



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

**\*\*\*REVISED\*\*\***

**August 11, 2025 - 9:00 AM**

Board Report #363

**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 [BoardServices@IEHP.org](mailto:BoardServices@IEHP.org) 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. 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 or by contacting the Secretary to the Governing Board by phone at (909) 736-6891 or by email at [BoardServices@ieh.org](mailto:BoardServices@ieh.org).

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

<https://youtube.com/live/11rKABJAB2s?feature=share>

---

**AGENDA**

---

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

AGENDA

---

- VI. Conflict of Interest Disclosure:  
*Please note that Board members who also serve as a member of a legislative body of another public entity, such as San Bernardino County or the County of Riverside, does not by itself constitute a disqualifying conflict of interest that would prevent such members from participating on matters appearing on the agenda for the Inland Empire Health Plan despite their affiliation with both public entities.*
- VII. Adopt and Approve of the Meeting Minutes from the July 7, 2025 Regular Meeting of the Governing Board of the Inland Empire Health Plan
- VIII. CONSENT AGENDA

**ADMINISTRATION (Jarrod McNaughton)**

1. Approve Amendment A05 to the State Medicaid Agency Contract (22-20233) with the California Department of Health Care Services
2. Delegation of Authority to Approve the Professional Services Agreement with the County of Riverside Department of Public Social Services
3. Approve the Second Amendment to the Enhanced Care Management Provider Agreement with IEHP Health Access

**FINANCE DEPARTMENT (Jarrod McNaughton)**

4. Approve the First Amendment to the Lease Agreement with Breit Industrial Canyon1W06 LLC., a Delaware Limited Company
5. Update on Property and Casualty and Management, Cyber and Fiduciary Liability Insurance Renewals

**INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)**

6. Approve Amendment No. 3 to the etherFAX Subscriber Subscription Agreement with Novaris Communications, Inc.

**OPERATIONS DEPARTMENT (Susie White)**

7. Provider Network Expansion Fund Program Progress Report

**PROVIDER CONTRACTING DEPARTMENT (Susie White)**

8. Delegation of Authority to Execute Amendments and Contractual Documents due to new Regulatory Requirements

AGENDA

9. Ratify and Approve the Enhanced Care Management Provider Agreement (Medi-Cal Only) with San Bernardino County on Behalf of Arrowhead Regional Medical Center, The Department of Public Health, and the Department of Behavioral Health - Colton
10. Ratify and Approve the Fourteenth Amendment to the Hospital Per Diem Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center - Colton
11. Ratify and Approve the Tenth Amendment to the Capitated IPA Agreement with Optum Care Network – Inland Faculty Mg - Colton
12. Ratify and Approve the Ninth Amendment to the Hospital Per Diem Agreement for Behavioral Health Services with Vista Behavioral Hospital, LLC. dba Pacific Grove Hospital - Riverside
13. Approval of the Evergreen Contracts
  - 1) Bridge Prenatal PC - Enhancement Care Management Provider Agreement – National C
  - 2) DAP Health Inc. - Enhancement Care Management Provider Agreement - Palm Springs
  - 3) J Moss Foundation dba Skinny Gene Project - Ancillary Agreement - San Diego
  - 4) Braswells Mediterranean Gardens LTD - Residential Care for the Elderly -Yucaipa
  - 5) Watermark Carlotta LLC dba The Springs at the Carlotta - Skilled Nursing Facility Prov Agreement-Palm Desert
  - 6) St Mary Medical Center dba Providence St Mary Medical Center - Hospital Per Diem Agreement - Apple Valley
  - 7) Rehabilitation Hospital of Southern California LLC - Acute Rehab Agreement - Rancho Mirage
  - 8) San Bernardino Convalescent Operations Inc., dba Legacy Post Acute Rehabilitation - Skilled Nursing Facility Provider Agreement - San Bernardino
  - 9) Lincare Inc - Ancillary Agreement - Apple Valley
  - 10) Nerses Berberyan dba Remedy Healthcare Services Inc - Ancillary Agreement - Upland
  - 11) Team Makena LLC - Ancillary Agreement – Costa Mesa
  - 12) Dona Schaffer - Participating Provider Agreement - Behavioral Health - Murrieta
  - 13) Hope Avenue Marriage and Family Therapy Inc., dba Hope Avenue Counseling Service Behavioral Health Provider Agreement - Colton
  - 14) Katterra Davis - Participating Provider Agreement - Behavioral Health - Victorville
  - 15) Tracy S Enalen - Provider Agreement - Behavioral Health - Temecula
  - 16) Zsanna Marble dba Zsanna Marble LMFT - Provider Agreement - Behavioral Health – Murrieta
  - 17) Inland Empire Physicians - Hospitalist Agreement – Murrieta
  - 18) James Ho, MD Medical Corporation - Open Access Agreement (Excluding Medicare) – Upland
  - 19) Shiloh Medical Center Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) -Victorville
  - 20) Riverside San Bernardino County Indian Health Inc - Fee-For-Service Primary Care Provider Agreement - Banning
  - 21) Arrowhead Pediatric Medical Group Inc - Participating Provider Agreement - Specialist – Colton

AGENDA

---

- 22) California Neurointerventional Surgeons Inc - Participating Provider Agreement - Specialist -Riverside
- 23) California University of Science and Medicine - Participating Provider Agreement – Specialist -Colton
- 24) California Vascular & Interventional PC - Participating Provider Agreement – Specialist -Temecula
- 25) Carrico Pediatric Therapy Inc - Participating Provider Agreement - Specialist - Murrieta
- 26) Indraneel Chakrabarty MD, Inc., dba Trinity Medical Multi Specialty Group Inc. - Participating Provider Agreement - Specialist - Temecula
- 27) Marc H Shomer, MD, PhD, Inc - Participating Provider Agreement - Specialist - Upland
- 28) West Coast Wound and Skin Care Inc - Participating Provider Agreement – Specialist - Burbank
- 29) Hilario Marilao, MD - Participating Provider Agreement – Specialist - Riverside
- 30) Advanced Medical and Urgent Care Center - Urgent Care Provider Agreement - Upland

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

**ADMINISTRATION (Jarrod McNaughton)**

- 14. Delegation of Authority to Approve the Ninth Amendment to the Employment Agreement for Chief Executive Officer
- 15. Chief Executive Officer Update

**FINANCE DEPARTMENT (Jarrod McNaughton)**

- 16. Monthly Financial Review

**OPERATIONS DEPARTMENT (Susie White)**

- 17. Covered California Annual Delegation Oversight Audit Results for 2024
- 18. Medi-Cal and Medicare Annual Delegation Oversight Audit Results for 2024

**QUALITY DEPARTMENT (Genia Fick)**

- 19. Approve the Funding for the 2025 - 2026 Quality Achievement Program

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

XI. Board Member Comments

AGENDA

---

XII. Closed Session

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

- a. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Title: Chief Executive Officer, Inland Empire Health Plan

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held September 8, 2025 at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

**Department: ADMINISTRATION**

**1. Title: APPROVE AMENDMENT A05 TO THE STATE MEDICAID AGENCY CONTRACT (22-20233) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**Chief:** Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

On June 10, 2025, the California Department of Health Care Services (DHCS) provided the Plan with Amendment A05 to the Plan's State Medicaid Agency Contract (SMAC) (22-20233) for Inland Empire Health Plan (IEHP) DualChoice (HMO D-SNP). The SMAC includes Medicare and Medi-Cal integration requirements, including but not limited to enrollment, care coordination, and operational requirements necessary for Dual Special Needs Plans (D-SNP). The Plan executed the contract with the DHCS with the amendment to extend until December 31, 2026.

The Contract includes the following provisions:

- Care Coordination Responsibilities
- Information Sharing
- Integrated Member Materials
- Supplemental Benefits that must be offered by the D-SNP
- Quality and Data Reporting
- Consumer Participation in Governance Board
- State Guidance
- Coverage Area and Eligible Population Information
- Certification and Enrollment Reporting
- Member Billing Prohibitions
- Provider Network Requirements
- Medicare Continuity of Care
- Eligibility and Enrollment Verification
- Medicare Deeming
- Integrated Appeals and Grievances

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve Amendment A05 to the State Medicaid agency contract (22-20233) with the California Department of Health Care Services to extend the term for one additional year through December 31, 2026.

Amendment A05 strengthens the integration of Medicare and Medi-Cal services for dual-eligible members, improves care coordination, ensures clear communication and materials for members, and sets higher standards for quality, oversight, and member involvement. The changes are designed to make it easier for members to get the care they need without confusion or gaps between Medicare and Medi-Cal.

CONSENT AGENDA

<b>Financial Impact: N/A</b>	<b>Not to Exceed Amount: N/A</b>	<b>Term: 12/31/2026</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>
None	N/A	N/A	A. Mejia [6/10/2025]	Lourdes Nery 06/26/2025	S. White 06/30/2025

**Department: ADMINISTRATION**

**2. Title: DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH THE COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES**

**Chief:** Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

Inland Empire Health Plan (IEHP) requires special eligibility services for select members to maintain or gain their correct eligibility status. The County of Riverside Department of Public Social Services (DPSS) is the only entity that provides eligibility-related services for Medi-Cal members within Riverside County. IEHP and the County of Riverside DPSS entered into a Professional Services Agreement on September 1, 2020, to support DPSS with funding to provide enhanced data entry and eligibility-related services for IEHP members. Due to the success of the Professional Services Agreement, IEHP desired to expand the partnership, and on September 9, 2024, the IEHP Governing Board approved an expansion of the existing agreement, increasing our financial support to the Riverside DPSS office to help accelerate eligibility related services requested by IEHP. Since the expansion, Riverside DPSS has assisted approximately 40,000 IEHP members, generating an estimated \$10 million in additional revenue for the health plan.

**Procurement Solicitation Type:** N/A

This procurement is being conducted with another governmental agency. Per Section 4.1 of IEHP's Procurement Policies and Procedures Manual, inter-governmental agreements are exempt from competitive bidding requirements.

**Recommendation(s):**

That the Governing Board of IEHP authorizes the Chief Executive Officer (CEO), or their designee to, after legal review and approval, sign a new Professional Services Agreement (Agreement) with the County of Riverside DPSS for the continued provision of eligibility-related services for IEHP Medi-Cal members through August 31, 2030, for the amount not to exceed \$6,219,325.

Riverside DPSS will continue to provide member eligibility-related services under this agreement over five years, from September 1, 2025, to August 31, 2030. The cost of these services increases each year, starting at \$1,017,179 in the first year and reaching \$1,474,482 in the fifth year. Service includes but are not limited to:

- Updating member demographic information,
- Reviewing and assigning the appropriate Category of Aid (COA),
- Coordinating inter-county transfers, and
- Partnering with IEHP on special eligibility projects.



CONSENT AGENDA

It is expected that Riverside DPSS will assist approximately 80,000 IEHP members per year, resulting in an estimated \$20 million in additional revenue annually. Over the course of the five-year agreement, this would support approximately 400,000 members in retaining their Medi-Cal eligibility and could generate up to \$100 million in revenue through proper COA alignment.

<b>Financial Impact:</b> \$6,219,325	<b>Not to Exceed Amount:</b> \$6,219,325	<b>Term:</b> 5 years
--------------------------------------	--	----------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	L. Herrera 7/21/2025	J. Morales 7/18/2025	N/A	S. Jones 7/18/2025	J. McNaughton 5/29/2025

**Department: ADMINISTRATION**

**3. Title: APPROVE THE SECOND AMENDMENT TO THE ENHANCED CARE MANAGEMENT PROVIDER AGREEMENT WITH IEHP HEALTH ACCESS**

**Chief:** Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

Inland Empire Health Plan (IEHP) entered into an Enhanced Care Management (ECM) Provider Agreement with IEHP Health Access, effective July 1, 2024, for ECM service delivery to enrolled and qualified IEHP Medi-Cal Members, pursuant to Minute Order #24-019. Since establishing service delivery, IEHP Health Access has cared for an average enrolled population of over 2,600 IEHP members per month. These services are currently supplied by 15 total ECM care teams that have been strategically deployed across IEHP's areas of greatest member need or provider network coverage gaps.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP approve the Second Amendment to the ECM Provider Agreement with IEHP Health Access. There are no costs associated with this Second Amendment.

IEHP must adhere to Medi-Cal requirements according to the Provider Agreement with IEHP Health Access. This Second Amendment includes the Department of Health Care Services (DHCS) Closed-Loop Referral (CLR) requirements which became effective on July 1, 2025. A CLR is a referral initiated on behalf of a Medi-Cal Managed Care Member that is tracked, supported, monitored and results in a known closure.

The CLR requirements are designed to make sure members are connected to important services like ECM and Community Supports, and that every referral is tracked from start to finish. IEHP Health Access must collect and update key information about each referral, such as who made the referral, what service is needed and whether the member received the service or not. IEHP is required to notify both the member and the person or organization who made the referral about the status of the referral, including when services are approved, denied or completed.

The goal is to improve communication, reduce delays, and make sure members get the care and support they need. These changes are part of an effort to improve care coordination and outcomes for Medi-Cal members.

<b>Financial Impact: \$0</b>	<b>Not to Exceed Amount: \$0</b>	<b>Term: N/A</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>
None	NA	NA	S. Oh	A. Edwards	E. Juhn 7/11/25

---

**Department: FINANCE**

**4. Title: APPROVE THE FIRST AMENDMENT TO THE LEASE AGREEMENT WITH BREIT INDUSTRIAL CANYON CA1W06 LLC, A DELAWARE LIMITED COMPANY**

**Chief:** Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

Inland Empire Health Plan (IEHP) utilizes an 18,528 square foot warehouse located at 10825 Seventh Street Suite G (Suite G) to store materials and equipment for IEHP's business operations, and a 13,896 square foot warehouse located at 10825 Seventh Street Suite F (Suite F) to store emergency supplies for IEHP's business continuity planning. IEHP is currently leasing these locations with Breit Industrial Canyon CA1W06 LLC, A Delaware Limited Company. (Breit Industrial).

IEHP engaged with the brokerage firm Lee & Associates to conduct an analysis of comparable warehouse space to accommodate IEHP's storage needs while keeping within reasonable proximity to the IEHP campus. Lee & Associates provided 43 potential properties to replace the 7<sup>th</sup> Street warehouse location and a proposal from one location. After thorough review of the cost per square footage, lease terms, distance to IEHP, cost to exit the existing lease at Suite G, costs associated with moving the existing warehouse location, and negotiations made with Breit Industrial for a better rate, IEHP has selected to stay at the current location and amend the existing lease agreement with Breit Industrial.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve the First Amendment to the Lease Agreement with Breit Industrial for the 32,424 square foot warehouse located at 10825 Seventh Street Suite F and G, for an amount not to exceed \$3,050,278.06 for an additional term of sixty-two (62) months effective September 1, 2025, through October 31, 2030.

The current monthly rental cost per square foot for Suite G is \$1.35, the current monthly rental cost per square foot for Suite F is \$1.51, resulting in a combined monthly rental cost per square foot of \$1.42 with 4% annual increases. IEHP was able to renegotiate a new combined monthly rental cost per square foot of \$1.35 with 3.5% annual increases. This will result in an overall savings to IEHP of approximately \$320,000.00 through the term of the lease.

IEHP will amend the current lease agreement for Suite F to include Suite G for a combined warehouse square footage of 32,424. Upon execution of this new lease, the lease with Suite G will terminate. The first-year annual cost includes two (2) months of rent abatement in September and October 2025. There will be a 3.5% increase to the Monthly Base Rent each year. IEHP will include a 20% contingency to cover any CAM reconciliation during the term of the lease. The Base Rent and CAM payment for the lease term are denoted in the table below

CONSENT AGENDA

Period	Monthly Base Rent	Monthly CAM Payment	Total Monthly Cost	Annual Cost
9/1/25 – 10/31/25	\$0.00	\$2,918.16	\$2,918.16	\$5,836.32
11/1/25 – 8/31/26	\$43,772.40	\$2,918.16	\$46,690.56	\$466,905.60
9/1/26 – 8/31/27	\$45,304.43	\$2,918.16	\$48,222.59	\$578,671.08
9/1/27 – 8/31/28	\$46,890.09	\$2,918.16	\$49,808.25	\$597,699.00
9/1/28 – 8/31/29	\$48,531.24	\$2,918.16	\$51,449.40	\$617,392.80
9/1/29 – 8/31/30	\$50,229.84	\$2,918.16	\$53,148.00	\$637,776.00
9/1/30 – 10/31/30	\$51,987.88	\$2,918.16	\$54,906.04	\$109,812.08

The summary breakdown of total costs related to this lease:

Warehouse 62-Month Lease Cost	
62 Month Lease Term	\$3,014,092.88
20% Contingency for CAM reconciliation	\$36,185.18
<b>Total Cost Not to Exceed:</b>	<b>\$3,050,278.06</b>

<b>Financial Impact:</b> \$3,050,278.06	<b>Not to Exceed Amount:</b> \$3,050,278.06	<b>Term:</b> 62 months
---	---	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	S. McCalley 07/3/2025	C. Goss 07/03/25	A. Wang 7/03/25	J. Mansour 07/03/25	K. Freeman 07/10/25

**Department: FINANCE**

**5. Title: UPDATE ON PROPERTY AND CASUALTY AND MANAGEMENT, CYBER AND FIDUCIARY LIABILITY INSURANCE RENEWALS**

**Chief:** Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

On March 10, 2025 under Minute Order #25-051, the Governing Board delegated authority to the Chief Executive Officer or his designee to approve and sign policy documents for insurance renewals of Property and Casualty policies for Policy Period March 29, 2025 through March 28, 2026 and Management, Cyber, and Fiduciary Liability policies for Policy Period April 1, 2025 through March 31, 2026 for an estimated total cost not to exceed \$4 million. The estimated total cost covers applicable taxes and fees and a 20% contingency on the Property & Casualty policies for procuring additional coverage as may be necessary throughout the policy year.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

Review and File

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

Insurance Policy	Insurance Carrier/Broker	Expiring Program <sup>(1)</sup>	Renewal Program <sup>(1)</sup>	Coverage/Deductible Change(s)
Commercial General Liability	Chubb	\$82,830	\$88,618	No changes
Commercial Auto Liability	Chubb	\$26,567	\$29,841	No changes
Commercial Property	Chubb	\$119,008	\$132,582	Increased Total Insured Value
	Steadfast	\$33,000	\$33,000	No changes - Vacant building coverage plus \$1 million primary flood coverage for the Indio location.
Commercial Umbrella Liability (\$40 million)	Chubb	\$28,049	\$30,420	No changes - Primary \$10 million coverage; includes Communicable Diseases coverage.
	AXA XL	\$50,500	\$40,000	Prior coverage was with Liberty Mutual. Excess \$15 million coverage; includes Communicable Diseases coverage.
	CNA	\$30,000	\$31,500	No changes - Excess \$15 million coverage; excludes Communicable Diseases coverage.
DIC - Earthquake (\$100 million)	Arrowhead <sup>(2)</sup>	\$487,067	\$507,700	Increased Total Insured Value.
DIC - Earthquake (\$4.625 million)	Starstone Specialty	\$17,090	\$15,340	No changes - coverage is for the Indio location.
	Fortegra Specialty	\$13,030	\$11,680	
DIC – Flood (\$4.625 million)	Chubb	\$5,585	\$4,227	Prior coverage was with Great American. Excess flood coverage for the Indio location.
<b>Total - Property &amp; Casualty</b>		<b>\$892,726<sup>(3)</sup></b>	<b>\$924,908</b>	

CONSENT AGENDA

Insurance Policy	Insurance Carrier/Broker	Expiring Program <sup>(1)</sup>	Renewal Program <sup>(1)</sup>	Coverage/Deductible Change(s)
Primary D&O/EPL (\$5 million shared)	Starr	\$380,876	\$398,128	No changes
Excess D&O/EPL (\$5 million)	AWAC	\$217,100	\$226,500	No changes
Excess D&O Side A (\$5 million)	RSUI	\$50,000	\$54,000	No changes
Primary MCE&O (\$5 million)	TDC	\$272,431	\$289,204	Increased regulatory coverage sublimit from \$100k to \$250k.
Excess MCE&O (\$5 million)	AWAC	\$160,000	\$169,750	Removed punitive damages exclusion.
Excess MCE&O (\$10 million)	Ironshore	\$95,000	\$100,750	Removed punitive damages exclusion.
	Chatham	\$66,998	\$71,443	
<b>Total - Management Liability</b>		<b>\$1,242,405</b>	<b>\$1,309,775</b>	
Primary Cyber (\$10 million)	Chubb	\$525,000	\$401,033	Prior primary coverage was with Beazley. Includes full policy limits for Dependent Business Interruption (Security/System Failure) compared to \$5 million previously.
Excess Cyber (\$10 million)	Beazley	\$446,250	\$328,847	Prior first layer excess coverage was with Allianz. Includes full policy limits for Dependent Business Interruption (Security/System Failure) compared to \$5 million previously.
Excess Cyber (\$10 million)	Allianz	\$334,688	\$246,635	Prior second layer coverage was with CNA. Includes full policy limits for Dependent Business Interruption (Security/System Failure) compared to \$5 million previously.
Excess Cyber (\$10 million)	CNA	\$0	\$199,775	Procured additional coverage.
Excess Cyber (\$10 million)	AIG	\$0	\$147,833	Procured additional coverage.
<b>Total - Cyber Liability</b>		<b>\$1,305,938</b>	<b>\$1,324,123</b>	
Fiduciary Liability (\$10 million)	Hudson Insurance	\$30,215	\$30,215	Coverage procured through Alliant Services; no changes
<b>Total</b>		<b>\$3,471,284</b>	<b>\$3,589,021</b>	

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

<sup>(2)</sup> There are multiple insurance carriers involved in the Earthquake tower to spread the risk among partners. The ones involved in the renewal policy are: Primary layer (\$25 million) – Covington (20%), Everest (40%), and Palomar (40%); Excess layer (\$75 million) – Lexington (25%), Everest (33.33%), QBE (26.67%), MS Transverse (15%).

