



AGENDA

Community Health Plan of Imperial Valley Commission

June 8, 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	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 5/11/2026...pg. 5-8
- B. Approval of the monthly financial reports as reviewed and accepted by the Executive Committee
 - 1. Executive Summary...pg. 9-10
 - 2. Enrollment Report...pg. 11
 - 3. Statement of Revenues, Expenses, and Changes in Net Position... pg. 12
 - 4. Product Profit & Loss Statement...pg. 13
 - 5. Product Profit & Loss Statement (YTD)...pg. 14
 - 6. Change in Net Position Trend...pg. 15
 - 7. Medicare PMPM Detail...pg. 16
 - 8. Statement of Net Position...pg. 17
 - 9. Summarized TNE Calculation...pg. 18
 - 10. Cash Transaction Report...pg. 19-20

4. 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

5. RECONVENE OPEN SESSION

- A. Report on actions taken in closed session.

6. ACTION

No action items.

7. COMMITTEE CHAIR REPORTS

- A. Quality Improvement Health & Equity Committee-*Quarterly*
(Dr. Gordon Arakawa, CMO) No meeting
- B. Finance Committee-*Monthly*
(Dr. Carlos Ramirez, Chair) ...pg. 9-10
- C. Regulatory Compliance & Oversight Committee-*Quarterly*
(Dr. Allan Wu, Chair) No meeting
- D. Community Advisory Committee -*Quarterly*
(Julia Hutchins, COO) No meeting

8. INFORMATION

- A. Health Services Report (Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services) ...pg. 23-40
- B. Compliance Report (Elysse Tarabola, CCO and Chelsea Hardy, Senior Director of Compliance) ...pg. 41-42
- C. Operations Report (Julia Hutchins, COO) ...pg. 43-44
- D. Human Resources Report (Shannon Long, HR Consultant) ...pg. 45
- E. CEO Report (Larry Lewis, CEO)
- F. Other new or old business (Lee Hindman, Chair)

9. ADJOURNMENT

Next meeting: July 13, 2026

Consent Agenda



MINUTES

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>

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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)	Present
LHA Vice-Chair	Yvonne Bell	CEO, Innercare & CCIPA	Absent
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	Absent
LHA Commissioner	Peggy Price	Board of Supervisors, County of Imperial	Absent
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	Absent
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

Meeting was called to order at 5:31 p.m.

A. Roll Call

Donna Ponce, Commission Clerk

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

B. Approval of Agenda

(Ramirez/Lang) 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.

Viridiana Rosales-Trujillo, Community Partnerships Manager of ENF Hope addressed the Commission to invite them to their upcoming community celebration event for the official launch of their Family Resource Center and expansion of ENF's work in the region that will be held on May 27, 2026, at the Cambria Hotel in Imperial.

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.

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

- 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)

Dr. Gordon Arakawa presented a report on the Q4 QIHEC meeting.

- B. Finance Committee-*Monthly*
(Dr. Carlos Ramirez, Chair) ...pg. 9-10

Dr. Carlos Ramirez provided a brief update on May 6, 2026, Finance Committee meeting.

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

Dr. Allan Wu gave a summary for the Q1 April 29th, 2026, RCOC 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) ...pg. 27-53

Dr. Gordon Arakawa provided a presentation on the state-supported Conference in Rancho Cucamonga highlighting the interdisciplinary leadership team effort.

Jeanette Crenshaw provided a presentation on D-SNP Model of Care.

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

No report.

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

Julia Hutchins provided an update on the Key Metrics of Community Advantage Plus which included:

- Enrollment
- Member Satisfaction
- Member Issues
- Disenrollment

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

Shannon Long provided a brief update on the following:

- New hire: Data Management Specialist
- Open Positions: Finance Manager and Provider Network Manager
- Community Liaison resignation
- Completed a quarterly performance check-in with all employees
- First re-imaged town hall meeting with staff

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

Larry Lewis provided an update on the following:

- Attended the Eastern Riverside County Collaborative for Medical Education
- A driveway sign is currently being developed
- Attended Association for Community Affiliated Plans Conference
- DMHC Financial Audit results had no findings

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

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 commission reconvened into open session.
Direction was given to staff.

9. ADJOURNMENT

Meeting was adjourned at 7:02 p.m.
Next meeting: June 8, 2026



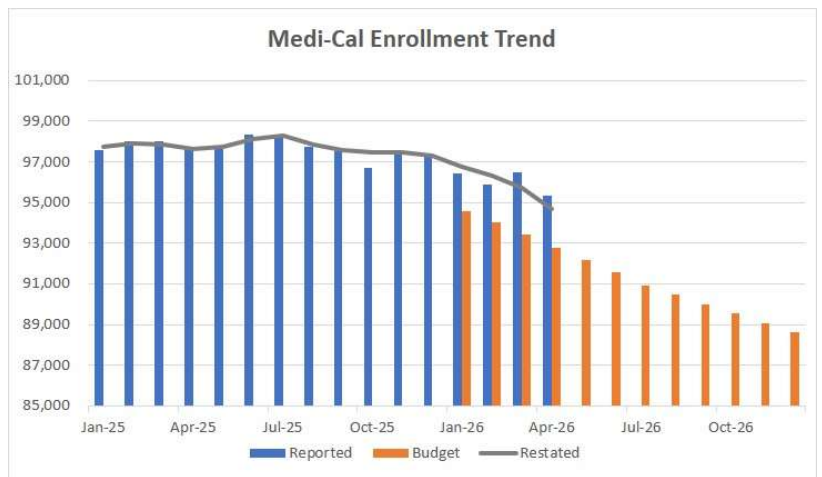
Financial Result
April 2026

Executive Summary

April results were modestly below budget, driven primarily by Medicare pharmacy cost pressure and continued Medi-Cal membership declines. Administrative expenses remained favorable to budget, and year-to-date performance continues to track ahead of plan. Tangible Net Equity remains well above required levels.

Membership

April Medi-Cal membership declined by 1,121 members to 95.4K, marking the largest monthly decrease of 2026. Losses were concentrated in the Child and Adult SIS populations, while UIS membership declined at nearly twice the SIS rate on a percentage basis. Restated membership remains on a downward trend, consistent with budget expectations.



Medicare membership improved from 337 in March, narrowing the budget gap from 41% below budget in March to 28% below budget in April. The most recent membership reports, effective June, show continued growth to 408; however, enrollment remains materially below forecast.

Gross Margin

Gross margin was unfavorable to budget by (\$163K), or 52 basis points of MLR, in April. While both Medi-Cal and Medicare contributed to the variance, elevated Medicare pharmacy costs were the primary driver of margin pressure.

Medi-Cal

Current-month revenue rate variance was unfavorable to the budget by (\$875K) primarily due to delayed maternity kick payments. This was partially offset by prior-period favorability in the same payment category.

Volume variance was unfavorable overall, driven by shortfalls in SPD-LTC full-dual and non-dual membership, which carry the highest revenue PMPM.

Category of Aid (COA)*	Revenue (Current Month Reported)					
	Current	Budget	Variance	Prior Period	Vol	Rate
Child	\$ 4,258,296	\$ 4,169,897	\$ 88,399	\$ 106,103	\$ 155,868	\$ (67,470)
Adult	\$ 3,859,439	\$ 4,358,427	\$ (498,989)	\$ 678,779	\$ 54,781	\$ (553,770)
Adult Expansion	\$ 7,863,437	\$ 7,708,666	\$ 154,771	\$ 71,690	\$ 297,553	\$ (142,782)
SPD-LTC	\$ 4,624,779	\$ 4,916,364	\$ (291,585)	\$ 253,985	\$ (243,882)	\$ (47,703)
SPD-LTC Full Dual	\$ 6,445,636	\$ 6,820,057	\$ (374,421)	\$ 92,768	\$ (310,836)	\$ (63,585)
Total Medicaid	\$ 27,051,587	\$ 27,973,412	\$ (921,824)	\$ 1,203,326	\$ (46,515)	\$ (875,309)

* Includes SPD Medicaid



Medicare

Medicare gross margin was unfavorable by (\$144K) driven primarily by elevated pharmacy costs. Pharmacy expense increased from \$319 PMPM year-to-date through March to \$937 PMPM in April, creating an adverse rate impact of (\$105K).

Fee-for-service claims experience continues to outperform estimates, partially offsetting pharmacy-related margin pressure.

Volume accounted for (\$14K) of the margin variance and was partially offset by a favorable rate variance of \$31K.

The average DSNP risk score for April membership declined slightly, as new members with lower risk scores outpaced terminating members with higher risk scores. Overall, risk scores remain slightly above budget.

Administrative Expenses

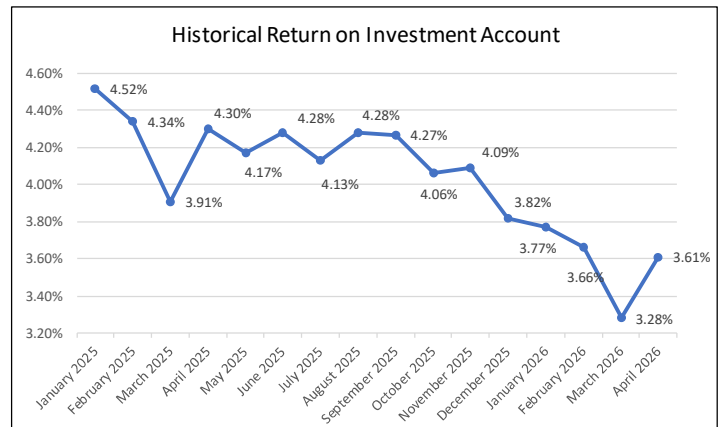
Administrative expenses were favorable to budget by \$35K, driven primarily by contingency reserves. Higher Operations and Sales costs in April were more than offset by favorable consulting and other professional fee variances. On a year-to-date basis, administrative expenses remain below budget, generating \$313K of favorable variance.

No new expenditures above \$50,000 were committed in April.

Other

Investment income was unfavorable by (\$25K) in April due to interest rate pressure, despite a modest improvement in the monthly rate of return.

Month	Return
January 2025	4.52%
February 2025	4.34%
March 2025	3.91%
April 2025	4.30%
May 2025	4.17%
June 2025	4.28%
July 2025	4.13%
August 2025	4.28%
September 2025	4.27%
October 2025	4.06%
November 2025	4.09%
December 2025	3.82%
January 2026	3.77%
February 2026	3.66%
March 2026	3.28%
April 2026	3.61%



Net Income

Change in Net Position was (\$67K) for April, which was (\$127K) below budget for the month. Year to date, CHPIV remains ahead of budget by \$166K.

