



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

July 8, 2024 - 9:00 AM

Board Report #350

**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/woFzE373EME?feature=share>

AGENDA

- I. Call to Order
- II. Pledge of Allegiance
- III. Roll Call
- IV. Special Presentation in recognition of Jeanna Kendrick, Vice President, Health Services
Clinical Integration & Operations
- V. Changes to the Agenda
- VI. Public Comments on Matters on the Agenda

AGENDA

VII. 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.

VIII. Adopt and Approve of the Meeting Minutes from the June 3, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan

IX. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Approve the Funding Agreement with the College of the Desert
2. Approve the Professional Services Agreement with Kaiser Institute, LLC.
3. Approve and Appoint Representative to act as Co-Lead Negotiator in Employment and Labor Matters for IEHP
4. Approve Funding for Carahsoft Technology Corporation

FINANCE DEPARTMENT (Keenan Freeman)

5. Approve the Fourth Amendment to the Professional Service Agreement with ABM Industry Groups, LLC.
6. Delegation of Authority to Approve the Public Works Contract with Eberhard, a Tecta America Company, LLC.

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

7. Approve the Ninth Amendment to the Professional Service Agreement with Freed Associates
8. Approve the Funding Agreement with Silver Valley Unified School District

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

9. Delegation of Authority to Approve Contractual Documents with CDW Government for Adobe Marketo Licensing
10. Ratify and Approve the Amendment to an Enterprise Work Order with Microsoft Corporation

AGENDA

11. Approve the Funding Increase to the Master Software As A Service Agreement with Ushur Inc.
12. Delegation of Authority to Approve Contractual Documents with AppExtremes, LLC, dba Conga
13. Approve Contractual Document(s) and the Funding Increase to Licensing Agreement No. 7709 with Magnum Transaction Sub, LLC. dba Lyric

MARKETING DEPARTMENT (Michelle Rai)

14. Approve the Professional Services Agreement with San Bernardino Community College District

QUALITY DEPARTMENT (Edward Juhn, M.D.)

15. Approve the Professional Services Agreement with Riverside County Foundation for Medical Care dba Inland Empire Foundation for Medical Care

PROVIDER CONTRACTING DEPARTMENT (Susie White)

16. Ratify and Approve the Ninth Amendment to the Capitated IPA Agreement with Alpha Care Medical Group Inc– Pasadena
17. Ratify and Approve the First Amendment to the Letter of Agreement with Kaiser Foundation Hospitals on Behalf of Its Southern California Region – Multiple Locations
18. Ratify and Approve the Fee-For-Service Primary Care Provider Agreement with the Regents of The University of California dba The University of California, Riverside, UCR Health – Multiple Locations
19. Ratify and Approval of Standard Templates
 - 1) Intermediate Care Facility Agreement (Excluding Medicare)
 - 2) Hospitalist/SNFist Agreement - ([State,] [Medicare] [and Covered California])
 - 3) Hospitalist Attachment A
20. Approval of the Evergreen Contracts
 - 1) Inland Empire Colon and Rectal Surgeons - Participating Provider Agreement – Specialist – Redlands
 - 2) Maria Puraci dba Holy Hill Home Care - Residential Care for the Elderly – Yucaipa
 - 3) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly - Yucaipa
 - 4) Aspire Healthcare Services Inc - Ancillary Agreement – Upland
 - 5) Dialysis Center of Ontario LLC – Ancillary Agreement – Ontario
 - 6) Genus Home Care Inc - Ancillary Agreement – Upland
 - 7) Jeffrey N Mar MD Inc dba Valenta Inc – Ancillary Agreement - Rancho Cucamonga
 - 8) Nova Home Hospice Inc – Ancillary Agreement - Upland

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- 9) ZOLL Services LLC – Ancillary Agreement – Pittsburgh
- 10) Accept Family Counseling Inc – Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 11) Betina Scott dba Betina Scott DSW LCSW – Participating Provider Agreement - Behavioral Health - Corona
- 12) Center for New Directions Inc – Participating Provider Agreement - Behavioral Health - Temecula
- 13) Glenn P Matney MD Inc - Participating Provider Agreement - Behavioral Health - Victorville
- 14) Landon M Martin dba The Gender Affirmation Project - Participating Provider Agreement - Behavioral Health – Riverside
- 15) Louis Battistone – Participating Provider Agreement - Behavioral Health – Redlands
- 16) Michele Putini dba Be Authentic Family Therapy Services Inc – Participating Provider Agreement - Behavioral Health - Upland
- 17) Raincross Counseling Services - Participating Provider Agreement - Behavioral Health – Riverside
- 18) Rebecca Hames – Participating Provider Agreement - Behavioral Health – Palm Springs
- 19) Rosa Lee Acevedo PhD LMFT – Participating Provider Agreement - Behavioral Health – Riverside
- 20) Tania Hortencia McLean-Nicholas dba Renewed Hope Counseling Services – Participating Provider Agreement - Behavioral Health – Temecula
- 21) Arrowhead Family Medical Group Inc - Capitated Primary Care Provider Agreement – San Bernardino
- 22) Ironstone Medical Clinic Inc - Capitated Primary Care Provider Agreement – Riverside
- 23) Park Sierra Medical Clinic Inc– Capitated Primary Care Provider Agreement – Colton
- 24) BENEJ Pediatrics Inc– Capitated Primary Care Provider Agreement (Excluding Medicare) – Loma Linda
- 25) Jaime Gonzalez MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare)- Pomona
- 26) Tahseen N Shareef dba Tahseen Shareef MD – Participating Provider Agreement - Capitated Primary Care Provider Agreement (Excluding Medicare) – Grand Terrace
- 27) Temecula Valley Family Physicians - Capitated Primary Care Provider Agreement (Excluding Medicare) – Perris
- 28) Myrna T Maniulit Perez dba Perez & Perez Medical Corporation - Fee-For-Service Primary Care Provider Agreement (No Medicare) – Upland
- 29) Accel Therapies Inc - Participating Provider Agreement – QASP – Victorville
- 30) Autism Spectrum Interventions - Participating Provider Agreement – QASP – Riverside
- 31) Babak Dadvand MD Inc - Participating Provider Agreement – Specialist – Apple Valley
- 32) Pediatric Cardiology Specialists - Participating Provider Agreement – Specialist – San Bernardino
- 33) Quanwei Zhang dba Quanwei Zhang MD Inc - Participating Provider Agreement – Specialist – Victorville

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34) Reza Ahmadinia MD Inc - Participating Provider Agreement – Specialist – Apple Valley

X. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

21. Chief Executive Officer Update

FINANCE DEPARTMENT (Keenan Freeman)

22. Review of the Monthly Financials

OPERATIONS DEPARTMENT (Susie White)

23. Overview of the Annual Delegation Oversight Audit for 2023

24. Approve Additional Funding for the Provider Network Expansion Fund

QUALITY DEPARTMENT (Edward Juhn, M.D.)

25. Approve the Funding for the 2024-2025 Quality Achievement Program for IEHP Team Members

26. Overview of The Medi-Cal and DSNP Healthcare Effectiveness Data and Information Set and Managed Care Accountability Set Initial Results for Measurement Year 2023

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

XII. Board Member Comments

XIII. Closed Session

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

a. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Title: Chief Executive Officer, Inland Empire Health Plan

2. With respect to every item of business to be discussed in closed session pursuant to Government Code Section 54957.6:

a. Conference with labor negotiator: Agency Negotiator Supriya Sood, Chief People Officer and Anna Wang, Vice President, General Counsel; Re: unrepresented employee (Chief Executive Officer).

AGENDA

XIV. Adjournment

The next meeting of the IEHP Governing Board will be held on August 12, 2024, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

ADMINISTRATION

1. APPROVE THE FUNDING AGREEMENT WITH THE COLLEGE OF THE DESERT

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement (Agreement) with the College of the Desert (COD) for the Registered Nurse (RN) Pipeline Expansion Project for an amount not to exceed \$500,000 through December 31, 2026.

Contact:

Jarrod McNaughton, Chief Executive Officer

Background:

The Inland Empire (IE) has the lowest per capita ratios of health professionals in California according to HealthForce Center at University of California, San Francisco (UCSF). The Coachella Valley is experiencing a shortage of RNs, increasing retention and turnover rates, and the area's aging population heightens this need. As IEHP largely serves the Medi-Cal community, the healthcare workforce shortage impacts this community at a greater rate due to lack of access to healthcare providers.

The COD is one of more than 115 community colleges in California, and one of nine higher education institutions in the Coachella Valley. With an annual student population of approximately 15,000, COD offers their students multiple educational opportunities, including vocational and technical training programs.

Of these programs, the Registered Nursing program is seeking to expand their simulation lab to improve and elevate the training their students receive.

Discussion:

COD will utilize the funds from IEHP to expand their existing 19 bed Skills Lab to a 29 bed Skills Lab. The expanded Skills Lab will be utilized to train the future RN workforce for the Coachella Valley and beyond. The Skills Lab will also be available for IEHP-contracted Providers to utilize for ongoing training of their nursing staff at no charge, as well as host free community vaccination events.

The cost of this Agreement shall not exceed \$500,000 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 06/13/2024	N/A	M. Popka 06/17/24	M. Coffey 06/13/2024	S. White 06/14/2024

ADMINISTRATION

2. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH KAISER INSTITUTE, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with Kaiser Institute, LLC for Executive Coaching Leadership for an amount not to exceed \$1,370,000.00 through June 30, 2026.

Contact:

Supriya Sood, Chief People Officer

Background:

IEHP has contracted with Kaiser Institute, LLC since August 2019 for executive leadership coaching services to build leadership, team collaboration and emotional intelligence competencies through individual leadership coaching and multi-day retreats. To date, IEHP leaders have attended over five leadership retreats, and over 12 leaders have participated in individual coaching services. IEHP desires to continue the partnership for executive leadership coaching services through a new Agreement.

Kaiser Institute, LLC was selected and approved as a Sole Source by executive management.

Discussion:

Under the new Agreement, Kaiser Institute, LLC will continue to provide their executive leadership coaching services to support all IEHP leaders and including the following services:

- CEO & CPO Advisory Services
- Program Development Services
- Organizational Advisement Services
- Annual Tool Licensing and Design Services
- In-Person Facilitation & Retreat Services
- Coaching Services
- Value Add Services
- Additionally, Kaiser Institute, LLC will develop a new Leadership Development Program

CONSENT AGENDA

Kaiser Institute, LLC will receive eight consecutive quarterly payments in the amount of \$162,500 which is inclusive of executive leadership coaching services mentioned above. Additionally, IEHP will reimburse Kaiser Institute, LLC for expenses incurred for printed materials and travel expenses, up to a maximum amount of \$70,000.

Quarter 3 – 2024	\$162,500
Quarter 4 – 2024	\$162,500
Quarter 1 – 2025	\$162,500
Quarter 2 – 2025	\$162,500
Quarter 3 – 2025	\$162,500
Quarter 4 – 2025	\$162,500
Quarter 1 – 2026	\$162,500
Quarter 2 – 2026	\$162,500
sub-total:	\$1,3070,000
Reimbursable Expenses:	\$70,000
Total:	1,370,000

The total cost of this new Agreement with Kaiser Institute, LLC shall not exceed \$1,370,00 through June 30, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	D. Ferguson 06/25/2024	C. Hendricks 06/21/2024	M. Popka 06/25/24	Michelle Palafox 6/27/24	Supriya Sood 6/21/24

ADMINISTRATION

3. APPROVE AND APPOINT REPRESENTATIVE TO ACT AS CO-LEAD NEGOTIATOR IN EMPLOYMENT AND LABOR MATTERS FOR IEHP

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve and appoint the Vice President, General Counsel to act as co-lead negotiator in all future employment and labor matters of IEHP

Contact:

Supriya Sood, Chief People Officer

Background:

Recruiting and keeping talented employees has always been the goal of IEHP. Filling and maintaining important positions at all levels sometimes requires employment and labor negotiations to take place.

Discussion:

IEHP would like to designate the Vice President, General Counsel as co-lead negotiator to serve in as an alternate in any negotiations where the Chief People Officer, Lead Negotiator, cannot be present. The Vice President, General Counsel is responsible for the direction and oversight of all IEHP legal activities, with expertise in hiring, training, and development practices of management and staff. The Vice President, Chief Legal Officer is responsible for providing leadership in executing and complying with legal requirements, among others. Based on these duties, the Vice President, Chief Legal Officer best fits the role of co-lead negotiator in employment and labor matters along with the Chief People Officer. When necessary, and as applicable, one may take the lead as sole negotiator in the absence of the other.

The Vice President, General Counsel may confer with this Governing Board from time to time to continue implementing IEHP's vision, business plan, and policies. However, for the co-lead negotiator to meet with this Governing Board in closed session regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits of employees, the law requires the Governing Board to identify in open session its designated representatives.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	A. Wang 06/21/24	N/A	S. Sood 06/25/24

ADMINISTRATION

4. APPROVE ADDITIONAL FUNDING FOR CARAHSOFT TECHNOLOGY CORPORATION

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve additional funding for Carasoft Technology Corporation for the provision of LinkedIn Hiring Enterprise Program for an amount not to exceed \$787,836.12 through October 15, 2027. The total amount payable to Carahsoft Technology Corporation for the LinkedIn Hiring Enterprise Program shall not exceed \$928,495.33 through October 15, 2027.

Contact:

Supriya Sood, Chief People Officer

Background:

IEHP requires the LinkedIn Hiring Enterprise Program to support talent acquisition efforts to enhance its talent acquisition efforts, aiming to attract and hire top talent. This program provides IEHP with access to LinkedIn's advanced recruiting tools, including Recruiter Corporate licenses, unlimited sponsored targeted job slots, and career pages. These resources will enable IEHP to support its mission more effectively by recruiting top-tier professionals. Carahsoft Technology Corporation provides this service as part of a cooperative agreement. The program will significantly impact IEHP by facilitating efficient recruitment of talented professionals and optimizing job postings, which is critical to IEHP's operations.

IEHP has contracted with Carasoft Technology Corporation via purchase order since August 25, 2023, for the LinkedIn Recruiter Program. Carasoft Technology Corporation was selected due to their NASPO cooperative agreement allowing for best value pricing.

Date Approved	MO#	Purpose	Term Expiration	Cost
8/25/2023	16-64	LinkedIn Recruiter Program via purchase order	10/15/24	\$140,659.21
Total Cost to date:				\$140,659.21
New Cost				\$787,836.12
Total Cost				\$928,495.33

Discussion:

The LinkedIn Hiring Enterprise Program is a strategic investment that directly supports IEHP's mission, vision, and values. It will enhance the organization's ability to build a world-class workforce capable of delivering on IEHP's commitment to the health and wellbeing of its members and community.

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For the next three years, IEHP was able to successfully negotiate and secure long-term fixed rates and access to enriched resources aimed at optimizing the recruitment and sourcing processes. The total cost for the expanded LinkedIn Hiring Enterprise Program is broken down as follows:

- Initial allotment in 2024: \$36,418.49
- Year 1 (10/16/2024 - 10/15/2025): \$238,356.00
- Year 2 (10/16/2025 - 10/15/2026): \$250,274.10
- Year 3 (10/16/2026 - 10/15/2027): \$262,787.53

There are significant performance metrics offered by this expanded Program, including:

- **Number of Hires Made Through LinkedIn Platform:** Program tracks the total number of new hires that brought on through the LinkedIn platform, either via direct applications, InMail outreach, or other LinkedIn-powered recruiting activities. This metric measures the overall effectiveness of the LinkedIn Hiring Enterprise Program in sourcing and facilitating successful hires.
- **Time-to-Fill for Open Positions:** Program tracks the average number of days it takes to fill open positions at IEHP using the LinkedIn Hiring Enterprise tools. Decreases in time-to-fill indicate improved recruiting efficiency and the ability to identify and engage qualified candidates more quickly.
- **Talent Acquisition Efficiency:** Program will look at broader recruiting and hiring metrics, such as the number of applicants per open role, interview-to-hire ratios, and other indicators of how effectively the LinkedIn tools enable the talent acquisition team to identify, evaluate, and onboard new employees. Improvements in these efficiency metrics can demonstrate the overall value the LinkedIn Hiring Enterprise Program provides to IEHP's talent acquisition process.

The program supports IEHP's commitment to building a high-performing workforce to better serve its members. By helping IEHP attract and retain top talent, this program enables the organization to build a strong, skilled workforce capable of delivering excellent care and services to our members.

The additional cost of this expanded Program shall not exceed \$787,836.12. The total cost payable to Carahsoft Technology Corporation shall not exceed \$928,495.33 through October 15, 2027.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	D. Ferguson-Henderson 6/5/2024	S. Albritton 6/5/2024	M. Popka 6/12/24	S. Capenos 6/4/2024	S. Sood 6/5/2024

FINANCE DEPARTMENT

5. APPROVE THE FOURTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH ABM INDUSTRY GROUPS, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourth Amendment to the Professional Service Agreement (Agreement) with ABM Industry (ABM) for the provision of Janitorial Services for an additional amount not to exceed \$2,640,000 and extend the term for one (1) additional year through July 23, 2025. The total amount payable under this Agreement shall not exceed \$10,562,859.24 through July 23, 2025.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

IEHP continues to require janitorial services at all IEHP owned and leased locations. Such services include day and night janitorial services, interior and exterior cleaning, sanitation, restocking, carpet cleaning, café cleaning, gym cleaning, and other services as requested.

On January 11, 2021, under Minute Order 21-12, in anticipation of the termination of the Management Agreement between IEHP and Trigild for property management services, the Governing Board approved a Delegation of Authority to enter agreements with, or accept an assignment of rights of, Trigild's vendors, to ensure continuity of services. This resulted in transitioning roughly 135 Trigild vendor contracts to IEHP. Under MO 21-12, an Agreement with ABM was signed into effect on August 23, 2021.

The Governing Board had previously approved the Agreements as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
01/11/21	21-12	Original Agreement	08/22/22	\$2,862,859.24
09/12/22	22-295	First Amendment (3-month extension)	11/23/22	\$660,000.00
12/12/22	22-384	Second Amendment (8-month extension)	07/23/23	\$1,760,000.00
07/10/23	23-153	Third Amendment (1 year extension)	07/23/24	\$2,640,000.00
Total Cost to date:				\$7,922,859.24
New Cost				\$2,640,000.00
Total Cost				\$10,562,859.24

Discussion:

ABM will continue to provide janitorial services at all IEHP owned and leased locations. IEHP will be extending the Agreement with ABM for one (1) additional year, through July 23, 2025 for

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an amount not exceed \$2,640,000. The total cost (including this request) of this Agreement shall not exceed \$10,562,859.24 through July 23, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	Shyri McCalley 6/7/24	Teri Picarone 6/7/2024	M. Popka 06/18/24	Richard Fleig 06/07/24	K. Freeman 06/28/24

FINANCE DEPARTMENT

6. DELEGATION OF AUTHORITY TO APPROVE THE PUBLIC WORKS CONTRACT WITH EBERHARD, A TECTA AMERICA COMPANY, LLC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Public Works Contract with Eberhard, a Tecta America Company, LLC. (Eberhard) for the Roof Replacement Project of the Dr. Bradley P. Gilbert Center for Learning and Innovation (Center) for an amount not to exceed \$2,632,226.00.

Contact:

Keenan Freeman, Chief Financial Officer

Background:

The roof system of the 9500 building has been found to be in poor overall condition. Years of extreme temperature fluctuations, high winds, and subtle movements have caused the metal roof panels to loosen to the point where they are no longer securely in place, allowing water to leak beneath them. The existing sealant at the coping joints around the air handling units has dried and cracked, further exposing the building to water leaks. This condition has also led to rust and corrosion of the metal roof panels, resulting in significant leakage throughout the roof and along the gutters.

An internal inspection revealed more than 35 locations of water leaks in the ceiling on the third floor. Additionally, old and unused Liebert roof package units need to be disconnected and removed from the roof. The roof is beyond serviceable repair, and if left as-is, will lead to costly water damage to the interior of the newly renovated IT department.

It is recommended to remove and replace the existing metal roof of the 9500 building with similar materials and construction before the completion of the third-floor tenant improvement project and before the onset of the rainy season.

IEHP will procure this service using the terms of a National Cooperative Purchasing Alliance, An OMNIA Partners Company, Cooperative Agreement via contract number 04-29 between Region 14 Education Service Center and Tecta America Corp (Tecta) for Job Order Contracting Services (JOC). Eberhard is an operating unit of Tecta and qualified to perform the services under this JOC. The Master Agreement provides that any state, city, special district, local government, school district, private K-12 school, technical or vocational school, higher education institution, other government agency or nonprofit organization may purchase products and services at the prices indicated in the Master Agreement. Upon selection of the vendor, IEHP will draft a Public Works Contract with Eberhard for these services.

Discussion:

Under the Public Works Contract, Eberhard will conduct the Roof Replacement Project at the Center which involves the removal of approximately 80,164 square feet of existing roof panels

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over open purlin construction, expansion joints, siding, coping, stainless steel inlay gutters, counter flashings, and replace with metal roofing while reusing the metal walking deck. Upon IEHP’s issuance of the Notice to Proceed, Eberhard shall complete all work required for the Roof Replacement of the Learning & Innovation Center Project within 120 calendars days.

After final budget review, Eberhard’s final bid proposal is \$2,193,522.00. For unforeseen field conditions or change orders, IEHP has incorporated a 20% contingency of \$438,704.00 to the construction budget.

IEHP requests Delegation of Authority to enter a Public Works Contract with Eberhard. The total cost of this Public Works Contract shall not to exceed \$2,632,226.00.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	Shyri McCalley 06/18/2024	Lisa Marroquin 06/18/24	M. Popka 06/18/24	Richard Fleig 06/13/24	K. Freeman 06/28/24

HEALTH SERVICES DEPARTMENT

7. APPROVE THE NINTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH FREED ASSOCIATES

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Ninth Amendment to the Professional Service Agreement with Freed Associates (Freed) for the provision of program management support of the California Advancing and Innovating Medi-Cal (CalAIM) program for an additional three-months term effective August 1, 2024 through October 31, 2024. There are no additional costs associated with this request.. The total cost under this Agreement remains unchanged for an amount not to exceed \$4,274,299 through October 31, 2024.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Freed has been assisting IEHP with program management support services since the California Department of Healthcare Services (DHCS) launched the required CalAIM initiative.

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

Date Approved	MO#	Purpose	Term Expiration	Cost
07/03/21	16-64	PSA – Project management support services for CalAIM initiative planning	July 31, 2022	\$199,600
09/13/21	21-274	First Amendment for additional funds	March 31, 2022	\$954,000
03/14/22	22-051	Second Amendment to extend support services for CalAIM	June 30, 2022	\$505,437
06/13/22	22-236	Third Amendment for additional funds	January 31, 2023	\$1,156,484
08/29/22	22-236	Fourth Amendment for updated hourly rate reduction and updated not to exceed amount	January 31, 2023	-\$23,869
01/30/23	23-017	Fifth Amendment for program management support of CalAIM (through July 31, 2023) and DSNP program initiatives (through March 31, 2023)	July 31, 2023	\$574,511

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Date Approved	MO#	Purpose	Term Expiration	Cost
04/10/23	23-079	Sixth Amendment for term extension	April 30, 2023	\$0
07/10/23	23-155	Seventh Amendment for term extension and additional funds	07/31/2024	\$708,552
04/08/24	24-062	Eighth Amendment to add funds for an additional resource	07/31/2024	\$199,584
Total Cost to date:				\$4,274,299
New Cost:				\$0
Total Cost:				\$4,274,299

During their involvement, Freed has served to bring about stability and strategic guidance in the CalAIM/PHM scope of work and helped to support meeting regulatory compliance during a period of internal re-organization in this space, coupled with ongoing requirement changes in key performance indicators from DHCS. Some key areas of past success and contributions leveraged include, but are not limited to:

- Guiding/advising on the development and implementation of the value stream-based analysis (VSA) of PHM's current and future state;
- Leading the collaborative efforts to develop IEHP's PHM Framework based on DHCS's CalAIM program goals and objectives;
- Facilitating the development of a multi-workgroup-based collaboration model for on-going management of PHM and associated elements of an integrated CalAIM program; and
- Serving as thought partners with the IEHP team in considering how to best execute the CalAIM program in alignment with IEHP's organization culture.

Discussion:

Under this Ninth Amendment, Freed will continue their program management support of the critical regulatory initiative required by the State of California. IEHP seeks approval of this Amendment for a three-month term extension through October 31, 2024. There are no costs associated with this request.

The total cost of this Agreement remains unchanged for an amount not to exceed \$4,274,299 through October 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	R. Mok 06/03/24	H. Clear 6/3/24	M. Popka 06/12/24	N/A	T. Wada 5/31/24

HEALTH SERVICES DEPARTMENT

8. APPROVE THE FUNDING AGREEMENT WITH SILVER VALLEY UNIFIED SCHOOL DISTRICT

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with Silver Valley Unified School District to support the provision of a school-based clinic in an amount not to exceed \$250,000 through December 31, 2025.

Contact:

Takashi Wada, M.D., Chief Medical Officer

Background:

Silver Valley Unified School District (USD) supports the surrounding cities of Yermo, Newberry Springs, Dagget and Fort Irwin. The total population amongst these four cities is 13,493; 15% (1,992) are IEHP enrolled Members with no local access to medical, dental, or mental health services. Silver Valley USD is partnering with providers to host mobile clinics at school sites to support the needs of students and families. In May 2024, Silver Valley USD purchased property in Yermo, CA to build a school-based clinic.

Discussion:

Silver Valley USD plans to purchase a modular unit to function as a school-based clinic and is seeking funds to complete the full scope of the project. The school-based clinic will be stationed at the aforementioned property in Yermo, CA, and will provide medical, dental, and mental health services to students and members of the surrounding communities. The modular unit will also include space to provide Community Health Worker (CHW) and Enhanced Care Management (ECM) services. Silver Valley USD is currently working on identifying a clinical partner to operate the services at this new site. Ongoing operations at the new site will be sustained through provider contracts and standard billing for services.

