



AGENDA

Community Health Plan of Imperial Valley Commission

May 11, 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	Attendance
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	Peggy Price	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 4/13/2026...pg. 5-9
- B. Approval of the monthly financial reports as reviewed and accepted by the Executive 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. 14-15
 - 5. Statement of Net Position...pg. 16
 - 6. Summarized TNE Calculation...pg. 17
 - 7. Cash Transaction Report...pg. 18-19
- C. Approval of the 2026 CHPIV Health Services Program Documents...pg. 20
- D. Approval of the Risk Management Program and Audit Monitoring Program...pg. 21-22

4. ACTION

[No action items.](#)

5. COMMITTEE CHAIR REPORTS

- A. Quality Improvement Health & Equity Committee-*Quarterly*
(Dr. Gordon Arakawa, CMO)
- B. Finance Committee-*Monthly*
(Dr. Carlos Ramirez, Chair) ...pg. 9-10

C. Regulatory Compliance & Oversight Committee-Quarterly
(Dr. Allan Wu, Chair) ...pg. 24-25

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) ...pg. 27-53

B. Compliance Report (Elysse Tarabola, CCO and Chelsea Hardy, Senior Director of Compliance)

C. Operations Report (Julia Hutchins, COO) ...pg. 54-55

D. Human Resources Report (Shannon Long, HR Consultant) ...pg. 56

E. CEO Report (Larry Lewis, CEO)

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

7. CLOSED SESSION

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

B. Compliance

8. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

9. ADJOURNMENT

Next meeting: June 8, 2026

Consent Agenda



MINUTES

Community Health Plan of Imperial Valley Commission

April 13, 2026

5:30 p.m.

512 W. Aten Rd., Imperial, CA 92251

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

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Meeting ID: 217 028 464 542

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

1. CALL TO ORDER

Lee Hindman, Chair

The meeting was called to order at 5:34 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

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

B. Approval of Agenda

(Ramirez/Sampat) Approved 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 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 comments.

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.

(Bell/Lang) Approved the consent calendar. Motion carried.

- A. Approval of Minutes from 3/9/2026...pg. 5-9
- B. Approval of the 2025 Annual Audit by Baker Tilly...pg. 10-53
- C. Approval to include the LHA in the Social Security program...pg. 54-57
- D. Approval of the monthly financial reports as reviewed and accepted by the Executive Committee
 1. Executive Summary...pg. 58-60
 2. Enrollment Report...pg. 61
 3. Statement of Revenues, Expenses, and Changes in Net Position... pg. 62
 4. Product Profit & Loss Statement...pg. 63
 5. Statement of Net Position...pg. 64
 6. Summarized TNE Calculation...pg. 65
 7. Cash Transaction Report...pg. 66-67

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-No meeting
(Dr. Carlos Ramirez, Chair)
David Wilson, CFO provided a brief update on the 2025 Annual Financial Audit and the monthly financial reports.
- C. Regulatory Compliance & Oversight Committee-Quarterly
(Dr. Allan Wu, Chair) No meeting
- D. Community Advisory Committee -Quarterly
(Julia Hutchins, COO) ...pg. 69
Julia Hutchins provided a brief update on the March 17th, 2026, Community Advisory Committee meeting.

6. INFORMATION

- A. Health Services Report (Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services) ...pg. 71

Dr. Gordon Arakawa provided updates on the following:

- CHPIV continues to work with Imperial County Health Improvement Program which involves two projects-Home Health Access and using CHWs and ECM to improve appointment rates for providers.
- Health Services involvement in the interdepartmental leadership team which involve Imperial County Office of Education, Imperial County Department of Social Services, Imperial County Behavioral Health, and San Diego Regional Center.
- Upcoming QIHEC Report at May Commission meeting
- Granted access to the HEDIS data port

Jeanette Crenshaw provided updates on DSNP Program and Model of Care.

- B. Compliance Report (Elysse Tarabola, CCO and Chelsea Hardy, Senior Director of Compliance) ...pg. 72-74

Elysse Tarabola provided updates on the DHCS Medical Audit and Risk Management, Risk Assessment, and the Audit/Monitoring Program.

C. Operations Report (*Julia Hutchins, COO*) ...pg. 75-77

Julia Hutchins provided updates on the following:

- Health Net tracking on referral processing, provider contract status, and Provider assignment issues
- Manager of Sales & Retention, Michelle Ramirez has assumed interim responsibility for the Member Provider roles
- Data Manager position
- Provider Administrator Luncheon
- Managed Services Organization Road Show
- Direct Provider Network
- Member Issues
- Disenrollments/Enrollments
- CHPIV Billboard

D. Human Resources Report (*Shannon Long, HR Consultant*) ...pg. 78

Shannon Long provided an update on the following:

- Two New Hires: Member Experience Coordinator and Sales and Marketing Representative-both local
- One Open Position: Data Management Specialist
- Q1 Goal Check-Ins
- Implementation plans for employee suggestions on enhanced communication
- Elimination of Chief of Staff position

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

Larry Lewis provided updates on the following:

- Riverside County Collaborative for Medical Education
- Electric Sign project cancelled. Driveway sign in progress
- All-CEO DHCS Meeting
- Special Investigations Unit Meeting

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

None.

7. CLOSED SESSION

Chair Hindman announced that the commission entered into closed session.

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

8. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.

Chair Hindman announced that the committee reconvened into open session.
Direction was given to staff.

9. ADJOURNMENT

The meeting was adjourned at 7:19 p.m.
Next meeting: May 11, 2026



Financial Result

March 2026

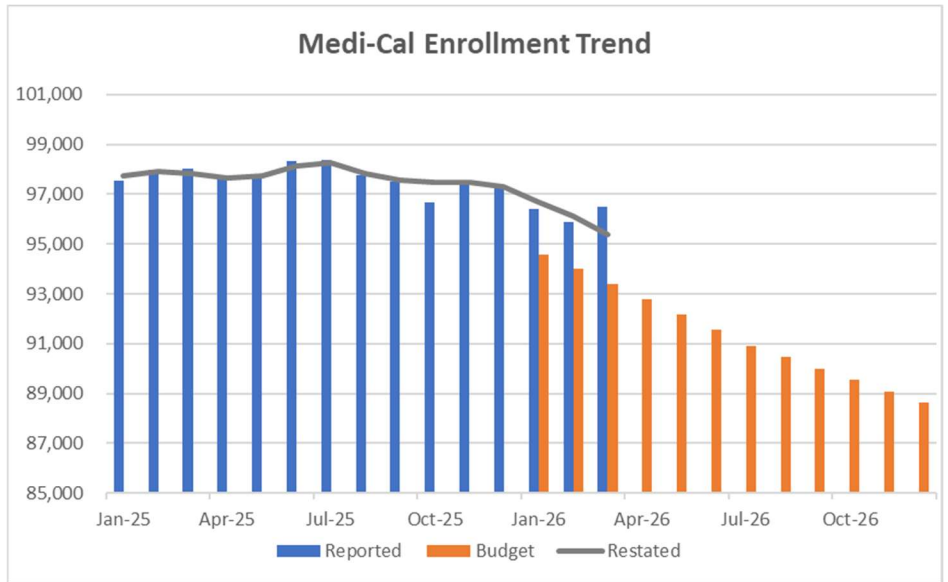
Executive Summary

Membership

March Medi-Cal reported membership increased by 615 for a total of 96.5K, most of which was due to favorable resated members for January and February effective months. Restated membership continues to show a downward slope consistent with the budget. Restated membership declines are largely concentrated in Adult and Adult Expansion categories.

Medicare membership for March was 275, 41% below forecast, driven by weaker-than-expected sales performance and elevated disenrollment.

The most recent membership reports (May effective) indicate steady growth, now at 408, but still far below forecast expectations.



Gross Margin

March gross margin was favorable to budget by \$33K or 21 bps of MLR, equally split between Medicare and Medi-Cal lines of business.

Medi-Cal

Membership Mix & Rate: Current month revenue rate variance was unfavorable to budget by (\$884K) due to delayed maternity kick payments, impacting gross margin by (\$20K).

Volume: Favorable membership contributed \$88K in excess revenue relative to the budget. Child, Adult, and Adult expansion populations favorability offset shortfalls in SPD and LTC.

Category of Aid (COA)*	Revenue (Current Month Reported)					
	Current	Budget	Variance	Prior Period	Vol	Rate
Child	\$ 4,276,871	\$ 4,205,382	\$ 71,489	\$ 44,882	\$ 144,890	\$ (73,401)
Adult	\$ 3,904,806	\$ 4,395,555	\$ (490,749)	\$ 98,408	\$ 69,693	\$ (560,443)
Adult Expansion	\$ 7,942,157	\$ 7,774,316	\$ 167,841	\$ 22,600	\$ 310,297	\$ (142,456)
SPD-LTC	\$ 4,647,569	\$ 4,894,356	\$ (246,786)	\$ 145,191	\$ (199,919)	\$ (46,867)
SPD-LTC Full Dual	\$ 6,478,310	\$ 6,787,264	\$ (308,953)	\$ 99,832	\$ (247,263)	\$ (61,690)
Total Medicaid	\$ 27,249,713	\$ 28,056,873	\$ (807,159)	\$ 410,914	\$ 77,698	\$ (884,857)

* Includes SPD Medicaid



Medicare

Medicare Gross Margin was favorable by \$17K driven by favorable FFS claims and pharmacy experience, partially offset by FFS claims. Volume accounted for (\$14K) of the margin variance offset by a favorable rate variance of \$31K.

