



AGENDA

Community Health Plan of Imperial Valley Commission

October 12, 2026

5:30 p.m.

512 W. Aten Rd., Imperial, CA 92251

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

Commission Role	Member	Attendance
LHA Chair	Lee Hindman	
LHA Vice-Chair	Yvonne Bell	
LHA Commissioner	Dr. Bushra Ahmad	
LHA Commissioner	Xochitl Fausto	
LHA Commissioner	Dr. Kathleen Lang	
LHA Commissioner	Paula Llanas	
LHA Commissioner	Dr. Majid Mani	
LHA Commissioner	Peggy Price	
LHA Commissioner	Dr. Carlos Ramirez	
LHA Commissioner	Dr. Unnati Sampat	
LHA Commissioner	Pablo Velez	
LHA Commissioner	Dr. Allan Wu	
LHA Commissioner	Carly Zamora	

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 CALENDAR

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 9/14/2026...pg. 6-10
- B. Approval of the monthly financial reports as reviewed and accepted by the Finance and Executive Committees
 - 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. Product Profit & Loss Statement (YTD)...pg. 16
 - 6. Change in Net Position Trend...pg. 17
 - 7. Medicare PMPM Detail...pg. 18
 - 8. Statement of Net Position...pg. 19
 - 9. Summarized TNE Calculation...pg. 20
 - 10. Cash Transaction Report...pg. 21-23
- C. Approval of the LHPC Annual Dues Assessment of \$133,682.57 as reviewed and recommended by the Finance and Executive Committees...pg. 24-30
- D. Approval of up to four \$300,000 CHPIV grants to recruit OB/GYNs to begin practice in Imperial County as reviewed and recommended by the Finance and Executive Committees...pg. 31-35
- E. Approval of the resolution to terminate the 403(b) Retirement as reviewed and recommended by the Executive Committee...pg. 36-41

- F. Approval of the renewal of NetSuite ERP (core financial system), NetSuite Planning & Budgeting (NSPB), and Advanced Customer Service (ACS) contracts as reviewed and recommended by the Finance and Executive Committees...pg. 42
- G. Approval of the SOW for annual financial audit performed by Baker Tilly, not to exceed \$91,500.00 as reviewed and recommended by the Finance and Executive Committees...pg. 43-44

4. ACTION

No action items.

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) ...pg. 11-12
- C. Regulatory Compliance & Oversight Committee-Quarterly
(Dr. Allan Wu, Chair) ...pg. 46-62
- D. Community Advisory Committee -Quarterly
(Xochitl Fausto, Chair) ...pg. 63

6. INFORMATION

- A. Health Services Report (Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services) ...pg. 65-70
- B. Compliance Report (Cynthia Mesa, CCO) ...pg. 71-72
- C. Operations Report (Julia Hutchins, COO) ...pg. 73-74
- D. Human Resources Report (Shannon Long, HR Consultant) ...pg. 75
- E. CEO Report (Larry Lewis, CEO)
- F. Other new or old business (Lee Hindman, Chair)

7. CLOSED SESSION

- A. Compliance
- B. Pursuant to Welfare and Institutions Code § 14087.38 (n) Report involving Trade Secret new product discussion (estimated date of disclosure, 10/2027)

8. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.

9. ADJOURNMENT

Next meeting: November 9, 2026

Consent Agenda



MINUTES

Community Health Plan of Imperial Valley Commission

September 14, 2026

5:30 p.m.

512 W. Aten Rd., Imperial, CA 92251

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

Commission Role	Member	Attendance
LHA Chair	Lee Hindman	Present
LHA Vice-Chair	Yvonne Bell	Present
LHA Commissioner	Dr. Bushra Ahmad	Present
LHA Commissioner	Xochitl Fausto	Present
LHA Commissioner	Dr. Kathleen Lang	Present
LHA Commissioner	Paula Llanas	Present
LHA Commissioner	Dr. Majid Mani	Absent
LHA Commissioner	Peggy Price	Present
LHA Commissioner	Dr. Carlos Ramirez	Present
LHA Commissioner	Dr. Unnati Sampat	Present
LHA Commissioner	Pablo Velez	Present
LHA Commissioner	Dr. Allan Wu	Present
LHA Commissioner	Carly Zamora	Present

1. CALL TO ORDER

Lee Hindman, Chair

The meeting was called to order at 5:32 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

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

B. Approval of Agenda

(Ramirez/Lang) To approve the order of the agenda. Motion carried.

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.

No public comment.

3. CONSENT CALENDAR

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/Sampat) To approve the consent calendar. Motion carried.

- A. Approval of Minutes from 8/10/2026...pg. 5-8
- B. Approval of the monthly financial reports as reviewed and accepted by the Executive Committee
 - 1. Executive Summary...pg. 9-10
 - 2. Enrollment Report...pg. 11
 - 3. Statement of Revenues, Expenses, and Changes in Net Position... pg. 12
 - 4. Product Profit & Loss Statement...pg. 13
 - 5. Product Profit & Loss Statement (YTD)...pg. 14
 - 6. Change in Net Position Trend...pg. 15
 - 7. Medicare PMPM Detail...pg. 16
 - 8. Statement of Net Position...pg. 17
 - 9. Summarized TNE Calculation...pg. 18
 - 10. Cash Transaction Report...pg. 19-21
- C. Approval of the designation of the Community Advisory Committee (CAC) as the Public Policy Committee of the Commission and to update the charters of the CAC and CAC Selection Committee to reflect this designation, composition requirements, and responsibilities as reviewed and accepted by the Executive Committee...pg. 22-28
- D. Approval of the updated Conflict of Interest (Biennial Review) as reviewed and accepted by the Executive Committee

4. ACTION

- A. Motion to adopt Resolution #2026-09 authorizing the execution of the Application and Agreement for Social Security coverage for Employees of the Imperial County Local Health Authority (*Larry Lewis, CEO*) ...pg. 30-45
(Bell/Ramirez) To adopt Resolution #2026-09 authorizing the execution of the Application and Agreement for Social Security coverage for Employees of the Imperial County Local Health Authority. 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*) ...pg. 9-10
Dr. Ramirez gave a summary of the September 9, 2026, Finance Committee meeting.
- C. Regulatory Compliance & Oversight Committee-Quarterly
(*Dr. Allan Wu, Chair*) ...pg. 47-54
Dr. Wu presented a summary of the August 12, 2026, Regulatory Compliance & Oversight Committee meeting.
- D. Community Advisory Committee -Quarterly
(*Xochitl Fausto, Chair*) No meeting

6. INFORMATION

- A. Health Services Report (*Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services*) ...pg. 56-62
Dr. Arakawa provided an update on the Medi-Cal line of business which involves the HEDIS and MCAS scores. Additionally, Dr. Arakawa presented an overview of the CHPIV D-SNP Model of Care.
- B. Compliance Report (*Cynthia Mesa, CCO*) ...pg. 63-64
Cynthia Mesa reported on the following:
- Regulatory Compliance
 - 2024 DHCS Medical Audit Corrective Action Plan
 - 2025 DHCS Medical Audit
 - NAVI Audit Completion
 - Health Net Annual Oversight Audit
 - Quarterly DHCS/Managed Care Plan SIU Meeting
 - DMHC Enforcement Matter: Grievance Reporting Resolution

C. Operations Report (*Julia Hutchins, COO*) ...pg. 65-67

Julia Hutchins provided an update on the following:

- Member onboarding
- Sales
- Provider Events
- Accurate Diagnostic Coding
- STAR Measures
- Provider Data Quality
- Enrollment
- Disenrollment
- Member Satisfaction
- Member Inquiries

D. Human Resources Report (*Shannon Long, HR Consultant*) ...pg. 68

Shannon Long reported on the following:

- Three open positions in Compliance Department
- Annual employee evaluations
- Cynthia Mesa has been promoted to Chief Compliance Officer
- 41 total employees: 30 local and 11 remote
- Relationship/process building sessions between Care Management and Operations will occur in the week of September 28.

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

Larry Lewis provided updates on the following:

- PMH Foundation 22nd Annual Gala Dinner on October 15
- Cancer Resource Center of the Desert Annual Dinner on October 9
- Imperial County Medical Society Dinner
- Meeting with Congressman Ruiz on the impact of HR-1 on September 16
- Facilities Expansion
- Meeting with Susan Phillips, Operations Specialist at DHCS
- CHPIV Chair, Lee Hindman was re-appointed by the Imperial County Board of Supervisors to serve as CHPIV Chair for three more years

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

None.

7. CLOSED SESSION

Chair Hindman announced that the commission entered into closed session.

A. Compliance

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

8. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

Chair Hindman announced that the committee reconvened into open session. No action was taken.

9. ADJOURNMENT

The meeting was adjourned at 6:36 p.m.

Next meeting: October 12, 2026



Financial Results

August 2026

Executive Summary

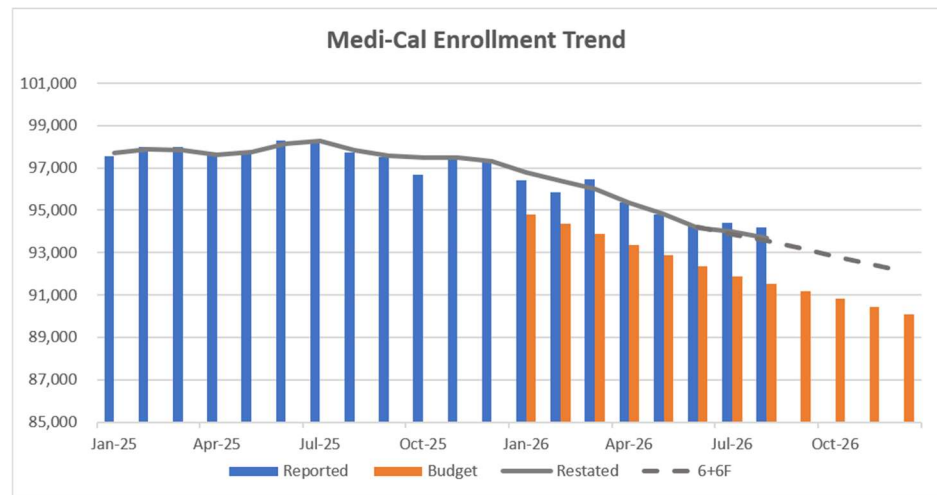
August results exceeded the 6+6 Forecast by \$141K, driven primarily by favorable DSNP and SPD Medi-Cal gross margins. The Medicare line of business continued to outperform, largely due to favorable medical claim utilization and pharmacy results. Administrative costs were unfavorable in August, primarily due to timing. Tangible Net Equity remained stable at just above the 500% target.

Membership

On a reported basis, Medi-Cal membership continued its downward trend, although it exceeded the 6+6F by more than 4K members. Preliminary September data suggest that membership will remain at current levels through Q3.

On a YTD basis, Medi-Cal membership was 17K member months above Budget.

Reported August Medicare membership was 103 members, or 17%, below the 6+6F.





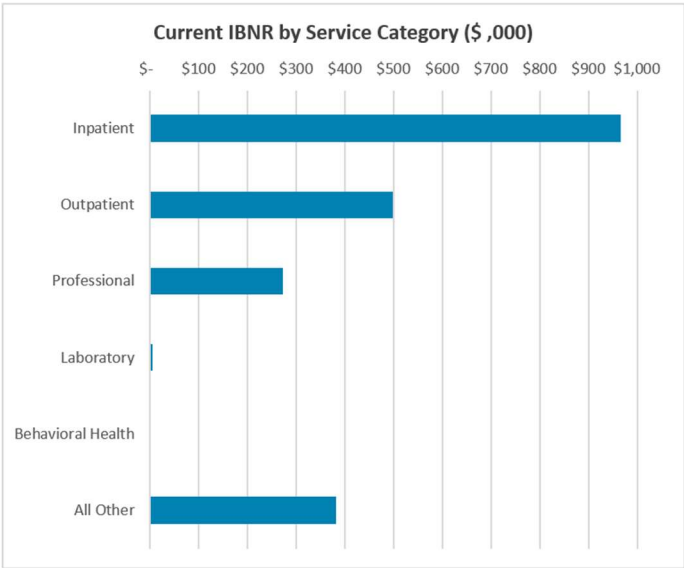
Medicare Gross Margin (DSNP & SPD Medicaid)

Medicare gross margin was favorable to the 6+6F by \$137K, driven by lower inpatient utilization and favorable net pharmacy claims. Lower membership volume resulted in (\$20K) of unfavorable gross margin.

DSNP (Medicare Primary): DSNP inpatient claim volume continued to run favorable to forecast, with forecast costs of \$418 PMPM compared with incurred costs of \$177 PMPM. Reserves (IBNR) increased by \$187K, which was \$21K above the 6+6F. Net incurred pharmacy claims were also favorable to forecast, driven by members crossing federal reinsurance limits. Gross pharmacy claims were consistent with the four-month rolling average.

SPD Medicaid (Secondary): Continuing the trend from prior months, SPD Medicaid again ran favorable to forecast at approximately 55% of expected values.

On a YTD basis, Medicare gross margin totaled \$937K, which was \$358K favorable to Budget. Year-to-date MLR was 87.3%, compared with the Budget of 95.6%.



Administrative Expenses

Administrative expenses were unfavorable by (\$25K), driven entirely by the timing of Outside Services and increased accruals for community reinvestment. Excluding those two items, administrative costs were in line with the 6+6F.

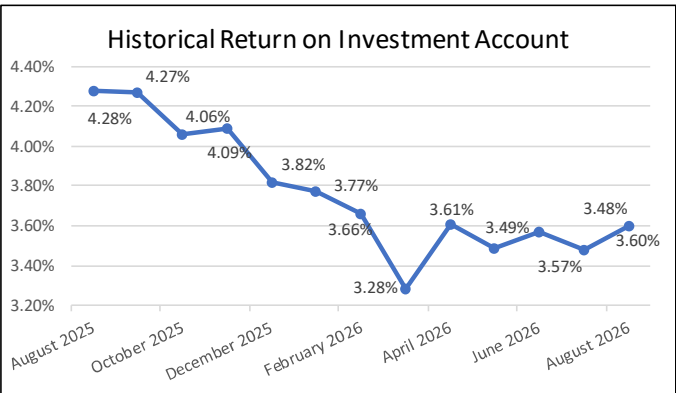
Other Income

Investment income was favorable to the 6+6F by \$19.5K in August. Full-year risk to Budget is partially mitigated by the high pass-through revenue recorded in August.

Net Income

Change in Net Position was \$279K for August, exceeding 6+6F by \$141K. Year to date, CHPIV remained \$768K, or 174%, ahead of Budget.

Month	Return
August 2025	4.28%
September 2025	4.27%
October 2025	4.06%
November 2025	4.09%
December 2025	3.82%
January 2026	3.77%
February 2026	3.66%
March 2026	3.28%
April 2026	3.61%
May 2026	3.49%
June 2026	3.57%
July 2026	3.48%
August 2026	3.60%



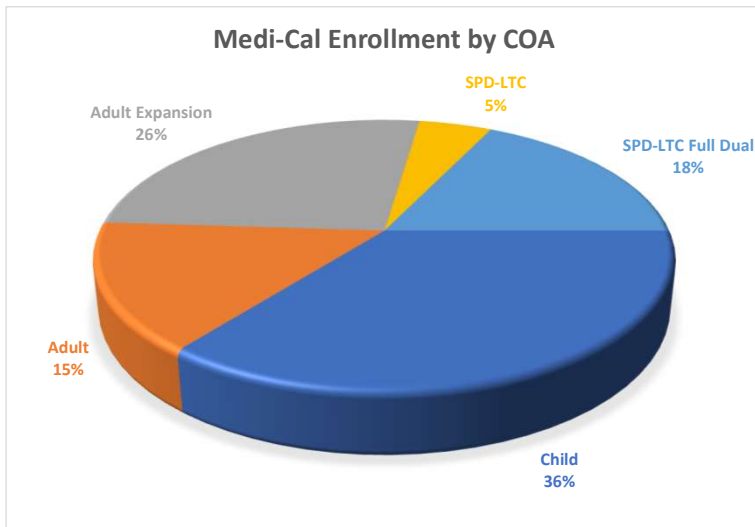
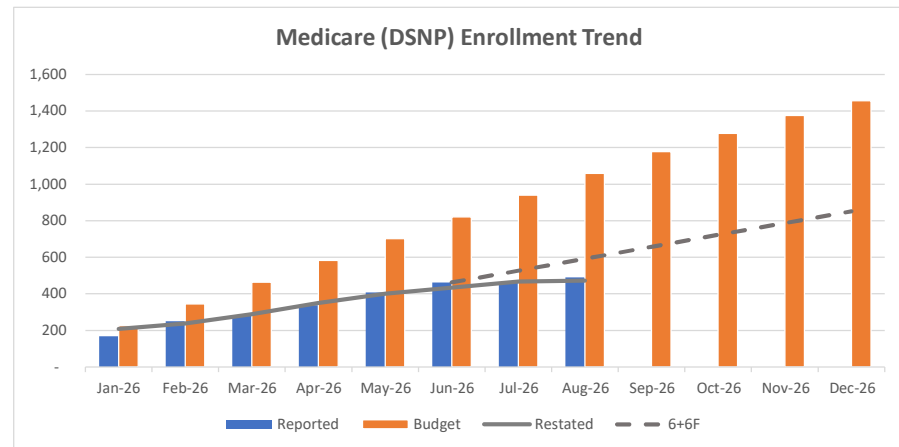
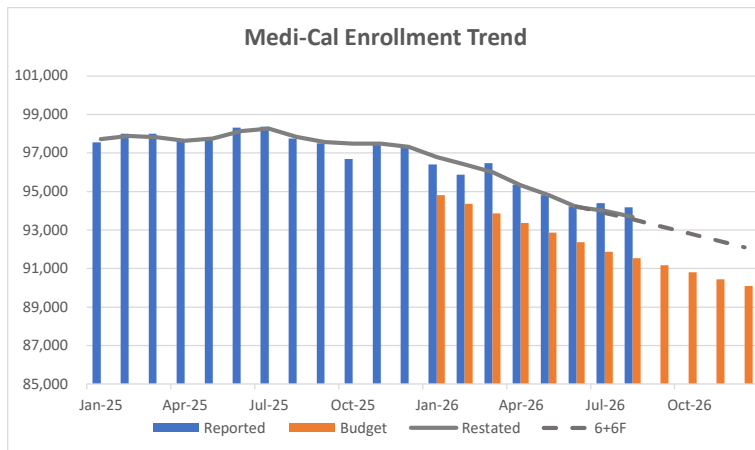
Tangible Net Equity (TNE)

As of August, Tangible Net Equity totaled \$25M, representing 506% of the required \$4.9M level.

