



AGENDA

Local Health Authority Commission

April 14, 2025

5:30 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. Theodore Affue	LHA Commissioner- Imperial County Medical Society	
Dr. Bushra Ahmad	LHA Commissioner- County of Imperial – Chief Medical Officer	
Dr. Carlos Ramirez	LHA Commissioner - CEO/Senior Consultant DCRC	
Dr. Unnati Sampat	LHA Commissioner - Imperial County Medical Society	
Dr. Allen Wu	LHA Commissioner - Innercare, Chief Medical Officer	
Rebecca Terrazas-Baxter	LHA Commissioner - County of Imperial – Assistant Chief Executive Officer	
Paula Llanas	LHA Commissioner - County of Imperial – Director of Social Services	
Ryan E. Kelley	LHA Commissioner - County of Imperial – Board of Supervisors	
Pablo Velez	LHA Commissioner - ECRMC Chief Executive Officer	
Yvonne Bell	LHA Vice-Chair - Chief Executive Officer – Innercare	
Lee Hindman	LHA Chair-Joint Chambers of Commerce representing the public	

1. CALL TO ORDER

Lee Hindman, Chair

A. Roll Call

Donna Ponce, Commission Clerk

B. Approval of Agenda

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

2. PUBLIC COMMENT

Lee Hindman, Chair

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



3. CONSENT AGENDA

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

- A. Approval of Minutes from 3/10/2025 pg. 4-6
- B. Accept the monthly financial reports as reviewed and accepted by the Finance and the Executive Committee pg. 7-13
 - 1. Executive Summary
 - 2. Enrollment Report
 - 3. Statement of Revenues, Expenses, and Changes in Net Position
 - 4. Statement of Net Position (Assets)
 - 5. Statement of Net Position (Liabilities & Net Position)
 - 6. Summarized TNE Calculation
 - 7. Cash Transaction Report

4. ACTION

5. INFORMATION

- A. Health Services Report (*Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services*) pg. 14-27
- B. Financial Services Report (*David Wilson, CFO*) pg. 7-13
- C. Compliance Report (*Elysse Tarabola, CCO*) pg. 28-32
- D. Operations Report (*Julia Hutchins, COO and Michelle S. Ortiz-Trujillo, Senior Manager of Marketing and Communications*) pg. 33-44
- E. Human Resources Report (*Shannon Long, HR Consultant*) pg. 45-46
- F. CEO Report (*Larry Lewis, CEO*)
- G. Other new or old business (*Lee Hindman, Chair*)



6. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 10/2025)

A. Compliance

7. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

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

9. ADJOURNMENT

Next meeting: May 12, 2025



MINUTES

Local Health Authority Commission

March 10, 2025

5:30 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. Theodore Affue	LHA Commissioner- Imperial County Medical Society	A
Dr. Bushra Ahmad	LHA Commissioner- County of Imperial – Chief Medical Officer	✓
Dr. Carlos Ramirez	LHA Commissioner - CEO/Senior Consultant DCRC	✓
Dr. Unnati Sampat	LHA Commissioner - Imperial County Medical Society	✓
Dr. Allen Wu	LHA Commissioner - Inncare, Chief Medical Officer	✓
Miguel Figueroa	LHA Commissioner - County of Imperial – Chief Executive Officer	A
Paula Llanas	LHA Commissioner - County of Imperial – Director of Social Services	✓
Ryan E. Kelley	LHA Commissioner - County of Imperial – Board of Supervisors	✓
Pablo Velez	LHA Commissioner - ECRMC Chief Executive Officer	✓
Yvonne Bell	LHA Vice-Chair - Chief Executive Officer – Inncare	R
Lee Hindman	LHA Chair-Joint Chambers of Commerce representing the public	✓

1. CALL TO ORDER

Lee Hindman, Chair

Meeting called to order at 5:35 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

Roll call taken and quorum confirmed. Attendance is as shown.

B. Approval of Agenda

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

(Ramirez/Wu) Approved the order of the agenda. Motion carried.

2. PUBLIC COMMENT

Lee Hindman, Chair

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

None.



3. CONSENT AGENDA

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

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

- A. Approval of Minutes from 2/10/2025 pg. 4-7
- B. Accept the monthly financial reports as reviewed and accepted by the Finance and the Executive Committee pg. 8-14
 - 1. Enrollment Report
 - 2. Statement of Revenues, Expenses, and Changes in Net Position
 - 3. Administrative Cost Variance by Department
 - 4. Statement of Net Position (Assets)
 - 5. Statement of Net Position (Liabilities & Net Position)
 - 6. Summarized TNE Calculation
 - 7. Cash Transaction Report

4. ACTION

No items.

5. INFORMATION

- A. Health Services Report (Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services) pg. 15-20
CMO, Dr. Gordon Arakawa provided updates on Community Health Improvement and Audit/Accreditation. Dr. Arakawa also provided an update on a Provider Issue. He informed the committee that CHPIV and Health Net are investigating the issue and will update as the process progresses. Executive Director of Health Services provided updates on NCQA.
- B. Financial Services (David Wilson, CFO) pg. 8-14
Financial reports presented in CONSENT AGENDA, item 3B.
- C. Compliance Report (Elysse Tarabola, CCO) pg. 21-22
CCO, Elysse Tarabola provided updates on DHCS Medical Audit, mandatory compliance training completion, DMHC D-SNP filings, and the resignation of the Compliance Manager, Rosa Sanchez.
- D. Operations Report (Julia Hutchins, COO and Michelle S. Ortiz-Trujillo, Senior Manager of Marketing and Communications) pg. 23-31
COO, Julia Hutchins presented the Operations Report and Senior Manager of Marketing & Communications, Michelle Ortiz-Trujillo provided updates on community events.



E. Human Resources Report (*Shannon Long, HR Consultant-Fractional*) pg. 32-33

HR Consultant Shannon Long provided updates on the following:

- *Short-term disability plan*
- *Revised policies in the employee handbook*
- *Consolidation of all training courses to Rippling*
- *Staff survey required by NCQA on DEI topics*
- *Resignation of Rosa Sanchez, former Compliance Manager*
- *Review of the recruitment process*

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

CEO, Larry Lewis, provided updates on the following topics:

- *Cancer Resource Center of the Desert funding inquiries*
- *NCQA Audit*
- *D-SNP Implementation*
- *DHCS Medical Audit*
- *Grand opening of All Valley Urgent Care in Calexico*
- *Health Net targeted rate increases for Providers*
- *Upcoming changes in healthcare from Washington, D.C.*

G. Other new or old business (*Lee Hindman, Chair*)

None.

6. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 10/2025)

A. Compliance (*No report*)

7. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

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

Commissioner Ramirez reminded the commissioners to be sure to review all LHA material prior to attending meetings, regarding the restructuring of agenda items.