DSNP average risk score for March membership remained consistent with prior months of 1.497. On average, terminations (leavers) have a 30.3% higher risk score than continuing members (stayers), eroding overall risk score. CHPIV continues to book a 1% accrual for mid-year risk adjustment, for a total of \$14.4K (Part C and D combined).

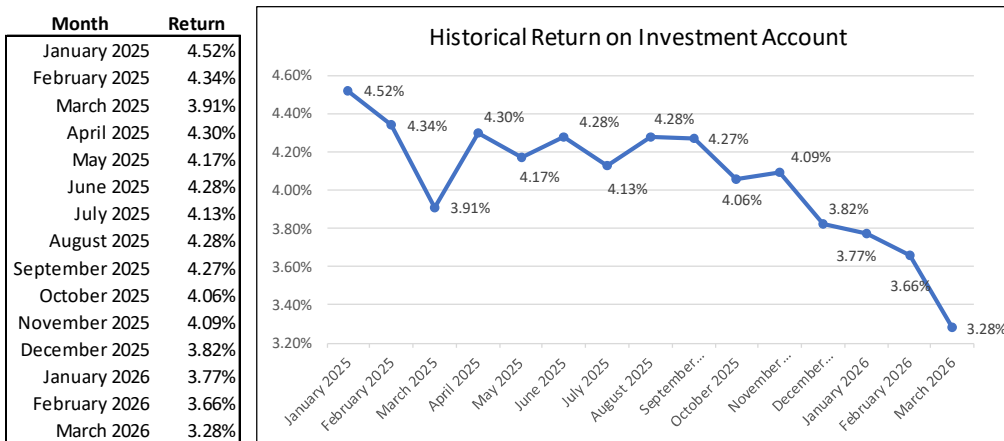
Administrative Expenses

Total administrative expenses were favorable to budget by \$100K, driven primarily by the timing of professional fees and contingency reserves. Advertising was slightly unfavorable due to a direct mail campaign and several new billboards throughout the county aimed at marketing DSNP to our existing Medi-Cal members. Preliminary results suggest the campaign has been successful.

There were no new committed expenditures above \$50,000.

Other

Investment income was favorable by \$33K in March due to higher portfolio balance, although interest rate pressure continues to minimize performance. On a YTD basis, Investment income is down (\$26K) relative to the budget.



Net Income

Overall, Change in Net Position for the month was \$152K, exceeding the budget by \$134K. On a YTD basis, CHPIV is ahead of Budget by \$293K.

Tangible Net Equity (TNE)

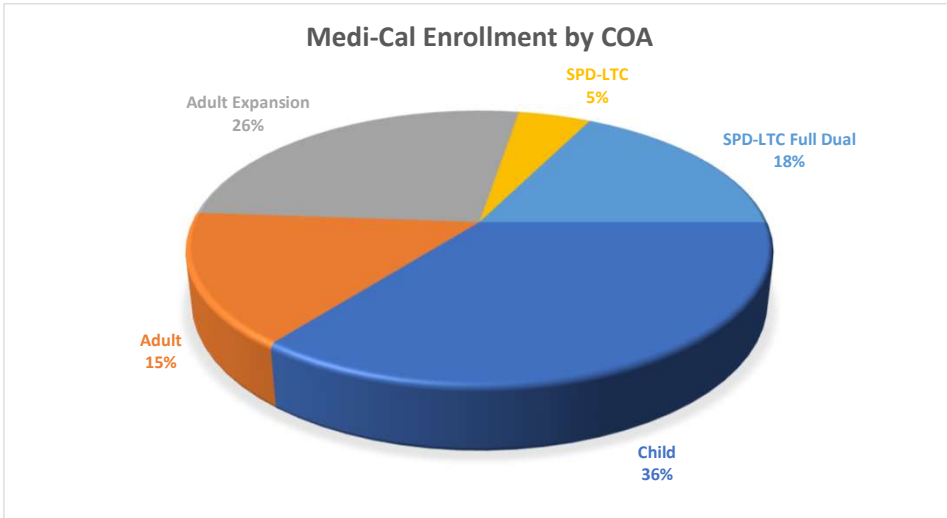
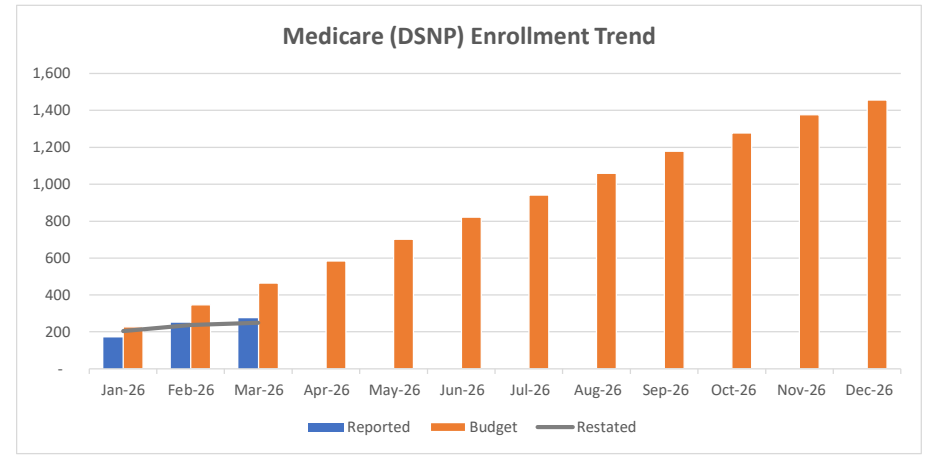
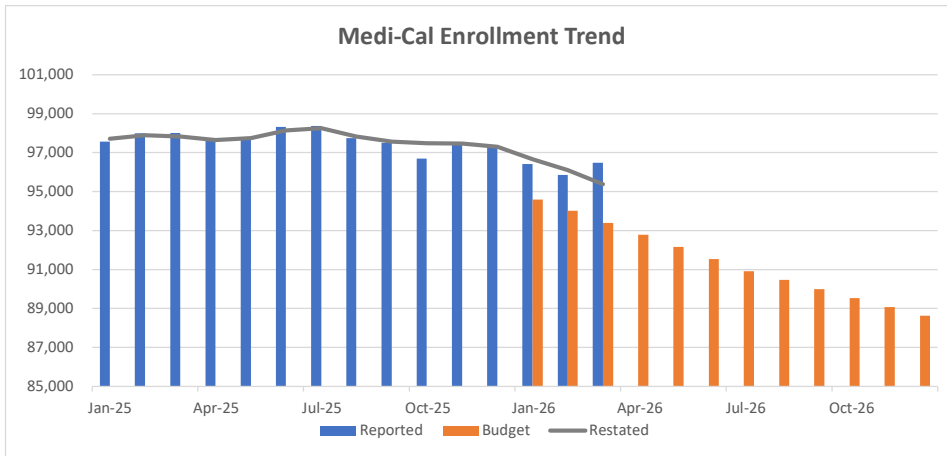
For the month of March, TNE totaled \$24.1M, representing 493% of the required \$4.9M. On a restated basis, TNE stands at 503% of the required levels.