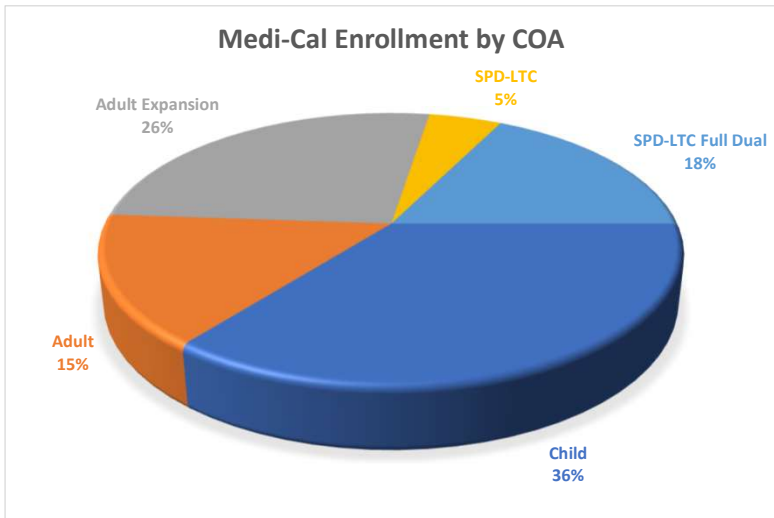
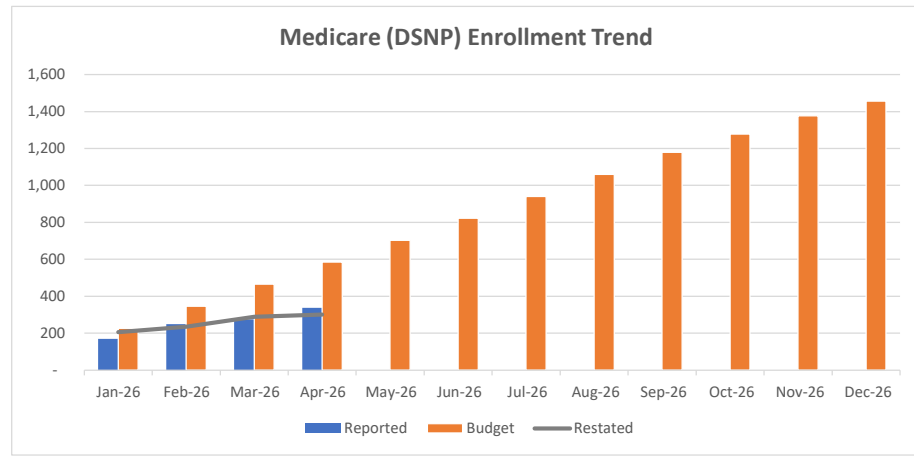
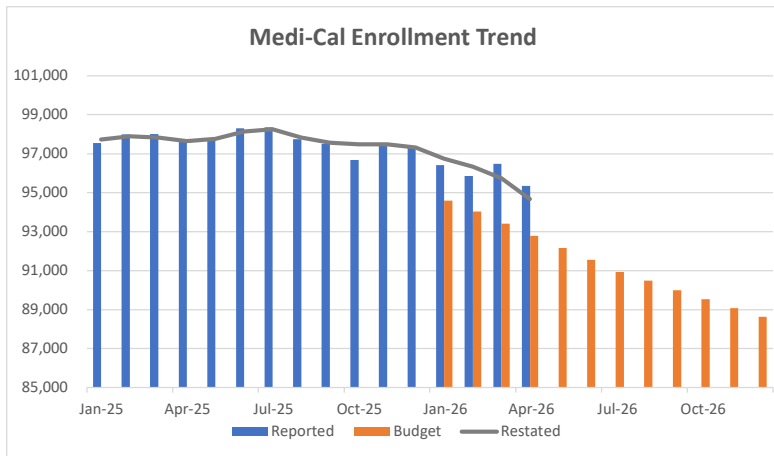
Tangible Net Equity (TNE)

At the end of April, TNE totaled \$24.1M, representing 491% of the required \$4.9M. On a restated basis, TNE stands at 503% of required levels.

2025

Category of Aid (COA)*	2025				2025				April				April (YTD)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Actual	Budget	B/(W)		Actual	Budget	B/(W)	
											#	%			#	%
Child	35,139	35,129	34,728	34,555	34,434				33,968	32,665	1,303	4%	136,843	99,639	37,204	37%
Adult	15,801	15,754	15,471	15,306	14,887				14,676	14,321	355	2%	59,488	43,685	15,803	36%
Adult Expansion	25,995	26,028	25,808	25,988	25,493				25,058	24,197	861	4%	101,502	73,809	27,693	38%
SPD-LTC	4,693	4,790	4,662	4,684	4,640				4,726	4,697	29	1%	18,605	13,965	4,640	33%
SPD-LTC Full Dual	16,381	16,614	16,823	16,835	17,026				16,931	17,487	(556)	-3%	67,683	51,957	15,726	30%
Total Medicaid	98,009	98,315	97,492	97,368	96,480	-	-	-	95,359	93,367	1,992	2%	384,121	283,055	101,066	36%
DSNP	-	-	-	-	275	-	-	-	337	465	(128)	-28%	1,030	1,038	(8)	-1%
Monthly/Quarterly Change		0.3%	-0.8%	-0.1%	-0.9%				-1.2%	-4.1%			-1.2%	-4.1%		

* Source: DHCS 820 Remittance summary; includes retroactivity



Medi-Cal Enrollment Trend (Restated)						
	Jan-26	Feb-26	Mar-26	Apr-26	MoM Δ	% Δ
SIS						
Child	33,919	33,803	33,690	33,364	(326)	-1.0%
Adult	14,091	13,966	13,804	13,562	(242)	-1.8%
Adult Expansion	24,251	24,138	24,011	23,770	(241)	-1.0%
SPD-LTC	4,389	4,356	4,330	4,289	(41)	-0.9%
SPD-LTC Full Dual	16,358	16,325	16,274	16,134	(140)	-0.9%
Total SIS	93,008	92,588	92,109	91,119	(990)	-1.1%
% of Total	96.1%	96.1%	96.2%	96.2%		
UIS						
Child	541	566	506	522	16	3.2%
Adult	1,015	1,005	969	939	(30)	-3.1%
Adult Expansion	1,433	1,411	1,395	1,361	(34)	-2.4%
SPD-LTC	192	187	183	175	(8)	-4.4%
SPD-LTC Full Dual	564	569	575	556	(19)	-3.3%
Total UIS	3,745	3,738	3,628	3,553	(75)	-2.1%
% of Total	3.9%	3.9%	3.8%	3.8%		
Total	96,753	96,326	95,737	94,672	(1,065)	-1.1%



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

	April			April (YTD)			Current Month Explanations
	Actual	Budget	Variance - B/(W)	Actual	Budget	Variance - B/(W)	
REVENUE							
Medicaid Revenue	\$ 28,254,913	\$ 27,973,412	\$ 281,501	\$ 141,824,275	\$ 112,382,753	\$ 29,441,521	- Medi-Cal favorable due to maternity kick retro payments
Medicare Revenue	\$ 673,274	\$ 1,280,066	\$ (606,792)	\$ 2,194,679	\$ 3,539,866	\$ (1,345,187)	- Medicare unfavorable on elevated pharmacy cost
Investment & Interest Income	\$ 97,737	\$ 122,556	\$ (24,819)	\$ 438,800	\$ 489,594	\$ (50,794)	- unfavorable due to interest rate pressure
TOTAL REVENUE	\$ 29,025,924	\$ 29,376,034	\$ (350,110)	\$ 144,457,754	\$ 116,412,213	\$ 28,045,541	
HEALTH CARE COSTS							
Global Capitation	\$ 27,293,949	\$ 26,923,412	\$ (370,537)	\$ 138,100,822	\$ 108,435,738	\$ (29,665,084)	
Shared Risk Capitation	\$ 224,898	\$ 325,929	\$ 101,031	\$ 632,908	\$ 915,887	\$ 282,979	
FFS Claims	\$ 306,394	\$ 704,219	\$ 397,825	\$ 1,172,457	\$ 1,938,152	\$ 765,695	- Favorable medical cost trend; includes \$219K in reserves
Pharmacy (Net)	\$ 315,925	\$ 365,708	\$ 49,782	\$ 537,538	\$ 976,522	\$ 438,984	- Favorable overall, but significant miss on rate
All Other	\$ 45,525	\$ 54,804	\$ 9,279	\$ 187,468	\$ 171,428	\$ (16,040)	
HEALTH CARE COSTS	\$ 28,186,691	\$ 28,374,071	\$ 187,379	\$ 140,631,192	\$ 112,437,727	\$ (28,193,465)	
Gross Margin	\$ 839,233	\$ 1,001,964	\$ (162,731)	\$ 3,826,562	\$ 3,974,486	\$ (147,925)	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	\$ 517,554	\$ 515,766	\$ (1,788)	\$ 2,037,058	\$ 2,075,362	\$ 38,303	
Benefits Expense	\$ 52,175	\$ 45,462	\$ (6,713)	\$ 208,737	\$ 181,779	\$ (26,958)	
Other Labor Expense	\$ 1,636	\$ 1,980	\$ 344	\$ 7,138	\$ 7,588	\$ 450	
Total Labor Costs	\$ 571,366	\$ 563,208	\$ (8,158)	\$ 2,252,933	\$ 2,264,728	\$ 11,795	- Unfavorable due to vacation accrual
Consulting, Legal, & Other Professional	\$ 73,208	\$ 111,559	\$ 38,351	\$ 222,012	\$ 427,685	\$ 205,673	- Favorable due to contingency reserve
Outside Services	\$ 54,372	\$ 36,164	\$ (18,208)	\$ 195,376	\$ 179,017	\$ (16,359)	- Elevated vendor costs in Sales and Operations
MSO Fees	\$ 117,739	\$ 131,000	\$ 13,262	\$ 470,954	\$ 524,000	\$ 53,046	- Favorable due to unused contingency
Broker Commissions	\$ 4,748	\$ 6,952	\$ 2,204	\$ 10,901	\$ 13,640	\$ 2,739	
Advertising & Marketing	\$ 4,399	\$ 3,000	\$ (1,399)	\$ 25,527	\$ 30,000	\$ 4,473	
Information Technology	\$ 10,329	\$ 6,685	\$ (3,644)	\$ 31,946	\$ 29,522	\$ (2,425)	
Membership and Subscriptions	\$ 11,169	\$ 11,344	\$ 175	\$ 44,822	\$ 47,551	\$ 2,729	
Regulatory Fees	\$ 25,314	\$ 23,949	\$ (1,365)	\$ 102,082	\$ 95,796	\$ (6,285)	
Travel	\$ 4,890	\$ 10,750	\$ 5,860	\$ 18,736	\$ 45,950	\$ 27,214	
Occupancy & Facility	\$ 3,955	\$ 10,904	\$ 6,949	\$ 19,376	\$ 45,751	\$ 26,375	
Office Expense	\$ 5,263	\$ 4,909	\$ (354)	\$ 21,202	\$ 25,449	\$ 4,247	
Other Admin	\$ 10,295	\$ 11,465	\$ 1,171	\$ 52,768	\$ 52,316	\$ (452)	
Total Administrative Expense	\$ 897,047	\$ 931,890	\$ 34,843	\$ 3,468,635	\$ 3,781,405	\$ 312,769	
Non-Operating Income/(Expense)							
Rental Income	\$ 1,538	\$ 1,494	\$ (45)	\$ 6,153	\$ 5,974	\$ (179)	
Depreciation & Amortization	\$ (11,222)	\$ (11,350)	\$ 128	\$ (44,795)	\$ (45,400)	\$ 605	
Change in Net Position	\$ (67,499)	\$ 60,217	\$ (127,716)	\$ 319,284	\$ 153,656	\$ 165,629	
Key Metrics							
Enrollment	95,359	93,367	1,992	384,121	376,422	7,699	
Medicaid Revenue PMPM	\$ 297.35	\$ 301.49	\$ (4.14)	\$ 370.21	\$ 299.85	\$ (70.64)	
Medicare Revenue PMPM	\$ 1,997.85	\$ 2,191.89	\$ (194.05)	\$ 2,130.76	\$ 2,182.41	\$ (51.65)	
MLR (Medicaid)	97.1%	97.1%	(3) bps	97.7%	97.1%	(62) bps	
MLR (Medicare)	108.5%	95.1%	(1,341) bps	94.3%	94.4%	9 bps	
Admin Ratio	3.1%	3.2%	8 bps	2.4%	3.2%	85 bps	
FTEs	43	45	2	169	180	11	
Net Income PMPM	(\$0.71)	\$0.64	(\$1.35)	\$0.83	\$0.41	\$0.42	
Net Income %	-0.2%	0.2%	(44) bps	0.2%	0.1%	9 bps	

