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

July 12, 2021 - 9:00 AM

Board Report #318

Join by WebEx:
https://iehp.webex.com/iehp/onstage/g.php?MTID=e2df58a9b91ea87cb525d90c7f06121f7

Join by Phone:
(866) 499-4146
Access code: 133 719 7679

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, in person participation at Governing Board meetings will not be allowed at this point in 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 on the Friday before the meeting. 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 agenda number(s) on which you wish to speak, and your comment. These comments will be distributed to all Board Members if received by 5pm on the Friday before the meeting.

AGENDA

I. Call to Order

II. Pledge of Allegiance

III. Roll Call
IV. Changes to the Agenda

V. Public Comments on Matters on the Agenda

VI. Conflict of Interest Disclosure:

VII. Adopt and Approve of the Meeting Minutes from the June 14, 2021 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access

VIII. IEHP

**CONSENT AGENDA**

ADMINISTRATION (Jarrod McNaughton)

1. Approve the Fourth Amendment to the Employment Agreement for Chief Executive Officer Employment

2. Approve the Updated Inland Empire Health Plan Team Member Pay Schedule

3. 2021 First Quarter Review of the IEHP Compliance Program

4. Approve the Third Amendment to the Professional Services Agreement with Kaiser Institute

5. Approve the Increase in Spending Authority with Kennaday, Leavitt & Owensby, PC.

HEALTH SERVICES DEPARTMENT (Takashi Wada, M.D.)

6. Approve the First Amendment to the Professional Services Agreement with Health Management Associates

7. Approve the Fifth Amendment to the Memorandum of Understanding with San Bernardino County Department of Behavioral Health

8. Ratify and Approve the Temporary Staffing Agreement for Calibrated Health Network, LLC.

INFORMATION TECHNOLOGY DEPARTMENT (Michael Deering)

9. Ratify and Approve the Sales Service Order to Contract Number 38112 with Allscripts Healthcare, LLC

10. Approve the Funding Increase to Licensing Agreement No. 7709 with Change Healthcare Technologies, LLC

11. Approve the Term Extension to the Professional Services Agreement with NTT America Solutions, Inc.
12. Approve Sales Order Number Q-00541 to the Agreement with SecureWorks, Inc.

OPERATIONS DEPARTMENT (Susie White)

13. Approve the Professional Services Agreement with Simpler North America, LLC.

14. Ratify and Approve the ezIQC Contract with ABM Electrical and Lighting Solutions Inc.

provider network department (kurt hubler)

15. Ratify and Approve the First Amendment to the Agreement with Care Directives LLC dba California POLST Registry

16. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement for County of San Bernardino on Behalf of Arrowhead Regional Medical Center - Colton

17. Ratify and Approve the First Amendment to the Ancillary Agreement for Inland Pharmacy Inc dba Inland Pharmacy – Hemet

18. Ratify and Approve the Hospital Per Diem Agreement for KND Development 52, LLC dba Kindred Hospital Baldwin Park – Baldwin Park

19. Ratify and Approve the Hospital Per Diem Agreement for KND Real Estate 40 LLC dba Kindred Hospital Paramount - Paramount

20. Ratify and Approve the Hospital Per Diem Agreement for KND Development 55, LLC dba Kindred Hospital Rancho – Rancho Cucamonga

21. Ratify and Approve the Hospital Per Diem Agreement for KND Development 54, LLC Dbã Kindred Hospital Riverside - Riverside

22. Ratify and Approve the Hospital Per Diem Agreement for KND Development 53, LLC dba Kindred Hospital South Bay - Gardenia

23. Ratify and Approve the Hospital Per Diem Agreement for The-Orange County, LLC – Multiple Locations

24. Ratify and Approve the Hospital Per Diem Agreement for Southern California Specialty Care, LLC – Multiple Locations

25. Approval of the Standard Templates
   1) Master Capitated Hospital Agreement
   2) Master Hospital Per Diem Agreement
   3) Master Hospital Per Diem Agreement for Behavioral Health Services
   4) Master Agreement (All Lines of Business)
26. Approval of the Evergreen Contracts
   1) Maria Puraci - 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) Housecall Doctors Medical Group Inc - Fee-For-Service Primary Care Provider Agreement
   4) CYA Optometry dba Barstow Optometric Eye Care - Participating Provider Agreement
   5) Equaltox LLC dba Equaltox LLC- Ancillary Provider Agreement
   6) Francisco J Pabalan MD Inc dba Pabalan Eye Center - Participating Provider Agreement
   7) Inland Valley Partners LLC dba Inland Valley Care and Rehab Center - Skilled Nursing Facility Provider Agreement
   8) Los Feliz Hospice Healthcare - Ancillary Provider Agreement
   9) Lucid Speech and Language Clinic Inc - Participating Provider Agreement
  10) Mission Imaging Inc - Ancillary Provider Agreement
  11) Rene Salhab dba Childrens Choice Pediatrics - Open Access Provider Agreement
  12) Sonotec Mobile Imaging Inc - Ancillary Provider Agreement
  13) Stephanie Y Hsieh - Behavioral Health Provider Agreement
  14) ValleyWide Hearing Aid Center Inc – Ancillary Provider Agreement (Excluding Medicare Dualchoice)

POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS:

ADMINISTRATION (Jarrod McNaughton)

27. Chief Executive Officer Update

28. Board Education - Utilization Management Overview

FINANCE DEPARTMENT (Keenan Freeman)

29. Review of the Monthly Financials

IX. IEHP HEALTH ACCESS

CONSENT AGENDA

PROVIDER NETWORK DEPARTMENT (Kurt Hubler)

30. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement for County of San Bernardino on Behalf of Arrowhead Regional Medical Center - Colton

31. Ratify and Approve the First Amendment to the Ancillary Agreement for Inland Pharmacy Inc dba Inland Pharmacy – Hemet

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35. Ratify and Approve the Hospital Per Diem Agreement for KND Development 54, LLC Db a Kindred Hospital Riverside - Riverside

36. Ratify and Approve the Hospital Per Diem Agreement for KND Development 53, LLC dba Kindred Hospital South Bay - Gardenia

37. Ratify and Approve the Hospital Per Diem Agreement for The-Orange County, LLC – Multiple Locations

38. Ratify and Approve the Hospital Per Diem Agreement for Southern California Specialty Care, LLC – Multiple Locations

39. Approval of the Standard Templates
   1) Master Capitated Hospital Agreement
   2) Master Hospital Per Diem Agreement
   3) Master Hospital Per Diem Agreement for Behavioral Health Services
   4) Master Agreement (All Lines of Business)

40. Approval of the Evergreen Contracts
   1) Maria Puraci - Holy Hill Home Care - Residential Care for the Elderly Provider Agreement
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   12) Sonotec Mobile Imaging Inc - Ancillary Provider Agreement
   13) Stephanie Y Hsieh - Behavioral Health Provider Agreement
   14) ValleyWide Hearing Aid Center Inc – Ancillary Provider Agreement (Excluding Medicare Dualchoice)
X. Comments from the Public on Matters not on the Agenda

XI. Board Member Comments

XII. Closed Session

With Respect to Every Item of Business to be Discussed in Closed Session Pursuant to California Government Code Section 54956.87(b):

1. HEALTH PLAN TRADE SECRETS: Meeting held for the purpose of discussion or taking action on health plan trade secrets, including initiating a new service, program, marketing strategy, business plan, or technology, or to add a benefit or product where the premature disclosure of the trade secret would create a substantial probability of depriving the health plan of a substantial economic benefit or opportunity.

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on August 9, 2021 at Inland Empire Health Plan.
ADMINISTRATION

1. APPROVE THE FOURTH AMENDMENT TO THE EMPLOYMENT AGREEMENT FOR CHIEF EXECUTIVE OFFICER

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourth Amendment to the Employment Agreement for Chief Executive Officer Employment Between Inland Empire Health Plan and Jarrod McNaughton.

**Contact:**
Anna W. Wang, General Counsel

**Background:**
On an annual basis the Governing Board approves the recommended Merit Increase Guideline which states that each IEHP Team Member is eligible to receive an increase in base salary in the range of 0% to 5% based on their annual performance review.

The Chief Executive Officer (CEO) of IEHP is responsible for the direction and oversight of all IEHP activities. The current Employment Agreement (“Agreement”) for Chief Executive Officer, Jarrod McNaughton has been effective since July 20, 2019.

**Discussion:**
On June 14, 2021, under the terms of the Agreement, the Governing Board conducted an annual performance review of Mr. McNaughton and determined that a merit increase was warranted in recognition of his performance and/or increased job duties. The Board determined that the COVID-19 pandemic created a challenge not originally contemplated in the CEO’s original annual goals. The CEO has exceeded expectations in guiding IEHP through a global pandemic at the same time maintaining and strengthening partnerships with the Counties of San Bernardino and Riverside to serve a record setting Medi-Cal membership base. The CEO’s leadership through such an unprecedented time helped to preserve the IEHP provider network of doctors and hospitals, including County safety net hospitals, for the benefit of the communities that IEHP serves. In addition, the Board recognizes that with the 5% merit increase added to the CEO’s salary, the CEO’s compensation is still within the middle of the range of other comparable public health plan CEOs. Accordingly, the Fourth Amendment to the Agreement provides for a 5% increase to his base salary.

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

**Fiscal Impact:**
Included in CY2021 Budget
Financial Review:
K. Freeman

Reviewed by Counsel:
Yes
ADMINISTRATION

2. 2021 FIRST QUARTER REVIEW OF THE IEHP COMPLIANCE PROGRAM

**Recommended Action:**
Review and file

**Contact:**
Jarrod McNaughton, Chief Executive Officer
Jason Hall, Vice President, Chief Compliance Officer

**Background:**
IEHP is required to implement an effective Compliance Program that meets the regulatory requirements set forth in 42 C.F.R. § 422.503(b)(4)(vi), 423.504(b)(4)(vi) and 438.608(a)(1)(iii). The principles outlined in the regulatory guidelines are applicable to all IEHP relevant decisions, situations, communications, and developments. The Governing Board is required to exercise reasonable oversight with respect to the implementation and effectiveness of the program.

This report provides an update on the IEHP Compliance Program and activities during the First Quarter of 2021 and updates to date.

**Discussion:**
1. Compliance Program
   - **Compliance, Fraud, Waste and Abuse (FWA), and Privacy Training Program Updates**
     - **New Hire Training**
     During Q1 2021, there were 123 individuals due to complete New Hire Compliance Training.

   - **2020 Annual Training To Date**
     As of June 9, 2021, there are 18 team members who remain on a leave of absence. The Compliance Department continues to work with HR to identify Team Members upon return to ensure they complete the 2020 Annual Compliance Training. If needed, Compliance will follow up that Team Member’s Leadership Team and escalate to Executive Leadership in accordance with Department’s standard processes if needed.

   - **Issues of Non-Compliance**
     Issues of non-compliance are any instances/issues that cause IEHP to be out of compliance with operational, regulatory, and/or contractual requirements. These are outside of suspected Fraud, Waste, and Abuse (FWA), privacy incidents, and issues related to the Code of Conduct and Ethics. IEHP’s Compliance Audit & Oversight (A&O) Unit has implemented a centralized and formalized process for tracking, investigating, and correcting issues of noncompliance. The purpose of this process is to prevent, detect, and correct any issues.

     For Q1 2021, Compliance experienced the following trends & updates:
     - In Q1 2021 there was an increase in new incidents received five (5), compared to Q4 2020 in which the team received four (4) cases.
A total of five (5) incidents were received within the quarter, and it was noted that the average duration an incident was open for investigation was at thirty-two point two (32.2) days compared to Q4 2020 at 27.7 days. This has been attributed to the complexity of the case investigation.

Of the five (5) incidents received, three (3) cases were related to both Lines of Business (LOB), and two (2) were related to the Medicare LOB only. Additionally, four (4) cases were deemed substantiated and one (1) was deemed unsubstantiated. Substantiated cases were related to the following topics:
- One (1) was related to a Provider opting out of Medicare, one (1) was related to the former Delta Dental benefit recording which had not been removed from the Interactive Voice Response (IVR) system, one (1) was related to a CMS Notice of Non-Compliance - 2021 Formulary, and one (1) was related to an eligibility file discrepancy.

2. Audit Plan Updates

Joint State Programs Mock Audit (JSPA)
In July 2020, as a result of the pandemic, the California Department of Health Care Services (DHCS) provided IEHP options in approaching the Annual Medical Survey to accommodate the Public Health Emergency (PHE). As a result, IEHP opted to postpone the 2020 DHCS Medical Survey to 2021 and resume the regularly scheduled joint audit, performed by both State regulatory agencies, DHCS and the California Department of Managed Health Care (DMHC). To ensure continuous audit preparedness for the scheduled Joint State Programs Audit, the Compliance Audit and Oversight (A&O) Unit assembled a risk profile and work plan to verify previous regulatory audit findings had been addressed and identify new potential risks posed to the Plan.

The audit lookback period dated from October 1, 2019 to December 31, 2020. The audit work plan included twenty-five audit activities, consisting of thirteen (13) focused audits, seven (7) verification studies, and five (5) questionnaire assessments. The departments involved included Behavioral Health (BH), Care Management (CM), Claims, Credentialing, Delegation Oversight, Grievance & Appeals (G&A), Marketing, Member Services, Provider Contracts, Provider Services, Quality Systems, and Utilization Management (UM). Exclusions from the audit included any clinical reviews, IEHP Delegates, and any areas recently audited by Compliance A&O, to avoid duplication of efforts.

At the completion of the mock audit in April 2021, a total of forty-one (41) findings were identified, resulting in requests for corrective action, and fifteen (15) observations. Key themes and risks identified through this engagement included:
1. Untimely Acknowledgement and Resolution of Requests
2. Member Letter Language and Content
3. Gaps Between Policy and Practice
4. Inconsistent Processes in Response to Corrective Actions to Regulatory Audit Findings
5. Inconsistent Processes to Implement Regulatory Requirements

All audit findings have been shared with the impacted business units. The Compliance A&O Unit will continue to work with impacted areas to develop corrective action plans (CAPs) and
conduct validations exercises as deemed necessary by the IEHP Compliance Officer, or designee.

**2020-2021 Audit Plan Updates**
The 2020/2021 Audit Plan is in process. There has been a total of twenty (20) audits completed thus far. As a reminder, audits planned for Q1 of 2021 were rescheduled or cancelled to accommodate the Mock Joint State Programs Audit based on available resources. All audits completed during Q1 2021 were related to the Joint State Programs Mock or Annual Compliance & Privacy Delegation Oversight Audits. No audits were added or removed from the Audit Plan during Q1 2021. Please see the attached 2020-2021 Audit Plan.

3. **Special Investigations Unit (SIU): Privacy Incidents**

Federal and state laws/regulations require that IEHP ensures that Member health information is properly protected while allowing for the flow of information needed to provide and promote high quality health care. The IEHP Compliance Special Investigations Unit conducts intake and investigations involving privacy allegations and refers privacy breaches to appropriate regulatory agencies.