2025

2026

Category of Aid (COA)*	2025				2026						March				March (YTD)			
	Q1	Q2	Q3	Q4	January	February	March	Q2	Q3	Q4	B/W		B/W					
	Actual	Budget	#	%	Actual	Budget	#	%	Actual	Budget	#	%	Actual	Budget	#	%		
Child	35,139	35,129	34,728	34,555	34,315	34,126	34,434				34,434	32,943	1,491	5%	102,875	66,696	36,179	54%
Adult	15,801	15,754	15,471	15,306	15,018	14,907	14,887				14,887	14,443	444	3%	44,812	29,242	15,570	53%
Adult Expansion	25,995	26,028	25,808	25,988	25,528	25,423	25,493				25,493	24,403	1,090	4%	76,444	49,406	27,038	55%
SPD-LTC	4,693	4,790	4,662	4,684	4,721	4,518	4,640				4,640	4,676	(36)	-1%	13,879	9,289	4,590	49%
SPD-LTC Full Dual	16,381	16,614	16,823	16,835	16,835	16,891	17,026				17,026	17,403	(377)	-2%	50,752	34,554	16,198	47%
Total Medicaid	98,009	98,315	97,492	97,368	96,417	95,865	96,480	-	-	-	96,480	93,868	2,612	3%	288,762	189,187	99,575	53%
DSNP	-	-	-	-	169	249	275	-	-	-	275	465	(190)	-41%	693	573	120	21%
Monthly/Quarterly Change		0.3%	-0.8%	-0.1%	-1.0%	-0.6%	-0.9%				-0.9%	-3.6%			-0.9%	-3.6%		

* Source: DHCS 820 Remittance summary; includes retroactivity



Medi-Cal Enrollment Trend (Restated)						
	Dec-25	Jan-26	Feb-26	Mar-26	MoM Δ	% Δ
SIS						
Child	33,924	33,764	33,610	33,344	(266)	-0.8%
Adult	14,230	14,071	13,924	13,704	(220)	-1.6%
Adult Expansion	24,535	24,266	24,124	23,973	(151)	-0.6%
SPD-LTC	4,405	4,358	4,311	4,301	(10)	-0.2%
SPD-LTC Full Dual	16,256	16,322	16,266	16,193	(73)	-0.4%
Total SIS	93,350	92,781	92,235	91,515	(720)	-0.8%
% of Total	95.9%	96.0%	96.0%	95.9%		
UIS						
Child	683	688	710	734	24	3.4%
Adult	1,035	1,013	1,000	968	(32)	-3.2%
Adult Expansion	1,484	1,435	1,416	1,404	(12)	-0.8%
SPD-LTC	198	193	186	184	(2)	-1.1%
SPD-LTC Full Dual	548	560	566	576	10	1.8%
Total UIS	3,948	3,889	3,878	3,866	(12)	-0.3%
% of Total	4.1%	4.0%	4.0%	4.1%		
Total	97,298	96,670	96,113	95,381	(732)	-0.8%



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

	March			March (YTD)			Current Month Explanations
	Actual	Budget	Variance - B/(W)	Actual	Budget	Variance - B/(W)	
REVENUE							
Medicaid Revenue	\$ 27,660,627	\$ 28,056,873	\$ (396,245)	\$ 113,569,361	\$ 84,409,342	\$ 29,160,020	- Medi-Cal due to delayed maternity kick payments
Medicare Revenue	\$ 566,372	\$ 1,011,334	\$ (444,963)	\$ 1,521,405	\$ 2,259,799	\$ (738,394)	- Medicare unfavorable on sales volume
Investment & Interest Income	\$ 156,231	\$ 122,735	\$ 33,497	\$ 341,064	\$ 367,038	\$ (25,974)	- Favorable due to elevated cash balances for February pass through payments
TOTAL REVENUE	\$ 28,383,230	\$ 29,190,942	\$ (807,711)	\$ 115,431,830	\$ 87,036,179	\$ 28,395,651	
HEALTH CARE COSTS							
Global Capitation	\$ 26,739,049	\$ 27,048,979	\$ 309,931	\$ 110,806,873	\$ 81,512,326	\$ (29,294,547)	
Shared Risk Capitation	\$ 163,672	\$ 261,948	\$ 98,276	\$ 406,270	\$ 589,958	\$ 183,688	
FFS Claims	\$ 322,759	\$ 581,277	\$ 258,517	\$ 866,063	\$ 1,233,933	\$ 367,871	- Includes \$2716K for IBNR, PAD, and LAE
Pharmacy (Net)	\$ 78,419	\$ 287,147	\$ 208,728	\$ 221,612	\$ 610,814	\$ 389,202	(PAD - Provision for Adverse Deviation; LAE - Loss Adjustment Expense)
All Other	\$ 83,272	\$ 48,682	\$ (34,590)	\$ 143,683	\$ 116,624	\$ (27,059)	- Unfavorable due to timing of supplemental benefit payments
HEALTH CARE COSTS	\$ 27,387,171	\$ 28,228,033	\$ 840,862	\$ 112,444,501	\$ 84,063,656	\$ (28,380,845)	
Gross Margin	\$ 996,059	\$ 962,908	\$ 33,151	\$ 2,987,329	\$ 2,972,523	\$ 14,806	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	\$ 500,870	\$ 516,288	\$ 15,417	\$ 1,519,504	\$ 1,559,595	\$ 40,091	
Benefits Expense	\$ 56,581	\$ 45,462	\$ (11,119)	\$ 156,562	\$ 136,317	\$ (20,245)	
Other Labor Expense	\$ 1,487	\$ 1,918	\$ 430	\$ 5,501	\$ 5,608	\$ 106	
Total Labor Costs	\$ 558,938	\$ 563,667	\$ 4,729	\$ 1,681,567	\$ 1,701,520	\$ 19,953	
Consulting, Legal, & Other Professional	\$ 24,374	\$ 90,551	\$ 66,177	\$ 148,804	\$ 316,126	\$ 167,322	- Timing of operational consulting fees and unused contingency
Outside Services	\$ 43,860	\$ 46,285	\$ 2,424	\$ 141,004	\$ 142,854	\$ 1,849	
MSO Fees	\$ 117,739	\$ 131,000	\$ 13,262	\$ 353,216	\$ 393,000	\$ 39,785	- Favorable due to unused contingency
Advertising & Marketing	\$ 11,750	\$ 5,000	\$ (6,750)	\$ 21,128	\$ 27,000	\$ 5,872	
Information Technology	\$ 6,168	\$ 6,606	\$ 439	\$ 21,617	\$ 22,837	\$ 1,220	
Membership and Subscriptions	\$ 11,169	\$ 11,344	\$ 175	\$ 33,653	\$ 36,207	\$ 2,554	
Regulatory Fees	\$ 25,408	\$ 23,949	\$ (1,459)	\$ 76,768	\$ 71,847	\$ (4,921)	
Travel	\$ 5,548	\$ 14,050	\$ 8,502	\$ 13,846	\$ 35,200	\$ 21,355	
Occupancy & Facility	\$ 7,005	\$ 10,110	\$ 3,105	\$ 15,420	\$ 34,847	\$ 19,426	
Office Expense	\$ 6,767	\$ 9,647	\$ 2,879	\$ 15,938	\$ 20,539	\$ 4,601	
Other Admin	\$ 15,692	\$ 22,708	\$ 7,016	\$ 48,626	\$ 47,538	\$ (1,088)	
Total Administrative Expense	\$ 834,418	\$ 934,916	\$ 100,499	\$ 2,571,588	\$ 2,849,515	\$ 277,927	
Non-Operating Income/(Expense)							
Rental Income	\$ 1,538	\$ 1,494	\$ (45)	\$ 4,615	\$ 4,481	\$ (134)	
Depreciation & Amortization	\$ (11,222)	\$ (11,350)	\$ 128	\$ (33,573)	\$ (34,050)	\$ 477	
Change in Net Position	\$ 151,958	\$ 18,136	\$ 133,822	\$ 386,783	\$ 93,438	\$ 293,345	
Key Metrics							
Enrollment	96,480	93,868	2,612	288,762	283,055	5,707	
Medicaid Revenue PMPM	\$ 287.52	\$ 300.39	\$ (12.87)	\$ 394.24	\$ 299.31	\$ 94.93	
Medicare Revenue PMPM	\$ 2,059.53	\$ 2,174.91	\$ (115.38)	\$ 2,195.39	\$ 2,177.07	\$ 18.32	
MLR (Medicaid)	97.1%	97.1%	(3) bps	97.9%	97.1%	(77) bps	
MLR (Medicare)	92.9%	97.5%	466 bps	87.9%	94.0%	607 bps	
Admin Ratio	2.9%	3.2%	26 bps	2.2%	3.3%	105 bps	
FTEs	42	45	3	126	135	9	
Net Income PMPM	\$1.58	\$0.19	\$1.38	\$1.34	\$0.33	\$1.01	
Net Income %	0.5%	0.1%	47 bps	0.3%	0.1%	23 bps	