<sup>(3)</sup> Expiring annual premiums include pro-rated premium refund in the amount of -\$1,817 due to the insurance carrier removing the 2050 Massachusetts Ave, San Bernardino, CA building because of renovations. This building is currently covered under the General Contractors' Builders Risk Policy until such renovations are being performed after the completion of which it'll be added back to the Commercial Property policy. Expiring annual premiums also include pro-rated premiums in the amount of \$7,067 for adding the 10769 Hole Avenue, Riverside, CA building to the DIC-Earthquake policies and \$7,352 for adding to the Commercial Property and Commercial General Liability policies.

Highlighted insurance coverage changes are listed below:

- MCE&O policies: Increased regulatory coverage sublimit to \$250K from \$100K initially.  
Removal of punitive damages exclusion from the excess layers.

CONSENT AGENDA

- Cyber Liability policies: Procurement of an additional \$20 million coverage increasing the overall coverage to \$50 million. Full policy limits for Dependent Business Interruption (Security/System Failure) compared to \$15 million sublimit previously.

The final renewal premium for 2025-2026 is 3.4%, or \$117,737, higher than the expiring premium for the insurance policies discussed above.

Expiring Premium	Renewal Premium	Dollar Difference	% Increase (Decrease)
\$3,471,284	\$3,589,021	\$117,737	3.4%

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	C. Chio 7/14/25	NA	NA	C. Chio 7/14/25	K. Freeman 7/17/25

**Department: INFORMATION TECHNOLOGY**

**6. Title: APPROVE AMENDMENT NO. 3 TO THE ETHERFAX SUBSCRIBER SUBSCRIPTION AGREEMENT WITH NOVARIS COMMUNICATIONS, INC.**

**Chief:** Vinil Devabhaktuni, Chief Digital and Information Officer

**Background & Discussion:**

Inland Empire Health Plan (IEHP) has contracted with Novaris Communications, Inc. (Novaris) for etherFAX subscription services since 2018. EtherFAX is a secure document delivery network and online fax service that allows users to send and receive faxes via the internet, replacing traditional fax machines.

**Procurement Solicitation Type:** Single Source

EtherFAX offers integrations with various third-party applications and systems, facilitating data exchange and workflow automation. Novaris was selected via single source as a reseller for etherFAX solutions as they are the only confirmed reseller that integrates with MedHok. MedHok's platform enables IEHP to coordinate care more effectively by providing a single source of truth for patient information, accessible by all relevant stakeholders, including providers, care managers, and administrators.

**Recommendation(s):**

That the Governing Board of IEHP Approve Amendment No 3 to the etherFAX Subscriber Subscription Agreement with Novaris for an additional amount not to exceed \$600,000, for the one-year extension period through August 31, 2026.

Approximately 70% of healthcare providers in the U.S. still use fax machines to exchange patient health information. This includes sending and receiving documents like referrals, prescriptions, and medical records. While most practices use electronic health records (EHRs), faxing remains a prevalent method for certain types of communication, particularly when interoperability between different EHR systems is lacking.

Novaris, through etherFAX's platform provides a secure, encrypted network for transmitting and receiving protected health information (PHI) directly to applications and devices, ensuring compliance and safeguarding patient data. Switching to a new vendor would require significant time, resources and expense to analyze, select and implement a new solution. There would also be additional cost and risks associated with developing new integrations, potential business disruption, and the possibility of failed or delayed implementation. By continuing with Novaris, IEHP avoids these transition cost and risks, ensuring uninterrupted service and business continuity.

During negotiations for this renewal, the vendor agreed to lower the per fax price by 20% as well as lowering the minimum monthly commitment. This resulted in projected savings of \$100,000 over the next 12 months.



CONSENT AGENDA

<b>Financial Impact:</b> \$600,000	<b>Not to Exceed Amount:</b> \$3,307,032	<b>Term:</b> 1 year
------------------------------------	--	---------------------

<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2025 Budget	K. Tsui 07/09/2025	W. Yanes 07/09/2025	Make Selection [enter date]	J. Gupta 06/25/2025	V. Devabhaktuni 07/10/2025

**Department: OPERATIONS**

**7. Title: PROVIDER NETWORK EXPANSION FUND PROGRAM PROGRESS REPORT**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

IEHP's Provider Network Expansion Fund (NEF) Program is the first program of its kind in the state. Established in 2014, NEF supports the hiring of Advanced Practice Providers (APPs), Primary Care Physicians (PCPs), and Specialists (SPECs) to serve the Inland Empire population. Entities are required to ensure the approved position is filled by a qualified candidate for a minimum of 36 months, the length of service required by the Program.

According to a 2025 publication by the California Health Care Foundation, the Inland Empire continues to have the lowest ratios of both PCPs and Specialists, of all regions in the state of California. NEF focuses on tackling this issue by supporting the hiring of IEHP Providers who will serve as new access points for our Members.

Entities that hire qualified candidates are eligible to receive a subsidy up to \$75,000 for APPs, \$100,000 for PCPs, and \$150,000 for Specialists. A request was made and approved by the Governing Board to increase the NEF payment schedule. As of August 1, 2025, entities hiring qualified candidates are eligible to receive a subsidy up to \$100,000 for APPs, \$150,000 for PCPs, and \$200,000 for Specialists.

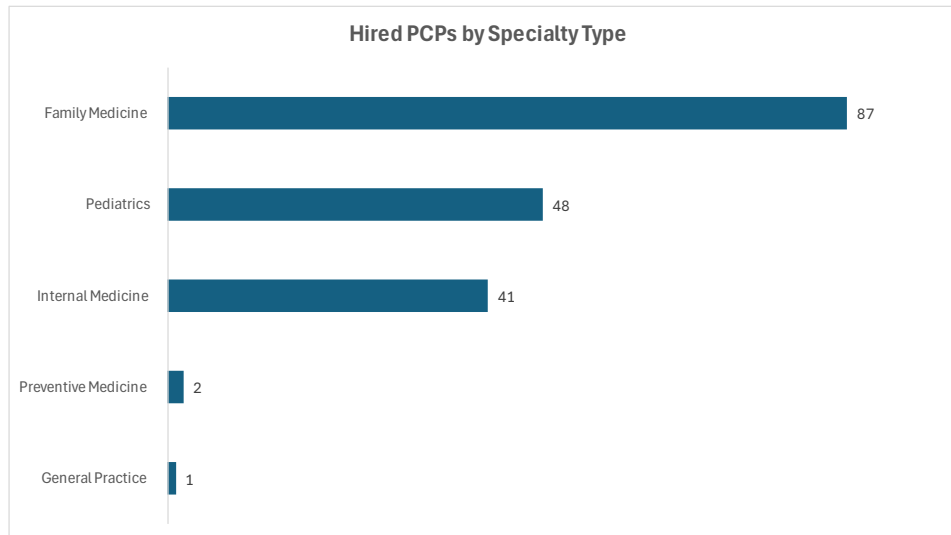
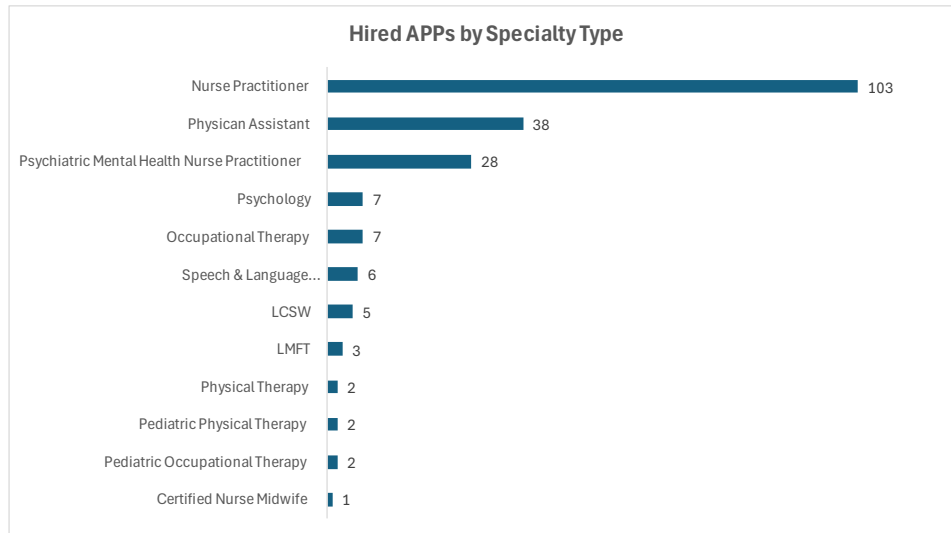
**Accomplishments**

The Program has been successfully operating for approximately 11 years and has helped subsidize first year salaries for 581 providers. The following data details the NEF Program hires by provider type, and hires by program status.

Hires by Provider Type	
Provider Type	Hired Count
APP	204
SPEC	198
PCP	179
<b>Grand Total</b>	<b>581</b>

Hires by Program Status	
Status	Hired Count
FULFILLED-ACTIVE	246
IN PROGRESS	206
FULFILLED-TERMED	129
<b>Grand Total</b>	<b>581</b>

CONSENT AGENDA

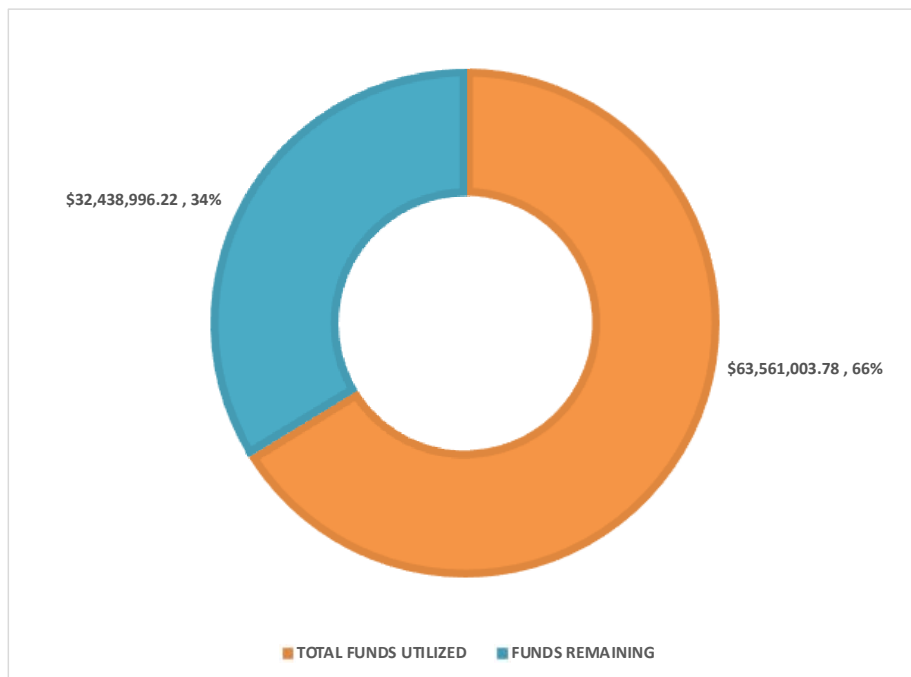


CONSENT AGENDA

**Funding Analysis**

The Governing Board has approved a total of \$98 million for the NEF Program; \$96 million projected to subsidize the hiring of providers, and \$2 million designated for implementation of the Community Health Worker Program by means of the NEF Program.

- Current NEF utilization breakdown:
  - \$63.5 million (66%) funds utilized
  - \$32.4 million (34%) funds remaining
- NEF Projected Budget
  - \$20.4 million
    - Deducted \$11.9 million of accruals for 2025-2028



**Procurement Solicitation Type:** N/A

**Recommendation(s):**

Review & File

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> N/A
------------------------------	----------------------------------	------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	D. Gomez, 7/10/2025	S. White 7/14/2025

**Department: PROVIDER CONTRACTING**

**8. Title: DELEGATION OF AUTHORITY TO EXECUTE AMENDMENTS AND CONTRACTUAL DOCUMENTS DUE TO NEW REGULATORY REQUIREMENTS**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

Recent regulatory changes are requiring updates to Inland Empire Health Plan's (IEHP) Provider network contract templates. These revisions address several key areas including Provider Incentives, Targeted Rate Increase, and general regulatory compliance updates.

**Provider Incentive Regulations:**

New regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) require Managed Care Plans (MCPs) to implement new standards for Provider incentive arrangements, beginning in 2026. These standards aim to ensure that incentive programs are transparent, data-driven, and aligned with CMS objectives. Key requirements for incentive program standards, include:

1. A written agreement signed and dated by all appropriate parties before the start of the incentive program performance period;
2. Clearly defined, measurable, and well-documented clinical or quality standards that Providers must meet to earn incentive payments; and
3. Specification of a dollar amount, or a percentage of a verifiable dollar amount directly linked to successful completion of the incentive program metrics.

**Targeted Rate Increase:**

On January 1, 2024, under Assembly Bill 118, the California Department of Health Care Services (DHCS) implemented the Targeted Rate Increase (TRI) to enhance reimbursement rates for primary care, obstetric, and non-specialty mental health services. By January 1, 2026, amendments will be executed to clarify that Providers are reimbursed at the greater of current contract rates or TRI equivalent rates.

**General Regulatory Updates:**

Due to DHCS and the California Department of Managed Health Care's (DMHC) recent release of multiple All Plan Letters (APLs) listed below that impact regulatory requirements, IEHP will be required to communicate and implement these new requirements through its Provider contracts, to all providers affected by these regulatory changes.

1. APL 25-007 Claim Reimbursement
2. APL 25-006 Timely Access Requirements

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP authorize the Chief Executive Officer (CEO) or their designee to, after legal review and approval, execute Amendments and Contractual Documents for its provider network, to address changes related to the Provider incentive program, Targeted Rate Increase and general regulatory requirements, by DHCS and the DMHC, as applicable, in alignment with the CMS Final Rule and Assembly Bill 118.

**Provider Incentive Regulations:**

IEHP is developing standardized Amendments and Contractual Documents that align with regulatory requirements. Amendments, used for contracted network Providers, will include applicable incentive programs. Contractual Documents, used for IPA Providers, will reflect relevant incentive programs. Both Agreement types will include incentive details such as performance requirements, payment determination, participation requirements, and terms and conditions. Below is a list of the relevant IEHP incentive programs that will be included in the 2026 budget:

- 1. Global Quality Pay for Performance – Primary Care Providers (PCP):** This program rewards PCPs for meeting specific quality benchmarks, such as preventive care measures, chronic disease management, patient satisfaction, and key process measures that support quality outcomes.
- 2. Global Quality Pay for Performance – Independent Physician Associations (IPAs):** This initiative targets IPAs. IPAs receive incentive payments based on the collective performance of their member physicians in achieving quality and efficiency targets and key process measures that support quality outcomes.
- 3. IEHP Direct Stars Incentive Program:** This program is designed to improve the quality of care provided by IEHP Direct Network Providers. Incentives are based on performance in key quality measures, often aligned with the Medicare Star Ratings system, such as preventive screenings, chronic condition management, and patient experience.
- 4. D-SNP Model of Care Incentive Program:** This program focuses on Providers serving Dual Eligible Special Needs Plan (D-SNP) Members. Incentives are given for implementing and documenting comprehensive care plans, coordinating care, and meeting specific quality metrics tailored to the needs of D-SNP Members.
- 5. OB Pay for Performance:** Obstetric Providers are rewarded for achieving quality outcomes in maternity care. Incentives may be based on measures such as timely prenatal visits, postpartum care, and healthy birth outcomes.
- 6. Urgent Care + Wellness Quality Incentive Program:** Urgent care centers and Providers are incentivized to deliver high-quality care and promote wellness services.
- 7. Hospital Quality Incentive Program:** Hospitals receive incentive payments for meeting or exceeding quality performance targets and demonstrating high quality care.
- 8. Hospice Quality Incentive Program:** Hospice Providers are rewarded for delivering high-quality, patient-centered end-of-life care.

**Targeted Rate Increase and General Regulatory Updates:**

IEHP is developing standardized Amendments that align with regulatory requirements concerning the APLs and Target Rate Increase. Amendments will be distributed to Providers and executed unilaterally.

For Provider Incentive Regulations, Targeted Rate Increase, and General Regulatory Updates, DHCS and/or DMHC will review the Amendments and Contractual Documents to ensure alignment with regulatory requirements. Once approved, IEHP will distribute Amendments and Contractual Documents to Providers and execute as appropriate.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	Yes	M. Bryant	S. White

**Department: PROVIDER CONTRACTING DEPARTMENT**

**9. Title: RATIFY AND APPROVE THE ENHANCED CARE MANAGEMENT PROVIDER AGREEMENT (MEDI-CAL ONLY) WITH SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER, THE DEPARTMENT OF PUBLIC HEALTH, AND THE DEPARTMENT OF BEHAVIORAL HEALTH - COLTON**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

San Bernardino County, on Behalf of Arrowhead Regional Medical Center, the Department of Public Health, and the Department of Behavioral Health, would like to participate as a contracted Enhanced Care Management Provider in the IEHP Network with the Medi-Cal line of business only. The new agreement was tailored to reflect the Enhanced Care Management services offered by San Bernardino County on Behalf of Arrowhead Regional Medical Center, the Department of Public Health, and the Department of Behavioral Health.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Enhanced Care Management Provider Agreement with San Bernardino County on Behalf of Arrowhead Regional Medical Center, the Department of Public Health, and the Department of Behavioral Health – effective July 1, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	NA	NA	Yes	M. Bryant	S. White



**Department: PROVIDER CONTRACTING DEPARTMENT**

**10. Title: RATIFY AND APPROVE THE FOURTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER - COLTON**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

San Bernardino County, on Behalf of Arrowhead Regional Medical Center, is currently a contracted Hospital in the IEHP Network. This Amendment is to provide clarity regarding the compensation language in the agreement to more accurately align with the reimbursement methodologies being applied by IEHP.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Fourteenth Amendment to the Hospital Per Diem Agreement for San Bernardino County on Behalf of Arrowhead Regional Medical Center – effective January 1, 2024.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	NA	NA	Yes	M. Bryant	S. White

**Department: PROVIDER CONTRACTING DEPARTMENT**

**11. Title: RATIFY AND APPROVE THE TENTH AMENDMENT TO THE CAPITATED IPA AGREEMENT WITH OPTUM CARE NETWORK – INLAND FACULTY MG - COLTON**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

Optum Care Network - Inland Faculty MG is currently a contracted IPA in the IEHP Network. This Amendment is to amend the language of SCHEDULE B1 of ATTACHMENT B (MEDICAL), DIVISION OF FINANCIAL RESPONSIBILITY.

