



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

**November 4, 2024 - 9:00 AM**

Board Report #354

**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 6<sup>th</sup> 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/EofofNto9Uw?feature=share>

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**AGENDA**

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- I. Call to Order
- II. Pledge of Allegiance
- III. Roll Call
- IV. Changes to the Agenda
- V. Public Comments on Matters on the Agenda

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- VI. Conflict of Interest Disclosure:  
*Please note that Board members who also serve as a member of a legislative body of another public entity, such as San Bernardino County or the County of Riverside, does not by itself constitute a disqualifying conflict of interest that would prevent such members from participating on matters appearing on the agenda for the Inland Empire Health Plan or IEHP Health Access despite their affiliation with both public entities.*
- VII. Adopt and Approve of the Meeting Minutes from the October 7, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan
- VIII. CONSENT AGENDA

**ADMINISTRATION (Jarrod McNaughton)**

1. Ratify and Approve the 2025 Plan Year Amendment to the Covered California Qualified Health Plan Issuer Contract for 2023-2025 for the Individual Market with Covered California
2. Ratify and Approve Amendments A48 and A49 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services
3. Approve the Expansion of the Healthcare Scholarship Fund and Delegation of Authority to Approve Additional Agreements
4. Approve the 2025 Governing Board Meeting Calendar
5. Approve the Award of Request For Proposal #24-05990 for Quality Organization Validation and Change Enablement Services to, and Delegation of Authority to Approve Contractual Documents with, West Monroe Holdings, LLC.

**FINANCE DEPARTMENT (Keenan Freeman)**

6. Update on the Healthcare Facilities General and Professional Liability Policy Renewal
7. Approve the Seventh Amendment to the Professional Services Agreement with Shorett Printing, Inc. DBA Crown Connect and Crown Printers
8. Delegation of Authority to Approve the Professional Services Agreement with Health Management Systems, Inc
9. Delegation of Authority to Approve Professional Services Agreement with Varis, LLC
10. Ratify and Approve the Sixth Amendment to the Professional Services Agreement with Conduent Credit Balance Solutions, L.L.C. f/k/a CDR Associates, L.L.C.

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11. Approve the Third Amendment to the Professional Service Agreement with Terra Dining Management
12. Approve the Second Amendment to the Professional Services Agreement with ABM Onsite Services – West, Inc.

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

13. Approve the Funding Agreement with Sahaba Initiative
14. Delegation of Authority to Approve the Memorandums of Understanding Related to the Victorville Community Wellness Center On-Site Partnership Program
15. Approve the Fourth Amendment to the Professional Services Agreement with the Inland Empire Health Information Organization
16. 2023 Culturally & Linguistically Appropriate Services Annual Evaluation Review
17. Approve the Second Amendment to the Memorandums of Understanding and Delegation of Authority to Approve Subsequent Amendments for the Equity & Practice Transformation Provider Directed Payment Program
18. Approve the Award of Request for Proposal #24-05725 to, and Delegation of Authority to Approve Contractual Documents with Arine, Inc.

**INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)**

19. Approve the Funding for Quote No. 7771533 to the License and Maintenance Agreement with Optum360, LLC.
20. Delegation of Authority to Approve the First Amendment to the Customer Agreement with Aunt Bertha, a public benefit corporation, dba Find Help
21. Delegation of Authority to Approve the Sixth Amendment to the Professional Services Agreement with Safety Net Connect, Inc
22. Approve 2025 Operational Funding For Continued Use of Professional Services With Hexplora LLC., Mphasis Corporation, Persistent Systems Limited, Blue Spire, Inc., and Interex Group Inc.
23. Delegation of Authority to Approve the Sixth Amendment to the Participation Agreement with Manifest Medex
24. Approve the Award of Request For Proposal #24-05936 to, and Delegation of Authority to Approve Contractual Documents with, Verint Americas Inc.

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**OPERATIONS DEPARTMENT (Susie White)**

25. Approve the Annual Update to the 2025 IEHP Provider Policy and Procedure Manuals and the Encounter Data Interchange Manual
26. Delegation of Authority to Approve the Third Amendment with Integrity Advantage Solutions, LLC.
27. Ratify and Approve the Eighth Amendment to the Professional Service Agreement with Deloitte Consulting LLP, Rescind Minute Order 24-194, and Rescind the Eighth Amendment Under Minute Order 24-175
28. Approve the Third Amendment to the Professional Services Agreement with Simpler North America, LLC
29. 2023 Assessment of Network of Adequacy Update

**QUALITY DEPARTMENT (Edward Juhn, M.D.)**

30. Approve the Second Amendment to the Professional Services Agreement with Press Ganey Associates, LLC.
31. Approve the 2025 Program Fees for the Integrated Healthcare Association Measure Year 2024 Align. Measure. Perform. Program
32. Overview of the 2024 Medi-Cal And Medicare Consumer Assessment of Healthcare Providers & Systems Adult Member Satisfaction Survey Results
33. 2023 Quality Management Dual Eligible Special Needs Plans Model of Care Annual Evaluation Review

**PROVIDER CONTRACTING DEPARTMENT (Susie White)**

34. Ratify and Approve the Second Amendment to the Hospital Per Diem Agreement with Ridgecrest Regional Hospital – Ridgecrest
35. Ratify and Approve the Letter of Agreement with Riverside Community Hospital - Riverside
36. Ratify and Approve the Third Amendment to the Enhanced Care Management Provider Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center - Colton
37. Ratify and Approve the Participating Provider Agreement with Western University of Health Sciences dba Westernu Health - Pomona

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38. Ratify and Approval of the Standard Template
  - 1) Enhanced Care Provider Agreement (Medicare/Medi-Cal or Medi-Cal Only)
39. Approval of the Evergreen Contracts
  - 1) New Hope Institute a Medical Corporation dba New Hope Institute A Medical Corporation - Participating Provider Agreement – Specialist – Pomona
  - 2) Crystal Care Villa – Residential Care for the Elderly – Joshua Tree
  - 3) Mountain View Centers - Residential Care for the Elderly – Montclair
  - 4) Bio-Medical Applications of California Inc - Ancillary Agreement– Ancillary – Rancho Cucamonga
  - 5) GHC of Tem-SNF LLC dba Temecula Healthcare Center - Skilled Nursing Facility Provider Agreement – SNF – Temecula
  - 6) RAI Care Centers of Colton LLC - Ancillary Agreement – Colton
  - 7) RAI Care Centers of Southern California II LLC - Ancillary Agreement – Fontana
  - 8) Riverside Care Inc dba Valencia Gardens Health Care Center - Skilled Nursing Facility Provider Agreement – Riverside
  - 9) Alexander Orthopedic Surgery and Sports Medical Center Inc - Participating Provider Agreement – Specialist - Murrieta
  - 10) Alexandra Samuel Sturgess dba Spirited by Truth Licensed Clinical Social Worker Corporation – Ontario
  - 11) California Ear Nose & Throat Head & Neck Surgery Medical Corp – Participating Provider Agreement – Specialist – Hemet
  - 12) Compassionate Cancer Care Medical Group Inc dba Compassionate Cancer Care Medical Group Inc – Participating Provider Agreement – Specialist – Fountain Valley
  - 13) Devadas S Moses dba Devadas S Moses MD – Capitated Primary Care Provider Agreement - Beaumont
  - 14) Eduardo Pineda dba Eduardo Pineda MD Inc -Participating Provider Agreement - Behavioral Health – Upland
  - 15) Jones and Jones Medical Associates Inc - Capitated Primary Care Provider Agreement –Apple Valley
  - 16) Karen B Cash - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
  - 17) Lisa Bouzaglou LCSW - Participating Provider Agreement - Behavioral Health– Apple Valley
  - 18) Marisol Aldaz – Participating Provider Agreement - Behavioral Health – Ontario
  - 19) Nina K Maw Maw MD – Fee-For-Service Primary Care Provider Agreement – Rancho Mirage
  - 20) Paulus Santoso MD APC dba Abella Medical Group - Participating Provider Agreement – Specialist - Riverside
  - 21) Ramy A Awad dba Desert Surgical and Bariatric Specialist – San Bernardino
  - 22) Shima Hadidchi dba Shima Hadidchi MD A Professional Corp – Fee-For-Service Primary Care Provider Agreement - Victorville
  - 23) Southern California Urgent Care Network – Urgent Care Provider Agreement - Murrieta
  - 24) Steve Whiting – Participating Provider Agreement - Behavioral Health - Redlands
  - 25) Theraville Counseling Services a Licensed Clinical Social Worker Corporation – Participating Provider Agreement - Behavioral Health - Riverside

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- 26) Unicare Community Health Center Inc – Participating Provider Agreement - Vision (Exam Only) - Colton
- 27) Valentine U Otuechere MD dba Valentine Medical Clinic – Capitated Primary Care Provider Agreement (Medicare Only)- Riverside

IX. . POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

**ADMINISTRATION (Jarrod McNaughton)**

- 40. Chief Executive Officer Update

**FINANCE DEPARTMENT (Keenan Freeman)**

- 41. Review of the Monthly Financials

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

XI. Board Member Comments

XII. Closed Session

- 1. Conference with Legal Counsel – Existing Litigation: (Subdivision (d)(1) of Government Code Section 54956.9)
  - a. Inland Empire Health Plan v. Fanous (San Bernardino County Superior Court Case No. CIVDS1939428).

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on December 9, 2024 at 9:00 a.m. at the Mission Inn, Riverside, Ca.

## ADMINISTRATION

### 1. RATIFY AND APPROVE THE 2025 PLAN YEAR AMENDMENT TO THE COVERED CALIFORNIA QUALIFIED HEALTH PLAN ISSUER CONTRACT FOR 2023-2025 FOR THE INDIVIDUAL MARKET WITH COVERED CALIFORNIA

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the 2025 Plan Year Amendment to the Covered California Qualified Health Plan Issuer Contract for 2023-2025 for the Individual Market with Covered California (Contract), for the provision of statewide health insurance exchange services effective January 1, 2025.

#### **Contact:**

Jarrold McNaughton, Chief Executive Officer

#### **Background:**

Covered California offers a statewide health insurance exchange to make it easier for individuals to compare health plans and buy health insurance in the private market. Covered California's aim is to improve the health of all Californians by ensuring their access to affordable, high quality care coverage through a competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value. Covered California does this by "certifying" the Qualified Health Plans (QHPs) offered on Covered California's Exchange through an extensive application process.

On July 13, 2023, IEHP signed the Contract, effective January 1, 2024, through December 31, 2025 (Contract), whereby IEHP entered the statewide health insurance exchange for Plan Year 2024. This Contract holds IEHP to rigorous standards of care and greater accountability in order to ensure Covered California Members have the care and support they need.

Approximately 8,000 – 10,000 IEHP Medi-Cal Members lose their Medi-Cal coverage every year because of an increase in their household income. These members are then eligible to purchase health coverage through Covered California. IEHP's participation in Covered California aligns with the Mission of healing and inspiring the human spirit and supporting the enterprise membership growth goal in the Strategic Plan to achieve its Vision.

#### **Discussion:**

This 2025 Plan Year Amendment incorporates changes and new requirements for Material Concerns, Marketing Materials, Market Participation Fees, Quality Improvement Targets, Performance Standards, and the Quality Transformation Initiative.

All other items and conditions of the Contract remain in full force and effect.

| Fiscal Impact | Financial Review              | Procurement Review          | Reviewed by Counsel  | Director Approval    | Chief Approval         |
|---------------|-------------------------------|-----------------------------|----------------------|----------------------|------------------------|
| None          | K.Robbins<br>N/A<br>9/25/2024 | C. Goss<br>N/A<br>9/25/2024 | M. Popka<br>10/18/24 | L. Nery<br>9/29/2024 | S. White<br>10/10/2024 |

## ADMINISTRATION

### 2. RATIFY AND APPROVE AMENDMENTS A48 AND A49 TO THE LOCAL INITIATIVE PRIMARY CONTRACT (#04-35765) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve Amendments A48 and A49 to the Local Initiative Primary Contract (#04-35765) with the California Department of Health Care Services (DHCS) for the provision of Medi-Cal Health Plan Services effective January 1, 2023.

#### **Contact:**

Jarrold McNaughton, Chief Executive Officer

#### **Background:**

In March 1993, DHCS issued a State Strategic Plan for Medi-Cal Managed Care (Plan). The Plan was designed to transfer the delivery of care for the majority of the Medi-Cal population from a predominantly fee-for-service payment system to a capitated managed care system. Riverside and San Bernardino counties were designated as two (2) of the 12 counties in the State to initiate the Medi-Cal Managed Care Program.

Riverside and San Bernardino counties are organized as a Two-Plan Model Managed Care Program. In Two-Plan Model counties, there is a Local Initiative (county organized) and a Commercial Plan in which DHCS contracts with both health plans. These health plans provide the Medi-Cal population freedom of choice in selecting medical services. They also allow for competition between the two systems in terms of services and cost. IEHP is the Local Initiative Medi-Cal Managed Care Health Plan in Riverside and San Bernardino counties.

Each plan in the Two-Plan Model Managed Care Program entered into a contract with DHCS in order to receive funds from the State to provide health care services to the Medi-Cal population.

Since the execution of the Local Initiative Primary Contract (#04-35765), IEHP entered into a new Primary Contract (#23-30225) which was approved by the Governing Board in February 2024 under Minute Order 24-021. Amendments A48 and A49 are assisting with the closing of the Local Initiative Primary Contract (#04-35765).

#### **Discussion:**

IEHP received Amendments A48 and A49 to its DHCS Local Initiative Primary Contract for Medi-Cal Health Plan Services.

The Amendments' effective date is January 1, 2023, or until approved by Department of General Services (DGS), if DGS approval is required. Amendment A48 incorporates updated Calendar Year 2023 Capitation Payment rates, as well as, requirements for Subcontractor Agreements, Electronic Visit Verification, American Indian Health Service Programs, Doula Services, Mental Health Services, Member Services, Financial Performance Guarantee, Medical Loss Ratio, and



CONSENT AGENDA

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Special Contract Provisions Related to Payment. Amendment A49 incorporates updates to Calendar Year 2023 Capitation Payment rates and updated citations in Exhibit B.

The term of this Agreement in its entirety is September 1, 2004, to December 31, 2023. All other items and conditions of the Agreement remain in full force and effect.

| Fiscal Impact | Financial Review                  | Procurement Review             | Reviewed by Counsel  | Director Approval         | Chief Approval         |
|---------------|-----------------------------------|--------------------------------|----------------------|---------------------------|------------------------|
| None          | Karla Robbins<br>N/A<br>9/25/2024 | Cliff Goss<br>N/A<br>9/25/2024 | M. Popka<br>10/16/24 | Lourdes Nery<br>9/29/2024 | S. White<br>10/10/2024 |

**ADMINISTRATION****3. APPROVE THE EXPANSION OF THE HEALTHCARE SCHOLARSHIP FUND AND DELEGATION OF AUTHORITY TO APPROVE ADDITIONAL AGREEMENTS****Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the expansion of the of the Healthcare Scholarship Fund (HSF) and authorize the Chief Executive officer or his designee to, after legal review and approval, sign agreements with higher learning institutions. There are no other changes to cost or term of this Program

**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Background:**

IEHP launched the HSF Program in January 2020 to tackle the shortage of healthcare professionals in the Inland Empire and in May 2024 under Minute Order 24-117, the IEHP Governing Board, approved additional funding to support the program through December 31, 2027. The HSF Program currently provides sponsorships to physicians and Psychiatric Nurse Practitioners across three universities: California University of Science and Medicine (CUSM), Loma Linda University (LLU) and the University of California, Riverside (UCR).

Through the HSF Program, 11 Scholars are already practicing in the network, with over 200 more physicians and nurse practitioner HSF recipients in the pipeline.

Given the success of the HSF Program, the Governing Board has requested that IEHP explore an expansion of the HSF Program with different advance practice providers, including but not limited to Physician Assistants and Nurse Practitioners across multiple specialties.

**Discussion:**

In response to the Governing Board's request, IEHP is proposing an expansion of the HSF Program to include sponsorships to advanced practice providers such as Physician Assistants and Nurse Practitioners across additional specialties, including but not limited to Family Practice.

Accordingly, IEHP is seeking approval to expand the HSF Program to include the aforementioned advance practice areas, and additional universities, which may include but are not limited to: California State University, San Bernardino (CSUSB) and California Baptist University (CBU). This expansion allows IEHP to continue building a sustainable and effective healthcare system.

There shall be no other changes to the approved cost and term of this HSF Program. IEHP's Executive Leadership will regularly update the Governing Board on the progress of the HSF Program and invite the Governing Board to participate in planned HSF Program activities

| Fiscal Impact | Financial Review     | Procurement Review | Reviewed by Counsel  | Director Approval    | Chief Approval |
|---------------|----------------------|--------------------|----------------------|----------------------|----------------|
| None          | J. Haines<br>10/9/24 | N/A                | M. Popka<br>10/17/24 | M. Coffey<br>10/3/24 | J. McNaughton  |

## ADMINISTRATION

### 4. APPROVE THE INLAND EMPIRE HEALTH PLAN 2025 GOVERNING BOARD MEETING CALENDAR

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the 2025 IEHP Governing Board meeting calendar.

**Contact:**

Jarrod McNaughton, Chief Executive Officer

**Background:**

The bylaws of IEHP provide that the regular meetings of the Governing Board shall take place on the second Monday of every month except when that date is a holiday, the Board shall meet on another day during that week subject to notice provided by the agency. From time to time, a regular meeting may need to be scheduled on another day except the second Monday of the month to accommodate holidays, calendar conflicts of Board members and/or IEHP leadership, or meeting room availability.

**Discussion:**

A Governing Board Meeting calendar has been developed to identify the regular and modified meeting dates for the 2025 calendar year in order to provide the public notice of the agencies' regular public meetings for the year and to minimize any confusion. The proposed 2025 meeting dates are as follows:

|                     |                     |
|---------------------|---------------------|
| Monday, January 13  | Monday, July 7      |
| Monday, February 10 | Monday, August 11   |
| Monday, March 10    | Monday, September 8 |
| Monday, April 14    | Tuesday, October 14 |
| Monday, May 12      | Monday, November 10 |
| Monday, June 9      | Monday, December 8  |

After approval, any changes to the 2025 calendar will be submitted to the Governing Board for approval.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval            |
|---------------|------------------|--------------------|---------------------|-------------------|---------------------------|
| None          | NA               | NA                 | NA                  | NA                | J. McNaughton<br>10/25/24 |

## ADMINISTRATION

### **5. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05990 FOR QUALITY ORGANIZATION VALIDATION AND CHANGE ENABLEMENT SERVICES TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, WEST MONROE HOLDINGS, LLC. - PLACEHOLDER**

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal #24-05990 (RFP 24-05990) to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with, West Monroe Holdings, LLC (West Monroe) for Quality Organization Validation and Change Enablement Services for an amount not to exceed \$2,790,000 for a term of six (6) months.

#### **Contact:**

Jarrod McNaughton, Chief Executive Officer

#### **Background:**

IEHP has embarked on a multi-year transformation journey to enhance efficiency and scalability through improved data governance, automation, and change management. This transformation initiative includes four major projects aligned with IEHP's strategic objectives:

1. The Business Transformation Office (BTO) that will integrate change management by developing governance structures, defining roles, and implementing communication plans to support organizational change.
2. The Data Governance Implementation project that will establish a comprehensive framework, ensuring compliance and continuous improvement in data management.
3. The Functional Alignment and Efficiency project which aims to streamline operations by documenting processes, identifying automation opportunities, and optimizing workflows.
4. Analytics and Reporting Center of Excellence (CoE) that will centralize reporting functions, assess data quality, and drive continuous improvement through user training and standards development.

These projects collectively support IEHP's goals by enhancing operational processes, improving data accuracy, and aligning strategic objectives with actionable insights. Specifically, Enterprise Strategy Goal #6 (OS6 Data Strategy), which focuses on designing support and data models to improve IEHP's ability to deliver quality care, vibrant health, and organizational strength.

On October 3, 2024, IEHP issued RFP #24-05990 for Quality Organization Validation and Change Enablement Services on Bonfire, its public third-party bidding website. The purpose was to select a vendor to provide Quality Organization Validation and Change Enablement Services to IEHP, with the aim of improving efficiency, scalability, and data governance, aligning with IEHP's strategic objectives of enhancing the quality of services and operations.

RFP # 24-05990 closed on October 15, 2024, with two (2) bidders submitting proposals. The Evaluation Committee members assessed proposals based on five key areas: 1) BTO and Change Management, 2) Data Governance and Implementation, 3) Functional Alignment and Efficiency & Automation Opportunities, 4) Analytics and Reporting CoE, 5) General Evaluation Criteria.

Each proposal was thoroughly reviewed and scored by Evaluation Committee members, with the following results:

| TECHNICAL PROPOSAL SCORES WITHOUT COST (OUT OF 70) |       |
|--|-------|
| West Monroe Holdings, LLC.                         | 48.97 |
| Gartner Inc.                                       | 39.65 |

**Raw Technical Evaluation Breakdown:**

The evaluation team scored both vendors across five critical criteria for project success (each criteria is worth a raw score of 20 points each, which is then computed to a weighted score out of 70 points). West Monroe consistently scored higher, demonstrating a more comprehensive and targeted response to requirements.

**1. Business Transformation and Change Management –**

West Monroe presented a detailed framework for managing change and supporting business transformation, reflecting a deep understanding of the organization's operational needs. In contrast, Gartner's approach was more general and lacked specific action plans tailored to the organization's context.

- **West Monroe:** 15/20
- **Gartner:** 9.3/20

**2. Data Governance and Implementation**

West Monroe's proposal included a comprehensive data governance strategy that aligns with industry standards and reduces regulatory and operational risks. Gartner's approach was competent but less specific in addressing the unique challenges of the organization's data landscape.

- **West Monroe:** 15.3/20
- **Gartner:** 12/20

**3. Functional Alignment, Efficiency, and Process Automation**

West Monroe provided detailed recommendations for optimizing processes and increasing operational efficiency through automation. Gartner's proposal relied more on industry best practices without clear customization for the organization's needs.

- **West Monroe:** 15/20
- **Gartner:** 12.67/20

#### 4. Analytics and Reporting CoE

West Monroe outlined a more advanced analytics framework offering practical solutions for real-time insights and decision-making. Gartner provided a solid framework but lacked depth in actionable reporting strategies.

- **West Monroe:** 15.3/20
- **Gartner:** 14.67/20

#### 5. General Project Management and Expertise

West Monroe demonstrated robust project management capabilities with a clear structure for monitoring progress and ensuring accountability.

- **West Monroe:** 14.67/20
- **Gartner:** 12.33/20

Final Proposal scoring with cost included were as followed:

| TECHNICAL PROPOSAL SCORES INCLUDING COST (OUT OF 100) |       |
|---|-------|
| West Monroe Holdings, LLC.                            | 62.65 |
| Gartner Inc.  | 69.65 |

Following technical evaluations, demonstrations were conducted with both vendors to assess their capabilities further.

#### 1. Demonstration

West Monroe's demonstration reinforced their strengths in change management, data governance, and process automation, particularly their ability to present specific, actionable plans tailored to the organization's needs. Gartner's demonstration focused on high-level capabilities and industry best practices with some relation to the organization's unique requirements.

- **West Monroe:** 8.17/10
- **Gartner:** 5.67/10

The proposal assessments confirmed West Monroe's ability to provide comprehensive and customized approach across all key areas to meet IEHP's organizational objectives.

| FINAL TOTAL SCORES (OUT OF 110) |       |
|---------------------------------|-------|
| West Monroe Holdings, LLC.      | 72.19 |
| Gartner Inc.                    | 75.32 |

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After a thorough evaluation process, including technical scoring and vendor demonstrations. The Evaluation Committee has recommended the award for RFP #24-05990 go to West Monroe.

West Monroe was selected as the best value bidder as they offered an expedited timeline to begin services to meet IEHP's needs, including extensive experience in quality organization validation and change enablement. Their strategic and tactical phased approach emphasizes mobilizing, establishing, and delivering recommendations with a focus on driving standardization, improving performance and efficiency, and creating capacity as part of a multi-year transformation. For IEHP this is considered Phase 2 of a multi-year transformation effort. For Phase 1, West Monroe executed a six-week engagement in which they conducted a discovery session, inclusive of 15 discussions with stakeholders, a thorough review of hundreds of internal documents, and an inventory of current efforts. In addition, West Monroe validated the findings from a study completed in 2023 by Gartner. Due to the familiarity with the scope of work and the IEHP culture, West Monroe has the ability to begin work immediately without having to conduct any additional assessments. On the contrary for the other two bidders, a new discovery session and assessment would need to be conducted impacting the timing and costs of the project.

**Discussion:**

West Monroe will provide IEHP with services based on milestone achievements over a six-month period, with each milestone tied to specific deliverables that align with IEHP's business objectives.

The delivery timeline starts in December 2024 and runs through May 2025 to mobilize and deliver foundational recommendations focused on quick wins, long-term benefits, and return on investment (ROI). The recommendations have been broken out into four (4) initiatives which can be run and executed in parallel.

A total of five (5) milestone invoices will be generated at pre-defined dates along deliverables resulting from the services provided across each initiative.

**Milestone Deliverables:**

| Milestone # | Timeframe | Deliverables  |  |   |   |
|-------------|-----------|---|--|---|---|
|             |           | Establish A Business Transformation Office & Activate Change Management   | Accelerate Data Governance Implementation                                      | Drive Functional Alignment & Identify Efficiency & Automation Opportunities                   | Establish & Operationalize Analytics & Reporting Coe                              |
| Milestone 1 | Week 4    | BTO and Change Lead Job Description, BTO Governance Framework, Defined "Case for Change"  | Data Governance Current State Analysis   | -   | -   |
| Milestone 2 | Week 9    | BTO Processes and Templates (Transformation Dashboard, Reporting Process, Intake), Change Management Toolkit and Methodology                  | Data Governance Key Role Profiles, Data Governance Vision & High-level Roadmap | High-level Current State Process Maps, Reporting, Data Source and KPI Inventory               | Current State Reporting Process and Tooling Analysis, Opportunity Log             |
| Milestone 3 | Week 14   | BTO Processes and Templates (Resource Forecasting, Value Realization), Integrated Business Case, BTO Training Materials, BTO Maturity Roadmap | Data Governance Charter and Operating Model, Data Governance Playbook          | High-level Future State Process Maps, Process Efficiency Opportunity Log                      | Analytics and Reporting CoE Charter   |
| Milestone 4 | Week 19   | -   | Data Governance Role Upskilling, Data Governance Expansion Next Steps          | Interaction Model, Organization Structure, Change Impact Assessment, Roles & Responsibilities | Standards for Data Usage and Reporting  |
| Milestone 5 | Week 24   | -   | -  | Milestones and Sequencing for Process Efficiency, Upskilling and Communication Plan Inputs    | Implementation Plan, Training & Transition Materials, Continuous Improvement Plan |

CONSENT AGENDA

As such, IEHP seeks approval to award RFP #24-05990 (RFP 24-05990) to and authorize the CEO or his designee to negotiate and, after legal review and approval, sign contract documents with, West Monroe Holdings, LLC for a total amount not to exceed \$2,790,000 for a term of six (6) months.

| Fiscal Impact   | Financial Review        | Procurement Review         | Reviewed by Counsel  | Director Approval | Chief Approval   |
|-----------------|-------------------------|----------------------------|----------------------|-------------------|--|
| New Expenditure | J. Haines<br>10/24/2024 | C. Hendricks<br>10/22/2024 | M. Popka<br>10/25/24 | NA                | E. Juhn – 10/24/24<br>S. Sood – 10/24/24<br>V. Devabhaktuni – 10/30/24 |



**FINANCE DEPARTMENT****6. UPDATE ON THE HEALTHCARE FACILITIES GENERAL AND PROFESSIONAL LIABILITY POLICY RENEWAL****Recommended Action:**

Review and File

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background**

On August 12, 2024 under Minute Order #24-169, the Governing Board delegated authority to the Chief Executive Officer or his designee to approve and sign policy documents for insurance renewal of the Healthcare Facilities General and Professional Liability policy for Policy Period September 1, 2024 through August 31, 2025 for an estimated total not to exceed \$60,000, which including applicable taxes and fees.

**Discussion**

The grid below summarizes the final results of IEHP's insurance renewal process.

| Insurance Carrier                              | Expiring Program <sup>(1)</sup> | Renewal Program <sup>(1)</sup> | Coverage/Deductible Change(s)   |
|--|---------------------------------|--------------------------------|---|
| Illinois Union Insurance Company (\$3 million) | \$30,000                        | \$37,000                       | Full policy limits for Abuse and Molestation coverage instead of being sublimited to \$1 million. |

<sup>(1)</sup> Premiums do not include taxes and fees.

Some insurance coverage highlights are listed below:

- Full policy limits for Abuse and Molestation coverage instead of being sublimited to \$1 million while overall deductible remains unchanged at \$50,000.
- IEHP team members that are scheduled on this policy can provide limited clinical services to IEHP members.

The final renewal premium for 2024-2025 is 23.3%, or \$7,000, higher than the expiring premium due to reasons stated above.

| Expiring Premium | Renewal Premium | Dollar Difference | % Increase (Decrease) |
|------------------|-----------------|-------------------|-----------------------|
| \$30,000         | \$37,000        | \$7,000           | 23.3%                 |

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval | Chief Approval         |
|---------------|------------------|--------------------|---------------------|-------------------|------------------------|
| None          | NA               | NA                 | NA                  | NA                | K. Freeman<br>10/30/24 |

## FINANCE DEPARTMENT

### 7. APPROVE THE SEVENTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SHORETT PRINTING, INC. DBA CROWN CONNECT AND CROWN PRINTERS

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Seventh Amendment to the Professional Services Agreement (“Agreement”) with Shorett Printing, Inc. DBA Crown Connect and Crown Printers (Crown Connect) for the provision of services for an additional amount not to exceed \$4,146,000.00 and extend the term for one (1) year through December 31, 2025. The total amount payable under this Agreement shall not exceed \$16,156,320.00 through December 31, 2025.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP requires this service with Crown Connect for regulatory PHI Printing, Fulfillment, and Mailing services as they assist with hourly sweeps of the MedHOK system for correspondence that is ready to be sent to IEHP Members. This service must be performed daily to ensure correspondence is processed and sent within the timeframe that has been established through regulatory agencies that oversee both Medicare and Medi-Cal lines of business.

IEHP has contracted with Crown Connect since January 2021 for services. Crown Connect was selected as the most responsive and responsible vendor as a result of the RFP #19-01443 conducted in 2020.

The Governing Board had previously approved the Agreement as follows:

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Cost</b>    |
|----------------------|------------|---|------------------------|----------------|
| 12/2020              | 20-365     | Original Agreement for Regulatory printing  | 12/31/2023             | \$1,700,000.00 |
| 3/2021               | 21-74      | First Amendment for Unforeseen costs due to Covid-19  | 12/31/2023             | \$392,000.00   |
| 8/2021               | 21-247     | Second Amendment for Additional funds for maintenance and storage of regulatory stationery items. | 12/31/2021             | \$86,400.00    |
| 11/2021              | 21-313     | Third Amendment for Additional funds and term extension   | 12/31/2022             | \$2,831,920.00 |

## CONSENT AGENDA

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Cost</b>     |
|----------------------|------------|---|------------------------|-----------------|
| 12/2022              | 22-390     | Fourth Amendment for Additional funds and term extension                  | 12/31/2023             | \$3,500,000.00  |
| 2023                 | NA         | Fifth Amendment – updated Attachment E with necessary regulatory language | NA                     | \$0             |
| 11/2023              | 23-248     | Sixth Amendment for Additional funds and term extension                   | 12/31/2024             | \$3,500,000.00  |
| Total Cost to date:  |            |   |                        | \$12,010,320.00 |
| New Cost             |            |   |                        | \$4,146,000.00  |
| Total Cost           |            |   |                        | \$16,156,320.00 |

**Discussion:**

Crown Connect continues to provide PHI Printing, Fulfillment, and Mailing Services with hourly sweeps of the MedHOK system for IEHP member correspondence that must be processed within the timeframe established through the regulatory agencies that oversee both Medicare and Medical lines of business.

IEHP has projected the cost for services under this Amendment shall be \$3.8 million, which is a result of the analysis of the trending figures as observed year to date incorporating the fiscal budget years of 2023 and 2024 spending. IEHP is also including a 10% contingency to this forecasted amount as a prudent measure, ensuring that IEHP is well-prepared to address any unexpected challenges or requirements that might emerge.

The additional cost of this Amendment to the shall not exceed \$4,146,000.00 effective January 1, 2025. The total cost of this Agreement shall not exceed \$16,156,320.00 through December 31, 2025.

| <b>Fiscal Impact</b>      | <b>Financial Review</b>  | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>Director Approval</b>  | <b>Chief Approval</b>    |
|---------------------------|--------------------------|---------------------------|----------------------------|---------------------------|--------------------------|
| Included in CY2025 Budget | S. McCalley<br>10/8/2024 | E. Jennings<br>10/8/2024  | M. Popka<br>10/18/24       | C. Hendricks<br>10/8/2024 | K. Freeman<br>10/29/2024 |

## FINANCE DEPARTMENT

### 8. DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT SYSTEMS, INC

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer or his designee to, after legal review and approval, sign the Professional Services Agreement (Agreement) with Health Management Systems, Inc. for the Coordination of Benefits Identification and Recovery Services effective January 1, 2025 through December 31, 2025.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP has contracted with Health Management Systems, Inc. ("HMS") since February 2011 for coordination of benefits identification and recovery services to assist with third party liability recovery services. HMS has access to information from several states and other insurance carriers which is used to identify other coverage for IEHP's Medi-Cal Members. The services result in cost savings to IEHP by identifying other health insurance coverage held by the IEHP members that would pay primary to Medi-Cal. These services are performed for a contingency fee of 20% of funds recovered.

Under this new agreement, HMS was selected as a result of a Single Source justification as HMS is the leading vendor for DHCS and the local initiatives and has not increased their commission rate for the past 10 years during the contracting period.

HMS is the continued choice due to its proven record of recovering at least \$10 million annually, not raising their rates for the past 10 years, and is the vendor of choice of other California Medi-Cal health plans. Sourcing a new vendor would require rebuilding familiarity with IEHP's existing data processes, operating systems, providers and regulatory requirements, and may cause delay in our regulatory processes with uncertain results.

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

| Date Approved | MO#   | Purpose  | Term Expiration | Commission Rate (%) | Recovered Funds          |
|---------------|-------|--|-----------------|---------------------|--------------------------|
| February 2011 | 11-41 | Agreement to provide coordination of benefits identification and recovery services with a contingency fee of 25% of funds recovered. | June 30, 2014   | 25%                 | Legacy Accounting System |

## CONSENT AGENDA

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Commission Rate (%)</b> | <b>Recovered Funds</b> |
|----------------------|------------|---|------------------------|----------------------------|------------------------|
| November 2013        | 13-354     | First Amendment Delegation of Authority for a term extension for four years and to add the service of Medicaid Insurance Billing and Provider Recoupment's at a recovery contingency of 20% of funds recovered. | February 15, 2017      | 20%                        | \$9,792,113.00         |
| February 2017        | 17-17      | Second Amendment term extension for one-year.   | February 15, 2018      | 20%                        | \$16,725,655.65        |
| February 2018        | NA         | Third Amendment term extension for one-year.  | February 14, 2019      | 20%                        | \$14,679,903.90        |
| February 2019        | 19-43      | Fourth Amendment term extension for one-year.   | February 15, 2020      | 20%                        | \$15,121,646.05        |
| February 2020        | NA         | Fifth Amendment term extension for one-year   | February 15, 2021      | 20%                        | \$13,733,056.70        |
| February 2021        | 20-343     | Sixth Amendment term extension for one-year.  | February 15, 2022      | 20%                        | \$11,592,964.90        |
| February 2022        | 22-042     | Seventh Amendment term extension for one year.  | February 15, 2023      | 20%                        | \$10,756,324           |
| February 2023        | 23-006     | Eighth Amendment term extension for 6 months.   | August 15, 2023        | 20%                        | \$4,991,392            |
| August 2023          | 23-176     | Ninth Amendment term extension for 4 months while negotiating new Professional Service Agreement for a one-year term.   | December 31, 2023      | 20%                        | \$8,534,452            |

CONSENT AGENDA

| <b>Date Approved</b>                   | <b>MO#</b> | <b>Purpose</b>   | <b>Term Expiration</b> | <b>Commission Rate (%)</b> | <b>Recovered Funds</b>                 |
|--|------------|--|------------------------|----------------------------|--|
| November 13, 2023                      | 23-252     | Tenth Amendment term extension for 4 months while negotiating new Professional Service Agreement for a one-year term | December 31, 2024      | 20%                        | \$6,265,963<br>(as of August 31, 2024) |
| <b>Total Recovered Funds to Date:</b>  |            |  |                        |                            | \$112,193,471.20                       |
| <b>Total Commission Cost with HMS:</b> |            |  |                        |                            | \$22,438,694.24                        |

**Discussion:**

Under this new Agreement, HMS will continue to perform coordination of benefits identification and recovery services beginning January 1, 2025, through December 31, 2025. All costs for this Agreement are covered by recovered payments from the responsible health insurance carrier.

