



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

August 12, 2024 - 9:00 AM

Board Report #351

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

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/bZ2ydyMfwsM?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 July 8, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan

VIII. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Approve the Increase in Spending Authority with Gibson Dunn & Crutcher
2. Approve the Professional Services Agreement with Beta Healthcare Group
3. Approve the Second Revision to the IEHP Covered Agent Agreement Template and Delegation of Authority to Approve Agreements or Amendments with Agents and Agencies in Furtherance of the Covered California Line of Business
4. Two-Year Moratorium on New Medi-Cal or Medicare Independent Practice Associations

FINANCE DEPARTMENT (Keenan Freeman)

5. Adopt and Approve the Revised Inland Empire Health Plan Purchasing Manual and Delegation of Authority for Future Revisions
6. Approve the First Amendment to the Professional Service Agreement with Brahmhatt Architects, Inc.
7. Update on Workers Compensation Insurance and Crime Insurance Renewals
8. Delegation of Authority to Approve the Healthcare Facilities General and Professional Liability Policy Renewal and Signatory Authority to Execute the Insurance Renewal

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

9. Approve the Amendment to the Contract with San Bernardino County and Delegation of Authority to Approve Subsequent Amendments and Agreements related to the COVID Equity Grant Program
10. Approve the Professional Services Agreement with Riverside University Health System - Public Health

11. Approve the Funding Agreement with Riverside University Health System – Behavioral Health
12. Ratify and Approve the First Amendment to the Memorandum of Understanding with San Bernardino County Department of Behavioral Health

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

13. Approve Ordering Document 563512-1 to the Master Licensing Agreement with Verint Americas Inc.
14. Approve the Seventh Amendment, and Delegation of Authority to Sign the Eighth Amendment, to the Professional Services Agreement with Deloitte Consulting LLP.
15. Delegation of Authority to Approve Contractual Documents with Jive Software Inc.
16. Approve the First Amendment to the Master Data Management Application Support Agreement and Statement of Work 05691 with InfoMagnetics Technologies USA Corporation
17. Delegation of Authority to Approve the Fifteenth Amendment to the Master License and Software Agreement with Edifecs, Inc.

OPERATIONS DEPARTMENT (Susie White)

18. Approve the Award of Request for Proposal #24-05656 to, and Delegation of Authority to approve an Agreement with, Deloitte Consulting, LLC.

QUALITY DEPARTMENT (Edward Juhn, M.D.)

19. 2023 Quality Management Annual Evaluation
20. Results of the NCQA Medi-Cal Health Plan Accreditation Survey

PROVIDER CONTRACTING DEPARTMENT (Susie White)

21. Ratify and Approve the First Amendment to the Hospital Per Diem Agreement with Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center – Riverside
22. Approval of the Evergreen Contracts
 - 1) Tania Hortencia McLean-Nicholas dba Renewed Hope Counseling Services - Participating Provider Agreement - Behavioral Health – Temecula
 - 2) Tyrone Arce MD Inc dba Dr Arce Family Medical Clinic Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Lake Elsinore
 - 3) Braswells Mediterranean Gardens LTD – Residential Care for the Elderly -Yucaipa

- 4) Watermark Carlotta LLC dba The Springs at the Carlotta - Skilled Nursing Facility Provider Agreement – Palm Desert
- 5) J Moss Foundation dba Skinny Gene Project - Ancillary Agreement – San Diego
- 6) AmeriHealth Hospice Provider Inc- Ancillary Agreement – Redlands
- 7) Dura Medic LLC – Ancillary Agreement – Texas
- 8) Pomona Dialysis Center Inc- Ancillary Agreement – Pomona
- 9) Alisa Latrice Flakes– Participating Provider Agreement - Behavioral Health – Moreno Valley
- 10) Angelica Guajardo dba Expressive Arts and Psychotherapy of the Desert – Anza
- 11) Caring Consistency Counseling and Mental Health Services LCSW Inc- Behavioral Health - Riverside
- 12) Carlos Morales Inc– Participating Provider Agreement - Behavioral Health - Ontario
- 13) Denise L Lindsay dba Hillside Behavioral Healthcare- Participating Provider Agreement - Behavioral Health - Corona
- 14) Heather A Fraser dba Heather Fraser LCSW- Participating Provider Agreement - Behavioral Health – Redlands
- 15) Katrina Ramos– Participating Provider Agreement - Behavioral Health – Riverside
- 16) Redwood Counseling A Licensed Clinical Social Worker Professional Corp– Participating Provider Agreement - Behavioral Health – Riverside
- 17) Weber Tech Inc dba Katie Weber LCSW- Participating Provider Agreement - Behavioral Health – Corona
- 18) Lucerne Valley Healthcare Inc– Capitated Primary Care Provider Agreement– Lucerne Valley
- 19) Bear Valley Clinica Familiar Inc– Capitated Primary Care Provider Agreement (Medicare Only)– Victorville
- 20) M Nieves Gutierrez-Go MD Inc– Capitated Primary Care Provider Agreement (Excluding Medicare)– Indio
- 21) Rapha Physical Therapy Inc– Participating Provider Agreement – QASP - San Bernardino
- 22) United Behavior Consultants LLC– Participating Provider Agreement – QASP- Costa Mesa
- 23) A&A Womens Health APC dba A&A Womens Health APC– Participating Provider Agreement – Specialist - Chino
- 24) Dennis A Chuck MD Inc– Participating Provider Agreement – Specialist -Pomona
- 25) James G Kalkanis MD AMC - Participating Provider Agreement – Specialist- Corona
- 26) John L Coon MD- Participating Provider Agreement - Specialist – Riverside
- 27) Salvatore Rosanio MD Inc– Participating Provider Agreement – Specialist - Temecula
- 28) Southwest Heart Institute A Med Corp– Participating Provider Agreement – Specialist - Temecula
- 29) H and N Vision Care Inc– Participating Provider Agreement – Vision -Ontario
- 30) Norco Hamner Optometry Inc– Participating Provider Agreement – Vision - Norco
- 31) Hearing Clinic & Speech Health Services & Sales Inc– Participating Provider Agreement – Specialist - Pomona
- 32) Stellar Prosthetics and Orthotics– Ancillary Agreement – Pasadena

AGENDA

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

23. Approve the Eighth Amendment to the Employment Agreement for Chief Executive Officer
24. Chief Executive Officer Update
25. IEHP Foundation Update

FINANCE DEPARTMENT (Keenan Freeman)

26. Review of the Monthly Financials

X. Comments from the Public on Matters not on the Agenda

XI. Board Member Comments

XII. Closed Session

1. Conference with Legal Counsel – Existing Litigation: (Subdivision (d)(1) of Government Code Section 54956.9)
 - A. Elizabeth Bolivar-Mercado v. Inland Empire Health Plan (San Bernardino County Superior Court Case No. CIVSB2324915).
2. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54957 (b) (1):

A. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Title: Chief Executive Officer of the Inland Empire Health Plan

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on September 9, 2024, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

ADMINISTRATION

1. APPROVE THE INCREASE IN SPENDING AUTHORITY WITH GIBSON DUNN & CRUTCHER

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the increase in spending authority with Gibson Dunn & Crutcher (Gibson Dunn) for the provision of legal services for an additional amount not to exceed \$1,000,000. The total amount paid to Gibson Dunn shall not exceed \$3,000,000 through December 31, 2024

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

From time to time, the IEHP Legal Department requires the use of outside legal services to act as the attorneys for and represent the interests of IEHP with respect to legal matters as they arise and as deemed necessary by qualified agents of IEHP. Procurement of IEHP’s outside counsel firms fall under a sole source exemption, per IEHP’s Purchasing Manual Policy.

Gibson Dunn began providing legal services to IEHP's Legal Department in April 2021. Gibson Dunn’s services are necessary to assist IEHP in navigating uniquely complex matters. Gibson Dunn has a dedicated health care industry legal practice, which specializes in Federal and State regulatory and compliance issues and all ensuing litigation. Gibson Dunn also employs health care litigation partners and regulatory specialists with experience in handling governmental investigations on behalf of public health plans.

In January 2024 under Minute Order 24-001, the Governing Board previously approved the spending authority for the following legal firms:

Firm	2024 Allocated Funds
Gibson Dunn	\$2,000,000
Kennaday Leavitt	\$800,000
Musick Peeler & Garrett LLP	\$650,000
Best, Best & Krieger, LLP	\$300,000
Arent Fox Schiff, LLP	\$500,000
2024 Total:	\$4,250,000

IEHP now requests an increase in spending authority for Gibson Dunn’s ongoing legal services.

Discussion:

Gibson Dunn’s services are necessary to assist IEHP in navigating uniquely complex matters. Due to the unexpected increase in legal activity in 2024, IEHP has had to rely on Gibson Dunn’s continued expertise and advisement. As IEHP navigates the remainder of 2024, any disruption of

CONSENT AGENDA

the services provided by Gibson Dunn may have a negative impact on the Plan and the additional funding will avoid such disruption.

The total amount paid to Gibson Dunn for legal services shall not exceed \$3,000,000 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	D. Ferguson	NA	L. Vanga 07/17/24	L. Vanga 07/17/24	A. Wang

ADMINISTRATION

2. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH BETA HEALTHCARE GROUP

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with BETA Healthcare Group (BHG) for the provision of risk management consulting services. The total amount under this Agreement shall not exceed \$550,000 through April 30, 2026.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

BETA Healthcare Group (BHG) offers clients various consultative services and program offerings designed to identify, mitigate, and/or eliminate risks and improve healthcare organizations' quality of care and safety.

In 2021 IEHP engaged the Hospital Quality Institute to carry out a comprehensive, principled, and systematic approach to harm in healthcare entitled BETA HEART (healing, empathy, accountability, resolution, trust). The objectives of the BETA HEART include:

1. Administration of a scientifically validated, psychometrically sound culture of safety survey and sharing of results utilizing a debrief methodology.
2. A process for early identification and rapid response to adverse events to include an investigatory process that integrates human factors and systems analysis while applying "Just Culture" principles.
3. A commitment to honest and transparent communication with patients and family members after an adverse event.
4. An organizational program that ensures support for caregivers involved in an adverse event.
5. A process for early resolution, including learning from the event when harm is deemed a result of inappropriate care or medical error.

To align with the above model, IEHP engaged BHG in February 2024 to assess internal operations with the goal of learning and enhancing quality and safety across healthcare entities, providers, and members by building a firm foundation within IEHP to support this body of work. BHG provided a full report identifying findings in five domains:

1. Culture and Safety,
2. People,
3. Processes and Pathways,
4. Escalation, and
5. Process Improvements.

BHG was selected through a single source procurement. IEHP determined that a single source procurement was justified because of BHG’s technical expertise and deep familiarity with IEHP’s current structure and existing processes. At this time, hiring and onboarding in-house subject matter experts would create additional labor and benefits costs for IEHP.

By utilizing BHG, IEHP gets direct experience and gains subject matter expertise on an engagement that has not been completed by the other 16 Local Health Plans of California. As a leader, IEHP would demonstrate to the Centers for Medicare & Medicaid Services (CMS), the California Department of Healthcare Services (DHCS), the California Department of Health Care (DMHC), and National Committee for Quality Assurance (NCQA) excellence in improving the quality of care for Medi-Cal beneficiaries.

Discussion:

BHG brings a dedicated team with specialized expertise in adverse events and patient harm. Furthering the prior work BHG has offered to IEHP, BHG will deliver risk management consulting services as part of the BETA HEART program implementation. This collaboration is designed to develop and promote an empathic and clinically appropriate process that supports healing of both the member and provider. BHG will utilize an interactive and collaborative process to move IEHP to a culture of accountability, safety, transparency, and learning with the goal of creating reliable systems that support the delivery of safe care.

The costs associated with the critical objectives of this Agreement include:

Program	Description	Details	Cost
1) Formation of a Steering Committee	A committee of key stakeholders to oversee and coordinate process improvements, review assessments, and provide progress reports.	Fixed-Fee Basis	\$27,000.00
2) Culture of Safety	A) Department-level debriefs to enhance organizational learning. Facilitated sessions to gather staff perceptions and solutions to enhance internal processes and workflows, informing Action/Improvement Plans.	Fixed-Fee Basis	\$30,000.00
	B) Just Culture Training; Training to promote a balanced culture of accountability and human factors in errors, including readiness assessments, scenario development, and ongoing coaching.	Fixed-Fee Basis	\$60,000.00
3) Process and Pathways Assessment	A) Assess and identify all methods of intake. Comprehensive assessment of intake methods and data coordination across departments to improve efficiency, including LEAN events and developing workflows.	Fixed-Fee Basis	\$110,000.00

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Program	Description	Details	Cost
4) People	Empathic Communication Training. Training to develop empathic communication skills for frontline staff, focusing on trust and transparency after patient harm events, with scenario enactments and de-escalation techniques.	Fixed-Fee Basis	\$175,000.00
	Communication Resource Team Training. Training a team within IEHP to serve as liaisons between the healthcare institution and IEHP, including communication assessments and onsite training.	Fixed-Fee Basis	\$45,000.00
	Peer Support Program Development. Developing a formalized approach to support staff involved in adverse events, including training peer supporters and building an internal alert system for deploying support.	Fixed-Fee Basis	\$45,000.00
5) Process Improvement Training	Training in root cause analysis (RCA ²) and human factors science to enhance event analysis and process improvement strategies, with onsite training.	Fixed-Fee Basis	\$43,000.00
6) Best Practice Playbook	Collaborating with IEHP stakeholders to create a Best Practices Playbook to share with regulatory agencies and other organizations.	N/A	No cost
Travel	Coordinate and manage all necessary travel arrangements for trainers, including transportation, accommodation, and meals, to ensure their presence at the training sessions.	Not-To-Exceed	\$15,000.00
TOTAL NOT TO EXCEED PROJECT COSTS			\$550,000.00

As outlined above, the cost of this Agreement shall not exceed \$550,000 through April 30, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	D. Ferguson 7/10/2024	C. Andrade 7/12/2024	M. Popka 7/22/24	R. Mayer 7/12/2024	S. White 7/12/2024

ADMINISTRATION

3. APPROVE THE SECOND REVISION TO THE IEHP COVERED AGENT AGREEMENT TEMPLATE AND DELEGATION OF AUTHORITY TO APPROVE AGREEMENTS OR AMENDMENTS WITH AGENTS AND AGENCIES IN FURTHERANCE OF THE COVERED CALIFORNIA LINE OF BUSINESS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the second revision to the IEHP Covered Agent Agreement Template and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, execute agreements and amendments that substantially conform to the template with selected agents and agencies in furtherance of the Covered California line of business. There are no costs associated with this request.

Contact:

Jarrold McNaughton, Chief Executive Officer

Background:

Covered California is one of the key strategic initiatives IEHP is implementing in 2023 for plan year 2024. IEHP is required to have a Covered California Exchange agent network to enroll qualified individuals in one of IEHP's Qualified Health Plans offered through the Covered California Health Benefits Exchange. IEHP is required to contract with agents and agencies to develop this network of agents and has developed and received regulatory approval from the Department of Managed Health Care (DMHC) to use a template Covered California Exchange Agency Agreement to contract with these agents and agencies. On August 14, 2023 under Minute Order 23-174, the Governing Board approved the original Covered California Exchange Agency Agreement Template and delegation of authority to enter into agreements for contracting California licensed agencies and agents to offer the IEHP Covered California plans beginning with plan year 2024.

In October 2023, under Minute Order 23-222, the Governing Board approved the revised IEHP Covered Agent Agreement that updated the Business Associate Agreement along with other minor revisions to title and form.

Since 2023, the IEHP Broker Services Team has successfully appointed over 700 agents who have collectively enrolled over 7,000 new members, representing approximately one-third of all newly enrolled members.

Discussion:

The second revision to the Agreement template replaces the current Business Associate Agreement (BAA) and updates CCA broker certification requirements. The existing BAA does not conform to IEHP's Board approved BAA template under MO 23-221, therefore, it will be replaced accordingly. The proposed changes to the CCA broker certification requirements update the current requirement from 8-hours per year to an annual completion of continuing education courses as required by Covered California to maintain certification and. This revision allows recertification agents to fulfill CCA certification requirements without being bound to a specific number of hours unless mandated by CCA.

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IEHP’s expectation for the upcoming year is to communicate and educate on this update and to continue to grow its existing IEHP Covered broker network from the current 700 agent level.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	N/A	M. Popka 7/12/24	T. Pham 7/17/24	J. McNaughton 7/19/24

ADMINISTRATION

4. TWO-YEAR MORATORIUM ON NEW MEDI-CAL OR MEDICARE INDEPENDENT PRACTICE ASSOCIATIONS

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

Inland Empire Health Plan (IEHP) is currently contracted with the following number of Independent Practice Associations (IPAs):

Medi-Cal: 7

Medicare: 6

In April 2018, the Governing Board was informed of a two-year moratorium IEHP put in place regarding contracting with new Medi-Cal and/or Medicare Independent Practice Associations (IPAs) and similar delegates. The moratorium was requested due to problematic terminations of two previous IPA relationships and rebuilding the IEHP delegation oversight process.

On August 10, 2020, IEHP informed the Governing Board of the two-year extension of the moratorium due to the California Department of Health Care Services (DHCS) Network Adequacy Requirements and DHCS' proposal to discontinue the Cal MediConnect pilot program at the end of calendar year 2022.

On August 8, 2022, IEHP informed the Governing Board of the two-year extension of the moratorium due to the DHCS 2021 Audit Findings, DHCS 2024 Managed Care Plan Operational Readiness deliverables due in August 2022 through October 2022, DHCS' California Advancing and Innovating Medi-Cal proposal (CalAIM), DHCS' Network Adequacy Requirements and DHCS' proposal to discontinue the Cal MediConnect pilot program at the end of calendar year 2022.

IEHP currently faces new additional regulatory requirements:

- **Subcontracted Network Certification (SNC)**

In April 2020, the DHCS released All Plan Letter 20-003 (APL 20-003) which provides guidance to Medi-Cal Managed Care Plans on the Annual Network Certification (ANC) requirements. The ANC provides a prospective look at IEHP's provider network for the upcoming contract year. Starting in July 2021, DHCS required IEHP to certify subcontractors and network providers who deliver Medi-Cal covered services to members, which includes IEHP's IPAs, to meet network adequacy requirements for each subcontracted network. SNC reporting is not currently stabilized with DHCS, requiring additional attention to respond to follow-up comments and submissions.

- DHCS Audit Findings
DHCS conducted a medical audit on IEHP in August 2021. Auditors placed increased emphasis on how IEHP oversees IPA performance for delegated functions resulting in findings which required a Corrective Action Plan (CAP) to demonstrate effective oversight. DHCS's increased emphasis on oversight, in our most recent contract with DHCS (effective 1/1/24) includes increased program integrity oversight responsibilities of Plans. This extends oversight requirements beyond IPAs, applying them to IPA downstream subcontractors and requiring IEHP to develop additional oversight activities.
- DHCS California Advancing and Innovating Medi-Cal (CalAIM)
CalAIM is multiyear plan to transform California's Medi-Cal program and enable it to work more seamlessly with other social services. Program enhancements under CalAIM include Enhanced Care Management (ECM), Community Supports (or "In Lieu of Services"), Population Health Management, Behavioral Health Reform and other enhancements requiring proper implementation and management at the health plan level.
- DHCS Provider Targeted Rate Increase (TRI)
DHCS released the final All Plan Letter (APL) on June 20, 2024. The APL affirms timely payment standards for payments for TRI eligible services. Managed Care Plans (MCPs) and subcontractors must achieve compliance with the APL by December 31, 2024. Full compliance includes ensuring eligible Network Providers receive payment in accordance with this APL, including retroactive payment adjustments where necessary, by the compliance date. IEHP's Finance and Provider Experience departments have several resources dedicated to leading this this multi-year effort for the Plan and Delegated Network to meet the APL requirements. MCPs that fail to meet these compliance timelines may be subject to interest penalties, corrective action, and other remedies available under state law and the MCP Contract.
- Dual Eligible Special Needs Plan (D-SNP)
DHCS transitioned Cal MediConnect (CMC) and the Coordinated Care Initiative (CCI) to a statewide Managed Long-Term Services and Supports (MLTSS) and Dual Eligible Special Needs Plan (D-SNP) structure. The D-SNP product required IEHP to develop a robust Model of Care program. The transition to the D-SNP product was implemented January 1, 2023.
- Covered California (CCA)
Beginning January 1, 2024, IEHP introduced the Covered California product line. IEHP is focused on stabilization and oversight of vendors for this product offering and membership growth.

Discussion:

To ensure compliance with increasing scrutiny imposed by the California Department of Managed Care Services (DMHC), the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the California Department of Health Care Services (DHCS), IEHP continues to heavily revamp its delegation oversight process, including increasing frequency of both claims and utilization management audits, conducting real-time audits via

webinar, and improving the review and feedback of delegates’ monthly performance data. While IEHP is keeping up with current demands and remains in compliance with all regulatory requirements, adding IPAs to the network will stress the current system and increase compliance risks for both IEHP and potential new delegates.

Taking the above into consideration, IEHP is informing the Governing Board of the implementation of an additional two-year moratorium on new contracts with IPAs for Medi-Cal and Medicare. This will allow time to ensure IEHP does not receive potential additional CAPs and administrative/financial sanctions related to newly on-boarded delegates in part due to the enhanced delegation oversight process. It will also provide IEHP with the necessary time to understand the impact of DHCS’ Subcontracted Network Certification requirements, as well as ensure effective administration and oversight of the D-SNP product.

The Chief Executive Officer will reserve the authority to make exceptions should circumstances change due to provider, members, or geography needs.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	J. Ortega 07/12/2024	S. White 07/18/2024

FINANCE DEPARTMENT

5. ADOPT AND APPROVE THE REVISED INLAND EMPIRE HEALTH PLAN PURCHASING MANUAL AND DELEGATION OF AUTHORITY FOR FUTURE REVISIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) adopt and approve the revised Procurement Policies and Procedures Manual and approve the delegation of authority to the Chief Executive Officer (CEO) to make any non-substantive revisions and to update the Procurement Policies and Procedures Manual in accordance with any Board actions related to procurement policies and activities.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

The IEHP Governing Board adopted the original Purchasing Policy Manual under Resolution 05-139 and approved revisions to it under Resolutions 06-184 and 10-52, and under Minute Orders 14-310, 16-63 and 18-323. The Purchasing Policy Manual was renamed over the years and is now referred to as simply the Procurement Policies and Procedures Manual. The Procurement Policies and Procedures Manual was developed in order to consolidate all purchasing policies into one document for ease of use. The Procurement Policies and Procedures Manual outlines the procedures for purchasing goods and services for IEHP, the bidding process, the presentation of purchases for the CEO and/or Governing Board Presentation approval, and other purchasing procedures including the tracking of approved purchases.

Discussion:

In order to achieve increased efficiency and value in obtaining needed goods and services, IEHP has centralized all purchasing and procurement activities into one department (the Supply Chain Management – Procurement Department), which relies on the Procurement Policies and Procedures Manual for guidance in its operations.

As part of IEHP's continued efforts to update its policies and procedures, IEHP requests that the Governing Board approve the revised Procurement Policies and Procedures Manual, which includes the following revisions:

1. Internal systematic workflow approval limits increase for all leaders in the financial and contract management systems to improve efficiency and responsiveness. While IEHP's policy has always been decentralized, adjusting the limits will further enhance decision-making capabilities at each leadership level. This change will enable quicker approvals, reduce delays, and better align workflows with the dynamic needs of the organization, ensuring that its leaders have the necessary authority to effectively manage their purchasing responsibilities. It is important to note this change will not impact the current signature authority approval process.

Workflow Approval Limits within the Contract Management and Financial Systems			
Job Title	Current Min/Max	Proposed Min/Max	Max Increase
Supervisor	\$0 - \$999.99	\$0 - \$ 9,999.99	\$9,000.00
Manager	\$1,000 - \$4,999.99	\$10,000 - \$24,999.99	\$20,000.00
Director	\$5,000 - 14,999.99	\$25,000 - \$74,999.99	\$60,000.00
Senior Director	\$1,5000 - \$34,999.99	\$75,000 - \$99,999.99	\$65,000.00
Vice President (formerly Executive Director)	\$35,000 - \$49,999.99	\$100,000 - \$149,999.99	\$100,000.00
Chief Officer	\$50, 000 - \$99,999.99	\$150,000 - \$199,999.99	\$100,000.00
CEO or Designee	\$100,000 - \$199,999.99	\$200,000.00 + (Subject to Board Approval)	No Change

2. Solicitation thresholds increase for all solicitation types to enhance efficiency and align with current market conditions. This adjustment will reduce administrative burdens, enable faster decision-making and provide departments with greater autonomy in handling routine solicitations. By streamlining the procurement process it will ensure that strategies remain agile and responsive to IEHP's evolving needs, while maintaining transparency and compliance with procurement regulations:

Solicitation Threshold Updates			
Type of Solicitation	Current Min/Max	Proposed Min/Max	Increase
Micro-Purchase No bid required, but recommended	\$0 - \$9,999.99	\$0 - \$ 49,999.99	\$40,000.00
Small Purchase Informal Bid/RFP	\$10,000 - \$99,999.99	\$50,000 - \$149,999.99	\$40,000.00
Large Purchase Formal Bid/RFP	\$100,000 +	\$150,000 +	\$50,000.00

3. Archival of the current Minute Orders 16-64 and 16-65 which grant Board authority to the CEO or Delegate to approve contractual documents and incorporate their language into the Procurement Policies and Procedures manual to streamline documentation and ensure consistency. This integration will eliminate the need for separate minute orders, making it easier for users to find relevant information in one comprehensive document. By centralizing the information, this enhances accessibility, reduces redundancy, and maintains a more organized and efficient record-keeping system.
4. Implementation of a new change order authority policy designed to authorize certain changes to Board-approved items, allowing the CEO or Designee to execute contractual documents

that are within the authority limits without the requirement to take the item back to the board for approval. This policy aims to streamline the approval process, reduce delays, and improve operational efficiency by granting the necessary authority to make timely decisions while ensuring compliance and oversight are maintained.

Change Order Authority - Governing Board Approved Items	
Monetary Changes	10% of the original contract value or \$100,000, whichever is the lesser of the two.
Administrative Changes	Misspellings, language clarification, non-substantive changes
Term Extensions	Up to 6-month term extension with no associated monetary change, or monetary change that falls within the Change Order Authority for Monetary Changes

5. Introduction of a formal negotiations policy to enhance the procurement process, by ensuring consistent, transparent, and effective negotiations. Procurement, as the Chief Negotiator, will lead the process, leveraging their expertise to secure optimal terms while ensuring compliance with legal and organizational standards. Throughout the process, Procurement will involve stakeholders and legal experts to consider all perspectives, streamline negotiations, reduce risks, and manage contracts more effectively. The Chief Negotiator will conduct discussions with the necessary assistance from technical, accounting, or legal specialists, at their discretion.

6. New additions to the list of items exempted from competition appear in bold in the table below. The table is not exhaustive. Additional items may be exempted from competition as deemed necessary and appropriate. Such exemptions can only be authorized by the Procurement Director or Manager in accordance with applicable policies and regulations. Any additional exemptions will be communicated and documented as required:

Items Exempted from Competition	
Access to specialized research platforms available through subscriptions to online data platforms and publications created by governing bodies, not for profit, or other widely recognized authoritative	Medical Services payments
Subscriptions that provide access to specialized peer-viewed or other official research via online platforms and publications from widely recognized authoritative bodies.	Memberships to professional organizations

Items Exempted from Competition	
Advertising Spaces (Airtime/Newspaper/Magazine Ad Space) *Specifically excludes contracting with Advertising Agencies or Design Services	Online Procurements: for low-value or routine purchases where the administrative costs of conducting a formal bid would outweigh the benefits.
All contracts not related to the procurement of Goods / Services.	Postage and USPS Post Office Box fees *Specifically excludes private mail
Attorneys selected by IEHP’s Legal Department, expert witnesses	Permits required by governing bodies
Contracts for conference or meeting facilities, including room accommodations for conference attendees, not to exceed \$250,000.	Purchase of food / catering services for IEHP Team Members, visitors, IEHP special events, immediate disaster relief efforts.
Common Carrier transportation	Sponsorships/Donations
Goods and services exempt from requiring a Purchase Order, as detailed in the Finance Department’s current approved Policy & Procedure “Invoices not Requiring a purchase Order” FIN/ACCT 26 (Accounts Payable for Vendor Payments).	Specialized personal services, including performers (including IEHP Superheroes and commercial actors), artists, speakers, honorarium recipients and professionals in personal wellness.
Government-printed publications	Utility Services
IEHP credit card bank payments	Workers Compensation payments

7. Reclassify Software as a Service (SaaS) from the ‘Services’ category to the ‘Tangibles’ procurement category, while maintaining its tax-exempt status.