**Recommendation(s):**

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

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	NA	NA	Yes	M. Bryant	S. White

**Department: PROVIDER CONTRACTING DEPARTMENT**

**12. Title: RATIFY AND APPROVE THE NINTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT FOR BEHAVIORAL HEALTH SERVICES WITH VISTA BEHAVIORAL HOSPITAL, LLC DBA PACIFIC GROVE HOSPITAL - RIVERSIDE**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital Inc., is currently a contracted Hospital in the IEHP Network. This amendment is to amend the language of ATTACHMENT C, COMPENSATION.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Ninth Amendment to the Hospital Per Diem Agreement for Behavioral Health Services for Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital Inc – effective August 1, 2025.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	NA	NA	Yes	M. Bryant	S. White

---

**Department: PROVIDER CONTRACTING**

**13. Title: APPROVAL OF THE EVERGREEN CONTRACTS**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

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 it is sooner terminated in accordance with the terms and conditions.

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

Additional one (1) year term:

- 1) Bridge Prenatal PC - Enhancement Care Management Provider Agreement – National City
- 2) DAP Health Inc. - Enhancement Care Management Provider Agreement - Palm Springs
- 3) J Moss Foundation dba Skinny Gene Project - Ancillary Agreement - San Diego
- 4) Braswells Mediterranean Gardens LTD - Residential Care for the Elderly -Yucaipa
- 5) Watermark Carlotta LLC dba The Springs at the Carlotta - Skilled Nursing Facility Provider Agreement- Palm Desert

Additional five (2) year term:

- 6) St Mary Medical Center dba Providence St Mary Medical Center - Hospital Per Diem Agreement - Apple Valley

Additional one (3) year term:

- 7) Rehabilitation Hospital of Southern California LLC - Acute Rehab Agreement - Rancho Mirage
- 8) San Bernardino Convalescent Operations Inc., dba Legacy Post Acute Rehabilitation - Skilled Nursing Facility Provider Agreement - San Bernardino

Additional five (5) year term:

- 9) Lincare Inc - Ancillary Agreement - Apple Valley
- 10) Nerses Berberyan dba Remedy Healthcare Services Inc - Ancillary Agreement - Upland
- 11) Team Makena LLC - Ancillary Agreement – Costa Mesa
- 12) Dona Schaffer - Participating Provider Agreement - Behavioral Health - Murrieta
- 13) Hope Avenue Marriage and Family Therapy Inc., dba Hope Avenue Counseling Services - Behavioral Health Provider Agreement - Colton
- 14) Kattera Davis - Participating Provider Agreement - Behavioral Health - Victorville
- 15) Tracy S Enalen - Provider Agreement - Behavioral Health - Temecula
- 16) Zsanna Marble dba Zsanna Marble LMFT - Provider Agreement - Behavioral Health – Murrieta
- 17) Inland Empire Physicians - Hospitalist Agreement – Murrieta
- 18) James Ho, MD Medical Corporation - Open Access Agreement (Excluding Medicare) – Upland

CONSENT AGENDA

- 19) Shiloh Medical Center Inc - Capitated Primary Care Provider Agreement (Excluding Medicare) - Victorville
- 20) Riverside San Bernardino County Indian Health Inc - Fee-For-Service Primary Care Provider Agreement - Banning
- 21) Arrowhead Pediatric Medical Group Inc - Participating Provider Agreement - Specialist - Colton
- 22) California Neurointerventional Surgeons Inc - Participating Provider Agreement - Specialist - Riverside
- 23) California University of Science and Medicine - Participating Provider Agreement – Specialist - Colton
- 24) California Vascular & Interventional PC - Participating Provider Agreement – Specialist - Temecula
- 25) Carrico Pediatric Therapy Inc - Participating Provider Agreement - Specialist - Murrieta
- 26) Indraneel Chakrabarty MD, Inc., dba Trinity Medical Multi Specialty Group Inc. - Participating Provider Agreement - Specialist - Temecula
- 27) Marc H Shomer, MD, PhD, Inc - Participating Provider Agreement - Specialist - Upland
- 28) West Coast Wound and Skin Care Inc - Participating Provider Agreement – Specialist - Burbank
- 29) Hilario Marilao, MD - Participating Provider Agreement – Specialist - Riverside
- 30) Advanced Medical and Urgent Care Center - Urgent Care Provider Agreement - Upland

**Recommendation(s):**

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

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	NA	NA	Yes	M. Bryant	S. White

**Department: ADMINISTRATION**

**14. Title: DELEGATION OF AUTHORITY TO APPROVE THE NINTH AMENDMENT TO THE EMPLOYMENT AGREEMENT FOR CHIEF EXECUTIVE OFFICER**

**Chief:** Supriya Sood, Chief People Officer

**Background & Discussion:**

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

On July 7, 2025, under the terms of the Agreement, the Governing Board conducted an annual review of Mr. McNaughton's performance for the period of July 2024 through July 2025.

Based on the CEO's annual performance review for the period of July 2024 through July 2025, the Board has determined that Mr. McNaughton has met or made satisfactory progress on previously approved goals and objectives. During the review period, Mr. McNaughton achieved remarkable success in advancing IEHP's strategic initiatives such as achieving a 4-star rating for Medi-Cal, the highest rating achieved in IEHP's history. This review period presented unprecedented financial challenges and shifts in the Medicaid program which Mr. McNaughton quickly and effectively responded to by increasing internal operational efficiencies and engaging in vigorous advocacy on the local, state and federal levels. Other initiatives, such as the Care Division, remain on track to continue exploration of innovative healthcare solutions and strategies to promote health and wellness in the Inland Empire. Mr. McNaughton remains focused on IEHP's members and providers, and under his leadership, achieved positive survey results and partnership opportunities to support quality member care and service. IEHP also earned, for the fifth year in a row, the designation as a Great Place to Work, a testament to the impressive positive engagement of the IEHP employee family and the CEO's strong leadership.

IEHP team member annual performance review periods currently run on a calendar year basis. This allows for improved financial forecasting and better aligns with our strategic initiatives. The only employee that does not conform to this cadence is the CEO whose performance period is pegged to the effective date of the CEO Agreement. Aligning the CEO's annual performance period with the organization's team members allows for efficiency and tracking. By changing the CEO's cadence, this will leave a "bridge" period between July 20, 2025, through December 31, 2025 for which the CEO will be eligible for a merit increase to be determined at the discretion of the Board in accordance with the new cadence period.

**Recommended Action:**

That the Governing Board of IEHP authorize the Chief People Officer to, upon legal review and approval, execute the Ninth Amendment to the employment agreement for Chief Executive Officer between IEHP and Jarrod McNaughton (CEO) as follows:

- 1) CEO's base pay shall remain unchanged and shall be in the amount of \$760,760; and

POLICY AGENDA

- 2) A lump sum one-time employer contribution to the CEO's retirement account in the amount of \$22,838.40 shall be made within ninety (90) days from the effective date of the Ninth Amendment; and
- 3) Amend the performance review period to align with IEHP's Policy related to team member annual review.

The Board commends Mr. McNaughton's performance over the past 12 months and appreciates the dedication that he brings to this position. At the CEO's request, the Board will not award an increase to his base pay. Alternatively, the Board agrees to provide a one-time employer contribution to the CEO's retirement account in the amount of \$22,838.40.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	Yes	N/A	A. Wang 8/1/25	NA	S. Sood 8/5/25

**Department: ADMINISTRATION**

**15. Title: CHIEF EXECUTIVE OFFICER UPDATE**

**Chief:** Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

Chief Executive Officer update for the August 11, 2025 Governing Board Meeting.

**Recommendation(s):**

Review and File





# Governing Board Meeting

CEO BOARD REPORT | *Aug. 11, 2025*

# MISSION MOMENT – RED ZONE CAMPS

- Our team visited the Red Zone Camp on July 10.
- Red Zone Camps exists to maintain children's sports camps to educate and motivate school-aged children to improve their organizational skills, build their confidence through teamwork, learn what it takes to live a healthy lifestyle, and to strive for greater personal goals.
- IEHP began supporting this amazing program back in 2018.





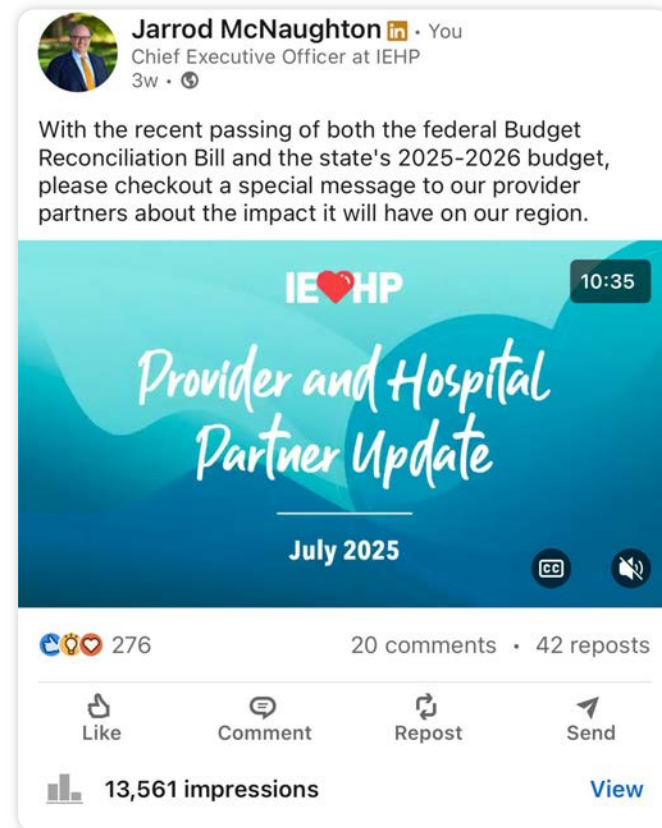
# IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
June 2025	1,536,250	1,532,465	(3,785)	3,821
July 2025	1,532,933	1,539,787	6,854	7,322
August 2025	1,529,599	1,531,619	2,020	(8,168)



# MEDICAID/MEDI-CAL COMMUNICATIONS IMPACT

- On July 10, we sent a special video message to our provider network and other partners detailing the potential impacts of the recently passed federal Budget Reconciliation Bill H.R. 1 and the state's FY 2025-26 budget.
- Four health plan CEOs reached out because they were so impressed with what IEHP created and wanted their teams to do something similar.
- Message from Mary Watanabe, director of the California Department of Managed Health Care (DMHC): ***"Thank you for sharing this video. I found it to be a very helpful and understandable summary of the impact of federal and state legislation and its impact to plans, providers and enrollees. I have shared with my leadership team as well."***



based on a variety of criteria.

Click here: <https://lnkd.in/g89YZsYM> for a good summary from the Center on Budget & Policy Priorities. It focuses on Medicaid and eligibility related changes, and state-by-state impact.

Regardless of what health plan you may be covered by, everyone in the country will be impacted by this bill. As emergency rooms see more patients who once had access to primary care, wait times for everyone will increase. As hospitals and providers had supplemental payments to help offset costs that government payors don't fully cover, private insurance rates will go up and cost shifting will once again be the norm in our country. This bill will impact everyone and we'll soon see life-changing effects that will be detrimental and devastating to all of us.

511

35 comments • 101 reposts



Like



Comment



Repost



Send



46,632 impressions

[View](#)



Leave your thoughts here...





# H.R. 1 VIRTUAL TOWN HALL FOR PROVIDERS

- H.R. 1 Virtual Townhall Briefing was held on July 22.
- Hosted by the California Medical Association (CMA), San Bernardino County Medical Society and Riverside County Medical Association.
- IEHP CEO Jarrod McNaughton and IEHP Chief Medical Officer Dr. Edward Juhn joined Elizabeth McNeil, VP for CMA's Federal Government Relations, in discussing the bill's expected impact on providers, their practices and hospitals.



# HOSPITAL VISITS

- A team recently completed executive site visits to each of our 34 in-network, in-area hospitals.
- The team included CEO Jarrod McNaughton, COO Susie White, Chief Transformation Officer Sylvia Lozano, Senior Director of Care Continuum Transformation Nikole DeVries, Dr. Balu Gadhe and other ad hoc members.
- Goal of visits was to strengthen strategic partnerships and gain firsthand insight into member experience and operational workflows within the facilities where our members receive emergent and inpatient care.
- The team also formally recognized 31 hospitals who had earned validation in at least one safety domain through the HQI Cares: Implementing BETA HEART program.





# PROVIDER DINNER SERIES

- The **July 20** dinner was held in Temecula.
- Dinner guests included IEHP providers, their guests, and administrators from DAP and Riverside San Bernardino County Indian Health Inc.
- We shared updates on the projected impacts of H.R.1 and Global Quality Pay For Performance programs.
- Providers inquired about:
  - If member emails could be made available for outreach.
  - If IEHP offers funds for community projects.
  - If primary care physicians can visit members' homes due to increasing no-show rates.
  - Adequate sub-specialists for the pediatric population.

# PROCUREMENT AWARD

- Supply Chain Management team awarded Achievement of Excellence in Procurement by NPI – the National Procurement Institute – for the second time in IEHP’s history.
- IEHP was recognized for our efforts in adopting technology to improve efficiency, our professionalism and providing a collaborative experience with vendors.
- And we are the **ONLY** health plan that has achieved this national recognition!





# ESRI AWARD

- IEHP recently received Esri's 2025 Special Achievement in GIS Award, which highlights organizations who use Geographic Information Systems (GIS) to innovate and solve problems within their industry.
- This is the third time IEHP has won this award – 2025, 2024, 2018.
- This year, IEHP is among the 12 winners in California, across various industries, but is the **ONLY** organization in the Hospitals and Health Systems industry within the entire United States to receive this recognition!





# FUTURE OF HEALTH SUMMIT 2025

- Save the date for Friday, Oct. 3, 2025.
- Confirmed speakers include Kim Johnson, secretary of California's Health and Human Services Agency, and Dustin Corcoran, CEO of the California Medical Association.



**Department: FINANCE**

**16. Title: MONTHLY FINANCIAL REVIEW**

**Chief:** Keenan Freeman, Chief Financial Officer

**Background & Discussion:**

Monthly Financials for Period Ending June 30, 2025

**Recommendation(s):**

Review and File

# FINANCE DIVISION

## June 2025

# MONTHLY FINANCIALS

Presented  
August 11, 2025



# June 2025 Actual: Consolidated

	June Month-to-Date	June Year-to-Date
	Actual	Actual
<b>Total Revenue</b>	\$ 707,639,463	\$ 4,249,098,274
<b>Total Medical Costs</b>	\$ 660,675,079	\$ 4,050,448,551
<b>Total Operating Expenses</b>	\$ 35,362,483	\$ 245,586,666
<b>Total Non Operating Income (Expense)</b>	\$ 9,453,303	\$ 58,865,459
<b>Non-Medical Expenses</b>	\$ 66,465	\$ (968,455)
<b>Net Surplus (Deficit)**</b>	\$ 20,988,739	\$ 12,896,970
<b>Medical Cost Ratio**</b>	93.4%	95.3%
<b>Administrative Cost Ratio**</b>	5.0%	5.8%

## Highlights for the Month:

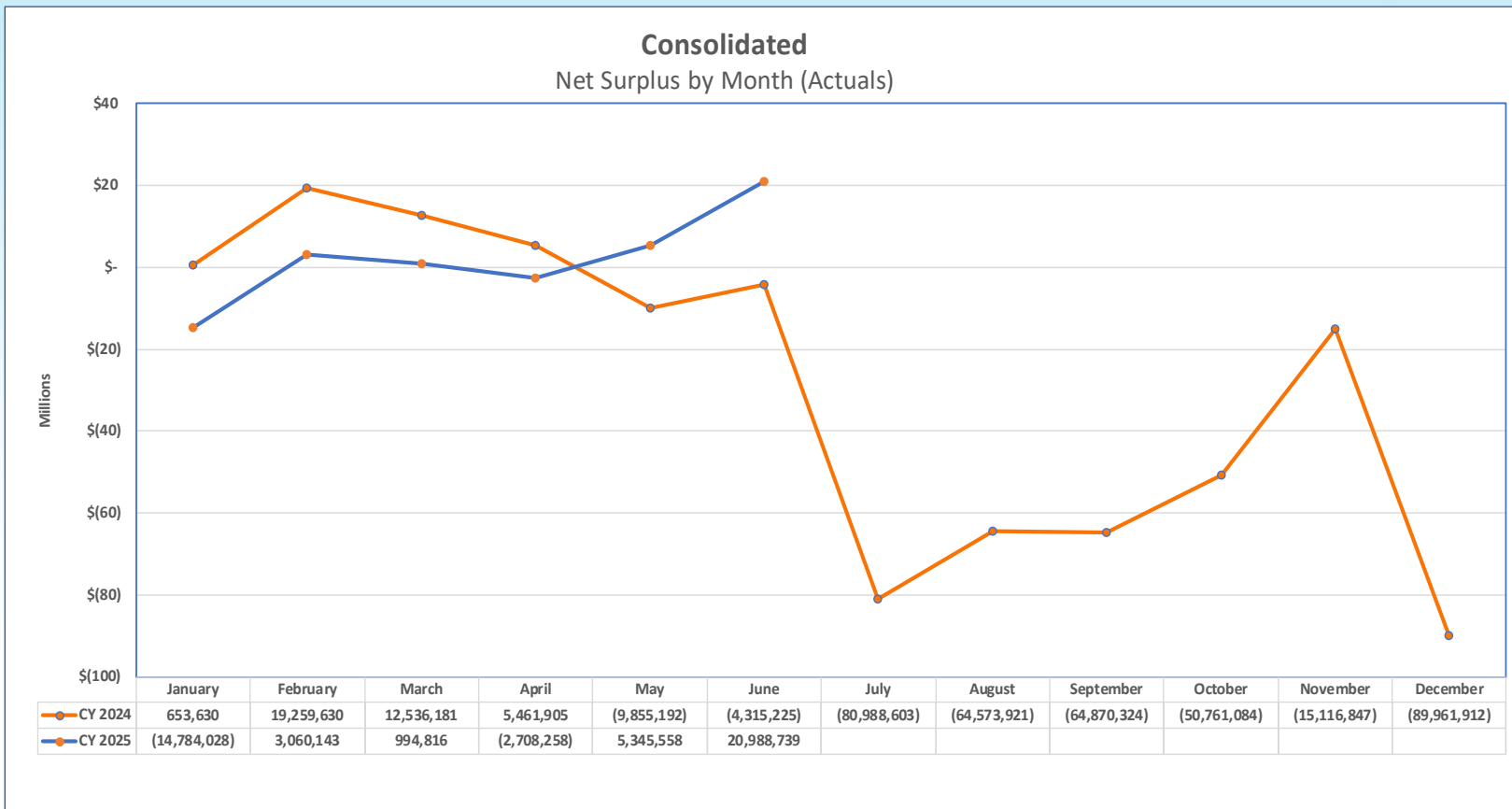
- Favorable CY2024 Medi-Cal Quality Withhold premium earn-back adjustment from 75% to 100%.
- Favorable CY2024 Quality Bonus reserve adjustment.

