



**AGENDA**

**Provider Advisory Committee**

**June 16th, 2025-Qtr. 2**

**12:00 P.M.**

**512 W. Aten Rd. Imperial, CA 92251**

Microsoft Teams

**[Join the meeting now](#)**

Meeting ID: 215 875 093 319

Passcode: e5Fo79cw

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

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

- 1. Call to Order**
- 2. Roll Call**
- 3. Announcements**
- 4. Review of March 17th, 2024-Qtr. 1 PAC Meeting Minutes..... pg. 3-16**
- 5. CHPIV Provider Advisory Committee Presentation.....pg.17-95**
- 6. Health Net Community Solutions QIHEC Packet**
- 7. Health Net Community Solutions QIHEC Presentation**



**8. Action Items**

- a. Approval of Health Net Ops Manual Updates-HNCS QIHEC Packet (pp 57-63)
- b. Approval of 2024 Year End QIHed Wellness Work Plan Evaluation-HNCS packet pp 210-234
- c. Approval of 2024 Annual QIHed Program Evaluation-HNCS Packet pp 235-268

**9. Information**

- a. Discussion regarding expansion to the PAC roster

**10. Adjournment**

Next meeting: September 15<sup>th</sup>, 2025



## Provider Advisory Committee

<b>Date/Time</b>	March 17, 2025, 12:00p.m – 1:30p.m
<b>Location / Dial-In #</b>	<a href="#">Join the meeting now</a> Meeting ID: 264 689 736 538 Passcode: g9XE7d7h Dial in by phone: <a href="tel:+14699987368">+1 469-998-7368</a> , <a href="tel:+16060168">916060168#</a>

Time	Topic	Presenter	Approval Required
12:00p.m – 12:02p.m	<b>Call to Order</b>	Gordon Arakawa	
	<i>a. Roll Call</i>	Gordon Arakawa	
12:02p.m- 12:06p.m	<b>Consent Agenda</b>	Gordon Arakawa	
	<i>a. Approval of past meeting minutes from December 16<sup>th</sup>, 2024, CHPIV 2024 Quarter 4 Provider Advisory Committee</i>	Gordon Arakawa	<input checked="" type="checkbox"/>
	<i>b. Approval of CHPIV 2025 Quarter 1 Provider Advisory Committee Presentation and Packet</i>	Gordon Arakawa	<input checked="" type="checkbox"/>
	<i>c. Approval of 2024 and 2025 HN Program Descriptions, Work Plans, and Evaluations</i>	Gordon Arakawa	<input checked="" type="checkbox"/>
	<i>d. Approval of Health Net Clinical policies and procedures</i>	Gordon Arakawa	<input checked="" type="checkbox"/>
12:06p.m – 12:46p.m	<b>New Business</b>	Gordon Arakawa	
	A. CHPIV Document Review <ul style="list-style-type: none"> <li>• Health Equity Program Description</li> <li>• Health Equity Workplan</li> <li>• Health Equity Workplan Complete</li> <li>• Quality Improvement Health Equity Program Description</li> <li>• Quality Improvement Health Equity Workplan</li> <li>• Utilization Program Description</li> <li>• Utilization Management/Care Management Workplan</li> <li>• Utilization Management/Care Management Workplan Evaluation</li> <li>• Care Management Program Description</li> </ul> B. Clinical Policy Review C. Call Center Metrics	Gordon Arakawa	<input checked="" type="checkbox"/>



**Provider Advisory Committee**

	<ul style="list-style-type: none"> <li>• Top Member Calls</li> <li>• Top Provider Calls</li> </ul> <p>D. Utilization Management                  E. Appeals and Grievances                  F. Healthcare Effectiveness Data &amp; Information Set (HEDIS)                  G. Care Management KPI Report                  H. Enhanced Care Management/Community Supports                  I. Long Term Support Services (LTSS)                  J. Pharmacy                  K. Behavioral Health                  L. Quality Improvement Projects                  M. Population Health Management (PHM) Quarterly Report                  N. Health Equity                  O. Peer Review Credentialing                  P. Language Assistance Program Evaluation                  Q. 2024 Q1/Q2 Member Experience Evaluation</p>		
<p>12:46p.m – 12:47p.m</p>	<p><b>Committee Recommendation to the Board of Members and Adjournment</b></p>	<p>Gordon Arakawa</p>	
	<p><b>Next Meeting:</b>                  Date: Monday, June 16<sup>th</sup>, 2025                  Time: 12:00p.m – 1:30p.m                  Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams</p>		



## Provider Advisory Committee

*Provider Advisory Meeting Minutes:*

Community Health Plan of Imperial Valley *Provider Advisory Committee* convened on 17th day of March at 12:00p.m.

Voting Members Attendance Record (Quorum =2) Name / Title	Present	Absent	Designee		Voting Members Attendance Record Name / Title	Present	Absent	Designee
<b>Gordon Arakawa, MD</b> Community Health Plan of Imperial Valley <i>(Committee Chair)</i>	<input checked="" type="checkbox"/>							
<b>Hamid Zadeh, MD</b> OB/GYN	<input checked="" type="checkbox"/>							
<b>John Harper, MD</b> El Centro Regional Medical Center	<input checked="" type="checkbox"/>							
<b>Jennifer Cohen, MD</b> Whole Person Care Clinic	<input checked="" type="checkbox"/>							
<b>Bushra Ahmad, MD</b> Imperial County Behavioral Health	<input checked="" type="checkbox"/>							
<b>John Teague, PharmD</b> Pioneers Memorial Healthcare District	<input checked="" type="checkbox"/>							
<b>Kenia Arredondo</b> MedZed	<input checked="" type="checkbox"/>							
<b>Arnold Perreras</b> UniCare	<input checked="" type="checkbox"/>							



## Provider Advisory Committee

Ad Hoc Members and Guests Present	Present	Absent	Designee		Ad Hoc Members and Guests Present	Present	Absent	Designee
<b>Jeanette Crenshaw</b> Executive Director of Healthcare Services, Community Health Plan of Imperial Valley	<input checked="" type="checkbox"/>							
<b>Fernanda Ortega</b> Project Supervisor, Community Health Plan of Imperial Valley	<input checked="" type="checkbox"/>							
<b>Priscilla Carpio</b> Supervisor of Clinical Auditing, Community Health Plan of Imperial Valley	<input checked="" type="checkbox"/>							
<b>Amanda Delgado</b> Project Specialist, Community Health Plan of Imperial Valley	<input checked="" type="checkbox"/>							
<b>Donna Ponce</b> Executive Assistant and Commission Clerk, Community Health Plan of Imperial Valley	<input checked="" type="checkbox"/>							



## Provider Advisory Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
<b>I. Call to Order</b> <b>II. Announcements</b>	Dr. Gordon Arakawa called the meeting to order at  Dr. Gordon Arakawa presented no new announcements.		
<b>III. Consent Agenda</b>	a) Dr. Gordon Arakawa presented the meeting minutes from the CHPIV 2024 Q4 PAC meeting minutes held on December 16 <sup>th</sup> , 2024, for Committee review and approval.	A motion to approve the CHPIV 2024 Q4 meeting minutes was made by Arnold Perreras.	
	b) Dr. Gordon Arakawa presented the CHPIV 2025 Q1 PAC meeting presentation and packet for Committee review and approval.	A motion to approve the CHPIV 2025 Q1 PAC meeting presentation and packet was made by John P. Teague and seconded by Arnold Perreras.	
	c) Dr. Gordon Arakawa presented the 2024 and 2025 Health Net program descriptions, work plans, and evaluations for Committee review and approval.	A motion to approve the Health Net program descriptions, work plans, and evaluations was made by John P. Teague and seconded by Arnold Perreras.	
	d) Dr. Gordon Arakawa presented the meeting minutes from the Health Net clinical policies and procedures for Committee review and approval.	A motion to approve the Health Net clinical policies and procedures was made by John P. Teague and seconded by Arnold Perreras.	
<b>IV. New Business</b>			



**Provider Advisory Committee**

<p><b>A. CHPIV Document Review</b></p>	<p>Dr. Gordon Arakawa presented New Business for Committee review, approval, and participation. Dr. Gordon Arakawa called for a motion to approve all report under new business.</p> <p>Please reference the meeting packet New Business section for detailed information.</p> <p>Approval of Health Net Community Solutions 2025 Q1 Packet &amp; Presentation                  Approval of Heath Net Community Solutions Program Descriptions and Workplans                  2025 Health Equity Program Description                  2025 Health Equity Workplan                  2024 Health Equity Workplan Complete                  2025 Quality Improvement Health Equity Program Description                  2025 Quality Improvement Health Equity Workplan                  2025 UM Program Description                  2025 UM/Care Management Workplan                  2024 UM/Care Management Workplan Evaluation                  2025 Care Management Program Description</p>	<p>A motion to approve the meeting minutes was made by John P. Teague and seconded by Arnold Perreras.</p> <p>A motion to approve the consent agenda items was made by John P. Teague and seconded by Arnold Perreras.</p>	
<p><b>B. Clinical Policy Review</b></p>	<p>Approval of Heath Net Community Solutions Clinical Policies</p>	<p>A motion to approve the clinical policies and procedures was made by John P. Teague and seconded by Arnold Perreras.</p>	
<p><b>C. Call Center Metrics</b></p>	<p>CHPIV has data available for all of 2024, data does not reflect member physical walk-ins, this reflects HN intakes.</p>		



**Provider Advisory Committee**

<p><b>D. Utilization Management</b></p>	<p>Progressing from Q1 through Q4 there has been a sharp decrease in the number of calls. Settling around an average of 10,000.</p> <p>Provider calls have also decreased, though not as sharply.</p> <p>Top 3 reasons for member calls across all quarters: benefits and eligibility, PCP updates, and updating demographics.</p> <p>Top reasons for provider calls in Q4: benefits and provider eligibility, auths, and provider search inquiry.</p> <p>Behavioral health call center metrics for November and December may be low due to claims lag.</p> <p><b>Follow-up Items (CHPIV):</b></p> <ol style="list-style-type: none"> <li>1. Check-in with HN regarding Behavioral Health data lags.</li> </ol> <p>Key Metrics Metrics include admissions per thousand, average length of stay, 30-day readmission, ER visits, and outpatient surgery.</p> <p>Q3 ER per thousand 304, number was adjusted to 445.</p> <p>Benchmarks from Health Net (averages over 2024 for Health Net in all their other coverage counties) were used for comparison.</p> <p>Imperial Valley is below benchmarks for admissions, average length of stay, 30-day readmission, and ER visits.</p>		
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**Provider Advisory Committee**

**E. Appeals and Grievances**

Outpatient surgery per thousand is much higher in Imperial Valley, which will be investigated further.