Community Health Plan of Imperial Valley
Product P&L
For March 2026

	March											
	Medi-Cal				Medicare				Consolidated			
	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var
REVENUE												
Medi-Cal												
Premium	\$ 27,217,160	\$ 27,614,833	\$ (397,674)	-1.4%	\$ 105,064	\$ 179,448	\$ (74,384)	-41.5%	\$ 27,322,224	\$ 27,794,282	\$ (472,058)	-1.7%
Pass-Through	\$ 338,404	\$ 262,591	\$ 75,813	28.9%	\$ -	\$ -	\$ -	N/A	\$ 338,404	\$ 262,591	\$ 75,813	28.9%
Medicare												
Part C Revenue					\$ 456,236	\$ 811,906	\$ (355,670)	-43.8%	\$ 456,236	\$ 811,906	\$ (355,670)	-43.8%
Part D Revenue					\$ 104,736	\$ 193,848	\$ (89,113)	-46.0%	\$ 104,736	\$ 193,848	\$ (89,113)	-46.0%
Other Medicare Revenue					\$ 5,400	\$ 5,580	\$ (180)	-3.2%	\$ 5,400	\$ 5,580	\$ (180)	-3.2%
Other Revenue	\$ 152,504	\$ 117,735	\$ 34,770	29.5%	\$ 3,727	\$ 5,000	\$ (1,273)	-25.5%	\$ 156,231	\$ 122,735	\$ 33,497	27.3%
TOTAL OPERATING REVENUE	\$ 27,708,068	\$ 27,995,159	\$ (287,091)	-1.0%	\$ 675,162	\$ 1,195,783	\$ (520,620)	-43.5%	\$ 28,383,230	\$ 29,190,942	\$ (807,711)	-2.8%
HEALTHCARE COSTS												
Medicaid Capitation	\$ 26,400,645	\$ 26,786,388	\$ 385,743	1.4%					\$ 26,400,645	\$ 26,786,388	\$ 385,743	1.4%
Medicaid Pass-Through	\$ 338,404	\$ 262,591	\$ (75,813)	-28.9%					\$ 338,404	\$ 262,591	\$ (75,813)	-28.9%
Total Medicaid	\$ 26,739,049	\$ 27,048,979	\$ 309,931	1.1%					\$ 26,739,049	\$ 27,048,979	\$ 309,931	1.1%
PCP Capitation					\$ 163,672	\$ 261,948	\$ 98,276	37.5%	\$ 163,672	\$ 261,948	\$ 98,276	37.5%
Inpatient					\$ 16,293	\$ 197,791	\$ 181,498	91.8%	\$ 16,293	\$ 197,791	\$ 181,498	91.8%
Outpatient					\$ 25,715	\$ 71,925	\$ 46,210	64.2%	\$ 25,715	\$ 71,925	\$ 46,210	64.2%
Other FFS					\$ 10,124	\$ 311,560	\$ 301,437	96.8%	\$ 10,124	\$ 311,560	\$ 301,437	96.8%
IBNR					\$ 270,628	\$ -	\$ (270,628)	N/A	\$ 270,628	\$ -	\$ (270,628)	N/A
Total FFS					\$ 322,759	\$ 581,277	\$ 258,517	44.5%	\$ 322,759	\$ 581,277	\$ 258,517	44.5%
Pharmacy (Gross)					\$ 136,575	\$ -	\$ (136,575)	N/A	\$ 136,575	\$ -	\$ (136,575)	N/A
Federal Reinsurance					\$ (11,691)	\$ -	\$ 11,691	N/A	\$ (11,691)	\$ -	\$ 11,691	N/A
LICS					\$ (29,881)	\$ -	\$ 29,881	N/A	\$ (29,881)	\$ -	\$ 29,881	N/A
Other CMS Offsets					\$ (24,883)	\$ -	\$ 24,883	N/A	\$ (24,883)	\$ -	\$ 24,883	N/A
OTC					\$ 684	\$ 19,075	\$ 18,391	96.4%	\$ 684	\$ 19,075	\$ 18,391	96.4%
Other Pharmacy					\$ 7,615	\$ 268,072	\$ 260,457	97.2%	\$ 7,615	\$ 268,072	\$ 260,457	97.2%
Total Pharmacy					\$ 78,419	\$ 287,147	\$ 208,728	72.7%	\$ 78,419	\$ 287,147	\$ 208,728	72.7%
Other Supplemental Reinsurance (Net)					\$ 50,650	\$ 25,369	\$ (25,282)	-99.7%	\$ 50,650	\$ 25,369	\$ (25,282)	-99.7%
Community Reinvestment	\$ 24,552	\$ 17,707	\$ (6,845)	-38.7%	\$ 6,904	\$ 5,606	\$ (1,298)	-23.2%	\$ 6,904	\$ 5,606	\$ (1,298)	-23.2%
TOTAL HEALTHCARE COSTS	\$ 26,763,601	\$ 27,066,687	\$ 303,086	1.1%	\$ 623,570	\$ 1,161,347	\$ 537,776	46.3%	\$ 27,387,171	\$ 28,228,033	\$ 840,862	3.0%
Gross Margin	\$ 944,467	\$ 928,472	\$ 15,995	1.7%	\$ 51,592	\$ 34,436	\$ 17,156	49.8%	\$ 996,059	\$ 962,908	\$ 33,151	3.4%
Total Administrative Expense	\$ 468,567	\$ 496,918	\$ 28,352	5.7%	\$ 365,851	\$ 437,998	\$ 72,147	16.5%	\$ 834,418	\$ 934,916	\$ 100,499	10.7%
Non-Operating Income/(Expense)												
Rental Income	\$ 1,538	\$ 1,494	\$ 45	3.0%	\$ -	\$ -	\$ -	N/A	\$ 1,538	\$ 1,494	\$ 45	3.0%
Depreciation & Amortization	\$ (10,954)	\$ (11,294)	\$ 339	-3.0%	\$ (268)	\$ (56)	\$ (212)	376.8%	\$ (11,222)	\$ (11,350)	\$ 128	-1.1%
Change in Net Position	\$ 466,485	\$ 421,754	\$ 44,731	10.6%	\$ (314,527)	\$ (403,618)	\$ 89,091	-22.1%	\$ 151,958	\$ 18,136	\$ 133,822	737.9%
Key Metrics												
Enrollment	96,205	93,403	2,802	3.0%	275	465	(190)	-40.9%	96,480	93,868	2,612	2.8%
Revenue PMPM	\$288.01	\$299.72	(\$11.71)	-3.9%	\$2,455.14	\$2,571.58	(\$116.44)	-4.5%	\$294.19	\$310.98	(\$16.79)	-5.4%
MLR	96.59%	96.68%	9 bps		92.36%	97.12%	476 bps		96.49%	96.70%	21 bps	
Admin Ratio	1.7%	1.8%	8 bps		54.2%	36.6%	-1756 bps		2.9%	3.2%	26 bps	
Net Income PMPM	\$4.85	\$4.52	\$0.33	7.4%	(\$1,143.73)	(\$868.00)	(\$275.74)	31.8%	\$1.58	\$0.19	\$1.38	715.2%
Net Income %	1.7%	1.5%	18 bps		-46.6%	-33.8%	-1283 bps		0.5%	0.1%	47 bps	
Gross Margin Vol Variance			\$ 27,853				\$ (14,071)				\$ 26,794	
Gross Margin Rate Variance			\$ (11,858)				\$ 31,227				\$ 6,357	14

March (YTD)

