Quality Improvement Health Equity Committee Meeting

Date: January 14, 2025

Time: 12:00 PM

Location: 512 W. Aten Rd., Imperial, CA 92251

Microsoft Teams Link: **Join the meeting now**

Attendees

Gordon Arakawa; Chief Medical Officer/ Chief Health Equity Officer

Donna Ponce; Executive Assistant/Commission Clerk

Amanda Delgado; Project Specialist

Fernanda Ortega; Project Supervisor

Dr. Unnati Sampat

Dr. Ameen Alshareef

Dr. Masoud Afshar

Gabriela Jimenez

Janette Angulo

Leticia Plancarte-Garcia

Mersedes Martinez

Nancy Del Real

Shiloh Williams

Agenda

1. Call Center Metrics

2. Utilization Management

3.Appeals&Grievances

4.HealthcareEffectivenessData&Information Set(HEDIS)

5.CareManagementKPI Report

6. Enhanced Care Management/Community Supports

7.Long Term Support Services (LTSS)

8. Pharmacy

9.BehavioralHealth

10.Quality Improvement Update

      a. Quality Improvement Projects

      b. IHA

      c. Lead Screening

11. Member Experience

      a. CAPHS

      b. Grievance & Appeals

12.Facility Site Reviews

13. GEO Access Report

14. Care Coordination: Behavioral & Physical Health

15. Health Equity

16. Health Net Follow-Up

17. Credentialing

Action Items

1. Q3 Pharmacy Provider Update - Packet pp 33-35

2. Health Net Operations Manual - Behavioral Health - Packet p 149

3. Health Net Operations Manual - Community Supports - Packet p 150

4. Health Net Operations Manual - Medi-Cal - Packet pp 151-152

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Quality Improvement & Health Equity (QIHEC) Committee

Date/Time	October 15, 2025, 12:00pm – 1:30pm
Location / Dial-In #	Microsoft Teams meeting Meeting ID: 274 279 801 46 Passcode: NU7eB7oF Dial in by phone: +1 469-998-7368,,827148945#

Time	Topic	Presenter	Approval Required
12:00 – 12:06	**Call to Order**	Gordon Arakawa, MD	
	Roll Call	Gordon Arakawa, MD	
12:06 – 12:10	**Consent Agenda**	Gordon Arakawa, MD	
	a. Approval of previous meeting minutes from Wednesday, July 16, 2024.	Gordon Arakawa, MD	☒
	b. Approval of meeting presentation of 2025 Q3 HNCS presentation.	Gordon Arakawa, MD	☒
	c. Approval of Approval of meeting packet of 2025 Q3 HNCS packet.	Gordon Arakawa, MD	☒
	d. Approval of Health Services Programs and Evaluations. • *2025 Health Equity Work Plan* • *2025 UM/CM Work Plan Mid-Year Evaluation* • *2024 Care Management Program Evaluation*	Gordon Arakawa, MD	☒
	e. Approval of HNCS Provider Update	Gordon Arakawa, MD	☒
	f. Approval of HNCS/Centene Ops Manual Updates	Gordon Arakawa, MD	☒
	g. Approval of CHPIV Health Access Report	Gordon Arakawa, MD	☒
	h. Approval of Population Analysis Report	Gordon Arakawa, MD	☒
12:10 - 12:51	**New Business**	Gordon Arakawa, MD	
	A. Call Center Metrics B. Utilization Management Key Metrics • Over/Under Utilization • Specialty Access C. Appeals & Grievances • Top 5 Appeals • Top 5 QOS Grievances • Top 5 QOC Grievances • Top 5 Access to Care Grievances • PQIs	Gordon Arakawa, MD	☒

Quality Improvement & Health Equity (QIHEC) Committee

	D. Healthcare Effectiveness Data & Information Set (HEDIS) E. Care Management F. Enhanced Care Management/Community Supports • ECM Enrollment • CS Authorizations/Claims Trends G. Long Term Support Services (LTSS) H. Pharmacy • PA Metrics • Top 5 PA Requests • Top 5 Denials I. Behavioral Health • Q*3 Report* • ABA Services J. Quality Improvement Projects • Quality Improvement Updates • IHA • Lead Screening K. Peer Review Credentialing • Investigations • Credentialing and Access Report L. Integrated Access Report M. Provider Satisfaction N. 2024 Population Analysis Report O. 2025 Mid-Year Language Assistance Program Report		
12:51 – 12:52	**Committee Recommendation to the Board of Members and Adjournment**	Gordon Arakawa, MD	☐
	Next Meeting: Date: Wednesday, January 14, 2025 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams		

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Quality Improvement & Health Equity (QIHEC) Committee

QIHEC Meeting Minutes: 10/15/2025
Community Health Plan of Imperial Valley QIHEC Committee convened on 15th day of October 2025 at 12:00pm.

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)*	☒							
Unnati Sampat, MD Imperial Valley Family Medical Group	☒							
Masoud Afshar, MD Masoud Afshar MD	☒							
Ameen Alshareef, MD Valley Pediatric Health	☒							
Leticia Plancarte-Garcia Imperial County Behavioral Health Services	☒							
Janette Angulo Imperial County Public Health Dept.	☒							
Mersedes Martinez El Centro Regional Medical Center	☒							
Shiloh Williams San Diego State University		☒						

Quality Improvement & Health Equity (QIHEC) 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		☒			**Belen Ortega** Care Manager, Community Health Plan of Imperial Valley	☒		
Fernanda Ortega Project Supervisor, Community Health Plan of Imperial Valley	☒							
Priscilla Carpio Care Manager, 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	☒							

Quality Improvement & Health Equity (QIHEC) Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
I. Call to Order **II. Announcements**	Dr. Gordon Arakawa called the meeting to order at 12:00 p.m. Dr. Gordon Arakawa presented no new announcements.		
III. Consent Agenda	a. Dr. Gordon Arakawa presented the meeting minutes from the CHPIV QIHEC meeting held on Wednesday, July 16, 2025, for Committee review and approval.	A motion to approve the meeting minutes was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
	b. Dr. Gordon Arakawa presented the meeting presentation from the HNCS 2025 Quarter 3 QIHEC presentation for Committee review and approval.	A motion to approve the HNCS 2025 Quarter 3 QIHEC presentation and packet was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
	a. Dr. Gordon Arakawa presented the meeting presentation from the HNCS 2025 Quarter 3 QIHEC packet for Committee review and approval.	A motion to approve the HNCS 2025 Quarter 3 QIHEC packet was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
	b. Dr. Gordon Arakawa presented Health Services Programs and Evaluations for Committee review and approval. • 2025 Health Equity Work Plan • 2025 UM/CM Work Plan Mid-Year Evaluation • 2024 Care Management Program Evaluation	A motion to approve the Health Services Programs and Evaluations was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	

	c. Dr. Gordon Arakawa presented the Health Net Community Solutions Provider Update for Committee review and approval.	A motion to approve the HNCS Provider Update was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
	d. Dr. Gordon Arakawa presented the Health Net Community Solutions/Centene Ops Manual Updates for Committee review and approval.	A motion to approve the HNCS/Centene Ops Manual Updates was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
	e. Dr. Gordon Arakawa presented the Community Health Plan of Imperial Valley Health Access Report for Committee review and approval.	A motion to approve the CHPIV Health Access Report was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
	f. Dr. Gordon Arakawa presented the Population Analysis Report for Committee review and approval.	A motion to approve the Population Analysis Report was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	
IV. New Business			
	Dr. Gordon Arakawa presented New Business for Committee review, approval, and participation. Please reference the meeting packet New Business section for detailed information.	A motion to approve all New Business reports was made by Dr. Unnati Sampat and seconded by Dr. Masoud Alshareef.	

Quality Improvement & Health Equity (QIHEC) Committee

A.	**Call Center Metrics**	Call volume has stabilized on both the member and provider sides. Q2 numbers show approximately 7,500 calls for members and 8,500 calls for provider services. There is currently no member portal, but one is being considered for implementation by 2026, along with increased member services outreach.
B.	**Utilization Management**	Call volume has stabilized on both the member and provider sides. Q2 numbers show approximately 7,500 calls for members and 8,500 calls for provider services. There is currently no member portal, but one is being considered for implementation by 2026, along with increased member services outreach. ER visits and outpatient surgeries are trending down. There is a query out regarding a bump in readmit rate, average length of stay, and admits between Q4 2024 and Q1 2025, with investigation into claims data. Health Net is providing deeper insights by looking at provider groups and diagnoses. Data includes inpatient, ER, and outpatient information with top diagnoses. Focus is on explaining decreases between quarter one and quarter two, which show drastic drops (e.g., 70-76%). Data is stratified, with the next step being provider data, then provider and diagnoses combined. Quarter one (January, February, March) is flu and respiratory season. A 76% drop in influenza from Q1 to Q2 isn't surprising. Compare Q2 of the current year to Q2 of the previous year for quality improvement. Shunting from ER to urgent care or PCPs could be a factor, which can be checked via claims data.

C. **Appeals & Grievances**	Appeals and grievances are fairly stable. Appeals are doctor or member-initiated and relate to services (e.g., MRI requests). Grievances are member complaints. There were 22 total appeals and 120 total grievances, with 8 being clinical and quality of care grievances.	
D. **Healthcare Effectiveness Data & Information Set (HEDIS)**	For 2024 CHPIV, with Health Nets support, they crossed the 50th percentile for 14 out of 18 measures. Health Net isn't capturing HEDIS data, and no provider data was captured for 2024 and 2025. Health Net is planning to manually look up or capture the data. If HEDIS bonuses are not received. Stratification Proposal Stratify data by member demographics like Hispanic, Black, and White families, and English vs. non-English speaking households. Break down data by provider, without initially naming underperformers, to allow providers to verify the report's accuracy. The goal is to close the loop and drive improvement by identifying discrepancies and addressing them promptly. 14 out of 18 measures were met, the best in 10 years. Performance this month compared to last year this month is pacing better. Low performance was noted in the 30-day follow-up for mental health and glucose control.	
E. **Care Management**	Focus on the number of members engaged and the engagement rate. Maternal care management engagement is low. Transitional Care Management (TCS) engagement remains above 70%, which is encouraging. Behavioral health dipped below 40%, a query is out to investigate. Impact of CM	

	Care management is being measured by looking at emergency department claims and readmission rates. Data is tracked 90 days before and after case management assignment. Requesting data on services provided (e.g., daily outreach, one-week outreach) to understand the reasons for changes in ED visits.	
F. **Enhanced Care Management/Community Supports**	Comparing enrollment ratios for Imperial County versus the rest of the state for Health Net. Imperial County has a 25-30% enrollment rate with a membership of about 1200, compared to 12-15% overall for the county. 2025 Goals: 1) Provider focused, conduct monthly office hours. Increase training, especially regarding data reporting. 2) Member focused, increased material development and social media campaign. 3) Internal, increased focus on data reporting. Leverage CHW/Doula benefit to refer and connect member to ECM/CS.	
G. **Long Term Support Services (LTSS)**	Focus is on the out-of-county rate for LTSS. The out-of-county rate has improved, indicating better saturation. CBAS and intermediate care facilities census are stable.	
H. **Pharmacy**	Physician-administered drugs are managed by the state PBM. Prior authorizations (PAs) are fairly stable. Denials are related to the appropriateness of the request, not the request itself, and commonly involve IV iron, bone marrow stimulation, and Visco supplementation.	
I. **Behavioral Health**	The number of members stepped down from county mental health to the plan (mild to moderate) is around 14.	

Quality Improvement & Health Equity (QIHEC) Committee

	Referrals to plan care management and care coordination have improved by 30-40%from last year. Autism center results are stable, with 160 members and ABA authorizations varying between 350 and 450.			
J. Quality Improvement Projects	QI Update Dr. Vishwa Kapoor's clinic is involved in a collaborative sprint and has moved into the national round. The practice is receiving additional funding and is competing with groups across the nation. Children Clinic Data We are hoping to have CHPIV and HN participate if another clinic is needed for data. There are additional funding opportunities available, including those advertised by Health Net for projects with data collection. Health Assessments Initial health assessments are significant and should be done correctly within 120 days for new members. Health Net considers health assessments done if three phone calls are made over a month without reaching the patient. The goal is to achieve 100% claims for Initial Health Assessments (IHAs), with 70% completed and 30% unable to reach. Ensuring pediatric IHAs are done is difficult, as they are not yet on Coseva. Initial health assessment findings were related to findings in both audits. Lead Screening			

	Health Net is willing to provide point-of-care lead analyzers, but providers are not using them. The cost of lead testing (roughly $25 per test) and low reimbursement rates may be a factor in providers not using the analyzers. Reporting the results to the state website and county is also required when the limits are above 3.5. A collective effort with other pediatric offices and ECM could be made to ask for grant money from Health Net to improve the financial aspect of lead screening.			
K. Peer Review Credentialing	No PQIs. The QOCs were number eight, but none of them made that level in terms of the leveling to reach the Health Net peer review committee.			
L. Integrated Access Report	Integrated access involves timely access monitoring, including appointment availability for members to receive services. Monitoring involves provider-based information (provider surveys, provider satisfaction survey), member surveys (CAHPS), and access to care grievances. The goal is to have above 70% in the first box and 90% for emergency and on-call afterhours categories. • Performance is not the worst, but there is room for improvement. • Prenatal and urgent care visits are below the 70% threshold. • Emergency after-hours emergency instructions are at 70%, right below the threshold. CAHPS Survey			

	Thresholds are 90% for members. The numbers are not horrible, but they are definitely below the threshold. Behavioral Health Access Initial appointment thresholds are 90% for both psychiatrists and non-physician behavioral health specialists. Non-urgent follow-up with a non-physician is at 83%, but everything else is well below the threshold. The handoff process between county professionals (psychiatrists) and the plan is being discussed, with consideration for capacity. In other counties, county psychiatrists help with the initial step-down, supported by plan funds.			
M. Provider Satisfaction	CCS Case Review Key Observations: With 88% of March 2025 cases pending CCS review, CHPIV cases submitted to CCS for review have an approval rate of 100% in March, 75% for Q1 2025. A 2025 average of 53 cases per month are identified for CCS consideration. 59% of all potential CCS cases identified year-to-date resulted in a new SAR (Service Auth Request) submission to CCS. New SAR CCS Approval Rates: Over the past 12 months, the average CCS approval rate for new SAR submissions is 82%.			
N. 2024 Population Analysis Report	Inpatient admissions (serious mental illness): 100 members 8 pediatric 70 middle aged 22 seniors Outpatient treatment/therapy (persistent mental illness): Approximately 3,500 members with almost 1:1 ratio			

O. 2025 Mid-Year Language Assistance Program Report	Inpatient ratio is lower, and the outpatient is doing okay. There has been improvement seen since 2024 issued report. Telephonic interpreter requests: 8 per 1,000 members with limited English proficiency (increased from less than 1 in 2024). Linguistic grievances: Only 2, no cultural grievances reported in 2024.		
Follow-Up Items (CHPIV)	1. **Member Services-** Can anything be done to decrease the member call volume? A lot of member calls are related to PCP changes; can Health Net offer members a way to do this online? 2. **UM-** Disconnect in terms of a bump between Q4 2024 and Q1 2025 for readmit rate, average length of stay and the admits. 3. **UM-** CHPIV currently receives trends on ER visits month by month, can Health Net provide further information on providers, providers groups, and diagnoses. 4. **A&G-** The transportation grievances reported, are they for transportation in San Diego or outside of Imperial County? 5. **A&G-** Can Health Net provide the reasons for the transportation grievances that are within Imperial County? 6. **Provider-** Dr. Ameen Alshareef and Dr. Unnati Sampat expressed concerns over Health Nets ability to capture HEDIS data that providers submit. Dr. Alshareef added that Health Net stated they are currently having issues and have not captured HEDIS data from any providers for 2024 and 2025. Health Net		

	also added that for now they will have to manually capture the data from providers. Can Health Net please provide an update on this matter? 7. **Provider-** Health Net had providers in Imperial County create new accounts in COSEVA, Health Net is also actively attempting to integrate COSEVA with EMR. Will Health Net require providers to enter additional information and additional work directly with this new account upgrade/integration? Are providers required to continue using COSEVA if there are active ongoing integrations? Or are providers not required to do anything on COSEVA? Additionally, what is Health Nets goal with COSEVA? This system currently does not capture all data so providers are having to go back and forth between different systems, how will providers track what is in COSEVA and what is not in terms of data? 8. **Care Management-** ED Claims, CM is taking the same members and following them 90 days before and 90 days after. Can you provide data as to what services are provided? This would give CHPIV further information on the decrease in ED visits. 9. **Quality Improvement (Dr. Vishwa Kapoor Project)-** Dr. Ameen Alshareef is open to discussing the possibility of his clinic's participation in this quality improvement project.			

