COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Quality Improvement & Health Equity (QIHEC) Committee

Date/Time	April 16, 2025, 12:00pm – 1:30pm
Location / Dial-In #	Microsoft Teams meeting Meeting ID: 248 074 919 271 Passcode: M9nY3Ly7 Dial in by phone: +1 469-998-7368,,739236511#

Time	Topic	Presenter	Approval Required
12:00 – 12:02	**Call to Order**	Gordon Arakawa, MD	
	Roll Call	Gordon Arakawa, MD	
12:02 – 12:10	**Consent Agenda**	Gordon Arakawa, MD	
	a. Approval of previous meeting minutes from Wednesday, January 15, 2024.	Gordon Arakawa, MD	☒
	b. Approval of meeting agenda for 2025 Quarter 1 QIHEC presentation and packet.	Gordon Arakawa, MD	☒
	c. Approval of Clinical Policies – Program Descriptions and Workplans. *1. 2025 Health Equity Program Description* *2. 2025 Health Equity Workplan* *3. 2024 Health Equity Workplan Complete* *4. 2025 Quality Improvement Health Equity Program Description* *5. 2025 Quality Improvement Health Equity Workplan* *6. 2025 UM Program Description* *7. 2025 UM/CM Workplan* *8. 2024 UM/CM Workplan Evaluation* *9. 2025 Care Management Program Description*	Gordon Arakawa, MD	☒
	d. Approval of CHPIV Policies *1. UM-004 Appropriate Professional and Use of Board-Certified Physician Consultants in UM Decision Making* *2. UM-005 Medical Necessity Criteria, Technology*	Gordon Arakawa, MD	☒

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	Assessment, and Hierarchy of Resources *3. GA-002 Appeals Process*		
	e. Approval of Provider Contracts *1. PCP* *2. Specialist* *3. FFS Facility* *4. Ancillary*	Gordon Arakawa, MD	☒
	f. Medical Director Job Descriptions *1. CHPIV Chief Medical Officer* *2. Health Net Physician (Clinical) Staff*	Gordon Arakawa, MD	☒
12:10 - 01:10	**New Business**	Gordon Arakawa, MD	
	A. Call Center Metrics B. Utilization Management Key Metrics • UM Prior Authorization TAT • UM Medi-Cal Activities C. Appeals & Grievances • Annual Totals • Top 5 Appeals • Top 5 QOS Grievances • Top 5 QOC Grievances • Top 5 Access to Care Grievances • PQIs D. Healthcare Effectiveness Data & Information Set (HEDIS) E. Care Management KPI Report F. Enhanced Care Management/Community Supports • ECM Enrollment • CS Authorizations/Claims Trends • Barriers to ECM & CS G. Long Term Support Services (LTSS) • Quarterly Totals Report H. Pharmacy • PA Metrics • Top 5 PA Requests • Top 5 Denials • QA/Reliability Results for Q3 I. Behavioral Health • CHPIV Members Served (Quarterly) • ABA Services J. Quality Improvement Projects	Gordon Arakawa, MD	☒

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	K. Population Health Management (PHM) Quarterly Report L. Health Equity • Family Unit HEDIS/Multigap Outreach Calls Project Updates M. Peer Review Credentialing N. Language Assistance Program Evaluation O. 2024 Q1/Q2 Member Experience Evaluation P. 2025 Q1 Community Advisory Committee		
01:10 - 01:13	**Committee Recommendation to the Board of Members and Adjournment** **Next Meeting:** Date: Wednesday, July16, 2025 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams	Gordon Arakawa, MD	

Quality Improvement & Health Equity (QIHEC) Committee

QIHEC Meeting Minutes: 01/15/2025

Community Health Plan of Imperial Valley QIHEC Committee convened on 15th day of January 2025 at 12:00pm.