8. Updated requirements for competitive bidding on renewing Enterprise Solution Agreements (ESAs) implementing a policy that allows for the renewal of ESAs beyond the initial bid period, for up to an additional ten (10) years, without requiring an annual Single Source Justification or formal solicitation. This would be contingent on satisfactory vendor performance and compliance with contractual terms. An ESA is a long-term contract for software, IT services, or similar solutions that support the entire organization. This change will streamline procurement processes, reduce administrative burdens, and ensure continuity of services, while maintaining oversight and the option for renegotiation or rebidding if necessary. This approach will save time and resources while ensuring high-quality service delivery.

9. In addition to the specific changes previously outlined, general revisions have been made to IEHP’s procurement and contracting procedural guidelines. These updates aim to improve clarity, efficiency, and compliance, ensuring streamlined processes and adherence to regulatory standards across all procurement activities. The updated guidelines will be maintained by the Procurement Department Director or Manager.

IEHP also requests that the Governing Board delegate authority to the Chief Executive Officer to make any non-substantive revisions to the Procurement Policies and Procedures Manual and to update it in accordance with any subsequent Board actions related to procurement policies and procedures.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	S. Cox 7/19/2024	M. Popka 7/30/24	C. Hendricks 7/19/2024	K. Freeman 8/01/24

FINANCE DEPARTMENT

6. APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH BRAHMBHATT ARCHITECTS, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the First Amendment to the Professional Service Agreement (Agreement) with Brahmhatt Architects, Inc. (Brahmhatt) for the provision of Architectural Tenant Improvement Design Services for an additional \$500,000.00 and extend the term for one additional year through September 11, 2025. The total amount payable under this Agreement shall not exceed \$1,000,000.00 through September 11, 2025.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP requires as-needed and on-call, architectural tenant improvement design services to prepare field verification, space planning, interior/exterior design development and construction documentation, specifications and drawings, rough order of magnitude (ROM) costs, and construction administration for planned construction projects for all IEHP properties.

IEHP has contracted with Brahmhatt since September 12, 2023, for tenant improvement services. Brahmhatt was selected as a result of Request for Proposal (RFP) #22-04161.

The Governing Board had previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/05/23	23-123	Professional Service Agreement	09/11/24	\$500,000.00
Total Cost to date:				\$500,000.00
New Cost:				\$500,000.00
Total Cost:				\$1,000,000.00

Discussion:

IEHP continues to partner with Brahmhatt to provide as-needed and on-call, architectural tenant improvement design services to prepare field verification, space planning, interior/exterior design development and construction documentation, specifications and drawings, rough order of magnitude (ROM) costs, and construction administration for planned construction projects for all IEHP properties.

IEHP will be extending the Agreement with Brahmhatt for an additional one (1) year. The total cost (including this request) of this Agreement shall not exceed \$1,000,000.00 through September 11, 2025.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in the CY2024 Budget	S. McCalley 7/3/24	T. Picarone 7/3/24	M. Popka 07/11/24	R. Fleig 07/01/24	K. Freeman 07/17/24

FINANCE DEPARTMENT

7. UPDATE ON THE WORKERS COMPENSATION AND CRIME INSURANCE RENEWALS

Recommended Action

Review and file.

Contact

Keenan Freeman, Chief Financial Officer

Background

On June 3, 2024 under Minute Order #24-119, the Governing Board delegated authority to the Chief Executive Officer or his designee to negotiate and, after legal review and approval, sign policy and collateral trust documents pertaining to the insurance renewals of the Workers' Compensation and Crime insurance policies for Policy Period July 1, 2024 through June 30, 2025 for an estimated amount not to exceed \$2,687,927 for insurance costs and \$1,804,340 for collateral trust account(s). The estimated insurance cost also covers any taxes/fees to procure these insurance policies and includes a 20% contingency on the Workers' Compensation policy to cover any additional amounts that IEHP may owe resulting from payroll reconciliation, incurred losses and associated claim handling fees, fees associated with the Collateral Trust and Loss Fund Escrow accounts, and any other applicable taxes and fees.

Discussion

The tables below summarize the renewal outcome for Workers' Compensation and Crime insurance policies. The renewal coverages for both policies remain the same as the expiring coverages. Workers' Compensation renewal premium is higher than the expiring premium due to an increase in payroll.

Insurance Policy	Insurance Carrier	Coverage	Deductible
Workers' Compensation	American Zurich Insurance Company (Zurich)	Workers' Comp: Statutory, Employer's Liability coverage: \$2 million	\$500,000
Crime	National Union Fire Insurance Company of Pittsburg, PA (AIG)	\$10 million	\$2,500

Item	Renewal	Expiring
Workers' Compensation Premium ⁽¹⁾	\$ 785,607	\$ 655,786
Claim handling fees ⁽²⁾	32,550	32,550
Claim losses ⁽³⁾	1,230,112	1,090,453
Loss Fund Escrow Account ⁽⁴⁾	0	0
Workers' Compensation Insurance Costs	\$2,048,269	\$1,778,789
Crime Policy Premium	39,935	37,884
Crime Insurance Costs	\$39,935	\$37,884
Total Insurance Costs	2,088,204	1,816,673
Collateral Trust account ⁽⁵⁾	600,000	1,300,000
Total Amount	\$2,688,204	\$3,116,673

CONSENT AGENDA

- (1) The premium for Workers’ Compensation policy is subject to reconciliation based on actual data at the end of the coverage period.
- (2) The estimated claim handling fees are based on the projected number of claims for 2024-25 policy period.
- (3) The estimated losses are based on the average of claims incurred in the past six years below \$500,000.
- (4) Zurich requires IEHP to maintain a Loss Fund Escrow account, which will be utilized to fund the deductible portion of Workers’ compensation claims. The account was initially set up since 2018-19 policy year and currently has a balance of \$60,000. In the event if IEHP decides to change insurance carrier at the next renewal, the escrow account will remain in effect until all outstanding claims for all policy periods are closed. Any remaining amount will then be refunded to IEHP.
- (5) IEHP is required to have Collateral Trust account(s) in the event IEHP fails to pay the deductible portion on Workers Compensation claims. Currently, IEHP has a balance of \$4,750,000 in a Collateral Trust account for prior policy periods since July 1, 2018. Similar to the Loss Fund Escrow account, the Collateral Trust account will remain in effect until all outstanding claims for all policy periods are closed. Any remaining amount will then be refunded to IEHP.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	NA	N/A	NA	NA	K. Freeman 07/22/24

FINANCE DEPARTMENT

8. DELEGATION OF AUTHORITY TO APPROVE THE HEALTHCARE FACILITIES GENERAL AND PROFESSIONAL LIABILITY POLICY RENEWAL AND SIGNATORY AUTHORITY TO EXECUTE THE INSURANCE RENEWAL

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) delegate the authority to approve the renewal of the Healthcare Facilities General and Professional Liability Policy for Policy Period September 1, 2024 through August 31, 2025 to the Chief Executive Officer or his designee for the Total Amount Request not to exceed \$60,000, which includes an estimate for applicable taxes and fees. IEHP is also seeking authority for the Chief Executive Officer or his designee, after legal review and approval, to sign policy documents pertaining to the insurance renewal.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

Aon Risk Services (Aon) was contracted by IEHP to procure required insurance based on IEHP’s insurance needs. The procurement process involved Aon identifying appropriate insurance companies who can provide the adequate insurance coverage at a reasonable cost based on IEHP’s coverage requirements.

Last year, IEHP procured the Healthcare Facilities General and Professional Liability Policy from Illinois Union Insurance Company to provide Abuse and Molestation coverage for exposure resulting from Enhanced Care Management supportive services and Health Navigators program as well as Good Samaritan coverage for exposure resulting from the Narcan administration program.

Coverage procured was \$1 million per incident/\$3 million aggregate with \$50K deductible for \$30,000 in premiums (excluding taxes/fees). Abuse and Molestation coverage was sublimited to \$1 million.

IEHP recently requested Aon to allow certain IEHP team members to provide limited clinical services to IEHP members under the current insurance policy with an expected retroactive coverage date in February 2024.

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, IEHP proposes the policy premium with a not to exceed amount of \$60,000.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	NA	NA	A. Wang	C. Chio 07/25/24	K. Freeman 07/29/24

HEALTH SERVICES DEPARTMENT

9. APPROVE THE AMENDMENT TO THE CONTRACT WITH SAN BERNARDINO COUNTY AND DELEGATION OF AUTHORITY TO APPROVE SUBSEQUENT AMENDMENTS AND AGREEMENTS RELATED TO THE COVID EQUITY GRANT PROGRAM

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourth Amendment with San Bernardino County for COVID-19 response activities and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval to, 1) approve subsequent amendments not exceeding the total Agreement amount of \$3.3 million dollars, and 2) execute multiple Funding Agreements to administer the COVID Equity Grant funds with community partners through May 31, 2026. There is no additional grant funding allocated to the COVID Grant Program with this request as there are previously approved unused funds that support the activities.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

In 2022, the Centers for Disease Control and Prevention (CDC) implemented a national grant funded initiative to address COVID-19 Health Disparities in which IEHP has partnered with the County of San Bernardino to be the administrator of the grant funds.

The high-level program strategies identified by the CDC include:

- Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
- Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.
- Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

The County of San Bernardino received the COVID Equity Grant and awarded IEHP to be the administrator of a portion of the grant in the amount of \$3,300,000. In exchange for this grant, IEHP is responsible to administer funds.

The Governing Board had previously approved the following actions related to the COVID Equity Grant Program as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
03/14/22	22-047	Delegation of Authority to 1) receive funds from the San Bernardino COVID Equity Grant and 2) execute multiple Funding Agreements to administer grant funds	05/31/23	\$3,300,000
06/05/23	23-134	Ratify and Approve Second Amendment for term extension and Delegation of Authority to Approve Agreements and Amendments related to the Equity Grant	05/31/24	\$0
05/07/24	N/A	Third Amendment for a term extension	05/31/26	\$0
Total Cost to date:				\$3,300,000
New Cost				\$0
Total Cost:				\$3,300,000

Discussion:

IEHP in partnership with San Bernardino County will be implementing a Community Health Ambassador Program to implement outreach strategies for communities with health disparities related to COVID-19. The Ambassadors will be responsible for providing education on COVID-19 and immunizations. In order to support this new program under the COVID Equity Grant, IEHP seeks approval of the Fourth Amendment to update Attachment F (Budget) to reallocate funding to support this initiative. In addition, IEHP seeks delegation of approval to 1) approve subsequent amendments not exceeding the total Agreement amount of \$3.3 million dollars, and 2) execute multiple Funding Agreements to administer the COVID Equity Grant funds with community partners through May 31, 2026.

Below is the updated Attachment F (budget):

<i>Personnel</i>	<i>Revised Budget</i>
Community Representative (\$50,752 x 100% per year for 1.5	\$8,533
Community Representative (\$50,752 x 100% per year for 1.5	\$89,095
Special Programs Manager (\$84,219 x 20% per year for 1.5 years)	\$10,955
Social Media Video Rep (\$64,792 x 100% per year for 1.5 years)	\$19,710
TOTAL PERSONNEL (w/o Benefits)	\$128,293
Fringe Benefits (35% of Total Personnel)	\$44,903
TOTAL PERSONNEL	\$173,196
Supplies and Other	
Media Buy (Celebrity Engagement Campaign run on TV, Billboards, Streaming	\$1,279,147
COVID Ambassador Sponsorships	\$670,000
COVID Education Event Sponsorships	\$40,000
Vaccine Clinic Promotion/Support	\$50,000
Equipment Rental/Set up	\$3,059
COVID Promotional Items	\$120,625
Celebrity Engagement Educational Campaign with a focus on our Black/African American population.	\$341,736
Social Media Influencer Partnerships	\$20,000
Misc Items (Office Supplies, Printing Needs, Etc.)	\$10,828
Subcontract Motivating Action Leadership Opportunity (MALO)	\$450,000
TOTAL OTHER	\$2,985,395
SUBTOTAL (Total Personnel and Total Other)	\$3,158,591
Administration: Indirect costs such as IT support, office equipment, and supplies	\$141,409
TOTAL BUDGET (Subtotal Plus Administration)	\$3,300,000

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	M. Martinez 05/31/24	N/A	M. Popka 07/11/24	M. Coffey 06/24/24	T. Wada 06/05/24

HEALTH SERVICES DEPARTMENT

10. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Service Agreement with Riverside University Health System – Public Health (RUHS) for the provision of Loving Support Breastfeeding Program for an amount not to exceed \$612,500 for a three-year term through March 31, 2027.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

IEHP has partnered with RUHS for the Loving Support Breastfeeding Program (LSBP) since July 1, 2018. IEHP requires this service because it provides IEHP Members accessible and comprehensive breastfeeding education, support and assistance to families and services to improve the health, social-emotional and developmental status of children.

The LSBP is comprised of two (2) components:

- (1) Services for Families and
- (2) Services for Professionals Serving Families.

LSBP's services support IEHP's DHCS and NCQA accreditation goals to improve the following measures:

- W15/W30 (well child visits in the first 15 months of life, and in within 15-30 months of life)
- Prenatal and Postpartum Care (PPC).

Discussion:

The continued partnership between IEHP and RUHS will provide resources to mothers and will help improve IEHP's preventative measures.

LSBP will collect the following data points for the process objectives to support the overall evaluation of the program:

- # of IEHP Members served by Loving Support
- # of Follow-ups conducted
- # of Members who received care gap guidance
- # of RUHS Staff who received IEHP Training

The evaluation of this partnership and overall program effectiveness will be based on the following objectives:

1. Process objectives:
 - a. # of outbound calls made
 - b. # of inbound calls received
 - c. # Satisfaction survey collected

2. Impact objectives:
 - a. Breastfeeding rate at newborn, 6 weeks, and 6 months
 - b. Baby’s enrollment into a health plan
 - c. Member ID to look at other internal IEHP program navigation/enrollment (i.e. Wildflower application, health education classes, CHW services, etc.)

3. Outcome objectives:
 - a. # of Members able to complete postpartum visit (within 7-84 days of delivery)
 - b. # of babies able to receive 1st and 2nd set of immunizations
 - c. # of well child visits (including developmental screenings)

The costs associated with this Agreement is as follows:

Payment Due Date	Payment Details	Payment Amount*
Within 30 days of Effective Date	Start up and Training Fees	\$131,250
October 2024	Q3 Service period: July 2024 – September 2024	\$43,750
January 2025	Q4 Service period: October 2024 –December 2024	\$43,750
April 2025	Q1 Service period: January 2025-March 2025	\$43,750
July 2025	Q2 Service period: April 2025 – June 2025	\$43,750
October 2025	Q3 Service period: July 2025 – September 2025	\$43,750
January 2026	Q4 Service period: October 2025 – December 2025	\$43,750
April 2026	Q1 Service period: January 2026 - March 2026	\$43,750
July 2026	Q2 Service period: April 2026 – June 2026	\$43,750
October 2026	Q3 Service period: July 2026 – September 2026	\$43,750
January 2027	Q4 Service period: October 2026 – December 2026	\$43,750
April 2027	Q1 Service period: January 2027 - March 2027	\$43,750
TOTAL NOT TO EXCEED PROJECT COSTS		\$612,500.00

**Quarterly payments are contingent upon receipt of reports*

CONSENT AGENDA

IEHP seeks approval of this Agreement for an amount not to exceed \$612,500 for a three-year term through March 31, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in Budget	T. McGinnis 03/13/24	H. Clear 03/12/24	M. Popka 07/11/24	J. Cheng 03/08/24	T. Wada 3/14/24

HEALTH SERVICES DEPARTMENT

11. APPROVE THE FUNDING AGREEMENT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with Riverside University Health System – Behavioral Health (RUHS) to support the Behavioral Health Continuum Infrastructure Program (BHCIP) for an amount not to exceed \$5,000,000, through April 30, 2027.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Through the 2021 legislation, the Department of Health Care Services (DHCS) was authorized to establish the BHCIP with \$2.2 billion to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. DHCS is releasing funds through six grant rounds targeting various gaps in the state’s behavioral health facility infrastructure. RUHS was one of the recipients of the grant funding for BHCIP Round 3: Launch Ready and BHCIP Round Four: Children and Youth.

RUHS plans to build a new, expanded Behavioral Health Wellness Center that will help increase infrastructure capacity including crisis, residential, outpatient services for mental health, primary care, substance use disorder, in homelike settings, as well as housing the homeless population. The existing facility will be repurposed and converted to a 77+ bed Institution for Mental disease (IMD). All of these programs and facilities are expected to provide services to a significant number of IEHP Medi-Cal Members.

Discussion:

The new Behavioral Health Wellness Center will allow for the continued improvement of care for Riverside County’s most vulnerable populations and provide emergency treatment services using a multidisciplinary approach 24 hours a day, 7 days a week. RUHS has diligently transformed efforts around enhancing the quality of services provided and expanding access by offering the right care, at the right time, in the right setting. The key to this strategy is an integrated Continuum of Care that ensures individuals have the appropriate transitions of care and treatment in the least restrictive and most cost-effective manner.

IEHP is requiring the following success measures under this Agreement:

- Begin construction by August 30, 2024.
- Complete construction by January 30, 2027.
- Provide services by April 1, 2027.

The costs and milestones associated with this Agreement are below:

Deliverable	Cost	Frequency
Up-front payment for planning and materials for the expanded Behavioral Health Wellness Center Village	\$3,000,000	One time cost due within 30 days upon fully executed agreement.
Begin construction on the expanded Behavioral Health Wellness Village by August 30, 2024	\$1,000,000	One time cost due within 30 days upon receiving photo and written attestation that deliverable is met.
Complete construction on the expanded Behavioral Health Wellness Center by January 30, 2027.	\$1,000,000	One time cost due within 30 days upon receiving photo and written attestation that deliverable is met.

The cost of this Agreement shall not to exceed \$5,000,000 through April 30, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	D. Ferguson 03/15/24	N/A	M. Popka 07/12/24	N/A	T. Wada 03/14/24

HEALTH SERVICES DEPARTMENT

12. RATIFY AND APPROVE THE FIRST 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) ratify and approve the revised First 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, including those beneficiaries with eating disorders, for a three-year term effective January 1, 2024.

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 MOU that appropriately establishes physical and specialty mental health care services for Medi-Cal and Medicare Dual Choice recipients.

IEHP has had a MOU in place with SBDBH for these services since 2018. 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).

On December 11, 2023 under Minute Order 23-290, the Board approved the MOU, for a three-year term effective January 1, 2024.

Discussion:

On May 13, 2024, under Minute Order 24-100 the Board approved the First Amendment to include an eating disorder addendum. The San Bernardino County’s Board of Supervisors approved the First Amendment with a revision that was not included in the IEHP Board approved Amendment. The revision includes language which allows the parties to execute the Amendment in counterparts.

Accordingly, IEHP seeks ratification and approval to the revised First Amendment for a three-year term effective January 1, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 07/12/24	A. Holmes 06/25/24	T. Wada 07/02/24

INFORMATION TECHNOLOGY

13. APPROVE ORDERING DOCUMENT 563512-1 TO THE MASTER LICENSING AGREEMENT WITH VERINT AMERICA’S INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve Ordering Document 56312-1 to the Master License Agreement (Agreement) with Verint Americas Inc. (Verint) for the provision of system support for the Automated Quality Management (AQM) module for an additional amount not to exceed \$38,190.75 through April 14, 2025. The total amount payable under the Agreement shall not exceed \$6,926,647.61 through April 14, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP’s call centers have been utilizing Verint’s workforce management system for scheduling, forecasting, tracking, reporting historical patterns and trends, and presenting current data. IEHP requires the utilization of the workforce management tool since it is critical to ensure efficient staff scheduling, maximizing resource allocation, and enhancing overall operational productivity, thereby justifying the need for this service. Utilizing the workforce management tool provides scheduling precision, reduced labor costs, enhanced employee morale through fair scheduling, and the delivery of better customer service due to a well-staffed and well-prepared team.

IEHP has contracted with Verint since April 2013. Verint was selected as a result of a Request for Proposal (RFP) for a workforce management system to operate its call centers in a cost-effective manner and provide a high level of customer service to its Members and Providers. Five (5) vendors responded and participated in the RFP with Verint being selected in December 2012. In March 2013, the Master License Agreement between IEHP and Verint was signed.

The table below details the history of agreements previously approved by the Governing Board:

Date Approved	MO#	Purpose	Term Expiration	Cost
04/12/2013	13-53	RFP Award and Delegation of Authority to negotiate and execute an agreement for the implementation of a Workforce Management Solution which includes the quality Management and Speech Analytic Modules	Perpetual	\$650,000.00
10/15/2013	13-49	Approve spending authority for services from Verint to install the voice analytic module onto Cisco's UCCS into IEHP's second server (UCCX Cluster 2)	N/A	\$25,000.00

CONSENT AGENDA

Date Approved	MO#	Purpose	Term Expiration	Cost
10/15/2013	13-49	Approve purchase of Verint's Spanish Voice Analytics functionality	N/A	\$18,000.00
10/15/2013	13-346	Delegation of Authority to sign the First Amendment to the Agreement with Verint Systems, Inc for additional workforce management (WFM) solution licenses	Perpetual	\$300,000.00
04/14/2014	14-98	Delegation of Authority to sign a Second Amendment with Verint Systems, Inc for a maintenance upgrade and additional services	Perpetual	\$65,000.00
03/09/2015	15-64	Delegation of Authority to execute a new service under the MLA for consulting services on integration of the Workforce Management implementation with Automatic Data Processing (ADP) Environment and an increase in spending authority for the MLA with Verint	Perpetual	\$20,000.00
05/11/2015	15-111	Ratified and approved the renewal of the Premium Maintenance and Support Plan under the MLA for the workforce Management System and approval of an increase in spending authority	04/14/2016	\$175,000.00
02/08/2016	16-24	Authorized the spending authority increase to the MLA to update the Statement of Work and renew the Premium Maintenance and Support Plan to the Workforce Management System (WMS)	04/14/2017	\$888,320.00
04/10/2017	17-43	Approve the renewal of the MLA for the Workforce Management system and includes licenses, consulting services, and a premium maintenance and support plan.	04/14/2018	\$584,933.87
03/12/2018	18-92	Approve the renewal of the MLA for the workforce management system, which includes licenses, consulting services, and a premium maintenance and support plan.	04/14/2019	\$482,100.85
05/13/2019	19-85	Ratify and approve the renewal of the MLA for the workforce management system and includes licenses, consulting services, and a premium maintenance and support plan	04/14/2020	\$362,145.89
05/11/2020	20-111	Ratify and approve the renewal of the MLA for the workforce management system provided by Verint as well as an upgrade to existing services for five (5) years.	04/14/2025	\$2,317,405.58

Date Approved	MO#	Purpose	Term Expiration	Cost
02/08/2021	21-51	Delegation of authority to approve the change order to the MLA with Verint Americas, Inc for an increased number of licenses and the server upgrade implementation	04/14/2025	\$653,800.00
10/10/2023	23-229	License expansion and purchase of a Software Development Kit.	04/14/2025	\$346,750.67
Total Cost to Date:				\$6,888,456.86
New Cost				\$38,190.75
Total Cost				\$6,926,647.61

Discussion:

IEHP is requesting specialty support from Verint to operationalize the AQM module to ensure it is being utilized to the full potential of the product. IEHP purchased the AQM module as part of the delivered software but has not attained full utilization of this function. AQM enables the call center to monitor, record, track, and report on 100% of its inbound and outbound calls from Members, providers, and other callers. As part of the Information Technology Automation and Innovation Initiative, IEHP has been exploring efficiencies within its applications and processes. The AQM, once fully deployed, will enable IEHP to focus on efficiency and quality of the services provided to callers by enhancing the following features:

- **Call Recording:** Verint AQM captures and records interactions between customers and agents. This includes voice calls, chat transcripts, emails, and other forms of communication.
- **Quality Monitoring:** The software analyzes recorded interactions to evaluate the performance of agents against predefined quality metrics and standards. This helps in assessing adherence to scripts, compliance with regulations, and overall customer service effectiveness.
- **Speech Analytics:** Verint AQM uses advanced speech analytics technology to automatically transcribe and analyze spoken conversations. This helps identify trends, sentiment, keywords, and phrases that impact customer satisfaction and operational efficiency.
- **Scoring and Evaluation:** It assigns scores to interactions based on various criteria such as script adherence, empathy, resolution accuracy, and customer satisfaction. Supervisors or quality analysts can review these scores to provide feedback and coaching to agents.
- **Workflow Automation:** Verint AQM streamlines the quality management process through automation. It can trigger alerts for supervisors when specific criteria are met (e.g., compliance issues), automate scoring based on predefined rules, and facilitate the creation of action plans for improvement.
- **Reporting and Analytics:** The software provides comprehensive reports and dashboards that offer insights into overall contact center performance, agent productivity, customer satisfaction trends, and compliance metrics. These analytics help in making data-driven decisions to enhance operations and customer experience.
- **Integration Capabilities:** Verint AQM integrates with other contact center technologies such as CRM systems, workforce management software, and performance management tools. This

integration ensures a cohesive approach to managing and improving customer interactions across various channels.

The additional cost of the services with Verint shall not exceed \$38,190.75. The total cost (including this request) of this Master Licence Agreement (MLA) shall not exceed \$6,926,647.61 through April 14, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 06/27/2024	D. Burnett 6/27/2024	M. Popka 07/12/24	B. McClure 06/26/2024	V. Devabhaktuni 06/28/2024

INFORMATION TECHNOLOGY DEPARTMENT

14. APPROVE THE SEVENTH AMENDMENT, AND DELEGATION OF AUTHORITY TO SIGN THE EIGHTH AMENDMENT, TO THE PROFESSIONAL SERVICES AGREEMENT WITH DELOITTE CONSULTING LLP

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) approve the Seventh Amendment to the Professional Services Agreement (Agreement) with Deloitte Consulting LLP (Deloitte) for the provision of Project Management Business Systems Analyst (BSA) Training and Consulting Services for and additional amount not to exceed \$456,500 and 2) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Eighth Amendment to the Agreement with Deloitte for the provision of Agile Project Management Training and Consulting Services for an additional amount not to exceed \$843,360. The total amount payable under this Agreement shall not exceed \$6,005,510 through December 31, 2024.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

In October 2023 the IEHP Governing Board approved the Award of RFP #23-04757 to Deloitte for the provision of Project Management Training Services to provide education and support to enable the development of Program, Project and Agile skills and standardize Project processes across IEHP Project Teams.

Deloitte brings to IEHP a partnership with expertise in organizational transformation to identify gaps, provide training, and collaboratively work on developing a capable program and project management workforce including project professionals and their direct supervisors. IEHP anticipates seeing a substantial enhancement in its project workforce capabilities where skilled project teams will improve IEHP’s ability to drive projects effectively and efficiently to meet the ongoing demand for changes in healthcare.

The first engagement (Amendment Six) with Deloitte for Project Management Training Services that is currently in process provides for Project Manager Training and Project Manager Leader Training.