2025
2026

Category of Aid (COA)*									August				August (YTD)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			B/(W)				B/(W)	
									Actual	6+6F	#	%	Actual	Budget	#	%
Child	35,139	35,129	34,728	34,555	34,434	33,656			33,624	32,976	648	2%	271,699	260,264	11,435	4%
Adult	15,801	15,754	15,471	15,306	14,887	14,267			14,270	13,165	1,105	8%	116,848	114,105	2,743	2%
Adult Expansion	25,995	26,028	25,808	25,988	25,493	24,715			24,597	23,449	1,148	5%	200,493	192,793	7,700	4%
SPD-LTC	4,693	4,790	4,662	4,684	4,640	4,577			4,623	4,299	324	8%	36,945	37,660	(715)	-2%
SPD-LTC Full Dual	16,381	16,614	16,823	16,835	17,026	17,015			17,075	16,241	834	5%	135,767	140,232	(4,465)	-3%
Total Medicaid	98,009	98,315	97,492	97,368	96,480	94,230	-	-	94,189	90,130	4,059	5%	761,752	745,054	16,698	2%
DSNP	-	-	-	-	282	463			490	593	(103)	-17%	2,861	4,894	(2,033)	-42%
Monthly/Quarterly Change		0.3%	-0.8%	-0.1%	-0.9%	-2.3%			-2.4%	-6.6%			-3.3%	-7.4%		

* Source: DHCS 820 Remittance summary; includes retroactivity



Medi-Cal Enrollment Trend (Restated)						
	May	June	July	August	MoM Δ	% Δ
SIS						
Child	33,369	33,237	33,181	33,015	(166)	-0.5%
Adult	13,572	13,398	13,313	13,261	(52)	-0.4%
Adult Expansion	23,623	23,521	23,539	23,516	(23)	-0.1%
SPD-LTC	4,349	4,296	4,307	4,297	(10)	-0.2%
SPD-LTC Full Dual	16,368	16,325	16,405	16,377	(28)	-0.2%
Total SIS	91,281	90,777	90,745	90,466	(279)	-0.3%
% of Total	96.3%	96.4%	96.5%	96.6%		
UIS						
Child	516	490	496	509	13	2.6%
Adult	939	904	906	882	(24)	-2.6%
Adult Expansion	1,321	1,279	1,189	1,167	(22)	-1.9%
SPD-LTC	167	170	162	160	(2)	-1.2%
SPD-LTC Full Dual	583	572	500	499	(1)	-0.2%
Total UIS	3,526	3,415	3,253	3,217	(36)	-1.1%
% of Total	3.7%	3.6%	3.5%	3.4%		
Total	94,807	94,192	93,998	93,683	(315)	-0.3%

Community Health Plan of Imperial Valley
Statement of Revenues, Expenses, and Changes in Net Position
For August 2026

	August			August (YTD)			Current Month Explanations
	Actual	Forecast (6+6)	Variance - B/(W)	Actual	Budget	Variance - B/(W)	
REVENUE							
Medicaid Revenue	\$ 103,020,054	\$ 27,653,689	\$ 75,366,365	\$ 329,701,525	\$ 223,480,789	\$ 106,220,736	- Medi-Cal revenue favorable on Pass Through payments
Medicare Revenue	\$ 1,025,094	\$ 1,210,573	\$ (185,478)	\$ 6,113,485	\$ 11,085,555	\$ (4,972,070)	- Unfavorable on volume and Pharmacy Risk Share
Investment & Interest Income	\$ 112,826	\$ 93,302	\$ 19,524	\$ 864,201	\$ 979,813	\$ (115,612)	
TOTAL REVENUE	\$ 104,157,975	\$ 28,957,564	\$ 75,200,411	\$ 336,679,211	\$ 235,546,157	\$ 101,133,053	
HEALTH CARE COSTS							
Global Capitation	\$ 102,006,300	\$ 26,610,120	\$ (75,396,181)	\$ 321,958,311	\$ 214,911,557	\$ (107,046,755)	- Medicaid cap (HNT) unfavorable, offsetting revenue favorability
Shared Risk Capitation	\$ 285,882	\$ 285,031	\$ (851)	\$ 1,675,377	\$ 2,851,189	\$ 1,175,813	
FFS Claims	\$ 466,313	\$ 731,988	\$ 265,675	\$ 3,009,397	\$ 6,182,255	\$ 3,172,858	- Favorable medical cost trend in in DSNP, notably Inpatient utilization
Pharmacy (Net)	\$ 169,684	\$ 282,986	\$ 113,302	\$ 1,404,571	\$ 3,174,936	\$ 1,770,365	- Rx was favorable on unit cost trend
All Other	\$ 44,345	\$ 30,123	\$ (14,222)	\$ 202,957	\$ 467,620	\$ 264,663	
HEALTH CARE COSTS	\$ 102,972,524	\$ 27,940,248	\$ (75,032,277)	\$ 328,250,613	\$ 227,587,557	\$ (100,663,056)	
Gross Margin	\$ 1,185,450	\$ 1,017,316	\$ 168,134	\$ 8,428,597	\$ 7,958,600	\$ 469,997	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	\$ 474,768	\$ 469,087	\$ (5,681)	\$ 4,100,864	\$ 4,140,768	\$ 39,904	
Benefits Expense	\$ 49,128	\$ 47,653	\$ (1,475)	\$ 446,363	\$ 365,773	\$ (80,590)	
Other Labor Expense	\$ 1,530	\$ 2,202	\$ 672	\$ 13,875	\$ 16,063	\$ 2,188	
Total Labor Costs	\$ 525,426	\$ 518,942	\$ (6,484)	\$ 4,561,102	\$ 4,522,604	\$ (38,498)	
Consulting, Legal, & Other Professional	\$ 41,961	\$ 56,786	\$ 14,826	\$ 443,798	\$ 744,920	\$ 301,122	- Favorable consulting in Executive and Operations departments
Outside Services	\$ 60,776	\$ 36,557	\$ (24,220)	\$ 360,341	\$ 321,421	\$ (38,920)	- Unfavorable due to timing; forecasted in September and October
MSO Fees	\$ 117,739	\$ 122,500	\$ 4,762	\$ 941,908	\$ 1,048,000	\$ 106,092	
Broker Commissions	\$ 9,232	\$ 11,389	\$ 2,157	\$ 42,862	\$ 74,631	\$ 31,769	
Advertising & Marketing	\$ 5,396	\$ 3,000	\$ (2,396)	\$ 51,560	\$ 44,000	\$ (7,560)	
Information Technology	\$ 14,659	\$ 7,954	\$ (6,705)	\$ 74,384	\$ 55,523	\$ (18,861)	- Unfavorable due to equipment refresh
Membership and Subscriptions	\$ 15,890	\$ 14,166	\$ (1,724)	\$ 100,939	\$ 99,771	\$ (1,168)	
Regulatory Fees	\$ 31,243	\$ 30,749	\$ (494)	\$ 227,702	\$ 191,592	\$ (36,110)	
Travel	\$ 5,274	\$ 6,650	\$ 1,376	\$ 34,716	\$ 93,050	\$ 58,334	
Occupancy & Facility	\$ 4,308	\$ 8,441	\$ 4,133	\$ 33,486	\$ 90,845	\$ 57,359	
Community Reinvestment	\$ 44,427	\$ 33,332	\$ (11,095)	\$ 210,984	\$ -	\$ (210,984)	- Variance reflects 2025 accrual
Other Admin	\$ 18,493	\$ 18,994	\$ 501	\$ 55,872	\$ 151,604	\$ 95,732	
Total Administrative Expense	\$ 894,821	\$ 869,459	\$ (25,363)	\$ 7,139,654	\$ 7,437,962	\$ 298,308	
Non-Operating Income/(Expense)							
Rental Income	\$ -	\$ 1,538	\$ 1,538	\$ 10,768	\$ 11,948	\$ 1,180	
Depreciation & Amortization	\$ (11,222)	\$ (11,350)	\$ 128	\$ (89,685)	\$ (90,800)	\$ 1,115	
Change in Net Position	\$ 279,406	\$ 138,046	\$ 141,360	\$ 1,210,027	\$ 441,786	\$ 768,240	
Key Metrics							
Enrollment	94,189	93,555	634	761,752	745,054	16,698	
Medicaid Revenue PMPM	\$ 1,099.48	\$ 297.47	\$ 802.01	\$ 434.45	\$ 302.04		
Medicare Revenue PMPM	\$ 2,092.03	\$ 2,043.10	\$ 48.93	\$ 2,136.83	\$ 2,153.37	\$ (16.54)	
MLR (Medicaid)	99.2%	97.0%	(217) bps	98.0%	97.1%	(88) bps	
MLR (Medicare)	79.7%	92.4%	1,272 bps	87.4%	95.9%	852 bps	
Admin Ratio	0.9%	3.0%	214 bps	2.1%	3.2%	104 bps	
FTEs	40	40	-	334	362	28	
Net Income PMPM	\$2.97	\$1.48	\$1.49	\$1.59	\$0.59	\$1.00	
Net Income %	0.3%	0.5%	(21) bps	0.4%	0.2%	17 bps	

	Medi-Cal				Medicare				August DSNP				SPD Medicaid				Consolidated			
	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var
REVENUE																				
Medi-Cal																				
Premium	\$ 27,551,642	\$ 27,163,684	\$ 387,958	1.4%	\$ 187,205	\$ 228,659	\$ (41,454)	-18.1%	\$ -	\$ -	\$ -	N/A	\$ 187,205	\$ 228,659	\$ (41,454)	-18.1%	\$ 27,738,846	\$ 27,392,342	\$ 346,504	1.3%
Pass-Through	\$ 75,281,208	\$ 261,346	\$ 75,019,862	NM	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ 75,281,208	\$ 261,346	\$ 75,019,862	NM
Medicare																				
Part C Revenue					\$ 845,024	\$ 978,705	\$ (133,681)	-13.7%	\$ 845,024	\$ 978,705	\$ (133,681)	-13.7%	\$ -	\$ -	\$ -	N/A	\$ 845,024	\$ 978,705	\$ (133,681)	-13.7%
Part D Revenue					\$ 202,066	\$ 207,817	\$ (5,752)	-2.8%	\$ 202,066	\$ 207,817	\$ (5,752)	-2.8%	\$ -	\$ -	\$ -	N/A	\$ 202,066	\$ 207,817	\$ (5,752)	-2.8%
Other Medicare Revenue					\$ (21,995)	\$ 24,051	\$ (46,046)	-191.5%	\$ (21,995)	\$ 24,051	\$ (46,046)	-191.5%	\$ -	\$ -	\$ -	N/A	\$ (21,995)	\$ 24,051	\$ (46,046)	-191.5%
Other Revenue	\$ 107,952	\$ 88,650	\$ 19,302	21.8%	\$ 4,874	\$ 4,652	\$ 222	4.8%	\$ 4,141	\$ 3,913	\$ 228	5.8%	\$ 733	\$ 739	\$ (6)	-0.8%	\$ 112,826	\$ 93,302	\$ 19,524	20.9%
TOTAL OPERATING REVENUE	\$ 102,940,802	\$ 27,513,680	\$ 75,427,121	274.1%	\$ 1,217,173	\$ 1,443,884	\$ (226,711)	-15.7%	\$ 1,029,235	\$ 1,214,486	\$ (185,251)	-15.3%	\$ 187,938	\$ 229,398	\$ (41,460)	-18.1%	\$ 104,157,975	\$ 28,957,564	\$ 75,200,411	259.7%
HEALTHCARE COSTS																				
Medicaid Capitation	\$ 26,725,092	\$ 26,348,773	\$ (376,319)	-1.4%													\$ 26,725,092	\$ 26,348,773	\$ (376,319)	-1.4%
Medicaid Pass-Through	\$ 75,281,208	\$ 261,346	\$ (75,019,862)	NM													\$ 75,281,208	\$ 261,346	\$ (75,019,862)	NM
Total Medicaid	\$ 102,006,300	\$ 26,610,120	\$ (75,396,181)	-283.3%													\$ 102,006,300	\$ 26,610,120	\$ (75,396,181)	-283.3%
PCP Capitation					\$ 285,882	\$ 285,031	\$ (851)	-0.3%	\$ 273,289	\$ 285,031	\$ 11,741	4.1%	\$ 12,593	\$ -	\$ (12,593)	N/A	\$ 285,882	\$ 285,031	\$ (851)	-0.3%
Inpatient					\$ 87,391	\$ 247,719	\$ 160,329	64.7%	\$ 87,174	\$ 247,719	\$ 160,546	64.8%	\$ 217	\$ -	\$ (217)	N/A	\$ 87,391	\$ 247,719	\$ 160,329	64.7%
Outpatient					\$ 67,962	\$ 90,491	\$ 22,529	24.9%	\$ 66,781	\$ 90,491	\$ 23,710	26.2%	\$ 1,180	\$ -	\$ (1,180)	N/A	\$ 67,962	\$ 90,491	\$ 22,529	24.9%
Other FFS					\$ 73,466	\$ 228,345	\$ 154,879	67.8%	\$ 33,860	\$ 22,552	\$ (11,308)	-50.1%	\$ 39,606	\$ 205,793	\$ 166,186	80.8%	\$ 73,466	\$ 228,345	\$ 154,879	67.8%
IBNR					\$ 237,495	\$ 165,433	\$ (72,062)	-43.6%	\$ 186,783	\$ 165,433	\$ (21,350)	-12.9%	\$ 50,712	\$ -	\$ (50,712)	N/A	\$ 237,495	\$ 165,433	\$ (72,062)	-43.6%
Total FFS					\$ 466,313	\$ 731,988	\$ 265,675	36.3%	\$ 374,597	\$ 526,195	\$ 151,598	28.8%	\$ 91,715	\$ 205,793	\$ 114,077	55.4%	\$ 466,313	\$ 731,988	\$ 265,675	36.3%
Pharmacy (Gross)					\$ 313,452	\$ -	\$ (313,452)	N/A	\$ 313,452	\$ -	\$ (313,452)	N/A	\$ -	\$ -	\$ -	N/A	\$ 313,452	\$ -	\$ (313,452)	N/A
Federal Reinsurance					\$ (140,867)	\$ -	\$ 140,867	N/A	\$ (140,867)	\$ -	\$ 140,867	N/A	\$ -	\$ -	\$ -	N/A	\$ (140,867)	\$ -	\$ 140,867	N/A
LICS					\$ 79,951	\$ -	\$ (79,951)	N/A	\$ 79,951	\$ -	\$ (79,951)	N/A	\$ -	\$ -	\$ -	N/A	\$ 79,951	\$ -	\$ (79,951)	N/A
Other CMS Offsets					\$ (106,636)	\$ -	\$ 106,636	N/A	\$ (106,636)	\$ -	\$ 106,636	N/A	\$ -	\$ -	\$ -	N/A	\$ (106,636)	\$ -	\$ 106,636	N/A
OTC					\$ 15,836	\$ 22,284	\$ 6,449	28.9%	\$ 15,836	\$ 22,284	\$ 6,449	28.9%	\$ -	\$ -	\$ -	N/A	\$ 15,836	\$ 22,284	\$ 6,449	28.9%
Other Pharmacy					\$ 7,948	\$ 260,702	\$ 252,754	97.0%	\$ 7,948	\$ 260,702	\$ 252,754	97.0%	\$ -	\$ -	\$ -	N/A	\$ 7,948	\$ 260,702	\$ 252,754	97.0%
Total Pharmacy					\$ 169,684	\$ 282,986	\$ 113,302	40.0%	\$ 169,684	\$ 282,986	\$ 113,302	40.0%	\$ -	\$ -	\$ -	N/A	\$ 169,684	\$ 282,986	\$ 113,302	40.0%
Other Supplemental					\$ 29,953	\$ 22,980	\$ (6,973)	-30.3%	\$ 22,453	\$ 22,980	\$ 527	2.3%	\$ 7,500	\$ -	\$ (7,500)	N/A	\$ 29,953	\$ 22,980	\$ (6,973)	-30.3%
Other Medical					\$ 41	\$ -	\$ (41)	N/A	\$ 41	\$ -	\$ (41)	N/A	\$ -	\$ -	\$ -	N/A	\$ 41	\$ -	\$ (41)	N/A
Reinsurance (Net)					\$ 14,351	\$ 7,143	\$ (7,208)	-100.9%	\$ 14,351	\$ 7,143	\$ (7,208)	-100.9%	\$ -	\$ -	\$ -	N/A	\$ 14,351	\$ 7,143	\$ (7,208)	-100.9%
TOTAL HEALTHCARE COSTS	\$ 102,006,300	\$ 26,610,120	\$ (75,396,181)	-283.3%	\$ 966,224	\$ 1,330,128	\$ 363,904	27.4%	\$ 854,416	\$ 1,124,335	\$ 269,919	24.0%	\$ 111,808	\$ 205,793	\$ 93,985	45.7%	\$ 102,972,524	\$ 27,940,248	\$ (75,032,277)	-268.5%
Gross Margin	\$ 934,501	\$ 903,561	\$ 30,940	3.4%	\$ 250,949	\$ 113,756	\$ 137,193	120.6%	\$ 174,819	\$ 90,151	\$ 84,668	93.9%	\$ 76,130	\$ 23,605	\$ 52,525	222.5%	\$ 1,185,450	\$ 1,017,316	\$ 168,134	16.5%
Total Administrative Expense	\$ 439,201	\$ 504,297	\$ 65,096	12.9%	\$ 455,621	\$ 365,162	\$ (90,459)	-24.8%	\$ 415,107	\$ 336,704	\$ (78,402)	-23.3%	\$ 40,514	\$ 28,457	\$ (12,057)	-42.4%	\$ 894,821	\$ 869,459	\$ (25,363)	-2.9%
Non-Operating Income/(Expense)																				
Rental Income	\$ -	\$ 1,538	\$ (1,538)	-100.0%	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ 1,538	\$ (1,538)	-100.0%
Depreciation & Amortization	\$ (10,738)	\$ (11,278)	\$ 540	-4.8%	\$ (485)	\$ (72)	\$ (413)	574.4%	\$ (412)	\$ (65)	\$ (347)	536.6%	\$ (73)	\$ (7)	\$ (66)	914.8%	\$ (11,222)	\$ (11,350)	\$ 128	-1.1%
Change in Net Position	\$ 484,563	\$ 389,524	\$ 95,039	24.4%	\$ (205,157)	\$ (251,478)	\$ 46,321	-18.4%	\$ (240,700)	\$ (246,618)	\$ 5,919	-2.4%	\$ 35,543	\$ (4,860)	\$ 40,402	-831.4%	\$ 279,406	\$ 138,046	\$ 141,360	102.4%
Key Metrics																				
Enrollment	93,699	92,962	737	0.8%	490	593	(103)	-17.3%	490	593	(103)	-17.3%	490	593	(103)	-17.3%	94,189	93,555	634	0.7%
Revenue PMPM	\$1,098.63	\$295.97	\$802.67	271.2%	\$2,484.03	\$2,436.86	\$47.17	1.9%	\$2,100.48	\$2,049.70	\$50.78	2.5%	\$383.55	\$387.16	(\$3.61)	-0.9%	\$1,105.84	\$309.52	\$796.32	257.3%
MLR	99.09%	96.72%	-238 bps		79.38%	92.12%	1274 bps		83.01%	92.58%	956 bps		59.49%	89.71%	3022 bps		98.86%	96.49%	-238 bps	
Admin Ratio	0.4%	1.8%	141 bps		37.4%	25.3%	-1214 bps		40.3%	27.7%	-1261 bps		21.6%	12.4%	-915 bps		0.9%	3.0%	214 bps	
Net Income PMPM	\$5.17	\$4.19	\$0.98	23.4%	(\$418.69)	(\$424.42)	\$5.74	-1.4%	(\$491.22)	(\$416.22)	(\$75.00)	18.0%	\$72.54	(\$8.20)	\$80.74	-984.4%	\$2.97	\$1.48	\$1.49	101.0%
Net Income %	0.5%	1.4%	-95 bps		-16.9%	-17.4%	56 bps		-23.4%	-20.3%	-308 bps		18.9%	-2.1%	2103 bps		0.3%	0.5%	-21 bps	
Gross Margin Vol Variance			\$ 7,159				\$ (19,682)				\$ (15,598)				\$ (4,084)				\$ 6,894	
Gross Margin Rate Variance			\$ 23,782				\$ 156,875				\$ 100,266				\$ 56,609				\$ 161,240	

