



Quality Improvement Health Equity Committee (QIHEC)

October 15, 2025-Qtr. 3 Agenda

12:00 P.M.

512 W. Aten Rd., Imperial, CA 92251

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

Microsoft Teams

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Meeting ID: 265 570 292 613

Passcode: ix3YX7uJ

Committee Members	Representing	Present
Dr. Unnati Sampat	Imperial Valley Family Medical Care Group	
Dr. Masoud Afshar	Masoud Afshar MD	
Dr. Ameen Alshareef	Valley Pediatric Health	
Leticia Plancarte-Garcia	Imperial County Behavioral Health	
Janette Angulo	Imperial County Public Health Department	
Mersedes Martinez	El Centro Regional Medical Center	
Shiloh Williams	San Diego State University	
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	

1. CALL TO ORDER

- a. Roll Call
- b. Approval of Agenda
 1. Items to be pulled or added from the Information/Action/Closed Session Calendar
 2. Approval of the order of the agenda

Dr. Gordon Arakawa, Chair

Donna Ponce, Commission Clerk

2. PUBLIC COMMENT

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



3. CONSENT AGENDA

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

- a. Approval of Minutes from July 16, 2025..... Pg. 3-21
- b. Q3 HNCS QIHEC Presentation
- c. Q3 HNCS QIHEC Packet

4. ACTION

- a. Motion to approve the following:
 - 2025 Health Equity Work Plan
 - 2025 UM/CM Workplan Mid-Year Evaluation
 - 2024 Care Management Program Evaluation
- b. Motion to approve the following:
 - Health Net Provider Update
 - Health Net/Centene Ops Manual Updates
 - CHPIV Health Access Report
 - Population Analysis Report

5. INFORMATION

- a. Q3 CHPIV QIHEC Presentation.....Pg. 22-79

Adjournment

Next Meeting: **Wednesday, January 14, 2026**

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Quality Improvement & Health Equity (QIHEC) Committee

Date/Time	July 16, 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	
	<i>Roll Call</i>	Gordon Arakawa, MD	
12:06 – 12:10	Consent Agenda	Gordon Arakawa, MD	
	a. <i>Approval of previous meeting minutes from Wednesday, April 16, 2024.</i>	Gordon Arakawa, MD	☒
	b. <i>Approval of meeting presentation of 2025 Q1HNCS presentation.</i>	Gordon Arakawa, MD	☒
	c. <i>Approval of Approval of meeting packet of 2025 Q1HNCS packet.</i>	Gordon Arakawa, MD	☒
	d. <i>Approval of HNCS Ops Manual Updates from 2025 Q2 HNCS packet.</i>	Gordon Arakawa, MD	☒
	e. <i>Approval of 2024 Year End QIHED Wellness Work Plan Evaluation</i>	Gordon Arakawa, MD	☒
	f. <i>Approval of 2024 Annual QIHED Program Evaluation</i>	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 D. Healthcare Effectiveness Data & Information Set (HEDIS) E. Care Management KPI Report F. Enhanced Care Management/Community Supports - ECM Enrollment - CS Authorizations/Claims Trends	Gordon Arakawa, MD	☒



Quality Improvement & Health Equity (QIHEC) Committee

	• Barriers to ECM & CS G. Long Term Support Services (LTSS) • Quarterly Totals Report H. Pharmacy • PA Metrics • Top 5 PA Requests • Top 5 Denials • QA/Reliability Results for Q3 I. Behavioral Health • CHPIV Members Served (Quarterly) • ABA Services J. Quality Improvement Projects • Quality Improvement Project • IHA • Lead Screening K. Population Health Management (PHM) Quarterly Report L. Peer Review Credentialing M. California Children Services N. Inter Rater Reliability O. Network Access P. Provider Directory Review Q. Vendor Management R. Provider Satisfaction Program		
12:51 – 12:52	Committee Recommendation to the Board of Members and Adjournment Next Meeting: Date: Wednesday, October 15, 2025 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams	Gordon Arakawa, MD	☐

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Quality Improvement & Health Equity (QIHEC) Committee

QIHEC Meeting Minutes: 07/15/2025

Community Health Plan of Imperial Valley QIHEC Committee convened on 15th day of July 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 <i>(Committee Chair)</i>	☒				Nancy Del Real Imperial County Behavioral Health Services	☒		
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		☒						

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



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		☒						
Fernanda Ortega Project Supervisor, Community Health Plan of Imperial Valley	☒							
Priscilla Carpio Supervisor of Clinical Auditing, Community Health Plan of Imperial Valley	☒							
Amanda Delgado Project Specialist, Community Health Plan of Imperial Valley	☒							
Donna Ponce Executive Assistant and Commission Clerk, Community Health Plan of Imperial Valley	☒							



Quality Improvement & Health Equity (QIHEC) Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
I. Call to Order II. Announcements	Dr. Gordon Arakawa called the meeting to order at 12:00 p.m. Dr. Gordon Arakawa presented no new announcements.		
III. Consent Agenda	a. Dr. Gordon Arakawa presented the meeting minutes from the CHPIV QIHEC meeting held on Wednesday, January 15, 2025, for Committee review and approval.	A motion to approve the meeting minutes was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
	b. Dr. Gordon Arakawa presented the meeting presentation from the HNCS 2025 Quarter 1 QIHEC presentation for Committee review and approval.	A motion to approve the HNCS 2025 Quarter 1 QIHEC presentation and packet was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
	a. Dr. Gordon Arakawa presented the meeting presentation from the HNCS 2025 Quarter 1 QIHEC packet for Committee review and approval.	A motion to approve the HNCS 2025 Quarter 1 QIHEC packet was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
	b. Dr. Gordon Arakawa presented HNCS Ops Manual Updates from the Q1 2025 HNCS QIHEC packet for Committee review and approval.	A motion to approve the HNCS Ops Manual Updates was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	



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	c. Dr. Gordon Arakawa presented the 2024 Year End QIHED Wellness Work Plan Evaluation for Committee review and approval.	A motion to approve the 2024 Year End QIHED Wellness Work Plan Evaluation was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
	d. Dr. Gordon Arakawa presented the 2024 Annual QIHED Program Evaluation for Committee review and approval.	A motion to approve the 2024 Annual QIHED Program Evaluation was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	
IV. New Business			
A. Call Center Metrics	Dr. Gordon Arakawa presented New Business for Committee review, approval, and participation. Please reference the meeting packet New Business section for detailed information. Q1 2024 Top Member Call Types: 1) Benefits and eligibility 2) PCP update 3) Update demographics Q1 2024 Top Provider Call Types: 1) Benefits and provider eligibility 2) Authorization Inquiries 3) Provider search inquiry Q1 2024 Top Call Types:	A motion to approve all New Business reports was made by Dr. Unnati Sampat and seconded by Dr. Masoud Afshar.	