For the first quarter of 2021, 225 new privacy allegations were received; an increase of 5% compared to Q4. This quarter, 172 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 172 closed investigations, 48 incidents were substantiated with 41 remediated via internal measures and 7 referred to the appropriate regulatory agency as privacy breaches. Only privacy incidents which meet the breach criteria are reported to federal and state agencies. 46% of the substantiated investigations involved unauthorized access, use or disclosure via electronic means with most of these incidents involving an IEHP employee as the disclosing party relationship. Corrective action is issued to help mitigate future occurrences.

There was an increase in the number of open incidents (33%) and the number of overdue investigations (71%) in Q1 compared to Q4. This increase is attributable to the volume of incidents reported. The SIU recently hired an additional Privacy Investigator and continues to identify opportunities to improve processes. The chart below depicts the general privacy incident inventory as of March 31, 2021.

<table>
<thead>
<tr>
<th>Privacy New Intake</th>
<th>Investigation in Progress</th>
<th>Investigation Overdue</th>
<th>Extended Investigation in Progress</th>
<th>CAP in Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>75</td>
<td>87</td>
<td>4</td>
<td>46</td>
</tr>
</tbody>
</table>

1 A breach is, generally, an impermissible use or disclosure that compromises the security or privacy of protected health information. An impermissible use or disclosure of protected health information is presumed to be a breach unless there is a low probability that the information has been compromised based on a risk assessment.
Fraud, Waste, and Abuse Incidents
To ensure compliance with federal and/or state laws and regulations, the IEHP Compliance Special Investigations Unit conducts intake and investigations of fraud, waste, and abuse allegations and refers suspected incidents to appropriate regulatory agencies.

For the first quarter of 2021, 190 new fraud, waste, and abuse allegations were received; an increase of 1% compared to Q4. For this quarter, 175 new or previously reported allegations were investigated and closed, including remediation, if needed. Of the 175 closed investigations, 17 were substantiated with 11 remediated via internal measures and 6 referred to the appropriate regulatory agency as suspected fraud, waste, or abuse. All suspected incidents were referred within the regulatory timeframes. Of the substantiated investigations, 45% involved Members allegedly residing outside of IEHP’s servicing area and 36% involved providers and/or pharmacies billing under the incorrect Member account or for services not rendered. IEHP continues to investigate and correct suspected activities, including re-education and recovery of funds, as appropriate.

There was an increase in the number of open incidents (29%) and the number of overdue investigations (11%) in Q1 compared to Q4. The increase was impacted by an employee departure in Q4 2020. The SIU continues its recruiting efforts to backfill the vacant position.

The chart below depicts the general fraud, waste, and abuse incident inventory as of March 31, 2021.

4. 2018 Joint Audit – DMHC Follow Up Review
On September 24, 2018, IEHP hosted the DHCS and the DMHC for the 2018 Joint Audit. The DHCS reviewed October 1, 2017 through September 30, 2018 period for Straight Medi-Cal, SPDs and Cal MediConnect (Medi-Cal portion only) line of business while DMHC reviewed May 1, 2016, through April 30, 2018 period and focused only on the Medi-Cal line of business.

IEHP closed the CAP with DHCS on July 11, 2019. On August 2, 2019, IEHP received the Final Report from DMHC. This report described 5 deficiencies related to Grievance and Appeals and Access to Emergency Services and Payment.

On August 31, 2020, IEHP participated in a desk-level WebEx interview with DMHC. Following the interview, IEHP has been asked to submit 7 follow-up items specific to declined grievances and 87 declined grievance case files and audio files.
2018 Joint Audit – DMHC Follow Up Review Updates

On June 3, 2021 IEHP received the Follow-up Report from DHMC. The report noted that 2 of the 5 deficiencies described in the Final Report from August 2, 2019 have been corrected.

<table>
<thead>
<tr>
<th>#</th>
<th>DEFICIENCY STATEMENT</th>
<th>FOLLOW-UP SURVEY STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Plan’s standard grievance acknowledgment letters to enrollees do not consistently include the name of the Plan representative who may be contacted about the grievance. Section 1368(a)(4)(A)(iii); Rule 1300.68(d)(1).</td>
<td>Corrected</td>
</tr>
<tr>
<td>2</td>
<td>The Plan does not consistently include the required notice language set forth in Section 1368.02(b) in its standard grievance acknowledgment and resolution letters. Section 1368.02(b)</td>
<td>Not Corrected</td>
</tr>
<tr>
<td>3</td>
<td>The Plan fails to consistently identify all oral expressions of dissatisfaction as grievances and make a written record for each grievance received. Section 1368(a)(1); Rule 1300.68(a)(1) and (b)(5).</td>
<td>Not Corrected</td>
</tr>
<tr>
<td>4</td>
<td>Upon receipt of expedited grievances, the Plan does not consistently provide immediate notification to complainants of their right to contact the Department regarding the grievance. Section 1368(b); Rule 1300.68.01(a)(1).</td>
<td>Not Corrected</td>
</tr>
</tbody>
</table>

ACCESS TO EMERGENCY SERVICES AND PAYMENT

| 5  | The Plan does not provide all noncontracting hospitals in the state with the specific contact information needed to obtain timely authorization for post-stabilization care of the Plan’s enrollees. Section 1368(b)(17); Section 1262.8(j) | Corrected               |

5. 2021 DMHC Medical Audit Updates

On April 16, 2021, IEHP received the audit entrance letter and packet from DMHC. DMHC will conduct their audit virtually, beginning September 13, 2021 and will cover a scope of May 1, 2019 through April 30, 2021. IEHP submitted the requested pre-onsite documentation on May 14, 2021. On June 9, 2021, DMHC requested for the following IEHP Delegates: Alpha Care Medical Group, Inland Faculty Medical Group, LaSalle Medical Associates, and Kaiser Foundation Health Plan to submit their Utilization Management data by June 18, 2021. IEHP is currently working with the selected Delegates to receive the requested data.

Strategy Focus Areas:

- [ ] Member Experience
- [ ] Network
- [ ] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [x] Not Applicable
Fiscal Impact:
None

Reviewed by Counsel:
N/A
ADMINISTRATION

3. APPROVE THE INLAND EMPIRE HEALTH PLAN UPDATED PAY SCHEDULE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the updated IEHP Team Member Pay Schedule.

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

**Background:**
As indicated in the CalPERS audit conclusions in July 2020, Government Code sections 20636 and 7522.34 and CCR section 570.5 and 571.1 state that pay rates must be reported pursuant to a publicly available pay schedule that identifies the position title for every employee. In addition, pay schedules must indicate the time base, including, but not limited to, whether the time base is hourly, daily, bi-weekly, monthly, bi-monthly, or annually.

**Discussion:**
Based on additional internal analysis and review of IEHP positions, the recommendation is for approval of the attached pay schedule that indicates each IEHP position grouped into the respective salary grade within the current salary grade structure. The submitted pay schedule includes new added positions and corrections as a result of business needs and internal position analysis since last board review and approval on April 12, 2021.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
N/A
ADMINISTRATION

4. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH KAISER INSTITUTE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Services Agreement (Agreement) with Kaiser Institute for the provision of Executive Leadership Coaching services for an additional amount not to exceed $350,000. The total amount of this Agreement shall not exceed $1.1 million through December 31, 2022.

**Contact:**
Janet Nix, Chief of Organizational Development

**Background:**
Kaiser Institute has been providing Executive Leadership Coaching Services to build leadership, team collaboration and emotional intelligence competencies since August 2019. The vendor was selected and approved as a Sole Source by executive management with a not to exceed amount of $200,000 from August 21, 2019 through June 30, 2020.

On April 13, 2020 under Minute Order 20-79, the First Amendment was approved to provide Executive Leadership Retreats throughout calendar year 2020 for an additional $200,000 and also extended the Agreement through December 31, 2020. The total amount payable under this Agreement increased to an amount not to exceed $400,000 in its entirety.

On October 16, 2020 under Minute Order 20-293, the Second Amendment was approved to provide Executive Leadership Retreats for calendar year 2021-2022 for an additional $350,000 and extended the Agreement through December 31, 2022. The total amount payable under this Agreement increased to an amount not to exceed $750,000 in its entirety.

**Discussion:**
IEHP would like to continue to provide Executive Leadership Coaching and Team Potentiation Summits to its Leadership Team on an as needed basis. The Third Amendment will provide additional Executive Coaching Programs for an additional amount of $350,000 in its entirety. The program fees and descriptions are outlined below:

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Program Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Coaching</td>
<td>$600 per hour</td>
</tr>
<tr>
<td>Individual Leadership Potentiation</td>
<td></td>
</tr>
<tr>
<td>Retreat/Summit</td>
<td>$7,150 for (2-3) day retreat</td>
</tr>
<tr>
<td>Team Potentiation Retreat/Summit</td>
<td></td>
</tr>
<tr>
<td>(Maximum Participants: 22)</td>
<td>$11,000 for a Group Retreat (2.5) day retreat</td>
</tr>
</tbody>
</table>
The total amount payable under this Agreement shall not exceed $1.1 million through December 31, 2022.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
M. Bui

**Reviewed by Counsel:**
Yes
ADMINISTRATION

5. APPROVE THE INCREASE IN SPENDING AUTHORITY WITH KENNADAY, LEAVITT & OWENSBY, PC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve an increase in spending authority with Kennaday, Leavitt & Owensby, PC (“KLO”), for the provision of legal services, for an amount not to exceed $364,402, through December 31, 2021.

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

**Background:**
From time to time, the IEHP Legal Department requires the use of outside legal services to act as the attorneys for and represent the interests of IEHP with respect to legal matters as they arise and as deemed necessary by qualified agents of IEHP. KLO specializes in litigation related to provider disputes, including disputes related to payment of claims, and regulatory and compliance issues as it relates to IEHP’s Knox-Keene Act license and Federal and State healthcare regulations. KLO employs health care litigation partners and regulatory specialists with experience at the DMHC and with local health plans.

**Discussion:**
KLO has provided legal services to IEHP’s Legal Department since February 2018 and has been an invaluable legal assistance on various advisory and litigation matters. Most recently, KLO has been providing legal assistance in bringing IEHP and Health Access into regulatory compliance as it relates to affiliate Quality Improvement Fee plan and handling other high-profile enforcement and litigation matters. As such, the Legal Department is requesting a total not to exceed amount of $364,402 toward legal services with KLO, through December 31, 2021.

**Strategy Focus Areas:**

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
Yes

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

6. APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT ASSOCIATES

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the First Amendment to the Professional Services Agreement with Health Management Associates (HMA) for Health Homes Program and support services to transition to CalAIM ECM/ILOS.

**Contact:**
Takashi Wada, M.D., Interim Chief Medical Officer

**Background:**
In May 2018, IEHP conducted an RFP to select a vendor to provide Health Homes Program (HHP) implementations support services including:

- Project Administration
- Implementation of Clinical Model Requirements
- Refinement of Clinical Model Requirements
- Plan Operations
- Health Information Technology (HIT) Support

Based on the results, HMA was selected due to its high score and ability to meet the implementation support needs of IEHP and HHP. Since selection, HMA has worked with IEHP to meet key deliverables such as:

- Development of HHP Readiness Requirements per DHCS
- Development of comprehensive CB-CME training materials to include product and tool development for primary care and specialty behavioral health CB-CME sites
- Development of a practice coaching structure and accountability process and provision of practice coaching services
- Practice coaching quarterly site assessments and coaching plans
- Development of a clinical model for specialty behavioral health CB-CME sites

Over the past two years HMA has supported IEHP’s 43 Model 1 CB-CME care teams that span 17 unique healthcare organizations. HMA has also supported 10 Model 2 remote IEHP care teams which support HHP eligible membership at low volume primary care provider practices. With each team managing a caseload of no more than 250 Members, these 53 teams currently have an aggregate enrollment of 7,578 Members.

HMA has provided IEHP with assistance on the launch and expansion of primary care CB-CME sites since the January 1, 2019 HHP go-live. This included the implementation of key aspects of the primary care clinical model, development of support materials to align with HHP requirements, and extensive practice coaching support broken down into five (5) carefully planned phases; 1) Leadership Engagement, 2) Kickoff and Team Start-up, 3) Assessment and Coaching Plan, 4)
Active Facilitation and 5) Sustainment. HMA has also supported the development and implementation of HHP for specialty behavioral health CB-CME sites, which included all aspects listed above, which went live July 1, 2019. HMA project administration activities have ensured the project is aligned with IEHP’s vision for the Health Homes Program, that milestones and deliverables are achieved, and that the program development and implementation is informed by evidence-based practices.

**Discussion**

Due to the COVID-19 public health emergency, DHCS delayed the start of CalAIM ECM/ILOS by one (1) year and thus extended the Health Homes Program for one (1) additional year. IEHP continues to monitor the health of the Health Homes Program and will do so until the program sunsets on 12/31/2021. At this time, IEHP has been rigorously preparing and planning for the transition to ECM, with a go-live of 1/1/2022. HMA will support IEHP’s ECM planning which includes the following activities:

- Transition support for 53 HHP CB-CMEs transitioning into ECM Providers
- Support for 17 Model 1 HHP contracted organizations’ expanded teams, required to meet IEHP’s ECM Provider capacity needs
- Support for startup of new ECM Providers to meet IEHP’s ECM Provider capacity needs
- Translation of HHP materials for ECM
- Development support for configuration of IEHP’s care management platform, Care Director, to meet requirements for ECM
- Care Director orientation and technical assistance

IEHP seeks approval to extend the current agreement with HMA through January 31, 2022 with no additional added cost. Of the initial approved not to exceed amount of $7,991,777.00, approximately 1.9 million remains unused due to the transition of activities internally to IEHP, which includes all practice coaching and training development supported through IEHP’s Learning and Development Department. IEHP has revised the Scope of Work for the go-forward work under the contract amendment totaling $787,000. Additionally, IEHP received a rate reduction on the revised SOW that will yield $31,000 savings for a revised go-forward SOW of $756,000. This change will allow IEHP to yield a savings in the overall original contract amount of more than $500,000. These actions are independent of the savings IEHP will yield from reduced travel (approximately $250,000).

CalAIM ECM development is an intensive and network wide implementation effort requiring significant scaling of current resources. Due to HMA’s extensive knowledge and experience with HHP planning and implementation, HMA is able to seamlessly pivot to assist IEHP in fulfilling interim capacity needs during the transition to ECM.

**Strategic Priorities:**

- [✓] Quality of Care
- [✓] Access to Care
- [✓] Practice Transformation
- [☐] Human Development
- [☐] Technology
- [☐] Not Applicable
Fiscal Impact:
None

Reviewed by Counsel:
Yes
HEALTH SERVICES DEPARTMENT

7. APPROVE THE FIFTH AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING WITH SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fifth Amendment to the Memorandum of Understanding (MOU) with San Bernardino County Department of Behavioral Health (SBCDBH) for the provision of coordination of the delivery of Health Home Program (HHP) services to San Bernardino County beneficiaries for an additional one (1) year through December 31, 2021.