	August (YTD)															
	Medi-Cal				Medicare				DSNP				SPD Medicaid			
	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var
REVENUE																
Medi-Cal																
Premium	\$ 221,774,167	\$ 219,418,933	\$ 2,355,235	1.1%	\$ 1,089,989	\$ 1,986,665	\$ (896,676)	-45.1%	\$ -	\$ -	\$ -	N/A	\$ 1,089,989	\$ 1,986,665	\$ (896,676)	-45.1%
Pass-Through	\$ 106,837,369	\$ 2,075,192	\$ 104,762,177	NM	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
Medicare																
Part C Revenue					\$ 4,871,066	\$ 8,900,717	\$ (4,029,651)	-45.3%	\$ 4,871,066	\$ 8,900,717	\$ (4,029,651)	-45.3%	\$ -	\$ -	\$ -	N/A
Part D Revenue					\$ 1,048,250	\$ 2,123,062	\$ (1,074,811)	-50.6%	\$ 1,048,250	\$ 2,123,062	\$ (1,074,811)	-50.6%	\$ -	\$ -	\$ -	N/A
Other Medicare Revenue					\$ 194,169	\$ 61,776	\$ 132,393	214.3%	\$ 194,169	\$ 61,776	\$ 132,393	214.3%	\$ -	\$ -	\$ -	N/A
Other Revenue	\$ 838,044	\$ 939,813	\$ (101,769)	-10.8%	\$ 26,157	\$ 40,000	\$ (13,843)	-34.6%	\$ 21,907	\$ 40,000	\$ (18,093)	-45.2%	\$ 4,251	\$ -	\$ 4,251	N/A
TOTAL OPERATING REVENUE	\$ 329,449,580	\$ 222,433,938	\$ 107,015,642	48.1%	\$ 7,229,630	\$ 13,112,219	\$ (5,882,589)	-44.9%	\$ 6,135,391	\$ 11,125,555	\$ (4,990,163)	-44.9%	\$ 1,094,239	\$ 1,986,665	\$ (892,426)	-44.9%
HEALTHCARE COSTS																
Medicaid Capitation	\$ 215,120,942	\$ 212,836,365	\$ (2,284,578)	-1.1%												
Medicaid Pass-Through	\$ 106,837,369	\$ 2,075,192	\$ (104,762,177)	NM												
Total Medicaid	\$ 321,958,311	\$ 214,911,557	\$ (107,046,755)	-49.8%												
PCP Capitation					\$ 1,675,377	\$ 2,851,189	\$ 1,175,813	41.2%	\$ 1,597,717	\$ 2,851,189	\$ 1,253,472	44.0%	\$ 77,660	\$ -	\$ (77,660)	N/A
Inpatient					\$ 417,230	\$ 2,067,683	\$ 1,650,453	79.8%	\$ 416,023	\$ 2,067,683	\$ 1,651,660	79.9%	\$ 1,206	\$ -	\$ (1,206)	N/A
Outpatient					\$ 213,265	\$ 752,242	\$ 538,977	71.6%	\$ 200,790	\$ 752,242	\$ 551,452	73.3%	\$ 12,475	\$ -	\$ (12,475)	N/A
Other FFS					\$ 253,397	\$ 3,362,330	\$ 3,108,933	92.5%	\$ 112,680	\$ 1,474,999	\$ 1,362,319	92.4%	\$ 140,717	\$ 1,887,331	\$ 1,746,614	92.5%
IBNR					\$ 2,125,506	\$ -	\$ (2,125,506)	N/A	\$ 1,688,860	\$ -	\$ (1,688,860)	N/A	\$ 436,645	\$ -	\$ (436,645)	N/A
Total FFS					\$ 3,009,397	\$ 6,182,255	\$ 3,172,858	51.3%	\$ 2,418,353	\$ 4,294,924	\$ 1,876,571	43.7%	\$ 591,044	\$ 1,887,331	\$ 1,296,287	68.7%
Pharmacy (Gross)					\$ 1,986,625	\$ -	\$ (1,986,625)	N/A	\$ 1,986,625	\$ -	\$ (1,986,625)	N/A	\$ -	\$ -	\$ -	N/A
Federal Reinsurance					\$ (329,798)	\$ -	\$ 329,798	N/A	\$ (329,798)	\$ -	\$ 329,798	N/A	\$ -	\$ -	\$ -	N/A
LICS					\$ (176,138)	\$ -	\$ 176,138	N/A	\$ (176,138)	\$ -	\$ 176,138	N/A	\$ -	\$ -	\$ -	N/A
Other CMS Offsets					\$ (228,868)	\$ -	\$ 228,868	N/A	\$ (228,868)	\$ -	\$ 228,868	N/A	\$ -	\$ -	\$ -	N/A
OTC					\$ 81,261	\$ 197,471	\$ 116,210	58.8%	\$ 81,261	\$ 197,471	\$ 116,210	58.8%	\$ -	\$ -	\$ -	N/A
Other Pharmacy					\$ 71,488	\$ 2,977,465	\$ 2,905,977	97.6%	\$ 71,488	\$ 2,977,465	\$ 2,905,977	97.6%	\$ -	\$ -	\$ -	N/A
Total Pharmacy					\$ 1,404,571	\$ 3,174,936	\$ 1,770,365	55.8%	\$ 1,404,571	\$ 3,174,936	\$ 1,770,365	55.8%	\$ -	\$ -	\$ -	N/A
Other Supplemental					\$ 119,805	\$ 262,633	\$ 142,828	54.4%	\$ 97,341	\$ 262,633	\$ 165,292	62.9%	\$ 22,464	\$ -	\$ (22,464)	N/A
Other Medical					\$ 5,629	\$ -	\$ (5,629)	N/A	\$ 5,629	\$ -	\$ (5,629)	N/A	\$ -	\$ -	\$ -	N/A
Reinsurance (Net)					\$ 77,523	\$ 62,063	\$ (15,460)	-24.9%	\$ 77,523	\$ 62,063	\$ (15,460)	-24.9%	\$ -	\$ -	\$ -	N/A
Community Reinvestment	\$ -	\$ 142,924	\$ 142,924	100.0%	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
TOTAL HEALTHCARE COSTS	\$ 321,958,311	\$ 215,054,481	\$ (106,903,831)	-49.7%	\$ 6,292,302	\$ 12,533,076	\$ 6,240,774	49.8%	\$ 5,601,135	\$ 10,645,745	\$ 5,044,610	47.4%	\$ 691,167	\$ 1,887,331	\$ 1,196,164	63.4%
Gross Margin	\$ 7,491,269	\$ 7,379,458	\$ 111,812	1.5%	\$ 937,328	\$ 579,143	\$ 358,185	61.8%	\$ 534,256	\$ 479,810	\$ 54,447	11.3%	\$ 403,072	\$ 99,333	\$ 303,739	305.8%
Total Administrative Expense	\$ 4,018,675	\$ 3,966,833	\$ (51,842)	-1.3%	\$ 3,120,979	\$ 3,471,130	\$ 350,150	10.1%	\$ 2,868,063	\$ 3,207,873	\$ 339,810	10.6%	\$ 252,916	\$ 263,257	\$ 10,341	3.9%
Non-Operating Income/(Expense)																
Rental Income	\$ 10,768	\$ 11,948	\$ (1,180)	-9.9%	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
Depreciation & Amortization	\$ (86,965)	\$ (90,169)	\$ 3,204	-3.6%	\$ (2,720)	\$ (631)	\$ (2,089)	331.3%	\$ (2,292)	\$ (568)	\$ (1,725)	303.9%	\$ (428)	\$ (63)	\$ (364)	578.0%
Change in Net Position	\$ 3,396,397	\$ 3,334,403	\$ 61,994	1.9%	\$ (2,186,371)	\$ (2,892,617)	\$ 706,246	-24.4%	\$ (2,336,099)	\$ (2,728,631)	\$ 392,531	-14.4%	\$ 149,728	\$ (163,987)	\$ 313,715	-191.3%
Key Metrics																
Enrollment	758,891	739,906	18,985	2.6%	2,861	5,148	(2,287)	-44.4%	2,861	5,148	(2,287)	-44.4%	2,861	5,148	(2,287)	-44.4%
Revenue PMPM	\$434.12	\$300.62	\$133.50	44.4%	\$2,526.96	\$2,547.05	(\$20.09)	-0.8%	\$2,144.49	\$2,161.14	(\$16.65)	-0.8%	\$382.47	\$385.91	(\$3.44)	-0.9%
MLR	97.73%	96.68%	-104 bps		87.03%	95.58%	85 bps		91.29%	95.69%	440 bps		63.16%	95.00%	3184 bps	
Admin Ratio	1.2%	1.8%	56 bps		43.2%	26.5%	-1670 bps		46.7%	28.8%	-1791 bps		23.1%	13.3%	-986 bps	
Net Income PMPM	\$4.48	\$4.51	(\$0.03)	-0.7%	(\$764.20)	(\$561.89)	(\$202.31)	36.0%	(\$816.53)	(\$530.04)	(\$286.50)	54.1%	\$52.33	(\$31.85)	\$84.19	-264.3%
Net Income %	1.0%	1.5%	-47 bps		-30.2%	-22.1%	-818 bps		-38.1%	-24.5%	-1355 bps		13.7%	-8.3%	2194 bps	
Gross Margin Vol Variance			\$ 189,347				\$ (257,284)				\$ (213,156)				\$ (44,129)	
Gross Margin Rate Variance			\$ (77,535)				\$ 615,470				\$ 267,602				\$ 347,868	

(\$,000)	Actual								Forecast (6+6)				Full Year		
	January	February	March	April	May	June	July	August	September	October	November	December	Act+Frcst	6+6F	B/(W)
REVENUE															
Medicaid Revenue	\$ 26,354	\$ 59,555	\$ 27,661	\$ 28,255	\$ 28,988	\$ 27,062	\$ 28,808	\$ 103,020	\$ 27,602	\$ 27,550	\$ 27,498	\$ 27,446	\$ 439,797	\$ 363,320	\$ 76,477
Medicare Revenue	\$ 389	\$ 567	\$ 566	\$ 673	\$ 866	\$ 1,003	\$ 1,025	\$ 1,025	\$ 1,349	\$ 1,486	\$ 1,623	\$ 1,759	\$ 12,330	\$ 12,562	\$ (233)
Investment & Interest Income	\$ 96	\$ 89	\$ 156	\$ 98	\$ 100	\$ 99	\$ 113	\$ 113	\$ 94	\$ 94	\$ 94	\$ 94	\$ 1,240	\$ 1,198	\$ 42
TOTAL REVENUE	\$ 26,838	\$ 60,210	\$ 28,383	\$ 29,026	\$ 29,954	\$ 28,164	\$ 29,946	\$ 104,158	\$ 29,044	\$ 29,130	\$ 29,215	\$ 29,299	\$ 453,367	\$ 377,081	\$ 76,286
HEALTH CARE COSTS															
Global Capitation	\$ 25,509	\$ 58,559	\$ 26,739	\$ 27,294	\$ 27,976	\$ 26,088	\$ 27,787	\$ 102,006	\$ 26,535	\$ 26,460	\$ 26,386	\$ 26,311	\$ 427,651	\$ 351,145	\$ (76,506)
Shared Risk Capitation	\$ 100	\$ 143	\$ 165	\$ 225	\$ 225	\$ 270	\$ 262	\$ 286	\$ 317	\$ 350	\$ 383	\$ 416	\$ 3,141	\$ 3,132	\$ (10)
FFS Claims	\$ 201	\$ 343	\$ 323	\$ 306	\$ 285	\$ 596	\$ 490	\$ 466	\$ 785	\$ 903	\$ 956	\$ 962	\$ 6,616	\$ 7,001	\$ 385
Pharmacy (Net)	\$ 103	\$ 41	\$ 78	\$ 316	\$ 209	\$ 205	\$ 283	\$ 170	\$ 305	\$ 365	\$ 366	\$ 421	\$ 2,861	\$ 2,944	\$ 83
All Other	\$ 10	\$ 10	\$ 58	\$ 21	\$ (10)	\$ 27	\$ 43	\$ 44	\$ 35	\$ 41	\$ 47	\$ 53	\$ 379	\$ 354	\$ (25)
HEALTH CARE COSTS	\$ 25,922	\$ 59,095	\$ 27,363	\$ 28,162	\$ 28,685	\$ 27,185	\$ 28,865	\$ 102,973	\$ 27,977	\$ 28,119	\$ 28,139	\$ 28,162	\$ 440,648	\$ 364,575	\$ (76,073)
Gross Margin	\$ 916	\$ 1,115	\$ 1,020	\$ 864	\$ 1,268	\$ 978	\$ 1,081	\$ 1,185	\$ 1,067	\$ 1,010	\$ 1,076	\$ 1,137	\$ 12,719	\$ 12,505	\$ 213
Medical Gross Margin	\$ 820	\$ 1,026	\$ 864	\$ 766	\$ 1,169	\$ 879	\$ 968	\$ 1,073	\$ 973	\$ 916	\$ 982	\$ 1,043	\$ 11,479	\$ 11,307	\$ 171
ADMINISTRATIVE EXPENSE															
Salaries & Wages	\$ 556	\$ 462	\$ 499	\$ 518	\$ 573	\$ 500	\$ 516	\$ 475	\$ 501	\$ 525	\$ 523	\$ 543	\$ 6,192	\$ 6,142	\$ (50)
Benefits Expense	\$ 52	\$ 48	\$ 57	\$ 52	\$ 71	\$ 64	\$ 53	\$ 49	\$ 50	\$ 51	\$ 51	\$ 52	\$ 650	\$ 643	\$ (7)
Other Labor Expense	\$ 1	\$ 3	\$ 1	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 23	\$ 24	\$ 1
Total Labor Costs	\$ 609	\$ 513	\$ 557	\$ 571	\$ 645	\$ 566	\$ 572	\$ 525	\$ 553	\$ 578	\$ 577	\$ 598	\$ 6,865	\$ 6,809	\$ (56)
Consulting, Legal, & Other Professional	\$ 47	\$ 78	\$ 24	\$ 73	\$ 21	\$ 116	\$ 43	\$ 42	\$ 66	\$ 54	\$ 60	\$ 79	\$ 702	\$ 733	\$ 31
Outside Services	\$ 47	\$ 50	\$ 44	\$ 54	\$ 42	\$ 38	\$ 25	\$ 61	\$ 40	\$ 39	\$ 36	\$ 36	\$ 512	\$ 500	\$ (12)
MSO Fees	\$ 118	\$ 118	\$ 118	\$ 118	\$ 118	\$ 118	\$ 118	\$ 118	\$ 123	\$ 123	\$ 123	\$ 123	\$ 1,432	\$ 1,441	\$ 10
Broker Commissions	\$ 0	\$ 3	\$ 3	\$ 5	\$ 6	\$ 8	\$ 9	\$ 9	\$ 14	\$ 17	\$ 22	\$ 32	\$ 128	\$ 131	\$ 3
Advertising & Marketing	\$ 9	\$ 2	\$ 12	\$ 4	\$ 11	\$ 6	\$ 3	\$ 5	\$ 33	\$ 19	\$ 4	\$ 6	\$ 116	\$ 113	\$ (3)
Information Technology	\$ 5	\$ 10	\$ 6	\$ 10	\$ 10	\$ 10	\$ 7	\$ 15	\$ 12	\$ 8	\$ 8	\$ 8	\$ 111	\$ 107	\$ (4)
Membership and Subscriptions	\$ 11	\$ 11	\$ 11	\$ 11	\$ 13	\$ 14	\$ 13	\$ 16	\$ 14	\$ 17	\$ 14	\$ 14	\$ 161	\$ 163	\$ 3
Regulatory Fees	\$ 26	\$ 25	\$ 25	\$ 25	\$ 31	\$ 32	\$ 31	\$ 31	\$ 31	\$ 31	\$ 31	\$ 31	\$ 351	\$ 350	\$ (1)
Travel	\$ 4	\$ 4	\$ 6	\$ 5	\$ 3	\$ 3	\$ 4	\$ 5	\$ 6	\$ 7	\$ 11	\$ 10	\$ 68	\$ 74	\$ 5
Occupancy & Facility	\$ 3	\$ 5	\$ 7	\$ 4	\$ 4	\$ 2	\$ 3	\$ 4	\$ 8	\$ 9	\$ 9	\$ 9	\$ 70	\$ 82	\$ 12
Office Expense	\$ 6	\$ 4	\$ 7	\$ 5	\$ 10	\$ 5	\$ 3	\$ 5	\$ 12	\$ 6	\$ 6	\$ 6	\$ 73	\$ 76	\$ 3
Other Admin	\$ 35	\$ 34	\$ 36	\$ 35	\$ 41	\$ (72)	\$ 55	\$ 58	\$ 46	\$ 51	\$ 44	\$ 47	\$ 410	\$ 392	\$ (18)
Total Administrative Expense	\$ 921	\$ 857	\$ 857	\$ 922	\$ 956	\$ 845	\$ 886	\$ 895	\$ 957	\$ 961	\$ 945	\$ 999	\$ 10,999	\$ 10,971	\$ (29)
Non-Operating Income/(Expense)															
Rental Income	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11	\$ 12	\$ (2)
Depreciation & Amortization	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 135	\$ 135	\$ 0
Change in Net Position	\$ (14)	\$ 249	\$ 154	\$ (67)	\$ 302	\$ 124	\$ 185	\$ 279	\$ 99	\$ 38	\$ 119	\$ 127	\$ 1,595	\$ 1,412	\$ 183
Key Metrics															
Enrollment	96,417	95,865	96,480	95,359	94,808	94,230	94,404	94,189	93,192	92,829	92,466	92,103	1,132,342	1,131,186	1,156
Medical MLR	96.9%	98.3%	96.9%	97.4%	96.1%	96.9%	96.8%	99.0%	96.6%	96.8%	96.6%	96.4%	97.5%	97.0%	-47 bps
Admin Ratio	3.4%	1.4%	3.0%	3.2%	3.2%	3.0%	3.0%	0.9%	3.3%	3.3%	3.2%	3.4%	2.4%	2.9%	48 bps
FTEs	42	42	42	43	44	41	40	40	43	44	44	46	511	511	-
Net Income PMPM	(\$0.14)	\$2.59	\$1.59	(\$0.71)	\$3.19	\$1.32	\$1.96	\$2.97	\$1.06	\$0.41	\$1.29	\$1.38	\$1.41	\$1.25	\$0.16
Net Income %	-0.1%	0.4%	0.5%	-0.2%	1.0%	0.4%	0.6%	0.3%	0.3%	0.1%	0.4%	0.4%	0.4%	0.4%	-2 bps