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B. Utilization Management	1) Claims inquiry 2) Benefits and eligibility 3) Update member preferences Dr. Sampat: Can you clarify if those calls were answered and resolved? Dr. Arakawa: Yes, those were actually incoming calls and the second line represents handled calls. Meaning that one category is incoming and the other is answered/resolved calls. Denials increased since August 2024, re-training program instituted. Approvals decreased since August 2024; many procedure codes were removed from authorization review queue (ARQ). Over/Under: 1. Admissions/K 2. Bed days/K 3. Acute care average length star 4. ER admits/K 5. All cause readmits 6. Authorization appeals, denials, deferrals, and modifications 7. Specialty referrals for target specialties Overall 1. Utilization stable Q1-Q3 2. No significant Q over Q fluctuations 3. High ER utilization reflective of access challenges 4. Ongoing work to address re-admissions Specialty Access Report Average PTMPY for Focus Specialties Cardiology 36.7		
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C. Appeals & Grievances	Rheumatology 34.8 Hematology & Oncology 32.1 Dermatology 30.4 Neurology 29.9 Orthopedic Surgery 21.2 Endocrinology 13.7 Otolaryngology 7.8 Pain Management 3.0 Interventional Pain Medicine 2.3 Medical Oncology 1.6 Hematology 0.4 Dr. Sampat: For colonoscopies at times they are categorized as surgical procedures which may contribute to elevated counts. I recommend that the coding is reviewed and excluding screening procedures from surgical tallies. Dr. Arakawa: I agree. Follow-Up Items (CHPIV): 1. Dr. A to inquire on categorization of screening procedures. Q1 2025 Appeals rolling year totals: 23 Q1 2025 Grievances QOS rolling year totals: 70 Q1 2025 Grievances QOC rolling year totals: 4 Q1 2025 Grievances ATC rolling year totals: 17 Dr. Sampat: I have noticed that recent modifications to Health Net's authorization criteria might also be contributing to increased denial rates. I think it is really important that we monitor these criterias. Dr. Arakawa: I agree.		
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D. Healthcare Effectiveness Data & Information Set (HEDIS)	Top 5 Appeals Q1 2025: 4, Not Medically Necessary – Diagnostic- MRI, 50.00% Overturn Rate, Medi-Cal Top 5 QOS Grievances Q1 2025: 14, Transportation – General Complaint Vender, Medi-Cal Q1 QOC Grievances: 4 filed in Q1 2025. Reasons were inadequate care (2), Delay in Rx refill (1), Suspected neglect (1). All cases were referred to HN clinical department for assignment of severity level, 2 cases were classified as level 0, 2 cases were classified as level 2. All cases were reviewed by Dr. Gordon Arakawa. Dr. Sampat: I am concerned about Health Net’s requirements for ultrasound imaging. These protocols somewhat undermine clinical judgement at times, particularly in underserved areas such as PCP. Sometimes when I order imaging it is unnecessary to complete the authorization requirements. Top 5 ATC Grievances Q1 2025: ATC – Prior Authorization delay, 8 in volume. PQI: Q1 2025 2 cases were identified. Dr. A was unable to review the PQIs with the team. CHPIV 2024 – 14/18 reached MPL. Percentage goal achieved 78%. Final MY 2023, changes from prior year attainment 56%,		
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E. Care Management KPI Report	Physical Health: Q1 2025 engagement rate was 66.7%. Total cases closed was 27, total cases managed was 65. 6 complex case management, 59 non-complex case management. Behavioral Health: Q1 2025 engagement rate was 72.7%. Total cases closed was 9, total cases managed was 18. 0 complex case management, 18 non-complex case management. Maternity: Q1 2025 engagement rate was 61.7%. Total cases closed was 67, total cases managed 227. 9 complex case management, 218 non-complex case management. Transitional Care Services: Q1 2025 engagement rate was 75.7%. Total cases closed was 145, total cases managed 230. 0 complex case management, 230 non-complex case management. First Year of Life: Q1 2025 engagement rate was 96.7%. Total cases closed were 48, total cases managed was 118. 0 complex case management, 118 non-complex case management.		
F. Enhanced Care Management/Community Supports	ECM Enrollment: December 2024 was 33.7% Dr. Sampat: Which line on the graph applies to us? Dr. Arakawa: The blue line is the people that are identified to be needing ECM and the orange line is enrolled members. 1.2% of the imperial county population is enrolled in ECM. Dr. Sampat: What about compared to the rest of the U.S? Dr. Arakawa: I am not 100% sure but I do know it is higher. ECM Information: December 2024 total was 1,268.		



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G. Long Term Support Services (LTSS)	CS Authorization/Claims Trends: November 2024 total auth count was 1.2K, claims count was 5.3K, unique member count was 1.3K. 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. Long Term Care: Q1 2025 Unique utilizing LTC members for March 2025 • El Centro Post-Acute was 77 • Imperial Manor was 29 • Pioneer Memorial D/P was 76 • Out of County was 28 • Out of State was 0 Community Based Adult Services: Q1 2025- March 2025 • Unique utilizing CBAS members was 240 • Average days per week was 1.8 • Member utilizing CBAS six months ago, now in LTC was 0 Intermediate Care Facilities: Q1 2025- March 2025 Unique utilizing LTC members was 13		
H. Pharmacy	PA Metrics: Q1 2025 – March 2025 • Totals PA's was 62 • # Approved % was 61% • # Denied % was 39%		



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I. Behavioral Health	• PA per 1,000M 0.64% • % PA requests meet goal was 98.4% Top 5 Pharmacy PA requests for March 2025 was botulinum toxin, epoetin alfa, peg filgrastim, leuprolide, IV iron. Top 5 Denials in Q4 were based on percentages and total numbers. • Epoetin Alfa 100% • Epoetin Beta 100% • IV Iron 100% • Peg Filgrastim 47.06% • Nivolumab 40% Dr. Sampat: Have there been any issues with Medi-Cal patients Dr. Afshar? Dr. Afshar: No, no problems as of yet. Those requests are typically routed directly to the pharmacy. Q1 2025 BH Medi-Cal referrals for CHPIV 8 members referred to HN BH by County SMHP. 1 member was referred by HN BH to county SMHS. 44 members were referred to HN BH providers. Q1 2025 Care Coordination referrals for CHPIV was 6. Q1 2025 Applied Behavioral Analysis Services: Total ABA authorizations was 406. ABA full clinical denials was 0, ABA partial clinical denials was 4. Average number of direct treatment (individual and group) ~11.5 hrs/week. Age range for Q1 2025 1y/o – 20 y/o.		
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J. Quality Improvement Projects

Quality Improvement Update: MY2024 QI Year-End Activity total was 165/179 totaling 92.18%. This includes workplan initiatives like behavioral health, chronic conditions hospital quality, member engagement and experience, pediatric/perinatal/dental, pharmacy and related measures, preventative health, provider communication/engagement.

