



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

**October 7, 2024 - 9:00 AM**

Board Report #353

**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/oZunogNt8FQ?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 September 9, 2024 Regular Meeting of the Governing Board of the Inland Empire Health Plan
- VIII. CONSENT AGENDA

**ADMINISTRATION (Jarrod McNaughton)**

1. Delegation of Authority to Approve the Team Member Benefits product agreements and policy documents for Calendar Year 2025
2. Approve the Second Amendment to the Inland Empire Health Plan Defined Contribution Plan and Delegation of Authority to Approve Non-Substantive Clerical Changes To IEHP's Existing Retirement and Benefits Plans where Necessary
3. Approve the Purchase of Real Property located at 10769 Hole Avenue, Riverside, CA 92505 and Delegation of Authority to the Chief Executive Officer
4. Approve Award of Request for Proposal #23-0478 to, and Delegation of Authority to Approve Contractual Documents, with Deloitte Consulting, LLC, HTC Global Services, and Concnatrix CVG Customer Management Group

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

5. Approve the Funding Agreement with Riverside County Children and Families Commission
6. Approve the Tenth Amendment to the Professional Service Agreements with Freed & Associates
7. Approve the Second Amendment to the Professional Services Agreement with Inland Temporary Homes dba Inland Housing Solutions

**INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)**

8. Delegation of Authority to Approve a Sales Service Order with Altera Digital Health Inc.
9. Approve Statement of Work #3188 to the Master License and Services Agreement with Edifecs, Inc.

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10. Delegation of Authority to Approve the Second Amendment to the Professional Services Agreement with Zelis Healthcare, LLC.

**MARKETING DEPARTMENT (Michelle Rai)**

11. Approve the First Amendment to the Professional Services Agreement with Ntooitive Digital, LLC

**OPERATIONS DEPARTMENT (Susie White)**

12. Ratify and Approve the Termination Agreement with WEX Health Inc. d/b/a WEX

**PROVIDER CONTRACTING DEPARTMENT (Susie White)**

13. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement with KND Real Estate 40 LLC dba Kindred Hospital Paramount - Paramount
14. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement with KND Development 52 LLC dba Kindred Hospital Baldwin Park – Baldwin Park
15. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement with KND Development 53 LLC dba Kindred South Bay - Gardenia
16. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement with KND Development 54 LLC dba Kindred Hospital Riverside - Perris
17. Ratify and Approve the third Amendment to the Hospital Per Diem Agreement with KND Development 55 LLC dba Kindred Hospital Rancho – Rancho Cucamonga
18. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement with THC Orange County LLC – Multiple Locations
19. Ratify and Approve the Enhancement Care Management Provider Agreement with ResolutionCare, PC – San Mateo
20. Ratify and Approve the Capitated Primary Care Provider Agreement with SAC Health System – Multiple Locations
21. Ratify and Approve the Third Amendment to the Hospital Per Diem Agreement with Southern California Specialty Care LLC – Multiple Locations
22. Approval of the Evergreen Contracts
  - 1) Rainbow Pediatrics Steve Randal E Firme MD Inc - Open Access Agreement – Upland
  - 2) Corona Residential Care Center - Residential Care for the Elderly – Corona
  - 3) Mere Enterprises Inc dba Abria Del Cielo Assisted Living Facility - Residential Care for the Elderly – San Bernardino

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- 4) Mehrdad Asgeri MD dba Oasis Advanced Gastroenterology Inc - Participating Provider Agreement – Specialist – Palm Springs
- 5) Flower Home Health Inc- Ancillary Agreement – Rancho Cucamonga
- 6) Martha's Village and Kitchen– Ancillary Agreement – Indio
- 7) April L Rankin dba Aprils Counseling Services – Participating Provider Agreement - Behavioral Health – Riverside
- 8) Cynthia A Brooks dba Cindy Brooks LMFT SEP CATC IV– Participating Provider Agreement - Behavioral Health – Idyllwild
- 9) Daisy A Ukonu dba Choices for Better Living -Participating Provider Agreement - Behavioral Health – Apple Valley
- 10) Erika Lazo dba Erika Lazo LCSW - Participating Provider Agreement - Behavioral Health – Riverside
- 11) I Ching Wu - Participating Provider Agreement - Behavioral Health – Upland
- 12) Imelda Mares dba Uplifting Bilingual Counseling Services -Participating Provider Agreement - Behavioral Health – Ontario
- 13) Jeffrey D Kaye LCSW – Participating Provider Agreement - Behavioral Health – Apple Valley
- 14) Jennifer Carrillo dba Blossom Therapy – Participating Provider Agreement - Behavioral Health - Claremont
- 15) Lisa Marie Dryan dba Therapy in a Bag LICENSED CLINICAL SOCIAL WORK Inc – Participating Provider Agreement - Behavioral Health – Riverside
- 16) Mariah Kaffka – Participating Provider Agreement - Behavioral Health – Riverside
- 17) New Day Recovery Center Inc – Participating Provider Agreement - Behavioral Health – Chino
- 18) Suzanne Waverek dba Aspirations Counseling Practice – Participating Provider Agreement - Behavioral Health – La Quinta
- 19) Theresa Brandon LMFT - Participating Provider Agreement - Behavioral Health - Riverside
- 20) Cajon Medical Group PC - Capitated Primary Care Provider Agreement – San Bernardino
- 21) Ajay G Meka MD Inc dba Amistad Medical Clinic - Fee-For-Service Primary Care Provider Agreement – San Bernardino
- 22) Family Health Center of Joshua Tree Inc - Fee-For-Service Primary Care Provider Agreement – Specialist -Yucca Valley
- 23) Celia Lindsay Pearson dba Data Driven Educators LLC – Participating Provider Agreement – QASP – Riverside
- 24) Aspen Medical Group Inc - Participating Provider Agreement - Specialist – Moreno Valley
- 25) Behnam Ebrahimi MD Inc – Participating Provider Agreement – Specialist – Pomona
- 26) Foot Heel Ankle Podiatry Corporation - Participating Provider Agreement – Specialist – Ontario
- 27) Foothill Dermatology Medical Center dba Foothill Dermatology Medical Center – Specialist – Rancho Cucamonga
- 28) French Medical Corp – Participating Provider Agreement - Specialist – Corona
- 29) Krishna G Reddy MD dba Inland Valley Hematology Oncology Associates – Participating Provider Agreement - Specialist – Pomona
- 30) Labib Hashimi - Participating Provider Agreement – Specialist- Chino

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- 31) Louis C Redix Jr MD dba Phoenix Orthopaedics Medical Group - Participating Provider Agreement – Specialist – Barstow
- 32) Morakod Lim MD Inc - Participating Provider Agreement – Specialist – Victorville
- 33) Truong D Duong a Medical Corporation - Participating Provider Agreement – Specialist – Rancho Cucamonga
- 34) West Gastroenterology Medical Group - Participating Provider Agreement – Specialist – Murrieta
- 35) Southern California Occupational Med Prov AMC dba Riverside Industrial Medical Clinic - Urgent Care Provider Agreement – Riverside
- 36) Olave StClair Yee dba Olave St Clair Optometry Inc - Participating Provider Agreement - Vision (Exam Only) – Chino
- 37) Rancho Vision Center Optometry Inc dba Joanne J Kim OD Optometry - Participating Provider Agreement – Vision – Rancho Cucamonga
- 38) Steve Ha Vo dba Dr. Steve Vo OD - Participating Provider Agreement – Vision – Corona
- 39) Inland Behavioral and Health Services Inc - Ancillary Agreement – San Bernardino

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

**ADMINISTRATION (Jarrod McNaughton)**

- 23. Chief Executive Officer Update
- 24. Approve Resolution 24-001 regarding California Proposition 35 (MCO Tax)

**FINANCE DEPARTMENT (Keenan Freeman)**

- 25. Review of the Monthly Financials

**OPERATIONS DEPARTMENT (Susie White)**

- 26. Update on the 2023 IPA Performance Evaluation Tool

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

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

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

XI. Board Member Comments

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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

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on November 4, 2024, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

**ADMINISTRATION****1. DELEGATION OF AUTHORITY TO APPROVE THE TEAM MEMBER BENEFITS PRODUCT AGREEMENTS AND POLICY DOCUMENTS FOR CALENDAR YEAR 2025****Recommended Action:**

That the Governing Board of Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer or his designee to, after legal review and approval, sign the Benefits Product Agreements and Policy Documents (“Agreement”) associated with IEHP Team Member benefits for Calendar Year 2025.

**Contact:**

Supriya Sood, Chief People Officer

**Background:**

IEHP provides various employee benefits for IEHP Team Members, some of which are also extended to their eligible dependents.

**Discussion:**

For the 2025 benefits plan year, IEHP’s medical plan carriers will continue to be offered under PRISM (Public Risk Innovation, Solutions, and Management, formerly CSAC EIA). PRISM is a risk sharing pool dedicated to controlling loss by providing risk management solutions. IEHP is requesting to renew the Agreement with the medical plans under PRISM, which includes a change from the current medical carrier, Anthem, to BlueShield. Coverage options under BlueShield will mirror the options that were available under Anthem. In addition, IEHP is requesting to renew agreements with various Team Member benefit providers for the benefit period January 1, 2025, through December 31, 2025, as shown below:

Benefit Provider	Benefit Product	Benefit Level	2024 Rates <sup>(1)</sup>	2025 Rates <sup>(1)</sup>	2024 Premium <sup>(2)</sup>	2025 Estimated Premium <sup>(3)</sup>
Anthem Blue Cross 2024/ BlueShield 2025 (PRISM)	Medical HMO	Employee	\$711	\$763		
		Employee +1	\$1,510	\$1,620		
		Employee +2 or more	\$2,149	\$2,306		
		<b>Subtotal</b>			\$26,202,312	\$28,115,700
	Medical PPO	Employee	\$726	\$770		
		Employee +1	\$1,546	\$1,659		
		Employee +2 or more	\$2,200	\$2,361		
		<b>Subtotal</b>			\$7,839,000	\$8,412,216

## CONSENT AGENDA

Benefit Provider	Benefit Product	Benefit Level	2024 Rates <sup>(1)</sup>	2025 Rates <sup>(1)</sup>	2024 Premium <sup>(2)</sup>	2025 Estimated Premium <sup>(3)</sup>
	Medical PPO High Deductible Plan with Health Savings Account (HSA)	Employee	\$651	\$678		
		Employee +1	\$1,388	\$1,446		
		Employee +2 or more	\$1,975	\$2,058		
		<b>Subtotal</b>			\$1,254,252	\$1,306,728
Kaiser Permanente (PRISM)	Medical HMO	Employee	\$722	\$775		
		Employee +1	\$1,535	\$1,647		
		Employee +2 or more	\$2,186	\$2,346		
		<b>Subtotal</b>			\$28,117,680	\$30,175,212
Delta Dental PPO (PRISM)	Dental PPO	Employee	\$34.20	\$35.10		
		Employee +1	\$66.60	\$68.40		
		Employee +2 or more	\$123.10	\$126.30		
		<b>Subtotal</b>			\$3,420,863	\$3,510,536
Medical Eye Services-MES/EyeMed (PRISM)	Vision	Employee	\$8.45	\$8.45		
		Employee +1	\$15.20	\$15.20		
		Employee +2 or more	\$21.79	\$21.79		
		<b>Subtotal</b>			\$666,991	\$666,991
Navia	Flexible Spending Account (FSA)	<b>Subtotal</b>			\$50,983	\$50,983
Lincoln Financial	Basic Life and AD&D, Short Term Disability, Long Term Disability	Basic Life and AD&D: Rate per \$1,000 (1*Annual Earnings up to \$250K)	\$0.06	\$0.06	\$222,007	\$222,007



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Benefit Provider	Benefit Product	Benefit Level	2024 Rates <sup>(1)</sup>	2025 Rates <sup>(1)</sup>	2024 Premium <sup>(2)</sup>	2025 Estimated Premium <sup>(3)</sup>
		Short Term Disability: Rate per \$10 (weekly benefit)	\$0.10	\$0.10	\$430,858	\$430,858
		Long Term Disability: Rate per \$100 of Covered Payroll	\$0.20	\$0.20	\$341,436	\$341,436
		<b>Subtotal</b>			\$994,301	\$1,024,301
Spring Health <sup>(3)</sup>	Employee Assistance Program (EAP)	<b>Subtotal</b>			\$410,380	\$518,061
		<b>Total Estimated Cost (+Contingency @ 10%)</b>			<b>\$68,956,762</b>	<b>\$73,780,728</b>
		<b>Total Estimated Final Cost</b>				<b>\$81,158,800</b>

(1) Rates are monthly unless otherwise indicated.

(2) 2024 premium is based on current year average cost.

(3) 2025 Estimated premiums are based on early 2024 participating Team Member count.

The estimated annual premium for Calendar Year 2025 is \$73,780,728, which is based on early 2024 Team Member counts. Accordingly, IEHP is seeking a 10% contingency to account for the provision of benefits to any additional IEHP Team Members hired during the next benefit plan year. The estimated premium, including the contingency, is approximately \$81,158,800. It should also be noted that the estimated premium for CY 2025 is \$4,823,966 or 6.99% higher, than the estimated CY 2024 premium, primarily due to the increase in enrollment for new Team Members and overall premium rate increase across the multiple health plans.

IEHP is also requesting to renew agreements with vendors for those benefits for which IEHP Team Member participation is voluntary, and the premium is entirely paid for by participating IEHP Team Members. The estimated premium for these optional benefits is stated below, which is initially paid by IEHP and then deducted from IEHP Team Members' paychecks.

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<b>Optional Benefit Product</b>	<b>Benefit Provider</b>	<b>2024 Premium</b>	<b>2025 Estimated Premium</b>
Supplemental Voluntary Life Insurance	Lincoln Financial Group	\$ 625,159	\$ 625,159
Voluntary Short-Term Disability	Lincoln Financial Group	\$ 574,392	\$ 574,392
Critical Illness	Lincoln Financial Group	\$ 329,004	\$ 329,004
Accident Insurance	Lincoln Financial Group	\$ 373,188	\$ 373,188
Pet Discount Program	United Pet Care	\$ 222,912	\$ 222,912
<b>Total - Optional Benefit Product</b>		<b>\$2,124,655</b>	<b>\$2,124,655</b>

<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. Freeman	NA	M. Popka 9/23/24	D. DelToro 9/20/24	S. Sood

## ADMINISTRATION

### 2. APPROVE THE SECOND AMENDMENT TO THE INLAND EMPIRE HEALTH PLAN DEFINED CONTRIBUTION PLAN AND DELEGATION OF AUTHORITY TO APPROVE NON-SUBSTANTIVE CLERICAL CHANGES TO IEHP'S EXISTING RETIREMENT AND BENEFITS PLANS WHERE NECESSARY

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Inland Empire Health Plan Defined Contribution Plan and further authorize the Chief Executive Officer or his designee to, upon legal review and approval, make any non-substantive and/or clerical administrative changes in furtherance of IEHP's existing various retirement and benefits plans when necessary. There are no costs associated with this Amendment.

#### **Contact:**

Supriya Sood, Chief People Officer

#### **Background:**

On June 2, 2023, under Minute Order 23-145, the Leader Retirement Retention Program (or, Cliff Vesting Retirement Plan) ("Program") was approved by the Board, with a goal of increasing retention of IEHP's leadership staff to continue mission critical activities of the organization. On December 11, 2023, the First Amendment to the IEHP Defined Contribution Plan ("Plan Document") was then approved, which formally implemented the Cliff Vesting Retirement Plan. The Plan Document inadvertently identified the Normal Retirement Age applicable for the Cliff Vesting benefit as 65 years of age. In order to align with the Normal Retirement Age for the remainder of IEHP's retirement benefits, the Plan Document should be amended to reflect a Normal Retirement Age of "62 years of age" rather than "65 years of age."

#### **Discussion:**

The purpose of the Second Amendment is to update the Normal Retirement Age in the Plan Document from "65 years of age" to "62 years of age". In addition, to the extent that IEHP discovers any similar clerical issues associated with any of IEHP's existing benefits or retirement plans, IEHP will be able to make revisions to cure such clerical errors in order to properly effectuate the intent of the Board.

Staff recommends approval of the Amendment to the Defined Contribution Plan Document.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	L. Vanga 9/24/24	K. Kang 01/01/24	S. Sood 10/01/24

## ADMINISTRATION

### 3. APPROVE THE PURCHASE OF REAL PROPERTY LOCATED AT 10769 HOLE AVENUE, RIVERSIDE, CA 92505 AND DELEGATE AUTHORITY TO THE CHIEF EXECUTIVE OFFICER

#### **Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the purchase of real property located at 10769 Hole Avenue, Riverside, CA 92505 in an amount not to exceed \$13,175,000, which includes \$12,975,000 for the purchase price plus \$200,000 in transactional, due diligence and closing costs; approve release of \$300,000 as an earnest money deposit for the real property purchase; and delegate authority to the Chief Executive Officer to, after legal review and approval, execute the Purchase Agreement and any other pertinent documents and approve necessary transactions related to this purchase.

#### **Contact:**

Jarrold McNaughton, Chief Executive Officer

#### **Background:**

In September 2024 under Minute Order 24-184, the Governing Board approved the designation of the Chief Executive Officer, Chief Financial Officer, Vice President of Property Management and Development, and Lee & Associates (real estate broker) as IEHP's negotiators for the potential acquisition of real property located at 10769 Hole Avenue, Riverside, CA 92505. The property is owned by River Pointe One, LLC. IEHP seeks to pursue this real estate acquisition to relocate the current IEHP Community Wellness Center ("CWC") in Riverside.

#### **Discussion:**

IEHP seeks to pursue this real estate acquisition for the following reasons:

- To upgrade the existing 7,559 square foot Riverside CWC under leasehold obligation in a retail center with a larger 37,601 square foot IEHP-owned facility to allow for better flexibility and presence in serving the needs of our members in the community. Increased size allows for more robust programming to better serve the Riverside community including space to provide to IEHP's immigrant and minority serving CBO Partners to allow for multiple needs to be served in a single location. The goal is that those who participate in CWC programs and services will improve overall health and wellness, as well as improve their healthcare experience.
- Easy to reach location with public transit stops for both eastbound and westbound buses directly adjacent on Hole Ave. The relocation also provides easier access for many members with over 10,000 members living within a 1-mile radius of this location.
- Owning the facility versus leasing allows for the longer amortization of up-front improvement costs versus a fixed time-period lease as well as increased flexibility for programming with the potential use of outdoor space.
- Comparable office building sales for similarly sized owner-user buildings in the Inland Empire have ranged from \$180 per square foot to \$367 per square foot with an average price of \$247

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per square foot over the past 18 months. Comparable office building sales in Riverside ranged from \$180 per square foot to \$250 per square foot with an average price of \$226 per square foot. The purchase price of the subject property at \$217 per square foot is within the fair market value in the area and below the average price per square foot.

The information below delineates key components of the Purchase Agreement:

1. Seller: River Pointe One, LLC
2. Buyer: Inland Empire Health Plan
3. Description of Property: 10769 Hole Avenue, Riverside, CA, 92505, consisting of an approximately 59,731 RSF commercial building located on approximately 4.8 acres of land including all parking.
4. Purchase Price: \$12,975,000
5. Earnest Money Deposit: \$300,000 ("Deposit") shall be deposited with Stewart Title Company ("Title Company") as earnest money, which is fully refundable during the Due Diligence period and applied to the Purchase Price at Closing. The Deposit shall be applied toward the purchase price should the Buyer decide to move forward with the transaction following the Due Diligence period (subject to no Seller default and no material adverse change to the Property between the end of the Due Diligence period and the Closing) and the approval by the Governing Board of IEHP.
6. Due Diligence: Buyer shall have a Due Diligence period of 45 days commencing upon execution of the Agreement.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Freeman	N/A	A. Wang 9/20/24	J. Mansour 9/13/24	J. McNaughton 9/13/24

## ADMINISTRATION

### 4. APPROVE THE AWARD OF REQUEST FOR PROPOSAL #23-04758 TO, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH, DELOITTE CONSULTING, LLP, HTC GLOBAL SERVICES, AND CONCENTRIX CVG CUSTOMER MANAGEMENT GROUP

#### **Recommended Action:**

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

1. Approve the award of Request for Proposal #23-04758 (RFP 23-04758) to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign contractual documents with, HTC Global Services, Concentrix CVG Customer management Group, Inc., and Deloitte Consulting LLP for Project Management Services and;
2. Approve funding for the provision of Enterprise Job Architecture Design and Implementation Program Management Services with Deloitte Consulting LLP for a total amount not to exceed \$660,000 for an initial term of one (1) year.

#### **Contact:**

Supriya Sood, Chief People Officer

#### **Background:**

On May 12, 2024, IEHP issued RFP #23-04758 on Bonfire, its public third-party bidding website, to identify qualified vendor(s) capable of providing Project Management Consulting Services with the flexibility to services on an as-needed and as-requested basis, with the ability to scale up or down based on project requirements and timelines.

IEHP received ten (10) proposals to evaluate. A down selection process took place in which five (5) bidders entered the interview phase with the Evaluation Committee.

Below is a summary of key outcomes of the RFP process.