Hence, IEHP seeks approval of the Delegation of Authority to approve the Agreement with HMS for a contingency fee of 20% of funds recovered from January 1, 2025, through December 31, 2025.

| <b>Fiscal Impact</b>          | <b>Financial Review</b>   | <b>Procurement Review</b>       | <b>Reviewed by Counsel</b> | <b>Director Approval</b> | <b>Chief Approval</b>        |
|-------------------------------|---------------------------|---------------------------------|----------------------------|--------------------------|------------------------------|
| Included in the CY2025 Budget | S. McCalley<br>10/18/2024 | J. Christofferson<br>10/17/2024 | N/A                        | B. Abeyta<br>10/22/2024  | Keenan Freeman<br>10/23/2024 |

**FINANCE DEPARTMENT****9. DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH VARIS 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 Professional Services Agreement (Agreement) with Varis LLC for the provision of Diagnosis-Related Group (DRG) Overpayment Identification Services effective January 1, 2025 through December 31, 2025.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP is limited in its ability to detect erroneously billed Diagnose-Related Group (DRG) claims due to coding, processing, or calculation errors, regardless of source. As a result, hospital billing errors can go undetected.

IEHP has contracted with Varis LLC since July 2011 for DRG Overpayment Identification Services. IEHP primarily pays inpatient hospital claims for Medicare members using CMS's reimbursement method, referred to as "inpatient prospective payment system" or "Medicare DRG payment system." Additionally, a small number of Medi-Cal claims are also contracted at the inpatient prospective payment rates or the Medicare DRG payment system.

Varis LLC was selected as a result of a single source justification as Varis LLC is the leading Inpatient DRG validation vendor for most health plans with the required expertise to screen hospital claims, correspond with hospitals and review medical records to substantiate accurate DRG billing and payment. Additionally, the commission rate has remained at 25% since the initial contract for post-payment identified overpayments and 26% commission for prepayment identified overpayments of successful claims recovered. Varis LLC is based in California, are well-versed in California regulatory requirements and have established relationships with our contracted hospitals.

Varis LLC is the continued choice due to its proven record of recovering on average \$8.8 million annually over the last six (6) years, has not raised their rates for the past 12 years and is the vendor of choice of other California Medi-Cal health plans. Sourcing a new vendor would require rebuilding familiarity with IEHP's existing data processes, operating systems, providers and regulatory requirements, and may cause delay in our regulatory processes with uncertain results.

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

| <b>Date Approved</b> | <b>MO #</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Commission Rate (%)</b>               | <b>Recovered Funds</b>   |
|----------------------|-------------|---|------------------------|--|--------------------------|
| July 2011            | 11-173      | Agreement to provide overpayment identification services for acute inpatient DRG paid post-payment reviews.   | June 30, 2012          | 30%                                      | Legacy Accounting System |
| July 2012            | 12-210      | First Amendment term extension for one-year and additional funds \$50,000.  | June 30, 2013          | 30%                                      | Legacy Accounting System |
| July 2013            | 13-255      | Second Amendment term extension for two years and additional funds \$200,000.   | June 30, 2015          | 25%                                      | Legacy Accounting System |
| July 2015            | 15-171      | Third Amendment term extension for one-year and additional funds \$250,000.   | June 30, 2016          | 25%                                      | Legacy Accounting System |
| July 2016            | 16-129      | Fourth Amendment term extension for two years and additional funds \$1.0 million.   | June 30, 2018          | 25%                                      | \$3,808,031              |
| July 2016            | N/A         | Fifth Amendment to add Scope of Work to provide financial analysis of provider paid claims to validate if conversion to APR- DRG is more financially beneficial to IEHP than continuing to pay provider per diem. | June 30, 2018          | 25%                                      | \$3,808,031              |
| July 2018            | 18-182      | Sixth Amendment term extension for one-year and additional funds \$1.0 million.   | June 30, 2019          | 25%                                      | \$8,151,650              |
| July 2019            | 19-43       | Seventh Amendment term extension for one- year and add scope of work for prepayment audit reviews for acute inpatient DRG claims on a contingency basis at 26% of the identified overpayments.                    | June 30, 2020          | 25%<br>Post Payment<br>26%<br>Prepayment | \$6,608,624              |



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| Date Approved  | MO #   | Purpose  | Term Expiration   | Commission Rate (%)                          | Recovered Funds |
|----------------|--------|--|-------------------|--|-----------------|
| September 2019 | 19-172 | Eighth Amendment removes the not to exceed amount payable language as Varis LLC reimbursement rate model is 25% commission for post- payment identified overpayments and 26% commission for prepayment identified overpayments of successful claims recovered.   | June 30, 2020     | 25%<br>Post Payment<br><br>26%<br>Prepayment | \$5,596,471     |
| July 2020      | 20-101 | Ninth Amendment term extension for one-year, scope of work to perform on-site audit reviews for acute inpatient DRG claims. On-site rate \$250 per DRG claim only to be implemented with IEHP approval and revised contract language Paragraph D of Section 3 (COMPENSATION) to state total compensation payable to contractor shall be in accordance with Attachment B, SCHEDULE OF FEES. | June 30, 2021     | 25%<br>Post Payment<br><br>26%<br>Prepayment | \$9,350,284     |
| July 2021      | 21-157 | Tenth Amendment term extension for two years.  | June 30, 2023     | 25%<br>Post Payment<br><br>26%<br>Prepayment | \$17,341,993    |
| July 2023      | 23-176 | Eleventh Amendment term extension for five months.   | December 31, 2023 | 25% Post<br>Payment<br><br>26%<br>Prepayment | \$10,773,451    |

| Date Approved                                | MO #   | Purpose   | Term Expiration   | Commission Rate(%)              | Recovered Funds                       |
|--|--------|---|-------------------|---------------------------------|---------------------------------------|
| July 2024                                    | 23-251 | Twelfth Amendment term extension for a one-year extension | December 31, 2024 | 25% Post Payment 26% Prepayment | \$7,380,345<br>(as of September 2024) |
| <b>Total Recovered Funds to Date:</b>        |        |   |                   |                                 | \$52,468,049                          |
| <b>Total Commission Cost with Varis LLC:</b> |        |   |                   |                                 | \$13,127,789                          |

**Discussion:**

Under this new Agreement, Varis LLC will perform claims review of acute inpatient claims to substantiate accurate DRG billing and payment beginning January 1, 2025 through December 31, 2025. All payments made under this agreement are contingency based. Fees are only due under this agreement when overpayment recoveries are received by IEHP.

Hence, IEHP seeks approval of the Delegation of Authority to approve the Agreement with Varis LLC for a contingency rate of 25% of identified overpayment and a contingency rate of 26% of prepayment identified overpayments of successful claims recovered from January 1, 2025 through December 31, 2025.

| Fiscal Impact | Financial Review             | Procurement Review                    | Reviewed by Counsel | Director Approval            | Chief Approval                |
|---------------|------------------------------|---------------------------------------|---------------------|------------------------------|-------------------------------|
| None          | Shyri McCalley<br>10/18/2024 | Jennifer Christoffersen<br>10/17/2024 | N/A                 | Belinda Abeyta<br>10/22/2024 | Keenan Freeman<br>10/23/2024] |

## FINANCE DEPARTMENT

### 10. RATIFY AND APPROVE THE SIXTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH CONDUENT CREDIT BALANCE SOLUTIONS, L.L.C. F/K/A CDR ASSOCIATES, L.L.C.

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Sixth Amendment to the Professional Services Agreement ("Agreement") with Conduent Credit Balance Solutions, L.L.C. f/k/a/CDR Associates, L.L.C. ("Conduent") for Credit Balance Recovery Products and Services effective November 1, 2024, through April 30, 2025.

#### **Contact:**

Keenan Freeman, Chief Financial Officer

#### **Background:**

Conduent identifies, validates, and recovers claims overpayments (credit balances) from hospital providers. All payments made under this agreement are contingency based where IEHP pays Conduent a percentage of the recovered overpayment.

Conduent, has been providing Credit Balance Recovery Products and Services to IEHP since 2013.

The Governing Board had previously approved the contractual agreements with Conduent as follows:

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Commission Rate</b> | <b>Recovered Funds</b>                             |
|----------------------|------------|---|------------------------|------------------------|--|
| June 08, 2013        | 13-73      | Approval of Credit Balance Recovery Products and Services.                            | March 30, 2016         | 11%                    | Legacy Accounting System                           |
| February 01, 2018    | 16-64      | First Amendment - term extension  | March 31, 2019         | 11%                    | Legacy Accounting System                           |
| April 11, 2019       | 19-43      | Second Amendment - term extension   | March 31, 2024         | 11%                    | \$6,829,072  |
| September 18, 2023   | 16-64      | Third Amendment Regulatory Attachments per Department of Managed Health Care ("DMHC") | March 31, 2024         | N/A                    | N/A  |
| April 08, 2024       | 24-057     | Fourth Amendment – term extension   | June 30, 2024          | 11%                    | \$259,055<br>(as of April 1, 2024 – June 30, 2024) |

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| Date Approved                  | MO#    | Purpose                                    | Term Expiration  | Commission Rate | Recovered Funds                                    |
|--------------------------------|--------|--|------------------|-----------------|--|
| July 1, 2024                   | 24-120 | Fifth Amendment – six-month term extension | October 31, 2024 | 11%             | \$178,010<br>( as of July1, 2024 – August 31, 2024 |
| Total Recovered Funds to Date: |        |  |                  |                 | \$7,944,394  |
| Total Commission Cost:         |        |  |                  |                 | \$873,883  |

**Discussion:**

The Sixth Amendment extends the Agreement for six (6) months, effective November 1, 2024 through April 30, 2025. All other terms and conditions of the Agreement remain in full force and effect. All payments made under this Agreement are contingency based (11%), where IEHP pays Conduent a percentage of the recovered overpayment. All costs for this Agreement are covered by recovered payments from hospital providers.

| Fiscal Impact | Financial Review          | Procurement Review              | Reviewed by Counsel  | Director Approval       | Chief Approval           |
|---------------|---------------------------|---------------------------------|----------------------|-------------------------|--------------------------|
| None          | S. McCalley<br>10/18/2024 | J. Christoffersen<br>10/17/2024 | M. Popka<br>10/23/24 | B. Abeyta<br>10/23/2024 | K. Freeman<br>10/23/2024 |

## FINANCE DEPARTMENT

### 11. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH TERRA DINING MANAGEMENT

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Services Agreement (Agreement) with Terra Dining Management (Terra Dining) for the provision of food management services at the IEHP Atrium Campus for an additional one (1) year term through December 31, 2025. There is no compensation payable under this Agreement.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP requires this service to provide reasonably priced, healthy food options for team members at the IEHP Atrium Campus. IEHP has contracted with Terra Dining since January 1, 2022, for food management services. Under the Agreement, IEHP provides the cafeteria space, kitchen equipment, maintenance, and utilities to support operations, and Terra Dining provides food services. The Governing Board had previously approved the Agreement as follows:

| Date Approved       | MO#    | Purpose                        | Term Expiration | Cost   |
|---------------------|--------|--------------------------------|-----------------|--------|
| 12/13/21            | 21-386 | Professional Service Agreement | 12/31/22        | \$0.00 |
| 12/12/22            | 22-385 | First Amendment                | 12/31/23        | \$0.00 |
| 11/13/23            | 23-245 | Second Amendment               | 12/31/24        | \$0.00 |
| Total Cost to date: |        |                                |                 | \$0.00 |
| New Cost            |        |                                |                 | \$0.00 |
| Total Cost          |        |                                |                 | \$0.00 |

**Discussion:**

IEHP requests approval of this Third Amendment with Terra Dining for food service, for one (1) additional year, effective January 1, 2025, through December 31, 2025. There is no compensation payable under this Agreement.

| Fiscal Impact | Financial Review        | Procurement Review        | Reviewed by Counsel  | Director Approval         | Chief Approval         |
|---------------|-------------------------|---------------------------|----------------------|---------------------------|------------------------|
| None          | S. McCalley<br>10/15/24 | Teri Picarone<br>10/11/24 | M. Popka<br>10/23/24 | Richard Fleig<br>10/10/24 | K. Freeman<br>10/29/24 |

## FINANCE DEPARTMENT

### 12. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH ABM ONSITE SERVICES – WEST, INC.

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment (Amendment) to the Professional Services Agreement (Agreement) with ABM Onsite Services – West, Inc. (ABM Onsite) for the provision of Building Engineering Services for an additional amount not to exceed \$1,622,404.00 and extend the term an additional nine (9) months through September 30, 2025. The total amount payable under this Agreement shall not exceed \$6,401,064.00 through September 30, 2025.

**Contact:**

Keenan Freeman, Chief Financial Officer

**Background:**

IEHP requires building engineering services that include the operation, monitoring, and maintaining of heating, ventilation, air conditioning, plumbing, and electrical systems, and other equipment related to the mechanical and electrical plant equipment of IEHP Corporate and Satellite locations. Building engineering services would also perform miscellaneous general property duties as assigned.

ABM Onsite was selected as a Single Source Justification related to the transition of services from Trigild Management Services, Inc. (Trigild) to IEHP on January 11, 2021. Subsequently, IEHP entered into the Agreement with ABM Onsite, effective November 1, 2022.

The Governing Board previously approved the Agreement as follows:

| Date Approved       | MO#    | Purpose                         | Term Expiration | Cost           |
|---------------------|--------|---------------------------------|-----------------|----------------|
| 11/14/22            | 22-348 | Professional Services Agreement | 12/31/23        | \$2,532,376.00 |
| 11/13/23            | 23-249 | 1 <sup>st</sup> Amendment       | 12/31/24        | \$2,246,284.00 |
| Total Cost to date: |        |                                 |                 | \$4,778.660.00 |
| New Cost            |        |                                 |                 | \$1,622,404.00 |
| Total Cost          |        |                                 |                 | \$6,401,064.00 |

**Discussion:**

IEHP will extend the contract with ABM Onsite for an additional nine (9) months for continued building maintenance and operations, building mechanical, electrical, and plumbing, and overall building infrastructure at all owned and leased IEHP properties while IEHP conducts a Request for Proposal (RFP).

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The breakdown of the costs for this extended term are as follows.

| <b>ABM Onsite Second Amendment Cost Breakdown</b> | <b>Cost</b>           |
|---|-----------------------|
| 9 Month Service Cost                              | \$1,372,404.00        |
| Out of Scope/Ad hoc Services                      | \$250,000.00          |
| <b>Total</b>                                      | <b>\$1,622,404.00</b> |

The additional cost of this Second Amendment shall not exceed \$1,622,404.00 effective January 1, 2025. The total cost (including this request) of this Agreement shall not exceed \$6,401,064.00 through September 30, 2025.

| <b>Fiscal Impact</b>      | <b>Financial Review</b> | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>Director Approval</b>  | <b>Chief Approval</b>  |
|---------------------------|-------------------------|---------------------------|----------------------------|---------------------------|------------------------|
| Included in CY2025 Budget | S. McCalley<br>10/15/24 | Teri Picarone<br>10/11/24 | M. Popka<br>10/23/24       | Richard Fleig<br>10/10/24 | K. Freeman<br>10/29/24 |

## HEALTH SERVICES DEPARTMENT

### 13. APPROVE THE FUNDING AGREEMENT WITH SAHABA INITIATIVE

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Funding Agreement with Sahaba Initiative to support a pilot project in San Bernardino and Riverside Counties to collect data on Middle Eastern and North Africa (MENA) communities to address underrepresentation in population health data sets for an amount not to exceed \$40,000 for a one-year term.

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

Established in 2012, Sahaba Initiative ignites change through service, striving to transform lives, strengthen families, and inspire hope for a thriving community. Their comprehensive programs include low-cost or free mental health services, weekly food pantries across the Inland Empire with nutrition programming, emergency financial assistance, holistic refugee support, expungement clinics to remove employment barriers, and a variety of educational workshops and events.

IEHP does not have the MENA, race and/or ethnicity category as an available option in its Medical Management Systems, to accurately capture demographic information of the MENA community. The Executive Office of Management and Budget (OMB) has recently added MENA as a category, therefore, accurately capturing the MENA member demographic information from IEHP members now, will allow IEHP to stay ahead of new policy changes implemented by OMB.

**Discussion:**

The one-year pilot project with Sahaba Initiative aims to collect survey data, including Race, Ethnicity, and Language (REaL) and Sexual Orientation, Gender Identity and Expression (SOGIE) from MENA communities to address the underrepresentation in public health and social services data.

The partnership between IEHP and Sahaba Initiative will support the collection of MENA member demographic information from IEHP Members to help ensure better understanding of needs and representation in public health, healthcare, mental health, and social services. Additionally, having this demographic information will allow IEHP to identify needs in the MENA community, inform intervention and program decisions and support IEHP in becoming a five- star plan with the National Committee for Quality Assurance (NCQA).

With Sahaba Initiative's support, IEHP is aiming to capture 2,500 demographic records for members of the MENA community in ConnectIE, a HIPAA compliant Community Information Network (CIN). IEHP will provide Sahaba Initiative with funding, according to the number of validated CIN entries. Additionally, IEHP will cover the \$10,000 set up fee for Sahaba Initiative's Connect IE Portal access and analytical reporting. There is also a one-time bonus option available



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to Sahaba Initiative if 2,500 MENA records are collected. The following chart reflects the breakdown of the \$40,000 funding amount:

| <b>Total Deliverables</b>  | <b>Description</b>         | <b>Rate</b>      |
|--|----------------------------|------------------|
| Up to 2,500  | Validated CIN MENA Records | \$6.00 per entry |
| One-time set up fee (includes Connect IE portal access and analytical reporting) |                            | \$10,000         |
| One-time bonus if 2,500 MENA records are collected                               |                            | \$15,000         |
| <b>Total Agreement Not-to-Exceed Amount</b>                                      |                            | <b>\$40,000</b>  |

The cost of this Agreement shall not exceed \$40,000 for one-year.

| <b>Fiscal Impact</b> | <b>Financial Review</b> | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>Director Approval</b> | <b>Chief Approval</b> |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| New Expenditure      | L. Herrera<br>8/13/24   | N/A                       | M. Popka                   | G. Uribe<br>8/15/24      | T. Wada<br>8/15/24    |

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## HEALTH SERVICES DEPARTMENT

### 14. DELEGATION OF AUTHORITY TO APPROVE THE MEMORANDUMS OF UNDERSTANDING RELATED TO THE VICTORVILLE COMMUNITY WELLNESS CENTER ON-SITE PARTNERSHIP PROGRAM

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval of the following:

- 1) Approve the Memorandums of Understanding (MOUs) with Goodwill Industries of Southern California, TODEC, Housing Authority of the County of San Bernardino (HACSB), Young Visionaries Youth Leadership Academy, and Community Action Partnership of San Bernardino County (CAPSBC) for the Victorville Community Wellness Center On-Site Partnership Program, for a five-year term through December 31, 2029. There are no costs associated with these five MOUs.
- 2) Approve the Memorandum of Understanding (MOU) with the Boys and Girls Clubs of Greater Redlands-Riverside for the Victorville Community Wellness Center On-Site Partnership Program, for an amount not to exceed \$50,000 for a five-year term through December 31, 2029.

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

In 2015, IEHP opened its first Community Wellness Center (CWC) located in San Bernardino. Through community engagement, additional CWCs opened in Riverside and Victorville. CWCs serve as key access points for holistic support to the community and our Members, offering free services that promote well-being and empower individuals to lead fulfilling lives. In 2018, the Victorville CWC established an onsite partnership program, onboarding community partner organizations to create a consistent presence at the Victorville CWC to deliver free, essential services such as job placement assistance, immigration services, workshops, and financial aid access to individuals and families in need. Under this onsite partnership program, IEHP provides the partners with dedicated office space within the Victorville CWC, while still maintaining full control over the use of the space.

The Victorville CWC onsite partnership program began with the following five organizations:

1. Goodwill Industries of Southern California
2. TODEC
3. (HACSB)
4. Young Visionaries Youth Leadership Academy
5. CAPSBC

As part of the initial efforts to onboard these partners, IEHP provided each partner with a one-time \$50,000 initial funding to assist with startup costs and establishing their services. Since their inception, the onsite partners have made substantial contributions to the surrounding community.

In 2023 alone, they achieved several milestone accomplishments:

- Goodwill successfully assisted 60 individuals in securing employment through their various initiatives, including Hiring Events and workshops.
- TODEC facilitated 8 individuals in achieving citizenship and processed 104 naturalization cases.
- HACSB provided support to over 500 individuals through its case-managed housing services.
- Young Visionaries conducted workshop sessions with 530 attendees, including 88 parents who participated in Parent Club.
- CAPSBC successfully paid 94% of utility bills, totaling \$1,029,477 in bill payments.

These successes demonstrate the value and impact of our onsite partnerships in addressing key socio-economic needs within the community.

**Discussion:**

Due to the success of the current on-site partnerships, IEHP seeks to continue partnering with Goodwill Industries of Southern California, TODEC, HACSB, Young Visionaries Youth Leadership Academy, and CAPSBC for another five years.

While the current onsite partnerships have seen success in the areas mentioned above, the Victorville CWC has identified a significant gap in support for children aged 6-12. To address this critical need, IEHP seeks to pursue a partnership with Boys & Girls Clubs due to their unique capabilities and extensive experience in youth development and community engagement. The goal is to support the young community in improving their interpersonal skills, social and emotional development which will advance their education, and exploring their talents through engaging and interactive activities. Their proven track record in providing safe, nurturing environments for children to grow and learn aligns with IEHP's goals for the CWC. As a new onsite partner, IEHP would offer Boys and Girls Club with a one-time \$50,000 initial funding to assist with startup costs and establish their services.

These partnerships aim to address the programming gap while aligning with IEHP's CWC strategy and MCAS-HEDIS goals. The partnerships adopt a holistic approach to family health, creating opportunities to address health measures for young participants and their parents or guardians. As adolescent and teen Members come into the CWC for the various programs, they will be assessed for gaps in care such as HPV vaccine and well child visits, with a Community Health Worker (CHW) available to assist with scheduling and care navigation. This strategy can lead to improved outcomes in areas such as cancer screenings, diabetes management, and prenatal care, fostering overall community wellness.

Accordingly, IEHP seeks delegation of authority for the following:

- 1) Approve the Memorandums of Understanding with Goodwill, TODEC, HACSB, Young Visionaries, and CAPSBC for the Victorville CWC On-Site Partnership Program, for a five-year term through December 31, 2029. There are no costs associated with these five MOUs.

CONSENT AGENDA

- 2) Approve the Memorandum of Understanding with the Boys and Girls Clubs of Greater Redlands-Riverside for the Victorville Community Wellness Center On-Site Partnership Program, for an amount not to exceed \$50,000 for a five-year term through December 31, 2029.

| Fiscal Impact             | Financial Review       | Procurement Review | Reviewed by Counsel  | Director Approval       | Chief Approval      |
|---------------------------|------------------------|--------------------|----------------------|-------------------------|---------------------|
| Included in CY2024 Budget | L. Herrera<br>10/09/24 | N/A                | M. Popka<br>10/15/24 | D. Orosco<br>10/07/2024 | T. Wada<br>10/11/24 |

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## HEALTH SERVICES DEPARTMENT

### 15. APPROVE THE FOURTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH THE INLAND EMPIRE HEALTH INFORMATION ORGANIZATION

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fourth Amendment to the Professional Services Agreement (Agreement) with the Inland Empire Health Information Organization (IEHIO) for the continued provision of existing data servicing and system administration services in support of Connect IE for an additional amount not to exceed \$380,000 and extend the term for one (1) additional year through December 31, 2025. The total amount payable under this Agreement shall not exceed \$3,590,000 through December 31, 2025.

#### **Contact:**

Takashi Wada, M.D., Chief Medical Officer

#### **Background:**

IEHIO was formed in March 2017 following the merger of the Inland Empire Health Information Exchange (IEHIE) and Cal INDEX to form Manifest MedEx, a statewide Health Information Exchange (HIE) platform services-provider for technical infrastructure and management. IEHIO is a non-profit 501(c)3 organization for the HIE and community-based data products. The Riverside County Medical Association (RCMA), a 501(c)6 organization, supports the organization by providing fiscal and administrative services to IEHIO.

In 2018, after determining that a single source procurement process was justified given IEHIO's ability to leverage the technical infrastructure and management services provided by the Manifest MedEX HIE, IEHP contracted with IEHIO for data servicing and system administration services. This unique ability allows IEHIO to provide regional linkage support between healthcare stakeholders within the Inland Empire and Manifest MedEX HIE. Additionally, IEHIO has deep familiarity with the Connect IE and Community Information Network (CIN) platform:

- Community Resource Platform (Connect IE): A searchable, user-friendly platform that is accessible at the point of care to provide real time and up to date information on community resources and referrals. The platform is connected to a regional data base, anchored by 211 and other community partners, with ongoing validation and upkeep of directory of service providers' names, sites, hours, services, and more.
- Community Information Network (CIN): The CIN platform enables organizations to navigate social needs within one platform. Provides coordination, and bidirectional referrals across different service care providers in Riverside and San Bernardino Counties.

## CONSENT AGENDA

IEHIO provides data servicing and system administration services for these projects. IEHIO drives the expansion of HIE utilization and participation in the Inland Empire to promote a community-wide data sharing model that improves healthcare for all residents of the Inland Empire.

The Governing Board previously approved the agreement and amendments as follows:

| <b>Date Approved</b>       | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Cost</b> |
|----------------------------|------------|---|------------------------|-------------|
| 01/8/2018                  | 18-19      | Delegation of Authority to Approve an Agreement with IEHIO for services to assist IEHP in establishing a data servicing and system administration group in support of the Inland Empire Care Connect program for a three (3) year term. | 04/30/2022             | \$1,950,000 |
| 04/11/2022                 | 22-143     | First Amendment for a no-cost term extension of existing data servicing and system and administration services in support of the Inland Empire (IE) Care Connect programs, Care IE, and Connect IE.                                     | 12/31/2022             | No Cost     |
| 12/12/2022                 | 22-399     | Second Amendment for a one (1) year extension of existing data servicing and system administration services in support of Connect IE.   | 12/31/2023             | \$600,000   |
| 11/13/2023                 | 23-255     | Third Amendment for a one (1) year extension of existing data servicing and system administration services in support of Connect IE.  | 12/31/2024             | \$660,000   |
| <b>Total Cost to date:</b> |            |   |                        | \$3,210,000 |
| <b>New Cost:</b>           |            |   |                        | \$380,000   |
| <b>Total Cost:</b>         |            |   |                        | \$3,590,000 |

**Discussion:**

IEHIO continues to provide support to IEHP's Health Equity Operations projects by partnering with IEHP's IT team to serve as the supporting organization for the Connect IE and Community Information Network Project.

The support that the IEHIO brings to IEHP's Connect IE Program initiative aligns with IEHP's Mission and Vision Values (MVV) by providing our communities with social care

CONSENT AGENDA

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resources while addressing social determinants of health to assist IEHP members and the community to enjoy optimal care and vibrant health.

IEHP seeks approval of this Fourth Amendment for an additional \$380,000 and a one-year term extension through December 31, 2025. The total cost of this Agreement shall not exceed \$3,590,000 through December 31, 2025.

| Fiscal Impact             | Financial Review         | Procurement Review   | Reviewed by Counsel  | Director Approval         | Chief Approval      |
|---------------------------|--------------------------|----------------------|----------------------|---------------------------|---------------------|
| Included in CY2024 Budget | L. Herrera<br>10/01/2024 | R. Reyes<br>10/11/24 | M. Popka<br>10/23/24 | Gabriel Uribe<br>10/4/204 | T. Wada<br>10/11/24 |

## HEALTH SERVICES DEPARTMENT

### 16. 2023 CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES ANNUAL EVALUATION REVIEW

**Recommended Action:**

Review and File

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

IEHP's Quality Management & Health Equity Transformation Committee (QMHECTC) prepares and approves an Annual Evaluation Report assessing IEHP's 2023 Culturally & Linguistically Appropriate Services (CLAS) Program. The Annual Evaluation Report reviews the quality and overall effectiveness of the program by reviewing the completed and ongoing activities for culturally and linguistically appropriate services, trending of measures to assess the CLAS program performance, analysis of initiatives, and barriers.

The objectives of the CLAS Program are to provide effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The CLAS Program seeks to fulfill its mission by establishing a broad set of goals to ensure IEHP and its Provider Network comply with Department of Health Care Services (DHCS) and Federal regulations on Cultural and Linguistic (C&L) services. In 2023, CLAS evolved significantly, with notable progress in promoting Health Equity across IEHP's membership, continuing to support San Bernardino and Riverside Counties. A Chief Health Equity Officer (CHEO) was appointed to IEHP to lead efforts in advancing health equity. The CHEO, alongside IEHP's Quality team, developed targeted interventions and quality improvement activities designed to eliminate health inequities and build the Culturally and Linguistically Appropriate Services (CLAS) Program.

IEHP reporting identifies disparity gaps for priority preventive care services and chronic care management of chronic conditions. This information is used to drive quality improvement activities and initiatives. IEHP leveraged activities to measure effectiveness of programs which included Population Health Management (PHM) Population Assessment Study, Behavioral Health Member Experience Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey, Grievance and Appeals Annual Study, Assessment of Ethnic and Linguistic Needs Study, Provider Language Competency Study, IEHP Quarterly Telephonic Language Interpreter Report 3rd Quarter 2023, Provider Experience Survey, and 2023 IEHP Membership Threshold Languages. IEHP identifies at least one quality improvement opportunity to address identified health disparities using this data each year. Below is a summary of measures included in CLAS reporting:

- **Clinical Measures**

- Stratify by race/ethnicity the following measures to identify areas of opportunity to act:
  - Colorectal Cancer Screening (COL), Controlling High Blood Pressure (CBP), Hemoglobin A1c Control for Patients with Diabetes (HBD), Prenatal and Postpartum Care (PPC), Child and Adolescent Well Care Visits (WCV), Well-Child Visits in the First 30 Months of Life (W30), Breast Cancer Screening (BCS)



- **Clinical Measure Goals**

- Reduce the disparity among the Black population for the Well-Child Visits in the W30, Well-Child Visits in the First 15 Months, W30–6 measure.
- Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP Members with a diagnosis of hypertension.
- Increase the rate of Well Child Visits among Vietnamese speaking Members.
- Increase the rate of Breast Cancer Screening among Mandarin speaking Members.

- **Experience Measures**

- Stratify by race/ethnicity the following CAHPS® measures to identify areas of opportunity to act:
- Rating of Health Plan, Rating of Health Care, Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor, Customer Service, How Well Doctors Communicate, Review Member experience and utilization with language services metrics to identify areas of opportunity to act.

- **Experience Measure Goals**

- Reduce the disparity among the White population for Rating of Health Plan.
  - Current White population rate is 5% lower than the overall plan rate.
- Reduce the disparity among the White population for the Getting Care Quickly.
  - Current White population rate is 6% lower than the overall plan rate.
- Improve Member experience with language services among Spanish speaking Members

**Discussion:**

Support for CLAS efforts included the design and development of a new community workgroup called the Community Advisory Committee (CAC). The CAC is a Member Advisory committee that engages IEHP Members and community advocates within IEHP's service area. Feedback and information from the CAC will also be used to guide IEHP health equity and quality improvement efforts. In 2024, IEHP will focus on meeting the program goals and completing all initiatives as outlined in the 2024 Quality Management/Quality Improvement & Culturally Linguistically Appropriate Services (CLAS) Workplan. IEHP is committed to improving the quality of healthcare delivered to its Members through proactive analysis of shared processes and integration of health initiatives. It is with this commitment that IEHP will reach the 5-Star Health Plan Rating.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel  | Director Approval    | Chief Approval      |
|---------------|------------------|--------------------|----------------------|----------------------|---------------------|
| None          | NA               | NA                 | M. Popka<br>10/18/24 | G. Uribe<br>10/16/24 | T. Wada<br>10/17/24 |

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## HEALTH SERVICES DEPARTMENT

### **17. APPROVE THE SECOND AMENDMENT TO THE MEMORANDUMS OF UNDERSTANDING AND DELEGATION OF AUTHORITY TO APPROVE SUBSEQUENT AMENDMENTS FOR THE EQUITY & PRACTICE TRANSFORMATION PROVIDER DIRECTED PAYMENT PROGRAM**

#### **Recommended Action:**

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

- 1) Approve the Second Amendments to the Memorandums of Understanding (MOU) with Aruna Pallapati Md Inc., Bendito Medical Corporation, Children's Primary Care Medical Group, Inc. dba Children's Primary Care Medical Group, Mommy & Me Medical Group, Inc, Sushil Anand And Associates Medical Corp dba American Pediatrics, Sushil Anand MD FAAP dba Sunshine Pediatrics, The Children's Doctor Professional Corporation, Yvonne D'sylva MD Inc to update term, scope and milestone payments for the Equity & Practice Transformation (EPT) Provider Directed Payment Program through December 31, 2026, and
- 2) Authorize the Chief Executive Officer (CEO) or his designee to, and after legal review and approval, execute subsequent Amendments to the MOUs for the EPT Provider Directed Payment through December 31, 2026.

#### **Contact:**

Takashi Wada, M.D., Chief Medical Officer

#### **Background:**

In April 2024, The Department of Health Care Services (DHCS) launched the Equity and Practice Transformation (EPT) program, a one-time \$700 million program focused on transforming primary care practices to advance health equity and reduce Covid-19-driven care disparities.

The funds available through this program will pay for delivery system transformation payments to primary care practices (pediatrics, family practice, adult medicine primary care, primary care OB/GYN and behavioral health providers in primary care settings) focused on advancing DHCS' equity goals in the "50 by 2025: Bold Goals" Initiative.

Among the 111 IEHP providers who applied to the EPT program, 92 were recommended by IEHP, with 12 providers being selected. Total eligible funding for the 12 providers was \$23,600,000. The IEHP Governing Board provided their approval under Minute Order 24-101 for IEHP to enter into MOUs with the 12 DHCS approved providers for the EPT Program, effective April 1, 2024 through December 31, 2028. IEHP entered into 11 MOUs, as shortly after the EPT program began, one of the selected providers, Pilar J Chondry MD Inc opted out of the program.

DHCS disburses funding to IEHP based on the completion of specified milestones detailed in the practices' applications, and in turn, IEHP passes those funds, as applicable, to practices' twice a year, in October and April.

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**Discussion:**

On July 25, 2024, DHCS announced that the funding for the EPT program would be significantly reduced to \$140 million. The number of program milestones were lessened from 109 to 25 in order to accommodate the smaller funding pool available. The program completion date was moved up to December 31, 2026, shortening the program by two years.

