COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

AGENDA

Provider Advisory Committee

September 23, 2024-Qtr. 3

12:00 P.M.

512 W. Aten Rd. Imperial, CA 92251

Join the meeting now

Meeting ID: 247 451 377 766

Passcode: BmAHqt

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. Review of June 24th, 2024-Qtr. 2 PAC Meeting Minutes
4. Q3 CHPIV Provider Advisory Committee Presentation *(Consent)*
5. Q3 CHPIV Provider Advisory Committee Presentation
6. Questions/Comments
7. Adjournment

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

MINUTES

Provider Advisory Committee

June 24, 2024

12:00 PM

512 W. Aten Rd.

Imperial, CA 92251

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

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

1. **Call to Order** — *Dr. Arakawa, CMO*
   Meeting called to order at 12:01 p.m.

2. **Roll Call** — *Donna Ponce, Commission Clerk*
   Roll call taken and quorum confirmed. Attendance is as shown.

3. **Q2 CHPIV PAC Agenda Topics** — *Dr. Arakawa, CMO*
   a. *Call Center Metrics*
   b. *Utilization Management*
   c. *Appeals & Grievances*
   d. *Healthcare Effectiveness Data & Information Set (HEDIS)*
   e. *Care Management KPI Report*
   f. *Enhanced Care Management/Community Supports*
   g. *Long Term Support Services (LTSS)*
   h. *Behavioral Health*
   i. *Pharmacy*
   j. *California Children's Services (CCS)*
   k. *Quality Improvement Projects*
   l. *Population Health Management (PHM) Quarterly Report*
   m. *Peer Review Credentialing*
   n. *Community Advisory Committee (CAC Discussion)*

4. **Q & A**

- **Question**: Dr. Ahmad- What does the acronym "SR" stand for?
- **Answer:** Dr. Arakawa- Shared Risk, incentive.

- **Question:** Dr. Ahmad- What does the "0" stand for in the Hedis chart?
- **Answer:** Dr. Arakawa- A "0" means that, that measure passed.

- **Question:** Dr. Ahmad- What is the standard for topical fluoride? Parent should be able to decide or patient depending on the type of insurance. Private insurance has to pay, unsure if there is a cost to med-cal patients?
- **Answer:** Dr. Arakawa- Credentialed, to PCP, they can administer quality measure. Ages 0-3. Tx is once/year. Will clarify frequency and will get back to you. Not really a local problem for meeting fluoride Hedis measure.
- **Comment:** Kenia- It is not really an option "fluoride" is done pretty much every time you go in for a visit and "these are measures that you are do for".

- **Question:** Dr. Harper- Is the fluoride administered by the Provider? Is this just a swish?
- **Answer:** Dr. Arakawa- Yes, can/is administered by the Provider. Can be taken care of during wellness visit. This could be an awareness issue. Great question will take this back to HN for more clarification. It is up to us/CHPIV to provide awareness with the providers. Not really a local issue, really over the state. We can do better to increase the numbers.
- **Comment**: Kenia- These flouride #'s and data may reflect due to the Covid pandemic. (2023 #'s). A lot of people were scared to go in to the Dr.'s office, numbers/data may be high due to this.

- **Question:** Dr Ahmad- Need clarification on the Youth BH graph "0"'s.
- **Answer:** Dr. Arakawa- "0" there were none. Screening tool used for SMHS, #'s through the County MH. This might be data from MCP or County not to sure.

- **Question:** Dr. Ahmad- Patients, are they going to BH for screening? Why doesn't the data reflect on the grid?
- **Answer:** Dr. Arakawa- 2024 data sharing began, was probably data lag. HN most likely not receiving the data.
- **Comment:** Dr. Ahmad- PHQ9, GAD screened at PCP and probably more screening is being done and we are not capturing that data.

- **Question:** Dr. Ahmad- What are we exactly screening for (BH)? What data are we getting?
- **Answer:** Dr. Arakawa- I will get with HN for more clarification. County MH has screening program. Screening not post diagnosis. I will follow up and send information up to the next QIHEC meeting.
- **Comment:** Dr. Ahmad- to Dr. Harper, BH screening should be done in office.

- **Comment:** Gabriela- admission and screening depend on 1st assessment, series of different screenings. Screenings depend on needs of client, substance Tx, MH Tx, on going assessments.
- **Comment:** Dr. Harper- PHQ9, PHQ2, GAD are done every visit. We need to capture how/what data is being recorded.
- **Answer:** Dr. Arakawa- I will report back to you all via email before the next QIHEC mtg.
- **Comment:** Dr. Ahmad- It is important to do SUD screening referrals to appropriate resources. Very important and make proper referrals.