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

\*\*Differences are due to rounding



# Net Surplus Year-Over-Year - Consolidated



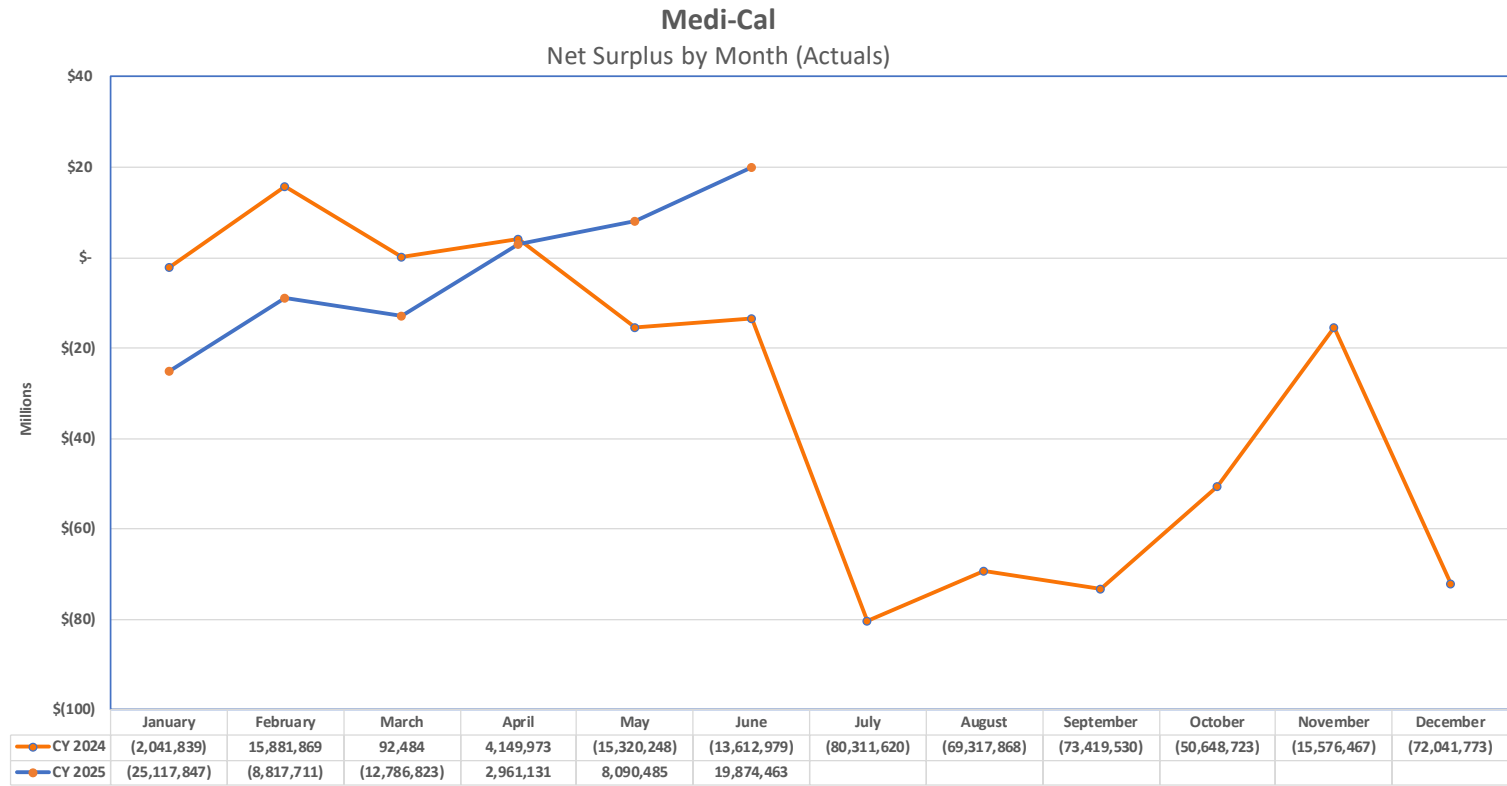
# June 2025 Actual: Medi-Cal

	June Month-to-Date	June Year-to-Date
	Actual	Actual
<b>Total Revenue</b>	\$ 601,887,968	\$ 3,652,378,766
<b>Total Medical Costs</b>	\$ 560,432,382	\$ 3,495,462,466
<b>Total Operating Expenses</b>	\$ 25,047,019	\$ 194,234,548
<b>Total Non Operating Income (Expense)</b>	\$ 3,465,896	\$ 21,521,946
<b>Net Surplus (Deficit)**</b>	\$ 19,874,463	\$ (15,796,302)
<b>Medical Cost Ratio**</b>	93.1%	95.7%
<b>Administrative Cost Ratio**</b>	4.2%	5.3%

## Highlights for the Month:

- Favorable CY2024 Medi-Cal Quality Withhold premium earn-back adjustment from 75% to 100%.
- Favorable CY2024 Quality Bonus reserve adjustment.

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





## June 2025 Actual: D-SNP

	June Month-to-Date	June Year-to-Date
	Actual	Actual
Total Revenue	\$ 84,343,784	\$ 492,174,402
Total Medical Costs	\$ 77,924,791	\$ 441,292,783
Total Operating Expenses	\$ 5,724,358	\$ 27,038,134
Total Non Operating Income (Expense)	\$ -	\$ -
Net Surplus (Deficit)**	\$ 694,636	\$ 23,843,486
Medical Cost Ratio**	92.4%	89.7%
Administrative Cost Ratio**	6.8%	5.5%

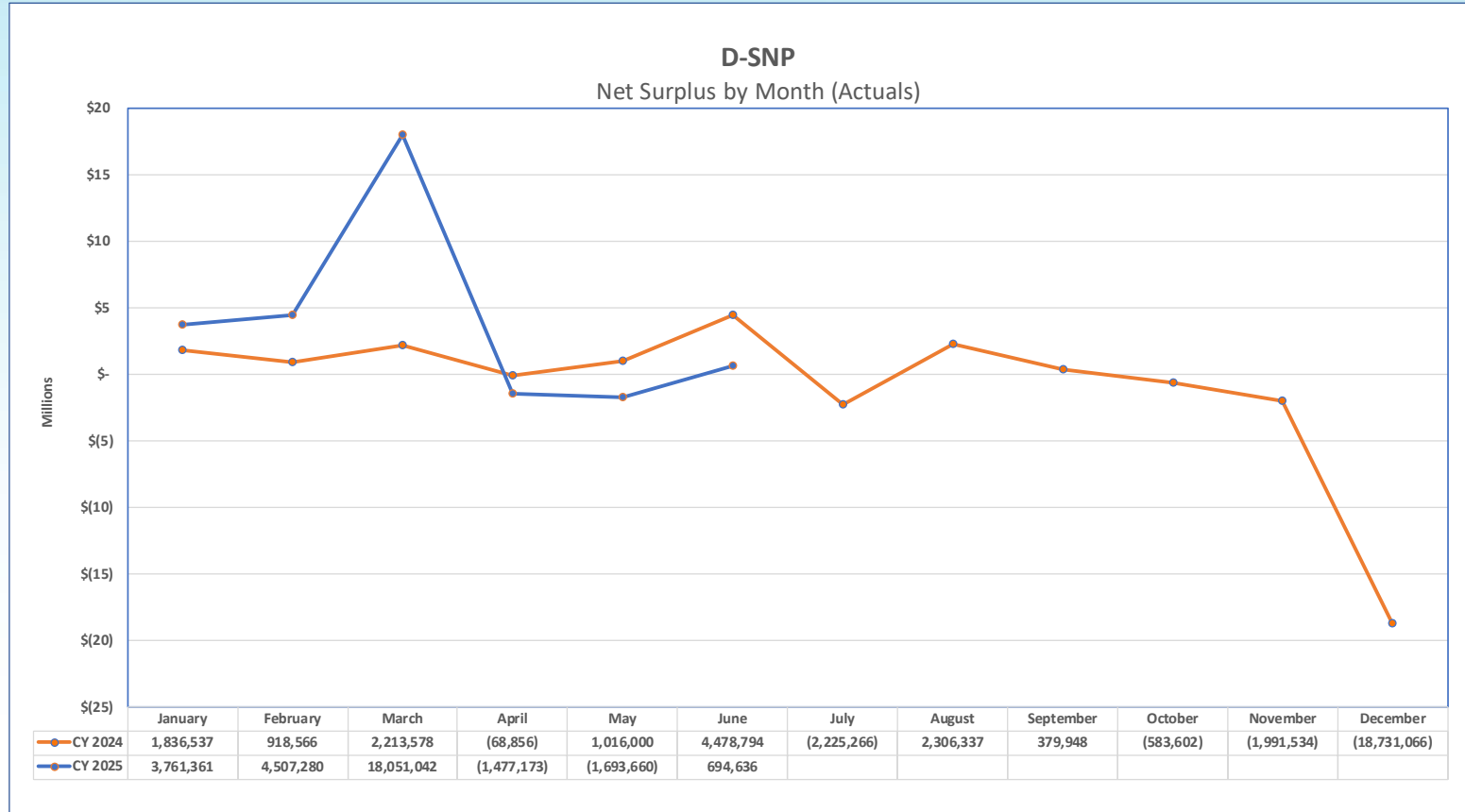
### Highlights for the Month:

- Increase in pharmacy expense partially offset by decrease in FFS claims and capitation expenses.

\*\*Differences are due to rounding



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



# June 2025 Actual: IEHP Covered (CCA)

	June Month-to-Date	June Year-to-Date
	Actual	Actual
<b>Total Revenue</b>	\$ 21,409,002	\$ 104,551,556
<b>Total Medical Costs</b>	\$ 22,333,672	\$ 113,544,230
<b>Total Operating Expenses</b>	\$ 4,695,006	\$ 24,314,360
<b>Total Non Operating Income (Expense)</b>	\$ -	\$ -
<b>Net Surplus (Deficit)**</b>	\$ (5,619,676)	\$ (33,307,033)
<b>Medical Cost Ratio**</b>	104.3%	108.6%
<b>Administrative Cost Ratio**</b>	21.9%	23.3%

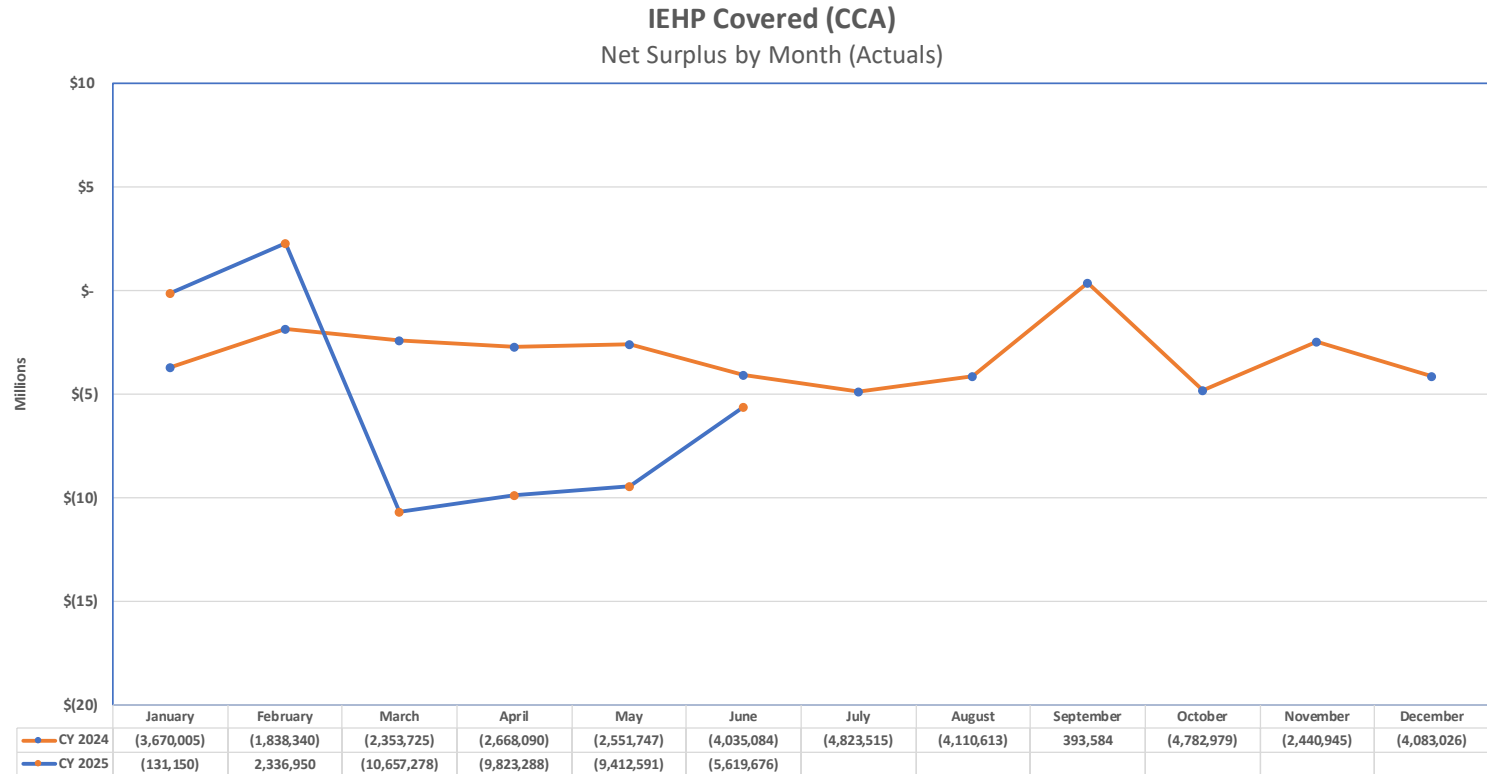
## Highlights for the month:

- Favorable CY2024 CCA risk adjustment transfer adjustment.

\*\*Differences are due to rounding



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



# Balance Sheet: Current Month vs Prior Month

	Jun-25	May-25	Variance
<b><u>Assets and Deferred Outflows</u></b>			
Current Assets	\$ 2,258,953,576	\$ 2,340,439,415	\$ (81,485,839)
Long Term Receivables	\$ -	\$ -	\$ -
Other Non Current Assets	\$ 67,473,517	\$ 65,786,062	\$ 1,687,455
Capital Assets	\$ 301,626,799	\$ 298,908,124	\$ 2,718,676
Deferred Outflows of Resources	\$ 83,775,770	\$ 83,775,770	\$ -
Net Other Assets	\$ -	\$ -	\$ -
<b>Total Assets and Deferred Outflows**</b>	<b>\$ 2,711,829,663</b>	<b>\$ 2,788,909,372</b>	<b>\$ (77,079,709)</b>
<b><u>Liabilities, Deferred Inflows, and Net Position</u></b>			
Current Liabilities	\$ 1,574,996,520	\$ 1,675,036,413	\$ (100,039,893)
Long-Term Liabilities	\$ 31,723,900	\$ 29,733,061	\$ 1,990,839
Deferred Inflows	\$ 326,721	\$ 346,116	\$ (19,394)
Net Position	\$ 1,104,782,521	\$ 1,083,793,782	\$ 20,988,739
<b>Total Liabilities, Deferred Inflows, and Net Position**</b>	<b>\$ 2,711,829,663</b>	<b>\$ 2,788,909,372</b>	<b>\$ (77,079,709)</b>

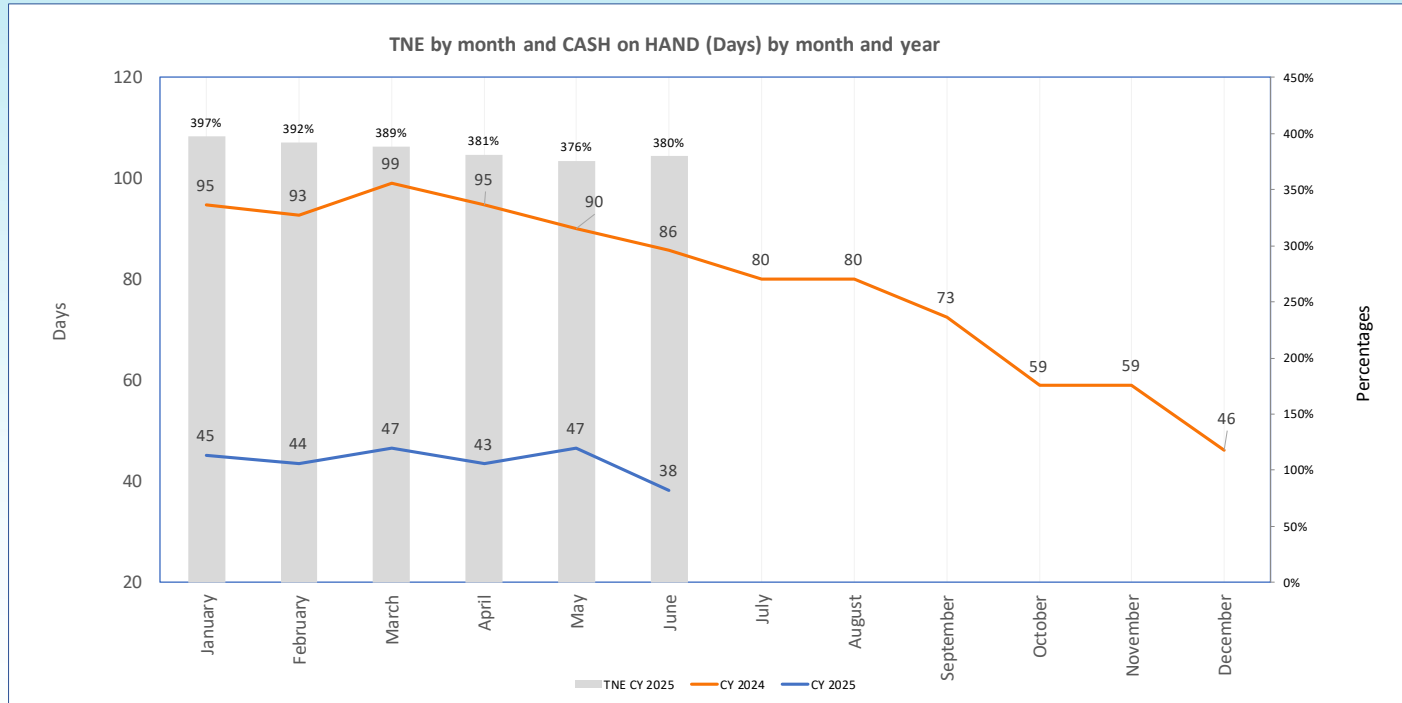
## Highlights for the Month:

- Decrease in Current Assets is primarily due to decrease in cash due to \$108M Prop 56 MEP reconciliation payments to DHCS and \$38.8M for other transactions partially offset by \$65.3M MCO tax revenue accrual.
- Decrease in Current Liabilities is primarily due to \$108M Prop 56 MEP reconciliation payments to DHCS and \$87.7M unearned revenue for D-SNP June payment received in May partially offset by \$65.5M MCO tax expense accrual and \$26.4M TRI expense accrual net of payment.

\*\*Differences are due to rounding



# TNE and Cash On Hand



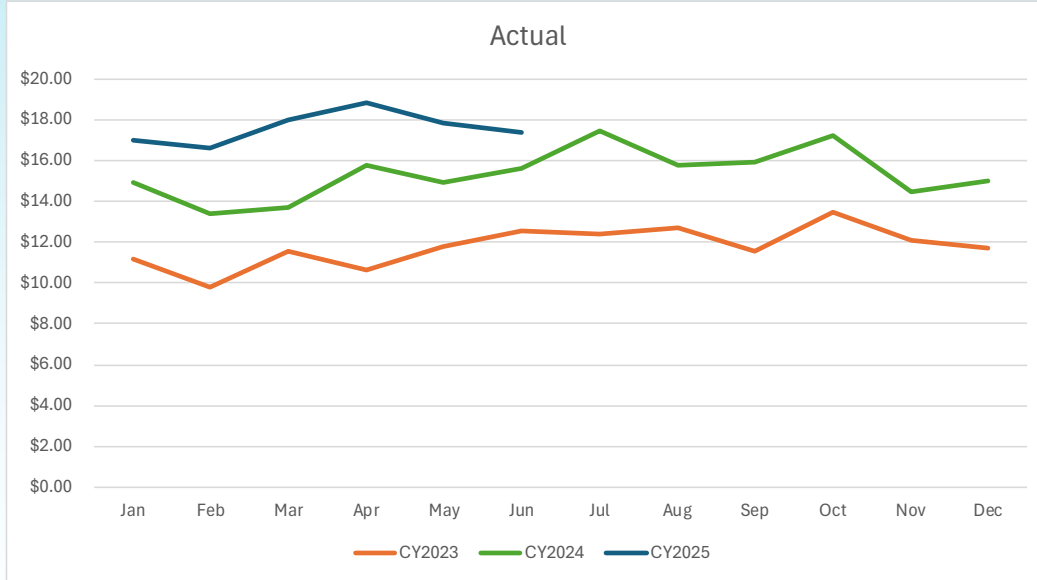
## Highlights for the Month:

- Decrease in days cash on hand is primarily due to \$108M Prop 56 MEP reconciliation payments for CY2022 and CY2023 and \$42.8M State Only UIS Capitation Abatement payments to DHCS.