After the announcement of program changes, three IEHP practices (Chorng Lii Hwang MD, Mission Pediatrics, Inc., Odochi Nwagwu MD Inc dba Adelanto Medical Clinic) opted out of the program. The remaining practices and eligible funding amounts are listed below:

| #                     | Provider  | Total Eligible Funding |
|-----------------------|---|------------------------|
| 1                     | Aruna Pallapati Md Inc.   | \$293,180              |
| 2                     | Bendito Medical Corporation   | \$250,000              |
| 3                     | Children's Primary Care Medical Group, Inc. dba Children's Primary Care Medical Group | \$2,470,000            |
| 4                     | Mommy & Me Medical Group, Inc   | \$595,740              |
| 5                     | Sushil Anand And Associates Medical Corp (dba) American Pediatrics                    | \$326,300              |
| 6                     | Sushil Anand MD FAAP (dba) Sunshine Pediatrics  | \$298,000              |
| 7                     | The Children's Doctor Professional Corporation  | \$390,000              |
| 8                     | Yvonne D'sylva MD Inc   | \$350,000              |
| <b>Total Funding:</b> |   | <b>\$4,973,220</b>     |

IEHP seeks approval of the Second Amendments to shorten the program term from December 31, 2028 to December 31, 2026, and reduce the EPT program milestones and available funding. IEHP is also seeking Delegation of Authority to execute subsequent Amendments to the MOUs related to the EPT program through December 31, 2026.

| Fiscal Impact | Financial Review        | Procurement Review | Reviewed by Counsel  | Director Approval   | Chief Approval      |
|---------------|-------------------------|--------------------|----------------------|---------------------|---------------------|
| None          | M. Martinez<br>10.17.24 | N/A                | M. Popka<br>10/15/24 | M. Wray<br>10.17.24 | T. Wada<br>10/17/24 |

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## INFORMATION TECHNOLOGY DEPARTMENT

### 18. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05725 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH ARINE INC.

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #24-05725 and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign Contractual Documents (Agreement) with Arine Inc. (Arine) for the provision of Medication Therapy Management (MTM) and Comprehensive Medication Review (CMR) services for IEHP MTM Part D Program Dual Eligibility Members for an amount not to exceed \$6,218,531 for a term of three (3) years.

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

The Centers for Medicare & Medicaid Services (CMS) require Medicare Part D Plan Sponsors (and/or their delegated entities) to provide and perform CMS approved MTM program and services for their members that run on a calendar/plan year basis.

The CMR Completion Rate is reported to CMS on an annual basis. From the annual reporting, each Plan Sponsor's MTM Program CMR Completion Rate is measured and published as an individual display measure and may potentially be added as a STAR measure that impacts overall STAR Ratings. The STAR Ratings system helps Medicare consumers compare the quality of Medicare health and drug plans being offered so they are empowered to make the best health care decisions for them. CMS publishes the Medicare Advantage (Medicare Part C) and Medicare Part D STAR Ratings each year to measure the quality of health and drug services received by consumers enrolled in Medicare Advantage (MA) and Prescription Drug Plans (PDPs or Part D plans).

IEHP previously contracted with Cureatr for MTM services, however, Cureatr abruptly went out of business in October 2023 and IEHP found themselves in a position to quickly find a new vendor to provide MTM services. Accordingly, IEHP looked to one of its existing vendors, University of Southern California (USC), to provide such services in IEHP's in-house platform, Care Prominence (by MHK). Since 2021, USC has provided Comprehensive Medication Management (CMM) services for IEHP under a pilot program. As part of the pilot program, USC assisted in ensuring that IEHP Members were provided a comprehensive review of their medications. On December 11, 2023, under Minute Order #23-292, the Governing Board of IEHP approved the Professional Service Agreement with USC for MTM and CMR services through December 31, 2024.

On July 19, 2024, IEHP issued RFP #24-05725 for Pharmacy Medication Therapy Management (MTM) Program and Software on Bonfire, its public third-party bidding website. As a result, 15 bidders indicated interest with five (5) submitting proposals. The scoring for RFP #24-05725 is detailed as follows:

**Technical proposal scores without cost (out of 65):**

| <b>Bidder</b>  | <b>Score</b> |
|----------------|--------------|
| Outcomes       | 41.06        |
| Arine          | 40.71        |
| AdhereHealth   | 37.81        |
| PerformRx      | 36.81        |
| Clarest Health | 29.06        |

**Down-selected vendors:**

| <b>Bidder</b>  | <b>Justification</b>                    |
|----------------|---|
| PerformRx      | Lowest technical score and highest cost |
| Clarest Health | Lowest technical score                  |

**3-Star Rating scores (estimated 3-year cost) (out of 130):**

| <b>Bidder</b> | <b>Technical Score</b> | <b>Pricing Score</b> | <b>Demo</b> | <b>Final Total Score</b> |
|---------------|------------------------|----------------------|-------------|--------------------------|
| Arine         | 40.71                  | 22.55                | 26.5        | <b>89.76</b>             |
| AdhereHealth  | 37.81                  | 30                   | 24          | <b>91.81</b>             |
| Outcomes      | 41.06                  | 22.03                | 22          | <b>85.09</b>             |

**4-Star Rating scores (estimated 3-year cost) (out of 130):**

| <b>Bidder</b> | <b>Technical Score</b> | <b>Pricing Score</b> | <b>Demo</b> | <b>Final Total Score</b> |
|---------------|------------------------|----------------------|-------------|--------------------------|
| Arine         | 40.71                  | 19.95                | 26.5        | <b>87.16</b>             |
| AdhereHealth  | 37.81                  | 30                   | 24          | <b>91.81</b>             |
| Outcomes      | 41.06                  | 22.31                | 22          | <b>85.37</b>             |

After thorough review, the Evaluation Committee recommended RFP #24-05725 be awarded to Arine. While other bidders offered competitive proposals, the Evaluation Committee members determined Arine to be the most responsive and responsible bidder. Arine received the second highest technical score and the highest demo score, in both the 3-Star and 4-Star Rating scores. Based on their proposal, experience, and demonstration, Arine's offer is the best value to support IEHP in MTM and CMR services.

**Discussion:**

MTM program is a tightly regulated program and is required to satisfy a Medicare display measure. IEHP will delegate 100% of MTM services to Arine. Arine employees will complete MTM services using their platform, and they will assist with performing CMRs to improve rates and provide a permanent solution for MTM. Arine staff will outreach to all IEHP members who meet MTM criteria and need a CMR as assigned by IEHP.

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Arine will deliver a scope of work that includes but not limited to:

- Meeting CMS Medicare Part D and MTM program requirements
- Provide CMR services to IEHP members as assigned by IEHP.
- All clinical staff to be proficient in the following services:
  - Application of established national treatment clinical guidelines and other recognized compendia in CMR reviews
  - Providing member specific clinical recommendations in accordance with established clinical treatment guidelines and compendia.
  - Providing effective member consultations and communication with providers regarding medication utilization.

Arine will provide 3-star rating for years one and two, and will provide 4-star rating for year three. IEHP will re-evaluate for years four and five on star rating.

The following tables denote Arine's estimated cost proposal:

| <b>3-Star Rating Full Service Estimated Cost – Year One</b> |                    |
|---|--------------------|
| Annual PMPM Cost  | \$ 127,908.00      |
| Estimated Annual CMR Cost                                   | \$ 1,617,000.00    |
| Total User Licenses Fees (Annual)                           | \$ 0               |
| Annual Program Maintenance Fee                              | \$ 35,000.00       |
| One Time Implementation Fee                                 | \$ 45,000.00       |
| Total Mailing Cost  | \$ 104,605.00      |
| <b>Total Estimated Cost for:</b>                            | <b>\$1,929,513</b> |

| <b>3-Star Rating Full Service Estimated Cost – Year - Two</b> |                    |
|---|--------------------|
| Annual PMPM Cost  | \$ 127,908.00      |
| Estimated Annual CMR Cost                                     | \$ 1,617,000.00    |
| Total User Licenses Fees (Annual)                             | \$ 0               |
| Annual Program Maintenance Fee                                | \$ 35,000.00       |
|   |                    |
| Total Mailing Cost  | \$ 102,605.00      |
| <b>Total Estimated Cost:</b>                                  | <b>\$1,882,513</b> |

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| <b>4-Star Rating Full Service Estimated Cost – Year Three</b> |                    |
|---|--------------------|
| Annual PMPM Cost  | \$ 127,908.00      |
| Estimated Annual CMR Cost                                     | \$ 2,136,000.00    |
| Total User Licenses Fees (Annual)                             | \$ 0               |
| Annual Program Maintenance Fee                                | \$ 35,000.00       |
|   |                    |
| Total Mailing Cost  | \$ 107,597.00      |
| <b>Total Estimated Cost:</b>                                  | <b>\$2,406,505</b> |

IEHP seeks approval to award RFP #24-05725 to Arine, and authority to enter into a contractual Agreement with Arine for MTM and CMR services for an estimated total cost not to exceed \$6,218,531 for a three (3) year term.

| <b>Fiscal Impact</b>      | <b>Financial Review</b>  | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>Director Approval</b>  | <b>Chief Approval</b> |
|---------------------------|--------------------------|---------------------------|----------------------------|---------------------------|-----------------------|
| Included in CY2025 Budget | C. Aguirre<br>10/18/2024 | H. Clear<br>10/18/2024    | M. Popka<br>10/21/24       | S. Nakahiro<br>10/18/2024 | T. Wada<br>10/29/24   |

## **INFORMATION TECHNOLOGY DEPARTMENT**

### **19. APPROVE THE FUNDING FOR QUOTE NO. 7771533 TO THE LICENSE AND MAINTENANCE AGREEMENT WITH OPTUM360, LLC.**

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve funding for Quote No. 7771533 to the License and Maintenance Agreement (Agreement) with Optum360, LLC. (Optum) for a one (1) year renewal of the Encoder Pro Suite application and maintenance for an additional amount not to exceed \$91,135 effective December 1, 2024, through November 30, 2025. The total amount payable to under this Agreement shall not exceed \$3,769,514.90 through December 31, 2026.

#### **Contact:**

Vinil Devabhatuni, Chief Digital and Information Officer

#### **Background:**

IEHP has partnered with Optum360 since 2009 for the provision of industry standard code set files and the Encoder Pro coding practice and analysis tool.

The Encoder Pro Suite is designed to manage some of the most critical ambulatory coding, billing and reimbursement elements that enables IEHP to understand complex regulatory compliance topics, such as Hierarchical Condition Categories (HCCs), National Correct Coding Initiative (NCCI) edits and local and national coverage determination (LCD and NCD) policies for medical necessity. Encoder Pro provides an efficient way to check coding by running selected codes through an automated edit review to ensure proper unbundling, correct modifiers, complete diagnoses and more. The solution also provides thousands of answers to code questions and a historical knowledge base of customer code inquiries to support code research and proper identification.

This licensed software are utilized by several business units such as: Claims, Product System Configuration, Quality Assurance, Risk Adjustment, and IT Production Support. This solution supports claims processing, configuration, and analytical practices to ensure proper coding practices and payment of claims. The product contains a historical content database that has accumulated IEHP specific content from years of use of the product. Changing to a new vendor would mean the loss of that content, and additional costs for training.

IEHP determined that a single source procurement through Optum is justified for the code set licensing since the additional licensing is to add users to a current agreement. if we sourced these services through another vendor, IEHP would have two vendors providing duplicative services. For Encoder Pro, IEHP currently has approximately 1,507,066 enrolled IEHP Members. Without Encoder Pro and the additional add-ons, it would be difficult for the claims team to process claims accurately in an efficient and timely manner, consistently meet regulatory accuracy standards for claims and maintain our service level commitments to IEHP Members. An additional year is being requested to allow continued use of the tool to avoid disruption in services.



## CONSENT AGENDA

The Governing Board had previously approved the following with Optum360, LLC.:

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Cost</b>  |
|----------------------|------------|---|------------------------|--------------|
| December 2010        | 10-304     | Ratified and approved the Encoder Suite License and Maintenance Agreement with Ingenix for the provision of the Encoder Pro Coding Software for use by up to 300 named users.             | November 30, 2013      | \$64,000.00  |
| October 2013         | 13-342     | Approved First Amendment to the Software License and Maintenance Agreement for Encoder Pro Coding Software for use by up to 400 named users.  | November 30, 2016      | \$110,000.00 |
| February 2016        | 16-64      | Approved Second Amendment for Encoder Pro Suite License Agreement for Encoder Pro Coding Software for use by up to 600 named users.   | November 30, 2016      | \$15,000.00  |
| December 2016        | 16-64      | Approved Third Amendment to amend Encoder Pro Suite License Agreement for use by up to 750 named users.   | November 17, 2017      | \$72,000.00  |
| October 2017         | 16-64      | Approved Fourth Amendment to amend Encoder Pro Suite License Agreement for use by up to 1,000 named users.  | November 30, 2020      | \$279,000.00 |
| December 2019        | 16-65      | Approved Fifth Amendment to amend Encoder Pro Suite License Agreement for use by up to 1,000 named users.   | November 30, 2023      | \$306,000.00 |
| November 2020        | 16-65      | Approved the Sixth Amendment to amend the fee schedule to add 15 licenses for the AHA Coding Clinic   | November 30, 2023      | \$18,132.90  |
| September 2023       | 23-204     | Delegation of Authority to approve the Seventh Amendment to the Encoder Pro Suite License for the addition of two code set add-ons: AHA Code Clinic HCPCS and the AMA CPT Content Module. | November 30, 2023      | \$662.50     |

## CONSENT AGENDA

|                     |        |   |                   |                |
|---------------------|--------|---|-------------------|----------------|
| December 2021       | 21-383 | Funding approval for 1-year of PMPY AMA CPT code set licensing and 5 years of Optum Code sets with 2349 IEHP Meditrac Core Claims System and MedHOK Medical Management system users | December 31, 2026 | \$1,064,950.00 |
| December 2022       | 22-400 | Approved the First Amendment to the data files license product schedule as part of the MLSA and approve funding for 4 years of AMA CPT Code licensing.                              | December 31, 2026 | \$1,558,412.00 |
| November 2023       | 23-264 | Rescind MO 23-204   | NA                | (\$662.50)     |
|                     |        | Data Files License Product Schedule for medical code set licensing.   | December 31, 2026 | \$88,500       |
|                     |        | Encoder Pro Suite application and maintenance renewal   | November 30, 2024 | \$102,385      |
| Total Cost to Date: |        |   |                   | \$3,678,379.90 |
| New Cost:           |        |   |                   | \$91,135       |
| Total Cost:         |        |   |                   | \$3,769,514.90 |

**Discussion:**

IEHP is requesting approval of quote No. 7771533 with Optum for a one-year renewal of the Encoder Pro Suite licensing and maintenance agreement, inclusive of all codes sets currently in use. An analysis of license utilization was conducted, and IEHP was able to reduce its annual cost for 2025 by 16%. The total cost of the renewal is \$91,135.

The total amount payable (including this request and all active contractual documents) to Optum360 shall not exceed \$3,769,514.90 through December 31, 2026.

| Fiscal Impact             | Financial Review      | Procurement Review      | Reviewed by Counsel  | Director Approval     | Chief Approval                |
|---------------------------|-----------------------|-------------------------|----------------------|-----------------------|-------------------------------|
| Included in CY2024 Budget | K. Tsui<br>10/10/2024 | Eric Mata<br>10/10/2024 | M. Popke<br>10/14/24 | J. Lopez<br>10/3/2024 | V. Devabhaktuni<br>10/10/2024 |

**INFORMATION TECHNOLOGY DEPARTMENT****20. DELEGATION OF AUTHORITY TO APPROVE THE FIRST AMENDMENT TO THE CUSTOMER AGREEMENT WITH AUNT BERTHA, A PUBLIC BENEFIT CORPORATION, DBA FIND HELP****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 First Amendment to the Customer Agreement (Agreement) with Aunt Bertha, a public benefit corporation, dba Find Help (Find Help) for the continued provision of a community resources platform (ConnectIE) and associated Community Information Network (CIN), for an additional cost not to exceed \$136,500 and extend term for one (1) additional year through December 31, 2025. The total amount payable under this Agreement shall not exceed \$879,500 through December 31, 2025.

**Contact:**

Vinil Devabhaktuni, Chief Digital & Information Officer

**Background:**

IEHP recognizes that safety net providers and the community lack the tools to promptly address unmet needs, barriers, disparities, and access to social service programs timely and appropriately. As such, FindHelp offers a successful community resource platform known as ConnectIE along with the Community Information Network (CIN) component that leverage technology for social good. Collectively, they form a two-county communications program focused on addressing social determinants of health. The program features a social service resource platform, its community information network component, and a steering committee that fosters connections among providers, members, and community-based organizations.

IEHP has contracted with Find Help since December 2017, as a result of Request for Proposal (RFP) 17-020, for the provision of an enterprise cloud-based platform, now known as ConnectIE. This platform offers IEHP members free access to a community resources database, enabling them to find real-time community data where IEHP members can find community resources based on their specific needs.

In September 2020, IEHP released RFP 20-02568 to source a technology-capable vendor with the ability to enhance the ConnectIE platform by extending the system to share information across organizations and expand the platform's capabilities to include access to a network of healthcare and social services partners. IEHP selected FindHelp as the most qualified and most responsive vendor for the CIN technology based on its competitive pricing and familiarity with IEHP's capabilities requirement and member's needs.

The Governing Board has previously approved the contractual documents as follows:

| <b>Date Approved</b>       | <b>MO#</b> | <b>Purpose</b>   | <b>Term Expiration</b> | <b>Cost</b> |
|----------------------------|------------|--|------------------------|-------------|
| 1/10/2022                  | 22-005     | Approved the award of Request for Proposal (RFP) 20-02568 to Find Help for the provision of a community resources platform and associated care planning.                         | 12/31/2022             | \$385,000   |
| 12/12/2022                 | 22-398     | Approved the additional funding for Agreement renewal for the provision of a community resources platform and associated CIN technology for the enhanced community care planning | 12/31/2023             | \$358,000   |
| 11/13/2023                 | 23-257     | Approved the renewal to the Agreement with FindHelp for an additional year.  | 12/31/2024             | \$0         |
| <b>Total Cost to Date:</b> |            |  |                        | \$743,000   |
| <b>New Cost:</b>           |            |  |                        | \$136,500   |
| <b>Total Cost:</b>         |            |  |                        | \$879,500   |

**Discussion:**

In December of 2023, Connect IE launched its CIN Self-Enrollment form, which has been instrumental in the collection of sexual orientation and gender identity (SOGI) and race, ethnicity and language (REaL) data. In an effort to augment SOGI and REaL records, IEHP has leveraged the CIN to collect SOGI and REaL data. Accurate collection of SOGI and REaL data is the cornerstone of IEHP's commitment to advancing health equity, improving access to comprehensive, and high-quality health care, and reducing disparities. This initiative also supports the training for service providers and evaluation of interventions aimed at improving member outcomes.

The First Amendment will renew subscription services for the Connect IE and CIN social services resource platform for an additional one (1) year term and update Appendix A: Services Rate Sheet with new pricing to reflect a 5% increase in the subscription service for this additional term. As such, the Connect IE platform and CIN will continue to effectively support a whole-person-centered care approach by assessing members' risks and needs, addressing social determinants of health, and reducing health disparities and inequities.

This First Amendment shall extend the term for one (1) additional year through December 31, 2025, for an additional cost not to exceed \$136,500. The total cost (including this request) of this Agreement shall not exceed \$879,500 through December 31, 2025.

| <b>Fiscal Impact</b>                  | <b>Financial Review</b> | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>Director Approval</b>    | <b>Chief Approval</b>         |
|---------------------------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------------------|
| Will be Included in the CY2025 Budget | K. Tsui<br>10/11/2024   | W. Yanes<br>10/11/2024    | M. Popka<br>10/11/2024     | Gabriel Uribe<br>10/10/2024 | V. Devabhaktuni<br>10/11/2024 |

## ADMINISTRATION

### 21. DELEGATION OF AUTHORITY TO APPROVE THE SIXTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SAFETY NET CONNECT, INC

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive (CEO) or his designee to, after legal review and approval, sign the Sixth Amendment to the Professional Services Agreement (Agreement) with Safety Net Connect, Inc. (SNC) for the continued use of the eConsult platform and associated professional services for an additional amount not to exceed \$686,000 and a one (1) year term extension. The total amount of this Agreement shall not exceed \$8,011,500 through December 31, 2025.

#### **Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

#### **Background:**

The eConsult platform is a secure online communication tool that enables Primary Care Providers (PCPs) to consult remotely with specialists, reducing the need for face-to-face office visits by facilitating efficient and secure exchange of information to meet clinical needs.

Safety Net Connect is a nationally recognized healthcare solution specializing in the service of underserved and Safety Net populations. EConsult improves patient care by creating faster access to specialist advice and reduced wait times for referrals, streamlined interactions among healthcare providers leading to better collaboration and advanced reporting tools that help optimize workflows and improve patient outcomes. This system enhances the overall efficiency of the healthcare delivery process, ensuring that patients receive timely and appropriate care.

IEHP has contracted with Safety Net Connect since 2017. Safety Net Connect was selected as a result of Request for Proposal (RFP) No. 17-035 for the procurement of the eConsult and Referral Management Software Solution in collaboration with evaluators from both Arrowhead Regional Medical Center (ARMC) and Riverside University Health System (RUHS).

IEHP leadership is recommending continuing with this platform as a single source procurement for the next year. The existing eConsult platform is the standard amongst our peers in the industry. There is minimal competition for this service as the target audience is so specialized. IEHP has invested significant resources to this platform since 2017, funding multiple enhancements and integrations. Transitioning to a new platform would require extensive internal assessments and securing additional funds and resources for decommission and ultimately sourcing and implementing a new solution. Additionally, despite historical year over year license cost increases the vendor has agreed to renew for the additional twelve-month period without increase, resulting in approximately 10% cost avoidance. Safety Net Connect's eConsult platform remains the most suitable choice for the current needs.

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The Governing Board had previously approved the following with Safety Net Connect:

| Date Approved              | MO#    | Purpose  | Term Expiration | Cost        |
|----------------------------|--------|--|-----------------|-------------|
| 11/13/2017                 | 17-207 | Approve Request for Proposal (RFP) 17-035 Award to Safety Net Connect for the procurement of an eConsult platform        | 02/15/2019      | \$1,570,000 |
| 11/08/2019                 | 19-112 | First Amendment to extend and increase funds   | 12/31/2019      | \$210,000   |
| 12/09/2019                 | 19-236 | Second Amendment to extend, increase funds and approve enhancements  | 12/31/2021      | \$2,495,500 |
| 04/13/2020                 | 20-81  | Third Amendment to approve revision of fees resulting from ARMC establishing their own agreement with Safety Net Connect | 12/31/2021      | \$0.00      |
| 11/08/2021                 | 21-304 | Fourth Amendment to extend, increase funds, and approve enhancements   | 12/31/2024      | \$3,050,000 |
| 10/21/2024                 | 24-167 | Fifth Amendment to correct language in the fourth amendment and ensure pricing reflects current authority                | 12/31/2024      | \$0         |
| <b>Total Cost to Date:</b> |        |  |                 | \$7,325,500 |
| <b>New Cost:</b>           |        |  |                 | \$686,000   |
| <b>Total Cost:</b>         |        |  |                 | \$8,011,500 |

**Discussion:**

Safety Net Connects eConsult and Referral Management System facilitates efficient communication and coordination between healthcare providers and specialists within a safety net healthcare network. It aims to streamline the process of eConsults and referrals to enhance patient care and reduce wait times.

Key functionalities of the system include:

- User Management:
- Secure registration and authentication for healthcare providers.
- Role-based access control for different users (e.g., primary care providers, specialists, administrative staff).
- Consult Request Submission: Primary care providers can submit eConsult requests with patient information, clinical notes, and relevant documentation.
- Specialist Review: Specialists can review eConsult requests, provide recommendations, and communicate directly with the referring provider.

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- Response Tracking: Track status of eConsults (e.g., pending, completed) with automated notifications.
- Referral Creation: Easily generate referrals based on eConsult outcomes or direct patient needs.
- Specialist Directory: Access to a comprehensive directory of specialists, including availability, expertise, and location.
- Referral Status Tracking: Monitor the status of referrals, including appointment scheduling and completion.
- Secure messaging system for real-time communication between providers.
- Ability to attach documents and images to messages for clarity.
- Patient portal for accessing eConsult results and referral information.
- Notifications to patients regarding their eConsults and referrals.
- Reports and referral metrics (e.g., turnaround times, outcomes).
  - Analyze trends to identify areas for improvement in patient care and operational efficiency.
- Adherence to HIPAA regulations for data privacy and security.
- Audit trails to track user activity and system changes.
- Integration with existing Electronic Health Record (EHR) systems for seamless data exchange.

IEHP is requesting approval of the Sixth Amendment for an additional one (1) year renewal of Agreement and associated professional services for specialty system support for an additional amount not to exceed \$686,000.

The total cost (including this request) of this Professional Services Agreement shall not exceed \$8,011,500 through December 31, 2025.

| Fiscal Impact             | Financial Review      | Procurement Review  | Reviewed by Counsel  | Director Approval      | Chief Approval                |
|---------------------------|-----------------------|---------------------|----------------------|------------------------|-------------------------------|
| Included in CY2025 Budget | K. Tsui<br>10/10/2024 | E. Mata<br>10/10/24 | M. Popka<br>10/14/24 | K. Fermin<br>10/3/2024 | V. Devabhaktuni<br>10/10/2024 |

## **INFORMATION TECHNOLOGY DEPARTMENT**

### **22. APPROVE 2025 OPERATIONAL FUNDING FOR CONTINUED USE OF PROFESSIONAL SERVICES WITH HEXPLORA LLC., MPHASIS CORPORATION, PERSISTENT SYSTEMS LIMITED, BLUE SPIRE, INC., AND INTEREX GROUP INC.**

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the 2025 Operational funding with Mphasis Corporation (Mphasis), Persistent Systems Limited (Persistent), Hexplora, LLC (Hexplora), Blue Spire, Inc. (Blue Spire), and InterEx Group Inc. (InterEx), for continued use of Information Technology (IT) services for amount not to exceed \$11,000,000 through December 31, 2025.

#### **Contact:**

Vinil Devabhaktuni, Chief Digital, and Information Officer

#### **Background:**

Technology is a central consideration of IEHP's strategy development and execution and has prioritized investment in technology to enable long-term goals. With the landscape of health care ever changing, having a modern technology infrastructure and ability to support the adoption of emerging technologies is at the heart of innovation and efficiency efforts. Health care tools and delivery models must keep up with the development and convergence of the internet, digital devices, portable technologies, artificial intelligence, and social networking, while ensuring security and privacy. The rapid adoption of technology by consumers and business operations has created a flood of interaction and transaction data. However, that data is only useful if it generates insights that enable better decision-making. New tools, including predictive models and artificial intelligence, allow users to connect and visualize large volumes of data from multiple sources in ways that generate actionable insights.

On May 13, 2024, under Minute Order No. 24-107 the Governing Board provided authority for IEHP to enter into contractual documents for the provision of IT services, including professional services and staff augmentation with Mphasis, Persistent, Hexplora, Blue Spire, and InterEx. Accordingly, IEHP executed Master Service Agreements (MSA) and Scopes of Works (SOW) with these five vendors. Collectively contracting with these five vendors provides the needed expertise and solutions for the success of strategic initiatives.

#### **Discussion:**

IEHP needs to continue its investment in infrastructure and strategic initiatives to complete its transformation and therefore seeks to continue these successful collaborative partnerships with the five vendors listed herein to enable IEHP's modernization and transformation journey.

During the 2025 Operational and Capital budget development period, IT developed a project and services plan to continue its modernization journey and provided budget allocations.

The Governing Board will soon review the IEHP Calendar Year 2025 Operations and Capital Budget; the funds requested herein are contingent on the approval of this budget. The allocation of



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resources from Mphasis, Persistent, Hexplora, Blue Spire, and InterEx address a portion of the proposed IT 2025 Operational Budget allocated to the continuation of current in progress project needs, and the alignment of specific skill sets offered by these vendors.

Under MO 24-107 on 05/13/2024, The Governing Board previously approved \$62,056,478 for IT Project and Professional Services. This included \$53,075,314 for 2024 - 2026 Estimated Capital funding and \$8,981,164 for the 2024 Operational Funding. IT has budgeted \$11,000,000 in operational funding for CY 2025.

The total funding for the provision of IT services to Mphasis, Persistent, Hexplora, Blue Spire, and InterEx shall not exceed \$73,056,478 as detailed in the table below:

| <b>Type</b>  | <b>2024</b> | <b>2025</b> | <b>2026</b> | <b>Total</b>      |
|--------------|-------------|-------------|-------------|-------------------|
| Operating    | 8,981,164   | 11,000,000  | TBD         | <b>19,981,164</b> |
| Capital      | 23,225,406  | 18,849,908  | 10,955,000  | <b>53,075,314</b> |
| <b>Total</b> |             |             |             | <b>73,056,478</b> |

IEHP is requesting disburse additional operating budgeted funds for CY2025, on an as needed basis to Persistent, Mphasis, Hexplora, Blue Spire, and InterEx, for an additional for the 2025 operational funding amount not to exceed \$11,000,000 through December 31, 2025.

| <b>Fiscal Impact</b>      | <b>Financial Review</b> | <b>Procurement Review</b>  | <b>Reviewed by Counsel</b> | <b>VMO Approval</b>          | <b>Chief Approval</b>         |
|---------------------------|-------------------------|----------------------------|----------------------------|------------------------------|-------------------------------|
| Included in CY2025 Budget | K. Tsui<br>10/16/2024   | C. Hendricks<br>10/15/2024 | M. Popka<br>10/21/24       | V. Chandrakant<br>10/17/2024 | V. Devabhaktuni<br>10/15/2024 |

## INFORMATION TECHNOLOGY DEPARTMENT

### 23. DELEGATION OF AUTHORITY TO APPROVE THE SIXTH AMENDMENT TO THE PARTICIPATION AGREEMENT WITH MANIFEST MEDEX

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer or his designee to negotiate and, after legal review and approval, sign the Sixth Amendment to the Participation Agreement (Agreement) with Manifest MedEx for the participation of IEHP in the Health Information Exchange (HIE), for an additional amount not to exceed \$5,615,000 for an additional three (3) year period. The new total amount payable under this Agreement shall not exceed \$18,269,858 through December 31, 2027.

#### **Contact:**

Vinil Devabhatuni, Chief Digital and Information Officer

#### **Background:**

Manifest MedEx is the HIE utilized within San Bernardino and Riverside Counties. IEHP utilizes Manifest MedEx to retrieve real-time clinical data and make that information available to IEHP and other community Providers. Through this sharing, clinical data is readily and securely accessible to other treating Providers resulting in improved care coordination, closure of care gaps, and the identification and intervention of high-risk patients.

In 2009, IEHP contributed to the development of the Inland Empire Health Information Exchange (IEHIE) for the creation of a HIE for County entities and hospital partners.

In February 2017, IEHP announced that the IEHIE would merge with Cal Index, a venture by Blue Shield and Anthem Health Plans, to become a new entity called Manifest MedEx. The merger was finalized in March 2017. Since then, the Governing Board has approved the Agreement and subsequent amendments as follows:

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Cost</b> |
|----------------------|------------|---|------------------------|-------------|
| 07/09/2018           | 18-221     | Participation Agreement with Manifest MedEx for the provision of IEHP, Riverside and San Bernardino County's participation in the HIE   | 08/01/2023             | \$4,040,641 |
| 02/11/2019           | 19-35      | Improvements in data sharing quality and size capacity between Providers  | 08/01/2023             | \$350,000   |
| 03/14/2022           | 22-064     | Second Amendment for Onboard eligible IEHP Primary Care Providers and Independent Practice Associations to the Manifest MedEx's network | 12/31/2024             | \$3,638,800 |
| 12/12/2022           | 22-408     | Third Amendment for Annual Fees paid on behalf of county entities for continued participation in the HIE                                | 12/31/2024             | \$113,333   |

| <b>Date Approved</b>       | <b>MO#</b> | <b>Purpose</b>  | <b>Term Expiration</b> | <b>Cost</b>         |
|----------------------------|------------|---|------------------------|---------------------|
| 03/06/2023                 | 23-056     | Fourth Amendment for 2023 and 2024 subscription and Member fee update | 12/31/2024             | \$2,975,000         |
| 12/11/2023                 | 23-298     | Fifth Amendment for Licensing Fees and OB-GYN and PCP Expansion       | 12/31/2024             | \$1,537,084         |
| <b>Total Cost to Date:</b> |            |   |                        | <b>\$12,654,858</b> |
| <b>New Cost:</b>           |            |   |                        | <b>\$5,615,000</b>  |
| <b>Total Cost:</b>         |            |   |                        | <b>\$18,269,858</b> |

**Discussion:**

IEHP requests approval of the Sixth Amendment to pay the subscription fees to Manifest MedEx for contract years 2025, 2026, and 2027, for the Medi-Cal and Covered California (CCA) lines of business (LOB). The subscription fees allow IEHP, Hospitals, and Providers to securely access, share, and utilize Member health information through the HIE, as well as benefit from the services outlined in the Agreement. By committing to a three-year subscription with Manifest MedEx, IEHP secures additional cost savings such as continuation of the per-Member rate established in 2024 for the Medi-Cal LOB through 2027, and a standardized per-member rate for the Covered California LOB. The table below provides an overview of annual subscription amount and per Member rate since 2024.

| <b>Contract Year</b> | <b>Annual Subscription Fee Amount<br/>(Based on Membership)</b> | <b>Per Member Rate</b>  |
|----------------------|---|---|
| 2024                 | \$1,700,000   | All Members:<br>\$0.25 (Quarterly)<br>\$1.00 (Annual Total)   |
| 2025                 | \$1,700,000 - (Medi-Cal)<br>\$75,000 - (Covered California)     | Medi-Cal Members:<br>\$0.25 (Quarterly)<br>\$1.00 (Annual Total)<br><br>Covered California Members:<br>\$0.375 (Quarterly)<br>\$1.50 (Annual Total) |
| 2026                 | \$1,800,000 - (Medi-Cal)<br>\$105,000 - (Covered California)    |   |
| 2027                 | \$1,800,000 - (Medi-Cal)<br>\$135,000 - (Covered California)    |   |

Leveraging the capabilities of the Manifest MedEx HIE has yielded multiple benefits for IEHP which is why it remains a key strategic activity that supports the Optimal Care goals. These range from enhanced quality performance metrics to the improvement of the Member and Provider experience, as detailed below:

1. **Member and Provider Experience** - By facilitating the exchange of health information across 1,800+ healthcare organizations, including hospitals and health plans. Manifest MedEx ensures that IEHP Providers have access to comprehensive Member histories and real-time acute care notifications. This helps in making informed decisions and leading to improved coordinated care, closure of gaps in care, and the identification and intervention of high-risk Members.

2. **Maternal Outcomes and Birth Equity** – In 2024, IEHP began to onboard Obstetrics and Gynecology (OBGYN) Providers to the Manifest MedEx HIE to enhance coordination of care from prenatal to postnatal stages. These efforts align with the California Department of Health Care Services' (DHCS) Bold Goals: 50x2025 which includes closing the maternity care disparity for Black and Native American persons by 50%.
3. **Quality Measure Performance** – Sharing Member information through the Manifest MedEx HIE has made significant contributions to IEHP's performance in California Department of Health Care Services' (DHCS) Minimum Performance Level (MPL) measures. These measures include Controlling Blood Pressure, Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%), and Topical Fluoride for Children.
4. **Regulatory Compliance** - The California Health and Human Services (CalHHS) and its Data Exchange Framework (DxF) requires Medi-Cal Managed Care Plans, like IEHP, and Healthcare Providers to share health and social services information starting January 31, 2024. IEHP meets this requirement as it shares health information through the Manifest MedEx HIE collected from Providers.