Quality Improvement & Health Equity (QIHEC) Committee

V. Adjournment	Dr. Gordon Arakawa asked if there were any recommendations, comments, or questions. There were no recommendations, comments, or questions from the committee. **Next Meeting:** Date: Wednesday, January 14, 2026 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams *Meeting Materials Due: Wednesday January 9, 2026* **Meeting adjourned at 01:06 P.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 Projects
    b. IHA
    c. Lead Screening
11. Member Experience
    a. CAPHS
    b. Grievance & Appeals
12. Facility Site Reviews
13. GEO Access Report
14. Care Coordination: Behavioral & Physical Health

Agenda

15. Health Equity
16. Health Net Follow-Up
17. Credentialing

Call Center Metrics

Call Center Metrics

Member Services				
KPI	July 2025	August 2025	Sept 2025	Q3
Calls Offered	2,385	2,432	2629	7,446
Provider Services				
KPI	July 2025	August 2025	Sept 2025	Q3
Calls Offered	1,247	1,190	1,151	3,558

Q3-2025 Top Member Call Types
1. Benefits & Eligibility
2. PCP Update
3. Update Demographics

Q3-2025 Top Provider Call Types
1. Benefits & Provider Eligibility
2. Authorization Inquiries
3. Provider Search Inquiry

Utilization Management

Utilization Management Key Metrics

Admit/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
Admit/K	44.2	46.3	45.7	43.0	45.5

Days/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
Days/K	199.8	200.9	218.8	178.3	208.8

ALOS

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
ALOS	4.5	4.3	4.8	4.1	4.6

Readmit %

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
Readmit %	9.6%	7.6%	9.2%	9.2%	7.4%

ER/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
ER/K	467.3	474.9	444.5	431.0	403.3

OPS/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
OPS/K	225.0	161.8	130.1	143.3	138.6

"Benchmark" 2025

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

2025 Q4 CHPIV QIHEC

Appeals & Grievances

Appeals & Grievances

Q3 2025 Total Number of Grievances

Appeals	
CHPIV	Volume
Total	22
Grievances	
CHPIV	Volume
Total	118

A&G Overview:

A. Appeals and Grievances Summary
    1. Total Appeals – 22
    2. 18 Pre-Service Appeals
    3. 3 Expedited Pre-Service Appeals
    4. 1 Post-Service Appeal
B. Total Grievances – 119
    1. 74 - Quality of Service (QOS)
    2. 2- Clinical/Quality of Care (QOC)
    3. 42 – Access to Care (ATC) of which 7 cases were
Expedited Grievances

Appeals & Grievances

QOC Grievances

Description	Volume	PTMPY
Quality of Care – ER – Diagnosis Delay	1	0.03
Quality of Care - PCP – Treatment Delay	1	0.03

QOS Grievances

Description	Volume	PTMPY
Access to Care – Prior Authorization delay	18	0.56
Transportation – General Complaint Vendor	9	0.28
Balance Billing- Par Provider	7	0.22
Transportation – Member Reimbursement	5	0.15
Administrative Issues- Health Plan	5	0.15

Cultural & Linguistic Grievances

Total # of C&L by County	Q3 2025
Imperial	2
Grand Total	2

Access to Care

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	18	0.55
Access to Care – PCP Referral for Services	4	0.12
Access to Care – Availability of Appt W/ Specialist	4	0.12
Access to Care – Availability of Appt W/ PCP	4	0.12
Access to Care – Network Availability	3	0.09

Behavioral Health Grievances

Total # of C&L by County	Q3 2025
Imperial	4
Grand Total	4

HEDIS Measures RY2025

CHPIV MY2025 MPL Progress

Overview of YOY Performance – CHPIV Medi-Cal All MCAS *MY2025 September PPP (Data through 9/18/25)*
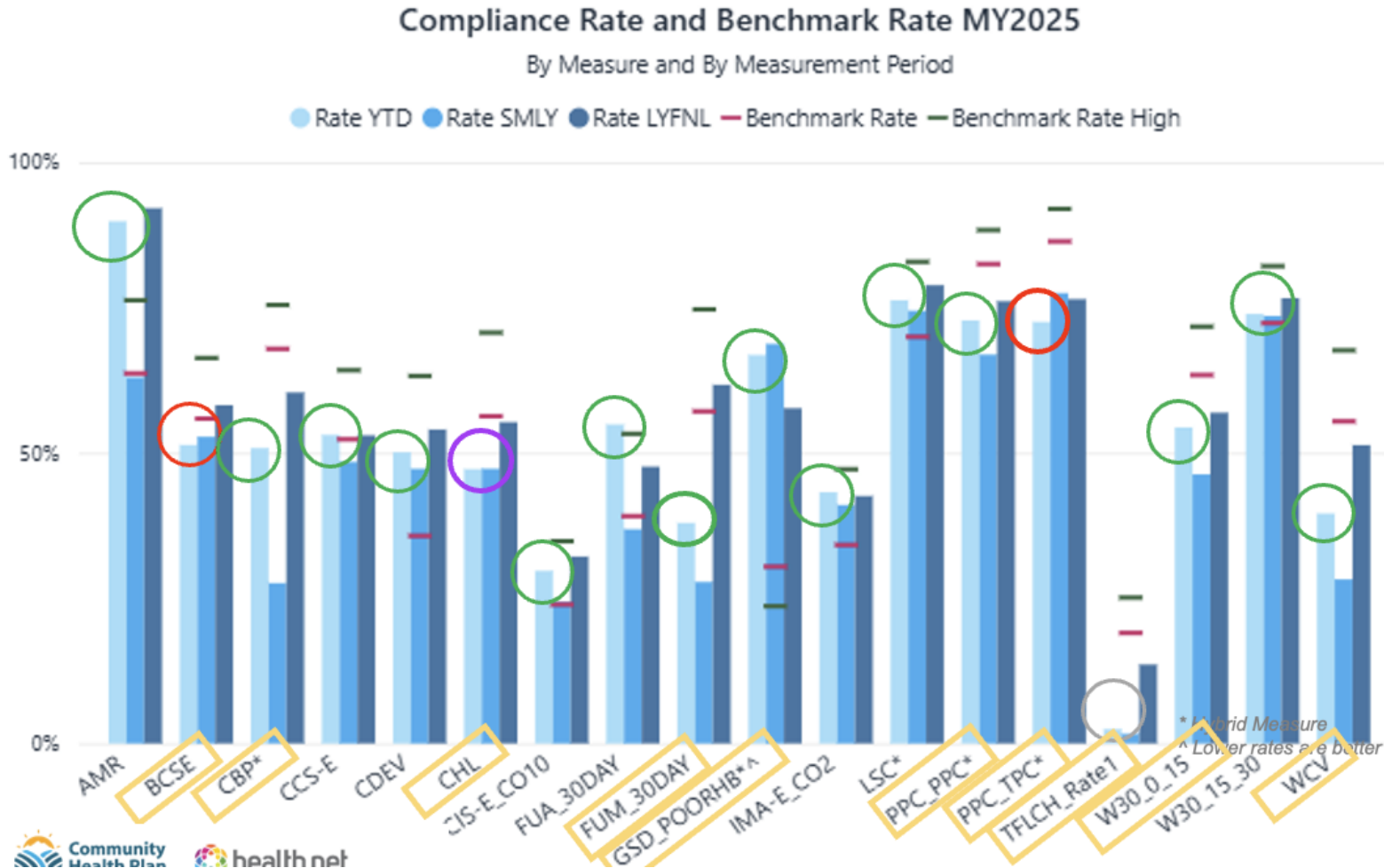
Compliance Rate and Benchmark Rate MY2025
By Measure and By Measurement Period

● Rate YTD ● Rate SMLY ● Rate LYFNL — Benchmark Rate — Benchmark Rate High

Rolled up for Health Net counties/regions
- 14 trendable metrics better than same month last year (SMLY)
- 14/18 measures improved Month over Month (MOM)
- 8 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

Care Management

Care Management

	Members Engaged	Engagement Rate
Care Management - Total	527	63%
Care Management - PH	176	72%
Care Management - BH	123	65%
Care Management - Mat	187	47%
Care Management - TCS	442	71%
Care Management - FYOL	41	88%

Care Management

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Physical Health and Behavioral Health

Members Case Managed Between 1/1/2025 and 6/30/2025, claims paid through 10/16/2025

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	123	66	17	25.8%	15	2	13.3%	-12.5%

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Transitional Care Services

Members Case Managed Between 1/1/2025 and 6/30/2025, claims paid through 10/16/2025

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	366	403	114	28.3%	143	30	21.0%	-7.3%

Care Management

Care Management - Total

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	123	111	3,610	46	1,496	-65	-2,114

Care Management - FYOL

Measure for Case Management	Members Not Enrolled in FYOL* First 90 Days after Referral			Members Enrolled in FYOL First 90 Days after Engagement			Difference	Percent Change
	Members	ED Claims	ED/1,000/Yr.	Members	ED Claims	ED/1,000/Yr.	ED/1,000/Yr.	ED/1,000/Yr.
Emergency Department (ED) Visits, per 1,000 members per year	97	11	454	39	3	308	-146	-32.2%

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

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

ECM Enrollment- Q1/Q2 2025

2025 Q1-Q2 CHPIV Assigned & Enrolled Totals
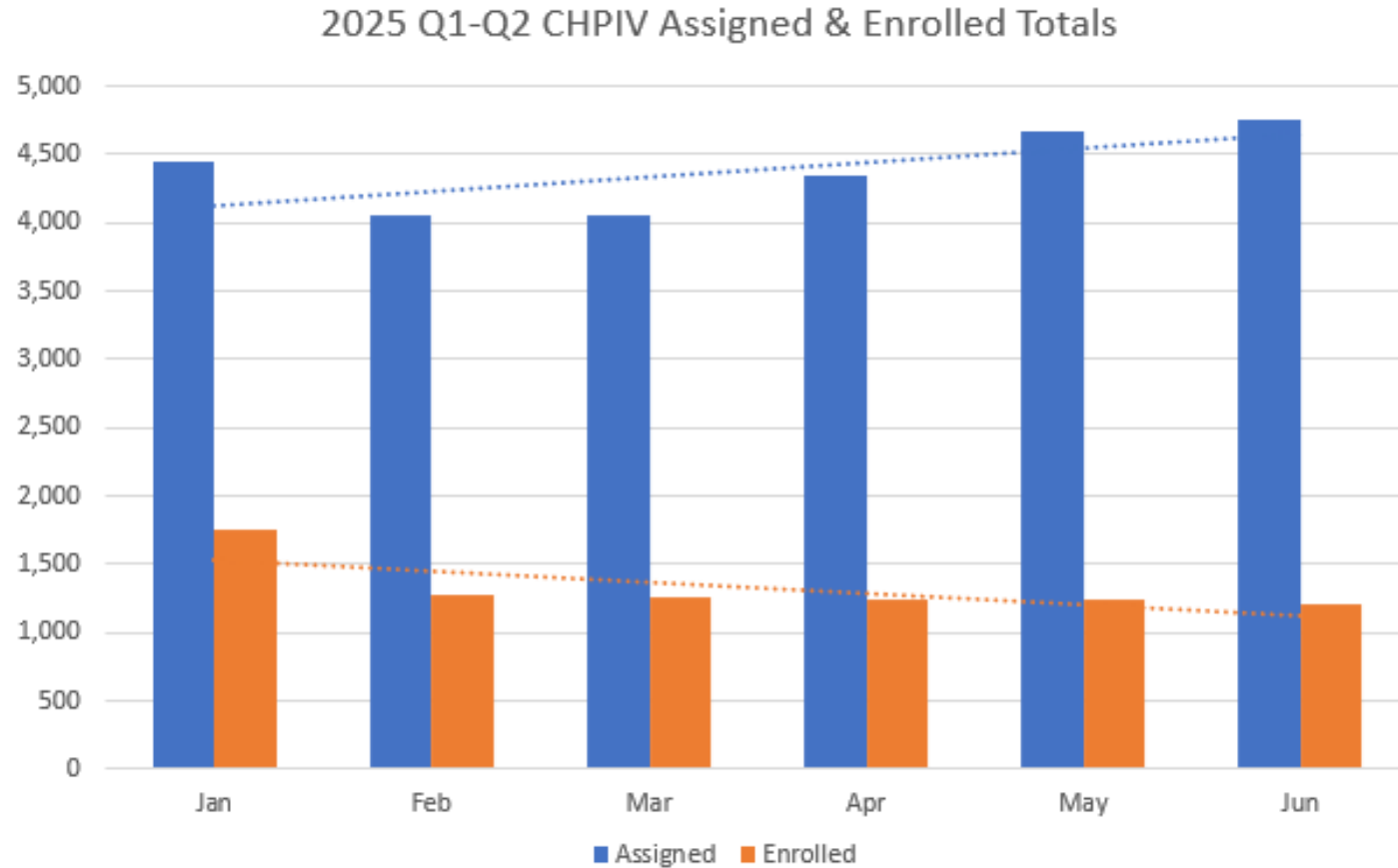
Long Term Support Services (LTSS)

Long Term Support Services (LTSS) Q1 2025

LTC (Long Term Care)

Unique Utilizing LTC Members	Jul 2025	Aug 2025	Sep 2025
El Centro Post Acute	92	95	92
Imperial Manor	28	25	20
Pioneer Memorial D/P	71	67	69
Out of County	26	22	19
Out of State	0	0	0

CBAS (Community Based Adult Services)

	Jul 2025	Aug 2025	Sep 2025
Unique Utilizing CBAS Mbrs	257	244	248
Average Days per Week	2.0	1.7	1.9
Members utilizing CBAS six months ago, now in LTC	2	1	0

ICF (Intermediate Care Facilities)

Unique Utilizing LTC Members	Jul 2025	Aug 2025	Sep 2025
ARC #1, #2, #3	16	15	15

Pharmacy

Pharmacy

	Goal		Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Total CHPIV														
Total # PA's	N/A		52	52	62	75	72	50	58	42	83			
# Approved %	N/A		65%	64%	61%	53%	56%	52%	57%	52%	60%			
# Denied %	N/A		35%	36%	39%	47%	43%	48%	43%	48%	40%			
PA per 1,000M	N/A		0.53	0.53	0.64	0.77	0.74	0.51	0.59	0.43	0.85			
% PA requests meet goal*	100%		100%	98.1%	98.4%	100%	100%	100%	100%	100%	100%			

Pharmacy

Top 10 Denials in Q3 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%	pegfilgrastim	18
epoetin alfa	100.00%	IV iron	7
epoetin beta	100.00%	pembrolizumab	5
IVIG	100.00%	rituximab	5
rituximab	83.33%	viscosupplement	4
sacituzumab	75.00%	epoetin alfa	4
viscosupplement	66.67%	bevacizumab	3
omalizumab	66.67%	sacituzumab	3
pembrolizumab	62.50%	epoetin beta	3
pegfilgrastim	52.94%	IVIG	3

Behavioral Health

Behavioral Health/ SUD

Q3 Report
Care Coordination Overview –CHPIV

Q3 BH Medi-Cal Referrals – CHPIV

153	members were referred to HN BH by County SMHP
1	members were referred by HN BH to County SMHS
48	members were referred to HN BH providers

CHPIV Members Served by Month Q2 (Unduplicated)

County	Apr 2025	May 2025	Jun 2025
Imperial +	315	303	133

Q3 Care Coordination Referrals

	CHPIV
members referred for health plan case management	117

Behavioral Health/ SUD

Autism Center Q3 2025

2025 YTD
CHPIV Clinical Determinations

	Authorizations	Approvals	Denials	Partial Denials	Full Denials
Q4 2025					
Q3 2025	384	382	2	2	0
Q2 2025	389	385	4	2	2
Q1 2025	406	402	4	4	0
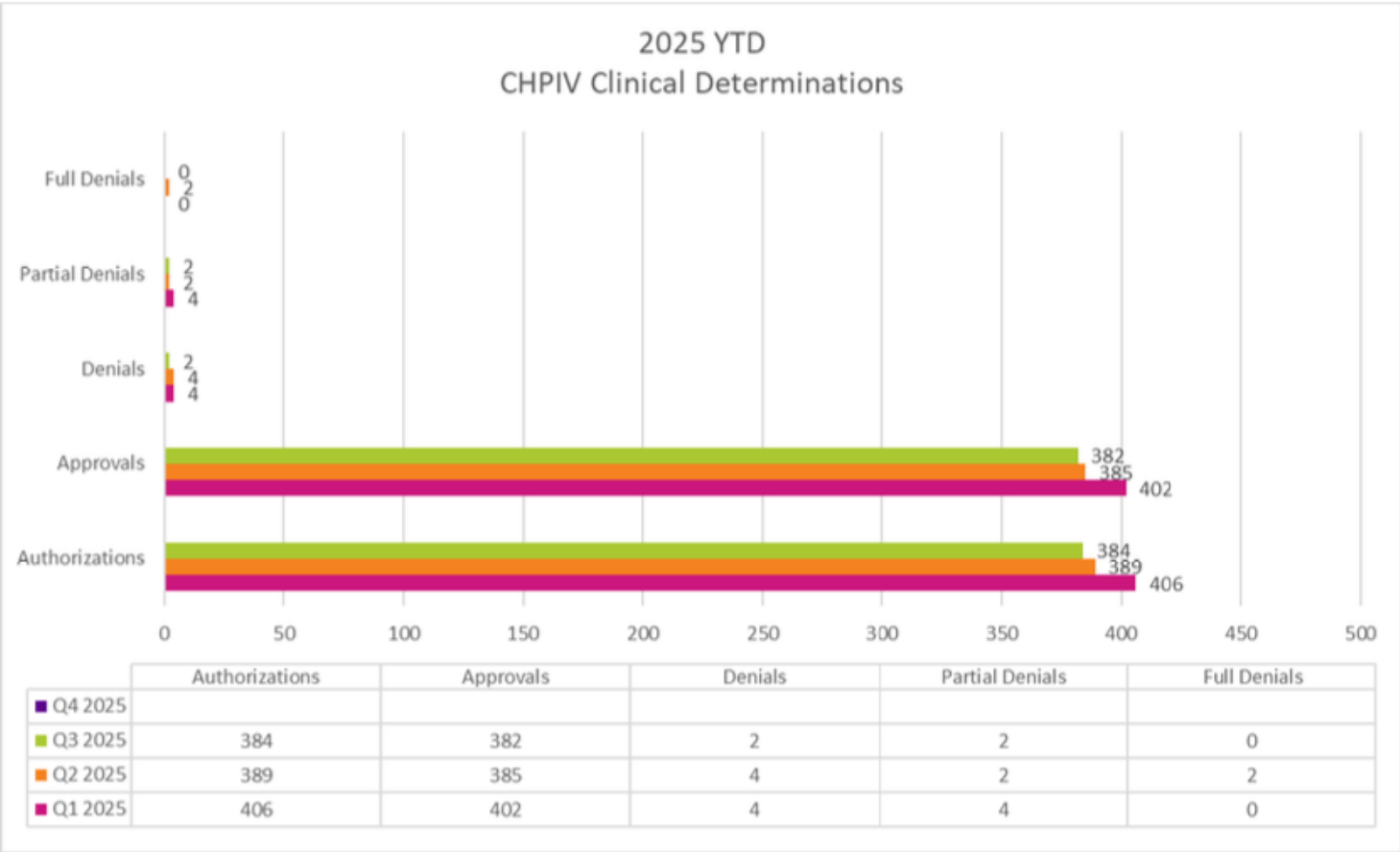
Quality Improvement Update