The Governing Board had previously approved the Agreement and Amendments as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
04/10/23	23-080	Program Management and Project Governance Services	12/31/2024	\$2,425,000

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Date Approved	MO#	Purpose	Term Expiration	Cost
08/14/23	23-185	Ratify and Approval of the First Amendment to the PSA for travel expenses for the provision of Program and Project Governance services for the implementation of CCA.	12/31/2024	\$75,000
10/10/23	23-185	Ratify and Approval of the Second Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.	12/31/2024	\$95,680
10/10/23	23-218	Award of RFP and Delegation of Authority to Approve a Professional Services Agreement* for the Provision of project Management Training Services. <i>*A 6th Amendment to the Agreement was executed, rather than a new Professional Services Agreement</i>	12/31/2026	\$504,000
11/13/23	23-273	Delegation of Authority to Approve the Third Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.	12/31/2024	\$113,320
4/08/24	24-056	Ratify and Approve the Fourth Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.	12/31/2024	\$985,000

Date Approved	MO#	Purpose	Term Expiration	Cost
4/08/24	24-056	Ratify and Approve the Fifth Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.	12/31/2024	\$507,650
Total Cost to date:				\$4,705,650
New Cost Amendment 7				\$456,500
New Cost Amendment 8				\$843,360
Total Cost				\$6,005,510

Discussion:

The purpose of the Seventh and Eighth Amendments with Deloitte are for focused training in two Project Management areas: 1. Business Systems Analysis project requirements documentation and processes and 2) Agile Project Teams skills development. These projects include the development of high-quality training materials that are customized to IEHP's specific environment which is an investment in training that will pay off in the form of a shorter learning curve and more effective sessions overall. By enlisting the help of seasoned coaches and trainers for training and delivery, we can streamline the learning process, get practical insights right away, and boost the effectiveness of the team and project results in less time.

Seventh Amendment:

The BSA Training is comprised of two phases over 14-weeks with specific goals in mind:

1. Development and Training Phase
 - Equip BSAs with the tools needed to effectively collect, capture, and coordinate requirements.
 - Decrease time spent on requirements clarification and rework, maximizing productivity.
 - Implement standardized techniques to streamline project delivery processes.
 - Improve collaboration and BSA efficiency for faster project completion times.
 - Reduce project delays and budget overruns by delivering higher quality requirements documentation.
 - Ensure BSAs are well-trained and to positively impact overall project quality.
 - Reduce defects and issues in requirements documentation to improve rework costs and increase customer satisfaction.

2. Guidance and Evaluation Phase
 - Ongoing guidance ensures that new practices are embedded within the team’s ways of working and broader IEHP culture.
 - Assessments bring issues to light and allow them to be addressed promptly to preserve high performance.

- Ongoing mentoring improves team confidence, collaboration, communication, and conflict resolution skills.
- Mentoring supports the development of self-organizing, high-performing teams.
- Assessments provide information on the success of the practical guidance and training.

#	BSA Training	Total Fees
1	Development and Training Phase	\$203,450.00
2	Guidance and Evaluation Phase	\$211,550.00
Not to Exceed Travel Expenses:		\$41,500
Not to Exceed Total:		\$456,500.00

Eighth Amendment:

The 21-week agile coaching and pilot program is designed to provide a customized Agile coaching program for IEHP to enhance Agile capabilities. IEHP’s objectives for the Agile Coaching and Pilot Program are:

1. Cultivate an Agile Mindset
2. Implement Agile Practices
3. Enhance Collaboration and Communication
4. Build High Performing teams
5. Identify Continuous Improvement Opportunities
6. Leadership Engagement and Guidance
7. Establish Process Metrics and KPIs

#	Invoice Date	Total Fees
1	End of Week 4	\$145,000.00
2	End of Week 8	\$145,000.00
3	End of Week 12	\$145,000.00
4	End of Week 16	\$145,000.00
5	End of Week 21	\$173,000.00
Not to Exceed Travel Expenses:		\$90,360.00
Not to Exceed Total:		\$843,360.00

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The additional cost of the Seventh and Eighth Amendments shall not exceed \$1,299,860. The total cost (including this request) of this Agreement shall not exceed \$6,005,510 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
7 th Amendment – included in CY2024 Budget 8 th Amendment – new expenditure	K Tsui 7/11/2024	D. Burnett 7/11/2024	M. Popka 7/23/2024	J. Maass 7/10/2024	V. Devabhaktuni 7/23/2024

INFORMATION TECHNOLOGY

15. DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH JIVE SOFTWARE INC.

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, sign contractual documents with Jive Software Inc. (Jive) for the continued provision of a Social Intranet Solution and collaboration site for an amount not to exceed \$607,500 through August 31, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP utilizes Jive as a comprehensive solution for corporate communications and employee engagement, offering extensive social and collaboration capabilities. This fosters a connected and collaborative workplace culture by combining social networking dynamics with robust intranet functionalities. It helps improve communication, knowledge sharing, and teamwork across departments and geographies. Due to the August 31, 2024 expiration of the current MLSA and in alignment with best practices, IEHP is seeking a new agreement that includes updated terms and conditions to ensure continued support and effective use of the platform.

IEHP has contracted with Jive since 2015. Jive was selected as a result of a Request for Quote (RFQ) for a social intranet solution in which four vendors were evaluated. Jive was selected based on receiving the best overall average score. IEHP has continued to renew the services with Jive since 2015 due to its functionality and integration with all departments across the organization

Jive is the original equipment manufacturer for their product solution, and there are no authorized resellers. While there are similar platforms in the open market, Jive is deeply integrated into IEHP's enterprise applications. Transitioning to a new platform would require extensive internal assessments and securing additional funds and resources for decommission, disconnection of application interconnections, and ultimately sourcing a new solution. As such, IEHP leadership approved single source procurement as the existing Jive platform remains suitable for IEHP's digital engagement needs.

Discussion:

Jive provides IEHP with a Corporate Communications for Employee Engagement solution that:

- Drives strategic alignment with an engaging two-way employee communication (Blogs, Real-time Q&A, Moderation tools, etc.).
- Reaches mobile and remote employees to connect and engage organization's entire workforce (Full profile and expertise search via mobile).
- Targets organizational messages to the right audiences with engagement analytics and news streams (News streams aggregate multiple blogs, Measures message reach and sentiment, etc.).

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- Humanizes organizational workforce with rich people profiles (Organization charts and connections).
- Simplifies on boarding, training, and enablement with departmental portals (Portals set up in minutes with pre-built layouts and drag-and drop customization).

IEHP wishes to enter into new contractual documents with Jive to continue utilization of this solution, plus the following products and services: Jive’s custom base platform, mobile module, Microsoft Office and Outlook bundle, video module, Jive for Sharepoint module, StreamOnce and silver support services.

Pricing negotiations and contract true up to include accurate team member counts resulted in a substantial 67.8% discount for an overall cost avoidance of \$1.2 million over the next year. This, coupled with the high degree of integration of Jive into the daily functions of all IEHP’s team members, led to the decision to continue with this platform for an additional year.

The cost of the contractual documents shall not exceed \$607,500 through August 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. Chiu 07/11/2024	C. Hendricks 7/12/2024	M. Popka 07/12/24	J. Lopez 07/09/2024	V. Devabhaktuni 7/23/2024

INFORMATION TECHNOLOGY DEPARTMENT

16. APPROVE THE FIRST AMENDMENT TO THE MASTER DATA MANAGEMENT APPLICATION SUPPORT AGREEMENT AND STATEMENT OF WORK 05691 WITH INFOMAGNETICS TECHNOLOGIES USA CORPORATION

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) approve the First Amendment to the Master Data Management (MDM) Application Support Agreement (Agreement) with InfoMagnetics Technologies USA (IMT) for an additional amount not to exceed \$44,720 effective August 12, 2024 and 2) approve Statement of Work 05691 (SOW) with IMT for an amount not to exceed \$150,000 for a term of 12 months for the provision of MDM Design, Training and Support Services. The total amount payable under this Agreement shall not exceed \$608,223 through May 3, 2026.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

IEHP leverages the IBM InfoSphere MDM software solution, specializing in managing crucial master data like patient demographics, provider details, and reference data. This MDM system seamlessly integrates with Allscripts dbMotion, another cornerstone of IEHP's IT infrastructure, dedicated to consolidating clinical data from diverse sources to form a unified patient record. The integration between dbMotion and MDM facilitates the synchronization of patient demographics and other master data throughout the healthcare ecosystem, ensuring the accuracy and consistency vital for effective clinical care.

IEHP has engaged in a contractual partnership with IMT for the provision of support and maintenance services, as well as expert assistance with MDM Solution configuration, customization, design, integration, and training justified through Single Source procurement. IEHP consistently turns to IMT due to their demonstrated flexibility in configuring indicators and their extensive experience with IEHP's existing systems, infrastructure, and integration complexities.

IMT stands as IEHP's established provider of support for the MDM solution, offering unparalleled expertise and capabilities in managing healthcare data. As an established partner, IMT has experience with over 20 years of algorithm logic that would be very costly to build internally.

The Governing Board has previously approved the following contractual agreements with IMT:

Date Approved	MO#	Purpose	Term Expiration	Cost
05/04/2023	16-64	Application Management & Support Agreement for the MDM Application Management and Maintenance Support Agreement for a three (3) year term.	05/03/2026	\$205,753

Date Approved	MO#	Purpose	Term Expiration	Cost
08/14/2023	23-183	Statement of Work for the provision of MDM Design, Training and Support services.	08/02/2024	\$142,750
12/11/2023	23-295	Delegation of Authority to approve a contractual document for the provision of the Persisted ID Asset	One-time capital asset purchase	\$65,000
Total Cost to Date:				\$413,503
New Cost:				\$194,720
Total Cost under this agreement:				\$608,223

Discussion:

Given IMT's collaborative involvement with IEHP across multiple initiatives, it's imperative for IEHP to maximize and extend the utilization of the MDM system without support concerns. The First Amendment and SOW encompasses a comprehensive list of upcoming activities, modifications, and advancements, encompassing both present and future needs. This proactive approach mitigates the risk of potential cost escalations associated with additional requirements or changes.

The First Amendment will include the following for an amount not to exceed \$44,720:

- Supported Software:
 - Persisted ID component: Middleware, Database and User interface.
 - Outbound interface for JavaScript Object Notation (JSON) flow.
 - Outbound interface for Enterprise Data Warehouse (EDW) updates.
 - Potential Future Components to be supported by this agreement at no additional support cost:
 - New inbound integrations with MDM
 - CCDA > Representational State Transfer Application Programming Interface (REST API) process.
 - New HL7 interfaces
 - 834 -> API process
 - New outbound integrations (query or extract)
 - Enhanced configurations of existing integration to include new attributes, message format changes or extended integration to the Clinical Data warehouse (CDW).
- Product Support for the following additional solutions:
 - Interface components: IBM ACE inbound, IBM ACE JSON Outbound, IBM ACE EDW Composite View Export
 - API Support: Support for usage of various APIs to push data to and query MDM.

The 12-month SOW will include the following components for an amount not to exceed \$150,000:

- Support for Enterprise Business Module (EBM) integration with Persisted ID
- Grouped sources - Re-architect the way new sources of data are added to simplify and speed up the process as well as ensure performance expectations.

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- Capturing new data elements - There is a need to capture data from new attributes that have been created including Health Level Seven International (HL7), Consolidated Clinical Document Architecture (CCDA's) and possibly an 834 integration.
- Adjustments to fix bad linkages.
- Training

The collaborative efforts between IMT, MDM and dbMotion significantly reduce the costs associated with care delivery, equips physicians with the insights needed for informed decision-making, and propel positive clinical outcomes. This strategic partnership reinforces IEHP's commitment to leveraging cutting-edge technology to enhance patient care quality and operational efficiency

IEHP seeks approval of the First Amendment to the Agreement for an additional amount not to exceed \$44,720 through May 3, 2026 and approve SOW 05691 for an amount not to exceed \$150,000 for 12-months. The total cost allocated to IMT shall not exceed \$608,223 through May 3, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 6/3/2024	W. Yanes 6/7/2024	M. Popka 07/12/24	S. Nakhoul 6/3/2024	V. Devabhaktuni 7/23/2024

INFORMATION TECHNOLOGY DEPARTMENT

17. DELEGATION OF AUTHORITY TO APPROVE THE FIFTEENTH AMENDMENT TO THE MASTER LICENSE AND SOFTWARE AGREEMENT WITH EDIFECS, INC.

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, sign the Fifteenth Amendment to the Master License and Services Agreement (MLSA) with Edifecs, Inc. to 1) add the provision of an additional Encounter Management Cloud Service (EMCS) providing access to the Replicated GBD Database for an additional cost not to exceed \$115,318 through June 21, 2028; and 2) extend the commitment term of the Encounter Management Cloud Software as a Service (SaaS) and CMS Edge Server and related services, for an additional amount not to exceed \$35,000 through June 21, 2028; and 3) extend the term of the MLSA through December 16, 2028. The total amount payable under Master License and Software Agreement (MLSA) shall not exceed \$20,518,614 through December 16, 2028.

Contact:

Vinil Devabhaktuni, Chief Digital, and Information Officer

Background:

IEHP has utilized Edifecs since 2018 to provide an electronic data interchange (EDI) and encounter management solution to intake, manage, process, and submit required information to IEHP's regulatory entities including the Department of Health Care Services (DHCS) and Centers for Medicaid and Medicare Services (CMS) in the form of medical, laboratory, pharmaceutical, and other encounters as legislatively mandated. Taking action to implement the solution was imperative to the Plan's operation as IEHP's revenue is significantly tied to complete, accurate and timely encounter submissions. As such, IEHP approved the award of Request for Proposal (RFP) 18-002 to Edifecs for an Encounter and EDI solution and implementation.

In April 2023, IEHP provisioned the Edifecs Encounter Management Cloud Service (EMCS) and CMS Edge Server to adopt a more comprehensive encounter lifecycle management solution to meet the Covered California (CCA) line of business requirements in addition to CMS requirements. The Edifecs EMCS and CMS Edge Server Module have been completely deployed and are now fully operational.

IEHP has not found another vendor offering this level of integration as a comprehensive solution. Any transition would likely require adopting multiple software packages for different components of our current services through several vendors. Switching to an alternative solution at this stage would not only disrupt day-to-day operations significantly but also involve substantial financial implications. The costs associated with transitioning to a new solution, including software implementation, employee training, and potential productivity downtime are projected to be financially prohibitive. Accordingly, IEHP leadership has approved single source procurement to extend existing services and acquire the additional services under this MLSA.

The Governing Board had previously approved contractual documents as follows:

Board Date	MO#	Purpose	Term Expiration	Cost
08/15/2018	18-236	Approved the Award of Request for Proposal #18-002 and Amendment #4 to the Agreement to Edifecs, Inc. for the provision of an EDI and Encounter solution.	12/15/2023	\$5,000,000
12/20/2018	18-334	Approved the funding increase to provisioned compliance solution and the term extension to the Agreement for CAQH and CORE.	12/15/2019	\$773,095
06/10/2019	19-112	Approved the Budget for an Encounter and EDI Solution Project included in FY 19/20 Budget Presentation.	06/30/2020	\$3,100,000
06/10/2019	19-112	Entered into Amendment Three to the Agreement for the provision of the SpecBuilder Standard Edition (SB) License HIPAA and NCPDP Modules.	12/15/2019	\$76,400
12/09/2019	19-174	Approved the change order to SOW #1523 funding increase to the provisioned EDI and Encounter Solution Project and the term extension to Agreement.	12/31/2020	\$168,000
12/13/2019	19-237	Approved Amendment Six for the funding increase to the provisioned solution to meet CAQH and CORE transaction set standards under the Agreement.	12/31/2020	\$812,000
05/22/2020	20-109	Approved the Change Order to Statement of Work #1523 for the provisioned EDI and Encounter Solution Project for additional professional services hours to be applied toward the further refinement of system workflows and post go-live stabilization.	12/31/2021	\$525,000
09/24/2020	20-272	Approved Change Order #1990 and the funding increase to the Agreement for the provisioned EDI and Encounter Solution Project.	12/31/2021	\$1,600,000
12/23/2020	20-354	Approved the Seventh Amendment to the Agreement for the continued provision of a hosted Operating Rules Hosted Solution.	12/15/2023	\$402,303
05/17/2021	21-112	Approved Statement of Work #2099 and Statement of Work #2155 Agreement for the provision of Magellan Process Enhancement to the EDI and Encounter Solution.	12/15/2023	\$89,657
08/11/2021	21-241	Approved the funding increase to the Agreement for the provision of EDI and Encounter Solution Project and approve funding increase of \$20,450 for provision solution to meet CAQH and CORE.	12/15/2023	\$2,059,451

Board Date	MO#	Purpose	Term Expiration	Cost
11/11/2021	21-310	Delegation of Authority to approve the Statement of Work #2289 to the Agreement for the provision of CAQH CORE recertification services.	12/15/2023	\$36,000
06/22/2022	22-232	Approved the Tenth Amendment to the Agreement for an additional block of 200,000 Plan-Members worth of net perpetual licensing.	12/15/2023	\$800,500
06/22/2023	23-078	Approved the Eleventh Amendment to the Agreement for a term extension to the MLSA and the provision of an Encounter Management and Edge Server SaaS Solutions.	05/14/2028	\$2,070,857
12/15/2023	23-296	Delegation of Authority to approve the Twelfth Amendment to the MLSA for provision of the Operating Rules Hosted Solution and term extension.	12/15/2026	\$772,648
01/10/2024	24-009	Delegation of Authority to approve the Thirteenth Amendment to update the Software as a Service (SaaS) terms and third-party license terms and conditions.	05/14/2028	No Cost
02/05/2024	24-041	Delegation of Authority to sign contractual documents for the Electronic Data Interchange Upgrade and approve additional funding for support and maintenance fees.	12/31/2024	\$1,965,385
04/08/2024	24-066	Approved the Fourteenth Amendment to include the Operating Rules Hosted Solution Overage additional block of 1,577,816 annual transactions through December 15, 2023.	12/15/2023	\$117,000
Total Cost to date:				\$20,368,296
New Cost for GBD Replicated Database:				\$115,318
Incremental Funding for Encounter Management Cloud Service (EMCS):				\$35,000
Total Not to Exceed (NTE):				\$20,518,614

Discussion:

The continuous utilization of the software revealed a new opportunity to enhance the current EMCS suite and provide IEHP with a more effective review of rejections and errors during processing of encounters. As such, IEHP is requesting the provision of an add-on module to the Encounter Management Cloud Service (EMCS), providing the Team Members access to the Replicated GBD Database. The integration of the add-on module will allow IEHP to mitigate risks associated with encounters processing and preprocessing oversight and add other operational controls such as reconciliation.

The Fifteenth Amendment to the Edifecs MLSA will grant IEHP a SaaS license to utilize the Edifecs EMCS GBD Database through June 21, 2028, providing the following additional capabilities:

- **Data Integration:** Aggregates data from various sources, including EDI transactions, databases, and other healthcare information systems.
- **Data Quality Management:** Identifies and resolved data quality issues such as duplicates, inaccuracies, and inconsistencies.
- **Error and rejection Handling:** Provides tools for identifying, reviewing, and managing errors and rejections in data processing workflows.
- **Operational Controls:** supports controls such as reconciliation and compliance checks to ensure data accuracy and regulatory adherence.

The SaaS fee schedule for the additional EMCS GBD Replicated Database, detailed annually, is presented in the table below.

Annual SaaS Fees					
Year:	1	2	3	4	Total Cost
Cost:	\$22,634	29,400	30,870	32,414	\$115,318

The pricing falls within budget, especially when considering the efficiency gains from reduced encounter processing time and improved error management. Additionally, the potential monetary savings for the Plan, due to the mitigation of fines and penalties from regulatory agencies through superior and more accurate encounter submissions capabilities, further justify the cost.

Furthermore, IEHP is requesting an extension of the commitment term for the EMCS and CMS Edge Server licensed under the Eleventh Amendment through June 21, 2028. The cost to cover the additional commitment term will be apportioned from MO 23-078 through May 14, 2028, and the Plan is requesting additional funding at a cost not to exceed \$35,000 through June 21, 2028. This will also require extending the term of the Master License and Software Agreement (MLSA) through December 16, 2028.

The total additional cost shall not exceed \$150,318. The total cost (including this request) of this Master License and Software Agreement (MLSA) shall not exceed \$20,518,614 through December 16, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 7/12/2024	W. Yanes 7/24/2024	M. Popka 07/22/24	J. Lopez 7/24/2024	V. Devabhaktuni 7/24/24

OPERATIONS DEPARTMENT

18. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05656 TO, AND DELEGATION OF AUTHORITY TO APPROVE AN AGREEMENT WITH, DELOITTE CONSULTING, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #24-05656 (RFP #24-05656) to and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign an Agreement with Deloitte Consulting, LLC. (Deloitte) for the provision of Medicare Advantage Network Analysis for an amount not to exceed \$550,000 effective September 1, 2024 through December 31, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

As part of IEHP’s strategic growth objectives, IEHP seeks to expand capabilities to offer Medicare Advantage plan offerings to more Medicare-eligible individuals in the Inland Empire. IEHP requires this service in order to develop a Medicare Advantage (MA) network and provider contracting strategy.

On May 25, 2024, IEHP issued RFP #24-05656 Medicare Advantage Network Analysis on Bonfire, it’s third-party public bidding website. The purpose of the RFP was to solicit vendors who could provide Medicare Advantage Network Analysis.

The RFP generated interest in 26 bidders, and when closed on June 7, 2024, six (6) proposals were submitted. Two (2) of the six (6) submissions were deemed non-responsive.

The results of the evaluation process are as follows:

Technical Proposal Score without pricing (Out of 70):

Bidder	Score
Deloitte	53.54
Milliman	52.53
Aarete LLC	47.97
Healthscape Advisors	47.01

Down-selected bidders (top 2 vendors were selected to move on to demonstrations):

Bidder	Score
Deloitte	Vendor provided most comprehensive project approach
Milliman	Vendor's data analytics strategies and solutions were highly rated.

Technical Proposal including Pricing (Out of 100):

Bidder	Score
Deloitte	83.54
Milliman	52.53

Demonstration Scoring (Out of 10):

Bidder	Score
Deloitte	7.83
Milliman	6.83

Final Scoring (Out of 110):

Bidder	Score
Deloitte	91.37
Milliman	59.36

After thorough evaluation, the Evaluation Committee recommended awarding RFP #24-05656 to Deloitte. IEHP's recommendation was based on Deloitte's comprehensive project approach, strong data analysis, and industry experience.

Deloitte offers the following services: 1) an in-depth MA network competitive analysis, 2) quality and cost analysis by provider and facility type, and 3) tools and insights to support contracting prioritization. These services will enable IEHP to develop a competitive MA network, ensure adequate access for IEHP members, and support the long-term financial viability of IEHP's MA plan offerings.

IEHP has contracted with Deloitte since April 2023 for Program Management and Project Governance Services for BPaaS Implementation, to support the launch of Covered California including configuration with HealthEdge, train and certify Project Managers. Deloitte was selected in April 2023 as a result of RFP #. However, the scope of this project and the services agreement for this project is independent of any prior agreements.

Discussion:

IEHP will engage Deloitte to leverage provider quality and cost, and Inland Empire MA competitor network data to complete the analyses needed to inform IEHP’s MA network and provider contracting strategy development. The scope of work, timelines and cost breakdown is summarized below:

#	Timing of Invoice (Week of the Engagement)	Item	Total Fees
1	At the end of week 6	Competitive Analysis	\$160,000
2	At the end of week 8	Quality and Cost Analysis	\$160,000
3	At the end of week 10	Final Presentation	\$165,000
Total			\$485,000

These services will enable the IEHP Provider Network and Contracting departments to articulate a detailed contracting approach and support the execution of the targeted provider agreements within required regulatory filing timelines. This MA network will optimize continuity of care and access to a comprehensive provider network for IEHP Medi-Cal members who become eligible for Medicare, and also allow Medicare-eligible individuals who do not qualify for Medi-Cal to enroll with IEHP and gain access to the many services that IEHP offers to the Inland Empire community.

The cost of this Agreement shall not to exceed \$550,000 which includes a 13% contingency for additional analysis, reporting and/or tools required by IEHP. The term of the Agreement is September 1, 2024 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	C. Aguirre	W. Yanes 7/11/24	M. Popka 07/12/24	C. Le 7/11/24	S. White 07/11/2024

QUALITY DEPARTMENT

19. 2023 QUALITY MANAGEMENT ANNUAL EVALUATION

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

Each year, IEHP's Quality Management & Health Equity Transformation Committee (QMHETC) prepares and approves an Annual Evaluation Report assessing IEHP's Quality Improvement Programs, Activities, Culturally & Linguistically Appropriate Services (CLAS) and Structure. The Annual Evaluation Report reviews the impact of planned activities on the Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), and the National Committee for Quality Assurance (NCQA) accreditation outcomes, which are vital components of the Quality Management Program.

The purpose of the 2023 Quality Management Annual Evaluation is to assess IEHP's Quality Improvement (QI) Program. This includes a review of the quality and overall effectiveness of the program, as determined by reviewing all quality improvement studies performed and implemented across IEHP, with a focus in areas of success and areas needing improvement. This review also assesses the current structure and process of the QI program to inform possible changes needed in the subsequent year. Primary data sources used in this review include quality management committee and subcommittee structures, adequacy of resources, minutes and reports submitted both internally and externally, practitioner participation and leadership involvement in the program and data related to program outcomes.

The design of IEHP's Quality Management Program is aligned to support IEHP's Mission, Vision and Values (MVV) as it aims to improve the quality of care, access to care, patient safety, and quality of services delivered to IEHP Members.

Mission: We heal and inspire the human spirit.

Vision: We will not rest until our communities enjoy optimal care and vibrant health.

Values: We do the right thing by:

- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health & well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.

Discussion:

The QMHET Committee directs quality improvement work and assigns them to participating groups, Physicians, Subcommittees, and internal IEHP departments. The QMHET Committee meets at least quarterly to review findings, review actions and consider/offer recommendations, and oversees the QM Subcommittees activities and functions. Below is a list of the Subcommittees that are monitored by the Quality Management & Health Equity Transformation Committee:

- **Quality Improvement Council (QIC):** The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Furthermore, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues. Council Members and Supporting Representatives include leaders from various subcommittees across the organization with supporting representatives being invited on an ad hoc basis for presentation or discussion of topics related to their respective subcommittees or departments. The QIC provides information to IEHP's Quality Management & Health Equity Transformation Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed.
- **Quality Improvement Subcommittee (QISC):** Analyzes and evaluates QI activities and report results; develops action items, as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
- **Peer Review Subcommittee:** Reviews Provider, Member, or Practitioner escalated grievances and appeals, reviews Practitioner related quality issues and other peer review matters.
- **Credentialing Subcommittee:** Provides oversight of Practitioners who directly contract with IEHP to deny or approve their participation in the IEHP network, including a review of grievance trends and other quality related issues at the Practitioner level.
- **Pharmacy and Therapeutics Subcommittee:** Reviews IEHP's medication formulary; monitoring of medication prescribing practices of IEHP Practitioners; monitor under- and over-utilization of medications; reviews patient safety reports related to medication.
- **Utilization Management Subcommittee:** Reviews UM & BH criteria and clinical practice guidelines; responsible for reviewing and updating UM & BH criteria and preventive care guidelines that are not primarily medication related; monitor under-and-over utilization of services; directs the continuous monitoring of all aspects of UM and Behavioral Health.
- **Population Health Management (PHM) Subcommittee:** Responsible for reviewing, monitoring, and evaluating program information, including Health Equity identified deliverables, and progress while providing regulatory oversight in alignment with DHCS and NCQA requirements and standards.
- **Provider Network Access (PNA) Subcommittee:** Responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.

