



AGENDA

Community Health Plan of Imperial Valley

November 10, 2025

5:30 PM

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: 217 028 464 542

Passcode: 7KD7N4Yy

Committee Members	Representing	Present
Dr. Bushra Ahmad	LHA Commissioner-CMO at County of Imperial	
Dr. Kathleen Lang	LHA Commissioner-CEO at County of Imperial	
Dr. Majid Mani	LHA Commissioner-Imperial County Medical Society	
Dr. Carlos Ramirez	LHA Commissioner-CEO/Senior Consultant DCRC	
Dr. Unnati Sampat	LHA Commissioner-President of Imperial County Medical Society	
Dr. Allan Wu	LHA Commissioner-CMO at Inncare & President of CCIPA	
Yvonne Bell	LHA Vice-Chair-CEO at Inncare and CCIPA	
Christopher Bjornberg	LHA Commissioner-CEO of Imperial Valley Healthcare District	
Lee Hindman	LHA Chair-Joint Chambers of Commerce representing the public	
Ryan Kelley	LHA Commissioner-Board of Supervisors, County of Imperial	
Paula Llanas	LHA Commissioner-Director of Social Services at County of Imperial	
Pablo Velez	LHA Commissioner-CEO of El Centro Regional Medical Center	

1. CALL TO ORDER

Lee Hindman, 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

Lee Hindman, Chair

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

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 Commissioner 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 10/13/2025..... pg. 6-10
- B. Motion to approve the monthly financial reports as reviewed and accepted by the Finance Committee
 - 1. Executive Summary.....pg. 11-12
 - 2. Enrollment Report pg. 13
 - 3. Statement of Revenues, Expenses, and Changes in Net Position..... pg. 14
 - 4. Product Profit & Loss Statement..... pg. 15
 - 5. Statement of Net Position..... pg. 16
 - 6. Summarized TNE Calculation pg. 17
 - 7. Cash Transaction Report pg. 18-19
- C. Motion to approve the new Purchasing Policy, as outlined in the draft attachment, replacing the current policy adopted in 2023 as reviewed and accepted by the Finance Committee (*David Wilson, CFO*) ...pg. 20-27



- D. Motion to approve the Wakely Statement of Work for CY 27 Medicare Bid preparation, not to exceed \$265,000 as reviewed and accepted by the Finance Committee. (*David Wilson, CFO*) ...pg. 28-33

4. ACTION

- A. Motion to approve the Medi-Cal representative as recommended by the Department of Social Services Director (*Larry Lewis, CEO*) ...pg. 35

5. COMMITTEE CHAIR REPORTS

- A. Quality Improvement Health & Equity Committee-Quarterly
(*Dr. Gordon Arakawa, CMO*) pg. 37-78
- B. Finance Committee-Monthly
(*Dr. Carlos Ramirez, Chair*)
- C. Regulatory Compliance & Oversight Committee-Quarterly
(*Dr. Allan Wu, Chair*) *No meeting*
- D. Community Advisory Committee-Quarterly
(*Julia Hutchins*) *No meeting*

6. INFORMATION

- A. Health Services Report (*Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services*)
- B. Finance Report (*David Wilson, CFO*) ...pg. 80-86
- C. Compliance Report (*Elysse Tarabola, CCO*) ...pg. 87-89
- D. Operations Report (*Julia Hutchins, COO*) pg. 90-91
- E. Human Resources Report (*Shannon Long, HR Consultant*) ...pg. 92



F. CEO Report (*Larry Lewis, CEO*)

G. Other new or old business (*Lee Hindman, Chair*)

7. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 10/2026)

A. Strategic Plan Update (*Larry Lewis, CEO*)

B. Employee Benefits (*Larry Lewis, CEO/Shannon Long, Human Resources Consultant*)

C. Compliance Report (*Elysse Tarabola, CCO*)

D. Public Employee Evaluation (*restricted to Commissioners*)

8. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

9. ADJOURNMENT

Next meeting: December 8, 2025



Consent Agenda



MINUTES

Local Health Authority Commission

October 13, 2025

5:30 PM

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: 217 028 464 542

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Committee Members	Representing	Present
Dr. Bushra Ahmad	LHA Commissioner-CMO at County of Imperial	✓
Dr. Kathleen Lang	LHA Commissioner-CEO at County of Imperial	✓
Dr. Majid Mani	LHA Commissioner-Imperial County Medical Society	A
Dr. Carlos Ramirez	LHA Commissioner-CEO/Senior Consultant DCRC	✓
Dr. Unnati Sampat	LHA Commissioner-President of Imperial County Medical Society	✓
Dr. Allan Wu	LHA Commissioner-CMO at Inncare & President of CCIPA	✓
Yvonne Bell	LHA Vice-Chair-CEO at Inncare and CCIPA	A
Christopher Bjornberg	LHA Commissioner-CEO of Imperial Valley Healthcare District	✓
Lee Hindman	LHA Chair-Joint Chambers of Commerce representing the public	✓
Ryan Kelley	LHA Commissioner-Board of Supervisors, County of Imperial	A
Paula Llanas	LHA Commissioner-Director of Social Services at County of Imperial	✓
Pablo Velez	LHA Commissioner-CEO of El Centro Regional Medical Center	✓

1. CALL TO ORDER

Lee Hindman, Chair

Meeting called to order at 5:30 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

Roll call taken and quorum confirmed. Attendance is as shown.

B. Approval of Agenda

- Items to be pulled or added from the Information/Action/Closed Session Calendar
- Approval of the order of the agenda
(Sampat/Wu) Approved the order of the agenda. Motion carried.



2. PUBLIC COMMENT

Lee Hindman, Chair

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

No public comment.

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 Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

(Ramirez/Wu) To approve the consent agenda. Motion carried.

A. Approval of Minutes from 9/8/2025..... pg. 6-10

B. Motion to recommend to the full commission the acceptance of monthly financial reports as reviewed and accepted by the Finance Committee

1. Executive Summary.....pg. 11-12
2. Enrollment Report pg. 13
3. Statement of Revenues, Expenses, and Changes in Net Position..... pg. 14
4. Product Profit & Loss Statement..... pg. 15
5. Statement of Net Position..... pg. 16
6. Summarized TNE Calculation pg. 17
7. Cash Transaction Report pg. 18-19

4. ACTION

A. Motion to approve the SOW for annual financial audit performed by Baker Tilly, formerly Moss Adams, not to exceed **\$87,000**.... pg. 41-54
(David Willson, CFO)

(Ramirez/Wu) Approved the SOW for annual financial audit performed by Baker Tilly, formally Moss Adams, not to exceed \$87,000. Motion carried.



- B. Motion to approve the establishment of a new account with JP Morgan Chase for the management of claims payment and reserves for the D-SNP line of business.... pg. 55
(David Wilson, CFO)
(Bjornberg/Wu) Approved the establishment of a new account with JP Morgan Chase for the management of claims payment and reserves for the D-SNP line of business. Motion carried.
- C. Motion to approve the charter of the Credentialing Oversight Subcommittee (COS) of the Quality Improvement Health Equity and Compliance (QIHEC) Committee for D-SNP Line of Business only
(Dr. Gordon Arakawa, CMO) ...pg. 56-58
(Velez/Lang) Approved the charter of the Credentialing Oversight Subcommittee (COS) of the Quality Improvement Health Equity and Compliance (QIHEC) Committee for D-SNP Line of Business only. Motion carried.

5. COMMITTEE CHAIR REPORTS

- A. Quality Improvement Health & Equity Committee-Quarterly
(Dr. Gordon Arakawa, CMO) *no meeting*
- B. Finance Committee-Monthly
(Dr. Carlos Ramirez, Chair)
Chief Finance Officer (CFO) David Wilson provided an update on the October 7, 2025, Finance Committee meeting.
- C. Regulatory Compliance & Oversight Committee-Quarterly..... pg. 60-132
(Dr. Allan Wu, Chair)
Member Wu and Chief Compliance Officer (CCO) Elysse Tarabola provided updates on September 22, 2025, Regulatory Compliance & Oversight Committee meeting.

Elysse also reported on the DMHC routine on-site survey, including updates on revised policies and procedures, policy discussions, and notices of non-compliance issue to Health Net.



D. Community Advisory Committee-Quarterly.....pg. 133

(Julia Hutchins)

Chief Operations Officer (COO), Julia Hutchins provided updates on September 16, 2025, Community Advisory Committee meeting.

6. INFORMATION

A. Health Services Report *(Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services)*

Chief Medical Officer (CMO) Dr. Gordon Arakawa provided updates on Health Services. The update included the upcoming Q3-Quality Improvement Health & Equity Committee scheduled to meet on October 15th, 2025, hiring of six Care Coordinators with three Care Managers in place. Dr. Arakawa provided an update on the formation of the new Credentialing Committee. The Committee will convene on a monthly basis following approval by the Commission.

B. Compliance Report *(Elysse Tarabola, CCO)*

Report covered in item 5C.

C. Operations Report *(Julia Hutchins, COO)* pg. 135-136

COO Julia Hutchins provided updates on Community Advantage Plus program, noting that the sales team has been active in the community, contacting members, and scheduling enrollment appointments beginning October 15. She also outlined the additional benefits available to members who choose to join the plan.

D. Human Resources Report *(Shannon Long, HR Consultant)* pg.137

Human Resources Consultant, Shannon Long reported on staffing updates, noting seven new hires, with six being local. Two positions remain vacant. She also stated that CHPIV is assisting Community Health Group (CHG) with the recruitment of a Utilization Management Nurse. Lastly, Shannon reminded all on open enrollment taking place November 2025.

E. CEO Report *(Larry Lewis, CEO)*

CEO Larry Lewis reported on several recent and upcoming community events. The Imperial Valley Wellness Foundation and Alliance Healthcare Foundation event that took place on October 1, 2025 in which he and Dr. Arakawa attended. Additional events included the Food Bank Annual Dinner on October 11, the Imperial Valley Medical Society Dinner on October 12, the Pioneers Memorial Healthcare District Foundation event on October 16, and the Cancer Resource Center of the Desert event on October 17.



Mr. Lewis shared that at the federal level, the definition of “unsatisfactory immigration status” has been redefined, limiting coverage for individuals under this category to emergency services only. At the state level, the Medi-Cal recertification process will now occur every six months instead of annually.

Mr. Lewis provided updates from the LHPC Board of Directors meeting and noted that LHPC will be hosting webinars on health plans, with the possibility of inviting the Commission to participate. Mr. Lewis concluded his report with facility updates, noting that painting, new flooring in the two story building, and kitchen renovations are currently in progress.

- F. Other new or old business (*Lee Hindman, Chair*)
None.

7. CLOSED SESSION

Pursuant to Welfare and Institutions Code § 14087.38 (n) Report Involving Trade Secret new product discussion (estimated date of disclosure, 10/2025)

Chair Hindman announces that the commission will enter into closed session.

- A. Compliance Report (*Elysse Tarabola, CCO*)
- B. Strategic Plan Update (*Larry Lewis, CEO*)
- C. Public Employee Annual Performance Evaluation (*Restricted to commissioners*)

8. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.
Chair Hindman announces that the commission will reconvene into open session. Information provided with no action taken.

9. ADJOURNMENT

The meeting was adjourned at 6:19 p.m.
Next meeting: November 10, 2025



Financial Result

September 2025

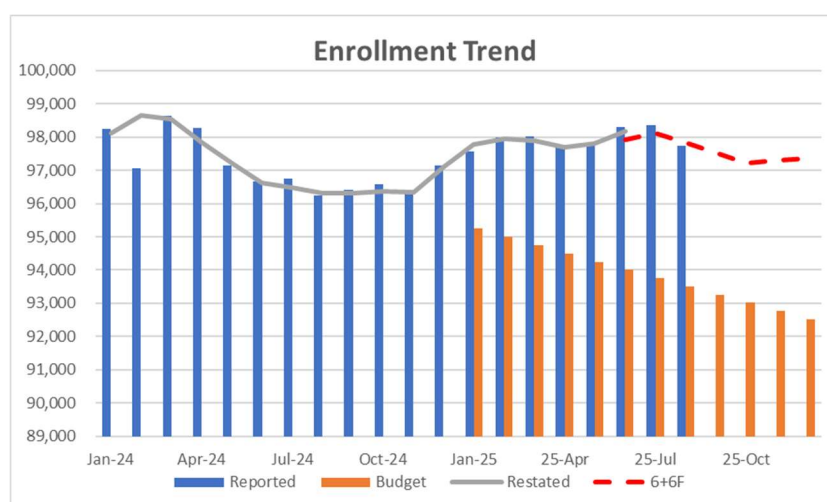
Executive Summary

Membership

September Medi-Cal reported membership was in-line with the 6+6 forecast expectations at 97.5K. On a restated basis, membership is underperforming by -0.3K.

Early reporting for October and November suggests membership will continue to decline slightly greater than the forecast.

Year-to-date, membership remains favorable to budget by 32.4K member months.



Gross Margin

September revenue was unfavorable to the forecast by (\$39.5k), but largely offset by favorable capitation payments to Health Net. The company booked \$120K of favorable prior period revenue in September.

Membership Mix & Rate: Rate variance was unfavorable to the 6+6F by (\$142K) and was concentrated in the Adult and Adult Expansion cost categories. Mix of UIS and SIS membership was the key driver of the variance at the COA level.

Volume: Overall volume adjustments for the current period were slightly below forecast, resulting in minor unfavorable revenue variance of (\$18K).

