COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

AGENDA

Provider Advisory Committee
September 15th, 2025-Qtr. 3
12:00 P.M.
512 W. Aten Rd. Imperial, CA 92251

Microsoft Teams
Join the meeting now
Meeting ID: 247 342 953 704
Passcode: g83oG7eA

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

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

1. **Call to Order**

2. **Roll Call**

3. **Announcements**

4. **Review of the June 16th, 2025-Qtr. 2 PAC Meeting Minutes…….** *pgs. 3-16*

5. **Action Items**

   a. Approval of Health Net Provider Update-Packet pgs. 39-42
   b. Approval of Health Net/Centene Ops Manual Updates-Packet pgs. 47-60
   c. Approval of CHPIV Health Access Report-Packet Pgs. 48-88
   d. Approval of 2025 Health Equity Work Plan-Packet Pgs. 89-103
   e. Approval of 2025 UM/CM Workplan Mid-Year Evaluation-Packet pgs. 177-245
   f. Approval of 2024 Care Management Program Evaluation-Packet pgs. 281-316

6. Information

    a. CHPIV Provider Advisory Committee Presentation*......pgs. 17-74*

7. Adjournment

Next meeting: December 15th, 2025

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Provider Advisory Committee

Date/Time	June 16, 2025, 12:00p.m – 1:30p.m
Location / Dial-In #	**Join the meeting now** Meeting ID: 215 875 093 319 Passcode: e5Fo79cw Dial in by phone: +1 469-998-7368,,473065853#

Time	Topic	Presenter	Approval Required
12:00p.m – 12:02p.m	**Call to Order**	Gordon Arakawa	
	a. Roll Call	Gordon Arakawa	
12:02p.m- 12:06p.m	**Consent Agenda**	Gordon Arakawa	
	a. Approval of past meeting minutes from March 17th, 2025, CHPIV 2025 Quarter 1 Provider Advisory Committee	Gordon Arakawa	☒
	b. Approval of CHPIV 2025 Quarter 2 Provider Advisory Committee Presentation and Packet	Gordon Arakawa	☒
	c. Approval of Health Net Ops Manual Updates, 2024 Year End QIHEd Wellness Work Plan Evaluation, 2024 Annual QIHEd Program Evaluation	Gordon Arakawa	☒
	d. Approval of Health Net Community Solutions QIHEC packet and presentation	Gordon Arakawa	☒
12:06p.m – 12:46p.m	**New Business**	Gordon Arakawa	
	A. CHPIV Document Review • Health Net Ops Manual Updates • 2024 Year End QIHEd Wellness Work Plan Evaluation • 2024 Annual QIHEd Program Evaluation B. PAC Roster Discussion C. Call Center Metrics • Top Member Calls • Top Provider Calls D. Utilization Management E. Appeals and Grievances F. Healthcare Effectiveness Data & Information Set (HEDIS) G. Care Management KPI Report H. Enhanced Care Management/Community Supports	Gordon Arakawa	☒

Provider Advisory Committee

	I. Long Term Support Services (LTSS) J. Pharmacy K. Behavioral Health L. Quality Improvement Projects M. Population Health Management (PHM) Quarterly Report N. Peer Review Credentialing O. Health Net Inter Rater Reliability Results P. Network Access & Availability Governance Q. CHPIV Provider Directory Accuracy Report R. Provider Satisfaction		
12:46p.m – 12:44p.m	**Committee Recommendation to the Board of Members and Adjournment**	Gordon Arakawa	
	Next Meeting: Date: Monday September 15th, 2025 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams		

Provider Advisory Committee

Provider Advisory Meeting Minutes:
Community Health Plan of Imperial Valley *Provider Advisory* Committee convened on 16th day of June at 12:00p.m.

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

Page | 1

Provider Advisory Committee

Ad Hoc Members and Guests Present	Present	Absent	Designee		Ad Hoc Members and Guests Present	Present	Absent	Designee
Jeanette Crenshaw Executive Director of Healthcare Services, Community Health Plan of Imperial Valley		☒			**Daniel O'campo** Chief of Staff, Community Health Plan of Imperial Valley	☒		
Fernanda Ortega Project Supervisor, Community Health Plan of Imperial Valley	☒				**Cynthia Mesa** Director of Delegation Oversight, Community Health Plan of Imperial Valley	☒		
Priscilla Carpio Supervisor of Clinical Auditing, Community Health Plan of Imperial Valley	☒				**Eduardo Ron-Lopez** Compliance Coordinator, 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	☒							

Provider Advisory 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 Dr. Gordon Arakawa presented no new announcements.		
III. Consent Agenda	a) Dr. Gordon Arakawa presented the meeting minutes from the CHPIV 2025 Q1 PAC meeting minutes held on March 17th, 2025, for Committee review and approval.	A motion to approve the CHPIV 2024 Q4 meeting minutes was made by Arnold Perreras.	
	b) Dr. Gordon Arakawa presented the CHPIV 2025 Q2 PAC meeting presentation and packet for Committee review and approval.	A motion to approve the CHPIV 2025 Q2 PAC meeting presentation and packet was made by Arnold Perreras.	
	c) Dr. Gordon Arakawa presented the Health Net Ops Manual Updates, 2024 Year End QIHEd Wellness Work Plan Evaluation, 2024 Annual QIHEd Program Evaluation for Committee review and approval.	A motion to approve the Health Net Ops Manual Updates, 2024 Year End QIHEd Wellness Work Plan Evaluation, 2024 Annual QIHEd Program Evaluation was made by Arnold Perreras.	
	d) Dr. Gordon Arakawa presented the Health Net Community Solutions QIHEC packet and presentation for Committee review and approval.	A motion to approve the HNCS QIHEC packet and presentation was made by Arnold Perreras.	
IV. New Business			

Page | 3

Provider Advisory Committee

	Dr. Gordon Arakawa presented New Business for Committee review, approval, and participation. Dr. Gordon Arakawa called for a motion to approve all report under new business. Please reference the meeting packet New Business section for detailed information.	A motion to approve the meeting minutes was made by Arnold Perreras.	
A. CHPIV Document Review	Health Net Ops Manual Updates 2024 Year End QIHEd Wellness Work Plan Evaluation 2024 Annual QIHEd Program Evaluation	A motion to approve the consent agenda items was made by Arnold Perreras.	
B. PAC Roster Discussion	2 members from the PAC have been unresponsive or have scheduling conflicts. Dr. Hamid Zadeh and Dr. John Teague would be good candidates for the QIHEC committee.		
C. Call Center Metrics	Comparing Q1 of 2025 to Q4 of 2024, the member calls have decreased by half. We do have a reduction of calls from physcians. Top Member call types: benefits & eligibility, PCP updates, update demographics Top Provider call types: benefits & provider eligibility Behavioral Health call types: claims, benefits and eligibility, updating member preferences.		
D. Utilization Management	Trends in admissions, average length of stay, readmission, percentage ER visits per thousand, and outpatient surgeries per thousand are being tracked in this data. Outpatient surgery is trending down since the mid of last year.		

Page | 4

	Health Net is in 11 counties, and the data includes benchmarks from the other 10 counties. Utilization was stable through the first three quarters with no significant fluctuations. Higher utilization is reflective of access changes but still decreased relative to the other 10 counties. There is ongoing work to address readmissions, which are still lower than the other counties. Key Metrics: 08/2024- Denials increased. There was a re-training program instituted. 08/2024- Approvals decreased. Many procedure codes removed from auth review queue (ARQ). Over/under: UM metrics include admissions/k, bed days/k. acute care average length of stay, ER admits/k, all cause readmits, auth appeals/denials/deferrals/modifications, specialty referral for target specialties. Overall utilization was stable for Q1-Q3. No significant fluctuations quarter-to-quarter. Higher ER utilizations reflective of access challenges. There is ongoing work to address readmissions.			
E. Appeals and Grievances	Cardiology is the largest specialty of access per thousand members per year. There was a spike present in the number of appeals for Q1-Q2. Grievances are on track with quality of service, average QOC, and access to care being fairly consistent or slightly decreased. Appeals reasons haven't changed; radiology is a common issue. MRI typically is the big factor; there are certain results			

Provider Advisory Committee

	that have to be performed before an MRI is done. Usually it's other imaging, for example, X-Ray or CAT Scans. **Follow-up Items (CHPIV):** 1. CHPIV to work with Health Net on education for MRI prerequisites. Quality of Care Grievances: Two complaints were related to inadequate care. One was about a delay in a prescription refill. One was about suspected or reported neglect. Access to Care Grievances: Usually associated with seniors or persons with disabilities and involve prior authorization delays and transportation issues.		
F. **Healthcare Effectiveness Data & Information Set (HEDIS)**	18 measures are utilized by the state to determine the quality of plans. The green area means the measure has passed, reaching the 50th percentile for national Medicaid. 14 out 19 measures have reached at least the minimum performance level of the 50th percentile. Gaps to target show how many visits or people had to be seen across the boundary.		
G. **Care Management KPI Report**	Key measures to look at is the engagement rate which should be above 50%. Engagement Rates: Physical health: 62/3% Behavioral health: 70% Maternity: Over 60% Transitional Care Services: over 75% First Year of Life (FYOL): Doing very well		

Provider Advisory Committee

H. **Enhanced Care Management/Community Supports**	CHPIV is in the top three of engagement. One third of members recommended ECM sign up. Community Supports: Large numbers of approvals for food support such as food boxes, medically tailored meals, at the beginning. Health Net noticed distributors were approving the distribution, so they changed the approvals to be based on the provider or physician ordering. Medically tailored meals took up the large bulk. The $17 million expense that Health Net was taking care of was originally projected to be $8 million. Long Term Supports are at max in terms of max bay beds. El Centro keeps going up; we were told that 77 was the max. Out of county has been decreasing slowly. **Follow-up Items (CHPIV):** 1. Providers should be able to put authorizations in and being responsible for the members. 2. Focused data reporting and leveraging CHW doula benefit to refer and connect members to ECM and CS. 2025 Goals: 1. Provider focused 2. Member focused 3. Internal focus on data reporting 4.			
I. **Long Term Support Services (LTSS)**	Adult daycare, community-based adult services uptake tends to be strong and consistent around 250 per month. Intermediate Care Facilities for the developmentally disabled are always at max.			