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



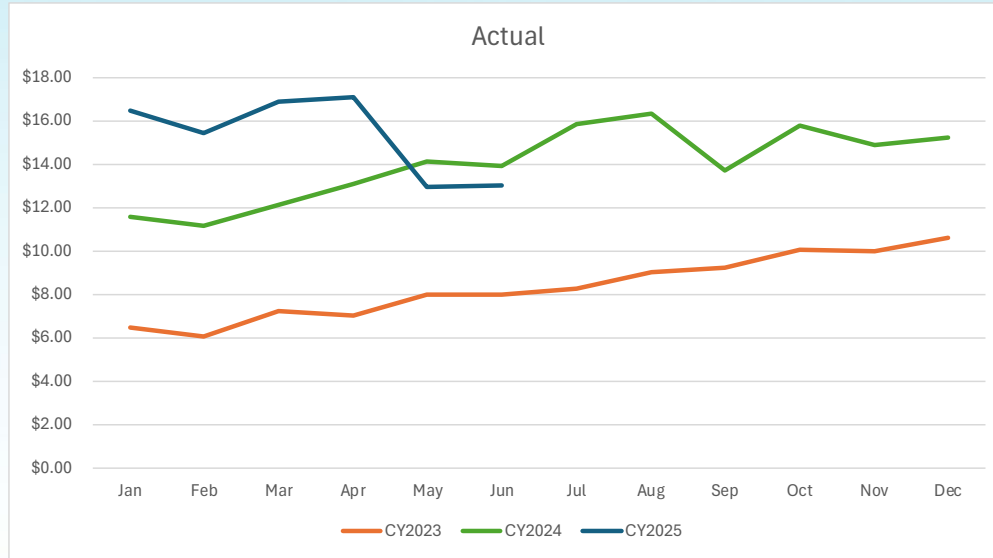
# Behavioral Health Therapy – Autism



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$11.17	\$14.94	\$16.96	33.8%	13.5%
Feb	\$9.83	\$13.39	\$16.61	36.2%	24.1%
Mar	\$11.55	\$13.70	\$18.00	18.6%	31.4%
Apr	\$10.62	\$15.73	\$18.82	48.1%	19.6%
May	\$11.77	\$14.94	\$17.86	26.9%	19.6%
Jun	\$12.56	\$15.64	\$17.40	24.5%	11.3%
Jul	\$12.36	\$17.48		41.4%	
Aug	\$12.68	\$15.75		24.2%	
Sep	\$11.57	\$15.93		37.6%	
Oct	\$13.47	\$17.23		27.9%	
Nov	\$12.13	\$14.47		19.3%	
Dec	\$11.73	\$15.02		28.0%	



# Transportation

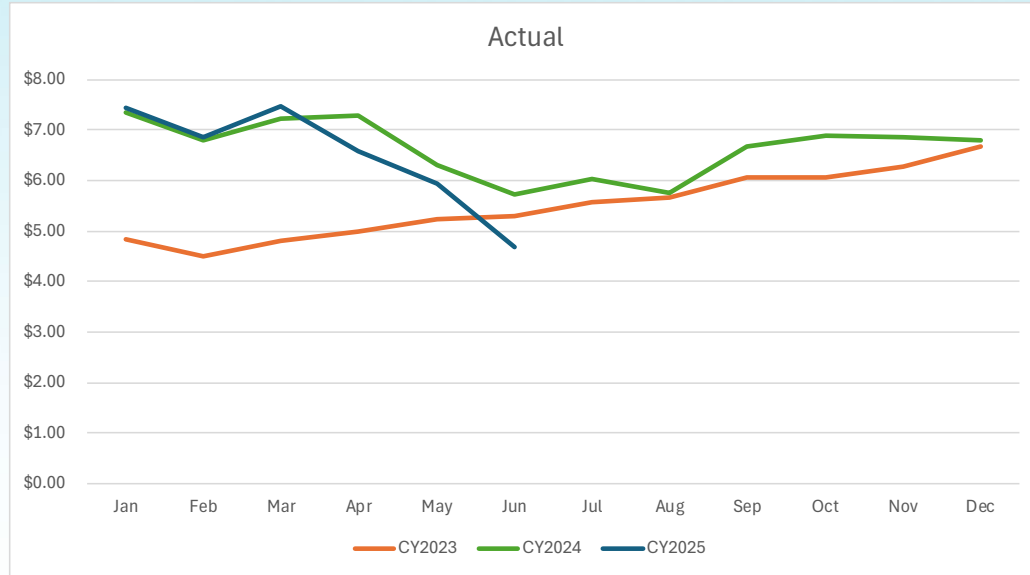


Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$6.48	\$11.56	\$16.46	78.4%	42.5%
Feb	\$6.09	\$11.18	\$15.46	83.7%	38.3%
Mar	\$7.23	\$12.13	\$16.90	67.8%	39.3%
Apr	\$6.99	\$13.10	\$17.06	87.3%	30.3%
May	\$8.02	\$14.14	\$12.94	76.4%	-8.5%
Jun	\$8.01	\$13.91	\$13.00	73.6%	-6.6%
Jul	\$8.26	\$15.87		92.1%	
Aug	\$9.04	\$16.32		80.5%	
Sep	\$9.24	\$13.68		48.0%	
Oct	\$10.05	\$15.76		56.8%	
Nov	\$10.01	\$14.89		48.7%	
Dec	\$10.61	\$15.20		43.2%	





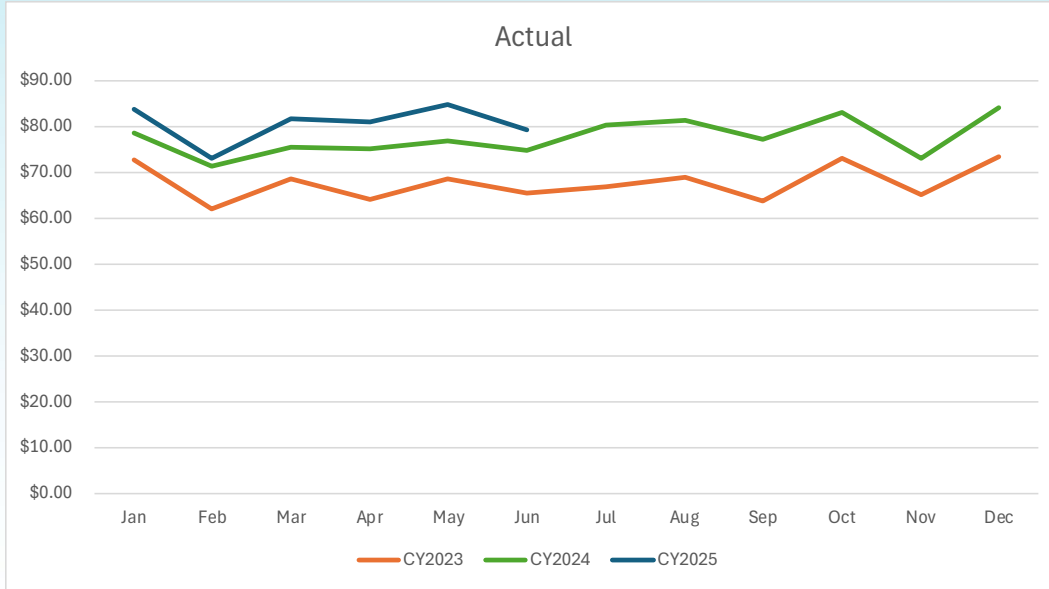
# Home Health



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$4.84	\$7.36	\$7.45	52.1%	1.2%
Feb	\$4.50	\$6.79	\$6.87	50.8%	1.2%
Mar	\$4.80	\$7.22	\$7.48	50.6%	3.5%
Apr	\$4.99	\$7.28	\$6.57	45.9%	-9.7%
May	\$5.23	\$6.31	\$5.95	20.7%	-5.7%
Jun	\$5.31	\$5.74	\$4.68	8.0%	-18.4%
Jul	\$5.58	\$6.03		8.1%	
Aug	\$5.67	\$5.76		1.6%	
Sep	\$6.08	\$6.66		9.6%	
Oct	\$6.05	\$6.87		13.6%	
Nov	\$6.26	\$6.85		9.4%	
Dec	\$6.69	\$6.79		1.5%	



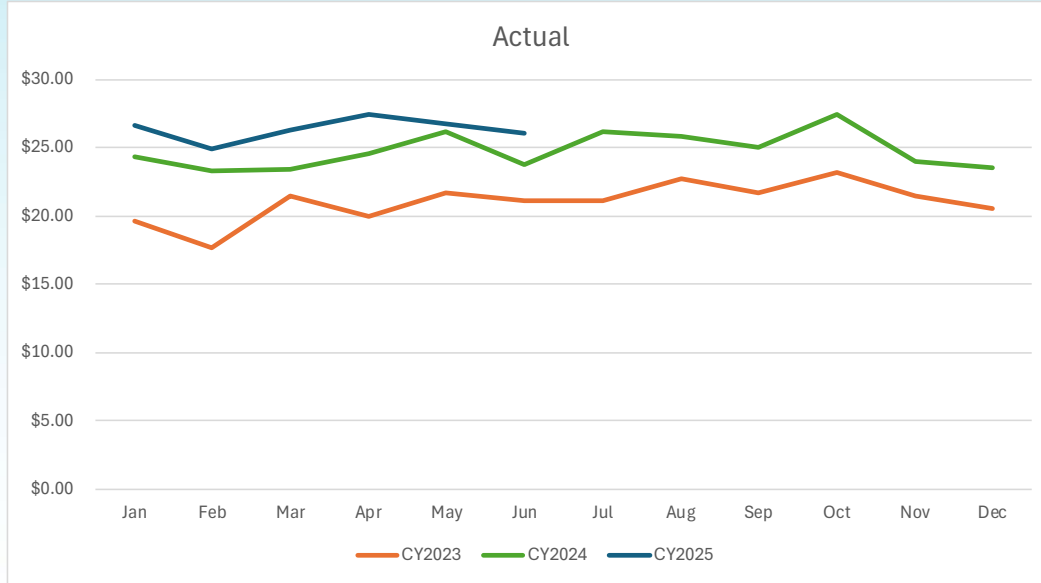
# Inpatient



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$72.81	\$78.38	\$83.68	7.7%	6.8%
Feb	\$61.91	\$71.15	\$72.99	14.9%	2.6%
Mar	\$68.40	\$75.27	\$81.70	10.0%	8.5%
Apr	\$64.14	\$75.25	\$80.99	17.3%	7.6%
May	\$68.62	\$76.70	\$84.82	11.8%	10.6%
Jun	\$65.37	\$74.71	\$79.20	14.3%	6.0%
Jul	\$66.84	\$80.21		20.0%	
Aug	\$68.79	\$81.16		18.0%	
Sep	\$63.57	\$77.28		21.6%	
Oct	\$73.06	\$83.12		13.8%	
Nov	\$65.19	\$73.11		12.2%	
Dec	\$73.35	\$84.14		14.7%	



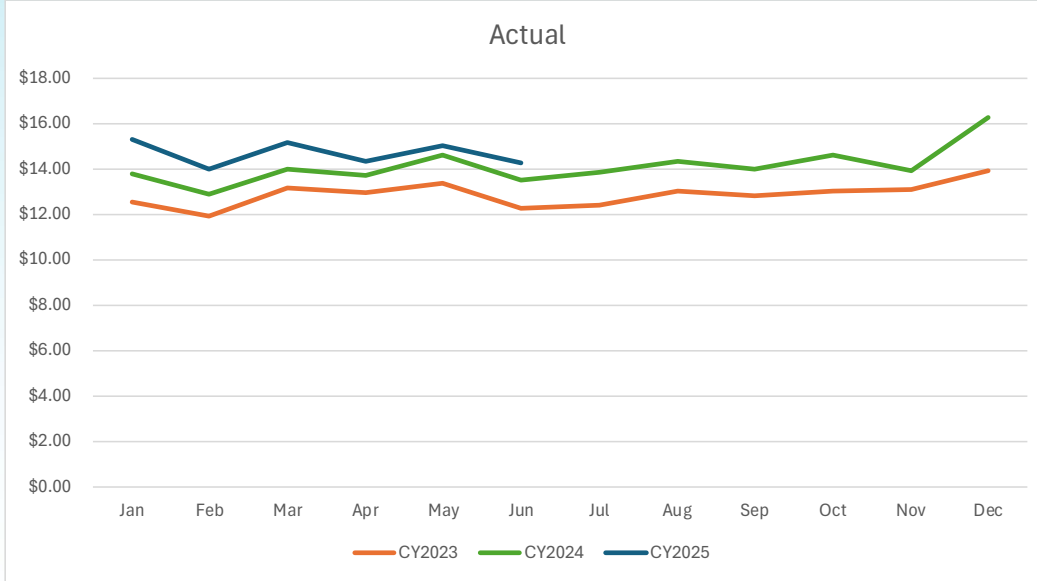
# Outpatient



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$19.64	\$24.29	\$26.65	23.6%	9.7%
Feb	\$17.72	\$23.32	\$24.94	31.6%	6.9%
Mar	\$21.50	\$23.42	\$26.30	8.9%	12.3%
Apr	\$20.01	\$24.61	\$27.40	23.0%	11.4%
May	\$21.75	\$26.22	\$26.74	20.6%	2.0%
Jun	\$21.14	\$23.80	\$26.02	12.6%	9.3%
Jul	\$21.18	\$26.21		23.8%	
Aug	\$22.76	\$25.82		13.4%	
Sep	\$21.64	\$25.02		15.6%	
Oct	\$23.15	\$27.48		18.7%	
Nov	\$21.47	\$24.05		12.0%	
Dec	\$20.55	\$23.56		14.6%	



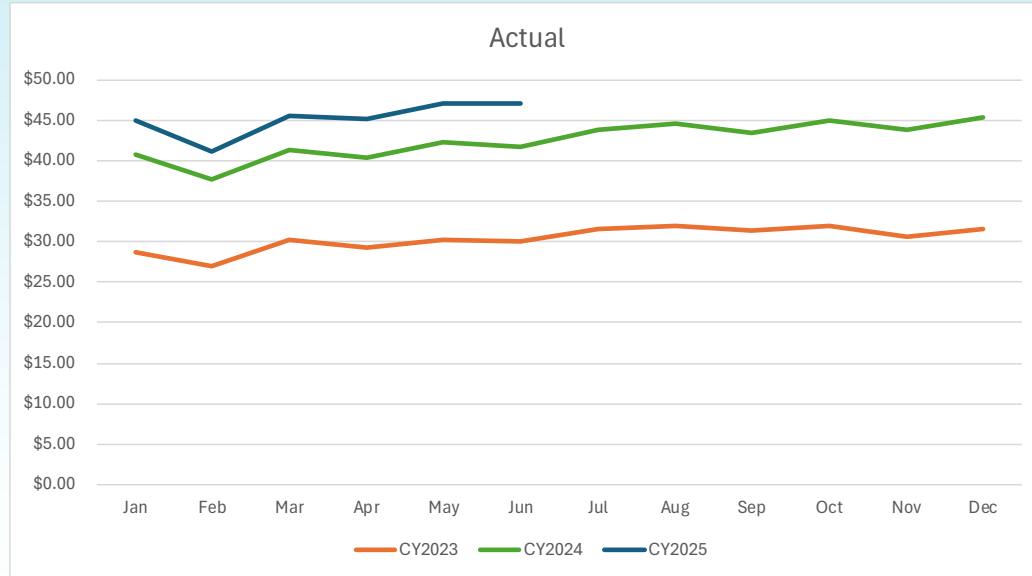
# Emergency Room



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$12.53	\$13.79	\$15.29	10.0%	10.9%
Feb	\$11.95	\$12.89	\$13.98	7.9%	8.4%
Mar	\$13.18	\$13.96	\$15.12	5.9%	8.3%
Apr	\$12.93	\$13.74	\$14.34	6.3%	4.4%
May	\$13.39	\$14.62	\$15.03	9.2%	2.8%
Jun	\$12.28	\$13.50	\$14.24	9.9%	5.5%
Jul	\$12.42	\$13.83		11.3%	
Aug	\$13.05	\$14.33		9.8%	
Sep	\$12.84	\$13.96		8.7%	
Oct	\$13.05	\$14.58		11.7%	
Nov	\$13.09	\$13.90		6.1%	
Dec	\$13.90	\$16.27		17.0%	



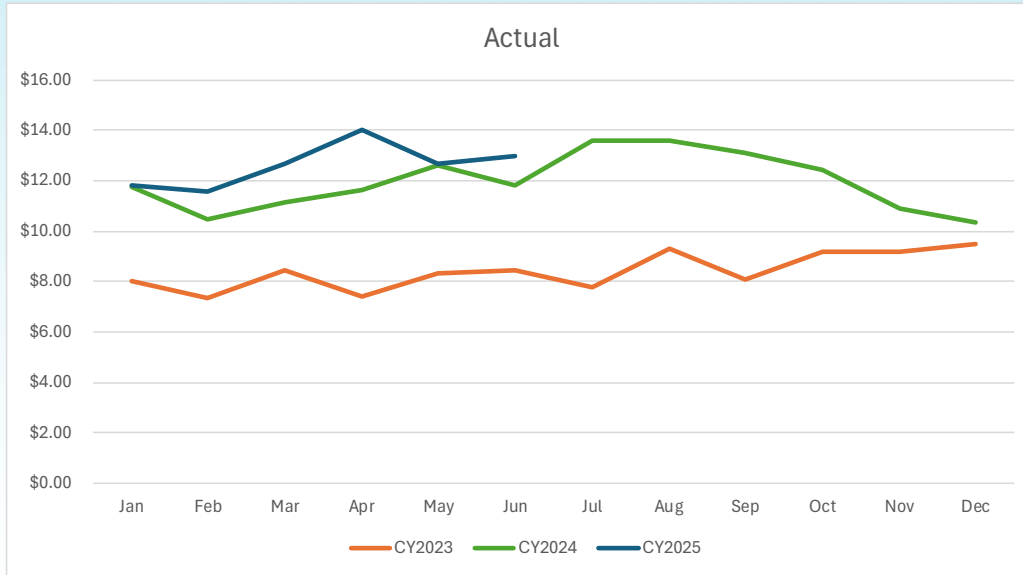
# Long Term Care



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$28.62	\$40.78	\$45.01	42.5%	10.4%
Feb	\$27.00	\$37.68	\$41.16	39.5%	9.3%
Mar	\$30.28	\$41.32	\$45.56	36.5%	10.3%
Apr	\$29.34	\$40.34	\$45.16	37.5%	12.0%
May	\$30.32	\$42.33	\$47.14	39.6%	11.4%
Jun	\$30.02	\$41.77	\$47.10	39.1%	12.8%
Jul	\$31.50	\$43.91		39.4%	
Aug	\$31.90	\$44.63		39.9%	
Sep	\$31.37	\$43.43		38.4%	
Oct	\$31.99	\$44.92		40.4%	
Nov	\$30.53	\$43.83		43.6%	
Dec	\$31.59	\$45.39		43.7%	