	August								August (YTD)							
	-----Dollars-----				-----PMPM-----				-----Dollars-----				-----PMPM-----			
	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var
REVENUE																
Medi-Cal																
Premium	\$ 187,205	\$ 228,659	\$ (41,454)	-18.1%	\$ 382.05	\$ 385.91	\$ (3.86)	-1.0%	\$ 1,089,989	\$ 1,986,665	\$ (896,676)	-45.1%	\$ 380.98	\$ 385.91	\$ (4.93)	-1.3%
Pass-Through	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
Medicare																
Part C Revenue	\$ 845,024	\$ 978,705	\$ (133,681)	-13.7%	\$ 1,724.54	\$ 1,651.77	\$ 72.77	4.4%	\$ 4,871,066	\$ 8,900,717	\$ (4,029,651)	-45.3%	\$ 1,702.57	\$ 1,728.97	\$ (26.39)	-1.5%
Part D Revenue	\$ 202,066	\$ 207,817	\$ (5,752)	-2.8%	\$ 412.38	\$ 350.74	\$ 61.64	17.6%	\$ 1,048,250	\$ 2,123,062	\$ (1,074,811)	-50.6%	\$ 366.39	\$ 412.41	\$ (46.01)	-11.2%
Other Medicare Revenue	\$ (21,995)	\$ 24,051	\$ (46,046)	-191.5%	\$ (44.89)	\$ 40.59	\$ (85.48)	-210.6%	\$ 194,169	\$ 61,776	\$ 132,393	214.3%	\$ 67.87	\$ 12.00	\$ 55.87	465.6%
Other Revenue	\$ 4,874	\$ 4,652	\$ 222	4.8%	\$ 9.95	\$ 7.85	\$ 2.10	26.7%	\$ 26,157	\$ 40,000	\$ (13,843)	-34.6%	\$ 9.14	\$ 7.77	\$ 1.37	17.7%
TOTAL OPERATING REVENUE	\$ 1,217,173	\$ 1,443,884	\$ (226,711)	-15.7%	\$ 2,484.03	\$ 2,436.86	\$ 47.17	1.9%	\$ 7,229,630	\$ 13,112,219	\$ (5,882,589)	-44.9%	\$ 2,526.96	\$ 2,547.05	\$ (20.09)	-0.8%
HEALTHCARE COSTS																
PCP Capitation	\$ 266,138	\$ 285,031	\$ 18,893	6.6%	\$ 543.14	\$ 481.05	\$ (62.09)	-12.9%	\$ 1,605,822	\$ 2,842,392	\$ 1,236,569	43.5%	\$ 561.28	\$ 552.14	\$ (9.14)	-1.7%
Hospital Risk Pool	\$ 19,744	\$ -	\$ (19,744)	NM	\$ 40.29	\$ -	\$ (40.29)	NM	\$ 69,554	\$ 8,798	\$ (60,757)	NM	\$ 24.31	\$ 1.71	\$ (22.60)	NM
Inpatient	\$ 87,391	\$ 247,719	\$ 160,329	64.7%	\$ 178.35	\$ 418.08	\$ 239.73	57.3%	\$ 417,230	\$ 2,067,683	\$ 1,650,453	79.8%	\$ 145.83	\$ 401.65	\$ 255.81	63.7%
Outpatient	\$ 67,962	\$ 90,491	\$ 22,529	24.9%	\$ 138.70	\$ 152.72	\$ 14.03	9.2%	\$ 213,265	\$ 752,242	\$ 538,977	71.6%	\$ 74.54	\$ 146.12	\$ 71.58	49.0%
Other FFS	\$ 73,466	\$ 228,345	\$ 154,879	67.8%	\$ 149.93	\$ 385.38	\$ 235.45	61.1%	\$ 253,397	\$ 3,362,330	\$ 3,108,933	92.5%	\$ 88.57	\$ 653.13	\$ 564.56	86.4%
IBNR	\$ 237,495	\$ 165,433	\$ (72,062)	-43.6%	\$ 484.68	\$ 279.20	\$ (205.48)	-73.6%	\$ 2,125,506	\$ -	\$ (2,125,506)	N/A	\$ 742.92	\$ -	\$ (742.92)	N/A
Total FFS	\$ 466,313	\$ 731,988	\$ 265,675	36.3%	\$ 951.66	\$ 1,235.39	\$ 283.73	23.0%	\$ 3,009,397	\$ 6,182,255	\$ 3,172,858	51.3%	\$ 1,051.87	\$ 1,200.90	\$ 149.04	12.4%
Pharmacy (Gross)	\$ 313,452	\$ -	\$ (313,452)	N/A	\$ 639.70	\$ -	\$ (639.70)	N/A	\$ 1,986,625	\$ -	\$ (1,986,625)	N/A	\$ 694.38	\$ -	\$ (694.38)	N/A
Federal Reinsurance	\$ (140,867)	\$ -	\$ 140,867	N/A	\$ (287.48)	\$ -	\$ 287.48	N/A	\$ (329,798)	\$ -	\$ 329,798	N/A	\$ (115.27)	\$ -	\$ 115.27	N/A
LICs	\$ 79,951	\$ -	\$ (79,951)	N/A	\$ 163.17	\$ -	\$ (163.17)	N/A	\$ (176,138)	\$ -	\$ 176,138	N/A	\$ (61.57)	\$ -	\$ 61.57	N/A
Other CMS Offsets	\$ (106,636)	\$ -	\$ 106,636	N/A	\$ (217.62)	\$ -	\$ 217.62	N/A	\$ (228,868)	\$ -	\$ 228,868	N/A	\$ (80.00)	\$ -	\$ 80.00	N/A
OTC	\$ 15,836	\$ 22,284	\$ 6,449	28.9%	\$ 32.32	\$ 37.61	\$ 5.29	14.1%	\$ 81,261	\$ 197,471	\$ 116,210	58.8%	\$ 28.40	\$ 38.36	\$ 9.96	26.0%
Other Pharmacy	\$ 7,948	\$ 260,702	\$ 252,754	97.0%	\$ 16.22	\$ 439.99	\$ 423.77	96.3%	\$ 71,488	\$ 2,977,465	\$ 2,905,977	97.6%	\$ 24.99	\$ 578.37	\$ 553.39	95.7%
Total Pharmacy	\$ 169,684	\$ 282,986	\$ 113,302	40.0%	\$ 346.29	\$ 477.60	\$ 131.31	27.5%	\$ 1,404,571	\$ 3,174,936	\$ 1,770,365	55.8%	\$ 490.94	\$ 616.73	\$ 125.79	20.4%
Other Supplemental	\$ 29,953	\$ 22,980	\$ (6,973)	-30.3%	\$ 61.13	\$ 38.78	\$ (22.35)	-57.6%	\$ 119,805	\$ 262,633	\$ 142,828	54.4%	\$ 41.88	\$ 51.02	\$ 9.14	17.9%
Other Medical	\$ 41	\$ -	\$ (41)	N/A	\$ 0.08	\$ -	\$ (0.08)	N/A	\$ 5,629	\$ -	\$ (5,629)	N/A	\$ 1.97	\$ -	\$ (1.97)	N/A
Reinsurance (Net)	\$ 14,351	\$ 7,143	\$ (7,208)	-100.9%	\$ 29.29	\$ 12.06	\$ (17.23)	-142.9%	\$ 77,523	\$ 62,063	\$ (15,460)	-24.9%	\$ 27.10	\$ 12.06	\$ (15.04)	-124.8%
Community Reinvestment	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
TOTAL HEALTHCARE COSTS	\$ 966,224	\$ 1,330,128	\$ 363,904	27.4%	\$ 1,971.89	\$ 2,244.87	\$ 272.99	12.2%	\$ 6,292,302	\$ 12,533,076	\$ 6,240,774	49.8%	\$ 2,199.34	\$ 2,434.55	\$ 235.22	9.7%
Gross Margin	\$ 250,949	\$ 113,756	\$ 137,193	120.6%	\$ 512.14	\$ 191.99	\$ 320.15	166.8%	\$ 937,328	\$ 579,143	\$ 358,185	61.8%	\$ 327.62	\$ 112.50	\$ 215.12	191.2%
Total Administrative Expense	\$ 455,621	\$ 365,162	\$ (90,459)	-24.8%	\$ 929.84	\$ 616.29	\$ (313.55)	-50.9%	\$ 3,120,979	\$ 3,471,130	\$ 350,150	10.1%	\$ 1,090.87	\$ 674.27	\$ (416.60)	-61.8%
Non-Operating Income/(Expense)																
Rental Income	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
Depreciation & Amortization	\$ (485)	\$ (72)	\$ (413)	574.4%	\$ (0.99)	\$ (0.12)	\$ (0.87)	715.5%	\$ (2,720)	\$ (631)	\$ (2,089)	331.3%	\$ (0.95)	\$ (0.12)	\$ (0.83)	676.1%
Change in Net Position	\$ (205,157)	\$ (251,478)	\$ 46,321	-18.4%	\$ (418.69)	\$ (424.42)	\$ 5.74	-1.4%	\$ (2,186,371)	\$ (2,892,617)	\$ 706,246	-24.4%	\$ (764.20)	\$ (561.89)	\$ (202.31)	36.0%
Key Metrics																
Enrollment	490	593	(103)	-17.3%					2,861	5,148	(2,287)	-44.4%				
MLR	79.38%	92.12%	1274 bps						87.03%	95.58%	855 bps					
Admin Ratio	37.4%	25.3%	-1214 bps						43.2%	26.5%	-1670 bps					
Net Income %	-16.9%	-17.4%	56 bps						-30.2%	-22.1%	-818 bps					
Gross Margin Vol Variance			\$ (19,682)								\$ (257,284)					
Gross Margin Rate Variance			\$ 156,875								\$ 615,470					

Community Health Plan of Imperial Valley
Statement of Net Position
August 2026

	July 2026	August 2026	Change
ASSETS			
Current Assets			
Cash and Investments			
Chase - Checking (Primary & DSNP)	\$ 4,806,830	\$ 3,222,199	\$ (1,584,632)
JPMorgan Securities	\$ 18,967,778	\$ 20,029,957	\$ 1,062,179
First Foundation Bank	\$ 142,177	\$ 142,177	\$ -
Receivables			
Accounts Receivable	\$ 3,353	\$ 4,517	\$ 1,164
Dividend & Interest Receivable	\$ 109,775	\$ 106,969	\$ (2,806)
Capitation Receivable	\$ 28,340,774	\$ 27,738,846	\$ (601,928)
Pass-Through Receivable	\$ 467,073	\$ 75,281,208	\$ 74,814,135
Medicare Receivables	\$ 141,646	\$ 81,759	\$ (59,888)
Other Current Assets			
Prepaid Admin	\$ 601,424	\$ 617,976	\$ 16,552
Prepaid Commissions	\$ 48,264	\$ 41,582	\$ (6,682)
Prepaid Medical	\$ 71,049	\$ 74,001	\$ 2,951
Total Current Assets	\$ 53,700,143	\$ 127,341,189	\$ 73,641,046
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	\$ 300,000	\$ 300,000	\$ -
Capital Assets			
Buildings - Net	\$ 2,795,099	\$ 2,786,551	\$ (8,548)
Computer Equipment / Software - Net	\$ 4,538	\$ 4,370	\$ (168)
Improvements - Net	\$ 191,434	\$ 190,459	\$ (975)
Intangible Assets	\$ 45,205	\$ 43,955	\$ (1,250)
Operating ROU Asset (Copier) - Net	\$ 1,126	\$ 845	\$ (282)
Total Noncurrent Assets	\$ 3,337,402	\$ 3,326,179	\$ (11,222)
Total Assets	\$ 57,037,545	\$ 130,667,369	\$ 73,629,823
LIABILITIES			
Current Liabilities			
Payables			
Accounts Payable	\$ 419,248	\$ 442,022	\$ 22,774
Capitation Payable	\$ 27,787,153	\$ 101,999,300	\$ 74,212,147
IBNR	\$ 1,888,321	\$ 2,125,815	\$ 237,495
Medicare Capitation & Hospital Risk Pool	\$ 65,251	\$ 88,154	\$ 22,904
Medicare Pharmacy Payables	\$ 191,200	\$ 91,299	\$ (99,901)
Community Reinvestment Reserve	\$ 166,557	\$ 210,984	\$ 44,427
Credit Card Payable	\$ 2,719	\$ 1,261	\$ (1,458)
Other Current Liabilities			
Unearned Revenue	\$ 1,154,677	\$ 0	\$ (1,154,677)
Short Term Lease Liability - Copier	\$ 1,210	\$ 910	\$ (300)
Bonus Accrual	\$ 110,936	\$ 148,426	\$ 37,490
Salaries Accrual	\$ 329,212	\$ 359,338	\$ 30,125
Vacation Accrual	\$ 232,194	\$ 231,586	\$ (608)
Total Current Liabilities	\$ 32,348,677	\$ 105,699,094	\$ 73,350,417
Total Liabilities	\$ 32,348,677	\$ 105,699,094	\$ 73,350,417
NET POSITION			
Net investments in Capital Assets	\$ 3,037,402	\$ 3,026,179	\$ (11,222)
Restricted by Legislative Authority	\$ 300,000	\$ 300,000	\$ -
Unrestricted	\$ 20,420,846	\$ 20,432,069	\$ 11,222
YTD Net Revenue	\$ 930,620	\$ 1,210,027	\$ 279,406
Total Net Position	\$ 24,688,868	\$ 24,968,275	\$ 279,406
Total Liabilities and Net Position	\$ 57,037,545	\$ 130,667,369	\$ 73,629,823



Community Health Plan of Imperial Valley
Summarized Tangible Net Equity Calculation
 As of August 2026

Net Equity	\$ 24,968,275
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)	\$ 24,968,275
Required Tangible Net Equity *	\$ 4,934,665
TNE Excess (Deficiency)	\$ 20,033,609

Full Service Plan		
		1
A. Minimum TNE Requirement	\$	1,000,000
B. REVENUES:		
2% of the first \$150 million of annualized premium revenues (lines 1, 2, 4, 5, 7, 9 from Income Statement)	\$	3,000,000
Plus		
1% of annualized premium revenues in excess of \$150 million	\$	1,934,665
Total	\$	4,934,665

* Calculated Required Tangible Net Equity		
\$ 228,977,640	- August	
\$ 343,466,460	- Annualized	
\$ 150,000,000		
x 2%		
\$ 3,000,000		
\$ 193,466,460		
x 1%		
\$ 1,934,665		
\$ 4,934,665	- Required TNE	