Category of Aid (COA)*	Revenue (Current Month Reported)						
	Current	Prior Period	Forecast	Variance	Vol	Rate	
Child	\$ 4,540,647	\$ 7,302	\$ 4,568,959	\$ (28,313)	\$ (21,890)	\$ (6,423)	
Adult	\$ 3,845,234	\$ 48,742	\$ 3,962,696	\$ (117,462)	\$ 3,879	\$ (121,340)	
Adult Expansion	\$ 7,370,944	\$ (38,557)	\$ 7,415,789	\$ (44,845)	\$ (29,108)	\$ (15,737)	
SPD	\$ 4,209,673	\$ 64,251	\$ 4,127,903	\$ 81,770	\$ 80,993	\$ 777	
SPD Dual	\$ 6,389,918	\$ 39,039	\$ 6,446,507	\$ (56,589)	\$ (57,301)	\$ 712	
LTC	\$ 16,566	\$ -	\$ 13,710	\$ 2,856	\$ 2,946	\$ (90)	
LTC Dual	\$ 40,364	\$ (384)	\$ 37,673	\$ 2,691	\$ 2,691	\$ (0)	
Total Medicaid	\$ 26,413,345	\$ 120,393	\$ 26,573,237	\$ (159,891)	\$ (17,789)	\$ (142,102)	

Overall, Gross margin was in line with forecast, unfavorable by less than (\$0.1K); gross margin was favorable to the budget by \$1.2M YTD.



Administrative Expenses

In aggregate, administrative expenses were unfavorable to forecast by (\$17.5K), or 2.7%. Unfavorable variance was driven by IT and office equipment costs for new employees (timing) and unplanned charitable contributions. Offsetting favorability was found in lower than expected consulting cost related to provider network contracting for the DSNP product.

On a YTD basis, administrative costs are favorable to the budget by \$132K, or 2.5%.

Other

Investment income was favorable by \$16K in September and is anticipated to run favorably for the remainder of the year. Year-to-date, investment income is \$187K above budget.

Tangible Net Equity (TNE)

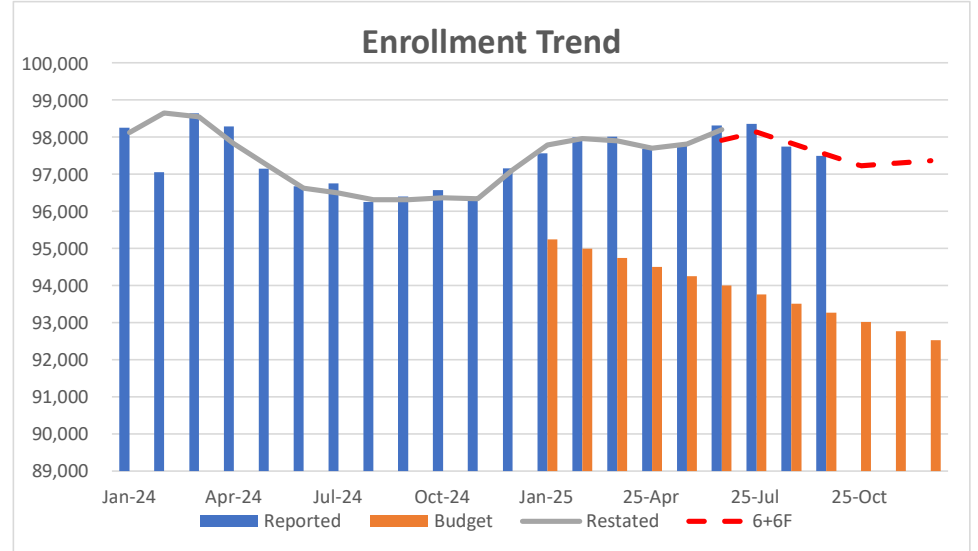
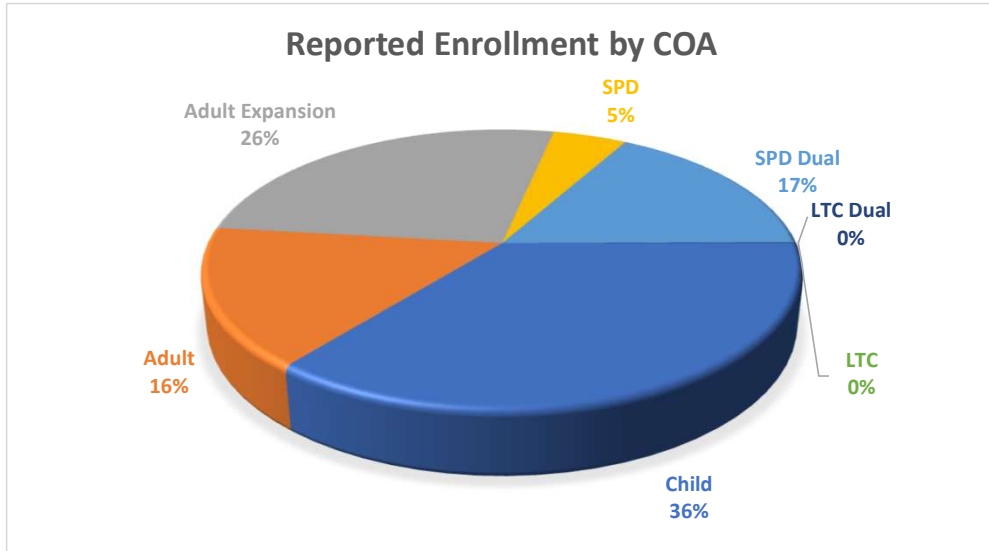
For the month of September, TNE was \$23M, representing 485% of the required \$4.8M. On a restated basis, TNE stands at 494% of the required levels.



**Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Reported Enrollment
For September 2025**

2024					2025									
Category of Aid (COA)*							September				September (YTD)			
	Q1-24	Q2-24	Q3-24	Q4-24	Q1-25	Q2-25			B/(W)				B/(W)	
							Actual	6+6F	#	%	Actual	Budget	#	%
Child	34,607	34,589	34,424	34,551	35,139	35,129	34,728	34,857	(129)	0%	315,296	299,871	15,425	5%
Adult	16,997	15,767	15,675	15,768	15,801	15,754	15,471	15,324	147	1%	141,304	135,185	6,119	5%
Adult Expansion	26,579	25,784	25,733	26,019	25,995	26,028	25,808	25,986	(178)	-1%	233,430	227,230	6,201	3%
SPD	5,007	5,041	5,085	5,139	4,671	4,784	4,645	4,485	160	4%	42,162	45,419	(3,257)	-7%
SPD Dual	14,433	14,760	15,007	15,288	16,283	16,514	16,719	16,763	(44)	0%	147,706	139,347	8,359	6%
LTC	12	15	19	22	22	6	17	14	3	21%	157	275	(118)	-43%
LTC Dual	79	87	92	104	98	100	104	98	6	6%	876	950	(74)	-8%
Total Medicaid	97,714	96,043	96,035	96,891	98,009	98,315	97,492	97,527	(35)	0%	880,931	848,275	32,656	4%
<i>Monthly/Quarterly Change</i>		-1.7%	0.0%	0.9%	1.2%	0.3%	0.6%	0.7%						

* Source: DHCS 820 Remittance summary; includes retroactivity





Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Statement of Revenues, Expenses, and Changes in Net Position
For September 2025

	September			September (YTD)			Current Month Explanations
	Actual	Forecast (6+6)	Variance - B/(W)	Actual	Budget	Variance - B/(W)	
REVENUE							
Premium	\$ 26,251,770	\$ 26,281,617	\$ (29,847)	\$ 246,014,927	\$ 205,129,262	\$ 40,885,665	- Premium Revenue was unfavorable by (\$39.5K) primarily driven by unfavorable membership mix, partially offset by favorable prior period adjustments.
Pass-Through	\$ 281,969	\$ 291,620	\$ (9,651)	\$ 8,364,309	\$ 3,099,038	\$ 5,265,271	
HN Settlements			\$ -			\$ -	
TOTAL REVENUE	\$ 26,533,739	\$ 26,573,237	\$ (39,498)	\$ 254,379,236	\$ 208,228,300	\$ 46,150,936	
HEALTH CARE COSTS	\$ 25,746,186	\$ 25,784,788	\$ 38,602	\$ 246,998,788	\$ 202,074,422	\$ (44,924,366)	
Gross Margin	\$ 787,553	\$ 788,449	\$ (895)	\$ 7,380,448	\$ 6,153,878	\$ 1,226,570	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	\$ 451,359	\$ 445,000	\$ (6,358)	\$ 3,250,127	\$ 3,333,214	\$ 83,087	- Favorability driven by lower costs related to provider contract negotiations for DSNP
Benefits Expense	\$ 29,678	\$ 36,571	\$ 6,892	\$ 233,568	\$ 257,082	\$ 23,514	
Other Labor Expense	\$ 1,577	\$ 1,424	\$ (153)	\$ 13,638	\$ 11,451	\$ (2,187)	
Total Labor Costs	\$ 482,615	\$ 482,996	\$ 381	\$ 3,497,333	\$ 3,601,747	\$ 104,414	
Consulting, Legal, & Other Professional	\$ 46,654	\$ 69,000	\$ 22,346	\$ 598,754	\$ 726,283	\$ 127,530	- Unfavorable variance reflects the ramp in computers and hardware associated with new hires
Outside Services	\$ 42,360	\$ 30,450	\$ (11,910)	\$ 326,608	\$ 282,011	\$ (44,597)	
Advertising & Marketing	\$ 3,785	\$ 5,700	\$ 1,915	\$ 9,914	\$ 42,381	\$ 32,467	
Information Technology	\$ 16,481	\$ 3,200	\$ (13,281)	\$ 105,284	\$ 50,493	\$ (54,792)	- Unfavorable due to unplanned charitable contributions
Membership and Subscriptions	\$ 11,269	\$ 11,344	\$ 75	\$ 91,569	\$ 85,030	\$ (6,539)	
Regulatory Fees	\$ 25,339	\$ 25,339	\$ -	\$ 232,596	\$ 250,835	\$ 18,239	
Travel	\$ 5,667	\$ 11,618	\$ 5,951	\$ 58,090	\$ 75,100	\$ 17,010	- Favorable investment income due to higher portfolio balance relative to forecast.
Meals & Entertainment	\$ 2,812	\$ 1,850	\$ (962)	\$ 18,366	\$ 8,050	\$ (10,316)	
Occupancy & Facility	\$ 5,255	\$ 4,808	\$ (447)	\$ 67,725	\$ 42,454	\$ (25,271)	
Office Expense	\$ 13,504	\$ 4,015	\$ (9,489)	\$ 52,893	\$ 58,439	\$ 5,546	
Other Admin	\$ 20,462	\$ 8,403	\$ (12,059)	\$ 131,984	\$ 100,842	\$ (31,142)	
Total Administrative Expense	\$ 676,203	\$ 658,723	\$ (17,480)	\$ 5,191,117	\$ 5,323,665	\$ 132,548	
Non-Operating Income							
Dividend, Interest & Investment Income	\$ 123,451	\$ 107,764	\$ 15,687	\$ 973,301	\$ 786,521	\$ 186,780	- Favorable investment income due to higher portfolio balance relative to forecast.
Rental Income	\$ 1,494	\$ 1,494	\$ -	\$ 13,442	\$ 13,050	\$ (392)	
Total Non-Operating Income	\$ 124,945	\$ 109,258	\$ 15,687	\$ 986,742	\$ 799,571	\$ 187,171	
Depreciation & Amortization	\$ 10,729	\$ 11,000	\$ (271)	\$ 95,973	\$ 99,000	\$ (3,027)	
Change in Net Position	\$ 225,566	\$ 227,983	\$ (2,417)	\$ 3,080,100	\$ 1,530,784	\$ 1,549,316	
Key Metrics							
Enrollment	97,492	97,537	(45)	880,931	848,275	32,656	
Revenue PMPM	\$272.16	\$272.44	(\$0.28)	\$288.76	\$245.47	\$43.29	
MLR	97.03%	97.0%	0 bps	97.1%	97.0%	(5) bps	
Admin Ratio	2.5%	2.5%	(7) bps	2.0%	2.5%	51 bps	
FTEs	37	38	1	241	256	15	
Net Income PMPM	\$2.31	\$2.34	(\$0.02)	\$3.50	\$1.80	\$1.69	
Net Income %	0.8%	0.9%	(1) bps	1.2%	0.7%	47 bps	



Imperial County Local Health Authority
DBA Community Health Plan of Imperial Valley
Product P&L
For September 2025

