



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

March 10, 2025 - 9:00 AM

**Dr. Bradley P Gilbert Center for Learning and Innovation
9500 Cleveland Avenue - Board Room
Rancho Cucamonga, CA 91730**

Board Report #358

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 AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:

The meeting of the Inland Empire Health Plan Governing Board is open to the public. A member of the public may address the Board on any item on the agenda and on any matter that is within the Board’s jurisdiction at the time of the meeting when the item listed on the agenda is called. Each speaker should begin by identifying themselves for the record and announce any contributions in excess of \$250.00 made by them or their organization in the past twelve (12) months to any IEHP Governing Board member as well as the name of the Governing Board member who received contribution. In order to keep track of speakers and to be able to notify the Board of any speakers on a particular agenda item, a speaker slip is requested to be completed and provided to the Board Secretary by the commencement of the public meeting and no later than the time the agenda item has been called so that you may be recognized by the Board to speak. The Board may limit the public input on any item, based on the number of people requesting to speak and the business of the Board.

All public record documents for matters on the open session of this agenda can be viewed at the meeting location listed above, IEHP main offices at 10801 6th Street, Suite 120, Rancho Cucamonga, CA 91730 and online at <http://www.iehp.org>.

Any member of the public may observe the scheduled proceedings by using the information listed below

https://youtube.com/live/tj_0TIMXB8c?feature=share

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

AGENDA

VI. Conflict of Interest Disclosure

Please note that Board members who also serve as a member of a legislative body of another public entity, such as San Bernardino County or the County of Riverside, does not by itself constitute a disqualifying conflict of interest that would prevent such members from participating on matters appearing on the agenda for the Inland Empire Health Plan or IEHP Health Access despite their affiliation with both public entities.

VII. Adopt and Approve of the Meeting Minutes from the February 10, 2025 Regular Meeting of the Governing Board of the Inland Empire Health Plan

VIII. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Approve the Amendment to the Service Agreement with Universal Background Screening, Inc.
2. Approve Resolution 25-001 Amending Compensation for Members of the Inland Empire Governing Board

FINANCE DEPARTMENT (Keenan Freeman)

3. Approve the Fifth Amendment to the Professional Service Agreement with Securitas Security Services USA Inc.
4. Delegation of Authority to Approve the Annual Insurance Policy Renewals for Property, Casualty, Cyber, Management and Fiduciary

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

5. Approve the Second Amendment to the Professional Service Agreement with Hanna Interpreting Services, LLC.
6. Approve the Second Amendment to the Memorandum of Understanding with San Bernardino County Department of Behavioral Health
7. Approve the Funding Agreement with the Children and Families Commission for San Bernardino County
8. Delegation of Authority to Approve the First Amendment to the Professional Services Agreement with West Monroe Partners, LLC

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

9. Delegation of Authority to Approve the Contractual Document and Approve a Funding Increase to Licensing Agreement No. 7709 with Magnum Transaction Sub, LLC. dba Lyric

QUALITY DEPARTMENT (Edward Juhn, M.D.)

10. Overview Of The 2025 Pay For Performance Programs For Primary Care Providers, Independent Physicians Associations, Hospitals, And Hospice Providers

PROVIDER CONTRACTING DEPARTMENT (Susie White)

11. Ratify and Approve the Twenty-Fourth Amendment to the Hospital Per Diem Agreement with Community Hospital of San Bernardino – San Bernardino
12. Ratify and Approve the Twenty-Eighth Amendment to the Hospital Per Diem Agreement with St Bernardine Medical Center – San Bernardino
13. Ratify and Approve the Amendment to the Hospital Per Diem Agreement for Behavioral Services with Aurora Charter Oak Los Angeles LLC - Covina
14. Ratify and Approve the Eleventh Amendment to the Hospital Per Diem Agreement with San Gorgonio Memorial Hospital - Banning
15. Ratify and Approve the Ninth Amendment to the Capitated IPA Agreement with Optum Care Network – Inland Faculty MG– Colton
16. Approval of Standard Templates
 - 1) IPA Template – All LOBs
 - 2) IPA Template – Medi-Cal LOB
17. Approval of the Evergreen Contracts
 - 1) Menifee Global MultiSpecialty Group Inc Capitated Primary Care Provider Agreement - Hemet
 - 2) Chino Pediatric Medical Group - Open Access Agreement – Chino
 - 3) Totalcare Walk In Clinic Inc - Open Access Agreement – Chino
 - 4) Altaf L Ali MD Inc Participating Provider Agreement – Specialist Chino
 - 5) A New Day Hospice Care- Enhancement Care Management Provider Agreement – Corona
 - 6) Clinicas de Salud Del Pueblo Inc Enhancement Care Management Provider Agreement – Hemet
 - 7) Community Health Systems Inc- Enhancement Care Management Provider Agreement – Moreno Valley
 - 8) Heritage Health Network Enhancement Care Management Provider Agreement – Eastvale
 - 9) SAC Health System Enhancement Care Management Provider Agreement - San Bernardino
 - 10) WEA CA PC Enhancement Care Management Provider Agreement – Scotts Valley
 - 11) The Regents of the University of California dba UCR Health- Participating Provider Agreement - Behavioral Health – Riverside
 - 12) James J Wu Medical Corporation Admitter Agreement - Belfast

- 13) Freedom Care Transportation Inc- Transportation Agreement – Ontario
- 14) Spry Transport Inc dba Spry Mobility Transportation Agreement – Tustin
- 15) Triman Medical Transport Inc- Transportation Agreement – Colton
- 16) Catherine Parra-Haynes- Participating Provider Agreement - Behavioral Health- Riverside
- 17) Chermel Williams– Participating Provider Agreement - Behavioral Health - Rancho Cucamonga
- 18) Lauren St Jacques- Participating Provider Agreement - Behavioral Health – Riverside
- 19) Liberty Wyman dba Liberty Wyman LMFT– Participating Provider Agreement - Behavioral Health - Barstow
- 20) Manuel Rodriguez Vazquez dba Vazquez Counseling- Participating Provider Agreement - Behavioral Health - Upland
- 21) Michelle Gasper LMFT–Participating Provider Agreement - Behavioral Health – Chino
- 22) Rosa Isela Foy– Participating Provider Agreement - Behavioral Health - Fontana
- 23) Jamal Abdel-Rahman MD dba Patients Choice Medical Group - Capitated Primary Care Provider Agreement - Montclair
- 24) Luis Perez MD dba Sol Family Health Care - Capitated Primary Care Provider Agreement - Pomona
- 25) Maithri Weerasinghe MD Inc dba Dr Mikes Walk In Clinic- Capitated Primary Care Provider Agreement – Apple Valley
- 26) Caroline Dimarucot MD Inc Capitated Primary Care Provider Agreement (Excluding Medicare) - Temecula
- 27) Rosemarie Tweed DO APC– Capitated Primary Care Provider Agreement (Excluding Medicare) - Moreno Valley
- 28) San Bernardino Mountains Community Hospital District dba Mountains Community Hospital/Mountains Community Hospital Rural Clinic - Fee-For-Service Primary Care Provider Agreement (No Medicare) - Running Springs
- 29) Alvaro Bolivar dba Bolivar Family Medical Clinic Participating Provider Agreement – Specialist - San Bernardino
- 30) Eduardo Pedro Macias MD dba Macias Eye Medical Centers Participating Provider Agreement – Specialist – Fontana
- 31) Gintien Huang MD Inc–Participating Provider Agreement - Specialist San Bernardino
- 32) Mojave Radiation Oncology Medical Group Inc dba Mojave Radiation Oncology Center and San Bernardino Cancer Center– Participating Provider Agreement - Specialist –San Bernardino
- 33) Muhammad Faisal Salim– Participating Provider Agreement – Specialist – Riverside
- 34) Thomas Eng dba Thomas Eng MD - Participating Provider Agreement – Specialist – Corona
- 35) Emergency Physicians Urgent Care Inc dba Accelerated Urgent Care - Participating Provider Agreement – Urgent Care Provider Agreement - Murrieta
- 36) Brian M Alva Inc dba La Verne Optometry- Participating Provider Agreement – Vision - Participating Provider Agreement – Specialist - Moreno Valley
- 37) Behavior Frontiers LLC-Participating - Provider Agreement – Monrovia
- 38) JFHS LLC dba Jackson Family Human Services - Participating Provider Agreement – Victorville

AGENDA

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

- 18. Chief Executive Officer Update
- 19. Board Education - Quality & Health Services

FINANCE DEPARTMENT (Keenan Freeman)

- 20. Review of the Monthly Financials

OPERATIONS DEPARTMENT (Susie White)

- 21. HQI Cares: Implementing Beta Heart Update
- 22. 2024 Provider Experience Annual Survey Results

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 subdivision (b):

- 1. A meeting for purposes of discussing or taking action on a health plan trade secret

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on April 14, 2025 at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

ADMINISTRATION

1. APPROVE THE AMENDMENT TO THE SERVICE AGREEMENT WITH UNIVERSAL BACKGROUND SCREENING INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Amendment to the Service Agreement (Agreement) with Universal Background Screening Inc. for background screening services for an additional amount not to exceed \$282,000.00 through May 31, 2026. The total amount payable under this Agreement shall not exceed \$553,500.00.

Contact:

Supriya Sood, Chief People Officer

Background:

IEHP requires comprehensive background screening services to ensure thorough verification and vetting of all personnel, which is essential for maintaining organizational integrity and meeting operational objectives. Universal Background Screening Inc. has proven to be a vital partner since May 2023, providing comprehensive screening services that align with IEHP's rigorous standards and regulatory requirements. Their services are fundamental in ensuring qualified personnel and maintaining workplace safety and regulatory compliance. The continuation of services from Universal Background Screening Inc. strengthens IEHP's risk management protocols, supports efficient hiring processes, and upholds the organization's commitment to maintaining a secure and compliant workplace environment.

Discussion:

IEHP would like to continue working with Universal Background Screening Inc. due to their comprehensive service portfolio and proven performance. The vendor provides essential services including identification verification, criminal records checks, credential verification, financial reports, exclusions/sanctions/debarment checks, physical ability tests, drug testing, and electronic I-9 processing. Their selection through a single source procurement process was based on their unique position as an approved provider on the California DMV's Motor Vehicle Record provider list, along with their superior integration capabilities with IEHP's existing systems. This approach ensures compliance with state and federal regulations, mitigates security risks, and supports operational efficiency.

In 2024, IEHP experienced higher-than-projected hiring activity, requiring more background checks than initially estimated. As such, with screening services continuing at their original contracted rates, engaging a new vendor for background screening services would necessitate a substantial investment of time and resources to integrate with IEHP's Systems, Applications, and Products in Data Processing (SAP) SuccessFactors system, establish new data security protocols, and develop new operational workflows. Additionally, there would be significant risks associated with transitioning sensitive background screening processes, potentially causing delays in hiring timelines and compromising IEHP's ability to maintain consistent screening standards. The transition would also require new staff training, reconfiguration of electronic I-9 processes, and establishment of new DMV/Motor Vehicle Record access protocols.

CONSENT AGENDA

Therefore, the additional funding for Universal Background Screening Inc. represents a significantly lower cost compared to the operational disruption, implementation expenses, and potential compliance risks associated with transitioning to a new vendor. The additional cost of this Amendment shall not exceed \$282,000 through May 31, 2026. The total cost of this Agreement shall not exceed \$553,500.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Select Impact	D. Ferguson 2/13/2025	C. Andrade 2/12/2025	A. Wang 2/21/2025	S. Capenos 2/12/2025	S. Sood 2/27/2025

ADMINISTRATION

2. APPROVE RESOLUTION 25-001 AMENDING COMPENSATION FOR MEMBERS OF THE INLAND EMPIRE HEALTH PLAN GOVERNING BOARD

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) approve Resolution 25-001 amending the monthly Board member compensation to an amount not to exceed \$1,000 per member.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

In April 1997, the Governing Board established authorized compensation in the amount of \$100 per meeting of the Board for each Regular, Special, Emergency Governing Board meeting with a maximum monthly payment of \$400. In August 2001, the Governing Board authorized an increase in compensation to \$200 per member per meeting with a maximum monthly payment of \$400, and May 2020, this amount was increased to \$400 per meeting with the monthly maximum amount per member unchanged.

Discussion:

Since 2001, IEHP has seen tremendous growth in its membership, providers and team members, as well as the recent addition of two sub-committees, it is now necessary to amend Resolution 01-175 in recognition of additional duties and responsibilities of each Board member. The increase in the monthly stipend limit is intended to compensate Board members for their participations in meetings, reviewing materials and engaging in discussion that benefit IEHP.

Resolution 25-001 maintains the per meeting stipend of \$400 but increases the maximum monthly payment to an amount not to exceed \$1,000. This stipend will not only demonstrate IEHP’s appreciation for the Board members’ hard work but also encourage their continued participation and engagement.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	D. Ferguson	N/A	A. Wang	NA	J. McNaughton

FINANCE DEPARTMENT

3. APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH SECURITAS SECURITY SERVICES USA INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Fifth Amendment to the Professional Service Agreement (Agreement) with Securitas Security Services USA Inc. (Securitas) for the provision of Security Services for an additional amount not to exceed \$3,802,472.32 and extend the term for an additional one (1) year through March 31, 2026. The total amount payable under this Agreement shall not exceed \$14,102,358.34 through March 31, 2026.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP continues to utilize professional security services for the Atrium, Empire Lakes campus and all Community Wellness Center (CWC) locations to enhance security of the facilities for public and team member safety. IEHP has expanded the scope of services with Securitas to include an option to provide an armed guard at each IEHP location based on security assessments to be proactive to any potential heightened security risks.

IEHP has contracted with Securitas since November 1, 2017. On January 11, 2021, under Minute Order 21-12, in anticipation of the termination of the Management Agreement between IEHP and Trigild for property management services, the Governing Board approved a Delegation of Authority to enter agreements with, or accept an assignment of rights of, Trigild's vendors, to ensure continuity of services. Under Minute Order 21-165 a new Agreement with Securitas was signed into effect on June 1, 2021.

Discussion:

For the continued safety of IEHP members, IEHP team members, as well as the public visiting IEHP facilities, IEHP will be extending the Agreement with Securitas for an additional one (1) year, effective April 1, 2025, through March 31, 2026. The cost breakdown of the Fifth Amendment is as follows:

Fifth Amendment Costs	
Service	Cost
Guard and Transportation Service	\$3,628,648.96
Ad hoc/Special Events Contingency	\$150,000.00
Holiday Contingency	\$23,823.36
Total	\$3,802,472.32

CONSENT AGENDA

The additional cost of this Fifth Amendment shall not exceed \$3,802,472.32 effective April 1, 2025. The total cost (including this request) of this Agreement shall not exceed \$14,102,358.34 through March 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	S. McCalley 2/14/2025	C. Goss 2/14/25	E. Hernandez 02/19/2025	R. Fleig 02/13/25	K. Freeman 02/23/25

FINANCE DEPARTMENT

4. DELEGATION OF AUTHORITY TO APPROVE THE ANNUAL INSURANCE POLICY RENEWALS FOR PROPERTY, CASUALTY, CYBER, MANAGEMENT AND FIDUCIARY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive office or his designee to negotiate and, after legal review and approval, sign related policy documents for the renewal of the Property and Casualty policies for Policy Period March 29, 2025 through March 28, 2026 and Cyber, Management, and Fiduciary Liability policies for Policy Period April 1, 2025 through March 31, 2026 for an estimated total cost not to exceed \$4 million.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Aon Risk Services and Alliant Services were contracted by IEHP to procure required insurance based on IEHP’s insurance needs. The procurement process involved these brokers identifying appropriate insurance companies who can provide the adequate insurance coverage at the reasonable cost based on IEHP’s coverage requirements.

Discussion:

IEHP is diligently working with its brokers to explore different options to minimize premium increase while ensuring adequate coverage for IEHP’s risk exposure. Based on the information provided by our insurance brokers so far, IEHP is proposing the following:

Insurance Policy	Expiring Premiums ⁽¹⁾	Estimated Premiums ⁽¹⁾	Est. Renewal Incr. %	Comments
Commercial General Liability	\$80,907	\$95,102	18%	
Commercial Auto Liability	\$26,567	\$28,450	7%	
Commercial Property	\$146,579	\$167,312	14%	Increased Total Insured Value.
Commercial Umbrella Liability (\$40 million)	\$108,549	\$130,246	20%	
DIC - Earthquake (\$100 million)	\$522,772	\$562,553	8%	Increased Total Insured Value.
Total - Property & Casualty	\$885,374⁽²⁾	\$983,663⁽³⁾	11%	
Primary D&O/EPL (\$5 million shared)	\$380,876	\$411,856	8%	
Excess D&O/EPL (\$5 million)	\$217,100	\$234,757	8%	
Excess D&O Side A (\$5 million)	\$50,000	\$54,000	8%	
Primary MCE&O (\$5 million)	\$272,431	\$289,204	6%	
Excess MCE&O (\$15 million)	\$321,998	\$341,943	6%	
Total – Management Liability	\$1,242,405	\$1,331,760⁽³⁾	7%	

CONSENT AGENDA

Insurance Policy	Expiring Premiums ⁽¹⁾	Estimated Premiums ⁽¹⁾	Est. Renewal Incr. %	Comments
Primary Cyber (\$10 million)	\$525,000	\$550,000	5%	
Excess Cyber (\$20 million)	\$780,938	\$780,938	0%	
Total – Cyber Liability	\$1,305,938	\$1,330,938⁽³⁾	2%	
Fiduciary Liability (\$10 million)	\$30,215	\$30,215	0%	Coverage procured through Alliant Services.
Total	\$3,463,932	\$3,676,576⁽³⁾	6%	

⁽¹⁾ Premiums do not include taxes and fees.

⁽²⁾ Expiring annual premiums include pro-rated premium refund in the amount of -\$1,817 due to the insurance carrier removing the 2050 Massachusetts Ave, San Bernardino, CA building because of renovations. This building is currently covered under the General Contractors’ Builders Risk Policy until such renovations are being performed after the completion of which it’ll be added back to the Commercial Property policy. Expiring annual premiums also include pro-rated premium in the amount of \$7,067 for adding the 10769 Hole Avenue, Riverside, CA building to the DIC-Earthquake policies (Commercial Property and General Liability premiums are pending).

⁽³⁾ Amounts are estimated premium indicators as actual quotes have not been provided by the insurance carriers.

Renewal of these policies are for an estimated total cost not to exceed \$4 million, which includes an estimate for applicable taxes and fees and a 20% contingency on the Property & Casualty policies for procuring additional coverage as may be necessary throughout the policy year. The estimated final renewal premium for 2025-2026 is 6% or \$212,644, higher than the expiring premium for the insurance policies discussed above.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY 2025 budget	C. Chio 2/28/25	NA	NA	C. Chio 2/28/25	K. Freeman 3/4/25

HEALTH SERVICES DEPARTMENT

5. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH HANNA INTERPRETING SERVICES, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Service Agreement with Hanna Interpreting Services, LLC (Hanna) for the provision of On-Site Foreign Language and American Sign Language, for an additional amount not to exceed \$50,000. The total amount payable under this agreement shall not exceed \$153,000 through September 12, 2027.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

As a full-service health plan, IEHP must ensure all Members have linguistic access to medically necessary services. This includes interpreter services for Members with disabilities and Members with Limited English Proficiency. Interpreter Services are available to Members in both Riverside and San Bernardino counties.