Voting Members Attendance Record (Quorum =2) Name / Title	Present	Absent	Designee
Gordon Arakawa, MD Community Health Plan of Imperial Valley ***(Committee Chair)***	☒		
Unnati Sampat, MD Imperial Valley Family Medical Group	☒		
Masoud Afshar, MD Masoud Afshar MD	☒		
Ameen Alshareef, MD Valley Pediatric Health	☒		
Leticia Plancarte-Garcia Imperial County Behavioral Health	☐		
Janette Angulo Imperial County Public Health Dept.	☒		
Mersedes Martinez El Centro Regional Medical Center	☒		
Shiloh Williams San Diego State University	☒		

Voting Members Attendance Record Name / Title	Present	Absent	Designee
Gabriela Jimenez Imperial County Behavioral Health	☒		

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Ad Hoc Members and Guests Present	Present	Absent	Designee
Jeanette Crenshaw Executive Director of Healthcare Services, Community Health Plan of Imperial Valley	☒		
Fernanda Ortega Project Supervisor, Community Health Plan of Imperial Valley	☒		
Priscilla Carpio Supervisor of Clinical Auditing, Community Health Plan of Imperial Valley	☒		
Amanda Delgado Project Specialist, Community Health Plan of Imperial Valley	☒		
Donna Ponce Executive Assistant and Commission Clerk, Community Health Plan of Imperial Valley	☒		

Ad Hoc Members and Guests Present	Present	Absent	Designee
Michelle Stephanie Ortiz-Trujillo Senior Manager of Marketing and Communications, Community Health Plan of Imperial Valley	☒		
Lee Hindman LHA Chairperson	☒		

Quality Improvement & Health Equity (QIHEC) Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
I. Call to Order **II. Announcements**	Dr. Gordon Arakawa called the meeting to order at 12:00 p.m. Dr. Gordon Arakawa presented no new announcements.		
III. Consent Agenda	a. Dr. Gordon Arakawa presented the meeting minutes from the CHPIV QIHEC meeting held on Wednesday, January 15, 2025, for Committee review and approval.	A motion to approve the meeting minutes was made by Dr. Unnati Sampat and seconded by Shiloh Williams.	
	b. Dr. Gordon Arakawa presented the meeting agenda for the CHPIV 2025 Quarter 1 QIHEC presentation and packet for Committee review and approval.	A motion to approve the 2025 Quarter 1 QIHEC presentation and packet was made by Dr. Unnati Sampat and seconded by Dr Ameen Alshareef.	
	c. Dr. Gordon Arakawa presented Clinical Policies – Program Descriptions and Workplans for Committee review and approval.	A motion to approve the Clinical Policies – Program Descriptions and Workplans was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
	d. Dr. Gordon Arakawa presented CHPIV Policies and Procedures for Committee review and approval.	A motion to approve the CHPIV Policies and Procedures was made by Dr. Unnati Sampat and	

		seconded by Dr. Masoud Afshar.	
	e. Dr. Gordon Arakawa presented Provider Contracts for Committee review and approval.	A motion to approve the 2024 Quarter 4 QIHEC presentation was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
	f. Dr. Gordon Arakawa presented Medical Director Job Descriptions for Committee review and approval.	A motion to approve the Medical Director Job Descriptions was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
IV. New Business			
A. Call Center Metrics	Dr. Gordon Arakawa presented New Business for Committee review, approval, and participation. Please reference the meeting packet New Business section for detailed information. Call Center: Call volumes from members have decreased from 22,000 to 7,000. Call volumes from providers have also trended down. Top member call types in Q4: benefits eligibility, PCP updates, and demographic updates. Top provider call types: benefits and provider eligibility, authorization inquiries, and provider search inquiries. There is potential for improvement in addressing benefits and provider eligibility inquiries, possibly through a CHPIV website function or outreach.	A motion to approve all New Business reports was made by Dr. Unnati Sampat and seconded by Dr Ameen Alshareef.	