Quality Improvement Projects

Non-Clinical Behavioral Health PIP Topic of Focus:
- During the measurement period, Community Health Plan of Imperial Valley (CHPIV) will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Imperial County.
- Participating County: Imperial
- Quarter 3/4: Update:
  - Submitted the annual PIP report to HSAG/DHCS in August 2025
  - Received preliminary validation with suggested edits from HSAG in September
  - Resubmitted Clinical PIP for final validation score to be received from HSAG on or before

Quality Improvement Projects

Clinical PIP Measure Focus:
- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 3/4: Update:
    - Submitted the annual PIP report to HSAG/DHCS in August 2025
    - Received preliminary validation with suggested edits from HSAG in September
    - Resubmitted Clinical PIP for final validation score to be received from HSAG on or before

- Next Steps for both Clinical and Non-Clinical PIPs:
    - Continue to implement PIP interventions
    - PIP interventions will officially end on December 31, 2025.
    - Final Annual PIP reports for this cohort (2023-2026) will be due in August 2026

Quality Improvement Projects

CHPIV Child Health Equity Collaborative Sprint

Improve WCV rates for infants and adolescents

NEXT STEPS

- Share the latest information/updates received from IHI + DHCS with Kapoor Pediatrics and continue weekly meetings with pilot site

- Enlist support from IHI to engage other clinics/providers for Phase 2 collaboration:
  - Innercare (preferred); Dr. Luz Tristan Palma; The Pioneers Children Health Center

- IHI+DHCS will **share** a project charter template with all MCPs for intervention planning

Initial Health Assessments

Medical Record Review/Facility Site Review-Q4 YTD 2024

	Total Records	% Compliant
PED IHA	46	82%↑
Adult IHA	176	27%↓

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From July - Sept 2024	%
IHA Completed within 120 days	43.38%↓
Member Outreach Compliance (3 attempts completed)	49.63% ↑
Overall Compliant (outreach or IHA compliant)	72.36↓

Lead Screening in Children

Chart 1 – Overall Compliance Q1 2025
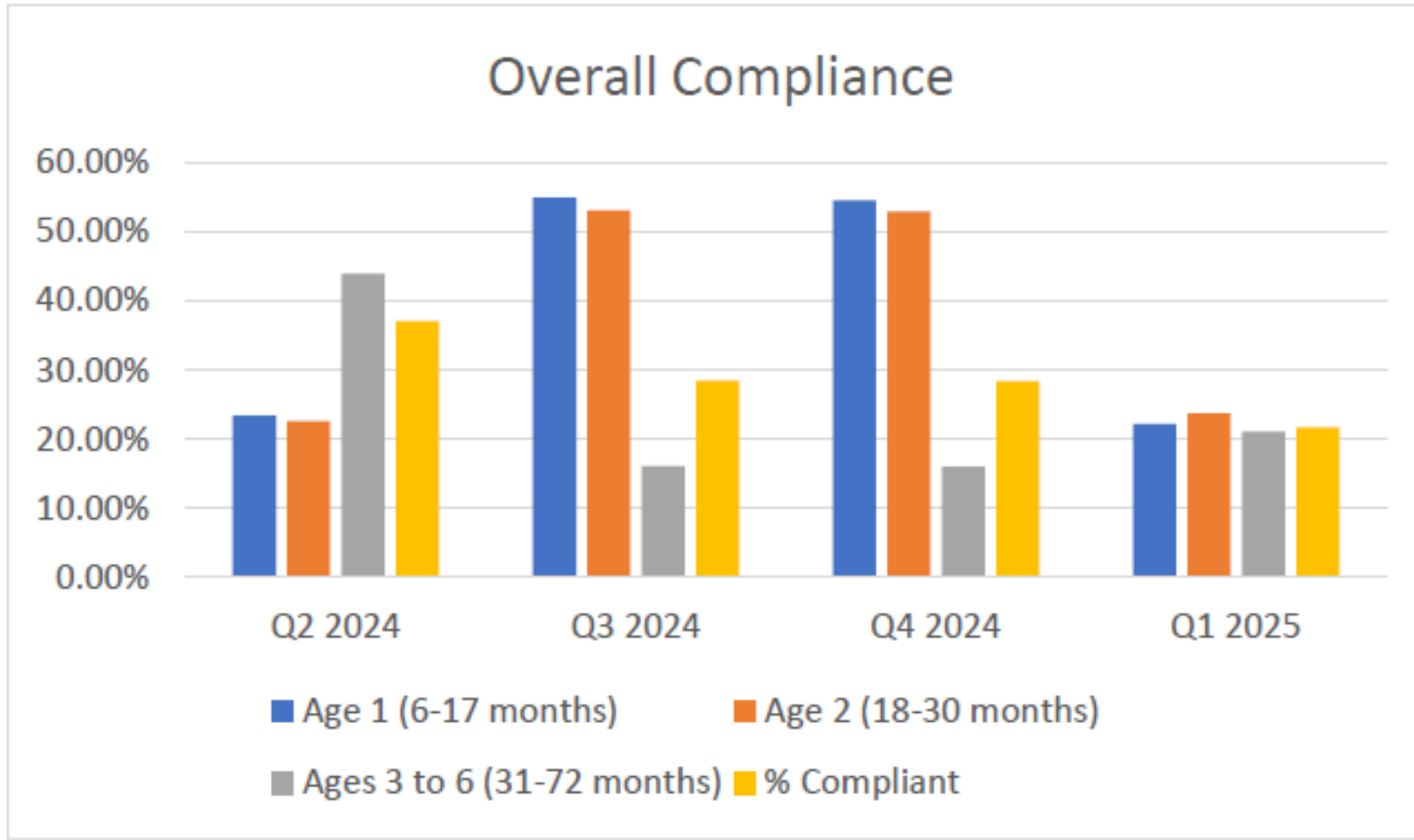
Peer Review Credentialing

Health Net Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q3-2025
1. 0 Investigative Cases brought before Peer Review Committee
2. 0 incidences of Appointment Availability Resulting in Substantial Harm
3. 0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q3-2025
Re-Credentialing
Behavioral Health

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
BENJAMIN	REISIN	MFT	Marriage Family Therapy	Non-Physician	MFC000000045453	N	N/A	N/A	8/14/2025

CHPIV Credentialing

Peer Review Credentialing and Access Reports

Credentialing
13 Providers – December, 2025
24 Providers – November, 2025
14 Providers – June, 2025

Member Experience

Member Experience

Consumer Assessment of Providers and Healthcare Systems (CAPHS) Survey

CHPIV	MY 2024		2025 Quality Compass HMO					
Measures	Rate	Percentile	Sample Size	25th (%)	50th (%)	75th (%)	90th (%)	95th (%)
Rating of Health Plan (8-10)	86.2%	95th	326	75.1%	78.1%	81.0%	83.1%	84.3%
Rating of All Health Care (8-10)	85.0%	95th	187	74.0%	76.4%	79.0%	80.7%	82.6%
Rating of Personal Doctor (8-10)	92.2%	95th	231	82.5%	84.7%	86.7%	88.4%	89.3%
Rating of Specialist Seen Most Often (8-10)	91.2%	95th	148	80.9%	83.2%	85.7%	88.0%	89.1%
Customer Service Composite (%Usually/Always)	87.9%	25th	145	87.2%	89.4%	91.4%	92.8%	94.0%
Getting Needed Care Composite (%Usually/Always)	83.6%	50th	NA	79.4%	82.1%	85.0%	86.8%	87.4%
Getting Care Quickly Composite (%Usually/Always)	83.0%	50th	198	78.9%	81.7%	84.9%	87.5%	87.9%
How Well Doctors Communicate Composite (%Usually/Always)	92.4%	25th	NA	91.9%	93.6%	94.8%	96.0%	96.5%
Coordination of Care (%Usually/Always)	89.0%	75th	118	83.9%	85.8%	88.7%	90.4%	91.4%

NOTE: 3159 (3.3%) mailed with 333 (10%/0.3%) respondents

Member Experience

2024 Grievance and Appeals Data

Grievances

	Volume	PTMPY
	2024	**2024**
CHPIV Medi-Cal		(Average Membership 96,453)
Quality of Care	35	0.36
Access	131	1.36
Attitude and Service	251	2.6
Billing and Financial Issues	38	0.39
Quality of Office Practitioner Site	0	N/A
Total	**455**	**4.71**

Appeals

	Volume	PTMPY	OT (%)
Appeals Classification	**2024**	**2024**	**2024**
CHPIV Medi-Cal		(Average Membership 96,453)	
Quality of Care Appeals	0	0.00	N/A
Access to Care Appeals	0	0.00	N/A
Attitude and Service	0	0.00	N/A
Billing and Financial Issues	51	0.53	60.78
Quality of Practitioner Office Site	0	0.00	N/A
Total	51	0.53	60.78

Facility Site Reviews

Facility Site Reviews

A. **FACILITY SITE REVIEW AND MEDICAL RECORD REVIEWS**:
Health Net completed 9 Facility Site Reviews (FSR) and 12 Medical Record Review (MRR) (total of 130 records reviewed) in the first two quarters of 2025. Corrective Action Plans (CAPs) are required for FSR and MRR scores below 90% and for deficiencies in any Critical Elements (CE); CAPs must be approved, and corrections verified. There were 3 on-site focused reviews to verify corrections. There were 3 failed reviews during this period.

- The FSR mean rate for Q1-Q2 2025 was 93%.
- The MRR mean rate for Q1-Q2 2025 was 88%

Medical Record Review (MRR) for Preventive Care

The MRR results are presented in overall counties' mean scores for the 6 sections (Format, Documentation, Continuity/Coordination, Pediatric Preventive Care, Adult Preventive Care and OB Preventive care).

♦ The Adult Preventive Care mean score over all counties for the first two quarters of 2025 was 77%.

♦ The Pediatric Preventive Care mean score over all counties for the first two quarters of 2025 was 91%.

GEO Access Report

GEO Access Report

2024 Demographics

Hispanic – 93%

White – 4%

Language

CHPIV Language Preference December 2024	Membership	
	#	%
Spanish	56116	58.3%
English	40041	41.6
Cantonese	23	0.02
Samoan	13	0.01
Declined to State	12	0.01
American Sign	12	0.01
Vietnamese	10	0.01

County	Speak a language other than English at home	Latino	Foreign born
Imperial County (Southern California)	77%	85%	31%

GEO Access Report

2024 Member Language Gaps between Members and PCP/Specialists

1) Urban: within 10 miles or 30 minutes from residence or workplace
   a. Urban: population density is greater than 3,000 persons per square mile
2) Suburban: within 15 miles or 30 minutes from residence
   a. Suburban: population density is between 1,000 and 3,000 persons per square mile
3) Rural: within 30 miles or 60 minutes from residence
   a. Rural: population density is less than 1,000 persons per square mile

A gap is defined as at least one member not having access to a provider, given the parameters of their respective residential density.

GEO Access Report

2024 Member Language Needs compared to PCP/Specialist Language Capability

| | Spanish | | | | |
| | PCP | | SPEC | |
	No Access	Total	No Access	Total
Imperial	0	56,649	0	56,649

GEO Access Report

2024 Language Assistance Program

LAP Service Requests	2024 EOY
Translation Requests	0
Telephone Interpretations	76,918
Face-to-Face Interpretations	2
Sign Language Interpretations	1

LAP service utilization is lower than expected, however this will be ameliorated with promotion of LAP services through staff/provider trainings and participation in Community Advisory Committees. There was a total of 1,241 telephone interpreter requests and we expect to see this number grow by the end of 2025. There was a total of four Face to Face and Sign Language Interpreter requests for 2024.

Care Coordination: Physical & Behavioral Health

Care Coordination

Areas	Results
Exchange of Information	< 25%
Diagnosis Treatment Referral	~ 50%
Use of Psychotropics	~ 50%
Treatment Access & Follow-up	N/A
Preventive Behavioral Health	<5% / 71%
Needs of SPMI: Diabetes	83%

Health Equity

Health Equity Topics

A&G
  Racial/ethnicity, age bias
HEDIS, LHA, Lead Screening
  Stratification by race/ethnicity, spoken language
CAPHS
  Stratification by responses
GEO Access Report

Health Net Q3 QIHEC Questions

Question Follow-up

1. Member Services

What is HealthNet doing to help decrease the Member call burden (2000+ calls/month)?

Shared Services MPS Medicaid organization is doing to improve the member and provider experience, which should help reduce call volume through:

- Improved first-call resolution

- Enhanced training

- Implementation of a new CRM (Salesforce.com)

- Deployment of a new ACD/IVR solution (Amazon Cloud)

- An advance approach to Quality Assurance program leveraging AI Technologies through TPG speech analytics.

Question Follow-up

2. UM

What is the reason for the sudden increases seen from Q4 2024 to Q1 2025 in Admits/K, Days/K, and Readmits/K?

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%
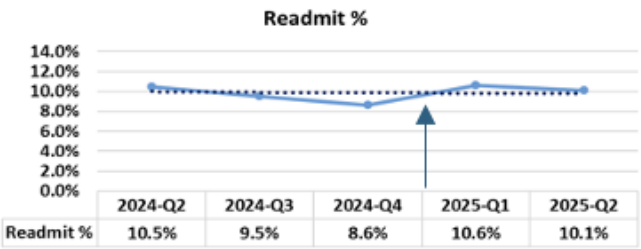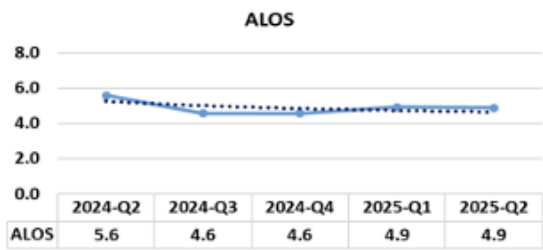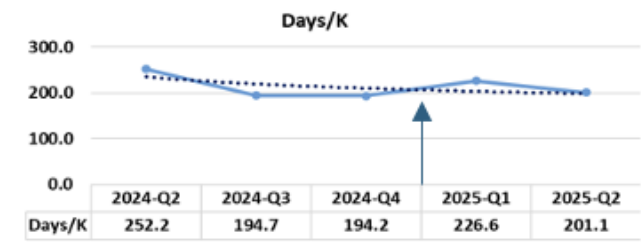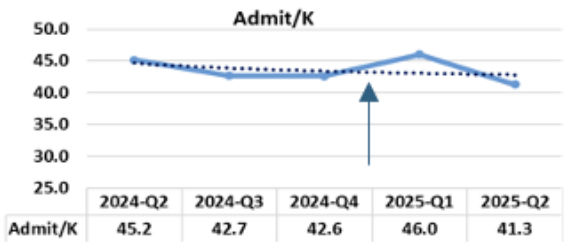
ER/K

OPS/K

- Due to the limitation on the Utilization trend report, we are unable to provide the detail for the reason for the sudden increase in utilization for **Q4 2024 to Q1 2025 in Admits/K, Days/K, and Readmits/K** at this time. We are currently reviewing the report source to drill down to that detail.

Question Follow-up

3. UM

Committee members were excited to see some new stratified data by diagnoses. They asked if additional data could be provided, e.g., stratification by provider and by provider groups.

- We will review the report source and determine if the additional data requested can be included.

Question Follow-up

4. A&G

Regarding the QOS Grievances related to Transportation, the committee members are asking for a breakdown of destination – what is the proportion of transportation grievances related to travel within Imperial County compared to outside Imperial County, e.g., trip to San Diego.

In addition, the committee members asked if the top reasons for the QOS Transportation grievances related to in-county versus out-of-county could be shared.

Question Follow-up

5. Provider Relations

Two committee members had questions related to HEDIS measures. The first question was related to Health Net's ability to adequately capture HEDIS data that providers submit. They report that Health Net has told them that the Plan is having issues with HEDIS data capture. The second (related) question is that, as a result of the data capture problems, HEDIS-related supplemental payments have not been given to providers since mid-2024.

Health Net has had challenges capturing data from El Centro since they are on the Cerner platform. Despite attempts to use ERO Health for data file extracts, it didn't work due to Cerner's restrictions. We've also suggested Cozeva as an alternative.

For other providers, we would need to investigate further as I'm not aware of any specific data capture issues. If you could provide more details, it would help us pinpoint the problems more effectively. Additionally, regarding incentives, we would need specific examples to research and provide an accurate response.

Health Net has made efforts to keep supplemental payments current. They are willing to speak to any Provider tpo discuss the matter.

Question Follow-up

6. Provider Relations

Some committee members had questions regarding Health Net's approach to COSEVA. First, will providers be required to use the COSEVA app after EMR system integration? Second, there is a concern that COSEVA does not always capture the full set of data required – some providers claim they need to submit data using completely different systems.

1. Providers remain within the EHR but can open a new "embedded app" that would show Quality measures and HCC conditions from Cozeva that should be addressed at the point of care. All providers/staff who enable this feature will be required to have a Cozeva login, however, they would not be required to regularly log into Cozeva unless it is to check other information (e.g., overall Quality performance, incentive payments, etc.)

2. EHR integration with Cozeva ensures any information documented in the EHR that is relevant to Quality measures will be shared automatically with the health plan via Cozeva. This should reduce the need for PCP offices to manually upload medical records into Cozeva to close care gaps

Question Follow-up

7. Care Management

Regarding the impact measure of Care Management on ER Visits and Inpatient Readmissions, committee members are, in general, impressed with the results suggesting that care management efforts are having a positive impact on member care. As follow up, they are asking about the services and interventions provided by the care management program; that way, a cause-effect relationship may be elucidated.

Response: Our dept is currently developing a report to better outline the interventions and services our CM's provide during each case. We will be excited to share those summaries once we have the report more refined.

Question Follow-up

8. Quality Improvement/Provider Relations

After reviewing the impressive work performed by Dr. Vishwa Kapoor, one of the committee members, Pediatrician Dr. Ameen Alshareef, inquires how his clinic could participate in a quality improvement project such as Dr. Kapoor's project.

Response: This particular quality improvement project is part of our participation in the IHI/DHCS Childhood Collaborative. Great news—Phase II launched in September, and we would be delighted to include Dr. Alshareef as a provider partner in this next phase!