In January 2017, Hanna was selected after receiving the highest score on the RFP. On September 11, 2017, IEHP entered into a Professional Services Agreement (2017 Agreement) with Hanna for On-Site Foreign Language and American Sign Language Interpretation under Minute Order 17-158. On April 12, 2022, IEHP entered into an Ancillary Provider Agreement with Hanna, for interpreting services under Minute Order 22-150 to allow services to be paid through claims for IEHP Members.

IEHP entered into a new Professional Services Agreement in September 2022 under Minute Order 22-296 to support interpreting services with the latest action approving the First Amendment in November 2023 under Minute Order 23-254.

Discussion:

IEHP would like to continue providing on-site foreign language and American Sign Language interpretation services to the community (Members and non-members) at community events and educational settings, including the Community Advisory Committee. These interpreting services cannot be billed through claims under the Ancillary Provider Agreement, as there will be no Member identifiers. Financial Planning and Analysis' (FP&A) latest forecast projects a budget deficit through the end of the contract period, based on current spending.

Hanna Community Events – Interpretation Services 2024

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
\$2,388	\$1,340	\$1,806	\$2,267.50	\$1,658	\$2,193	\$320	\$1,825	\$2,997.30	\$1,236	\$340	\$915	\$19,285.80

CONSENT AGENDA

IEHP seeks approval of this Second Amendment for an additional cost that shall not exceed \$50,000 through September 12, 2027. The total cost of this Agreement shall not exceed \$153,000 through September 12, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	T. McGinnis 2/12/25	R. Reyes 2/11/25	M. Popka	Gabriel Uribe 2/10/25	T. Wada 2/13/25

HEALTH SERVICES DEPARTMENT

6. APPROVE THE SECOND 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 Second Amendment to the San Bernardino County Department of Behavioral Health Memorandum of Understanding (MOU) for the provision of coordinating the delivery of health care services to San Bernardino County beneficiaries for a three-year term effective January 1, 2024 through December 31, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Since 1998, IEHP has worked with the San Bernardino Department of Behavioral Health (SBDBH) to develop a county-specific, all-inclusive Memorandum of Understanding that appropriately establishes physical and specialty mental health care services for Medi-Cal and Medicare Dual Choice recipients.

IEHP has had a MOU with SBDBH for these services since 2018, with the latest action approving the First Amendment in August 2024 under Minute Order 24-173. Throughout the years, the MOU has undergone a review and update process to incorporate changes to State regulations to ensure that the information is current, and that Medi-Cal and Medicare Dual Special Needs Plans (D-SNP) recipients do not experience a lapse in service(s).

Discussion:

Under All Plan Letter (APL) 23-029, Department of Health Care Services (DHCS) published general provisions that are required in the MOU. Since the execution of the MOU, SBDBH received feedback from DHCS to amend the MOU to include an exhibit which outlines the data elements to be exchanged between IEHP and SBDBH.

IEHP seeks approval of the Second Amendment to include the data element exhibit. The MOU term remains through December 31, 2026. There are no costs associated with this Second Amendment.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	K. Garan-Martinez 02/07/25	T. Wada 02/13/25

HEALTH SERVICES DEPARTMENT

7. APPROVE THE FUNDING AGREEMENT WITH THE CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with The Children and Families Commission for San Bernardino County (First 5 San Bernardino County) to support the expansion of the HealthySteps Program for an amount not to exceed \$1,200,000 through December 31, 2026.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

First 5 San Bernardino County has been investing in developing and strengthening implementations of HealthySteps since 2018 in various clinic sites including a Federally Qualified Health Center (FQHC) and Children's Hospital and has produced positive results in quality metrics. After successful integration of the model into existing clinics, First 5 San Bernardino identified an opportunity with IEHP to expand the HealthySteps Program and scale the positive outcomes of pediatric transformation initiatives. The HealthySteps program is an evidence-based, team-based pediatric primary care model that promotes the health, well-being, and school readiness of babies and toddlers (zero to three years of age), with an emphasis on families living in low-income communities. HealthySteps drives population health because it strategically and inexpensively tailors care, focusing resources on improving the experience and behaviors of parents, providers' care, and broadening services that positively impact children and families. Additionally, the HealthySteps Program will enhance pediatric population's connection to community resources by generating referrals for Enhanced Care Management (ECM).

Discussion:

The funding provided through IEHP is pulled from the CalAIM Incentive Payment Program (IPP) dollars and will support start-up costs associated with implementation and adoption of the HealthySteps Program into three new clinics in San Bernardino County that have been selected based on volume of IEHP membership served. The funding will support the following:

- Licensing costs to be enrolled as a HealthySteps Provider,
- Training on the Zero to Three Program model and fidelity support, and
- Technical Assistance by First 5 staff and consultants.

In exchange for the funding, IEHP is requiring the following success measures under this Agreement to be completed within one year of contract execution:

Provide IEHP a notice of completion within thirty (30) days of:

- Dyadic Services Program academy training at each site
- HealthySteps Certification at each site
- Capability to bill for Community Health Worker (CHW) and dyadic care services as evidenced by the successful submission of at least one claim to IEHP for these services

CONSENT AGENDA

After one (1) year of implementation, First 5 will provide IEHP with supporting data to reflect:

- 10% improvement in well child visit compliance over baseline per site
- 10% improvement in developmental screening rates over baseline per site
- 10% improvement in post-partum depression screening rate over baseline per site
- 10% improvement in immunization rates (combo 10) over baseline per site

IEHP seeks approval of this agreement for the total funding amount to First 5 San Bernardino County not to exceed \$1,200,000 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	M. Martinez 02/10/25	N/A		M. Wray 02/07/25	T. Wada 02/13/25

HEALTH SERVICES DEPARTMENT

8. DELEGATION OF AUTHORITY TO APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH WEST MONROE PARTNERS, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, approve the First Amendment to the Professional Services Agreement (Agreement) with West Monroe Partners, LLC (West Monroe) for Health Services Assessment & Execution Support Services for an amount not to exceed \$119,500 through May 5, 2025. The total cost of this Agreement shall not exceed \$654,500.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

IEHP has embarked on a Health Services Modernization Initiative to address evolving operational needs and prepare for future healthcare demands. The objective of this initiative is to improve efficiency and scalability through data by optimizing resources and improve healthcare outcomes to reduce costs by streamlining processes, automation of workflows, and upskilling of team members.

In October 2024, IEHP released RFP #24-06004 on Bonfire, a public third-party bidding platform. West Monroe's demonstration presentation was highly rated, particularly for its clear communication, technical expertise, and ability to offer actionable solutions.

In December 2024 under Minute Order 24-260, the Governing Board approved the award of RFP #24-260 and IEHP entered into an Agreement with West Monroe for an amount not to exceed \$535,000 through March 17, 2025.

Discussion:

IEHP is required to adhere to the January 2024 released Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F). The final rule focuses on efforts to improve prior authorization processes through policies, technology and improved data exchange processes. Payers have until January 1, 2027, to meet application programming interface (API) requirements. Starting January 1, 2026, payers must publicly report prior authorization data for the year 2025 and ensure that this data is accessible by posting it on their websites. Moreover, affected payers are required to implement specific provisions by January 1, 2026. These regulatory requirements necessitate a quick turnaround time to execute complex operational tasks across multiple IEHP stakeholders. IEHP Health Services team performed a thorough review of the CMS Final Rule and assembled various work groups to socialize and develop a work plan to meet the regulatory implementation deadline.

West Monroe is currently engaged with Health Services assessing the division's structure, processes, and IT capabilities. West Monroe is best suited to manage the tasks needed to ensure

IEHP complies with the new CMS regulations. Having a single vendor is essential to eliminating redundant efforts, optimizing efficiency of current and future work, and ensuring clear accountabilities for all deliverables. The streamlined approach enhances coordination, reduces inconsistencies, and drive more effective project execution.

The First Amendment with West Monroe will support the following:

- Assist IEHP in reviewing current determination guidelines,
- Schedule meetings with critical stakeholders in Health Services, Financial Services, Provider Experience, Quality, and Regulatory departments to support Grid Rationalization
- Rationalize prior authorization grid across all lines of business,
- Align on future (near-term) authorization determination, and
- Prepare a framework for ongoing maintenance and regular prior authorization evaluation.

The additional cost of this First Amendment shall not exceed \$119,500 for an additional six-week term. The total cost of this Agreement shall not exceed \$654,500 through May 5, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 2/20/25	C. Hendricks 2/28/25	N/A	N/A	T. Wada 2/28/25

INFORMATION TECHNOLOGY DEPARTMENT

9. DELEGATION OF AUTHORITY TO APPROVE THE CONTRACTUAL DOCUMENT AND APPROVE A FUNDING INCREASE TO LICENSING AGREEMENT NO. 7709 WITH MAGNUM TRANSACTION SUB, LLC. DBA LYRIC

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP)

- 1) Authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign an Order Form with Magnum Transaction SUM, LLC dba Lyric for the provision of hosting services at a cost not to exceed \$322,426; and
- 2) Approve the funding increase to the Licensing Agreement No. 7709 with Magnum Transaction Sub, LLC dba Lyric (Lyric), for the continued provision of the ClaimsXten license renewal at a cost not to exceed \$657,586. The total additional not to exceed cost is \$980,012. The total amount payable under this Master License Agreement (MLA) shall not exceed \$8,175,287 through July 21, 2026.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP requires ClaimsXten licensing and related services to ensure accurate claims processing by validated coding, reducing manual errors, and maintaining system integrity and quality. The ClaimsXten software ensures compliance with industry standards, mitigating legal risks, and automate processes to save time and costs, enabling the efficient handling of high volume of claims. Accurate, timely claims enhance IEHP Member satisfaction, providing a competitive edge, and valuable data insights aid strategic decision making to optimize operations.

IEHP has a current active contract in place with Lyric through July 21, 2025, for the ClaimsXten Software. Switching to an alternative solution would disrupt day-to-day operations and would have substantial financial impact. IEHP will leverage its current agreement to increase the value that the software can provide by moving the Lyric instance from on premises to a hosted model to reduce administrative costs for Lyric releases, increased IT security and scalability that Amazon Web Services (AWS) hosting services provides and reduce third party software dependency and risk.

The costs associated with transitioning to a new solution, include software implementation, employee training, and potential productivity downtime, would have significant financial and time implications. Accordingly, IEHP leadership has approved single source procurement to move to a hosted environment under the Agreement.

Discussion:

IEHP is requesting the continuation of the ClaimsXten License to maintain access to the ClaimsXten software and affiliated modules, which are essential for the company's coding validation and claims payment processing efforts. Since yearly figures are based on the number of covered lives at a Per Member Per Year (PMPY) tiered rate, costs exceeding the baseline fee of

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\$475,000 vary between the optional renewal years. As such, the renewal cost for year ten (10) totals \$1,132,586 for a total of 960,632 covered lives. The Plan will apportion the \$475,000 funding from MO 16-67 for the renewal year ten (10) of Contract Supplement No. 28598 to License Agreement No. 7009 to arrive at the additional funds requested of \$657,586 (\$1,132,586 - \$475,000).

In addition, IEHP is migrating from on-premise hosting to being hosted by Lyric. Lyric hosting will reduce costs as IEHP will not need to maintain hardware, backups, and upgrades to the software in the future. Lyric will manage care of patching, backups, software and code updates. The cost for this migration is \$322,426.

As such, IEHP is requesting approval for an additional \$980,012 (\$657,056 + \$322,426) in funding. The total cost (including this request) of the License Agreement shall not exceed \$8,175,287 through July 21, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	S. Chiu 02/07/2025	W. Yanes 2/13/25	NA	J. Lopez D. Baray 02/06/2025	V. Devabhaktuni 2/13/25

QUALITY DEPARTMENT

10. OVERVIEW OF THE 2025 PAY FOR PERFORMANCE PROGRAMS FOR PRIMARY CARE PROVIDERS, INDEPENDENT PHYSICIANS ASSOCIATIONS, HOSPITALS, AND HOSPICE PROVIDERS

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

This item was previously presented to the governing board in February 2025 without the inclusion of the new Hospice Provider program. This is an addendum to the originally submitted board item with the inclusion of the new Hospice Provider program. All other program details remain unchanged.

IEHP's Pay for Performance (P4P) Programs are designed to reward network providers who meet key quality improvement measure goals. Programs have been designed in a way that provides financial rewards based on both year-over-year improvements and achieving top tier quality performance levels. IEHP has seen demonstrated improvements in measure performance since the inception of these programs. IEHP's current P4P Programs falling in this structure include:

- Global Quality P4P for Primary Care Providers (GQ P4P PCPs)
- Global Quality P4P for Independent Physicians Associations (GQ P4P IPAs)
- Hospital P4P
- Hospice Value-Based Incentive (VBI) Program

Additional Pay for Performance programs also in place include programs that reward providers for performing key preventive care and chronic care services on a per-event basis. IEHP's current P4P programs falling into this structure include:

- OB P4P
- Urgent Care + Wellness

IEHP's DSNP Medicare product incentive programs are focused on Medicare Star performance and Model of Care requirements. These programs include:

- Medicare IEHP Direct Stars
- DSNP Model of Care P4P

Discussion:

Pay for Performance Programs for 2025:

IEHP is committed to promoting high quality healthcare to our members, and the P4P programs offer a mechanism to reward providers who provide high quality of care. To ensure appropriate financial stewardship in our current, the P4P budget for 2025 has been reduced by \$51.5 million. The budget details for the 2025 P4P program are noted in the table below.

Provider P4P Programs at IEHP					
Program Name	Line of Business	Participating Providers	2023 Budget	2024 Budget	2025 Budget [^]
Global Quality P4P- PCPs	Medi-Cal & Covered CA	PCPs	\$148 million	\$148 million	\$124 million
Global Quality P4P- IPAs	Medi-Cal & Covered CA	IPAs	\$45.2 million	\$50 million	\$37.5 million
Hospital P4P	Medi-Cal & Covered CA	Hospitals	\$79 million	\$80.8 million	\$64.8 million
Hospice Value-Based Incentive Program	Medi-Cal, Medicare, & Covered CA	Hospice Providers	NA	NA	\$1 million
OB P4P	Medi-Cal & Covered CA	OB/GYNs	\$6.5 million	\$6.5 million	\$6.5 million
Urgent Care + Wellness	Medi-Cal & Covered CA	Urgent Care Providers	\$300,000	\$1.2 million	\$1.2 million
Medicare IEHP Direct Stars	Medicare	PCPs	\$1.0 million	\$1.3 million	\$1.3 million
DSNP Model of Care P4P	Medicare	IPAs	\$1.1 million	\$1.1 million	\$1.1 million
Total			\$283.9 million	\$288.9 million	\$237.4 million[^]

[^]2025 budget amounts displayed are the maximum payout amounts. Payouts will not exceed payment maximums noted for each program. Adjustments to payment formulas (pmpms and multipliers) may be made based on network performance in the program year.

Global Quality P4P Program for Primary Care Providers (PCPs) and Independent Physicians Associations (IPAs)

2025 will be the tenth (10) year of the GQ P4P Program for PCPs and IPAs. In the 2025 program year, the budget will be reduced to \$124 million total incentive dollars available to PCPs (16% reduction). Pay-per-event Quality Bonus Services are included in the GQ P4P PCP program and are linked to key quality measures that are low performing and were previously covered under the DHCS Proposition 56 Value Based Payments Program. Those services include:

- Pediatric Immunization Administration
- Adult Influenza Vaccine Administration

- Blood Lead Screening
- Dental Fluoride Varnish

Below is a description of the key changes to the PCP program for program year 2025.

- Sixteen measures were retired from the program.
- Two core program measures were revised: Adult Zoster and Adult Pneumococcal Vaccines.
- Three process measures were revised: Health Equity Provider Demographic Survey Completion; DEI Training Program Completion; and Manifest MedEx Connectivity.
- Two measures were added: Adult Hepatitis B Vaccine and Rating of Access to Routine Care

New Health Equity Domain was added. New sub-populations rates will be tracked with defined targets.

Measure	Sub-Population
Child and Adolescent Well-Care Visits	White
Immunizations for Adolescent – Combo 2	Black/African American
Controlling High Blood Pressure	Black/African American
Glycemic Status Assessment for Patients with Diabetes	Hispanic

- Payment multiplier was reduced by 5%. This will reduce the overall per member per month (PMPM) payment by 5%.
- Remove Tobacco Use Screening service from the pay-per-event Quality Bonus Services.
- Limit Bonus Bundles to pay only one (1) bundle (previously paid 2).
- Implement Managed Care Accountability Set (MCAS) Penalty Measure. Less than 75% of the eligible MCAS measures meeting the Minimum Performance Level (MPL) results in a \$1.00 pmpm penalty.
- Increase Tier Performance targets for Tiers 2 – 4 to account for upward movement of national benchmarks
- Introduce Minimum Score for payment. Final Quality Score must be ≥ 1.0 in order to receive any incentive dollars.

Below is a description of the key changes to the IPA program for program year 2025.

- Fifteen measures were retired from the program.
- Two core program measures were revised: Adult Zoster and Adult Pneumococcal Vaccines.
- Two measures were added: Adult Hepatitis B Vaccine and Diversity, Equity, and Inclusion (DEI) Training Program PCP Completion.
- New Health Equity Domain was added. New sub-populations rates will be tracked with defined targets.

Measure	Sub-Population
Child and Adolescent Well-Care Visits	White
Immunizations for Adolescent – Combo 2	Black/African American
Controlling High Blood Pressure	Black/African American
Glycemic Status Assessment for Patients with Diabetes	Hispanic

- Payment multiplier was reduced by 30%. This will reduce the overall per member per month (PMPM) payment by 30%.
- Remove all Bonus Bundle payments.
- Implement Managed Care Accountability Set (MCAS) Penalty Measure. Less than 75% of the eligible MCAS measures meeting the Minimum Performance Level (MPL) results in a \$0.50 pmpm penalty.
- Increase Tier Performance targets for Tiers 2 – 4

The table below lists the Core Quality Measures included in the 2025 Global Quality P4P Program. New measures for program year 2025 are noted in *italics*.

Table 1: 2025 Global Quality P4P Program – Core Measures

Domain	Measure
Clinical Quality	<i>Adult Hepatitis B Vaccine</i>
	Adult Influenza Vaccine
	Adult Pneumococcal Vaccine
	Adult Td/Tdap Vaccine
	Adult Zoster Vaccine
	Asthma Medication Ratio
	Breast Cancer Screening
	Cervical Cancer Screening
	Child and Adolescent Well-Care Visits
	Childhood Immunizations Combo 10
	Chlamydia Screening in Women
	Colorectal Cancer Screening
	Controlling High Blood Pressure
	Developmental Screening
	Diabetes Care – Blood Pressure Control <140/90
	Diabetes Care – HbA1c Control <8
	Diabetes Care – Kidney Health Evaluation
	Immunizations for Adolescents – Combo 2
	Initial Health Assessment
	Lead Screening in Children
	Post Discharge Follow-Up
	Reduce Avoidable ER Visits
	Statin Therapy Received For Patients with Diabetes and for Patients with Cardiovascular Disease
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents – BMI Percentile	
Well-Child Visits in the First 15 Months of Life	
Well-Child Visits in the First 30 Months of Life (15-30 Months)	
Member Experience	Access to Care Needed Right Away
	Getting Needed Care
	Coordination of Care

	Rating of Personal Doctor
	Customer Service Grievance Rate
Access to Care	<i>Rating of Access to Routine Care</i>

The table below lists the new Process Measures included in the 2025 Global Quality P4P Program.