Page | 7

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Provider Advisory Committee

J. Pharmacy	Physician administered drugs utilization or the Pas tend to be in the 50s. Top requests usually have to do with the bone marrow stimulation. Denials have to do again also with the bone marrow stimulation, looking at not jumping for the most expensive drug first.			
K. Behavioral Health	Q1 BH Medi-Cal Referrals: 8 members were referred to HN BH by the County SMHP. 1 member was referred by HN BH to County SMHX. 44 members were referred to HN BH providers. 6 members referred for health plan case management. BH/SUD: 172 members authorized for ABA assessment and treatment. 506 total ABA authorizations. 0 ABA full clinical denials/ 4 ABA partial clinical denials. Roughly 11.5 hours/week for average number of direct treatments for individuals and groups. The average age range is 1 – 20 years old.			
L. Quality Improvement Projects	Report year of measurement year 2024 peaking at a definitely above 80% for almost all the measures in terms of activities completed. Nonclinical PIP topic of focus was looking at the follow up for either ED visit related to drug abuse of mental illness visit. Clinical PIP had to do with well-child visits for Hispanic members. Dr. Vishwa Kapoor is on track and looking to receive visits for older teens from 15-18 years old reaching the goals from roughly 30% to over 40%.			

	Initial Health Assessments: Health Nets approach to Medi-Cal is defining an IHA. Claims and encounter data by physicians and providers that say a Health Net IHA was done. They combine that with outreach to the member for three phone calls. Medical record review is used to assess the quality of the IHAs. Next steps for IHAs include the identification of high volume and low-performing provider and revising provider training. Lead screening: For children aged 1-2 they are reaching 50%. There is more to be done for ages 3-8 and the numbers have been consistent across the two quarters at the ending of 2024. Next steps for IHAs include the identification of high volume and low-performing provider, providing funding to track the use of POC lead analyzers, and establishing workflow guidance to providers who do not conduct POC blood lead screening.			
M. Population Health Management (PHM) Quarterly Report	PHM bridges the entire population to individual patients. IHAs help define what a patient needs, categorizing patients into different groups. When you have a group now, you can put together some sort of treatment plan.			
N. Peer Review Credentialing	No investigative cases were brought before PRC in Q1. Some QOCs that reach level 2 should be brought in next quarter. Only two providers were reviewed for initial credentialing in the first quarter. There was an initial certification for a facility, possibly the Brawley, CA location for All Valley.			

	CCS Case Review: The county assists with reviews but does not handle certification as a plan, working with public health. The goal is to assist with proper diagnosis and approvals. **Follow-up Items (CHPIV):** 1. Bring in denials for non-eligibles to understand which diagnosis are being rejected in the county.			
O. Health Net Inter Rater Reliability Results	The review looks for consistencies using programs like MCG, Milliman guidelines, and InterQual. Medical directors and nursing staff involved in reviews take an exam to ensure consistency. Providers get a couple of chances to pass the exam with remediation offered if they do not pass the exam. Health Nets medical director noted a final pass rate between 95% and 98%. Remediation involves working with a mentor and completing cases under supervision.			
P. Network Access & Availability Governance	PCP access should be close to 100%. Health Net will submit an alternate access exemption request to DHCS. PPGs were placed on CAP for not meeting network adequacy standards. Several PPGs remain non-responsive, particularly in Imperial County, which is a common issue in Southern California. DHCS is considering enforcement actions, including contract-based monetary withholds, due to multiple plans facing the same issue.			
Q. CHPIV Provider Directory Accuracy Report	This report is like a "secret shopper" evaluation of the online digital directory. The evaluation assesses the accuracy of the directory records. Health Net is calling office numbers listed			

	in the directory and asking standardized questions. Issues identified include outdated phone numbers. Vendor Management: Health Net holds join oversight committee meeting with their downstream delegate network. There were 25 meetings in the last quarter and 12 so far for this quarter. Vendor audits are conducted, two have been completed this quarter and seven in Q1.		
R. Provider Satisfaction	Health Net evaluated provider satisfaction at the end of 2024, reaching out to PCP's, specialists, and behavioral health offices. Response rate was low. 2024 results showed satisfaction above 80% for non-behavioral health providers and in the 60th percentile for behavioral health providers. Overall rate was in the high 70s. Health Net will focus on enhanced coordination and messaging, prompt issue resolution, better provider data management, improved workflows for intake and validation, and enhance provider services. Health Net is also rolling out online support for providers to improve their experience.		
VI. Adjournment	Dr. Gordon Arakawa asked if there were any recommendations, comments, or questions. There were no further recommendations, comments, or questions from the committee. **Next Meeting:** Date: Monday. September 15th, 2025 Time: 12:00p.m – 1:30p.m		

Provider Advisory Committee

	Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams *Meeting Materials Due: Friday, September 12th, 2025* **Meeting adjourned at 12:44p.m**		

Agenda

1. Call Center Metrics
2. Utilization Management
3. Appeals & Grievances
4. Healthcare Effectiveness Data & Information Set (HEDIS)
5. Care Management KPI Report
6. Enhanced Care Management/Community Supports
7. Long Term Support Services (LTSS)
8. Pharmacy
9. Behavioral Health

Agenda

10. Quality Improvement Update
      a. Quality Improvement Project
      b. IHA
      c. Lead Screening
11. Peer Review Credentialing
12. Integrated Access Report
13. Provider Satisfaction Survey
14. Population Analysis Report
15. Mid Year Language Assistance Report

Call Center Metrics

Call Center Metrics

Member Services				
KPI	April 2025	May 2025	June 2025	Q2
Calls Offered	2,705	2,411	2,317	7,433
Provider Services				
KPI	April 2025	May 2025	June 2025	Q2
Calls Offered	1,343	1,129	1,238	3,810

Q2-2025 Top Member Call Types
1. Benefits & Eligibility
2. PCP Update
3. Update Demographics

Q2-2025 Top Provider Call Types
1. Benefits & Provider Eligibility
2. Authorization Inquiries
3. Provider Search Inquiry

Utilization Management

Utilization Management Key Metrics

Admit/K

	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2
Admit/K	45.2	42.7	42.6	46.0	41.3

Days/K

	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2
Days/K	252.2	194.7	194.2	226.6	201.1

ALOS

	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2
ALOS	5.6	4.6	4.6	4.9	4.9

Readmit %

	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2
Readmit %	10.5%	9.5%	8.6%	10.6%	10.1%

ER/K

	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2
ER/K	487.1	460.8	466.1	437.2	430.3

OPS/K

	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2
OPS/K	175.2	222.3	157.0	126.2	125.5

"Benchmark" 2025

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

2025 Q3 CHPIVQIHEC
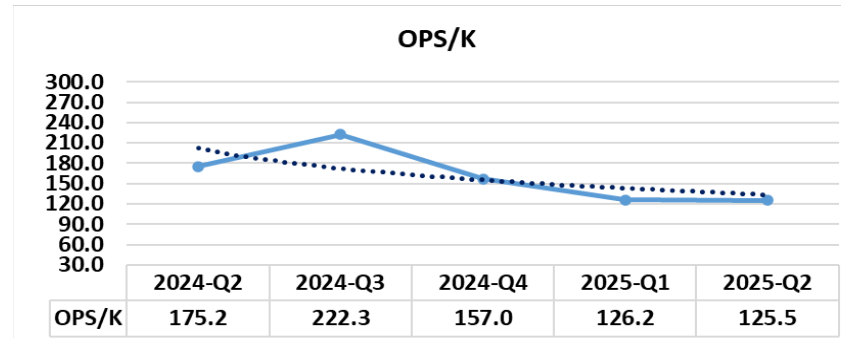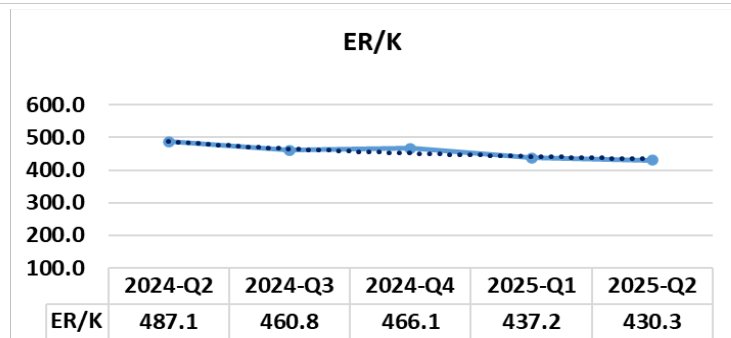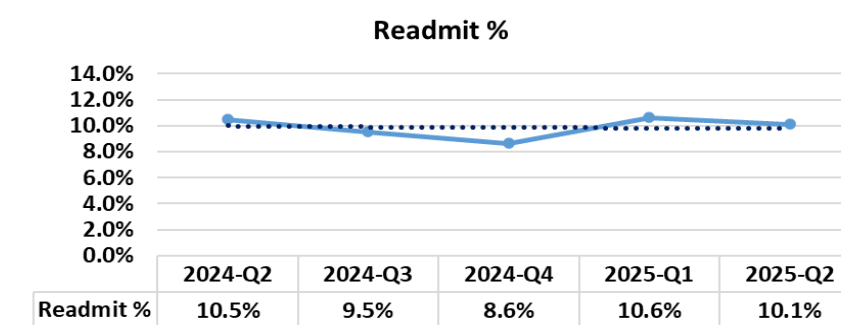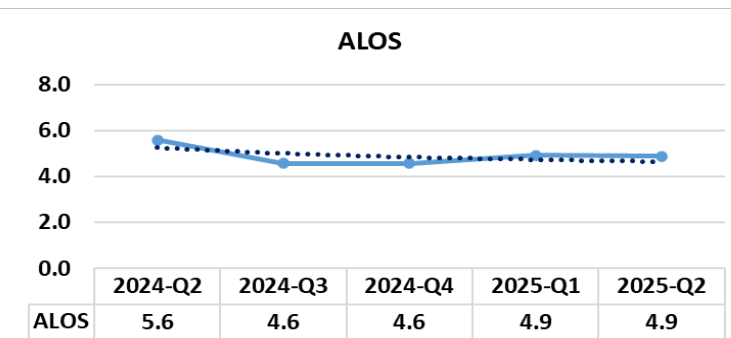
Key Metrics Analysis

