



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

November 13, 2025 - 9:00 AM

Board Report #366

**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 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@iehp.org.

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

<https://youtube.com/live/fSTJTike4tk?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 October 14, 2025, Regular Meeting of the Governing Board of the Inland Empire Health Plan

VIII. CONSENT AGENDA

ADMINISTRATION (Jarrod McNaughton)

1. Ratify and Approve Amendment 08 to Local Initiative Primary Contract (23-30225) with the California Department of Health Care Services
2. Ratify and Approve the Covered California Qualified Health Plan Issuer Contract for 2026-2028 for the Individual Market with Covered California
3. Approve the Award of Request For Proposal 25-06689 and Delegation of Authority to Approve Contractual Documents for Temporary Staffing Services
4. Approve the Inland Empire Health Plan 2026 Governing Board Meeting Calendar
5. Approve the Inland Empire Health Plan Team Member Benefits Products and Delegation of Authority to Enter Into Necessary Agreements
6. Approve the Master Professional Services Agreement Template

FINANCE DEPARTMENT (Jarrod McNaughton)

7. Approve the Award of Request For Proposal #25-06316 and Delegation of Authority to Approve the Professional Services Agreement with California Dining Services
8. Delegation of Authority to Approve the Professional Services Agreement with Health Management Systems Incorporated
9. Delegation of Authority to Approve the Amendment to the Agreement with Varis, LLC
10. Approve the Eighth Amendment to the Professional Services Agreement with Shorett Printing, Inc. dba Crown Connect and Crown Printers

HEALTH SERVICES DEPARTMENT (Edward Juhn, M.D.)

11. Approve the Fifth Amendment to the Professional Services Agreement with the Inland Empire Health Information Organization

AGENDA

12. Approve the Fourth Amendment to the Amended and Restated Professional Services Agreement with Calibrated Healthcare Network, LLC.
13. Delegation of Authority to Approve the Second Amendment to the Professional Services Agreement with Clearlink, LLC.

INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)

14. Approve Funding Request to the Statement of Work 2022-07 under the Master Services Agreement with Hexplora, Inc.
15. Delegation of Authority to Approve the Seventh Amendment to the Professional Services Agreement with Safety Net Connect, Inc.
16. Approve Operational 2026 Funding for Professional Services with Mphasis Corporation, Persistent Systems Limited, Hexplora LLC., and Blue Spire, Inc.
17. Delegation of Authority to Approve Amendment 3 to Statement of Work #105 to the Master Subscription Agreement and Amendment 9 to the Master Subscription Agreement with MHK, Inc.
18. Approve Funding and Delegation of Authority to Sign Contractual Documents with Altera Digital Health Inc.
19. Delegation of Authority to Approve the Second Amendment to the Customer Agreement with Aunt Bertha, a Public Benefit Corporation dba Findhelp
20. Delegation of Authority to Approve the Software As A Service Services Order Form and Subsequent Contractual Documents with Dexur Enterprises, Inc.
21. Delegation of Authority to Approve the Third Amendment to the Professional Services Agreement with Smile Digital Health
22. Delegation of Authority to Approve Contractual Documents with Smile Digital Health
23. Approve the Award of Request for Proposal #25-06636 for Transportation Management System, and Delegation of Authority to Approve Contractual Documents with, MediDrive LLC.
24. Delegation of Authority to Approve Contractual Documents with Teramind

OPERATIONS DEPARTMENT (Susie White)

25. Approve the 2026 Inland Empire Health Plan Provider Policy and Procedure Manuals and Encounter Data Interchange Manual
26. Approve the Sixth Amendment to the Professional Services Agreement with Care Directives, LLC. dba California POLST Registry

AGENDA

27. 2024 Assessment of Network Adequacy Update

PROVIDER CONTRACTING DEPARTMENT (Susie White)

28. Ratify and Approve the Enhanced Care Management Provider Agreement (Medi-Cal Only) with County of Riverside on Behalf of Riverside University Health System

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

ADMINISTRATION (Jarrod McNaughton)

29. Chief Executive Officer Update
30. Board Education – Timely Access

FINANCE DEPARTMENT (Jarrod McNaughton)

31. Monthly Financial Review
32. Adopt and Approve the Inland Empire Health Plan Interim Calendar Year 2026 Operational And Capital Budget

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

XI. Board Member Comments

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

The next meeting of the IEHP Governing Board will be held on December 8, 2025, at the Mission Inn, Riverside, CA.

Department: ADMINISTRATION

1. Title: RATIFY AND APPROVE AMENDMENT 08 TO LOCAL INITIATIVE PRIMARY CONTRACT (23-30225) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

As a Local Initiative Medi-Cal Managed Care Plan (MCP), Inland Empire Health Plan (IEHP) contracts with the California Department of Healthcare Services (DHCS) to provide health care services to the Medi-Cal population in Riverside and San Bernardino counties through State funding.

In December 2023, IEHP received the 2024 Primary Contract with DHCS for Medi-Cal Health Plan Services. DHCS issued a new Primary Contract to hold health plans to more rigorous standards of care and greater accountability. These enhancements ensure Medi-Cal members receive quality care and the necessary support to manage their health needs. IEHP and DHCS agreed to comply with the terms and conditions of providing health care services to eligible Medi-Cal recipients within the scope of Medi-Cal benefits as defined in the contents of the Primary Contract.

Procurement Solicitation Type: N/A

Recommendation(s):

That the Governing Board of IEHP Ratify and Approve Amendment 08 to Local Initiative Primary Contract (23-30225) with DHCS through December 31, 2026.

IEHP received the finalized Amendment 08 from DHCS on September 16, 2025. Effective July 1, 2024, this amendment incorporates various updates, of which highlights include:

- **Provider Dispute Resolution Mechanism:** Removed Subcontractors and Downstream Subcontractors from the language
- **Memorandum of Understanding (MOU) Updates:** Removed Home and Community Based Services (HCBS) program agencies and Continuum of Care
- **Notification of Changes in Member's Circumstances:** Updated to require the MCPs to notify member's local county office rather than DHCS when information impacting eligibility to Medi-Cal is received
- **Provider Overpayment:** Clarified existing language regarding overpayments from MCPs to Providers and Subcontractors and added additional language to incentivize recovery
- **Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan:** Added two new deliverables requiring the Plan to submit NSMHS Outreach Education plans to DHCS annually and publicly post the approved plan and utilization assessment on the IEHP website annually

CONSENT AGENDA

- **Operations Deliverables:** Operations deliverables were added to attest whether MCP meets requirements in 5.1.3.A, B & C for mailing new/potential member materials within seven calendar days and annual mailing requirements.
- **Unsatisfactory Immigration Status (UIS) Risk Corridor:** Removed from the Primary Contract, due to only being applicable for State-Only Services

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

Financial Impact: N/A	Not to Exceed Amount: N/A	Term: 01/01/24-12/31/26
------------------------------	----------------------------------	--------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	H. Lien 9/30/25	N/A	A. Mejia 9/25/25	L. Nery 10/10/25	S. White 10/10/25

Department: ADMINISTRATION

2. Title: RATIFY AND APPROVE THE COVERED CALIFORNIA QUALIFIED HEALTH PLAN ISSUER CONTRACT FOR 2026-2028 FOR THE INDIVIDUAL MARKET WITH COVERED CALIFORNIA

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Following the passage of national health care reform through the Patient Protection and Affordable Care Act of 2010 (ACA), California enacted legislation to establish a qualified health benefit exchange referred to as the California Patient Protection and Affordable Care Act (CA-ACA).

California operates Covered California, a statewide health insurance exchange where consumers may buy and compare health insurance within a private market. Covered California aims to improve the health of all Californians by streamlining access to affordable, high-quality health coverage. Qualified Health Plans (QHPs) are certified by Covered California to participate in its competitive marketplace, empowering consumers to choose from a variety of plans and providers best suited to their needs, preferences, and lifestyle.

On July 13, 2023, Inland Empire Health Plan (IEHP) signed its first QHP Issuer Contract with Covered California to enter the 2024 statewide Individual Market. The 2023-2025 QHP Issuer Contract is effective from October 31, 2023, through December 31, 2025.

Ahead of the coming expiration date, IEHP signed a new QHP Issuer Contract with Covered California on August 1, 2025, to continue in the Individual Market for plan years 2026 through 2028. The 2026-2028 QHP Issuer Contract, like its predecessor, holds IEHP to rigorous standards of care, accountability, and quality, to ensure Covered California Members receive the full spectrum of care and support needed.

Procurement Solicitation Type: N/A

Recommendation(s):

That the Governing Board of the IEHP Ratify and Approve the Covered California Qualified Health Plan Issuer Contract for 2026-2028 for the Individual Market with Covered California, effective October 1, 2025, through December 31, 2028.

The Covered California QHP Issuer Contract for 2026-2028 for the Individual Market is effective from October 1, 2025, through December 31, 2028. Covered California contracts with QHP Issuers take effect three (3) months before the start of the plan year. This timeline ensures that all contractual obligations are in place well in advance to support activities leading up to and during the plan year. These obligations include areas such as Renewal and Open Enrollment processes, marketing, sales, customer service, system implementation, etc. IEHP and Covered California agree to comply with the terms and conditions of providing health care services to eligible Covered California recipients within the scope of benefits as defined in the contents of the Contract.

CONSENT AGENDA

Financial Impact: N/A	Not to Exceed Amount: N/A	Term: 10/01/2025 through 12/31/2028
------------------------------	--------------------------------------	--

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	A. Mejia 09/05/25	L. Nery 10/02/25	S. White 10/08/2025

Department: ADMINISTRATION

3. Title: APPROVE THE AWARD OF REQUEST FOR PROPOSAL 25-06689 AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS FOR TEMPORARY STAFFING SERVICES

Chief: Supriya Sood, Chief People Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) routinely supplements staffing ratios with temporary workers to address operational needs arising from leaves of absence, seasonal demand fluctuations, and project-based work requirements. Approximately 75 temporary employees are engaged annually across the organization to ensure continuity of operations and maintain service delivery standards. Temporary staffing services are critical to IEHP's ability to respond quickly to workforce gaps while maintaining compliance with regulatory requirements and controlling costs.

Historically, IEHP has utilized ad-hoc temporary staffing arrangements without formalized contracts, resulting in inconsistent controls on screening, reporting, and pricing. This Request for Proposal (RFP) process formalizes IEHP's temporary staffing program by establishing a multi-vendor panel with clear compliance requirements, standardized reporting, and competitive pricing structures. The multi-vendor approach ensures timely access to qualified talent across diverse role categories while maintaining flexibility and competitive tension among vendors.

Procurement Solicitation Type: RFP

On September 2, 2025, IEHP issued Request For Proposal (RFP) 25-06689 for Temporary Staffing Services on Bonfire, its public third-party bidding website. The RFP was structured to allow multiple awards to create a vendor panel that provides coverage across various role categories and ensures competitive pricing. IEHP invited 52 bidders, with 189 downloading bid documents. As a result, IEHP received 39 proposals to evaluate.

The evaluation process utilized a two (2) phase scoring methodology. Phase one (1) evaluated technical proposals without cost consideration, assessing company profile, experience, and scope of services (65 points maximum). Phase two (2) incorporated pricing evaluation (30 points maximum) and local preference consideration (5 points maximum) for a combined total of 100 points.

Evaluation and scoring of the proposals are reflected in the following two tables:

WRITTEN TECHNICAL PROPOSAL SCORES WITHOUT COST (OUT OF 70)	
Kinetic Personnel Group	55.88
Cross Country Staffing	53.71
Medsearch Financial Inc. (DBA) Alura Workforce Solutions	52.53
Healthcare Support	51.53
Amergis Healthcare Staffing, Inc.	49.93

CONSENT AGENDA

WRITTEN TECHNICAL PROPOSAL SCORES WITHOUT COST (OUT OF 70)	
InfiCare Health Inc.	48.58
VIVA USA, Inc.	48.12
Kimco Staffing Services, Inc. DBA MediQuest Staffing	47.99
Infojini, Inc.	47.80
Judge Technical Services, Inc.	47.73
GlobalPoint Inc	47.57
Recruiting Source International	47.47
AppleOne, Inc. dba AppleOne Employment Services	47.17
Synkriom	47.09
Impresiv Health LLC	46.95
R. L. Klein & Associates, Inc	46.84
22nd Century Technologies, Inc.	46.79
Vastek Inc	46.69
Infostride Inc.	46.53
JM Temporary Services & Affiliates, Inc.	45.96
virtelligence, Inc.	45.40
ND Global Consulting Services, Inc.	43.92
BESTNEST MANAGEMENT LLC	42.79
Abacus Service Corporation	42.50
TRYFACTA, INC.	42.44
Akkodis, Inc.	41.48
TEKsystems	41.20
CCS Global Tech	40.89
Diskriter, Inc.	40.85
CathyJon Enterprises, Inc., DBA HB Staffing	40.31
DatamanUSA, llc	40.24
ALOIS LLC	40.08
Compunnel Software Group, Inc.	39.81
EFFERVESCENT CONSULTING LLC	39.76
Aroha Technologies, Inc	39.72
Akshar staffing	39.70
ATC - American Technology Consulting, LLC	37.63
Apsan Technologies	36.41
Central Business Solutions Inc	36.31

CONSENT AGENDA

WRITTEN TECHNICAL PROPOSAL SCORES INCLUDING COST (OUT OF 100)	
R. L. Klein & Associates, Inc	76.84
ND Global Consulting Services, Inc.	70.92
BESTNEST MANAGEMENT LLC	67.34
Kinetic Personnel Group	66.27
Synkriom	63.97
22nd Century Technologies, Inc.	63.66
Medsearch Financial Inc. (DBA) Alura Workforce Solutions	63.55
Cross Country Staffing	63.53
Healthcare Support	63.53
Central Business Solutions Inc	63.31
Infojini, Inc.	63.23
GlobalPoint Inc	63.00
InfiCare Health Inc.	62.79
Vastek Inc	62.11
VIVA USA, Inc.	61.62
Virtelligence, Inc.	60.83
Recruiting Source International	60.64
AppleOne, Inc. dba AppleOne Employment Services	60.03
Amergis Healthcare Staffing, Inc.	59.75
Infostride Inc.	59.38
Judge Technical Services, Inc.	58.53
TRYFACTA, INC.	57.86
Compunnel Software Group, Inc.	57.81
Aroha Technologies, Inc	57.72
JM Temporary Services & Affiliates, Inc.	56.91
Abacus Service Corporation	56.34
Kimco Staffing Services, Inc. DBA MediQuest Staffing	56.30

WRITTEN TECHNICAL PROPOSAL SCORES INCLUDING COST (OUT OF 100)	
Impresiv Health LLC	55.95
DatamanUSA, llc	55.67
Akshar staffing	55.13
ALOIS LLC	53.58
EFFERVESCENT CONSULTING LLC	53.26
ATC - American Technology Consulting, LLC	53.06
CCS Global Tech	52.89
CathyJon Enterprises, Inc., DBA HB Staffing	51.56
TEKsystems	51.02
Diskriter, Inc.	50.67
Akkodis, Inc.	50.05
Apsan Technologies	45.41

After a thorough review, the Evaluation Committee recommended awarding RFP 25-06689 to the top twenty-five (25) vendors to establish a robust multi-vendor panel. Awards were based on the highest technical scores to prioritize vendor expertise, service quality, and compliance capabilities over pricing alone.

The technical evaluation assessed critical factors including relevant expertise in healthcare staffing (actuarial services, Information Technology, physicians, and other specialized technical skillsets), operational infrastructure, ability to meet IEHP's stringent screening and data security requirements, and proven track records of successful placements. While competitive pricing remained an important consideration, prioritizing technical competence ensures selected vendors possess the capabilities necessary to provide qualified candidates who can effectively serve IEHP members and maintain regulatory compliance.

The top 25 vendors demonstrated strong technical capabilities combined with competitive pricing structures. This multi-award approach provides IEHP with flexibility to match vendor strengths with specific role requirements, ensures adequate coverage across all job categories, maintains competitive pricing through vendor competition, and mitigates supply risk for hard-to-fill positions.

FINAL TOTAL SCORES (OUT OF 100)	
Kinetic Personnel Group	55.88
Cross Country Staffing	53.71
Medsearch Financial Inc. (DBA) Alura Workforce Solutions	52.53

CONSENT AGENDA

FINAL TOTAL SCORES (OUT OF 100)	
Healthcare Support	51.53
Amergis Healthcare Staffing, Inc.	49.93
InfiCare Health Inc.	48.58
VIVA USA, Inc.	48.12
Kimco Staffing Services, Inc. DBA MediQuest Staffing	47.99
Infojini, Inc.	47.8
Judge Technical Services, Inc.	47.73
GlobalPoint Inc	47.57
Recruiting Source International	47.47
AppleOne, Inc. dba AppleOne Employment Services	47.17
Synkriom	47.09
Impresiv Health LLC	46.95
R. L. Klein & Associates, Inc	46.84
22nd Century Technologies, Inc.	46.79
Vastek Inc	46.69
Infostride Inc.	46.53
JM Temporary Services & Affiliates, Inc.	45.96
Virtelligence, Inc.	45.4
ND Global Consulting Services, Inc.	43.92
BESTNEST MANAGEMENT LLC	42.79
Abacus Service Corporation	42.50
TRYFACTA, INC.	42.44

Recommendation(s):

That the Governing Board of IEHP approves the award of RFP 25-06689 and authorize the Chief Executive Officer (CEO) or designee to negotiate and, upon legal review and approval, execute contractual documents for Temporary Staffing Services for an initial term of one (1) year effective January 1, 2026, through December 31, 2026 for cost not to exceed \$3.6 million.

The temporary staffing services will impact IEHP by providing immediate access to pre-screened, qualified candidates; ensuring compliance with background screening and drug testing requirements; maintaining data security through United States-only delivery and data residency requirements; and controlling costs through competitive, transparent pricing structures. This formal approach supports IEHP's Mission, Vision, and Values by ensuring the organization maintains adequate staffing levels to serve members effectively while upholding the highest standards of compliance and quality.

CONSENT AGENDA

Financial Impact: \$3,600,000	Not to Exceed Amount: \$3,600,000	Term: 01/01/2026-12/31/2026
--------------------------------------	--	------------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Select Impact	D. Ferguson 10/16/2025	S. Albritton & C. Andrade 10/16/2025	NA	D. Guerrero 10/16/2025	S. Sood 10/16/2025

Department: ADMINISTRATION

4. Title: APPROVE THE INLAND EMPIRE HEALTH PLAN 2026 GOVERNING BOARD MEETING CALENDAR

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

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

Recommendation(s)

That the Governing Board of the IEHP approve the 2026 IEHP Governing Board meeting calendar as presented.

A Governing Board Meeting calendar has been developed to identify the regular meeting dates for the 2026 calendar year in order to provide the public notice of the agencies' regular public meetings to minimize any confusion. The proposed 2026 meeting dates are as follows:

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

**Holiday recognized by the County of San Bernardino*

After approval, any changes to the 2026 calendar will be submitted to the Governing Board for approval.

Financial Impact: NA	Not to Exceed Amount: NA	Term: 12 months
-----------------------------	---------------------------------	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	NA	A. Wang	J. McNaughton

Department: ADMINISTRATION**5. Title: APPROVE THE INLAND EMPIRE HEALTH PLAN TEAM MEMBER BENEFITS PRODUCTS AND DELEGATION OF AUTHORITY TO ENTER INTO NECESSARY AGREEMENTS****Chief:** Supriya Sood, Chief People Officer**Background & Discussion:**

Inland Empire Health Plan (IEHP) provides various employee benefits for IEHP Team Members, some of which are also extended to their eligible dependents.

Procurement Solicitation Type: N/A

For the 2026 benefits plan year, the medical plan carriers will continue to be under Public Risk Innovation, Solutions, and Management, formerly CSAC EIA (PRISM). PRISM is a risk-sharing pool dedicated to controlling loss by providing risk management solutions. IEHP is requesting to renew the agreement with the medical plans under PRISM.

Recommendation(s):

That the Governing Board of IEHP approve the Team Member benefits products and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign any successive agreements associated with IEHP Team Member benefits for Calendar Year 2026.

The estimated annual premium for Calendar Year 2026 is \$84,176,931. IEHP has included a 10% contingency since the estimated premium is based on the early 2025 Team Member count, and to also account for providing benefits to any additional IEHP Team Members hired during the next benefit plan year. The estimated premium, including the contingency, is approximately \$92,594,624. It should also be noted that the estimated premium for CY 2026 is \$10,636,010 or 14.5% higher than the estimated CY 2025 premium, primarily due to the increase in the overall premium rates across the multiple health plans.

Approval is requested to renew agreements with various Team Member benefit providers for the benefit period of January 1, 2026, through December 31, 2026, as shown below:

Benefit Provider	Benefit Product	Benefit Level	2025 Rates ⁽¹⁾	2026 Rates ⁽¹⁾	2025 Premium ⁽²⁾	2026 Estimated Premium ⁽³⁾
BlueShield 2026 (PRISM)	Medical HMO	Employee	\$728	\$827		
		Employee +1	\$1,548	\$1,760		
		Employee +2 or more	\$2,216	\$2,517		
		Subtotal			\$30,191,280	\$34,299,960
	Medical	Employee	\$670	\$766		

CONSENT AGENDA

Benefit Provider	Benefit Product	Benefit Level	2025 Rates ⁽¹⁾	2026 Rates ⁽¹⁾	2025 Premium ⁽²⁾	2026 Estimated Premium ⁽³⁾
	PPO	Employee +1	\$1,427	\$1,631		
		Employee +2 or more	\$2,040	\$2,331		
		Subtotal			\$8,464,032	\$9,673,200
	Medical PPO High Deductible Plan (HDHP) with HSA	Employee	\$643	\$711		
		Employee +1	\$1,374	\$1,519		
		Employee +2 or more	\$1,968	\$2,174		
		Subtotal			\$1,430,376	\$1,580,784
	Health Savings Account (HSA) Funding	Employee	\$300	\$684		
		Employee +1	\$610	\$842		
		Employee +2 or more	\$888	\$1,113		
		Subtotal			\$53,900	\$81,274
Kaiser Permanente (PRISM)	Medical HMO	Employee	\$775	\$849		
		Employee +1	\$1,647	\$1,807		
		Employee +2 or more	\$2,346	\$2,586		
		Subtotal			\$27,153,828	\$31,134,636
Delta Dental PPO (PRISM)	Dental PPO	Employee	\$35.10	\$36.20		
		Employee +1	\$68.40	\$70.40		
		Employee +2 or more	\$126.30	\$129.90		
		Subtotal			\$3,886,924	\$3,999,569
EyeMed (PRISM)	Vision	Employee	\$8.45	\$8.45		
		Employee +1	\$15.20	\$15.20		
		Employee +2 or more	\$21.79	\$21.79		
		Subtotal			\$737,236	\$737,236
Navia	Flexible Spending Account (FSA)	Subtotal			\$50,983	\$50,983

CONSENT AGENDA

Benefit Provider	Benefit Product	Benefit Level	2025 Rates ⁽¹⁾	2026 Rates ⁽¹⁾	2025 Premium ⁽²⁾	2026 Estimated Premium ⁽³⁾
Lincoln Financial	Basic Life and AD&D, Short Term Disability, Long Term Disability	Basic Life and AD&D: Rate per \$1,000 (1*Annual Earnings up to \$250K)	\$0.06	\$0.06	\$252,442	\$252,442
		Short Term Disability: Rate per \$10 (weekly benefit)	\$0.10	\$0.10	\$45,597	\$45,594
		Long Term Disability: Rate per \$100 of Covered Payroll	\$0.20	\$0.20	\$341,436	\$639,477
		Subtotal			\$1,024,301	\$937,513
Spring Health ⁽³⁾	Employee Assistance Program (EAP)	Subtotal			\$518,061	\$543,096
		Total Estimated Cost (+Contingency @ 10%)			\$73,510,921	\$83,038,251
		Total Estimated Final Cost				\$91,342,076

(1) Rates are monthly unless otherwise indicated.

(2) 2025 premium is based on current year average cost.

(3) 2026 Estimated premiums are based on early 2025 participating Team Member count.

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

Optional Benefit Product	Benefit Provider	2025 Premium	2026 Estimated Premium
Supplemental Voluntary Life Insurance	Lincoln Financial Group	\$ 673,272	\$ 673,272

 CONSENT AGENDA

Optional Benefit Product	Benefit Provider	2025 Premium	2026 Estimated Premium
Voluntary Short-Term Disability	Lincoln Financial Group	\$ 621,030	\$ 621,030
Critical Illness	Lincoln Financial Group	\$ 405,529	\$ 405,529
Accident Insurance	Lincoln Financial Group	\$ 404,934	\$ 404,934
Pet Discount Program	United Pet Care	\$ 196,332	\$ 196,332
Total - Optional Benefit Product		\$2,301,097	\$2,301,097

Financial Impact: \$91,342,076	Not to Exceed Amount: \$91,342,076	Term: 12 months
--	---	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	V. Johnson 10/20/2025	N/A	N/A	D. Del Toro 10/17/2025	S. Sood 10/17/2025

Department: ADMINISTRATION

6. Title: APPROVE THE MASTER PROFESSIONAL SERVICES AGREEMENT TEMPLATE

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) utilizes a Master Professional Services Agreement (PSA) template to support timely, consistent contracting with vendors that provide professional and administrative services across IEHP's Medi-Cal, Medicare, and Covered California operations, pursuant to IEHP's Procurement Manual. Periodic updates are undertaken to maintain alignment with evolving statutory and regulatory requirements.

Effective in 2025, Assembly Bill 3221 (AB 3221) amended provisions of the Knox-Keene Health Care Service Plan Act to expand plan oversight and access to contractor records. The amendments clarify that "records, books, and papers" encompass electronic records; recognize the Director of the Department of Managed Health Care's (DMHC) inspection and audit authority, including electronic access; require production of records in native electronic formats and, where feasible, in digitally searchable form; obligate preservation of requested records; and mandate flow-down of these obligations to subcontractors. To ensure IEHP's compliance with these requirements and to support oversight by DMHC, the Department of Health Care Services (DHCS), and Covered California, revisions to the Master PSA template are required.

Procurement Solicitation Type: N/A

Recommendation(s):

That the Governing Board of IEHP approve the revised Master Professional Services Agreement (PSA) templates implementing new statutory requirements under AB 3221 and related administrative updates, effective upon Board approval, for use in future procurements and contract renewals.

The revised Master PSA template implements changes to codify end-to-end access and oversight. Specifically, it clarifies that records include electronic records must be producible, including through electronic means, within five business days of request to DMHC, DHCS, Covered California, the U.S. Department of Health and Human Services, and the U.S. Department of Justice. It requires contractors to furnish electronic records in native media and, where feasible, in a digitally searchable format; preserve requested records; confirm a California records location to the extent feasible; ensure IEHP has electronic access to records maintained out of state; and flow down records retention and review obligations to all subcontractors. The template also confirms that material revisions require prior DMHC approval, consistent with regulatory oversight.

These targeted updates ensure IEHP's vendor agreements provide enforceable access to contractor and subcontractor records necessary to meet AB 3221 and related regulatory obligations, while maintaining efficient procurement and contract administration.

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	M. De Nobrega 10/14/25	A. Wang	J. McNaughton

Department: FINANCE

7. Title: APPROVE THE AWARD OF REQUEST FOR PROPOSAL #25-06316 AND DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH CALIFORNIA DINING SERVICES

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

The Inland Empire Health Plan (IEHP) Atrium building contains a 9,200 square foot Kitchen and Dining area named “The Lunch Box,” used to serve reasonably priced meals to IEHP team members during breakfast and lunch hours and provide catering for internal meetings and events. IEHP has contracted with Terra Dining Management (Terra Dining) since January 1, 2022, for food management services. Under the Agreement, IEHP provides the cafeteria space, kitchen equipment, maintenance, and utilities to support operations, and Terra Dining provides food services. The current agreement with Terra Dining expires on December 31, 2025.