	April											
	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	\$ 27,740,436	\$ 27,487,614	\$ 252,822	0.9%	\$ 128,751	\$ 225,371	\$ (96,621)	-42.9%	\$ 27,869,187	\$ 27,712,986	\$ 156,201	0.6%
Pass-Through	\$ 385,726	\$ 260,426	\$ 125,300	48.1%	\$ -	\$ -	\$ -	N/A	\$ 385,726	\$ 260,426	\$ 125,300	48.1%
Medicare												
Part C Revenue					\$ 547,821	\$ 1,030,722	\$ (482,902)	-46.9%	\$ 547,821	\$ 1,030,722	\$ (482,902)	-46.9%
Part D Revenue					\$ 118,053	\$ 242,336	\$ (124,283)	-51.3%	\$ 118,053	\$ 242,336	\$ (124,283)	-51.3%
Other Medicare Revenue					\$ 7,400	\$ 7,008	\$ 392	5.6%	\$ 7,400	\$ 7,008	\$ 392	5.6%
Other Revenue	\$ 94,990	\$ 117,556	\$ (22,566)	-19.2%	\$ 2,746	\$ 5,000	\$ (2,254)	-45.1%	\$ 97,737	\$ 122,556	\$ (24,819)	-20.3%
TOTAL OPERATING REVENUE	\$ 28,221,153	\$ 27,865,597	\$ 355,556	1.3%	\$ 804,771	\$ 1,510,438	\$ (705,667)	-46.7%	\$ 29,025,924	\$ 29,376,034	\$ (350,110)	-1.2%
HEALTHCARE COSTS												
Medicaid Capitation	\$ 26,908,223	\$ 26,662,986	\$ (245,237)	-0.9%					\$ 26,908,223	\$ 26,662,986	\$ (245,237)	-0.9%
Medicaid Pass-Through	\$ 385,726	\$ 260,426	\$ (125,300)	-48.1%					\$ 385,726	\$ 260,426	\$ (125,300)	-48.1%
Total Medicaid	\$ 27,293,949	\$ 26,923,412	\$ (370,537)	-1.4%					\$ 27,293,949	\$ 26,923,412	\$ (370,537)	-1.4%
PCP Capitation					\$ 224,898	\$ 325,929	\$ 101,031	31.0%	\$ 224,898	\$ 325,929	\$ 101,031	31.0%
Inpatient					\$ 56,444	\$ 235,959	\$ 179,515	76.1%	\$ 56,444	\$ 235,959	\$ 179,515	76.1%
Outpatient					\$ 16,181	\$ 85,816	\$ 69,634	81.1%	\$ 16,181	\$ 85,816	\$ 69,634	81.1%
Other FFS					\$ 15,003	\$ 382,444	\$ 367,441	96.1%	\$ 15,003	\$ 382,444	\$ 367,441	96.1%
IBNR					\$ 218,766	\$ -	\$ (218,766)	N/A	\$ 218,766	\$ -	\$ (218,766)	N/A
Total FFS					\$ 306,394	\$ 704,219	\$ 397,825	56.5%	\$ 306,394	\$ 704,219	\$ 397,825	56.5%
Pharmacy (Gross)					\$ 352,204	\$ -	\$ (352,204)	N/A	\$ 352,204	\$ -	\$ (352,204)	N/A
Federal Reinsurance					\$ (40,590)	\$ -	\$ 40,590	N/A	\$ (40,590)	\$ -	\$ 40,590	N/A
LICS					\$ (9,033)	\$ -	\$ 9,033	N/A	\$ (9,033)	\$ -	\$ 9,033	N/A
Other CMS Offsets					\$ (10,683)	\$ -	\$ 10,683	N/A	\$ (10,683)	\$ -	\$ 10,683	N/A
OTC					\$ 14,384	\$ 22,099	\$ 7,714	34.9%	\$ 14,384	\$ 22,099	\$ 7,714	34.9%
Other Pharmacy					\$ 9,644	\$ 343,609	\$ 333,965	97.2%	\$ 9,644	\$ 343,609	\$ 333,965	97.2%
Total Pharmacy					\$ 315,925	\$ 365,708	\$ 49,782	13.6%	\$ 315,925	\$ 365,708	\$ 49,782	13.6%
Other Supplemental					\$ 12,392	\$ 29,391	\$ 16,999	57.8%	\$ 12,392	\$ 29,391	\$ 16,999	57.8%
Reinsurance (Net)					\$ 8,523	\$ 7,041	\$ (1,482)	-21.1%	\$ 8,523	\$ 7,041	\$ (1,482)	-21.1%
Community Reinvestment	\$ 22,154	\$ 18,372	\$ (3,782)	-20.6%	\$ 2,456	\$ -	\$ (2,456)	N/A	\$ 24,610	\$ 18,372	\$ (6,238)	-34.0%
TOTAL HEALTHCARE COSTS	\$ 27,316,103	\$ 26,941,784	\$ (374,319)	-1.4%	\$ 870,588	\$ 1,432,287	\$ 561,699	39.2%	\$ 28,186,691	\$ 28,374,071	\$ 187,379	0.7%
Gross Margin	\$ 905,050	\$ 923,813	\$ (18,763)	-2.0%	\$ (65,817)	\$ 78,151	\$ (143,968)	-184.2%	\$ 839,233	\$ 1,001,964	\$ (162,731)	-16.2%
Total Administrative Expense	\$ 474,093	\$ 489,260	\$ 15,166	3.1%	\$ 422,954	\$ 442,630	\$ 19,676	4.4%	\$ 897,047	\$ 931,890	\$ 34,843	3.7%
Non-Operating Income/(Expense)												
Rental Income	\$ 1,538	\$ 1,494	\$ 45	3.0%	\$ -	\$ -	\$ -	N/A	\$ 1,538	\$ 1,494	\$ 45	3.0%
Depreciation & Amortization	\$ (10,907)	\$ (11,279)	\$ 372	-3.3%	\$ (315)	\$ (71)	\$ (244)	344.2%	\$ (11,222)	\$ (11,350)	\$ 128	-1.1%
Change in Net Position	\$ 421,588	\$ 424,768	\$ (3,180)	-0.7%	\$ (489,086)	\$ (364,550)	\$ (124,536)	34.2%	\$ (67,499)	\$ 60,217	\$ (127,716)	-212.1%
Key Metrics												
Enrollment	95,022	92,783	2,239	2.4%	337	584	(247)	-42.3%	95,359	93,367	1,992	2.1%
Revenue PMPM	\$297.00	\$300.33	(\$3.33)	-1.1%	\$2,388.05	\$2,586.37	(\$198.32)	-7.7%	\$304.39	\$314.63	(\$10.24)	-3.3%
MLR	96.79%	96.68%	-11 bps		108.18%	94.83%	-1335 bps		97.11%	96.59%	-52 bps	
Admin Ratio	1.7%	1.8%	8 bps		52.6%	29.3%	-2325 bps		3.1%	3.2%	8 bps	
Net Income PMPM	\$4.44	\$4.58	(\$0.14)	-3.1%	(\$1,451.30)	(\$624.23)	(\$827.07)	132.5%	(\$0.71)	\$0.64	(\$1.35)	-209.8%
Net Income %	1.5%	1.5%	-3 bps		-60.8%	-24.1%	-3664 bps		-0.2%	0.2%	-44 bps	
Gross Margin Vol Variance			\$ 22,293				\$ (33,054)				\$ 21,377	
Gross Margin Rate Variance			\$ (41,056)				\$ (110,914)				\$ (184,108)	

