



AGENDA

Community Health Plan of Imperial Valley

February 9, 2026

5:30 p.m.

512 W. Aten Rd., Imperial, CA 92251

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

Microsoft Teams

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Meeting ID: 217 028 464 542

Passcode: 7KD7N4Yy

Commission Role	Member	Representing
LHA Chair	Lee Hindman	Joint Chamber of Commerce (Public Representative)
LHA Vice-Chair	Yvonne Bell	CEO, Innercare & CCIPA
LHA Commissioner	Dr. Bushra Ahmad	CMO, County of Imperial
LHA Commissioner	Christopher Bjornberg	CEO, Imperial Valley Healthcare District
LHA Commissioner	Xochitl Fausto	Medi-Cal Member
LHA Commissioner	Ryan Kelley	Board of Supervisors, County of Imperial
LHA Commissioner	Dr. Kathleen Lang	CEO, County of Imperial
LHA Commissioner	Paula Llanas	Director of Social Services, County of Imperial
LHA Commissioner	Dr. Majid Mani	Imperial County Medical Society
LHA Commissioner	Dr. Carlos Ramirez	CEO/Senior Consultant, DCRC
LHA Commissioner	Dr. Unnati Sampat	President, Imperial County Medical Society
LHA Commissioner	Pablo Velez	CEO, El Centro Regional Medical Center
LHA Commissioner	Dr. Allan Wu	CMO, Innercare & CCIPA

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 Committee on any matter within the Committee's jurisdiction. Any action taken as a result of public comment shall be limited to the direction of staff. When addressing the Committee, state your name for the record prior to providing your comments. Please address the Committee as a whole, through the 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 1/7/2026...pg. 5-9
- B. Motion to approve the monthly financial reports as reviewed and accepted by the Finance Committee
 - 1. Executive Summary...pg. 10-11
 - 2. Enrollment Report...pg. 12
 - 3. Statement of Revenues, Expenses, and Changes in Net Position... pg. 13
 - 4. Product Profit & Loss Statement...pg. 14
 - 5. Statement of Net Position...pg. 15
 - 6. Summarized TNE Calculation...pg. 16
 - 7. Cash Transaction Report...pg. 17-18

4. ACTION

5. COMMITTEE CHAIR REPORTS

- A. Quality Improvement Health & Equity Committee-*Quarterly*...pg. 20-79
(Dr. Gordon Arakawa, CMO)
- B. Finance Committee-*Monthly*...pg. 10-11
(Dr. Carlos Ramirez, Chair)
- C. Regulatory Compliance & Oversight Committee-*Quarterly*
(Dr. Allan Wu, Chair) No meeting
- D. Community Advisory Committee-*Quarterly*
(Julia Hutchins, COO) No meeting

6. INFORMATION

- A. Health Services Report (*Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services*)
- B. Compliance Report (*Elysse Tarabola, CCO and Chelsea Hardy, Senior Director of Compliance*) ...pg. 81-83
- C. Operations Report (*Julia Hutchins, COO*) ...pg. 84-86
- D. Human Resources Report (*Shannon Long, HR Consultant*) ...pg. 87
- E. CEO Report (*Larry Lewis, CEO*)
- F. Other new of old business (*Lee Hindman, Chair*)

7. CLOSED SESSION

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

- A. Compliance Report

8. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.

9. ADJOURNMENT

Next meeting: March 4, 2026

Consent Agenda



MINUTES

Community Health Plan of Imperial Valley

January 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>

Microsoft Teams

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Meeting ID: 217 028 464 542

Passcode: 7KD7N4Yy

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

1. CALL TO ORDER

Lee Hindman, Chair

Meeting called to order at 5:39 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

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

B. Approval of Agenda

(Sampat/Wu) Approved the order of the 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 Committee on any matter within the Committee's jurisdiction. Any action taken as a result of public comment shall be limited to the direction of staff. When addressing the Committee, state your name for the record prior to providing your comments. Please address the Committee as a whole, through the 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.

(Bjornberg/Lang) To approve the consent agenda. Motion carried.

- A. Approval of Minutes from 12/8/2025...pg. 5-9
- B. Motion to approve the monthly financial reports as reviewed and accepted by the Finance Committee
 - 1. Executive Summary...pg. 10-11
 - 2. Enrollment Report...pg. 12
 - 3. Statement of Revenues, Expenses, and Changes in Net Position... pg. 13
 - 4. Product Profit & Loss Statement...pg. 14
 - 5. Statement of Net Position...pg. 15
 - 6. Summarized TNE Calculation...pg. 16
 - 7. Cash Transaction Report...pg. 17-18
- C. Motion to accept the 2026 Budget Review as reviewed and accepted by the Executive Committee...pg. 19-26
- D. "At-Risk Compensation" Policy Update ...pg. 27-29

4. ACTION

- A. Motion to approve New Finance Policies ...pg. 31-38 (*David Wilson, CFO*)
(Ramirez/Mani) Approved the New Finance Policies. 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)
Chair Ramirez provided updates on January 7, 2026, Finance Committee meeting.
- C. Regulatory Compliance & Oversight Committee-Quarterly
(Dr. Allan Wu, Chair) ...pg. 40-42
Chair Wu provided updates on December 11, 2025, Regulatory Compliance & Oversight Committee meeting.
- D. Community Advisory Committee-Quarterly
(Julia Hutchins, COO) ...pg. 43-44
Chief Operating Officer Julia Hutchins provided updates on December 9, 2025, Community Advisory Committee meeting.

6. INFORMATION

- A. Election of Officers (William Smerdon, Attorney)
It was determined that this item should have been posted under Action Items.

Attorney William Smerdon advised the Commission that officers are required for the positions of Commission Chair and Vice-Chair, and Committee Chairs. The Executive Committee had previously discussed the matter and recommended that the current Chairs remain in their respective positions; however, the floor would be opened for nominations should any member express interest.

(Mani/Ramirez) Approved the continuation of the current Chairs. Motion carried.

The Committee Chairs shall remain as follows:

- Finance Committee-Dr. Carlos Ramirez
- Quality Improvement Health Equity Committee-Dr. Gordon Arakawa
- Regulatory Compliance Oversight Committee-Dr. Allan Wu

- B. Health Services Report (Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services)
Chief Medical Officer Dr. Gordon Arakawa provided updates on Health Services goals for 2026, including plans to further stratify and segment standard metrics for the Medi-Cal and Medicare lines of business.

Executive Director of Health Services Jeanette Crenshaw provided updates on D-SNP activities, including Care Coordinators conducting Health Risk Assessments in the community.

C. Compliance Report (*Elysse Tarabola, CCO and Chelsea Hardy, Senior Director of Compliance*) ...pg. 46-61

Chief Compliance Officer Elysse Tarabola updated the commission on the following:

- DHCS Medical Audit preliminary findings
- Delegation Oversight-Pre-Delegation D-SNP audits
- Annual audit of Health Net

D. Operations Report (*Julia Hutchins, COO*) ...pg. 62-64

Chief Operations Officer Julia Hutchins updated the commission on the following:

- Community Advantage Plus Go-Live
- D-SNP Ribbon Cutting Ceremony on January 8, 2026
- Monthly Community Newsletter
- Direct Provider Network

E. Human Resources Report (*Shannon Long, HR Consultant*) ...pg. 65

Human Resources Consultant Shannon Long updated the commission on the following:

- Three open positions: Senior Compliance Advisor, Sales Team Member, and Financial Advisor
- Employee benefits open enrollment completed
- Performance Evaluations completed
- 3.5% pay increases for employees
- Compliance Training no longer through Rippling

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

Chief Executive Officer Larry Lewis updated the commission on the following:

- D-SNP Ribbon Cutting event on January 8, 2026
- CHPIV Holiday Party
- Completion of CHPIV parking lot
- D-SNP Go-Live
- DHCS Medical Audit
- Governor's Budget Update

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

Chair Hindman noted the success of the D-SNP Ribbon Cutting event.

7. CLOSED SESSION

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

Chair Hindman announced that the commission entered into closed session.

- A. Compliance Report

8. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.

Chair Hindman announced that the commission reconvened into open session. Information provided with no action taken.

9. ADJOURNMENT

The meeting was adjourned at 6:31 p.m.

Next meeting: February 9, 2026

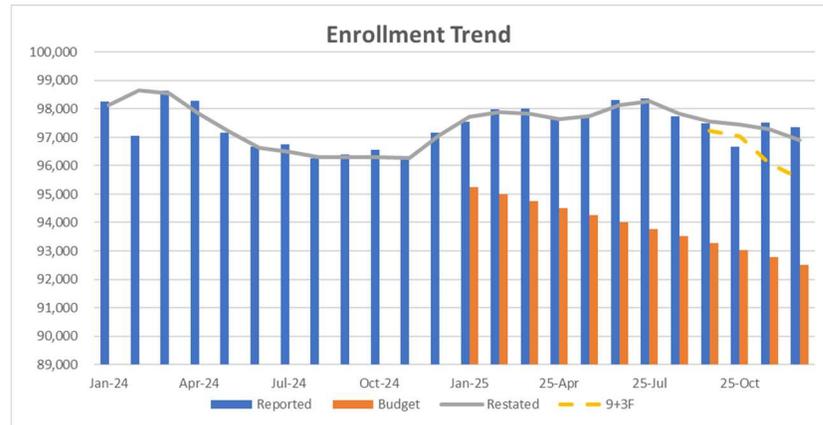


Financial Result December 2025

Executive Summary

Membership

December Medi-Cal reported membership was 97.4K, approximately 1.8K members above the 9+3 forecast, maintaining the favorability seen in early Q4. This increase in membership was driven by favorable retroactive additions in October and November, which contributed over 369 members. Restated membership for December was 96.9K, which is 1.3K above the 9+3 forecast.



Early indicators for January 2026 show a continued Medi-Cal enrollment decline of approximately 1K members, concentrated in the Adult and Adult Expansion categories. However, this decline is 1.3K members better than the January estimate in the 2026 budget.

Year-to-date, membership remains favorable to budget by 45.9K member months.

Gross Margin

December revenue was favorable to the forecast by \$1.3M, driven by prior Maternity Kick payments and Skilled Nursing Quality Incentive Program payments—both related to 2025 months of service. Year-to-date, Gross Margin exceeded the initial budget estimate by \$1.6M, largely due to retrospective (2024) rate adjustments.

Membership Mix & Rate: Current month rate variance was unfavorable to the 9+3F by (\$363K) primarily due to timing related to current month maternity revenue.

Volume: Volume for the current period was favorable to the forecast by \$207K driven by a 1.3K member variance largely in Adult Expansion, offset by SPD Dual.

Category of Aid (COA)*	Revenue (Current Month Reported)					
	Current	Prior Period	Forecast	Variance	Vol	Rate
Child	\$ 4,524,089	\$ 66,514	\$ 4,468,025	\$ 56,064	\$ 82,194	\$ (26,129)
Adult	\$ 3,805,552	\$ 632,889	\$ 4,058,807	\$ (253,255)	\$ 86,648	\$ (339,903)
Adult Expansion	\$ 7,407,255	\$ 168,281	\$ 7,191,123	\$ 216,132	\$ 254,830	\$ (38,698)
SPD	\$ 4,191,097	\$ 218,273	\$ 4,231,641	\$ (40,544)	\$ (49,730)	\$ 9,186
SPD Dual	\$ 6,413,065	\$ 399,912	\$ 6,558,218	\$ (145,153)	\$ (177,675)	\$ 32,523
LTC	\$ 22,358	\$ 505	\$ 17,647	\$ 4,711	\$ 4,902	\$ (191)
LTC Dual	\$ 43,656	\$ 1,677	\$ 37,673	\$ 5,983	\$ 5,766	\$ 217
Total Medicaid	\$ 26,407,074	\$ 1,488,049	\$ 26,563,135	\$ (156,061)	\$ 206,935	\$ (362,996)



Administrative Expenses

In aggregate, administrative expenses were (\$25.5K) unfavorable to the 9+3F. Labor costs were the key driver for the variance and driven by payroll tax, benefits, and vacation accruals inconsistent with the forecast for newly hired staff; the 2026 budget is not impacted. Consulting and Advertising were also unfavorable due to timing.