9. ADJOURNMENT

*The meeting was adjourned at 6:24 p.m.
Next meeting: April 14, 2025*



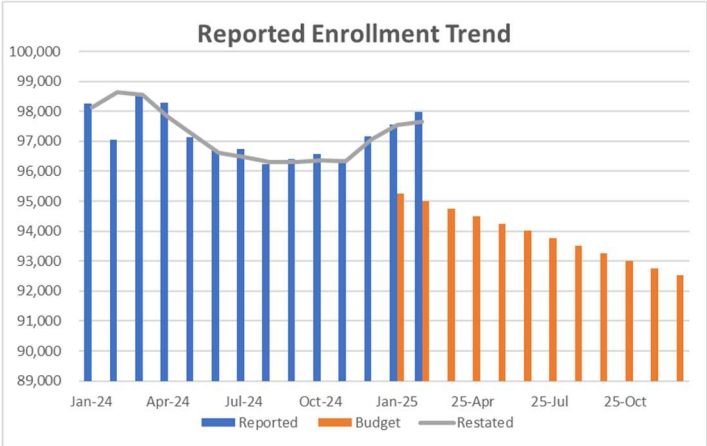
Financial Result
February 2025

Executive Summary

Membership

Membership continues to exceed forecasts, with February showing a favorable variance of approximately 3,000 members. Although the overall trend appears to be flattening, it remains significantly above initial estimates, which predicted a decline of approximately 250 members per month. Year-to-date, CHPIV is ahead by 5,313 member months on a reported basis.

On a member month basis, the Child Category of Aid (COA) accounted for over 50% of the increase, although SPD Dual (28% of the variance) made up 54% of the financial impact.



Gross Margin

Revenue exceeded forecasts by \$10M for the month, primarily due to retroactive rate adjustments (\$7M), with \$6.3M in risk revenue (97% sharing) and \$0.7M in pass-throughs. Prior period activity was evenly split between January 2025 and 2024 service months. Payments related to 2024 eligibility months were based on the updated rate structure provided by DHCS, while 2025 payments are consistent with preliminary rates published by DHCS. Notably, CHPIV received \$700K in SNF WQIP directed payments (100% pass-through), which will be distributed to providers in March and April.

For the current month (February only), volume contributed an additional \$0.7M in favorable revenue variance, while mix/rate drove \$2.3M in incremental revenue. Given the high percentage of favorable revenue in the risk revenue category, gross margin yielded a favorable variance of \$283K for the month.

Admin

Administrative expenses were favorable by \$40K, inclusive of Depreciation/Amortization. The main drivers were Consulting (+\$24K) and Travel (+\$14K), both largely attributable to timing. Other favorable accounts included Consulting (driven by Operations) and Travel (driven by Compliance). As noted in the detailed financial report, Compliance anticipated high travel in February for the audit, which has now been delayed until April/May P&L. Year-to-date, administrative costs are favorable by \$26K.

Other

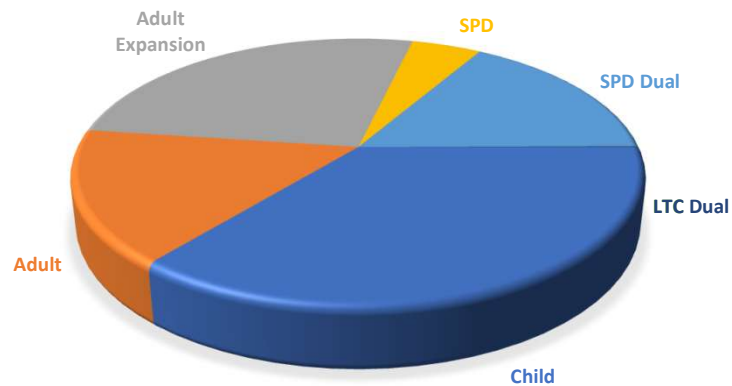
Investment income continues to be favorable based on both rates and the total dollars being invested each month. Given the high capitation in February, March investment results are also expected to be above forecast.

**Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Reported Enrollment
For February 2025**

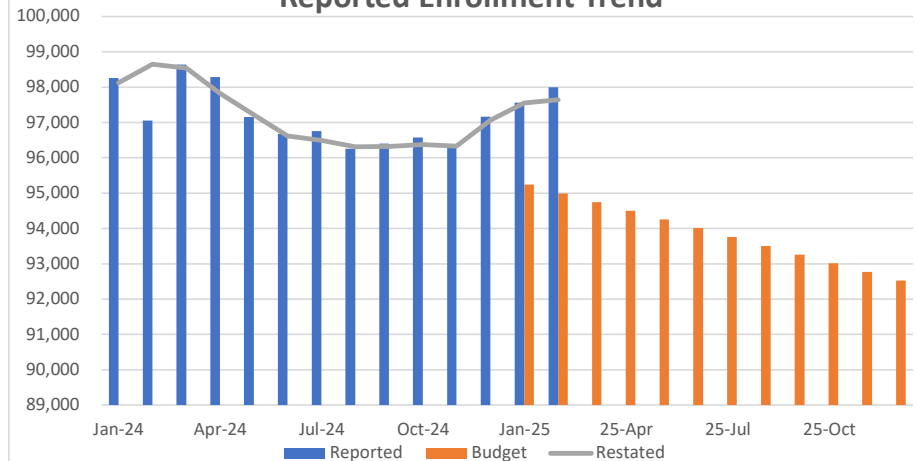
2024					2025							
Category of Aid (COA)*	Q1-24	Q2-24	Q3-24	Q4-24	February				February (YTD)			
					Actual	Budget	B/(W)		Actual	Budget	B/(W)	
							#	%			#	%
Child	34,607	34,589	34,424	34,551	35,147	33,763	1,384	4%	70,353	67,674	2,679	4%
Adult	16,997	15,767	15,675	15,768	15,887	15,256	631	4%	31,619	30,591	1,029	3%
Adult Expansion	26,579	25,784	25,733	26,019	26,018	25,426	592	2%	51,923	50,912	1,012	2%
SPD	5,007	5,041	5,085	5,139	3,996	5,075	(1,079)	-21%	9,281	10,160	(879)	-9%
SPD Dual	14,433	14,760	15,007	15,288	16,826	15,348	1,478	10%	32,130	30,651	1,479	5%
LTC	12	15	19	22	22	26	(4)	-15%	43	51	(7)	-15%
LTC Dual	79	87	92	104	98	101	(3)	-3%	202	201	2	1%
Total Medicaid	97,714	96,043	96,035	96,891	97,994	94,995	2,999	3%	195,551	190,238	5,313	3%
<i>Monthly/Quarterly Change</i>		-1.7%	0.0%	0.9%	1.1%	-2.0%						

* Source: DHCS 820 Remittance summary; includes retroactivity

Reported Enrollment by COA



Reported Enrollment Trend



**Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Statement of Revenues, Expenses, and Changes in Net Position
For February 2025**