	September								September (YTD)				
	Medi-Cal				Medicare				% of Total				
	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Medi-Cal	Medicare	Total	Medi-Cal	Medicare
REVENUE													
Premium	\$ 26,251,770	\$ 26,281,617	\$ (29,847)	0%	\$ -	\$ -	\$ -	N/A	\$ 246,014,927	\$ -	\$ 246,014,927	100%	0%
Pass-Through	\$ 281,969	\$ 291,620	\$ (9,651)	-3%	\$ -	\$ -	\$ -	N/A	\$ 8,364,309	\$ -	\$ 8,364,309	100%	0%
TOTAL REVENUE	\$ 26,533,739	\$ 26,573,237	\$ (39,498)	0%	\$ -	\$ -	\$ -	N/A	\$ 254,379,236	\$ -	\$ 254,379,236	100%	0%
HEALTH CARE COSTS	\$ 25,746,186	\$ 25,784,788	\$ 38,602	0%	\$ -	\$ -	\$ -	N/A	\$ 246,998,788	\$ -	\$ 246,998,788	100%	0%
Gross Margin	\$ 787,553	\$ 788,449	\$ (895)	0%	\$ -	\$ -	\$ -	N/A	\$ 7,380,448	\$ -	\$ 7,380,448	100%	0%
ADMINISTRATIVE EXPENSE													
Healthcare Services	\$ 46,101	\$ 47,612	\$ 1,511	3.2%	\$ 51,987	\$ 53,690	\$ 1,704	3.2%	\$ 494,541	\$ 590,673	\$ 1,085,214	45.6%	54.4%
Care Management	\$ -	\$ -	\$ -	N/A	\$ 64,443	\$ 36,157	\$ (28,286)	-78.2%	\$ -	\$ 255,579	\$ 255,579	0.0%	100.0%
Compliance	\$ 117,451	\$ 119,193	\$ 1,743	1.5%	\$ 18,563	\$ 19,404	\$ 840	4.3%	\$ 659,446	\$ 106,795	\$ 766,241	86.1%	13.9%
Operations	\$ 5,637	\$ 4,847	\$ (790)	-16.3%	\$ 53,275	\$ 43,621	\$ (9,654)	-22.1%	\$ 47,110	\$ 426,534	\$ 473,644	9.9%	90.1%
Member & Provider Services	\$ 5,671	\$ 19,163	\$ 13,492	70.4%	\$ 5,671	\$ 19,163	\$ 13,492	70.4%	\$ 81,221	\$ 81,221	\$ 162,442	50.0%	50.0%
Sales & Marketing	\$ 11,486	\$ 2,563	\$ (8,923)	-348.1%	\$ 46,944	\$ 48,696	\$ 1,752	3.6%	\$ 17,742	\$ 165,816	\$ 183,559	9.7%	90.3%
Executive	\$ 59,624	\$ 51,112	\$ (8,512)	-16.7%	\$ 19,875	\$ 16,739	\$ (3,135)	-18.7%	\$ 451,353	\$ 150,451	\$ 601,803	75.0%	25.0%
Finance	\$ 50,359	\$ 72,320	\$ 21,961	30.4%	\$ 16,786	\$ 24,107	\$ 7,320	30.4%	\$ 558,763	\$ 317,381	\$ 876,144	63.8%	36.2%
Corporate	\$ 48,252	\$ 43,656	\$ (4,597)	-10.5%	\$ 11,938	\$ 7,594	\$ (4,344)	-57.2%	\$ 434,086	\$ 96,574	\$ 530,660	81.8%	18.2%
Information Technology	\$ 14,696	\$ 10,063	\$ (4,634)	-46.1%	\$ 14,933	\$ 10,685	\$ (4,248)	-39.8%	\$ 91,358	\$ 75,654	\$ 167,012	54.7%	45.3%
Human Resources	\$ 6,205	\$ 4,045	\$ (2,161)	-53.4%	\$ 6,306	\$ 4,295	\$ (2,010)	-46.8%	\$ 48,989	\$ 39,829	\$ 88,819	55.2%	44.8%
Total Administrative Expense	\$ 365,483	\$ 374,573	\$ 9,090	2%	\$ 310,720	\$ 284,151	\$ (26,570)	-9%	\$ 2,884,609	\$ 2,306,508	\$ 5,191,117	56%	44%
Non-Operating Income													
Dividend & Interest Income	\$ 123,451	\$ 107,764	\$ 15,687	15%	\$ -	\$ -	\$ -	N/A	\$ 973,301	\$ -	\$ 973,301	100%	0%
Rental Income	\$ 1,494	\$ 1,494	\$ -	0%	\$ -	\$ -	\$ -	N/A	\$ 13,442	\$ -	\$ 13,442	100%	0%
Total Non-Operating Income	\$ 124,945	\$ 109,258	\$ 15,687	14%	\$ -	\$ -	\$ -	N/A	\$ 986,742	\$ -	\$ 986,742	100%	0%
Depreciation & Amortization	\$ 5,322	\$ 11,000	\$ 5,678	52%	\$ 5,407	\$ -	\$ (5,407)	N/A	\$ 80,049	\$ 15,924	\$ 95,973	83%	17%
Change in Net Position	\$ 541,694	\$ 512,134	\$ 29,560	6%	\$ (316,128)	\$ (284,151)	\$ (31,977)	-11%	\$ 5,402,533	\$ (2,322,433)	\$ 3,080,100	175%	-75%
Key Metrics													
Enrollment	97,492	97,537	(45)		-	-	-		880,931	-	880,931	100%	0%
Revenue PMPM	\$272.16	\$272.44	(\$0.28)		N/A	N/A	N/A		\$288.76	N/A	\$288.76		
MLR	97.03%	97.03%	0 bps		N/A	N/A	N/A		97.10%	N/A	97.10%		
Admin Ratio	1.4%	1.4%	3 bps		N/A	N/A	N/A		1.1%	N/A	2.0%		
Net Income PMPM	\$5.56	\$5.25	\$0.31		N/A	N/A	N/A		\$6.13	N/A	\$3.50		
Net Income %	2.0%	1.9%	11 bps		N/A	N/A	N/A		2.1%	N/A	1.2%		

	August 2025	September 2025	Change
ASSETS			
Current Assets			
Cash and Investments			
Chase - Checking	\$ 200,000	\$ 200,000	\$ -
Chase - Money Market	\$ 2,834,537	\$ 2,396,255	\$ (438,283)
JPMorgan Securities	\$ 16,044,176	\$ 16,814,052	\$ 769,876
First Foundation Bank	\$ 152,913	\$ 142,177	\$ (10,735)
Receivables			
Dividend Receivable	\$ 9,227	\$ 6,491	\$ (2,736)
Interest Receivable	\$ 100,270	\$ 115,493	\$ 15,224
Capitation Receivable	\$ 27,317,750	\$ 26,251,770	\$ (1,065,981)
Pass-Through Receivable	\$ 4,832,156	\$ 281,969	\$ (4,550,187)
Pass-Through Receivable - Other	\$ 0	\$ 0	\$ -
Other Current Assets			
Prepaid Expenses	\$ 406,404	\$ 386,227	\$ (20,177)
Total Current Assets	\$ 51,897,433	\$ 46,594,434	\$ (5,302,998)
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	\$ 300,000	\$ 300,000	\$ -
Capital Assets			
Buildings - Net	\$ 2,883,212	\$ 2,874,383	\$ (8,829)
Computer Equipment / Software - Net	\$ 6,387	\$ 6,219	\$ (168)
Improvements - Net	\$ 42,730	\$ 68,689	\$ 25,959
Intangible Assets	\$ 58,959	\$ 57,708	\$ (1,250)
Operating ROU Asset (Copier) - Net	\$ 10,134	\$ 10,134	\$ -
Total Noncurrent Assets	\$ 3,301,422	\$ 3,317,133	\$ 15,711
Total Assets	\$ 55,198,854	\$ 49,911,567	\$ (5,287,287)
LIABILITIES			
CURRENT LIABILITIES			
Payables			
Accounts Payable	\$ 368,277	\$ 366,836	\$ (1,441)
Capitation Payable	\$ 26,498,218	\$ 25,464,217	\$ (1,034,001)
Pass-Through Payable	\$ 4,832,156	\$ 281,969	\$ (4,550,187)
Pass-Through Payable - Other	\$ 0	\$ 0	\$ -
Credit Card Payable	\$ 3,711	\$ 0	\$ (3,711)
Other Current Liabilities			
Short Term Lease Liability - Copier	\$ 3,516	\$ 3,533	\$ 16
Bonus Accrual	\$ 140,943	\$ 158,560	\$ 17,618
Salaries Accrual	\$ 202,569	\$ 247,981	\$ 45,412
Vacation Accrual	\$ 187,678	\$ 201,421	\$ 13,743
Total Current Liabilities	\$ 32,237,069	\$ 26,724,517	\$ (5,512,551)
NON-CURRENT LIABILITIES			
Long Term Lease Liability - Copier	\$ 910	\$ 608	\$ (302)
Total Noncurrent Liabilities	\$ 910	\$ 608	\$ (302)
Total Liabilities	\$ 32,237,978	\$ 26,725,125	\$ (5,512,853)
NET POSITION			
Restricted by Legislative Authority	\$ 300,000	\$ 300,000	\$ -
Unrestricted	\$ 19,806,342	\$ 19,806,342	\$ -
YTD Net Revenue	\$ 2,854,534	\$ 3,080,100	\$ 225,566
Total Net Position	\$ 22,960,876	\$ 23,186,442	\$ 225,566
Total Liabilities and Net Position	\$ 55,198,854	\$ 49,911,567	\$ (5,287,287)



Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Summarized Tangible Net Equity Calculation
As of September 2025

Net Equity	\$ 23,186,442
Add: Subordinated Debt and Accrued Subordinated Interest	\$ 0
Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles	\$ 0
Tangible Net Equity (TNE)	\$ 23,186,442
Required Tangible Net Equity *	\$ 4,780,199
TNE Excess (Deficiency)	\$ 18,406,242

Full Service Plan		* Calculated Required Tangible Net Equity	
A. Minimum TNE Requirement	1	\$ 328,019,903	- Q1
	\$ 1,000,000	\$ 328,019,903	- Annualized
B. REVENUES:		\$ 150,000,000	←
		x 2%	
	\$ 3,000,000	\$ 3,000,000	
		\$ 178,019,903	←
		x 1%	
2% of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement) Plus		\$ 1,780,199	
1% of annualized premium revenues in excess of \$150 million	\$ 1,780,199	\$ 1,780,199	
Total	\$ 4,780,199	\$ 4,780,199	- Required TNE

