REGULAR MEETING OF THE GOVERNING BOARD
OF THE
INLAND EMPIRE HEALTH PLAN

July 13, 2020 - 9:00 AM

Board Report #306

Join by WebEx:
https://iehp.webex.com/iehp/onstage/g.php?MTID=ebecfc51e064fbf8cc5cc122f5d13b227

Join by Phone:
(866) 499-4146

Access code: 133 206 1708

The Inland Empire Health Plan is continuing to hold Governing Board meetings to conduct essential business. Pursuant to the Governor’s Executive Order, members of the Governing Board may attend the meeting via teleconference or video conference and will participate in the meeting to the same extent as if they were present. Members of the public may observe and participate electronically in the meetings. As a result of the Executive Order to stay home, in person participation at Governing Board meetings will not be allowed at this point time.

If disability-related accommodations are needed to participate in this meeting, please contact Annette Taylor, Secretary to the IEHP Governing Board at (909) 296-3584 during regular business hours of IEHP (M-F 8:00 a.m. – 5:00 p.m.)

PUBLIC COMMENT:
Public Comment may be submitted via recorded voice message, email, or during the Public Comment section of the Agenda.

Voice recorded public comment: To submit public comment via recorded message, please call 909-296-3584 by 5pm Friday, April 10, 2020. State your name and the item number(s) on which you wish to speak. The recordings will be limited to two minutes. These comments may be played at the appropriate time during the board meeting.

Email public comment: To submit an emailed public comment to the Governing Board please email PublicComment@IEHP.org and provide your name, the number(s) on which you wish to speak, and your comment. These comments will be distributed to all Board members.

AGENDA - REVISED

I. Call to Order

II. Roll Call
III. Changes to the Agenda

IV. Public Comments on Matters on the Agenda

V. Conflict of Interest Disclosure:

VI. Adopt and Approve of the Meeting Minutes from the June 8, 2020 and the amended Meeting Minutes from the May 11, 2020 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access

VII. IEHP

CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Approve the New IEHP Salary Structure

FINANCE DEPARTMENT (Keenan Freeman)

2. Approve the Additional Payments to CalPERS Payment Structure

HEALTH SERVICES DEPARTMENT (Karen Hansberger, M.D.)

3. 2020 Quality Management Program Description Review

4. Ratify and Approve the Professional Services Agreement with the County of Riverside

5. Approve the Fifth Amendment to the Professional Services Agreement with Envolve Peoplecare, Inc.

INFORMATION TECHNOLOGY DEPARTMENT (Michael Deering)

6. Approve the Change Order to the Professional Services Agreement with Conduent Business Services, LLC

MARKETING DEPARTMENT (Michelle Rai)

7. Approve the use of Selected Broadcast Media Companies for Advertising Services

8. Approve the use of Selected Outdoor Media Vendors for Advertising Services

9. Approve the Use of Selected Print and Digital Media Vendors for Advertising Services
PROVIDER NETWORK DEPARTMENT (Kurt Hubler)

10. Ratify and Approve the Second Amendment to the Capitated IPA Agreement with Allied Physicians of California, a professional Medical Corporation dba Allied Pacific of California IPA

11. Ratify and Approve the Second Amendment to the Capitated IPA Agreement with Alpha Care Medical Group, Inc.

12. Ratify and Approve the Thirty-First Amendment to the Hospital Per Diem Agreement for Arrowhead Regional Medical Center

13. Ratify and Approve the First Amendment to the Hospital Per Diem Agreement for Behavioral Health with Aurora Charter Oak Los Angeles LLC.

14. Ratify and Approve the Ninth Amendment to the Hospital Per Diem Agreement with Bear Valley Community Hospital

15. Ratify and Approve the Eighth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. dba Chino Valley Medical Center

16. Ratify and Approve the Ninth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc., Chino Valley Medical Center

17. Ratify and Approve the Tenth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. dba Chino Valley Medical Center

18. Ratify and Approve the Fifth Amendment to the Hospital Per Diem Agreement with Corona Regional Medical Center

19. Ratify and Approve the Tenth Amendment to the Hospital Per Diem Agreement with Desert Regional Medical Center

20. Ratify and Approve the Seventh Amendment to the Hospital Per Diem Agreement with Desert Valley Hospital, Inc.

21. Ratify and Approve the Third Amendment to the Capitated IPA Agreement with Dignity Health Medical Foundation dba Dignity Health Medical Network-Inland Empire, A Service of Dignity Health Medical Foundation

22. Approve the Ancillary Provider Agreement with Helping Hearts Hulen, LLC.

23. Ratify and Approve the Fourth Amendment to the Hospital Per Diem Agreement with HDMC Holdings, LLC dba Hi-Desert Medical Center

24. Ratify and Approve the Second Amendment to the Capitated IPA Agreement with Horizon Valley Medical Group, Inc.
25. Ratify and Approve the Second Amendment to the Capitated IPA Agreement with Inland Faculty Medical Group

26. Ratify and Approve the Ninth Amendment to the Hospital Per Diem Agreement with John F. Kennedy Memorial Hospital

27. Ratify and Approve the Second Amendment to the Capitated IPA Agreement with Lasalle Medical Associates, Inc.

28. Ratify and Approve the Capitated Primary Care Provider Agreement with Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health

29. Ratify and Approve the Fifth Amendment to the Hospital Per Diem Agreement with Prime Healthcare Services III, LLC dba Montclair Hospital Medical Center

30. Ratify and Approve the Hospital Per Diem Agreement with Lancaster Hospital Corporation dba Palmdale Regional Medical Center

31. Ratify and Approve the Nineteenth Amendment to the Hospital Per Diem Agreement with Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center

32. Ratify and Approve the Second Amendment to the Capitated IPA Agreement with Physicians Health Network

33. Ratify and Approve the Nineteenth Amendment to the Hospital Per Diem Agreement with Redlands Community Hospital

34. Ratify and Approve the Fifteenth Amendment to the Hospital Per Diem Agreement with Riverside Community Hospital

35. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with San Antonio Regional Hospital

36. Ratify and Approve the Fifth Amendment to the Hospital Per Diem Agreement with Universal Health Services of Rancho Springs Inc., dba Southwest Healthcare System

37. Ratify and Approve the Fifth Amendment to the Hospital Per Diem Agreement with Temecula Valley Hospital, Inc.

38. Approval of Standard Templates
   The following standard templates are being presented to the Governing Board for approval effective July 1, 2020:
   1) Master Reinstate, Amend and Extend Agreement
   2) Master Home Health Provider Attachment B, Compensation
   3) Master Attachment A, Behavioral Health Treatment (BHT)
   4) Master Recuperative Care Attachment A, Health Care Service
   5) Master Recuperative Care Attachment B, Compensation
6) Master Amendment – Double Boarded & Non-Double Boarded Providers
7) Master COVID-19 Amendment – Vision Providers

39. Approval of the Evergreen Contracts
   Renewal under the Evergreen Clause of the following Agreements effective, August 1, 2020:
   
   Additional one (1) year term:
   1) Maria Puraci dba Holy Hill Home Care – Residential Care for the Elderly Provider Agreement
   2) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly Provider Agreement
   3) Rose Garden Residential Operator LLC dba Rose Garden Residential - Residential Care for the Elderly Provider Agreement

   Additional two (2) year term:
   1) Ramona Rehabilitation and Post Acute Care Inc dba Ramona Rehabilitation and Post Acute Care Center - Skilled Nursing Facility Provider Agreement

   Additional five (5) year term:
   1) All Star Physical Therapy Inc – Participating Provider Agreement
   2) Charter Health Care Group LLC dba Charter Home Health - Participating Provider Agreement
   3) InfuSystem Inc - Ancillary Provider Agreement
   4) JSI Acquisition Inc dba Libertana Home Health - Ancillary Provider Agreement
   5) Physical Therapy of Temecula Inc dba Physical Therapy of Menifee - Participating Provider Agreement
   6) Prism Medical Products LLC - Ancillary Provider Agreement
   7) Star Med Home Health Care - Ancillary Provider Agreement
   8) Universal Orthopaedic Group - Participating Provider Agreement
   9) Veniexpress Inc - Ancillary Provider Agreement
   10) Wings Speech and Language Center Inc - Participating Provider Agreement
   11) Bebawy Optometry Inc dba Light of Life Optometry - Participating Provider Agreement

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS:

ADMINISTRATION (Jarrod McNaughton)

40. Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

41. Monthly Financial Review
HEALTH SERVICES DEPARTMENT (Karen Hansberger, M.D.)

42. Emergency Preparedness Web Application Demonstration

VIII. IEHP HEALTH ACCESS

CONSENT AGENDA

PROVIDER NETWORK DEPARTMENT (Kurt Hubler)

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IX. COMMENTS FROM THE PUBLIC ON MATTERS NOT ON THE AGENDA
X. CLOSED SESSION

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54957 (b) (1):

   PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

   Title: Chief Executive Officer of the Inland Empire Health Plan

2. With Respect to Every Item of Business to be Discussed in Closed Session Pursuant to Government Code Section 54957.6:

   Conference with labor negotiator: Agency Negotiator Janet Nix, Chief Organizational Development Officer; Re: unrepresented employees (management and non-management level positions).

XI. ADJOURNMENT

The next meeting of the IEHP Governing Board will be held on August 10, 2020 via WebEx Event
ADMINISTRATION

1. APPROVE THE NEW IEHP SALARY STRUCTURE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the new Salary Grade Range and Structure, position placement of each position within the new structure, and a new minimum hiring rate of pay for Team Members starting at $18.00 per hour.

**Contact:**
Jarrod McNaughton, Chief Executive Officer

**Background:**
In early 2020, IEHP contracted Mercer (US) Inc. to perform a comprehensive compensation analysis that included reviewing IEHP job descriptions and conducting a broad market analysis comparing IEHP salaries to the local, regional, and in some cases national, health care markets. As a result, in June 2020 under Minute Order 20-159, the Governing Board approved additional funding for the new employee salary ranges in accordance with the salary study.

**Discussion:**
Based on Mercer’s market pay data and recommendations to keep pace with cost of living adjustments, the following impacts will occur:

- The number of IEHP Salary Grades will change from 21 salary grades to 23.
- All IEHP positions will be assigned a new salary grade within the new salary structure. The new salary range structure with positions is attached.
- IEHP Team Members will be considered for a minimum market data adjustment of 5.5%.
- The new minimum starting rate of pay for all Team Members will begin at $18.00 per hour and any current Team Members below this amount will be adjusted accordingly or with a 5.5% adjustment increase, whichever is greater.
- The cost of adjusting salaries to meet the market data adjustments listed above is approximately $10 million, which was included in the FY1920 Bridge Period Budget approved by the Governing Board on June 8, 2020 under Minute Order 20-159.

**Strategy Focus Areas:**

- [ ] Member Experience
- [ ] Network
- [x] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [ ] Not Applicable

**Fiscal Impact:**
None
CONSENT AGENDA

Financial Review:
N/A

Reviewed by Counsel:
N/A
2020-2021 IEHP POSITION & GRADE REPORT

Grade 100
RANGE: $31,860-$43,010 MIDPOINT: $37,440

Pharmacy PDE Specialist
Regulatory Affairs Project Specialist
Coordinator - Appeals
Coordinator - Behavioral Health
Coordinator - Care Management
Coordinator - Claims Audit and Recovery
Coordinator - Communications
Coordinator - Community Based Adult Services
Coordinator - Community Resource Center
Coordinator - Compliance & Regulatory Affairs
Coordinator - Contracts
Coordinator - Facilities
Coordinator - Facilities Safety & Security
Coordinator - Government Affairs
Coordinator - Grievance & Appeals Call Center
Coordinator - Health Home Team
Coordinator - Health Services Physician Support
Coordinator - Housing Program
Coordinator - Human Resources
Coordinator - LTC
Coordinator - Medical Operations
Coordinator - Medicare Sales
Coordinator - Member Services, HRA
Coordinator - Program, Social Determinant of Health
Coordinator - Provider Services
Coordinator - Quality Systems
Coordinator - Training
Coordinator - Transplant Services
Coordinator - U & M Letter Review
Coordinator - U & M Member Call Center
Coordinator - U & M Transportation Call Center
Coordinator - Utilization Management
Coordinator - Utilization Management Inpatient
Coordinator - Utilization Management Outpatient
Coordinator - UM Outpatient Call Center
Enrollment Advisor
Mederi-Cal Pharmacy Call Center Representative
Medicare Pharmacy Call Center Representative
Member Services Representative - All Channels
Member Services Representative - Medicare
Provider Call Center Representative
Senior Mailroom Processor
Warehouse Processor

Grade 102
RANGE: $37,440-$50,540 MIDPOINT: $41,810

Claims Processor I
Mailroom Processor
Senior Medicare Pharmacy Program Specialist
Medicare Pharmacy Call Center Representative
Community Health Navigator
Medicare Pharmacy Call Center Representative
Member Services Representative - All Channels
Member Services Representative - Medicare
Provider Call Center Representative
Senior Mailroom Processor
Warehouse Processor

Grade 104
RANGE: $38,550-$53,620 MIDPOINT: $45,930

Administrative Assistant - Accounting
Administrative Assistant - Compliance
Administrative Assistant - Facilities
Administrative Assistant - Family and Community Health
Administrative Assistant - FR & A
Administrative Assistant - Grievance & Appeals
Administrative Assistant - Process Improvement
Administrative Assistant - Quality & Training
Administrative Assistant - Social Determinant of Health
Administrative Assistant I - Administration
Administrative Assistant I - Audit and Recovery
Administrative Assistant I - Claims
Administrative Assistant I - Health Services
Administrative Assistant I - IT
Administrative Assistant I - Pharmacy
Administrative Assistant I - Quality Systems
Administrative Assistant I - UM
Care Extender
Claims Processor II
Coordinator
Coordinator - Appeals
Coordinator - Behavioral Health
Coordinator - Care Management
Coordinator - Claims Audit and Recovery
Coordinator - Communications
Coordinator - Community Based Adult Services
Coordinator - Community Resource Center
Coordinator - Compliance & Regulatory Affairs
Coordinator - Contracts
Coordinator - Facilities
Coordinator - Facilities Safety & Security
Coordinator - Government Affairs
Coordinator - Grievance & Appeals Call Center
Coordinator - Health Home Team
Coordinator - Health Services Physician Support
Coordinator - Housing Program
Coordinator - Human Resources
Coordinator - LTC
Coordinator - Medical Operations
Coordinator - Medicine
Coordinator - Member Services, HRA
Coordinator - Program, Social Determinant of Health
Coordinator - Provider Services
Coordinator - Quality Systems
Coordinator - Training
Coordinator - Transplant Services
Coordinator - U & M Letter Review
Coordinator - U & M Member Call Center
Coordinator - U & M Transportation Call Center
Coordinator - Utilization Management
Coordinator - Utilization Management Inpatient
Coordinator - Utilization Management Outpatient
Coordinator - UM Outpatient Call Center
Enrollment Advisor
Mederi-Cal Pharmacy Call Center Representative
Medicare Pharmacy Call Center Representative
Member Services Representative - All Channels
Member Services Representative - Medicare
Provider Call Center Representative
Senior Mailroom Processor
Warehouse Processor

Grade 106
RANGE: $40,590-$60,890 MIDPOINT: $50,740

Accounting Specialist I
Administrative Assistant II
Administrative Assistant II - Claims
Administrative Assistant II - Community Health
Administrative Assistant II - Health Services
Administrative Assistant II - Operations
Behavioral Health Specialist
Behavioral Health Specialist - Pain Management
BH Specialist - Call Center
BH Specialist - Crisis Call Team
BH Specialist - Specialty Kids Interventions
Board Specialist
Care Transition Specialist
CHW - BH and CM
Claims Configuration Specialist
Claims Processor III
Claims Specialist I
Community Health Representative
Community Resource Center Specialist
Community & Housing Navigator
Community Health Worker
Contracts Administration Specialist
Coordination of Benefits Specialist (COB)
Delegation Oversight Specialist
Eligibility Specialist
Facilities Specialist
Grievance & Appeals Dental Specialist
Health Navigator Specialist
Mail Fulfillment Specialist
Medicare Pharmacy Program Specialist
Medi-Medi Specialist
Pharmacy Program Specialist
Project Specialist
Project Specialist - Medical Operations
Project Specialist - Quality Management
Quality Assurance Specialist Non-Clinical
Quality Assurance Specialist Non-Clinical G&A
Quality Assurance Specialist Non-Clinical UM Inpatient
Quality Assurance Specialist Non-Clinical UM Operations
Regulatory Affairs Project Specialist
Report Specialist I
Senior Coordinator
Senior Coordinator - Care Management
Senior Coordinator - Community Relations
Senior Coordinator - Contracts
Senior Coordinator - Facilities
Senior Medi-Cal Pharmacy Call Center Representative
Senior Medicare Member Services Representative
Senior Member Services Representative
Senior Mailroom Processor
Warehouse Processor

Grade 108
RANGE: $45,460-$68,190 MIDPOINT: $56,730

Accounting Specialist II
Auditor - Credit Balance Recovery
Behavioral Health Specialist - Team Lead
Buyer I
Call Center Quality Specialist
Claims Auditor
Claims Specialist II
Claims Specialist Quality Assurance I
Clinical Pharmacy Program Specialist
Compliance Program Specialist
Contract Auditing Specialist
Core Project Specialist
Credentialed Specialist
Data Retrieval Specialist
Health Navigator
Human Resources Specialist - Benefits
Human Resources Specialist - Operations
Human Resources Specialist - Talent Acquisition
Internal Communications Specialist
Lead Claims Processor
Legal Secretary
Legal Specialist
Payroll Specialist
Pharmacy Applications Specialist
Pharmacy Auditor
Pharmacy PDE Specialist
Provider Contracting Service Specialist
Provider Services Specialist
Quality Auditing Specialist
Report Specialist II
Senior Call Center Quality Specialist
Senior Eligibility Specialist
Senior Medicare Pharmacy Program Specialist
Senior Pharmacy Program Specialist
Workforce Management Intraday Specialist

Grade 110
RANGE: $50,820-$78,770 MIDPOINT: $64,790

Accounting Specialist III
Administrator I
Analyzer I - Utilization Management
Analyzer I - Utilization Management - Delegation Oversight
Application Support Specialist
Buyer II
Digital Production Specialist
Executive Assistant
Fraud Investigator I
Health Services Trainer
Human Resources Generalist I
IT Specialist I
Payroll Specialist II
Privacy Investigator I
Provider Contracting Service Representative
Provider Services Trainer
Quality and Training Trainer
Quality Assurance Nurse Trainer
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<td>Learning and Development Training Administrator</td>
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<td>Procurement Contract Specialist</td>
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<td>Support Specialist I - CORE Business Systems</td>
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FINANCE DEPARTMENT

2. APPROVE THE ADDITIONAL PAYMENTS TO CalPERS PAYMENT STRUCTURE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the additional CalPERS payment of $18.2 million to offset projected Net Pension Liability for period ending June 30, 2020.

**Contact:**
Keenan Freeman, Chief Financial Officer

**Background:**
Effective early 2015, the Government Accounting Standards Board (GASB) Statement 68 was issued for accounting and financial reporting for pension plans in the financial statements of participating entities, which added further disclosures and required the recording of pension liability. The GASB wanted to improve how governmental agencies calculate and report their pension costs and obligations to make reporting more transparent and useful.

The new standards focus on how employers fund benefit costs rather than on a calculation of Annual Required Contribution (ARC) which was part of the old GASB standard. As a result of the new standards, governmental agencies show greater liabilities on their financial statements than in years past. The standard made significant changes to pension accounting and reporting, providing more transparency about pension obligations.

IEHP’s policy is to fund the plan at 100% and make an additional lump sum contribution as needed when funding levels decrease. This periodic lump sum payment avoids interest charges that would be charged if we amortized the underfunded amount over time, as allowed by CalPERS.