	February			February (YTD)			Current Month Explanations
	Actual	Budget	Variance - B/(W)	Actual	Budget	Variance - B/(W)	
REVENUE							Revenue was favorable by \$10M, largely due to prior period activity (+\$7.0M). Rate/Mix was favorable by \$2.3M; volume favorable by \$0.7M
Premium	\$ 32,344,623	\$ 22,924,335	\$ 9,420,288	\$ 56,148,545	\$ 45,892,734	\$ 10,255,811	
Pass-Through	\$ 948,435	\$ 346,404	\$ 602,032	\$ 1,295,987	\$ 693,496	\$ 602,491	
HN Settlements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL REVENUE	\$ 33,293,058	\$ 23,270,738	\$ 10,022,319	\$ 57,444,532	\$ 46,586,230	\$ 10,858,302	
HEALTH CARE COSTS	\$ 32,322,719	\$ 22,583,008	\$ (9,739,711)	\$ 55,760,076	\$ 45,209,448	\$ (10,550,627)	
Gross Margin	\$ 970,339	\$ 687,730	\$ 282,609	\$ 1,684,456	\$ 1,376,782	\$ 307,674	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	\$ 317,851	\$ 321,164	\$ 3,313	\$ 676,700	\$ 630,818	\$ (45,882)	Driven by timing within operations budget
Benefits Expense	\$ 31,083	\$ 25,147	\$ (5,936)	\$ 55,278	\$ 48,691	\$ (6,587)	
Total Labor Costs	\$ 348,933	\$ 346,311	\$ (2,623)	\$ 731,978	\$ 679,509	\$ (52,469)	
Consulting, Legal, & Other Professional	\$ 90,945	\$ 114,944	\$ 24,000	\$ 208,775	\$ 255,161	\$ 46,386	
Advertising & Marketing	\$ 195	\$ 663	\$ 468	\$ 1,769	\$ 2,463	\$ 693	Delayed travel from Compliance
Information Technology	\$ 11,337	\$ 4,921	\$ (6,416)	\$ 17,052	\$ 12,243	\$ (4,809)	
Membership and Subscriptions	\$ 9,706	\$ 9,180	\$ (526)	\$ 18,868	\$ 18,360	\$ (508)	
Regulatory Fees	\$ 28,465	\$ 28,418	\$ (47)	\$ 56,883	\$ 56,836	\$ (47)	
Travel	\$ 4,860	\$ 18,433	\$ 13,574	\$ 8,161	\$ 23,367	\$ 15,205	
Meals & Entertainment	\$ 1,357	\$ 500	\$ (857)	\$ 2,839	\$ 1,000	\$ (1,839)	
Insurance and Banking	\$ 6,170	\$ 7,509	\$ 1,339	\$ 11,955	\$ 15,018	\$ 3,063	
Occupancy & Facility	\$ 3,562	\$ 4,717	\$ 1,155	\$ 7,548	\$ 9,434	\$ 1,887	
Office Expense	\$ 2,114	\$ 7,060	\$ 4,946	\$ 3,976	\$ 17,520	\$ 13,544	
Other Admin	\$ -	\$ 4,806	\$ 4,806	\$ 101	\$ 4,806	\$ 4,705	
Total Administrative Expense	\$ 507,644	\$ 547,462	\$ 39,819	\$ 1,069,905	\$ 1,095,716	\$ 25,811	
Non-Operating Income							
Dividend, Interest & Investment Income	\$ 93,840	\$ 87,391	\$ 6,449	\$ 192,480	\$ 174,782	\$ 17,697	Favorable investment income due a combination of higher portfolio balance and rate of return on investments.
Rental Income	\$ 1,494	\$ 1,450	\$ 44	\$ 2,987	\$ 2,900	\$ 87	
Total Non-Operating Income	\$ 95,334	\$ 88,841	\$ 6,493	\$ 195,467	\$ 177,682	\$ 17,784	
Depreciation & Amortization	\$ 10,656	\$ 11,000	\$ 344	\$ 21,311	\$ 22,000	\$ 689	
Change in Net Position	\$ 547,373	\$ 218,109	\$ 329,264	\$ 788,707	\$ 436,749	\$ 351,959	
Key Metrics							
Enrollment	97,994	94,995	2,999	195,551	190,238	5,314	
Revenue PMPM	\$339.75	\$244.97	\$94.78	\$293.76	\$244.88	\$48.87	
MLR	97.09%	97.0%	(4) bps	97.1%	97.0%	(2) bps	
Admin Ratio	1.5%	2.3%	82 bps	1.9%	2.3%	49 bps	
Net Income PMPM	\$5.59	\$2.30	\$3.29	\$4.03	\$2.30	\$1.74	
Net Income %	1.6%	0.9%	71 bps	1.4%	0.9%	43 bps	

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position
As of February 28, 2025**

ASSETS

Current Assets	Jan 2025	Feb 2025	Change
Cash and Investments			
Chase - Checking	\$ 200,000	\$ 200,000	\$ -
Chase - Money Market	2,901,528	2,523,866	(377,662)
JPMorgan Securities	13,403,293	14,052,869	649,576
First Foundation Bank	137,835	177,057	39,222
Receivables			
Accounts Receivable	2,773	-	(2,773)
Dividend Receivable	11,687	7,992	(3,695)
Interest Receivable	86,953	85,847	(1,106)
Premium Receivable	23,803,923	32,344,622	8,540,700
Pass-Through Receivable	347,552	948,435	600,883
Other Current Assets			
Prepaid Expenses	177,958	120,681	(57,277)
Total Current Assets	41,073,501	50,461,369	9,387,869
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	300,000	300,000	-
Capital Assets			
Buildings - Net	2,948,958	2,940,410	(8,548)
Computers & Office Equipment - Net	7,563	7,395	(168)
Improvements - Net	45,586	45,178	(408)
Intangible Assets - Net	67,711	66,461	(1,250)
Operating ROU Asset (Copier) - Net	6,193	5,912	(281)
Total Noncurrent Assets	3,376,011	3,365,356	(10,655)
Total Assets	\$ 44,449,511	\$ 53,826,725	\$ 9,377,214

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position
As of February 28, 2025**

LIABILITIES

CURRENT LIABILITIES	Jan 2025	Feb 2025	Change
Payables			
Accounts Payable	\$ 189,290	\$ 99,657	\$ (89,633)
Capitation Payable	23,089,805	31,374,284	8,284,479
Pass-Through Payable	347,552	948,435	600,883
Credit Card Payable	1,588	14,739	13,151
Other Current Liabilities			
Short Term Lease Liability - Copier	3,406	3,421	15
Bonus Accrual	166,837	185,053	18,216
Salaries Accrual	161,257	149,427	(11,830)
Vacation Accrual	139,115	154,012	14,897
Total Current Liabilities	24,098,850	32,929,028	8,830,178
NON-CURRENT LIABILITIES			
Long Term Lease Liability - Copier	2,984	2,692	(292)
Total Noncurrent Liabilities	2,984	2,692	(292)
Total Liabilities	24,101,834	32,931,720	8,829,886

NET POSITION

Net investment in Capital Assets	3,376,011	3,365,356	(10,655)
Restricted by Legislative Authority	300,000	300,000	-
Unrestricted	16,430,332	16,440,987	10,655
Net Revenue	241,334	788,662	547,328
Total Net Position	20,347,677	20,895,005	547,328
Total Liabilities and Net Position	\$ 44,449,511	\$ 53,826,725	\$ 9,377,214

**Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Summarized Tangible Net Equity Calculation
As of February 28, 2025**

Net Equity	\$	20,895,005
Add: Subordinated Debt and Accrued Subordinated Interest	\$	0
Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles	\$	0
Tangible Net Equity (TNE)	\$	20,895,005
Required Tangible Net Equity *	\$	5,495,167
TNE Excess (Deficiency)	\$	15,399,837

Full Service Plan		
		1
A. Minimum TNE Requirement	\$	1,000,000
B. REVENUES:		
2% of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement) Plus	\$	3,000,000
1% of annualized premium revenues in excess of \$150 million	\$	2,495,167
Total	\$	5,495,167