Community Health Plan of Imperial Valley
September 2025 Cash Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Checking				
09/02/25	Chase Checking	Zamosky Communication	Inv 0000045	\$ (8,000.00)
09/02/25	Chase Checking	PMH Foundation	Inv PMH 2025-- bill.com Check Number: 79984620	(900.00)
09/02/25	Chase Checking	Vic's Air Conditioning & Electrical	Inv 102507-- bill.com Check Number: 79983915	(237.50)
09/02/25	Chase Checking	Imperial Irrigation District	Inv IID August2025-- bill.com Check Number: 79984597	(2,011.09)
09/02/25	Chase Checking	Imperial Desert Landscape	Inv 25-338-- bill.com Check Number: 79984239	(250.00)
09/03/25	Chase Checking	America's Finest Fire Pro	Void Of Bill Payment #P25081401 - 9814760	860.30
09/05/25	Chase Checking	Carlos Ramirez	Inv AUGUST2025	(300.00)
09/05/25	Chase Checking	Bushra Ahmad	Inv AUGUST2025	(100.00)
09/05/25	Chase Checking	Allan Wu	Inv AUGUST2025-- bill.com Check Number: 80007699	(100.00)
09/05/25	Chase Checking	Pablo Velez	Inv AUGUST2025-- bill.com Check Number: 80008486	(100.00)
09/05/25	Chase Checking	Mayra Widmann	Inv AUGUST2025-- bill.com Check Number: 80008588	(100.00)
09/05/25	Chase Checking	Lee Hindman	Inv AUGUST2025-- bill.com Check Number: 80007968	(300.00)
09/05/25	Chase Checking	Ryan Kelley	Inv AUGUST2025-- bill.com Check Number: 80007971	(100.00)
09/05/25	Chase Checking	Brawley Rotary Club	Inv INV 19413-- bill.com Check Number: 80010467	(50.00)
09/05/25	Chase Checking	Inerglo Creative	Inv INV-00637	(3,000.00)
09/05/25	Chase Checking	Law Office of William S. Smerdon	Inv 2813	(1,430.00)
09/05/25	Chase Checking	Shannon Long	Inv 18	(6,000.00)
09/05/25	Chase Checking	City of Imperial	Acct 80683 - Inv 1463093-- bill.com Check Number: 80008846	(229.57)
09/05/25	Chase Checking	PandanAI, Inc.	Inv 0010	(12,000.00)
09/07/25	Chase Checking	360 Business Products	Void Check	242.44
09/07/25	Chase Checking	JPMorgan Chase	Dividend Income - August 2025	9,226.69
09/07/25	Chase Checking	JPMorgan Chase	Service Charges Investment Sweep - September 2025	(609.31)
09/11/25	Chase Checking	Republic Services	Inv 0467-001756087	(146.82)
09/11/25	Chase Checking	Employers Preferred Ins. Co.	Inv Invoice 2 PN: EIG 5696223 01-- bill.com Check Number: 80036062	(153.00)
09/11/25	Chase Checking	Imperial Valley Food Bank	Inv Harvest Bowl 2025-- bill.com Check Number: 80034996	(600.00)
09/11/25	Chase Checking	360 Business Products	Inv OE-QT-35078-1-- bill.com Check Number: 80037061	(1,156.10)
09/12/25	Chase Checking	Zamosky Communication	Inv 0000047	(2,925.00)
09/14/25	Chase Checking	Department of Health Care Services	Receipt - DHCS (August 2025 Revenue)	31,177,865.07
09/14/25	Chase Checking	Department of Health Care Services	Receipt - DHCS (August 2025 Revenue)	865,689.54
09/14/25	Chase Checking	Department of Health Care Services	Receipt - DHCS (August 2025 Revenue)	58,719.05
09/14/25	Chase Checking	Department of Health Care Services	Receipt - DHCS (August 2025 Revenue)	46,220.23
09/14/25	Chase Checking	Department of Health Care Services	Receipt - DHCS (August 2025 Revenue)	1,412.27
09/14/25	Chase Checking	Mid Atlantic Trust Company	Payroll Date: 09/05/25 Retirement Contribution:	(10,198.29)
09/14/25	Chase Checking	JPMorgan Chase	Credit Card Payment	(206.82)
09/14/25	Chase Checking	JPMorgan Chase	Credit Card Payment	(3,482.13)
09/14/25	Chase Checking	JPMorgan Chase	Dividend Receivable	1,467.15
09/15/25	Chase Checking	ECG Management Consultants	Multiple invoices	(7,321.13)
09/15/25	Chase Checking	Pillsbury Winthrop Shaw Pittman LLP	Inv 8672671	(4,759.50)
09/16/25	Chase Checking	Bonde & Associates, LLC	Inv 1004	(6,290.97)
09/16/25	Chase Checking	Wakely consulting Group	Inv 211734 - 0000009-- bill.com Check Number: 80057804	(10,528.75)
09/17/25	Chase Checking	Epstein Becker & Green, P.C.	Inv #1208836	(4,181.00)
09/17/25	Chase Checking	MAK Solutions	Inv CHPIV-01	(10,000.00)
09/18/25	Chase Checking	Health Management Associates, Inc.	Inv 206100 - 000027R	(5,373.75)
09/19/25	Chase Checking	AM Copiers Inc.	Inv IN8195	(285.13)
09/19/25	Chase Checking	Rippling	[Rippling] Employee net pay for check date 09/19/2025	(121,497.81)
09/19/25	Chase Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 09/19/2025	(58,446.34)
09/21/25	Chase Checking	State Compensation Insurance Fund	9/16/25 - Workers Compensation Payment	(1,424.41)
09/21/25	Chase Checking	JPMorgan Chase	Account Analysis Settlement Charge	(413.85)
09/21/25	Chase Checking	JPMorgan Chase	Credit Card Payment	(13,343.19)
09/22/25	Chase Checking	Sparkling Clean	Inv September 2025	(900.00)
09/22/25	Chase Checking	Junior's Cafe	Inv 13-18729-- bill.com Check Number: 80087116	(398.60)
09/22/25	Chase Checking	F.T. Specialist Inc.	Inv HP-447716	(3,270.00)
09/22/25	Chase Checking	Employment Development Departme	Inv L0822746064-- bill.com Check Number: 80087100	(183.28)
09/23/25	Chase Checking	Quench USA	Inv INV09443667	(129.30)
09/24/25	Chase Checking	Epstein Becker & Green, P.C.	Inv #1210919	(2,543.00)
09/24/25	Chase Checking	Oracle America, Inc.	Multiple invoices	(15,786.44)
09/24/25	Chase Checking	Smith-Kandal Insurance	Inv 6126-- bill.com Check Number: 80099225	(14,459.46)
09/24/25	Chase Checking	I.V. Termite & Pest Control	Inv 0355450-- bill.com Check Number: 80099990	(120.00)
09/24/25	Chase Checking	Shalom Events Professionals	Inv Invoice 092125-- bill.com Check Number: 80099398	(129.00)
09/29/25	Chase Checking	Derma's Floor Covering	Inv 14575-- bill.com Check Number: 80122267	(26,440.00)
09/29/25	Chase Checking	Cancer Resource Center of the Deser	Inv OCT172025-- bill.com Check Number: 80122472	(2,500.00)
09/30/25	Chase Checking	Mid Atlantic Trust Company	Payroll Date: 09/19/25 Retirement Contribution	(10,011.03)
09/30/25	Chase Checking	JPMorgan Chase	Credit Card Payment - 9/30/25	(25,397.39)
09/30/25	Chase Checking	Rippling	Reimbursement C. Hardy	(60.00)
09/30/25	Chase Checking	Rippling	Reimbursement C. Hardy & D. Pasillas	(94.68)
09/30/25	Chase Checking	Rippling	Reimbursement E. Tarabola & D. Pasillas	(505.45)
09/30/25	Chase Checking	Health Net	Rental Income - September 2025	1,493.50

First Foundation Bank				
09/05/25	FFB Payroll	Rippling	Employee net pay for check date 09/05/2025	(4,180.18)
09/05/25	FFB Payroll	Rippling	Payroll taxes paid via Rippling for check date 09/05/2025	(3,310.81)
09/15/25	FFB Payroll	Blue Shield of California	Blue Shield Insurance	(23,273.60)
09/15/25	FFB Payroll	Rippling	People Center Bill	(1,297.60)
09/15/25	FFB Payroll	Rippling	People Center Check	(451.88)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - D. O'campo	(75.44)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - E. Torres & L. Gutierrez	(157.23)
09/15/25	FFB Payroll	Rippling	Payroll Date: 09/05/25 Accrued Taxes	(55,925.30)
09/15/25	FFB Payroll	Rippling	Payroll Date: 09/05/25 Accrued Wages	(116,507.88)
09/15/25	FFB Payroll	First Foundation Bank	Wire Fee	(10.00)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - D. Wilson	(451.99)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - D. Wilson	(861.76)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - E. Tarabola & L. Lewis	(363.69)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - E. Tarabola	(218.24)
09/15/25	FFB Payroll	Rippling	Employee Reimbursement - E. Tarabola, J. Hutchins, D. O'campo & J. C	(1,767.22)
09/15/25	FFB Payroll	UNUM	UNUM Invoice 08/01/25 - 08/31/25	(743.05)
09/30/25	FFB Payroll	Rippling	Employee Reimbursement - J. Hutchins & E. Torres	(1,002.80)
09/30/25	FFB Payroll	Rippling	Employee Reimbursement - D. Wilson	(525.90)
09/30/25	FFB Payroll	Rippling	Rippling Payment Refund	420.27
09/30/25	FFB Payroll	Rippling	Additional Employer Tax	(31.14)
J.P. Morgan Securities				
09/30/25	Chase Securities	Health Net	August Health Net Payment	(31,330,373.65)
09/30/25	Chase Securities	JPMorgan Chase	Accrued Investment Income - August 2025	100,269.80
09/30/25	Chase Securities	JPMorgan Chase	Bank Fee - August 2025 (Portfolio)	\$ (20.00)



Fact Sheet Purchasing Policy November 5, 2025

Recommendations

Motion to approve the new Purchasing Policy, as outlined in the draft attachment, replacing the current policy adopted in 2023.

Background

Periodically, CHPIV is compelled to review its purchasing policy as the needs and demands of the business change. As the company has grown in size both from a financial and human capital perspective, the current policies have become outdated and limit the ability to remain nimble.

Key Highlights to Recommendation

Authority by Title:

CHPIV seeks to clarify spending authority by title and, in certain cases, by job function.

Minor spending (\$500 or less): The Office Manager or designee of the CEO and the IT manager, or designee of the CFO, will be given small spending authority limits. By adding this authority, CHPIV will remain compliant with financial policies and procedures.

Departmental Spending (up to \$2,000/purchase): In certain cases, frequent procurement of relatively small expenditures is required, which may exceed minor spending limits (e.g., Sales & Marketing). In these cases, the COO or designee may designate key departmental leaders to spend up to \$2,000/purchase, but will be limited to specific departmental budgets, as approved by the CFO.

Chief-Level Spend (up to \$10,000/purchase): The proposed policy grants spending authority to Chiefs up to \$10,000/purchase, but will be limited to the departments they manage AND purchases reasonable to the departmental function



(e.g., Chief of Compliance would not have the authority to purchase IT equipment, as that purchase would be the function of IT).

Increase in Spending Authority, CEO


The current spending authority of the CEO and designee(s) is \$50,000. When this policy was established, the revenue and expenses of CHPIV were materially lower than the current run rate and forecast. After an informal survey of other LHPC CEOs, it was determined that the CHPIV CEO is below average.

CHPIV is recommending the CEO's spending authority be set at \$100,000. CHPIV further requests a formal spending limit of the CFO be \$50,000.

CHPIV's intent is to always keep the Commission abreast of all spending, large and small. CHPIV has incorporated into the recommended policy a reporting mechanism whereby all expenses between \$50,000 and \$100,000 will be highlighted in the monthly financial reporting package.

100% Financial Review

Notwithstanding the proposed limits outlined above, CHPIV is committed to 100% financial review of all expenditures incurred within the organization by the CFO and finance staff.

	PURCHASING AND CONTRACTING POLICY		[Policy #]
	Department	All	
	Functional Area	Finance	
	Impacted Delegate	<input type="checkbox"/> Subcontractor <input checked="" type="checkbox"/> NA	

DATES			
Policy Effective Date	10/1/2025	Last Revised Date	10/1/2025
Next Annual Review Due		Regulator Approval	NA

APPROVALS			
Internal		Regulator	
Name	Larry Lewis	<input type="checkbox"/> DHCS	<input type="checkbox"/> NA
Title	CEO	<input type="checkbox"/> DMHC	

ATTACHMENTS	
<ul style="list-style-type: none"> 	

AUTHORITIES/REFERENCES	
<ul style="list-style-type: none"> 	

HISTORY	
Revision Date	Description of Revision



PURCHASING AND CONTRACTING POLICY

[Policy #]

I. OVERVIEW

The purpose of this purchasing and contracting policy (policy) is to provide a guideline to employees of the Imperial County Local Health Authority, dba Community Health Plan of Imperial Valley ("Agency") for purchasing and contracting for goods, services, and projects to support, enhance and supplement agency operations. The policy will better enable the Chief Executive Officer ("CEO") to maintain a system of financial controls for the efficient use and expenditure of public funds in addition to providing consistency and promoting transparency and accountability.

This policy shall apply for the solicitation and selection of all purchases and contracts by the agency. Any exceptions to this policy must be approved by The Board of Commissioners ("Board"). The Board may, by majority vote and in accordance with its fiduciary responsibilities, approve expenditures of any amount, for any length of term, not otherwise inconsistent with any applicable law.

The following disbursements are exempt from purchase order requirements:

1. Utility services such as the telephone, water, electricity and gas.
2. Approved claims for liability under the agency's insurance program or as authorized by a Board action.
3. Renewal premiums for authorized insurance policies.
4. All expenditures for the agency's payroll and employee withholdings and other related or unrelated matters involving this unknown advance cost estimate.
5. Disbursements to public agencies for which the agency collects fees on behalf of that Agency.
6. Intergovernmental memorandums of understanding.
7. Debt or loan service payments.

General Guidelines

1. **Vendor Limit.** Combined purchases cannot exceed \$100,000 per vendor, per fiscal year except with Board approval. The Board, at its discretion, may require a formal bidding process. In addition, multiyear agreements in excess of \$100,000 as an aggregate total per vendor will require Board approval.
2. **Change Orders or Amendments.** A change order or amendment is a change in a contract term, other than as specifically provided for in the contract, that authorizes or necessitates any increase or decrease of the cost of the contract or in the time of completion. Change orders that alter the amount of the contract must be authorized by the Chief Executive Officer, or Board depending on the amount as referenced in section i expenditure categories of this policy. Examples of a valid request for a change order or amendment must meet the following criteria:
 - A. The change was not reasonably foreseeable at the time that the contract was signed.
 - B. The change must be relevant to the original contract; and



PURCHASING AND CONTRACTING POLICY

[Policy #]

- C. The change is authorized by the contract provisions and in the best interest of the agency.
3. **Conflict of interest.** No employee, Officer, Board of Commissioners member, or agent shall participate in the selection, award, or administration of a contract if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, Officer, Board of Commissioners member, agent, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated, herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. Nothing in this policy does or is to be construed as limiting the applicability of any other federal, state, or local laws and regulations governing prohibitions against financial conflicts of interest, including but not limited to the political reform act (government code section 81000 et seq.) And implementing regulations from the fair political practices commission (title 2, section 18110 et seq., of the California code of regulations), and government code sections 1090-1999 and 1126. All such laws and regulations shall apply to every employee, Officer, Board of Commissioners member, and agent of the Agency.
 4. **Local vendors.** Purchasing goods and services from local vendors which stimulate the local economy is encouraged but not required.
 5. **Payment terms.** The agency's standard payment terms are net 30, meaning a payment should be issued to the vendor no later than thirty days after the invoice date, unless the agency and vendor have agreed to alternate terms.
 6. **Split Purchases.** In no instance should purchases be split or divided in such a manner to circumvent policy processes and/or limits.
 7. **Violations.** Violations of this policy may result in disciplinary action up to and including dismissal.

II. POLICY

1. **Expenditures of minor office supplies, Commission meals, on-site staff meals of \$500 or less**

Authorization: Office Manager or designee

Procurement: No bids or PO necessary; accounts payable reimbursement (preferred) or corporate credit card

Documentation: Original itemized receipts be returned to the CFO along with any change for reconciliation and proper accounting of funds. The CFO will periodically audit expenditures as to form and regulations and may confirm purchases.

2. **Expenditures of IT equipment of \$500 or less**

Authorization: Designated IT Point of Contact

Procurement: No bids or PO necessary; accounts payable reimbursement (preferred) or corporate credit card



PURCHASING AND CONTRACTING POLICY

[Policy #]

3. Expenditures up to \$2,500

Authorization: Director or departmental designee

Procurement: No bids or PO necessary; accounts payable reimbursement (preferred) or corporate credit card

4. Expenditures up to \$10,000

Authorization: All Chiefs

Procurement: Agency contract will be required. Three formal bids may be required depending on the nature of the goods or services to be obtained. Purchases are limited to spend relevant to departments managed.

