Quality Improvement Health Equity Committee (QIHEC)
July 16, 2025-Qtr. 2 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
Join the meeting now
Meeting ID: 274 279 801 46
Passcode: NU7eB7oF

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** *Dr. Gordon Arakawa, Chair*
   a. Roll Call *Donna Ponce, Commission Clerk*
   b. Approval of Agenda
      1. Items to be pulled or added from the Information/Action/Closed Session Calendar
      2. Approval of the order of the agenda

2. **PUBLIC COMMENT**

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 April 16, 2025……………………. Pg. 3-5

b. Q1 HNCS Presentation

c. Q1 HNCS Packet

4. ACTION

a. Health Net Ops Manual Updates-HNCS QIHEC packet (pgs. 57-63)
b. 2024 Year End QIHEd Wellness Work Plan Evaluation (HNCS packet pgs. 210-234)
c. 2024 Annual QIHEd Program Evaluation (HNCS packet pgs. 235-268)

5. INFORMATION

a. QI CHPIV QIHEC Presentation…………Pg. 6-84

Adjournment

Next Meeting: **Wednesday, October 15, 2025**

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Quality Improvement & Health Equity (QIHEC) Committee

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

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

Quality Improvement & Health Equity (QIHEC) Committee

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

Quality Improvement & Health Equity (QIHEC) Committee

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

Q2 CHPIV

Quality Improvement Health Equity Committee

Agenda

1. Call Center Metrics
2. Utilization Management
   a. Over/Under Utilization
   b. Specialty Access
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

Community Health Plan OF IMPERIAL VALLEY   health net   2025 Q2 Health Net QIHEC

Agenda

10. Quality Improvement Update
    a. Quality Improvement Project
    b. IHA
    c. Lead Screening
11. Population Health Management (PHM) Quarterly Report
12. Peer Review Credentialing
13. California Children Services
14. Inter Rater Reliability
15. Network Access
16. Provider Directory Review
17. Vendor Management
18. Provider Satisfaction Program

2025 Q2 Health Net QIHEC

Call Center Metrics

Call Center Metrics

KPI	Target	January 2025	February 2025	March 2025	Q1
		Member Services			
Calls Offered		3,078	2,322	2620	8020
Calls Handled		3,063	2,306	2601	7970
% Calls Abandoned	<5%	0.49%	0.69%	0.73%	0.62%
% SVL (all abn calls)	>80% w/in 30 seconds	97.95%	97.06%	96.75%	97.30%
Average Speed Answer	<= 30	0:00:05	0:00:06	0:00:06	0:00:06

KPI	Target	January 2024	February 2024	March 2024	Q4
		Member Services			
Calls Offered	N/A	10,690	6,108	4,399	21,197
Calls Handled	N/A	10,028	6,071	4,374	20,437
% Calls Abandoned	<5%	6.19%	0.61%	0.57%	0.3.42%
% SVL (all abn calls)	>80% w/in 30 seconds	71.12%	93.22%	98.13%	83.17%
Average Speed Answer	<= 30	0:00:60	0:00:09	0:00:06	0:00:33

2025 Q2 CHPIVQIHEC

Call Center Metrics

KPI	Target	January 2025	February 2025	March 2025	Q1
Provider Services					
Calls Offered		1,182	992	1246	3420
Calls Handled		1,178	979	1237	3394
% Calls Abandoned	<5%	0.34%	1.31%	0.73%	0.76%
% SVL (all abn calls)	>60% w/in 45 seconds	99.75%	99.49%	99.35%	99.53%
Average Speed Answer	<= 45	0:00:05	0:00:06	0:00:05	0:00:06

KPI	Target	January 2024	February 2024	March 2024	Q4
Provider Services					
Calls Offered		1,891	1,601	1,809	5,301
Calls Handled		1,864	1,582	1,787	5,233
% Calls Abandoned	<5%	1.43%	1.19%	1.22%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	72.93%	95.66%	99.22%	88.76%
Average Speed Answer	<= 45	0:00:26	0:00:09	0:00:05	0:00:14

Community Health Plan OF IMPERIAL VALLEY | health net | 2025 Q2 CHPIVQIHEC

Call Center Metrics

Q1-2025 Top Member Call
Types
1. Benefits & Eligibility
2. PCP Update
3. Update Demographics

Q1-2025 Top Provider Call
Types
1. Benefits & Provider
   Eligibility
2. Authorization Inquiries
3. Provider Search Inquiry

2025 Q2 CHPIVQIHEC

Behavioral Health Call Center Metrics

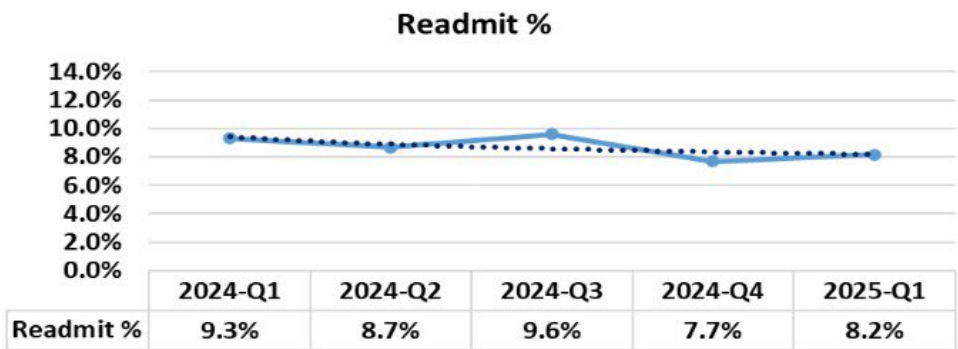| KPI	Target	Nov	Dec	Jan	Feb	Mar	Q1
Calls Offered	N/A	32	33	44	35	26	105
Calls Handled	N/A	32	33	43	34	25	102
Abandonment	≤5%	0%	0%	2.27%	2.86%	3.85%	2.86%
Average Speed of Answer	≤30 sec	9 sec	5 sec	5 sec	4 sec	5 sec	4 sec
Service Level	≥80%	90.63%	100%	97.73%	97.14%	96.15%	97.14%

2025 Q2 CHPIVQIHEC

Call Center Metrics

Q1-2025 Top Call Types
1. Claims Inquiry
2. Benefits & Eligibility
3. Update Member preferences

2025 Q2 CHPIVQIHEC

Utilization Management

Utilization Management Key Metrics

Admit/K

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
Admit/K	45.2	46.6	44.1	45.9	47.6

Days/K

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
Days/K	193.4	246.8	199.6	200.1	218.8

ALOS

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
ALOS	4.3	5.3	4.5	4.4	4.6

Readmit %

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
Readmit %	9.3%	8.7%	9.6%	7.7%	8.2%

ER/K

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
ER/K	477.6	485.1	457.5	454.1	440.0

OPS/K

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
OPS/K	148.1	173.5	219.6	150.2	107.5

"Benchmark" 2025

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

2025 Q2 CHPIVQIHEC

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Utilization Management Key Metrics