Community Health Plan of Imperial Valley
August 2026 Cash/Credit Card Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Primary Checking				
08/06/26	Chase Checking - Primary	Imperial Desert Landscape	Inv 1315	\$ (700.00)
08/06/26	Chase Checking - Primary	PandanAI, Inc.	Inv 0034	\$ (78,187.00)
08/06/26	Chase Checking - Primary	Law Office of William S. Smerdon	Inv 3083	\$ (1,292.50)
08/06/26	Chase Checking - Primary	MAK Solutions	Inv CHPIV-12	\$ (5,750.00)
08/06/26	Chase Checking - Primary	Ascend Technologies, LLC	Inv INV055408	\$ (7,013.83)
08/06/26	Chase Checking - Primary	Stericycle, Inc.	Inv 8014888732	\$ (120.62)
08/06/26	Chase Checking - Primary	AM Copiers Inc.	Inv IN10439	\$ (399.66)
08/06/26	Chase Checking - Primary	City of Imperial	Acct 80683 - Inv 1552340-- bill.com Check Number: 81347598	\$ (196.64)
08/07/26	Chase Checking - Primary	Blue Shield of California	Blue Shield of California	\$ (36,693.14)
08/07/26	Chase Checking - Primary	First Unum Life Insurance Company	Employee Contributions Insurance: Accidental, Long Term and Hospital	\$ (1,585.86)
08/07/26	Chase Checking - Primary	First Unum Life Insurance Company	UNUM Invoice 08/01/26 - 08/31/26	\$ (766.44)
08/07/26	Chase Checking - Primary	JPMorgan Chase	Dividend Income - July 2026	\$ 5,743.86
08/07/26	Chase Checking - Primary	JPMorgan Chase	Service Charges Investment Sweep - July	\$ (457.65)
08/07/26	Chase Checking - Primary	Mid Atlantic Trust Company	P. Carpio - Loan Repayment - Mid Atlantic	\$ (126.24)
08/07/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (37.08)
08/07/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (35.13)
08/07/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (390.00)
08/07/26	Chase Checking - Primary	Rippling	People Center	\$ (58.22)
08/07/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	\$ (572.95)
08/07/26	Chase Checking - Primary	Rippling	Employee net pay paid by direct deposits for check date 08/07/2026	\$ (133,104.27)
08/07/26	Chase Checking - Primary	Rippling	Payroll taxes paid via Rippling for check date 08/07/2026	\$ (60,182.88)
08/10/26	Chase Checking - Primary	Voya	Multiple invoices (details on stub)-- bill.com Check Number: 81357578	\$ (188.78)
08/13/26	Chase Checking - Primary	RSC Insurance Brokerage, Inc.	Inv INV 081126	\$ (11,785.14)
08/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (Jul 2026 Revenue)	\$ 27,861,727.97
08/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (Jul 2026 Revenue)	\$ 893,640.72
08/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (Jul 2026 Revenue)	\$ 50,772.15
08/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (Jul 2026 Revenue)	\$ 1,694.46
08/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (Jul 2026 Revenue)	\$ 11.63
08/14/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (3.13)
08/14/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	\$ (614.40)
08/14/26	Chase Checking - Primary	Voya	Payroll Date: 07/24/26 Retirement Contribution: Employer Match	\$ (5,315.00)
08/14/26	Chase Checking - Primary	Voya	Payroll Date: 08/06/26 Retirement Contribution	\$ (13,573.28)
08/14/26	Chase Checking - Primary	Voya	Payroll Date: Retirement Contribution: Employee	\$ (553.86)
08/17/26	Chase Checking - Primary	Morgan, Lewis & Bockius LLP	Multiple invoices	\$ (7,764.00)
08/17/26	Chase Checking - Primary	Brawley Rotary Club	Inv July 2026 Statement-- bill.com Check Number: 81379370	\$ (235.00)
08/17/26	Chase Checking - Primary	Sparkling Clean	Inv AUGUST 2026	\$ (1,800.00)
08/19/26	Chase Checking - Primary	Epstein Becker & Green, P.C.	Inv 1241185	\$ (2,196.00)
08/19/26	Chase Checking - Primary	FEX Partners Insurance Agency LLC	Inv INVAUG2026	\$ (1,164.00)
08/21/26	Chase Checking - Primary	Inerglo Creative	Inv INV-00720	\$ (3,000.00)
08/21/26	Chase Checking - Primary	Quench USA	Inv INV11215786	\$ (129.30)
08/21/26	Chase Checking - Primary	Rippling	Employee net pay paid by direct deposits for check date 08/21/2026	\$ (133,214.30)
08/21/26	Chase Checking - Primary	Rippling	Net pay credits applied for check date 08/21/2026	\$ (25.44)
08/21/26	Chase Checking - Primary	Rippling	Payroll taxes paid via Rippling for check date 08/21/2026	\$ (60,217.52)
08/21/26	Chase Checking - Primary	JPMorgan Chase	Account Analysis Settlelement Charge	\$ (761.93)
08/21/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (742.84)
08/21/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (1,007.63)
08/21/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	\$ (902.24)
08/21/26	Chase Checking - Primary	United States Treasury Deposit	United States Treasury Deposit	\$ 5,686.97
08/24/26	Chase Checking - Primary	Kaz-Bros Design Shop	Inv 15688-- bill.com Check Number: 81400230	\$ (570.90)
08/24/26	Chase Checking - Primary	Smartsheet, Inc.	Inv INV2938173	\$ (2,700.00)
08/24/26	Chase Checking - Primary	I.V. Termite & Pest Control	Inv 0367029	\$ (125.00)
08/24/26	Chase Checking - Primary	Wakely consulting Group	Multiple invoices	\$ (25,516.25)
08/24/26	Chase Checking - Primary	Department of Managed Health Care	Inv Matter25-835-- bill.com Check Number: 81399300	\$ (7,000.00)
08/28/26	Chase Checking - Primary	Helpcare AI, Inc. dba Careforce	Inv 1052	\$ (10,000.00)
08/28/26	Chase Checking - Primary	Conveyor Group	Acct CHP-002 - Inv 12049	\$ (30,000.00)
08/31/26	Chase Checking - Primary	Lee Hindman	Inv Aug 2026 Stipend	\$ (400.00)
08/31/26	Chase Checking - Primary	Carlos Ramirez	Inv Aug 2026 Stipend	\$ (400.00)
08/31/26	Chase Checking - Primary	Bushra Ahmad	Inv Aug 2026 Stipend	\$ (100.00)
08/31/26	Chase Checking - Primary	Allan Wu	Inv Aug 2026 Stipend	\$ (300.00)
08/31/26	Chase Checking - Primary	Pablo Velez	Inv Aug 2026 Stipend	\$ (200.00)
08/31/26	Chase Checking - Primary	Robert J Barros	Inv Aug 2026 Stipend	\$ (100.00)
08/31/26	Chase Checking - Primary	JPMorgan Chase	Credit Card Payment	\$ (2,719.24)
08/31/26	Chase Checking - Primary	JPMorgan Chase	Credit Card Payment	\$ (26,937.39)
08/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (458.89)
08/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (1,983.11)
08/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (46.44)
08/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement	\$ (442.38)
08/31/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	\$ (800.37)
08/31/26	Chase Checking - Primary	Voya	Payroll Date: 08/21/26 Retirement Contribution	\$ (13,955.11)
Chase Checking - DSNP				
08/03/26	Chase Checking - DSNP	Community Health Group	Inv 33275607	\$ (70,858.47)
08/07/26	Chase Checking - DSNP	Language Line Services, Inc.	Inv 11995472	\$ (363.14)
08/07/26	Chase Checking - DSNP	Community Health Group	Inv 2026-29	\$ (29,983.80)
08/10/26	Chase Checking - DSNP	Community Health Group	Inv 33293002	\$ (39,390.30)
08/13/26	Chase Checking - DSNP	Community Health Group	Inv INV081226	\$ (2,000.00)
08/13/26	Chase Checking - DSNP	Community Health Group	Inv INV08122026	\$ (90,000.00)
08/13/26	Chase Checking - DSNP	Imperial County Physicians Medical Group, Inc.	Inv AUG2026	\$ (14,203.73)
08/13/26	Chase Checking - DSNP	Premier Patient Care IPA, INC.	Inv AUG2026	\$ (141,142.15)
08/13/26	Chase Checking - DSNP	Community Care IPA, Inc.	Inv AUG2026	\$ (59,634.09)

Chase Checking - DSNP (Continued)					
08/13/26	Chase Checking - DSNP	Primary Healthcare Medical Group IPA, Inc.	Inv AUG2026	\$	(47,998.03)
08/17/26	Chase Checking - DSNP	Community Health Group	Inv 32719291	\$	(1,104.38)
08/17/26	Chase Checking - DSNP	Nations Benefits, LLC	Inv INV239923	\$	(28,297.60)
08/18/26	Chase Checking - DSNP	Community Health Group	Inv 33309854	\$	(148,890.21)
08/18/26	Chase Checking - DSNP	Infomedia Group, Inc dba Carenet Healthcare S	Multiple invoices (details on stub)-- bill.com Check Number: 81382528	\$	(5,084.70)
08/19/26	Chase Checking - DSNP	David A Gunther	Inv INVAUG2026	\$	(1,578.00)
08/21/26	Chase Checking - DSNP	Nations Benefits, LLC	Inv INV239596	\$	(1,058.48)
08/21/26	Chase Checking - DSNP	ChuiJian Lei	Inv INV081826	\$	(972.00)
08/24/26	Chase Checking - DSNP	Community Health Group	Multiple invoices	\$	(36,209.51)
08/24/26	Chase Checking - DSNP	Bustedknuckles Construction Services	Inv 1002	\$	(7,500.00)
08/24/26	Chase Checking - DSNP	Community Health Group	Multiple invoices	\$	(107,777.37)
08/28/26	Chase Checking - DSNP	Community Health Group	Inv 33347166	\$	(70,622.32)
08/31/26	Chase Checking - DSNP	Centrix Benefit Administrators	Inv INV082826	\$	(6,906.24)
08/31/26	Chase Checking - DSNP	Community Health Group	Inv 2023QCSMIS3	\$	(49,356.92)
08/31/26	Chase Checking - DSNP	JPMorgan Chase	Dividend Income - Aug 2026	\$	4,674.50
08/31/26	Chase Checking - DSNP	JPMorgan Chase	Account Analysis Settlement Charge	\$	(283.96)
08/31/26	Chase Checking - DSNP	JPMorgan Chase	Aug 2026 Interest	\$	169.83
08/31/26	Chase Checking - DSNP	Champion Health Plan of CA	P2P Pharmacy Subsidy	\$	206.82
08/31/26	Chase Checking - DSNP	Champion Health Plan of CA	P2P Pharmacy Subsidy	\$	240.27
08/31/26	Chase Checking - DSNP	Aetna	P2P Pharmacy Subsidy	\$	5.45
08/31/26	Chase Checking - DSNP	CMS	Manufacturer Discount Program Receivable	\$	0.67
08/31/26	Chase Checking - DSNP	JPMorgan Chase	Sweep Basis Fee	\$	(372.63)

JPMorgan Securities					
08/31/26	Chase Securities	Health Net	July Health Net Payment	\$	(27,787,153.00)
08/31/26	Chase Securities	JPMorgan Chase	Bank Fee - July 2026 (Portfolio)	\$	(25.00)
08/31/26	Chase Securities	JPMorgan Chase	July 2026 Accrued Investment Income	\$	99,356.60

JPMorgan Credit Card					
08/03/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	719.28
08/03/26	Chase Credit Card	Cognito, LLC	Cognito, LLC	\$	129.00
08/03/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	34.85
08/03/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	129.16
08/03/26	Chase Credit Card	Jazz HR	Jazz HR	\$	234.53
08/04/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	79.41
08/04/26	Chase Credit Card	Republic Services	Republic Services	\$	187.80
08/04/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	302.67
08/05/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	30.37
08/05/26	Chase Credit Card	AT&T	AT&T	\$	205.20
08/05/26	Chase Credit Card	DoorDash, Inc.	DoorDash - Executive and Finance Meeting	\$	344.78
08/05/26	Chase Credit Card	Dollar Tree	Dollar Tree - Office supplies	\$	6.77
08/06/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	45.19
08/06/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	13.95
08/06/26	Chase Credit Card	Lowes	Lowes - Repairs and Maintenance	\$	37.56
08/06/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	359.64
08/06/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	189.66
08/06/26	Chase Credit Card	FaceBook	Facebook	\$	46.79
08/07/26	Chase Credit Card	Lowes	Lowes - Repairs and Maintenance	\$	29.18
08/07/26	Chase Credit Card	USPS	UPS Shipping	\$	222.00
08/07/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	31.93
08/07/26	Chase Credit Card	Miscellaneous Vendors	Worktime	\$	494.55
08/07/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	359.64
08/07/26	Chase Credit Card	Lowes	Lowes - Repairs and Maintenance Return	\$	(18.22)
08/10/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	376.62
08/10/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	\$	141.75
08/10/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	\$	270.90
08/10/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	\$	4.70
08/10/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	359.64
08/10/26	Chase Credit Card	Miscellaneous Vendors	Monday.com	\$	72.00
08/10/26	Chase Credit Card	Miscellaneous Travel	Southwest Airlines - LHPC Board Meeting 08/26/26	\$	408.80
08/11/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	147.61
08/11/26	Chase Credit Card	Microsoft Corporation	Microsoft	\$	10.50
08/12/26	Chase Credit Card	Miscellaneous Vendors	Dinner for Commission Meeting - 8/10/26	\$	494.25
08/12/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	174.79
08/12/26	Chase Credit Card	Miscellaneous Travel	LHPC Board meeting 8/26/2026	\$	241.45
08/13/26	Chase Credit Card	Brickhouse Deli	Strategic Planning Meeting - LUNCH	\$	102.10
08/14/26	Chase Credit Card	Local Health Plans of California	Webinar for Dr. Unnati Sampat	\$	50.99
08/14/26	Chase Credit Card	BestBuy	Best Buy - Keyboard for J. Hutchins	\$	142.01
08/14/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	719.28
08/14/26	Chase Credit Card	BestBuy	BestBuy - Mouse for J. Hutchins	\$	68.88
08/14/26	Chase Credit Card	Brickhouse Deli	Lunch for RCOC Meeting	\$	294.02
08/17/26	Chase Credit Card	Miscellaneous Vendors	OpenAI	\$	100.00
08/17/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	38.77
08/17/26	Chase Credit Card	Local Health Plans of California	Ahip Medicare Training	\$	175.00
08/17/26	Chase Credit Card	Miscellaneous Vendors	Teamupdraft.com	\$	95.00
08/18/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	19.97
08/18/26	Chase Credit Card	Oracle America, Inc.	Oracle - ACS Services	\$	4,545.46
08/18/26	Chase Credit Card	ZenDesk US	ZenDesk US	\$	204.60
08/19/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$	173.23
08/19/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	\$	964.32
08/19/26	Chase Credit Card	Adobe	Adobe	\$	767.68
08/20/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$	359.64
08/20/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	97.12
08/20/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$	18.31
08/20/26	Chase Credit Card	Lenovo	Lenovo - Laptop for Julia	\$	3,328.60
08/21/26	Chase Credit Card	Positive Promotions	Positive Promotions	\$	2,352.85
08/21/26	Chase Credit Card	Miscellaneous Vendors	OpenAI	\$	20.84

JPMorgan Credit Card (Continued)				
08/24/26	Chase Credit Card	Miscellaneous Vendors	Claude Team - AI	\$ 150.00
08/24/26	Chase Credit Card	Miscellaneous Vendors	Vons - Birthday Plant and balloon	\$ 50.86
08/24/26	Chase Credit Card	Lenovo	Lenovo - Laptop for Guillermo	\$ 2,118.98
08/24/26	Chase Credit Card	Miscellaneous Vendors	Chombos Kitchen	\$ 55.43
08/24/26	Chase Credit Card	Wal-Mart	Wal-Mart - Office Supplies	\$ 3.17
08/24/26	Chase Credit Card	Miscellaneous Vendors	The Gallery Collection	\$ 690.28
08/24/26	Chase Credit Card	Miscellaneous Vendors	Claude Team - AI	\$ 3.57
08/24/26	Chase Credit Card	GoDaddy.com	GoDaddy	\$ 1,078.92
08/26/26	Chase Credit Card	Miscellaneous Vendors	CBI Veeam	\$ 480.00
08/26/26	Chase Credit Card	Verizon Communications Inc.	Verizon	\$ 613.15
08/26/26	Chase Credit Card	Rocket Copy	Rocket Copy	\$ 306.35
08/27/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$ (170.69)
08/28/26	Chase Credit Card	BestBuy	BestBuy - Tablet for Sales & Marketing	\$ 618.16
08/28/26	Chase Credit Card	Miscellaneous Vendors	Apple iCloud Storage	\$ 14.85
08/31/26	Chase Credit Card	JPMorgan Chase	Credit Card Payment	\$ (2,719.24)
08/31/26	Chase Credit Card	JPMorgan Chase	Credit Card Payment	\$ (26,937.39)
08/31/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	\$ 232.77
08/31/26	Chase Credit Card	Amazon	Amazon - Office Supplies	\$ 395.37



Fact Sheet

Local Health Plans of California (LHPC) Dues Assessment – 2026/2027

October 12, 2026

Recommendations

Motion to approve the LHPC 2026-2027 annual dues assessment of **\$133,682.57**.

Background

The LHPC is the primary source of regulatory information for all senior leadership at CHPIV.

As a plan CEO, I'm a member of the 17-member board of directors for the LHPC. We meet weekly to update online regarding regulatory developments, priorities being developed by the state, and most recently a small group has been formed to work with DHCS to plan for the next development of the Medicaid waiver program. The LHPC lobbies regulatory officials and legislators as the LHPC plans represent 70% of the Medi-Cal lives in California. At the strategic planning meetings and updates, LHPC is respected enough to host guest speakers to a personal discussion with the board of directors, including CHHS Secretary Kim Johnson, DHCS Director Michelle Baass.

The LHPC board affords us connections to other CEOs in the state to understand and benchmark and apply perspective to our own efforts. Similarly, there are CMO, CFO, COO, Chief Compliance Officer, and HR collegial groups that meet regularly. The LHPC groups continue to be a welcome resource to all leadership at CHPIV.

The LHPC also offers a variety of training opportunities for staff new to the managed care business, including orientation to Medi-Cal Managed Care, and Medi-Cal financial education.

Current Situation: Last year's dues were \$106,936.79. This year's invoice will be for the full fiscal year July 2025 to June 2026. Which includes LHPC board approved increased costs including the addition of a federal lobbyist, expansion of educational resources,

Financial Impact (including Budget Reference)

\$133,682.57

First Submission to Commission: 10/12/2026



September 15, 2026

Lawrence E. Lewis
Community Health Plan of Imperial Valley
512 W. Aten Road
Imperial, CA 92251

Dear Larry:

Local Health Plans of California ("LHPC") has proudly served and represented California's not-for-profit, community-based health plans in the Capitol for nearly three decades. LHPC will turn 30 years old in 2027, a significant milestone and a reflection of the longstanding imperative for local plans to have a Sacramento presence that represents the interests of the public, mission-based Medi-Cal managed care plans. The merger between LHPC, which historically represented the Local Initiative health plans, and the trade association that represented the County Organized Health Systems plans over a decade ago served to strengthen and unify local plans based on a shared mission of local, quality health care for low-income populations. There is power in the collective as today local health plans are the dominant Medi-Cal managed care delivery system partners with over 70% of the Medi-Cal managed care enrollment statewide.

As we look toward the year ahead, the need for a strong, unified voice advocating on behalf of local plans has never been greater. There are both unprecedented challenges and opportunities for local plans as a new Governor assumes office amidst major federal and state policy changes will begin to take effect. LHPC is translating the LHPC board's vision into an actionable strategy that will elevate LHPC's presence, strengthen local plans' influence, and capitalize on our partnerships to position local plans as essential partners to the Administration and Legislature in designing what comes next for the Medi-Cal program.

Your membership in LHPC ensures that we can continue our dedication to influencing health care policy in California and at the federal level. The current LHPC dues structure utilizes a tiered base assessment and per member assessment based upon the number of covered lives in each health plan as of January 2026. The annual assessment for **Community Health Plan of Imperial Valley under that structure is \$133,682.57.** We will appreciate receiving this amount within the **next 45 days.** At a time where local plan resources are constrained, we understand the significance of LHPC dues on local plan budgets. LHPC is particularly cognizant of the need to be good stewards of association resources, leveraging them to advance the priorities of the LHPC board.

