

Date/Time	December 16, 2024, 12:00pm-1:00pm
	Microsoft Team Meeting Meeting ID: 279 686 957 681 Passcode: uqygKC **All supporting documentation is available for public review at https://chpiv.org**
Members	☒ ***Chair:*** Dr. Gordon Arakawa; Chief Medical Officer ☐ Dr. Hamid Zadeh; OB/GYN ☒ Dr. John Harper; El Centro Regional Medical Center ☐ Dr. Jennifer Cohen; Whole Person Care Clinic ☐ Dr. Bushra Ahmad; Imperial County Behavioral Health ☒ Arnold Perreras; Unicare ☒ John Teague, PharmD; Pioneer Memorial Hospital District ☐ Kenia Arredondo; MedZed
Ad Hoc Members & Guests Present	N/A

AGENDA				
Topic	**Presenter**	**Minutes**	**Recommendation /Decision/ Action /Date**	**Responsible Party**
Call to Order	Dr. Gordon Arakawa	Dr. Gordon Arakawa opened the meeting with a complete Quorum Dr.Arakawa officially commenced the meeting of the Provider Advisory Committee (PAC) for the community Health Plan of Imperial Valley at 12:05pm		
Announcements	Dr. Gordon Arakawa	No announcements were made		
Review of Minutes	Dr. Gordon Arakawa	The PAC meeting minutes from September 23, 2024 were reviewed and approved	Motion was approved by Arnold Perreras and Second by John Harper	
Call Center Metrics	Dr. Gordon Arakawa	Dr. Arakawa proceeded to present the Call Center Metrics. He noted that the top member call types have remained consistent in both order and roster. For provider services, there was a continued decrease in the number of calls, though not as significant as the drop from Q1 to Q2, but a slight decline nonetheless. We anticipate approximately 4,000 calls per quarter. Regarding the topics, the list has also remained unchanged in both order and content. Regarding the Behavioral Health Call Center Metrics, Dr. Arakawa explained that these are typically reported biannually, which is why they were not included in the last quarter's report. For Q3, they are projecting around 180 calls, with almost all being managed through basic KPIs.		

Utilization Management	Dr. Gordon Arakawa	Dr. Arakawa proceeded to explain the utilization management. He mentioned that he will be following up with HealthNet regarding the numbers, but provided a brief overview. He advised the committee to review admission numbers, average length of stay, ER visits, and outpatient surgeries. He noted that in previous presentations, ER visits had consistently ranged between 400 and 450 per member per month, per member per year. This high number is typical for rural counties where residents tend to rely on emergency departments and hospitals for care. However, in Q3, there was a significant drop to 304 visits. Dr. Arakawa has reached out to HealthNet to determine if this is preliminary data or indicative of a new trend, but has not yet received a response. He met with the team today and hopes to have more information soon. Regarding prior authorization turnaround times, there has been significant improvement, with metrics nearing 100% across the board. Dr. Arakawa mentioned the need to query the Health Net team about the increase in denial rates observed in August and September to understand the underlying reasons. He questioned whether there was a drop in authorizations and what the specific denial rates were. He noted that such increases could be attributed to factors like the arrival of new medical directors who may interpret guidelines more strictly.		
Appeals & Grievances	Dr. Gordon Arakawa	Dr. Arakawa proceeded to explain the Appeals and Grievances. He noted that the number of grievances saw a significant increase from 96 in Q2 to 145, before stabilizing at around 110. The year-to-date total for overall grievances stands at 350. He explained that imaging and DME are the top reasons for appeals. The overturn rate is fairly high, indicating that while initial denials occur, many are overturned upon review by a second doctor.		

		In terms of quality of service grievances, the main issues continue to be transportation, lack of care, and administrative reasons, which have remained consistent with previous quarters. For quality of care, there were 15 grievances filed in Q3, compared to nine in Q2 and five in Q1. Dr. Arakawa mentioned that the Health Net team attributes this increase to greater member awareness of their rights and the plan's recognition. This is seen as a positive development, as more members are engaging and filing grievances. He also mentioned that he is scheduled to meet with the grievance team to review all 15 cases from a clinical perspective. Regarding access to care grievances, the pattern remains unchanged from previous quarters. John P. Teague inquired about the percentage of total claims, noting that while the number of denials may have increased, the total number of claims might have also risen. He asked for clarification on this point. Additionally, he requested explanations for the acronyms of the measures that have the greatest gap to meet. Dr. Arakawa mentioned that they are currently checking with the team, but it appears that while authorization denials have increased, the total number of authorizations has decreased. This suggests that the data is accurate. If both the number of denials and authorizations were low, it might indicate incomplete data. However, the opposing trends of increased denials and decreased authorizations suggest a real issue that needs further investigation.		

		He acknowledged that if the number of authorizations had increased by 30%, it would simply reflect higher volume. He thanked the team for their insights Dr. Arakawa also mentioned that he would be sending an email to the committee members, providing explanations of the measure ID acronyms to enhance their understanding.		
Healthcare Effectiveness Data & Information Set (HEDIS)	Dr. Gordon Arakawa	HEDIS consists of 18 measures that plans are reimbursed for. Dr. Arakawa explained that as of September 2024, eight of these measures were marked green, indicating that we have passed and they are already accounted for. The measures marked in orange indicate that we are still below the required threshold.		
Care Management KPI Report	Dr. Gordon Arakawa	For care management, Dr. Arakawa reviewed the various KPIs, which include Physical Health, Behavioral Health, Maternity, Transitional Care Services, First Year of Life, Top Diagnoses - YTD, and the CHPIV Outcomes Report. He noted that for physical health care management, the current rate is at 50%. Efforts are ongoing to improve this rate through process enhancements. However, he emphasized that member engagement is crucial for this improvement, which can be challenging.		
Enhanced Care Management/Community Supports	Dr. Gordon Arakawa	Dr. Arakawa emphasized the need to improve the current 40% enrollment rate in Enhanced Care Management (ECM), as assignments are based on genuine need for engagement. Nearly 60 members have graduated through Q3, with Serene Health and MEDS leading in claims over the past two quarters. Initially, claims and authorizations for medically tailored meals were notably high, with 86 referrals and 175,000 claims related to food through September 2024. ECM represents the care management team, while community support serves as the intervention arms.		