UM Activities	Jan-2024	Feb-2024	Mar-2024	Q1	Apr-2024	May-2024	Jun-2024	Q2	Jul-2024	Aug-2024	Sep-2024	Q3	Oct-2024	Nov-2024	Dec-2024	Q4
Appeals (Provider)	NA	NA	NA	NA	NA	NA	NA	0	12	25	18	55	17	13	23	53
Approvals	555	905	2348	NA	2298	2930	2262	7490	2675	1951	1494	6120	2050	1392	1486	4928
Denials	34	36	45	115	40	45	21	106	39	78	63	180	157	64	67	288
Deferrals	19	14	15	48	18	18	19	55	15	15	28	58	12	7	13	32
Modifications (Partially Approved)	45	27	26	98	33	36	49	118	34	69	29	132	52	20	41	113

Comments
1. Denials – increased since 8-2024
     a. Re-training program instituted
2. Approvals – decreased since 8-2024
     a. Many procedure codes removed
        from auth review queue (ARQ)

2025 Q2 CHPIVQIHEC

Utilization - Over/Under

UM Metrics Include:
1. Admissions/K
2. Bed Days/K
3. Acute care average length stay
4. ER admits/K
5. All cause readmits
6. Authorization appeals, denials, deferrals, and modifications
7. Specialty referrals for target Specialties

2025 Q2 CHPIVQIHEC

Utilization - Over/Under

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

2025 Q2 CHPIVQIHEC

Utilization – Specialty Access Report

Average PTMPY for Focus Specialties

Specialty	PTMPY
Cardiology	36.7
Rheumatology	34.8
Hematology & Oncology	32.1
Dermatology	30.4
Neurology	29.9
Orthopaedic 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

2025 Q2 CHPIVQIHEC
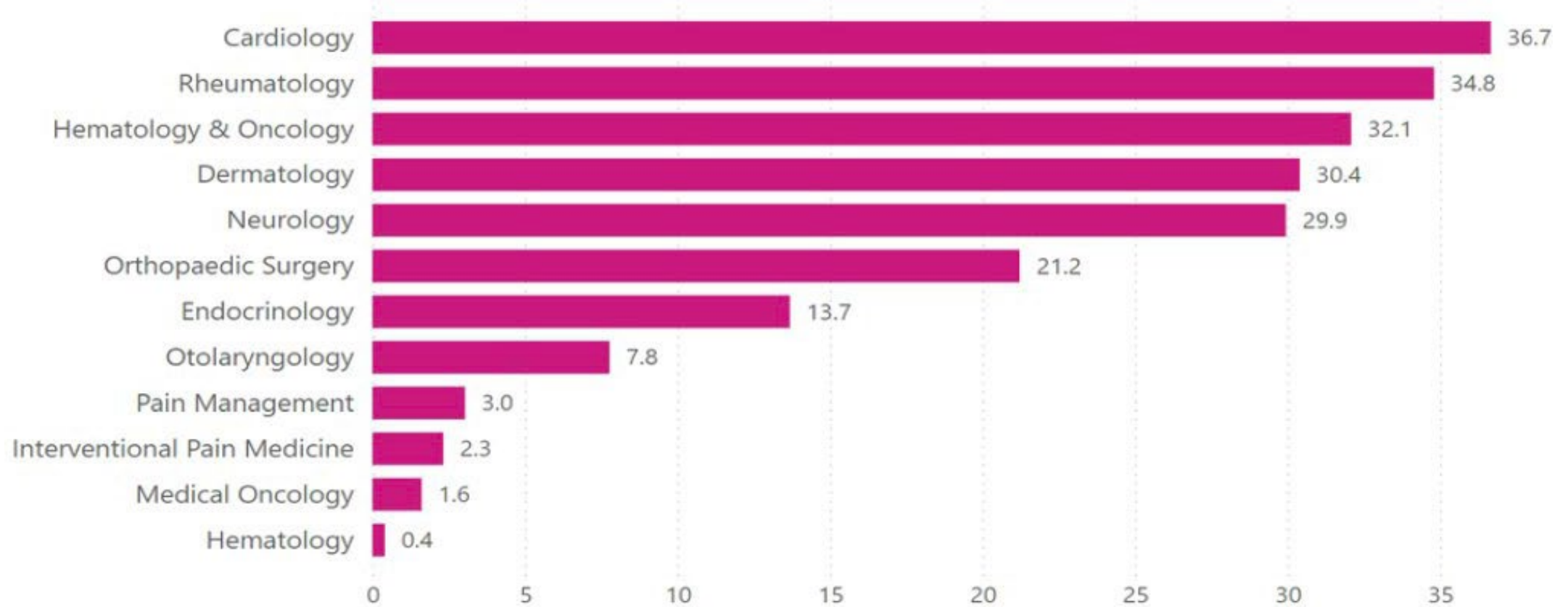
Appeals & Grievances

Appeals & Grievances

Appeals and Grievances – Rolling Year Totals

2024 Appeals	Q1	Q2	Q3	Q4	Q1 2025
CHPIV	7	15	16	13	23

2024 Grievances	Q1	Q2	Q3	Q4	Q1 2025
CHPIV - QOS	91	136	72	72	70
CHPIV - QOC	5	9	15	6	4
CHPIV - ATC	23	29	23	39	17

2025 Q2 CHPIVQIHEC

Appeals & Grievances

Q1 – Top 5 Appeals

Pre-Service Appeals				
Quarter	Case Count	Issue	Overturn Rate	LOB
Q1 2025	**4**	**Not Medically Necessary - Diagnostic - MRI**	**50.00%**	**Medi-Cal**
Q4 2024	4	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal
Q3 2024	5	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal
Q2 2024	3	Not Medically Necessary - Diagnostic - MRI	67.00%	Medi-Cal
Q1 2024	2	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal

2025 Q2 CHPIVQIHEC

Appeals & Grievances

Q1 – Top 5 QOS Grievances

Member Perceived QOS Grievances			
Quarter	**Case Count**	**Issue**	**LOB**
Q1 2025	**14**	**Transportation - General Complaint Vendor**	**Medi-Cal**
Q4 2024	14	Balance Billing Issues	Medi-Cal
Q3 2024	21	Transportation - General Complaint Vendor	Medi-Cal
Q2 2024	20	Transportation - General Complaint Vendor	Medi-Cal
Q1 2024	20	Transportation - General Complaint Vendor	Medi-Cal

2025 Q2 CHPIVQIHEC

Appeals & Grievances

Q1 – QOC Grievances

1. 4 QOC Grievances filed in Q1
2. Reasons:
   a. Inadequate Care (2)
   b. Delay in Rx refill (1)
   c. Suspected neglect (1)
3. All cases referred to Health Net Clinical Department for assignment of   severity level
   a. 2 cases – level 0
   b. 2 cases – level 2
4. All cases to be reviewed by Dr. Arakawa

2025 Q2 CHPIVQIHEC

Appeals & Grievances

Q1 – Top 5 Access to Care Grievances

CHPIV	
Description	Volume
Access to Care - Prior Authorization Delay	8
Access to Care - Transportation Missed Appointment	4
Access to Care - Prescription Delay	2
Access to Care - Avail of Appt w/ PCP	2
Access to Care - Wait Time - PCP	1