TECHNICAL PROPOSAL SCORES WITHOUT COST (OUT OF 70)	
TrendTech Logistics	29.83
Upskilled Evolution LLC	32.19
Castlefirth	33.42
AAA Dynamic Consulting Services	34.57
Freed & Associates	38.65
Apexon	39.01
HTC Global Services	39.39
Concentrix CVG Customer Management, Group Inc	40.80
AArete LLC	43.13
Deloitte Consulting LLP	43.62

<b>TECHNICAL PROPOSAL SCORES INCLUDING COST (OUT OF 100)</b>	
AAA Dynamic Consulting Services	<b>43.41</b>
Freed & Associates	<b>46.15</b>
Castlefirth	<b>46.62</b>
Apexon	<b>46.70</b>
AArete LLC	<b>48.97</b>
Deloitte Consulting LLP	<b>49.87</b>
Concentric CVG Customer Management, Group Inc	<b>50.41</b>
HTC Global Services	<b>52.03</b>
Upskilled Evolution LLC	<b>57.19</b>
TrendTech Logistics	<b>59.83</b>

In IEHP's pursuit of a thorough project evaluation, it became evident that pricing alone was insufficient as a metric for assessing the quality and feasibility for bidders' proposals. In response, the Evaluation Team opted for a more comprehensive approach. The Evaluation Team refocused efforts on the down-selected options, placing significant emphasis on technical scores and alignment. As shown in Technical Proposal Scores.

<b>DEMONSTRATION SCORES (OUT OF 30)</b>	
Apexon	<b>12</b>
HTC Global Services	<b>19</b>
AArete LLC	<b>22</b>
Concentrix CVG Customer Management Group Inc	<b>23</b>
Deloitte Consulting LLP	<b>26</b>

<b>FINAL TOTAL SCORES (OUT OF 130)</b>	
Apexon	<b>58.70</b>
AArete LLC	<b>70.97</b>
HTC Global Services	<b>71.03</b>
Concentrix CVG Customer Management Group Inc	<b>73.41</b>
Deloitte Consulting LLP	<b>75.87</b>

After a thorough evaluation, the RFP Evaluation Committee recommended an award for RFP#23-04758 to Deloitte Consulting LLP, Concentrix CVG Customer Management Group, Inc, and HTC Global Services, Inc. Based on IEHP's project requirements, qualified bidders/vendors will be asked to quote on a per-project basis and provide a detailed scope of work with a comprehensive description of all the tasks, activities, deliverables, timelines, and resources required to complete a

project successfully. Final total score reflects the low scores previously described in the Technical round of evaluation. The final three (3) vendors still scored well enough to perform the required work to IEHP specifications.

HTC Global Services (HTC) focuses on effective communication and collaboration among stakeholders, facilitating seamless coordination and alignment. HTC's project management services extend beyond traditional project execution. They emphasize continuous improvement and leverage data-driven insights to optimize project performance. Through robust monitoring and reporting mechanisms, HTC enables its domestic and global clientele to make informed decisions, manage resources efficiently, and drive project success. HTC has experience working with CA-based Health Maintenance Organizations to support their digital transformation and providing guidance on regulatory requirements.

Concentrix CVG Customer Management Group, Inc approaches engagements from a sprint planning capacity model which drives the delivery methodology and load balancing/staffing perspective. Their transformation and technology team known as Concentrix Catalyst, has executed projects in traditional Waterfall methodology and has a track record of collaboratively working with clients to move them from Waterfall to Agile based delivery models. They have built their own proprietary tools and frameworks for client engagements to improve efficiencies and speed to the market. Since 2008, Concentrix has been working with Payers and Health Maintenance Organizations serving Commercial, Medicaid, Medicare, and Dually Eligible populations.

Deloitte Consulting LLP has global experience managing an array of projects varying in scales of complexity within the public and private health industry. As a well-known leader in the project management space, their portfolio includes most of the Fortune 100 global companies. Their experience includes Health Plan organizations of all size, from large National Health Plans, to single-state Health Plans across all lines of business and scope of services, including but not limited to business and technology services (strategy, implementation, and maintenance activities), project management, and organizational change management and training services. In 2022, Deloitte served 75% of the top US national health plans and 50% of the top US regional health plans. Deloitte is currently contracted with IEHP for Covered California (CCA) Project Management Services, Business Systems Analyst training and standardization, Medicare Advantage Network Analysis work that are unrelated to the current request. HTC Global is currently contracted with IEHP for staff augmentation services to support enterprise application modernization efforts and infrastructure build out.

The multi-award of RFP 23-04758 is to serve various business units within IEHP on an as needed basis. IEHP will solicit these three vendors for all future IEHP Project Management needs based on their specialty of expertise, availability and, where multiple awards exist, lowest price. IEHP will request approval from the Governing Board, for all future Project Management Projects, once an awarded vendor is selected .



**Discussion:**

IEHP requires Enterprise Job Architecture Design and Implementation Services to establish a cohesive framework for job roles across the organization. This initiative is crucial for aligning job functions, families, career tracks, and levels with enterprise-wide standards, thereby improving clarity, consistency, and efficiency in managing talent. The project will begin with a thorough assessment of the current job architecture, followed by the design and implementation of an enterprise-wide framework, starting with a pilot for the Project Management job family. This pilot will serve as a model for other job families and includes developing a governance model to sustain the architecture over time and integrating it into talent management processes.

Deloitte brings a wealth of expertise to IEHP, offering a structured approach to designing and building a comprehensive job architecture. Their involvement ensures the architecture is robust, sustainable, and integrated into IEHP's talent management processes. By leveraging Deloitte's project management expertise, IEHP can expect improved clarity and consistency in job roles, enhanced talent management strategies, and increased organizational efficiency.

Deloitte has been selected to meet project deliverables and significant milestones for the Enterprise Job Architecture Design and Implementation Services. This plan includes an in-depth assessment of the current job architecture, the design of an enterprise-wide framework, and a pilot for the Project Management job family. Additionally, Deloitte will develop a governance model to sustain the architecture and plan for its integration into talent management processes. This strategic approach supports IEHP's organizational goals and enhances the overall employee experience. Deloitte's cost estimate is based on historical expenditure data, market rate comparisons, and anticipated future needs, ensuring a cost-effective solution without compromising service quality.

The project phases, estimated fees, and durations are outlined below:

Project Phases	Estimated Fees	Duration
Phase 1: Project Setup and Current State Assessment	\$57,000	2 weeks
Phase 2: Enterprise Job Architecture Design (enterprise job architecture framework, informed by leading practices and usable for all job families)	\$201,000	6 weeks
Phase 3: Project Management Pilot	\$134,000	4 weeks
Phase 4: Enterprise Job Architecture Build Out	\$168,000	5 weeks
Phase 5: Governance Model Design	\$75,000	3 weeks
Phase 6: Talent Integration Planning	\$25,000	1 week
<b>Not to Exceed Total Professional Fees</b>	<b>\$660,000</b>	<b>21 weeks</b>

As such, IEHP seeks to approve 1) the award of Request for Proposal #23-04758 (RFP 23-04758) to, and authorize the Chief Executive Officer (CEO) or his designee to negotiate and, after legal

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review and approval, sign contract documents with, HTC Global Services, Concentrix CVG Customer Management Group, Inc., and Deloitte Consulting LLP, and 2) funding for the provision of Enterprise Job Architecture Design and Implementation Program Management Services with Deloitte Consulting LLP for a total amount not to exceed \$660,000 for an initial term of one (1) year.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	D. Ferguson 9/25/2024	C. Hendricks 9/23/2024	M. Popka 9/25/24	M. Palafox-Cervantes 9/23/2024	S. Sood 9/30/2024

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## HEALTH SERVICES DEPARTMENT

### 5. APPROVE THE FUNDING AGREEMENT WITH RIVERSIDE COUNTY CHILDREN AND FAMILIES COMMISSION

#### **Recommended Action:**

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

#### **Contact:**

Takashi Wada, M.D., Chief Medical Officer

#### **Background:**

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

#### **Discussion:**

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

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

In exchange for the funding, IEHP is requiring the following success measures under this Agreement to be completed within one (1) year of contract execution:

- Provide IEHP a notice of completion within thirty (30) days of:
  - Dyadic Services Program academy training at each site
  - HealthySteps Certification at each site

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- Capability to bill for Community Health Worker (CHW) and dyadic care services as evidenced by the successful submission of at least one claim to IEHP for these services

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

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

IEHP’s total funding amount to First 5 Riverside County under this Agreement shall not exceed \$1,200,000 to support the start-up costs of these new First 5 clinics through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	M. Martinez 07/31/24	N/A	M. Popka 9/23/24	M. Wray 07/17/24	T. Wada 08/14/24

## HEALTH SERVICES DEPARTMENT

### 6. APPROVE THE TENTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH FREED & ASSOCIATES

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Tenth Amendment to the Professional Service Agreement with Freed & Associates (Freed) for the provision of program management support of the California Advancing and Innovating Medi-Cal (CalAIM) and Student Behavioral Health Integration (BHI) Incentive programs for an additional amount not to exceed \$164,963 and a three (3) month term extension effective November 1, 2024 through January 31, 2025. The total cost under this Agreement shall not to exceed \$4,439,262 through January 31, 2025.

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

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

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

Date Approved	MO#	Purpose	Term Expiration	Cost
07/03/21	16-64	PSA – Project management support services for CalAIM initiative planning	07/31/22	\$199,600
09/13/21	21-274	First Amendment for additional funds to support CalAIM and the DHCS Student Behavioral Health Incentive Program (SBHIP)	03/31/22	\$954,000
03/14/22	22-051	Second Amendment to extend term to support CalAIM and SBHIP	06/30/22	\$505,437
06/13/22	22-236	Third Amendment to extend the term and additional funds to support CalAIM and SBHIP	01/31/23	\$1,156,484

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<b>Date Approved</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
08/29/22	22-236	Fourth Amendment for updated hourly rate reduction and updated not to exceed amount	01/31/23	-\$23,869
01/30/23	23-017	Fifth Amendment for program management support of CalAIM (through July 31, 2023) and DSNP program initiatives (through March 31, 2023)	07/31/23	\$574,511
04/10/23	23-079	Sixth Amendment for term extension to support DSNP program initiatives	04/30/23	\$0
07/10/23	23-155	Seventh Amendment for term extension and additional funds to support CalAIM	07/31/2024	\$708,552
04/08/24	24-062	Eighth Amendment to add funds for an additional resource to support CalAIM	07/31/2024	\$199,584
07/08/24	24-148	Ninth Amendment for term extension to support CalAIM	10/31/24	\$0
Total Cost to date:				\$4,274,299
New Cost:				\$164,963
Total Cost:				\$4,439,262

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

- Guiding/advising on the development and implementation of the value stream-based analysis (VSA) of PHM's current and future state;
- Leading the collaborative efforts to develop IEHP's PHM Framework based on DHCS's CalAIM program goals and objectives;
- Facilitating the development of a multi-workgroup based collaboration model for on-going management of PHM and associated elements of an integrated CalAIM program; and

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- Serving as thought partners with the IEHP team in considering how to best execute the CalAIM program in alignment with IEHP’s organization culture.

**Discussion:**

Under this Tenth Amendment, Freed will continue their program management support of the critical CalAIM regulatory initiative. IEHP seeks approval of this Amendment for an additional amount not to exceed \$164,963 and a three (3) month term extension effective November 1, 2024 through January 31, 2025.

The total cost of this Agreement shall not exceed \$4,439,262 through January 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	L. Herrera 08/29/2024	H. Clear 08/29/24	M. Popka 9/13/24	N/A	T. Wada 08/29/24

## HEALTH SERVICES DEPARTMENT

### 7. APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH INLAND TEMPORARY HOMES DBA INLAND HOUSING SOLUTIONS

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Second Amendment to the Professional Services Agreement (Agreement) with Inland Temporary Homes dba Inland Housing Solutions for rent subsidy management for an additional \$3,657,522 and extend the term for an additional two (2) years through December 31, 2026. The total amount payable under this Agreement shall not exceed \$11,260,939 through December 31, 2026.

**Contact:**

Takashi Wada, M.D., Chief Medical Officer

**Background:**

In March 2018, IEHP launched its Housing Initiative. In October 2019, IEHP initially contracted with Brilliant Corners for tenancy and housing sustainment services for Members enrolled in IEHP's Housing Initiative. Thereafter, in November 2021 under Minute Order 21-301, IEHP entered into an Agreement with Inland Housing Solutions to provide an array of Property Related Tenancy and Sustaining Services for 225 Members.

Under the current Agreement, Inland Housing Solution has been connecting Members with emergency housing vouchers, unity identification, management of unit repairs and modifications, liaison services for the property owner/landlord and the Member, regular wellness checks, and proactively addressing any issues or barriers.

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

Date Approved	MO#	Purpose	Term Expiration	Cost
01/10/22	22-002	Ratify and Approve a New Agreement with Inland Housing Solutions	12/31/22	\$3,315,000
11/14/22	22-354	Approve the First Amendment for a term extension	12/31/24	\$4,288,417
Total Cost to date:				\$7,603,417
New Cost:				\$3,657,522
Total Cost:				\$11,260,939

**Discussion:**

As of September 2024, there are 127 Members engaged in this Housing Initiative program partnership with Inland Housing. Research has shown that by housing individuals, there is an overall reduction in medical costs. Members, when homeless, focus on their day-to-day needs in-



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lieu of their medical and behavioral health needs. IEHP seeks to support the reduction in medical costs for its homeless population by continuing to assist the current 127 Members, keeping them permanently housed through December 31, 2026.

The Community Support Service will offer housing assistance services currently provided under the existing Housing Initiative program. No new Members outside of the current 127, will be enrolled into the existing Housing Initiative program. Members in our housing program are regularly assessed for other housing opportunities. The transitional rent new community support is proposed to be a benefit in 2026. There are also new housing programs that will be established through Proposition 1 Behavioral Health funding. IEHP would no longer be paying for the service for these Members through this agreement since it is a per Member/per month PMPM reimbursement.

The cost associated with this Agreement include:

2022 thru 2024 Actual+Forecast	
Task(s)	Cost
Rent	\$ 6,187,218
Administration Fee	\$ 619,012
Other Fees	\$ 310,357
2022 to 2024 Total Expense	\$ 7,116,588
<b>Current Total NTE Dec24</b>	<b>\$ 7,603,417</b>

2025 & 2026 Projected	
Task(s)	Cost
Rent	\$ 3,124,704
Administration Fee	\$ 312,470
Other Fees	\$ 220,348
2025 & 2026 Total Expense	\$ 3,657,522

<b>New NTE plus 2025 &amp; 2026 Projected</b>	<b>\$ 11,260,939</b>
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Accordingly, IEHP seeks approval for a two (2) year extension of the Agreement, effective January 1, 2025 through December 31, 2026 for an additional \$3,657,522. The total amount payable under this Agreement shall not exceed \$11,260,939 through December 31, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	S. Chiu 08/16/24	R. Hsieh 08/16/24	M. Popka 9/23/24	B. Spargo 08/27/24	T. Wada 08/28/24

## INFORMATION TECHNOLOGY

### 8. DELEGATION OF AUTHORITY TO APPROVE A SALES SERVICE ORDER WITH ALTERA DIGITAL HEALTH INC.

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Sales Service Order #518279 to the Master Client Agreement (MCA) with Altera Digital Health Inc. (Altera) for the provision of services to enhance the filtering functionality within application worklists of the existing Care Director application for an amount not to exceed \$43,200. The total amount payable under this MCA shall not exceed \$12,193,052 through December 31, 2025.

**Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

**Background:**

As relayed within the Department of Health Care Services (DHCS) Cal AIM Electronic Care Management (ECM) Policy Guide, DHCS vision for ECM is to coordinate all care members who receive it, including across the physical and behavioral health delivery systems.” To meet this requirement, IEHP utilizes Altera’s Care Director application as a centralized location for performing the care planning and assessment activities that Care Team Members are required to provide in service of ECM enrolled or prospective eligible Plan Members.

The ECM program began in January 2022 and has been rolled out through an iterative phase-based implementation that extended through January 1, 2024. With each new release of phase guidance, IEHP is required to quickly interpret and implement new data management and data exchange requirements.

IEHP utilizes Altera’s dbMotion application, an enterprise interoperability and population health platform for the provision of a comprehensive solution for real time exchange of patient data across IEHP and the Plan’s partnered providers’ clinical systems. The dbMotion solution supports the goals of improving IEHP’s ability to contribute to the advancement of leading quality care and ability to facilitate clinical excellence. Professional resources experienced with dbMotion are utilized to provide interface, build, maintain and support services to ensure optimal functionality and efficiency of interfaces. IEHP requires processing all clinical data received to dbMotion to comply with our Data Sharing Agreement with DHCS.

Altera was originally sourced through a Request for Proposal (RFP) which was released in November 2014 to provision an Electronic Medical Record (EMR) integration solution. IEHP received RFP responses back from six (6) vendors and Altera, formally known as Allscripts Healthcare LLC., was the vendor selected and awarded the winning bid. In October 2015, IEHP entered into an MCA for an electronic healthcare technology system and related services.

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

Board Date	MO#	Purpose	Term Expiration	Cost
09/14/2015	15-217	Approved the Master Client Agreement (MCA) with Allscripts to obtain an Electronic Medical Record integration solution.	10/05/2020	\$5,000,000
03/13/2017	17-31	Approved First Amendment to the MCA with Allscripts for the provision of additional compliance filing protocols.	10/05/2020	No Cost
03/12/2018	18-91	Approved Second Amendment to the MCA with Allscripts to include IBM Initiate's Enterprise Master Patient Index (EMPI) licensing and associated automation tools in support of expanded dbMotion integration capabilities.	10/05/2020	No Cost
10/16/2020	20-298	Approved Third Amendment to the MCA with Allscripts for a term extension and additional funding.	09/31/2025	\$5,000,000
01/11/2021	21-9	Approved the Modification Amendment to the MCA with Allscripts	09/31/2025	\$99,000 apportioned from MO 20-298. No new funding requested.
07/12/2021	21-209	Approved Allscripts Sales Service Order (SSO) Contract Number 38112 for Carequality integration services.	06/29/2022	\$31,350 apportioned from MO 20-298. No new funding requested.
09/13/2021	21-272	Approved SSO Number 425344 for Care Director Third Party Application Launch Services for one (1) year.	09/27/2022	\$22,425 apportioned from MO 20-298. No new funding requested.
09/13/2021	21-272	Approved SSO Number 408199 for dbMotion Connect Ancillary Systems Interface development services for three (3) years.	09/27/2024	\$280,950 apportioned from MO 20-298. No new funding requested.
10/11/2022	22-328	Approved Seventh Amendment to the MCA to account for the divestiture and transfer of corporate ownership from Allscripts Healthcare, LLC (Allscripts) to Altera	09/31/2025	No Cost
11/14/2022	22-369	Approved Sales Service Orders to the MCA for electronic healthcare technology and development services.	12/31/2023	\$150,000

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Board Date	MO#	Purpose	Term Expiration	Cost
01/30/2023	23-013	Approved Sales Service Order to the MCA for the provision of increased number of sources integrated into the platform.	12/31/2025	\$1,672,842
04/10/2023	23-073	Approved Sales Service Order to the MCA for two provisions: 1) CarePort to MedAllies National Network Integration support and 2) Professional services for the dbMotion System Upgrade.	12/31/2025	\$230,010
02/05/2024	24-035	Approved the Sales Service Order to the MCA for 10 new connections for out of network providers	12/31/2025	\$12,000
05/13/2024	24-105	DOA to approve Sales Service Order #503969 for Corepoint Engineer	12/31/2025	\$85,000
<b>Total Cost to Date:</b>				<b>\$12,149,852</b>
<b>New Cost:</b>				<b>\$43,200</b>
<b>Total Cost:</b>				<b>\$12,193,052</b>

**Discussion:**

Under this Sales Service Order, Altera will enhance the filtering functionality within various worklists of IEHP's existing Care Director system. Altera will standardize filter names across different worklists to ensure consistency and add four (4) new filters as requested by IEHP. Specifically, the existing "attribution plan" and "attribution plan name" filters will be uniformly named across relevant worklists. New filters such as "care team member," "patient contact number," "patient priority," and "primary care physician" will be added to specific worklists like Monitor admissions, Activity Tasking, and Community referral etc. Additionally, four (4) new filters – patient zip code (mailing and residential), patient age, and primary diagnosis name, will be introduced across the system to enhance data filtering capabilities. There will be no changes to the existing functionality of these filters, ensuring they operate consistently across all worklists.

As such, IEHP seeks Delegation of Authority to approve the Sales Service Order with Altera to enhance the filtering functionality in the Care Directors Application. The additional cost of this Agreement shall not exceed \$43,200. The total cost (including this request) of this Agreement shall not exceed \$12,193,052 through December 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 09/13/2024	D. Burnett 09/13/2024	M. Popka 9/23/24	K. Garan Martinez 09/12/2024	V. Devabhaktuni 9/13/24

## INFORMATION TECHNOLOGY

### 9. APPROVE STATEMENT OF WORK #3188 TO THE MASTER LICENSE AND SERVICES AGREEMENT WITH EDIFECs, INC.

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve Statement of Work #3188 (SOW #3188) to the Master License and Services Agreement (MLSA) with Edifecs, Inc. (Edifecs) for the provision of CAQH Core Recertification Services for an amount not to exceed \$38,400. The total amount payable under the Agreement shall not exceed \$20,557,014 through December 16, 2028

**Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

**Background:**

IEHP has utilized Edifecs since 2018 to provide the Operating Rules Hosted Solution to achieve, monitor, report, and maintain compliance with the Health Insurance Portability and Accountability Act (HIPPA) regulatory requirements and to achieve compliance with the Committee on Operating Rules for Information Exchange (CORE) certification.

Edifecs is also contracted with IEHP for the provision of an electronic data interchange (EDI) and encounter management solution to intake, manage, process, and submit required information to IEHP's regulatory entities including the Department of Health Care Services (DHCS) and Centers for Medicaid and Medicare Services (CMS) in the form of medical, laboratory, pharmaceutical, and other encounters as legislatively mandated.