Trends – Q1 to Q2 2025

Inpatient
- **Bed Days** PTMPY decreased 11%, most significantly impacted by a 30% decrease in full-term uncomplicated vaginal deliveries
- **Admits PTMPY** decreased 10%. The most significant decreases by diagnosis (with 10 or more admissions in Q1):

Primary Inpatient Diagnosis	Q1	Q2	% Change
FULL-TERM UNCOMPLICATED VAGINAL DELIVERY	139	101	-27%
SHORTNESS OF BREATH	30	18	-40%
PHEUMONIA UNSPECIFIED ORGANISM	11	3	-73%
ENLARGED PROSTATE WITH LUTS	11	2	-82%

- **ALOS** did not change significantly
- **Readmissions** decreased by 5% (10.1% in Q2)

Primary Diagnosis	Q1	Q2	% Change
VENOUS INSUFF CHRONIC PERIPHERAL	42	25	-40%
PHIMOSIS	12	7	-42%
ENLARGED PROSTATE WITH LUTS	11	2	-82%

Emergency Room
- **ER Visits** PTMPY decreased 2%
  These are the top primary diagnoses contributing this this decrease:

Primary Diagnosis	Q1	Q2	% change
INFLUENZA	405	96	-76%
ACUTE BRONCHITIS	63	39	-38%
DIABETES MELLITUS	10	7	-30%

Primary Procedure	Q1	Q2	% Change
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHE	25	11	-56%
INJ; SINGLE/MX TRIG POINT 3/> MUSCLE	16	6	-63%
CYSTOURETHRO W/IMPLANT	11	3	-73%

2025 Q3 CHPIVQIHEC

Appeals & Grievances

Appeals & Grievances

Q2 2025 Total Number of Grievances

Appeals	
CHPIV	Volume
Total	22
Grievances	
CHPIV	Volume
Total	119

A&G Overview:

A. Appeals and Grievances Summary
    1. Total Appeals – 22
    2.16 Pre-Service Appeals
    3. 3 Expedited Pre-Service Appeals
    4. 3 Post-Service Appeal

B. Total Grievances – 119
    1. 84 - Quality of Service (QOS)
    2. 8- Clinical/Quality of Care (QOC)
    3. 27 – Access to Care (ATC) of which 4 cases were
Expedited Grievances

2025 Q3 CHPIVQIHEC

Appeals & Grievances

QOC Grievances

Description	Volume	PTMPY
Quality of Care – Cultural – Cultural Competency – Non-Discriminatory	1	0.03
Quality of Care - PCP – Delay in referral by PCP	1	0.03
Quality of Care – PCP – Inadequate Care	1	0.03
Quality of Care – PCP – Misdiagnosis	1	0.03
Quality of Care – PCP – Suspect Neglect/Abuse	1	0.03

QOS Grievances

Description	Volume	PTMPY
Transportation – General Complaint Vendor	21	0.65
Balance Billing- Par Provider	7	0.22
Administrative Issues- Health Plan	5	0.15
Interpersonal – Provider Staff	5	0.15
Administrative Issues – Claim Not Received	3	0.09

Cultural & Linguistic Grievances

Total # of C&L by County	Q2 2025
Imperial	3
Grand Total	3

Behavioral Health Greivances

Total # of C&L by County	Q2 2025
Imperial	5
Grand Total	5

Access to Care

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	9	0.28
Access to Care – PCP Referral for Services	6	0.18
Access to Care – Availability of Appt W/ PCP	2	0.06
Access to Care – Availability of Appt W/ Specialist	2	0.06
Access to Care – Network Availability	2	0.06
Access to Care – Prescription delay	2	0.06

2025 Q3 CHPIVQIHEC

HEDIS Measures RY2025

CHPIV MY2025 MPL Progress

Overview of YOY Performance – CHPIV Medi-Cal All MCAS MY2025 March PPP (Data through 6/18/25)

Compliance Rate and Benchmark Rate MY2025
By Measure and By Measurement Period

Legend: Rate YTD, Rate SMLY, Rate LYFNL, Benchmark Rate, Benchmark Rate High
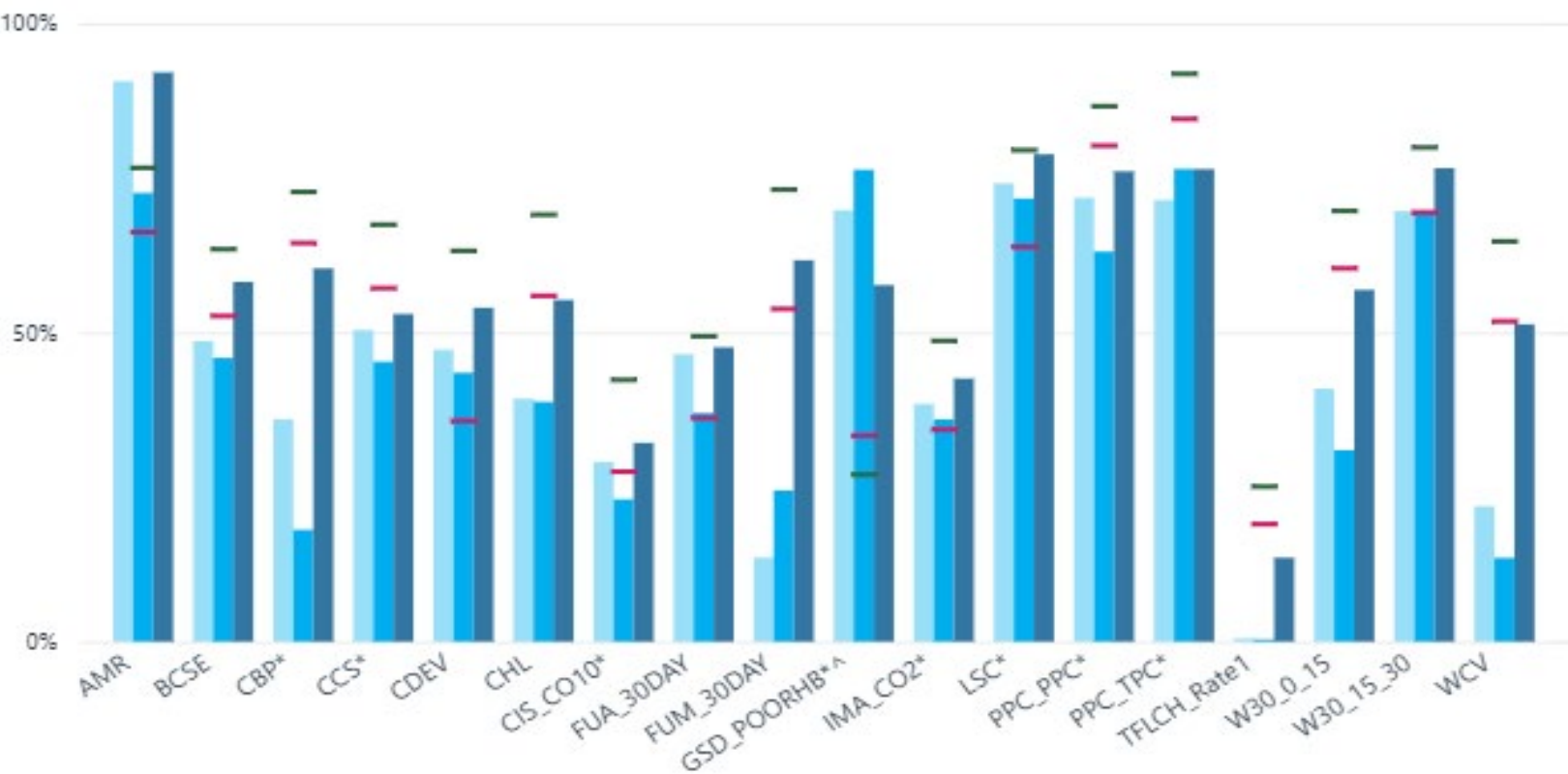
15 trendable metrics better than same month last year (SMLY)