2025 Q2 CHPIVQIHEC

Appeals & Grievances

PQIs

1. For Q1, there were 2 cases identified

2025 Q2 CHPIVQIHEC

HEDIS Measures RY2025

CHPIV <mark>Near</mark> FINAL MY2024 MPL Attainment

		Behavioral Health		Children's Domain (CH)								Chronic Disease Management (CD)			Reproductive Health and Cancer Prevention					Percent Achieve Goal	Final MY 2023, Changes from prior year attainment
		FUA	FUM	WCV	CIS	DEV	IMA	LSC	TFL	W30	W30	AMR	CBP	GSD	CHL	PPC	PPC	BCS-E	CCS		
		total30d	total30d	total	CO10	all	CO2	LSC	_total	0to14 mth	15to30mth	5to64 pd50	CBP	POOR HB	total	PPC-Pre	PPC-Post	BCS-E	CCS		
GAPS to Target		0	0	175	0	0	0	0	2025	24	0	0	0	0	16	0	0	0	0	78%	56%, ↑5
RATE		47.62	61.70	51.34	37.71	54.01	45.74	83.21	13.58	56.91	76.60	92.09	73.48	23.48	55.28	38.56	87.83	58.20	61.80		

X (green)	= Meet selected percentile benchmark, white text is a new attainment of MPL
X (orange)	= Below selected percentile benchmark, red text is dropped from MPL met status in the prior year

1. CHW 2023 – 10/18 reached MPL (50th %)
2. CHPIV 2024 – 14/18 reached MPL

2025 Q2 CHPIVQIHEC

Care Management

Care Management

Physical Health

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	222	224	85	104	105
Engaged	98	102	38	32	70
Engagement Rate	44.1%	45.5%	44.7%	30.8%	66.7%
Total Screened and Refused/Declined	38	27	11	15	3
Unable to Reach (UTR)	86	95	36	57	32
Total Cases Closed	73	80	76	51	27
Total Cases Managed	140	169	132	88	65
Complex Case Management	17	23	18	9	6
Non-Complex Case Management	123	146	114	79	59

2025 Q2 CHPIVQIHEC

Care Management

Behavioral Health

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	34	35	97	45	11
Engaged	22	32	22	21	8
Engagement Rate	64.7%	91.4%	22.7%	46.7%	72.7%
Total Screened and Refused/Declined	2	1	4	3	1
Unable to Reach (UTR)	10	2	71	21	2
Total Cases Closed	10	26	24	13	9
Total Cases Managed	25	47	43	31	18
Complex Case Management	3	3	5	2	0
Non-Complex Case Management	22	44	38	29	18

2025 Q2 CHPIVQIHEC

Care Management

Maternity

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	228	100	160	278	376
Engaged	160	37	79	105	232
Engagement Rate	70.2%	37.0%	49.4%	37.8%	61.7%
Total Screened and Refused/Declined	11	2	9	18	4
Unable to Reach (UTR)	57	61	72	155	140
Total Cases Closed	241	59	46	47	67
Total Cases Managed	323	117	138	188	227
Complex Case Management	12	8	8	4	9
Non-Complex Case Management	311	109	130	184	218

2025 Q2 CHPIVQIHEC

Care Management

Transitional Care Services

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	255	283	330	342	342
Engaged	152	177	196	188	259
Engagement Rate	59.6%	62.5%	59.4%	55.0%	75.7%
Total Screened and Refused/Declined	22	12	12	17	8
Unable to Reach (UTR)	81	94	122	137	75
Total Cases Closed	88	177	154	183	145
Total Cases Managed	152	241	263	280	230
Complex Case Management	0	0	0	0	0
Non-Complex Case Management	152	241	263	280	230

2025 Q2 CHPIVQIHEC

Care Management

First Year of Life

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	142	35	12	11	30
Engaged	142	35	12	10	29
Engagement Rate	100%	100%	100%	90.9%	96.7%
Total Screened and Refused/Declined	0	0	0	0	0
Unable to Reach (UTR)	0	0	0	1	1
Total Cases Closed	78	32	11	37	48
Total Cases Managed	206	161	142	141	118
Complex Case Management	0	0	0	0	0
Non-Complex Case Management	206	161	142	141	118

2025 Q2 CHPIVQIHEC

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

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

ECM Enrollment

2024 Q1-Q4 CHPIV Assigned & Enrolled Totals
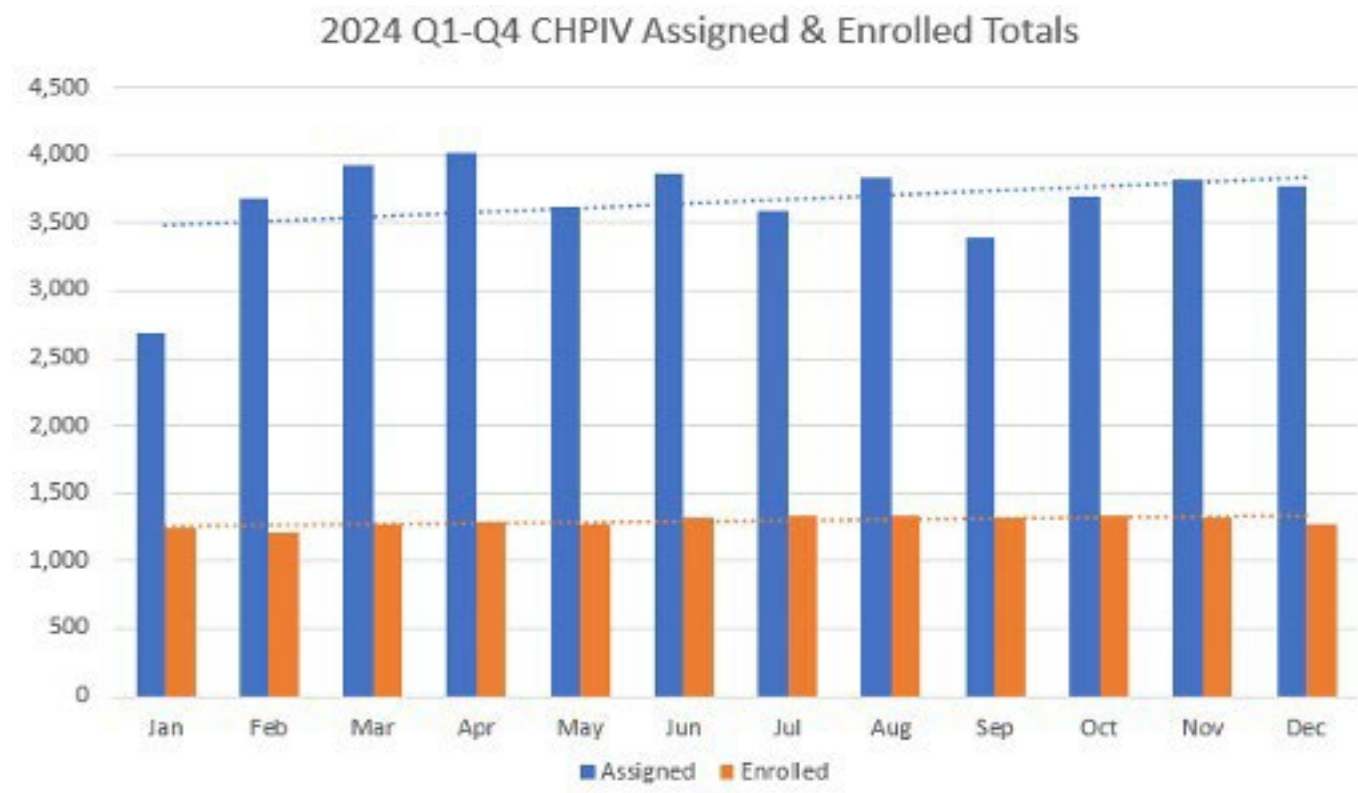
Assigned/Enrolled Percentages												
County	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Imperial	46.5%	33.1%	32.4%	32.0%	35.3%	34.3%	37.3%	34.9%	38.8%	36.2%	34.3%	33.7%