Denial rates did increase not drastically. Approvals decreased, procedure codes were removed from auth review queue. Approval rates seemed to be settling around 2,500 but dropped towards the end because many codes that used to require authorization moved into an automatically approved queue.

Appeals and grievances had previously shown an increasing pattern, but this is no longer the case. Grievances for access to care were highest in quarter four, particularly for patients with wheelchairs or special needs. Appeals typically relate to denials for MRIs or DME requests, while grievances are member complaints. Top five appeals are consistent, usually involving denials for procedures/services like MRI and DME, with all MRI appeals overturned for quality of service.

**Quality of Service Grievances**  
Quality of service grievances are similar, including balance billing issues (which are illegal) and transportation problems.

**Quality of Care**  
Out of six quality of care grievance cases, half were level one or two, indicating potential harm to members' health due to issues like delayed referrals.



**Provider Advisory Committee**

**F. Healthcare Effectiveness Data & Information Set (HEDIS)**

**Access to Care**

Access to care focuses on patients with handicaps or special needs. Consistent issues include prior authorization delays, network availability, and transportation.

**PQI (Potential Quality Incident)**

Health Net identified two PQI cases for 2024. PQIs are generated by Health Net personnel (e.g., nurses, doctors) and forwarded to an internal team.

**HEDIS Measures RY2025**

HEDIS measures are quality of care indicators that affect Health Net and CHPIV's payments and provider ratings. Comparing the rate status for 2024 (CHP plus Health Net) to 2023 (California Health and Wellness) shows improvement. Green in the rate change column indicates better performance compared to the previous year. The percentage is based on national Medicaid. Green arrows indicate measures where performance improved compared to last year. Some measures require only a few more patients to reach the 50th percentile.

Dr. Ahmad: What does the orange indicate?

Dr. Arakawa: Shows overall the plan did better in almost every single category than Health Net operating by itself in California.

Dr. Arakawa: We are doing better at an overall score. The green arrows indicate the areas where the plan performed better than 2023.



**Provider Advisory Committee**

<p><b>G. Care Management KPI Report</b></p>	<p>Engagement rate needs to remain high across categories. Physical health engagement rate experienced a slight drop, possibly due to claims lag. Behavioral health engagement rate dipped in quarter three but recovered, nearing 50% in quarter four. Transitional care, a new category, consistently stayed above 50% throughout the year. First year of life care is fairly successful, although the numbers are small. Diagnosis for the different categories are stable.</p>		
	<p>CHPIV Outcomes Report Currently, there are no reports showing patients feeling better after treatments, there is data on reduced ER admissions and hospital stays, which are indirect measures of improved patient health. Studies are looking at the change in readmissions and ED visits before and after care management, as well as maternal support for pregnant women. While not always statistically significant, there is at least an improvement trending in the right direction.</p>		
<p><b>H. Enhanced Care Management/Community Supports</b></p>	<p>ECM data presented is a reflection of the true quarter four data. Serene Health and Medzed were the biggest players.</p> <p>CS Authorizations and claims trends there are high rates and tend to drop at the end of the year for 2024.</p> <p>Dr. John Teague: Would OP surgery be preferred to IP surgery? Dr. Arakawa: I will follow up with Health Net to check in on these.</p>		



**Provider Advisory Committee**

<p><b>I. Long Term Support Services (LTSS)</b></p> <p><b>J. Pharmacy</b></p> <p><b>K. Behavioral Health</b></p>	<p>Dr. Teague: The data looks good. There has been some issues with Claims as there is no Claims number generated, so then it becomes hard to submit an appeal.</p> <p><b>Follow-up Items (CHPIV):</b></p> <ol style="list-style-type: none"> <li>1. Check-in with HN regarding if HN OP surgery is preferred to IP surgery.</li> </ol> <p>Long Term Care (LTC) The census seems to be fairly consistent for the Q3 vendors. ICFs is also consistent, CBAS show almost no change.</p> <p>Metrics apply to medications not involved in the carve-out (physician-administered drugs). PM metrics are fairly stable. Approval and denial rates are variable, partly due to small numbers. This belongs to numbers not involved in the carve-out, the metrics are fairly stable. The approval and denial rates are all over the place due to the small numbers.</p> <p>Quality Assurance Pharmacy The goal is to maintain an overall score above 95% in terms of missed turnaround time. CHPIV will be looking at some of the pharmacy cases as part of the evaluation.</p> <p>Data from August shows utilization or member served seems to have settled as of Q3. Referrals for Q4 indicate a few members were transferred between behavioral health and county services.</p>		
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**Provider Advisory Committee**

**L. Quality Improvement Projects**

Health Net is actively involved in quality improvement, with 70 to 100 projects annually. They completed 82 projects, with 7-10% having a health equity focus.

**Diabetes Prevention Program**

Working with diabetes prevention program, chronic condition measure of focus, and behavioral health measure of focus through January 25th.

**Dr. Kapoor's Grant with Health Net**

Dr. Kapoor is working with Health Net on a grant looking at increase in well-child visits. It's an 18-month program with interventions focusing on:

- Data provider experiences
- Reliable scheduling processes
- Asset mapping and community partnerships
- Education and communication
- Goal: By the end of March 25, CHPIV and Dr. Kapur's group will identify the institute for health initiative or improvement suggested denied interventions to improve well-child visits 15 to 18 years old.

**Initial Health Assessments**

Health Net is conducting an ongoing process improvement project. The number of records improved from last quarter. Claims encounter review shows IHA completion within 120 days is increasing. Childhood lead testing data will be reported in the Q2 meeting.

**Health Net Funding for Providers**



## Provider Advisory Committee

<p><b>M. Population Health Management (PHM) Quarterly Report</b></p>	<p>Health Net provides grants to providers to support services and HEDIS measures. The total funding is about \$150,000. In the past, funding amounts were usually around \$200,000.</p> <p>Ongoing chronic disease management domain in Imperial Valley. Focus on blood pressure, hemoglobin, and asthma remediation.</p>		
<p><b>N. Health Equity</b></p>	<p>Health equity work plan and program description are up for approval. Focus on health equity data, population health management, and evaluation. Integrating health equity in every component of care.</p>		
<p><b>O. Peer Review Credentialing</b></p>	<p>Through 2024 there were no cases brought to peer review.</p>		
<p><b>P. Language Assistance Program Evaluation</b></p>	<p>There was a large number of calls at the beginning of the year requesting a telephonic interpreter and through Q4 has fallen in number of total requests. LAP grievances consist of 4 for 2024, there was discrimination and needed interpretation.</p>		
<p><b>Q. 2024 Q1/Q2 Member Experience Evaluation</b></p>	<p>Health Net is looking at: Confusion or understanding due to benefits (dental). Perceived delay in accessing care (PCP vs. specialist).</p> <p>Arnold Perreras: You mentioned that there were about 96,000 members enrolled in Medi-Cal. What percentage is that of Imperial County?                  Dr. Arakawa: About 50%.</p> <p>PCP Shift                  Proactively educated members on how the plan receives the</p>		



**Provider Advisory Committee**

	<p>information. Website informs members when they can change their PCP. Members can now get a new card with PCP information at the office.</p>		
<p><b>VI. Adjournment</b></p>	<p>Dr. Gordon Arakawa asked if there were any recommendations, comments, or questions.</p> <p>There were no recommendations, comments, or questions from the committee.</p> <p><b>Next Meeting:</b>                  Date: Monday, June 16<sup>th</sup>, 2025                  Time: 12:00p.m – 1:30p.m                  Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams  <i>Meeting Materials Due: Friday, June 13<sup>th</sup>, 2025</i></p> <p><b>Meeting adjourned at 12:47p.m</b></p>		

# Q1 CHPIV Quality Improvement Health Health Equity Committee Presentation

# Q1 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

# Q1 CHPIV QIHEC 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
- 2025 Q1 Community Advisory Committee

# Call Center Metrics

# Call Center Metrics

KPI	Target	January 2025	February 2025	March 2025	Q1
<i>Member Services</i>					
Calls Offered		3,078	2,322	2620	8020
Calls Handled		3,063	2,306	2601	7970
% Calls Abandoned	<5%	0.49%	0.69%	0.73%	0.62%
% SVL (all abn calls)	>80% w/in 30 seconds	97.95%	97.06%	96.75%	97.30%
Average Speed Answer	<= 30	0:00:05	0:00:06	0:00:06	0:00:06