- **Question:** Kenia- How does CHPIV send members for ECM/CMS services? Some members are still not being enrolled, MedZed did not receive and new members. We did finally receive some referrals but demographics was not updated, it is hard to try and find the members. Due to HIPAA it is difficult to get more info from the PCP. We currently have 150 leads- we are still going out trying to locate patient. How do we get those new referrals?
- **Answer:** Dr Arakawa- I will follow up with ECM Medical director to clarify the process for referrals. I will follow up on why MedZed is not receiving those referrals.
- **Comment:** Kenia- we have staff to go out to the community and promote services. We have the capacity and the staff for outreach. 680 members are currently enrolled. 130- are leads that haven't been enrolled due to being unbale to locate the patient. How do we get more referrals?
- **Answer:** Dr. Arakawa- I will get to the bottom of it and the assignment process.

- **Question:** Dr. Ahmad- Kenia, what kind of patients are you looking for? Who can refer to you? What will you do for the patient?
- **Answer:** Kenia- You can refer "anyone" needing shelter, home, financial resources, we will assist until the patient is independent. ECM will close the LOOP. We have not been receiving direct PCP referrals.

- **Question:** Dr. Harper- What type of ECM services are available?
- **Answer:** Kenia- Social, medical needs assistance, will provide info, closely monitor engagement with members. We spend 60 minutes with each member in person or over the phone. We go out on the field, connect members with resources.

- **Question:** Dr. Ahmad- Request a flyer from Kenia with info regarding their services? Also request that they reach out to providers, to make aware of these services.
- **Answer:** Kenia- will send an email with flyer/info.

- **Question:** Dr. Ahmad- request Dr. A to not use acronyms as much as possible? I can't remember all these acronyms.
- **Answer:** Dr. Arakawa- I will reduce use of acronyms.

- **Question:** Dr. Harper- What services are available in general?
- **Answer:** Dr. Arakawa- It is our job to provide you with information on services. ECM usage and community supports, mode of increase referrals, awareness in the county. I will address this concern.
- **Comment:** Dr. Ahmad- Kenia, you should be connected with Dr. Cohen.

- **Question:** Dr. Ahmad- Therapy counseling, who provides these services?
- **Answer:** Dr. Arakawa- NSMHS treats for mild depression. HN has their own network of providers for Non specific needs. Can also reach out to Dr. A or Kathleen for more info.

- **Question:** Dr. Harper- Can we be provided with a crib/cheat sheet for community services, providers available. So that we are on the same page and work more efficiently. Will invite Kenia to their monthly provider meetings to get more info.
- **Answer:** Dr. Arakawa Yes, it is our job to provide you with information on services within the community.

Adjournment

The meeting was adjourned at 1:07 p.m.

Q3 CHPIV Provider Advisory Committee Presentation (Consent)

Q3 CHPIV QIHEC Agenda

Topics

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

Pharmacy

Pharmacy

Data/Results: PA Metrics

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

Pharmacy

Top 5 Pharmacy PA Requests

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

Pharmacy

Top 5 Denials in Q2 based on Percentage and Total Number

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

Pharmacy

Comments

For Q1

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

Pharmacy

Quality Assurance/Reliability Results for Q2

Analysis/Findings/Outcomes:

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

California Children’s Services (CCS)

California Children's Services (CCS)

Key Observations

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

Health Equity

Health Equity Strategy Summary

Health Equity Mission:

