COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

AGENDA

Community Health Plan of Imperial Valley Commission

September 14, 2026

5:30 p.m.

512 W. Aten Rd., Imperial, CA 92251

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

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

1. CALL TO ORDER *Lee Hindman, Chair*

A. Roll Call *Donna Ponce, Commission Clerk*

B. Approval of Agenda

1. Items to be pulled or added from the Information/Action/Closed Session Calendar

2. Approval of the order of the agenda

2. PUBLIC COMMENT *Lee Hindman, Chair*

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

3. CONSENT CALENDAR

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

A. Approval of Minutes from 8/10/2026…pg. 5-8

B. Approval of the monthly financial reports as reviewed and accepted by the Executive Committee

1. Executive Summary…pg. 9-10
2. Enrollment Report…pg. 11
3. Statement of Revenues, Expenses, and Changes in Net Position… pg. 12
4. Product Profit & Loss Statement…pg. 13
5. Product Profit & Loss Statement (YTD)…pg. 14
6. Change in Net Position Trend…pg. 15
7. Medicare PMPM Detail…pg. 16
8. Statement of Net Position…pg. 17
9. Summarized TNE Calculation…pg. 18
10. Cash Transaction Report…pg. 19-21

C. Approval of the designation of the Community Advisory Committee (CAC) as the Public Policy Committee of the Commission and to update the charters of the CAC and CAC Selection Committee to reflect this designation, composition requirements, and responsibilities as reviewed and accepted by the Executive Committee…pg. 22-28

D. Approval of the updated Conflict of Interest (Biennial Review) as reviewed and accepted by the Executive Committee

4. ACTION

A. Motion to adopt Resolution #2026-09 authorizing the execution of the Application and Agreement for Social Security coverage for Employees of the Imperial County Local Health Authority …pg. 30-45 (*Larry Lewis, CEO)*

5. COMMITTEE CHAIR REPORTS

A. Quality Improvement Health & Equity Committee-*Quarterly*
(Dr. Gordon Arakawa, CMO) No meeting

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

C. Regulatory Compliance & Oversight Committee-*Quarterly*
(Dr. Allan Wu, Chair) ...pg. 47-54

D. Community Advisory Committee -*Quarterly*
(Xochitl Fausto, Chair) No meeting

6. INFORMATION

A. Health Services Report *(Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services)* ...pg. 56-62

B. Compliance Report *(Cynthia Mesa, CCO)* ...pg. 63-64

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

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

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

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

7. CLOSED SESSION

A. Compliance

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

8. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.

9. ADJOURNMENT

Next meeting: October 12, 2026

Consent Agenda

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

MINUTES

Community Health Plan of Imperial Valley Commission

August 10, 2026

5:30 p.m.

512 W. Aten Rd., Imperial, CA 92251

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

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

1. CALL TO ORDER *Lee Hindman, Chair*

The 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

1. Items to be pulled or added from the Information/Action/Closed Session Calendar

2. Approval of the order of the agenda

(Mani/Velez) To approve the order of the agenda. Motion carried.

2. PUBLIC COMMENT *Lee Hindman, Chair*

Public Comment is limited to items NOT listed on the agenda. This is an opportunity for members of the public to address the Commission on any matter within the Commission's jurisdiction. Any action taken as a result of public comment shall be limited to the direction of staff. When addressing the Commission, state your name for the record prior to providing your comments. Please address the Commission as a whole, through the Chairperson. Individuals will be given three (3) minutes to address the board.
No public comment.

3. CONSENT 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/Mani) To approve the consent calendar. Motion carried.

A. Approval of Minutes from 7/13/2026…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
5. Product Profit & Loss Statement (YTD)…pg. 15
6. Change in Net Position Trend…pg. 16
7. Medicare PMPM Detail…pg. 17
8. Statement of Net Position…pg. 18
9. Summarized TNE Calculation…pg. 19
10. Cash Transaction Report…pg. 20-22
11. 6+6 Forecast…pg. 23-28

4. ACTION
No action items.

5. COMMITTEE CHAIR REPORTS

A. Quality Improvement Health & Equity Committee-*Quarterly*
(Dr. Gordon Arakawa, CMO) …pg. 30-91
Dr. Arakawa gave a presentation on the Q2 QIHEC meeting held on July 8, 2026.

B. Finance Committee-*Monthly*
(Dr. Carlos Ramirez, Chair) ...pg. 10-11
Dr. Ramirez gave a summary of the Finance Committee meeting on August 5, 2026.

C. Regulatory Compliance & Oversight Committee-*Quarterly*
(Dr. Allan Wu, Chair) No meeting

D. Community Advisory Committee -*Quarterly*
(Xochitl Fausto, Chair) No meeting

6. INFORMATION

A. Health Services Report *(Dr. Gordon Arakawa, CMO and Jeanette Crenshaw, Executive Director of Health Services)* ...pg. 93-99
Dr. Arakawa provided an update on the collaboration between CHPIV and Health Net regarding the Medi-Cal and Medicare line of business. He also provided an update on the Integrated Leadership Team.

Jeanette Crenshaw presented an overview of the CHPIV-D-SNP Model of Care.

B. Compliance Report *(Cynthia Mesa, Interim CCO)* ...pg. 100-102
Cynthia Mesa provided an update on the 2024 and 2025 DHCS Medical Audit, DMHC Enforcement Matter, and 2027 D-SNP Integrated Member Materials.

C. Operations Report *(Julia Hutchins, COO)* ...pg. 103-105
Julia Hutchins provided an update on the quarterly summary of the D-SNP program including sales, member services, and the hiring of two Nurse Practitioners to conduct home visits with members.

D. Human Resources Report *(Shannon Long, HR Consultant)* ...pg. 106-107
Larry Lewis, on behalf of Shannon Long, reported on the following:

- One vacant position: Health Equity Officer
- Employee Recognition Program-Hidden Heroes
- Ongoing interviews for the Chief Compliance Officer position
- Key Metrics:
  - Total number of employees: 41
  - Number of hires in 2026: None this period. 4 hires total in 2026
  - Number of exits 2026: None this period. Total exits YTD:7 5 voluntary (12% YTD turnover)

E. Financial Report 6+6 Forecast (David Wilson, CFO) ...pg. 23-28
David Wilson provided a presentation on the 6+6 Forecast.

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

Larry Lewis reported on the following:

- CHPIV facility space addition
- DHCS/Health Net service cuts
- ACAP Membership and Careforce AI
- PMH Foundation Gala Sponsorship scheduled for October 15

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

7. CLOSED SESSION
Chair Hindman announced that the committee entered into closed session.

A. Compliance

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

8. RECONVENE OPEN SESSION

A. Report on actions taken in closed session.
Chair Hindman announced that the committee reconvened into open session.
Direction was given to staff.

9. ADJOURNMENT
The meeting was adjourned at 7:15 p.m.
Next meeting: September 14, 2026

Financial Results

July 2026

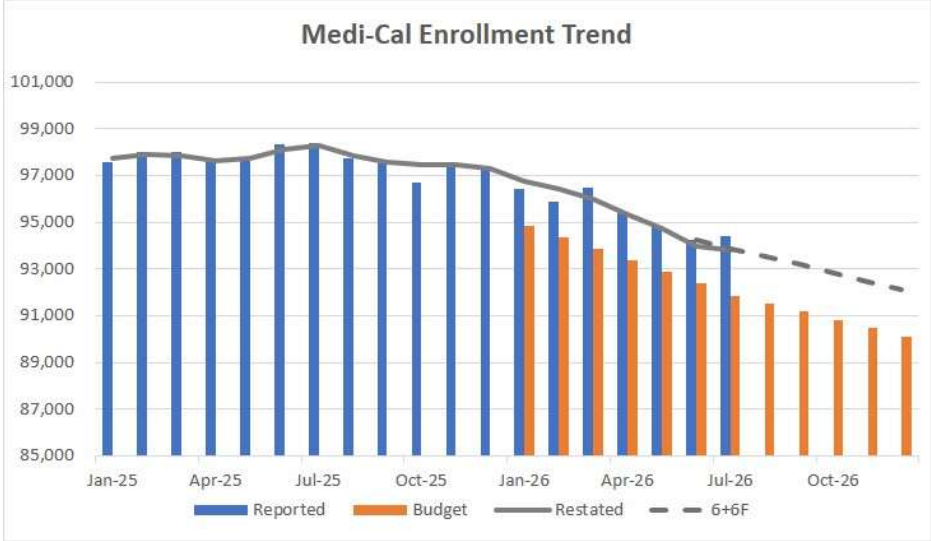
Executive Summary

July results exceeded the 6+6 Forecast by $40K driven primarily by favorable Medi-Cal gross margin. Medicare line of business and administrative costs were in line with forecast. Tangible Net Equity remained stable at levels consistent with a 500% target.

Membership

On a reported basis, Medi-Cal membership increased month-over-month and ended July at 94K, partially driven by retroactive member additions. On a restated basis, membership continued to decline, which remains consistent with the forecast trend.

On a YTD basis, Medi-Cal membership is 106K member months better than the Budget.



Reported Medicare membership lagged behind the forecast by 66 members despite increased marketing and new broker additions.

Medi-Cal Gross Margin

Medi-Cal gross margin was largely in line with forecast. Prior-period Maternity revenue for Q1 and Q2 service months generated $1.6M of favorable prior period development (PPD), while current-period Maternity revenue was $0 compared with $661K in the forecast. Excluding maternity, the current-month rate variance was unfavorable by ($188K), largely due to mix.

	Revenue (Current Month Reported)						
Category of Aid (COA)*	**Current**	**6+6F**	**Variance**	**Vol**	**Maternity**	**Rate/Mix**	**Prior Period**
Child	$ 4,226,826	$ 4,309,857	$ (83,031)	$ (8,057)	$ (61,829)	$ (13,145)	$ 179,028
Adult	$ 3,769,993	$ 4,301,889	$ (531,896)	$ 8,825	$ (535,142)	$ (5,578)	$ 1,413,165
Adult Expansion	$ 7,730,671	$ 7,912,177	$ (181,506)	$ (44,527)	$ (77,728)	$ (59,251)	$ 233,353
SPD-LTC	$ 4,617,038	$ 4,648,242	$ (31,203)	$ 12,549	$ -	$ (43,752)	$ 67,117
SPD-LTC Full Dual	$ 6,501,129	$ 6,525,365	$ (24,236)	$ 41,747	$ -	$ (65,983)	$ 69,526
Total Medicaid	**$ 26,845,657**	**$ 27,697,530**	**$ (851,873)**	**$ 10,535**	**$ (674,700)**	**$ (187,708)**	**$ 1,962,190**

** Includes SPD Medicaid*

Medicare Gross Margin (DSNP & SPD Medicaid)

Medicare gross margin was also largely in line with the 6+6F, unfavorable by only ($5.2K). Within the Medicare roll-up, DSNP was unfavorable by ($55K), while SPD Medicaid wrap was favorable by $49K due to lower-than-forecasted FFS claims experience.

> **DSNP (Medicare Primary):** DSNP gross margin variance was driven by lower volume, which was unfavorable by ($14K), and higher pharmacy claims of $163 PMPM, or $62K. These impacts were partially offset by favorable Risk Adjustment, primarily from the year-to-date Final Risk Score accrual true-up.
>
> **SPD Medicaid (Secondary):** Continuing the trend from previous months, SPD Medicaid again ran favorable to forecast; in July, FFS claims were $89K favorable to forecast. On a YTD basis, SPD Medicaid MLR remains considerably below budget at 64%.

On a YTD basis, Medicare gross margin remains favorable to budget by $170K despite adverse volume impact ($217K). Year-to-date MLR is 88.6% compared to a budget of 95.6%.

Administrative Expenses

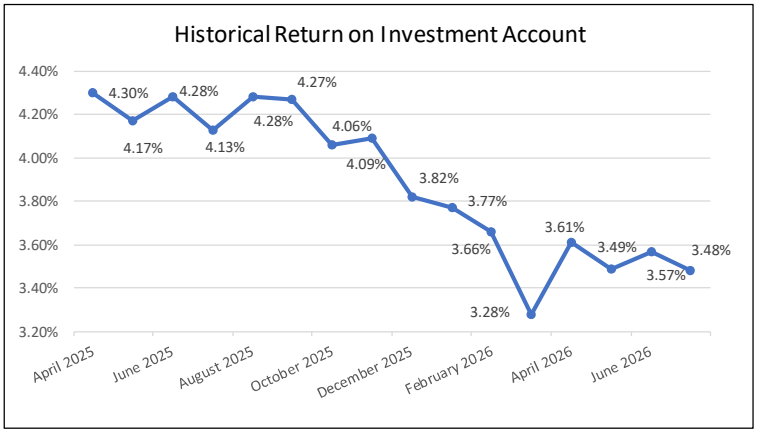
Administrative expenses were in line with the forecast, unfavorable by ($5.2K). Key drivers included unfavorable labor costs of ($51.8K), offset by favorable consulting and outside services. Labor cost variance was driven by one-time PTO adjustments and separation costs. All other accounts were generally consistent with the 6+6F.

There were no new expenditures greater than $50,000 in July.

Other

Investment income was favorable to the 6+6F by $23K in July. Interest rate pressure persists; the 6+6F was adjusted to reflect current run. Full year risk relative to the Budget remains.

Month	Return
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%
May 2026	3.49%
June 2026	3.57%
July 2026	3.48%



Net Income

Change in Net Position was $185K for July, which was $40K above the 6+6F. Year-to-date, CHPIV remains ahead of budget by $558K, or 150%.

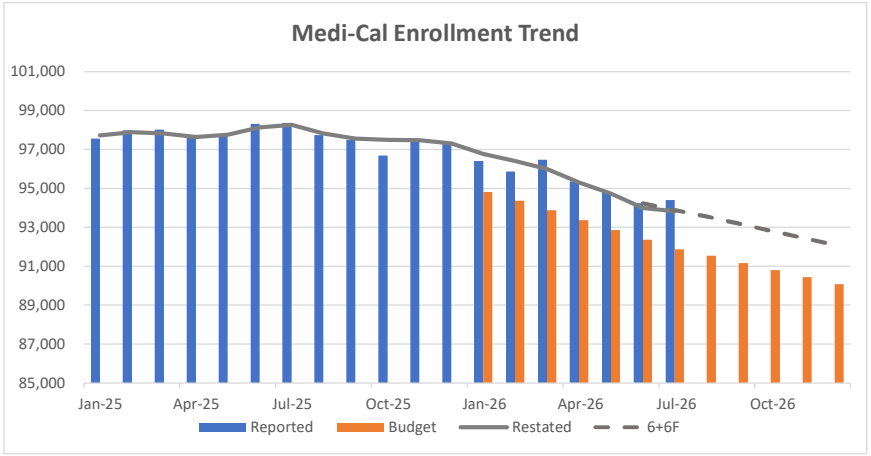
Tangible Net Equity (TNE)

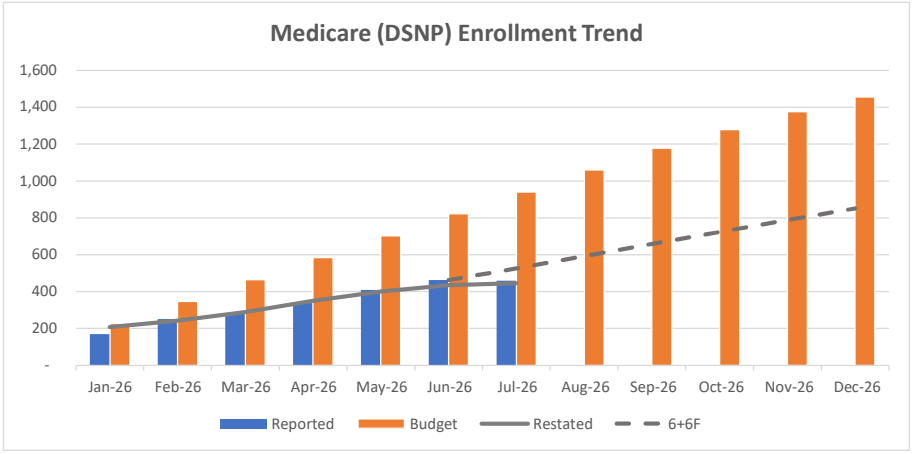
As of July, Tangible Net Equity totaled $24.7M, representing 500% of the required $4.9M and remaining consistent with the stated target level.