* Calculated Required Tangible Net Equity		
\$	399,516,696	- Q1
\$	399,516,696	- Annualized
\$	150,000,000	
	x	2%
\$	3,000,000	
\$	249,516,696	
	x	1%
\$	2,495,167	
\$	5,495,167	- Required TNE

Community Health Plan of Imperial Valley
February 2025 Cash Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Checking				
02/07/2025	Chase Checking	AM Copiers Inc.	Chase Bill Pay - Invoice #IN6830	\$ -7.31
02/07/2025	Chase Checking	Brawley Rotary Club	Chase Bill Pay - January 2025	-295.00
02/07/2025	Chase Checking	City of Imperial	Chase Bill Pay - Invoice #1407195	-137.07
02/07/2025	Chase Checking	CLEANBC, LLC	Chase Bill Pay - Invoice #1407195 - Reissued Check	-750.00
02/07/2025	Chase Checking	Health Management Associates, Inc.	Chase Bill Pay - Invoice #206100-0000021	-20,933.75
02/07/2025	Chase Checking	I.V. Termite & Pest Control	Chase Bill Pay - Invoice #0346567	-120.00
02/07/2025	Chase Checking	Junior's Cafe	Chase Bill Pay - Invoice #13-17760	-365.96
02/07/2025	Chase Checking	Law Office of William S. Smerdon	Chase Bill Pay - Invoice #2696	-1,430.00
02/07/2025	Chase Checking	Zamosky Communication	Chase Bill Pay - Invoice #0000020 - Reissued Check	-8,000.00
02/07/2025	Chase Checking	Quench USA	Chase Bill Pay - Invoice #INV08461009	-129.30
02/07/2025	Chase Checking	Republic Services	Chase Bill Pay - Invoice #0497-001735843	-152.47
02/07/2025	Chase Checking	Shannon Long	Chase Bill Pay - Invoice #8	-6,000.00
02/07/2025	Chase Checking	State Compensation Insurance Fund	Chase Bill Pay - Invoice #1002772972	-1,622.03
02/07/2025	Chase Checking	Stericycle, Inc.	Chase Bill Pay - Invoice #8009613953	-111.36
02/07/2025	Chase Checking	CLEANBC, LLC	Chase Bill Pay - Invoice #014 - Canceled Check	750.00
02/07/2025	Chase Checking	Zamosky Communication	Chase Bill Pay - Invoice #0000020 - Canceled Check	8,000.00
02/15/2025	Chase Checking	360 Business Products	Return on check for invoice: OE-QT-31148-1 paid twice.	2,773.48
02/15/2025	Chase Checking	Department of Health Care Services	2/13/25 Receipt - DHCS (Jan 2025 Revenue)	23,480,983.86
02/15/2025	Chase Checking	Department of Health Care Services	2/13/25 Receipt - DHCS (Jan 2025 Revenue)	569,367.07
02/15/2025	Chase Checking	Department of Health Care Services	2/13/25 Receipt - DHCS (Jan 2025 Revenue)	59,644.70
02/15/2025	Chase Checking	Department of Health Care Services	2/13/25 Receipt - DHCS (Jan 2025 Revenue)	40,433.66
02/15/2025	Chase Checking	Department of Health Care Services	2/13/25 Receipt - DHCS (Jan 2025 Revenue)	1,044.97
02/15/2025	Chase Checking	American Trust Retirement Services	02/14/25 - Return Check Payment	1,537.66
02/15/2025	Chase Checking	Mid Atlantic Trust Company	Payroll Date: Retirement Contribution:	-7,252.88
02/15/2025	Chase Checking	Mid Atlantic Trust Company	Payroll Date: Retirement Contribution:	-7,923.02
02/15/2025	Chase Checking	JPMorgan Chase	Service Charges Investment Sweep - Feb 2025	-747.39
02/15/2025	Chase Checking	JPMorgan Chase	Service Charges - Feb 2025	-100.00
02/15/2025	Chase Checking	JPMorgan Chase	Dividend Income - Jan 2025	11,687.01
02/21/2025	Chase Checking	Jeffrey Scott Agency	Invoice: INV 02-12-25	-1,170.00
02/21/2025	Chase Checking	Health Management Associates, Inc.	Invoice: 212606-0000001, 212416-0000002 and 212806-0000006	-81,978.75
02/21/2025	Chase Checking	Imperial Irrigation District	Invoice: Service Period: 12/24/24 - 01/24/2025	-1,127.46
02/21/2025	Chase Checking	Manifest MedEx	Invoice: INV-2990	-24,275.00
02/21/2025	Chase Checking	Moss Adams	Invoice: 102701562	-31,500.00
02/21/2025	Chase Checking	Technology Depot	Invoice: 15110 & 15109	-545.00
02/28/2025	Chase Checking	Health Net	Rental Income - Feb 2025	1,493.50
02/28/2025	Chase Checking	Mid Atlantic Trust Company	Payroll Date: 02/21//25 Retirement Contribution:	-7,166.39
02/28/2025	Chase Checking	Mid Atlantic Trust Company	Payroll Date: 02/21//25 EE Retirement Contribution:	-1,537.66
First Foundation Bank				
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - I. Franco / S. Long / D. Campo	-3,516.89
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - E. Tarabola	-454.51
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - E. Tarabola	-58.00
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - E. Tarabola / J. Hutchins / J. Perez	-1,420.75
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - G. Arakawa	-1,066.00
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - D. Wilson	-1,035.46
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - D. Campo	-71.23
02/28/2025	FFB Payroll	Rippling	Employee Reimbursement - M. Ortiz	-151.54
02/28/2025	FFB Payroll	Rippling	Payroll Date: 02/07/25 Accrued Taxes	-59,464.02
02/28/2025	FFB Payroll	Rippling	Payroll Date: 02/07/25 Accrued Wages	-86,617.45
02/28/2025	FFB Payroll	Rippling	Payroll Date: 02/21/25 Accrued Taxes	-53,513.24
02/28/2025	FFB Payroll	Rippling	Payroll Date: 02/21/25 Accrued Wages	-83,857.69
02/28/2025	FFB Payroll	Rippling	Rippling Fee	-176.43
02/28/2025	FFB Payroll	Rippling	Rippling Fee	-528.00
02/28/2025	FFB Payroll	Blue Shield Insurance	Blue Shield Insurance	-18,816.58
02/28/2025	FFB Payroll	First Foundation Bank	Wire Fee	-10.00
02/28/2025	FFB Payroll	First Foundation Bank	Wire Fee	-10.00
02/28/2025	FFB Payroll	First Foundation Bank	Wire Fee	-10.00
J.P. Morgan Securities				
02/28/2025	Chase Bond Portfolio	JPMorgan Chase	Bank Fee - Jan 2024 (Portfolio)	-20.00
02/28/2025	Chase Bond Portfolio	Health Net	February Health Net Payment	-23,437,356.59
02/28/2025	Chase Bond Portfolio	JPMorgan Chase	Accrued Investment Income - Jan 2025	\$ 86,952.52



Health Services Report

1. Q1 2025 QIHEC-2024 Summary
2. Audit/Accreditation Update

Imperial County Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) 2024-2027

2024-2027 CHA/CHIP

- Community Health Assessment (2024)
- Community Health Improvement Plan (2024-2027)



2024-2027 CHA/CHIP

- Community Health Assessment
 - Methods
 - Publicly-Available County Resident Data
 - Focus Groups
 - County Resident Surveys
 - 568 surveys completed

2024-2027 CHA/CHIP

- Community Health Assessment
 - Survey Questions
 - What 3 things are most needed in your community to improve your health?
 - What 3 things are most damaging to the health of your community?
 - What 3 things are most damaging to the health of the people in your community?