The additional cost of this Sixth Amendment shall not exceed \$5,615,000 effective January 1, 2025 for an additional three (3) year term. The total cost (including this request) of this Agreement shall not exceed \$18,269,858 through December 31, 2027.

| Fiscal Impact             | Financial Review      | Procurement Review    | Reviewed by Counsel    | Director Approval     | Chief Approval                |
|---------------------------|-----------------------|-----------------------|------------------------|-----------------------|-------------------------------|
| Included in CY2025 Budget | K. Tsui<br>10/15/2024 | E. Mata<br>10/17/2024 | M. Popka<br>10/18/2024 | G. Fick<br>10/18/2024 | V. Devabhaktuni<br>10/18/2024 |

## INFORMATION TECHNOLOGY

### 24. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05936 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, VERINT AMERICAS INC.

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the award of Request for Proposal (RFP) #24-05936 to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents (Agreements) with Verint Americas Inc., (Verint) for the provision of a Call Center Technical Capabilities solution for and amount not to exceed \$9,500,000 for a five (5) year period. The total amount payable under this Agreement(s) shall not exceed \$9,500,000.

#### **Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

#### **Background:**

IEHP received 2.1 million calls to its call centers in 2023. IEHP aims to capture the Voice of the Member at every interaction. The contact center represents a vital engagement point for this effort. IEHP Contact Center Leadership conducted an evaluation of current functionality and tools available to Member Service Representatives (MSRs) and found room for improvement. Member self-service options are limited and capability to obtain member sentiment and feedback could be improved through technological advances such as real-time interactive tools that will allow MSRs to respond to member inquiries efficiently and effectively.

On September 19, 2024, IEHP issued RFP #24-05936 Member Experience – Call Center Technical Capabilities, on Bonfire, its public third-party bidding website. 79 Bidders indicated interest, with three (3) bidders submitting proposals. Two (2) out of the three (3) bidders, Verint, and Concentrix CVG Customer Management Group Inc. (Concentrix) were down selected as finalists for further evaluation. The scores are as follows:

#### **Technical proposal scores without cost (out of 70):**

| <b>Bidder</b> | <b>Score</b> |
|---------------|--------------|
| Verint        | 52.74        |
| Concentrix    | 51.60        |

#### **Technical proposal scores including cost (out of 100):**

| <b>Bidder</b> | <b>Score</b> |
|---------------|--------------|
| Concentrix    | 81.60        |
| Verint        | 58.25        |

**Demonstration scores (out of 10):**

| Bidder     | Score |
|------------|-------|
| Verint     | 7.26  |
| Concentrix | 4.11  |

**Final total scores (out of 110):**

| Bidder     | Score |
|------------|-------|
| Concentrix | 85.71 |
| Verint     | 65.51 |

After thorough review, the Evaluation Committee recommended an award for RFP #24-05936 be made to Verint Americas Inc. The evaluation consisted of technical evaluations, product demonstrations, and analyzing pricing structures. Although Concentrix, received the highest total score by 20 points, this score was driven mainly by price, as the technical and demo combined scores were 4.29 points lower than Verint. Experience and technical capabilities are core to the successful execution of service and were weighted more heavily than pricing. As such, Verint emerged as the best value bidder based not only on the strength of their proposal and technical capabilities, but also based on their proven experience with clients similar in size and scope to IEHP, and a strong demonstration. Therefore, Verint provides the overall best value to IEHP. In addition:

- While Concentrix was lower in pricing, their demonstration proved that their solution did not contain all the requirements (less than 56%) pertaining to the scope of this RFP, which directly aligns with the lower price point received.
- The intention of this RFP was to solicit the required services from a single vendor without the need to enter a third-party contract, which the other respondent, Concentrix, could not satisfy.

As such, the Evaluation Committee members determined Verint to be the most responsive, capable, and responsible bidder. Verint also was awarded an unrelated contract in 2013 as a result of an RFP for the implementation of a Workforce Management Software and has been partnering with IEHP since that time as a trusted service provider.

**Discussion:**

Verint will design and implement a robust solution that will enhance member experiences by gathering and analyzing feedback through a comprehensive strategy focused on the voice of the member. In addition, it provides a comprehensive integrated solution with minimal impact to current operations. This solution will significantly expand the tools available to the Member Service Representatives (MSRs) that will increase efficiency in providing exceptional member service which can drive improvements in Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Centers for Medicare & Medicaid Services (CMS) Star ratings. As a result, this will streamline MSR workflows, reducing response times, increasing service quality, and improving overall operational efficiency.

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Additionally, the solution will leverage artificial intelligence (AI) to provide IEHP with real-time Member insights required to analyze a Members' feedback to refine services. This ensures that IEHP is responsive to Members needs, and preferences. Also, Verint will deliver an Intelligent Virtual Assistant (IVA) and a Voice of Member (VOM) program to help enhance IEHP Members' overall experience, satisfaction, and engagement with both, their health and our organization. By integrating this solution.

The total not to exceed cost for this Call Center solution with Verint is also inclusive of a 9.3% contingency for potential customizations of the solution and services.

The table below denotes the Best and Final Offer (BAFO) pricing from Verint Americas Inc. for a period of five (5) years:

| <b>Year 1</b> | <b>Year 2</b> | <b>Year 3</b> | <b>Year 4</b> | <b>Year 5</b> | <b>Contingency</b> | <b>Total Cost</b>  |
|---------------|---------------|---------------|---------------|---------------|--------------------|--------------------|
| \$1,995,930   | \$1,674,157   | \$1,674,157   | \$1,674,157   | \$1,674,157   | \$807,442          | <b>\$9,500,000</b> |

The cost of the Verint Call Center Technical Capabilities solution shall not exceed \$9,500,000 for a five (5) year period.

| <b>Fiscal Impact</b>      | <b>Financial Review</b> | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>VP / Director Approval</b>        | <b>Chief Approval</b>  |
|---------------------------|-------------------------|---------------------------|----------------------------|--------------------------------------|------------------------|
| Included in CY2025 Budget | S. Chiu<br>10/24/2024   | S. Cox<br>10/24/2024      | M. Popka<br>10/25/2024     | M. Grant<br>B. McClure<br>10/24/2024 | S. White<br>10/28/2024 |

## OPERATIONS DEPARTMENT

### 25. APPROVE THE ANNUAL UPDATE TO THE 2025 IEHP PROVIDER POLICY AND PROCEDURE MANUALS AND THE ENCOUNTER DATA INTERCHANGE MANUAL

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the 2025 Provider Policy and Procedure Manuals and the Encounter Data Interchange (EDI) Manual.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

The 2025 Provider Policy and Procedure and EDI Manuals are designed to help IEHP contracted Providers, Delegated and Direct Ancillary Providers, Hospitals, and Independent Physician Associations (IPAs) understand the rules and regulations with which IEHP must comply, as required by the California Department of Health Care Services (DHCS), the California Department of Managed Health Care (DMHC), the Centers for Medicare & Medicaid Services (CMS), Covered California, and the National Committee for Quality Assurance (NCQA). These Manuals are now available on IEHP's public website at [www.providerservices.iehp.org](http://www.providerservices.iehp.org)> **Resources>Provider Manuals & Training**.

**Discussion:**

IEHP reviews and updates its policies and procedures in the Manuals at least once annually. Interim policy updates are made, as needed, throughout the year to reflect current regulatory requirements, organizational needs, and operational changes.

IEHP maintains Acknowledgments of Receipt (AOR) of the Provider Policy and Procedure Manuals from IEHP contracted Providers, Delegated and Direct Ancillary Providers, Hospitals, and IPAs to ensure awareness and understanding of IEHP's standards.

All contracted and delegated Providers received summaries of changes to these Manuals allowing them 90 days' notice to review and provide comment prior to the policies becoming effective on January 1, 2025. A summary of these changes can be found on IEHP's public website at [www.providerservices.iehp.org](http://www.providerservices.iehp.org)> **Resources>Provider Manuals & Training**.

IEHP continues to post State and Federal benefit links on IEHP's Provider Portal.

| Fiscal Impact | Financial Review                | Procurement Review             | Reviewed by Counsel  | Director Approval         | Chief Approval |
|---------------|---------------------------------|--------------------------------|----------------------|---------------------------|----------------|
| None          | Karla Robin<br>N/A<br>9/24/2024 | Cluff Goss<br>N/A<br>9/23/2024 | M. Popka<br>10/14/24 | Lourdes Nery<br>9/20/2024 | S. White       |



## OPERATIONS DEPARTMENT

### 26. DELEGATION OF AUTHORITY TO APPROVE THE THIRD AMENDMENT WITH INTEGRITY ADVANTAGE SOLUTIONS, 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 Third Amendment to the Professional Services Agreement (Agreement) with Integrity Advantage Solutions, LLC. (Integrity Advantage) for the provision of Fraud, Waste and Abuse (FWA) program development for an additional amount not to exceed \$100,530.00 and extend the term for an additional one (1) year, through December 31, 2025. The total amount payable under this Agreement shall not exceed \$638,777.00 through December 31, 2025.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

To address the backlog of overdue and outstanding privacy and fraud related cases, IEHP conducted an informal Request for Proposal (RFP) in September of 2022. Integrity Advantage was selected as a result of the process, they were found to be the most responsive and reliable bidder. IEHP has contracted with Integrity Advantage since March 1, 2023, for an assessment of the Compliance Special Investigations Unit (SIU) processes and to provide training, mentorship, and ad-hoc support services.

The Governing Board previously approved the Agreement as follows:

| Date Approved | MO#    | Purpose   | Term Expiration | Cost         |
|---------------|--------|---|-----------------|--------------|
| 03/06/23      | 23-044 | Assessment of the Compliance SIU Team                   | 12/31/23        | \$302,215.00 |
| 10/09/23      | NA     | 1 <sup>st</sup> Amendment updating the schedule of fees | NA              | \$0          |
| 11/13/23      | 23-258 | 2 <sup>nd</sup> Amendment - term extension for one-year | 12/31/24        | \$236,032.00 |
| Cost:         |        |   |                 | \$538,247.00 |
| New Cost      |        |   |                 | \$100,530.00 |
| Total Cost    |        |   |                 | \$638,777.00 |

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**Discussion:**

IEHP has elected to single source the services Integrity Advantage for one (1) additional year for additional services needed to assist IEHP in meeting regulatory requirements of data analytics and FWA detection activities through the use of a FWA detection tool for which a Request for Proposal (RFP) is in progress, and FWA investigative work. Additionally, Integrity Advantage is providing high level of advanced investigative case work support.

The Third Amendment requests an update to the following:

1. FWA Unit Program Development: The Compliance SIU is undergoing advanced development to remediate gaps in meeting regulatory requirements and implement proactive detection and prevention of FWA activities. This work requires support in redesigned processes, advanced analytics, and position development.
2. Ad Hoc/Operational Support – Investigative Support: Integrity Advantage is providing a high level of advanced investigative case work support to the Compliance SIU.

The additional cost of this Third Amendment shall not exceed \$100,530.00. The total cost (including this request) of this Agreement shall not exceed \$638,777.00 through December 31, 2025.

| Fiscal Impact   | Financial Review        | Procurement Review      | Reviewed by Counsel  | Director Approval         | Chief Approval         |
|-----------------|-------------------------|-------------------------|----------------------|---------------------------|------------------------|
| New Expenditure | K. Robbins<br>9/30/2024 | M. Gladish<br>10/3/2024 | M. Popka<br>10/11/24 | Lourdes Nery<br>10/4/2024 | S. White<br>10/10/2024 |

## **OPERATIONS DEPARTMENT**

### **27. RATIFY AND APPROVE THE EIGHTH AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH DELOITTE CONSULTING LLP, RESCIND MINUTE ORDER 24-194, AND RESCIND THE EIGHTH AMENDMENT UNDER MINUTE ORDER 24-175**

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) 1) Ratify and approve the Eighth Amendment to the Professional Services Agreement with Deloitte Consulting LLP (Deloitte) for the provision of Program Management and Project Governance services for the Covered California (CCA) program for an additional amount not to exceed \$600,000 effective September 1, 2024, 2) Rescind Minute Order 24-194 and 3) Rescind the request to sign an Eighth Amendment with Deloitte for Agile Project Management Training and Consulting Services under Minute Order 24-175. The total amount payable under this Agreement shall not exceed \$5,762,150 through December 31, 2024, and

#### **Contact:**

Susie White, Chief Operating Officer

#### **Background:**

As part of IEHP's strategic growth strategy, IEHP entered a Commercial Line of Business (LOB) with the California Health Benefit Exchange (i.e., Covered CA) on November 1, 2023, for plan year 2024. Launching this new product required coordination across different functional areas and external platform/provider partners, and the implementation of new operational and technical capabilities. This impacted IEHP by successful implementation of Covered California by:

- Integrating multiple project plans from IEHP business and IT teams with external partners into one program level plan.
- Establishing a centralized Program Management function that helped teams identify and escalate risks and developed plans to resolve these issues.
- Developing processes to define/prioritize scope and monitored go-live deliverables to ensure requirements were met.

The above was accomplished by the March 7, 2023, release of Request for Proposal RFP #23-04648 on Bonfire, IEHP's public third-party bidding website. As a result, 23 bidders indicated interest with one (1) bidder submitting a proposal. The RFP was awarded to Deloitte at the April 10, 2023, Governing Board meeting under Minute Order 23-080 based upon their successful proposal and resulting scores.

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 CONSENT AGENDA
 

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

| <b>Date Approved</b> | <b>MO#</b> | <b>Purpose</b>   | <b>Term Expiration</b> | <b>Cost</b>  |
|----------------------|------------|--|------------------------|--------------|
| 04/10/23             | 23-080     | Program Management and Project Governance Services   | 12/31/2024             | \$2,425,000  |
| 08/14/23             | 23-185     | Ratify and Approval of the First Amendment to the PSA for travel expenses for the provision of Program and Project Governance services for the implementation of CCA.  | 12/31/2024             | \$75,000     |
| 10/10/23             | 23-233     | Ratify and Approval of the Second Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.   | 12/31/2024             | \$95,680     |
| 10/10/23             | 23-218     | Award of RFP and Delegation of Authority to Approve a Professional Services Agreement* for the Provision of project Management Training Services.<br><i>*A 6<sup>th</sup> Amendment to the Agreement was executed, rather than a new Professional Services Agreement</i> | 12/31/2026             | \$504,000.00 |
| 11/13/23             | 23-273     | Delegation of Authority to Approve the Third Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.  | 12/31/2024             | \$113,320    |
| 4/08/24              | 24-056     | Ratify and Approve the Fourth Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.   | 12/31/2024             | \$985,000    |
| 4/08/24              | 24-056     | Ratify and Approve the Fifth Amendment for the provision of Program Management and Project Governance services for the implementation of CCA.  | 12/31/2024             | \$507,650    |
| 8/12/24              | 24-175     | Approve the Seventh Amendment for a 14-week Business Systems Analyst Training  |                        | \$456,500    |
| Total Cost to date   |            |  |                        | \$5,162,150  |
| New Cost Amendment 8 |            |  |                        | \$600,000    |
| Total Cost           |            |  |                        | \$5,762,150  |

**Discussion:**

As implementation progresses, IEHP has identified additional support needed for the completion of CCA implementation. Deloitte will continue to provide support and consulting services relating to configuration capabilities, Health Rules Payer (HRP), a product of Health Edge and is the Core Claims processing system for CCA, authorization mapping, non-par pricing automation, production optimization and claim operations/payment support, as follows:

1. Develop configuration support staffing model, including resource and skill requirements.
2. Describe scope of work for each identified role.
3. Develop migration plan, including recommendations for a phased transition of configuration responsibilities.
4. Develop roadmap to complete the transition of configuration support responsibility to IEHP by a target date of 1/1/2025.
5. Develop plan to complete testing and deployment of HRP authorization matching functionality to production.
6. Monitor implementation activities and identify potential issues/risks.
7. Work with stakeholders to resolve implementation-related issues/risks.
8. Develop detailed implementation plan to complete testing and deployment the source non-par pricing automation solution.
9. Monitor implementation activities and identify potential issues/risks.
10. Work with stakeholders to resolve implementation-related issues/risks.
11. Continue to support project management activities relating to CCA production stabilization, including:
  - a. Steering committee facilitation.
  - b. Monitor operational performance and identify/escalate issues as appropriate.
  - c. Facilitate completion of remaining production optimization initiatives (non-par pricing automation, claim backlog production load).
12. Continue to support CCA claims operations activities, including:
  - a. Facilitate claim processing war room calls.
  - b. Produce periodic claim operations reports, including overall claim backlog and batch-specific reporting.
  - c. Coordinate scheduling of payment cycles and other claim processing-related activities.
  - d. Facilitate identification and resolution of claim processing-related issues across IEHP and vendor stakeholders.

IEHP requests rescission of Minute Order 24-194 with Deloitte, as the delegation sought thereunder for a Sixth Amendment was made in error. Additionally, IEHP has cancelled the Agile Project Management Training and Consulting Services sought under the Eighth Amendment approved under Minute Order 24-175, and therefore, IEHP also requests rescission of the request to enter into an Eighth Amendment under MO 24-175.

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IEHP seeks ratification and approval of this Eighth Amendment for the provision of Program Management and Project Governance services for the Covered California (CCA) program as outlined above for an additional amount not to exceed \$600,000. The total cost (including this request) of this Agreement shall not exceed \$5,762,150 through December 31, 2024.

| Fiscal Impact   | Financial Review                   | Procurement Review      | Reviewed by Counsel  | Director Approval     | Chief Approval       |
|-----------------|------------------------------------|-------------------------|----------------------|-----------------------|----------------------|
| New Expenditure | C. Aguirre/S. McCalley<br>10/16/24 | T. Picarone<br>10/16/24 | M. Popka<br>10/16/24 | G. Cleary<br>10/16/24 | S. White<br>10/17/24 |

## OPERATIONS DEPARTMENT

### 28. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SIMPLER NORTH AMERICA, LLC

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Third Amendment to the Professional Services Agreement (Agreement) with Simpler North America, LLC (Simpler) for Lean Transformation Consulting Services for an additional amount not to exceed \$1,840,000 and extend the term for one (1) addition year through December 31, 2025. The total amount payable under this Agreement shall not exceed \$9,077,036 through December 31, 2025.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Simpler has been providing Lean Strategy Deployment Consulting Services for IEHP since January 2015. Simpler was selected after a thorough Request for Proposal (RFP) process resulting in the selection and award to Simpler to serve as IEHP's Lean Consultant. With IEHP committed to becoming a Lean organization, subsequent Amendments were approved by the Governing Board to extend the engagement and continue services for a total amount of \$24,027,269 under the original Agreement period.

The primary services Simpler provides to support IEHP's commitment to a Lean Transformation organization is coaching and developing leaders to become self-sufficient in terms of implementation of Lean principles such as A3 Thinking, daily management, and process improvement implementation.

Since 2015, Simpler has provided training and guidance on LEAN principals. 174 Rapid Improvement Events (RIEs) have been conducted, resulting in faster turnaround times for authorizations, increased employee engagement, improved first call resolution rates, cost savings and increased provider satisfaction scores.

Upon expiration of the original Agreement, the parties agreed to continue their partnership for Lean Strategy Deployment Consulting services under a new Agreement which was approved under Minute Order 21-213.

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

| <b>Date<br/>Approved</b> | <b>Minute<br/>Order</b> | <b>Purpose</b>                | <b>Term<br/>Expiration</b> | <b>Cost</b> |
|--------------------------|-------------------------|-------------------------------|----------------------------|-------------|
| 07/12/2021               | 21-213                  | New Agreement                 | 12/31/2022                 | \$3,200,000 |
| 12/12/2022               | 22-406                  | Amendment 1 to extend<br>term | 12/31/2023                 | \$2,037,036 |

| <b>Date Approved</b>            | <b>Minute Order</b> | <b>Purpose</b>             | <b>Term Expiration</b> | <b>Cost</b>        |
|---------------------------------|---------------------|----------------------------|------------------------|--------------------|
| 11/13/2023                      | 23-270              | Amendment 2 to extend term | 12/31/2024             | \$2,000,000        |
| Total Cost:                     |                     |                            |                        | \$7,237,036        |
| Third Amendment - New Cost      |                     |                            |                        | \$1,840,000        |
| <b>Total Not to Exceed Cost</b> |                     |                            |                        | <b>\$9,077,036</b> |

The engagement of Simpler has been a critical part of the ongoing Lean Transformation efforts and the journey involved many steps that have been essential to long-term success. This has allowed for more leaders to receive coaching and mentoring, and more improvement activities to take place within the organization.

**Discussion:**

Due to the departure of Team Members and the addition of new Team Members, IEHP is experiencing a gap in the Lean business model and approach, as well as Lean knowledge, skills, behaviors, and beliefs for people in key roles.

Simpler will provide coaching and support for Leadership level team members and facilitate the transfer of Lean knowledge and expertise to support shared vision opportunities and priorities with internal and external stakeholders to continue Lean Transformation.

Through the Third Amendment Simpler will:

- 1) Develop Process Improvement department and Process Improvement Business Model
  - a. Sustainment Plan for Process Improvement standards, systems, processes – Process Improvement Governance, Value Stream Analysis, Rapid Improvement Events/Projects, Managing for Daily Improvement, Culture, etc.
  - b. Guide creation of an Executive Steering Committee
  - c. Train/Coach Process Improvement Director and new Manager
  - d. Train/Coach Process Improvement Facilitators – Level 1, 2, 3 (9 facilitators)
- 2) Develop IEHP leaders and support their Improvement Efforts
  - a. Lean leadership development for select leaders, directors, and managers
  - b. Train/Coach Executive Sponsors and Gemba Leaders on leading Process Improvement Governance, Value Stream Analysis, Rapid Improvement Events/Projects, Managing for Daily Improvement
  - c. Coach/support delivery for portfolio of PI efforts across
- 3) IEHP Transformation Efforts
  - a. Delivery for future state Regional Quality Model Initiative
  - b. Delivery for Member Experience Initiative
  - c. Delivery Integrated Transitions of Care
- 4) Overall Account Management
  - a. Scheduled meetings and coaching sessions with Chief Executive Officer, Chief Operating Officer, and select leaders
  - b. Manage IEHP and Simpler contract and relationship
  - c. Oversee Simpler resources at IEHP



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The fees associated with the Third Amendment include:

|   |   |                    |
|---|---|--------------------|
| 1 Gemba Coach, 1 Sensei, 1 Account Manager 2025 | Consulting support for Events, Executives, Team Members, Process Improvement Team | \$1,600,000        |
| 15% expenses 2025                               | Travel expenses   | \$240,000          |
| <b>Total Not to Exceed Cost</b>                 |   | <b>\$1,840,000</b> |

The cost of this Third Amendment shall not exceed an additional \$1,840,000. The total of this Agreement shall not exceed \$9,007,036 through December 31, 2025.

| <b>Fiscal Impact</b> | <b>Financial Review</b> | <b>Procurement Review</b> | <b>Reviewed by Counsel</b> | <b>Director Approval</b> | <b>Chief Approval</b> |
|----------------------|-------------------------|---------------------------|----------------------------|--------------------------|-----------------------|
| New Expenditure      | K. Robbins<br>10/23/24  | C. McNair<br>10/23/24     | M. Popka<br>10/22/24       | G. Cleary<br>10/10/24    | S. White              |

**OPERATIONS DEPARTMENT****29. 2023 ASSESSMENT OF NETWORK OF ADEQUACY****Recommended Action:**

Review and File

**Contact:**

Susie White, Chief Operating Officer

As part of the Quality Management Program, the Assessment of Network Adequacy Study is conducted annually to assess IEHP's Provider Network in three key areas:

- Member Experience Related to Access
- Access to Providers
- Provider Availability

The intent of this study is to ensure IEHP provides its Members with an adequate Provider Network and access to both Medical and Behavioral health care services. The results of this study highlights areas of opportunity and possible interventions.

**Discussion:****MEMBER EXPERIENCE RELATED TO ACCESS:**

A standard of one (1) PCP per 2,000 members is set as the goal. All IEHP regions are within the standards with the exception of Riverside Proper which currently has a ratio of 1:2,490.

| IEHP Region           | Total Membership | *PCP Count | Rate (PCP/Membership) | Standard 0.0005 Met? |
|-----------------------|------------------|------------|-----------------------|----------------------|
| West San Bernardino   | 162,996          | 252        | 0.00154               | Yes                  |
| Corona/Temecula/Hemet | 240,874          | 230        | 0.00095               | Yes                  |
| San Bernardino Proper | 354,081          | 269        | 0.00075               | Yes                  |
| Low Desert            | 176,686          | 108        | 0.00061               | Yes                  |
| High Desert           | 173,934          | 116        | 0.00066               | Yes                  |
| Riverside             | 420,865          | 169        | 0.00040               | No                   |

Data as of 12/28/23. \*PCP count: PCPs are counted once unless they have offices in multiple regions and are then counted once per region in which they practice as a PCP.

Access related grievances remain in the top three grievance categories. Within Access related grievances, the top subcategories were Telephone, PCP Appointments and Specialist Appointments. All three of the top Access related grievance subcategories increased in volume in 2023 compared to 2022.

**Drill down of Access Related Grievances**

| 2022 Subcategory         | 2022 Cases | 2023 Subcategory         | 2023 Cases |
|--------------------------|------------|--------------------------|------------|
| Telephone                | 1,945      | Telephone                | 2,102      |
| PCP – Appointment        | 1,524      | PCP - Appointment        | 1,814      |
| Specialist – Appointment | 753        | Specialist - Appointment | 1,330      |

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The annual CAHPS survey assesses Member experience with access to care using two composite areas; Getting Needed Care and Getting Care Quickly. The two questions related to ‘Getting Needed Care’ revealed a decline in rate when compared to the prior year. The two questions related to ‘Getting Care Quickly’ shows improvement when compared to the prior year.

| Composite Questions   | 2021  | 2022  | 2023   |
|---|-------|-------|--------|
| Q9. Ease of getting care, tests, or treatment needed (Getting Needed Care Composite)        | 83.8% | 82.6% | 80.0%↓ |
| Q20. Obtained appointment with specialist as soon as needed (Getting Needed Care Composite) | 83.6% | 74.0% | 71.8%↓ |
| Q4. Obtained needed care right away (Getting Care Quickly)                                  | 83.0% | 64.8% | 80.3%↑ |
| Q6. Obtained appointment for care as soon as needed (Getting Care Quickly)                  | 79.9% | 69.4% | 77.2%↑ |

Table 4 displays results from the Behavioral Health Member Satisfaction Survey in the area of Provider access to care. The results show that 78.3% of Members reported satisfaction when needing counseling or treatment right away (i.e., Member saw someone as soon as they wanted). In addition, when asked how often they got an appointment for counseling or treatment as soon as wanted, 82.8% of Members reported ‘Always’ or ‘Usually’. Both questions met the set goals for 2023. Goals are derived using the 2022 SPH Analytics ECHO Book of Business which is a collection of mean summary rates from all eligible ECHO® Surveys that SPH collected data for in 2022; as a result, the benchmark consists of data from 101 Plans.

|  | 2021 Rate | 2022 Rate | 2023 Rate | Goal  | Goal Met? |
|--|-----------|-----------|-----------|-------|-----------|
| <b>Getting Treatment Quickly Composite</b>                                     | 77.6%     | 79.8%     | 80.6%↑    | 65.0% | Yes       |
| Question 4: Saw someone as soon as needed when needed right away (Urgent care) | 73.6%     | 76.1%     | 78.3%↑    | 65.4% | Yes       |
| Question 6: Got appointment as soon as wanted (routine care)                   | 81.7%     | 83.5%     | 82.8%↓    | 77.3% | Yes       |

### ACCESS TO PROVIDERS:

Appointment availability for PCPs was assessed for urgent appointments within 48 hours and routine appointments within 10 business days. Although urgent and routine visits did not meet the availability goal of 90%, urgent appointments saw an improvement from the prior year. A plan to improve appointment availability for IEHP Direct PCPs is a focus in 2024.

### PCP Urgent Appointment Rates

| PCP type          | 2021 Rate    | 2022 Rate    | 2023 Rate     | 90% Goal Met? |
|-------------------|--------------|--------------|---------------|---------------|
| General Practice  | 73.5%        | 74.7%        | 75.6%↑        | No            |
| Pediatrics        | 75.7%        | 69.5%        | 72.1%↑        | No            |
| Internal Medicine | 72.5%        | 66.5%        | 64.6%↓        | No            |
| Family Practice   | 63.7%        | 58.4%        | 59.7%↓        | No            |
| <b>Overall</b>    | <b>69.1%</b> | <b>64.1%</b> | <b>64.7%↑</b> | <b>No</b>     |

**PCP Routine Appointments**

| PCP Type          | 2021 Rate    | 2022 Rate    | 2023 Rate     | 90% Goal Met? |
|-------------------|--------------|--------------|---------------|---------------|
| General Practice  | 84.1%        | 74.7%        | 80.5%↑        | No            |
| Pediatrics        | 84.4%        | 75.6%        | 76.3%↑        | No            |
| Internal Medicine | 77.5%        | 74.9%        | 68.9%↓        | No            |
| Family Practice   | 72.6%        | 65.8%        | 65.2%↓        | No            |
| <b>Overall</b>    | <b>77.1%</b> | <b>70.8%</b> | <b>69.7%↓</b> | <b>No</b>     |

Appointment availability for Specialists were also assessed for both urgent and routine visits. The standard for Specialty Provider appointments is 96 hours for an urgent appointment with an authorization, and 15 business days for a routine appointment. All Specialty Providers failed to meet the compliance goal for both visit types. Availability of Specialty appointments are lower than PCP appointment availability.

**Specialty Urgent Appointments**

| 2021 Rate | 2022 Rate | 2023 Rate | 90% Goal Met |
|-----------|-----------|-----------|--------------|
| 48.4%     | 36.4%     | 48.2%     | No           |

**Specialty Routine Appointments**

| 2021 Rate | 2022 Rate | 2023 Rate | 90% Goal Met |
|-----------|-----------|-----------|--------------|
| 59.5%     | 51.2%     | 48.7%     | No           |

BH Provider appointment availability results are displayed in the table below. The standard for urgent BH appointments is a visit within 48 hours and the standard for routine BH appointments is a visit within 10 business days. All Providers failed to meet the 90% compliance goal for both visit types. However, both rates are showing improvements in comparison to the prior year.

**BH Urgent Appointments**

| Urgent Visit       | 2021 Rate    | 2022 Rate    | 2023 Rate     | 90% Goal Met |
|--------------------|--------------|--------------|---------------|--------------|
| MFT                | 50.5%        | 41.6%        | 50.5%         | No           |
| Psychiatry         | 45.1%        | 31.1%        | 43.1%         | No           |
| MSW/LCSW           | 43.5%        | 39.2%        | 39.8%         | No           |
| Psychologist (PhD) | 43.0%        | 41.2%        | 36.8%         | No           |
| <b>Overall</b>     | <b>47.4%</b> | <b>38.3%</b> | <b>42.6%↑</b> | <b>No</b>    |

**BH Routine Appointments**

| Routine Visit      | 2021 Rate    | 2022 Rate    | 2023 Rate     | 90% Goal Met? |
|--------------------|--------------|--------------|---------------|---------------|
| MFT                | 63.8%        | 57.6%        | 56.8%         | No            |
| Psychiatry         | 56.6%        | 44.6%        | 55.0%         | No            |
| MSW/LCSW           | 56.0%        | 50.2%        | 47.2%         | No            |
| Psychologist (PhD) | 54.8%        | 46.5%        | 42.6%         | No            |
| <b>Overall</b>     | <b>60.1%</b> | <b>49.7%</b> | <b>50.4%↑</b> | <b>No</b>     |

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**PROVIDER AVAILABILITY:**

The table below summarizes the network accessibility of Providers by geographic distribution in relation to Member location. All Providers continue to meet the time and distance standards for the previous and current review year. Members are within the geographic standard for all Provider types. Only IEHP's high volume/high impact Provider specialties are listed below.

**Provider Distribution by Time/Distance**

| Provider Type                            | Sub-Specialty           | Geographic Standard | Mbrs. within the geographic standard-2022 (90%) | Mbrs. within the geographic standard-2023 (90%) |
|--|-------------------------|---------------------|---|---|
| Primary Care                             | General/Family Practice | 30 min / 10 mi      | 99.4%   | 99.4%   |
|  | Internal medicine       | 30 min / 10 mi      | 99.0%   | 99.5%   |
|  | Pediatrics              | 30 min / 10 mi      | 99.3%   | 99.4%   |
| Specialty Care (high volume/high impact) | Cardiology              | 38 min/25 mi        | 99.3%   | 99.2%   |
|  | OB/GYN                  | 45 min/30 mi        | 99.8%   | 99.6%   |
|  | Hematology/ Oncology    | 45 min / 30 mi      | 99.7%   | 99.6%   |
|  | Ophthalmology           | 38 min / 25 mi      | 99.3%   | 99.2%   |
|  | Orthopedic Surgery      | 38 min/25 mi        | 99.4%   | 99.3%   |
|  | Pain Medicine           | 60 min/30 mi        | 99.3%   | 99.2%   |
|  | Physical Therapy        | 40 min/25 mi        | 98.9%   | 98.8%   |
| Behavioral Health                        | Psychiatry              | 45 min/30 mi        | 99.7%   | 99.6%   |
|  | Psychology              | 60 min/30 mi        | 99.3%   | 99.2%   |
|  | MFT                     | 60 min/30 mi        | 99.6%   | 99.6%   |
|  | LCSW                    | 60 min/30 mi        | 99.2%   | 99.2%   |

The Provider to Member ratio was measured against the established standard to assess for adequate Provider availability. Results displayed below include IEHP's High Volume/High Impact Specialists. The following provider specialties did not meet the Provider to Member standard: General/Family Practice Primary Care, Cardiology and Pain Medicine. A plan to ensure these Providers become compliant will be a focus in 2024.

**Provider Distribution by Provider to Member Ratio – Medi-Cal**

| Provider Type                            | Specialty                 | Provider: Member Standard | Provider to Member Ratio 2022 | Provider to Member Ratio 2023 |
|--|---------------------------|---------------------------|-------------------------------|-------------------------------|
| Primary Care                             | General/Family Practice   | 1:2,000                   | 1:2,361                       | 1:2,348                       |
|  | Internal Medicine         | 1:2,000                   | 1:1,977                       | 1:2,122                       |
|  | Pediatrics                | 1:2,000                   | 1:1,743                       | 1:1,715                       |
| Specialty Care (high volume/high impact) | Cardiology                | 1:10,000                  | 10,946                        | 1:11,421                      |
|  | OB/GYN                    | 1:10,000                  | 1:2,606                       | 1:2,830                       |
|  | Hematology/ Oncology      | 1:25,000                  | 1:17,014                      | 1:18,810                      |
|  | Ophthalmology             | 1:15,000                  | 1:9,430                       | 1:10,056                      |
|  | Orthopedic Surgery        | 1:15,000                  | 1:10,231                      | 1:10,184                      |
|  | Pain Medicine             | 1:25,000                  | 1:48,917                      | 1: 49,965                     |
|  | Physical Therapy          | 1:10,000                  | 1:6,337                       | 1:6,056                       |
| Behavioral Health                        | Psychiatry                | 1:15,000                  | 1:9,487                       | 1:9,033                       |
|  | Psychology                | 1:15,000                  | 1:6,605                       | 1:6,690                       |
|  | LMFT                      | 1:15,000                  | 1:1,533                       | 1:1,371                       |
|  | LCSW                      | 1:15,000                  | 1:3,063                       | 1:2,728                       |
|  | Qualified Autism Services | 1:15,000                  | 187                           | 1:147                         |

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The availability of Providers was assessed using Language and Ethnicity/Race data. In 2023, there were 2.31 English Speaking PCPs per 2,000 English speaking Members and 3.26 English and Spanish speaking PCPs per 2,000 Members. The language availability met the goal of at least 1.0 Provider per 2,000 Members for both years.