Long Term Support Services (LTSS)	Dr. Gordon Arakawa	Dr. Arakawa explained that the rosters have remained consistent over the past three quarters. Similarly, the roster for CBAS has been stable throughout the year. Most pharmacy services are managed by a state PDM, but inpatient drugs, chemotherapy, and physician-administered drugs are reviewed by the respective plans. Pharmacist Teague questioned whether the level of care required at LTACHs was insufficient, leading to pharmacy denials, which he assumed were due to a preference for cheaper biosimilars. Dr. Arakawa mentioned he would need to contact Health Net for clarification but noted that previous meetings indicated the issue was related to volume, suggesting that they had reached capacity and there was an increased need for LTC services. In addition, while cost is often a factor, the choice of medication follows a standard algorithm. He noted that although the selected drug is frequently cheaper, it could also be part of a regimen that allows for transitioning to long-acting forms, even when short-acting or regular-acting forms would suffice.		
Pharmacy	Dr. Gordon Arakawa	Dr. Arakawa noted that the top pharmacy requests for prior authorization consistently involved IV iron, immunotherapy, and colony-stimulating factors. These requests are not frequently denied, but the pattern of requests is significant. For example, considerations include whether the correct IV iron regimen has been followed and if the appropriate IV iron product is being selected. This pattern of communication with the pharmacy department has remained unchanged over the last three quarters.		
Behavioral Health	Dr. Gordon Arakawa	It was noted that behavioral health data tends to be two months behind. Dr. Arakawa mentioned that the reported number of members served through June 2024, which stands at 700, is likely an underestimation. Typically, the number of members served ranges between 1,000 and 1,400, suggesting that the		

		discrepancy is due to a data lag.		
California Children's Services	Dr. Gordon Arakawa	A reminder was provided that Imperial County is not a CCS County. Dr. Arakawa explained that pediatric members who qualify for receive services from the state and must visit a CCS provider. However, the plan is responsible for the evaluation and follow-up of these members. Approval rates remain at 80%, and despite some health net jargon indicating shortfalls, the target of 80% is consistently being met.		
Quality Improvement Projects	Dr. Gordon Arakawa	Dr. Arakawa emphasized the performance improvement project, noting that while not all 80 projects are actively monitored, 80 projects have been assigned to Imperial Valley for 2024. Some of these projects are recurring or standard. He highlighted two examples: the completion of initial health appointments within 120 days and the lead screening for children.		
Population Health Management (PHM) Quarterly Report	Dr. Gordon Arakawa	An overview of stratification was provided, explaining how the population health team is categorizing the overall membership of 98,000 into different segments. This allows for targeted tasks and interventions within each category. For example, transitional care focuses on members undergoing location changes, while diabetes prevention programs cater to about 4,000 to 5,000 patients. Chronic conditions, such as cancer, are also categorized to determine eligibility for specific services. Behavioral health care management, however, is accessible to all members without stratification, ensuring that anyone who requests these interventions can benefit from them.		

Health Equity	Dr. Gordon Arakawa	It was explained that HealthNet's work in Imperial Valley for the multi-gap outreach call demonstrates their efforts. This specific outreach campaign targets members with gaps in their HEDIS measures, aiming to address and close these gaps effectively.		
Peer Review Credentialing	Dr. Gordon Arakawa	Dr. Arakawa mentioned that PQI is currently lower on the priority list, and as of Q3, there have been no reported incidents from the current PRCC. The presentation also covered credentialing and recredentialing processes, highlighting that no new providers were initially credentialed in Q3. However, several facilities underwent recertification, with a particular focus on pioneering groups.		
Facility Site Reviews	Dr. Gordon Arakawa	HealthNet initiated this project, with the work being conducted in Q1 and Q2, but the results were not reported until Q3. In the Imperial Valley, they completed 11 facility site reviews and one 10-record medical review. Any deficiencies identified during these reviews were addressed through corrective action plans (CAPs), and the corrections were subsequently verified.		
Network access & Availability	Dr. Gordon Arakawa	Dr. Arakawa emphasized that while regulatory standards were met through Q2, the PCP (Primary Care Provider) and specialty adult pediatric network still need to achieve 100% compliance. Currently, there is a shortfall, and efforts are underway to address this issue.		
Vendor Management	Dr. Gordon Arakawa	Dr. Arakawa explained that during Q3, they conducted 13 joint oversight committee meetings, which included meetings with the transportation vendor, sometimes held monthly or quarterly. Over the past year, MotiveCare encountered issues with the physician approval form, which authorizes members to benefit from transportation services and schedule appointments. Additionally, there were problems with their call center. Both issues were addressed through CAPs and are currently being resolved.		

Questions/Comments /Concerns	Dr. Gordon Arakawa	Pharmacist Teague asked if the Health Information Exchange (HIE) is being used to improve measures and mentioned that Manifest MedEx contains all PMHD data, including labs from LabCorp and Quest. He also asked about messaging providers to encourage them to use HIE for improvements. Dr.John Harper added things such as Rheumatology, Endocrinology, acute Ortho. Dr. Arakawa responded that due to heavy delegation to HealthNet, our IT infrastructure currently doesn't allow to pull all the data for our own analysis. However, with a new finance chief handling IT, this is being worked on. Manifest MedEx has the data, including historical data on all members and HealthNet information. There is a collaboration with Manifest MedEx to integrate this data into their own database for analysis and to guide their progress into the second year. They also need to audit the first year using this data. However, accessing real-time HIE data from Manifest MedEx is still challenging. Pharmacist Teague then proceeded to inquire whether we engage Manifest or have we already engaged them regarding the issues with bulk data? To which Dr. Arakawa responded it is currently being worked on. Pharmacist Teague, then mentioned he's heard that reporting to Cozeva is burdensome within PMHD, and he knows they already submit to HIE, so Cozeva is another task. Dr. Arakawa acknowledged the point and suggested that they connect offline to discuss further or follow up with the Medical Director. Dr.Harper then inquired if a roster of specialists was available? Whether it'd be electronic and updated on a website? Dr. Arakawa stated that they are continuously working on updating it and will follow up.		