Contact:
Takashi Wada, MD, Interim Chief Medical Officer

Background:
On January 1, 2019 IEHP went live with California’s HHP as defined by section 2703 of the Affordable Care Act. The HHP provides supplemental services for a population of members that have complex needs with specific chronic conditions and meeting certain acuity criteria through a community-based care management entity (CB-CME).

In May 2019 and February 2020, IEHP amended its MOU with SBCDBH to include the HHP for the delivery of services to eligible IEHP Members. The Amendments included a total of $612,000 of ramp-up funding to hire and develop two four-person care teams to deliver HHP services to supplement its existing care team. SBCDBH has since transitioned to capitation-based reimbursement.

Discussion:
SBCDBH serves as the San Bernardino County Mental Health Plan and is responsible for developing and sustaining a collaborative relationship with Medi-Cal Managed Care Plans, such as IEHP, for coordination of Medi-Cal specialty mental health and Substance Use Disorder Recovery Services. Per HHP eligibly criteria, IEHP Members being served by SBCDBH are eligible to participate and benefit from the HHP.

The Fifth Amendment extends the MOU for one (1) year in order for SBCDBH to continue in the HHP and serve as a CBCME. This will ensure that assigned HHP Members continue to receive access to HHP services. This includes continuing to employ and maintain a multi-disciplinary care team that provides the following six (6) core HHP services to eligible Members as per the DHCS HHP Program Guide:

1. Comprehensive and individualized care management
2. Care coordination
3. Health promotion (including connection to medical, mental health, and substance use disorder care)
4. Comprehensive transitional care from inpatient to other setting (including appropriate follow-up)

5. Individual and family support, including authorized representatives

6. Referral to relevant community and social support services (including connection to housing, transportation, healthy lifestyle supports, childcare, and peer recovery support).

The Fifth Amendment also restructures how SBCDBH is compensated for their participation in the HHP. The HHP payment structure will be made up of two (2) components. First, IEHP will continue to pay a base rate for enrollment so long as encounter submission requirements are met. Second, and new to the HHP, is a valued-based payment for HHP services. Payments will be based on the performance in the following metrics: Care Plan, Blood Pressure, and Depression.

IEHP requests approval of this Fifth Amendment that extends the current term through December 31, 2021.

**Strategy Focus Areas:**

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

**Fiscal Impact:**

Included in CY2021

**Financial Review:**

Yes

**Reviewed by Counsel:**

Yes
8. RATIFY AND APPROVE THE TEMPORARY STAFFING AGREEMENT WITH CALIBRATED HEALTHCARE NETWORK

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Temporary Staffing Agreement for Calibrated Health Network, LLC., effective June 14, 2021 through June 15, 2022 for an amount not to exceed $1,947,046.44.

**Contact:**
Takashi Wada, M.D., Interim Chief Medical Officer

**Background:**
Calibrated Healthcare Network began providing UM Referral Processing services for IEHP on May 1, 2020 as a pilot program for non-clinical UM Referral Processing. IEHP launched the pilot with Calibrated Healthcare while the RFP for UM Services was taking place due to the high cost and concerns with quality of the current vendor. Calibrated Healthcare Network has a positive working relationship with the UM department and is already connected to IEHP systems which will allow for a shorter implementation of additional staffing. While IEHP utilizes a current vendor (NTT Data Services) for clinical referral processing services, there is inadequate staffing available to complete the pre-service requests. On average IEHP receives 6300 referrals requests daily which is an increase from 5500 in January 2020 due to DOFR (Division of Financial Responsibility) changes. Based on current business needs and volume of UM Authorization Requests, IEHP anticipates the vendor processing between 3,000 to 4,500 authorizations per day.

**Discussion:**
Calibrated Health Network was awarded the RFP for the full scope of UM Referral Processing in March 2021 which requires an approval from the Department of Managed Healthcare (DMHC) for the Professional Services Agreement with Calibrated Healthcare Network due to the material effect on the Plan’s operations. This is a new Temporary Staffing Services Agreement to mitigate the contract with Calibrated Healthcare Network, LLC for clinical review services. This is a temporary measure until IEHP receives approval from DMHC.

Per Compliance, UM cannot fully execute the Clinical Referral Processing without the approval from DMHC. IEHP has already began the approval process in which the Plan most recently responded to the comments from DMHC and is pending feedback. Interim to full DMHC approval, an Agreement for temporary staffing services was sought for one (1) year to assist with UM review and to process cases needing Clinical reviews. All Non-Clinical Referral Processing work is in progress with Calibrated Healthcare Network, LLC.

The Temporary Staffing Agreement will provide IEHP with 10 California Licensed LVNs to provide clinical and non-clinical referral processing support, as well as six (6) California Licensed RNs to provide oversight and clinical referral processing support to the U M department. The LVNs will have a minimum daily production rate of 42 referrals and the RNs a minimum daily production rate of 28 referrals with 98% accuracy.
The rates will be paid monthly based on the minimum cases per day being completed. In addition, partial fees from the awarded RFP rates and budget will be diverted to the temporary staffing agreement account. Due to the nurses being located in California, the cost is slightly higher than the original hybrid on-shore / off-shore model that was submitted in the RFP.

**Temporary Staffing Agreement Rates**

<table>
<thead>
<tr>
<th>Job Title or Description</th>
<th>Location</th>
<th># of FTEs Required</th>
<th>Hourly Rate</th>
<th>Monthly Rate Per FTE</th>
<th>Total Monthly Fee</th>
<th>Twice a Month Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>California licensed LVN for Clinical and Non-Clinical</td>
<td>Ontario Office - 3633 Inland Empire Blvd, Suite 301, Ontario, CA 91764 and/or Work from Home</td>
<td>10</td>
<td>$ 48.38</td>
<td>$ 8,385.87</td>
<td>$ 83,858.67</td>
<td>$ 41,929.33</td>
</tr>
<tr>
<td>California licensed RN for Clinical Review</td>
<td>Ontario Office - 3633 Inland Empire Blvd, Suite 301, Ontario, CA 91764 and/or Work from Home</td>
<td>6</td>
<td>$ 75.38</td>
<td>$ 13,065.87</td>
<td>$ 78,395.20</td>
<td>$ 39,197.60</td>
</tr>
</tbody>
</table>

The term of this Agreement is effective June 14, 2021 through June 15, 2022 for an amount not to exceed $1,947,046.44.

**Strategy Focus Areas:**
- ✓ Member Experience
- ✓ Team Members
- ✓ Operational Excellence

- □ Network
- □ Technology
- □ Financial Stewardship
- □ Not Applicable

**Fiscal Impact:**
New Expenditure

**Fiscal Review:**

**Reviewed by Counsel:**
Yes
RATIFY AND APPROVE THE SALES SERVICE ORDER TO CONTRACT NUMBER 389112 WITH ALLSCRIPTS HEALTHCARE, LLC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Sales Service Order to Contract Number 389112 with Allscripts Healthcare, LLC. (Allscripts) for the provision of Carequality integration services in support of the Allscripts-provisioned dbMotion software and associated Electronic Medical Record (EMR) integration solution project, for an amount not to exceed $31,350, effective June 30, 2021 through June 29, 2022. The total cost under the Master Client Agreement remains unchanged at a cost not to exceed of $10.0 million.

Contact:
Michael Deering, Chief Information Officer

Background:
On September 14, 2015, under Minute Order 15-217, the Governing Board approved the MCA with Allscripts for the provision of an Electronic Medical Record integration solution at an estimated cost of $5.0 million for five (5) year term effective October 6, 2015.

On March 31, 2017 under Minute Order 17-31, the Governing Board approved the First Amendment to the MCA with Allscripts for the provision of additional compliance filing protocols at no additional cost.

On March 12, 2018 under Minute Order 18-91, the Governing Board approved the no-cost Second Amendment to the MCA with Allscripts for the provision of IBM Initiate’s Enterprise Master Patient Index (EMPI) licensing and associated automation tools in support of expanded dbMotion integration capabilities.

On October 16, 2020 under Minute Order 20-298, the Governing Board approved the Third Amendment to the MCA with Allscripts for a term extension and funding increase for an amount not to exceed $5.0 million through September 31, 2025.

On January 11, 2021 under Minute Order 21-9, the Governing Board approved the Modification Amendment to the MCA with Allscripts for an amount not to exceed $99,000 through September 31, 2025.

Discussion:
The Allscripts EMR integration solution provides IEHP with a comprehensive platform for the contextualization and presentation of patient data within IEHP's partnered provider's native EMR workflows. The solution integrates data from across IEHP and their clinical partners' disparate clinical systems to provide real time information exchange to authorized users in a secure, integrated, and interoperable health information exchange. This allows for the meaningful integration of information assets in a way that improves the quality, safety, and efficiency of patient care.
IEHP engaged Allscripts in the deployment of dbMotion, an enterprise interoperability and population health platform, with the goal of improving the Plan's ability to facilitate clinical excellence and advancement of leading quality care. This Allscripts-provisioned integration between dbMotion and Carequality participating Electronic Medical or Health Record systems (EMR/EHR) will create a new type of connection for the inbound and outbound transmission of myriad documents and medical data sets via the Allscripts Brokering Gateway. In this capacity, dbMotion will act as a consumer of external documents from Carequality but will not ingest the documents into the database.

This Sales Service order will provide for Allscripts’ deployment of configurations for Carequality integration in both a test environment and in a production environment with up to five (5) Carequality participating EMR/EHR systems. Integration with Carequality will be deployed using the native functionality in dbMotion to connect to the Allscripts Carequality Brokering Gateway. Upon completion of the project, the connected sources of data will relay Medical Data Set and Enterprise Master Patient Index (EMPI) information using an XCA connection type. The types of Medical Data Sets that will be transmitted are as follows: Patient Demographics, Encounters, PAMI, Labs, Vitals, Procedures, and Clinical Documents.

In order to begin the work of creating this connection type, IEHP is requesting the approval of the Sales Service Order to Contract Number 38112 with Allscripts for the provision of Carequality integration services. This Amendment will utilize $31,350 of the existing $5.0 million in total solution funding that was previously approved through September 31, 2025 under Minute Order 20-298. The total cost under the Master Client Agreement remains unchanged at a not to exceed value of $10.0 million.

**Strategy Focus Areas:**
- Technology
- Not Applicable

**Fiscal Impact:**
- Included in CY2021 Budget

**Fiscal Review:**
- J. Haines

**Reviewed by Counsel:**
- Yes
INFORMATION TECHNOLOGY DEPARTMENT

10. APPROVE THE FUNDING INCREASE TO LICENSING AGREEMENT NO. 7709 WITH CHANGE HEALTHCARE TECHNOLOGIES, LLC.

Recommended Action:
That the Governing Board of Inland Empire Health Plan (IEHP) approve the funding increase to Licensing Agreement No. 7709 with Change Healthcare Technologies, LLC (Change Healthcare) for the provision of annual usage-based licensing for an additional amount not to exceed $750,000 through July 21, 2022.

Contact:
Michael Deering, Chief Information Officer

Background:
In February 2016, IEHP conducted a Request for Proposal (RFP) for a solution to provide IEHP with a National Correct Coding Editor Products and Services vendor for the HSP claims processing system. McKesson Health Solutions was selected based on the initial RFP and demonstration scores.

In May 2016 under Minute Order 16-67, the Governing Board approved the Contract Supplement to Licensing Agreement No. 7709 with McKesson Health Solutions for the provision of a National Correct Coding Initiative Editor at a cost not to exceed $5.212 million over a five (5) year period, which included an option to renew the contract for up to an additional five (5) years at an annual cost of $475,000.

On March 2, 2017 McKesson and Change Healthcare announced the completion of their merger. The new company is now known as Change Healthcare.

In April 2018 under Minute Order 18-107, the Governing Board approved the service order for an additional ClaimsXten Select Rule KnowledgePack for a one-time amount not to exceed $28,600.

In March 2019 under Minute Order 19-48, the Governing Board approved the service order for content maintenance training and certification program services in support of team member’s use of the National Correct Code Initiative Editor for an amount not to exceed $12,000.

In September 2020 under Minute Order 20-274, the Governing Board approved Service Order Number MHS 16895-H and Service Order Number MHS 16509-H for content maintenance training and certification program services as well as ClaimsXten Select Policy Management Module training and certification for an amount not to exceed $36,400.

Discussion:
According to the payment schedule for software, clinical content, and ASP services license fees associated with the 2016 executed Contract Supplement No. 28598 to License Agreement No. 7709, IEHP is committed to paying a baseline amount of $467,232 per year for the coverage of up
to 425,000 member lives. For coverage of more than 425,000 covered lives through the first five years of the Agreement, IEHP is billed according to the following fee table:

<table>
<thead>
<tr>
<th>Number of Covered Lives</th>
<th>Per Member/Covered Life Per Year *PMPY” fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 425,000</td>
<td>$467,232 annually</td>
</tr>
<tr>
<td>425,001 - 450,000</td>
<td>1.10 PMPY</td>
</tr>
<tr>
<td>450,001 - 500,000</td>
<td>1.09 PMPY</td>
</tr>
<tr>
<td>500,001 - 550,000</td>
<td>1.08 PMPY</td>
</tr>
<tr>
<td>550,001 - 600,000</td>
<td>1.07 PMPY</td>
</tr>
<tr>
<td>600,001 – 700,000</td>
<td>1.06 PMPY</td>
</tr>
<tr>
<td>Over 700,000</td>
<td>to be negotiated</td>
</tr>
</tbody>
</table>

Per the optional term renewal conditions for years six (6) through ten (10) of License Agreement No. 7709, IEHP’s, baseline license fee for this year’s coverage of up to 425,000 lives is now increasing from $467,232 per year to $475,000 per year. As such, the fees for this year’s license renewal were based upon the following calculations in order to account for coverage of 675,914 lives:

<table>
<thead>
<tr>
<th>Number of Covered Lives</th>
<th>Fee Calculation</th>
<th>Fee-Tier Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 425,000</td>
<td>$475,000 (fixed fee)</td>
<td>$475,000</td>
</tr>
<tr>
<td>425,001 - 450,000</td>
<td>1.10 PMPY x 24,999</td>
<td>$27,498.90</td>
</tr>
<tr>
<td>450,001 - 500,000</td>
<td>1.09 PMPY x 49,999</td>
<td>$54,498.91</td>
</tr>
<tr>
<td>500,001 - 550,000</td>
<td>1.08 PMPY x 49,999</td>
<td>$53,998.92</td>
</tr>
<tr>
<td>550,001 - 600,000</td>
<td>1.07 PMPY x 49,999</td>
<td>$53,498.93</td>
</tr>
<tr>
<td>600,001 – 675,914</td>
<td>1.06 PMPY x 75,913</td>
<td>$80,467.78</td>
</tr>
<tr>
<td>Year-Six Fee Total</td>
<td></td>
<td>$744,963.44</td>
</tr>
</tbody>
</table>

IEHP is requesting a funding increase of $750,000 through July 21, 2022 for the continued provision of ClaimsXten and associated module software licensing in service of IEHP’s coding validation and claims payment processing efforts.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Fiscal Review:**
J. Haines

**Reviewed by Counsel:**
Yes
INFORMATION TECHNOLOGY

11. APPROVE THE TERM EXTENSION TO THE PROFESSIONAL SERVICES AGREEMENT WITH NTT AMERICA SOLUTIONS, INC.

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the no-cost term extension to the Professional Services Agreement (Agreement) with NTT America Solutions, Inc. (NTT) for workforce advisory services through July 31, 2022. The total cost of this Agreement remains unchanged at an amount not to exceed $320,000.