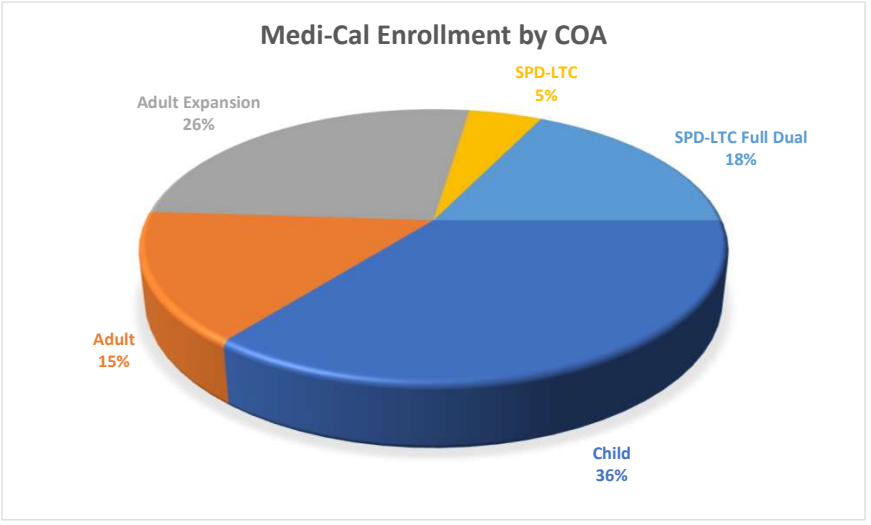
Community Health Plan of Imperial Valley
Enrollment Summary
For July 2026

	2025				2026													
										July				July (YTD)				
												B/(W)				B/(W)	
Category of Aid (COA)*	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**July**	**Q3**	**Q4**	**Actual**	**6+6F**	**#**	**%**	**Actual**	**Budget**	**#**	**%**
Child	35,139	35,129	34,728	34,555	34,434	33,656	33,750			33,750	33,698	52	0%	238,075	196,800	41,275	21%
Adult	15,801	15,754	15,471	15,306	14,887	14,267	14,320			14,320	14,137	183	1%	102,578	86,282	16,296	19%
Adult Expansion	25,995	26,028	25,808	25,988	25,493	24,715	24,806			24,806	24,877	(71)	0%	175,896	145,782	30,114	21%
SPD-LTC	4,693	4,790	4,662	4,684	4,640	4,577	4,517			4,517	4,445	72	2%	32,322	28,119	4,203	15%
SPD-LTC Full Dual	16,381	16,614	16,823	16,835	17,026	17,015	17,011			17,011	16,725	286	2%	118,692	104,670	14,022	13%
Total Medicaid	98,009	98,315	97,492	97,368	96,480	94,230	94,404	-	-	94,404	93,882	522	1%	667,563	561,653	105,910	19%
DSNP	-	-	-	-	282	463	460			460	526	(66)	-13%	2,371	3,147	(776)	-25%
Monthly/Quarterly Change		*0.3%*	*-0.8%*	*-0.1%*	*-0.9%*	*-2.3%*	*0.2%*			*-2.2%*	*-2.7%*			*-3.0%*	*-3.6%*		

** Source: DHCS 820 Remittance summary; includes retroactivity*







Medi-Cal Enrollment Trend (Restated)

	Apr-26	May-26	Jun-26	Jul-26	MoM Δ	% Δ
SIS						
Child	33,516	33,348	33,182	33,133	(49)	-0.1%
Adult	13,688	13,563	13,347	13,248	(99)	-0.7%
Adult Expansion	23,859	23,626	23,501	23,479	(22)	-0.1%
SPD-LTC	4,348	4,326	4,270	4,281	11	0.3%
SPD-LTC Full Dual	16,338	16,346	16,265	16,266	1	0.0%
Total SIS	**91,749**	**91,209**	**90,565**	**90,407**	**(158)**	**-0.2%**
% of Total	***96.3%***	***96.3%***	***96.4%***	***96.4%***		
UIS						
Child	519	516	489	502	13	2.7%
Adult	949	939	904	918	14	1.5%
Adult Expansion	1,347	1,320	1,280	1,258	(22)	-1.7%
SPD-LTC	167	168	172	176	4	2.3%
SPD-LTC Full Dual	580	581	570	566	(4)	-0.7%
Total UIS	**3,562**	**3,524**	**3,415**	**3,420**	**5**	**0.1%**
% of Total	***3.7%***	***3.7%***	***3.6%***	***3.6%***		
Total	**95,311**	**94,733**	**93,980**	**93,827**	**(153)**	**-0.2%**

Community Health Plan of Imperial Valley

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

	July			July (YTD)			
	Actual	Forecast (6+6)	Variance - B/(W)	Actual	Budget	Variance - B/(W)	Current Month Explanations
REVENUE							
Medicaid Revenue	$ 28,807,847	$ 27,697,530	**$ 1,110,317**	$ 226,681,471	$ 195,801,850	**$ 30,879,621**	- Medi-Cal revenue favorable on prior maternity kick payments
Medicare Revenue	$ 1,024,747	$ 1,072,014	**$ (47,267)**	$ 5,088,390	$ 8,843,897	**$ (3,755,507)**	- Unfavorable on volume, partially offset by final risk adjustment accrual
Investment & Interest Income	$ 113,241	$ 90,592	**$ 22,649**	$ 751,375	$ 857,251	**$ (105,876)**	
TOTAL REVENUE	**$ 29,945,835**	**$ 28,860,136**	**$ 1,085,699**	**$ 232,521,236**	**$ 205,502,998**	**$ 27,018,238**	
HEALTH CARE COSTS							
Global Capitation	$ 27,787,153	$ 26,677,532	**$ (1,109,621)**	$ 219,952,011	$ 188,452,207	**$ (31,499,804)**	- Medicaid cap (HNT) unfavorable, offsetting revenue favorability
Shared Risk Capitation	$ 261,529	$ 252,618	**$ (8,911)**	$ 1,389,495	$ 2,275,320	**$ 885,825**	
FFS Claims	$ 490,231	$ 609,825	**$ 119,595**	$ 2,543,084	$ 4,900,635	**$ 2,357,551**	- Favorable medical cost trend in SPD wrap (Medi-Cal)
Pharmacy (Net)	$ 283,151	$ 252,682	**$ (30,469)**	$ 1,234,887	$ 2,507,353	**$ 1,272,466**	- Rx was favorable on unit cost trend
All Other	$ 42,745	$ 31,752	**$ (10,993)**	$ 158,612	$ 381,952	**$ 223,340**	
HEALTH CARE COSTS	**$ 28,864,809**	**$ 27,824,410**	**$ (1,040,399)**	**$ 225,278,089**	**$ 198,517,467**	**$ (26,760,622)**	
Gross Margin	**$ 1,081,025**	**$ 1,035,725**	**$ 45,300**	**$ 7,243,147**	**$ 6,985,531**	**$ 257,616**	
ADMINISTRATIVE EXPENSE							
Salaries & Wages	$ 516,141	$ 469,881	**$ (46,260)**	$ 3,626,097	$ 3,618,019	**$ (8,077)**	
Benefits Expense	$ 53,242	$ 47,693	**$ (5,549)**	$ 397,235	$ 319,238	**$ (77,997)**	
Other Labor Expense	$ 2,146	$ 2,147	**$ 1**	$ 12,345	$ 13,861	**$ 1,516**	
Total Labor Costs	$ 571,530	$ 519,721	**$ (51,808)**	$ 4,035,676	$ 3,951,118	**$ (84,558)**	- Unfavorable PTO on separation costs and PTO one-time PTO payouts
Consulting, Legal, & Other Professional	$ 42,950	$ 58,791	**$ 15,841**	$ 401,837	$ 696,334	**$ 294,497**	- Favorable consulting in Finance and HCS, offset by HR
Outside Services	$ 24,548	$ 36,557	**$ 12,009**	$ 299,565	$ 285,883	**$ (13,682)**	- Favorable timing of vendor costs in Healthcare Services
MSO Fees	$ 117,739	$ 122,500	**$ 4,762**	$ 824,170	$ 917,000	**$ 92,831**	
Broker Commissions	$ 8,722	$ 9,358	**$ 636**	$ 33,630	$ 53,277	**$ 19,646**	
Advertising & Marketing	$ 3,212	$ 3,000	**$ (212)**	$ 46,164	$ 41,000	**$ (5,164)**	
Information Technology	$ 7,358	$ 10,037	**$ 2,679**	$ 59,725	$ 49,151	**$ (10,574)**	
Membership and Subscriptions	$ 13,375	$ 17,666	**$ 4,291**	$ 85,049	$ 85,605	**$ 556**	
Regulatory Fees	$ 31,243	$ 30,749	**$ (494)**	$ 196,459	$ 167,643	**$ (28,816)**	
Travel	$ 4,293	$ 8,150	**$ 3,857**	$ 29,442	$ 82,300	**$ 52,858**	
Occupancy & Facility	$ 3,004	$ 10,479	**$ 7,475**	$ 29,179	$ 79,583	**$ 50,405**	- Favorable due to Repairs & Maintenance and utilities
Community Reinvestment	$ 38,877	$ 33,904	**$ (4,973)**	$ 166,557	$ -	**$ (166,557)**	
Other Admin	$ 19,323	$ 19,994	**$ 670**	$ 37,379	$ 134,976	**$ 97,597**	
Total Administrative Expense	**$ 886,172**	**$ 880,905**	**$ (5,267)**	**$ 6,244,833**	**$ 6,543,870**	**$ 299,037**	
Non-Operating Income/(Expense)							
Rental Income	$ 1,538	$ 1,538	**$ -**	$ 10,768	$ 10,455	**$ (314)**	
Depreciation & Amortization	$ (11,222)	$ (11,350)	$ 128	$ (78,462)	$ (79,450)	$ 988	
Change in Net Position	**$ 185,169**	**$ 145,009**	**$ 40,160**	**$ 930,620**	**$ 372,666**	**$ 557,955**	
Key Metrics							
Enrollment	94,404	93,882	**522**	667,563	653,517	**14,046**	
Medicaid Revenue PMPM	$ 306.65	$ 296.69	**$ 9.96**	$ 340.78	$ 301.50		
Medicare Revenue PMPM	$ 2,227.71	$ 2,037.43	**$ 190.28**	$ 2,146.09	$ 2,163.38	**$ (17.29)**	
MLR (Medicaid)	97.0%	97.0%	**(2) bps**	97.4%	97.1%	**(33) bps**	
MLR (Medicare)	89.8%	89.9%	**18 bps**	88.9%	95.4%	**649 bps**	
Admin Ratio	3.0%	3.1%	**9 bps**	2.7%	3.2%	**50 bps**	
FTEs	40	40	-	294	316	**22**	
Net Income PMPM	$1.96	$1.54	**$0.42**	$1.39	$0.57	**$0.82**	
Net Income %	0.6%	0.5%	**12 bps**	0.4%	0.2%	**22 bps**	