IEHP seeks a Cafeteria Operator to manage and operate its cafeteria and food service operations within the Atrium Building, providing services that include meal planning, food preparation, staffing, sanitation, and ongoing customer service. IEHP’s primary objective is to contract with a vendor possessing the expertise, experience, and resources necessary to efficiently operate a full-service kitchen that shall provide high-quality meals, beverages, and catering services while prioritizing cost efficiency, environmental sustainability, exceptional customer service, and a variety of food selections, including healthy options.

Procurement Solicitation Type: RFP

On May 14, 2025, IEHP issued Request for Proposal (RFP) #25-06316 for Cafeteria Operator Services/Food Management on Bonfire, its public third-party bidding website. As a result, 418 vendors were invited to bid, 20 vendors downloaded bid documents, and three (3) vendors submitted proposals.

The vendors that submitted proposals included California Dining Services (California Dining), Everytable, and incumbent vendor Terra Dining. Everytable offered a good proposal, but was eliminated as the business model proposed did not fit the desired outcome of the cafeteria at this time.

The scoring for RFP #25-06316 is as follows:

Bidder	Scope and Company Scores (70 Points)	Pricing Scores (30 Points)	Total Score (100 Points)
California Dining Services	52.73	21.00	73.73
Everytable	N/A	N/A	N/A

CONSENT AGENDA

Bidder	Scope and Company Scores (70 Points)	Pricing Scores (30 Points)	Total Score (100 Points)
Terra Dining Management	45.08	25.00	70.08

After a thorough evaluation, the Evaluation Committee has recommended an award for the RFP be made to California Dining. While other respondents also offered good overall proposals, the Evaluation Committee concluded that California Dining offers the best overall value.

Based on their proposal and experience, California Dining was selected as the best value bidder due to their extensive experience successfully operating a number of cafeteria locations. California Dining's slightly higher price points will allow them to independently operate the cafeteria, offering the most diverse food items while focusing on quality.

Recommendation(s):

That the Governing Board of the IEHP Approve the award of RFP #25-06316 to California Dining Services and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Professional Service Agreement with California Dining for one year, effective January 1, 2026, through December 31, 2026. There is no compensation payable under this Agreement.

Financial Impact: \$0	Not to Exceed Amount: \$0	Term: 1 year
------------------------------	----------------------------------	---------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	S. McCalley 10/13/2025	C. Goss 10/13/25	N/A	J. Mansour 10/10/25	J. McNaughton 10/17/25

Department: FINANCE

8. Title: DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT SYSTEMS INCORPORATED

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) has contracted with Health Management Systems, Incorporated (HMS) since February 2011 for the coordination of benefits identification and recovery services to assist with third-party liability recovery services. HMS has access to information from multiple states and other insurance carriers, which is used to identify other coverage for IEHP Medi-Cal Members. The services result in cost savings to IEHP by identifying other health insurance coverage held by the IEHP members that would pay primary to Medi-Cal.

HMS has consistently delivered exceptional value to IEHP, recovering over \$120 million in total funds since 2011, with at least \$10 million recovered annually. Over the past 14 years, IEHP has paid approximately \$24 million in commission fees while realizing a net benefit of approximately \$96 million. HMS is the leading vendor for the Department of Health Care Services (DHCS) and serves multiple local initiatives, demonstrating their expertise and reliability in the Medi-Cal managed care environment.

Under this new agreement, the commission rate has been reduced from 20% to 19%, representing continued cost efficiency for IEHP. The Governing Board had previously approved the most recent amendment in November 2023 under Minute Order 23-252, which extended the term through December 31, 2025.

Procurement Solicitation Type: Cooperative Agreement

HMS was selected through the NASPO ValuePoint Cooperative Purchasing Agreement for Third Party Liability (TPL) Recovery Services, which is authorized under Section 3.7 of the IEHP Procurement Policies and Procedures Manual. HMS was awarded the NASPO TPL services contract in 2021 after a competitive evaluation, and the contract remains active through 2031. By leveraging this cooperative agreement, IEHP benefits from streamlined procurement, reduced administrative costs, and a competitively vetted vendor with proven performance.

Recommendation(s):

That the Governing Board of IEHP authorize the Chief Executive Officer or designee to, after legal review and approval, negotiate and execute the Professional Services Agreement with Health Management Systems, Incorporated for Coordination of Benefits Identification and Recovery Services for one (1) year, effective January 1, 2026, through December 31, 2026.

CONSENT AGENDA

HMS will deliver a scope of work that includes, but is not limited to:

- Coordination of Benefits (COB) identification services using advanced data analytics and access to multi-state insurance databases to identify other health coverage that may be primary to Medi-Cal for IEHP members
- Third Party Liability (TPL) recovery services to pursue and recover funds from identified primary insurance carriers on behalf of IEHP
- Medicaid Insurance Billing and Provider Recoupments to ensure accurate claims processing and recovery of overpayments
- Regular reporting and analytics on recovery activities, identification trends, and cost savings achieved
- Compliance with all applicable federal and state regulations, including Department of Health Care Services (DHCS) requirements for Medi-Cal managed care plans

All costs for this agreement are covered by recovered payments from the responsible health insurance carriers. Services will be performed for a contingency fee of 19% of funds recovered, with no upfront costs to IEHP. Based on historical performance, HMS is expected to recover a minimum of \$10 million annually, resulting in a net benefit to IEHP of approximately \$8.1 million per year after commission fees.

Financial Impact: N/A	Not to Exceed Amount: N/A	Term: 1/1/2026-12/31/2026
------------------------------	----------------------------------	----------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	T. Lu 10/13/2025	J. Morales 10/13/2025	N/A	B. Abeyta 10/10/2024	J. McNaughton 10/17/2025

Department: FINANCE

9. Title: DELEGATION OF AUTHORITY TO APPROVE THE AMENDMENT TO THE AGREEMENT WITH VARIS LLC

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) primarily pays inpatient hospital claims for Medicare members using the Centers for Medicare and Medicaid Services (CMS) reimbursement method, referred to as the inpatient prospective payment system or Medicare Diagnosis-Related Group (DRG) payment system. Additionally, a small number of Medi-Cal claims are also contracted at the inpatient prospective payment rates using the Medicare DRG payment system. IEHP is limited in its ability to detect erroneously billed DRG claims due to coding, processing, or calculation errors, regardless of source. As a result, hospital billing errors can go undetected, leading to overpayments.

IEHP has contracted with Varis LLC (Varis) since July 2011 for DRG Overpayment Identification Services. Varis LLC provides comprehensive claims review of acute inpatient claims to substantiate accurate DRG billing and payment. The vendor screens hospital claims, corresponds with hospitals, and reviews medical records to identify overpayments. Over the past nine (9) years, Varis LLC has recovered an average of \$8.5 million annually for IEHP, with total recovered funds to date of \$59,192,167. The total commission cost paid to Varis LLC over this period has been \$15,094,003, demonstrating a strong return on investment.

The Governing Board first approved the Agreement with Varis LLC in July 2011 under Minute Order #11-173. Most recently, the Board approved the Twelfth Amendment in July 2024 under Minute Order #23-251, extending the term through December 31, 2024. Over the course of this partnership, Varis LLC has consistently demonstrated value through their expertise, stable pricing, and proven track record of identifying and recovering overpayments for IEHP.

Procurement Solicitation Type: Single Source

Varis LLC was originally selected through a single source justification and remains the continued choice due to several factors. Varis LLC is the leading inpatient DRG validation vendor for most health plans and possesses the required expertise to effectively identify overpayments. The vendor has maintained competitive commission rates since the initial contract, with 25% for post-payment identified overpayments and 26% for prepayment identified overpayments. Varis LLC is based in California, is well-versed in California regulatory requirements, and has established strong relationships with IEHP's contracted hospitals. Sourcing a new vendor would require rebuilding familiarity with IEHP's existing data processes, operating systems, providers, and regulatory requirements, which may cause delays in regulatory processes with uncertain results.

Recommendation(s):

That the Governing Board of IEHP authorize the Chief Executive Officer (CEO) or designee to, after legal review and approval, approve and execute the Amendment to the Agreement with Varis LLC for the provision of DRG Overpayment Identification Services effective January 1, 2026, through December 31, 2026.

CONSENT AGENDA

Varis LLC will deliver a scope of work that includes, but is not limited to:

- Performing comprehensive claims review of acute inpatient DRG claims to substantiate accurate billing and payment
- Screening hospital claims for coding, processing, or calculation errors that result in overpayments
- Corresponding directly with contracted hospitals to resolve billing discrepancies
- Reviewing medical records to validate DRG assignments and payment accuracy
- Conducting both post-payment and pre-payment audit reviews to identify overpayments
- Providing detailed reporting on identified overpayments and recovery efforts
- Maintaining compliance with California regulatory requirements and CMS guidelines

All payments under this Amendment are contingency-based. Varis LLC will be compensated at a commission rate of 24% of identified overpayments only when recoveries are successfully received by IEHP. This represents a 1%-point reduction from the previous post-payment commission rate of 25%, providing additional cost savings to IEHP. Based on historical performance averaging \$8.5 million in annual recoveries, IEHP anticipates continued strong financial returns through this partnership. The contingency-based model ensures IEHP only pays for successful results, minimizing financial risk while maximizing the identification and recovery of hospital billing errors.

Financial Impact: Contingency-Based		Not to Exceed Amount: N/A		Term: 1 year	
Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	T. Lu 10/13/2025	J. Morales 10/13/2025	N/A	B. Abeyta 10/10/2025	J McNaughton 10/17/2025

Department: FINANCE

10. Title: APPROVE THE EIGHTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SHORETT PRINTING, INC. DBA CROWN CONNECT AND CROWN PRINTERS

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) engages with Shorett Printing Inc, dba Crown Connect and Crown Printers (Crown Connect) for regulatory Personal Health Information (PHI) Printing, Fulfillment, and Mailing services to support IEHP hourly sweeps of the MedHOK system for membership correspondence mailing. This daily service must be performed to ensure correspondence is processed and sent within the established timeframe set by regulatory agencies that oversee both Medicare and Medi-Cal lines of business. To meet these requirements with full accuracy, Crown Connect operates a proprietary closed-loop production system with unique barcoding, document and addressee tracking, and real-time verification, along with a workflow that dynamically identifies and tags Medicare and Medi-Cal documents and includes specific callouts for mandated forms and inserts.

Procurement Solicitation Type: RFP

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

Recommendation(s):

That the Governing Board of IEHP approve the Eighth Amendment to the Professional Services Agreement with Crown Connect for regulatory PHI printing, fulfillment, and mailing services for member correspondence for an additional six months, through June 30, 2026, for an additional cost not to exceed \$2,200,000.

IEHP intends to issue a Request for Proposal (RFP) to survey the market and ensure best value and continued compliance. To prevent service disruption while the RFP is conducted and evaluated, a six-month extension of the existing agreement is requested. Although the procurement policy does not impose a maximum contract term, proceeding with an RFP at this juncture is appropriate to promote competition, transparency, and prudent stewardship of resources.

Crown Connect will continue to provide secure PHI document processing services, including the MedHok workflow system for Utilization Management and Integrated Care Management documents, digital printing, fulfillment services, and mailing operations. Services include secure file transfer with encryption, real-time compliance verification, intelligent inserting with barcode tracking, quality control processes, and delivery to United States Postal Service facilities.

IEHP has projected the cost for services under this extension to be \$2.2 million, which is a result of the analysis of the trending figures as observed year to date, incorporating the fiscal budget years of 2024 and 2025 spending. IEHP is also including a 15% contingency to this forecasted amount as a

CONSENT AGENDA

prudent measure, ensuring that IEHP is well-prepared to address any unexpected challenges or requirements that might emerge.

Financial Impact: \$2,200,000	Not to Exceed Amount: \$18,356,320	Term: 1/1/2026 – 6/30/2026
--------------------------------------	---	-----------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	S. McCalley 10/2/2025	J. Phay 10/1/2025	Yes	C. Hendricks 10/2/2025	T. Reily 10/10/25

Department: HEALTH SERVICES

11. Title: APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH THE INLAND EMPIRE HEALTH INFORMATION ORGANIZATION

Chief: Edward Juhn, M.D., Chief Quality Officer

Background & Discussion:

Inland Empire Health Information Organization (IEHIO) provides data servicing and system administration services for the Community Resource Platform (Connect IE) and the Community Information Network (CIN) platform. Connect IE is a searchable, user-friendly platform that is accessible at the point of care to provide real-time and up-to-date information on community resources and referrals. The platform is connected to a regional database, anchored by 211 and other community partners, with ongoing validation and upkeep of a directory of service providers' names, sites, hours, services, and more. The CIN platform enables organizations to navigate social needs within one platform. It also provides coordination and bidirectional referrals across different service care providers in Riverside and San Bernardino Counties. IEHIO will continue to partner with IEHP contracted providers, including Primary Care Providers, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Clinics, and Inland Empire Health Plan (IEHP) County Hospitals, to promote a community-wide data sharing model that improves healthcare for all residents in the Inland Empire.

Procurement process: Single Source

In 2018, it was determined that a single-source procurement process was justified given IEHIO's ability to leverage the technical infrastructure and management services provided by the Manifest MedEX Health Information Exchange (HIE), and IEHP contracted with IEHIO for data servicing and system administration services.

Recommendation(s):

That the Governing Board of IEHP Approve the Fifth Amendment to the Professional Services Agreement with IEHIO for the continued provision of existing data servicing and system administration services in support of Connect IE through December 31, 2026. There are no associated costs with this Amendment.

Financial Impact: NA	Not to Exceed Amount: \$3,590,000	Term: 12 Months through December 31, 2026
-----------------------------	--	--

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	T. McGinnis 10.10.25	R. Reyes 10.08.25	NA	G. Uribe 10.10.25	E. Juhn 10.11.25

Department: HEALTH SERVICES

12. Title: APPROVE THE FOURTH AMENDMENT TO THE AMENDED AND RESTATED PROFESSIONAL SERVICE AGREEMENT WITH CALIBRATED HEALTHCARE NETWORK, LLC.

Chief: Edward Juhn, M.D., Chief Medical Officer

Background & Discussion:

Calibrated Healthcare Network began providing Utilization Management (UM) referral processing services for Inland Empire Health Plan (IEHP) in 2020. Calibrated assists in ensuring that IEHP has sufficient organizational capacity for UM activities to be completed within the regulatory timeframes. Failure to complete utilization activities within timeframes could result in delay in Member care and audit findings that could negatively impact the Plan. Calibrated has a positive working relationship with UM and continues to provide services to support increased volumes and ensure IEHP remains in compliance.

Procurement Solicitation Type: RFP

IEHP procured UM Referral Processing services from Calibrated through a competitive RFP process, which was approved in March 2021 under Minute Order 21-69. Calibrated was objectively selected based on their ability to meet IEHP's needs.

Recommendation(s):

That the Governing Board of IEHP Approve the no-cost Fourth Amendment to the Restated Professional Services Agreement with Calibrated to extend the term for one additional year, through December 31, 2026.

Calibrated continues to increase UM activity efficiency and reduce regulatory risk by ensuring that IEHP direct has the organizational capacity to meet the high volume of referrals while maintaining regulatory timeframes and appropriate decision-making based on clinical criteria per National Committee for Quality Assurance (NCQA) Utilization Management (UM) 2 Clinical Criteria for UM Decisions and NCQA UM 5 Timeliness of UM Decision.

The term extension requested for this Fourth Amendment will allow IEHP sufficient time to conduct a competitive RFP, if necessary, in response to regulatory changes

Financial Impact: \$0	Not to Exceed Amount: \$12,392,611	Term: one-year, December 31, 2026
------------------------------	---	--

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	L. Collins 10/13/25	H. Clear 10/13/25	NA	G. Roca 10/13/25	E. Juhn 10/15/25

Department: HEALTH SERVICES

13. Title: DELEGATION OF AUTHORITY TO APPROVE THE SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH CLEARLINK, LLC

Chief: Edward Juhn, M.D., Chief Medical Officer

Background & Discussion:

Over the past months, Inland Empire Health Plan (IEHP) has experienced an increased volume of cases that need to be reviewed and processed by the Utilization Management (UM) teams. This increase has impacted the team's capacity based on current staffing levels.

In order to continue maintaining operational efficiency, the team has identified an opportunity to partner with Clearlink Partners, LLC (Clearlink) to bring on additional experienced clinical UM resources. This opportunity will support the timely UM standards required from the team, as well as improve the member and provider experience

Procurement process: Single Source

Clearlink is being utilized as a single-source vendor due to their established familiarity with IEHP's systems, workflows, and operational structure. Their prior engagement with IEHP has enabled them to build important institutional knowledge, allowing for continuity and accelerated progress without the delays typically associated with onboarding a new vendor. Additionally, their unique combination of strategic consulting and clinical operations expertise makes them well-positioned to support IEHP's UM goals.

Recommendation(s):

That the Governing Board of IEHP authorizes the Chief Executive Officer or his designee to, after legal review and approval, sign the Second Amendment to the Professional Services Agreement with Clearlink for an additional amount of \$702,000.00 through March 13, 2026. The total compensation of this agreement shall not exceed \$1,272,000.00

The Second Amendment authorizes Clearlink to expand its support for IEHP's UM Department by enhancing the prior authorization review process through the deployment of additional clinical resources, as outlined in SOW #3. A dedicated team that is comprised of one Medical Doctor and four Registered Nurses, who will work in close coordination with IEHP's existing UM reviewers to manage the current volume of cases. This added capacity supports continuity and timely responsiveness to member referrals and cases, particularly during periods of elevated operational and regulatory demand. SOW #3 will take effect upon execution and remain active for up to 120 days.

In addition, this agreement supports the enhancement around the efficiency of clinical review operations, including the support of the UM teams to more effectively adopt process standardization and workflow consistency.

Financial Impact: \$702,000.00	Not to Exceed Amount: \$1,272,000.00	Term: 3/13/26
---------------------------------------	---	----------------------

CONSENT AGENDA

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	L. Collins 10/16/25	C. Hendricks 10/17/25	NA	H. Bascus McRoy 10/16/25	E. Juhn 10/16/25

Department: INFORMATION TECHNOLOGY

**14. Title: APPROVE FUNDING REQUEST TO THE STATEMENT OF WORK 2022-07
UNDER THE MASTER SERVICES AGREEMENT WITH HEXPLORA, INC.**

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

Statement of Work (SOW) 2022-07 was approved by the Governing Board in November of 2022, under the established Master Services Agreement with Hexplora, Inc. (Hexplora) for the provision of resources to support the creation of Inland Empire Health Plan (IEHP)'s Operational Data Store (ODS) and Enterprise Data Hub (EDH).

Hexplora has provided comprehensive consulting services to IEHP, focusing on several key areas of data management and governance. Their work has involved strategic assistance with defining the organization's informatics and business intelligence strategies, as well as establishing data management specifications. A significant aspect of their contribution included identifying opportunities to implement an Extract, Transform, and Load (ETL) framework for IEHP's Operational Data Store (ODS). Furthermore, Hexplora evaluated and developed improvement plans for user identity and access management, which encompasses defining user roles, granting entitlements, and establishing clear access governance policies.

Procurement process: Single Source

Hexplora was selected through a single-source justification due to its specialized data management capabilities for healthcare information technology, including the application of industry best practices and standards. This decision was further supported by their proven track record of successfully implementing multi-year enterprise initiatives for other leading health plans in the industry.

Recommendation(s):

That the Governing Board of IEHP Approve additional funding in the amount of \$6,000,000 for Statement of Work 2022-07 with Hexplora for the continuation of services through December 31, 2026.

ODS and EDH are complementary tools in IEHP's data management toolkit. An ODS can provide the necessary agility and real-time insights for day-to-day operations, while the EDH offers the historical perspective and robust analytical capabilities needed for strategic planning and decision-making. By leveraging both, IEHP strives to build a comprehensive data strategy that supports both immediate operational needs and long-term analytical and data insight requirements effectively.

Building these solutions in a health plan such as IEHP is a complex undertaking, driven by several unique factors in the healthcare landscape, such as data integration challenges. The success of the EDH is a complex balancing act of integrating diverse, sensitive data from various sources while ensuring data quality, security, and strict regulatory compliance. It demands a holistic approach that considers technical, organizational, and regulatory aspects to create a reliable and insightful data repository. Additionally, a data hub requires ongoing maintenance, updates, and adaptation to

CONSENT AGENDA

evolving business needs and data sources. It's an iterative process that requires continuous improvement and refinement to remain an asset to IEHP.

Since beginning this project in 2022, IEHP has adapted to the changing landscape, such as the initiation of Covered California, challenges in data migration, and changing requirements. Each of these challenges comes at a cost. IEHP expects to exhaust current funding by December 1, 2025, and is requesting additional resources to ensure the continuity of critical, ongoing initiatives. A total of \$6,000,000 in additional funding is requested, with \$500,000 allocated to the 2025 budget. The remaining \$5,500,000 is for the 2026 budget year, designated for key projects such as modernizing data infrastructure, enhancing data warehouses, and implementing improvements to Business Intelligence and reporting. These projects are strategically focused on improving the enterprise-wide collection, integration, governance, and analysis of data, as well as optimizing data integrations, regulatory reporting, and HEDIS implementation.

Financial Impact: \$6,000,000	Not to Exceed Amount: \$17,676,330	Term: NA
--------------------------------------	---	-----------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	VMO Approval	Chief Approval
Included in CY2026 Budget	K. Tsui 10/15/2025	W. Yanes 10/16/2025	M. Popka 10/16/2025	V. Chandrakant 10/02/2025	V. Devabhaktuni 10/15/2025

Department: INFORMATION TECHNOLOGY

15. Title: DELEGATION OF AUTHORITY TO APPROVE THE SEVENTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SAFETY NET CONNECT, INC.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

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

eConsult improves patient care by creating faster access to specialist advice and reducing wait times for referrals, streamlined interactions among healthcare providers, leading to better collaboration, and advanced reporting tools to help optimize workflows and improve patient outcomes. This system enhances the overall efficiency of the healthcare delivery process, ensuring that patients receive timely and appropriate care.

Procurement process: Enterprise Services Agreement

Inland Empire Health Plan (IEHP) has been in partnership with Safety Net Connect since 2017. The selection of Safety Net Connect to provide the eConsult and Referral Management Software was the result of a formal Request for Proposal (RFP No. 17-035). This procurement process involved a collaboration with evaluators from both Arrowhead Regional Medical Center (ARMC) and Riverside University Health System (RUHS) as part of a multi-county eConsult initiative. The eConsult system has since been fully integrated into IEHP's standard operational protocols.

Recommendation(s):

That the Governing Board of IEHP authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Sixth Amendment to the Professional Services Agreement with Safety Net Connect, Inc. for continuing use of the eConsult platform and associated professional services for an amount not to exceed \$1,020,000, for an extended term effective January 1, 2026, through December 31, 2026.

Financial Impact: \$1,020,000	Not to Exceed Amount: \$9,031,500	Term: 12 months
--------------------------------------	--	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026Budget	K. Tsui 10/16/2025	W. Yanes 10/16/2025	M. Popka 10/16/2025	J. Pearce 10/15/2025	V. Devabhaktuni 10/16/2025

Department: INFORMATION TECHNOLOGY**16. Title: APPROVE OPERATIONAL 2026 FUNDING FOR PROFESSIONAL SERVICES WITH MPHASIS CORPORATION, PERSISTENT SYSTEMS LIMITED, HEXPLORA LLC., AND BLUE SPIRE, INC.**

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

In May 2024, Inland Empire Health Plan (IEHP)'s Governing Board approved Minute Order 24-107 authorizing funding for Information Technology (IT) projects and professional services through 2026. The associated Governing Board Approvals authorized IEHP to sign Master Service Agreements with four technology vendors: **Mphasis Corporation (Mphasis), Persistent Systems Limited (Persistent), Hexplora, LLC. (Hexplora), and Blue Spire, Inc. (Blue Spire).**

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

Procurement process: Multiple Procurement Processes

Hexplora was selected through a single-source justification due to its specialized data management capabilities for healthcare information technology, including the application of industry best practices and standards. Mphasis and Persistent were awarded from a competitive bid process, and Blue Spire was procured through a cooperative purchasing agreement.

Recommendation(s):

That the Governing Board of IEHP approve the funding with Mphasis, Persistent, Hexplora, and Blue Spire, for continued use of IT services for an amount not to exceed \$12,000,000 through December 31, 2026.

The purpose of these continued partnerships is to assist IEHP in modernizing the technology landscape and implementing digital interventions. These partners offer niche skills and specialized expertise that complement IEHP's internal capabilities, enabling effective design automation solutions that reduce manual effort and improve accuracy. Their experience across industries ensures that best practices are followed while maintaining full alignment with regulatory requirements and minimizing compliance risks. By integrating seamlessly with IEHP teams, they will help accelerate project timelines, enhance knowledge transfer, and drive faster time to market, ensuring transformation goals are achieved efficiently and effectively. Some of the initiatives in

CONSENT AGENDA

flight and planned are focused on Member Experience, Provider Experience, Quality improvement, claims auto adjudication improvement, Broker Management, Centers for Medicare & Medicaid Services (CMS), Final rule implementation, PA Grid Implementation and several other strategic and Return on Investment (ROI) based initiatives across business units.

Additionally, these partnerships will enhance IEHP's cybersecurity resilience and ensure sustained compliance with Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, and Health and Human Services (HHS) Office of Civil Rights (OCR) regulations, while also meeting security obligations tied to Covered California, Dual Eligible Special Needs Plans (D-SNP), and Medi-Cal contracts. They support current in-flight efforts in modernizing breach and attack simulation, enabling continuous risk analysis, and ensuring compliance with privacy tracking requirements critical for preventing data breaches and maintaining cyber insurance eligibility. They will also support the delivery of AI/ML and cloud security assessments, automating risk and compliance management, securing structured data environments, implementing Customer Identity and access management (CIAM) for member and provider portals, and supporting disaster recovery readiness. Without these resources, IEHP would face increased risk of regulatory non-compliance, potential cyber insurance premium increases and financial penalties, and inability to meet critical state and federal contract requirements. For Calendar Year 2026, IEHP has budgeted **\$12,000,000** in Operational funding for these specialized resources needed for these efforts, which are contingent upon formal adoption and approval by the IEHP Governing Board by the close of Calendar Year 2025.

Financial Impact: \$12,000,000	Not to Exceed Amount: \$12,000,000	Term: 12 Months
---------------------------------------	---	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026Budget	K. Tsui 10/16/2025	W. Yanes 10/16/25	M. De Nobrega 10/16/25	V. Chandrakant 10/08/2025	V. Devabhaktuni 10/08/2025

Department: INFORMATION TECHNOLOGY

17. Title: DELEGATION OF AUTHORITY TO APPROVE AMENDMENT 3 TO STATEMENT OF WORK #105 TO THE MASTER SUBSCRIPTION AGREEMENT AND AMENDMENT 9 TO THE MASTER SUBSCRIPTION AGREEMENT WITH MHK, INC.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

MHK has been Inland Empire Health Plan's Medical Management System since December 2012, providing authorizations, including Outpatient, Inpatient, Behavioral health, Transportation, and Vision Services, Grievances, Medical and Pharmacy Appeals, and Care Management and related Member and Provider Communication services.