Type	Measure Name
Health Equity	<i>Health Equity Provider Demographic Survey Completion</i> PCPs are encouraged to complete the Health Equity Provider Demographic Survey in Summer 2025. The purpose of this survey is to assess the IEHP network PCPs demographics (race/ethnicity), language, and gender-affirming service capabilities.
Health Equity	<i>DEI Training Program Completion</i> PCPs are encouraged to complete the Diversity, Equity, and Inclusion (DEI) Training Program in Summer 2025. This training program is an effort to improve communication between Providers and Medi-Cal Members, ultimately improving access and health outcomes. This training program supports compliance with the DHCS All-Plan Letter (APL) 23-025 requirements.
Health IT	<i>HIE Connectivity</i> PCPs Connect & Submit CCDAs to Manifest MX.

Bonus Bundles included in the 2025 Global Quality P4P Program are noted in the table below. Providers will be given an opportunity to earn up to 1 bonus bundle if all measure targets within a bundle are achieved. Measure targets are pre-defined at the beginning of the program year.

Bundle Name	Measures Included
Early Childhood	Childhood Immunizations – Combo 10 Well-Child First 15 Months of Life Well-Child First 15-30 Months of Life Developmental Screening in the first 3 years of life
Adolescent	Well Care Visits – Ages 12 - 17 Immunizations for Adolescents Combo 2 Chlamydia Screening – Ages 16 - 20
Cancer Screening	Breast Cancer Screening Cervical Cancer Screening Colorectal Cancer Screening
Cardiovascular	Controlling High Blood Pressure Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy for Patients with Cardiovascular Disease – Adherence
Diabetes	Diabetes Care – HbA1c Control <8 Diabetes Care – Blood Pressure Control <140/90 Diabetes Care – Kidney Health Evaluation Statin Therapy for Patients with Diabetes – Received

Patient Experience	Rating of Personal Doctor Rating of Access to Routine Care Customer Service Grievance Rate
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Hospital P4P

2025 will be the eighth (8) year of the IEHP Hospital P4P Program. In 2025, the annual budget will decrease to \$64.8 million total incentive dollars available to network hospitals in the Inland Empire. Measures included in the 2025 Hospital P4P Program are noted in the table below. Measures that are included in the 2025 Hospital P4P Program fall into eight domains including: Health IT, Utilization, Follow Up Care, Maternity Care, Quality, Patient Safety, Member Experience, and Network Adequacy. New measures for program year 2025 are noted in *italics*.

Domain	Measure Name
Health IT	MX Active Data Sharing
Utilization	Plan All-Cause Readmissions Observed -to-Expected Ratio
	Follow-Up Care for Mental Health & Substance Use Disorder ED
	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions – Seven Days
Follow-up Care	Post Discharge Follow-Up Within Seven Days of Discharge
Maternity Care	California Maternal Quality Care Collaborative (CMQCC) NTSV Delivery Rate
	Timely Postpartum Care
Quality	<i>Adult Flu Vaccination</i>
	Hospital Quality Star Rating
	HQI Cares Implementing BETA Heart
	Quality Improvement Program focused on: improving patient experience, clinical variation reduction, readmission reduction, safety and adverse events
	Cal Hospital Compare “Health Organizations Leading SUD Care Honor Roll
Patient Safety	Hospital-wide All-Cause Mortality
Member Experience	<i>Patient Experience: Percentile Achievement</i>
Network Adequacy	Adequate Covered CA Network

Hospice Value-Based Incentive (VBI) Program

2025 will be the first year of the IEHP Hospice VBI program. The 2025 Hospice VBI program includes the following two (2) measures:

- Consumer Assessment of Healthcare Providers & Systems (CAHPS) Hospice Composite Score
- Hospice Visits in the Last Days of Life (HVLDL)

P4P Program Measure Performance

The table below provides the measure performance for Program Year 2024, based on data received as December 1, 2024, for the P4P MCAS-based measures. Key performance highlights include:

- Of the twenty-nine (29) HEDIS based measures included in the Global Quality P4P program, 22 (76%) are trending higher in December 2024 compared to the same time in 2023.
- Seven (7) out of the 18 Department of Healthcare Services (DHCS) Managed Care Accountability Set (MCAS) Minimum Performance Level (MPL) measures have already reached the Minimum Performance Level, with ongoing 2024 data collection still underway. This is consistent with the number of measures met at the same time last year.
- Fifteen (15) out of 18 (83%) DHCS MCAS MPL measures are performing better in December 2024 compared to December 2023.

P4P Measure Performance Snapshot for MCAS Measures: 2023 vs. 2024

MY 2024 MCAS MPL Measure Performance

Measure	MY 2023 Final Rate	MY 2023 Rate YTD	MY 2024 Rate YTD*	MY 2024 Numerator To Date	MY 2024 Denominator To Date	MY 2024 MPL 50th Percentile	Number Needed to Reach MPL	Rate Change %	MPL Met
Asthma Medication Ratio	64.98%	64.05%	60.33%	8,680	14,388	66.24%	851	-3.72%	
Breast Cancer Screening	62.39%	60.81%	62.92%	47,056	74,783	52.68%	-7,660	2.11%	Yes
Controlling High Blood Pressure	67.55%	52.42%	59.71%	50,310	84,254	64.48%	4,017	7.29%	
Cervical Cancer Screening	65.93%	55.65%	53.30%	153,675	288,309	57.18%	11,180	-2.35%	
Chlamydia Screening in Women	67.93%	66.15%	69.38%	28,948	41,721	55.95%	-5,605	3.23%	Yes
Childhood Immunization Status: Combination 10	22.99%	20.97%	20.93%	4,395	21,003	27.49%	1,379	-0.04%	
Developmental Screening in the First Three Years of Life	53.44%	52.96%	61.46%	27,861	45,334	35.70%	-11,677	8.50%	Yes
Follow-Up After ED Visit for Substance Abuse - 30 Days	37.53%	32.26%	36.22%	2,848	7,864	36.18%	-3	3.96%	Yes
Follow-Up After ED Visit for Mental Illness - 30 Days	65.71%	44.58%	50.36%	3,384	6,719	53.82%	232	5.78%	
Hemoglobin A1c Poor Control (>9%)*	32.68%	36.77%	35.68%	29,301	82,115	33.33%	1,932	-1.09%	
Immunizations for Adolescents: Combination 2	37.96%	36.87%	38.67%	10,486	27,119	34.30%	-1,184	1.80%	Yes
Lead Screening in Children	52.38%	52.19%	58.51%	12,345	21,100	63.84%	1,125	6.32%	
Postpartum Care	81.72%	74.84%	79.90%	14,254	17,840	80.23%	59	5.06%	
Timeliness of Prenatal Care	86.74%	81.39%	82.90%	14,789	17,840	84.55%	295	1.51%	
Topical Fluoride for Children: Dental or Oral Health Services	19.35%	8.41%	11.17%	55,937	500,618	19.00%	39,180	2.76%	
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits	67.15%	68.75%	69.81%	14,567	20,867	69.43%	-79	1.06%	Yes
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits	59.95%	50.53%	56.06%	4,144	7,392	60.38%	319	5.53%	
Child and Adolescent Well-Care Visits	51.49%	47.67%	52.59%	250,697	476,722	51.81%	-3,707	4.92%	Yes

* Based on data as of December 2024 - 2nd Run

** Lower rate indicates better performance

Blue indicates MPL has been met

Indicates hybrid measure

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	NA	NA	NA	J. Diekmann 2/14/2025	E. Juhn 2/18/2025

PROVIDER CONTRACTING DEPARTMENT

11. RATIFY AND APPROVE THE TWENTY-FOURTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH COMMUNITY HOSPITAL OF SAN BERNARDINO – SAN BERNARDINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Twenty-Fourth Amendment to the Hospital Per Diem Agreement with Community Hospital of San Bernardino, effective February 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

Community Hospital of San Bernardino is currently a contracted Hospital within the IEHP Network.

Discussion:

The Amendment is to extend the term date.

Fiscal Impact:

Included in CY 2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

12. RATIFY AND APPROVE THE TWENTY-EIGHTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH ST BERNARDINE MEDICAL CENTER – SAN BERNARDINO

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Twenty-Eighth Amendment to the Hospital Per Diem Agreement with St Bernardine Medical Center, effective February 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

St Bernardine Medical Center is currently a contracted Hospital within the IEHP Network.

Discussion:

The Amendment is to extend the term date.

Fiscal Impact:

Included in CY 2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

13. RATIFY AND APPROVE THE AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR BEHAVIORAL SERVICES WITH AURORA CHARTER OAK LOS ANGELES LLC - COVINA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the First Amendment to the Hospital Per Diem Agreement for Behavioral Health Services with Aurora Charter Oak Los Angeles LLC, effective January 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

Aurora Charter Oak Los Angeles LLC is currently a contracted Behavioral Health Hospital within the IEHP Network.

Discussion:

The Amendment is to reinstate and extend the term date.

Fiscal Impact:

Included in CY2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

14. RATIFY AND APPROVE THE ELEVENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN GORGONIO MEMORIAL HOSPITAL - BANNING

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Eleventh Amendment to the Hospital Per Diem Agreement with San Gorgonio Memorial Hospital, effective January 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

San Gorgonio Memorial Hospital is currently a contracted Hospital within the IEHP Network.

Discussion:

The Amendment is to extend the term date.

PROVIDER CONTRACTING DEPARTMENT

15. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH OPTUM CARE NETWORK – INLAND FACULTY MG FOR (MEDI-CAL ONLY) – COLTON

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Capitated IPA Agreement with Optum Care Network – Inland Faculty MG for (Medi-Cal) only effective January 1, 2025.

Contact:

Susie White, Chief Operating Officer

Background:

Optum Care Network – Inland Faculty MG is currently a contracted IPA within the IEHP Network.

Discussion:

The Amendment is to extend the term of the agreement beginning January 1, 2025, through December 31, 2025.

Fiscal Impact:

Included in CY2025 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

16. APPROVAL OF THE STANDARD TEMPLATES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approves the IEHP Standard Template Agreements, referenced below in section (d), and authorizes 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:

Keenan Freeman, Chief Financial 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 them 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) IPA Template – All LOBs
- 2) IPA Template – Medi-Cal LOB

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	A. Mejia	N/A	N/A

PROVIDER CONTRACTING DEPARTMENT

17. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:

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

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

Ratify and approve the Renewal under the Evergreen Clause of the following Agreement effective September 1, 2024:

Additional five (5) year term:

- 1) Menifee Global Multispecialty Group Inc - Capitated Primary Care Provider Agreement - Hemet

Ratify and approve the Renewal under the Evergreen Clause of the following Agreement effective February 1, 2025

Additional five (5) year term:

- 2) Chino Pediatric Medical Group - Open Access Agreement – Chino
- 3) Totalcare Walk-In Clinic Inc - Open Access Agreement – Chino

Ratify and approve the Renewal under the Evergreen Clause of the following Agreement effective March 1, 2025:

Additional five (5) year term:

- 4) Altaf L Ali MD Inc - Participating Provider Agreement – Specialist Chino

Renewal under the Evergreen Clause of the following Agreements effective, April 1, 2025:

Additional one (1) year term:

- 5) A New Day Hospice Care - Enhancement Care Management Provider Agreement – Corona
- 6) Clinicas de Salud Del Pueblo Inc - Enhancement Care Management Provider Agreement – Hemet
- 7) Community Health Systems Inc - Enhancement Care Management Provider Agreement – Moreno Valley
- 8) Heritage Health Network - Enhancement Care Management Provider Agreement – Eastvale

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- 9) SAC Health System - Enhancement Care Management Provider Agreement - San Bernardino
- 10) WEA CA PC - Enhancement Care Management Provider Agreement – Scotts Valley
- 11) The Regents of the University of California dba UCR Health - Participating Provider Agreement - Behavioral Health – Riverside

Additional one (4) year term:

- 12) James J Wu Medical Corporation Admitter Agreement Belfast

Additional five (5) years term:

- 13) Freedom Care Transportation Inc- Transportation Agreement – Ontario
- 14) Spry Transport Inc dba Spry Mobility Transportation Agreement– Tustin
- 15) Triman Medical Transport Inc- Transportation Agreement– Colton
- 16) Catherine Parra-Haynes- Participating Provider Agreement - Behavioral Health - Riverside
- 17) Chermel Williams – Participating Provider Agreement - Behavioral Health Rancho Cucamonga
- 18) Lauren St Jacques - Participating Provider Agreement - Behavioral Health – Riverside
- 19) Liberty Wyman dba Liberty Wyman LMFT – Participating Provider Agreement - Behavioral Health - Barstow
- 20) Manuel Rodriguez Vazquez dba Vazquez Counseling - Participating Provider Agreement - Behavioral Health - Upland
- 21) Michelle Gasper LMFT – Participating Provider Agreement - Behavioral Health – Chino
- 22) Rosa Isela Foy – Participating Provider Agreement - Behavioral Health - Fontana
- 23) Jamal Abdel-Rahman MD dba Patients Choice Medical Group - Capitated Primary Care Provider Agreement - Montclair
- 24) Luis Perez MD dba Sol Family Health Care - Capitated Primary Care Provider Agreement - Pomona
- 25) Maithri Weerasinghe MD Inc dba Dr. Mikes Walk-In Clinic - Capitated Primary Care Provider Agreement – Apple Valley
- 26) Caroline Dimarucot MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) - Temecula
- 27) Rosemarie Tweed DO APC – Capitated Primary Care Provider Agreement (Excluding Medicare) - Moreno Valley
- 28) San Bernardino Mountains Community Hospital District dba Mountains Community Hospital/Mountains Community Hospital Rural Clinic - Fee-For-Service Primary Care Provider Agreement (No Medicare) - Running Springs
- 29) Alvaro Bolivar dba Bolivar Family Medical Clinic Participating Provider Agreement – Specialist - San Bernardino
- 30) Eduardo Pedro Macias MD dba Macias Eye Medical Centers Participating Provider Agreement – Specialist – Fontana
- 31) Gintien Huang MD Inc – Participating Provider Agreement - Specialist San Bernardino
- 32) Mojave Radiation Oncology Medical Group Inc dba Mojave Radiation Oncology Center and San Bernardino Cancer Center – Participating Provider Agreement - Specialist – San Bernardino
- 33) Muhammad Faisal Salim – Participating Provider Agreement – Specialist – Riverside
- 34) Thomas Eng dba Thomas Eng MD - Participating Provider Agreement – Specialist – Corona

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- 35) Emergency Physicians Urgent Care Inc dba Accelerated Urgent Care - Participating Provider Agreement – Urgent Care Provider Agreement - Murrieta
- 36) Brian M Alva Inc dba La Verne Optometry - Participating Provider Agreement - Vision- Participating Provider Agreement – Specialist- Moreno Valley
- 37) Behavior Frontiers LLC-Participating - Provider Agreement – QASP-Monrovia
- 38) JFHS LLC dba Jackson Family Human Services - Participating Provider Agreement – QASP - Victorville

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	A. Mejia	N/A	N/A

ADMINISTRATION

18. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the March 10, 2025 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *March 10, 2025*

MISSION MOMENT

- Integrated Transition Care (ITC) team came together to elevate service to a member.
- Team learned that the member, who had just undergone emergency surgery, had been laid off and was facing eviction.
- Nine IEHP social workers helped the member pack her belongings, moved them into a storage unit and found a place for her to stay for the night.
- The member was also connected with IEHP's Behavioral Health and housing teams for additional services.
- The member is now receiving help with job placement and is in the process of securing a new place to live.



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
January 2024	1,515,090	1,525,735	10,645	1,399
February 2025	1,522,642	1,530,042	7,400	4,307
March 2025	1,526,474	1,528,790	2,316	(1,252)



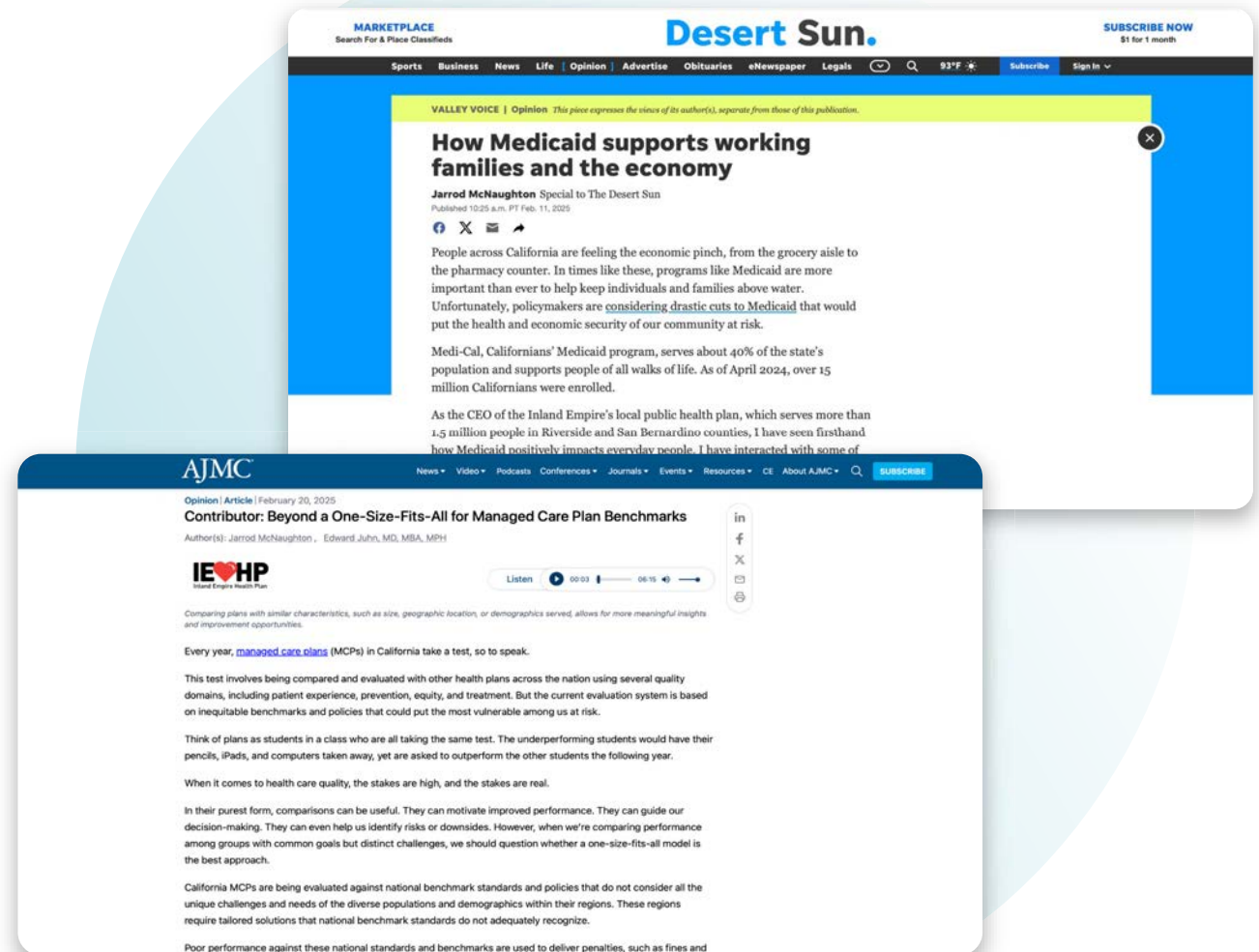
CCA NCQA HEALTH EQUITY ACCREDITATION

- IEHP achieved **Health Equity Accreditation** status from the National Committee for Quality Assurance (NCQA) for Covered California (CCA) in February.
- Health Equity Accreditation focuses on building an internal culture that supports the organization's external health equity work and identifies opportunities to reduce health inequities and improve care.
- Surveyors pointed out key strengths of our organization, including:
 - Dedicated and knowledgeable staff.
 - Assessing and addressing the cultural, ethnic, racial, and linguistic needs of our members.
- IEHP received 100% passing scores for all assessed accreditation standards.
- IEHP's accreditation status is currently reflected publicly on the NCQA website.
- IEHP received NCQA **Health Plan Accreditation** status for CCA in December 2024.