2024-2027 CHA/CHIP

- Community Health Assessment
 - Findings – Better Healthcare Options
 - Primary Care
 - Specialty
 - Mental Health

2024-2027 CHA/CHIP

- Community Health Assessment
 - Findings – Health Habits
 - Lack of Exercise
 - Poor Eating Habits
 - Lack of Health Screenings

2024-2027 CHA/CHIP

- Community Health Assessment
 - Findings - Social Drivers of Health
 - High Unemployment
 - Affordable Housing
 - Safe Neighborhoods
 - Environmental Issues

2024-2027 CHA/CHIP

- Community Health Improvement Plan
 - Priority Area 1 – Access to High-Quality Healthcare
 - Priority Area 2 – Health & Safe Living
 - Priority Area 3 - Access to High-Quality Behavioral Health Services

2024-2027 CHA/CHIP

- Priority Area 1 – Access to High-Quality Healthcare
 - Focus Area 1: Increase the proportion of County residents accessing the entire range of preventative health services.
 - Focus Area 2: Increase the size and efficiency of the healthcare workforce so County residents have greater access to high-quality, culturally responsive primary and specialty care across the healthcare continuum.

2024-2027 CHA/CHIP

- Priority Area 1 – Access to High-Quality Healthcare
 - Focus Area 2.1: Increase the size of the healthcare workforce
 - Focus Area 2.2: Increase the efficiency of the healthcare workforce
 - Care Management
 - Telehealth Services
 - Community Health Workers

2024-2027 CHA/CHIP

- Priority Area 1 – Access to High-Quality Healthcare
 - Focus Area 2.1: Increase the size of the healthcare workforce
 - Focus Area 2.2: Increase the efficiency of the healthcare workforce
 - Care Management
 - Telehealth Services
 - Community Health Workers



**CHPIV/Health Net
Initiatives!**

2024-2027 CHA/CHIP

Links

- Community Health Assessment

<https://www.icphd.org/assets/CHACHIP2324/Reports/CHA/Imperial-County-2024-Community-Health-Assessment.pdf>

- Community Health Improvement Plan

<https://www.icphd.org/assets/CHACHIP2324/Reports/CHIP/2024-27-Imperial-County-Community-Health-Improvement-Plan.pdf>

Questions?



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update April 2025

2024 Department of Health Care Services (DHCS) Medical Audit

CHPIV is actively preparing for the onsite audit scheduled from April 29, 2025, to May 13, 2025. In collaboration with Health Net, CHPIV has submitted over 350 deliverable requests, including policies, programs, data logs, and sample case files. DHCS continues to request additional documents, and we are currently awaiting the interview schedule.

2025 Department of Managed Health Care (DMHC) Routine Survey

The Department of Managed Health Care (DMHC) will conduct its first onsite Routine Survey of CHPIV starting the week of September 29, 2025. The audit aims to assess CHPIV's overall performance in providing health care benefits and meeting the health care needs of our members. CHPIV is collaborating closely with Health Net to finalize audit document submissions, which include a questionnaire, data logs, programs, policies, reports, and case files.

Updated and New Policies & Procedures (P&Ps)

The internal Compliance & Policy Committee and the Regulatory Compliance Oversight Committee (RCOC) of the Commission approved the following P&Ps in March 2025. The table below outlines the summary of changes for each policy. Attached please find copies of new and revised policies.

Name	P&P Name	Department	Functional Area	Summary of Changes
CMP-002	Delegation Oversight	Compliance	Compliance	Ad hoc Update - Updated to include Member Appeals & Grievance monitoring and Delegation Oversight quarterly meetings
CMP-004	Implementation of Regulatory Notifications	Compliance	Compliance	Annual Review - No changes required
CMP-006	Compliance Training	Compliance	Compliance	Annual Review - Updated to include Commissioners
CMP-007	Escalation of Noncompliance Issues	Compliance	Compliance	Annual Review - No changes required
CMP-008	Selecting a Chief Compliance Officer	Compliance	Compliance	Annual Review - No changes required
CMP-009	Fraud Waste and Abuse Program	Compliance	Compliance	Annual Review - No changes required



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update February 2024

Name	P&P Name	Department	Functional Area	Summary of Changes
CMP-010	Effective Lines of Communication	Compliance	Compliance	Annual Review - No changes required
CMP-011	Breach Notification	Compliance	Compliance	Annual Review - No changes required
CMP-014	Compliance Program	Compliance	Compliance	New Policy
QM-002	Quality Improvement Health Equity Committee (QIHEC)	Health Services	Quality Management	Annual Review - No changes required
CM-001	Care Management Programs	Health Services	Care Management	Annual Review - Updated to correct CHPIV name
PS-001	Pharmacy Services	Health Services	Pharmacy Services	Annual Review - Updated to include a CMS requirement
PNM-001	Standards of Network Accessibility and Timely Access to Care	Health Services	Provider Network Management	Ad hoc Review - Updated to include DHCS APL 23-006 Alternative Access Standard (AAS) requirement
FIN-001	Delegated Provider Financial Solvency Oversight Process	Finance & Informatics	Finance	Annual Review - No changes required
FIN-002	Delegated Provider Financial Solvency Corrective Action Plan Process	Finance & Informatics	Finance	Annual Review - No changes required
FIN-003	Medical Loss Requirements for Subcontractors	Finance & Informatics	Finance	New Policy required for DHCS APL 24-018
IT-002	After-Hours Computer Shutdown	Information Technology	Information Technology	New Policy



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update February 2024

Name	P&P Name	Department	Functional Area	Summary of Changes
EXC-001	Conflict of Interest Avoidance	Executive Services	Executive Services	Annual Review - Updated to correct grammar discrepancies and include an updated Attachment A (Expand List of Leadership)
EXC-002	Delegation of Authority	Executive Services	Executive Services	Annual Review - No changes required
ADM-001	Community Donations and Support	Executive Services	Administration	Annual Review - No changes required
HR-005	New Positions	Human Resources	Administration	Updated policy
HR-009	Remote Work	Human Resources	Administration	New Policy
HR-010	Promotions	Human Resources	Administration	New Policy

Employee Handbook Updates

Human Resources has made the following updates to the employee handbook, which were reviewed and approved by the internal Compliance & Policy Committee and the Regulatory Compliance Oversight Committee (RCOC) of the Commission. An updated employee handbook is attached for review.

