COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Quality Improvement Health Equity Committee (QIHEC)

April 15, 2025-Qtr. 1 Agenda

12:00 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: 265 570 292 613
Passcode: ix3YX7uJ

Committee Members	Representing	Present
Dr. Unnati Sampat	Imperial Valley Family Medical Care Group	
Dr. Masoud Afshar	Masoud Afshar MD	
Dr. Ameen Alshareef	Valley Pediatric Health	
Leticia Plancarte-Garcia	Imperial County Behavioral Health	
Janette Angulo	Imperial County Public Health Department	
Mersedes Martinez	El Centro Regional Medical Center	
Shiloh Williams	San Diego State University	
Dr. Hamid Zadeh	Hamid Zadeh, MD	
John Teague	IVHD/Pioneers Memorial Hospital	
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	

1. **CALL TO ORDER** *Dr. Gordon Arakawa, 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**

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 Chair. Individuals will be given three (3) minutes to address the committee.

3. **CONSENT AGENDA**

   All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Committee member 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 January 14, 2025……. Pg. 3-23
   b. Q3 HNCS QIHEC Presentation
   c. Q1 2026 QIHEC Materials Review/Approval Packet
   d. 2026 HCNS QIHEC Charter

4. **ACTION**
   No action items

5. **INFORMATION**

   a. Executive Summary…….Pg.24
   b. Q1 CHPIV QIHEC Presentation……Pg. 25-83

Adjournment

Next Meeting: **Wednesday, July 15, 2026**

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

Quality Improvement & Health Equity (QIHEC) Committee

Date/Time	January 14, 2026, 12:00pm – 1:30pm
Location / Dial-In #	Microsoft Teams meeting Meeting ID: 274 226 994 055 Passcode: 8Xn3zZ2z Dial in by phone: +1 469-998-7368,,611170621#

Time	Topic	Presenter	Approval Required
12:00 – 12:04	**Call to Order**	Gordon Arakawa, MD	
	Roll Call	Gordon Arakawa, MD	
12:04 – 12:07	**Consent Agenda**	Gordon Arakawa, MD	
	a. Approval of previous meeting minutes from Wednesday, October 15, 2025.	Gordon Arakawa, MD	☒
	b. Approval of meeting presentation of 2025 Q4 HNCS presentation.	Gordon Arakawa, MD	☒
	c. Approval of HNCS Q3 Pharmacy Provider Update meeting packet of 2025 Q1HNCS packet.	Gordon Arakawa, MD	☒
	d. Approval of HNCS Ops Manual – Behavioral Health from 2025 Q2 HNCS packet.	Gordon Arakawa, MD	☒
	e. Approval of HNCS Ops Manual – Community Supports.	Gordon Arakawa, MD	☒
	f. Approval of HNCS Ops Manual – Medi-Cal.	Gordon Arakawa, MD	☒
12:07 - 01:00	**New Business**	Gordon Arakawa, MD	
	A. Call Center Metrics B. Utilization Management Key Metrics • *Over/Under Utilization* • Specialty Access C. Appeals & Grievances • Top 5 Appeals • Top 5 QOS Grievances • Top 5 QOC Grievances • Top 5 Access to Care Grievances • PQIs D. Healthcare Effectiveness Data & Information Set (HEDIS) E. Care Management KPI Report F. Enhanced Care Management/Community Supports	Gordon Arakawa, MD	☒

Quality Improvement & Health Equity (QIHEC) Committee

	• ECM Enrollment • CS Authorizations/Claims Trends • Barriers to ECM & CS G. Long Term Support Services (LTSS) • Quarterly Totals Report H. Pharmacy • PA Metrics • Top 5 PA Requests • Top 5 Denials • QA/Reliability Results for Q3 I. Behavioral Health • CHPIV Members Served (Quarterly) • ABA Services J. Quality Improvement Projects • Quality Improvement Project • IHA • Lead Screening K. Member Experience a. CAHPS b. Grievance & Appeals L. Facility Site Reviews M. GEO Access Report N. Care Coordination: Behavioral & Physical Health O. Health Equity P. Health Net Follow-Up Questions/Answers Q. Credentialing		
01:00 – 01:01	**Committee Recommendation to the Board of Members and Adjournment** **Next Meeting:** Date: Wednesday, April 15, 2026 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams	Gordon Arakawa, MD	☐

Quality Improvement & Health Equity (QIHEC) Committee

QIHEC Meeting Minutes: 01/14/2026

Community Health Plan of Imperial Valley QIHEC Committee convened on 14th day of January 2026 at 12:00pm.

Voting Members Attendance Record (Quorum =2) Name / Title	Present	Absent	Designee		Voting Members Attendance Record Name / Title	Present	Absent	Designee
Gordon Arakawa, MD Community Health Plan of Imperial Valley ***(Committee Chair)***	☒							
Unnati Sampat, MD Imperial Valley Family Medical Group	☒							
Masoud Afshar, MD Masoud Afshar MD		☒						
Ameen Alshareef, MD Valley Pediatric Health	☒							
Leticia Plancarte-Garcia Imperial County Behavioral Health Services	☒							
Janette Angulo Imperial County Public Health Dept.	☒							
Mersedes Martinez El Centro Regional Medical Center		☒						
Shiloh Williams San Diego State University	☒							

Quality Improvement & Health Equity (QIHEC) Committee

Ad Hoc Members and Guests Present	Present	Absent	Designee
Jeanette Crenshaw Executive Director of Healthcare Services, Community Health Plan of Imperial Valley		☒	
Fernanda Ortega Project Supervisor, Community Health Plan of Imperial Valley	☒		
Priscilla Carpio Care Manager, Community Health Plan of Imperial Valley	☒		
Amanda Delgado Project Specialist, Community Health Plan of Imperial Valley	☒		
Donna Ponce Executive Assistant and Commission Clerk, Community Health Plan of Imperial Valley	☒		

Ad Hoc Members and Guests Present	Present	Absent	Designee
Belen Ortega Care Manager, Community Health Plan of Imperial Valley	☒		

Quality Improvement & Health Equity (QIHEC) Committee

Agenda Item	Discussion	Recommendation /Decision/ Action /Date	Responsible Party
I. Call to Order **II. Announcements**	Dr. Gordon Arakawa called the meeting to order at 12:00 p.m. Dr. Gordon Arakawa presented no new announcements.		
III. Consent Agenda	a. Dr. Gordon Arakawa presented the meeting minutes from the CHPIV QIHEC meeting held on Wednesday, October 15, 2025, for Committee review and approval.	A motion to approve the meeting minutes was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	
	b. Dr. Gordon Arakawa presented the meeting presentation from the HNCS 2025 Quarter 4 QIHEC presentation for Committee review and approval.	A motion to approve the HNCS 2025 Quarter 4 QIHEC presentation and packet was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	
	a. Dr. Gordon Arakawa presented the meeting presentation from the HNCS Q3 Pharmacy Provider Update for Committee review and approval.	A motion to approve the HNCS Q3 Pharmacy Provider Update was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	
	b. Dr. Gordon Arakawa presented HNCS Ops Manual – Behavioral Health for Committee review and approval.	A motion to approve the HNCS Ops Manual – Behavioral Health was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	

	c. Dr. Gordon Arakawa presented the HNCS Ops Manual – Community Supports for Committee review and approval.	A motion to approve the HNCS Ops Manual – Community Supports was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	
	d. Dr. Gordon Arakawa presented the HNCS Ops Manual – Medi-Cal for Committee review and approval.	A motion to approve the HNCS Ops Manual – Medi-Cal was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	
IV. New Business			
A. Call Center Metrics	Dr. Gordon Arakawa presented New Business for Committee review, approval, and participation. Please reference the meeting packet New Business section for detailed information. Q1 2024 Top Member Call Types: Total number of calls is between 2,000 and 2,700 calls. 1) Benefits and eligibility 2) PCP update 3) Update demographics Q1 2024 Top Provider Call Types: Total number of calls is around 1,200. 1) Benefits and provider eligibility 2) Authorization Inquiries 3) Provider search inquiry	A motion to approve all New Business reports was made by Leticia Plancarte and seconded by Dr. Unnati Sampat.	