IEHP OP-EDS PUBLISHED IN LOCAL & NATIONAL MEDIA

- “How Medicaid Supports Working Families and the Economy” written by Jarrod McNaughton. Published Feb. 11 in the Desert Sun.
- “Beyond a One-Size-Fits-All For Managed Care Plan Benchmarks” written by Jarrod McNaughton and Chief Quality Officer Dr. Edward Juhn. Published online Feb. 20 on the American Journal of Managed Care (AJMC) website.



PROVIDER DINNER SERIES

- The **Feb. 12** dinner was held at the Eagle Glen Golf Club in Corona.
- Approximately 50 providers and their guests attended.
- Discussion topics included Community Supports and Enhanced Care Management, provider quality achievements, the Healthcare Scholarship Fund and the Network Expansion Fund.
- Next dinner is planned for **March 26** at the Hilltop Collection in San Bernardino.



Hospital Site Visits

Purpose:

- ❖ Connect with our Hospital Partners and thank them for all they do for our members;
- ❖ Share Health Plan Updates that may impact them;
- ❖ Gain a better understanding of what support they need from IEHP to better serve our members;
- ❖ Review their [Hospital Dashboard](#).

Attendees:

- ❖ Jarrod McNaughton, CEO
- ❖ Susie White, COO
- ❖ Sylvia Lozano, VP of Hospital and Ancillary Relations
- ❖ Mark Bryan, VP of Contracting
- ❖ Nikole DeVries, Sr. Director of Hospital and Ancillary Relations



These site visits are an opportunity for our teams to demonstrate our unwavering commitment to our valued hospital partners.

Hospital Dashboard Purpose

Was developed out of a need to provide for:

- Performance Monitoring
 - More timely access to hospital performance metrics allows stakeholders to assess quality of care and operational effectiveness.
- Data-Driven Decision Making
 - By consolidating various data sources, the dashboard enables IEHP and hospitals to make informed decisions regarding process and performance improvement priorities.
- Patient Engagement and Satisfaction Tracking
 - Insights into high-level priorities that are shared between IEHP and in-network hospitals including patient/member engagement.
- Cost Management and Utilization Review
 - Initial information provides opportunities to begin conversations between parties that will serve as the foundation for much future work in this area.
- Identification of Best Practices
 - Allows for similar hospitals to share insights and learn from one another.



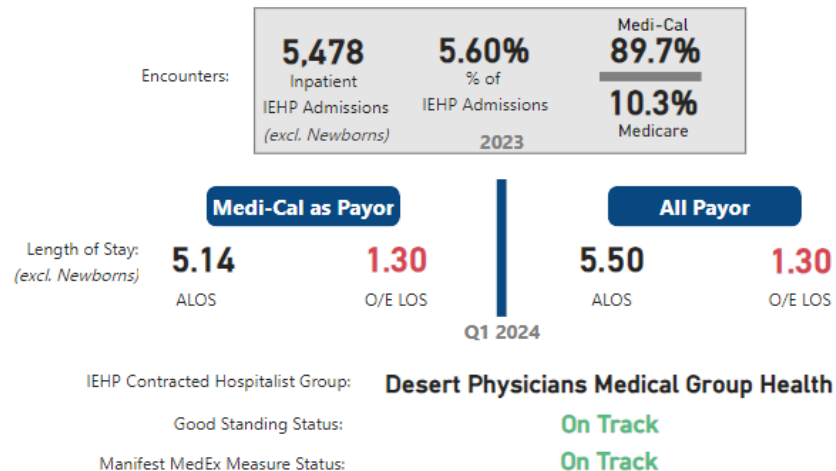
Sample Hospital Dashboard

*Provided to Hospital Partners

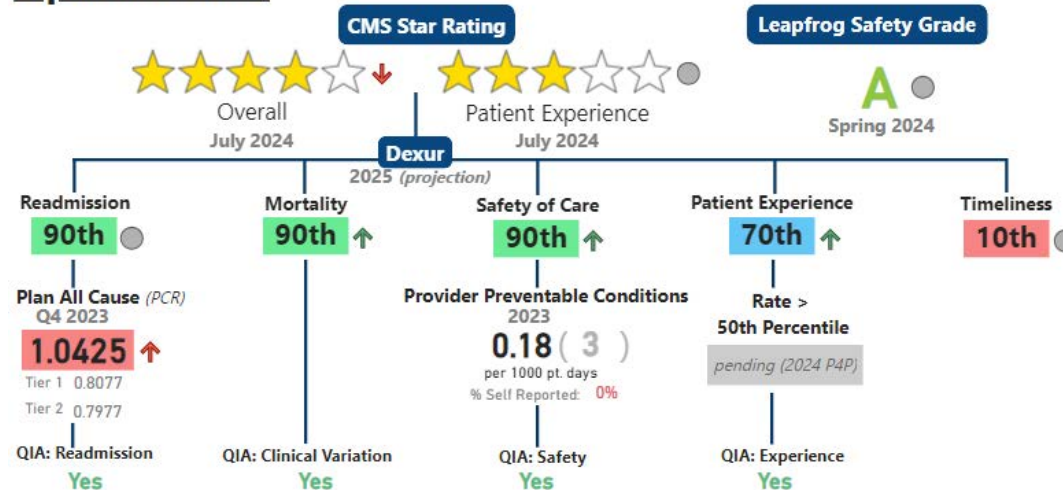


Sample Hospital Dashboard

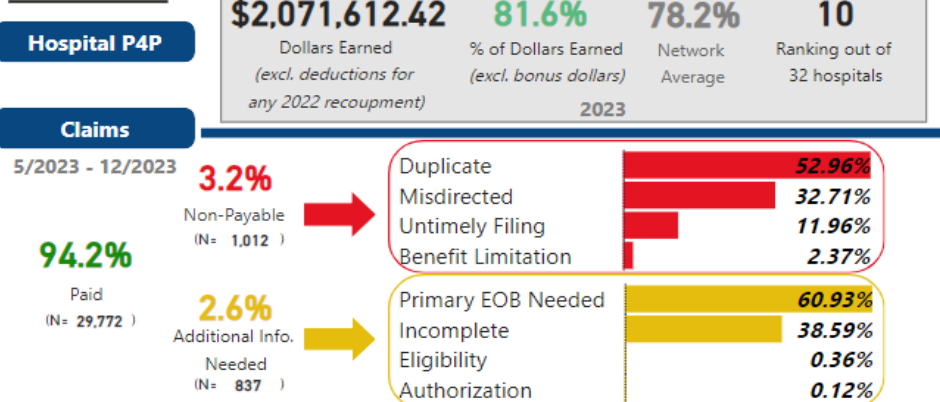
Operations



Optimal Care

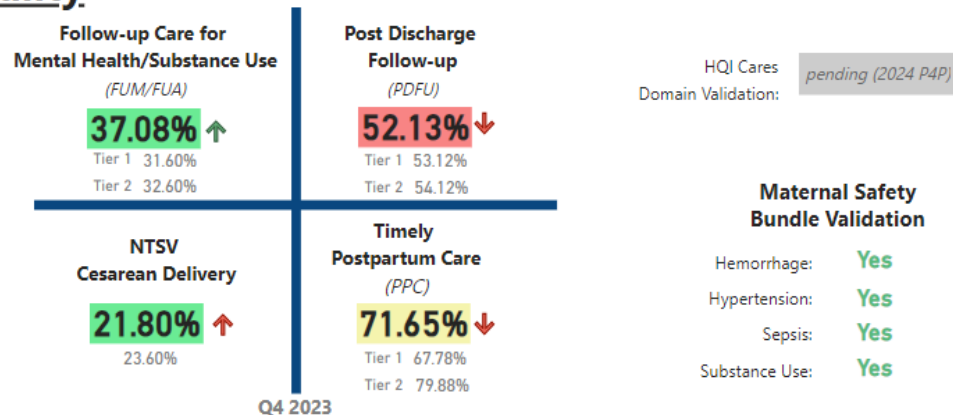


Finance

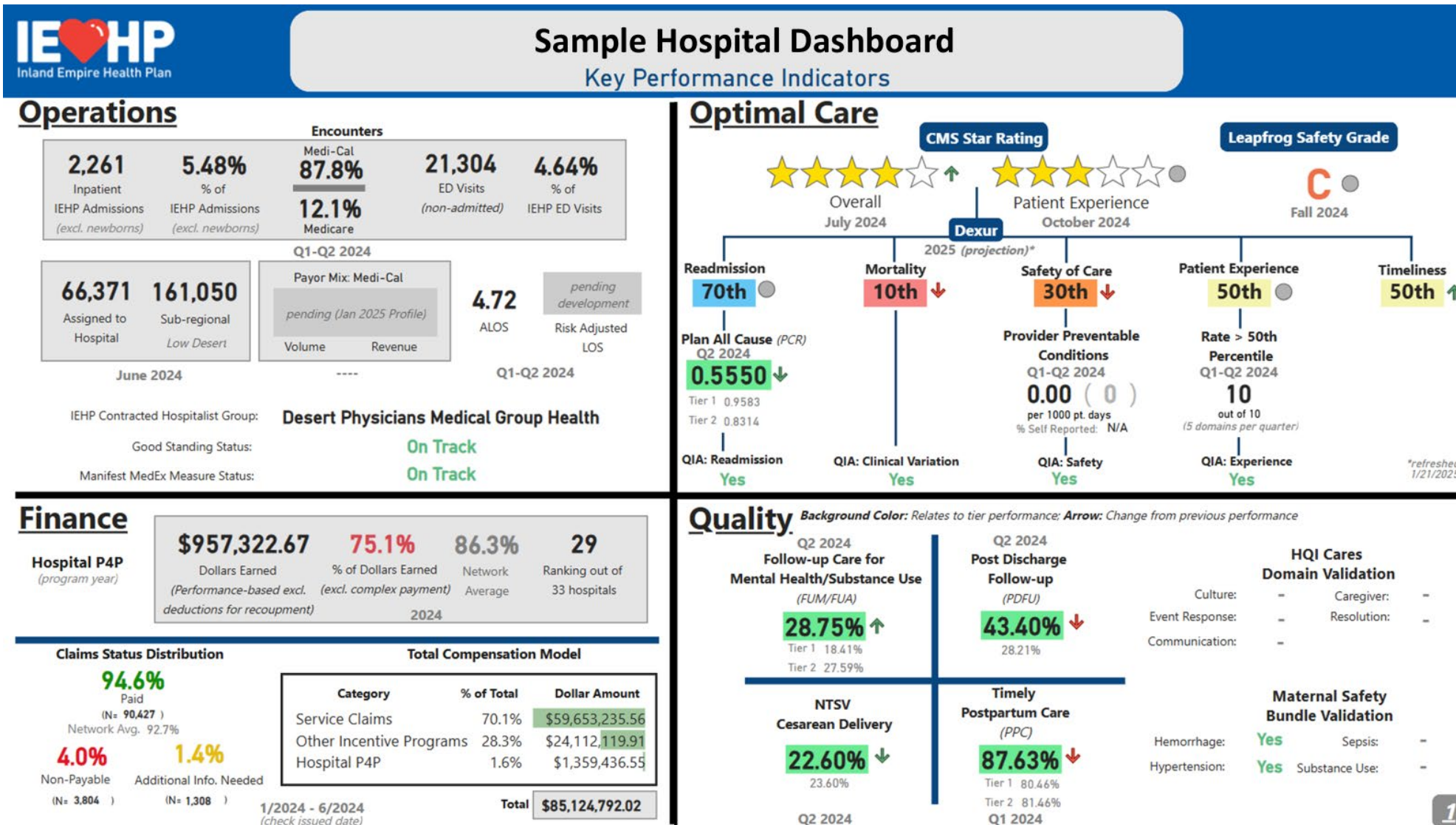


Quality

Background Color: Relates to tier performance; Arrow: Change from previous performance



Next Generation Hospital Dashboard



Next Generation Hospital Dashboard



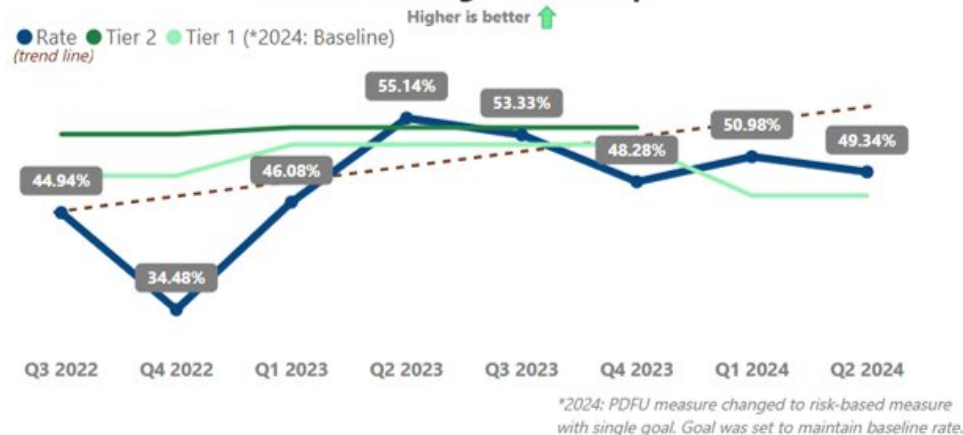
Sample Hospital Dashboard

Quality

Follow-up Care for Mental Health/Substance Use



Post Discharge Follow-up



NTSV Cesarean Delivery



Timely Postpartum Care





**Commitment is what transforms
a promise into a reality.**

—Abraham Lincoln

ADMINISTRATION

19. BOARD EDUCATION – QUALITY & HEALTH SERVICES

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Dr. Edward Juhn, Chief Quality Officer and Dr. Takashi Wada, Chief Medical Officer, will provide an overview of the Quality & Health Services.



Business Transformation Journey: Quality & Health Services

IEHP Governing Board Update

March 10, 2025



Business Transformation and Change Management

IEHP has embarked on a business transformation journey with West Monroe to align our enterprise strategic goals and future vision. Quality and Health Services are the first two business units to begin this impactful work.

This transformation will be critical to:

- Driving innovation
- Navigating market challenges
- Delivering a lasting impact to our IEHP communities

CHANGE MANAGEMENT INITIATIVES

 Quality	 Health Services
Improve efficiency and scalability across the Quality organization to stay ahead of evolving quality standards, support multiple lines of businesses, and drive IEHP towards enhanced quality performance and outcomes.	Propel Utilization Management (UM), Integrated Transitions of Care (ITC), and Integrated Care Management (ICM) functions to achieve operational efficiencies and optimization. This will enable us to enhance quality of services to members and providers, and favorably position ourselves for future growth.



Quality Initiative

Reasons for Change

To enhance IEHP's quality performance by:

- Strengthening workforce management
- Refining organizational design and functional ownership
- Advancing data and technology capabilities to scale with IEHP's goals

Key Activities

- Design future state organization
- Define efficiency opportunities
- Activate change and transition

Core Findings: Initial analysis of the Quality organization found 32 capabilities residing within the Quality function that may have a future state optimization opportunity.



Health Services Initiative

Reasons for Change

To enhance health services' operational effectiveness and ensure regulatory compliance through:

- Process improvements
- Automation
- Strengthened workforce skill set and organizational realignment

Key Activities

- Confirm and extend opportunities
- Define multi-year roadmap
- Execute and upskill
- Activate change and transition

Core Findings: Initial analysis resulted in 13 operational themes derived from 260+ observations captured during interviews with 53 stakeholders; opportunities are being structured into a prioritized roadmap.



Next Steps



Quality

Develop a future state **Quality organization structure and execute the efficiency roadmap to achieve optimized performance**

- Refine and assess potential shifts in functional ownership and responsibilities
- Define the considerations, alignment, and enablement conditions for potential ownership-receiving business units
- Continue to refine efficiency and automation opportunities into value-add initiatives



Health Services

Prioritize opportunities, determine path for medical management evolution **to achieve operational efficiencies**

- Streamline workflows and processes
- Enhance team member effectiveness through automation
- Realign functional shifts and responsibilities



THANK YOU

FINANCE DEPARTMENT

20. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending December 31, 2024.