	Provider Portal Improvement: There's room for improvement in the provider portal. The goal is to enable providers to find answers on the portal instead of calling. Behavioral Health Call Center: Data from the Behavioral Health call center tends to lag. Data is consistent with 2023, despite population differences due to Molina's involvement with CHW.		
B. Utilization Management	Inpatient Census: This section focuses on inpatient concurrent review and census data, including hospital/facility-related metrics, as opposed to outpatient prior authorizations. Key metrics to watch: admissions per thousand, average length of stay (ALOS), 30-day readmission rate, ER visits per thousand, and outpatient surgery rate. Health Net made efforts for redirection, impacting ER visits and average length of stay. Benchmarks: Benchmarks are important to provide context for the data. Health Net data from nine or ten other California counties was used as a benchmark. The benchmark data includes a mix of rural and urban counties, including LA County. Data Analysis and Questions: Admissions and average length of stay are lower than the Health Net state average. Outpatient surgery per thousand is higher than the benchmark. The data includes all 97,000 Health Net members, including Medi-Cal and a small percentage (1-2%) of Medi-Medi enrollees. Analysis can be done by major categories like male/female and age groups (e.g., 65 and older). ER Visit Numbers: A question was raised about the ER visit rate of 297 per thousand, which translates to approximately 30% of the population visiting the ER. It was clarified that the numbers are not duplicated across categories (ER visits, outpatient surgery, admissions). High ER utilization indicates there is still work to do despite redirection efforts.		

	Dr. Masoud Afshar: Has there been any error in gathering data for CHPIV? Dr. Arakawa: I have gone ahead and already inquired with Health Net regarding the past two quarters, this seems to be a metric that they are keeping track of. Dr. Unnati Sampat: Do you know what kind of surgery they are performing? For example, they could be colonoscopies- which are not really surgeries, although, the more the better because they are preventative procedures. Dr. Arakawa: We will go ahead and follow up. Dr. Unnati Sampat: Are we accounting for the entire Medi-Cal population or are we including Medi-Medis? Dr. Arakawa: The numbers include all of our Medi-Cal membership with a subset of Medi-Medis. Dr. Unnati Sampat: I recommend that we eliminate Medi-Medis for the reason that we deal only with the Medi-Cal population. Lee Hindman: I want to understand these numbers, are we at 30%? 400 of per thousand is 30%. Are the numbers different, are all outpatient, are any duplicates? Dr. Arakawa: If we are looking at ER visits only these are the numbers. Our ER utilization is high, we are actively working to decrease this need. Over the course of the year a third of our patients are getting into the ER. **Follow-up Items (CHPIV):** 1. Inquire with Health Net regarding types or categories of surgeries performed. 2. Inquire with Health Net regarding populations being calculated for key metrics.			

		Turnaround Times: The turnaround time for approvals (routine, urgent, and concurrent) is important for both data compliance and patient care. Timely decisions are crucial for members. ER Visits: It may not be one third of the different patients, but just 10 patients going all the time. It's based on visits, so it should be ER visits per thousand. Care management (ECM or internal) can help reduce visits for high utilizers (e.g., from 15 to 3). Key Metrics Appeals, Approvals, and Denials: Approval rates dropped starting in August, while denials increased. Health Net indicated initially that approvals were routed automatically. Thereafter, I inquired if denials increased due to new medical staff. Health Net confirmed they did not hire new medical staff but did retrain them. Dr. Unnati Sampat: I recommend that Health Net shares their medical trainings so that CHPIV and CHPIV providers have an understanding of the training criteria. Dr. Arakawa: I agree.		
C.	**Appeals & Grievances**	Appeals primarily from providers, this refers to providers appealing claims denials, not related to medical necessity. It is separate from member appeals and only applies to outpatient claims. It's usually post-service. Member-Driven appeals (e.g., denial of an MRI). Many appealed cases are overturned, raising the question of why they were initially denied. Grievances are member-driven complaints, such as transportation issues or quality of care concerns.		