IEHP's total funding amount to Silver Valley USD under this Agreement shall not exceed \$250,000 to support the start-up costs of these new clinical services through December 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	R. Mok 06/06/24	N/A	M. Popka 6/12/24	N/A	T. Wada 06/07/24

INFORMATION TECHNOLOGY DEPARTMENT

9. DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH CDW GOVERNMENT FOR ADOBE MARKETO LICENSING

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 CDW-Government (CDW-G) for the provision of Adobe Marketo licensing and associated support services for an amount not to exceed \$51,939 for a term of one-year effective July 15, 2024, through July 14, 2025.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

IEHP is seeking to extend licensing for the Adobe Marketo Engage software application through CDWG. The application is a marketing suite power email distribution solution that works together with the previously purchased Adobe Experience Cloud application to integrate customer data, content, automation, and analytics with the goal of delivering IEHP members with a more personalized and enhanced customer experience. This purchase and implementation are part of the expansion of IEHP's digital presence and digital transformation projects to build and evolve digital capabilities. As a result of implementing Marketo Engage, the application tool has provided the IEHP Marketing Team with the following advantages:



CDW-G was selected as the vendor to provide the Adobe Marketo Engage application renewal for IEHP through the Sourcewell Cooperative purchasing agreement (No. 121923). Cooperative purchasing is "Procurement conducted by, or on behalf of, one or more Public Procurement Units" as defined by the American Bar Association Model Procurement Code for State and Local Governments.

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IEHP has contracted with CDW-G since April 11, 2022, for the procurement of hardware, IT software solutions including Adobe Marketo software, and skilled technical professional resources in support of various IEHP IT projects in excess of \$200,000 per year. The Governing Board previously approved the following pertaining to this product.

Date Approved	MO#	Purpose	Term Expiration	Cost
07/10/2023	23-159	Approve purchase requisition for Adobe Marketo software application	07/14/2024	\$49,106
Total cost to date:				\$49,106
New cost:				\$51,939
Total:				\$101,045

Discussion:

Adobe Marketo is a comprehensive marketing automation platform that offers a range of functionalities to streamline and enhance marketing efforts. Some of its key functions include:

- Lead Management
- Email Marketing
- Marketing Campaign Management
- Analytics and Reporting
- Personalization and Segmentation
- Marketing Automation
- Customer Relationship Management (CRM) Integration
- Social Media Marketing
- Content Marketing

Specifically, IEHP seeks to purchase the products detailed below:

Product Description	License Count	Term	Cost
Adobe Marketo Engage Email MKTG Ded IP	1	July 15, 2024 – July 14, 2025	\$6,111
Adobe Marketo Engage Select	1		\$29,277
Adobe Marketo Engage DB Encryption	50		\$16,551
Total Annual Cost			\$51,939

IEHP requests approval to enter into contractual documents with CDW-G for the provision of Adobe Marketo licensing and associated support services for an amount not to exceed \$51,939 for a term of one-year effective July 15, 2024, through July 14, 2025, The cost of Adobe Marketo licensing shall not exceed \$101,045 effective July 15, 2024, through July 14, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 6/12/2024	W. Yanes 6/12/2024	M. Popka 06/13/24	J. Gupta 6/11/2024	V. Devabhaktuni 06/18/24

INFORMATION TECHNOLOGY DEPARTMENT

10. RATIFY AND APPROVE THE AMENDMENT TO AN ENTERPRISE WORK ORDER WITH MICROSOFT CORPORATION

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve a no cost amendment to the Enterprise Services Work Order with Microsoft Corporation (Microsoft) for the provision of Microsoft's Unified Performance Support Services through July 25, 2024.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

IEHP's expansion and the subsequent increase in user licensing have led to a proliferation of server and platform-based services that are now deemed operationally critical for IEHP's operations. While a considerable portion of these programs are provisioned through Microsoft Service Cloud Enrollment, and Enterprise Agreement reseller licensing agreements, the complexity and depth of IEHP's Microsoft-based environments necessitate parallel execution of enterprise support agreements directly with Microsoft.

IEHP has contracted with Microsoft since 2016 for Enterprise Support services. Microsoft continues to be selected through single source justification due to industry reputation, IEHP's investment in Microsoft solutions as its platform of choice, business need for access to robust and expert technical support services, as well as a rapidly deployable source of incident response and mitigation in support of IEHP's investment in Microsoft's Volume Licensing commitments.

The Governing Board previously approved the Microsoft Enterprise Services Work Orders as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/01/2016	16-64	Microsoft Premier Support Services	05/28/17	\$64,780
06/01/2017	16-64	Microsoft Premier Support Services	05/28/18	\$188,922
06/11/2018	16-64	Microsoft Support Services Agreement	05/28/19	\$194,922
06/10/2019	19-101	Microsoft Support Services Agreement	05/28/20	\$350,000
05/11/2020	20-110	Microsoft Support Services Agreement	05/28/21	\$470,000
04/12/2021	21-97	Microsoft Support Services Agreement	05/28/22	\$527,414
05/09/2022	22-177	Microsoft Support Services Agreement	05/28/2023	\$570,634
05/08/2023	23-102	Microsoft Support Services Agreement	05/28/2024	\$570,634
05/15/2024	24-103	Microsoft Support Services Agreement	05/28/2025	\$593,904
Total Cost to date:				\$3,531,210
New Cost				\$0
Total Cost				\$3,531,210

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Discussion:

The 2023 Enterprise Services Work Order (MO #23-102) which provides Microsoft’s Unified Performance Support Services, which is a combination of proactive, reactive and delivery management services that support IEHP's investment in Microsoft products and online services. Value is recognized through delivery of Proactive and Enhanced Performance Support Services Under this Work Order, specific hours were allocated for support tasks, with a focus on Enhanced Designated Engineering, particularly for Azure Infrastructure as a Service (IaaS). These support hours were originally scheduled for utilization in May 2024. However, due to unforeseen circumstances with Microsoft, the planned engagement had to be canceled. To ensure uninterrupted business operations, as IEHP's Microsoft-based systems require a skilled, robust, and rapidly deployable source of incident response and mitigation, and to prevent the loss of value associated with these support hours, IEHP promptly signed an amendment to extend this line of service through July 25, 2024. There are no costs associated with this term extension, as the hours were previously paid per during t the agreement terms.

IEHP is requesting ratification and approval of the support services amendment, with no additional cost thru July 25, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 6/4/2024	W. Yanes 6/7/2024	M. Popka 06/13/24	J. Gupta 6/4/24	V. Devabhaktuni 6/4/24

INFORMATION TECHNOLOGY DEPARTMENT

11. APPROVE THE FUNDING INCREASE TO THE MASTER SOFTWARE AS A SERVICE AGREEMENT WITH, USHUR INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the funding increase to the Master Software as a Service Agreement (Agreement) with Ushur Inc., (Ushur) for outreach platform services for an additional amount not to exceed \$3,250,000 with no term extension. The total amount payable under the Agreement shall not exceed \$8,750,000 through May 11, 2025.

Contact:

Vinil Devabhatuni, Chief Digital and Information Officer

Background:

On April 22, 2022, IEHP published RFP 22-03890 for an intelligence automation platform leveraging artificial intelligence (AI) and machine learning (ML) technology to increase outreach and engagement. Based on the capability's, demonstration, and proposed pricing model, IEHP Evaluators unanimously determined to move forward with an award to Ushur.

The Governing Board previously approved the following:

Date Approved	MO#	Purpose	Term Expiration	Cost
06/13/2022	22-233	Ratify and Approve Award of RFP #22-03890 For the implementation of Outreach Platform	05/11/2025	\$5,500,000
03/27/2023	16-64	First Amendment to Scope of Work to provide Non-Vanity Short Code and Non-Vanity FTEU Short Code	05/11/2025	\$68,918 (Included in NTE \$5,500,000)
Total Cost to date:				\$5,500,000
New Cost				\$3,250,000
Total Cost				\$8,750,000

IEHP leverages a variety of outreaches throughout the member journey, traditionally implemented manually. However, through its current Agreement with Ushur, many of these processes have been automated, making Ushur's platform indispensable for IEHP in conducting outreach and engagement activities. The annual licensing fee flexes in accordance with member volume. This metric, derived from IEHP's active primary membership count on a monthly basis, encompasses a built-in variance of +/- 10 percent to accommodate natural fluctuations. Deviations beyond this threshold do not trigger monetary credits or penalties within the current fiscal cycle. However, they prompt adjustments in both member count and fees for the subsequent year. As IEHP has realized a notable increase in primary member count from 900,000 to 1,470,000, a commensurate rise in funding is

sought to ensure ample resources are allocated to support essential outreach endeavors, in adherence to the contractual terms.

Discussion:

Key components of Ushur's Invisible App modules utilized by IEHP include Messages, Open Response, Multiple Choice, File Upload, Calendar, Location, Form Input, eFax, Branding, and reminders. Moreover, IEHP benefits from additional workflow components within Ushur's no-code creation tool. These components facilitate routing and simplify designs, including Lookups, Store, compare, Webhooks, email processing, and ICS file creation.

Engagements are facilitated through diverse communication channels, including SMS, Email, and Voice, thereby amplifying the efficacy and scope of IEHP's outreach endeavors throughout its customer base. Following the adoption of this multifaceted platform, IEHP has achieved notable enhancements in outreach, messaging, and member interaction, as evidenced by the following metrics:

- Launch of 456 Campaigns
- Execution of 8.64 million engagements across all channels
- Targeting of 1.53 million unique users
- Delivery of 429,750 Invisible App engagements
- Dispatch of 276,514 Emails

The annual license fees were initially based on IEHP's target of 900,000 members (primarily Head of Households). However, with the advent of newer use cases, IEHP is reaching all members and needs to true up the membership base to active members, now calculated at 1,470,000. The Agreement pricing is now impacted as it surpasses the 10 percent variance allowance stipulated in the Agreement. IEHP is requesting an increase in funding to allow for sufficient appropriations to cover the true-up licensing costs for the forecasted growth in membership.

Additionally, due to the success of the outreach efforts thus far, IEHP is seeking to enhance its subscription to gain access to the full suite of features within this platform. These supplementary modules of the platform harness advanced artificial intelligence (AI) and natural language processing technologies to comprehensively address outreach inquiries and help implement new age solutions addressing member experience needs.

This upgrade will incorporate additional modules listed below:

- Invisible Portal: Substitutes email with a secure channel for file submissions, ensuring confidentiality. Documents are swiftly processed in real-time, integrating automated feedback loops to keep senders informed of progress.
- Intelligent Document Automation: Processes member submitted documents in real time to complete information requests. IEHP is targeting this functionality to enhance Optical Character Recognition (OCR) extractions, data validations and system integrations (including Right Fax labeling & processing). This would also be utilized for adherence to compliance and regulatory

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requirements for Grievance and Appeals using this module for automated classifications, routing, escalation, and response generation.

- Gen AI Chatbot: Generative AI chatbot will enable IEHP to provide next-gen solutions to members and provider communities via natural language-based interactions using virtual assistants on the website and within member and provider portals and mobile apps.

This will also allow IEHP to reduce its call volumes by addressing high call drivers by providing AI driven self-service options in an omni-channel experience. Ensure consistency by adhering to predefined workflows established by IEHP, thereby maintaining uniformity in customer interactions. IEHP will utilize this to increase and expand member engagement as it is able to deploy across multiple channels, including websites, messaging apps, and social media platforms. This will ensure a consistent user experience across various touchpoints and maximize outreach efforts including predictive health targeted campaigns.

- AI Module woven across all modules to include AI Studio: Provides a cohesive and powerful AI-driven ecosystem that enhances efficiency, decision-making, and user experience while offering flexibility and scalability for future growth.
- Upgrade to Premier Support (included in price of bundle): Accelerated service and preventative care in addition to priority handling of support cases and account advocacy through direct access to assigned technical experts.

These additional resources are dedicated to bolstering IEHP's Strategic Initiative OS.5: Operation Critical Strategy 5.3 – Member Experience, encompassing an omnichannel approach. This strategy aims to cultivate a unified member experience across both voice and digital channels, ensuring consistency and seamlessness in member interactions.

Adding these capabilities creates a cost avoidance of close to \$500,000 per annum as the AI Studio module is no additional cost to IEHP. AI Studio enables IEHP to leverage industry leading artificial intelligence platforms like OpenAI and HuggingFace to support various operational needs across IEHP.

Usher provided IEHP with a bundled pricing option, inclusive of the true up licensing and upgrade module cost valued at \$8,750,000. Accordingly, IT is requesting an additional \$3,250,000 to cover the remaining funds to satisfy the bundle price option, inclusive of an approximate 5.4% contingency for potential customizations and right-sizing of the solution for IEHP needs. The total cost (including this request) of this Agreement shall not exceed \$8,750,000 through May 11, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. Chiu 06/14/2024	C. Hendricks 06/14/2024	M. Popka 06/17/24]		V. Devabhaktuni 06/18/24

INFORMATION TECHNOLOGY DEPARTMENT

12. DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH APPEXTREMES, LLC, DBA CONGA

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 for the continued provision of the Conga Contracts software platform, including subscriptions and professional services along with training and technical support with AppExtremes, LLC dba Conga (Conga) for an additional amount not to exceed \$840,076.58 through July 22, 2026, effective July 23, 2024. The total amount payable under this vendor shall not exceed \$1,939,567.59 through July 22, 2026.

Contact:

Vinil Devabhaktuni, Chief Digital, and Information Officer

Background:

IEHP requires the Conga Contracts subscription services to streamline and automate the contract lifecycle management (CLM) process, ensuring efficiency and accuracy from creation to completion. By utilizing Conga Contracts, Team Members can seamlessly initiate the contract lifecycle to create contracts, manage and track changes, and efficiently handle approvals, and save valuable time. Additionally, Conga's reporting capabilities provide critical insights into contract status and performance, enabling data-driven decision-making for the Plan. Ultimately, this will contribute to achieving IEHP's strategic goals, fostering a more organized, reliable, and effective procurement process.

Implementing a single source procurement process through Conga is strategically justified to ensure the highest level of efficiency, consistency, and integration within our contract lifecycle management. Conga has demonstrated its capability in automating and streamlining contract creation, approval workflows, change tracking, and reporting for the Plan. The continuity and specialized features offered by Conga Contracts are critical for sustaining and advancing IEHP's procurement efficiency, making a single procurement process not only practical but essential. Furthermore, continuing with Conga Contracts guarantees that Team Members leverage a proven, reliable solution, enhancing compliance and risk mitigation associated with contract management, and ensures that we can manage our contracts with greater transparency and accountability.

IEHP has contracted with Conga since 2018 and has previously approved the following contractual documents as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
03/30/2018	16-64	1-year agreement	05/31/2019	\$77,200
08/14/2018	16-64	Added new implementation services	05/31/2019	\$122,216.71

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Date Approved	MO#	Purpose	Term Expiration	Cost
7/23/2019	16-64	Entered a 3-year renewal with expanded licenses and training.	07/22/2022	\$486,550.71
11/15/2019	16-64	Added a Sandbox environment.	07/22/2022	\$13,524.59
07/06/2022	16-65	Renewed Conga licenses and Sandbox for a two (2) year term.	07/21/2024	\$399,999
Total Cost to Date:				\$1,099,491.01
New Cost:				\$840,076.58
Total Not to Exceed Cost Vendor Cost:				\$1,939,567.59

Discussion:

Contracting with Conga for an additional two years will allow IEHP to continue with the current suite of services. IEHP has also elected to add on the Conga Contracts Intelligence (CCI) module which will optimize the contract management process. CCI will enable IEHP to leverage an advanced contract intelligence machine learning utilizing artificial intelligence (AI) to import and extract terms, fields, and clauses from contracts. By leveraging AI technology, the manual process for contract iteration comparison will be automated and streamlined for optimal efficiency and reduced lead times during the contract review process.

The subscription fees for Conga Contracts and Sandbox amount to \$475,174.56 which will give the team members access to the Conga Platform. A one-time fee of \$18,000 is allocated for additional professional services required for CCI implementation, which will consist of configuration of the tool by integrating contract intelligence into the current Conga platform and linking to AI, and training to ensure the team members are proficient in using the Conga Contracts Intelligence tool. Moreover, comprehensive technical support from Conga will be available for the entire two-year period, costing \$270,531.42. The total cost for the two-year term is \$763,705.98. Additionally, IEHP is requesting an additional 10% contingency cost of \$76,370.60 to cover for unexpected costs.

The table below outlines the detailed cost breakdown for the two-year renewal for the services:

Description of Services	Term	Cost
Subscription Fees for Conga Platform and Sandbox	24 months	\$475,174.56
Professional Services and Training – Conga Contract Intelligence Implementation Services	One-time	\$18,000.00
Technical Support	24 months	\$270,531.42
Cost:		\$763,705.98
10% Contingency Cost:		\$76,370.60
Total Cost:		\$840,076.58

The additional cost of this contractual documents including the contingency cost shall not exceed \$840,076.58 effective July 23, 2024. The total cost (including this request) under this vendor shall not exceed \$1,939,567.59 through July 22, 2026.

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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K.Tsui 6/14/2024	J. Balay 6/14/2024	M. Popka 6/17/2024	C. Hendricks 6/14/2024	V. Devabhaktuni 6/18/2024

INFORMATION TECHNOLOGY DEPARTMENT

13. APPROVE CONTRACTUAL DOCUMENT(S) AND THE FUNDING INCREASE TO LICENSING AGREEMENT NO. 7709 WITH MAGNUM TRANSACTION SUB, LLC. DBA LYRIC

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) approve contractual document(s) and the funding increase to Licensing Agreement No. 7709 (Agreement) with Magnum Transaction Sub, LLC. dba Lyric (Magnum) f/k/a Change Healthcare f/k/a McKesson Health Solutions, for the provision of ClaimsXten annual usage-based licensing renewal for an additional amount not to exceed \$604,490 through July 21, 2025. The total amount payable under this Master License Agreement (MLA) shall not exceed \$7,195,275 through July 21, 2025.

Contact:

Vinil Devabhaktuni, Chief Digital and Information Officer

Background:

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

In February 2016, IEHP issued a Request for Proposal (RFP) to identify a vendor capable of providing the Plan with a National Correct Coding Editor and related services for the Health Solutions Plus (HSP) claims processing system. Based on the initial RFP and demonstration scores, McKesson Health Solutions, which later became Change Healthcare and has now consented to assign its ClaimsXten portfolio to Magnum dba Lyric, was selected as the preferred vendor.

Since then, the Governing Board had previously approved the contractual documents as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
05/09/2016	16-67	Delegation of Authority to sign Contract Supplement No. 28598 to License Agreement No. 7709 with McKesson Health Solutions for a National Correct Coding Editor (Claims Xten) for a five (5) year term with option to renew the contract for up to an additional five (5) years at an estimated annual cost of \$475,000.	07/21/2025	\$5,212,000

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Date Approved	MO#	Purpose	Term Expiration	Cost
04/9/2018	18-107	Delegation of Authority to approve a service order for an additional ClaimsXten Select Rule Knowledge Pack.	11/22/2018	\$111,000
03/11/2019	19-48	Approved the service order for content maintenance training and certification program services in support of team member's use of the National Correct Code Initiative Editor.	06/15/2019	\$12,000
09/22/2020	20-274	Approved Service Order Number MHS 16895-H and Service Order Number MHS 16509-H for content maintenance training and certification program services as well as ClaimsXten Select Policy Management Module training and certification.	12/21/2020	\$36,400
07/12/2021	21-210	Approved the funding increase to Licensing Agreement No. 7709 with Change Healthcare for the provision of annual usage-based licensing under CS 28598.	07/21/2022	\$750,000
09/13/2021	21-271	Ratify and approve the add-on order to licensing agreement No. 7709 with Change Healthcare for the Fraud, Waste, and Abuse Module.	07/21/2022	\$45,580
07/11/2022	22-258	Approved Quote #187806 and the funding increase to licensing agreement No. 7709 CS 28598 with Change Healthcare Technologies.	07/21/2023	\$423,805
Total Cost to date:				\$6,590,785
New Cost:				\$604,490
Total Cost:				\$7,195,275

Discussion:

IEHP is requesting the continuation of the ClaimsXten License to maintain access to the ClaimsXten software and affiliated modules, which are essential for the company's coding validation and claims payment processing efforts. The renewal cost for year nine (9) totals \$1,079,490. The fees for this year's license renewal costs were based upon the following

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calculations to account for coverage of 991,500 covered lives with a negotiated rate of \$1.06 PMPY for the number of covered lives over 700,000:

Tier	Per Member / Covered Life Per Year (PMPY) Fee	Covered Lives Per Tier	Cost Calculation	Cost
Up to 425K	\$475,000 (Baseline fee)	425,000	\$475,000	\$475,000
425K – 450K	\$1.10	25,000	\$1.10 X 25,000	\$27,500
450K – 500K	\$1.09	50,000	\$1.09 X 50,000	\$54,500
500K – 550K	\$1.08	50,000	\$1.08 X 50,000	\$54,000
550K – 600K	\$1.07	50,000	\$1.07 X 50,000	\$53,500
600K – 700K	\$1.06	100,000	\$1.06 X 100,000	\$106,000
Over 700K	\$1.06	291,500	\$1.06 X 291,500	\$308,990
Year-Nine Total Cost				\$1,079,490

Since yearly figures depend on underlying utilization levels, the coverage costs exceeding the baseline fee of \$475,000 are expected to vary between the optional renewal years. Therefore, the Plan will apportion the \$475,000 from the secured funding approved in Minute Order 16-17 for the renewal year nine (9) of Contract Supplement No. 28598 to License Agreement No. 7709.

As such, IEHP is requesting approval for an additional \$604,490 (\$1,079,490 - \$475,000) in funding. This is to account for the increased number of covered lives since the Agreement's inception in 2016, ensuring the continued provision of ClaimsXten and its associated modules for the Plan's coding validation and claims payment processing needs.

The total cost (including this request) of this Master License Agreement shall not exceed \$7,195,275 through July 21, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 6/5/2024	W. Yanes 6/6/2024	M. Popka 06/13/24	J. Lopez D. Baray 6/5/2024	V. Devabhaktuni 06/05/24

MARKETING DEPARTMENT**14. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH SAN BERNARDINO COMMUNITY COLLEGE DISTRICT****Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement with San Bernardino Community College District for the provision of a KVCR Television (TV) health show for an amount not to exceed \$220,000, through June 30, 2025.

Contact:

Michelle Rai, Chief Communications & Marketing Officer

Background:

KVCR Public Media is a division of the San Bernardino Community College District and a public television broadcasting company for the Riverside and San Bernardino counties. KVCR's mission is to be a trusted source for news, education, culture and community engagement in Riverside and San Bernardino counties.

Since 2021, IEHP and KVCR have enjoyed a mutually supportive partnership with KVCR-Radio, 91.9-FM. Currently, KVCR-Radio is broadcasting mission-focused messaging for IEHP. In January and February of 2023 and 2024, these messages promoted IEHP nominations for the "Living the Mission" Awards. Additionally, in 2023, IEHP invited KVCR-Radio on National Public Radio Day to broadcast live from IEHP's Community Resource Centers (CRCs) in San Bernardino and Riverside. This offered an opportunity to promote the services offered at the CRCs.

IEHP desires to expand its partnership with KVCR by contracting with KVCR-TV. KVCR-TV provides local television broadcasting aimed at informing and educating Riverside and San Bernardino county residents about health topics relevant to the health disparities they face. IEHP's partnership with KVCR-TV will fall under advertising. In accordance with IEHP's Procurement Policy, Section 5.1 exemptions categories, advertising is exempt from competitive bids.

Discussion:

IEHP will partner with KVCR-TV to produce and broadcast a TV show, "The Wellness Series" (working title), that includes five (5), 30-minute episodes dedicated to promoting health and wellness for San Bernardino and Riverside audiences.

In each episode, the host introduces key topics focused on important quality measures and where to learn more about the relevant resources. Each segment follows and interviews healthcare professionals, including doctors, in their work environment. Topics covered include:

- Children's Health
- Women's Health
- Perinatal Care

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- Chronic Illnesses
- Behavioral Health

KVCR-TV will also include the production of material to promote the mass broadcasting of the health show:

- Ten (10), 90-second interstitials featuring health education-related videos to air daily TV programs for 20 weeks consecutively.
- Radio announcements informing the audience to tune in and watch “The Wellness Series” show.
- Weekly promotional materials for TV and social media.
- Marketing and promotion of the TV health show to their TV and radio members (10,000) via e-blasts including links to the short videos broadcast schedules for each episode.

Cost Breakdown:

- **Pre-Production \$30,000**

Hire key personnel (including producer, health producer/host); schedule meetings; create storyboard and shot list the scenes; scout and secure locations; get permits and insurance; and schedule shoot days.

- **Production \$85,000**

Set up locations and stage for interviews; start production by recording interviews, scenarios and b-roll; bring production crew to on-location sites to get appropriate shots; branding development; and create motion graphics.

- **Post-Production \$95,000**

Finalize project by ingesting footage, editing video and story, and correcting sound and color for episodes. Complete the final project with correct credits, closed captioning and titles.

- **Marketing & Expenses \$10,000**

Create graphics and promotional materials for website, TV and radio promos, e-blasts and social media assets.