2025 Q2 CHPIVQIHEC

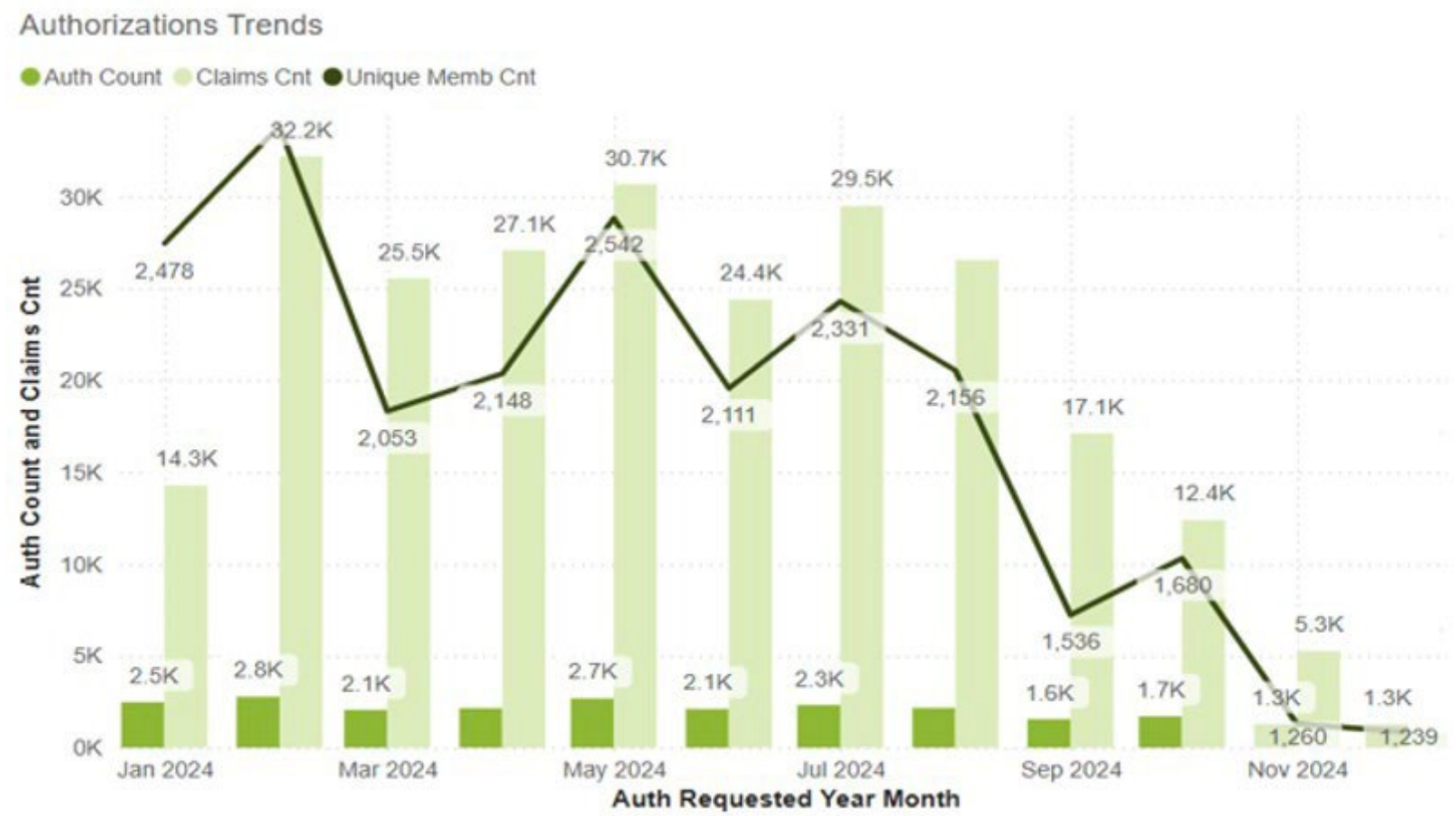# Enhanced Care Management (ECM) & Community Supports (CS)

ECM Information

ECM Enrollment by Population of Focus (POF) by County (Primary POF Only)

County	POF	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Imperial	Total	1,246	1,219	1,270	1,285	1,276	1,327	1,340	1,337	1,315	1,339	1,314	1,268
Imperial	Adult - Birth Equity Population of Focus	4	5	5	6	6	6	7	6	6	9	9	8
Imperial	Adult - Individual Experiencing Homelessness: Adults without Dependent Child	63	68	72	77	83	93	99	101	104	112	112	111
Imperial	Adult - Individual Experiencing Homelessness: Homeless Family	50	55	75	81	80	84	91	88	86	85	82	79
Imperial	Adult - Individuals at Risk for Avoidable Hospital or ED Utilization	962	923	912	880	833	846	831	826	789	781	766	739
Imperial	Adult - Individuals Living in the Community and at Risk for LTC Institutionalizati	18	22	31	30	28	23	25	22	24	23	21	20
Imperial	Adult - Individuals Transitioning from Incarceration	1	1	1	1	1	1	1	1	1	1	1	1
Imperial	Adult - Individuals with Serious Mental Health or Substance Use Disorder (SUD)	102	97	98	100	100	114	116	115	124	143	142	134
Imperial	Child/Youth - Enrolled in CCS or CCS WCM with Additional Needs Beyond the C	3	4	8	10	15	15	16	18	19	19	20	22
Imperial	Child/Youth - Individual Experiencing Homelessness: Homeless Family	0	2	10	15	19	19	19	21	22	21	21	20
Imperial	Child/Youth - Individuals at Risk for Avoidable Hospital or ED Utilization	32	32	42	49	55	59	59	59	59	60	55	51
Imperial	Child/Youth - Individuals Experiencing Homelessness: Unaccompanied Childrer	3	4	5	12	19	23	23	25	29	33	33	33
Imperial	Child/Youth - Individuals with Serious Mental Health or Substance Use Disorde	8	6	11	24	37	44	53	55	52	52	52	50

2025 Q2 CHPIVQIHEC

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

CS Authorizations/Claims Trends

2025 Q2 CHPIVQIHEC

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

CS Authorizations/Claims Trends

CS Authorization and Claims Summary

County	CS Service	Auth Count	Claims Count	Claims Unit
Imperial	Asthma Remediation	4		
	Housing Deposits	5	8	8
	Housing Tenancy and Sustaining Services	9	11	10
	Housing Transition/Navigation Services	87	325	326
	Medically Tailored Meals	24,426	244,243	276,641
	Personal Care Services	73	1,048	6,674
	Recuperative Care	4	9	8
	Respite Services	9	69	430
		24,617	245,713	284,097

CS Claims Amount by Service

County	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total
Imperial	$1,000,560	$ 578,930	$1,339,887	$ 2,164,855	$1,769,412	$1,653,541	$1,981,360	$1,674,275	$1,971,636	$1,378,732	$1,146,924	$1,088,865	$ 17,748,977

2025 Q2 CHPIVQIHEC

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

2025 Goals

1. Provider-focused
   a. Conduct monthly office hours
   b. Increased training, especially regarding data reporting
2. Member-focused
   a. Increased material development and social media campaign
3. Internal
   a. Increased focus on data reporting
   b. Levergare CHW/doula benefit to refer and connect Members to   ECM/CS