**PCP Provider Distribution by Language**

|            | 2022 |           |               |                       | 2023  |           |               |                       |                |
|------------|------|-----------|---------------|-----------------------|-------|-----------|---------------|-----------------------|----------------|
| Language   | PCPs | Members   | Member Months | PCP per 2,000 Members | PCPs  | Members   | Member Months | PCP per 2,000 Members | Goal >1.0 Met? |
| English    | 1433 | 1,207,655 | 1,559,192     | 2.37                  | 1,463 | 1,268,867 | 1,614,896     | 2.31                  | Yes            |
| Spanish    | 529  | 342,671   | 1,559,192     | 3.09                  | 543   | 332,865   | 1,614,896     | 3.26                  | Yes            |
| Vietnamese | 52   | 3,489     | 1,559,192     | 29.81                 | 56    | 4767      | 1,614,896     | 23.49                 | Yes            |
| Mandarin   | 44   | 3,978     | 1,559,192     | 22.12                 | 49    | 6519      | 1,614,896     | 15.03                 | Yes            |
| Cantonese  | 8    | 934       | 1,559,192     | 17.13                 | 7     | 1410      | 1,614,896     | 9.93                  | Yes            |
| Chinese    | 17   | 200       | 1,559,192     | 170.00                | 19    | 290       | 1,614,896     | 131.03                | Yes            |
| Other      | 690  | 265       | 1,559,192     |                       | 725   | 178       | 1,614,896     |                       |                |

The PCP distribution goal is one PCP for each race per every 2,000 Members. The results displayed below reveal that the goal was not met for two Provider races (Black and Hispanic).

Provider ethnicity is not a required demographic field on IEHP's biannual Provider directory verification form and is an "Optional" field on the IEHP contracting application. Most Providers are opting not to report their race or ethnicity to IEHP. This limits the ability to fully assess Provider race and ethnicity. Efforts to improve data collection of Providers' race and ethnicity is a focus in 2023.

**PCP Distribution and Race**

|              | 2022 |         |               |                       | 2023 |         |               |                       |                |
|--------------|------|---------|---------------|-----------------------|------|---------|---------------|-----------------------|----------------|
| Race         | PCPs | Members | Member Months | PCP per 2,000 Members | PCPs | Members | Member Months | PCP per 2,000 Members | Goal >1.0 Met? |
| Asian        | 306  | 43,587  | 1,559,192     | 14.04                 | 366  | 45,300  | 1,614,896     | 16.16                 | Yes            |
| Black        | 57   | 133,743 | 1,559,192     | 0.85                  | 63   | 134,809 | 1,614,896     | 0.93                  | No             |
| White        | 171  | 263,025 | 1,559,192     | 1.30                  | 225  | 263,469 | 1,614,896     | 1.71                  | Yes            |
| Chinese      | 31   | 12,782  | 1,559,192     | 4.85                  | 36   | 14,294  | 1,614,896     | 5.04                  | Yes            |
| Hispanic     | 138  | 887,793 | 1,559,192     | 0.31                  | 134  | 916,407 | 1,614,896     | 0.29                  | No             |
| Vietnamese   | 26   | 10,930  | 1,559,192     | 4.75                  | 30   | 11,158  | 1,614,896     | 5.38                  | Yes            |
| Other        | 5    | 27,611  | 1,559,192     |                       | 11   | 28,858  | 1,614,896     |                       |                |
| Not Reported | 699  | 179,721 | 1,559,192     |                       | 598  | 200,601 | 1,614,896     |                       |                |

**CONCLUSION:**

The assessment of the network adequacy study revealed opportunity for improvement in all areas assessed including Member experience, access, and availability. In July of 2024, a workgroup with internal IEHP departments was formed to better address the implementation of interventions related

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to access to care. Ongoing programs such as GQP4P incentive program will continue throughout 2024 to support access to care and Member satisfaction. Network capacity will continue to be monitored through annual studies and reports and interventions such as the Network Expansion Fund, Healthcare Scholarship Fund, and Specialty Provider recruitment efforts will continue throughout 2024 to ensure an adequate network.

Improvement was noted in the following areas:

- Membership to PCP Ratio is all within the set standard of 0.0005.
- BH Member experience related to ‘access to care’ met the set goal.
- Access related appeals met the set goal of <0.05.
- PCP after hours life-threatening rate are continuing to meet goal.
- BH Provider after-hours life-threatening emergency call rate increased when compared to the prior year but did not meet the goal.
- The Network Availability analysis for time and distance met the compliance standards.
- The PCP distribution by English and Spanish language met the compliance standard.
- The PCP distribution for new threshold languages, Vietnamese and Chinese, met the compliance standard
- PCP to Member race distribution met the compliance standard for White, Asian, Chinese, and Vietnamese.

The list below enumerates improvement activities that are underway:

- Problem Solvers Task Force focus on PCP Appointment Availability
- BH Network Management plan to improve BH access to care
- Provider Incentive Programs with a focus on access to care measures
- Contracting Efforts to expand Provider Network in key demographics
- E-Consult (access to Specialist visits)
- Ongoing expansion of Telehealth
- Provider Education (PCPs and BH Providers)

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval       | Chief Approval         |
|---------------|------------------|--------------------|---------------------|-------------------------|------------------------|
| None          | NA               | NA                 | NA                  | K. Firmin<br>10/28/2024 | S. White<br>10/28/2024 |

## QUALITY DEPARTMENT

### 30. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH PRESS GANEY ASSOCIATES, LLC.

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Services Agreement (Agreement) with Press Ganey Associates, LLC (Press Ganey) for Consumer Assessment of Healthcare Providers and Systems (CAHPS) consulting services. No additional funds are requested as funds will be reallocated. The total amount under this Agreement remains unchanged for an amount not to exceed \$5,697,721 through February 28, 2029.

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

IEHP requires this service as member and provider surveys are required to meet various regulatory requirements and aid quality improvement efforts. Press Ganey provides National Committee for Quality Assurance (NCQA) certified and Center for Medicaid Medicare Service (CMS) approved survey services. These services will impact IEHP by maintaining compliance with regulators and providing valuable feedback from IEHP member and provider experiences for internal program support and quality improvement efforts.

IEHP has contracted with Press Ganey since November 1, 2023 for survey services. Press Ganey was selected as a result of an RFP

The Governing Board previously approved the Agreement as follows:

| Date Approved                    | MO#    | Purpose                                 | Term Expiration | Cost        |
|----------------------------------|--------|---|-----------------|-------------|
| 09/11/23                         | 23-209 | RFP Award #23-04826                     | 02/28/29        | \$6,200,162 |
| 06/11/24                         | 24-134 | First Amendment to add four new surveys | 02/28/2029      | \$443,410   |
| Total Cost to date:              |        |   |                 | \$6,643,572 |
| Second Amendment Fee adjustment: |        |   |                 | -\$945,851  |
| Total Cost:                      |        |   |                 | \$5,697,721 |

**Discussion:**

Survey services are acquired to meet regulatory requirements and aid internal strategies, programs, and quality improvement efforts. Currently, the Post Discharge Member Experience Survey has measured IEHP Members' inpatient hospital stay experiences since 2023 and will continue through end of 2024. For the remainder of the Agreement term, and as set forth in this Second



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Amendment, the survey will be refocused to gather comprehensive feedback from Members discharged from skilled nursing facilities (SNFs). Through this detailed member experience survey, IEHP aims to identify key areas of improvement, enhance the overall quality of SNF services, and ensure a high level of Member satisfaction. This feedback will serve as a critical tool in aligning our services with Member needs, addressing concerns promptly, and fostering continuous improvement in the care and support provided during SNF stays. This is a smaller population of Members resulting in a decrease in fees for this survey for the remainder of the contract term.

Under this Second Amendment, IEHP will expand the scope of work with Press Ganey to add a new service, Strategic CAHPS Consulting: Field Team Training and Best Practice Playbook, which is a "train-the-trainer" approach to equip IEHP's Provider Relations Managers with the expertise needed to partner with its Providers to enhance Member experiences for optimal CAHPS outcomes. As industry experts with vast insights, Press Ganey will configure and deliver a training curriculum to IEHP's field team that will equip them with the skills and tools needed to develop effective partnerships with the IEHP network to drive improvement. This is a 15-month engagement to provide three (3) months collaborative planning and 12-months for the training process. Press Ganey will provide IEHP with a best practice "playbook", which will serve as a compilation of member experience best practices. This resource will include data proven tools and tactics that can be adopted to improve performance on the various CAHPS domains with focus areas determined in collaboration with IEHP. The playbook will detail both behaviors and process changes that are needed to address the relationships and operational friction that are paramount to an exceptional patient experience. All materials will be available for use when onboarding new IEHP Team Members and for continuous sharing with the IEHP network. The playbook will remain with IEHP in perpetuity.

Following is a list of all surveys and services included in the Agreement and the associated costs. The additional scope and adjusted fees are noted in [blue](#):

| Item Description                             | Annual<br>2024 | Annual<br>2025 | Annual<br>2026 | Annual<br>2027 | Annual<br>2028 | TOTAL<br>PROJECT<br>COST |
|--|----------------|----------------|----------------|----------------|----------------|--------------------------|
| Behavioral Health Member Satisfaction Survey | \$82,735       | \$82,735       | \$82,735       | \$85,217       | \$87,773       | \$421,195.00             |
| Medicare HOS                                 | \$11,055       | \$11,055       | \$17,447       | \$17,970       | \$18,510       | \$76,037.00              |
| Provider Satisfaction Survey                 | \$30,276       | \$30,276       | \$30,276       | \$31,184       | \$32,120       | \$154,132.00             |
| Off-Season CAHPS-Like Survey                 | \$507,762      | \$507,762      | \$507,762      | \$522,995      | \$538,685      | \$2,584,966.00           |
| CAHPS  | \$40,759       | \$40,759       | \$40,759       | \$41,981       | \$43,240       | \$207,498.00             |
| Medicare CAHPS                               | \$10,474       | \$10,474       | \$10,474       | \$10,788       | \$11,112       | \$53,322.00              |
| MyPath Member Satisfaction Survey            | \$15,589       | \$15,589       | \$15,589       | \$16,057       | \$16,538       | \$79,362.00              |

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| Item Description   | Annual<br>2024 | Annual<br>2025 | Annual<br>2026 | Annual<br>2027 | Annual<br>2028 | TOTAL<br>PROJECT<br>COST |
|--|----------------|----------------|----------------|----------------|----------------|--------------------------|
| Post-Discharge Member Experience Survey (Hospital)                         | \$389,999      | -              | -              | -              | -              | \$389,999.00             |
| Post-Discharge Member Experience Survey (SNF)                              | -              | \$80,775       | \$80,775       | \$82,391       | \$84,039       | \$327,980.00             |
| Qualified Health Plan Enrollee Experience Survey                           | -              | \$18,500       | \$18,500       | \$18,500       | \$19,055       | \$74,555.00              |
| Behavioral Health Treatment Services Member Satisfaction Survey            | \$16,500       | \$16,500       | \$16,500       | \$16,500       | \$16,500       | \$82,500.00              |
| Experience with Complex Case Management Member Experience Survey           | \$16,500       | \$16,500       | \$16,500       | \$16,500       | \$16,500       | \$82,500.00              |
| Enhanced Care Management Member Experience Survey                          | \$19,500       | \$19,500       | \$19,500       | \$23,175       | \$23,175       | \$104,850.00             |
| Maternal Health Member Satisfaction Survey                                 | \$26,650       | \$26,650       | \$26,650       | \$26,650       | \$26,650       | \$133,250.00             |
| Strategic CAHPS Consulting: Field Team Training and Best Practice Playbook | -              | \$337,726      | \$69,874       | -              | -              | \$407,600.00             |
| Total Annual Costs:  | \$1,167,799    | \$1,214,801    | \$953,341      | \$909,907      | \$933,898      |                          |
|  |                |                |                |                |                | \$5,179,746.00           |
| 10% Contingency  |                |                |                |                |                | \$517,975.00             |
| <b>TOTAL NOT TO EXCEED PROJECT COST</b>                                    |                |                |                |                |                | <b>\$5,697,721.00</b>    |

There is no additional cost due to reallocation of funds with this Second Amendment. The total amount under this Agreement remains unchanged for an amount not to exceed \$5,697,721 through February 28, 2029.

| Fiscal Impact             | Financial Review        | Procurement Review     | Reviewed by Counsel  | Director Approval         | Chief Approval        |
|---------------------------|-------------------------|------------------------|----------------------|---------------------------|-----------------------|
| Included in CY2025 Budget | K. Moussa<br>10/15/2024 | H. Clear<br>10/15/2024 | M. Popka<br>10/21/24 | J. Diekmann<br>10/15/2024 | E. Juhn<br>10/15/2024 |

**QUALITY DEPARTMENT****31. APPROVE THE 2025 PROGRAM FEES FOR THE INTEGRATED HEALTHCARE ASSOCIATION MEASURE YEAR 2024 ALIGN. MEASURE. PERFORM. PROGRAM****Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) Approve the program fees for IEHP's participation in the Integrated Healthcare Association (IHA) Align. Measure. Perform. (AMP) 2025 program for an amount not to exceed \$41,532.50.

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

The AMP program uses a standardized measure set, established with the input of participating California provider organizations and health plans, to assess healthcare and health system performance. The AMP program delivers reliable performance results to its participants which will provide IEHP with a complete picture of healthcare quality, cost, and resource use, to confidently track progress toward strategic value-based care goals among medical groups. The AMP program will provide aggregated performance data and industry benchmarks that will give IEHP insight to medical group performance comparisons within the market and among peers. The AMP program has received national recognition for driving meaningful changes that result in reduced costs and improved healthcare quality. IEHP is required to participate in the AMP Exchange program for the Covered California line of business.

**Discussion:**

The Annual Fee charged to IEHP is comprised of a fixed participation fee (Flat Fee) and a variable amount determined on a per member per year (PMPY) basis. The PMPY amount is set by multiplying the PMPY Rate for the year, by the number of IEHP Exchange members as of March 31 of the measurement year, as reported on the Department of Managed Health Care (DMHC) website for the designated enrollment categories.

The Fixed Fee and PMPY Rates and enrollment categories are approved annually by the Program Governance Committee at its third quarter meeting, based on the projected AMP program budget.

| Description                               | Count  | Rate        | Amount             |
|---|--------|-------------|--------------------|
| <b>2025 IHA AMP Program Flat Fee</b>      |        | \$25,000.00 | \$25,000.00        |
| 2025 Exchange HMO Members* Per Member Fee | 13,226 | \$1.25      | \$16,532.50        |
| <b>TOTAL</b>                              |        |             | <b>\$41,532.50</b> |

\*Q1 2024 enrollment from Q1 2024 DMHC Report

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The Annual Fee covers the period January 1, 2025, through December 31, 2025, for MY2024.  
The Annual Fee is billed in November and funds are due to IHA by December 31, 2024.

| Fiscal Impact                     | Financial Review    | Procurement Review | Reviewed by Counsel | Director Approval     | Chief Approval    |
|-----------------------------------|---------------------|--------------------|---------------------|-----------------------|-------------------|
| Will be Included in CY2025 Budget | K. Moussa 9/23/2024 | N/A                | M. Popka 10/23/24   | J. Diekmann 9/23/2024 | E. Juhn 9/30/2024 |

## QUALITY DEPARTMENT

### 32. OVERVIEW OF THE 2024 MEDI-CAL AND MEDICARE CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS & SYSTEMS ADULT MEMBER SATISFACTION SURVEY RESULTS

**Recommended Action:**

Review and File

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

The Consumer Assessment of Healthcare Providers & Systems (CAHPS) adult Member surveys are standardized healthcare satisfaction assessments required by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). The surveys identify potential opportunities to improve Members' experiences.

The 2024 Medi-Cal and Medicare CAHPS surveys included a systematic random sample of IEHP Members, age 18 years or older as of December 31, 2023, who were continuously enrolled in IEHP for at least five of the last six months of 2023. The survey was collected using a mixed methodology approach of mailed survey with internet option and telephone. The telephone surveys were conducted with members who did not respond to the mailed survey. The surveys were available in both English and Spanish versions.

- For the **Medi-Cal** adult survey, a total of 205 completed surveys were received to yield an 11.3% response rate.
- For the **Medicare** adult survey, a total of 438 completed surveys were received to yield a 29.3% response rate.

NCQA Health Plan Ratings methodology is used to assess both health plan ratings and accreditation scores. The following CAHPS measures are used by NCQA in their Health Plan Ratings and Accreditation score for IEHP's Medi-Cal and Medicare lines of business. This methodology uses benchmark cut points and assigns health plan rating scores to each measure. The Plan rating scores range from a low of 1 to a high of 5. Below is a summary of the benchmark cut points and the associated plan rating levels used in the NCQA Health Plan Ratings Methodology for the CAHPS measures.

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

## **Discussion:**

### **Medi-Cal 2024 CAHPS Results**

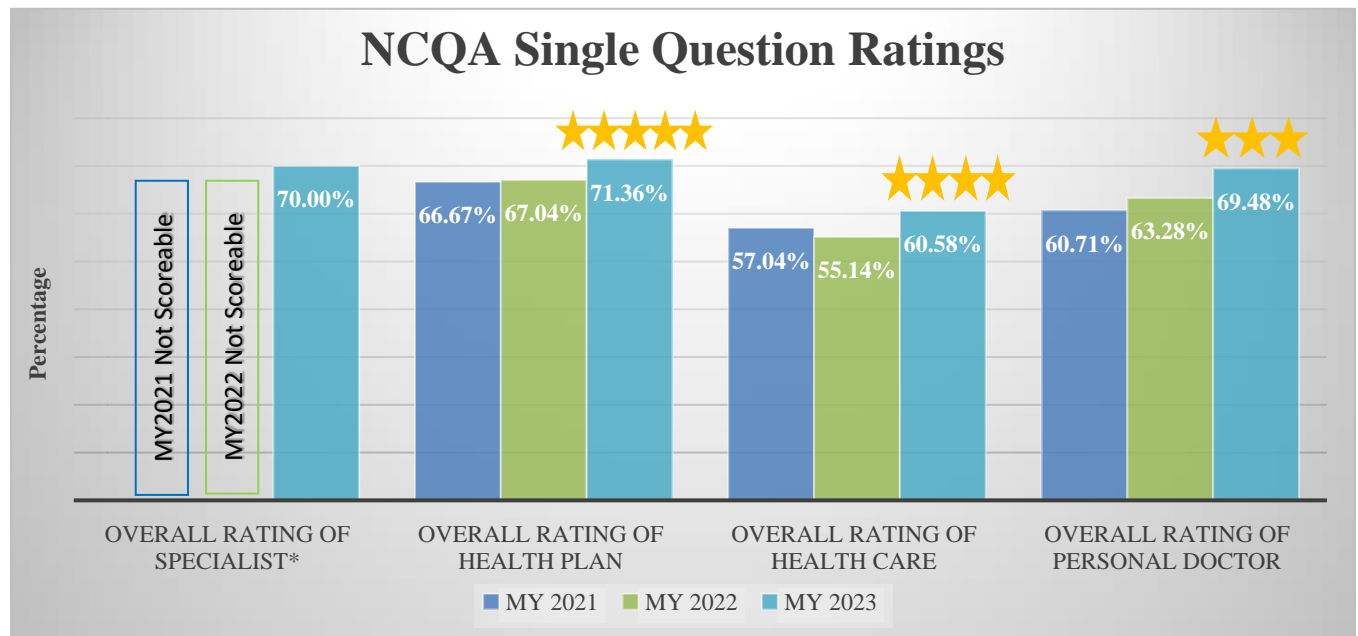
1. Included in this report are the CAHPS measures used to determine IEHP's NCQA Health Plan Ratings score:
  - a. CAHPS Single Question Ratings:
    - i. Specialist (seen most often)
    - ii. Health Plan
    - iii. All Health Care
    - iv. Personal Doctor
    - v. Coordination of Care
  - b. CAHPS Composite Question Ratings:
    - i. Health Plan Customer Service (2 questions)
    - ii. Getting Needed Care (2 questions)
    - iii. Getting Care Quickly (2 questions)
  - c. CAHPS HEDIS Measure:
    - i. Advising Smokers and Tobacco Users to Quit

### **NCQA Health Plan Ratings CAHPS Results Overview**

The following table summarizes the results of IEHP's Medi-Cal Adult CAHPS survey for measurement years (MY) 2021 through 2023. Two out of the nine possible measures were not scorable (N/A) due to low survey response rates (defined as less than 100 responses).

| CAHPS Question             | MY 2021 | MY 2022 | MY 2023 |
|----------------------------|---------|---------|---------|
| Single Question Ratings    |         |         |         |
| Rating of Specialist       | N/A     | N/A     | 70.00%  |
| Rating of Health Plan      | 66.67%  | 67.04%  | 71.36%  |
| Rating of Health Care      | 57.04%  | 55.14%  | 60.58%  |
| Rating of Personal Doctor  | 60.71%  | 63.28%  | 69.48%  |
| Coordination of Care       | N/A     | N/A     | N/A     |
| Composite Question Ratings |         |         |         |
| Customer Service           | N/A     | N/A     | 92.26%  |
| Getting Needed Care        | 78.29%  | N/A     | 81.75%  |
| Getting Care Quickly       | N/A     | N/A     | 75.15%  |
| HEDIS Measures             |         |         |         |
| Advised to Quit Smoking    | N/A     | N/A     | N/A     |

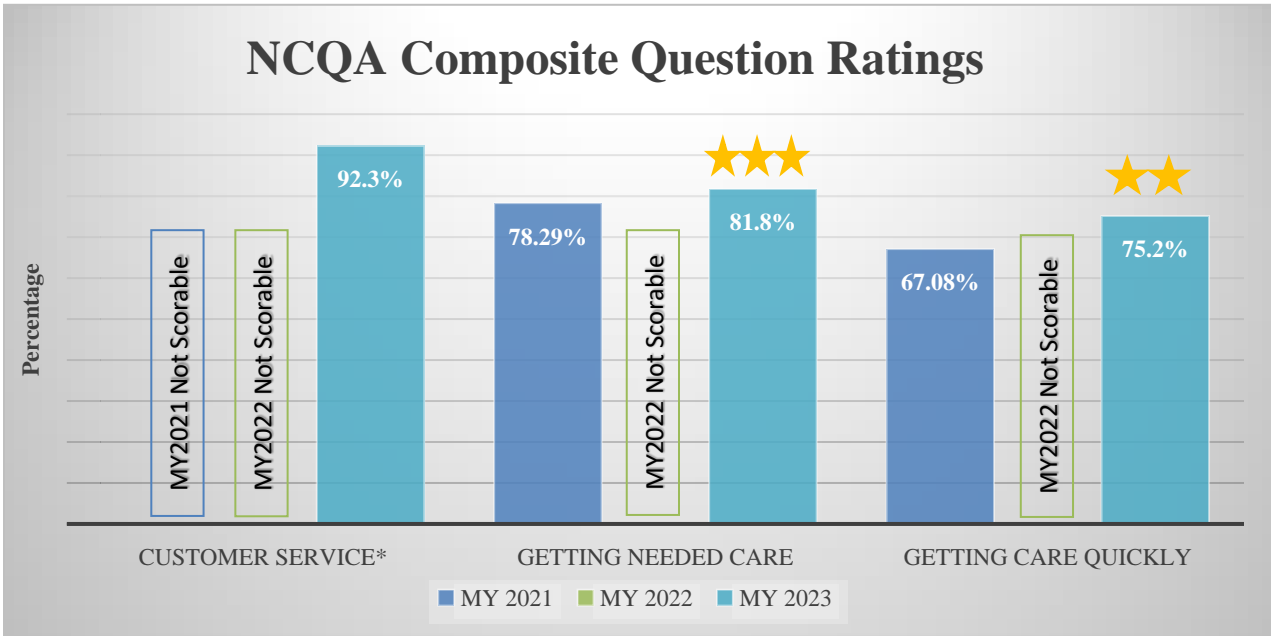
2. CAHPS Single Question Ratings: The CAHPS Survey uses a 0-10 rating (0 worst, 10 best) to assess members' overall ratings in key areas. The proportion of members who selected a 9 or 10 response is depicted in the chart below, including prior year performance comparisons.



Note: Health Plan Rating (HPR) are based on 2024 Health Plan Ratings Benchmarks released in August 2024; Non-HPR measures are based on 2024 Quality Compass Benchmarks released in September 2024. MY2021 and MY2022 composite for Overall Rating of Specialist was not scorable due to low response rates.

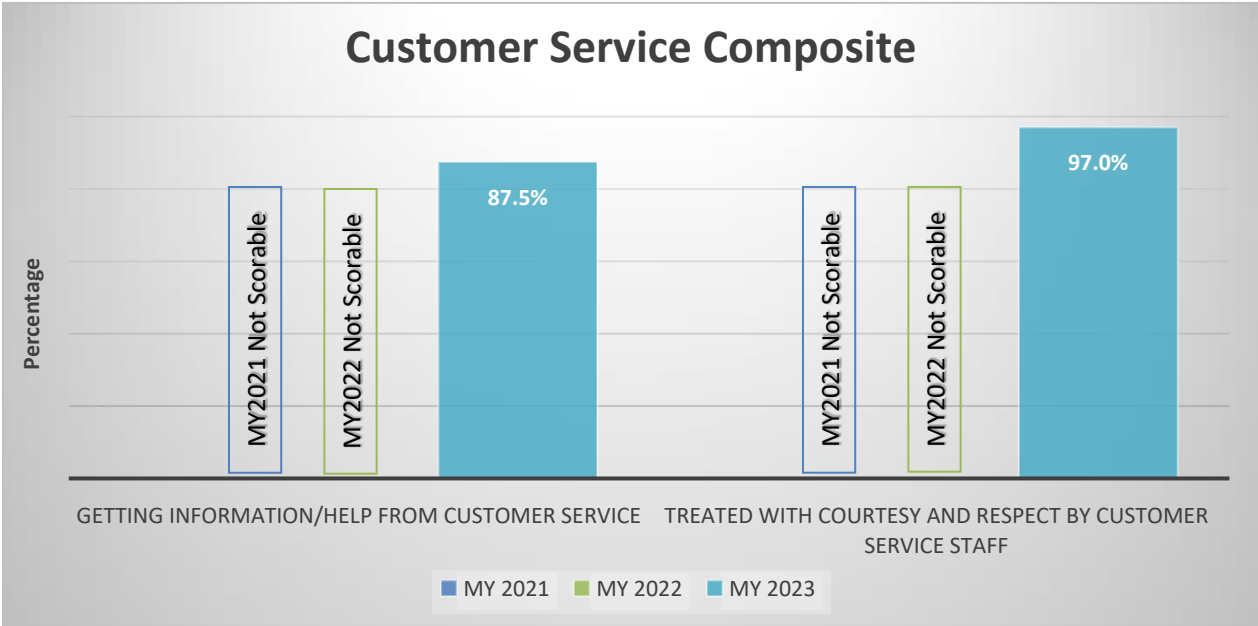
\* Question not part of NCQA Health Plan Rating.

- Rating of Specialists rated in the 50<sup>th</sup> percentile (non-HPR measure). This composite was not scorable for both MY 2021 and MY 2022 due to low response rates.
  - Rating of Health Plan increased from 66.67<sup>th</sup> percentile to the 90<sup>th</sup> percentile, moving IEHP from an HPR of 4 stars to a HPR of 5 stars.
  - Rating of All Health Care increased from 33.33<sup>rd</sup> percentile to the 66.67<sup>th</sup> percentile, moving IEHP from an HPR of 3 stars to a HPR of 4 stars.
  - Rating of Personal Doctor increased from 10<sup>th</sup> percentile to the 33<sup>rd</sup> percentile, moving IEHP from a HPR of 2 stars to a HPR of 3 stars.
  - Coordination of Care question was unavailable to report due to low survey response rates.
3. CAHPS Composite Question Ratings: The CAHPS Survey uses an “Always”, “Usually”, “Sometimes” or “Never” scale for composite responses. The “Usually” or “Always” rate percentage is graphed below. The table provides a year-to-year comparison of ranking for three (3) composite measures.

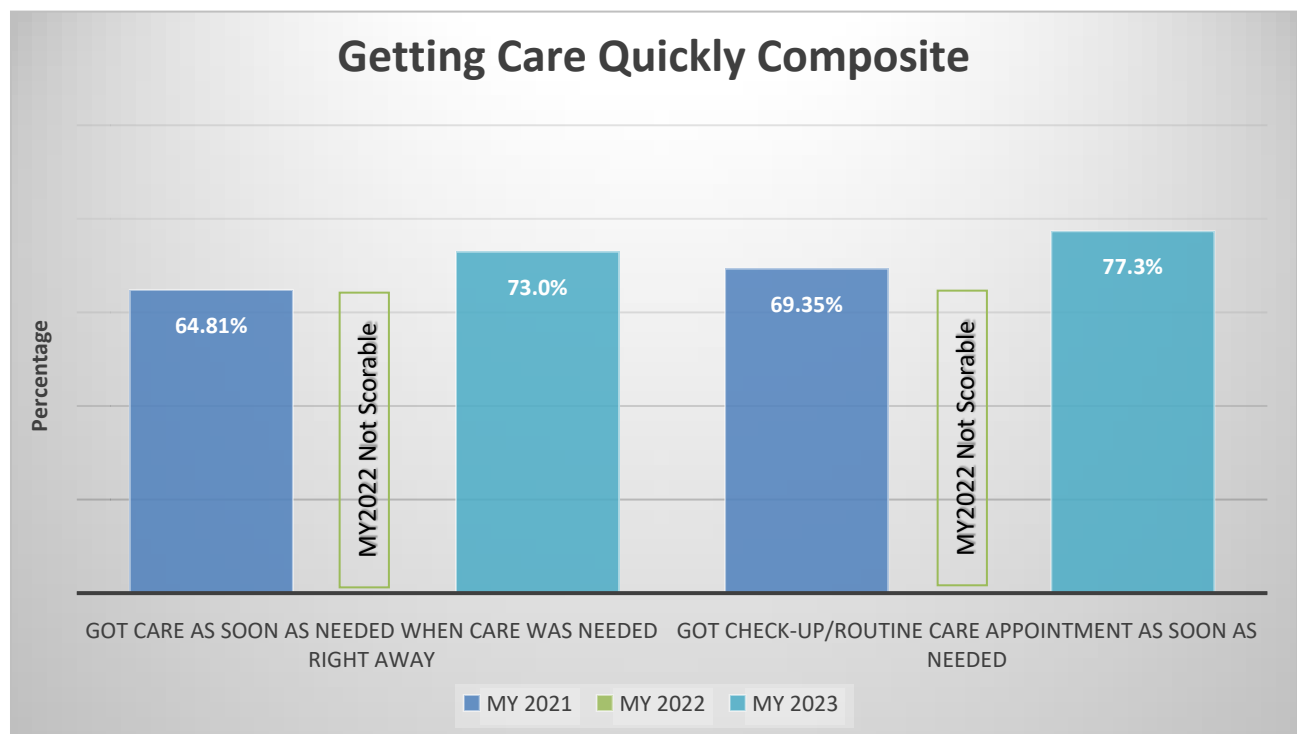
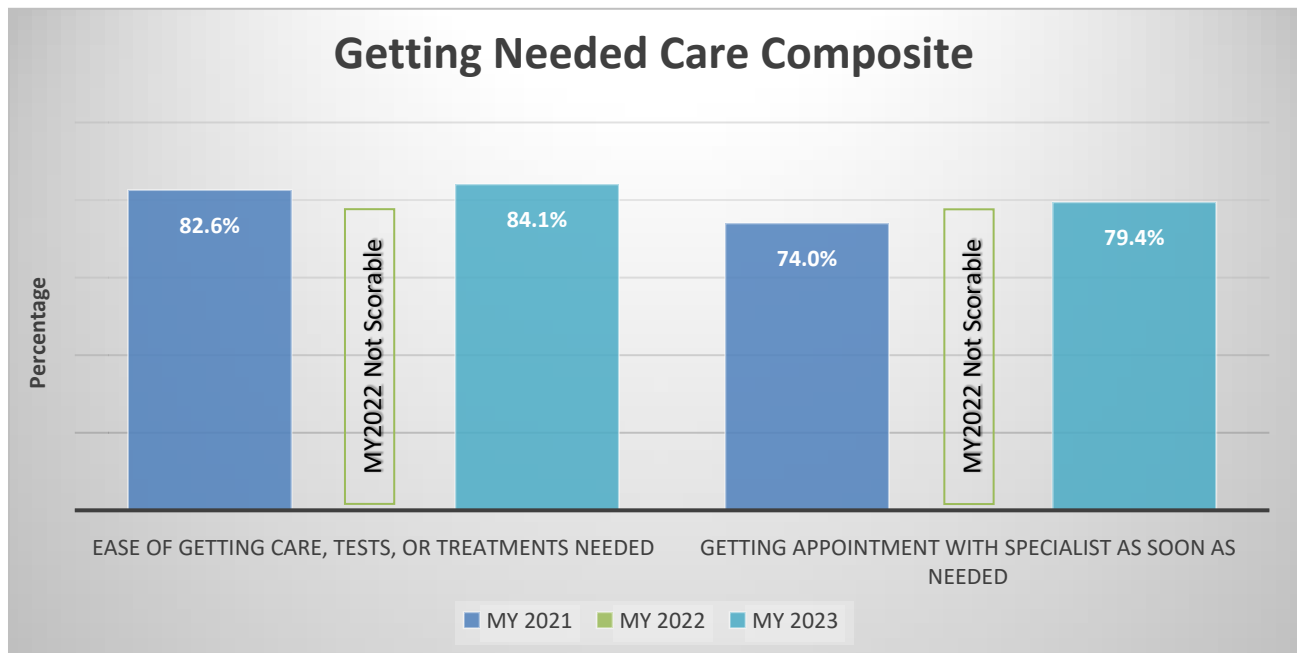


Note: Health Plan Rating (HPR) are based on 2024 Health Plan Ratings Benchmarks released in August 2024; Non-HPR measures are based on 2024 Quality Compass Benchmarks released in September 2024. Some composite ratings were not scorable due to low response rates.  
\* Question not part of NCQA Health Plan Rating.

- Customer Service rated in the 66.67<sup>th</sup> percentile (non-HPR measure). This composite was not scorable for both MY 2021 and MY 2022 due to low response rates.
- Getting Needed Care rated in the 33<sup>rd</sup> percentile, placing IEHP at an HPR of 3 stars. This composite was not scorable in MY 2022 due to low response rates.
- Getting Care Quickly rated in the 10<sup>th</sup> percentile, placing IEHP at an HPR of 2 stars. This composite was not scorable in MY 2022 due to low response rates.







4. HEDIS CAHPS Measures: The HEDIS ‘Advising Smokers and Tobacco Users’ CAHPS question was not scorable for measurement year 2023 due to low response rates and, therefore not factored into the scoring of IEHP’s overall Health Plan Ratings.