Total = \$220,000

IEHP is requesting approval to enter an Agreement with San Bernardino Community College District for the provision of a KVCR-TV health Show for an amount not to exceed \$220,000, through June 30, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	L. Herrera 5/03/2024	S. Albritton 5/07/2024	M. Popka 06/13/2024	C. Cosma 5/03/2024	M. Rai 5/03/2024

QUALITY DEPARTMENT

15. APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH RIVERSIDE COUNTY FOUNDATION FOR MEDICAL CARE DBA INLAND EMPIRE FOUNDATION FOR MEDICAL CARE

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Professional Services Agreement (Agreement) with Riverside County Foundation for Medical Care dba Inland Empire Foundation for Medical Care (RCFMC) for the provision of comprehensive support to IEHP Providers, aimed at enhancing clinical outcomes, and improving IEHP Member engagement for an amount not to exceed \$3,665,000 through December 31, 2025.

Contact:

Edward Juhn, Chief Quality Officer

Background:

IEHP is committed to ensuring the delivery of high-quality care to its Members by providing robust support to IEHP Providers. As part of this commitment, IEHP and RCFMC have partnered to actively assist Providers in improving their workflows to enhance quality performance since 2015. This assistance is facilitated through a diverse range of comprehensive programs and activities that include:

1. Assisting/Training to Close Care Gaps;
2. Reducing Health Care Inequities;
3. Troubleshooting Quality-Related Claims and Billing Errors;
4. Educating Providers on IEHP's Global Pay For Performance (P4P) Program; and
5. Electronic Health Record Optimization.

IEHP has contracted with RCFMC since 2015 to provide the services mentioned above. The existing agreement will expire on June 30, 2024, and the parties agree to establish a new Agreement for these services.

IEHP seeks to execute an Agreement with RCFMC through a Single Source procurement. The selection of RCFMC as a single source by the IEHP Quality Department is grounded in several considerations which include the following:

1. **Recognized Local Leader** – RCFMC partners with the Riverside County Medical Association (RCMA) to support IEHP Providers in improving quality performance and office workflows. This trusted partnership signifies strong endorsement and support from respected local healthcare professionals.
2. **Unique Regional Insight** – RCFMC understands the specific needs of Providers and Members in the Inland Empire. This local knowledge helps tailor services to the Inland Empire, enhancing the effectiveness of quality improvement efforts.
3. **Established Vendor** – RCFMC and IEHP have partnered since 2015 to support IEHP Providers to improve office and clinical workflows with aim to improve quality measure

performance. This established relationship provides a foundation of trust and collaboration, critical elements in ensuring the success of IEHP's quality initiatives.

Discussion:

IEHP requests approval to execute an Agreement with RCFMC for an amount not-to-exceed \$3,665,000 through December 31, 2025. Under this Agreement, RCFMC will implement two quality improvement programs: the Dual Eligible Quality Improvement Program (DE QIP) and the Medi-Cal Quality Improvement Program (MC QIP). The DE QIP aims to support participating Providers who deliver primary care services to IEHP DualChoice Members. Concurrently, the MC QIP is designed to assist participating IEHP Providers serving IEHP Medi-Cal Members. These programs provide comprehensive practice support to eligible IEHP Providers by facilitating sustainable improvements, like those mentioned above, that improve office and clinical workflows. These programs aim to enhance care outcomes and workflows for Providers as they care for IEHP Members, who, in turn, experience improved patient care, care coordination and patient experience. Furthermore, the DE QIP and MC QIP enhance IEHP's quality measure performance and help meet requirements from regulatory entities such as the California Department of Health Care Services.

RCFMC will also conduct the following programs as outlined in the agreement:

- **DE QIP and MC QIP Transition** – RCFMC will train IEHP Team Members to support IEHP Providers in enhancing office and clinical workflows with an aim to improve quality measure outcomes. Additionally, RCFMC will facilitate the full transition of DE QIP and MC QIP participating clinics to IEHP Team Members by the Agreement's term date of December 31, 2025.
- **Enhanced Member Engagement Pilot** – RCFMC will conduct a one-year pilot program to design and test strategies aimed at engaging IEHP Members who have not visited their Primary Care Provider (PCP) in the past 12 months to seek care from their PCP.

The fees associated with the Agreement are as follows:

Item	Cost
Dual Eligible Quality Improvement Program	\$1,770,000
Medi-Cal Quality Improvement Program	\$1,770,000
Dual Eligible and Quality Improvement Program Transition	\$15,000
Enhanced Member Engagement Pilot	\$110,000
Total	\$3,665,000

A portion of the compensation to RCFMC for the DE QIP and MC QIP will be at-risk, dependent on the overall performance of participating Providers on specified quality measures compared to established benchmarks. RCFMC will assist Providers in enhancing workflows to achieve measurable improvements within these measures. RCFMC's compensation will be adjusted based on the attainment of these performance targets, ensuring alignment with program goals and objectives.

CONSENT AGENDA

The support provided to IEHP Providers as a result of this Agreement aligns seamlessly with IEHP’s strategic vision commitment of Optimal Care. This vision commitment seeks to support IEHP Providers deliver clinical care with outcomes that surpass national benchmarks for quality. By fostering high standards and robust support to Providers, IEHP ensures that its commitment to quality health care and Member well-being remains at the forefront of its operations.

The cost of this Agreement shall not to exceed \$3,655,000 through December 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Moussa 06.14.2024	R. Hsieh 06.14.2024	M. Popka 06/18.24	G. Fick 06.17.2024	E. Juhn 06.18.2024

PROVIDER CONTRACTING DEPARTMENT

16. RATIFY AND APPROVE THE NINTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH ALPHA CARE MEDICAL GROUP INC– PASADENA

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Ninth Amendment to the Capitated IPA Agreement with Alpha Care Medical Group Inc effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Alpha Care Medical Group Inc is currently a contracted IPA in the IEHP Network.

Discussion:

The Amendment is to extend the term of the agreement beginning May 1, 2024 through April 30, 2025.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

17. RATIFY AND APPROVE THE FIRST AMENDMENT TO THE LETTER OF AGREEMENT WITH KAISER FOUNDATION HOSPITALS ON BEHALF OF ITS SOUTHERN CALIFORNIA REGION – MULTIPLE LOCATIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the First Amendment to the Letter of Agreement with Kaiser Foundation Hospitals, on behalf of its Southern California Region, effective January 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

Kaiser Foundation Hospitals, on behalf of its Southern California Region, is currently active in the IEHP Network.

Discussion:

The Amendment replaces all references to tax identification number 95-1750445 with 94-1105628.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

18. RATIFY AND APPROVE THE FEE-FOR-SERVICE PRIMARY CARE PROVIDER AGREEMENT WITH THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DBA THE UNIVERSITY OF CALIFORNIA, RIVERSIDE, UCR HEALTH – MULTIPLE LOCATIONS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fee-For-Service Primary Care Provider Agreement for The Regents of the University of California dba The University of California, Riverside, UCR Health, effective February 1, 2024.

Contact:

Susie White, Chief Operating Officer

Background:

The Regents of the University of California dba The University of California, Riverside, UCR Health would like to participate as a Primary Care Provider in the IEHP network for all lines of business.

Discussion:

The new Agreement was tailored to reflect the primary care physician services and multi-specialty services offered by The Regents of the University of California dba The University of California, Riverside, UCR Health.

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

19. RATIFY AND APPROVAL OF THE STANDARD TEMPLATES

Recommended Action:

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

Contact:

Susie White, Chief Operating Officer

Background:

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

Discussion:

The following standard templates are being presented to the Governing Board for ratified approval, effective July 1, 2024:

- 1) Intermediate Care Facility Agreement (Excluding Medicare)
- 2) Hospitalist/SNFist Agreement - ([State,] [Medicare] [and Covered California])
- 3) Hospitalist Attachment A

Fiscal Impact:

None

Financial Review:

N/A

Reviewed by Counsel:

Yes

PROVIDER CONTRACTING DEPARTMENT

20. 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 is subject to the same conditions as the original agreement unless sooner terminated in accordance with the terms and conditions.

Discussion:

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

Additional five (5) year term:

- 1) Inland Empire Colon and Rectal Surgeons - Participating Provider Agreement – Specialist – Redlands

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

Additional one (1) year term:

- 2) Maria Puraci dba Holy Hill Home Care - Residential Care for the Elderly – Yucaipa
- 3) Nick Puraci dba Holy Hill Home Care East - Residential Care for the Elderly - Yucaipa

Additional five (5) years term:

- 4) Aspire Healthcare Services Inc - Ancillary Agreement – Upland
- 5) Dialysis Center of Ontario LLC – Ancillary Agreement – Ontario
- 6) Genus Home Care Inc - Ancillary Agreement – Upland
- 7) Jeffrey N Mar MD Inc dba Valenta Inc – Ancillary Agreement - Rancho Cucamonga
- 8) Nova Home Hospice Inc – Ancillary Agreement - Upland
- 9) ZOLL Services LLC – Ancillary Agreement – Pittsburgh
- 10) Accept Family Counseling Inc – Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 11) Betina Scott dba Betina Scott DSW LCSW – Participating Provider Agreement - Behavioral Health - Corona
- 12) Center for New Directions Inc – Participating Provider Agreement - Behavioral Health - Temecula
- 13) Glenn P Matney MD Inc - Participating Provider Agreement - Behavioral Health - Victorville
- 14) Landon M Martin dba The Gender Affirmation Project - Participating Provider Agreement - Behavioral Health – Riverside
- 15) Louis Battistone – Participating Provider Agreement - Behavioral Health – Redlands

CONSENT AGENDA

- 16) Michele Putini dba Be Authentic Family Therapy Services Inc – Participating Provider Agreement - Behavioral Health - Upland
- 17) Raincross Counseling Services - Participating Provider Agreement - Behavioral Health – Riverside
- 18) Rebecca Hames – Participating Provider Agreement - Behavioral Health – Palm Springs
- 19) Rosa Lee Acevedo PhD LMFT – Participating Provider Agreement - Behavioral Health – Riverside
- 20) Tania Hortencia McLean-Nicholas dba Renewed Hope Counseling Services – Participating Provider Agreement - Behavioral Health – Temecula
- 21) Arrowhead Family Medical Group Inc - Capitated Primary Care Provider Agreement – San Bernardino
- 22) Ironstone Medical Clinic Inc - Capitated Primary Care Provider Agreement – Riverside
- 23) Park Sierra Medical Clinic Inc– Capitated Primary Care Provider Agreement – Colton
- 24) BENEJ Pediatrics Inc– Capitated Primary Care Provider Agreement (Excluding Medicare) – Loma Linda
- 25) Jaime Gonzalez MD Inc - Capitated Primary Care Provider Agreement (Excluding Medicare)- Pomona
- 26) Tahseen N Shareef dba Tahseen Shareef MD – Participating Provider Agreement - Capitated Primary Care Provider Agreement (Excluding Medicare) – Grand Terrace
- 27) Temecula Valley Family Physicians - Capitated Primary Care Provider Agreement (Excluding Medicare) – Perris
- 28) Myrna T Maniulit Perez dba Perez & Perez Medical Corporation - Fee-For-Service Primary Care Provider Agreement (No Medicare) – Upland
- 29) Accel Therapies Inc - Participating Provider Agreement – QASP – Victorville
- 30) Autism Spectrum Interventions - Participating Provider Agreement – QASP – Riverside
- 31) Babak Dadvand MD Inc - Participating Provider Agreement – Specialist – Apple Valley
- 32) Pediatric Cardiology Specialists - Participating Provider Agreement – Specialist – San Bernardino
- 33) Quanwei Zhang dba Quanwei Zhang MD Inc - Participating Provider Agreement – Specialist – Victorville
- 34) Reza Ahmadinia MD Inc - Participating Provider Agreement – Specialist – Apple Valley

Fiscal Impact:

Included in CY2024 Budget

Financial Review:

N/A

Reviewed by Counsel:

N/A

ADMINISTRATION

21. CHIEF EXECUTIVE OFFICER UPDATE

Recommended Action:

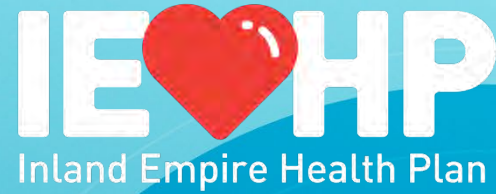
Review and File

Contact:

Jarrold McNaughton, Chief Executive Officer

Discussion:

Chief Executive Officer update for the July 8, 2024 Governing Board Meeting.



Governing Board Meeting

CEO BOARD REPORT | *July 8, 2024*

MISSION MOMENT



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
May 2024	1,497,451	1,506,064	8,613	(7,082)
June 2024	1,487,380	1,506,411	19,031	347
July 2024	1,477,336	1,509,149	31,813	2,738



NCQA HEALTH PLAN ACCREDITATION

- We officially received our NCQA Health Plan Accreditation status!
- Our official final score was 100% from last month's Medi-Cal Health Plan Accreditation Survey.
- This is a wonderful improvement compared to the 95% score we received in 2021.
- Hats off to all our teams for this wonderful accomplishment.
- We will maintain this Health Plan Accreditation status until June 20, 2027.



CONGRATS, HSF GRADS!

- So proud to celebrate the achievements of over 30 IEHP Health Scholars who have graduated from California University of Science and Medicine (CUSM), Loma Linda University (LLU) School of Medicine & School of Nursing, and University of California, Riverside.
- 50% of our scholars are staying in the IE for their residency programs with RUHS Psychiatry, LLU Med Peds, Temecula Internal Medicine and ARMC General Surgery.
- We look forward to watching our scholars thrive and grow as they take the next steps of their medical careers.



SBCMS RECOGNITION

- Jarrod was honored with the “2024 SBCMS Presidential Award” by the San Bernardino County Medical Society at its Annual Installation of Officers and Outstanding Awards event on June 27.
- Jarrod was recognized for his many years of dedication and representation to the mission of quality health care.
- A special congratulations to this year’s incoming officers, the new president William Jih, M.D., and our very own IEHP Healthcare Scholar Anna Nguyen for earning the Bangasser Medical Student Scholarship. You help us inspire hope and healing in the I.E.



IEHP LEADERS SPOTLIGHT

- **VP of Health Equity Lorena Chandler** was a panelist at the CAHP Seminar, “Driving Healthcare Equity” on May 14. The discussion included leaders from Anthem Blue Cross and Health Net and focused on integrating quality and health equity to improve medical outcomes. Lorena also participated in a panel discussion on Inequity in Care Navigation at the annual Centers for Medicare & Medicaid Services (CMS) Health Equity Conference on May 29-30 in Bethesda, MD. Lorena explored the profound challenges within the current health care framework and addressed the challenges these populations face, emphasizing the urgent need for a more compassionate system.
- **Manager of Integrated Transitional Care Ben Jauregui** was appointed by Governor Newsom to the California Commission on Aging. Ben is also a member of the National Association of Social Workers and Founding Board Chair of the Inland Coalition on Aging.



IEHP AT THE QUAKES

- IEHP team members and their families celebrated “Friends Night” with the Rancho Cucamonga Quakes on Friday, June 21.
- Mike Grant, VP of Member Experience, threw the opening pitch.
- Michelle Rai, Chief Communications and Marketing Officer, spoke about IEHP’s services during the Quakes’ live radio broadcast.
- IEHP is sponsoring six additional Family Sundays (kids 12 and under eat free) for community members and two health events (partnering with SAC Health’s mobile clinic) for IEHP members.





IEHP COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee (CAC) is a new requirement by DHCS and was developed to:

- ♥ Identify and advocate for preventive care practices.
- ♥ Inform health plan cultural and linguistic policies and procedures.
- ♥ Improve member or provider targeted services, programs, partnerships, and trainings.
- ♥ Provide feedback on quality improvement efforts, education and operational cultural issues affecting IEHP members.

Regulatory Requirements

 <p>Diverse Selection Committee</p>	 <p>Geographic and equitable representations</p>	 <p>Policy updates including incentives</p>
 <p>Dedicated CAC Coordinator</p>	 <p>CAC Member- Appointed to DHCS Statewide CAC</p>	 <p>CAC involved in Health Equity Plan</p>



CAC DEMOGRAPHICS & REPRESENTATION EFFORTS

CAC Membership Demographics

- ♥ All six IEHP regions represented
- ♥ Representatives from all diverse and hard-to-reach populations articulated in contract:
 - Diverse racial and ethnic backgrounds.
 - LGBTQ+ individuals.
 - Persons with disabilities.
 - Individuals with chronic/behavioral conditions.
 - Unhoused persons.
 - Undocumented individuals.
- ♥ 19 are IEHP members (70%)
- ♥ 9 are non-members (30%)

CAC Selection/Nominating Committee

- ♥ A culturally and professionally diverse group of individuals tasked with recruiting and selecting CAC members.
- ♥ The formation of a selection committee was a new requirement by DHCS.








INAUGURAL CAC MEETING HIGHLIGHTS






1st Meeting Topics

Quality Overview Marketing Plan Health Equity Network Development

Feedback on Health Plan Efforts Received

-  In-home vaccination program.
-  Provide in-home asthma assessments & health education.
-  Leverage push-notifications via IEHP member app and other modes of digital communication.
-  Update health plan material language to be inclusive of LGBTQ+ community.
-  Praised member incentive efforts for vaccines and other measures.

Future Agenda Items Requested

-  Nutrition programs.
-  Mental health.
-  Men's health.
-  Foster youth & homeless youth programs.
-  Provider training efforts on LGBTQ+ health care.

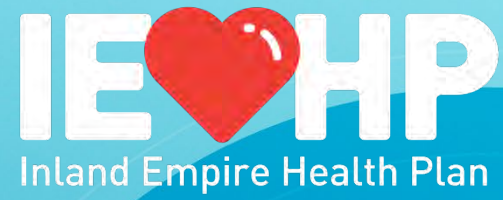
Upcoming Meetings

Date	Time	Location
Sept. 19, 2024	5 to 7 p.m.	Inland Regional Center – Conference Center
Dec. 5, 2024	5 to 7 p.m.	Riverside County Office of Education – Conference Center



June 27, 2024





Thank You!

FINANCE DEPARTMENT

22. REVIEW OF THE MONTHLY FINANCIALS

Recommended Action:

Review and File

Contact:

Keenan Freeman, Chief Financial Officer

Discussion:

Monthly Financials for Period Ending May 31, 2024.

FINANCE DIVISION

May 2024

MONTHLY FINANCIALS

Presented
July 8, 2024



May 2024 Actual vs Budget: Consolidated

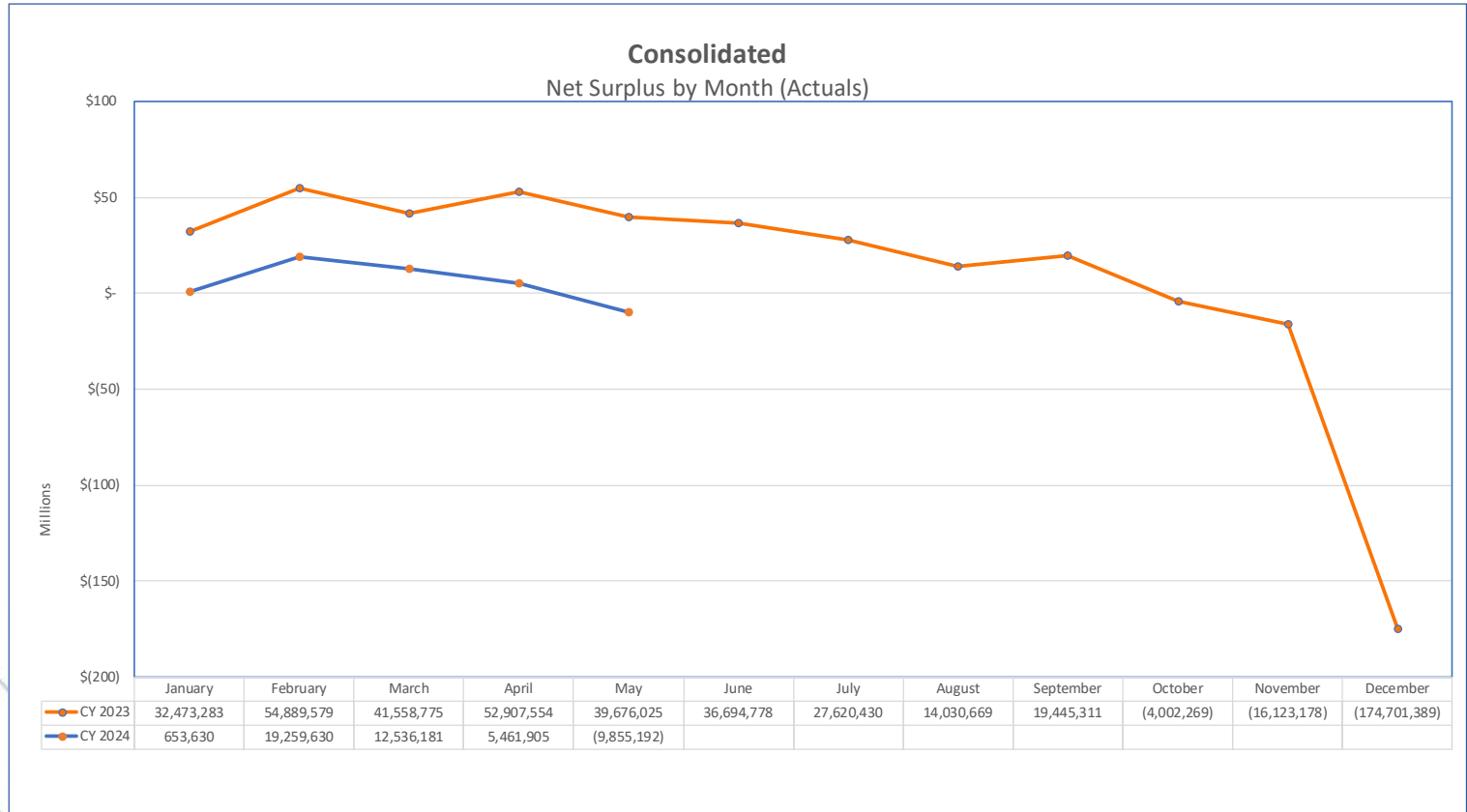
	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 571,415,597	\$ 593,504,384	\$ (22,088,787)	\$ 2,983,776,305	\$ 2,982,388,025	\$ 1,388,280
Total Medical Costs	\$ 551,809,057	\$ 549,596,571	\$ (2,212,486)	\$ 2,807,290,935	\$ 2,729,351,115	\$ (77,939,820)
Total Operating Expenses	\$ 38,097,009	\$ 39,967,633	\$ 1,870,624	\$ 190,526,988	\$ 192,448,030	\$ 1,921,042
Total Non Operating Income (Expense)	\$ 9,404,041	\$ 9,742,410	\$ (338,369)	\$ 47,607,658	\$ 32,230,825	\$ 15,376,833
Non-Medical Expenses	\$ 768,765	\$ 666,666	\$ (102,099)	\$ 5,509,887	\$ 5,440,845	\$ (69,042)
Net Surplus (Deficit)	\$ (9,855,192)	\$ 13,015,924	\$ (22,871,117)	\$ 28,056,153	\$ 87,378,859	\$ (59,322,707)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to the unfavorable CY2023 revenue rate adjustment, D-SNP risk sharing due to estimated correction of ongoing CMS Part D data issue, MCE and SPD UIS and Adult SIS member months, and EPT revenue partially offset by favorable SPD, LTC-Full Dual, and MCE SIS and Adult UIS member months.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected mental health, other health professional, HCBS other, unfavorable restatement of facility claims, and capitation expense partially offset by favorable D-SNP pharmacy claims due to estimated correction of ongoing CMS Part D data issue, and EPT expense.
- The favorable operating expense variance compared to budget is primarily due to IT and Marketing underutilization.