	Access to Care (ATC): Access to care includes things like transportation, especially for patients with special needs. CT scans for SPD type patients are often denied, but can be appealed. X-rays are generally required before MRIs, unless specific criteria are met. Quality of Care (QOC): QOC grievances impact the member, and all 35 cases were reviewed to track their trajectory. Most grievances were low risk, with only three reaching a moderate risk level. Grievances are tracked from various sources (letters, calls, walk-ins) and evaluated for resolution and justification. QOC grievances can be re-leveled by the medical director based on investigation. Mersedes Martinez: For the grievances that are filed, are these numbers that are being tracker from member filing or provider filing? Dr. Arakawa: These specific numbers are all together, all grievances received. Mersedes Martinez: What was the resolution? Dr. Arakawa: If they have made it to this level they are looked at and they come to conclusion. The QOCs do get ranked. Ultimately, everyone gets case management, everyone gets a close out to whatever their grievances was. Dr. Unnati Sampat: What is ATC? Dr. Arakawa: Access to Care. Dr. Unnati Sampat: That is a low number. Potential Quality Issues (PQIs): PQIs are filed by medical teams who notice something unusual in a referral or workup. In Q4, there was one PQI reported, and for the year, there were only two total cases reported. One PQI was downgraded to a non-issue after evaluation by multiple doctors determined it was a known complication of surgery.		

D. Healthcare Effectiveness Data & Information Set (HEDIS)	HEDIS Measures: HEDIS measures are important for assessing quality. Performance is compared to the previous year (CHW last year). Green indicates improvement from last year, while red indicates the number of patients needed to be treated to cross over to the 50th percentile. Data is collected from claims and charts, with updates expected until June or July. Data is captured from the claims the provider submits. Dr. Ameen Alshareef: I am concerned about how this data is being captured from the claims that providers submit, this dates back to the CHW days. They used Cosiva as a middleman service. For example, a patient was coded for a fluoride session 5 months ago, it was coded and paid. Thereafter, Cosiva states the patient is not captured. It seems that Cosiva does not get information at times. Dr. Arakawa: Reporting of this is crucial as we look into Cosiva and integrated Cosiva as we move forward. Dr. Ameen Alshareef: I recommend we look into any potential issues before looking at Cosiva as the answer. Dr. Arakawa: I agree. I will definitely take this back to Health Net. If Cosiva is the answer, it needs to be a good answer.		
E. Care Management KPI Report	The presentation does not include hospital care management or Enhanced Care Management (ECM) with partners. Strictly Health Net care management categories. Physical Health: Focus on engagement rate and Unable to Reach (UTR) rate. There was a drop in cases closed in Q4, possibly due to reporting issues. Behavioral Health: There was a blip in Q3 due to data reporting. Disappointed with Q4 given the high Q2. Effort to increase outreach in		

	Q2. Aiming for high engagement, at least close to 50%. Maternity: Engagement rate tends to be around 50%, which is a little low. High UTR in Q4. Transitional Care: Emphasis from DHCS and the plan. Transitional care moving from hospital to home or short-term rehab. Engagement rate is above the generic case management rate. This is important because it prevents readmissions with tight connection. Weekly review of inpatient census and discussion of case management connection. First Year of Life: Important for pediatric measures in the audit. Good engagement rate. Top Diagnoses: Top three diagnoses haven't changed for each category. Supervision and normal pregnancy are fine because they connect them to case management and first year of life. Tracking Outcomes: Trying to track outcomes and the real impact on the member. Metrics include readmissions, ED visits, and maternity outcomes. Before and after enrollment in case management shows improvement. Fewer readmissions, fewer ED visits, and good maternal outcomes. These are important metrics for state regulators and CMS. Asking patients about their well-being, functionality, and happiness is important. Measuring blood pressure, heart rate, and blood sugar is also important. At least the data shows improvement in the right direction.		
F. Enhanced Care Management/Community Supports	Community-based organizations do care management outside of the plan. Nine months of data showing assignment and enrollment. 38% enrollment rate is the best in the state. Engagement with ECMs is active. Serene Health, MEDZED, and Mercedes Group are the top three.		

