



**REGULAR MEETING OF THE FINANCE COMMITTEE
OF THE
INLAND EMPIRE HEALTH PLAN**

TUESDAY, October 14, 2025 – 10:00 AM

**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 THE FINANCE COMMITTEE MEETINGS:

The meeting of the Inland Empire Health Plan Finance Committee is open to the public. A member of the public may address the Committee on any item on the agenda and on any matter that is within the Committee'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 Committee of any speakers on a particular agenda item, a speaker slip is requested to be completed and provided to the Committee 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 Committee to speak. The Committee may limit the public input on any item, based on the number of people requesting to speak and the business of the Committee.

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.

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
- VI. Adopt and Approve the Meeting Minutes from the July 29, 2025, Regular Meeting of the IEHP Finance Committee

AGENDA

VII. POLICY DISCUSSION ITEMS

1. Approve the Recommendation to submit the Interim Calendar Year 2026 Operational and Capital Budget to the Inland Empire Health Plan Governing Board

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

IX. Committee Member Comments

X. Closed Session – No Business

XI. Adjournment

The next meeting of the IEHP Finance Committee will be held on January 12, 2026, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

Title: Approve the Recommendation to submit the Interim Calendar Year 2026 Operational and Capital Budget to the Inland Empire Health Plan Governing Board**Presenter:** Tim Reilly, Consultant CFO**Summary:**

Discussion of the IEHP Interim CY2026 Operational and Capital Budget

Recommendation:

The IEHP Finance Committee recommends that the Interim CY2026 Operational and Capital Budget be presented to the IEHP Governing Board for adoption and approval.

Chair Yxstian Gutierrez	Vice Chair Curt Hagman	Member Eileen Zorn
<input type="checkbox"/> Review <input checked="" type="checkbox"/> Recommend the item be forwarded to the Governing Board for approval <input type="checkbox"/> N/A	<input type="checkbox"/> Review <input checked="" type="checkbox"/> Recommend the item be forwarded to the Governing Board for approval <input type="checkbox"/> N/A	<input type="checkbox"/> Review <input type="checkbox"/> Recommend the item be forwarded to the Governing Board for approval <input checked="" type="checkbox"/> N/A - Absent



IEHP Operating & Capital Budget (Interim)

October 14, 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%	

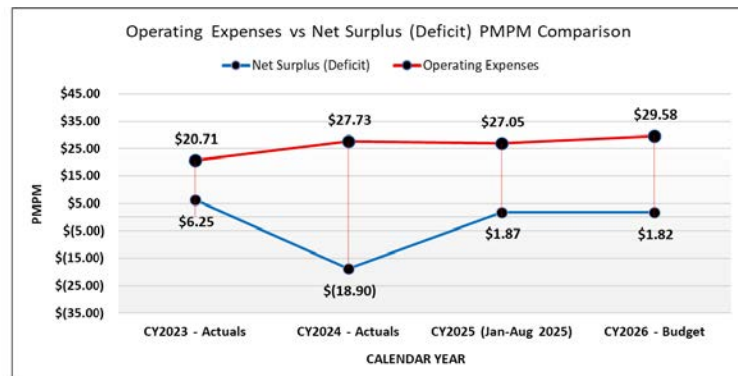
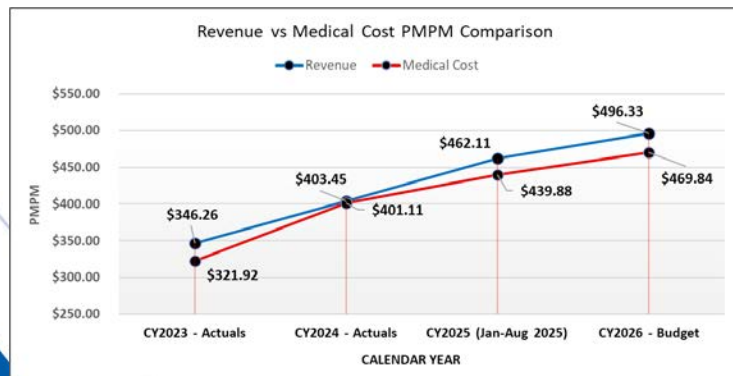
1 - Consolidated figures include non allocated expenses, such as Interest and Rental Income