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

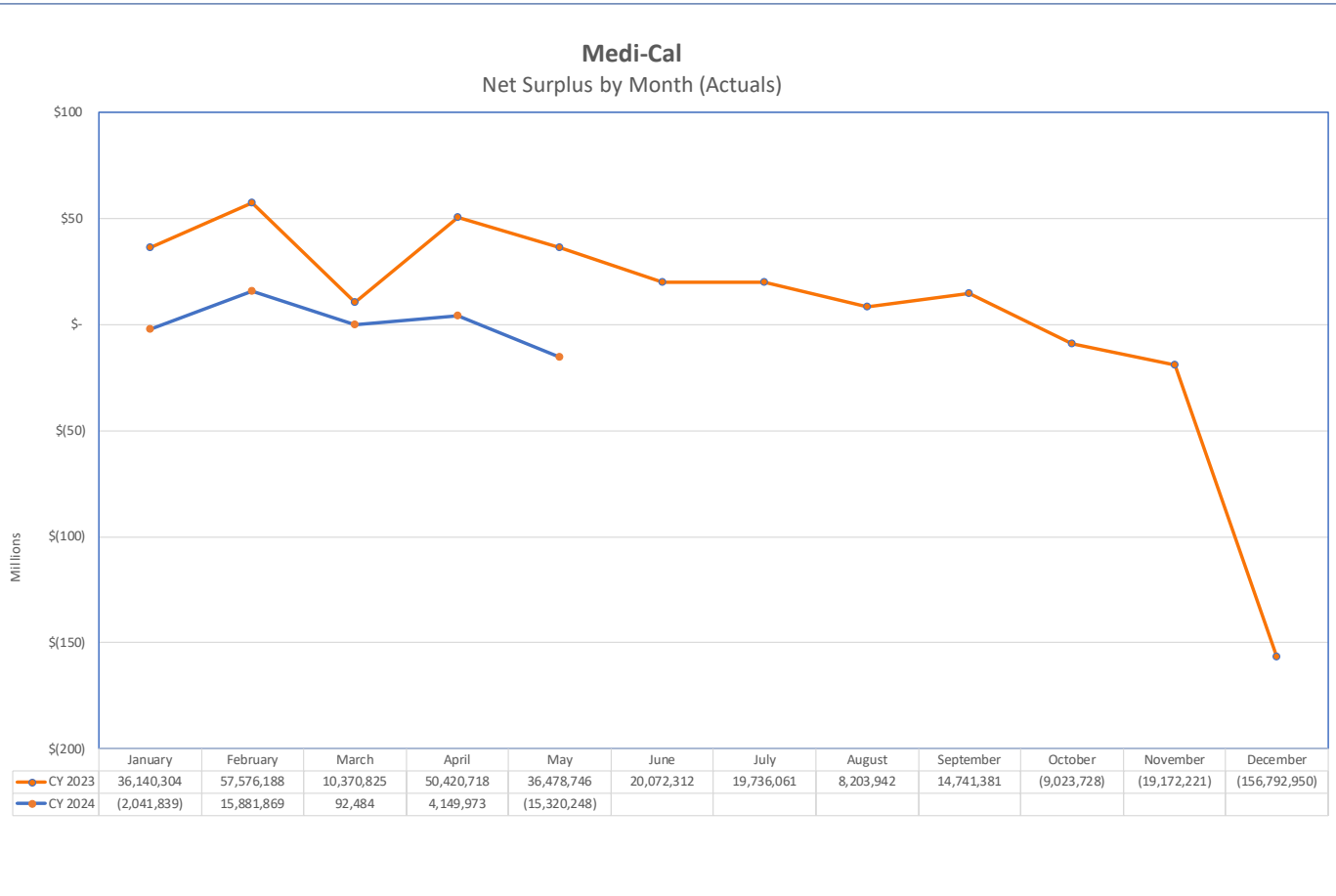
	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 508,653,758	\$ 524,462,721	\$ (15,808,963)	\$ 2,614,173,658	\$ 2,636,323,899	\$ (22,150,241)
Total Medical Costs	\$ 495,266,080	\$ 483,694,261	\$ (11,571,819)	\$ 2,470,978,827	\$ 2,404,839,785	\$ (66,139,042)
Total Operating Expenses	\$ 30,558,119	\$ 32,696,964	\$ 2,138,845	\$ 154,222,287	\$ 158,033,677	\$ 3,811,390
Total Non Operating Income (Expense)	\$ 1,850,193	\$ 2,912,732	\$ (1,062,539)	\$ 13,789,695	\$ 14,563,658	\$ (773,963)
Net Surplus (Deficit)	\$ (15,320,248)	\$ 10,984,227	\$ (26,304,475)	\$ 2,762,239	\$ 88,014,095	\$ (85,251,856)

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to the unfavorable CY2023 revenue rate adjustment, MCE and SPD UIS and Adult SIS member months, and EPT revenue partially offset by favorable SPD, LTC-Full Dual, and MCE SIS and Adult UIS member months.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable restatement of facility claims, higher-than-expected mental health, other health professional, and HCBS other, and capitation expense partially offset by favorable EPT expense.
- The favorable operating expense variance compared to budget is primarily due to IT and Marketing underutilization.



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

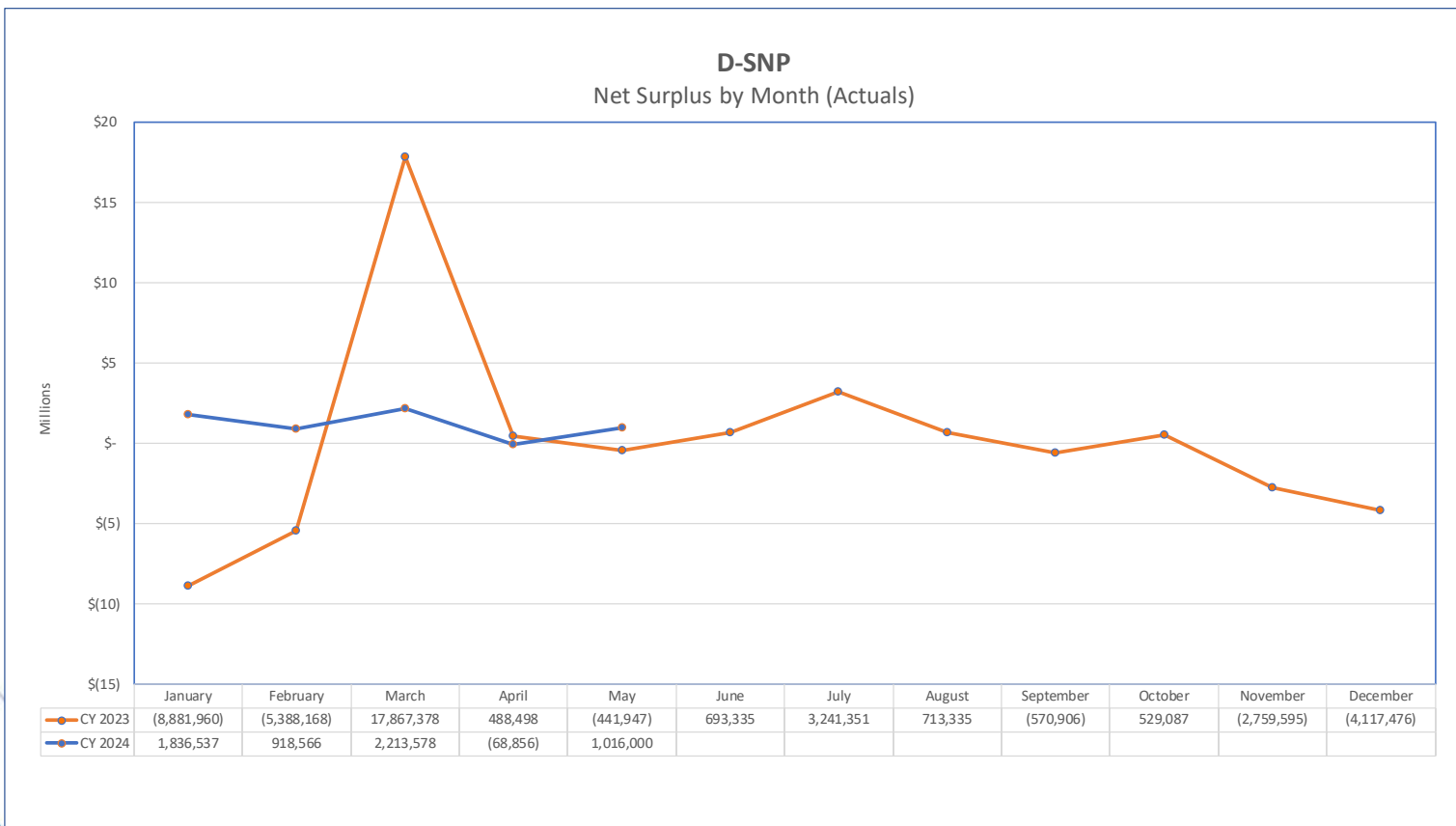
	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 52,575,819	\$ 64,503,717	\$ (11,927,898)	\$ 328,955,242	\$ 326,798,741	\$ 2,156,501
Total Medical Costs	\$ 47,307,523	\$ 59,765,171	\$ 12,457,648	\$ 302,166,762	\$ 299,081,070	\$ (3,085,692)
Total Operating Expenses	\$ 4,252,297	\$ 4,769,317	\$ 517,020	\$ 20,872,656	\$ 22,714,074	\$ 1,841,418
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 1,016,000	\$ (30,770)	\$ 1,046,770	\$ 5,915,824	\$ 5,003,596	\$ 912,228

Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to unfavorable risk sharing due to estimated correction of ongoing CMS Part D data issue.
- The favorable medical costs variance compared to budget is primarily due to favorable pharmacy claims due to estimated correction of ongoing CMS Part D data issue partially offset by unfavorable facility claims.



Net Surplus Year-Over-Year: D-SNP



Actual vs Budget: IEHP Covered (CCA)

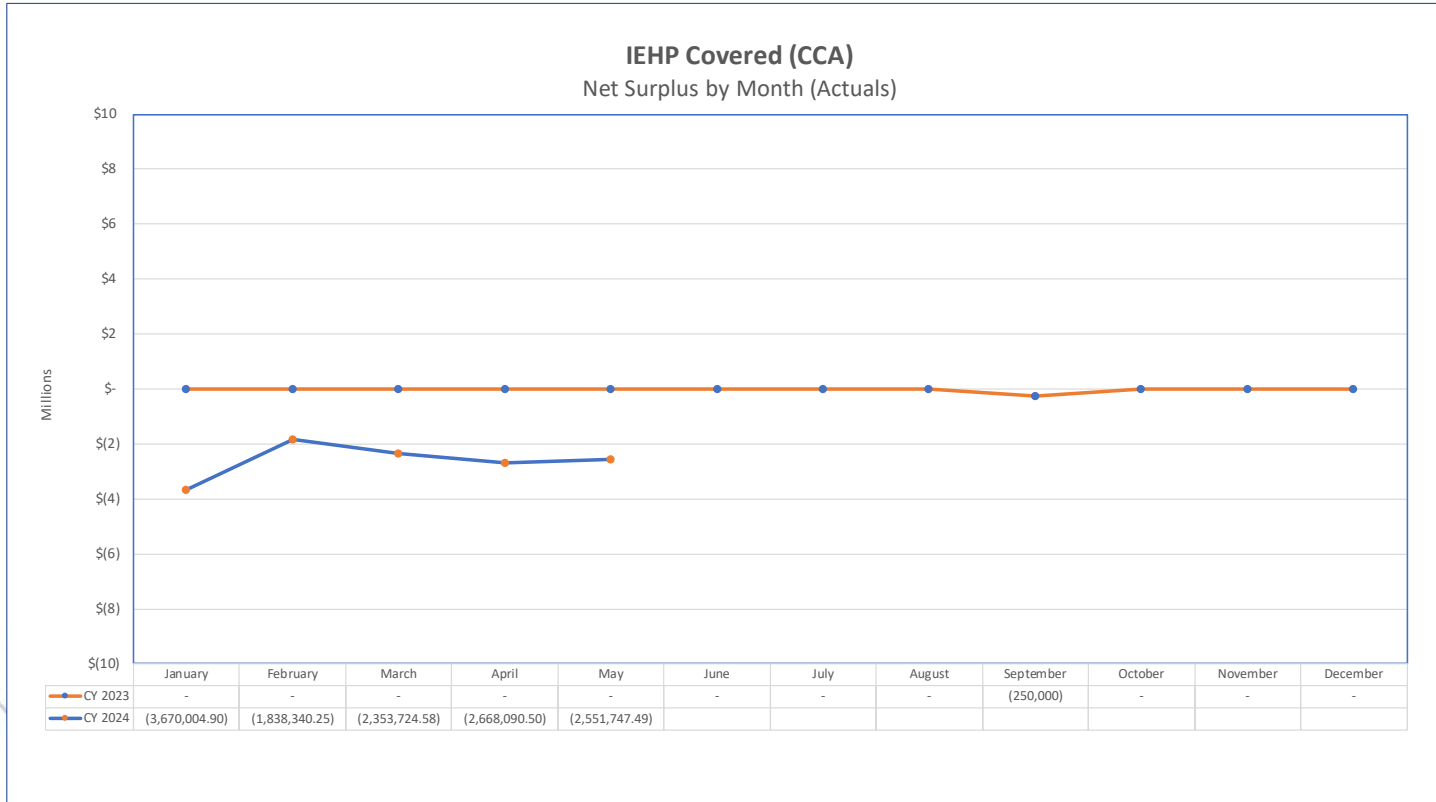
	May Month-to-Date			May Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 10,192,822	\$ 4,537,945	\$ 5,654,877	\$ 33,929,997	\$ 19,265,385	\$ 14,664,612
Total Medical Costs	\$ 9,457,976	\$ 6,137,138	\$ (3,320,838)	\$ 31,579,860	\$ 25,430,260	\$ (6,149,600)
Total Operating Expenses	\$ 3,286,593	\$ 2,279,130	\$ (1,007,463)	\$ 15,432,045	\$ 11,255,834	\$ (4,176,211)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ (2,551,747)	\$ (3,878,323)	\$ 1,326,576	\$ (13,081,908)	\$ (17,420,710)	\$ 4,338,802

Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected Silver membership.
- The unfavorable medical costs variance compared to budget is primarily due to unfavorable facility and professional claims.
- The unfavorable operating expenses variance compared to budget is primarily due to unfavorable CCA fees and other expenses.



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



Balance Sheet: Current Month vs Prior Month

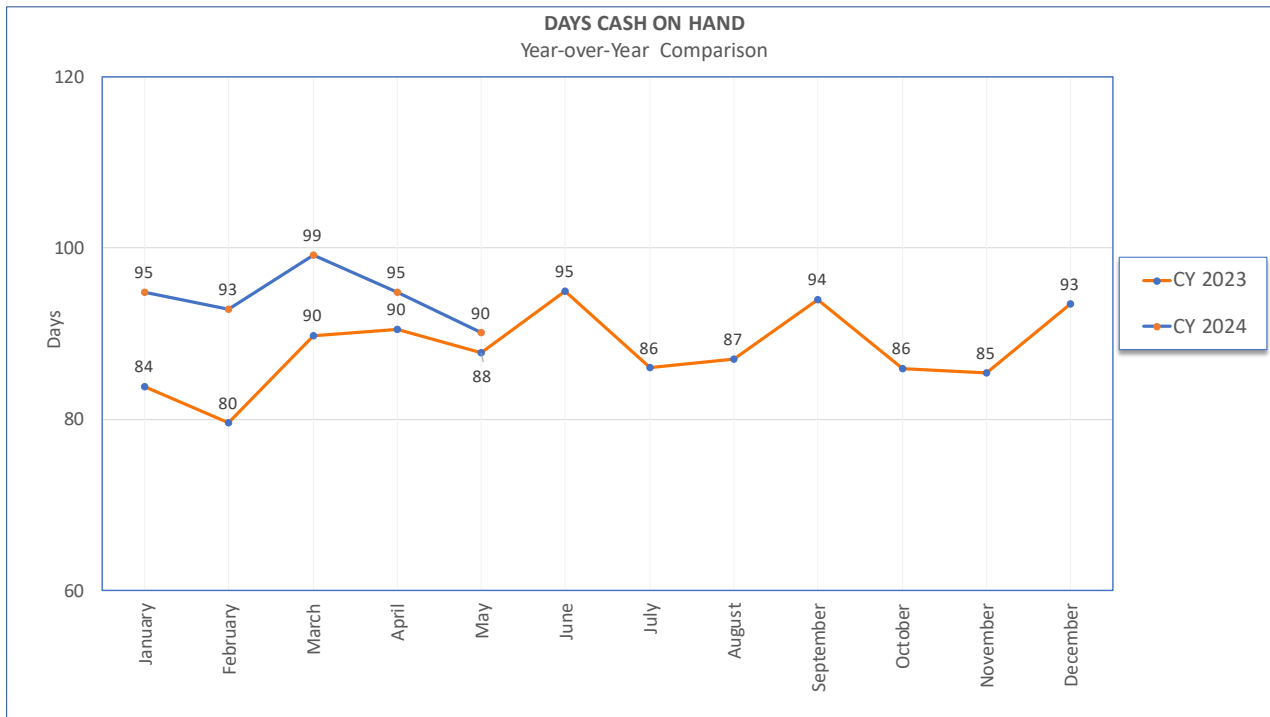
	May-24	Apr-24	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,610,846,826	\$ 2,990,771,209	\$ (379,924,382)
Long Term Receivables	\$ 23,346	\$ 26,602	\$ (3,256)
Capital Assets	\$ 275,523,417	\$ 277,126,680	\$ (1,603,264)
Deferred Outflows of Resources	\$ 75,826,110	\$ 75,826,110	\$ -
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows	\$ 2,962,219,699	\$ 3,343,750,601	\$ (381,530,901)
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 1,425,356,027	\$ 1,796,853,432	\$ (371,497,405)
Long-Term Liabilities	\$ 73,991,670	\$ 74,167,053	\$ (175,383)
Deferred Inflows	\$ 398,535	\$ 401,457	\$ (2,922)
Net Position	\$ 1,462,473,468	\$ 1,472,328,660	\$ (9,855,192)
Total Liabilities, Deferred Inflows, and Net Position	\$ 2,962,219,699	\$ 3,343,750,601	\$ (381,530,901)

Highlights for the Month:

- Decrease in Current Assets and Current Liabilities is primarily due to decrease in Cash, Accrued Medical Expense, and Due to DHCS primarily due to \$197M HQAF distribution, \$125M MCO tax, and \$57M Prop 56 MLR payments partially offset by increase in Unearned Revenue primarily due to \$76M D-SNP Jun-24 payment received in May-24.



Days Cash on Hand



Highlights for the Month:

- -\$57M Prop 56 MLR payments to DHCS, -\$24M P4P Hospital payments to Providers, -\$20M transfer to the IEHP Foundation, and \$54M Incentives payment received in prior month partially offset by \$76M D-SNP Jun-24 payment received in May-24.

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

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



OPERATIONS DEPARTMENT

23. OVERVIEW OF THE ANNUAL DELEGATION OVERSIGHT AUDIT FOR 2023

Recommended Action:

Review and File

Contact:

Susie White, Chief Operating Officer

Background:

The annual Delegation Oversight Audit (DOA) evaluates delegates' performance in the areas of Quality Improvement (QI), Utilization Management (UM), Care Management (CM), Credentialing, and Compliance.

IEHP uses audit tools, which are based upon current National Committee on Quality Assurance (NCQA), the California Department of Health Care Services (DHCS), Centers for Medicare and Medicaid (CMS) and IEHP standards.

Delegates with a score of 90% or greater pass that audit section. However, delegates with a score less than 90% must submit a Corrective Action Plan (CAP) within thirty (30) days following DOA to remedy any deficiencies noted. A CAP may be issued at the discretion of IEHP regardless of the score, even if the score is 90% or above.

IEHP provides ongoing oversight of its delegates in CM, UM, QI, Credentialing and Compliance. Oversight of delegates is conducted by way of monthly, quarterly, semi-annual, and annual reporting, annual delegation oversight audits, quality management referrals, grievances, and focused studies.

In 2023, IEHP performed the annual DOA for IPAs with the following results:

Audit Section	Average Score		Total Delegates Received CAP
QI Policies	100%	0%	0 of 18
UM Policies	98%	0%	1 of 18
UM Approval File Review	97%	↑1.0%	0 of 18
UM Denial File Review	95%	0%	1 of 18
CM Policies	92%	↓7.2%	3 of 18
CM File Review	95%	↓3.1%	0 of 18
CCM File Audit: PHM 5D (Kaiser)	Met	N/A	0 of 18
CCM File Audit: PHM 5E (Kaiser)	Met	N/A	0 of 18
Waiver Program File Audit	100%	N/A	0 of 18
Credentialing Policy & Procedure	91%	↓7.0%	13 of 18
Credentialing File Review	98%	↑0.6	11 of 18
Credentialing HDO Review	100%	N/A	0 of 18
Total Credentialing Score	95%	↓3.0%	4 of 18
HIPAA Security	91%	↓8.6%	4 of 18
HIPAA Privacy	92%	N/A	7 of 18
Compliance & FWA	95%	N/A	5 of 18

POLICY AGENDA

17 of the 18 delegates audited were required to submit a Corrective Action Plan (CAP). Overall delegate findings include the following: (individual delegate findings can be viewed on the following page)

Credentialing:

- Two (2) delegates received a CAP for Credentialing File Review.
- Four (4) delegates received a CAP for Total Credentialing Score.
- 13 delegates received a CAP for Credentialing Policy and Procedure. Of the 13 delegates to receive the CAP, two (2) delegates had a passing score of 90% or higher.

Utilization Management:

- One (1) delegate received a CAP for UM Policy Review.
- One (1) delegate received a CAP for UM Denial File Review.

Care Management:

- Three (3) delegates received a CAP for CM Policy Review.

Compliance:

- Four (4) delegates received a CAP for HIPAA Security.
- Seven (7) delegates received a CAP for HIPAA Privacy. Out of the seven (7) delegates to receive a CAP, four (4) delegates had a passing score of 90% or higher.
- Five (5) delegates received a CAP for Compliance & FWA. Out of the five (5) delegates to receive a CAP, two (2) delegates had a passing score of 90% or higher.

For the 2023 DOA, there was a decline in the Credentialing Policy and Procedure portion of the audit, policies did not meet compliance for sections CR 1 Credentialing Policies, and CR 5 Ongoing Monitoring and Interventions. The Care Management Policy and Procedures demonstrated a decline in Defined Program Goals, Care coordination, SPD and ICP. Additionally, enhancements were made to the HIPAA Security audit tools for 2022-2023, which included additional attributes to be tested and an updated scoring methodology.

IEHP performs monthly live audits for the CM file reviews, denial file reviews, approval file reviews and provides ongoing education to the delegates that require assistance. Providing monthly oversight/monitoring has allowed IEHP to identify any challenges the delegates may have encountered throughout the year, ensuring timely mitigation for a sustainable resolution.

IEHP's monthly oversight and monitoring activities also help to identify deficiencies sooner and ensure that remediation efforts are implemented timely. IEHP will continue to stringently monitor each area within the Delegation Oversight Audit tool and provide on-going training as deemed necessary and/or as requested by the delegates.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	Juan Ortega	S. White 06/13/2024



Inland Empire Health Plan

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2023 Annual Delegation Oversight Audit

Juan Ortega, Director of Delegation Oversight

Background

Evaluates Delegate's Performance in:

- Quality Improvement
- Utilization Management
- Care Management
- Credentialing
- Compliance & Fraud Waste and Abuse
- HIPAA Security
- HIPAA Privacy

Monitoring and Oversight is conducted by way of:

- Monthly, quarterly, semi-annual, annual reporting
- Monthly File Review audits for Utilization Management and Care Management
- Annual Delegation Oversight Audit
- Grievance & Appeals
- Focused Audits



2023 Results Highlights: Improvement

Two (2) of the Seven (7) areas audited maintained or showed improvement compared to last year.

Area	Section(s)
Utilization Management	<ul style="list-style-type: none">• Approval File Review• Denial File Review
Credentialing	<ul style="list-style-type: none">• File Review• HDO Review



2023 Results Highlights: Decline

Five (5) of the Seven (7) areas audited showed a decline compared to last year.

Area	Section(s)
Quality Improvement	<ul style="list-style-type: none">• QI Policies
Utilization Management	<ul style="list-style-type: none">• UM Policies• Approval File Review• Denial File Review
Care Management	<ul style="list-style-type: none">• CM Policy Review• CM File Audit
Credentialing	<ul style="list-style-type: none">• Policy and Procedure• File Review
HIPAA Security	<ul style="list-style-type: none">• HIPAA Security



Barriers Identified

1. Delegate confusion with the requirements for the HIPAA portion and the HIPAA Security Assessment Tool.
2. Inaccuracies or missing mapping of policies on the audit tools.
3. Challenges with receiving accurate universes, roster of practitioner, and pull list timely for Credentialing,
4. Delegates requesting justification on regulatory requirements and referred to IEHP Provider Manuals for guidance.



Barriers Identified, continued

5. Challenges submitting accurate pre-audit universes and documents timely.
6. Failure to submit all required documentation in the initial submission.
7. Leadership and staffing changes resulted in incomplete DOA submissions as the new staff was not properly trained on IEHP's DOA process.
8. Delays with submitting the Compliance & FWA evidence and request for several extensions.



Opportunities for Improvement

1. Work with IEHP's Credentialing department to ensure IEHP results, and CAP responses are submitted timely.
2. Develop a process to allow IPAs to crosscheck prior year annual audit document submissions.
3. Incorporate an annual DOA training for IPAs to support:
 - a. Improved accuracy and completeness of required audit documentation.
 - b. Provide guidelines for any new tools implemented for the audit.
4. Work with IEHP's Credentialing department to develop education, policy guidance can be done to reduce the number of Credentialing CAPs.