- **Member Experience Subcommittee (MESC):** Responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The MESC will be responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
- **Member Safety Subcommittee:** The scope of the Member Safety Subcommittee includes all lines of business and contracted network provider, direct or delegated, in which care and services are provided to IEHP Members. The Member Safety Subcommittee uses a multidisciplinary and multidepartment approach to explore root causes of poor performance, identify areas of improvement, propose interventions, and take actions to improve the quality of care delivery to our Members.
- **Skilled Nursing Facility (SNF) Subcommittee:** Identifies opportunities that impact efficient transitions of care, clinical outcomes, Member safety, and Member experience while receiving care at a skilled nursing or long-term care facility. This subcommittee serves as a forum for review and evaluation of strategic, operational, and quality measures resulting from but not limited to: Inland Empire Health Plan (IEHP) optimal care strategies, Joint Operations Meeting (JOM) and related workgroups (i.e., throughput, quality, ambulatory operations, payment practices, etc.), and pay for performance initiatives.
- **Hospital and Ancillary Quality Improvement (QI) Subcommittee:** Serves as the primary forum for discussion of topics related to acute care hospitals and/or sub-acute/post-acute network sites of care (i.e., hospice agencies, home health agencies (HHA), etc.). IEHP's Optimal Care Subcommittee and the Inland Empire Hospital Alliance (IEHA) will report through this forum which will summarize performance and recommended actions for presentation at the Quality Improvement Council (QIC).

Quality Improvement Performance:

- HEDIS[®], is one component of the NCQA accreditation scoring process and is used by more than 90 percent of health plans in the United States to assess the quality of care and services provided by Managed Care Organizations. In 2023, IEHP reported the HEDIS[®] MY 2022 measure set that evaluates quality performance of measurement year 2022. IEHP sets the HEDIS[®] MY 2022 Medi-Cal goals as the NCQA 90th percentile. Among the MY 2022 HEDIS[®] measures, IEHP saw more improvements in national performance benchmarks than declines in performance.
- For Medi-Cal, IEHP reported HEDIS[®] measures and sub-measures that are a part of the NCQA Health Plan Ratings and DHCS MCAS measure set. All required measures were submitted timely, passing all independent audit validation requirements to DHCS and NCQA for Medi-Cal performance in measurement year 2022 and reported in June 2023. Quality benchmarks assessing MY 2022 performance were released in October 2023. Based on the 2023 NCQA Health Plan Ratings Percentiles and the 2023 NCQA Quality Compass National Benchmarks for Medicaid, IEHP's performance were in the following ratings categories:
 - Five (5) measures demonstrated a rating in the 90th percentile
 - Six (6) measures demonstrated a rating in the 75th percentile
 - 14 measures demonstrated a rating in the 66th percentile

- 12 measures demonstrated a rating in the 50th percentile
 - 19 measures demonstrated a rating in the 33rd percentile
 - Nine (9) measures demonstrated a rating in the 25th percentile
 - 15 measures demonstrated a rating in the 10th percentile
 - 13 measures have no rating (NA) due to significant changes in measure specifications for the 2022 measurement year
- For the Medicare D-SNP line of business, IEHP reported HEDIS[®] measures and submeasures that are a part of the NCQA Health Plan Ratings IEHP's Health Plan Ratings performance were in the following ratings categories listed below. All benchmarks noted are based on the 2023 NCQA Health Plan Ratings percentiles and the 2023 NCQA Quality Compass National Benchmarks for Medicare.
 - Three (3) measure demonstrated a rating in the 90th percentile
 - Four (4) measures demonstrated a rating in the 75th percentile
 - 11 measures demonstrated a rating in the 66th percentile
 - Six (6) measures demonstrated a rating in the 50th percentile
 - Twenty 26 measures demonstrated a rating in the 33rd percentile
 - 42 measures demonstrated a rating in the 10th percentile
 - Zero (0) measures demonstrated a rating in the <10th percentile
 - For both the Medi-Cal and D-SNP lines of business, IEHP tracks all measures falling below the 50th percentile and implements interventions aimed at improving performance.

Quality Improvement Activities:

IEHP implemented four (4) Performance Improvement Projects (PIPs) identified as areas for improvement. The first PIP, focused on controlling high blood pressure for Members identified as black assigned to an IPA partner. Through analysis of the Medi-Cal Controlling High Blood Pressure measure, IEHP identified a health disparity for Members identified as Black and partnered with an IPA to deliver focused interventions to this group. IEHP's Pharmacy team issued Targeted Medication Review blast faxes to assigned Providers encouraging them to review their Members' medication regimen and to leverage 90-day supplies of medication. Additionally, the Pharmacy team conducted Member outreach to provide education on the availability and benefit of a 90-day medication supply.

The second PIP focused on DHCS Child/Adolescent Health. In analyzing IEHP's Well Care Visit measure, IEHP identified that Members 18-21 years of age demonstrated the lowest well care visit rates. IEHP partnered with a Provider clinic to complete Member outreach through phone and text, including an option to self-schedule an appointment, to encourage Members to complete their visit.

The third PIP focused on DHCS Improve well-Child Visits in the first 30 Months of Life - Well Child Visits in the First 15 months—6 or more Well-Child Visits (W30-6) measure rates for Black/African American populations o IEHP is implementing an intervention for the W30-6 Performance Improvement Project with a focus on the Black population. IEHP will be assigning a CHW to our community services team that will aid in providing additional support to Members

who are referred to Black Infant Health. In addition, our community services team will offer a referral option for fathers of the children in Black Infant Health to Project Fatherhood, an initiative that engages fathers in the care and upbringing of their children.

The fourth PIP was Non-Clinical in Performance and focused on improving Provider Notifications for their Patients' ED visits with a primary diagnosis of Substance Use Disorder (SUD) for individuals 13+ years of age and Specialty Mental Health (SMH) for persons 6+. The project has experienced several barriers including identifying the best notification modality and obtaining accurate and timely data. The data is now available to the Healthcare Analytics (HCA) Team. The HCA Team is in the process of building the fax notification to Providers of their assigned Patients' discharge from the ED with a primary diagnosis of SUD and SMH. The fax notifies the Provider of their Patient's ED visit and requests a follow-up with the Member to provide any additional care or interventions as needed. One of the goals for this PIP is for Members to establish and build a relationship with their Primary Care Provider (PCP) and reduce avoidable ED visits.

Access to Care:

With the continued growth in IEHP's membership, access to care is an area of focus for the plan and where IEHP has dedicated intentional resources to measure, evaluate and improve. IEHP maintains access standards applicable to all Providers and facilities contracted with IEHP, and as required by IEHP's regulatory agencies. The following are key areas reviewed by the QM Program in 2023.

- **Availability of Practitioners:** IEHP assesses the network availability for Provider to Member ratio and Time/distance standards. For the Primary Care Provider time/distance results, over 91% of Members are within the standard. The results for the Specialty Provider, including high volume/high impact, Core Specialties, and Mental Health Specialties, reveal that over 91% of Members are within the standard. Furthermore, results for the Facilities reveal that 91% of Members fall within the access standard with all provider types, except for CBAS facilities. The results of the Provider to Member ratio met the regulatory standards for all PCPs, Specialists, and Behavioral Health Specialties.
- **Appointment Access:** IEHP assesses PCPs, Specialists, and BH Providers against timely access standards for routine and urgent visits. PCPs did not meet the standard for routine appointment availability or urgent visit availability. All other Providers also failed to meet the compliance standard for both visit types. This is an area that requires continued quality improvement focus continuing into 2024.
- **After-Hours Access to Care:** IEHP monitors after-hours access to Providers to ensure that Members have appropriate telephone access to their Provider outside of regular business hours. Out of the Providers assessed (PCPs, Specialists, and BH) neither PCPs nor BH Providers met the 90% compliance rate. Monitoring and corrective actions were put in place for all areas where deficiencies were noted. This is an area that requires continued quality improvement focus.
- **After Hours Nurse Advice Line:** IEHP contracts with an after-hours nurse advice line to ensure members can access a licensed professional, after hours, thus potentially reducing emergency

department utilization. The assessment revealed that IEHP did not meet the goal of < 30 seconds for average speed of answer time but did meet the goal of < 5.0% for call abandonment rate.

- Availability of Providers by Language: IEHP assesses the availability of Spanish, Chinese (includes both Mandarin and Cantonese), and Vietnamese speaking staff at Provider Offices. Results show that all surveyed Providers are meeting the compliance goal, providing appropriate language support to Members in need of Spanish, Chinese, and Vietnamese speaking Providers and Office Staff.
- Addressing Cultural, Ethnic, Racial and Linguistics needs of Members: IEHP assesses the cultural, ethnic, racial and linguistics needs of Members. The assessment shows that IEHP meets the language distribution for English and Spanish PCPs to Member ratio. For Race/Ethnicity distribution, IEHP continues to fall below the goal of 1.0 PCPs per 2,000 Members. The main reason for this low rate is because Race/Ethnicity are optional fields on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting application. Many providers do not report their Ethnicity; therefore, this may not provide an accurate depiction of PCP to Member ratios. This is an area that requires continued quality improvement focus. To improve the data capture of Provider race and ethnicity information, this was added as a new measure to IEHP 2023 Global Quality Pay for Performance (GQP4P) PCP Program.

Member and Provider Experience:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures how well IEHP is meeting Members' service expectations, determines areas of service that have the greatest effect on Members' overall satisfaction, and identifies areas of opportunity to improve the quality of service. The highest-ranking composite is the 'Customer Service' composite at 90th percentile, while the lowest ranking composites are the 'How well Doctors Communicate' composite at the 25th percentile, the 'Getting Needed Care' and the 'Coordination of Care' at the 25th percentile. The minimum sample size of 100 or greater was not met for both the 'Getting Needed Care' and 'Getting Care Quickly' measures which prevented a score for both measures.
- The annual Provider Experience study assesses the satisfaction of IEHP's Provider network in the following functional areas: Overall Satisfaction, Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, Provider Relations, and California Timely Access. IEHP scored at the 100th percentile in all composite areas assessed. Additionally, 98.2% of Providers would recommend IEHP to other Physician Practices. This continues to be noted as an area of strength.
- Grievance and Appeals: IEHP monitors grievance case volume and rates to identify trends and areas of opportunity to improve overall Member satisfaction. In 2023, the grievance category with the highest volume of grievances was the Attitude and Service category. Within that category, the top subcategories were 'IEHP Member Services', 'Transportation Provider'. IEHP will focus on quality improvement activities to address high grievance category trends.
- IEHP's Member Portal: Annually, IEHP conducts a quality & accuracy assessment of Member information and functionality available on IEHP's Member Portal. Testing conducted by IEHP's Quality Assurance team includes both positive and negative scenarios for Member ID

cards and Member PCP changes. All tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios.

- Behavioral Health Treatment (BHT) Member Satisfaction Survey: Annually, IEHP assesses Member experience with IEHP's BHT services. BHT services, including Applied Behavior Analysis (ABA) and other evidence-based interventions are based on reliable evidence-based treatments that develop or restore, to the maximum extent practicable, the functioning of an individual. The results of the survey revealed that overall Members were satisfied with services provided by the BHT providers and the BHT team at IEHP. There was one question that demonstrated a lower satisfaction rate: 'Does the ABA provider work with the child's other health care and school experts', where only 44.6% of respondents reported positively. It is important to note the possible impact of the public health emergency (PHE) may impact this question. In addition, it's important to note there are no specific mandates provided to schools nor BHT Providers, stipulating collaboration.

Patient Safety:

- IEHP recognizes that patient safety is a key component of delivering quality health care and focuses on promoting best practices that are aimed at improving patient outcomes. IEHP engages both Members and Providers to promote safety practices. IEHP also focuses on reducing the risk of adverse events that can occur while providing medical care in different delivery settings. Below are IEHP's safety initiatives and studies monitored in 2023:
 - Potential Quality Incident Reports
 - Management of Inpatient Discharge Transitions Study
 - Reducing Hospital Readmissions
 - Provider Preventable Conditions Study
 - Annual Physical Accessibility Review Survey (PARS) Study

In 2023, IEHP developed a Member Safety Subcommittee to use a multidisciplinary and multidepartment approach to explore root causes of poor performance, identify areas of improvement, propose interventions, and take actions to improve the quality of care delivery to our Members.

Population Health Management (PHM) Strategy Effectiveness:

- Annually, IEHP outlines its PHM Strategy for meeting the care needs of Members and designs a cohesive plan of action to address those needs. This study assesses the impact of the PHM strategy using clinical, utilization and Member experience measures and identifies opportunities for improvement. In 2023, the PHM Effectiveness study assessed the following Programs: Enhanced Care Management (ECM), Health Homes (HHP), My Path Palliative Program, IEHP's Housing Initiative, and the Complex Case Management (CCM) Program.

These programs target Members with emerging risk, outcomes across settings, and Members with multiple chronic illnesses. Overall, the results from these population health programs were favorable, with the majority of outcome, utilization, process, and satisfaction measures successfully met. Overall, the IEHP population health management strategy is favorable, but has an opportunity to expand in scope. As accurate, timely, integrated, and actionable data is

foundational for any population health management program, IEHP will work on improving its ability to capture and share data across systems. Going forward, IEHP plans to continue to improve documentation and reporting of the Advanced Care Planning, Medication Review, Functional Status Assessment, and Pain assessment measures for the My Path Program and improve PCP visits and readmission rates and reduce ED visits for Members enrolled in the ECM, My Path, and CCM Programs.

IEHP Value Based Payment Arrangements:

- Annually, IEHP assesses the percentage of dollars spent in Value Based Payment arrangements compared to total medical cost. IEHP's income statement for calendar year 2023 for the Medi-Cal line of business was used in this analysis. The Value-Based Payment programs included in the report were Capitation, Pay-for-Performance and Shared Savings and meet NCQA definition of value-based payment arrangements. IEHP's Value-Based Payments for Medi-Cal reported for calendar year 2023 represent 23% of IEHP's Medi-Cal medical expenditures. Of those, Capitation accounts for 84% and Pay for Performance accounts for 16% of IEHP's total value-based payments. IEHP's goals is to continue to grow the value-based payment arrangements to help further drive IEHP's quality goals with our Provider network.

Delegation Oversight:

- The Annual Delegation Oversight Audit (DOA) is conducted by IEHP Health Services, Quality, and Provider Services department staff using audit tools that are based on NCQA, DMHC, DHCS and CMS standards. In 2023, IEHP performed the DOA for all Medi-Cal IPAs. When comparing the 2022-2023 Delegation Oversight Audit Results to the 2021-2022 Delegation Oversight Audit, there is an overall increase in scores in the areas of Denial Audit, and Credentialing File Review. As a result of the 2022-2023 DOA conducted, IEHP will continue to stringently monitor each of the areas within the Delegation Oversight audit tool and provide ongoing training as necessary and/or as requested by our IPA partners. This year, enhancements were made to the audit tools, which included additional attributes to be tested and an updated scoring methodology.

The Subcommittee Redesign event efforts which stemmed from the original Quality Systems Value Stream Analysis event, continued in 2023 with the formation of the Quality Improvement Council (QIC) in January, the Provider Network Access (PNA) Subcommittee in March, the Population Health Management (PHM) Subcommittee in May, Member Experience Subcommittee (MESOC) in May, Hospital and Ancillary Subcommittee in September, Member Safety Subcommittee in October, and the Skilled Nursing Facility Subcommittee in October. Additionally, in an effort to expand the Quality Management Committee to include new Health Equity Accreditation standards and regulations, IEHP successfully launched the Quality Management and Health Equity Transformation Committee (QMHETC). The QMHETC reports directly to the IEHP Governing Board and retains oversight of the Quality Management & Health Equity Transformation Program (QMHETP) with direction from the Chief Quality Officer, Chief Medical Officer, in collaboration with the Chief Health Equity Officer.

In December, IEHP earned Health Equity Accreditation from the National Committee for Quality Assurance (NCQA). IEHP was the second local community health plan to achieve Health Equity Accreditation.

Key priority areas of improvement for 2023 include: Preventive Care; Chronic Care; Access to Care; Provider Customer Service; and Coordination of Care.

Major accomplishments in 2023 include the Problem Solvers Task Force which focused on PCP Referral Timeliness. Updates to the Provider Portal referral submission page for better data capture of time between “referral need” and “submission of referral”. The Subcommittee Redesign event resulted in new Subcommittees being developed during 2022 and continuing throughout 2023. New Subcommittees that were developed include, Provider Network Access, D-SNP Model of Care Monitoring and Oversight, Population Health Management, Member Experience and Patient Safety. Lastly, a new Quality Improvement Council (QIC) was formed. The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Furthermore, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues. Council Members and Supporting Representatives include leaders from various subcommittees across the organization with supporting representatives being invited on an ad hoc basis for presentation or discussion of topics related to their respective subcommittees or departments. The QIC provides information to IEHP’s Quality Management & Health Equity Transformation Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed.

The Subcommittee Redesign event efforts which stemmed from the original Quality Systems Value Stream Analysis event, continued in 2023 with the formation of the Quality Improvement Council (QIC) in January, the Provider Network Access (PNA) Subcommittee in March, the Population Health Management (PHM) Subcommittee in in May, Member Experience Subcommittee (MESC) in May, Hospital and Ancillary Subcommittee in September, Member Safety Subcommittee in October, and the Skilled Nursing Facility Subcommittee in October. Additionally, in an effort to expand the Quality Management Committee to include new Health Equity Accreditation standards and regulations, IEHP successfully launched the Quality Management and Health Equity Transformation Committee (QMHETC). The QMHETC reports directly to the IEHP Governing Board and retains oversight of the Quality Management & Health Equity Transformation Program (QMHETP) with direction from the Chief Quality Officer, Chief Medical Officer, in collaboration with the Chief Health Equity Officer.

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CONSENT AGENDA

To align with the DHCS Comprehensive Quality Strategy and Population Health Management Strategy and Roadmap, IEHP is adding “preventive care” as a future priority. These key areas are as follows.

- Children’s Preventive Care
- Supporting Care Transitions
- Health Equity

IEHP will focus on meeting the 2023 Program goals and completing all initiatives as outlined in the 2024 QM/QI Work Plan.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	N/A	J. Diekmann 7/9/2024	E. Juhn 7/12/2024



2023

Quality Management Annual Evaluation
Executive Summary

June 2024

MISSION AND VISION

The purpose of the 2023 Annual Evaluation is to assess IEHP's Quality Improvement Program. This assessment reviews the quality and overall effectiveness of the program by reviewing all studies performed and implemented by various IEHP departments in 2023, including areas of success and needed improvements in services rendered, and if there is a need to restructure or change the QI program for the subsequent year. This annual evaluation reviews various committee and subcommittee structures, adequacy of resources, minutes and reports submitted both internally and externally, practitioner participation and leadership involvement in the program as well as data to review all program outcomes. The Quality Department leads IEHP's Annual Evaluation assessment in a collective and collaborative process utilizing data and reports from committees, subcommittees, departments, content experts, data analysts, and work plans to analyze and evaluate the effectiveness of the Quality Programs. Overall effectiveness of the programs is assessed by analyzing and trending the goals and actions of the studies, reviewing qualitative and quantitative results, providing a causal analysis and defining barriers, interventions, opportunities for improvement and next steps.

The design of IEHP's Quality Management Program is aligned to support IEHP's Mission, Vision and Values (MVV) as it aims to improve the quality of care, access to care, patient safety, and quality of services delivered to IEHP Members.

Mission: We heal and inspire the human spirit.

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- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.

QUALITY MANAGEMENT & HEALTH EQUITY TRANSFORMATION PROGRAM DESCRIPTION

IEHP supports an active, ongoing, and comprehensive Quality Management and Health Equity Transformation Program (QMHETP) with the primary goal of continuously monitoring, evaluating, and taking timely action to address necessary improvements in the quality of care delivered by Providers to IEHP Members, and taking appropriate action to improve upon Health Equity. The QMHETP provides a formal process to systematically monitor and objectively evaluate, track and trend the health plan's quality, efficiency and effectiveness. IEHP is committed to assessing and continuously improving the care and service delivered to Members. IEHP has created a systematic, integrated approach to planning, designing, measuring, assessing, and improving the quality of care and services provided to Members. This comprehensive delivery system includes patient safety, behavioral health, care management, culturally and linguistically appropriate services, and coordination of care. IEHP will utilize this document for oversight, monitoring, and evaluation of Quality Management (QM) and Quality Improvement (QI) activities to ensure the QMHETP is operating in accordance with standards and processes as defined in this Program Description. These initiatives are aligned with IEHP's mission and vision. The Quality Management & Health Equity Transformation Committee (QMHETC) approves the QMHETP annually. The QMHETP review includes approval of the QMHETP Description, QM/QI & Culturally & Linguistically Appropriate Services (CLAS) Work Plan, and QM Annual Evaluation to ensure ongoing performance improvement in focused studies, which includes encounter data validation. The QMHETP is designed to improve all aspects of care delivered to IEHP Members in all health care settings by:

1. Defining the Program structure;
2. Assessing and monitoring the delivery and safety of care;
3. Assessing and monitoring, population health management provided to Members, including behavioral health and care management services;
4. Supporting Practitioners and Providers to improve the safety of their practices;
5. Overseeing IEHP's QM functions through the Quality Management & Health Equity Transformation Committee;
6. Involving designated physician(s) and staff in the QM Program;
7. Involving a behavioral healthcare Practitioner in the behavioral health aspects of the Program;
8. Involving Long-Term Services and Supports (LTSS) Providers and Professionals

- with expertise in LTSS in the QM Program;
9. Reviewing the effectiveness of LTSS programs and services;
 10. Ensuring that LTSS needs of Members are identified and addressed leveraging available assessment information;
 11. Identifying opportunities for QI initiatives, including the identification of health disparities among Members;
 12. Implementing and tracking QI initiatives that will have the greatest impact on Members;
 13. Measuring the effectiveness of interventions and using the results for future QI activity planning;
 14. Establishing specific role, structure and function of the QMHETC and other committees, including meeting frequency;
 15. Reviewing resources devoted to the QM Program;
 16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and
 17. Assessing and monitoring processes to ensure the Member’s cultural, racial, ethnic, and linguistic needs are being met.

AUTHORITY AND RESPONSIBILITY

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

IEHP Governing Board: IEHP was created as a public entity as a result of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties. Two (2) Members from each County Board of Supervisors sit on the Governing Board as well as three (3) public Members from each county. The Governing Board provides direction for the QMHET Program, evaluates QMHET Program effectiveness, and evaluates and approves the annual QMHET Program Description.

Quality Management and Health Equity Transformation Committee: The QMHETC reports to the Governing Board and retains oversight of the QMHETP with direction from the CMO and CQO or physician designee, in collaboration with the Chief Health Equity Officer (CHEO). The QMHETC promulgates the quality improvement process to

participating groups and physicians, Providers, Subcommittees, and internal IEHP functional areas with oversight by the CMO and CQO. The QMHET Committee meets at least quarterly to report findings, reports actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommends policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

QM SUBCOMMITTEES: The following Subcommittees, chaired by the IEHP Chief Medical Officer, Chief Quality Officer or designee, report findings and recommendations to the QMHET Committee:

1. **Quality Improvement Subcommittee:** analyzes and evaluates QI activities and reports results; develops action items as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
2. **Peer Review Subcommittee:** The Peer Review Subcommittee serves as the committee for clinical quality review of Practitioners; evaluates and makes decisions regarding Member or Practitioner grievances and clinical quality of care cases.
3. **Credentialing Subcommittee:** provides discussion and consideration of all network Practitioners being credentialed or re-credentialed; reviews Practitioner qualifications including adverse findings; approves or denies continued participation in the network every three (3) years for re-credentialing.
4. **Pharmacy and Therapeutics Subcommittee:** reviews IEHP's medication formulary, monitors medication prescribing practices by IEHP Practitioners, under- and over- utilization of medications, provides updates to pharmacy related programs, and reviews patient safety reports related to medication.
5. **Utilization Management Subcommittee:** The UM Subcommittee reviews and approves the Utilization Management, Disease Management and Behavioral Health Programs annually. The Subcommittee monitors for over-utilization and under-utilization; ensures that UM & BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and CPGs that are not primarily medication related.
6. **Population Health Management (PHM) Subcommittee:** The PHM Subcommittee is responsible for reviewing, monitoring and evaluating program information and progress while providing regulatory oversight in alignment with DHCS and

NCQA requirements and standards.

7. **Provider Network Access Subcommittee:** The Provider Network Access Subcommittee is responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
8. **Member Experience Subcommittee (MESC):** The role of the Member Experience Subcommittee is to review, monitor, and evaluate program data, outliers, and trends to ensure timely improvement initiatives are initiated. The MESC will be responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.
9. **Member Safety Subcommittee:** The scope of the Member Safety Subcommittee includes all lines of business and contracted network provider, direct or delegated, in which care and services are provided to IEHP Members. The Member Safety Subcommittee uses a multidisciplinary and multidepartment approach to explore root causes of poor performance, identify areas of improvement, propose interventions, and take actions to improve the quality of care delivery to our Members.
10. **Skilled Nursing Facility (SNF) Subcommittee:** This subcommittee will identify opportunities that impact efficient transitions of care, clinical outcomes, Member safety, and Member experience while receiving care at a skilled nursing or long-term care facility. This subcommittee serves as a forum for review and evaluation of strategic, operational, and quality measures resulting from but not limited to: Inland Empire Health Plan (IEHP) optimal care strategies, Joint Operations Meeting (JOM) and related workgroups (i.e., throughput, quality, ambulatory operations, payment practices, etc.), and pay for performance initiatives.
11. **Hospital and Ancillary Quality Improvement (QI) Subcommittee:** This subcommittee will serve as the primary forum for discussion of topics related to acute care hospitals and/or sub-acute/post-acute network sites of care (i.e., hospice agencies, home health agencies (HHA), etc.). IEHP's Optimal Care Subcommittee and the Inland Empire Hospital Alliance (IEHA) will report through this forum which will summarize performance and recommended actions for presentation at the Quality Improvement Council (QIC).

DELEGATION OVERSIGHT

The Delegation Oversight Study provides an annual assessment of the Annual Delegation Oversight Audit (DOA) which evaluates the Delegate's abilities to carry out their delegated responsibilities in the areas of Quality Management (QM), Utilization Management (UM), Care Management (CM), Credentialing (CR), Compliance and Fraud, Waste and Abuse (FWA), HIPAA Privacy, and HIPAA Security. Oversight of Medi-Cal Delegates is conducted through regular extensive evaluations including monthly reporting and file audits, quarterly, semi-annual and annual reporting, and the annual DOA. The study period was July 2022 through June 2023.

In 2023, the goal of the study was to evaluate the Medi-Cal Delegates' overall performance from July 2022 through June 2023 for delegated responsibilities as compared to the 2021-2022 DOA performance results. The 2022-2023 DOA goals were to ensure that Delegates' performance demonstrated improvement in providing Member Care that is aligned with regulatory and IEHP requirements and guidelines. Monthly oversight monitoring activities allow IEHP to identify any challenges the Delegates may encounter throughout the year. This frequent monitoring ensures timely mitigation through a corrective action plan process that supports sustained resolution. The desktop audit and system validation audits allow IEHP to conduct more comprehensive file and policy documentation review and allows for interviewing of delegate staff involved in the delegated activity.

A year-to-year comparison of the 2022-2023 Delegation Oversight Audit Results and the 2021-2022 Delegation Oversight Audit (Table 1) demonstrated an overall increase in scores in the areas of Denial File Audit, and Credentialing File Review. In the Credentialing Policy and Procedure Audit, policies did not meet compliance for sections CR 1 Credentialing Policies, and CR 5 Ongoing Monitoring and Interventions. Additionally, enhancements were made to the audit tools for 2022-2023, which included additional attributes to be tested and an updated scoring methodology. As a result of the 2022-2023 DOAs conducted, IEHP's Delegation Oversight Committee will continue to further develop the Delegation Oversight Program to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as we see necessary and/or as requested by our Delegated IPA partners.