Community Health Plan of Imperial Valley

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

July

	Medi-Cal				Medicare				DSNP				SPD Medicaid				Consolidated			
	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var
REVENUE																				
Medi-Cal																				
Premium	$ 28,165,031	$ 27,231,596	**$ 933,435**	3.4%	$ 175,743	$ 203,050	**$ (27,307)**	-13.4%	$ -	$ -	**$ -**	N/A	$ 175,743	$ 203,050	**$ (27,307)**	-13.4%	$ 28,340,774	$ 27,434,646	**$ 906,128**	3.3%
Pass-Through	$ 467,073	$ 262,884	**$ 204,189**	77.7%	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ 467,073	$ 262,884	**$ 204,189**	77.7%
Medicare																				
Part C Revenue					$ 811,010	$ 866,642	**$ (55,632)**	-6.4%	$ 811,010	$ 866,642	**$ (55,632)**	-6.4%	$ -	$ -	**$ -**	N/A	$ 811,010	$ 866,642	**$ (55,632)**	-6.4%
Part D Revenue					$ 165,437	$ 184,048	**$ (18,611)**	-10.1%	$ 165,437	$ 184,048	**$ (18,611)**	-10.1%	$ -	$ -	**$ -**	N/A	$ 165,437	$ 184,048	**$ (18,611)**	-10.1%
Other Medicare Revenue					$ 48,300	$ 21,324	**$ 26,976**	126.5%	$ 48,300	$ 21,324	**$ 26,976**	126.5%	$ -	$ -	**$ -**	N/A	$ 48,300	$ 21,324	**$ 26,976**	126.5%
Other Revenue	$ 109,113	$ 86,577	**$ 22,535**	26.0%	$ 4,128	$ 4,015	**$ 113**	2.8%	$ 3,432	$ 3,376	**$ 57**	1.7%	$ 696	$ 639	**$ 57**	8.9%	$ 113,241	$ 90,592	**$ 22,649**	25.0%
TOTAL OPERATING REVENUE	**$ 28,741,216**	**$ 27,581,057**	**$ 1,160,160**	**4.2%**	**$ 1,204,618**	**$ 1,279,079**	**$ (74,460)**	**-5.8%**	**$ 1,028,179**	**$ 1,075,389**	**$ (47,210)**	**-4.4%**	**$ 176,439**	**$ 203,690**	**$ (27,250)**	**-13.4%**	**$ 29,945,835**	**$ 28,860,136**	**$ 1,085,699**	**3.8%**
HEALTHCARE COSTS																				
Medicaid Capitation	$ 27,320,080	$ 26,414,648	**$ (905,432)**	-3.4%													$ 27,320,080	$ 26,414,648	**$ (905,432)**	-3.4%
Medicaid Pass-Through	$ 467,073	$ 262,884	**$ (204,189)**	-77.7%													$ 467,073	$ 262,884	**$ (204,189)**	-77.7%
Total Medicaid	**$ 27,787,153**	**$ 26,677,532**	**$ (1,109,621)**	**-4.2%**													**$ 27,787,153**	**$ 26,677,532**	**$ (1,109,621)**	**-4.2%**
PCP Capitation					$ 261,529	$ 252,618	**$ (8,911)**	-3.5%	$ 249,420	$ 252,618	**$ 3,199**	1.3%	$ 12,110	$ -	**$ (12,110)**	N/A	$ 261,529	$ 252,618	**$ (8,911)**	-3.5%
Inpatient					$ 43,976	$ 199,701	**$ 155,725**	78.0%	$ 43,548	$ 199,701	**$ 156,153**	78.2%	$ 428	$ -	**$ (428)**	N/A	$ 43,976	$ 199,701	**$ 155,725**	78.0%
Outpatient					$ 36,461	$ 73,064	**$ 36,603**	50.1%	$ 35,381	$ 73,064	**$ 37,683**	51.6%	$ 1,080	$ -	**$ (1,080)**	N/A	$ 36,461	$ 73,064	**$ 36,603**	50.1%
Other FFS					$ 56,849	$ 201,059	**$ 144,211**	71.7%	$ 19,681	$ 18,314	**$ (1,366)**	-7.5%	$ 37,168	$ 182,745	**$ 145,577**	79.7%	$ 56,849	$ 201,059	**$ 144,211**	71.7%
IBNR					$ 352,945	$ 136,001	**$ (216,944)**	-159.5%	$ 297,566	$ 136,001	**$ (161,564)**	-118.8%	$ 55,379	$ -	**$ (55,379)**	N/A	$ 352,945	$ 136,001	**$ (216,944)**	-159.5%
Total FFS					**$ 490,231**	**$ 609,825**	**$ 119,595**	**19.6%**	**$ 396,175**	**$ 427,080**	**$ 30,905**	**7.2%**	**$ 94,056**	**$ 182,745**	**$ 88,689**	**48.5%**	**$ 490,231**	**$ 609,825**	**$ 119,595**	**19.6%**
Pharmacy (Gross)					$ 347,341	$ -	**$ (347,341)**	N/A	$ 347,341	$ -	**$ (347,341)**	N/A	$ -	$ -	**$ -**	N/A	$ 347,341	$ -	**$ (347,341)**	N/A
Federal Reinsurance					$ (44,091)	$ -	**$ 44,091**	N/A	$ (44,091)	$ -	**$ 44,091**	N/A	$ -	$ -	**$ -**	N/A	$ (44,091)	$ -	**$ 44,091**	N/A
LICS					$ (20,519)	$ -	**$ 20,519**	N/A	$ (20,519)	$ -	**$ 20,519**	N/A	$ -	$ -	**$ -**	N/A	$ (20,519)	$ -	**$ 20,519**	N/A
Other CMS Offsets					$ (29,044)	$ -	**$ 29,044**	N/A	$ (29,044)	$ -	**$ 29,044**	N/A	$ -	$ -	**$ -**	N/A	$ (29,044)	$ -	**$ 29,044**	N/A
OTC					$ 14,987	$ 19,358	**$ 4,371**	22.6%	$ 14,987	$ 19,358	**$ 4,371**	22.6%	$ -	$ -	**$ -**	N/A	$ 14,987	$ 19,358	**$ 4,371**	22.6%
Other Pharmacy					$ 14,477	$ 233,324	**$ 218,848**	93.8%	$ 14,477	$ 233,324	**$ 218,848**	93.8%	$ -	$ -	**$ -**	N/A	$ 14,477	$ 233,324	**$ 218,848**	93.8%
Total Pharmacy					**$ 283,151**	**$ 252,682**	**$ (30,469)**	**-12.1%**	**$ 283,151**	**$ 252,682**	**$ (30,469)**	**-12.1%**	**$ -**	**$ -**	**$ -**	**N/A**	**$ 283,151**	**$ 252,682**	**$ (30,469)**	**-12.1%**
Other Supplemental					$ 22,815	$ 18,446	**$ (4,369)**	-23.7%	$ 22,815	$ 18,446	**$ (4,369)**	-23.7%	$ -	$ -	**$ -**	N/A	$ 22,815	$ 18,446	**$ (4,369)**	-23.7%
Other Medical					$ 5,088	$ -	**$ (5,088)**	N/A	$ 5,088	$ -	**$ (5,088)**	N/A	$ -	$ -	**$ -**	N/A	$ 5,088	$ -	**$ (5,088)**	N/A
Reinsurance (Net)					$ 14,843	$ 13,307	**$ (1,536)**	-11.5%	$ 14,843	$ 13,307	**$ (1,536)**	-11.5%	$ -	$ -	**$ -**	N/A	$ 14,843	$ 13,307	**$ (1,536)**	-11.5%
TOTAL HEALTHCARE COSTS	**$ 27,787,153**	**$ 26,677,532**	**$ (1,109,621)**	**-4.2%**	**$ 1,077,656**	**$ 1,146,878**	**$ 69,222**	**6.0%**	**$ 971,491**	**$ 964,133**	**$ (7,358)**	**-0.8%**	**$ 106,165**	**$ 182,745**	**$ 76,580**	**41.9%**	**$ 28,864,809**	**$ 27,824,410**	**$ (1,040,399)**	**-3.7%**
Gross Margin	**$ 954,063**	**$ 903,525**	**$ 50,539**	**5.6%**	**$ 126,962**	**$ 132,200**	**$ (5,238)**	**-4.0%**	**$ 56,688**	**$ 111,256**	**$ (54,568)**	**-49.0%**	**$ 70,274**	**$ 20,944**	**$ 49,330**	**235.5%**	**$ 1,081,025**	**$ 1,035,725**	**$ 45,300**	**4.4%**
Total Administrative Expense	**$ 579,783**	**$ 504,541**	**$ (75,242)**	**-14.9%**	**$ 306,389**	**$ 376,364**	**$ 69,975**	**18.6%**	**$ 280,899**	**$ 347,871**	**$ 66,972**	**19.3%**	**$ 25,490**	**$ 28,492**	**$ 3,003**	**10.5%**	**$ 886,172**	**$ 880,905**	**$ (5,267)**	**-0.6%**
Non-Operating Income/(Expense)																				
Rental Income	$ 1,538	$ 1,538	**$ -**	0.0%	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ 1,538	$ 1,538	**$ -**	0.0%
Depreciation & Amortization	$ (10,801)	$ (11,286)	**$ 485**	-4.3%	$ (421)	$ (64)	**$ (358)**	562.5%	$ (350)	$ (57)	**$ (293)**	512.0%	$ (71)	$ (6)	**$ (65)**	1017.1%	$ (11,222)	$ (11,350)	**$ 128**	-1.1%
Change in Net Position	**$ 365,018**	**$ 389,236**	**$ (24,218)**	**-6.2%**	**$ (179,849)**	**$ (244,227)**	**$ 64,379**	**-26.4%**	**$ (224,561)**	**$ (236,673)**	**$ 12,111**	**-5.1%**	**$ 44,713**	**$ (7,554)**	**$ 52,267**	**-691.9%**	**$ 185,169**	**$ 145,009**	**$ 40,160**	**27.7%**
Key Metrics																				
Enrollment	93,944	93,356	588	0.6%	460	526	(66)	-12.6%	460	526	(66)	-12.6%	460	526	(66)	-12.6%	94,404	93,882	522	0.6%
Revenue PMPM	$305.94	$295.44	$10.50	3.6%	$2,618.74	$2,430.97	$187.76	7.7%	$2,235.17	$2,043.85	$191.33	9.4%	$383.56	$387.13	($3.56)	-0.9%	$317.21	$307.41	$9.80	3.2%
MLR	96.68%	96.72%	4 bps		89.46%	89.66%	20 bps		94.49%	89.65%	-483 bps		60.17%	89.72%	2955 bps		96.39%	96.41%	2 bps	
Admin Ratio	2.0%	1.8%	-19 bps		25.4%	29.4%	399 bps		27.3%	32.3%	503 bps		14.4%	14.0%	-46 bps		3.0%	3.1%	9 bps	
Net Income PMPM	$3.89	$4.17	($0.28)	-6.8%	($390.98)	($464.17)	$73.19	-15.8%	($488.18)	($449.81)	($38.37)	8.5%	$97.20	($14.36)	$111.56	-777.0%	$1.96	$1.54	$0.42	27.0%
Net Income %	1.3%	1.4%	-14 bps		-14.9%	-19.1%	416 bps		-21.8%	-22.0%	17 bps		25.3%	-3.7%	2905 bps		0.6%	0.5%	12 bps	
Gross Margin Vol Variance			$ 5,692				$ (16,623)				$ (13,989)				$ (2,634)				$ 5,759	
Gross Margin Rate Variance			$ 44,846				$ 11,384				$ (40,579)				$ 51,963				$ 39,541	

Community Health Plan of Imperial Valley

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

July (YTD)

	Medi-Cal				Medicare				DSNP				SPD Medicaid				Consolidated			
	Actual	Budget	Variance B/(W)	% Var	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	$ 194,222,526	$ 192,401,452	**$ 1,821,073**	0.9%	$ 902,784	$ 1,577,600	**$ (674,816)**	-42.8%	$ -	$ -	**$ -**	N/A	$ 902,784	$ 1,577,600	**$ (674,816)**	-42.8%	$ 195,125,310	$ 193,979,052	**$ 1,146,257**	0.6%
Pass-Through	$ 31,556,161	$ 1,822,798	**$ 29,733,363**	NM	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ 31,556,161	$ 1,822,798	**$ 29,733,363**	NM
Medicare																				
Part C Revenue					$ 4,026,042	$ 7,104,349	**$ (3,078,307)**	-43.3%	$ 4,026,042	$ 7,104,349	**$ (3,078,307)**	-43.3%	$ -	$ -	**$ -**	N/A	$ 4,026,042	$ 7,104,349	**$ (3,078,307)**	-43.3%
Part D Revenue					$ 846,185	$ 1,690,492	**$ (844,307)**	-49.9%	$ 846,185	$ 1,690,492	**$ (844,307)**	-49.9%	$ -	$ -	**$ -**	N/A	$ 846,185	$ 1,690,492	**$ (844,307)**	-49.9%
Other Medicare Revenue					$ 216,164	$ 49,056	**$ 167,108**	340.6%	$ 216,164	$ 49,056	**$ 167,108**	340.6%	$ -	$ -	**$ -**	N/A	$ 216,164	$ 49,056	**$ 167,108**	340.6%
Other Revenue	$ 730,092	$ 822,251	**$ (92,159)**	-11.2%	$ 21,283	$ 35,000	**$ (13,717)**	-39.2%	$ 17,766	$ 35,000	**$ (17,234)**	-49.2%	$ 3,517	$ -	**$ 3,517**	N/A	$ 751,375	$ 857,251	**$ (105,876)**	-12.4%
TOTAL OPERATING REVENUE	**$ 226,508,779**	**$ 195,046,501**	**$ 31,462,278**	**16.1%**	**$ 6,012,457**	**$ 10,456,497**	**$ (4,444,040)**	**-42.5%**	**$ 5,106,156**	**$ 8,878,897**	**$ (3,772,741)**	**-42.5%**	**$ 906,301**	**$ 1,577,600**	**$ (671,299)**	**-42.6%**	**$ 232,521,236**	**$ 205,502,998**	**$ 27,018,238**	**13.1%**
HEALTHCARE COSTS																				
Medicaid Capitation	$ 188,395,850	$ 186,629,409	**$ (1,766,441)**	-0.9%													$ 188,395,850	$ 186,629,409	**$ (1,766,441)**	-0.9%
Medicaid Pass-Through	$ 31,556,161	$ 1,822,798	**$ (29,733,363)**	NM													$ 31,556,161	$ 1,822,798	**$ (29,733,363)**	NM
Total Medicaid	**$ 219,952,011**	**$ 188,452,207**	**$ (31,499,804)**	**-16.7%**													**$ 219,952,011**	**$ 188,452,207**	**$ (31,499,804)**	**-16.7%**
PCP Capitation					$ 1,389,495	$ 2,275,320	**$ 885,825**	38.9%	$ 1,324,428	$ 2,275,320	**$ 950,892**	41.8%	$ 65,067	$ -	**$ (65,067)**	N/A	$ 1,389,495	$ 2,275,320	**$ 885,825**	38.9%
Inpatient					$ 329,839	$ 1,637,754	**$ 1,307,915**	79.9%	$ 328,850	$ 1,637,754	**$ 1,308,905**	79.9%	$ 989	$ -	**$ (989)**	N/A	$ 329,839	$ 1,637,754	**$ 1,307,915**	79.9%
Outpatient					$ 145,303	$ 595,785	**$ 450,482**	75.6%	$ 134,009	$ 595,785	**$ 461,776**	77.5%	$ 11,294	$ -	**$ (11,294)**	N/A	$ 145,303	$ 595,785	**$ 450,482**	75.6%
Other FFS					$ 179,931	$ 2,667,096	**$ 2,487,165**	93.3%	$ 78,820	$ 1,168,376	**$ 1,089,556**	93.3%	$ 101,111	$ 1,498,720	**$ 1,397,609**	93.3%	$ 179,931	$ 2,667,096	**$ 2,487,165**	93.3%
IBNR					$ 1,888,011	$ -	**$ (1,888,011)**	N/A	$ 1,502,077	$ -	**$ (1,502,077)**	N/A	$ 385,934	$ -	**$ (385,934)**	N/A	$ 1,888,011	$ -	**$ (1,888,011)**	N/A
Total FFS					**$ 2,543,084**	**$ 4,900,635**	**$ 2,357,551**	**48.1%**	**$ 2,043,756**	**$ 3,401,915**	**$ 1,358,160**	**39.9%**	**$ 499,329**	**$ 1,498,720**	**$ 999,391**	**66.7%**	**$ 2,543,084**	**$ 4,900,635**	**$ 2,357,551**	**48.1%**
Pharmacy (Gross)					$ 1,673,173	$ -	**$ (1,673,173)**	N/A	$ 1,673,173	$ -	**$ (1,673,173)**	N/A	$ -	$ -	**$ -**	N/A	$ 1,673,173	$ -	**$ (1,673,173)**	N/A
Federal Reinsurance					$ (188,931)	$ -	**$ 188,931**	N/A	$ (188,931)	$ -	**$ 188,931**	N/A	$ -	$ -	**$ -**	N/A	$ (188,931)	$ -	**$ 188,931**	N/A
LICS					$ (256,089)	$ -	**$ 256,089**	N/A	$ (256,089)	$ -	**$ 256,089**	N/A	$ -	$ -	**$ -**	N/A	$ (256,089)	$ -	**$ 256,089**	N/A
Other CMS Offsets					$ (122,232)	$ -	**$ 122,232**	N/A	$ (122,232)	$ -	**$ 122,232**	N/A	$ -	$ -	**$ -**	N/A	$ (122,232)	$ -	**$ 122,232**	N/A
OTC					$ 65,426	$ 156,286	**$ 90,860**	58.1%	$ 65,426	$ 156,286	**$ 90,860**	58.1%	$ -	$ -	**$ -**	N/A	$ 65,426	$ 156,286	**$ 90,860**	58.1%
Other Pharmacy					$ 63,540	$ 2,351,068	**$ 2,287,528**	97.3%	$ 63,540	$ 2,351,068	**$ 2,287,528**	97.3%	$ -	$ -	**$ -**	N/A	$ 63,540	$ 2,351,068	**$ 2,287,528**	97.3%
Total Pharmacy					**$ 1,234,887**	**$ 2,507,353**	**$ 1,272,466**	**50.7%**	**$ 1,234,887**	**$ 2,507,353**	**$ 1,272,466**	**50.7%**	**$ -**	**$ -**	**$ -**	**N/A**	**$ 1,234,887**	**$ 2,507,353**	**$ 1,272,466**	**50.7%**
Other Supplemental					$ 89,851	$ 207,857	**$ 118,006**	56.8%	$ 74,888	$ 207,857	**$ 132,969**	64.0%	$ 14,964	$ -	**$ (14,964)**	N/A	$ 89,851	$ 207,857	**$ 118,006**	56.8%
Other Medical					$ 5,588	$ -	**$ (5,588)**	N/A	$ 5,588	$ -	**$ (5,588)**	N/A	$ -	$ -	**$ -**	N/A	$ 5,588	$ -	**$ (5,588)**	N/A
Reinsurance (Net)					$ 63,172	$ 49,284	**$ (13,888)**	-28.2%	$ 63,172	$ 49,284	**$ (13,888)**	-28.2%	$ -	$ -	**$ -**	N/A	$ 63,172	$ 49,284	**$ (13,888)**	-28.2%
Community Reinvestment	$ -	$ 124,811	**$ 124,811**	100.0%	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ 124,811	**$ 124,811**	100.0%
TOTAL HEALTHCARE COSTS	**$ 219,952,011**	**$ 188,577,018**	**$ (31,374,993)**	**-16.6%**	**$ 5,326,078**	**$ 9,940,450**	**$ 4,614,372**	**46.4%**	**$ 4,746,719**	**$ 8,441,729**	**$ 3,695,011**	**43.8%**	**$ 579,359**	**$ 1,498,720**	**$ 919,361**	**61.3%**	**$ 225,278,089**	**$ 198,517,467**	**$ (26,760,622)**	**-13.5%**
					$ -	$ -	**$ -**	425.3%	$ -	$ -	**$ -**	439.9%	$ -	$ -	**$ -**	31.9%	$ -	$ -	**$ -**	
Gross Margin	**$ 6,556,768**	**$ 6,469,484**	**$ 87,284**	**1.3%**	**$ 686,379**	**$ 516,048**	**$ 170,332**	**33.0%**	**$ 359,437**	**$ 437,168**	**$ (77,730)**	**-17.8%**	**$ 326,942**	**$ 78,880**	**$ 248,062**	**314.5%**	**$ 7,243,147**	**$ 6,985,531**	**$ 257,616**	**3.7%**
Total Administrative Expense	**$ 3,579,474**	**$ 3,472,254**	**$ (107,220)**	**-3.1%**	**$ 2,665,358**	**$ 3,071,616**	**$ 406,258**	**13.2%**	**$ 2,452,956**	**$ 2,840,170**	**$ 387,213**	**13.6%**	**$ 212,402**	**$ 231,446**	**$ 19,044**	**8.2%**	**$ 6,244,833**	**$ 6,543,870**	**$ 299,037**	**4.6%**
Non-Operating Income/(Expense)																				
Rental Income	$ 10,768	$ 10,455	**$ 314**	3.0%	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ 10,768	$ 10,455	**$ 314**	3.0%
Depreciation & Amortization	$ (76,227)	$ (78,951)	**$ 2,723**	-3.4%	$ (2,235)	$ (499)	**$ (1,736)**	347.7%	$ (1,880)	$ (449)	**$ (1,431)**	318.6%	$ (355)	$ (50)	**$ (305)**	610.3%	$ (78,462)	$ (79,450)	**$ 988**	-1.2%
Change in Net Position	**$ 2,911,834**	**$ 2,928,733**	**$ (16,899)**	**-0.6%**	**$ (1,981,214)**	**$ (2,556,067)**	**$ 574,853**	**-22.5%**	**$ (2,095,400)**	**$ (2,403,451)**	**$ 308,052**	**-12.8%**	**$ 114,186**	**$ (152,616)**	**$ 266,802**	**-174.8%**	**$ 930,620**	**$ 372,666**	**$ 557,955**	**149.7%**
Key Metrics																				
Enrollment	665,192	649,429	15,763	2.4%	2,371	4,088	(1,717)	-42.0%	2,371	4,088	(1,717)	-42.0%	2,371	4,088	(1,717)	-42.0%	94,404	93,882	522	0.6%
Revenue PMPM	$340.52	$300.34	$40.18	13.4%	$2,535.83	$2,557.85	($22.02)	-0.9%	$2,153.59	$2,171.94	($18.35)	-0.8%	$382.24	$385.91	($3.67)	-0.9%	$2,463.04	$2,188.95	$274.09	12.5%
MLR	97.11%	96.68%	-42 bps		88.58%	95.06%	648 bps		92.96%	95.08%	212 bps		63.93%	95.00%	3107 bps		96.88%	96.60%	-28 bps	
Admin Ratio	1.6%	1.8%	20 bps		44.3%	29.4%	-1496 bps		48.0%	32.0%	-1605 bps		23.4%	14.7%	-877 bps		2.7%	3.2%	50 bps	
Net Income PMPM	$4.38	$4.51	($0.13)	-2.9%	($835.60)	($625.26)	($210.34)	33.6%	($883.76)	($587.93)	($295.83)	50.3%	$48.16	($37.33)	$85.49	-229.0%	$9.86	$3.97	$5.89	148.3%
Net Income %	1.3%	1.5%	-22 bps		-33.0%	-24.4%	-851 bps		-41.0%	-27.1%	-1397 bps		12.6%	-9.7%	2227 bps		0.4%	0.2%	22 bps	
Gross Margin Vol Variance			$ 157,028				$ (216,745)				$ (183,615)				$ (33,130)				$ 38,841	
Gross Margin Rate Variance			$ (69,744)				$ 387,077				$ 105,884				$ 281,192				$ 218,775	