Thank You



APPENDIX

Audit Section	Average Score		Total Delegates Received CAP
QI Policies	100%	0%	0
UM Policies	98%	0%	1
UM Approval File Review	97%	↑1.0%	0
UM Denial File Review	95%	0%	1
CM Policies	92%	↓7.2%	3
CM File Review	95%	↓3.1%	0
CCM File Audit: PHM 5D (Kaiser)	Met	N/A	0
CCM File Audit: PHN 5E (Kaiser)	Met	N/A	0
Waiver Program File Audit	100%	N/A	0
Credentialing Policy & Procedure	91%	↓7.0%	13
Credentialing File Review	98%	↑0.6%	11
Credentialing HDO review	100%	N/A	0
Total Credentialing Score	95%	↓3.0%	4
HIPAA Security	91%	↓8.6%	4
HIPAA Privacy	92%	N/A	7
Compliance & FWA	95%	N/A	5



IEHP 2022-2023 Delegation Oversight Audit (DOA) Comparison Results

	QI Policies	UM Policies	Approval File Review	Denial File Audit	Care Management (Policy Review)	CM File Audit	CCM File Audit: PHM SD	CCM File Audit: PHM SE	Member Experience	Population Health Management	Waiver Program File Audit	Credentialing Policy & Procedure	Cred File Review	HDO Review	Total Credentialing Score	HIPAA Security	HIPAA Privacy	Compliance & FWA	Total Avg %
Medi-Cal																			
Alpha Care Medical Group	97%	100%	100%	98%	91%		N/A	N/A	N/A	N/A	100%	89%	100%	100%	93%	100%	100%	96%	97.23%
American Specialty Health	100%	93%	90%	100%	N/A		N/A	N/A	N/A	N/A	N/A	96%	89%	100%	100%	100%	100%	100%	97.09%
Dignity Health Medical Network	100%	95%	92%	82%	93%		N/A	N/A	N/A	N/A	N/A	89%	100%	100%	96%	65%	72%	84%	89.00%
Horizon Valley Medical Group	100%	100%	100%	99%	100%		N/A	N/A	N/A	N/A	100%	72%	100%	100%	88%	96%	100%	100%	96.54%
Optum Care Network- Inland Faculty Medical Group	100%	88%	100%	99%	82%		N/A	N/A	N/A	N/A	100%	88%	100%	100%	96%	98%	97%	96%	95.69%
Kaiser	100%	98%	100%	96%	Auto Credit		Met	Met	100%	97%	100%	100%	100%	100%	100%	94%	N/A	N/A	98.75%
La Salle Medical Associates	100%	100%	100%	95%	91%		N/A	N/A	N/A	N/A	100%	89%	75%	100%	89%	83%	93%	100%	93.46%
Loma Linda University Medical Center	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	N/A	100%
MD LIVE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	98%	92%	100%	98.33%
Physician's Health Network	100%	100%	100%	96%	100%		N/A	N/A	N/A	N/A	100%	88%	100%	100%	85%	93%	100%	100%	97.08%
Rady Children's Specialist of San Diego	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	85%	100%	100%	94%	N/A	N/A	N/A	94.75%
Total Average	99.63%	96.75%	97.75%	95.63%	92.83%		Met	Met	100%	97%	100%	90.55%	96.73%	100%	94.64%	91.89%	94.25%	97%	96.31%
Medicare																			
Choice Physicians Network	100%	100%	100%	94%	92%	98%						78%	100%	100%	91%	98%	100%	100%	96.23%
Dignity Health Medical Network	100%	91%	92%	91%	95%	100%						89%	100%	100%	97%	65%	72%	84%	90%
EPIC	100%	100%	100%	92%	100%	98%						89%	100%	100%	97%	91%	97%	100%	97.23%
Heritage: Desert Oasis Healthcare	100%	100%	100%	100%	90%	95%						100%	100%	100%	94%	100%	100%	100%	98.38%
Heritage: Regal Medical Group	100%	100%	86%	100%	89%	100%						100%	100%	100%	97%	91%	100%	100%	97.15%
PrimeCare	100%	100%	100%	98%	75%	99%						100%	100%	100%	100%	98%	100%	100%	97.69%
Riverside Medical Group	100%	100%	98%	79%	96%	78%						83%	100%	100%	84%	83%	52%	66%	86.08%
Total Average	100%	98.71%	96.57%	93.43%	91%	95.43%						91.29%	100%	100%	94.29%	89.43%	88.71%	92.86%	
2022 IPA AVERAGES	100%	98%	96.23%	94.22%	99.08%	98.50%			100.00%	97.00%	100%	97.80%	97.37%	100%	97.47%	99.46%			
2023 IPA AVERAGES	100%	98%	97%	95%	92%	95%			100%	97%	100%	91%	98%	100%	95%	91%	92%	95%	96%
2021-2022/ 2022-2023 Difference	-0.2%	-0.3%	1.0%	0.4%	-7.2%	-3.1%			0.0%	0.0%	0.0%	-7.0%	0.6%	0.0%	-3.0%	-8.6%			-1.96%
Total CAPs required below 90%	0	1	0	1	3	0						11	2	0	4	4	3	3	32
Total CAPs required above 90%	0	0	0	0	0	0						2	9	0	0	0	4	2	17
Total	0	1	0	1	3	0						13	11	0	4	4	7	5	49

This chart shows the comparison between the 2021-2022 DOA results and the 2022-2023 DOA results

-Scores in red denote those that were below the 90% threshold.

-Scores in blue denote those above the threshold but still received a CAP to remediate a targeted deficiency.



OPERATIONS DEPARTMENT

24. APPROVE ADDITIONAL FUNDING FOR THE PROVIDER NETWORK EXPANSION FUND

Recommended Action:

That the Governing Board of Inland Empire Health Plan (IEHP) approve additional funding in the amount of \$30.0 million for the Provider Network Expansion Fund (NEF) Program. The additional funding will be utilized to extend the life of the program and increase the current award amounts for qualified provider candidates.

Contact:

Susie White, Chief Operating Officer

Background:

IEHP's Provider Network Expansion Fund (NEF) is the first program of its kind in the state.¹ Established in 2014, NEF supports the hiring of Advanced Practice Providers (APPs), Primary Care Physicians (PCPs), and Specialists (SPECs) to serve the Inland Empire population. Entities are required to ensure the approved position is filled by a qualified candidate for a minimum of 36 months, the length of service required by the Program. Currently, entities that hire qualified candidates are eligible to receive a subsidy up to \$75,000 for APPs, \$100,000 for PCPs, and \$150,000 for Specialists.

According to a 2021 publication by the California Health Care Foundation, the Inland Empire continues to have the lowest ratios of both PCPs and Specialists, of all regions in the state of California.² NEF focuses on tackling this issue by supporting the hiring of IEHP Providers who will serve as new access points for Members.

The request for funding of the NEF was presented to the Board in September 2014 and was approved under Minute Order 14-222. In addition, an enhancement to the program to include APP with additional funding provided for the program was approved as part of the FY 15/16 Budget at the June 2015 Board meeting. The Board has been regularly updated on the success of the program and approved additional funding in January 2023 through MO 23-041 to further support the recruitment of physicians into the Inland Empire.

Discussion:

1. Accomplishments

The Program has been successfully operating for approximately ten (10) years and has helped subsidize first year salaries of five hundred-ten (510) providers including APPs, PCPs, and Specialists. The following data details the NEF Program rates, hires by provider type, and hires by specialty.

- **Program Completion Rate: 67%**

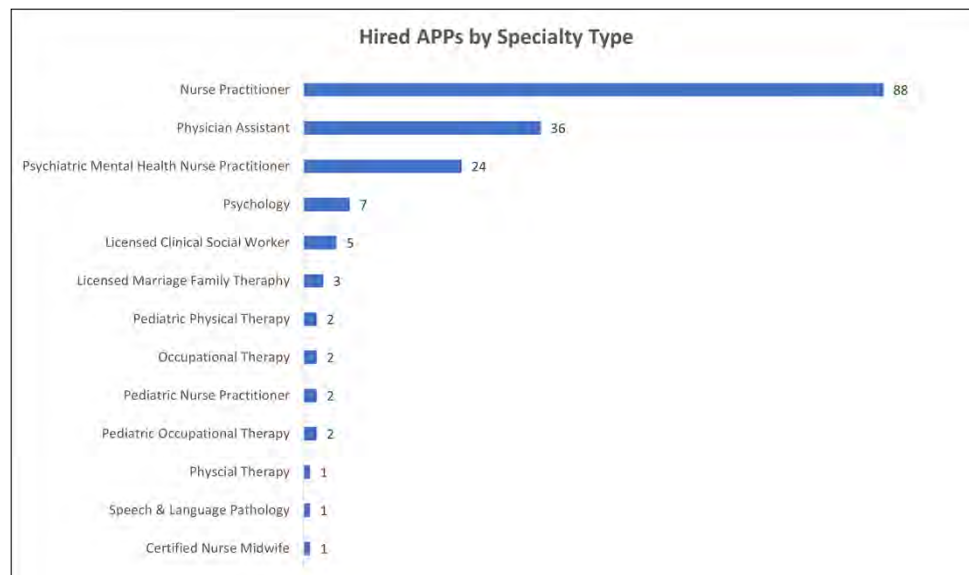
- 344 providers have completed the thirty-six (36) months of required service and fall under two categories:
 - Fulfilled-active: completed required service and continue in IEHP network

POLICY AGENDA

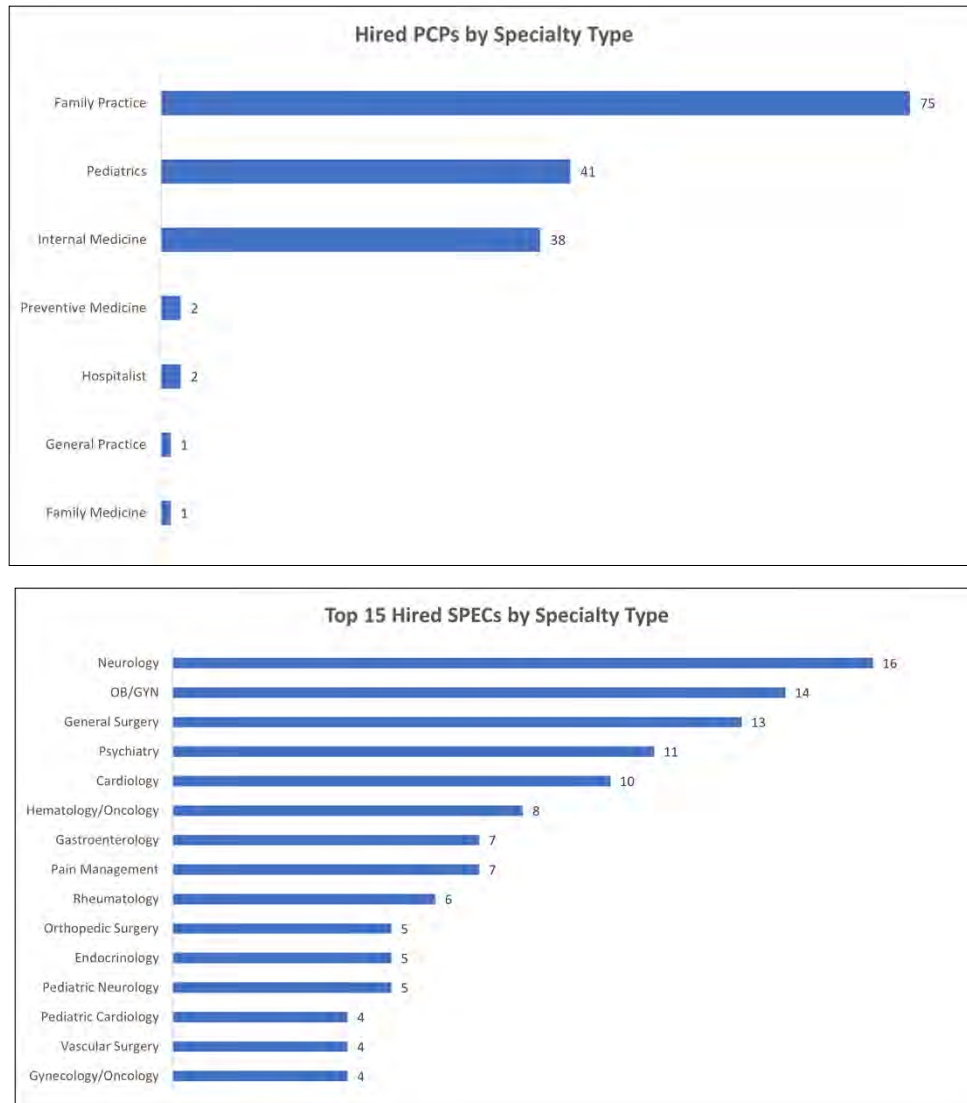
- Fulfilled-termed: completed required service and are no longer with the entity that brought them into the network
- **Program Retention Rate: 69%**
 - 344 providers have completed the thirty-six (36) months of required service
 - 236 providers are fulfilled-active
- **Provider In Progress Rate: 33%**
 - 166 providers are currently in progress to complete 36 months of required service

Hires by Provider Type	
Provider Type	Hired Count
SPEC	176
APP	174
PCP	160
Grand Total	510

Hires by Program Status	
Status	Hired Count
FULFILLED-ACTIVE	236
IN PROGRESS	166
FULFILLED-TERMED	108
Grand Total	510



POLICY AGENDA



The NEF Program is successful in various aspects, notably:

- Increasing capacity for clinics over membership,
- Placing providers in remote regions,
- Filling network gaps,
- Increasing utilization, and
- Building partnerships.

In January 2023, a sole pediatric Provider applied to support the hiring of a Nurse Practitioner. The Provider was at 94% of his clinic capacity with a total membership assignment of 1,878. The Provider was approved for funding and was able to increase the clinic's capacity by an additional 1,000 lives. In April 2024, the Provider submitted another NEF application for a Physician Assistant. The clinic's assigned membership had increased to 2,749 (a 46% increase) from January 2023 to April 2024. NEF helped increase the clinic's capacity and continues to improve access to care for the youngest Member population.

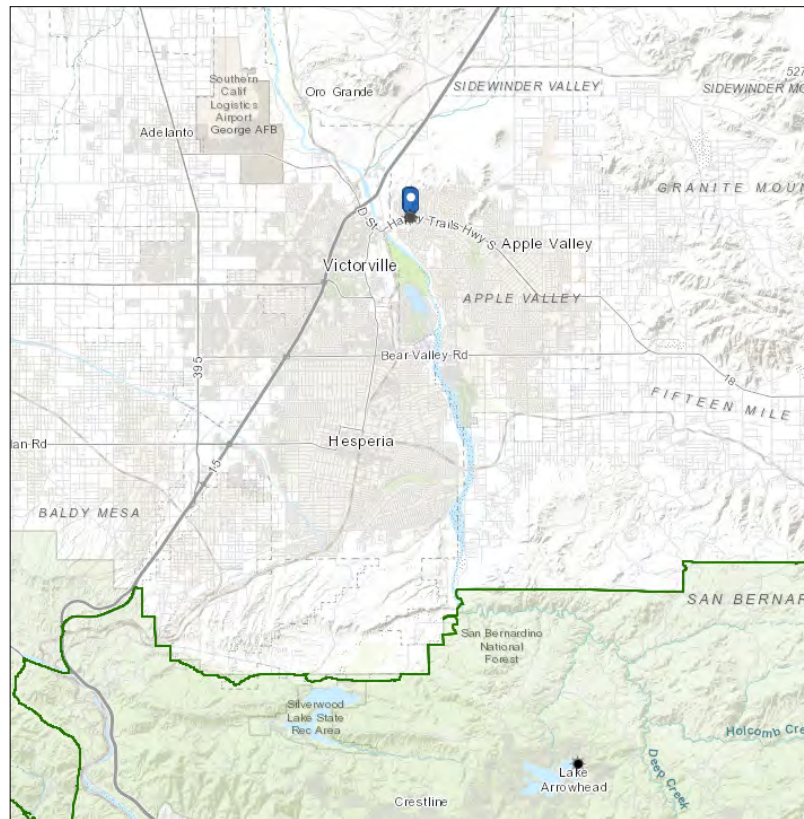
POLICY AGENDA

The Program continues to support the hiring of providers in remote areas such as Victorville, Apple Valley, Indio, and Hemet. The graph below shows hired providers by practice city from January 2023 through May 2024.



POLICY AGENDA

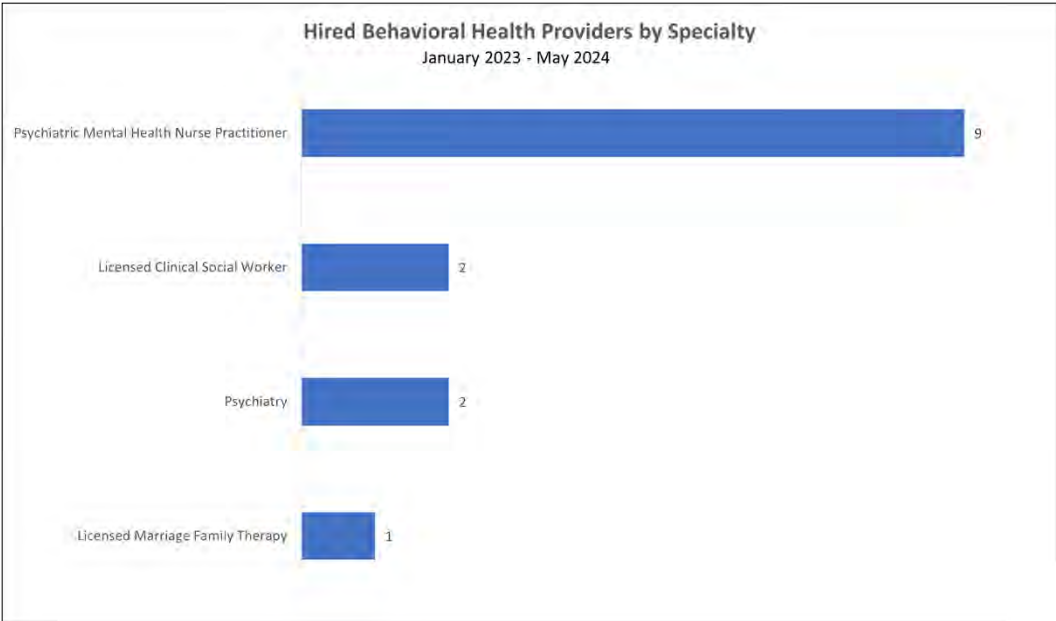
A provider applied for the funding of an Otolaryngologist and a Physician Assistant in January 2024 in the High Desert. The analysis conducted showed there were only two other providers in the High Desert. One provider was nearing retirement. The second provider was not accepting new patients due to the absorbed and impacted workload from the retiring physician. The addition of the Otolaryngologist and the Physician Assistant provides a substantial improvement to access for Members.



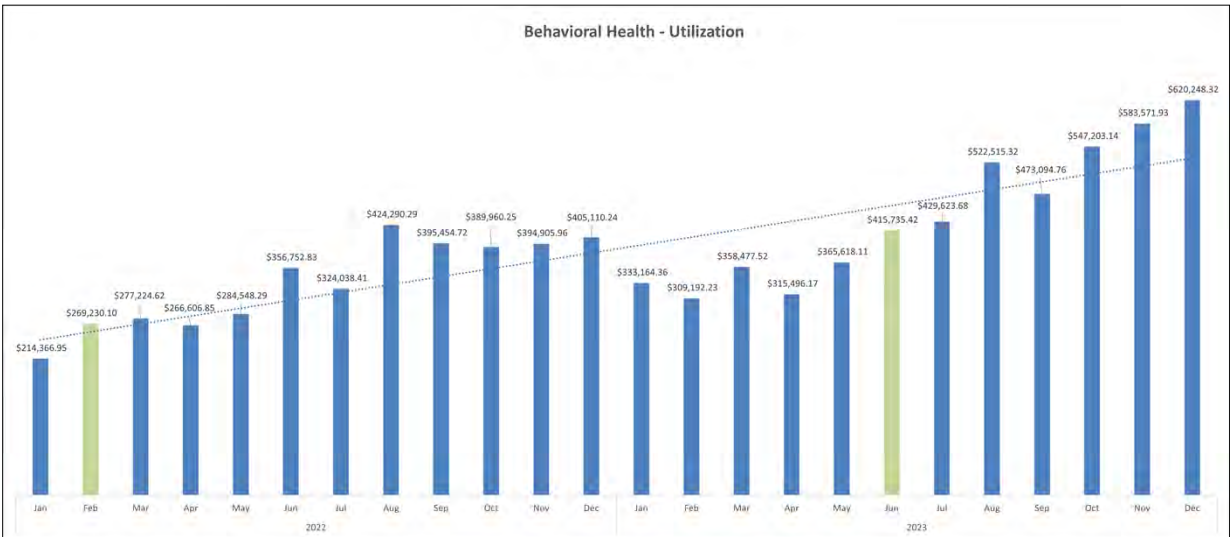
Note: Displaying Otolaryngologists in the High Desert region, next closest Otolaryngologists is located approximately 42 miles away in Lake Arrowhead.

POLICY AGENDA

IEHP continues to see the demand for behavioral health services. Meeting the prescribed appointment availability standards for behavioral health services has been declining in prior years. The NEF Program has successfully funded 14 providers that were impacted and seeing high utilization from Members.



A behavioral health group with practices in Redlands and San Bernardino were funded providers in February of 2022 and June of 2023. The graph below shows an upward trend in utilization after receiving support for the additional hire of a provider. By supporting practices in good standing that see a high demand in Member utilization, IEHP continues to assist IEHP Members in accessing care.

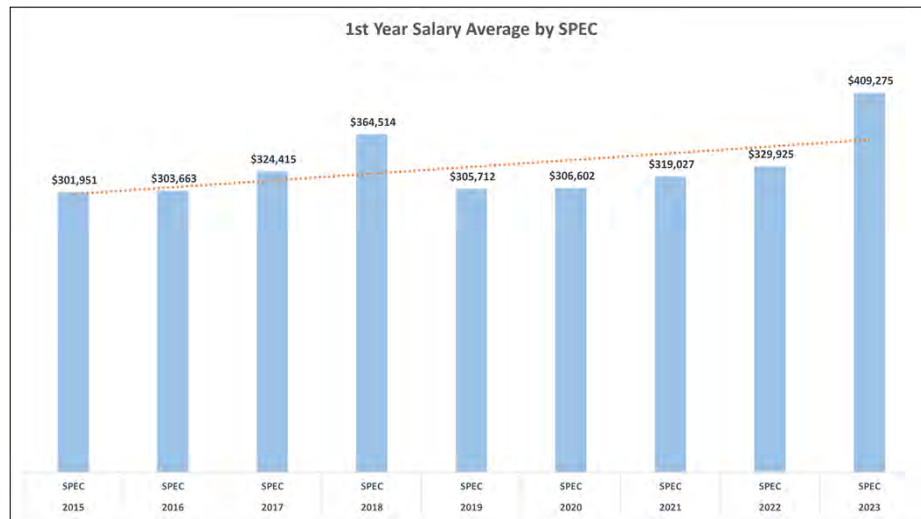


The Healthcare Scholarship Fund (HSF) Program is producing its first set of scholars that are prepared to enter the workforce. HSF and NEF have been collaborating to match and find homes for these scholars in the IEHP network. Recent efforts have seen IEHP partner with a behavioral health practice in the High Desert. The practice has since submitted a candidate application for NEF consideration. This continued partnership between the programs will help IEHP become more impactful by creating early engagement with students, strategically placing them in its network upon completion of their schooling/residency and funding the position through NEF to secure services for Members for a minimum of (3) three years.

2. Salary Trends

The following displays salary figures obtained from entity supplied hiring agreements dating back to 2015. The graphs depict averages of first-year salaries by provider type from 2015 through 2023.





Overall, salaries for advanced practitioners and physicians are on the rise. The most significant increase was experienced from 2022 to 2023 where the average first-year salary increased by 24% for APPs, 31% for PCPs, and 24% for Specialists. The demand for higher pay coupled with the competitive neighboring markets of Orange and Los Angeles counties result in competitive disadvantages and financial strain on solo physicians and small practices.

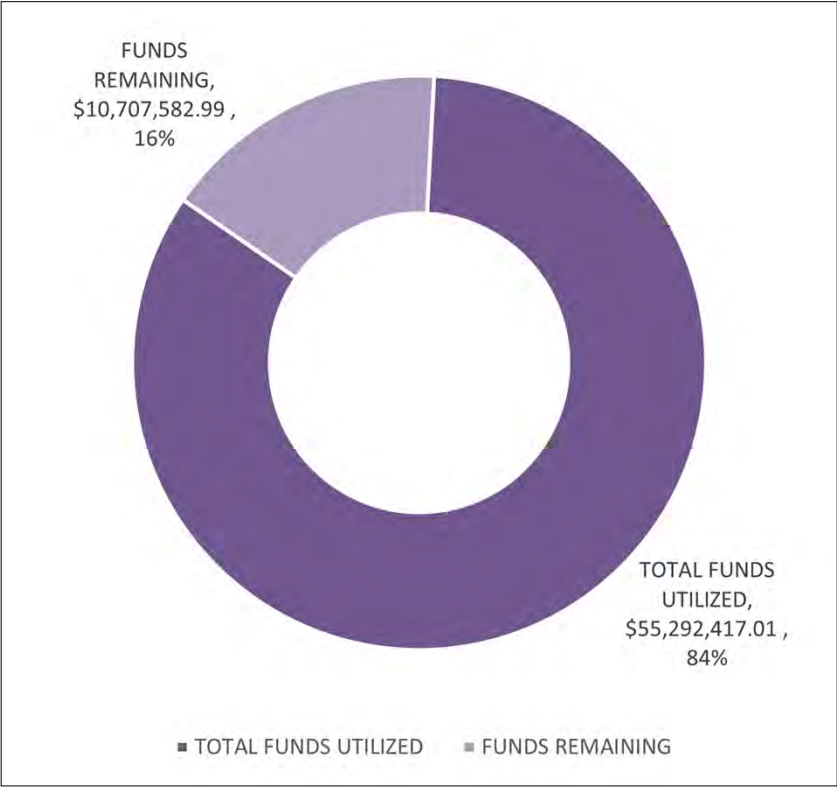
A 2020 publication from the California Health Care Foundation suggests a relatively large share of care in the Inland Empire is delivered by independent physicians in a solo or small group practice.³ Undoubtedly, NEF funding is essential in guaranteeing these entities are supported when hiring providers for their practices. Ultimately, increasing the award amounts will ensure NEF remains impactful and competitive in securing and retaining new providers to the Inland Empire.

Currently, entities that hire qualified candidates are eligible to receive a subsidy up to \$75,000 for APPs, \$100,000 for PCPs, and \$150,000 for Specialists. The NEF award amounts have remained unchanged since the inception of the Program in 2014. For provider practices to remain competitive and keep pace with increasing salaries, we are requesting to increase the award amounts for providers approved after effective date of August 1, 2024. If approved, the award amounts would be increased by 33% for APPs, 25% for PCPs and 33% for Specialists resulting in the following new thresholds:

- \$100,000 for APPs,
- \$125,000 for PCPs, and
- \$200,000 for Specialists.

3. Funding

The Governing Board approved a total of \$66 million to subsidize the hiring of providers via the NEF Program. A total of \$55.3 million (84%) has been utilized bringing the current budget to \$10.7 million. We are projecting to utilize \$9 million throughout 2024-2025 which represents 97% of the Program’s total budget.



IEHP is requesting an additional \$30 million in program funding. The additional funding will be utilized to (1) extend the life of the program and (2) increase the program award amounts to remain on par with the salaries of providers.