QUALITY IMPROVEMENT INITIATIVES

HEDIS®: The Healthcare Effectiveness Data and Information Set, HEDIS®, is one component that is utilized by the National Committee for Quality Assurance (NCQA) in the health plan accreditation process. HEDIS® is used by more than 90 percent of health plans in the United States to measure performance on important dimensions of care and service. IEHP uses HEDIS® results as a tool to help focus its quality improvement efforts and as a way of monitoring the effectiveness of services provided.

HEDIS Measurement Year (MY) 2022 includes measures across 15 domains:

1. Effectiveness of Care
2. Prevention and Screening
3. Respiratory Conditions
4. Cardiovascular Conditions
5. Diabetes
6. Musculoskeletal Conditions
7. Behavioral Health
8. Care Coordination
9. Overuse/Appropriateness
10. Measures Collected Through CAHPS Health Plan Survey
11. Access/Availability of Care
12. Experience of Care
13. Utilization and Risk Adjusted Utilization
14. Risk Adjusted Utilization
15. Measures Reported Using Electronic Clinical Data Systems

Data collection methods for HEDIS® measures include administrative, hybrid, survey, and electronic clinical data systems data (ECDS). Administrative information is collected through claim and encounter data. Hybrid measure information is captured using administrative data supplemented with medical record review of a sample population. Rates are reported separately for Medi-Cal and CMC lines of business. HEDIS® data is collected throughout the year. From January to May 2023, administrative data from claims/encounters continued to be captured and medical records were retrieved from Providers and reviewed for hybrid measures. IEHP reported HEDIS® MY 2021 results to NCQA in June 2023.

HEDIS® results are important because they are Required for NCQA accreditation and required by the Department of Health Care Services (DHCS) and Centers for Medicare

and Medicaid Services (CMS) for quality monitoring. They are also Essential in identifying areas for quality improvement and used for quality oversight.

For Medi-Cal, IEHP reported HEDIS® measures and sub-measures that are a part of the NCQA Health Plan Ratings and DHCS MCAS measure set. All required measures were submitted timely, passing all independent audit validation requirements to DHCS and NCQA for Medi-Cal performance in measurement year 2022 (HEDIS® 2023).

Using benchmarks based on the 2023 NCQA Health Plan Ratings Percentiles and the 2023 NCQA Quality Compass National Benchmarks for Medicaid, IEHP's performance were in the following ratings categories:

- Five (5) measures demonstrated a rating in the 90th percentile
- Six (6) measures demonstrated a rating in the 75th percentile
- Fourteen (14) measures demonstrated a rating in the 66th percentile
- Twelve (12) measures demonstrated a rating in the 50th percentile
- Nineteen (19) measures demonstrated a rating in the 33rd percentile
- Nine (9) measures demonstrated a rating in the 25th percentile
- Fifteen (15) measures demonstrated a rating in the 10th percentile
- Thirteen (13) measure have no rating (NA) due to significant changes in measure specifications for the 2022 MY

For the Medicare D-SNP line of business, IEHP reported HEDIS® measures and sub-measures that are a part of the NCQA Health Plan Ratings IEHP's Health Plan Ratings performance were in the following ratings categories listed below. All benchmarks noted are based on the 2022 NCQA Health Plan Ratings Percentiles and the 2022 NCQA Quality Compass National Benchmarks for Medicare.

- Three (3) measure demonstrated a rating in the 90th percentile
- Four (4) measures demonstrated a rating in the 75th percentile
- Eleven (11) measures demonstrated a rating in the 66th percentile
- Six (6) measures demonstrated a rating in the 50th percentile
- Twenty Six (26) measures demonstrated a rating in the 33rd percentile
- Forty Two (42) measures demonstrated a rating in the 10th percentile
- Zero (0) measures demonstrated a rating in the <10th percentile

Improvement activities are planned and/or in place for 2023-2024 to improve HEDIS® performance. Activities fall into one of four main categories: Incentives, Education,

Member Support, and Data Improvements.

Quality Improvement Projects: IEHP implements a number of Performance Improvement Projects (PIPs) and MCAS PDSA projects that are required by regulatory agencies such as DHCS.

1. PIPs – Performance Improvement Projects that focus on testing interventions on a small scale utilizing the PDSA cycles over the course of three years. The PIP process is structured into four (4) phases and includes a total of four modules.
2. MCAS PDSA Projects – Conducted for Managed Care Accountability Set (MCAS) measures that did not meet the Minimum Performance Level (MPL), the PDSA projects consist of three short-term, small-scale intervention cycles to identify best practices for adoption and spread within the health plan.

These studies focus on one (1) or more clinical or non-clinical area(s) with the aim of improving health outcomes and/or Member satisfaction. All studies are developed in collaboration with regulatory agencies and are reported as outlined in the current regulatory requirements. The PIPs are generally three (3) years in length. IEHP provides timely updates to DHCS regarding the PIPs and PDSAs. The Quality Improvement Department is responsible for monitoring these programs and implementing interventions to make improvements.

- **DHCS Health Equity PIP - Controlling High Blood Pressure for Members Identified as Black assigned to IPA partners.**
 - Through analysis of the Medi-Cal Controlling High Blood Pressure measure, IEHP identified a health disparity for Members identified as Black and partnered with an IPA to deliver focused interventions to this group. IEHP’s Pharmacy team issued Targeted Medication Review blast faxes to assigned Providers encouraging them to review their Members’ medication regimen and to leverage 90-day supplies of medication. Additionally, the Pharmacy team conducted Member outreach to provide education on the availability and benefit of a 90-day medication supply.
 - DHCS Child/Adolescent Health PIP – Well Care Visits for Members 18-21 years of age assigned to Provider clinic
 - In analyzing IEHP’s Well Care Visit measure,

IEHP identified that Members 18-21 years of age demonstrated the lowest well care visit rates. IEHP partnered with a Provider clinic to complete Member outreach through phone and text, including an option to self-schedule an appointment, to encourage Members to complete their visit.

- DHCS 2023-2026 Clinical PIP- Improve Well-Child Visits in the First 30 Months of Life- Well Child Visits in the First 15 months—6 or more Well-Child Visits (W30-6) measure rates for Black/African American populations ○ IEHP is implementing an intervention for the W30-6 Performance Improvement Project with a focus on the Black population. IEHP will be assigning a CHW to our community services team that will aid in providing additional support to Members who are referred to Black Infant Health. In addition, our community services team will offer a referral option for fathers of the children in Black Infant Health to Project Fatherhood, an initiative that engages fathers in the care and upbringing of their children.
- DHCS 2023-2026 Non-Clinical PIP- Improve the percentage of Provider notifications for Members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit.
- The Non-Clinical Performance Improvement Project (PIP) is focused on improving Provider Notifications for their Patients' ED visits with a primary diagnosis of Substance Use Disorder (SUD) for individuals 13+ years of age and Specialty Mental Health (SMH) for persons 6+. The project has experienced several barriers including identifying the best notification modality and obtaining accurate and timely data. The data is now available to the Healthcare Analytics (HCA) Team. The HCA Team is in the process of building the fax notification to Providers of their assigned Patients' discharge from the ED with a primary diagnosis of SUD and SMH. The fax notifies the Provider of their Patient's ED visit and requests a follow-up with the Member to provide any additional care or interventions as needed. One of the goals for this PIP is for Members to establish and build a relationship with their Primary Care Provider (PCP) and reduce avoidable ED visits.

Encounter Data Validation: IEHP conducts a review of Encounter Data Completeness and Encounter Data Accuracy using a random sample of IEHP medical records. The

purpose of this study is to assess data completeness and accuracy by examining medical records for accurate procedure codes, diagnosis codes, and elements such as Provider name and Member name in the medical record. IEHP's All-Element Accuracy rate was 37.1% which did not meet the goal but was better than the statewide rate of 35.8%.

The Encounter Data Validation Study results reveal inaccurate and incomplete encounter data. IEHP will continue to work closely with PCPs and IPAs to help with meeting encounter data standards. Provider monitoring and education will continue for 2023. Impromptu Payment Measure (IPM) audits will continue to be utilized.

Encounter data is included in the IPA P4P Program as a data gate and is a primary data source for PCP measures. The goal is to incentivize PCPs and IPAs in meeting the encounter data submission goal.

ACCESS TO CARE

IEHP maintains access standards applicable to all Providers and facilities contracted with IEHP. All PCPs, BH Providers, and Specialists must meet the access standards in order to participate in the IEHP network. IEHP monitors practitioner access to care through access studies, review of grievances and collaboration of interventions. The access studies performed for 2021 include the following:

- **Provider Language Competency Study:** The Provider Language Competency Study (i.e., Spanish Language Audit) is conducted annually to verify Spanish-speaking staff is available to IEHP's Members. This annual study assessed the availability of Spanish speaking staff at the Providers office. The results were grouped into PCPs, OB/Gyn. Providers, and Vision Providers. The methodology of targeting threshold languages continues from 2022. In 2021, it was just Spanish, in 2022, it is now Spanish, Chinese (which includes Mandarin and Cantonese), and Vietnamese. For each metric set, IEHP met the goal of at least 85%. This means that for PCP and high-volume/impact specialist offices and for each threshold language, 85% of the offices confirmed either through fax or phone that the language is spoken at the office.
- **Provider Network Status Study:** The purpose of the Provider Network Status Study is to ensure IEHP is compliant with CMS, DHCS, and DMHC regulatory standards

for time, distance, and Provider to Member ratios, as well as to monitor NCQA guidelines. Regulatory agencies establish these standards to ensure adequate access to primary and specialty care for Members. All Network Providers (including Non-Physician Practitioners, Midlevels, and Extenders), and Facilities, with a select specialty or facility type, active as of 11/01/2023, are included. The goal of the study for time (minutes) or distance (miles) is to achieve at least 90% compliance for non-NCQA specialties. Another goal of the study is for the Provider to Member ratios to meet or exceed the required number of Providers in each specialty. The results of the 2023 Provider Network Status Study reveal that all Provider types and Facilities met the time/distance standards. Overall, all 86 of the time/distance standards were met. For the Provider to Member ratio, 89 out of 98 standards were met which resulted in a 91% compliance rate. The Providers, which are below the standard, are in the following Specialties: General/Family Practice Primary Care, Cardiology, Pain Management, Bariatric Surgery, Neurology, Pulmonology and Urology. This was due to a change in methodology for the Provider counts in the previous year and a continued increase in membership.

- **Provider After-Hours Access Study:** The Provider After-Hours Access study is conducted annually to assess the after-hours accessibility of Providers within the IEHP network. The study assesses the after-hours call handling protocol of contracted Primary Care, Specialists, and Behavioral Health Practitioners. It is used to monitor Provider compliance and to ensure that IEHP Members have appropriate guidance and access if care is needed from their Providers after office hours. Annually, IEHP collects Provider after-hours access data from Provider offices using a standardized survey. Provider responses are then compared to acceptable protocols to determine compliance. PCPs and BH Providers (Psychologists, Psychiatrists, MFTs, and LCSW) were surveyed. The goal is to reach a 90% compliance rate for both call types; ability to connect to an on-call Physician, and appropriate protocol for a life-threatening emergency call. The 2022 results revealed the following compliance rates for an On-call Provider Access: PCP 52.7%, BH non-prescribing Provider 20.5%, and Psychiatrists 35.2%. For a life-threatening emergency call, the compliance rates are as follows: PCP 90.2% BH non-prescribing Provider 69.5%, and Psychiatrists 74.0%.
- **After-Hours Nurse Advice Line:** Annually, IEHP conducts 'After-Hours Nurse

Advice Line' Study to assess the After-Hours availability for IEHP Members through a contracted after-hours Nurse Advice line (NAL). IEHP ensures the arrangement of a triage or screening service by telephone 24 hours a day, 7 days a week. During triage or screening call, the Member's health is assessed via telephone by a qualified health professional for the purpose of determining the urgency of the need for care. IEHP must also ensure that triage or screening services are provided in a timely manner. The annual study evaluates the average speed of answer time to a Member's call and the average call abandonment rate. The results for 2022 are as follows: average speed of answer time January-July (Envolve) is 53 seconds and August-December (Carenet) is 34 seconds, the average call abandonment rate January-July (Envolve) is 4.5% and August-December (Carenet) is 3.9%. IEHP did not meet the goal of < 30 seconds for average speed of answer time but did meet the goal of < 5.0% for call abandonment rate.

- **Assessment of Cultural, Ethnic, Racial and Linguistic Needs Study:** Annually, IEHP conducts the 'Cultural and Linguistics' Study is used to identify the cultural, racial, linguistic and ethnic diversity of IEHP's PCP and Member populations. The 2023 Assessment of Ethnic and Linguistic Needs study results show that IEHP met the language distribution for English and Spanish PCPs to Member ratio, exceeding the standard of 1.0 PCPs per 2,000 Members for both English and Spanish languages. For Race and Ethnicity, IEHP met the ethnicity distribution for White and Asian Members but continued to fall short the goal of 1.0 PCPs per 2,000 Members for the Hispanic and Black populations. Race and Ethnicity is an optional field on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting application. Many Providers do not report their Ethnicity; therefore, this may not provide an accurate depiction of PCP to Member ratios.
- **Provider Appointment Availability Access Study:** The purpose of the Provider Appointment Availability Access study is to assess appointment access for PCPs, Specialist Providers, and BH Providers in accordance with NCQA/DMHC and DHCS standards. This study examines the availability of practitioners for different appointment types such as urgent care appointments and routine care appointments. The 2022 Provider Appointment Availability study reveals an overall noncompliance among most Providers. Rates for both types of PCP appointments, routine within 10 days and urgent within 48 hours, decreased when compared to the prior year. Rates for both types of Specialists appointments,

routine and urgent decreased when compared to the prior year. For BH Providers (non-prescribers and Prescribers) all rates decreased when compared to the prior year. Activities expected to support the access to care performance will continue in place for 2023 such as the GQP4P Program to incentivize Providers, the Network Expansion Fund and Specialty Recruitment efforts. To support the IPAs, the Delegation Oversight Team will continue to request corrective action plan, provider education, and follow up call campaigns completed by the IPAs.

- **Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care:** Annually, IEHP conducts the ‘Effectiveness of Hospital P4P Measures in Improving Continuity and Coordination of Care’ Study. The IEHP Hospital P4P Program was developed to reward Hospitals for providing high quality care to IEHP Members. Specifically, the study assesses the effectiveness of the Hospital P4P Program in improving the following measures: Post Discharge Follow up, Manifest MedEx participation, Physicians Orders for life Sustaining Treatment (POLST) registry utilization, and Postpartum Care (PPC). Hospitals with an active IEHP contract for the Medi-Cal population at the beginning of the measurement year are eligible for Hospital P4P Program participation and were included in the 2022 study results. The set goals for all four measures assessed in this study were not met for 2022. Barriers were identified and interventions for improvement were developed going forward. All measures in the study will continue to be assessed annually to measure performance and identify areas of opportunity. The IEHP Quality Team supports Hospitals with quarterly performance reports and are available to assist Hospitals, individually as requested, with data concerns and overall P4P Program support.
- **Physical Accessibility Review Survey (PARS) Timeliness:** The purpose of the PARS study is to capture completed PARS for active IEHP Specialist Sites, Ancillary Provider Sites and CBAS facilities identified as high volume and needing a PARS assessment in calendar year 2023. Each Site receives one of two *Level of Access* scores as determined by DHCS requirement: “Basic”, which meets all facility site access requirements (also referred as Critical Elements) or “Limited” which is deficient in one or more of the *Critical Elements*, facility site access requirements. The results of the 2022 Annual Physical Accessibility Review Survey (PARS) revealed an overall timely completion of all due PARS with the exception of twelve (12). Due to limited resources and site scheduling conflicts, these remaining twelve

PARS were successfully scheduled and completed in early 2023. All IEHP PARS information has been updated and provided to DHCS and/or CMS regulators in a timely manner.

- **Provider Directory Accuracy Study:** The purpose of the Provider Directory Accuracy Study is to verify that the information listed in the Provider Directory is correct. IEHP performs an annual evaluation of its physician directories for accuracy of office locations, accuracy of hospital affiliations, accuracy of accepting new patients, and awareness of physician’s participation in the health plan’s network. The results of the 2023 Provider Directory Accuracy Study revealed that IEHP exceeded the goal of at least 90% compliance for most factors, and positive result for Members with the change in Providers Accepting New Patients resulting in a factor of 88.9%. The compliance rate for all four factors was relatively the same across all specialties. The overall accuracy rate for all factors combined decreased slightly from 99.7% in 2022 to 97.1% in 2023. IEHP will continue the current process of verifying the Provider directory on a bi-annual basis to ensure network accuracy.

MEMBER AND PROVIDER EXPERIENCE

IEHP is committed to improving the quality of health care delivered to its Members. The studies noted below were completed in and analyzed for results in developing interventions and a purposeful focus in improving the experience for Members and Providers.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey: IEHP conducts a comprehensive CAHPS® survey and analysis annually to assess Member experience with healthcare services. This standardized survey focuses on key areas like accessing needed care; accessing appointments to PCPs and Specialists (SPCs); satisfaction with IEHP and its Practitioners; and other key areas of the Plan operations. As a part of the annual evaluation, IEHP reviews the CAHPS® results to identify relative strengths and weaknesses in performance, determine where improvement is needed, and to track progress with interventions over time.

Press Ganey conducted the Member experience survey from February 2023 through May 2023. For the CAHPS Adult section of this report, a random sample of 1,823 cases was drawn from IEHP Members 18 years of age or older as of December 31, 2022, who were

continuously enrolled with IEHP for the last six months as of December 31, 2022. For Overall Ratings scores: Rating of Personal Doctor rates at the 63rd percentile. For Rating of Specialists at N/A, Rating of Health Care at 55th percentile, and Rating of Health Plan at 67th percentile.

The highest-ranking composite is the 'Customer Service' composite at 90th percentile, while the lowest ranking composites are the 'How well Doctors Communicate' composite at the 25th percentile, the 'Getting Needed Care' and the 'Coordination of Care' at the 25th percentile. The minimum sample size of 100 or greater was not met for both the 'Getting Needed Care' and 'Getting Care Quickly' measures which prevented a score for both measures.

Provider Experience: Annually, IEHP conducts the 'Provider Satisfaction' survey. The annual survey assesses the satisfaction experienced by IEHP's network of PCPs, Specialists, and Behavioral Health Providers. Information obtained from the survey allows IEHP to measure how well Providers' expectations and needs are being met. The study examines Provider experience in the following areas: Overall Satisfaction, All Other Plans (Comparative Rating), Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, Provider Relations, and California Timely Access. The results for 2023 reveal that IEHP scored at the 100th percentile for overall satisfaction when compared to the SPH Analytics Medicaid Book of Business. (The Book of Business consists of data from 104 plans representing 19,251 respondents in Primary Care, Specialty, and Behavioral Health areas.) Additionally, 98.2% of Providers would recommend IEHP to other Physician Practices. The results for all other composites are as follows: Pharmacy Composite: 100th percentile, UM and QM Composite: 100th percentile, Finance Issues: 100th percentile, Call Center Service Staff Composite: 100th percentile, Network/Coordination of Care Composite: 96th percentile, Provider Relations Composite: 96th percentile.

Grievance and Appeals: The Grievance and Appeal Study is conducted annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. IEHP has established categories and quantifiable standards to evaluate those grievances (i.e., complaints) which are reported to IEHP by Members. Once received by IEHP, all grievances are categorized into the following categories, including but not limited to: Access, Attitude and Service, Benefits, Billing and Financial, Compliance Enrollment/Disenrollment, Quality of Care, and Quality of Practitioner site.

The results of the 2023 Grievance and Appeals annual assessment revealed an increase in grievance cases in both lines of business with specific trends identified with Attitude Service including internal IEHP grievances and Transportation grievances. The Medi-Cal grievance volume increased from 34,028 in 2021 to 43,945 in 2022. The Medicare grievance volume increased from 8,662 in 2021 to 11,309 in 2022. In May 2022, a Transportation Grievance Taskforce was created. The Transportation Grievance Taskforce is an IEHP committee with the objective of improving Member satisfaction as it relates to quality, safety, and access to transportation. The joint Transportation Services and Grievance and Appeals department Taskforce created strategic goals and programs to enhance the Member experience. Additionally, all grievances are assigned levels to determine the severity. The levels range from Level Zero (no issues found) to Level 4 (issue was found and resulted in significant harm to the Member) The Grievance and Appeals Department regularly analyzes all grievance and appeal data internally.

IEHP's Member Portal: Annually, IEHP conducts a quality and accuracy assessment of Member information and functionality available on IEHP's Member Portal. Testing conducted by IEHP's Quality Assurance (QA) team included both positive and negative scenarios for Member ID cards and Member PCP changes. The goal is 100% in all accuracy and quality testing scenarios. IEHP's Quality Assurance team conducted testing scenarios to assess the quality and accuracy of Member information and functionality available on IEHP's Member Portal in February 2022. During the assessment, all of the tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios. The results of the testing done in 2022 were comparable to the results in 2021 and there were no significant changes or issues identified.³ During the assessment, all of the tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios. The results of the testing done in 2023 were comparable to the results in 2022 and there were no significant changes or issues identified.

IEHP identified no deficiencies in any of the testing scenarios conducted and issued no corrective action plans. IEHP will continue to conduct annual quality and accuracy testing of the Member information available on IEHP's Member Portal.

Behavioral Health Treatment (BHT) Member Satisfaction Survey: The purpose of this study is to assess Member Experience with IEHP's Behavioral Health Treatment (BHT) services. BHT services, including Applied Behavior Analysis (ABA) and other evidence-based interventions are based on reliable evidence-based treatments that develop or

restore, to the maximum extent practicable, the functioning of an individual. BHT Member satisfaction survey results reveal satisfaction in the majority of areas. The BHT Member satisfaction survey results reveal high satisfaction in most areas. Satisfaction with the IEHP BHT team was relatively higher than prior year in Members receiving the answers or help they needed (100% responding positively, an increase in nearly 3% from the year prior). In addition, 84% of Members reported satisfaction with their BHT Provider, which remained stable from the previous year. There was one question that demonstrated a lower satisfaction rate: 'Does the ABA provider work with the child's other health care and school experts', where only 44.6% of respondents reported positively. It is important to note the possible impact of the public health emergency (PHE) may impact this question. In addition, it's important to note there are no specific mandates provided to schools nor BHT Providers, stipulating collaboration.

Behavioral Health Member Experience Survey: The BH Program Member Experience Survey is conducted annually by the Quality Systems Department in partnership with the Behavioral Health and Care Management Department. The survey assesses Members' overall experience with the services provided by the BH Program which include BH Providers and IEHP's BH Department. Additionally, an assessment of all grievances against any IEHP BH Provider, or the BH and CM Program staff was also included in the study. The objective is to assess the quality of IEHP's behavioral health services and identify any areas for improvement.

This is IEHP's seventh year utilizing the ECHO 3.0 survey to assess Members' overall experience with services provided by the Behavioral Health (BH) Program. The Overall Rating questions (Rating of Health Plan, Rating of Counseling and treatment, and rating of Clinician) all revealed an improvement in the summary rate when compared to the prior year. The Getting Treatment Quickly Composite and individual questions all reveal an improvement when compared to the prior year and met the set goal. The Single item question (not part of the composite) 'Seen within 15 minutes' remains stable and did not meet the goal. When assessing Clinicians, Therapists and Office staff, the lowest summary rates are question 24, 'Given as much information as wanted to manage condition' which scored 77.6% and question 33, 'Clinicians acted as though they thought improvement was possible' which scored at 77.9%. Additionally, 'Given information about rights as a patient' and 'Felt you could refuse a specific type of medicine or treatment' also show a decline in summary rate when compared to the prior year. In contrast, the highest scoring questions were 'Private information was kept private' and 'Office staff treated you with courtesy and

respect'. In the area of 'Perceived Improvement' all rates showed an improvement from the previous year. A benchmark for comparison is not available since the 4 questions under this section are customized to IEHP. The highest scoring question was the response to question 41, 'Ability to deal with daily problems compared to one year ago' which scored at 78.9%. The lowest scoring question was question 43, 'Ability to accomplish things you want to do compared to one year ago' which scored at 69.9%.

Assessment of Member Experience: This study provides a comprehensive review of Member experience using Member survey data as well as Health Plan data to evaluate Member experience related to health care services. Member surveys utilized in this report are the annual CAHPS® survey and IEHP's Member Experience surveys which assess Member experience related to access to care, coordination of care, ratings of personal doctor, health plan, and health care. Results from this study will assist IEHP in increasing the quality of care provided, identify areas of weaknesses and strength and plan for interventions. Overall, the results for the CAHPS® 2023 (MY 2022) survey for the Adult population reveal stable performance. There was an increase in health plan rating of Rating of Personal Doctor from 1 to 2. Rating of Health Plan remained consistent over the past 3 years at a health plan rating of 4. Rating of Health Care and Flu measures remained consistent at a health plan rating of 3, with flu being at a health plan rating of 3 for the past 3 years. The Getting Needed Care, Getting Care Quickly, and smoking advice measures were not reported for Health Plan Ratings due to a sample size of less than 100. The Child Survey results reveal that the MY 2022 percentiles had mixed results compared to MY 2021. Rating of Health Plan has remained stable over the past 3 years at a health plan rating of 4. Rating of Personal Doctor and Rating of Health Care are both at a health plan rating of 1. There was a decrease in percentile for Rating of Specialist from 90th to 50th percentile. A health plan rating was not reported because this is not a health plan rating. How Well Doctors Communicate has remained at the <10th percentile for the past 2 years. Coordination of Care and Customer Service composites saw an increase in percentiles. Analyses of both Adult and Child survey results reveal opportunities for improvement in many of the measures. Rating of Personal Doctor has been at the 10th or <10th percentile for the adult and child populations for the past 3 years. Rating of Health Care and Smoking Advice child measures are at the 10th percentile for MY 2022.

PATIENT SAFETY

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

Potential Quality Incident: IEHP conducts a review of its Potential Quality Incidents (PQI) which include documentation and resolution of PQIs identified by Members and internal sources. In March 2022, IEHP implemented a new leveling system. The process includes a review of case documents (e.g., medical records) to determine severity and classify into one of the following levels: Level 0 is unsubstantiated PQI due to lack of evidence, documents, and/or information to open a PQI case; no documented evidence of harm to the Member; and/or no negative outcome(s) to the Member. PQI case to be cancelled; Level 1 is substantiated PQI with documented evidence or suspected Member inquiry or harm. Injury is minimal or with temporary adverse effects to the Member. No long-term negative outcome to the Member. Member will recover fully with no limitations; Level 2 is substantiated PQI with documented evidence or suspected Member inquiry or harm. Injury is minor with minimal adverse effects to the Member. Minor negative impact to the Member but impact is reversible. Member will recover with minor limitations; Level 3 is substantiated PQI with documented evidence or suspected Member injury or harm. Major injury to the Member with moderate negative outcome but major negative impact to the Member. May have some prolonged or permanent residual effects. Member may recover with some limitations; Level 4, substantiated PQI with documented evidence or suspected Member injury or harm with a very serious negative outcome. Injury presented with permanent disability or mortality. With the internal and external reporting process in place, 469 PQI cases were processed during CY 2023.

The Quality Team's continued goal is to ensure all PQIs are investigated and closed within 120 calendar days upon receipt of the PQI. The Quality Department will continue to conduct internal department trainings for 2023 as requested. Quality will continue to support the Medical Director's and their staff to review PQI cases to reduce volume and maintain timeliness compliance.

Management of Inpatient Discharge Transitions Study: The Transition of Facility to PCP

Effectiveness Study assesses the Plan's effectiveness in managing Members' care transitions from Inpatient Facility to home to Primary Care Provider. Specifically, the study assesses the following three (3) areas: Health Plan Communications with the PCP during hospitalization, completion of a PCP visit within 14 and 30 days of discharge, and effectiveness of identifying admission and discharges at the Plan in a timely manner. The goal is to monitor and improve continuity and coordination of care across the health care network.