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

**Background:**
The Covid-19 National Health Emergency and IEHP’s subsequent institution of a ‘work-from-home’ model changed the operating paradigm to which IEHP’s IT Services needed to align with. NTT’s workforce advisory services have helped assure that existing IT Services processes are operating in smooth coordination with each other while also in alignment with appropriately strict IT security protocols, internal team member requirements, and pertinent network operating methodologies.

In March 2021 under Minute Order 21-73, the Governing Board approved the Agreement with NTT for an amount not to exceed $320,000 effective February 24, 2021 through July 31, 2021.

**Discussion:**
NTT has provided consultation services to IEHP in the form of system analyses and best-practice recommendations for IT service delivery during IEHP’s period of operating under a work-from-home business model. The provisioned services paid particular attention to assuring operational excellence across the following department areas and operational concepts:

- Strategy & Innovation
- Applications
- Connected Employee
- Intelligent Infrastructure
- Customer Experience
- Cyber Security
- Member Services
- Enrollment & Eligibility
- UM – Outpatient
- UM – Inpatient
- Behavioral Health
- Claims Processing
- Pharmacy
- Provider Services
- Physical Environment
- Adoption and change
- Endpoint Management
- Optimized Operations
- Modern Collaboration
- Sourcing and Procurement
- Finance
- Care Management
- Claims Systems Config
- Marketing Production Management
- Compliance
- Mailroom
- Management (general)
There was also specific focus directed toward the citrix environment and supporting infrastructure (VMware, etc), digital user experience and the use of productivity tools, workforce experience, and network services and environment.

As a concluding deliverable, NTT is to produce a report describing:

1) The current state of:
   - Workplace along with maturity evaluation against industry benchmarks
   - VPM including identifying areas of weakness and deficiency
   - ITSM including identifying areas of weakness and deficiency
   - Citrix VDI implementation including supporting infrastructure

2) Recommendations and a prioritized, high-level roadmap to reach the Plans desired future state

3) Recommendations for user segmentation and associated definitions

4) High-level identification of costs and benefits associated with implementing the recommendations

NTT has thus far provided valuable insight and recommendations to IEHP. As such, the Plan is requesting the no-cost term extension of the Agreement with NTT for the maintained provision of NTT’s workforce advisory services through July 31, 2022. The total cost under the Agreement remains unchanged at an amount not to exceed $320,000.

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

**Fiscal Impact:**
None

**Financial Review:**
J. Haines

**Reviewed by Counsel:**
Yes
12. APPROVE SALES SERVICE ORDER NUMBER Q-00541 TO THE AGREEMENT WITH SECUREWORKS INC

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) approve Sales Order Number Q-00541 to the Agreement with SecureWorks, Inc. (SecureWorks) for the provision of cybersecurity monitoring services for an additional amount not to exceed $318,000, effective July 31, 2021 through July 30, 2022. The total amount of this Agreement shall not exceed $621,000 through July 30, 2022.

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

**Background:**
As IEHP has grown as an organization, the breadth and scale of electronic transactions and communication dependencies has grown rapidly. As such, IEHP has progressively increased the capacity of resources dedicated to protecting the Plans virtual communications and operations. In consideration of IEHPs current size and level of reliance on information technology infrastructure—and in direct response to the Plan's new means of operating more heavily through use of virtual private network (VPN) connections for remote workforce operations—IEHP needed to replace its managed security service provider from Milton Security to one more suited to an organization of our size.

SecureWorks Managed Detection and Response (MDR) services were selected following an evaluation of competing services provided by AT&T and Alien Vault. Ultimately, it was determined that SecureWorks was the most qualified vendor in providing the scale and breadth of security monitoring and response services required by the Plan. IEHP then pursued entrance into an Agreement with SecureWorks through use of an expedited purchase justification due to the accelerated nature of the COVID-19 response requirements and the importance of mitigating potential privacy breach risks through the duration of the Plan’s transition into and stabilization of new work from home operational models.

In August 2020 under Minute Order 20-254, the Governing Board approved the Agreement with SecureWorks for cybersecurity monitoring services through Sales Order No. Q-00021 for an amount not to exceed $303,000 through August 15, 2021.

**Discussion:**
As an organization that is growing as well as adapting to new modes of operation, IEHP remains in need of diverse and robust security monitoring tools as well as supplementary monitoring assistance. To assure a continuation of the existing services that are supporting IEHP operations, the Plan has elected to renew the Agreement with SecureWorks for an additional year. This renewal will continue the Plan’s receipt of twenty-four hour a day, seven day a week cybersecurity services that actively monitor, detect, validate, and provide first response actions for...
security incidents. Furthermore, the SecureWorks MDR services provide the following unique features:

- Proactive threat hunting
- Identification of file-less malware
- Quarterly and annual review of security trends in the Plan's environment
- Minimal tuning requirements
- A.I. and machine learning capabilities that assist in the assurance of security event verifications
- Event reporting
- Investigation response

Due to the myriad benefits and protections provided these services and their integral role in assuring Plan stability, IEHP is requesting the approval of this Sales Order for an additional amount not to exceed $318,000, effective July 31, 2021 through July 30, 2022. The new total amount not to exceed under this Agreement is not to exceed $621,000.

**Strategy Focus Areas:**

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

**Fiscal Impact:**

Included in CY2021 Budget

**Fiscal Impact:**

J. Haines

**Reviewed by Counsel:**

Yes
OPERATIONS DEPARTMENT

13. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH SIMPLER NORTH AMERICA, LLC

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with Simpler North America, LLC (Simpler) for Lean Transformation Consulting Services for an amount not to exceed $3,200,000 effective August 1, 2021 through December 31, 2022.

Contact:
Susie White, Chief Operating Officer

Background:
Simpler has been providing Lean Strategy Deployment Consulting Services for IEHP since January 2015. The vendor was selected after a thorough Request for Proposal (RFP) process resulting in the selection and award to Simpler to serve as IEHP’s Lean Consultant. The original Agreement was executed in December 2014 under Minute Order 14-311 for an initial amount not to exceed $1,278,770 for two (2) years, effective January 15, 2015 through January 14, 2017. With IEHP committed to becoming a Lean organization, subsequent Amendments have been approved by the Governing Board to extend the engagement and continue services for a total amount of $24,527,269.

The primary services provided included:

1. Executive and management coaching to promote transformation culture shift to Lean thinking.
2. Implementation of Value Stream Analyses (VSAs) and Rapid Improvement Events (RIEs).
3. Development and coaching for Facilitators and leadership coaching in the Process Improvement (PI) Department to transfer knowledge and skills for sustainment of Lean activities.
4. Assistance with development and implementation of Lean training programs and materials.

The engagement of Simpler has been a critical part of the ongoing Lean transformation efforts and the journey involved many steps that have been essential to long term success. This has allowed for more leaders to receive coaching and mentoring, and more improvement activities to take place within the organization. Since engaging with Simpler, IEHP has saved an estimated $41 million through process improvements and Lean activities.

Discussion:
The initial 2 Value Streams focused on Member and Provider Experience have expanded, and IEHP currently has 6 active VSAs in critical areas such as Pharmacy, Utilization Management, Grievance and Appeals, Integrated Care Management, and Provider Services. Additionally, comprehensive process improvements are occurring in departments such as Quality Systems and Member Services. Simpler, working closely with IEHP’s internal PI Department, is actively
involved in coaching the leaders of those Value Streams and executing the RIEs that result from them.

The next phase of IEHP’s Lean initiative includes deploying a Scaled Agile Framework (SAFe) in IT. This approach is a complete and robust model for applying Lean Thinking in the complex and uncertain domain of IT and new product development. It weaves together Agile DevOps, Lean Portfolio Management, Scrum, Kanban, and many other concepts into a cohesive model. The fees associated with this proposed new Agreement include:

<table>
<thead>
<tr>
<th>Sensei/Gemba Coach</th>
<th>Consulting support for Events, Executives, Team Members, Process Improvement Team</th>
<th>$2,232,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaled Agile Framework (SAFe) consulting</td>
<td>Sensei coaching for SAFe deployment</td>
<td>$612,000</td>
</tr>
<tr>
<td>Study Trips</td>
<td>Costs for IEHP Leaders to visit Simpler best practice sites (2022)</td>
<td>$120,000</td>
</tr>
<tr>
<td>Expenses</td>
<td>Simpler consultants travel costs estimated at 8%</td>
<td>$236,000</td>
</tr>
<tr>
<td></td>
<td>Total not to exceed Project Costs</td>
<td>$3,200,000</td>
</tr>
</tbody>
</table>

As IEHP moves forward, additional savings are expected in the form of improvements that would lead to a significant return on investment for the dollars spent on Simpler consulting to help sustain the Lean transformation at IEHP and achieve enterprise-wide goals.

Due to the changes to IEHP’s Professional Service Agreement template since 2015, rather than initiate a Sixth Amendment, IEHP is requesting the approval of a new Agreement with Simpler for an amount not to exceed $3,200,000 effective August 1, 2021 through December 31, 2022.

**Strategy Focus Areas:**

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

**Fiscal Impact:**

 Included in CY2021 Budget

**Financial Review:**

 Yes

**Reviewed by Counsel:**

 Yes
OPERATIONS DEPARTMENT

14. RATIFY AND APPROVE THE EZIQC CONTRACT WITH ABM ELECTRICAL AND LIGHTING SOLUTIONS INC.

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the ezIQC contract with ABM Electrical and Lighting Solutions Inc. for Lighting Services for IEHP’s Atrium Interior LED Retro Fit Lighting Project effective June 28, 2021. The total completion payable under this ezIQC contract shall not to exceed $661,954.56.

Contact:
Susie White, Chief Operations Officer

Background:
In December 2020 under Minute Order 20-369, the Governing Board approved the CY2021 Operations and Capital Budget. The Capital Budget consists of projected expenditures for fixed or long-term assets. The Atrium Interior LED Retro-fit Lighting Project was included within the approved budget.

Discussion:
IEHP has evaluated the need to retrofit the remaining interior light fixtures within the Atrium building to LED. LED lighting retrofits will offer a quick return of investment of any energy associated capital expense. It will also improve lighting quality, well-being, and production in the workplace. By shifting to LED, IEHP will also reduce the energy consumption of the existing lighting system. This will positively affect IEHP utility bill and can improve the energy demand rate of the Atrium facility. When selecting a Contractor with ezIQC, IEHP is assisted by a Gordian Group Account Manager on selecting the best Contractor suitable for the type of construction.

IEHP continues to utilize construction services through The Gordian Group’s competitive awarding contract process with the National Joint Powers Alliance (NJPA). IEHP continues to streamline the purchasing process by leveraging combined national purchasing power through cooperative efforts.

When selecting a Contractor with ezIQC, IEHP is supported from The Gordian Group Account Manager on selecting the best Contractor suited for the type of construction.

Some of the current ezIQC Contractors that hold contracts with NJPA are:

- ABM Electrical & Lighting Solution, Inc.
- Express Energy Services, Inc.
- Facility Solutions Group

After extensive review and Gordian Group’s recommendations, ABM Electrical and Lighting Solutions Inc. was selected as the contractor that will complete the Atrium Interior LED Retro-fit
Lighting Project. ABM was awarded the cooperative contract CA-08-SL-CE-B-030618-ABM that was conducted through a competitive solicitation process administered through Sourcewell and managed by the Gordian Group. ABM has completed many projects for both Riverside and San Bernardino Counties.

After final budget review, the ABM’s final bid proposal is $601,776.87. For unforeseen field change orders, IEHP has incorporated a 10% contingency to the ABM’s construction project budget with total compensation not to exceed $661,954.56. IEHP Facilities will closely monitor any change orders and intends on having the final costs less than the total budget.

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

**Fiscal Impact:**
Included CY 2021 Budget

**Financial Review:**
Yes

**Reviewed by Counsel:**
Yes
PROVIDER NETWORK

15. RATIFY APPROVE THE SECOND AMENDMENT WITH CARE DIRECTIVES DBA CALIFORNIA POLST REGISTRY

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Agreement with Care Directives LLC dba California POLST Registry for an additional amount not to exceed $788,000 effective July 1, 2021 through June 30, 2023. Total compensation payable under this Agreement shall not exceed $1.816 million.

Contact:
Kurt Hubler, Chief Network Officer

Background:
The Physician Order for Life Sustaining Treatment (POLST) Registry is designed to improve patient care by creating an electronic registry for POLST forms that allows real time, electronic access for patient’s directions for treatment.

IEHP has been contracted with Care Directives since April 2017. During this two (2) year period, Care Directives accomplished the following:
1) 62 out of 90 SNFs have implemented the Registry
2) 29 acute hospitals have implemented the Registry.
3) In fourth quarter 2020, there were queries for 560,860 POLST forms and 4,174 submissions of POLST forms by acute hospitals.
4) Integrated with Manifest MedEx Health Information Exchange to provide real time POLST information to EMS, (Emergency Medical Service) providers delivering healthcare services to residents of our two Counties.
5) Integrated with IEHP systems to provide IEHP Member specific POLST Registry activity.

Discussion:
The proposed First Amendment will accomplish the following:
1) Care Directives will continue maintaining and servicing the Skilled Nursing Facilities (SNF) connected to the Registry.
   a. Provider Support and Promotion. Care Directives will provide ongoing education, tools and resources regarding the Advance Directives and POLST forms to all the SNFs and hospitals. There are 3 goals in achieving this; 1. Engage with 32 unsubscribed SNFs, and 2. Increasing SNF and hospital adoption through form submission, querying, and form completion accuracy, and 3. Improve quality by reducing the current form rejection rate of 20% to 15%
2) Maintain the integration of systems with IEHP to identify IEHP member specific POLST Registry activity.