16/18 measures improved Month over Month (MOM)

9 measures met pacing goal

2 measures performing worse than Rate SMLY

Note:
"Rate LY Prelim" = Prelim RY25 Admin Rate
Imperial / HN Region 2 are now trendable

2025 Q3 CHPIVQIHEC

Care Management

Care Management

	Members Engaged	Engagement Rate
Care Management - Total	326	62%
Care Management - PH	104	69%
Care Management - BH	21	70%
Care Management - Mat	117	56%
Care Management - TCS	306	76%
Care Management - FYOL	96	96%

2025 Q3 CHPIVQIHEC

Care Management

Measure for Case Management	Members	90 days prior to CM enrollment		90 days following CM enrollment		Difference	
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.
Emergency Department (ED) Claims, per 1,000 members per year	63	52	3,302	28	1,778	-24	-1,524

Measure for Case Management	Members	90 days prior to CM enrollment			90 days following CM enrollment			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	191	137	49	35.8%	135	25	18.5%	-17.3%

2025 Q3 CHPIVQIHEC

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

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

ECM Enrollment- Q1 2025

Total ECM Assigned vs. Enrolled Members for COMBINED HN Counties (Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare and Tuolumne)
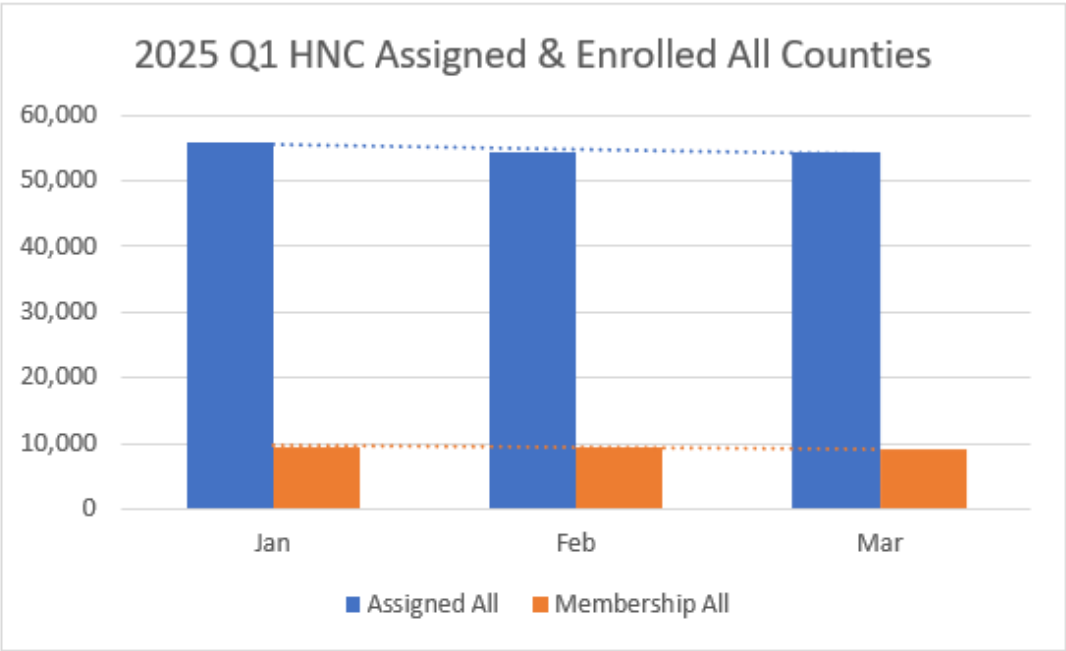
Total ECM Assigned vs. Enrolled Members for Imperial County

2025 Q3 CHPIVQIHEC
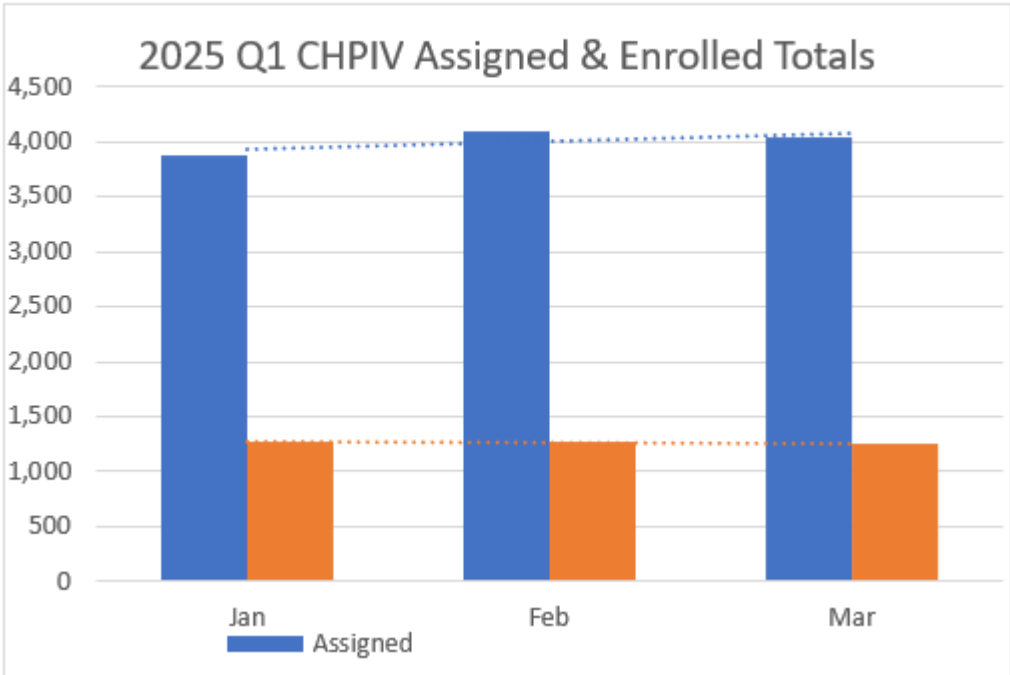
Long Term Support Services (LTSS)

Long Term Support Services (LTSS) Q1 2025

LTC (Long Term Care)

Unique Utilizing LTC Members	Apr 2025	May 2025	Jun 2025
El Centro Post Acute	77	78	75
Imperial Manor	30	31	32
Pioneer Memorial D/P	74	70	71
Out of County	35	34	29
Out of State	0	0	0

CBAS (Community Based Adult Services)

	Apr 2025	May 2025	Jun 2025
Unique Utilizing CBAS Mbrs	244	245	251
Average Days per Week	2.1	1.9	1.8
Members utilizing CBAS six months ago, now in LTC	1	1	0

ICF (Intermediate Care Facilities)

Unique Utilizing LTC Members	Apr 2025	May 2025	Jun 2025
ARC #1, #2, #3	14	15	15

2025 Q3 CHPIVQIHEC

Pharmacy

Pharmacy

Data/Results: PA Metrics

	Goal	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025
Total CHPIV							
Total # PA's	N/A	52	52	62	75	72	50
# Approved %	N/A	65%	64%	61%	53%	56%	52%
# Denied %	N/A	35%	36%	39%	47%	43%	48%
PA per 1,000M	N/A	0.53	0.53	0.64	0.77	0.74	0.51
% PA requests meet goal*	100%	100%	98.1%	98.4%	100%	100%	100%

2025 Q3 CHPIVQIHEC

Pharmacy

Top 10 Denials in Q2 based on Percentage and Total Number

Top 10 Denials of the Quarter by Percentage and Total Number			
Drug Name	**% Denied**	**Drug Name**	**# Denied**
IV iron	100.00%	IV iron	13
epoetin beta	100.00%	pegfilgrastim	13
viscosupplement	80.00%	trastuzumab	11
filgrastim	75.00%	pembrolizumab	7
durvalumab	66.67%	epoetin alfa	6
epoetin alfa	60.00%	bevacizumab	4
daratumumab	60.00%	botulinum toxin	4
pembrolizumab	58.33%	epoetin beta	4
trastuzumab	52.38%	viscosupplement	4
bevacizumab	44.44%	daratumumab	3

* Medications with less than 3 total requests are excluded from the above data to prevent heavy weighted or skewed results.