**Discussion:**
Based on pension valuation reports from CalPERS, IEHP’s pension is 93.3% funded for 6/30/18 (the most recent valuation available). CalPERS estimates IEHP’s Unfunded Accrued Liability to be $18 million for 6/30/20 and our Net Pension Liability to be $10.2 million. This increase in the unfunded liability is primarily attributed to the following:

- IEHP took advantage of the option to prefund the pension contribution for FY16/17, and inadvertently underfunded the amount for that year due to the continued growth in number of employees.
- The required employer contributions as calculated by CalPERS can be insufficient to keep the funding at the optimal level for multiple reasons and CalPERS stopped providing the prepayment option in 2017 due to issues like this.

Since the implementation of GASB 68, pension expense in the income statement is calculated using the expected costs of the benefits, regardless of the amount of employer contributions. The impact of the increased pension liability will be reflected on the balance sheet at June 30, 2020.
CONSENT AGENDA

Submittals to Inland Empire Health Plan Governing Board
Staff Reports and Recommendations #306
July 13, 2020

Strategy Focus Areas:

- Member Experience  ☑ Network  ☐ Team Members  ☐ Operational Excellence
- Technology  ☐ Financial Stewardship  ☑ Not Applicable

Fiscal Impact:
Not a budgeted item, deferred for future years

Reviewed by Counsel:
N/A
HEALTH SERVICES DEPARTMENT

3. 2020 QUALITY MANAGEMENT PROGRAM DESCRIPTION REVIEW

**Recommended Action:**
Review and File

**Contact:**
Karen Hansberger, M.D., Chief Medical Officer

**Background:**
IEHP supports an active, ongoing and comprehensive quality management program. The primary goal is to continuously monitor and improve the quality of care, access to care and service, and patient safety delivered to IEHP Members. The Quality Management (QM) Program provides a formal process to systematically monitor and objectively evaluate, track and trend the quality of care provided to IEHP’s Members. This comprehensive delivery system includes activities focused on patient safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care. These initiatives are aligned with IEHP’s mission and vision.

The QM Committee (QMC), overseen by the Chief Medical Officer, provides direction to the QM Program and is responsible for improving the quality of care for IEHP’s membership. QMC membership includes Independent Physician Association (IPA) Medical Directors who represent network practitioners and pharmacists; and representatives from Riverside County and San Bernardino County Public Health Departments. Key IEHP departments are also represented. The QMC reviews findings and recommendations from various sub-committees including:

- Quality Improvement Subcommittee
- Peer Review Subcommittee
- Pharmacy and Therapeutics Subcommittee
- Credentialing Subcommittee
- Utilization Management Subcommittee
- Behavioral Health Advisory Subcommittee
- Member Committees (Persons with Disabilities Workgroup, Public Policy Participation Committee)

QM Program activities meet regulatory requirements by the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC) and Centers for Medicare and Medicaid Services (CMS). How well an organization meets these requirements indicates how successfully it can provide access to quality care. Additionally, QMC has the primary responsibility to maintain IEHP’s National Committee for Quality Assurance (NCQA) Accreditations Status by coordinating organization-wide activities to meet these standards.

**Discussion:**
The 2020 QM Program Description was updated to reflect new Quality Improvement (QI) processes and initiatives. QI programs are designed to improve quality of care, access to care,
improve quality of services and promote safe practices. Key Program Description components include a QM Work Plan that details all the reports and studies expected to be presented to the QMC for the year, as well as an annual QM Program Evaluation that summarizes program successes and challenges from the prior year.

**Strategy Focus Areas:**

- ✔ Member Experience
- ✔ Network
- - Team Members
- ✔ Operational Excellence
- - Technology
- - Financial Stewardship
- - Not Applicable

**Fiscal Impact:**
None

**Financial Review:**
N/A

**Reviewed by Counsel:**
N/A
Inland Empire Health Plan
Quality Management Program Description
Date: January 2020
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Introduction

IEHP supports an active, ongoing and comprehensive Quality Management (QM) Program with the primary goal of continuously monitoring and improving the quality of care and service, access to care and patient safety delivered to IEHP Members. The QM Program provides a formal process to systematically monitor and objectively evaluate, track and trend the health plan’s quality, efficiency and effectiveness. IEHP is committed to assessing and continuously improving the care and service delivered to Members. IEHP has created a systematic, integrated approach to planning, designing, measuring, assessing, and improving the quality of care and services provided to Members. This comprehensive delivery system includes patient safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care. These initiatives are aligned with IEHP’s mission and vision.

Mission and Vision

The mission of IEHP is to organize and improve the delivery of quality, accessible and wellness-based healthcare services for our community. The organization prides itself in its six (6) core goals:

- **Member Experience**: Ensure Members receive the high-quality care and services they need.
- **Network**: Provide a network that delivers high-quality and timely care.
- **Team Member**: Make IEHP a great place to work, learn, and grow.
- **Operational Excellence**: Optimize core processes to deliver compliant, high-quality, and efficient services.
- **Technology**: Deliver innovative & valuable technology solutions.
- **Financial Stewardship**: Ensure financial stability of IEHP in support of enterprise goals.

Section 1: QM Program Overview

1.1. QM Program Purpose

The purpose of the QM Program is to provide the structure and framework necessary to monitor and evaluate the quality and appropriateness of care, identify opportunities for clinical, patient safety, and service improvements, ensure resolution of identified problems, and measure and monitor intervention results over time to assess any needs for new improvement strategies. The purpose of the QM Program Description is to provide a written outline of quality improvement goals, objectives, and structure. IEHP will utilize this document for oversight, monitoring, and evaluation of Quality Management (QM) and Quality Improvement (QI) activities to ensure the QM Program is operating in accordance with standards and processes as defined in this Program Description.

---

2 Coordinated Care Initiative (CCI) Three-Way Contract September 2019, Section 2.16.
1.2. QM Program Scope

The Quality Management Committee (QMC) approves the QM Program annually. This includes review and approval of the QM Program Description, QM/QI Work Plan, and QM Annual Evaluation to ensure ongoing performance improvement. The QM Program is designed to improve all aspects of care delivered to IEHP Members in all health care settings by:

1. Defining the Program structure;
2. Assessing and monitoring the delivery and safety of care;
3. Assessing and monitoring, population health management provided to Members, including behavioral health and care management services;\(^3\)
4. Supporting Practitioners and Providers to improve the safety of their practices;
5. Overseeing IEHP’s QM functions through the QM Committee;
6. Involving designated physician(s) and staff in the QM Program;
7. Involving a behavioral healthcare Practitioner in the behavioral aspects of the Program;\(^4\)
8. Involving providers and professionals with expertise in Long-Term Services and Supports (LTSS) in the QM Program;\(^5\)
9. Reviewing the effectiveness of LTSS programs and services;\(^6\)
10. Ensuring that LTSS needs of Members are identified and addressed leveraging available assessment information;
11. Identifying opportunities for QI initiatives, including the identification of health disparities among Members;
12. Implementing and tracking QI initiatives that will have the greatest impact on Members;
13. Measuring the effectiveness of interventions and using the results for future QI activity planning;
14. Establishing specific role, structure and function of the QMC and other committees, including meeting frequency;
15. Reviewing resources devoted to the QM Program;
16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and
17. Assessing and monitoring processes to ensure the Member’s cultural and linguistic (C&L) needs are being met.

---

\(^3\) NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 2.
\(^4\) NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 4.
\(^5\) CCI Three-Way Contract September 2019, Section 2.16
\(^6\) Ibid
1.3. **QM Program Goals:**

The primary goal of the QM Program is to continuously assess and improve the quality, service and safety of healthcare delivered to IEHP Members. QM Program goals are to:

1. Implement strategies for Population Health Management (PHM) that: Keep Members healthy, manage Members with emerging risks, ensure patient safety and outcomes across settings, improve Member satisfaction and improve quality of care for Members with chronic conditions;
2. Implement quality programs to support PHM strategies while improving targeted health conditions;
3. Identify clinical and service-related quality and patient safety issues, and develop and implement QI plans, as needed;
4. Share the results of QI initiatives to stimulate awareness and change;
5. Empower all staff to identify QI opportunities and work collaboratively to implement changes that improve the quality of all IEHP programs;
6. Identify QI opportunities through internal and external audits, Member and Provider feedback, and the evaluation of Member grievances and appeals;
7. Monitor over-utilization and under-utilization of services to assure appropriate access to care;
8. Utilize accurate QI data to ensure program integrity; and
9. Annually review the effectiveness of the QM Program and utilize the results to plan future initiatives and program design.

**Section 2: Authority and Responsibility**

The QM Program includes tiered levels of authority, accountability, and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through a number of different subcommittees. Further details can be found in the IEHP organizational chart.

---

7 NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 1.
8 CCI Three-Way Contract September 2019, Section 2.16.
9 CCI Three-Way Contract September 2019, Section 2.16
10 NCQA, 2019 HP Standards and Guidelines, QI 1, Element A, Factor 1.
12 CCI Three-Way Contract January 2018, Section 2.16.
2.1. IEHP Governing Board

IEHP was created as a public entity as a result of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties to serve eligible residents of both counties. Two (2) members from each County Board of Supervisors and three (3) public members selected from the two (2) counties sit on the Governing Board. The Governing Board is responsible for oversight of health care delivered by contracted Providers and Practitioners. The Board provides direction for the QM Program; evaluates QM Program effectiveness and progress; and evaluates and approves the annual QM Program Description and Work Plan. The Quality Management Committee (QMC) reports delineating actions taken and improvements made are reported to the Board through the Chief Medical Officer.\(^\text{13}\)

The Board delegates responsibility for monitoring the quality of health care delivered to Members to the Chief Medical Officer and the QMC with administrative processes and direction for the overall QM Program initiated through the Chief Medical Officer or Medical Director designee.\(^\text{14,15}\)

2.2. Role of the Chief Executive Officer (CEO)

Appointed by the Governing Board, the CEO has the overall responsibility for IEHP management and viability. Responsibilities include but are not limited to: IEHP direction, organization and operation; developing strategies for each Department including the QM/QI Program and activities; position appointments; fiscal efficiency; public relations; governmental and community liaison; and contract approval. The CEO reports to the Governing Board and is an ex-officio member of all standing Committees. The CEO interacts with the Chief Medical Officer regarding ongoing QM Program activities, progress toward goals, and identified health care problems or quality issues requiring corrective action.

\(^\text{15}\) NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 3.
2.3. **Role of the Chief Medical Officer (CMO)**\(^{16}\)

The Chief Medical Officer (CMO) or designee has ultimate responsibility for the quality of care and services delivered to Members and has the highest level of oversight for IEHP’s QM Program.\(^{17}\) The CMO must possess a valid Physician’s and Surgeon’s Certificate issued by the State of California and certification by one of the American Specialty Boards. The CMO reports to the CEO and the Governing Board. As a participant of various Subcommittees, the CMO provides direction for internal and external QM Program functions and supervision of IEHP staff.

The CMO or designee participates in quality activities as necessary; provides oversight of IEHP-delegated credentialing and re-credentialing activities and approval of IEHP requirements for IEHP-Direct Practitioners; reviews credentialed Practitioners for potential or suspected quality of care deficiencies; provides oversight of coordination and continuity of care activities for Members; oversight of patient safety activities; and proactively incorporates quality outcomes into operational policies and procedures.

The CMO or Medical Director designee, provides direction to the QMC and associated Subcommittees; aids with study development; and facilitates coordination of the QM Program in all areas to provide continued delivery of quality health care for Members. The CMO assists the Chief Network Officer with provider network development, contract and product design. In addition, the CMO works with the Chief Financial Officer to ensure that financial considerations do not influence the quality of health care administered to Members.

The CMO acts as primary liaison to regulatory and oversight agencies including, but not limited to, the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare and Medicaid Services (CMS), and the National Committee for Quality Assurance (NCQA), with support from Health Services staff, as necessary.

2.4. **The Quality Management Committee (QMC)**

The QMC reports to the Governing Board and retains oversight of the QM Program with direction from the CMO. The QMC promulgates the quality improvement process to participating groups and physicians, Providers, Subcommittees, and internal IEHP functional areas with oversight by the CMO.\(^{18}\)

1. **QM Committee Structure:** Network Practitioners, Specialists, and Medical Directors are voting members of the QMC and related Subcommittees. These individuals provide expertise and assistance in directing the QM Program activities.\(^{19,20}\)

2. **Role:** The QMC is responsible for continuously improving the quality of care for IEHP Membership.\(^{21,22}\)

3. **Structure:** The QMC is composed of IPA Medical Directors who are representative of network Practitioners practicing Pharmacists and Public Health Department

\(^{16}\) Ibid.

\(^{17}\) DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 2, Accountability.


\(^{19}\) DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 7, Written Description.

\(^{20}\) CCI Three-Way Contract September 2019, Section 2.16.

\(^{21}\) DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 7, Written Description.

\(^{22}\) CCI Three-Way Contract September 2019, Section 2.16.
Representatives from Riverside and San Bernardino Counties may also be in attendance.\textsuperscript{23,24} A designated Behavioral Healthcare Practitioner is an active Member of the IEHP QMC to assist with behavioral healthcare-related issues.\textsuperscript{25} IEHP attendees include multi-disciplinary representation from multiple IEHP Departments including but not limited to:

\begin{itemize}
  \item Quality Management;
  \item Utilization Management;
  \item Care Management;
  \item Pharmaceutical Services;
  \item Behavioral Health;
  \item Member Services;
  \item Community Health;
  \item Health Education;
  \item Grievances and Appeals;
  \item Quality Informatics;
  \item HealthCare Informatics;
  \item Independent Living and Diversity Services;
  \item Compliance; and
  \item Provider Services.
\end{itemize}

4. **Function**: The QMC meets at least quarterly and reports findings, actions, and recommendations to the IEHP Governing Board annually and reports meeting minutes to DHCS quarterly.\textsuperscript{26} The QMC aims to seek methods to increase the quality of health care for IEHP Members; recommend policy decisions; analyze and evaluate QI activity results; institute and direct needed actions; and ensure follow-up as appropriate. The Committee provides oversight and direction for Subcommittees, related programs, activities, and reviews and approves Subcommittee recommendations, findings, and provides direction as applicable. QMC findings and recommendations are reported through the CMO to the IEHP Governing Board on an annual basis.\textsuperscript{27,28}

5. **Quorum**: Voting cannot occur unless there is a quorum of voting Members present. For decision purposes, a quorum can be composed of one (1) of the following:

\begin{itemize}
  \item The Chairperson or IEHP Medical Director and two (2) appointed Committee
\end{itemize}

\textsuperscript{23} DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.
\textsuperscript{24} CCI Three-Way Contract September 2019, Section 2.16.
\textsuperscript{25} NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 4.
\textsuperscript{26} DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.
\textsuperscript{27} Ibid..
\textsuperscript{28} CCI Three-Way Contract September 2019, Section 2.16.
Members.

b. A Behavioral Health Practitioner must be present for behavioral health issues. Non-physician Committee Members may not vote on medical issues.29

6. **External Committee Members:** QMC members must be screened to ensure they are not active on either the Office of Inspector General (OIG) or General Services Administration (GSA) exclusion lists.

   a. Per the compliance program guidelines laid out in Chapters 9 and 21 of the Medicare Managed Care Manual and Prescription Drug Benefit Manual (50.5.8 – OIG/GSA Exclusion), “Medicare payments may not be made for items or services furnished or prescribed by an excluded provider or entity”.

      1) IEHP utilizes the OIG Compliance Now (OIGCN) vendor to conduct the screening of covered entities on behalf of IEHP.

      2) In the event, any member of the QMC, or prospective member, is found to be excluded per OIGCN, the Compliance Department will notify the QM department so that they may take immediate action.

   b. QMC members must be screened before being confirmed and on a monthly basis, thereafter.

   c. The Compliance department and QM department collaborate to ensure committee members undergo an OIG/GSA exclusion screening prior to scheduled QMC meetings.

   d. QM notifies the Compliance department of any membership changes in advance of the QMC meeting so that a screening can be conducted prior to the changes taking effect.

7. **Confidentiality:** All QMC minutes, reports, recommendations, memoranda, and documented actions are considered quality assessment working documents and are kept confidential. IEHP complies with all State and Federal regulatory requirements for confidentiality. All records are maintained in a manner that preserves their integrity to assure Member and Practitioner confidentiality is protected.30,31

   a. All members, participating staff, and guests of the QMC and Subcommittees are required to sign the Committee/Subcommittee Attendance Record, including a statement regarding confidentiality.

   b. The confidentiality agreements are maintained in the Practitioner files as appropriate.

   c. All IEHP staff members are required to sign a confidentiality agreement upon hiring. The confidentiality agreements are maintained in the employee files as appropriate.

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29 NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 4.
d. All peer review records, proceedings, reports, and Member records are maintained in a confidential manner in accordance with state, federal and regulatory requirements to ensure confidentiality.

e. IEHP maintains oversight of Provider and Practitioner confidentiality procedures.

1) IEHP has established and distributes confidentiality standards to contracted Providers and Practitioners through the IEHP Provider Policy and Procedure Manual.

2) All Provider and Practitioner contracts include the provision to safeguard the confidentiality of Members’ medical and behavioral health care records, treatment records, and access to sensitive services in accordance with applicable state and federal laws.

3) As a condition of participation in the IEHP network, all contracted Providers must retain signed confidentiality forms for all staff and committee members and provide education regarding policies and procedures for maintaining the confidentiality of Members to their Practitioners.

4) IEHP monitors contracted Providers and Practitioners for compliance with IEHP’s confidentiality standards during Delegation Oversight Annual Audits and Facility Site Review (FSR) and Medical Records Reviews (MRR).

8. **Enforcement/Compliance:** The QM Department is responsible for monitoring and oversight of the QM Program including enforcement of compliance with IEHP standards and required activities. Activities can be found in sections of manuals related to the specific monitoring activity. The general process for obtaining compliance when deficiencies are noted, and Corrective Action Plans (CAPs) are requested, is delineated in internal policies.

9. **Data Sources and Support:** The QM Program utilizes an extensive data system that captures information from claims and encounter data, enrollment data, UM and QM activities, behavioral health data, pharmaceutical data, grievances and appeals, and Member Services, among others.\(^{32}\)

10. **Affirmation Statement:** The QM Program assures that utilization decisions made for IEHP Members are based solely on medical necessity. IEHP does not compensate or offer financial incentives to Practitioners or individuals for denials of coverage or service or any other decisions about Member care. IEHP does not exert economic pressure on Practitioners or individuals to grant privileges that would not otherwise be granted or to practice beyond their scope of training or experience.

11. **Availability of QM Program Information:** IEHP has developed an overview of the QM Program and related activities. This overview is on the IEHP website at www.iehp.org and a paper copy is available to all Members and/or Practitioners upon request by calling IEHP Member Services Department. Members are notified of the availability through the

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\(^{32}\) CCI Three-Way Contract September 2019, Section 2.16
Practitioners are notified in the Provider Manual. The IEHP QM Program Description and Work Plan are available to IPAs and Practitioners upon request. A summary of QM activities and progress toward meeting QM goals is available to Members, Providers, and Practitioners upon request.

12. **Conflict of Interest**: IEHP monitors IPAs for policies and procedures and signed conflict of interest statements at the time of the Delegation Oversight Annual Audit.\(^{35}\)

2.5. **Quality Subcommittees**

Subcommittee and functional reports are submitted to the QMC on a quarterly and ad hoc basis. The following Subcommittees, chaired by the IEHP CMO or designee, report findings and recommendations to the QMC;\(^ {36,37}\)

1. Quality Improvement Subcommittee;
2. Peer Review Subcommittee;
3. Credentialing Subcommittee;
4. Pharmacy and Therapeutics Subcommittee;
5. Utilization Management Subcommittee; and
6. Behavioral Health Advisory Subcommittee.

2.5.1. **Quality Improvement Subcommittee**\(^ {38}\)

The Quality Improvement (QI) Subcommittee is responsible for quality improvement activities for IEHP.