In December 2022, under Minute Order 22-395, the IEHP Governing Board approved Statement of Work (SOW) #105 to the agreement with MHK in the amount of \$2,366,700 for the term effective January 1, 2023, through December 31, 2024. Since that approval, Amendment 1 to SOW #105 was executed to extend the agreement by six (6) months to June 30, 2025, and has subsequently been further extended through December 31, 2025. These extensions ensure continued access to MHK's software and professional services, which are essential to maintaining IEHP's Medicare DSNP operations and compliance with regulatory requirements.

Procurement Solicitation Type: Enterprise Services Agreement

IEHP has been in partnership with MHK since 2012. The selection of MHK was the result of a formal Request for Proposal and has since been highly customized with enhancements and integrations that have made MHK a key partner in day-to-day operations at IEHP.

Recommendation(s):

That the Governing Board of IEHP 1) authorize the Chief Executive Officer (CEO) or his designee to negotiate and, upon legal review and approval, sign Amendment 3 to Statement of Work (SOW) #105 to the Master Subscription Agreement (Agreement) with MHK, for the provision of project-specific professional services effective January 1, 2026, through February 7, 2027 for no additional cost; and 2) Authorize the CEO or his designee to negotiate and, upon legal review and approval, sign Amendment 9 to the Master Subscription Agreement with MHK, to clarify the environments remaining active that support IEHP's CORE activity implementation and integration efforts for a one-year term through February 7, 2027, for no additional cost.

Financial Impact: \$ 0	Not to Exceed Amount: \$52,659,978	Term: 1 year
-------------------------------	---	---------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	Key T. 10/15/25	W. Yanes 10/15/25	M. De Nobrega 10/15/25	J. Lopez 10/15/25	V. Devabhaktuni 10/16/2025

Department: INFORMATION TECHNOLOGY

18. Title: APPROVE FUNDING AND DELEGATION OF AUTHORITY TO SIGN CONTRACTUAL DOCUMENTS WITH ALTERA DIGITAL HEALTH INC.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

Altera Digital Health (Altera) currently provides dbMotion, an advanced electronic medical record (EMR) system that consolidates a member's clinical data regardless of source into a single, unified chart accessible to clinical care teams. Its data sources include the local interoperable health information exchange (HIE) from Manifest MedEx, which securely integrates with contracted hospitals, clinics, and primary care provider (PCP) offices.

Altera also provides the Care Director Software, a web-based Software-as-a-Service (SaaS) solution hosted by the vendor and utilized as part of the Enhanced Care Management (ECM) program. This care management application is used by both internal staff and external providers to coordinate care across settings.

The current Master Client Agreement (MCA) was originally executed on October 6, 2015, and expires on December 31, 2025. Given the length of time since its execution and the evolving nature of Inland Empire Health Plan's (IEHP) operational and regulatory requirements, a full renegotiation of the terms and conditions is required as part of the renewal process. This renegotiation will include updates to both the Master Client Agreement and the Business Associate Agreement (BAA) to ensure alignment with current standards, practices, and compliance obligations.

Procurement Solicitation Type: Enterprise Services Agreement

The Enterprise Services Agreement (ESA) will allow IEHP to negotiate a multi-year Master Client BAA and related contractual documents. Sourcing a new vendor would entail significant additional costs, including the expenses associated with a new Request for Proposal process, evaluation, and potential transition period. These costs outweigh the potential savings from switching suppliers. Additionally, the learning curve associated with integrating a new supplier's software configurations could lead to temporary inefficiencies and potential disruptions in service during the transition period, in addition to losing valuable time in getting clinical data to HEDIS Teams and Care Teams.

Recommendation(s):

That the Governing Board of IEHP approve funding and authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign contractual documents with Altera Digital Health for an additional cost not to exceed \$11,000,000 for a period of five (5) years through December 31, 2030. The total amount payable under the Agreement shall not exceed \$11,000,000 through December 31, 2030.

As part of the renewal, Altera will provide professional services to transition the dbMotion software from the current on-premises environment to an upgraded, newly released version and implement a hosting migration to Microsoft Azure cloud services. In addition, Care Director will continue to be delivered as a web-based, vendor-hosted SaaS solution.

CONSENT AGENDA

Moreover, Altera has been working with IEHP to transition to a tiered pricing model, allowing IEHP the ability to scale up and down across tiers to support growth and scalability as well as contraction with the Plan's fluctuating Member levels, monthly volume transactions, and adaptability to IEHP's changing requirements. In addition, the Plan is negotiating a refreshed MCA and BAA that will supersede the existing agreement in its entirety, and Altera has conceded to include a Termination for Lack of Funding Clause that will allow IEHP to terminate the agreement(s) if adequate funding is no longer available.

IEHP also requests funding for the CarePort to Medallies maintenance and support, which auto-renewed in May 2025. The decision to allow the auto-renewal was made to ensure continuity of operations while negotiations for the renewal of the MCA and the renewal of licenses are still under ongoing negotiation. Upon full execution of the new MCA, the term dates for the CarePort to MedAllies software will be adjusted accordingly to align with the new agreement. This will ensure that all contractual documents are co-terminus moving forward. The annual cost of \$10,000 for the 2025-2026 CarePort to MedAllies renewal will be memorialized into the new licensing agreement, and the associated costs for CarePort to MedAllies maintenance and support are included as part of the overall renewal.

Additionally, there is an estimated \$1.6 million remaining in the 2025 budget allocated to Altera through December 31, 2025. IEHP is requesting approval to extend funding authorization through December 31, 2030, of this budgeted amount to partially cover the cost of the renewal. This extended funding will support continued licenses and services under the new MCA agreement and ensure financial alignment over the full contract term.

Financial Impact: \$11,000,000	Not to Exceed Amount: \$11,000,000	Term: 5 years
---------------------------------------	---	----------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Tsui 10/16/2025	W. Yanes 10/17/2025	NA	V. Moola 10/16/2025	V. Devabhaktuni 10/17/2025

Department: INFORMATION TECHNOLOGY

19. Title: DELEGATION OF AUTHORITY TO APPROVE THE SECOND AMENDMENT TO THE CUSTOMER AGREEMENT WITH AUNT BERTHA, A PUBLIC BENEFIT CORPORATION DBA FINDHELP

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

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

Procurement Solicitation Type: RFP

IEHP has contracted with FindHelp, formerly AuntBertha, since December 2017, as a result of Request for Proposal (RFP) 17-020, for the provision of an enterprise cloud-based platform, locally branded as ConnectIE.

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

Recommendation(s):

That the Governing Board of the Inland Empire Health Plan (IEHP) authorize the Chief Executive Officer or his designee to, after legal review and approval, sign the Second Amendment to the Customer Agreement with Aunt Bertha, a public benefit corporation, dba Find Help (Find Help) for the continued provision of a ConnectIE and associated CIN, for an additional cost not to exceed \$226,230 and extend the term for one (1) additional year through December 31, 2026. The total amount payable under this Agreement shall not exceed \$1,105,730 through December 31, 2026.

Financial Impact: \$226,230	Not to Exceed Amount: \$1,105,730	Term: One (1) Year
------------------------------------	--	---------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	K. Tsui 10/17/2025	W. Yanes 10/17/2025	NA	G. Uribe 10/17/2025	V. Devabhaktuni 10/17/2025

Department: INFORMATION TECHNOLOGY

20. Title: DELEGATION OF AUTHORITY TO APPROVE THE SOFTWARE AS A SERVICE SERVICES ORDER FORM AND SUBSEQUENT CONTRACTUAL DOCUMENTS WITH DEXUR ENTERPRISES, INC.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

The engagement with Dexur Enterprises, Inc. (Dexur) began in 2024, equipping Inland Empire Health Plan (IEHP) with a timely and integrated data management platform essential for monitoring and improving hospital outcomes. The solution consolidates critical performance metrics such as mortality, safety, readmissions, and patient experience and provides predictive analytics for future Centers for Medicare and Medicaid Services (CMS) Star ratings, alongside Artificial Intelligence-optimized prioritization for performance improvement initiatives. With Dexur, all participating Hospitals can immediately rectify issues in key measures. For example, there is an issue with Patient Experience across the Inland Empire Hospital network, and hospitals are now making improvements across this domain. Similarly, Dexur is pinpointing measure and cohort-specific issues and changes to be made.

IEHP is requesting to continue engaging with Dexur to ingest currently available outcomes data from a variety of sources (claims-based Department of Health Care Access and Information (HCAI) datasets, hospital abstracted measures, patient experience vendor outcomes, etc.) and leverage their analytics platform to deliver real-time predictions of future CMS star ratings, which have proven to be accurate. Not only does this provide more current information for purposes of strategy alignment and execution, but this also provides IEHP with insights into the Quality and safety outcomes of Members otherwise unavailable for six to twelve months after inpatient discharge.

Procurement process: Single Source

Due to the established predictive work already underway for 2026 and 2027, Dexur was chosen as a single-source provider, requesting a two-year term extension. Their services focus on identifying potential risks and creating corresponding future action plans to address them.

Recommendation(s):

That the Governing Board of IEHP authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign the Software as A Services Order Form with Dexur for the provision of Dexur's Healthcare Quality Excellence Platform for an additional amount not to exceed \$2,140,000 for an additional term of two (2) years effective January 1, 2026, through December 31, 2027.

Financial Impact: \$2,140,000	Not to Exceed Amount: \$4,120,000	Term: 24 months
--------------------------------------	--	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025Budget	K. Tsui 10/16/2025	W. Yanes 10/16/2025	M. Popka 10/16/2025	S. Philips 10/13/2025	V. Devabhaktuni 10/16/2025

Department: INFORMATION TECHNOLOGY

21. Title: DELEGATION OF AUTHORITY TO APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH SMILE DIGITAL HEALTH.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

In May 2024, the Governing Board of the Inland Empire Health Plan (IEHP) approved the Request for Proposal (RFP) #20-02943 award to Smile Digital Health (Smile) for interoperability solution services. Smile provides interoperability solutions by acting as a "health data fabric" that uses the Fast Healthcare Interoperability Resources (FHIR) standard to connect disparate data sources. The platform ingests, normalizes, and stores various types of healthcare data, creating a unified, structured data source for sharing. This allows organizations to move beyond siloed, legacy systems and use their data to power connected applications for patients, providers, and payers.

IEHP has worked with Smile over the past two years to customize and enhance the solution to the growing needs of its organization. As part of IEHP's implementation strategy, the Smile CMS Suite was added as it enables critical modules that directly support its clinical and operational goals:

- Health Data Platform - FHIR Storage Module – to serve as the core repository for structured health data, enabling scalable and performant FHIR-native storage.
- Smile Clinical Data Repository (CDR) software is currently licensed by IEHP and will be the host system for the DOFR contracts.

Procurement process: Single Source

Smile Digital Health was chosen as a single source for this project as the data required to determine financial responsibility will be codified in the CDR licensed by Smile.

Recommendation(s):

That the Governing Board of IEHP authorizes the Chief Executive Officer or his designee to negotiate and, upon legal review and approval, sign the third Amendment to the Professional Services Agreement with Smile CDR, to build and implement a custom Division of Financial Responsibility (DOFR) tool for a one-year term through December 31, 2026, for an amount not to exceed \$200,000.

Smile will build a Graphic User Interface (GUI) on top of the CDR to digitize and enable updates to DOFR, which is a provision in a contract that outlines the financial responsibility for different healthcare services between a provider and a payer. Once implemented by Smile, the DOFR tool will automate the process of determining financial responsibility based on a set of pre-defined rules to streamline the current manual process.

Financial Impact: \$200,000	Not to Exceed Amount: \$200,000	Term: 12 Months
------------------------------------	--	------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Business Unit Approval	Chief Approval
Included in CY2026Budget	K. Tsui 10/16/2025	W. Yanes 10/16/2025	M. Di Nobrega 10/16/2025	D. Padilla 10/16/2025	V. Devabhaktuni 10/16/2025

Department: INFORMATION TECHNOLOGY

22. Title: DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH SMILE DIGITAL HEALTH.

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

The National Committee for Quality Assurance (NCQA)'s digital Healthcare Effectiveness Data and Information Sets (HEDIS) reporting requirements mandate the use of standardized electronic clinical data from sources like electronic health records (EHRs) and registries, leveraging standards such as Fast Healthcare Interoperability Resources (FHIR) and Clinical Quality Language (CQL) to enable interoperable data exchange and reduce manual review. This approach aims to lessen the reporting burden on healthcare providers by drawing data from routine patient care workflows, resulting in more timely and accurate quality measurement. As part of this transition, health plans are required to perform parallel reporting to validate digital measures before fully transitioning away from traditional methods by approximately 2030. Inland Empire Health Plan (IEHP), at the forefront of this innovation, requests to contract with existing partner Smile Digital Health, which offers a comprehensive health data platform that is purpose-built to support the evolving requirements of digital quality measurement. Its native support for CQL and FHIR standards positions it as a forward-looking solution that aligns with federal mandates for interoperability and data exchange.

IEHP currently reports on approximately 80 of the required HEDIS Measures. As part of the digital transformation strategy, IEHP is prioritizing digital quality measurement for HEDIS and is requesting to partner with Smile Digital Health to accelerate the transition to digital HEDIS reporting and performance optimization while planning to strategically expand reporting capabilities to measure against the full set of 200 measures in the near future.

Procurement process: Single Source

Smile Digital Health was chosen as a single source for this project. While other vendors may offer similar services, Smile Digital Health distinguishes itself through its robust interoperability framework, scalability, and proven track record in supporting organizations through the digital transformation of quality measurement. Its platform is designed to integrate seamlessly with existing systems, reducing implementation complexity and long-term maintenance overhead.

Recommendation(s):

That the Governing Board of IEHP authorizes the Chief Executive Officer or his designee to negotiate and, upon legal review and approval, sign Contractual Documents with Smile Digital Health to support digital quality measures for HEDIS reporting and compliance with NCQA for an initial term of three years plus two (1) year extension options, effective upon signature through a total term through December 31, 2030, for an amount not to exceed \$ 2,864,000.

CONSENT AGENDA

Financial Impact: \$2,864,000	Not to Exceed Amount: \$2,864,000	Term: 3 years (plus 2 extension options)
--------------------------------------	--	--

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025Budget	K. Tsui 10/17/2025	W. Yanes 10/17/2025	NA	J. Diekmann 10/17/2025	V. Devabhaktuni 10/17/2025

Department: INFORMATION TECHNOLOGY**23. Title APPROVE THE AWARD OF REQUEST FOR PROPOSAL #25-06636 FOR TRANSPORTATION MANAGEMENT SYSTEM, AND DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH MEDIDRIVE LLC.****Background & Discussion:**

Inland Empire Health Plan requires a Transportation Management software platform to streamline and automate its current manual Member transportation processes.

To ensure compliance with the California Department of Health Care Services (DHCS) and Medi-Cal requirements, the selected software must provide robust scheduling capabilities to facilitate members' timely access to medical appointments, as well as monitoring capabilities to enable IEHP staff to oversee day-to-day operations. Additionally, the platform must generate reports on network adequacy, provider performance, and trip distribution to support regulatory and operational oversight.

A key objective of this procurement is to reduce the overall cost of the non-emergency transportation benefit, enhance fiscal control, and minimize exposure to fraud, waste, and abuse (FWA). The system will be utilized by both internal IEHP personnel and IEHP-contracted transportation vendors.

Procurement Process: Closed RFP

IEHP Procurement initiated a closed Request for Proposal (RFP) process in response to an unforeseen situation involving the previous transportation management platform, which concluded by mutual decision before full implementation. While IEHP successfully maintained Member transportation services through a manual process, the lack of an automated platform limited operational efficiency and regulatory reporting.

The purpose of this expedited RFP was to accelerate the procurement timeline for a compliant transportation management solution capable of integrating scheduling, credentialing, and reporting functions essential for DHCS and Medi-Cal compliance. To maintain continuity of Member care and support IEHP's compliance with state and federal regulatory requirements, it was necessary to streamline the selection process through a closed solicitation limited to qualified vendors with demonstrated operational readiness and integration capability. This approach enabled IEHP to expedite deployment while ensuring a competitive, fair, and defensible procurement outcome consistent with IEHP procurement policy.

The scoring for RFP #25-06636 is as follows:

TECHNICAL SCOPE AND COMPANY SCORES (OUT OF 65)	
MediDrive LLC	46.18
Kinetik	42.17
LOCAL PREFERENCE (OUT OF 5)	
MediDrive LLC	0 (Does not meet qualifications)
Kinetik	0 (Does not meet qualifications)
TOTAL SCORE WITHOUT PRICE (OUT OF 70)	

CONSENT AGENDA

MediDrive LLC	46.18
Kinetik	42.17
PRICE (OUT OF 30)	
MediDrive LLC	28.12 (\$27,262,392.00)
Kinetik	30 (\$25,555,625.00)
TOTAL SCORE WITH PRICE (OUT OF 100)	
MediDrive LLC	74.30
Kinetik	72.64
DEMO (OUT OF 35)	
MediDrive LLC	24.72
Kinetik	24.79
OVERALL TOTAL SCORE (OUT OF 135)	
MediDrive LLC	99.02
Kinetik	97.43
ELIMINATED BIDDERS	
Kaizen Health	
ISI Technology, Inc. (RouteGenie)	

MediDrive achieved the highest overall evaluation score based on the established criteria, demonstrating superior technical capability, operational readiness, and platform maturity. The evaluation committee determined that MediDrive's solution offers the best overall value to IEHP and supports timely, reliable implementation aligned with organizational and member service needs.

Recommendation(s):

That the Governing Board of IEHP Approve the award of RFP #25-06636 Transportation Management System, and authorize the Chief Executive Officer or his designee, to negotiate and, following legal review and approval, execute all contractual documents with MediDrive, LLC, for the provision of Transportation Dispatch System services. The total amount shall not exceed an estimated \$27,300,000 for up to a seven-year term. with the final contract term to be determined based on IEHP's program requirements and best interest.

Funding is contingent upon formal approval of the IEHP Interim Calendar Year 2026 Operational and Capital Budget.

Financial Impact: \$27,300,000	Not to Exceed Amount: \$27,300,000	Term: up to seven years
---------------------------------------	---	--------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Vice President Approval	Chief Approval
New Expenditure	V. Johnson 10.23.25	C. Hendricks 10.23.25	Yes	M. Grant 10.23.25	V. Devabhaktuni 10.22.25

Department: INFORMATION TECHNOLOGY**24. Title: DELEGATION OF AUTHORITY TO APPROVE CONTRACTUAL DOCUMENTS WITH TERAMIND**

Chief: Vinil Devabhaktuni, Chief Digital and Information Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) is requesting to contract and partner with Teramind, to implement a business intelligence and data security platform designed to optimize business processes, mitigate insider threats, and ensure regulatory compliance. This tool will shift IEHP's focus from simple activity measurement to gathering actionable, objective data that supports fair performance evaluations, drives operational efficiency, and protects IEHP's most sensitive organizational information.

Teramind provides monitoring and data loss prevention (DLP) software that helps businesses track user activity, protect sensitive data, and monitor for insider threats. Teramind services include real-time screen monitoring, activity recording, application and internet usage tracking, and advanced security features to prevent data breaches. The platform also offers features for compliance monitoring and workforce productivity analysis.

Procurement process: Single Source

In a search of the marketplace, three vendors were compared for features, reporting capabilities and feasibility for deployment within the IEHP infrastructure. Product demonstrations were performed with two out of the three potential vendors. Teramind was identified as the ideal platform for this project after a comparison of available competitors known to offer these services. Teramind was the only vendor to offer on-premise deployment option that allows data to be stored securely within IEHP's network. Based on the evaluation of features, functionality, and rapid deployment, Teramind was identified as the vendor to meet IEHP's business requirements. In addition, a 2025 year-end offering was proposed with a 66.1% government per-license discount applied, yielding a cost avoidance of \$904,000 for three (3) years.

Recommendation(s):

That the Governing Board of IEHP authorize the CEO or his designee to negotiate and, upon legal review and approval, sign contractual documents with Teramind, to implement a strategic workforce intelligence and data security platform designed to optimize business processes, mitigate insider threats, and ensure regulatory compliance for a three-year term. The three-year term shall include contract execution, vendor resource ramp-up, implementation and subscription from go live date for a total cost not to exceed \$1,464,500.

The platform's user behavior analytics can detect unusual activity, flagging potential insider threats and accidental data leaks before they cause a breach. For highly regulated industries like Healthcare, Teramind provides comprehensive audit trails and forensic capabilities to demonstrate adherence to standards like Health Insurance Portability and Accountability Act (HIPAA), General Data Protection Regulation (GDPR), and Payment Card Industry Data Security Standard (PCI DSS).

CONSENT AGENDA

Teramind is not simply a monitoring tool; it is a strategic asset for enhancing IEHP’s organizational performance and protecting against critical business risks. By focusing on data security, operational efficiency, and a privacy-conscious implementation, IEHP can leverage this technology to gain objective insights, standardize best practices, and ultimately, drive IEHP toward our long-term strategic goals.

Financial Impact: \$1,464,500	Not to Exceed Amount: \$1,464,500	Term: 36 Months from Go Live
--------------------------------------	--	-------------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026Budget	B. Sherrill 10.27.25	C. Hendricks 10.27.25	A. Wang 10.30.25	N/A	V. Devabhaktuni 10.27.25

Department: OPERATIONS

25. Title: APPROVE THE 2026 IEHP PROVIDER POLICY AND PROCEDURE MANUALS AND ENCOUNTER DATA INTERCHANGE MANUAL

Chief: Susie White, Chief Operating Officer

Background & Discussion:

Inland Empire Health Plan (IEHP)'s Provider Policy and Procedure and Encounter Data Interchange (EDI) Manuals are designed to help IEHP contracted Providers, Delegated and Direct Ancillary Providers, Hospitals, and Independent Physician Associations (IPAs) understand how the health plan functions in compliance with rules and regulations set forth by the California Department of Health Care Services (DHCS), the California Department of Managed Health Care (DMHC), the Centers for Medicare & Medicaid Services (CMS), Covered California, and the National Committee for Quality Assurance (NCQA).

IEHP reviews and updates its policies and procedures at least once annually. Ad hoc policy updates are made, as needed, throughout the year to reflect current regulatory requirements, organizational needs, and operational changes. IEHP informs its contracted Providers when policies and procedures are updated and published.

As an extension of their contract with IEHP, contracted entities are expected to adhere to the provisions set forth in these Manuals and ensure that the appropriate personnel within their organization review and understand the information presented. Additionally, IEHP maintains Acknowledgments of Receipt (AOR) of the Provider Policy and Procedure Manuals from its Delegates to ensure awareness and understanding of IEHP's standards.

All contracted and delegated Providers received summaries of changes to these Manuals, allowing them 90 days' notice to review and provide comment prior to the policies becoming effective on January 1, 2026.

IEHP's Provider Policy and Procedure and EDI Manuals for Calendar Year (CY) 2026 are now available on IEHP's public website at www.providerservices.iehp.org > Resources > Provider Manuals & Training > Manuals and Regulatory Training.

Procurement Solicitation Type: N/A

Recommendation(s):

That the Governing Board of IEHP approve the 2026 Provider Policy and Procedure Manuals and the Encounter Data Interchange (EDI) Manual.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	NA	L. Nery 09/23/25	S. White 10/08/25

Department: OPERATIONS**26. Title: APPROVE THE SIXTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH CARE DIRECTIVES, LLC DBA CALIFORNIA POLST REGISTRY**

Chief: Sylvia Lozano, Chief Transformation Officer

Background & Discussion:

Care Directives, LLC dba California Polst Registry (Care Directives) partnered with Inland Empire Health Plan (IEHP) to establish a Physician Order for Life Sustaining Treatment (POLST) Registry where Providers can upload and access POLST forms and other advanced care planning documents in a single digital repository. The POLST Registry is designed to improve patient care by creating an electronic registry for POLST forms that allows real-time, electronic access to patient directions for treatment.

In April 2017, under Minute Order (MO) 16-64, IEHP entered into an agreement with Care Directives. In July 2022, under MO 22-62, the Governing Board approved a contract extension through June 30, 2025, with additional funding. The most recent amendment was signed in September 2025, which extended the contract through November 3, 2025.

Procurement Solicitation Type: Single Source

Care Directives was identified as integration-ready, demonstrating compatibility with both IEHP systems and hospital electronic health records (EHRs). Additionally, Care Directives had existing relationships with providers within the Inland Empire. For these reasons, they were selected as the preferred vendor for the POLST Registry management. Since then, Care Directives has continued to be uniquely integrated with IEHP for the management of POLST documents and ACP programming.

Recommendation(s):

That the Governing Board of IEHP Approve the Sixth Amendment to the Professional Services Agreement with Care Directives, LLC dba California POLST Registry through September 30, 2026, for an additional \$120,833.33.

The additional funds and extension are needed for Advanced Illness Management and Advanced Care Planning, which are strategic priorities that will be addressed through the work of the Advanced Illness Committee. Under a revised and limited scope, this 10-month amendment will allow continuation of currently supported access to the POLST Registry platform, specific to IEHP hospital partners, being able to upload/download members' end-of-life documentation.

The development of an Individualized Care Plan (ICP) is a mandatory requirement for each member enrolled in a Dual-eligible Special Needs Plan (D-SNP). This mandate is driven by both internal policy and federal regulations. The ICP is a comprehensive document that outlines a member's identified problems, establishes achievable goals, and details specific interventions designed to address their needs. A key intervention involves assisting the member in completing their advanced directives. By contracting with this external vendor, IEHP effectively maintains continuous compliance with both the overarching federal regulatory requirement and its own internal operational policies.

CONSENT AGENDA

Financial Impact: \$120,832.00	Not to Exceed Amount: \$3,548,925.88	Term: September 30, 2026
---------------------------------------	---	---------------------------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Will be included in the CY2026 Budget	C. Aguirre 10/9/25	C. Goss 10/9/25	N/A	S. Lozano 10/6/25	S. White 10/9/25

Department: OPERATIONS

27. Title: 2024 ASSESSMENT OF NETWORK ADEQUACY UPDATE

Chief: Susie White, Chief Operating Officer

Background & Discussion:

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

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

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

MEMBER EXPERIENCE RELATED TO ACCESS:

A standard of one (1) PCP per 2,000 members is set as the goal. In the 2023 study, Riverside Proper was IEHP's only deficient region with a ratio of 1:2,490. In the current study year, all IEHP regions are within the standard.

IEHP Region: Membership to PCP Ratio:

IEHP Region	Total Membership	*PCP Count	Rate (PCP/Membership)	Standard 1:2,000 Met
West San Bernardino	169,157	243	1:699	Yes
Corona/Temecula/Hemet	253,802	219	1:1,163	Yes
San Bernardino Proper	360,397	274	1:1,316	Yes
Low Desert	186,340	114	1:1,639	Yes
High Desert	177,214	122	1:1,471	Yes
Riverside Proper	280,893	177	1:1,587	Yes

Data as of 12/31/24. *PCP count: PCPs are counted once unless they have offices in multiple regions and are then counted once per region in which they practice as a PCP.

Access-related grievances remain in the top three grievance categories. Within Access-related grievances, the top subcategories were Telephone, PCP Appointments, and Specialist Appointments. Telephone-related grievances decreased by 336 for an improvement of 16%. PCP Appointment-related grievances decreased by 327 for an improvement of 18%. There was an increase in Specialist Appointment grievances of 154 for an increase of 12%. IEHP is continuing to employ initiatives like the Network Expansion Fund (NEF) Program, Healthcare Scholarship Fund (HSF) Program, and the Problem Solvers Task Force (PSTF) for the Provider Appointment Availability Survey (PAAS) to drive improvements in this area.