Performance Improvement Projects for 2024. The QITS data program sun-setted on 02/28/2025. QITS will be replaced by the Centene QPIT program. Team members are currently receiving training on eQPIT, which is anticipated to launch in Quarter 2, 2025.

Child Health Equity Sprint: the CHPIV SMARTIE aims by the end of March 2025 the pilot site workgroup will implement the IHI suggested/designed interventions to improve Well-Child Visit (WCV) rates a month Spanish speaking, Hispanic members aged 15-18 at Dr. Kapoor's office in Imperial County, from 27.85% to 40.85%.

Child Health Equity Sprint: Phase 1 of CHPIVs accomplishment and next steps. Phase 1 was completed on March 2025 with the pilot sites. Submitted all required deliverables to IHI and received positive feedback. Dr. Kapoor's clinic demonstrated an upwards trend in measure performance for the completion of WCVs. By the end of March 2025, the closing WCV rate at Dr. Kapoor's office was 38.8%. The clinic exhibits continuous directional improvement towards their SMARTIE Aim goal rate of 40.85%.

Initial Health Assessments for YTD 2024: PED IHA total records 46. Adult IHA total records 176. Next steps are to identify high volume, low performing providers. Revise provider training for best practices for member outreach. Provider tip sheet for common IHA codes. Provide



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	IHA content to bolster collection of information with each outreach/encounter. Lead Screening in Children: Next steps include identifying high volume low performing providers. Provide funding, distribute, and track use of POC lead analyzers. Establish workflow guidance to providers who do not conduct POC blood lead screening.		
K. Population Health Management (PHM) Quarterly Report	Population Health Management effectiveness management includes various programs, measures, and benchmarks for CHPIV. For example, we have “Improve Preventative Health: Flu Vaccinations and/or Adult Immunization,” the measure is to increase member flu and vaccination rates, the benchmark is to reach or maintain Medicaid 25% MPL for AIS-E. We also have the tobacco cessation, breast cancer screening, diabetes management, smart start for baby, cardiac and diabetes, care management, and improve behavioral health follow up after ED visit.		
L. Peer Review Credentialing	Investigations: For Q1 2025, there were 0 investigative cases brought before peer review committee. 0 incidences of appointment availability resulting in substantial harm. 0 incidences of adverse injury occurred during a procedure by a contracted practitioner. Credentialing/Recredentialing for Q1 2025, there was 2 for physical health. Certification/Recertification for Q4 2024, there was 1 for initial certification.		
M. California Children Services	CCS Case Review Key Observations:		



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P. Provider Directory Review	a) PPG's placed on corrective action plans for not meeting network adequacy standards. b) Several PPGs remain non-responsive to CAP issuance c) Health Net to review possible enforcement actions Dr. Sampat: Physicians at times have trouble with PCP adequacy. Dr. Arakawa: Yes, those numbers should be 100%. HN has been able to submit an exemption, which they have done for the past ~3 years. Evaluate accuracy of CHPIV Provider Directory "Find a Provider" 1. Methodology a) Phone surveys b) Standardized questions c) Goal: 80% for each question 2. Results: 73 responders a) Office locations: 56/56 goal met b) Phone numbers: 55/70 goal not met c) Accepting new patients 54/59 goal met d) Staff network awareness: 59/59 goal met Issues identified: 1. Provider information is out of date a) Data cleansing efforts 2. Provider fails to communicate demographic updates in a timely manner. a) Explore ways to improve update process 3. Provider fatigue a) Automated processes Dr. Sampat: This is particularly important as we need to push more for these reviews.		
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Quality Improvement & Health Equity (QIHEC) Committee

	- Reviewing website messaging and instructions for clarity. Implementing auto – reply messaging to external email addresses to confirm receipt. 2. Issue resolution - Increased provider engagement staffing and structure to support behavioral health providers. Reviewing pulse survey data monthly for continuous improvement and follow-up. 3. Provider data management - Improving workflows for intake and validation of provider data change, including integration with state-wide registry symphony. 4. Provider services - Rolled out new Availity platform to support providers online with enhanced and new self-service tools. Completed CC training on ability to handle claims resolution without need for additional escalation. Dr. Sampat: How much participation was there? Dr. Arakawa: Only about 6%, we definitely need more involvement. Dr. Sampat: You could mail? Nancy Del Real: Maybe a QR Code? SurveyMonkey? Dr. Arakawa: Yes, we will work on that. Follow-Up Items (CHPIV): - Improve participation, look into alternatives.		
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:		



Quality Improvement & Health Equity (QIHEC) Committee

	Date: Wednesday, October 15, 2025 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams <i>Meeting Materials Due: Friday October 10, 2025</i> Meeting adjourned at 12:52 P.M.		
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Q3 CHPIV