2025 Q2 CHPIVQIHEC

Long Term Support Services (LTSS)

Long Term Support Services (LTSS)

LTC (Long Term Care)

Q1 - 2025

Unique Utilizing LTC Members	Jan 2025	Feb 2025	Mar 2025
El Centro Post Acute	96	96	77
Imperial Manor	30	32	29
Pioneer Memorial D/P	73	77	76
Out of County	29	34	28
Out of State	0	0	0

Q4 - 2024

Unique Utilizing LTC Members	Oct 2024	Nov 2024	Dec 2024
El Centro Post Acute	85	88	85
Imperial Manor	31	28	29
Pioneer Memorial D/P	63	69	70
Out of County	30	18	23
Out of State	0	0	0

Q3 - 2024

Unique Utilizing LTC Members	Jul 2024	Aug 2024	Sep 2024
El Centro Post Acute	87	94	91
Imperial Manor	26	30	29
Pioneer Memorial D/P	73	83	92
Out of County	132	120	137
Out of State	25	26	24

Q2 - 2024

Unique Utilizing LTC Members	Apr 2024	May 2024	Jun 2024
El Centro Post Acute	77	86	97
Imperial Manor	18	24	26
Pioneer Memorial D/P	57	58	61
Out of County	171	115	55
Out of State	2	0	0

2025 Q2 CHPIVQIHEC

Long Term Support Services (LTSS)

CBAS (Community Based Adult Services)

CBAS (Community Based Adult Services)

	Jan 2025	Feb 2025	Mar 2025
Unique Utilizing CBAS Mbrs	243	236	240
Average Days per Week	1.9	1.9	1.8
Members utilizing CBAS six months ago, now in LTC	0	0	0

Q1 - 2025

	Oct 2024	Nov 2024	Dec 2024
Unique Utilizing CBAS Mbrs	249	243	249
Average Days per Week	2.1	1.8	1.6
Members utilizing CBAS six months ago, now in LTC	5	0	0

Q4 - 2024

	Jul 2024	Aug 2024	Sep 2024
Unique Utilizing CBAS Mbrs	257	251	258
Average Days per Week	2.0	1.9	1.8
Members utilizing CBAS six months ago, now in LTC	1	0	0

Q3 - 2024

	Apr 2024	May 2024	Jun 2024
Unique Utilizing CBAS Mbrs	267	261	255
Average Days per Week	1.9	2.1	1.8
Members utilizing CBAS six months ago, now in LTC	0	0	1

Q2 - 2024

2025 Q2 CHPIVQIHEC

Long Term Support Services (LTSS)

ICF (Intermediate Care Facitilies)

ICF/DD (Intermediate Care Facility)

Q1 - 2025

Unique Utilizing LTC Members	Jan 2025	Feb 2025	Mar 2025
ARC #1, #2, #3	15	15	13

ICF/DD (Intermediate Care Facility)

Q4 - 2024

Unique Utilizing LTC Members	Oct 2024	Nov 2024	Dec 2024
ARC #1, #2, #3	16	16	15

ICF/DD (Intermediate Care Facility)

Q3 - 2024

Unique Utilizing LTC Members	Jul 2024	Aug 2024	Sep 2024
ARC #1, #2, #3	16	15	16

ICF/DD (Intermediate Care Facility)

Q2 - 2024

Unique Utilizing LTC Members	Apr 2024	May 2024	Jun 2024
ARC #1, #2, #3	16	15	16

2025 Q2 CHPIVQIHEC

Pharmacy

Pharmacy

Data/Results: PA Metrics

	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									
# Approved %	N/A		65%	64%	61%									
# Denied %	N/A		35%	36%	39%									
PA per 1,000M	N/A		0.53	0.53	0.64									
% PA requests meet goal*	100%		100%	98.1%	98.4%									

*Regulation change as of 7/1/2017: turnaround time for PAs changed to 24 calendar hours (both routine and urgent requests)

2025 Q2 CHPIVQIHEC

Pharmacy

Top 5 Pharmacy PA Requests

April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
filgrastim	pegfilgrastim	filgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	pegfilgrastim	botulinum toxin	botulinum toxin	botulinum toxin
pegfilgrastim	viscosupplement	pegfilgrastim	IV iron	IV iron	IV iron	botulinum toxin	IV iron	pembrolizumab	pembrolizumab	pegfilgrastim	epoetin alfa
botulinum toxin	filgrastim	IV iron	filgrastim	filgrastim	botulinum toxin	denosumab	botulinum toxin	botulinum toxin	denosumab	denosumab	pegfilgrastim
denosumab	pembrolizumab	fulvestrant	viscosupplement	atezolizumab	pembrolizumab	filgrastim	denosumab	rituximab	IV Iron	pembrolizumab	leuprolide
IV iron	IV iron	pembrolizumab	denosumab	botulinum toxin	trastuzumab	IV iron	pembrolizumab	nivolumab	pegfilgrastim	epoetin beta	IV Iron

2025 Q2 CHPIVQIHEC

Pharmacy

Top 5 Denials in Q4 based on Percentage and Total Number

Drug Name	% Denied	Drug Name	# Denied
epoetin alfa	100.00%	IV Iron	10
epoetin beta	100.00%	botulinum toxin	8
IV Iron	100.00%	epoetin alfa	8
pegfilgrastim	47.06%	pegfilgrastim	8
nivolumab	40.00%	epoetin beta	6

2025 Q2 CHPIVQIHEC

Behavioral Health

Behavioral Health/ SUD

Referrals

Q1 BH Medi-Cal Referrals – CHPIV

8	members were referred to HN BH by County SMHP
1	members were referred by HN BH to County SMHS
44	members were referred to HN BH providers

Q1 Care Coordination Referrals

	CHPIV
members referred for health plan case management	6

2025 Q2 CHPIVQIHEC

Behavioral Health/ SUD

Applied Behavioral Analysis (ABA) Services – Q1 2025

Community Health Plan of Imperial Valley	
Members authorized for ABA (assessment & treatment):	172
Total ABA authorizations:	406
ABA full clinical denials:	0
ABA partial clinical denials:	4
Average number of direct treatment (Individual & Group):	~11.5 hrs/week
Age range:	1 y/o – 20 y/o

Quality Improvement Update

Quality Improvement Update

MY2024 QI Year-End Activity Summary

Work Plan Initiatives	Activities Completed
I. BEHAVIORAL HEALTH	4/5 80%
II. CHRONIC CONDITIONS	34/38 89.47%
III. HOSPITAL QUALITY	14/14 100%
IV. MEMBER ENGAGEMENT & EXPERIENCE	3/3 100%
V. PEDIATRIC/PERINATAL/DENTAL	58/62 93.55%
VI. PHARMACY & RELATED MEASURES	15/15 100%
VII. PREVENTIVE HEALTH	24/27 88.89%
VIII. PROVIDER COMMUNICATION/ ENGAGEMENT	13/15 86.67%
TOTAL	165/179 92.18%

2025 Q2 CHPIVQIHEC

Performance Improvement Projects - 2024

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 1 Update:
  - Obtained approved to send only Adult Medi-Cal Specialty Mental Health (SMH) emergency department visit information to member's primary care provider.
  - Next Steps: Ass the Adult SMH visit information to Cozeva in the Hospital Visits Section
  - Annual submission to HSAG/DHCS in August 2025.