	The numbers are stable including the type of calls. There is limited flexibility for member calls because there is no member portal. We will be discussing the possibility of a member portal as an organization for 2026. Dr. Ameen Alshareef: Is it too complicated to produce this? Dr. Gordon Arakawa: We currently do not have the manpower to create the portal or resources.		
B. Utilization Management	Admit/K (Admissions per 1,000 members) • Observation: Q2 of 2025 (45.7) showed a slight peak; Q3 returned to 45.5. • Benchmark: 76, performance is well below the benchmark, indicating strong inpatient admission management. Days/K (Inpatient Days per 1,000 members) • Benchmark: 653, well under target, suggesting effective length-of-stay management and/or lower intensity of inpatient utilization. ALOS (Average Length of Stay) • Benchmark: 9 days, consistent performance below benchmark reflects controlled inpatient care durations. Readmission Rate (%) • Benchmark: 12.7%, current rates are favorable, suggesting improved discharge planning and follow-up care. ER/K (Emergency Room Visits per 1,000 members) • Benchmark: 451, surpassed benchmark starting Q2-2025, reflecting enhanced access to alternative care settings. OPS/K (Outpatient Surgeries per 1,000 members)		

	• Benchmark: 77, current levels remain above the benchmark, which may warrant further investigation into elective surgery volumes or coding practices.		
C. Appeals & Grievances	Q3 2025Appeals & Grievances Executive Summary Total Case Volume • Appeals: 22 • Grievances: 118 • Aggregate A&G Volume: 140 cases Appeals Composition • Pre-Service Appeals: 18 cases • Expedited Pre-Service Appeals: 3 cases • Post-Service Appeal: 1 case Quality of Service (QOS) total is 74 Cases • Authorization Delays: 18 cases (PTMPY: 0.56) • Transportation Vendor Complaints: 9 cases (PTMPY: 0.28) • Balance Billing by Providers: 7 cases (PTMPY: 0.22) • Reimbursement and Administrative Issues: 10 cases (combined PTMPY: 0.30) Access to Care (ATC) total is 42 Cases A significant portion (7 cases) flagged as *Expedited*: • Authorization and Referral Barriers: 22 cases (combined PTMPY: 0.67) • Provider Availability (PCP/Specialist): 8 cases • Network Access Limitations: 3 cases Quality of Care (QOC) total is 2 Cases Reflect direct clinical concerns: • Diagnosis Delays in Emergency Settings • Treatment Delays in PCP Context		

Dr. Shiloh Williams: What is balance billing?
Dr. Gordon Arakawa: It is like a co-pay or what is left over. We will go ahead and put an inquiry out to Health Net to see why this is coming up.
Dr. Ameen Alshareef: I agree. I believe the balance billing is appearing because there are times, in my practice and I'm sure in other physicians' practices, where they have a private insurance as their primary and Health Net as their secondary insurance. At times the private-primary insurance sometimes will hold payment for certain members who do not complete certain processes such as coordination of benefits. Once the payment is withheld, the bill gets sent to the member until the issue is resolved with their primary insurance.
Dr. Gordon Arakawa: We will check in with Health Net.
Dr. Ameen Alshareef: Sometimes this also happens when the patient does not declare their Medi-Cal.
Dr. Gordon Arakawa: I will raise this with Health Net.

Cultural, Linguistic & Behavioral Health Grievances
Cultural & Linguistic (C&L):

- Total Cases: 2 (Imperial County)

Behavioral Health:

- Total Cases: 4 (Imperial County)

Q4 2025 Health Net Follow-Up Questions:

1. Is there a way to divide the patients in the grievance categories? Committee members are looking to understand if these numbers reflect possibly the same patient in 2 categories, etc?
2. What is the reason for Balance Billing (7 total) showing up on QOS Grievances? Should this be reflected for Medi-Cal services? Is this stemming from private insurance or Medicare costs? Committee

	members acknowledge the balance billing could be appearing for 2 potential reasons. • Physician must bill private insurance and primary insurance and Health Net as the secondary insurance. • Member does not declare they are a Medi-Cal beneficiary and ultimately have an outstanding balance with their provider(s). Once member informs provider of this, the provider then bills Health Net.		
D. Healthcare Effectiveness Data & Information Set (HEDIS)	Rate YTD (blue bars): Reflects current measurement year performance through the reporting month. Rate SMLY (red outline): Represents the rate at the same point in the previous measurement year. Rate LY Final (LYFNL): Prior year's final performance rate. Benchmark Rates (dashed lines): Established performance thresholds used to evaluate compliance and determine incentive eligibility or corrective action needs. 14 out of 18 measures improved compared to the same month last year (SMLY), highlighting sustained progress in quality performance. 8 measures met or exceeded established pacing goals for year-to-date (YTD) performance.		
E. Care Management KPI Report	Total Care Management • Members Engaged: 527 • Engagement Rate: 63% This indicates that nearly two-thirds of enrolled members are actively engaged in care coordination activities.		

	Physical Health (PH) • Members Engaged: 176 • Engagement Rate: 72%. Behavioral Health (BH) • Members Engaged: 123 • Engagement Rate: 65% Medication-Assisted Treatment (Mat) • Members Engaged: 187 • Engagement Rate: 47% Transitional Care Services (TCS) • Members Engaged: 442 • Engagement Rate: 71% Foster Youth Over Life (FYOL) • Members Engaged: 41 • Engagement Rate: 88% Mat remains an area for targeted improvement due to the lower engagement yield. **Q4 2025 Health Net Follow-Up Questions:** 1. What is the reason for the low engagement rate for Care Management – Mat?		
F. Enhanced Care Management/Community Supports	During the first half of 2025, CHPIV experienced steady growth in ECM member assignments, while enrolled volumes remained relatively stable with a slight downward trend. ECM assignments increased consistently from approximately 4,400 in January to nearly 4,800 by June, reflecting expanding identification and attribution of eligible members across the population.		

G. Long Term Support Services (LTSS)	Long Term Care: Across key facilities, LTC member utilization remained relatively stable from July through September 2025: • El Centro Post Acute maintained high utilization, averaging 92–95 members. • Imperial Manor showed a slight decline, from 28 in July to 20 in September. • Pioneer Memorial D/P decreased steadily from 71 to 59 members. • Out-of-County usage also declined (26 → 19). • Out-of-State utilization remained at zero across all three months. Community Based Adult Services: • CBAS utilization remained consistent with a slight dip in August: • Member volume ranged from 244 to 257, with a stable average of ~1.9 days/week of attendance. • A small number of members (2 in July, 1 in August, 0 in September) previously in CBAS transitioned into LTC, indicating progression in acuity or care needs. Intermediate Care Facilities: Utilization of ICF services (specifically ARC #1, #2, and #3) remained consistent: • 16 members in July, dropping slightly to 15 in August and September, indicating minimal variance in demand. Dr. Unnati Sampat: Can we request Health Net to make an exception on coverage for weight loss medications? Dr. Gordon Arakawa: It is not a physician administered drug; it would be a formulary decision- meaning that we have to have a discussion at the PPM level. We can possibly come up with something on the medical		

	society level, maybe a county letter would support us and we can bring that forward.		
H. Pharmacy	In Q3 2025, we maintained consistent performance across pharmacy prior authorization (PA) metrics. Monthly PA volumes ranged from 42 to 83, with approval rates fluctuating between 52% and 65%. Despite these variations, CHPIV met its 100% goal for ensuring all PA requests were processed in compliance with requirements each month. The PA request rate per 1,000 members varied between 0.43 and 0.85. Regarding denials, the top 10 most denied drugs in Q3 included IV iron, epoetin alfa, epoetin beta, and IVIG—all with a 100% denial rate. Pegfilgrastim was the most frequently denied medication with 18 denials, followed by IV iron (7), and pembrolizumab (5). This data reflects high denial rates for specific specialty medications, highlighting potential trends in formulary exclusions or documentation gaps.		
I. Behavioral Health	During Q3 2025, CHPIV received a total of 153 behavioral health (BH) Medi-Cal referrals from the County Specialty Mental Health Plan (SMHP). An additional 48 referrals were made by Health Net BH providers, and 1 referral was directed from Health Net BH to the County SMHS, indicating low bidirectional referral activity from plan to county services. In terms of care coordination, 117 members were referred by CHPIV for case management. Autism Center Q3 2025: consistent high volumes of authorization and approval determinations for Autism Center services. Specifically, in Q3 2025, there were 384 authorizations and 382 approvals, with only 2 total denials, both partial and no full denials.		

J. Quality Improvement Projects	Non-Clinical Behavioral Health POP Topic of Focus: we have submitted the annual PIP report to HSAG/DHCS in August 2025. We have also received preliminary validation with suggested edits from HSAG in September. Clinical PIP Measure Focus: We submitted the annual PIP report to HSAG/DHCS in August 2025. We have also received preliminary validation with suggested edits in September of 2025. Next steps include 1) continuing to implement PIP interventions, 2) PIP interventions will officially end on December 21, 2025, 3) final annual PIP reports for this cohort will be die in August 2026. Initial Health Assessments: Looking to improve member participation as we would like to lower the UTC component. **Q4 2025 Health Net Follow-Up Questions:** 1. In the Claims/Encounter Review section in the screen capture below, IHAs completed within 120 days is below 45%, what can we do to promote an increase in the completion rate? While committee members understand that Health Net does provider incentives already, is there another process we can adopt to get that number higher? 2. Lead Screening- What is the workflow for point of care testing? What is the workflow for reimbursement for testing. Our committee members noted that often the reimbursement barely covers the actual cost of testing.		
K. Member Experience	CAPHS (MY 2024) Performance: New category referring to 2024 data primary CAHPS. There was a low response rate, only 3% of the population receives the mailer, and only a		

tenth of that responds. For a plan of about 100,000 members, only about 333 members complete the survey.
Low Percentile Rankings:

1. 25th percentile in customer service
2. 25th percentile on how well doctors communicate.
3. The rates themselves are not bad, but their placement on the quality compass quartile is low.