Quality Improvement Health Equity Committee



**Community
Health Plan**

OF IMPERIAL VALLEY

Agenda

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

Agenda

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

Call Center Metrics



Call Center Metrics

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

Q2-2025 Top Member Call Types

1. Benefits & Eligibility
2. PCP Update
3. Update Demographics

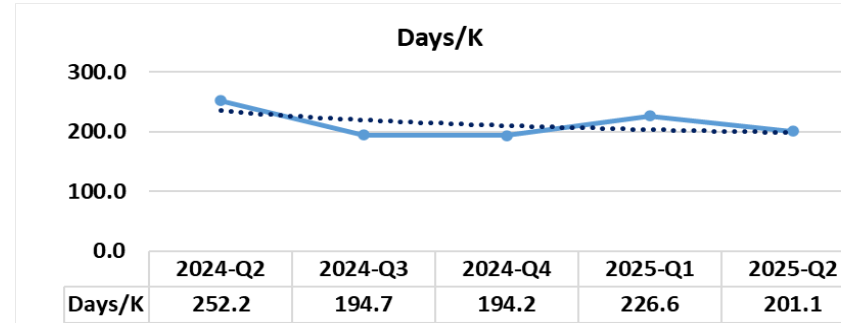
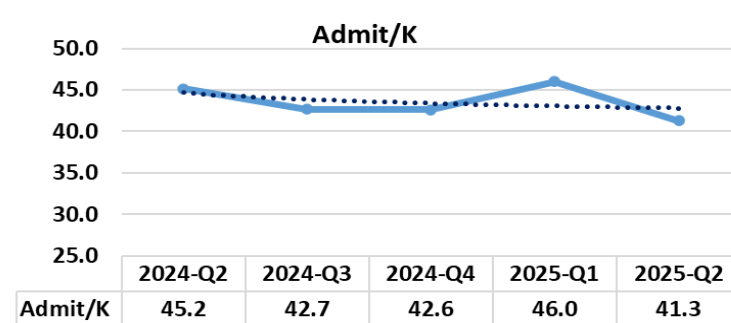
Q2-2025 Top Provider Call Types

1. Benefits & Provider Eligibility
2. Authorization Inquiries
3. Provider Search Inquiry

Utilization Management



Utilization Management Key Metrics



“Benchmark”
2025

Admit: 76

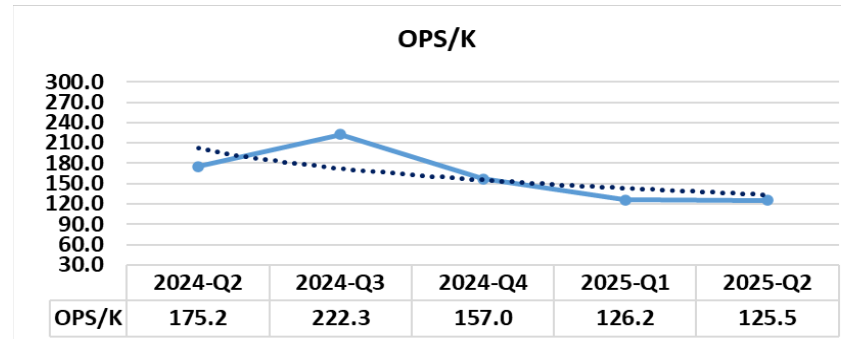
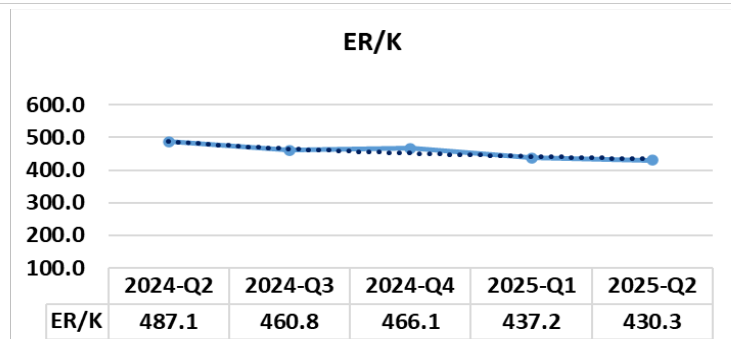
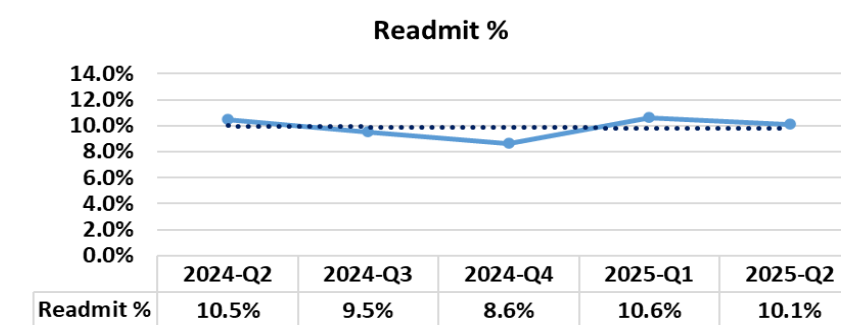
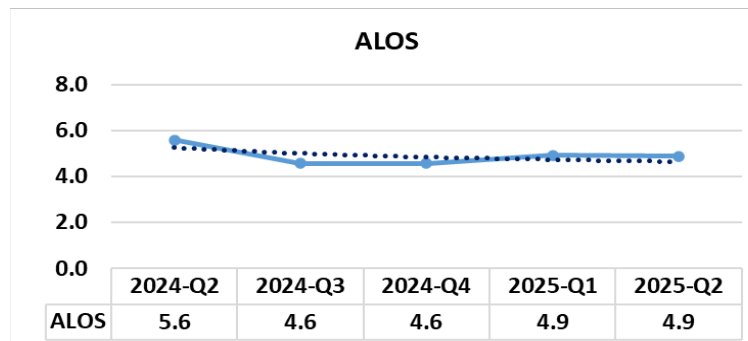
Days: 653

ALOS: 9

Readmit:
12.7

ER/K: 451

OPS: 77



Key Metrics Analysis

Trends – Q1 to Q2 2025

Inpatient

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

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

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

Emergency Room

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

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

Outpatient Surgery

- **OPS visits** PTMPY decreased 1%. Looking at diagnoses and procedures with at least 10 visits in Q1, these are the diagnoses contributing to this decrease:

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

Appeals & Grievances



Appeals & Grievances

Q2 2025 Total Number of Grievances

Appeals	
CHPIV	Volume
Total	22
Grievances	
CHPIV	Volume
Total	119

A&G Overview:

- A. Appeals and Grievances Summary
 - 1. Total Appeals - 22
 - 2.16 Pre-Service Appeals
 - 3. 3 Expedited Pre-Service Appeals
 - 4. 3 Post-Service Appeal
- B. Total Grievances - 119
 - 1. 84 - Quality of Service (QOS)
 - 2. 8- Clinical/Quality of Care (QOC)
 - 3. 27 - Access to Care (ATC) of which 4 cases were Expedited Grievances