2025 Q3 CHPIVQIHEC

Behavioral Health

Behavioral Health/ SUD

Q3 Report
Care Coordination
Overview –CHPIV

Referral Category	Activity Type	Count
Received by MCP	Screening MH	0
	TOC Add-On	1
	TOC Stepdown	13
MCP Total		**14**
Sent to MHP	Screening MH	1
	Screening SUD	0
	TOC Add-On (MH)	0
	TOC StepUp (MH)	0
	TOC (SUD)	0
MHP Total		**1**
Referred to CM	Member referred to case manageme	11
Referred to CM Total		**11**
Referral Request	Referral Request	36
Referral Reqeust Total		**36**
VID Requests	VID Benefit Explanation	1
VID Total		**1**
Other	Met SMHS – Member Declined	0
	Care Coordination	46
Other Total		**46**
Grand Total		**73**

2025 Q3 CHPIV QIHEC

Behavioral Health/ SUD

Autism Center Q2 2025

Community Health Plan of Imperial Valley	
Members authorized for ABA (assessment & treatment):	159
Total ABA authorizations:	389
ABA full clinical denials:	2
ABA partial clinical denials:	2
Average number of direct treatment (Individual & Group):	~12 hrs/week
Age range:	2 y/o – 19 y/o

2025 Q3 CHPIV QIHEC

Quality Improvement Update

Quality Improvement Update

CHPIV Child Health Equity Collaborative Sprint

Tentative Duration: 12 Months (September 2025 – August 2026)

Tentative Pilot Site: TBD; ideally with Dr. Vishwa Kapoor's Clinic because of the work accomplished in Phase 1
   ***Note:** proposed pilot site cannot determine their buy-in for Phase 2 without more information and clarity from IHI and DHCS

Updates from IHI + DHCS:

Phase 2 kick-off call is scheduled for 9/18 and designed to focus on reliable screening and vaccinations, including other well-child visit requirements and activities. Proposed areas of work descriptions and objectives:

- Sustainability and Spread

- Promoting Continuity of Care of WCV

- Effective Communication and Partnership with Patients and Families

- Data Submission and Capability

- Partnership and Scaling Expectations

- Team Structure Expectations

2025 Q3 CHPIVQIHEC

Initial Health Assessments

Medical Record Review YTD 2024

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

Claims/Encounter Review
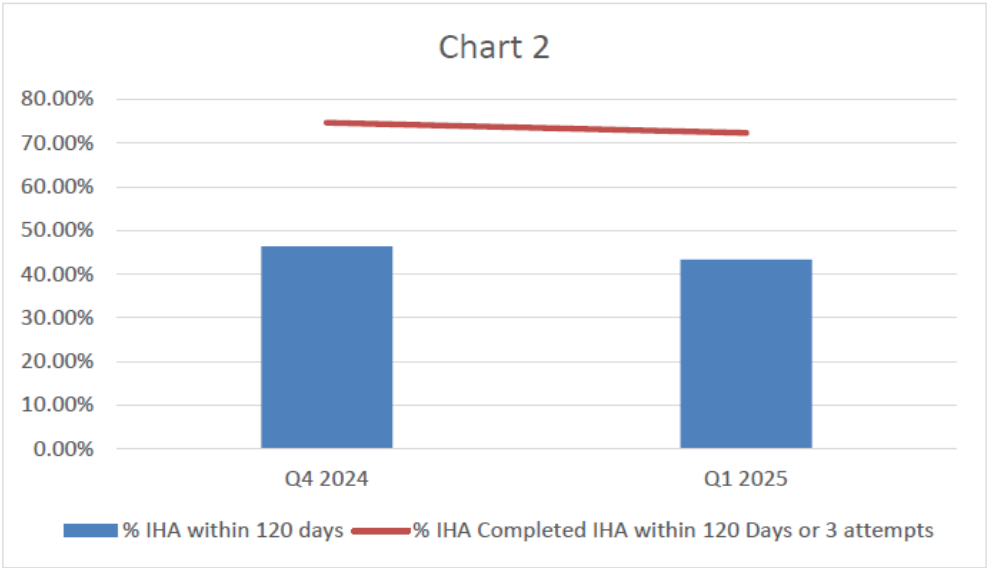
Next Steps
1. Identify high volume, low performing Providers.
2. Revise Provider training
   a. Best practices for Member outreach
   b. Provider tip sheet for common IHA codes
   c. Provide IHA content to bolster collection of information with each outreach/encounter

2025 Q3 CHPIVQIHEC

Lead Screening in Children

Chart 1 – Overall Compliance Q1 2025
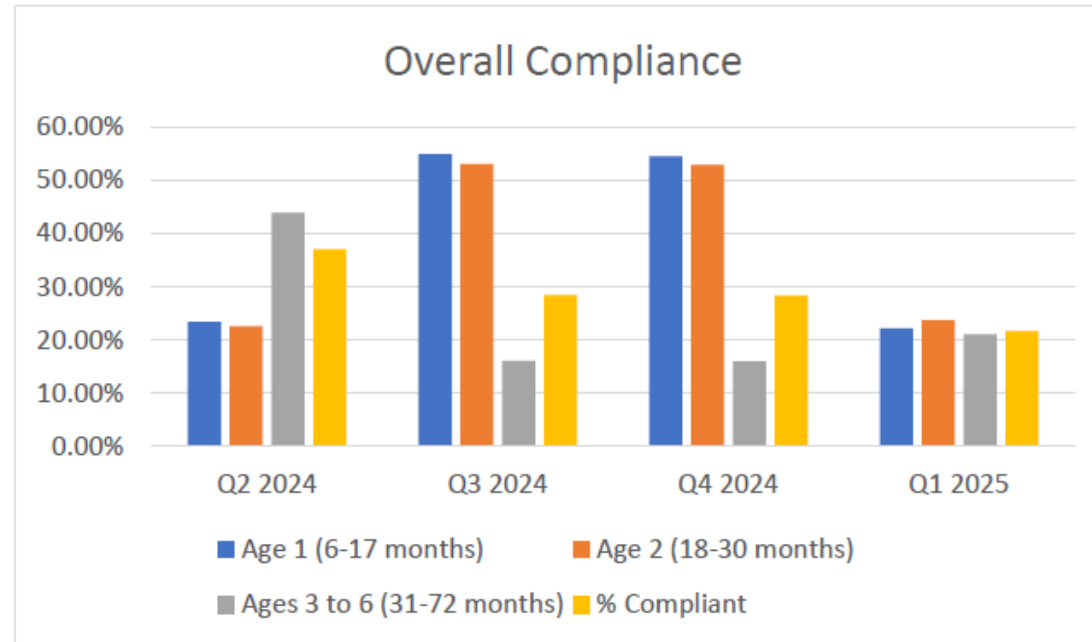
Continuing Work:
1. Identify high volume, low performing Providers.
2. Provide funding, distribute, and track use of POC lead analyzers.
3. Establish workflow guidance to providers who do not conduct POC blood lead screening.

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q2-2025

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

2025 Q3 CHPIV QIHEC

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q2-2025
Initial Credentialing
Physical Health

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
CLINTON	FLENTJE	CRNA	Nurse Anesthetist	Non-Physician	RNA00000003038	N/A	N/A	N/A	4/24/2025
JOHN	KELADA	MD	Internal Medicine	SCP	A 000000125118	No	N/A	N/A	5/29/2025
MICHAEL	SCHWARTZ	DO	Internal Medicine	SCP	20A000000020063	No	Internal Medicine	Expired	6/26/2025

Certification/Recertification – Q2-2025
Initial Certification

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
JAY KENNETH	BUENAFLOR	MD	Pediatrics	PCP	A 000000082945	Yes	Pediatrics	2/15/2026	5/29/2025

Community Health Plan OF IMPERIAL VALLEY   health net.   2025 Q3 CHPIV QIHEC

Integrated Access Report

Integrated Access Report

Purpose

TIMELY ACCESS MONITORING

California law requires health plans to provide timely access to care. Health plans must ensure their network of providers can provide health plan members an appointment within specific timeframes.

Community Health Plan of Imperial Valley (CHPIV) has established access to care standards to meet compliance, regulatory and accreditation requirements to ensure provision of quality health care services that is appropriate and timely for our Plan's members.

Compliance is ensured through monitoring and evaluation of the following access metrics for medical and behavioral health care: timely appointments, telephone and in-office wait times, member grievances, provider satisfaction and member experience.

Results presented are for metrics monitored in

Measurement Year (MY) 2024, Reporting Year (RY) 2025.

MONITORING MECHANISMS

- Provider Appointment Availability Survey (PAAS)
- Provider After-Hours Availability Survey (PAHAS)
- Provider Office Telephone Access Monitoring
- In-Office Wait Time Monitoring
- DHCS Timely Access Monitoring Study

Provider Surveys

- Consumer Assessment of Health Plan Survey (CAHPS®) Member Satisfaction Survey
- Enrollee Experience Survey
- Experience of Care and Health Outcomes Survey (ECHO)

Member Surveys

Access to Care Grievances

2025 Q3 CHPIV QIHEC

Integrated Access Report

Access Metrics	Performance Goal	Rate of Compliance MY 2024
Urgent and Non-Urgent Care Appointments		
Urgent Care Appointments (PCP)		82.5%
Non-Urgent Appointments (PCP)		93.9%
[1]Preventive Health Check-Up/Well-Child Appt. (PCP)		75.0%
[1]Physical Exams and Wellness Checks (PCP)		76.5%
[1]First Prenatal Appointment (PCP)		66.7% *
Urgent Care Appointments (SCP)		62.2%
Non-Urgent Appointments (SCP)	70.0%	68.9%
First Prenatal Appointment (SCP)		83.3%
Non-Urgent Appointments (Ancillary)		89.1%
Urgent Care Appointments with Psychiatrist		100.0% *
Non-Urgent Appointments with Psychiatrist		100.0% *
Urgent Care Appointments with NPMH		85.7%
Non-Urgent Appointments with NPMH		93.8%
Non-Urgent Follow-Up Appointments with NPMH		92.9%
Other Access Metrics		
Appropriate After-Hours Emergency Instructions (PCP)		76.6%
Ability to contact on-call physician after-hours within 30 minutes (PCP)	90.0%	71.4%
Telephone Answer Time (PCP)		100.0%
Provider Call-back for non- urgent issues during normal business hours (PCP)		88.2%
In-Office Wait Time (PCP)	70.0%	94.1%
In-Office Wait Time (SCP)		0.0%

Rate of Compliance			
Network Name	Urgent Care Appointments (All Provider Survey Types)	Non-Urgent Appointments (All Provider Survey Types)	Non-Urgent Follow-Up Appointments (NPMH Providers Only)
	MY 2024	MY 2024	MY 2024
CHPIV - Medical	69%	77%	93%