FINANCE DIVISION

December 2024

MONTHLY FINANCIALS

Presented
March 10, 2025



December 2024 Actual vs Budget: Consolidated

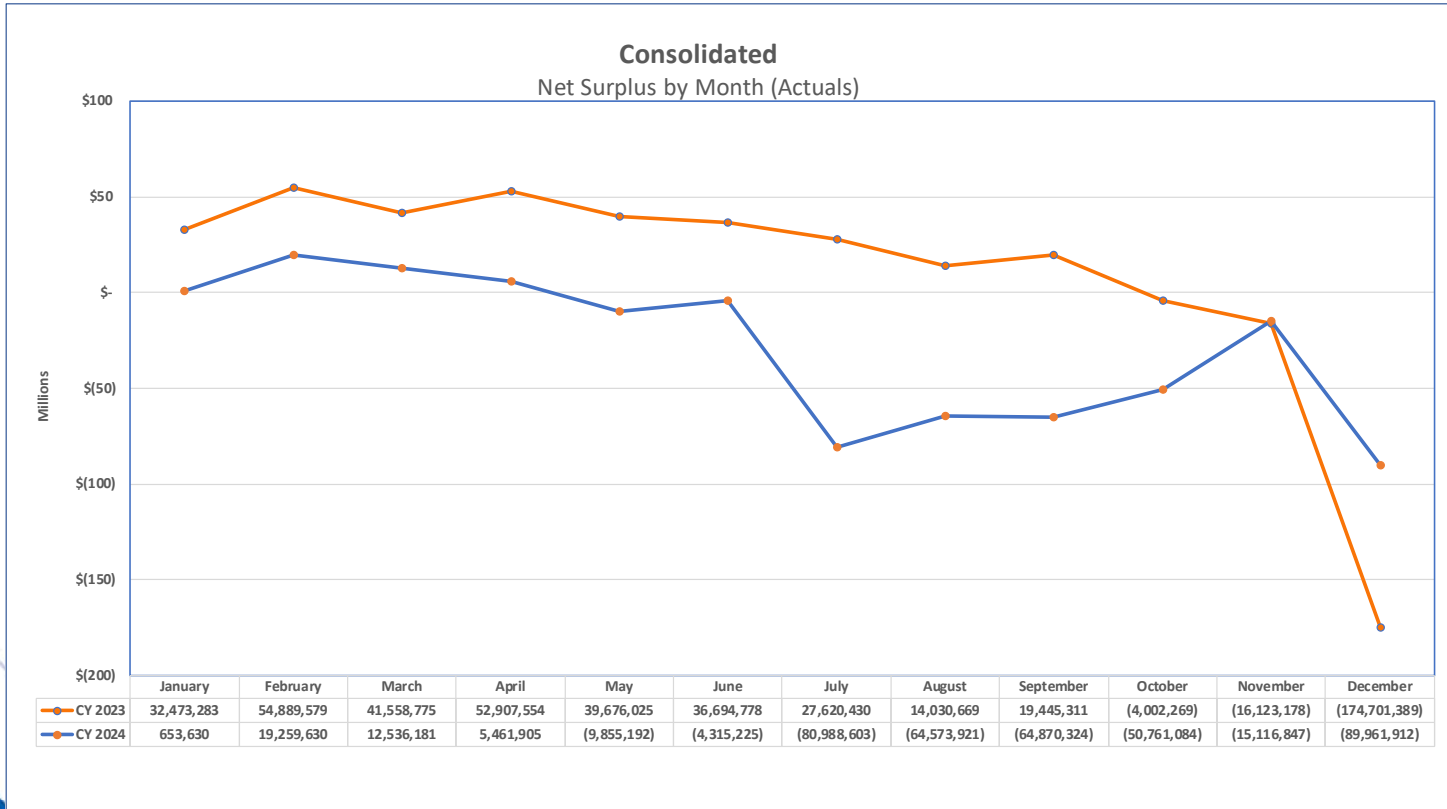
	December Month-to-Date			December Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 584,881,044	\$ 605,642,262	\$ (20,761,218)	\$ 7,311,095,821	\$ 7,085,863,408	\$ 225,232,413
Total Medical Costs	\$ 646,639,509	\$ 573,780,546	\$ (72,858,963)	\$ 7,268,746,268	\$ 6,642,435,387	\$ (626,310,881)
Total Operating Expenses	\$ 47,627,386	\$ 41,812,250	\$ (5,815,136)	\$ 502,703,387	\$ 488,268,379	\$ (14,435,008)
Total Non Operating Income (Expense)	\$ 20,422,538	\$ 9,736,160	\$ 10,686,378	\$ 129,514,556	\$ 99,755,193	\$ 29,759,363
Non-Medical Expenses	\$ 998,600	\$ 7,257,522	\$ 6,258,922	\$ 11,692,485	\$ 29,773,393	\$ 18,080,908
Net Surplus (Deficit)	\$ (89,961,912)	\$ (7,471,896)	\$ (82,490,017)	\$ (342,531,763)	\$ 25,141,442	\$ (367,673,205)
Medical Cost Ratio**	110.6%	94.7%	15.8%	99.4%	93.7%	5.7%
Administrative Cost Ratio**	8.1%	6.9%	1.2%	6.9%	6.9%	(0.0%)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to CCA risk adjustment stemming from members' lower risk score, CalAIM incentive timing, MOT risk corridor, Prop 56 adjustment, and DSNP's Part C risk adjustment partially offset by favorable CCA YTD revenue adjustment driven by CCA membership true up, higher-than-expected Medi-Cal memberships, and CY24 rate adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable Medi-Cal prior paid claims restatements, and capitation expense partially offset by favorable CalAIM incentive timing.
- The unfavorable operating expense variance compared to budget is primarily due to unfavorable pension expense adjustment, marketing printing, and postage partially offset by favorable delay in IT projects.
- The favorable non operating income (expense) variance compared to budget is primarily due to favorable net MCO tax expense adjustment.
- The favorable non-medical expenses variance compared to budget is primarily due to no behavioral health infrastructure expense.



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

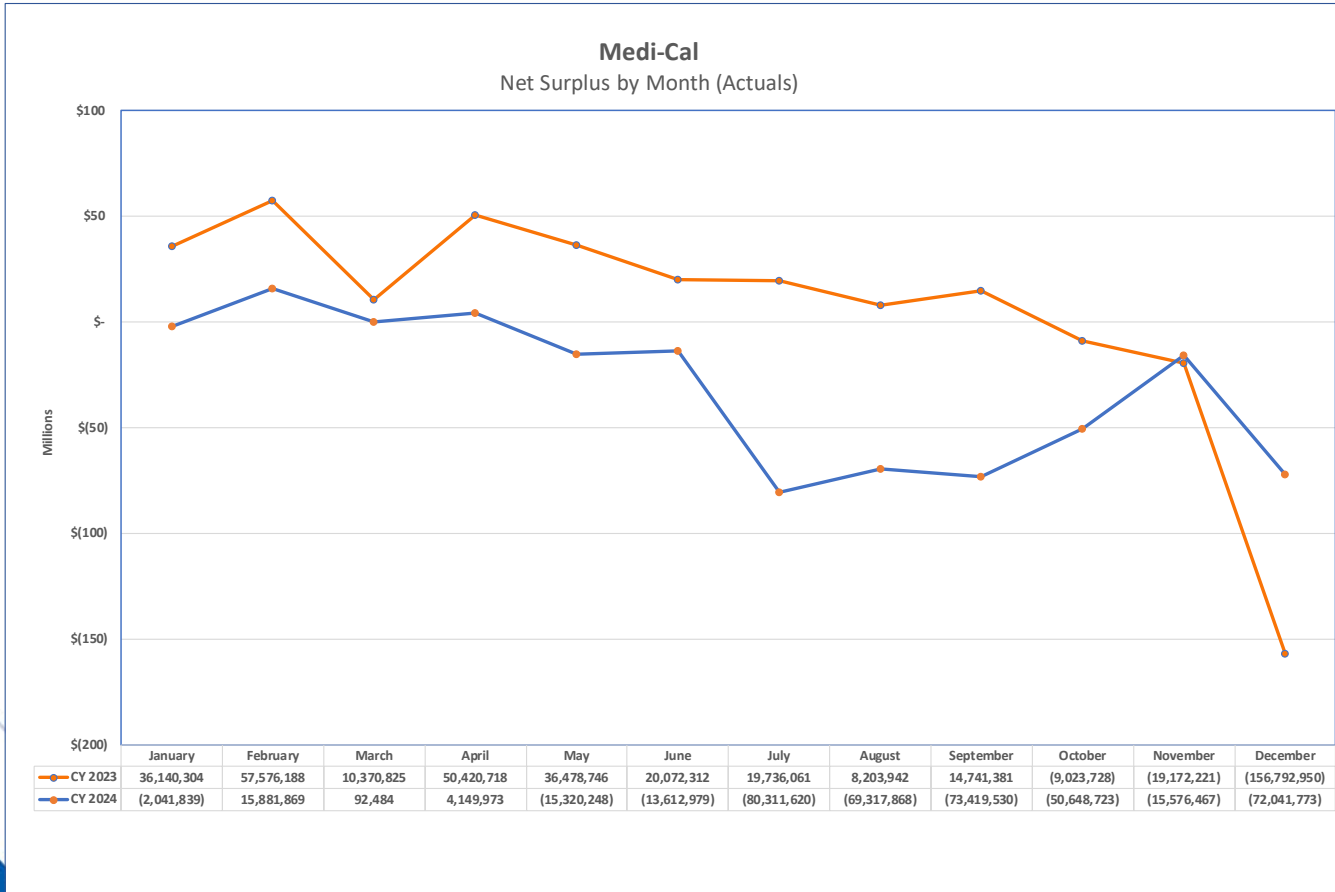
	December Month-to-Date			December Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 530,614,263	\$ 533,306,835	\$ (2,692,572)	\$ 6,428,186,759	\$ 6,246,854,194	\$ 181,332,565
Total Medical Costs	\$ 578,073,530	\$ 502,923,069	\$ (75,150,461)	\$ 6,438,317,319	\$ 5,829,728,969	\$ (608,588,350)
Total Operating Expenses	\$ 39,090,853	\$ 34,467,021	\$ (4,623,832)	\$ 407,548,477	\$ 401,663,602	\$ (5,884,875)
Total Non Operating Income (Expense)	\$ 14,508,347	\$ 2,912,732	\$ 11,595,615	\$ 45,512,317	\$ 34,952,779	\$ 10,559,538
Net Surplus (Deficit)	\$ (72,041,773)	\$ (1,170,524)	\$ (70,871,249)	\$ (372,166,720)	\$ 50,414,403	\$ (422,581,123)
Medical Cost Ratio**	108.9%	94.3%	14.6%	100.2%	93.3%	6.8%
Administrative Cost Ratio**	7.4%	6.5%	0.9%	6.3%	6.4%	(0.1%)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to unfavorable CalAIM incentive timing, MOT risk corridor and Prop 56 adjustments partially offset by higher-than-expected LTC Full Dual, SPD, MCE Non-Dual, Child memberships, CY24 rate true up, and maternity revenue.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable Medi-Cal prior paid claims restatements, and capitation expense partially offset by favorable CalAIM incentive timing.
- The unfavorable operating expense variance compared to budget is primarily due to unfavorable pension expense adjustment, marketing printing, and postage partially offset by favorable delay in IT projects.
- The favorable non-operating income (expense) variance compared to budget is primarily due to favorable net MCO tax expense adjustment.



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

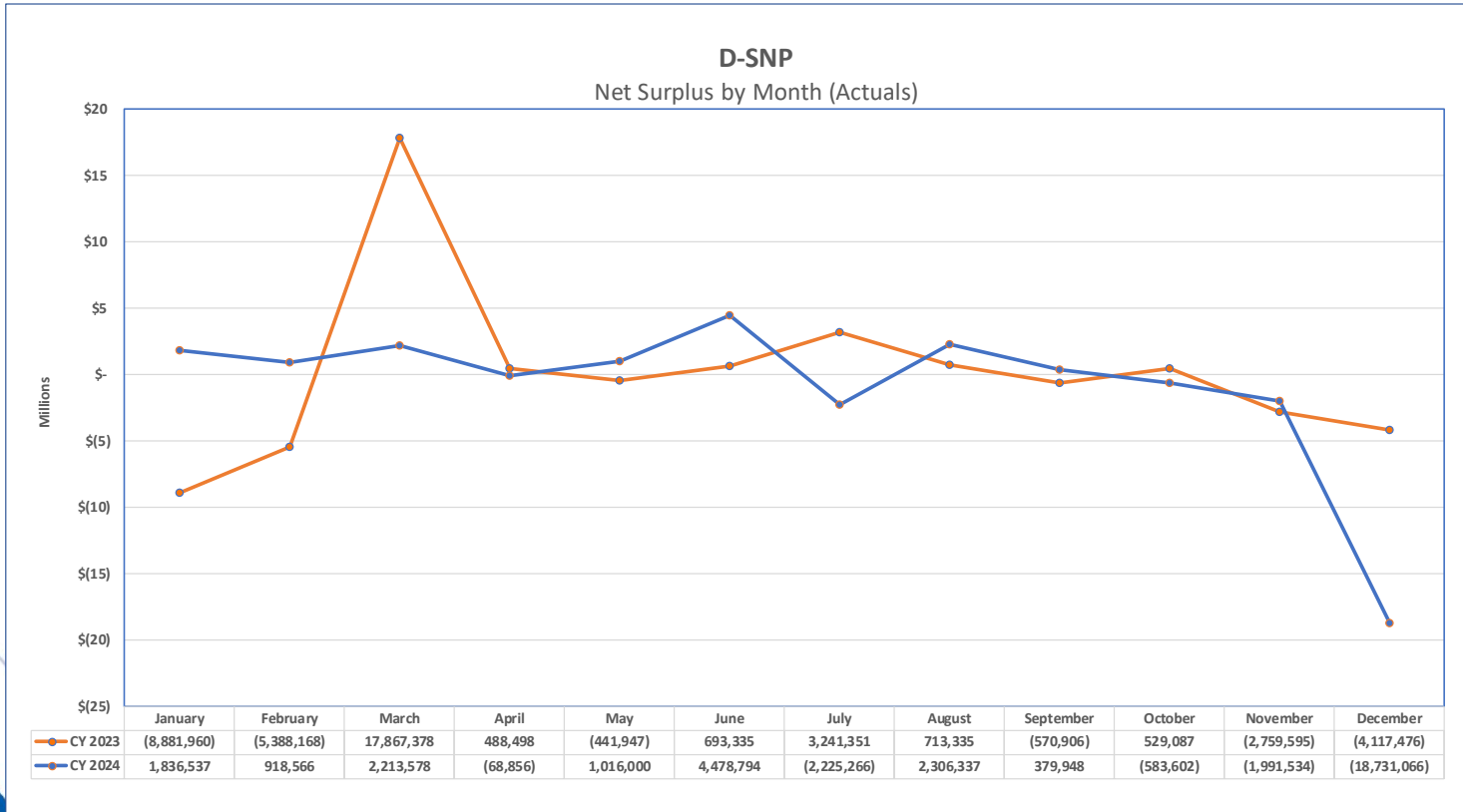
	December Month-to-Date			December Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 54,099,865	\$ 65,665,421	\$ (11,565,556)	\$ 789,718,699	\$ 779,286,453	\$ 10,432,246
Total Medical Costs	\$ 67,683,536	\$ 63,304,238	\$ (4,379,298)	\$ 743,856,931	\$ 738,287,357	\$ (5,569,574)
Total Operating Expenses	\$ 5,147,394	\$ 4,996,923	\$ (150,471)	\$ 56,312,333	\$ 58,217,265	\$ 1,904,932
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (18,731,066)	\$ (2,635,739)	\$ (16,095,327)	\$ (10,450,565)	\$ (17,218,169)	\$ 6,767,604
Medical Cost Ratio**	125.1%	96.4%	28.7%	94.2%	94.7%	(0.5%)
Administrative Cost Ratio**	9.5%	7.6%	1.9%	7.1%	7.5%	(0.3%)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to unfavorable Part A/B risk adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable prior paid claims restatements and higher-than-expected utilization in FFS claims.



Net Surplus Year-Over-Year: D-SNP



Actual vs Budget: IEHP Covered (CCA)

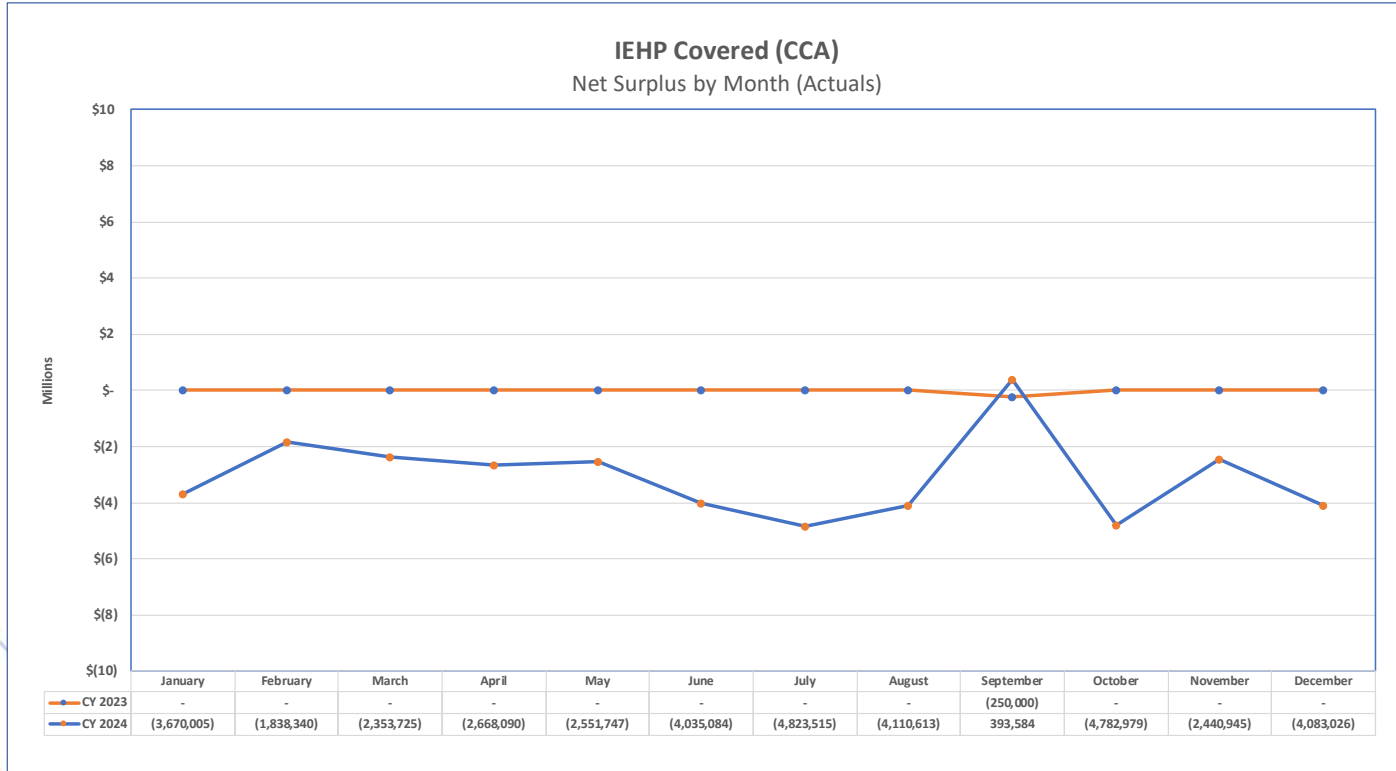
	December Month-to-Date			December Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 171,210	\$ 6,670,006	\$ (6,498,796)	\$ 86,784,961	\$ 59,722,761	\$ 27,062,200
Total Medical Costs	\$ 865,099	\$ 7,553,239	\$ 6,688,140	\$ 85,149,369	\$ 74,419,061	\$ (10,730,308)
Total Operating Expenses	\$ 3,389,138	\$ 2,126,084	\$ (1,263,054)	\$ 38,600,077	\$ 26,387,512	\$ (12,212,565)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (4,083,026)	\$ (3,009,317)	\$ (1,073,709)	\$ (36,964,485)	\$ (41,083,812)	\$ 4,119,327
Medical Cost Ratio**	505.3%	113.2%	392.0%	98.1%	124.6%	(26.5%)
Administrative Cost Ratio**	1,979.5%	31.9%	1,947.6%	44.5%	44.2%	0.3%

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to unfavorable CCA risk adjustment transfer due to Silver membership low risk score and claim experience partially offset by YTD revenue adjustment stemming from membership true up.
- The favorable medical cost variance compared to budget is primarily due to FFS methodology change, recognizing lower-than-expected utilization in FFS claims, and favorable prior paid claims restatements.
- The unfavorable operating expense variance compared to budget is primarily due to unbudgeted participation fees and commission costs, partially budgeted IT costs, and unfavorable BPO services due to increased membership.