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%



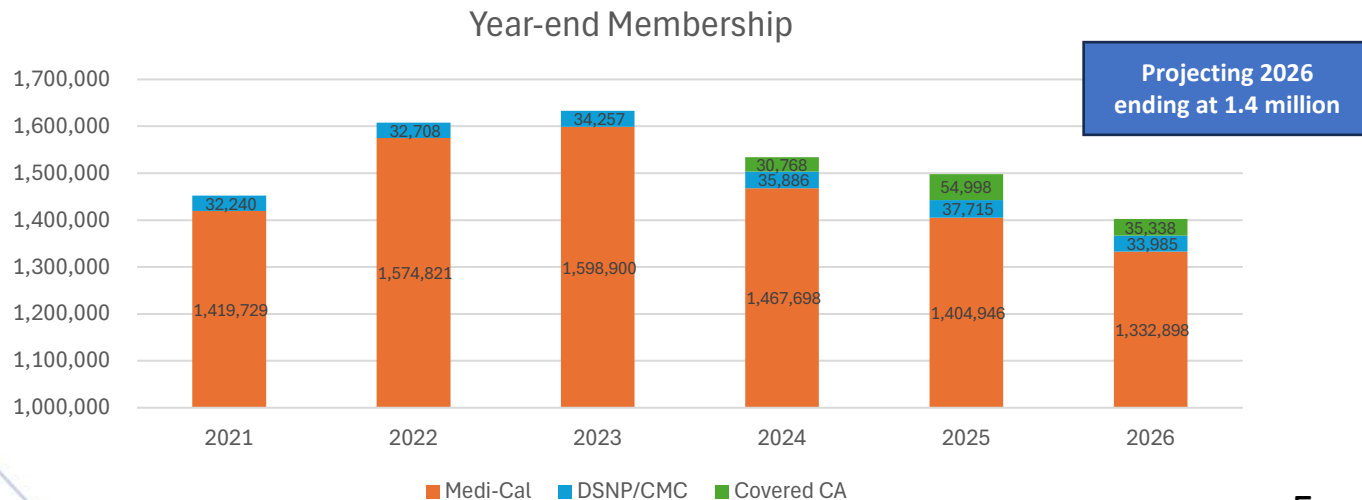
Budget Commentary

- 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

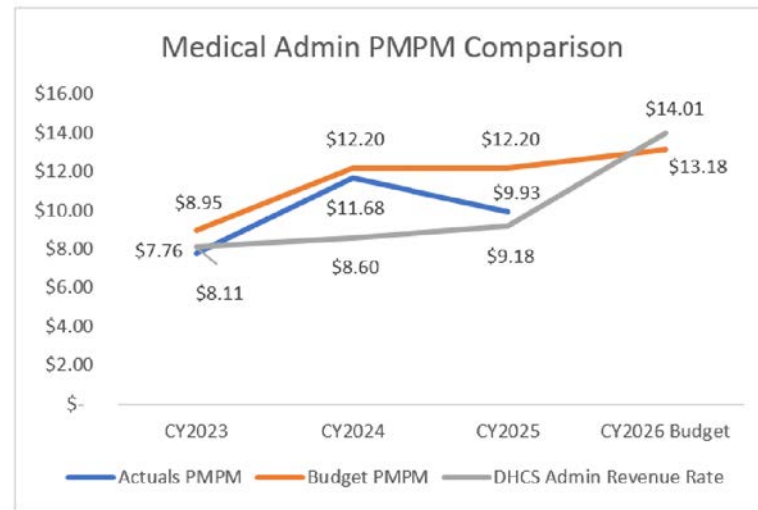
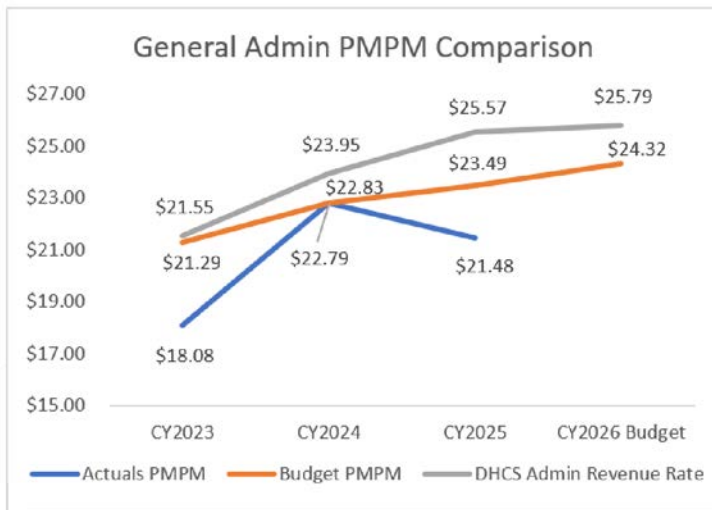
- Medical G&A costs
 - These are departments that DHCS defines as departments that have direct medical impact, such as UM/QA/CC type departments.
- Non-medical G&A costs (Operational costs)
 - These are departments that support the operation of our organization. These include Human Resources, Finance, 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%	