All Medi-Cal Members with evidence of a hospital discharge any time during the measurement year (1/1/2022 – 11/30/2022) were included in the study. For the Post Discharge follow-up with a Physician within 14 and 30 days of discharge measures, the discharges included in this study are from 01/01/2022 to 11/30/2022. The 'Health Plan Communication with the PCP' measures reveal a 100% compliance in 3 of the 4 measures. Measure #4, 'Notifications viewed by PCP via Provider Portal' shows a decline for the past 3 measurements. The current rate of 0.07% did not meet the goal. The CM/BH Team is currently in the process of developing plan/workflow for transition of care for all Medi-Cal Members.

Screening for Provider Preventable Conditions through Encounter Data: The purpose of this study is to identify any Provider Preventable Conditions (PPCs) that may have not been captured through standard self-reporting. Provider Preventable Conditions are strictly defined Quality Incidents. The objective of the encounter data mining process for PPCs is not only to detect any missed cases but to identify and potentially trend any issues that are discovered.

PPCs consist of Health Care-Acquired Conditions (HCAC) when they occur in acute inpatient hospital settings only and Other Provider-Preventable Conditions (OPPC) when they occur in any health care setting. HCACs are the same as Hospital-Acquired Conditions (HAC) for Medicare, except that the Department of Health Care Services Medi-Cal does not require providers to report deep vein thrombosis/pulmonary embolism for pregnant women and children under 21 years of age for Medi-Cal Members.

All Members from all lines of business who were enrolled with IEHP at any time during the measurement year (1/1/2022 – 12/31/2022) were included in the study. There were ninety-five (95) confirmed PPCs in CY 2022 (70%). IEHP will continue to educate providers by communicating APL guidelines on an annual basis, as well as during hospital

Joint Operation Meetings, as necessary.

POPULATION HEALTH MANAGEMENT

Population Health Management (PHM) Population Assessment: Annually, IEHP assesses the characteristics of the membership to identify Member needs and to review and update its PHM structure, strategy and resources. IEHP assesses areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI). Based on this assessment, IEHP will review its PHM structure, activities and other resources such as Community programs to ensure that Member needs are met.

The goal is to ensure that IEHP targets the appropriate populations in need of care. The analysis consists of different populations such as Overall Population, Children and Adolescent Population, Individuals with disabilities, and Individuals with serious and persistent mental illness (SMPI). An additional assessment of IEHP's costliest diagnoses assist the PHM Program to expand on any identified areas and further improve Member care. An analysis of HEDIS® disparities was also assessed to determine where efforts may be needed. A comprehensive analysis of findings and barrier considerations were assessed for PHM Program enhancements.

Data was collected from IEHP's claims and encounters systems, IEHP's Medical Management System, HEDIS® data and ACG data. All Members who were currently active at the time of the study were included in this analysis.

Based on medical claims and behavioral health claims data, the top diagnoses in the general population as well as the SPD population are Hypertension, Hyperlipidemia, Obesity, Vitamin D deficiency, and Type 2 Diabetes. For children and adolescents, the top diagnoses are disorders of refraction, obesity and Vasomotor and allergic rhinitis. For BH Members, the top diagnoses are major depressive disorder, other anxiety disorders, and nicotine dependence. An analysis using HEDIS® measures to identify disparities was also included in this report. More specifically, disparities related to ethnic groups were identified in the following areas: For Pediatric Preventative Care, Black Ethnicity disparity across all measures was identified and For Women's Health, Caucasian ethnicity had a disparity in both Breast Cancer and Cervical Cancer Screenings. For chronic conditions, Controlling Blood Pressure and Antidepressant medication management was identified as

a disparity for Black Ethnicity. Diabetes A1C control under <8 was identified as a disparity for Hispanic ethnicity.

Population Health Strategy Effectiveness: The organization measures the effectiveness of its Population Health Management (PHM) strategy. Annually, IEHP Outlines its PHM Strategy for meeting the care needs of the Members and designs a cohesive plan of action to address Member’s needs. This study assesses the impact of the PHM strategy using clinical, utilization and Member experience measures and identifying opportunities for improvement. In 2022, the PHM Effectiveness study assessed the following Programs: Enhanced Care Management (ECM), Health Homes (HHP), My Path Palliative Program, IEHP’s Housing Initiative, and the Complex Case Management (CCM) Program.

For 2022, results from selected population health programs including Enhanced Care Management, Health Homes, My Path, IEHP’s Housing Initiative, and the Complex Case Management programs were reviewed. These programs target members with emerging risk, outcomes across settings, and members with multiple chronic illnesses. Overall, the results from these population health programs were favorable, with the majority of outcome, utilization, process, and satisfaction measures successfully met. Goals were not met in some measures for the My Path program and a more detailed assessment of the causes and opportunities for improvement are included below. In general, one of the largest areas for improvement is in IEHP’s ability to capture and share accurate and timely data.

IEHP VALUE BASED PAYMENT ARRANGEMENTS

Value Based Payment Arrangements Study: Annually, IEHP assesses the percentage of dollars spent in Value Based Payment Arrangements compared to total medical cost. This study was based on applying NCQA’s definitions of Value-Based Payment Arrangements to IEHP’s Calendar Year 2022 financial reporting of programs that meet those definitions at the time of this writing: Capitation, Pay-for-Performance Programs and Shared Savings Programs. IEHP Value-Based Payments for IEHP Medi-Cal reported for Calendar Year 2022 represent 23% of IEHP’s Medi-Cal Medical expenditures (\$1.1 billion). At \$961 million, Capitation represents 84% of IEHP’s all Value-Based Payments and at \$177 million, Pay-for-Performance represents 16% of IEHP’s Value-Based Payments.

CONCLUSION

Overall, IEHP's QM Program was effective in reviewing data, assessing trends, identifying opportunities for improvement, and developing improvement activities within the Health Plan related to access to care, member and provider experience and quality of care. The current structure of all committees was positive, and we had robust practitioner participation and leadership involvement for 2023. During 2024, IEHP will focus on meeting the program goals and completing all initiatives as outlined in the 2024 Quality Management/Quality Improvement & Culturally Linguistically Appropriate Services (CLAS) Workplan.

During 2023, IEHP continued to produce and distribute the Quality Report. Inside the Quality Report, we walk through our quality journey by looking at our performance over the past year with critical measures. We show how data translates into tangible outcomes for our Members, Providers and Team Members. While there were many areas where we excelled, there were also places where we found opportunities for improvement. The goal of the Quality Report is to be transparent. This journey is ongoing, and we hope to learn from it so we can do better and be better for those who rely on it most. This past year, IEHP placed even greater importance on our relationships with our Partners, especially Providers. Monthly engagement dinners and a significant increase in dollars allocated to our Pay-for-Performance programs were just two examples of IEHP's commitment to connecting, supporting, and learning from our Providers.

Major accomplishments in 2023 include the Problem Solvers Task Force which focused on PCP Referral Timeliness. Updates to the Provider Portal referral submission page for better data capture of time between "referral need" and "submission of referral". The Subcommittee Redesign event resulted in new Subcommittees being developed during 2022 and continuing throughout 2023. New Subcommittees that were developed include, Provider Network Access, D-SNP Model of Care Monitoring and Oversight, Population Health Management, Member Experience and Patient Safety. Lastly, a new Quality Improvement Council (QIC) was formed. The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts. Furthermore, the QIC provides a structure to guide solution efforts and maintain oversight of improvement efforts tied to these issues. Council Members and Supporting Representatives include leaders from various subcommittees across the organization with

supporting representatives being invited on an ad hoc basis for presentation or discussion of topics related to their respective subcommittees or departments. The QIC provides information to IEHP's Quality Management Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed.

The Subcommittee Redesign event efforts which stemmed from the original Quality Systems Value Stream Analysis event, continued in 2023 with the formation of the Quality Improvement Council (QIC) in January, the Provider Network Access (PNA) Subcommittee in March, the Population Health Management (PHM) Subcommittee in May, Member Experience Subcommittee (MESOC) in May, Hospital and Ancillary Subcommittee in September, Member Safety Subcommittee in October, and the Skilled Nursing Facility Subcommittee in October. Additionally, in an effort to expand the Quality Management Committee to include new Health Equity Accreditation standards and regulations, IEHP successfully launched the Quality Management and Health Equity Transformation Committee (QMHETC). The QMHETC reports directly to the IEHP Governing Board and retains oversight of the Quality Management & Health Equity Transformation Program (QMHETP) with direction from the Chief Quality Officer, Chief Medical Officer, in collaboration with the Chief Health Equity Officer.

In December, IEHP earned Health Equity Accreditation from the National Committee for Quality Assurance (NCQA). IEHP was the second local community health plan to achieve Health Equity Accreditation.

Key priority areas of improvement for 2023 include: Preventive Care; Chronic Care; Access to Care; Provider Customer Service; and Coordination of Care.

To align with the DHCS Comprehensive Quality Strategy and Population Health Management Strategy and Roadmap, IEHP is adding "preventive care" as a future priority. These key areas are as follows.

- Children's Preventive Care
- Supporting Care Transitions
- Health Equity

Lean activities continued to be a main source for continuing to improve IEHP's quality performance. During 2023, IEHP successfully executed the 2024 Transitions of Care (TOC)

visioning events along with 20 other Rapid Improvement Events (RIE's), multiple workshops, design events, several projects, and trainings. IEHP had its 6th Annual Lean Conference, showcasing and recognizing our Team Member's Lean improvement efforts implemented in 2022/2023. There was a total of 48 teams who participated in person. IEHP successfully revised the Lean Bronze Training pending rollout in 2024. Additionally, IEHP increased our connection to Strategy in all our Process Improvement work by working with the strategy team to incorporate Goals and Objectives into huddles/meetings and discussions. As part of IEHP's Team Member Goals and Compensation Enhancement Program for fiscal year 2023-2024, Team Members were asked to reach a goal of 1,250 implemented improvement ideas (i3) by June 1, 2024, and well exceeded the goal at 1,276 at the time of this report (a 20% increase from 2022 to 2023). IEHP continues to expand both communication and collaboration platforms such as MS Teams, Mural, and One Note to create virtual Mission Control Rooms and Huddle Boards and improve virtual facilitation skills, including our PI Lean presence in the IEHP media space.

IEHP is committed to improving the quality of healthcare delivered to its Members through proactive analysis of shared processes and integration of health initiatives that align with the industry and government quality standards; including a preventive health model for outreach and preemptive intervention related to health outcomes. It is with this commitment that IEHP will reach the 5-Star Health Plan Rating.

QUALITY DEPARTMENT

20. RESULTS OF THE NCQA MEDI-CAL HEALTH PLAN ACCREDITATION SURVEY

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

IEHP has participated in the NCQA Health Plan Accreditation process for over 20 years, becoming the first Medi-Cal plan in California to achieve NCQA Health Plan Accreditation in 2000. Every three years, IEHP must undergo a Health Plan Accreditation Survey by NCQA to retain its Health Plan Accreditation status. In May 2024, IEHP pursued Health Plan Accreditation for the Medi-Cal line of business for the ninth time. As part of the Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) requirements, Medi-Cal Managed Care Plans are required to obtain NCQA Health Plan Accreditation no later than 2026. Surveys are conducted through administrative reviews, onsite interviews, and file reviews.

To receive accreditation by NCQA, a plan must demonstrate that it has clinical and service programs that meet or exceed NCQA standards in the following areas:

- Quality Management and Improvement
- Population Health Management
- Network Management
- Utilization Management
- Credentialing and Recredentialing
- Member Experience

Discussion:

On May 21, 2024, the Closing Conference call was held with NCQA. During this call, the NCQA surveyors shared IEHP's Strengths, Survey Process Recommendations, and provided an overview of the Post Survey Process.

The surveyors informed IEHP that all file review standards were "met" and that the plan received a score of 100% for the file review portion of the audit. The following strengths of IEHP's submission were noted:

- Dedicated and knowledgeable staff
- Documentation well prepared and presented
- Comprehensive Complex Case Management program with effective outreach
- Reports demonstrate good quantitative and qualitative analysis
- Evidence of good collaboration with practitioners for continuity and coordination of care
- Population Health Strategy impact

CONSENT AGENDA

- Organizational Diversity, Equity, and Inclusion policies
 - Assessing and addressing Members cultural, ethnic, racial, and linguistic needs
 - File Review preparations and staff

The surveyor did not identify any opportunities for improvement and complimented IEHP on the strength of our documentation and audit submissions.

IEHP received notification of official results and accreditation seal on June 21, 2024. IEHP received a score of 100% across all standards. This accreditation is valid until June 20, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	N/A	J. Diekmann 6/25/2024	E. Juhn 7/12/2024

PROVIDER CONTRACTING DEPARTMENT

21. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH DOCTORS HOSPITAL OF RIVERSIDE, LLC DBA PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER – RIVERSIDE

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 with Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center, effective June 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Doctors Hospital of Riverside, LLC dba Parkview Community Hospital Medical Center is currently a contracted Hospital in the IEHP Network.

Discussion:

The Amendment is to replace the Attachment B, Compensation and the Attachment B1, Notes to Compensation Rates.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

PROVIDER CONTRACTING DEPARTMENT

22. APPROVAL OF THE EVERGREEN CONTRACTS

Recommended Action:

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

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

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

Additional five (5) year term:

- 1) Tania Hortencia McLean-Nicholas dba Renewed Hope Counseling Services - Participating Provider Agreement - Behavioral Health – Temecula

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

- 2) Tyrone Arce MD Inc dba Dr Arce Family Medical Clinic Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) – Lake Elsinore

Renewal under the Evergreen Clause of the following Agreements effective, September 1, 2024:

Additional one (1) year term:

- 3) Braswells Mediterranean Gardens LTD – Residential Care for the Elderly -Yucaipa
- 4) Watermark Carlotta LLC dba The Springs at the Carlotta - Skilled Nursing Facility Provider Agreement – Palm Desert
- 5) J Moss Foundation dba Skinny Gene Project - Ancillary Agreement – San Diego

Additional five (5) years term:

- 6) AmeriHealth Hospice Provider Inc- Ancillary Agreement – Redlands
- 7) Dura Medic LLC – Ancillary Agreement – Texas
- 8) Pomona Dialysis Center Inc- Ancillary Agreement – Pomona
- 9) Alisa Latrice Flakes– Participating Provider Agreement - Behavioral Health – Moreno Valley

CONSENT AGENDA

- 10) Angelica Guajardo dba Expressive Arts and Psychotherapy of the Desert – Anza
- 11) Caring Consistency Counseling and Mental Health Services LCSW Inc- Behavioral Health - Riverside
- 12) Carlos Morales Inc– Participating Provider Agreement - Behavioral Health - Ontario
- 13) Denise L Lindsay dba Hillside Behavioral Healthcare- Participating Provider Agreement - Behavioral Health - Corona
- 14) Heather A Fraser dba Heather Fraser LCSW- Participating Provider Agreement - Behavioral Health – Redlands
- 15) Katrina Ramos– Participating Provider Agreement - Behavioral Health – Riverside
- 16) Redwood Counseling A Licensed Clinical Social Worker Professional Corp– Participating Provider Agreement - Behavioral Health – Riverside
- 17) Weber Tech Inc dba Katie Weber LCSW- Participating Provider Agreement - Behavioral Health – Corona
- 18) Lucerne Valley Healthcare Inc– Capitated Primary Care Provider Agreement– Lucerne Valley
- 19) Bear Valley Clinica Familiar Inc– Capitated Primary Care Provider Agreement (Medicare Only)– Victorville
- 20) M Nieves Gutierrez-Go MD Inc– Capitated Primary Care Provider Agreement (Excluding Medicare)– Indio
- 21) Rapha Physical Therapy Inc– Participating Provider Agreement – QASP - San Bernardino
- 22) United Behavior Consultants LLC– Participating Provider Agreement – QASP- Costa Mesa
- 23) A&A Womens Health APC dba A&A Womens Health APC– Participating Provider Agreement – Specialist - Chino
- 24) Dennis A Chuck MD Inc– Participating Provider Agreement – Specialist -Pomona
- 25) James G Kalkanis MD AMC - Participating Provider Agreement – Specialist- Corona
- 26) John L Coon MD- Participating Provider Agreement - Specialist – Riverside
- 27) Salvatore Rosanio MD Inc– Participating Provider Agreement – Specialist - Temecula
- 28) Southwest Heart Institute A Med Corp– Participating Provider Agreement – Specialist - Temecula
- 29) H and N Vision Care Inc– Participating Provider Agreement – Vision -Ontario
- 30) Norco Hamner Optometry Inc– Participating Provider Agreement – Vision - Norco
- 31) Hearing Clinic & Speech Health Services & Sales Inc– Participating Provider Agreement – Specialist - Pomona
- 32) Stellar Prosthetics and Orthotics– Ancillary Agreement – Pasadena

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

23. APPROVE THE EIGHTH AMENDMENT TO THE EMPLOYMENT AGREEMENT FOR CHIEF EXECUTIVE OFFICER

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the Eighth Amendment to the Employment Agreement for Chief Executive Officer Between IEHP and Jarrod McNaughton (CEO) Awarding an Annual Merit and an Increase to the CEO's Base Pay to \$760,744.34

Contact:

Anna W. Wang, Vice President, General Counsel

Background:

The CEO of IEHP is responsible for the direction and oversight of all IEHP activities. The current employment agreement for Chief Executive Officer between IEHP and Mr. McNaughton has been effective since July 20, 2019 (Agreement).

On July 8, 2024, under the terms of the Agreement, the Governing Board conducted an annual review of Mr. McNaughton's performance for the period of July 1, 2023 through June 30, 2024.

Discussion:

Based on the CEO's annual performance review for the period of July 1, 2023 through June 30, 2024, the Board determined that Mr. McNaughton has met or made satisfactory progress on previously approved goals and objectives.

Mr. McNaughton achieved remarkable success in advancing IEHP's strategic initiatives including the launch of the lowest cost Silver Plan Covered California product offered in the region. This allows IEHP members transitioning out of Medi-Cal due to income restrictions to remain with IEHP, reducing disruptions in care. In 2023, Mr. McNaughton led the organization on a mission to improve the quality of care for members by implementing incentives, innovative ideas and engagement with providers. His efforts resulted in the best quality scores in IEHP's history with minimal performance levels met on 87.5% of the eight identified strategic quality measures. These achievements could not have been accomplished without an engaged and motivated workforce which is evidenced by an impressive 90% response rate to IEHP's 2024 Annual Engagement Survey, resulting in a recognition by Great Place to Work® for the fourth consecutive year. In addition, IEHP was featured in PEOPLE magazine's 100 Companies that Care®, ranking in at No. 87. Finally, IEHP remains dedicated to its mission to support providers by providing training, engagement opportunities with our board members and executives as well as programs designed to help physicians succeed in their practices.

Mr. McNaughton is heavily involved with various associations, including the Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) and ManifestMedEx where he is seen as a valuable and influential voice in the industry. A tireless defender of IEHP members, providers and community, he continues to partner with the Counties of San Bernardino and Riverside, regulators such as the California Department of Health Care Services (DHCS) and

POLICY AGENDA

Department of Managed Health Care (DMHC) and various state and local representatives to educate and inform of the unique nature and challenges of the Inland Empire.

The Board commends Mr. McNaughton’s performance over the past 12 months and appreciates the dedication he brings to this position. In recognition of his performance over the review period, the Board awards a 5% merit increase to Mr. McNaughton, as allowed by the terms of the Agreement, resulting in an increase to his base pay to the amount of \$760,744.34.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Freeman	N/A	A. Wang	A. Wang	A. Wang

ADMINISTRATION

24. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the August 12, 2024 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *Aug. 12, 2024*

MISSION MOMENT – SUMMIT VIEW GROUNDBREAKING

- IEHP allocated funding to Riverside County to support the completion of the Beaumont III Project, now named Summit View.
- National CORE, a California nonprofit public benefit corporation and affordable housing developer, is building 47 one-bedroom apartment units for individuals and seniors experiencing homelessness in Riverside County's 5th District.
- A groundbreaking ceremony was held Aug. 7 and was attended by Supervisor Gutierrez (IEHP Board member).



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
June 2024	1,487,380	1,506,411	19,031	347
July 2024	1,477,336	1,509,149	31,813	2,738
August 2024	1,467,318	1,507,457	40,139	(1,692)



IEHP RECEIVES ESRI SAG AWARD

- IEHP was one of the winners of the 2024 ESRI Special Achievement in GIS (SAG) award.
- This award is for organizations that set new standards throughout the Geographic Information System (GIS) community.
- IEHP was recognized for developing a process that accurately assessed our provider network in relation to enrolled members.
- Congratulations to Eric Dick, Darren Moser and the rest of the Health Care Analytics team!



LVN TO RN PROGRAM UPDATE

- Wonderful partnership with Chaffey College.
- IEHP designed a flexible work program to enable LVNs to continue their nursing education while still working.
- There are currently 448 certified LVN team members working at IEHP.
- We currently have 12 team members in the program.
- Our first cohort started in January 2023 and is set to graduate in November 2024.



SAN BERNARDINO MAYOR VISITS CWC

- San Bernardino Mayor Helen Tran made a surprise visit to our Community Wellness Center (CWC) on July 27.
- Mayor Tran was there to present our partner San Bernardino Fatherhood with an award recognizing the Bootcamp for Dads workshop held at the CWC.
- Mayor Tran also toured the center with center supervisor Marisol Pilotin and observed a Strength and Conditioning class.
- CWC San Bernardino provided Mayor Tran with backpacks and school supplies for the five children who arrived with the team.



HOSPITAL TOURS AND VISITS UPDATE

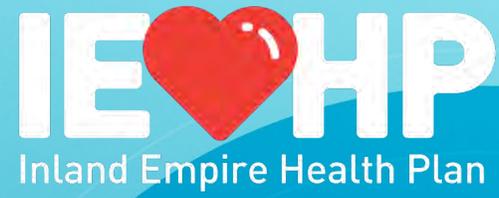
- IEHP toured Barstow Community Hospital, Providence St. Mary Medical Center, Victor Valley Global Medical Center and Desert Valley Hospital & Medical Group.
- IEHP representatives included Jarrod McNaughton, Susie White, Sylvia Lozano, Nikole DeVries and Mark Bryan.
- Purpose of the site visits are to:
 - Connect with our hospital partners.
 - Share health plan updates.
 - Review how they are performing in the areas of Operations, Finance and Quality both at the plan level and within Hospital Optimal Care.
 - Gain better understanding of what support they need from us to better serve our members.



IEHP RECEIVES COMMUNITY HEALTH AWARD

- Cedar House Life Change Center named IEHP this year's recipient of the **Community Health Award** during its Awareness Luncheon in Fontana on June 27.
- IEHP was honored for the important impact we have made in the region.
- The Awareness Luncheon brings together community leaders and elected officials to share the work they do to serve those working through drug and alcohol addiction recovery with both inpatient and outpatient programs.
- It was a pleasure to celebrate with other community organizations that lead the Inland Empire in health, wellness, service, and hope – including San Manuel, Kaiser Permanente and UPS.





Thank You!

ADMINISTRATION

25. IEHP FOUNDATION UPDATE

Recommended Action:

Review and File

Contact:

Jarrod McNaughton, Chief Executive Officer

Discussion:

Update on IEHP Foundation Activities

IE  HHP

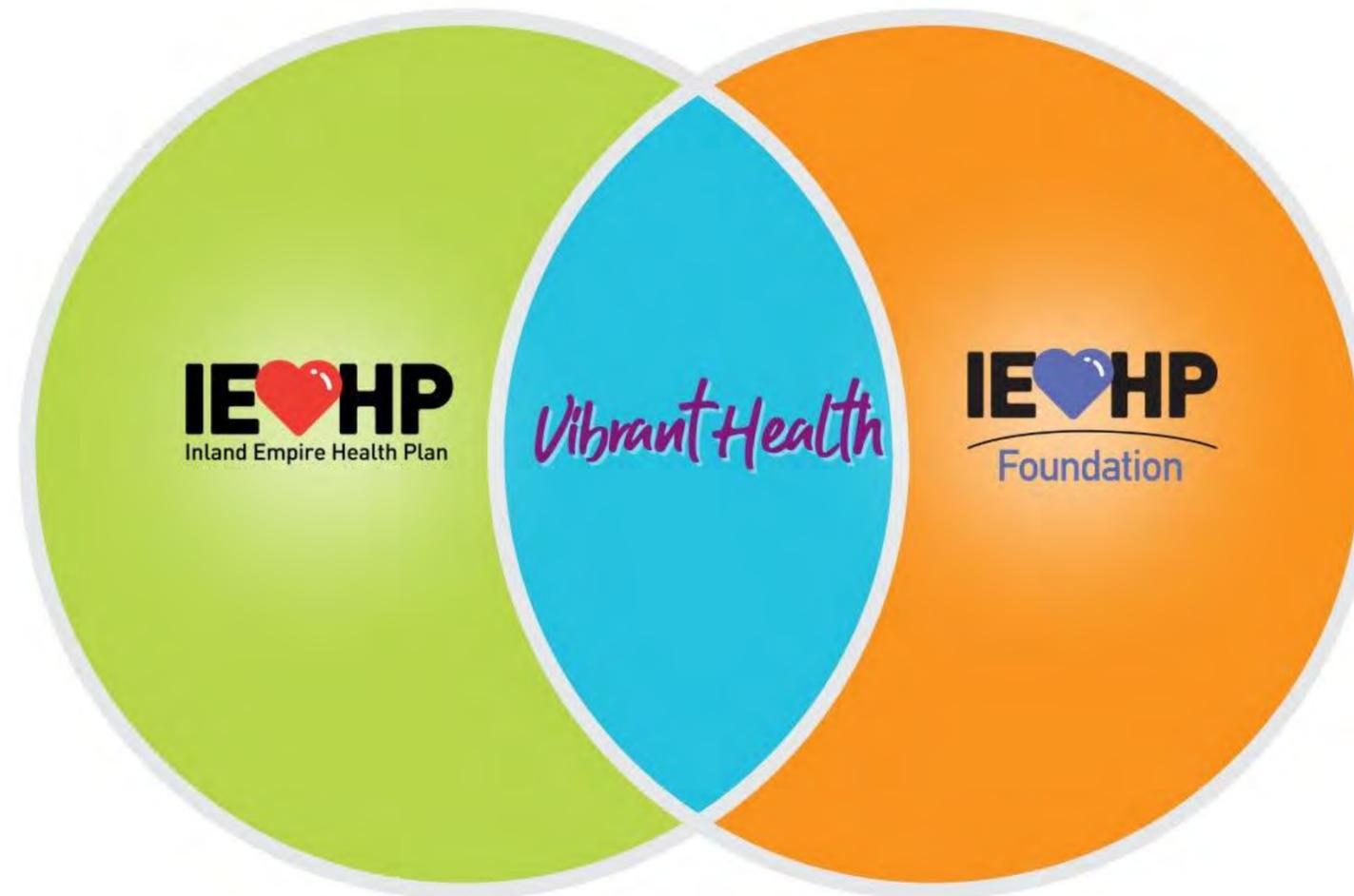
Foundation

We inspire and ignite the health of the Inland Empire.

IEHP & IEHP Foundation: Working Together to Advance Vibrant Health



Advancing Vibrant Health in the Inland Empire.



Investing in Community for Improved Health Outcomes

To complement IEHP's strategies and responding to data and feedback from local leaders...