#### Medicare 2024 CAHPS Results

1. Included in this report are the results for the following measures:
  - a. CAHPS Single Question Ratings:
    - i. Rating of Health Plan
    - ii. Rating of Health Care Quality

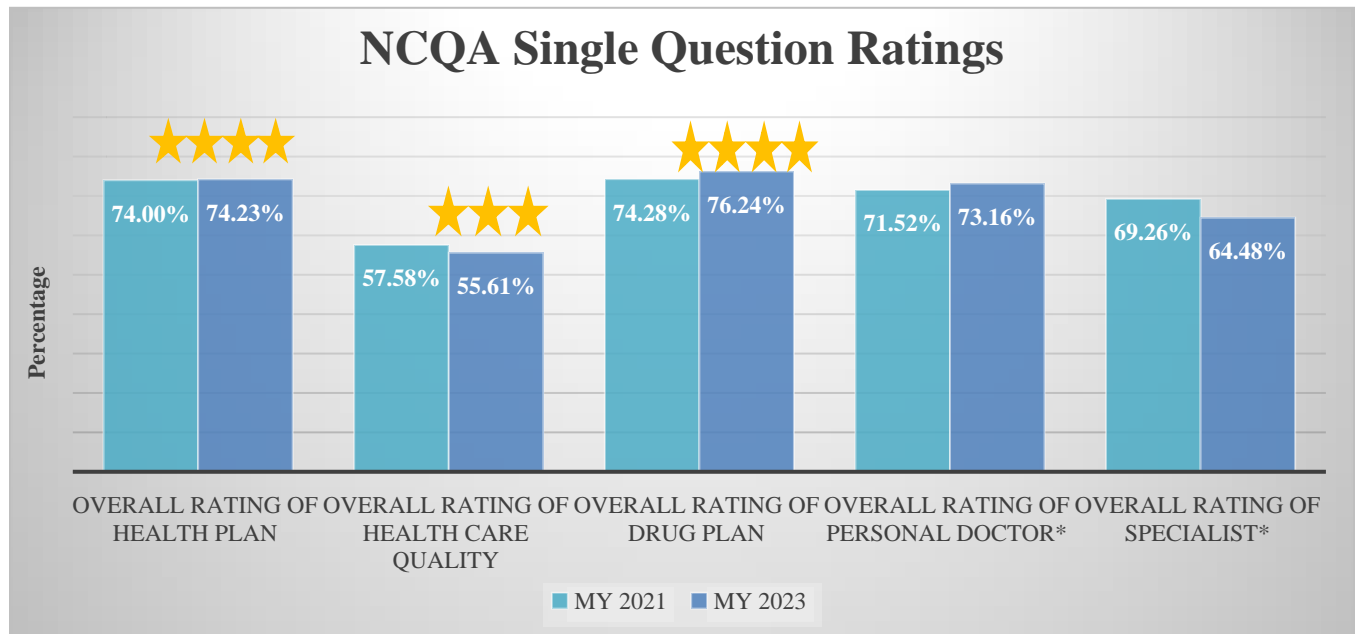
- iii. Rating of Drug Plan
- iv. Rating of Personal Doctor
- v. Rating of Specialist (seen most often)
- b. CAHPS Composite Question Ratings:
  - i. Getting Needed Care (2 questions)
  - ii. Getting Appointments and Care Quickly (3 questions)
  - iii. Communication (4 questions)
  - iv. Customer Service (3 questions)
  - v. Getting Needed Prescription Drugs (2 questions)
  - vi. Care Coordination (5 questions)
- c. CAHPS HEDIS Measure:
  - i. Annual Flu Vaccine

### Medicare CAHPS Results Overview

The following table summarizes the results of IEHP's Medicare CAHPS survey for measurement years 2021 and 2023. The Medicare CAHPS Survey was not fielded in MY2022 due to IEHP's transition to D-SNP. Therefore, the following analysis does not contain performance comparisons for MY2022.

| CAHPS Question                        | MY 2021 | MY 2022     | MY 2023 |
|---------------------------------------|---------|-------------|---------|
| Single Question Ratings               |         |             |         |
| Rating of Health Plan                 | 74.23%  | Not Fielded | 74.00%  |
| Rating of Health Care Quality         | 55.61%  |             | 57.58%  |
| Rating of Drug Plan                   | 76.24%  |             | 74.28%  |
| Rating of Personal Doctor             | 73.16%  |             | 71.52%  |
| Rating of Specialist                  | 64.48%  |             | 69.26%  |
| Composite Question Ratings            |         |             |         |
| Getting Needed Care                   | 80.58%  | Not Fielded | 83.67%  |
| Getting Appointments and Care Quickly | 79.86%  |             | 79.86%  |
| How Well Doctors Communicate          | 89.64%  |             | 92.26%  |
| Customer Service                      | 93.82%  |             | 96.69%  |
| Getting Needed Prescription Drugs     | 92.01%  |             | 90.56%  |
| Coordination of Care                  | 86.98%  |             | 89.16%  |
| HEDIS Measures                        |         |             |         |
| Annual Flu Vaccine                    | 64.39%  | Not Fielded | 67.07%  |

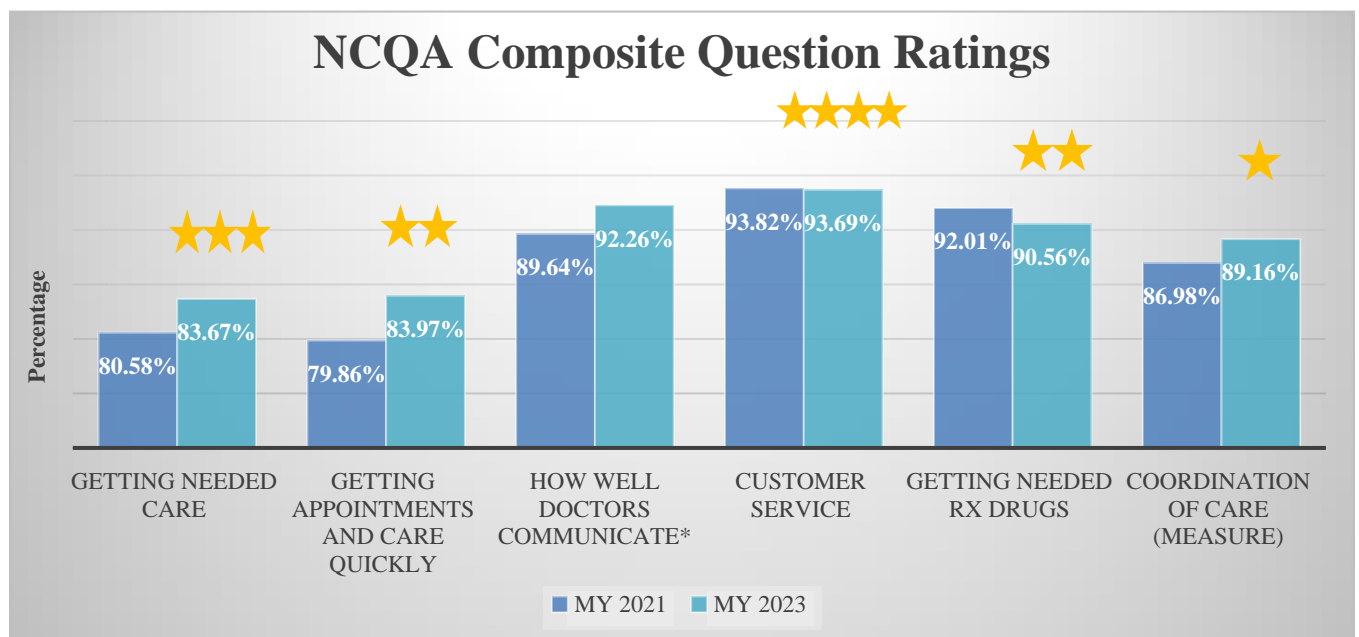
2. Medicare CAHPS Single Question Ratings: The Medicare CAHPS Survey uses a 0-10 rating (0 worst, 10 best) to assess Member's Overall Ratings in key areas. The proportion of Members who selected a 9 or 10 response is depicted in the chart below, including prior year performance comparisons.



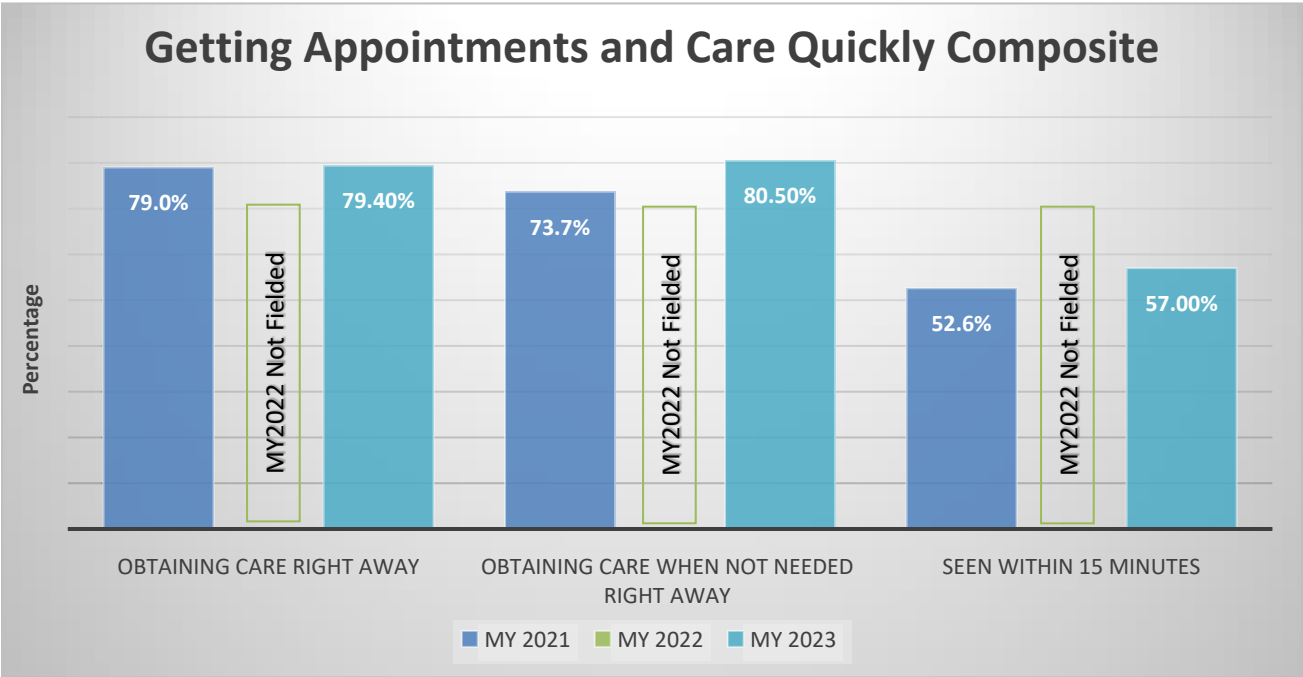
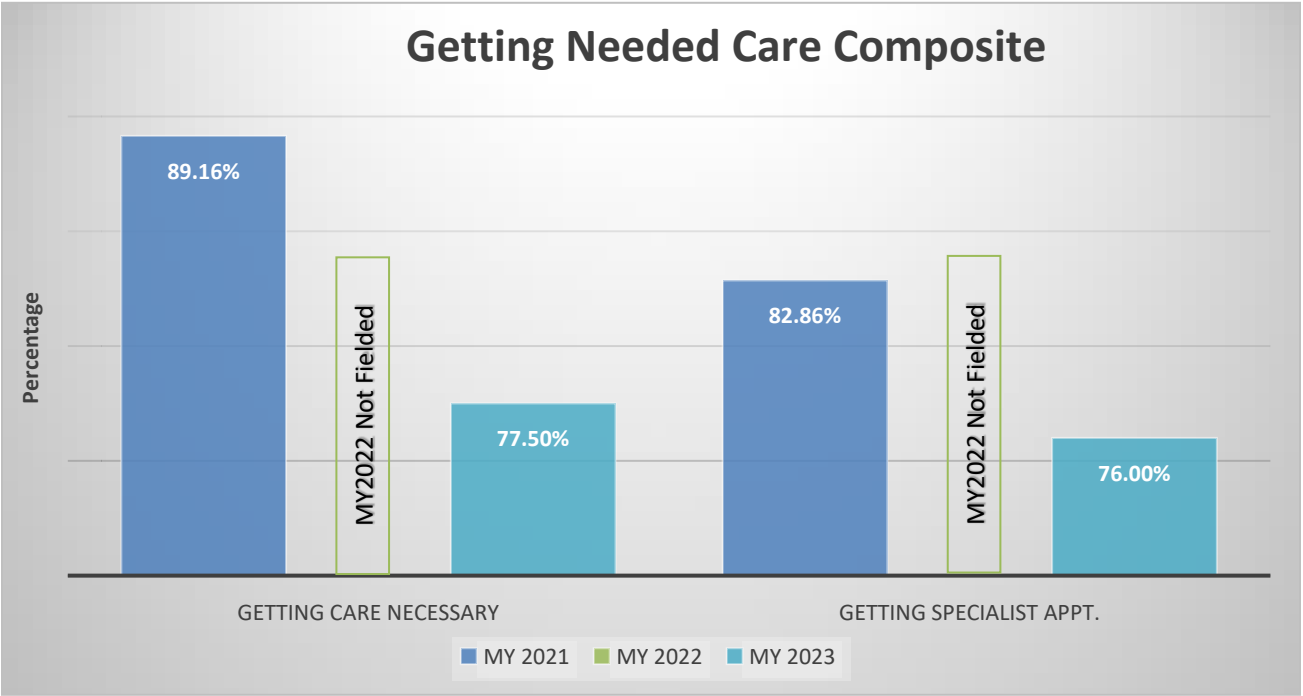
Note: Medicare CAHPS not fielded for MY2022 due to IEHP transition to D-SNP. Benchmarks based on MY 2023 CMS Star Rating cut points.

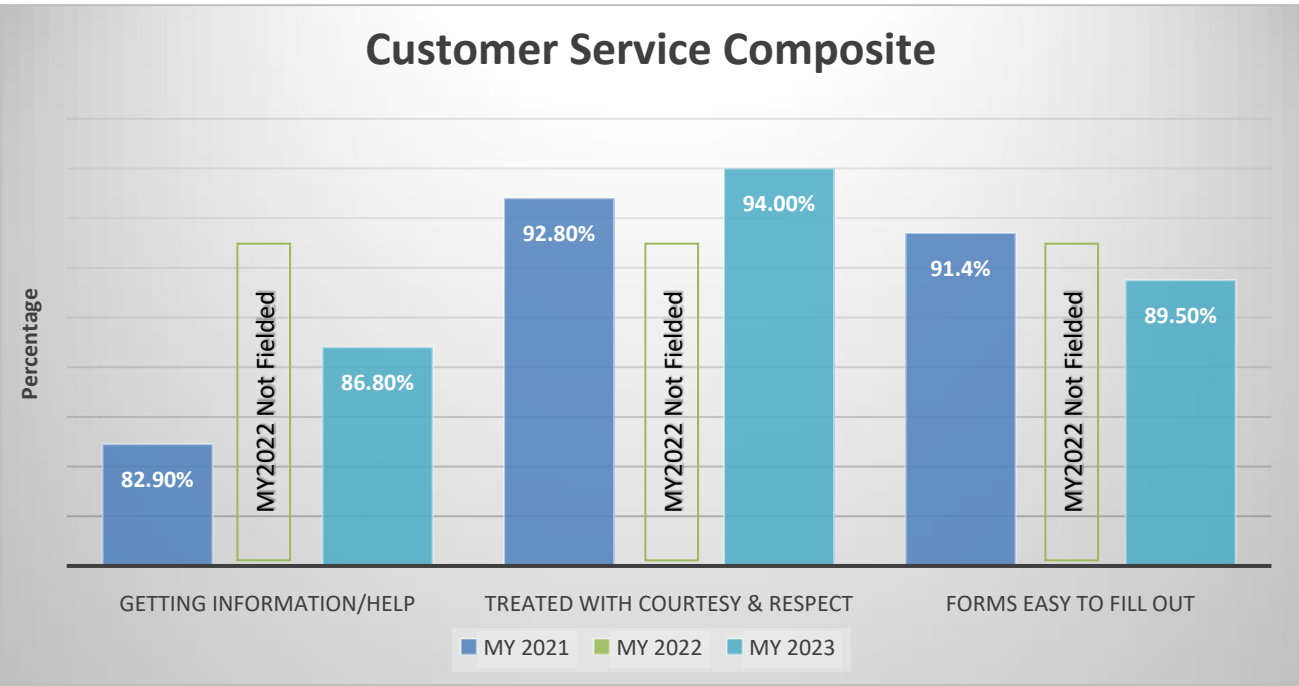
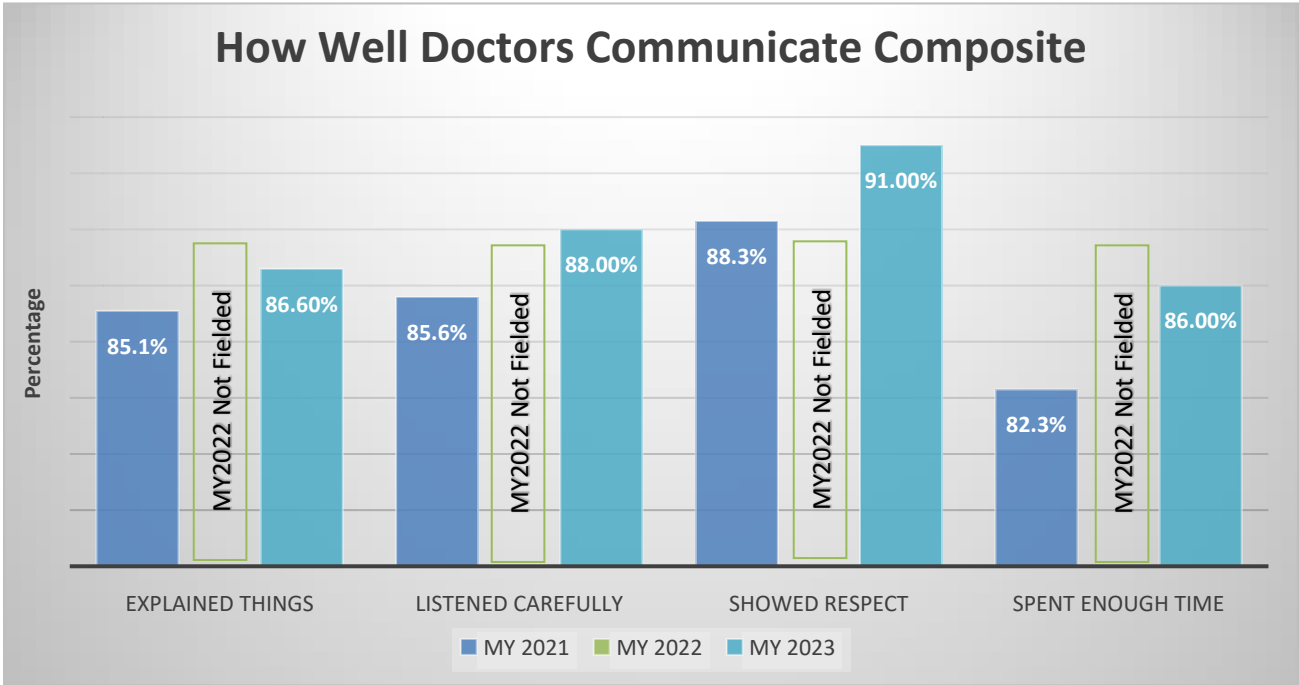
\* Question not part of CMS Star Ratings.

3. Medicare CAHPS Composite Question Ratings: The Medicare CAHPS Survey uses an “Always”, “Usually”, “Sometimes” or “Never” scale for Composite responses. The “Usually” or “Always” rate percentage is graphed below.

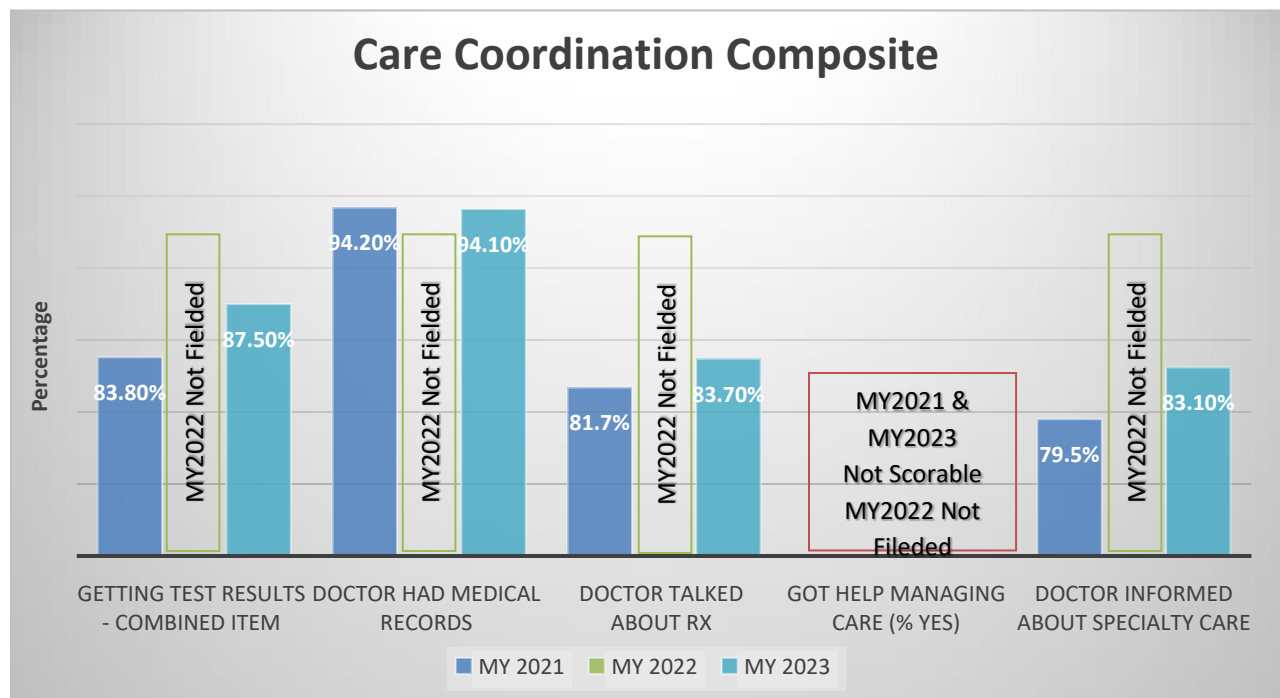
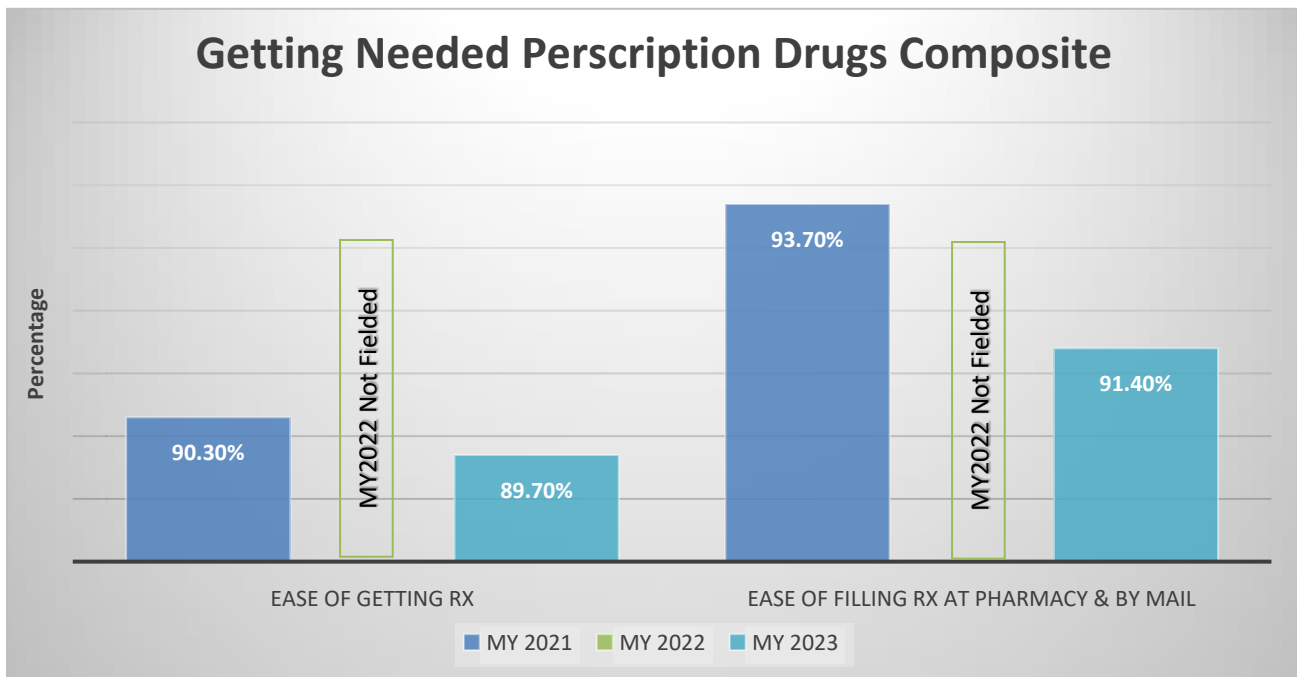


\* Question not part of CMS Star Ratings.



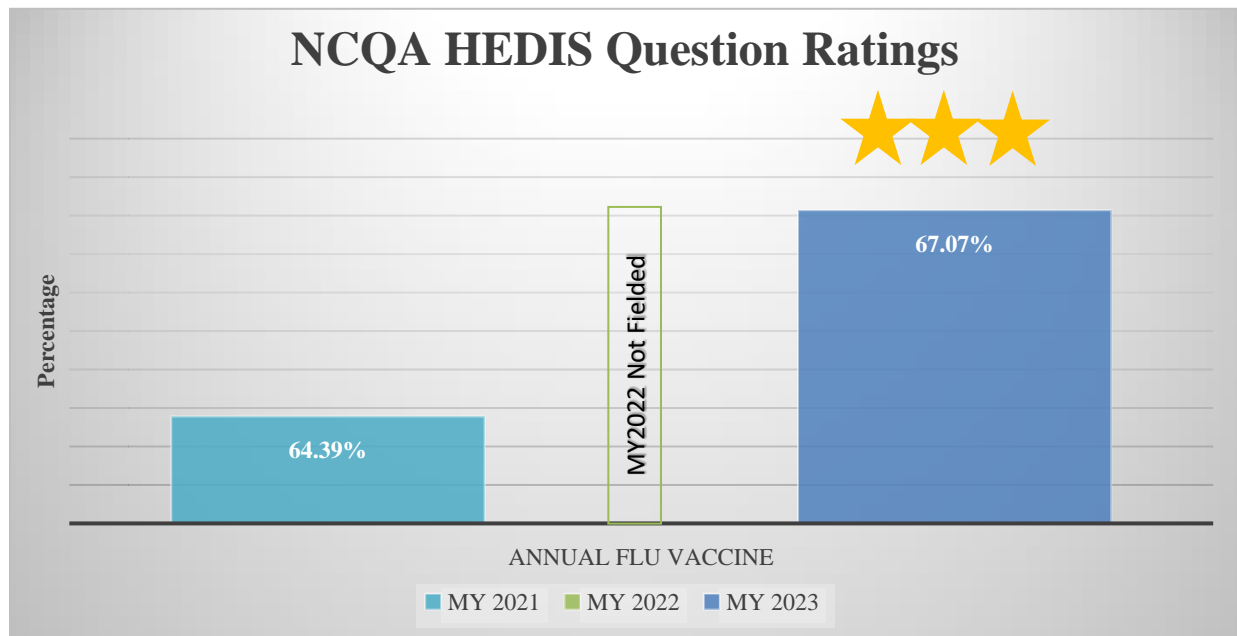


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Note: Note: Medicare CAHPS not fielded for MY2022 due to IEHP transition to D-SNP. Benchmarks based on MY 2023 CMS Star Rating cut points.

4. HEDIS Medicare CAHPS Measure: The Medicare CAHPS Survey uses a “Yes” or “No” scale for the ‘Flu Vaccinations for Adults’ responses. The results for the following Medicare CAHPS survey question are used in Health Plan Ratings scoring and are also considered HEDIS measures. Trend results for ‘Flu Vaccinations for Adults’ is depicted below.



Note: Note: Medicare CAHPS not fielded for MY2022 due to IEHP transition to D-SNP. Benchmarks based on MY 2023 CMS Star Rating cut points.

5. Improvement Efforts: Below is a list of activities in 2022 and 2023 that support IEHP's CAHPS measures performance:

#### **Performance Transparency with Providers and Provider Incentives**

- i. PCP and IPA incentive program to reward Providers who improve member satisfaction scores (Global Quality P4P).
- ii. PCP assignment quality attribute methodology-priority assignment of members to providers with extended hours and/or urgent care affiliations.
- iii. Increased primary care network health information exchange (HIE) connections.
- iv. Share Member Satisfaction survey results at the IPA and PCP level.
- v. Conduct Provider trainings on IEHP Provider access standards.
- vi. Provider Newsletters to keep Providers informed of programs, incentive opportunities, quality updates, and more.

#### **Member Support Services**

- i. Gathering voice of the member inputs to help inform and shape IEHP's Member Experience strategies.
- ii. IEHP hosted Flu Drives hosted at Community Resource Centers.
- iii. Video/Digital/Social Media Campaigns: Health topic education and call to action to obtain needed care.
- iv. Enhanced Member outreach campaigns:
  - a. Help with appointment scheduling
  - b. Coordination of transportation, as needed
  - c. Incorporate texting methodology to improve Member engagement and assistance in scheduling
- v. Mail Order Pharmacy Services: Members can receive prescription medications by mail delivered directly to their home.

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- vi. Member Newsletters: Health tips such as adult/child preventive health, flu vaccine, immunizations, and management of chronic conditions, updates on programs, and important reminders for health.
- vii. IEHP.org communications: Provides information on member benefits, access to care, managing chronic conditions, healthy living, senior health, pregnancy and postpartum, weight management, kids/teen health, mental health and wellness, and links to community resources.
- viii. Transportation and Interpreter Services: Improve scheduling process and transportation/interpreter access for members to attend office visits.

**Improving Access to Care**

- i. Network Expansion Fund to continue to expand IEHP Network.
- ii. Primary care provider scholarships fund.
- iii. Continue to support and expand eConsult solution to Providers.
- iv. Continue to support and expand telehealth solutions for Providers.

**Improving Rating of Health Plan and All Health Care**

- i. Design a predictive modeling system framework to identify focus populations for CAHPS-related improvement initiatives.
- ii. Root cause analysis to identify improvements opportunity areas, mitigation strategies, and workflow enhancements.
- iii. Pharmacy prescription mail order program.
- iv. Providing Complex Clinical Care Support to high-risk members: IEHP's Enhanced Care Management (ECM).

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval       | Chief Approval      |
|---------------|------------------|--------------------|---------------------|-------------------------|---------------------|
| None          | N/A              | N/A                | N/A                 | J. Diekmann<br>10/10/24 | E. Juhn<br>10/11/24 |



**QUALITY DEPARTMENT****33. 2023 QUALITY MANAGEMENT DUAL ELIGIBLE SPECIAL NEEDS PLANS MODEL OF CARE ANNUAL EVALUATION REVIEW****Recommended Action:**

Review and File

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

The purpose of the 2023 Quality Management Dual Eligible Special Needs Plans (D-SNP) Model of Care Annual Evaluation is to assess IEHP's Quality Improvement (QI) Program. This assessment reviews the quality and effectiveness of all studies performed and implemented by various IEHP departments in 2023, including areas of success and needed improvements in services rendered within the quality improvement program. This annual evaluation reviews various committee and subcommittee structures, minutes, and reports submitted both internally and externally to review all program outcomes. The Quality Management (QM) Department leads IEHP's Program Effectiveness Evaluation in a collective and collaborative process utilizing data and reports from committees, departments, content experts, data analysts, and work plans to analyze and evaluate the effectiveness of the Quality Programs. Overall effectiveness of the program is assessed by analyzing the goals and actions of the studies, reviewing qualitative and quantitative results, providing a causal analysis, and defining barriers, interventions, corrective actions, and next steps.

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

**Mission:** We heal and inspire the human spirit.

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

**Values:** We do the right thing by:

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

**Discussion:**

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

- **Quality Improvement Council (QIC):** The QIC was developed for addressing system-level quality gaps identified at IEHP Subcommittees. The purpose of the QIC is to eliminate barriers and secure resources to drive system-level quality improvement solution efforts.. The QIC provides information to IEHP's Quality Management & Health Equity Transformation Committee on progress towards the maintenance of health plan accreditation and regulatory compliance with improvements and opportunities being addressed.
- **Quality Improvement Subcommittee (QISC):** Analyzes and evaluates QI activities and report results; develops action items, as needed; and ensures follow-up as appropriate. All action plans are documented on the QI Subcommittee Work Plan.
- **D-SNP Model of Care (MOC) Monitoring and Oversight Subcommittee:** Exists to identify opportunities that impact clinical outcomes, Member safety, service improvement, and Member experience for IEHP's Dual Eligible Special Needs Program (D-SNP) Medicare population.
- **Peer Review Subcommittee:** Reviews Provider, Member, or Practitioner escalated grievances and appeals, reviews Practitioner related quality issues and other peer review matters.
- **Credentialing Subcommittee:** Provides oversight of Practitioners who directly contract with IEHP to deny or approve their participation in the IEHP network, including a review of grievance trends and other quality related issues at the Practitioner level.
- **Pharmacy and Therapeutics Subcommittee:** Reviews IEHP's medication formulary; monitoring of medication prescribing practices of IEHP Practitioners; monitor under- and over-utilization of medications; reviews patient safety reports related to medication.
- **Utilization Management (UM) Subcommittee:** Reviews UM & Behavioral Health (BH) criteria and clinical practice guidelines; responsible for reviewing and updating UM & BH criteria and preventive care guidelines that are not primarily medication related; monitor under-and-over utilization of services; directs the continuous monitoring of all aspects of UM and Behavioral Health.
- **Population Health Management (PHM) Subcommittee:** Responsible for reviewing, monitoring, and evaluating program information, including Health Equity identified deliverables, and progress while providing regulatory oversight in alignment with DHCS and NCQA requirements and standards.
- **Provider Network Access (PNA) Subcommittee:** Responsible for reviewing, monitoring, and evaluating program data, outliers, and trends to ensure timely improvement initiatives are initiated. The Provider Network Access Subcommittee is also responsible for initiative oversight, ensuring outcomes are achieved and barriers are removed.

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

#### Quality Improvement Performance:

- HEDIS®, is one component of the NCQA accreditation scoring process and is used by more than 90% of health plans in the United States to assess the quality of care and services provided by Managed Care Organizations. IEHP sets the HEDIS® MY 2023 Medicare goals as the NCQA 90<sup>th</sup> percentile. Among the MY 2023 HEDIS® measures, IEHP saw more improvements in national performance benchmarks than declines in performance.
- For the Medicare D-SNP line of business, IEHP reported HEDIS® measures and sub measures that are a part of the CMS Star Ratings. IEHP's Star Rating performance was in the following ratings categories listed below.
  - One (1) measure demonstrated a 4-star rating
  - Eight (8) measures demonstrated a 3-star rating
  - Five (5) measures demonstrated a 2-star rating

Access to Care:

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

- **Availability of Practitioners:** IEHP assesses the network availability for Provider to Member ratio and Time/distance standards. For the Primary Care Provider time/distance results, over 91% of Members are within the standard. The results for the Specialty Provider, including high volume/high impact, Core Specialties, and Mental Health Specialties, reveal that over 91% of Members are within the standard. Furthermore, results for the Facilities reveal that 91% of Members fall within the access standard with all provider types, except for CBAS facilities. The results of the Provider to Member ratio met the regulatory standards for all PCPs, Specialists, and Behavioral Health Providers.
- **Appointment Access:** IEHP assesses PCPs, Specialists, and BH Providers against timely access standards for routine and urgent visits. PCPs did not meet the standard for routine appointment availability or urgent visit availability. All other Providers also failed to meet the compliance standard for both visit types. This is an area that requires continued quality improvement focus continuing into 2024. This process is being led by the Provider Network Access Subcommittee.
- **After-Hours Access to Care:** IEHP monitors after-hours access to Providers to ensure that Members have appropriate telephone access to their Provider outside of regular business hours. Out of the Providers assessed (PCPs, Specialists, and BH) neither PCPs nor BH Providers met the 90% compliance rate. Monitoring and corrective actions were put in place for all areas where deficiencies were noted. This is an area that requires continued quality improvement focus. This process is being led by the Provider Network Access Subcommittee.
- **After Hours Nurse Advice Line:** IEHP contracts with an after-hours nurse advice line to ensure members can access a licensed professional, after hours, thus potentially reducing emergency department utilization. The assessment revealed that IEHP did not meet the goal of < 30 seconds for average speed of answer time but did meet the goal of < 5.0% for call abandonment rate.
- **Availability of Providers by Language:** IEHP assesses the availability of Spanish, Chinese (includes both Mandarin and Cantonese), and Vietnamese speaking staff at Provider Offices. Results show that all surveyed Providers are meeting the compliance goal, providing appropriate language support to Members in need of Spanish, Chinese, and Vietnamese speaking Providers and Office Staff.
- **Addressing Cultural, Ethnic, Racial and Linguistics needs of Members:** IEHP assesses the cultural, ethnic, racial and linguistics needs of Members. The assessment shows that IEHP meets the language distribution for English and Spanish PCPs to Member ratio. For Race/Ethnicity distribution, IEHP continues to fall below the goal of 1.0 PCPs per 2,000 Members. The main reason for this low rate is because Race/Ethnicity are optional fields on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting

application. Many providers do not report their Ethnicity; therefore, this may not provide an accurate depiction of PCP to Member ratios. This is an area that requires continued quality improvement focus. To improve the data capture of Provider race and ethnicity information, this was added as a new measure to IEHP 2023 Global Quality Pay for Performance (GQP4P) PCP Program.