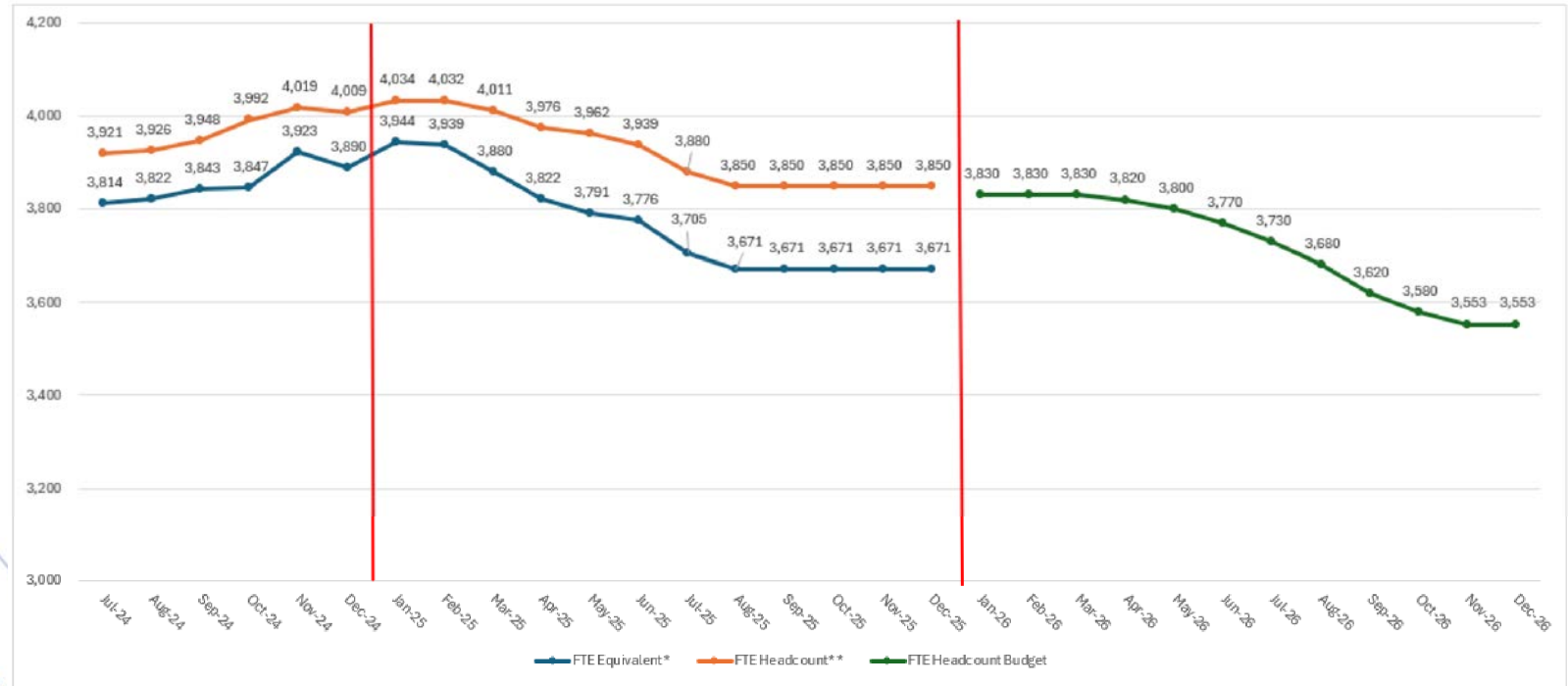


CY2026 General & Administrative Top Expense Categories

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



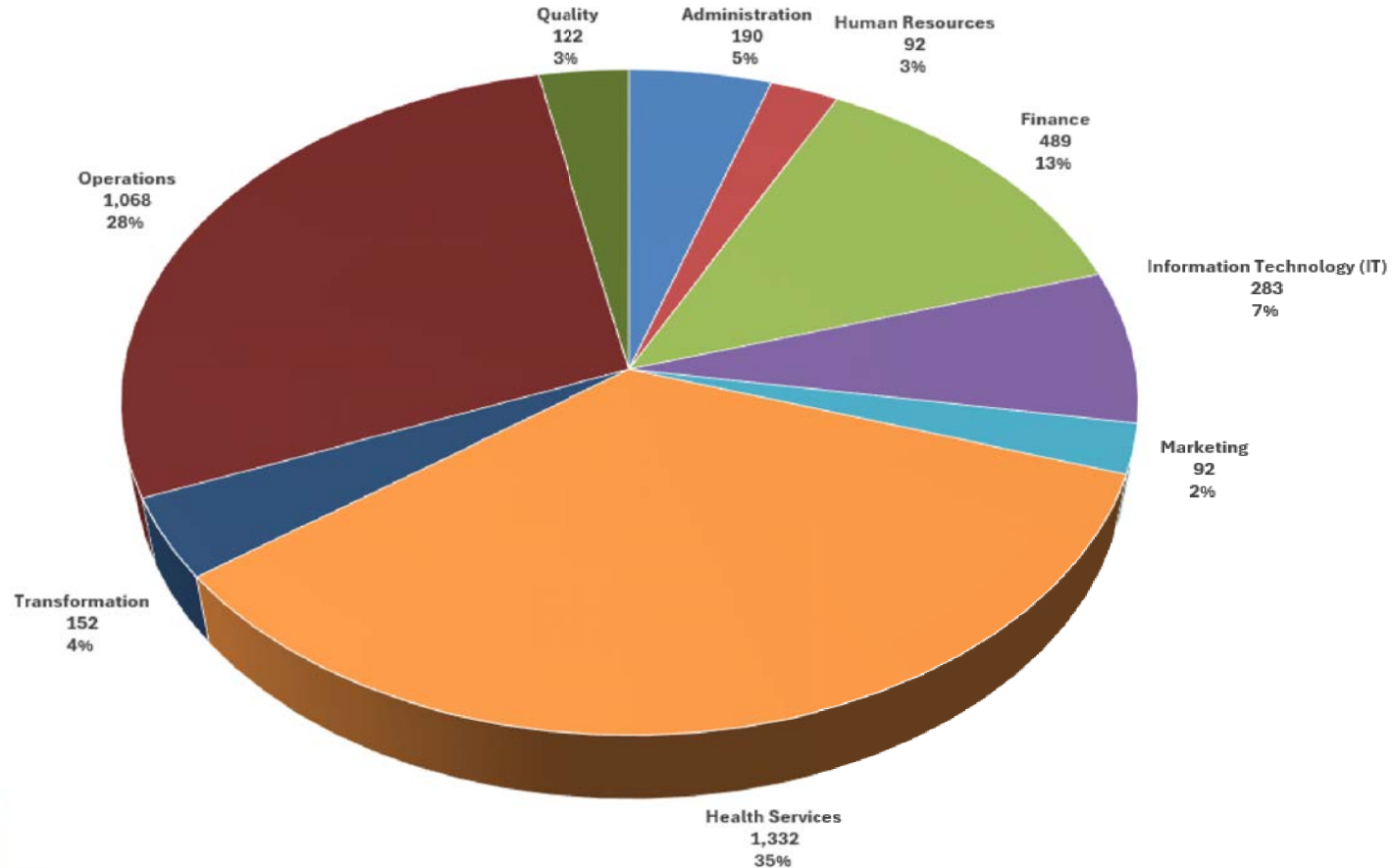
* Full-Time Equivalent (FTE) Equivalent is calculated based on the actual hours of service performed by employees, where hours spent on a leave of absence (LOA) do not count towards the total.