3) Maintain the bidirectional integration with Manifest MedEx. This will continue to allow the Counties Emergency Medical Services providers to connect with the Registry for the purpose of receiving POLST forms for patients in the field.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service Description</th>
<th>Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manifest MedEx Integration</td>
<td>Maintain HL7, SFTP and VPN connections. Provide ongoing security, auditing, monitoring, scanning, logging and 24/7 support for critical tickets</td>
<td>$72,000</td>
</tr>
<tr>
<td>Interface Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facilities Subscription</td>
<td>Subscription for SNF network.</td>
<td>$70,000</td>
</tr>
<tr>
<td>Provider Participation Engagement</td>
<td>Hospitals: Provide ongoing support and engagement. SNFs: engage participating SNFs use Advance Care Planning (ACP) best practices through full adoption of the registry. Provider ongoing education, tools, and resources regarding advance directives and POLST forms. Engage SNF administration, senior nursing and social services. Work to engage 32 unsubscribed SNFs Increase SNF Adoption to include form submission and registry querying.</td>
<td>$180,000</td>
</tr>
<tr>
<td>IEHP Integration Interface Maintenance</td>
<td>Maintain API and VPN connections. Provide ongoing security, auditing, monitoring, scanning, logging and 24/7 support for critical tickets.</td>
<td>$72,000</td>
</tr>
</tbody>
</table>

IEHP is seeking approval of the second Amendment to the California POLST Registry Agreement of $788,000 effective July 1, 2021 through June 30, 2023. Total compensation payable under this Agreement shall not exceed $1.816 million.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Fiscal Review:**
V. Johnson, 07/01/21

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

16. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR COUNTY OF SAN BERNARDINO ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER - COLTON

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Third Amendment to the Hospital Per Diem Agreement for County of San Bernardino on behalf of Arrowhead Regional Medical Center, effective June 1, 2021.

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

**Background:**
County of San Bernardino on behalf of Arrowhead Regional Medical Center is currently contracted Hospital in the IEHP Network.

**Discussion:**
The Amendment is in response to the COVID-19 emergency actions by the HOSPITAL, IEHP will provide financial support to commensurate with the volume of COVID-19 IEHP Member bed days experienced by Hospital in 2020.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

17. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE ANCILLARY AGREEMENT FOR INLAND PHARMACY INC DBA INLAND PHARMACY – HEMET

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the First Amendment to the Ancillary Agreement for Inland Pharmacy Inc dba Inland Pharmacy, effective December 1, 2020.

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

**Background:**
Inland Pharmacy Inc dba Inland Pharmacy is currently a contracted Provider in the IEHP Network since October 1, 2020.

**Discussion:**
The Amendment is to replace the Attachment B, Compensation.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

18. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 52, LLC DBA KINDRED HOSPITAL BALDWIN PARK – BALDWIN PARK

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 52, LLC dba Kindred Hospital Baldwin Park, effective July 1, 2021.

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

**Background:**
KND Development 52, LLC dba Kindred Hospital Baldwin Park would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 52, LLC dba Kindred Hospital Baldwin Park.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

19. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND REAL ESTATE 40 LLC DBA KINDRED HOSPITAL PARAMOUNT - PARAMOUNT

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Real Estate 40 LLC dba Kindred Hospital Paramount, effective July 1, 2021.

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

**Background:**
KND Real Estate 40 LLC dba Kindred Hospital Paramount would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Real Estate 40 LLC dba Kindred Hospital Paramount.

**Strategy Focus Areas:**
- Network
- Not Applicable

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

20. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 55, LLC DBA KINDRED HOSPITAL RANCHO – RANCHO CUCAMONGA

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 55, LLC dba Kindred Hospital Rancho, effective July 1, 2021.

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

**Background:**
KND Development 55, LLC dba Kindred Hospital Rancho would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 55, LLC dba Kindred Hospital Rancho.

**Strategy Focus Areas:**
- Network
- Not Applicable

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

21. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 54, LLC DBA KINDRED HOSPITAL RIVERSIDE - RIVERSIDE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 54, LLC dba Kindred Hospital Riverside, effective July 1, 2021.

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

**Background:**
KND Development 54, LLC dba Kindred Hospital Riverside would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 54, LLC dba Kindred Hospital Riverside.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

22. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 53, LLC DBA KINDRED HOSPITAL SOUTH BAY - GARDENIA

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 53, LLC dba Kindred Hospital South Bay, effective July 1, 2021.

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

**Background:**
KND Development 53, LLC dba Kindred Hospital South Bay would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 53, LLC dba Kindred Hospital South Bay.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
23. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR THC-ORANGE COUNTY, LLC – MULTIPLE LOCATIONS

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for THC-Orange County, LLC, effective July 1, 2021.

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

**Background:**
THC-Orange County, LLC would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered by THC-Orange County, LLC.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

24. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR SOUTHERN CALIFORNIA SPECIALTY CARE, LLC – MULTIPLE LOCATIONS

Recommended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for Southern California Specialty Care, LLC, effective July 1, 2021.

Contact:
Kurt Hubler, Chief Network Officer

Background:
Southern California Specialty Care, LLC would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

Discussion:
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered by Southern California Specialty Care, LLC.

Strategy Focus Areas:
☐ Member Experience ☑ Network ☐ Team Members ☐ Operational Excellence
☐ Technology ☐ Financial Stewardship ☐ Not Applicable

Fiscal Impact:
Included in CY2021 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

25. APPROVAL OF THE STANDARD TEMPLATES

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access 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 templates, 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:

1) Master Capitated Hospital Agreement
2) Master Hospital Per Diem Agreement
3) Master Hospital Per Diem Agreement for Behavioral Health Services
4) Master Agreement (All Lines of Business)

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

**Fiscal Impact:**
None

**Financial Review:**
N/A

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

26. 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, 2021:

Additional one (1) year term:
1) Maria Puraci - 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

Additional two (2) year term:
3) Housecall Doctors Medical Group Inc - Fee-For-Service Primary Care Provider Agreement

Additional five (5) year term:
4) CYA Optometry dba Barstow Optometric Eye Care - Participating Provider Agreement
5) Equaltox LLC dba Equaltox LLC- Ancillary Provider Agreement
6) Francisco J Pabalan MD Inc dba Pabalan Eye Center - Participating Provider Agreement
7) Inland Valley Partners LLC dba Inland Valley Care and Rehab Center - Skilled Nursing Facility Provider Agreement
8) Los Feliz Hospice Healthcare - Ancillary Provider Agreement
9) Lucid Speech and Language Clinic Inc - Participating Provider Agreement
10) Mission Imaging Inc - Ancillary Provider Agreement
11) Rene Salhab dba Childrens Choice Pediatrics - Open Access Provider Agreement
12) Sonotec Mobile Imaging Inc - Ancillary Provider Agreement
13) Stephanie Y Hsieh - Behavioral Health Provider Agreement
14) ValleyWide Hearing Aid Center Inc – Ancillary Provider Agreement (Excluding Medicare Dualchoice)

**Strategy Focus Areas:**
- [ ] Member Experience
- [x] Network
- [ ] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [ ] Not Applicable
Fiscal Impact:
Included in CY2021 Budget

Financial Review:
N/A

Reviewed by Counsel:
N/A
ADMINISTRATION

27. CHIEF EXECUTIVE OFFICER UPDATE

**Recommended Action:**
Review and File

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

**Discussion:**
Chief Executive Officer update for the July 12, 2021 Governing Board Meeting.
GOVERNING BOARD MEETING

July 2021
MEMBERSHIP REPORT

• Our overall active IEHP Membership starting *07/01/2021 is 1,417,468 continuing with a steady 0.60% increase (+8,389 Members) compared to 06/01/2021.

• This increase is mainly due to our Counties continuing with the temporary suspension of Medi-Cal disenrollments of those beneficiaries who don’t meet the eligibility requirements as a result of the COVID-19 pandemic situation.

• DHCS has informed that the Public Health Emergency (PHE) Order is being extended to the entire CY 2021 expecting this steady net monthly average increase of 8,000-10,000 members till the end of this year.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>FORECAST MEMBERSHIP</th>
<th>ACTUAL MEMBERSHIP</th>
<th>+ OR - FORECAST</th>
<th>+ OR - LAST MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2021</td>
<td>1,402,322</td>
<td>1,402,711</td>
<td>389</td>
<td>10,765</td>
</tr>
<tr>
<td>June 2021</td>
<td>1,412,032</td>
<td>1,409,079</td>
<td>(3,303)</td>
<td>6,018</td>
</tr>
<tr>
<td>July 2021</td>
<td>1,421,741</td>
<td>1,417,106</td>
<td>(4,635)</td>
<td>8,377</td>
</tr>
</tbody>
</table>

2021 TEAM MEMBER ENGAGEMENT SURVEY

• New Vendor – Great Place to Work
• 60 questions; 2 open-ended
• Survey begins July 19th; ends August 2nd
• All Team Members regardless of tenure will be asked to complete
• Results will be shared in October
Dr. Takashi Wada was appointed Interim Chief Medical Officer of Inland Empire Health Plan (IEHP) in June 2021.

He is responsible for providing clinical and strategic leadership through accountable, collaborative processes to improve the quality-of-care delivery.

Prior to his role at IEHP, Dr. Wada served as Chief Medical Officer for CenCal Health and Director/Health Officer for Santa Barbara County’s Health Department.

Dr. Wada holds an undergraduate degree in biomedical sciences from University of California, Riverside and a master’s degree in public health from University of California, Los Angeles (UCLA). After receiving his medical degree at UCLA, he completed his graduate medical education at Kaiser Permanente Los Angeles Medical Center.
Jarrod received the Outstanding Citizen Award from the San Bernardino County Medical Society.

The highly prestigious award represents the best of the best in contributions to the physician community from a non-physician partner.

Thank you, Supervisor Curt Hagman for attending the recognition event.
ADMINISTRATION

28. BOARD EDUCATION – UTILIZATION MANAGEMENT OVERVIEW

**Recommended Action:**
Review and File

**Contact:**
Janet Nix, Chief of Organizational Development

**Discussion:**
Kristy Garan-Martinez, Senior Director, Medical Management will provide an overview of the Utilization Management process.
UTILIZATION MANAGEMENT OVERVIEW

July 2021
Utilization Management (UM) is a process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis.
Purpose

• Collaborative Team
• Encompasses Inpatient and Outpatient Services
• Follow all State and Federal regulatory guidelines
• Strive to advocate and coordinate care for the Member
• Ensure our communities receive optimal care and vibrant health.
• Evaluates requests for Medical Necessity

Utilization Management Mission:
Excellence. Every Member. Every Time.
Utilization Management Structure

Chief Medical Officer

Sr. Director of Medical Management
- Director of Operations
  - Prior Authorization
  - Transportation
  - UM Call Center
  - Delegation Oversight
- Clinical Director
  - Acute Inpatient
  - Long Term Care
  - Specialty Services
  - Hospice

Sr. Medical Director
- Medical Directors
  - 5 Team Members

Team Members
- 190 Team Members
- 161 Team Members
Accomplishments

• Improve social isolation with Skilled Nursing Facilities
• Participate in COVID Vaccine Clinics
• Readmission Initiatives
• Oversight of Specialty Programs
• ER Decompression
• Use of Geographic Information System for Emergency Planning
• Completed 3 Inpatient Value Stream Analysis and 18 Rapid Improvement Events
• Completed 1 Outpatient Value Stream Analysis and 5 Rapid Improvement Events
• 90% of Team Members participated in a LEAN Event
Utilization Management Services

Inpatient Services Team:
1) Acute Care – acute hospitalization
2) Post Acute – no longer acute but needs skilled hospitalization
3) Long Term-care – assistance with activities of daily living
Inpatient Services

Reviews for medical necessity and discharge planning.

Top 5 Admit Diagnosis
1. Sepsis
2. Hypertensive Heart Disease
3. Morbid Obesity
4. Acute Kidney Failure
5. Non-ST Elevation (NSTEMI) myocardial infarction
Post Acute/Long Term Care Services

Reviews for skilled level of care and transitions to community for Skilled Nursing Facilities (SNF) and Custodial Care.

SNF ALOS

<table>
<thead>
<tr>
<th>Month</th>
<th>SNF Avg Daily Census</th>
<th>Custodial Avg Daily Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov</td>
<td>3192</td>
<td>617</td>
</tr>
<tr>
<td>Dec</td>
<td>2968</td>
<td>785</td>
</tr>
<tr>
<td>Jan</td>
<td>3088</td>
<td>583</td>
</tr>
<tr>
<td>Feb</td>
<td>3076</td>
<td>495</td>
</tr>
<tr>
<td>March</td>
<td>3123</td>
<td>488</td>
</tr>
<tr>
<td>April</td>
<td>3228</td>
<td>473</td>
</tr>
<tr>
<td>May</td>
<td>3174</td>
<td>567</td>
</tr>
</tbody>
</table>

SNF ALOS:
- Nov: 21.0 Days
- Dec: 21.2 Days
- Jan: 23.7 Days
- Feb: 24.2 Days
- March: 24.0 Days
- April: 23.4 Days
- May: 19.8 Days
Year 2020 Placement Care Transitions

Members diverted from ED or Home to Skilled Nursing Facilities or Custodial (Avoids inpatient hospitalization)

*Diversions – Number of Members diverted from home to SNF placements*
Utilization Management Services

Outpatient Services Team:
Prior Authorization, Transportation, UM Operations

- Review pre-service requests and authorization
- Transportation Call Center – receives an average of 745 calls/day
- UM Call Center – receives calls from Providers and Members for authorization redirection, continuity of care, change requests, organizational determination, grievances and other authorization related follow ups.
Pre-service (Prior Auth)

Approximately 6500 referral requests received daily

Top Referral Categories
- Radiology
- Durable Medical Equipment
- Ophthalmology
- Cardiology
- Gastroenterology
- Physical Therapy
- Dermatology
Specialty Services

Dedicated team focusing on services with high-risk members to ensure coordination of care and quality outcomes.

My Path Enrolled Members

Source: Database EBM

Trending My Path Member Months

Census
May 2021

Hospice
2103

Transplant
1465

Palliative
1263

End Stage Renal Disease
528
Collaboration with Partners

• Create bed capacity for the hospitals
• Round with hospitals for difficult placement
• Post Discharge Follow Up initiatives
• COVID initiatives (ie. home monitoring program)
• LEAN initiatives with Riverside University Health System
FINANCE DEPARTMENT

29. REVIEW OF THE MONTHLY FINANCIALS

**Recommended Action:**
Review and File

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

**Discussion:**
FINANCE DEPARTMENT
May 2021
MONTHLY FINANCIALS

Presented July 12, 2021
Highlights for the Month:

- The favorable revenue variance is due to the delay in Medi-Cal pharmacy carve-out and higher-than-expected MCE member months. DHCS has communicated that the pharmacy carve-out has been suspended until further notice.

- The unfavorable medical costs variance is primarily due to the budgeted pharmacy carve-out offset by lower-than-expected facility costs. DHCS has communicated that the pharmacy carve-out has been suspended until further notice.

- The favorable total operating expenses variance is primarily due to project delays in IT services and lower facilities expense stemming from contract termination with Trigild.

- The favorable non operating income (expense) variance is due primarily to higher MCO tax revenue compared to the expense partially offset by lower interest income. The increase in MCO tax revenue is driven primarily by MCO revenue rates for CY2021.