Your participation in LHPC is tremendously appreciated and we look forward to a productive year together. Thank you for your vital support.

Sincerely,



Linnea Koopmans
Chief Executive Officer
Local Health Plans of California

Enclosure

**LOCAL HEALTH PLANS OF
CALIFORNIA**

1201 K Street, Suite 1840
Sacramento, CA 95814
9164488292
www.lhpc.org



INVOICE

BILL TO

Community Health Plan of
Imperial Valley
512 W. Aten Road
Imperial, CA 92251

INVOICE # 2026-23

DATE 09/15/2026

DUE DATE 10/30/2026

TERMS Net 45

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Base Dues - Tier 1	Tier 1 Dues Assessment (< 200,000 Medi-Cal Lives): July 1, 2025 - June 30, 2026 Membership Year	1	125,000.00	125,000.00
PMPY Dues	PMPY Dues Assessment: \$0.09 x 96,473 (January 2025 Medi-Cal Managed Care Enrollment Report accessed on 3/7/2025)	96,473	0.09	8,682.57

Please make checks payable to Local Health Plans of California.
Don't hesitate to contact us if you have any questions about this invoice. Thank you!

SUBTOTAL	133,682.57
TAX	0.00
TOTAL	133,682.57
BALANCE DUE	\$133,682.57

Dues for 2026/2027 Membership Year

LHPC Health Plan	Total Lives (Medi-Cal)	Tier	2025/2026 Membership Dues	2026/2027 Membership Dues	2026/2027 Dues Cost Per Member Per Year
Community Health Plan of Imperial Valley	96,473	Tier 1 < 200,000	\$ 133,791.65	\$ 133,682.57	\$ 1.39
Health Plan of San Mateo	138,837	Tier 1 < 200,000	\$ 138,346.82	\$ 137,495.33	\$ 0.99
San Francisco Health Plan	170,949	Tier 1 < 200,000	\$ 141,108.83	\$ 140,385.41	\$ 0.82
Gold Coast Health Plan	234,083	Tier 2 200,001 - 350,000	\$ 157,067.73	\$ 156,067.47	\$ 0.67
CenCal Health	236,878	Tier 2 200,001 - 350,000	\$ 156,693.96	\$ 156,319.02	\$ 0.66
Contra Costa Health Plan	257,082	Tier 2 200,001 - 350,000	\$ 158,731.20	\$ 158,137.38	\$ 0.62
Santa Clara Family Health Plan	298,741	Tier 2 200,001 - 350,000	\$ 161,534.61	\$ 161,886.69	\$ 0.54
Community Health Group	353,500	Tier 3 350,001 - 750,000	\$ 184,801.92	\$ 181,815.00	\$ 0.51
Alameda Alliance for Health	390,232	Tier 3 350,001 - 750,000	\$ 186,743.58	\$ 185,120.88	\$ 0.47
Kern Health Systems	394,506	Tier 3 350,001 - 750,000	\$ 186,431.10	\$ 185,505.54	\$ 0.47
Health Plan of San Joaquin (incl. MVHP)	396,524	Tier 3 350,001 - 750,000	\$ 187,368.45	\$ 185,687.16	\$ 0.47
CalViva Health	423,515	Tier 3 350,001 - 750,000	\$ 188,820.24	\$ 188,116.35	\$ 0.44
Central California Alliance for Health	431,326	Tier 3 350,001 - 750,000	\$ 189,850.74	\$ 188,819.34	\$ 0.44
CalOptima Health	837,318	Tier 4 > 750,001	\$ 245,675.19	\$ 240,358.62	\$ 0.29
Partnership HealthPlan of California	881,339	Tier 4 > 750,001	\$ 246,275.40	\$ 244,320.51	\$ 0.28
Inland Empire Health Plan	1,453,301	Tier 4 > 750,001	\$ 300,000.00	\$ 295,797.09	\$ 0.20
LA Care Health Plan	2,248,705	Tier 4 > 750,001	\$ 300,000.00	\$ 300,000.00	\$ 0.13
Total	9,243,309		\$ 3,263,241.42	\$ 3,239,514.36	\$ 0.35

Tier Legend:	Tier 1 < 200,000	\$ 125,000
	Tier 2 200,001 - 350,000	\$ 135,000
	Tier 3 350,001 - 750,000	\$ 150,000
	Tier 4 > 750,001	\$ 165,000

Hits cap at 1,500,000 enrollment.

Total Lives Data Pulled From January 2026 Medi-Cal Managed Care Enrollment Report on 03/11/2026:

<https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report>

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	Local Health Plans of California	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
5 Address (number, street, and apt. or suite no.). See instructions. 1201 K Street, Suite 1840 6 City, state, and ZIP code Sacramento, CA 95814 7 List account number(s) here (optional)	Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
9	5	-	4	6	2	6	1	2	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 9/15/2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ACH Information

Bank Information

Bank Name:	Banner Bank
Bank Address:	10 S First Avenue Walla Walla, WA 99362
Bank Phone:	800-272-9933

Client Information

Client Name:	Local Health Plans of California
Client Address:	1201 K Street, Suite 1840 Sacramento, CA 95814

Account Information

Account Type:	Checking
Routing Number:	323371076
Account Number:	300002219

Fact Sheet

CHPIV Grant to Recruit Four (4) OB/GYNs to Imperial County

October 13, 2026

Recommendations

Motion to approve up to four \$300,000 CHPIV grants to recruit OB/GYN's to begin practice in Imperial County.

(ADM-001)

Background

With several OB/GYN physicians currently retired, or nearing retirement, the workload for remaining OB/GYNs remaining is significant. There are currently **2 physicians in clinic practice only** and **5.5 taking 24 X 7 delivering newborns** at the hospital. The need for OB/GYNs has been described as emergent.

Key Workload Details:

- **National Average:** Roughly **100–114 newborns per practicing OB-GYN annually**, based on workforce and Doximity data.
- **Regional Variations:** Workloads change a lot depending on where a doctor practices. For example, **metro areas like Riverside**, California, see higher ratios (around **200–248** births per OB-GYN), while places like Hartford, Connecticut, see far fewer (around 54–58 births per OB-GYN).
- **Imperial County:** With approximately 2,500 births per year in Imperial County, this would **require between ten (10) and thirteen (13) OB/GYN's**.
 - **We currently have only 5.5 OB/GYN's practicing in the county.**

Current Situation

With federal cuts in the Medi-Cal budget funding, resources needed to invest in the future of healthcare are diminishing. CHPIV is in a unique position to quickly provide funding for the recruitment of two OB/GYNs to existing practices with significant Medi-Cal patients and CHPIV members.

Additional providers will increase the safety of care to patients/members with more access to timely care. The reduced wait-times to be seen by an OB/GYN and additional providers to take a share of the 24 X 7 hours on-call in the hospital.

Financial Impact (including Budget Reference)

\$600,000 to \$1,200,000 pending availability of finances.

First Submission to Commission: 10/13/2026



REQUEST FOR PROPOSALS (RFP)

OB/GYN Physician Recruitment and Workforce Expansion Initiative

The Community Health Plan of Imperial Valley is formally issuing this **Request for Proposals (RFP)** to solicit competitive bids from qualified healthcare organizations. The designated partner will orchestrate and execute a comprehensive **recruitment strategy to secure full-time, board-certified or board-eligible Obstetrician-Gynecologist (OB/GYN)**.

Our primary objective is to counteract regional physician shortages, stabilize women's healthcare access, and elevate maternal health outcomes across our service demographic.

1. Statement of Need & Project Objectives

Our service area is navigating a critical shortfall in maternal healthcare access. This deficit is exacerbated by cross-border patients, impending physician retirements, and a high volume of pregnancies.

The selected recruitment partner will be tasked with identifying, vetting, and successfully recruiting a **qualified OB/GYN physician** within **24 months** of awarded grant funding. Candidates must exhibit clinical excellence, strong cultural competency, and a dedication to serving vulnerable or historically marginalized patient populations.

2. Scope of Work

The chosen agency will manage the end-to-end recruitment life cycle. Responsibilities encompass:

- **Engagement of competent, well-respected, experienced, professional recruiter.**
- **Market Analysis & Candidate Sourcing:** Conduct a localized competitive salary index and source candidates via national medical databases, professional networks, and residency/fellowship pipelines.
- **Marketing & Position Profiling:** Author compelling marketing collateral highlighting the clinical opportunity, facility assets, and regional community appeal.

- **Screening & Credentialing Evaluation:** Conduct interviews, verify licensure history, check references, and ensure alignment with national standards, such as those upheld by the American College of Obstetricians and Gynecologists (ACOG).
- **Interview Facilitation:** Coordinate logistics for site visits, clinical interviews, and community tours for prospective physicians and their families.
- **Contract Negotiation Support:** Assist in finalizing competitive contract offers, incorporating relocation packages, signing bonus, and first-year provider income guarantees.

3. Grant Funding & Total Budget

This recruitment initiative is partially funded by a CHPIV grant in support of the Imperial County Community Health Assessment priority to improve access to primary care in Imperial County.

- **Total Allocated Budget: \$300,000** maximum for agency fees, direct recruitment costs, sign-on bonus, moving expenses, and first-year provider-income guarantee.
- **Payment Milestones:** Due to the emergent need for OB/GYNs in Imperial County Funds will be released in December 2026. Quarterly reports of activity must be submitted quarterly to CHPIV review and feedback. Reports should summarize total expenditure against the restricted fund. Funds must be expended within two years for the recruitment of OB/GYN(s). Exceptions for the recruitment of other specialties may be approved by the CHPIV Commission. Reports should also include the number of candidates submitted, follow-up contacts, candidates interviewed by the internal recruitment committee, travel to Imperial County, signed letters of intent, signed contracts, and start dates.

4. Proposal Submission Requirements

Interested agencies must submit a unified, single-PDF proposal detailing the following operational parameters:

- **Organization Profile & Relevant Experience:** Summary of the organization's track record in permanent healthcare placements, specifically emphasizing OB/GYN or specialty maternal health recruitment.
- **Recruitment Methodology:** Step-by-step strategic breakdown of candidate sourcing, vetting protocols, and offer letters, contract signed, and the number of new physicians successfully started.
- **Timeline:** A structured timeline or Gantt chart illustrating key delivery dates from contract kickoff to physician placement.
- **Fee Structure:** Itemized breakdown of all contingent, retained, or flat fees, including advertising costs, background checks, candidate travel contingencies, sign-on bonuses, and income guarantees to be offered.
- **Leadership:** Leadership to be focused on the recruiting process and success.

- **Medi-Cal Population Served:** Submissions will include the volume of Medi-Cal members served in the past year.

5. Timeline & Evaluation Process

Milestone	Deadline
RFP Release Date	10/15/2026
Deadline for Written Inquiries	10/22/2026
Proposal Submission Deadline	11/01/2026
Evaluation Period & Finalist Interviews	November 2026
Contract Award & Project Initiation	12/1/2026

Proposals will be systematically scored based on **industry experience (30%)**, **proposed methodology (30%)**, **cost competitiveness (20%)**, and **time-to-hire metrics (20%)**.

6. Submission Guidelines

Please forward all inquiries and final electronic proposals to the designated point of contact:

- **Contact Name:** Lawrence E. Lewis, CEO
- **Department:** Administration
- **Email Address:** llewis@chpiv.org
- **Subject Line Format:** Response to RFP: OB/GYN Recruitment



Fact Sheet

Resolution to Terminate the 403(b) Retirement Plan

October 13, 2026

Recommendations

“Motion to recommend approval of the resolution to terminate the 403(b) Retirement Plan to the Full Commission.”

Background

More than a year ago, it was determined that the 403(b)-retirement plan originally established for the Local Health Authority (LHA) employees was not a legally available retirement plan for a government organization. A retirement plan attorney was engaged to consult and make recommendations to correct the problem. The follow up required the LHA to establish a new retirement plan which has been in effect since approximately December 2025. Subsequently, the attorney filed a Voluntary Compliance Plan with the IRS. The IRS recently approved the plan which included the termination of the 403(b) plan.

Current Situation

To begin the process of terminating the 403(b) plan the Commission needs to approve of the resolution to terminate as of December 31, 2026, or as soon as administratively practicable thereafter.

There is NO OPTION to continue the 403(b) plan. The distribution of the retirement funds will be overseen by the processes to be outlined by the attorney to remain compliant with the IRS-approved compliance plan and processes required by the current custodian of the 403(b) funds, American Trust.

Educational materials will be developed to explain the process to employees collaboratively with the custodian and the retirement plan attorney.

The resolution also authorizes the LHA CEO to complete the required documentation processes, engage any entities required to complete the termination process, and implement the IRS-approved compliance plan.



Financial Impact (including Budget Reference)

No financial impact other than the legal fees associated with attorney work necessary.

First Submission to Commission: 10/13/2026

RESOLUTION

WHEREAS, Imperial County Local Health Authority (the “Authority”) previously adopted the CHPIV Retirement Plan (the “Plan”), which was intended to satisfy the requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended (the “Code”);

WHEREAS, the Authority subsequently determined that it was not an eligible employer to maintain a plan described in Code Section 403(b), resulting in an employer eligibility failure (the “Employer Eligibility Failure”), and (1) ceased all contributions to the Plan effective November 20, 2025, and (2) voluntarily submitted the Employer Eligibility Failure to the Internal Revenue Service (the “IRS”) under the Voluntary Correction Program (“VCP”) component of the Employee Plans Compliance Resolution System;

WHEREAS, the IRS issued a compliance statement to the Authority dated September 4, 2026 (the “Compliance Statement”) approving the correction of the Employer Eligibility Failure as set forth in the Authority’s VCP submission, subject to the terms and conditions of the Compliance Statement;

WHEREAS, following the cessation of contributions to the Plan, the Authority established an eligible governmental deferred compensation plan intended to satisfy Code Section 457(b) (the “457(b) Plan”), for the provision of retirement benefits on and after the effective date of such 457(b) Plan; and

WHEREAS, following receipt of the Compliance Statement, the Authority has determined to terminate the Plan effective December 31, 2026 (or as soon as

administratively practicable thereafter) and, in connection with such termination, to provide for the distribution of all accumulated benefits under the Plan in accordance with the terms of the Plan, the Compliance Statement and applicable law.

NOW, THEREFORE, BE IT RESOLVED, that the Authority hereby approves the termination of the Plan effective as of December 31, 2026 (or as soon as administratively practicable thereafter) (the “Termination Date”);

FURTHER RESOLVED, that the termination of the Plan shall constitute a distribution event under the terms of the Plan and, effective as of the Termination Date, (i) each participant shall be fully vested and have a 100% nonforfeitable interest in his or her accumulated benefit under the Plan to the extent required by applicable law, and (ii) all accumulated benefits and assets under the Plan shall be distributed to or for the benefit of participants and beneficiaries as soon as administratively practicable in accordance with the terms of the Plan, the Compliance Statement, Code Section 403(b), Treasury Regulation Section 1.403(b)-10 and other applicable law;

FURTHER RESOLVED, that Lawrence Lewis, Chief Executive Officer of the Authority (the “Authorized Agent”) is authorized and directed, on behalf of the Authority and the Plan, to take any and all actions and execute and deliver any and all documents that the Authorized Agent determines to be necessary, advisable or appropriate to implement the Compliance Statement and effectuate the termination, distribution of benefits and winding up of the Plan, including, without limitation, to:

1. Amend the Plan to the extent necessary or appropriate to effectuate its termination and the distribution of benefits;

2. Establish and implement procedures for the distribution of Plan benefits and provide all required notices, elections and other communications to participants and beneficiaries;
3. Select and engage any custodians, recordkeepers, third-party administrators, financial institutions, consultants, legal counsel or other service providers necessary or appropriate in connection with the termination of the Plan;
4. Select one or more individual retirement account or other permissible rollover providers to receive distributions on behalf of participants or beneficiaries who fail to make a timely distribution election, cannot be located or otherwise require establishment of a rollover arrangement, in each case to the extent permitted by the Plan and applicable law;
5. Make any required governmental filings and address any required tax withholding, reporting, required minimum distribution, rollover, missing participant or similar matters; and
6. Take such other actions and execute such agreements, amendments, certifications, notices, elections, instructions, applications or other documents as the Authorized Agent determines to be necessary, advisable or appropriate to carry out the purposes of these resolutions;

FURTHER RESOLVED, that the Authorized Agent may delegate any ministerial or administrative duties arising under these resolutions to such officers, employees or service providers as the Authorized Agent determines appropriate; and

FURTHER RESOLVED, that all actions previously taken by the officers, employees and authorized representatives of the Authority that are consistent with the foregoing resolutions hereby are ratified, confirmed and approved.

Imperial County Local Health Authority

Presiding Officer

Title

Date



Fact Sheet

Implementation and Licensing agreement of NetSuite ERP

October 7, 2026

Recommendations

Motion to approve renewal of NetSuite ERP (core financial system), NetSuite Planning & Budgeting (NSPB), and Advanced Customer Service (ACS) contracts. To maximize price lock incentives, this is a 3-year contract, not to exceed \$99,632.17 per year.

Background

In April 2025, CHPIV implemented NetSuite as the primary financial system of record. Contracts included ERP for core accounting functions, NSPB for financial planning and analysis, and ACS for ongoing support. Included in each module are Oracle Cloud services and associated license fees.

As part of the initial negotiated terms, CHPIV was able to secure a rate lock not to exceed 5% for each renewal year.

No new services are included in the estimates, only continuation of existing services.

Financial Impact

CHPIV has negotiated a 13% discount for ACS and certain add-on modules (e.g., Bill capture, View & Approve, etc.), a 31% discount on “Sandbox” environment, used for testing and implementation of optimization scripts, and a 19% on the core ERP. Aggregate discounts total 16%.

Billing will be done quarterly and is fully budgeted.



Fact Sheet

Annual Financial Audit – Baker Tilly, LLP

October 7, 2026

Recommendations

Motion to approve the SOW for annual financial audit performed by Baker Tilly, not to exceed **\$91,500**.

Background

As required by regulatory agencies, CHPIV is required to conduct an audit of its financial statements no less than once per year. Baker Tilly was utilized between 2023 and 2025 audits and performed satisfactorily. As a result, we seek to re-engage Baker Tilly for the 2026 audit.

Scope

Baker will perform an audit of CHPIV's Net Position, as of December 31, 2026, related revenue and expenses, Change in Net Position, Statement of Cash Flows, and related notes. Notably new for 2026, Baker Tilly will perform testing related to DSNP revenue and IBNR. Baker will not issue an opinion on whether CHPIV's management discussions and analysis (presented as supplementary information) is fairly stated.