Endnotes

- 1. [IEHP](#), Our Commitment to Innovation, Provider Recruitment, accessed May 2024.
- 2. [California Health Care Foundation](#), California Health Care Almanac 2021, California Physicians: A Portrait of Practice, accessed March 2024.
- 3. [California Health Care Foundation](#), California Health Care Almanac 2020, Inland Empire: Increasing Medi-Cal Coverage Spurs Safety-Net Growth, accessed March 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	Karla Robbins 6/4/2024	N/A	N/A	Kirk Fermin 6/4/2024	S. White 06/13/2024



Inland Empire Health Plan

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Provider Network Expansion Fund

Kirk Fermin, Director of Provider Network

Background

IEHP's Provider Network Expansion Fund (NEF) is the first program of its kind in California

- Established in 2014
- Supports the hiring of Advanced Practice Providers (APPs), Primary Care Physicians (PCPs), and Specialists (SPECs)
- Approved position(s) must be filled by a qualified candidate for a minimum of thirty-six (36) months
- Entities with qualified candidates are eligible to receive a subsidy of up to:
 - \$75,000 for APPs
 - \$100,000 for PCPs
 - \$150,000 for Specialists



Accomplishments

- Program Operating for 10 years
- Subsidized first year salaries of 510 providers

Hires by Provider Type	
Provider Type	Hired Count
SPEC	176
APP	174
PCP	160
Grand Total	510

- Completion Rate: 67%
- Retention Rate: 69%
- In Progress Rate: 33%

Hires by Program Status	
Provider Type	Hired Count
FULFILLED-ACTIVE	236
IN PROGRESS	166
FULFILLED-TERMED	108
Grand Total	510



Accomplishments Continued

The NEF Program is successful in various aspects, notably:

- Increasing capacity for clinics over membership,
- Placing Providers in remote regions,
- Filling network gaps,
- Increasing utilization, and
- Building partnerships

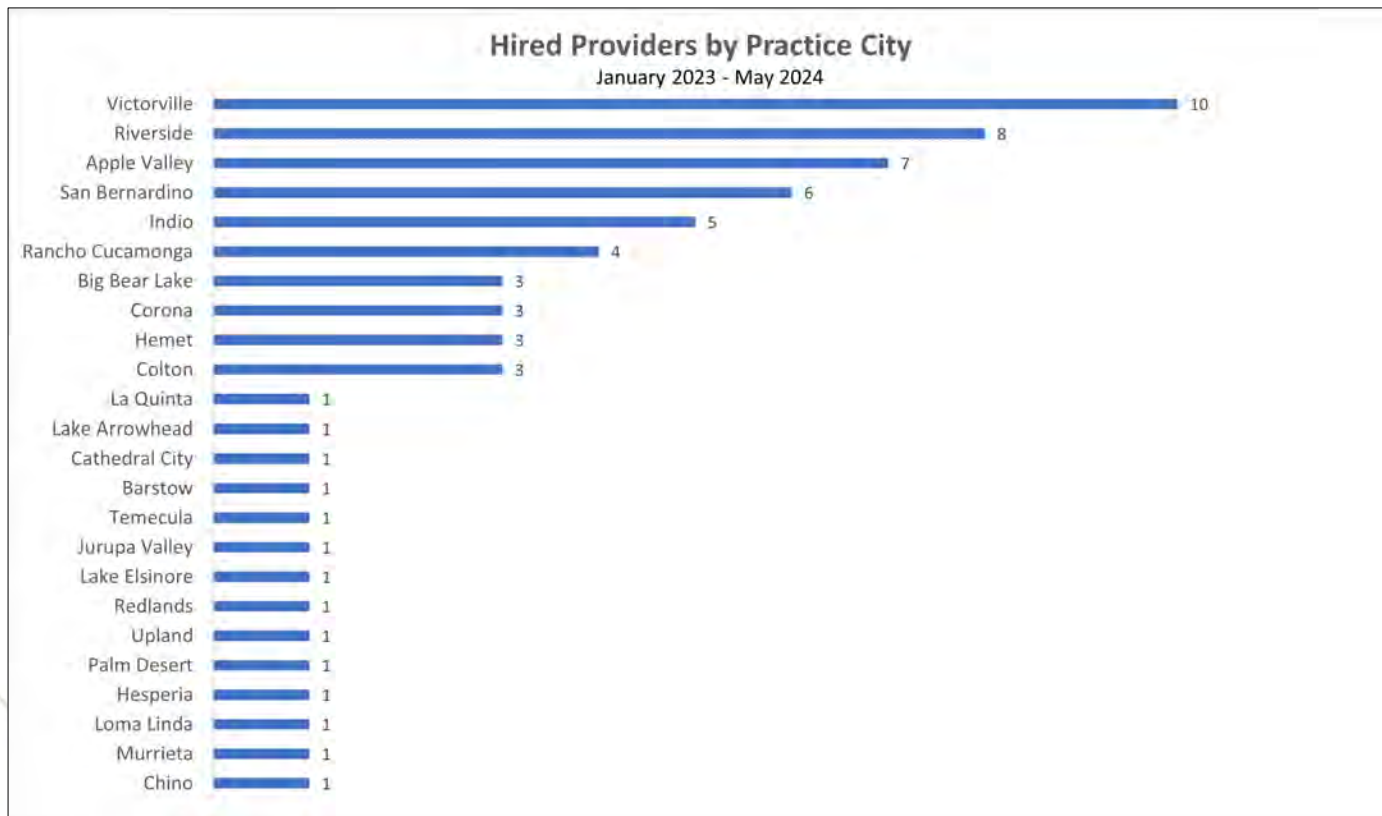


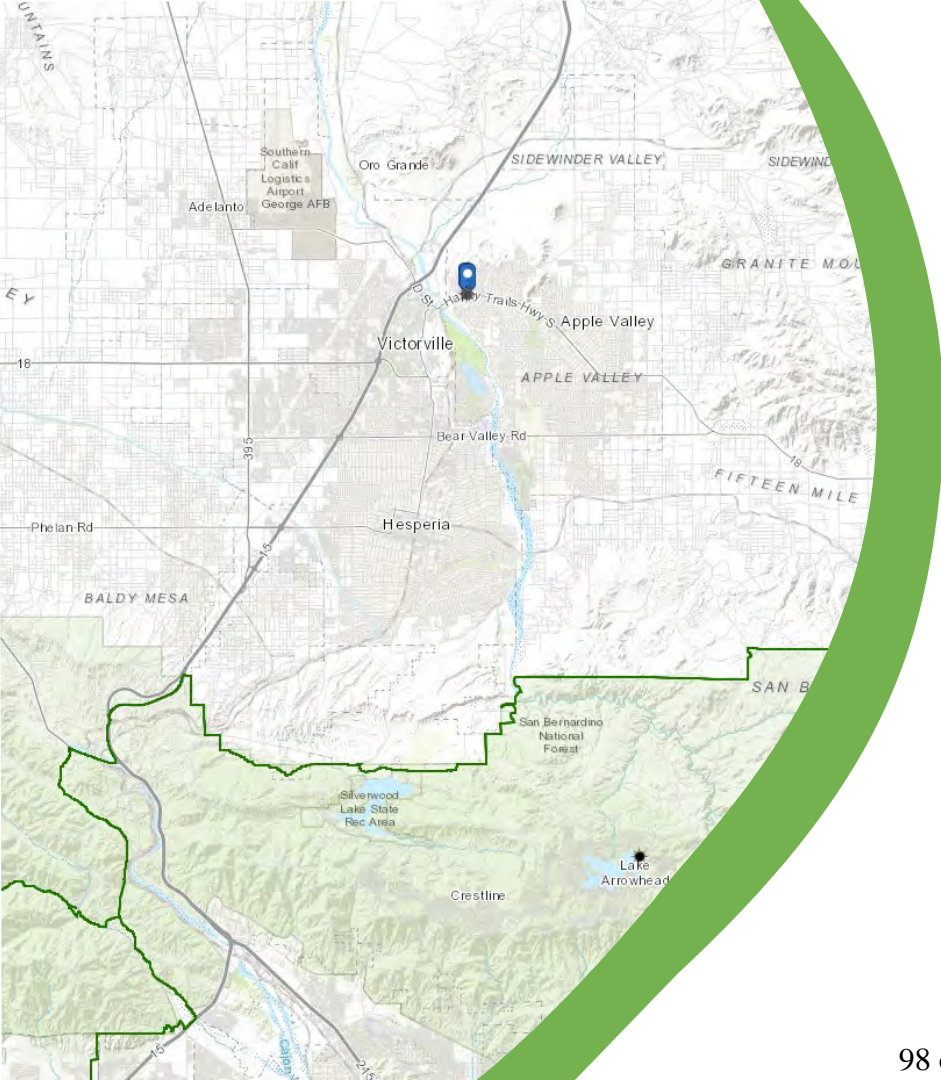
Provider Spotlight: Increasing Capacity

- January 2024
 - Provider was at 94% of his clinic capacity with a total membership assignment of 1,878
 - Funding approved and clinic capacity increased by an additional 1,000 lives
- April 2024
 - Provider submitted another NEF application for a Physician Assistant
 - Clinic assigned membership increased to 2,749 (a 46% increase) from January 2023



Placements by Region

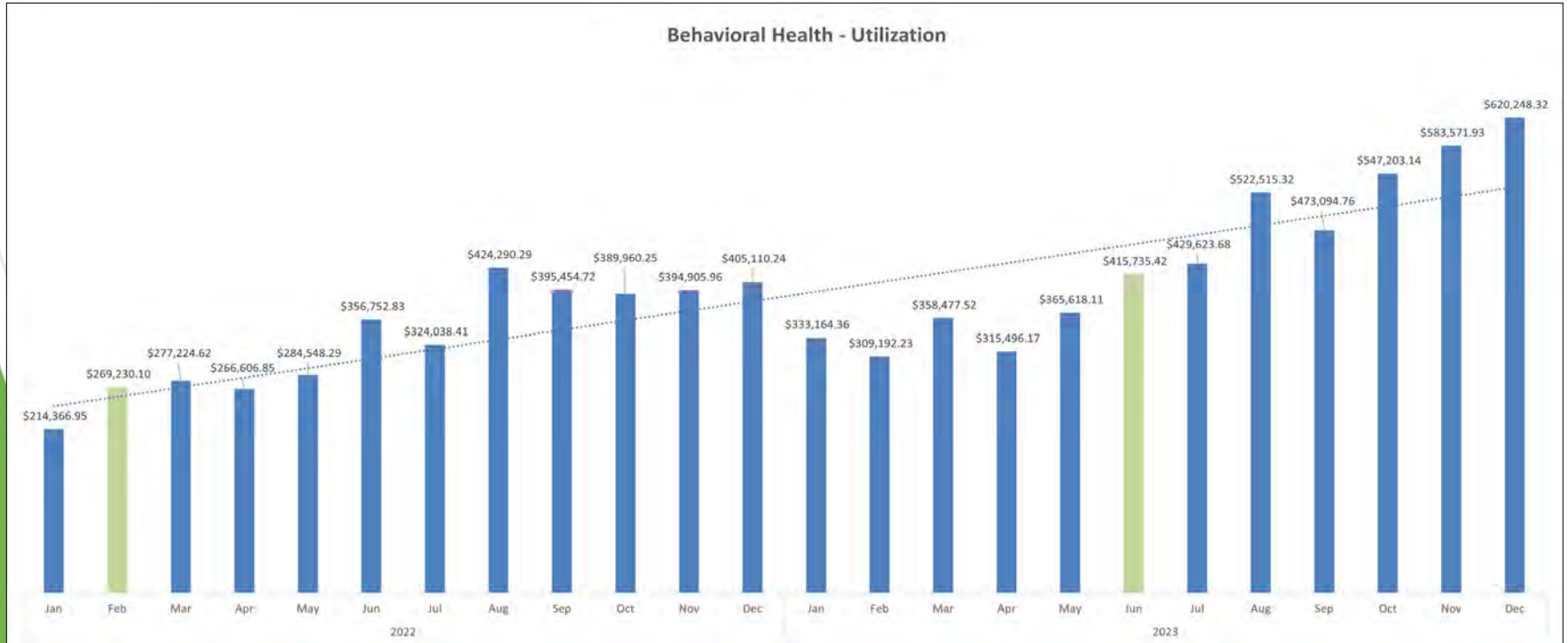




Provider Spotlight: Network Gaps

- High Desert Provider applied Otolaryngologist and a Physician Assistant
- 2 Providers in the High Desert.:
 - 1st provider nearing retirement
 - 2nd Provider not accepting new patients
- Next closest provider located in Lake Arrowhead

Increasing Utilization



Building Partnerships

- HSF and NEF collaboration:
 - Matching HSF scholars with practices in our network
 - Found HSF scholar employment with a behavioral health practice in the High Desert
- Continued partnership between the programs will help:
 - IEHP become more impactful,
 - Strategic placement of providers, and
 - NEF funded positions secure services for our Members for a minimum of (3) three years.



1st Year Average Salaries

Overall, salaries for advanced practitioners and physicians are on the rise.
Recommending to increase the award amounts by Provider type:



Provider Type	CURRENT	PROPOSED
APP	\$75,000	\$100,000
PCP	\$100,000	\$125,000
Specialist	\$150,000	\$200,000





Thank You

QUALITY DEPARTMENT

25. APPROVE THE FUNDING FOR THE 2024-2025 QUALITY ACHIEVEMENT PROGRAM FOR IEHP TEAM MEMBERS

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding for the 2024-25 Quality Achievement Program for IEHP team members. The annual budget amount for this program is set at \$23.36 million, with a planned payment distribution in July 2025.

Contact:

Edward Juhn, Chief Quality Officer

Background:

In June 2023, the IEHP Governing Board approved the funding for the inaugural year of the Quality Achievement Program. The goal of the Quality Achievement Program is to improve performance on select quality measures by:

- Enhancing collective accountability on Quality measure performance
- Strategically aligning synergistic opportunities among department leaders and team members
- Promoting cross-functional collaboration to support quality measure improvement

The 2023-24 Quality Achievement Program yielded positive results. Both improvement and achievement goals were met for 4 measures, the improvement goal was met for one measure, and two measures failed to meet any of the planned goals. The full results are outlined below.

Measure	MY 2022 Final Rate	MY 2023 Final Rate	MY 2023 Numerator To Date	MY 2023 Denominator To Date	MY 2023 Improvement Goal Rate	Number Needed to Reach Improvement Goal	MY 2023 Achievement Goal Rate	Number Needed to Reach Achievement Goal
Prenatal and Postpartum Care: Timeliness of Prenatal Care	88.15%	86.74%	242	279	90.34%	10	91.07%	12
Prenatal and Postpartum Care: Postpartum Care	79.63%	81.72%	228	279	80.49%	MET	80.78%	MET
Child and Adolescent Well-Care Visits	46.78%	51.49%	292,874	568,777	47.75%	MET	48.07%	MET
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits	55.79%	59.95%	5,102	8,510	57.73%	MET	58.38%	MET
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits	62.93%	67.15%	16,090	23,963	65.80%	MET	66.76%	MET
Childhood Immunization Status: Combination 10**	28.95%	22.99%	5,601	24,360	30.41%	1,807	30.90%	1,926
Immunizations for Adolescents: Combination 2	34.55%	37.96%	156	411	37.84%	MET	38.93%	4

* Based on data as of May 2024 - 2nd Run -- FINAL RATES

**Reporting admin rate (higher than hybrid rate)

Given the continued emphasis on quality measure outcome performance from key regulators and accreditation bodies, including the Department of Health Care Services, Department of Managed Health Care, Covered CA, and the National Committee for Quality Assurance (NCQA), and given the positive results of the first year of this program, we are recommending continuing the Quality Achievement Program for another year, into 2024-25.

POLICY AGENDA

In addition to aligning this program with the quality goals of regulatory agencies, similar achievement award programs are supported by Mercer’s market data in healthcare and healthcare payor organizations.

Discussion:

The design and most measures included in the Quality Achievement Program (QAP) will remain unchanged from the first year of the program. The QAP will focus on both quality measure improvement and measure achievement, not guarantees, with a focus on measures prioritized by the Department of Health Care Services in the Managed Care Accountability Set (MCAS) and by Centers for Medicare and Medicaid Services (CMS) in the Star Ratings Program.

Key program details for the second year of the QAP are noted below.

Team Member Eligibility: IEHP team members hired in their role before October 1, 2024, and remaining in the qualifying role on June 30, 2025, would be eligible for this achievement program.

Value: A maximum achievement payout varies by level of leadership and is outlined below. Achievement payout is based on quality measure performance and is not a guarantee.

Team Member Role	Maximum achievement payout amount
Directors and above, including Chief Executive Officer	15% of annual earnings
Managers	10% of annual earnings
Supervisors	8% of annual earnings
Team Members	5% of annual earnings

- Annual Earnings Period: January 1, 2024 through December 31, 2024.
- Team members with less than a year of service will have their payout prorated based on the performance period.

Measures: Performance on the 2024-25 QAP will be spread across 10 measures. Each Quality measure will hold equal potential value. For example, for Directors and above, each quality measure will be worth 1.5% if both improvement and achievement goals are met. The table below illustrates the 10 measures included in the 2024-25 QAP along with the regulatory agencies who monitor IEHP’s performance on these measures.

Quality Measures	DHCS	DMHC	CMS	Covered CA	NCQA
Timeliness of Prenatal Care	X	X		X	X
Timely Postpartum Care	X	X		X	X
Child & Adolescent Well Care Visits	X	X		X	
Well-Child Visits in the First 30 Months of Life (0-15 Months)	X	X		X	
Well-Child Visits in the First 30 Months of Life (15-30 Months)	X	X		X	

POLICY AGENDA

Quality Measures	DHCS	DMHC	CMS	Covered CA	NCQA
Childhood Immunizations: Combo 10	X	X		X	X
Immunizations for Adolescents: Combo 2	X	X		X	X
Colorectal Cancer Screening		X	X	X	
Controlling High Blood Pressure	X	X	X	X	X
HbA1c Control (<8.0%)	X	X	X	X	X

DHCS: Department of Healthcare Services Managed Care Accountability Set Minimum Performance Measure

DMHC: Department of Managed Health Care Health Equity and Quality Measure

CMS: Centers for Medicare and Medicaid Services

Covered CA: Covered CA Quality Rating System Measure

NCQA: National Committee for Quality Assurance Health Plan Rating Measures

Goals: Each quality measure will have 2 defined goals, each with equal weighted value:

- **Improvement Goal:** Defined as closing the gap between IEHP's 2023 rate and the 2024 Achievement Goal rate by at least 75%.
- **Achievement Goal:** Defined as meeting the defined benchmark target for the measure, set at the *next highest* national Medicaid or Medicare percentile cut point (that is at least 1 percentage point higher than IEHP's 2023 rate). National Medicaid and Medicare benchmarks are published by the National Committee for Quality Assurance (NCQA) in the Quality Compass in September of each year.

The chart below summarizes the goals set for each of the 10 measures included in the 2024-25 program. This measure list reflects the same seven measures from the first year of the program and includes three new measures that focus on Medicare DSNP performance. Note that the 2024 Improvement and 2024 Achievement Goals are subject to change when the NCQA Quality Compass benchmarks are published in September 2024.

Quality Measures	IEHP MY 2023 Performance	IEHP 2023 Performance Benchmark	MY 2024 Improvement Goal	MY 2024 Achievement Goal
Timeliness of Prenatal Care	86.74%	50 th percentile	87.93%	75 th percentile (88.33%)
Timely Postpartum Care	81.72%	66 th percentile	83.87%	90 th percentile (84.59%)
Child and Adolescent Well Care Visits	51.49%	50 th percentile	54.18%	75 th percentile (55.08%)
Well-Child Visits in the First 30 Months of Life (0-15 Months)	59.95%	50 th percentile	61.44%	66 th percentile (61.94%)
Well-Child Visits in the First 30 Months of Life (15-30 Months)	67.15%	50 th percentile	68.83%	66 th percentile (69.39%)
Childhood Immunizations: Combo 10	22.99%	10 th percentile	28.92%	50 th percentile (30.90%)

POLICY AGENDA

Quality Measures	IEHP MY 2023 Performance	IEHP 2023 Performance Benchmark	MY 2024 Improvement Goal	MY 2024 Achievement Goal
Immunizations for Adolescents: Combo 2	37.96%	50 th percentile	38.72%	66 th percentile (38.93%)
Colorectal Cancer Screening (DSNP) - Admin	65.39%	33 rd percentile	68.72%	50 th percentile (69.83%)
Controlling High Blood Pressure (DSNP)	68.90%	25 th percentile	71.97%	50 th percentile (72.99%)
HbA1c Control (<8) (DSNP)	67.22%	33 rd percentile	69.52%	50 th percentile (70.28%)

*Final 2024 Improvement & Achievement Goal Rates will be set once benchmarks are published by NCQA Quality Compass in September 2024

Key Dates:

- **Measurement Year:** The measurement year (or performance period) is defined as January 1, 2024 through December 31, 2024.
- **2024 National Benchmarks:** The 2024 benchmarks will be released by NCQA in September 2024. Once benchmarks are made available, the Achievement Goal rates will be set based on the achievement goal benchmark as noted in the table above.
- **Finalized Rates:** IEHP's finalized 2024 rates will be reported to DHCS and CMS in June 2025.
- **Payout Dates:** The 2024-25 Quality Achievement Program payout will be distributed during the July 2025 payroll.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Freeman 6.17.2024	N/A	A. Wang 6.18.24	G. Fick 6.17.2024	E. Juhn 6.17.2024

Quality Achievement Program

2023-24 Results + Next Steps

Edward Juhn, Chief Quality Officer | Genia Fick, Vice President Quality
07/08/2024



2023-24 Quality Achievement Program: **Overview**

Focused on Improvement & Achievement of Quality Measures

- Enhance collective accountability on Quality Measure Performance;
- Strategically align priorities among Department leaders;
- Enhances interdepartmental collaboration to move the needle on measures for Mothers and Children; and
- Focuses on **meeting and exceeding** regulatory requirements.

Quality Achievement Program (QAP) Details



Eligibility: Team Members hired before Oct. 1, 2023, and employed on Jun 30, 2024.*



Value: Max. payout based on quality performance:**
Directors+ (Including CEO): **15% of annual earnings**
Managers: **10% of annual earnings**
Supervisors: **8% of annual earnings**
Team Members: **5% of annual earnings**



Payout Dates: 2023 QAP payout will be distributed during July 12, 2024 payroll consistent with the DHCS Quality reporting schedule.



Total payout for the QAP is expected to be around **\$11.8 million**.

* Leaders with less than a year of service in the role of supervisor or higher will have their payout prorated based on the annual earnings period

** Annual earnings period: Jan. 1, 2023 – Dec. 31, 2023



2023-24 Quality Achievement Program: Methodology

Methodology

The 15% payout is distributed evenly among seven measures, each carrying a weight of 2.14%

Goal Structure

Every measure carries an Improvement and Achievement target, each valued at 1.07% for Directors+

- 1. **Improvement Goal** - 75% gap closure improvement based on prior year performance and the Achievement Goal.
- 2. **Achievement Goal** - The next highest national Medicaid percentile cut point that is at least 1 percentage point above IEHP's baseline rate

Measure 1	Improvement	1.07%	2.14%	15%
	Achievement	1.07%		
Measure 2	Improvement	1.07%	2.14%	
	Achievement	1.07%		
Measure 3	Improvement	1.07%	2.14%	
	Achievement	1.07%		
Measure 4	Improvement	1.07%	2.14%	
	Achievement	1.07%		
Measure 5	Improvement	1.07%	2.14%	
	Achievement	1.07%		
Measure 6	Improvement	1.07%	2.14%	
	Achievement	1.07%		
Measure 7	Improvement	1.07%	2.14%	
	Achievement	1.07%		



2023-24 Quality Achievement Program: **Targets**

Quality Measure	MY 2023 Improvement Goal*	MY 2023 Achievement Goal*
Timeliness of Prenatal Care	90.34%	91.07%
Timely Postpartum Care	80.49%	80.78%
Child and Adolescent Well Care Visits	47.75%	48.07%
Well-Child Visits in the First 30 Months of Life (0-15 Months)	57.73%	58.38%
Well-Child Visits in the First 30 Months of Life (15-30 Months)	65.80%	66.76%
Childhood Immunizations Combo 10	30.41%	30.90%
Immunizations for Adolescents	37.84%	38.93%

*Benchmarks based on NCQA Quality Compass Medicaid benchmarks published Sept 2023



2023-24 Quality Achievement Program: Results

Quality Measure	MY 2023 Final Performance	MY 2023 Improvement Target	MY 2023 Achievement Target
Timeliness of Prenatal Care	86.74%	Not Met	Not Met
Timely Postpartum Care	81.72%	Met	Met
Child and Adolescent Well Care Visits	51.49%	Met	Met
Well-Child Visits in the First 30 Months of Life (0-15 Months)	59.95%	Met	Met
Well-Child Visits in the First 30 Months of Life (15-30 Months)	67.15%	Met	Met
Childhood Immunizations Combo 10	22.99%	Not Met	Not Met
Immunizations for Adolescents	37.96%	Met	Not Met

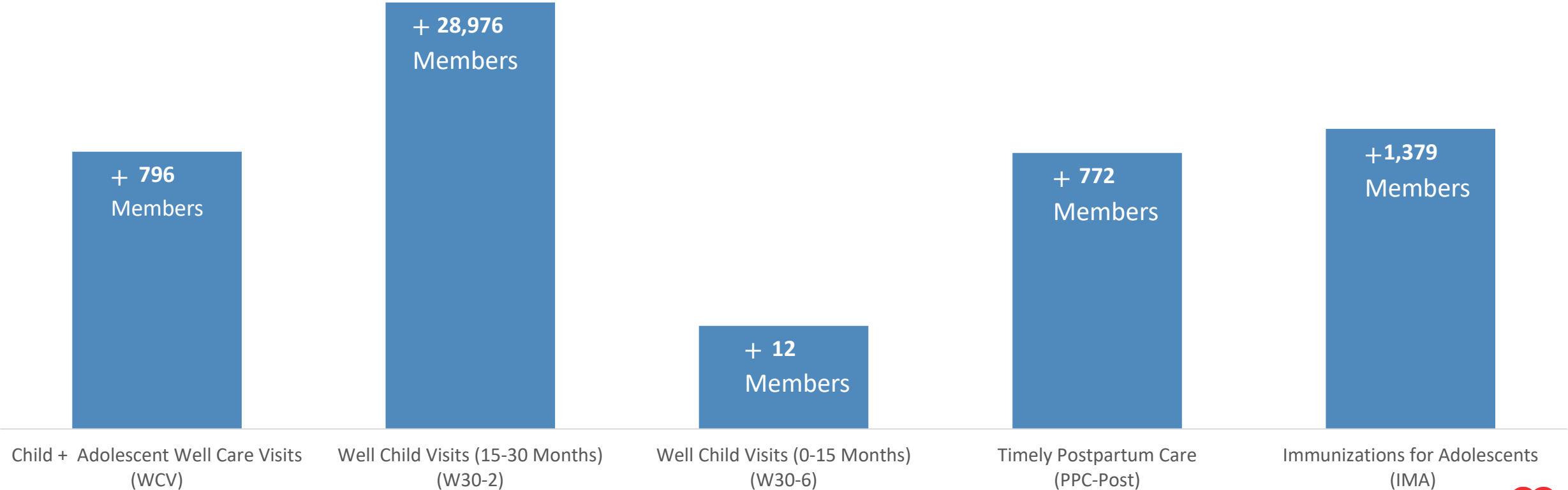
Total QAP Payout for Directors+:

9.64%



2023-24 Quality Achievement Program: Results

	WCV	W30-2	W30-6	PPC-Post	IMA
MY 2022 Gaps Closed	14,290	263,898	5,090	15,318	10,558
MY 2023 Gaps Closed	15,086	292,874	5,102	16,090	11,937



Key Drivers of Our Results



Health Information Exchange

IEHP leveraged 77 outpatient Provider connections through Manifest MedEx Programs.