1. **Role**: reviews reports and findings of studies before presenting to QMC and works to develop action plans in an effort to improve quality and study results. In addition, QI Subcommittee directs the continuous monitoring of all aspects of Care Management (CM) and Population Health Management (PHM) services provided to Members.

2. **Structure**: is composed of representation from multiple internal IEHP Departments including, but not limited to: Quality Systems, Care Management, Utilization Management, Compliance, Behavioral Health, Community Health, Health Education, HealthCare Informatics, Member Services, and Provider Services. The QI Subcommittee is facilitated by an IEHP Medical Director or a physician designee. Member and Network Providers, who are representative of the composition of the contracted Provider Network may participate on the Subcommittee that reports to the QMC.

3. **Function**: analyzes and evaluates QI activities and reports results; develops action items as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.

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\(^{33}\) Title 28, California Code of Regulations § 1300.69(i).

\(^{34}\) NCQA, 2020 HP Standards and Guidelines, MED 8, ElementD.

\(^{35}\) DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 4, Quality Improvement Committee.

\(^{36}\) DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 7, Written Description.

\(^{37}\) NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 5.

\(^{38}\) CCI Three-Way Contract September 2019, Section 2.16
4. **Frequency of Meetings:** meets every other month with ad hoc meetings conducted as needed.

2.5.2. **Peer Review Subcommittee**

The Peer Review Subcommittee is responsible for peer review activities for IEHP.

1. **Role:** The Peer Review Subcommittee reviews quality performance profiles of Practitioners identified during the Peer Review Program activities that may include escalated cases related to grievances, quality of care and utilization audits, credentialing and re-credentialing and medical-legal issues. The Subcommittee performs oversight of IPAs who have been delegated credentialing and re-credentialing responsibilities and evaluates the IEHP Credentialing and Re-credentialing Program with recommendations for modification as necessary.

2. **Structure:** The Peer Review Subcommittee is composed of IPA Medical Directors or designated physicians that are representative of network Practitioners. A behavioral health Practitioner and any other specialist, not represented by committee members, serve on an ad hoc basis for related issues.

3. **Function:** The Peer Review Subcommittee serves as the committee for clinical quality review of Practitioners; evaluates and makes decisions regarding Member or Practitioner grievances and clinical quality of care cases referred by the CMO or Medical Director designee.

4. **Frequency of Meetings:** The Peer Review Subcommittee meets every other month with ad hoc meetings as needed.

2.5.3. **Credentialing Subcommittee**

The Credentialing Subcommittee is responsible for all credentialing activities for IEHP.

1. **Role:** The Credentialing Subcommittee is responsible for reviewing individual Practitioners who directly contract with IEHP and denying or approving their participation in the IEHP network by IPAs that have not been delegated credentialing responsibilities.

2. **Structure:** The Credentialing Subcommittee is composed of multidisciplinary participating Primary Care Physicians (PCPs) or specialty physicians, representative of network Practitioners. A Behavioral Health Practitioner, and any other specialist not represented by committee members, serves on an ad hoc basis for related issues.

3. **Function:** The Credentialing Subcommittee provides thoughtful discussion and consideration of all network Practitioners being credentialed or re-credentialed; reviews Practitioner qualifications including adverse findings; approves or denies continued participation in the network every three (3) years for re-credentialing; and ensures that decisions are non-discriminatory.

4. **Frequency of Meetings:** The Credentialing Subcommittee meets every month with ad hoc meetings conducted as needed.
2.5.4. Pharmacy and Therapeutics (P&T) Subcommittee

The Pharmacy and Therapeutics (P&T) Subcommittee Subcommittee is responsible for all Pharmacy and Therapeutic activities for IEHP.

1. **Role**: The P&T Subcommittee is responsible for maintaining a current and effective formulary, monitoring medication prescribing practices by IEHP Practitioners, and under-and over-utilization of medications.

2. **Structure**: The P&T Subcommittee is composed of clinical pharmacists and designated physicians’ representative of network Practitioners. A Behavioral Health Practitioner and any other specialist not represented by committee members, serve on an ad hoc basis for related issues.

3. **Function**: The P&T Subcommittee serves as the committee to objectively appraise, evaluate, and select pharmaceutical products for formulary inclusion and exclusion. The Subcommittee provides recommendations regarding protocols and procedures for pharmaceutical management and the use of non-formulary medications on an ongoing basis. The Subcommittee ensures that decisions are based only on appropriateness of care and services. The P&T Subcommittee is responsible for developing, reviewing, recommending, and directing the distribution of disease state management, clinical practice guidelines or treatment guidelines for specific diseases or conditions that are primarily medication related.

4. **Frequency of Meetings**: The P&T Subcommittee meets quarterly with ad hoc meetings conducted as needed.

2.5.5. Utilization Management (UM) Subcommittee

The Utilization Management (UM) Subcommittee is responsible for all Utilization Management activities for IEHP and delegated IPAs.

1. **Role**: The UM Subcommittee directs the continuous oversight and monitoring of all aspects of UM, and Behavioral Health (BH) services provided to Members.

2. **Structure**: The UM Subcommittee is composed of IPA Medical Directors and designated physicians that are representative of network Practitioners. A Behavioral Health Practitioner, representing the appropriate level of knowledge to adequately assess and adopt healthcare standards, is present to assist with behavioral health issues and the behavioral health aspects of the UM Program. Any other specialist, not represented by committee, may serve on an ad hoc basis for related issues.39

3. **Function**: The UM Subcommittee reviews and approves the Utilization Management, and Behavioral Health Programs annually. The Subcommittee monitors for over-utilization and under-utilization; ensures that UM decisions are based only on appropriateness of care and service; and reviews and updates preventive care and clinical practice guidelines (CPGs) that are not primarily medication related.

4. **Frequency of Meetings**: The UM Subcommittee meets quarterly with ad hoc meetings conducted as needed.

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39 NCQA, 2020 HP Standards and Guidelines, UM 1, Element A, Factors 2 and 4
2.5.6. Behavioral Health Advisory Subcommittee\footnote{40}

The BH Advisory Subcommittee will serve as a multidisciplinary BH specialty advisory committee.

1. **Role:** The BH Advisory Subcommittee directs the continuous monitoring of all aspects of BH services administered to Members. The subcommittee will review UM and QI activities and reports for BH services as well as review and approve BH clinical criteria, BH clinical guidelines, new BH technology and treatment innovations.

2. **Structure:** The BH Advisory Subcommittee is composed of licensed clinicians from IEHP’s BH network and contracted consulting clinicians.

3. **Function:** The BH Advisory Subcommittee reviews and approves the Behavioral Health Program annually. The Subcommittee monitors for over-utilization and under-utilization; ensures that BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and clinical practice guidelines.

4. **Frequency of Meetings:** The BH advisory Subcommittee meets quarterly with ad hoc meetings conducted as needed.

2.6. QM Support Committees/Workgroups

IEHP also has Committees and/or Workgroups that are designed to provide structural input from Providers and Members. These Committees and Workgroups report directly through the QMC, Compliance Committee or through the CEO to the Governing Board. Any potential quality issues that arise from these Committees would be referred to the QMC by attending staff. The Committees and Workgroups include:

1. Provider Advisory Councils (PAC)
2. Public Policy Participation Committee (PPPC)
3. Persons with Disabilities Workgroup (PDW)
4. Delegation Oversight Committee
5. Grievance & Appeals Review Committee (GARC)

2.6.1. Provider Advisory Councils (PAC)

The PAC was established to provide a forum for Providers and Practitioners to give input and advice on relevant IEHP policies and programs. Based on input from the PAC, the CEO makes recommendations on relevant IEHP policies and programs that may impact Providers and Practitioners. The PAC meets every other month prior to an IEHP Governing Board Meeting.

2.6.2. Public Policy Participation Committee (PPPC)

The PPPC is a standing Member committee with the majority of Members drawn from IEHP Membership. The PPPC provides a forum to review and comment on operational issues that could impact Member quality of care including, but not limited to, new programs, Member information, access, cultural and linguistic, and Member Services. The PPPC meets quarterly with ad hoc meetings conducted as needed.

\footnote{40 NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 2.}
2.6.3. Persons with Disabilities Workgroup (PDW)

The PDW is an ad-hoc Member workgroup made up of IEHP Members with disabilities and Members from community-based organizations that provide recommendations on provisions of health care services, educational priorities, communication needs, and the coordination of and access to services for Members with disabilities. The PDW meets at least quarterly.

2.6.4. Delegation Oversight Committee

The Delegation Oversight Committee is an internal committee that monitors the operational activities of contracted IPAs and other delegate’s activities including Claims Audits, Pre-Service and Payment universe metrics, Financial Viability, Electronic Data Interchange (EDI) transactions, Care Management, Utilization Management, Grievances and Appeals, Quality Management, Credentialing/Re-credentialing activities, and other provider-related activities. The committee provides oversight necessary to monitor and evaluate the operational activities of contracted IPAs and Delegates. The Delegation Oversight Committee reports directly to the Compliance Committee. The Delegation Oversight Committee meets on a bi-monthly basis with ad hoc meetings conducted as needed.

2.6.5. Compliance Committee

The Compliance Committee oversees the organizational Compliance Program, which includes compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and subsequent updates; the Fraud Waste and Abuse (FWA) Program to prevent, detect, investigate, manage, and report incidents of suspected fraud; and ethical considerations including the entity’s Code of Conduct. The Compliance Committee oversees all aspects of IEHP’s compliance with regulatory bodies. The Compliance Committee is composed of DHCS Medi-Cal fraud investigators and IEHP staff. The Compliance Committee meets at least quarterly with ad hoc meetings conducted as needed.

2.6.6. Grievance & Appeals Review Committee (GARC)

The Grievance & Appeals Review Committee provides oversight to grievance and appeal trends providing the direction necessary to monitor and evaluate grievance-related data. The committee is chaired by a Medical Director or designee and provides guidance in identifying trends and develops action plans to resolve grievance trends and focus on improvement activities. The Committee meets monthly and committee members include representation from Medical Directors, QM, Compliance, Provider Services, Member Services, and Grievance and Appeals. The GARC meets on a quarterly basis with ad hoc meetings conducted as needed.

Section 3: Organizational Structure and Resources

IEHP has designated internal resources to support, facilitate, and contribute to the QM Program. The Organization Chart provides further details on support staff.41,42

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42 CCI Three-Way Contract January 2018, Section 2.16.
3.1. Clinical Oversight of QM Program

Under the direction of the Chief Medical Officer (CMO) or Medical Director designee, the Medical Directors are responsible for clinical oversight and management of the QM, UM, CM, BH, Health Education and PHM activities, participating in QM functions and overseeing credentialing functions. The designated Medical Directors must possess a valid Physician’s and Surgeon’s Certificate issued by the State of California and certification by one of the American Specialty Boards. Principal accountabilities include: developing and implementing medical policy for Health Services department activities and QM functions; reviewing current medical practices ensuring that protocols are implemented and medical personnel of IEHP follow rules of conduct; ensuring that assigned Members are provided health care services and medical attention at all locations; ensuring that medical care rendered by Practitioners meets applicable professional standards for acceptable medical care and that they follow evidence-based Clinical Practice Guidelines (CPGs) developed by IEHP for all lines of business. Medical Directors actively participate in the QM Program for IEHP and its Practitioners.

3.2. Quality Systems Department

The Quality Systems (QS) Department operates under the direction of the Executive Director of Quality and Informatics. The Executive Director of Quality and Informatics is responsible for the oversight of all quality studies, demographic analysis, and other research projects. Areas of accountability include: developing research or methodologies for quality studies; producing detailed criteria and processes for research and studies to ensure accurate and reliable results; designing data collection methodologies or other tools as necessary to support research or study activities; implementing research or studies in coordination with other IEHP functional areas; ensuring appropriate collection of data or information; performing analysis, including barrier analysis of results; managing the QS staff to ensure high productivity and high quality output; and working with other IEHP staff involved in research or study processes.

Staff support for the Executive Director of Quality and Informatics consists of clinical and/or non-clinical Directors, Managers, Supervisors, Analysts, and administrative staff.
3.3. Quality Management Department

The Quality Management Department operates under the direction of the Director of Quality Management. The Director of Quality Management is responsible for developing, implementing, coordinating, and maintaining the QM Program and its related activities; oversight of the quality process; and monitoring for quality improvement. Activities include the ongoing assessment of Provider and Practitioner compliance with IEHP requirements and standards, monitoring Provider trends and report submissions, and oversight of facility inspections. The Director of Quality Management monitors and evaluates the effectiveness of IPA QM systems. The Director of Quality Management coordinates information for the annual QM Program Evaluation and Work Plan; prepares audit results for presentation to the QMC, associated Subcommittees, and the Governing Board; and acts as liaison regarding medical issues for Providers, Practitioners, and Members.

The Director of Quality Management oversees staff consisting of clinical and/or non-clinical Managers, analysts, and administrative staff.

3.4. Pharmaceutical Services Department

The Pharmaceutical Services Department operates under the direction of the Senior Director of Pharmaceutical Services. The Senior Director of Pharmaceutical Services reports to the Chief Medical Officer. The Pharmaceutical Services Department is responsible for pharmacy benefits and pharmaceutical services, including pharmacy network, pharmacy benefit coverage, formulary management, drug utilization program, pharmacy quality management program and pharmacy disease management program. The Senior Director of Pharmaceutical Services is responsible for developing and overseeing the IEHP Pharmaceutical Services Program.

Staff support for the Senior Director of Pharmaceutical Services consists of clinical and non-clinical Directors, Managers, Supervisors, analysts and administrative staff.

3.5. Population Health (Behavioral Health and Care Management) Department

The Population Health Department operates under the direction of the Executive Director of Population Health, who reports to the CMO and encompasses Behavioral Health and Care Management, Community Health, Health Education and Practice Transformation. The Clinical Director of Behavioral Health and the Clinical Director of Case Management report to the Executive Director of Population Health. They are responsible for clinical oversight and management of the IEHP Behavioral Health and Care Management Programs. In these roles they also participate in the quality management and quality improvement, grievance, utilization and credentialing functions and activities related to Behavioral Health and Care Management services.

The Executive Director of Population Health oversees BH and CM Staff with the required qualifications to perform BH and CM care coordination activities in a managed care environment. BH and CM staff have various levels of experience and expertise in behavioral health, social work, utilization management, utilization review, care management, long-term services and support, quality assurance, training, and customer or provider relations. BH and CM staff positions may include: clinical and/or non-clinical Directors, Managers, Supervisors, and administrative staff.

3.6. Utilization Management Department

The UM Department operates under the direction of the Senior Director(s) (i.e. Medical Management, Medical Director) and Directors (i.e., Clinical Director of UM and Director of UM
Operations). The Senior Director of Medical Management reports to the CMO and is responsible for developing and maintaining the UM Program structure and assisting Providers and Practitioners to provide optimal UM services to Members. The Senior Director of Medical Management, Clinical Director or UM and Director of UM Operations are responsible for oversight of non-delegated and IEHP-Direct UM activities. Additional responsibilities include the development and implementation of internal UM services, processes, policies and procedures, as well as, oversight and direction of IEHP UM staff and providing support to the IEHP QM Committee and Subcommittees.

The Senior Director(s) and Directors oversee UM staff with the required qualifications to perform UM in a managed care environment. The required qualifications for UM staff positions may consist of experience in utilization management or care management. Staff positions may include: clinical and/or non-clinical Managers, Supervisors, non-clinical staff, nurses, analyst, and administrative staff.

3.7. Health Education Department

The Health Education Program operates under the direction of the Director of Health Education who provides oversight of all accreditation and regulatory standards for Member health education. Primary responsibilities include oversight of the Health Education Department for Member health education and Employee Wellness Program. The department coordinates with other departments to ensure Member health education materials meet state requirements in readability format, cultural and linguistic relevance. Leadership works with other departments to develop and coordinate policies and procedures for medical services (e.g., medical procedures, denials, pharmaceutical services) that incorporate Member participation in health education programs. The Director of Health Education ensures compliance with all accreditation and regulatory standards for health education, and acts as the primary liaison between IEHP and Providers/external agencies for health education.

The Senior Director of Family and Community Health provides oversight of the Employee Wellness Program and co-chairs the Employee Wellness Advisory Committee to plan and monitor activities to enhance wellness among IEHP Team Members.

The Director of Health Education oversees various levels of staff consisting of non-clinical management and administrative staff.

3.8. Community Health Department

The Community Health Department operates under the direction of the Senior Director of Community Health. The Senior Director of Community Health oversees various levels of staff, including the Independent Living and Diversity (ILDS) Services and Community Outreach. The ILDS Manager is responsible for administering IEHP’s program for Seniors and Persons with Disabilities (SPD), including outreach plan implementation, cross-department program deliverables coordination, and external operational coordination with regulatory agencies and stakeholders. The Director of Community Outreach ensures interaction and enrollment in events that support the community or prospective Members.

The Senior Director of Community Health oversees various levels of staff consisting of non-clinical Directors, Managers, Supervisors, Health Navigators, Community Outreach Representatives, analysts and administrative staff.
3.9. Provider Services Department

The Provider Services Department operates under the direction of the Chief Operating Officer (COO), there are four Directors who are responsible for the execution of the Provider Services' Department’s objectives. The Director of Provider Operations is responsible for Credentialing and the Provider Call Center, including the resolution of Provider and Practitioner issues. The Director of Provider Relations is responsible for the education of Providers and Practitioners concerning IEHP policies and procedures, health plan programs, IEHP website training and all other functions necessary to ensure Providers and Practitioners can successfully participate in IEHP’s network and provide appropriate, quality care to IEHP Members. The Director of Delegation Oversight is responsible for IPA oversight and monitoring in conjunction with Departments including QM, UM, CM, Credentialing/Re-Credentialing activities, Compliance, and Finance. The Director of Provider Network and Communications is responsible for all Provider communications, oversight of the IEHP Provider Manual and network compliance.

IEHP has support staff for the Executive Director of Health Services Operations including, Directors, Managers, Supervisors, analysts and administrative staff.

3.10. Credentialing Department

The Credentialing Department operates under the direction of the Director of Provider Operations, who reports to the Chief Operating Officer (COO) and is responsible for Provider Operations, including credentialing and re-credentialing, oversight for directly contracted Practitioners, Providers and delegated IPAs, all credentialing and re-credentialing functions and resolving credentialing-related Provider issues for directly contracted Practitioners.

3.11. Grievance and Appeals Department

The Grievance and Appeals Department operates under the direction of the Director of Grievance & Appeals, who reports to the Chief Medical Officer (CMO). The Grievance and Appeals Department is responsible for the investigation and resolution of grievances and appeals received from Members, Providers, Practitioners and regulatory agencies. The Grievance and Appeals Department gathers supporting documentation from Members, Providers or contracted entities, and resolves cases based on clinical urgency of the Member’s health condition. The Grievance and Appeals Nurse Manager has the primary responsibility for the timeliness and processing of the resolution for all cases. The CMO is the designated officer of the plan that has the primary responsibility for the maintenance of the Grievance and Appeals Resolution System. Staff supporting the Director of Grievance and Appeals include: clinical and/or non-clinical Managers, Supervisors, nurses, and administrative staff.

3.12. Information and Technology (IT)

The IT Department operates under the direction of the Directors of IT, who report to the Chief Information Officer. The IT Department is responsible for the overall security and integrity of the data systems that IEHP uses to support Members, Providers and Team Members. IT is responsible for maintaining internal systems that provide access to Member data, received from both regulators, Providers and contracted entities. The system ensures that Team Members have access to data to assist them in providing care and guidance to Members. The IT Department maintains the Member and Provider portals which are extensively used tools for communicating.
3.13. Marketing and Communication Department

The Marketing Department operates under the direction of the Senior Director of Marketing and Product Management, who reports to the Chief Marketing Officer. The Marketing Department is responsible for conducting appropriate product and market research to support the development of marketing and Member communication plans for all products including Member materials (e.g., Member Newsletters, Evidence of Coverage, Provider Directory, website, etc.). The Quality Management Department works closely with the Marketing and Health Education Departments to ensure that Member materials are implemented in a timely manner.