Member and Provider Experience:

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures how well IEHP is meeting Members' service expectations, determines areas of service that have the greatest effect on Members' overall satisfaction, and identifies areas of opportunity to improve the quality of service. The highest-performing areas are the 'Customer Service' and 'Rating of Health Plan' questions which received 4-star ratings, while the lowest ranking composite is the 'Care Coordination' which received a 1-star rating.
- The annual Provider Experience study assesses the satisfaction of IEHP's Provider network in the following functional areas: Overall Satisfaction, Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, Provider Relations, and California Timely Access. IEHP scored at the 100th percentile in all composite areas assessed. Additionally, 98.2% of Providers would recommend IEHP to other Physician Practices. This continues to be noted as an area of strength.
- Grievance and Appeals: IEHP monitors grievance case volume and rates to identify trends and areas of opportunity to improve overall Member satisfaction. In 2023, the grievance category with the highest volume of grievances was the Attitude and Service category. Within that category, the top subcategories were 'IEHP Member Services', 'Transportation Provider'. IEHP will focus on quality improvement activities to address high grievance category trends.
- IEHP's Member Portal: Annually, IEHP conducts a quality & accuracy assessment of Member information and functionality available on IEHP's Member Portal. Testing conducted by IEHP's Quality Assurance team includes both positive and negative scenarios for Member ID cards and Member PCP changes. All tests produced the expected results, meeting the overall goal of 100% in all accuracy and quality test scenarios.

Patient Safety:

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

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

Population Health Management (PHM) Strategy Effectiveness:

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

These programs target Members with emerging risk, outcomes across settings, and Members with multiple chronic illnesses. Overall, the results from these population health programs were favorable, with the majority of outcome, utilization, process, and satisfaction measures successfully met. Overall, the IEHP population health management strategy is favorable, but has an opportunity to expand in scope. As accurate, timely, integrated, and actionable data is foundational for any population health management program, IEHP will work on improving its ability to capture and share data across systems. Going forward, IEHP plans to continue to improve documentation and reporting of the Advanced Care Planning, Medication Review, Functional Status Assessment, and Pain assessment measures for the My Path Program and improve PCP visits and readmission rates and reduce ED visits for Members enrolled in the ECM, My Path, and CCM Programs.

Delegation Oversight:

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

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

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Board and retains oversight of the Quality Management & Health Equity Transformation Program (QMHETP) with direction from the Chief Quality Officer, Chief Medical Officer, in collaboration with the Chief Health Equity Officer.

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

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

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

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

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

- Children’s Preventive Care

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- Supporting Care Transitions
- Health Equity

IEHP will focus on meeting the 2023 Program goals and completing all initiatives as outlined in the 2024 Quality Management and CLAS Work Plan.

| Fiscal Impact | Financial Review | Procurement Review | Reviewed by Counsel | Director Approval         | Chief Approval        |
|---------------|------------------|--------------------|---------------------|---------------------------|-----------------------|
| None          | NA               | NA                 | N/A                 | J. Diekmann<br>10/16/2024 | E. Juhn<br>10/17/2024 |



**PROVIDER CONTRACTING DEPARTMENT**

**34. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RIDGECREST REGIONAL HOSPITAL - RIDGECREST**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Second Amendment to the Hospital Per Diem Agreement for Ridgecrest Regional Hospital, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Ridgecrest Regional Hospital is currently a contracted Hospital in the IEHP Network.

**Discussion:**

The Amendment is to amend Attachments B-Compensation Rates, B2-Notes to Compensation rates, B3-Compensation Rates – Medicare, Exhibit A-Compensation Rates, and H-Medicare Advantage Program.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**35. RATIFY AND APPROVE THE LETTER OF AGREEMENT WITH RIVERSIDE  
COMMUNITY HOSPITAL - RIVERSIDE**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Letter of Agreement for Riverside Community Hospital, effective January 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Riverside Community Hospital is currently a contracted Hospital in the IEHP Network that would like to participate in the Covered California line of business.

**Discussion:**

The new Letter of Agreement was tailored to reflect the Covered California Program offered by Riverside Community Hospital.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

## **PROVIDER CONTRACTING DEPARTMENT**

### **36. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE ENHANCED CARE MANAGEMENT PROVIDER AGREEMENT WITH SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER AND SAN BERNARDINO COUNTY SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH AND SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH AND SAN BERNARDINO COUNTY OFFICE OF HOMELESS SERVICES - COLTON**

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Enhanced Care Management Provider Agreement for San Bernardino County on Behalf of Arrowhead Regional Medical Center and San Bernardino County & San Bernardino County Department of Public Health and San Bernardino County Department of Behavioral Health and San Bernardino County Office of Homeless Services, effective July 1, 2024.

#### **Contact:**

Susie White, Chief Operating Officer

#### **Background:**

San Bernardino County, on Behalf of Arrowhead Regional Medical Center, San Bernardino County & San Bernardino County Department of Public Health, San Bernardino County Department of Behavioral Health, and San Bernardino County Office of Homeless Services, is currently a contracted Provider in the IEHP Network.

#### **Discussion:**

The Amendment will extend the agreement through June 30, 2025 and replace Attachment B-Enhanced Care Management.

#### **Fiscal Impact:**

Included in CY2024 Budget

#### **Financial Review:**

N/A

#### **Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**37. RATIFY AND APPROVE THE PARTICIPATING PROVIDER AGREEMENT WITH  
WESTERN UNIVERSITY OF HEALTH SCIENCES DBA WESTERNU HEALTH -  
POMONA**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Participating Provider Agreement with Western University of Health Sciences dba WesternU Health, effective November 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Western University of Health Sciences dba WesternU Health would like to participate in the IEHP Network for all lines of business.

**Discussion:**

The Participating Provider Agreement was tailored to reflect the specialty services offered by Western University of Health Sciences dba WesternU Health.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

## **PROVIDER CONTRACTING DEPARTMENT**

### **38. RATIFY AND APPROVAL OF THE STANDARD TEMPLATE**

**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 authorizes the Chief Executive Officer or his designee to execute the templates, wherein the body of the document remains unchanged except for the identifying information of the individual provider and non-material changes per individual provider requirements.

**Contact:**

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 template is being presented to the Governing Board for ratified approval, effective September 1, 2024:

- 1) Enhanced Care Provider Agreement (Medicare/Medi-Cal or Medi-Cal Only)

**Fiscal Impact:**

None

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

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## PROVIDER CONTRACTING DEPARTMENT

### 39. APPROVAL OF THE EVERGREEN CONTRACTS

#### **Recommended Action:**

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

#### **Contact:**

Susie White, Chief Operating Officer

#### **Background:**

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

#### **Discussion:**

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

Additional five (5) year term:

- 1) New Hope Institute a Medical Corporation dba New Hope Institute A Medical Corporation - Participating Provider Agreement – Specialist – Pomona

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

Additional one (1) year term:

- 2) Crystal Care Villa – Residential Care for the Elderly – Joshua Tree
- 3) Mountain View Centers - Residential Care for the Elderly – Montclair

Additional three (3) years term:

- 4) Bio-Medical Applications of California Inc - Ancillary Agreement– Ancillary – Rancho Cucamonga
- 5) GHC of Tem-SNF LLC dba Temecula Healthcare Center - Skilled Nursing Facility Provider Agreement – SNF – Temecula
- 6) RAI Care Centers of Colton LLC - Ancillary Agreement – Colton
- 7) RAI Care Centers of Southern California II LLC - Ancillary Agreement – Fontana
- 8) Riverside Care Inc dba Valencia Gardens Health Care Center - Skilled Nursing Facility Provider Agreement – Riverside

Additional five (5) years term:

- 9) Alexander Orthopedic Surgery and Sports Medical Center Inc - Participating Provider Agreement – Specialist - Murrieta
- 10) Alexandra Samuel Sturgess dba Spirited by Truth Licensed Clinical Social Worker Corporation – Ontario

CONSENT AGENDA

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- 11) California Ear Nose & Throat Head & Neck Surgery Medical Corp – Participating Provider Agreement – Specialist – Hemet
- 12) Compassionate Cancer Care Medical Group Inc dba Compassionate Cancer Care Medical Group Inc – Participating Provider Agreement – Specialist – Fountain Valley
- 13) Devadas S Moses dba Devadas S Moses MD – Capitated Primary Care Provider Agreement - Beaumont
- 14) Eduardo Pineda dba Eduardo Pineda MD Inc -Participating Provider Agreement - Behavioral Health – Upland
- 15) Jones and Jones Medical Associates Inc - Capitated Primary Care Provider Agreement – Appley Valley
- 16) Karen B Cash - Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 17) Lisa Bouzaglou LCSW - Participating Provider Agreement - Behavioral Health– Apple Valley
- 18) Marisol Aldaz – Participating Provider Agreement - Behavioral Health – Ontario
- 19) Nina K Maw Maw MD – Fee-For-Service Primary Care Provider Agreement – Rancho Mirage
- 20) Paulus Santoso MD APC dba Abella Medical Group - Participating Provider Agreement – Specialist - Riverside
- 21) Ramy A Awad dba Desert Surgical and Bariatric Specialist – San Bernardino
- 22) Shima Hadidchi dba Shima Hadidchi MD A Professional Corp – Fee-For-Service Primary Care Provider Agreement - Victorville
- 23) Southern California Urgent Care Network – Urgent Care Provider Agreement -Murrieta
- 24) Steve Whiting – Participating Provider Agreement - Behavioral Health - Redlands
- 25) Theraville Counseling Services a Licensed Clinical Social Worker Corporation – Participating Provider Agreement - Behavioral Health - Riverside
- 26) Unicare Community Health Center Inc – Participating Provider Agreement - Vision (Exam Only) - Colton
- 27) Valentine U Otuechere MD dba Valentine Medical Clinic – Capitated Primary Care Provider Agreement (Medicare Only)- Riverside

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

N/A

## **ADMINISTRATION**

### **40. CHIEF EXECUTIVE OFFICER UPDATE**

**Recommended Action:**

Review and File

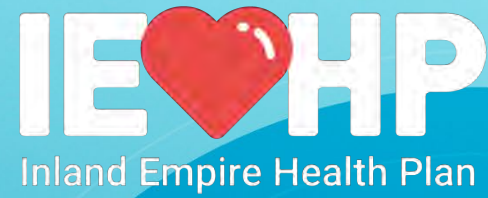
**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Discussion:**

Chief Executive Officer update for the November 4, 2024 Governing Board Meeting.





# Governing Board Meeting

CEO BOARD REPORT | *Nov. 4, 2024*



# MISSION MOMENT – MORE THAN PINK WALK

- COO Susie White and a team of more than 450 walkers participated in the Susan G. Komen More than Pink walk for breast cancer on Oct. 13 in Murrieta.
- The team raised more than \$25,000 and were even crowned Top Fundraising Team for the second year in a row.
- Funds raised will help support breast cancer research.





# IEHP MONTHLY MEMBERSHIP REPORT

| MONTH          | FORECAST MEMBERSHIP | ACTUAL MEMBERSHIP | + OR – FORECAST | + OR – LAST MONTH |
|----------------|---------------------|-------------------|-----------------|-------------------|
| September 2024 | 1,508,864           | 1,510,866         | 2,002           | 3,409             |
| October 2024   | 1,510,664           | 1,512,177         | 1,513           | 1,311             |
| November 2024* | TBD                 | TBD               | TBD             | TBD               |





# COVERED CA OPEN ENROLLMENT UNDERWAY

- Covered California's general Open Enrollment kicked off on Nov. 1 and runs through Jan. 31, 2025.
- The IEHP Covered Enrollment and Sales teams enjoyed a successful debut year in 2024 as the number one health plan in enrollments for San Bernardino and Riverside counties – and membership is expected to increase to about 30,000 by January 2025.
- The Enrollment team is also extending its outreach to the region's Deferred Action for Childhood Arrivals recipients, who are newly eligible for Covered CA coverage in 2025—stay tuned for updates on those efforts!





# 3rd ANNUAL FUTURE OF HEALTH SUMMIT

- About 100 health care executives and leaders attended the Future of Health Summit on Oct. 11 to uncover bold and innovative ideas to address challenges facing the industry down the road.
- Speakers included: **Elizabeth Landsberg**, director of the California Department of Health Care Access and Information; **Erica Galvez**, CEO of Manifest MedEx; **Dr. Terry Gilliland**, president and chief executive officer of Geisinger; **Steven T. Valentine**, president of Valentine Health Advisers; and **Genia Fick**, IEHP's VP of Quality.





# BEST PRACTICE COLLABORATIVE EVENT

- Nearly 200 hospital executives from all 34 of IEHP's network hospitals convened on Oct. 2 for the annual Best Practice Collaborative event.
- The event invites hospital administrators and community advocates to better understand Centers for Medicare and Medicaid Services (CMS) hospital ratings and network with one another.
- The Collaborative comes weeks after IEHP leadership began touring hospitals to meet with those providing direct care services to our more than 1.5 million members.



# IEHP LEADERS SPOTLIGHT

- **VP of Health Equity Lorena Chandler** was a panelist at the HLTH conference held in Las Vegas from Oct. 20 to Oct. 23.
- Lorena's session was titled "Rewiring DEI for Economic Realities," and she highlighted how IEHP has made diversity, equity and inclusion a strategic priority that contributes to long-term business resilience and innovation even as the scope of certain initiatives may be limited.



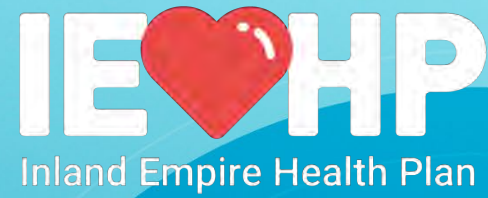


# THE GREAT SHAKEOUT

- IEHP joined the world in participating in The Great ShakeOut earthquake drill on Oct. 17.
- Team members received an emergency notification in the morning to practice “Drop, cover and hold on.”
- This drill was an important reminder about earthquake preparedness and to ensure IEHP can contact our team members in the event of a disaster.



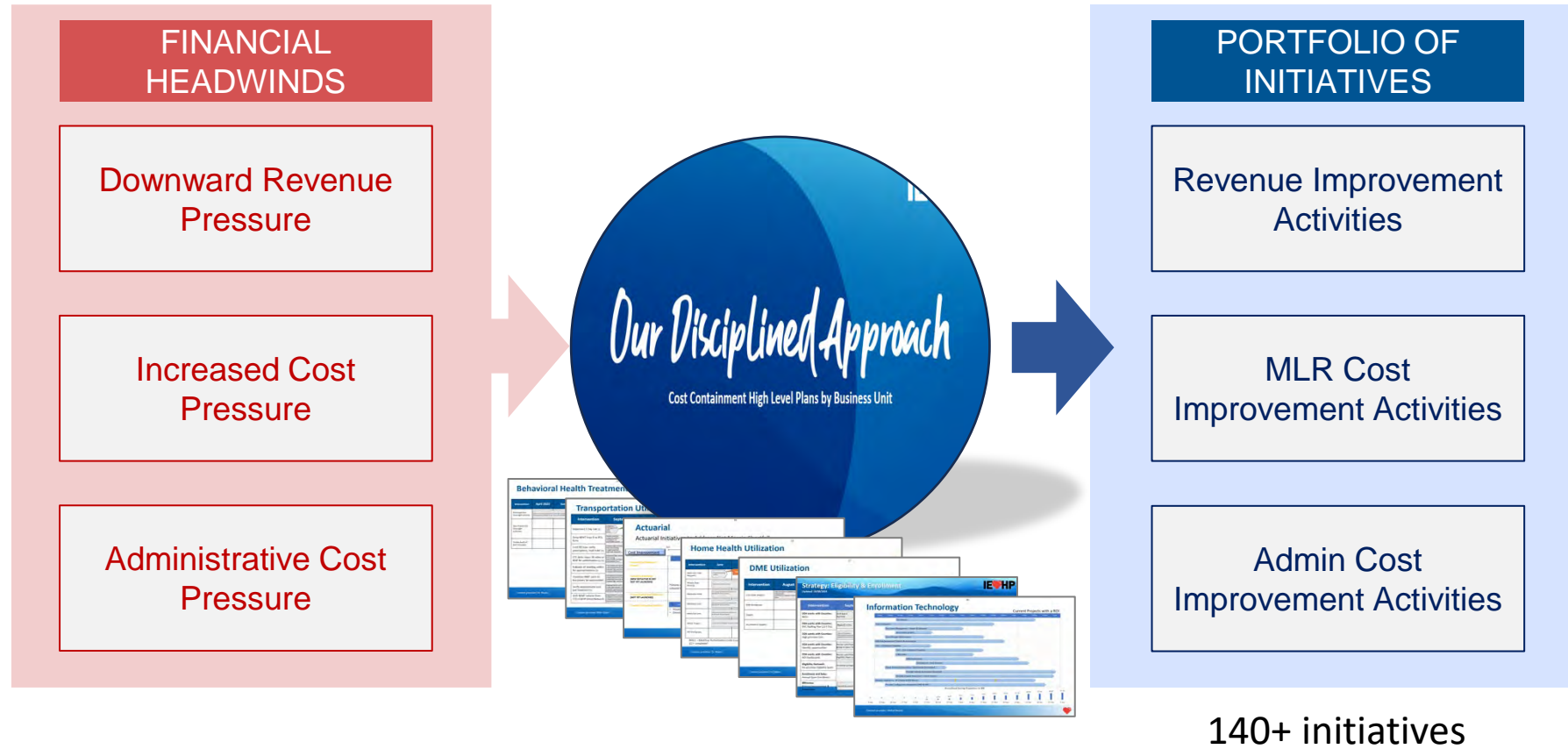




# *Our Disciplined Approach*

**Empowering Our Business Leaders To Deliver Results**

# FINANCES UPDATE: OUR DISCIPLINED APPROACH



# INITIATIVE PRIORITIZATION FRAMEWORK

Prioritizing the 140+ financial improvement activities across IEHP

## Tier 1

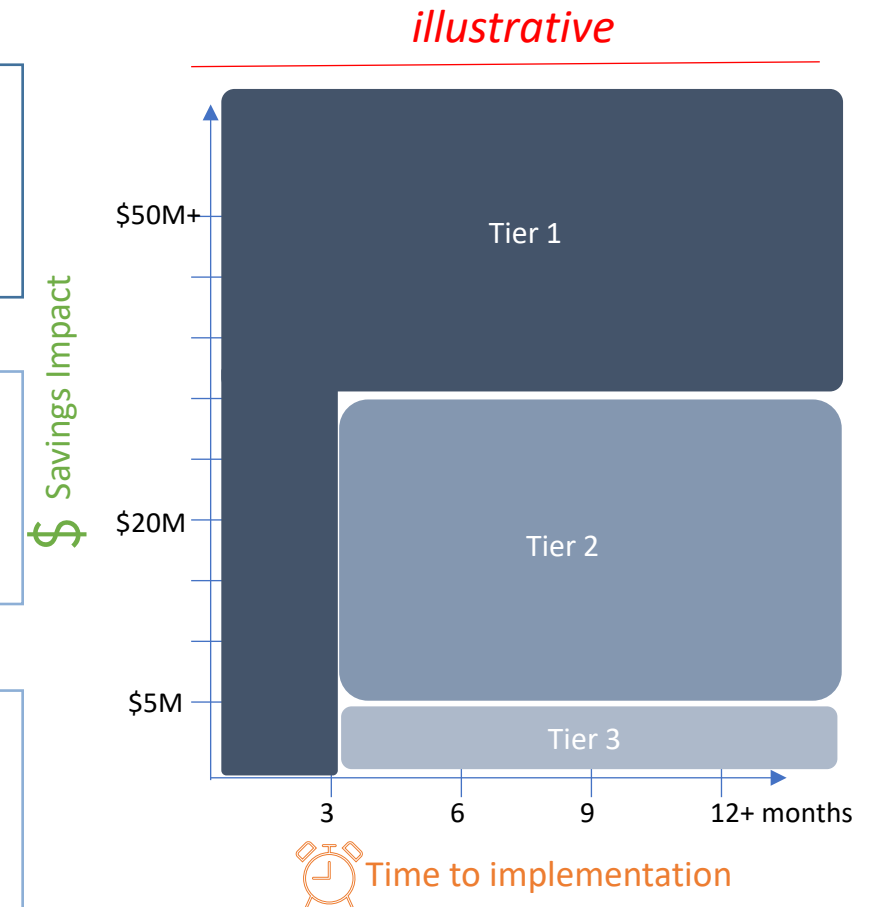
- Large expected financial impact (\$30M+), OR
- Short implementation timeline (within 3 months).

## Tier 2

- Medium to large expected financial impact (\$5-\$30M), and
- More than 3 months implementation time.

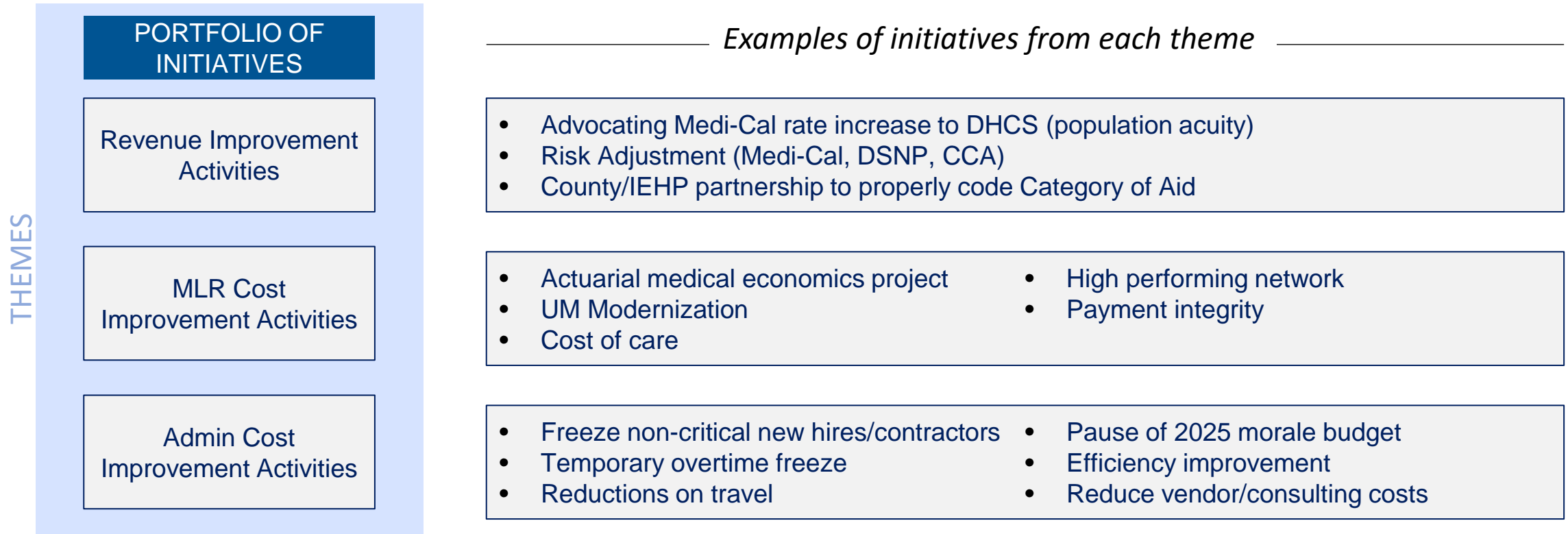
## Tier 3

- Low to medium expected financial impact (<\$5M), and
- More than 3 months implementation time.



# PORTFOLIO OF INITIATIVES

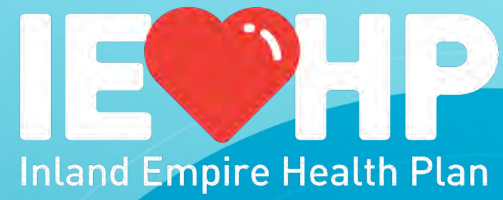
## Key themes



# OUR DISCIPLINED APPROACH: PROPOSED OP MODEL

## Enhanced Insights, Thought Partnership & Implementation Support for Business Leaders





*Thank You!*

## **FINANCE DEPARTMENT**

### **41. REVIEW OF THE MONTHLY FINANCIALS**

**Recommended Action:**

Review and File

**Contact:**

Keenan Freeman, Chief Financial Officer

**Discussion:**

Monthly Financials for Period Ending September 30, 2024.



# FINANCE DIVISION

September 2024

## MONTHLY FINANCIALS

Presented  
November 4, 2024





# September 2024 Actual vs Budget: Consolidated

|                                      | September Month-to-Date |                |                 | September Year-to-Date |                  |                  |
|--------------------------------------|-------------------------|----------------|-----------------|------------------------|------------------|------------------|
|                                      | Actual                  | Budget         | Variance        | Actual                 | Budget           | Variance         |
| Total Revenue                        | \$ 594,130,733          | \$ 576,843,296 | \$ 17,287,437   | \$ 5,401,386,948       | \$ 5,323,936,333 | \$ 77,450,615    |
| Total Medical Costs                  | \$ 621,643,247          | \$ 541,233,662 | \$ (80,409,585) | \$ 5,300,402,352       | \$ 4,971,015,861 | \$ (329,386,491) |
| Total Operating Expenses             | \$ 48,134,376           | \$ 39,683,924  | \$ (8,450,452)  | \$ 369,939,865         | \$ 364,669,433   | \$ (5,270,432)   |
| Total Non Operating Income (Expense) | \$ 11,664,421           | \$ 9,522,410   | \$ 2,142,011    | \$ 91,194,444          | \$ 70,760,464    | \$ 20,433,980    |
| Non-Medical Expenses                 | \$ 887,855              | \$ 2,257,514   | \$ 1,369,659    | \$ 8,931,096           | \$ 20,772,539    | \$ 11,841,443    |
| Net Surplus (Deficit)                | \$ (64,870,324)         | \$ 3,190,606   | \$ (68,060,930) | \$ (186,691,920)       | \$ 38,238,964    | \$ (224,930,885) |
| Medical Cost Ratio**                 | 104.6%                  | 93.8%          | 10.8%           | 98.1%                  | 93.4%            | 4.8%             |
| Administrative Cost Ratio**          | 8.1%                    | 6.9%           | 1.2%            | 6.8%                   | 6.8%             | (0.0%)           |

## Highlights for the Month:

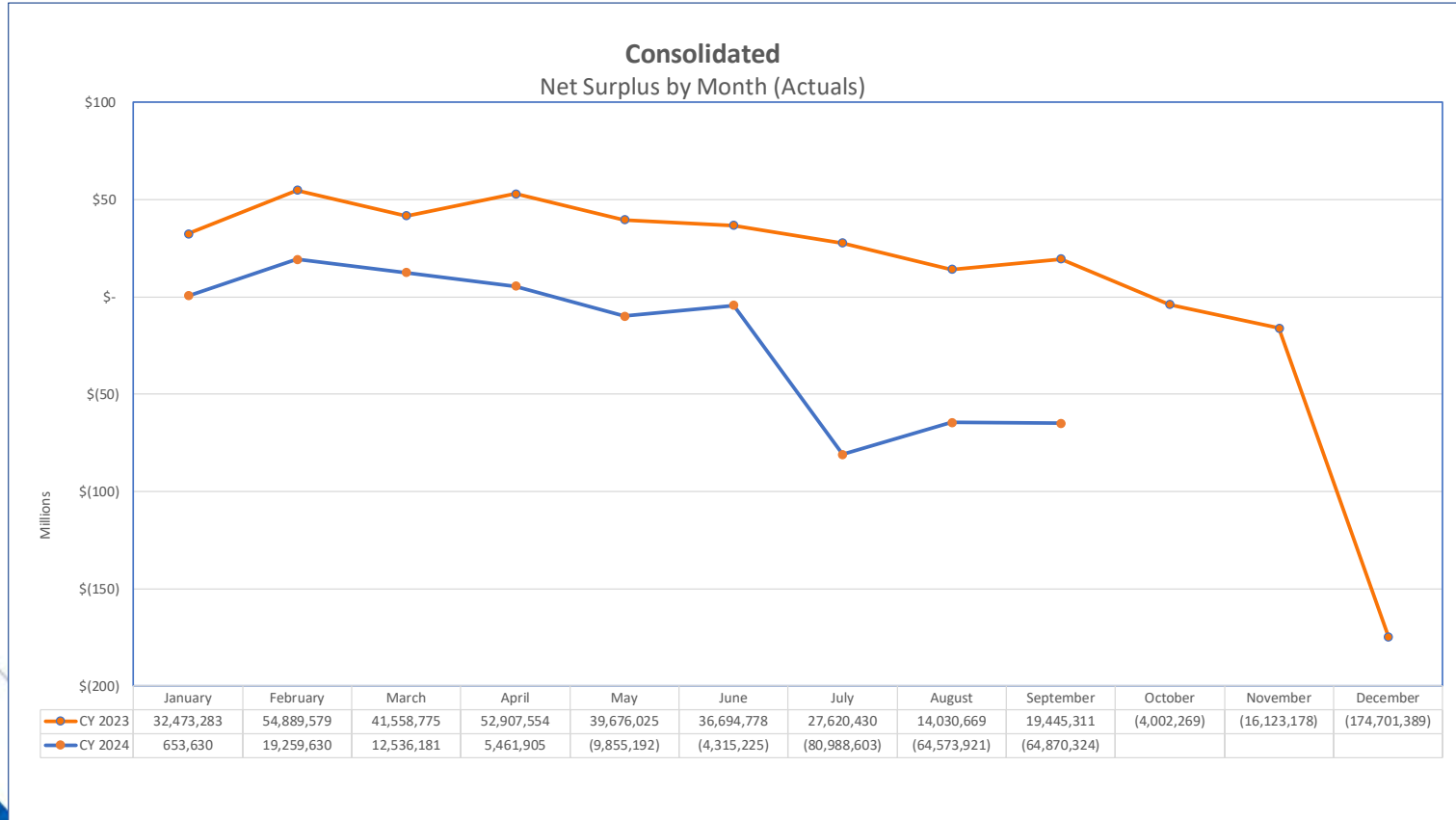
- The favorable revenue variance compared to budget is primarily due to higher-than-expected LTC Full Duals, Child, SPD, and CCA Silver member months offset by CY2024 rate adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable Medi-Cal prior paid claims restatements, unfavorable ECM capitation retro rate adjustments for county hospitals, CY2025 membership dues paid for IEHP contracted physicians, GEMT quarterly expense true up, YTD bonus accrual partially offset by favorable P4P incentive adjustments.
- The unfavorable operating expense variance compared to budget is primarily due to YTD bonus accrual.
- The favorable non-operating income (expense) variance compared to budget is primarily due to unrealized gains on CEPPT fund and interest income.
- The favorable non-medical expenses variance compared to budget is primarily due to no Community Reinvestment Program expense.

\*There is Other Income/Expenses that are not attributed to a specific line of business, but included on a consolidated basis (i.e.: Interest Income, Investment Income (Expense), Leased Asset Revenue, Non-Medical Expenses, etc.)

\*\*Differences are due to rounding



# Net Surplus Year-Over-Year - Consolidated



# Actual vs Budget: Medi-Cal

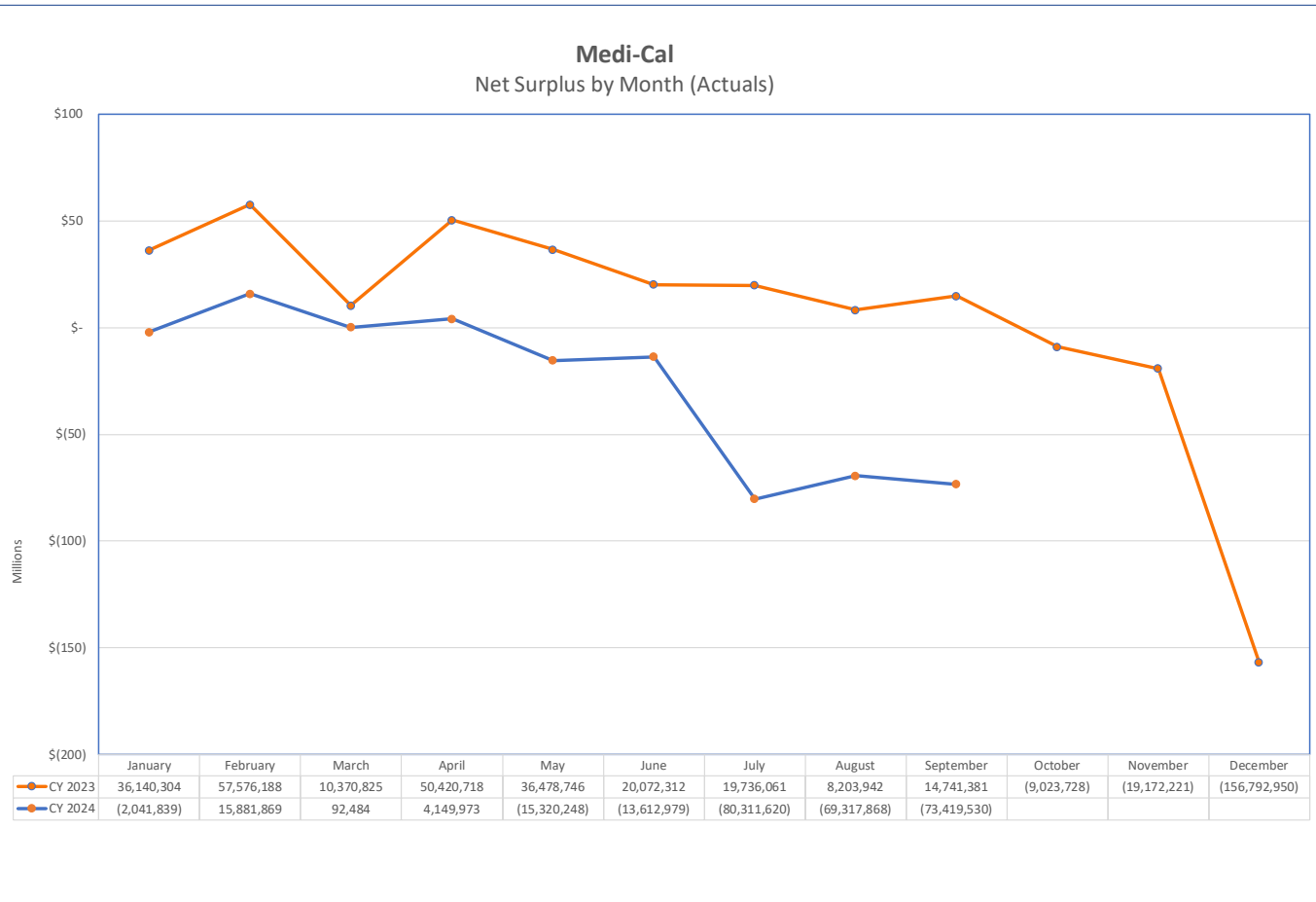
|                                      | September Month-to-Date |                |                 | September Year-to-Date |                  |                  |
|--------------------------------------|-------------------------|----------------|-----------------|------------------------|------------------|------------------|
|                                      | Actual                  | Budget         | Variance        | Actual                 | Budget           | Variance         |
| Total Revenue                        | \$ 518,554,603          | \$ 506,804,251 | \$ 11,750,352   | \$ 4,731,312,470       | \$ 4,699,260,817 | \$ 32,051,653    |
| Total Medical Costs                  | \$ 555,495,796          | \$ 471,933,410 | \$ (83,562,386) | \$ 4,690,596,013       | \$ 4,369,366,390 | \$ (321,229,623) |
| Total Operating Expenses             | \$ 39,202,350           | \$ 32,744,542  | \$ (6,457,808)  | \$ 299,778,063         | \$ 299,882,361   | \$ 104,298       |
| Total Non Operating Income (Expense) | \$ 2,724,012            | \$ 2,912,732   | \$ (188,720)    | \$ 25,161,848          | \$ 26,214,585    | \$ (1,052,737)   |
| Net Surplus (Deficit)                | \$ (73,419,530)         | \$ 5,039,031   | \$ (78,458,561) | \$ (233,899,758)       | \$ 56,226,651    | \$ (290,126,409) |
| Medical Cost Ratio**                 | 107.1%                  | 93.1%          | 14.0%           | 99.1%                  | 93.0%            | 6.2%             |
| Administrative Cost Ratio**          | 7.6%                    | 6.5%           | 1.1%            | 6.3%                   | 6.4%             | (0.0%)           |

## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected LTC Full Duals, Child, and SPD member months offset by CY2024 rate adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable Medi-Cal prior paid claims restatements, unfavorable ECM capitation retro rate adjustment for county hospitals, GEMT quarterly expense true up and YTD bonus accrual reserve partially offset by favorable P4P incentive adjustments net of YTD adjustment moving costs from CCA to Medi-Cal.
- The unfavorable operating expense variance compared to budget is primarily due to YTD bonus accrual.