Adjournment	Dr. Gordon Arakawa	Meeting was adjourned by Dr.Arakawa at 1:00 pm		

2025 Q1 CHPIV
Provider Advisory Committee
Quality Improvement Health Equity Committee Presentation

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

Agenda

Topics

- Quality Improvement Projects
- Population Health Management (PHM) Quarterly Report
- Health Equity
- Peer Review Credentialing
- Language Assistance Program Evaluation
- 2024 Q1/Q2 Member Experience Evaluation

Call Center Metrics

Call Center Metrics

KPI	Target	October 2024	November 2024	December 2024	Q4	Q3	Q2	Q1
Member Services								
Calls Offered		2,806	2,237	2,021	7,064	8,800	10,369	21,197
Calls Handled		2,791	2,216	2,007	7,014	8,747	10,288	20,473
% Calls Abandoned	<5%	0.53%	0.94%	0.69%	0.72%	0.60%	0.79%	4.46%
% SVL (all abn calls)	>80% w/in 30 seconds	98.39%	96.95%	98.46%	97.93%	98.07%	98.13%	87.49%
Average Speed Answer	<= 30	0:00:04	0:00:08	0:00:05	0:00:05	0:00:05	0:00:05	0:00:25

Call Center Metrics

KPI	Target	October 2024	November 2024	December 2024	Q4	Q3	Q2	Q1
Calls Offered		1,221	1,034	1,025	3,280	4,108	4,488	5,301
Calls Handled		1,213	1,028	1,018	3,259	4,094	4,447	5,233
% Calls Abandoned	<5%	0.66%	0.59%	0.68%	0.64%	0.33%	0.92%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	99.75%	98.82%	99.80%	99.45%	99.35%	98.21%	89.27%
Average Speed Answer	<= 45	0:00:05	0:00:07	0:00:05	0:00:06	0:00:07	0:00:09	0:00:14

Call Center Metrics

Q4 Top Member Call Types
- Benefits & Eligibility
- PCP Update
- Update Demographics

Q4 Top Provider Call Types
- Benefits & Provider Eligibility
- Authorization Inquiries
- Provider Search Inquiry

Q1-Q3 Top Provider Call Types
- Provider Eligibility, Claims
- Claims Adjustments
- PCP Transfer

Behavioral Health Call Center Metrics

KPI	Target	Aug	Sep	Oct	Nov	Dec	Q4
Calls Offered	N/A	59	57	52	32	33	117
Calls Handled	N/A	59	57	52	32	33	117
Abandonment	≤5%	0%	0%	0%	0%	0%	0%
Average Speed of Answer	≤30 sec	17 sec	7 sec	16 sec	9 sec	5 sec	11 sec
Service Level	≥80%	94.92%	94.74%	92.31%	90.63%	100%	94.02%

Utilization Management

Utilization Management Key Metrics

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	"Benchmark"
	Combined	Combined	Combined	Combined	
Admissions per Thousand	54	52	50	52	76
Bed Days per Thousand	1517	613	400	377	653
Average Length of Stay	28	12	8	7	9
Percent 30-Day Readmission	7.6%	7.7%	7.8%	6.0%	12.7
ER per Thousand	473	463	~~304~~	297	451
Outpatient Surgery per Thousand	146	162	113	104	77

445

Utilization Management Key Metrics

UM Prior Authorization TAT

CHPIV Metric	CA Prior Auth App/Den/Mod TAT	Oct	Nov	Dec	Q4 - Overall Quarterly Score
CHPIV-101	CHPIV PA Routine Authorizations TAT	96.67%	100.00%	100.00%	98.89%
CHPIV-103	CHPIV PA Urgent Authorizations TAT	100.00%	100.00%	100.00%	100.00%
CHPIV-106	CHPIV Concurrent Authorization TAT	100.00%	100.00%	100.00%	100.00%

Utilization Management Key Metrics

UM Activities	Jan-2024	Feb-2024	Mar-2024	Q1	Apr-2024	May-2024	Jun-2024	Q2	Jul-2024	Aug-2024	Sep-2024	Q3	Oct-2024	Nov-2024	Dec-2024	Q4
Appeals (Provider)	NA	NA	NA	NA	NA	NA	NA	0	12	25	18	55	17	13	23	53
Approvals	555	905	2348	NA	2298	2930	2262	7490	2675	1951	1494	6120	2050	1392	1486	4928
Denials	34	36	45	115	40	45	21	106	39	78	63	180	157	64	67	288
Deferrals	19	14	15	48	18	18	19	55	15	15	28	58	12	7	13	32
Modifications (Partially Approved)	45	27	26	98	33	36	49	118	34	69	29	132	52	20	41	113

Comments

- Denials – increased since 8-2024
  - Re-training program instituted
- Approvals – decreased since 8-2024
  - Many procedure codes removed from auth review queue (ARQ)

Appeals & Grievances

Appeals & Grievances

Appeals and Grievances – Rolling Year Totals

2024 Appeals	Q1	Q2	Q3	Q4	YTD
CHPIV	7	15	16	13	51

2024 Grievances	Q1	Q2	Q3	Q4	YTD
CHPIV - QOS	91	136	72	72	371
CHPIV - QOC	5	9	15	6	35
CHPIV - ATC	23	29	23	39	114

Appeals & Grievances

Q4 – Top 5 Appeals

Description	Volume	PTMPY	OT
Not Medically Necessary - Diagnostic - MRI	4	0.12	4/4
Not Medically Necessary - DME - Other	2	0.06	0/2
Not a Covered benefit – Outpatient Procedure	2	0.03	1/2
Not Medically Necessary – DME- Infusion Supplies	1	0.03	1/1
Not Medically Necessary – Inpatient-Admission	1	0.03	0/1