Section 4: Program Documents

In addition to the detailed QM Program Description, IEHP also develops the QM Work Plan and completes a robust annual evaluation of the QM program.

4.1. Quality Management and Quality Improvement Work Plans

Annually, the QM Committee approves a QM/QI Work Plan, which details the current year program initiatives to achieve established goals and objectives including the specific activities, methods, projected timeframes for completion, monitoring of previously identified issues, evaluation of the QI program and team members responsible for each initiative. The scope of the Work Plan incorporates the needs, input, and priorities of IEHP. The Work Plan is used to monitor all the different initiatives that are part of the QM program. These initiatives focus on improving quality of clinical care and service, access, Member and Provider satisfaction, patient safety and QI activities that support PHM strategies. The QMC identifies priorities for implementing clinical and non-clinical Work Plan initiatives. The Work Plan includes goals and objectives, staff responsible, completion timeframes, monitoring of corrective action plans, and ongoing analysis of the work completed during the measurement year. The work plan is submitted to DHCS and CMS annually.

4.2. Annual Evaluation

On an annual basis, IEHP evaluates the effectiveness and progress of the QM Program including:

1. The QM program structure;
2. The behavioral healthcare aspects of the program;
3. How patient safety is addressed;
4. Involvement of a designated physician in the QM Program;
5. Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program;
6. Oversight of QI functions of the organization by the QI Committee;
7. An annual work plan;
8. Objectives for serving a culturally and linguistically diverse membership; and

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43 NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 5.
44 CCI Three-Way Contract January 2018, Section 2.16.
9. Objectives for serving Members with complex health needs.

As such, an annual summary of all completed and ongoing QM Program activities addresses the quality and safety of clinical care and quality of service provided as outlined in the QM Work Plan. The evaluation documents evidence of improved health care or deficiencies, progress in improving safe clinical practices, status of studies initiated or completed, timelines, methodologies used, and follow-up mechanisms is reviewed by QM staff, the CMO or Medical Director designee. The report includes pertinent results from QM Program studies, Member access to care, IEHP standards, physician credentialing and facility review compliance, Member satisfaction, evidence of the overall effectiveness of the program, and significant activities affecting medical and behavioral health care provided to Members.

Performance measures are trended over time and compared with established performance thresholds to determine service, safe clinical practices, and clinical care issues. The results are analyzed to assess barriers and verify and establish additional improvements. The CMO or designee presents the results to the QM Committee for comments, consideration of performance, suggested program adjustments, and revision of procedures or guidelines, as necessary.

4.3. Review and Approval of Program Documents

On an annual basis, the QM Program Description, QM Program Summary, and QM/QI Work Plans, are presented to the Governing Board for review, approval, and assessment of health care rendered to Members, comments, direction for activities proposed for the coming year, and approval of changes in the QM Program. The Governing Board is responsible for the direction of the program and actively evaluates the annual plan to determine areas for improvement. Board comments, actions, and responsible parties assigned to changes are documented in the minutes. The QM/QI Work Plan is updated and presented at subsequent Board meetings.

Section 5: Quality Improvement Processes

The planning and implementation of annual QM Program activities follows an established process. This includes development and implementation of the Work Plans, quality improvement initiatives, and quality studies. Measurement of success encompasses an annual evaluation of the QM Program.

5.1. IEHP Quality Improvement (QI) Initiatives

QI initiatives are aligned with the organization’s Five Star strategy. QI initiatives support the organizational strategic priorities and take into consideration the needs of the IEHP population in addition to populations identified by state and regulatory agencies.

IEHP’s QI initiatives are selected based on strategic priorities and align with the “Triple Aim,” i.e., enhancing patient experience, improving population health, and reducing costs, which is widely accepted as a compass to optimize health system performance. Goals and objectives are selected based on relevance to IEHP’s Membership and relation to IEHP’s mission and vision. Activities reflect the needs of the Membership and focus on high-volume, high-risk, or deficient areas for which quality improvement activities are likely to result in improvements in care and service, access, safety, and satisfaction. Performance measures and customized metrics form the basis for plans and actions developed to improve care and service. Measure data and performance

46 DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Quality Improvement System
metrics are collected, compiled and analyzed to determine strategic priority direction and to ensure that opportunities for improvement are identified and/or best practices are defined and communicated.

5.1.1. Plan-Do-Study-Act Cycle

The “Plan-Do-Study-Act” (PDSA) Cycle is utilized to implement and test the effectiveness of changes. The model focuses on identifying improvement opportunities and changes and measuring improvements. Successful changes are adopted and applied where applicable. In general, quality improvement initiatives follow the process below:

1. Find a process to improve, usually by presenting deficient results;
2. Organize a team that understands the process and include subject matter experts (SMEs);
3. Clarify knowledge about the process;
4. Understand and define the key variables and characteristics of the process;
5. Select the process to improve;
6. Plan a roadmap for improvement and/or develop a work plan;
7. Implement changes;
8. Evaluate the effect of changes through measurement and analysis; and
9. Maintain improvements and continue to improve the process.

5.1.2. Data Collection Methodology

Performance measures developed have a specified data collection methodology and frequency. The methodology for data collection is dependent on the type of measure and available data. Data validation is a vital part of the data collection process. Quality assessment and improvement activities are linked with the delivery of health care services. Data is collected, aggregated and analyzed to monitor performance. When opportunities for improvement are identified, a plan for improvement is developed and implemented. Data is used to determine if the plan resulted in the desired improvement. Data collection is ongoing until the improvement is considered stable. At that time, the need for ongoing monitoring is re-evaluated. Data may also indicate the need to abandon an action and reassess options for other action items necessary to drive performance improvement.

5.1.3. Measurement Process

Quality measures are used to regularly monitor and evaluate the effectiveness of quality improvement initiatives, and compliance with internal and external requirements. IEHP reviews and evaluates on not less than a quarterly basis, the information available to the plan regarding accessibility and availability. IEHP measures performance against community, national or internal baselines and benchmarks when available, and applicable, which are derived from peer-reviewed literature, national standards, regulatory guidelines, established clinical practice guidelines, and internal trend reviews.

5.1.4. Evaluation Process

IEHP uses a number of techniques and tools to evaluate effectiveness of QI studies and initiatives. These include conducting a robust quantitative and qualitative analysis decision-making.
quantitative analysis includes comparison to benchmarks and goals, trend analysis, and tests of statistical significance. The Quality Systems team selects the appropriate tools to complete the quantitative analysis. The QM Department works closely with other Quality Systems teams and other key stakeholders to complete a robust qualitative analysis. A qualitative analysis includes barrier analysis and attribution analysis. IEHP performs this analysis in focus group-like setting using all the key stakeholders. 48

5.1.5. Communication and Feedback

Ongoing education and communication regarding quality improvement initiatives is accomplished internally and externally through committees, staff meetings, mailings, and announcements.49,50

1. Providers are educated regarding quality improvement initiatives through on-site quality visits, Provider newsletters, specific mailings, and the IEHP website.

2. Specific performance feedback regarding actions or data is communicated to Providers. General and measure-specific performance feedback is shared via special mailings, Provider newsletters, IEHP’s Provider Portal, and the IEHP website.

3. Feedback to Providers may include, but is not limited to, the following:
   a. Listings of Members who need specific services or interventions;
   b. Clinical Practice Guideline recommended interventions;
   c. Healthcare Effectiveness Data Information Sets (HEDIS®) and Consumer Assessment of Healthcare Providers (CAHPS®) results;51
   d. Recognition for performance or contributions; and
   e. Discussions regarding the results of medical chart audits, grievances, appeals, referral patterns, utilization patterns, and compliance with contractual requirements.

5.1.6. Improvement Processes

Performance indicators are also used to identify quality issues. When identified, IEHP QM staff investigates cases and determines the appropriate remediation activities including Corrective Action Plans (CAP). Providers or Practitioners that are significantly out of compliance with QM requirements must submit a CAP. Persistent non-compliance, or failure to adequately address or explain discrepancies identified through oversight activities, may result in freezing to new Member enrollment; a requirement to subcontract out the deficient activities within the Management Services Organization (MSO) or IPA; de-delegation of specified functions; termination of participation; or non-renewal of the agreement with IEHP.

Section 6: Quality Improvement Initiatives

IEHP has developed a number of Quality Improvement Initiatives to improve quality of care, access and service, Member and Provider satisfaction, and patient safety. IEHP assesses the performance of these studies against established thresholds and/or benchmarks.

48 CCI Three-Way Contract September 2019, Section 2.16
50 CCI Three-Way Contract September 2019, Section 2.16.
51 CCI Three-Way Contract September 2019, Section 2.16
6.1. Quality of Care

IEHP monitors a number of externally and internally developed clinical quality measures and tracks the quality of care provided by IEHP. In order to evaluate these measures IEHP collects data from a number of different sources that include, but are not limited to, the following:

- HEDIS® submission for Medi-Cal and IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan);
- State/Federal required Performance Improvement Projects (PIPs) and Quality Activities;
- Claims and encounter data from contracted Providers (e.g. Primary Care Providers, Specialists, labs, hospitals, IPAs, Vendors, etc.).

Measuring and reporting on these measures helps IEHP to guarantee that its Members are getting care that is safe, effective, and timely. The clinical quality measures discussed below are used to evaluate multiple aspects of Member care including:

- Performance with healthcare outcomes and clinical processes;
- Adherence to clinical and preventive health guidelines;
- Effectiveness of chronic conditions, population health and care management programs; and
- Member experience with the care they received.

6.1.1. HEDIS® Measures

HEDIS® is a group of standardized performance measures designed to ensure that information is available to compare the performance of managed health care plans. IEHP has initiatives in place that focuses on a number of key HEDIS® measures that cover its entire Membership, including, priority measures that relate to children, adolescents and Members with chronic conditions.

IEHP develops a number of Member and Provider engagement programs to improve HEDIS® rates. Interventions include a combination of incentives, outreach and education, Provider-level reports and gaps in care reports, and other activities deemed critical to improve performance. These interventions are tracked and monitored in the QI Work Plan and presented at the QI Subcommittee. In addition, IEHP’s performance on HEDIS® measures is reported and discussed annually at the QI Subcommittee, who provides guidance on prioritizing measures for the subsequent year(s). IEHP’s goal is to continually develop and implement interventions that are aimed at improving HEDIS® rates and quality of care for its Members.

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53 CCI Three-Way Contract September 2019, Section 2.16.
6.1.2. Performance Improvement Projects (DHCS, CMS and Health Services Advisory Group (HSAG)) and Quality Activities\textsuperscript{54,55}

IEHP implements a number of Performance Improvement Projects (PIPs), and HEDIS\textsuperscript{®} PDSA PIPs that are required by regulatory agencies (DHCS, CMS and HSAG) and in accordance with requirements in the Capitated Financial Alignment Model.

- PIPs – thorough analysis a targeted problem is completed. A baseline and key indicators are established and then interventions are implemented. Interventions are designed to enhance quality and outcomes that benefit IEHP Members.
- HEDIS\textsuperscript{®} PDSA PIPs- conducted for each HEDIS\textsuperscript{®} External Accountability Set (EAS) also known as Managed Care Accountability Ser (MCAS) measure with a rate that does not meet the Minimum Performance Level (MPL) or is given an audit result of “Not Reportable.” IEHP evaluates ongoing quality improvement efforts on a quarterly basis.\textsuperscript{56}
- NCQA Quality Activities – quality improvement activities conducted to meet NCQA accreditation standards.

The QM/QI Department, under the direction of the Medical Director(s), is responsible for monitoring these programs and implementing interventions to make improvements. For 2020, IEHP is focusing on the following studies:

<table>
<thead>
<tr>
<th>Study Name</th>
<th>Reporting Agency</th>
<th>Type of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Cause Readmissions - Statewide Collaborative measure (non-HEDIS\textsuperscript{®} measure) addressing reduction of hospital readmission rates.</td>
<td>NCQA</td>
<td>Quality Activity</td>
</tr>
<tr>
<td>Disparity Performance Improvement Project – Adolescent Well Child Visits (AWC)</td>
<td>DHCS, HSAG</td>
<td>PIP</td>
</tr>
<tr>
<td>Well Child Visits in the first 15 months of life (6 or more)</td>
<td>DHCS, HSAG</td>
<td>PIP</td>
</tr>
<tr>
<td>Individualized Care Plan</td>
<td>CMS, DHCS, HSAG</td>
<td>PIP</td>
</tr>
</tbody>
</table>

6.1.3. Continuity and Coordination of Care Studies

Continuity and coordination of care are key determinants for overall health outcomes. Comprehensive coordination of care improves patient safety, avoids duplicate assessments, procedures or testing, and results in better treatment outcomes. IEHP evaluates continuity and coordination of care on an annual basis through multiple studies. The purpose of these studies is to assess the effectiveness of the exchange of information between:

\textsuperscript{54} DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 9, External Quality Review Requirements.
\textsuperscript{55} CCI Three-Way Contract September 2019, Section 2.16.
\textsuperscript{56} Department of Health Care Services (DHCS) All Plan Letter (APL) 19-017 supersedes 17-014 Quality and Performance Improvement Requirements
• Medical care providers working in different care settings; and
• Medical and behavioral healthcare providers.

The results of these studies are presented and discussed by the QI Subcommittee and QMC. Based on the findings, the committee members recommend opportunities for improvement that are implemented by the responsible department.

6.1.4. Improving Quality for Members with Complex Needs

IEHP has multiple programs at no cost to the Member that focus on improving quality of care and services provided to Members with complex medical needs (i.e., chronic conditions, severe mental illness, long-term services and support), Seniors and Persons with Disabilities (SPD) - including physical and developmental, as well as quality of Behavioral Health services focused on recovery, resiliency and rehabilitation. These programs include, but are not limited to, the following:

*Complex Case Management (CCM) Program*

The CCM program was established for Members with chronic and/or complex conditions. The goal of the CCM program is to optimize Member wellness, improve clinical outcomes, promote self-management and appropriate resource management across the care continuum, through efficient care coordination, education, referrals to health care resource, and advocacy. IEHP assesses the performance of the CCM program annually using established measures and quantifiable standards. These reports are presented to the QI Subcommittee and QM Committee for discussion and input. Based on the committee recommendations, the Care Management Department collaborates with other Departments within the organization to implement improvement activities.

*Transition of Care (TOC) Program*

IEHP has developed a system to coordinate the delivery of care across all healthcare settings, Providers, and services to ensure all hospitalized Members are evaluated for discharge needs to provide continuity of care and coordination of care. Multiple studies have shown that the poor transition between care settings have resulted in an increase in mortality and morbidity. Transitioning care without assistance for Members with complex needs (e.g. SPD Members that very often have three (3) or more chronic conditions) can be complicated by several other health and social risk factors. IEHP’s TOC program has been designed to provide solutions to these challenges. Through the TOC program, IEHP makes concerted efforts to coordinate care when Members move from one setting to another. This coordination ensures quality of care and minimizes risk to patient safety. IEHP also works with the Member or their caregiver to ensure they have the necessary medications/supplies to prevent readmissions or complications. The goals of the TOC program include the following:

• Avoiding of hospital readmissions post discharge;
• Improvements in health outcomes post discharge from inpatient facilities; and
• Improving Member and caregiver experience with care received

*Facility Site Review (FSR)*

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57 Department of Health Care Services (DHCS) Policy Letter (PL) 14-004 Supersedes PL 02-002, Site Reviews: FSR and Medical Record Review
IEHP requires all Primary Care Physician (PCP) sites to undergo an initial Site Review and Medical Record Review (MRR) Survey performed by a Certified Site Reviewer (CSR), utilizing a combined Site and Medical Record Review Checklist, prior to the PCP site participating with IEHP. In addition, Physical Accessibility Review Surveys (PARS) are conducted as needed related to physical accessibility, physical appearance, appearance safety, adequacy of room space, availability of appointments, and adequacy of record keeping or any other issue that could impede quality of care. Sites will be monitored every six (6) months until all deficiencies are resolved. The QM Department is responsible for oversight of PARS activities. In partnership with IEHP key stakeholders, the QM Department is responsible for providing training, should physical access issues or deficiencies be identified. The QMC reviews an annual assessment of PARS activities to ensure compliance.

6.1.5. Other Clinical Measures and Studies

Initial Health Assessment Monitoring

IEHP also monitors the rate of Initial Health Assessments (IHA) performed on new Members. The timeliness criteria for an IHA is within 120 days of enrollment for Members. This rate is presented to QI Subcommittee for review and analysis. IEHP has a number of Member and Provider outreach programs to improve the IHA rate.

Clinical Practice Guidelines (CPGs) and Preventive Health Guidelines

To make health care safer, higher quality, more accessible, equitable and affordable, IEHP has adopted evidence-based clinical practice guidelines for prevention and chronic condition management. In addition, IEHP considers recommendations for Adult and Pediatric Preventive Services per DHCS contractual requirements which include the following:

1) FSR/MRR Documentation;
2) Select United States Preventive Task Force (USPTF) recommendations;
3) Bright Futures from American Academy of Pediatrics (AAP);
4) The American College of Obstetricians and Gynecologists (ACOG);
5) American Diabetes Association (ADA);
6) IEHP/Advisory Committee on Immunization Practices (ACIP) Immunizations Schedule.

Over-utilization and Under-utilization

IEHP monitors over-utilization and under-utilization of services at least annually. The QM and UM departments work collaboratively to capture utilization trends or patterns. The results are compared with nationally recognized thresholds. Under-utilization of services can result due to a

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58 CCI Three-Way Contract September 2019, Section 2.16
59 DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 10, Provision 3, Initial Health Assessment
60 CCI Three-Way Contract September 2019, Section 2.16
62 CCI Three-Way Contract September 2019, Section 2.16.

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number of reasons that include but are not limited to the following:

- Access to health care services based on geographic regions.
- Demographic factors also impact over-utilization and under-utilization of services/care:
  - Race, ethnicity, and language preference (RELP);
  - Knowledge and perceptions regarding health care which are largely driven by cultural beliefs; and.
  - Income and socioeconomic status.

IEHP reviews trends of ER utilization, pain medications prescriptions, and potential areas of over-utilization on an annual basis.

The purpose of the analysis is to:

- Identify the dominant utilization patterns within the population.
- Identify groups of high and low utilizers and understand their general characteristics.

6.1.6. Quality Withhold Performance Review

Annually, IEHP’s performance on Quality Withhold measures are summarized and presented to IEHP’s Quality Improvement Subcommittee.

- This measure review includes the quality withhold measure descriptions, measure rates, benchmark goals, and whether the measure goal was met or not met.
- This review with the Quality Improvement Subcommittee would also include an opportunity to discuss improvement strategies in areas needing improvement.

6.2. Access to Care

With the rapid expansion of the managed care programs in California, access to health care services within the State has been negatively impacted over the last few years and is now considered unreliable. Based on a number of statewide studies, there are many Members who do not receive appropriate and timely care. With the rapid growth in IEHP’s Membership, access to care is a major area of concern for the plan and hence the organization has dedicated a significant amount of resources to measuring and improving access to care. This analysis is presented to the QI Subcommittee and QM Committee for discussion and recommendations as needed.

6.2.1. Availability of PCPs by Language

IEHP monitors network availability based on threshold languages annually. IEHP understands the importance of being able to provide care to Members in their language of choice and the impact it has on a Member-Practitioner relationship. In order to ensure adequate access to PCPs, IEHP has established quantifiable standards for PCPs for its threshold languages, which are English and Spanish. These two (2) languages cover over 98% of the Membership. The primary objectives are

63 CCI Three-Way Contract September 2019, Section 2.11
64 Department of Health Care Services (DHCS) All Plan Letter (APL) 17-011, Supersedes APL 14-008, “Standards for Determining Threshold Languages and Requirements for Section 1557 of the Affordable Care Act.”
to evaluate network availability against the establish language standards and identify opportunities for improvement.