5. Expenditures up to \$50,000

Authorization: CFO

Procurement: Agency contract will be required. Three formal bids may be required depending on the nature of the goods or services to be obtained.

6. Expenditures up to \$100,000

Authorization: CEO

Procurement: Agency contract will be required. Three formal bids may be required depending on the nature of the goods or services to be obtained. Disclosure of any contract over \$50,000 must be reported to the Commission in the monthly close package for which the expense was incurred.

7. Expenditures over \$100,000.00

Authorization: Commissioner meeting Action & Approval

Procurement: Contract will be required. A PO and three formal bids may be required depending on the nature of the goods or services to be obtained.

III. PROCEDURE

1. **Informal Bids or Proposals** - Intermediate, minor, and operational expenditure category projects, including procurement of supplies, goods, equipment and minor services are defined as projects having an actual or estimated value of fifty thousand dollars (\$50,000) or less. The solicitation and selection of bids and award of contracts shall comply with this policy, and shall be administered by the CEO or CFO or his or her delegate, according to the following procedures:
 - A. Informal bids shall be obtained as dictated by this policy from the open market and a written record of informal bids shall be kept with the related PO.
 - B. Execution and award of contracts. The Board of Commissioners, CEO or CFO may award contracts set forth in categories 4, 5, 6, and 7 above according to spending limit

	PURCHASING AND CONTRACTING POLICY	[Policy #]
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authority, and may waive competitive bidding requirements if in the best interest of the Agency.

2. **Major professional and technical services** - Major professional and technical services are defined as services having an actual or estimated value of greater than fifty thousand dollars and one cent (\$100,000.01). The solicitation and selection of proposals and award of contracts shall comply with this policy, and shall be administered by the CEO or his or her delegate, according to the following procedures:
 - A. The CEO shall approve the preparation and release of all requests for proposals (RFP), requests for qualifications (RFQ), and requests for information (RFI).
 - B. The CEO along with Agency staff shall determine, based on professional judgment, whether an RFP, RFQ or an RFI process best suits its needs and
 - C. Agency staff, or an agency-authorized consultant, shall prepare the RFP/RFQ/RFI document.
 - D. The CEO, agency staff, or an Agency-authorized consultant, or both shall prepare a list of suitable firms from known registries, professional organizations, and/or any other source. However, no interested firms shall be disqualified from participating in any bid process.
 - E. Agency staff shall issue the RFP/RFQ/RFI to suitable firms, and may also advertise for competitive proposals. The RFP/RFQ/RFI should be included in the final purchase order requisition.
 - F. Agency staff shall form a selection committee, which may include private consultants, to review the RFPs/RFQS/RFIS received, and the selection committee may conduct interviews and/or hold discussions with proposing firms.
 - G. The selection committee shall rank the proposing firms according to the criteria specified in the RFP/RFQ/RFI and agency staff shall notify firms of their position in the ranking.
 - H. The CEO, his or her delegate, or an agency-authorized consultant, shall negotiate with the top-ranked firm to arrive at mutually acceptable contract terms.
 - I. 9. The CEO, his or her delegate, or an agency-authorized consultant shall terminate negotiations and begin negotiations with the next-ranked firm if an agreement cannot be reached and continue this process until negotiations are successfully concluded or until the list of qualified firms submitting proposals is exhausted and an agreement cannot be reached.
 - J. 10. The Board of Commissioners shall award or reject the contract negotiated by agency staff.
3. The foregoing procedures may be modified by the CEO in consultation with the Board of Commissioners depending on the nature of the goods or services to be procured.

IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

TERM	DEFINITION
------	------------

	PURCHASING AND CONTRACTING POLICY	[Policy #]
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Agency	Agency official shall mean every appointed official, officer, agent, and employee of the agency who is obligated to file an annual statement of economic interests (FPPC form 700) under state law.
Contract	Contract means a legal instrument by which a recipient purchases property or services needed to carry out the project or program.



Fact Sheet **Medicare Advantage and Part D Bid Preparation – CY 2027** **November 5, 2025**

Recommendations

Motion to approve the Wakely Statement of Work for CY 27 Medicare Bid preparation, not to exceed **\$265,000**.

Background

Pursuant to requirement of CMS, CHPIV will need to submit a bid for Medicare Advantage (Parts A & B), Part D, and supplemental benefits to be offered in 2027.

The Medicare Bid process is an annual event, typically kicking off in the late-Fall 14 months prior to the benefit year and extending to August of the following year. The process and corresponding Wakely proposal includes the following key activities:

- **Planning & Strategy (November 2025 – January 2026):** CHPIV and Wakely will develop a financial strategy and product/benefit goals for the DSNP product. This will include a competitor analysis, setting of high-level financial and enrollment targets, estimated profit margins, and product differentiation strategies.
- **Evaluation of Advanced Notice (late January):** Wakely will provide a detailed analysis of the Advanced Notice published by CMS which provides an early indication of the proposed 2027 rates, benefit requirements, risk adjustment methodologies, and other proposed policy changes contemplated by CMS for the 2027 benefit year (e.g., updates or elimination of policies made by the Inflation HR1, Part C or D policy changes, etc.)
- **Prepare Multiple Draft of Proposed DSNP Benefits:** Wakely will prepare no less than 3 drafts of CHPIV's proposed benefits and financial results of the DSNP product. Each draft will build on the overall product strategy, revised for updated assumptions, CMS policy revisions, and provide guidance on areas of improvement (e.g., membership projections, risk adjustment refinements, administrative cost assumptions, etc.) Each draft will be presented to CHPIV leadership for input and guidance.



- **Bid Pricing Tool (BPT) and Plan Benefit Package (PBP) submissions to CMS:** Wakely will prepare and submit all required BPT and PBP files to CMS subsequent to CHPIV and internal (Wakely) peer reviews. Wakely will validate consistency between the 2 submissions and perform tests to pass all CMS requirements.
- **Desk Review & Rebate Reallocation Process:** Subsequent to bid submission, CMS will lead Desk Review audits of all submissions (June 2026) and calculate Rebate Reallocations after publication of the National Average Bid Amount (NAMBA) made by CMS for Part D (July/August 2026).
- **Actuarial Certification:** Wakely will provide actuarial certification to all submitted bids and submit to CHPIV all relevant workpapers.

Current Situation

Wakely provided actuarial services to CHPIV for the 2026 Medicare Bid. Performance under last year's contract was exceptional and came in significantly under budget. While the new year will present additional workload for the actuarial team, CHPIV expects to leverage efficiencies executed in the 2026 Bid to come in at or below the SOW value.

Financial Impact (including Budget Reference)

\$265,000

STATEMENT OF WORK 2 TO MASTER SERVICES AGREEMENT

All services provided by Wakely Consulting Group, LLC, a Delaware limited liability company d/b/a Wakely Consulting Group, an HMA Company, including its affiliates, subsidiaries, and its parent company, Health Management Associates, Inc., (“Company” or “Wakely”) pursuant to this Statement of Work No. 2 shall be performed strictly in accordance with the terms and conditions stated in that certain Master Services Agreement dated February 1, 2025 by and between Company and Community Health Plan of Imperial Valley (“Client”) (the “Agreement”), which are incorporated herein by reference.

SCOPE OF SERVICES TO BE PROVIDED:

Wakely will perform the actuarial certification for the calendar year (CY) 2027 Medicare Advantage and Part D bid pricing tools (BPTs) for Client’s dual special needs plan. Wakely will work with Client to achieve filing and certifying quality BPTs. The tasks and timeline are as follows:

ADVANCE BID PLANNING AND PRODUCT STRATEGY WORK

Wakely’s key components of the advance bid planning and product strategy phase of this SOW follows:

- Wakely will hold an in-person project kick off meeting in November 2025. The travel expenses for this in person meeting will not be charged to Client. Larger Wakely clients receive one free in person client visit per year.
- Wakely will meet with all key Client bid process stakeholders to ensure Wakely has a complete understanding of CY 2027 roles, responsibilities, and Client’s internal team dynamics, e.g.:
 - Actuarial components and roles in the bid process
 - Owners and sources of information and assumptions
 - Pharmacy benefit and formulary design
- Wakely will take inventory of information resources available and key bid assumption inputs, including Client’s responsible parties and teams.
- Wakely will provide a detailed, comprehensive, not just actuarial components, bid project calendar and plan to be finalized during January 2026.
- Wakely will review the Wakely data request in detail with the client along with identification of business owners and due dates for each item.
- Wakely will review current provider contracts, including pharmacy benefit manager contracts.
- Wakely will discuss product strategy and benefit design, work with Client to evaluate competitive analysis, and assist Client in identifying opportunities for improvement around provider reimbursement arrangements, risk score coding optimization, and other strategic elements of the bid process.
- Wakely will schedule regular meetings and checkpoints with Client bid project stakeholders.

BID DEVELOPMENT

This SOW includes the following scope of services in the preparation and documentation of the BPTs.

- Wakely will schedule kick off meeting and rollout formal data request.

- Wakely will complete 2027 BPTs, currently expected to consist of one California integrated DSNP. There will be two BPTs: one Medicare Advantage and one prescription drug.
- Wakely will schedule weekly updates of status and results starting in February 2026 through the bid due date in June 2026, as agreed upon by Client.
- Wakely will review and test key assumptions, including trend and coding improvement.
- Wakely will hold a provider reimbursement discussion to understand cost impact under various provider payment models. Cost impact will be translated into different bid levers. including change in member premium, change in benefits, change in profitability, improved risk adjustment accuracy targets, or improved medical management targets.
- Wakely will provide multiple benefit designs and assumption scenarios via an iterative process and Wakely anticipates three or four throughout this engagement.
- Wakely will prepare and upload supporting documentation required by Centers for Medicare & Medicaid Services (CMS) with Client supporting this process.
- Wakely will review for consistency between BPTs and plan benefit packages (PBPs).
- Wakely will provide an actuarial certification.
- Wakely will provide support during bid desk review and rebate reallocation.

DELIVERABLES TO BE PROVIDED:

Pursuant to the Scope of Services discussed above, we will provide the following deliverables:

- Wakely will provide one MA and one PD BPT to be filed in the health plan management system HPMS and certified by an actuary.
- Wakely will provide supporting documentation related to the certified BPTs,
- Wakely will lead desk review correspondence and responses.
- Wakely will provide all workpapers relevant to the bid development.

FEES AND EXPENSES:

The services described above will be provided on a time-and-materials basis. In addition, all out-of-pocket expenses will be reimbursed. Professional hourly rates and travel time will be billed as indicated in the table below. Based on the currently available information, we estimate professional fees and travel time to be between \$205,000 and \$265,000, excluding expenses. At this time, no expenses or travel time are anticipated for the services described above. As the project progresses, additional requests are made, or the scope evolves, we will provide updated estimates on the overall professional fees and expenses if necessary. We will submit invoices monthly for services provided in the previous month. These invoices will be payable upon receipt.

All consulting services covered by this SOW 2, are provided by Wakely at the following rates:

Hourly Billing Rates	
Classification	Hourly Rates
Principal/ Director (Actuarial)	\$620
Senior Consulting Actuary II	\$555
Senior Consultant II	\$525
Senior Consulting Actuary I	\$445
Senior Consultant I	\$430
Consulting Actuary II	\$420
Consultant II	\$370
Consulting Actuary I	\$365
Consultant I	\$320
Senior Actuarial Analyst/ Associate Actuary/ Senior Analyst	\$300
Senior Benefits Consultant	\$265
Actuarial Analyst/ Analyst	\$225
Senior Accountant	\$215
Senior Project Manager/ Project Manager	\$195
Actuarial Intern/Administration	\$135

Wakely billing rates increase on January 1 of each calendar year unless agreed otherwise in writing (see, Master Services Agreement).

SCHEDULE AND TERM OF SOW:

This SOW will begin on January 1, 2026 (“SOW Effective Date”) and shall continue in effect until December 31, 2026, unless terminated earlier pursuant to the provisions of the Agreement. The staffing arrangements and the scope of work stated in this SOW apply to this project only.

This SOW is signed to be effective as of the SOW Effective Date. Each signer represents that the signer is a duly authorized officer, director, or agent of the party on whose behalf the signer is acting.

Wakely Consulting Group, LLC, a Delaware limited liability company d/b/a Wakely Consulting Group, an HMA Company, including its affiliates, subsidiaries, and its parent company, Health Management Associates, Inc.

Community Health Plan of Imperial Valley

By: _____

Name: _____

By: _____

Name: _____

Title:

Title:

SOW Project # 337071
MST Project # MST533
Rev. 1/31/2025



Action Items



Fact Sheet

Medi-Cal Representative Nominee

November 10, 2025

Recommendations

Motion to approve the Medi-Cal representative as recommended by the Department of Social Services director.

Background

The Local Health Authority (LHA) Commission was established pursuant to the County of Imperial Codified Ordinances Chapter 8.03 adopted by the Imperial County Board of Supervisors on June 10, 2014, under the statutory authority of Welfare and Institutions Codes section §14087.38. The purpose of LHA Commission is to advise and ensure that qualified residents of Imperial County are provided healthcare services pursuant to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code. The LHA Commission consists of thirteen (13) voting members with six (6) members being appointed by the Imperial County Board of Supervisors.