Edifecs was initially selected via competitive procurement (RFP) in 2018 and IEHP is now requesting to proceed with a single source procurement for the software upgrade and continuation of support and maintenance. Single source procurement is justified as Edifecs is the only CORE authorized certification testing vendor that has extensive familiarity with IEHP's transactions process. Contracting with Edifecs allows IEHP to leverage its current CORE solution to reduce the cost and time required to onboard and implement a new vendor for the same provision to achieve the required HIPPA compliance and regulatory requirements. Switching to an alternative solution at this juncture, would not only pose a considerable disruption to day-to-day operations, but also entail substantial financial implications. The costs associated with transitioning to a new solution, including software adoption, employee training, and potential productivity downtime are projected to be financially prohibitive.

The vendor partnership with Edifecs, which includes software solutions, transactional licensing, project support, standard support, and maintenance services, has enabled IEHP to deliver ongoing development and improvements to IEHP's underlying transaction infrastructure. This enables IEHP to provide robust electronic transaction and data sharing capabilities to meet DHCS, CMS, and Covered California electronic transaction regulatory requirements.

The Governing Board approved the Agreement and Amendments as follows:

<b>Board Date</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
08/15/2018	18-236	Approved the Award of Request for Proposal #18-002 and Amendment #4 to the Agreement to Edifecs, Inc. for the provision of an EDI and Encounter solution.	12/15/2023	\$5,000,000
12/20/2018	18-334	Approved the funding increase to provisioned compliance solution and the term extension to the Agreement for CAQH and CORE.	12/15/2019	\$773,095
06/10/2019	19-112	Approved the Budget for an Encounter and EDI Solution Project included in FY 19/20 Budget Presentation.	06/30/2020	\$3,100,000
06/10/2019	19-112	Approved Amendment Three (3) to the Agreement for the provision of the SpecBuilder Standard Edition (SB) License HIPAA and NCPDP Modules.	12/15/2019	\$76,400
12/09/2019	19-174	Approved the change order to SOW #1523 funding increase to the provisioned EDI and Encounter Solution Project and the term extension to Agreement.	12/31/2020	\$168,000
12/13/2019	19-237	Approved Amendment Six (6) for the funding increase to the provisioned solution to meet CAQH and CORE transaction set standards under the Agreement.	12/31/2020	\$812,000
05/22/2020	20-109	Approved the Change Order to SOW #1523 for the provisioned EDI and Encounter Solution Project for additional professional services hours to be applied toward the further refinement of system workflows and post go-live stabilization.	12/31/2021	\$525,000
09/24/2020	20-272	Approved Change Order #1990 and the funding increase to the Agreement for the provisioned EDI and Encounter Solution Project.	12/31/2021	\$1,600,000
12/23/2020	20-354	Approved Amendment Seven (7) to the Agreement for the continued provision of a hosted Operating Rules Hosted Solution.	12/15/2023	\$402,303
05/17/2021	21-112	Approved SOW #2099 and Statement of Work #2155 Agreement for the provision of Magellan Process Enhancement to the EDI and Encounter Solution.	12/15/2023	\$89,657

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<b>Board Date</b>	<b>MO#</b>	<b>Purpose</b>	<b>Term Expiration</b>	<b>Cost</b>
08/11/2021	21-241	Approved the funding increase to the Agreement for the provision of EDI and Encounter Solution Project and approve funding increase of \$20,450 for provision solution to meet CAQH and CORE.	12/15/2023	\$2,059,451
11/11/2021	21-310	Delegation of Authority to approve the SOW #2289 to the Agreement for the provision of CAQH CORE recertification services.	12/15/2023	\$36,000
06/22/2022	22-232	Approved Amendment 12 to the Agreement for an additional block of 200,000 Plan-Members worth of net perpetual licensing.	12/15/2023	\$800,500
06/22/2023	23-078	Delegation of Authority to approve Amendment 11 to the Agreement for a term extension and the provision of an Encounter Management and Edge Server SaaS Solutions.	05/14/2028	\$2,070,857
12/15/2023	23-296	Delegation of Authority to approve the Amendment 12 to the Agreement for provision of the Operating Rules Hosted Solution and term extension.	12/15/2026	\$772,648
01/10/2024	24-009	Delegation of Authority to approve Amendment 13 to the Agreement to update the Software as a Service (SaaS) terms and third-party license terms and conditions.	05/14/2028	No Cost
02/05/2024	24-041	Delegation of Authority to sign contractual documents for the Electronic Data Interchange Upgrade and approve additional funding for support and maintenance fees.	12/31/2024	\$1,965,385
04/08/2024	24-066	Approved Amendment 14 to include the Operating Rules Hosted Solution Overage additional block of 1,577,816 annual transactions through December 15, 2023.	12/15/2023	\$117,000
08/12/2024	24-178	Delegation of Authority to approve Amendment 15 to the Agreement for the provision of the GBD Replicated Database (\$115,000), Encounter Management Cloud SaaS and CMS Edge Server term extension (\$35,000), and MLSA term extension through December 16, 2028, with Edifecs Inc.	06/21/2028	\$150,318
<b>Total Cost to date:</b>				<b>\$20,518,614</b>
<b>New Cost:</b>				<b>\$38,400</b>
<b>Total Not to Exceed (NTE):</b>				<b>\$20,557,014</b>

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**Discussion**

IEHP has been utilizing Edifecs to provide a hosted cloud-based solution to meet compliance with the Centers for Medicare and Medicaid Services (CMS) required CAQH CORE Operating Rules Phase I, II, and III for the exchange of X12 transaction-based data sets since 2015. The Phase I & Phase II solution components focused on providing IEHP's trading partners with CAQH CORE compliance access to exchange 270/271 (eligibility for a health plan) and 276/277 (claim status) information. The Phase III solution components focused on the exchange of 835 transactions (payment and remittance advice).

Under this new SOW #3188, Edifecs will provide an estimated 10 weeks of professional services in order to help facilitate and finalize IEHP's progression toward an in-house provided CAQH CORE compliant solution.

Specifically, Edifecs will aid IEHP during CORE Re-certification testing by Edifecs' CORE Testing site for Phases I, II, and III CAQH CORE Operating Rule Requirements. The primary tasks and responsibilities outlined within the SOW stipulate that Edifecs will:

- Setup one instance of Hosted OR in Edifecs hosted QA/UAT Testing environment.
- Provide connectivity information to Customer for these environments.
- Provide five (5) weeks of support during testing.
- Execute CAQH CORE test cases for OR Phase I, II, and III
- Review, triage, resolve issues by partnering with IEHP.
- Share testing reports.

Description	Pricing Model	Total
Recertification testing support services for CAQH CORE Phase I, II and III	One-time fixed fee	\$38,400
<b>SOW Total</b>		<b>\$38,400</b>

Upon completion of the testing and remediation process, Edifecs is to provide a recertification testing completeness report as well as a presentation of the relayed information.

As such, IEHP seeks approval of SOW #3188 to the Agreement with Edifecs for an amount not to exceed \$38,400. The total cost (including this request) of this Master License and Software Agreement (Agreement) shall not exceed \$20,557,014 through December 16, 2028.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 9/11/2024	M. Maury 9/10/2024	M. Popka 9/23/24	J. Lopez 9/10/2024	V. Devabhaktuni 9/13/24



## INFORMATION TECHNOLOGY DEPARTMENT

### 10. DELEGATION OF AUTHORITY TO APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH ZELIS HEALTHCARE, LLC.

**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 Second Amendment to the Professional Services Agreement (Agreement) for Print Fulfillment Services with Zelis Healthcare, LLC (Zelis), for the provision of Health Risk Assessment Survey Assessment Communications Services. There are no costs related to this Amendment and the total amount of this Agreement remains unchanged for an amount not to exceed \$3,904,805 through March 30, 2026.

**Contact:**

Vinil Devabhaktuni, Chief Digital and Information Officer

**Background:**

Communications are a key component to a modern and positive healthcare experience for IEHP's members. Under recently revised regulations required by the California Department of Healthcare Services (DHCS) and the Center for Medicare Services (CMS), IEHP is required to mail Health Risk Assessments (HRA) for its members no later than September 14, 2024. An HRA is a survey tool that assesses a member's current health risk and identifies further assessment needs such as behavioral health, substance use, chronic conditions, disabilities, functional impairments, assistance in key activities of daily living, dementia, cognitive and mental status, and the capacity to make informed decisions. The HRA is used as a basis to develop the member's individual care plan. Health plans are generally required to complete a (HRA) for each member.

The Center for Disease Control (CDC) specifies that paper-based communications to members should be deployed in places where neither Electronic Medical Record (EMR) nor Internet access is available or a member's disability, accessibility, or literacy limitations do not allow them to participate in other models.

On May 5, 2023, IEHP issued RFP #23-04796 Covered California Print Fulfillment Services and subsequently released RFP #23-04999 Medi-Cal and Dual Choice ID Card Print and Fulfillment on August 2, 2023. After thorough evaluation of each RFP, both were awarded to Zelis, as approved by the Governing Board under Minute Order 23-207 and Minute Order 23-139.

The Governing Board had previously approved the following contractual documents with Zelis as follows:

Date Approved	MO #	Purpose	Term Expiration	Cost
06/05/2023	23-139	Approve the Award of RFP #23-04796 for Covered California (CCA) print fulfillment services and DOA to approve the Professional	03/30/2026	\$860,000

CONSENT AGENDA

Date Approved	MO #	Purpose	Term Expiration	Cost
		Services Agreement with Zelis Healthcare, Inc.		
09/11/2023	23-207	Approve the Award of RFP #23-04999 for Medi-Cal and Dual Choice ID Card print and fulfillment services and DOA to approve contractual documents with Zelis Healthcare, Inc.	03/30/2026	\$3,044,805
11/1/2023	N/A	Amendment to combine services from both awards into one PSA.	09/09/2026	\$0
<b>Zelis Services Total Agreement Cost:</b>				\$3,904,805
<b>New Cost Requested:</b>				\$0.00
<b>Total Not to Exceed Cost:</b>				\$3,904,805

**Discussion:**

IEHP engaged Zelis under this Second Amendment to provide ID Card printing and fulfillment services for HRA Survey Communications under revised regulatory protocol which required the surveys be sent no later than September 16, 2024. This procurement is considered an emergency procurement due to timelines required to meet DHCS and CMS regulatory deadlines.

The current Agreement funding is based on the estimated volume of printed ID cards, plus an estimated overage contingency in the amount not to exceed \$642,000. The contingency funds have now been reallocated to cover the costs of the HRA Survey Assessments under this Second Amendment.

As such, IEHP seeks approval to authorize the CEO or his designee to, after legal review and approval, sign the Second Amendment with Zelis for HRA Survey Communications services. There are no fees associated with this Amendment and the total cost of this Agreement remains unchanged for an amount not to exceed \$3,904,805 through March 30, 2026.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	K. Tsui 09/13/2024	S. Cox 09/12/2024	M. Popka 9/24/23	V. Moola 09/11/2024	V. Devabhaktuni 9/26/24

## MARKETING DEPARTMENT

### 11. APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH NTOOITIVE DIGITAL, LLC

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the First Amendment to the Professional Services Agreement (Agreement) with Ntooitive Digital, LLC (Ntooitive) for the provision of marketing services for an additional amount not to exceed \$1,900,000. The total amount of this three-year Agreement shall not exceed \$13,900,000 through January 31, 2025.

**Contact:**

Michelle Rai, Chief Communications and Marketing Officer

**Background:**

During the 2021 holiday season, Ntooitive provided short-term services for IEHP, advising and reserving airtime for IEHP's holiday commercial. The initial engagement exceeded the expectations of IEHP's Marketing department and affirmed the decision to select Ntooitive for IEHP's brand strategy planning and execution.

Ntooitive has performed similar services for Los Angeles (L.A.) Care, a "sister health plan" of IEHP. In accordance with IEHP's Procurement Policy, "Use by Political (Piggyback) Awards and Contracts and Cooperative Purchasing, the policy allows use of other government agencies contract awards." L.A. Care published a Request for Proposal (RFP) on February 19, 2021, conducted their vendor selection process and determined Ntooitive to be the best value bidder and executed the Master Service Agreement for media advertising services on July 1, 2019.

In March 2022, IEHP's Marketing department leveraged the established L.A. Care Master Service Agreement, to enter into the Agreement, utilizing the same scope of work and pricing terms.

The Governing Board had previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
3/14/22	22-060	Media Buying Services, supporting commercial media ad buys	01/31/2025	\$12,000,000.00
Total Cost to date:				\$12,000,000.00
New Cost				\$1,900,000.00
Total Cost				\$13,900,000.00

**Discussion:**

IEHP has been collaborating with Ntooitive to bring consistency to the media purchasing process and to develop a long-term strategy for media services. Through this Agreement, Ntooitive has

CONSENT AGENDA

developed a recommended marketing and advertising plan that includes brand strategy, traditional and digital advertising, creative development and production, and consumer research.

Ntooitive has developed multiplatform ad buys to support the Marketing Department's existing campaign calendar. These advertising platforms include broadcast and cable television (TV), radio, print, outdoor, and digital media.

For Calendar Year (CY) 2024, Ntooitive is projecting an overall annual budget increase of 48% from the CY 2023 budget. The new schedule of fees including the budget increase for CY2024 has been calculated as follows:

Total Not to Exceed Annual Management Fees	<b>\$550,000</b>
Total Not to Exceed Annual Media Pass-Through Fees:	<b>\$13,350,000</b>
<b>Total Annual Cost Not to Exceed</b>	<b>\$13,900,000</b>

Below are the main factors contributing to the increase for the CY 2024 budget:

- In the past, IEHP directly managed their accounts and billings for out-of-home billboard perms, Google, Facebook, and Instagram services. In 2024 Ntooitive took over the management of these accounts and billing.
- In 2024, IEHP launched their new Covered California (CA) line of business (LOB). Covered CA approved IEHP's submission of a marketing spend cost of \$3,000,000 for their Covered CA open enrollment and special enrollment periods.
- In 2024, IEHP launched their Medi-Cal LOB Undocumented and Uninsured marketing campaigns.
- As 2024 is a political year, historically Ntooitive has observed a rate increase in media of 30%, and the budget accounts for this media increase for CY 2024.

IEHP is requesting approval of the First Amendment with Ntooitive for the provision of marketing services, for an additional amount not to exceed \$1,900,000. The total cost (including this request) of this Agreement shall not exceed \$13,900,000 through January 31, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2024 Budget	L. Herrera 9/16/2024	S. Albritton 9/16/2024	M. Popka 9/23/2024	B. Kan 9/16/2024	M. Rai 9/16/2024

## OPERATIONS DEPARTMENT

### 12. RATIFY AND APPROVE THE TERMINATION AGREEMENT WITH WEX HEALTH INC. D/B/A WEX

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Termination Agreement with WEX Health Inc. d/b/a WEX for the provision of Medicare Dual Eligible Special Needs Plan (D-SNP) Over the Counter (OTC) supplemental benefit program services, to effectuate a termination date of December 31, 2024, and related termination fees in an amount not to exceed \$255,973.60, effective May 31, 2024. The total amount payable under this Agreement shall not exceed \$855,973.60 through December 31, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

IEHP requires Medicare D-SNP OTC supplemental benefit program services to ensure that all D-SNP supplemental benefits are processed accurately, and to comply with the Centers for Medicare and Medicaid Services (CMS) requirements.

IEHP has contracted with WEX since September 12, 2022 for these services. WEX was selected through a single source process. At the time, it was determined WEX to be a market leading company and the only provider to offer utility service payment options.

After evaluation of WEX's services for calendar year (CY) 2023 and 2024, IEHP selected a new flex spend provider for CY 2025 through IEHP's Request for Proposal process, consolidating all CY2025 supplemental benefits under the new vendor. IEHP selected a strong Supplemental Benefit Program Services Vendor, allowing IEHP to offer a variety of supplemental benefits that include but are not limited to Over-the-Counter (OTC) Products, Utility Service Payments, and Healthy Meals, to its eligible D-SNP Members.

WEX Health is currently contracted with IEHP for flex card services through June 30, 2025, in an amount not to exceed \$600,000.00.

The Governing Board had previously approved the Agreement as follows:

Date Approved	MO#	Purpose	Term Expiration	Cost
07/11/2022	22-263	Professional Service Agreement	06/30/2025	\$600,000.00
Total Cost to date:				\$600,000.00
New Cost				\$255,973.60
Total Cost				\$855,973.60

**Discussion:**

Under the Termination Agreement, the Agreement will terminate early on December 31, 2024, and WEX will provide winddown services to IEHP. The winddown provisions include:

- a) A new report to provide a final flex card balance, and
- b) Access to WEX administrative and member portal/online tools to access 2024 benefit/balance data through June 2025.

The Termination Agreement ensures IEHP complies with the CMS to administer the 2024 D-SNP supplemental benefits and transition to a new vendor for 2025 D-SNP supplemental benefits. The fees include the monthly administrative fees through June 2025 and the two wind-down services described above.

The additional cost of this Termination Agreement shall not exceed \$255,973.60. The total cost (including this request) of this Agreement shall not exceed \$855,973.60 through December 31, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	C. Aguirre 9/13/2024	C. Goss 9/12/2024	M. Popka 9/23/24	Chau Le 9/12/2024	S. White 09/16/2024

**PROVIDER CONTRACTING DEPARTMENT**

**13. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND REAL ESTATE 40 LLC DBA KINDRED HOSPITAL PARAMOUNT - PARAMOUNT**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for KND Real Estate 40 LLC dba Kindred Hospital Paramount, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

KND Real Estate 40 LLC dba Kindred Hospital Paramount is currently a contracted Hospital in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments, A-Hospital Services, and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**14. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 52 LLC DBA KINDRED HOSPITAL BALDWIN PARK – BALDWIN PARK**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for KND Development 52 LLC dba Kindred Hospital Baldwin Park, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

KND Development 52 LLC dba Kindred Hospital Baldwin Park is currently a contracted Hospital in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments A-Hospital Services and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes



**PROVIDER CONTRACTING DEPARTMENT**

**15. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 53 LLC DBA KINDRED SOUTH BAY - GARDENIA**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for KND Development 53 LLC dba Kindred Hospital South Bay, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

KND Development 53 LLC dba Kindred Hospital South Bay is currently a contracted Hospital in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments A-Hospital Services and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**16. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 54 LLC DBA KINDRED HOSPITAL RIVERSIDE - PERRIS**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for KND Development 54 LLC dba Kindred Hospital Riverside, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

KND Development 54 LLC dba Kindred Hospital Riverside is currently a contracted Hospital in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments A-Hospital Services and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**17. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH KND DEVELOPMENT 55 LLC DBA KINDRED HOSPITAL RANCHO – RANCHO CUCAMONGA**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for KND Development 55 LLC dba Kindred Hospital Rancho, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

KND Development 55 LLC dba Kindred Hospital Rancho is currently a contracted Hospital in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments A-Hospital Services and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**18. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH THC ORANGE COUNTY LLC – MULTIPLE LOCATIONS**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for THC Orange County LLC, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

THC Orange County LLC currently has contracted Hospitals in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments A-Hospital Services and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**19. RATIFY AND APPROVE THE ENHANCEMENT CARE MANAGEMENT PROVIDER AGREEMENT WITH RESOLUTIONCARE, PC – SAN MATEO**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Enhancement Care Management Provider Agreement for ResolutionCare, PC, effective October 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

ResolutionCare, PC would like to participate as an Enhancement Care Management Provider with IEHP for all lines of business.

**Discussion:**

The new Agreement is tailored to reflect the Enhanced Care Management services offered by ResolutionCare, PC.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

## **PROVIDER CONTRACTING DEPARTMENT**

### **20. RATIFY AND APPROVE THE FEE-FOR-SERVICE PRIMARY CARE PROVIDER AGREEMENT WITH SAC HEALTH SYSTEM – MULTIPLE LOCATIONS**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Fee-For-Service Primary Care Provider Agreement for SAC Health System, effective January 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

SAC Health System would like to participate as a Fee-For-Service Primary Care Provider with IEHP for Covered California.

**Discussion:**

The new Agreement is tailored to reflect the primary care physicians services offered by SAC Health System for Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

**PROVIDER CONTRACTING DEPARTMENT**

**21. RATIFY AND APPROVE THE THIRD AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SOUTHERN CALIFORNIA SPECIALTY CARE LLC – MULTIPLE LOCATIONS**

**Recommended Action:**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Third Amendment to the Hospital Per Diem Agreement for Southern California Specialty Care LLC, effective September 1, 2024.

**Contact:**

Susie White, Chief Operating Officer

**Background:**

Southern California Specialty Care LLC currently has contracted Hospitals in the IEHP Network.

**Discussion:**

The Amendment will amend Attachments A-Hospital Services and B-Compensation Rates to include Covered California.