6.2.2. Availability of Practitioners

IEHP monitors the availability of PCP, Specialists and Behavioral Health Practitioners and assesses them against established standards at least annually or when there is a significant change to the network. The performance standards are based on State, NCQA, and industry benchmarks. IEHP has established quantifiable standards for both the number and geographic distribution of its network of Practitioners. IEHP uses a geo-mapping application to assess the geographic distribution. Considering the size of the service area, IEHP evaluates the distribution of Providers based on geographic regions since there may be significant gaps in some of the more rural areas covered by IEHP.

6.2.3. Appointment Access

IEHP monitors appointment access for PCPs, Specialists and Behavioral Health Providers and assesses them against established standards at least annually. There is significant evidence that timely access to health care services results in better health outcomes, reduced health disparities, and lower spending, including avoidable emergency room visits and hospital care. In order to measure performance, IEHP collects the required appointment access data from Practitioner offices using a timely access to care survey. IEHP also evaluates the grievances and appeals data quarterly to identify potential issues with access to care. A combination of both these activities helps IEHP identify and implement opportunities for improvement.

6.2.4. After-hours Access to Care

IEHP monitors after-hours access to PCPs at least annually. One (1) of IEHP’s key initiatives is to reduce inappropriate ER utilization. Ensuring that Members have appropriate access to their primary care Practitioner outside of regular business hours can result in reduced ER rates, which can subsequently result in reduced inpatient admissions. The criteria for appropriate after-hours care is that the physician or designated on-call physician be available to respond to the Member’s medical needs beyond normal hours. PCP offices can use a professional exchange service or automated answering system that allows the Member to connect to a live party or the physician by phone. It is also required that any after-hours system or service that a physician uses provide emergency instructions in the event that the Member is experiencing a life-threatening emergency.

6.2.5. Telephone Access to IEHP Staff

IEHP monitors access to its Member Services Department on quarterly basis. IEHP has established the following standards and goals to evaluate access to Member services by telephone.

<table>
<thead>
<tr>
<th>Standards of Care for Telephone Access</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Of Calls answered by a live voice within 30 seconds</td>
<td>80 %</td>
</tr>
<tr>
<td>Calls Abandoned Before Live Voice is Reached</td>
<td>≤ 5%</td>
</tr>
</tbody>
</table>
6.3. Member and Provider Satisfaction

6.3.1. CAHPS®
IEHP conducts a comprehensive CAHPS® survey and analysis annually to assess Member satisfaction with the services and care received. CAHPS® is a set of standardized surveys that ask health care consumers to report on and evaluate their care experience. The survey focuses on key areas like getting care needed; getting appointments to PCPs and Specialty Care Providers (SCPs); satisfaction with IEHP and its Practitioners; and other key areas of the Plan operations. CAHPS® surveys serve as a means to provide usable information about quality of care received by the Members. IEHP uses this tool as one of its key instruments to identify opportunities for improvement. As part of the annual evaluation, IEHP reviews the CAHPS® results to identify relative strengths and weaknesses in performance, determines where improvement is needed, and tracks progress with interventions over time.

6.3.2. Internal Member Satisfaction Studies

1. **IEHP DualChoice Member Satisfaction Survey**: IEHP conducts a survey for IEHP DualChoice Members to evaluate their satisfaction with the services received. The survey focuses on key areas like getting care needed; getting appointments to PCPs and SCPs; satisfaction with IEHP staff and network of Medicare Practitioners; and other key areas of the Plan operations. The goal of the satisfaction study is to identify and implement opportunities to improve overall Member satisfaction.

2. **BH Member Satisfaction Survey**: IEHP surveys Members who are receiving behavioral care services at least annually to evaluate their satisfaction with the services received. The survey focuses on key areas like getting care needed; getting appointments to BH Practitioners; satisfaction with IEHP staff and network of BH Practitioners; and other key areas of the Plan operations. The goal of the satisfaction study is to identify and implement opportunities to improve overall Member satisfaction.

3. **Behavioral Health Treatment (BHT) Member Satisfaction Survey**: IEHP conducts an internal survey for Medi-Cal Members to assess Member Satisfaction with IEHP’s Behavioral Health Treatment (BHT) services. The survey focuses on key areas like access to BHT services; satisfaction with their BHT Provider; satisfaction with IEHP’s BHT Department and other key areas if the Plan operations. The goal of the satisfaction study is to identify, review and implement opportunities to improve services and Member satisfaction.

4. **Population Health Management (PHM) Population Assessment - Member Experience Survey**: Annually, IEHP conducts an internal member experience survey for Medi-Cal Members to assess Member Satisfaction with IEHP’s Population Health Management programs. The survey focuses on Member feedback from at least two programs (e.g. disease management or wellness programs). Feedback is specific to the programs being evaluated. Additionally, IEHP analyzes complaints to identify opportunities to improve satisfaction.  

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66 CCI Three-Way Contract September 2019, Section 2.16
67 NCQA, 2020 HP Standards and Guidelines, PHM2, Element B
6.3.3. Grievances and Appeals

IEHP monitors performance areas affecting Member experience. IEHP has established categories and quantifiable standards to evaluate grievances received by Members. All grievances are categorized in a number of different categories including but not limited to the following:

- Billing/Financial
- Quality of Practitioner Office Site
- Quality of Care
- Access
- Attitude and Service
- Other

The organization’s goal is to resolve all grievances within 30 days of receipt. IEHP calculates the grievance rate per 1000 Members on a quarterly basis and presents this information to the QI Subcommittee and QM Committees. IEHP’s goal is to maintain the overall complaint rate below thresholds as established by regulatory agencies such as DHCS, DMHC, and CMS.

6.3.4. Provider Satisfaction

IEHP monitors performance areas affecting provider satisfaction annually and submits the results to DHCS and CMS. This study assesses the satisfaction experienced by IEHP’s network of PCPs, SCPs, and BH Providers. Information obtained from these surveys allow plans to measure how well they are meeting their Providers’ expectations and needs. This study examines the satisfaction of the Provider network in the following areas: overall satisfaction, all other plans, finance issues, utilization and quality management network, coordination of care, pharmacy, Health Plan Call Center Service Staff, and Provider relations. Based on the data collected, IEHP's reports the findings to the QI Subcommittee and QM Committee. The committees review the findings and make recommendations on potential opportunities for improvements.

6.4. Patient Safety

IEHP recognizes that patient safety is a key component of delivering quality health care and focuses on promoting best practices that are aimed at improving patient safety. IEHP engages Members and Providers in order to promote safety practices. IEHP also focuses on reducing the risk of adverse events that can occur while providing medical care in different delivery settings. Some of the IEHP’s safety initiatives include:

6.4.1. Appropriate Medication Utilization

IEHP monitors pharmaceutical data to identify patient safety issues on an ongoing basis. Drug Utilization Review (DUR) is a structured, ongoing program that evaluates, analyzes, and interprets drug usage against predetermined standards and undertakes actions to obtain improvements. The DUR process is designed to assist pharmacists in identifying potential drug-related problems by assessing patterns of medication usage. The goal of the DUR process is to identify potential drug-to-drug interactions, over-utilization and under-utilization patterns, high/low dosage alerts,

68 NCQA, 2020 HP Standards and Guidelines, ME7, Element C.
69 CCI Three-Way Contract September 2019, Section 2.16
duplication of medications, and other critical elements that can affect patient safety. The DUR study data is collected via an administrative data extraction of paid pharmaceutical claims. Actual prescribing patterns of PCPs, BH Practitioners, and Specialists are compared to IEHP standards. The results of the quantitative analysis are presented to IEHP’s Pharmacy and Therapeutics (P&T) Subcommittee and QM Committee for discussion and action, as necessary.

6.4.2. Review of Inpatient Admissions

IEHP considers the quality of care in the hospitals to be a top priority. To ensure Member safety, IEHP assesses, tracks, and reviews the following measures:

1. Bed Day/Readmission Reporting;
2. Length of stay reports;
3. Inappropriate discharges from inpatient settings;
4. Provider Preventable Conditions (PPCs); and
5. Potential Quality Incidents (PQI) referrals for any adverse outcome related to an inpatient stay.

Monthly reports are produced using relevant utilization data. These reports are reviewed by the UM and QM staff to identify potential quality incidents. Any significant findings are reviewed by IEHP’s Medical Directors and summary reports are provided to the UM Subcommittee and QM Committee. The UM Subcommittee identifies potential quality of care issues and makes recommendations to address them as needed. The committee delegates the implementation of these recommendations to the UM and/or QM Department. The QM Department collaborates with different Departments (e.g. UM, CM, PS, etc.) to implement and monitor the improvement activities.

6.4.3. Potential Quality Incidents (PQI) Review

The Quality Management Department reviews all Potential Quality Incidents (PQI) for all Practitioners and Providers. Areas of review include but are not limited to primary and specialty care, facilities (Hospital, Long-Term Care (LTC), Skilled Nursing Facility (SNF), and Community-Based Adult Services (CBAS), In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP) services, Home Health agencies and transportation Providers). The Quality Management Department is responsible for investigating and reviewing the alleged Potential Quality Incidents. The Medical Director(s) review all cases and may refer to the QM Committee and/or Peer Review Subcommittee for further evaluation and review.

6.4.4. Facility Site Review (FSR)\(^{70}\)

IEHP requires all PCPs undergo a full Facility Site Review at the time of signing with the Plan and at least every three (3) years thereafter. The purpose of these reviews is to meet IEHP’s QI standards and ensure compliance with applicable local, state, and federal laws and regulations. These site reviews are conducted as part of the initial Provider credentialing process. Additional site reviews are conducted as part of the ongoing Provider re-credentialing process to ensure that each Provider continues to meet the IEHP’s site review standards. These are done at least every three (3) years and more often if IEHP has identified any quality of care concerns with the site.

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\(^{70}\) DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 10, Site Review.
Certified Site Reviewer (CSR), utilizing a combined Site and Medical Record Review Checklist, completes the site audits. Focused site visits or Physical Accessibility Review Surveys are conducted if a Member complaint is received about the quality of a Practitioner’s office related to physical accessibility, physical appearance, safety, room space, availability of appointments, and adequacy of record keeping or any other issue that could impede quality of care. Sites will be reevaluated after six (6) months to validate if the deficiencies have been resolved. The Credentialing Subcommittee and QM Committee review the results of the FSR audits. Physical Accessibility Review Survey (PARS)

IEHP participates in the California FSR collaborative audits, which includes the PARS audit. The purpose of the PARS is to assess the physical accessibility and safety of provider sites using a set of standards established by DHCS. PARS are performed on all PCP and high-volume SCP, ancillary Provider sites, and other CBAS centers. The goal of the PARS review is to ensure Provider sites that are seeing Members with disabilities do not have any limitations as Members try to get access to the offices. A PARS covers a number of different areas including assessment of parking, office exteriors and interiors, restrooms, examination rooms, and examination tables.

6.4.5. Promoting Safety Practices for Members

IEHP offers various safety programs to Members including the Bicycle Helmet Program for children between 5 to 14 years old and Members who have a child between 5-14 years old. This interactive program assesses children’s and parents’ knowledge on bicycle safety and offers a free helmet to program participants. IEHP also offers the Child Car Seat Program to keep children safe in a car, providing information on the latest car seat laws, and choosing the right car seat. Additionally, Member education materials that cover different health topics are available to Members including immunizations, flu and cold facts, avoiding allergens, medication reconciliation etc. Additional safety initiatives are developed in collaboration with Health Education and other Health Services departments as safety needs are identified.

6.5. Addressing Cultural and Linguistic Needs of Members

IEHP is dedicated to ensuring that all medically covered services are available and accessible to all Members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and that all covered services are provided in a culturally and linguistically appropriate manner. IEHP strives to reduce health care disparities in clinical areas, improving cultural competency in Member materials and communications, and ensuring network adequacy to meet the needs of underserved groups. Services that address cultural and linguistic services are adjusted based on the annual assessment of Member needs. Further details about cultural and linguistic services provided to Members are seen in the individual reports supporting each of the following studies. The following are the current IEHP Quality Studies that evaluate our ability to serve a culturally and linguistically diverse Membership.

71 NCQA, 2020 HP Standards and Guidelines, QI 1, Element A, Factor 6.
1. **Provider Language Competency Study:** The purpose of this study is to verify that the PCP, OB/GYN, and vision provider offices that inform IEHP that they have Spanish speaking office staff actually have those services available to Members.

2. **Cultural and Linguistic Study:** The purpose of the study is to identify the linguistic and ethnic diversity of IEHP’s PCP and Member populations. More specifically, they assess the cultural, ethnic, racial, and linguistic needs of Members in accordance with NCQA standards.

3. **Ongoing monitoring of interpreter service use:** The purpose of this report is to monitor the top languages requested by the Members. IEHP offer face-to-face interpreter services for medical appointments to Members at no cost. The purpose is to provide Members with interpretation services and office excellence in service to Members/callers.

4. **Ongoing monitoring of grievances related to language and culture:** Grievances are reported to monitor cultural and linguistic services provided to Members.

**Section 7: Delegation Oversight**

IEHP delegates certain utilization management, care management, credentialing/re-credentialing, and compliance activities to contracted Delegates that meet IEHP delegation requirements and comply with the most current NCQA, DHCS (when applicable) and IEHP standards. IEHP monitors Delegate performance in QM, UM, CM, credentialing and re-credentialing, compliance, and their implementation of related activities through Delegation Oversight activities.

**7.1 Monitoring Activities**

IEHP performs a series of activities to monitor IPAs and other delegated entities:

1. An annual Delegation Oversight Audit is conducted using a designated audit tool that is based on the NCQA, DMHC and DHCS standards. Delegation Oversight Audits are performed by IEHP Health Services and Provider Services Staff using the most current NCQA, DHCS, CMS and IEHP standards.

2. Joint Operations Meetings (JOM) – These meetings are called by IEHP as a means of discussing performance measures and findings as needed. The JOM includes representation from the delegate and IEHP Departments as applicable.

3. Review of grievances and other quality information;

4. Specified audits:
   a. Focused Approved and Denied Referral Audits;
   b. Focused Case Management Audits;
   c. Utilization data review (Denial/Approval Rates, timely Member notification, overturn rate); and
   d. Provider Satisfaction Surveys.

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72 NCQA, 2019 HP Standards and Guidelines, QI 1, Element A, Factor 1.
74 CCI Three-Way Contract September 2019, Sections 2.2 & 2.16.
5. Member Contracted IPAs are required to submit the following information to the IEHP Provider Services Department:
   b. Referral Universe and Letters – Monthly report of all approvals, denials and modifications of requested services;
   c. Care Management (CM) Log – Monthly report of CM activities;
   d. Second Opinion Tracking Log – Monthly report to track Member requested second opinions;
   e. Credentialing Activity – Periodic report of any changes to the network at the Delegate level (e.g., terminated PCPs, specialists);
   f. Annual QM and UM Program Descriptions;
   g. Annual QM/QI and UM Work Plans;
   h. Semi-annual reports of quality improvement activities;
   i. Semi-annual reports of credentialing/re-credentialing;
   j. Semi-annual reports of utilization management activities; and
   k. Annual QM and UM Program Evaluations.\textsuperscript{75,76}

6. IPAs with deficient scores must submit a CAP to remedy any deficiencies. If a Delegate is unable to meet performance requirements, IEHP may implement further remediation action including but not limited to:
   a. Conduct a focused re-audit;
   b. Immediately freeze the Delegate to new Member enrollment, as applicable;
   c. Send a 30-day contract termination notice with specific cure requirements;
   d. Rescind delegated status of Delegate, as applicable;
   e. Terminate the IEHP contract with the Delegate; or
   f. Not renew the contract.

7. **Assessment and Monitoring:** To ensure that Delegates have the capacity and capability to perform required functions, IEHP has a rigorous pre-contractual and post-contractual assessment and monitoring system. IEHP’s also provides clinical and Member experience data to delegates upon request so they can initiate improvement activities.

8. **Pre-contractual Assessment of Providers:** All Providers desiring to contract with IEHP must complete a comprehensive pre-contractual document and on-site review.

9. **Reporting:** IEHP’s Delegation Oversight Committee (DOC) monitors and evaluates the operational activities of contracted Delegates to ensure adherence to contractual obligations, regulatory requirements and policy performance. Elements of delegation are

\textsuperscript{75} DHCS Final Rule Contract Amendment January 2018, Exhibit A, Attachment 4, Provision 8, Quality Improvement Annual Report.

\textsuperscript{76} CCI Three-Way Contract September 2019, Section 2.16.
monitored on monthly, quarterly and annual basis for trending and assessment of ongoing compliance. The reporting includes review of monthly assessment packets, encounter adequacy reports and Provider Services highlights. All oversight audits performed on delegates are reported to the DOC. CAP activities are implemented as deficiencies are identified. Findings and summaries of DOC activities are reported to the Compliance Committee.
HEALTH SERVICES DEPARTMENT

4. RATIFY AND APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH THE COUNTY OF RIVERSIDE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Professional Services Agreement (Agreement) with the County of Riverside for Riverside Overdose Data To Action (RODA) Services for the provision of academic detailing program to enhance surveillance of overdose morbidity and mortality, and to enhance surveillance data to guide overdose prevention efforts in Riverside County. Riverside University Health System - Public Health (RUHS-PH) has received funding from The Centers for Disease Control and Prevention (CDC) for three (3) years effective October 1, 2019 through December 31, 2022. IEHP will receive compensation from RUHS-PH in an amount not exceed $157,900 annually.

**Contact:**
Karen Hansberger, M.D., Chief Medical Officer

**Background:**
RUHS-PH has received funding from The CDC in the amount of $2.35 million for three (3) years to enhance surveillance of overdose morbidity and mortality, and to use enhance surveillance data to guide overdose prevention efforts in Riverside County. The overarching goals of the RODA Program is to determine the frequency of adverse childhood and community experiences (ACEs/ACERs) on overdose incidence in Riverside County and create more responsive and collaborative prevention efforts to address the upstream causes of substance use disorders and overdose.

**Discussion:**
Grant objectives include a collaboration with IEHP to develop and implement an academic detailing program to:

1. Increase awareness on guidelines for opioid prescribing, non-opioid medications, and non-pharmacological treatments;
2. Increase the use of non-opioid medications and non-pharmacologic treatments for pain by patients in Riverside County; and
3. Decrease high-risk prescribing in Riverside County.

IEHP will:
- Hire full-time Pharmacist to select and implement academic detailing model
- Review academic detailing models and best practices for opioid prescribing, and alternative prescribing methods for non-opioid medications and non-pharmacologic treatments for pain
- Utilize IEHP Opioid Risk Index to identify patients and providers for academic detailing
- Provide academic detailing based on enhanced surveillance from RODA Strategy 3 and the IEHP Opioid Risk Index
• Create evaluation plan to demonstrate progress

Both IEHP and RUHS-PH are also significant stakeholders within the Inland Empire Opioid Crisis Coalition (IEOCC) and are utilizing that coalition of local organizations to help support and coordinate RODA with other opioid strategies within the IE.

IEHP will be compensated for services provided from the RODA Services. Payment will be made by RUHS-PH on a quarterly basis after IEHP’s submittal of a quarterly invoice and report.

Amount of compensation to IEHP by the RUHS-PH shall not exceed $157,900 annually, including all expenses.

**Strategy Focus Areas:**

- ✔ Member Experience
- ✔ Network
- ✔ Team Members
- ✔ Operational Excellence
- ✔ Technology
- ✔ Financial Stewardship
- ☐ Not Applicable

**Fiscal Impact:**

IEHP shall receive an amount not to exceed $157,900 annually, including all expenses.

**Financial Review:**

n/a

**Reviewed by Counsel:**

Yes
HEALTH SERVICES DEPARTMENT

5. **APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH ENVOLVE PEOPLECARE, INC.**

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fifth Amendment to the Professional Services Agreement (Agreement) with Envolve PeopleCare, Inc. for the provision of Nurse Advice Line (NAL) Services for an additional amount not to exceed $420,000 and two (2) year term extension effective August 1, 2020 through July 31, 2022.