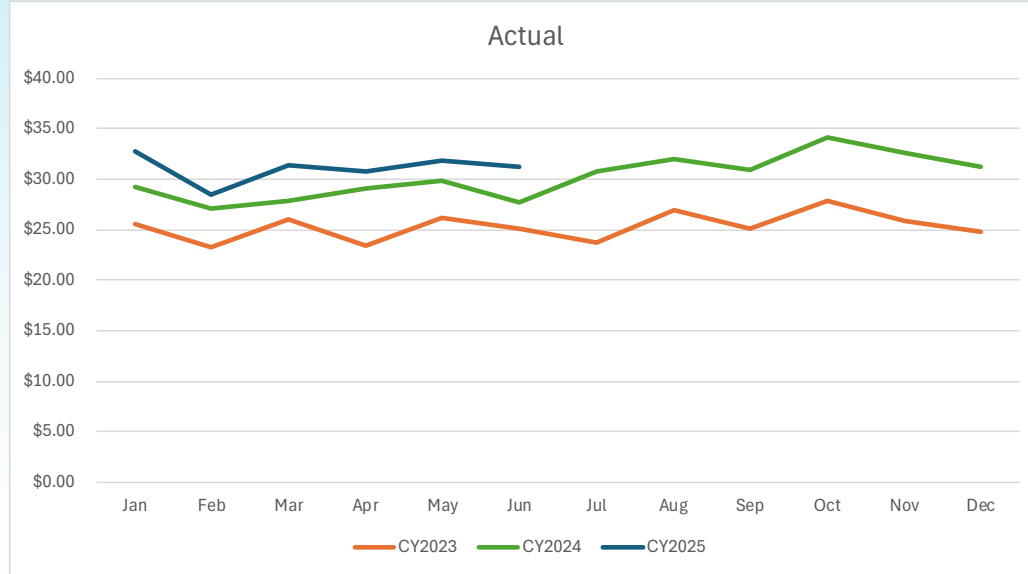
# Other Professional



Service Month	Incurred PPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$8.03	\$11.73	\$11.83	46.0%	0.9%
Feb	\$7.37	\$10.50	\$11.60	42.4%	10.5%
Mar	\$8.43	\$11.12	\$12.68	31.9%	14.1%
Apr	\$7.42	\$11.63	\$14.03	56.7%	20.6%
May	\$8.34	\$12.62	\$12.70	51.4%	0.7%
Jun	\$8.46	\$11.84	\$12.97	40.0%	9.5%
Jul	\$7.78	\$13.61		74.9%	
Aug	\$9.30	\$13.59		46.1%	
Sep	\$8.07	\$13.11		62.4%	
Oct	\$9.17	\$12.41		35.3%	
Nov	\$9.21	\$10.90		18.4%	
Dec	\$9.50	\$10.33		8.8%	



# Physician Specialty



Service Month	Incurred PMPM			Trends	
	CY2023	CY2024	CY2025	CY2024	CY2025
Jan	\$25.58	\$29.30	\$32.74	14.5%	11.7%
Feb	\$23.23	\$27.11	\$28.47	16.7%	5.0%
Mar	\$26.09	\$27.91	\$31.36	7.0%	12.4%
Apr	\$23.41	\$29.12	\$30.80	24.4%	5.8%
May	\$26.18	\$29.89	\$31.78	14.2%	6.3%
Jun	\$25.03	\$27.75	\$31.18	10.9%	12.4%
Jul	\$23.76	\$30.71		29.3%	
Aug	\$27.01	\$32.07		18.7%	
Sep	\$25.08	\$30.95		23.4%	
Oct	\$27.79	\$34.21		23.1%	
Nov	\$25.83	\$32.54		26.0%	
Dec	\$24.73	\$31.24		26.3%	



# Acronyms & Definitions

CCA – Covered California

CMS – Centers for Medicare & Medicaid Services

CY– Calendar Year

DHCS – Department of Health Care Services

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

ECM – Enhanced Care Management

EPP – Enhanced Payment Program

FFS – Fee for Service

G&A – General & Administrative

HQAF - Hospital Quality Assurance Fee

IBNP – Incurred But Not Paid

IGT – Intergovernmental Transfers

IT – Information Technology

LTC – Long Term Care

MCO – Managed Care Organization

MCE – Medicaid Coverage Expansion

MEP – Medical Expenditure Percentages

MOT – Major Organ Transplant

PHDP – Private Hospital Directed Payment

QIP – Quality Incentive Pool

SIS – Satisfactory Immigration Status

UIS – Unsatisfactory Immigration Status

SNF – Skilled Nursing Facility

TNE – Tangible Net Equity

TRI – Targeted Rate Increases





**Department: OPERATIONS**

**17. Title: COVERED CALIFORNIA ANNUAL DELEGATION OVERSIGHT AUDIT RESULTS FOR 2024**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

In 2024, Inland Empire Health Plan (IEHP) performed the first Annual Delegation Oversight Audit (DOA) for its three Covered California delegates: American Specialty Health (ASH), MD Live and Liberty Dental Plan Corporation.

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

IEHP uses audit tools, which are based upon current National Committee on Quality Assurance (NCQA) and the California Department of Managed Health Care (DMHC).

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

In 2024, IEHP performed the annual DOA of its delegates with the following results:

Covered California Average Scores		
Audit Section	Average Score	Total Delegates Received CAP
Quality Improvement Policies	100%	0 of 3
Utilization Management Policies	100%	0 of 3
Utilization Management Approval File Review	N/A	0 of 3
Utilization Management Denial File Review	N/A	0 of 3
Utilization Management Cancellation File Review	N/A	0 of 3
Credentialing Policy & Procedure	89%	1 of 3
Credentialing File Review	100%	0 of 3
Credentialing Organizational Providers & File Review	100%	0 of 3
Total Credentialing Score	94%	0 of 3
Health Insurance Portability and Accountability Act Security (HIPAA Security)	94%	0 of 3

POLICY AGENDA

Covered California Average Scores		
Audit Section	Average Score	Total Delegates Received CAP
Security Assessment	94%	0 of 3
Health Insurance Portability and Accountability Act Privacy (HIPAA Privacy)	96%	1 of 3
Compliance & Fraud, Waste, and Abuse (FWA)	100%	0 of 3

Two (2) of the delegates audited were required to submit a CAP.

In addition to the annual DOA, IEHP provides ongoing oversight of its delegates in UM, QI, Credentialing and Compliance. Oversight of delegates is conducted by way of monthly, quarterly, semi-annual, and annual reporting, annual delegation oversight audits, quality management referrals, grievances, and focused studies. IEHP also performs monthly denial file reviews, approval file reviews and provides ongoing education to the delegates that require assistance.

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

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

Review & File

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	J. Ortega 7/9/25	S. White 7/14/2025

**Department: OPERATIONS**

**18. Title: MEDI-CAL AND MEDICARE ANNUAL DELEGATION OVERSIGHT AUDIT RESULTS FOR 2024**

**Chief:** Susie White, Chief Operating Officer

**Background & Discussion:**

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

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

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

In 2024, IEHP performed the annual DOA for its Medi-Cal IPAs with the following results:

Medi-Cal Average Scores			
Audit Section	Average Score		Total Delegates Received CAP
Quality Improvement Policies	100%	↑0.37%	0 of 10
Utilization Management Policies	95.86%	↓0.89%	0 of 10
Utilization Management Approval File Review	100%	↑2.25%	0 of 10
Utilization Management Denial File Review	95.29%	↓0.34%	0 of 10
Utilization Management Cancellation File Review	100%	N/A	0 of 10
Care Management Policies	87.83%	↓5%	2 of 10
Care Management Care Coordination	100%	N/A	0 of 10
Seniors and Persons with Disabilities Care Coordination (SPD Care Coordination)	100%	N/A	0 of 10
California Children's Services Care Coordination (CCS Care Coordination)	100%	N/A	0 of 10

POLICY AGENDA

Medi-Cal Average Scores			
Audit Section	Average Score		Total Delegates Received CAP
Credentialing Policy & Procedure	91.20%	↑0.65%	3 of 10
Credentialing File Review	91.30%	↓5.43%	2 of 10
Credentialing Organizational Providers & File Review	100%	0%	0 of 10
Total Credentialing Score	92.20%	↓2.44%	0 of 10
Health Insurance Portability and Accountability Act Security (HIPAA Security)	91.88%	0%	1 of 10
Security Assessment	85.75%	N/A	3 of 10
Health Insurance Portability and Accountability Act Privacy (HIPAA Privacy)	99.50%	↑2.50%	2 of 10
Compliance & Fraud, Waste, and Abuse (FWA)	98.88%	↑4.63%	2 of 10

10 of the delegates audited were required to submit a CAP.

In 2024, IEHP performed the annual DOA for its Medicare IPAs with the following results:

Medicare Average Scores			
Audit Section	Average Score		Total Delegates Received CAP
Quality Improvement Policies	100%	0%	0 of 9
Utilization Management Policies	99.29%	↑0.58%	0 of 9
Utilization Management Approval File Review	98.71%	↑2.14%	0 of 9
Utilization Management Denial File Review	93.57%	↑0.14%	0 of 9
Utilization Management Cancellation File Review	100%	N/A	0 of 9
Care Management Policies	86.86%	↓4.14%	3 of 9
Care Management Annual Review	97.09%	N/A	0 of 9
Credentialing Policy & Procedure	98.57%	↑7.28%	0 of 9
Credentialing File Review	98.29%	↓1.71%	1 of 9
Credentialing Organizational Providers & File Review	94.29%	↓5.71%	1 of 9

POLICY AGENDA

Medicare Average Scores			
Audit Section	Average Score		Total Delegates Received CAP
Total Credentialing Score	97.71%	↑3.42%	0 of 9
Health Insurance Portability and Accountability Act Security (HIPAA Security)	90.80%	↑1.37%	0 of 9
Security Assessment	79%	N/A	1 of 9
Health Insurance Portability and Accountability Act Privacy (HIPAA Privacy)	98.43%	↑5.57%	0 of 9
Compliance & Fraud, Waste, and Abuse (FWA)	99.14%	↑10.43%	2 of 9

Seven (7) of the delegates audited were required to submit a CAP.

IEHP provides ongoing oversight of its delegates in CM, UM, QI, Credentialing and Compliance. Oversight of delegates is conducted by way of monthly, quarterly, semi-annual, and annual reporting, annual delegation oversight audits, quality management referrals, grievances, and focused studies. IEHP also performs monthly CM file reviews, denial file reviews, approval file reviews and provides ongoing education to the delegates that require assistance. Providing monthly oversight/monitoring has allowed IEHP to identify any challenges the delegates may have encountered throughout the year, ensuring timely mitigation for a sustainable resolution.

A year-over-year comparison of the 2023-2024 Delegation Oversight Audit Results and the 2022-2023 Delegation Oversight Audit demonstrated an overall increase in scores for the UM Policies, Approval File Review, Denial File Review, Credentialing Policy and Procedure, Total Credentialing Score, HIPAA Security, Compliance & FWA, and HIPAA Privacy.

Care Management Policy Review scoring experienced a decline in the Total Average. From the previous 2022-2023 DOA, Care Management updated the policy review tools to reflect changes made in the IEHP 2024 Provider Manual. Not all policy updates were reflected within their policies at the time of review. The Care Management team educated the IPAs on the importance of incorporating interim changes to their policies to reflect updates in the IEHP Provider Manual.

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

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

Review & File

POLICY AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	N/A	J Ortega 7/9/25	S. White 7/14/2025

# 2024 Annual Delegation Oversight Audit

# MEDI-CAL & MEDICARE





# Background

Evaluates Delegates performance in:

- Quality Improvement (QI)
- Utilization Management (UM)
- Care Management (CM)
- Credentialing
- HIPAA Security
- Compliance & Fraud, Waste and Abuse (FWA)
- HIPAA Privacy

Monitoring and Oversight is conducted by way of:

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



# 2024 RESULTS AND FINDINGS



# Medi-Cal Average Scores

Audit Section	Average Score			Total Delegates Received CAP
	2022-2023	2023-2024		
Quality Improvement Policies	99.63%	100%	↑0.37%	0 of 10
Utilization Management Policies	96.75%	95.86%	↓0.89%	0 of 10
Utilization Management Approval File Review	97.75%	100%	↑2.25%	0 of 10
Utilization Management Denial File Review	95.63%	95.29%	↓0.34%	0 of 10
Utilization Management Cancellation File Review	N/A	100%	N/A	0 of 10
Care Management Policies	92.83%	87.83%	↓5%	2 of 10
Care Management Care Coordination	N/A	99.67%	N/A	0 of 10
SPD Care Coordination	N/A	99.67%	N/A	0 of 10
CCS Care Coordination	N/A	97.63%	N/A	0 of 10



# Medi-Cal Average Scores

Audit Section	Average Score			Total Delegates Received CAP
	2022-2023	2023-2024		
Credentialing Policy & Procedure	90.55%	91.20%	↑0.65%	3 of 10
Credentialing File Review	96.73%	91.30%	↓5.43%	2 of 10
Credentialing OP & File Review	100%	100%	0%	0 of 10
Total Credentialing Score	94.64%	92.20%	↓2.44%	0 of 10
HIPAA Security	91.89%	91.88%	0%	1 of 10
Security Assessment	N/A	85.75%	N/A	3 of 10
Compliance & FWA	97.00%	99.50%	↑2.50%	2 of 10
HIPAA Privacy	94.25%	98.88%	↑4.63%	2 of 10



# Medicare Average Scores

Audit Section	Average Score			Total Delegates Received CAP
	2022-2023	2023-2024		
Quality Improvement Policies	100%	100%	0%	0 of 9
Utilization Management Policies	98.71%	99.29%	↑0.58%	0 of 9
Utilization Management Approval File Review	96.57%	98.71%	↑2.14%	0 of 9
Utilization Management Denial File Review	93.43%	93.57%	↑0.14%	0 of 9
Utilization Management Cancellation File Review	N/A	100.00%	N/A	0 of 9
Care Management Policies	91.00%	86.86%	↓4.14%	3 of 9
Care Management Annual Review	N/A	97.09%	N/A	0 of 9



# Medicare Average Scores

Audit Section	Average Score			Total Delegates Received CAP
	2022-2023	2023-2024		
Credentialing Policy & Procedure	91.29%	98.57%	↑7.28%	0 of 9
Credentialing File Review	100.00%	98.29%	↓1.71%	1 of 9
Credentialing OP & File Review	100.00%	94.29%	↓5.71%	1 of 9
Total Credentialing Score	94.29%	97.71%	↑3.42%	0 of 9
HIPAA Security	89.43%	90.80%	↑1.37%	0 of 9
Security Assessment	N/A	79.00%	N/A	1 of 9
Compliance & FWA	92.86%	98.43%	↑5.57%	2 of 9
HIPAA Privacy	88.71%	99.14%	↑10.43%	0 of 9



# Opportunities for Improvement

1. Improve initial QA at intake of tools for proper policy road mapping.
2. Request IPAs to submit Credentialing files prior to the scheduled audit so that IEHP Credentialing Team has adequate time to review.
3. Schedule 2-days for Credentialing audits.
4. Provide a Security Assessment Tool evidence guide.
5. Enhance DOA training, to emphasize where to submit evidence in the correct SFTP folder. Run pre-test with IPA to ensure access to the SFTP folders.



# COVERED CALIFORNIA





# Background

- First year conducting the Annual Delegation Oversight Audit for the three (3) Covered California Delegates: American Specialty Health, Liberty Dental Plan Corporation, and MD Live.
- Evaluates Delegates performance in:
  - Quality Improvement
  - Utilization Management
  - Credentialing
  - HIPAA Security
  - Compliance & Fraud, Waste and Abuse (FWA)
  - HIPAA Privacy



# 2024 RESULTS AND FINDINGS



Audit Section	Average Score	Total Delegates Received CAP
Quality Improvement Policies	100%	0 of 3
Utilization Management Policies	100%	0 of 3
Utilization Management Approval File Review	N/A	0 of 3
Utilization Management Denial File Review	N/A	0 of 3
Utilization Management Cancellation File Review	N/A	0 of 3
Credentialing Policy & Procedure	89%	1 of 3
Credentialing File Review	100%	0 of 3
Credentialing OP & File Review	100%	0 of 3
Total Credentialing Score	94%	0 of 3



# Covered California Average Scores

Audit Section	Average Score	Total Delegates Received CAP
HIPAA Security	94%	0 of 3
Security Assessment	94%	0 of 3
Compliance & FWA	100%	0 of 3
HIPAA Privacy	95.50%	1 of 3



# Opportunities for Improvement

1. Improve initial QA at intake of tools for proper policy road mapping.
2. Request IPAs to submit Credentialing files prior to the scheduled audit so that IEHP Credentialing Team has adequate time to review.
3. Schedule 2-days for Credentialing audits.
4. Provide a Security Assessment Tool evidence guide.
5. Enhance DOA training, to emphasize where to submit evidence in the correct SFTP folder. Run pre-test with IPA to ensure access to the SFTP folders.



# OPEN FORUM/QA



# APPENDIX



# Acronyms

- Corrective Action Plan ([CAP](#))
- California Children's Services ([CCS](#))
- Care Management ([CM](#))
- Delegation Oversight Audit ([DOA](#))
- Fraud, Waste, and Abuse ([FWA](#))
- Health Insurance Portability and Accountability Act ([HIPAA](#))
- Independent Physician Association ([IPA](#))
- Organizational Provider ([OP](#))
- Quality Assurance ([QA](#))
- Quality Improvement ([QI](#))
- Secure File Transfer Protocol ([SFTP](#))
- Seniors and Persons with Disabilities ([SPD](#))
- Utilization Management ([UM](#))
- Alpha Care Medical Group ([ACMG](#))
- American Specialty Health ([ASH](#))
- Choice Physicians Network ([CPN](#))
- Desert Oasis Health Care ([DOHC](#))
- Dignity Health Medical Network – IE ([DHMN-IE](#))
- Horizon Valley Medical Group ([HVMG](#))
- LaSalle Medical Associates ([LSMA](#))
- Loma Linda University Medical Center ([LLUMC](#))
- Optum Care Network – Inland Faculty Medical Group ([OCN-IFMG](#))
- Physicians Health Network ([PHN](#))
- Rady Children's Specialists of San Diego ([RCSSD](#))
- Regal Medical Group ([RMG](#))
- Riverside Medical Clinic ([RMC](#))



IEHP 2023-2024 Delegation Oversight Audit (DOA) Comparison Results																			
	QI Policies	UM Policies	Approval File Review	Denial File Audit	Cancellation File Audit	Care Management (Policy Review)	Care Management Care Coordination	SPD Care Coordination	CCS Care Coordination	CM Annual Review	Credentialing Policy and Procedure	File Review	OP Policy & File Review	Total Credentialing Score	HIPAA Security	Security Assessment	Compliance & FWA	HIPAA Privacy	Total Avg %
Medi-Cal																			
Alpha Care Medical Group	100%	100%	100%	99%	100%	98%	100%	100%	100%		92%	25%	100%	75%	93%	90%	100%	100%	92.47%
American Specialty Health	100%	90%	100%	100%	100%	N/A	N/A	N/A	N/A		91%	100%	N/A	94%	93%	98%	100%	100%	97.17%
Dignity Health Medical Network - IE	100%	93%	100%	88%	100%	68%	98%	98%	90%		100%	88%	100%	96%	91%	57%	100%	100%	92.18%
Horizon Valley Medical Group	100%	91%	100%	93%	100%	90%	100%	100%	99%		94%	100%	100%	96%	96%	94%	100%	100%	97.24%
Optum Care Network -Inland Faculty Medical Group	100%	100%	100%	91%	100%	93%	100%	100%	99%		86%	100%	100%	91%	96%	98%	98%	100%	97.18%
LaSalle Medical Associates	100%	97%	100%	99%	100%	80%	100%	100%	98%		86%	100%	100%	91%	74%	87%	100%	97%	94.65%
Loma Linda University Medical Center	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		92%	100%	N/A	95%	N/A	N/A	N/A	N/A	95.67%
MD Live	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		85%	100%	N/A	92%	98%	96%	98%	100%	95.57%
Physicians Health Network	100%	100%	100%	97%	100%	98%	100%	100%	99.80%		94%	100%	100%	97%	94%	66%	100%	94%	96.46%
Rady Children's Specialists of San Diego	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		92%	100%	N/A	95%	N/A	N/A	N/A	N/A	95.67%
Total Average	100.00%	95.86%	100.00%	95.29%	100.00%	87.83%	99.67%	99.67%	97.63%		91.20%	91.30%	100.00%	92.20%	91.88%	85.75%	99.50%	98.88%	95.42%
Medicare																			
Choice Physicians Network	100%	100%	100%	87%	N/A	98%				98.50%	95%	100%	100%	97%	96%	94%	100%	100%	97.54%
Dignity Health Medical Network	100%	100%	98%	100%	N/A	70%				99.83%	100%	88%	100%	97%	91%	57%	100%	100%	92.92%
EPIC	100%	100%	100%	96%	N/A	92%				99.50%	95%	100%	100%	97%	93%	95%	98%	100%	97.54%
Heritage: Desert Oasis Healthcare	100%	99%	100%	98%	100%	85%				99.00%	100%	100%	100%	100%	N/A	N/A	100%	100%	98.54%
Heritage: Regal Medical Group	100%	100%	100%	100%	100%	85%				99.90%	100%	100%	100%	100%	N/A	N/A	100%	100%	98.84%
PrimeCare	100%	99%	100%	97%	100%	95%				98.80%	100%	100%	60%	93%	93%	95%	98%	100%	95.25%
Riverside Medical Center	100%	97%	93%	77%	N/A	83%				84.10%	100%	100%	100%	100%	81%	54%	93%	94%	89.72%
Total Average	100.00%	99.29%	98.71%	93.57%	100.00%	86.86%				97.09%	98.57%	98.29%	94.29%	97.71%	90.80%	79.00%	98.43%	99.14%	95.76%
2023 IPA AVERAGES	99.80%	97.67%	97.20%	94.60%		91.85%					90.83%	98.00%	100.00%	94.50%	90.81%		95.07%	91.67%	95.62%
2024 IPA AVERAGES	100%	98%	99%	94%	100%	87%	100%	100%	98%	97%	94%	94%	97%	94%	91%	83%	99%	99%	96%
2022-2023/ 2023-2024 Difference	0.20%	-0.10%	2.16%	-0.17%		-4.54%					3.41%	-3.82%	-3.08%	-0.03%	0.65%		3.93%	7.33%	-0.06%
Total CAPs required below 90%	0	0	0	0	0	5	0	0	0	0	2	3	1	0	1	4	0	0	16
Total CAPs required above 90%	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	4	2	7
Total	0	0	0	0	0	5	0	0	0	0	3	3	1	0	1	4	4	2	23
This chart shows the comparison between the 2022-2023 DOA results and the 2023-2024 DOA results -Scores in red denote those that were below the 90% threshold. -Scores in blue denote those above the threshold but still received a CAP to remediate a targeted deficiency.																			