**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

Yes

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## PROVIDER CONTRACTING DEPARTMENT

### 22. APPROVAL OF THE EVERGREEN CONTRACTS

**Recommended Action:**

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

**Contact:**

Susie White, Chief Operating Officer

**Background:**

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

**Discussion:**

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

Additional five (5) year term:

- 1) Rainbow Pediatrics Steve Randal E Firme MD Inc - Open Access Agreement – Upland

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

Additional one (1) year term:

- 2) Corona Residential Care Center - Residential Care for the Elderly – Corona
- 3) Mere Enterprises Inc dba Abria Del Cielo Assisted Living Facility - Residential Care for the Elderly – San Bernardino

Additional three (3) years term:

- 4) Mehrdad Asgeri MD dba Oasis Advanced Gastroenterology Inc - Participating Provider Agreement – Specialist – Palm Springs

Additional five (5) years term:

- 5) Flower Home Health Inc- Ancillary Agreement – Rancho Cucamonga
- 6) Martha's Village and Kitchen– Ancillary Agreement – Indio
- 7) April L Rankin dba Aprils Counseling Services – Participating Provider Agreement - Behavioral Health – Riverside
- 8) Cynthia A Brooks dba Cindy Brooks LMFT SEP CATC IV– Participating Provider Agreement - Behavioral Health – Idyllwild
- 9) Daisy A Ukonu dba Choices for Better Living -Participating Provider Agreement - Behavioral Health – Apple Valley
- 10) Erika Lazo dba Erika Lazo LCSW - Participating Provider Agreement - Behavioral Health – Riverside



CONSENT AGENDA

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- 11) I Ching Wu - Participating Provider Agreement - Behavioral Health – Upland
- 12) Imelda Mares dba Uplifting Bilingual Counseling Services -Participating Provider Agreement - Behavioral Health – Ontario
- 13) Jeffrey D Kaye LCSW – Participating Provider Agreement - Behavioral Health – Apple Valley
- 14) Jennifer Carrillo dba Blossom Therapy – Participating Provider Agreement - Behavioral Health - Claremont
- 15) Lisa Marie Dryan dba Therapy in a Bag LICENSED CLINICAL SOCIAL WORK Inc – Participating Provider Agreement - Behavioral Health – Riverside
- 16) Mariah Kaffka – Participating Provider Agreement - Behavioral Health – Riverside
- 17) New Day Recovery Center Inc – Participating Provider Agreement - Behavioral Health – Chino
- 18) Suzanne Waverek dba Aspirations Counseling Practice – Participating Provider Agreement - Behavioral Health – La Quinta
- 19) Theresa Brandon LMFT - Participating Provider Agreement - Behavioral Health - Riverside
- 20) Cajon Medical Group PC - Capitated Primary Care Provider Agreement – San Bernardino
- 21) Ajay G Meka MD Inc dba Amistad Medical Clinic - Fee-For-Service Primary Care Provider Agreement – San Bernardino
- 22) Family Health Center of Joshua Tree Inc - Fee-For-Service Primary Care Provider Agreement – Specialist -Yucca Valley
- 23) Celia Lindsay Pearson dba Data Driven Educators LLC – Participating Provider Agreement – QASP – Riverside
- 24) Aspen Medical Group Inc - Participating Provider Agreement - Specialist – Moreno Valley
- 25) Behnam Ebrahimi MD Inc – Participating Provider Agreement – Specialist – Pomona
- 26) Foot Heel Ankle Podiatry Corporation - Participating Provider Agreement – Specialist – Ontario
- 27) Foothill Dermatology Medical Center dba Foothill Dermatology Medical Center – Specialist – Rancho Cucamonga
- 28) French Medical Corp – Participating Provider Agreement - Specialist – Corona
- 29) Krishna G Reddy MD dba Inland Valley Hematology Oncology Associates – Participating Provider Agreement - Specialist – Pomona
- 30) Labib Hashimi - Participating Provider Agreement – Specialist- Chino
- 31) Louis C Redix Jr MD dba Phoenix Orthopaedics Medical Group - Participating Provider Agreement – Specialist – Barstow
- 32) Morakod Lim MD Inc - Participating Provider Agreement – Specialist – Victorville
- 33) Truong D Duong a Medical Corporation - Participating Provider Agreement – Specialist – Rancho Cucamonga
- 34) West Gastroenterology Medical Group - Participating Provider Agreement – Specialist – Murrieta
- 35) Southern California Occupational Med Prov AMC dba Riverside Industrial Medical Clinic - Urgent Care Provider Agreement – Riverside
- 36) Olave StClair Yee dba Olave St Clair Optometry Inc - Participating Provider Agreement - Vision (Exam Only) – Chino
- 37) Rancho Vision Center Optometry Inc dba Joanne J Kim OD Optometry - Participating Provider Agreement – Vision – Rancho Cucamonga
- 38) Steve Ha Vo dba Dr. Steve Vo OD - Participating Provider Agreement – Vision – Corona
- 39) Inland Behavioral and Health Services Inc - Ancillary Agreement – San Bernardino

CONSENT AGENDA

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**Fiscal Impact:**

Included in CY2024 Budget

**Financial Review:**

N/A

**Reviewed by Counsel:**

N/A

## **ADMINISTRATION**

### **23. CHIEF EXECUTIVE OFFICER UPDATE**

**Recommended Action:**

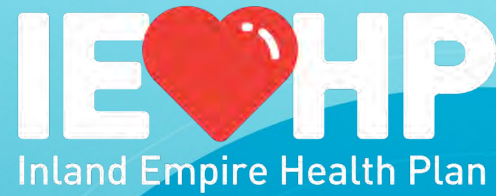
Review and File

**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Discussion:**

Chief Executive Officer update for the October 7, 2024 Governing Board Meeting.



# Governing Board Meeting

**CEO BOARD REPORT** | *Oct. 7, 2024*



# MISSION MOMENT – IEHP CELEBRATES MISSION WEEK

- First ever Mission Week held Sept. 23 to Sept. 27.
- Theme was **Committed to Mission**.
- Goal was to create a week with opportunities to reflect on the meaning and purpose of our work.
- Activities included: Reflection Walk, performance by former IEHP member Abi Carter and a Learn & Grow workshop.





# IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
August 2024	1,467,318	1,507,457	40,139	(1,692)
September 2024	1,508,864	1,510,866	2,002	3,409
October 2024	1,510,664	1,512,177	1,513	1,311



# IEHP RECEIVES NATIONAL RECOGNITION

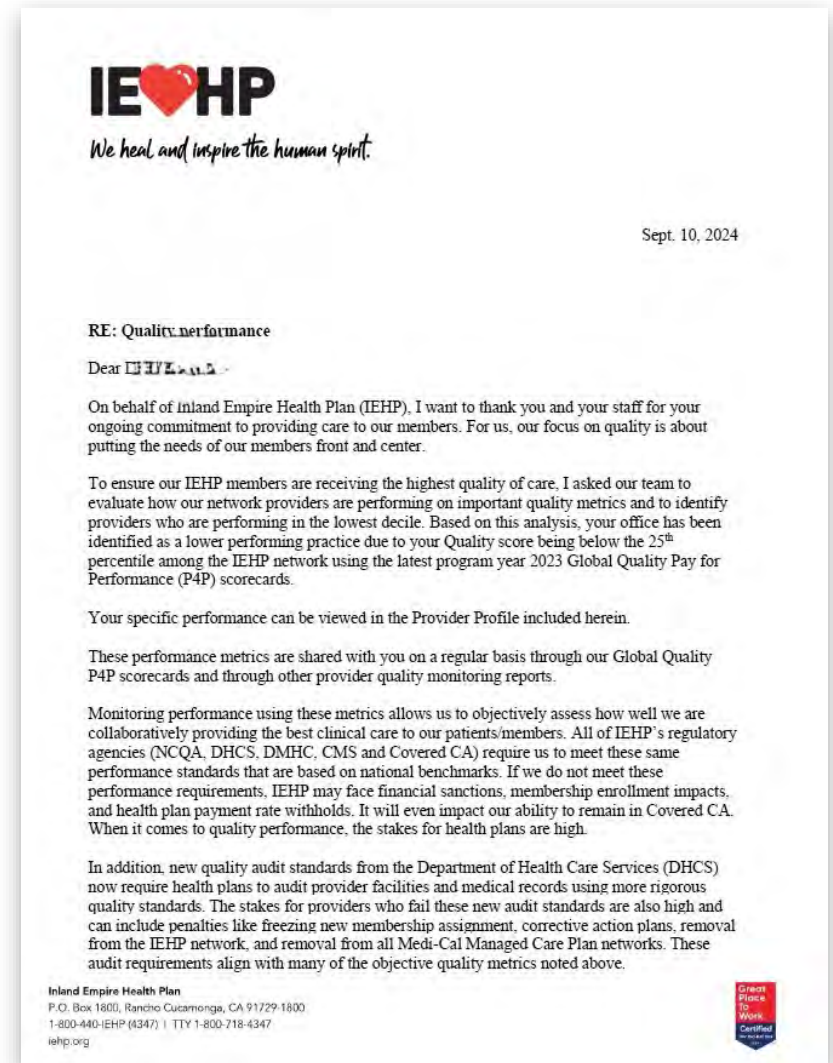
- For the third year in a row, IEHP was named as one of the 100 Best Workplaces in Health Care by Great Place to Work® and Fortune magazine.
- Thanks to participation and engagement in our last employee survey, IEHP was ranked #14 on this prestigious list. That's number 14 in the entire country!





# LOW PERFORMING PROVIDER PROJECT OVERVIEW

- The goal of the project was to establish a consistent and actionable plan to enhance provider performance and ensure all IEHP providers meet the required quality standards.
- Identified bottom decile performing providers in Quality (HEDIS) and Member Experience (CAHPS) Measures.
- New process established with Quality and Provider Relations to initiate quality improvement action plan.
- 10 low performing in Quality providers & 10 low performing in Member Experience providers were contacted by email/mail to express concerns over performance.
- Quality Improvement Action Plan initiated with all identified providers.





## ADMINISTRATION

### 24. APPROVE THE RESOLUTION 24-001 REGARDING CALIFORNIA PROPOSITION 35 (MCO TAX)

**Recommended Action:**

That the Governing Board of Inland Empire Health Plan (IEHP) approve the Resolution 24-001 allowing IEHP to express support for California Proposition 35 (MCO Tax). This request does not have any budgetary impact on IEHP.

**Contact:**

Jarrold McNaughton, Chief Executive Officer

**Background:**

Proposition 35 makes permanent the existing tax on managed health care insurance plans (currently set to expire in 2026), which, if approved by the federal government, provides revenues to pay for health care services for low-income families with children, seniors, disabled persons, and other Medi-Cal recipients.

**Discussion:**

Proposition 35 requires revenues to be used only for specified Medi-Cal services, including primary care and specialty care, emergency care, family planning, mental health, and prescription drugs. Further, it prohibits revenues from being used to replace Medi-Cal funding and caps administrative expenses and requires independent audits of programs receiving funding. Proposition 35 will increase funding for Medi-Cal and other health programs between roughly \$2 billion and \$5 billion annually, including federal funds. The impact on IEHP's membership is expected to be positive, as it increases funding for safety-net providers.

The proposed resolution is in compliance with state and federal law, which restricts public agencies from using public funds for supporting or opposing a ballot measure. Pursuant to the FPCC, local public agency governing bodies may take a position at public meetings in favor of or against a particular measure that would affect the agency or its constituents.<sup>i</sup>

IEHP requests approval of Resolution 24-100 to express organizational support of California Proposition 35.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	S. Paul 9/25/24	A. Wang	J. McNaughton

<sup>i</sup> See 2 Cal. Code Regs. § 18420.1 (defining campaign-related expenditures as either reportable independent expenditures or contributions).

Joint Powers Agency

Inland Empire Health Plan

RESOLUTION NO. 24-001

RESOLUTION OF THE INLAND EMPIRE HEALTH PLAN GOVERNING BOARD TO  
INLAND EMPIRE HEALTH PLAN TO SUPPORT CALIFORNIA PROPOSITION 35 (MCO  
TAX)

WHEREAS, the Inland Empire Health Plan Governing Board shall authorize Inland Empire Health Plan's ("IEHP") support of California Proposition 35 (MCO TAX); and

WHEREAS, Proposition 35 makes permanent the existing tax on managed health care insurance plans currently set to expire in 2026; and

WHEREAS, if approved by the federal government, provides revenues to pay for health care services for low-income families with children, seniors, disabled persons, and other Medi-Cal recipients; and

WHEREAS, Proposition 35 requires revenues to be used only for specified Medi-Cal services, including primary care and specialty care, emergency care, family planning, mental health, and prescription drugs.; and

WHEREAS, Proposition 35 prohibits revenues from being used to replace Medi-Cal funding and caps administrative expenses and requires independent audits of programs receiving funding.

WHEREAS, Proposition 35 will increase funding for Medi-Cal and other health programs between roughly \$2 billion and \$5 billion annually, including federal funds.

WHEREAS, The impact on IEHP's membership is expected to be positive, as it increases funding for safety-net providers.

NOW BE IT RESOLVED, DETERMINED AND ORDERED:

**1. Recitals.** All recitals above are true, correct, and incorporated herein.

2. **Action.** The Governing Board of Inland Empire Health Plan, at its regular public meeting, assembled on October 7, 2024, at 9:00 a.m. or soon thereafter, in the meeting room of the Governing Board located on the first floor of the building located at 9500 Cleveland Avenue, Rancho Cucamonga, California, after opportunity for public comment, and discussion amongst the Board, hereby approves IEHP's support of California Proposition 35.

State of California )

County of San Bernardino )

I, Annette Taylor, Secretary of the Inland Empire Health Plan Governing Board,  
do hereby certify that the foregoing resolution was duly and regularly adopted by the Governing  
Board of the Inland Empire Health Plan.

**Ayes:**

Noes:

**Abstain:**

Absent:

Vacant:

Date: October 7, 2024

Annette Taylor

Secretary, IEHP Governing Board

## **FINANCE DEPARTMENT**

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

**Recommended Action:**

Review and File

**Contact:**

Keenan Freeman, Chief Financial Officer

**Discussion:**

Monthly Financials for Period Ending August 31, 2024.

# FINANCE DIVISION

## August 2024 MONTHLY FINANCIALS

**Presented  
October 7, 2024**



# August 2024 Actual vs Budget: Consolidated

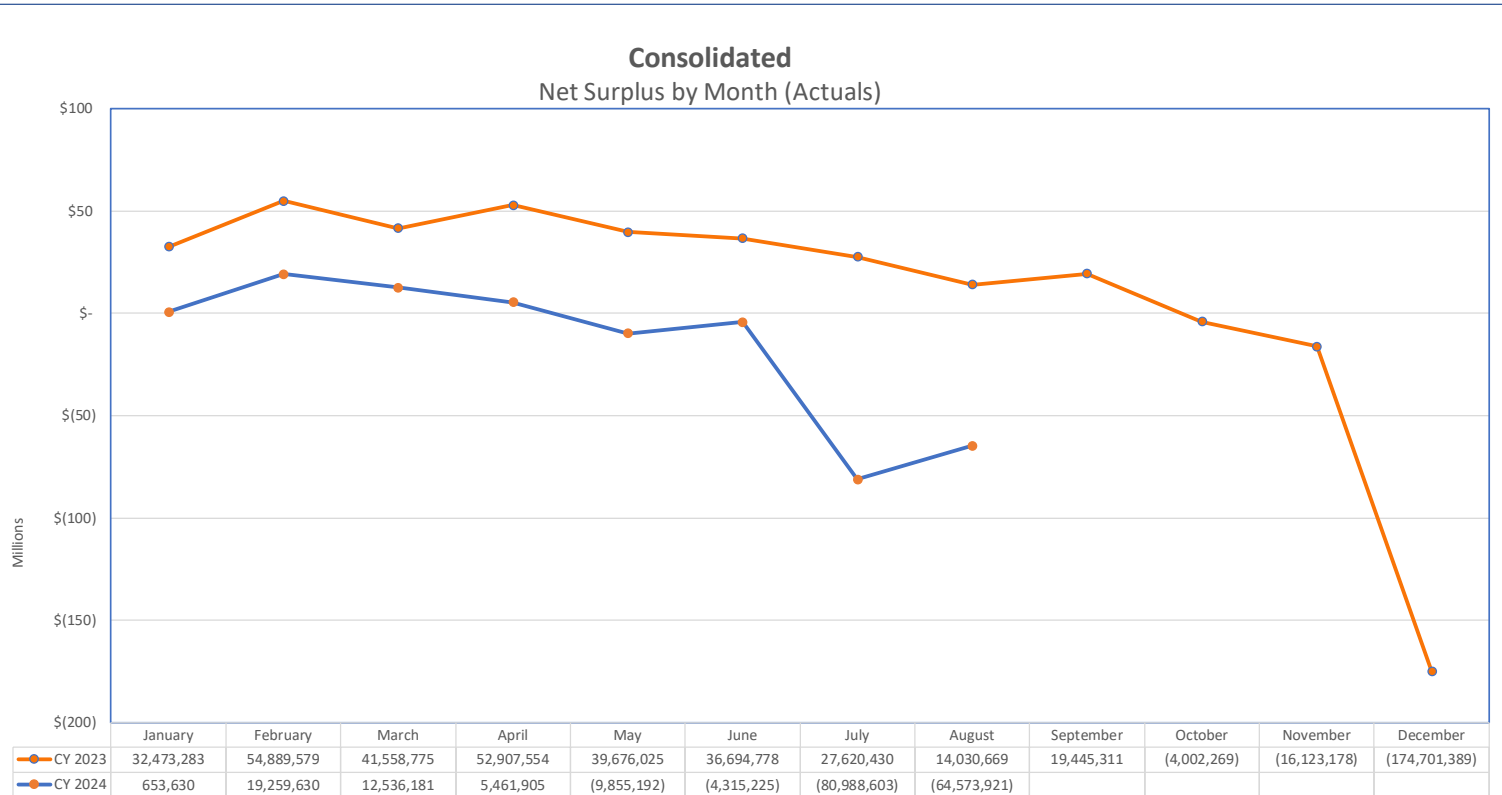
	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 600,253,059	\$ 576,523,878	\$ 23,729,181	\$ 4,807,256,216	\$ 4,747,093,037	\$ 60,163,179
<b>Total Medical Costs</b>	\$ 634,675,494	\$ 565,039,843	\$ (69,635,651)	\$ 4,678,759,104	\$ 4,429,782,199	\$ (248,976,905)
<b>Total Operating Expenses</b>	\$ 39,620,080	\$ 39,912,608	\$ 292,528	\$ 321,805,490	\$ 324,985,509	\$ 3,180,019
<b>Total Non Operating Income (Expense)</b>	\$ 10,071,939	\$ 9,742,410	\$ 329,529	\$ 79,530,023	\$ 61,238,054	\$ 18,291,969
<b>Non-Medical Expenses</b>	\$ 603,345	\$ 666,666	\$ 63,321	\$ 8,043,241	\$ 18,515,025	\$ 10,471,784
<b>Net Surplus (Deficit)</b>	\$ (64,573,921)	\$ (19,352,830)	\$ (45,221,092)	\$ (121,821,596)	\$ 35,048,358	\$ (156,869,954)
<b>Medical Cost Ratio**</b>	105.7%	98.0%	7.7%	97.3%	93.3%	4.0%
<b>Administrative Cost Ratio**</b>	6.6%	6.9%	(0.3%)	6.7%	6.8%	(0.2%)

## 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, and favorable Maternity revenue.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable \$41.3M Medi-Cal prior paid claims restatements, and unfavorable capitation expense partially offset by lower-than-expected medical G&A.



# Net Surplus Year-Over-Year - Consolidated



# Actual vs Budget: Medi-Cal

	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 527,801,822	\$ 506,585,312	\$ 21,216,510	\$ 4,212,757,867	\$ 4,192,456,567	\$ 20,301,300
<b>Total Medical Costs</b>	\$ 568,421,958	\$ 493,534,692	\$ (74,887,266)	\$ 4,135,100,217	\$ 3,897,432,980	\$ (237,667,237)
<b>Total Operating Expenses</b>	\$ 31,616,052	\$ 32,870,226	\$ 1,254,174	\$ 260,575,714	\$ 267,137,819	\$ 6,562,105
<b>Total Non Operating Income (Expense)</b>	\$ 2,918,320	\$ 2,912,732	\$ 5,588	\$ 22,437,835	\$ 23,301,853	\$ (864,018)
<b>Net Surplus (Deficit)</b>	\$ (69,317,868)	\$ (16,906,874)	\$ (52,410,994)	\$ (160,480,228)	\$ 51,187,620	\$ (211,667,848)
<b>Medical Cost Ratio**</b>	107.7%	97.4%	10.3%	98.2%	93.0%	5.2%
<b>Administrative Cost Ratio**</b>	6.0%	6.5%	(0.5%)	6.2%	6.4%	(0.2%)

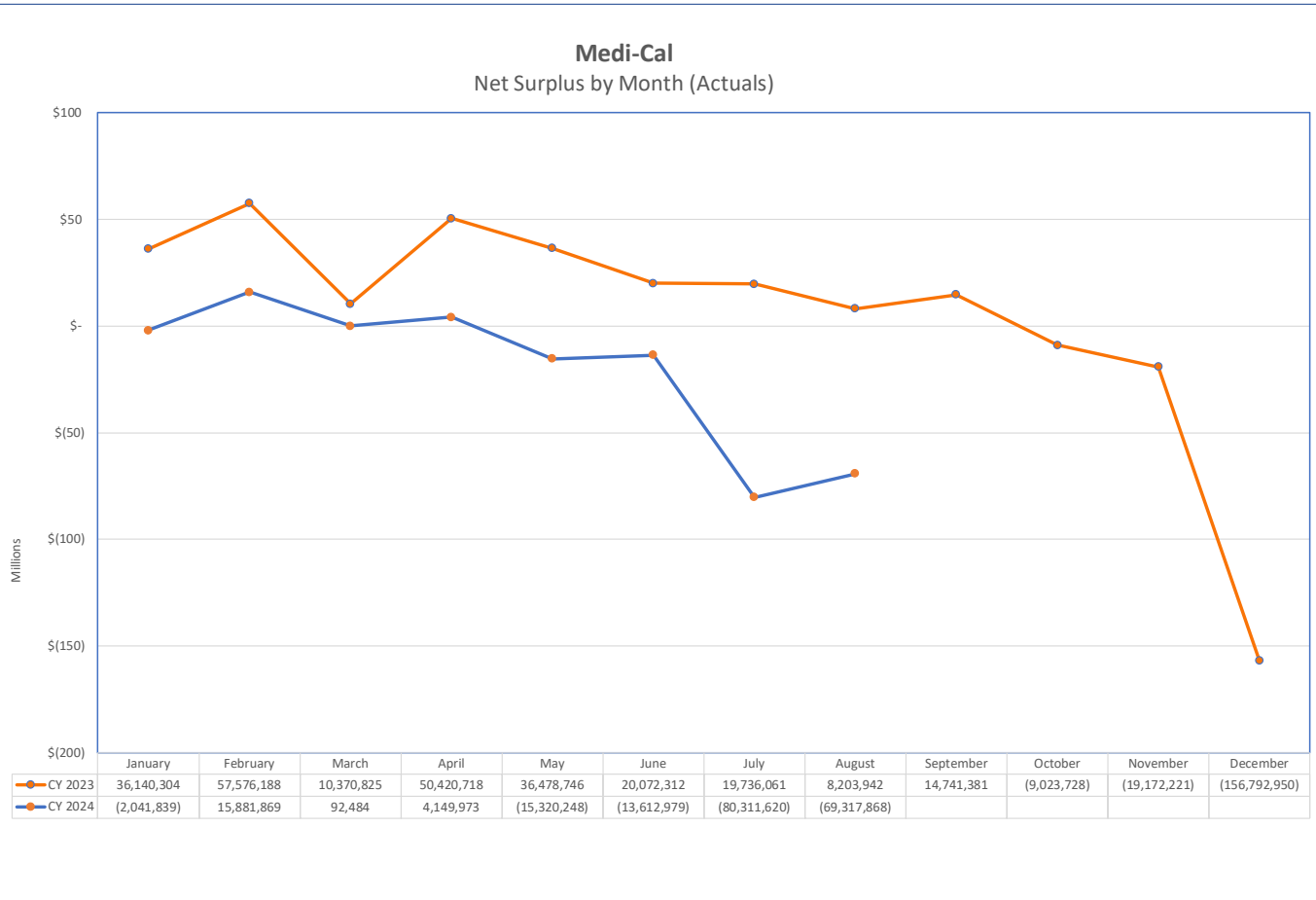
## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected LTC Full Duals, Child, and SPD member months, and favorable Maternity revenue.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected utilization in FFS claims, unfavorable \$41.3M prior paid claims restatements, and unfavorable capitation expense partially offset by lower-than-expected medical G&A.
- The favorable operating expense variance compared to budget is primarily due to IT project delays and underutilization.