Questions & Comments

Our Family of Brands

Health Plans We Support

Notice: CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

TAB 01

Please see TAB01 attachment

Review of Minutes

TAB 02

Please see TAB02 attachments

Consent Agenda

TAB 02

Consent Agenda

a. Member Service and Provider Call Center Report

b. Member Experience Report *(CHPIV)*

c. Facility Site, Medical Record Reviews, & Physical Accessibility Reviews (PARS)

d. HNCS Statewide Public Policy Committee & Executive Committee Meetings *(HN)*

e. Community Advisory Committee Report *(HN)*

f. Pharmacy & Therapeutics

g. Service Coordination Report

h. Network Access & Availability Governance Committee Update

i. Quality & Accuracy of Member Benefit Information Report

j. Accessibility of Services Report *(CHPIV)*

k. Medi-Cal LTSS Report

l. Behavioral Health Update

m. Peer Review Credentialing PQI/QOC Access Report

n. Credentialing Report *(CHPIV)*

o. Delegation Oversight Committee Summary

p. Vendor Monitoring and Oversight Summary *(HN)*

q. Provider Operations Manual Updates

r. Medical & Behavioral Health Care Report *(CHPIV)*

Committee Approval

TAB 03

Health Equity

TAB 03

Please see TAB 03b attachment

GEO Access Report

Ivy Diaz / Armine Kelechian

Health Equity – CHPIV Geo Access Report

Performance metrics summary	Opportunities for improvement	Remediation action
Threshold for gap: 1 member Goal: 100% members with access to providers with language concordance	Imperial County – NO gaps	Continue sharing language access program resources
Language access	Spanish is available for all provider (PCP and Specialists)	
100% access	Rural, suburban, and urban parameters are met at 100%	

Community Health Plan OF IMPERIAL VALLEY

TAB 04

Please see TAB 04a attachment

2025 CHPIV Segmentation Report

Tarjani Padmani

Manager, Clinical Pharmacy Services

2025 Population Segmentation

The attached report reflects ongoing programs and activities for CHPIV targeting specific subpopulations. The following are listed:

- Applicable products

- Criteria for eligibility

- Number of potentially eligible members of population

- Percentage of potentially eligible members of population

CHPIV Segmentation Summary

Program	# Eligible Members	% Eligible Members	Program	# Eligible Members	% Eligible Members
Improve Preventative Health: Flu Vaccinations	63,734	65.25%	Chronic Condition Management: Substance Use Disorder-Opioid (SUD-O) Program	416	0.43%
Improve Preventative Health: Breast Cancer Screening	16,772	17.17%	Tobacco Cessation – Kick It California	74,017	75.78%
Improve Behavioral Health: Severe and Persistent Mental Illness (SPMI) and Follow-Up Care after Mental Health Emergency Department Visits	32	0.03%	Diabetes Prevention Program	4666	4.78%
Start Smart for Baby	38	0.04%	Diabetes Management Program	5969	6.11%
Care Management	8034	8.23%	Cardiac + Diabetes	34,096	34.91%
Transitional Care Services	407	0.42%	Health Information Form	97,668	100%
Chronic Condition Disease Management	41,738	42.73%	Initial Health Appointment	97,668	100%
Teladoc Mental Health Digital Platform	74,017	75.78%	Emergency Room Diversion Program	48	0.05%
Behavioral Health Care Management	97,668	100%	Chronic Condition: Oncology	3539	3.62%
Chronic Condition: Respiratory Conditions (COPD and Asthma)	7583	7.76%	Telemedicine	97,668	100%

TAB 05

Enhanced Care Management & Community Supports Performance Report

(Through Q2 2025 for CHPIV Counties)

Nancy Wongvipat Kalev, MPH

ECM Program– Imperial County

Performance metrics summary	Opportunities for Improvement	Remediation action
• As of June 2025, of the **4,757 members assigned to Enhanced Care Management (ECM) in Imperial County, 1,201 are enrolled, accounting for a 25% enrollment rate.** • Highest claims submission was from Serene Health (68%), MedZed (10%), El Centro Regional Medical Center (5%), DaCare (4%), and VOASW Professional Offices (3%), **accounting for 90% of all ECM claims submission.** • Between January to June 2025, in-person engagement was between 10.0% to 23.1%, with an **average of 12.3%.** Members graduate when they have met all care plan goals and/or are ready to transition to a lower level of care. A total of **28 ECM members graduated from January through June 2025 between six providers**— VOASW Professional Offices, MedZed, Independent Living Systems, Pioneers Memorial Healthcare District, Pacific Health Group, and El Centro Regional Medical Center. • As of the **DHCS ECM publicly available data** through Q2 2025 for all 24 MCPs, CHPIV had higher than 11 other MCPs. For ECM enrollment for children and youth, CHPIV increased from 11.6% to 13.7% from Q4 2024 to Q1 2025.	1. **Low ECM utilization for Adult Birth Equity POF given DHCS' bold goals on material health, Birthing Care Pathway, TmaH initiatives**– Expand to local network (e.g., First 5s, Black Infant Health); Explore potential duplication with current pregnancy management programs. 2. **Low ECM utilization for Child Welfare POF given DHCS' bold goals on focus on children's preventive health and behavioral health**– Identify promising practices from child welfare pilot; Create simple referral workflow tools and resources for county child welfare/social workers; Local level engagement including MOU and transition age youth (TAY) focused engagement. Barriers to ECM uptake continue to be focused on: • Lack of accurate or available member contact information • Difficulty finding members to refer into the program • Lack of awareness by members and other providers of the program, including relationship and trust building between providers • Provider capacity and staff turnover, including referral workflow development • Training and technical assistance needs on operational functions • Potential broad member stratification, and • Incorrect provider status in the provider database/Portico.	• Implementation of member awareness campaign, provider training and webinars targeted provider coaching, centralizing the provider liaison structure to improve provider engagement efforts, implementing internal referral workflows, provider incentive program, and other operational improvements. • Evaluating program performance differential by provider and working directly with providers to meet program goals (e.g., 25-50% in-person engagement). • Continued need to increase awareness and education on CalAIM programs across providers and key stakeholders who interact with members to facilitate community-based, organic referrals between providers. Specific populations of focus, such as birth equity and child welfare, will require focused uptake effort.

Community Health Plan OF IMPERIAL VALLEY

CS Program– Imperial County

Performance metrics summary	Opportunities for Improvement	Remediation action
• For CS services, a total of 8,874 authorizations were submitted between January to June 2025, with 88,677 total claims count associated with auth. **75% of the paid CS claims were for services related to Medically-Tailored Meals/Medically Supported Foods, followed by 12% for Recuperative Care, 8% Personal Care and Homemaker Services, and 2% Respite Services.** • Between January to June 2025, a total of **83 CS referrals were made through Findhelp to a total of 10 CS providers.** The ten referred to providers through Findhelp are Roots Food Group (20%), SunTerra/Project Foodbox (18%), Serene Health (18%), St. Vincent Preventative Family Care (18%), Mom's Meals (12%), Rooted Life (7%), Cancer Resource Center of the Desert (2%), Krista Care (1%), 24 Hour Home Care (1%), and National Healthcare and Housing Advisors (1%). The seven referring entities are Anonymized provider (29%), HN's Clinical Pharmacy (26%), ResolutionCare PC (26%), Community HealthWorks (6%), Garfield Health Center (6%), DaCare (3%), and Home Health Care Management (3%). • As of the **DHCS CS publicly available data** through Q2 2025 for all 24 MCPs, CHPIV had higher than 23 other MCPs.	**Guiding Optimal/Appropriate Usage of CS Services for Program Sustainability–** 1) Increase in required supporting documentation during authorization and service extensions; 2) Narrowing and/or complete removal of data mined CS members to assign to CS providers; 3) Narrowing current network of CS providers; 4) Develop incentive program for value-based outcomes; 5) Redesign program to meet needs of highest risk members. Barriers to CS uptake continue to be focused on: • Lack of accurate or available member contact information • Difficulty finding members to refer into the program • Lack of awareness by members and other providers of the program, including relationship and trust building between providers • Provider capacity and staff turnover, including referral workflow development • Training and technical assistance needs on operational functions • Potential broad member stratification, and • Incorrect provider status in the provider database/Portico.	• Implementation of member awareness campaign, provider training and webinars targeted provider coaching, centralizing the provider liaison structure to improve provider engagement efforts, implementing internal referral workflows, provider incentive program, and other operational improvements. • Evaluating program performance differential by provider and working directly with providers to meet program goals. • Continued need to increase awareness and education on CalAIM programs across providers and key stakeholders who interact with members to facilitate community-based, organic referrals between providers. Specific populations of focus, such as birth equity and child welfare, will require focused uptake effort.

Community Health Plan OF IMPERIAL VALLEY

ECM Assigned to Enrolled Members for CHPIV Q1-Q2 2025

2025 Q1-Q2 CHPIV Assigned & Enrolled Totals
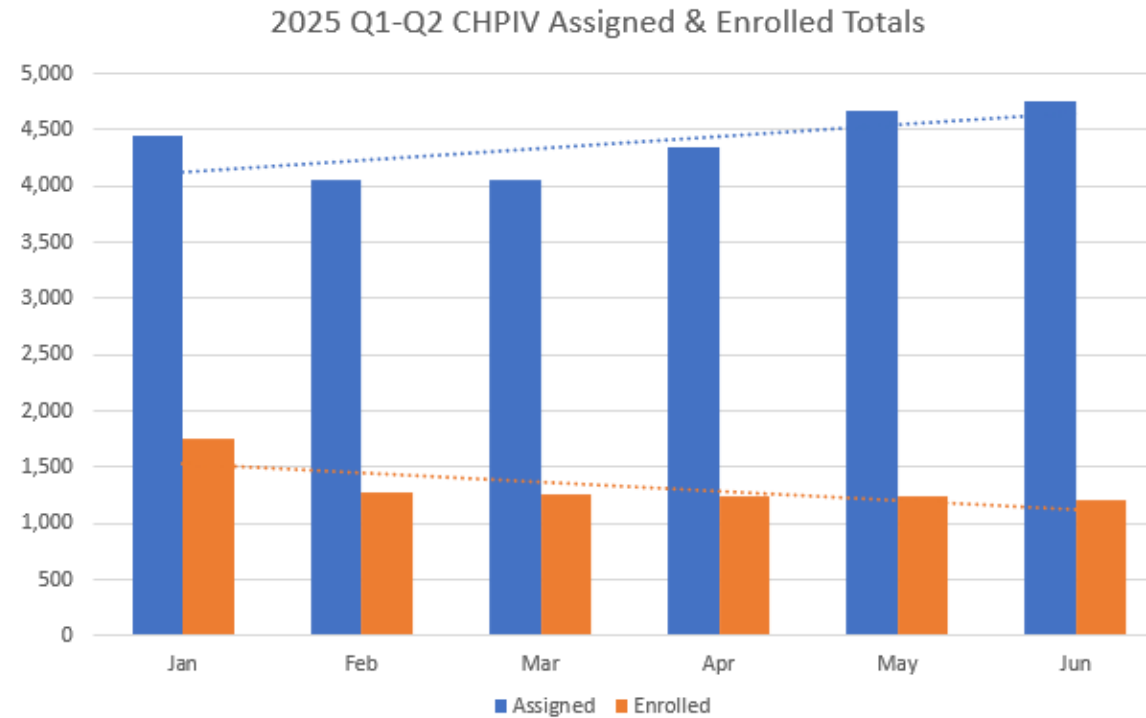
Committee Approval

Quality Improvement

TAB 06

Quality Improvement (QI) Program Update

Shekinah Wright
Director, Quality Improvement

Agenda

- 2025 HEDIS Performance Progress and High-Level Strategic Summaries

- Appendix
  - Regulatory Projects and QI Programs Update
  - DHCS Performance Improvement Projects (PIP)
  - Institute for Healthcare Improvement (IHI) and DHCS Child Health Equity Collaborative Sprint
  - 2025 DHCS Quality Monitoring Improvement Program (QMIP) - Health Net Only
  - Quality EDGE Update
  - Initial Health Appointments Update
  - Lead Screening in Children Update

TAB 06

HEDIS Performance Progress and High-Level Strategic Summaries 2025

Executive Summary – CHPIV Quality Improvement

Performance Metrics Summary	Opportunities for Improvement	Remediation Action
78% (14/18) measures are performing better than Same Time Last Year (SMLY) 44% (8/18) measures met pacing goal (AMR, CCS-E, CDEV, CIS-10, FUA, LSC, IMA-2-E, W30-2+) CIS-E, IMA-E, CCS-E are now ECDS measures and there will be no hybrid rate nor "chart chase." Lower benchmarks for the ECDS versions of these measures are reflected in the benchmarks.	As a result of the new and higher benchmarks for MY2025, many measures while trending higher year-over-year, remain off-track from their benchmark goals. BCS and PPC-TPC are showing year-over decline. Providers and Community Health Worker teams reported increased member reluctance to attend in-person visits during this period, particularly in communities expressing concern over immigration enforcement activities	Data reconciliation project to launch in Quarter 4 to address the PPC-TPC. Calling campaign in progress for WCV measures. Expanding vendor partnership to include in-home services with Sprinter Health and kit distribution with Simple HealthKits. Health Net submitted a letter to NCQA requesting that virtual care be expanded to additional quality HEDIS measures to improve access for members who are reluctant to attend in-person visits due to immigration enforcement activities. DHCS also issued a supporting letter advocating for the same expansion.

Compliance Rate and Benchmark Rate MY2025
By Measure and By Measurement Period
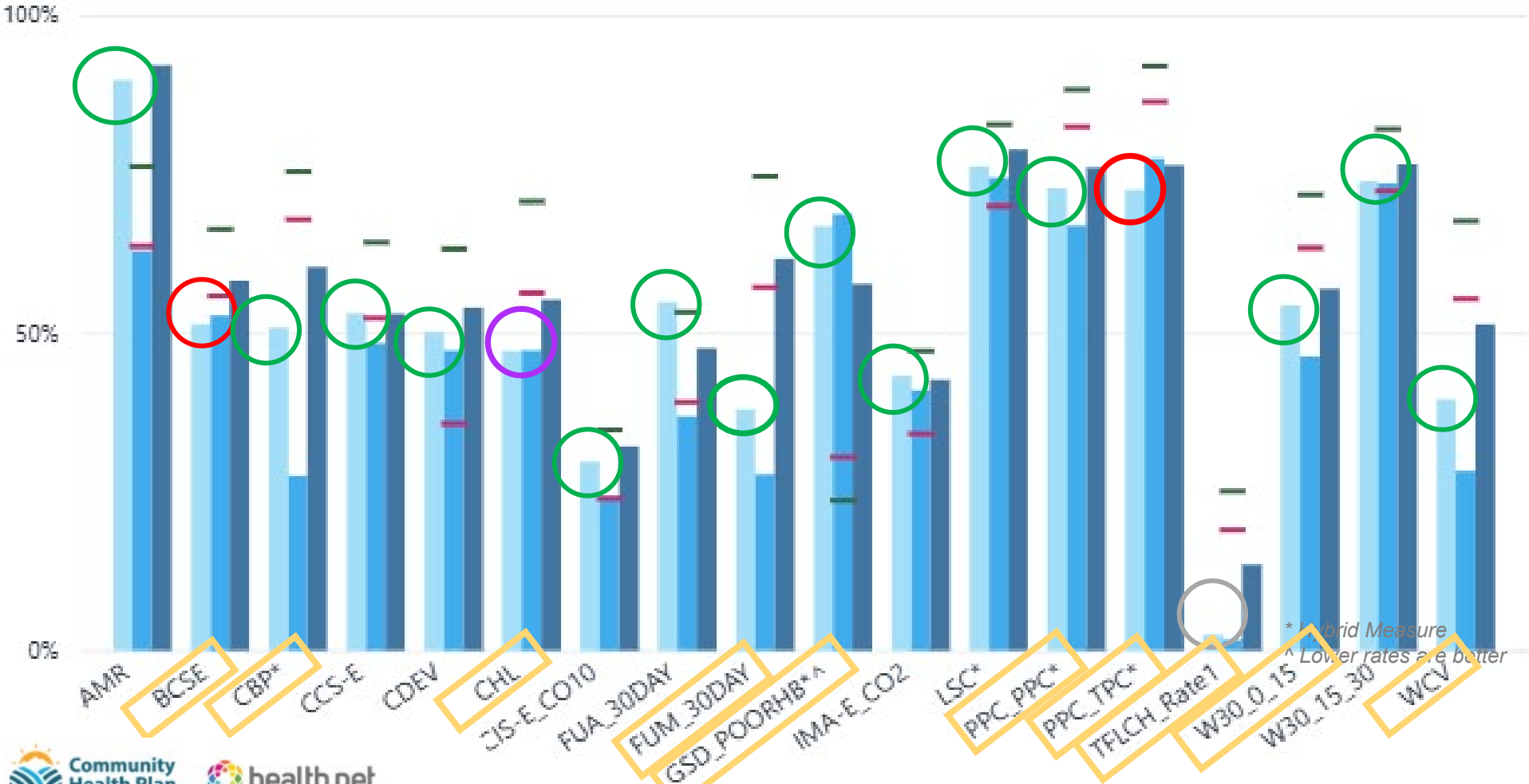
Rolled up for Health Net counties/regions
- 14 trendable metrics better than same month last year (SMLY)
- 14/18 measures improved Month over Month (MOM)
- 8 measures met pacing goal
- 2 measures performing worse than Rate SMLY

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

Legend:
- Rate YTD performing **better** than Rate SMLY
- Rate YTD performing **worse** than Rate SMLY
- Rate YTD performing **same** than Rate SMLY
- View YOY comparison with caution
- Rate YTD Pacing **not** On Track