## IEHP 2024 Delegation Oversight Audit (DOA) CCA Results

	QI Policies	UM Policies	Approval File Review	Denial File Review	Cancellation File Review	Credentialing Policy and Procedure	File Review	OP Policy & File Review	Total Credentialing Score	HIPAA Security	Security Assessment	Compliance & FWA	HIPAA Privacy	Total Avg %
CCA														
American Specialty Health	100%	100%	N/A	N/A	N/A	88%	100%	N/A	93%	N/A	N/A	100%	100%	97.29%
Liberty Dental Plan Corporation	100%	100%	N/A	N/A	N/A	96%	100%	N/A	98%	94%	94%	100%	91%	97.00%
MD Live	N/A	N/A	N/A	N/A	N/A	83%	100%	N/A	91%	N/A	N/A	N/A	N/A	91.33%
<b>Total Average</b>	<b>100.00%</b>	<b>100.00%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>89.00%</b>	<b>100.00%</b>	<b>N/A</b>	<b>94.00%</b>	<b>94.00%</b>	<b>94.00%</b>	<b>100.00%</b>	<b>95.50%</b>	<b>95.21%</b>
<b>2024 IPA AVERAGES</b>	<b>100%</b>	<b>100%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>89%</b>	<b>100%</b>	<b>N/A</b>	<b>94%</b>	<b>94%</b>	<b>94%</b>	<b>100%</b>	<b>96%</b>	<b>95%</b>
<b>Total CAPs required below 90%</b>	0	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>Total CAPs required above 90%</b>	0	0	0	0	0	0	0	0	0	0	0	0	1	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>

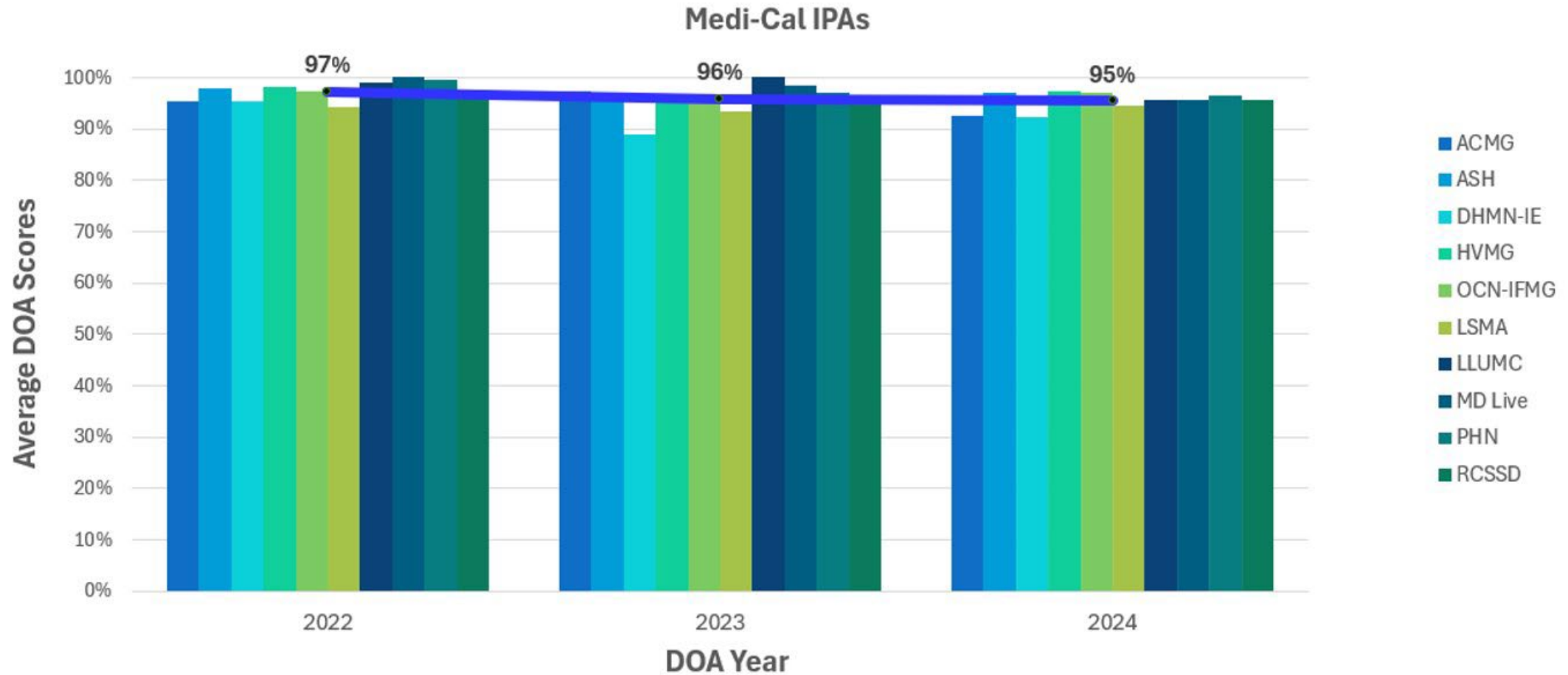
-Scores in red denote those that were below the 90% threshold.

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

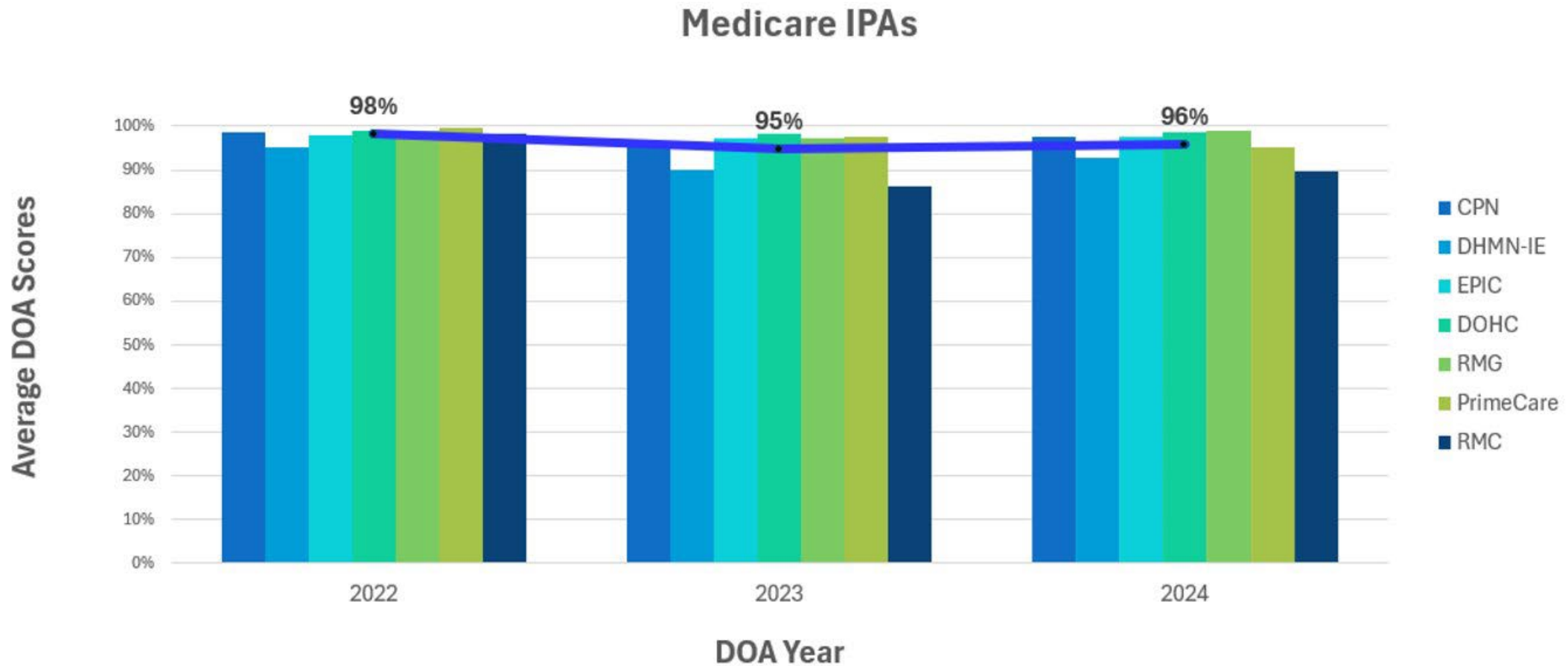




# 2022-2024 IPA Comparison Chart



# 2022-2024 IPA Comparison Chart



POLICY AGENDA

**Department: QUALITY**

**19. Title: APPROVE THE FUNDING FOR THE 2025-2026 QUALITY ACHIEVEMENT PROGRAM**

**Chief:** Genia Fick, Chief Quality Officer

**Background & Discussion:**

In June 2023, the Inland Empire Health Plan (IEHP) Governing Board approved the funding for the first year of the Quality Achievement Program with the goal to improve performance on select quality measures by:

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

The inaugural 2023-2024 Quality Achievement Program yielded positive results, and the Board approved a continuation of the Quality Achievement Program for the following year. Again, the 2024-2025 Quality Achievement Program yielded positive results. Both improvement and achievement goals were met for four measures, the improvement goal was met for one measure, and five measures failed to meet any of the planned goals. The full results are outlined below.

Measure	MY 2023 Final Rate	MY 2024 Rate YTD*	Percentile	MY 2024 Numerator To Date	MY 2024 Denominator To Date	MY 2024 Improvement Goal Rate	Number Needed to Reach Improvement Goal	MY 2024 Achievement Goal Rate	Number Needed to Reach Achievement Goal	Percentile
<b>Medi-Cal</b>										
Prenatal and Postpartum Care: Timeliness of Prenatal Care	86.74%	88.85%	75th	231	260	88.12%	MET	88.58%	MET	75th
Prenatal and Postpartum Care: Postpartum Care	81.72%	81.92%	50th	213	260	82.93%	3	83.33%	4	75th
Child and Adolescent Well-Care Visits	51.49%	55.84%	66th	266,325	476,977	54.34%	MET	55.29%	MET	66th
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits	59.95%	60.77%	50th	4,490	7,388	62.46%	124	63.29%	186	66th
Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – Two or More Well-Child Visits	67.15%	70.83%	50th	14,810	20,909	68.86%	MET	69.43%	MET	50th
Childhood Immunization Status: Combination 10	22.99%	28.47%	50th	117	411	26.37%	MET	27.49%	MET	50th
Immunizations for Adolescents: Combination 2	37.96%	38.88%	66th	10,564	27,168	40.70%	492	41.61%	741	75th
<b>DSNP</b>										
Colorectal Cancer Screening - Admin	65.39%	69.39%	33rd	14,218	20,490	69.10%	MET	70.33%	193	50th
Controlling High Blood Pressure	68.90%	70.28%	10th	253	360	73.61%	12	75.18%	18	50th
HbA1c Control (<8)	67.22%	69.67%	33rd	255	366	71.55%	7	72.99%	12	50th

\* Based on data as of May 2025 - 2nd Run - FINAL RATES

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Approve the funding for the 2025-2026 Quality Achievement program. Given the continued emphasis on quality measure outcome performance from key regulators and accreditation bodies, including the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Covered CA (CCA), and the National Committee for Quality Assurance (NCQA), and given the continued positive results of this program, IEHP recommends the continuation of the Quality Achievement Program for another year, 2025-2026.

The design of the Quality Achievement Program (QAP) will remain unchanged from the 2024-2025 program. Seven measures will remain unchanged from last year's program. The following measure

changes are recommended to align with changing requirements from NCQA, DHCS and CCA and IEHP's historical performance:

- New measures:
  - The Childhood Immunization Status: Combination 10 hybrid measure was retired by NCQA in measurement year 2025 and will be replaced with the new Electronic Clinical Data Systems (ECDS) version of the same measure.
  - The Cervical Cancer Screening – ECDS measure will be added to the program since it is moving to the ECDS methodology in measurement year 2025, it is part of the MCAS MPL measure set, and IEHP's latest performance falls below the MPL.
- Retired measures:
  - The Timeliness of Prenatal Care measure will be removed from this program as IEHP's performance has exceeded the 75<sup>th</sup> percentile.

The Quality Achievement Program will focus on both quality measure improvement and measure achievement, not guarantees, with a focus on measures prioritized by DHCS in the Managed Care Accountability Set (MCAS) and by CMS in the Star Ratings Program.

Key program details for the third year of the Quality Achievement Program are noted below.

**Team Member Eligibility:** IEHP team members hired in their role before October 1, 2025, and remaining in the qualifying role on June 30, 2026, would be eligible for this achievement program.

**Value:** A maximum achievement payout varies by team member role and is outlined below. Achievement payout is based on quality measure performance and is not a guarantee.

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

- Annual Earnings Period: January 1, 2025 through December 31, 2025.
- Team members with less than a year of service will have their payout prorated based on the performance period.
- Assuming all quality measure improvement and achievement goals are met, and current staffing levels remain unchanged, the total max payout for the Quality Achievement Program is \$24 million.

**Measures:** Performance on the 2025-2026 Quality Achievement Program will be spread across 10 measures. Each Quality measure will hold equal potential value. For example, for Directors and above, each quality measure will be worth 1.50% if both improvement and achievement goals are met. The table below illustrates the 10 measures included in the 2025-2026 QAP along with the regulatory agencies who monitor IEHP's performance on these measures.

POLICY AGENDA

Quality Measures	DHCS	DMHC	CMS	Covered CA	NCQA
Cervical Cancer Screening – ECDS	X			X	X
Timely Postpartum Care	X	X		X	X
Child & Adolescent Well Care Visits	X	X		X	X
Well-Child Visits in the First 30 Months of Life (0-15 Months)	X	X		X	X
Well-Child Visits in the First 30 Months of Life (15-30 Months)	X	X		X	X
Childhood Immunizations: Combo 10 - ECDS	X	X		X	X
Immunizations for Adolescents: Combo 2	X	X		X	X
Colorectal Cancer Screening		X	X	X	
Controlling High Blood Pressure	X	X	X	X	X
HbA1c Control (<8.0%)	X	X	X	X	X

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

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

CMS: Centers for Medicare and Medicaid Services

Covered CA: Covered CA Quality Rating System Measure

NCQA: National Committee for Quality Assurance Health Plan Rating Measures

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

- **Achievement Goal:** Defined as meeting the defined benchmark target for the measure, set at the *next highest* national Medicaid or Medicare percentile cut point (that is at least 1 percentage point higher than IEHP's 2024 rate). National Medicaid and Medicare benchmarks are published by the National Committee for Quality Assurance (NCQA) in the Quality Compass in September of each year.
- **Improvement Goal:**
  - For measures with an Achievement Goal set below the 75<sup>th</sup> percentile: Defined as closing the gap between IEHP's 2024 rate and the 2025 Achievement Goal rate by at least 75%.
  - For measures with an Achievement Goal set at or above the 75<sup>th</sup> percentile: Defined as closing the gap between IEHP's 2024 rate and the 2025 Achievement Goal rate by at least 50%.

The chart below summarizes the goals set for each of the 10 measures included in the 2025-2026 program.

Quality Measures	IEHP MY 2024 Performance	IEHP 2024 Performance Benchmark	MY 2025 Improvement Goal	MY 2025 Achievement Goal
Cervical Cancer Screening - ECDS	53.98%	33 <sup>rd</sup> percentile	56.38%	50 <sup>th</sup> percentile (57.18%)
Timely Postpartum Care	81.92%	50 <sup>th</sup> percentile	82.63%	75 <sup>th</sup> percentile (83.33%)
Child and Adolescent Well Care Visits	55.84%	66 <sup>th</sup> percentile	56.95%	75 <sup>th</sup> percentile (58.07%)
Well-Child Visits in the First 30 Months of Life (0-15 Months)	60.77%	50 <sup>th</sup> percentile	63.07%	66 <sup>th</sup> percentile (63.84%)

POLICY AGENDA

Quality Measures	IEHP MY 2024 Performance	IEHP 2024 Performance Benchmark	MY 2025 Improvement Goal	MY 2025 Achievement Goal
Well-Child Visits in the First 30 Months of Life (15-30 Months)	70.83%	50 <sup>th</sup> percentile	71.66%	66 <sup>th</sup> percentile (71.93%)
Childhood Immunizations: Combo 10 - ECDS	21.30%	10 <sup>th</sup> percentile	25.94%	50 <sup>th</sup> percentile (27.49%)
Immunizations for Adolescents: Combo 2	38.88%	66 <sup>th</sup> percentile	40.25%	75 <sup>th</sup> percentile (41.61%)
Colorectal Cancer Screening (DSNP)	69.39%	33 <sup>rd</sup> percentile	70.09%	50 <sup>th</sup> percentile (70.33%)
Controlling High Blood Pressure (DSNP)	70.28%	10 <sup>th</sup> percentile	73.95%	50 <sup>th</sup> percentile (75.18%)
HbA1c Control (<8) (DSNP)	69.67%	33 <sup>rd</sup> percentile	72.16%	50 <sup>th</sup> percentile (72.99%)

**Key Dates:**

- **Measurement Year:** The measurement year (or performance period) is defined as January 1, 2025, through December 31, 2025.
- **Finalized Rates:** IEHP's finalized 2025 rates will be reported to DHCS and CMS in June 2026.
- **Payout Dates:** The 2025-26 Quality Achievement Program payout will be distributed during the July 2026 payroll.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be included in CY2026 Budget		NA	NA	J. Diekmann 7/14/2025	G. Fick 7/15/2025



# Quality Achievement Program

## 2024-25 Results + Next Steps

Genia Fick, Chief Quality Officer

August 11, 2025



# 2024-25 Quality Achievement Program: Overview

## Focused on Improvement & Achievement of Quality Measures

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

## Quality Achievement Program (QAP) Details



**Eligibility:** Team Members hired before Oct. 1, 2024, and employed on Jun 30, 2025.\*



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



**Payout Dates:** 2024 QAP payout was distributed on the July 11, 2025 payroll consistent with the DHCS Quality reporting schedule.



Total payout for the QAP was **\$9.2 million**.