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



# Actual vs Budget: D-SNP

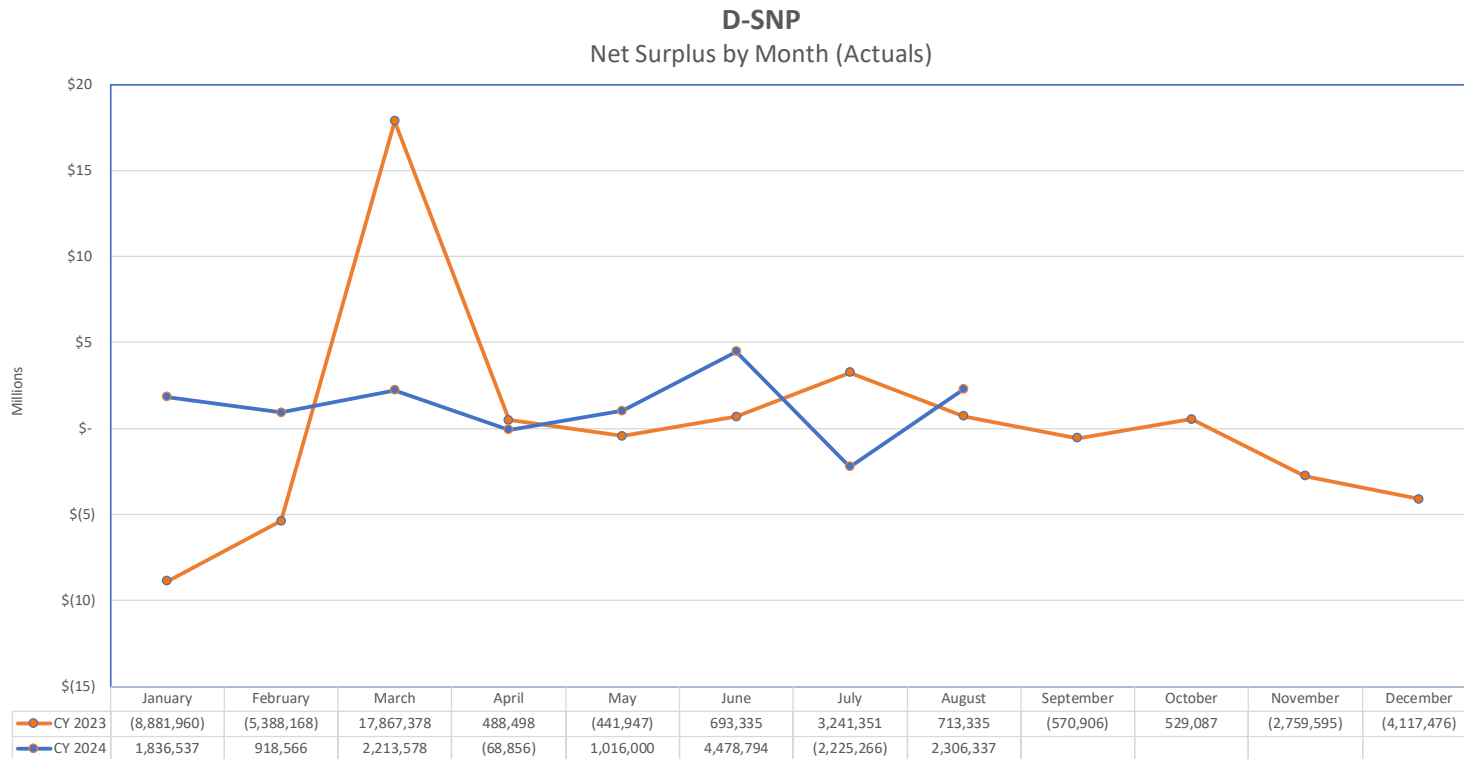
	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 63,999,416	\$ 64,452,166	\$ (452,750)	\$ 531,917,385	\$ 519,843,390	\$ 12,073,995
Total Medical Costs	\$ 56,941,614	\$ 64,476,330	\$ 7,534,716	\$ 485,532,529	\$ 487,090,322	\$ 1,557,793
Total Operating Expenses	\$ 4,751,465	\$ 4,767,470	\$ 16,005	\$ 35,909,168	\$ 38,753,981	\$ 2,844,813
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)	\$ 2,306,337	\$ (4,791,634)	\$ 7,097,971	\$ 10,475,689	\$ (6,000,912)	\$ 16,476,601
Medical Cost Ratio**	89.0%	100.0%	(11.1%)	91.3%	93.7%	(2.4%)
Administrative Cost Ratio**	7.4%	7.4%	0.0%	6.8%	7.5%	(0.7%)

## Highlights for the Month:

- The favorable medical costs variance compared to budget is primarily due to lower-than-expected inpatient claims utilization.



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



# Actual vs Budget: IEHP Covered (CCA)

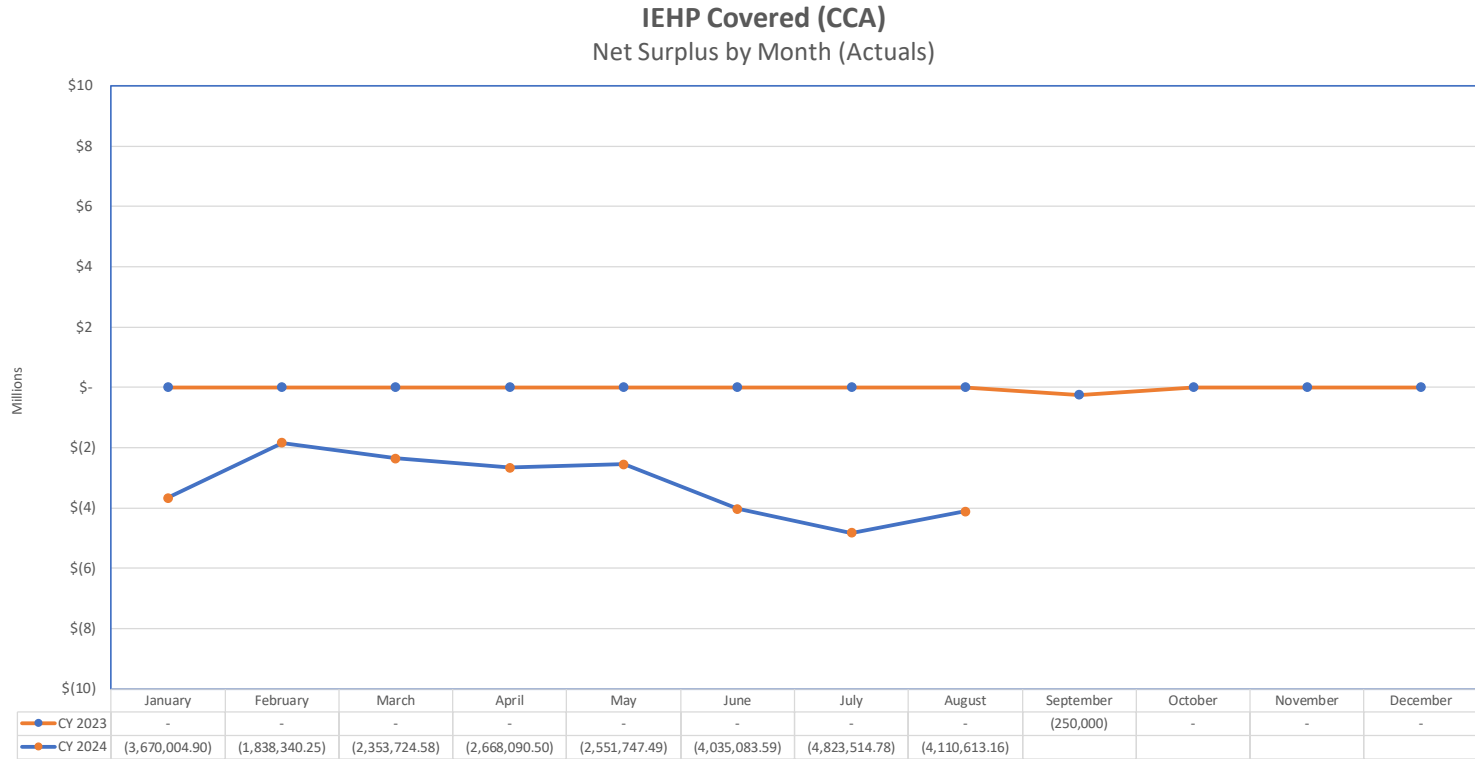
	August Month-to-Date			August Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 8,459,590	\$ 5,486,399	\$ 2,973,191	\$ 55,877,044	\$ 34,793,080	\$ 21,083,964
<b>Total Medical Costs</b>	\$ 9,317,641	\$ 7,028,822	\$ (2,288,819)	\$ 56,607,555	\$ 45,258,897	\$ (11,348,658)
<b>Total Operating Expenses</b>	\$ 3,252,563	\$ 2,052,690	\$ (1,199,873)	\$ 25,320,608	\$ 17,982,598	\$ (7,338,010)
<b>Total Non Operating Income (Expense)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Net Surplus (Deficit)</b>	\$ (4,110,613)	\$ (3,595,113)	\$ (515,500)	\$ (26,051,119)	\$ (28,448,415)	\$ 2,397,296
<b>Medical Cost Ratio**</b>	110.1%	128.1%	(18.0%)	101.3%	130.1%	(28.8%)
<b>Administrative Cost Ratio**</b>	38.4%	37.4%	1.0%	45.3%	51.7%	(6.4%)

## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected CCA Silver member months.
- The unfavorable 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.
- The unfavorable operating expense variance compared to budget is primarily due to higher-than-expected membership, consulting, participation fees, and amortization expenses.



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



# Balance Sheet: Current Month vs Prior Month

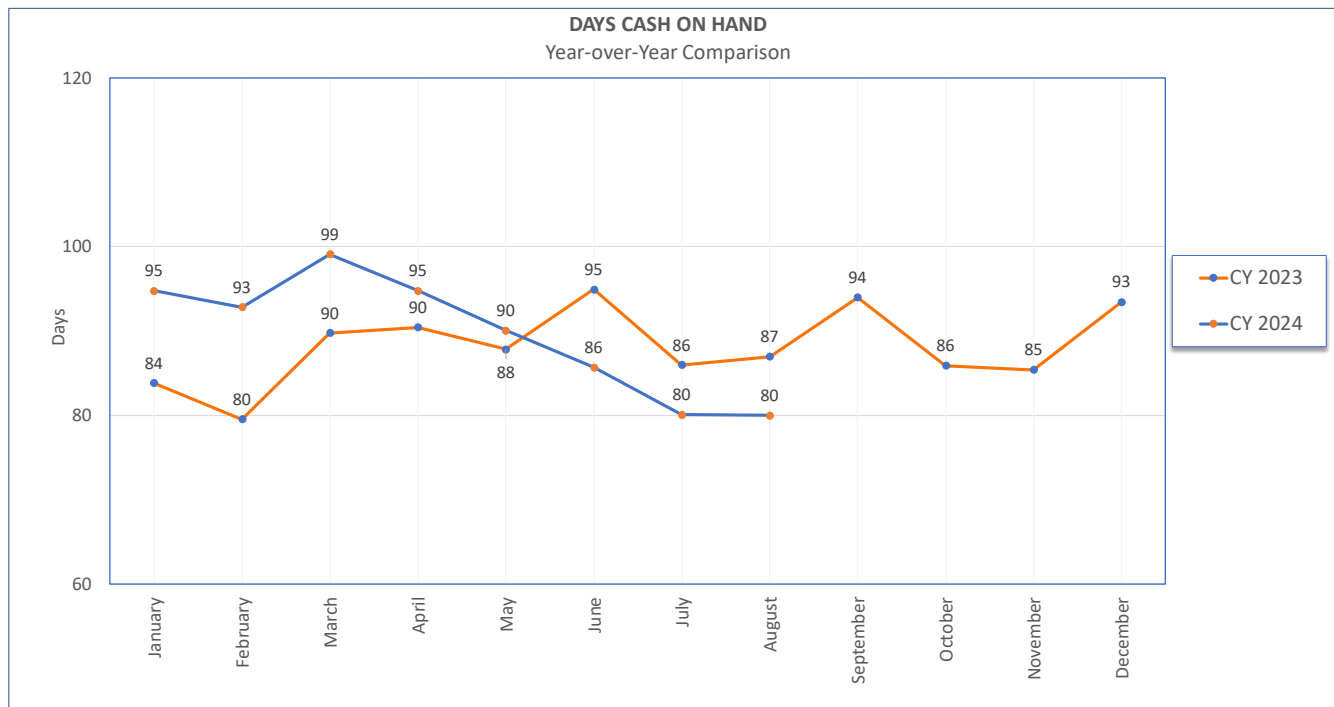
	Aug-24	Jul-24	Variance
<b><u>Assets and Deferred Outflows</u></b>			
Current Assets	\$ 2,471,104,255	\$ 2,396,705,263	\$ 74,398,992
Long Term Receivables	\$ 13,468	\$ 16,780	\$ (3,312)
Capital Assets	\$ 277,295,754	\$ 276,132,537	\$ 1,163,218
Deferred Outflows of Resources	\$ 131,764,833	\$ 130,826,110	\$ 938,723
Net Other Assets	\$ -	\$ -	\$ -
<b>Total Assets and Deferred Outflows</b>	<b>\$ 2,880,178,310</b>	<b>\$ 2,803,680,689</b>	<b>\$ 76,497,621</b>
<b><u>Liabilities, Deferred Inflows, and Net Position</u></b>			
Current Liabilities	\$ 1,493,005,350	\$ 1,352,025,362	\$ 140,979,989
Long-Term Liabilities	\$ 74,187,463	\$ 74,092,996	\$ 94,467
Deferred Inflows	\$ 389,778	\$ 392,692	\$ (2,913)
Net Position	\$ 1,312,595,718	\$ 1,377,169,639	\$ (64,573,921)
<b>Total Liabilities, Deferred Inflows, and Net Position</b>	<b>\$ 2,880,178,310</b>	<b>\$ 2,803,680,689</b>	<b>\$ 76,497,621</b>

## Highlights for the Month:

- Increase in Current Assets is primarily due to increase in Cash primarily due to \$79M D-SNP payment received in August 2024 ahead of September 2024 capitation month.
- Increase in Current Liabilities is primarily due to increase in Unearned Revenue primarily due to \$79M D-SNP September 2024 capitation payment received in August 2024 and \$42M MCO tax accrual.



# Days Cash on Hand

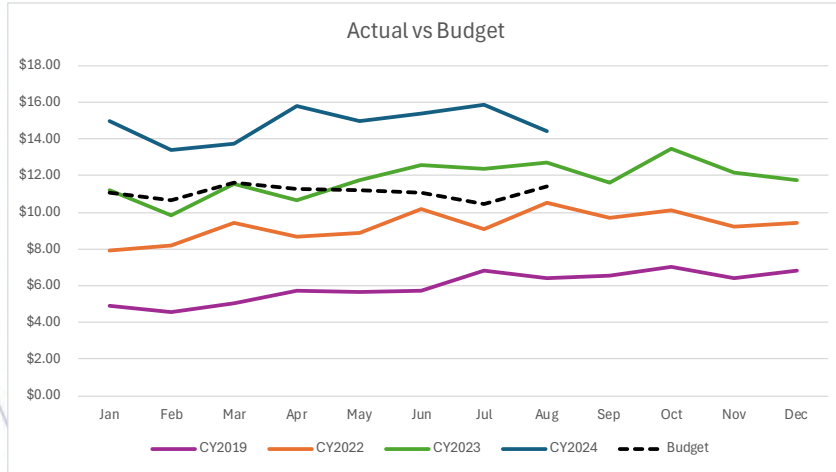


## Highlights for the Month:

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

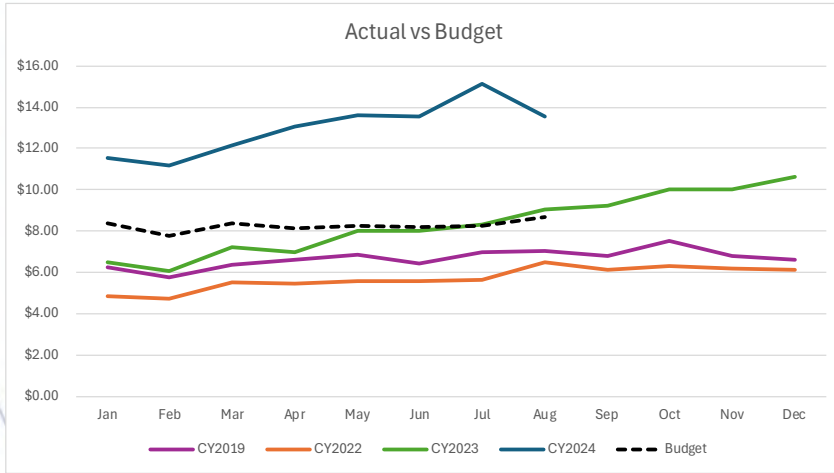


Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$7.92	\$11.17	\$14.96	\$11.08	41.1%	34.0%	35.1%
Feb	\$8.17	\$9.83	\$13.41	\$10.64	20.3%	36.4%	26.0%
Mar	\$9.40	\$11.55	\$13.76	\$11.63	22.9%	19.2%	18.3%
Apr	\$8.68	\$10.63	\$15.79	\$11.28	22.5%	48.6%	40.0%
May	\$8.89	\$11.78	\$14.95	\$11.20	32.5%	26.9%	33.5%
Jun	\$10.15	\$12.56	\$15.37	\$11.05	23.8%	22.4%	39.1%
Jul	\$9.11	\$12.37	\$15.88	\$10.47	35.8%	28.4%	51.7%
Aug	\$10.52	\$12.69	\$14.45	\$11.38	20.6%	13.9%	26.9%
Sep	\$9.68	\$11.58			19.7%		
Oct	\$10.11	\$13.49			33.4%		
Nov	\$9.22	\$12.14			31.7%		
Dec	\$9.41	\$11.75			24.9%		





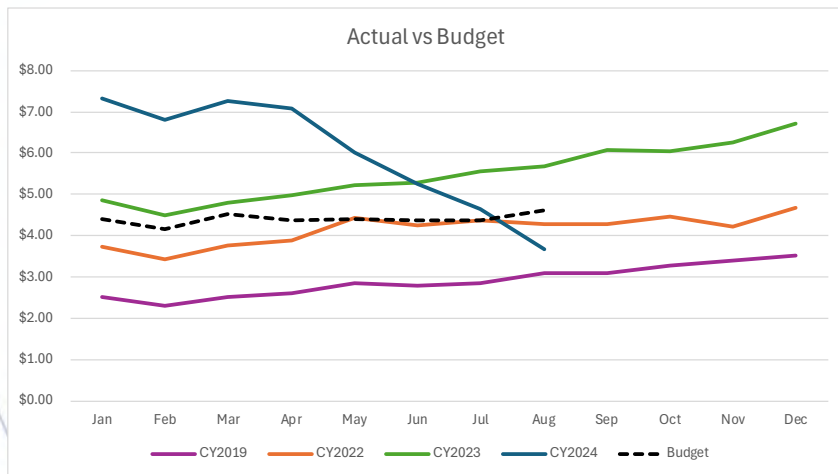
# Transportation



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%	78.3%	37.8%
Feb	\$4.73	\$6.09	\$11.16	\$7.76	28.7%	83.3%	43.9%
Mar	\$5.51	\$7.23	\$12.12	\$8.39	31.3%	67.5%	44.5%
Apr	\$5.46	\$7.00	\$13.08	\$8.11	28.2%	86.9%	61.3%
May	\$5.54	\$8.03	\$13.63	\$8.23	44.9%	69.8%	65.7%
Jun	\$5.55	\$8.03	\$13.53	\$8.19	44.5%	68.5%	65.1%
Jul	\$5.61	\$8.29	\$15.16	\$8.26	47.8%	82.9%	83.6%
Aug	\$6.47	\$9.06	\$13.57	\$8.69	40.2%	49.7%	56.2%
Sep	\$6.09	\$9.25			51.8%		
Oct	\$6.31	\$10.03			58.9%		
Nov	\$6.16	\$10.01			62.5%		
Dec	\$6.12	\$10.61			73.4%		