We may need to look into different strategies to increase response rates.

Dr. Shiloh Williams: For our patient surveys we usually ask the member which language they speak at home, then which language they prefer their documentation. We do this because often, their caregiver is primarily English speaking and translates the paperwork to the member at a later time.
Dr. Gordon Arakawa: Agreed, this may be an approach we can adopt.

Q4 2025 Health Net Follow-Up Questions:

1. Is there any strategies surrounding how to increase the member response rate? Are we currently mailing only? Would Health Net be open to possibly switching to provider offices?
2. Additionally, is the survey in English, Spanish, or both? What is the length of the survey?

Member Eligibility

1. Dr. Ameen Alshareef is concerned about circumstances in which a physician attends a patient during the time they have been approved for Medi-Cal but not yet assigned to the Plan. What are the remedies regarding provider billing in these cases (fee-for-service, the Plan, etc.)?

Quality Improvement & Health Equity (QIHEC) Committee

L. Facility Site Reviews	Facility site reviews are 93% in Q1 and Q2. Medical record review for IHAs and Lead Screening totaled at 88%.		
M. GEO Access Report	Predominantly Hispanic (93%), with White members representing 4% of the population. This closely mirrors Imperial County demographics, where 85% of residents identify as Latino and 77% speak a language other than English at home. Additionally, 31% of county residents are foreign-born. Spanish remains the primary language for 58.3% of members (56,116 individuals), while 41.6% prefer English. All other languages represent less than 1% individually. Access parameters align with DHCS time and distance standards: • Urban: 10 miles/30 minutes • Suburban: 15 miles/30 minutes • Rural: 30 miles/60 minutes Language Assistance Program (LAP) At year-end 2024: 1. 76,918 telephone interpretation encounters were recorded. 2. 2 face-to-face interpretations and 1 sign language interpretation were completed. 3. No written translation requests were documented. **Q4 2025 Health Net Follow-Up Questions:** 1. In regard to health communications and health literacy, is there a way that we can ask the member which language do you speak at home and in which language do you want your documents? The committee members have noted that often times the member prefers Spanish, although, it may be that their family		

	members (children, grandchildren) and/or caregivers receive the documents in English and translate it to the member.		
N. Care Coordination: Behavioral & Physical Health	Health Net presents data where you are looking at different categories such as behavioral health, physical health, use of psychotropics, etc. Exchange of Information remains below 25%. Diagnosis Treatment Referral and Use of Psychotropics both demonstrate approximately 50% compliance. Treatment Access & Follow-up data is currently unavailable, representing a reporting gap that should be prioritized for measurement and monitoring. Needs of SPMI (Severe and Persistent Mental Illness) diabetes management demonstrates strong performance at 83%.		
O. Health Equity	Health Equity Topics include: • A&G – Racial/ethnicity, age bias • HEDIS, LHA, Lead Screening – Stratification by race/ethnicity, spoken language • CAPHS – Stratification by responses • GEO Access Report		
P. Health Net Follow-Up Questions/Answers	Member Services 1. What is HealthNet doing to help decrease the Member call burden (2000+ calls/month)? *-Shared services MPS Medicaid organization is doing to improve the member and provider experience, which should help reduce call volume through:* • *Improved first-call resolution* • *Enhanced training* • *Implementation of a new CRM (Salesforce.com)*		

Quality Improvement & Health Equity (QIHEC) Committee

	• *Deployment of a new ACD/IVR solution (Amazon Cloud)* • *An advance approach to Quality Assurance program leveraging AI technologies through TPG speech analytics.* UM 1. What is the reason for the sudden increases seen from Q4 2024 to Q1 2025 in Admits/K, Days/K, and Readmits/K *-Due to limitation on the Utilization trend report, we are unable to provide the details for the reason for the sudden increase in utilization for Q4 2024 to Q1 2025 in Admits/K, Days/K, and Readmits/K at this time. We are currently reviewing the report source to drill down on that detail.* 2. Committee members were excited to see some new stratified data by diagnoses. They asked if additional data could be provided, e.g., stratification by provider and by provider groups. *-We will review the report source and determine if the additional data requested can be included.* A&G 1. Regarding the QOS Grievances related to Transportation, the committee members are asking for a breakdown of destination – what is the proportion of transportation grievances related to travel within Imperial County compared to outside Imperial County, e.g., trip to San Diego. In addition, the committee members asked if the top reasons for the QOS Transportation grievances related to in-county versus out-of-county could be shared. *-CHPIV is currently awaiting a response from HN.*		

	Provider Relations 1. Two committee members had questions related to HEDIS measures. The first question was related to Health Net's ability to adequately capture HEDIS data that providers submit. They report that Health Net has told them that the Plan is having issues with HEDIS data capture. The second (related) question is that, as a result of the data capture problems, HEDIS-related supplemental payments have not been given to providers since mid-2024. *-Health Net has had challenges capturing data from El Centro since they are on the Cerner platform. Despite attempts to use ERO Health for data file extracts, it didn't work due to Cerner's restrictions. We've also suggested Coseva as an alternative. For other providers, we would need to investigate further as I am not aware of any specific data capture issues. If you could provide more details, it would help us pinpoint the problems more effectively. Additionally, regarding incentives, we would need specific examples to research and provide an accurate response. Health Net has made efforts to keep supplemental payments current. They are willing to speak to any Provider to discuss the matter.* 2. Some committee members had questions regarding Health Net's approach to COSEVA. First, will providers be required to use the COSEVA app after EMR system integration? Second, there is a concern that COSEVA does not always capture the full set of data required – some providers claim they need to submit data using completely different systems. *-Providers remain within the EHR but can open a new "embedded app" that would show Quality measures and HCC conditions from Cozeva that should be addressed at the point of care. All providers/staff who enable this feature will be required*		

to have a Cozeva login, however, they would not be required to regularly log into Cozeva unless it is to check other information (e.g., overall Quality performance, incentive payments, etc.) 2. EHR integration with Cozeva ensures any information documented in the EHR that is relevant to Quality measures will be shared automatically with the health plan via Cozeva. This should reduce the need for PCP offices to manually upload medical records into Cozeva to close care gaps.

Care Management

1. Regarding the impact measure of Care Management on ER Visits and Inpatient Readmissions, committee members are, in general, impressed with the results suggesting that care management efforts are having a positive impact on member care. As follow up, they are asking about the services and interventions provided by the care management program; that way, a cause-effect relationship may be elucidated.
   -Our department is currently developing a report to better outline the interventions and services our CM's provide during each case. We will be excited to share those summaries once we have the report more refined.

Quality Improvement/Provider Relations

1. After reviewing the impressive work performed by Dr. Vishwa Kapoor, one of the committee members, Pediatrician Dr. Ameen Alshareef, inquires how his clinic could participate in a quality improvement project such as Dr. Kapoor's project.
   -This quality improvement project is part of our participation in the IHI/DHCS Childhood Collaborative. Great news - Phase II launched in September, and we would be delighted to include Dr. Alshareef as a provider partner in this next phase!

Quality Improvement & Health Equity (QIHEC) Committee

Q. Credentialing	Q3 2025 shows 0 investigative cases brough before the Peer Review Committee. 0 incidences of Appointment Availability Resulting in substantial harm. 0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner.		
V. Adjournment	Dr. Gordon Arakawa asked if there were any recommendations, comments, or questions. There were no recommendations, comments, or questions from the committee. **Next Meeting:** Date: Wednesday, April 15, 2026 Time: 12:00p.m – 1:30p.m Location: Community Health Plan of Imperial Valley Conference Room/Microsoft Teams ***Meeting Materials Due: Friday April 10, 2026*** **Meeting adjourned at 01:01 P.M.**		

Community Health Plan of Imperial Valley
Quality Improvement Health Equity Committee (QIHEC)

Executive Summary – Healthcare Services

Informational Update

D-SNP Model of Care

In alignment with CHPIV's mission to serve its communities and advance equitable access to care, the organization recognizes that individuals dually eligible for Medicare and Medi-Cal represent a particularly vulnerable population with complex, high-acuity healthcare needs that are not fully addressed within a traditional fee-for-service environment. CHPIV's Model of Care (MOC) serves as the foundational framework guiding the delivery of patient-centered, coordinated care that addresses the full spectrum of medical, behavioral, and social needs within Imperial County. The MOC supports our integrated system of care by promoting interdisciplinary collaboration and proactive care management to ensure members receive the right care at the right time in the most appropriate setting.