Executive Summary – CHPIV Quality Improvement

Strategy: Maintain Regulatory Compliance Projects	
PIPs	**ON TRACK:** 2, 3-year PIPs, topics are clinical (w30) and non-clinical(FUA/FUM) and partnership with local providers • Year 2 submissions were completed on August 7, 2025, with the first round of validation received. • Resubmission of PIPs to DHCS completed on 10/2/2025. Final validation score will be sent on or before 12/5/2025.
QMIP Deliverables	**ON TRACK:** NOT APPLICABLE: 1st year results expect in June. Will kickoff with DHCS initiation after their review.
IHI Peds/Beh. Health	**On TRACK:** The IHI Children's Health Collaborative Phase 2 launched in September 2025. Phase 2 goals is to achieve a 5% increase in the target metric for children ages 0–30 months by September 2026..
Regional Regulatory Collaborative Calls	**ON TRACK:** Barrier and collaborative discussions held; various themes selected by the regions
Lead Screening	**OFF TRACK:** Post migration, Custom LSC measures not available. Quarterly reports and provider notifications delayed to next reporting period. Only LSC available (2-year-olds) when requirement is for 0-6 years. Workgroup in place to discuss the specifications requested from corporate. Minimum of 12 weeks to get the new measure in place. Completion expected Q3.
Health Education	**ON TRACK:** promotion of digital materials, fulfillment of member educational content requests, member incentive reports to DHCS; Jan- Sep 1,145 **pieces sent**
Annual Audits	**ON TRACK:** Document submissions and audits completed for CHPIV (4/28-5/9) Pending audit findings.
Delegation Oversight and Subdelegate Reporting	**ON TRACK:** received 100% compliance outcome for CHIPIV's NCQA oversight audit
Annual Contract Assessments and DHCS Annual Deliverables	**COMPLETED:** DHCS annual deliverables submitted to compliance ; reviewed new contract amendment

Strategy: Supplement Care Gap Closure with Direct, High-Impact Interventions
• 2025 WCV Calls began 1/8/2025: calls through 10/27/2025 • Imperial: 2,404 (25%) reached; 9,735 (90%) attempted
• Vendor onboarding and conversion from MSAs and PPAs are underway for the 2025 Medi-Cal implementation, including Alinea, Pacific Coast, and Simple Health Kits. WIN: Simple HealthKit's contract and materials were approved by DHCS on October 17, 2025, under the TCPA Act and are in the process of launching for CHPIV.
• Quality EDGE Medi-Cal funds (1.2M) to focus on mobile mammography, office equipment, extended access programs only **–100% funding allocated YTD**

Community Health Plan OF IMPERIAL VALLEY

TAB 06

Regulatory Projects and QI Programs Update

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

CHPIV Performance Improvement Projects (PIP)

Non-Clinical Behavioral Health PIP Topic of Focus:
- During the measurement period, Community Health Plan of Imperial Valley (CHPIV) will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Imperial County.
- Participating County: Imperial
- Quarter 3/4: Update:
  - Submitted the annual PIP report to HSAG/DHCS in August 2025
  - Received preliminary validation with suggested edits from HSAG in September
  - Resubmitted Clinical PIP for final validation score to be received from HSAG on or before

Clinical PIP Measure Focus:
- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 3/4: Update:
  - Submitted the annual PIP report to HSAG/DHCS in August 2025
  - Received preliminary validation with suggested edits from HSAG in September
  - Resubmitted Clinical PIP for final validation score to be received from HSAG on or before

- Next Steps for both Clinical and Non-Clinical PIPs:
  - Continue to implement PIP interventions
  - PIP interventions will officially end on December 31, 2025.
  - Final Annual PIP reports for this cohort (2023-2026) will be due in August 2026

Health Net QITS Overview

Interventions: 55
Health Equity Focused Interventions: 9 (16%)

Source: July 2025 eQIPT 07222025

Scheduled Quality Trainings-Coordinated by the HN Training POD

August 2025	PE Office Hours: Mobile Mammography
August 2025	Cal AIM + QI Collaboration Meeting
September 2025	CalAIM + QI Collaboration Meeting
October 2025	CalAIM + QI Collaboration Meeting

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Institute for Healthcare Improvement (IHI) and DHCS Child Health Equity Collaborative Sprint

Content Theory

**PRIMARY DRIVERS
(INTERVENTIONS)**

**SECONDARY DRIVERS
(SCALABLE, EVIDENCE-INFORMED STRATEGIES)**

AIM

By September 2026, Medi-Cal Managed Care Plans will increase well-child visit rates by at least 5-percentage points for children ages 0-3 for each measure (W30-6+ and W30-2+), advancing early childhood health and development in counties with higher racial and ethnic disparities in well-child visits.

Enhance Appointment Access and Scheduling:
Support at least 2 clinics in overcoming hurdles to optimize scheduling practices and workflows.

S1. Foundational strategy: Engage and strengthen relationships with clinics.

S2. Support clinics to embed best practices to optimize their scheduling workflows.

S3. Support clinics to expand their appointment availability (e.g., increase same-day access, converting sick visits to well visits, expanding hours).

Connect Members to Available Resources to Support Completion of Well-Child Visits:
Improve the efficacy and reliability of systems across the county for connecting families to available resources for accessing care.

S4. Foundational strategy: Build a systems understanding of how families get connected to resources and the root causes of gaps and inequities in the system.

S5. Improve how families receive clear, culturally and linguistically appropriate information across multiple communication channels (enhance family awareness of the need for well-child visits and other supportive resources).

S6. Leverage and expand incentives for families for completed well-child visits (reinforce positive health behavior and motivate families to overcome inertia and competing priorities).

S7. Leverage and improve contracts with local transportation vendors (support families to get to the appointment by reducing barriers related to transportation).

Connect Families to Patient Navigation Services:
Expand and strengthen patient navigation services across the county to enhance care coordination and follow-through with recommended well-visit schedules.

S8. Foundational strategy: Clarify and document the processes, roles and responsibilities for referral to and utilization of patient navigation services.

S9. Expand high quality patient navigation services within pediatric clinics, MCPs,, organizations with CHWs and community programs (i.e., CHWs, doulas, First 5, Help Me Grow and Black Infant Health,).

S10. Strengthen referral pathways to existing patient navigation programs to ensure patients who would benefit the most are connected.

Last revised on 8/27/25

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Phase 2: CHPIV Child Health Equity Collaborative Sprint

FOCUS: IMPROVE COMPLETION OF WELL-CHILD VISITS (WCV)

Duration: 12 Months (September 2025 – August 2026)

Pilot Sites: Kapoor Pediatrics and TBD (enlisting support from IHI to facilitate introductions with other potential pilot sites)

*Note: IHI announced in late September that MCPs will be required to collaborate with an additional clinic/provider in Phase 2.

Updates from IHI + DHCS:

In late September, IHI + DHCS announced that the goal of Phase 2 is to collaboratively improve W30 performance by over 5% at the county level. Phase 2's proposed areas of work descriptions and objectives include:

- 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

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Phase 2: CHPIV Child Health Equity Collaborative Sprint

- Share the latest information/updates received from IHI + DHCS with Kapoor Pediatrics and continue weekly meetings with pilot site

- Enlist support from IHI to engage other clinics/providers for Phase 2 collaboration:
  - Innercare (preferred); Dr. Luz Tristan Palma; The Pioneers Children Health Center

- IHI+DHCS will share a project charter template with all MCPs for intervention planning

Community
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TAB 06

Quality EDGE Update

Quality EDGE Request Summary CHPIV

Funding Request Type

CHPIV Request Type	Count	Approved Amount
Member Incentives (only available in conjunction with event)	16	$34,525.00
Staff - Clinical	14	$38,410.24
Staff - Health Navigator	3	$123,123.20
Staff - Non-Clinical	15	$90,926.53
Grand Total	48	$286984.97

Community Health Plan
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TAB 06

Please see TAB 06b attachment

Initial Health Appointments

Initial Health Appointment (IHA): Community Health Plan of Imperial Valley (CHPIV)

Medical Record Review/Facility Site Review-Q4 YTD 2024

	Total Records	% Compliant
PED IHA	46	82%↑
Adult IHA	176	27%↓

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From July - Sept 2024	%
IHA Completed within 120 days	43.38%↓
Member Outreach Compliance (3 attempts completed)	49.63% ↑
Overall Compliant (outreach or IHA compliant)	72.36↓

Denominator (able and unable to contact): 3,926

Initial Health Appointment (IHA) CHPIV

Medical Record Review / Facility Site Review

	Q1 2024		Q2 2024		Q3 2024		Q4 2024		Q1 2025	
	Total Records	% Compliant	Total Records	% Compliant	Total Records	% Compliant	Total Records	% Compliant	Total Records	% Compliant
PED IHA	0	N/A	46↑	30%↑	10↓	20%↓	36↓	33%↑	46	82%↑
Adult IHA	10	90	176↑	60%↓	160↓	61%↑	16↓	50%↓	176	27%↓

Claims/Encounter Review (initial)

	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
IHA Completion Rates (Enrollment From)	Jan - March 2024	April - June 2024	July - Sept 2024	Oct - Dec 2024	Jan – Mar 2025
IHA Completed within 120 days	15.15	38 ↑	39.96↑	43.81↑	43.38↓
Member Outreach Compliance (3 attempts completed)	39.06	0.11 ↓	0.09↓	49.42↑	49.63↑
Overall Compliant (outreach or IHA compliant)	48.67	38.11 ↓	40.06↑	73.38↑	72.36↓
Denominator (able and unable to contact)	22,359	3,592↓	3,208↓	3,602↑	3,926↑

TAB 06

Lead Screening in Children

Lead Screening Completion and Compliance CHPIV

Medical Record Review/Facility Site Review

Recorded Review	Q1 2025			
	Compliant	Non-Compliant	Total Records	% Compliant
Pediatric Lead Blood Screening	13	0	13	100%
Total Site Audits	3	5	8	37%

Recorded Review	Q2 2025			
	Compliant	Non-Compliant	Total Records	% Compliant
Pediatric Lead Blood Screening	6↓	0	6↓	100%
Total Site Audits	2↓	3↓	5↓	40% ↑

Lead Screening Completion and Compliance CHPIV

Table 1: Overall Compliance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
	Q2 2024			Q3 2024			Q4 2024			Q1 2025		
Numerator	366↑	131↑	1,888↑	909↑	942↑	1,136↓	909	948↑	1132↓	340↓	396↓	1,511↑
Denominator	1,563↑	579↓	4,294↓	1,653↑	1,772↑	7,041↑	1,666↑	1,790↑	7,087↑	1,531↓	1,668↓	7,174↑
% Compliant	23.42%↑	22.63%↑	43.97%↑	55.0%↑	53.20%↑	16.10%↓	54.60%↓	53.00%↓	16.00%↓	22.20%↓	23.70%↓	21.10%↑

Table 2: CPT Code 83655 (Lead Testing) Only

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
	Q2 2024			Q3 2024			Q4 2024			Q1 2025		
Numerator	353↑	127↑	1,792↑	902↑	937↑	1,117↓	902	943↑	1,111↓	332↓	379↓	1,472↑
Denominator	1,563↑	579↓	4,294↓	1,653↓	1,772↓	7,041↓	1,666↑	1,790↓	7,087↓	1,531↓	1,668↓	7,174↑
% Compliant	22.58%↑	21.93%↑	41.73%↑	54.60%↑	52.90%↑	15.90%↓	54.10%↓	52.70%↑	15.70%↓	21.70%↓	22.70%↓	20.50%↑

Lead Screening Completion and Compliance CHPIV

Table 3 Anticipatory Guidance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
	Q2 2024			Q3 2024			Q4 2024			Q1 2025		
Numerator	13↑	1↓	62↑	38	2	2	38	2	2	5↓	1↓	2
Denominator	1,563↑	579↓	4,294↓	1,653↑	1,772↑	7,041↑	1,666↑	1,790↑	7,087↑	1,531↓	1,668↓	7,174↑
% Compliant	0.80%↑	0.20%↓	1.40%↑	2.30%↑	0.10%↓	0.00%↓	2.30%	0.10%	0.00%	0.30%↓	0.10%	0.00%

Lead Screening Completion and Compliance CHPIV

Table 1: Overall Compliance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	340↓	396↓	1,511↑
Denominator	1,531↓	1,668↓	7,174↑
% Compliant	22.20%↓	23.70%↓	21.10%↑

Table 2: CPT Code 83655 (Lead Testing) Only

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	332↓	379↓	1,472↑
Denominator	1,666↓	1,790↓	7,087↑
% Compliant	21.70%↓	22.70%↓	20.50%↑

Table 3: Anticipatory Guidance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	5↓	1↓	2
Denominator	1,531↓	1,668↓	7,174↑
% Compliant	0.30%↓	0.10%	0.00

Comparing to the prior quarter, the percent of compliance across these 6 indicators:

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↓↑ = increase or decrease from prior quarter

TAB 07

CAHPS Update

Matt Anderson

Program Manager III CAHPS/QI

CAHPS Updates

The CAHPS Team provides updates to the Quality Governance Committee, QFT PPG/ Provider Engagement and bi-monthly Quality Workgroup meetings.

The purpose / goals of the meetings includes:

- **Sharing** progress updates on CAHPS initiatives.
- **Socializing** of the **CAHPS** survey process and how member experience is measured.
- **Reviewing** annual CAHPS results.
- **Identification** of areas of opportunities and member pain points.
- Cross-functional **collaboration** with member-facing and provider-facing teams on CAHPS improvement, (PEAEs and PE Team), brainstorming sessions and initiative building.
  - ✓ 2025 CAHPS survey results, response rate, bottom-performing measures, top-performing measures, trends across LOB's and brainstorming session around access measures, and best practices.

CAHPS = CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS SURVEY

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2025 CHPIV HSAG CAHPS Survey Results

- The following table presents the Health Services Advisory Group, Inc. (HSAG) CAHPS® Survey for CHPIV for MY2024. CHPIV did not participate in the HSAG CAHPS® Survey in MY2023.
- A total of 3,159 members were mailed a survey of which 333 (10.60%) completed the survey.
- 2025 Quality Compass (QC) averages and percentiles are provided to identify opportunities for improvement.
- The goal is for each measure to meet or exceed the 2025 QC averages.

CHPIV	MY2024			2025 Quality Compass HMO							
Measures	Rate	Percentile	Sample Size	Avg (%)	5th (%)	10th (%)	25th (%)	50th (%)	75th (%)	90th (%)	95th (%)
Rating of Health Plan (8-10)	86.2%	95th	326	77.6%	69.0%	71.5%	75.1%	78.1%	81.0%	83.1%	84.3%
Rating of All Health Care (8-10)	85.0%	95th	187	76.5%	70.3%	72.0%	74.0%	76.4%	79.0%	80.7%	82.6%
Rating of Personal Doctor (8-10)	92.2%	95th	231	84.5%	79.4%	80.9%	82.5%	84.7%	86.7%	88.4%	89.3%
Rating of Specialist Seen Most Often (8-10)	91.2%	95th	148	83.1%	76.2%	78.2%	80.9%	83.2%	85.7%	88.0%	89.1%
Customer Service Composite (%Usually/Always)	87.9%	25th	145	89.3%	84.6%	86.0%	87.2%	89.4%	91.4%	92.8%	94.0%
Getting Needed Care Composite (%Usually/Always)	83.6%	50th	NA	82.0%	75.5%	76.4%	79.4%	82.1%	85.0%	86.8%	87.4%
Getting Care Quickly Composite (%Usually/Always)	83.0%	50th	198	81.5%	73.9%	74.9%	78.9%	81.7%	84.9%	87.5%	87.9%
How Well Doctors Communicate Composite (%Usually/Always)	92.4%	25th	NA	93.4%	90.3%	90.6%	91.9%	93.6%	94.8%	96.0%	96.5%
Coordination of Care (%Usually/Always)	89.0%	75th	118	85.9%	80.1%	80.8%	83.9%	85.8%	88.7%	90.4%	91.4%

Highlights

- All Rating Measures met the Quality Compass Benchmark 95th percentile
- Getting Needed Care, Getting Care Quickly and Care Coordination measures met or exceeded the QC benchmark average
- Customer Service and How Well Doctors Communicate measures did not meet the QC benchmark average

Committee Approval

Medical Management

TAB 08

Utilization Management
Community Health Plan Imperial Valley
Q3 2025 Report

Abey Mathew

Program Manager II

Utilization Management Summary

Performance metrics summary	Opportunities for improvement	Remediation action
Utilization Trend **Hospital Utilization** Bed Days PTMPY increased 17% Admits PTMPY increased 6% ALOS increased 12% Readmits decreased 20% **Emergency Room Utilization** ER Visits PTMPY decreased 6% **Outpatient Surgery Utilization** OPS visits PTMPY decreased 3%	**Rising Inpatient Bed Days and Length of Stay (ALOS):** Increased inpatient utilization signals gaps in preventative services or care management.	**Manage ALOS and Increased Bed Days:** Strengthen transition planning during UM rounds to assist with discharge readiness. Increase UM review cadence to align with InterQual recommended review intervals to ensure timely continued stay determinations and early discharge planning.

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Turn Around Time Summary

Performance metrics summary	Opportunities for improvement	Remediation action
Missed TAT performance in PA Routine Authorizations (PIV-7) due to staffing transition, training ramp-up, and limited capacity during onboarding of new UM nurses. Q3 TAT performance showed overall strong compliance in Urgent and Concurrent Authorizations. However, missed targets were noted in PA Routine authorizations, primarily due to staffing transitions and onboarding of new UM nurses. Corrective measures and targeted operational initiatives have been implemented to restore and sustain full compliance.	**Cross-Training:** Strengthen staff coverage across Routine and Urgent queues to mitigate impact of absences or transitions. **Continuous Quality Feedback:** Monthly audits on timeliness and documentation accuracy. **Resource Alignment:** Evaluate case distribution to ensure balanced workload across reviewers.	**Staffing & Training:** Full staffing and training completion in October 2025. **Targeted Out of TAT Recovery Project**: A focused recovery initiative was launched in Q3 to create a targeted workstream to address cases approaching TAT thresholds. **Process and Workflow Optimization:** Daily TAT monitoring, aging reports, and escalation protocols in place to maintain timeliness.

Authorization Metrics

Performance metrics summary	Opportunities for improvement	Remediation action
Spikes in denials reflects the successful implementation of mandatory routing, ensuring appropriate medical necessity case review.	**Optimize Mandatory Routing Rules:** Add new codes where needed and remove codes that are no longer appropriate to maintain accuracy and efficiency. **Manage Workload Effectively:** Align resources with peak case volumes through cross training, temporary staffing to maintain review quality.	**Continuous Code Review for Routing Rules:** Regularly assess codes included in mandatory routing rules. **Capacity Planning & Resource Allocation:** Anticipate peak volumes and assign resources. Cross train staff to manage spikes efficiently.