	April (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	\$ 110,998,026	\$ 110,702,299	\$ 295,727	0.3%	\$ 393,512	\$ 625,946	\$ (232,435)	-37.1%	\$ 111,391,538	\$ 111,328,245	\$ 63,292	0.1%
Pass-Through	\$ 30,432,737	\$ 1,054,508	\$ 29,378,229	NM	\$ -	\$ -	\$ -	N/A	\$ 30,432,737	\$ 1,054,508	\$ 29,378,229	NM
Medicare												
Part C Revenue					\$ 1,773,429	\$ 2,844,012	\$ (1,070,583)	-37.6%	\$ 1,773,429	\$ 2,844,012	\$ (1,070,583)	-37.6%
Part D Revenue					\$ 399,450	\$ 676,390	\$ (276,939)	-40.9%	\$ 399,450	\$ 676,390	\$ (276,939)	-40.9%
Other Medicare Revenue					\$ 21,800	\$ 19,464	\$ 2,336	12.0%	\$ 21,800	\$ 19,464	\$ 2,336	12.0%
Other Revenue	\$ 428,803	\$ 469,594	\$ (40,792)	-8.7%	\$ 9,998	\$ 20,000	\$ (10,002)	-50.0%	\$ 438,800	\$ 489,594	\$ (50,794)	-10.4%
TOTAL OPERATING REVENUE	\$ 141,859,566	\$ 112,226,402	\$ 29,633,164	26.4%	\$ 2,598,188	\$ 4,185,812	\$ (1,587,624)	-37.9%	\$ 144,457,754	\$ 116,412,213	\$ 28,045,541	24.1%
HEALTHCARE COSTS												
Medicaid Capitation	\$ 107,668,086	\$ 107,381,230	\$ (286,855)	-0.3%					\$ 107,668,086	\$ 107,381,230	\$ (286,855)	-0.3%
Medicaid Pass-Through	\$ 30,432,737	\$ 1,054,508	\$ (29,378,229)	NM					\$ 30,432,737	\$ 1,054,508	\$ (29,378,229)	NM
Total Medicaid	\$ 138,100,822	\$ 108,435,738	\$ (29,665,084)	-27.4%					\$ 138,100,822	\$ 108,435,738	\$ (29,665,084)	-27.4%
PCP Capitation					\$ 632,908	\$ 915,887	\$ 282,979	30.9%	\$ 632,908	\$ 915,887	\$ 282,979	30.9%
Inpatient					\$ 104,992	\$ 646,774	\$ 541,782	83.8%	\$ 104,992	\$ 646,774	\$ 541,782	83.8%
Outpatient					\$ 54,333	\$ 235,219	\$ 180,886	76.9%	\$ 54,333	\$ 235,219	\$ 180,886	76.9%
Other FFS					\$ 29,405	\$ 1,056,159	\$ 1,026,754	97.2%	\$ 29,405	\$ 1,056,159	\$ 1,026,754	97.2%
IBNR					\$ 983,727	\$ -	\$ (983,727)	N/A	\$ 983,727	\$ -	\$ (983,727)	N/A
Total FFS					\$ 1,172,457	\$ 1,938,152	\$ 765,695	39.5%	\$ 1,172,457	\$ 1,938,152	\$ 765,695	39.5%
Pharmacy (Gross)					\$ 772,052	\$ -	\$ (772,052)	N/A	\$ 772,052	\$ -	\$ (772,052)	N/A
Federal Reinsurance					\$ (65,814)	\$ -	\$ 65,814	N/A	\$ (65,814)	\$ -	\$ 65,814	N/A
LICS					\$ (159,821)	\$ -	\$ 159,821	N/A	\$ (159,821)	\$ -	\$ 159,821	N/A
Other CMS Offsets					\$ (52,195)	\$ -	\$ 52,195	N/A	\$ (52,195)	\$ -	\$ 52,195	N/A
OTC					\$ 16,421	\$ 62,134	\$ 45,713	73.6%	\$ 16,421	\$ 62,134	\$ 45,713	73.6%
Other Pharmacy					\$ 26,895	\$ 914,388	\$ 887,493	97.1%	\$ 26,895	\$ 914,388	\$ 887,493	97.1%
Total Pharmacy					\$ 537,538	\$ 976,522	\$ 438,984	45.0%	\$ 537,538	\$ 976,522	\$ 438,984	45.0%
Other Supplemental					\$ 72,705	\$ 82,637	\$ 9,932	12.0%	\$ 72,705	\$ 82,637	\$ 9,932	12.0%
Reinsurance (Net)					\$ 26,049	\$ 19,554	\$ (6,494)	-33.2%	\$ 26,049	\$ 19,554	\$ (6,494)	-33.2%
Community Reinvestment	\$ 89,339	\$ 69,237	\$ (20,103)	-29.0%	\$ (655)	\$ -	\$ 655	N/A	\$ 88,684	\$ 69,237	\$ (19,448)	-28.1%
TOTAL HEALTHCARE COSTS	\$ 138,190,162	\$ 108,504,975	\$ (29,685,187)	-27.4%	\$ 2,441,030	\$ 3,932,752	\$ 1,491,721	37.9%	\$ 140,631,192	\$ 112,437,727	\$ (28,193,465)	-25.1%
Gross Margin	\$ 3,669,404	\$ 3,721,427	\$ (52,023)	-1.4%	\$ 157,158	\$ 253,060	\$ (95,902)	-37.9%	\$ 3,826,562	\$ 3,974,486	\$ (147,925)	-3.7%
Total Administrative Expense	\$ 1,933,655	\$ 2,024,543	\$ 90,889	4.5%	\$ 1,534,981	\$ 1,756,861	\$ 221,881	12.6%	\$ 3,468,635	\$ 3,781,405	\$ 312,769	8.3%
Non-Operating Income/(Expense)												
Rental Income	\$ 6,153	\$ 5,974	\$ 179	3.0%	\$ -	\$ -	\$ -	N/A	\$ 6,153	\$ 5,974	\$ 179	3.0%
Depreciation & Amortization	\$ (43,787)	\$ (45,204)	\$ 1,417	-3.1%	\$ (1,008)	\$ (196)	\$ (812)	414.1%	\$ (44,795)	\$ (45,400)	\$ 605	-1.3%
Change in Net Position	\$ 1,698,115	\$ 1,657,653	\$ 40,462	2.4%	\$ (1,378,831)	\$ (1,503,998)	\$ 125,167	-8.3%	\$ 319,284	\$ 153,656	\$ 165,629	107.8%
Key Metrics												
Enrollment	383,091	374,800	8,291	2.2%	1,030	1,622	(592)	-36.5%	95,359	93,367	1,992	2.1%
Revenue PMPM	\$370.30	\$299.43	\$70.87	23.7%	\$2,522.51	\$2,580.65	(\$58.14)	-2.3%	\$1,514.88	\$1,246.82	\$268.06	21.5%
MLR	97.41%	96.68%	-73 bps		93.95%	93.95%	0 bps		97.35%	96.59%	-77 bps	
Admin Ratio	1.4%	1.8%	44 bps		59.1%	42.0%	-1711 bps		2.4%	3.2%	85 bps	
Net Income PMPM	\$4.43	\$4.42	\$0.01	0.2%	(\$1,338.67)	(\$927.25)	(\$411.42)	44.4%	\$3.35	\$1.65	\$1.70	103.5%
Net Income %	1.2%	1.5%	-28 bps		-53.1%	-35.9%	-1714 bps		0.2%	0.1%	9 bps	
Gross Margin Vol Variance			\$ 82,322				\$ (92,362)				\$ 84,796	
Gross Margin Rate Variance			\$ (134,345)				\$ (3,540)				\$ (232,721)	



Community Health Plan of Imperial Valley
Change in Net Position Trend
For April 2026

(\$,000)	Actual				Budget								Full Year		
	January	February	March	April	May	June	July	August	September	October	November	December	4+8	Budget	B/(W)
REVENUE															
Medicaid Revenue	\$ 26,354	\$ 59,555	\$ 27,661	\$ 28,255	\$ 27,890	\$ 27,806	\$ 27,723	\$ 27,679	\$ 27,627	\$ 27,575	\$ 27,523	\$ 27,471	\$ 363,119	\$ 333,677	\$ 29,442
Medicare Revenue	\$ 389	\$ 567	\$ 566	\$ 673	\$ 1,526	\$ 1,768	\$ 2,010	\$ 2,242	\$ 2,490	\$ 2,681	\$ 2,875	\$ 3,029	\$ 20,816	\$ 22,161	\$ (1,345)
Investment & Interest Income	\$ 96	\$ 89	\$ 156	\$ 98	\$ 123	\$ 123	\$ 123	\$ 123	\$ 123	\$ 123	\$ 123	\$ 123	\$ 1,419	\$ 1,470	\$ (51)
TOTAL REVENUE	\$ 26,838	\$ 60,210	\$ 28,383	\$ 29,026	\$ 29,539	\$ 29,696	\$ 29,855	\$ 30,043	\$ 30,240	\$ 30,379	\$ 30,521	\$ 30,623	\$ 385,354	\$ 357,309	\$ 28,046
HEALTH CARE COSTS															
Global Capitation	\$ 25,509	\$ 58,559	\$ 26,739	\$ 27,294	\$ 26,798	\$ 26,672	\$ 26,546	\$ 26,459	\$ 26,364	\$ 26,277	\$ 26,189	\$ 26,109	\$ 349,516	\$ 319,851	\$ (29,665)
Shared Risk Capitation	\$ 100	\$ 143	\$ 165	\$ 225	\$ 390	\$ 453	\$ 516	\$ 576	\$ 638	\$ 687	\$ 737	\$ 777	\$ 5,407	\$ 5,690	\$ 283
FFS Claims	\$ 201	\$ 343	\$ 323	\$ 306	\$ 887	\$ 993	\$ 1,082	\$ 1,282	\$ 1,386	\$ 1,571	\$ 1,645	\$ 1,624	\$ 11,642	\$ 12,408	\$ 766
Pharmacy (Net)	\$ 103	\$ 41	\$ 78	\$ 316	\$ 456	\$ 492	\$ 583	\$ 668	\$ 715	\$ 842	\$ 842	\$ 905	\$ 6,041	\$ 6,480	\$ 439
All Other	\$ 29	\$ 31	\$ 82	\$ 46	\$ 65	\$ 70	\$ 75	\$ 86	\$ 89	\$ 100	\$ 104	\$ 100	\$ 877	\$ 861	\$ (16)
HEALTH CARE COSTS	\$ 25,941	\$ 59,117	\$ 27,387	\$ 28,187	\$ 28,597	\$ 28,680	\$ 28,803	\$ 29,070	\$ 29,192	\$ 29,477	\$ 29,518	\$ 29,515	\$ 373,484	\$ 345,291	\$ (28,193)
Gross Margin	\$ 898	\$ 1,094	\$ 996	\$ 839	\$ 942	\$ 1,017	\$ 1,052	\$ 973	\$ 1,048	\$ 902	\$ 1,003	\$ 1,107	\$ 11,870	\$ 12,018	\$ (148)
<i>Medical Gross Margin</i>	\$ 801	\$ 1,005	\$ 840	\$ 741	\$ 820	\$ 894	\$ 929	\$ 851	\$ 925	\$ 779	\$ 880	\$ 984	\$ 10,450	\$ 10,548	\$ (97)
ADMINISTRATIVE EXPENSE															
Salaries & Wages	\$ 556	\$ 462	\$ 501	\$ 518	\$ 511	\$ 509	\$ 523	\$ 523	\$ 533	\$ 532	\$ 532	\$ 545	\$ 6,245	\$ 6,283	\$ 38
Benefits Expense	\$ 52	\$ 48	\$ 57	\$ 52	\$ 45	\$ 45	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 50	\$ 585	\$ 558	\$ (27)
Other Labor Expense	\$ 1	\$ 3	\$ 1	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 2	\$ 25	\$ 26	\$ 0
Total Labor Costs	\$ 609	\$ 513	\$ 559	\$ 571	\$ 559	\$ 556	\$ 572	\$ 571	\$ 582	\$ 582	\$ 582	\$ 598	\$ 6,855	\$ 6,867	\$ 12
Consulting, Legal, & Other Professional Outside Services	\$ 47	\$ 78	\$ 24	\$ 73	\$ 72	\$ 143	\$ 54	\$ 49	\$ 49	\$ 43	\$ 52	\$ 72	\$ 755	\$ 961	\$ 206
MSO Fees	\$ 118	\$ 118	\$ 118	\$ 118	\$ 131	\$ 131	\$ 131	\$ 131	\$ 131	\$ 131	\$ 131	\$ 131	\$ 1,519	\$ 1,572	\$ 53
Broker Commissions	\$ 0	\$ 3	\$ 3	\$ 5	\$ 10	\$ 13	\$ 17	\$ 21	\$ 27	\$ 31	\$ 36	\$ 36	\$ 202	\$ 205	\$ 3
Advertising & Marketing	\$ 9	\$ 2	\$ 12	\$ 4	\$ 3	\$ 5	\$ 3	\$ 3	\$ 18	\$ 4	\$ 4	\$ 6	\$ 73	\$ 76	\$ 3
Information Technology	\$ 5	\$ 10	\$ 6	\$ 10	\$ 7	\$ 6	\$ 6	\$ 6	\$ 10	\$ 7	\$ 7	\$ 7	\$ 88	\$ 86	\$ (2)
Membership and Subscriptions	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 13	\$ 14	\$ 14	\$ 14	\$ 17	\$ 14	\$ 14	\$ 157	\$ 160	\$ 3
Regulatory Fees	\$ 26	\$ 25	\$ 25	\$ 25	\$ 24	\$ 24	\$ 24	\$ 24	\$ 24	\$ 24	\$ 24	\$ 24	\$ 294	\$ 287	\$ (6)
Travel	\$ 4	\$ 4	\$ 6	\$ 5	\$ 8	\$ 17	\$ 11	\$ 11	\$ 14	\$ 11	\$ 8	\$ 16	\$ 116	\$ 143	\$ 27
Occupancy & Facility	\$ 3	\$ 5	\$ 7	\$ 4	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 109	\$ 135	\$ 26
Office Expense	\$ 6	\$ 4	\$ 7	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	\$ 13	\$ 5	\$ 5	\$ 5	\$ 71	\$ 75	\$ 4
Other Admin	\$ 16	\$ 12	\$ 12	\$ 10	\$ 13	\$ 18	\$ 11	\$ 11	\$ 18	\$ 18	\$ 11	\$ 15	\$ 168	\$ 169	\$ 1
Total Administrative Expense	\$ 902	\$ 836	\$ 834	\$ 897	\$ 889	\$ 978	\$ 895	\$ 894	\$ 948	\$ 920	\$ 921	\$ 972	\$ 10,887	\$ 11,199	\$ 313
Non-Operating Income/(Expense)															
Rental Income	\$ 2	\$ 2	\$ 2	\$ 2	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 18	\$ 18	\$ 0
Depreciation & Amortization	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 136	\$ 136	\$ 1
Change in Net Position	\$ (14)	\$ 249	\$ 152	\$ (67)	\$ 43	\$ 29	\$ 147	\$ 69	\$ 90	\$ (28)	\$ 71	\$ 125	\$ 865	\$ 700	\$ 166
Key Metrics															
Enrollment	96,417	95,865	96,480	95,359	92,866	92,365	91,864	91,537	91,174	90,811	90,448	90,085	1,115,271	1,107,572	7,699
Medical MLR	97.0%	98.3%	97.0%	97.4%	97.2%	97.0%	96.9%	97.2%	96.9%	97.4%	97.1%	96.8%	97.3%	97.0%	-24 bps
Admin Ratio	3.4%	1.4%	2.9%	3.1%	3.0%	3.3%	3.0%	3.0%	3.1%	3.0%	3.0%	3.2%	2.8%	3.1%	31 bps
FTEs	42	42	42	43	45	45	46	46	47	47	47	52	544	555	11
Net Income PMPM	(\$0.14)	\$2.59	\$1.58	(\$0.71)	\$0.47	\$0.31	\$1.60	\$0.76	\$0.98	(\$0.31)	\$0.79	\$1.39	\$0.78	\$0.63	\$0.14
Net Income %	-0.1%	0.4%	0.5%	-0.2%	0.1%	0.1%	0.5%	0.2%	0.3%	-0.1%	0.2%	0.4%	0.2%	0.2%	3 bps