As a CMS-required component of CHPIV's D-SNP line of business, the MOC is an integral component to demonstrating the Plan's ability to effectively manage and coordinate care for dual eligible members. It ensures alignment with federal and state regulatory expectations while reinforcing CHPIV's commitment to delivering high-quality, person-centered care. The MOC also provides the framework for ongoing performance monitoring and continuous quality improvement, supporting accountability across all levels of care delivery.

To operationalize this framework, CHPIV has established a comprehensive set of measurable goals aligned with key clinical priorities and nationally recognized benchmarks. These include improving transitions of care through timely notification of inpatient admissions, post-discharge follow-up, and medication reconciliation; increasing preventive screening rates, including breast cancer screening; reducing avoidable hospital readmissions; and strengthening chronic disease management through improved glycemic control and blood pressure management. Additional focus areas include fall risk reduction and enhanced care coordination through completion of Health Risk Assessments (HRAs), development of Interdisciplinary Care Plans (ICPs), and engagement of Interdisciplinary Care Teams (ICTs). Each measure is supported by defined performance targets and structured reporting timelines to ensure consistent monitoring and accountability.

At this stage, CHPIV is in the early phase of data collection in its MOC implementation and does not yet have sufficient data to report on performance against these established goals. However, the foundational infrastructure necessary to support data collection, reporting, and performance evaluation has been established, including standardized workflows, documentation practices, and monitoring mechanisms. CHPIV anticipates that initial performance data will be available in the upcoming quarters of 2026, which will allow for formal assessment of outcomes and identification of opportunities for targeted improvement.

As implementation progresses, the MOC will continue to serve as a central driver of CHPIV's population health strategy, ensuring that care delivery remains coordinated, measurable, and aligned with both regulatory requirements and the evolving needs of Imperial County.

Q1 2026 CHPIV

Quality Improvement Health Equity Committee

Community Health Plan OF IMPERIAL VALLEY

Agenda

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

Agenda

10. Quality Improvement Update
    a. Quality Improvement Projects
    b. IHA
    c. Lead Screening
11. Credentialing
12. 2025 EOY Language Assistance Report
13. Questions for Health Net
14. DSNP QIHEC

Call Center Metrics

Call Center Metrics

Member Services				
KPI	Oct 2025	Nov 2025	Dec 2025	Q4
Calls Offered	2611	1962	1976	6549

Provider Services				
KPI	Oct 2025	Nov 2025	Dec 2025	Q4
Calls Offered	1197	866	1018	3078

Q4-2025 Top Member Call Types

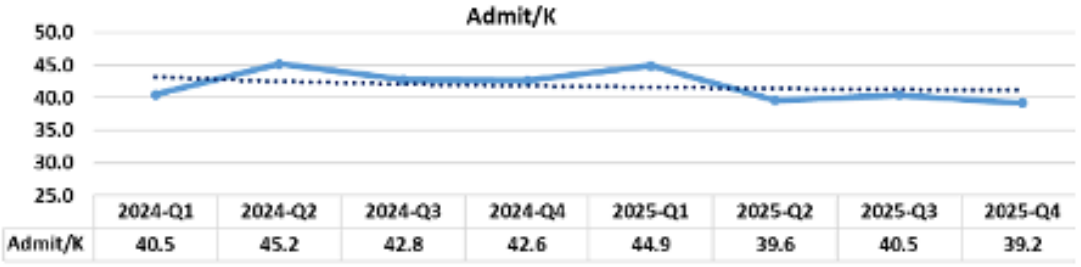
1. Benefits & Eligibility
2. PCP Update
3. Update Demographics

Q4-2025 Top Provider Call Types

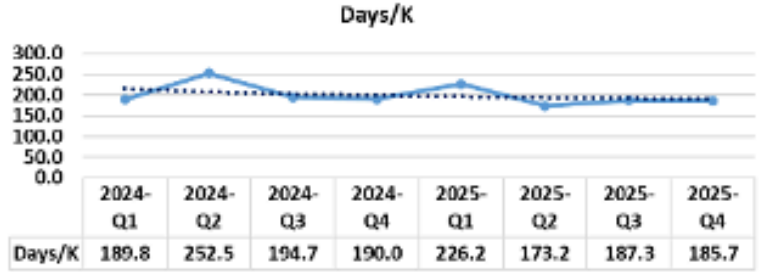
1. Benefits & Provider Eligibility
2. Authorization Inquiries

Utilization Management

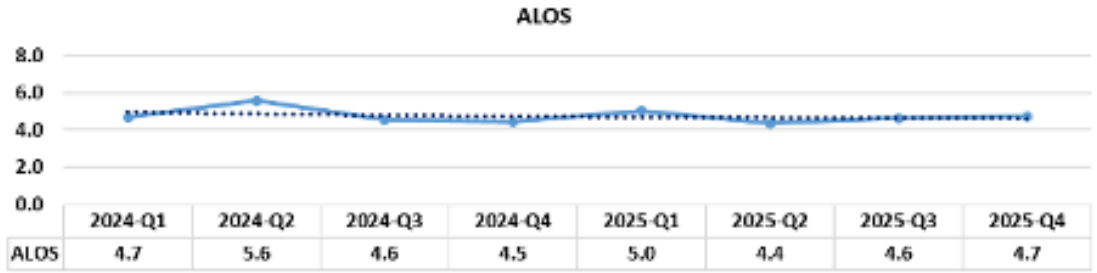
Utilization Management Key Metrics



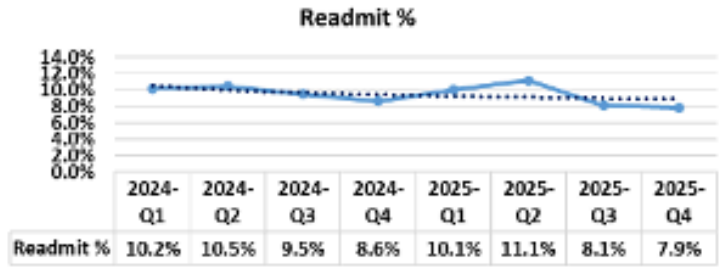
	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3	2025-Q4
Admit/K	40.5	45.2	42.8	42.6	44.9	39.6	40.5	39.2



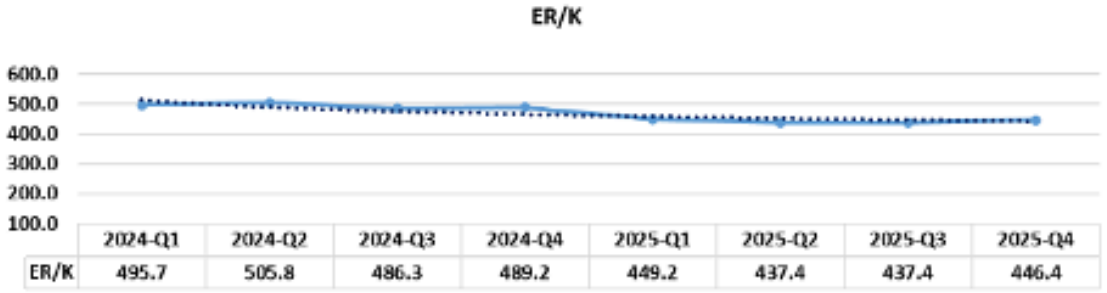
	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3	2025-Q4
Days/K	189.8	252.5	194.7	190.0	226.2	173.2	187.3	185.7



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3	2025-Q4
ALOS	4.7	5.6	4.6	4.5	5.0	4.4	4.6	4.7



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3	2025-Q4
Readmit %	10.2%	10.5%	9.5%	8.6%	10.1%	11.1%	8.1%	7.9%



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3	2025-Q4
ER/K	495.7	505.8	486.3	489.2	449.2	437.4	437.4	446.4

	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1	2025-Q2	2025-Q3	2025-Q4
OPS/K	212.1	253.6	326.4	223.9	176.3	191.7	193.5	183.7

"Benchmark" 2025

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

Appeals & Grievances

Appeals & Grievances

Q4 2025 Total Number of Grievances

Appeals	
CHPIV	Volume
Total	**29**
Grievances	
CHPIV	Volume
Total	**130**

A&G Overview:

1. Total Appeals – 29
    A. 25 Pre-Service Appeals
    B. 4 Expedited Pre-Service Appeals
2. Total Grievances – 130
    A. 88 Quality of Service (QOS)
    B. 11 Clinical/Quality of Care (QOC)
    C. 31– Access to Care (ATC) of which 3 cases were Expedited Grievances

Appeals & Grievances

QOC Grievances

Description	Volume	PTMPY
Quality of Care – PCP - Appropriateness of Treatment	3	0.09
Quality of Care - PCP – Delay in referral by PCP	3	0.09