Appeals & Grievances

Q4 – 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

Q4 – Top 5 QOS Grievances

Description	Volume	PTMPY
Balance Billing Issues	14	0.44
Transportation – General Complaint Vendor	10	0.31
Administrative Issues- Member Materials	5	0.16
Transportation- Member Reimbursement	4	0.12
Administrative Issues – Claim Not Received	4	0.12

Appeals & Grievances

Q4 – Top 5 QOC Grievances

Description	Volume	PTMPY
Quality of Care - PCP – Delay in Referral by PCP	4	0.12
Quality of Care - PCP – Appropriateness of Treatment	2	0.06

1. 6 QOC Grievances filed in Q4
2. All cases referred to Health Net Clinical Department for assignment of severity level
    1. 3 cases – level 0
    2. 1 cases – level 1
    3. 2 cases – level 2
3. All cases will be reviewed by Dr. Arakawa

Appeals & Grievances

Q4 – Top 5 Access to Care Grievances

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	14	0.44
Access to Care – Network Availability	4	0.12
Access to Care – Transportation Missed Appointment	4	0.12
Access to Care – DME Delivery Issue	3	0.09
Access to Care – Availability of Appt W/PCP	3	0.09

1. 14 Q4 PA Delay grievances are the second highest total in 2024 (21 in Q2)

Appeals & Grievances

PQIs

- For Q4, there was 1 Case identified
- For 2024, there were 2 Cases identified

HEDIS Measures RY2025

Measure	Goal Rate	YTD Rate	Rate Change	Rate Status 2024	Rate Status 2023	Denominator	Gap to Goal
IM Adolescent	34.3%	42.3%	+3.3%	75th%	50th%	1607	0
Lead Screen	63.8%	76.2%	+0.5%	75th%	75th%	1286	0
WCV 15-30	69.4%	76.4%	+2.1%	75th%	50th%	1265	0
Asth Med Ratio	66.2%	92.1%	+34.3%	75th%	<25%th	784	0
Breast CA Sc	52.7%	57.4%	+0.7%	50th%	75%th	3574	0
IM Child	27.5%	32.1%	+2.2%	50th%	25th%	1275	0
ED Sub Abuse	36.2%	45.6%	+13.2%	75th%	50th%	353	0
Cervical CA Sc	57.2%	52.2%	-2.7%	25th%	25th%	18565	958
Chlamydia Sc	56.0%	54.8%	+1.1%	25th%	25th%	2273	27
Blood Pressure	64.5%	54.9%	+2.1%	<25th%	<25th%	5347	514
ED MH	53.8%	53.2%	+27.9%	25th%	<25th%	139	1
HbA1c Control	33.3%	59.9%	-2.5%	<25th%	<25th%	5657	1503
Post Part Care	80.2%	75.8%	+8.7%	25th%	<25th%	1084	48
Prenatal Care	84.6%	76.1%	+3.9%	<25th%	<25th%	1084	92
WCV 0-15	60.4%	55.6%	+2.1%	25th%	25th%	666	33
WCV C & A	51.8%	50.1%	+4.5%	25th%	50th%	31699	529
Dev Screen	35.7%	53.4%	+6.8%	50th%	50th%	3238	0
Top Fluoride	19.%	10.5%	+5.7%	25th%	<25%th	33802	2880

Care Management

Care Management

Physical Health

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Outreached (UTR,refuse,accept)	222	224	85	104
Engaged	98	102	38	32
Engagement Rate	44.1%	45.5%	44.7%	30.8%
Total Screened and Refused/Declined	38	27	11	15
Unable to Reach (UTR)	86	95	36	57
Total Cases Closed	73	80	76	51
Total Cases Managed	140	169	132	88
Complex Case Management	17	23	18	9
Non-Complex Case Management	123	146	114	79

Care Management

Behavioral Health

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Outreached (UTR,refuse,accept)	34	35	97	45
Engaged	22	32	22	21
Engagement Rate	64.7%	91.4%	22.7%	46.7%
Total Screened and Refused/Declined	2	1	4	3
Unable to Reach (UTR)	10	2	71	21
Total Cases Closed	10	26	24	13
Total Cases Managed	25	47	43	31
Complex Case Management	3	3	5	2
Non-Complex Case Management	22	44	38	29

Care Management

Maternity

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Outreached (UTR,refuse,accept)	228	100	160	278
Engaged	160	37	79	105
Engagement Rate	70.2%	37.0%	49.4%	37.8%
Total Screened and Refused/Declined	11	2	9	18
Unable to Reach (UTR)	57	61	72	155
Total Cases Closed	241	59	46	47
Total Cases Managed	323	117	138	188
Complex Case Management	12	8	8	4
Non-Complex Case Management	311	109	130	184

Care Management

Transitional Care Services

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Outreached (UTR,refuse,accept)	255	283	330	342
Engaged	152	177	196	188
Engagement Rate	59.6%	62.5%	59.4%	55.0%
Total Screened and Refused/Declined	22	12	12	17
Unable to Reach (UTR)	81	94	122	137
Total Cases Closed	88	177	154	183
Total Cases Managed	152	241	263	280
Complex Case Management	0	0	0	0
Non-Complex Case Management	152	241	263	280

Care Management

First Year of Life

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Outreached (UTR,refuse,accept)	142	35	12	11
Engaged	142	35	12	10
Engagement Rate	100%	100%	100%	90.9%
Total Screened and Refused/Declined	0	0	0	0
Unable to Reach (UTR)	0	0	0	1
Total Cases Closed	78	32	11	37
Total Cases Managed	206	161	142	141
Complex Case Management	0	0	0	0
Non-Complex Case Management	206	161	142	141