CONSENT AGENDA

Drill down of Access Related Grievances:

Subcategory	2023 Cases	2024 Cases
Telephone	2,102	1,766
PCP – Appointment	1,814	1,487
Specialist – Appointment	1,330	1,484

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey assesses Member experience with access to care using two composite areas: Getting Needed Care and Getting Care Quickly. The two questions related to “Getting Needed Care” showed improvement when compared to prior years. “Ease of getting care, tests, or treatment needed” has reached its highest rating at 84.1% for these past three measurement years. The two questions related to “Getting Care Quickly” had mixed results. “Obtained needed care right away” shows a decline from 80.3% to 73.0% while “Obtained appointment for care as soon as needed shows an improvement from 77.2% to 77.3%.

Composite Questions	MY 2022	MY 2023	MY 2024
Q9. Ease of getting care, tests, or treatment needed (Getting Needed Care Composite)	82.6%	80.0%	84.1%↑
Q20. Obtained appointment with specialist as soon as needed (Getting Needed Care Composite)	74.0%	71.8%	79.4%↑
Q4. Obtained needed care right away (Getting Care Quickly)	64.8%	80.3%	73.0%↓
Q6. Obtained appointment for care as soon as needed (Getting Care Quickly)	69.4%	77.2%	77.3%↑

The table below displays results from the Behavioral Health Member Satisfaction Survey in the area of Provider access to care. The results show that 77.6% of Members reported satisfaction when needing counseling or treatment right away (i.e., Member saw someone as soon as they wanted). In addition, when asked how often they got an appointment for counseling or treatment as soon as wanted, 81.9% of Members reported ‘Always’ or ‘Usually’. Though suffering a slight decline from the previous year, both questions met the set goals for 2024. Goals are derived using the 2023 SPH (subsidiary of Press Ganey) Analytics ECHO Book of Business, which is a collection of mean summary rates from all eligible ECHO® Surveys that SPH collected data for in 2023; as a result, the benchmark consists of data from 101 Plans.

	2022 Rate	2023 Rate	2024 Rate	Goal	Goal Met?
Getting Treatment Quickly Composite	79.8%	80.6%	79.8%↓	65.4%	Yes

CONSENT AGENDA

	2022 Rate	2023 Rate	2024 Rate	Goal	Goal Met?
Question 4: Saw someone as soon as needed when needed right away (Urgent care)	76.1%	78.3%	77.6%↓	66.5%	Yes
Question 6: Got appointment as soon as wanted (routine care)	83.5%	82.8%	81.9%↓	78.6%	Yes

ACCESS TO PROVIDERS:

Appointment availability for Primary Care Providers (PCPs) was assessed for urgent appointments within 48 hours and routine appointments within 10 business days. For this year's study, IEHP began monitoring the Department of Managed Health Care (DMHC) goal of 80% along with the IEHP stretch goal of 90%. Although urgent appointments did not reach either goal, there was a substantial improvement from 64.7% to 75.9%.

Routine visits also saw a substantial increase from 69.7% to 88.1% satisfying the DMHC target and closing the gap to IEHP's stretch goal. The Problem Solvers Task Force (PSTF) assigned to address the declining rates from the previous year, deployed three countermeasures that have had a positive impact on the primary care rates.

PCP Urgent Appointment Rates

PCP type	2022 Rate	2023 Rate	2024 Rate	DMHC 80% goal Met?	90% Stretch Goal Met?
Pediatrics	69.5%	72.1%	85.6%	Yes	No
General Practice	74.7%	75.6%	84.1%	Yes	No
Internal Medicine	66.5%	64.6%	71.7%	No	No
Family Practice	58.4%	59.7%	70.5%	No	No
Overall	64.1%	64.7%	75.9%↑	No	No

PCP Routine Appointments

PCP Type	2022 Rate	2023 Rate	2024 Rate	DMHC 80% goal Met?	90% Stretch Goal Met?
Pediatrics	75.6%	76.3%	95.6%	Yes	Yes
General Practice	74.7%	80.5%	91.3%	Yes	Yes
Family Practice	65.8%	65.2%	84.7%	Yes	No
Internal Medicine	74.9%	68.9%	83.8%	Yes	No
Overall	70.8%	69.7%	88.1%↑	Yes	No

Appointment availability for Specialists was also assessed for both urgent and routine visits. The standard for Specialty Provider appointments is 96 hours for an urgent appointment with an authorization, and 15 business days for a routine appointment. While all Specialty Provider types failed to meet the compliance goal for both visit types, both urgent and routine rates saw substantial improvements from the prior two (2) years.

CONSENT AGENDA

Specialty Urgent Appointments

Specialty Type	2022 Rate	2023 Rate	2024 Rate	DMHC 80% goal Met?	90% stretch goal Met?
Ophthalmology	30.3%	47.3%	77.7%	No	No
Cardiology	52.1%	54.8%	77.6%	No	No
Dermatology		42.9%	75.0%	No	No
Ob/Gyn.	35.5%	60.1%	70.6%	No	No
Pulmonology		39.6%	61.5%	No	No
Hematology			60.5%	No	No
Orthopedic	28.4%	46.3%	58.2%	No	No
Pain Medicine	21.0%	65.4%	57.6%	No	No
Urology		33.3%	52.9%	No	No
Endocrinology	36.2%	42.5%	47.4%	No	No
Gastroenterology	43.0%	36.8%	46.3%	No	No
Oncology			45.9%	No	No
Neurology		28.6%	43.8%	No	No
Otolaryngology	28.0%	59.5%	38.6%	No	No
Overall	36.4%	48.2%	61.5% ↑		

Specialty Routine Appointments

Specialty Type	2022 Rate	2023 Rate	2024 Rate	DMHC 80% goal Met?	90% stretch goal Met?
Ob/Gyn.	53.2%	58.0%	86.8%	Yes	No
Orthopedic	45.5%	56.0%	84.9%	No	No
Physical Therapy	85.1%	80.0%	84.6%	Yes	No
Oncology			83.6%	Yes	No
Hematology			81.4%	No	No
Ophthalmology	46.9%	44.2%	80.1%	No	No
Dermatology		50.0%	78.9%	No	No
Cardiology	54.7%	52.4%	75.4%	No	No
Pain Medicine	55.1%	69.1%	72.9%	Yes	No
Pulmonology		50.0%	71.8%	Yes	No
Urology		28.1%	64.7%	Yes	No
Gastroenterology	49.8%	37.6%	61.0%	No	No
Otolaryngology	45.6%	54.3%	59.1%	No	No
Neurology		24.3%	44.8%	No	No
Endocrinology	39.6%	35.7%	44.7%	No	No
Overall	51.2%	48.7%	73.4% ↑	No	No

BH Provider appointment availability results are displayed in the table below. The standard for urgent BH appointments is a visit within 48 hours, and the standard for routine Behavioral Health (BH) appointments is a visit within 10 business days. While all Provider types failed to meet goals for urgent appointment rates, there were substantial increases from the prior declining years.

Routine appointments also saw marked improvements, with IEHP now meeting the DMHC goal and just falling short of the stretch goal. IEHP has a robust network of behavioral health Providers and is

CONSENT AGENDA

continuing to evaluate its availability by ensuring Providers that have capacity are open to seeing new Members.

BH Urgent Appointments

Urgent Visit	2022 Rate	2023 Rate	2024 Rate	DMHC 80% goal Met?	90% stretch goal Met?
MFT	41.6%	50.5%	78.0%	No	No
MSW/LCSW	39.2%	39.8%	76.2%	No	No
Psychiatry	31.1%	43.1%	71.8%	No	No
Psychologist (PhD)	41.2%	36.8%	61.1%	No	No
Overall	38.3%	42.6%	71.8% ↑	No	No

BH Routine Appointments

Routine Visit	2022 Rate	2023 Rate	2024 Rate	DMHC 80% goal Met?	90% stretch goal Met?
MFT	57.6%	56.8%	92.7%	Yes	Yes
Psychiatry	44.6%	55.0%	91.0%	Yes	Yes
MSW/LCSW	50.2%	47.2%	89.3%	Yes	No
Psychologist (PhD)	46.5%	42.6%	75.4%	No	No
Overall	49.7%	50.4%	87.1% ↑	Yes	No

PROVIDER AVAILABILITY:

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

Provider Distribution by Time/Distance

Provider Type	Specialty	2024 Geographic Standard	Mbrs. within the geographic standard-2023 (90%)	Mbrs. within the geographic standard-2024 (90%)
Primary Care	General/Family Practice	30 min / 10 mi	99.4%	99.9%
	Internal medicine	30 min / 10 mi	99.5%	99.9%
	Pediatrics	30 min / 10 mi	99.4%	99.8%
Specialty Care (high volume/high impact)	Cardiology	38 min / 25 mi	99.2%	99.3%
	OB/GYN	45 min / 30 mi	99.6%	99.8%
	Hematology/ Oncology	45 min / 30 mi	99.6%	99.7%
	Ophthalmology	38 min / 25 mi	99.2%	99.5%
	Orthopedic Surgery	38 min / 25 mi	99.3%	99.3%
	Pain Medicine	60 min / 30 mi	99.2%	99.3%
	Physical Therapy	40 min / 25 mi	98.8%	99.3%
Behavioral Health	Psychiatry	45 min / 30 mi	99.6%	99.8%
	Psychology	60 min / 30 mi	99.2%	99.3%
	LMFT	60 min / 30 mi	99.6%	99.8%
	LCSW	60 min / 30 mi	99.2%	99.3%

CONSENT AGENDA

The Provider-to-Member ratio was measured against the established standard to assess for adequate Provider availability. Results displayed below include IEHP's High Volume/High Impact Specialists. Primary care is not evaluated by specialty, but IEHP monitors their respective ratios. Overall, Primary Care is meeting the goal of the 1:2,000 ratio. IEHP has improved the ratio for cardiologists, converting this specialty from deficient to compliant. The only specialty not meeting the Provider to Member standard is Pain Medicine. NEF and HSF are still being employed to address this deficiency. Although not featured here, IEHP also converted the following specialties from deficient or monitor to compliant: Allergy/Immunology, Bariatric Surgery, Dermatology, Genetics, Neurology, Pulmonology, and Urology.

Provider Distribution by Provider to Member Ratio – Medi-Cal

Provider Type	Specialty	2024 Provider: Member Standard	Provider to Member Ratio- 2023	Provider to Member Ratio-2024
Primary Care	General/Family Practice	1:2,000	1:2,348	1:1,212
	Internal Medicine	1:2,000	1:2,122	1:2,009
	Pediatrics	1:2,000	1:1,715	1:1,499
Specialty Care (high volume/high impact)	Cardiology	1:10,000	1:11,421	1:5,711
	OB/GYN	1:10,000	1:2,830	1:2,611
	Hematology/ Oncology	1:25,000	1:18,810	1:9,695
	Ophthalmology	1:15,000	1:10,056	1:4,764
	Orthopedic Surgery	1:15,000	1:10,184	1:5,485
	Pain Medicine	1:25,000	1: 49,965	1:25,265
	Physical Therapy	1:10,000	1:6,056	1:2,895
Behavioral Health	Psychiatry	1:15,000	1:9,033	1:4,148
	Psychology	1:15,000	1:6,690	1:3,431
	LMFT	1:15,000	1:1,371	1:652
	LCSW	1:15,000	1:2,728	1:1,305
	Qualified Autism Services	1:15,000	1:147	1:112

The availability of Providers was assessed using Language and Ethnicity/Race data. In 2024, there were 2.31 English-speaking PCPs per 2,000 English-speaking Members and 3.26 English and Spanish-speaking PCPs per 2,000 Members. The language availability met the goal of at least 1.0 Provider per 2,000 Members for both years.

PCP Provider Distribution by Language

	2023				2024				
Language	PCPs	Members	Member Months	PCP per 2,000 Members	PCPs	Members	Member Months	PCP per 2,000 Members	Goal >1.0 Met?
English	1,463	1,268,867	1,614,896	2.31	1492	1,108,175	1,478,935	2.69	Yes
Spanish	543	332,865	1,614,896	3.26	552	356,065	1,478,935	3.10	Yes
Vietnamese	56	4767	1,614,896	23.49	59	4,684	1,478,935	25.19	Yes
Mandarin	49	6519	1,614,896	15.03	50	7,962	1,478,935	12.56	Yes
Cantonese	7	1410	1,614,896	9.93	10	1,498	1,478,935	13.35	Yes
Chinese	19	290	1,614,896	131.03	20	300	1,478,935	133.33	Yes
Other	725	178	1,614,896		666	251	1,478,935		

CONSENT AGENDA

The PCP distribution goal is one PCP for each race per every 2,000 Members. In comparison to the prior year, IEHP has shown improvement for Black, which is now compliant. However, IEHP continues to remain deficient for Hispanic. Provider ethnicity is not a required demographic field on IEHP's biannual Provider directory verification form and is an "Optional" field on the IEHP contracting application. Most Providers are opting not to report their race or ethnicity to IEHP. This limits the ability to fully assess Provider's race and ethnicity. Efforts to improve data collection of Providers' race and ethnicity are a focus in 2026.

PCP Distribution and Race

	2023				2024				
Race	PCPs	Members	Member Months	PCP per 2,000 Members	PCPs	Members	Member Months	PCP per 2,000 Members	Goal >1.0 Met?
Asian	366	45,300	1,614,896	16.16	400	40,931	1,478,935	19.55	Yes
Black	63	134,809	1,614,896	0.93	73	112,310	1,478,935	1.30	Yes
White	225	263,469	1,614,896	1.71	259	226,433	1,478,935	2.29	Yes
Chinese	36	14,294	1,614,896	5.04	40	14,875	1,478,935	5.38	Yes
Hispanic	134	916,407	1,614,896	0.29	125	863,617	1,478,935	0.29	No
Vietnamese	30	11,158	1,614,896	5.38	33	10,319	1,478,935	6.40	Yes
Other	11	28,858	1,614,896		14	26,652	1,478,935		
Not Reported	598	200,601	1,614,896		1,308	786,490	1,478,935		

CONCLUSION:

The assessment of the network adequacy study revealed progress in many areas and is trending in the correct direction. The Plan will continue its planned interventions to see further improvements in the coming year:

- In July of 2024, a workgroup with internal IEHP departments was formed to better address the implementation of interventions related to Provider Appointment Availability.
- Ongoing programs such as Global Quality P4P incentive program will continue throughout 2026 to support access to care and Member satisfaction.
- Network capacity will continue to be monitored through annual studies and reports, and interventions such as the Network Expansion Fund, Healthcare Scholarship Fund, and Specialty Provider recruitment efforts will continue throughout 2026 to ensure an adequate network.

Improvements were noted in the following areas:

- Membership to PCP Ratio is all within the set standard of 1:2,000.
- BH Member experience related to 'access to care' met the set goal.
- Access-related appeals met the set goal of <0.05.
- The Network Availability analysis for time and distance met the compliance standards.
- The PCP distribution by English and Spanish language met the compliance standard.
- The PCP distribution for new threshold languages, Vietnamese and Chinese, met the compliance standard
- PCP to Member race distribution met the compliance standard for White, Asian, Chinese, Black, and Vietnamese.

CONSENT AGENDA

- The list below enumerates improvement activities that are underway:
- Problem Solvers Task Force focuses on PCP Appointment Availability
 - BH Network Management plan to improve BH access to care
 - Provider Incentive Programs with a focus on access to care measures
 - Contracting Efforts to expand Provider Network in key demographics
 - Ongoing expansion of Telehealth
 - Provider Education (PCPs, Specialists, and BH Providers)

Procurement Solicitation Type: N/A

Recommendation(s):
Review and File

Financial Impact: \$	Not to Exceed Amount: \$	Term:
-----------------------------	---------------------------------	--------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	N/A	K. Fermin 10/17/2025	S. White 10/15/2025

Department: PROVIDER CONTRACTING

28. Title: RATIFY AND APPROVE THE ENHANCED CARE MANAGEMENT PROVIDER AGREEMENT (MEDI-CAL ONLY) WITH COUNTY OF RIVERSIDE ON BEHALF OF RIVERSIDE UNIVERSITY HEALTH SYSTEM

Chief: Susie White, Chief Operating Officer

Background & Discussion:

County of Riverside, on Behalf of Riverside University Health System (RUHS), would like to participate as a contracted Enhanced Care Management Provider in the Inland Empire Health Plan (IEHP) Network with Medi-Cal line of business only. The new Agreement was tailored to reflect the enhanced care management services offered by the County of Riverside on Behalf of RUHS. RUHS will serve as a comprehensive health care provider for Medi-Cal members, offering integrated medical, behavioral, and social services through a network of clinics, care teams, and community partnerships. The focus is on whole-person care, care management for high-need populations, and improving health outcomes through coordinated, accessible, and culturally competent services.

Recommendation(s):

That the Governing Board of IEHP ratify and approve the Enhanced Care Management Provider Agreement with RUHS, effective July 1, 2023.

This agreement has undergone substantive changes during the red line process, displaying either language replacement where needed or removal of language if not applicable to the group. The contract changes are designed to ensure that both IEHP and RUHS have a clear, up-to-date, and mutually agreed-upon framework for delivering, managing, and reimbursing Enhanced Care Management services to Medi-Cal members, while complying with all regulatory requirements and addressing operational realities.

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

29. Title: CHIEF EXECUTIVE OFFICER UPDATE

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Chief Executive Officer update for the November 13, 2025, Governing Board Meeting.

Recommendation(s):

Review and File



Governing Board Meeting

CEO BOARD REPORT | *Nov. 13, 2025*

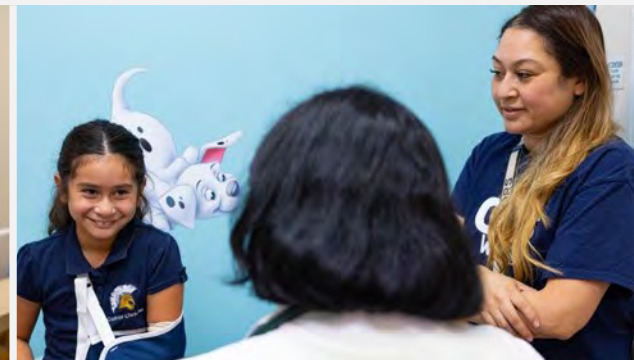
MISSION MOMENT: MORE THAN PINK WALK

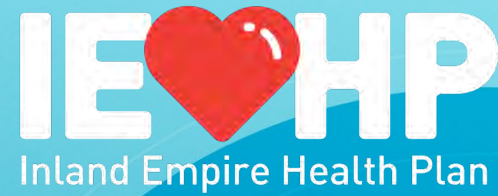
- Chief Operating Officer Susie White and a team of more than 75 walkers participated in the 2025 Komen Inland Empire MORE THAN PINK Walk for breast cancer on Oct. 12 in Murrieta.
- IEHP raised nearly \$10,500 and was named Top Team and Top Company.
- Huge thanks to everyone who represented IEHP at this important community event!



IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
September 2025	1,526,248	1,525,200	(1,048)	(6,419)
October 2025	1,522,880	1,520,336	(2,544)	(4,864)
November 2025	1,519,499	1,519,426	(73)	(910)





Medi-Cal Eligibility

Thomas Pham – IEHP, VP of Strategy

Shalaun Jones – IEHP, Director of Member Eligibility

James LoCurto – San Bernardino County, TAD Director

Allison Gonzalez – Riverside County, Self Sufficiency Assistant Director

Matt Daniels – Riverside County, Administration Deputy Director

Pillars of Success

Pioneer in
Data
Sharing

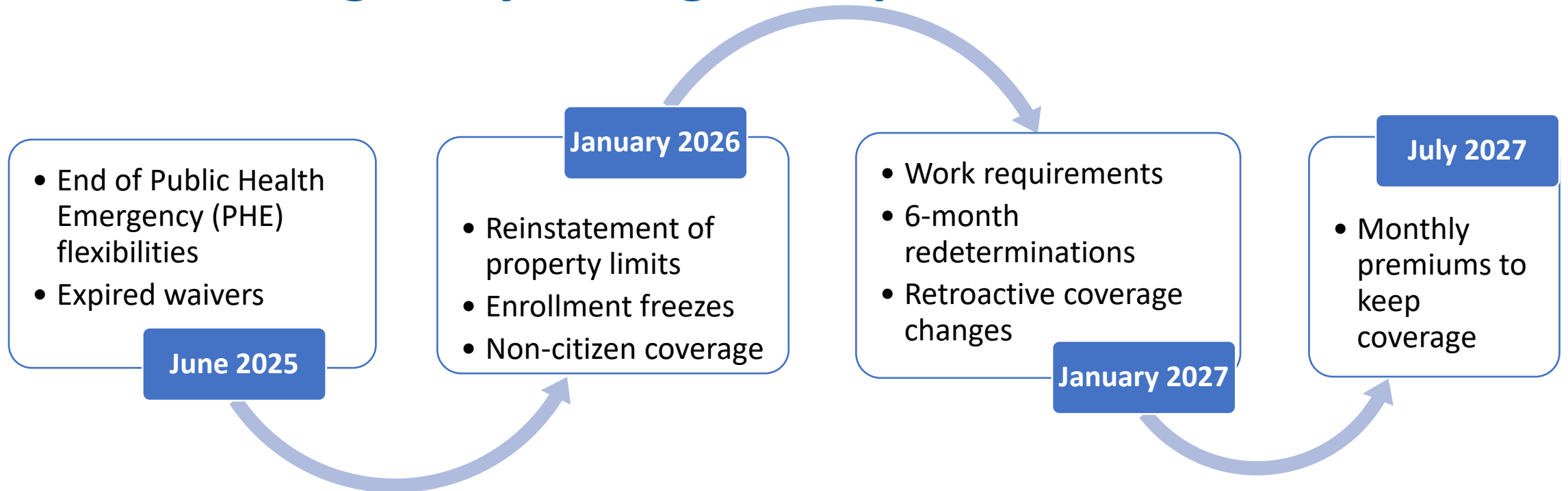
86% Successful
Renewals from
Redeterminations

Category
of Aid for
Members

Newborn
Eligibility

The partnership between IEHP, Riverside County and San Bernardino County ensures our members keep their Medi-Cal Eligibility and enroll in the right category of aid.

Medi-Cal Eligibility Changes: Impacts to Counties and IEHP



Regional Medi-Cal Membership Impacts

40% increase in families required to renew manually.

Additional verification requirements.

113,000 members with non-citizen status at risk.

Loss of eligibility due to excess property and resources.

605,000 members subject to work requirements and 6-month redeterminations.

Risk of loss of Medi-Cal due to more frequent redeterminations.

Policy
Advocacy

Training

**Collaboration with the
State, Counties, IEHP,
Providers and the
Community is imperative
to ensure we are well
informed and prepared for
upcoming changes.**

Operational
Readiness

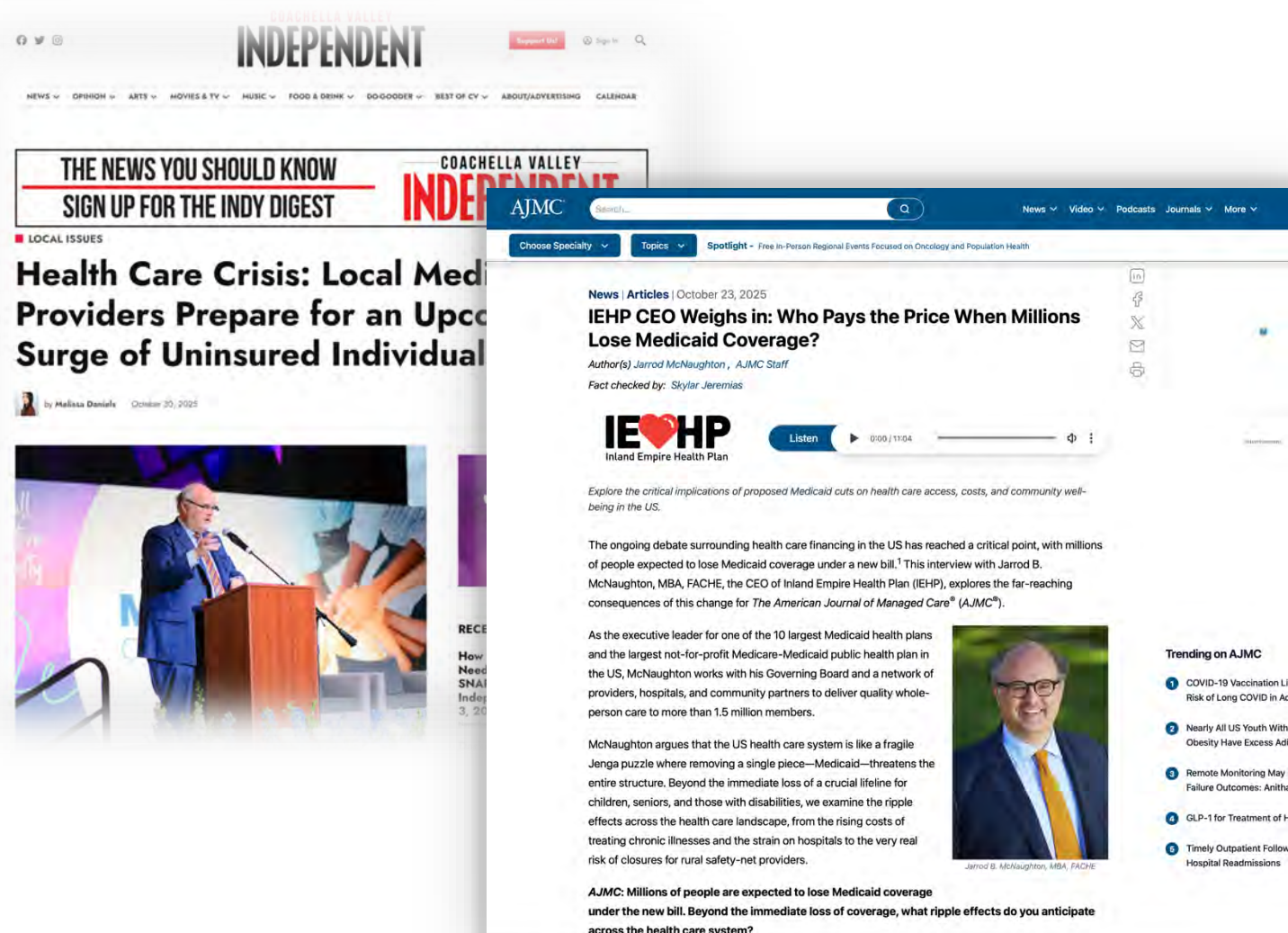
Member
Outreach

The background is a solid blue color with several large, overlapping, semi-transparent circular and wave-like shapes in various shades of blue, creating a layered, abstract effect.

Questions?

IEHP IN THE NEWS

- IEHP continues to do its part to spread awareness about the impacts to the region once H.R. 1 is implemented.
- Most recently, CEO Jarrod McNaughton was interviewed by The American Journal of Managed Care (AJMC). The interview was posted on the AJMC website.
- He was also featured in an article in the Coachella Valley Independent highlighting the current and future health care landscape in the region.



PROVIDER DINNER SERIES

- The Oct. 22 dinner was held in Yucaipa.
- It was attended by area providers and their guests, San Bernardino County Medical Society CEO Alison Elsner, Riverside County Medical Association CEO Dolores Green and IEHP leaders.
- We shared information on the Department of Justice civil lawsuit, potential impacts of H.R. 1 and the importance of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
- The dinner series will be on hiatus for the rest of the year and will return in January.



BUILDING HOPE FOR CHILDREN

- On Oct. 22, an IEHP team comprised of CEO Jarrod McNaughton, COO Susie White and Director of Strategic Provider Partnerships Marci Coffey visited the proposed new expansion site of Loma Linda University's (LLU) Resiliency Institute for Childhood Adversity (RICA) in Rancho Mirage.
- RICA integrates research, education and health-related services to bring together interdisciplinary scientists, teachers and practitioners. It also serves as a hub for LLU's three-year child abuse pediatrics residency and fellowship program.
- IEHP donated funds toward the expansion project.