QOS Grievances

Description	Volume	PTMPY
Transportation – General Complaint Vendor	21	0.65
Administrative Issues- Health Plan	14	0.43
Balance Billing- Par Provider	8	0.25
Interpersonal – Lack of Caring/Concern	6	0.19
Interpersonal – Provider Staff	4	0.12

Access to Care

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	14	0.43
Access to Care – PCP Referral for Services	11	0.34
Access to Care – Availability of Appt W/ Specialist	3	0.09

Appeals & Grievances

Cultural & Linguistic Grievances

Total # of C&L by County	Q4 2025
Imperial	0
Grand Total	**0**

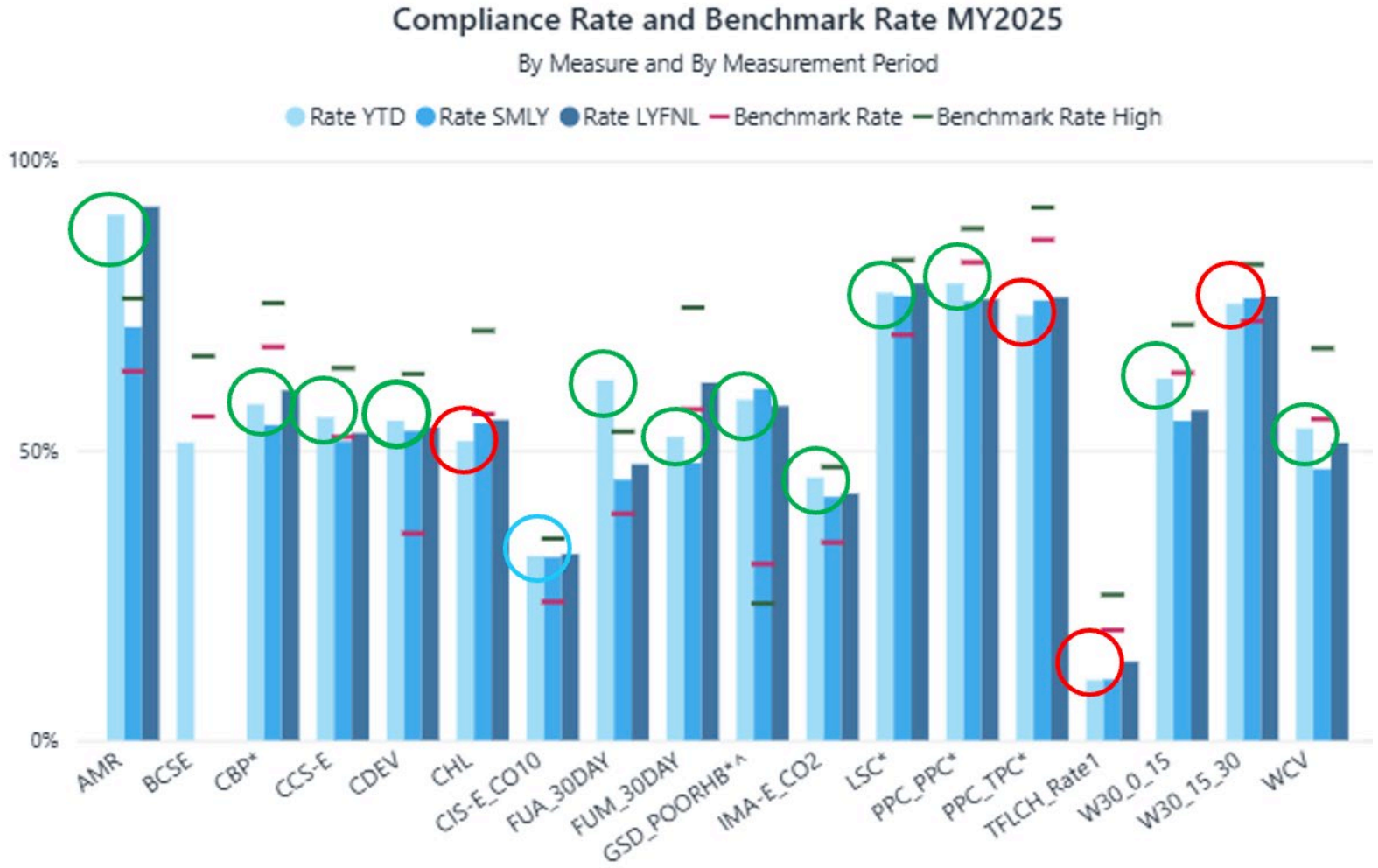
Behavioral Health Grievances

Total # of C&L by County	Q4 2025
Imperial	5
Grand Total	**5**

HEDIS Measures RY2025

CHPIV MY2025 MPL Progress

Overview of YOY Performance – CHPIV Medi-Cal All MCAS *MY2025*
January PPP (Data through 1/10/2026)



Rate YTD performing **better** than Rate SMLY

Rate YTD performing **worse** than Rate SMLY

Rate YTD performing **same** than Rate SMLY

View YOY comparison with caution

Care Management

Care Management

	Members Engaged	Engagement Rate
Care Management - Total	514	62%
Care Management - PH	140	68%
Care Management - BH	185	54%
Care Management - Mat	152	59%
Care Management - TCS	431	73%
Care Management - FYOL	37	95%

Care Management

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Physical Health and Behavioral Health

Members Case Managed Between 1/1/2025 and 9/30/2025, claims paid through 1/12/2026

Measure for Case Management	Members	90 days prior to CM enrollment			90 days following CM enrollment			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	219	112	32	28.6%	30	3	10.0%	-18.6%

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Transitional Care Services

Members Case Managed Between 1/1/2025 and 9/30/2025, claims paid through 1/12/2026

Measure for Case Management	Members	90 days prior to CM enrollment			90 days following CM enrollment			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	419	455	138	30.3%	148	25	16.9%	-13.4%

FIRST YEAR OF LIFE (FYOL) OUTCOMES REPORT: CHPIV

Cases Referred Between 1/1/2025 and 9/30/2025, claims paid through 1/12/2026

Measure for Case Management	Members Not Enrolled in FYOL* First 90 Days after Referral			Members Enrolled in FYOL First 90 Days after Engagement			Difference
	Members	Admissions	Admits/K/Yr.	Members	Admissions	Admits/K/Yr.	Admits/K/Yr.
Hospital Admissions, per 1,000 members per year	130	1	31	66	0	0	-31

Care Management

Care Management - PH & BH

Measure for Case Management	Members	90 days prior to CM enrollment		90 days following CM enrollment		Difference	
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.
Emergency Department (ED) Claims, per 1,000 members per year	219	193	3,525	101	1,845	-92	-1,680

Care Management - Transitions of Care

Measure for Case Management	Members	90 days prior to CM enrollment		90 days following CM enrollment		Difference	
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.
Emergency Department (ED) Claims, per 1,000 members per year	419	484	4,621	312	2,979	-172	-1,642