KPI	Target	January 2024	February 2024	March 2024	Q4
<i>Member Services</i>					
Calls Offered	N/A	10,690	6,108	4,399	21,197
Calls Handled	N/A	10,028	6,071	4,374	20,437
% Calls Abandoned	<5%	6.19%	0.61%	0.57%	0.3.42%
% SVL (all abn calls)	>80% w/in 30 seconds	71.12%	93.22%	98.13%	83.17%
Average Speed Answer	<= 30	0:00:60	0:00:09	0:00:06	0:00:33

# Call Center Metrics

KPI	Target	January 2025	February 2025	March 2025	Q1		KPI	Target	January 2024	February 2024	March 2024	Q4
<i>Provider Services</i>							<i>Provider Services</i>					
Calls Offered		1,182	992	1246	3420		Calls Offered		1,891	1,601	1,809	5,301
Calls Handled		1,178	979	1237	3394		Calls Handled		1,864	1,582	1,787	5,233
% Calls Abandoned	<5%	0.34%	1.31%	0.73%	0.76%		% Calls Abandoned	<5%	1.43%	1.19%	1.22%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	99.75%	99.49%	99.35%	99.53%		% SVL (all abn calls)	>60% w/in 45 seconds	72.93%	95.66%	99.22%	88.76%
Average Speed Answer	<= 45	0:00:05	0:00:06	0:00:05	0:00:06		Average Speed Answer	<= 45	0:00:26	0:00:09	0:00:05	0:00:14

# Call Center Metrics

## Q1-2025 Top Member Call Types

- Benefits & Eligibility
- PCP Update
- Update Demographics

## Q1-2025 Top Provider Call Types

- Benefits & Provider Eligibility
- Authorization Inquiries
- Provider Search Inquiry

# Behavioral Health Call Center Metrics

KPI	Target	Nov	Dec	Jan	Feb	Mar	Q1
Calls Offered	N/A	32	33	44	35	26	105
Calls Handled	N/A	32	33	43	34	25	102
Abandonment	≤5%	0%	0%	2.27%	2.86%	3.85%	2.86%
Average Speed of Answer	≤30 sec	9 sec	5 sec	5 sec	4 sec	5 sec	4 sec
Service Level	≥80%	90.63%	100%	97.73%	97.14%	96.15%	97.14%

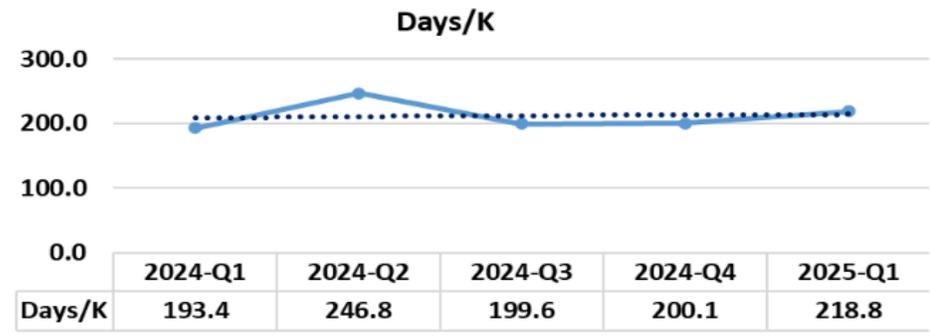
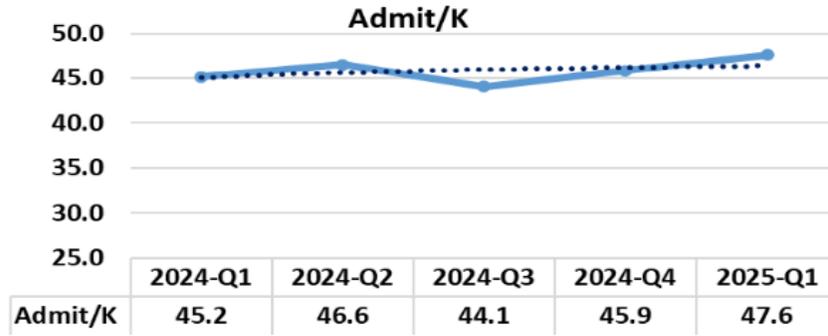
# Call Center Metrics

## Q1-2025 Top Call Types

- Claims Inquiry
- Benefits & Eligibility
- Update Member preferences

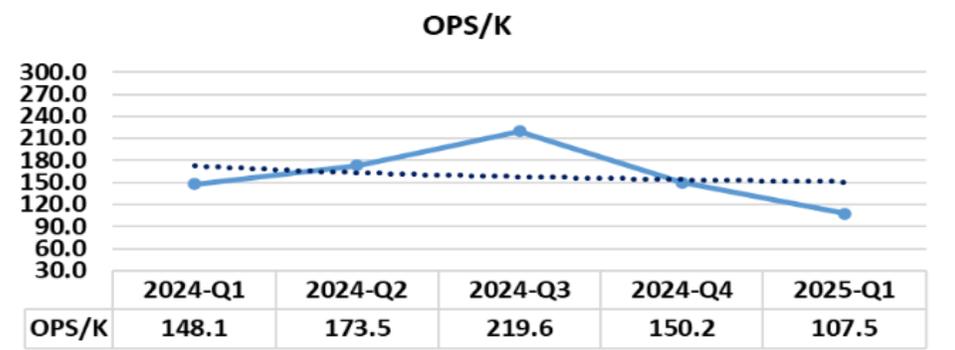
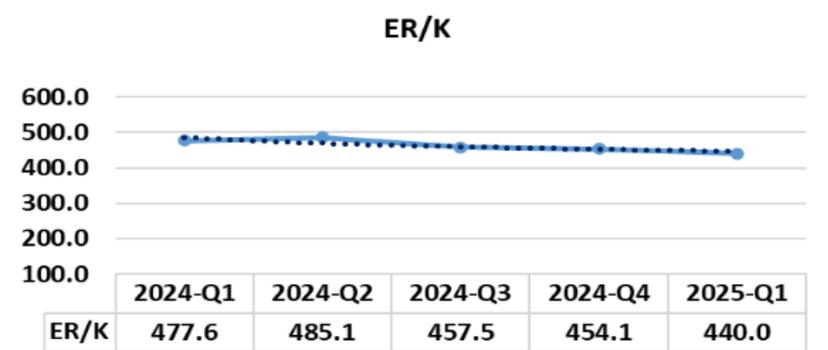
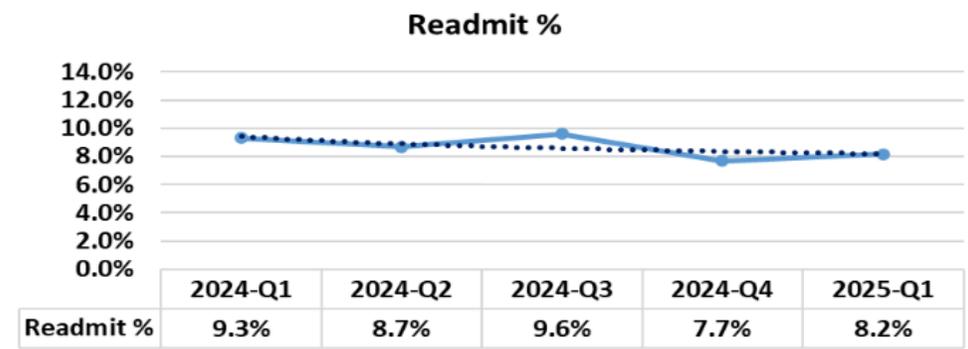
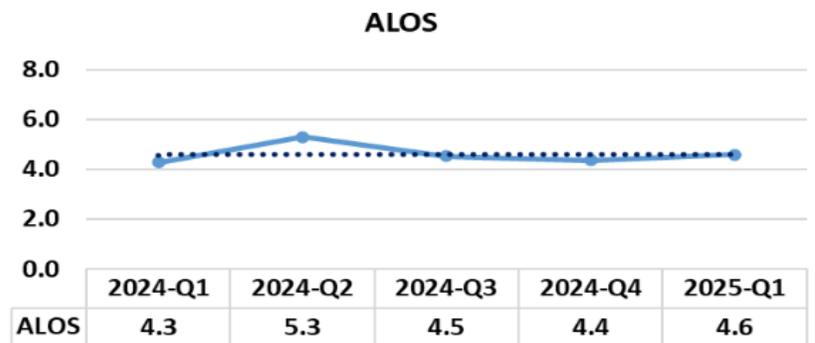
# Utilization Management

# Utilization Management Key Metrics



“Benchmark”  
2025

Admit: 76
Days: 653
ALOS: 9
Readmit: 12.7
ER/K: 451
OPS: 77



# 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)

# Utilization - Over/Under

UM metrics include:

- Admissions/K
- Bed days/K
- Acute care average length of stay
- ER admits/K
- All cause readmits
- Authorization appeals, denials, deferrals, and modifications
- Specialty referrals for target specialties