	Medi-Cal				Medicare				Consolidated			
	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var
REVENUE												
Medi-Cal												
Premium	\$ 83,257,590	\$ 83,214,685	\$ 42,905	0.1%	\$ 264,761	\$ 400,575	\$ (135,814)	-33.9%	\$ 83,522,351	\$ 83,615,260	\$ (92,909)	-0.1%
Pass-Through	\$ 30,047,011	\$ 794,082	\$ 29,252,929	NM	\$ -	\$ -	\$ -	N/A	\$ 30,047,011	\$ 794,082	\$ 29,252,929	NM
Medicare												
Part C Revenue					\$ 1,225,608	\$ 1,813,290	\$ (587,682)	-32.4%	\$ 1,225,608	\$ 1,813,290	\$ (587,682)	-32.4%
Part D Revenue					\$ 281,397	\$ 434,053	\$ (152,657)	-35.2%	\$ 281,397	\$ 434,053	\$ (152,657)	-35.2%
Other Medicare Revenue					\$ 14,400	\$ 12,456	\$ 1,944	15.6%	\$ 14,400	\$ 12,456	\$ 1,944	15.6%
Other Revenue	\$ 333,812	\$ 352,038	\$ (18,226)	-5.2%	\$ 7,251	\$ 15,000	\$ (7,749)	-51.7%	\$ 341,064	\$ 367,038	\$ (25,974)	-7.1%
TOTAL OPERATING REVENUE	\$ 113,638,413	\$ 84,360,805	\$ 29,277,608	34.7%	\$ 1,793,417	\$ 2,675,374	\$ (881,957)	-33.0%	\$ 115,431,830	\$ 87,036,179	\$ 28,395,651	32.6%
HEALTHCARE COSTS												
Medicaid Capitation	\$ 80,759,862	\$ 80,718,245	\$ (41,618)	-0.1%					\$ 80,759,862	\$ 80,718,245	\$ (41,618)	-0.1%
Medicaid Pass-Through	\$ 30,047,011	\$ 794,082	\$ (29,252,929)	NM					\$ 30,047,011	\$ 794,082	\$ (29,252,929)	NM
Total Medicaid	\$ 110,806,873	\$ 81,512,326	\$ (29,294,547)	-35.9%					\$ 110,806,873	\$ 81,512,326	\$ (29,294,547)	-35.9%
PCP Capitation					\$ 406,270	\$ 589,958	\$ 183,688	31.1%	\$ 406,270	\$ 589,958	\$ 183,688	31.1%
Inpatient					\$ 48,548	\$ 410,815	\$ 362,266	88.2%	\$ 48,548	\$ 410,815	\$ 362,266	88.2%
Outpatient					\$ 38,151	\$ 149,403	\$ 111,252	74.5%	\$ 38,151	\$ 149,403	\$ 111,252	74.5%
Other FFS					\$ (34,568)	\$ 21,059	\$ 55,626	264.1%	\$ (34,568)	\$ 21,059	\$ 55,626	264.1%
IBNR					\$ 270,628	\$ -	\$ (270,628)	N/A	\$ 270,628	\$ -	\$ (270,628)	N/A
Total FFS					\$ 322,759	\$ 581,277	\$ 258,517	44.5%	\$ 322,759	\$ 581,277	\$ 258,517	44.5%
Pharmacy (Gross)					\$ 419,848	\$ -	\$ (419,848)	N/A	\$ 419,848	\$ -	\$ (419,848)	N/A
Federal Reinsurance					\$ (25,224)	\$ -	\$ 25,224	N/A	\$ (25,224)	\$ -	\$ 25,224	N/A
LICS					\$ (150,787)	\$ -	\$ 150,787	N/A	\$ (150,787)	\$ -	\$ 150,787	N/A
Other CMS Offsets					\$ (41,512)	\$ -	\$ 41,512	N/A	\$ (41,512)	\$ -	\$ 41,512	N/A
OTC					\$ 2,037	\$ 40,035	\$ 37,998	94.9%	\$ 2,037	\$ 40,035	\$ 37,998	94.9%
Other Pharmacy					\$ 17,250	\$ 570,779	\$ 553,529	97.0%	\$ 17,250	\$ 570,779	\$ 553,529	97.0%
Total Pharmacy					\$ 221,612	\$ 610,814	\$ 389,202	63.7%	\$ 221,612	\$ 610,814	\$ 389,202	63.7%
Other Supplemental Reinsurance (Net)					\$ 60,313	\$ 53,246	\$ (7,067)	-13.3%	\$ 60,313	\$ 53,246	\$ (7,067)	-13.3%
Community Reinvestment	\$ 67,186	\$ 50,865	\$ (16,321)	-32.1%	\$ 17,526	\$ 12,514	\$ (5,012)	-40.1%	\$ 17,526	\$ 12,514	\$ (5,012)	-40.1%
					\$ (3,112)	\$ -	\$ 3,112	N/A	\$ 64,074	\$ 50,865	\$ (13,210)	-26.0%
TOTAL HEALTHCARE COSTS	\$ 110,874,059	\$ 81,563,191	\$ (29,310,868)	-35.9%	\$ 1,570,442	\$ 2,500,465	\$ 930,023	37.2%	\$ 112,444,501	\$ 84,063,656	\$ (28,380,845)	-33.8%
Gross Margin	\$ 2,764,354	\$ 2,797,614	\$ (33,260)	-1.2%	\$ 222,975	\$ 174,909	\$ 48,066	27.5%	\$ 2,987,329	\$ 2,972,523	\$ 14,806	0.5%
Total Administrative Expense	\$ 1,459,562	\$ 1,535,284	\$ 75,722	4.9%	\$ 1,112,027	\$ 1,314,231	\$ 202,205	15.4%	\$ 2,571,588	\$ 2,849,515	\$ 277,927	9.8%
Non-Operating Income/(Expense)												
Rental Income	\$ 4,615	\$ 4,481	\$ 134	3.0%	\$ -	\$ -	\$ -	N/A	\$ 4,615	\$ 4,481	\$ 134	3.0%
Depreciation & Amortization	\$ (32,880)	\$ (33,925)	\$ 1,045	-3.1%	\$ (692)	\$ (125)	\$ (567)	453.9%	\$ (33,573)	\$ (34,050)	\$ 477	-1.4%
Change in Net Position	\$ 1,276,528	\$ 1,232,886	\$ 43,642	3.5%	\$ (889,744)	\$ (1,139,448)	\$ 249,703	-21.9%	\$ 386,783	\$ 93,438	\$ 293,345	313.9%
Key Metrics												
Enrollment	288,069	282,017	6,052	2.1%	693	1,038	(345)	-33.2%	96,480	93,868	2,612	2.8%
Revenue PMPM	\$394.48	\$299.13	\$95.35	31.9%	\$2,587.90	\$2,577.43	\$10.47	0.4%	\$1,196.43	\$927.22	\$269.21	29.0%
MLR	97.57%	96.68%	-88 bps		87.57%	93.46%	590 bps		97.41%	96.58%	-83 bps	
Admin Ratio	1.3%	1.8%	54 bps		62.0%	49.1%	-1288 bps		2.2%	3.3%	105 bps	
Net Income PMPM	\$4.43	\$4.37	\$0.06	1.4%	(\$1,283.90)	(\$1,097.73)	(\$186.17)	17.0%	\$4.01	\$1.00	\$3.01	302.7%
Net Income %	1.1%	1.5%	-34 bps		-49.6%	-42.6%	-702 bps		0.3%	0.1%	23 bps	
Gross Margin Vol Variance			\$ 60,036				\$ (58,134)				\$ 82,714	
Gross Margin Rate Variance			\$ (93,296)				\$ 106,200				\$ (67,908)	15



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

	February 2026	March 2026	Change
ASSETS			
Current Assets			
Cash and Investments			
Chase - Checking (Primary & DSNP)	\$ 4,206,622	\$ 3,680,405	\$ (526,217)
JPMorgan Securities	\$ 16,621,692	\$ 17,144,173	\$ 522,482
First Foundation Bank	\$ 142,177	\$ 142,177	\$ -
Receivables			
Accounts Receivable	\$ 99	\$ 99	\$ -
Dividend & Interest Receivable	\$ 88,279	\$ 155,603	\$ 67,325
Capitation Receivable	\$ 30,136,037	\$ 27,322,224	\$ (2,813,813)
Pass-Through Receivable	\$ 29,419,192	\$ 339,194	\$ (29,079,998)
Medicare Receivables	\$ 102,968	\$ 118,987	\$ 16,019
Other Current Assets			
Prepaid Admin	\$ 469,191	\$ 375,055	\$ (94,136)
Prepaid Commissions	\$ 25,044	\$ 29,349	\$ 4,305
Prepaid Medical	\$ 102,800	\$ 42,001	\$ (60,799)
Total Current Assets	\$ 81,314,101	\$ 49,349,267	\$ (31,964,834)
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	\$ 300,000	\$ 300,000	\$ -
Capital Assets			
Buildings - Net	\$ 2,830,237	\$ 2,829,290	\$ (947)
Computer Equipment / Software - Net	\$ 5,378	\$ 5,210	\$ (168)
Improvements - Net	\$ 192,245	\$ 191,270	\$ (975)
Intangible Assets	\$ 51,457	\$ 50,206	\$ (1,250)
Operating ROU Asset (Copier) - Net	\$ 10,134	\$ 2,252	\$ (7,882)
Total Noncurrent Assets	\$ 3,389,451	\$ 3,378,228	\$ (11,222)
Total Assets	\$ 84,703,552	\$ 52,727,495	\$ (31,976,057)
LIABILITIES			
Current Liabilities			
Payables			
Accounts Payable	\$ 132,428	\$ 73,409	\$ (59,019)
Capitation Payable	\$ 58,559,250	\$ 26,739,839	\$ (31,819,411)
IBNR	\$ 494,643	\$ 765,271	\$ 270,628
Medicare Payables	\$ 56,411	\$ 74,651	\$ 18,240
Community Reinvestment Reserve	\$ 40,128	\$ 64,074	\$ 23,947
Credit Card Payable	\$ 16,418	\$ 19,138	\$ 2,719
Other Current Liabilities			
Unearned Revenue	\$ 635,048	\$ 0	\$ (635,048)
Short Term Lease Liability - Copier	\$ 2,692	\$ 2,398	\$ (294)
Bonus Accrual	\$ 249,301	\$ 268,245	\$ 18,944
Salaries Accrual	\$ 269,450	\$ 319,335	\$ 49,886
Vacation Accrual	\$ 254,709	\$ 254,364	\$ (345)
Total Current Liabilities	\$ 60,710,478	\$ 28,580,724	\$ (32,129,754)
Total Liabilities	\$ 60,710,478	\$ 28,580,724	\$ (32,129,754)
NET POSITION			
Net investments in Capital Assets	\$ 3,089,451	\$ 3,078,228	\$ (11,222)
Restricted by Legislative Authority	\$ 300,000	\$ 300,000	\$ -
Unrestricted	\$ 20,368,797	\$ 20,380,020	\$ 11,222
YTD Net Revenue	\$ 234,825	\$ 386,783	\$ 151,958
Total Net Position	\$ 23,993,073	\$ 24,145,031	\$ 151,958
Total Liabilities and Net Position	\$ 84,703,552	\$ 52,725,755	\$ (31,977,797)



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

Net Equity	\$	24,145,031
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)	\$	24,145,031
Required Tangible Net Equity *	\$	4,901,750
TNE Excess (Deficiency)	\$	19,243,280

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	\$	1,901,750
Total	\$	4,901,750

* Calculated Required Tangible Net Equity	
\$ 85,043,755	- March
\$ 340,175,021	- Annualized
←	
\$ 150,000,000	
x	2%
\$ 3,000,000	
←	
\$ 190,175,021	
x	1%
\$ 1,901,750	
\$ 4,901,750	- Required TNE