Topic	New or revised	Content
Background checks	Revised	Adds wording to comply with California's "Ban the Box" legislation Defines reasons a candidate would not be hired Adds information on required Office of Inspector General (OIG) checks
Job transfers	Revised	Adds a requirement that an employee must be in their current position for 12 months before being considered for transfer Adds manager notification requirements
Standards of Conduct	New	Provides examples of conduct that are prohibited



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update February 2024

Topic	New or revised	Content
External EEO Complaints	New	Provides required information on how an employee would file an external EEO complaint
Pay Adjustments	Revised	Changes the timing of annual pay adjustments, if granted, to Q1
Crime Victim Leave	Revised	Deletes the contents of the section and instead hyperlinks the section to the California Labor Commissioner's page with the details of this leave
School Leave for Disciplinary Matters	Revised	Deletes the contents of the section and instead hyperlinks the section to the California Legislative Information page with the details of this leave
Bone Marrow and Organ Donation Leave	New	Hyperlinks the section to the California Legislative Information page with the details of this leave
Employer-Sponsored Social Events	New	Requires that if an employee chooses to purchase alcohol at an organizational social event, they must arrange for alternative transportation after the event
Off-Duty Use of Employer Property or Premises	New	Disallows for the off-duty use of organizational property or premises
Accommodations for Pregnant Employees	New	Provides required information on accommodations that are available through the federal Pregnancy Worker's Fairness Act
Workplace Violence and Security	Revised	Adds that the organization maintains a Workplace Violence Prevention Program.
Lactation Accommodation	Revised	Provides information on employee rights to file a complaint with the Labor Commissioner's Bureau of Field Enforcement (BOFE)
Telecommuting	Revised	Deletes the contents of the sections and instead hyperlinks the section to the internal Remote Work Policy
Confidentiality	Revised	Adds compliance with California's Labor Code Sections 232(a) and (b)
Parking	Revised	Removes information about assigned parking places



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update February 2024

Mandatory Compliance Training

CHPIV remains noncompliant with mandatory compliance training required by DHCS and CHPIV policy P&P CMP-006. Compliance training courses must be completed within ninety (90) days of onboarding and annually thereafter.

Compliance Training Completion Report

	Employees	Commissioners
Complete	20	8
Pending (Not Due)	0	2
Incomplete (Past Due)	0	1
Total	20	11



**Community
Health Plan**
OF IMPERIAL VALLEY

Operations Report

Imperial County Local Health Authority
Commission Meeting

April 2025

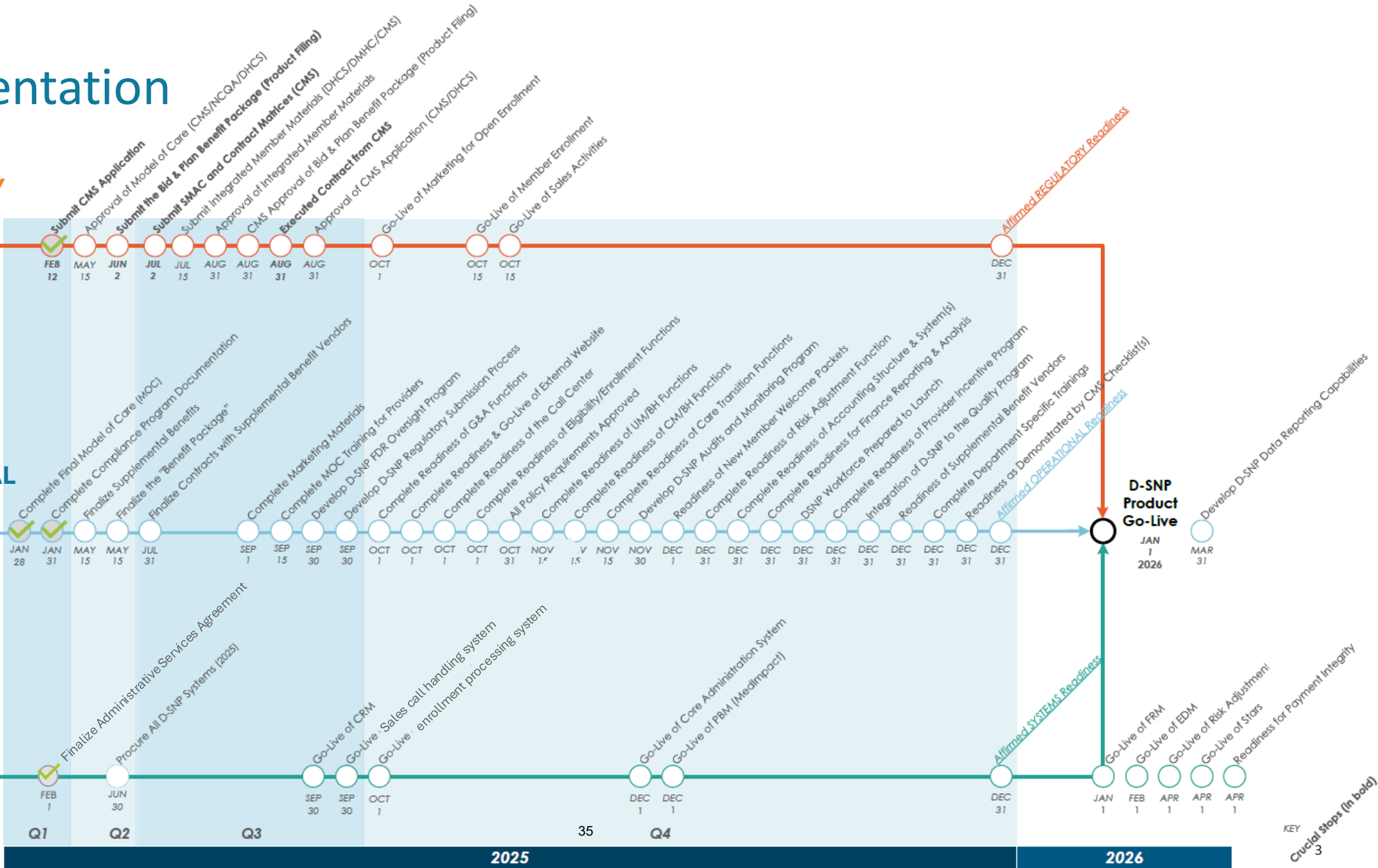
Community Advantage Plus Implementation

D-SNP Implementation

REGULATORY Readiness

OPERATIONAL Readiness

SYSTEM Readiness



Imperia County Direct Provider Network

	Imperial County Medical Society	CHPIV Direct Letter of Agreement	CHPIV - Credentialing Process	Health Net Medi-Cal Network (12/2024)	DHCS Medi-Cal Providers	CMS Medicare Providers
Primary Care	27	2		45	73	57
Specialist	23	3		337	333	137
Behavioral Health	6	27	27	2	9	
Ancillary	-	6		62	-	