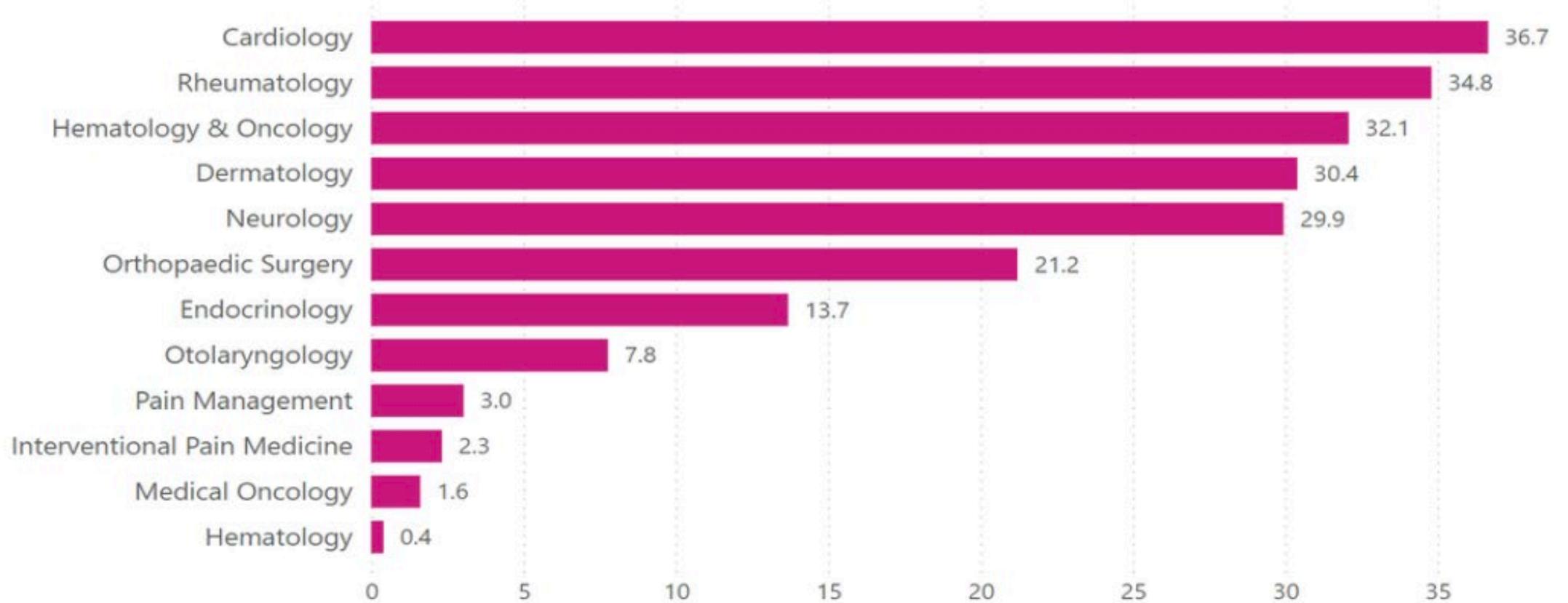
# Utilization - Over/Under

## Overall

- Utilization stable Q1-Q3
- No significant Q over Q fluctuations
- High ER utilization reflective of access challenges
- Ongoing work to address re-admissions

# Utilization – Specialty Access Report

## Average PTMPY for Focus Specialties



# Appeals & Grievances

# Appeals & Grievances

## Appeals and Grievances – Rolling Year Totals

2024 Appeals	Q1	Q2	Q3	Q4	Q1 2025
CHPIV	7	15	16	13	23

2024 Grievances	Q1	Q2	Q3	Q4	Q1 2025
CHPIV - QOS	91	136	72	72	70
CHPIV - QOC	5	9	15	6	4
CHPIV - ATC	23	29	23	39	17

# Appeals & Grievances

## Q1 – Top 5 Appeals

Pre-Service Appeals				
Quarter	Case Count	Issue	Overturn Rate	LOB
Q1 2025	4	Not Medically Necessary - Diagnostic - MRI	50.00%	Medi-Cal
Q4 2024	4	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal
Q3 2024	5	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal
Q2 2024	3	Not Medically Necessary - Diagnostic - MRI	67.00%	Medi-Cal
Q1 2024	2	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal

# Appeals & Grievances

## Q1 – Top 5 QOS Grievances

Member Perceived QOS Grievances			
Quarter	Case Count	Issue	LOB
Q1 2025	14	Transportation - General Complaint Vendor	Medi-Cal
Q4 2024	14	Balance Billing Issues	Medi-Cal
Q3 2024	21	Transportation - General Complaint Vendor	Medi-Cal
Q2 2024	20	Transportation - General Complaint Vendor	Medi-Cal
Q1 2024	20	Transportation - General Complaint Vendor	Medi-Cal

# Appeals & Grievances

## Q1 – QOC Grievances

1. 4 QOC Grievances filed in Q1
2. Reasons:
  1. Inadequate Care (2)
  2. Delay in Rx refill (1)
  3. Suspected neglect (1)
3. All cases referred to Health Net Clinical Department for assignment of severity level
  1. 2 cases – level 0
  2. 2 cases – level 2
4. All cases to be reviewed by Dr. Arakawa

# Appeals & Grievances

## Q1 – Top 5 Access to Care Grievances

CHPIV	
Description	Volume
Access to Care - Prior Authorization Delay	8
Access to Care - Transportation Missed Appointment	4
Access to Care - Prescription Delay	2
Access to Care - Avail of Appt w/ PCP	2
Access to Care - Wait Time - PCP	1

# Appeals & Grievances

## PQIs

- For Q1, there were 2 cases identified

# HEDIS Measures RY2025

# CHPIV **Near** FINAL MY2024 MPL Attainment

	Behavioral Health		Children's Domain (CH)								Chronic Disease Management (CD)			Reproductive Health and Cancer Prevention				Percent Achieve Goal	Final MY 2023, Changes from prior year attainment	
	FUA	FUM	WCV	CIS	DEV	IMA	LSC	TFL	W30	W30	AMR	CBP	GSD	CHL	PPC	PPC	BCS-E			CCS
	total30d	total30d	total	CO10	all	CO2	LSC	total	0to14mth	15to30mth	5to64pd50	CBP	POOR HB	total	PPC-Pre	PPC-Post	BCS-E	CCS		
GAPS to Target	0	0	175	0	0	0	0	2025	24	0	0	0	0	16	0	0	0	0	78%	56%, ↑5
RATE	47.62	61.70	51.34	37.71	54.01	45.74	83.21	13.58	56.91	76.60	92.09	73.48	23.48	55.28	88.56	87.83	58.20	61.80		

**X** = Meet selected percentile benchmark, white text is a new attainment of MPL  
**X** = Below selected percentile benchmark, red text is dropped from MPL met status in the prior year

1. CHW 2023 – 10/18 reached MPL (50<sup>th</sup> %)
2. CHPIV 2024 – 14/18 reached MPL

# Care Management

# Care Management

## Physical Health

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	222	224	85	104	105
Engaged	98	102	38	32	70
Engagement Rate	44.1%	45.5%	44.7%	30.8%	66.7%
Total Screened and Refused/Declined	38	27	11	15	3
Unable to Reach (UTR)	86	95	36	57	32
Total Cases Closed	73	80	76	51	27
Total Cases Managed	140	169	132	88	65
Complex Case Management	17	23	18	9	6
Non-Complex Case Management	123	146	114	79	59

# Care Management

## Behavioral Health

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	34	35	97	45	11
Engaged	22	32	22	21	8
Engagement Rate	64.7%	91.4%	22.7%	46.7%	72.7%
Total Screened and Refused/Declined	2	1	4	3	1
Unable to Reach (UTR)	10	2	71	21	2
Total Cases Closed	10	26	24	13	9
Total Cases Managed	25	47	43	31	18
Complex Case Management	3	3	5	2	0
Non-Complex Case Management	22	44	38	29	18

# Care Management

## Maternity

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	228	100	160	278	376
Engaged	160	37	79	105	232
Engagement Rate	70.2%	37.0%	49.4%	37.8%	61.7%
Total Screened and Refused/Declined	11	2	9	18	4
Unable to Reach (UTR)	57	61	72	155	140
Total Cases Closed	241	59	46	47	67
Total Cases Managed	323	117	138	188	227
Complex Case Management	12	8	8	4	9
Non-Complex Case Management	311	109	130	184	218

# Care Management

## Transitional Care Services

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	255	283	330	342	342
Engaged	152	177	196	188	259
Engagement Rate	59.6%	62.5%	59.4%	55.0%	75.7%
Total Screened and Refused/Declined	22	12	12	17	8
Unable to Reach (UTR)	81	94	122	137	75
Total Cases Closed	88	177	154	183	145
Total Cases Managed	152	241	263	280	230
Complex Case Management	0	0	0	0	0
Non-Complex Case Management	152	241	263	280	230