Provider Engagement

956 quality-focused in-service visits with Primary Care Providers, Urgent Cares, and OB-GYNs.



Member Engagement

2,201 care gap closure services received by IEHP Members that were contacted by Member Services.



Member Incentives

68,969 incentives distributed to IEHP Members for receiving the recommended care gap service for W15, W30 and WCV.



Mom-Baby Link

Optimized mapping between mothers and their babies to identify and address gaps in child-related care measures. 68% match for CIS-10 and 76% match for W30-6.



Wellness Journey Baby's First Year

Created + distributed a guide for new moms that details essential services, milestones and helpful resources to support their newborn.



Team Member Training

89% of IEHP Team Members, including all leadership levels, completed Quality 101 training.







2024-25 Quality Achievement Program

Targets

Edward Juhn, Chief Quality Officer | Genia Fick, Vice President Quality
07/08/2024



2024-25 Quality Achievement Program: Measures

Quality Measure	Volume*				
Timeliness of Prenatal Care	19,335	✓	✓	✓	
Timely Postpartum Care	19,335	✓	✓	✓	
Child and Adolescent Well Care Visits	568,777	✓	✓	✓	
Well-Child Visits in the First 30 Months of Life (0-15 Months)	8,510	✓	✓	✓	
Well-Child Visits in the First 30 Months of Life (15-30 Months)	23,963	✓	✓	✓	
Childhood Immunizations Combo 10	24,360	✓	✓	✓	
Immunizations for Adolescents	31,723	✓	✓	✓	
Colorectal Cancer Screening New	185,852	✓	✓	✓	✓
Controlling High Blood Pressure New	85,080	✓	✓	✓	✓
HbA1c Control (<8) New	85,602	✓	✓	✓	✓

* Based on 2023 Measure Denominators
DHCS: Department of Healthcare Services Managed Care Accountability Set Minimum Performance Measure
DMHC: Department of Managed Health Care Health Equity and Quality Measure
CCA: Covered California Quality Rating System Measure
NCQA: National Committee for Quality Assurance Health Plan Rating Measure



2024-25 Quality Achievement Program: Methodology

Methodology

The 15% payout is distributed evenly among ten measures, each carrying a weight of 1.5%

Goal Structure

Every measure carries an Improvement and Achievement target, each valued at .75% for Directors+

- 1. **Improvement Goal** - 75% gap closure improvement based on prior year performance and the Achievement Goal.
- 2. **Achievement Goal** - The next highest national Medicaid percentile cut point that is at least 1 percentage point above IEHP’s baseline rate

Measure 1	Improvement Achievement	.75% .75%	1.5%
Measure 2	Improvement Achievement	.75% .75%	1.5%
Measure 3	Improvement Achievement	.75% .75%	1.5%
Measure 4	Improvement Achievement	.75% .75%	1.5%
Measure 5	Improvement Achievement	.75% .75%	1.5%
Measure 6	Improvement Achievement	.75% .75%	1.5%
Measure 7	Improvement Achievement	.75% .75%	1.5%
Measure 8	Improvement Achievement	.75% .75%	1.5%
Measure 9	Improvement Achievement	.75% .75%	1.5%
Measure 10	Improvement Achievement	.75% .75%	1.5%

15%



2024-25 Quality Achievement Bonus Program: **Targets**

Quality Measures	IEHP MY 2023 Performance	IEHP 2023 Performance Benchmark	MY 2024 Improvement Goal	MY 2024 Achievement Goal
Timeliness of Prenatal Care	86.74%	50 th percentile	87.93%	75 th percentile (88.33%)
Timely Postpartum Care	81.72%	66 th percentile	83.87%	90 th percentile (84.59%)
Child and Adolescent Well Care Visits	51.49%	50 th percentile	54.18%	75 th percentile (55.08%)
Well-Child Visits in the First 30 Months of Life (0-15 Months)	59.95%	50 th percentile	61.44%	66 th percentile (61.94%)
Well-Child Visits in the First 30 Months of Life (15-30 Months)	67.15%	50 th percentile	68.83%	66 th percentile (69.39%)
Childhood Immunizations: Combo 10	22.99%	10 th percentile	28.92%	50 th percentile (30.90%)
Immunizations for Adolescents: Combo 2	37.96%	50 th percentile	38.72%	66 th percentile (38.98%)
Colorectal Cancer Screening (DSNP) - Admin New	65.39%	33 rd percentile	68.72%	50 th percentile (69.83%)
Controlling High Blood Pressure (DSNP) New	68.90%	25 th percentile	71.97%	50 th percentile (72.99%)
HbA1c Control (<8) (DSNP) New	67.22%	33 rd percentile	69.52%	50 th percentile (70.28%)

*Benchmarks based on NCQA Quality Compass Medicaid benchmarks published Sept 2023

*DSNP Benchmarks based on NCQA Quality Compass Medicare benchmarks published Oct 2023



Requested Board Action

- **APPROVE** the 2024-25 Quality Achievement Program

Quality Achievement Program (QAP) Details



Eligibility: Team Members defined in their roles, hired before Oct. 1, 2024, and employed on Jun 30, 2025.*



Value: Max. payout based on quality performance:

Directors+ (Including CEO): **15% of annual earnings****

Managers: **10% of annual earnings** **

Supervisors: **8% of annual earnings** **

Team Members: **5% of annual earnings** **



Payout Dates: 2024-25 QAP payout will be distributed during July 2025 payroll consistent with the DHCS Quality reporting schedule.



Total maximum payout for the QAP would be **\$23.4 million*****

* Team members with less than a year of service in their role will have their payout prorated based on the annual earnings period

** Annual earnings period: Jan. 1, 2024 – Dec. 31, 2024

***Assuming the number of current team members remain the same at the time of payout.



Thank you

Ed Juhn, MD, Chief Quality Officer
Genia Fick, MA, Vice President, Quality



Quality Achievement Program

Appendix

Edward Juhn, Chief Quality Officer | Genia Fick, Vice President Quality
07/08/2024



MY 2024 QAP Program Measure Performance: Overview

Measures	MY 2023 Final Rate	MY 2024 Rates YTD*	MY 2024 Numerator To Date	MY 2024 Denominator to Date	MY 2024 Improvement Goal Rate	# Needed to Reach Improvement Goal	MY 2024 Achievement Goal Rate	# Needed to Reach Achievement Goal
Medi-Cal								
Prenatal and Postpartum Care: Timeliness of Prenatal Care	86.74%	83.21%	9,596	11,532	87.93%	544	88.33%	590
Prenatal and Postpartum Care: Postpartum Care	81.72%	69.17%	7,977	11,532	83.87%	1,695	84.59%	1,778
Child and Adolescent Well-Care Visits	51.49%	22.89%	118,312	516,801	54.18%	161,706	55.08%	166,342
Child and Adolescent Well-Care	51.49%	22.89%	118,312	516,801	51.71%	148,915	51.78%	149,288
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits	59.95%	41.44%	3,132	7,558	61.44%	1,512	61.94%	1,549
Well-Child Visits in the First 30 Month of Life – 15 to 30 Months – Two or More Well-Child Visits	67.15%	63.20%	13,341	21,110	68.83%	1,189	69.39%	1,307
Childhood Immunization Status: Combination 10	22.99%	18.25%	3,897	21,351	28.92%	2,278	30.90%	2,700
Immunizations for Adolescents for Adolescents: Combination 2	37.96%	32.83%	9,002	27,419	38.72%	1,616	38.98%	1,686
DSNP								
Colorectal Cancer Screening – Admin	65.39%	54.60%	11,667	21,369	68.72%	3,018	69.83%	3,255
Controlling High Blood Pressure	68.90%	51.30%	7,758	15,122	71.97%	3,125	72.99%	3,280
HbA1c Control (<8%)	67.22%	44.22%	4,737	10,713	69.52%	2,710	70.28%	2,792

*based on data as of June 2024 – 2nd Run



QUALITY DEPARTMENT

26. OVERVIEW OF THE MEDI-CAL AND DSNP HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET AND MANAGED CARE ACCOUNTABILITY SET INITIAL RESULTS FOR MEASUREMENT YEAR 2023

Recommended Action:

Review and File

Contact:

Edward Juhn, M.D., Chief Quality Officer

Background:

The Healthcare Effectiveness Data and Information Set (HEDIS) was developed and is maintained by the National Committee for Quality Assurance (NCQA). HEDIS is healthcare's most widely used health plan quality measurement systems. HEDIS includes measures that assess quality across six health plan domains:

- Effectiveness of Care
- Access and Availability of Care
- Experience of Care
- Utilization
- Descriptive Plan information
- Clinical Data Systems

HEDIS results are important because they are:

- Required for NCQA Health Plan Accreditation
- Used by the Department of Health Care Services (DHCS) for quality monitoring, enforcements and penalties
- Required by the Centers for Medicare and Medicaid Services (CMS) for quality monitoring
- Used by IEHP for quality oversight of the healthcare that IEHP Members receive
- Used by IEHP to compare quality performance against national benchmarks
- Used by the public to view quality performance of health plans

HEDIS results are used by IEHP's regulatory agencies in key programs, including:

- 4 measures used by DHCS for Medi-Cal Default Member Assignment
- 13 measures used by CMS for overall Star Ratings.
- 37 Medi-Cal measures used by NCQA for Health Plan Ratings (HPR)
- 35 out of 42 measures used by DHCS for Managed Care Accountability Set (MCAS) performance are HEDIS measures
 - 18 MCAS measures have an established minimum performance level (MPL) with associated possible sanctions

Discussion regarding measures in the HPR, MCAS, and Medicare Star Ratings measures sets follows.

Discussion:

Early Health Plan Rating Projected Results

IEHP reported 37 HEDIS measures that are a part of the NCQA Health Plan Ratings (HPR) for Medicaid measure set. All required measures were submitted timely, passing all independent audit validation requirements, to DHCS and NCQA for Medi-Cal performance in HEDIS Measurement Year (MY) 2023. All information shared in this report uses the most currently available national benchmarks (i.e., 2023 NCQA Health Plan Ratings Percentiles and the 2023 NCQA Quality Compass National Benchmarks for Medicaid released September 2023). Final benchmarks that will be used to officially designate IEHP's Health Plan Ratings will be released in September 2024. This report highlights IEHP's results using the most currently available (i.e., prior year) benchmarks to estimate IEHP's final plan ratings results.

Overall, IEHP's HPR performance is as follows:

- 6 measures demonstrated a percentile ranking $\geq 90^{\text{th}}$ percentile
- 15 measures demonstrated a percentile ranking of $\geq 66^{\text{th}}$ and $< 90^{\text{th}}$ percentile
- 9 measures demonstrated a percentile ranking of $\geq 33^{\text{rd}}$ and $< 66^{\text{th}}$ percentile
- 6 measures demonstrated a percentile ranking of $\geq 10^{\text{th}}$ and $< 33^{\text{rd}}$ percentile
- 3 measures demonstrated a percentile ranking $< 10^{\text{th}}$

The following table displays **IEHP's Medi-Cal performance for HEDIS Measurement Years 2021-2023** and percentile rankings for all HEDIS measures in the HPR measure set. IEHP developed a companywide Strategic Plan to ensure Members receive optimal care; these 2023 performance year measures are identified in the last column of the table below.

HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	64.34%	72.61%	72.69%	90th (5) ↔
Antidepressant Medication Management (AMM) <i>Effective Continuation Phase Treatment</i>	69.05%	63.39%	56.74%	66.67th (4) ↓
Appropriate Testing for Pharyngitis (CWP)	19.49%	18.34%	23.50%	< 10th (1) ↔
Appropriate Treatment for Upper Respiratory Infection (URI)*	85.23%	85.23%	82.65%	10th (2) ↔
Asthma Medication Ratio (AMR)	59.08%	65.87%	64.98%	33.33rd (3) ↔
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	40.15%	42.26%	41.93%	< 10th (1) ↔
Blood Pressure Control (<140/90) for Patients With Diabetes (BPD)	59.61%	66.42%	70.02%	66.67th (4) ↑
Adult Immunization Status (AIS-E)				
<i>Adult Immunization Status—Influenza (Total)</i>		14.45%	19.13%	Benchmark Not Yet Released

POLICY AGENDA

HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
<i>Adult Immunization Status—Td/Tdap (Total)</i>		40.92%	46.26%	Benchmark Not Yet Released
<i>Adult Immunization Status—Zoster (Total)</i>		12.12%	17.37%	Benchmark Not Yet Released
<i>Adult Immunization Status Pneumococcal (Age 66+)</i>		43.71%	60.54%	Benchmark Not Yet Released
Breast Cancer Screening (BCS-E)	57.84%	58.48%	62.39%	66.67 th (4) ↔
Cervical Cancer Screening (CCS)	54.01%	56.97%	65.93%	66.67 th (4) ↑
Childhood Immunization Status (CIS) Combination 10	28.71%	28.95%	22.99%	10 th (2) ↓
Chlamydia Screening in Women (CHL)	64.97%	64.88%	67.93%	90 th (5) ↑
Controlling High Blood Pressure (CBP)	60.83%	65.32%	67.55%	66.67 th (4) ↑
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication (SSD)	83.64%	76.27%	78.21%	33.33 rd (3) ↑
Eye Exam for Patients With Diabetes (EED)	58.39%	55.23%	61.92%	66.67 th (4) ↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD) <i>Continuation & Maintenance Phase</i>	53.09%	55.20%	50.11%	10 th (2) ↓
Follow-Up after Emergency Department Visit for Mental Illness (FUM) <i>Total - 7- Day Follow-Up</i>	41.56%	41.72%	48.37%	66.67 th (4) ↑
Follow-Up after Hospitalization for Mental Illness (FUH) <i>Total - 7- Day Follow-Up</i>		30.72%	28.53%	10 th (2)
Follow-Up after Emergency Department Visit for Substance Use (FUA) <i>Total - 7- Day Follow-Up</i>		20.92%	25.05%	33.33 rd (3)
Follow-Up after High-Intensity Care for Substance Use Disorder (FUI) <i>Total - 7- Day Follow-Up</i>		9.09%	33.83%	33.33 rd (3)
Hemoglobin A1c Control for Patients With Diabetes (HBD) <i>HbA1c Control (<8%)</i>	49.88%	56.20%	57.25%	66.67 th (4) ↔
Immunizations for Adolescents (IMA) <i>Combination 2</i>	30.41%	34.55%	37.96%	33.33 rd (3) ↔

POLICY AGENDA

HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
Kidney Health Evaluation for Patients with Diabetes (KED)	42.95%	45.47%	48.27%	90 th (5) ↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) <i>Blood Glucose and Cholesterol Testing</i>	39.29%	36.03%	37.12%	33.33 rd (3) ↔
Pharmacotherapy for Opioid Use Disorder (POD)	23.11%	17.44%	20.30%	10 th (2) ↔
Pharmacotherapy Management of COPD Exacerbation (PCE)				
<i>Systemic Corticosteroid</i>	74.02%	77.35%	79.58%	66.67 th (4) ↔
<i>Bronchodilator</i>	90.59%	89.43%	90.99%	90 th (5) ↑
Prenatal and Postpartum Care (PPC)				
<i>Timeliness of Prenatal Care</i>	83.94%	88.15%	86.74%	33.33 rd (3) ↓
<i>Timely Postpartum Care</i>	80.05%	79.63%	81.72%	66.67 th (4) ↑
Plan All-Cause Readmissions (PCR) <i>Observed-to-Expected Ratio^ - 18-64 Years</i>	0.8802	0.8783	.8729	90 th (5) ↔
Prenatal Immunization Status (PRS-E) <i>Combination</i>	17.38%	14.48%	16.90%	33.33 rd (3) ↑
Statin Therapy for Patients with Cardiovascular Disease (SPC)				
<i>Received Statin Therapy</i>	78.77%	80.74%	82.59%	66.67 th (4) ↑
<i>Adherence 80%</i>	85.43%	80.70%	78.58%	66.67 th (4) ↔
Statin Therapy for Patients with Diabetes (SPD)				
<i>Received Statin Therapy</i>	68.82%	70.11%	70.95%	66.67 th (4) ↔
<i>Adherence 80%</i>	84.05%	76.84%	75.92%	66.67 th (4) ↔
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	44.80%	47.96%	47.94%	10 th (2) ↔
Use of Imaging Studies for Low Back Pain* (LBP)	76.82%	75.90%	73.12%	33.33 rd (3) ↓
Weight Assessment, Counseling for Nutrition and Physical Activity for Children (WCC) – BMI	84.43%	82.22%	89.61%	66.67 th (4) ↔
Race/Ethnicity Diversity of Membership (RDM)		Met	Met	90 th (5)

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HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment (IET) – Total		2.78%	6.46%	< 10 th (1)

^ Lower Rate is Better

*Reflects an inverted rate

Performance Key:

↓	Indicates a decrease in the percentile ranking as compared to the previous measurement year. Each arrow down reflects a level of change in the percentile ranking. (e.g. a measure that went from the 75th percentile to the 50th percentile will display one down arrow)
↑	Indicates an increase in the percentile ranking as compared to the previous measurement year. Each arrow up reflects a level of change in the percentile ranking. (e.g. a measure that went from the 25th percentile to the 75th percentile will display two up arrows)
↔	Indicates no change in the percentile ranking as compared to the previous measurement year.
n/a	No previous percentile

Plan Rating	National Percentile Range
1	<10 th percentile
2	>10 th and <33 rd percentile
3	>33 rd and <66 th percentile
4	>66 th and <90 th percentile
5	>90 th percentile

MCAS Measures

IEHP reported 34 HEDIS measures that are a part of DHCS Managed Care Accountability Set (MCAS). All required measures were submitted timely, passing all independent audit validation requirements, to DHCS and NCQA for Medi-Cal performance in HEDIS MY 2023. From this measure set, 18 measures were designated as minimum performance level (MPL) measures, requiring Medi-Cal Managed Care Plans to meet designated performance levels (i.e., at or above 50th percentile national benchmark performance) with a risk of penalty for measures not meeting the goals. The MPL is the 50th percentile reflected in the 2023 NCQA Quality Compass National Benchmarks for Medicaid and represents the goal for MCAS measures held to the MPL.

Overall, of the 18 MPL MCAS measures, IEHP met the MPL goals for 15 measures and fell short of meeting the goals for 3 measures. IEHP demonstrated significant improvement compared to the 2022 measurement year in where 9 out of 15 measures met the MPL.

Below is the list of measures for MY 2023 that did not meet the MPL goals:

- Early Childhood: Childhood Immunization Status
- Early Childhood: Lead Screening in Children
- Chronic Disease Management: Asthma Medication Ratio

POLICY AGENDA

Key barriers for these measures that fell below the MPL goals are noted below:

- Early Childhood: Childhood Immunization Status
 - Flu vaccine antigen continues to lag significantly behind all other antigens in this measure. Parents continue to have significant hesitancy in administering this vaccine to their newborns/babies.
- Early Childhood: Lead Screening in Children
 - Lead screening requiring blood draw method continues to be a barrier for parents. Also, requiring parents to take their baby to a lab drawing station to complete lead screening creates additional barriers to completing the screening.
- Chronic Disease Management: Asthma Medication Ratio
 - Desire to have multiple rescue inhaler medications for different settings can negatively impact this measure performance. Patient adherence to consistently take their long-term controller medication, even when symptoms are not present, is a challenge.

The following table displays IEHP's measurement year 2023 performance for MCAS measures that required MPL performance. Measurement Years 2021-2022 are also included for trending purposes.

HEDIS Measures for Medi- Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	Minimum Performance Level (MPL)	MPL Met?
Asthma Medication Ratio (AMR)	59.08%	65.87%	64.98%	65.61%	No
Breast Cancer Screening ECDS (BCS-E)	57.84%	58.48%	62.39%	52.60%	Yes
Cervical Cancer Screening (CCS)	54.01%	56.97%	65.93%	57.11%	Yes
Child and Adolescent Well-Care Visit (WCV)	47.90%	46.78%	51.49%	48.07%	Yes
Childhood Immunization Status (CIS) <i>Combination 10</i>	28.71%	28.95%	22.99%	30.90%	No
Chlamydia Screening in Women (CHL)	64.97%	64.88%	67.93%	56.04%	Yes
Controlling High Blood Pressure (CBP)	60.83%	65.32%	67.55%	61.31%	Yes
Developmental Screening First Three Years (DEV)	33.67%	40.69%	53.44%	34.70%	Yes
Follow-Up after Emergency Department Visit for Mental Illness (FUM) <i>Total – 30-Day Follow-Up</i>	57.62%	59.48%	65.71%	54.87%	Yes
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) <i>Total – 30-Day Follow-Up</i>	6.20%	38.27%	37.53%	36.34%	Yes

HEDIS Measures for Medi- Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	Minimum Performance Level (MPL)	MPL Met?
Hemoglobin A1c Control for Patients With Diabetes (HBD) <i>HbA1c Poor Control (> 9%)</i> [^]	38.69%	36.74%	32.68%	37.96%	Yes
Immunizations for Adolescents (IMA) Combination 2	30.41%	34.55%	37.96%	34.31%	Yes
Lead Screening in Children (LSC)	46.72%	52.07%	52.39%	62.79%	No
Prenatal and Postpartum Care (PPC)					
<i>Timeliness of Prenatal Care</i>	83.94%	88.15%	86.74%	84.23%	Yes
<i>Timely Postpartum Care</i>	80.05%	79.63%	81.72%	78.10%	Yes
Topical Fluoride for Children – MCAS (TFL)		18.46%	19.35%	19.30%	Yes
Well-Child Visits in the First 30 Months of Life (W30)					
<i>Well-Child Visits in the First 15 Months of Life</i>	29.52%	55.79%	59.95%	58.38%	Yes
<i>Well-Child Visits for Age 15 Months – 30 Months</i>	54.93%	62.93%	67.15%	66.76%	Yes

[^] Lower Rate is Better

↑ Rate improved compared to prior year

Early Star Ratings Measure Projected Results

For the D-SNP product line, IEHP's measurement year 2023 performance was assessed against the CMS Star measure methodology and benchmarks. CMS Star measures include 13 HEDIS, non-CAHPS measures. Information shared in this report uses the most currently available CMS benchmarks as well as the 2023 CMS Medicare 2023 Part C and D Star Rating Technical Notes published in January 2023. These are not the final star rating results. Final star ratings results will become available in October 2024.

Overall, IEHP's *projected* CMS Health Plan Star Rating performance using current benchmarks were in the following ratings categories:

- No measures received a star rating of 5
- 2 measures received a star rating of 4
- 6 measures received a star rating of 3
- 3 measures received a star rating of 2
- 2 measures received a star rating of 1

It is important to note that IEHP's D-SNP population is a program for Members with both Medicaid and Medicare eligibility. The CMS Star ratings benchmarks are based on the

POLICY AGENDA

The following table displays the **IEHP CMS Star Rating HEDIS** measures.

CMS® Star Rating Measures	MY 2021	MY 2022	MY 2023	Projected MY 2023 CMS Star Rating	5 Star Goal	Weighting Value
Breast Cancer Screening	65%	67%	71%	3	79%	1
Colorectal Cancer Screening	60%	66%	70%	3	80%	1
Care for Older Adults - Medication Review	85%	89%	89%	3	98%	1
Care for Older Adults - Pain Assessment	86%	88%	90%	3	96%	1
Osteoporosis Management in Women who had a Fracture	24%	26%	29%	1	71%	1
Diabetes Care - Eye Exam	70%	73%	77%	4	81%	1
Diabetes Care - Blood Sugar Controlled	75%	79%	75%	3	87%	3
Controlling Blood Pressure	67%	73%	69%	3	82%	3
Medication Reconciliation Post-Discharge	63%	65%	72%	4	82%	1
Plan All Cause Readmissions			12%	2	8%	1
Statin Therapy for Patients with Cardiovascular Disease	78%	79%	83%	2	90%	1
Transitions of Care			35%	1	78%	1
Follow Up after ED Visit with Multiple Chronic Conditions			50%	2	68%	1

Key Actions Planned to Impact Measures

The following activities are planned and/or in place for 2023-2024 to improve HEDIS® performance. Activities fall into one of five main categories: Incentives, Engagement, Member Support, and Data Improvements.