Legend:
- Compliant
- Moved to compliant
- Significant trend downward
- Non Compliant- Bus/Perf Gtd
- Non Compliant- Regulatory

2025 Q3 CHPIV QIHEC

Integrated Access Report

MY 2024 CAHPS® (HSAG) Member Satisfaction with Access: CHPIV

Access Measure	Source	Performance Goal	Goal Met	Rate of Compliance	
				MY 2024 Adult N (%)	MY 2024 Child N (%)
Got urgent care as soon as needed	CAHPS® HSAG (Q.4)	Quality Compass (QC) 90th Percentile	No	N/A	162 (86.4%)
Got routine care as soon as needed	CAHPS® HSAG (Q.6)		No	198 (83.8%)	353 (82.4%)
Easy to see a specialist	CAHPS® HSAG (Q.20)		No	156 (79.5%)	163 (81.0%)
Easy to Get Care, Tests and Treatment	CAHPS® HSAG (Q.9)		No	186 (87.6%)	346 (89.0%)

2025 Q3 CHPIV QIHEC

Integrated Access Report

MY 2024 Behavioral Health Member Experience Survey Results: CHPIV

Access Measure	Performance Goal	Source	Rate of Compliance MY 2024
Non-urgent initial appointment with a psychiatrist within 15 days of request	90%	Experience of Care and Health Outcomes (ECHO)	56.0%
Non-urgent initial appointment with psychiatrist within 10 days of request (Q41)			32.0%
Non-urgent follow-up appointment with psychiatrist within 30 days of request (Q43)			69.4%
Non-urgent initial appointment with a non- physician within 10 days of request (Q42)			44.8%
Non-urgent follow-up appointment with non-physician behavioral health care provider within 10 days of request (Q44)			45.9%
Non-urgent follow-up appointment with non-physician behavioral health care provider within 30 days of request (Q44)			83.8%

2025 Q3 CHPIV QIHEC

Provider Satisfaction

Provider Satisfaction

MY 2024 Provider Satisfaction Survey Results: CHPIV

Access Measure	Source	CHPIV MY 2024 n (%)
Access and Availability (Composite) (% Completely or Somewhat Satisfied)	CHPIV PSS	18^ (61.2)
Referral and/or prior authorization process necessary for patients to access covered services		18^ (61.1)
Access to urgent care		17^ (70.6)
Access to non-urgent primary care		17^ (76.5)
Access to non-urgent specialty services		17^ (52.9)
Access to non-urgent ancillary diagnostic & treatment services		17^ (64.7)
Access to current and accurate provider directory data		17^ (41.2)

Completed surveys					
Provider type	Sample size	Mail	Phone	Internet	Total
PCP	55	5	1	4	10
Specialist	215	2	3	1	6
Behavioral Health	48	2	1	1	4
Total	**318**	**9**	**5**	**6**	**20**

Response Rates by Area of Medicine – CHPIV		
Primary Care	**Specialty Care**	**Behavioral Health**
18.2%	**2.8%**	**8.3%**
2024 Overall Survey Response Rate 6.3%		

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

2024 Population Analysis Report

Subpopulations by Health Risk: All Ages by Product Line		
All Ages	**Medi-Cal (CHPIV)**	
	Count	**%**
Member Count	97,668	
POP Health Category		
_01: Healthy	31,212	31.96%
_02: Acute Episodic	9,149	9.37%
_03: Healthy: At Risk	14,533	14.88%
_04a: Chronic - Big 5: Stable	6,436	6.59%
_04b: Chronic - Other Condition: Stable	2,503	2.56%
_04c: BH Primary: Stable	3,285	3.36%
_05a: Health Coaching	7,962	8.15%
_05b: Physical Health CM	16,238	16.63%
_05c: Behavioral Health CM	1,285	1.32%
_06: Rare High Cost Condition	411	0.42%
_07a: Catastrophic: Dialysis	321	0.33%
_07b: Catastrophic: Active Cancer	443	0.45%
_07c: Catastrophic: Transplant	10	0.01%
_08a: Dementia	676	0.69%
_08b: Institutional (custodial care)	10	0.01%
_09a: LTSS MMP and DSNP - Service Coordination	0	0.00%
_09b: LTSS MMP and DSNP - High Needs Care Management	0	0.00%
10: EOL(Non-LTSS)	3,194	3.27%

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Subpopulations by Health Risk: Age 0-19 by Product Line		
Age 0-19	**Medi-Cal (CHPIV)**	
	Count	**%**
Member Count	35,860	
POP Health Category		
_01: Healthy	17,433	48.61%
_02: Acute Episodic	4,511	12.58%
_03: Healthy: At Risk	2,155	6.01%
_04a: Chronic - Big 5: Stable	4,524	12.62%
_04b: Chronic - Other Condition: Stable	1,925	5.37%
_04c: BH Primary: Stable	1,319	3.68%
_05a: Health Coaching	2,038	5.68%
_05b: Physical Health CM	1,769	4.93%
_05c: Behavioral Health CM	132	0.37%
_06: Rare High Cost Condition	28	0.08%
_07a: Catastrophic: Dialysis	1	0.00%
_07b: Catastrophic: Active Cancer	14	0.04%
_07c: Catastrophic: Transplant	0	0.00%
_08a: Dementia	1	0.00%
_08b: Institutional (custodial care)	0	0.00%
_09a: LTSS MMP and DSNP - Service Coordination	0	0.00%
_09b: LTSS MMP and DSNP - High Needs Care Management	0	0.00%
10: EOL(Non-LTSS)	10	0.03%

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Subpopulations by Health Risk: Age 20-64 by Product Line		
Age 20-64	**Medi-Cal (CHPIV)**	
	Count	**%**
Member Count	**46,830**	
POP Health Category		
_01: Healthy	12,659	27.03%
_02: Acute Episodic	4,476	9.56%
_03: Healthy: At Risk	10,280	21.95%
_04a: Chronic - Big 5: Stable	1,246	2.66%
_04b: Chronic - Other Condition: Stable	373	0.80%
_04c: BH Primary: Stable	1,918	4.10%
_05a: Health Coaching	3,698	7.90%
_05b: Physical Health CM	9,886	21.11%
_05c: Behavioral Health CM	1,069	2.28%
_06: Rare High Cost Condition	274	0.59%
_07a: Catastrophic: Dialysis	200	0.43%
_07b: Catastrophic: Active Cancer	219	0.47%
_07c: Catastrophic: Transplant	9	0.02%
_08a: Dementia	71	0.15%
_08b: Institutional (custodial care)	6	0.01%
_09a: LTSS MMP and DSNP - Service Coordination	0	0.00%
_09b: LTSS MMP and DSNP - High Needs Care Management	0	0.00%
10: EOL(Non-LTSS)	446	0.95%

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Subpopulations by Health Risk: Age 65+ by Product Line		
Age 65+	**Medi-Cal (CHPIV)**	
	Count	**%**
Member Count	14,978	
POP Health Category		
_01: Healthy	1,120	7.48%
_02: Acute Episodic	162	1.08%
_03: Healthy: At Risk	2,098	14.01%
_04a: Chronic - Big 5: Stable	666	4.45%
_04b: Chronic - Other Condition: Stable	205	1.37%
_04c: BH Primary: Stable	48	0.32%
_05a: Health Coaching	2,226	14.86%
_05b: Physical Health CM	4,583	30.60%
_05c: Behavioral Health CM	84	0.56%
_06: Rare High Cost Condition	109	0.73%
_07a: Catastrophic: Dialysis	120	0.80%
_07b: Catastrophic: Active Cancer	210	1.40%
_07c: Catastrophic: Transplant	1	0.01%
_08a: Dementia	604	4.03%
_08b: Institutional (custodial care)	4	0.03%
_09a: LTSS MMP and DSNP - Service Coordination	0	0.00%
_09b: LTSS MMP and DSNP - High Needs Care Management	0	0.00%
10: EOL(Non-LTSS)	2,738	18.28%

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Top 30 Inpatient Diagnosis Aggregated into Categories	CHPIV	
All Ages	**%***	**#**
Septicemia (except in labor)	9.91%	547
Hypertension with complications and secondary hypertension	3.41%	188
Liveborn	1.34%	74
Diabetes mellitus with complications	2.88%	159
Other complications of birth; puerperium affecting management of mother	2.83%	156
Complication of device; implant or graft	1.12%	62
Acute cerebrovascular disease	2.52%	139
Pneumonia (except that caused by tuberculosis or sexually transmitted dis	2.28%	126
Prolonged pregnancy	1.23%	68
Alcohol-related disorders	0.51%	28
Urinary tract infections	2.66%	147
Other complications of pregnancy	2.17%	120
Biliary tract disease	2.08%	115
Fluid and electrolyte disorders	1.38%	76
Skin and subcutaneous tissue infections	1.29%	71
Respiratory failure; insufficiency; arrest (adult)	1.83%	101
Developmental disorders	1.36%	75
Previous C-section	3.69%	204
Acute and unspecified renal failure	2.23%	123
Polyhydramnios and other problems of amniotic cavity	1.65%	91
Complications of surgical procedures or medical care	1.09%	60
Hypertension complicating pregnancy; childbirth and the puerperium	1.43%	79
Acute myocardial infarction	1.27%	70
Other nervous system disorders	1.21%	67
Cardiac dysrhythmias	0.80%	44
Epilepsy; convulsions	0.96%	53
Other nutritional; endocrine; and metabolic disorders	0.53%	29
Spondylosis; intervertebral disc disorders; other back problems	0.62%	34
Pancreatic disorders (not diabetes)	1.01%	56
Chronic obstructive pulmonary disease and bronchiectasis	0.27%	15
Total Top 30 Dx	**57.54%**	**3,177**
Total All Admit		**5,521**