# Care Management

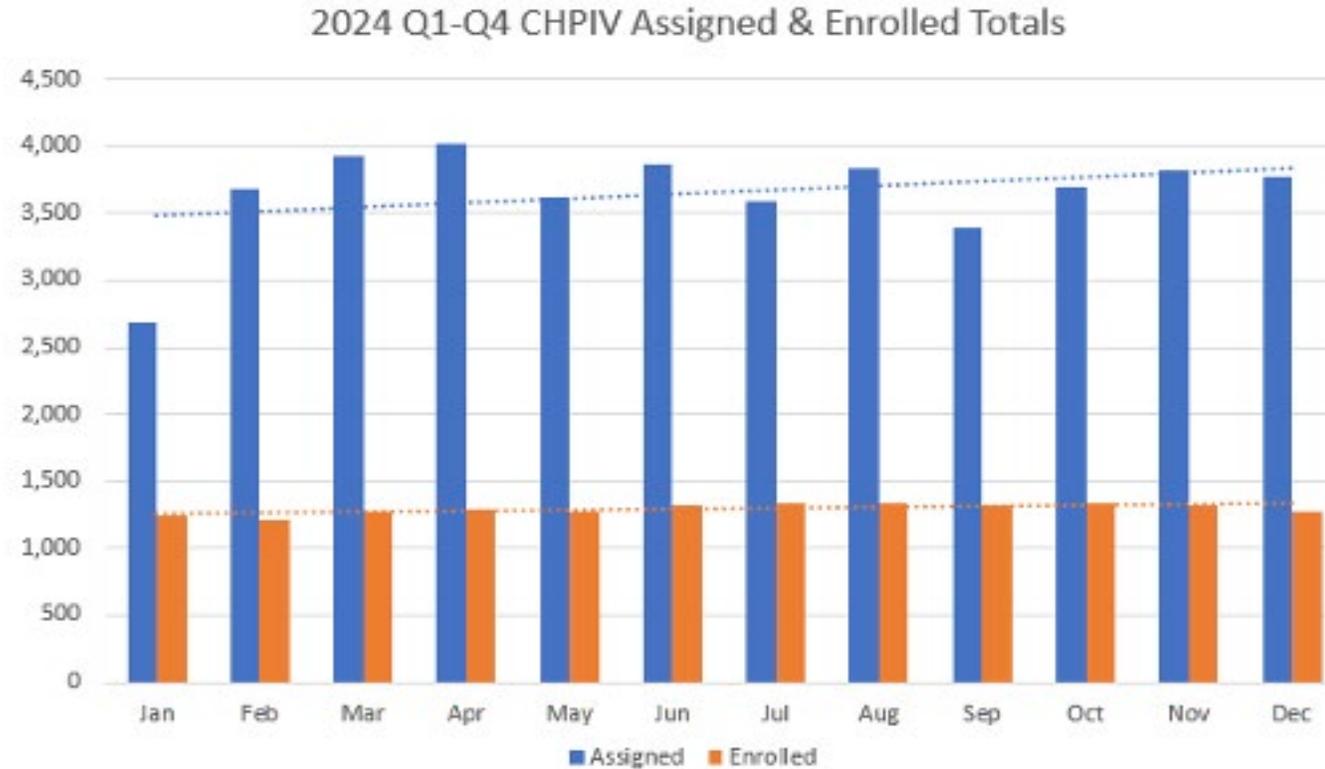
## First Year of Life

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	142	35	12	11	30
Engaged	142	35	12	10	29
Engagement Rate	100%	100%	100%	90.9%	96.7%
Total Screened and Refused/Declined	0	0	0	0	0
Unable to Reach (UTR)	0	0	0	1	1
Total Cases Closed	78	32	11	37	48
Total Cases Managed	206	161	142	141	118
Complex Case Management	0	0	0	0	0
Non-Complex Case Management	206	161	142	141	118

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

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

## ECM Enrollment



A

Assigned/Enrolled Percentages												
County	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Imperial	46.5%	33.1%	32.4%	32.0%	35.3%	34.3%	37.3%	34.9%	38.8%	36.2%	34.3%	33.7%

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

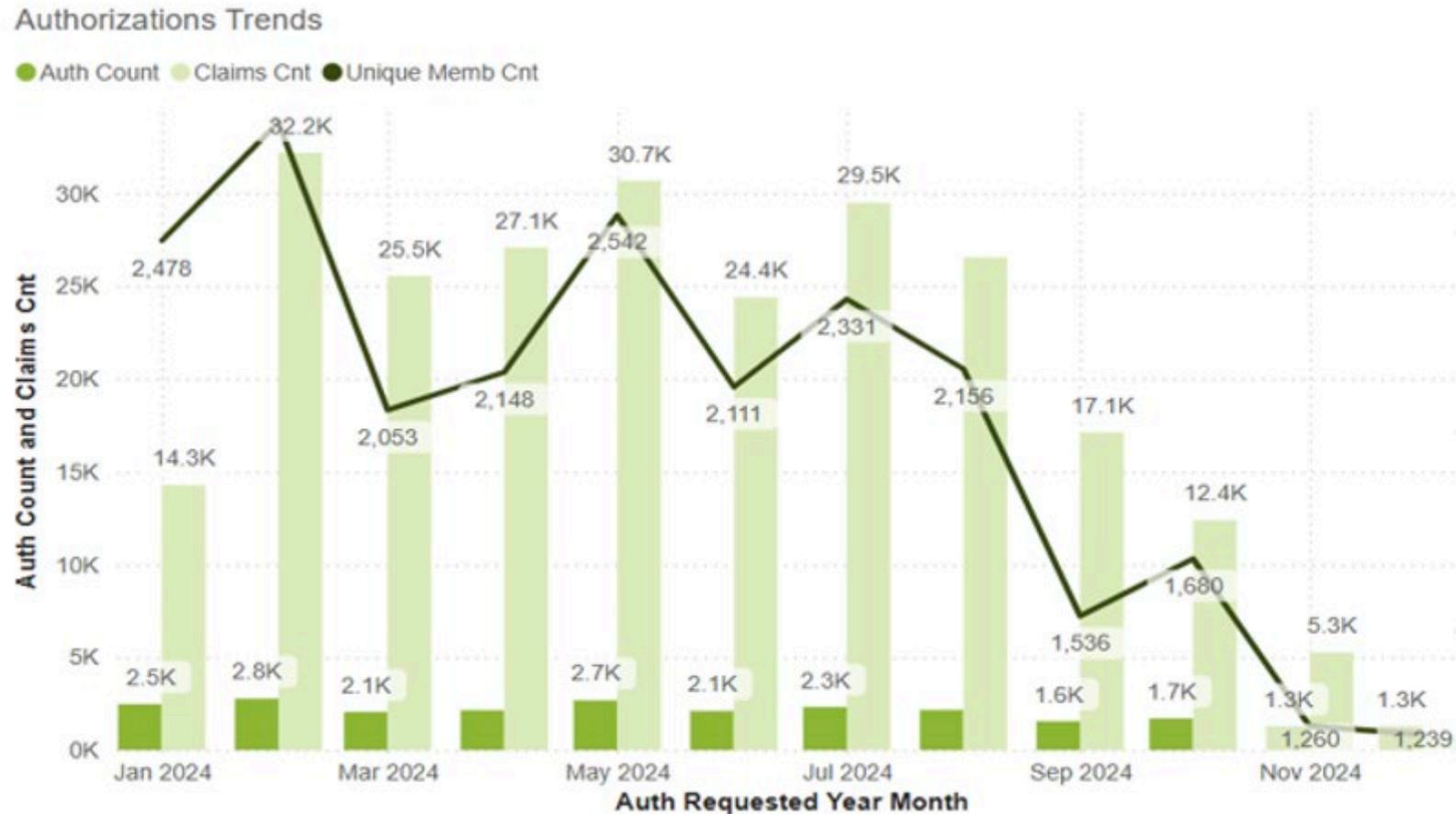
## ECM Information

**ECM Enrollment by Population of Focus (POF) by County (Primary POF Only)**

County	POF	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
<b>Imperial</b>	<b>Total</b>	<b>1,246</b>	<b>1,219</b>	<b>1,270</b>	<b>1,285</b>	<b>1,276</b>	<b>1,327</b>	<b>1,340</b>	<b>1,337</b>	<b>1,315</b>	<b>1,339</b>	<b>1,314</b>	<b>1,268</b>
Imperial	Adult - Birth Equity Population of Focus	4	5	5	6	6	6	7	6	6	9	9	8
Imperial	Adult - Individual Experiencing Homelessness: Adults without Dependent Child	63	68	72	77	83	93	99	101	104	112	112	111
Imperial	Adult - Individual Experiencing Homelessness: Homeless Family	50	55	75	81	80	84	91	88	86	85	82	79
Imperial	Adult - Individuals at Risk for Avoidable Hospital or ED Utilization	962	923	912	880	833	846	831	826	789	781	766	739
Imperial	Adult - Individuals Living in the Community and at Risk for LTC Institutionalizat	18	22	31	30	28	23	25	22	24	23	21	20
Imperial	Adult - Individuals Transitioning from Incarceration	1	1	1	1	1	1	1	1	1	1	1	1
Imperial	Adult - Individuals with Serious Mental Health or Substance Use Disorder (SUD)	102	97	98	100	100	114	116	115	124	143	142	134
Imperial	Child/Youth - Enrolled in CCS or CCS WCM with Additional Needs Beyond the C	3	4	8	10	15	15	16	18	19	19	20	22
Imperial	Child/Youth - Individual Experiencing Homelessness: Homeless Family	0	2	10	15	19	19	19	21	22	21	21	20
Imperial	Child/Youth - Individuals at Risk for Avoidable Hospital or ED Utilization	32	32	42	49	55	59	59	59	59	60	55	51
Imperial	Child/Youth - Individuals Experiencing Homelessness: Unaccompanied Childre	3	4	5	12	19	23	23	25	29	33	33	33
Imperial	Child/Youth - Individuals with Serious Mental Health or Substance Use Disorde	8	6	11	24	37	44	53	55	52	52	52	50

# 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	Asthma Remediation	4		
	Housing Deposits	5	8	8
	Housing Tenancy and Sustaining Services	9	11	10
	Housing Transition/Navigation Services	87	325	326
	Medically Tailored Meals	24,426	244,243	276,641
	Personal Care Services	73	1,048	6,674
	Recuperative Care	4	9	8
	Respite Services	9	69	430
		24,617	245,713	284,097

CS Claims Amount by Service

County	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
Imperial	\$1,000,560	\$ 578,930	\$1,339,887	\$ 2,164,855	\$1,769,412	\$1,653,541	\$1,981,360	\$1,674,275	\$1,971,636	\$1,378,732	\$1,146,924	\$1,088,865	\$ 17,748,977