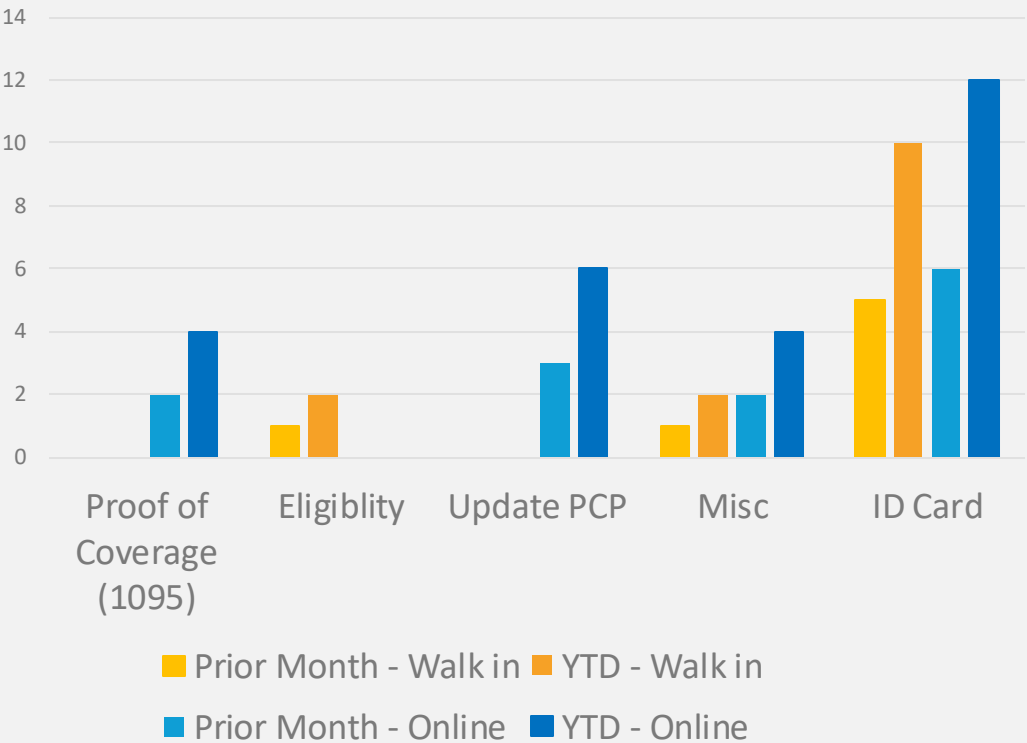
*Includes Family Practice, General Medicine, Internal Medicine, Pediatrics, and Gerontology



Marketing & Communications

Member Experience

CHPIV Member Assists



Net Promoter Score (NPS)

Promoters	Neutral	Detractors	NPS Score
13	2	0	87%
87%	13%	0	

The Net Promoter Score (NPS) serves as a benchmarking instrument for assessing member satisfaction. Our Member Experience team focused on calling members to inquire about their overall experience with CHPIV. The health insurance Industry has an average NPS of 27%.



Marketing & Communications

- Conducted stakeholder interviews to identify communication gaps and challenges
 - Internal and external confusion about what CHPIV does and relationship to Health Net
 - Clear, consistent communication is critical to closing gaps in perception and engagement
- Developing a structured, multi-channel communication strategy targeting members, providers and internal staff

Phase	Key Actions
Core Messaging	<ul style="list-style-type: none">• Develop unified messaging and FAQs (draft attached)• Develop provider communication materials (draft 1-pager attached)• Determine highest value community events for staff to attend
Brand Awareness	<ul style="list-style-type: none">• Expand internal staff training and onboarding documents• Expand digital outreach and target social media outreach• Develop first annual report for regulators and community stakeholders• Continue building member trust through education and engagement
D-SNP Marketing	<ul style="list-style-type: none">• Website• Marketing collateral• Provider & stakeholder education• Prospective member events



CHPIV MESSAGING GUIDE

DRAFT APRIL 2025

Boilerplate

Community Health Plan of Imperial Valley (CHPIV) is the local, community-based health plan dedicated to improving the health and well-being of Imperial Valley residents. We provide accessible, high-quality health coverage and personalized care coordination, with services designed around the unique needs of the people who live and work here.

Managed by a local team and guided by a deep understanding of the region, CHPIV ensures that more health care dollars stay in the community, strengthening vital services, supporting providers, and expanding access to care across the county.

CHPIV leads with strategic direction, compliance oversight, quality improvement, and trusted community partnerships, while offering in-person support to help members and providers navigate care with ease. As we grow, we are expanding in-house services like care management, provider contracting, and health education, bringing more health care resources and jobs home to Imperial Valley.

More than a health plan, CHPIV is a trusted local partner—committed to building a healthier, stronger Imperial Valley for generations to come.

Elevator pitch: CHPIV is a local health plan for people in Imperial Valley who get their health care benefits from Medi-Cal. Our local team sets the policy direction, ensures compliance to State and federal standards, and works with our plan partners to address local health care priorities. CHPIV is now expanding in-house operations to deliver more personalized, community-based care to members who also qualify for Medicare.

Value Proposition

- **We are local.** CHPIV is not a distant, national organization. We're based right here in Imperial Valley, making us uniquely equipped to understand and address the needs of our community.
- **We are accessible.** Real support, from real people, is just a phone call or visit away. No automated systems, no confusion—just friendly, bilingual assistance tailored to you.
- **We are partners.** We collaborate closely with local providers and organizations to maximize local health care resources ensure that our members receive comprehensive, quality care.
- **We are growing.** Medi-Cal coverage is currently provided through a subcontract with HealthNet, and CHPIV is actively bringing more operations in-house to enhance local support and care coordination, bringing more jobs to Imperial Valley. Our focus is on strengthening personalized, community-based services for Imperial Valley residents, ensuring that care is accessible, responsive, and aligned with local needs.

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Understanding the Relationship Between CHPIV and HealthNet

- **CHPIV sets the direction, HealthNet delivers the service.** CHPIV is the local health plan for Imperial Valley and holds the contract with the California Department of Health Care Services (DHCS) to provide Medi-Cal managed care in Imperial County. CHPIV contracts with HealthNet to deliver services to CHPIV's Medi-Cal members. CHPIV sets the policy direction, ensures compliance to State and federal standards, and holds HealthNet accountable to local priorities—similar to how Covered California sets rules and health plans follow them.
- **CHPIV provides strategic oversight and is expanding in-house services.** Today, CHPIV leads on strategy, oversight, quality improvement, community engagement, and support for both members and providers for all lines of business. We also provide a walk-in office and resolve issues when HealthNet is unable to. As we grow, especially with the launch of our Medi-Medi plan, CHPIV is building internal capacity to include a direct provider network, local outreach and navigation support, enhanced provider services, personalized care management, and health education. This allows us to bring more care and resources home to Imperial Valley.

Key Organizational Messaging Pillars

1. Local Leadership & Community Focus

“We are Imperial Valley’s health plan.”

CHPIV is deeply rooted in Imperial Valley—working in partnership with local leaders, organizations, and providers to meet the unique health needs of our community.

CHPIV is deeply committed to collaborating with local partners, including our Commission, community-based organizations (CBOs), public health agencies, and providers, to address the distinct geographic, cultural, and health care challenges of Imperial Valley. Our focus is on strengthening health access, improving outcomes, and enhancing the well-being of the entire community.

2. Provider Partnership & Support

“We’re here to invest in better outcomes—supporting providers and improving care for our community.”

CHPIV’s collaborative approach ensures seamless partnerships with providers. By combining local insights with transparent communication, we support health care professionals in delivering the best possible care to patients.

CHPIV is committed to reinvesting health care dollars locally to strengthen access and improve the quality of care for Imperial Valley residents. Our approach ensures that more resources stay within the community, supporting providers through sustainable partnerships, faster payments, and fewer administrative burdens. By aligning with providers on shared goals, we aim to enhance both patient outcomes and long-term financial sustainability.

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



3. Member Advocacy & Accessibility

“Health care support you can count on, from people who care.”

Our bilingual, community-based team makes navigating health easier. At CHPIV, we advocate for you every step of the way, so you feel empowered and supported.

4. Growth & Future Development

“Building for a better tomorrow, right here in Imperial Valley.”