**Contact:**
Karen Hansberger, M.D., Chief Medical Officer

**Background:**
IEHP provides a 24-hour NAL service to its Members. This service encourages Members to call from home to receive guidance on their medical conditions. Members are provided guidance on the most appropriate place to receive care for their condition. Advice may include home treatment, how soon to make an appointment with a Primary Care Provider, go to an urgent care or go to an Emergency Department. This service prevents unnecessary Emergency Department visits and improves Member satisfaction (this has been confirmed in an independent evaluation performed by IEHP in 2020 – over 4,000 ED visits were averted by NAL in a nine-month period).

Envolve PeopleCare, Inc. was selected by RFP in 2012 to provide these services. The original Agreement was approved in March 2012 under Resolution 12-87. In May 2014, the First Amendment was executed which added the DualChoice Member Satisfaction Survey to the scope of services. In August 2017, the Governing Board approved the Second Amendment which updated the contract terms to most recent standards and reduced the per member per month rate from $0.19 to $0.15 and added the $8.75 per member per month charge for each administrative call. In June 2018 under Minute Order 18-192, the Governing Board approved the Third Amendment which extended the term through July 31, 2019 and added a $5,000 per month fee to perform the warm transfer to MDLive services.

In August 2019 under Minute Order 19-148, the Governing Board approved the Fourth Amendment to extend the contract term through July 31, 2020 and updated the scope of services.

**Discussion:**
The Fifth Amendment extends the agreement through July 31, 2022 for an additional amount not to exceed $420,000 to cover the new term non-capitated costs. The additional amount covers:

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 Nurse Triage and Advice Service (Monthly Capitated Payment)</td>
<td>$0.17 Per Member Per Month at an IEHP total Member count of &lt; 1,350,000 Members OR</td>
</tr>
</tbody>
</table>
### SERVICES

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Advice Line Warm Transfer to IEHP Doc Online After-Hours Physician Line (Monthly Payment)</td>
<td>$0.16 Per Member Per Month at an IEHP total Member count of ≥ 1,350,000 Members</td>
</tr>
<tr>
<td>Nurse Advice Line Warm Transfer to IEHP Doc Online After-Hours Physician Line (Monthly Payment)</td>
<td>$7,500.00 Per Month</td>
</tr>
</tbody>
</table>

The Non-Clinical Call utilization will be evaluated annually and is expected to be ≤ 2% of overall utilization for the year. Year one begins on August 1, 2020. For each Non-Clinical Call over the 2% annual threshold, IEHP will pay $8.75 per call. Annual Non-Clinical Call utilization is calculated as follows: (*Answered Calls less Clinical Services) / IEHP’s Average Monthly Membership for the year. *Answered Calls do not include undocumented calls (those calls without an associated IEHP Member identification number).

Additionally, the Fifth Amendment includes an update to Section 1.7 “Verification of Member Eligibility” that will require IEHP to send Envolve PeopleCare, Inc. a daily file of current eligible Members.

**Strategy Focus Areas:**
- [✓] Member Experience
- [ ] Network
- [ ] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY1920 Bridge Period

**Fiscal Review:**
JH: 5/19/20

**Reviewed by Counsel:**
MP: 6/19/20
INFORMATION TECHNOLOGY DEPARTMENT

6. APPROVE THE CHANGE ORDER TO THE PROFESSIONAL SERVICES AGREEMENT WITH CONDUENT BUSINESS SERVICES LLC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Change Request to the Professional Services Agreement (Agreement) with Conduent Business Services LLC. (Conduent) for the provision of post-go live support services for an amount not to exceed $1.5 million through December 31, 2021.

**Contact:**
Michael Deering, Chief Information Officer

**Background:**
In August 2013 IEHP released a Request for Proposal (RFP) for Core System Replacement Consulting Services in order to select the best Core System Replacement. HTMS was chosen as IEHP’s third party consultant based upon a combination of the reviews of their submitted proposal, scoring evaluation, and required onsite presentation.

In September 2014, IEHP publicly released the RFP for the Core System replacement solution. Out of the 28 vendors that expressed an interest to respond, six (6) of those vendors completed their response submissions.

In June 2015 under Minute Order 15-143, the Governing Board approved the Delegation of Authority for IEHP to sign an agreement with HSP for the on-site Core Replacement System solution. The General Terms of the resultant contract were signed and executed on September 9, 2015 for an amount not to exceed $34.265 million through September 2020.

In June 2017 under Minute Order 17-88, the Governing Board approved the 2017/2018 Fiscal Year Budget Presentation and HSP was provisioned with additional funding of $4.5 million due to an increase in enhancement costs and an increase to the associated implementation costs of an extended go-live.

In October 2018, Conduent announced intentions to acquire HSP in alignment with the company's strategy to enhance its core portfolio and further define the company as a technology-led, digital interactions company. The acquisition of HSP was finalized on January 3, 2019.

In February 2019, under Minute Order 19-34, the Governing Board approved an Amendment to the Agreement with Conduent for a no-cost term extension through August 31, 2019. This extension allowed for the utilization of Professional Services hours which were credited and still available to IEHP.

In August 2019, under Minute Order 19-150, the Governing Board approved an Amendment to the Agreement with Conduent for a funding increase and term extension not to exceed $2.75 million through December 31, 2021 for the provision of post-go live support services.
**Discussion:**
The requested support services will include customizations to further supplement a 10.6.1 version release of IEHP-tailored software. This release will include new database code changes, as well as a custom release of the HIPAA Gateway application that IEHP will be deploying internally.

The release will also include customizations to 837 encounter extracts capabilities, modifications to the HIPAA gateway to allow for multiple sessions within the same windows account, and indicators to present reasonings for possible instances of 837 claim submission suppression.

IEHP is requesting that the Governing Board approve the funding increase of $1.5 million through December 31, 2021. This sum is budgeted through December 31, 2021.

**Strategy Focus Areas:**
- [ ] Member Experience
- [ ] Network
- [ ] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [x] Not Applicable

**Fiscal Impact:**
Included in FY1920 Bridge Period Budget

**Financial Review:**
J. Haines 6/25/20

**Reviewed by Counsel:**
Yes
MARKETING DEPARTMENT

7. APPROVE THE USE OF SELECTED BROADCAST MEDIA FOR ADVERTISING SERVICES

**Recommended Action:**
That the Governing Board of Inland Empire Health Plan (IEHP) authorize to the use of the selected broadcast media advertisers including radio and cable television for an amount not to exceed $720,000 through December 31, 2020.

**Contact:**
Michelle Rai, Chief Communications and Marketing Officer

**Background:**
Broadcast advertising is generally used for branding and direct response to support key company objectives and initiatives. For example, IEHP uses radio and cable TV as advertising channels to promote Medi-Cal coverage to the uninsured population or key HEDIS/CAHPS measures to IEHP Members, such as preventive care, flu shots, and customer satisfaction. Broadcast advertising is also one of the critical media channels that has contributed to our current 90 percent Medi-Cal plan choice rate (highest among local public plans in California) and our 97 percent brand awareness rate in the Inland Empire.

Broadcast advertising will also help support the Strategic Focus Areas for a top employer brand within the Inland Empire and California.

**Discussion:**
IEHP uses data from media ratings company, Nielsen, and our Member’s survey and focus groups to evaluate and select high performance radio stations and cable TV shows that will effectively reach their target audiences.

IEHP requests the to use the following vendors owned and/or affiliated with the following companies for radio and cable TV advertising through December 31, 2020

<table>
<thead>
<tr>
<th>RADIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alpha Media, LLC (KKUU/KPSI)</td>
</tr>
<tr>
<td>• Entercom Communications Corp. (KFRG)</td>
</tr>
<tr>
<td>• El Dorado Broadcasting (KATJ/KZXY)</td>
</tr>
<tr>
<td>• Entravision Communications (KLYY/KLOB)</td>
</tr>
<tr>
<td>• RM Broadcasting, LLC (KPLM)</td>
</tr>
<tr>
<td>• Inland Empire Broadcasting Corp. (KOLA)</td>
</tr>
<tr>
<td>• Liberman Broadcasting, Inc. (KRQB)</td>
</tr>
<tr>
<td>• Pandora Media, LLC</td>
</tr>
<tr>
<td>• Gulf California Broadcast (KUNA)</td>
</tr>
<tr>
<td>• iHeart Media Radio (KGGI)</td>
</tr>
</tbody>
</table>
IEHP will purchase advertising directly with the radio stations and cable providers instead of through a media placement agency. With this approach, IEHP will receive a discounted rate that is only given to not-for-profit organizations, as well as additional credits for their direct purchase.

The total compensation for Broadcast Media services shall not exceed $720,000 through December 31, 2020.

**Strategy Focus Areas:**
- [x] Member Experience
- [ ] Network
- [ ] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY1920 Bridge Period

**Financial Review:**
S. Ahmed, 06/18/2020

**Reviewed by Counsel:**
N/A
MARKETING DEPARTMENT

8. APPROVE THE USE OF SELECTED OUTDOOR MEDIA VENDORS FOR ADVERTISING SERVICES

Recommended Action:
That the Governing Board of Inland Empire Health Plan (IEHP) approve the use of selected outdoor media vendors for advertising services in an amount not to exceed $219,000 through December 31, 2020.

Contact:
Michelle Rai, Chief Communications and Marketing Officer

Background:
Outdoor advertising is generally used for branding and direct response to support key company objectives and initiatives. For example, IEHP uses outdoor advertising channels to promote Medi-Cal coverage to the uninsured population and key HEDIS/CAHPS measures to IEHP Members such as preventive care, flu shots, customer satisfaction, and the Community Resource Centers (CRC). We support the CRC’s with freeway and interior billboards. The goal is to impact Members’ behavior to help them be healthier and to help improve HEDIS/CAHPS scores. Outdoor advertising is one of the critical media channels, which has contributed to IEHP’s 90 percent Medi-Cal plan choice rate (highest among local public plans in California) and our 97 percent brand awareness rate in the Inland Empire.

Discussion:
For many years IEHP has used only high-performance billboards, bus sides and bus shelters in strategic marketing locations throughout the Inland Empire. IEHP uses the Traffic Impression report from Caltrans to determine which billboard locations will reach current and potential Members effectively.

Currently, IEHP advertises at the following billboard locations:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>SIZE</th>
<th>ILLUMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>91 Freeway in Riverside</td>
<td>14’ x 48’</td>
<td>Yes</td>
</tr>
<tr>
<td>Interstate 10 in Rialto</td>
<td>14’ x 48’</td>
<td>Yes</td>
</tr>
<tr>
<td>Interstate 10 in Palms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring/Indio/Coachella</td>
<td>10’6” x 36’</td>
<td>Yes</td>
</tr>
</tbody>
</table>
IEHP requests the authority to purchase advertising from the following companies that own the outdoor media channels listed above for an amount not to exceed $219,000 through December 31, 2020.

1) Clear Channel Outdoor
2) The Lamar Companies

For the printing of the vinyl billboards (i.e. fabrication), IEHP solicits quotes from the following vendors.

1) Independent’s Service Company
2) Metromedia Technologies

Strategy Focus Areas:

☑ Member Experience ☐ Network ☐ Team Members ☐ Operational Excellence
☐ Technology ☐ Financial Stewardship ☐ Not Applicable

Fiscal Impact:
Included in FY1920 Bridge Period

Financial Review:
S. Ahmed, 06/18/2020

Reviewed by Counsel:
N/A
MARKETING DEPARTMENT

9. APPROVE THE USE OF SELECTED PRINT AND DIGITAL MEDIA VENDORS FOR ADVERTISING SERVICES

**Recommended Action:**
That the Governing Board of Inland Empire Health Plan (IEHP) approve the use of selected print and digital media vendors for advertising services for an amount not to exceed $100,000 through December 31, 2020.

**Contact:**
Michelle Rai, Chief Communications and Marketing Officer

**Background:**
Print and digital advertising is generally used for branding and direct response purposes. For example, IEHP distributes print and digital flyers to promote Medi-Cal, Cal MediConnect program and Community Resource Centers. IEHP also runs print advertisements in the Riverside and San Bernardino Medical Society Associations’ publications to promote our partnership with Providers, organizational achievements, high Physician Satisfaction scores, etc.

**Discussion:**
IEHP has been using print and digital channels as direct response vehicles to promote Medi-Cal and the Cal MediConnect program. These advertising channels have proven very effective for many years. In addition, IEHP promotes their brand and services to the provider community in selected publications such as the Riverside Medical Society Association, San Bernardino Medical Society Association, and the CAHP Annual Report.

IEHP requests approval to purchase advertising services from print and digital publications owned and/or affiliated with the following entities:

a) California Association of Health Plans (CAHP)
b) Desert Mobile
c) Inland Empire Magazine
d) Riverside Medical Society Association
e) San Bernardino Medical Society Association
f) Valassis Direct and Valassis Digital
g) Valley Messengers/Teeters

The total compensation payable shall not exceed $100,000 for through December 31, 2020.

**Strategy Focus Areas:**

- [x] Member Experience  
- [x] Network  
- [ ] Team Members  
- [ ] Operational Excellence  
- [ ] Technology  
- [ ] Financial Stewardship  
- [ ] Not Applicable
Fiscal Impact:
Included in FY1920 Bridge Period

Financial Review:
S. Ahmed, 06/18/2020

Reviewed by Counsel:
N/A
PROVIDER NETWORK DEPARTMENT

10. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSIONAL MEDICAL CORPORATION DBA ALLIED PACIFIC OF CALIFORNIA IPA

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Allied Physicians of California, A Professional Medical Corporation dba Allied Pacific of California IPA, effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Allied Physicians of California, A Professional Medical Corporation dba Allied Pacific of California IPA is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [x] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

11. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH ALPHA CARE MEDICAL GROUP, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Alpha Care Medical Group, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Alpha Care Medical Group, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- ✔ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
12. RATIFY AND APPROVE THE THIRTY-FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR ARROWHEAD REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Thirty-First Amendment to the Hospital Per Diem Agreement for Arrowhead Regional Medical Center, effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Arrowhead Regional Medical Center is currently contracted in the IEHP Network since February 1, 2008.

**Discussion:**
The Amendment extends the term of the agreement through September 30, 2020.

**Strategic Priorities:**
☐ Quality of Care ☐ Access to Care ☐ Practice Transformation
☐ Human Development ☐ Technology ☑ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
13. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR BEHAVIORAL HEALTH WITH AURORA CHARTER OAK LOS ANGELES LLC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the Hospital Per Diem Agreement for Behavioral Health Services with Aurora Charter Oak Los Angeles LLC., effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Aurora Charter Oak Los Angeles LLC. is currently contracted in the IEHP Network since April 1, 2015.

**Discussion:**
The Amendment extends the term of the agreement through July 31, 2020.

**Strategic Priorities:**
- ☐ Quality of Care
- ☐ Access to Care
- ☐ Practice Transformation
- ☐ Human Development
- ☐ Technology
- ☑ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

14. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH BEAR VALLEY COMMUNITY HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Hospital Per Diem Agreement with Bear Valley Community Hospital, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Bear Valley Community Hospital is currently a contracted Hospital in the IEHP Network since April 1, 2015.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [x] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

15. RATIFY AND APPROVE THE EIGHTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC. DBA CHINO VALLEY MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Eighth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. DBA Chino Valley Medical Center, effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Veritas Health Services Inc. DBA Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network since November 1, 2014.

**Discussion:**
The Amendment extends the term of the agreement beginning May 1, 2020 through May 31, 2020. All other items and conditions of the Agreement remain in full force and effect.

**Strategic Priorities:**

- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

16. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC., CHINO VALLEY MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc, Chino Valley Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Veritas Health Services Inc, Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network since November 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [☑] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

17. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC. DBA CHINO VALLEY MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Tenth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. DBA Chino Valley Medical Center, effective June 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Veritas Health Services Inc. DBA Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network since November 1, 2014.

**Discussion:**
The Amendment extends the term of the agreement beginning June 1, 2020 through May 31, 2023. In addition, the Attachments C- Compensation Rates, C2- Notes to Compensation Rates, C3- Compensation Rates – Medicare Advantage Program and Attachment G-Managed Care Medi-Cal Noncapitated or Carve Out Drugs were replaced.

**Strategic Priorities:**
- ☐ Quality of Care
- ☐ Access to Care
- ☐ Practice Transformation
- ☐ Human Development
- ☐ Technology
- ☑ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

18. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH CORONA REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Corona Regional Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Corona Regional Medical Center is currently a contracted Hospital in the IEHP Network since October 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- ✔ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

19. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DESERT REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Tenth Amendment to the Hospital Per Diem Agreement with Desert Regional Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Desert Regional Medical Center is currently a contracted Hospital in the IEHP Network since May 1, 2007.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [✓] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

20. RATIFY AND APPROVE THE SEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DESERT VALLEY HOSPITAL, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Hospital Per Diem Agreement with Desert Valley Hospital, Inc., effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Desert Valley Hospital, Inc. is currently a contracted Hospital in the IEHP Network since August 13, 2012.

**Discussion:**
The Amendment extends the term of the agreement beginning July 1, 2020 through August 31, 2022. In addition, the Attachments C- Compensation Rates, C1- Compensation Rates – Medicare Advantage Program, C2- Notes to Compensation Rates, G-Managed Advantage Program and Attachment H- Managed Care Medi-Cal Noncapitated or Carve Out Drugs were replaced.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [x] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [x] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

21. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH DIGNITY HEALTH MEDICAL FOUNDATION DBA DIGNITY HEALTH MEDICAL NETWORK-INLAND EMPIRE, A SERVICE OF DIGNITY HEALTH MEDICAL FOUNDATION

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Capitated IPA Agreement with Dignity Health Medical Foundation dba Dignity Health Medical Network-Inland Empire, A Service of Dignity Health Medical Foundation, effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Dignity Health Medical Foundation dba Dignity Health Medical Network-Inland Empire, A Service of Dignity Health Medical Foundation is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

22. APPROVE THE ANCILLARY PROVIDER AGREEMENT WITH HELPING HEARTS HULEN, LLC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Ancillary Provider Agreement with Helping Hearts Hulen, LLC., effective August 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Helping Hearts Hulen, LLC. has agreed to join the IEHP Network for all lines of business.

**Discussion:**
The agreement was modified to reflect the recuperative care services offered by Helping Hearts Hulen, LLC.

**Strategic Priorities:**
- ☐ Quality of Care
- ☐ Access to Care
- ☐ Practice Transformation
- ☐ Human Development
- ☐ Technology
- ✔ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

23. RATIFY AND APPROVE THE FOURTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH HDMC HOLDINGS, LLC DBA HI-DESERT MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fourth Amendment to the Hospital Per Diem Agreement with HDMC Holdings, LLC dba Hi-Desert Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
HDMC Holdings, LLC dba Hi-Desert Medical Center is currently a contracted Hospital in the IEHP Network since January 1, 2015.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- ☑ Access to Care
- ☐ Quality of Care
- ☐ Human Development
- ☐ Practice Transformation
- ☐ Technology
- ☐ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

24. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH HORIZON VALLEY MEDICAL GROUP, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Horizon Valley Medical Group, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Horizon Valley Medical Group, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

25. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH INLAND FACULTY MEDICAL GROUP

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Inland Faculty Medical Group, effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Inland Faculty Medical Group is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [✓] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

26. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH JOHN F. KENNEDY MEMORIAL HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Hospital Per Diem Agreement with John F. Kennedy Memorial Hospital, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
John F. Kennedy Memorial Hospital is currently a contracted Hospital in the IEHP Network since May 1, 2007.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**

- [ ] Quality of Care  
- [ ] Access to Care  
- [ ] Practice Transformation  
- [ ] Human Development  
- [ ] Technology  
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

27. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH LASALLE MEDICAL ASSOCIATES, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with LaSalle Medical Associates, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
LaSalle Medical Associates, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [x] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
28. RATIFY AND APPROVE THE CAPITATED PRIMARY CARE PROVIDER AGREEMENT WITH PLANNED PARENTHOOD ORANGE AND SAN BERNARDINO COUNTIES, INC., DBA MELODY WOMEN’S HEALTH

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Capitated Primary Care Provider Agreement with Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health, effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health would like to participate in the IEHP Provider Network for all product lines of business.