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

## 2025 Goals

1. Provider-focused
  1. Conduct monthly office hours
  2. Increased training, especially regarding data reporting
2. Member-focused
  1. Increased material development and social media campaign
3. Internal
  1. Increased focus on data reporting
  2. Leverage CHW/doula benefit to refer and connect Members to ECM/CS

# Long Term Support Services (LTSS)

# Long Term Support Services (LTSS)

## LTC (Long Term Care)

Q1 - 2025

Unique Utilizing LTC Members	Jan 2025	Feb 2025	Mar 2025
El Centro Post Acute	96	96	77
Imperial Manor	30	32	29
Pioneer Memorial D/P	73	77	76
Out of County	29	34	28
Out of State	0	0	0

Q4 - 2024

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 - 2024

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 - 2024

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

# Long Term Support Services (LTSS)

## CBAS (Community Based Adult Services)

### CBAS (Community Based Adult Services)

Q1 - 2025

	Jan 2025	Feb 2025	Mar 2025
Unique Utilizing CBAS Mbrs	243	236	240
Average Days per Week	1.9	1.9	1.8
Members utilizing CBAS six months ago, now in LTC	0	0	0

Q4 - 2024

	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 - 2024

	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 - 2024

	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

# Long Term Support Services (LTSS)

## ICF (Intermediate Care Facilities)

Q1 - 2025

### ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Jan 2025	Feb 2025	Mar 2025
ARC #1, #2, #3	15	15	13

Q4 - 2024

### ICF/DD (Intermediate Care Facility)

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

Q3 - 2024

### ICF/DD (Intermediate Care Facility)

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

Q2 - 2024

### ICF/DD (Intermediate Care Facility)

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

# Pharmacy

# Pharmacy

## Data/Results: PA Metrics

	Goal	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
<b>Total CHPIV</b>													
<b>Total # PA's</b>	<b>N/A</b>	<b>52</b>	<b>52</b>	<b>62</b>									
<b># Approved %</b>	<b>N/A</b>	<b>65%</b>	<b>64%</b>	<b>61%</b>									
<b># Denied %</b>	<b>N/A</b>	<b>35%</b>	<b>36%</b>	<b>39%</b>									
<b>PA per 1,000M</b>	<b>N/A</b>	<b>0.53</b>	<b>0.53</b>	<b>0.64</b>									
<b>% PA requests meet goal*</b>	<b>100%</b>	<b>100%</b>	<b>98.1%</b>	<b>98.4%</b>									

\*Regulation change as of 7/1/2017: turnaround time for PAs changed to 24 calendar hours (both routine and urgent requests)

# Pharmacy

## Top 5 Pharmacy PA Requests

April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
filgrastim	pegfilgrastim	filgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	botulinum toxin	botulinum toxin	botulinum toxin
pegfilgrastim	viscosupplement	pegfilgrastim	IV iron	IV iron	IV iron	botulinum toxin	IV iron	pembrolizumab	pembrolizumab	pegfilgrastim	epoetin alfa
botulinum toxin	filgrastim	IV iron	filgrastim	filgrastim	botulinum toxin	denosumab	botulinum toxin	botulinum toxin	denosumab	denosumab	pegfilgrastim
denosumab	pembrolizumab	fulvestrant	viscosupplement	atezolizumab	pembrolizumab	filgrastim	denosumab	rituximab	IV Iron	pembrolizumab	leuprolide
IV iron	IV iron	pembrolizumab	denosumab	botulinum toxin	trastuzumab	IV iron	pembrolizumab	nivolumab	pegfilgrastim	epoetin beta	IV Iron

# Pharmacy

## Top 5 Denials in Q4 based on Percentage and Total Number

Drug Name	% Denied	Drug Name	# Denied
epoetin alfa	100.00%	IV Iron	10
epoetin beta	100.00%	botulinum toxin	8
IV Iron	100.00%	epoetin alfa	8
pegfilgrastim	47.06%	pegfilgrastim	8
nivolumab	40.00%	epoetin beta	6

# Behavioral Health

# Behavioral Health/SUD

## Referrals

### Q1 BH Medi-Cal Referrals – CHPIV

<b>8</b>	members were referred to HN BH by County SMHP
<b>1</b>	members were referred by HN BH to County SMHS
<b>44</b>	members were referred to HN BH providers

### Q1 Care Coordination Referrals

CHPIV	
members referred for health plan case management	<b>6</b>

# Behavioral Health/SUD

## Applied Behavioral Analysis (ABA) Services – Q1 2025

<b>Community Health Plan of Imperial Valley</b>	
Members authorized for ABA (assessment & treatment):	172
Total ABA authorizations:	406
ABA full clinical denials:	0
ABA partial clinical denials:	4
Average number of direct treatment (Individual & Group):	~11.5 hrs/week
Age range:	1 y/o – 20 y/o

# Quality Improvement Update

## MY2024 QI Year-End Activity Summary

<i>Work Plan Initiatives</i>	<i>Activities Completed</i>
<i>I. BEHAVIORAL HEALTH</i>	4/5 80%
<i>II. CHRONIC CONDITIONS</i>	34/38 89.47%
<i>III. HOSPITAL QUALITY</i>	14/14 100%
<i>IV. MEMBER ENGAGEMENT &amp; EXPERIENCE</i>	3/3 100%
<i>V. PEDIATRIC/PERINATAL/DENTAL</i>	58/62 93.55%
<i>VI. PHARMACY &amp; RELATED MEASURES</i>	15/15 100%
<i>VII. PREVENTIVE HEALTH</i>	24/27 88.89%
<i>VIII. PROVIDER COMMUNICATION/ ENGAGEMENT</i>	13/15 86.67%
<b>TOTAL</b>	<b>165/179</b> <b>92.18%</b>

# Performance Improvement Projects - 2024

## Community Health Plan of Imperial Valley QI Regulatory Projects and Programs Progress

### 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 1 Update:
  - Obtained approved to send only Adult Medi-Cal Specialty Mental Health (SMH) emergency department visit information to member's primary care provider.
  - Next Steps: Ass the Adult SMH visit information to Cozeva in the Hospital Visits Section
  - Annual submission to HSAG/DHCS in August 2025.

#### Clinical PIP Measure Focus:

- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 1 Update:
  - Clinical PIP Intervention: PIP focus has been updated to include all pediatric providers by providing a systemic intervention by promoting:
    - Recently developed Newborn Checklist to be disseminated to pediatric providers
    - Promoting the CDC Milestone Tracker inclusive of adding QR code, logo and branding for CHPIV

### Health Net QITS Overview

The QITS data program sun-setted on 2/28/2025. QITS will be replaced by the Centene eQPIT program. Team members are currently receiving training on eQPIT, which is anticipated to launch in Quarter 2, 2025.

### Scheduled Quality Trainings-Coordinated by the HN Training POD

March 2025	Diabetes Prevention Program (HN and Diabetes Care Partners)
March 2025	2025 Quality Medicare Update
March 2025	March CalAIM + QI Collaboration Meeting
April 2025	2025 Quality Medi-Cal Update
April 2025	April CalAIM + QI Collaboration Meeting
April 2025	2025 Quality Commercial/Marketplace Update

# Child Health Equity Sprint

## **CHPIV SMARTIE (Specific, Measurable, Achievable, Realistic, Timebound, Inclusion, and Equity) Aims**

### **Community Health Plan of Imperial Valley (CHPIV) x Dr. Vishwa 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%.

# Child Health Equity Sprint

## Phase 1: CHPIV Accomplishments and Next Steps

### ACCOMPLISHMENTS

- Completed Phase 1 (April 2024 to March 2025) with the pilot sites. Submitted all required deliverables to IHI and received positive feedback.
- Dr. Kapoor's clinic demonstrated an upwards trend in measure performance for the completion of WCVs. By the end of March 2025, the closing WCV rate at Dr. Kapoor's office was 38.8%. The clinic exhibits continuous directional improvement towards their SMARTIE Aim goal rate of 40.85%.
- Lessons Learned Highlight:
  - 1) To incorporate short/brief WCV education during scheduling and reminder calls,
  - 2) To offer flexible/after hours or a dedicated schedule for WCV appointments only,
  - 3) To improve Health Net's WCV education materials as the current materials have received negative feedback and comments from the community.

### NEXT STEPS

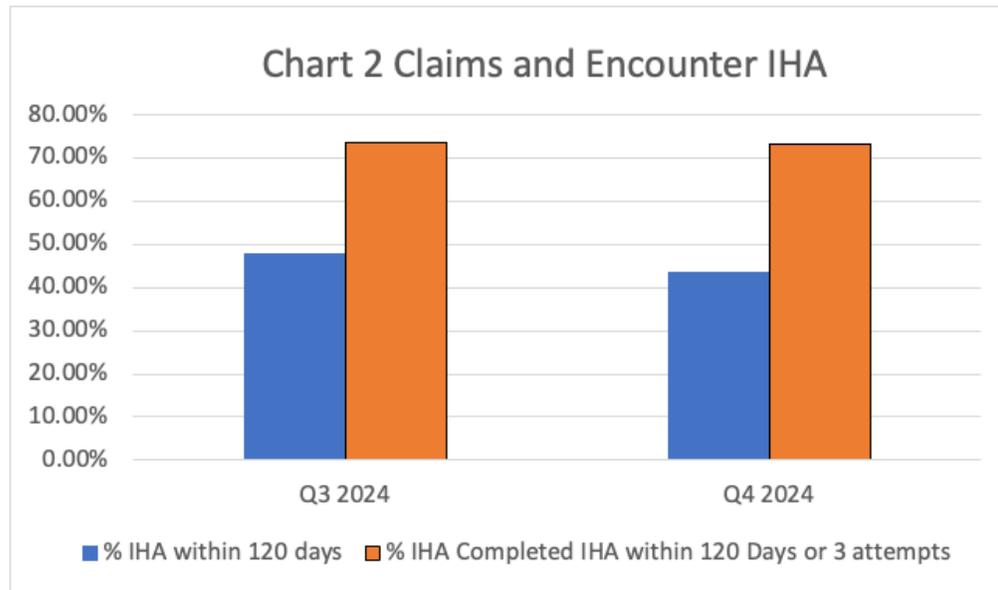
- IHI announced in February 2025 that there will be a Phase 2 of the CHEC Sprint.
- IHI has scheduled optional coaching calls with all health plans (May to July 2025).
- QI is waiting for IHI + DHCS to provide more information and clarity.