On a YTD basis, administrative costs were favorable to the budget by \$85K, or 1.1%. Medicare administrative cost spending on a YTD basis is \$3.3M.

Other

Investment income was favorable by \$7.7K in December due to increased investable cash from Voluntary Rate Range, but was partially offset by interest rate pressure. Year-to-date, investment income is \$260K above budget.

Net Income

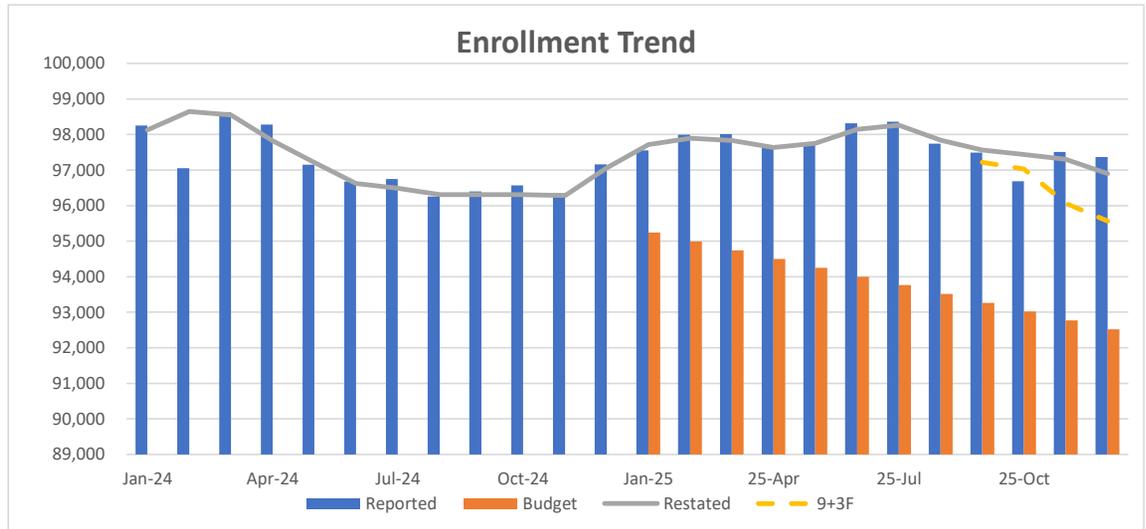
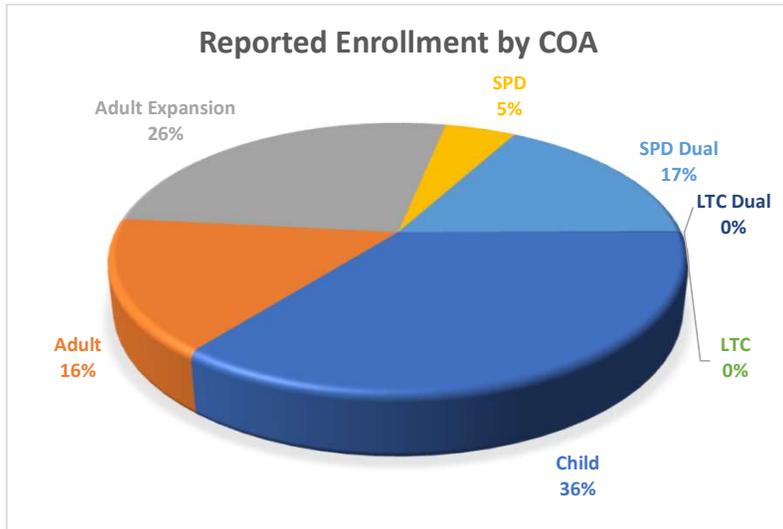
Overall, Net income for the year was \$3.7M, beating the original budget of \$\$1.7M by \$2M, or 121%.

Tangible Net Equity (TNE)

For the month of December, TNE was \$23.8M, representing 497% of the required \$4.8M. On a restated basis, TNE stands at 504% of the required levels.

Category of Aid (COA)*	2024				2025											
	Q1-24	Q2-24	Q3-24	Q4-24	December				December (YTD)							
					Q1-25	Q2-25	Q3-25	Q4-25	Actual	9+3F	B/(W)		Actual	Budget	B/(W)	
											#	%			#	%
Child	34,607	34,589	34,424	34,551	35,139	35,129	34,728	34,555	34,555	33,866	689	2%	418,411	397,164	21,247	5%
Adult	16,997	15,767	15,675	15,768	15,801	15,754	15,471	15,306	15,306	14,849	457	3%	187,434	178,834	8,601	5%
Adult Expansion	26,579	25,784	25,733	26,019	25,995	26,028	25,808	25,988	25,988	25,087	901	4%	311,204	301,902	9,303	3%
SPD	5,007	5,041	5,085	5,139	4,671	4,784	4,645	4,661	4,661	4,595	66	1%	56,156	60,387	(4,231)	-7%
SPD Dual	14,433	14,760	15,007	15,288	16,283	16,514	16,719	16,723	16,723	17,053	(330)	-2%	197,895	186,606	11,289	6%
LTC	12	15	19	22	22	6	17	23	23	18	5	28%	219	393	(174)	-44%
LTC Dual	79	87	92	104	98	100	104	112	112	98	14	14%	1,179	1,293	(114)	-9%
Total Medicaid	97,714	96,043	96,035	96,891	98,009	98,315	97,492	97,368	97,368	95,566	1,802	2%	1,172,498	1,126,578	45,920	4%
<i>Monthly/Quarterly Change</i>		<i>-1.7%</i>	<i>0.0%</i>	<i>0.9%</i>	<i>1.2%</i>	<i>0.3%</i>	<i>-0.8%</i>	<i>-0.1%</i>	<i>0.5%</i>	<i>-1.4%</i>						

* Source: DHCS 820 Remittance summary; includes retroactivity





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

	December			December (YTD)			Current Month Explanations
	Actual	Forecast (9+3)	Variance - B/(W)	Actual	Budget	Variance - B/(W)	
REVENUE							
Premium	\$ 26,998,446	\$ 26,253,427	\$ 745,019	\$ 327,695,445	\$ 272,712,513	\$ 54,982,932	- Total Revenue was favorable by \$1.3M driven by prior period maternity and SNF QIP payments.
Pass-Through	\$ 896,677	\$ 309,707	\$ 586,970	\$ 27,380,662	\$ 4,119,654	\$ 23,261,008	
HN Settlements			\$ -			\$ -	
TOTAL REVENUE	\$ 27,895,123	\$ 26,563,135	\$ 1,331,988	\$ 355,076,107	\$ 276,832,167	\$ 78,243,940	
HEALTH CARE COSTS	\$ 27,085,170	\$ 25,775,532	\$ (1,309,638)	\$ 345,245,244	\$ 268,650,792	\$ (76,594,452)	
Gross Margin	\$ 809,953	\$ 787,603	\$ 22,351	\$ 9,830,863	\$ 8,181,375	\$ 1,649,488	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	\$ 519,989	\$ 487,016	\$ (32,973)	\$ 4,717,206	\$ 4,925,655	\$ 208,449	- Unfavorable labor costs due to staffing and benefit assumptions in the forecast.
Benefits Expense	\$ 53,496	\$ 36,259	\$ (17,236)	\$ 363,422	\$ 388,034	\$ 24,613	
Other Labor Expense	\$ 1,424	\$ 1,783	\$ 359	\$ 17,912	\$ 15,268	\$ (2,643)	
Total Labor Costs	\$ 574,910	\$ 525,059	\$ (49,851)	\$ 5,098,539	\$ 5,328,957	\$ 230,418	- Unfavorable consulting due to IT (timing) and legal costs
Consulting, Legal, & Other Professional	\$ 52,151	\$ 46,421	\$ (5,731)	\$ 785,404	\$ 820,620	\$ 35,217	- Unfavorable Marketing due to DSNP launch
Outside Services	\$ 37,854	\$ 40,383	\$ 2,529	\$ 439,390	\$ 355,048	\$ (84,343)	
Advertising & Marketing	\$ 9,981	\$ 4,900	\$ (5,081)	\$ 42,522	\$ 52,585	\$ 10,063	- Favorable travel due to delayed travel
Information Technology	\$ 7,168	\$ 5,942	\$ (1,226)	\$ 130,040	\$ 68,857	\$ (61,183)	
Membership and Subscriptions	\$ 11,349	\$ 11,344	\$ (5)	\$ 125,217	\$ 116,380	\$ (8,837)	
Regulatory Fees	\$ 25,339	\$ 25,339	\$ (0)	\$ 308,614	\$ 333,626	\$ 25,012	
Travel	\$ 7,787	\$ 17,483	\$ 9,697	\$ 88,094	\$ 96,175	\$ 8,081	
Meals & Entertainment	\$ 6,399	\$ 1,695	\$ (4,704)	\$ 30,819	\$ 13,640	\$ (17,179)	
Occupancy & Facility	\$ 4,111	\$ 10,939	\$ 6,828	\$ 82,421	\$ 56,605	\$ (25,816)	
Office Expense	\$ 6,828	\$ 3,600	\$ (3,228)	\$ 76,926	\$ 77,918	\$ 992	
Other Admin	\$ 14,813	\$ 10,089	\$ (4,725)	\$ 168,563	\$ 140,585	\$ (27,978)	
Total Administrative Expense	\$ 758,689	\$ 703,194	\$ (55,495)	\$ 7,376,550	\$ 7,460,997	\$ 84,446	
Non-Operating Income							
Dividend, Interest & Investment Income	\$ 126,546	\$ 118,810	\$ 7,735	\$ 1,308,362	\$ 1,048,695	\$ 259,667	- Favorable investment income due to increased investable assets, offset by interest rate pressure
Rental Income	\$ 1,494	\$ 1,494	\$ -	\$ 17,922	\$ 17,400	\$ (522)	
Total Non-Operating Income	\$ 128,039	\$ 120,304	\$ 7,735	\$ 1,326,284	\$ 1,066,095	\$ 260,189	
Depreciation & Amortization	\$ 11,128	\$ 11,000	\$ 128	\$ 128,691	\$ 132,000	\$ (3,309)	
Change in Net Position	\$ 168,176	\$ 193,713	\$ (25,537)	\$ 3,651,906	\$ 1,654,473	\$ 1,997,433	
Key Metrics							
Enrollment	97,368	95,566	1,802	1,172,498	2,103,347	(930,849)	
Revenue PMPM	\$286.49	\$277.96	\$8.54	\$302.84	\$131.62	\$171.22	
MLR	97.10%	97.0%	(6) bps	97.2%	97.0%	(19) bps	
Admin Ratio	2.7%	2.6%	(7) bps	2.1%	2.7%	62 bps	
FTEs	44	45	1	373	386	13	
Net Income PMPM	\$1.73	\$2.03	(\$0.30)	\$3.11	\$0.79	\$2.33	
Net Income %	0.6%	0.7%	(13) bps	1.0%	0.6%	43 bps	