The Imperial County Department of Social Services is the entity responsible for selecting a nominee to fill the voting member position for Medi-Cal beneficiaries. The nominee needs to demonstrate sensitivity and awareness of the concerns and issues encountered by Medi-Cal beneficiaries. The Department of Social Services is pleased to nominate Xotchil Fausto. Ms. Fausto is an engaged member of our community, bringing extensive knowledge gained through her advocacy on behalf of her family and her professional experience. She has dedicated her time to working directly with Medi-Cal beneficiaries, and her insight, commitment and lived experience will make her an invaluable asset to the LHA commission.

Financial Impact (including Budget Reference)

There is no financial impact to this request.

First Submission to Commission: October 17, 2025



Committee Chair Reports

Q3 CHPIV

Quality Improvement Health Equity Committee



**Community
Health Plan**

OF IMPERIAL VALLEY

Agenda

1. Utilization Management
2. Appeals & Grievances
3. Healthcare Effectiveness Data & Information Set (HEDIS)
4. Care Management KPI Report
5. Enhanced Care Management/Community Supports
6. Pharmacy
7. Behavioral Health

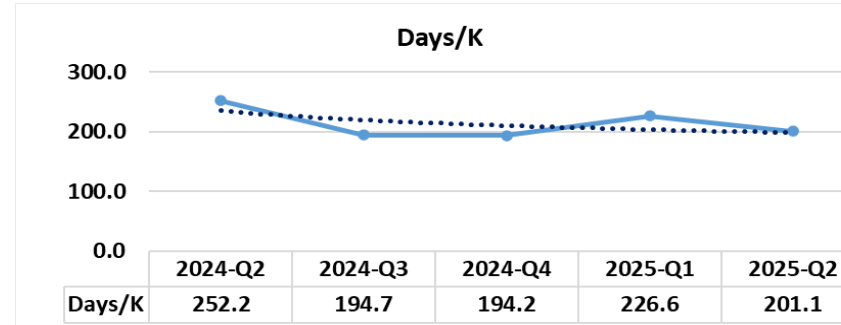
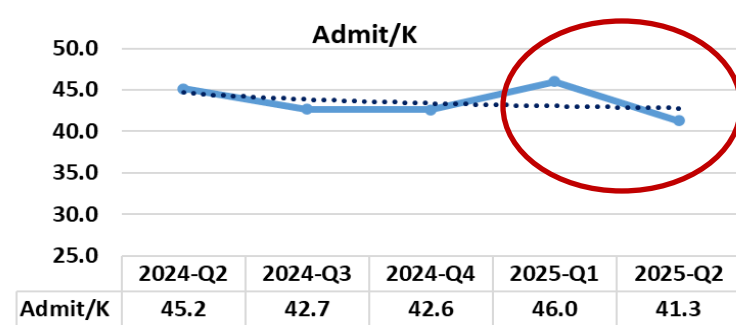
Agenda

- 8. Quality Improvement Update
 - a. Quality Improvement Project
 - b. IHA
 - c. Lead Screening
- 9. Peer Review Credentialing
- 10. Integrated Access Report
- 11. Population Analysis Report

Utilization Management



Utilization Management Key Metrics



“Benchmark”
2024

Admit: 76

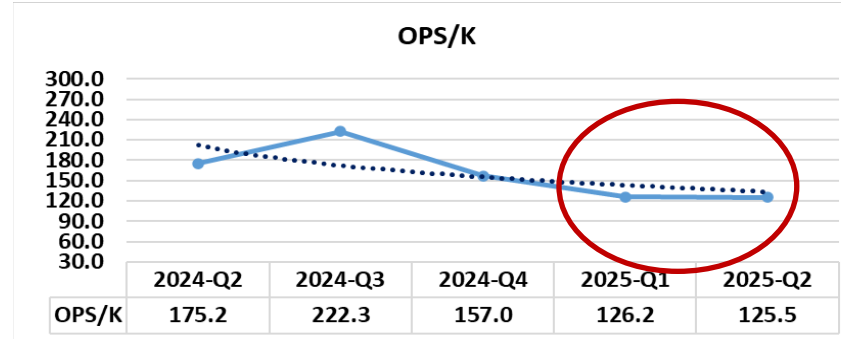
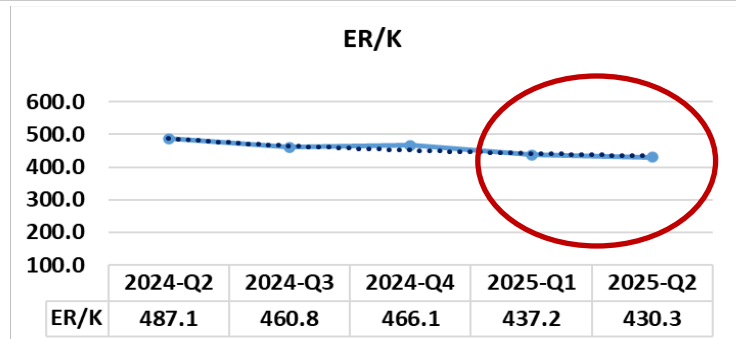
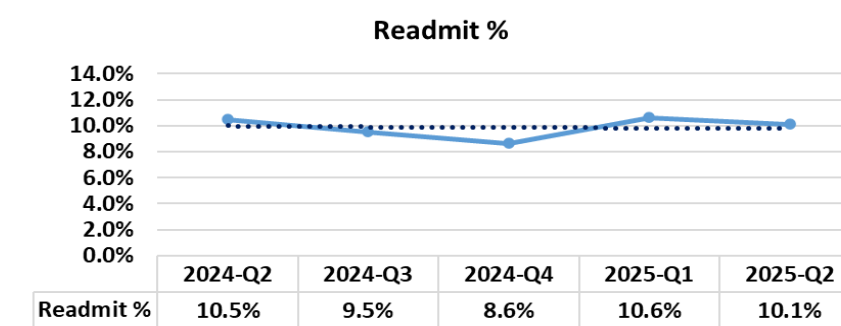
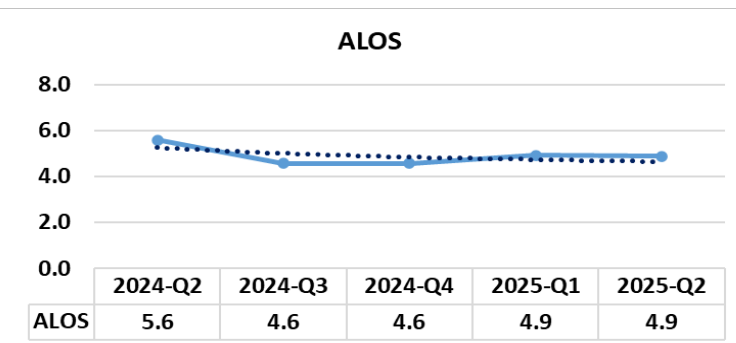
Days: 653

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

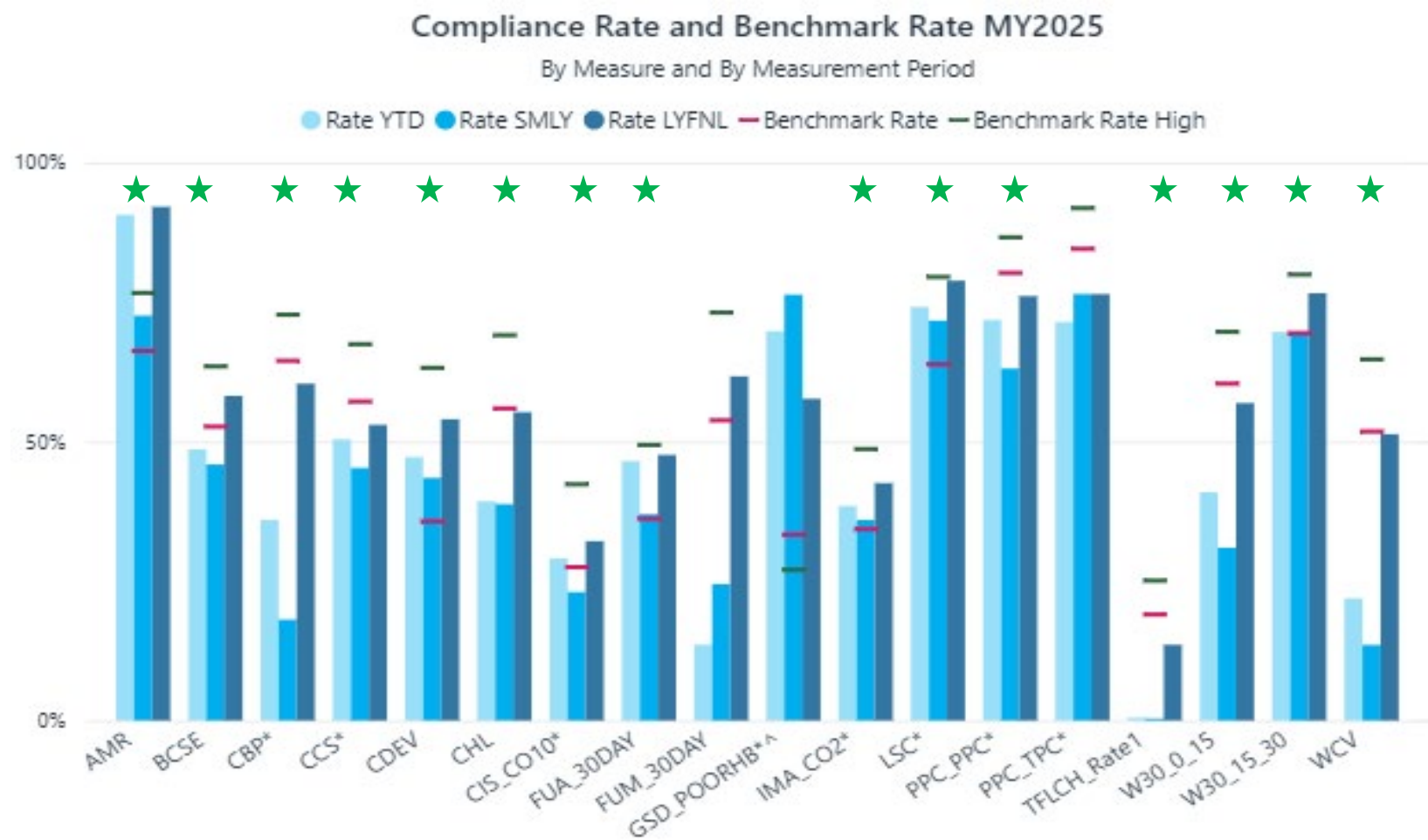
Total # of C&L by County	Q2 2025
Imperial	5
Grand Total	5

HEDIS Measures RY2025



CHPIV MY2025 MPL Progress

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



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

Care Management



Care Management

- Care Management - Total
- Care Management - PH
- Care Management - BH
- Care Management - Maternal
- 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%

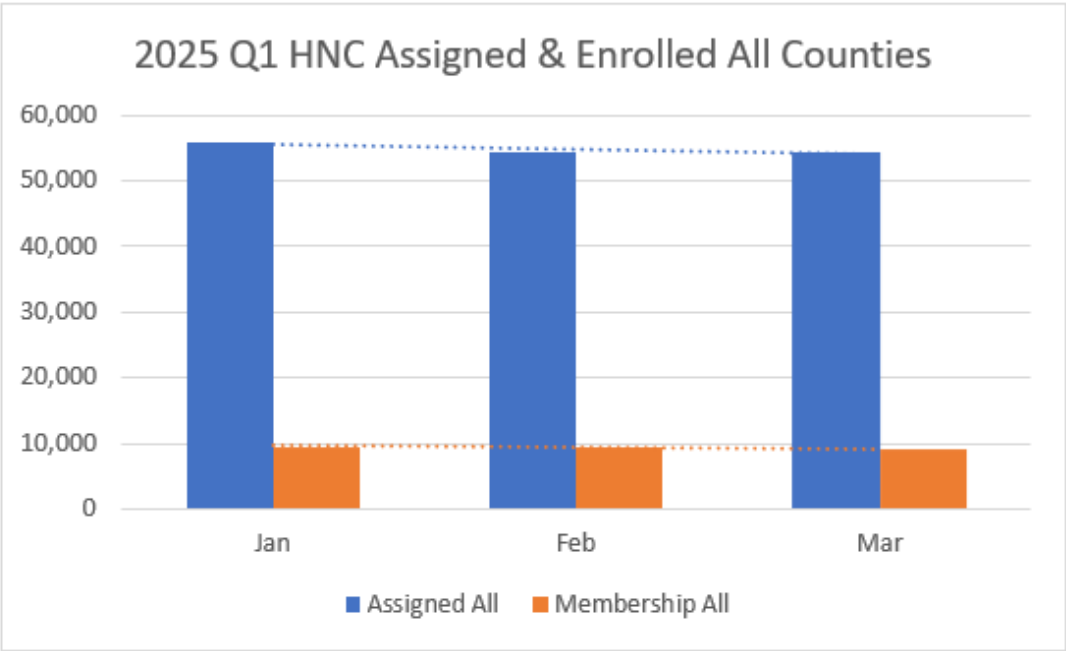
Enhanced Care Management (ECM) & Community Supports (CS)