Clinical PIP Measure Focus:
- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 1 Update:
  - Clinical PIP Intervention: PIP focus has been updated to include all pediatric providers by providing a systemic intervention by promoting:
    - Recently developed Newborn Checklist to be disseminated to pediatric providers
    - Promoting the CDC Milestone Tracker inclusive of adding QR code, logo and branding for CHPIV

Health Net QITS Overview

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

Scheduled Quality Trainings-Coordinated by the HN Training POD

March 2025	Diabetes Prevention Program (HN and Diabetes Care Partners)
March 2025	2025 Quality Medicare Update
March 2025	March CalAIM + QI Collaboration Meeting
April 2025	2025 Quality Medi-Cal Update
April 2025	April CalAIM + QI Collaboration Meeting
April 2025	2025 Quality Commercial/Marketplace Update

2025 Q2 CHPIVQIHEC

Child Health Equity Sprint

CHPIV SMARTIE (Specific, Measurable, Achievable, Realistic, Timebound, Inclusion, and Equity) Aims

Community Health Plan of Imperial Valley (CHPIV) x Dr. Vishwa Kapoor:

By the end of March 2025, the CHPIV and pilot site workgroup will implement the IHI suggested/designed interventions to improve Well-Child Visit (WCV) rates among Spanish-speaking, Hispanic members aged 15 to 18 years old at Dr. Kapoor's office in Imperial County, from 27.85% to 40.85%.

2025 Q2 CHPIVQIHEC

Child Health Equity Sprint

Phase 1: CHPIV Accomplishments and Next Steps

ACCOMPLISHMENTS	NEXT STEPS
• Completed Phase 1 (April 2024 to March 2025) with the pilot sites. Submitted all required deliverables to IHI and received positive feedback.	• IHI announced in February 2025 that there will be a Phase 2 of the CHEC Sprint.
• 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%.	• IHI has scheduled optional coaching calls with all health plans (May to July 2025).

• Lessons Learned Highlight:
  o 1) To incorporate short/brief WCV education during scheduling and reminder calls,
  o 2) To offer flexible/after hours or a dedicated schedule for WCV appointments only,
  o 3) To improve Health Net's WCV education materials as the current materials have received negative feedback and comments from the community.
	• QI is waiting for IHI + DHCS to provide more information and clarity.

2025 Q2 CHPIVQIHEC

Initial Health Assessments

Medical Record Review YTD 2024

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

Claims/Encounter Review

2025 Q2 CHPIVQIHEC
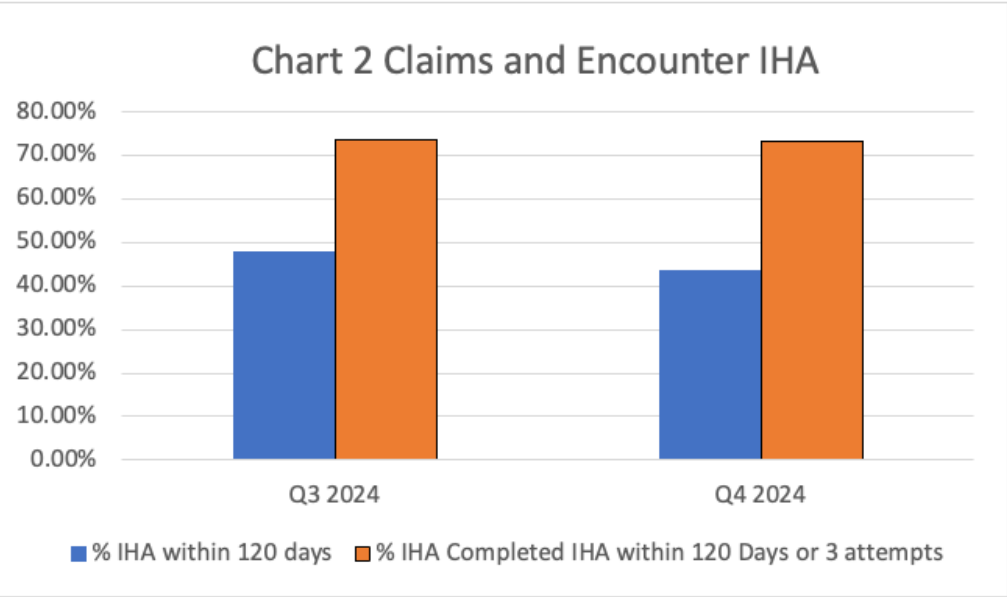
Initial Health Assessments

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

2025 Q2 CHPIVQIHEC

Lead Screening in Children

Q3 2024

Age Ranges	Q3 2024			
	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Age 3 to 6 (31 -72 Mos)	Total
Numerator	909	942	1,136	2,987
Denominator	1,653	1,772	7,041	10,466
% Compliant	55.00%	53.20%	16.10%	28.50%

Q4 2024

Age Ranges	Q4 2024			
	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Age 3 to 6 (31 -72 Mos)	Total
Numerator	909	948	1,132	2,989
Denominator	1,666	1,790	7,087	10,543
% Compliant	54.60%	53.00%	16.00%	28.50%

2025 Q2 CHPIVQIHEC

Lead Screening in Children

Next Steps
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.

2025 Q2 CHPIVQIHEC

Population Health Management

Population Health Management– Effectiveness Management

Program Name	Measure	Benchmark
Improve Preventive Health: Flu Vaccinations and/or Adult Immunization	Increase member flu& vaccination rates	Reach or maintain Medicaid 25% MPL for AIS-E
Tobacco Cessation	Increase smoking cessation	Increase participation in smoking cessation programs by 5%
Breast cancer screening	Improve breast CA screen rates	5% improvement in rates
Diabetes Management	Increase glycemic control rates	5% improvement in rates
Smart Start for Baby	Increase postnatal visit rates	10% improvement in postnatal visit rates
Improve behavioral health follow up after ED visit	Increase FUM/FUA rates	Achieve 50th percentile in HEDIS FUM/FUA
Cardiac & Diabetes	Increase cardiac medication adherence	Increase outreach to encourage cardio-protective medication bundle adherence
Care Management	1. Positive Member feedback 2. Reduce ER utilization and Readmissions	Member feedback >90% Reduce ER visits by 10% Reduce readmissions by 5%

Community Health Plan OF IMPERIAL VALLEY   health net.   2025 Q2 CHPIVQIHEC

Peer Review Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q1-2025
1. 0 Investigative Cases brought before Peer Review Committee
2. 0 incidences of Appointment Availability Resulting in Substantial Harm
3. 0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner

2025 Q2 CHPIVQIHEC

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing – Q1-2025

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
VINCENT	SOUN	MD	Family Practice	PCP	000000129661	Y	Family Practice	2/15/2026	1/23/2025
EMILIANO	HIGUERA	MD	Pediatrics	PCP	000000046557	Y	Pediatrics	2/15/2025	1/30/2025

2025 Q2 CHPIVQIHEC

Peer Review Credentialing and Access Reports

Certification/Recertification – Q4

Initial Certification

Name of Organizational	Type	Approval Date
All Valley Urgent Care	Urgent Care	3/20/2025