# Home Health



Service Month	Incurred PMPM				Trends		Variance to
	CY2022	CY2023	CY2024	Budget	CY2023	CY2024	Budget
Jan	\$3.74	\$4.84	\$7.32	\$4.39	29.3%	51.1%	66.5%
Feb	\$3.41	\$4.50	\$6.81	\$4.15	31.8%	51.3%	64.1%
Mar	\$3.75	\$4.79	\$7.27	\$4.51	27.8%	51.6%	61.2%
Apr	\$3.87	\$4.97	\$7.07	\$4.35	28.3%	42.3%	62.5%
May	\$4.44	\$5.21	\$6.00	\$4.40	17.3%	15.2%	36.3%
Jun	\$4.25	\$5.29	\$5.26	\$4.37	24.5%	-0.6%	20.3%
Jul	\$4.36	\$5.57	\$4.66	\$4.36	27.7%	-16.4%	6.7%
Aug	\$4.28	\$5.68	\$3.67	\$4.61	32.5%	-35.3%	-20.3%
Sep	\$4.28	\$6.08			42.1%		
Oct	\$4.45	\$6.05			36.0%		
Nov	\$4.21	\$6.26			48.6%		
Dec	\$4.68	\$6.71			43.4%		



# Acronyms & Definitions

BHT – Behavioral Health Treatment  
CCA – Covered California  
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  
HCBS – Home and Community-Based Services  
HHIP – Housing and Homelessness Incentive Program  
HQAF – Hospital Quality Assurance Fee  
IBNR – Incurred But Not Reported  
IGT – Intergovernmental Transfers  
LTC – Long Term Care  
MCE – Adult Medi-Cal Expansion  
MCO – Managed Care Organization  
MLR – Medical Loss Ratio  
MOT – Major Organ Transplant  
P4P HQ – Pay for Performance Hospital Quality  
PHDP – Private Hospital Directed Payment  
QIP – Quality Incentive Pool  
SIS/UIS – Satisfactory Immigration Status/Unsatisfactory Immigration Status  
SPD – Seniors and Persons with Disabilities  
YTD – Year-to-date



## OPERATIONS DEPARTMENT

### 26. UPDATE ON THE 2023 IPA PERFORMANCE EVALUATION TOOL

**Recommended Action:**

Review and File

**Contact:**

Susie White, Chief Operating Officer

**Background:**

IEHP developed the Performance Evaluation Tool (PET) to assess the Plan's contracted Medi-Cal IPAs in multiple operational areas. IEHP uses the PET to determine the level of compliance by each IPA in meeting:

- 1) Contractual responsibilities,
- 2) IEHP standards including regulatory compliance, and
- 3) Administering delegated duties.

**Discussion:**

On an annual basis, IEHP evaluates each Medi-Cal IPA's performance and compliance with IEHP's policies and procedures and contractual requirements using the IPA Performance Evaluation Tool (PET).

Performance is reviewed and scored in seven (7) functional areas that are monitored by IEHP through audits, monthly reporting requirements, contractual performance compliance, and other activities the IPA participates in throughout the contract year in the following functional areas:

- 1) Claims,
- 2) Communication,
- 3) Encounter Data,
- 4) Finance,
- 5) Grievance & Appeals,
- 6) Delegation Oversight Audit Results, and
- 7) Delegate Reporting & Member Access Audit.

The PET results are used to help determine if IEHP should continue its contractual relationship with the IPA and the term of the contract to be offered.

Based on PET scores, IEHP extends the IPA contract term as follows:

<u>Score</u>	<u>Contract Term</u>
95% or above	3 years
85% to 94.99%	2 years
80% to 84.99%	1 year
Less than 80%	Non-renewal

The following includes a comparison of IPA scores from 2021 to 2023.

<b>IPA</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Alpha Care Medical Group	80%	69%	78%
Dignity Health Medical Network	77%	78%	71%
Horizon Valley Medical Group	88%	88%	89%
Optum Care Network	88%	87%	82%
Inland Faculty Medical Group			
La Salle Medical Associates	78%	75%	77%
Physicians Health Network	80%	88%	90%

The following three (3) IPAs fell below the 80% minimum threshold for 2023:

- Alpha Care Medical Group (ACMG) continued to struggle with Claims and declined in the Grievance & Appeals, and Delegate Reporting & Member Access portions of the audit.
- Dignity Health Medical Network (DHMN) continued to struggle with Claims and declined in the Encounter Data, Grievance & Appeals, Delegation Oversight Audit, and Delegate Reporting & Member Access portions of the audit.
- La Salle Medical Associates (LSMA) continued to struggle with Claims and declined in the Grievance & Appeals, and Delegate Oversight Audit portions of the audit.

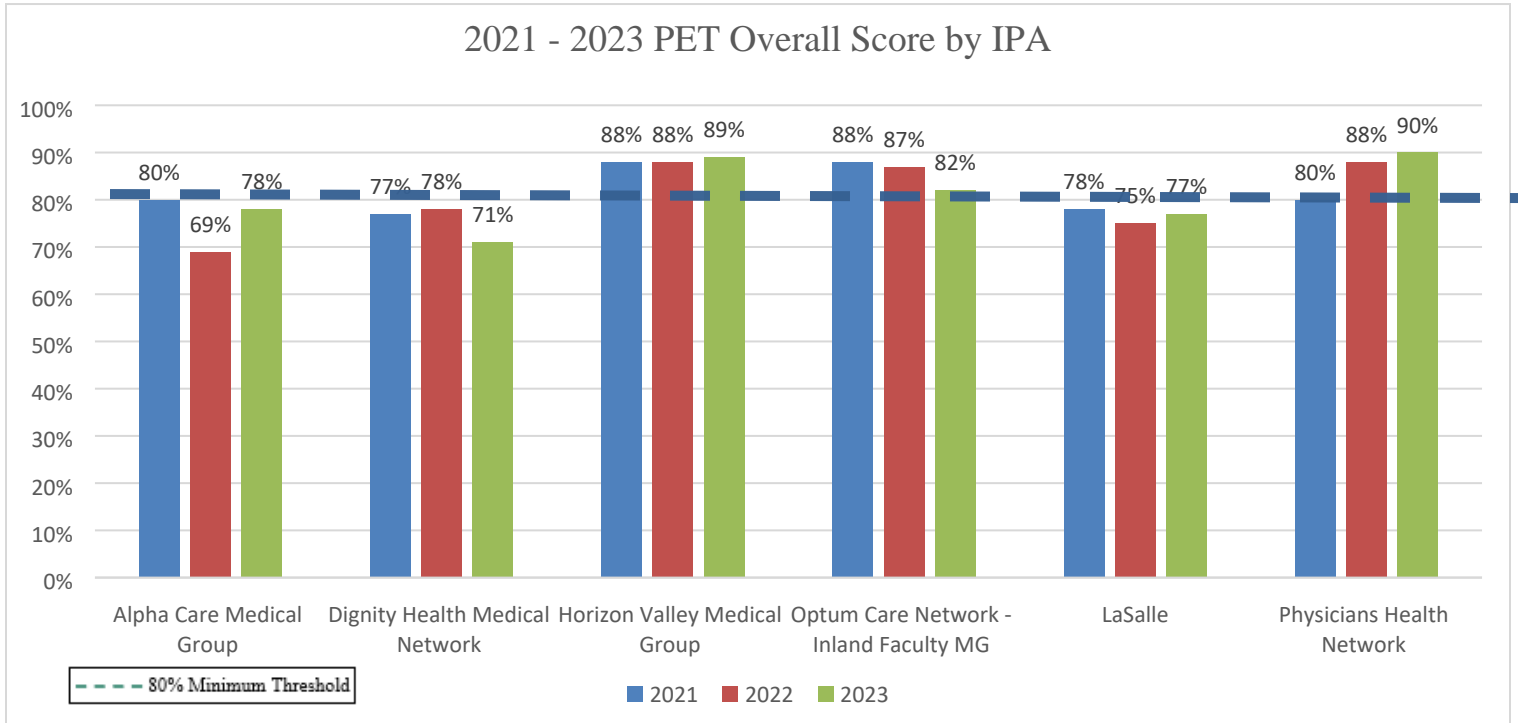
The monthly monitoring and reporting for 2024 shows upward trending for LSMA and ACMG to be on track for passing 2024.

IEHP took the following action to address the declines noted in the IPA Performance Evaluation Tool (PET) including:

- The following IPAs with two (2) years of failed PET scores have been issued Corrective Action Plans (CAPs) and are at risk of potential termination for failed 2024 PET results:
  - Alpha Care Medical Care Medical Group
  - La Salle Medical Associates
  - Dignity Health Medical Network-IE

POLICY AGENDA

The graph below represents the final scores from 2021 - 2023 PET:



Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. Popka 09/23/24	J. Ortega 09/17/2024	S. White 09/17/2024

N/A



Inland Empire Health Plan

*Live Wholeheartedly.*

# 2023 Performance Evaluation Tool (PET)

October 2024

## Background

Performance Evaluation Tool (PET) determines the level of compliance by each Medi-Cal IPA in meeting:

1. Contractual responsibilities,
2. IEHP standards, including regulatory compliance, and
3. Administering Delegated Duties





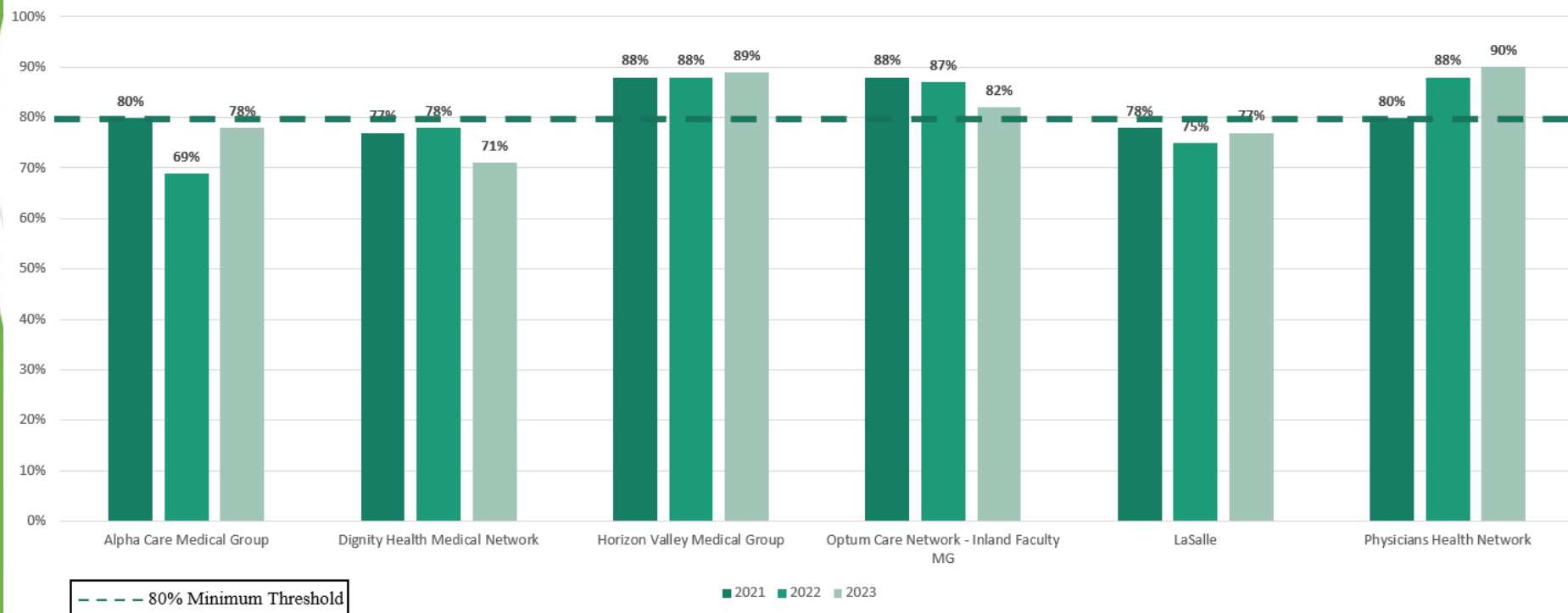
# Discussion

- Medi-Cal IPAs performance is reviewed and scored in 7 functional areas:
  1. Claims,
  2. Communication,
  3. Encounter Data,
  4. Finance,
  5. Grievance & Appeals,
  6. Delegation Oversight Audit Results, and
  7. Delegate Reporting and Member Access Audit Results
- PET results are used to determine if IEHP should continue its contractual relationship with the IPA and the term of the contract



# RESULTS & FINDINGS

# 2021 - 2023 PET Overall Score by IPA



# PET Score by IPA

IPA	2021	2022	2023
Alpha Care Medical Group	80%	69%	78%
Dignity Health Medical Network	77%	78%	71%
Horizon Valley Medical Group	88%	88%	89%
Optum Care Network-Inland Faculty MG	88%	87%	82%
La Salle Medical Associates	78%	75%	77%
Physicians Health Network	80%	88%	90%

Three (3) IPAs scores declined from 2022 to 2023 and were issued CAPs for all deficiencies identified:

1. Alpha Care Medical Group
2. LaSalle Medical Associates and
3. Dignity Health Medical Network



# Results and Findings

The Three (3) IPAs fell below the 80% minimum threshold for 2023.

- Alpha Care Medical Group (ACMG) continued to struggle with Claims and declined in the Grievance and Delegate Reporting & Member Access portion of the audit.
- Dignity Health Medical Network (DHMN) continued to struggle with Claims and declined in the Encounter Data, Grievance, Delegation Oversight Audit, and Delegate Reporting & Member Access portion of the audit.
- La Salle Medical Associates (LSMA) continued to struggle with Claims and declined in the Grievance and Delegate Oversight Audit portion of the audit.
- CAPs to be issued to ACMG, LSMA and DHMN-IE for scoring below 80%.
- IPAs may also be subject to potential termination for 2 years of failed 2024 PET results.



# QUESTIONS?

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## QUALITY DEPARTMENT

### 27. NATIONAL COMMITTEE FOR QUALITY ASSURANCE HEALTH PLAN RATING PERFORMANCE UPDATE

**Recommended Action:**

Review and File

**Contact:**

Edward Juhn, M.D., Chief Quality Officer

**Background:**

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

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

HEDIS results are important because they are:

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

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

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

**Discussion:**

**Health Plan Rating Results**

IEHP reported 38 HEDIS and 5 CAHPS measures that are a part of the NCQA Health Plan Ratings (HPR) for the Medicaid measure set. All required measures were submitted timely, passing all independent audit validation requirements, to NCQA for Medi-Cal performance in HEDIS Measurement Year (MY) 2023. All information shared in this report uses the final benchmarks that were released in September 2024. These results reflect IEHP's official overall rating of 4 out of 5 in the NCQA Medicaid Health Plan Ratings 2024 NCQA 4-Star Health Plan Rating.

Overall, IEHP's HPR performance is as follows:

- 3 measures demonstrated a percentile ranking  $\geq 90^{\text{th}}$  percentile (5 Star Performance)
- 19 measures demonstrated a percentile ranking of  $\geq 66^{\text{th}}$  and  $< 90^{\text{th}}$  percentile (4 Star Performance)
- 14 measures demonstrated a percentile ranking of  $\geq 33^{\text{rd}}$  and  $< 66^{\text{th}}$  percentile (3 Star Performance)
- 5 measures demonstrated a percentile ranking of  $\geq 10^{\text{th}}$  and  $< 33^{\text{rd}}$  percentile (2 Star Performance)
- 2 measures demonstrated a percentile ranking  $< 10^{\text{th}}$  (1 Star Performance)

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

HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b>	64.34%	72.61%	72.69%	<b>66.67<sup>th</sup> (4) ↔</b>
<b>Antidepressant Medication Management (AMM)</b> <i>Effective Continuation Phase Treatment</i>	69.05%	63.39%	<b>56.74%</b>	<b>66.67<sup>th</sup> (4) ↓</b>
<b>Appropriate Testing for Pharyngitis (CWP)</b>	19.49%	18.34%	<b>23.50%</b>	<b>&lt; 10<sup>th</sup> (1) ↔</b>
<b>Asthma Medication Ratio (AMR)</b>	59.08%	65.87%	64.98%	<b>33.33<sup>rd</sup> (3) ↔</b>
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*</b>	40.15%	42.26%	41.93%	<b>&lt; 10<sup>th</sup> (1) ↔</b>
<b>Blood Pressure Control (&lt;140/90) for Patients With Diabetes (BPD)</b>	59.61%	66.42%	<b>70.02%</b>	<b>33.33<sup>rd</sup> (3) ↑</b>
<b>Adult Immunization Status (AIS-E)</b>				
<i>Adult Immunization Status—Influenza (Total)</i>		14.45%	<b>19.13%</b>	<b>66.67<sup>th</sup> (4) ↑</b>



POLICY AGENDA

HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
<i>Adult Immunization Status—Td/Tdap (Total)</i>		40.92%	46.26%	33.33 <sup>rd</sup> (3) ↑
<i>Adult Immunization Status—Zoster (Total)</i>		12.12%	17.37%	66.67 <sup>th</sup> (4) ↑
<i>Adult Immunization Status Pneumococcal (Age 66+)</i>		43.71%	60.54%	66.67 <sup>th</sup> (4) ↑
<b>Breast Cancer Screening (BCS-E)</b>	57.84%	58.48%	62.39%	66.67 <sup>th</sup> (4) ↔
<b>Cervical Cancer Screening (CCS)</b>	54.01%	56.97%	65.93%	66.67 <sup>th</sup> (4) ↑
<b>Childhood Immunization Status (CIS) Combination 10</b>	28.71%	28.95%	22.99%	10 <sup>th</sup> (2) ↓
<b>Chlamydia Screening in Women (CHL)</b>	64.97%	64.88%	67.93%	66.67 <sup>th</sup> (4) ↑
<b>Controlling High Blood Pressure (CBP)</b>	60.83%	65.32%	67.55%	66.67 <sup>th</sup> (4) ↑
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication (SSD)</b>	83.64%	76.27%	78.21%	10 <sup>th</sup> (2) ↑
<b>Eye Exam for Patients With Diabetes (EED)</b>	58.39%	55.23%	61.92%	66.67 <sup>th</sup> (4) ↑
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> <i>Continuation &amp; Maintenance Phase</i>	53.09%	55.20%	50.11%	33.33 <sup>rd</sup> (3) ↓
<b>Follow-Up after Emergency Department Visit for Mental Illness (FUM)</b> <i>Total - 7- Day Follow-Up</i>	41.56%	41.72%	48.37%	66.67 <sup>th</sup> (4) ↑
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b> <i>HbA1c Control (&lt;8%)</i>	49.88%	56.20%	57.25%	33.33 <sup>rd</sup> (3) ↔
<b>Immunizations for Adolescents (IMA)</b> <i>Combination 2</i>	30.41%	34.55%	37.96%	33.33 <sup>rd</sup> (3) ↔
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	42.95%	45.47%	48.27%	66.67 <sup>th</sup> (4) ↑
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b> <i>Blood Glucose and Cholesterol Testing</i>	39.29%	36.03%	37.12%	33.33 <sup>rd</sup> (3) ↔
<b>Pharmacotherapy for Opioid Use Disorder (POD)</b>	23.11%	17.44%	20.30%	10 <sup>th</sup> (2) ↔
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>				

## POLICY AGENDA

HEDIS Measures for Medi-Cal	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2023 Percentile (Plan Rating)
<i>Systemic Corticosteroid</i>	74.02%	77.35%	79.58%	66.67 <sup>th</sup> (4) ↔
<i>Bronchodilator</i>	90.59%	89.43%	90.99%	90 <sup>th</sup> (5) ↑
<b>Prenatal and Postpartum Care (PPC)</b>				
<i>Timeliness of Prenatal Care</i>	83.94%	88.15%	86.74%	33.33 <sup>rd</sup> (3) ↓
<i>Timely Postpartum Care</i>	80.05%	79.63%	81.72%	33.33 <sup>rd</sup> (3) ↑
<b>Plan All-Cause Readmissions (PCR)</b>				
<i>Observed-to-Expected Ratio^ - 18-64 Years</i>	0.8802	0.8783	89.68%	33.33 <sup>rd</sup> (3) ↓
<b>Prenatal Immunization Status (PRS-E) Combination</b>	17.38%	14.48%	16.90%	33.33 <sup>rd</sup> (3) ↑
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>				
<i>Received Statin Therapy</i>	78.77%	80.74%	82.59%	33.33 <sup>rd</sup> (3) ↓
<i>Adherence 80%</i>	85.43%	80.70%	78.58%	66.67 <sup>th</sup> (4) ↔
<b>Statin Therapy for Patients with Diabetes (SPD)</b>				
<i>Received Statin Therapy</i>	68.82%	70.11%	70.95%	66.67 <sup>th</sup> (4) ↔
<i>Adherence 80%</i>	84.05%	76.84%	75.92%	66.67 <sup>th</sup> (4) ↔
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>	44.80%	47.96%	47.94%	10 <sup>th</sup> (2) ↔
<b>Use of Imaging Studies for Low Back Pain* (LBP)</b>	76.82%	75.90%	73.12%	66.67 <sup>th</sup> (4) ↓
<b>Weight Assessment, Counseling for Nutrition and Physical Activity for Children (WCC) – BMI</b>	84.43%	82.22%	89.61%	66.67 <sup>th</sup> (4) ↔
<b>Race/Ethnicity Diversity of Membership (RDM)</b>		Met	Met	90 <sup>th</sup> (5)

^ Lower Rate is Better

\*Reflects an inverted rate

CAHPS Question	CAHPS MY 2021	CAHPS MY 2022	CAHPS MY 2023	CAHPS MY 2023 Percentile (Plan Rating)
Getting Needed Care	78.2%		81.7%	33.33 <sup>rd</sup> (3) ↑
Getting Care Quickly			75.1%	10 <sup>th</sup> (2)
Rating of Personal Doctor	60.71%	63.28%	69.4%	33.33 <sup>rd</sup> (3) ↑
Rating of Health Plan	66.67%	67.04%	71.3%	>90 <sup>th</sup> (5) ↑
Rating of All Health Care	57.04%	55.14%	60.5%	66.67 <sup>th</sup> (4) ↑

**Performance Key:**

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

Plan Rating	National Percentile Range
1	<10 <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

**Key Actions Planned to Impact Measures**

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

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

## 1) Incentives

### a) Provider Incentive Programs:

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

### b) Member Incentive Programs

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

## 2) Engagement

### a) Provider Engagement & Support Programs

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

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

### 3) Member Support Programs

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

#### 4) Reducing Disparities

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

#### 5) Data Improvement Programs

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

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





# Quality **STARTS WITH ME**

IE♥HP

NCQA Health Plan Ratings 2024

Edward Juhn, MD, MBA, MPH  
Chief Quality Officer  
October 7, 2024

# NCQA Health Plan Ratings: Background

How Are We Rated and Why Is It Important?

