

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Community Advisory Committee

DRAFT

Date/Time	June 26, 2025, 12:00-2:00	
	<u>Meeting</u> Meeting ID: 280 403 015 089 1 Passcode: nL7Up2xx	
Presenters/ Guests	<input checked="" type="checkbox"/> Dr. Arakawa; Chief Medical Officer <input checked="" type="checkbox"/> Daniel O'Campo; Chief of Staff <input checked="" type="checkbox"/> Michelle Ramirez; Sales Manager <input checked="" type="checkbox"/> Fernanda Ortega; Project Supervisor <input checked="" type="checkbox"/> Amanda Delgado; Project Specialist <input checked="" type="checkbox"/> Jessica Espinoza; Member Services <input checked="" type="checkbox"/> Eduardo Ron-Lopez; Compliance Coordinator <input checked="" type="checkbox"/> Donna Ponce; Executive Assistant	MEMBERS Janice Alvarado Maria A. Castaneda Luciana Gonzalez Ana T. Gutierrez Ramona Jimenez Maria E. Mendoza Susie Ponce Patricia Rico Marisela Talamantes Jesus Perez Maria C. Valadez Ana Cervantes Marcos Villegas

AGENDA			
Topic	Presenter	Minutes	Action
Agenda Introduction/ Roll Call	Daniel O'Campo	Daniel O'Campo, Chief of Staff, opened the meeting with Community Health Plan of Imperial Valley members Mr. O'Campo officially commenced the meeting of the Community Advisory Committee at 12:00pm	
Review and approve CAC Meeting Minutes	Daniel O'Campo	The CAC meeting minutes from March were reviewed and approved.	Motion was approved by the members
Preguntas	Daniel O'Campo	During the session, Mr. O'Campo introduced the invited representatives from Social Services. The Program Manager attended to provide information on available support programs, including financial assistance, Medi-Cal, and food stamps. The team is currently prioritizing Medi-Cal applications, which can be submitted both online and in person. A. Application Timelines: 1. Online: Approximately 15 days to submit application 2. In-person: Approximately 20 days to submit application B. Eligibility: U.S. citizenship is not a requirement for Medi-Cal. The representative explained the full application process and noted that, if eligible,	

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		<p>applicants may also gain access to additional services. Member Question: “Does this have to do with the IHSS program? I need someone to help me.”</p> <p>Social Services Response: The representative clarified that her focus was specifically on Medi-Cal assistance, but she is available to help with related questions.</p>	
Salud Mental y Estigma	Michelle Ramirez	<p>During the presentation, Michelle Ramirez introduced the slide titled <i>Salud Mental y Estigma</i>. Mrs. Ramirez highlighted that CHPIV currently serves over 100,000 members, of which 292 have received treatment for anxiety and 35 for depression, totaling 327 individuals. She emphasized the 2025 objective to increase member access to mental health services for anxiety and depression by 10%</p> <p>Mrs. Ramirez also expressed concern regarding the gender disparity in service utilization, noting that women are significantly more likely than men to seek mental health support.</p> <p>To foster engagement, she posed a reflective question to the group: whether any of them had ever sought help for their mental health. The majority responded affirmatively. She followed up by asking what insights they gained from the data presented. One participant responded by referencing the total number of CHPIV members.</p>	
Experiencia del Miembro con el Plan Medi-Cal de CHPIV	Jessica Espinoza	<p>Jessica Espinoza provided an overview of her role within Member Services and outlined the Medi-Cal enrollment process. She explained that once the Social Services department completes its portion of the process, the information is integrated into CHPIV’s system. At that point, members automatically receive a welcome pamphlet and may either select a provider or have one assigned. Following this, they are issued a CHPIV</p>	



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		<p>member card and can proceed to schedule their initial appointment</p> <p>She emphasized that members with concerns or complaints are encouraged to visit the office directly or contact the customer service line. Mrs. Espinoza also noted that she is able to assist with basic service requests, such as issuing replacement cards or updating member addresses.</p> <p>Regarding Medi-Medi members, she reminded attendees that Medicare is their primary insurance and should be contacted first for any related inquiries.</p> <p>To foster dialogue, she asked whether any attendees had experienced negative interactions with CHPIV. The majority responded that they had not</p> <p>When a member inquired about changing providers, Mrs. Espinoza advised that this could be done either by calling the customer service number or by visiting the office in person.</p> <p>Mr. O'Campo added that members should first confirm whether the new provider is accepting patients to avoid the need for multiple changes.</p> <p>Another member shared that they wished to change providers because they felt their current physician was not asking sufficient questions during consultations.</p> <p>Another member inquired about the number of times a provider change is permitted. She explained that her original clinic—located conveniently near her home—initially did not have an available physician, which led to her being reassigned. However, the clinic now has a doctor available, and she expressed interest in returning to that location.</p>	