Care Management

Top Diagnoses

PH CASE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Diabetes	118
Chronic renal condition	73
Nutritional deficiency/Dehydration	39
Joint degeneration - back	31
Infectious disease	28
Cirrhosis	28
Other dermatology	26
Rx: Antineoplastic treatment	22
Rx: Immunologics/immunosuppressives	21

BH CASE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Depression	30
Mental Disorder NOS	28
Alcohol / Substance Abuse	24
Food Insecurity	16
Anxiety Disorder	15
Autistic Disorder	14
Biploar Disorder	11
Schizophrenia	8
Diagnoses with 2 or less referrals	**75**

OB CASE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Supervision Normal Pregnancy	743
Supervision Of High Risk Pregnancy	76
Gestational Diabetes	8
Hypertension	5
Supervision of Twin Pregnancy	4
Anemia	4
Supervision Of Elderly Multigravida	3
Nausea and Vomiting	3
Diagnoses with one referral	**8**

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	280	119	38	31.9%	62	15	24.2%	-7.7%

ED Visits

Measure for Case Management	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) Claims, per 1,000 members per year	280	136	3,886	85	2,428	-51	-729

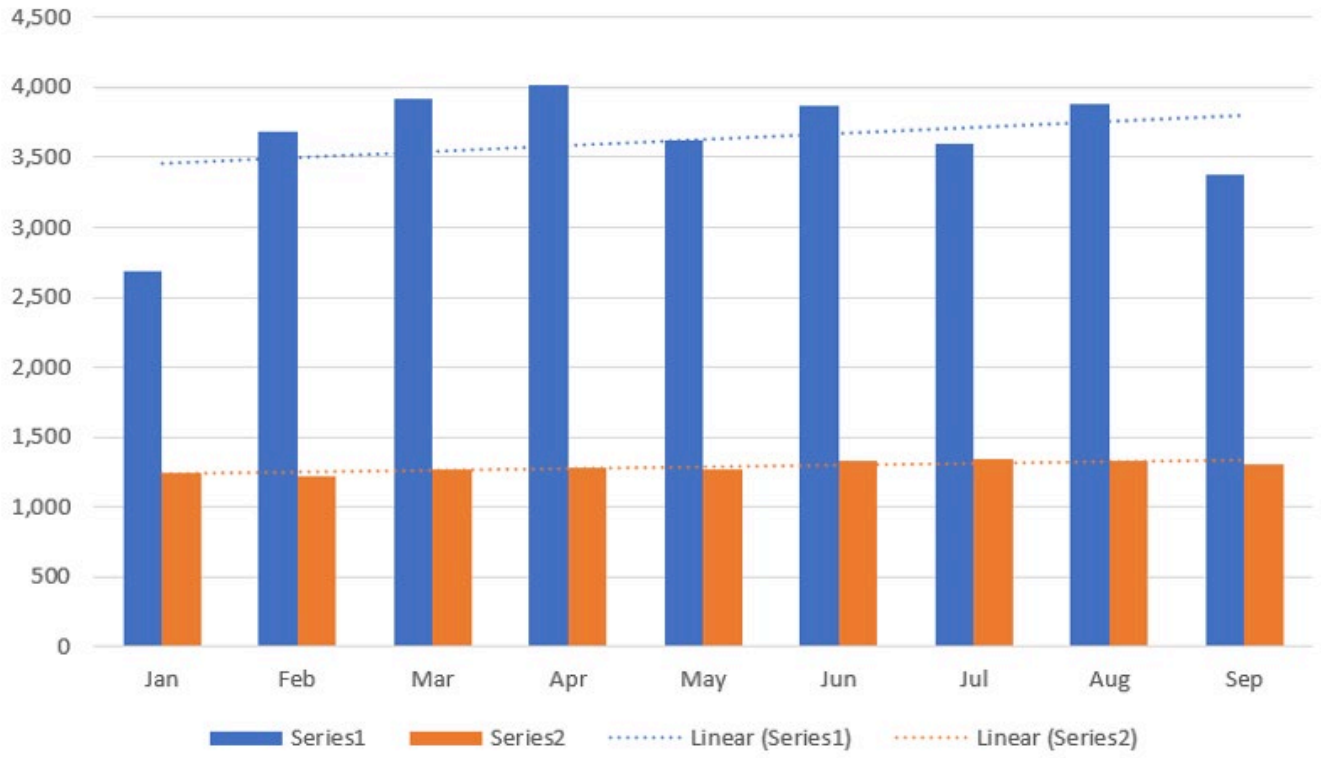
Maternity Outcomes

Measure for Maternity Program	Members not enrolled in Maternity Program		Members enrolled in Maternity Program		Difference
	Members	Rate	Members	Rate	Rate
First prenatal visit within the first trimester	759	74.4%	103	88.3%	13.9%
Pre-term deliveries by high risk members	67	9.0%	19	5.3%	-3.7%
Postpartum visit between 7 and 84 days after delivery	759	73.1%	103	76.7%	3.6%

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)

Q4

Unique Utilizing LTC Members	Oct 2024	Nov 2024	Dec 2024
El Centro Post Acute	85	88	85
Imperial Manor	31	28	29
Pioneer Memorial D/P	63	69	70
Out of County	30	18	23
Out of State	0	0	0

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

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

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)

ICF (Intermediate Care Facitilies)

Q4

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Oct 2024	Nov 2024	Dec 2024
ARC #1, #2, #3	16	16	15

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)

Q4

	Oct 2024	Nov 2024	Dec 2024
Unique Utilizing CBAS Mbrs	249	243	249
Average Days per Week	2.1	1.8	1.6
Members utilizing CBAS six months ago, now in LTC	5	0	0

Q3

	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

Q2

	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

Q1

	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	Oct 2024	Nov 2024	Dec 2024
Total CHPIV														
Total # PA's	N/A		76	66	47	50	60	36	63	60	41	50	41	56
# Approved %	N/A		57%	71%	55%	60%	55%	64%	51%	50%	61%	62%	54%	50%
# Denied %	N/A		43%	29%	45%	40%	45%	36%	49%	50%	39%	38%	46%	50%
PA per 1,000M	N/A		0.79	0.68	0.48	0.51	0.62	0.37	0.65	0.63	0.43	0.52	0.43	0.58
% PA requests meet goal*	100%		76.3%	98.5%	86.8%	88%	96.7%	97.2%	96.8%	98.3%	100%	100%	82.9%	87.5%