**Discussion:**
The Capitated Primary Care Provider Agreement was tailored to reflect the PCP services offered by Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [x] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

29. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH PRIME HEALTHCARE SERVICES III, LLC DBA MONTCLAIR HOSPITAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Prime Healthcare Services III, LLC dba Montclair Hospital Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Prime Healthcare Services III, LLC dba Montclair Hospital Medical Center is currently a contracted Hospital in the IEHP Network since July 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

30. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT WITH LANCASTER HOSPITAL CORPORATION DBA PALMDALE REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Hospital Per Diem Agreement with Lancaster Hospital Corporation dba Palmdale Regional Medical Center, effective June 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Lancaster Hospital Corporation dba Palmdale Regional Medical Center has agreed to join the IEHP Network for all lines of business.

**Discussion:**
The agreement was modified to reflect the hospital services offered by Lancaster Hospital Corporation dba Palmdale Regional Medical Center.

**Strategic Priorities:**
- [ ] Quality of Care
- [✓] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
31. RATIFY AND APPROVE THE NINETEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DOCTORS HOSPITAL OF RIVERSIDE, LLC DBA PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Nineteenth Amendment to the Hospital Per Diem Agreement with Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center is currently a contracted Hospital in the IEHP Network since July 1, 2002.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

32. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH PHYSICIANS HEALTH NETWORK

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Physicians Health Network, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Physicians Health Network, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [x] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

33. RATIFY AND APPROVE THE NINETEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH REDLANDS COMMUNITY HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Nineteenth Amendment to the Hospital Per Diem Agreement with Redlands Community Hospital, effective June 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Redlands Community Hospital is currently a contracted Hospital in the IEHP Network since December 1, 2004.

**Discussion:**
The Amendment extends the term of the agreement beginning June 1, 2020 through January 31, 2021. In addition, the Attachments C- Compensation Rates, C1- Compensation Rates – Medicare Advantage Program, C2- Behavioral Health Compensation Rates, C3-Compensation Rates- Hospice Services, G- ICD 9/ICD-10 Crosswalk Codes and Attachment I-Managed Care Medi-Cal Noncapitated or Carve Out Drugs were replaced.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

34. RATIFY AND APPROVE THE FIFTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RIVERSIDE COMMUNITY HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifteenth Amendment to the Hospital Per Diem Agreement with Riverside Community Hospital, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Riverside Community Hospital is currently a contracted Hospital in the IEHP Network since July 1, 2001.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

35. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN ANTONIO REGIONAL HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with San Antonio Regional Hospital, effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
San Antonio Regional Hospital is currently a contracted Hospital in the IEHP Network since October 1, 2016.

**Discussion:**
The Amendment extends the term of the agreement beginning July 1, 2020 through June 30, 2023. In addition, the Attachments C- Compensation Rates, C1- Notes to Compensation Rates, F- Medicare Advantage Program were replaced and Attachment G -Managed Care Medi-Cal Noncapitated or Carve Out Drugs was added.

**Strategic Priorities:**
☐ Quality of Care  ☐ Access to Care  ☐ Practice Transformation
☐ Human Development  ☐ Technology  ✓ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

36. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH UNIVERSAL HEALTH SERVICES OF RANCHO SPRINGS INC., DBA SOUTHWEST HEALTHCARE SYSTEM

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Universal Health Services of Rancho Springs, Inc., dba Southwest Healthcare System, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Universal Health Services of Rancho Springs, Inc., dba Southwest Healthcare System is currently a contracted Hospital in the IEHP Network since October 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [X] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

37. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH TEMECULA VALLEY HOSPITAL, INC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Temecula Valley Hospital, Inc., effective April 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Temecula Valley Hospital, Inc. is currently a contracted Hospital in the IEHP Network since May 1, 2015.

Discussion:
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

Strategic Priorities:
☐ Quality of Care  ☑ Access to Care  ☐ Practice Transformation
☐ Human Development  ☐ Technology  ☐ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

38. APPROVAL OF STANDARD TEMPLATES

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the IEHP Standard Template Agreements, referenced below in section (d), and authorize the Chief Executive Officer or his designee to execute the template, wherein the body of the document remains unchanged except for the identifying information of the individual provider and non-material changes per individual provider requirements.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
IEHP contracts with physicians and other providers using Governing Board approved Standard Template Agreements. On a periodic basis IEHP reviews the IEHP Direct Standard Templates and updates are made to the templates, as necessary. The Governing Board has authorized the Chief Executive Officer to sign the Agreement in lieu of having the Chair of the Governing Board execute the documents.

**Discussion:**
The following standard templates are being presented to the Governing Board for approval effective July 1, 2020:

1) Master Reinstate, Amend and Extend Agreement
2) Master Home Health Provider Attachment B, Compensation
3) Master Attachment A, Behavioral Health Treatment (BHT)
4) Master Recuperative Care Attachment A, Health Care Service
5) Master Recuperative Care Attachment B, Compensation
6) Master Amendment – Double Boarded & Non-Double Boarded Providers
7) Master COVID-19 Amendment – Vision Providers

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [x] Not Applicable

**Fiscal Impact:**
None

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

39. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the listed Evergreen Contracts for an additional one (1) year to five (5) year term

Contact:
Kurt Hubler, Chief Network Officer

Background:
An Evergreen Contract is a contract that automatically renews on the same terms and subject to the same conditions as the original agreement, unless sooner terminated in accordance with the terms and conditions.

Discussion:
Renewal under the Evergreen Clause of the following Agreements effective, August 1, 2020:

Additional one (1) year term:
1) Maria Puraci dba Holy Hill Home Care – Residential Care for the Elderly Provider Agreement
2) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly Provider Agreement
3) Rose Garden Residential Operator LLC dba Rose Garden Residential - Residential Care for the Elderly Provider Agreement

Additional two (2) year term:
1) Ramona Rehabilitation and Post Acute Care Inc dba Ramona Rehabilitation and Post Acute Care Center - Skilled Nursing Facility Provider Agreement

Additional five (5) year term:
1) All Star Physical Therapy Inc – Participating Provider Agreement
2) Charter Health Care Group LLC dba Charter Home Health - Participating Provider Agreement
3) InfuSystem Inc - Ancillary Provider Agreement
4) JSI Acquisition Inc dba Libertana Home Health - Ancillary Provider Agreement
5) Physical Therapy of Temecula Inc dba Physical Therapy of Menifee - Participating Provider Agreement
6) Prism Medical Products LLC - Ancillary Provider Agreement
7) Star Med Home Health Care - Ancillary Provider Agreement
8) Universal Orthopaedic Group - Participating Provider Agreement
9) Veniexpress Inc - Ancillary Provider Agreement
10) Wings Speech and Language Center Inc - Participating Provider Agreement
11) Bebawy Optometry Inc dba Light of Life Optometry - Participating Provider Agreement
Strategic Priorities:

- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [✓] Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
N/A
# Monthly Membership Report

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Month</th>
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<th>Actual Membership</th>
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<td>March 2020</td>
<td>1,252,452</td>
<td>1,239,323</td>
<td>(13,129)</td>
<td>510</td>
</tr>
<tr>
<td></td>
<td>April 2020</td>
<td>1,253,154</td>
<td>1,242,983</td>
<td>(10,171)</td>
<td>3,660</td>
</tr>
<tr>
<td></td>
<td>May 2020</td>
<td>1,255,056</td>
<td>1,261,190</td>
<td>6,134</td>
<td>18,207</td>
</tr>
</tbody>
</table>
Goal: Uncover social isolation challenges and provide tailored support to Seniors and People with Disabilities. We provided tips, interactive check-ins and visual stories to help our Members maintain a routine and sense of purpose during COVID-19.

Program Length: 12-weeks. Members chose the preferred message frequency.

Population: Seniors and People with Disabilities. A total of 94,134 Members were enrolled in the program.

Total messages sent: 1,400,000 (Estimate)

Opt out rate: 5%

Members expressed their appreciation for the program and are happy someone is listening and providing useful tips while staying at home.
"Next week things go back to normal for me. Thank you very much for your texts. They were comforting and I did not feel so alone. Take care."

“Thank you for the information, it helped me a lot. I am still at home. I have a 7 year-old daughter and I want the best for her health, but also, thank God for his help. I fractured my foot, and I thought I would get depressed, but I haven’t because your advice has helped me. Thank you very much. I needed this new message.”

“Thank you for helping me with your messages, you are helping me so much with my anxiety, depression and stress. Once again, thank you.”
COVID19 UPDATE

Confirmed Cases: **6,063**
Hospitalizations: **2,559**
Deaths: **92**

Numbers as of 7/7/2020

*San Bernardino and Riverside counties depicted.*
## State Budget Fiscal Year 2020-21
### Impacts to IEHP

<table>
<thead>
<tr>
<th>Adopted</th>
<th>Not Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Managed Care Rate Cut</td>
<td>Medi-Cal Inpatient Payment Caps</td>
</tr>
<tr>
<td>Medi-Cal Efficiencies</td>
<td>Optional Adult Medi-Cal Benefits Elimination</td>
</tr>
<tr>
<td>Pharmacy Carve Out (Medi-Cal Rx)</td>
<td>Community-Based Adult Services Elimination</td>
</tr>
<tr>
<td>CalAIM Delay</td>
<td>Multipurpose Senior Services Program Elimination</td>
</tr>
<tr>
<td></td>
<td>Prop 56 Provider Payments and Loans Elimination</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Expansion for Undocumented Seniors</td>
</tr>
<tr>
<td></td>
<td>Proposal Elimination, delayed to FY 21-22</td>
</tr>
</tbody>
</table>
Healthcare Scholarship Fund (HSF) Update
Below is a look at how those funds were allocated.

<table>
<thead>
<tr>
<th>School</th>
<th>Offered Scholarships</th>
<th>Awarded Scholarships</th>
<th>% Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loma Linda (Physician)</td>
<td>18</td>
<td>$3,150,000.00</td>
<td>51.9%</td>
</tr>
<tr>
<td>Loma Linda (Psychiatric Nurse Practitioner)</td>
<td>10</td>
<td>$1,000,000.00</td>
<td>51.9%</td>
</tr>
<tr>
<td>University of CA Riverside</td>
<td>15</td>
<td>$2,625,000.00</td>
<td>32.8%</td>
</tr>
<tr>
<td>CA University for Science &amp; Medicine (CUSM)</td>
<td>7</td>
<td>$1,225,000.00</td>
<td>15.3%</td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>$8,000,000.00</td>
<td>100%</td>
</tr>
</tbody>
</table>

IEHP will attend the CUSM check presentation ceremony scheduled for July 29 at the university.
SNI Board of Directors

- Invited to join the Safety Net Institute (SNI) Board of Directors.
- SNI is the performance improvement affiliate of the California Association of Public Hospitals (CAPH).
- SNI supports California’s public health care systems and works closely with Riverside University Health System (RUHS) and Arrowhead Regional Medical Network (ARMC), and Members in the Inland Empire region.
- Honored to be the first health plan leader in Southern California to be invited to participate.
July community partnerships:

- **Music Changing Lives** – Know Justice, Know Peace Community Mural Event in San Bernardino.
- **Pal Charter Academy** – Daily “Grab and Go” breakfast and lunch distributions in Muscoy and San Bernardino.
- **Riverside City Parks and Recreation** – Wednesday hot meal distribution at Bordwell Park.
- **Iglesia Adventista del Septimo Dia Corona** – Main evening food distribution in Corona.
- **Love Riverside** – Monthly food collection drive to help local pantries.
- **Special Needs Facilities (SNFs)** – Assisted 28 SNFs all over Inland Empire. Delivered donuts to their employees to boost morale.
- **Feeding America** – Delivered meals to doorsteps for seniors in the High Desert.
- **Community Resource Centers** – Distributed 700 food boxes through our 3 Community Resource Centers in Victorville, Riverside and San Bernardino.
• The 2020 IEHP Quality Report is an overview of our efforts in the past year to provide quality health care services to our Members.

• The data and initiatives included in the report come from IEHP’s Quality Management Program, including results from the Healthcare Effectiveness Data and Information Set (HEDIS®). We met 7 of the 8 measures this year.

• Our first-ever Quality Report also reviews our performance in Provider and Team Member satisfaction.
Conversations with the Jarrod:
Charting Our Path for the Future

On July 22-23, 2020, I will be meeting with our Senior Leadership to discuss IEHP’s Mission, Vision and Values. Our goal is to position IEHP as we deliver quality service to our Members, Providers and Team Members in the upcoming years.
The new Open Heart Initiative is made possible by IEHP Team Members.

After a successful Making A Difference (M.A.D) Meeting and two Town Hall sessions in mid-June, the tremendous feedback and over 200 responses from Team Members inspired this new JIVE space to keep the conversation going with an open mind and an open heart.

Other initiatives and ideas in the works:
• Lunch & Learn Workshops
• Listening Sessions with the Executive Team
• Diversity & Inclusion Training
• Mentorship Program for Team Members

Town Hall Sessions
### Other Possible Topics:

- Call Center Operations
- Utilization Management
- Care Management Integration
- Employee Relations and Legal Implications
- Engagement Best Practices
- Orientation and On-Boarding Practices
- Corporate Training Philosophy
- Community Health Initiatives
- Information Technology Breakthroughs & Innovations
- Claims Processing
- Grievance and Appeals
- External Partnerships
- Compliance
- Contracting
- Quality
Highlights for the Month:

• The unfavorable revenue variance and favorable medical costs variance compared to budget is caused by the reclass of the new hospital directed payments (PHDP/EPP/QIP) program, which decreased revenue by $408.5M offset by a decrease to medical expense by $408.5M, resulting in a net zero impact, as these payments were reclassed as pass-throughs.

• The unfavorable revenue variance compared to budget stems from the $44.5M FY 19/20 1.5% rate reduction, offset by $14.0M CMC better than expected CY 2020 Mid and Final Year adjustment and CY 2019 Final Year settlement.

• The favorable medical costs variance is primarily due to significantly lower than expected claims expense due to lower utilization stemming from COVID-19 stay-at-home orders. This favorable variance was offset by COVID-19 Hospital and Specialist capitation payments.

• Total Operating Expenses include the release of $2.1M in COVID-19 reserve for non-medical emergency preparedness.

• For YTD negative medical costs variance, LTC facilities, specialist, Laboratory/Radiology and BHT medical costs have higher than expected trend. Please note that BHT has supplemental revenue directly related to BHT medical costs.

There is Other Income/Expenses that is not attributed to a specific line of business but included on a consolidated basis (i.e. Interest Income, Interest Expense, and Rental Income).
Highlights for the Month:

- The unfavorable revenue variance and favorable medical costs variance compared to budget is caused by the reclass of the new hospital directed payments (PHDP/EPP/QIP) program, which decreased revenue by $408.5M offset by a decrease to medical expense by $408.5M, resulting in a net zero impact, as these payments were reclassified as pass-throughs.

- Unfavorable variance for Medi-Cal revenue compared to budget primarily stems from $44.5M decrease in revenue as a result of DHCS’ 1.5% rate reduction for FY 19/20 due to State’s budget shortfall.

- In May, claims expense was significantly lower than expected due to lower utilization stemming from COVID-19 stay-at-home orders. This favorable variance was offset by COVID-19 Hospital and Specialist capitation payments.

- The YTD negative medical costs variance is primarily due to higher trends in services for BHT, physician specialty, HCBS Other, laboratory and radiology.

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue (59,839,844)</td>
<td>$389,150,485</td>
<td>$448,990,329</td>
<td>$64,845,404</td>
<td>$4,353,053,754</td>
<td>$4,239,624,317</td>
<td>$113,429,437</td>
</tr>
<tr>
<td>Total Medical Costs (56,328,502)</td>
<td>$380,738,050</td>
<td>$437,066,552</td>
<td>$56,328,502</td>
<td>$4,129,638,254</td>
<td>$3,994,974,124</td>
<td>$(134,664,130)</td>
</tr>
<tr>
<td>Total Operating Expenses (13,702,661)</td>
<td>$16,240,756</td>
<td>$2,538,095</td>
<td>$23,743,459</td>
<td>$176,722,480</td>
<td>$180,317,922</td>
<td>$(3,595,442)</td>
</tr>
<tr>
<td>Total Non Operating Income (Expense) (2,147,042)</td>
<td>$2,140,185</td>
<td>$6,857</td>
<td>$3,000,228</td>
<td>$22,285,235</td>
<td>$23,383,849</td>
<td>$(1,098,614)</td>
</tr>
<tr>
<td>Net Surplus (Deficit) (15,066,961)</td>
<td>$5,688,136</td>
<td>$(9,378,825)</td>
<td>$14,065,961</td>
<td>$68,978,255</td>
<td>$87,716,120</td>
<td>$(8,737,865)</td>
</tr>
</tbody>
</table>

May 2020

Month-to-Date

Year-to-Date
Medi-Cal
Net Surplus by Month (Actuals)
Year-over-Year Comparison

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 18/19</td>
<td>3,437,523</td>
<td>1,623,340</td>
<td>10,488,407</td>
<td>3,521,415</td>
<td>7,251,968</td>
<td>6,570,675</td>
<td>(1,811,852)</td>
<td>18,085,759</td>
<td>(3,655,533)</td>
<td>(7,859,358)</td>
<td>(861,331)</td>
<td>1,524,420</td>
</tr>
<tr>
<td>FY 19/20</td>
<td>1,916,882</td>
<td>10,137,505</td>
<td>13,849,960</td>
<td>10,684,275</td>
<td>18,083,536</td>
<td>11,819,306</td>
<td>13,669,958</td>
<td>8,273,849</td>
<td>(13,810,935)</td>
<td>9,420,882</td>
<td>(15,066,961)</td>
<td></td>
</tr>
</tbody>
</table>
Highlights for the Month:

- Favorable variance for CMC revenue compared to budget was due to better than expected CY 2020 Mid Year and Final Year adjustments and CY 2019 Final Year Settlement, resulting in a combined $14M increase in revenue.

- The negative medical costs variance is due to higher than expected CY 2020 capitation cost adjustment for higher risk scores and Facility claims expense.
### Highlights for the Month:

- Decrease in Current Assets and Current Liabilities is due to the $408.5M reversal of hospital directed payments for FY 19/20 and $203.3M IGT Rate Range payments.

### Balance Sheet

<table>
<thead>
<tr>
<th>Asset Category</th>
<th>May-20</th>
<th>Apr-20</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td>$1,432,108,361</td>
<td>$2,000,162,296</td>
<td>($568,053,935)</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>$223,774,670</td>
<td>$221,790,723</td>
<td>$1,983,947</td>
</tr>
<tr>
<td>Deferred Outflows of Resources</td>
<td>$28,283,304</td>
<td>$28,283,304</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$1,684,166,335</td>
<td>$2,250,236,323</td>
<td>($566,069,988)</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$718,071,359</td>
<td>$1,290,432,210</td>
<td>($572,360,851)</td>
</tr>
<tr>
<td>Long-Term Liabilities</td>
<td>$5,304,908</td>
<td>$5,304,908</td>
<td>-</td>
</tr>
<tr>
<td>Deferred Inflows of Resources</td>
<td>$2,430,911</td>
<td>$2,430,911</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$958,359,156</td>
<td>$952,068,293</td>
<td>$6,290,863</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$1,684,166,335</td>
<td>$2,250,236,323</td>
<td>($566,069,988)</td>
</tr>
</tbody>
</table>

FINANCE

122 of 172
• Jul 2018 – No DHCS payments received
• Mar 2019 – HQAF DHCS payment received for DOS Jan-17 to Jan-19
• Sept 2019 – Received $245M directed payments from DHCS
• Feb 2020 – HQAF DHCS payment received for DOS July-18 to June-19
• Mar 2020 – Payments to providers for HQAF July 2018-June 2019, no CMS funding received and an increase in medical payment
• April 2020 – Rate Range DHCS payment for DOS July 2018 to Jun 2019, DHCS payment for increased Medi-Cal rates and new FY 19/20 Prop 56 programs, and a decrease in medical payments
• May 2020 - $203.3M IGT Rate Range payments were distributed
IEHP-Revenue Overview

Medi-Cal:
• Medi-Cal revenue consists of three types of revenue.
  • **Category of Aid (COA) by Member**- includes Adult, Child, MCE, SPD, LTC, MLTSS Duals, and Duals under 21. The revenue rates for each COA are reviewed annually by Mercer using claim cost information for each COA. 2019 claim cost will be used to develop rates for 2022.
  • **Supplemental Revenue**- includes episodic revenues-Maternity, BHT services, AIHS, Health Homes, Hep C Treatment, and few others.
  • **Prop 56**- includes a number of specific provider programs to promote health, quality, and provider engagement.