HEALTH CARE PROJECT MANAGEMENT SUMMIT

- IEHP hosted a Health Care Project Management Summit on Oct. 28.
- The event was organized by a committee of project managers from across IEHP.
- The goal was to share best practices and address common challenges in project management.



CUSM BUSINESS IN MEDICINE EVENT

- CEO Jarrod McNaughton spoke Nov. 3 at the Business in Medicine event at California University of Science and Medicine (CUSM).
- Jarrod shared an overview of IEHP and highlights of our Strategic Plan during a talk titled, “Leading with Purpose: Building the Future of Medicine.”



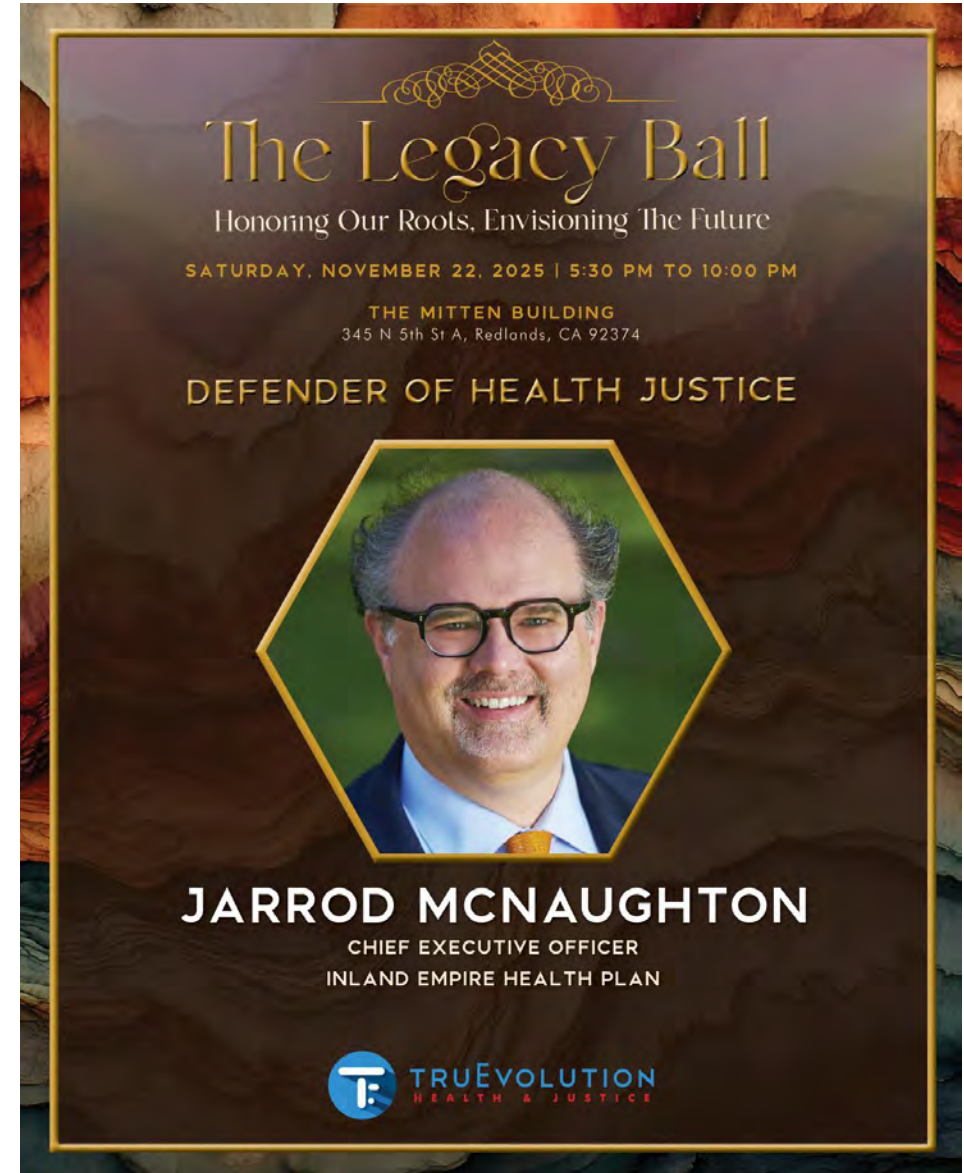
HSF SCHOLARS DINNER

- Healthcare Scholarship Fund recipients attended a Nov. 4 dinner at IEHP and reflected on the past year's activities and accomplishments.
- The future nurse practitioners and physicians represented Loma Linda University, University of California Riverside and California University of Science and Medicine.



HEALTH JUSTICE AWARD

- CEO Jarrod McNaughton will be honored at the Nov. 22 TruEvolution awards ceremony.
- He will receive the “Defender of Health Justice” award.





Thank you

DEPARTMENT: ADMINISTRATION

30. Title: BOARD EDUCATION – TIMELY ACCESS

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Kirk Fermin, Director, Provider Network, will provide an overview of Timely Access.

Recommendation(s):

Review and File

Governing Board Education: Timely Access

Presenter: Kirk Fermin, Director of Provider Network

Network Adequacy

Appointment
Availability

Office Wait Times

After Hours

Nurse Advice Line

Network Adequacy | Physician to Member Ratios

Provider Type	Specialty	2024 Provider: Member Standard
Primary Care	General/Family Practice	1:2,000
	Internal Medicine	1:2,000
	Pediatrics	1:2,000
Specialty Care (high volume/high impact)	Cardiology	1:10,000
	OB/GYN	1:10,000
	Hematology/ Oncology	1:25,000
	Ophthalmology	1:15,000
	Orthopedic Surgery	1:15,000
	Pain Medicine	1:25,000
	Physical Therapy	1:10,000
Behavioral Health	Psychiatry	1:15,000
	Psychology	1:15,000
	LMFT	1:15,000
	LCSW	1:15,000
	Qualified Autism Services	1:15,000

Network Adequacy | Geographic Distribution

Network Adequacy

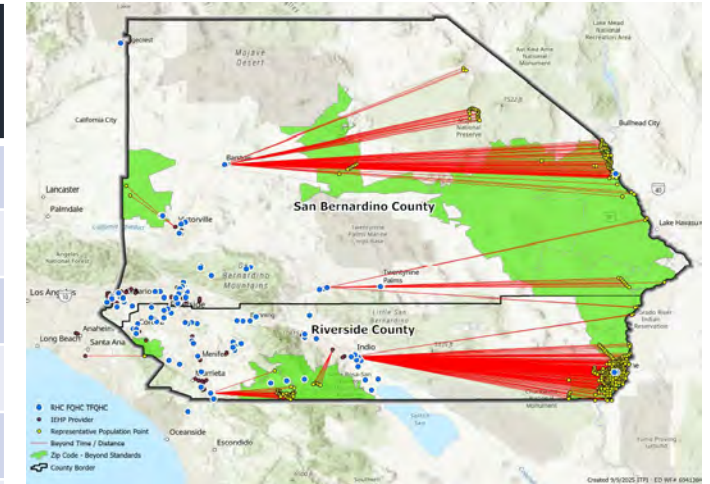
Appointment
Availability

Office Wait Times

After Hours

Nurse Advice Line

Provider Type	Specialty	2024 Geographic Standard
Primary Care	General/Family Practice	30 min / 10 mi
	Internal medicine	30 min / 10 mi
	Pediatrics	30 min / 10 mi
Specialty Care (high volume/high impact)	Cardiology	38 min / 25 mi
	OB/GYN	45 min / 30 mi
	Hematology/ Oncology	45 min / 30 mi
	Ophthalmology	38 min / 25 mi
	Orthopedic Surgery	38 min / 25 mi
	Pain Medicine	60 min / 30 mi
	Physical Therapy	40 min / 25 mi
	Psychiatry	45 min / 30 mi
Behavioral Health	Psychology	60 min / 30 mi
	LMFT	60 min / 30 mi
	LCSW	60 min / 30 mi



Timely Access | Provider Appointment Availability Survey

Health Plans must ensure their Provider Network can provide Members an appointment within specific timeframes. This is accomplished through a third-party vendor that conducts outreach to our Provider Network via fax, e-mail, and phone. Providers are surveyed to assess the next available appointment date and time for urgent and routine appointments.

Appointment Type	Routine	Urgent	Other
PCP	10 business days	48 hours	-
Specialists	15 business days	96 hours	-
Non-Physician Mental Health	10 business days	48 hours	10 business days for routine follow-up

DMHC has a goal of an 80% compliance rate.

IEHP sets a target (stretch goal) of meeting a 90% compliance rate.

Timely Access | Provider Office Wait Times

IEHP assesses the office wait times of its Provider Network to ensure wait times do not exceed 60 minutes for a scheduled appointment or 4 hours for a walk-in visit. This is accomplished through the following data collection methods:

1. Semi-Annual Provider Directory Verification

Providers select from the following average wait times for a scheduled appointment hours

- 0-30 minutes
- 31-60 minutes
- 61-90 minutes
- 91 minutes – 4 hours
- More than 4 hours

2. Facility Site Reviews (FSRs)

Office is asked to complete a form using patient examples of appointment times versus the time patient was seen by the Provider

3. Provider Relations Manager (PRM) Focused In-Service Visit

IEHP sets a target of meeting a 90% compliance rate.

Timely Access | After Hours Access

IEHP assesses the after-hours accessibility of our Provider Network by reviewing the call handling protocols of our Primary Care Providers and Behavioral Health Practitioners. This is accomplished through a third-party vendor that conducts outreach to our Provider Network via fax, e-mail, and phone. Offices are contacted to evaluate the handling of:

1. Availability of an after-hours on-call physician

- The caller is directly connected to a doctor, on-call physician, or covering nurse
- The caller was provided with instructions on how to connect to a doctor, on-call physician, or covering nurse within 24 hours

2. Life Threatening Emergency Calls

- The caller is instructed to dial 9-1-1 or instructed to go to the nearest emergency room.

The Member Satisfaction Survey has a goal of an 80% compliance rate for the following measures:

- How often was it easy to get the after-hours care you thought you needed?
- When you needed after-hours care, what did you do?

IEHP sets a target of meeting a 90% compliance rate.

Timely Access | Nurse Advice Line

IEHP assesses the after-hours accessibility for IEHP Members through its contracted after-hours nurse advice line (NAL). The arrangement with this vendor ensures a triage/screening service by telephone 24 hours a day, 7 days a week.

Measure	Description	Goal
Speed of Answer	Average time spent by Members waiting in queue	< 30 seconds
Service Level Rate	Rate of calls answered within 30 seconds	≥ 80%
Call Abandonment Rate	Rate of calls in which caller hangs up before receiving an answer from an agent	≤ 5%

Network Adequacy

Appointment
Availability

Office Wait Times

After Hours

Nurse Advice Line

Questions

Acronyms Defined

Acronym	Definition
DMHC	California Department of Managed Health Care
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
OB/GYN	Obstetrics/Gynecology
PCP	Primary Care Physician

Department: FINANCE

31. Title: MONTHLY FINANCIAL REVIEW

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Monthly Financial Report for Period Ending September 30, 2025

Recommendation(s):

Review and File

FINANCE DIVISION

September 2025

MONTHLY FINANCIALS

Presented

November 13, 2025



September 2025 Actual vs Budget: Consolidated

	September Month-to-Date			September Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 714,953,098	\$ 699,319,338	\$ 15,633,760	\$ 6,386,468,544	\$ 6,344,256,613	\$ 42,211,931
Total Medical Costs	\$ 701,188,529	\$ 641,146,652	\$ (60,041,877)	\$ 6,099,800,089	\$ 5,975,846,852	\$ (123,953,237)
Total Operating Expenses	\$ 41,059,067	\$ 47,706,681	\$ 6,647,614	\$ 373,040,601	\$ 396,202,809	\$ 23,162,208
Total Non Operating Income (Expense)	\$ 11,386,349	\$ 7,104,705	\$ 4,281,644	\$ 92,134,404	\$ 77,000,858	\$ 15,133,546
Non-Medical Expenses	\$ 102,500	\$ 2,640,848	\$ 2,538,348	\$ (1,146,800)	\$ 1,780,911	\$ 2,927,711
Net Surplus (Deficit)**	\$ (16,010,649)	\$ 14,929,861	\$ (30,940,510)	\$ 6,909,059	\$ 47,426,899	\$ (40,517,840)
Medical Cost Ratio**	98.1%	91.7%	6.4%	95.5%	94.2%	1.3%
Administrative Cost Ratio**	5.7%	6.8%	(1.1%)	5.8%	6.2%	(0.4%)

Highlights for the Month:

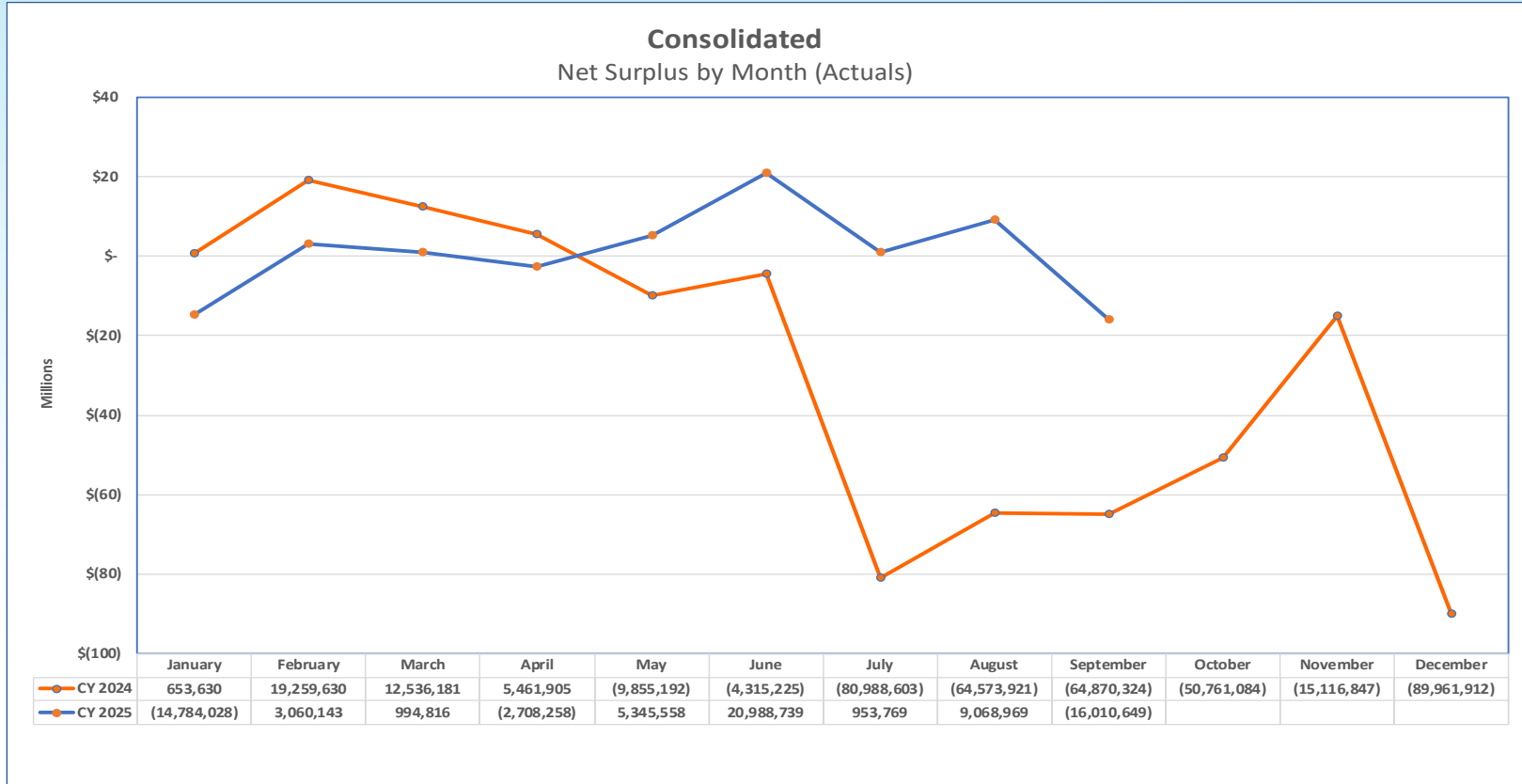
- Overall, we will have a monthly loss of \$16M for September, while we are still tracking with a modest Year-To-Date surplus of almost \$7 million, which is essentially break-even.
- The favorable revenue variance compared to budget is primarily due to CY 2022 and CY 2023 MOT risk corridor adjustment based on final determination from DHCS, higher-than-expected SPD Non-Dual member months and unbudgeted Medi-Cal quality withhold earned back, partially offset by CCA risk adjustment transfer estimate.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected FFS claims and unfavorable prior-period utilization, and higher-than-expected pharmacy expense, partially offset by favorable TRI expense variance.
- The favorable operating expense variance compared to budget is primarily due to a decrease in the number of FTEs and operational spending.
- The favorable non-operating income (expense) variance compared to budget is primarily due to investment income and unrealized gain on California Employers' Pension Prefunding Trust fund.
- The favorable non-medical expense variance compared to budget is primarily due to no Healthcare Scholarship Fund payment processed.

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

**Differences are due to rounding



Net Surplus Year-Over-Year - Consolidated



Actual vs Budget: Medi-Cal

	September Month-to-Date			September Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 609,805,954	\$ 590,815,661	\$ 18,990,293	\$ 5,466,662,449	\$ 5,419,308,249	\$ 47,354,200
Total Medical Costs	\$ 592,757,715	\$ 542,114,474	\$ (50,643,241)	\$ 5,230,158,127	\$ 5,124,407,256	\$ (105,750,871)
Total Operating Expenses	\$ 29,347,796	\$ 35,191,058	\$ 5,843,262	\$ 284,841,287	\$ 310,686,144	\$ 25,844,857
Total Non Operating Income (Expense)	\$ 3,478,387	\$ 3,460,855	\$ 17,532	\$ 32,038,270	\$ 31,967,230	\$ 71,040
Net Surplus (Deficit)**	\$ (8,821,170)	\$ 16,970,985	\$ (25,792,155)	\$ (16,298,695)	\$ 16,182,078	\$ (32,480,773)
Medical Cost Ratio**	97.2%	91.8%	5.4%	95.7%	94.6%	1.1%
Administrative Cost Ratio**	4.8%	6.0%	(1.1%)	5.2%	5.7%	(0.5%)

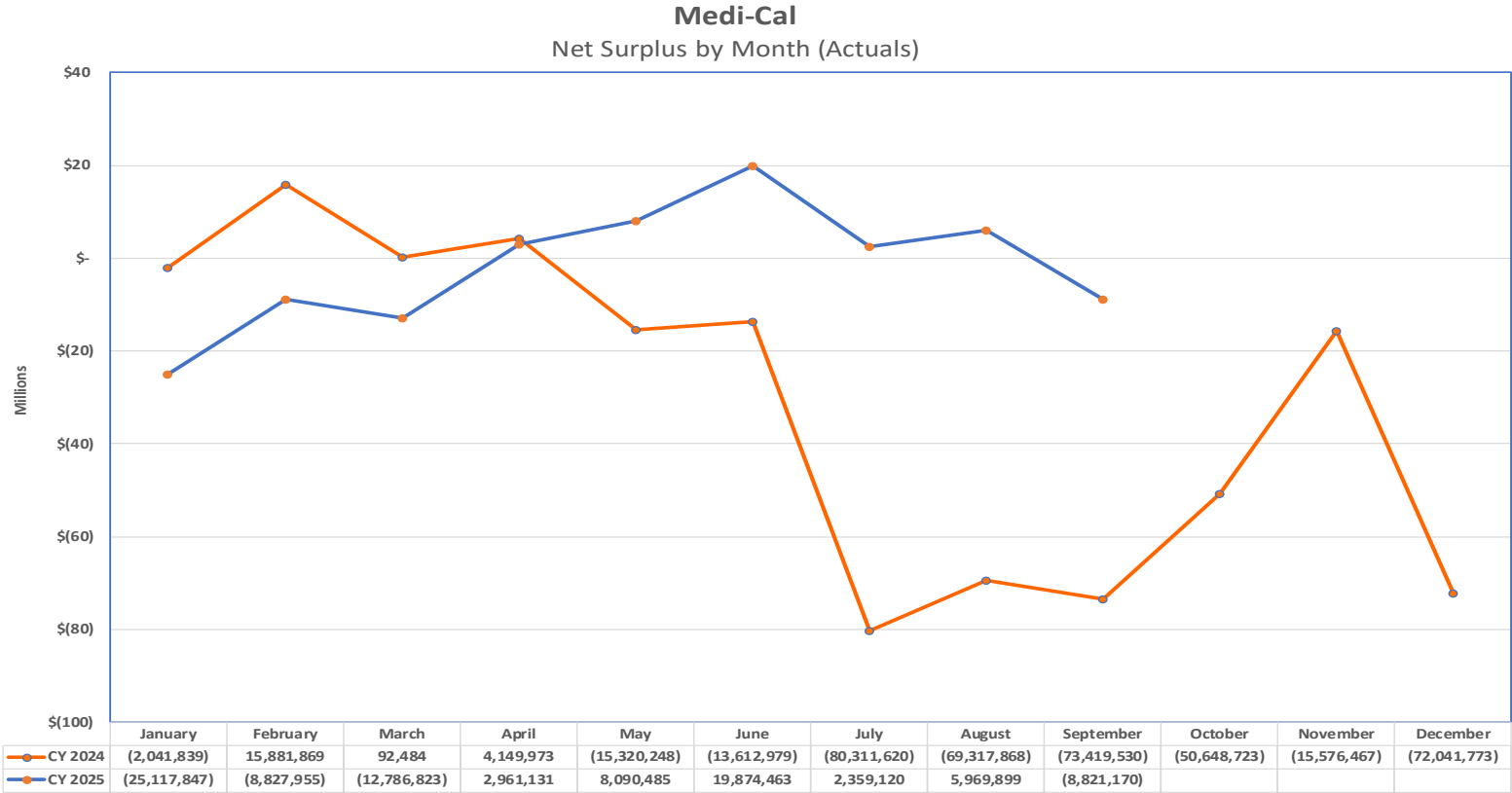
Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to CY 2022 and CY 2023 MOT risk corridor adjustment based on final determination from DHCS, ECM risk corridor adjustment, higher-than-expected SPD Non-Dual member months and unbudgeted quality withhold earned back.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected FFS claims and unfavorable prior-period utilization, partially offset by favorable TRI expense variance.
- The favorable operating expense variance compared to budget is primarily due to a decrease in the number of FTEs and operational spending.

**Differences are due to rounding



Net Surplus Year-Over-Year: Medi-Cal



Actual vs Budget: D-SNP

	September Month-to-Date			September Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 83,635,123	\$ 83,153,419	\$ 481,704	\$ 738,677,721	\$ 741,313,936	\$ (2,636,215)
Total Medical Costs	\$ 89,213,684	\$ 77,266,753	\$ (11,946,931)	\$ 693,850,460	\$ 672,945,467	\$ (20,904,993)
Total Operating Expenses	\$ 6,366,364	\$ 7,339,456	\$ 973,092	\$ 46,741,632	\$ 47,841,476	\$ 1,099,844
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)**	\$ (11,944,925)	\$ (1,452,790)	\$ (10,492,135)	\$ (1,914,372)	\$ 20,526,993	\$ (22,441,365)
Medical Cost Ratio**	106.7%	92.9%	13.7%	93.9%	90.8%	3.2%
Administrative Cost Ratio**	7.6%	8.8%	(1.2%)	6.3%	6.5%	(0.1%)

Highlights for the Month:

- The unfavorable medical costs variance compared to budget is primarily due to unfavorable FFS prior-period utilization.