Net Surplus Year-Over-Year: IEHP Covered (CCA)



Balance Sheet: Current Month vs Prior Month

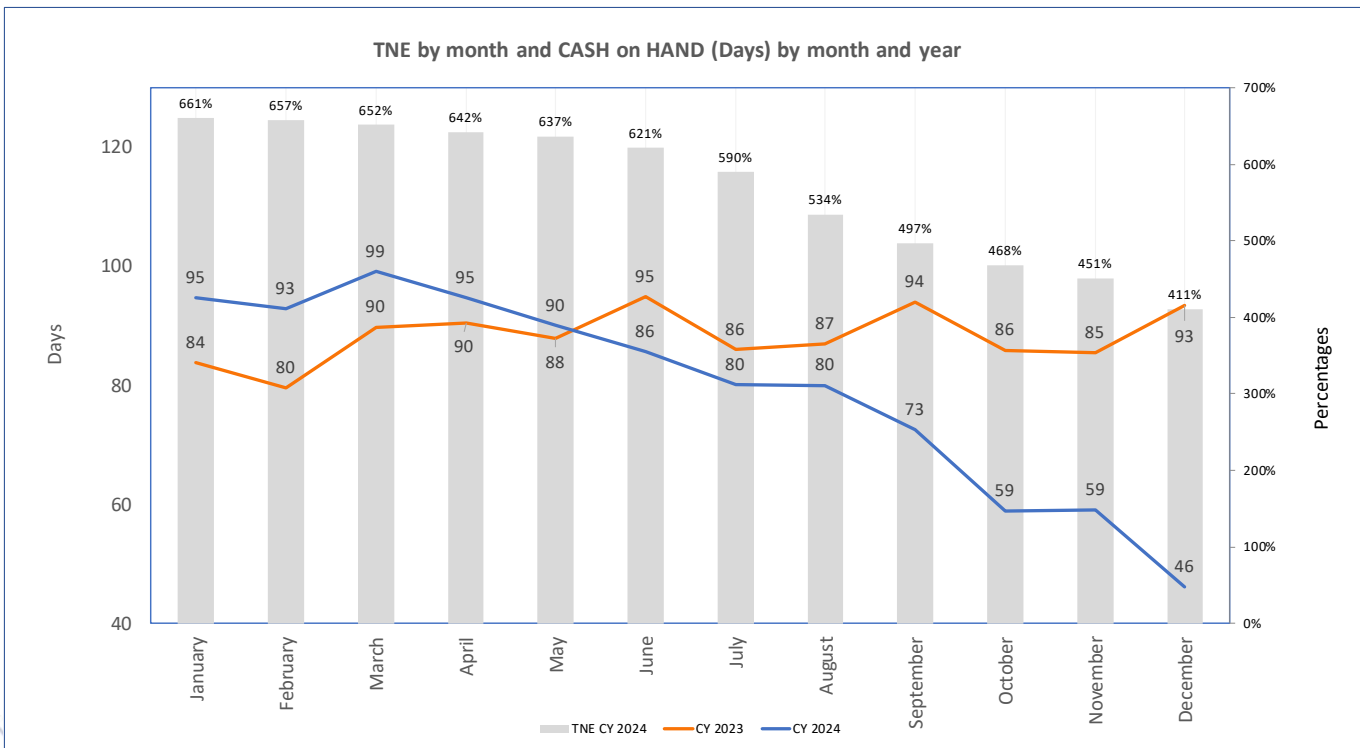
	Dec-24	Nov-24	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,782,593,051	\$ 2,650,702,301	\$ 131,890,750
Long Term Receivables	\$ 17,293	\$ 3,399	\$ 13,894
Capital Assets	\$ 292,570,090	\$ 277,340,130	\$ 15,229,960
Deferred Outflows of Resources	\$ 83,775,639	\$ 131,769,199	\$ (47,993,560)
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 3,158,956,073	\$ 3,059,815,029	\$ 99,141,044
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 2,035,566,293	\$ 1,804,869,418	\$ 230,696,874
Long-Term Liabilities	\$ 31,061,142	\$ 72,717,137	\$ (41,655,995)
Deferred Inflows	\$ 443,088	\$ 381,011	\$ 62,076
Net Position	\$ 1,091,885,551	\$ 1,181,847,463	\$ (89,961,912)
Total Liabilities, Deferred Inflows, and Net Position	\$ 3,158,956,073	\$ 3,059,815,029	\$ 99,141,044

Highlights for the Month:

- Increase in Current Assets is primarily due to increase in Cash for \$312M IGT payment received partially offset by \$103M TRI payment, increase of \$77M in claims, and other payments net of other receipts.
- Increase in Capital Assets is primarily due to \$12.6M CWC Riverside building purchase.
- Increase in Current Liabilities is primarily due to \$312M IGT owed to providers, \$53.2M MCO tax expense accrual, \$33.9M IBNP, and \$16M CCA APTC overpayments partially offset by \$103M TRI payment, \$79M CMS December capitation received in November, and Prop 56 payment.
- Decrease in Deferred Outflows of Resources and Long-term Liabilities is primarily due to pension valuation adjustments.



TNE and Cash On Hand

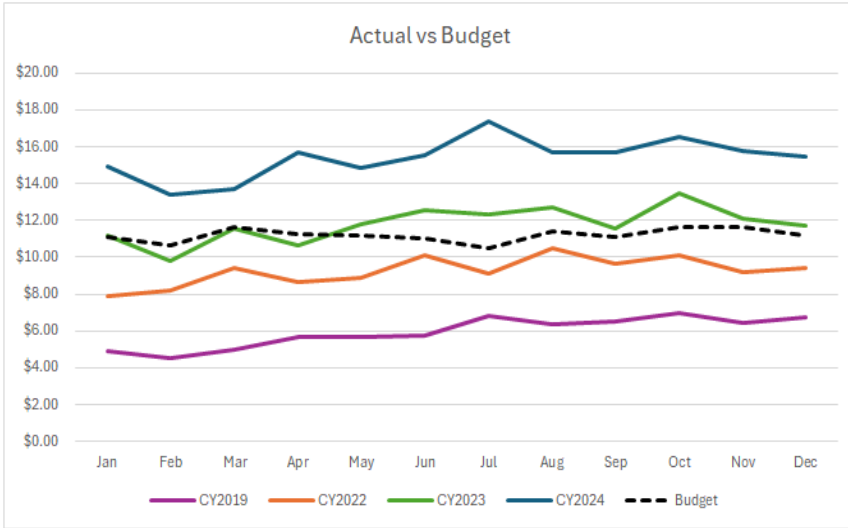


Highlights for the Month:

- Decrease in days cash on hand is primarily due to \$103M TRI payment, higher claims paid compared to prior month, and purchase of Community Wellness Center in Riverside.

Note: Days Cash on Hand calculation excludes pass-thru receipts and payments effective January 2023 and MCO tax effective January 2024.

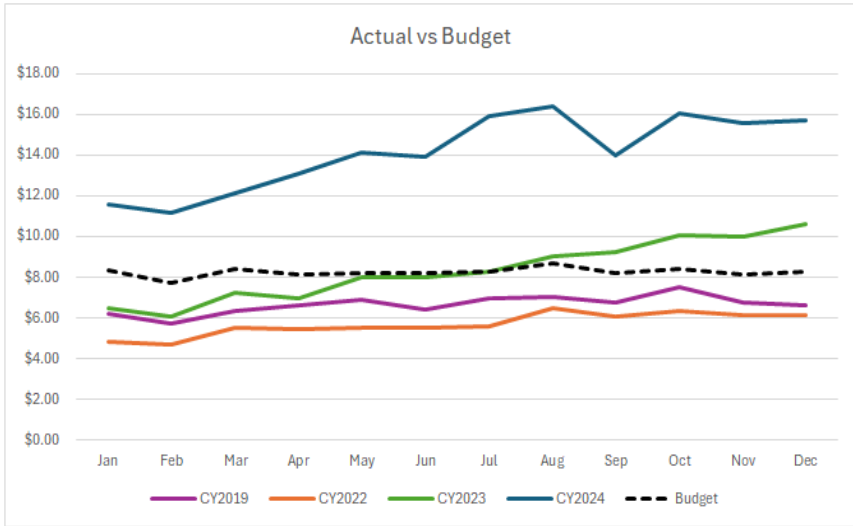
Behavioral Health Therapy – Autism



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$7.92	\$11.17	\$14.95	\$11.08	41.1%	33.8%	34.9%
Feb	\$8.17	\$9.83	\$13.39	\$10.64	20.3%	36.2%	25.8%
Mar	\$9.40	\$11.55	\$13.70	\$11.63	22.9%	18.6%	17.8%
Apr	\$8.68	\$10.62	\$15.69	\$11.28	22.4%	47.7%	39.1%
May	\$8.89	\$11.77	\$14.82	\$11.20	32.4%	25.9%	32.3%
Jun	\$10.15	\$12.56	\$15.58	\$11.05	23.8%	24.0%	41.0%
Jul	\$9.11	\$12.36	\$17.36	\$10.47	35.7%	40.4%	65.8%
Aug	\$10.52	\$12.68	\$15.70	\$11.38	20.6%	23.8%	37.9%
Sep	\$9.68	\$11.57	\$15.70	\$11.11	19.6%	35.6%	41.3%
Oct	\$10.11	\$13.48	\$16.52	\$11.65	33.3%	22.6%	41.8%
Nov	\$9.22	\$12.13	\$15.79	\$11.62	31.6%	30.1%	35.9%
Dec	\$9.41	\$11.73	\$15.49	\$11.17	24.7%	32.0%	38.7%



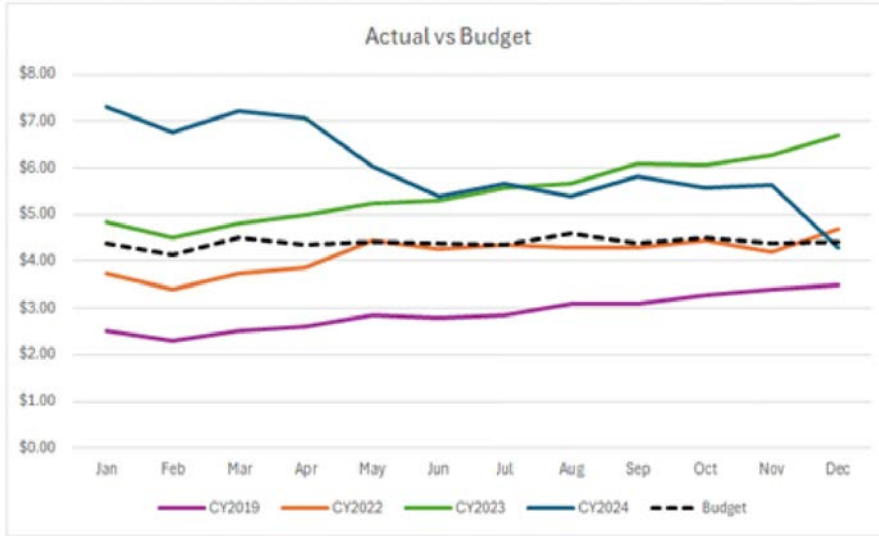
Transportation



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$4.86	\$6.48	\$11.56	\$8.37	33.3%	78.5%	38.1%
Feb	\$4.73	\$6.09	\$11.19	\$7.76	28.7%	83.8%	44.2%
Mar	\$5.51	\$7.24	\$12.15	\$8.39	31.3%	67.8%	44.8%
Apr	\$5.46	\$7.00	\$13.12	\$8.11	28.2%	87.4%	61.8%
May	\$5.54	\$8.03	\$14.14	\$8.23	44.8%	76.2%	71.9%
Jun	\$5.56	\$8.02	\$13.91	\$8.19	44.4%	73.4%	69.9%
Jul	\$5.61	\$8.28	\$15.92	\$8.26	47.6%	92.3%	92.8%
Aug	\$6.47	\$9.06	\$16.38	\$8.69	40.0%	80.8%	88.5%
Sep	\$6.10	\$9.25	\$13.97	\$8.21	51.8%	51.0%	70.3%
Oct	\$6.31	\$10.06	\$16.08	\$8.42	59.3%	59.9%	91.0%
Nov	\$6.16	\$10.02	\$15.58	\$8.15	62.6%	55.5%	91.2%
Dec	\$6.12	\$10.62	\$15.70	\$8.28	73.4%	47.9%	89.8%



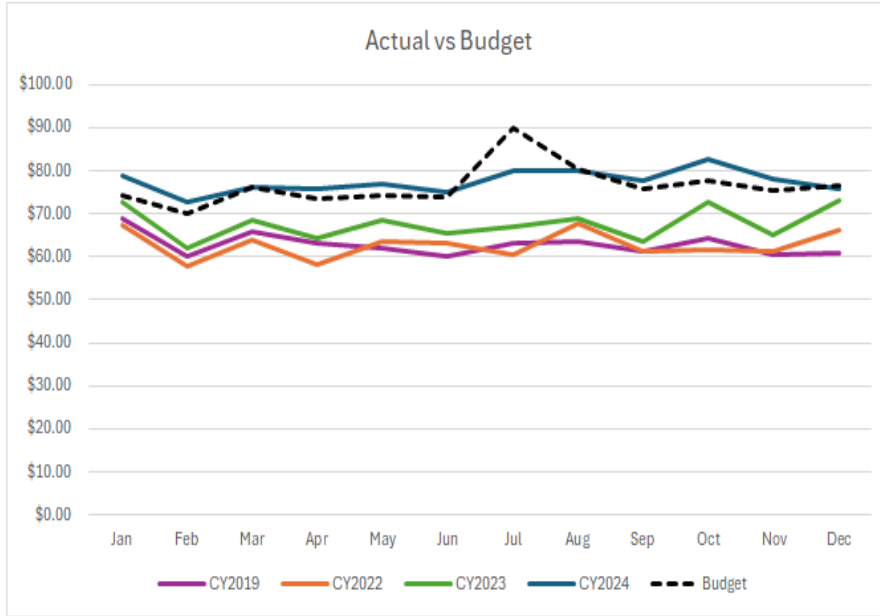
Home Health



Service Month	Incurred PPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$3.74	\$4.84	\$7.33	\$4.39	29.3%	51.5%	66.9%
Feb	\$3.41	\$4.50	\$6.77	\$4.15	31.9%	50.5%	63.4%
Mar	\$3.75	\$4.80	\$7.22	\$4.51	28.0%	50.6%	60.2%
Apr	\$3.87	\$4.99	\$7.06	\$4.35	29.1%	41.4%	62.1%
May	\$4.44	\$5.23	\$6.05	\$4.40	17.8%	15.6%	37.4%
Jun	\$4.25	\$5.31	\$5.40	\$4.37	25.1%	1.7%	23.6%
Jul	\$4.36	\$5.59	\$5.66	\$4.36	28.2%	1.3%	29.7%
Aug	\$4.29	\$5.68	\$5.40	\$4.61	32.5%	-5.0%	17.0%
Sep	\$4.28	\$6.09	\$5.81	\$4.37	42.2%	-4.5%	32.9%
Oct	\$4.45	\$6.06	\$5.58	\$4.49	36.1%	-7.9%	24.2%
Nov	\$4.21	\$6.28	\$5.63	\$4.37	49.0%	-10.4%	28.8%
Dec	\$4.68	\$6.70	\$4.29	\$4.40	43.4%	-36.1%	-2.5%



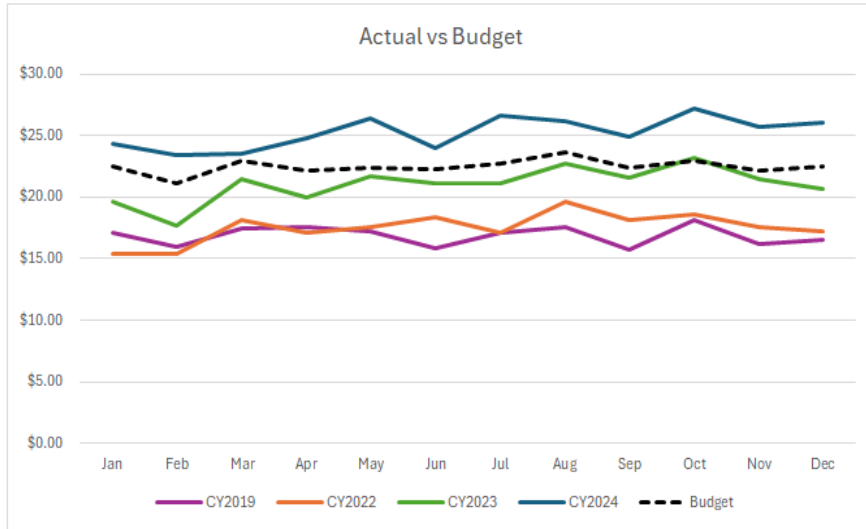
Inpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$67.26	\$72.80	\$78.72	\$74.08	8.2%	8.1%	6.3%
Feb	\$57.79	\$61.89	\$72.83	\$69.90	7.1%	17.7%	4.2%
Mar	\$63.99	\$68.50	\$76.29	\$75.99	7.1%	11.4%	0.4%
Apr	\$58.27	\$64.15	\$75.75	\$73.32	10.1%	18.1%	3.3%
May	\$63.42	\$68.60	\$77.04	\$74.29	8.2%	12.3%	3.7%
Jun	\$63.00	\$65.41	\$75.01	\$73.83	3.8%	14.7%	1.6%
Jul	\$60.33	\$66.91	\$79.95	\$89.94	10.9%	19.5%	-11.1%
Aug	\$67.92	\$68.82	\$80.14	\$80.39	1.3%	16.5%	-0.3%
Sep	\$61.07	\$63.47	\$77.74	\$75.83	3.9%	22.5%	2.5%
Oct	\$61.58	\$72.90	\$82.49	\$77.83	18.4%	13.1%	6.0%
Nov	\$61.37	\$65.22	\$78.17	\$75.29	6.3%	19.9%	3.8%
Dec	\$66.26	\$73.02	\$75.64	\$76.56	10.2%	3.6%	-1.2%



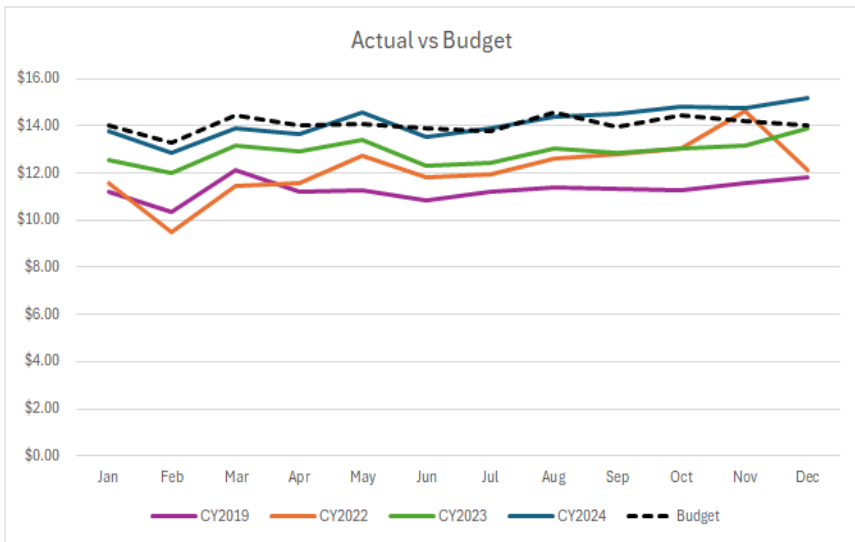
Outpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$15.35	\$19.59	\$24.38	\$22.54	27.6%	24.5%	8.2%
Feb	\$15.40	\$17.66	\$23.42	\$21.14	14.7%	32.6%	10.8%
Mar	\$18.16	\$21.46	\$23.52	\$22.94	18.2%	9.6%	2.5%
Apr	\$17.07	\$20.01	\$24.76	\$22.14	17.2%	23.8%	11.8%
May	\$17.58	\$21.75	\$26.45	\$22.44	23.8%	21.6%	17.9%
Jun	\$18.40	\$21.17	\$23.97	\$22.31	15.1%	13.2%	7.4%
Jul	\$17.10	\$21.18	\$26.65	\$22.72	23.9%	25.8%	17.3%
Aug	\$19.61	\$22.76	\$26.23	\$23.67	16.1%	15.2%	10.8%
Sep	\$18.11	\$21.65	\$24.90	\$22.35	19.5%	15.0%	11.4%
Oct	\$18.63	\$23.21	\$27.21	\$22.93	24.6%	17.2%	18.7%
Nov	\$17.59	\$21.49	\$25.76	\$22.20	22.2%	19.9%	16.0%
Dec	\$17.27	\$20.66	\$26.03	\$22.50	19.6%	26.0%	15.7%