Community Health Plan of Imperial Valley

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

($,000)	Actual							Forecast (6+6)					Full Year		
	January	February	March	April	May	June	July	August	September	October	November	December	Act+Frcst	Budget	B/(W)
REVENUE															
Medicaid Revenue	$ 26,354	$ 59,555	$ 27,661	$ 28,255	$ 28,988	$ 27,062	$ 28,808	$ 27,654	$ 27,602	$ 27,550	$ 27,498	$ 27,446	$ 364,431	$ 363,320	$ 1,110
Medicare Revenue	$ 389	$ 567	$ 566	$ 673	$ 866	$ 1,003	$ 1,025	$ 1,211	$ 1,349	$ 1,486	$ 1,623	$ 1,759	$ 12,515	$ 12,562	$ (47)
Investment & Interest Income	$ 96	$ 89	$ 156	$ 98	$ 100	$ 99	$ 113	$ 93	$ 94	$ 94	$ 94	$ 94	$ 1,221	$ 1,198	$ 23
TOTAL REVENUE	**$ 26,838**	**$ 60,210**	**$ 28,383**	**$ 29,026**	**$ 29,954**	**$ 28,164**	**$ 29,946**	**$ 28,958**	**$ 29,044**	**$ 29,130**	**$ 29,215**	**$ 29,299**	**$ 378,167**	**$ 377,081**	**$ 1,086**
HEALTH CARE COSTS															
Global Capitation	$ 25,509	$ 58,559	$ 26,739	$ 27,294	$ 27,976	$ 26,088	$ 27,787	$ 26,610	$ 26,535	$ 26,460	$ 26,386	$ 26,311	$ 352,255	$ 351,145	$ (1,110)
Shared Risk Capitation	$ 100	$ 143	$ 165	$ 225	$ 225	$ 270	$ 262	$ 285	$ 317	$ 350	$ 383	$ 416	$ 3,140	$ 3,132	$ (9)
FFS Claims	$ 201	$ 343	$ 323	$ 306	$ 285	$ 596	$ 490	$ 732	$ 785	$ 903	$ 956	$ 962	$ 6,881	$ 7,001	$ 120
Pharmacy (Net)	$ 103	$ 41	$ 78	$ 316	$ 209	$ 205	$ 283	$ 283	$ 305	$ 365	$ 366	$ 421	$ 2,974	$ 2,944	$ (30)
All Other	$ 10	$ 10	$ 58	$ 21	$ (10)	$ 27	$ 43	$ 30	$ 35	$ 41	$ 47	$ 53	$ 365	$ 354	$ (11)
HEALTH CARE COSTS	**$ 25,922**	**$ 59,095**	**$ 27,363**	**$ 28,162**	**$ 28,685**	**$ 27,185**	**$ 28,865**	**$ 27,940**	**$ 27,977**	**$ 28,119**	**$ 28,139**	**$ 28,162**	**$ 365,616**	**$ 364,575**	**$ (1,040)**
Gross Margin	**$ 916**	**$ 1,115**	**$ 1,020**	**$ 864**	**$ 1,268**	**$ 978**	**$ 1,081**	**$ 1,017**	**$ 1,067**	**$ 1,010**	**$ 1,076**	**$ 1,137**	**$ 12,551**	**$ 12,505**	**$ 45**
Medical Gross Margin	*$ 820*	*$ 1,026*	*$ 864*	*$ 766*	*$ 1,169*	*$ 879*	*$ 968*	*$ 924*	*$ 973*	*$ 916*	*$ 982*	*$ 1,043*	*$ 11,330*	*$ 11,307*	*$ 23*
ADMINISTRATIVE EXPENSE															
Salaries & Wages	$ 556	$ 462	$ 501	$ 518	$ 573	$ 500	$ 516	$ 469	$ 501	$ 525	$ 523	$ 543	$ 6,188	$ 6,142	$ (46)
Benefits Expense	$ 52	$ 48	$ 57	$ 52	$ 71	$ 64	$ 53	$ 48	$ 50	$ 51	$ 51	$ 52	$ 649	$ 643	$ (6)
Other Labor Expense	$ 1	$ 3	$ 1	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ 24	$ 24	$ 0
Total Labor Costs	$ 609	$ 513	$ 559	$ 571	$ 645	$ 566	$ 572	$ 519	$ 553	$ 578	$ 577	$ 598	$ 6,861	$ 6,809	$ (52)
Consulting, Legal, & Other Professional	$ 47	$ 78	$ 24	$ 73	$ 21	$ 116	$ 43	$ 57	$ 66	$ 54	$ 60	$ 79	$ 717	$ 733	$ 16
Outside Services	$ 47	$ 50	$ 44	$ 54	$ 42	$ 38	$ 25	$ 37	$ 40	$ 39	$ 36	$ 36	$ 488	$ 500	$ 12
MSO Fees	$ 118	$ 118	$ 118	$ 118	$ 118	$ 118	$ 118	$ 123	$ 123	$ 123	$ 123	$ 123	$ 1,437	$ 1,441	$ 5
Broker Commissions	$ 0	$ 3	$ 3	$ 5	$ 6	$ 8	$ 9	$ 11	$ 14	$ 17	$ 22	$ 32	$ 130	$ 131	$ 1
Advertising & Marketing	$ 9	$ 2	$ 12	$ 4	$ 11	$ 6	$ 3	$ 3	$ 33	$ 19	$ 4	$ 6	$ 113	$ 113	$ (0)
Information Technology	$ 5	$ 10	$ 6	$ 10	$ 10	$ 10	$ 7	$ 8	$ 12	$ 8	$ 8	$ 8	$ 104	$ 107	$ 3
Membership and Subscriptions	$ 11	$ 11	$ 11	$ 11	$ 13	$ 14	$ 13	$ 14	$ 14	$ 17	$ 14	$ 14	$ 159	$ 163	$ 4
Regulatory Fees	$ 26	$ 25	$ 25	$ 25	$ 31	$ 32	$ 31	$ 31	$ 31	$ 31	$ 31	$ 31	$ 350	$ 350	$ (0)
Travel	$ 4	$ 4	$ 6	$ 5	$ 3	$ 3	$ 4	$ 7	$ 6	$ 7	$ 11	$ 10	$ 70	$ 74	$ 4
Occupancy & Facility	$ 3	$ 5	$ 7	$ 4	$ 4	$ 2	$ 3	$ 8	$ 8	$ 9	$ 9	$ 9	$ 74	$ 82	$ 7
Office Expense	$ 6	$ 4	$ 7	$ 5	$ 10	$ 5	$ 3	$ 6	$ 12	$ 6	$ 6	$ 6	$ 74	$ 76	$ 2
Other Admin	$ 35	$ 34	$ 36	$ 35	$ 41	$ (72)	$ 55	$ 46	$ 46	$ 51	$ 44	$ 47	$ 398	$ 392	$ (6)
Total Administrative Expense	**$ 921**	**$ 857**	**$ 858**	**$ 922**	**$ 956**	**$ 845**	**$ 886**	**$ 869**	**$ 957**	**$ 961**	**$ 945**	**$ 999**	**$ 10,976**	**$ 10,971**	**$ (5)**
Non-Operating Income/(Expense)															
Rental Income	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2	$ -	$ -	$ -	$ -	$ 12	$ 12	$ -
Depreciation & Amortization	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 11	$ 135	$ 135	$ 0
Change in Net Position	**$ (14)**	**$ 249**	**$ 152**	**$ (67)**	**$ 302**	**$ 124**	**$ 185**	**$ 138**	**$ 99**	**$ 38**	**$ 119**	**$ 127**	**$ 1,452**	**$ 1,412**	**$ 40**
Key Metrics															
Enrollment	96,417	95,865	96,480	95,359	94,808	94,230	94,404	93,555	93,192	92,829	92,466	92,103	1,131,708	1,131,186	522
Medical MLR	96.9%	98.3%	96.9%	97.4%	96.1%	96.9%	96.8%	96.8%	96.6%	96.8%	96.6%	96.4%	97.0%	97.0%	0 bps
Admin Ratio	3.4%	1.4%	3.0%	3.2%	3.2%	3.0%	3.0%	3.0%	3.3%	3.3%	3.2%	3.4%	2.9%	2.9%	1 bps
FTEs	42	42	42	43	44	41	40	40	43	44	44	46	511	511	-
Net Income PMPM	($0.14)	$2.59	$1.58	($0.71)	$3.19	$1.32	$1.96	$1.48	$1.06	$0.41	$1.29	$1.38	$1.28	$1.25	$0.03
Net Income %	-0.1%	0.4%	0.5%	-0.2%	1.0%	0.4%	0.6%	0.5%	0.3%	0.1%	0.4%	0.4%	0.4%	0.4%	1 bps

Community Health Plan of Imperial Valley

Community Health Plan of Imperial Valley
Medicare PMPM Detail
For July 2026

	July								July (YTD)							
	--------Dollars--------				--------PMPM--------				--------Dollars--------				--------PMPM--------			
	Actual	6+6F	Variance B/(W)	% Var	Actual	6+6F	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var	Actual	Budget	Variance B/(W)	% Var
REVENUE																
Medi-Cal																
Premium	$ 175,743	$ 203,050	**$ (27,307)**	-13.4%	$ 382.05	$ 385.91	**$ (3.86)**	-1.0%	$ 902,784	$ 1,577,600	**$ (674,816)**	-42.8%	$ 380.76	$ 385.91	**$ (5.15)**	-1.3%
Pass-Through	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A
Medicare																
Part C Revenue	$ 811,010	$ 866,642	**$ (55,632)**	-6.4%	$ 1,763.06	$ 1,647.11	**$ 115.96**	7.0%	$ 4,026,042	$ 7,104,349	**$ (3,078,307)**	-43.3%	$ 1,698.04	$ 1,737.85	**$ (39.82)**	-2.3%
Part D Revenue	$ 165,437	$ 184,048	**$ (18,611)**	-10.1%	$ 359.65	$ 349.79	**$ 9.85**	2.8%	$ 846,185	$ 1,690,492	**$ (844,307)**	-49.9%	$ 356.89	$ 413.53	**$ (56.64)**	-13.7%
Other Medicare Revenue	$ 48,300	$ 21,324	**$ 26,976**	126.5%	$ 105.00	$ 40.53	**$ 64.47**	159.1%	$ 216,164	$ 49,056	**$ 167,108**	340.6%	$ 91.17	$ 12.00	**$ 79.17**	659.7%
Other Revenue	$ 4,128	$ 4,015	**$ 113**	2.8%	$ 8.97	$ 7.63	**$ 1.34**	17.6%	$ 21,283	$ 35,000	**$ (13,717)**	-39.2%	$ 8.98	$ 8.56	**$ 0.41**	4.8%
TOTAL OPERATING REVENUE	**$ 1,204,618**	**$ 1,279,079**	**$ (74,460)**	**-5.8%**	**$ 2,618.74**	**$ 2,430.97**	**$ 187.76**	**7.7%**	**$ 6,012,457**	**$ 10,456,497**	**$ (4,444,040)**	**-42.5%**	**$ 2,535.83**	**$ 2,557.85**	**$ (22.02)**	**-0.9%**
HEALTHCARE COSTS																
PCP Capitation	$ 261,529	$ 252,618	**$ (8,911)**	-3.5%	$ 568.54	$ 480.12	**$ (88.42)**	-18.4%	$ 1,389,495	$ 2,275,320	**$ 885,825**	38.9%	$ 586.04	$ 556.59	**$ (29.45)**	-5.3%
Hospital Risk Pool	$ -	$ -	**$ -**	NM	$ -	$ -	**$ -**	NM	$ 49,811	$ 6,989	**$ (42,822)**	NM	$ 21.01	$ 1.71	**$ (19.30)**	NM
Inpatient	$ 43,976	$ 199,701	**$ 155,725**	78.0%	$ 95.60	$ 379.54	**$ 283.94**	74.8%	$ 329,839	$ 1,637,754	**$ 1,307,915**	79.9%	$ 139.11	$ 400.62	**$ 261.51**	65.3%
Outpatient	$ 36,461	$ 73,064	**$ 36,603**	50.1%	$ 79.26	$ 138.86	**$ 59.60**	42.9%	$ 145,303	$ 595,785	**$ 450,482**	75.6%	$ 61.28	$ 145.74	**$ 84.46**	58.0%
Other FFS	$ 56,849	$ 201,059	**$ 144,211**	71.7%	$ 123.58	$ 382.13	**$ 258.54**	67.7%	$ 179,931	$ 2,667,096	**$ 2,487,165**	93.3%	$ 75.89	$ 652.42	**$ 576.53**	88.4%
IBNR	$ 352,945	$ 136,001	**$ (216,944)**	-159.5%	$ 767.27	$ 258.48	**$ (508.79)**	-196.8%	$ 1,888,011	$ -	**$ (1,888,011)**	N/A	$ 796.29	$ -	**$ (796.29)**	N/A
Total FFS	**$ 490,231**	**$ 609,825**	**$ 119,595**	**19.6%**	**$ 1,065.72**	**$ 1,159.01**	**$ 93.29**	**8.0%**	**$ 2,543,084**	**$ 4,900,635**	**$ 2,357,551**	**48.1%**	**$ 1,072.58**	**$ 1,198.79**	**$ 126.21**	**10.5%**
Pharmacy (Gross)	$ 347,341	$ -	**$ (347,341)**	N/A	$ 755.09	$ -	**$ (755.09)**	N/A	$ 1,673,173	$ -	**$ (1,673,173)**	N/A	$ 705.68	$ -	**$ (705.68)**	N/A
Federal Reinsurance	$ (44,091)	$ -	**$ 44,091**	N/A	$ (95.85)	$ -	**$ 95.85**	N/A	$ (188,931)	$ -	**$ 188,931**	N/A	$ (79.68)	$ -	**$ 79.68**	N/A
LICS	$ (20,519)	$ -	**$ 20,519**	N/A	$ (44.61)	$ -	**$ 44.61**	N/A	$ (256,089)	$ -	**$ 256,089**	N/A	$ (108.01)	$ -	**$ 108.01**	N/A
Other CMS Offsets	$ (29,044)	$ -	**$ 29,044**	N/A	$ (63.14)	$ -	**$ 63.14**	N/A	$ (122,232)	$ -	**$ 122,232**	N/A	$ (51.55)	$ -	**$ 51.55**	N/A
OTC	$ 14,987	$ 19,358	**$ 4,371**	22.6%	$ 32.58	$ 36.79	**$ 4.21**	11.4%	$ 65,426	$ 156,286	**$ 90,860**	58.1%	$ 27.59	$ 38.23	**$ 10.64**	27.8%
Other Pharmacy	$ 14,477	$ 233,324	**$ 218,848**	93.8%	$ 31.47	$ 443.45	**$ 411.98**	92.9%	$ 63,540	$ 2,351,068	**$ 2,287,528**	97.3%	$ 26.80	$ 575.11	**$ 548.32**	95.3%
Total Pharmacy	**$ 283,151**	**$ 252,682**	**$ (30,469)**	**-12.1%**	**$ 615.55**	**$ 480.24**	**$ (135.31)**	**-28.2%**	**$ 1,234,887**	**$ 2,507,353**	**$ 1,272,466**	**50.7%**	**$ 520.83**	**$ 613.34**	**$ 92.52**	**15.1%**
Other Supplemental	$ 22,815	$ 18,446	**$ (4,369)**	-23.7%	$ 49.60	$ 35.06	**$ (14.54)**	-41.5%	$ 89,851	$ 207,857	**$ 118,006**	56.8%	$ 37.90	$ 50.85	**$ 12.95**	25.5%
Other Medical	$ 5,088	$ -	**$ (5,088)**	N/A	$ 11.06	$ -	**$ (11.06)**	N/A	$ 5,588	$ -	**$ (5,588)**	N/A	$ 2.36	$ -	**$ (2.36)**	N/A
Reinsurance (Net)	$ 14,843	$ 13,307	**$ (1,536)**	-11.5%	$ 32.27	$ 25.29	**$ (6.98)**	-27.6%	$ 63,172	$ 49,284	**$ (13,888)**	-28.2%	$ 26.64	$ 12.06	**$ (14.59)**	-121.0%
Community Reinvestment	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A
TOTAL HEALTHCARE COSTS	**$ 1,077,656**	**$ 1,146,878**	**$ 69,222**	**6.0%**	**$ 2,342.73**	**$ 2,179.72**	**$ (163.01)**	**-7.5%**	**$ 5,326,078**	**$ 9,940,450**	**$ 4,614,372**	**46.4%**	**$ 2,246.34**	**$ 2,431.62**	**$ 185.27**	**7.6%**
Gross Margin	**$ 126,962**	**$ 132,200**	**$ (5,238)**	**-4.0%**	**$ 276.00**	**$ 251.26**	**$ 24.75**	**9.9%**	**$ 686,379**	**$ 516,048**	**$ 170,332**	**33.0%**	**$ 289.49**	**$ 126.23**	**$ 163.25**	**129.3%**
Total Administrative Expense	**$ 306,389**	**$ 376,364**	**$ 69,975**	**18.6%**	**$ 666.06**	**$ 715.30**	**$ 49.24**	**6.9%**	**$ 2,665,358**	**$ 3,071,616**	**$ 406,258**	**13.2%**	**$ 1,124.15**	**$ 751.37**	**$ (372.78)**	**-49.6%**
Non-Operating Income/(Expense)																
Rental Income	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A	$ -	$ -	**$ -**	N/A
Depreciation & Amortization	$ (421)	$ (64)	**$ (358)**	562.5%	$ (0.92)	$ (0.12)	**$ (0.80)**	657.8%	$ (2,235)	$ (499)	**$ (1,736)**	347.7%	$ (0.94)	$ (0.12)	**$ (0.82)**	672.0%
Change in Net Position	**$ (179,849)**	**$ (244,227)**	**$ 64,379**	**-26.4%**	**$ (390.98)**	**$ (464.17)**	**$ 73.19**	**-15.8%**	**$ (1,981,214)**	**$ (2,556,067)**	**$ 574,853**	**-22.5%**	**$ (835.60)**	**$ (625.26)**	**$ (210.34)**	**33.6%**
Key Metrics																
Enrollment	460	526	(66)	-12.6%					2,371	4,088	(1,717)	-42.0%				
MLR	89.46%	89.66%	20 bps						88.58%	95.06%	648 bps					
Admin Ratio	25.4%	29.4%	399 bps						44.3%	29.4%	-1496 bps					
Net Income %	-14.9%	-19.1%	416 bps						-33.0%	-24.4%	-851 bps					
Gross Margin Vol Variance			$ (16,623)								$ (216,745)					
Gross Margin Rate Variance			$ 11,384								$ 387,077					