- NCQA Health Plan Ratings (HPR) is a way to evaluate Health Plan quality and performance
- Ratings are based on a combination of 43 measures across 3 domains:
  - Prevention
  - Treatment
  - Patient Experience
- Demonstrates IEHP performance compared to other plans in the country
- Allows Health Plans the ability to assess their current quality performance and identify improvement opportunities





# NCQA Health Plan Ratings: How Are We Rated?

## IEHP Health Plan Ratings Overview

NCQA Health Plan Ratings are based on three performance categories:		
<b><u>HEDIS®</u></b> Clinical quality from NCQA's Healthcare Effectiveness Data and Information Set	<b><u>CAHPS®</u></b> Patient experience using the Consumer Assessment of Healthcare Providers and Systems	<b><u>NCQA Accreditation</u></b> Requirements to guide organizations to deliver high quality care

43 Total Measures:

- ✓ Prevention + Equity (14 Measures)
- ✓ Treatment (24 Measures)
- ✓ Patient Experience (5 Measures)

The overall health plan performance is rated on a  
1 through 5 scale

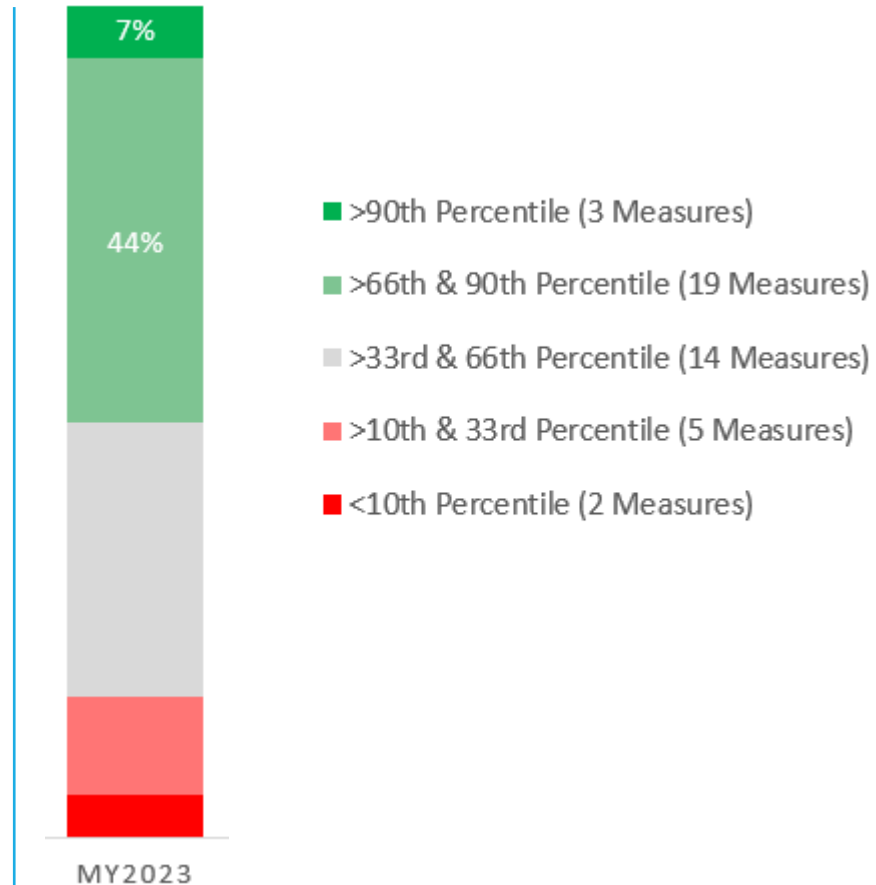


# NCQA Health Plan Ratings 2024: Medi-Cal

IEHP's 2024 Medi-Cal Health Plan Rating is based on Measurement Year 2023 (MY 2023)

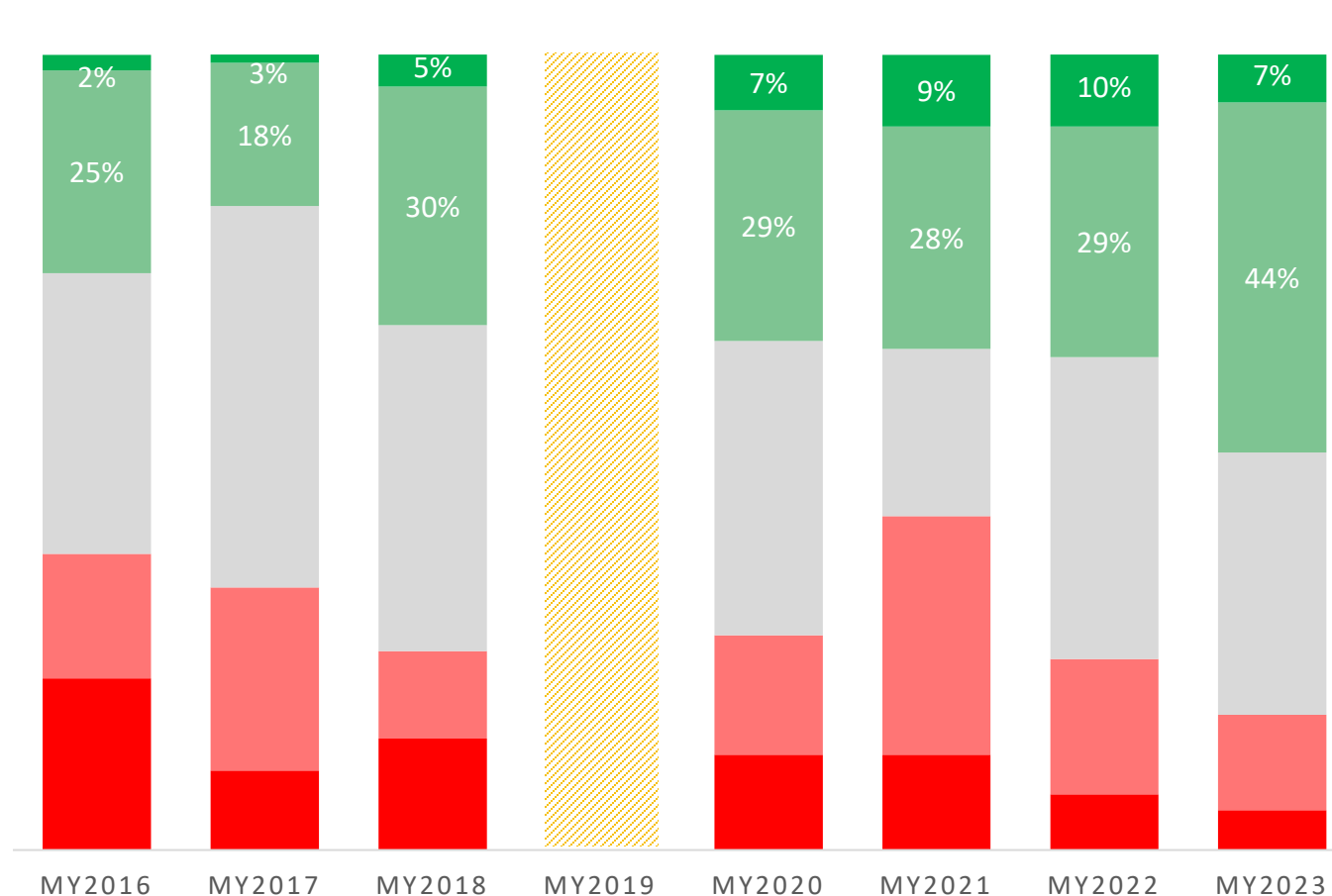
**2024 Medi-Cal Rating**

**4 out of 5 Stars**



# NCQA Health Plan Ratings: IEHP Performance Trend

IEHP Medi-Cal Health Plan Ratings Over the Years (MY 2016-2023)



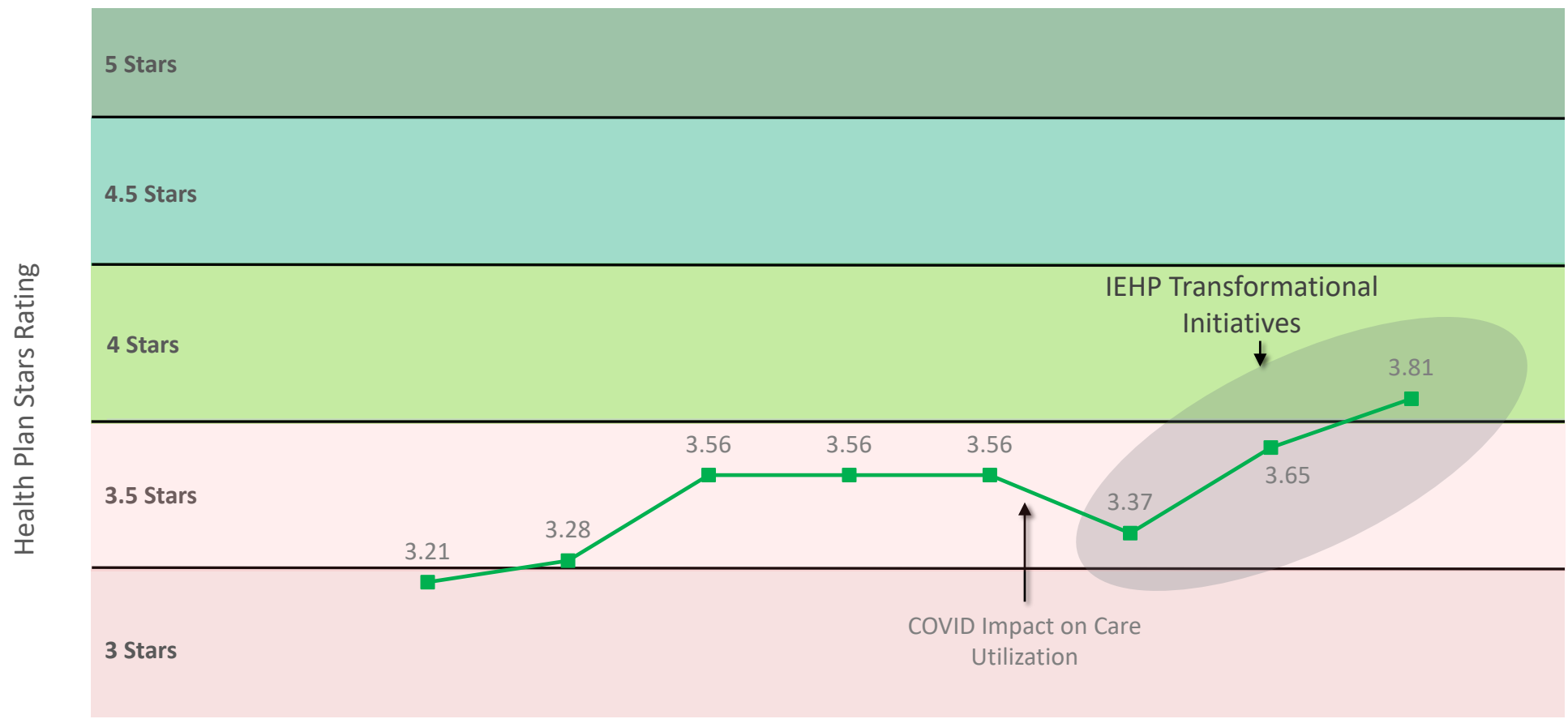
NCQA Data Reporting  
Unavailable Due to  
COVID

Indicator Name	Measure	MY2016	MY2017	MY2018	MY2019	MY2020	MY2021	MY2022	MY2023	Measure Weights
Adult Survey: Getting Needed Care (Usually + Always)	CAPHS	80.1%	80.1%	83.4%	80.7%	76.2%	NA	81.7%	83.4%	1.5
Adult Survey: Getting Care (Usually + Always)	CAPHS	80.1%	80.1%	83.4%	80.7%	76.2%	NA	81.7%	83.4%	1.5
Adult Survey: Rating of Personal Doctor (4-10)	CAPHS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adult Survey: Rating of Personal Doctor (4-10)	CAPHS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Health Promotion and Education	CAPHS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Rating of Satisfaction	CAPHS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adult Survey: Rating of Health Plan (4-10)	CAPHS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adult Survey: Rating of All Health Care (4-10)	CAPHS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Childhood Immunization Status - Cofirst 10	CIS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Immunizations for Adolescents - Cofirst 10	IMA	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Weight Assessment, Counseling for Nutrition/Physical Activity - BM	WOC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Female and Postpartum Care - Termination of Prenatal Care	PPC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Prenatal and Postpartum Care - Postpartum Care	PPC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Prenatal Immunization Status - Combination	PPC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Screening for Cervical Cancer	PCS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Cervical Cancer Screening	PCS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Nonrecommended cervical cancer screening or suboptimal services	PCS	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Racial/Ethnic Diversity of Membership - Race Direct Total	RDM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Racial/Ethnic Diversity of Membership - Intracounty Direct Total	RDM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Chlamydia Screening in Women	CIE	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adult Immunization Status - Influenza	AIE-E	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adult Immunization Status - Tetanus	AIE-E	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adult Immunization Status - Pneumococcal	AIE-E	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adverse Medication Rate	ADR	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Appropriate Antibiotic for Upper Respiratory Tract Infection	URI	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Appropriate Antibiotic for Acute Bronchitis/Influenza	ABM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Pharmaceutical Management of COPD Exacerbation - Systemic Corticosteroid	PCE	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Pharmaceutical Management of COPD Exacerbation - Inhaled Corticosteroid	PCE	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Blood Pressure Control for Patients With Diabetes	BPD	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Eye Exam for Patients With Diabetes	EED	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control Rate	HBC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Statin Therapy for Patients With Diabetes - Received Statin Therapy	SPD	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Statin Therapy for Patients With Diabetes - Statin Adherence Rate	SPD	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy	SPC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence Rate	SPC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Controlling High Blood Pressure	SBP	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Follow-Up After Hospitalization For Mental Illness - 7 days	FUIH	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Follow-Up After Emergency Department Visit for Substance Use - 7 days	FUEH	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Follow-Up After High Intensity Care for Substance Use Disorder - 7 days	FUIH	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	ADM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Antipsychotic Medication Management - Effective Continuation Phase Treatment	ADM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Alcohol Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	APM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	APM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Use Screening for Patients With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	APM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Use of First-Line Psychotropic Drug for Children and Adolescents on Antipsychotics	APM	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total	BEI	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total	BEI	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Use of Imaging Studies for Low Back Pain	LBP	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Avoiding Opioids at High Dose	HDO	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Avoiding Opioids from Multiple Prescribers and Multiple Pharmacies	LCP	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Avoiding Potentially Risky Continued Opioid Use	COU	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Smoking Advice	MSC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Strategies for Quitting Smoking	MSC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Medications for Quitting Smoking	MSC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Prevention of Binge Drinking After Heavy Alcohol	PHI	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Asthma Drug Management	MMA	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Well Child Visits - Infant	WCV	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Well Child Visits - Age 3 to 6	WCV	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Well Child Visits - Age 6 to 12	WCV	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Ongoing Prenatal Care At Least 8 1/2 of Expected Visits	PPC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	QMC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5
Antistress Monitoring for People with Schizophrenia and Schizophrenia	QMC	83.1%	83.1%	84.8%	83.1%	81.2%	81.2%	84.8%	84.8%	1.5



# NCQA Health Plan Ratings: IEHP Performance Trend

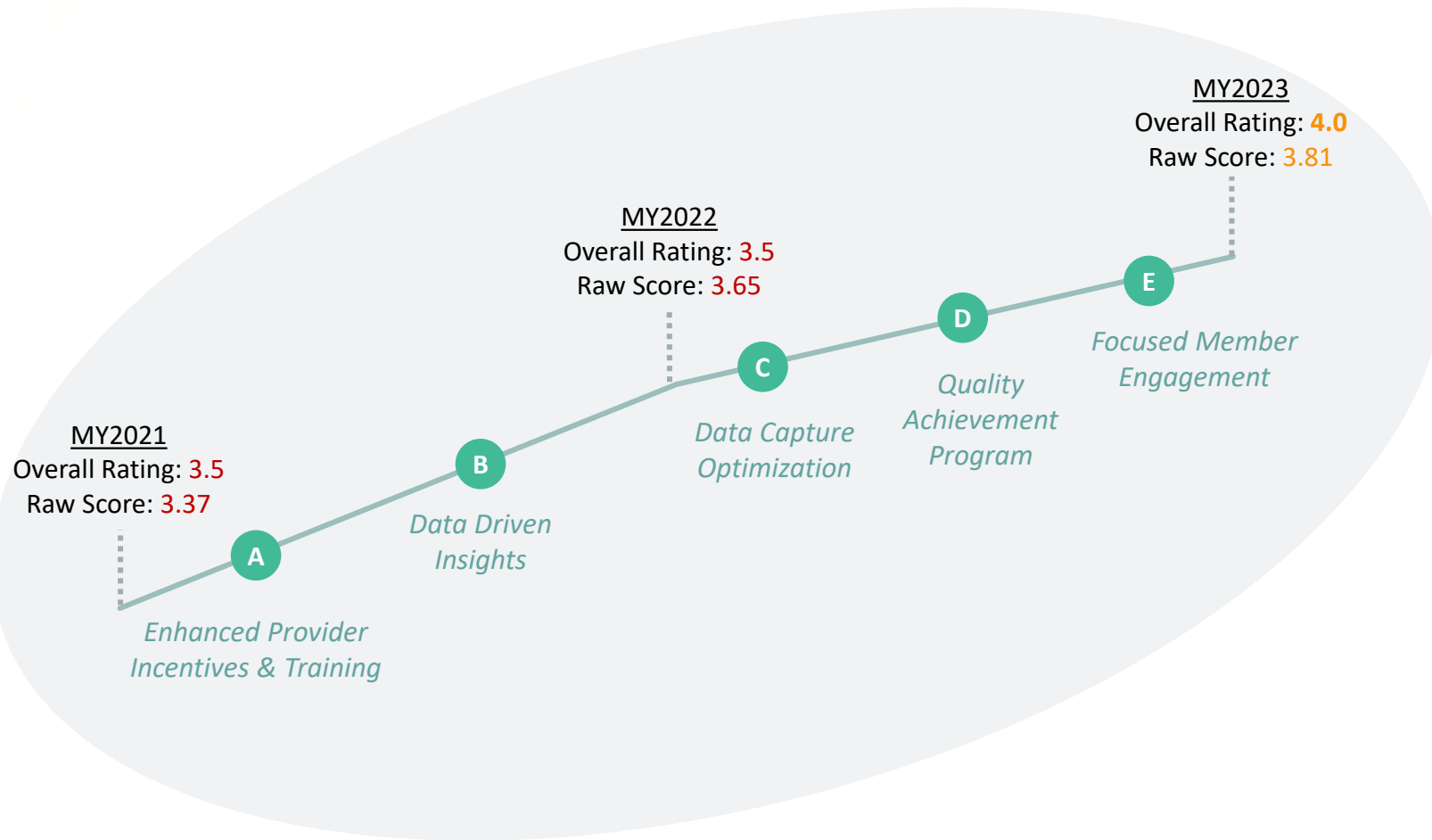
IEHP Medi-Cal Health Plan Ratings Over the Years (MY 2016-2023)



	MY2016	MY2017	MY2018	MY2019	MY2020	MY2021	MY2022	MY2023
Raw Score	3.21	3.28	3.56	3.56	3.56	3.37	3.65	3.81
Star Rating	3.0	3.5	3.5	3.5	3.5	3.5	3.5	4.0