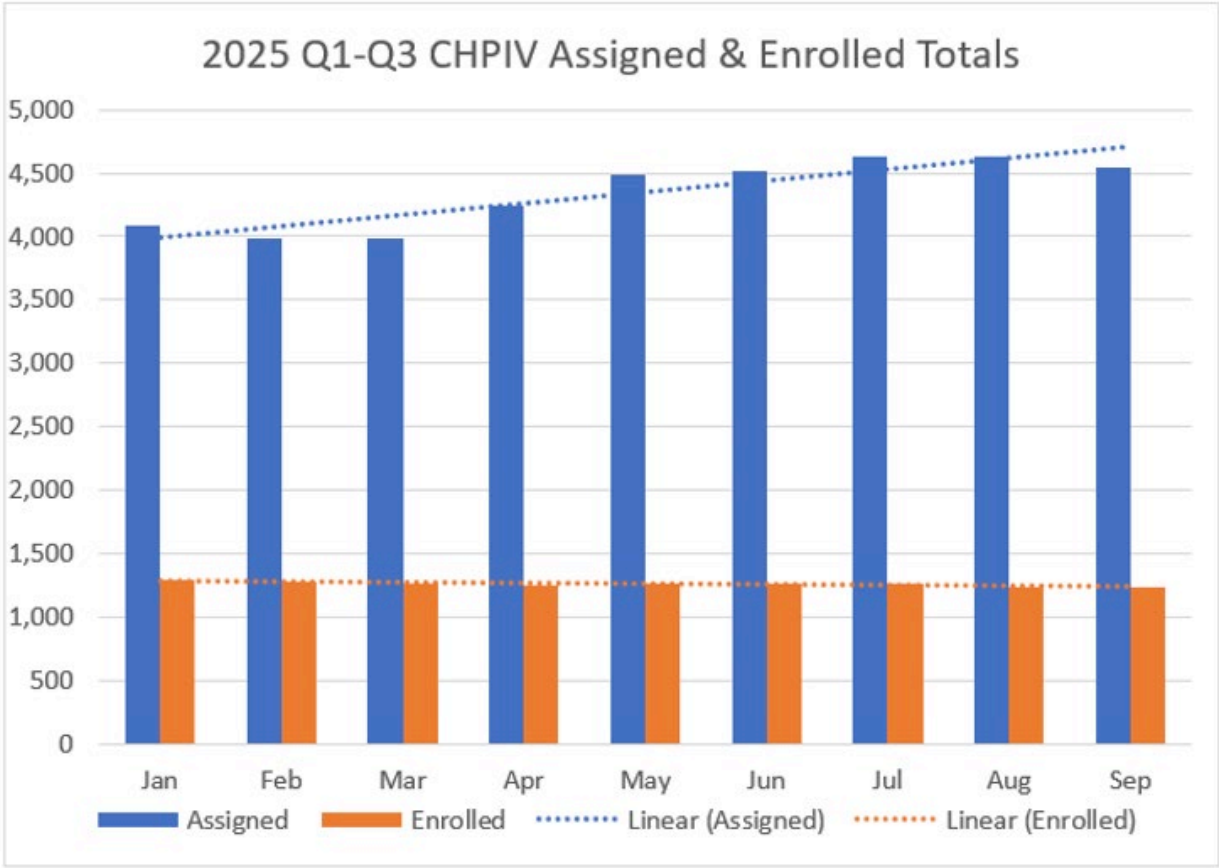
Care Management - FYOL

Measure for Case Management	Members Not Enrolled in FYOL* First 90 Days after Referral			Members Enrolled in FYOL First 90 Days after Engagement			Difference
	Members	ED Claims	ED/1,000/Yr.	Members	ED Claims	ED/1,000/Yr.	ED/1,000/Yr.
Emergency Department (ED) Visits, per 1,000 members per year	130	18	554	66	3	182	-372

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

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

ECM Enrollment



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

ECM Enrollment

Population Of Focus	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Total
										105
Adult - Birth Equity Population of Focus	8	8	9	8	7	5	5	5	5	348
Adult - Families Experiencing Homelessness	93	99	110	107	107	110	112	110	109	2,974
Adult - Individuals at Risk for Avoidable Hospital or ED Utilization	687	674	663	659	635	618	606	598	581	44,945
Adult - Individuals Experiencing Homelessness	122	122	128	126	123	122	123	128	124	3,740
Adult - Individuals Transitioning from Incarceration	1	1	1	2	2	2	3	4	4	56
Adult - LTC Eligible At-Risk for Institutionalization	35	39	46	51	49	48	51	57	57	1,021
Adult - Nursing Facility Residents Transitioning to Community									1	1
Adult - SMH or SUD	143	143	146	151	153	150	150	152	154	5,264
Child - CCS/CCS WCM with Additional Needs	31	35	37	41	57	58	64	70	63	822
Child - Families Experiencing Homelessness	21	21	20	20	20	21	20	20	20	409
Child - Individuals at Risk for Avoidable Hospital or ED Utilization	41	40	40	38	41	42	44	45	48	2,024
Child - Individuals Experiencing Homelessness	29	29	29	28	28	28	25	27	26	596
Child - Involved in Child Welfare										10
Child - SMH or SUD	47	43	41	38	39	33	32	32	34	1,162
Total	**1,258**	**1,254**	**1,270**	**1,269**	**1,261**	**1,237**	**1,235**	**1,248**	**1,226**	**63,477**

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

Community Supports

CS Authorization and Claims Summary

County	CS Service	Auth Count	Claims Count	Claims Unit
Imperial	Asthma Remediation	50	29	26
	Day Habilitation	22	3	0
	Environmental Accessibility Adaptations	26	16	15
	Housing Deposits	10	9	9
	Housing Tenancy and Sustaining Services	22	33	33
	Housing Transition/Navigation Services	222	617	615
	Medically Tailored Meals	8,508	101,593	113,910
	Personal Care Services	213	4,098	26,138
	Recuperative Care	314	6,319	6,180
	Respite Services	79	2,358	13,542
	Short-Term Post-Hospitalization Housing	3		
	TOTAL	**9,469**	**115,075**	**160,468**

Long Term Support Services (LTSS)

Long Term Support Services (LTSS) Q1 2025

LTC (Long Term Care)

Unique Utilizing LTC Members	Oct 2025	Nov 2025	Dec 2025
El Centro Post Acute	92	85	87
Imperial Manor	22	27	28
Pioneer Memorial D/P	68	68	64
Out of County	21	18	23
Out of State	0	0	0

CBAS (Community Based Adult Services)

	Oct 2025	Nov 2025	Dec 2025
Unique Utilizing CBAS Mbrs	256	255	249
Average Days per Week	1.7	1.8	1.7
Members utilizing CBAS six months ago, now in LTC	0	0	0

ICF (Intermediate Care Facilities)

Unique Utilizing LTC Members	Oct 2025	Nov 2025	Dec 2025
ARC #1, #2, #3	14	13	14

Pharmacy

Pharmacy

	Goal		Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Total CHPIV														
Total # PA's	N/A		52	52	62	75	72	50	58	42	83	63	41	58
# Approved %	N/A		65%	64%	61%	53%	56%	52%	57%	52%	60%	62%	66%	67%
# Denied %	N/A		35%	36%	39%	47%	43%	48%	43%	48%	40%	38%	34%	33%
PA per 1,000M	N/A		0.53	0.53	0.64	0.77	0.74	0.51	0.59	0.43	0.85	0.65	0.42	0.60
% PA requests meet goal*	100%		100%	98.1%	98.4%	100%	100%	100%	100%	100%	100%	100%	100%	93.1%

Pharmacy

Top 10 Denials in Q4 based on Percentage and Total Number

Top 10 Denials of the Quarter by Percentage and Total Number			
Drug Name	**% Denied**	**Drug Name**	**# Denied**
daratumumab	*100%*	IV iron	11
IV iron	*85%*	botulinum toxin	10
pembrolizumab	*75%*	pembrolizumab	9
sacituzumab	*40%*	pegfilgrastim	8
botulinum toxin	*37%*	daratumumab	3
aflibercept	*33%*	sacituzumab	2
denosumab	*33%*	aflibercept	1
pegfilgrastim	*32%*	bevacizumab	1
bevacizumab	*20%*	bortezomib	1
trastuzumab	*11%*	darbepoetin	1

Behavioral Health

Behavioral Health/ SUD

Q3 Report

Care Coordination Overview –CHPIV

Q3 BH Medi-Cal Referrals – CHPIV

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

CHPIV Members Served by Month Q2 (Unduplicated)

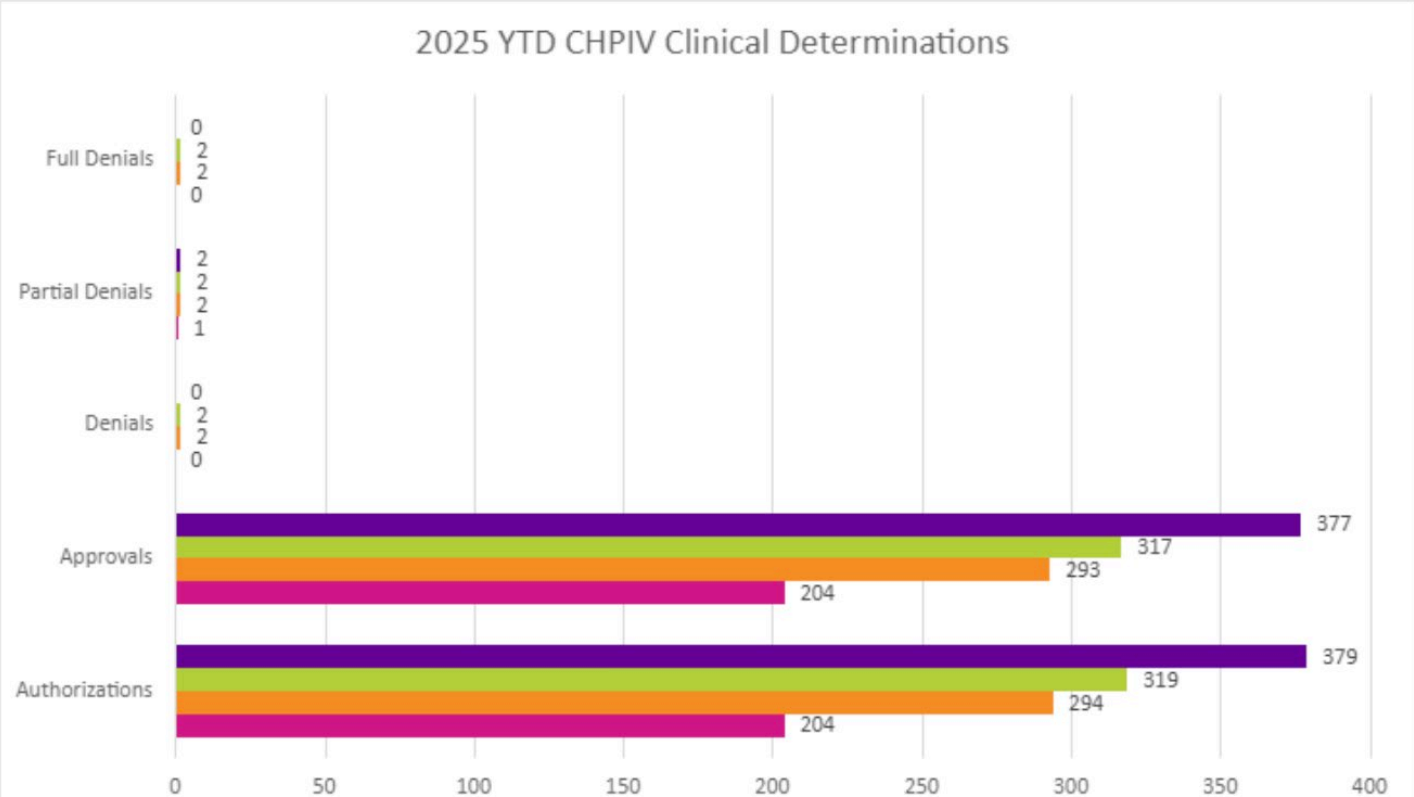
County	Apr 2025	May 2025	Jun 2025
Imperial +	315	303	133