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

	December								December (YTD)				
	Medi-Cal				Medicare							% of Total	
	Actual	9+3F	Variance B/(W)	% Var	Actual	9+3F	Variance B/(W)	% Var	Medi-Cal	Medicare	Total	Medi-Cal	Medicare
REVENUE													
Premium	\$ 26,998,446	\$ 26,253,427	\$ 745,019	3%	\$ -	\$ -	\$ -	N/A	\$ 327,695,445	\$ -	\$ 327,695,445	100%	0%
Pass-Through	\$ 896,677	\$ 309,707	\$ 586,970	190%	\$ -	\$ -	\$ -	N/A	\$ 27,380,662	\$ -	\$ 27,380,662	100%	0%
TOTAL REVENUE	\$ 27,895,123	\$ 26,563,135	\$ 1,331,988	5%	\$ -	\$ -	\$ -	N/A	\$ 355,076,107	\$ -	\$ 355,076,107	100%	0%
HEALTH CARE COSTS	\$ 27,085,170	\$ 25,775,532	\$ (1,309,638)	-5%	\$ -	\$ -	\$ -	N/A	\$ 345,245,244	\$ -	\$ 345,245,244	100%	0%
Gross Margin	\$ 809,953	\$ 787,603	\$ 22,351	3%	\$ -	\$ -	\$ -	N/A	\$ 9,830,863	\$ -	\$ 9,830,863	100%	0%
ADMINISTRATIVE EXPENSE													
Healthcare Services	\$ 49,477	\$ 48,034	\$ (1,443)	-3.0%	\$ 55,794	\$ 54,166	\$ (1,628)	-3.0%	\$ 638,103	\$ 752,562	\$ 1,390,665	45.9%	54.1%
Care Management	\$ -	\$ -	\$ -	N/A	\$ 99,507	\$ 83,900	\$ (15,607)	-18.6%	\$ -	\$ 539,907	\$ 539,907	0.0%	100.0%
Compliance	\$ 126,887	\$ 117,921	\$ (8,966)	-7.6%	\$ 20,656	\$ 19,196	\$ (1,460)	-7.6%	\$ 1,028,480	\$ 166,513	\$ 1,194,993	86.1%	13.9%
Operations	\$ 5,662	\$ 4,679	\$ (983)	-21.0%	\$ 50,959	\$ 42,110	\$ (8,848)	-21.0%	\$ 63,489	\$ 573,940	\$ 637,428	10.0%	90.0%
Member & Provider Services	\$ 12,626	\$ 8,110	\$ (4,516)	-55.7%	\$ 12,626	\$ 4,210	\$ (8,416)	-199.9%	\$ 112,081	\$ 112,081	\$ 224,162	50.0%	50.0%
Sales & Marketing	\$ 2,981	\$ 2,488	\$ (493)	-19.8%	\$ 56,639	\$ 47,265	\$ (9,374)	-19.8%	\$ 34,218	\$ 320,091	\$ 354,309	9.7%	90.3%
Executive	\$ 60,785	\$ 56,573	\$ (4,212)	-7.4%	\$ 10,727	\$ 9,851	\$ (875)	-8.9%	\$ 646,274	\$ 184,848	\$ 831,122	77.8%	22.2%
Finance	\$ 75,994	\$ 90,923	\$ 14,930	16.4%	\$ 13,229	\$ 16,045	\$ 2,816	17.6%	\$ 778,142	\$ 355,913	\$ 1,134,055	68.6%	31.4%
Corporate	\$ 48,270	\$ 48,760	\$ 490	1.0%	\$ 14,341	\$ 13,015	\$ (1,326)	-10.2%	\$ 576,231	\$ 136,959	\$ 713,190	80.8%	19.2%
Information Technology	\$ 9,852	\$ 11,457	\$ 1,605	14.0%	\$ 11,993	\$ 12,166	\$ 173	1.4%	\$ 117,502	\$ 107,755	\$ 225,257	52.2%	47.8%
Human Resources	\$ 8,878	\$ 5,977	\$ (2,901)	-48.5%	\$ 10,807	\$ 6,346	\$ (4,461)	-70.3%	\$ 68,107	\$ 63,355	\$ 131,462	51.8%	48.2%
Total Administrative Expense	\$ 401,411	\$ 394,921	\$ (6,490)	-2%	\$ 357,278	\$ 308,273	\$ (49,005)	-16%	\$ 4,062,626	\$ 3,313,924	\$ 7,376,550	55%	45%
Non-Operating Income													
Dividend & Interest Income	\$ 126,546	\$ 118,810	\$ 7,735	7%	\$ -	\$ -	\$ -	N/A	\$ 1,308,362	\$ -	\$ 1,308,362	100%	0%
Rental Income	\$ 1,494	\$ 1,494	\$ -	0%	\$ -	\$ -	\$ -	N/A	\$ 17,922	\$ -	\$ 17,922	100%	0%
Total Non-Operating Income	\$ 128,039	\$ 120,304	\$ 7,735	6%	\$ -	\$ -	\$ -	N/A	\$ 1,326,284	\$ -	\$ 1,326,284	100%	0%
Depreciation & Amortization	\$ 5,019	\$ 11,000	\$ 5,981	54%	\$ 6,109	\$ -	\$ (6,109)	N/A	\$ 94,697	\$ 33,994	\$ 128,691	74%	26%
Change in Net Position	\$ 531,563	\$ 501,986	\$ 29,577	6%	\$ (363,387)	\$ (308,273)	\$ (55,114)	-18%	\$ 6,999,824	\$ (3,347,918)	\$ 3,651,906	192%	-92%
Key Metrics													
Enrollment	97,368	95,566	1,802	-	-	-	-	-	1,172,498	-	1,172,498	100%	0%
Revenue PMPM	\$286.49	\$277.96	\$8.54	N/A	N/A	N/A	N/A	N/A	\$302.84	N/A	\$302.84		
MLR	97.10%	97.03%	6 bps	N/A	N/A	N/A	N/A	N/A	97.23%	N/A	97.23%		
Admin Ratio	1.4%	1.5%	5 bps	N/A	N/A	N/A	N/A	N/A	1.1%	N/A	2.1%		
Net Income PMPM	\$5.46	\$5.25	\$0.21	N/A	N/A	N/A	N/A	N/A	\$5.97	N/A	\$3.11		
Net Income %	1.9%	1.9%	2 bps	N/A	N/A	N/A	N/A	N/A	2.0%	N/A	1.0%		



Imperial County Local Health Authority dba
Community Health Plan of Imperial Valley
Statement of Net Position

	November 2025	December 2025	Change
ASSETS			
Current Assets			
Cash and Investments			
Chase - Checking	\$ 200,000	\$ 200,000	\$ -
Chase - Money Market	\$ 2,618,951	\$ 2,562,441	\$ (56,510)
JPMorgan Securities	\$ 16,952,476	\$ 17,007,748	\$ 55,272
First Foundation Bank	\$ 142,177	\$ 142,177	\$ -
Receivables			
Dividend Receivable	\$ 13,574	\$ 7,297	\$ (6,277)
Interest Receivable	\$ 85,557	\$ 119,248	\$ 33,692
Capitation Receivable	\$ 27,111,675	\$ 26,998,446	\$ (113,229)
Pass-Through Receivable	\$ 17,731,935	\$ 896,677	\$ (16,835,258)
Pass-Through Receivable - Other	\$ 0	\$ 0	\$ -
Other Current Assets			
Prepaid Expenses	\$ 303,202	\$ 345,904	\$ 42,702
Total Current Assets	\$ 65,159,546	\$ 48,279,938	\$ (16,879,608)
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	\$ 300,000	\$ 300,000	\$ -
Capital Assets			
Buildings - Net	\$ 2,856,724	\$ 2,847,895	\$ (8,829)
Computer Equipment / Software - Net	\$ 5,883	\$ 5,715	\$ (168)
Improvements - Net	\$ 83,478	\$ 178,499	\$ 95,021
Intangible Assets	\$ 55,208	\$ 53,957	\$ (1,250)
Operating ROU Asset (Copier) - Net	\$ 10,134	\$ 10,134	\$ -
Total Noncurrent Assets	\$ 3,311,427	\$ 3,396,200	\$ 84,773
Total Assets	\$ 68,470,973	\$ 51,676,138	\$ (16,794,834)
LIABILITIES			
CURRENT LIABILITIES			
Payables			
Accounts Payable	\$ 292,963	\$ 181,474	\$ (111,489)
Capitation Payable	\$ 26,298,324	\$ 26,188,492	\$ (109,832)
Pass-Through Payable	\$ 17,731,935	\$ 896,677	\$ (16,835,258)
Pass-Through Payable - Other	\$ 0	\$ 0	\$ -
Credit Card Payable	\$ 7,211	\$ 2,415	\$ (4,796)
Other Current Liabilities			
Short Term Lease Liability - Copier	\$ 3,565	\$ 3,275	\$ (290)
Bonus Accrual	\$ 193,796	\$ 211,414	\$ 17,618
Salaries Accrual	\$ 145,001	\$ 218,674	\$ 73,673
Vacation Accrual	\$ 208,106	\$ 215,470	\$ 7,364
Total Current Liabilities	\$ 44,880,901	\$ 27,917,890	\$ (16,963,010)
NON-CURRENT LIABILITIES			
Long Term Lease Liability - Copier	\$ -	\$ -	\$ -
Total Noncurrent Liabilities	\$ -	\$ -	\$ -
Total Liabilities	\$ 44,880,901	\$ 27,917,890	\$ (16,963,010)
NET POSITION			
Net investments in Capital Assets	\$ 3,011,427	\$ 3,096,200	\$ 84,773
Restricted by Legislative Authority	\$ 300,000	\$ 300,000	\$ -
Unrestricted	\$ 16,794,916	\$ 16,710,142	\$ (84,773)
YTD Net Revenue	\$ 3,483,730	\$ 3,651,906	\$ 168,176
Total Net Position	\$ 23,590,072	\$ 23,758,248	\$ 168,176
Total Liabilities and Net Position	\$ 68,470,973	\$ 51,676,138	\$ (16,794,834)



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

Net Equity	\$ 23,758,248
Add: Subordinated Debt and Accrued Subordinated Interest	\$ 0
Less: Report 1, Column B, Line 27 including: Unsecured Receivables from officers, directors, and affiliates; Intangibles	\$ 0
Tangible Net Equity (TNE)	\$ 23,758,248
Required Tangible Net Equity *	\$ 4,776,954
TNE Excess (Deficiency)	\$ 18,981,293

Full Service Plan	
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	\$ 1,776,954
Total	\$ 4,776,954

* Calculated Required Tangible Net Equity	
\$ 327,695,445	- Q1
\$ 327,695,445	- Annualized
\$ 150,000,000	
x 2%	
\$ 3,000,000	
\$ 177,695,445	
x 1%	
\$ 1,776,954	
\$ 4,776,954	- Required TNE