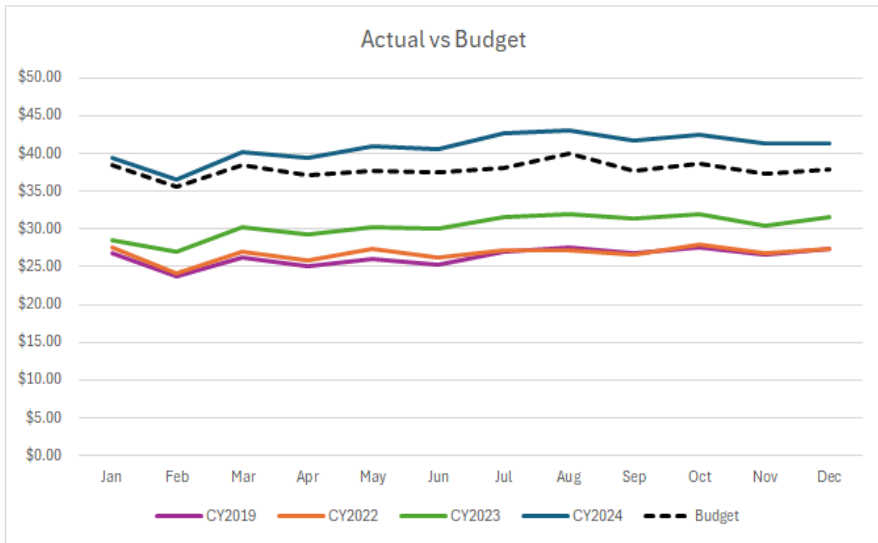
Emergency Room



Service Month	Incurred PPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$11.55	\$12.55	\$13.76	\$14.04	8.7%	9.7%	-2.0%
Feb	\$9.47	\$11.99	\$12.85	\$13.30	26.5%	7.2%	-3.4%
Mar	\$11.43	\$13.19	\$13.90	\$14.48	15.4%	5.4%	-4.0%
Apr	\$11.60	\$12.94	\$13.67	\$14.00	11.6%	5.7%	-2.3%
May	\$12.74	\$13.41	\$14.57	\$14.06	5.3%	8.7%	3.6%
Jun	\$11.85	\$12.29	\$13.53	\$13.92	3.7%	10.1%	-2.8%
Jul	\$11.94	\$12.44	\$13.88	\$13.76	4.2%	11.6%	0.9%
Aug	\$12.62	\$13.06	\$14.42	\$14.58	3.5%	10.4%	-1.1%
Sep	\$12.80	\$12.84	\$14.51	\$13.96	0.3%	13.0%	3.9%
Oct	\$13.03	\$13.06	\$14.79	\$14.46	0.2%	13.2%	2.2%
Nov	\$14.63	\$13.14	\$14.73	\$14.19	-10.2%	12.1%	3.8%
Dec	\$12.13	\$13.91	\$15.20	\$14.04	14.7%	9.3%	8.2%



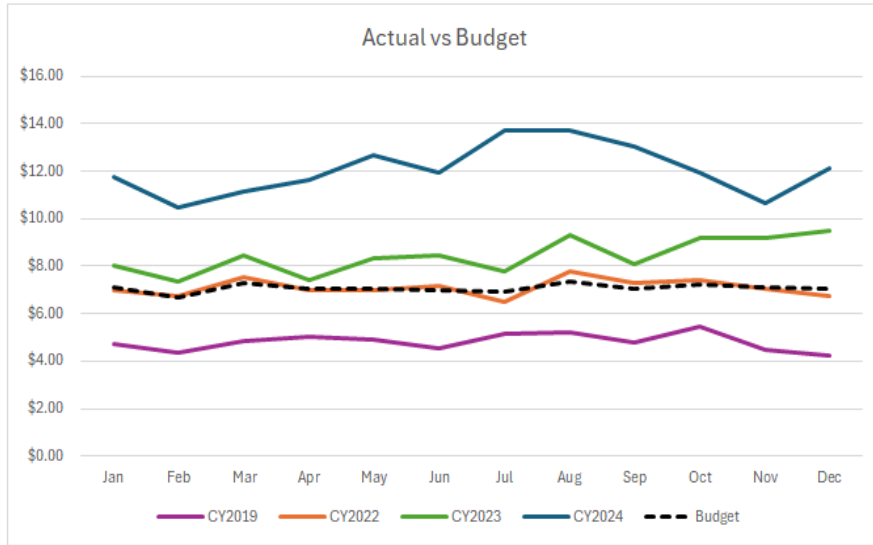
Long Term Care



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$27.64	\$28.61	\$39.35	\$38.56	3.5%	37.5%	2.1%
Feb	\$24.11	\$26.99	\$36.63	\$35.61	11.9%	35.7%	2.9%
Mar	\$27.01	\$30.27	\$40.14	\$38.46	12.1%	32.6%	4.4%
Apr	\$25.92	\$29.33	\$39.43	\$37.16	13.2%	34.4%	6.1%
May	\$27.34	\$30.31	\$40.90	\$37.76	10.8%	35.0%	8.3%
Jun	\$26.24	\$30.02	\$40.51	\$37.61	14.4%	35.0%	7.7%
Jul	\$27.14	\$31.52	\$42.63	\$38.03	16.1%	35.3%	12.1%
Aug	\$27.21	\$31.88	\$43.00	\$39.96	17.2%	34.9%	7.6%
Sep	\$26.64	\$31.37	\$41.79	\$37.66	17.7%	33.2%	10.9%
Oct	\$27.93	\$31.95	\$42.39	\$38.58	14.4%	32.7%	9.9%
Nov	\$26.72	\$30.50	\$41.31	\$37.28	14.2%	35.4%	10.8%
Dec	\$27.46	\$31.58	\$41.40	\$37.97	15.0%	31.1%	9.0%



Other Professional

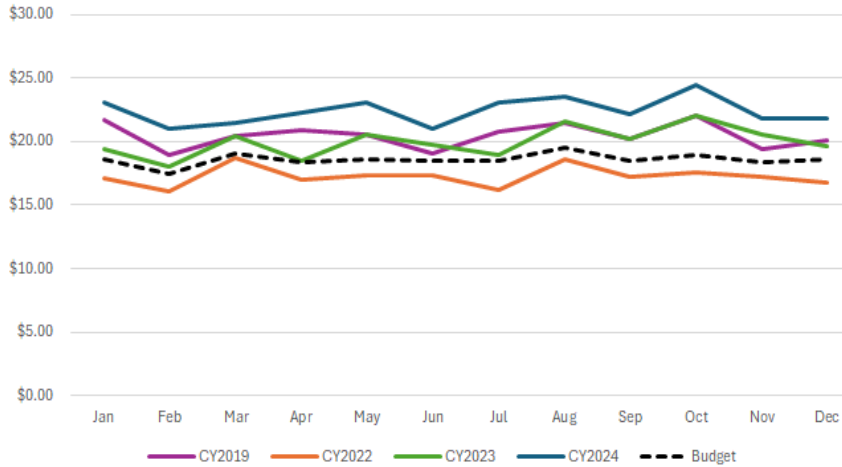


Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$6.97	\$8.04	\$11.75	\$7.08	15.4%	46.1%	65.8%
Feb	\$6.75	\$7.38	\$10.50	\$6.69	9.4%	42.3%	57.0%
Mar	\$7.54	\$8.45	\$11.12	\$7.27	12.0%	31.6%	53.0%
Apr	\$6.99	\$7.43	\$11.64	\$7.03	6.4%	56.7%	65.7%
May	\$6.97	\$8.34	\$12.66	\$7.08	19.8%	51.7%	78.8%
Jun	\$7.20	\$8.47	\$11.93	\$7.02	17.7%	40.8%	70.0%
Jul	\$6.49	\$7.79	\$13.74	\$6.92	19.9%	76.4%	98.4%
Aug	\$7.77	\$9.32	\$13.74	\$7.36	19.8%	47.5%	86.6%
Sep	\$7.31	\$8.09	\$13.07	\$7.03	10.8%	61.5%	86.0%
Oct	\$7.40	\$9.20	\$11.97	\$7.26	24.3%	30.1%	64.9%
Nov	\$7.03	\$9.21	\$10.65	\$7.10	31.1%	15.6%	50.0%
Dec	\$6.72	\$9.50	\$12.14	\$7.07	41.5%	27.8%	71.8%



Physician Specialty

Actual vs Budget



Service Month	Incurred PPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$17.14	\$19.36	\$23.07	\$18.60	13.0%	19.1%	24.0%
Feb	\$16.09	\$17.99	\$20.98	\$17.51	11.9%	16.6%	19.8%
Mar	\$18.76	\$20.42	\$21.47	\$19.03	8.8%	5.2%	12.8%
Apr	\$16.96	\$18.44	\$22.27	\$18.37	8.7%	20.8%	21.2%
May	\$17.38	\$20.54	\$23.09	\$18.59	18.2%	12.4%	24.2%
Jun	\$17.36	\$19.74	\$21.02	\$18.47	13.7%	6.5%	13.8%
Jul	\$16.15	\$18.97	\$23.08	\$18.50	17.5%	21.7%	24.8%
Aug	\$18.62	\$21.54	\$23.55	\$19.51	15.7%	9.3%	20.7%
Sep	\$17.26	\$20.16	\$22.14	\$18.47	16.8%	9.8%	19.9%
Oct	\$17.57	\$21.99	\$24.51	\$18.97	25.2%	11.5%	29.3%
Nov	\$17.25	\$20.53	\$21.84	\$18.40	19.0%	6.3%	18.7%
Dec	\$16.81	\$19.61	\$21.88	\$18.58	16.7%	11.5%	17.7%



Acronyms & Definitions

BPO – Business Process Outsourcing

CalAIM California Advancing and Innovating Medi-Cal California Advancing and Innovating Medi-Cal

CCA – Covered California

CEPPT – California Employers' Pension Prefunding Trust

CY– Calendar Year

DHCS – Department of Health Care Services

D-SNP – Dual Eligible Special Needs Plan (Medicare and Medi-Cal)

EPP – Enhanced Payment Program

FFS – Fee for Service

G&A – General & Administrative

IGT – Intergovernmental Transfers

IT – Information Technology

LTC – Long Term Care

MCO – Managed Care Organization

MCE – Medicaid Coverage Expansion

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

P4P – Pay for Performance

SPD – Seniors and Persons with Disabilities

TRI – Targeted Rate Increases

YTD – Year-to-date



OPERATIONS DEPARTMENT

21. HQI CARES: IMPLEMENTING BETA HEART UPDATE

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Details:

Presentation of the HQI Cares: Implementing BETA HEART Updates.

HQI Cares: Implementing BETA HEART Updates

Presentation to the IEHP Governing
Board March 10, 2025



Presented by
Sylvia Lozano, FACHE, MHA,
VP of Hospital Relations

HQI Cares: Implementing BETA HEART® Domains

Culture + Measurement

- Culture survey with debrief
- Just Culture principles
- Lessons learned and shared

Rapid Event Response + Analysis

- Human factors science
- Cognitive Interviewing
- Apply Just Culture
- Patient and Family Input

Early Resolution

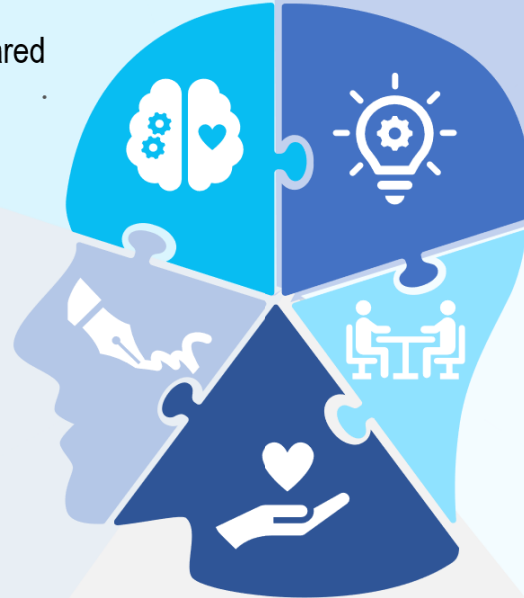
- Timely
- Includes both financial + non-financial resolutions
- Is the answer to MICRA

Communication + Transparency

- Timely and empathic
- Evaluate communication skills
- Trained resource team
- Begins early and is continuous

Care for the Caregiver

- Proactive
- Trained Peer Support team
- Measures burnout + resilience



Achieved HQI Domain Validation for 2024



Culture of Safety



25



Rapid Event Response and Analysis



7



Communication and Transparency



3



Care for the Caregiver



12



Early Resolution



1

Transforming Hospital Culture—Preliminary Results Coming to Light



26 Hospitals implemented Just Culture which lays a strong foundation for fair and just error analysis



14 Hospitals improved year-over-year culture of safety scores



13 Hospitals improved retention rates (an indicator of staff alignment with leadership values and increase in culture scores).



29 Hospitals' Culture of Safety Survey Response Rates (with one exception) were at or above 60% making the data scientifically valid exceeding expectations



Fostering a Culture of Transparency and Learning



**16 FACILITIES
REPORTED
INCREASED
INCIDENT
REPORTING
NUMBERS TO HELP
PREVENT HARM**



**AN AVERAGE OF 89%
OF EVENTS WERE
REPORTED TO RISK
MANAGEMENT
WITHIN 24 HOURS**



Identify the Super-Communicators who have superior message design qualities to build a Communication Resource Team to support efforts of empathic and transparent conversations with patients and their family members impacted by the adverse event.



175 Peer Supporters trained

across 19 sites



582 Peer Support deployments

across 14 sites

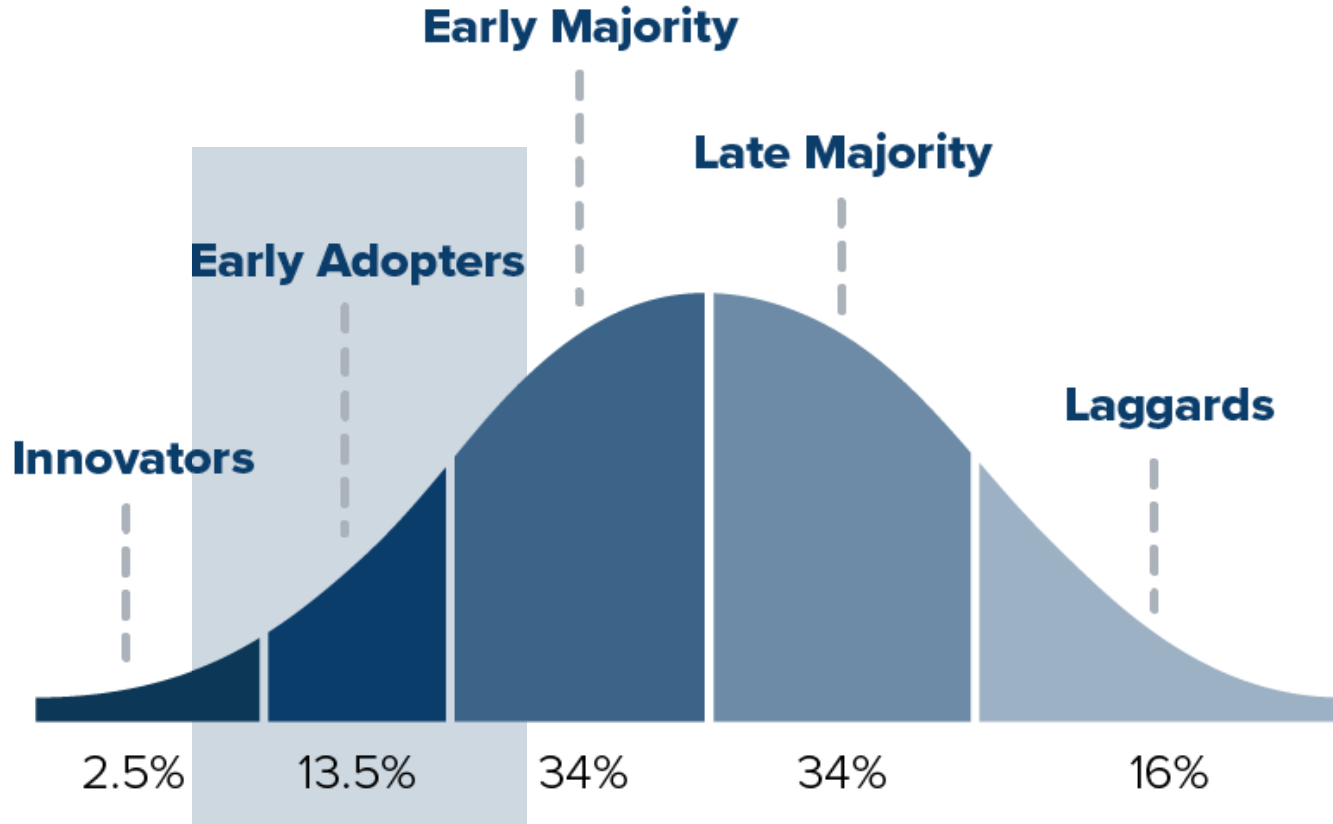


375 Communication Assessments

across 33 sites



Congratulations to IEHP for being Early Adopters | First HealthPlan



CMS Patient Safety Structural Measure- August 28, 2024

Beginning CY 2025 reporting period, CMS requires hospitals to report this measure in the Hospital Inpatient Quality Reporting (IQR) Program and Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

The Patient Safety Structural Measure (PSSM) has the following five domains:

1. Leadership commitment to eliminating preventable harm
2. Strategic planning and organizational policy
3. Culture of safety and learning health system
4. Accountability and transparency
5. Patient and Family Engagement

Note: All five elements must be met to receive a point.

- May be part of STAR ratings in the future and extend to SNFs

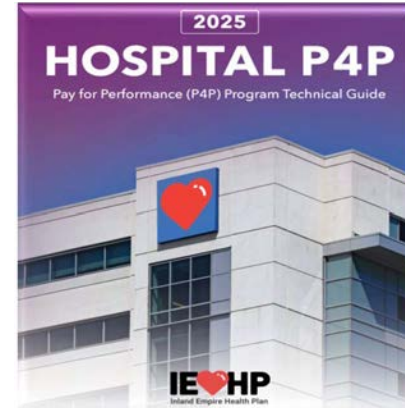


HQI Cares: Implementing BETA HEART® Program Next Steps



Hospitals will be recognized for domain achievement during the HQI Cares Workshop in February 2025 and will receive a trophy during the Q2 Hospital site visits.

Continue to support incorporation of the HQI: BETA HEART Program in the 2025 Hospital P4P.