Community Health Plan of Imperial Valley
 March 2026 Cash Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Primary Checking				
3/2/2026	Chase Checking	Oracle America, Inc.	Multiple invoices	\$ (15,786.44)
3/3/2026	Chase Checking	Imperial Desert Landscape	Inv 1069	\$ (250.00)
3/6/2026	Chase Checking	Rippling	[Rippling] Employee garnishments paid via Rippling for check date 03/06/2026	\$ (891.92)
3/6/2026	Chase Checking	Imperial Irrigation District	Inv Feb2026-- bill.com Check Number: 80827440	\$ (1,150.08)
3/6/2026	Chase Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 03/06/2026	\$ (70,300.10)
3/6/2026	Chase Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 03/06/2026	\$ (130,752.49)
3/7/2026	Chase Checking	JPMorgan Chase	February 2026 Dividend Income	\$ 7,312.19
3/7/2026	Chase Checking	Rippling	People Center	\$ (10.00)
3/7/2026	Chase Checking	Rippling	Employee Reimbursement - E. Torres, S. Levy and K. Maldonado	\$ (403.39)
3/7/2026	Chase Checking	Rippling	Employee Reimbursement - M. Ramirez , B. Castro, N. Mendivel	\$ (518.99)
3/7/2026	Chase Checking	JPMorgan Chase	Service Charges Investment Sweep - February	\$ (577.62)
3/7/2026	Chase Checking	UNUM	UNUM Invoice 03/01/26 - 03/31/26	\$ (870.70)
3/7/2026	Chase Checking	Rippling	Replenish Rippling - FSA	\$ (1,218.84)
3/7/2026	Chase Checking	JPMorgan Chase	Credit Card Payment	\$ (16,418.23)
3/7/2026	Chase Checking	Blue Shield of California	Blue Shield Insurance	\$ (36,560.72)
3/9/2026	Chase Checking	Stericycle, Inc.	Inv 8013474820-- bill.com Check Number: 80836191	\$ (111.44)
3/9/2026	Chase Checking	Quench USA	Inv INV10315922	\$ (129.30)
3/9/2026	Chase Checking	MAK Solutions	Inv CHP1V-07	\$ (6,500.00)
3/9/2026	Chase Checking	Zamosky Communication	Inv 0000062	\$ (8,000.00)
3/11/2026	Chase Checking	Brawley Rotary Club	Inv February 2026 Statement-- bill.com Check Number: 80846642	\$ (60.00)
3/11/2026	Chase Checking	Rincon Broadcasting Yuma Operations	Inv 760626-- bill.com Check Number: 80845982	\$ (2,000.00)
3/11/2026	Chase Checking	Bye Bye Pigeons Inc.	Inv 1373	\$ (2,801.50)
3/11/2026	Chase Checking	Manifest MedEx	Inv INV-3536	\$ (24,342.00)
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 54,183,544.35
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 3,922,514.28
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 1,385,315.79
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 54,998.96
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 6,170.25
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 1,882.76
3/14/2026	Chase Checking	Department of Health Care Services	3/12/26 - Receipt - DHCS (February 2026 Revenue)	\$ 12.66
3/14/2026	Chase Checking	Rippling	Replenishing Rippling	\$ (316.50)
3/14/2026	Chase Checking	Rippling	Employee Reimbursement - J. Hutchins	\$ (1,007.71)
3/14/2026	Chase Checking	Rippling	Employee Reimbursement - S. Long	\$ (1,733.76)
3/14/2026	Chase Checking	Voya	Payroll Date: 03/06/26 Retirement Contribution	\$ (14,004.30)
3/17/2026	Chase Checking	Xochitl Fausto	Inv February 2026 Statement-- bill.com Check Number: 80866954	\$ (100.00)
3/17/2026	Chase Checking	Bushra Ahmad	Inv February 2026 Statement	\$ (100.00)
3/17/2026	Chase Checking	Pablo Velez	Inv February 2026 Statement-- bill.com Check Number: 80867349	\$ (100.00)
3/17/2026	Chase Checking	Shalom Events Professionals	Inv INV 03172026-- bill.com Check Number: 80867851	\$ (142.00)
3/17/2026	Chase Checking	Allan Wu	Inv February 2026 Statement-- bill.com Check Number: 80867833	\$ (200.00)
3/17/2026	Chase Checking	Kaz-Bros Design Shop	Inv 14860-- bill.com Check Number: 80867166	\$ (217.48)
3/17/2026	Chase Checking	Lee Hindman	Inv February 2026 Statement	\$ (300.00)
3/17/2026	Chase Checking	Carlos Ramirez	Inv February 2026 Statement	\$ (400.00)
3/17/2026	Chase Checking	Hutchinson and Bloodgood LLP	Inv 156700-- bill.com Check Number: 80867298	\$ (1,375.00)
3/17/2026	Chase Checking	Rincon Broadcasting Yuma Operations	Inv NYMA 760647-- bill.com Check Number: 80867235	\$ (2,000.00)
3/17/2026	Chase Checking	Epstein Becker & Green, P.C.	Multiple inv. (details on stub)	\$ (2,956.50)
3/17/2026	Chase Checking	Wakely consulting Group	Multiple invoices	\$ (18,011.25)
3/17/2026	Chase Checking	Baker Tilly US, LLP	Inv 102863391-- bill.com Check Number: 80867551	\$ (29,400.00)
3/18/2026	Chase Checking	CAP Council	Inv INV3172026-- bill.com Check Number: 80872409	\$ (20.00)
3/18/2026	Chase Checking	Great America Financial Services	Inv 41297595	\$ (306.01)
3/18/2026	Chase Checking	Community Health Group	Inv INV03172026	\$ (90,000.00)
3/19/2026	Chase Checking	City of Imperial	Acct 80683 - Inv 1514802-- bill.com Check Number: 80875256	\$ (201.79)
3/20/2026	Chase Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 03/20/2026	\$ (303.48)
3/20/2026	Chase Checking	Rippling	[Rippling] Employee garnishments paid via Rippling for check date 03/20/2026	\$ (891.92)
3/20/2026	Chase Checking	Law Office of William S. Smerdon	Inv 2938	\$ (1,375.00)
3/20/2026	Chase Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 03/20/2026	\$ (1,486.57)
3/20/2026	Chase Checking	Professional Office Services, Inc.	Inv 003835161-- bill.com Check Number: 80881849	\$ (3,716.34)
3/20/2026	Chase Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 03/20/2026	\$ (70,248.69)
3/20/2026	Chase Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 03/20/2026	\$ (131,352.84)
3/21/2026	Chase Checking	Mid Atlantic Trust Company	P. Carpio - Loan Repayment - Mid Atlantic	\$ (84.16)
3/21/2026	Chase Checking	Rippling	Employee Reimbursement - S. Levy, B. Castro, I. Aguirre, and K. Maldonado	\$ (157.95)
3/21/2026	Chase Checking	JPMorgan Chase	Account Analysis Settlement Charge	\$ (552.24)
3/21/2026	Chase Checking	Rippling	Replenishing Rippling FSA	\$ (1,536.24)
3/23/2026	Chase Checking	Employers Preferred Ins. Co.	Inv INV03172026-- bill.com Check Number: 80887985	\$ (63.00)
3/23/2026	Chase Checking	Department of Managed Health Care	Inv 25-10378-- bill.com Check Number: 80887958	\$ (68.33)
3/23/2026	Chase Checking	AM Copiers Inc.	Inv IN9421	\$ (627.66)
3/23/2026	Chase Checking	Sparkling Clean	Inv MARCH2026	\$ (900.00)
3/23/2026	Chase Checking	Inerglo Creative	Inv INV-00685	\$ (3,000.00)
3/25/2026	Chase Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 03/25/2026	\$ (3,352.61)
3/27/2026	Chase Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 03/27/2026	\$ (3,391.14)
3/27/2026	Chase Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 03/27/2026	\$ (5,964.04)
3/31/2026	Chase Checking	Health Net	Rental Income - March 2026	\$ 1,538.31
3/31/2026	Chase Checking	JPMorgan Chase	FCNB Procurement	\$ 297.93
3/31/2026	Chase Checking	Mid Atlantic Trust Company	P. Cario Loan Repayment - Mid-Altantic Payment	\$ 42.08
3/31/2026	Chase Checking	Rippling	Employee Reimbursement - D. Ponce	\$ (36.99)
3/31/2026	Chase Checking	Rippling	Employee Reimbursement - L. Lewis and D. Ponce	\$ (242.13)
3/31/2026	Chase Checking	Rippling	Employee Reimbursement - S. Castro - Member Services expense	\$ (400.00)
3/31/2026	Chase Checking	Rippling	Replenishing Rippling	\$ (453.81)
3/31/2026	Chase Checking	Rippling	Employee Reimbursement - J. Hutchins, D. Ponce and N. Mendivel	\$ (933.19)
3/31/2026	Chase Checking	State Compensation Insurance Fund	Workers Compensation Payment	\$ (1,530.33)
3/31/2026	Chase Checking	Voya	Payroll Date: 03/20/26 Retirement Contribution	\$ (14,080.30)