Community Health Plan of Imperial Valley
December 2025 Cash Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Checking				
12/03/25	Chase Checking	Great America Financial Services	Inv 40606141	\$ (309.79)
12/04/25	Chase Checking	Rippling	Employee Net Pay for Check Date 12/04/2025	(168.05)
12/07/25	Chase Checking	Blue Shield of California	Blue Shield Insurance	(36,185.90)
12/07/25	Chase Checking	JPMorgan Chase	Dividend Income - November 2025	13,574.23
12/07/25	Chase Checking	JPMorgan Chase	Service Charges Investment Sweep - November 2025	(977.89)
12/07/25	Chase Checking	Rippling	People Center Charge	(122.06)
12/07/25	Chase Checking	Rippling	Employee Reimbursements L. Lewis, E. Montejano, K. Maldonado, S. Levy, and J. Garcia	(1,595.92)
12/07/25	Chase Checking	Rippling	Employee Reimbursement L. Lewis	(147.04)
12/07/25	Chase Checking	Rippling	Rippling Subscription	(25,072.68)
12/07/25	Chase Checking	UNUM	UNUM Invoice 12/01/25 - 12/31/25	(975.97)
12/09/25	Chase Checking	Epstein Becker & Green, P.C.	Multiple Invoices	(15,289.00)
12/09/25	Chase Checking	Oracle America, Inc.	Multiple Invoices	(15,786.44)
12/09/25	Chase Checking	MAK Solutions	Inv CHPIV-03	(12,500.00)
12/09/25	Chase Checking	Mayra Widmann	Inv NOVEMBER2025	(100.00)
12/09/25	Chase Checking	Pablo Velez	Inv NOVEMBER2025-- bill.com Check Number: 80486506	(100.00)
12/09/25	Chase Checking	Bushra Ahmad	Inv NOVEMBER2025	(100.00)
12/09/25	Chase Checking	Chapman Consulting LLC	Inv 2258	(14,739.29)
12/09/25	Chase Checking	Carlos Ramirez	Inv NOVEMBER2025	(300.00)
12/09/25	Chase Checking	Lee Hindman	Inv NOVEMBER2025	(300.00)
12/09/25	Chase Checking	Law Office of William S. Smerdon	Inv 2869	(2,750.00)
12/09/25	Chase Checking	Zamosky Communication	Inv 0000054	(8,000.00)
12/09/25	Chase Checking	Bonde & Associates, LLC	Inv 1006	(12,000.00)
12/09/25	Chase Checking	Stericycle, Inc.	Inv 8012630341-- bill.com Check Number: 80487181	(112.72)
12/09/25	Chase Checking	Quench USA	Inv INV09922064	(129.30)
12/09/25	Chase Checking	Imperial Desert Landscape	Inv 25-479	(250.00)
12/09/25	Chase Checking	Brawley Rotary Club	Inv November Statement-- bill.com Check Number: 80487005	(110.00)
12/09/25	Chase Checking	Vic's Air Conditioning & Electrical	Multiple Invoices-- bill.com Check Number: 80487286	(15,884.00)
12/09/25	Chase Checking	Republic Services	Inv 0467-001764646	(242.45)
12/09/25	Chase Checking	City of Imperial	Acct 80683 - Inv 1485389-- bill.com Check Number: 80488046	(225.56)
12/09/25	Chase Checking	Imperial Irrigation District	Inv Nov2025-- bill.com Check Number: 80488234	(1,534.85)
12/09/25	Chase Checking	Shalom Events Professionals	Inv invoice 12092025-- bill.com Check Number: 80487037	(142.00)
12/10/25	Chase Checking	Salary.com	Inv INV81336	(6,500.00)
12/11/25	Chase Checking	Department of Managed Health Care	Inv 25HPD050-- bill.com Check Number: 80499793	(145,350.52)
12/12/25	Chase Checking	Rippling	Employee Net Pay for Check Date 12/12/2025	(139,020.19)
12/12/25	Chase Checking	Rippling	Payroll Taxes paid via Rippling for Check Date 12/12/2025	(61,855.84)
12/14/25	Chase Checking	Rippling	Employee Reimbursement - J. Hutchins	(1,151.24)
12/14/25	Chase Checking	Rippling	Employee Reimbursement - S. Long and J. Perez	(1,274.14)
12/14/25	Chase Checking	Rippling	Employee Reimbursement - J. Perez	(47.04)
12/14/25	Chase Checking	JPMorgan Chase	CC Payment	(15,187.34)
12/14/25	Chase Checking	Rippling	People Center	(696.00)
12/16/25	Chase Checking	Rippling	Employee Net Pay for Check Date 11/28/2025	(94.04)
12/16/25	Chase Checking	Rippling	Payroll Taxes Paid via Rippling for Check Date 11/28/2025	(21.47)
12/17/25	Chase Checking	AM Copiers Inc.	Inv IN8830	(1,018.03)
12/17/25	Chase Checking	Sparkling Clean	Inv December2025	(900.00)
12/17/25	Chase Checking	Pillsbury Winthrop Shaw Pittman LLP	Inv 8691197	(2,254.50)
12/17/25	Chase Checking	Junior's Cafe	Inv 13-19265-- bill.com Check Number: 80531222	(321.86)
12/17/25	Chase Checking	Wakely consulting Group	Inv 337130 - 0000001	(13,238.75)
12/17/25	Chase Checking	Jeffrey Scott Agency	Inv Project 23890	(2,380.00)
12/17/25	Chase Checking	Health Management Associates, Inc.	Inv 206100 - 0000030	(532.50)
12/19/25	Chase Checking	I.V. Termite & Pest Control	Inv 0357630	(120.00)
12/19/25	Chase Checking	Streamline Verify LLC	Inv INV-015894	(895.00)
12/19/25	Chase Checking	Moss Adams	Inv 102835637-- bill.com Check Number: 80544711	(15,750.00)
12/21/25	Chase Checking	Department of Managed Health Care	DHCS (November 2025 Revenue)	43,863,419.96
12/21/25	Chase Checking	Department of Managed Health Care	Receipt - DHCS (November 2025 Revenue)	876,519.23
12/21/25	Chase Checking	Department of Managed Health Care	Receipt - DHCS (November 2025 Revenue)	58,664.33
12/21/25	Chase Checking	Department of Managed Health Care	Receipt - DHCS (November 2025 Revenue)	43,586.80
12/21/25	Chase Checking	Department of Managed Health Care	Receipt - DHCS (November 2025 Revenue)	1,419.43
12/21/25	Chase Checking	Imperial County Treasurer-Tax Collector	Property Taxes - ASMT Number: 064-330-027-000 May 2025 - April 2026	(18,095.46)
12/21/25	Chase Checking	State Compensation Insurance Fund	Workers Compensation Payment	(1,424.41)
12/21/25	Chase Checking	Rippling	Account Analysis Settlement Charge	(272.49)
12/21/25	Chase Checking	Rippling	Employee Reimbursement - D. Wilson	(955.12)
12/21/25	Chase Checking	Rippling	Employee Reimbursement - E. Torres and S. Levy	(228.97)
12/21/25	Chase Checking	Rippling	Employee Reimbursement - G. Arakawa and D. Pasillas	(806.11)
12/21/25	Chase Checking	Rippling	Payroll Date: 11/28/25 Retirement Contribution:	(10,911.83)
12/21/25	Chase Checking	Rippling	Payroll Date: 12/12/25 Retirement Contribution	(12,105.37)
12/21/25	Chase Checking	Rippling	Prefunding Rippling	(1,335.20)

12/21/25	Chase Checking	County of Imperial	Property Taxes - 10% Penalty and Return Payment Fee Chase Reimbursement	1,700.00
12/22/25	Chase Checking	Inerglo Creative	Inv INV-00664	(3,000.00)
12/23/25	Chase Checking	Nations Benefits, LLC	Inv INV236214	(68,250.00)
12/24/25	Chase Checking	Cambria Imperial Hotel	Inv 001152-- bill.com Check Number: 80569129	(3,268.63)
12/26/25	Chase Checking	Rippling	Employee Net Pay for Check Date 12/26/2025	(138,901.67)
12/26/25	Chase Checking	Rippling	Payroll Taxes Paid via Rippling for Check Date 12/26/2025	(61,657.76)
12/31/25	Chase Checking	Rippling	Employee Reimbursement - D. Campo	(341.05)
12/31/25	Chase Checking	JPMorgan Chase	Credit Card Payment	(3,465.45)
12/31/25	Chase Checking	Rippling	Employee Reimbursement - K. Wilkerson	(164.54)
12/31/25	Chase Checking	Rippling	Employee Reimbursement - K. Wilkerson	(386.95)
12/31/25	Chase Checking	Rippling	Employee Reimbursement - S. Long	(227.70)
12/31/25	Chase Checking	Rippling	Employee Reimbursement - G. Arakawa	(1,642.58)
12/31/25	Chase Checking	JPMorgan Chase	Credit Card Payment	(1,543.50)
12/31/25	Chase Checking	Mid Atlantic	Mid Atlantic Fee	(42.08)
12/31/25	Chase Checking	Rippling	Payroll Date: 12/26/25 Retirement Contribution	(13,100.79)
12/31/25	Chase Checking	HealthNet	Rental Income - December 2025	1,493.50

JPMorgan Securities

12/31/25	Chase Securities	Health Net	November Health Net Payment	(44,030,259.51)
12/31/25	Chase Securities	JPMorgan Chase	Accrued Investment Income - November 2025	85,556.64
12/31/25	Chase Securities	JPMorgan Chase	Bank Fee - November 2025 (Portfolio)	\$ (25.00)

Committee Chair Reports

Q4 CHPIV

Quality Improvement Health Equity Committee



**Community
Health Plan**

OF IMPERIAL VALLEY

Agenda

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

Agenda

10. Quality Improvement Update
 - a. Quality Improvement Projects
 - b. IHA
 - c. Lead Screening
11. Member Experience
 - a. CAPHS
 - b. Grievance & Appeals
12. Facility Site Reviews
13. GEO Access Report
14. Care Coordination: Behavioral & Physical Health

Agenda

15. Health Equity

16. Health Net Follow-Up

17. Credentialing

Call Center Metrics



Call Center Metrics

Q3-2025 Top Member Call Types

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

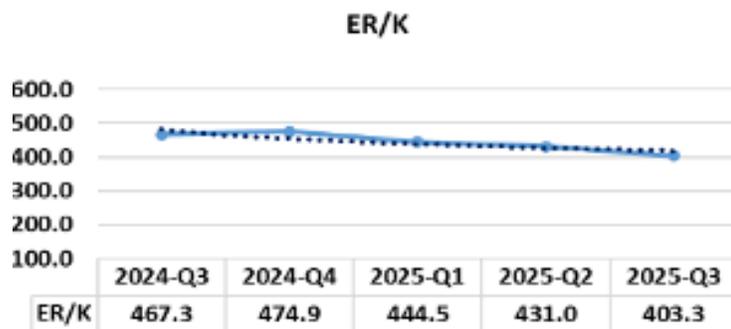
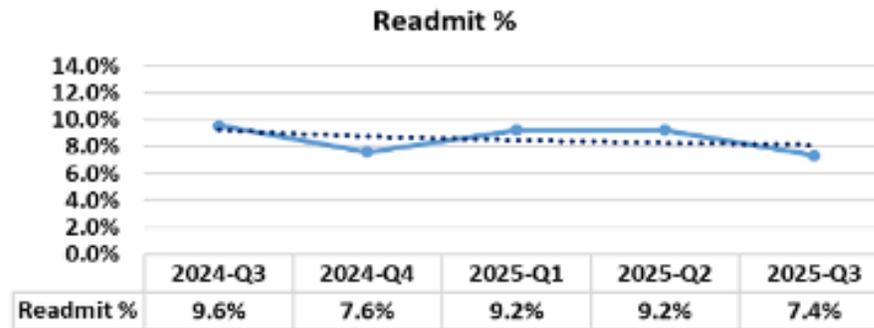
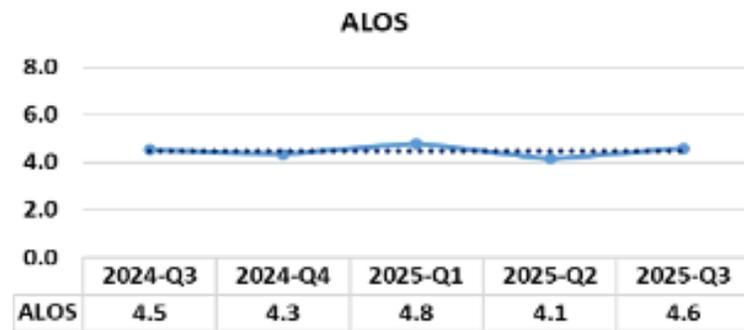
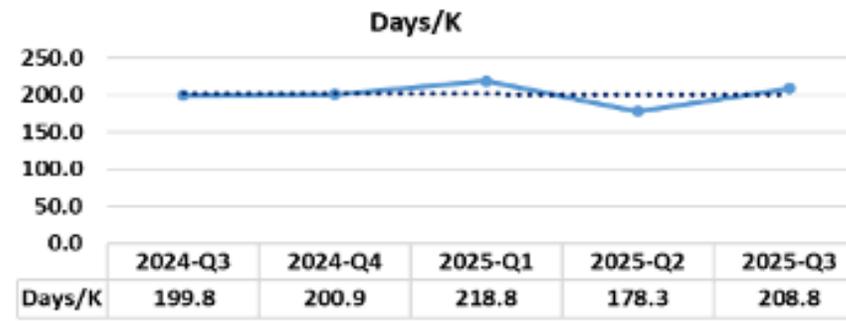
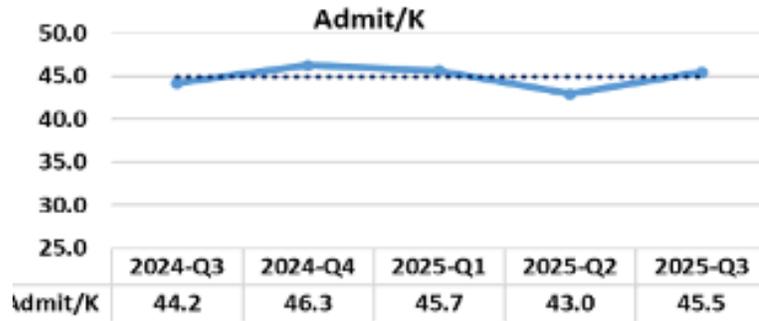
Q3-2025 Top Provider Call Types