# Net Surplus Year-Over-Year: Medi-Cal



# Actual vs Budget: D-SNP

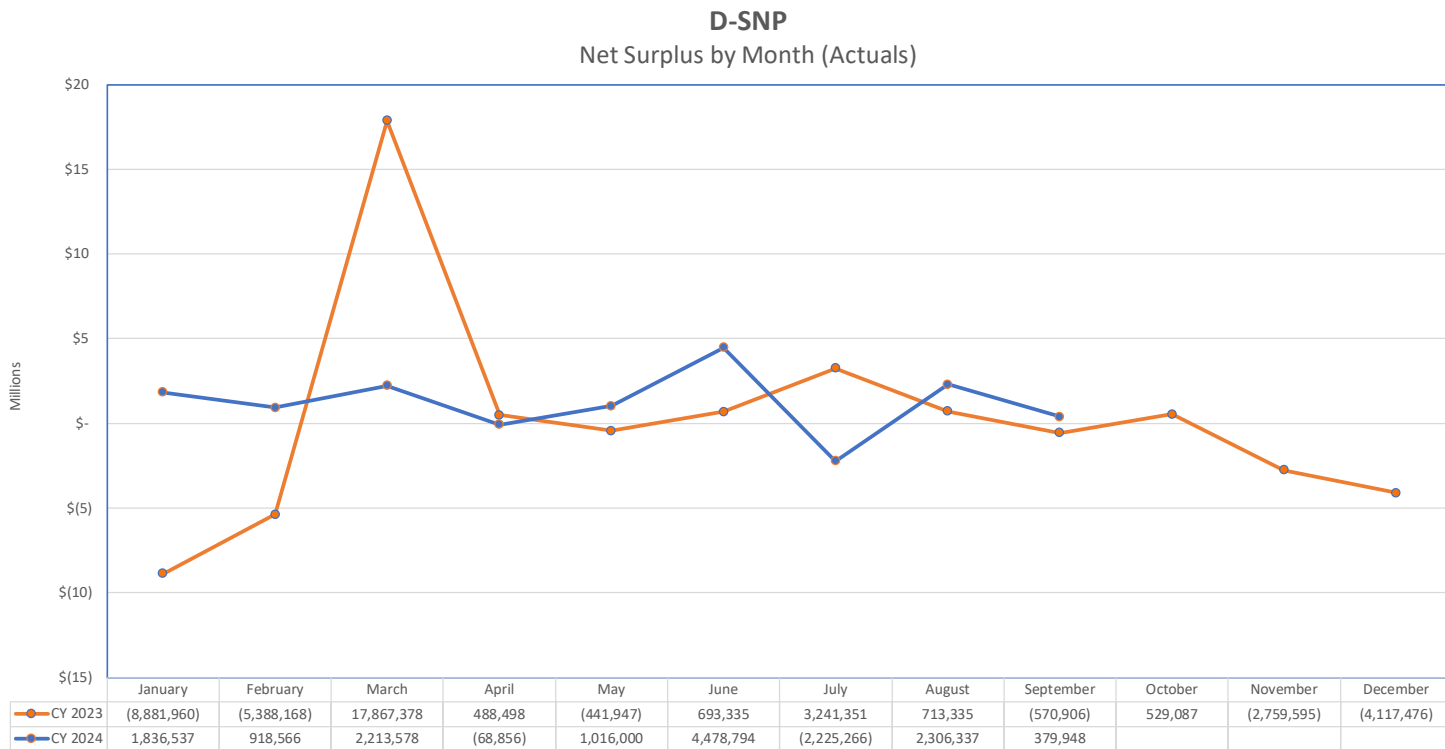
|                                      | September Month-to-Date |                |              | September Year-to-Date |                |               |
|--------------------------------------|-------------------------|----------------|--------------|------------------------|----------------|---------------|
|                                      | Actual                  | Budget         | Variance     | Actual                 | Budget         | Variance      |
| Total Revenue                        | \$ 66,816,524           | \$ 64,248,374  | \$ 2,568,150 | \$ 598,733,909         | \$ 584,091,764 | \$ 14,642,145 |
| Total Medical Costs                  | \$ 60,908,536           | \$ 62,271,361  | \$ 1,362,825 | \$ 546,441,065         | \$ 549,361,683 | \$ 2,920,618  |
| Total Operating Expenses             | \$ 5,528,040            | \$ 4,681,905   | \$ (846,135) | \$ 41,437,208          | \$ 43,435,886  | \$ 1,998,678  |
| Total Non Operating Income (Expense) | \$ -                    | \$ -           | \$ -         | \$ -                   | \$ -           | \$ -          |
| Net Surplus (Deficit)                | \$ 379,948              | \$ (2,704,893) | \$ 3,084,841 | \$ 10,855,637          | \$ (8,705,805) | \$ 19,561,442 |
| Medical Cost Ratio**                 | 91.2%                   | 96.9%          | (5.8%)       | 91.3%                  | 94.1%          | (2.8%)        |
| Administrative Cost Ratio**          | 8.3%                    | 7.3%           | 1.0%         | 6.9%                   | 7.4%           | (0.5%)        |

## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable Part A/B risk adjustment.
- The favorable medical costs variance compared to budget is primarily due to favorable incentives and pharmacy expenses and lower-than-expected inpatient claims utilization partially offset by Quality Achievement and Team Member bonus accrual.



# Net Surplus Year-Over-Year: D-SNP



# Actual vs Budget: IEHP Covered (CCA)

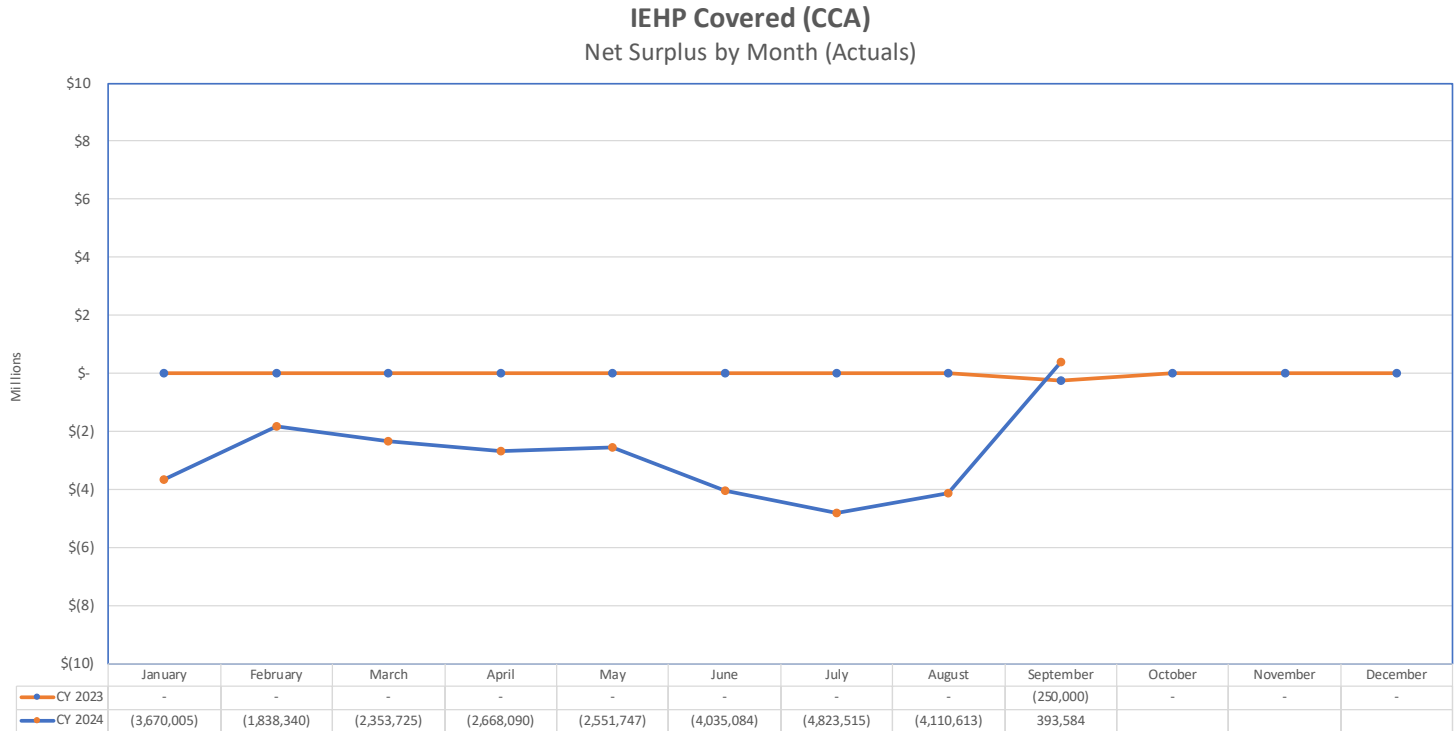
|                                      | September Month-to-Date |                |                | September Year-to-Date |                 |                |
|--------------------------------------|-------------------------|----------------|----------------|------------------------|-----------------|----------------|
|                                      | Actual                  | Budget         | Variance       | Actual                 | Budget          | Variance       |
| Total Revenue                        | \$ 9,033,232            | \$ 5,790,672   | \$ 3,242,560   | \$ 64,910,275          | \$ 40,583,752   | \$ 24,326,523  |
| Total Medical Costs                  | \$ 5,235,661            | \$ 7,028,891   | \$ 1,793,230   | \$ 61,843,216          | \$ 52,287,788   | \$ (9,555,428) |
| Total Operating Expenses             | \$ 3,403,987            | \$ 2,035,254   | \$ (1,368,733) | \$ 28,724,595          | \$ 20,017,852   | \$ (8,706,743) |
| Total Non Operating Income (Expense) | \$ -                    | \$ -           | \$ -           | \$ -                   | \$ -            | \$ -           |
| Net Surplus (Deficit)                | \$ 393,584              | \$ (3,273,474) | \$ 3,667,058   | \$ (25,657,535)        | \$ (31,721,889) | \$ 6,064,354   |
| Medical Cost Ratio**                 | 58.0%                   | 121.4%         | (63.4%)        | 95.3%                  | 128.8%          | (33.6%)        |
| Administrative Cost Ratio**          | 37.7%                   | 35.1%          | 2.5%           | 44.3%                  | 49.3%           | (5.1%)         |

## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected CCA Silver member months.
- The favorable medical cost variance compared to budget is based on an estimated medical cost calculated by target medical loss ratio due to lack of credible experience data. Such estimates will be updated as soon as we have more credible claims experience. In addition, there was a favorable YTD P4P incentive adjustment moving costs from CCA to Medi-Cal partially offset by unfavorable pharmacy expense.
- The unfavorable operating expense variance compared to budget is primarily due to YTD bonus accrual.



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





# Balance Sheet: Current Month vs Prior Month

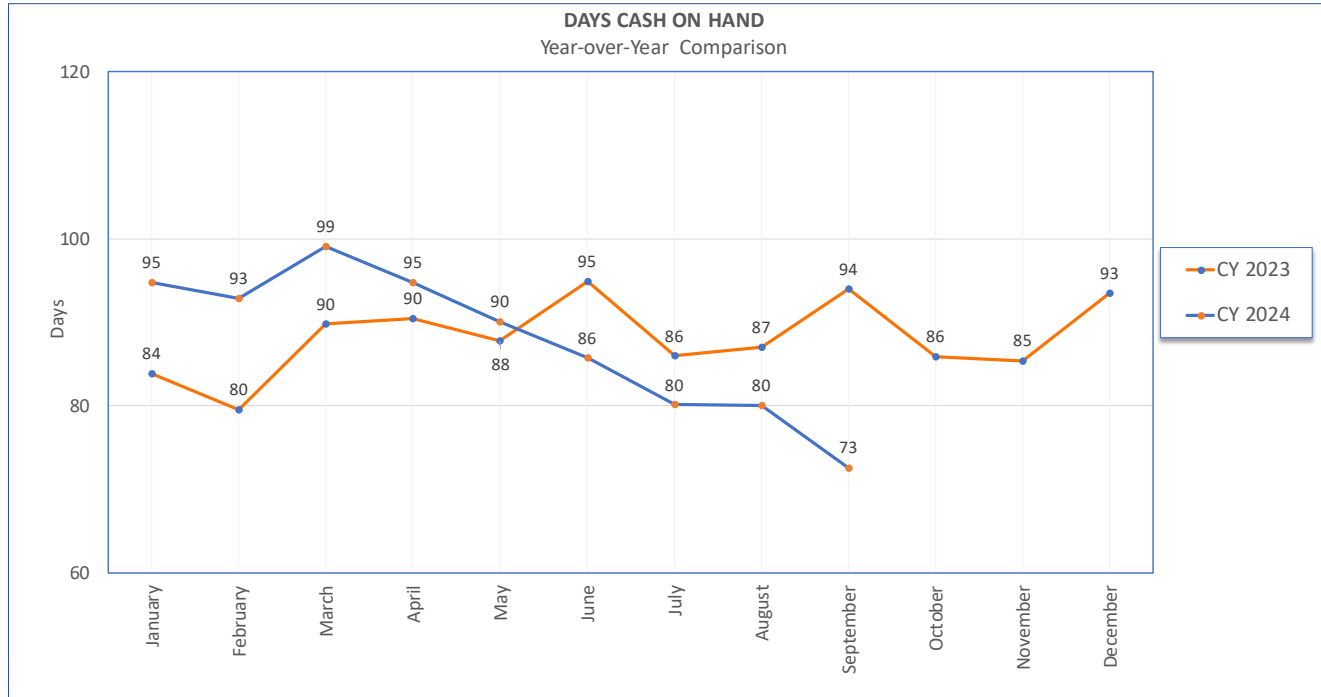
|   | Sep-24                  | Aug-24                  | Variance              |
|---|-------------------------|-------------------------|-----------------------|
| <b><u>Assets and Deferred Outflows</u></b>                    |                         |                         |                       |
| Current Assets  | \$ 2,875,391,383        | \$ 2,471,104,255        | \$ 404,287,127        |
| Long Term Receivables   | \$ 10,133               | \$ 13,468               | \$ (3,334)            |
| Capital Assets  | \$ 280,788,852          | \$ 277,295,754          | \$ 3,493,097          |
| Deferred Outflows of Resources                                | \$ 131,764,833          | \$ 131,764,833          | \$ -                  |
| Net Other Assets  | \$ -                    | \$ -                    | \$ -                  |
| <b>Total Assets and Deferred Outflows</b>                     | <b>\$ 3,287,955,200</b> | <b>\$ 2,880,178,310</b> | <b>\$ 407,776,890</b> |
| <b><u>Liabilities, Deferred Inflows, and Net Position</u></b> |                         |                         |                       |
| Current Liabilities   | \$ 1,965,698,044        | \$ 1,493,005,350        | \$ 472,692,694        |
| Long-Term Liabilities   | \$ 74,144,907           | \$ 74,187,463           | \$ (42,557)           |
| Deferred Inflows  | \$ 386,856              | \$ 389,778              | \$ (2,922)            |
| Net Position  | \$ 1,247,725,394        | \$ 1,312,595,718        | \$ (64,870,324)       |
| <b>Total Liabilities, Deferred Inflows, and Net Position</b>  | <b>\$ 3,287,955,200</b> | <b>\$ 2,880,178,310</b> | <b>\$ 407,776,890</b> |

## Highlights for the Month:

- Increase in Current Assets and Current Liabilities is primarily due to receipt of \$244M PHDP and \$70M EPP pass-thru payments pending distribution, and \$238M MCO tax primarily due to CY2024 rate adjustment partially offset by \$79M D-SNP September 2024 capitation payment received in August 2024 and CY2023 rate adjustment retraction by DHCS.



# Days Cash on Hand



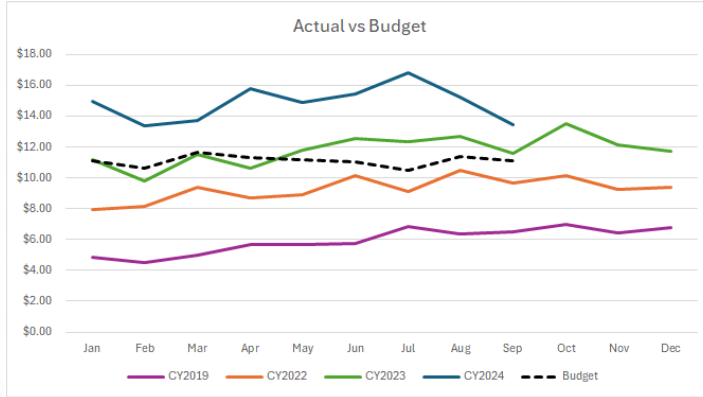
## Highlights for the Month:

- Decrease in days cash on hand is primarily due to \$79M D-SNP September 2024 capitation payment received in August 2024, CY2023 rate adjustment retraction by DHCS, and increase in net expenses.

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



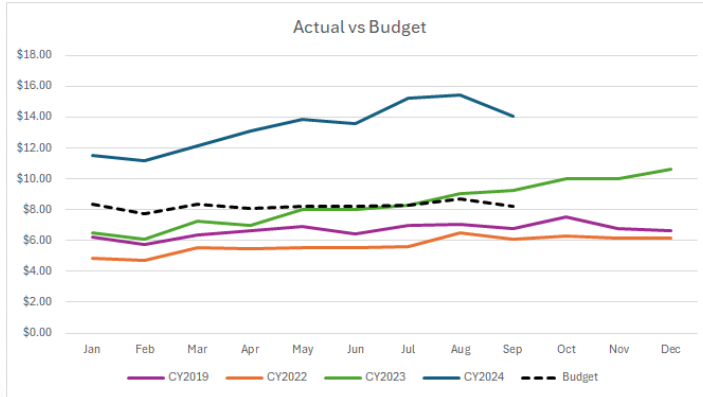
# Behavioral Health Therapy – Autism



| Service Month | Incurred PMPM |         |         |         | Trends |        | Variance to |
|---------------|---------------|---------|---------|---------|--------|--------|-------------|
|               | CY2022        | CY2023  | CY2024  | Budget  | CY2023 | CY2024 | Budget      |
| Jan           | \$7.92        | \$11.17 | \$14.95 | \$11.08 | 41.1%  | 33.9%  | 35.0%       |
| Feb           | \$8.17        | \$9.83  | \$13.40 | \$10.64 | 20.3%  | 36.3%  | 25.9%       |
| Mar           | \$9.40        | \$11.55 | \$13.71 | \$11.63 | 22.9%  | 18.8%  | 17.9%       |
| Apr           | \$8.68        | \$10.63 | \$15.75 | \$11.28 | 22.4%  | 48.2%  | 39.6%       |
| May           | \$8.89        | \$11.78 | \$14.91 | \$11.20 | 32.4%  | 26.6%  | 33.1%       |
| Jun           | \$10.15       | \$12.56 | \$15.43 | \$11.05 | 23.8%  | 22.8%  | 39.6%       |
| Jul           | \$9.11        | \$12.36 | \$16.80 | \$10.47 | 35.7%  | 35.9%  | 60.5%       |
| Aug           | \$10.52       | \$12.68 | \$15.24 | \$11.38 | 20.6%  | 20.2%  | 33.9%       |
| Sep           | \$9.68        | \$11.58 | \$13.47 | \$11.11 | 19.6%  | 16.4%  | 21.3%       |
| Oct           | \$10.11       | \$13.48 |         |         | 33.3%  |        |             |
| Nov           | \$9.22        | \$12.14 |         |         | 31.6%  |        |             |
| Dec           | \$9.41        | \$11.74 |         |         | 24.8%  |        |             |



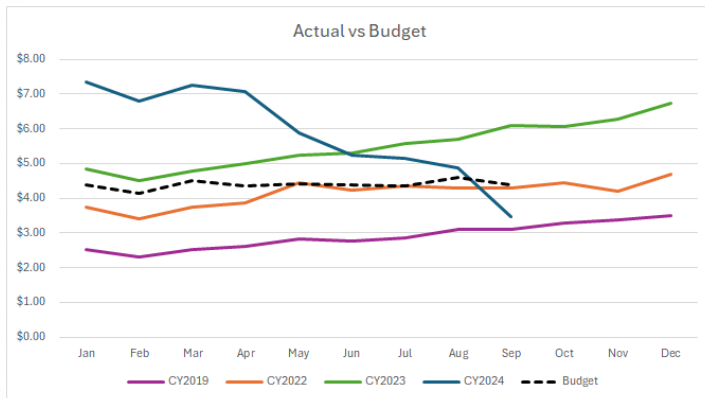
# Transportation



| Service Month | Incurred PMPM |         |         |        | Trends |        | Variance to |
|---------------|---------------|---------|---------|--------|--------|--------|-------------|
|               | CY2022        | CY2023  | CY2024  | Budget | CY2023 | CY2024 | Budget      |
| Jan           | \$4.86        | \$6.47  | \$11.54 | \$8.37 | 33.3%  | 78.2%  | 37.8%       |
| Feb           | \$4.73        | \$6.09  | \$11.16 | \$7.76 | 28.8%  | 83.2%  | 43.8%       |
| Mar           | \$5.51        | \$7.24  | \$12.12 | \$8.39 | 31.3%  | 67.4%  | 44.5%       |
| Apr           | \$5.46        | \$7.00  | \$13.09 | \$8.11 | 28.3%  | 86.9%  | 61.4%       |
| May           | \$5.54        | \$8.03  | \$13.84 | \$8.23 | 44.9%  | 72.3%  | 68.2%       |
| Jun           | \$5.55        | \$8.03  | \$13.57 | \$8.19 | 44.5%  | 69.1%  | 65.7%       |
| Jul           | \$5.61        | \$8.29  | \$15.20 | \$8.26 | 47.8%  | 83.5%  | 84.1%       |
| Aug           | \$6.47        | \$9.06  | \$15.43 | \$8.69 | 40.1%  | 70.2%  | 77.6%       |
| Sep           | \$6.09        | \$9.25  | \$14.09 | \$8.21 | 51.8%  | 52.3%  | 71.7%       |
| Oct           | \$6.31        | \$10.03 |         |        | 58.9%  |        |             |
| Nov           | \$6.16        | \$10.01 |         |        | 62.5%  |        |             |
| Dec           | \$6.12        | \$10.61 |         |        | 73.3%  |        |             |



# Home Health



| Service Month | Incurred PMPM |        |        |        | Trends |        | Variance to |
|---------------|---------------|--------|--------|--------|--------|--------|-------------|
|               | CY2022        | CY2023 | CY2024 | Budget | CY2023 | CY2024 | Budget      |
| Jan           | \$3.74        | \$4.84 | \$7.36 | \$4.39 | 29.3%  | 52.0%  | 67.5%       |
| Feb           | \$3.41        | \$4.50 | \$6.79 | \$4.15 | 31.8%  | 50.9%  | 63.8%       |
| Mar           | \$3.75        | \$4.80 | \$7.25 | \$4.51 | 27.9%  | 51.1%  | 60.8%       |
| Apr           | \$3.87        | \$4.99 | \$7.09 | \$4.35 | 28.8%  | 42.0%  | 62.7%       |
| May           | \$4.44        | \$5.23 | \$5.90 | \$4.40 | 17.7%  | 12.8%  | 34.0%       |
| Jun           | \$4.25        | \$5.31 | \$5.25 | \$4.37 | 25.0%  | -1.2%  | 20.0%       |
| Jul           | \$4.36        | \$5.59 | \$5.14 | \$4.36 | 28.2%  | -8.0%  | 17.9%       |
| Aug           | \$4.28        | \$5.69 | \$4.89 | \$4.61 | 32.8%  | -14.1% | 6.0%        |
| Sep           | \$4.28        | \$6.09 | \$3.46 | \$4.37 | 42.4%  | -43.2% | -20.8%      |
| Oct           | \$4.45        | \$6.07 |        |        | 36.3%  |        |             |
| Nov           | \$4.21        | \$6.28 |        |        | 49.0%  |        |             |
| Dec           | \$4.68        | \$6.73 |        |        | 43.9%  |        |             |



# Acronyms & Definitions

CCA – Covered California

CEPPT – California Employers' Pension Prefunding Trust

CY– Calendar Year

DHCS – Department of Health Care Services

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

FFS – Fee for Service

G&A – General & Administrative

HQAF – Hospital Quality Assurance Fee

IGT – Intergovernmental Transfers

LTC – Long Term Care

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

SBHIP – Student Behavioral Health Incentive Program

SPD – Seniors and Persons with Disabilities

YTD – Year-to-date



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

Inland Empire Health Plan  
Dr. Bradley P Gilbert Center for  
Learning and Innovation – Board Room  
9500 Cleveland Avenue  
Rancho Cucamonga, CA 91730

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***DRAFT - MINUTES OF THE OCTOBER 7, 2024 REGULAR MEETING***

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**Governing Board Members Present:**

Supervisor Curt Hagman  
Supervisor Yxstian Gutierrez  
Supervisor Dawn Rowe  
Supervisor Karen Spiegel

Dr. Dan Anderson  
Drew Williams  
Eileen Zorn

**Governing Board Members Absent:** None  
**Governing Board Member Vacancy:** None

**Inland Empire Health Plan Employees and Legal Counsel Present:**

Jarrold McNaughton, Chief Executive Officer  
Vinil Devabhaktuni, Chief Digital and  
Information Officer  
Keenan Freeman, Chief Financial Officer  
Edward Juhn, Chief Quality Officer  
Michelle Rai, Chief Communications &  
Marketing Officer  
Supriya Sood, Chief People Officer  
Takashi Wada, Interim Chief Medical Officer  
Susie White, Chief Operations Officer

Anna Wang, Esq., Vice President, General Counsel  
Raymond Mistica, Esq. Deputy County Counsel  
Victoria Ostermann, Director of Government  
Affairs  
Annette Taylor, Secretary to the Governing Board  
Stefanie Stubblefield, Board Specialist

**IEHP Staff Absent:** None

**Guests:** None

- 
- I. Call to Order:  
Chair Hagman called the October 7, 2024 regular meeting of the Inland Empire Health Plan Governing Board to order at 9:00 a.m.
  - II. Pledge of Allegiance:
  - III. Roll Call:
  - IV. Agenda Changes: None
  - V. Public Comment: None
  - VI. Conflict of Interest Disclosure: None

*\*Chair Hagman combined the vote of the Meeting Minutes from September 9, 2024 and Consent Agenda (Items 1 –22); Member Zorn requested Item 3 from the Consent agenda be pulled for further discussion)*

- VII. Adopt and Approve the Meeting Minutes from September 9, 2024 Meeting of the Governing Board of the Inland Empire Health Plan.

***Action: On motion of Member Spiegel and seconded by Member Williams, the Meeting Minutes from the September 9, 2024 Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Spiegel/Williams)***

**Consent Agenda:**

***Action: On motion of Member Spiegel and seconded by Member Williams, Items 1 -2, and 4 – 22 on the IEHP Consent Agenda were approved as presented. (Spiegel/Williams)***

*At the request of Member Zorn, Item 3 was pulled from Consent agenda for discussion*

Item 3: Approve the Purchase of Real Property located at 10769 Hole Avenue, Riverside, CA 92505 and Delegation of Authority to the Chief Executive Office

***Action: After further discussion and on motion of Member Spiegel and seconded by Member Gutierrez, Item 3 on the IEHP Consent Agenda was approved as presented. (Spiegel/Gutierrez)***

**Policy Agenda and Status Report on Agency Operations (Board Report #353)**

**ADMINISTRATION:**

Jarrold McNaughton, Chief Executive Officer, presented the following Administrative section of the Status Report

**Item 23: Chief Executive Officer Update**

*Mr. McNaughton presented the CEO Update for October 2024.*

**Item 24: Approve Resolution 24-001 regarding California Proposition 35 (MCO Tax):**

*Mr. McNaughton introduced support of California Proposition 35 and potential impacts.*

*\*Members Gutierrez, Spiegel, and Rowe commented.*

***Action: On motion of Member Williams and seconded by Member Zorn, Item 24 on the IEHP Policy Agenda was approved as presented. (Spiegel/Williams; Rowe Opposed)***

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



FINANCE DEPARTMENT (Keenan Freeman):

Keenan Freeman, Chief Financial Officer, presented the following Finance Department section of the Status Report:

Item 25: Review of the Monthly Financials:

*Mr. Freeman presented the financials for PE083124.*

*\*Members Hagman, Gutierrez, Zorn, Spiegel, and Anderson commented on presentation*

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

OPERATIONS DEPARTMENT (Susie White):

Susie White, Chief Operating Officer, presented the following Operations Department section of the Status Report:

Item 26: Update on the 2023 IPA Performance Evaluation Tool:

*Ms. White introduced Juan Ortega, Director Oversight, who presented the 2023 IPA PET update*

*\*Members Hagman, Zorn, and Anderson commented on update*

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

QUALITY DEPARTMENT (Edward Juhn, M.D.):

Edward Juhn, Chief Quality Officer, presented the following Quality Department section of the Status Report:

Item 27: National Committee for Quality Assurance Health Plan Rating Performance Update.

*Dr. Juhn presented the NCQA Health Plan Rating Performance Update*

*\*Members Hagman, Spiegel, Zorn, and Anderson commented on update*

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

VIII. Comments from the Public on Matters Not on The Agenda: None

IX. Board Comments: Member Anderson commended Board Staff on support of Board Members. Member Spiegel commented on the one-year anniversary of conflict in the middle east and the importance of voting in the upcoming elections.

*\*Chair Hagman announced with no reportable action expected from the Closed Session matters the October 7, 2024 Governing Board meeting will be adjourned. The Clerk read the following Matters into the meeting record:*

XII. Closed Session

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54956.9:

Conference with Legal Counsel-Anticipated Litigation: Initiation of litigation pursuant to subdivision (d)(4) of Government Code Section 54956.9:

- a. Two potential cases

2. Conference with Legal Counsel – Existing Litigation: (Subdivision (d)(1) of Government Code Section 54956.9)

- a. In The Matter Of Inland Empire Health Plan; APPEAL NO.: MCP23-0123-647-JM

- b. In The Matter Of Inland Empire Health Plan; APPEAL NO.: MCP24-0124-663-JM

X. Adjournment

*Chair Hagman adjourned the October 7, 2024, IEHP Governing Board meeting at 10:24 a.m.*

The Approved Governing Board Minutes for October 7, 2024 will have a copy of the IEHP Board Report #353 attached

These Meeting Minutes were duly adopted and approved on November 4, 2024.

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Annette Taylor  
Secretary to the IEHP Governing Board



## **INLAND EMPIRE HEALTH PLAN**

### **Procurement Report**

#### **Professional Services Agreements, Contracts, and Amendments**

**Items on this summary report are being  
processed in conjunction with the  
November 4, 2024 Governing Board Meeting**



*Procurement Report as of  
November 4, 2024*

| Vendor |  | Purpose  | Contract Amount | Budget             | Effective Date | Department             |
|--------|--|--|-----------------|--------------------|----------------|------------------------|
| 1      | Advance Refrigeration & Ice Systems, Inc.  | PSA for Refrigerator, Freezer, Ice Machine Preventive Maintenance & Repairs                  | \$35,000        | New                | 10/06/24       | Operations             |
| 2      | Deefield Solutions LLC   | An End User License Agreement for LOCUS-CALOCUS Online                                       | \$15,000        | Included in CY2024 | 10/07/24       | Health Services        |
| 3      | Fusion Risk Management, Inc. First Amendment   | A Professional Service Project SOW   | \$0             | Included in CY2023 | 10/24/24       | Finance                |
| 4      | KP LLC First Amendment   | A PSA for Provider Directory Development & Printing Services                                 | \$1,100,000     | Included in CY2025 | 10/18/24       | Marketing              |
| 5      | Maureen Plumstead  | A PSA for an NCQA Consultant   | \$90,000        | Included in CY2025 | 10/28/24       | Quality                |
| 6      | MEDIS LLC Second Amendment   | A PSA for Consultation Services for Quality Measures & Clinic Workflow                       | \$116,700       | Included in CY2025 | 10/30/24       | Quality                |
| 7      | Micro-Dyn Medical Systems, LLC First Amendment   | A Master License Agreement   | \$29,975        | Included in CY2024 | 11/16/24       | Information Technology |
| 8      | Oracle America, Inc.   | An Ordering Document for User Licensing  | \$171,054       | Included in CY2023 | 10/29/24       | Information Technology |
| 9      | PARS International Corp.   | A License Agreement for the Great Places to Work - Best in Health Care 2024-205 Survey       | \$26,278        | New                | 09/01/24       | Marketing              |
| 10     | PARS International Corp.   | A License Agreement for the Great Places to Work - Best Workplaces for Women 2024-205 Survey | \$21,900        | New                | 09/01/24       | Marketing              |
| 11     | Proforma Graphic PrintSource Third Amendment   | A PSA for Promotional Products & IEHP Branded Apparel Services                               | \$2,000,000     | Included in CY2023 | 10/23/24       | Marketing              |
| 12     | Riverside County Foundation for Medical Care (RCFMC) dba Inland Empire Foundation for Medical Care (IEFMC) First Amendment | A PSA for Practice Clinical & Financial Outcomes Improvement                                 | \$0             | None               | 10/22/24       | Quality                |



*Procurement Report as of  
November 4, 2024*

| Vendor |   | Purpose   | Contract Amount | Budget             | Effective Date | Department             |
|--------|---|---|-----------------|--------------------|----------------|------------------------|
| 13     | Safety Net Connect, Inc.<br>Fifth Amendment | A PSA for EConsult & Referral Management Software Solution                                  | \$0             | None               | 01/01/22       | Information Technology |
| 14     | Symplr Software LLC                         | Master and License Agreement<br>*Order Form/SOW for Evidence Analysis Software Subscription | \$153,498       | New                | 10/30/24       | Health Services        |
| 15     | Tel Set Communications, Inc.                | A Structured Cabling Installation and Repair Job Order Contract                             | \$200,000       | Included in CY2024 | 10/22/24       | Information Technology |



*Tangible Goods Procurement Report  
as of November 4, 2024*

*No Items to Report*