	April								April (YTD)							
	-----Dollars-----				-----PMPM-----				-----Dollars-----				-----PMPM-----			
	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var
REVENUE																
Medi-Cal																
Premium	\$ 128,751	\$ 225,371	\$ (96,621)	-42.9%	\$ 382.05	\$ 385.91	\$ (3.86)	-1.0%	\$ 393,512	\$ 625,946	\$ (232,435)	-37.1%	\$ 382.05	\$ 385.91	\$ (3.86)	-1.0%
Pass-Through	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
Medicare																
Part C Revenue	\$ 547,821	\$ 1,030,722	\$ (482,902)	-46.9%	\$ 1,625.58	\$ 1,764.94	\$ (139.35)	-7.9%	\$ 1,773,429	\$ 2,844,012	\$ (1,070,583)	-37.6%	\$ 1,721.78	\$ 1,753.40	\$ (31.62)	-1.8%
Part D Revenue	\$ 118,053	\$ 242,336	\$ (124,283)	-51.3%	\$ 350.31	\$ 414.96	\$ (64.65)	-15.6%	\$ 399,450	\$ 676,390	\$ (276,939)	-40.9%	\$ 387.82	\$ 417.01	\$ (29.19)	-7.0%
Other Medicare Revenue	\$ 7,400	\$ 7,008	\$ 392	5.6%	\$ 21.96	\$ 12.00	\$ 9.96	83.0%	\$ 21,800	\$ 19,464	\$ 2,336	12.0%	\$ 21.17	\$ 12.00	\$ 9.17	76.4%
Other Revenue	\$ 2,746	\$ 5,000	\$ (2,254)	-45.1%	\$ 8.15	\$ 8.56	\$ (0.41)	-4.8%	\$ 9,998	\$ 20,000	\$ (10,002)	-50.0%	\$ 9.71	\$ 12.33	\$ (2.62)	-21.3%
TOTAL OPERATING REVENUE	\$ 804,771	\$ 1,510,438	\$ (705,667)	-46.7%	\$ 2,388.05	\$ 2,586.37	\$ (198.32)	-7.7%	\$ 2,598,188	\$ 4,185,812	\$ (1,587,624)	-37.9%	\$ 2,522.51	\$ 2,580.65	\$ (58.14)	-2.3%
HEALTHCARE COSTS																
PCP Capitation	\$ 224,898	\$ 325,929	\$ 101,031	31.0%	\$ 667.35	\$ 558.10	\$ (109.26)	-19.6%	\$ 632,908	\$ 915,887	\$ 282,979	30.9%	\$ 614.47	\$ 564.67	\$ (49.81)	-8.8%
Hospital Risk Pool	\$ 49,811	\$ 997	\$ (48,813)	NM	\$ 147.81	\$ 1.71	\$ (146.10)	NM	\$ 49,811	\$ 2,779	\$ (47,032)	NM	\$ 48.36	\$ 1.71	\$ (46.65)	NM
Inpatient	\$ 56,444	\$ 235,959	\$ 179,515	76.1%	\$ 167.49	\$ 404.04	\$ 236.55	58.5%	\$ 104,992	\$ 646,774	\$ 541,782	83.8%	\$ 101.93	\$ 398.75	\$ 296.82	74.4%
Outpatient	\$ 16,181	\$ 85,816	\$ 69,634	81.1%	\$ 48.02	\$ 146.94	\$ 98.93	67.3%	\$ 54,333	\$ 235,219	\$ 180,886	76.9%	\$ 52.75	\$ 145.02	\$ 92.27	63.6%
Other FFS	\$ 15,003	\$ 382,444	\$ 367,441	96.1%	\$ 44.52	\$ 654.87	\$ 610.35	93.2%	\$ 29,405	\$ 1,056,159	\$ 1,026,754	97.2%	\$ 28.55	\$ 651.15	\$ 622.60	95.6%
IBNR	\$ 218,766	\$ -	\$ (218,766)	N/A	\$ 649.16	\$ -	\$ (649.16)	N/A	\$ 983,727	\$ -	\$ (983,727)	N/A	\$ 955.07	\$ -	\$ (955.07)	N/A
Total FFS	\$ 306,394	\$ 704,219	\$ 397,825	56.5%	\$ 909.18	\$ 1,205.85	\$ 296.67	24.6%	\$ 1,172,457	\$ 1,938,152	\$ 765,695	39.5%	\$ 1,138.31	\$ 1,194.91	\$ 56.61	4.7%
Pharmacy (Gross)	\$ 352,204	\$ -	\$ (352,204)	N/A	\$ 1,045.12	\$ -	\$ (1,045.12)	N/A	\$ 772,052	\$ -	\$ (772,052)	N/A	\$ 749.56	\$ -	\$ (749.56)	N/A
Federal Reinsurance	\$ (40,590)	\$ -	\$ 40,590	N/A	\$ (120.45)	\$ -	\$ 120.45	N/A	\$ (65,814)	\$ -	\$ 65,814	N/A	\$ (63.90)	\$ -	\$ 63.90	N/A
LICS	\$ (9,033)	\$ -	\$ 9,033	N/A	\$ (26.81)	\$ -	\$ 26.81	N/A	\$ (159,821)	\$ -	\$ 159,821	N/A	\$ (155.17)	\$ -	\$ 155.17	N/A
Other CMS Offsets	\$ (10,683)	\$ -	\$ 10,683	N/A	\$ (31.70)	\$ -	\$ 31.70	N/A	\$ (52,195)	\$ -	\$ 52,195	N/A	\$ (50.68)	\$ -	\$ 50.68	N/A
OTC	\$ 14,384	\$ 22,099	\$ 7,714	34.9%	\$ 42.68	\$ 37.84	\$ (4.84)	-12.8%	\$ 16,421	\$ 62,134	\$ 45,713	73.6%	\$ 15.94	\$ 38.31	\$ 22.36	58.4%
Other Pharmacy	\$ 9,644	\$ 343,609	\$ 333,965	97.2%	\$ 28.62	\$ 588.37	\$ 559.75	95.1%	\$ 26,895	\$ 914,388	\$ 887,493	97.1%	\$ 26.11	\$ 563.74	\$ 537.63	95.4%
Total Pharmacy	\$ 315,925	\$ 365,708	\$ 49,782	13.6%	\$ 937.46	\$ 626.21	\$ (311.25)	-49.7%	\$ 537,538	\$ 976,522	\$ 438,984	45.0%	\$ 521.88	\$ 602.05	\$ 80.17	13.3%
Other Supplemental	\$ 12,392	\$ 29,391	\$ 16,999	57.8%	\$ 36.77	\$ 50.33	\$ 13.56	26.9%	\$ 72,705	\$ 82,637	\$ 9,932	12.0%	\$ 70.59	\$ 50.95	\$ (19.64)	-38.5%
Reinsurance (Net)	\$ 8,523	\$ 7,041	\$ (1,482)	-21.1%	\$ 25.29	\$ 12.06	\$ (13.23)	-109.8%	\$ 26,049	\$ 19,554	\$ (6,494)	-33.2%	\$ 25.29	\$ 12.06	\$ (13.23)	-109.8%
Community Reinvestment	\$ 2,456	\$ -	\$ (2,456)	N/A	\$ 7.29	\$ -	\$ (7.29)	N/A	\$ (655)	\$ -	\$ 655	N/A	\$ (0.64)	\$ -	\$ 0.64	N/A
TOTAL HEALTHCARE COSTS	\$ 870,588	\$ 1,432,287	\$ 561,699	39.2%	\$ 2,583.35	\$ 2,452.55	\$ (130.80)	-5.3%	\$ 2,441,030	\$ 3,932,752	\$ 1,491,721	37.9%	\$ 2,369.93	\$ 2,424.63	\$ 54.70	2.3%
Gross Margin	\$ (65,817)	\$ 78,151	\$ (143,968)	-184.2%	\$ (195.30)	\$ 133.82	\$ (329.12)	-245.9%	\$ 157,158	\$ 253,060	\$ (95,902)	-37.9%	\$ 152.58	\$ 156.02	\$ (3.44)	-2.2%
Total Administrative Expense	\$ 422,954	\$ 442,630	\$ 19,676	4.4%	\$ 1,255.06	\$ 757.93	\$ (497.13)	-65.6%	\$ 1,534,981	\$ 1,756,861	\$ 221,881	12.6%	\$ 1,490.27	\$ 1,083.15	\$ (407.13)	-37.6%
Non-Operating Income/(Expense)																
Rental Income	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A	\$ -	\$ -	\$ -	N/A
Depreciation & Amortization	\$ (315)	\$ (71)	\$ (244)	344.2%	\$ (0.94)	\$ (0.12)	\$ (0.81)	669.7%	\$ (1,008)	\$ (196)	\$ (812)	414.1%	\$ (0.98)	\$ (0.12)	\$ (0.86)	709.7%
Change in Net Position	\$ (489,086)	\$ (364,550)	\$ (124,536)	34.2%	\$ (1,451.30)	\$ (624.23)	\$ (827.07)	132.5%	\$ (1,378,831)	\$ (1,503,998)	\$ 125,167	-8.3%	\$ (1,338.67)	\$ (927.25)	\$ (411.42)	44.4%
Key Metrics																
Enrollment	337	584	(247)	-42.3%					1,030	1,622	(592)	-36.5%				
MLR	108.18%	94.83%	-1335 bps						93.95%	93.95%	0 bps					
Admin Ratio	52.6%	29.3%	-2325 bps						59.1%	42.0%	-1711 bps					
Net Income %	-60.8%	-24.1%	-3664 bps						-53.1%	-35.9%	-1714 bps					
Gross Margin Vol Variance			\$ (33,054)								\$ (92,362)					
Gross Margin Rate Variance			\$ (110,914)								\$ (3,540)					