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

Utilization Management



Utilization Management Key Metrics



“Benchmark”
2025

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

Appeals & Grievances



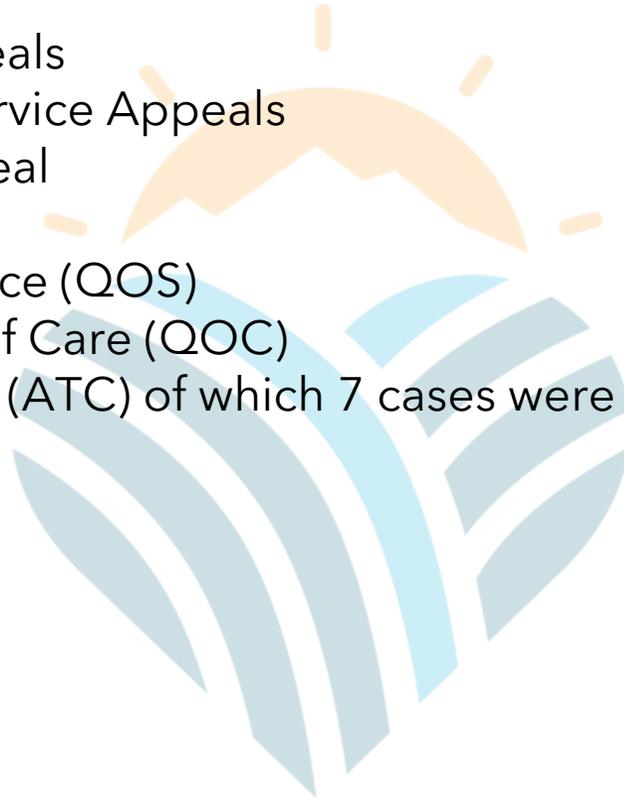
Appeals & Grievances

Q3 2025 Total Number of Grievances

Appeals	
CHPIV	Volume
Total	22
Grievances	
CHPIV	Volume
Total	118

A&G Overview:

- A. Appeals and Grievances Summary
 - 1. Total Appeals - 22
 - 2. 18 Pre-Service Appeals
 - 3. 3 Expedited Pre-Service Appeals
 - 4. 1 Post-Service Appeal
- B. Total Grievances - 119
 - 1. 74 - Quality of Service (QOS)
 - 2. 2- Clinical/Quality of Care (QOC)
 - 3. 42 - Access to Care (ATC) of which 7 cases were Expedited Grievances



Appeals & Grievances

QOC Grievances

Description	Volume	PTMPY
Quality of Care – ER – Diagnosis Delay	1	0.03
Quality of Care - PCP – Treatment Delay	1	0.03

QOS Grievances

Description	Volume	PTMPY
Access to Care – Prior Authorization delay	18	0.56
Transportation – General Complaint Vendor	9	0.28
Balance Billing- Par Provider	7	0.22
Transportation – Member Reimbursement	5	0.15
Administrative Issues- Health Plan	5	0.15

Access to Care

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	18	0.55
Access to Care – PCP Referral for Services	4	0.12
Access to Care – Availability of Appt W/ Specialist	4	0.12
Access to Care – Availability of Appt W/ PCP	4	0.12
Access to Care – Network Availability	3	0.09

Cultural & Linguistic Grievances

Total # of C&L by County	Q3 2025
Imperial	2
Grand Total	2

Behavioral Health Grievances

Total # of C&L by County	Q3 2025
Imperial	4
Grand Total	4

HEDIS Measures RY2025

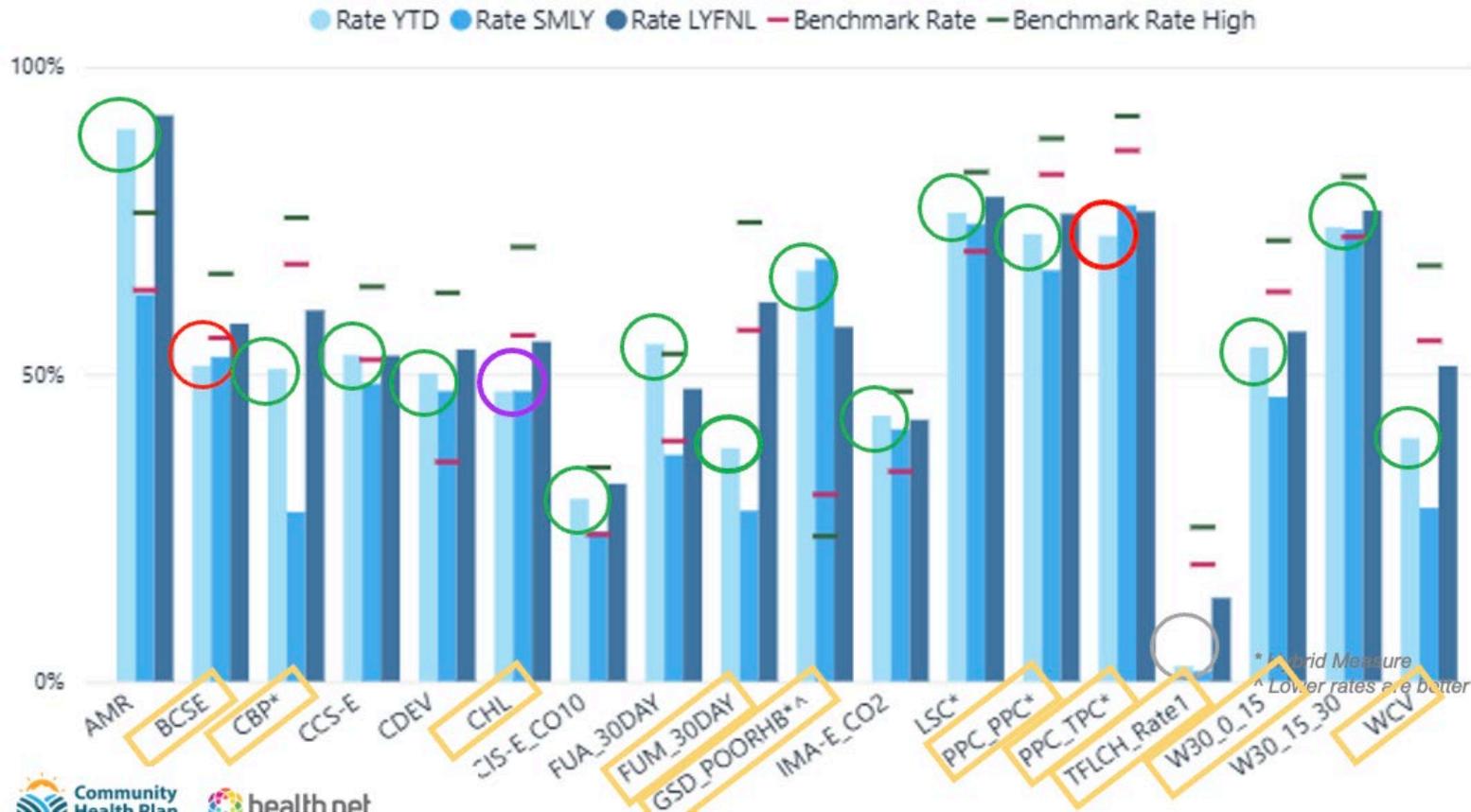


CHPIV MY2025 MPL Progress

Overview of YOY Performance – CHPIV Medi-Cal All MCAS MY2025 September PPP
(Data through 9/18/25)

Compliance Rate and Benchmark Rate MY2025

By Measure and By Measurement Period



Rolled up for Health Net counties/regions

- 14 trendable metrics better than same month last year (SMLY)
- 14/18 measures improved Month over Month (MOM)
- 8 measures met pacing goal
- 2 measures performing worse than Rate SMLY

Note:

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

Care Management



Care Management

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Physical Health and Behavioral Health

Members Case Managed Between 1/1/2025 and 6/30/2025, claims paid through 10/16/2025

Measure for Case Management	Members	90 days prior to CM enrollment			90 days following CM enrollment			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	123	66	17	25.8%	15	2	13.3%	-12.5%

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Transitional Care Services

Members Case Managed Between 1/1/2025 and 6/30/2025, claims paid through 10/16/2025

Measure for Case Management	Members	90 days prior to CM enrollment			90 days following CM enrollment			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	366	403	114	28.3%	143	30	21.0%	-7.3%

Care Management

Care Management - Total

Measure for Case Management	Members	90 days prior to CM enrollment		90 days following CM enrollment		Difference	
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.
Emergency Department (ED) Claims, per 1,000 members per year	123	111	3,610	46	1,496	-65	-2,114