Appeals & Grievances

QOC Grievances

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

QOS Grievances

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

Access to Care

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

Cultural & Linguistic Grievances

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

Behavioral Health Greivances

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

HEDIS Measures RY2025



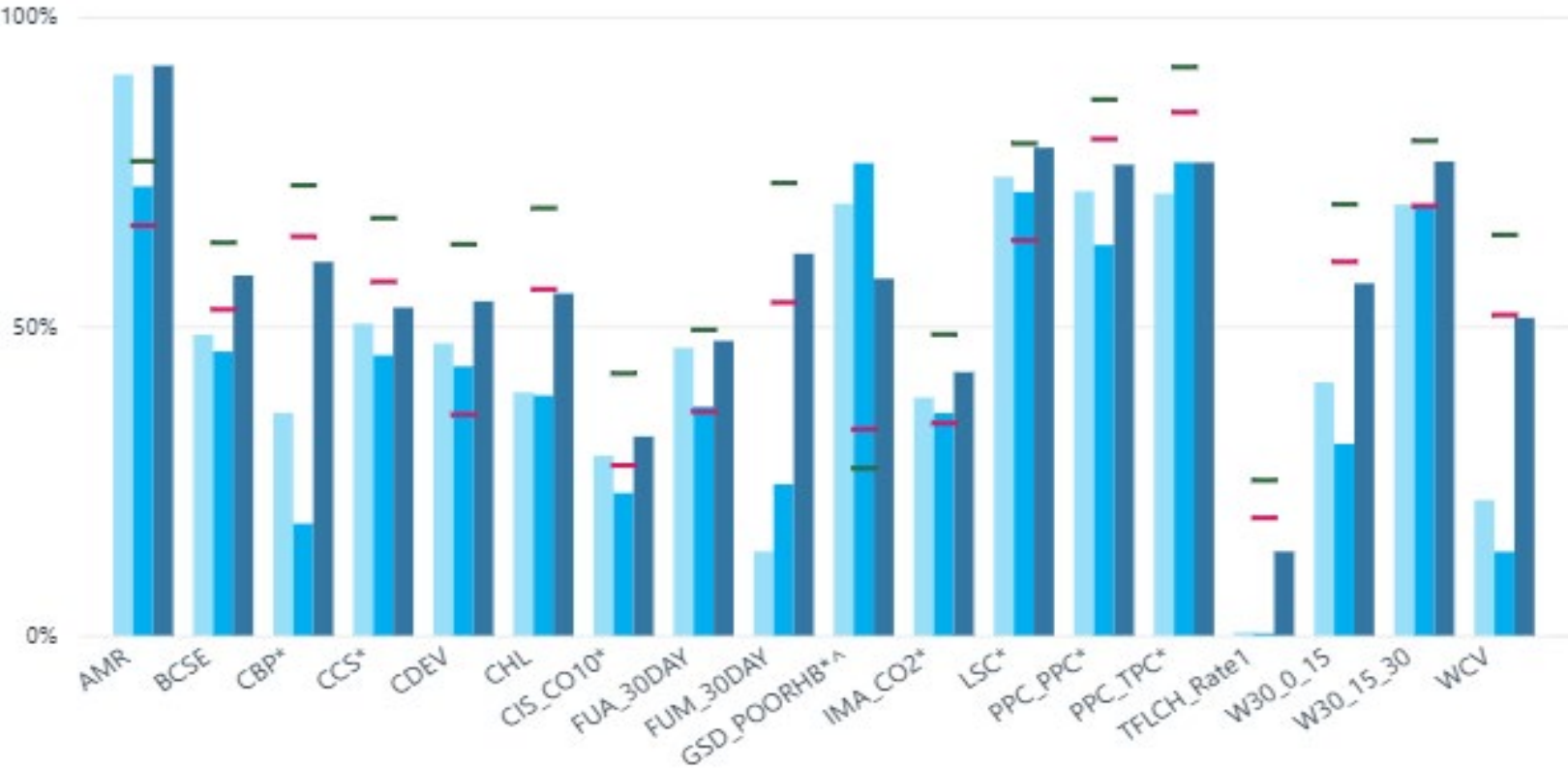
CHPIV MY2025 MPL Progress

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

Compliance Rate and Benchmark Rate MY2025

By Measure and By Measurement Period

Rate YTD Rate SMLY Rate LYFNL Benchmark Rate Benchmark Rate High



15 trendable metrics better than same month last year (SMLY)
16/18 measures improved Month over Month (MOM)
9 measures met pacing goal
2 measures performing worse than Rate SMLY

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

Care Management



Care Management

- Care Management - Total
- Care Management - PH
- Care Management - BH
- Care Management - Mat
- Care Management - TCS
- Care Management - FYOL

Members Engaged	Engagement Rate
326	62%
104	69%
21	70%
117	56%
306	76%
96	96%

Care Management

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

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

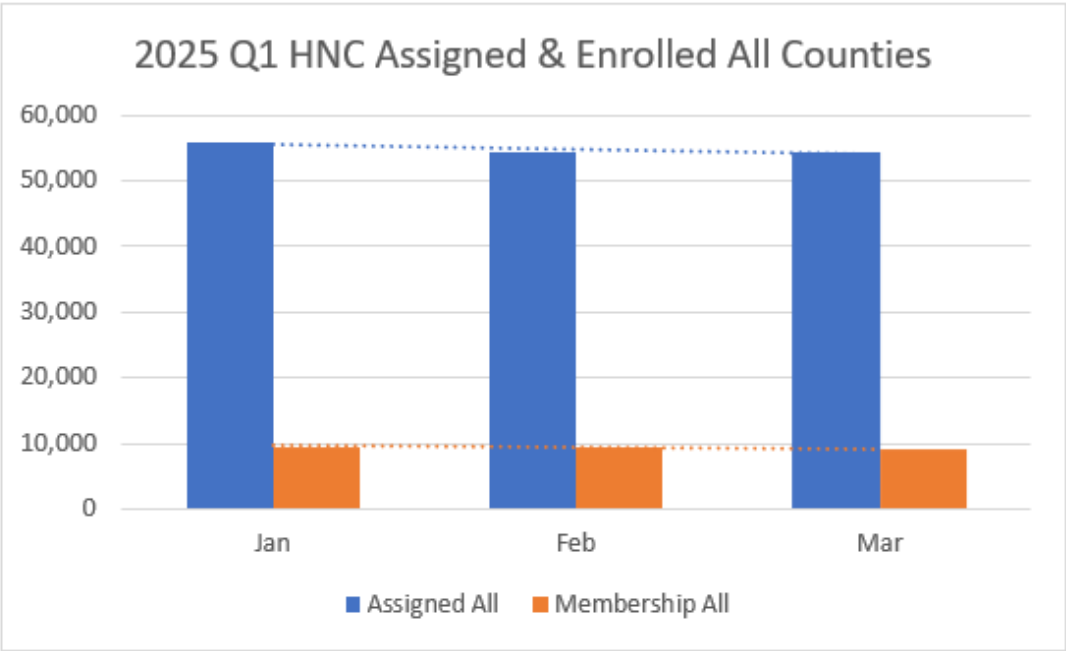
Enhanced Care Management (ECM) & Community Supports (CS)