Chase Checking - DSNP

3/2/2026	Chase Checking - DSNP Community Health Group	Inv Feb2026	\$ (3,740.88)
3/6/2026	Chase Checking - DSNP Community Health Group	Inv 2026-07	\$ (19,541.23)
3/11/2026	Chase Checking - DSNP Community Health Group	Inv 32884599	\$ (34,160.64)
3/13/2026	Chase Checking - DSNP Primary Healthcare Medical Group IPA, Inc.	Inv MAR2026	\$ (45,203.40)
3/13/2026	Chase Checking - DSNP Community Care IPA, Inc.	Inv MAR2026-- bill.com Check Number: 80856317	\$ (13,045.60)
3/13/2026	Chase Checking - DSNP Premier Patient Care IPA, INC.	Inv MAR2026	\$ (102,864.98)
3/13/2026	Chase Checking - DSNP Imperial County Physicians Medical Group, Inc.	Inv MAR2026-- bill.com Check Number: 80856395	\$ (2,557.91)
3/13/2026	Chase Checking - DSNP Community Health Group	Inv 2026-08	\$ (5,035.44)
3/17/2026	Chase Checking - DSNP Community Health Group	Inv Mar2026	\$ (39.00)
3/17/2026	Chase Checking - DSNP Community Health Group	Inv 32904657	\$ (47,272.68)
3/17/2026	Chase Checking - DSNP Community Health Group	Inv 2026-09	\$ (1,029.34)
3/20/2026	Chase Checking - DSNP Nations Benefits, LLC	Inv INV237330	\$ (595.93)
3/23/2026	Chase Checking - DSNP Community Health Group	Inv 32932623	\$ (30,058.88)
3/23/2026	Chase Checking - DSNP RSC Insurance Brokerage, Inc.	Inv INV 032326	\$ (6,904.17)
3/27/2026	Chase Checking - DSNP Community Health Group	Inv MAR 2026 Claims Run 4	\$ (16,349.31)
3/27/2026	Chase Checking - DSNP Community Health Group	Inv 32947577	\$ (32,312.24)
3/30/2026	Chase Checking - DSNP Community Health Group	Inv 32932623	\$ (385.96)
3/31/2026	Chase Checking - DSNP JPMorgan Chase	3/16/26 - Account Analysis Settlement Charge	\$ (82.17)
3/31/2026	Chase Checking - DSNP JPMorgan Chase	MAR 2026 Interest	\$ 627.84

JPMorgan Securities

3/31/2026	Chase Securities Health Net	February Health Net Payment	\$ (58,558,460.09)
3/31/2026	Chase Securities JPMorgan Chase	Bank Fee - February 2026 (Portfolio)	\$ (25.00)
3/31/2026	Chase Securities JPMorgan Chase	February 2026 Accrued Investment Income	\$ 80,966.67

Fact Sheet/Action Items

Approve 2026 CHPIV Health Services Program Documents

Motion Fact Sheet

Recommendation

Approve CHPIV Health Services Program Documents.

Background

The following documents provide a thorough description of programs that comprise CHPIV Health Services for 2026 – Health Equity, Utilization Management, and Care Management.

In general, these documents are divided into two categories: Program Description and Workplan.

The Program Description provides an overview of the program, listing broad initiatives, high level goals, and structure of the program. The Workplan provides a more granular view of the program, listing focused goals and targets. In a sense, the workplan represents a “To-do” list for each program.

All of the documents have been reviewed and approved by the CHPIV CMO. On April 15th, 2026, the documents were approved by the CHPIV QIHEC in its Q1 2026 meeting.

Financial Impact

There is no anticipated financial impact associated with adopting these programs.

Risks / Alternatives

There are no risks or alternatives to approval of the CHPIV Health Services Program Document.

Fact Sheet/Action Items

Approve Risk Management Program and Audit & Monitoring Program

Motion Fact Sheet

Recommendation

Approve and adopt CHPIV's Risk Management Program and Audit & Monitoring Program to formalize a risk-based compliance framework that strengthens oversight, enhances regulatory readiness, and prioritizes resources based on areas of highest member and regulatory impact.

Background

At the April 29, 2026 Regulatory Compliance Oversight Committee (RCOC) meeting, CHPIV Compliance presented key programmatic updates that reflect CHPIV's transition to a more structured, risk-based oversight model designed to strengthen regulatory compliance and prioritize resources based on areas of greatest member and regulatory impact.

RCOC reviewed and approved CHPIV's new Risk Management Program and Audit and Monitoring Program, both effective in 2026.

-
- The Risk Management Program establishes a formal framework for identifying, scoring, and tracking compliance risks across all lines of business and delegated entities through a centralized risk repository.
 - The Audit and Monitoring Program operationalizes oversight activities using a risk-based approach, with higher-risk areas subject to more frequent and intensive monitoring, including quarterly reviews and case file audits, while lower-risk areas are reviewed annually.
-

Together, these programs formalize CHPIV's shift from a uniform compliance approach to one that is risk-driven and continuously informed by data and oversight results.

Financial Impact

There is no anticipated financial impact associated with adopting these programs.

Risks / Alternatives

Failure to adopt these programs would limit CHPIV's ability to systematically identify, prioritize, and mitigate compliance risks, resulting in continued reliance on a uniform oversight approach that may not effectively address high-risk areas. This could reduce

visibility into emerging risks, delay corrective actions, and impact overall regulatory readiness.

Alternatively, CHPIV could continue with existing processes; however, this would not provide the structured, scalable, and data-driven framework necessary to support effective oversight in an increasingly complex regulatory environment.

Items after the relevant motion to immediately follow

Upon approval, the programs will be formally implemented. CHPIV Compliance will operationalize the framework by:

- Launching a centralized risk repository to track and manage compliance risks
- Implementing **32 new monitoring key performance indicators (KPIs)** across high-risk functional areas, including utilization management, appeals and grievances, behavioral health, care management, and initial health appointments
- Aligning audit and monitoring activities to risk scores, with defined review cadences
- Incorporating results into ongoing reporting to leadership and oversight committees

Committee Chair Reports

Compliance Report: Q1 Regulatory Compliance Oversight Committee (RCOC) (April 29, 2026)

Period Covered: Quarter 1 2026

Highlights

- Review and approval of new and updated policies & procedures
- Overview of Risk Management Program and Audit & Monitoring Program
- Corrective Action Plan (CAP) Update
- Monitoring results update
 - Medi-Cal results CY2025
 - New D-SNP metrics and current state
- New process to report discrimination grievances

New and Updated Policies & Procedures

RCOC approved updated and new policies and procedures following annual review and regulatory updates. Key revisions included updates to grievance processes, particularly enhancements related to discrimination grievances in response to DHCS findings, as well as standard annual updates across compliance, human resources, and finance policies. All policies were reviewed and approved by the Compliance & Policy Committee prior to submission to RCOC.

Corrective Action Plans (CAPs)

Updates on corrective action plans (CAPs) were also provided. For the 2024 DHCS Medical Audit, CHPIV submitted CAPs on March 20, 2026 and is currently addressing feedback from DHCS, with revised submissions in progress. Efforts remain focused on strengthening audit and monitoring infrastructure and addressing identified operational gaps.

In Delegation Oversight, 14 CAPs related to Health Net's Medi-Cal operations remain in progress, with 6 closed. For D-SNP pre-delegation audits, CAPs for Community Health Group have been remediated; while remaining delegated entities have submitted second-round responses that are currently under review.

Monitoring

RCOC also reviewed monitoring results across Medi-Cal and D-SNP operations.

Medi-Cal: CY2025 Health Net Results Overview

While overall performance remained stable in several areas, data integrity challenges—particularly within utilization management—have prompted a shift toward case file-based validation reviews to ensure accurate assessment of compliance with timeliness and regulatory requirements.

D-SNP: New Reporting Key Performance Indicators

CHPIV has also implemented new D-SNP Monitoring processes through the collection of data logs (i.e., universes) and measurement of key performance indicators that mirror the CMS Audit Protocols. We are in receipt of universes from all IPAs and are currently conducting live data validation to confirm accuracy of the data. Community Health Group's reports are still in the preliminary stages of review.

Discrimination Grievances

CHPIV implemented enhancements to its discrimination grievance process to improve compliance with DHCS Office of Civil Rights (OCR) requirements. These changes include transitioning ownership of OCR submissions to CHPIV Regulatory Compliance and implementing a centralized tracking tool to ensure timely submission and full visibility across all stages of the process.