Care Management - FYOL

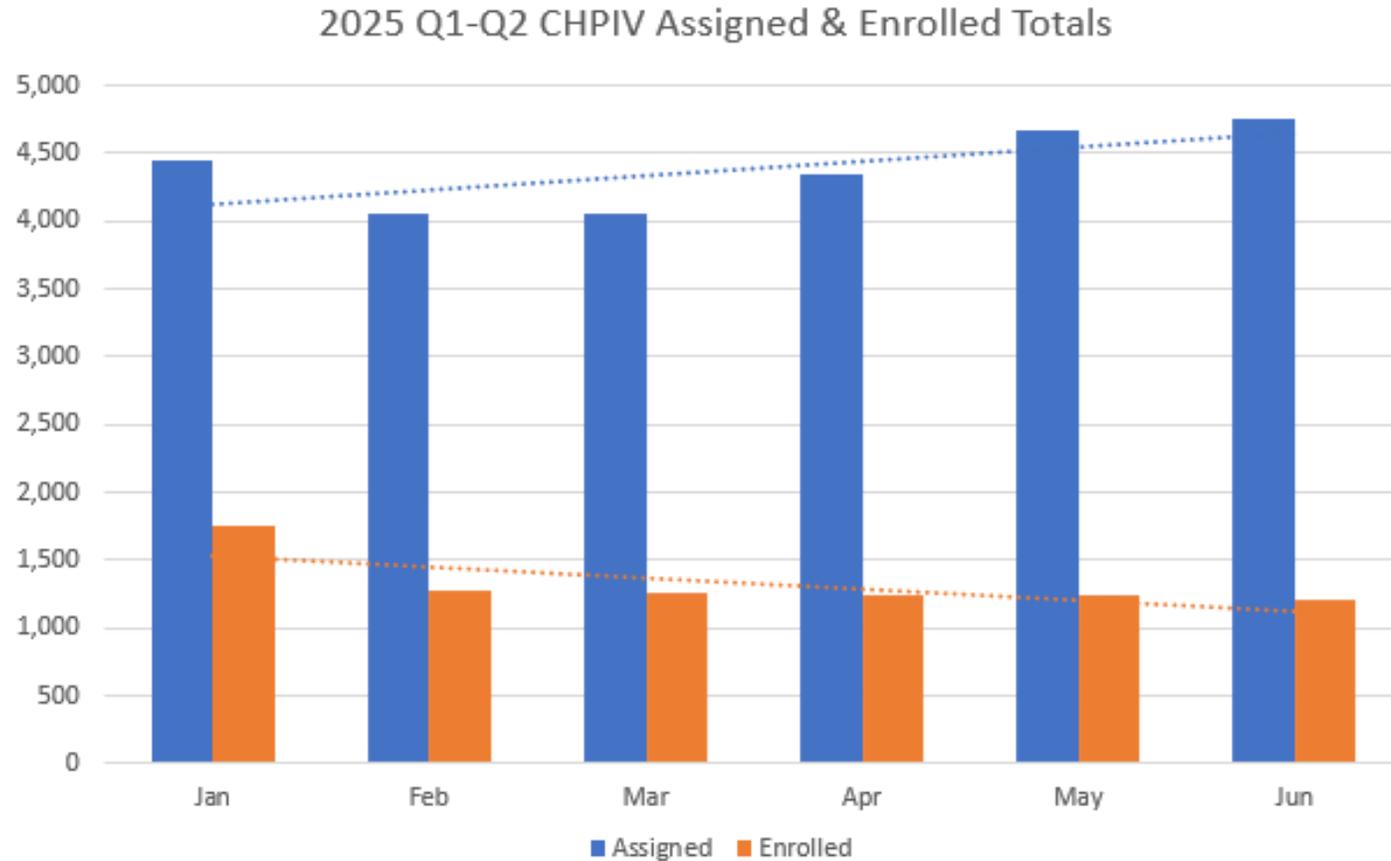
Measure for Case Management	Members Not Enrolled in FYOL* First 90 Days after Referral			Members Enrolled in FYOL First 90 Days after Engagement			Difference	Percent Change
	Members	ED Claims	ED/1,000/Yr.	Members	ED Claims	ED/1,000/Yr.	ED/1,000/Yr.	
Emergency Department (ED) Visits, per 1,000 members per year	97	11	454	39	3	308	-146	-32.2%

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



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

ECM Enrollment- Q1/Q2 2025



Long Term Support Services (LTSS)



Long Term Support Services (LTSS) Q1 2025

LTC (Long Term Care)

Unique Utilizing LTC Members	Jul 2025	Aug 2025	Sep 2025
El Centro Post Acute	92	95	92
Imperial Manor	28	25	20
Pioneer Memorial D/P	71	67	69
Out of County	26	22	19
Out of State	0	0	0

CBAS (Community Based Adult Services)

	Jul 2025	Aug 2025	Sep 2025
Unique Utilizing CBAS Mbrs	257	244	248
Average Days per Week	2.0	1.7	1.9
Members utilizing CBAS six months ago, now in LTC	2	1	0

ICF (Intermediate Care Facilities)

Unique Utilizing LTC Members	Jul 2025	Aug 2025	Sep 2025
ARC #1, #2, #3	16	15	15

Pharmacy



Pharmacy

	Goal	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Total CHPIV													
Total # PA's	N/A	52	52	62	75	72	50	58	42	83			
# Approved %	N/A	65%	64%	61%	53%	56%	52%	57%	52%	60%			
# Denied %	N/A	35%	36%	39%	47%	43%	48%	43%	48%	40%			
PA per 1,000M	N/A	0.53	0.53	0.64	0.77	0.74	0.51	0.59	0.43	0.85			
% PA requests meet goal*	100%	100%	98.1%	98.4%	100%	100%	100%	100%	100%	100%			

Pharmacy

Top 10 Denials in Q3 based on Percentage and Total Number

Top 10 Denials of the Quarter by Percentage and Total Number			
Drug Name	% Denied	Drug Name	# Denied
IV iron	100.00%	pegfilgrastim	18
epoetin alfa	100.00%	IV iron	7
epoetin beta	100.00%	pembrolizumab	5
IVIG	100.00%	rituximab	5
rituximab	83.33%	viscosupplement	4
sacituzumab	75.00%	epoetin alfa	4
viscosupplement	66.67%	bevacizumab	3
omalizumab	66.67%	sacituzumab	3
pembrolizumab	62.50%	epoetin beta	3
pegfilgrastim	52.94%	IVIG	3

Behavioral Health



Behavioral Health/ SUD

Q3 Report

Care Coordination Overview -CHPIV

Q3 BH Medi-Cal Referrals – CHPIV

153	members were referred to HN BH by County SMHP
1	members were referred by HN BH to County SMHS
48	members were referred to HN BH providers

CHPIV Members Served by Month Q2 (Unduplicated)

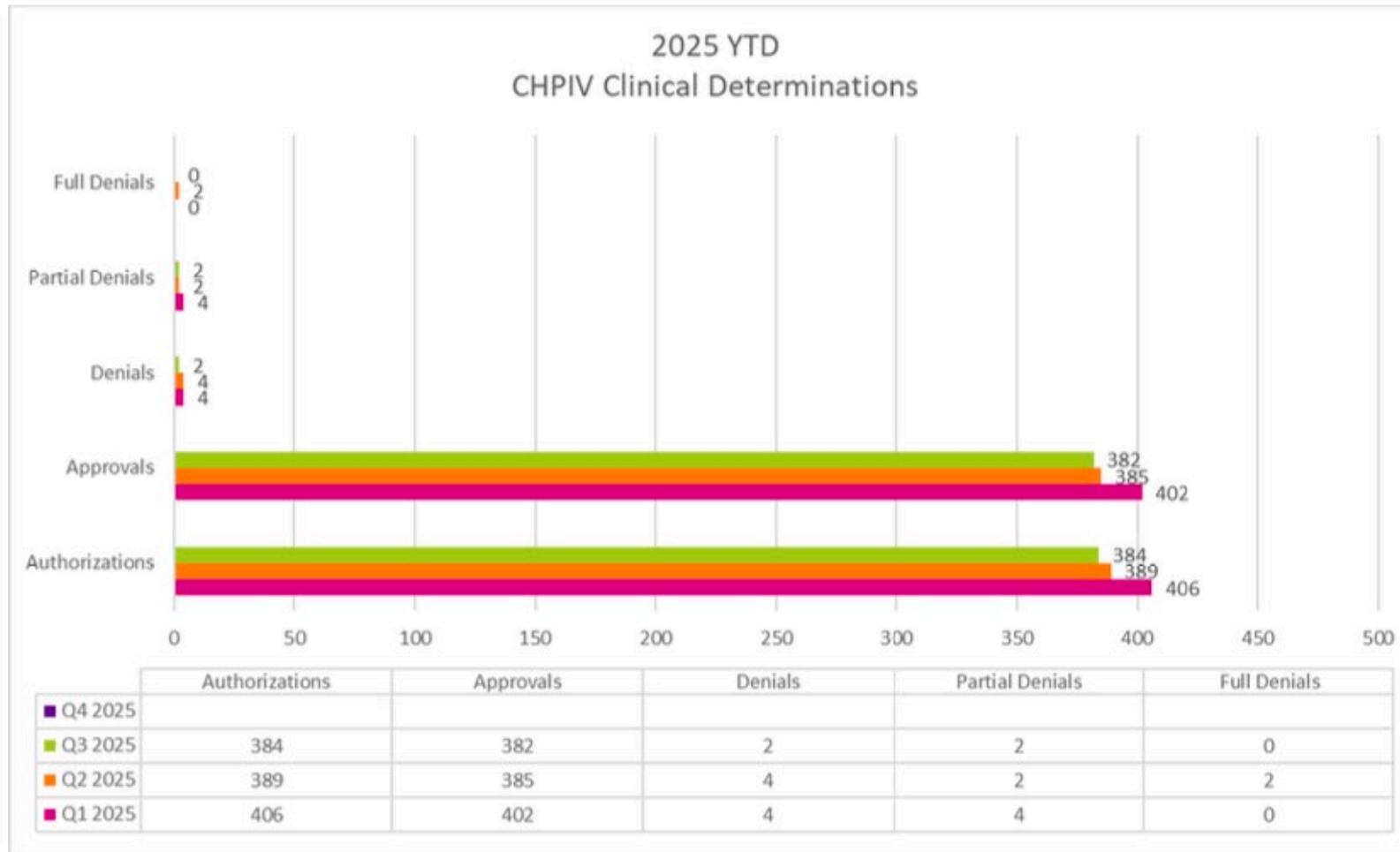
County	Apr 2025	May 2025	Jun 2025
Imperial +	315	303	133

Q3 Care Coordination Referrals

	CHPIV
members referred for health plan case management	117

Behavioral Health/ SUD

Autism Center Q3 2025



Quality Improvement Update



Quality Improvement Projects

Non-Clinical Behavioral Health PIP Topic of Focus:

- During the measurement period, Community Health Plan of Imperial Valley (CHPIV) will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Imperial County.
- Participating County: Imperial
- Quarter 3/4: Update:
 - Submitted the annual PIP report to HSAG/DHCS in August 2025
 - Received preliminary validation with suggested edits from HSAG in September
 - Resubmitted Clinical PIP for final validation score to be received from HSAG on or before

Quality Improvement Projects

Clinical PIP Measure Focus:

- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 3/4: Update:
 - Submitted the annual PIP report to HSAG/DHCS in August 2025
 - Received preliminary validation with suggested edits from HSAG in September
 - Resubmitted Clinical PIP for final validation score to be received from HSAG on or before
- Next Steps for both Clinical and Non-Clinical PIPs:
 - Continue to implement PIP interventions
 - PIP interventions will officially end on December 31, 2025.
 - Final Annual PIP reports for this cohort (2023-2026) will be due in August 2026

Quality Improvement Projects

CHPIV Child Health Equity Collaborative Sprint

Improve WCV rates for infants and adolescents

NEXT STEPS

- Share the latest information/updates received from IHI + DHCS with Kapoor Pediatrics and continue weekly meetings with pilot site
- Enlist support from IHI to engage other clinics/providers for Phase 2 collaboration:
 - Innecare (preferred); Dr. Luz Tristan Palma; The Pioneers Children Health Center
- IHI+DHCS will share a project charter template with all MCPs for intervention planning