	Community Supports: Authorizations for housing, transportation, food support, and rent support. Some are ECM providers. Food Support: Initial uptake at the beginning of the year was in food support, specifically meals. There was a drop in food support expenditure as the year ended. 97,000 members with almost 200,000 medically tailored meals pushed out. 19,000 authorizations with 175,000 claims through September, with the majority at the beginning for meals.		
G. Long Term Support Services (LTSS)	Post acute or SNF uptake is fairly consistent. The census has been gradually increasing. A large amount of out of county references in the second and third quarters, but it came back down. Utilization is a little lower, admitted at a higher level of care than before. There are lots of denials called administrative denials in concurrent review of inpatient census. Intermediate Care Facilities: These facilities cater to the developmentally disabled population. The three arc facilities are at max census throughout the year. CBAS: Community Based Adult Services centers also appear to be at max census. One CBAS center is acting as an ACM.		
H. Pharmacy	Pharmacy: The majority of pharmacy drugs (over the counter prescriptions) are taken care of by a state PBM. The authorizations discussed are for physician administered drugs (chemotherapy, etc.). The number of authorizations is fairly stable, between 40 and 60. Denial rates may seem high, but are merited in some cases.		

	Top Five Pharmacy Drugs: Denials often occur because the first drug listed, Peg Feldgistrom (a bone stimulator), requires trying other drugs first due to its cost. IV iron denials sometimes occur because oral iron alternatives haven't been tried. Immune medication denials also occur when other classes of immune drugs should be used first. Immune Summary Q4: 26 bone stimulator denials, often because other therapies weren't tried first. Dr. Shiloh Williams: Can anything be done about provider education? Dr. Arakawa: Yes, there was a process improvement plan (PIP) put in place in the second quarter to perform more provider outreach. Dr. Masoud Afshar: Similar to hematology and oncology. Dr. Unnati Sampat: Yes, similar to osteoporosis ones. Which is a good one to educate providers. Dr. Arakawa: Yes. We will be including this in the upcoming UM Committee. **Follow-up Items (CHPIV):** 1. Follow up on PIP for provider outreach on Pharmacy denials. Pharmacy Quality Assurance: The Pharmacy department does its own quality assurance reliability tests. They are a very sharp department.		
I. Behavioral Health	Behavioral Health: Uptake and unduplicated members are fairly stable compared to last year. Orange referrals are people being up coded. Internal referrals have gone up, with 40 members referred throughout the network. These referrals are for non-serious mental health care coordination.		

	ABA: ABA (related to autism) authorizations are very consistent, usually between 100 and 200. Mersedes Martinez: What data is included in behavioral health? Gabriela Jimenez: I would include both mental health and substance use as that is what BH encompasses. Dr. Arakawa: Right. Although, for this data it may be separated.		
J. Quality Improvement Projects	Health Net conducts tasks to address different issues in quality. A non-clinical process improvement focused on the percentage of SUD/SUDMH diagnoses in the ED. A clinical PIP focused on Hispanic members with Dr. Kapoor. Health Net typically does 60 to 100 projects per plan, with a goal of 10% related to health equity. HEDIS Measures and PIPs: If HEDIS measures are low, a PIP can be implemented. Themes are also considered, such as emphasizing diabetes prevention programs in counties with diabetes issues. Some programs seem boilerplate and have been in place for five years. Child Equity and Clinical Process Improvement: Dr. Kapoor is working with Health Net on a project to improve child visits, focusing on the Hispanic population. The project spans 12 months with a three-month offset (April to March). The process involves looking at equity provider experiences and partnering with education and communication. Dr. Kapoor will provide a report at the end of the project. Initial Health Assessments (IHAs): IHAs are important for understanding patients and for population health management. IHAs provide a baseline for calculating a patient's risk for chronic conditions. Challenges in tracking IHAs include: Determining if an IHA was required and performed during a PCP visit. Incomplete IHAs (e.g., only the first page		