Created Month	Approved	Denied	Modified
January	2469	229	87
February	2354	153	75
March	3279	184	79
April	2376	195	92
May	2272	164	107
June	2307	144	71
July	1343	277	113
August	1258	196	70
September	1337	186	71

Utilization Management Key Metrics

Admit/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
Admit/K	44.2	46.3	45.7	43.0	45.5

Days/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
Days/K	199.8	200.9	218.8	178.3	208.8

ALOS

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
ALOS	4.5	4.3	4.8	4.1	4.6

Readmit %

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
Readmit %	9.6%	7.6%	9.2%	9.2%	7.4%

ER/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
ER/K	467.3	474.9	444.5	431.0	403.3

OPS/K

	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3
OPS/K	225.0	161.8	130.1	143.3	138.6

Data considerations

Dotted lines are linear regression trend lines

Note: Q3 2025 metrics are expected to normalize when reported again next quarter. The most recent quarter typically provides an over-projection of actual utilization (the current projection uses authorization and claims data through September 2025)

ALOS = Average Length of Stay
PTMPY = Per Thousand Members Per Year

Data from October 2025 UM KIR

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UM Prior Authorization TAT: CHPIV Q3 2025

CHPIV Metric	CA Prior Auth App/Den/Mod TAT	Jan	Feb	Mar	Q1 - Overall Quarterly Score	Apr	May	Jun	Q2 - Overall Quarterly Score	Jul	Aug	Sept	Q3 - Overall Quarterly Score
PIV-7	CHPIV PA Routine Authorizations TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%	90.00%	93.33%
PIV-9	CHPIV PA Urgent Authorizations TAT	100.00%	100.00%	90.91%	96.97%	100.00%	100.00%	94.12%	98.04%	100.00%	91.30%	100.00%	97.10%
PIV-12	CHPIV Concurrent Authorization TAT	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

*Quarterly scores above 95% do not require CAPs

Legend	
Goal is >95%	
	= Goal attained
	= Goal not attained

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Dental Anesthesia

Below is a breakout by quarter for children and adults:

Quarter	All DD Requests	Requests for Non-DD Adults	Approvals for Non-DD Adults	Requests for Non-DD Children	Approvals for Non-DD Children	Denials for Non-DD Children Due to Not Meeting Medical Necessity Criteria	Denials for Non-DD Children Due to Services Rendered by CCS	Total
2024-Q1	0	1	1	14	14	0	0	15
2024-Q2	0	0	0	38	36	1	1	38
2024-Q3	0	0	0	46	45	0	1	46
2024-Q4	0	1	1	41	41	0	0	42
2025-Q1	0	0	0	42	42	0	0	42
2025-Q2	0	5	5	49	49	0	0	54
2025-Q3	0	0	0	61	53	8	0	61
Q2 to Q3 Percent Change				24%	8%	100%	0%	13%

Observations

- No developmental disability (DD) requests were received in the past seven quarters
- Q3 2025 request volume is 13% higher than Q2
- Eight non-DD children requests were denied in Q3, for an 87% approval rate (the lowest approval rate in seven quarters)

Data from CHPIV SHP APL 15-012 Dental General Anesthesia Services Reporting

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Prior Authorization Requirements

2025 Changes

Annual Deep Dive Assessment
Quarterly AMA CMS New CPT/HCPCS
New FDA Approval
Ultra High-Cost Drugs

2026 Pipeline

Deep Dive Phase II
Musculoskeletal
Pain Management
Oncology
Cardiac Procedures

New CMS Final Rule Requirements
- Reporting
- Posting

Timeline markers:
- 1/1/2025 AMA CMS New Codes
- 3/1/2025 changes
- 4/1/2025 new codes
- 4/11/2025 changes
- 6/15/2025 changes
- 7/1/2025 AMA CMS New Codes
- 10/1/2025 AMA CMS New Codes
- 11/1/2025 changes
- 12/1/2025 changes: Deep Dive Phase I
- 1/1/2026 AMA CMS New Codes
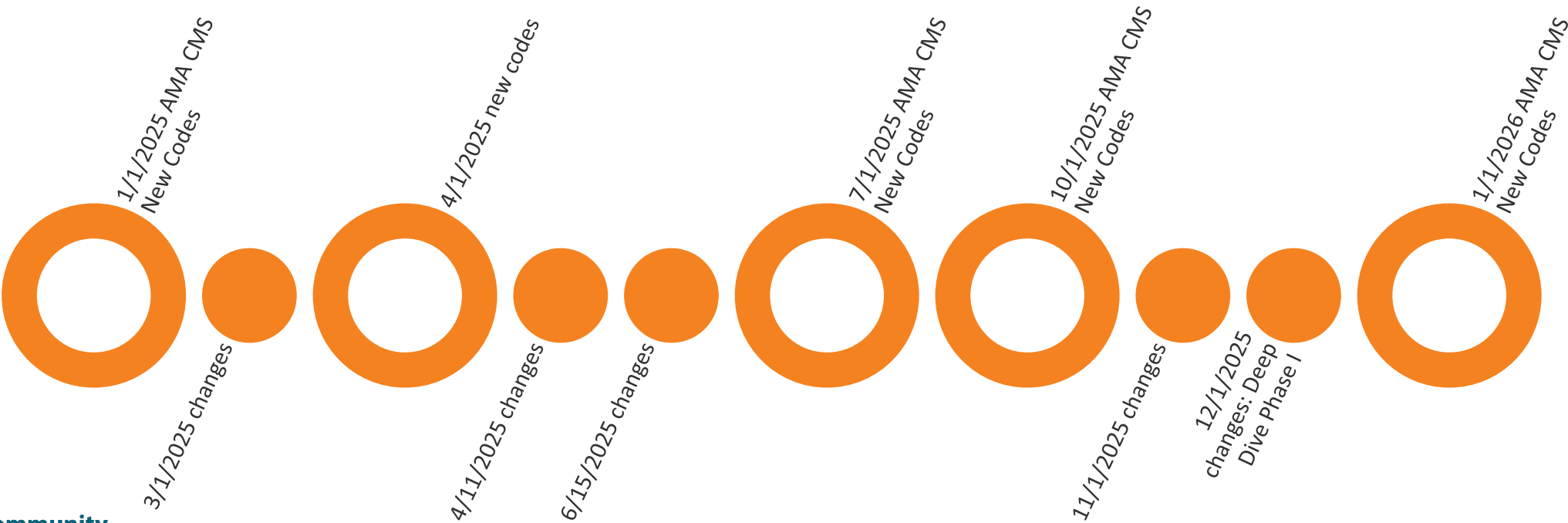
TAB 10

Appeals & Grievance – CHPIV

Q3 2025

Lori Wiley

Appeals and Grievances

Performance metrics summary	Opportunities for improvement	Remediation action
Appeals Q3 2025 • PTMPY remained the same in Q2 and Q3 at 0.23 • TAT Acknowledgment Letter Compliance rate was 100% • TAT Resolution Compliance rate was 100% In Q3 Diagnostic Cat Scan were the most frequent overturn appeal type. **Grievances Q3 2025** • PTMPY slightly decreased from 1.22 (Q2) to 1.21 (Q3) • TAT Acknowledgment Letter Compliance rate was 97% In Q3 Access to Care – Prior authorization was the most common grievance.	What specifically didn't hit the benchmark? • All TAT targets above 95% Top three reasons why benchmarks weren't hit • N/A	What is being done to achieve the goal? • Working towards grievance reduction through newly implemented Grievance Committee. • Educating providers on submitting complete and accurate prior authorization requests. To ensure prior authorization guidelines are met, thereby reducing unnecessary denials, appeals, and overturns.

Community Health Plan OF IMPERIAL VALLEY

Quarterly Totals – Appeals & Grievances & Compliance

Date	Case Category	Case Classification	HealthType	Access to Care	Provider Vendor Type
7/1/2025 9/30/2025	All	All	All	All	All

There are no Dental Anesthesia cases present for the current reporting period. [1]

Case Category: Medicaid Appeal

- **Total Appeal Volume:** 22 cases in Q3 2025 [2].
- **Top Appeal Classifications:**
  1. Not Medically Necessary-Diagnostic - CAT Scan (4 cases)
  2. Not Medically Necessary-DME - Other (3 cases)
  3. Not Medically Necessary-Outpatient - Procedure (3 cases)
  4. ILOS Related-Meals/Medically Tailored Meals (2 cases) [3]
- **Overturn Rate:** 54.55% for the quarter; monthly rates ranged from **75.00%** in July to **28.57% in September** [2].
- **Compliance Rate:** 100.0% throughout the quarter [2].

Case Category: Medicaid Grievance

- **Total Grievance Volume:** 118 cases in Q3 2025 [2].
- **Top Grievance Classifications:**
  1. Access to Care-Prior Authorization delay (18 cases)
  2. Transportation-General Complaint Vendor (9 cases)
  3. Balance Billing-Par Provider (7 cases) [4].
- **Compliance Rate:** 100.0% for all months in the quarter [2].

Additional Insights

- **PTMPQ Rates:** Q3 2025 shows a PTMPQ Appeal rate of 0.67 and a PTMPQ Grievance rate of 3.62 [5].
- **Earliest Case Load Date:** The earliest case load date in the reporting period is October 20, 2025 [6].

Key Takeaways: Grievances significantly outnumber appeals. Both categories maintained perfect compliance, while overturn rates for appeals showed a downward trend over the quarter. Access to care and prior authorization delays are the most frequent grievance issues.

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Year	July	August	September	Total
2025				
Appeal Volume	8	7	7	22
Grievance Volume	27	44	47	118
Overturn Rate	75.00%	57.14%	28.57%	54.55%
Compliance Rate	100.0%	100.0%	100.0%	100.0%

Top Appeal Description

Year	Qtr 3	Total
2025		
Not Medically Necessary-Diagnostic - CAT Scan	4	4
Not Medically Necessary-DME - Other	3	3
Not Medically Necessary-Outpatient - Procedure	3	3
ILOS Related-Meals/Medically Tailored Meals	2	2

Top Grievance Description

Year	Qtr 3	Total
2025		
Access to Care-Prior Authorization delay	18	18
Transportation-General Complaint Vendor	9	9
Balance Billing-Par Provider	7	7
Administrative Issues-Health Plan	5	5
Transportation-Member Reimbursement	5	5

PTMPQ Appeal and PTMPQ Grievance by Year and Quarter

PTMPQ Appeal: 0.67   PTMPQ Grievance: 3.62 (Qtr 3 2025)

● PTMPQ Appeal   ● PTMPQ Grievance
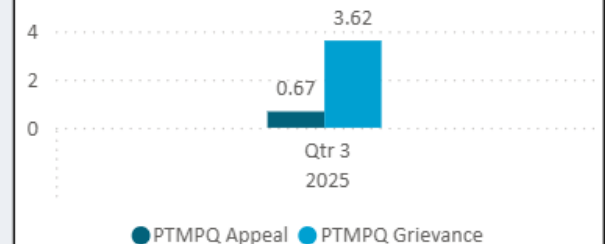
Dental Anesthesia

CHPIV Trends – Top Appeals & Grievances

Date
7/1/2025 — 9/30/2025

Case Category: All

Case Classification: All

HealthType: All

During Q3 2025, the **Medicaid Appeal** and **Medicaid Grievance** case categories for CHPIV were reviewed. The **total appeal volume** was 22 with an **overturn rate of 54.55%**, while the **grievance volume** reached **118** [1]. The **compliance rate**, represented as PTMPQ (Per Thousand Members Per Quarter), was **0.67** for appeals and **3.62** for grievances [1] [2] [3].

For **pre-service appeals**, the most frequent classifications included "Not Medically Necessary-Diagnostic - CAT Scan" (**4 cases**), "Not Medically Necessary-DME - Other" (**3 cases**), and "Not Medically Necessary-Outpatient - Procedure" (**3 cases**). All cases in these categories were overturned (OT: 4/4, 3/3, 3/3 respectively) [4] . **Post-service appeals** were minimal, with only one case ("Not Medically Necessary-Inpatient - Admission") and no overturns [5] .

Within **grievances**, the highest volumes by classification were observed in **QOS Access** ("Access to Care-Prior Authorization delay" with **18 cases**) and **QOS** ("Transportation-General Complaint Vendor" with **9 cases**) [6] [7] . The **QOC** (Quality of Care) grievances were rare, with only two cases reported [8] .

Cultural & Linguistic cases were notably low, with only **2 cases** recorded for the period [9] .

No cases are present for Dental Anesthesia

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Pre-Service Appeals

Pre-Service Appeals Description	Volume	PTMPQ	OT
Not Medically Necessary-Diagnostic - CAT Scan	4	0.12	4/4
Not Medically Necessary-DME - Other	3	0.09	3/3
Not Medically Necessary-Outpatient - Procedure	3	0.09	3/3
ILOS Related-Meals/Medically Tailored Meals	2	0.06	0/2
ILOS Related-Housing Transition Navigation Services	1	0.03	0/1
ILOS Related-Recuperative Care (Medical Respite)	1	0.03	0/1

Post Service Appeals Description	Volume	PTMPQ	OT
Not Medically Necessary-Inpatient - Admission	1	0.03	0/1

QOS Grievances Description	Volume	PTMPQ
Transportation-General Complaint Vendor	9	0.28
Balance Billing-Par Provider	7	0.21
Administrative Issues-Health Plan	5	0.15
Transportation-Member Reimbursement	5	0.15
Interpersonal-Provider Staff	4	0.12

QOC Grievances Description	Volume	PTMPQ
Quality of Care - ER-Diagnosis Delay	1	0.03
Quality of Care - PCP-Treatment Delay	1	

QOS Access Grievances Description	Volume	PTMPQ
Access to Care-Prior Authorization delay	18	0.55
Access to Care-Avail of Appt w/ PCP	4	0.12
Access to Care-Avail of Appt w/ Specialist	4	0.12
Access to Care-PCP Referral for Services	4	0.12
Access to Care-Network Availability	3	0.09

Avg Membership	Appeal Volume	Overturn Rate	PTMPQ Appeal	Grievance Volume	PTMPQ Grievance
96,981	22	54.55%	0.67	118	3.62

PTMPQ Medicaid Appeal by Quarter and Year
Year ● 2025
0.67
Qtr 3

PTMPQ Medicaid Grievance by Quarter and Year
Year ● 2025
3.62
Qtr 3

Total Cultural & Linguistic Cases
2

Evolent Appeals Totals - YTD

Data Refreshed: 10/20/2025...

Community Health Plan OF IMPERIAL VALLEY

Date		Case Category	Case Classification	HealthType	Access to Care	Provider Vendor Type
1/1/2025	9/30/2025	All	All	All	All	Imaging/Radiology-NIA/Evolent

Case Classification & Category

- The data covers **Medicaid Appeal** and **Medicaid Grievance** cases for Imaging/Radiology-NIA/Evolent under the CHPIV line of business 2 3 .
- **Appeals** are primarily classified as "Not Medically Necessary-Diagnostic," with the highest volumes for **MRI (8 cases)**, **CAT Scan (6 cases)**, and **Transthoracic Echocardiogram (2 cases)** 4 .
- **Grievances** are mainly related to **Access to Care-Prior Authorization delay (1 case)** and **Administrative Issues-Member Materials (1 case)** 3 .

Volume

- **Total appeal volume: 16 cases; total grievance volume: 2 cases** for 2025 2 3 .
- By quarter, appeal volumes are **Q1: 6, Q2: 5, Q3: 5**; grievance volumes are **Q1: 1, Q2: 1** 4 3 .

Overturn Rate

- The **overall overturn rate for appeals is 68.75%** in 2025 2 .
- Monthly overturn rates vary: **January (50%), February (100%), March (100%), April (100%), June (66.67%), July (100%), August (100%), September (50%)** 2 .

Compliance Rate

- **Compliance rate remains at 100%** across all months and for both appeals and grievances in the reporting period 2 .

Key Takeaways

1. **Appeals are dominated by diagnostic necessity disputes, especially MRI and CAT Scan.**
2. **Grievance volumes are low and focus on access and administrative issues.**
3. **Overturn rates for appeals are high, with full compliance achieved throughout the period.**

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Year	January	February	March	April	May	June	July	August	September	Total
2025										
Appeal Volume	4	1	1	1	1	3	2	1	2	**16**
Grievance Volume	1			1						**2**
Overturn Rate	50.00%	100.00%	100.00%	100.00%		66.67%	100.00%	100.00%	50.00%	**68.75%**
Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**

Top Appeal Description

Year	Qtr 1	Qtr 2	Qtr 3	Tot
⊟ **2025**				
Not Medically Necessary-Diagnostic - MRI	4	3	1	
Not Medically Necessary-Diagnostic - CAT Scan	2		4	
Not Medically Necessary-Diagnostic - Transthoracic Echocardiogram		2		

Top Grievance Description

Year	Qtr 1	Qtr 2	Total
⊟ **2025**			
Access to Care-Prior Authorization delay	1		1
Administrative Issues-Member Materials		1	1

PTMPQ Appeal and PTMPQ Grievance by Year and Quarter
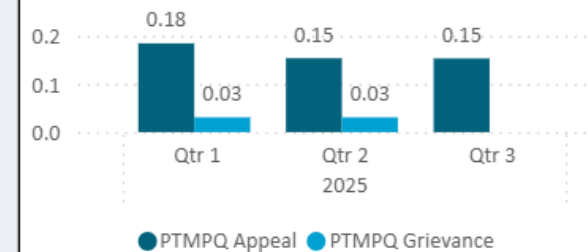
	Qtr 1	Qtr 2	Qtr 3
PTMPQ Appeal	0.18	0.15	0.15
PTMPQ Grievance	0.03	0.03	

2025

● PTMPQ Appeal ● PTMPQ Grievance

Access to Care

Date		Case Category	Case Classification	HealthType	Access to Care	Provider Vendor Type
7/1/2025	9/30/2025	All	All	All	ATC	All

Year	July	August	September	Total
2025				
Appeal Volume				
Grievance Volume	7	16	19	**42**
Overturn Rate				
Compliance Rate	100.0%	100.0%	100.0%	**100.0%**

For the reporting period of July to September 2025, the data focuses on Medicaid Appeal and Medicaid Grievance cases under the CHPIV line of business, excluding cases created in error. The earliest case load date within this period is **October 20, 2025** [2] .