2025 Q1 CHPIVQIHEC

# California Children's Service

California Children's Service
CCS Case Review

Month	Existing App	Approved	Denied - Over Timely Filing	Denied - Not CCS Eligible	Pending CCS Feedback	New App Total	Pending CCS Rate	Approval Rate	Denial Rate	Auth Voided	Duplicate	No App - Not CCS Eligible	Grand Total
Apr-24	30	22	1	8		31	0%	71%	29%				61
May-24	7	22		1		23	0%	96%	4%	1			31
Jun-24	12	19		4		23	0%	83%	17%				35
Jul-24	15	17		2		19	0%	89%	11%		2		36
Aug-24	13	27	2	4		33	0%	82%	18%				46
Sep-24	16	18		9		27	0%	67%	33%		1		44
Oct-24	16	12	1	6		19	0%	63%	37%				35
Nov-24	16	26		6		32	0%	81%	19%				48
Dec-24	19	35	1	3		39	0%	90%	10%	1			59
Jan-25	26	20	2	10	5	37	14%	63%	38%		1		64
Feb-25	20	13			17	30	57%	100%	0%				50
Mar-25	16	3			23	26	88%	100%	0%		1	1	44
Q1 2025	**62**	**36**	**2**	**10**	**45**	**93**	**48%**	**75%**	**25%**	**0**	**2**	**1**	**158**

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 Authorization Request) submission to CCS

2025 – Q2 CHPIVQIHEC

California Children's Service

New SAR CCS Approval Rates

CHPIV CCS Approval Rates
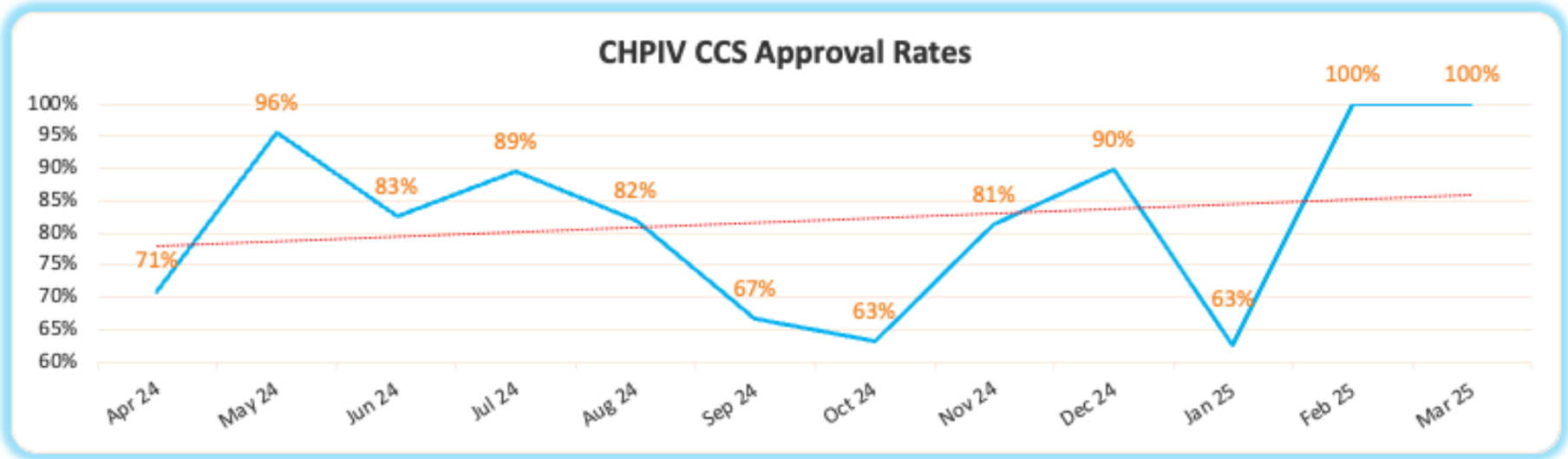
Over the past 12 months, the average CCS approval rate for new SAR submissions is 82%

2025 – Q2 CHPIVQIHEC

Health Net Inter Rater Reliability Results

2024 Inter Rater Reliability Report

2025 – Q2 CHPIVQIHEC
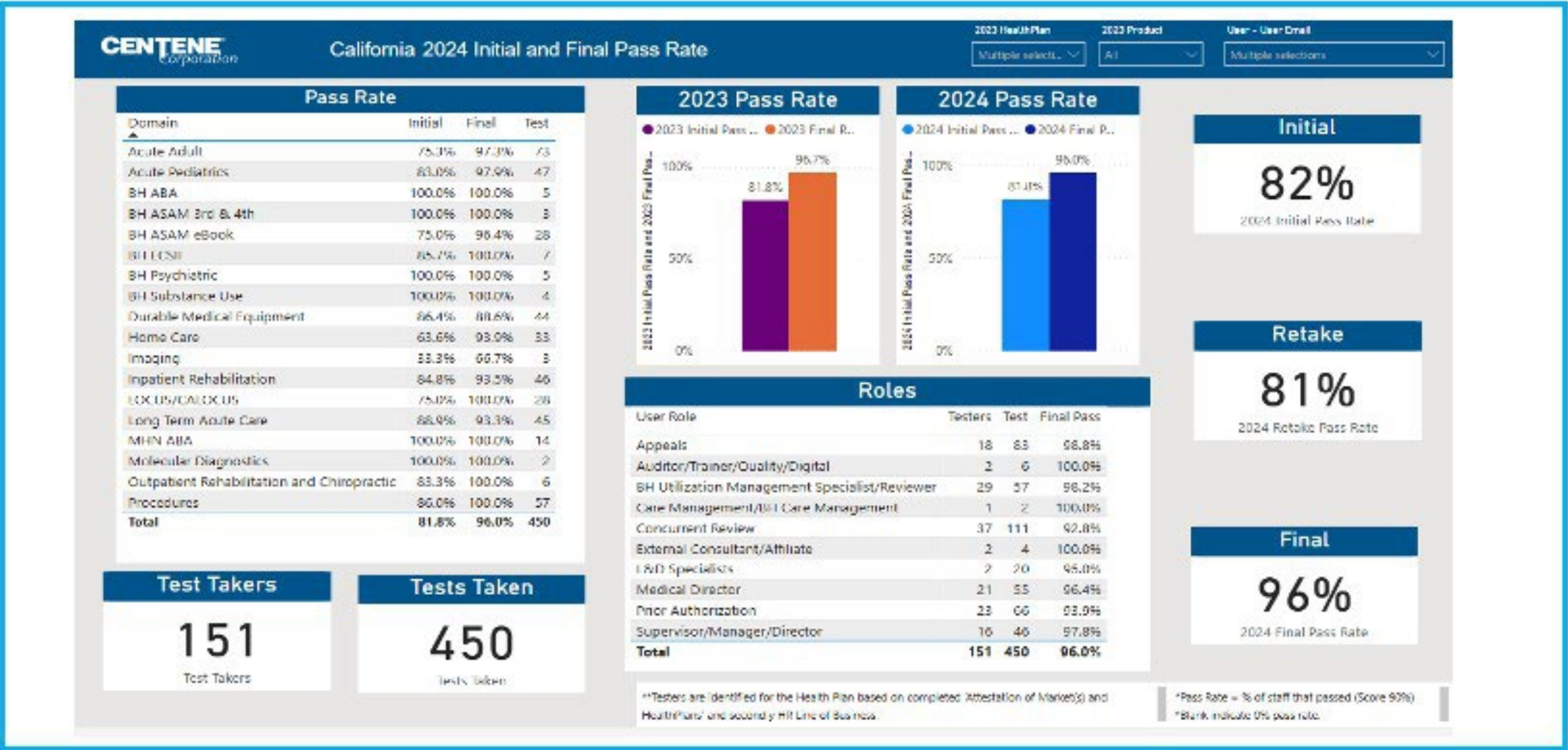
Network Access & Availability Governance