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

	March 2026	April 2026	Change
ASSETS			
Current Assets			
Cash and Investments			
Chase - Checking (Primary & DSNP)	\$ 3,680,405	\$ 3,093,805	\$ (586,600)
JPMorgan Securities	\$ 17,144,173	\$ 18,052,183	\$ 908,010
First Foundation Bank	\$ 142,177	\$ 142,177	\$ -
Receivables			
Accounts Receivable	\$ 99	\$ (0)	\$ (99)
Dividend & Interest Receivable	\$ 155,603	\$ 97,095	\$ (58,508)
Capitation Receivable	\$ 27,322,224	\$ 27,869,187	\$ 546,964
Pass-Through Receivable	\$ 339,194	\$ 385,726	\$ 46,532
Medicare Receivables	\$ 118,987	\$ 111,361	\$ (7,626)
Other Current Assets			
Prepaid Admin	\$ 375,055	\$ 633,299	\$ 258,244
Prepaid Commissions	\$ 29,349	\$ 42,643	\$ 13,294
Prepaid Medical	\$ 42,001	\$ 38,736	\$ (3,265)
Total Current Assets	\$ 49,349,267	\$ 50,466,213	\$ 1,116,946
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	\$ 300,000	\$ 300,000	\$ -
Capital Assets			
Buildings - Net	\$ 2,829,290	\$ 2,820,742	\$ (8,548)
Computer Equipment / Software - Net	\$ 5,210	\$ 5,042	\$ (168)
Improvements - Net	\$ 191,270	\$ 190,395	\$ (874)
Intangible Assets	\$ 50,206	\$ 48,956	\$ (1,250)
Operating ROU Asset (Copier) - Net	\$ 2,252	\$ 1,971	\$ (282)
Total Noncurrent Assets	\$ 3,378,228	\$ 3,367,106	\$ (11,122)
Total Assets	\$ 52,727,495	\$ 53,833,319	\$ 1,105,824
LIABILITIES			
Current Liabilities			
Payables			
Accounts Payable	\$ 73,409	\$ 479,689	\$ 406,280
Capitation Payable	\$ 26,741,579	\$ 27,347,870	\$ 606,291
IBNR	\$ 765,271	\$ 984,037	\$ 218,766
Medicare Payables	\$ 74,651	\$ 90,653	\$ 16,002
Community Reinvestment Reserve	\$ 64,074	\$ 88,684	\$ 24,610
Credit Card Payable	\$ 19,138	\$ 31,976	\$ 12,839
Other Current Liabilities			
Short Term Lease Liability - Copier	\$ 2,398	\$ 2,103	\$ (295)
Bonus Accrual	\$ 268,245	\$ 287,382	\$ 19,137
Salaries Accrual	\$ 319,335	\$ 177,285	\$ (142,051)
Vacation Accrual	\$ 254,364	\$ 266,108	\$ 11,744
Total Current Liabilities	\$ 28,582,464	\$ 29,755,787	\$ 1,173,322
Total Liabilities	\$ 28,582,464	\$ 29,755,787	\$ 1,173,322
NET POSITION			
Net investments in Capital Assets	\$ 3,078,228	\$ 3,067,106	\$ (11,122)
Restricted by Legislative Authority	\$ 300,000	\$ 300,000	\$ -
Unrestricted	\$ 20,380,020	\$ 20,391,142	\$ 11,122
YTD Net Revenue	\$ 386,783	\$ 319,284	\$ (67,499)
Total Net Position	\$ 24,145,031	\$ 24,077,532	\$ (67,499)
Total Liabilities and Net Position	\$ 52,727,495	\$ 53,833,319	\$ 1,105,824



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

Net Equity	\$	24,077,532
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)	\$	24,077,532
Required Tangible Net Equity *	\$	4,907,586
TNE Excess (Deficiency)	\$	19,169,945

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	\$	1,907,586
Total	\$	4,907,586

* Calculated Required Tangible Net Equity	
\$ 113,586,216 - April	
\$ 340,758,649 - Annualized	
\$ 150,000,000	←
x 2%	
\$ 3,000,000	←
\$ 190,758,649	←
x 1%	
\$ 1,907,586	←
\$ 4,907,586 - Required TNE	←