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

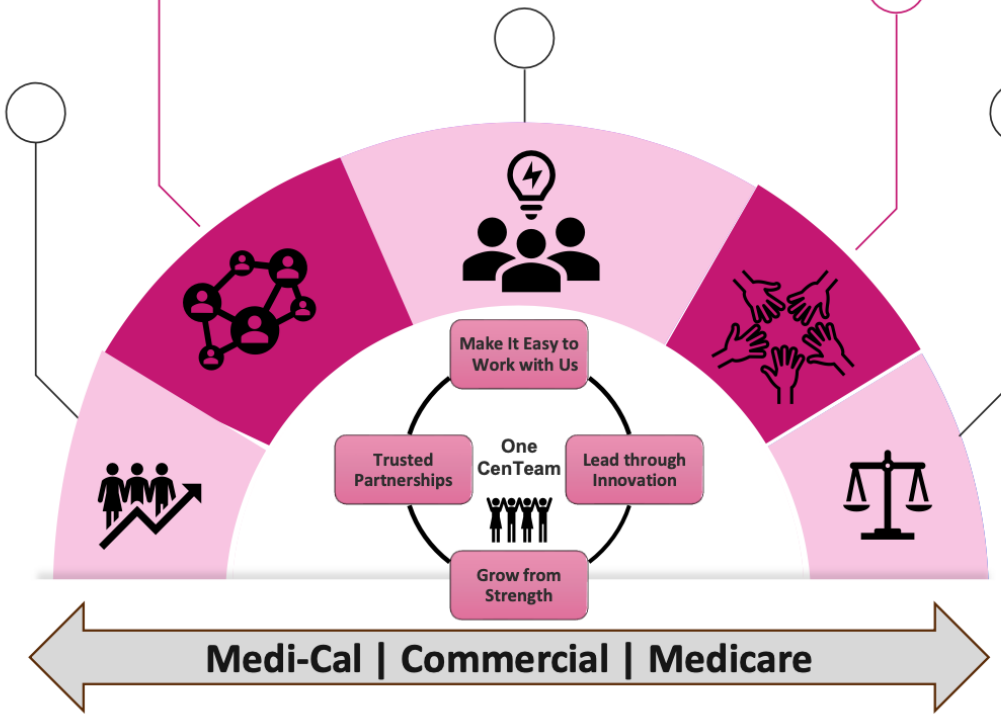
2. Enhance Population Health and Quality
to address social drivers of health inequities using integrated care models

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

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

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

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



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

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

2024 Mid Year (Q1 & Q2) LAP Report

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

Number of Telephone Interpreter Requests = 1,231

YTD Rate = 1,231/56,213 x 2 = 44 per 1000 MLEP Members

Number of Cultural & Linguistic Grievances = 4

County Relations Report

CHPIV/Health Net Quarterly Meetings with

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

Public Health

Increase in number of cases of Tuberculosis (TB)

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

Questions & Comments

Q3 CHPIV Provider Advisory Committee Presentation

Q3 CHPIV QIHEC Agenda

Topics

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

Q3 CHPIV QIHEC Agenda

Topics

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

CHPIV Document Review

- Population Health Management Strategy Description
- Care Management Program Description
- Health Equity Program Description
- Utilization Management Program Description

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

Clinical Policy Review

Review of Centene Clinical Policies (pp 189-206)

For Q1 & Q2

One (1) New Clinical Policy

Sixty-Eight (68) Revised Clinical Policies

Call Center Metrics

Call Center Metrics

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

Call Center Metrics

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

Top member call types:

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

Call Center Metrics

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

Call Center Metrics

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

Top provider call types:

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

Utilization Management Metrics

Utilization Management Key Metrics

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

Utilization Management Key Metrics

UM Prior Authorization TAT

CHPIV Metric	CA Prior Auth App/Den/Mod TAT	Jan	Feb	Mar	Q1 - Overall Quarterly Score	Apr	May	Jun	Q2 - Overall Quarterly Score
CHPIV-101	CHPIV PA Routine Authorizations TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	97.78%
CHPIV-103	CHPIV PA Urgent Authorizations TAT	93.33%	100.00%	100.00%	97.78%	90.00%	100.00%	100.00%	96.67%
CHPIV-106	CHPIV Concurrent Authorization TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Utilization Management Key Metrics

UM CHPIV Medi-Cal Activities

UM Activities	Jan 2024	Feb 2024	Mar 2024	Q1	Apr 2024	May 2024	Jun 2024	Q2
Approvals	555	905	2,348	3,808	2,298	2,930	2,262	7,490
Denials	34	36	45	115	40	45	21	106
Deferrals	19	14	15	48	18	18	19	55
Modifications (Partially Approved)	45	27	26	98	33	36	49	118