Initial Health Assessments

Medical Record Review/Facility Site Review-Q4 YTD 2024

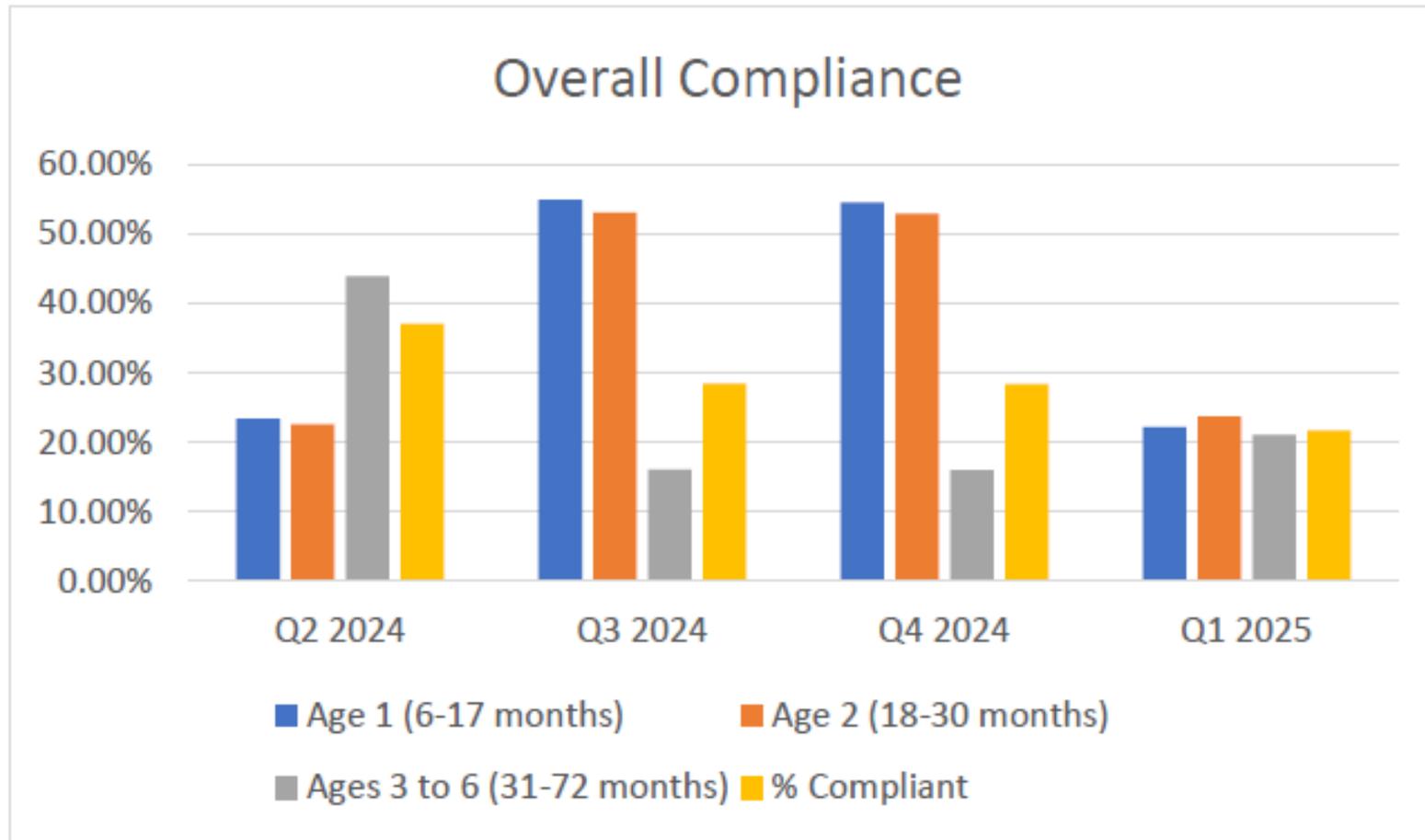
	Total Records	% Compliant
PED IHA	46	82%↑
Adult IHA	176	27%↓

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From July - Sept 2024	%
IHA Completed within 120 days	43.38%↓
Member Outreach Compliance (3 attempts completed)	49.63% ↑
Overall Compliant (outreach or IHA compliant)	72.36↓

Lead Screening in Children

Chart 1 – Overall Compliance Q1 2025



Peer Review Credentialing



Health Net Credentialing



Peer Review Credentialing and Access Reports

Investigations

For Q3-2025

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

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing - Q3-2025

Re-Credentialing
Behavioral Health

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
BENJAMIN	REISIN	MFT	Marriage Family Therapy	Non-Physician	MFC000000045453	N	N/A	N/A	8/14/2025

CHPIV Credentialing



Peer Review Credentialing and Access Reports

Credentialing

13 Providers - December, 2025

24 Providers - November, 2025

14 Providers - June, 2025

Member Experience



Member Experience

Consumer Assessment of Providers and Healthcare Systems (CAPHS) Survey

CHPIV Measures	MY 2024		2025 Quality Compass HMO					
	Rate	Percentile	Sample Size	25th (%)	50th (%)	75th (%)	90th (%)	95th (%)
Rating of Health Plan (8-10)	86.2%	95th	326	75.1%	78.1%	81.0%	83.1%	84.3%
Rating of All Health Care (8-10)	85.0%	95th	187	74.0%	76.4%	79.0%	80.7%	82.6%
Rating of Personal Doctor (8-10)	92.2%	95th	231	82.5%	84.7%	86.7%	88.4%	89.3%
Rating of Specialist Seen Most Often (8-10)	91.2%	95th	148	80.9%	83.2%	85.7%	88.0%	89.1%
Customer Service Composite (%Usually/Always)	87.9%	25th	145	87.2%	89.4%	91.4%	92.8%	94.0%
Getting Needed Care Composite (%Usually/Always)	83.6%	50th	NA	79.4%	82.1%	85.0%	86.8%	87.4%
Getting Care Quickly Composite (%Usually/Always)	83.0%	50th	198	78.9%	81.7%	84.9%	87.5%	87.9%
How Well Doctors Communicate Composite (%Usually/Always)	92.4%	25th	NA	91.9%	93.6%	94.8%	96.0%	96.5%
Coordination of Care (%Usually/Always)	89.0%	75th	118	83.9%	85.8%	88.7%	90.4%	91.4%

NOTE: 3159 (3.3%) mailed with 333 (10%/0.3%) respondents

Member Experience

2024 Grievance and Appeals Data

Grievances

	Volume	PTMPY
	2024	2024
CHPIV Medi-Cal		(Average Membership 96,453)
Quality of Care	35	0.36
Access	131	1.36
Attitude and Service	251	2.6
Billing and Financial Issues	38	0.39
Quality of Office Practitioner Site	0	N/A
Total	455	4.71

Appeals

	Volume	PTMPY	OT (%)
	2024	2024	2024
CHPIV Medi-Cal		(Average Membership 96,453)	
Quality of Care Appeals	0	0.00	N/A
Access to Care Appeals	0	0.00	N/A
Attitude and Service	0	0.00	N/A
Billing and Financial Issues	51	0.53	60.78
Quality of Practitioner Office Site	0	0.00	N/A
Total	51	0.53	60.78

GEO Access Report



GEO Access Report

2024 Demographics

Hispanic – 93%

White – 4%

Language

CHPIV Language Preference December 2024	Membership	
	#	%
Spanish	56116	58.3%
English	40041	41.6
Cantonese	23	0.02
Samoan	13	0.01
Declined to State	12	0.01
American Sign	12	0.01
Vietnamese	10	0.01

County	Speak a language other than English at home	Latino	Foreign born
Imperial County (Southern California)	77%	85%	31%

GEO Access Report

2024 Member Language Gaps between Members and PCP/Specialists

- 1) **Urban: within 10 miles or 30 minutes from residence or workplace**
 - a. **Urban: population density is greater than 3,000 persons per square mile**
- 2) **Suburban: within 15 miles or 30 minutes from residence**
 - a. **Suburban: population density is between 1,000 and 3,000 persons per square mile**
- 3) **Rural: within 30 miles or 60 minutes from residence**
 - a. **Rural: population density is less than 1,000 persons per square mile**

A gap is defined as at least one member not having access to a provider, given the parameters of their respective residential density.

GEO Access Report

2024 Member Language Needs compared to PCP/Specialist
Language Capability

	Spanish			
	PCP		SPEC	
	No Access	Total	No Access	Total
Imperial	0	56,649	0	56,649

GEO Access Report

2024 Language Assistance Program

LAP Service Requests	2024 EOY
Translation Requests	0
Telephone Interpretations	76,918
Face-to-Face Interpretations	2
Sign Language Interpretations	1

LAP service utilization is lower than expected, however this will be ameliorated with promotion of LAP services through staff/provider trainings and participation in Community Advisory Committees. There was a total of 1,241 telephone interpreter requests and we expect to see this number grow by the end of 2025. There was a total of four Face to Face and Sign Language Interpreter requests for 2024.

Care Coordination: Physical & Behavioral Health



Care Coordination – Physical & Behavioral Health

Areas	Results
Exchange of Information	< 25%
Diagnosis Treatment Referral	~ 50%
Use of Psychotropics	~ 50%
Treatment Access & Follow-up	N/A
Preventive Behavioral Health	<5% / 71%
Needs of SPMI: Diabetes	83%

Health Equity



Health Equity Topics

A&G

Racial/ethnicity, age bias

HEDIS, LHA, Lead Screening

Stratification by race/ethnicity, spoken language

CAPHS

Stratification by responses

GEO Access Report



Health Net Q3 QIHEC Questions



Question Follow-up

1. Member Services

What is HealthNet doing to help decrease the Member call burden (2000+ calls/month)?

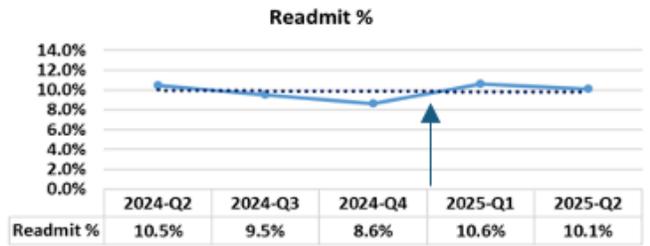
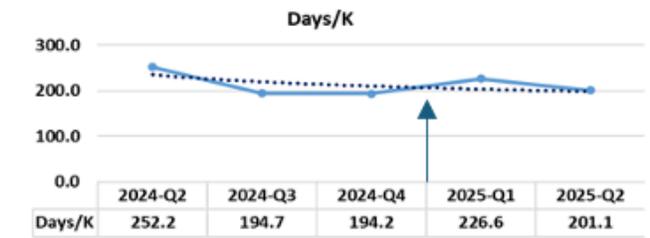
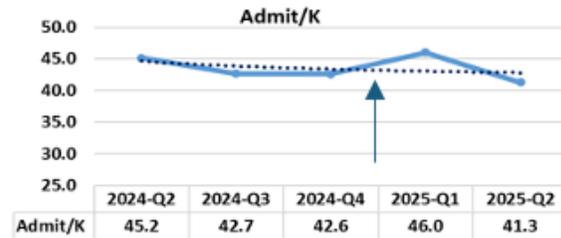
Shared Services MPS Medicaid organization is doing to improve the member and provider experience, which should help reduce call volume through:

- Improved first-call resolution
- Enhanced training
- Implementation of a new CRM (Salesforce.com)
- Deployment of a new ACD/IVR solution (Amazon Cloud)
- An advance approach to Quality Assurance program leveraging AI Technologies through TPG speech analytics.

Question Follow-up

2. UM

What is the reason for the sudden increases seen from Q4 2024 to Q1 2025 in Admits/K, Days/K, and Readmits/K?