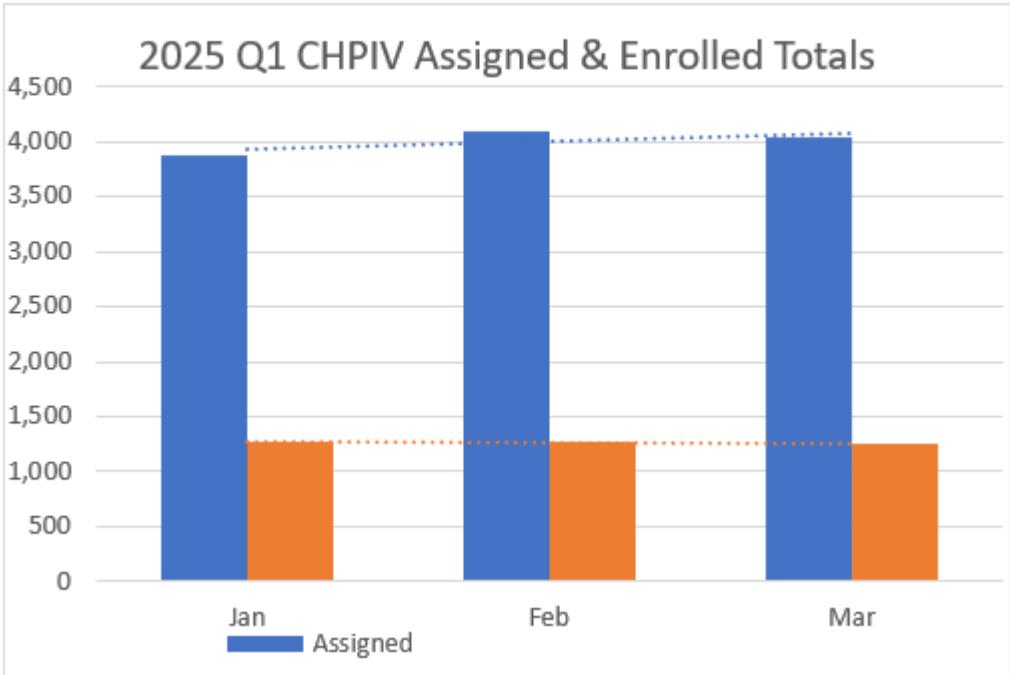
Enhanced Care Management (ECM) & Community Supports (CS)

ECM Enrollment- Q1 2025

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



Total ECM Assigned vs. Enrolled Members for Imperial County



Long Term Support Services (LTSS)



Long Term Support Services (LTSS) Q1 2025

LTC (Long Term Care)

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

CBAS (Community Based Adult Services)

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

ICF (Intermediate Care Facilities)

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

Pharmacy



Pharmacy

Data/Results: PA Metrics

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

Pharmacy

Top 10 Denials in Q2 based on Percentage and Total Number

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

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

Behavioral Health



Behavioral Health/ SUD

Q3 Report

Care Coordination
Overview -CHPIV

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

Behavioral Health/ SUD

Autism Center Q2 2025

Community Health Plan of Imperial Valley

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

Quality Improvement Update



Quality Improvement Update

CHPIV Child Health Equity Collaborative Sprint

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

Tentative Pilot Site: TBD; ideally with Dr. Vishwa Kapoor's Clinic because of the work accomplished in Phase 1

***Note:** proposed pilot site cannot determine their buy-in for Phase 2 without more information and clarity from IHI and DHCS

Updates from IHI + DHCS:

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

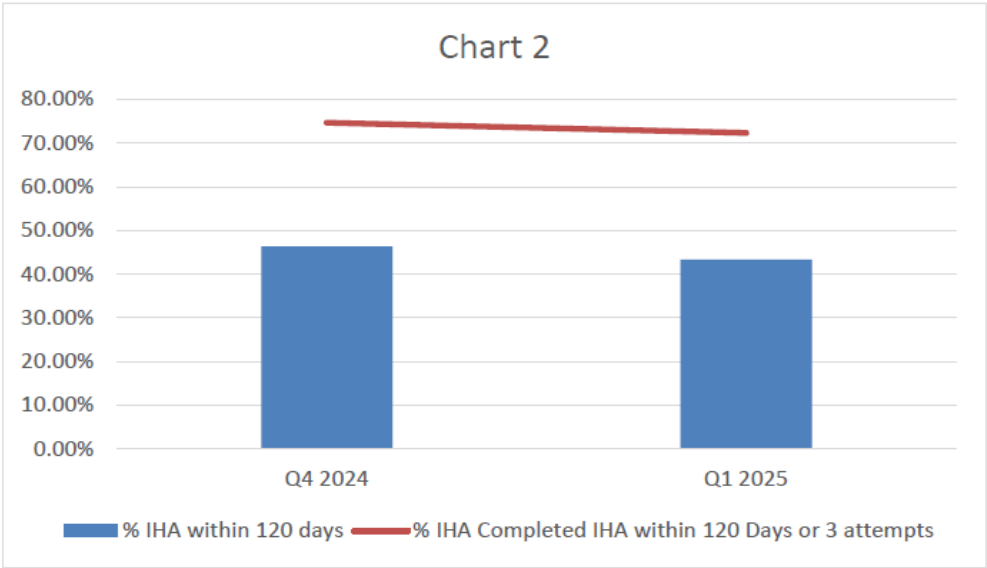
- Sustainability and Spread
- Promoting Continuity of Care of WCV
- Effective Communication and Partnership with Patients and Families
- Data Submission and Capability
- Partnership and Scaling Expectations
- Team Structure Expectations