Pharmacy

Top 5 Pharmacy PA Requests

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

Pharmacy

Top 5 Denials in Q4 based on Percentage and Total Number

Drug Name	% Denied	Drug Name	# Denied
epoetin beta	100.00%	pegfilgrastim	26
viscosupplement	100.00%	IV iron	8
IV iron	80.00%	botulinum toxin	5
omalizumab	66.67%	epoetin beta	3
unclassified drugs	60.00%	unclassified drugs	3

Pharmacy

Quality Assurance/Reliability Results for Q4

Analysis/Findings/Outcomes:

- **90%** threshold met. **95%** goal not met; overall score was **92.50**%
- **1** case missed TAT.
- **3** cases were noted that criteria used was not applied or documented appropriately after plan review
- **4** cases had letter language that could have been clearer to the member and/or MD after plan review.
- **1** case were determined to have a questionable denial or approval after plan review.

Barrier Analysis:

In Q4 2024, Clear and appropriate language was noted as an area of concern, however it did meet the target goal of 90%. All other areas met and exceeded target of 95% A more detailed review and QA on cases in Q4 2024 has been performed and results have been shared with PA management to address concerns.

Behavioral Health

Behavioral Health/SUD

Members served by month (unduplicated)

Q3

County	Jul 2024	Aug 2024
Imperial +	1,538	1,626

Q2

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

Q1

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

Q4 (2023)

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

Behavioral Health/SUD

Referrals

Q4 BH Medi-Cal Referrals – CHPIV

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

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

Q4 Care Coordination Referrals

	CHPIV
members referred for health plan case management	3

Behavioral Health/SUD

Applied Behavioral Analysis (ABA) Services – Q4

Community Health Plan of Imperial Valley	
Members authorized for ABA (assessment & treatment):	41
Newly established members*:	*Data unavailable**
Total ABA authorizations:	151
ABA full clinical denials:	0
ABA partial clinical denials:	0
Average number of direct treatment (Individual & Group):	~11 hrs/week
Age range:	2 y/o – 19 y/o

Quality Improvement Update

Performance Improvement Projects - 2024

CHPIV Performance Improvement Projects (PIP)

Non-Clinical Behavioral Health PIP Topic of Focus:

- During the measurement period, Community Health Plan of Imperial Valley (CHPIV) will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Imperial County.
- Participating County: Imperial
- Quarter 4 Update:
  - Submitted PIP Design Steps 1-6 to HSAG on September 11, 2024. The PIP has passed HSAG's validation, and interventions continue to be implemented.

Clinical PIP Measure Focus:

- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 3 Update:
  - Submitted Steps 1-6 to HSAG on September 11, 2024. The PIP has passed HSAG's validation, and interventions continue to be implemented.
  - Clinical PIP Intervention: Will be focused on opportunities for Dr. Kapoor to improve office processes and member engagement to increase the W30 6+ care gap closure rate.

Community Health Plan of Imperial Valley QITS Overview

82 Projects	7% Health Equity Focus Projects

QITS Data Source: YearEnd 2024 Report_QITS

Scheduled Quality Trainings-Coordinated by the HN Training POD

January 2025	Diabetes Prevention Program (HN and Diabetes Care Partners)
January 2025	Measure of Focus (Chronic Conditions Measures) PE Office Hours
January 2025	Measure of Focus (Behavioral Health Measures) PE Office Hours

Child Health Equity Sprint

FOCUS: TO IMPROVE THE COMPLETION OF WELL-CHILD VISITS (WCV)

Duration: 12 Months (April 2024 to March 2025)

Pilot Sites:

- AltaMed General Pediatrics at Children's Hospital of Los Angeles (Health Net Community Solutions)
- Dr. Vishwa Kapoor (Community Health Plan of Imperial Valley)

Interventions of Focus (5):

- Focused topic every 1 to 3 months, presented by IHI and DHCS during the CHEC bi-weekly All Learner Calls.
- MCPs implement and test IHI suggested/designed interventions with their pilot sites, to improve Well-Child Visit (WCV) rates and monitor progress in relation to the process measures.
- MCPs collate and report project outcomes to IHI, as a storyboard presentation and post-intervention report.
- Completed Intervention 4 and submitted all 2024 deliverables (storyboard presentations and post-intervention reports). Intervention 5 begins early February (2/6) and ends late March (3/27).

Child Health Equity Sprint

Interventions of Focus

1. Equity and Transparent, Stratified, and Actionable Data
2. Understand Provider and Patient/Caregiver Experiences
3. Reliable and Equitable Scheduling Processes
4. Asset Mapping and Community Partnerships
5. Partnering for Effective Education and Communication

Child Health Equity Sprint

Study Goals/Aims

Community Health Plan of Imperial Valley (CHPIV) x Dr. Kapoor:

By the end of March 2025, the CHPIV and pilot site workgroup will implement the IHI suggested/designed interventions to improve Well-Child Visit (WCV) rates among Spanish-speaking, Hispanic members aged 15 to 18 years old at Dr. Kapoor's office in Imperial County, from 27.85% to 40.85%.