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, Rental Income, and Board Designated Projects).
Consolidated
Net Surplus by Month (Actuals)
Year-over-Year Comparison

<table>
<thead>
<tr>
<th>Month</th>
<th>CY 2020</th>
<th>CY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>19,460,165</td>
<td>5,855,765</td>
</tr>
<tr>
<td>February</td>
<td>10,041,797</td>
<td>31,442,780</td>
</tr>
<tr>
<td>March</td>
<td>(17,042,225)</td>
<td>(7,377,282)</td>
</tr>
<tr>
<td>April</td>
<td>7,280,918</td>
<td>12,320,151</td>
</tr>
<tr>
<td>May</td>
<td>6,290,863</td>
<td>28,164,191</td>
</tr>
<tr>
<td>June</td>
<td>19,065,177</td>
<td>(4,770,962)</td>
</tr>
<tr>
<td>July</td>
<td>9,391,212</td>
<td>(962,021)</td>
</tr>
<tr>
<td>August</td>
<td>(20,537,483)</td>
<td>11,496,337</td>
</tr>
<tr>
<td>September</td>
<td>(5,683,279)</td>
<td>(31,442,780)</td>
</tr>
<tr>
<td>October</td>
<td>11,496,337</td>
<td>(5,683,279)</td>
</tr>
<tr>
<td>November</td>
<td>(31,442,780)</td>
<td>11,496,337</td>
</tr>
<tr>
<td>December</td>
<td>(5,683,279)</td>
<td>(31,442,780)</td>
</tr>
</tbody>
</table>

 Millions
Highlights for the Month:

• The favorable revenue variance is due to budgeted Medi-Cal pharmacy carve-out and higher-than-expected MCE member months. DHCS has communicated that the pharmacy carve-out has been suspended until further notice.

• The unfavorable medical costs variance is primarily due to the budgeted pharmacy carve-out offset by lower-than-expected facility costs. DHCS has communicated that the pharmacy carve-out has been suspended until further notice.

• The favorable total operating expenses variance is primarily due to project delays in IT services and lower facilities expense stemming from contract termination with Trigild.

• The favorable non operating income (expense) variance is due primarily to higher MCO tax revenue compared to the expense partially offset by lower interest income. The increase in MCO tax revenue is driven primarily by MCO revenue rates for CY2021.
Medi-Cal
Net Surplus by Month (Actuals)
Year-over-Year Comparison

<table>
<thead>
<tr>
<th>Month</th>
<th>CY 2020</th>
<th>CY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>13,669,958</td>
<td>3,926,039</td>
</tr>
<tr>
<td>February</td>
<td>8,273,849</td>
<td>32,056,172</td>
</tr>
<tr>
<td>March</td>
<td>(13,810,935)</td>
<td>3,670,855</td>
</tr>
<tr>
<td>April</td>
<td>9,420,882</td>
<td>12,384,568</td>
</tr>
<tr>
<td>May</td>
<td>(15,066,961)</td>
<td>23,165,815</td>
</tr>
<tr>
<td>June</td>
<td>26,173,030</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>(7,876,031)</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>(6,853,393)</td>
<td>1,483,435</td>
</tr>
<tr>
<td>September</td>
<td>20,122,057</td>
<td>3,756,140</td>
</tr>
<tr>
<td>October</td>
<td></td>
<td>(1,648,704)</td>
</tr>
<tr>
<td>November</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to DHCS’ payment for active members who we did not previously receive revenue for. The Medi-Cal revenue adjustments date back to calendar year 2014.

- The month-to-date favorable medical costs variance is primarily due to lower utilization for FFS claims and lower than expected CMC member months.

<table>
<thead>
<tr>
<th></th>
<th>May 2021</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month-to-Date</td>
<td>Year-to-Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$ 58,392,197</td>
<td>$ 52,202,769</td>
<td>$ 6,189,428</td>
</tr>
<tr>
<td>Total Medical Costs</td>
<td>$ 50,681,014</td>
<td>$ 52,031,143</td>
<td>$ 1,350,129</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$ 2,435,547</td>
<td>$ 2,392,948</td>
<td>(42,599)</td>
</tr>
<tr>
<td>Total Non Operating Income (Expense)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net Surplus (Deficit)</td>
<td>$ 5,275,636</td>
<td>(2,221,323)</td>
<td>7,496,959</td>
</tr>
</tbody>
</table>
CMC
Net Surplus by Month (Actuals)
Year-over-Year Comparison

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2020</td>
<td>4,844,109</td>
<td>1,077,178</td>
<td>(3,654,495)</td>
<td>(2,456,043)</td>
<td>21,194,644</td>
<td>(7,167,836)</td>
<td>2,664,238</td>
<td>15,878,384</td>
<td>1,504,548</td>
<td>1,895,238</td>
<td>7,482,450</td>
<td>(2,331,610)</td>
</tr>
<tr>
<td>CY 2021</td>
<td>1,462,162</td>
<td>(853,372)</td>
<td>(11,311,063)</td>
<td>2,135,796</td>
<td>5,275,636</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Highlights for the Month:

- Increase in Current Assets is primarily due to receipt of $238M & $94M for IGT and Directed Payments (QIP), respectively, from DHCS.
- Increase in Current Liabilities is primarily due to receipt of $238M & $94M for IGT and Directed Payments (QIP), respectively, from DHCS and $13M MCO tax accrual for the month of May.
- Decrease in Deferred Inflows of Resources is due to CMS May 2021 payment received in April 2021.

<table>
<thead>
<tr>
<th></th>
<th>May-21</th>
<th>Apr-21</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>$ 1,905,563,725</td>
<td>$ 1,547,338,893</td>
<td>$ 358,224,833</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>$ 219,555,185</td>
<td>$ 219,130,855</td>
<td>$ 424,330</td>
</tr>
<tr>
<td>Deferred Outflows of</td>
<td>$ 44,350,423</td>
<td>$ 44,350,423</td>
<td>-</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$ 2,169,469,333</td>
<td>$ 1,810,820,170</td>
<td>$ 358,649,162</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** |                |                |              |
| Current Liabilities      | $ 1,115,260,141 | $ 738,768,307  | $ 376,491,833 |
| Long-Term Liabilities    | $ 16,126,267   | $ 16,126,267   | -            |
| Deferred Inflows of      | $ 1,319,183    | $ 47,326,045   | (46,006,862) |
| Resources                |                |                |              |
| Equity                   | $ 1,036,763,742 | $ 1,008,599,551 | $ 28,164,191 |
| **Total Liabilities and Net Assets** | $ 2,169,469,333 | $ 1,810,820,170 | $ 358,649,162 |
February 2021 – Payments to providers for HQAF July 2019-December 2020 and lower DHCS funding due to changes in premium rates.

March 2021- Received $230M Directed Payments from DHCS and increases in MCAL paid premium rates for January and February 2021 DOS. The increase in cash receipts was partially offset by an increase in medical payments.

April 2021- Payments to providers for Directed Payments and quarterly MCO tax payments to DHCS partially offset by a decrease in medical payments and an increase in CMS funding received.

May 2021- Received $238M & $94M for IGT and Directed Payments (QIP), respectively, from DHCS. Funds were not distributed until June 2021.
PROVIDER NETWORK DEPARTMENT

30. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR COUNTY OF SAN BERNARDINO ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER - COLTON

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Third Amendment to the Hospital Per Diem Agreement for County of San Bernardino on behalf of Arrowhead Regional Medical Center, effective June 1, 2021.

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

**Background:**
County of San Bernardino on behalf of Arrowhead Regional Medical Center is currently contracted Hospital in the IEHP Network.

**Discussion:**
The Amendment is in response to the COVID-19 emergency actions by the HOSPITAL, IEHP will provide financial support to commensurate with the volume of COVID-19 IEHP Member bed days experienced by Hospital in 2020.

**Strategy Focus Areas:**
- Network
- Team Members
- Operational Excellence
- Technology
- Financial Stewardship
- Not Applicable

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

31. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE ANCILLARY AGREEMENT FOR INLAND PHARMACY INC DBA INLAND PHARMACY – HEMET

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the First Amendment to the Ancillary Agreement for Inland Pharmacy Inc dba Inland Pharmacy, effective December 1, 2020.

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

**Background:**
Inland Pharmacy Inc dba Inland Pharmacy is currently a contracted Provider in the IEHP Network since October 1, 2020.

**Discussion:**
The Amendment is to replace the Attachment B, Compensation.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
32. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 52, LLC DBA KINDRED HOSPITAL BALDWIN PARK – BALDWIN PARK

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 52, LLC dba Kindred Hospital Baldwin Park, effective July 1, 2021.

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

**Background:**
KND Development 52, LLC dba Kindred Hospital Baldwin Park would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 52, LLC dba Kindred Hospital Baldwin Park.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

33. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND REAL ESTATE 40 LLC DBA KINDRED HOSPITAL PARAMOUNT - PARAMOUNT

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Real Estate 40 LLC dba Kindred Hospital Paramount, effective July 1, 2021.

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

**Background:**
KND Real Estate 40 LLC dba Kindred Hospital Paramount would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Real Estate 40 LLC dba Kindred Hospital Paramount.

**Strategy Focus Areas:**

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

34. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 55, LLC DBA KINDRED HOSPITAL RANCHO – RANCHO CUCAMONGA

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 55, LLC dba Kindred Hospital Rancho, effective July 1, 2021.

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

**Background:**
KND Development 55, LLC dba Kindred Hospital Rancho would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 55, LLC dba Kindred Hospital Rancho.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

35. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 54, LLC DBA KINDRED HOSPITAL RIVERSIDE - RIVERSIDE

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 54, LLC dba Kindred Hospital Riverside, effective July 1, 2021.

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

**Background:**
KND Development 54, LLC dba Kindred Hospital Riverside would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 54, LLC dba Kindred Hospital Riverside.

**Strategy Focus Areas:**
- Network

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

36. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR KND DEVELOPMENT 53, LLC DBA KINDRED HOSPITAL SOUTH BAY - GARDENIA

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for KND Development 53, LLC dba Kindred Hospital South Bay, effective July 1, 2021.

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

**Background:**
KND Development 53, LLC dba Kindred Hospital South Bay would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered KND Development 53, LLC dba Kindred Hospital South Bay.

**Strategy Focus Areas:**
- Network
- Not Applicable

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

37. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR THC-ORANGE COUNTY, LLC – MULTIPLE LOCATIONS

Recommmended Action:
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for THC-Orange County, LLC, effective July 1, 2021.

Contact:
Kurt Hubler, Chief Network Officer

Background:
THC-Orange County, LLC would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

Discussion:
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered by THC-Orange County, LLC.

Strategy Focus Areas:

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

Fiscal Impact:
Included in CY2021 Budget

Financial Review:
N/A

Reviewed by Counsel:
Yes
PROVIDER NETWORK DEPARTMENT

38. RATIFY AND APPROVE THE HOSPITAL PER DIEM AGREEMENT FOR SOUTHERN CALIFORNIA SPECIALTY CARE, LLC – MULTIPLE LOCATIONS

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access ratify and approve the Hospital Per Diem Agreement for Southern California Specialty Care, LLC, effective July 1, 2021.

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

**Background:**
Southern California Specialty Care, LLC would like to participate as a contracted Hospital in the IEHP Network with all lines of business.

**Discussion:**
The Hospital Per Diem Agreement was tailored to reflect the hospital services offered by Southern California Specialty Care, LLC.

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

**Fiscal Impact:**
Included in CY2021 Budget

**Financial Review:**
N/A

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

39. APPROVAL OF THE STANDARD TEMPLATES

**Recommended Action:**
That the Governing Board of the Inland Empire Health Plan (IEHP) and IEHP Health Access 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 templates, 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:

1. Master Capitated Hospital Agreement
2. Master Hospital Per Diem Agreement
3. Master Hospital Per Diem Agreement for Behavioral Health Services
4. Master Agreement (All Lines of Business)

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

**Fiscal Impact:**
None

**Financial Review:**
N/A

**Reviewed by Counsel:**
Yes
CONSENT AGENDA

PROVIDER NETWORK DEPARTMENT

40. 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, 2021:

Additional one (1) year term:
1) Maria Puraci - 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

Additional two (2) year term:
3) Housecall Doctors Medical Group Inc - Fee-For-Service Primary Care Provider Agreement

Additional five (5) year term:
4) CYA Optometry dba Barstow Optometric Eye Care - Participating Provider Agreement
5) Equaltox LLC dba Equaltox LLC - Ancillary Provider Agreement
6) Francisco J Pabalane MD Inc dba Pabalan Eye Center - Participating Provider Agreement
7) Inland Valley Partners LLC dba Inland Valley Care and Rehab Center - Skilled Nursing Facility Provider Agreement
8) Los Feliz Hospice Healthcare - Ancillary Provider Agreement
9) Lucid Speech and Language Clinic Inc - Participating Provider Agreement
10) Mission Imaging Inc - Ancillary Provider Agreement
11) Rene Salhab dba Childrens Choice Pediatrics - Open Access Provider Agreement
12) Sonotec Mobile Imaging Inc - Ancillary Provider Agreement
13) Stephanie Y Hsieh - Behavioral Health Provider Agreement
14) ValleyWide Hearing Aid Center Inc – Ancillary Provider Agreement (Excluding Medicare Dualchoice)

**Strategy Focus Areas:**

- [ ] Member Experience
- [ ] Network
- [ ] Team Members
- [ ] Operational Excellence
- [ ] Technology
- [ ] Financial Stewardship
- [ ] Not Applicable
Fiscal Impact:
Included in CY2021 Budget

Financial Review:
N/A

Reviewed by Counsel:
N/A
THE GOVERNING BOARD
OF THE
INLAND EMPIRE HEALTH PLAN AND IEHP HEALTH ACCESS

Inland Empire Health Plan
10801 Sixth Street
Rancho Cucamonga, CA 91730

WebEx Event

DRAFT - MINUTES OF THE JUNE 14, 2021 REGULAR MEETING

Governing Board Members Present:
   Supervisor Curt Hagman
   Supervisor Dawn Rowe
   Dan Anderson
   Drew Williams
   Eileen Zorn

Governing Board Members Absent: Supervisor Karen Spiegel, Supervisor Jeff Hewitt
Governing Board Member Vacancy: None

Inland Empire Health Plan Employees and Legal Counsel Present:
   Jarrod McNaughton, Chief Executive Officer
   Michael Deering, Chief Information Officer
   Keenan Freeman, Chief Financial Officer
   Karen Hansberger, M.D., Chief Medical Officer
   Edward Juhn, Chief Quality Officer
   Janet Nix, Chief of Organizational Management
   Edward Juhn, Chief Quality Officer
   Karen Hansberger, M.D., Chief Medical Officer
   Edward Juhn, Chief Quality Officer
   Raymond Mistica, Esq. Deputy County Counsel
   Anna Wang, Esq., General Counsel
   Victoria Ostermann, Director of Government Affairs
   Annette Taylor, Secretary to the Governing Board
   Stefanie Stubblefield, Board Specialist
   Thomas Pham, VP, Strategy

IEHP Staff Absent: Kurt Hubler, Chief Network Officer

Guests:
   Matt Daniels, Regional Manager, County of Riverside, Dept of Public Social Services
   Belinda Lowry, MSN, RN, CHPN, Case Manager with VITAS Inland Cities
   Breanna Glass, Home Care Team Manager, VITAS
   Wes Rogers, General Manager, VITAS

I. Call to Order:
   Vice Chair Hagman called the June 14, 2021 regular meeting of the Inland Empire Health Plan and
   the IEHP Health Access Governing Board to order at 9:04 a.m.