2024 Q1 to Q2 Trends

Approvals increased by 49%, Denials decreased by 8%

Appeals decreased by 48%

Overall casework increased by 48%

Appeals & Grievances

Appeals & Grievances

Appeals and Grievances – Rolling Year Totals

2024 Appeals	Q1	Q2	YTD
CHPIV	7	15	22

2024 Grievances	Q1	Q2	YTD
CHPIV	96	145	241

Appeals & Grievances

Q2 – Top 5 Appeals

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

Appeals & Grievances

Q2 – Top 5 QOS Grievances

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

Appeals & Grievances

Q2 – Top 5 QOC Grievances

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

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

Appeals & Grievances

PQIs

- For Q2, there were 0 Cases or Investigations

HEDIS Measures RY2025

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

Care Management

Care Management

Physical Health

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

Care Management

Behavioral Health

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

Care Management

Maternity

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

Care Management

Transitional Care Services

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

Care Management

Top Diagnoses - YTD

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

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

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

Care Management

CHPIV Outcomes Report

Readmissions

Measure for se Management	Members	90 days prior to CM enrollment*			90 days following CM enrollment*			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within	104	25	13	52.0%	16	2	12.5%	-39.50%

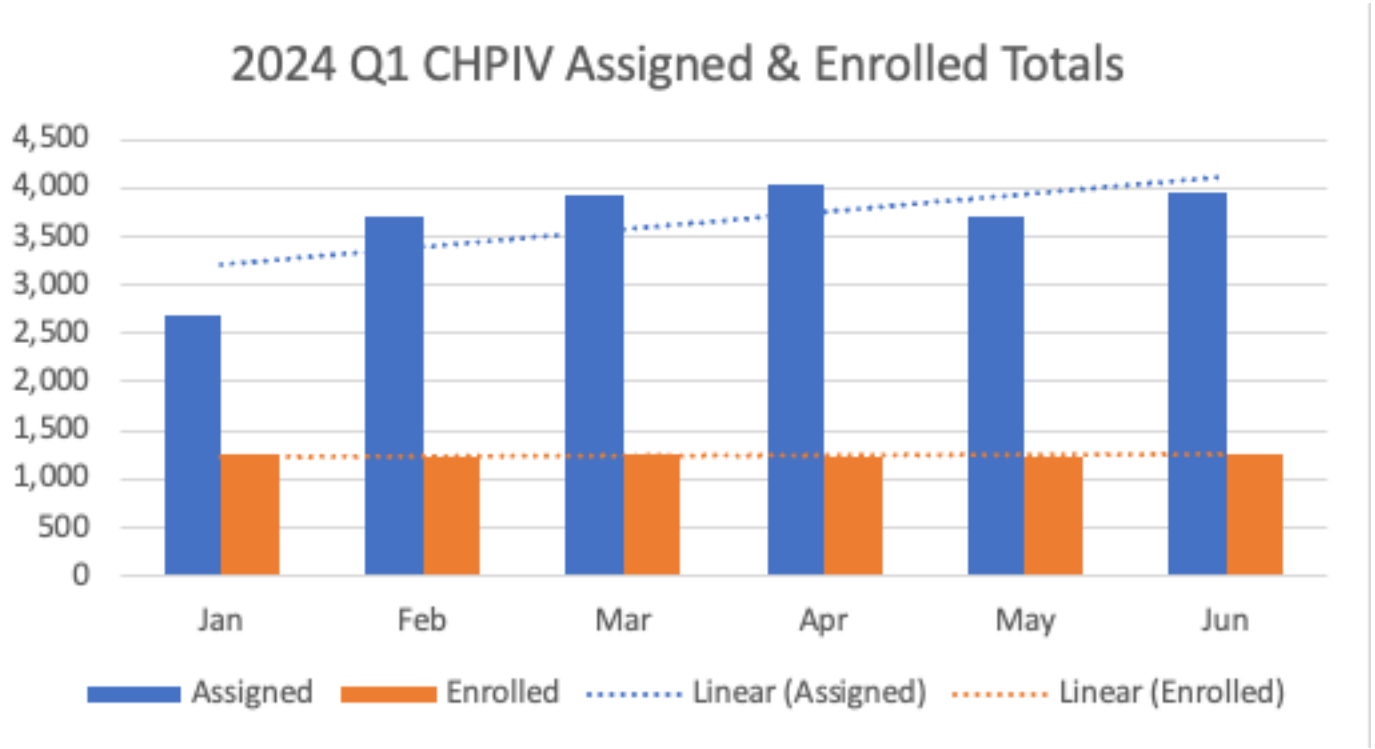
ED Claims

Measure for Case	Members	90 days prior to CM enrollment*		90 days following CM enrollment*		Difference	
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.
Emergency Department	104	29	2,230	17	1,308	-12	-462