Initial Health Assessments

Medical Record Review YTD 2024

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

Claims/Encounter Review

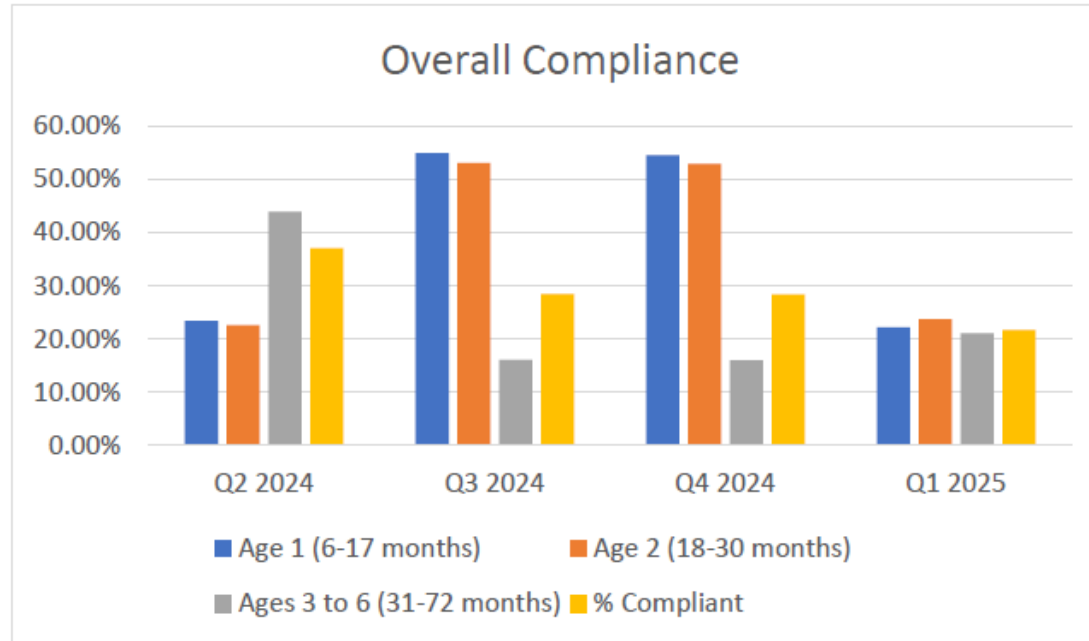


Next Steps

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

Lead Screening in Children

Chart 1 – Overall Compliance Q1 2025



Continuing Work:

1. Identify high volume, low performing Providers.
2. Provide funding, distribute, and track use of POC lead analyzers.
3. Establish workflow guidance to providers who do not conduct POC blood lead screening.

Peer Review Credentialing



Peer Review Credentialing and Access Reports

Investigations

For Q2-2025

- 1.0 Investigative Cases brought before Peer Review Committee
- 2.0 incidences of Appointment Availability Resulting in Substantial Harm
- 3.0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing - Q2-2025

Initial Credentialing
Physical Health

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
CLINTON	FLENTJE	CRNA	Nurse Anesthetist	Non-Physician	RNA000000003038	N/A	N/A	N/A	4/24/2025
JOHN	KELADA	MD	Internal Medicine	SCP	A 000000125118	No	N/A	N/A	5/29/2025
MICHAEL	SCHWARTZ	DO	Internal Medicine	SCP	20A000000020063	No	Internal Medicine	Expired	6/26/2025

Certification/Recertification - Q2-2025

Initial Certification

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

Integrated Access Report



Integrated Access Report

Purpose

TIMELY ACCESS MONITORING

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

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

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

**Results presented are for metrics monitored in
Measurement Year (MY) 2024, Reporting Year (RY) 2025.**

MONITORING MECHANISMS

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

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

Access to Care Grievances

Provider Surveys



Member Surveys



Integrated Access Report

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

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

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

Integrated Access Report

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

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

Integrated Access Report

MY 2024 Behavioral Health Member Experience Survey Results: CHPIV

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

Provider Satisfaction



Provider Satisfaction

MY 2024 Provider Satisfaction Survey Results: CHPIV

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

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

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

2024 Population Analysis Report

2024 Population Analysis Report

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

2024 Population Analysis Report

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

2024 Population Analysis Report

Subpopulations by Health Risk: Age 20-64 by Product Line			
Age 20-64		Medi-Cal (CHPIV)	
		Count	%
Member Count		46,830	
POP Health Category			
_01: Healthy		12,659	27.03%
_02: Acute Episodic		4,476	9.56%
_03: Healthy: At Risk		10,280	21.95%
_04a: Chronic - Big 5: Stable		1,246	2.66%
_04b: Chronic - Other Condition: Stable		373	0.80%
_04c: BH Primary: Stable		1,918	4.10%
_05a: Health Coaching		3,698	7.90%
_05b: Physical Health CM		9,886	21.11%
_05c: Behavioral Health CM		1,069	2.28%
_06: Rare High Cost Condition		274	0.59%
_07a: Catastrophic: Dialysis		200	0.43%
_07b: Catastrophic: Active Cancer		219	0.47%
_07c: Catastrophic: Transplant		9	0.02%
_08a: Dementia		71	0.15%
_08b: Institutional (custodial care)		6	0.01%
_09a: LTSS MMP and DSNP - Service Coordination		0	0.00%
_09b: LTSS MMP and DSNP - High Needs Care Management		0	0.00%
_10: EOL (Non-LTSS)		446	0.95%

2024 Population Analysis Report

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

2024 Population Analysis Report

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

2024 Population Analysis Report

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

2024 Population Analysis Report

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

2024 Population Analysis Report

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

2024 Population Analysis Report

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

2024 Population Analysis Report

Age 0-19		
Top 30 Prescription Aggregated Category	CHPIV	
	%	Count
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	12.92%	27,941
DERMATOLOGICALS	6.22%	13,446
ANTIHISTAMINES	8.75%	18,917
ANALGESICS - ANTI-INFLAMMATORY	9.59%	20,735
PENICILLINS	4.06%	8,772
ANALGESICS - NonNarcotic	6.89%	14,887
NASAL AGENTS - SYSTEMIC AND TOPICAL	4.19%	9,055
COUGH/COLD/ALLERGY	4.77%	10,312
OPHTHALMIC AGENTS	2.03%	4,380
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3.50%	7,570
ANTIEMETICS	2.67%	5,773
ANTIDEPRESSANTS	2.27%	4,905
MEDICAL DEVICES AND SUPPLIES	1.44%	3,107
CORTICOSTEROIDS	2.67%	5,765
MACROLIDES	2.97%	6,423
CEPHALOSPORINS	1.08%	2,340
ANTICONVULSANTS	1.10%	2,384
VITAMINS	2.78%	6,011
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	1.24%	2,678
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	0.78%	1,690
LAXATIVES	1.77%	3,837
MINERALS & ELECTROLYTES	3.23%	6,986
DIAGNOSTIC PRODUCTS	1.55%	3,347
ANTIHYPERTENSIVES	1.11%	2,397
MULTIVITAMINS	0.92%	1,980
HEMATOPOIETIC AGENTS	0.78%	1,676
ANTIPSYCHOTICS/ANTIMANIC AGENTS	0.82%	1,765
OTIC AGENTS	0.72%	1,565
ANTIDIABETICS	0.86%	1,868
ANTI-INFECTIVE AGENTS - MISC.	0.45%	968
TOTAL TOP 30 DRUG	94.12%	203,480