II. Pledge of Allegiance

III. Roll Call

IV. Agenda Changes:
   None

V. Public Comment:
   None
VI. Conflict of Interest Disclosure:
Member Anderson disclosed a conflict on IEHP Agenda Item 30 and IEHP HA Agenda Item 50.

VII. Adopt and Approve the Meeting Minutes from the May 10, 2021 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access.

**Vice Chair Hagman combined the vote to approve the May 10, 2021 Meeting Minutes, the IEHP Consent Agenda and the IEHP Health Access Consent Agenda.**

VIII. IEHP:

Consent Agenda:

**Action:** On motion of Member Williams and seconded by Member Anderson, the Meeting Minutes from the May 10, 2021 Regular Meeting of the Governing Board of the Inland Empire Health Plan and IEHP Health Access were approved as presented. (Williams/Anderson; Hewitt/Spiegel absent)

Policy Agenda and Status Report on Agency Operations (Board Report #317)

ADMINISTRATION:
Jarrod McNaughton, Chief Executive Officer, presented the following Administrative section of the Status Report:

Item 31: Chief Executive Officer Update
Mr. McNaughton presented the CEO Update for June 2021.

*Members Hagman and Zorn commented on presentation*

Item 32: Board Education – Enrollment and Eligibility
Thomas Pham, Vice President, Strategy and Matt Daniels, Regional Manager, County of Riverside, Dept of Public Social Services, presented an overview of the functions and responsibilities of the Enrollment and Eligibility process.

*Members Hagman and Zorn commented on overview.

All Status Report items for the Administration Department were reviewed and accepted by the Governing Board
FINANCE DEPARTMENT (Keenan Freeman):
Keenan Freeman, Chief Financial Officer, presented the following Finance Department section of the Status Report:

Item 33: Review of the Monthly Finances:
Mr. Freeman presented the Monthly Financials for PE April 30, 2021.

*Member Zorn commented on review

All Status Report items for the Finance Department were reviewed and accepted by the Governing Board

IX. IHEP Health Access:

Consent Agenda:

Action: On motion of Member Williams and seconded by Member Anderson, Items 34 through 50 on the IEHP Health Access Consent Agenda were approved as presented.
(Williams/Anderson; Hewitt/Spiegel absent)

X. Comments from The Public on Matters Not on The Agenda: None

XI. Board Comments: None

**As there was no reportable action as a result of the scheduled Closed Session item, Vice Chair Hagman adjourned the June 14, 2021 IEHP and IEHP Health Access Governing Board meeting at 10:20 a.m. Closed Session was concluded at 11:20 a.m.

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

1. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:
Title: Chief Executive Officer of the Inland Empire Health Plan

XIII. Adjournment
The June 14, 2021 Regular meeting of the Inland Empire Health Plan and the IEHP Health Access Governing Board was adjourned by Vice Chair Hagman at 10:20 a.m.

The Approved Governing Board Minutes for June 14, 2021 will have a copy of the IEHP Board Report #316 attached

These Meeting Minutes were duly adopted and approved on June 14, 2021.

Annette M. Taylor
Secretary to the IEHP Governing Board
INLAND EMPIRE HEALTH PLAN

Professional Services Agreements,
Contracts and Amendments

UNDER $200,000

Whereby the Chief Executive Officer of IEHP applied his authority and approved purchases up to $200,000 as authorized by the Governing Board through

Minute Order 16-64
(Service pursuant to a written contract from a single vendor for a period of one year based on effective date of the contract)

And

TANGIBLE GOODS

Minute Order 16-65
(Purchase of all Goods and Non-Contracted Services in excess of $500,000)

Items on this summary report are being processed in conjunction with the

July 12, 2021
Governing Board Meeting
<table>
<thead>
<tr>
<th>Vendor</th>
<th>Purpose</th>
<th>Contract Amount</th>
<th>Budget</th>
<th>Effective Date</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT&amp;T Corp.</td>
<td>Wireless Communication and Equipment</td>
<td>$0</td>
<td>None</td>
<td>06/08/21</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Calibrated Healthcare Network, LLC</td>
<td>UM Clinical and Non-Clinical Review</td>
<td>$18,000</td>
<td>Included in CY2021</td>
<td>06/09/21</td>
<td>Health Services</td>
</tr>
<tr>
<td>Century Link Renewal</td>
<td>Building Access Agreement</td>
<td>$0</td>
<td>Included in CY2021</td>
<td>06/07/21</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Charter Communicating Operating, LLC</td>
<td>Services Agreement</td>
<td>$26,964</td>
<td>Included in CY2021</td>
<td>06/22/21</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Healthcare Informatics, LLC</td>
<td>Maintenance of IEHP Site Audit Tool</td>
<td>$0</td>
<td>Included in CY2021</td>
<td>06/07/21</td>
<td>Health Services</td>
</tr>
<tr>
<td>HR Vantage Point, LLC</td>
<td>Talent Acquisition Consultant Services</td>
<td>$84,000</td>
<td>Included in CY2021</td>
<td>06/29/21</td>
<td>Administration</td>
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<td>Mary Catherin Ferier Randall, PH.D</td>
<td>Behavioral Health Treatment Services</td>
<td>$20,000</td>
<td>Included in CY2021</td>
<td>07/01/21</td>
<td>Health Services</td>
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<td>Neilson Audio, Inc.</td>
<td>Local Television Ratings Data</td>
<td>$361,400</td>
<td>Included in CY2021</td>
<td>05/01/21</td>
<td>Marketing</td>
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<td>PYX Health, Inc.</td>
<td>Amendment to MSA for a Social Mobile App.</td>
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<td>Included in CY2021</td>
<td>06/07/21</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Quality Works Consulting Group, LLC</td>
<td>Automation Strategy and Proof Concept for Meditrack's Priority Workflows</td>
<td>$150,450</td>
<td>Included in CY2021</td>
<td>06/30/21</td>
<td>Information Technology</td>
</tr>
<tr>
<td>Quick Caption, Inc.</td>
<td>Captioning Services for the Deaf and Hard of Hearing</td>
<td>$150,000</td>
<td>Included in CY2021</td>
<td>06/23/21</td>
<td>Marketing</td>
</tr>
</tbody>
</table>
Tangible Goods Summary Report
as of July 12, 2021

No Items to Report
ADMINISTRATION (Jarrod McNaughton)

1. Standard IEHP Monthly Reports
   a. IEHP Operations Reports
      1) Claims Inventory Report
      2) Claims Processing Turnaround Time
      3) PCP Member Allocation Report
      4) Member Services Telephone Activity Report
      5) Provider Automated Eligibility Contact Report
      6) Member Eligibility Verification Report
   b. IEHP Provider Reports
      1) IPA Consolidated Membership Report
      2) Hospital Consolidated Membership Report
   c. IEHP Marketing Reports
      2) Two-county Medi-Cal Market Enrollment Report
      2) IEHP’s Medi-Cal Membership by Market Segmentation
      3) Two-county Cal MediConnect Market Enrollment Report –
ADMINISTRATION
1. Review of The Standard IEHP Monthly Reports
   a. Operations Reports
      1) Claims Summary Report

Claims Inventory Report
Month End May 2021

<table>
<thead>
<tr>
<th>Claims Category</th>
<th>Beginning Inventory</th>
<th>Claims Received</th>
<th>Claims Paid</th>
<th>Claims Denied</th>
<th>Claims Capitated</th>
<th>Ending Inventory</th>
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<tr>
<td>Professional</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>IEHP Responsible</td>
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<td>100,287</td>
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<td>402,183</td>
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<td>9,177</td>
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<td>413</td>
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<td>30,221</td>
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<td>11,672</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
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<td>10,868</td>
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<td>-</td>
<td>-</td>
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<tr>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>Professional Subtotal</td>
<td>265,409</td>
<td>822,539</td>
<td>620,651</td>
<td>134,790</td>
<td>43,355</td>
<td>289,152</td>
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<td>Institutional</td>
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<tr>
<td>IEHP Responsible</td>
<td>21,352</td>
<td>45,305</td>
<td>35,769</td>
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<td>2,004</td>
<td>19,078</td>
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<td>77,205</td>
<td>61,602</td>
<td>5,009</td>
<td>5,360</td>
<td>27,680</td>
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<td>Per Diem Hospital Contract</td>
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<td>16,407</td>
<td>1,323</td>
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<td>7,730</td>
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<td>-</td>
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<tr>
<td>Pay For Performance (P4P)</td>
<td>-</td>
<td>-</td>
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<td>71</td>
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<tr>
<td>Redirected</td>
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<td>1,930</td>
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<td>656</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Institutional Subtotal</td>
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<td>143,325</td>
<td>113,862</td>
<td>18,081</td>
<td>7,454</td>
<td>55,216</td>
</tr>
</tbody>
</table>

Total Claims: 316,697 965,864 734,513 152,871 50,809 344,368

Production Days: 20
Delayed Receipts (included in Claims Received Column) 16,182
Paid, Denied and Capitated Claims 938,193
Claims awaiting Check Write 287,108
Claims awaiting adjudication 57,260
Auto-Adjudicated Claims 773,399
Auto-Adjudication Rate 82%
Average Claims Worked per Day 46,910
Average # of Days Claims are in Inventory 2

Inland Empire Health Plan
Supplemental to Board Report #318
July 12, 2021
ADMINISTRATION

1. Review of the Standard IEHP Monthly Reports
   a. Operations Reports
      2) Claims Processing Turnaround Time

<table>
<thead>
<tr>
<th>Professional</th>
<th>Professional</th>
<th>Professional</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEHP Responsible</td>
<td>136,056</td>
<td>2,604</td>
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<tr>
<td>IEHP Direct</td>
<td>478,770</td>
<td>19,303</td>
<td>45</td>
</tr>
<tr>
<td>Per Diem Hospital Contract</td>
<td>74,631</td>
<td>430</td>
<td>45</td>
</tr>
<tr>
<td>Vision</td>
<td>21,669</td>
<td>260</td>
<td>3</td>
</tr>
<tr>
<td>Pay For Performance (P4P)</td>
<td>1,403</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>30,743</td>
<td>851</td>
<td>149</td>
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<tr>
<td>Member Reimbursement</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Redirected</td>
<td>28,899</td>
<td>2,936</td>
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<td>Decaps</td>
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<tr>
<td>Professional Subtotal</td>
<td>772,171</td>
<td>26,385</td>
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</table>

| Percentage | 96.67% | 3.30% | - | 0.02% |

<table>
<thead>
<tr>
<th>Institutional</th>
<th>Institutional</th>
<th>Institutional</th>
<th>Institutional</th>
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<tbody>
<tr>
<td>IEHP Responsible</td>
<td>46,858</td>
<td>704</td>
<td>9</td>
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<tr>
<td>IEHP Direct</td>
<td>71,222</td>
<td>734</td>
<td>10</td>
</tr>
<tr>
<td>Per Diem Hospital Contract</td>
<td>17,692</td>
<td>120</td>
<td>3</td>
</tr>
<tr>
<td>Vision</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pay For Performance (P4P)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health</td>
<td>90</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>Member Reimbursement</td>
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<td>-</td>
</tr>
<tr>
<td>Redirected</td>
<td>1,931</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Decaps</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No Category</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Institutional Subtotal</td>
<td>137,793</td>
<td>1,567</td>
<td>22</td>
</tr>
</tbody>
</table>

| Percentage | 98.85% | 1.12% | 0.02% | 0.01% |

<table>
<thead>
<tr>
<th>Grand Total</th>
<th>Grand Total</th>
<th>Grand Total</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>909,964</td>
<td>27,952</td>
<td>79</td>
<td>198</td>
</tr>
</tbody>
</table>

% of Total | 96.99% | 2.98% | 0.01% | 0.02% |
ADMINISTRATION

1. Review of The Standard IEHP Monthly Reports
   a. Operations Reports
      3) PCP Member Allocation Report
ADMINISTRATION

1. Review of The Standard IEHP Monthly Reports
   a. Operations Reports
      4) Member Services Telephone Activity Report

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual Membership</th>
<th>Inbound Calls</th>
<th>Response Time in Minutes</th>
<th>Call Length in Minutes</th>
<th>Abandonment Rate</th>
<th>% of Inbound Calls</th>
<th>Outbound Calls</th>
<th>Total Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Variance</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>June '20</td>
<td>1,276,011</td>
<td>83,270</td>
<td>68,219</td>
<td>0.04</td>
<td>12:06</td>
<td>0.27%</td>
<td>98.7%</td>
<td>117,585</td>
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<td>1,290,995</td>
<td>85,908</td>
<td>87,297</td>
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<td>0.44%</td>
<td>98.8%</td>
<td>115,728</td>
</tr>
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<td>August '20</td>
<td>1,305,509</td>
<td>85,115</td>
<td>87,116</td>
<td>0.07</td>
<td>12:24</td>
<td>0.40%</td>
<td>98.9%</td>
<td>114,612</td>
</tr>
<tr>
<td>September '20</td>
<td>1,323,941</td>
<td>88,103</td>
<td>86,250</td>
<td>0.09</td>
<td>12:24</td>
<td>0.58%</td>
<td>98.8%</td>
<td>114,722</td>
</tr>
<tr>
<td>October '20</td>
<td>1,335,232</td>
<td>89,556</td>
<td>92,992</td>
<td>0.12</td>
<td>12:21</td>
<td>0.66%</td>
<td>98.8%</td>
<td>118,685</td>
</tr>
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<td>November '20</td>
<td>1,347,390</td>
<td>79,189</td>
<td>78,977</td>
<td>1.02</td>
<td>13:00</td>
<td>2.96%</td>
<td>99.0%</td>
<td>108,178</td>
</tr>
<tr>
<td>December '20</td>
<td>1,358,721</td>
<td>81,088</td>
<td>85,966</td>
<td>0.41</td>
<td>13:02</td>
<td>2.01%</td>
<td>98.9%</td>
<td>119,286</td>
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<td>January '21</td>
<td>1,365,471</td>
<td>84,424</td>
<td>101,273</td>
<td>0.56</td>
<td>12:41</td>
<td>2.84%</td>
<td>99.0%</td>
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<td>February '21</td>
<td>1,373,226</td>
<td>84,564</td>
<td>85,148</td>
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<td>12:50</td>
<td>2.43%</td>
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<td>103,177</td>
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<td>12:43</td>
<td>2.28%</td>
<td>98.9%</td>
<td>144,083</td>
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<td>91,044</td>
<td>93,884</td>
<td>0.38</td>
<td>13:00</td>
<td>3.05%</td>
<td>98.8%</td>
<td>118,565</td>
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<td>May '21</td>
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<td>83,532</td>
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<td>13:08</td>
<td>3.05%</td>
<td>98.7%</td>
<td>109,429</td>
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(a) Outbound Calls includes Outbound Calls Campaign
ADMINISTRATION