Thanks to YOU, IEHP
is far ahead of the
curve in California and
the Nation because of
OUR HEART® work!



Thank you!

- Hospital Relations Department



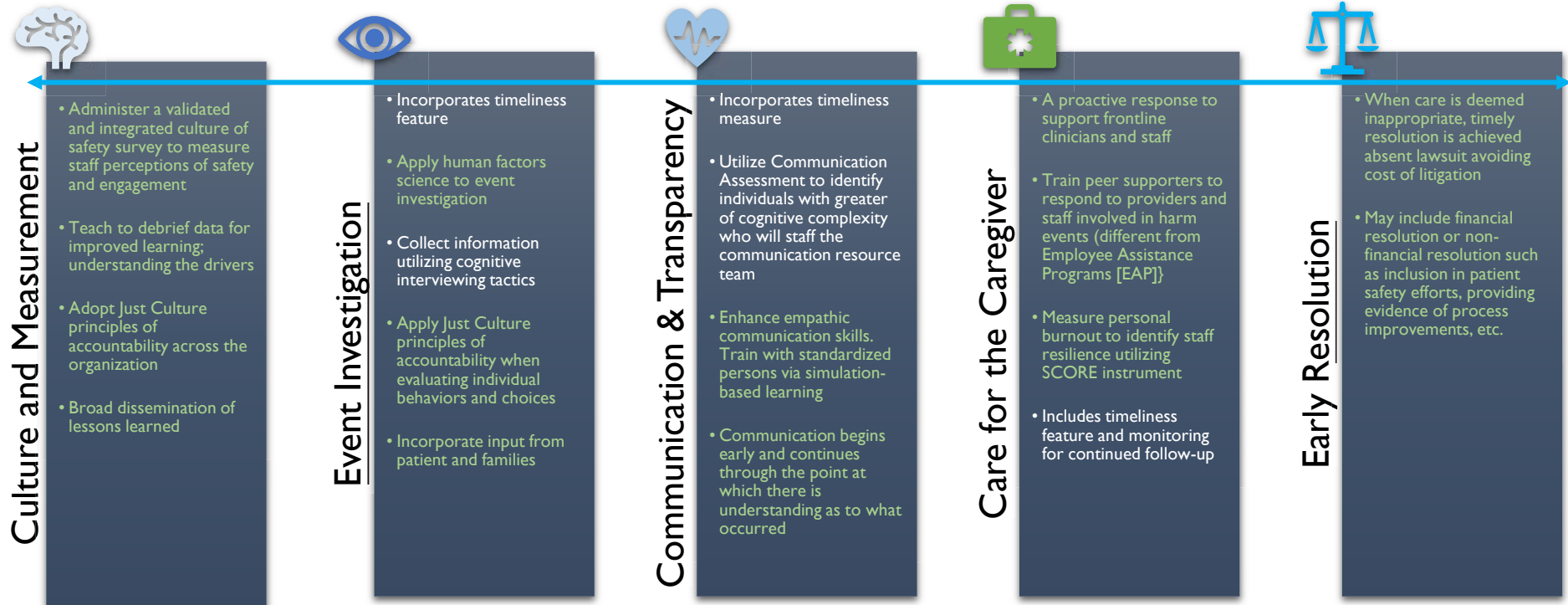
Appendix

2024 Contract Year Participants and Domain Achievements	COS	RERA	C&T	C4C	ER	2024 Contract Year Participants and Domain Achievements	COS	RERA	C&T	C4C	ER
Arrowhead Regional Medical Center			Did not Validate			Parkview Community Hospital Medical Center	Validated				
Barstow Community Hospital	Validated					Pomona Valley Hospital Medical Center		Validated		Validated	
Bear Valley Community Healthcare District	Validated	Validated	Validated	Validated	Validated	Providence St. Mary Medical Center	Validated				
Chino Valley Hospital Medical Center	Validated					Redlands Community Hospital	Validated				
Colorado River Medical Center	Validated					Riverside Community Hospital		Validated			
Community Hospital of San Bernardino	Validated	Validated				Riverside University Health System Medical Center	Validated			Validated	
Desert Regional Medical Center	Validated	Validated				San Antonio Regional Hospital				Validated	
Desert Valley Hospital	Did not Validate			Validated		San Geronio Memorial Hospital	Validated		Validated	Validated	
Eisenhower Health				Validated		Southwest Healthcare Corona Regional Medical Center	Validated		Validated		
Hemet Global Medical Center	Did not Validate					Southwest Healthcare Inland Valley Hospital	Validated			Validated	
Hi-Desert Medical Center	Validated					Southwest Healthcare Rancho Springs Hospital	Validated			Validated	
John F. Kennedy Memorial Hospital	Validated			Did not Validate		Southwest Healthcare Temecula Valley Hospital		Validated			
Loma Linda University Children's Hospital	Validated			Validated		St. Bernardine Medical Center	Validated			Did not Validate	
Loma Linda University Medical Center	Validated			Validated		Victor Valley Global Medical Center	Validated				
Loma Linda University Medical Center - Murrieta	Validated			Validated		<div style="background-color: #c0d0d0; padding: 10px;"> <p style="text-align: center; margin: 0;">Key</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #90ee90; margin-right: 5px;"></div> Validated </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cc0000; margin-right: 5px;"></div> Did not Validate </div> </div> </div>					
Menifee Global Medical Center	Validated										
Montclair Hospital Medical Center	Validated										
Mountains Community Hospital	Validated	Validated									
Palo Verde Hospital	Validated										

IEHP Readiness for PSSM—Early Adoption Benefits

BETA HEART®

A Comprehensive, Systematic and Principled Approach to Harm in Healthcare



OPERATIONS DEPARTMENT

22. 2024 PROVIDER EXPERIENCE ANNUAL SURVEY RESULTS

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Background:

IEHP conducts an annual survey with contracted Primary Care, Specialty Care, and Behavioral Health Providers to rate their satisfaction with IEHP. Press Ganey, a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected to conduct the 2024 Provider Experience Survey.

The survey asked Providers to compare their experience with IEHP to their experience with other health plans. In addition to comparing IEHP to other health plans, the study also evaluated IEHP's performance compared to the prior year's performance and to the Press Ganey Medicaid Book of Business. The 2023 Press Ganey Medicaid Book of Business is a benchmark representing respondent data from 17,709 eligible Provider Experience Surveys from 108 other health plans across the country.

Areas assessed in the survey include:

- Overall Satisfaction
- Pharmacy
- Utilization and Quality Management
- Provider Relations
- Network/Coordination of Care
- Health Plan Call Center Staff
- Finance
- Timely Access
- Telehealth
- Interpreter Services

Discussion:

The Provider Experience survey questionnaires were distributed via mail and email in early July 2024 with follow up calls to non-responders in August 2024. IEHP provided Press Ganey a sample of 3,000 Providers: 1,221 Primary Care Physicians (PCP), 837 Specialists, and 942 Behavioral Health (BH) Providers. A total of 992 surveys (445 PCPs, 190 Specialists, and 357 BH Providers) were completed, yielding a 33.1% response rate.

Overall Satisfaction:

Table 1 below displays the 2024 Summary Rates for IEHP's composite categories. Results from prior years are also provided for comparison. Press Ganey's 2023 Medicaid Book of Business consists of data from 108 plans representing 17,709 respondents. Additionally, Table 1 displays any statistically significant differences between IEHP's rates versus 'Other Plans' and the percentile rankings that the composite exceeds when compared to the 2023 Press Ganey Book of Business.

IEHP scored “significantly higher” in Provider Satisfaction when Providers compared IEHP to other health plans.

Table 1: IEHP Composite Category Results:	IEHP Trend Data Summary Rates			Source: 2023 Press Ganey Book of Business Benchmark	
	2022	2023	2024	IEHP Percentile	IEHP to Other Health Plans*
Overall Satisfaction	93.1%	94.2%	92.6% ↓	99 th	Significantly higher
Finance Issues	60.3%	62.9%	56.9% ↓	96 th	Significantly higher
UM and QM	62.3%	64.8%	62.2% ↓	97 th	Significantly higher
Network/Coordination of Care	53.3%	54.2%	51.2% ↓	96 th	Significantly higher
Pharmacy	50.0%	53.5%	47.2% ↓	98 th	Significantly higher
HP Call Center Service Staff	66.2%	69.7%	64.5% ↓	98 th	Significantly higher
Provider Relations	57.5%	62.1%	58.9% ↓	96 th	Significantly higher
Recommend to Other Physicians' Practices	98.2%	98.2%	96.9% ↓	93 rd	Significantly higher

* All significance testing is performed at the 95 % significance level using a z-test
Changes from the prior year are depicted with an ↑↓ arrow.

Results by Provider Type:

Table 2 represents the composite summary rates by Provider type. Each composite was compared to the prior year’s summary rate for each Provider type. Specialty Providers had improvement in overall satisfaction.

Table 2: Composite Results by Provider Type:

Composites	PCP		Specialty		BH	
	2023	2024	2023	2024	2023	2024
Overall Satisfaction	94.5%	90.9% ↓	90.2%	93.9% ↑	95.8%	94.9% ↓
Finance Issues	59.4%	52.5% ↓	56.0%	54.6% ↓	67.9%	64.6% ↓
Utilization and Quality Management	63.8%	60.3% ↓	64.9%	66.6% ↑	64.1%	64.6% ↑
Network/Coordination of Care	52.0%	51.0% ↓	58.8%	53.3% ↓	54.3%	50.1% ↓
Pharmacy	54.2%	49.8% ↓	50.6%	44.5% ↓	51.8%	44.0% ↓
IEHP Call Center Service Staff	67.9%	63.3% ↓	69.0%	65.5% ↓	70.8%	67.5% ↓
Provider Relations	62.5%	65.0% ↑	57.3%	53.9% ↓	64.1%	54.4% ↓

Changes from the prior year are depicted with an ↑↓ arrow.

Key Drivers of Overall Satisfaction:

The top 5 questions considered highly correlated with overall Provider satisfaction are noted in the table below and are key drivers of overall health plan satisfaction. The top 4 are in the Telehealth composite. The Telehealth composite is a custom composite to IEHP.

Table 3: Key Drivers

Question	2024 Results
26c. The Plan’s facilitation and support of your use of telehealth services for your patients	58.4%
26b. The degree to which the Plan supports you in understanding reimbursement and billing for telehealth services for your patients	53.9%
26a. The degree to which the Plan covers telehealth services for your patients	57.8%
26e. Access to knowledgeable Plan staff to answer questions about telehealth services for your patients	56.4%
13e. Overall satisfaction with the plan’s call center service	62.3%

PCP Satisfaction:

Among the 456 PCPs who responded to the 2024 survey, overall satisfaction was 90.9%, a decrease from the prior year of 94.7%. The questions with the highest satisfaction scores (above 80%) are displayed in Table 4 below. The highest rating questions were found in the Interpreter Services composite.

Table 4. PCP areas of highest satisfaction

Question	Composite	2024
19a. Overall satisfaction with IEHP	Overall Satisfaction	90.9%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	87.7%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	84.6%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	80.2%

The questions with the lowest satisfaction scores (below 50%) for PCPs are displayed in the table below. All questions with low satisfaction rates are in the Network/Coordination of Care and Pharmacy composites.

Table 5. PCP areas of lowest satisfaction

Question	Composite	2024
11f. The timeliness of feedback/reports from behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	36.8%

Question	Composite	2024
11c. Timeliness of feedback/reports from specialists in this health plan's provider network	Network/Coordination of Care	40.6%
11d. The number of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	42.6%
11e. The quality of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	43.0%
12c. Variety of branded drugs on the formulary	Pharmacy	48.5%
12a. Consistency of the formulary over time	Pharmacy	49.4%
12e. Availability of comparable drugs to substitute those not included in the formulary	Pharmacy	49.4%
12b. Extent to which formulary reflects current standards of care	Pharmacy	49.9%

Specialty Care Satisfaction:

Among the 268 surveyed Specialty Providers, Overall Satisfaction was 93.9% an increase from the prior year of 89.2%. The Specialist areas of highest satisfaction (above 80%) are displayed in Table 6. The questions related to Interpreter Services and Timely Access were among the highest scoring composites.

Table 6: Specialist areas of highest satisfaction:

Question	Composite	2024
19a. Overall Satisfaction with IEHP	Overall Satisfaction	93.9%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	80.3%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	82.1%
21b. Access to urgent care	Timely Access	81.1%

For Specialists, the lowest areas of satisfaction, are the questions which scored 50% and below. All questions are in the Pharmacy and Network/Coordination of Care composites.

Table 7: Specialist areas of lowest satisfaction:

Question	Composite	2024
12c. Variety of branded drugs on the formulary	Pharmacy	39.6%
12b. Extent to which formulary reflects current standards of care	Pharmacy	42.7%
11f. Frequency of feedback/reports from BH Clinicians for patients in your care	Network/Coordination of Care	43.6%

Question	Composite	2024
12a. Consistency of the formulary over time	Pharmacy	44.7%
11c. Timeliness of feedback/reports from specialists in this plan's provider network	Network/Coordination of Care	46.0%
12d. Ease of prescribing your preferred medications within formulary guidelines	Pharmacy	46.5%
12e. Availability of comparable drugs to substitute those not included in the formulary	Pharmacy	48.9%
11d. The number of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	49.0%

BH Provider Satisfaction:

Among the 363 behavioral health respondents for the 2024 survey, Overall Satisfaction was 94.9%, a slight decrease from the prior year's rate of 95.7%. For Behavioral Health respondents, the questions with the highest satisfaction scores (above 80%) are displayed in Table 8 and are all in Interpreter Services composite.

Table 8: Behavioral Health areas of highest satisfaction

Question	Composite	2024
19a. Overall satisfaction with IEHP	Overall Satisfaction	94.9%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	87.8%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	83.7%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	83.0%

For the Behavioral Health respondents, questions with the lowest satisfaction rates (50% and under) are displayed in Table 9 below. The lowest scoring questions are found in the Pharmacy composite.

Table 9: Behavioral Health areas of lowest satisfaction

Question	Composite	2024
12c. Variety of branded drugs on the formulary	Pharmacy	39.9%
12e. Availability of comparable drugs to substitute those not included in the formulary	Pharmacy	41.7%
12a. Consistency of the formulary over time	Pharmacy	43.9%
12d. Ease of prescribing your preferred medications within formulary guidelines	Pharmacy	44.7%
11c. Timeliness of feedback/reports from specialists in this plan's provider network	Network/Coordination of Care	46.6%

Question	Composite	2024
12b. Extent to which formulary reflects current standards of care	Pharmacy	50.0%

Next Steps:

- **Provider Experience and Pharmacy partnership:** Discuss the understanding of PCPs, Specialists and BH providers concerning Medi-Cal Rx and the opportunities to improve provider experience as it relates to medication management and prescribing.
- **Virtual Care/Telehealth Enhancement:** The Provider Experience team’s strategic plan includes the further operationalization of telehealth and virtual care, creating a broadening of access to care, focusing on the capacity within our contracted network and education for providers to ensure they are offering telehealth as clinically appropriate.
- **Provider Onboarding Elevation:** Provider Experience has launched a reimagined onboarding process and is in the process of implementing multiple modalities for onboarding, including leveraging online learning modules. Focus will include learning from providers how we can meet their needs through the optimization of tools provided by the plan, including IEHP’s provider portal.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	NA	Dan Gomez 02/13/2025	S. White 02/18/2025

2024 Provider Experience Survey Results

Presented By: Dan Gomez
Vice President, Provider Experience

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Overview

The survey was conducted by a contracted vendor, Press Ganey. Questionnaires were sent via e-mail and mail in early July 2024; follow up calls to non-responders began in August 2024.

Response Rate = 33.1% (992 surveys completed)

- Primary Care = 445 surveys
 - Specialists = 190 surveys
- Behavioral Health = 357 surveys



IEHP Composite Category Results

Composite	IEHP Trend Data Summary Rates			Source: 2023 Press Ganey Medicaid B.o.B. Summary Rate	
	2022	2023	2024	IEHP Percentile	IEHP to Other Health Plans*
Overall Satisfaction	93.1%	94.2%	92.6%↓	99 th	Significantly above
Finance Issues	60.3%	62.9%	56.9%↓	96 th	Significantly above
UM and QM	62.3%	64.8%	62.2%↓	97 th	Significantly above
Network/Coordination of Care	53.3%	54.2%	51.2%↓	96 th	Significantly above
Pharmacy	50.0%	53.5%	47.2%↓	98 th	Significantly above
HP Call Center Service Staff	66.2%	69.7%	64.5%↓	98 th	Significantly above
Provider Relations	57.5%	62.1%	58.9%↓	96 th	Significantly above
Recommend to Other Physicians' Practices	98.2	98.2%	96.9%↓	93 rd	Significantly above



PCP Results

Highest Scoring Questions- Top 3	Composite	Rate
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	87.7%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	84.6%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	80.2%

Lowest Scoring Questions- Top 3	Composite	Rate
11f. The timeliness of feedback/reports from behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	36.8%
11c. Timeliness of feedback/reports from specialists in this health plan's provider network	Network/Coordination of Care	40.6%
11d. The number of behavioral health clinicians in this health plan's provider network	Network/Coordination of Care	42.6%



Specialty Provider Results

Highest Scoring Questions- Top 3	Composite	Rate
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	82.1%
21b. Access to urgent care	Timely Access	81.1%
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	80.3%

Lowest Scoring Questions- Top 3	Composite	Rate
12c. Variety of branded drugs on the formulary	Pharmacy	39.6%
12b. Extent to which formulary reflects current standards of care	Pharmacy	42.7%
11f. Frequency of feedback/reports from BH Clinicians for patients in your care	Network/Coordination of Care	43.6%



BH Provider Results

Highest Scoring Questions- Top 3	Composite	Rate
25. How satisfied are you with the training and competency of available interpreters?	Interpreter Services	87.8%
23. How satisfied are you with the availability of the range of interpreters that IEHP provides?	Interpreter Services	83.7%
24. How satisfied are you with the coordination of appointments with an interpreter?	Interpreter Services	83.0%

Highest Scoring Questions- Top 3	Composite	Rate
12c. Variety of branded drugs on the formulary	Pharmacy	39.9%
12e. Availability of comparable drugs to substitute those not included in the formulary	Pharmacy	41.7%
12a. Consistency of the formulary over time	Pharmacy	43.9%



Custom Composites Results

Results for IEHP Customized Composites

Custom Composite	2023 Rate	2024 Rate
California Timely Access	67.5%	71.2%↑
Interpreter Services	83.1%	84.8%↑
Telehealth	59.0%	55.9%↓



Activities to support Provider Experience Performance

- **Provider Experience and Pharmacy partnership:** Discuss the understanding of PCPs, Specialists and BH providers concerning Medi-Cal Rx and the opportunities to improve provider experience as it relates to medication management and prescribing.
- **Virtual Care/Telehealth Enhancement:** The Provider Experience team's strategic plan includes the further operationalization of telehealth and virtual care, creating a broadening of access to care, focusing on the capacity within our contracted network and education for providers to ensure they are offering telehealth as clinically appropriate.
- **Provider Onboarding Elevation:** Provider Experience has launched a reimagined onboarding process and is in the process of implementing multiple modalities for onboarding, including leveraging online learning modules. Focus will include learning from providers how we can meet their needs through the optimization of tools provided by the plan, including IEHP's provider portal.



Thank You