<table>
<thead>
<tr>
<th>COA</th>
<th>Member Count</th>
<th>Average PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>195,380</td>
<td>$303.62</td>
</tr>
<tr>
<td>BCCTP</td>
<td>94</td>
<td>$1,222.41</td>
</tr>
<tr>
<td>Child</td>
<td>561,855</td>
<td>$96.30</td>
</tr>
<tr>
<td>LTC - Non Dual</td>
<td>2,284</td>
<td>$11,498.76</td>
</tr>
<tr>
<td>MCE - Non Dual</td>
<td>352,832</td>
<td>$387.37</td>
</tr>
<tr>
<td>SPD - Non Dual</td>
<td>77,086</td>
<td>$921.98</td>
</tr>
<tr>
<td>CMC Duals</td>
<td>28,445</td>
<td>$253.94</td>
</tr>
<tr>
<td>MLTSS Duals</td>
<td>56,038</td>
<td>$495.62</td>
</tr>
<tr>
<td>MCE dual/SPD dual under 21</td>
<td>3,799</td>
<td>$131.96</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>1,277,813</td>
<td></td>
</tr>
</tbody>
</table>

Cal-Medi-Connect (CMC):
• CMC revenue consists of three types of revenue.
  • **Medicare**- consists of CMS medical revenue based on the individual risk score multiplied by the based rate.
  • **Medicare-Rx** revenue is paid under the CMS Part D program.
  • **Medi-Cal**- includes COA revenue for CMC duals.
Emergency Preparedness Web Application
Identifies IEHP Members and Providers that are affected by the SCE Public Safety Power Shutoffs as well as Wild Fire Evacuations
Identifying Members / Providers Using SCE Data

- Locates SCE Circuit Areas Affected By Power Shut Offs
- Assists Care Management In Coordinating Care For IEHP’s Most Vulnerable Members.
- Provides Information About Potentially Affected Providers / Facilities
SCE Shut Offs
Cal Fire Incidents

Query criteria
Please Select a Circuit Area
ACOSTA

Apply
All DME Members

SCE Shut Offs

Cal Fire Incidents

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Identifying Members / Providers Using Cal Fire Data

- Locates Areas Affected By Wildfires
- Assists IEHP Business Units In Coordinating Care And Services For Members Within Burn Areas
- Provides Information About Potentially Affected Providers / Facilities
PROVIDER NETWORK DEPARTMENT

43. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH ALLIED PHYSICIANS OF CALIFORNIA, A PROFESSIONAL MEDICAL CORPORATION DBA ALLIED PACIFIC OF CALIFORNIA IPA

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Allied Physicians of California, A Professional Medical Corporation dba Allied Pacific of California IPA, effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Allied Physicians of California, A Professional Medical Corporation dba Allied Pacific of California IPA is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

44. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH ALPHA CARE MEDICAL GROUP, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Alpha Care Medical Group, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Alpha Care Medical Group, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- ✔ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

45. RATIFY AND APPROVE THE THIRTY-FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR ARROWHEAD REGIONAL MEDICAL CENTER

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Thirty-First Amendment to the Hospital Per Diem Agreement for Arrowhead Regional Medical Center, effective July 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Arrowhead Regional Medical Center is currently contracted in the IEHP Network since February 1, 2008.

Discussion:
The Amendment extends the term of the agreement through September 30, 2020.

Strategic Priorities:
☐ Quality of Care ☐ Access to Care ☐ Practice Transformation
☐ Human Development ☐ Technology ☑ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

46. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR BEHAVIORAL HEALTH WITH AURORA CHARTER OAK LOS ANGELES LLC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the Hospital Per Diem Agreement for Behavioral Health Services with Aurora Charter Oak Los Angeles LLC., effective April 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Aurora Charter Oak Los Angeles LLC. is currently contracted in the IEHP Network since April 1, 2015.

Discussion:
The Amendment extends the term of the agreement through July 31, 2020.

Strategic Priorities:

☐ Quality of Care  ☑ Access to Care  ☐ Practice Transformation
☐ Human Development  ☐ Technology  ☐ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

47. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH BEAR VALLEY COMMUNITY HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Hospital Per Diem Agreement with Bear Valley Community Hospital, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Bear Valley Community Hospital is currently a contracted Hospital in the IEHP Network since April 1, 2015.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [☑] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

48. RATIFY AND APPROVE THE EIGHTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC. DBA CHINO VALLEY MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Eighth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. DBA Chino Valley Medical Center, effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Veritas Health Services Inc. DBA Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network since November 1, 2014.

**Discussion:**
The Amendment extends the term of the agreement beginning May 1, 2020 through May 31, 2020. All other items and conditions of the Agreement remain in full force and effect.

**Strategic Priorities:**
- ☐ Quality of Care
- ☐ Access to Care
- ☐ Practice Transformation
- ☐ Human Development
- ☐ Technology
- ✔ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER SERVICES DEPARTMENT

49. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC., CHINO VALLEY MEDICAL CENTER.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc, Chino Valley Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Veritas Health Services Inc, Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network since November 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [x] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

50. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH VERITAS HEALTH SERVICES INC. DBA CHINO VALLEY MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Tenth Amendment to the Hospital Per Diem Agreement with Veritas Health Services Inc. DBA Chino Valley Medical Center, effective June 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Veritas Health Services Inc. DBA Chino Valley Medical Center is currently a contracted Hospital in the IEHP Network since November 1, 2014.

**Discussion:**
The Amendment extends the term of the agreement beginning June 1, 2020 through May 31, 2023. In addition, the Attachments C- Compensation Rates, C2- Notes to Compensation Rates, C3- Compensation Rates – Medicare Advantage Program and Attachment G-Managed Care Medi-Cal Noncapitated or Carve Out Drugs were replaced.

**Strategic Priorities:**
- [ ] Quality of Care
- [✓] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

51. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH CORONA REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Corona Regional Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Corona Regional Medical Center is currently a contracted Hospital in the IEHP Network since October 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

52. RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DESERT REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Tenth Amendment to the Hospital Per Diem Agreement with Desert Regional Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Desert Regional Medical Center is currently a contracted Hospital in the IEHP Network since May 1, 2007.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

53. RATIFY AND APPROVE THE SEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DESERT VALLEY HOSPITAL, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Seventh Amendment to the Hospital Per Diem Agreement with Desert Valley Hospital, Inc., effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Desert Valley Hospital, Inc. is currently a contracted Hospital in the IEHP Network since August 13, 2012.

**Discussion:**
The Amendment extends the term of the agreement beginning July 1, 2020 through August 31, 2022. In addition, the Attachments C- Compensation Rates, C1- Compensation Rates – Medicare Advantage Program, C2- Notes to Compensation Rates, G-Managed Advantage Program and Attachment H- Managed Care Medi-Cal Noncapitated or Carve Out Drugs were replaced.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

54. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH DIGNITY HEALTH MEDICAL FOUNDATION DBA DIGNITY HEALTH MEDICAL NETWORK-INLAND EMPIRE, A SERVICE OF DIGNITY HEALTH MEDICAL FOUNDATION

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Capitated IPA Agreement with Dignity Health Medical Foundation dba Dignity Health Medical Network-Inland Empire, A Service of Dignity Health Medical Foundation, effective May 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Dignity Health Medical Foundation dba Dignity Health Medical Network-Inland Empire, A Service of Dignity Health Medical Foundation is currently contracted in the IEHP Network since January 1, 2019.

Discussion:
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

Strategic Priorities:
☐ Quality of Care  ☐ Access to Care  ☐ Practice Transformation
☐ Human Development  ☐ Technology  ☑ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

55. APPROVE THE ANCILLARY PROVIDER AGREEMENT WITH HELPING HEARTS HULEN, LLC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Ancillary Provider Agreement with Helping Hearts Hulen, LLC., effective August 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Helping Hearts Hulen, LLC. has agreed to join the IEHP Network for all lines of business.

Discussion:
The agreement was modified to reflect the recuperative care services offered by Helping Hearts Hulen, LLC.

Strategic Priorities:
☐ Quality of Care ☐ Access to Care ☐ Practice Transformation
☐ Human Development ☐ Technology ✓ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
provider network department

56. Ratify and Approve the Fourth Amendment to the Hospital Per Diem Agreement with HDMC Holdings, LLC dba Hi-Desert Medical Center

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fourth Amendment to the Hospital Per Diem Agreement with HDMC Holdings, LLC dba Hi-Desert Medical Center, effective April 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
HDMC Holdings, LLC dba Hi-Desert Medical Center is currently a contracted Hospital in the IEHP Network since January 1, 2015.

Discussion:
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

Strategic Priorities:
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

57. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH HORIZON VALLEY MEDICAL GROUP, INC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA agreement with Horizon Valley Medical Group, Inc., effective May 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Horizon Valley Medical Group, Inc. is currently contracted in the IEHP Network since January 1, 2019.

Discussion:
This amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

Strategic Priorities:
☐ Quality of Care ☐ Access to Care ☐ Practice Transformation
☐ Human Development ☐ Technology ☑ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

58. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH INLAND FACULTY MEDICAL GROUP

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Inland Faculty Medical Group, effective May 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Inland Faculty Medical Group is currently contracted in the IEHP Network since January 1, 2019.

Discussion:
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

Strategic Priorities:
☐ Quality of Care ☐ Access to Care ☐ Practice Transformation
☐ Human Development ☐ Technology ☑ Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

59. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH JOHN F. KENNEDY MEMORIAL HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Hospital Per Diem Agreement with John F. Kennedy Memorial Hospital, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
John F. Kennedy Memorial Hospital is currently a contracted Hospital in the IEHP Network since May 1, 2007.

**Discussion:**
The State of California declared a statewide emergency and Riverside and San Bernardino Counties declared local health emergencies due to the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
60. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH LASALLE MEDICAL ASSOCIATES, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with LaSalle Medical Associates, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
LaSalle Medical Associates, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [✓] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
61. RATIFY AND APPROVE THE CAPITATED PRIMARY CARE PROVIDER AGREEMENT WITH PLANNED PARENTHOOD ORANGE AND SAN BERNARDINO COUNTIES, INC., DBA MELODY WOMEN’S HEALTH

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Capitated Primary Care Provider Agreement with Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health, effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health would like to participate in the IEHP Provider Network for all product lines of business.

**Discussion:**
The Capitated Primary Care Provider Agreement was tailored to reflect the PCP services offered by Planned Parenthood Orange and San Bernardino Counties, Inc., dba Melody Women’s Health.

**Strategic Priorities:**

- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

62. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH PRIME HEALTHCARE SERVICES III, LLC DBA MONTCLAIR HOSPITAL MEDICAL CENTER

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Prime Healthcare Services III, LLC dba Montclair Hospital Medical Center, effective April 1, 2020.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Prime Healthcare Services III, LLC dba Montclair Hospital Medical Center is currently a contracted Hospital in the IEHP Network since July 1, 2014.

Discussion:
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

Strategic Priorities:
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
63. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT WITH LANCASTER HOSPITAL CORPORATION DBA PALMDALE REGIONAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Hospital Per Diem Agreement with Lancaster Hospital Corporation dba Palmdale Regional Medical Center, effective June 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Lancaster Hospital Corporation dba Palmdale Regional Medical Center has agreed to join the IEHP Network for all lines of business.

**Discussion:**
The agreement was modified to reflect the hospital services offered by Lancaster Hospital Corporation dba Palmdale Regional Medical Center.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

64. RATIFY AND APPROVE THE NINETEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DOCTORS HOSPITAL OF RIVERSIDE, LLC DBA PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Nineteenth Amendment to the Hospital Per Diem Agreement with Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center is currently a contracted Hospital in the IEHP Network since July 1, 2002.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

65. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH PHYSICIANS HEALTH NETWORK

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Capitated IPA Agreement with Physicians Health Network, Inc., effective May 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Physicians Health Network, Inc. is currently contracted in the IEHP Network since January 1, 2019.

**Discussion:**
This Amendment replaces the Attachment A, Medi-Cal Capitation Payment Rates.

**Strategic Priorities:**
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology

- Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

66. RATIFY AND APPROVE THE NINETEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH REDLANDS COMMUNITY HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Nineteenth Amendment to the Hospital Per Diem Agreement with Redlands Community Hospital, effective June 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Redlands Community Hospital is currently a contracted Hospital in the IEHP Network since December 1, 2004.

**Discussion:**
The Amendment extends the term of the agreement beginning June 1, 2020 through January 31, 2021. In addition, the Attachments C- Compensation Rates, C1- Compensation Rates – Medicare Advantage Program, C2- Behavioral Health Compensation Rates, C3-Compensation Rates- Hospice Services, G- ICD 9/ICD-10 Crosswalk Codes and Attachment I-Managed Care Medi-Cal Noncapitated or Carve Out Drugs were replaced.

**Strategic Priorities:**
- ☐ Quality of Care
- ☐ Access to Care
- ☑ Practice Transformation
- ☐ Human Development
- ☐ Technology
- ☑ Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

67. RATIFY AND APPROVE THE FIFTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RIVERSIDE COMMUNITY HOSPITAL

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifteenth Amendment to the Hospital Per Diem Agreement with Riverside Community Hospital, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Riverside Community Hospital is currently a contracted Hospital in the IEHP Network since July 1, 2001.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [☑] Quality of Care
- [☑] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
68. **RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN ANTONIO REGIONAL HOSPITAL**

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement with San Antonio Regional Hospital, effective July 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
San Antonio Regional Hospital is currently a contracted Hospital in the IEHP Network since October 1, 2016.

**Discussion:**
The Amendment extends the term of the agreement beginning July 1, 2020 through June 30, 2023. In addition, the Attachments C- Compensation Rates, C1- Notes to Compensation Rates, F-Medicare Advantage Program were replaced and Attachment G -Managed Care Medi-Cal Noncapitated or Carve Out Drugs was added.

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [x] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [✓] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

69. RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH UNIVERSAL HEALTH SERVICES OF RANCHO SPRINGS INC., DBA SOUTHWEST HEALTHCARE SYSTEM

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Universal Health Services of Rancho Springs, Inc., dba Southwest Healthcare System, effective April 1, 2020.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
Universal Health Services of Rancho Springs, Inc., dba Southwest Healthcare System is currently a contracted Hospital in the IEHP Network since October 1, 2014.

**Discussion:**
Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

**Strategic Priorities:**
- [ ] Quality of Care
- [x] Access to Care
- [ ] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [ ] Not Applicable

**Fiscal Impact:**
Included in FY19/20 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

70. **RATIFY AND APPROVE THE FIFTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH TEMECULA VALLEY HOSPITAL, INC.**

   **Recommended Action:**
   That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fifth Amendment to the Hospital Per Diem Agreement with Temecula Valley Hospital, Inc., effective April 1, 2020.

   **Contact:**
   Kurt Hubler, Chief Network Officer

   **Background:**
   Temecula Valley Hospital, Inc. is currently a contracted Hospital in the IEHP Network since May 1, 2015.

   **Discussion:**
   Due to the California statewide mandated emergency, Riverside and San Bernardino Counties have also declared local health emergencies because of the recent outbreak of the Coronavirus (COVID-19). This Amendment provides financial support through a capitation feature to the Hospital to significantly expand its COVID-19 response and support services, critical care access, and network adequacy in this extraordinary time of need for the IEHP Members.

   **Strategic Priorities:**
   ☑ Quality of Care  ☑ Access to Care  ☐ Practice Transformation
   ☐ Human Development  ☐ Technology  ☐ Not Applicable

   **Fiscal Impact:**
   Included in FY19/20 Budget

   **Financial Review:**
   N/A

   **Reviewed by Counsel:**
   Yes
PROVIDER NETWORK DEPARTMENT

71. APPROVAL OF STANDARD TEMPLATES

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the IEHP Standard Template Agreements, referenced below in section (d), and authorize the Chief Executive Officer or his designee to execute the template, wherein the body of the document remains unchanged except for the identifying information of the individual provider and non-material changes per individual provider requirements.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
IEHP contracts with physicians and other providers using Governing Board approved Standard Template Agreements. On a periodic basis IEHP reviews the IEHP Direct Standard Templates and updates are made to the templates, as necessary. The Governing Board has authorized the Chief Executive Officer to sign the Agreement in lieu of having the Chair of the Governing Board execute the documents.

**Discussion:**
The following standard templates are being presented to the Governing Board for approval effective July 1, 2020:

1) Master Reinstate, Amend and Extend Agreement
2) Master Home Health Provider Attachment B, Compensation
3) Master Attachment A, Behavioral Health Treatment (BHT)
4) Master Recuperative Care Attachment A, Health Care Service
5) Master Recuperative Care Attachment B, Compensation
6) Master Amendment – Double Boarded & Non-Double Boarded Providers
7) Master COVID-19 Amendment – Vision Providers

**Strategic Priorities:**
- [ ] Quality of Care
- [ ] Access to Care
- [x] Practice Transformation
- [ ] Human Development
- [ ] Technology
- [x] Not Applicable

**Fiscal Impact:**
None

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK DEPARTMENT

72. APPROVAL OF THE EVERGREEN CONTRACTS

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the listed Evergreen Contracts for an additional one (1) year to five (5) year term.

**Contact:**
Kurt Hubler, Chief Network Officer

**Background:**
An Evergreen Contract is a contract that automatically renews on the same terms and subject to the same conditions as the original agreement, unless sooner terminated in accordance with the terms and conditions.

**Discussion:**
Renewal under the Evergreen Clause of the following Agreements effective, August 1, 2020:

**Additional one (1) year term:**
1) Maria Puraci dba Holy Hill Home Care – Residential Care for the Elderly Provider Agreement
2) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly Provider Agreement
3) Rose Garden Residential Operator LLC dba Rose Garden Residential - Residential Care for the Elderly Provider Agreement

**Additional two (2) year term:**
1) Ramona Rehabilitation and Post Acute Care Inc dba Ramona Rehabilitation and Post Acute Care Center - Skilled Nursing Facility Provider Agreement

**Additional five (5) year term:**
1) All Star Physical Therapy Inc – Participating Provider Agreement
2) Charter Health Care Group LLC dba Charter Home Health - Participating Provider Agreement
3) InfuSystem Inc - Ancillary Provider Agreement
4) JSI Acquisition Inc dba Libertana Home Health - Ancillary Provider Agreement
5) Physical Therapy of Temecula Inc dba Physical Therapy of Menifee - Participating Provider Agreement
6) Prism Medical Products LLC - Ancillary Provider Agreement
7) Star Med Home Health Care - Ancillary Provider Agreement
8) Universal Orthopaedic Group - Participating Provider Agreement
9) Veniexpress Inc - Ancillary Provider Agreement
10) Wings Speech and Language Center Inc - Participating Provider Agreement
11) Bebawy Optometry Inc dba Light of Life Optometry - Participating Provider Agreement
Strategic Priorities:
- Quality of Care
- Access to Care
- Practice Transformation
- Human Development
- Technology
- Not Applicable

Fiscal Impact:
Included in FY19/20 Budget

Financial Review:
N/A

Reviewed by Counsel:
N/A