Initial Health Assessments

Medical Record Review YTD 2024

	Total Records	% Compliant
PED IHA	46	30%
Adult IHA	176	60%

Claims/Encounter Review

IHA Completion Rates Enrollment From July - Sept 2024	%
IHA Completed within 120 days	39.96↑
Member Outreach Compliance (3 attempts completed)	0.09↓
Overall Compliant (outreach or IHA compliant)	40.06↓

Quality EDGE Request Summary
CHPIV

Current as of 10/23/2024

Funding Request Type

Row Labels	Community Event	Equipment/Supply	Marketing/Materials	Member Incentive	Mobile Mammography	Multiple/Other	One-Stop	Staff	Technology Support	Grand Total
CHPIV				15				2		17
Approved				15				1		16
Denied										
Need more Info										
Event Cancelled								1		1

Funding Amount

Row Labels	Community Event	Equipment/Supply	Marketing/Materials	Member Incentive	Mobile Mammography	Multiple/ Other	One-Stop	Staff	Technology Support	Grand Total
CHPIV				121,450.00				29,000.00		150,450.00

Population Health Management

Population Health Management

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

Campaign	Chronic Disease Management Domain (CBP/HBD/AMR)		**Campaign Start and End Date**		5/8/24- 6/24/24		
Campaign Manager	Tarjani		**Business Owner**		Dipa	**Executive Sponsor**	Pooja
LOB Impact (see highlighted areas)	Commercial	Medicare	Medi-Cal HNCS	Medi-Cal CHPIV	Medi-Cal CalViva	Marketplace	Other
Campaign Type (see highlighted areas)	Direct Mail	Email	In-Person	Phone	Text	Other	
Executive Overview of Campaign	Health Net will outreach to and engage priority members and their providers in Imperial County to improve CBP, HBD, and AMR HEDIS Measures by helping to schedule and complete their PCP and lab appointments and perform medication reviews to provide clinical recommendations for therapy optimization to providers. Through this work, CBP, HBD, and AMR related Care Gaps will be addressed and closed.						
WHO is being targeted	Medi-Cal members in Imperial with Care Gaps related to AMR, CBP and HBD HEDIS Measures						
WHAT is the key takeaway/call to action?	**Member:** Schedule PCP visit for blood pressure monitoring and schedule lab appt for A1c. Check SMBG and BP at home. Ensure medication compliance.		**Provider:** Identify members who have not received annual PCP visit and/or labs and outreach to members to schedule appointments + reminders.		**Community:** Connect members to resources for chronic condition management/Community Supports, and spread awareness at local places (grocery, worship), health/county fairs, and member-centric community-based events. Assist with connection to PCP.		
WHERE will the campaign run	Imperial						
WHY is this campaign important?	• Improves HEDIS rates for AMR, CBP and HBD HEDIS Measures in the measurement year • Connects members to their PCPs/lab appointments and providing clinical recommendations for therapy optimization will in turn lead to Care Gap closure related to the CBP and HBD measures						
Key Areas of Focus	• CBP (Controlling High Blood Pressure) • HBD (Hemoglobin A1c Control in Patients with Diabetes) • AMR (Asthma Medication Ratio)		**Areas of Focus - Quality Outcomes** (see highlighted areas)	• Immunizations • PCP visits • Screenings	**Areas of Focus – CalAIM Programs** (see highlighted areas)	• Community Supports • ECM • Connection to non-traditional provider	
Targeted Members	431	**Members Called to Date** (updated 6/24/24)		431		**Members Reached through end of campaign**	136

Health Equity

Health Equity Strategy

Health Equity Mission:

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

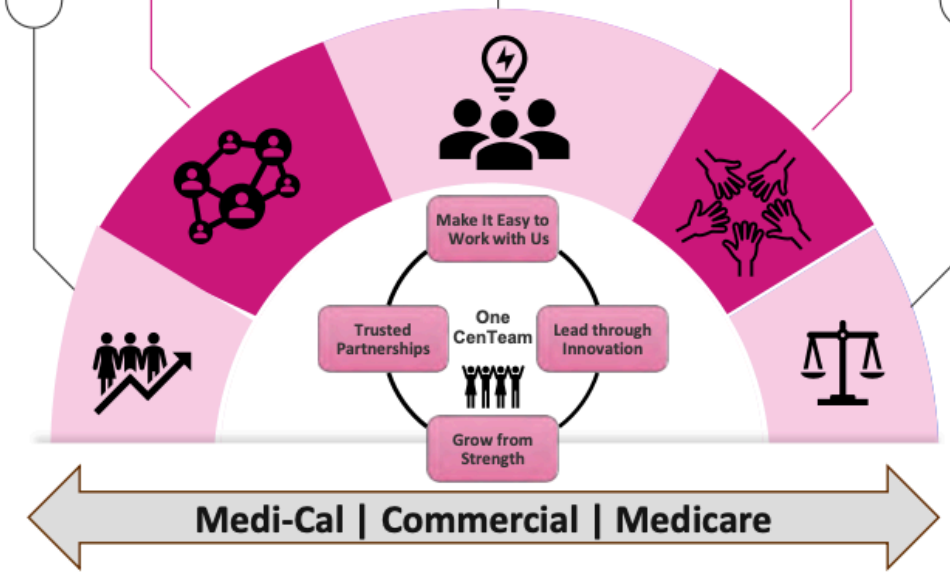
2. Enhance Population Health and Quality
to address social drivers of health inequities using integrated care models

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

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

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

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



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

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

Health Equity Strategy

Health Equity Multi-Year Maturity Model

We will intentionally evolve our approach and programs each year as we proceed towards our vision

Our Health Equity Strategy will be executed across five focus domains:

1. ***Harness the power of our Health Equity data***
2. ***Enhance Population Health and Quality***
3. ***Advance our Knowledge, Competencies and capabilities***
4. ***Employ Place-based strategies***
5. ***Shape the future of Health Equity***