Community Health Plan of Imperial Valley
 April 2026 Cash Transactions

Date	Account	Vendor	Memo/Description	Amount
Chase Primary Checking				
04/01/26	Chase Primary Checking	Inerglo Creative	Inv INV-00688	(\$8,000.00)
04/01/26	Chase Primary Checking	Kaz-Bros Design Shop	Inv 14944-- bill.com Check Number: 80920898	(\$108.74)
04/02/26	Chase Primary Checking	Epstein Becker & Green, P.C.	Multiple inv. (details on stub)	(\$2,735.00)
04/02/26	Chase Primary Checking	Wealthspire Retirement, LLC	Multiple invoices	(\$3,750.00)
04/02/26	Chase Primary Checking	AirMedCare Network	Inv 22368-20260304-- bill.com Check Number: 80926402	(\$4,500.00)
04/02/26	Chase Primary Checking	Republic Services	Inv 0467-001775929	(\$182.80)
04/02/26	Chase Primary Checking	Lee Hindman	Inv March 2026 Statement	(\$100.00)
04/02/26	Chase Primary Checking	Carlos Ramirez	Inv March 2026 Statement	(\$100.00)
04/02/26	Chase Primary Checking	Xochitl Fausto	Inv March 2026 Statement-- bill.com Check Number: 80927249	(\$100.00)
04/02/26	Chase Primary Checking	Bushra Ahmad	Inv March 2026 Statement	(\$100.00)
04/02/26	Chase Primary Checking	Pablo Velez	Inv March 2026 Statement-- bill.com Check Number: 80925883	(\$100.00)
04/02/26	Chase Primary Checking	Law Office of William S. Smerdon	Inv 2992	(\$2,035.00)
04/03/26	Chase Primary Checking	Great America Financial Services	Inv 41520547	(\$366.01)
04/03/26	Chase Primary Checking	MAK Solutions	Inv CHPIV-08	(\$6,625.00)
04/03/26	Chase Primary Checking	Rippling	[Rippling] Employee garnishments paid via Rippling for check date 04/03/26	(\$713.53)
04/03/26	Chase Primary Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 04/03/26	(\$127,309.81)
04/03/26	Chase Primary Checking	Rippling	[Rippling] Net pay credits applied for check date 04/03/2026	(\$0.19)
04/03/26	Chase Primary Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 04/03/2026	(\$68,548.97)
04/07/26	Chase Primary Checking	City of Imperial	Acct 80683 - Inv 1522252-- bill.com Check Number: 80940543	(\$215.27)
04/07/26	Chase Primary Checking	First Unum Life Insurance Company	3/31/25 - Employee Contributions to Accidental Insurance, Long Term Insur	(\$1,725.03)
04/07/26	Chase Primary Checking	First Unum Life Insurance Company	4/30/26 - Employee Contributions to Accidental Insurance, Long Term Insur	(\$1,710.78)
04/07/26	Chase Primary Checking	First Unum Life Insurance Company	UNUM Invoice 04/01/26 - 04/30/26	(\$902.02)
04/07/26	Chase Primary Checking	JPMorgan Chase	March 2026 Dividend Income	\$8,519.85
04/07/26	Chase Primary Checking	Mid Atlantic Trust Company	P. Carprio - Loan Repayment - Mid Atlantic	(\$84.16)
04/07/26	Chase Primary Checking	Rippling	Employee Reimbursement - D. Pasillas, S. Levy, B. Castro, K. Maldonado	(\$283.27)
04/07/26	Chase Primary Checking	Rippling	Employee Reimbursement - E. Torres	(\$182.26)
04/07/26	Chase Primary Checking	Rippling	People Center	(\$10.00)
04/07/26	Chase Primary Checking	Rippling	Replenish Rippling - FSA	(\$772.31)
04/07/26	Chase Primary Checking	Voya	Payroll Date: 04/02/26 Retirement Contribution	(\$13,071.70)
04/07/26	Chase Primary Checking	JPMorgan Chase	Service Charges Investment Sweep - March	(\$674.88)
04/08/26	Chase Primary Checking	Imperial Irrigation District	Inv Mar2026-- bill.com Check Number: 80945412	(\$1,483.05)
04/08/26	Chase Primary Checking	Imperial County Treasurer-Tax Collector	Inv Property Tax 2025 2nd-- bill.com Check Number: 80945427	(\$16,404.96)
04/14/26	Chase Primary Checking	Sparkling Clean	Inv APRIL2026	(\$900.00)
04/14/26	Chase Primary Checking	Department of Health Care Services	4/14/26 - Receipt - DHCS (May 2026 Revenue)	\$26,665,436.31
04/14/26	Chase Primary Checking	Department of Health Care Services	4/14/26 - Receipt - DHCS (May 2026 Revenue)	\$981,628.55
04/14/26	Chase Primary Checking	Department of Health Care Services	4/14/26 - Receipt - DHCS (May 2026 Revenue)	\$11,620.93
04/14/26	Chase Primary Checking	Department of Health Care Services	4/14/26 - Receipt - DHCS (May 2026 Revenue)	\$1,941.56
04/14/26	Chase Primary Checking	Mid Atlantic Trust Company	P. Carprio - Loan Repayment - Mid Atlantic	\$42.08
04/14/26	Chase Primary Checking	Rippling	Employee Reimbursement - J. Hutchins & L. Lewis	(\$1,511.98)
04/14/26	Chase Primary Checking	Rippling	Replenish Rippling - FSA	(\$180.04)
04/15/26	Chase Primary Checking	Xavier Media LLC	Inv 1106	(\$1,275.00)
04/17/26	Chase Primary Checking	Allan Wu	Inv January 2026 Statement	(\$100.00)
04/17/26	Chase Primary Checking	Pillsbury Winthrop Shaw Pittman LLP	Inv 8704025	(\$828.00)
04/17/26	Chase Primary Checking	Wakely consulting Group	Inv 337071 - 0000002	(\$6,406.25)
04/17/26	Chase Primary Checking	CAP Council	Inv INV4152026-- bill.com Check Number: 80981912	(\$20.00)
04/17/26	Chase Primary Checking	Professional Office Services, Inc.	Inv 003848218-- bill.com Check Number: 80980531	(\$3,675.72)
04/17/26	Chase Primary Checking	I.V. Termite & Pest Control	Inv 0361666	(\$120.00)
04/17/26	Chase Primary Checking	RSC Insurance Brokerage, Inc.	Inv INV 041626	(\$8,522.73)
04/17/26	Chase Primary Checking	Brawley Rotary Club	Inv March 2026 Statement-- bill.com Check Number: 80981613	(\$115.00)
04/17/26	Chase Primary Checking	Rippling	[Rippling] Employee garnishments paid via Rippling for check date 04/17/26	(\$713.53)
04/17/26	Chase Primary Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 04/17/26	(\$134,645.51)
04/17/26	Chase Primary Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 04/17/2026	(\$72,970.61)
04/20/26	Chase Primary Checking	Wakely consulting Group	Multiple invoices	(\$7,763.75)
04/20/26	Chase Primary Checking	City of Imperial	Acct 80683 - Inv B26-000137-- bill.com Check Number: 80986336	(\$100.41)
04/20/26	Chase Primary Checking	Zamosky Communication	Inv 0000063	(\$8,000.00)
04/20/26	Chase Primary Checking	Health Management Associates, Inc.	Inv 339047 - 0000001	(\$637.50)
04/21/26	Chase Primary Checking	Imperial Desert Landscape	Inv 1128	(\$250.00)
04/21/26	Chase Primary Checking	AM Copiers Inc.	Inv IN9622	(\$936.63)
04/21/26	Chase Primary Checking	Ascend Technologies, LLC	Inv INV051572	(\$6,686.57)
04/21/26	Chase Primary Checking	Rippling	Payment entry for expense, Brian Castro	(\$16.67)
04/21/26	Chase Primary Checking	JPMorgan Chase	Account Analysis Settlement Charge	(\$154.13)
04/21/26	Chase Primary Checking	JPMorgan Chase	Credit Card Payment	(\$30,725.94)
04/21/26	Chase Primary Checking	Rippling	Employee Reimbursement - C. Hardy	(\$200.00)
04/21/26	Chase Primary Checking	Rippling	Employee Reimbursement - D. Wilson & E. Tarabola	(\$1,519.79)
04/21/26	Chase Primary Checking	Rippling	Employee Reimbursement - J. Hutchins & L. Lewis	(\$1,328.05)
04/21/26	Chase Primary Checking	Rippling	Employee Reimbursement - K. Maldonado	(\$100.23)
04/21/26	Chase Primary Checking	Rippling	Replenishing Rippling FSA	(\$71.81)
04/21/26	Chase Primary Checking	State Compensation Insurance Fund	Workers Compensation Payment	(\$1,530.33)
04/21/26	Chase Primary Checking	Voya	Payroll Date: 04/17/26 Retirement Contribution	(\$13,982.34)
04/23/26	Chase Primary Checking	Inerglo Creative	Inv INV-00693	(\$3,000.00)
04/23/26	Chase Primary Checking	Ascend Technologies, LLC	Inv INV052362	(\$6,568.71)
04/24/26	Chase Primary Checking	I.V. Termite & Pest Control	Inv 0362735	(\$123.00)
04/24/26	Chase Primary Checking	Liebert Cassidy Whitmore	Inv 319582-- bill.com Check Number: 81007870	(\$447.50)
04/24/26	Chase Primary Checking	Wakely consulting Group	Inv 337071 - 0000003	(\$10,026.25)
04/28/26	Chase Primary Checking	Imperial Irrigation District	Inv Apr2026-- bill.com Check Number: 81015550	(\$1,645.13)
04/30/26	Chase Primary Checking	Epstein Becker & Green, P.C.	Multiple inv. (details on stub)	(\$1,077.00)
04/30/26	Chase Primary Checking	Quench USA	Inv INV10625350	(\$129.30)
04/30/26	Chase Primary Checking	Rippling	[Rippling] Employee garnishments paid via Rippling for check date 05/01/26	(\$713.53)
04/30/26	Chase Primary Checking	Rippling	[Rippling] Employee net pay paid by direct deposits for check date 05/01/26	(\$130,586.12)
04/30/26	Chase Primary Checking	Rippling	[Rippling] Payroll taxes paid via Rippling for check date 05/01/2026	(\$71,253.20)

04/30/26	Chase Primary Checking	Blue Shield of California	Blue Shield Insurance	(\$38,822.46)
04/30/26	Chase Primary Checking	Rippling	Employee Reimbursement - C. Hardy	(\$40.00)
04/30/26	Chase Primary Checking	Rippling	Employee Reimbursement - E. Tarabola	(\$38.74)
04/30/26	Chase Primary Checking	Rippling	Employee Reimbursement - L. Lewis & D. Pasillas	(\$1,199.32)
04/30/26	Chase Primary Checking	Rippling	Replenish Rippling - FSA	(\$2,064.86)
04/30/26	Chase Primary Checking	Health Net	April 2026 - Rental Income	\$1,538.31

Chase Checking - DSNP

04/01/26	Chase Checking - DSNP	FEX Partners Insurance Agency LLC	Inv INV MAR2026	(\$1,746.00)
04/01/26	Chase Checking - DSNP	Alliance Insurance Services LLC	Inv INV MAR2026-- bill.com Check Number: 80920439	(\$5,820.00)
04/02/26	Chase Checking - DSNP	Community Health Group	Inv 2026-11	(\$10,206.72)
04/03/26	Chase Checking - DSNP	Community Health Group	Inv 32977165	(\$41,208.59)
04/07/26	Chase Checking - DSNP	Community Health Group	Inv INV04022026	(\$90,000.00)
04/08/26	Chase Checking - DSNP	Community Health Group	Inv INV 040626	(\$7,500.00)
04/08/26	Chase Checking - DSNP	Community Health Group	Inv 2026-12	(\$13,586.60)
04/14/26	Chase Checking - DSNP	Primary Healthcare Medical Group IPA, Ir	Inv APR2026	(\$34,172.09)
04/14/26	Chase Checking - DSNP	Community Care IPA, Inc.	Inv APR2026-- bill.com Check Number: 80964937	(\$36,027.64)
04/14/26	Chase Checking - DSNP	Premier Patient Care IPA, INC.	Inv APR2026	(\$99,237.38)
04/14/26	Chase Checking - DSNP	Imperial County Physicians Medical Grou	Inv APR2026-- bill.com Check Number: 80965724	(\$3,280.36)
04/14/26	Chase Checking - DSNP	Community Health Group	Inv 32988885	(\$114,244.73)
04/17/26	Chase Checking - DSNP	Community Health Group	Inv 2026-14	(\$19.00)
04/17/26	Chase Checking - DSNP	Community Health Group	Inv 2026-13	(\$60,819.22)
04/20/26	Chase Checking - DSNP	Community Health Group	Inv 33011518	(\$70,897.23)
04/22/26	Chase Checking - DSNP	Nations Benefits, LLC	Inv INV237678	(\$683.63)
04/24/26	Chase Checking - DSNP	Community Health Group	Inv 2026-15	(\$5,178.31)
04/27/26	Chase Checking - DSNP	Centrix Benefit Administrators	Inv INV042326	(\$4,891.92)
04/28/26	Chase Checking - DSNP	Community Health Group	Inv 33025254	(\$70,830.92)
04/28/26	Chase Checking - DSNP	Community Health Group	Inv 2026-16	(\$8,176.93)
04/30/26	Chase Checking - DSNP	JPMorgan Chase	4/15/26 - Account Analysis Settlement Charge	(\$131.89)
04/30/26	Chase Checking - DSNP	JPMorgan Chase	APR 2026 Interest	\$641.10

JPMorgan Securities

04/30/26	Chase Securities	Health Net	March Health Net Payment	(\$26,739,048.81)
04/30/26	Chase Securities	JPMorgan Chase	Bank Fee - March 2026 (Portfolio)	(\$25.00)
04/30/26	Chase Securities	JPMorgan Chase	March 2026 Accrued Investment Income	\$147,083.55

Committee Chair Reports

Information Items

System of Care

for Imperial County Youth

Imperial County System of Care

System of Care: “A system of care is a comprehensive spectrum of effective services and supports for children and youth with, or at risk for, mental health or other challenges and their families that is organized into a coordinated network of care, builds meaningful partnerships with families and youth, and is culturally and linguistically responsive to help them to thrive at home, in school, in the community, and throughout life.”

Imperial County System of Care

Recall my discussion from last time:

- At risk Children/Youth often have multiple needs
- Most, or all, of those needs must be met to achieve success

Imperial County System of Care

Current Environment

- County-wide
- Multiple Agencies/Partners
- Non-optimal cooperation
- Working in silos
- Willingness to participate

Imperial County System of Care

Current Environment

- ICOE
- Behavioral Health
- Social Services
- Justice/Probation

Imperial County System of Care

Current Barriers

- Lack of knowledge of complementary services
- Lack of formal information exchange
- Lack of Coordination
- Lack of Trust
- Pressure to be “heroic”
- Uncertain sustainability

Imperial County System of Care

What is needed?