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

	June 2026	July 2026	Change
ASSETS			
Current Assets			
Cash and Investments			
Chase - Checking (Primary & DSNP)	$ 3,469,543	$ 4,806,830	$ 1,337,287
JPMorgan Securities	$ 18,465,196	$ 18,967,778	$ 502,582
First Foundation Bank	$ 142,177	$ 142,177	$ -
Receivables			
Accounts Receivable	$ 96,614	$ 3,353	$ (93,262)
Dividend & Interest Receivable	$ 96,945	$ 109,775	$ 12,830
Capitation Receivable	$ 26,735,066	$ 28,340,774	$ 1,605,708
Pass-Through Receivable	$ 326,701	$ 467,073	$ 140,372
Medicare Receivables	$ 271,957	$ 141,646	$ (130,310)
Other Current Assets			
Prepaid Admin	$ 520,329	$ 601,424	$ 81,095
Prepaid Commissions	$ 49,607	$ 48,264	$ (1,343)
Prepaid Medical	$ 63,789	$ 71,049	$ 7,260
Total Current Assets	**$ 50,237,925**	**$ 53,700,143**	**$ 3,462,219**
Noncurrent Assets			
Restricted Deposit			
First Foundation Bank - Restricted	$ 300,000	$ 300,000	$ -
Capital Assets			
Buildings - Net	$ 2,803,647	$ 2,795,099	$ (8,548)
Computer Equipment / Software - Net	$ 4,706	$ 4,538	$ (168)
Improvements - Net	$ 188,446	$ 191,434	$ 2,988
Intangible Assets	$ 46,455	$ 45,205	$ (1,250)
Operating ROU Asset (Copier) - Net	$ 1,408	$ 1,126	$ (282)
Total Noncurrent Assets	**$ 3,344,661**	**$ 3,337,402**	**$ (7,260)**
Total Assets	**$ 53,582,586**	**$ 57,037,545**	**$ 3,454,959**
LIABILITIES			
Current Liabilities			
Payables			
Accounts Payable	$ 444,775	$ 419,248	$ (25,527)
Capitation Payable	$ 26,184,623	$ 27,852,404	$ 1,667,780
IBNR	$ 1,535,375	$ 1,888,321	$ 352,945
Medicare Payables	$ 170,233	$ 191,200	$ 20,967
Community Reinvestment Reserve	$ 127,680	$ 166,557	$ 38,877
Credit Card Payable	$ 1,164	$ 2,719	$ 1,555
Other Current Liabilities			
Unearned Revenue	$ 0	$ 1,154,677	$ 1,154,677
Short Term Lease Liability - Copier	$ 1,509	$ 1,210	$ (299)
Bonus Accrual	$ 94,790	$ 110,936	$ 16,146
Salaries Accrual	$ 259,225	$ 329,212	$ 69,987
Vacation Accrual	$ 259,511	$ 232,194	$ (27,317)
Total Current Liabilities	**$ 29,078,887**	**$ 32,348,677**	**$ 3,269,790**
Total Liabilities	**$ 29,078,887**	**$ 32,348,677**	**$ 3,269,790**
NET POSITION			
Net investments in Capital Assets	$ 3,044,661	$ 3,037,402	$ (7,260)
Restricted by Legislative Authority	$ 300,000	$ 300,000	$ -
Unrestricted	$ 20,413,587	$ 20,420,846	$ 7,260
YTD Net Revenue	$ 745,451	$ 930,620	$ 185,169
Total Net Position	**$ 24,503,699**	**$ 24,688,868**	**$ 185,169**
Total Liabilities and Net Position	**$ 53,582,586**	**$ 57,037,545**	**$ 3,454,959**

Community Health Plan of Imperial Valley

Summarized Tangible Net Equity Calculation

As of July 2026

	Net Equity	$ 24,688,868
	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)	$ 24,688,868
	Required Tangible Net Equity *	$ 4,932,235
	TNE Excess (Deficiency)	$ 19,756,632

	Full Service Plan		* Calculated Required Tangible Net Equity	
		1	$ 200,213,700	- July
A.	Minimum TNE Requirement	$ 1,000,000	$ 343,223,485	- Annualized
B.	REVENUES:			
			$ 150,000,000	
	2% of the first $150 million of		x 2%	
	annualized premium revenues	$ 3,000,000	$ 3,000,000	
	(lines 1, 2, 4, 5, 7, 9 from Income Statement)			
	Plus			
			$ 193,223,485	
	1% of annualized premium revenues		x 1%	
	in excess of $150 million	$ 1,932,235	$ 1,932,235	
	Total	$ 4,932,235	$ 4,932,235	- Required TNE

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

Date	Account	Vendor	Memo/Description	Amount
Chase Primary Checking				
07/01/26	Chase Checking - Primary	Rincon Broadcasting Yuma Operations	Inv NYMA 771076-- bill.com Check Number: 81234820	$ (2,000.00)
07/01/26	Chase Checking - Primary	Kaz-Bros Design Shop	Inv 15407-- bill.com Check Number: 81234462	$ (190.30)
07/03/26	Chase Checking - Primary	Law Office of William S. Smerdon	Inv 3057	$ (1,842.50)
07/03/26	Chase Checking - Primary	MAK Solutions	Inv CHPIV-11	$ (4,750.00)
07/06/26	Chase Checking - Primary	Rippling	Employee net pay paid by direct deposits for check date 07/06/2026	$ (5,188.31)
07/06/26	Chase Checking - Primary	Rippling	Payroll taxes paid via Rippling for check date 07/06/2026	$ (3,273.14)
07/07/26	Chase Checking - Primary	First Unum Life Insurance Company	UNUM Invoice 07/01/26 - 07/31/26	$ (872.16)
07/07/26	Chase Checking - Primary	JPMorgan Chase	Dividend Income - June 2026	$ 6,205.56
07/07/26	Chase Checking - Primary	JPMorgan Chase	Service Charges Investment Sweep - July	$ (495.82)
07/07/26	Chase Checking - Primary	Rippling	Employee Reimbursement - A. Romo & L. Lewis	$ (583.57)
07/07/26	Chase Checking - Primary	Rippling	Employee Reimbursement - J. Hutchins and S. Levy	$ (1,048.61)
07/07/26	Chase Checking - Primary	Rippling	Employee Reimbursement - T. Godinez	$ (94.72)
07/07/26	Chase Checking - Primary	Rippling	People Center	$ (15.00)
07/07/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	$ (1,350.80)
07/07/26	Chase Checking - Primary	State Compensation Insurance Fund	Workers Compensation Payment	$ (1,530.33)
07/07/26	Chase Checking - Primary	County of Imperial	Property Tax Refund	$ 95,614.43
07/07/26	Chase Checking - Primary	Imperial Irrigation District	Rebate	$ 1,000.00
07/08/26	Chase Checking - Primary	Great America Financial Services	Inv 42277153	$ (306.01)
07/08/26	Chase Checking - Primary	Kaz-Bros Design Shop	Inv 15438-- bill.com Check Number: 81253418	$ (108.74)
07/08/26	Chase Checking - Primary	Epstein Becker & Green, P.C.	Inv 1238022-- bill.com Check Number: 81253758	$ (2,528.50)
07/08/26	Chase Checking - Primary	Brawley Chamber of Commerce	Inv 24917-- bill.com Check Number: 81253808	$ (500.00)
07/08/26	Chase Checking - Primary	Department of Managed Health Care	Inv IMR25-218-- bill.com Check Number: 81254774	$ (649.00)
07/08/26	Chase Checking - Primary	Quench USA	Inv INV11056599	$ (129.30)
07/10/26	Chase Checking - Primary	Wealthspire Retirement, LLC	Multiple invoices	$ (3,750.00)
07/10/26	Chase Checking - Primary	Alliant Insurance Services, Inc.	Inv 3585776	$ (5,486.00)
07/10/26	Chase Checking - Primary	Yuma Signmasters, LLC	Inv 26-1077-- bill.com Check Number: 81264581	$ (3,962.92)
07/10/26	Chase Checking - Primary	Professional Office Services, Inc.	Inv 003880411	$ (4,261.88)
07/10/26	Chase Checking - Primary	Junior's Cafe	Inv 13-20362-- bill.com Check Number: 81265250	$ (441.85)
07/10/26	Chase Checking - Primary	Imperial Desert Landscape	Inv 1267	$ (250.00)
07/10/26	Chase Checking - Primary	City of Imperial	Acct 80683 - Inv 1544763-- bill.com Check Number: 81264076	$ (237.14)
07/10/26	Chase Checking - Primary	Stericycle, Inc.	Inv 8014604312	$ (123.17)
07/10/26	Chase Checking - Primary	Vic's Air Conditioning & Electrical	Inv 104833	$ (510.00)
07/10/26	Chase Checking - Primary	Sparkling Clean	Inv July 2026	$ (900.00)
07/10/26	Chase Checking - Primary	Rippling	Employee net pay paid by direct deposits for check date 07/10/2026	$ (126,394.87)
07/10/26	Chase Checking - Primary	Rippling	Payroll taxes paid via Rippling for check date 07/10/2026	$ (61,343.24)
07/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (July 2026 Revenue)	$ 26,126,510.07
07/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (July 2026 Revenue)	$ 919,013.98
07/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (July 2026 Revenue)	$ 14,378.47
07/14/26	Chase Checking - Primary	Department of Health Care Services	Receipt - DHCS (July 2026 Revenue)	$ 1,864.79
07/14/26	Chase Checking - Primary	First Unum Life Insurance Company	Employee Contributions to Accidental Insurance, Long Term Insurance and	$ (44,871.20)
07/14/26	Chase Checking - Primary	First Unum Life Insurance Company	Employee Contributions to Accidental Insurance, Long Term Insurance and	$ (1,925.28)
07/14/26	Chase Checking - Primary	Rippling	Employee Reimbursement - L. Gutierrez & D. Wilson	$ (1,303.94)
07/14/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	$ (952.28)
07/14/26	Chase Checking - Primary	Voya	Payroll Date: 07/10/26 Retirement Contribution	$ (12,949.26)
07/15/26	Chase Checking - Primary	I.V. Termite & Pest Control	Inv 0364829	$ (243.00)
07/15/26	Chase Checking - Primary	Brawley Rotary Club	Inv June 2026 Statement-- bill.com Check Number: 81276193	$ (255.00)
07/15/26	Chase Checking - Primary	Wakely consulting Group	Inv 337072 - 0000006	$ (27,730.00)
07/17/26	Chase Checking - Primary	Wakely consulting Group	Inv 337071 - 0000006	$ (21,511.25)
07/17/26	Chase Checking - Primary	AM Copiers Inc.	Inv IN10245	$ (540.17)
07/21/26	Chase Checking - Primary	Department of Managed Health Care	Department of Managed Health Care 1st Installment	$ (190,470.41)
07/21/26	Chase Checking - Primary	JPMorgan Chase	Account Analysis Settelement Charge	$ (469.15)
07/21/26	Chase Checking - Primary	Rippling	Employee Reimbursement - A. Romo	$ (22.80)
07/21/26	Chase Checking - Primary	Rippling	Employee Reimbursement - E. Torres & S. Levy	$ (240.35)
07/21/26	Chase Checking - Primary	Rippling	Quarter End Recon	$ (52.54)
07/21/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	$ (709.22)
07/23/26	Chase Checking - Primary	Ascend Technologies, LLC	Inv INV054681	$ (7,031.83)
07/23/26	Chase Checking - Primary	Inerglo Creative	Inv INV-00713	$ (3,000.00)
07/24/26	Chase Checking - Primary	Smith-Kandal Insurance	Inv 6782	$ (30,290.55)
07/24/26	Chase Checking - Primary	Shalom Events Professionals	Inv INV070126-- bill.com Check Number: 81309349	$ (85.00)
07/24/26	Chase Checking - Primary	I.V. Termite & Pest Control	Inv 0365930	$ (128.00)
07/24/26	Chase Checking - Primary	Quadient, Inc.	Inv INV 07232026-- bill.com Check Number: 81320501	$ (312.84)
07/24/26	Chase Checking - Primary	Rippling	Employee net pay paid by direct deposits for check date 07/24/2026	$ (151,885.63)
07/24/26	Chase Checking - Primary	Rippling	Payroll taxes paid via Rippling for check date 07/24/2026	$ (84,084.32)
07/27/26	Chase Checking - Primary	Great America Financial Services	Inv 42529538	$ (306.01)
07/27/26	Chase Checking - Primary	Employers Preferred Ins. Co.	Inv EIG 5696223 02-- bill.com Check Number: 81312713	$ (616.00)
07/28/26	Chase Checking - Primary	Lee Hindman	Inv July 2026 Stipend	$ (300.00)
07/28/26	Chase Checking - Primary	Carlos Ramirez	Inv July 2026 Stipend	$ (300.00)
07/28/26	Chase Checking - Primary	Xochitl Fausto	Inv July 2026 Stipend	$ (100.00)
07/28/26	Chase Checking - Primary	Bushra Ahmad	Inv July 2026 Stipend	$ (100.00)
07/28/26	Chase Checking - Primary	Allan Wu	Inv July 2026 Stipend	$ (100.00)
07/28/26	Chase Checking - Primary	Pablo Velez	Inv July 2026 Stipend	$ (100.00)
07/31/26	Chase Checking - Primary	Epstein Becker & Green, P.C.	Multiple invoices	$ (7,616.00)
07/31/26	Chase Checking - Primary	Rincon Broadcasting Yuma Operations	Inv NYMA 774317-- bill.com Check Number: 81328266	$ (2,500.00)
07/31/26	Chase Checking - Primary	JPMorgan Chase	Credit Card Payment	$ (1,164.49)
07/31/26	Chase Checking - Primary	JPMorgan Chase	Credit Card Payment	$ (12,928.56)
07/31/26	Chase Checking - Primary	JPMorgan Chase	Mid Atlantic	$ (3,096.38)
07/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement - D. Wilson	$ (344.40)
07/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement - J. Escobar	$ (16.00)
07/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement - J. Escobar	$ (30.44)
07/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement - J. Hutchins	$ (1,070.98)
07/31/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	$ (723.12)
07/31/26	Chase Checking - Primary	Rippling	Replenish Rippling - FSA	$ (89.20)
07/31/26	Chase Checking - Primary	Voya	Payroll Date: 07/24/2026 Retirement Contribution: Employee	$ (8,640.11)
07/31/26	Chase Checking - Primary	HealthNet	P2P Subsidies	$ 3,220.81