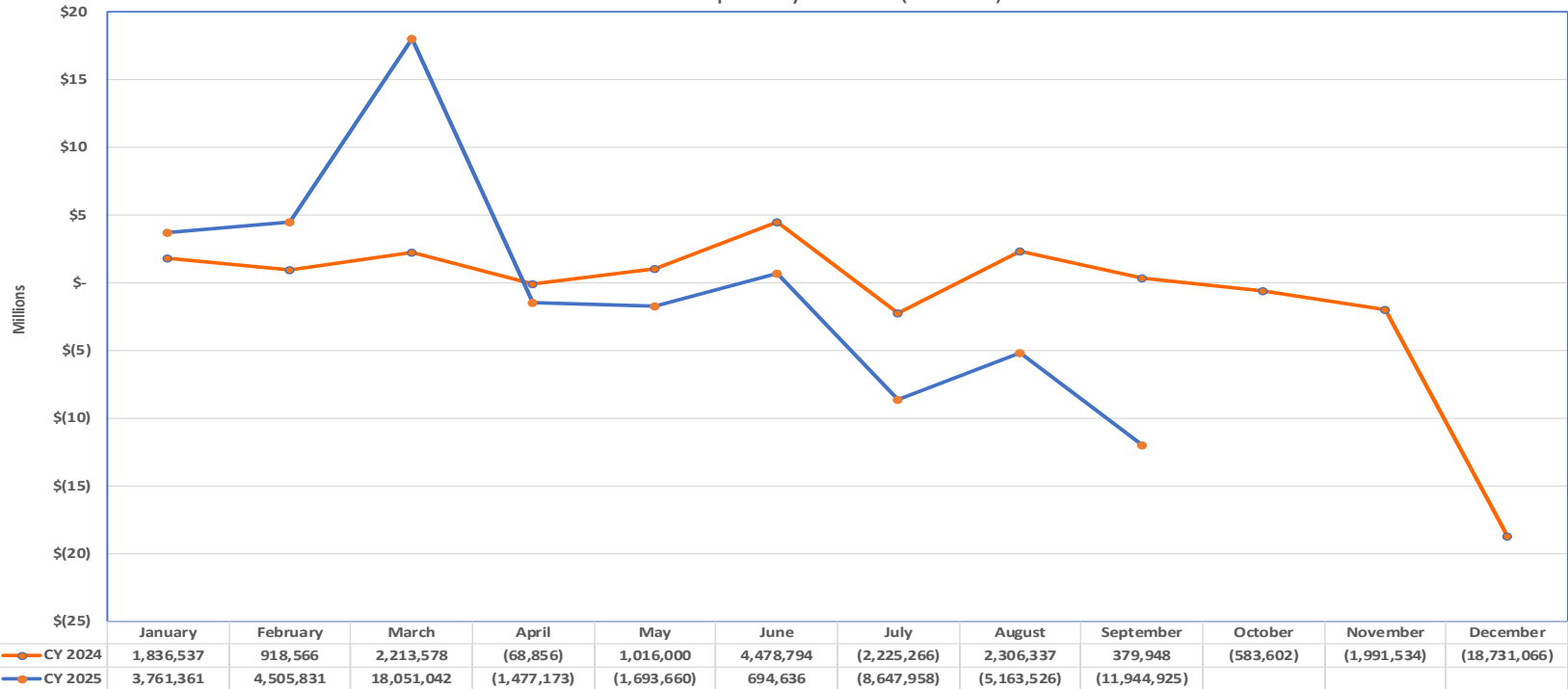
**Differences are due to rounding



Net Surplus Year-Over-Year: D-SNP

D-SNP

Net Surplus by Month (Actuals)



Actual vs Budget: IEHP Covered (CCA)

	September Month-to-Date			September Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 21,485,271	\$ 25,350,258	\$ (3,864,987)	\$ 181,108,626	\$ 183,639,587	\$ (2,530,961)
Total Medical Costs	\$ 19,239,369	\$ 21,765,426	\$ 2,526,057	\$ 175,714,241	\$ 178,351,893	\$ 2,637,652
Total Operating Expenses	\$ 5,344,380	\$ 5,176,167	\$ (168,213)	\$ 41,457,208	\$ 37,663,194	\$ (3,794,014)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)**	\$ (3,098,478)	\$ (1,591,334)	\$ (1,507,144)	\$ (36,062,823)	\$ (32,375,500)	\$ (3,687,323)
Medical Cost Ratio**	89.5%	85.9%	3.7%	97.0%	97.1%	(0.1%)
Administrative Cost Ratio**	24.9%	20.4%	4.5%	22.9%	20.5%	2.4%

Highlights for the Month:

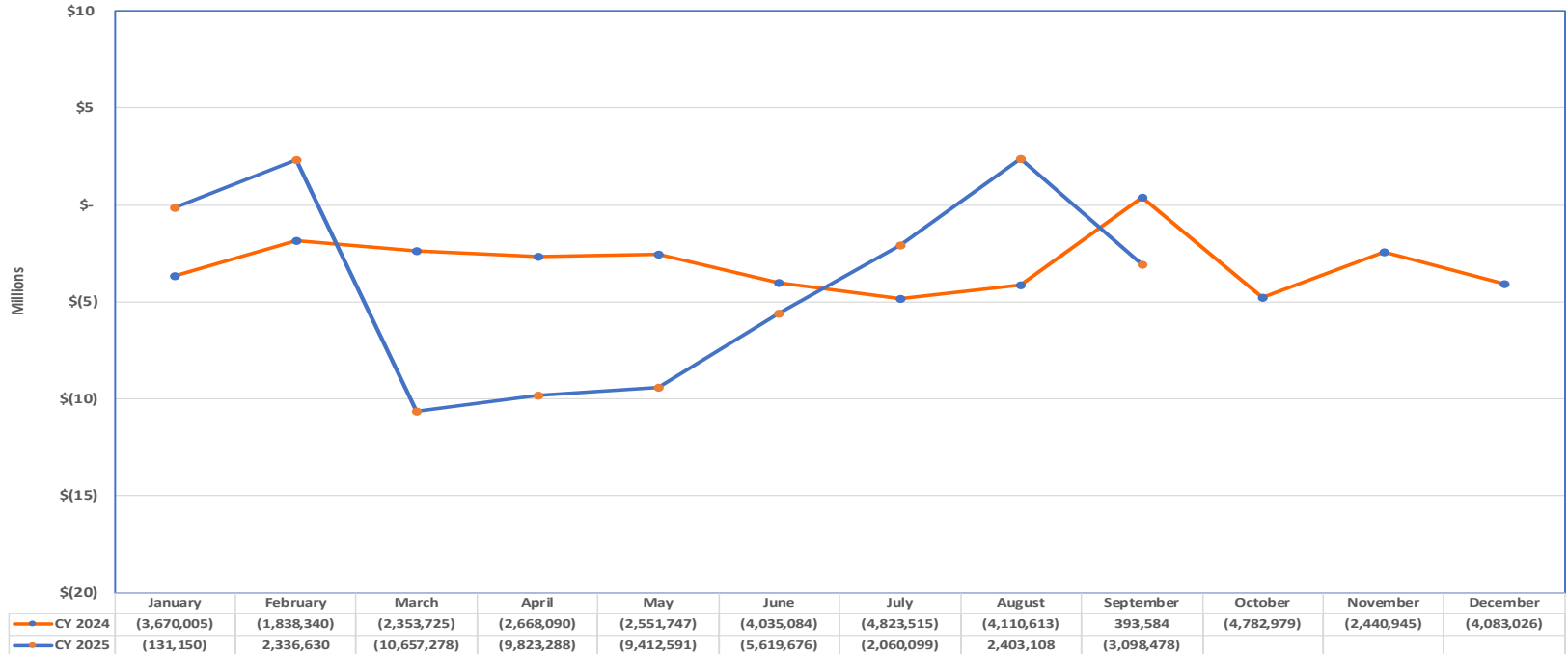
- The unfavorable revenue variance compared to budget is primarily due to the CCA risk adjustment transfer estimate adjusted based on more recent emerging experience.
- The favorable medical costs variance compared to budget is primarily due to favorable FFS prior-period utilization.

**Differences are due to rounding



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

IEHP Covered (CCA)
Net Surplus by Month (Actuals)



Balance Sheet: Current Month vs Prior Month

	Sep-25	Aug-25	Variance
<u>Assets and Deferred Outflows</u>			
Current Assets	\$ 2,749,881,559	\$ 2,224,222,599	\$ 525,658,960
Long Term Receivables	\$ -	\$ -	\$ -
Other Non Current Assets	\$ 70,426,489	\$ 69,113,743	\$ 1,312,746
Capital Assets	\$ 302,939,269	\$ 302,506,187	\$ 433,082
Deferred Outflows of Resources	\$ 81,217,887	\$ 82,101,849	\$ (883,962)
Net Other Assets	\$ -	\$ -	\$ -
Total Assets and Deferred Outflows**	\$ 3,204,465,205	\$ 2,677,944,379	\$ 526,520,826
<u>Liabilities, Deferred Inflows, and Net Position</u>			
Current Liabilities	\$ 2,071,256,193	\$ 1,528,454,247	\$ 542,801,946
Long-Term Liabilities	\$ 34,145,864	\$ 34,396,941	\$ (251,077)
Deferred Inflows	\$ 268,538	\$ 287,933	\$ (19,394)
Net Position	\$ 1,098,794,610	\$ 1,114,805,259	\$ (16,010,649)
Total Liabilities, Deferred Inflows, and Net Position**	\$ 3,204,465,205	\$ 2,677,944,379	\$ 526,520,826

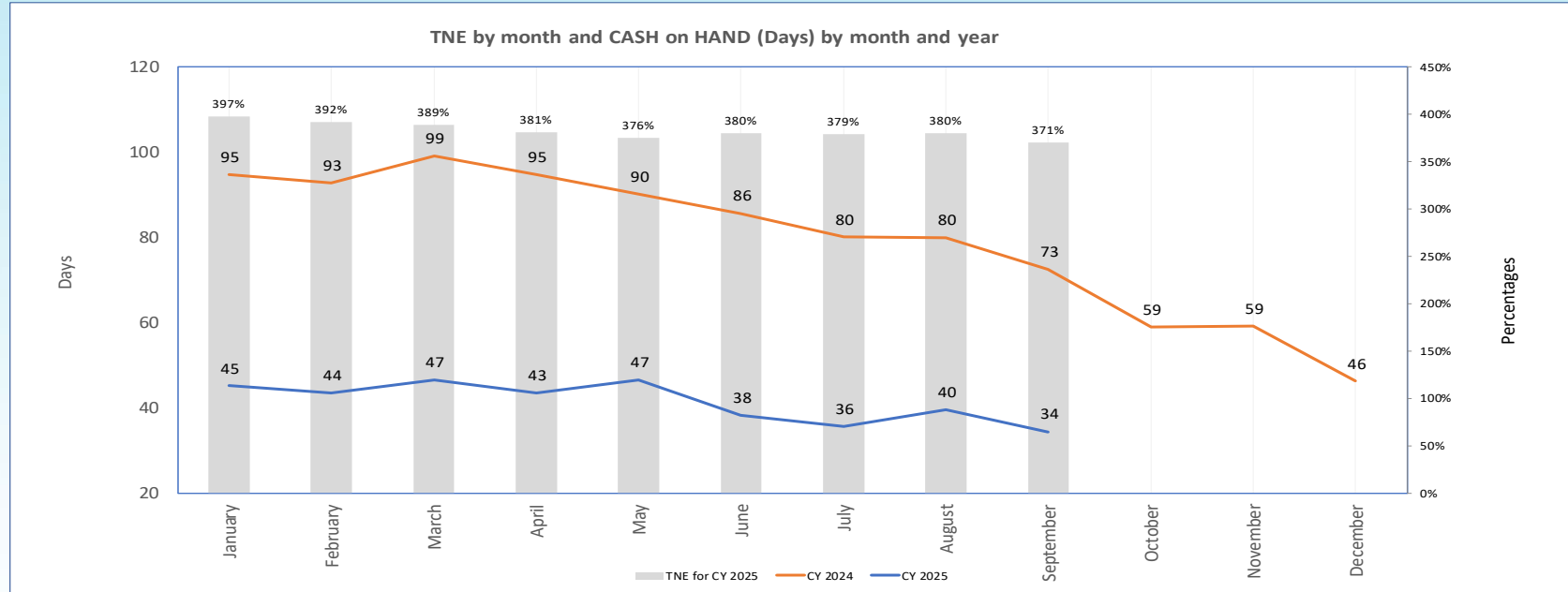
Highlights for the Month:

- Increase in Current Assets is primarily due to increase in Cash for \$573.8M directed payments received.
- Increase in Current Liabilities is primarily due to undisbursed \$573.8M directed payments received in September and \$65.0M MCO tax expense accrual, partially offset by recognition of \$89.4M unearned revenue for D-SNP September payment received in August.

**Differences are due to rounding



TNE and Cash On Hand



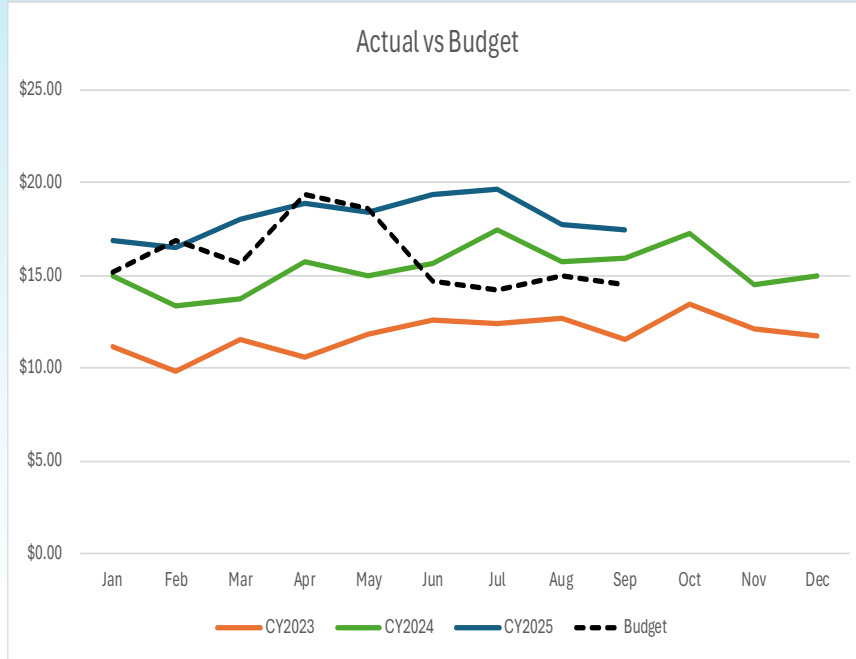
Highlights for the Month:

- Decrease in days cash on hand is primarily due to \$89.4M September D-SNP payment received in August and increase in claims related payments.

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



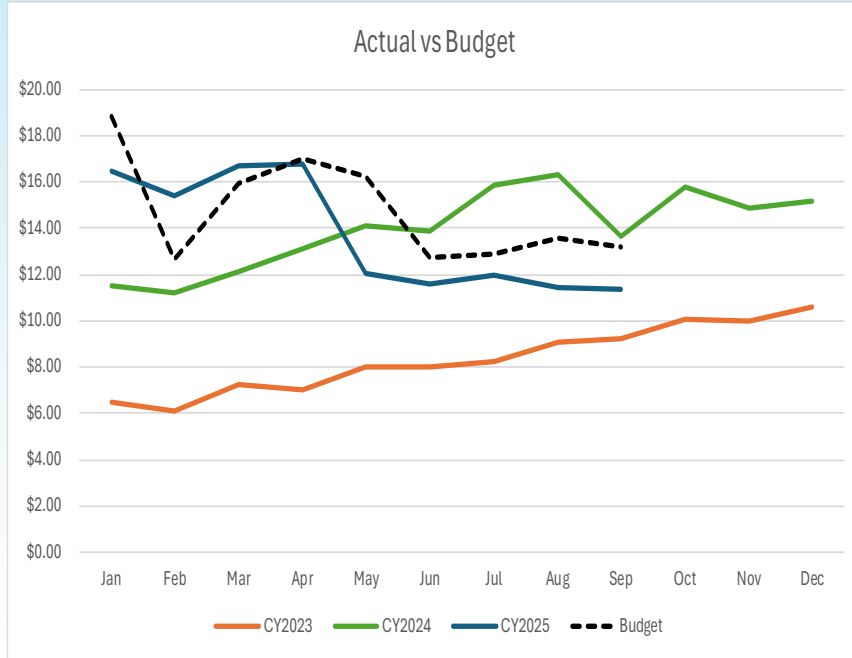
Behavioral Health Therapy – Autism



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$11.17	\$14.95	\$16.91	\$15.19	33.8%	13.2%	11.4%
Feb	\$9.83	\$13.39	\$16.48	\$16.85	36.2%	23.1%	-2.2%
Mar	\$11.55	\$13.70	\$18.00	\$15.60	18.6%	31.4%	15.4%
Apr	\$10.62	\$15.73	\$18.92	\$19.33	48.1%	20.3%	-2.2%
May	\$11.77	\$14.94	\$18.39	\$18.61	26.9%	23.1%	-1.2%
Jun	\$12.56	\$15.63	\$19.39	\$14.71	24.4%	24.1%	31.8%
Jul	\$12.36	\$17.47	\$19.63	\$14.15	41.3%	12.4%	38.7%
Aug	\$12.68	\$15.74	\$17.73	\$14.94	24.1%	12.7%	18.7%
Sep	\$11.57	\$15.91	\$17.44	\$14.50	37.5%	9.6%	20.3%
Oct	\$13.47	\$17.20			27.7%		
Nov	\$12.13	\$14.44			19.1%		
Dec	\$11.73	\$14.98			27.6%		



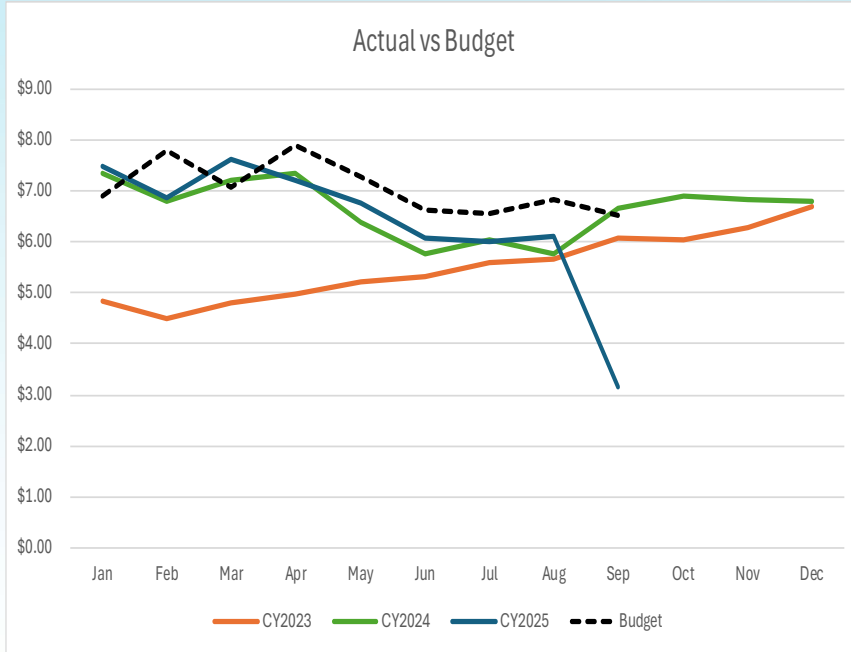
Transportation



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$6.48	\$11.55	\$16.49	\$18.82	78.3%	42.8%	-12.4%
Feb	\$6.09	\$11.18	\$15.44	\$12.66	83.6%	38.1%	22.0%
Mar	\$7.23	\$12.13	\$16.71	\$15.93	67.7%	37.7%	4.9%
Apr	\$6.99	\$13.09	\$16.75	\$16.99	87.1%	27.9%	-1.4%
May	\$8.02	\$14.13	\$12.04	\$16.26	76.3%	-14.8%	-25.9%
Jun	\$8.01	\$13.90	\$11.62	\$12.74	73.5%	-16.4%	-8.7%
Jul	\$8.26	\$15.86	\$11.94	\$12.88	91.9%	-24.7%	-7.3%
Aug	\$9.04	\$16.30	\$11.47	\$13.59	80.4%	-29.6%	-15.6%
Sep	\$9.24	\$13.67	\$11.33	\$13.16	47.9%	-17.1%	-13.9%
Oct	\$10.05	\$15.75			56.7%		
Nov	\$10.01	\$14.88			48.6%		
Dec	\$10.61	\$15.18			43.1%		



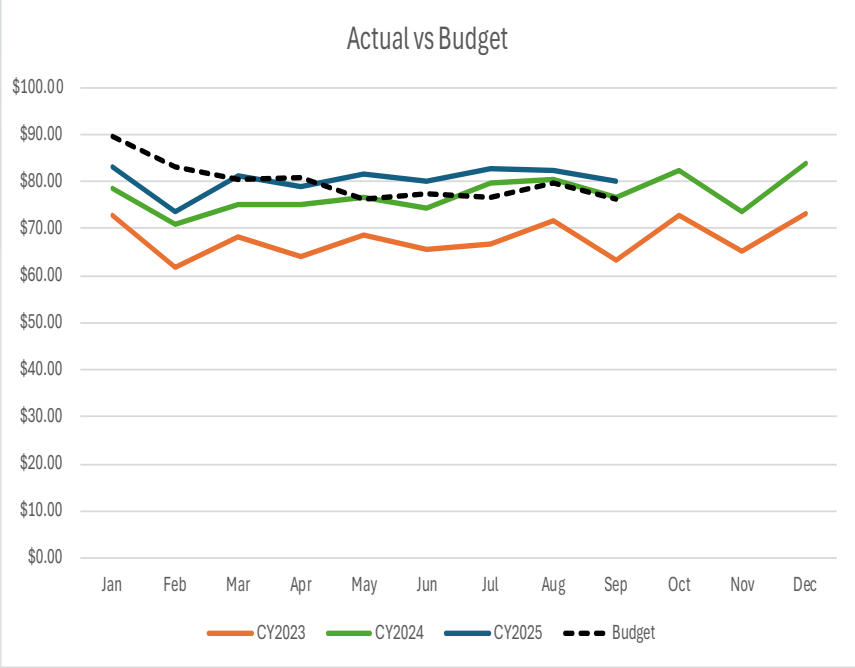
Home Health



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$4.84	\$7.36	\$7.46	\$6.90	52.1%	1.4%	8.2%
Feb	\$4.50	\$6.78	\$6.87	\$7.80	50.8%	1.2%	-12.0%
Mar	\$4.80	\$7.22	\$7.61	\$7.06	50.5%	5.4%	7.7%
Apr	\$4.99	\$7.34	\$7.21	\$7.90	47.1%	-1.7%	-8.7%
May	\$5.23	\$6.40	\$6.77	\$7.27	22.4%	5.8%	-6.9%
Jun	\$5.31	\$5.78	\$6.09	\$6.62	8.8%	5.3%	-8.0%
Jul	\$5.58	\$6.04	\$6.00	\$6.55	8.3%	-0.7%	-8.4%
Aug	\$5.67	\$5.77	\$6.09	\$6.83	1.7%	5.6%	-10.8%
Sep	\$6.08	\$6.65	\$3.16	\$6.53	9.5%	-52.5%	-51.6%
Oct	\$6.05	\$6.89			13.9%		
Nov	\$6.26	\$6.84			9.2%		
Dec	\$6.69	\$6.80			1.7%		



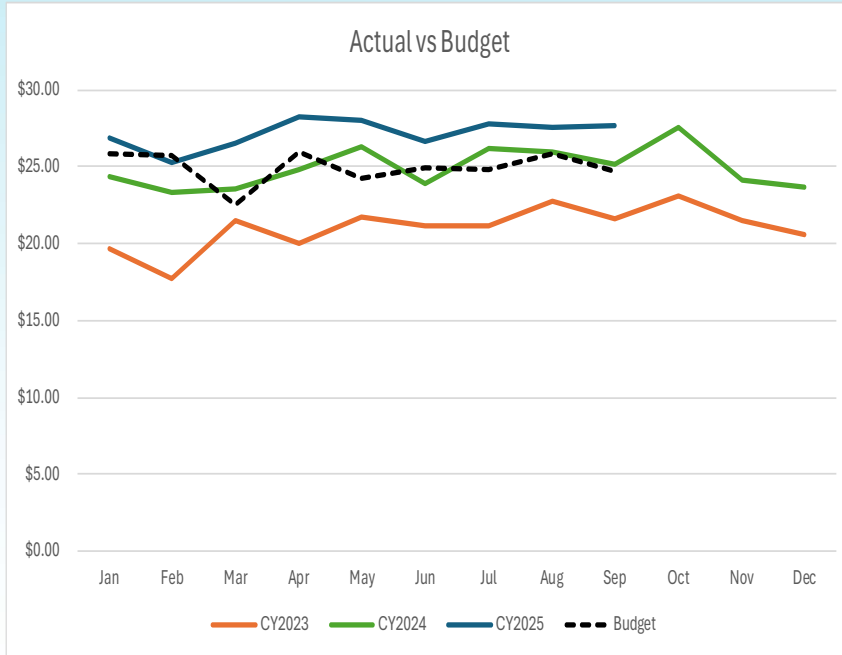
Inpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$72.81	\$78.69	\$83.17	\$89.54	8.1%	5.7%	-7.1%
Feb	\$61.91	\$71.00	\$73.44	\$83.20	14.7%	3.4%	-11.7%
Mar	\$68.39	\$75.11	\$81.17	\$80.37	9.8%	8.1%	1.0%
Apr	\$64.14	\$75.17	\$78.94	\$80.70	17.2%	5.0%	-2.2%
May	\$68.61	\$76.48	\$81.73	\$76.34	11.5%	6.9%	7.1%
Jun	\$65.52	\$74.49	\$79.87	\$77.23	13.7%	7.2%	3.4%
Jul	\$66.85	\$79.51	\$82.91	\$76.82	18.9%	4.3%	7.9%
Aug	\$71.66	\$80.45	\$82.46	\$79.84	12.3%	2.5%	3.3%
Sep	\$63.46	\$76.79	\$80.00	\$76.20	21.0%	4.2%	5.0%
Oct	\$72.83	\$82.34			13.1%		
Nov	\$65.09	\$73.50			12.9%		
Dec	\$73.10	\$84.00			14.9%		



Outpatient

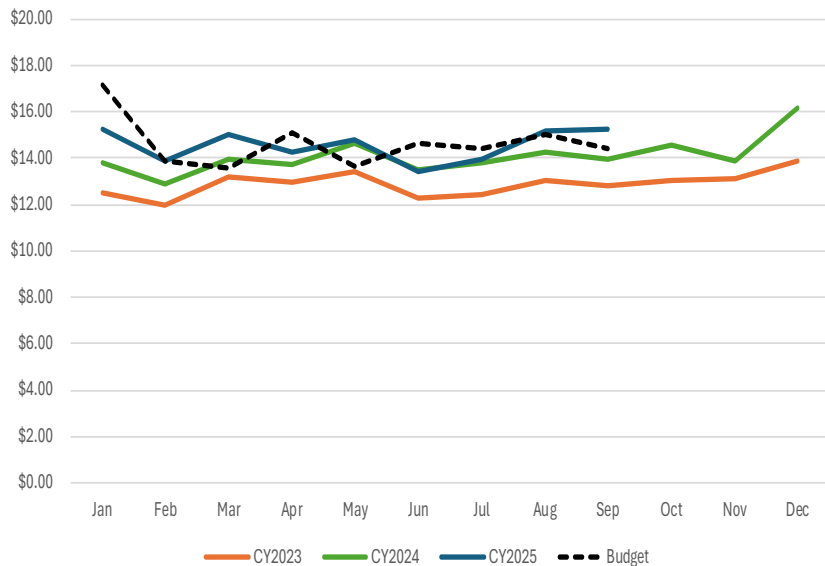


Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$19.64	\$24.33	\$26.82	\$25.85	23.9%	10.2%	3.8%
Feb	\$17.72	\$23.37	\$25.30	\$25.69	31.9%	8.3%	-1.5%
Mar	\$21.50	\$23.52	\$26.56	\$22.53	9.4%	12.9%	17.9%
Apr	\$20.00	\$24.78	\$28.21	\$25.99	23.9%	13.9%	8.6%
May	\$21.75	\$26.28	\$28.03	\$24.26	20.9%	6.7%	15.5%
Jun	\$21.14	\$23.93	\$26.63	\$24.96	13.2%	11.3%	6.7%
Jul	\$21.18	\$26.20	\$27.82	\$24.87	23.7%	6.2%	11.8%
Aug	\$22.74	\$25.92	\$27.59	\$25.90	14.0%	6.4%	6.5%
Sep	\$21.66	\$25.11	\$27.67	\$24.76	15.9%	10.2%	11.7%
Oct	\$23.14	\$27.60			19.3%		
Nov	\$21.47	\$24.17			12.6%		
Dec	\$20.56	\$23.68			15.2%		



Emergency Room

Actual vs Budget

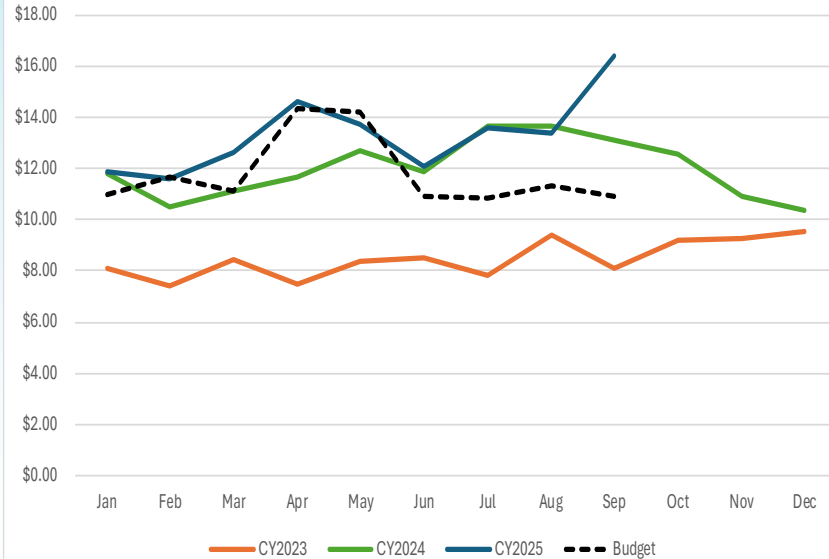


Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$12.53	\$13.78	\$15.22	\$17.17	10.0%	10.5%	-11.3%
Feb	\$11.95	\$12.88	\$13.89	\$13.89	7.8%	7.9%	0.0%
Mar	\$13.18	\$13.95	\$14.99	\$13.60	5.9%	7.4%	10.2%
Apr	\$12.93	\$13.73	\$14.24	\$15.11	6.2%	3.7%	-5.7%
May	\$13.39	\$14.61	\$14.76	\$13.68	9.1%	1.0%	7.9%
Jun	\$12.28	\$13.48	\$13.45	\$14.65	9.8%	-0.2%	-8.2%
Jul	\$12.42	\$13.81	\$13.96	\$14.40	11.1%	1.1%	-3.0%
Aug	\$13.05	\$14.30	\$15.18	\$15.04	9.6%	6.2%	0.9%
Sep	\$12.84	\$13.93	\$15.26	\$14.45	8.5%	9.6%	5.6%
Oct	\$13.05	\$14.55			11.5%		
Nov	\$13.09	\$13.86			5.8%		
Dec	\$13.90	\$16.20			16.5%		