CHPIV is expanding its services to enhance health care in the region. We’re bringing care management and other services in-house, ensuring personalized, local support that prioritizes your needs.

Enhanced Messaging for Q&A

Q: Is CHPIV different from HealthNet?

A: Yes. CHPIV is Imperial Valley’s local health plan, dedicated to serving our community. Because HealthNet currently manages our Medi-Cal plan—CHPIV can focus on providing personalized, local service and support. This approach allows us to offer the best of both worlds: the strength and efficiency of a large partner for complex operations, combined with personalized, community-focused care that reflects the unique needs of Imperial Valley.

Q: Why should providers work with CHPIV instead of other health plans?

A: CHPIV is deeply rooted in Imperial Valley, providing health insurance to nearly 50% of the county’s residents. For Medicare, we offer local service, faster payments, and less hassle. More of the dollars we manage stay within the community, helping us build additional local services and support. As your local partner, we’re committed to reducing administrative burdens and strengthening healthcare access right here in Imperial Valley.

Q: How is CHPIV making health care easier for members?

A: CHPIV combines local presence with personalized service. Our bilingual team provides clear, friendly guidance to help members understand their benefits, access care, and receive support tailored specifically to the Imperial Valley community.

Q: How does CHPIV support the Imperial Valley?

CHPIV was built for Imperial Valley, with staff, operations, and services rooted in the community. We bring a unique understanding of local challenges and opportunities. Every decision we make prioritizes the health and well-being of our neighbors and friends. A portion of our revenue is reinvested directly back into the community through our Community Reinvestment Fund, supporting programs and services that enhance local health outcomes and well-being. This approach helps ensure that more dollars stay in Imperial Valley, strengthening the community we serve.

Community Advantage Plus: A New Medi-Medi Plan Coming to Imperial Valley



Community Health Plan of Imperial Valley (CHPIV) is delighted to announce the introduction of **Community Advantage Plus (HMO D-SNP)**, a Medicare Advantage plan specifically tailored to individuals eligible for both Medicare and Medi-Cal. This new plan will be effective on January 1, 2026. It is offered directly by CHPIV and will not be administered by Health Net, CHPIV's Medi-Cal subcontractor.

Why is CHPIV Starting a New Medi-Medi Plan in Imperial Valley?

By January 1, 2026, the California Department of Health Care Services' (DHCS) CalAIM program mandates that all Medi-Cal health plans provide an Exclusively Aligned Enrollment Dual-eligible Special Needs Plan (EAE D-SNP). **D-SNPs** are Medicare Advantage plans that serve individuals who have both Medicare and Medi-Cal coverage.

Plans offered by CHPIV

CHPIV

- Strategic Direction
- Compliance Monitoring & Oversight
- Quality Improvement
- Community Relations
- Member Walk-In & Online Support
- Provider & Member Issue Resolution

Oversight
& Direction



In Transition/
Expansion

Medi-Cal (Health Net)

- Provides Medi-Cal Coverage
- Processes Claims & Authorizations
- Manages Provider Contracts
- Reports to CHPIV

CHPIV Expansion: Medi-Medi Plan

- Directly Contracted Provider Network
- Local Member Outreach & Enrollment
- Benefit Navigation Support
- More Local Provider Support
- Personalized Care Management
- Health Education

CHPIV provides local leadership and oversight, while HealthNet currently administers Medi-Cal services. CHPIV is now expanding in-house operations to deliver more personalized, community-based care in partnership with Community Health Group.

Why Should I Become a D-SNP Provider with CHPIV?

D-SNPs offer significant advantages to healthcare providers by simplifying care delivery and enhancing patient outcomes. **Here's how D-SNPs and working with CHPIV can add value to your practice:**

- **Simplified Insurance Processes:** Work with a single insurer, the CHPIV's Community Advantage Plus plan, instead of navigating both Medicare and Medi-Cal. This saves time and reduces administrative complexity and burden for you and your staff.
- **Streamlined Care Management:** D-SNP members are assigned to local CHPIV care managers. This reduces administrative burdens for your staff and allows you to focus on providing quality care.
- **Efficient Coordination for Complex Patients:** Effectively manage the intricate needs of dual-eligible patients through comprehensive care coordination to ensure no aspect of their healthcare is overlooked.
- **Fewer Avoidable Readmissions:** By leveraging a coordinated care system, **D-SNPs** help reduce preventable hospital readmissions. This positively impacts your revenue by minimizing penalties under traditional Fee-For-Service (FFS) Medicare.
- **Addressing Social Determinants of Health:** **D-SNPs** tackle critical social factors like housing, food insecurity, and transportation. This holistic approach enhances patients' well-being while easing the overall care burden on providers.

Providers also benefit from improved patient engagement and outcomes?

- **Lower Out-of-Pocket Costs:** D-SNPs minimize dual-eligible patients' healthcare expenses. They also encourage adherence to treatment plans and increase satisfaction.
- **More Access to Local Providers and Services:** Expanding health care resources leads to greater convenience for patients, better access to care, and improved outcomes. When care is easier to reach, patients are more likely to engage in their health, resulting in stronger provider relationships and better health results.

We are enthusiastic about the opportunity to work with local IPAs and providers in Imperial Valley.

TO CONTRACT WITH US TODAY FOR OUR NEW MEDI-MEDI PLAN, PLEASE REACH OUT TO US AT PROVIDER@CHPIV.ORG.



Click the QR code above to see more D-SNP FAQs for Providers



HUMAN RESOURCES REVIEW April 14, 2025

THE MONTH IN REVIEW

- Began work on new employee and annual performance evaluations.
 - o Organizational wish list:
 - Automated system to replace paper forms. Rippling is a possibility.
 - A system that facilitates goal setting
 - More frequent, less intensive check-ins
 - A comprehensive year-end evaluation
 - o Target implementation end of Q2
- 1 new hire, Delegation Program Manager beginning April 28.
- 3 current open positions: Compliance Manager, Compliance Coordinator, Sales Manager
 - o Introduced the employee referral bonus program for the Sales Manager position
- Continued work on community partnerships.
 - o SDSU healthcare event on April 26
 - o Meetings scheduled with workforce development center and Chamber of Commerce for the last week of April

HR REVIEW (OCTOBER 2024-MARCH 2025)

Current number of employees	21	
Growth by department (FTE only)	<div>Compliance</div> <div>Executive</div> <div>Finance</div> <div>IT</div> <div>Health Services</div> <div>Operations</div> <div>Net growth</div>	<div>-3</div> <div>No change</div> <div>+1</div> <div>No change</div> <div>+3</div> <div>+2</div> <div>+3</div>
Employee demographics	Female 66% Male 33% Average age 42	
Turnover rate	11%	Benchmark 12-15%*

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Key insights from exit interviews	<p>Both employees left for career advancement opportunities</p> <p>Both employees cited that the cost of benefits was one consideration in their decision to leave</p> <p>Key words used to describe the organization's culture: teamwork, collaboration, mission driven</p>
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* Deloitte 2025 Global Insurance Outlook

AREAS TO WATCH/ ENHANCE

Watch: Department growth and timing occur according to budget	<ul style="list-style-type: none"> Both the CEO and CFO approve positions before they are open. Any overage in salary offers is approved before the offer is given.
Watch: Exit interview trends	<ul style="list-style-type: none"> Some benchmarking of benefit cost as a percentage of payroll is likely appropriate