Q3 Care Coordination Referrals

	CHPIV
members referred for health plan case management	117

Behavioral Health/ SUD

ABA Clinical Determinations—CHPIV Q4 2025



	Authorizations	Approvals	Denials	Partial Denials	Full Denials
Q4 2025	379	377	0	2	0
Q3 2025	319	317	2	2	2
Q2 2025	294	293	2	2	2
Q1 2025	204	204	0	1	0

Quality Improvement Update

2025-2026 Annual DHCS Performance Improvement Project (PIP) Update

Clinical PIP: Well-Child Visits (WCV) for Black/African American Members CVH)/ Hispanic/Latino Members (CHPIV): Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP

Health Plan	Percentage Score of Evaluation Elements Met	Percentage Score of Critical Elements Met	Confidence Level
Community Health Plan Imperial Valley (CHPIV)	94%	100%	High Confidence

Non-Clinical PIP: 2025-2026 Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP for Emergency Department (ED) Visit

Improve the Percentage of Provider Notifications for Members with SUD/SMH Diagnoses Following or Within 7-Days of an Emergency Department (ED) Visit

Health Plan	Percentage Score of Evaluation Elements Met	Percentage Score of Critical Elements Met	Confidence Level
Community Health Plan Imperial Valley (CHPIV)	100%	100%	High Confidence

Initial Health Assessments

Medical Record Review/Facility Site Review-Q3 YTD 2025

	Total Records	% Compliant
PED IHA	19 ↓	84% ↑
Adult IHA	17 ↓	82% ↑

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From July - Sept 2025	%
IHA Completed within 120 days	46.10% ↑
Member Outreach Compliance (3 attempts completed)	42.77% ↓
Overall Compliant (outreach or IHA compliant)	69.95 ↓

Lead Screening in Children

Table 1: Overall Compliance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
	Q4 2024			Q1 2025			Q2 2025			Q3 2025		
Numerator	909	948↑	1,132↓	340↓	396↓	1,511↑	480↑	569↑	2,464↑	738↑	803↑	2,560↑
Denominator	1,666↑	1,790 ↑	7,807↑	1,531↓	1,668↓	7,174↑	1,551↑	1,655↓	7,170↓	1,557↑	1,678↑	7,206↑
% Compliant	54.60↓	53.00% ↓	16.00%↓	22.20%↓	23.70↓	21.10%↑	30.95%↑	34.38%↑	34.37% ↑	47.40%↑	47.85%↑	35.53%↑

Table 2: CPT Code 83655 (Lead Testing) Only

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
	Q4 2024			Q1 2025			Q2 2025			Q3 2025		
Numerator	902	943↑	1,111↓	332↓	379↓	1,472↓	405↑	445↑	2,210↑	691↑	738↑	2,519↑
Denominator	1,666 ↑	1,790 ↓	7,807↓	1,531 ↓	1,668↓	7,174↑	1,551↑	1,655↓	7,170↓	1,557↑	1,678↑	7,206↑
% Compliant	54.10% ↓	52.70 %↑	15.70%↓	21.70 %↓	22.70%↓	20.50%↑	26.11% ↑	26.89% ↑	30.82%↑	44.38% ↑	43.98% ↑	34.96% ↑

Peer Review Credentialing

Health Net Credentialing

Peer Review Credentialing and Access Reports

Investigations

For Q3-2025

1. 0 Investigative Cases brought before Peer Review Committee
2. 0 incidences of Appointment Availability Resulting in Substantial Harm
3. 0 incidences of Adverse Injury Occurred During a Procedure by a Contracted Practitioner

Peer Review Credentialing and Access Reports

Credentialing/Recredentialing PROVIDER – Q4-2025

Initial Credentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
NILOUFER	DENNIS	MD	OB/GYN	SCP	A 000000101524	Yes	OBSTETRICS & GYNECOLOGY	6/7/2030	10/30/2025
MANUEL	RAMIREZ	PA	Physician's Assistant	Non-Physician	PA 000000051736	N/A	N/A	N/A	12/4/2025

Peer Review Credentialing and Access Reports

Certification/Reccertification FACILITY – Q4-2025

Initial Certification

Name of Organizational	Type	Approval Date
Calexico Health Center	FQHC	12/18/2025
Pioneers Children's Health Center	FQHC	12/18/2025
Pioneers Health Center	FQHC	12/18/2025
Pioneers Memorial Regional	HOSPITAL	12/18/2025

Recertification

Name of Organizational	Type	Approval Date
FMC Calexico Dialysis	Dialysis	11/20/2025