1. Review of The Standard IEHP Monthly Reports
   a. Operations Reports
      5) Provider Automated Eligibility Contact Report

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual Membership</th>
<th>IVR Contacts</th>
<th>WEB Page Contacts</th>
<th>Spot Check Contacts</th>
<th>Total Automated Contacts</th>
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</thead>
<tbody>
<tr>
<td>June '20</td>
<td>1,276,011</td>
<td>(a)</td>
<td>5,773,038</td>
<td>1,746,346</td>
<td>7,519,384</td>
</tr>
<tr>
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<td>1,290,995</td>
<td>(a)</td>
<td>5,773,692</td>
<td>1,495,160</td>
<td>7,268,852</td>
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<tr>
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<td>1,305,509</td>
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<td>5,467,651</td>
<td>1,560,310</td>
<td>7,027,961</td>
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<tr>
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<td>(a)</td>
<td>5,539,812</td>
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<td>6,842,280</td>
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<tr>
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<td>5,822,406</td>
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<td>(a)</td>
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<td>1,577,701</td>
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<tr>
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<td>1,358,721</td>
<td>(a)</td>
<td>6,224,338</td>
<td>1,583,778</td>
<td>7,808,116</td>
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<tr>
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<td>4,864,957</td>
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<tr>
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<tr>
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<tr>
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<td>2,310,291</td>
<td>8,006,532</td>
</tr>
<tr>
<td>May '21</td>
<td>1,402,711</td>
<td>(a)</td>
<td>8,328,583</td>
<td>2,129,858</td>
<td>10,458,441</td>
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</table>

(a) IVR lines are no longer in use, instead all transactions are handled by the Provider Web Portal.
ADMINISTRATION

1. Review of The Standard IEHP Monthly Reports
   a. Operations Reports
      
      6) Member Eligibility Verification Report (May 2021 – Total: 10,458,441)

- IVR lines are no longer in use, instead all transactions are handled by the Provider Web Portal.
administration

1. Review of the Standard IEHP Monthly Reports
   b. Provider Reports
      1) IPA Consolidated Membership Report (June 2021)

<table>
<thead>
<tr>
<th>IPA NAME</th>
<th>Service Areas</th>
<th>Number of PCPs</th>
<th>Enrollment 06/01/21</th>
<th>Enrollment 06/01/21*</th>
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<tr>
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<td>All Areas</td>
<td>1,910</td>
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<tr>
<td>Inland Faculty Medical Group</td>
<td>R1/R3/S1/S2/S3</td>
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<tr>
<td>Kaiser Foundation Health Plan Inc</td>
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<td>LaSalle Medical Associates</td>
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<td>Tri Valley Medical Group</td>
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<td>Count</td>
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<td>Alliance Desert Physicians</td>
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<td></td>
<td><strong>3,169</strong></td>
<td><strong>1,326,860</strong></td>
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</tbody>
</table>

Due to timing issues, these figures may not exactly reflect figures used for capitation.

* = Total number of non-terminated unique PCPs per IPA

t = Excludes Medi-Medi and Open Access Enrollment.
IPA GEOGRAPHIC SERVICE AREAS

R1 Riverside Proper
   Moreno Valley,Nuevo,Perris,Riverside

R2 Low Desert
   Amboy,Cathedral City,Coachella,Desert Hot Springs,Indian Wells,Indio,Joshua Tree,La Quinta,Landers,Marine Corp Base,Mecca,Morongo Valley,North Palm Springs,Palm Desert,Palm Springs,Pioneer Town,Rancho Mirage, Thermal,Thousand Palms,Twenty-nine Palms, Whitewater,Yucca Valley

R3 Corona/Temecula/Hemet Region
   Aguanga, Anza, Corona, Fallbrook, Hemet, Homeland, Idyllwild, Lake Elsinore, Menifee, Mira Loma, Mountain Center, Murrieta, Norco, San Jacinto, Sun City, Temecula, Wildomar, Winchester

S1 San Bernardino Proper
   Angelus Oaks,Banning,Beaumont,Big Bear City,Big Bear Lake,Bloomington, Blue Jay,Bryn Mawr,Cabazon, Calimesa, Cedar Glen,Cedarpines Park,Colton,Crest Park,Crestline,Fawnskin,Fontana,Forest Falls,Grand Terrace,Green Valley Lake,Highland,Lake Arrowhead, Loma Linda,Loma Linda University, Mentone, Patton, Redlands,Rialto,Rimforest,Running Springs, San Bernardino, Sky Forest,Sugar Loaf,Twin Peaks,Veteran’s Hospital,Yucaipa

S2 West San Bernardino
   Chino,Chino Hills, Claremont,Guasti,Hacienda Heights,La Verne,Montclair,Mount Baldy,Ontario,Pomona,Rancho Cucamonga,Upland

S3 High Desert
IPA GEOGRAPHIC SERVICE AREAS (Excluded Areas)

99  Out of Area

Big River, Blythe, Cima, Desert Center, Essex, Mountain Pass, Needles, Nipton, Parker Dam, Red Mountain, Roland Heights, Trona.
ADMINISTRATION

1. Review of the Standard IEHP Monthly Reports
   b. Provider Reports
      2) Hospital Consolidated Membership Report (June 2021)

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>Number of PCPs</th>
<th>Enrollment 06/01/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dignity Health</td>
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<tr>
<td>St. Bernardine Medical Center</td>
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<td>Physicians For Healthy Hospitals</td>
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<tr>
<td>Hemet Valley Medical Center</td>
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<td>52,856</td>
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<td>Subtotal:</td>
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<td>52,856</td>
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<tr>
<td>Prime Healthcare Services</td>
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<tr>
<td>Montclair Hospital Medical Center</td>
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<td>35,781</td>
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<tr>
<td>Subtotal:</td>
<td>74</td>
<td>35,781</td>
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<tr>
<td>Tenet HealthCare Corporation</td>
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<td>John F. Kennedy Memorial Hospital</td>
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<td>Universal Health Systems, Inc</td>
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<td>Rancho Springs Medical Center</td>
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<td>75,208</td>
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<td>Valley Health System</td>
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<td>Menifee Valley Medical Center</td>
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<tr>
<td>Subtotal:</td>
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<tr>
<td>Kaiser Fontana/Riverside</td>
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<tr>
<td>Victor Valley Global Medical Center</td>
<td>209</td>
<td>120,260</td>
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</tbody>
</table>
ADMINISTRATION

1. Review of the Standard IEHP Monthly Reports
   c. Provider Reports
      2) Hospital Consolidated Membership Report (June 2021)

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>Number of PCPs 06/01/21</th>
<th>Enrollment 06/01/21 t</th>
</tr>
</thead>
<tbody>
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<td>Eisenhower Medical Center</td>
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<td>St. Mary Medical Center</td>
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<td>16,232</td>
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<td>San Gorgonio Memorial Hospital</td>
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<tr>
<td>Barstow Community Hospital</td>
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<td><strong>Subtotal:</strong></td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>2,263</strong></td>
<td><strong>1,290,475</strong></td>
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</table>

*Due to timing issues, these figures may not exactly reflect figures used for capitation*

*PCP totals deviate from IPA report totals due to multiple hospital affiliations*

*t = Excludes Medi-Medi, Medicare and Open Access Members*
**ADMINISTRATION**

1. **Review of The Standard IEHP Monthly Reports**
   
   c. **Marketing Reports**

   1) **Two-county Medi-Cal Market Enrollment Report (July 2021)**

<table>
<thead>
<tr>
<th>Month</th>
<th>IEHP*</th>
<th>Percent of IEHP</th>
<th>Molina*</th>
<th>Percent of Molina</th>
<th>Fee-For-Service (FFS)</th>
<th>Percent of FFS</th>
<th>Total Two-county Enrollees**</th>
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</thead>
<tbody>
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<td>Jul-20</td>
<td>1,263,086</td>
<td>76.1%</td>
<td>151,748</td>
<td>9.1%</td>
<td>245,237</td>
<td>14.8%</td>
<td>1,660,071</td>
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<tr>
<td>Aug-20</td>
<td>1,277,273</td>
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<td>154,169</td>
<td>9.3%</td>
<td>228,629</td>
<td>13.8%</td>
<td>1,660,071</td>
</tr>
<tr>
<td>Sep-20</td>
<td>1,295,547</td>
<td>78.0%</td>
<td>156,749</td>
<td>9.4%</td>
<td>207,775</td>
<td>12.5%</td>
<td>1,660,071</td>
</tr>
<tr>
<td>Oct-20</td>
<td>1,306,320</td>
<td>78.7%</td>
<td>157,870</td>
<td>9.5%</td>
<td>195,881</td>
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<tr>
<td>Nov-20</td>
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<td>159,741</td>
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<td>183,049</td>
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<td>170,720</td>
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<td>162,709</td>
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<td>152,076</td>
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<td>120,109</td>
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<td>Jun-21</td>
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<td>Jul-21</td>
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** http://www.dhcs.ca.gov, Medi-Cal Beneficiary Counts Pivot Table, County,Jan 2021 (most recent month available).

**Data for June 2021 has not been updated by DHCS as of 07/07/2021
**ADMINISTRATION**

1. Review of The Standard IEHP Monthly Reports  
   c. Marketing Reports  
   2) IEHP’s Medi-Cal Membership by Market Segmentation (July 2021)

<table>
<thead>
<tr>
<th>Month</th>
<th>Family and Children (non-CHIP)</th>
<th>Medi-Cal Expansion Adults</th>
<th>Children Health Insurance Program (CHIP)</th>
<th>Seniors &amp; People with a Disability (Non-Dual)</th>
<th>Dual Eligibles (Non-Cal MediConnect)</th>
<th>Other Categories</th>
<th>Total IEHP’s Medi-Cal Membership</th>
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<tbody>
<tr>
<td>Jul-20</td>
<td>608,282</td>
<td>360,565</td>
<td>154,321</td>
<td>67,848</td>
<td>70,667</td>
<td>85</td>
<td>1,261,768</td>
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<td>Aug-20</td>
<td>615,417</td>
<td>366,872</td>
<td>154,781</td>
<td>67,820</td>
<td>70,790</td>
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<td>1,275,762</td>
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<td>624,486</td>
<td>374,547</td>
<td>156,102</td>
<td>67,565</td>
<td>71,231</td>
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<td>379,217</td>
<td>156,380</td>
<td>67,845</td>
<td>71,924</td>
<td>81</td>
<td>1,304,984</td>
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<td>Nov-20</td>
<td>635,816</td>
<td>384,035</td>
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<td>67,808</td>
<td>72,658</td>
<td>80</td>
<td>1,317,157</td>
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<tr>
<td>Dec-20</td>
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<td>388,432</td>
<td>157,505</td>
<td>68,195</td>
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<td>79</td>
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<td>Jan-21</td>
<td>642,449</td>
<td>391,808</td>
<td>157,495</td>
<td>68,197</td>
<td>75,024</td>
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<td>646,149</td>
<td>395,481</td>
<td>157,802</td>
<td>68,200</td>
<td>75,119</td>
<td>80</td>
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<tr>
<td>Mar-21</td>
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<td>400,019</td>
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<td>68,070</td>
<td>75,276</td>
<td>82</td>
<td>1,351,795</td>
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<td>Apr-21</td>
<td>654,390</td>
<td>404,515</td>
<td>158,441</td>
<td>68,091</td>
<td>75,545</td>
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<tr>
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<td>75,599</td>
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<td>Jun-21</td>
<td>662,529</td>
<td>412,413</td>
<td>159,429</td>
<td>67,961</td>
<td>75,593</td>
<td>78</td>
<td>1,378,003</td>
</tr>
<tr>
<td>Jul-21</td>
<td>665,288</td>
<td>416,033</td>
<td>159,752</td>
<td>67,947</td>
<td>76,892</td>
<td>77</td>
<td>1,385,989</td>
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<td>Aug-21</td>
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<td>Dec-21</td>
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</table>

Source: IEHP Enterprise Data Warehouse. Data last ran on July 1st, 2021 for 1st of the month enrollment.
ADMINISTRATION

1. Review of The Standard IEHP Monthly Reports
   c. Marketing Reports
      3) Two-county Cal MediConnect Market Enrollment Report (July 2021)

<table>
<thead>
<tr>
<th>Month</th>
<th>IEHP</th>
<th>Percent of IEHP</th>
<th>Molina</th>
<th>Percent of Molina</th>
<th>Total Two-county CMC Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-20</td>
<td>28,747</td>
<td>90.1%</td>
<td>3,144</td>
<td>9.9%</td>
<td>31,891</td>
</tr>
<tr>
<td>Aug-20</td>
<td>29,042</td>
<td>90.3%</td>
<td>3,128</td>
<td>9.7%</td>
<td>32,170</td>
</tr>
<tr>
<td>Sep-20</td>
<td>29,291</td>
<td>90.4%</td>
<td>3,100</td>
<td>9.6%</td>
<td>32,391</td>
</tr>
<tr>
<td>Oct-20</td>
<td>29,581</td>
<td>90.6%</td>
<td>3,080</td>
<td>9.4%</td>
<td>32,661</td>
</tr>
<tr>
<td>Nov-20</td>
<td>29,895</td>
<td>90.7%</td>
<td>3,080</td>
<td>9.3%</td>
<td>32,975</td>
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<tr>
<td>Dec-20</td>
<td>30,163</td>
<td>90.7%</td>
<td>3,094</td>
<td>9.3%</td>
<td>33,257</td>
</tr>
<tr>
<td>Jan-21</td>
<td>29,797</td>
<td>90.8%</td>
<td>3,006</td>
<td>9.2%</td>
<td>32,803</td>
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<tr>
<td>Feb-21</td>
<td>29,861</td>
<td>90.9%</td>
<td>3,004</td>
<td>9.1%</td>
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<tr>
<td>Mar-21</td>
<td>30,035</td>
<td>91.0%</td>
<td>2,986</td>
<td>9.0%</td>
<td>33,021</td>
</tr>
<tr>
<td>Apr-21</td>
<td>30,164</td>
<td>91.0%</td>
<td>2,997</td>
<td>9.0%</td>
<td>33,161</td>
</tr>
<tr>
<td>May-21</td>
<td>30,382</td>
<td>91.1%</td>
<td>2,971</td>
<td>8.9%</td>
<td>33,353</td>
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<tr>
<td>Jun-21</td>
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</table>


**Data for June 2021 has not been updated by DHCS as of 07/07/2021**