Our mission is to inspire and ignite Vibrant Health in the Inland Empire, strategically investing in the strength of local community-based organizations through the following community investment approaches:



Public Policy & Advocacy



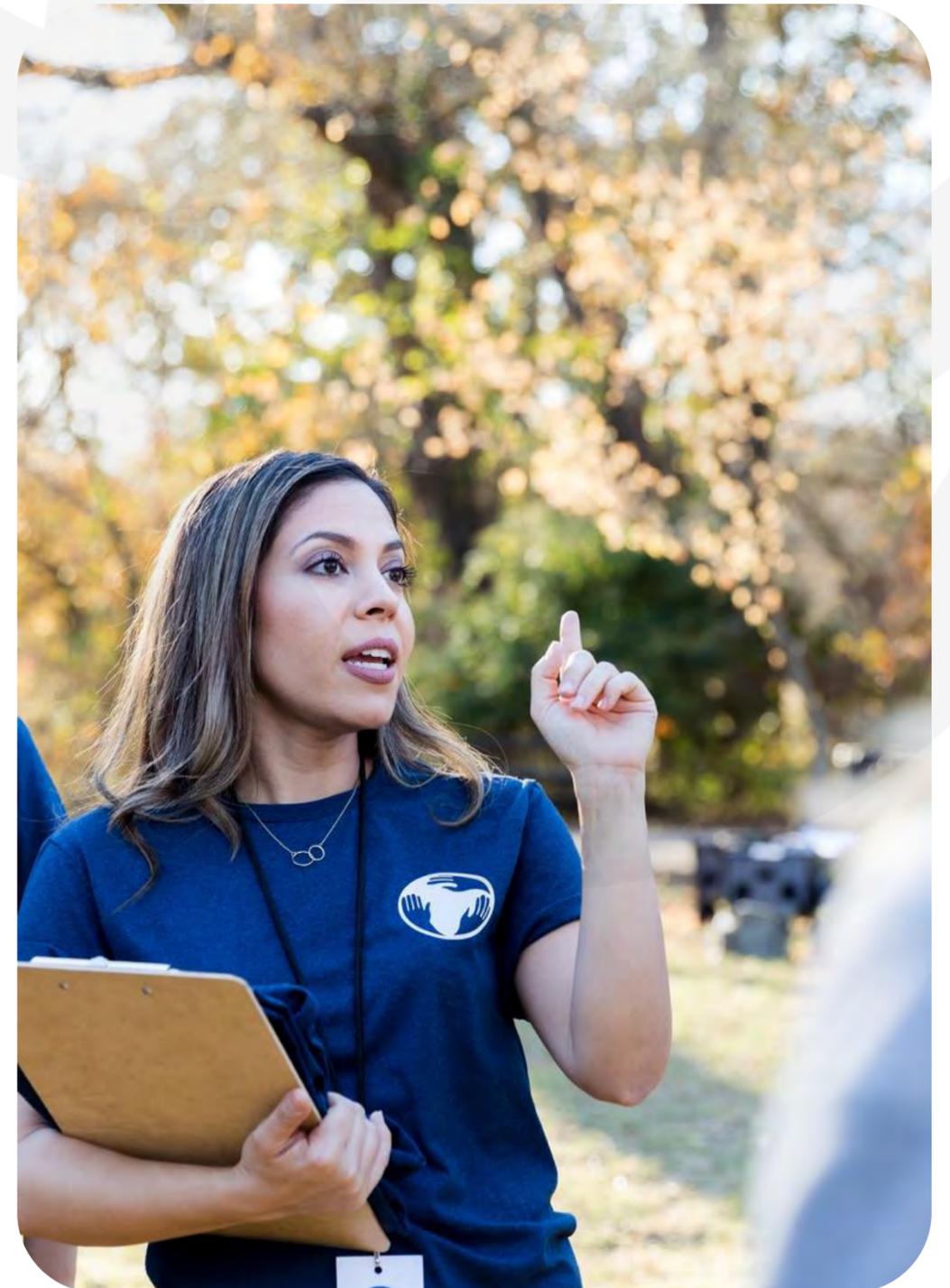
Regional Capacity Building



Direct Community Investment

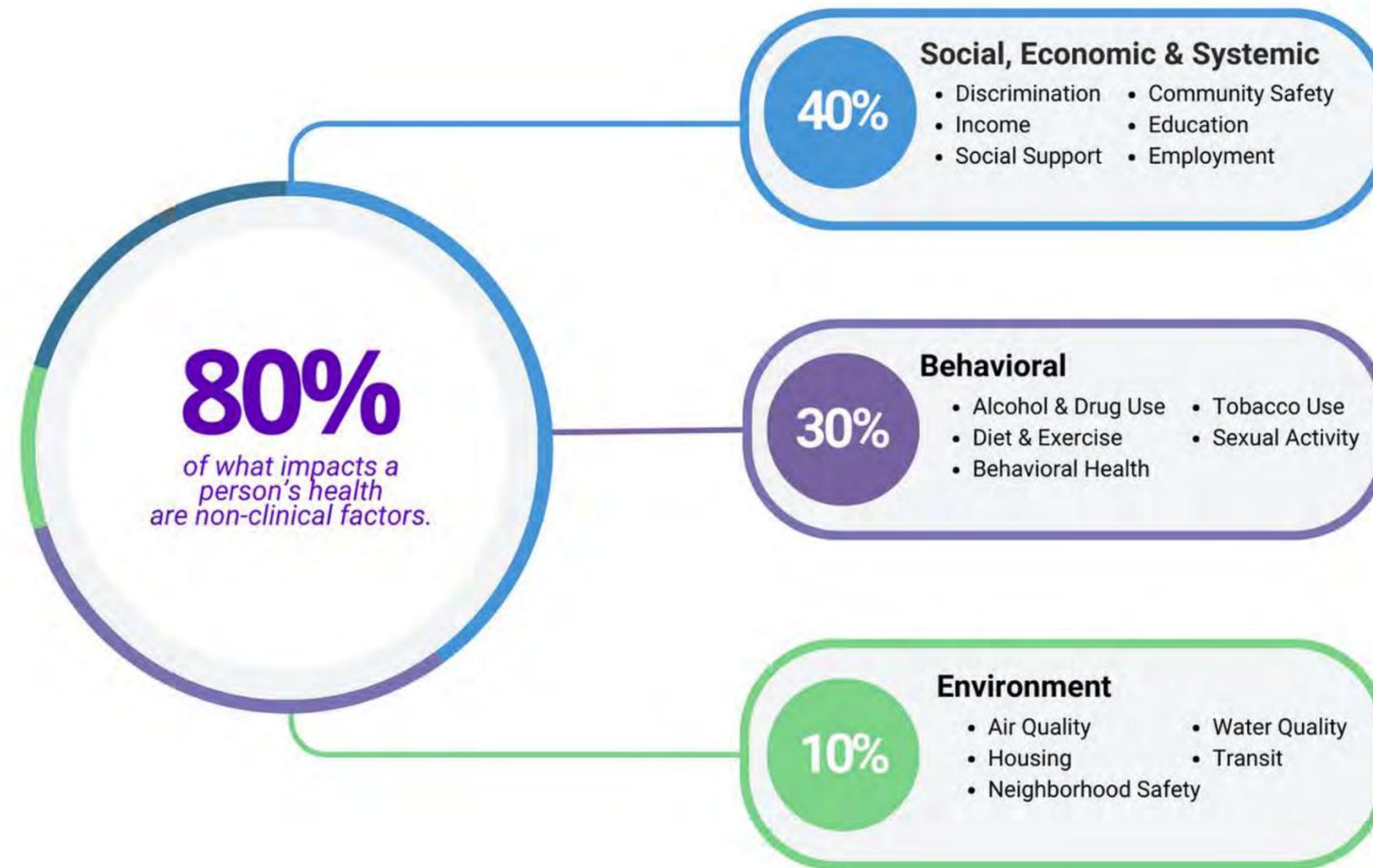


Special Projects & Place-Based Projects



The Social Determinants of Health

Non-Clinical Factors Impacting Health Outcomes



The Social Determinants of Health

Impact on Health Disparities and Health Equity

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life.

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

*U.S. Department of Health
and Human Services*



Addressing social determinants of health is important for improving health and reducing health disparities.

Studies suggest that health behaviors, such as smoking, diet, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape individuals' health behaviors.

KFF – Kaiser Family Foundation



Without addressing “social” factors, health disparities will continue to persist.

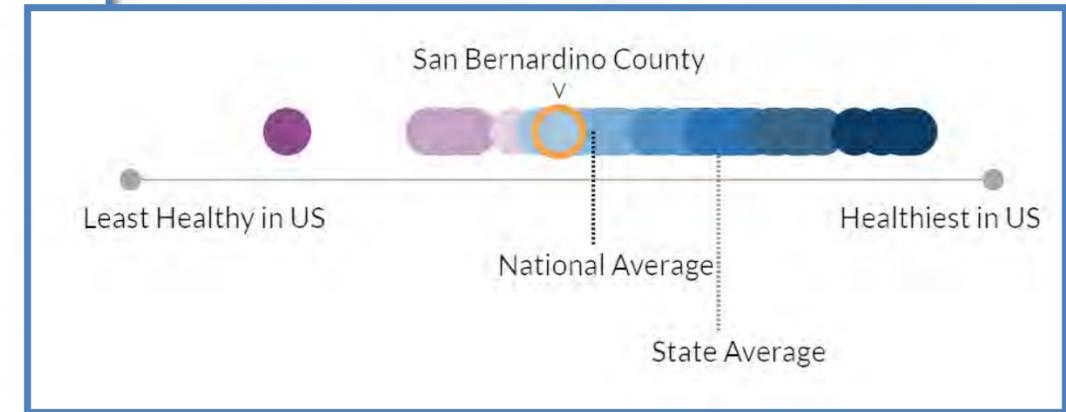
Differences in the overall health of individuals and communities are influenced by many factors outside of our health system walls, including SDOH, social risk factors, and social needs, and thus differences in overall health or burdens of disease cannot be improved by only addressing the quality or quantity of health care individuals receive.

*PennMedicine, Center for
Health Equity Advancement*

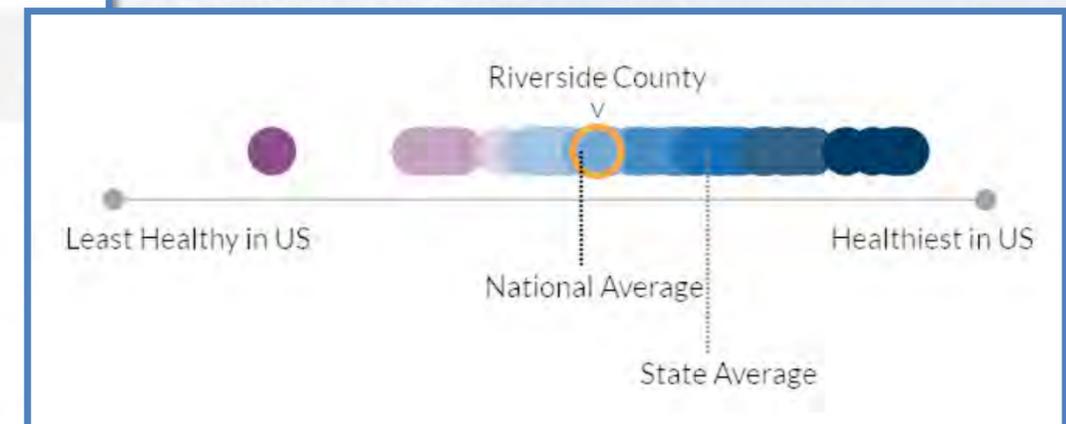


Inland Empire SDOH Data

Health Behaviors	San Bernardino County	California	United States	
Adult Smoking	13%	9%	15%	∨
Adult Obesity	38%	28%	34%	∨
Food Environment Index	7.9	8.6	7.7	∨
Physical Inactivity	26%	20%	23%	
Access to Exercise Opportunities	86%	94%	84%	
Excessive Drinking	17%	17%	18%	
Alcohol-Impaired Driving Deaths	22%	27%	26%	
Sexually Transmitted Infections	579.5	488.2	495.5	
Teen Births	17	13	17	



Social & Economic Factors	San Bernardino County	California	United States	
High School Completion	81%	84%	89%	
Some College	57%	68%	68%	
Unemployment	4.1%	4.2%	3.7%	
Children in Poverty	18%	15%	16%	
Income Inequality	4.4	5.2	4.9	∨
Children in Single-Parent Households	24%	22%	25%	∨
Social Associations	4.2	6.0	9.1	∨
Injury Deaths	64	59	80	∨



Investing in the Vital Conditions for Health & Well-Being



Leveraging a network of CBO's addressing the Vital Conditions as trusted messengers throughout the Inland Empire.

Listening & Learning from the Community



Community conversations with nonprofit organizations and their leaders throughout the Inland Empire:

- Riverside
- Palm Desert/Coachella Valley
- Rancho Cucamonga/West End
- San Bernardino
- Victorville/High Desert

Collaborative Capacity Building

- ✓ 10-Course business management training series.
- ✓ \$5,000 grants to small nonprofit organizations.
- ✓ 60 Organizations participating from San Bernardino & Riverside counties.
- ✓ Leveraged \$150,000 in donated training from the Caravanserai Project.
- ✓ Leveraged \$25,000 investment in IE Funders Alliance Civic Engagement Pooled Fund.



2023-2024 Grant Recipients

- 2020 Vision Youth
- A Daughter's Voice Ministries
- Advancing Steps
- Adrian's World Inc
- Alianza Nacional de Campesinas
- Aquamotion Ability Foundation
- Arrowhead United Way
- Arts Connection
- Barn Door Radio
- Black Voice Foundation
- California Association for Community Engagement and Wellness Services
- Caramel Connections Foundation
- CASA of San Bernardino
- CCS Education and Wellness Center
- Chasing 7 Dreams
- Civil Rights Institute of Inland Southern California
- Community Health Action Network
- Congregations Organized for Prophetic Engagement (COPE)
- Cultural Arts Center of the High Desert
- Cultural Media Archive
- Danza Azteca Citlaltonac
- Delta Sigma Theta Sorority High Desert Alumnae Chapter
- DEV Partnerships INC
- Diversity Uplifts, Inc.
- Do the Right Thing – Greater Palm Springs
- Dr. Carreon Foundation
- El Sol Neighborhood Education Center
- Emmanuels House Inc.
- Family Assistance Program
- Family Promise of Riverside
- Fire House Ministries
- Foothill Family Shelter
- GANAS
- Galilee Center
- Girls on the Run Riverside County
- Growing Outreach Growing Opportunities
- Haven's Future
- High Desert Community Foundation
- High Desert Community Outreach
- I Am Love Movement
- Idyllwild Help Center
- Inland Counties Legal Services Inc
- Inland Empire Community Foundation
- Inland Empire Futbol Club
- Ives Torres Foundation
- Jacob's House
- Knock Knock Angels
- Lamps of Light Project
- LeftRight 4 U Foundation
- Legacy Bridges Foundation, Inc
- Lift to Rise
- Magdalena's Daughters
- Malcolm's Heart, Inc
- Mountain Homeless Coalition
- Mrs. B's Table
- Multicultural Business Alliance
- Never Stop Grinding Impact
- No Drugs America
- Orenda Veterans Project, Inc.
- Out of the Ashes Organization
- Path of Life Ministries
- PVFAA, Inc.
- Reach Out
- Reimagining Our Communities (ROC)
- Renewing Hope Strategies
- Restore Unity Incorporated
- Riverside Art Museum
- Riverside Arts Council
- Riverside County Latino Commission
- Riverside Medical Clinic Charitable Foundation
- Riverside Section National Council of Negro Women, Inc.
- Riverside Unified School District Foundation
- Rock'n Our Disabilities Foundation
- Safe Haven Resilience, Inc
- Safe Kids Inland Empire
- San Bernardino County Museum Association
- San Bernardino Symphony Association
- Sick N' Tired Recovery Home
- Soulful Soil Farms
- SOW Ministries Inc
- Sunny Dunes Inc.
- The Seed Program
- Time for Change Foundation
- Today's Woman Foundation
- Toddra Cares 4 U
- Total Woman
- Trona Community Chest/Trona Youth Sports
- UNITEE Violence & Incarceration Prevention
- Upland Community Resource Center
- W.I.N.G. Foundation
- Warrior for Children
- We Are One United
- Whitfield Legacy Foundation
- Women Add Value Inc.
- Women of Noble Character
- Womens Inspirational Network
- Young Womens Empowerment Foundation
- Youth Mentoring Action Network
- Zenergyme Schools Foundation, Inc.

IE VIBRANT HEALTH FORUM

Convening community-based organizations and leaders to improve regional health equity.

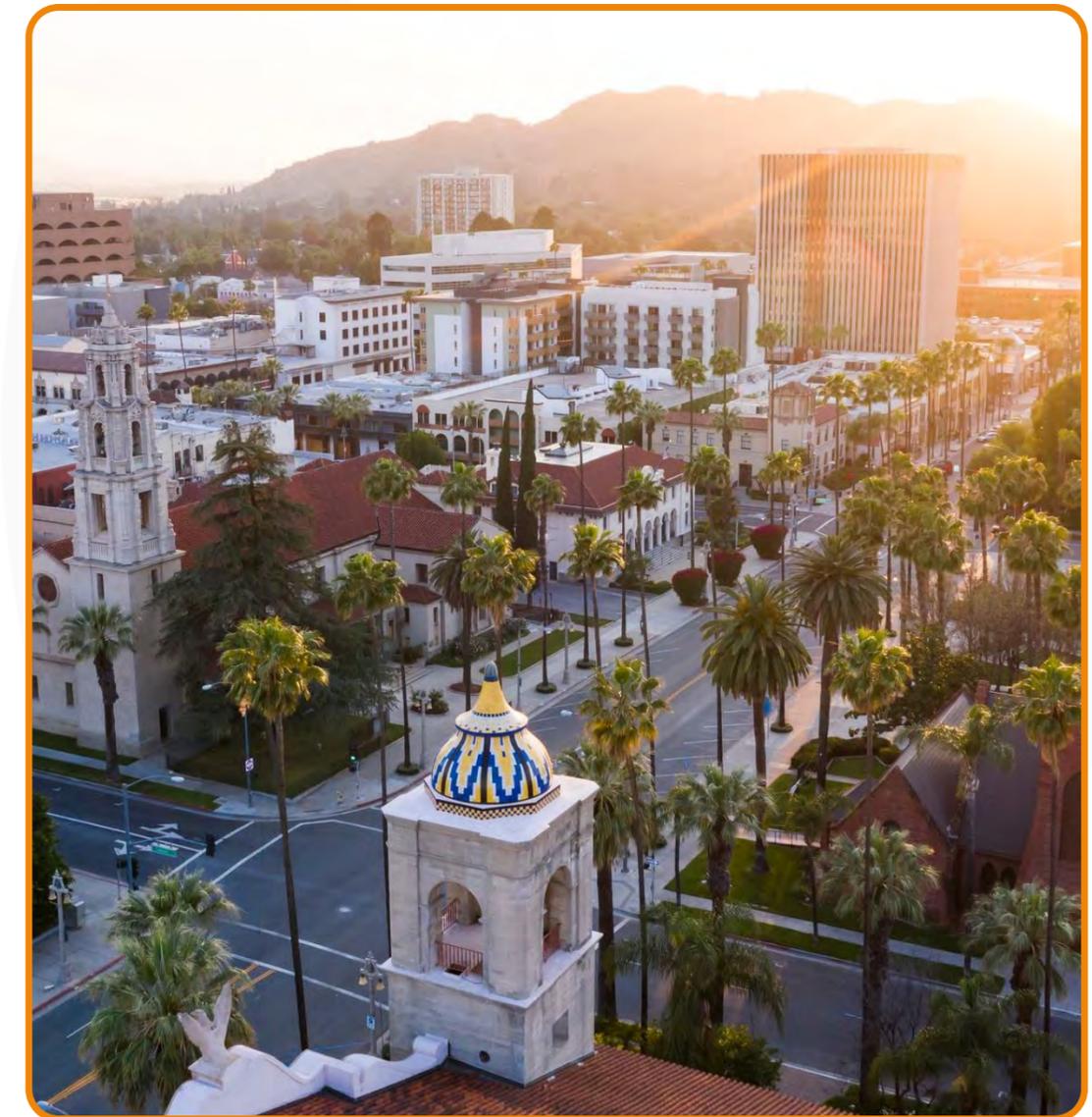


Friday, May 17th
**Unpacking the Governor's May Revision
to the California State Budget**

Upcoming Topics
**Early Childhood Wellness & Immunizations
CalAim 101 for Nonprofit Leaders**

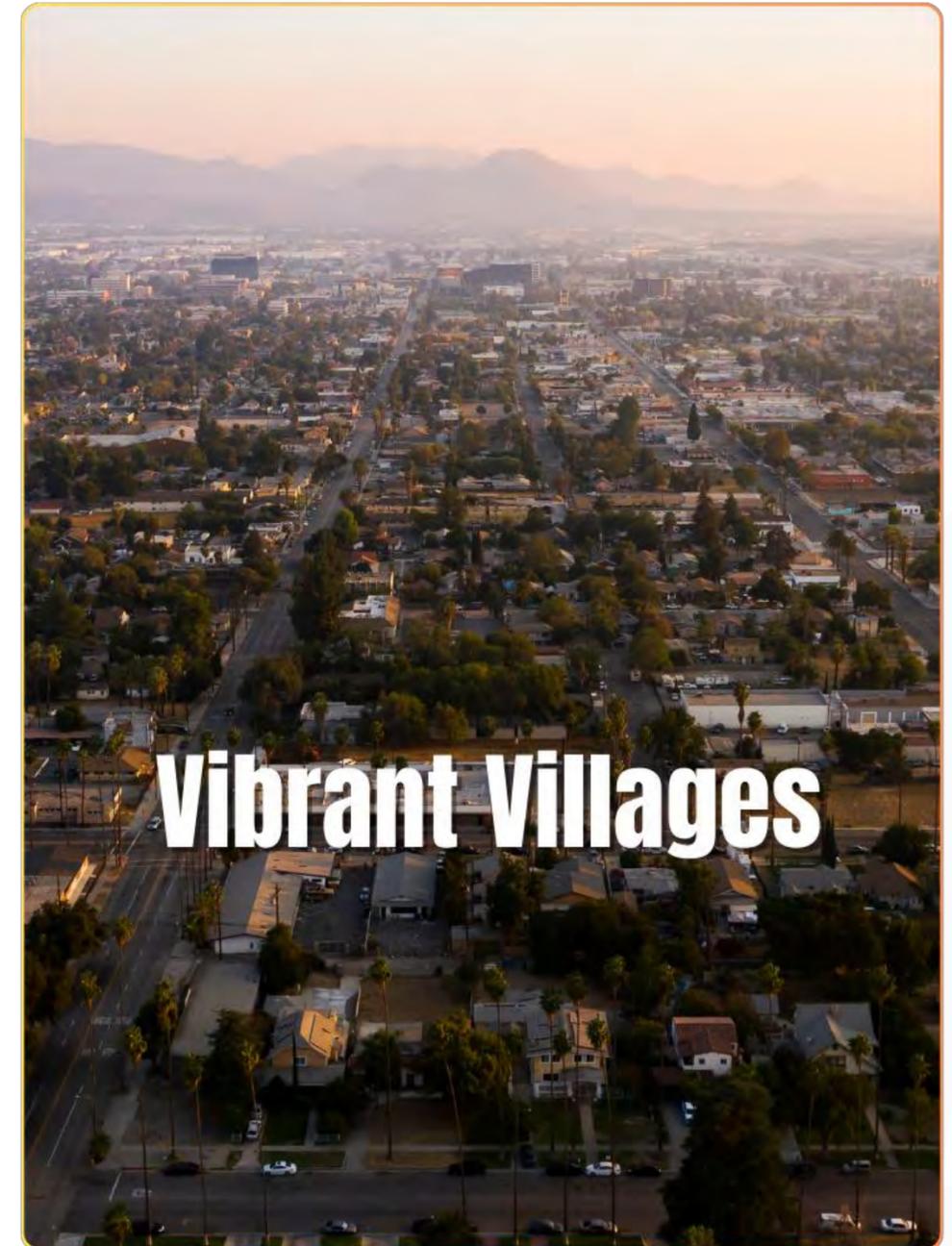
Place Based Strategies: Blue Zones Initiative

- ✓ Improving the health and wellness of Riverside County by investing in People, Places & Policies.
- ✓ \$36+ million in funding secured
- ✓ Partners include Kaiser Permanente, Molina Healthcare and County of Riverside
- ✓ Included Communities: Riverside, Banning, Palm Springs, Coachella and Mead Valley
- ✓ Project launched July 1, 2024
Community Blueprints to be complete by April 1, 2025



Place Based Strategies: Vibrant Villages

- ✓ Community driven health improvement strategy in San Bernardino County
- ✓ Initial partners include IEHP's Community Health/Health Equity, County of San Bernardino Public Health, CVS/Aetna and SAC Health
- ✓ Aiming for alignment with San Bernardino County's Community Vital Sign's Community Transformation Plan
- ✓ Exploring data-driven select communities for deeper investment in 2025



Champions for Vibrant Health Leadership Network

- ✓ Investing \$2.5 million in building capacity and policy muscle within a select cohort of emerging and established nonprofit organizations.
- ✓ 114 Organizations submitted applications, interested in serving as trusted health messengers.
- ✓ Leadership Network to kick-off in January 2025.



IE  HP

Foundation

Thank You!

FINANCE DEPARTMENT

26. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending June 30, 2024.