Other Professional

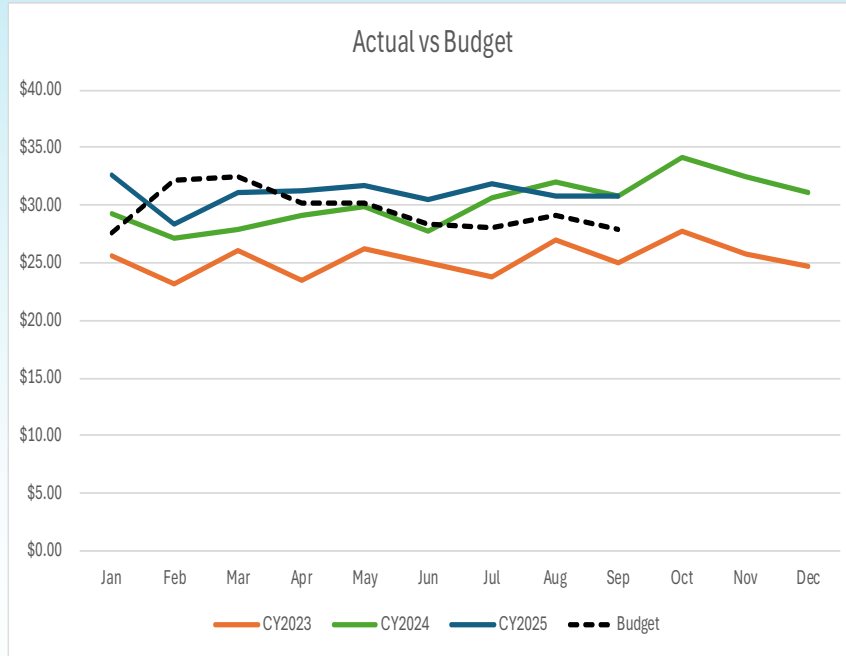
Actual vs Budget



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$8.07	\$11.77	\$11.86	\$10.99	45.8%	0.8%	8.0%
Feb	\$7.41	\$10.53	\$11.62	\$11.64	42.2%	10.4%	-0.1%
Mar	\$8.47	\$11.15	\$12.65	\$11.13	31.7%	13.5%	13.7%
Apr	\$7.45	\$11.67	\$14.64	\$14.32	56.6%	25.5%	2.3%
May	\$8.38	\$12.67	\$13.72	\$14.22	51.2%	8.3%	-3.5%
Jun	\$8.51	\$11.89	\$12.05	\$10.93	39.7%	1.4%	10.3%
Jul	\$7.84	\$13.67	\$13.59	\$10.83	74.5%	-0.6%	25.4%
Aug	\$9.37	\$13.65	\$13.41	\$11.35	45.6%	-1.7%	18.1%
Sep	\$8.13	\$13.13	\$16.39	\$10.93	61.6%	24.8%	49.9%
Oct	\$9.23	\$12.56			36.2%		
Nov	\$9.25	\$10.91			18.0%		
Dec	\$9.53	\$10.35			8.6%		



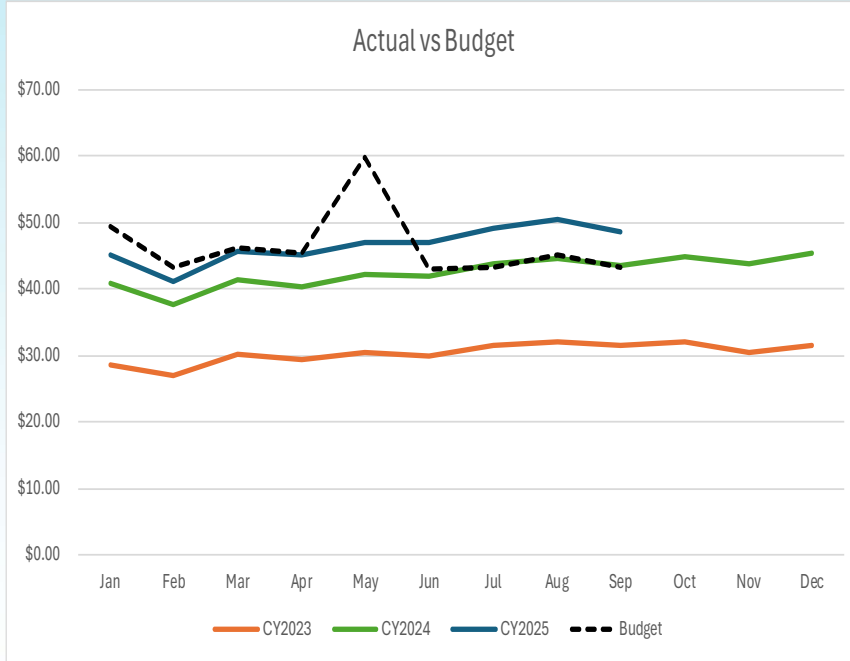
Specialist Claims



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$25.57	\$29.27	\$32.70	\$27.57	14.5%	11.7%	18.6%
Feb	\$23.22	\$27.07	\$28.35	\$32.16	16.6%	4.7%	-11.8%
Mar	\$26.08	\$27.87	\$31.08	\$32.54	6.9%	11.5%	-4.5%
Apr	\$23.41	\$29.07	\$31.22	\$30.19	24.2%	7.4%	3.4%
May	\$26.17	\$29.82	\$31.67	\$30.19	13.9%	6.2%	4.9%
Jun	\$25.03	\$27.72	\$30.47	\$28.35	10.8%	9.9%	7.5%
Jul	\$23.75	\$30.65	\$31.92	\$28.11	29.0%	4.1%	13.6%
Aug	\$27.00	\$31.96	\$30.85	\$29.20	18.4%	-3.5%	5.7%
Sep	\$25.05	\$30.87	\$30.74	\$27.85	23.2%	-0.4%	10.4%
Oct	\$27.78	\$34.12			22.8%		
Nov	\$25.81	\$32.46			25.8%		
Dec	\$24.71	\$31.13			26.0%		



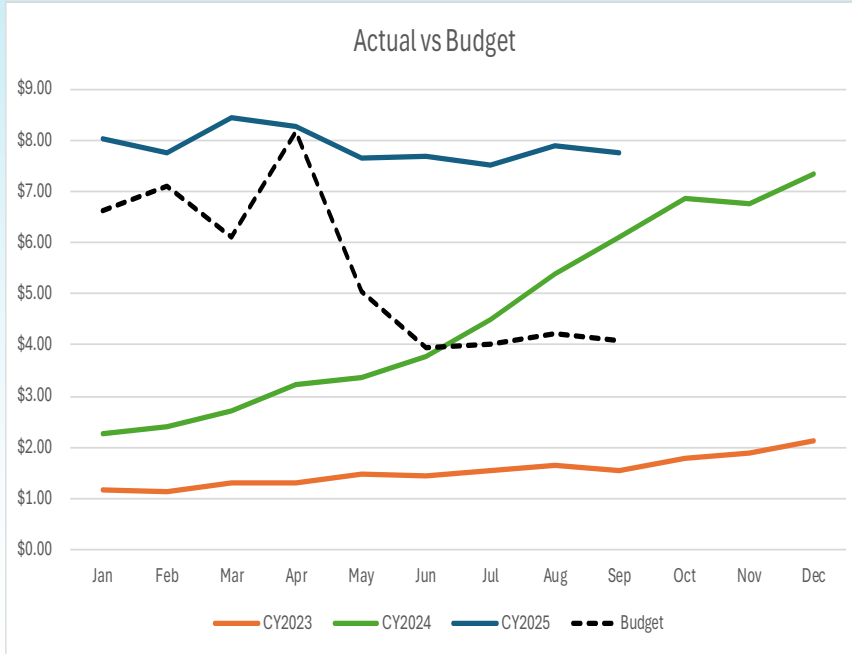
Long Term Care



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$28.62	\$40.83	\$45.10	\$49.32	42.7%	10.5%	-8.6%
Feb	\$27.00	\$37.70	\$41.02	\$43.21	39.6%	8.8%	-5.1%
Mar	\$30.28	\$41.37	\$45.69	\$46.10	36.6%	10.5%	-0.9%
Apr	\$29.34	\$40.30	\$45.23	\$45.29	37.3%	12.2%	-0.1%
May	\$30.31	\$42.26	\$47.07	\$59.71	39.4%	11.4%	-21.2%
Jun	\$30.02	\$41.96	\$46.93	\$43.04	39.8%	11.8%	9.0%
Jul	\$31.50	\$43.87	\$49.06	\$43.20	39.3%	11.8%	13.6%
Aug	\$31.89	\$44.52	\$50.39	\$45.14	39.6%	13.2%	11.6%
Sep	\$31.36	\$43.37	\$48.66	\$43.30	38.3%	12.2%	12.4%
Oct	\$31.97	\$44.80			40.1%		
Nov	\$30.51	\$43.84			43.7%		
Dec	\$31.55	\$45.38			43.8%		



Community Supports



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$1.18	\$2.25	\$8.04	\$6.62	91.5%	256.6%	21.5%
Feb	\$1.14	\$2.41	\$7.75	\$7.10	111.9%	220.9%	9.1%
Mar	\$1.29	\$2.72	\$8.43	\$6.12	110.8%	209.8%	37.8%
Apr	\$1.32	\$3.22	\$8.28	\$8.16	144.2%	157.0%	1.4%
May	\$1.46	\$3.37	\$7.66	\$5.04	130.5%	127.4%	52.1%
Jun	\$1.46	\$3.78	\$7.69	\$3.96	159.7%	103.2%	94.0%
Jul	\$1.54	\$4.49	\$7.52	\$4.00	190.5%	67.6%	87.8%
Aug	\$1.65	\$5.39	\$7.90	\$4.21	226.7%	46.6%	87.5%
Sep	\$1.53	\$6.12	\$7.75	\$4.07	299.0%	26.7%	90.3%
Oct	\$1.80	\$6.85			280.5%		
Nov	\$1.88	\$6.75			258.6%		
Dec	\$2.12	\$7.34			246.1%		



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
FTE – Full Time Employee
G&A – General & Administrative
IBNP – Incurred But Not Paid
IT – Information Technology
LTC – Long Term Care
MCO – Managed Care Organization
MDP – Manufacturing Discount Program
MEP – Medical Expenditure Percentages
MOT – Major Organ Transplant
PHDP – Private Hospital Directed Payment
QIP – Quality Incentive Pool
SIS – Satisfactory Immigration Status
SNF – Skilled Nursing Facility
UIS – Unsatisfactory Immigration Status
TNE – Tangible Net Equity
TRI – Targeted Rate Increases



Department: FINANCE

32. Title: ADOPT AND APPROVE THE INLAND EMPIRE HEALTH PLAN INTERIM CALENDAR YEAR 2026 OPERATIONAL AND CAPITAL BUDGET

Chief: Jarrod McNaughton, Chief Executive Officer

Background & Discussion:

Inland Empire Health Plan (IEHP) prepares and presents its annual budget to the Governing Board for approval for the upcoming calendar year. IEHP's budget is on a calendar year basis, January 1 through December 31. The budget consists of an Operating Budget for the upcoming 12-month period. The Operating Budget is presented on a Consolidated Basis, as well as individually for the specific product lines.

The Operating Budget consists of the following major categories:

1. Enrollment
2. Operating Revenues (Premiums)
3. Medical Expenses
4. General & Administrative (G&A) Expenses
5. Net Surplus/(Deficit)

Operating Revenues are projected based on forecasted enrollment and Per-Member-Per-Month (PMPM) premiums. Medical Expenditures are based on forecasted enrollment and projected utilization, cost trends, and any known changes in provider contracting rates. General and Administrative Expenditures are forecasted based on actual costs together with any known cost increases or decreases in this category.

The Capital Budget consists of projected expenditures for fixed or long-term assets, such as building renovations, computers, and equipment for the entire organization.

On October 14, 2025, the IEHP Finance Committee met and recommended the IEHP Interim CY2026 Operational and Capital Budget be presented to the IEHP Governing Board for adoption and approval.

Procurement Solicitation Type: N/A

Recommendation(s):

That the Governing Board of IEHP Adopt and Approve the IEHP Interim CY 2026 Operational and Capital Budget.

The budget process starts with forecasting enrollment for the upcoming calendar year. Enrollment drives two (2) major components of the budget: revenues and medical expenses as these are forecasted on a PMPM basis. Current enrollment and growth trends during the calendar year are reviewed and factored in to forecast enrollment. Consideration is given to the overall market.

POLICY AGENDA

Projections are made for Medical and G&A expenses. A Net Surplus or Deficit is calculated by offsetting all expenses against revenues.

The Capital Budget process provides a three (3) year plan. Due to many of the projects crossing multiple calendar years, this approach allows financial visibility and strategic planning for a longer period.

The details of the Interim CY 2026 Operational and Capital Budget are based on current information. IEHP will present a revised budget for CY 2026, with updated information from DHCS regarding the finalization of outstanding rates and program guidance. This will be discussed further in the attached presentation.

Financial Impact: NA	Not to Exceed Amount: NA	Term:
-----------------------------	---------------------------------	--------------

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
CY2026 Budget	V. Johnson	NA	NA	V. Johnson	J. McNaughton



IEHP Operating & Capital Budget (Interim)

November 13, 2025



CY 2026 Income Statement

	Consolidated ¹	Medi-Cal	Medicare (DSNP)	Covered California	Non Allocated
Enrollment	17,166,305	16,281,935	415,775	468,595	-
Revenue	\$ 8,559,446,104	\$ 7,389,615,110	\$ 942,956,864	\$ 226,874,131	\$ -
Medical Expenses	\$ 8,065,472,393	\$ 6,997,787,484	\$ 884,352,079	\$ 183,332,830	\$ 0
Administrative Expenses	\$ 507,828,473	\$ 421,260,640	\$ 48,130,431	\$ 38,437,402	\$ (0)
Non-Operating Income	\$ 45,205,297	\$ -	\$ -	\$ -	\$ 45,205,297
Non-Medi-Cal/Medicare Expenses²	\$ 157,000	\$ -	\$ -		\$ 157,000
Net Surplus (Deficit)	\$ 31,193,535	\$ (29,433,014)	\$ 10,474,354	\$ 5,103,899	\$ 45,048,297
Medical Cost Ratio	94.2%	94.7%	93.8%	80.8%	
Administrative Cost Ratio	5.9%	5.7%	5.1%	16.9%	
Net Surplus (Deficit) Ratio	0.4%	-0.4%	1.1%	2.2%	

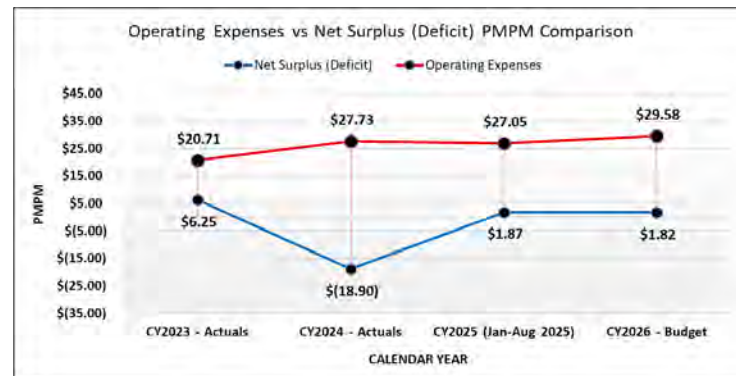
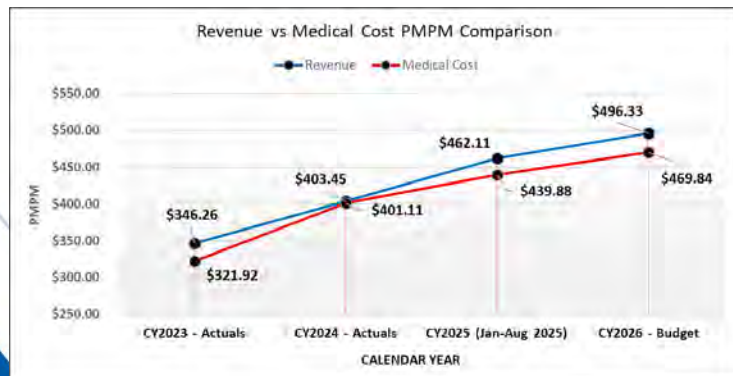
1 - Consolidated figures include non allocated expenses, such as Interest and Rental Income

2 - Non Medi-Cal/Medicare Expenses includes the net of Interest Income and Rental Income



PMPM YOY Comparison

High Level PMPM	CY2023 - Actuals	CY2024 - Actuals	CY2025 (Jan-Aug 2025)	CY2026 - Budget
Member Months	19,910,327	18,121,639	12,273,054	17,166,305
Revenue	\$ 346.26	\$ 403.45	\$ 462.11	\$ 496.33
Medical Cost	\$ 321.92	\$ 401.11	\$ 439.88	\$ 469.84
Operating Expenses	\$ 20.71	\$ 27.73	\$ 27.05	\$ 29.58
Net Surplus (Deficit)	\$ 6.25	\$ (18.90)	\$ 1.87	\$ 1.82
Net Surplus (Deficit)	\$ 124,469,570	\$ (342,531,763)	\$ 22,919,708	\$ 31,193,535
Administrative Cost Ratio (ACR)	6.0%	6.9%	5.9%	5.9%



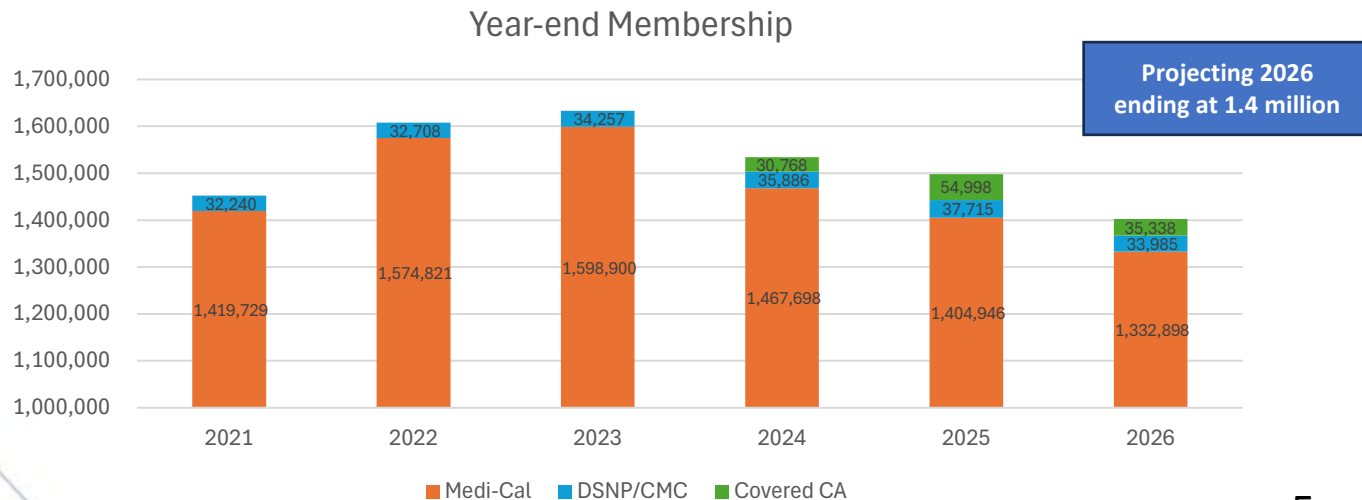
Budget Commentary

- IEHP anticipates CY2026 to end with a Net Surplus(Deficit) of \$31.2 million. This is attributed to the following factors:
 - Medi-Cal rate increase for CY2026
 - Medical cost avoidance strategies
 - Fraud, Waste, and Abuse (FWA) reviews
 - Community Supports reviews
 - Transportation Initiatives
 - Administrative cost avoidance strategies
 - Limiting the number of new hires
 - Retraining and reallocating existing staff to cover critical roles
 - Reducing full-time equivalents through natural attrition



Membership Projection

- Medi-Cal:
 - Projected at <-5.1%> net loss from December 2025 to December 2026.
 - Reflected lower incoming population with Unsatisfactory Immigration Status in 2026.
- DSNP:
 - Assumed lower enrollment due to termination of VBID Program (allowing Part D \$0 copay) and lower Star Rating.
- Covered California:
 - Assumed lower enrollment due to expiration of Enhanced Premium Tax Credit anticipated and loss of SB-260 Medi-Cal Transitioner inflow.



Main Drivers of Medi-Cal Experience

- Medi-Cal is projected to end at a net loss of <\$29.4> million for CY2026, compared to a net loss of <\$372.1> million for CY2024.
- Medi-Cal revenue is based on DHCS 2026 draft rates released end of September 2025.
 - Final rates are expected from DHCS by mid-November 2025
 - Rate for ECM is subject for a separate risk corridor.
 - The quality withhold remains at 1.0% in CY2026.
- Medi-Cal medical cost expense for CY2026 is projected at a trend rate of 7.8% from CY2025, netting the expenses for maternity due to separate supplemental payment.
 - Current assumptions has not accounted for 2026 cost initiatives at this point.

	Medi-Cal
Enrollment	16,281,935
Revenue	\$ 7,389,615,110
Medical Expenses	\$ 6,997,787,484
Administrative Expenses	\$ 421,260,640
Net Surplus (Deficit)	\$ (29,433,014)
Medical Cost Ratio	94.7%
Administrative Cost Ratio	5.7%
Net Surplus (Deficit) Ratio	-0.4%



Main Drivers of D-SNP (Medicare) Experience

- D-SNP (Medicare) is projected to end at a net surplus of \$10.5 million for CY2026.
- D-SNP revenue rate and medical expense trend rate are aligned with assumptions in CY2026 CMS Bid submission.
 - The CY2026 projected Part C+D revenue reflects a small rate increase from CY2025 due to lower county benchmarks and loss of new plan bonus of 3.5% to a 3.0 Star Rating (0%).
 - Part D \$0 copay will be only offered to Tier 1 (Generics) and Tier 6 (Stars) drugs due to termination of CMS VBID program effective 2026 and high RX cost trend.
 - Supplemental benefits offered in CY2026:
 - \$350 allowances for eyewear (same as CY2025).
 - \$60 per quarter allowance for Over-The-Counter (OTC) card (↑ from \$40 per quarter from CY2025)
 - The aggregate annualized medical costs PMPM trend was projected at 4.7% from 2025 to 2026.

	Medicare (DSNP)
Enrollment	415,775
Revenue	\$ 942,956,864
Medical Expenses	\$ 884,352,079
Administrative Expenses	\$ 48,130,431
Net Surplus (Deficit)	\$ 10,474,354
Medical Cost Ratio	93.8%
Administrative Cost Ratio	5.1%
Net Surplus (Deficit) Ratio	1.1%



Main Drivers of Covered California Experience

- Covered California is projected to end at a net surplus of \$5.1 million for CY2026.
- Covered California premium rate and medical expense trend rate are aligned with assumptions in CY2026 Qualified Health Plan (QHP) Rate filing.
 - CY2026 overall rate increase is 18% from average 2025 premium to catch up with the rate increase needed for 2024 and 2025 due to the inflow of SB260 Medi-Cal Transitioner impact on costs and risk adjustment, as well as assumed impact due to expiration of federal enhanced premium tax credit resulting to market contraction.
 - Medical costs and risk adjustment transfer payment PMPM is projected to remain flat as 2025.

	Covered California
Enrollment	468,595
Revenue	\$ 226,874,131
Medical Expenses	\$ 183,332,830
Administrative Expenses	\$ 38,437,402
Net Surplus (Deficit)	\$ 5,103,899
Medical Cost Ratio	80.8%
Administrative Cost Ratio	16.9%
Net Surplus (Deficit) Ratio	2.2%



Budget Impacts for 2026 – P4P Incentive Programs

Historically, IEHP has offered our providers Quality Pay for Performance (P4P) Incentive programs. IEHP continues our programs to focus on our Strategic goals, support Optimal Care, and increase regulatory performance requirements.

Provider Incentive Programs

Program Name	2024 Budget	2025* Budget	2026 Budget
Global Quality P4P - PCPs	145,000,000	148,572,679	131,265,000
Global Quality P4P - IPAs	26,000,000	25,432,730	26,000,000
Hospital P4P	84,000,000	66,421,258	64,800,000
OB P4P	6,500,000	4,942,392	6,500,000
Urgent Care & Wellness	1,200,000	662,111	1,200,000
P4P Global PCP - Medicare P4P IEHP Direct	-	1,110,885	1,300,000
Innovation Programs - DSNP Model of Care	2,400,000	1,255,027	1,100,000
Total P4P Programs	\$ 265,100,000	\$ 248,397,082	\$ 232,165,000
Percent change YoY		-6%	-7%

	CY2024 Total	CY2025 (As of August YTD)
Actual Payments	\$ 222,516,324	\$ 172,514,098
Percentage Paid-out compared to Budget	84%	69%



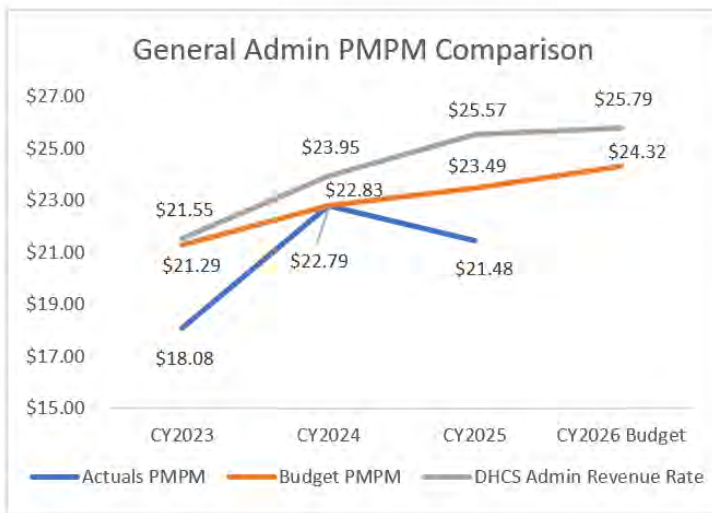
Two types of General & Administrative (G&A) costs

- Medical G&A costs
 - These are departments that DHCS defines as departments that have direct medical impact, such as UM/QA/CC type departments.
- Non-medical G&A costs (Operational costs)
 - These are departments that support the operation of our organization. These include Human Resources, Finance, Facilities, IT, etc.
 - These are reported on the Rate Development Template (RDT) as Administrative costs.