Information Items

ILT Retreat Discussion



**Community
Health Plan**

OF IMPERIAL VALLEY

Interdisciplinary Leadership Team (ILT)

- a. County Office Department Heads
- b. First Five
- c. San Diego Regional Center
- d. CHPIV/Health Net

ILT Retreat

1. 4 Test Counties: Humboldt, Orange, Kings, Imperial
2. Share best practices
 - a. Imperial timeline somewhat behind other counties

ILT Retreat

Exercise involving “becoming” a student based on a detailed student profile:

Profiles

- 15 yo computer whiz, UIS, poor English comprehension, homeless
- 14 yo pregnant student, on probation, homeless, PTSD
- 16 yo transgender, recently arrested, risk for homelessness, depression, Diabetes Type 1

ILT Retreat

Large room with “Departments”

- Schools
- Behavioral Health Clinic
- Behavioral Health Therapy
- Social Services
- Juvenile Court
- Detention Center

ILT Retreat

Task - Navigate through this maze of services and opportunities.

Roll of the dice...

- a. As you approached a particular station, the docent would roll a die.
- b. There was a 50-50 chance of receiving a positive outcome.

ILT Conference

Lessons

1. Need for Perseverance
2. Power of empathy
3. Students require success at several stages to reach an overall positive outcome.

ILT Conference

Lesson 3

If an overall outcome depends upon the results of several events, the chance a particular outcome depends upon the product of the probabilities of each event.

???

ILT Conference

You promised no math...

Consider flipping a coin. Let's say, when you flip a coin twice, you want the chance of getting head-head:

$$50\% \times 50\% \Rightarrow 25\%$$

ILT Conference

You promised no math...

In the exercise just described, assume a child requires a positive outcome in 5 events and the chance of success for each outcome is 50%:

$$0.5 \times 0.5 \times 0.5 \times 0.5 \times 0.5 = 0.03 \Rightarrow 3\%$$

ILT Conference

You promised no math...

In the exercise just described, assume a child requires a positive outcome in 5 events and the chance of success for each outcome is 50%:

$$0.5 \times 0.5 \times 0.5 \times 0.5 \times 0.5 = 0.03125 \Rightarrow 3.125\%$$

ILT Conference

You promised no math...

In the exercise just described, assume a child requires a positive outcome in 5 events and the chance of success for each outcome is 99%:

$$0.99 \times 0.99 \times 0.99 \times 0.99 \times 0.99 = 0.9506 \rightarrow 95\%$$

ILT Conference

Lesson

Even if the chance of success of any specific stage is relatively high, stringing a number of stages works against the student.

ILT Conference

How to improve outcomes?

Each individual station outcome (e.g., finding the right therapist for PTSD) depends upon:

1. Successful operations at the station
2. Identifying appropriate station
3. Getting the student to the station

ILT Conference

How to improve?

Each individual station outcome (e.g., finding the right therapist for PTSD) depends upon:

1. Successful operations at the station
- 2. Identifying appropriate station**
- 3. Getting the student to the station**



Care
Management
Coordination

Questions/Comments



**Community
Health Plan**
OF IMPERIAL VALLEY

CHPIV D-SNP Model of Care

May 2026

Healthcare Services

D-SNP Model of Care (MOC) Overview

Member-Centered Approach

Focused on dual-eligible members with complex medical, behavioral, and social needs

Addresses gaps in traditional fee-for-service care through coordinated, integrated services

Strategic Framework

MOC serves as the foundation for delivering patient-centered, coordinated care

Promotes interdisciplinary collaboration and proactive care management

Ensures members receive the right care at the right time in the appropriate setting



D-SNP Model of Care (MOC) Overview (cont.)

Regulatory Alignment

CMS-required component of CHPIV's D-SNP program

Ensures compliance with federal and state requirements (CMS, DHCS)

Reinforces commitment to quality, accountability, and equitable care delivery

Performance & Quality Focus

Establishes measurable goals aligned with clinical priorities and national benchmarks

Supports ongoing performance monitoring and continuous quality improvement (CQI)

Model of Care Goals

Overall Measures	Transitions of Care	Breast Cancer Screening (BCS)	Plan Cause Readmissions (PCR)
Description	An acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. Reduces re-admissions.	Women 50-74 years of age who had a mammogram to screen for breast cancer.	% 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.
Health Outcome Measure	% 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.	Early breast cancer detection to find cancers before they start to cause symptoms.	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.
Goal	75%	75%	75%



Model of Care Goals

Overall Measures	Glycemic Status Assessment (GSD)	Blood Pressure Control (BPD)	Reducing Risk of Falling (FRM)
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%.	% 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.	% 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.
Health Outcome Measure and Performance Measure for FRM	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.	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.	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.
Goal	75%	75%	75%



Model of Care Goals

Overall Measures	Health Risk Assessment (HRA)	Interdisciplinary Care Team (ICP)	Interdisciplinary Crae Team (ICT)
Description	Initial HRA and Reassessment (annual) HRA Completion Rate	All Enrollees will have an ICP	All Enrollees will have an ICT
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.
Goal	100%	100%	100%



MOC Implementation and Data Roll Out

Current State

- Early phase of data collection; performance results not yet available.
- MOC infrastructure fully established to support measurement and reporting.

Operational Readiness

- Standardized workflows, documentation practices, and monitoring systems in place.
- Framework supports consistent data collection and performance evaluation.

MOC Implementation and Data Roll Out (cont.)

Next Steps

The Healthcare Services team will continue ongoing data collection across all MOC measures to build a reliable performance baseline. Validating data integrity and ensure consistency across reporting systems and workflows

Additionally, we will continue to monitor early data trends as information becomes available and prepare reporting structures and dashboards for formal performance evaluation.

Initial performance data anticipated in the upcoming quarters of 2026, enabling outcome assessment and identification of targeted improvement opportunities.

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	

Information Items

Operations report for review

Operations Report

Period Covered: April 2025

Highlights

- **Communications:** 2025 annual report has been finalized and will be distributed this month.
- **Team:** Denise Pasillas, Community Liaison, is leaving us for a position at Volunteers of America Southwest. Denise has been a valuable member of our team, representing CHPIV at community events and chairing the Community Advisory Committee. We will be posting a Network Manager position this month to manage IPA relations and provider services, rounding our Operations Team.
- **Home visits:** We are looking to contract with a local MD, NP, or PA to conduct home visits for CHPIV Medicare members.

Key Metrics – Community Advantage Plus

Status	Category	Goal	Current Performance
	Enrollment	584 119 net new per month	350 (April) ~85 net new for May 1
	Member Satisfaction	Net Promoter Score >50	70 (April)
	Member Issues	Declining month over month	353 per 1000 members (April) Inc from 256/1000 in March
	Disenrollment	5%	10% in March 7% in April, as of 4/24

- **Enrollment:** Our in-house sales team continues to meet their individual monthly enrollment goals. We have a new Representative, Alia Roma, who is in the process of getting her insurance license and we are onboarding a new external broker next month, which should boost our numbers in the coming months.
- **Disenrollment:** We continue to lose around 20-30 members each month. In March, the primary disenrollment reasons were: (1) benefits not as good as prior plan, (2) higher

pharmacy copays, and (3) challenges with provider authorizations/referrals. We have several processes in place now across sales and care management teams to support members in their first 30 days with authorizations and referrals. While this will always be a challenge, especially for members coming from regular Medicare, our teams are now very proactive about encouraging new members to see their PCP in the first month of enrollment and working with IPAs to issue new authorizations.

- **Member Issues:** Escalated member issues handled by CHPIV team members increased in April. Top issues were ID and debit cards, due to a significant number of enrollments in the last week of May. We also had more issues related to pharmacy costs this month, which we are investigating, and access to dental care.
- **Member Satisfaction:** CHPIV member experience coordinators started conducting outbound customer satisfaction surveys with members who have been enrolled with CHPIV for at least 3 months. Of the 20 members surveyed, 15 were promoters, and 1 was a detractor due to not getting their grocery card in a timely manner. While the numbers are small, this is a good start. In future months we will add additional questions to help assess/improve our “STAR” rating, which is rating from 1 (poor) to 5 (excellent) that CMS awards to Medicare plans based on their quality of care and service.

Issues / Risks

- Mail forwarding – we have a post office box in Imperial that auto-forwards mail to Community Health Group for processing. We discovered a breakdown in this process last week, which we have corrected and are continuing to monitor weekly.
- IPA encounter data (only receiving from 2/4 IPAs)
- UCSD contract – no response after completion of LOA

Next 30 Days

- Finalize 2027 CMS bid
- Planning for Q2 provider administrator luncheon and provider mixer
- Hire Network Manager

Period Covered: April 14, 2026- May 11, 2026

Highlights

- 1 new hire: Data Management Specialist (local)
 - 1 open position: Finance Manager
 - Completed a quarterly performance check-in with all employees
 - Held our first re-imaged town hall meeting
-

Key Metrics

Total number of employees	42
Local	29
Remote	13
Number of exits in 2026	1 new, took another opportunity Total exits YTD: 4 2 voluntary (5% YTD turnover)

Issues / Risks

- No known issues or risks at this time

Next 30 Days

- Survey employees on 2 topics: the content of the town hall meeting and Q1 performance check-ins
 - Implement any required changes