2024 Population Analysis Report

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

2024 Population Analysis Report

Age 65+		
Top 30 Prescription Aggregated Category	CHPIV	
	%	Count
VITAMINS	16.21%	30,623
ANALGESICS - NonNarcotic	14.84%	28,029
HEMATOPOIETIC AGENTS	9.06%	17,125
DERMATOLOGICALS	6.66%	12,574
ANTIHYPERTENSIVES	2.27%	4,292
ANTIDIABETICS	2.88%	5,444
MINERALS & ELECTROLYTES	5.01%	9,468
ANTIHYPERTENSIVES	1.92%	3,634
LAXATIVES	6.41%	12,114
ANTIHISTAMINES	6.66%	12,583
OPHTHALMIC AGENTS	2.90%	5,474
DIAGNOSTIC PRODUCTS	2.18%	4,113
COUGH/COLD/ALLERGY	2.99%	5,653
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	1.23%	2,322
CALCIUM CHANNEL BLOCKERS	0.85%	1,607
BETA BLOCKERS	0.89%	1,674
ANTIDEPRESSANTS	0.84%	1,587
MEDICAL DEVICES AND SUPPLIES	1.10%	2,078
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	0.59%	1,115
ANALGESICS - ANTI-INFLAMMATORY	0.82%	1,541
DIURETICS	0.61%	1,145
ANTICONSULSANTS	0.61%	1,147
GENITOURINARY AGENTS - MISCELLANEOUS	0.82%	1,557
THYROID AGENTS	0.55%	1,040
MULTIVITAMINS	0.80%	1,518
ANTACIDS	1.21%	2,291
NASAL AGENTS - SYSTEMIC AND TOPICAL	0.77%	1,451
ANTIEMETICS	0.40%	765
VACCINES	0.24%	451
ANTICOAGULANTS	0.19%	355
TOTAL TOP 30 DRUG	92.51%	174,770

2024 Population Analysis Report

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

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

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

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

2025 Mid Year Language Assistance Program Report



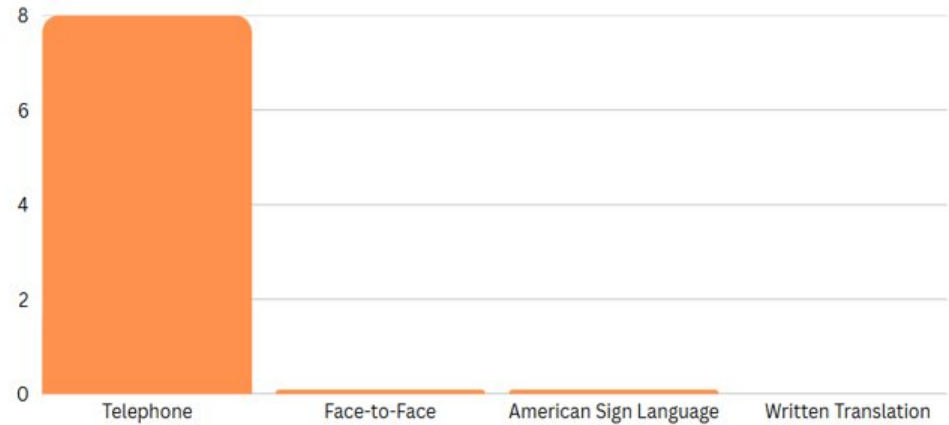
2025 Mid Year LAP Report

2025 Saw a Slight Increase in Telephonic Interpreter Requests

January – June 2025

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

LAP Service Utilization Rates

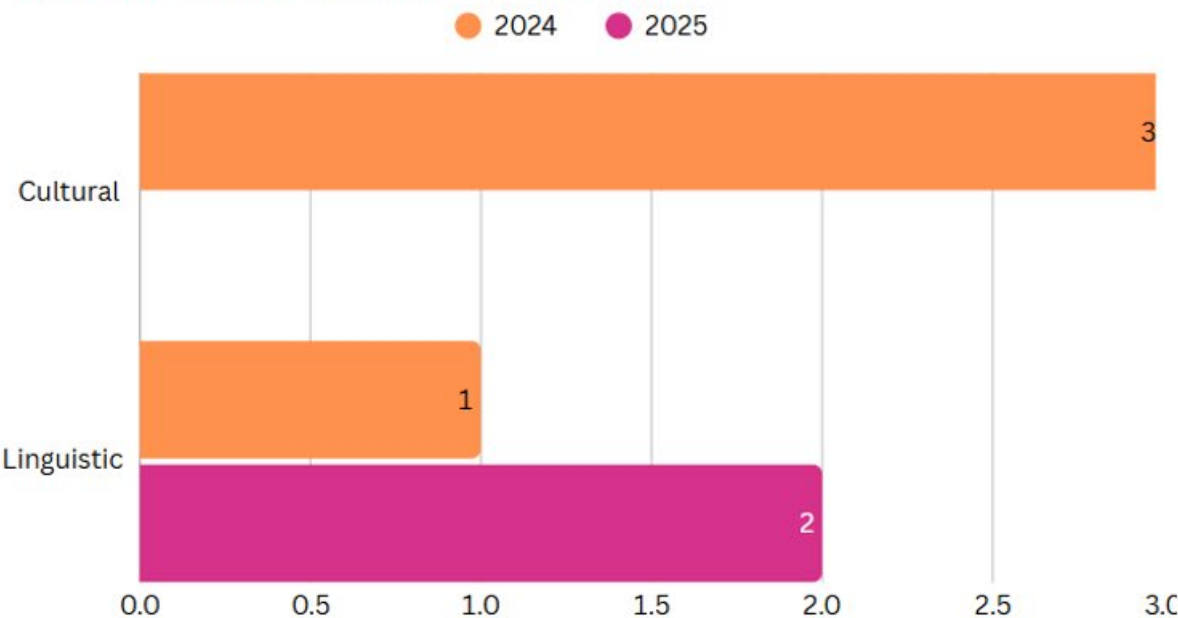


2025 Mid Year LAP Report

Grievances Decreased Compared to MY 2024

January – June 2025

Mid-Year Grievance Comparison by Category



2025 MY Grievances

Grievance Cateogry	Total Grievances
Cultural	0
Linguistic	2

Questions & Comments