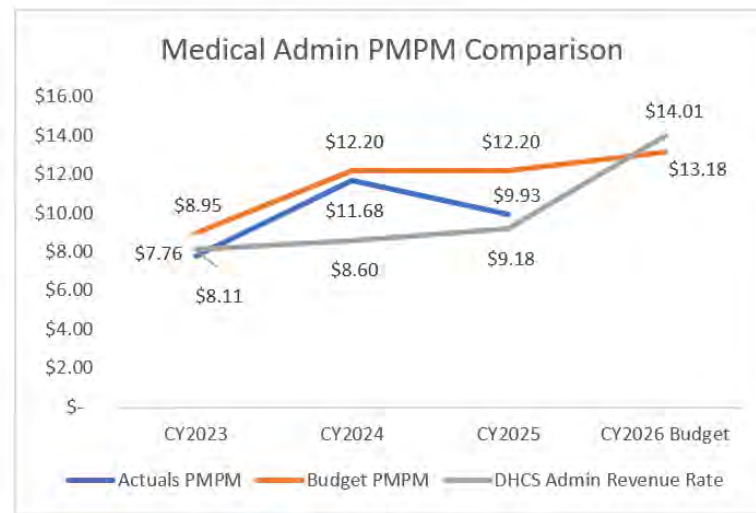


DHCS Admin Load Compared to IEHP Admin Costs

General Admin Medi-Cal Only	Actuals PMPM	Budget PMPM	DHCS Admin Revenue Rate
CY2023	\$ 18.08	\$ 21.29	\$ 21.55
CY2024	\$ 22.79	\$ 22.83	\$ 23.95
CY2025	\$ 21.48	\$ 23.49	\$ 25.57
CY2026 Budget		\$ 24.32	\$ 25.79



Medical Admin Medi-Cal Only	Actuals PMPM	Budget PMPM	DHCS Admin Revenue Rate
CY2023	\$ 7.76	\$ 8.95	\$ 8.11
CY2024	\$ 11.68	\$ 12.20	\$ 8.60
CY2025	\$ 9.93	\$ 12.20	\$ 9.18
CY2026 Budget		\$ 13.18	\$ 14.01



CY2026 General & Administrative Expense Categories

	Actuals & Forecast CY 2025	Budget CY 2026	Budget to Actual Variance		Drivers
Non-Medical G&A			\$ Change	% Change	
Salaries & Benefits	304,609,610	303,209,138	(1,400,472)	(0.5%)	
Capital Amortization & Office Resources	95,039,962	92,750,586	(2,289,376)	(2.4%)	
Facility Expenses & Telecom Services	13,322,599	15,930,339	2,607,740	19.6%	Increase due to additional security guards, Campus renovations, new EV stations and engineering contract
Fees	16,363,367	14,512,210	(1,851,157)	(11.3%)	
Insurance	6,058,086	6,162,875	104,789	1.7%	
Marketing & Outreach	21,172,850	22,375,968	1,203,118	5.7%	Increase is related to new Campaigns for CY26
Outside & Professional Services	47,944,436	50,718,535	2,774,099	5.8%	Driven by operational innovation and automation improvements along with Cybersecurity
Training, Recruitment, & Travel	1,466,427	2,168,822	702,395	47.9%	Increased recruiting fees for senior-level positions and employee referral program.
Total Non-Medical G&A	\$ 505,977,337	\$ 507,828,473	\$ 1,851,136	0.4%	



CY2026 General & Administrative Top Expense Categories

General & Administrative Top Expense Categories	2026 Budget	Drivers
Capital Amortization & Office Resources	87,248,935	
Amortization Expense	41,038,143	
Depreciation Expense	24,548,173	
Computer Software and/or License	10,477,497	
Computer Software Maintenance and/or Support	8,272,218	
Lease Interest Expense	2,912,904	
Outside & Professional Services	49,364,071	
Consulting Services	23,839,316	External consulting support primarily for IT projects (system implementations, cybersecurity) and Care Division startup. Balance covers strategic and operational consulting needs across the organization.
Legal Services	6,947,000	Funds allocated to cover routine legal counsel, regulatory compliance support, and defense of potential litigation.
Other Outside Services	18,577,755	External support for actuarial analysis and rate setting, claims recovery operations, Medi-Cal eligibility determination and processing, and IT system maintenance and development. Ensures specialized expertise for critical healthcare operations and regulatory compliance.



FTE Equivalent vs FTE Headcount 2 Year Trend



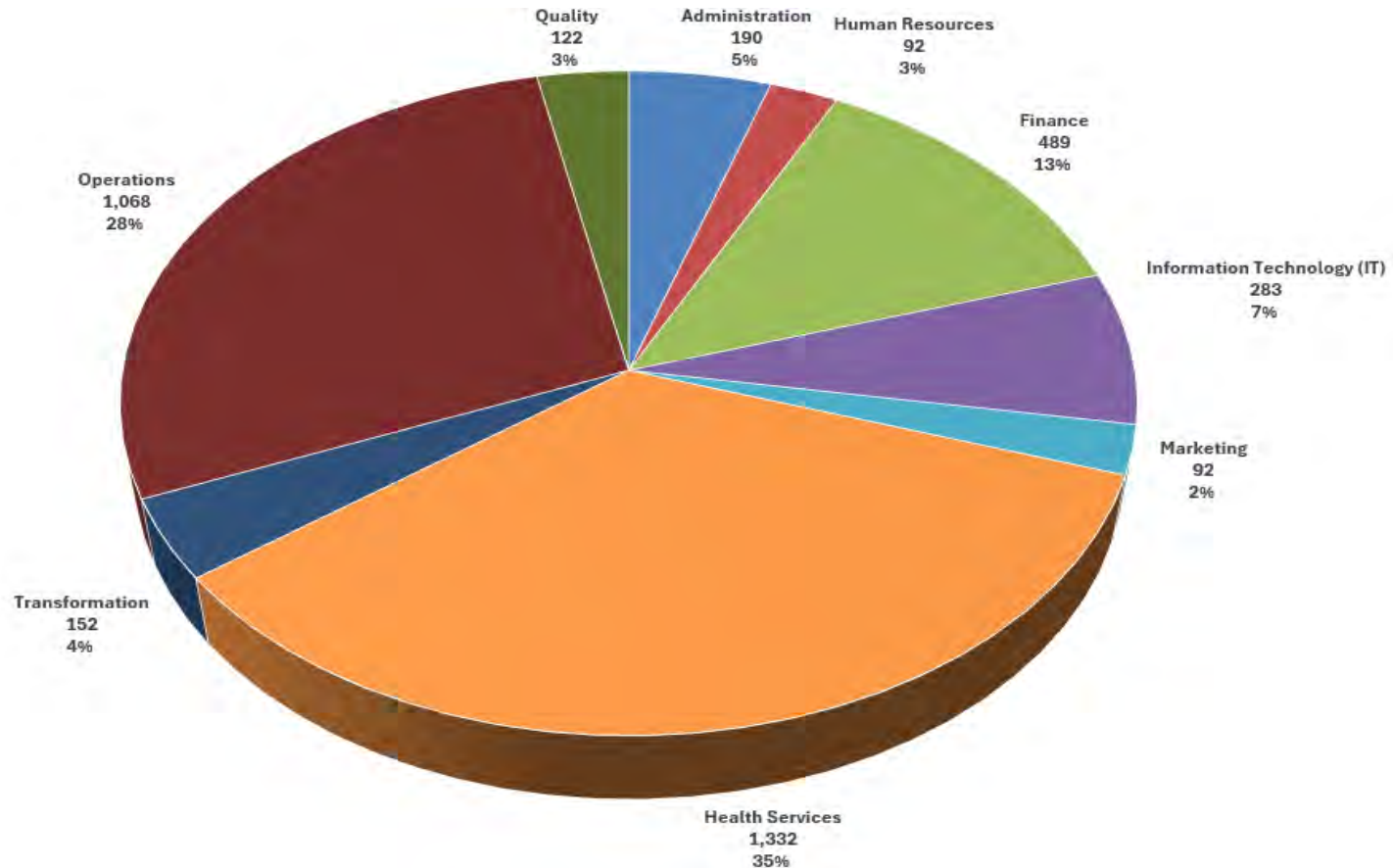
* Full-Time Equivalent (FTE) Equivalent is calculated based on the actual hours of service performed by employees, where hours spent on a leave of absence (LOA) do not count towards the total.

**2025 Headcount is based on actual employees from January to August.

***Assuming 7% Vacancy Factor



IEHP 2026 Budgeted Headcount by Division



MSA Agreements - 2026 Estimated Reimbursements

	Actuals CY 2024	Actuals CY 2025	Budget CY 2026	Drivers
IEHP Foundation				
FTEs	6	6	6	
MSA Service Revenue *		\$ 934,715	\$ 1,330,066	Agreement Effective April 2025; Offsets with IEHP Foundation dept expenses
IEHP Incurred Expenses	\$ (1,452,485)	\$ (1,153,427)	\$ (1,330,066)	
Net Expense to IEHP	\$ (1,452,485)	\$ (218,713)	\$ -	
Health Access - ECM Care Teams				
FTEs	82	77	79	
MSA Service Revenue *	\$ 4,500,000	\$ 9,000,000	\$ 9,000,000	MSA Service fee Effective July 2024; Currently at fixed \$750K per month
IEHP Incurred Expenses	\$ (4,895,530)	\$ (10,519,426)	\$ (11,196,017)	
Net Expense to IEHP	\$ (395,530)	\$ (1,519,426)	\$ (2,196,017)	
Health Access - Care Division				
FTEs	-	1.5	1	
MSA Service Revenue *	\$ -	\$ -	\$ 960,000	New Agreement is currently under review and in draft form
IEHP Incurred Expenses	\$ -	\$ -	\$ (960,000)	
Net Expense to IEHP	\$ -	\$ -	\$ -	
Total Expense to IEHP	\$ (1,848,015)	\$ (1,738,139)	\$ (2,196,017)	

* Each Master Services Agreement (MSA) provides for the reimbursement of direct staffing costs (FTE) incurred by IEHP on behalf of the respective organization. IEHP employs the staff supporting these organizations and receives monthly reimbursement for the associated expenses.



Health Plan Comparison

IEHP compares our non-Medical General & Administrative (G&A) expense to revenue percentage to other Health Plans each year. For the comparison, we referenced the quarterly Financial reports submitted by all health plans to DMHC. This comparison period is July 2024 to June 2025 (12 months). Based on actual data, IEHP is trending at 5.9% compared to other health plans. IEHP's CY2026 budget has increased to 6% (see below in red for the CY2026 Budget). IEHP anticipates the G&A percentage to continuously decrease due to the current initiatives.

12 Month Administrative Cost Ratio (lowest to highest)					
HMO	Managed Care Model	Revenue (Annualized)	G & A* (Annualized)	G & A as a % of Revenue	
Contra Costa Health Plan	Single-Plan	\$ 2,340,046,234	\$ 65,890,837	2.8%	
Kern Family Health Care	Two-Plan	\$ 3,089,028,000	\$ 94,641,000	3.1%	
Santa Clara Family Health Plan	Two-Plan	\$ 2,134,207,884	\$ 66,119,225	3.1%	
Alameda Alliance for Health	Single-Plan	\$ 3,047,076,038	\$ 115,922,014	3.8%	
Partnership HealthPlan of California	COHS	\$ 6,840,783,126	\$ 269,774,809	3.9%	
CenCal Health	COHS	\$ 2,050,282,930	\$ 85,691,652	4.2%	
Community Health Group/CHG Foundation	Geographic Managed Care	\$ 1,800,561,614	\$ 84,857,636	4.7%	
Health Plan of San Mateo	COHS	\$ 1,365,685,967	\$ 68,491,109	5.0%	
CalOptima	COHS	\$ 5,223,637,476	\$ 263,825,359	5.1%	
Health Plan of San Joaquin	Two-Plan	\$ 1,664,878,204	\$ 89,339,333	5.4%	
L.A. Care Health Plan	Two-Plan	\$ 12,509,649,884	\$ 686,756,100	5.5%	
IEHP	Two-Plan	\$8,984,446,663	\$533,312,501	5.9%	
Central California Alliance for Health	COHS	\$ 2,182,540,967	\$ 145,886,217	6.7%	
San Francisco Health Plan	Two-Plan	\$ 1,213,637,128	\$ 92,910,686	7.7%	
IEHP - CY2026 Budget		Two-Plan	\$8,520,107,115	\$507,828,473	5.9%



Projected 3 Year Capital Budget and Other Developments

3 Year Proposed Capital Budget for 2026, 2027, and 2028						
No	Capital Budget Project	Estimated Start Date	2026 Budget	2027 Budget	2028 Budget	Total Costs for 3 Years
Facilities						
1	Atrium Projects	2026 Q1	\$ 700,000	\$ 1,500,000	\$ -	\$ 2,200,000
2	CWC Projects - New Buildings	2026 Q1	\$ 2,000,000	\$ 22,000,000	\$ 23,000,000	\$ 47,000,000
3	9500 Building	2026 Q2	\$ 1,150,000	\$ 7,850,000	\$ -	\$ 9,000,000
4	Parking Lot and Landscape Projects	2026 Q4	\$ -	\$ 1,500,000	\$ 3,000,000	\$ 4,500,000
5	Other Projects	2026 Q1	\$ 350,000	\$ -	\$ -	\$ 350,000
6	General Equipment & Furniture	2026 Q1	\$ 245,000	\$ -	\$ -	\$ 245,000
Total			\$4,445,000	\$32,850,000	\$26,000,000	\$63,295,000
Information Technology						
1	Digital Transformation	Continuous	\$ 4,000,000	\$ 6,950,000	\$ 5,000,000	\$ 15,950,000
2	Framework Architecture	2026 Q1	\$ 2,100,000	\$ 500,000	\$ 500,000	\$ 3,100,000
3	Technology Transformation	Continuous	\$ 8,500,000	\$ 13,470,000	\$ 8,130,000	\$ 30,100,000
4	Data Center & Hardware Refresh	Continuous	\$ 1,437,600	\$ 1,393,980	\$ 1,463,679	\$ 4,295,259
5	Information Security Modernization	Continuous	\$ 125,000	\$ 1,025,000	\$ 1,025,000	\$ 2,175,000
6	Infrastructure Modernization	Continuous	\$ 305,000	\$ 100,000	\$ 105,000	\$ 510,000
7	Identity Access Management	2026 Q1	\$ 1,000,000	\$ 540,000	\$ 250,000	\$ 1,790,000
8	Business/Admin Support Solutions	Continuous	\$ 10,285,526	\$ 1,638,793	\$ 1,000,000	\$ 12,924,319
9	Other Project & General Equipment	Continuous	\$ 500,000	\$ 1,082,000	\$ 1,136,100	\$ 2,718,100
10	Core System	2026 Q2	\$ 2,000,000	\$ 11,900,000	\$ 29,130,000	\$ 43,030,000
Total			\$30,253,126	\$38,599,773	\$47,739,779	\$116,592,678
Overall Total			\$34,698,126	\$71,449,773	\$73,739,779	\$179,887,678

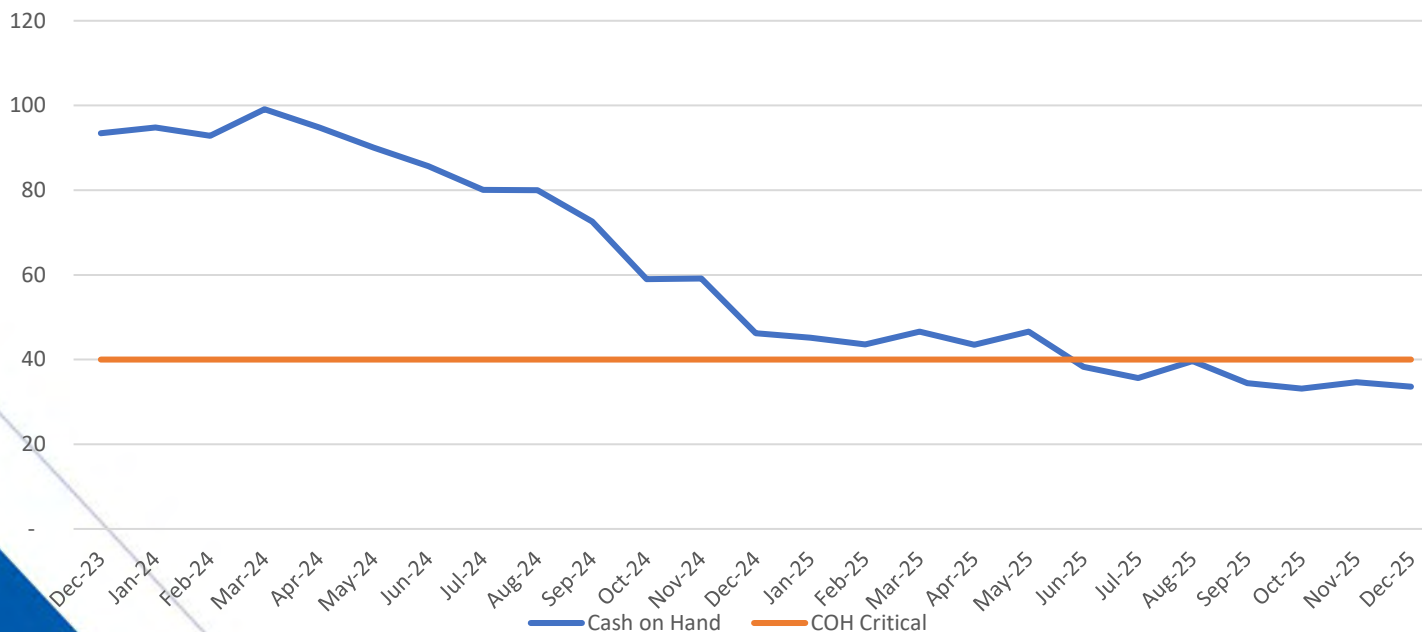


Cash-On-Hand Projections for CY 2026

	Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
Operational & Capital	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Cash-On-Hand	34	33	35	34	31	34	34	35	35	35	35	32	32	30	31	29

Note: Cash on Hand calculation does not include receivables/payables that have unknown (at the time of this presentation) payment timelines and/or amounts.

Two Years Cash on Hand



Update/Revision to CY 2026 Budget

Timeline: March or April 2026

Revenue Rates:

- Medi-Cal Final rates from DHCS are expected by mid-November 2025.
 - Expecting updates to the Community Supports rate per DHCS All-Plan CFO meeting.
 - Updates on rating assumptions based on DHCS LTC/Hospice fee schedules.
 - Possible revisions to draft rates related to UIS Full-Scope Expansion (19+) Enrollment Freeze, Expiration of Enrollment Flexibilities, and Medicare Part A Buy-in.
 - Further DHCS review for any needed rate adjustments on reinstatement of Medi-Cal Asset Limit Test, Major Organ Transplant and changes on limitations on COVID-19 Testing effective 1/1/2026.
- CCA premium rates are still subject to Congress decision on extension for Enhanced Premium Tax Credit.

Medical Cost Projection:

- Updates required related to final rate adjustments for Medi-Cal and CCA.
- Further review 2026 initiatives with business units to incorporate cost saving assumptions.

Membership revisions: if material changes are noted in early membership data

G&A & Capital expenditures: refinements based on business needs



Questions?





INLAND EMPIRE HEALTH PLAN

Procurement Report

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

**Items on this summary report are being
processed in conjunction with the
November 13, 2025
Governing Board Meeting**



***Procurement Report
as of November 13, 2025***

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	A3 Growth Partners First Amendment	A Professional Services Agreement (PSA) for Consultant for Advancement of the Transportation (NEMT and NMT) Program	\$49,000	New	05/22/25	Operations
2	Arine Inc. Second Amendment	A Professional Services Agreement (PSA) for CMS Quality Measures	\$95,000	Included in CY2025	05/19/25	Quality
3	Baker Tilly Advisory Group, LP	A Master Services Agreement (MSA) and Statement of Work (SOW) for HITRUST Readiness Assessment Services	\$12,000	Included in CY2025	10/21/25	Information Technology
4	Brightview Landscape Services Inc.	A Public Works Contract for the Landscape Improvement Project: Irrigation, Turf Installation, and Retaining Wall Construction for the main IEHP Campus	\$32,222	Included in CY2025	10/03/25	Finance
5	Calibrated Healthcare Network Third Amendment	A Professional Services Agreement (PSA) for Utilization Management (UM) Clinical and Non-Clinical Review	\$0	Included in CY2025	05/12/25	Health Services
6	California Strategies & Advisory, LLC First Amendment	A Professional Services Agreement (PSA) for State Legislative Advocacy Services	\$216,000	Included in CY2025	11/01/25	Administration
7	Corporate Web Services, Inc. First Amendment	A SAAS Services Order Form	\$0	Included in CY2025	07/01/25	Information Technology
8	Eptura Inc. First Amendment	A Master Statement of Work (SOW) and SAAS Agreement for Enterprise Class Software	\$74,558	Included in CY2025	10/01/25	Information Technology
9	Everbridge Inc.	A Statement of Work (SOW) for Signal Platinum, a Software Platform	\$27,365	Included in CY2025	10/24/25	Information Technology
10	Guardian Angel Consulting, Inc. First Amendment	A Professional Services Agreement (PSA) for HEDIS Abstraction Training and Comprehensive Testing Services	\$28,975	Included in CY2026	01/01/26	Quality
11	Istock-Getty Images	A Quote and Vendor Services Agreement for Professional Creative Art and Design Services	\$2,332	Included in CY2025	11/04/25	Marketing
12	JAMS Software, LLC	A Master Solutions Agreement (MSA) and Order Form for IT Software.	\$28,000	Included in CY2025	11/01/25	Information Technology
13	Leapwork, LLC	An Order Form for an AI Test Automation Solution	\$136,918	Included in CY2025	05/15/25	Information Technology
14	MCI Communications Services, Inc. (dba Verizon Business Services, Inc.) First Amendment	Wireless services, devices, and accessories to support mobile communications across departments	\$1,129,189	Included in CY2025	05/04/25	Information Technology



***Procurement Report
as of November 13, 2025***

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
15	Mercer,(US) Inc. First Amendment	A Multi-year Data Agreement for Workforce Intelligence Network System & IPE Methodology License	\$0	Included in CY2025	06/01/25	Administration
16	Prometheus Development, LLC First Amendment	A Learning Management System to track regulatory training's	\$142,494	Included in CY2026	07/01/26	Information Technology
17	San Bernardino County, on behalf of Arrowhead Regional Medical Center	A Professional Services Agreement (PSA) for Medi-Cal Enrollment	\$150,000	Included in CY2025	01/01/25	Administration
18	Toney Healthcare Consulting, LLC Fourth Amendment	A Professional Services Agreement (PSA) for Clinical Review Services	\$0	Included in CY2025	10/06/25	Health Services
19	Verizon Business Network Services, LLC First Amendment	Business Service Agreement for Land Line Services	\$300,000	Included in CY2025	06/01/25	Information Technology
20	West Monroe Partners, LLC First Amendment	A Professional Services Agreement (PSA) for Prior Authorization Grid Operationalization Support	\$0	Included in CY2025	10/21/25	Health Services

**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 OCTOBER 14, 2025, REGULAR MEETING

Governing Board Members Present:

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

Dr. Dan Anderson
Drew Williams

Governing Board Members Absent: Eileen Zorn

Governing Board Member Vacancy: None

Inland Empire Health Plan Employees and Legal Counsel Present:

Jarrold McNaughton, Chief Executive Officer
Genia Fick, Chief Quality Officer
Edward Juhn, Chief Medical Officer
Sylvia Lozano, Chief Transformation Officer
Michelle Rai, Chief Communications &
Marketing Officer
Tim Rielly, Consultant Chief Financial Officer
Supriya Sood, Chief People Officer
Susie White, Chief Operations Officer

Anna Wang, Esq., Vice President, General Counsel
Raymond Mistica, Esq. Deputy County Counsel
Leona Liu, Vice President, Finance
Annette Taylor, Secretary to the Governing Board
Mike Grant, Vice President – Member Satisfaction
Juan Ortega, Director, Provider Experience

IEHP Staff Absent: Vinil Devabhaktuni, Chief Digital and Information Officer; Victoria Ostermann, Vice President, Government Affairs

Guest(s): None

-
- I. Call to Order:
Chair Gutierrez called the October 14, 2025, regular meeting of the Inland Empire Health Plan Governing Board to order at 9:00 a.m.
- II. Pledge of Allegiance:
- III. Roll Call:
- IV. Agenda Changes: *Clerk announced that Closed Session would be the first matter of business.*
- V. Public Comment: None

***At 9:02 a.m., Chair Gutierrez announced the Governing Board would convene in Closed Session and deferred to the Clerk to read the following Closed Session item into the record:*

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

- 1. Conference with Legal Counsel-Existing Litigation pursuant to subdivision (d)(1) of Government Code Section 54956.9:*
 - a. United States of America v. Local Initiative Health Authority for Inland Empire Health Plan d/b/a Inland Empire Health Plan; U.S. District Court, Central District of California, Case No. 5:25-cv-02444”*

***Member Armendarez arrived at 9:03 a.m.*

***Governing Board Members returned to Public Session at 9:37*

- VI. Conflict of Interest Disclosure: Chair Gutierrez announced:
“For the record, please note that as members of the Riverside County Board of Supervisors, neither I nor my colleague, Supervisor Spiegel, has any financial interest in Consent Item 9 that would constitute a disqualifying conflict of interest. Our vote on this item is in our capacity as IEHP Governing Board members”.
- VII. Adopt and Approve the Meeting Minutes from September 8, 2025, Meeting of the Governing Board of the Inland Empire Health Plan.

Action: On motion of Member Hagman and seconded by Member Armendarez, the Meeting Minutes from the September 8, 2025, Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Hagman/Armendarez; Spiegel not present; Zorn Absent)

VIII. Consent Agenda:

Action: On motion of Member Hagman and seconded by Member Armendarez, Items 1 – 13 on the Consent Agenda were approved as presented. (Hagman/Armendarez; Spiegel not present; Zorn Absent)

***Member Spiegel returned at 9:40 a.m.*

IX. Policy Agenda and Status Report on Agency Operations (Board Report #365)

ADMINISTRATION (Jarrod McNaughton):

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

Item 14: Chief Executive Officer Update:

Mr. McNaughton presented the CEO update for October 2025.

Item 15: Board Education – Contact Center Automation and Voice of the Member:

Susie White, Chief Operating Officer, introduced Mike Grant, Vice President – Member Satisfaction, who presented an overview of the Contact Center Automation and Voice of the Member.

**Members Gutierrez and Hagman commented on the presentation.*

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

FINANCE DEPARTMENT (Tim Rielly):

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

Item 16: Monthly Financial Review:

Mr. Rielly and Leona Liu, Vice President, Finance, presented the financials for PE083125.

**Members Gutierrez and Hagman commented on the presentation.*

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

OPERATIONS DEPARTMENT (Susie White):

Ms. White presented the following Operations section of the Status Report:

Item 17: 2024 Independent Physician Association Performance Evaluation Tool Review

Ms. White introduced Juan Ortega, Director, Provider Experience & Oversight, who presented the review.

**Member Anderson commented on the review.*

All Status Report items for the Operations 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 18: Overview of the 2025 Medi-Cal and Medicare Consumer Assessment of Healthcare Providers and Systems Member Satisfaction Survey Results:

Item 19: Final Results for Medi-Cal, D-SNP, and Covered California Healthcare Effectiveness Data And Information Set For Measurement Year 2024

**Ms. Fick and Sharon, Vice President, Pharmacy & Medicare Stars, conducted a joint presentation of Items 18 & 19.*

**Member Anderson commented on the review.*

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

MEETING MINUTES - DRAFT

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

XI. Board Comments: *None*

XII. Closed Session: *This was moved to the beginning of the meeting.*

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

1. Conference with Legal Counsel-Existing Litigation pursuant to subdivision (d)(1) of Government Code Section 54956.9:

a. United States of America v. Local Initiative Health Authority for Inland Empire Health Plan d/b/a Inland Empire Health Plan; U.S. District Court, Central District of California, Case No. 5:25-cv-02444 *No Business*

XIII. Adjournment

Chair Gutierrez adjourned the October 14, 2025, IEHP Governing Board meeting at 10:45 a.m.

The Approved Governing Board Minutes for October 14, 2025, will have a copy of the IEHP Board Report #365 attached

These Meeting Minutes were duly adopted and approved on November 13, 2025.

Annette Taylor
Secretary to the IEHP Governing Board