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		<p>During the session, Mrs. Espinoza raised the question of how CHPIV could enhance support for its members. One participant affirmed satisfaction with current services, stating they felt well cared for.</p> <p>Another member shared a concern regarding a denial of psychological services for their spouse, citing insurance acceptance issues despite attempts to update coverage.</p> <p>Mrs. Espinoza clarified that CHPIV maintains a contracted provider list and offered to share it post-meeting.</p> <p>Mr. O'Campo encouraged the member to formally file a complaint to facilitate resolution and advised there are programs like CoC they could qualify for.</p> <p>Dr. A added that some providers may not accept Medi-Cal or Medicare and advised members to consult CHPIV first for guidance on in-network providers.</p> <p>The member further noted delays in receiving authorized care, to which</p> <p>Mr. O'Campo reiterated the importance of contacting CHPIV directly for accurate support and timely assistance</p>	
Apelaciones y Quejas Formales	Fernanda Ortega	<p>Fernanda Ortega presented on the Appeals and Grievances process, highlighting the distinctions between appeals, complaints, and general inquiries. She also outlined the primary drivers of grievance submissions, with transportation issues and delays in pre-authorization processes identified as the most common concerns.</p> <p>Mr. O'Campo emphasized that the process outlined by Mrs. Ortega represents the formal pathway members should follow when submitting complaints or inquiries, and that staff are available to provide guidance throughout.</p>	

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		<p>During the discussion, a member asked whether Medicare and Medi-Cal are integrated, to which</p> <p>Mr. O'Campo clarified they are not.</p> <p>The member then shared a personal concern regarding discontinued medication access due to being classified as residing in an asylum.</p> <p>Mr. O'Campo advised the member to speak with him directly following the meeting to address the matter privately and appropriately.</p>	
Programa de Asistencia de Idiomas	Daniel O'Campo	<p>Mr. O'Campo presented the Programa de Asistencia de Idiomas slide, highlighting a significant decline in utilization of telephonic translation services over the course of 2024—from 1,086 users in Q1 to just 6 in Q4. He expressed concern over the downward trend and initiated a discussion to understand potential causes</p> <p>One member noted that nurses often serve as ad hoc interpreters, while others confirmed awareness of the translation services offered by CHPIV, both in-person and telephonically</p> <p>A member shared that when scheduling specialist appointments in San Diego, the service is not proactively offered—particularly in clinic settings—prompting her to communicate in English to the best of her ability.</p> <p>In response, Mr. O'Campo offered to provide the direct contact number for translation support.</p> <p>Another member reported a contrasting experience, stating that translation services were consistently offered during interactions in San Diego.</p> <p>Mr. O'Campo reiterated that language assistance is a complimentary service available to all members and encouraged its use to ensure equitable access to care.</p>	

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Group 2-Behavioral Health Stigma Campaign	Michelle Ramirez	<p>Mrs. Ramirez initiated the individual group segment by gauging whether any of the information presented, or questions posed during the session made participants feel uncomfortable or were perceived as inappropriate. The group unanimously responded that the presentation was appropriate, comprehensive, and effectively addressed their informational needs.</p> <p>Mrs. Ramirez facilitated a dialogue on the relevance of Behavioral Health resources, asking participants who they believed would benefit most from the information provided. The group identified youth, adolescents, individuals experiencing marital or family challenges, and those coping with lifestyle changes due to injury or trauma as key beneficiaries. One member shared a personal account of how limited mobility following an accident led to episodes of depression.</p> <p>Mrs. Ramirez then explored perceptions around men's reluctance to seek behavioral health support. A male participant candidly shared that societal norms often discourage men from acknowledging the need for help. He recounted his own experience of being prescribed medication but choosing not to take it, believing it unnecessary after being told his condition was not severe. He also raised a concern about forgetting his wife's medication at the office, questioning why the provider's office did not follow up.</p> <p>Mrs. Ramirez introduced the availability of Teledoc services, emphasizing that members can access support remotely when they are not feeling well and need someone to talk to.</p> <p>Mrs. Ramirez facilitated a dialogue on the role of family in supporting mental health. Participants agreed that family plays a critical role, with daughters often perceived as more supportive than sons. When asked about cultural influences, the group acknowledged that</p>	

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		<p>within Latino communities, mental health is frequently minimized or dismissed.</p> <p>Mrs. Ramirez then explored barriers to youth engagement in mental health support. The group noted that many young individuals believe they do not need help, with one participant estimating that approximately 75% of youth would decline assistance. When asked what concerns parents most about their children's mental health, participants expressed that youth are more likely to accept help from external sources rather than from their own families.</p> <p>The conversation then shifted to outreach strategies. When asked where mental health information should be promoted—particularly for men—the group suggested leveraging social media to reach younger audiences. For male populations, they recommended more personalized approaches such as printed materials, television messaging, and on-site outreach at workplaces before work, ideally accompanied by informal engagement tools like coffee and donuts to foster participation.</p> <p>During the discussion, Mrs. Ramirez asked the group what they would change about mental health support in the community. The group expressed that talking about mental health in general felt intimidating. In response, Mrs. Ramirez suggested that focusing on specific diagnoses might make the conversation more approachable. The group agreed with this idea.</p> <p>One member asked whether a pre-authorization or referral is required to access Teladoc services. In response, Mrs. Ramirez clarified that no pre-authorization or referral is needed. Members can call Teladoc directly and receive services without additional steps.</p>	

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Reminders/ Adjourn		Mr. O'Campo adjourned the meeting at 1:30pm	

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