Establish the Framework	Strategy Implementation and Integration, Building	Scaling and Continuous Improvement	Sustainability and Innovation
2021-22	***2023***	***2024***	***2025***
Key Concepts • Established and Demonstrated Health Equity as an Enterprise Priority • Established community partnerships • Established operational and governance infrastructure	***Key Concepts*** • Formalizing HE Strategic Plan • Integrating HE approach into the day-to-day work • Driving increased coordination b/w functional teams and LOBs • Using data-driven approaches and Place-based Strategies • Recognizing the importance of Cultural Humility	***Key Concepts*** • Operationalize and refine the strategic plan • Lead the HE Conversation • Define best practices and leverage them across LOBs • Continue to break down silos	***Key Concepts*** • **Evolve HE from "something we do" to "how we do it"** • Employ a unified approach that connects and coordinates all things touching a member • Unify internal functions • Be a recognized innovator in HE
Execution Examples • Received NCQA HEA+ Accred. • Named HE Officer • Mobilized Cross-LOB Governance Structure • Defined data collection goals & reporting requirements	***Execution Examples*** • Integrating new data sources • Awareness Trainings • Place-Based Pilots • Evolving HE Governance • 2024 MCP Contract	***Execution Examples*** • Brand the HE program • Re-organized PHM function • Evaluate proof of concept project results • Comm. Impact Councils, re-vamp CACs • Socialize HE SMART goals	***Execution Examples*** • Scale proven programs, backed by appropriate investment and infrastructure • Quantify cost reductions resulting from HE work • **Implement 2025 HE SMART goals**
Results • Demonstrate experience + capabilities to the market • Begin to make Data-Driven decisions	***Results*** • Improve education, outcomes & experience • Deliver on Regulator/Major Purchaser Obligations	***Anticipated Results*** • Close disparity gaps in a measurable, repeatable way • Maintain HEA+ accred.	***3- year Strategy Outcomes*** • Continue to build reputation as an innovative HE leader • Equitable Quality & outcomes

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q4

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 – Q4

Initial Credentialing

Physical Health

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
MEHBOOB	GHULAM	DO	Internal Medicine	PCP	000000012164	N	N/A	N/A	10/3/2024
CHRISTINA	GALINDO	FNP	FAMILY NURSE PRACTITIONE	Non-Physician	000095015163	N/A	N/A	N/A	10/31/2024
RENATO	REYES	MD	Internal Medicine	SPC	000000052496	Yes	Internal Medicine	4/1/2025	12/19/2024

Behavioral Health

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
ASHLEY	CODDING	LMF	Marriage/Family Counseling	Non-Physician	000000117315	N/A	N/A	N/A	12/5/2024
AMY	BULLOCK	MSW	Social Worker	Non-Physician	000000061927	N/A	N/A	N/A	12/19/2024

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
MARIO	CEJA	MD	Family Practice	PCP	000000079700	Yes	Family Practice	2/15/2025	12/19/2024
ARACELY	MARTINEZ	NP	Nurse Practitioner	Non-Physician	000009501908	N/A	N/A	N/A	12/19/2024

Peer Review Credentialing and Access Reports

Certification/Recertification – Q4

Initial Certification

Peer Review Credentialing and Access Reports

Certification/Recertification – Q4

Recertification

Name of Organizational	Type	Approval Date
LEGACY MD MEDICAL GROUP INC	RADIOLOGY	10/31/2024

2024 Language Assistance Program Report

2024 Language Assistance Program

LAP Service Requests

Quarter	Face- to- Face Requests	Telephonic Interpreter Requests	Grand Total
1	1	1086	1087
2	2	137	138
3	1	12	3
4	0	6	7
Total	**4**	**1,241**	**1,245**

2024 Language Assistance Program

LAP Grievances

2024 CHPIV Grievance Categories Q1-Q2	
Cultural	
Felt Discriminated due to Gender	1
Felt Discriminated due to Gender Identity	1
Felt Discriminated due to Race	1
Linguistic	
Interpreter Needed	1
Grand Total	4

2024 CHPIV Grievance Categories Q3-Q4	
Cultural	
Felt Discriminated due to Gender Identity	1
Felt Discriminated due to Race	1
Linguistic	
Grand Total	2

Member Experience

2024 Q1/Q2 Member Understanding Report

Member Understanding Barrier Analysis

Root Cause/Barrier	Opportunities for Improvement	Actions Taken (2024)
B & E Members experience confusion in understanding how to obtain Routine Dental benefits.	• Educate members on how to obtain their Routine Dental benefits.	• CSAs proactively educated the members that CHPIV does not offer routine dental benefits, but they may contact the State's Denti-Cal program for information.
Authorizations: Members experience a perceived delay in accessing care due to confusion as to who is responsible to authorize services between the plan and the provider.	• Educate the Member and clarify who authorizes services and contact information for support. • Recommend that Marketing add language or a supplemental guide in the Welcome Kit to clarify who is responsible for authorizing services and contact information for support.	• CSAs proactively educated Members on who is responsible for prior authorization approval, Community Health Plan of Imperial Valley or the Medical Group. • The Marketing Team added language to the 2025 Welcome Kit to direct members to review the Member Handbook for details regarding authorizing services and how to contact Member Services for support. • In Q3 2024, CHPIV updated the member website (https://chpiv.org/member-resources/) with information on referrals and prior authorizations. It also directed members to the Member Handbook for more information.
Claims: Members experience confusion in understanding why they are receiving a bill from a provider for a covered service.	• Educate members on the cost share for covered services. • Recommend that Marketing add language or a supplemental guide in the Welcome Kit regarding member cost share per Medi-Cal	• CSAs proactively educated members that they do not have a member cost share for covered services as indicated in the Member Handbook.
	Managed Care covered benefits vs non covered benefits.	• Marketing added language to the 2025 Welcome Kit to review the Member Handbook for details regarding member cost share per Medi-Cal Managed Care covered benefits vs non covered benefits.

2024 Q1/Q2 Member Understanding Report

Member Dissatisfaction Barrier Analysis

Root Cause/Barrier	Opportunities for Improvement	Actions Taken
Members experience a delay in care due to a perceived mishandling of their provider selection.	• Educate the member on how to ensure their preferred PCP is assigned, and available in the Plan's network.	• During call inquiries, the Plan's CSAs proactively educated members on how the Plan receives the information from the State's enrollment file, and promptly assists the members with selecting their preferred provider. • The CHPIV website informed members that when they join CHPIV, they can choose and change their PCPs at any time. In Q3 2024, CHPIV added an electronic PCP Change Request Form functionality to the member website to improve member accessibility and experience.

Questions & Comments