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

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

ECM Enrollment



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

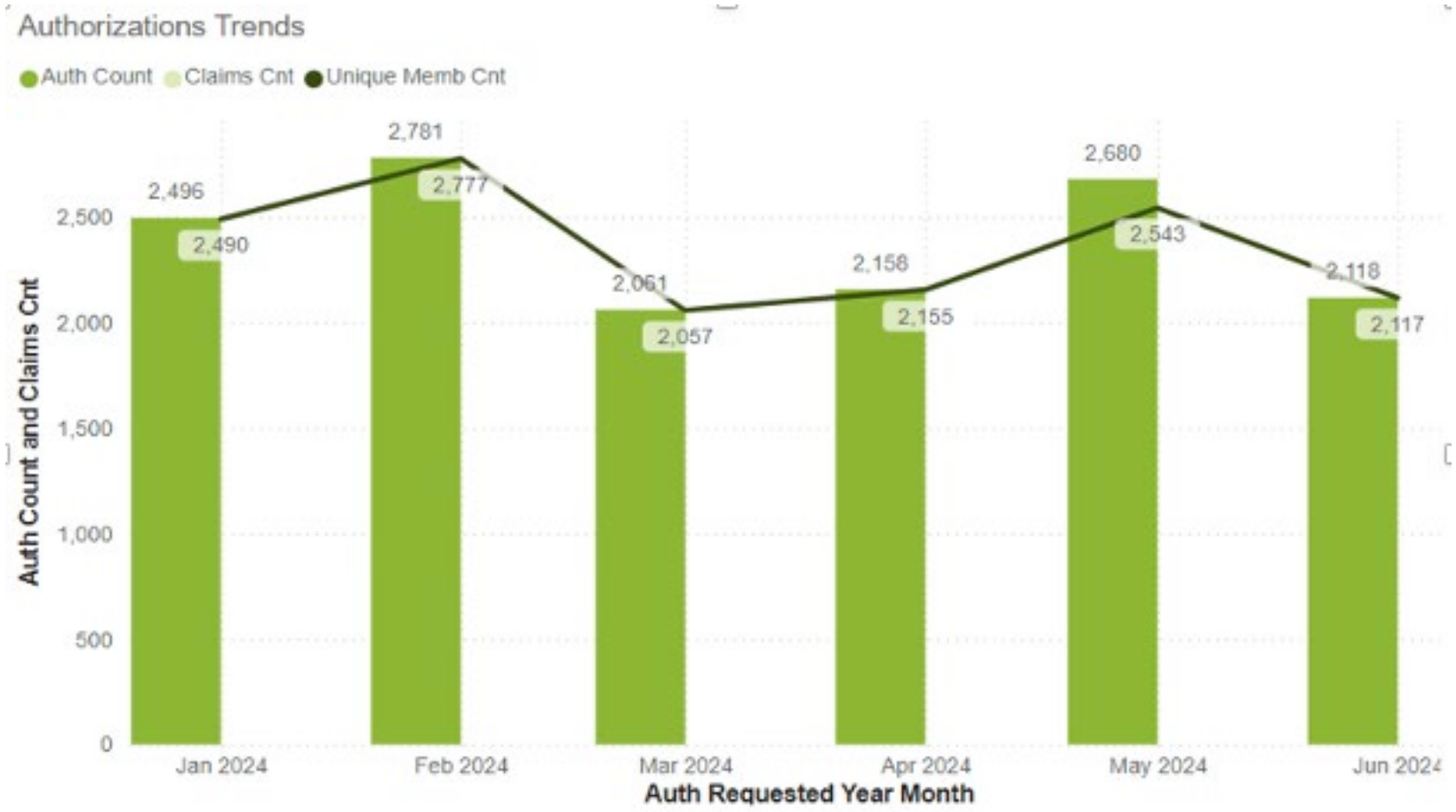
Enhanced Care Management (ECM) & Community Supports (CS)

ECM Information

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

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

CS Authorizations to Claims Count



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

CS Information

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

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

Barriers to ECM & CS

- Lack of accurate or available member contact info
- Difficult to find members for referral into program
- Lack of awareness by members and providers about the program
- Training and technical assistance needs by providers for claims and billing, portal access and other operational functions
- Lack of capacity of providers to conduct in-person outreach

Long Term Support Services (LTSS)

Long Term Support Services (LTSS)

Q2

LTC (Long Term Care)