In addition to the audit, Baker will assist CHPIV in drafting the final year-end financial statements and related footnotes for 2026. These will be non-attest services.

Objectives & Auditor Responsibility

The objective of the audit is to obtain reasonable assurances about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue a report of opinion as to the auditor's findings.

The auditor will have the responsibility of identifying and assessing key risks of material misstatement of the financials, understanding and reporting on internal controls, evaluating the appropriateness of accounting policies, and conclude whether there are conditions or events that could raise substantial doubt about CHPIV's ability to continue as a going concern.

At the conclusion of the audit, Baker Tilly will prepare a written report, addressed to the Commission, detailing the results of their findings.



Financial Impact

The fees for this engagement were estimated by Baker Tilly to be \$91,500, plus expenses. This reflects a 3% cost of living increase, plus \$5,000 related to the new DSNP product. It is the opinion of CHPIV that this amount is sufficient to complete the work and reflects a fair value given the size of the organization and scope of the engagement

Committee Chair Reports

Commission Informational Item: 2026 Biennial Conflict of Interest Code Filing

CHPIV filed its 2026 biennial Conflict of Interest Code notice with Imperial County before the October 1, 2026 deadline. This item is for information only.

To	Imperial County Local Health Authority Commission
Meeting	Oct 12, 2026
Agenda section	Regulatory Compliance Oversight Committee (RCOC) Update
Presenter	Dr. Allan Wu, RCOC Chair
Item	2026 Biennial Conflict of Interest Code Filing
Item type	Informational
Prepared by	Cynthia Mesa, Chief Compliance Officer

Summary

State law requires CHPIV to review its Conflict of Interest Code every two years and notify its code reviewing body, the Imperial County Board of Supervisors, by October 1 of each even-numbered year.

CHPIV completed this review and filed the notice on time. The only update is the addition of the Chief Operating Officer to Attachment A. The Compliance & Policy Committee and the RCOC approved the update. Everything else in the code is unchanged.

Summary of Changes

P&P	Policy Name	Department	Functional Area	Summary of Changes
EXC-001	Conflict of Interest	Executive Services	Executive Services	Ad Hoc Update: Added the Chief Operating Officer (COO) as a designated position in Attachment A of the Conflict of Interest Code. No

P&P	Policy Name	Department	Functional Area	Summary of Changes
				other changes.

Attachments

- 2026 Biennial Notice as filed with the Imperial County Board of Supervisors
- EXC-001 Conflict of Interest, Attachment A (Designated Positions)



ATTACHMENT A

CONFLICT OF INTEREST CODE

1. DISCLOSURE CATEGORIES DEFINED:

Categories are established that coincide with the reporting schedules included in FPPC Form 700. Employees and members may be required to make disclosures in multiple categories as specified in Section 2 of this Code.

Employees and Commissioner required to provide disclosures pursuant to the Community Health Plan of Imperial Valley Conflict of Interest Code shall provide disclosures upon entering office/employment, on an annual basis and upon leaving office/employment.

Disclosure Categories:

Category A-1: Investments - Those required to make disclosures pursuant to Category A-1 must report any and all ownership interest of or investment in (including but not limited to stocks, bonds, warrants, and options and managed investment funds) any business entity wherein the employee or member or the employee or member's spouse, registered domestic partner, or dependent children have a direct, indirect, or beneficial interest owns an interest equal to or lesser than ten percent (10%) of said business entity totally \$2,000 or more at any time during the reporting period.

Category A-2: Investments - Those required to make disclosures pursuant to Category A-2 must report any and all ownership interest of or investment in (including but not limited to stocks, bonds, warrants, and options and managed investment funds) any business entity wherein the employee or member or the employee or member's spouse, registered domestic partner, or dependent children had a direct, indirect, or beneficial interest owns an interest in excess of ten percent (10%) of said business entity.

Category B: Real Property Interest - Those required to make disclosures pursuant to Category B must report all their interest in real property located in the County of Imperial. "Real property interest" means a direct, indirect or beneficial interest totally \$2,000.00 or more any time during the reporting period in which the employee or member, or the employee or member's spouse, registered domestic partner, or dependent children had a direct, indirect, or beneficial interest in located in the County of Imperial. The principal residence of an employee or member is NOT subject to disclosure as a Real Property Interest.

Category C: Income - Those required to make disclosures pursuant to Category C must report the source and amount of gross income of \$500 or more received during the reporting period. "Gross income" is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. Those required to make disclosures must also report income received by their spouse. A source of income must be reported only if the

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



REGULATORY COMPLIANCE NOTICE

source is doing business in, planning to do business in, or has does business in the County of Imperial during the previous two years.

Category D: Gifts - Those required to make disclosures in pursuant to Category D must report gifts received that have a fair market value in excess of \$50.00. In addition, multiple gifts received from the same source that total \$50.00 or more during the reporting period must be reported.

Category E: Travel Payments, Advances and Reimbursements - Those required to make disclosures pursuant to Category E must report the source of some travel payments, advances and reimbursements. Please see the instructions for Schedule E of Form 700 for more detail.

2. DESIGNATED POSITIONS:

Designated Positions	Disclosure Categories
Commissioners	A-1, A-2, B, C, D, E
Legal Counsel	A-1, A-2, B, C, D, E
Chief Executive Officer	A-1, A-2, B, C, D, E
Chief Financial Officer	A-1, A-2, B, C, D, E
Chief Compliance Officer	A-1, A-2, B, C, D, E
Chief Operating Officer	A-1, A-2, B, C, D, E



Conflict of Interest and Non-Discrimination Attestation

Community Health Plan of Imperial Valley

I, _____, agree and attest as follows:

1. I am a member of the following of the Community Health Plan of Imperial Valley (CHPIV) Commission and/or Committee(s): _____.
2. I understand CHPIV requires that all individuals who serve on _____ (Commission or Committee (s) ["Participant"]), or who otherwise makes decisions on CHPIV and activities, timely and fully disclose any actual, perceived, or potential conflicts of interest that arise in the course and scope of serving in such capacity.
3. I understand that a conflict of interest occurs whenever an individual who is in a position to control or influence a business or clinical decision has a personal, financial, or otherwise competing interest in the outcome of the decision including:
 - a. when there is a divergence between the Participant's private interests and his/her professional obligations, such that an independent observer might reasonably question whether the Participant's professional actions or other decisions are determined by considerations of personal gain, financial or otherwise;
 - b. when a decision may have an effect on the financial interests of the Participant, any member of the Participant's immediate family (spouse, domestic partner, civil union partner, natural or adoptive parents, step-parents, children, stepchildren, siblings, step-siblings, nieces/nephews, aunts/uncles, grandparents, grandchildren, in-laws, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or the spouse of a grandparent), or the Participant's employers, partners, or other business associates; and
 - c. when medical decisions are unduly influenced by fiscal and administrative management.
4. I understand all decisions concerning the best interests of CHPIV, safe care, quality of treatment, and services provided to CHPIV's members must be made solely with the intent to meet the needs of those members and without any actual, perceived, or potential conflicts of interest.
5. That, under no circumstances, may I place my own financial interests above the welfare of CHPIV's patients.

6. In my role as a Participant, I will conduct myself so as to avoid or minimize conflicts of interest, and I will appropriately disclose all potential or actual conflicts of interest in accordance with CHPIV's policies and procedures.
7. I will refrain from participation, including voting, discussing, or in any way trying to influence the outcome of the decision, in any matter in which I have a conflict of interest.
8. I will comply with all CHPIV's decisions regarding the resolution of conflicts and/or CHPIV's imposition of safeguards (e.g., abstention from voting, non-participation in reviews) deemed necessary and appropriate to manage conflicts of interest.
9. I acknowledge that Federal law prohibits CHPIV from discriminating, in terms of participation, against any health care professional who acts within the scope of his or her license or certification under State law, solely on the basis of the license or certification category but that this prohibition does not preclude actions designed to maintain quality of care.
10. I acknowledge and understand that I may not base recommendations or on race, ethnic/national identity, gender, age, sexual orientation or patient type (e.g., Medicaid) and I agree that I will not discriminate against person or entity in making such recommendations or decisions as a Participant of any CHPIV Commission or Committee.

Signature

Printed Name

Date



Conflict of Interest Disclosure Form

Community Health Plan of Imperial County Commission, Committees, Subcommittees, and
Departments

Name: _____

Department\Organization: _____

Committee/Subcommittee: _____

Please complete the information below. The terms “Conflict of Interest” and “Related Party” as used in this Conflict of Interest Disclosure Form are defined below.

Definitions:

A. **Conflict of Interest:** A conflict of interest may occur whenever an individual who is in a position to control or influence a business or clinical decision has a personal, financial, or otherwise competing interest in the outcome of the decision. A conflict of interest may arise when there is a divergence between an individual’s private interests and his/her professional obligations, such that an independent observer might reasonably question whether the individual’s professional actions or other decisions are determined by considerations of personal gain, financial or otherwise.

B. **Related Party:** The Participant’s spouse, domestic partner, civil union partner, natural or adoptive parents, step-parents, children, step-children, siblings, step-siblings, nieces/nephews, aunts/uncles, grandparents, grandchildren, in-laws, son-in-law, daughter-in-law, brother-in-law, sister-in, law, or the spouse of a grandparent.

Conflict of Interest Disclosures:

Please answer all questions below to the best of your knowledge. Indicate by marking YES or NO if any of the questions apply to you or to any Related Party. Please attach supplementary pages if you have additional disclosures that will not fit in the space below.

1. Do you and/or any Related Party currently have, or within the last five (5) years had, ownership, employment, contractual and/or other interest or affiliation in any clinic, medical group, Independent Practice Association (IPA) and/or Health Maintenance Organization?

☐ Yes ☐ No

If yes, please complete the information below.

<u>Entity</u>	<u>Role</u>	<u>Remuneration Type</u>

2. Do you and/or any Related Party currently have, or within the last five (5) years had, any ownership, employment, contractual and/or other interest or affiliation in any company, vendor or organization that conducts provider peer review, credentialing/re-credentialing, quality assurance, utilization review medical record review, hearing officer/judicial review committee services, expert witness services and/or similar activities or services?

☐ Yes ☐ No

If yes, please complete the information below.

<u>Entity</u>	<u>Your Role</u>	<u>Nature of Services</u>

3. Do you or any Related Party currently have, or within the last five (5) years had, any ownership interest in or receive any payment(s) or other remuneration from a pharmaceutical, medical device or supply, biotechnology, or medical consulting, manufacturing or distributing company (including, but not limited to, any salary, commission, advance, interest, rent, gift, loan, loan forgiveness, payment of indebtedness, rebate, payment or reimbursement of expenses, fees for consulting, speaker's bureaus, advisory boards or other committees)?

☐ Yes ☐ No

If yes, please complete the information below.

Entity	Role	Remuneration Type

4. Do you and/or any Related Party currently have, or within the last five (5) years had, any ownership interest in or receive any equity, including stock, stock options, or venture capital funds from a pharmaceutical, medical device, biotechnology, or medical consulting, manufacturing or distributing company? (Mutual funds and publicly traded stock are excluded).

☐ Yes ☐ No

If yes, please complete the information below.

<u>Entity</u>	<u>Role</u>	<u>Remuneration Type</u>

5. Do you and/or any Related Party currently have, or within the last five (5) years had, rights to medical intellectual property, including patent rights or royalty income?

☐ Yes ☐ No

If yes, please complete the information below.

<u>Entity</u>	<u>Nature and Amount of Interest</u>	<u>Medical Company</u>

6. Do you and/or any Related Party receive any payment(s) or other remuneration for research, including any grants within the last five (5) years?

☐ Yes ☐ No

If yes, please complete the information below.

<u>Entity</u>	<u>Role</u>	<u>Remuneration Type</u>

7. Do you and/or any Related Party currently hold, or within the last five (5) years held, any position as an officer, director, partner, or manager in a hospital, ambulatory surgery center, pharmaceutical, medical device, or biotechnology manufacturing, distributing, or consulting company?

☐ Yes ☐ No

If yes, please complete the information below.

<u>Entity</u>	<u>Role</u>	<u>Remuneration Type</u>	<u>Annual Dollar Value</u>

8. Do you have any other potential or actual Conflict(s) of Interest?

☐ Yes ☐ No

If yes, please describe below.

I acknowledge and agree that I have received, reviewed, understand and will comply with, Community Health Plan of Imperial Valley's Conflicts of Interest Policy. I further acknowledge and agree that I have disclosed all known Conflicts of Interest below.

By my signature below, I understand and acknowledge that I have an ongoing obligation to disclose any known Conflicts of Interest that arise while participating in any capacity in CHPIV's Commission, Committees, Subcommittees, or management departments committee and that I will promptly disclose the existence and nature of any potential or actual Conflicts of Interest.

Signature: _____

Date: _____



Conflict of Interest Attestation

[CHPIV Commission, Committee/Sub-Committee(s)]

I, _____, agree and attest as follows:

1. I am a member of the following of the Community Health Plan of Imperial Valley (CHPIV) Commission and/or Committee(s)]: _____.
2. I understand CHPIV requires that all individuals who serve on _____ (Commission or Committee (s) ["Participant"]), or who otherwise makes decisions on CHPIV and activities, timely and fully disclose any actual, perceived, or potential conflicts of interest that arise in the course and scope of serving in such capacity.
3. I understand that a conflict of interest occurs whenever an individual who is in a position to control or influence a business or clinical decision has a personal, financial, or otherwise competing interest in the outcome of the decision including:
 - a. when there is a divergence between the Participant's private interests and his/her professional obligations, such that an independent observer might reasonably question whether the Participant's professional actions or other decisions are determined by considerations of personal gain, financial or otherwise;
 - b. when a decision may have an effect on the financial interests of the Participant, any member of the Participant's immediate family (spouse, domestic partner, civil union partner, natural or adoptive parents, step-parents, children, stepchildren, siblings, step-siblings, nieces/nephews, aunts/uncles, grandparents, grandchildren, in-laws, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or the spouse of a grandparent), or the Participant's employers, partners, or other business associates; and
 - c. when medical decisions are unduly influenced by fiscal and administrative management.
4. I understand all decisions concerning the best interests of CHPIV, safe care, quality of treatment, and services provided to CHPIV's members must be made solely with the intent to meet the needs of those members and without any actual, perceived, or potential conflicts of interest.
5. That, under no circumstances, may I place my own financial interests above the welfare of CHPIV's patients.

6. In my role as a Participant, I will conduct myself so as to avoid or minimize conflicts of interest, and I will appropriately disclose all potential or actual conflicts of interest in accordance with CHPIV's policies and procedures.
7. I will refrain from participation, including voting, discussing, or in any way trying to influence the outcome of the decision, in any matter in which I have a conflict of interest.
8. I will comply with all CHPIV's decisions regarding the resolution of conflicts and/or CHPIV's imposition of safeguards (*e.g.*, abstention from voting, non-participation in reviews) deemed necessary and appropriate to manage conflicts of interest.

Signature

Printed Name

Date

	Conflict of Interest Avoidance		EXC-001
	Department	Executive Services	
	Functional Area	Executive Services	
	Line of Business	☒ Medi-Cal ☒ D-SNP	

DELEGATION OF FUNCTION		
☐ Health Net	☐ Community Care IPA	☒ Not Delegated
☐ Community Health Group	☐ Primary Healthcare Medical Group	
☐ Imperial County Physicians MG	☐ Premier Patient Care	

DATES			
Policy Effective Date	09/06/2023	Reviewed/Revised Date	09/16/2026
Next Annual Review Due	09/16/2027	Regulator Approval	NA

APPROVALS			
Internal		Regulator	
Name	Lawrence E. Lewis	☐ DHCS	☒ NA
Title	Chief Executive Officer	☐ DMHC	

ATTACHMENTS	
- Attachment A – Conflict of Interest Code - Attachment B – Conflict of Interest and Non-Discrimination Attestation (CPRC) - Attachment C –FPPC Form 700 Statement of Economic Interests	

AUTHORITIES/REFERENCES	
- DHCS Contract Section 1.1.3 Conflict of Interest – Current and Former State Employees, Exhibit H – Conflict of Interest Avoidance Requirements - Health and Safety Code §1367(g) - Title 42, Code of Federal Regulations (C.F.R.), §422.205, 438.3(f)(2), 438.58 - Title 28, California Code of Regulations (CCR) §1300.67.3 - Title 22, California Code of Regulations (CCR) sections 53874 and 53600	

HISTORY	
Revision Date	Description of Revision
09/06/2023	Policy Creation
03/25/2025	Annual Review. three grammar changes I.A. ; “II. E.”; III.A.1.c.
03/25/2025	Attachment A Expanded List of Leadership
09/29/2026	Annual Review
08/12/2026	Ad-hoc Updates
08/19/2026	Annual Review
09/16/2026	Ad-hoc Updates

**I. OVERVIEW**

- A.** This policy addresses the Community Health Plan of Imperial Valley (CHPIV) requirements that all individuals in an appointed, volunteer, or employed position for CHPIV including all committees and subcommittees who make decisions regarding CHPIV operations, fully disclose any actual, perceived, or potential conflict of interest(s) that arise in the course and scope of serving in such a capacity. This policy provides guidance regarding identification, disclosure, and evaluation of conflicts of interest so that such conflicts are resolved and/or avoided in compliance with legal and ethical standards, statutes, and regulations. The policy stated herein is applicable in addition to and does not supplant the provisions of Cal. Wel. & Inst. Code § 14087.38, and the Fair Political Practices Act.

II. POLICY

- A.** It is the policy of CHPIV to promote the best interests of its members. All decisions concerning safe care, quality of care, and services provided to CHPIV's members are to meet the needs of members without any actual, or perceived conflicts of interest. No one making decisions about the services and operations of CHPIV will place their own financial interests above that of CHPIV and its members.
- B.** CHPIV will not utilize any State officer, employee in State civil service, other appointed State official, or intermittent State employee, or contracting consultant for DHCS, unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular State employment.
- C.** All individuals will carry out their responsibilities, avoiding conflicts of interest, and must appropriately disclose when conflicts of interest arise.
- D.** All individuals have a continuous obligation to disclose the existence of any actual, perceived, or potential conflict of interest to CHPIV in accordance with this policy.
- E.** CHPIV's CHIEF EXECUTIVE OFFICER and CHIEF COMPLIANCE OFFICER shall evaluate all conflicts of interest and adjust this policy as needed.
- F.** DELEGATED ENTITY shall have policies and procedures consistent with this policy to identify, avoid, and/or manage conflicts of interest as needed.
- G.** If required by the Department of Healthcare Services (DHCS), a third-party monitor must certify CHPIV's compliance with the conflict avoidance plan.
- H.** CHPIV periodically reviews and may amend the conflict avoidance plan to address material changes impacting the conflict of interest.