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

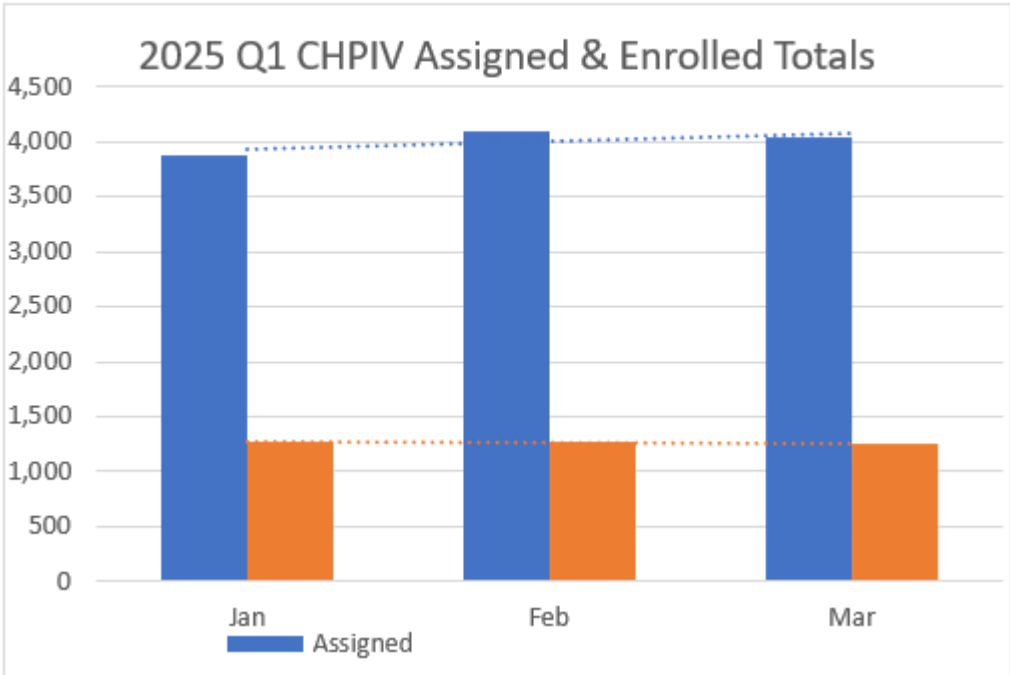
ECM Enrollment- Q1 2025

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



Enrollment Rate = 18%

Total ECM Assigned vs. Enrolled Members for Imperial County



Enrollment Rate = 31%

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:

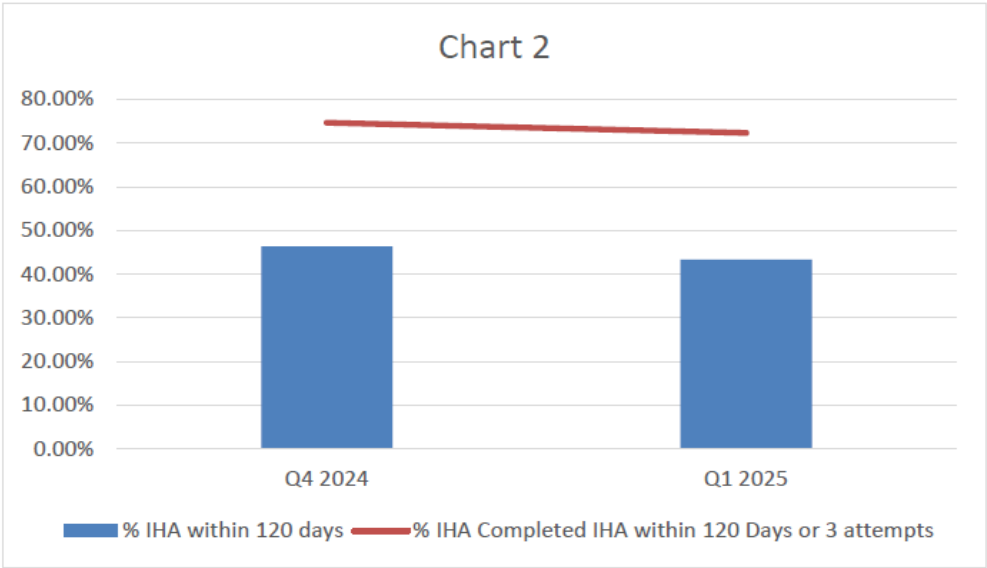
- Sustainability and Spread
- Promoting Continuity of Care of WCV
- Effective Communication and Partnership with Patients and Families
- Data Submission and Capability
- Partnership and Scaling Expectations
- Team Structure Expectations

Initial Health Assessments

Medical Record Review YTD 2024

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

Claims/Encounter Review

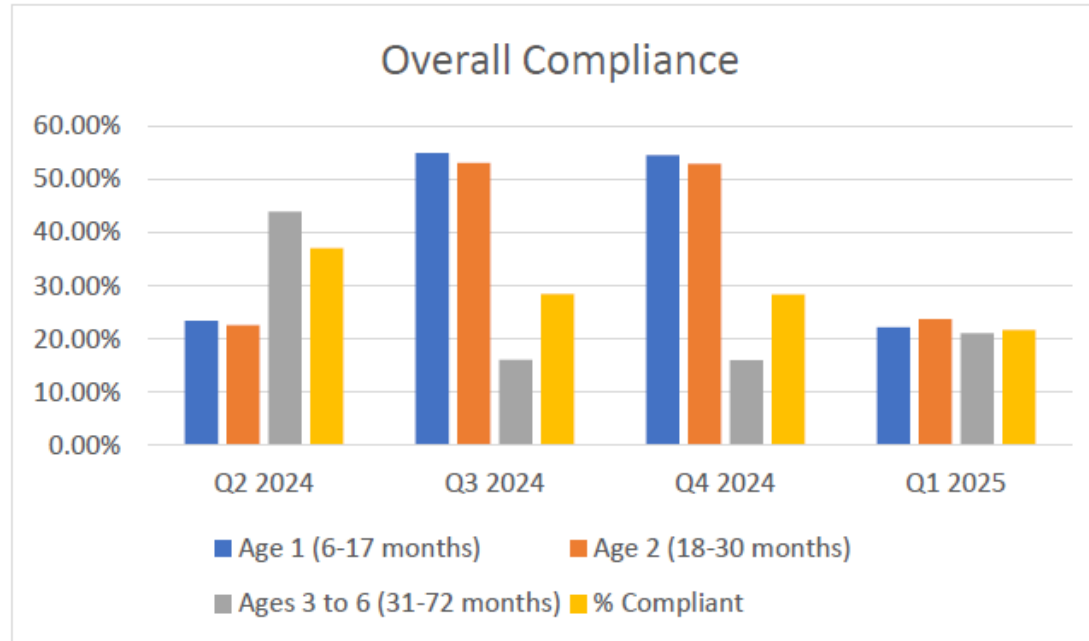


Next Steps

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

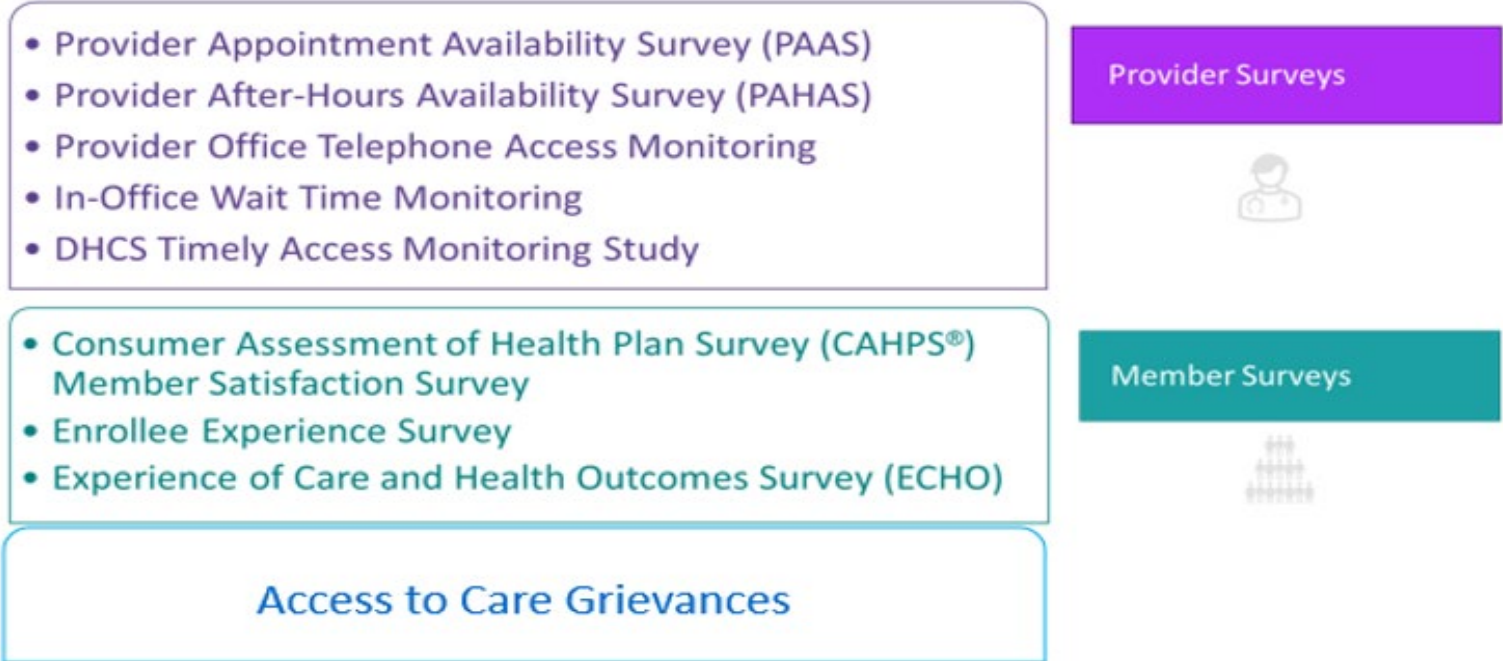


Integrated Access Report

Timely Access Monitoring

California law requires health plans to provide timely access to care. Health plans must ensure that the network of providers can provide Members with an appointment with specific timeframes

Mechanisms



Integrated Access Report

Provider Reports

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%

Integrated Access Report

Member Reports

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

Member Reports

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%

2024 Population Analysis Report

2024 Population Analysis Report

CHPIV Member population evaluated against three target categories:

1. General Health
2. Inpatient Diagnoses
3. Medication Prescriptions

For each target category, the Member population was further segregated by Member age: 0-19, 20-64, 65+

2024 Population Analysis Report

Rationale:

1. Establish Member Census Baseline
2. Establish Metrics for Quality Improvement
3. Resource Allocation
4. Provides Foundation for Population Health Management
 - a. Risk Stratification
 - b. Assignment to Care Management

2024 Population Analysis Report

1. General Health

Age: 0-19 (35,860)			Age: 20-64 (46,830)			Age: 65+ (14,978)		
	Count	%		Count	%		Count	%
Healthy	17433	49	Healthy	12659	27	Healthy	1120	7
Acute episodic	4511	13	Acute episodic	4476	10	Acute episodic	162	1
Healthy: At Risk	2155	6	Healthy: At Risk	10280	22	Healthy: At Risk	2098	14
Chronic: Big 5 Stable	4524	13	Chronic: Big 5 Stable	1246	3	Chronic: Big 5 Stable	666	4
Chronic: Other Stable	1925	5	Chronic: Other Stable	373	1	Chronic: Other Stable	205	1
Physical Health CM	1769	5	Physical Health CM	9886	21	Physical Health CM	4583	31
Behavioral Health CM	132	1	Behavioral Health CM	1069	2	Behavioral Health CM	84	1

2024 Population Analysis Report

2. Inpatient Diagnoses

Age: 0-19 (403)	Count	%	Age: 20-64 (3,548)	Count	%	Age: 65+ (1570)	Count	%
Liveborn	8	2	Septicemia	290	8	Septicemia	253	16
Respiratory failure	7	2	Liveborn	66	2	Hypertension	84	5
Appendicitis	36	9	Hypertension	104	3	Cerebrovascular, acute	72	5
Asthma	31	8	Other birth complications	151	4	Pneumonia	57	4
Pneumonia	30	7	Diabetes	117	3	Urinary tract infection	71	5
Bronchitis, acute	30	7	Prolonged pregnancy	63	2	Complication of device	33	2
Seizures	10	2	Alcohol-related	24	1	Renal failure, acute	63	4

2024 Population Analysis Report

3. Medication Prescriptions

Age: 0-19 (216,261)	Count	%	Age: 20-64 (858,720)	Count	%	Age: 65+ (188914)	Count	%
Bronchodilators	27941	13	Antidiabetics	72476	8	Vitamins	30623	16
Dermatologics	13446	6	Antihyperlipidemics	45640	5	Analgesics, non-narcotic	28029	15
Antihistamines	18917	9	Antidepressants	36635	4	Hematopoietic agents	17125	9
Analgesics, anti-inflamm	20735	10	Antihypertensives	37185	4	Dermatologics	12574	7
Penicillins	8772	4	Dermatologics	35058	4	Antihyperlipidemics	4292	2
Analgesics, non-narcotic	14887	7	Analgesics, anti-inflamm	37846	4	Antidiabetics	5444	3
Nasal agents	9055	4	Anti-convulsants	25933	3	Minerals/electrolytes	9468	5

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%

Questions & Comments





Information Items



Information Technology Assessment & Roadmap

11/5/2025

Presented by David Wilson

Confidential and Proprietary Information

Executive Summary

Current Infrastructure Limitation

CHPIV's current infrastructure, while adequate during its early years for a very limited number of employees and low technical demands, is no longer sufficient to meet the evolving needs of the health plan.