Category	Description
Incentives	Programs that include incentives for Members, Providers and Hospitals
Engagement	Engagement & educational programs that are Member, Provider and Team Member focused
Member Support	Member-facing programs aimed to support specific Member needs
Reducing Disparities	Quality activities developed to address identified disparities
Data Improvements	Programs designed to improve data completeness

1) Incentives

a) Provider Incentive Programs:

- i. **PCP and IPA Global Quality P4P Programs:** In the 2024 program year, the budget will remain at \$148 million total incentive dollars available to PCPs and \$50 million available to IPAs. The Global Quality P4P Programs include both Medi-Cal and Covered CA Members. Quality Bonus Services were added to the program that are linked to key quality measures that are low performing and were previously covered under the DHCS Proposition 56 Value Based Payments Program.
- ii. **IEHP Direct Stars Medicare P4P Program:** This program aims to improve quality of care for IEHP Direct Dual Choice DSNP Members. Measures included in this program are comprised of the following: Blood Pressure Control, Breast Cancer Screening, Colorectal Cancer Screening, Flu Vaccine, Diabetes Hemoglobin A1c Control, Diabetes Eye Exam, and Care for Older Adults.
- iii. **Hospital P4P Program:** This program is for IEHP Medi-Cal contracted hospitals servicing Riverside and San Bernardino counties. The 2024 Hospital P4P Program is structured as an incentive program with quarterly performance measurement and payment. The goal of the program is to provide financial rewards to hospitals that meet quality performance targets and demonstrate high-quality care to IEHP Members.
- i. **OB/GYN P4P Program:** The OB/GYN Quality P4P Program includes performance-based incentives for the provision of specific prenatal and postpartum services. This program provides an opportunity for Medi-Cal OB/GYN Providers to earn financial rewards for improving the quality of maternity care for IEHP's pregnant and postpartum Members.

b) Member Incentive Programs

- i. Medi-Cal Members are incentivized to complete specific healthcare screenings, tests, or immunizations. Members who complete the needed preventive care service by the indicated timeframe will receive a gift card. Gift card values are dependent on the number of Provider visits needed to complete the indicated care need. Once Member completes the needed preventative care service by the end of the year, they can choose a gift card from several different options (retail, on-line shopping, gas, grocery, eatery, or pharmacy). The 2024 incentive measures for Medi-Cal include: retinal or dilated eye exams, mammograms, cervical cancer screening (Pap test), colorectal cancer screening, child/adolescent immunizations and well-care visits, lead screening. The 2024 Medicare incentive measures include: retinal or dilated eye exams, mammograms, colorectal cancer screenings and annual wellness visits.

2) Engagement

a) Provider Engagement & Support Programs

- i. **Standing Orders Program:** Standing orders facilitate PCP orders and follow-up of routine labs and screenings for breast cancer screening (mammograms), diabetic lab tests, and colorectal cancer screening (home test kits).

- ii. **Pharmacy Academic Detailing:** The IEHP Pharmacy Academic Detailing team is an educational and evidence-based outreach program for our Providers and pharmacies. The team forms phone and one-on-one outreaches with physicians, nurse practitioners, physician assistants, and pharmacy staff. The goal is to transform the prescriber and pharmacy practice and enhance the Provider, pharmacist, and Member experience.
- iii. **Vision Provider Member Outreach Program:** IEHP matches Diabetic Members needing an eye exam with Vision Providers in their neighborhoods. The office staff at the Vision Provider offices outreach to Members schedule timely eye exam appointments.
- iv. **Radiology Center Member Outreach Program:** IEHP matches women needing a mammogram with a contracted radiology center that is geographically close to the Member's home. The Radiology Center staff conducts outreach calls to schedule timely mammograms by the end of the year. Results are sent to Member's assigned PCP.
- v. **IEHP's secure provider portal** tools include PCP Roster Lists with the PCP's assigned Members and indicates who needs key preventive services. Member Gap in Care Alerts are seen on Member Health History Page include key preventive care services that are past due. Providers are able to view all Member care gaps in one view.
- vi. **Quality focused trainings** for PCPs and IPAs. Topics include measure education, review of best practices, and coding/medical record documentation standards to help improve quality measure performance.
- vii. **ECM program** coordinates Member care from a whole person care perspective, including physical, behavioral, and social determinants of health for the highest-need members and provides intensive coordination of health and health-related services. The ECM program also aims to meet key quality goals aligning to select HEDIS measures including controlling high blood pressure, HbA1c control, depression screening and follow up.

3) Member Support Programs

- a) **Outbound call campaigns** to Members with gaps in care to educate Members on preventive care services that are due and facilitate setting up PCP appointments.
- b) **Member texting campaigns** for reminders to complete preventive care services.
- c) **The IEHP Community Wellness Centers (CWC)** host various education classes which are available to Members free of cost. Health education topics include; childhood immunizations, diabetes, asthma, breast cancer screening, and cervical cancer screening.
- d) **Baby N Me application** is a free app that provides expectant mothers with clinically approved information and access to exclusive content based on their due date.
- e) Member-specific **Gap in Care Alerts** in IEHP's call center systems indicating what preventive care services are due.

4) Reducing Disparities

- a) IEHP monitors high priority Medi-Cal measures for disparities based on age, gender, ethnicity, language, region, and homelessness. Disparity findings are shared with cross functional teams throughout the organization. Department leaders collaborate to provide improvement intervention recommendations that support identified disparities. These efforts demonstrate organizational commitment to improving Members' access to quality care and wellness-based healthcare services. The 2024 Global Quality P4P Program incentives IPAs to conduct a quality improvement activity that aims to reduce a health disparity in one of the populations listed below:
 - i. Hemoglobin A1c Control among Hispanics
 - ii. Controlling High Blood Pressure among Blacks
 - iii. Asthma Medication Ratio among Blacks
 - iv. Well-Child Visits in the First 15 Months of Life among Blacks

5) Data Improvement Programs

- a) Strengthen root cause analytics methodologies for lower performing high priority measures. Root cause analytics findings drive quality improvement strategies and help prioritize quality improvement resources.
- b) Improve data sharing between IEHP and Primary Care Provider locations through new Manifest MedEx connections.
- c) Improve data sharing by enhancing Provider Rosters and direct integration feeds that focus on 'call to action' activities that drive quality measure results.
- d) Improve lab results data quality and completeness processes. Many HEDIS measures rely on complete lab results data. Establishing sound quality assurance processes to monitor data quality and completeness of laboratory results can improve HEDIS results.
- e) Collect supplemental data feeds with IPAs and medical groups where gaps in data are identified and are available in alternative data formats.
- f) Improve data collection from state of California immunization registry (CAIR2) to support child and adolescent immunization measures by improving IEHP's Member inquiry/request algorithm.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	N/A	J. Diekmann 06/05/24	E. Juhn 06/07/24



Measurement Year 2023 Quality Results

Ed Juhn, MD, Chief Quality Officer
Jacob Diekmann, MBA, Sr. Director, Quality Systems

Background – Healthcare Effectiveness Data and Information Set (HEDIS)

Overview:

HEDIS is a set of quality measures established by the National Committee for Quality Assurance (NCQA) to assess healthcare performance for ensuring high-quality care.

Importance:

- Measures Assess Quality of Patient Care
- IEHP's Results are made Publicly Available
- IEHP's Performance can be Compared to National Benchmarks

Used By:



Background – Minimum Performance Level (MPL) Measures

MY 2023:

For Measurement Year (MY) 2023, **18 HEDIS measures had Minimum Performance Level (MPL) requirements** from the California Department of Health Care Services (DHCS).

Domains:

Measures fall into 5 clinical domains:

- Behavioral Health (2 measures)
- Children's Health (8 measures)
- Reproductive Health (3 measures)
- Chronic Disease Management (3 measures)
- Cancer Prevention (2 measures)

Impact:

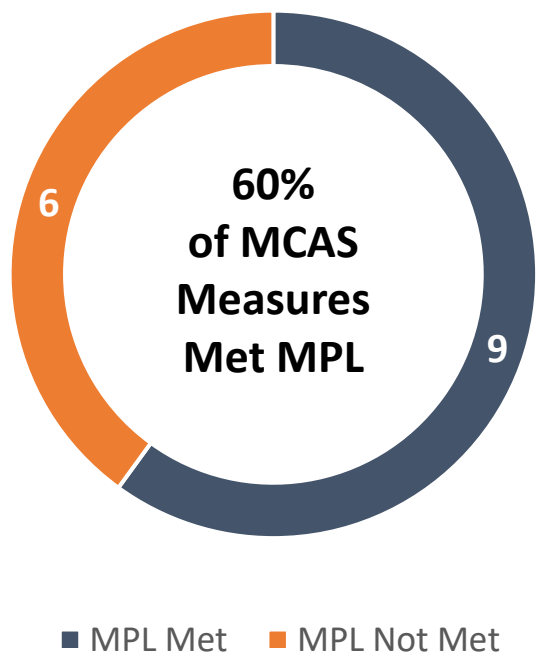
IEHP's MCAS measure performance is used in various DHCS programs including:

- Quality Monetary Sanctions
- Plan Auto Assignment
- Plan Rate Withholds

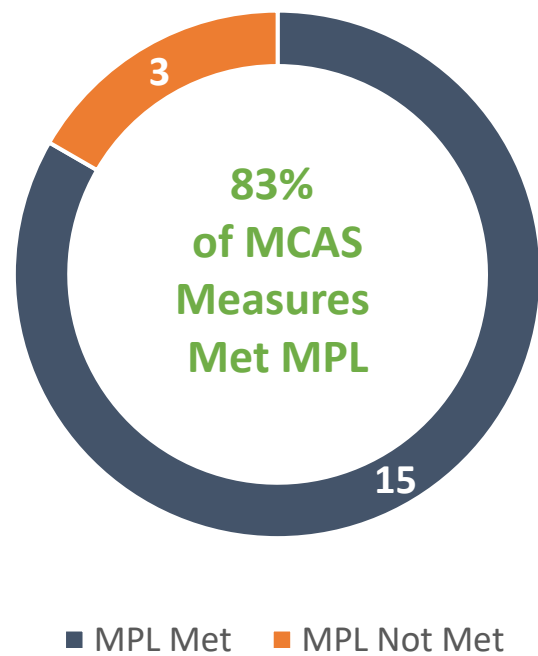


DHCS MPL Measure Results

IEHP MY 2022 Performance Summary



IEHP MY 2023 Performance Summary





NCQA Health Plan Ratings MY 2023

Ed Juhn, MD, Chief Quality Officer
Jacob Diekmann, MBA, Sr. Director, Quality Systems

NCQA Health Plan Ratings – MY 2023 Overview



Prevention + Equity 11 Measures



Treatment 28 Measures



HEDIS® Measures (for Medi-Cal)	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)	HEHP Strategic Plan Measure?
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	64.34%	72.81%	72.60%	98th (A) ++	
Antidepressant Medication Management (AMM) <i>Effective Continuation Phase Treatment</i>	66.05%	63.39%	56.74%	66.67th (4) ↓	Yes
Appropriate Testing for Pharyngitis (CWP)	19.39%	15.34%	21.50%	< 10th (1) --	
Appropriate Treatment for Upper Respiratory Infection (URJ)*	85.23%	85.23%	82.65%	18th (2) --	
Asthma Medication Ratio (AMR)	59.08%	65.87%	64.98%	33.33rd (3) --	Yes
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	40.15%	42.20%	41.53%	< 10th (1) --	
Blood Pressure Control (<140/90) for Patients With Diabetes (BPD)	59.61%	66.42%	70.02%	66.67th (4) ↑	Yes
Adult Immunization Status (AIS-E) <i>Adult Immunization Status—Influenza (Total)</i>		14.45%	19.13%	Benchmark Not Yet Released	
<i>Adult Immunization Status—Tdap (Total)</i>		40.92%	46.26%	Benchmark Not Yet Released	
<i>Adult Immunization Status—Zoster (Total)</i>		12.12%	17.37%	Benchmark Not Yet Released	
<i>Adult Immunization Status Pneumococcal (Age 65+)</i>		43.71%	60.54%	Benchmark Not Yet Released	
Breast Cancer Screening (BCS-E)	57.84%	58.48%	62.59%	66.67th (4) ↑	Yes
Cervical Cancer Screening (CCS) Combination 10	54.01%	56.97%	65.93%	66.67th (4) ↑	
Childhood Immunization Status (CIS)	28.71%	28.95%	22.99%	10th (2) ↓	Yes
Chlamydia Screening in Women (CHL)	64.97%	64.88%	67.91%	90th (5) ↑	
Controlling High Blood Pressure (CBP)	60.83%	65.32%	67.53%	66.67th (4) ↑	Yes
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication (SSD)	83.64%	76.27%	78.21%	33.33rd (3) ↓	
Eye Exam for Patients With Diabetes (EED)	58.39%	55.23%	61.92%	66.67th (4) ↑	
Follow-Up Care for Children Prescribed ADHD Medication (ADD) <i>Continuation & Maintenance Phase</i>	53.09%	55.20%	50.11%	10th (2) ↓	
Follow-Up after Emergency Department Visit for Mental Illness (FUM) <i>Total - 7 Day Follow-Up</i>	41.56%	41.72%	48.37%	66.67th (4) ↑	
Follow-Up after Hospitalization for Mental Illness (FTH) <i>Total - 7 Day Follow-Up</i>		30.72%	28.53%	10th (2) ↓	
Follow-Up after Emergency Department Visit for Substance Use (FUA) <i>Total - 7 Day Follow-Up</i>		20.92%	25.05%	33.33rd (3) ↓	
Follow-Up after High Intensity Care for Substance Use Disorder (FUD) <i>Total - 7 Day Follow-Up</i>		9.09%	33.83%	33.33rd (3) ↓	

HEDIS® Measures (for Medi-Cal)	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)	HEHP Strategic Plan Measure?
Hemoglobin A1c Control for Patients With Diabetes (HBD) <i>HbA1c Control (<8%)</i>	49.88%	56.20%	57.25%	66.67th (4) ++	Yes
Immunizations for Adolescents (IMA) <i>Combination 2</i>	30.41%	34.55%	37.90%	33.33rd (3) ++	Yes
Kidney Health Evaluation for Patients with Diabetes (KED)	42.95%	45.47%	48.27%	90th (5) ↑	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) <i>Blood Glucose and Cholesterol Testing</i>	39.29%	36.03%	37.12%	33.33rd (3) --	
Pharmacotherapy for Opioid Use Disorder (POD)	23.11%	17.44%	20.30%	10th (2) --	
Pharmacotherapy Management of COPD Exacerbation (PCE) <i>Systemic Corticosteroid</i>	74.02%	77.35%	79.58%	66.67th (4) --	
<i>Bronchodilator</i>	90.59%	89.43%	90.99%	90th (5) ↑	
Prenatal and Postpartum Care (PPC) <i>Timeliness of Prenatal Care</i>	83.94%	88.15%	86.74%	33.33rd (3) ↓	Yes
<i>Timely Postpartum Care</i>	80.05%	79.63%	81.72%	66.67th (4) ↑	
Plan All Cause Readmissions (PCR) <i>Observed-to-Expected Ratio - 18-94 Years</i>	0.8802	0.8783	0.829	10th (2) --	Yes
Prenatal Immunization Status (PRS-E) <i>Combination</i>	17.38%	14.45%	16.90%	33.33rd (3) ↑	
Statin Therapy for Patients with Cardiovascular Disease (SPC) <i>Received Statin Therapy</i>	78.77%	80.74%	82.59%	66.67th (4) ↑	Yes
<i>Adherence 50%</i>	85.43%	80.70%	78.58%	66.67th (4) ++	
Statin Therapy for Patients with Diabetes (SPD) <i>Received Statin Therapy</i>	68.82%	70.11%	70.95%	66.67th (4) --	Yes
<i>Adherence 50%</i>	84.05%	76.84%	75.92%	66.67th (4) --	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	44.80%	47.96%	47.94%	10th (2) --	
Use of Imaging Studies for Low Back Pain* (LBP)	76.82%	75.90%	73.12%	33.33rd (3) ↓	
Weight Assessment, Counseling for Nutrition and Physical Activity for Children (WCC) <i>BMI</i>	84.43%	82.22%	89.61%	66.67th (4) ++	
Race/Ethnicity Diversity of Membership (RDM)		Met	Met	99th (5) ↑	
Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment (IET) <i>Total</i>		2.78%	6.46%	< 10th (1)	



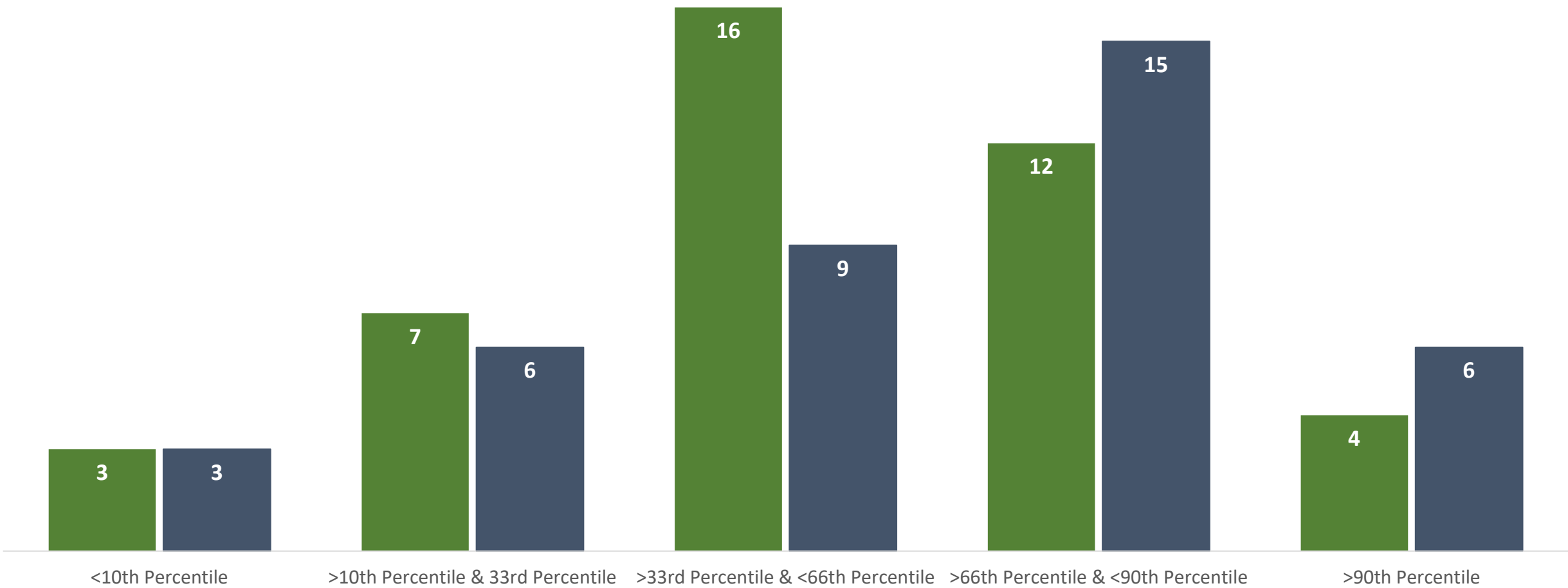
NCQA Health Plan Ratings – IEHP Performance



IEHP Health Plan Ratings Performance Comparing MY 2022 to MY 2023*

Measurement Year 2022 featured 42 measures, while Measurement Year 2023 included 39 measures.

■ MY 2022 ■ MY 2023



*Reportable Only Measures Displayed using currently available benchmarks



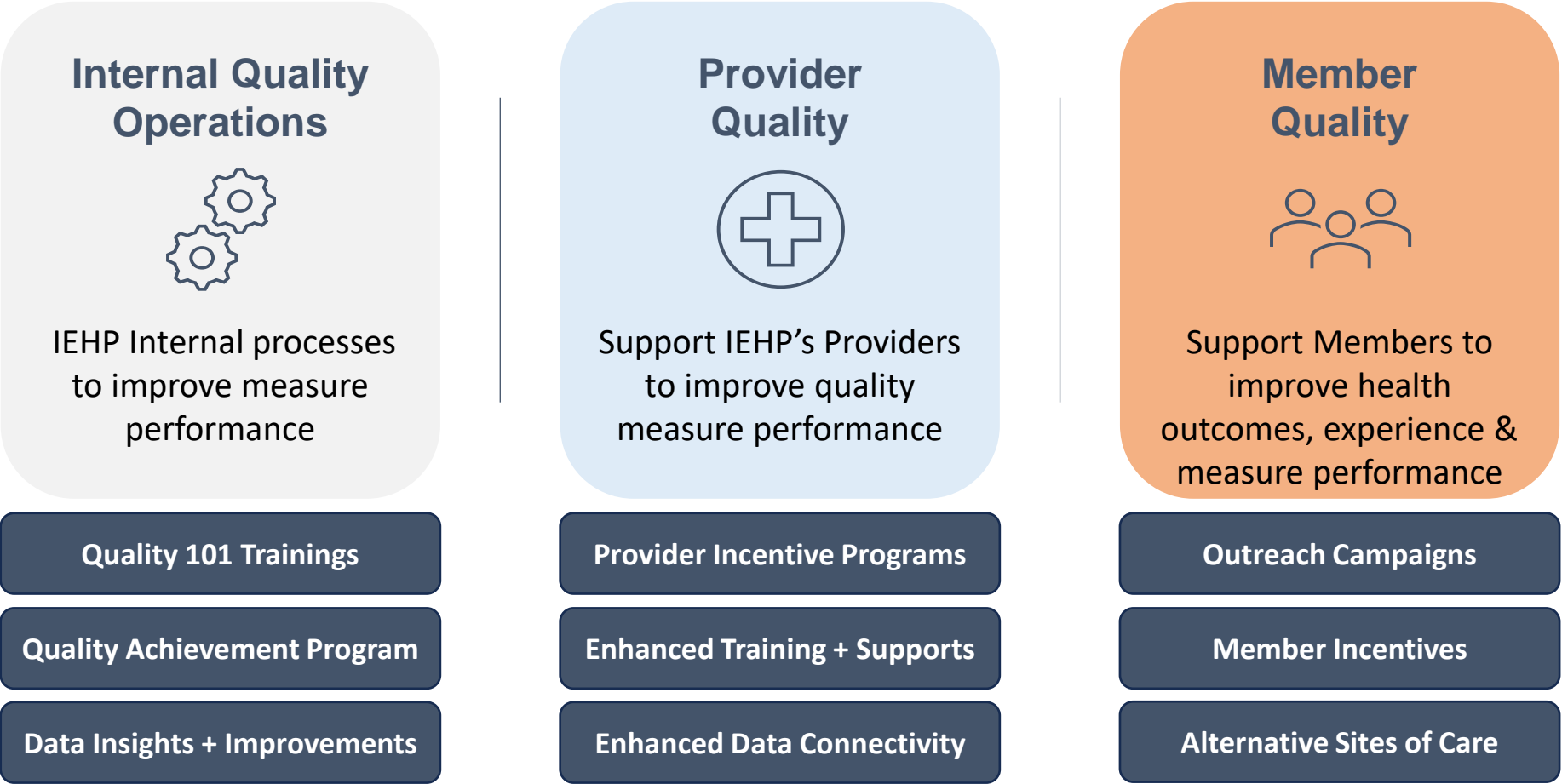
NCQA Health Plan Ratings – Aggregate Medi-Cal Score



MY 2021 Official Results	MY 2022 Official Results	MY 2023 Projected Results
3.37 (3.5 Stars)	3.65 (3.5 Stars)	3.872 (Official Results Released by NCQA in September 2024)



MY 2023 Improvement Activities



MY 2023 Improvement Activities

Internal Quality Operations



IEHP Internal processes to improve measure performance

Description	Volume
Improving Processes for Newborn Preventive Care to be Seamless and Delivered Timely	<ul style="list-style-type: none">• Optimized mother and newborn link in child-related care measures. 68% match for CIS-10 and 76% match for W30-6.• New internal processes to support new families with streamlined enrollment for newborns.• Piloted streamlined enrollment of newborns into Medi-Cal with high volume OB/GYN practice.
Introduced new Quality 101 Training and Quality Achievement Program for all Team Members	<ul style="list-style-type: none">• 3,249 Team Members trained on priority quality measures and oriented to new bonus program.• 97% of leaders completed training.



MY 2023 Improvement Activities

Provider Quality



Support IEHP’s Providers to improve quality measure performance

Description	Volume
PCPs Successfully Connected to Manifest MedEx	449 PCPs caring for 886,867 Members.
Provider Quality-focused Engagements	956 quality-focused in-service visits with Primary Care Providers, Urgent Cares, and OB-GYNs.
Pay for Performance Programs Designed to Impact Key HEDIS Measure Performance	<ul style="list-style-type: none">Engaging 894 PCP locations; 9 Medi-Cal IPAs; 32 hospitals; 267 OB/GYNs; 10 Urgent Cares.Hosted over 12 Provider Training / Town Hall Sessions.



MY 2023 Improvement Activities

Member Quality



Support Members to improve health outcomes, experience & measure performance

Description	Volume
Members due for Well Child Visits Ages 16-21	121,000 Members Identified. Multi-modal outreach campaigns deployed to engage Members into care.
Members due for Preventive Care Services – Appointment Scheduling	2,350 Members Supported.
Member Incentives Enhanced	68,969 incentives distributed to IEHP Members for receiving the recommended care gap service for key child preventive care services.





Thank You

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Systems