FINANCE DIVISION

June 2024

MONTHLY FINANCIALS

Presented
August 12, 2024



June 2024 Actual vs Budget: Consolidated

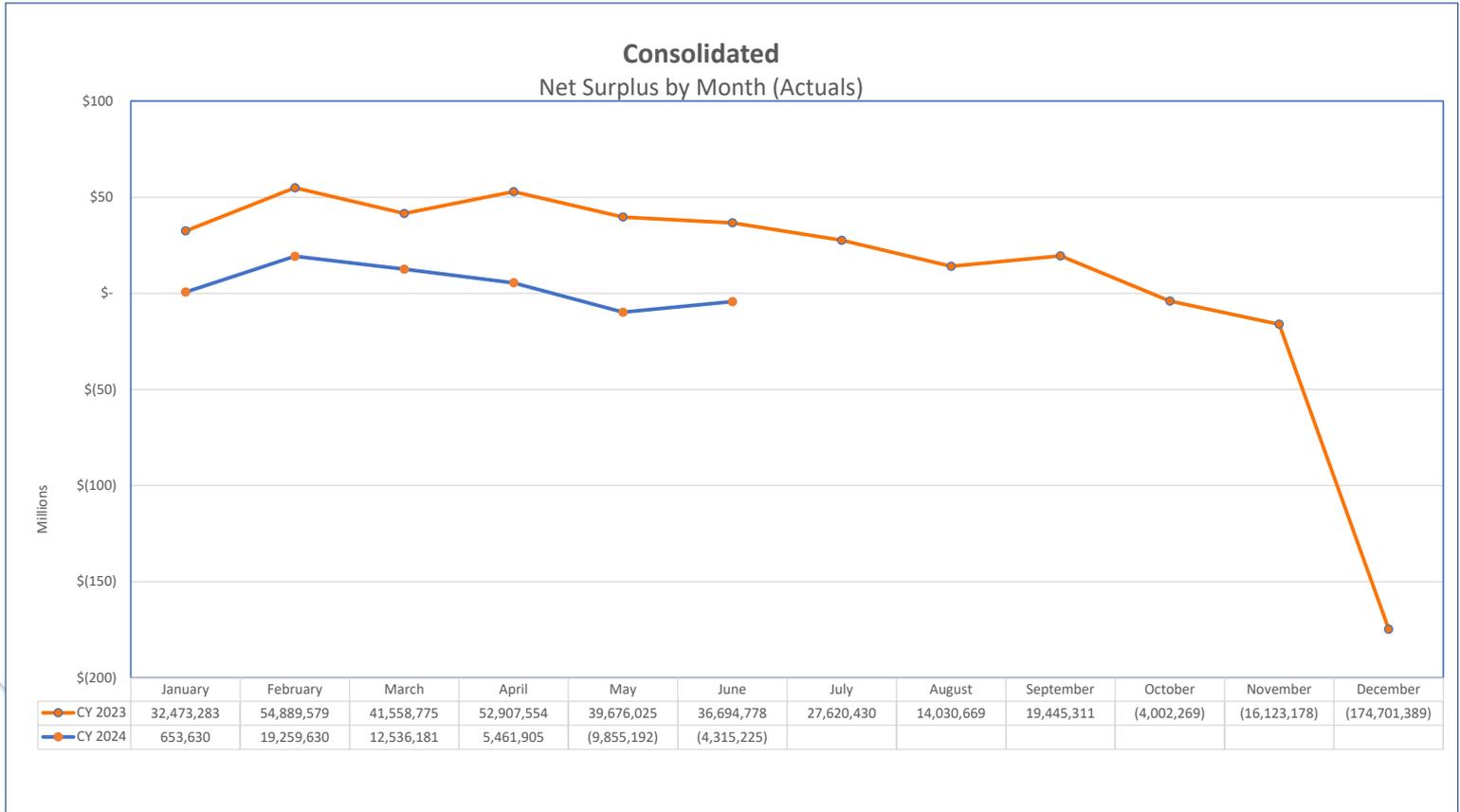
	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 618,455,912	\$ 608,649,510	\$ 9,806,402	\$ 3,602,232,218	\$ 3,591,037,535	\$ 11,194,683
Total Medical Costs	\$ 599,203,187	\$ 560,199,172	\$ (39,004,015)	\$ 3,406,494,122	\$ 3,289,550,287	\$ (116,943,835)
Total Operating Expenses	\$ 35,022,313	\$ 37,740,788	\$ 2,718,475	\$ 225,549,301	\$ 230,188,818	\$ 4,639,517
Total Non Operating Income (Expense)	\$ 10,780,521	\$ 9,522,410	\$ 1,258,111	\$ 58,388,178	\$ 41,753,235	\$ 16,634,943
Non-Medical Expenses	\$ (673,842)	\$ 1,740,848	\$ 2,414,690	\$ 4,836,045	\$ 7,181,693	\$ 2,345,648
Net Surplus (Deficit)	\$ (4,315,225)	\$ 18,491,112	\$ (22,806,337)	\$ 23,740,928	\$ 105,869,971	\$ (82,129,044)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to the favorable net MOT and ECM risk corridor adjustments for CY2022 through CY2024 and higher than expected member months in LTC Full Duals partially offset by unfavorable Adult to Child age logic change.
- The unfavorable medical costs variance compared to budget is primarily due to higher than expected claims for CY2024 partially offset by MOT claims true up, favorable CalAIM expense and lower-than-expected medical G&A.
- The favorable operating expense variance compared to budget is primarily due to IT project delays and underutilization.
- The favorable non operating income (expense) variance compared to budget is primarily due to interest income.
- The favorable non-medical expenses variance compared to budget is primarily due to the Community Reinvestment program expense reserve adjustment.



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

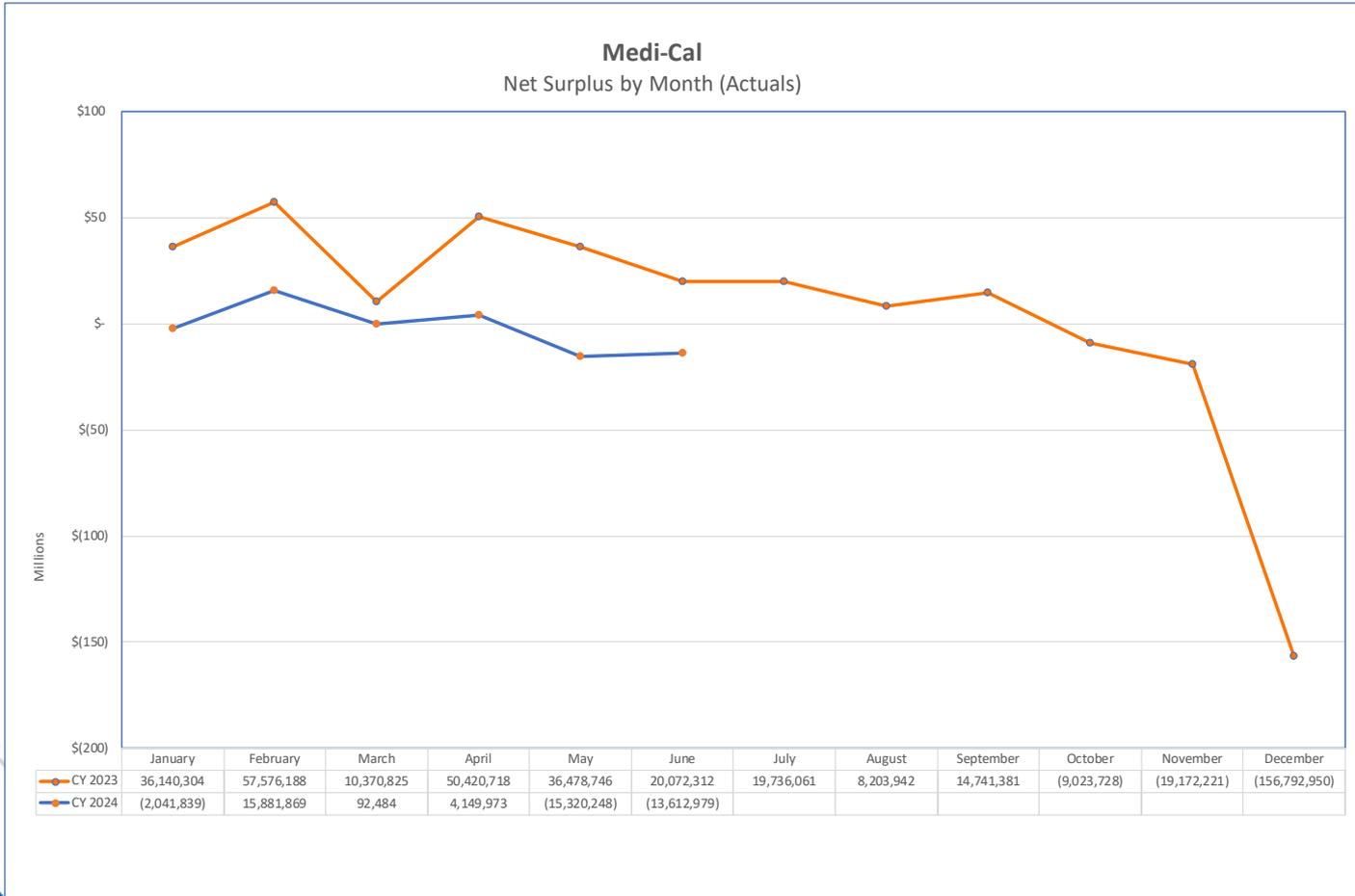
	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 547,103,545	\$ 539,418,819	\$ 7,684,726	\$ 3,161,277,202	\$ 3,175,742,718	\$ (14,465,516)
Total Medical Costs	\$ 535,385,270	\$ 495,317,370	\$ (40,067,900)	\$ 3,006,364,097	\$ 2,900,157,155	\$ (106,206,942)
Total Operating Expenses	\$ 28,236,203	\$ 31,086,873	\$ 2,850,670	\$ 182,458,490	\$ 189,120,551	\$ 6,662,061
Total Non Operating Income (Expense)	\$ 2,904,949	\$ 2,912,732	\$ (7,783)	\$ 16,694,644	\$ 17,476,390	\$ (781,746)
Net Surplus (Deficit)	\$ (13,612,979)	\$ 15,927,308	\$ (29,540,287)	\$ (10,850,740)	\$ 103,941,403	\$ (114,792,143)

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to the favorable net MOT and ECM risk corridor adjustments for CY2022 through CY2024, higher-than-expected LTC-Full Dual partially offset by unfavorable Adult to Child age logic change.
- The unfavorable medical costs variance compared to budget is primarily due to the unfavorable restatements in claims, and net capitation expense partially offset by MOT claims true up and favorable CalAIM expense.
- The favorable operating expense variance compared to budget is primarily due to IT project delays and underutilization.



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

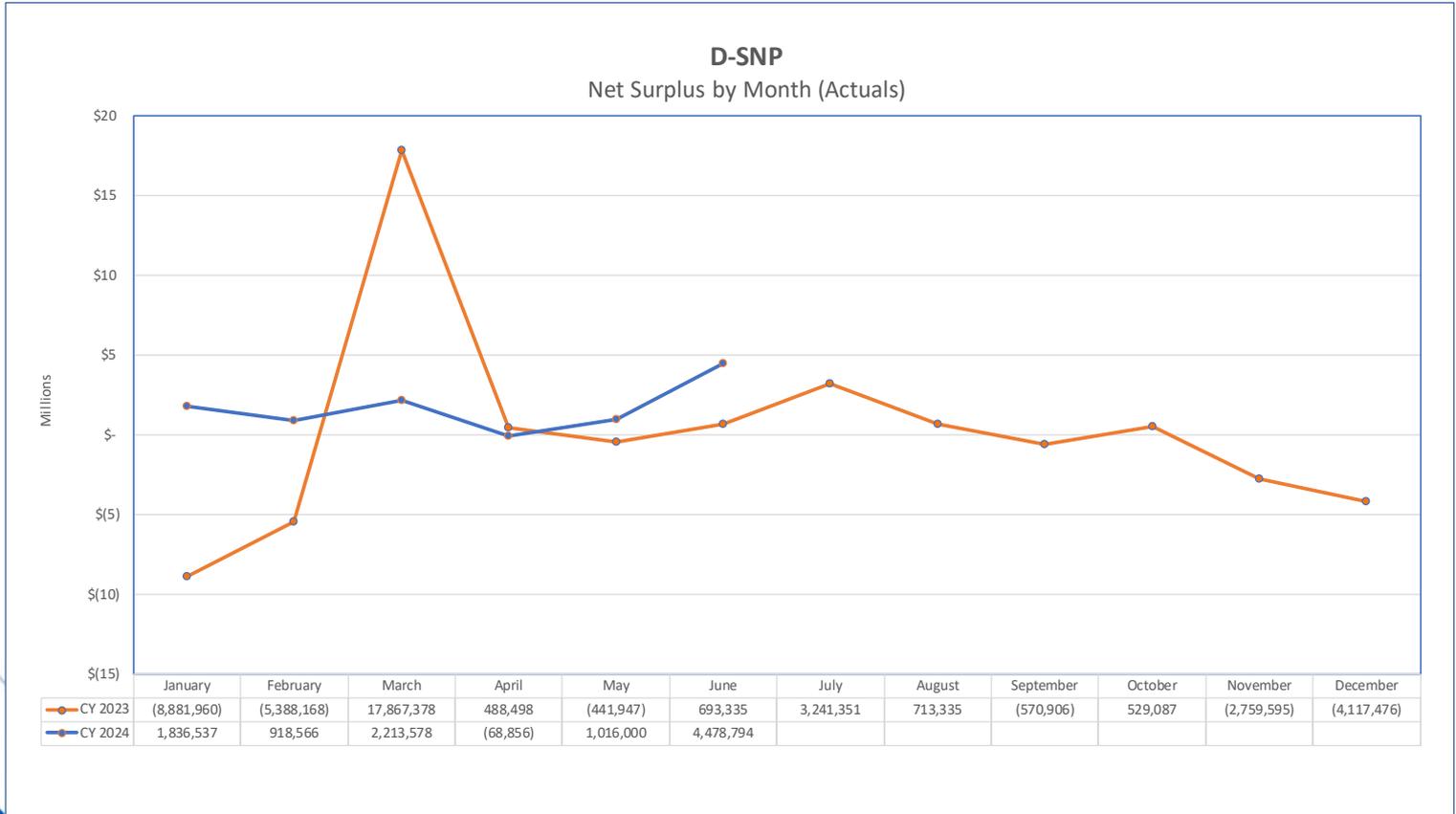
	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 66,346,210	\$ 64,368,882	\$ 1,977,328	\$ 395,301,452	\$ 391,167,623	\$ 4,133,829
Total Medical Costs	\$ 58,131,893	\$ 59,086,702	\$ 954,809	\$ 360,298,655	\$ 358,167,773	\$ (2,130,882)
Total Operating Expenses	\$ 3,735,523	\$ 4,439,552	\$ 704,029	\$ 24,608,179	\$ 27,153,626	\$ 2,545,447
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 4,478,794	\$ 842,628	\$ 3,636,166	\$ 10,394,618	\$ 5,846,224	\$ 4,548,394

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable Part D risk sharing and Part A/B risk adjustment.



Net Surplus Year-Over-Year: D-SNP



Actual vs Budget: IEHP Covered (CCA)

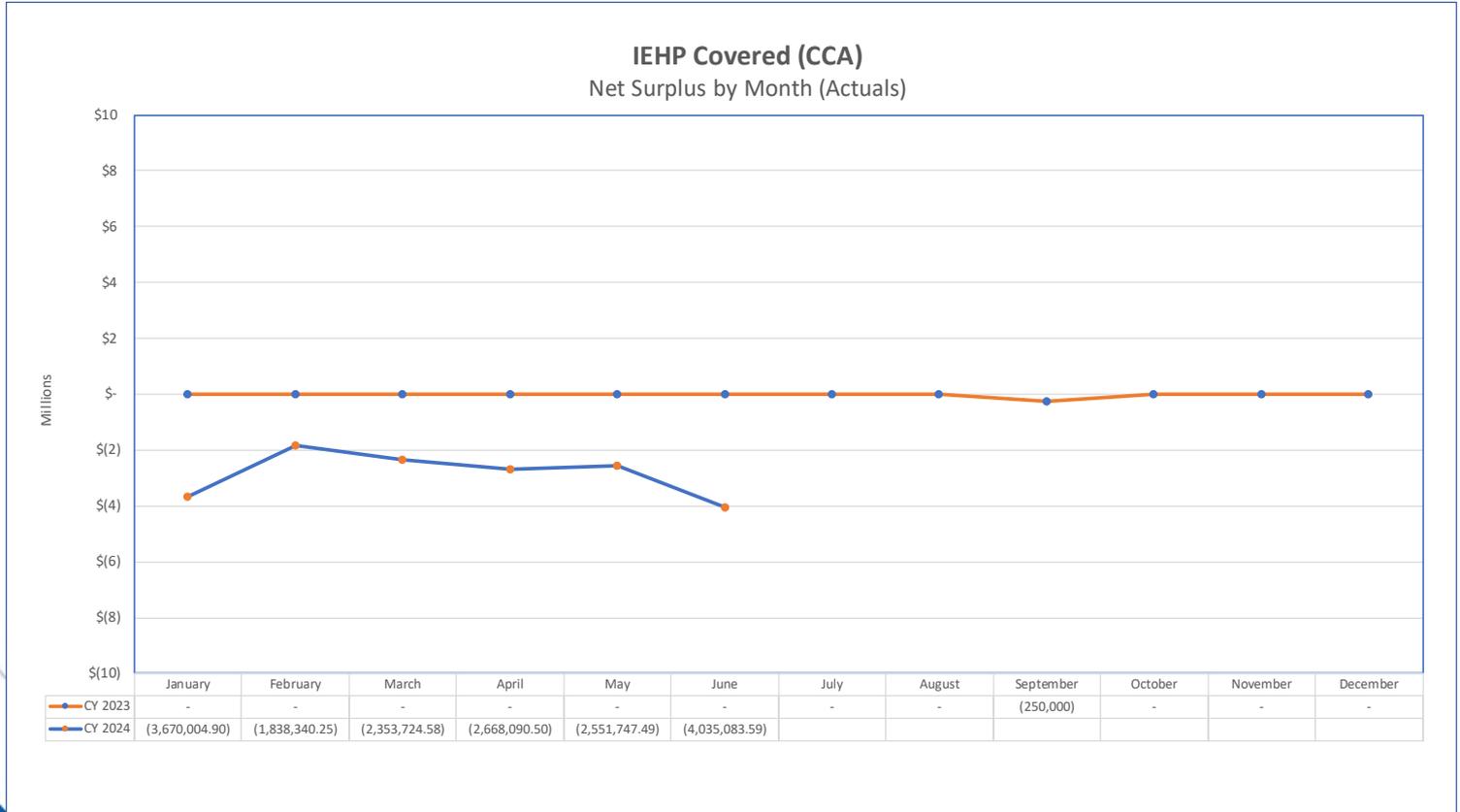
	June Month-to-Date			June Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 5,010,440	\$ 4,861,809	\$ 148,631	\$ 38,940,437	\$ 24,127,193	\$ 14,813,244
Total Medical Costs	\$ 5,994,936	\$ 5,795,100	\$ (199,836)	\$ 37,574,796	\$ 31,225,359	\$ (6,349,437)
Total Operating Expenses	\$ 3,050,587	\$ 1,992,141	\$ (1,058,446)	\$ 18,482,632	\$ 13,247,975	\$ (5,234,657)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (4,035,084)	\$ (2,925,432)	\$ (1,109,652)	\$ (17,116,991)	\$ (20,346,141)	\$ 3,229,150

Highlights for the Month:

- The unfavorable operating expenses variance compared to budget is primarily due to CCA software amortization, services, and other expenses.



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



Balance Sheet: Current Month vs Prior Month

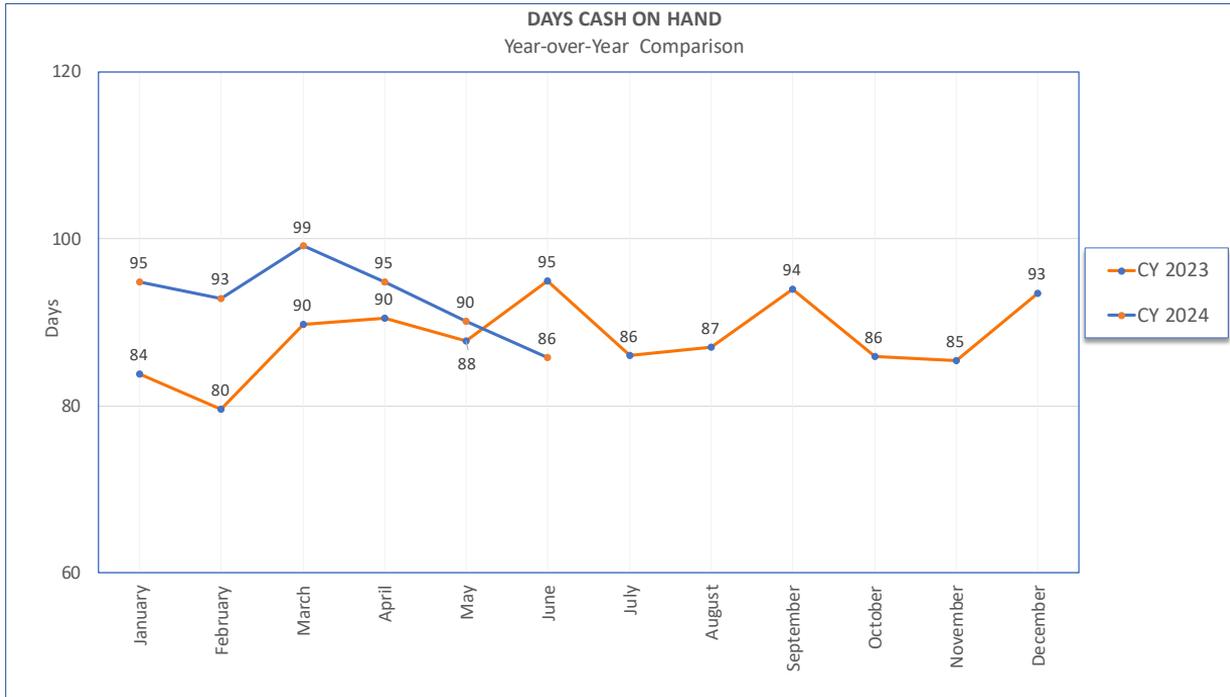
	Jun-24	May-24	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,530,077,741	\$ 2,610,846,826	\$ (80,769,086)
Long Term Receivables	\$ 20,076	\$ 23,346	\$ (3,271)
Capital Assets	\$ 272,202,146	\$ 275,523,417	\$ (3,321,271)
Deferred Outflows of Resources	\$ 130,826,110	\$ 75,826,110	\$ 55,000,000
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 2,933,126,072	\$ 2,962,219,699	\$ (29,093,628)
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 1,401,000,577	\$ 1,425,356,027	\$ (24,355,450)
Long-Term Liabilities	\$ 73,571,639	\$ 73,991,670	\$ (420,031)
Deferred Inflows	\$ 395,613	\$ 398,535	\$ (2,922)
Net Position	\$ 1,458,158,243	\$ 1,462,473,468	\$ (4,315,225)
Total Liabilities, Deferred Inflows, and Net Position	\$ 2,933,126,072	\$ 2,962,219,699	\$ (29,093,628)

Highlights for the Month:

- Decrease in Current Assets is primarily due to decrease in Cash primarily due to -\$55M CalPERS funding, and other payments.
- Increase in Deferred Outflows of Resources is primarily due to \$55M CalPERS funding.
- Decrease in Current Liabilities is primarily due to -\$76M D-SNP Jun 2024 payment received in May 2024 and -\$31M Mot risk corridor adjustment partially offset \$42M MCO tax and \$38M IBNR accrual.



Days Cash on Hand



Highlights for the Month:

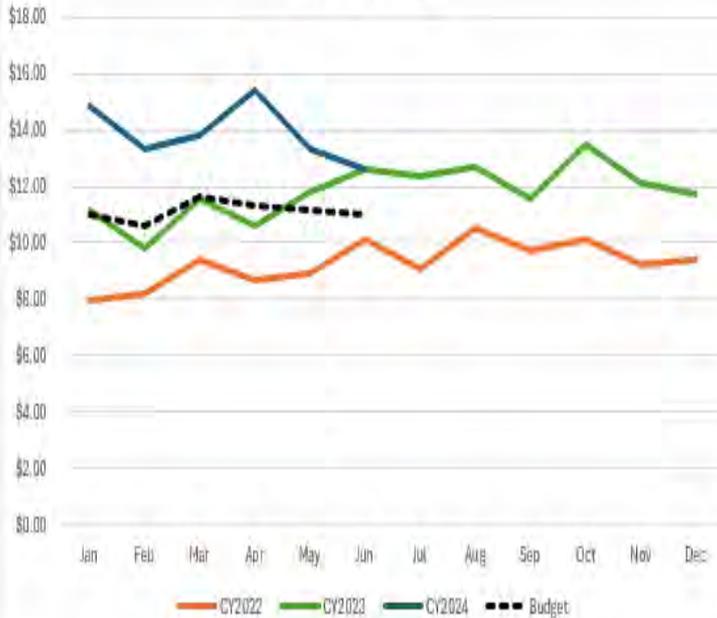
- -\$55M CalPERS funding, -\$30M Provider advance, and other payments.

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

Actual vs Budget

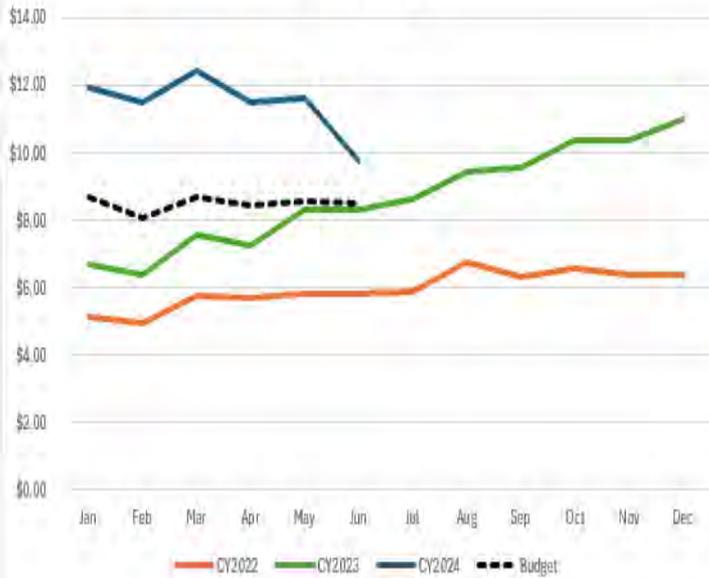


Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$7.91	\$11.17	\$14.87	\$10.98	41.2%	33.2%	35.4%
Feb	\$8.17	\$9.83	\$13.29	\$10.63	20.3%	35.2%	25.1%
Mar	\$9.40	\$11.55	\$13.78	\$11.64	22.9%	19.3%	18.3%
Apr	\$8.66	\$10.63	\$15.39	\$11.30	22.5%	44.8%	36.2%
May	\$8.89	\$11.78	\$13.35	\$11.15	32.5%	13.3%	19.8%
Jun	\$10.15	\$12.56	\$12.58	\$10.97	23.8%	0.2%	14.7%
Jul	\$9.11	\$12.37			35.8%		
Aug	\$10.52	\$12.68			20.5%		
Sep	\$9.68	\$11.57			19.5%		
Oct	\$10.11	\$13.47			33.2%		
Nov	\$9.22	\$12.13			31.5%		
Dec	\$9.41	\$11.74			24.8%		



Transportation

Actual vs Budget



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$5.11	\$6.70	\$11.92	\$8.68	31.3%	77.8%	37.3%
Feb	\$4.95	\$6.36	\$11.46	\$8.04	28.5%	80.1%	42.6%
Mar	\$5.75	\$7.54	\$12.42	\$8.69	31.0%	64.8%	42.9%
Apr	\$5.67	\$7.27	\$11.51	\$8.40	28.2%	58.4%	37.0%
May	\$5.80	\$8.33	\$11.58	\$8.53	43.6%	39.1%	35.7%
Jun	\$5.81	\$8.31	\$9.75	\$8.50	42.9%	17.3%	14.7%
Jul	\$5.85	\$8.63			47.5%		
Aug	\$6.73	\$9.40			39.8%		
Sep	\$6.34	\$9.56			50.9%		
Oct	\$6.56	\$10.38			58.3%		
Nov	\$6.39	\$10.33			61.6%		
Dec	\$6.36	\$10.96			72.4%		



Home Health

Actual vs Budget



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$4.25	\$5.46	\$8.21	\$5.56	28.3%	50.4%	47.6%
Feb	\$3.90	\$5.04	\$7.52	\$5.23	29.3%	49.0%	43.8%
Mar	\$4.31	\$5.49	\$8.18	\$5.68	27.5%	48.9%	44.0%
Apr	\$4.44	\$5.57	\$7.92	\$5.49	25.4%	42.3%	44.3%
May	\$5.03	\$5.83	\$6.50	\$5.56	16.1%	11.3%	16.8%
Jun	\$4.77	\$5.91	\$6.41	\$5.53	23.9%	8.4%	15.8%
Jul	\$4.88	\$6.25			28.1%		
Aug	\$4.84	\$6.35			31.1%		
Sep	\$4.83	\$6.79			40.4%		
Oct	\$5.01	\$6.87			37.3%		
Nov	\$4.75	\$7.03			47.9%		
Dec	\$5.22	\$7.37			41.0%		



Acronyms & Definitions

CCA – Covered California

CY– Calendar Year

DHCS – Department of Health Care Services

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

EPP – Enhanced Payment Program

EPT – Equity and Practice Transformation Program

G&A – General & Administrative

HCBS – Home and Community-Based Services

HHIP – Housing and Homelessness Incentive Program

HQAF – Hospital Quality Assurance Fee

IBNR – Incurred But Not Reported

IGT – Intergovernmental Transfers

LTC – Long Term Care

MCE – Adult Medi-Cal Expansion

MCO – Managed Care Organization

MLR – Medical Loss Ratio

MOT – Major Organ Transplant

P4P – Pay for Performance

PHDP – Private Hospital Directed Payment

QIP – Quality Incentive Pool

SIS/UIS – Satisfactory Immigration Status/Unsatisfactory Immigration Status

SPD – Seniors and Persons with Disabilities

YTD – Year-to-date