07/31/26	Chase Checking - Primary	Rippling	Employee Reimbursement - S. Long	$	(73.22)
07/31/26	Chase Checking - Primary	HealthNet	July 2026 - Rental Income	$	1,538.31

Chase Checking - DSNP

07/03/26	Chase Checking - DSNP	Centrix Benefit Administrators	Inv INV070126	$	(6,435.36)
07/07/26	Chase Checking - DSNP	CMS	JUL 2026 CMS Capitation	$	1,269,677.66
07/08/26	Chase Checking - DSNP	Community Health Group	Inv 2026-24	$	(23,801.08)
07/08/26	Chase Checking - DSNP	Language Line Services, Inc.	Inv 11971061	$	(363.70)
07/08/26	Chase Checking - DSNP	Community Health Group	Inv 33202811	$	(84,941.89)
07/10/26	Chase Checking - DSNP	Community Health Group	Inv 2026-25	$	(37,077.88)
07/15/26	Chase Checking - DSNP	Community Health Group	Inv 33221683	$	(95,576.96)
07/15/26	Chase Checking - DSNP	Primary Healthcare Medical Group IPA, Inc.	Inv JUL2026	$	(53,504.24)
07/15/26	Chase Checking - DSNP	Community Care IPA, Inc.	Inv JUL2026	$	(49,114.34)
07/15/26	Chase Checking - DSNP	Premier Patient Care IPA, INC.	Inv JUL2026	$	(186,775.16)
07/15/26	Chase Checking - DSNP	Community Health Group	Multiple invoices	$	(109,833.60)
07/15/26	Chase Checking - DSNP	RSC Insurance Brokerage, Inc.	Inv INV071426	$	(12,240.36)
07/15/26	Chase Checking - DSNP	Imperial County Physicians Medical Group, Inc.	Inv JUL2026	$	(3,375.44)
07/17/26	Chase Checking - DSNP	Nations Benefits, LLC	Multiple invoices	$	(23,946.18)
07/17/26	Chase Checking - DSNP	Community Health Group	Inv 33243189	$	(58,912.80)
07/24/26	Chase Checking - DSNP	Community Health Group	Inv 2026-27	$	(33,747.43)
07/27/26	Chase Checking - DSNP	Alliance Insurance Services LLC	Multiple invoices	$	(8,148.00)
07/27/26	Chase Checking - DSNP	FEX Partners Insurance Agency LLC	Multiple invoices	$	(4,656.00)
07/27/26	Chase Checking - DSNP	David A Gunther	Multiple invoices (details on stub)	$	(2,160.00)
07/27/26	Chase Checking - DSNP	Community Health Group	Inv 33264742	$	(54,748.35)
07/28/26	Chase Checking - DSNP	Centrix Benefit Administrators	Inv INV072726	$	(6,932.40)
07/31/26	Chase Checking - DSNP	Community Health Group	Inv 2026-28	$	(46,629.75)
07/31/26	Chase Checking - DSNP	CMS	AUG 2026 CMS Capitation	$	1,154,676.72
07/31/26	Chase Checking - DSNP	JPMorgan Chase	Dividend Income - July 2026	$	3,296.78
07/31/26	Chase Checking - DSNP	JPMorgan Chase	Account Analysis Settlement Charge	$	(298.57)
07/31/26	Chase Checking - DSNP	JPMorgan Chase	July 2026 Interest	$	169.29
07/31/26	Chase Checking - DSNP	CMS	Manufacturer Discount Program Receivable	$	0.24
07/31/26	Chase Checking - DSNP	JPMorgan Chase	Sweep Basis Fee	$	(263.52)

JPMorgan Securities

07/31/26	Chase Securities	Health Net	June Health Net Payment	$	(26,088,132.85)
07/31/26	Chase Securities	JPMorgan Chase	Bank Fee - June 2026 (Portfolio)	$	(25.00)
07/31/26	Chase Securities	JPMorgan Chase	June 2026 Accrued Investment Income	$	90,739.44

JPMorgan Credit Card

07/01/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	$	(59.61)
07/01/26	Chase Credit Card	Cognito, LLC	Cognito Enterprise	$	(129.00)
07/02/26	Chase Credit Card	Miscellaneous Vendors	Pollos Mi Pollo	$	(185.38)
07/02/26	Chase Credit Card	Miscellaneous Vendors - Meals	Ice - 76 Fuel	$	(19.37)
07/02/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	$	(53.86)
07/03/26	Chase Credit Card	Miscellaneous Vendors	Smart & Final	$	(53.28)
07/03/26	Chase Credit Card	Miscellaneous Vendors	Vons - Office supplies	$	(47.61)
07/03/26	Chase Credit Card	Miscellaneous Vendors	Smart & Final	$	(51.30)
07/03/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	$	(53.19)
07/03/26	Chase Credit Card	Jazz HR	Jazz HR	$	(234.53)
07/03/26	Chase Credit Card	Rocket Copy	Rocket Copy	$	(308.52)
07/03/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	$	(76.98)
07/06/26	Chase Credit Card	AT&T	AT&T	$	(203.30)
07/06/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	$	(13.95)
07/06/26	Chase Credit Card	GoDaddy.com	GoDaddy	$	(419.52)
07/07/26	Chase Credit Card	Miscellaneous Vendors	Worktime	$	(494.55)
07/07/26	Chase Credit Card	DoorDash, Inc.	DoorDash	$	(167.60)
07/08/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	$	(170.10)
07/08/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	$	(141.75)
07/09/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	$	(4.85)
07/09/26	Chase Credit Card	Miscellaneous Vendors	Brickhouse Deli - Lunch for Executive	$	(25.86)
07/09/26	Chase Credit Card	Miscellaneous Vendors	Monday.com	$	(1,140.00)
07/09/26	Chase Credit Card	Brickhouse Deli	Brickhouse Deli - Executive and Finance Meeting	$	(278.20)
07/09/26	Chase Credit Card	GoDaddy.com	GoDaddy	$	(736.26)
07/09/26	Chase Credit Card	DoorDash, Inc.	DoorDash	$	167.60
07/10/26	Chase Credit Card	Lowes	Lowes	$	(63.87)
07/10/26	Chase Credit Card	Amazon	Amazon - Office Supplies	$	(167.40)
07/10/26	Chase Credit Card	Miscellaneous Vendors	Ahip Training	$	(175.00)
07/10/26	Chase Credit Card	Miscellaneous Vendors	Ahip Training	$	(175.00)
07/10/26	Chase Credit Card	Amazon	Amazon - Office Supplies	$	(188.22)
07/10/26	Chase Credit Card	Wal-Mart	Walmart - Office Supplies	$	(88.11)
07/13/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	$	(10.50)
07/13/26	Chase Credit Card	Amazon	Amazon - Office Supplies	$	(37.70)
07/13/26	Chase Credit Card	Republic Services	Republic Services	$	(187.80)
07/14/26	Chase Credit Card	GoDaddy.com	GoDaddy	$	(299.52)
07/15/26	Chase Credit Card	Miscellaneous Vendors	OpenAI	$	(125.00)
07/15/26	Chase Credit Card	Amazon	Amazon - Office Supplies	$	(132.11)
07/15/26	Chase Credit Card	Miscellaneous Vendors	Pollos Mi Pollo	$	(61.79)
07/16/26	Chase Credit Card	ADT Security Services	ADT Home Security	$	(181.86)
07/16/26	Chase Credit Card	ADT Security Services	ADT Home Security	$	(446.24)
07/17/26	Chase Credit Card	Wal-Mart	Wal-Mart - Offices Supplies	$	(182.29)
07/17/26	Chase Credit Card	GoDaddy.com	GoDaddy	$	(299.52)
07/20/26	Chase Credit Card	Microsoft Corporation	Microsoft Corporation	$	(964.32)
07/20/26	Chase Credit Card	GoDaddy.com	GoDaddy	$	(19.97)
07/20/26	Chase Credit Card	Fujisan	Fujisan	$	(165.57)
07/20/26	Chase Credit Card	Adobe	Adobe	$	(767.68)
07/20/26	Chase Credit Card	Amazon	Amazon - Office Supplies	$	(71.64)
07/20/26	Chase Credit Card	ZenDesk US	ZenDesk	$	(221.78)
07/22/26	Chase Credit Card	Rocket Copy	Rocket Copy	$	(311.77)
07/23/26	Chase Credit Card	FaceBook	Facebook	$	(52.00)
07/24/26	Chase Credit Card	Miscellaneous Vendors	Claude Software	$	(50.00)
07/27/26	Chase Credit Card	Verizon Communications Inc.	Cell Phones	$	(613.15)
07/27/26	Chase Credit Card	Miscellaneous Vendors	Donut Palace	$	(50.50)

07/27/26	Chase Credit Card	Miscellaneous Vendors	Vertafore Sircon	$	(188.00)
07/27/26	Chase Credit Card	GoDaddy.com	GoDaddy	$	(839.04)
07/28/26	Chase Credit Card	Miscellaneous Vendors	Green Touch Dry Cleaning	$	(115.36)
07/28/26	Chase Credit Card	Miscellaneous Vendors	Apple iCloud Storage	$	(14.85)
07/29/26	Chase Credit Card	Quickbooks Intuit	Quickbooks Intuit	$	(275.00)
07/29/26	Chase Credit Card	FedEx	FedEx Shipping	$	(99.65)
07/29/26	Chase Credit Card	Miscellaneous Vendors	Miscellaneous	$	(81.00)
07/30/26	Chase Credit Card	Wal-Mart	Walmart - Office Supplies	$	(145.76)
07/30/26	Chase Credit Card	Miscellaneous Vendors	Finance Team Lunch	$	(158.62)
07/31/26	Chase Credit Card	JPMorgan Chase	Credit Card Payment	$	1,164.49
07/31/26	Chase Credit Card	JPMorgan Chase	Credit Card Payment	$	12,928.56
07/31/26	Chase Credit Card	USPS	US Postal Service	$	(10.80)
07/31/26	Chase Credit Card	Lowes	Lowes	$	(55.47)
07/31/26	Chase Credit Card	Local Health Plans of California	Changes to Medi Cal	$	(152.97)
07/31/26	Chase Credit Card	PMH Foundation	San Diego County	$	(2,500.00)

Fact Sheet/Action Items

Action Items - Motions requiring Commission approval

Motion Fact Sheet

Recommendation

Motion to formally designate the Community Advisory Committee (CAC) as the Public Policy Committee of the Commission and to update the charters of the CAC and CAC Selection Committee to reflect this designation, composition requirements, and responsibilities.

Background

The Knox-Keene Act, 28 CCR §1300.69(e), requires that the plan operate a Public Policy to Committee to ensure that members have meaningful opportunities to participating in shaping the plan's public policy. The committee must be a standing committee of the governing body and include:

Must establish a standing committee of the governing body or executive committee:

- At least **51%** of members must be subscribers and/or enrollees
- At least **one** member must also be on the governing body/executive committee
- At least **one** member must be a provider

Recommendations and reports must be regularly and timely reported to the governing body/executive committee, which must act on them and record the action in minutes.

Why Now

This resolution is to formalize this requirement. The CAC is currently comprised of 51% CHPIV members and is chaired by a Commissioner, Xochitl Fausto. Committee reports are reported to the Commission on a quarter basis, and considered in strategic planning of the Commission.

Financial Impact

None

Risks / Alternatives

The regulation allows the Commission to serve as the Public Policy Committee, but current composition does not satisfy the Public Policy Committee requirements.

Items after the relevant motion to immediately follow

The CAC Selection Committee will meet to recommend appointment of a Provider Representative to the CAC to satisfy Public Policy Committee composition requirements.

Community Advisory Committee (CAC) Charter

Purpose

The Community Advisory Committee (CAC) is a standing committee of the CHPIV Commission, the plan's governing board. The Committee's purpose is to ensure that members of CHPIV have meaningful opportunities to shape the plan's public policy and to ~~appointed by the Community Advisory Committee Selection Committee to advocate for CHPIV enrollees (members) by ensuring that~~ enable CHPIV ~~is~~ to be responsive to Members' diverse health care needs. The CAC empowers members to bring their voices to the table to ensure CHPIV is actively driving interventions and solutions to build more equitable care.

Objectives.

1. Obtain local level feedback, insights, and perspectives to inform and address CHPIV policy, operations, including quality and health equity strategy.
2. Maintain a stable local presence and forum to engage and collaborate with local community partners and resources to ensure community needs are met.
3. Provide perspectives on health equity and disparities, population health, children's services, - and relevant plan operations and programs.
4. Inform CHPIV's cultural and linguistic services program.
5. Maximize member participation and involvement to solicit meaningful insights and perspectives to improve how CHPIV delivers services through ongoing training as well as effective meeting facilitation.
6. Inform and advise CHPIV how to utilize Health Equity Improvement zones based on identified health disparities to ensure talent, resources and partnerships are aligned to improve health equity performance outcomes for members and residents of the Imperial Valley County
7. Provide forum for bidirectional communication between committee members and CHPIV leadership to inform use of community reinvestment funds; and
8. Assess the need for and establish Community Impact Council(s) using data, insights, and considering community and CHPIV priorities, who will collaborate with diverse community stakeholders to further drive community impact and create sustainable forums for continued work.

CAC Responsibilities.

The Committee shall have the following authority and responsibilities, together with any additional authority or responsibility delegated to the Committee by the Commission from time to time:

1. Make policy recommendations and provide quarterly reports to the CHPIV Commission.
2. ~~1.~~ Identify and advocate for preventive care practices.
3. ~~2.~~ Advise on necessary Member or Provider targeted services, programs, and training.
4. ~~3.~~ Gather feedback, develop, and update cultural and linguistic policy and procedure decisions including those related to Quality Improvement (QI), education, and operational and cultural competency issues affecting groups who speak a primary language other than English.
    a. Make recommendations to CHPIV regarding the cultural appropriateness of communications, partnerships, program design and services.
    b. Provide input on the selection of targeted health education, cultural and linguistic, and QI strategies, including prioritizing the same.
5. ~~4.~~ Review Population Needs Assessment (PNA) and/or the annual Population Health Management Strategy results, discuss and provide input into opportunities to improve performance with an emphasis on Health Equity and Social Drivers of Health. These reviews will be annually depending on the reports received. PNA to be reviewed every 3 Years, however the PMH strategy due yearly to be reviewed.
6. ~~5.~~ Ensure findings, recommendations, and actions to/from the CHPIV Quality Improvement and Health Equity Committee (QIHEC) connect to holistic decisions and programming.
7. ~~6.~~ Recommend strategies to effectively engage members, including but not limited to consumer listening sessions, focus groups, and/or surveys; and
8. ~~7.~~ Provide input and advice, including, but not limited to, the following:
    a. Member satisfaction survey results.
    b. Plan marketing materials and campaigns.
    c. Communication of needs for Network development and assessment.
    d. Community resources and information.
    e. Population Health Management.
    f. Quality.
    g. Health Delivery Systems Reforms to improve health outcomes.
    h. Carved Out Services.
    i. Coordination of Care;

j. Health Equity; and
k. Access to Services

~~8.~~9. CHPIV will ensure that CAC meetings are accessible to CAC members, and that CAC feedback is meaningfully incorporated in CHPIV operations and governance.