Unique Utilizing LTC Members	Apr 2024	May 2024	Jun 2024
El Centro Post Acute	77	86	97
Imperial Manor	18	24	26
Pioneer Memorial D/P	57	58	61
Out of County	171	115	55
Out of State	2	0	0

Q1

LTC (Long Term Care)

Unique Utilizing LTC Members	Jan 2024	Feb 2024	Mar 2024
El Centro Post Acute	58	66	64
Imperial Manor	10	14	18
Pioneer Memorial D/P	36	40	42
Out of County	19	24	43
Out of State	0	0	0

Long Term Support Services (LTSS)

Q2

ICF/DD (Intermediate Care Facility)

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

Q1

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Jan 2024	Feb 2024	Mar 2024
ARC #1, #2, #3	15	16	16

Long Term Support Services (LTSS)

CBAS (Community Based Adult Services)

	Apr 2024	May 2024	Jun 2024
Unique Utilizing CBAS Mbrs	267	261	255
Average Days per Week	1.9	2.1	1.8
Members utilizing CBAS six months ago, now in LTC	0	0	1

	Jan 2024	Feb 2024	Mar 2024
Unique Utilizing CBAS Mbrs	254	254	258
Average Days per Week	1.9	1.9	1.7
Members utilizing CBAS six months ago, now in LTC	0	0	0

Behavioral Health

Behavioral Health/SUD

CHPIV Members Served by Month Q1 (Unduplicated)

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

CHW Members Served by Month Q4* (Unduplicated)

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

Behavioral Health/SUD

Q2 BH Medi-Cal Referrals – CHPIV

0	members were referred to HN BH by County SMHP
1	members were referred by HN BH to County SMHS
19	members were referred to HN BH providers

Q1 BH Medi-Cal Referrals – CHPIV

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

Behavioral Health/SUD

Applied Behavioral Analysis (ABA) Services

Community Health Plan of Imperial Valley	
Total Members Provided UM & CM:	813
New referrals for ABA services	91
ABA authorizations	367
ABA full denials	0
ABA partial denials	3
New SCAs for out-of-network providers (mostly COC)	0
Average number of treatment hours/week authed	15.7
Age range of ABA recipients	1.7-20yrs

Quality Improvement Projects

Performance Improvement Projects - 2024

CHPIV Non-Clinical Behavioral Health Topic of Focus

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

CHPIV Clinical Topic of Focus

Measure: Increase WCV care gap closure rate
Participant: Dr. Vishwa Kapoor
Progress: On Schedule

Quality Measure Improvement Projects

HEDIS/MCAS Gap Closure Projects Q1 & Q2

Controlling Blood Pressure
HbA1c Control
Timeliness of Prenatal Visits
Post Partum Care
Topical Fluoride Varnish

Population Health Management (PHM)

Population Health Management (PHM) Report

Campaign At-A-Glance: Chronic Disease Management Domain (Imperial County)					
Campaign	Chronic Disease Management Domain (CBP/HBD/AMR)	**Campaign Start and End Date**	5/8/24- 5/24/24		
Executive Overview of Campaign	The Plan's Clinical Pharmacy Team is performing telephonic outreach to engage priority members and as well as their providers in Imperial County to improve CBP, HBD, and AMR HEDIS Measures by helping to schedule and complete their PCP and lab appointments and perform medication reviews to provide clinical recommendations for therapy optimization to providers. Through this work, CBP, HBD, and AMR related Care Gaps will be addressed and closed.				
WHO is being targeted	Medi-Cal members in Imperial with Care Gaps related to AMR, CBP and HBD HEDIS Measures				
WHAT is the key takeaway/call to action?	**Member:** Schedule PCP visit for blood pressure monitoring and schedule lab appt for A1c. Check SMBG and BP at home. Ensure medication compliance.	**Provider:** Identify members who have not received annual PCP visit and/or labs and outreach to members to schedule appointments + reminders.	**Community**: Connect members to resources for chronic condition management/Community Supports, and spread awareness at local places (grocery, worship), health/county fairs, and member-centric community-based events. Assist with connection to PCP.		
WHY is this campaign important?	• 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)	• PCP visits • Screenings	**Areas of Focus – CalAIM Programs** (see highlighted areas)	• Community Supports • ECM • Connection to Non-traditional Provider

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q1 & Q2

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

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q1

Re-Credentialing: Organization

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

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q2

Initial Credentialing

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

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing –Q2

Re-Credentialing

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

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q2

Re-Credentialing: Organization

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

Questions & Comments