# Quality Performance Initiatives:

**~13% Raw Score Increase Over Three Years**

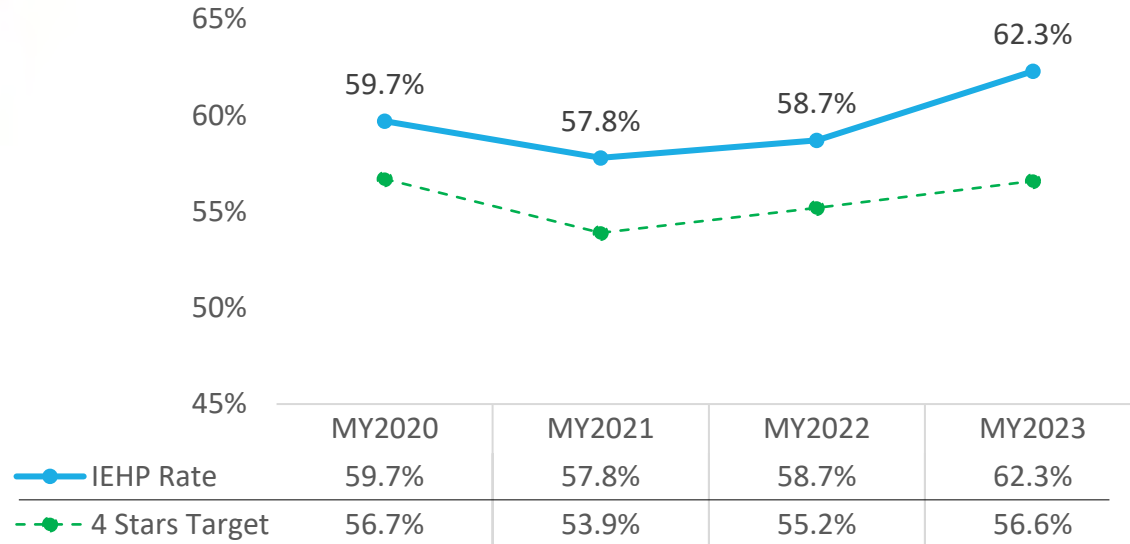


## Key Initiatives

- A** **Enhanced Incentives & Training: +5% (Across 35 Measures)**
  - Doubled P4P budget from \$132M to \$262M
  - Billing/Coding & Best Practices Workshops
  - Regional Quality Model Support for Providers
- B** **Data Driven Insights: +2% (Across 10 Measures)**
  - Root Cause Analytics
  - Quality Driven Auto-Assignment Algorithm
- C** **Data Capture Optimization: +4% (Across All Measures)**
  - Mom-Baby Link
  - Pharmacy Data Integration
  - Provider Specialty Mapping
  - Lab Data Completeness
- D** **Quality Achievement Program: +1% (Across 7 Measures)**
  - Enterprise Quality 101 Trainings
- E** **Focused Member Engagement: +1% (Across 4 Measures)**
  - Outbound Call Campaigns
  - New Marketing Campaigns
  - Enhanced Member Incentives

# Focused Trends by Measure: Example 1

## Breast Cancer Screening (BCS)



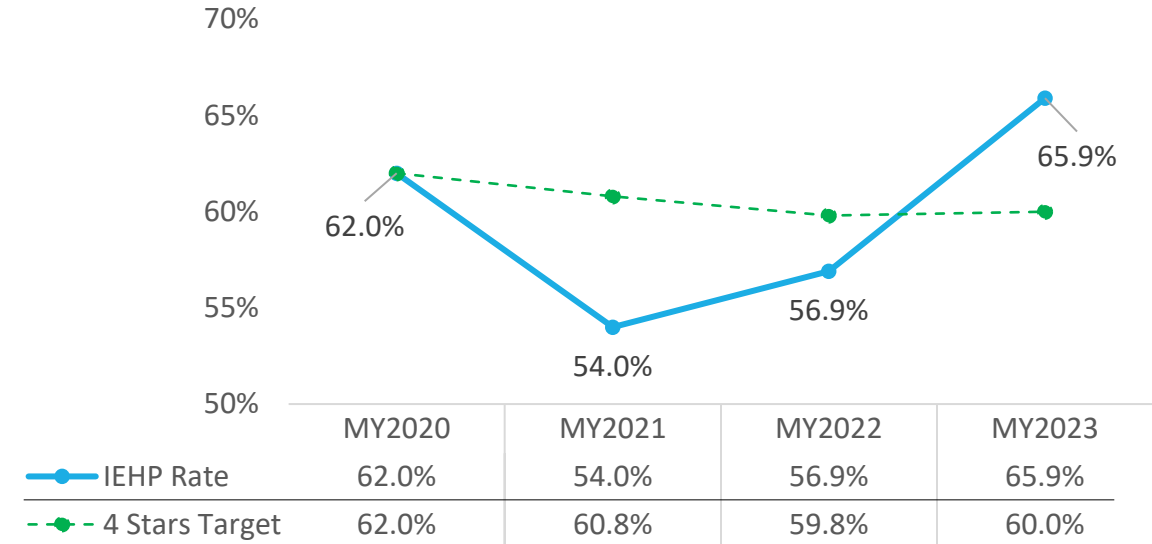
### What was impactful?

- Members who received an incentive and completed their breast cancer screening increased from **2,880** members in MY2022 to **6,188** members in MY2023

### Learnings?

- Standing Orders Program to streamline access limited to a single provider impacted location/appointment availability and hindered ease of scheduling

## Cervical Cancer Screening (CCS)



### What was impactful?

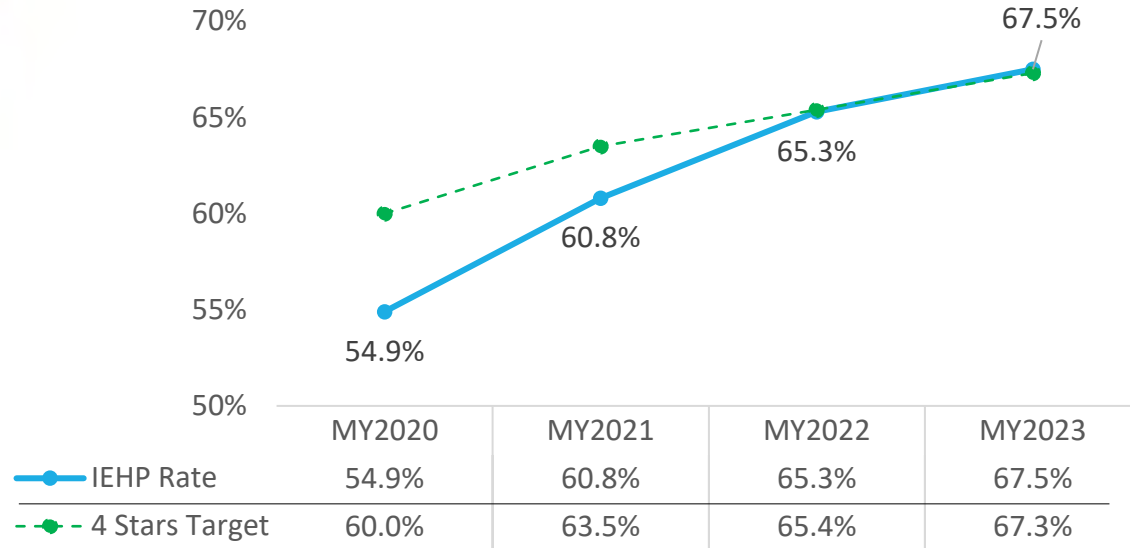
- Members who received an incentive and completed their cervical cancer screening increased from **11,494** members in MY2022 to **25,919** members in MY2023
- Data leakage reconciliation identified missing data and closed care gaps for **1,400** members

### Learnings?

- Public Health Emergency limited access to in-person care services

# Focused Trends by Measure: Example 2

## Controlling Blood Pressure (CBP)



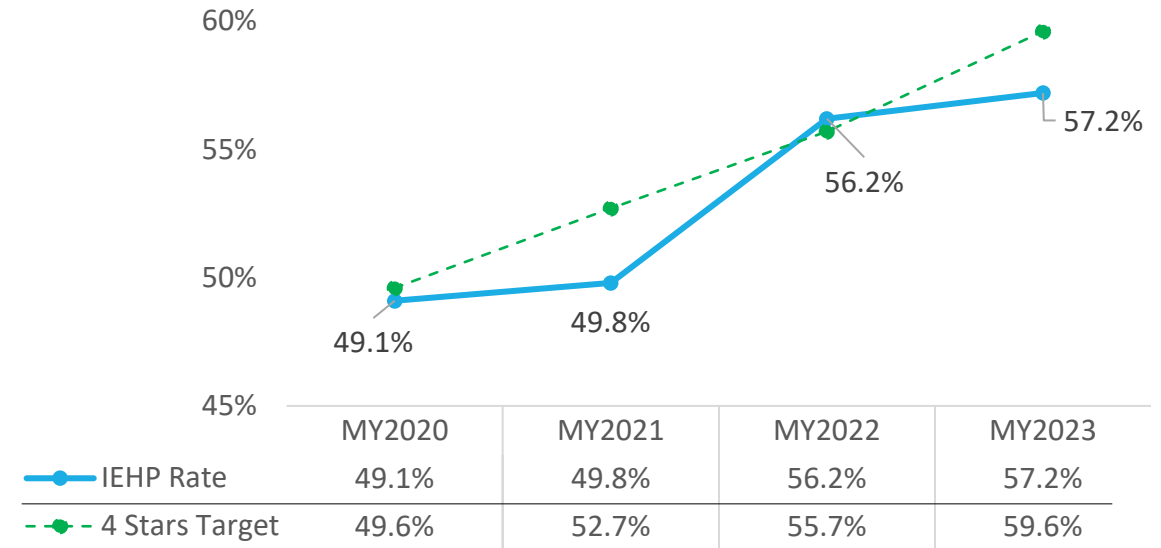
### What was impactful?

- Enhanced Care Management resulted in blood pressure control for **4,120** out of **5,876** Members enrolled in the program

### Learnings?

- Opportunities to improve programs aiming to improve blood pressure control through telephonic interventions

## Hemoglobin A1c Control <8 (HBD)



### What was impactful?

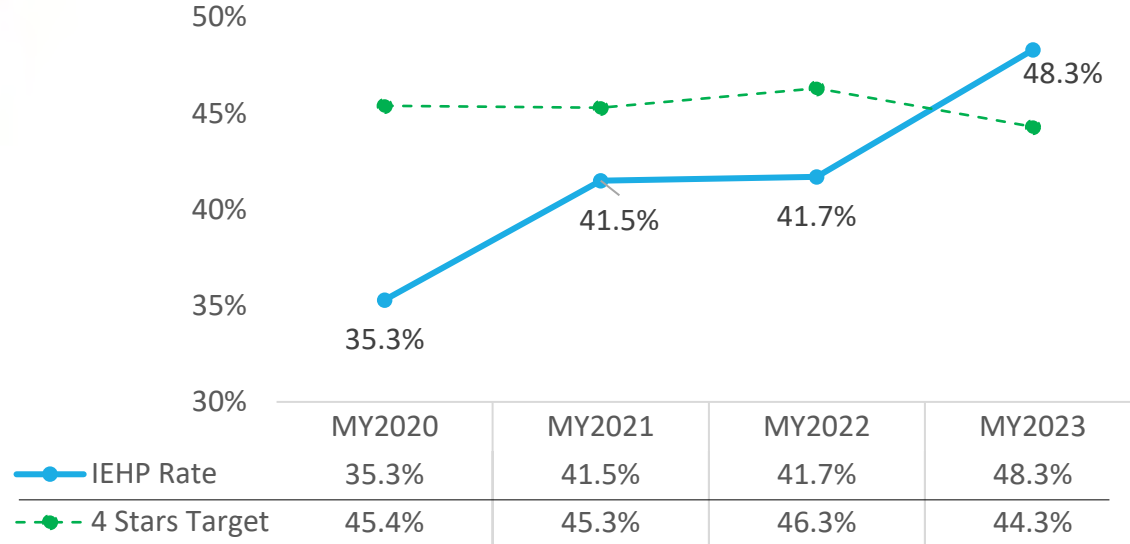
- Enhanced Care Management resulted in HbA1c control for **3,211** out of **5,055** members enrolled in the program

### Learnings?

- Diabetes classes at Community Wellness Centers had limited membership reach

# Focused Trends by Measure: Example 3

## Follow Up After ED Visit for Mental Illness (FUM)



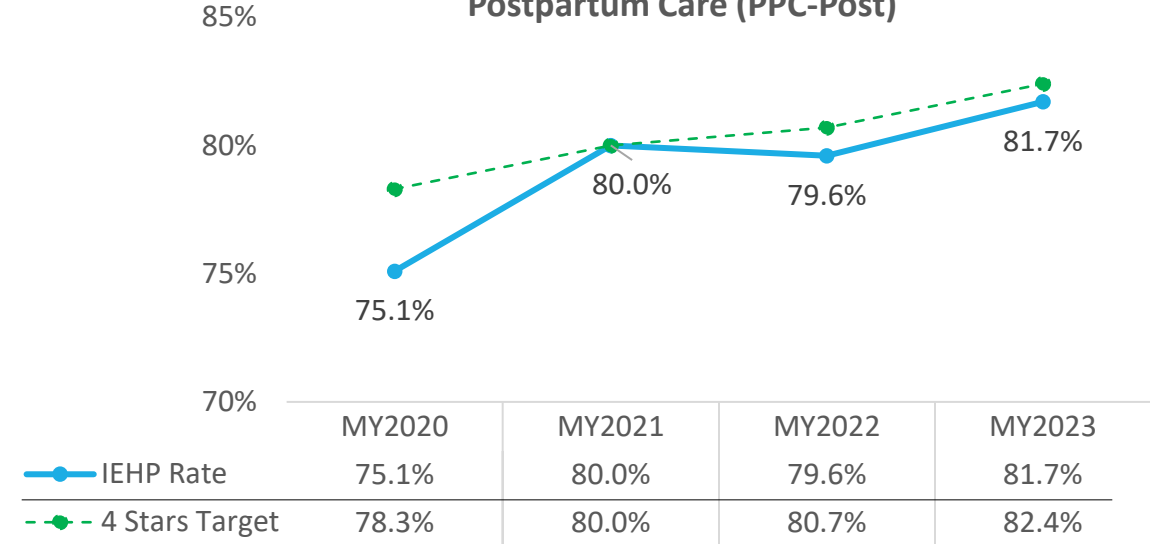
### What was impactful?

- Improved data sharing with County Behavioral Health Department resulted in enhanced data capture and **13%** overall increase in performance from MY2020 to MY2023

### Learnings?

- Opportunity to increase low adoption of telehealth to support follow up care

## Postpartum Care (PPC-Post)



### What was impactful?

- OBP4P participation increased from **165** providers in MY2021 to **544** providers in MY2023

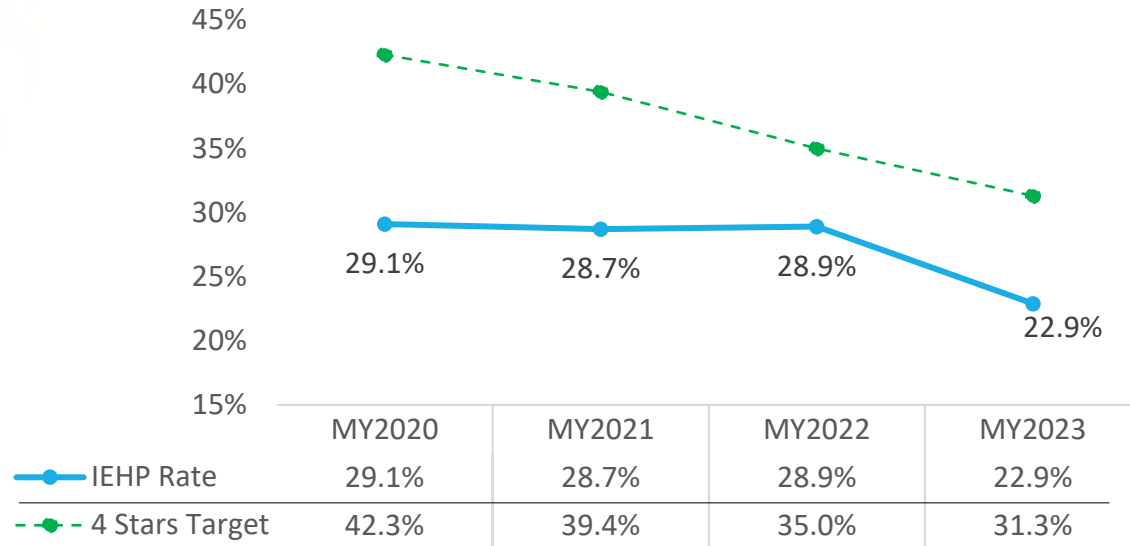
### Learnings?

- App to guide maternal care journey underutilized by members



# Focused Trends by Measure: Example 4

Childhood Immunizations – Combo 10 (CIS)



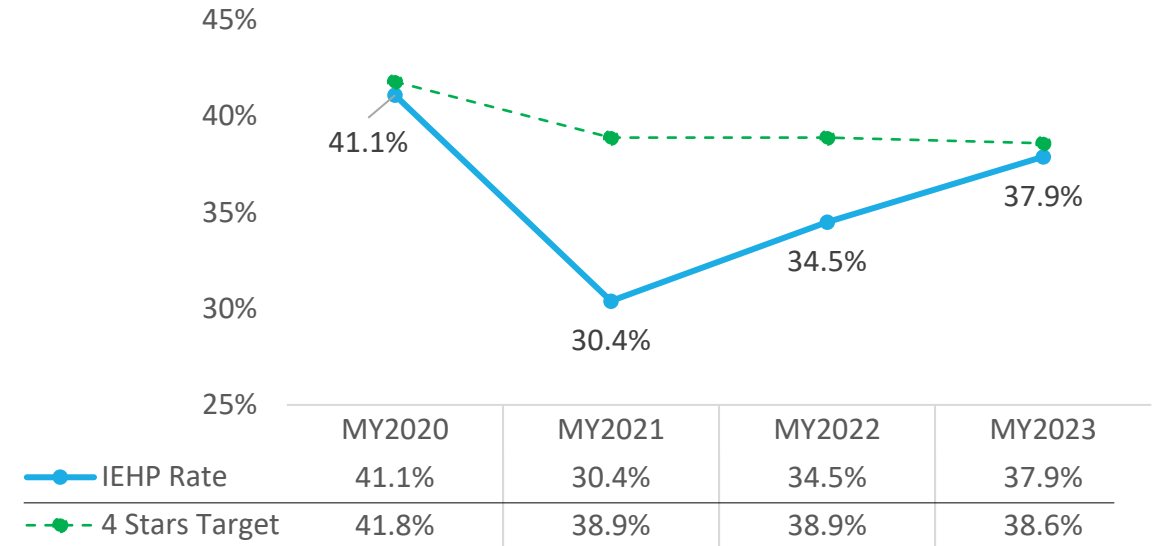
## What was impactful?

- Mom-Baby link data mapping identified vaccines under mom's ID

## Learnings?

- Focused outreach to eligible members needing 1 or 2 flu doses (**1,182** members) to meet CIS requirement had a **12%** gap closure rate
- Low engagement for prior incentive offerings for Flu + Rotavirus and Flu only
- Marginal improvement from preventive care telephonic outreach focused on childhood immunization

Immunizations for Adolescent – Combo 2 (IMA)



## What was impactful?

- HPV vaccine member incentive demonstrated **27.6%** of **34,807** eligible members completed the HPV vaccine series
- Focused outreach to eligible members needing 1 HPV dose (**2,548** members) resulted in a **40%** gap closure rate

## Learnings?

- Limited impact from retail pharmacy pilot on HPV vaccine adoption rates

# In Flight and New Quality Initiatives:



## Provider Incentive Programs

### In Flight

- Global Quality Pay for Performance Program (GQP4P) for Primary Care Providers
- Obstetrician Pay for Performance (OBP4P) Program
- Enhanced Urgent Care Wellness Incentive Program

### New Initiatives

- Enhanced Incentives for Key Quality Measure Outcomes & Requirements



## Engaging Members Into Care

### In Flight

- Member Outreach Campaigns
  - Pediatric Well Care Visits
  - Birthday Calls
  - HPV + Flu Vaccines
  - Texting Campaigns
- Enhanced Member Incentives

### New Initiatives

- New Marketing Campaigns Promoting Preventative Care Services



## Enterprise Quality Commitment

### In Flight

- Quality 102 Trainings
- Quality Achievement Program
- Data Driven Insights & Targeted Interventions
- Improving Data Completeness for All Quality Care Services

### New Initiatives

- Quality Operating Model



## Provider Facing Engagements

### In Flight

- Provider Relations Manager Visits Focused on GQP4P Opportunities
- Regional Quality Model to Support Lower Performing Practices
- Billing/Coding & Best Practices Workshops

### New Initiatives

- Program to Advance Bottom Decile Low Performing Providers to Improve Quality

# APPENDIX

# Acronyms:

NCQA	National Committee for Quality Assurance
HPR	Health Plan Ratings
HEDIS	The Healthcare Effectiveness Data and Information Set
CAHPS	Consumer Assessment of Healthcare Providers and Systems
PPC-Pre	Prenatal Care
PPC	Postpartum Care
BCS	Breast Cancer Screening
CCS	Cervical Cancer Screening
CBP	Controlling Blood Pressure
HBD	Hemoglobin A1c Control
FUM	Follow Up After ED Visit for Mental Illness
ADD	Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase
CIS	Childhood Immunizations
IMA	Immunizations for Adolescent
GQP4P	Global Quality Pay for Performance
OBP4P	Obstetrician Pay for Performance
DHCS	Department of Health Care Services



# Notable Quality Activities Timeline