~~9.~~10. Review and approve meeting minutes from previous session.

~~10.~~11. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Commission for approval. The Committee shall annually review its own performance.

Committee Membership.

The Committee shall consist of at least 51% CHPIV members and include ~~several directors as the~~ at least one member of the Commission and at least one provider representative ~~shall review from time to time~~. The members of the Committee shall be appointed or replaced by the Commission upon the recommendation of the CAC Selection Committee of the Commission, with or without cause.

Unless the Commission appoints a Chair of the Committee, a designated CHPIV staff member shall assume the role of CAC Coordinator and Chairperson. The Chair of the CAC is responsible for:

1. Providing advice and guidance to the CHPIV Quality Improvement and Health Equity Committee and CHPIV ~~Leadership~~ Commission regarding the direction, approach and response of Community Health Plan of Imperial Valley regional and cultural issues that have implications on member satisfaction, new product lines, health promotion and education efforts, marketing, and outreach.
2. Ensuring a local presence for the Community Advisory Committee Membership
3. Oversight of the Community Advisory Committee administration.
4. Organizing all CAC Meetings

The compensation of the Committee members shall be as determined by the Commission.

Reporting Structure.

1. CAC will submit regular reports of activities, findings, and formal recommendations to the Commission and QIHEC to advance the CAC purpose and objectives. CAC recommendations shall include needed interventions where applicable. The inclusion of needed interventions in their recommendations is a proactive step to

address any issues identified during their activities. This process not only helps in advancing the CAC's purpose and objectives but also supports the organization's broader mission to implement changes that lead to improvements in policy or practice.

2. The CAC Coordinator to perform defined responsibilities such as scheduling meetings, developing agendas under the direction of the CAC Chair, CAC Selection Committee, ~~QIHEC~~ and CHPIV, ensuring accessibility and active participation, compliance with public meeting requirements as applicable, meeting minutes and updating the CAC and Commission. The CAC Coordinator will also be responsible for managing the operations of the CAC in compliance with all statutory, regulatory, and contract requirements.

Frequency & Structure of Meetings.

The Community Advisory Committee shall meet at least quarterly, or as often as it deems necessary to perform its responsibilities.

Reviewed and Approved by Commission
Date: 9/14/2026

Community Advisory Committee (CAC)
Selection Committee Charter

Objectives

1. Select the members of the Community Advisory Committee (CAC).
2. Adjust CAC membership to account for changes in CHPIV membership.

Responsibilities

The Committee shall have the following authority and responsibilities, together with any additional authority or responsibility delegated to the Committee by the Commission of the Imperial County Local Health Authority (Commission) from time to time:

1. Ensure the CAC membership includes at least 51% CHPIV members, at least one Commissioner, and at least one provider representative.

~~1.~~2. Ensure the CAC membership reflects the general Medi-Cal Member population in Imperial County, including representatives from Indian Health Service Providers, representatives who receive LTSS and/or individuals representing LTSS recipients, adolescents and/or parents and/or caregivers of children, including foster youth, as appropriate and be modified as the population changes to ensure that CHPIV's communities are represented and engaged;

~~2.~~3. Review, at least annually, demographic data, including data on racial, ethnic, and linguistic composition, of residents and members living in Imperial County to ensure CAC recruitment efforts and membership aligns with and reflects the racial, ethnic, and linguistic diversity of their respective Service Area.

~~3.~~4. Make a good faith effort to ensure the CAC membership is composed primarily of CHPIV Members, including representatives from diverse and hard- to-reach populations, with a specific emphasis on persons who are representative of or serving populations that experience health disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, sexual orientation, and physical disabilities.

Committee Membership

The CAC Selection Committee shall consist of such number of directors as the Commission shall from time to time determine, but in no event shall it consist of less than

two members. The members of the Committee shall be appointed or replaced by Commission with or without cause.

The CAC Selection Committee must select all CAC members.

The CAC Selection Committee should include representatives from:

1. Persons who sit on the Commission
2. Safety Net Providers including federally qualified health centers (FQHCs), behavioral health, regional centers, local education authorities, dental Providers, IHS Facilities, and home and community-based service Providers; and
3. Persons and community-based organizations who are representatives within Imperial County, adjusting for changes in membership diversity.

Frequency

The CAC Selection Committee shall meet annually, or as often as it deems necessary in order to perform its responsibilities. Except as expressly provided in the Bylaws, the Committee shall determine its own rules of procedure.

Length of Appointments

- CAC Selection Committee members will serve a two-year term and may serve an unlimited number of terms.
- Should a CAC Selection Committee member resign, be asked to resign, or otherwise unable to serve on the CAC Selection Committee, the Committee will exercise best efforts to promptly replace the vacant seat, as needed, within 60 calendar days of the vacancy.

Reviewed and Approved by Commission
Date: ~~97~~/14/202~~65~~

Action Items

IMPERIAL COUNTY
Local Health Authority Commission

Fact Sheet

Resolution to Include the LHA in the Social Security program

April 13, 2026 Updated for 9-14-2026

Recommendations

Motion: to adopt Resolution #2026-09 "Authorizing the execution of the Application and Agreement for Social Security coverage for Employees of the Imperial County Local Health Authority." (complete resolution included in commissioner materials).

Background

From the beginning of the first employees hired by the LHA on November 14, 2022, the LHA has withheld social security taxes as required by any non-public agency. We learned last year that as a public agency, we are not automatically included in the Social Security program, and the LHA needed to affirmatively agree to participate in the Social Security System (the April 2026 Resolution).

Current Situation As a public agency, there are alternatives to participating in the Social Security system, however, with the Commission's approval LHA proceeded to take the necessary steps to participate in the Social Security system. Not participating would affect each employee's Social Security benefits should an employee choose not to stay at the LHA. There would also be effects on employees' disability, survivor benefits, and other benefits that might be offered under the Social Security program.

Public agencies in California must submit their elections to **CalPers** (which we did in the spring of 2026) which is the **state administrator of the California/federal Social Security Agency** agreement whereafter we will be added to the list of other California public agencies opting into the Social Security system.

With the **CalPers requirements met**, we will **now be completing the federal application** to adopt Social Security coverage which requires a **new resolution #2026-09.**

Financial Impact (including Budget Reference)

No financial impact as we already pay into the social security program.

First Submission to Commission: 09-14-20026

Official State Social Security Administrator
California Public Employees' Retirement System

P.O. Box 720720, Sacramento, CA 94229-0720 |Phone: (916) 795-0810 | Fax: (916) 795-3005
888 CalPERS (or **888**-225-7377) | TTY: (877) 249-7442 | **www.calpers.ca.gov/sssa**

August 20, 2026 CalPERS ID No.: 1491106063

Lawrence Lewis
Chief Executive Officer
Imperial County Local Health Authority
512 W. Aten Road
Imperial, CA 92251

Dear Lawrence Lewis,

Thank you for submitting the Resolution to provide Social Security coverage for the employees of Imperial County Local Health Authority.

The next step is the adoption of the Resolution authorizing execution of the Application and Agreement for Social Security coverage for employees of the Imperial County Local Health Authority. We are enclosing a partially completed Resolution, and Application and Agreement. The forms contain the terms of coverage indicated in the Resolution adopted by the Imperial County Local Health Authority Board of Directors of the Imperial County Local Health Authority. Lawrence Lewis, as Authorized Agent, should sign all copies of the enclosed Application and Agreement. The original and one copy of the adopted certified Resolution and the original and one copy of the signed Application and Agreement should be returned to this office.

Upon receipt of the above, we will request the Federal Government to include the Imperial County Local Health Authority in the Social Security program.

These documents should not be modified in any way as only the content included in the documents provided by this office will be accepted.

If you have any questions regarding the enclosed information, please contact this office at (916) 795-0810.

Sincerely,

Pascal Johanning
Pascal Johanning
State Social Security Administrator Program
Enclosures

RESOLUTION NO. _____
(To Accompany Application and Agreement)

WHEREAS, the Public Agency desires to file an application with the State and to enter into an agreement with the State to extend coverage to eligible employees of the Public Agency, as defined in Section 218(b)(5) of the Federal Social Security Act, coverage under the said insurance system on behalf of the Public Agency; and

WHEREAS, official form "Application and Agreement" containing the terms and conditions under which the State will effect such inclusion has been examined by this body; NOW, THEREFORE, BE IT RESOLVED, that said Application and Agreement on said official form be executed on behalf of the Public Agency and submitted to the State to provide coverage under the California State Social Security Agreement of March 9, 1951, of all services performed by individuals as employees of the Public Agency, except the following:

1. All services excluded from coverage under the agreement by Section 218 of the Social Security Act; and
2. Services excluded by option of the Applicant as indicated in Resolution No. adopted at a meeting of the Imperial County Local Health Authority on April 13, 2026: None.

Effective date of coverage of services under said agreement to be November 14, 2022; and

BE IT FURTHER RESOLVED, that Lawrence Lewis, Chief Executive Officer, 512 W. Aten Road Imperial, CA 92251, is hereby authorized and directed to execute said Application and Agreement on behalf of and as Authorized Agent of the Public Agency and to forward same to the State for acceptance and further action; and

BE IT FURTHER RESOLVED, that authority hereafter to act as Authorized Agent, and so to conduct all negotiations, conclude all arrangements, submit all reports, and sign all agreements and instruments which may be necessary to carry out the letter and intent of the aforesaid application and agreement, in conformity with all applicable Federal and State laws, rules and regulations, is vested in the position of Chief Executive Officer.

Imperial County Local Health Authority

_____
Presiding Officer

Chief Executive Officer
_____
Title

September 14, 2026
_____
Date

CERTIFICATION

I, Lawrence Lewis, Chief Executive Officer of the Imperial County Local Health Authority, State of California, do hereby certify the foregoing to be a full, true, and correct copy of Resolution No. _____ adopted by the Imperial County Local Health Authority Board of Directors of the Imperial County Local Health Authority at the special meeting held on the 14th day of September 14, 2026, as the same appears of record in my office.

_____
(Signature)

Chief Executive Officer
_____
(Title)

September 14, 2026
_____
(Date)

APPLICATION AND AGREEMENT

For the purposes of this application and agreement, any reference made herein to any State or Federal statute or statutes, or regulations, or part thereof, applies to all amendments thereto now or hereafter made.

For the purposes of this application and agreement, "Federal System" means Old-Age, Survivors, and Disability and Health Insurance system established by the Federal Social Security Act, "Federal agency" means the Commissioner of Social Security, or successor in function to such officer, "Board" means the Board of Administration of the Public Employees' Retirement System, acting on behalf of the State of California.

The Imperial County Local Health Authority, a public agency as defined in Section 22009 of the Government Code* hereinafter called Applicant, hereby makes application to the Board to execute a modification to the California State Social Security Agreement extending thereunder the Federal System to all services performed by individuals as employees of the Applicant in a coverage group as defined in Section 218 (b)(5) of the Social Security Act* except the following:

1. Those services mandatorily excluded from said agreement by Section 218 of the Social Security Act. *
2. The following services excluded by option of the Applicant pursuant to the Resolution, adopted on April 13, 2026:

None

*See Attachment

In order to carry into effect, the common governmental duties under such statutes and in consideration of the mutual promises hereinafter made, the Applicant and the Board agree as follows:

1. The Board will execute a modification to the California State Social Security Agreement to extend thereunder the Federal System to the services of employees of Applicant as hereinbefore applied for.
2. Applicant will comply promptly and completely, throughout the term of this application and agreement, with the letter and intent of all statutes of the State of California, and Section 218 of the Federal Social Security Act, and applicable Federal and State regulations adopted pursuant thereto.
3. Applicant shall pay to the Federal Government amounts equivalent to the sum of taxes (employer-employee contributions) imposed under the Federal Insurance Contributions Act if the services of employees covered by the application and agreement constituted employment as defined in such Act. Applicant shall keep or cause to be kept accurate records of all remuneration for such services, said records to be maintained as required by Federal or State regulations, and said records shall be available for inspection or audit by the Board or its designated representative.

Applicant will prepare and submit such wage reports as may be required

4. Applicant shall pay and reimburse the State at such times as may be determined by the State:

(a) Any sums of money that the State may be obligated to pay or forfeit to the Federal Government by reason of any failure of the Applicant, for any cause or reason, to pay the contributions, penalties, or interest required by the agreement between the Federal agency and the State at such time or in such amounts as required by the said agreement and any State or Federal regulations adopted pursuant thereto.

(b) In such amounts, as may be determined by the State, its proportionate share of any and all costs incurred by the State in the administration of the Federal System as it affects the Applicant and its employees.

(c) In such amounts, as may be determined by the State, the cost of any and all work and services relating to the election for the purposes of coverage under the Federal System held with respect to the coverage group for which coverage under the Federal System is requested herein.

(d) In such amounts, as may be determined by the State, the costs of any audits of the books and records of the Applicant made by the State or its designated representatives pursuant to Section 22559 of the Government Code.

5. The coverage herein provided for shall be effective November 14, 2022.

6. That, subject to the aforesaid provisions and applicable law, this application and agreement may be amended by the mutual consent of the parties in writing.

7. After the filing of this application and agreement, its acceptance and execution by the State shall constitute it a binding agreement between the Applicant and the State of California with respect to the matters herein set forth.

Imperial County Local Health Authority

Signed by:

_____
(Authorized Agent)

And by:

_____
(Witness)

Chairman, Imperial County Local Health Authority
(Title)

September 14, 2026
(Date)

ACCEPTED: _____

STATE OF CALIFORNIA
BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

BY _____
Liza Lopez
State Social Security Administrator
State Social Security Administrator Program

ATTACHMENT

Section 22009, Government Code:

"Public Agency" means the State, any city, county, city and county, district, municipal or public corporation or any instrumentality thereof, or boards and committees established under Chapter 10 of Division 6 of the Agricultural Code, Chapter 754 of Statutes of 1933, as amended, or Chapter 307 of the Statutes of 1935.

The following services are mandatorily excluded:

(a) service performed in a policeman's or fireman's position, covered by a retirement system at the time coverage is extended to the Public Agency;

(b) service performed by an individual who is employed to relieve him from unemployment;

(c) service performed in a hospital, home, or other institution by a patient or inmate thereof;

(d) covered transportation service (as defined in Section 210(k) of the Social Security Act, as amended);

(e) service (other than agricultural labor or service performed by a student) which is excluded from employment by any provision of Section 210(a) of the Social Security Act, other than paragraph 7 of such section, or service the remuneration for which is excluded from wages by paragraph (2) of Section 209(h);

(f) service performed by an individual as an employee on a temporary basis in case of fire, storm, snow, earthquake, or similar emergency;

(g) services performed by election officials or election workers for each calendar year in which the remuneration paid for such service is less than the threshold amount mandated by law.

IMPERIAL COUNTY
Local Health Authority Commission

Fact Sheet

Resolution to Include the LHA in the Social Security program

April 13, 2026

Recommendations

Motion: to approve inclusion of the services performed by LHA employees in positions in the California State Social Security Agreement of March 9, 1951, providing for the coverage of public employees under the old age, survivors, disability and health insurance system established by the Federal Social Security Act, as amended (complete resolution included in commissioner materials).

Background

From the beginning of the first employees hired by the LHA on November 14, 2022, the LHA has withheld social security taxes as required by any non-public agency. We learned last year that as a public agency, we are not automatically included in the Social Security program, and the LHA needed to affirmatively agree to participate in the Social Security System (the Resolution).

Current Situation As a public agency, there are alternatives to participating in the Social Security system, however, it is our recommendation that the LHA participate in the Social Security system. Not participating would affect each employee's Social Security benefits should an employee choose not to stay at the LHA. There would also be effects on employees' disability, survivor benefits, and other benefits that might be offered under the Social Security program.