	is signed). The plan is to assess the number of IHAs through claims and conduct facility site reviews for sampling. Cosiva is being considered as another area for capturing a snapshot of IHAs. Quality EDGE Request: Health Net has funds for providers to perform different tasks. The funding amount is consistent with previous years.		
K. Population Health Management (PHM) Quarterly Report	Population Health Management: Population health management involves examining a population, identifying risks, and associating members with interventions. The focus is on chronic disease management, particularly blood pressure, hemoglobin, and asthma medication ratio. Efforts are focused on the Imperial Valley risk pool.		
L. Health Equity	Health Equity: Health equity aims to provide members with the care they need, especially those who need more care. Health Net has a multi-year strategy, currently in its third year, to integrate at least one element of health equity into every department. The process involves setting a goal, creating a plan, defining metrics, and reporting out.		
M. Peer Review Credentialing	Peer Review: There were no cases escalated in PQIs or QOCs. Initial credentialing, re-credentialing, and facility credentialing are listed in the packet.		
N. Language Assistance Program Evaluation	2024 Language Assistant Program Report: The report includes phone call records where an interpreter was requested. There is a significant drop-off in requests from the initial contact to service utilization. Face-to-face requests for translation services were very low (4 in the year). A process improvement program was started two months ago to address this issue. Dr. Shiloh Williams: The grand totals are not adding up.		

	Dr. Arakawa: The vertical total may be off. We will take this back. **Follow-up Items (CHPIV):** 1. Inform HN that grand totals are incorrect. Member Experience: Grievances associated with the language assistance calls are listed. Member experience issues include perceived delays in accessing care and confusion with claims, especially balance billing. Member dissatisfaction, barriers, and perceived mishandling of provider selection were also noted.		
O. 2024 Quarter 1 and Quarter 2 Member Experience Evaluation	Q1 Community Advisor Committee Summary: The Q1 Community Advisor Committee occurs before this meeting, as does the provider Advisory committee. Michelle Ortiz helps chair this committee. Topics discussed: Teladoc Health is an introduction on general medicine and the benefits of accessing it. Ability to prescribe medications. Assurance that referrals to special care are handed off, potentially with a warm handoff to the nurse advice line to coordinate with the PCP. Behavioral health will offer a wide selection of providers. Members can receive ongoing support from the same provider. Transportation overview: Difference between non-medical transportation versus non-emergent medical transportation. How to reserve a ride. Discussion about how to appeal and file grievances. Health equity work plan: Every department is looking to introduce a health equity issue. Describe the activity, setting up a good metric measure, and due dates at completion of that.		
P. 2025 Quarter 1 Community	Goal Statement Vote: The last vote is on a goal statement to assist and support the community advisory committee.	A motion to approve the CHPIV Policies and	

Advisory Committee	Goal statement: "Increase awareness, utilization of preventative mental health care among CHPIV members." Aim: Connect members with screening options. Get members into initial care so they don't all have to go to the county for serious mental illness. Dr. Unnati Sampat: I recommend that we attempt to educate PCPs on available mental health resources to ensure consistency. Dr. Arakawa: I agree. Dr. Gordon Arakawa called for a motion to approve the CAC Goal Statement under new business.	Procedures was made by Dr. Unnati Sampat and seconded by Dr. Ameen Alshareef.	
V. Adjournment	Dr. Gordon Arakawa asked if there were any recommendations, comments, or questions. There were no recommendations, comments, or questions from the committee. **Next Meeting:** Date: Wednesday, July 16, 2025 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams ***Meeting Materials Due: Friday July 11, 2025*** **Meeting adjourned at 01:13 P.M.**		