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

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



# 2024-25 Quality Achievement Program: Methodology

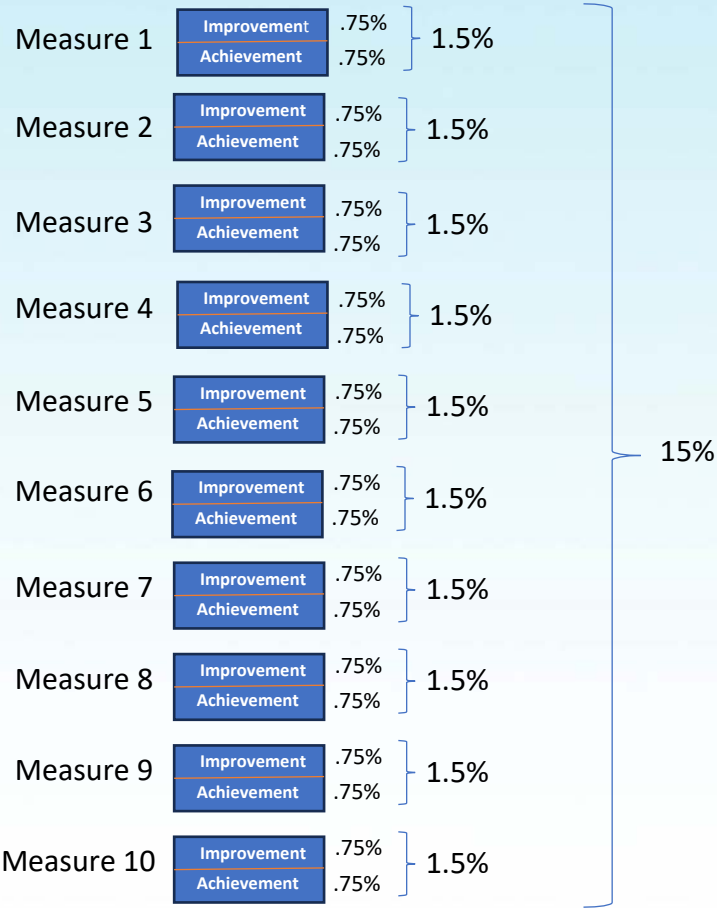
## Methodology

The 15% payout is distributed evenly among seven measures, each carrying a weight of 1.50%

## Goal Structure

Every measure carries an Improvement and Achievement target, each valued at 0.75% for Directors+

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



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

Quality Measure	MY 2024 Improvement Goal*	MY 2024 Achievement Goal*
Timeliness of Prenatal Care	88.12%	88.58%
Timely Postpartum Care	82.93%	83.33%
Child and Adolescent Well Care Visits	54.34%	55.29%
Well-Child Visits in the First 30 Months of Life (0-15 Months)	62.46%	63.29%
Well-Child Visits in the First 30 Months of Life (15-30 Months)	68.86%	69.43%
Childhood Immunizations Combo 10	26.37%	27.49%
Immunizations for Adolescents Combo 2	40.70%	41.61%
Colorectal Cancer Screening (DSNP)	69.10%	70.33%
Controlling High Blood Pressure (DSNP)	73.61%	75.18%
HbA1c Control *(<8%) (DSNP)	71.55%	72.99%

\*Benchmarks based on NCQA Quality Compass Medicaid benchmarks published Sept 2024

# 2024-25 Quality Achievement Program: Results


Quality Measure	MY 2024 Final Performance	MY 2024 Improvement Goal*	MY 2024 Achievement Goal*
Timeliness of Prenatal Care	88.85%	Met	Met
Timely Postpartum Care	81.92%	Not Met	Not Met
Child and Adolescent Well Care Visits	55.84%	Met	Met
Well-Child Visits in the First 30 Months of Life (0-15 Months)	60.77%	Not Met	Not Met
Well-Child Visits in the First 30 Months of Life (15-30 Months)	70.83%	Met	Met
Childhood Immunizations Combo 10	28.47%	Met	Met
Immunizations for Adolescents Combo 2	38.88%	Not Met	Not Met
Colorectal Cancer Screening (DSNP)	69.39%	Met	Not Met
Controlling High Blood Pressure (DSNP)	70.28%	Not Met	Not Met
HbA1c Control (<8%) (DSNP)	69.67%	Not Met	Not Met

Total QAP Payout for Directors+:

6.75%




# Key Drivers of Our Results




**Health Information Exchange**

IEHP leveraged **667** outpatient Provider connections through Manifest MedEx Programs.




**Provider Engagement**

**1,771** quality-focused in-service visits with Primary Care Providers, Urgent Cares, and OB-GYNs.




**Member Engagement**

**1,578** care gap closure services received by IEHP Members that were contacted by Member Services.




**Member Incentives**

**82,995** incentives distributed to IEHP Members for receiving the recommended preventive services for W15, W30 and WCV, CIS, IMA, and COL.



**Team Member Engagement**





**82%** of IEHP Team Members, including all leadership levels, across 33 departments, completed Quality 102 training.



# 2025–26 Quality Achievement Program

## Targets

# 2025-26 Quality Achievement Program: Measures

Quality Measure	Population*	 DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES	 DEPARTMENT OF Managed Health Care	 COVERED CALIFORNIA	 CMS.gov
Cervical Cancer Screening – ECDS <sup>New</sup>	312,473	✓		✓	
Timely Postpartum Care	12,403	✓	✓	✓	
Child and Adolescent Well Care Visits	494,893	✓	✓	✓	
Well-Child Visits in the First 30 Months of Life (0-15 Months)	9,376	✓	✓	✓	
Well-Child Visits in the First 30 Months of Life (15-30 Months)	19,901	✓	✓	✓	
Childhood Immunizations Combo 10 - ECDS <sup>New</sup>	19,289	✓	✓	✓	
Immunizations for Adolescents	26,942	✓	✓	✓	
Colorectal Cancer Screening (DSNP)	22,079	✓	✓	✓	✓
Controlling High Blood Pressure (DSNP)	15,940	✓	✓	✓	✓
HbA1c Control (<8%) (DSNP)	11,625	✓	✓	✓	✓

\* Based on 2025 Measure Denominators

DHCS: Department of Healthcare Services Managed Care Accountability Set Minimum Performance Measure  
DMHC: Department of Managed Health Care Health Equity and Quality Measure

CCA: Covered California Quality Rating System Measure  
NCQA: National Committee for Quality Assurance Health Plan Rating Measure





# 2025-26 Quality Achievement Program: Methodology

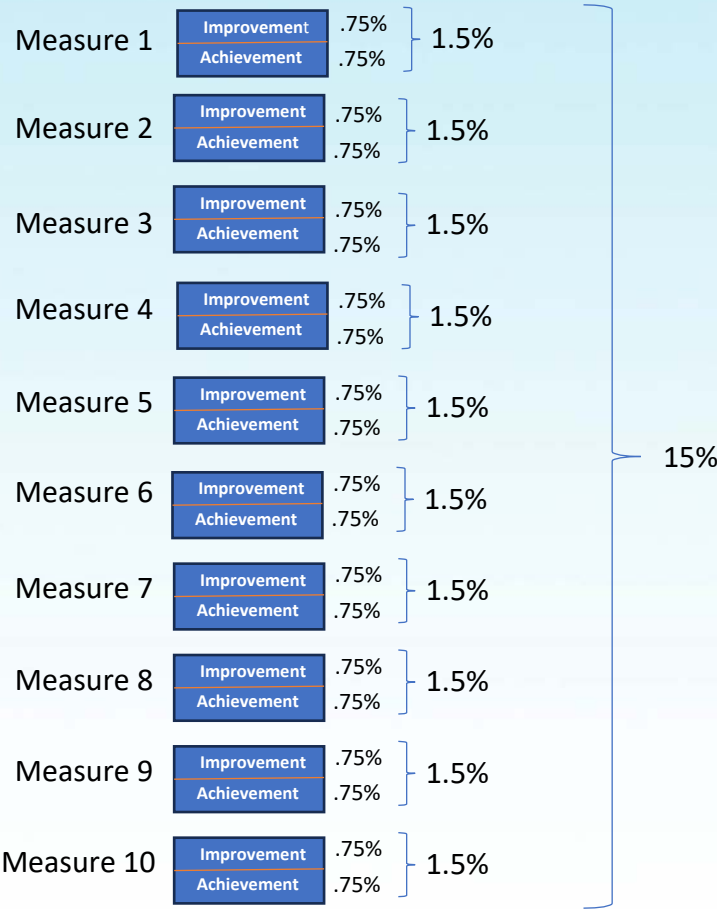
## Methodology

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

## Goal Structure

Every measure carries an Improvement and Achievement target, each valued at 0.75% for Directors+

- 1. **Improvement Goal** - 75% gap closure improvement based on prior year performance and the Achievement Goal. 50% gap closure improvement based on prior year performance and the Achievement Goal, if Achievement Goal is the 75<sup>th</sup> percentile.
- 2. **Achievement Goal** - The next highest national Medicaid percentile cut point that is at least 1 percentage point above IEHP's baseline rate



# 2025-26 Quality Achievement Bonus Program: **Targets**

Quality Measure	IEHP MY 2024 Performance	IEHP 2024 Performance Benchmark	MY 2025 Improvement Goal*	MY 2025 Achievement Goal*
Cervical Cancer Screening – ECDS <b>New</b>	53.98%	33 <sup>rd</sup> percentile	56.38%	50 <sup>th</sup> percentile (57.18%)
Timely Postpartum Care	81.92%	50 <sup>th</sup> percentile	82.63%	75 <sup>th</sup> percentile (83.33%)
Child and Adolescent Well Care Visits	55.84%	66 <sup>th</sup> percentile	56.95%	75 <sup>th</sup> percentile (58.07%)
Well-Child Visits in the First 30 Months of Life (0-15 Months)	60.77%	50 <sup>th</sup> percentile	63.07%	66 <sup>th</sup> percentile (63.84%)
Well-Child Visits in the First 30 Months of Life (15-30 Months)	70.83%	50 <sup>th</sup> percentile	71.66%	66 <sup>th</sup> percentile (71.93%)
Childhood Immunizations: Combo 10 – ECDS <b>New</b>	21.30%	10 <sup>th</sup> percentile	25.94%	50 <sup>th</sup> percentile (27.49%)
Immunizations for Adolescents: Combo 2	38.88%	66 <sup>th</sup> percentile	40.25%	75 <sup>th</sup> percentile (41.61%)
Colorectal Cancer Screening (DSNP)	69.39%	33 <sup>rd</sup> percentile	70.09%	50 <sup>th</sup> percentile (70.33%)
Controlling High Blood Pressure (DSNP)	70.28%	10 <sup>th</sup> percentile	73.95%	50 <sup>th</sup> percentile (75.18%)
HbA1c Control (<8) (DSNP)	69.67%	33 <sup>rd</sup> percentile	72.16%	50 <sup>th</sup> percentile (72.99%)

\*Benchmarks based on NCQA Quality Compass Medicaid benchmarks published Sept 2024



# Requested Board Action

- **APPROVE** the 2025-26 Quality Achievement Program

## Quality Achievement Program Details



**Eligibility:** Team Members defined in their roles, hired before Oct. 1, 2025, and employed on Jun 30, 2026.\*



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



**Payout Dates:** 2025-26 QAP payout will be distributed during July 2026 payroll consistent with the DHCS Quality reporting schedule.



Total maximum payout for the QAP would be **\$24 Million**\*\*\*

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

\*\* Annual earnings period: Jan. 1, 2025 – Dec. 31, 2025

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



# Thank You!



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

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

---

***DRAFT - MINUTES OF THE JULY 7, 2025 REGULAR MEETING***

---

**Governing Board Members Present:**

Supervisor Yxstian Gutierrez  
Supervisor Curt Hagman  
Supervisor Karen Spiegel  
Supervisor Jesse Armendarez

Eileen Zorn  
Drew Williams

**Governing Board Members Absent:** Dr. Dan Anderson

**Governing Board Member Vacancy:** None

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

Jarrold McNaughton, Chief Executive Officer  
Keenan Freeman, Chief Financial Officer  
Edward Juhn, Chief Quality Officer  
Supriya Sood, Chief People Officer  
Takashi Wada, Interim Chief Medical Officer  
Susie White, Chief Operations Officer

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

**IEHP Staff Absent:** Michelle Rai, Chief Communications & Marketing Officer and Vinil Devabhaktuni, Chief Digital and Information Officer

**Guest(s):** IEHP Interns

- 
- I. Call to Order:  
Chair Gutierrez called the July 7, 2025, regular meeting of the Inland Empire Health Plan Governing Board to order at 9:02 a.m.
- II. Pledge of Allegiance: *Dispensed as it was conducted during IEHP Health Access meeting*
- III. Roll Call:
- IV. Agenda Changes: None
- V. Public Comment: None

- VI. Conflict of Interest Disclosure: Vice Chair Hagman announced:  
*“For the record, please note that as a member of the San Bernardino County Board of Supervisors, I, nor my colleague Supervisor Armendarez, have a financial interest in Consent Item 7 that would constitute a disqualifying conflict of interest. Our vote on this item is in our capacity as an IEHP Governing Board member”.*
- VII. Adopt and Approve the Meeting Minutes from June 3, 2025, Meeting of the Governing Board of the Inland Empire Health Plan.

***Action: On motion of Member Hagman and seconded by Member Williams, the Meeting Minutes from the June 3, 2025, Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Hagman/Williams; Anderson Absent)***

VIII. Consent Agenda:

***Action: On motion of Member Hagman and seconded by Member Williams, Items 1 – 24 on the Consent Agenda were approved as presented. (Hagman/Williams; Anderson Absent)***

IX. Policy Agenda and Status Report on Agency Operations (Board Report #362)

ADMINISTRATION (Jarrod McNaughton):

Mr. McNaughton presented the following Administration section of the Status Report:

Item 25: Chief Executive Officer Update:

*Mr. McNaughton presented the CEO update for July 2025.*

*\*Members Spiegel commented on presentation.*

Item 26: Board Education – Delegation Oversight

*Susie White, Chief Operating Officer, introduced Mellissa Hayes, Director, Compliance & Risk Adjustment, and Juan Ortega, Director, Delegation Oversight, to present.*

*\*Members Spiegel and Zorn commented on presentation.*

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

FINANCE DEPARTMENT (Keenan Freeman):

Mr. Freeman presented the following Finance section of the Status Report:

Item 27: Monthly Financial Review :

*Mr. Freeman presented the financials for PE053125.*

Item 28: Adopt and Approve the Final IEHP Calendar Year 2025 Operations Budget:  
*Mr. Freeman presented the CY2025 Operations Budget for approval*

*\*Members Spiegel, Zorn, and Hagman commented on the presentation.*

***Action: On motion of Member Hagman and seconded by Member Armendarez, Item 28 on the Policy Agenda was approved as presented. (Hagman/Armendarez; Anderson Absent)***

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

QUALITY DEPARTMENT (Genia Fick):

Ms. Fick presented the following Quality section of the Status Report:

Item 29: Review and File of the Medi-Cal and DSNP Healthcare Effectiveness Data and Information Set and Managed Care Accountability Set Initial Results for Measurement Year 2024

*Ms. Fick presented the HEDIS results for MY2024.*

*\*Members Hagman, Zorn and Spiegel commented on presentation.*

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

X. Comments from the Public on Matters Not on The Agenda:

*Joey Jacobellis, 24 Hour Home Care*

*Subject: Community Supports*

XI. Board Comments:        *None*

*\*Chair Gutierrez announced with no reportable action expected from the Closed Session matters, the July 7, 2025 Governing Board meeting will be adjourned. The Clerk read the following Closed Session matters into the meeting record:*

XII. Closed Session:

1. With respect to every item of business to be discussed in closed session pursuant to California Government Code Section 54957 (b) (1):
  - a. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:  
Title: Chief Executive Officer, Inland Empire Health Plan
2. With respect to every item of business to be discussed in closed session pursuant to Government Code Section 54957.6:
  - a. Conference with labor negotiator: Agency Negotiator Supriya Sood, Chief People Officer, Re: unrepresented employee (Chief Executive Officer).

XIII. Adjournment

*Chair Gutierrez adjourned the July 7, 2025, IEHP Governing Board meeting at 10:24 a.m.*

The Approved Governing Board Minutes for July 7, 2025, will have a copy of the IEHP Board Report #362 attached

These Meeting Minutes were duly adopted and approved on August 11, 2025.

---

Annette Taylor  
Secretary to the IEHP Governing Board





## **INLAND EMPIRE HEALTH PLAN**

### **Procurement Report**

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

**Items on this summary report are being  
processed in conjunction with the  
August 11, 2025  
Governing Board Meeting**



***Procurement Report  
as of August 11, 2025***

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	A&M First Aid, dba First Aid 2000	A Professional Service Agreement (PSA) for First Aid Kits and Services	\$80,000	Included in CY2025	07/01/25	Finance
2	All4Staff PBC dba WorkBright Second Amendment	An amendment to the Master Subscription Agreement (MSA) and Order Form number 7159 v8	\$4,105	Included in CY2025	08/01/25	Administration
3	Best Contracting Services, Inc. First Amendment	An amendment to the Public Works Contract for Roofing Maintenance and Related Services	NTE 200,000	Included in CY2025	07/12/25	Finance
4	Collective Medical Technologies, Inc. A PointClickCare Company	A Mutual Non-Disclosure Agreement (NDA)	\$0	New	07/28/25	Health Services
5	Council of Autism Service Providers, Inc.	Practice Guidelines Terms and Conditions for Health Funders to apply to and govern the access and use of Licensed Products and Training Services	\$76,000	Included in CY2025	07/31/25	Health Services
6	Crawford Technologies USA, Inc. Third Amendment	An amendment to the Professional Service Agreement (PSA) for Section 508 Remediation Services	\$0	Included in CY2025	07/22/25	Information Technology
7	Critical Care Training Center	A Professional Service Agreement (PSA) for CPR Training at all IEHP Community Wellness Centers CWCs	\$130,000	Included in CY2025	09/01/25	Marketing
8	DataSpan Holdings Inc. First Amendment	An amendment to the Professional Service Agreement (PSA) for Data Retrieval and Restoration Services	\$0	None	08/01/25	Information Technology
9	Ecvabits, LLC Second Amendment	An amendment to the Master Services Agreement (MSA) for Data Security Remediation Services	\$0	Included in CY2025	07/15/25	Information Technology
10	Entisys Solutions, Inc. dba E360	A Statement of Work (SOW) for Software Environment Upgrades	\$43,704	Included in CY2025	07/01/25	Information Technology
11	Executive Staffing Solutions, LTD	A Professional Services Agreement (PSA) for Executive Staffing Solutions Contingency	\$0	Included in CY2025	08/05/25	Administration
12	First Databank, Inc. Second Amendment	An amendment to the License Agreement to extend the term for an additional year and update the Licensing Fee Schedule	\$71,900	Included in CY2025	07/15/25	Quality
13	Flavor Provisions LLC First Amendment	An amendment to the Professional Services Agreement (PSA) for Kitchen Consultant Services	\$0	Included in CY2025	08/02/25	Marketing
14	Gallagher Benefit Services Inc. Second Amendment	An amendment to the Professional Services Agreement (PSA) for Pharmacy Consulting Services	\$24,400	New	07/22/25	Health Services



***Procurement Report  
as of August 11, 2025***

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
15	Jennifer Kent Consulting, Inc. dba The Kent First Amendment	An amendment to the Professional Services Agreement (PSA) for Medi-Cal Consulting Services	\$0	Included in CY2025	05/01/25	Administration
16	Kaiser Institute LLC First Amendment	An amendment to the Professional Services Agreement (PSA) for Executive Consulting Leadership Development	\$0	Included in CY2025	07/01/25	Administration
17	Magnum Transaction Sub, LLC dba Lyric Second Amendment	An amendment to update the Terms and Conditions of the Master Services Agreement (MSA)	\$0	Included in CY2025	07/31/25	Information Technology
18	MedImpact Healthcare Systems, Inc. Sixth Amendment	An Amendment to the Service Agreement	\$0	Included in CY2025	02/09/22	Health Services
19	Neustar Information Services Second Amendment	An amendment to the Caller Name Optimization and Branded Cell Display Service Order	\$0	New	06/26/25	Information Technology
20	Ntooitive Digital, LLC Third Amendment	An amendment to the Professional Services Agreement (PSA) for Marketing Services	-\$50,000	Included in CY2025	07/22/25	Marketing
21	Prometheus Development, LLC Ninth Amendment	An amendment to the Extend the Original Agreement with Order Forms Q046385 and Q046391 for Software Licensing	\$142,494	Included in CY2026	07/01/26	Information Technology
22	Tel-Set Communications, Inc. Second Amendment	A Contract for Construction for Structured Cabling Installation and Repair Job Order Contract	NTE 200,000	Included in CY2025	10/22/25	Information Technology
23	Wellness Concepts Inc.	A Service Vendor Agreement for a Series of Wellness Webinars for IEHP Team Members	\$2,690	Included in CY2025	08/18/25	Administration