Public agencies in California must submit their elections to CalPers which is the state administrator of the California/federal Social Security Agency agreement whereafter we will be added to the list of other California public agencies opting into the Social Security system.

Financial Impact (including Budget Reference)

No financial impact as we already pay into the social security program.

First Submission to Commission: 4/13/2026

Second Submission date: N/A

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

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

Microsoft Teams
Join the meeting now
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	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.

The History of Section 218

1950: On January 1, 1951 Section 218 of the Social Security Act was enacted, allowing States, on a voluntary basis, to extend Social Security coverage to governmental employees not covered under a retirement system by entering into a Section 218 agreement.

1954: The Social Security Amendments of 1954 expanded the Act to allow States to extend Social Security coverage to State and local government employees who were members of public retirement system (except police officers and firefighters) provided coverage was authorized by the State and approved through a voluntary referendum of all retirement system members.

1956: The Social Security Amendments of 1956 authorized certain States to divide a retirement system and cover only those members who voted for coverage—and all new members.

1965: In 1965, Medicare was legislated and employees covered by Social Security were automatically covered for Medicare Hospital Insurance (HI). This included employees covered under a Section 218 Agreement.

1983: Before 1983, States could terminate Social Security coverage for employees covered under the State's Section 218 Agreement. The 1983 Social Security Amendments rescinded this provision of the Act and prohibited States from terminating coverage beginning April 20, 1983.

(continued on next page)

1985: Medicare coverage became mandatory for State and local government employees hired or rehired after March 31, 1986.

1986: Prior to 1987, SSA and the States were responsible for collecting Social Security and Medicare payments from governmental employers. Effective January 1, 1987, responsibility shifted to the IRS. Now, governmental employers pay Social Security and Medicare taxes directly to the IRS.

1990: On July 2, 1991 Social Security and Medicare coverage became mandatory for State and local governments employees who are not members of a public retirement system and who are not covered under a Section 218 Agreement.

1994: On August 16, 1994 all States were authorized to extend Social Security and Medicare-only coverage to police and firefighters covered by a retirement system. Prior to this date, only certain States could cover the services of these positions.

2004: Social Security Protection Act of 2004 enacted, requiring public employers to disclose to newly hired public employees that they are earning retirement benefits not covered by social security, closing the Government Pension Offset loophole and allowing Kentucky and Louisiana the option to provide a divided retirement system.

The State Social Security Administrator

- SSA's Regulations 20 CFR 404.1204 requires each State to designate a State Social Security Administrator to act for the State in administering that State's Section 218 Agreement.

- Serves as a bridge between State and local government employers and Federal agencies, including SSA and IRS.

- Administers and maintains the Section 218 Agreement that governs voluntary Social Security and Medicare coverage by State and local government employers in each State.

- Prepares Section 218 modifications to include additional coverage groups, correct errors in other modifications, identify additional political subdivisions that join a covered retirement system, and obtain Medicare coverage for public employees whose employment relationship with a public employer has been continuous since March 31, 1986.

- Provides SSA with notice and evidence of the legal dissolution of covered state or political subdivision entities.

continued

Committee Chair Reports

REGULATORY COMPLIANCE OVERSIGHT COMMITTEE

Quarterly Meeting Summary

Community Health Plan of Imperial Valley (CHPIV)

August 12, 2026

OVERVIEW

Meeting Snapshot

Committee: RCOC of the CHPIV Commission — Chair Dr. Allan Wu

ACTIONS REQUESTED TODAY — ALL PASSED

1

Approve Q1 CPC Minutes

✓ PASSED

2

Approve Updated / New Policies & Procedures

✓ PASSED

3

Designate Public Policy Committee (CAC)

✓ PASSED

4

Approve New Compliance Program

✓ PASSED

GOVERNANCE

Governance & New Compliance Program

✓ ALL APPROVED

POLICIES UP FOR REVIEW

EXC-001	Conflict of Interest	*Ad-hoc updates*
IT-002	After-Hours Shutdown	*Annual review*
QM-002	QIHEC	*Annual review*

All three pre-vetted by the internal Compliance & Policy Committee — approved as presented.

NEW COMPLIANCE PROGRAM

Centralizes Delegation Oversight and Internal Audit under the CCO, who reports to the CEO and has direct access to the Commission and RCOC. Built on the seven federal compliance elements, with Risk Management → Audit & Monitoring feeding it.

PUBLIC POLICY COMMITTEE DESIGNATION

Motion to formally designate the CAC as the Commission's Public Policy Committee under the Knox-Keene Act (28 CCR §1300.69(e)). Current CAC composition already meets requirements. Motion carried.

Fraud, Privacy & Grievances

5

New FWA Cases

Billing fraud is the primary trend; oldest open case at 97 days

2

Privacy Incidents

0 confirmed breaches; all reported to DHCS timely

DISCRIMINATION GRIEVANCES

OCR submissions now owned directly by CHPIV Regulatory Compliance, tracked via a dedicated Monday.com tracker across all stages of the submission process.

Medi-Cal Quarterly Highlights

Area	Result	Notes
Claims (CLM001–006)	**100%**	Fully compliant
Grievances (GRV-007, Discrimination)	**40.0%**	Weak spot — 2 of 5 compliant
NEMT / ModivCare Pickup Timeliness	**92.4% (Mar)**	Trending down from 93.2%

Claims performance holds at 100% across all timeliness measures. Discrimination-grievance resolution-letter content remains the primary weak spot at 40% compliance, and NEMT pickup timeliness has drifted down each month this quarter.

D-SNP Delegate Flags

8.70%

Imperial County Physicians MG (ICPMG)

Severe non-compliance on organization-determination notification timeliness

10.91%

Primary Healthcare Medical Group (PHCMG)

Severe non-compliance on organization-determination notification timeliness

Premier Patient Care IPA — 99.55% Strong performer among D-SNP delegates this quarter.

BOTTOM LINE

Where Things Stand

Approved: All four motions — Compliance Program, Public Policy designation, and both routine policy items — passed in full at today's meeting.

Key risks: ICPMG and PHCMG D-SNP notification failures, discrimination-grievance letter quality, and a slowly declining NEMT pickup trend — all under open CAPs or active monitoring.

RECOMMENDATION

Referral to the Executive Committee

The RCOC unanimously approved all items presented at this meeting — the Q1 CPC minutes, the updated and new Policies & Procedures (EXC-001, IT-002, QM-002), the Public Policy Committee designation, and the new Compliance Program.

✓ **It is recommended that the Executive Committee further approve the RCOC items reported at this meeting, consistent with the Committee's oversight authority under the Compliance Program governance structure.**

Information Items

CHPIV MY2025 Final Results

		Behavioral Health		Children's Domain (CH)								Chronic Disease Management			Reproductive Health and Cancer Prevention					Percent Achieve Goal	Percent Change from MY2024
		FUA	FUM	WCV	CIS-E	DEV	IMA-E	LSC	TFL	WC30		AMR	CBP	GSD	CHL	PPC		BCS-E	CCS-E		
		30 day	30 day	total	co10	total	co2		total	0 to 14 mos.	15 to 30 mos	total		>9.0	total	Post-partum	Prenatal	bcs	total		
MY25	Gap to Target	0	0	0	0	0	0	0	1807	2	0	0	0	0	86	0	5	200	0	72%	↓ 6%
	Final Reported Rate	65.41%	65.80%	55.98%	31.80%	57.18%	45.33%	77.29%	16.32%	63.22%	75.32%	90.68%	70.80%	28.71%	52.58%	85.89%	85.16%	7[illegible]	56.32%		
MY24	Gap to Target	0	0	151	0	0	0	0	1865	24	0	0	0	0	16	0	0	[illegible]	0	78%	
	Final Reported Rate	47.62%	61.70%	51.34%	37.71%	54.01%	45.74%	83.21%	13.58%	56.91%	76.60%	92.09%	73.48%	23.84%	55.28%	87.83%	88.56%	58.20%	61.80%		

= Meet MPL/50th percentile benchmark. Purple cell new MPL attainment

= Below MPL/50th percentile benchmark. Red indicates met MPL in 2024

Blue = Admin Measure

CIS, IMA, CCS: transition to ECDS in MY2205. All eligible members are included. MY24 based on hybrid sampling

BCS: MY2025 NCQA explanded the age band to 41.

1. CHPIV 2024- 14/18 reached MPL (MPL= 50th percentile)
2. CHPIV 2025 13/18 reached MPL

CHPIV
D-SNP Model of Care

September 2026

Healthcare Services

Model of Care Progress

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

Model of Care Goals

Overall Measures	Health Risk Assessment (HRA)	F2F Visits (HRA)	Interdisciplinary Care Team (ICT)
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%
Totals for August 2026 *(data pulled before end of month)*	57	8	57
Totals for January 2026 – Present Day	538	115	410

Community Health Plan OF IMPERIAL VALLEY

Questions?

Appendix

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

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 90th 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 90th 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 90th 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**

Community Health Plan OF IMPERIAL VALLEY

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 90th 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 90th 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 90th 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	

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

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

Compliance Report

Period Covered: July and August 2026

Highlights

- Regulatory Compliance
- 2024 DHCS Medical Audit Corrective Action Plan Update
- 2025 DHCS Medical Audit Update
- NAVI Audit Completion
- Health Net Annual Oversight Audit
- Quarterly DHCS/Managed Care Plan SIU Meeting
- DMHC Enforcement Matter: Grievance Reporting Resolution
- Closed Session: DMHC Enforcement Matter, MCAS Audit and Community Supports

Regulatory Compliance

- 2027 D-SNP Integrated Member Materials received approval from the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) and are currently under review by the Centers for Medicare & Medicaid Services (CMS).
- The 2027 Medi-Cal Evidence of Coverage (EOC) was submitted to DMHC and DHCS for review.
- All August regulatory reporting requirements were submitted timely, including D-SNP quarterly reporting.
- CHPIV received DHCS Contract Amendment 12, extending the Medi-Cal Managed Care Contract through December 31, 2027.
- DHCS released updated Technical Assistance Guides (TAGs) for the Medical Audit Program. CHPIV is reviewing the updates and incorporating applicable requirements into its compliance and monitoring activities.

2024 DHCS Medical Audit Corrective Action Plan

CHPIV continues to make progress on the remaining corrective action items associated with the 2024 DHCS Medical Audit. During the reporting period, CHPIV prepared its final ECM-related corrective action submission. The submission timeline was extended due to a late follow-up request from DHCS for additional information. CHPIV is completing the requested response for

submission to DHCS. All other corrective action items remain on track, and management anticipates closure pending DHCS review and acceptance.

2025 DHCS Medical Audit

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

NAVI Audit 2026

CHPIV completed the Network Access Validation Initiative (NAVI) Audit during the reporting period. The audit focused on CHPIV's delegation oversight program and the oversight and monitoring of delegated provider network and operational functions. No preliminary findings were identified during the audit process. CHPIV is awaiting final confirmation of the audit results and notification regarding any additional information or follow-up documentation that may be required. Management will provide an update upon receipt of the final determination.

Health Net Annual Oversight Audit

CHPIV initiated its annual Health Net Oversight Audit for the period of July 1, 2025, through June 30, 2026, in accordance with its Delegation Oversight Program and Audit and Monitoring Plan. The audit evaluates Health Net's performance of delegated functions and CHPIV's oversight of delegated activities through review of policies, procedures, monitoring activities, and supporting documentation. Audit activities are underway, and CHPIV continues to coordinate with Health Net regarding document requests and file reviews.

Quarterly DHCS/Managed Care Plan SIU Meeting

CHPIV participated in the Quarterly DHCS/Managed Care Plan Special Investigations Unit (SIU) Meeting during the reporting period. DHCS provided updates regarding fraud, waste and abuse oversight, provider sanctions, provider enrollment compliance, emerging fraud trends, and upcoming regulatory guidance impacting Medi-Cal managed care plans.

Information Items

Operations report for review

Operations Report

Period Covered: Jul 2025

Highlights

- **Member onboarding:** Implemented process improvements and automations to enhance new member handoffs from sales to care management, with a focus on ensuring referrals/authorizations for ongoing care, continuity of care with providers out of network, and off-formulary medication review.
- **Sales:** In the last 2 months, our sales team, along with Vanessa Guzman, Provider Network Manager, have focused on educating and resolving issues directly with PCP offices. As a result, the vast majority of new sales last month came from Innercare and Direct Network PCPs. Many of these members are new to Medicare Advantage.
- **Provider events:** Thanks to Michelle Ramirez, Sr Manager Community Relations, and Vanessa Guzman, we are hosting 5 provider lunches and dinners in the month of September with IPAs and direct network providers. Agenda items covered include: 2027 D-SNP Benefits, STAR ratings and annual wellness visit performance, compliance performance & goals. Our third quarter provider administrator luncheon is scheduled for Wed, Sep 30.
- **Accurate diagnostic coding:** We are in the process of launching several initiatives to ensure accurate diagnostic coding and revenue for our D-SNP.
    - Chart reviews for members enrolled in MAPD in 2025
    - Member and PCP incentives for completion of Annual Wellness Exam
    - In-home assessments for members who have not had a PCP visit this year. We have contracted with 2 local NPs to conduct these visits. We start scheduling next week.
- **STAR measures:** CMS measures plans on a scale of 1-5 for performance on service and quality measures. In addition to having better patient outcomes, high performing plans can retain more dollars for supplemental benefits. We have report cards and patient

opportunity lists by PCP and IPA, available in the provider portal. We will also be setting up meetings to review with PCPs in October. We are exploring the feasibility of implementing a provider incentive program in 2027 tied to certain STAR measures.

- **Provider data quality:** In 2027, CMS will allow beneficiaries to search health plan provider network online. Carlos Herbert, Data Management Specialist, has been working with CHG to get our provider data into a standardized format that allows CMS to set up a real-time connection to our provider data. In addition, as we continue to work to improve our provider data quality, we are now sending IPAs monthly discrepancy reports on their provider network data files when we detect and error or mismatch with other records for that provider on file.

Key Metrics – Community Advantage Plus

Trend	Category	Goal	Current Performance (July)
	Total Enrollment	525	466 434 in June
	New Members Per Month	95	65 81 new in June
	Monthly Disenrollment Rate	5%	9% 6% in June
	Member Satisfaction	Net Promoter Score >50%	54% (rolling) 62 % in June
	Member Inquires	Declining month over month	133 per 1000 members 263 in June

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

- **Enrollment:** Summer enrollments have been lower than previous months due to seasonality and sales rep focus on provider relations. We expect enrollments to pick back up to prior month levels in September. Only 1 of the 13 external agents onboarded last month is producing enrollments. 70% of enrollments came from employed agents in July.
- **Disenrollment:** Our rate is improving but is still higher than we want. We are now capturing patient information collected at the point of sale in an electronic format, which allows for better reporting and tracking of follow-up items with the care management team. We expect this tight coordination across teams will help improve communication, coordination, and realistic expectation setting for new members.
- **Member satisfaction:** We added a new question to help gauge our performance on a key STAR measure to our outbound calls to members enrolled more than 90-days. Question:

How easy is it to get the care you need? 58% of members reported that it was "very easy." This is a small sample size, but indicates that more work may be needed in this area. Our target for a 4-STAR score on this measure is 82%.

- **Member Inquiries:** Number of inquiries significantly declined in July, partially due to resolution of issues related to a system transfer by our debit card vendor that resulted in a larger call volume in June.

Issues / Risks

- UCSD credentialing

Next 30 Days

- Encounter data quality assessment and improvement plan
- Finalize Imperial County Behavioral Health Contract
- IHSS MOU
- Secure DME contract with Apria
- Finalize provider and member incentive plans for 2027
- Implement in-home visits

Period Covered: August 11, 2026-September 14, 2026

Highlights

- 1 open position: Health Equity Officer
- The final performance check-ins of the year are underway
- Assisted in successfully hiring the Chief Compliance Officer

Key Metrics

Total number of employees	41
Local	30
Remote	11
Number of hires in 2026	None this period 4 hires total in 2026
Number of exits in 2026	None this period Total exits YTD: 7 5 voluntary (12% YTD turnover)

Issues / Risks

- No known risks

Next 30 Days

- Will be facilitating a series of relationship/ process building sessions between Care Management and Operations. These will occur the week of September 28.
- Discuss any desired benefit changes with leadership. Open enrollment will occur in December.
- Investigate a new performance management system to replace evaluations in Rippling.