Action Taken

In August 2025, CHPIV engaged a consultant to assess the IT infrastructure and recommend a suite of solutions to address the evolving environment (i.e., compliance complexities, launch of the DSNP, growth of the employee base, expansion of electronic file transfer, and hardening of data security).

Recommendation

In consultation with the consultant's advice, CHPIV is recommending a hybrid IT model, which includes:

- **On-site concierge** desktop support for local staff;
- **Offsite/outsourced services** for infrastructure service support, 24x7 cyber security and disaster recovery; and
- **Fractional CIO services** (as needed) to be engaged no less than quarterly for regular security assessments and strategic support



IT Assessment

Scope	Key Focus Area	Assessment
Governance & Strategy	IT decision-making structure, policy enforcement, vendor (third-party service provider) oversight	<ul style="list-style-type: none"> Limited decision-making process for technical matters such as automation, industry best practices, cyber security, etc. Inadequate Policies & Procedures for disaster recovery and business continuity Deficient oversight of hardware/software procurement, and asset lifecycle
Infrastructure	Server health, cloud readiness, scalability, incident response planning, disaster recovery	<ul style="list-style-type: none"> Data center/cloud hosting in “hybrid” format using Microsoft Azure and some on-site storage Moderate network architecture with some segmentation, but insufficient redundancy Devices and platforms are non-standard
Security & Compliance	HIPAA safeguards, endpoint protection, access controls, cybersecurity posture, HITECH security rules, SOC 2	<ul style="list-style-type: none"> Basic Identity & Access Management (IAM) implemented using Microsoft Authenticator No implementation of: 1) central Security Information & Event Management (SIEM); 2) standard incident response plan; 3) HIPPA-mandated security risk assessment; 4) documented employee training for cyber and physical security
Applications	Processing platforms, CRM integration, business specific applications	<ul style="list-style-type: none"> Data exchange/File transfer capabilities are limited and non-standard preventing seamless data exchange Business unit applications are independent

IT Assessment (Continued)

Scope	Key Focus Area	Assessment
Data (Governance) Management	PHI/PPI storage, encryption, retention policies, interoperability, ePHI data transfer	<ul style="list-style-type: none"> • Data storage and manipulation are fragmented across systems and business units • Backup and disaster recovery are inadequately practiced and undocumented • There is no centralized governance policy in place
Support & Staffing	Help desk responsiveness, remote support capabilities, skill gaps	<ul style="list-style-type: none"> • Helpdesk ticketing was recently implemented (subsequent to IT assessment); previously requests were informal over generic communication • IT staffing is insufficient to maintain infrastructure, support helpdesk, and perform daily tasks
Tele-communications	VoIP efficiency, remote/mobile access & device management, unified communications (voice, messaging and archiving)	<ul style="list-style-type: none"> • Third-party VoIP system currently in use, contracted for configuration and maintenance • Remote/Mobile devices deployed and maintained with Microsoft Azure and Mobile Device Management (MDM); this was deployed subsequent to the assessment.

Gap Analysis

Area	Current State	Desired State	Gap Severity
Policies Enforcement & Documentation	Few documented policies	Collection of policies, plans and procedures developed and enforced	Medium
Disaster Recovery	Manual backups, no testing	Automated failover, quarterly drills	High
Unified Communication Platform	Limited use on non-standardized devices	Consolidated and uniformed device enrollment and containerized use of communication and archiving	High
Security Logging	Local logs, no SIEM	Centralized SIEM with alerting	Medium
Data Quality	Fragmented, redundant records	Unified master data management	High
Employee Training	Ad hoc, undocumented	Formal HIPAA & security training plans	Medium
Remote Access & Mobile Device Management (MDM)	Minimal monitoring and enforcement	Full MDM implementation on all company issued devices and BYOD devices	High

IT Assessment Recommendations

In addition to the current on-site employee, the IT Assessment included the following recommendations. CHPIV agrees with both recommendations but is still assessing the level of fractional CIO time required.

Managed IT Service Provider (MSP)

Estimated Cost: \$74k/year

Duties include:

- Infrastructure Service Support
- Technology Infrastructure Management supporting firewalls, switches, wireless devices, servers, and workstations
- Microsoft 365 User and License Management
- Microsoft 365 Backup Management
- Server Backup Management
- IT Ticketing Access
- End-User Support Services
- Cybersecurity Services, including 24x7 security operations center, M365 security management, and end user security testing and training program
- Provide new firewall with license and installation

Fractional CIO

Estimated Cost: (TBD)

Duties include:

- Strategic Planning
- Budgeting & ROI
- Cybersecurity
- Vendor Management and oversight
- Governance
- Cloud & Infrastructure
- Executive Reporting

Questions?



Notices of Noncompliance

Health Net – Post Stabilization: We issued a notice of noncompliance/immediate corrective action required (ICAR) to Health Net regarding their post stabilization process. In sum, we are requiring Health Net to (1) conduct an impact analysis and reverse any inappropriate denials, (2) change their process to have an exclusive phone line for post stab requests, and (3) incorporate feedback from the CHPIV PAC to improve the communication to CHPIV providers on the post stab process.

Health Net – Undisclosed PPGs: We issued a follow-up summary to Health Net’s Sub-delegation Notice of Noncompliance outlining progress and next steps. Health Net will provide a formal subcontractor notification listing current subcontractors delegated for CHPIV membership until the revised Exhibit J is formally submitted in Q1 2026, confirm which PPGs remain open to new CHPIV member assignments, and share monthly PPG reports. By November 14, Health Net must also deliver a high-level audit summary covering CHPIV oversight findings and corrective actions since January 2024. Future oversight will include CHPIV membership samples and Health Net will provide all applicable reviews and reports.

Regulatory Audits

DMHC Routine Survey

Following the recent DMHC on-site interviews, DMHC has continued to issue follow-up document requests, with the highest volume of requests focused on delegation: specifically Corrective Action Plans (CAPs), oversight processes, and our delegation model. Additionally, DMHC’s requests have focused on hospital admissions following emergency room visits, particularly as they relate to post-stabilization requirements and ER claims payment. These focuses align with the key themes discussed during the on-site interviews.

Most of the follow-up requests required documentation and input from Health Net subject matter experts (SMEs). The Compliance team has been working closely with Health Net to gather the necessary documents and information. Each deliverable undergoes Compliance review prior to submission to DMHC to ensure accuracy, completeness, and proactive identification of potential risks.

To date, the Plan has completed and submitted 125 out of 127 post on-site requests. We anticipate receiving additional follow-up requests from DMHC over the next few weeks as the review process continues.

Delegation Oversight

Pre-Delegation Audits

To ensure Dual Eligible Special Needs Plan (D-SNP) readiness and mitigate compliance risk, pre-delegation audits have been initiated for the following delegated entities:

- Community Health Group (CHG)
- Independent Physician Associations (IPAs)
 - Premier Patient Care



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update November 2025

- Imperial County Physicians Medical Group – Management Service Organization (MSO) MedPoint Management
- Community Care IPA- MSO MedPoint Management
- Primary Health Care Medical Group IPA- MSO Med MGR

The policy review phase is nearing completion, with audit results targeted for release in November. All regulatory assessments are aligned with CMS and State requirements to ensure full compliance by January 1, 2026. Preliminary findings may necessitate delegate policy revisions to address identified gaps and strengthen oversight.

Pre-delegation audit activities took place across several provider groups during this reporting period:

- CHG: On 10/17/2025, CHG submitted additional documentation in response to audit requirements. This documentation is now under review to ensure all necessary information is included and meets established standards.
- CCIPA: The audit is complete. The auditors are currently drafting preliminary reports, which will include identified gaps, corrective actions, and timeline expectations.
- ICPMH: The auditors are currently drafting preliminary reports, which will include identified gaps, corrective actions, and timeline expectations.
- Premier Patient Care: The audit for Premier Patient Care is scheduled for the week of 10/27/2025. Preparations are in progress to ensure the organization is ready for this upcoming evaluation.
- PHCMG: The audit for PHCMG is planned for the week of 10/27/2025. The team is working to coordinate a smooth and effective audit process.

Annual Audit of Health Net

The full-scope annual audit of Health Net is complete. CHPIV met internally with senior leadership to review the preliminary results, and Health Net has received the written preliminary report. A follow-up meeting is scheduled to walk through the findings, supporting evidence requirements, and next steps.

Document Review

The document review yielded an overall compliance score of 65%, reflecting moderate alignment with regulatory and contractual requirements; however, the results were significantly influenced by Health Net's delayed and incomplete document submissions. Timeliness and completeness of document submissions were recurring challenges throughout the review. **This delay in receiving complete documentation is believed to have contributed to the higher proportion of "Partially Met" and "Not Met" results observed across multiple functional areas.** CHPIV anticipates that additional materials may address certain gaps identified; upon receipt, a comprehensive assessment will be conducted to confirm full compliance.

Case File Review

The case file review revealed consistent documentation and validation deficiencies across nearly all delegated functions, indicating systemic issues in timeliness, communication, and compliance verification.

Key status items:

- Preliminary Results: Released to Health Net leadership



Local Health Authority Commission

Executive Summary: CHPIV Compliance Department Update November 2025

- Follow-Up: Joint review session scheduled to confirm evidence and determine final corrective actions, if needed.

Delegation Oversight Monitoring Program: Corrective Action Plan (CAP) Status

Grievances (GRV003): Member Notification Timeliness

Status: Open

- In Q2 2025 CAP, DO met with Health Net to discuss corrective actions. Per A&G leadership, Health Net is consulting with legal regarding the interpretation of APL 21-011 indicating that translated letters apply to NOA/NARs and not grievance. CHPIV will verify compliance from a regulatory perspective and has advised Health Net to respond to the CAP.

UM (UM002): Member Notification Timeliness

Status: Open

Health Net provided estimated dates for completion November 3, 2025; Delegation Oversight requested evidence to support closure. CAP closure will be determined upon receipt and validation of supporting documentation.



Operations Report, November 2025

Period Covered: Oct 2025

Highlights:

- **Team:** Mary Banga joined our team as a receptionist.
- **D-SNP Go Live:**
 - Enrollments in Community Advantage Plus have begun, and sales staff are talking to existing CHPIV Medi-Cal members, working with local provider offices, and setting up kiosks throughout the county. Our benefits are competitive with most special needs plans on the market, with one exception. Molina significantly sweetened their benefits in their existing D-SNP this year, despite being frozen to new enrollment.
 - Community Advantage Plus website is live. We are still working to improve the site navigation, but all the required compliance elements are live: www.advantageplus.chpiv.org
 - IPA implementation processes and claim system configuration underway at Community Health Group
 - Network
 - The first CHPIV credentialing committee meeting was held on 10/30, so we will be executing our direct network in the next couple months.
 - Reached agreement on rates with UCSD and Primary Health Care Medical Group
 - Working to finalize full hospital and IPA agreements.
 - Continuing to expand direct Community Support network. Still looking for personal care providers to support members who do not qualify for IHSS.
 - We are holding a 2-day staff training in session in December, where Care Coordinator and Member Experience Reps will work through different member scenarios in collaboration with community partners.

- **Community Advisory Committee (CAC) Goal:** Increase member utilization of treatment for depression and anxiety by 10%.
 - Denise Padillas, CHPIV's Community Liaison, is conducting presentations across the community to offer individualized support to members who need assistance accessing tele-mental health services and non-specialty mental health providers in the CHPIV network:
 - 10/21 at *Women Haven* in El Centro
 - 10/29 at *Villa de las Flores* in Calexico
- **Engage CBOs:**
 - DayOut (El Centro & Brawley) – 10/22 presentation at Day Out El Centro.
 - Imperial County Behavioral Health (ICBH) - 10/27 presentation at Imperial County Behavioral Health Wellness Center.

Key Metrics:

Status	Category	Goal	Prior Month Performance
	Provider Network	100% of direct provider contracts are signed by 1/1	90% submitted to credentialing. In negotiations with all but 7 local providers.
	Member engagement	20 outbound member calls per month	19, NPS = 84% [NPS = Net Promoter Score]
	Enrollment	417 new enrollments between 10/15 and 12/31	50 (83 projected)
	Community Advisory Committee	Increase # of members receiving care for depression & anxiety by 10% from 327 in 2024 to 360 in 2025	565 members treated as of Sep 30, 2025. OCT DATA NOT YET RECEIVED

Issues/Risks:

- Finalize direct network contracts by 1/1
- UCSD rates

Next 30 Days:

- Ramp up Sales in partnership with IPAs and direct network PCPs.
- IPA implementation and readiness



HUMAN RESOURCES REVIEW November 10, 2025

THE MONTH IN REVIEW

- 2 new hires (1 local)
- 1 open position: Senior Compliance Advisor
- Finalizing changes for employee benefit open enrollment (effective January 1)
- Preparing for new 403(b) and 457 plans effective 11/28

A PREVIEW OF THE NEXT MONTH

- Switch to 403(b) and 457
- Benefit open enrollment begins December 3
- Performance review and goal setting planning for December

HR NUMBERS AT A GLANCE (THROUGH NOVEMBER 10, 2025)

Total number of employees	45
Local	32
Remote	13
Number of exits in 2025	4 No new exits this month <ul style="list-style-type: none"> - 1 involuntary - 1 not returning from leave - 2 personal reasons