ER/K

OPS/K

- Due to the limitation on the Utilization trend report, we are unable to provide the detail for the reason for the sudden increase in utilization for Q4 2024 to Q1 2025 in Admits/K, Days/K, and Readmits/K at this time. We are currently reviewing the report source to drill down to that detail.

Question Follow-up

3. UM

Committee members were excited to see some new stratified data by diagnoses. They asked if additional data could be provided, e.g., stratification by provider and by provider groups.

- We will review the report source and determine if the additional data requested can be included.

Question Follow-up

4. A&G

Regarding the QOS Grievances related to Transportation, the committee members are asking for a breakdown of destination – what is the proportion of transportation grievances related to travel within Imperial County compared to outside Imperial County, e.g., trip to San Diego.

In addition, the committee members asked if the top reasons for the QOS Transportation grievances related to in-county versus out-of-county could be shared.

Question Follow-up

5. Provider Relations

Two committee members had questions related to HEDIS measures. The first question was related to Health Net's ability to adequately capture HEDIS data that providers submit. They report that Health Net has told them that the Plan is having issues with HEDIS data capture. The second (related) question is that, as a result of the data capture problems, HEDIS-related supplemental payments have not been given to providers since mid-2024.

Health Net has had challenges capturing data from El Centro since they are on the Cerner platform. Despite attempts to use ERO Health for data file extracts, it didn't work due to Cerner's restrictions. We've also suggested Cozeva as an alternative.

For other providers, we would need to investigate further as I'm not aware of any specific data capture issues. If you could provide more details, it would help us pinpoint the problems more effectively. Additionally, regarding incentives, we would need specific examples to research and provide an accurate response.

Health Net has made efforts to keep supplemental payments current. They are willing to speak to any Provider tpo discuss the matter.

Question Follow-up

6. Provider Relations

Some committee members had questions regarding Health Net's approach to COSEVA. First, will providers be required to use the COSEVA app after EMR system integration? Second, there is a concern that COSEVA does not always capture the full set of data required – some providers claim they need to submit data using completely different systems.

1. Providers remain within the EHR but can open a new "embedded app" that would show Quality measures and HCC conditions from Cozeva that should be addressed at the point of care. All providers/staff who enable this feature will be required to have a Cozeva login, however, they would not be required to regularly log into Cozeva unless it is to check other information (e.g., overall Quality performance, incentive payments, etc.)

2. EHR integration with Cozeva ensures any information documented in the EHR that is relevant to Quality measures will be shared automatically with the health plan via Cozeva. This should reduce the need for PCP offices to manually upload medical records into Cozeva to close care gaps

Question Follow-up

7. Care Management

Regarding the impact measure of Care Management on ER Visits and Inpatient Readmissions, committee members are, in general, impressed with the results suggesting that care management efforts are having a positive impact on member care. As follow up, they are asking about the services and interventions provided by the care management program; that way, a cause-effect relationship may be elucidated.

Response: Our dept is currently developing a report to better outline the interventions and services our CM's provide during each case. We will be excited to share those summaries once we have the report more refined.

Question Follow-up

8. Quality Improvement/Provider Relations

After reviewing the impressive work performed by Dr. Vishwa Kapoor, one of the committee members, Pediatrician Dr. Ameen Alshareef, inquires how his clinic could participate in a quality improvement project such as Dr. Kapoor's project.

Response: This particular quality improvement project is part of our participation in the IHI/DHCS Childhood Collaborative. Great news—Phase II launched in September, and we would be delighted to include Dr. Alshareef as a provider partner in this next phase!

Questions & Comments



Information Items

Compliance Report

Period Covered: January 2026

Highlights

- Regulatory Compliance
 - D-SNP and Expansion of the Compliance Program
 - DMHC Financial Audit
 - Internal and Delegation Oversight
 - 2026 Monitoring Protocol Updates – Medi-Cal and D-SNP
 - Pre-Delegation D-SNP Audits – Corrective Action Plan Status
-

Regulatory Compliance

D-SNP and Expansion of the Compliance Program

The launch of the D-SNP program significantly expands the scope and complexity of the Compliance function. In addition to Medi-Cal oversight, the organization is now subject to federal Medicare requirements and oversight by the Centers for Medicare & Medicaid Services (CMS). This introduces a new regulatory framework, new reporting obligations, and direct federal monitoring that differs in structure from state-based Medi-Cal oversight.

As part of D-SNP compliance, Compliance must track and respond to new CMS and DHCS D-SNP specific reports and formal regulatory communications, including HPMS memos. HPMS (Health Plan Management System) is CMS's official communication and reporting platform and serves as the primary mechanism through which CMS issues guidance, deadlines, and compliance directives. These memos are released frequently and require rapid review, tracking, internal/external (delegate) coordination, policy updates, operational changes, and documented responses within prescribed timeframes.

To support these requirements, Compliance continues to work towards expanding our program to include new reporting workflows, governance processes, and new audit/monitoring tools designed specifically for Medicare and D-SNP oversight. This expansion is critical to maintaining federal compliance, supporting audit readiness, and ensuring the long-term stability and success of the D-SNP program.

Internal and Delegation Oversight

2026 Internal and Delegation Oversight Monitoring Program

Compliance continues to work implementing the 2026 Internal and Delegation Oversight Monitoring Protocols to ensure alignment with state and federal regulatory expectations and to support continued audit readiness. The proposed monitoring protocols reflect a risk-based approach, informed by prior audit activity, ongoing monitoring results, and program expansion, including the introduction of D-SNP.

The 2026 monitoring frameworks for Medi-Cal and D-SNP will be presented to the Compliance and Privacy Committee (CPC) and the Regulatory Compliance Oversight Committee (RCOC) for review and approval. Committee input and approval will finalize scope, methodology, and priority focus areas ahead of implementation.

2026 Medi-Cal Monitoring Program – Health Net

Planning for the 2026 Medi-Cal Monitoring Program is underway, with an expanded focus on risk-based oversight and qualitative key performance indicators (KPIs). In addition to existing quantitative measures, Compliance is incorporating qualitative KPIs informed by regulatory risk, prior regulatory and DO audit findings, and ongoing monitoring trends. This approach is designed to provide a more complete view of performance, identify early indicators of potential non-compliance, and prioritize monitoring activities based on member and regulatory impact.

2026 D-SNP Monitoring Program – CHPIV Care Management, Community Health Group (CHG), Community Care IPA (CCIPA), Imperial County Physicians Medical Group (ICPMG), Premier Patient Care, Primary Health Care Medical Group IPA (PHCMG)

The 2026 D-SNP Monitoring Program is being developed as a new framework aligned closely with CMS audit protocols to support audit readiness. The monitoring structure mirrors CMS requirements across core functional areas and emphasizes data integrity for performance monitoring. Establishing this framework early is critical to maintaining continuous audit readiness, supporting a successful D-SNP launch, and ensuring the organization is well-positioned to meet CMS oversight requirements as the program matures.

Pre-Delegation Audits

Pre-delegation audits are designed to validate D-SNP readiness and strengthen risk mitigation across delegated functions. CHPIV's audit tools are aligned with CMS and State requirements to ensure full compliance by January 1, 2026.

The Corrective Action Plan (CAP) submissions for the pre-delegation audits were due on January 22, 2026, from MedPoint (CCIPA and ICPMG), CHG, MedMgr (Primary Health Care Medical Group), and ProCare MSO (PPCIPA). While most entities submitted materials, MedPoint and ProCare did not provide CAP responses for all functional areas, and CHG provided a partial submission with a complete package anticipated by January 30, 2026.

A final submission deadline of January 23, 2026, was issued to MedPoint and ProCare for any remaining documentation. CHPIV auditors began their review on January 22, 2026, and have a two-week window to evaluate complete submissions, with MedMgr's documentation currently under review. As the review progresses, any CAP items that require policy revisions will remain open until the delegate formally completes its internal policy approval process and provides CHPIV with the finalized documentation.

Information Items

Operations report for review

Operations Report

Period Covered: January 2025

Highlights

Community Advantage Plus Operations

It's been a busy month as we transitioned from implementation to operations. Our local teams – member and provider experience, care management, and sales met daily during the first half of the month to identify and resolve issues, including:

- Provider office confusion regarding eligibility, referrals, authorizations and IPA delegation
- Correcting PCP/IPA assignment errors
- Handling disenrollment requests
- Benefit confusion – Rx copays and grocery card

We expect many of these initial issues to decline over time, as we correct provider data discrepancies, complete training with offices and refine our internal processes and understanding of how our teams work together.

January Ribbon Cutting Event

To help raise awareness of Community Advantage Plus and CHPIV's expanding services, we held a ribbon cutting event on January 8th. The program included brief remarks from Larry and our Commission Chair. Community partners and local officials attended to learn more about the plan and the work our teams are doing across Imperial Valley. Members of the media covered the event as well, bringing broader awareness to CHPIV and Community Advantage Plus.

Media coverage of the event included stories from:

- **The Desert Review:** [Community Health Plan debuts Medi-Medi Advantage Plus Plan in Imperial](#)
- **Imperial Valley Press:** [Community Health Plan leaders chart future of localized care and growth](#)
- **KYMA-TV:** [A New Local Plan Looks to Ease Healthcare Hurdles in Imperial County](#)



Key Metrics – Community Advantage Plus

Status	Category	Goal	Current Month Performance (as of 1/29/26)
Yellow	Provider Network	100% of direct provider contracts are executed	50% of provider contracts are fully executed
Yellow	Member Engagement	Minimize and resolve escalated issues quickly	Resolved 109 escalated member issues
Yellow	Enrollment	225	208 on Jan 1
Red	Disenrollment	5%	12%

- **Direct Provider Network:** 100% of providers are pre-credentialing cleared and can see patients as part of the Community Advantage Plus network. These providers will not appear in the Provider Directory until they pass full credentialing and are approved by the CHPIV credentialing committee.
 - **Key contracts that are not fully executed (letter of agreement only):**
 - Pioneers – finalizing exhibits

- CCIPA – one open issue
- ICPMG – one open issue
- PPCIPA – signature ready
- **Full Contract Execution:** 42 of 85 direct provider contracts are fully executed; remaining contracts are pending final signature and processing. This includes 19 new LOAs that were executed this month.
- **Enrollment:** New enrollments are expected to be lower in January due to a focus on retention. We are ramping up direct mail and marketing, partnering closely with several IPAs on patient education and seeing more volume from our broker partnerships. This should lead to higher numbers in the coming months.

Issues / Risks

- IPA communication and coordination
- Key IPA and hospital agreements are not fully executed
- Ongoing provider training and awareness
- High disenrollment rate

Next 30 Days

- Hire retention specialist to free up sales team
- Complete provider and IPA training
- Develop implementation plans for: risk adjustment coding accuracy, STAR ratings (quality of care and service), and provider feedback tracking and response

Period Covered: January 13, 2026-February 9, 2026

Highlights

- No new hires
 - 4 open position: Senior Compliance Advisor, Financial Analyst, Sales and Marketing Representative, Member Retention Specialist
 - Implemented pay increases effective 1/2/2026
 - First monthly management topic was introduced. **When you think about your day-to-day work, in what ways do you feel supported by your manager and the organization — and in what ways could we improve our support?**
 - Completed goal planning for Care Coordinator team
-

Key Metrics

There were no new hires over this period.

Total number of employees	42
Local	29
Remote	13
Number of exits in 2026	2: One for career growth opportunities, one for performance reasons

Issues / Risks

- Encouraging continued feedback to the monthly management topic is contingent on transparent reporting of this month's themes and follow-through on any changes to systems or processes that resulted from this month's question.
-

Next 30 Days

- Introduce the next monthly management topic and ensure follow through from January's question
- Benefits regulatory filings due March 1