# Initial Health Assessments

## Medical Record Review YTD 2024

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

## Claims/Encounter Review



# Initial Health Assessments

## Next Steps

1. Identify high volume, low performing Providers.
2. Revise Provider training
  - Best practices for Member outreach
  - Provider tip sheet for common IHA codes
  - Provide IHA content to bolster collection of information with each outreach/encounter

# Lead Screening in Children

Q3 2024

	Q3 2024			
Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Age 3 to 6 (31 -72 Mos)	Total
<b>Numerator</b>	909	942	1,136	<b>2,987</b>
<b>Denominator</b>	1,653	1,772	7,041	<b>10,466</b>
<b>% Compliant</b>	55.00%	53.20%	16.10%	<b>28.50%</b>

Q4 2024

	Q4 2024			
Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Age 3 to 6 (31 -72 Mos)	Total
<b>Numerator</b>	909	948	1,132	<b>2,989</b>
<b>Denominator</b>	1,666	1,790	7,087	<b>10,543</b>
<b>% Compliant</b>	54.60%	53.00%	16.00%	<b>28.50%</b>

# Lead Screening in Children

## Next Steps

1. Identify high volume, low performing Providers.
2. Provide funding, distribute, and track use of POC lead analyzers.
3. Establish workflow guidance to providers who do not conduct POC blood lead screening.

# Population Health Management

# Population Health Management – Effectiveness Management

Program Name	Measure	Benchmark
Improve Preventive Health: Flu Vaccinations and/or Adult Immunization	Increase member flu& vaccination rates	Reach or maintain Medicaid 25% MPL for AIS-E
Tobacco Cessation	Increase smoking cessation	Increase participation in smoking cessation programs by 5%
Breast cancer screening	Improve breast CA screen rates	5% improvement in rates
Diabetes Management	Increase glycemic control rates	5% improvement in rates
Smart Start for Baby	Increase postnatal visit rates	10% improvement in postnatal visit rates
Improve behavioral health follow up after ED visit	Increase FUM/FUA rates	Achieve 50 <sup>th</sup> percentile in HEDIS FUM/FUA
Cardiac & Diabetes	Increase cardiac medication adherence	Increase outreach to encourage cardio-protective medication bundle adherence
Care Management	<ol style="list-style-type: none"> <li>1. Positive Member feedback</li> <li>2. Reduce ER utilization and Readmissions</li> </ol>	Member feedback >90% Reduce ER visits by 10% Reduce readmissions by 5%

# Peer Review Credentialing

# Peer Review Credentialing and Access Reports

## Investigations

For Q1-2025

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

# Peer Review Credentialing and Access Reports

## Credentialing/Recredentialing – Q1-2025

### 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
VINCENT	SOUN	MD	Family Practice	PCP	000000129661	Y	Family Practice	2/15/2026	1/23/2025
EMILIANO	HIGUERA	MD	Pediatrics	PCP	000000046557	Y	Pediatrics	2/15/2025	1/30/2025

# Peer Review Credentialing and Access Reports

## Certification/Recertification – Q4

### Initial Certification

Name of Organizational	Type	Approval Date
All Valley Urgent Care	Urgent Care	3/20/2025

# California Children's Service

# CCS

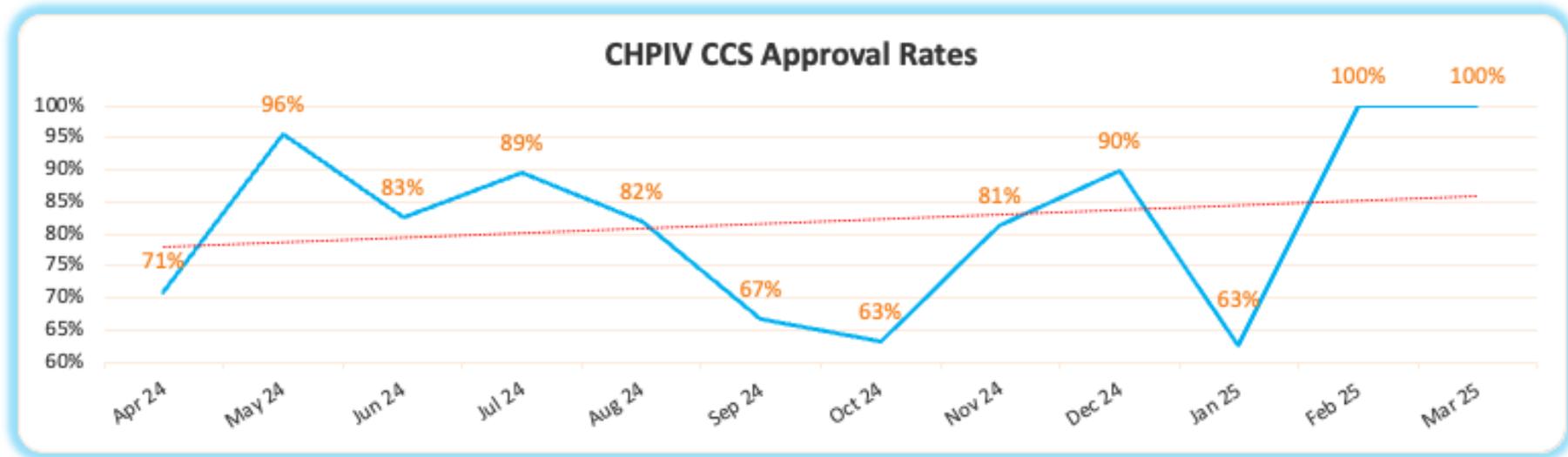
## CCS Case Review

Month	Existing App	Approved	Denied - Over Timely Filing	Denied - Not CCS Eligible	Pending CCS Feedback	New App Total	Pending CCS Rate	Approval Rate	Denial Rate	Auth Voided	Duplicate	No App - Not CCS Eligible	Grand Total
Apr-24	30	22	1	8		31	0%	71%	29%				61
May-24	7	22		1		23	0%	96%	4%	1			31
Jun-24	12	19		4		23	0%	83%	17%				35
Jul-24	15	17		2		19	0%	89%	11%		2		36
Aug-24	13	27	2	4		33	0%	82%	18%				46
Sep-24	16	18		9		27	0%	67%	33%		1		44
Oct-24	16	12	1	6		19	0%	63%	37%				35
Nov-24	16	26		6		32	0%	81%	19%				48
Dec-24	19	35	1	3		39	0%	90%	10%	1			59
Jan-25	26	20	2	10	5	37	14%	63%	38%		1		64
Feb-25	20	13			17	30	57%	100%	0%				50
Mar-25	16	3			23	26	88%	100%	0%		1	1	44
<b>Q1 2025</b>	<b>62</b>	<b>36</b>	<b>2</b>	<b>10</b>	<b>45</b>	<b>93</b>	<b>48%</b>	<b>75%</b>	<b>25%</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>158</b>

### Key Observations

- With 88% of March 2025 cases pending CCS review, CHPIV cases submitted to CCS for review have an approval rate of 100% in March, 75% for Q1 2025
- A 2025 average of 53 cases per month are identified for CCS consideration
- 59% of all potential CCS cases identified year-to-date resulted in a new SAR (Service Authorization Request) submission to CCS