Case Classification and Category:

- The top grievance classifications are all related to "Access to Care," with the highest volume attributed to **Prior Authorization delay (18 cases)**, followed by **Availability of Appointment with PCP (4 cases)**, **Availability of Appointment with Specialist (4 cases)**, **PCP Referral for Services (4 cases)**, and **Network Availability (3 cases)** [3] .

Volume:

- **Grievance Volume:** There were **7 cases in July**, **16 in August**, and **19 in September**, totaling **42 grievances** for the quarter [4] .
- **Appeal Volume:** No appeal volume data is available for the period; the top appeal description table is empty [5] .

Overturn Rate:

- No data is available for overturn rates in the current reporting period.

Compliance Rate:

- The compliance rate for grievances is consistently **100.0%** across all months and for the quarter as a whole [4] .

Additional Metrics:

- The PTMPQ Grievance rate for Q3 2025 is **1.29** [6] .

All findings are based on available data for the specified period and filtered case categories.

Top Appeal Description

Year	Total

PTMPQ Appeal and PTMPQ Grievance by Year and Quarter

1.29

Qtr 3
2025

● PTMPQ Appeal ● PTMPQ Grievance

Top Grievance Description

Year	Qtr 3	Total
⊟ **2025**		
Access to Care-Prior Authorization delay	18	18
Access to Care-Avail of Appt w/ PCP	4	4
Access to Care-Avail of Appt w/ Specialist	4	4
Access to Care-PCP Referral for Services	4	4
Access to Care-Network Availability	3	3
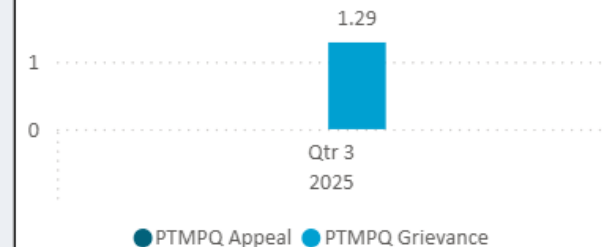
Quarterly Behavioral Health Cases

QI/UM |CHPIV Appeals & Grievance

Data Refreshed: 10/20/2025...

Community Health Plan OF IMPERIAL VALLEY

Date
7/1/2025   9/30/2025

Case Category
All

Case Classification
All

HealthType
Behavioral Health

The data for the period from July 1, 2025, to September 30, 2025, focuses on **Behavioral Health cases** within the **Medicaid Appeal or Medicaid Grievance** categories, specifically for the CHPIV line of business.

Case Classification & Category

- The dataset includes **Medicaid Appeals** and **Medicaid Grievances** only, with all cases filtered to exclude those marked as "Created in Error" [1] .

Volume

- **Grievance Volume** is reported as **4 cases** for the period [1] .
- **QOS Grievances** are further broken down: "Administrative Issues-Provider Office Practices" and "Interpersonal-Provider Staff" each had **1 case** [2] .
- **QOS Access Grievances** ("Access to Care-Network Availability") had **2 cases** [3] .
- No volume data is available for pre-service appeals, post-service appeals, or QOC grievances for this period.

Overturn Rate

- The overturn rate is not explicitly provided in the available visuals. No data is present for this metric.

Compliance Rate (PTMPQ)

- **PTMPQ Grievance** is **0.12** for the period [1] .
- For QOS Grievances, PTMPQ is **0.03** for each of the two subcategories [2] .
- For QOS Access Grievances, PTMPQ is **0.06** [3] .
- The PTMPQ Medicaid Grievance for Q3 2025 is also **0.12** [4] .

Important Takeaways

1. **Grievance volumes are low** for the period, with no reported pre- or post-service appeals.
2. **Compliance rates (PTMPQ) for grievances are consistently low**, with the highest observed at 0.12.
3. **No overturn rate data is available**, and cultural & linguistic case data is missing for this period.

All insights are based on a subset of available data and may not...

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Pre-Service Appeals Description	Volume	PTMPQ	OT

Post Service Appeals Description	Volume	PTMPQ	OT

QOS Grievances Description	Volume	PTMPQ
Administrative Issues-Provider Office Practices	1	0.03
Interpersonal-Provider Staff	1	0.03

QOC Grievances Description	Volume	PTMPQ

QOS Access Grievances Description	Volume	PTMPQ
Access to Care-Network Availability	2	0.06

Avg Membership	Appeal Volume	Overturn Rate	PTMPQ Appeal	Grievance Volume	PTMPQ Grievance
96,981				4	0.12

PTMPQ Medicaid Appeal by Quarter and Year

PTMPQ Medicaid Grievance by Quarter and Year

Year ● 2025

0.12

Qtr 3

Total Cultural & Linguistic Cases

Behavioral Health Cases - YTD

QI/UM |CHPIV Appeals & Grievance

Data Refreshed: 10/20/2025...

Community Health Plan OF IMPERIAL VALLEY

Date

1/1/2025   —   9/30/2025

Case Category
All

Case Classification
All

HealthType
Behavioral Health

Case Classification & Case Category:
The data is filtered to include only **Medicaid Appeal** and **Medicaid Grievance** cases within the **Behavioral Health** health type and the **CHPIV** line of business [1] [2] [3].

Volume:

- **Grievance Volume** for the period (1/1/2025–9/30/2025) is **10** [1].
- For **QOS Grievances**, the highest volumes are for **Interpersonal-Provider Staff (4)** and **Administrative Issues-Provider Office Practices (3)** [2].
- **QOS Access Grievances** related to **Access to Care-Network Availability** have a volume of **3** [3].

Overturn Rate:

- No explicit overturn rate is provided in the available data for any case classification or category.

Compliance Rate (PTMPQ):

- **Overall PTMPQ Grievance** is **0.31** for the period [1].
- **QOS Grievances** PTMPQ: **Interpersonal-Provider Staff (0.12)**, **Administrative Issues-Provider Office Practices (0.09)** [2].
- **QOS Access Grievances** PTMPQ: **Access to Care-Network Availability (0.09)** [3].
- **PTMPQ Medicaid Grievance** by quarter: Q2 2025 (0.18), Q3 2025 (0.12) [4].

Important Takeaways:

- **Grievance volumes are low** across all categories, with the highest single grievance type volume being **4**.
- **Compliance rates (PTMPQ)** for grievances remain below **0.31**, with most specific categories below 0.12.
- **No data is available for Overturn Rate** or for Post/Pre-Service Appeals volumes and compliance, indicating a gap in the dataset for those metrics.

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Pre-Service Appeals Description   Volume   PTMPQ   OT

Post Service Appeals Description   Volume   PTMPQ   OT

QOS Grievances Description	Volume	PTMPQ
Interpersonal-Provider Staff	4	0.12
Administrative Issues-Provider Office Practices	3	0.09

QOC Grievances Description   Volume   PTMPQ

QOS Access Grievances Description	Volume	PTMPQ
Access to Care-Network Availability	3	0.09

Avg Membership	Appeal Volume	Overturn Rate	PTMPQ Appeal	Grievance Volume	PTMPQ Grievance
96,981				10	0.31

PTMPQ Medicaid Appeal by Quarter and Year

PTMPQ Medicaid Grievance by Quarter and Year

Year ● 2025

0.18

0.12

Qtr 2   Qtr 3

Total Cultural & Linguistic Cases

Appeals & Grievances 2025 - YTD

QIHEC |CHPIV Appeals & Grievance

Data Refreshed: 10/20/2025...

Community Health Plan OF IMPERIAL VALLEY

Date		Case Category	Case Classification	HealthType	Access to Care	Provider Vendor Type
1/1/2025	9/30/2025	All	All	All	All	All

No cases are present for Dental Anesthesia in the current reporting period. [1]

Case Classification & Category:

- The report covers **Medicaid Appeal** and **Medicaid Grievance** cases for the CHPIV line of business [2].
- **Appeals:** Total volume is **67** cases with an **overturn rate of 46.27%** and **compliance rate of 100%** for 2025 [2].
- **Grievances:** Total volume is **328** cases with a **compliance rate of 100%** [2].

Top Case Classifications by Volume (2025):

- **Appeals:** Leading classifications include:
  1. **ILOS Related-Meals/Medically Tailored Meals** – 8 cases
  2. **Not Medically Necessary-Diagnostic - MRI** – 8 cases
  3. **Not Medically Necessary-DME - Other** – 8 cases [3]
- **Grievances:** Leading classifications include:
  1. **Transportation-General Complaint Vendor** – 46 cases
  2. **Access to Care-Prior Authorization delay** – 36 cases
  3. **Balance Billing-Par Provider** – 18 cases [4]

Monthly/Quarterly Trends:

- **Appeals:** Highest monthly volume in **January (11 cases)**, lowest in **February (3 cases)**. Overturn rates fluctuate, peaking at **75% in July** [2].
- **Grievances:** Highest monthly volume in **September (47 cases)**, lowest in **July (27 cases)**. Compliance rate remains at **100%** throughout [2].
- **Quarterly Appeal Volumes:** Q1 – 13, Q2 – 12, Q3 – 11 [3].
- **Quarterly Grievance Volumes:** Q1 – 36, Q2 – 53, Q3 – 47 [4].

Key Insights:

- **PTMPQ Grievance** increased by **29.25%**, while **PTMPQ Appeal** decreased by **4.66%** between January and July 2025 [5].
- **Compliance rates** for both appeals and grievances are consistently at **100%** [2].

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Year	January	February	March	April	May	June	July	August	September	Total
2025										
Appeal Volume	11	3	9	8	8	6	8	7	7	67
Grievance Volume	30	29	32	40	41	38	27	44	47	328
Overturn Rate	45.45%	66.67%	55.56%	37.50%	25.00%	33.33%	75.00%	57.14%	28.57%	**46.27%**
Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**

Top Appeal Description

Year	Qtr 1	Qtr 2	Qtr 3	Total
2025				
ILOS Related-Meals/Medically Tailored Meals	2	4	2	8
Not Medically Necessary-Diagnostic - MRI	4	3	1	8
Not Medically Necessary-DME - Other	3	2	3	8
Not Medically Necessary-Diagnostic - CAT Scan	2		4	6
Not Medically Necessary-Inpatient - Admission	2	3	1	6

PTMPQ Appeal and PTMPQ Grievance by Year and Quarter

	Qtr 1	Qtr 2	Qtr 3
PTMPQ Appeal	0.71	0.68	0.67
PTMPQ Grievance	2.80	3.66	3.62

2025

● PTMPQ Appeal ● PTMPQ Grievance

Top Grievance Description

Year	Qtr 1	Qtr 2	Qtr 3	Total
2025				
Transportation-General Complaint Vendor	16	21	9	46
Access to Care-Prior Authorization delay	9	9	18	36
Balance Billing-Par Provider	4	7	7	18
Administrative Issues-Health Plan	4	5	5	14
Access to Care-PCP Referral for Services	1	6	4	11
Interpersonal-Provider Staff	2	5	4	11
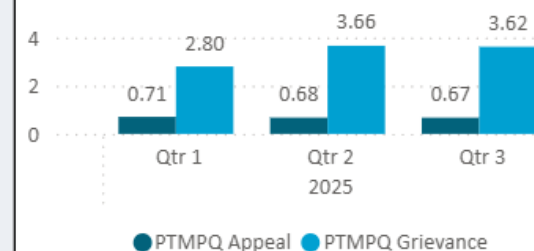
APPENDIX

Appeals & Grievances 2024

QIHEC │CHPIV Appeals & Grievance

Data Refreshed: 10/20/2025...

Community Health Plan OF IMPERIAL VALLEY

Date	Case Category	Case Classification	HealthType	Access to Care	Provider Vendor Type
1/22/2024 — 12/31/2024	All	All	All	All	All

There are no cases present for Dental Anesthesia for the current reporting period [1].

Case Classification & Category:

- The data covers **Medicaid Appeal** and **Medicaid Grievance** cases under the CHPIV line of business [2].

Volume:

- **Appeals:** 51 cases in 2024 [2].
- **Grievances:** 468 cases in 2024 [2].
- The top 5 appeal classifications accounted for 35 cases, while the top 5 grievance classifications accounted for 188 cases [3] [4].

Overturn Rate:

- **Overall overturn rate for appeals:** 60.78% in 2024 [2].
- Monthly overturn rates for appeals varied, with notable rates such as **100%** in **March**, **75% in June**, and **83.33% in September** [2].

Compliance Rate:

- **Overall compliance rate:** 99.8% in 2024 [2].
- Monthly compliance rates for both appeals and grievances were consistently high, with most months at **100%** and only April showing a slight dip to **98.2%** [2].

Key Takeaways:

1. **Grievances significantly outnumber appeals** in volume.
2. **Compliance rates remain exceptionally high** across all months and classifications.
3. **Overturn rates for appeals fluctuate** by month, with some months reaching 100% [2].

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Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2024													
Appeal Volume		1	5	5	3	8	8	2	6	10	2	1	**51**
Grievance Volume	6	55	35	50	43	52	36	38	36	31	49	37	**468**
Overturn Rate			100.00%	20.00%	66.67%	75.00%	62.50%	50.00%	83.33%	50.00%	50.00%		**60.78%**
Compliance Rate	100.0%	100.0%	100.0%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**99.8%**

Top Appeal Description

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
⊞ **2024**	3	9	11	12	35

Top Grievance Description

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
⊞ **2024**	42	66	45	35	188

PTMPQ Appeal and PTMPQ Grievance by Year and Quarter

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
PTMPQ Appeal	0.19	0.50	0.50	0.40
PTMPQ Grievance	2.97	4.50	3.43	3.64

2024

● PTMPQ Appeal ● PTMPQ Grievance

Dental Anesthesia

Qtr 1: 1   Qtr 2: 1

● 2024

Behavioral Health Cases - 2024

QI/UM | CHPIV Appeals & Grievance

Data Refreshed: 10/20/2025...

Community Health Plan OF IMPERIAL VALLEY
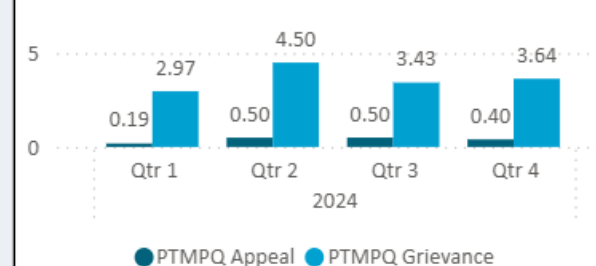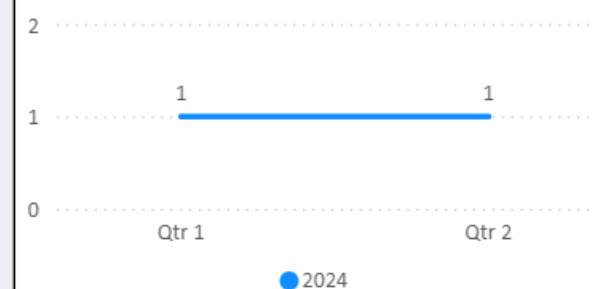
Date
1/22/2024 — 12/31/2024

Case Category
All

Case Classification
All

HealthType
Behavioral Health

The available data focuses on **Behavioral Health cases** within the **Medicaid Appeal or Medicaid Grievance** categories, specifically for the **CHPIV** line of business. The reporting period is from **January 22, 2024, to December 31, 2024**.

Case Classification & Category:

- The data is segmented by **case category** (Medicaid Appeal or Medicaid Grievance) and further by **case classification** such as QOS (Quality of Service), QOC (Quality of Care), and Access grievances [1] [2].
- For **QOS Grievances**, six subcategories each had a **volume of 1** and a PTMPQ (compliance rate proxy) of **0.03** [1].
- For **QOS Access Grievances**, four subcategories were reported, with the highest volume being **2 cases** for "Access to Care-Avail of Appt w/ Specialist" (PTMPQ 0.06) [2].
- **Cultural & Linguistic cases** were minimal, with only **1 case** reported [3].

Volume:

- **Total Grievance Volume** for the period was **11 cases** [4].
- **QOS and Access Grievances** together accounted for a small portion of total grievances, with individual subcategories rarely exceeding 1 or 2 cases [1] [2].

Overturn Rate:

- The dataset does not provide explicit **overturn rate** values for any case classification or category. No data is available for appeals volume or overturn rates by classification.

Compliance Rate:

- **PTMPQ Grievance** (used as a compliance rate proxy) was **0.34** overall for the period [4].
- By quarter, **PTMPQ Medicaid Grievance** ranged from **0.03 to 0.19**, with the highest in Q4 [5].

Key Takeaways:

1. **Grievance volumes are low** across all classifications, with most subcategories reporting only 1 or 2 cases.

Created with AI. Inaccuracies are possible. Read terms

Pre-Service Appeals Description — Volume PTMPQ OT

Post Service Appeals Description — Volume PTMPQ OT

QOS Grievances Description

QOS Grievances Description	Volume	PTMPQ
Administrative Issues-Billing - Provider	1	0.03
Administrative Issues-Incorrect Info - Health Plan	1	0.03
Administrative Issues-Provider Office Practices	1	0.03
Cultural-Cultural Competency-Perceived Discrimination2	1	0.03
Delay of Payment-Health Plan	1	0.03

QOC Grievances Description — Volume PTMPQ

QOS Access Grievances Description

QOS Access Grievances Description	Volume	PTMPQ
Access to Care-Avail of Appt w/ Specialist	2	0.06
Access to Care-Avail of Appt w/ Other Providers	1	0.03
Access to Care-Network Availability	1	0.03
Access to Care-Telephone call not returned -Specialist	1	0.03

Avg Membership	Appeal Volume	Overturn Rate	PTMPQ Appeal	Grievance Volume	PTMPQ Grievance
96,981				11	0.34

PTMPQ Medicaid Appeal by Quarter and Year

PTMPQ Medicaid Grievance by Quarter and Year

Year ● 2024

0.06   0.06   0.19

0.03

Qtr 1   Qtr 2   Qtr 3   Qtr 4

Total Cultural & Linguistic Cases

1

Evolent Appeals Totals - 2024

QIHEC | CHPIV Appeals & Grievance

Data Refreshed: 10/20/2025...