- Knowledge of available services
- Reliable providers of services
- Care Management
- Care Coordination

Imperial County System of Care

What is a reliable Provider?

- Provides consistent and robust service, each and every time
- Has a consistent (permanent) funding stream

Imperial County System of Care

Agency 1

Service 1
Service 2
Service 10
Service 11
Service 12
Service 13

Agency 2

Service 2
Service 6

Agency 3

Service 3
Service 7
Service 8
Service 9

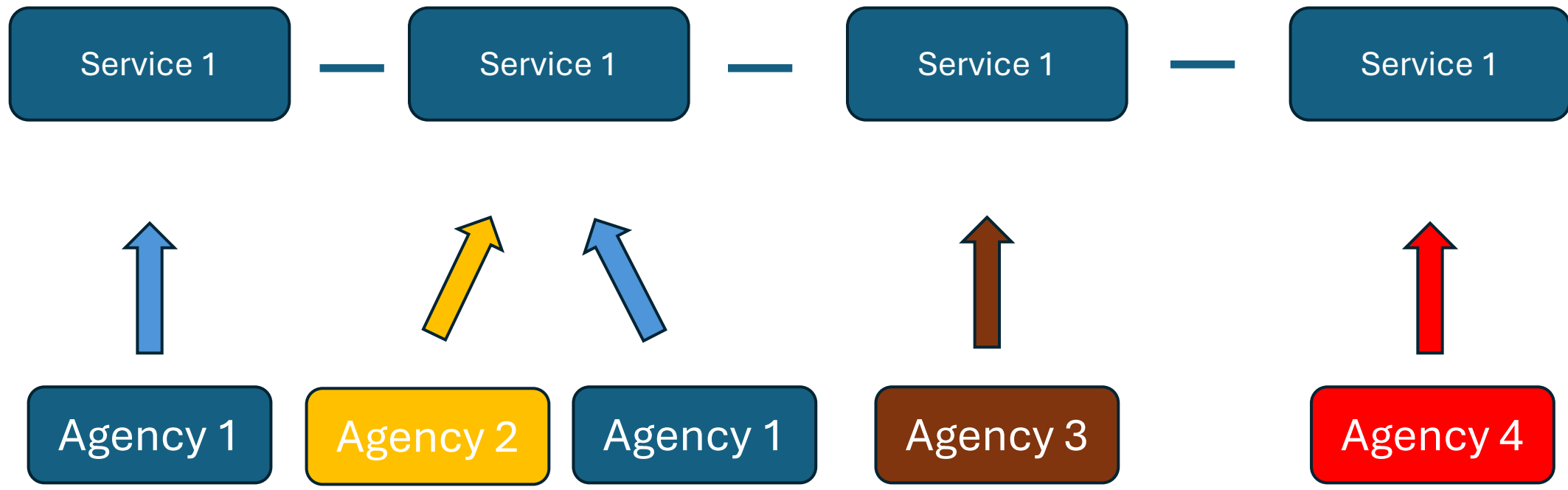
Agency 4

Service 4
Service 15
Service 17
Service 19

Agency 5

Service 5

Imperial County System of Care



Questions/Comments



**Community
Health Plan**
OF IMPERIAL VALLEY

CHPIV D-SNP Model of Care

June 2026

Healthcare Services

Model of Care Goals

Overall Measures	Current Membership 05/2026	Health Risk Assessment (HRA)	F2F Visits	Interdisciplinary Care Team (ICT)
Description	NA	Initial HRA and Reassessment (annual) HRA Completion Rate	All Enrollees will have an ICP	All Enrollees will have an ICT
Performance Measure	NA	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	NA	100%	100%	100%
Totals for May 2026 <i>(data pulled before EO month)</i>	NA	67	15	59
Totals for January 2026 – May 2026	452	306	89	250



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	

Compliance Report

Period Covered: May 2026

Highlights

- 2025 DHCS Medical Audit
- 2024 DHCS Medical Audit Corrective Action Plan (CAP) Update
- DMHC Enforcement Matter – Grievance Reporting

2025 DHCS Medical Audit

CHPIV continues to actively prepare for the upcoming DHCS Medical Audit. Required documentation has been submitted in accordance with DHCS timelines, and all requested case files have been identified, completed, and submitted for review. So far, CHPIV has prepared/collected, reviewed, and submitted:

DHCS Requests	# of Requests	~# of Documents Submitted
Logs (data files)	19	19
Pre Onsite Documents	223	2200
Verification Studies (Case Files)	242	500
Additional Documents	15	175
TOTAL	499	2894

Current efforts are focused on audit readiness activities, including validation of submitted materials, coordination with Health Net, and interview preparation. Compliance is working closely with internal departments and delegated partners to address potential gaps, reinforce audit preparedness, and support a successful audit process.

CHPIV remains on track with key audit milestones and will continue readiness activities through the onsite review period. Management will provide updates to the Commission as significant milestones are reached and additional information becomes available from DHCS.

2024 DHCS Medical Audit Corrective Action Plan

Following receipt of DHCS feedback on CHPIV's initial Corrective Action Plan (CAP) submission, CHPIV submitted an updated CAP package on May 1, 2026, addressing all findings identified in the 2024 DHCS Audit.

The submission included additional evidence, clarification of corrective actions, enhanced implementation details, and documentation demonstrating actions already completed to strengthen oversight, monitoring, governance, policies, procedures, and delegated entity accountability.

DHCS accepted portions of several corrective actions while requesting additional clarification and supporting documentation for others. Key remediation efforts reflected in the revised submission focused on Health Net operations, Delegation Oversight, and hiring of a Health Equity Officer by September 2026. The next CAP report is due on June 1 where we will provide a comprehensive update on our expanded monitoring of Health Net, a draft job description for the Health Equity Officer position, and additional items.

DMHC Enforcement Matter – Grievance Reporting

The Department of Managed Health Care (DMHC) issued an enforcement matter related to the untimely submission of the quarterly grievance report for the quarter ending September 30, 2025. DMHC has proposed an administrative monetary penalty and requested that CHPIV submit a corrective action plan addressing the circumstances that contributed to the late filing and the measures being implemented to prevent recurrence.

The grievance report is prepared by Health Net and submitted by CHPIV to DMHC. Following prior reporting timeliness concerns, CHPIV implemented enhanced oversight activities, corrective action processes, and additional reporting controls intended to improve the timeliness and accuracy of delegated regulatory submissions. CHPIV continues to evaluate opportunities to strengthen reporting oversight, increase transparency of submission requirements, and improve accountability for regulatory deliverables.

CHPIV is preparing its response and proposed corrective action plan for submission to DMHC. Management will continue to monitor implementation activities and provide updates to the Commission regarding resolution of the matter and ongoing reporting oversight efforts.

Information Items

Operations report for review





Operations Report

Period Covered: May 2025

Highlights

- **2027 CMS Bid Submitted:** We are on track to submit our bid to the Centers of Medicare and Medicaid Services (CMS) for Plan Year 2027. This includes updated financial projections and supplemental benefit offerings.
- **Data management projects underway:** Thanks to our new data management specialist, Carlos Herbert, we have kicked off two new important data management projects.
 - **Single source of truth for provider data:** This multi-phase project aims to automate provider data management processes to improve data accuracy and integrity across our directly contracted provider network and IPAs.
 - **Enrollment Data capture:** The goal of this project is to automate collection and storage of data received at the time of application to reduce manual data entry, improve data quality, and facilitate reporting and care management follow up.

Key Metrics – Community Advantage Plus

Status	Category	Goal	Current Performance
	Enrollment	703 132 new applications/ month	400 as of May 1 104 new applications in April
	Disenrollment	5%	11% (April) Inc from 9% in March
	Member Satisfaction	Net Promoter Score >50%	63% (rolling) Dec from 70% in March
	Member Issues	Declining month over month	266 per 1000 members (April) Inc from 256/1000 in March

- **Enrollment:** We closed April with the highest number of applications received of any month this year. Internal sales reps are bringing in 30+ applications a month, which is comparable to agents in much larger geographies. This month we executed a new

agreement with a local external broker who has existing relationships with 1,000 dual eligibles, filmed a commercial in our offices, and refined our ongoing direct mail messaging. While we expect our monthly numbers to continue to increase month over month, we are unlikely to meet budgeted projections for the year. This is primarily due to: higher than expected disenrollment rate, lower than expected referrals from IPAs, relative lack of competitiveness of our supplemental benefit offerings, and negative messaging from competing brokers. To counter these headwinds, we are focused on expanding our broker relationships, increasing our provider office presence/support, and enhancing our PR/marketing efforts to support brand awareness and credibility.

- **Disenrollment:** We closed April with a disenrollment rate just over ten percent. This was higher than reported in last month's report due to CMS delays in processing enrollment transaction data. Other local plans in California are experiencing similarly high rates of disenrollment, which suggests that our rate may be less of an outlier than we thought and more of a function of overall market/broker competition for dual-eligible members, who can change plans every month.
- **Member Issues:** Escalated member issues handled by CHPIV team members increased slightly in April. Member experience and care coordination teams are working collaboratively to resolve issues as they come up. Members appreciate being able to talk to someone in person.
- **Member Satisfaction:** Promoters most often mention the good service they have received from CHPIV, while detractors mention authorization timeframes and debit card issues - delays in accessing grocery benefit (requires doctor certification that they have a chronic condition) and gym benefit (local gyms were refusing to swipe the card).

Issues / Risks

- IPA encounter data - still not receiving from 1 IPA
- UCSD contract – received a response this month, but continued slow follow up on credentialing/finalizing contract

Next 30 Days

- Community Advisory Committee Meeting – June 16, 12-2pm
- Onboard Provider Network Manager
- Q2 provider administrator luncheon (date TBD)
- Plan next provider mixer
- Finalize risk adjustment documentation workplan
- First IPA quarterly Joint Operating Committee meetings

Period Covered: May 12, 2026- June 8, 2026

Highlights

- 3 open positions: Finance Manager. Provider Network Manager (close to offer), CONTRACT Clinical Home Assessment Contractor
 - Proposed a new question of the month: What specific practices, tools, or behaviors would help you feel more connected and collaborative with colleagues who work in a different location (remote or in-office), and what is one change you believe our organization could implement immediately to improve that connection?
 - Looking for additional opportunities to involve employees in organizational problem solving
-

Key Metrics

Total number of employees	43
Local	30
Remote	13
Number of hires in 2026	+1 since last report 3 hires total in 2026
Number of exits in 2026	Total exits YTD: 4 2 voluntary (5% YTD turnover)

Issues / Risks

- Continued momentum of employee involvement and solutioning is dependent on Leadership

Next 30 Days

- Determine next employee committee subject
- Plan next employee town hall meeting
- Consider a more effective way to conduct quarterly employee check-ins