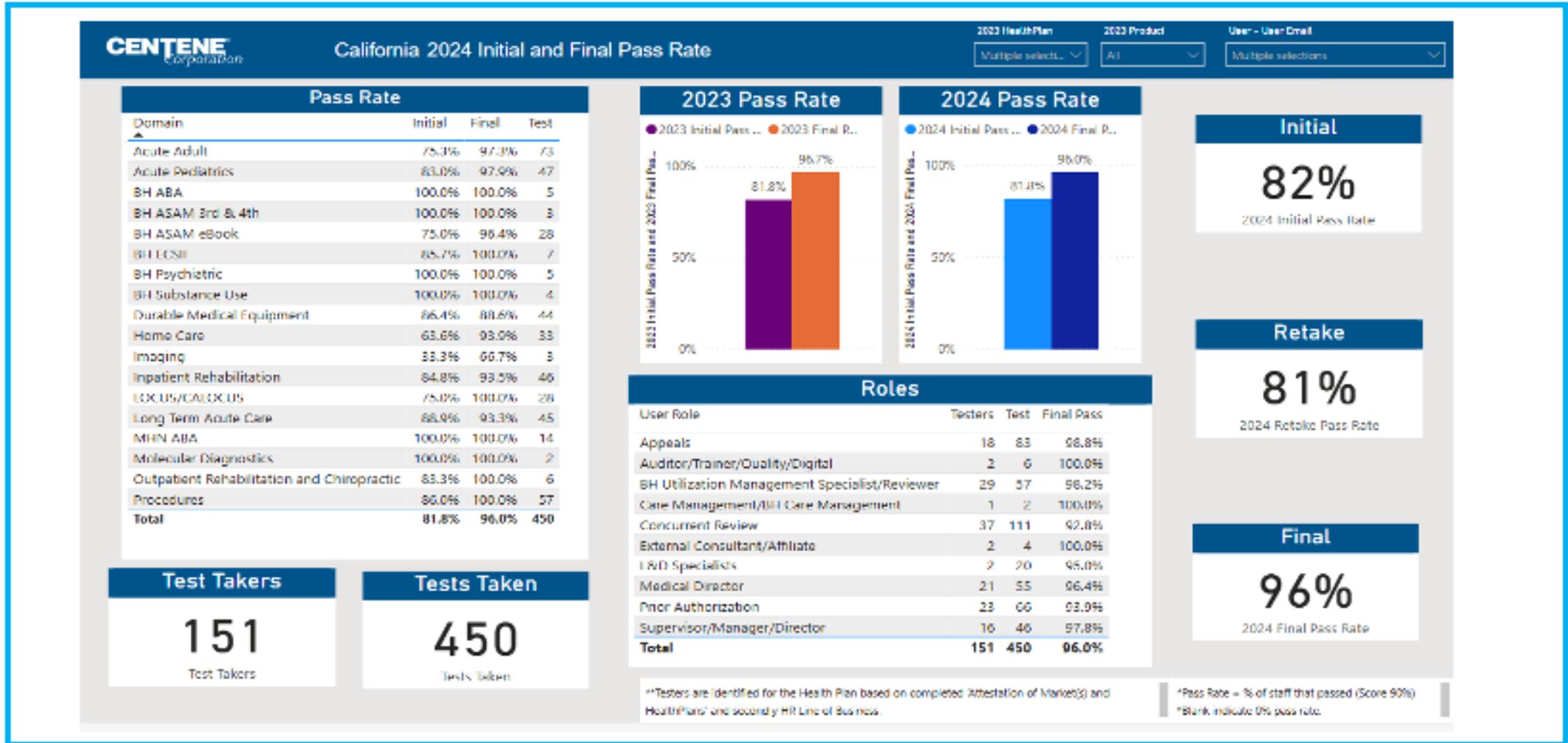
## New SAR CCS Approval Rates



Over the past 12 months, the average CCS approval rate for new SAR submissions is 82%

# Health Net Inter Rater Reliability Results

# 2024 Inter Rater Reliability Report



# Network Access & Availability Governance

# Q3/Q4 2024 Network Access & Availability Report

## Q3/Q4 Updates

### 1. Network Access

- PCP Adequacy: 90.7% | PCP Pediatric 99.3%
- SPC Adequacy: 99.9% | SPC Pediatric 99.9%
- Health Net to submit alternate access exemption request to DHCS

### 2. Subnetwork PPG Evaluation

- PPGs placed on CAP for not meeting Network Adequacy standards
- Several PPGs remain non-responsive to CAP issuance
- Health Net to review possible enforcement actions

# CHPIV Provider Directory Accuracy Report

# 2024 CHPIV Provider Directory Accuracy Report

Evaluate accuracy of CHPIV Provider Directory – “Find-A-Provider”

- Methodology:
  - Phone Surveys
  - Standardized questions
  - Goal: 80% for each question
- Results: 73 responders
  - Office locations: 56/56 Goal met
  - Phone numbers: 55/70 Goal NOT met
  - Accepting new patients 54/59 Goal met
  - Staff “Network Awareness” 59/59 Goal met

# 2024 CHPIV Provider Directory Accuracy Report

## Issues identified

- Provider information is out of date
  - Data cleansing efforts
- Provider fails to communicate demographic updates in a timely manner
  - Explore ways to improve update process
- Provider fatigue
  - Automated processes

# Vendor Management Report

# 2024 CHPIV Provider Directory Accuracy Report

## Q4 2024 & Q1 2025 Monitoring/Oversight Activities

- Joint Oversight Committee (JOC) meetings: Q4 2024 (25) Q1 2025 (12)
- Two (2) vendor audits: NAL and Advanced Medical Review
- Two (2) audits completed (Q4 2024): ModivCare and Cognizant
  - ModivCare:
    - PCS forms
    - Call center - missed average speed
- Seven (7) audits completed (Q1 2025): Deal & Hard of Hearingg Service, Lifesigns, Akorbi, CommGap, Voiance, Cotiviti, Conduent

# Provider Satisfaction

# Provider Satisfaction

## Survey Methodology

### ANNUAL SURVEY

- Completed Q4 of 2024 (Sept-Nov)
- Surveyed PCP, Specialist, and BH offices
- Administered via mail, phone, & internet
- Very low response rate for CHPIV (6%) and therefore not reportable

### TOPICS

#### **Main Question Areas:**

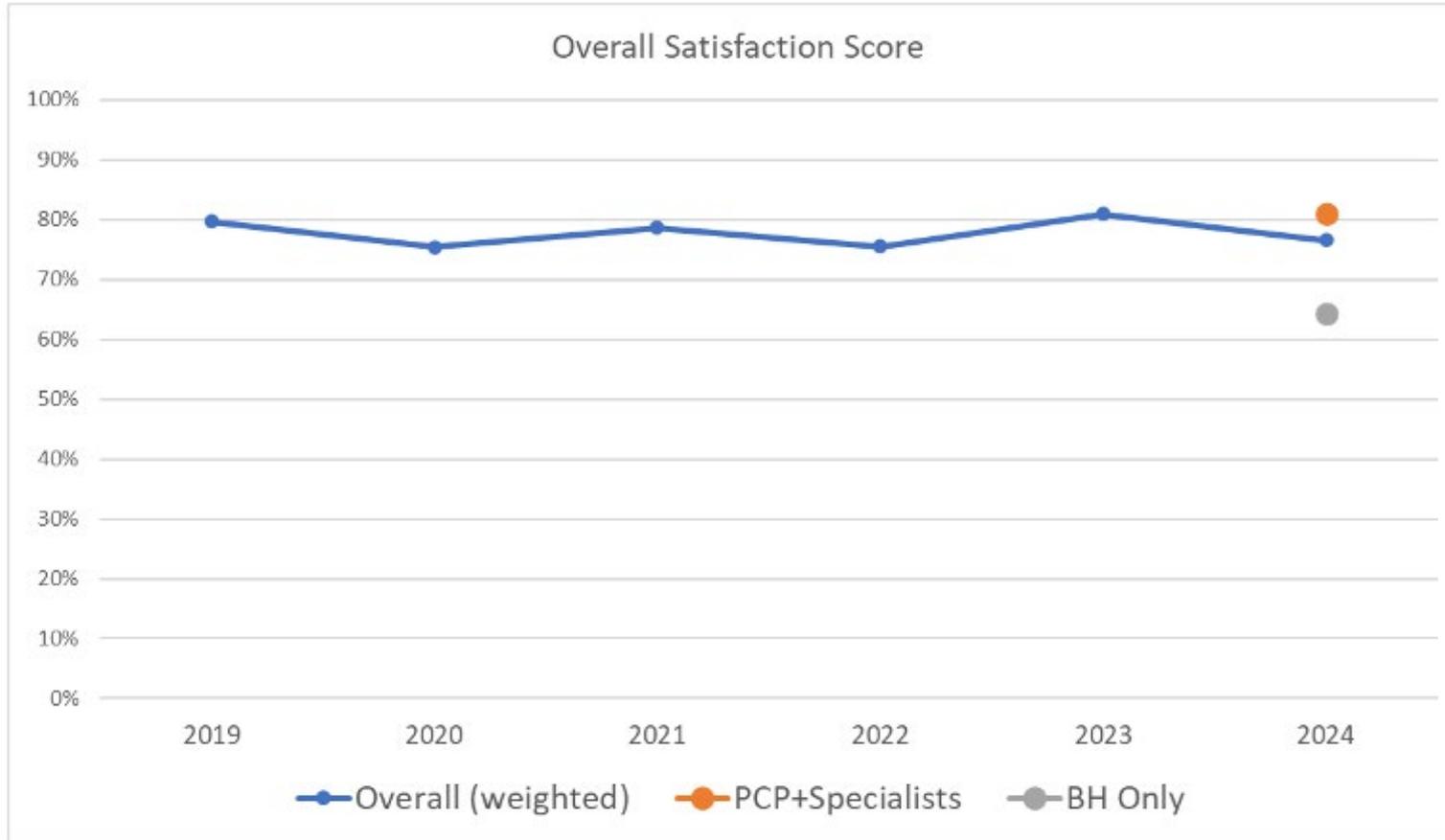
- Overall Satisfaction
- Likelihood to Recommend
- Comparative Rating to All Other Plans
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Pharmacy
- Health Plan Call Center Service Staff
- Provider Relations

#### **Bonus/Custom Question Areas:**

- Discharge Planning
- Access & Availability

# Provider Satisfaction

## Survey Results



# Provider Satisfaction

## 2025 Strategy – Projects Snapshot

Below are highlights from several areas as we continue to work through project implementation and process improvements.



### *Enhanced Coordination and Messaging*

Reviewing website messaging and instructions for clarity.

Implementing auto-reply messaging to external email addresses to confirm receipt.



### *Issue Resolution*

Increased provider engagement staffing and structure to support behavioral health providers.

Reviewing Pulse survey data monthly for continuous improvement and follow-up.



### *Provider Data Management*

Improving workflows for intake and validation of provider data changes, including integration with state-wide registry Symphony.



### *Provider Services*

Rolled out new Availity platform to support providers online with enhanced and new self-service tools.

Completed CC training on ability to handle claims resolution without need for additional escalation.

# Questions & Comments