III. PROCEDURE**A. Conflict of Interest**

1. A conflict of interest depends on the situation and not on the individual. The conflict of interest may arise where an individual, including a related party directly controlled by them:
 - a. Receives material compensation (gifts, grants, stipends, amenities) from any individual and/or their employer, or entity that is conducting business or services with CHPIV.
 - b. Has an ownership interest in any entity that is conducting business with CHPIV.
 - c. Has a past- or present personal relationship with an entity with or individual conducting business or providing services to CHPIV.
 - d. Has a financial interest in any consultant that is engaged and/or contracted with CHPIV.



Conflict of Interest Avoidance

EXC-001

2. The following are examples of Conflicts of Interest:
 - a. An individual who makes decisions with another entity or individual (outside of CHPIV) that is a direct competitor of CHPIV, or where there had been a past personal, employment or financial relationship.
 - b. An individual has an ownership or financial interest in the consulting firm engaged by CHPIV.
 - c. An individual receives monetary or non-monetary compensation from a pharmaceutical manufacturer whose drug is reviewed for listing on the CHPIV or related downstream delegate's formulary.
 - d. An individual leases property to CHPIV and is a member of the COMMISSION or employed by CHPIV.

B. Conflict of Interest Disclosure Process

1. On an annual basis, an individual who is involved in CHPIV a governance or leadership role, shall sign a "Conflict of Interest Attestation", and complete a "FPPC Form 700 Statement of Economic Interests" relationships, or financial interests that create or have the potential to create a Conflict of Interest for the individual.
2. Upon appointment and prior to serving on the COMMISSION, any Committee of the COMMISSION, or senior leadership role shall FPPC Form 700 Statement of Economic Interests", identifying relationships, or financial holdings that create or have the potential to create a Conflict of Interest for the individual.
3. If an individual believes that he/she may have a potential, perceived, or actual Conflict of Interest prior to a committee, or subcommittee, meeting, they will provide written notice to the committee, or subcommittee, chairperson disclosing the potential, perceived, or actual Conflict of Interest.
4. Whenever a Participant believes that he/she may have a potential, perceived, or actual Conflict of Interest during a committee, or subcommittee, meeting, they will immediately alert the committee, or subcommittee, chairperson that they may have a potential, perceived, or actual Conflict of Interest. Before leaving the meeting, the Participant may be asked, and may answer, any questions concerning the Conflict of Interest.
5. In all other situations, whenever a Participant realizes that they may have a potential or actual Conflict of Interest, they will provide written notice to the CHIEF EXECUTIVE OFFICER disclosing the potential, perceived, or actual Conflict of Interest.
6. To the extent CHPIV engages an external reviewer or expert consultant, that external reviewer or expert consultant shall be required to sign a Conflict-of-Interest Statement and complete an FPPC Form 700 Statement of Economic Interests prior to performing any services for CHPIV.
7. All persons holding the offices listed in the Conflict-of-Interest Code which is attached hereto as Appendix One shall file a FPPC Form 700 with the Clerk of the COMMISSION upon assuming office, annually thereafter, and upon vacating the office in question as provided in the Fair Political Practices Act.

C. Management and Resolution of the Conflicts of Interest

1. The CHIEF EXECUTIVE OFFICER, the COMMISSION Chairperson, or the COMMISSION committee chairperson will review and evaluate all written disclosures thoroughly for conflicts. For any decision involving a CHPIV employee, the CHIEF EXECUTIVE OFFICER shall involve Legal Counsel before taking any action.



Conflict of Interest Avoidance

EXC-001

2. The applicable committee or subcommittee chairperson shall resolve any issue over the existence of a Conflict of Interest involving an individual who is a COMMISSION or member of a committee of the COMMISSION. All other Conflict of Interest issues shall be resolved by the CHIEF EXECUTIVE OFFICER. CHPIV shall verify that no unresolved Conflicts of Interest exist prior to retaining an external reviewer or expert consultant.
3. If it is determined that there is no conflict, then the individual can continue to be involved in the matter, subject to any limitations imposed by the CHIEF EXECUTIVE OFFICER, or COMMISSION or committee of the COMMISSION, chairperson.
4. If it is determined that there is a Conflict of Interest, the individual may be excluded from participation in the matter that gave rise to the Conflict of Interest.
5. The committee chairperson and/or CHIEF EXECUTIVE OFFICER may resolve the conflict when appropriate, by imposing limitations where there is a determination that a Conflict of Interest does not prohibit the individual's continued involvement in the matter. These limitations may include, but are not limited to, requiring that the Participant abstain from voting regarding the matter, or prohibiting the individual from participating in any investigation of the matter.
6. If a Participant disagrees with a COMMISSION or committee of the COMMISSION chairperson's decision regarding a Conflict of Interest, he/she can request that the CHIEF EXECUTIVE OFFICER review the Conflict of Interest.

D. Record Retention

1. The CEO's office shall keep copies of all Conflict-of-Interest Disclosure Forms and any written information disclosing a Conflict of Interest in accordance with applicable regulatory record retention requirements, and no less than ten years.
2. COMMISSION and committees of the COMMISSION minutes shall reflect the disclosure of Conflicts of Interest and any abstentions and exclusions from participation from voting on actions.

E. Non-Compliance with Conflicts of Interest.

1. Suspected violations of this Policy should be reported to the CHIEF EXECUTIVE OFFICER or CHIEF COMPLIANCE OFFICER. Such reports may be made confidentially.
2. The failure of an individual to disclose a Conflict of Interest when it is known or reasonably should be known to the individual may result in actions against the individual, including, but not limited to disciplinary action, sanctions, removal, dismissal, and/or termination from a committee or subcommittee. The matter may also be referred to the CHPIV's CEO's office, CHIEF COMPLIANCE OFFICER's office, and/or Human Resources for further action, as appropriate.

IV. DEFINITIONS

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

TERM	DEFINITION
Chief Compliance Officer (CCO)	CHPIV staff member who serves as the focal point for compliance activities as well as manages the Compliance Department of CHPIV. The CCO reports directly to the Chief Executive Officer and the Commission. The CCO is responsible for developing, operating, and monitoring the compliance program. This includes establishing an auditing and monitoring plan,

	Conflict of Interest Avoidance	EXC-001
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	overseeing compliance audit functions, continuously reviewing organizational risk areas to identify necessary auditing, and monitoring activities, assisting in the formulation of correction action plans, and overseeing and/or verifying implementation of corrective action.
Chief Executive Officer	The Chief Executive Officer (CEO) of a Managed Care Plan is the highest-ranking executive, responsible for implementing organizational strategies, ensuring the achievement of overall objectives, and maintaining operational, legal, and financial integrity, all while being accountable to the Commission.
Commission	The governing body of the Local Health Authority (LHA). It is comprised of thirteen voting members that represent different sectors of the health system, the public, Medi-Cal beneficiaries, and businesses as outlined in LHA Establishing Ordinance.
Delegated Entity	A contracted entity which CHPIV authorizes to perform certain functions on its behalf. Although, CHPIV can delegate the authority to perform a function, it cannot delegate the responsibility for ensuring that the function is performed according to CHPIV and National Committee on Quality Assurance (NCQA) standards.

Committee Report

Summary of committee meetings by commissioner chairs

Community Advisory Committee Report

Chair: Xochitl Fausto

Date: Sep 15, 2026

Agenda Items Discussed

- **Medicare Savings Program** – Guests presenters explained how Medi-Cal can help eligible members pay the Medicare Part B premium, as well as requirements, reimbursement times, differences between programs and channels for receiving assistance or reporting service problems.
- **Non-Specialty Mental Health Outreach and Education Plan** – CHPIV staff presented annual plan to increase awareness and use of non-specialty mental health services among members and primary care providers, incorporating educational campaigns, referrals, and culturally appropriate language
- **Community Connect, FindHelp** – CHPIV staff explained that Community Connect Findhelp allows members and community partners to locate free or low-cost resources, complete a social needs assessment, and send referrals directly to local organizations.
- **PACE Innercare** – Guest presenter introduced Innercare PACE as a comprehensive program for older adults that coordinates medical care, social services, transportation, and daily support to help eligible participants live safely in the community.
- **Purpose of CAC** - Xochitl Pasco reviewed the purpose of the CAC, its rules of participation and the follow-up calendar, highlighting that the committee collects opinions from members to inform CHPIV leadership and initiatives and does not function as a decision-making body.

Recommendations

None

Actions Taken

None – next meeting is Dec 15, 2026

Information Items



CHPIV D-SNP Model of Care

October 2026

Healthcare Services

Model of Care Progress

- Measurement has been initiated for core MOC performance indicators, including:
 - Health Risk Assessment (HRA) Completion
 - Individualized Care Plans (ICPs)
 - Interdisciplinary Care Team (ICT) Participation

Model of Care Goals

Overall Measures	Health Risk Assessment (HRA)	F2F Visits (HRA)	Interdisciplinary Care Team (ICT)	Care Plan Progress
Description	Initial HRA and Reassessment (annual) HRA Completion Rate	All Enrollees will have an ICP	All Enrollees will have an ICT	Percentage progression through the ICP
Performance Measure	Improve utilization of required services by reporting the percentage of assessments completed.	Improve coordination of care by reporting the percentage of care plans completed.	Improve access to care by reporting percentage of Enrollee satisfaction scores.	Ratio of goals completed
Goal	100%	100%	100%	75%
Totals for September 2026 <i>(data pulled before end of month)</i>	34	6	34	N/A
Totals for January 2026 – Present Day	572	121	444	84%

Questions?

Appendix



Table 4.1 Goals and Performance or Outcome Measures

Overall Measure	Transitions of Care	Health Outcome Measure
Description:	An acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. Reduces re-admissions.	% of discharges for Enrollees 18 yrs & older who had each: Notification of inpatient admission, Receipt of discharge information, Patient engagement after inpatient discharge & Medication reconciliation post-discharge
Benchmark:	Quality Compass 90 th percentile	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	75%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Breast Cancer Screening (BCS)	Performance Measure
Description:	Women 50–74 years of age who had a mammogram to screen for breast cancer	Early breast cancer detection to find cancers before they start to cause symptoms
Benchmark:	Quality Compass 90 th percentile	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	75%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Plan Cause Readmissions (PCR)	Health Outcome Measure
Description:	% of acute inpatient stays and observation stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for Enrollees 18 years and older.	A substantial portion of all hospitalizations are patients returning to the hospital soon after their previous stay (readmission). Readmissions are often a sign of a fragmented health care system and an indication of poor care or lack of care coordination.
Benchmark:	Quality Compass 90 th percentile	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	75%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Glycemic Status Assessment (GSD)	Health Outcome Measure



Description:	% of Enrollees 18–75 years with diabetes whose most recent glycemic status or glucose management indicator showed their blood sugar is less than or equal to 9.0%.	Diabetes is a common disease in the United States. Out of control blood sugar levels can lead to serious short-term problems and long-term damage.
Benchmark:	Quality Compass 90 th percentile	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	75%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Blood pressure control (BPD)	Health Outcome Measure
Description:	% of Enrollees 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	As people age, their blood vessels become stiffer, increasing the likelihood of having high blood pressure (hypertension). High blood pressure makes the heart work too hard and can cause serious health issues.
Benchmark:	Quality Compass 90 th percentile	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	75%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Reducing Risk of Falling (FRM)	Performance Measure
Description:	% of Enrollees who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.	Measures whether the Enrollees discussed with their physician and received treatment for balance or falling problems. As patients age, the risk of falling increases. Studies have shown more than 1/3 of people over the age of 65 fall each year, but less than half of them talk to their doctors about it.
Benchmark:	Quality Compass 90 th percentile	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	75%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	2026 captured in 1Q 2027	
Remeasurement:	CY2029	



Overall Measure	Health Risk Assessment (HRA)	Performance Measure
Description:	Initial HRA and Reassessment (annual) HRA Completion Rate	Improve utilization of required services by reporting the percentage of assessments completed.
Benchmark:	CHPIV internal goal will be utilized as a benchmark	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	100%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Monthly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Interdisciplinary Care Team (ICP)	Performance Measure
Description:	All Enrollees will have an ICP	Improve coordination of care by reporting the percentage of care plans completed.
Benchmark:	CHPIV internal goal will be utilized as a benchmark	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	100%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	
Overall Measure	Interdisciplinary Care Team (ICT)	Performance Measure
Description:	All Enrollees will have an ICT	Improve access to care by reporting percentage of Enrollee satisfaction scores.
Benchmark:	CHPIV internal goal will be utilized as a benchmark	The outcome for measure: The new H contract will be assessed and monitored.
Goal:	100%	Activities implemented to address measures if the stated goals are not met are found in MOC 4. B. Factor 5: Take action when the goal is not met.
Reporting Timeframe:	CY 2026, Quarterly, Ad-Hoc	
Remeasurement:	CY2027	

Compliance Report

Period Covered: July and August 2026

Highlights

- Regulatory Compliance
- D-SNP Update
- All Plan Letter (APL) Submissions
- 2024 DHCS Medical Audit Corrective Action Plan Update
- 2025 DHCS Medical Audit Update
- NAVI Audit Update
- Health Net Annual Oversight Audit
- Closed Session: DMHC Preliminary Audit Results

Regulatory Compliance

- All recurring regulatory reports for September were submitted timely.
- One regulatory deliverable, the New Member Mailing Monthly Attestation, was submitted late due to an upload error in the DHCS Portal.
- DSNP-CHPIV received no Complaint Tracking Module (CTM) cases for the month of September.
- All 2027 D-SNP Member Materials have been approved. CHG is currently completing the Spanish translations.
- CHPIV continued to submit APL deliverables to DHCS during the reporting period. Six submissions have been approved and three remain under DHCS review.

2024 DHCS Medical Audit Corrective Action Plan

CHPIV is awaiting updates from DHCS regarding the remaining corrective action items associated with the 2024 DHCS Medical Audit. Management will provide an update to the Commission upon receipt of DHCS's response.

2025 DHCS Medical Audit

Since the Commission's previous update, CHPIV has not received any findings, draft reports, results, or additional requests from DHCS related to the 2025 DHCS Medical Audit. Management will provide an update to the Commission upon receipt of additional information from DHCS.

NAVI Audit 2026

CHPIV has not received initial results from the Network Access Validation Initiative (NAVI) Audit. Management will provide an update to the Commission upon receipt of the audit results.

Health Net Annual Oversight Audit

CHPIV's annual Health Net Oversight Audit for the period of July 1, 2025, through June 30, 2026, remains in progress. The audit is conducted in accordance with CHPIV's Delegation Oversight Program and Audit and Monitoring Plan and evaluates Health Net's performance of delegated functions. CHPIV continues to coordinate with Health Net regarding document requests and file reviews. Management will provide an update to the Commission upon completion of the audit.

Closed Session

Management will provide an update to the Commission in closed session regarding the DMHC preliminary audit results.

Information Items

Operations report for review

Operations Report

Period Covered: Sep 2026

Highlights

- We launched two campaigns to improve health outcomes for our Medi-Medi members:
 - 
 - Flu shot incentive– this is the first health incentive program we are administering internally at CHPIV. We will measure effectiveness relative to a baseline reported level across all Medi-Cal adults of 12.4% in Measurement Year 2024.
 - Provider office incentive to close gaps in care – PCP offices can earn rewards for closing gaps in care for D-SNP members who have not been seen this year.
- **Sales:** Alia Romo, internal Sales Rep, is now fully licensed and completed her first sale last month. We added one external broker and expanded broker agreements to enable increased partnership on marketing and member services activities.
- **Provider events:** We hosted four provider dinners in September that were attended by approximately 40-45 providers. We also held our quarterly administrative luncheon on Sep 30. The primary issue raised was provider portal challenges. We did a brief demo and reinforced the availability of training and support resources and encouraged offices to reach out for assistance as issues arise.

Key Metrics – Community Advantage Plus

Trend	Category	Goal	Current Performance (Aug)
	Total Enrollment	593	511 466 in July
	New Members Per Month	66	48 56 in July
	Monthly Disenrollment Rate	5%	5% 9% in July
	Member Satisfaction	Net Promoter Score >50%	74% (rolling) 72% in July (corrected)

Trend	Category	Goal	Current Performance (Aug)
	Member Inquires	Declining month over month	333 per 1000 members 234 in July (corrected)

*Enrollment numbers reported are actual members enrolled and effective on Aug 1, as of Sep 1. This number may differ from the enrollment numbers reported by finance due to differences in reporting timeframes for retroactive adjustments.

- **Enrollment:** Enrollments from both internal agents and brokers continues to be lower than projected due to seasonality and sales rep focus on provider relations. We expect enrollments to increase as we move into the Annual Election Period, starting Oct 15. In August, 75% of enrollments came from employed agents.
- **Disenrollment:** Our rate has stabilized due to active and ongoing efforts to improve member expectations and onboarding, primarily through increased focus on continuity of authorizations and care.
- **Member satisfaction:** Metrics have been adjusted from prior months to remove non-responses, which were artificially lowering the score.
- **Member Inquiries:** Call volume was significantly higher in August than previous months. Primary call reasons were care coordination, authorizations and referrals, and questions/issues related to Nations Benefits.

Issues / Risks

- UCSD credentialing

Next 30 Days

- Sales enablement
- Explore: Medi-Cal redetermination initiatives, provider gaps in care solutions
- Finalize provider and member incentive plans for 2027

Period Covered: September 15, 2026-October 12, 2026

Highlights

- 1 new employee: Dr. Lai Wells, Health Equity Officer
 - 2 open positions: Compliance Auditor, Clinical Operations and Health Information Manager
 - Assisted in successfully hiring the Chief Compliance Officer
 - Completed a workshop for Care Management and Members Services on the Culture of Service Principles
-

Key Metrics

Total number of employees	42
Local	31
Remote	11
Number of hires in 2026	None this period 5 hires total in 2026
Number of exits in 2026	None this period Total exits YTD: 7 5 voluntary (12% YTD turnover)

Issues / Risks

- Process and communication standards work needs to be completed between Care Management and Member Services

Next 30 Days

- Continued work on the Culture of Service Principles, including broader roll out.
- Investigate a new performance management system to replace evaluations in Rippling.
- Closeout American Trust retirement account by 12/31