Q3/Q4 2024 Network Access & Availability Report

Q3/Q4 Updates

1. Network Access
   a. PCP Adequacy: 90.7% |PCP Pediatric 99.3%
   b. SPC Adequacy: 99.9% |SPC Pediatric 99.9%
   c. Health Net to submit alternate access exemption request to DHCS
2. Subnetwork PPG Evaluation
   a. PPGs placed on CAP for not meeting Network Adequacy standards
   b. Several PPGs remain non-responsive to CAP issuance
   c. Health Net to review possible enforcement actions

2025 – Q2 CHPIVQIHEC

CHPIV Provider Directory Accuracy Report

2024 CHPIV Provider Directory Accuracy Report

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

- Office locations:	56/56	Goal met
- Phone numbers:	55/70	Goal NOT met
- Accepting new patients	54/59	Goal met
- Staff "Network Awareness"	59/59	Goal met

2024 CHPIV Provider Directory Accuracy Report

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

2025 – Q2 CHPIVQIHEC

Vendor Management Report

Vendor Management Report

Q4 2024 & Q1 2025 Monitoring/Oversight Activities

1. Joint Oversight Committee (JOC) meetings: Q4 2024 (25) Q1 2025 (12)
2. Two (2) vendor audits: NAL and Advanced Medical Review
3. Two (2) audits completed (Q4 2024): ModivCare and Cognizant
   1. ModivCare:
      a. PCS forms
      b. Call center - missed average speed
4. Seven (7) audits completed (Q1 2025): Deal & Hard of Hearingg Service, Lifesigns, Akorbi, CommGap, Voiance, Cotiviti, Conduent

2025 – Q2 CHPIVQIHEC

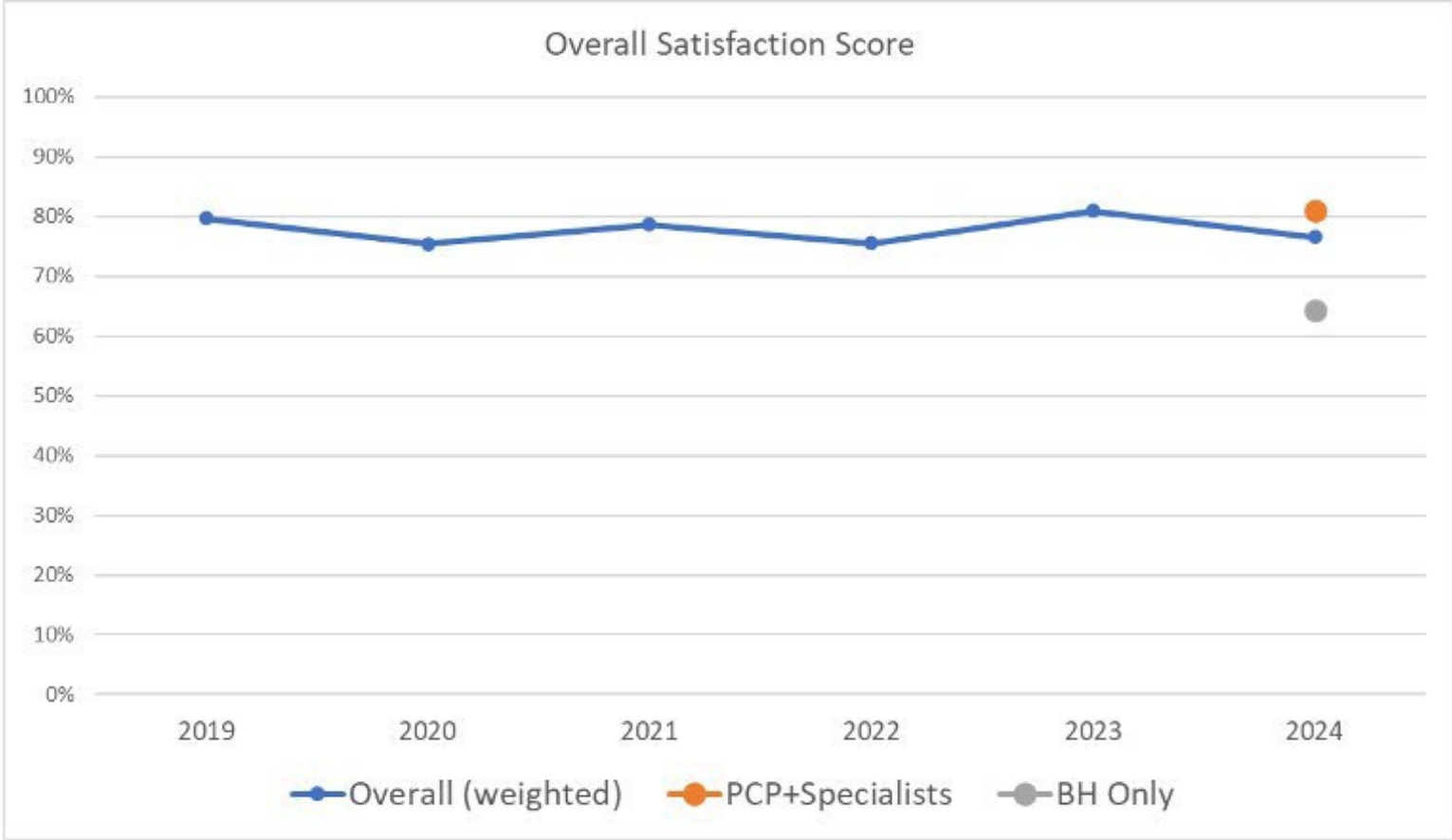# Provider Satisfaction

Provider Satisfaction

Survey Methodology

ANNUAL SURVEY	TOPICS
• Completed Q4 of 2024 (Sept-Nov) • Surveyed PCP, Specialist, and BH offices • Administered via mail, phone, & internet • Very low response rate for CHPIV (6%) and therefore not reportable	**Main Question Areas:** • Overall Satisfaction • Likelihood to Recommend • Comparative Rating to All Other Plans • Finance Issues • Utilization and Quality Management • Network/Coordination of Care • Pharmacy • Health Plan Call Center Service Staff • Provider Relations **Bonus/Custom Question Areas:** • Discharge Planning • Access & Availability

2025 – Q1 CHPIVQIHEC

Provider Satisfaction

Survey Results

Overall Satisfaction Score

2025 – Q1 CHPIVQIHEC

Provider Satisfaction

2025 Strategy – Projects Snapshot

Below are highlights from several areas as we continue to work through project implementation and process improvements.

Enhanced Coordination and Messaging

Reviewing website messaging and instructions for clarity.

Implementing auto-reply messaging to external email addresses to confirm receipt.

Issue Resolution

Increased provider engagement staffing and structure to support behavioral health providers.

Reviewing Pulse survey data monthly for continuous improvement and follow-up.

Provider Data Management

Improving workflows for intake and validation of provider data changes, including integration with state-wide registry Symphony.

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.

2025 – Q1 CHPIVQIHEC

Questions & Comments