CHPIV Credentialing

Peer Review Credentialing and Access Reports

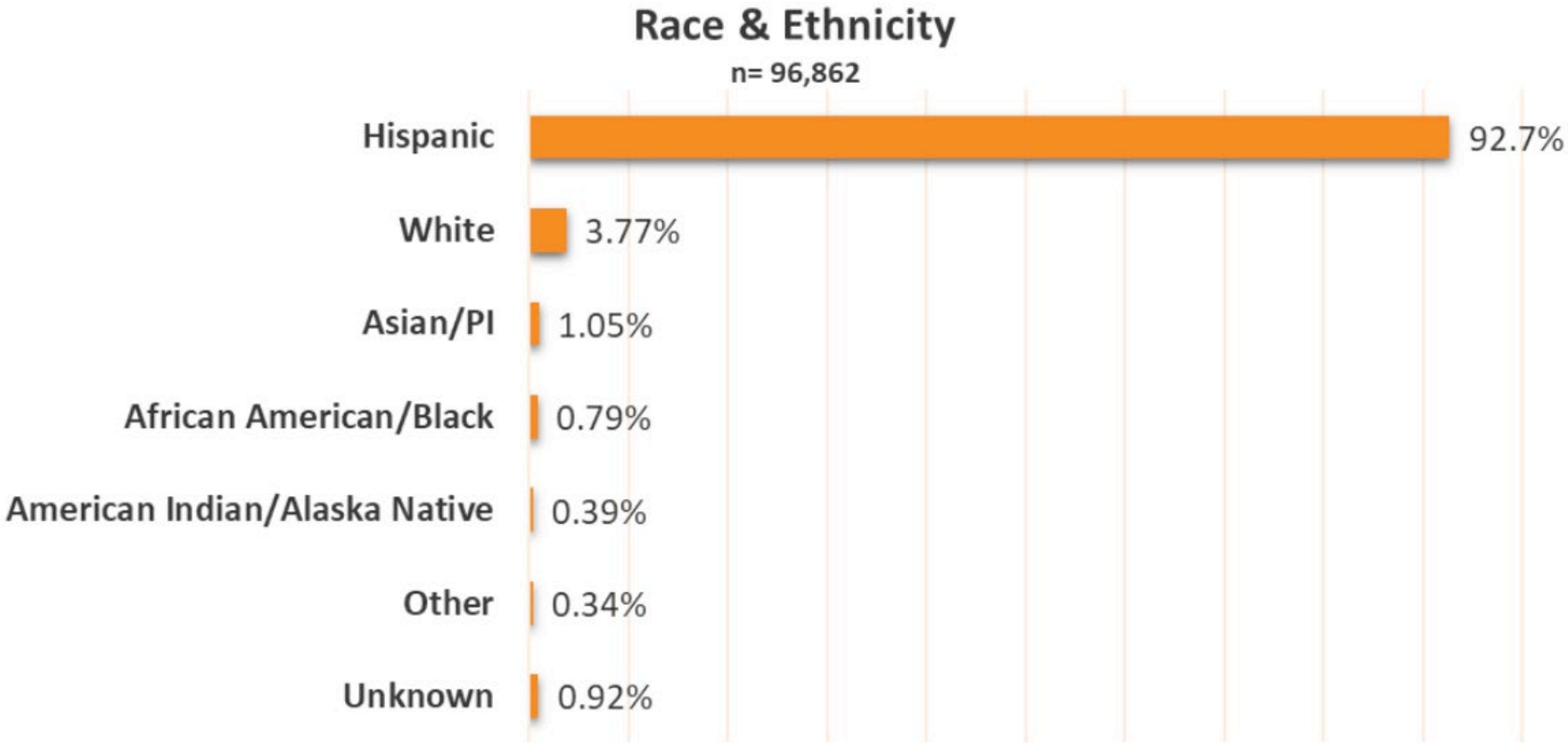
Credentialing

60 Providers – January, 2026
22 Providers – February, 2026
28 Providers –March, 2026

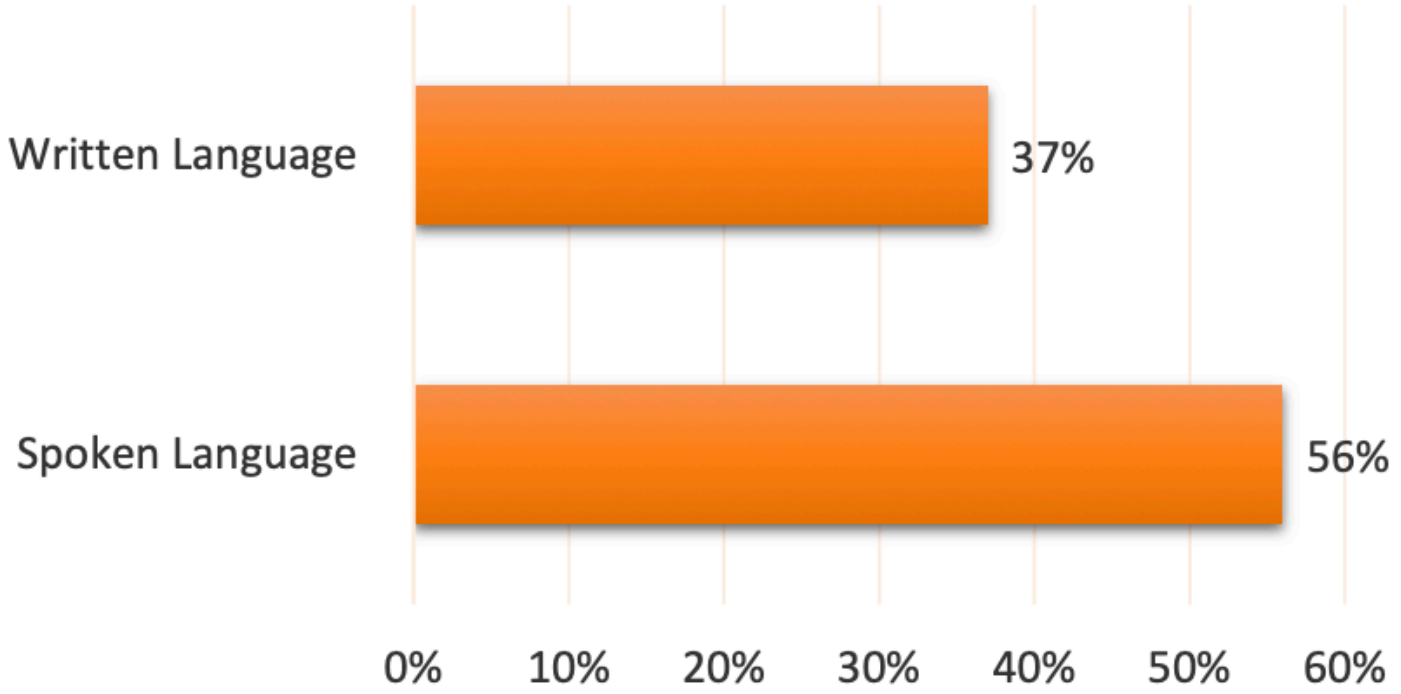
2025 End-of-Year Language Assistance Program (LAP) Report

Membership Findings

January – December 2025



Members with Limited English Proficiency



Members with Limited English Proficiency by Gender

LAP Service Requests

January – December 2025

UTILIZATION RATES			
CHPIV		**Rate per Members with LEP**	
Telephone Interpreter	8.94	Rate per 1,000 MLEP	
Face-to-Face Interpreter	0.04	Rate per 1,000 MLEP	
Sign Language Interpreter	0.37	Rate per 1,000 MLEP	
Written Translations	0.00	Rate per 1,000 MLEP	

	Face- to- Face Requests	Sign Language Interpreter Requests	Telephonic Interpreter Requests	Grand Total
EOY 2024	4	1	1,241	1,245
EOY 2025	12	20	438	470

Grievances

January – December 2025

CHPIV Grievances 2025	Q1	Q2	Q3	Q4	Total
Culture:	0	0	0	0	0
Linguistic:	0	2	2	0	4
Total	0	2	2	0	4

Barriers and Actions

Telephonic Interpreter usage decreased in 2025.

Efforts to increase LAP program awareness will be prioritized in 2026, leveraging staff and provider trainings and CAC participation. Data reflects the reduction in call made to the HN Call Center in 2025 compared to 2024, at least in part.

Grievances Findings

Of the four LAP-related grievances in 2025, one was categorized as “perceived discrimination” and “interpreter needed.”

Health Net Q4 QIHEC Questions

Question Follow-up

1. A&G

Would it be possible to identify when Members are identified/associated with two or more grievances at the same time?

Yes, our current reporting allows us to see member with two or more grievances at the same time. Would you like a slide included in the QIHEC report with this information?

Question Follow-up

2. A&G

What is the nature of balance billing-related QOS grievances? Is it due to:

1. Providers billing both private insurance and Medi-Cal?
2. Members not "declaring" to Providers that they are Medi-Cal Members prior to service?

In Q4-2025, there were 11 Balance Billing QOSs:

1. 1 insurance information was not provided at the time of service
2. 1 bill sent in error by El Centro Reginal Medical Center (ECRMC)
3. 1 case where claim was reprocessed as secondary insurance (member has Medicare as primary insurance)
4. 4 cases where balance was zero by the time the case was received.
5. 1 delay in processing claim due to missing information
6. 1 Member billed as received services from an OON provider and there was no authorization
7. 1 case for out of state service (Arizona General Hospital) it was determined member had AZ Medicaid for that date of service

Question Follow-up

A&G (from Q4 2025 QIHEC Meeting)

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

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

The reports we get from ModivCare include the Riders County of origin, not by destination.

Question Follow-up

3. Care Management

How is Health Net working to increase non-ECM Care Management engagement rates (in 2025 Q3-4, the rates were 47-88%)?

Health Net's Care Management Goal for Engagement is 52%, which we far exceeded in all programs. All programs averaged out to 67.2% for Q4.

Health Net did acknowledge very low Customer Satisfaction response rate with only 9 out of 900 CHPIV Members responding to the survey.

Question Follow-up

4. Member Experience (CAPHS)

How is Health Net working to increase the CAHPS Member response rate with only ~10% Members returning the survey (333/3159)?

1. Our regulatory CAHPS surveys now have email, QR code and URL links for members to take the survey
2. Increase CAHPS survey awareness with members and importance of feedback through the survey by sending out NCQA member newsletters with CAHPS article
3. Participating in CACs while providing a CAHPS survey overview and encouraging members to complete the CAHPS survey if they receive one
4. Engaging providers to encourage member participation in CAHPS survey
5. Reducing the number of various surveys that go out to members due to member abrasion

Question Follow-up

5. Member Experience (CAPHS)

Is the CAPHS provided in English and Spanish?

Yes, in both English and Spanish

Question Follow-up

6. GEO Access

Preferred Language - questions were raised about preferred language inquiries. In addition to "What is your preferred language?", should we be formally asking "What language do you speak at home?" and "What language would you prefer for provided written materials?"

We do ask for preferred written language. However, we tend to get more data for the spoken language field. Most of our language analyses, including Geo Access, use the spoken language field data. The difference here is that the preferred language is extracted from the membership data while the other data source is extracted from the overall census.

Question Follow-up

7. Member Eligibility

What options does a Provider have to receive payment when he/she sees a patient who has been approved for Medi-Cal but not yet assigned to an MCP? Can he/she bill FFS Medi-Cal?

If the member is eligible for Medi-Cal, and the State has not assigned an MCP, the provider should be billing FFS directly with the State.

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1. Member/Provider Metrics
2. UM
3. A&G
4. Quality
    a. STARS/HEDIS
    b. Process Improvement
5. Care Management
6. Health Equity
7. Credentialing

Questions & Comments