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Top 30 Inpatient Diagnosis Aggregated into Categories	CHPIV	
Age 0-19	%*	#
Liveborn	1.99%	8
Respiratory failure; insufficiency; arrest (adult)	1.74%	7
Appendicitis and other appendiceal conditions	8.93%	36
Asthma	7.69%	31
Pneumonia (except that caused by tuberculosis or sexually transmitted dis	7.44%	30
Acute bronchitis	7.44%	30
Epilepsy; convulsions	2.48%	10
Intestinal infection	3.72%	15
Septicemia (except in labor)	0.99%	4
Viral infection	3.97%	16
Acute and chronic tonsillitis	0.99%	4
Skin and subcutaneous tissue infections	1.24%	5
Fluid and electrolyte disorders	3.23%	13
Urinary tract infections	3.72%	15
Other gastrointestinal disorders	1.99%	8
Other upper respiratory infections	1.24%	5
Residual codes; unclassified	5.71%	23
Mood disorders	0.00%	
Other perinatal conditions	0.74%	3
Biliary tract disease	1.24%	5
Intestinal obstruction without hernia	0.00%	
Other complications of birth; puerperium affecting management of mother	1.24%	5
Other injuries and conditions due to external causes	0.99%	4
Fracture of upper limb	0.74%	3
Suicide and intentional self-inflicted injury	0.00%	
Other nervous system disorders	1.49%	6
Other complications of pregnancy	0.50%	2
Influenza	0.74%	3
Complications of surgical procedures or medical care	0.50%	2
Prolonged pregnancy	1.24%	5
Total Top 30 Dx	**73.95%**	**298**
Total All Admit		**403**

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Top 30 Inpatient Diagnosis Aggregated into Categories	CHPIV	
Age 20-64	%*	#
Septicemia (except in labor)	8.17%	290
Liveborn	1.86%	66
Hypertension with complications and secondary hypertension	2.93%	104
Other complications of birth; puerperium affecting management of mother	4.26%	151
Diabetes mellitus with complications	3.30%	117
Prolonged pregnancy	1.78%	63
Alcohol-related disorders	0.68%	24
Other complications of pregnancy	3.33%	118
Previous C-section	5.75%	204
Polyhydramnios and other problems of amniotic cavity	2.51%	89
Hypertension complicating pregnancy; childbirth and the puerperium	2.20%	78
Biliary tract disease	2.17%	77
Complication of device; implant or graft	0.82%	29
Skin and subcutaneous tissue infections	1.41%	50
Developmental disorders	1.47%	52
Acute cerebrovascular disease	1.89%	67
Complications of surgical procedures or medical care	1.27%	45
Other nutritional; endocrine; and metabolic disorders	0.68%	24
Fluid and electrolyte disorders	1.04%	37
Pancreatic disorders (not diabetes)	1.30%	46
Urinary tract infections	1.72%	61
Acute myocardial infarction	1.01%	36
OB-related trauma to perineum and vulva	4.48%	159
Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerp	1.52%	54
Other nervous system disorders	0.79%	28
Acute and unspecified renal failure	1.63%	58
Epilepsy; convulsions	0.99%	35
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	1.10%	39
Respiratory failure; insufficiency; arrest (adult)	1.21%	43
Spondylosis; intervertebral disc disorders; other back problems	0.48%	17
Total Top 30 Dx	**63.73%**	**2,261**
Total All Admit		**3,548**

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Top 30 Inpatient Diagnosis Aggregated into Categories	CHPIV	
Age 65+	%*	#
Septicemia (except in labor)	16.11%	253
Hypertension with complications and secondary hypertension	5.35%	84
Acute cerebrovascular disease	4.59%	72
Pneumonia (except that caused by tuberculosis or sexually transmitted dise	3.63%	57
Urinary tract infections	4.52%	71
Complication of device; implant or graft	2.10%	33
Acute and unspecified renal failure	4.01%	63
Fluid and electrolyte disorders	1.66%	26
Cardiac dysrhythmias	1.66%	26
Diabetes mellitus with complications	2.61%	41
Acute myocardial infarction	2.17%	34
Respiratory failure; insufficiency; arrest (adult)	3.25%	51
Fracture of neck of femur (hip)	2.42%	38
Developmental disorders	1.46%	23
Other nervous system disorders	2.10%	33
Chronic obstructive pulmonary disease and bronchiectasis	0.76%	12
Complications of surgical procedures or medical care	0.83%	13
Spondylosis; intervertebral disc disorders; other back problems	1.08%	17
Viral infection	1.40%	22
Gastrointestinal hemorrhage	2.23%	35
Skin and subcutaneous tissue infections	1.02%	16
Biliary tract disease	2.10%	33
Osteoarthritis	0.64%	10
Intestinal obstruction without hernia	2.23%	35
Other fractures	0.70%	11
Coronary atherosclerosis and other heart disease	1.08%	17
Aspiration pneumonitis; food/vomitus	0.76%	12
Intracranial injury	0.64%	10
Other liver diseases	1.21%	19
Diverticulosis and diverticulitis	0.76%	12
Total Top 30 Dx	**75.10%**	**1,179**
Total All Admit		**1,570**

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

All Ages		
Top 30 Prescription Aggregated Category	**CHPIV**	
	%	**Count**
ANTIDIABETICS	6.31%	79,788
DERMATOLOGICALS	4.83%	61,078
ANTIHYPERLIPIDEMICS	3.96%	50,060
ANTIDEPRESSANTS	3.41%	43,127
ANTIHYPERTENSIVES	3.42%	43,216
ANALGESICS - ANTI-INFLAMMATORY	4.76%	60,122
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	5.14%	64,944
VITAMINS	6.92%	87,449
ANALGESICS - NonNarcotic	5.18%	65,503
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	2.47%	31,254
ANTICONVULSANTS	2.33%	29,464
ANTIHISTAMINES	4.46%	56,393
PENICILLINS	1.33%	16,793
HEMATOPOIETIC AGENTS	2.85%	35,970
MEDICAL DEVICES AND SUPPLIES	2.02%	25,527
OPHTHALMIC AGENTS	2.46%	31,084
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1.36%	17,197
BETA BLOCKERS	1.30%	16,408
LAXATIVES	2.40%	30,290
CALCIUM CHANNEL BLOCKERS	1.03%	12,991
NASAL AGENTS - SYSTEMIC AND TOPICAL	2.14%	27,004
DIAGNOSTIC PRODUCTS	2.15%	27,168
COUGH/COLD/ALLERGY	2.49%	31,493
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	2.49%	31,533
THYROID AGENTS	1.07%	13,565
ANALGESICS - OPIOID	1.25%	15,777
MINERALS & ELECTROLYTES	1.88%	23,779
ANTIANXIETY AGENTS	1.11%	14,079
DIURETICS	0.91%	11,467
VACCINES	0.57%	7,185
TOTAL TOP 30 DRUG	**83.99%**	**1,061,708**

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Age 0-19		

Top 30 Prescription Aggregated Category	CHPIV	
	%	Count
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	12.92%	27,941
DERMATOLOGICALS	6.22%	13,446
ANTIHISTAMINES	8.75%	18,917
ANALGESICS - ANTI-INFLAMMATORY	9.59%	20,735
PENICILLINS	4.06%	8,772
ANALGESICS - NonNarcotic	6.89%	14,887
NASAL AGENTS - SYSTEMIC AND TOPICAL	4.19%	9,055
COUGH/COLD/ALLERGY	4.77%	10,312
OPHTHALMIC AGENTS	2.03%	4,380
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3.50%	7,570
ANTIEMETICS	2.67%	5,773
ANTIDEPRESSANTS	2.27%	4,905
MEDICAL DEVICES AND SUPPLIES	1.44%	3,107
CORTICOSTEROIDS	2.67%	5,765
MACROLIDES	2.97%	6,423
CEPHALOSPORINS	1.08%	2,340
ANTICONVULSANTS	1.10%	2,384
VITAMINS	2.78%	6,011
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	1.24%	2,678
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	0.78%	1,690
LAXATIVES	1.77%	3,837
MINERALS & ELECTROLYTES	3.23%	6,986
DIAGNOSTIC PRODUCTS	1.55%	3,347
ANTIHYPERTENSIVES	1.11%	2,397
MULTIVITAMINS	0.92%	1,980
HEMATOPOIETIC AGENTS	0.78%	1,676
ANTIPSYCHOTICS/ANTIMANIC AGENTS	0.82%	1,765
OTIC AGENTS	0.72%	1,565
ANTIDIABETICS	0.86%	1,868
ANTI-INFECTIVE AGENTS - MISC.	0.45%	968
TOTAL TOP 30 DRUG	94.12%	203,480