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Date	Case Category	Case Classification	HealthType	Access to Care	Provider Vendor Type
1/22/2024 12/31/2024	All	All	All	All	Imaging/Radiology-NIA/Evolent

There are no cases present for Dental Anesthesia for the current reporting period [1].

Case Classification & Category:

- All data is filtered for **Medicaid Appeal or Medicaid Grievance** cases, specifically for the **CHPIV** line of business and the **Imaging/Radiology-NIA/Evolent** provider/vendor type [2] [3].

Volume:

- **Appeals:** The total appeal volume for 2024 is **19 cases** [2].
- **Top Appeal Descriptions:** The top 5 appeal classifications account for **16 cases** in 2024, distributed as follows by quarter: Q1: 2, Q2: 4, Q3: 6, Q4: 4 [3].
- **Grievances:** No grievance volume data is available for the top 5 grievance classifications in the current period [4].

Overturn Rate:

- The overall overturn rate for appeals in 2024 is **78.95%** [2].
- By month, overturn rates are reported as **100%** for March, May, June, July, September, October, and November, while other months are blank, indicating no overturns or insufficient data for those periods [2].

Compliance Rate:

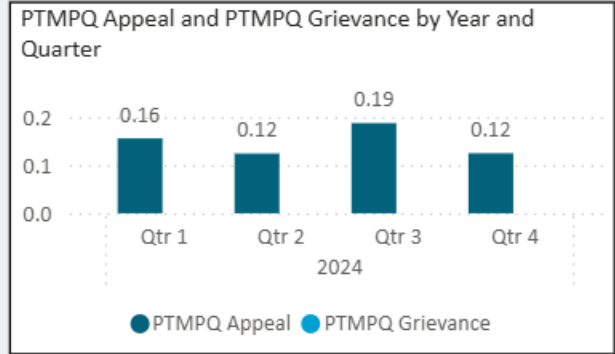- The compliance rate is consistently **100%** across all reported months and for the year 2024 [2].

Additional Insights:

- PTMPQ Appeal and Grievance rates trended downward, with a **19.86% decrease** between January and October 2024 [5].

Created with AI. Inaccuracies are possible. Read terms

Year	February	March	April	May	June	July	August	September	October	November	Total
2024											
Appeal Volume	1	4	2	1	1	4	1	1	3	1	19
Grievance Volume											
Overturn Rate		100.00%		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	78.95%
Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Top Appeal Description

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
2024	2	4	6	4	16

Top Grievance Description

Year	Total

PTMPQ Appeal and PTMPQ Grievance by Year and Quarter

Qtr 1: 0.16, Qtr 2: 0.12, Qtr 3: 0.19, Qtr 4: 0.12 — 2024

● PTMPQ Appeal ● PTMPQ Grievance

TAB 11

Case Management - CHPIV

Carrie-Lee Patnaude, Manager,
Director, Care Management

Care Management- Physical Health, Behavioral Health, SSFB & FYOL

Performance metrics summary	Opportunities for improvement	Remediation action
Outreach in Q3 527. Well above 2024 avg quarterly outreach (396). On track to increase outreach over 2024 by >10%	Increase direct referrals from Providers/PPGs	Partner with PE to engage PPGs/FQHCs to educate providers about CM and how to refer
Engagement rate up compared to one year ago, 62.6% in Q3 2025 vs 42.7% Q3 2024.	Continue to increase engagement with members; enroll more members into programs	Texting program now available; text campaign to introduce and offer CM to members; Care Managers offering texting with members
Refused/Declined has remained steady at 2.3% for the last two quarters. This is significantly better than the 6.8% in Q3 2024.		
Readmission Rates decreased by 12.5%, well above 5% goal.		

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Care Management- SSFB & FYOL Outcomes

Performance metrics summary	Opportunities for improvement	Remediation action
Prenatal Visit Compliance: 0.8% greater compliance in completing prenatal visits in members managed; far below our goal of 8%	Improve Prenatal visit attendance; Enroll more members in their first trimester	Root-cause analysis with data team regarding low prenatal visit %; Adjust prioritization of Notice Of Pregnancy report, to make members in first trimester a higher priority for outreach.
Pre-Term Deliveries: 4.9% Fewer pre-term deliveries in high-risk members managed, exceeding the goal >2% reduction		
Postpartum Visits: 15.1% greater Postpartum visits, exceeding our 10% goal		
FYOL - Zero inpatient admissions. ED utilization decreased by 32.2%	Increase enrollment in FYOL program	Adjust FYOL outreach to promote texting option for busy families.

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Care Management- Transitional Care Services

Performance metrics summary	Opportunities for improvement	Remediation action
Outreach in Q3 442. Above 2024 avg quarterly outreach (336). On track to increase outreach over 2024 by >3%	Partner with hospitals for in-person enrollment for members.	Follow-up with hospitals we are in communication with
Engagement rate up compared to one year ago,70.6% in Q3 2025 vs 59.4% Q3 2024.		
Readmission Rates decreased by 7.3%, above 5% goal.	Ensure members are aware of TCS program	Text all discharged members about TCS program and hotline info.
Reduction in ED utilization by 28%		

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Care Management Utilization Outcomes Q2 2025

Physical Health, Behavioral Health
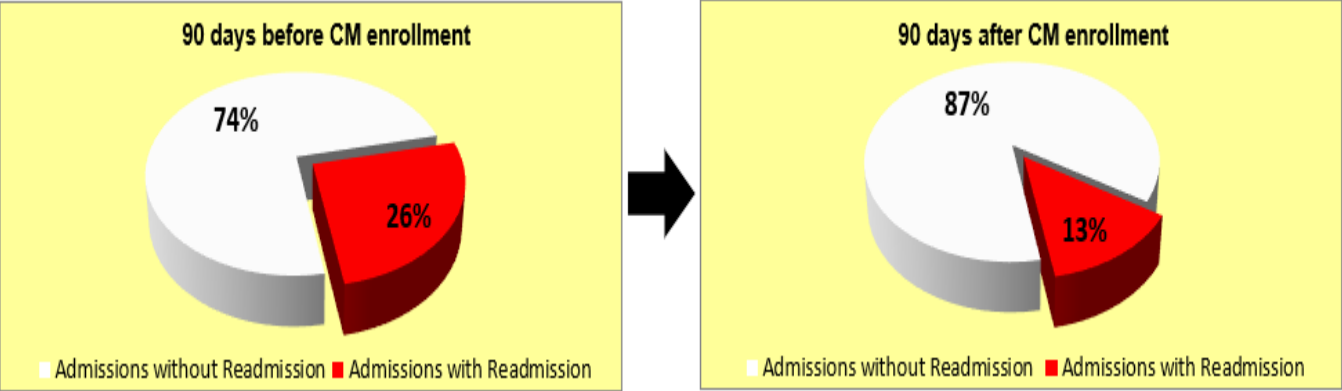
90 days before CM enrollment

74%
26%
Admissions without Readmission ■ Admissions with Readmission

90 days after CM enrollment

87%
13%
Admissions without Readmission ■ Admissions with Readmission

Measure for Case Management	Members	Claims 90 days before CM enrollment	Claims 90 days after CM enrollment	Percent Difference
Emergency Department (ED) Claims	123	111	46	**58.6%**

Initiative / Goal

• Effective member engagement to support self care abilities and access to appropriate services to drive post-CM access to right services at right level of care as evidenced by decrease in admissions / readmissions and ED utilization

Actions / Interventions

• Reviewed utilization pattern for members post case engagement and compared to prior utilization patterns. Help members have timely follow-up PCP and specialist appointments and ensuring members understand discharge instructions.
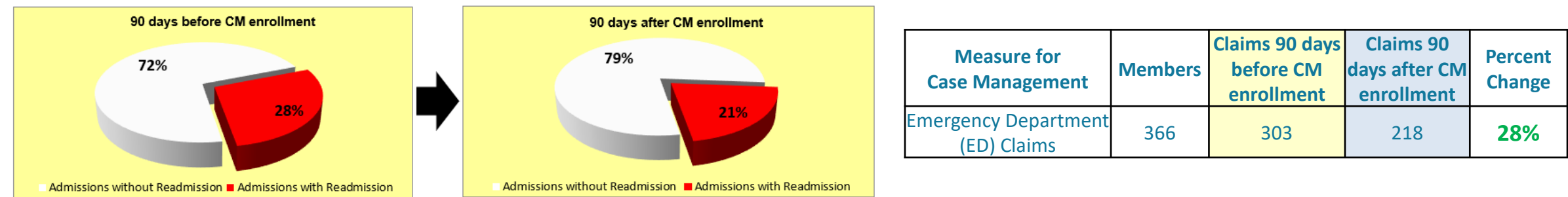
Outcome

• Readmission Rates decreased by 12.5%, ED utilization decreased by 58.6%

• Admissions, readmissions, well above goal: >5% reduction. ED Diversion significantly over goal of >10%

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Care Management Utilization Outcomes Q2 2025

TCS Program:

90 days before CM enrollment

72% — 28%

Admissions without Readmission ■ Admissions with Readmission

90 days after CM enrollment

79% — 21%

Admissions without Readmission ■ Admissions with Readmission

Measure for Case Management	Members	Claims 90 days before CM enrollment	Claims 90 days after CM enrollment	Percent Change
Emergency Department (ED) Claims	366	303	218	**28%**

FYOL Program:

Measure for Case Management	Members Not Enrolled in FYOL* First 90 Days after Referral			Members Enrolled in FYOL First 90 Days after Engagement			Difference	Percent Change
	Members	ED Claims	ED/1,000/Yr.	Members	ED Claims	ED/1,000/Yr.	ED/1,000/Yr.	
Emergency Department (ED) Visits, per 1,000 members per year	97	11	454	39	3	308	-146	-32.2%

TCS Outcome
- **Readmission Rates decreased by 7.3%, ED utilization decreased by 28%**
- Admissions, readmissions, just over goal: >5% reduction. ED Diversion significantly over goal of >10%
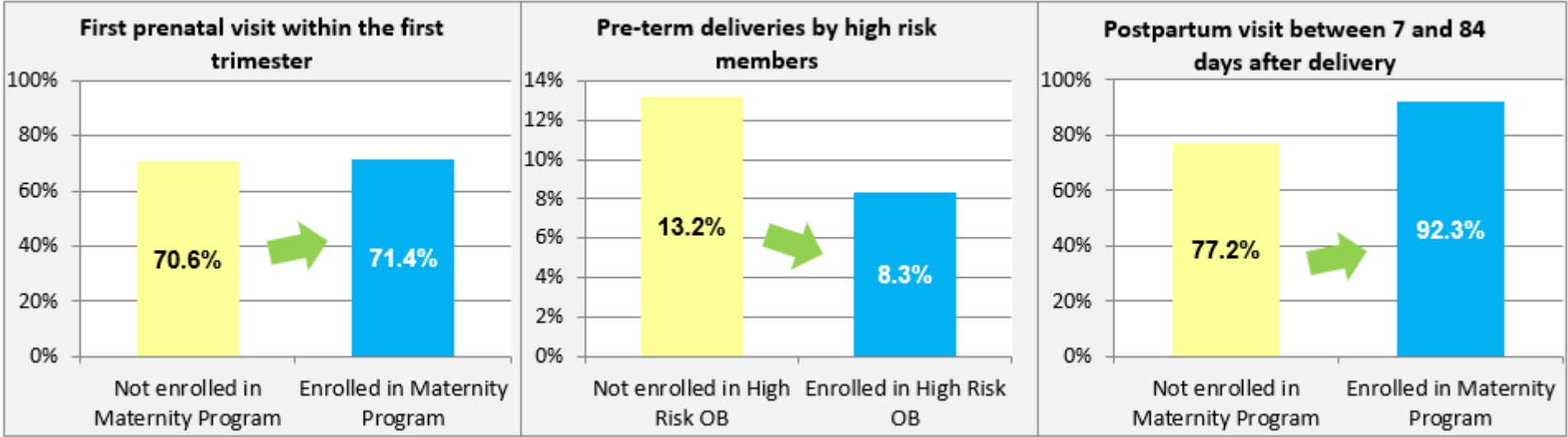
FYOL Outcome
- **Zero inpatient admissions. ED utilization decreased by 32.2%** (compared to members not enrolled)

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Care Management Utilization Outcomes Q2 2025

Maternity

First prenatal visit within the first trimester
- Not enrolled in Maternity Program: 70.6%
- Enrolled in Maternity Program: 71.4%

Pre-term deliveries by high risk members
- Not enrolled in High Risk OB: 13.2%
- Enrolled in High Risk OB: 8.3%

Postpartum visit between 7 and 84 days after delivery
- Not enrolled in Maternity Program: 77.2%
- Enrolled in Maternity Program: 92.3%

Initiative / Goal
- Support improved birth outcomes through early identification and engagement of pregnant as evidenced by increase in prenatal and postpartum visits and decrease pre-term deliveries in high-risk members

Actions / Interventions
- Compared compliance completing prenatal and postpartum HEDIS measures for members managed vs not managed and rate of pre-term delivery of high-risk members managed to high-risk members not managed. Encourage member to schedule prenatal and postpartum visits with providers.

Outcome
- 49 members met the inclusion criteria for prenatal visit, 24 members met the inclusion criteria for the pre-term delivery measure, and 117 members met the inclusion criteria for postpartum visit
- **0.8%** greater compliance in completing prenatal visits in members managed; significantly below the goal of 8% or more
- **4.9%** Fewer pre-term deliveries in high-risk members managed, above the >2% reduction goal
- **15.1%** greater Postpartum visits, well above the 10% goal

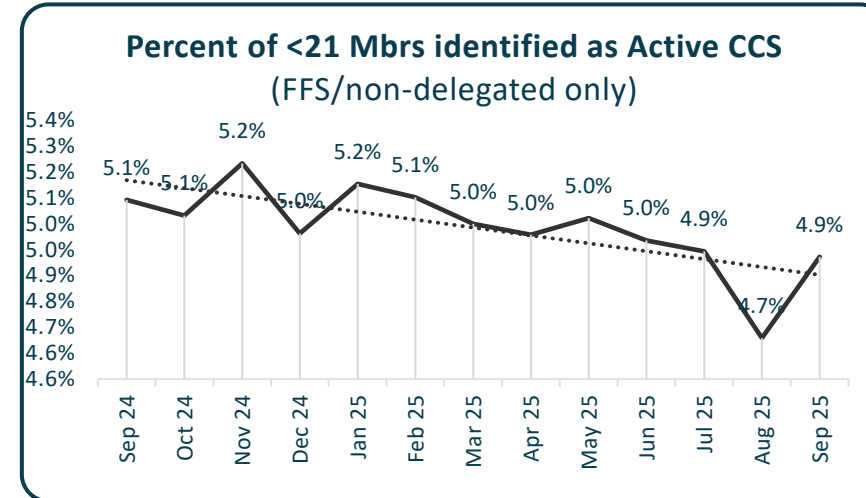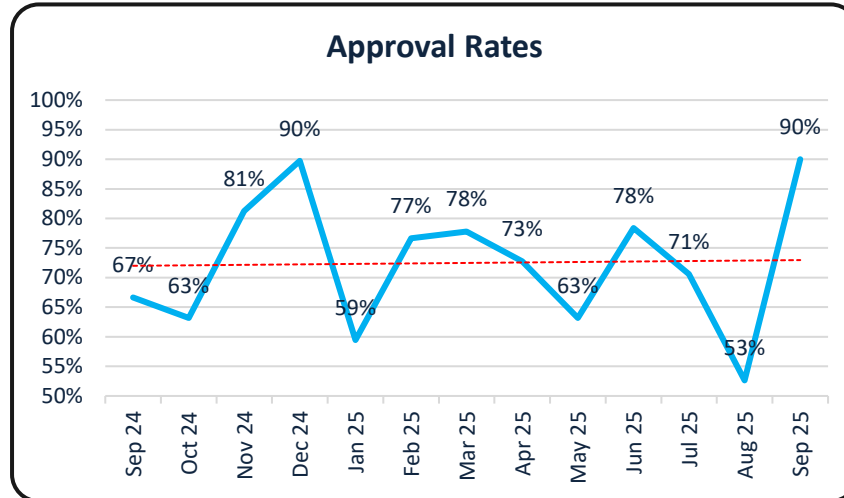Confidential and Proprietary Information. For internal use only.

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TAB 12

CHPIV
California Children's Services

Connie Lowe, Manager, Public Programs
Loren Hilburn, Analyst IV

Data as of 11/6/2025

CCS Key Metrics

Approval Rates

Percent of <21 Mbrs identified as Active CCS
(FFS/non-delegated only)

Q2 to Q3 Trends

- Average quarterly approval rates decreased from 71.4% to 71.1% (a <1% decrease)
- Cases Pending Review decreased by 27% (from 58% in Q2 to 31% in Q3)
- Percent of <21 membership identified as active CCS (FFS/non-delegated only) decreased from 5% to 4.9% (a 2% decrease)
- Volume of UM <21 cases reviewed for CCS Eligibility decreased by 26% from Q2 to Q3 2025

Data source: CCS Public Program Specialist "All Other" Trackers

Barriers and Actions

BARRIERS	ACTIONS/NEXT STEPS
The number of UM cases reviewed for CCS Eligibility for members <21 experienced a sharp decline of 26% from Q2 to Q3 of 2025.	• CCS member identification includes claim review activities performed by the Medical Review Unit (MRU), which plays a vital role in closing gaps in CCS identification. • The MRU team temporarily paused case processing for approximately five months due to reduced staffing for the Real-Time Under 21 process. • This pause contributed to the decline in CCS referrals. As of October, MRU case processing has resumed, and an increase in CCS referrals is anticipated moving forward.

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Committee Approval

Committee Recommendations to the Board of Directors and Adjournment

Next HNCS QIHEC Committee Meeting

TBA