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Age 20-64		
Top 30 Prescription Aggregated Category	**CHPIV**	
	%	**Count**
ANTIDIABETICS	8.44%	72,476
ANTIHYPERLIPIDEMICS	5.31%	45,640
ANTIDEPRESSANTS	4.26%	36,635
ANTIHYPERTENSIVES	4.33%	37,185
DERMATOLOGICALS	4.08%	35,058
ANALGESICS - ANTI-INFLAMMATORY	4.41%	37,846
ANTICONVULSANTS	3.02%	25,933
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	4.18%	35,888
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	3.17%	27,242
VITAMINS	5.92%	50,815
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1.76%	15,083
ANALGESICS - NonNarcotic	2.63%	22,587
BETA BLOCKERS	1.70%	14,624
MEDICAL DEVICES AND SUPPLIES	2.37%	20,342
CALCIUM CHANNEL BLOCKERS	1.31%	11,266
ANTIHISTAMINES	2.90%	24,893
ANALGESICS - OPIOID	1.75%	14,999
ANTIANXIETY AGENTS	1.51%	12,946
PENICILLINS	0.91%	7,834
THYROID AGENTS	1.38%	11,892
DIURETICS	1.18%	10,170
OPHTHALMIC AGENTS	2.47%	21,230
DIAGNOSTIC PRODUCTS	2.29%	19,708
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	2.62%	22,519
NASAL AGENTS - SYSTEMIC AND TOPICAL	1.92%	16,498
VACCINES	0.77%	6,624
HEMATOPOIETIC AGENTS	2.00%	17,169
LAXATIVES	1.67%	14,339
MUSCULOSKELETAL THERAPY AGENTS	1.23%	10,599
ANTI-INFECTIVE AGENTS - MISC.	0.82%	7,025
TOTAL TOP 30 DRUG	**82.31%**	**707,065**

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

Age 65+

Top 30 Prescription Aggregated Category	CHPIV %	Count
VITAMINS	16.21%	30,623
ANALGESICS - NonNarcotic	14.84%	28,029
HEMATOPOIETIC AGENTS	9.06%	17,125
DERMATOLOGICALS	6.66%	12,574
ANTIHYPERLIPIDEMICS	2.27%	4,292
ANTIDIABETICS	2.88%	5,444
MINERALS & ELECTROLYTES	5.01%	9,468
ANTIHYPERTENSIVES	1.92%	3,634
LAXATIVES	6.41%	12,114
ANTIHISTAMINES	6.66%	12,583
OPHTHALMIC AGENTS	2.90%	5,474
DIAGNOSTIC PRODUCTS	2.18%	4,113
COUGH/COLD/ALLERGY	2.99%	5,653
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	1.23%	2,322
CALCIUM CHANNEL BLOCKERS	0.85%	1,607
BETA BLOCKERS	0.89%	1,674
ANTIDEPRESSANTS	0.84%	1,587
MEDICAL DEVICES AND SUPPLIES	1.10%	2,078
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	0.59%	1,115
ANALGESICS - ANTI-INFLAMMATORY	0.82%	1,541
DIURETICS	0.61%	1,145
ANTICONVULSANTS	0.61%	1,147
GENITOURINARY AGENTS - MISCELLANEOUS	0.82%	1,557
THYROID AGENTS	0.55%	1,040
MULTIVITAMINS	0.80%	1,518
ANTACIDS	1.21%	2,291
NASAL AGENTS - SYSTEMIC AND TOPICAL	0.77%	1,451
ANTIEMETICS	0.40%	765
VACCINES	0.24%	451
ANTICOAGULANTS	0.19%	355
TOTAL TOP 30 DRUG	92.51%	174,770

2025 – Q3 CHPIV QIHEC

2024 Population Analysis Report

SERIOUS and PERSISTENT MENTAL ILLNESS (SPMI) SUMMARY of IP DATA

Line of Business (LOB) (Plan Type)	# of SPMI Mbrs	Admits	Age 0-19		Age 2-19		Age 20-64		Age 65+		% Of SPMI In LOB	
			Count	%	Count	%	Count	%	Count	%	Count	%
CHPIV	3,461	1 Admit	6	0.20%	6	0.20%	59	1.70%	22	0.60%	87	2.50%
		>1 Admit	2	0.10%	2	0.10%	11	0.30%		0.00%	13	0.40%
		Total	8	0.20%	8	0.20%	70	2.00%	22	0.60%	100	2.90%

SERIOUS and PERSISTENT MENTAL ILLNESS (SPMI) SUMMARY of OP DATA

Line of Business (LOB) (Plan Type)	# of SPMI Mbrs	Service Type	Unit	Age 0-19		Age 2-19		Age 20-64		Age 65+		% Of SMPI In LOB	
				Count	%	Count	%	Count	%	Count	%	Count	%
CHPIV	3,461	ER	<=3	88	2.50%	88	2.50%	407	11.80%	155	4.50%	650	18.80%
			>3	2	0.10%	2	0.10%	46	1.30%	13	0.40%	61	1.80%
		OP	<=3	106	3.10%	106	3.10%	529	15.30%	234	6.80%	869	25.10%
			>3	65	1.90%	65	1.90%	787	22.70%	393	11.40%	1,245	36.00%
		Other	<=3	211	6.10%	211	6.10%	1,031	29.80%	711	20.50%	1,953	56.40%
			>3	5	0.10%	5	0.10%	16	0.50%	9	0.30%	30	0.90%
		Total		296	8.60%	296	8.60%	2,001	57.80%	1,128	32.60%	3,425	99.00%

2025 – Q3 CHPIV QIHEC

2025 Mid Year Language Assistance Program Report

2025 Mid Year LAP Report

2025 Saw a Slight Increase in Telephonic Interpreter Requests

January – June 2025

Service	Rate per MLEP	Rate
Telephonic Interpreter	8	Rate per 1000 MLEP
Face-to-Face Interpreter	0.10	Rate Per 1000 MLEP
American Sign Language Interpreter	0.10	Rate Per 1000 MLEP
Written Translations	0	Rate Per 1000 MLEP

LAP Service Utilization Rates
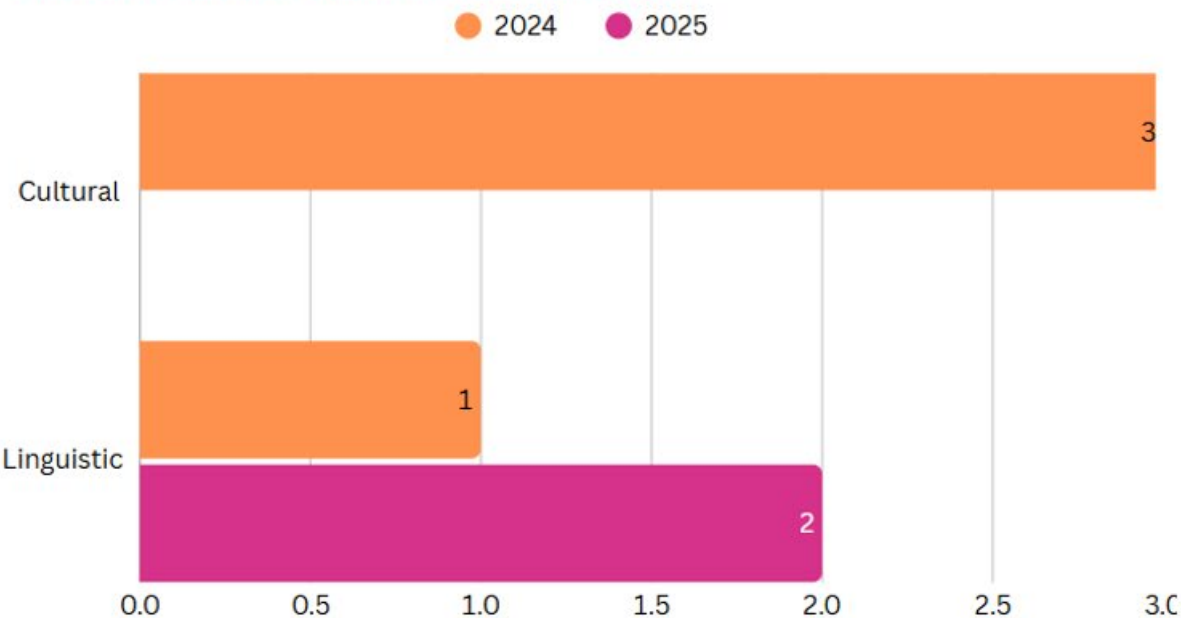
2025 – Q3 CHPIV QIHEC
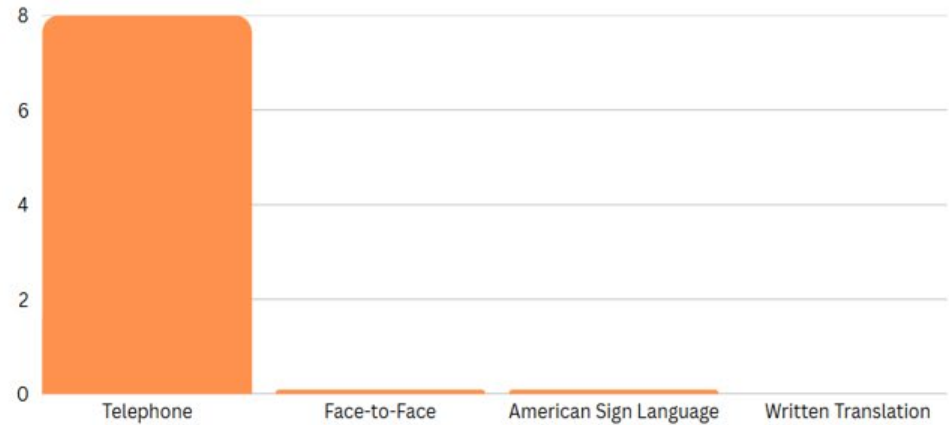
2025 Mid Year LAP Report

Grievances Decreased Compared to MY 2024

January – June 2025

Mid-Year Grievance Comparison by Category

2025 MY Grievances

Grievance Cateogry	Total Grievances
Cultural	0
Linguistic	2

2025 – Q3 CHPIV QIHEC

Questions & Comments