**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	Agreement Effective April 2025; Offsets with IEHP Foundation dept expenses
MSA Service Revenue *		\$ 934,715	\$ 1,330,066	
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 fee Effective July 2024; Currently at fixed \$750K per month
MSA Service Revenue *	\$ 4,500,000	\$ 9,000,000	\$ 9,000,000	
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	New Agreement is currently under review and in draft form
MSA Service Revenue *	\$ -	\$ -	\$ 960,000	
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

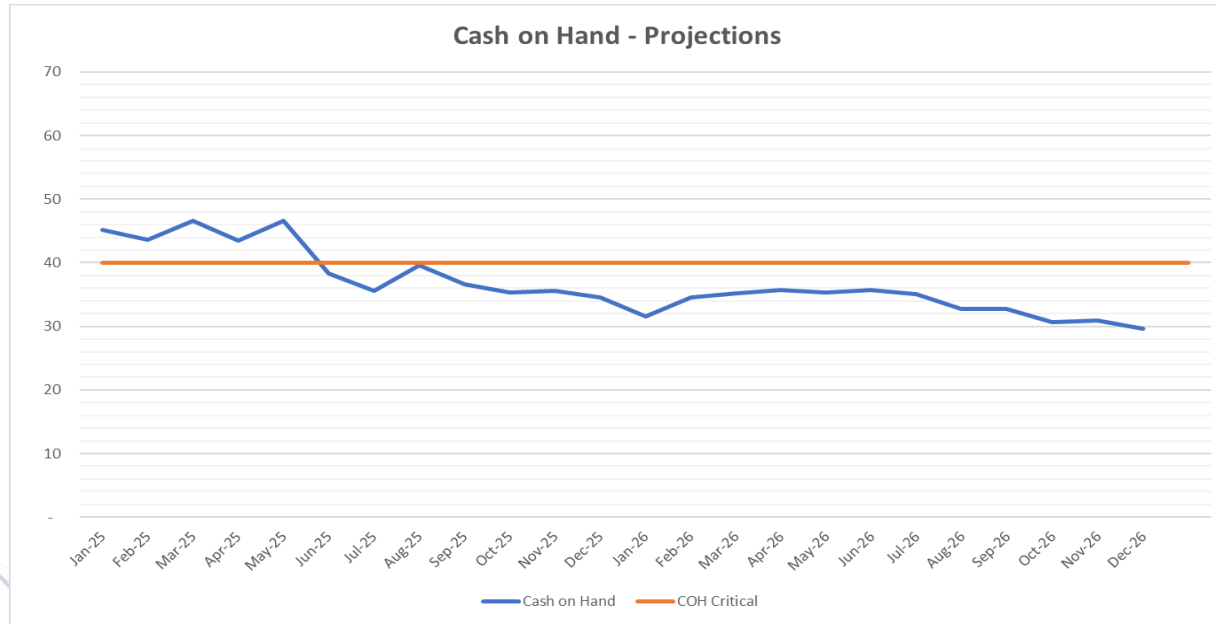
3 Year Proposed Capital Budget for 2026, 2027, and 2028						
No	Capital Budget Project	Estimated Start Date	2026 Budget	2027 Budget	2028 Budget	Total Costs for 3 Years
Facilities						
1	Atrium Projects	2026 Q1	\$ 700,000	\$ 1,500,000	\$ -	\$ 2,200,000
2	CWC Projects - New Buildings	2026 Q1	\$ 2,000,000	\$ 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	\$ 8,000,000	\$ 5,950,000	\$ 3,000,000	\$ 16,950,000
2	Framework Architecture	2026 Q1	\$ 2,100,000	\$ 500,000	\$ 500,000	\$ 3,100,000
3	Technology Transformation	Continuous	\$ 14,000,000	\$ 13,470,000	\$ 8,130,000	\$ 35,600,000
4	Data Center & Hardware Refresh	Continuous	\$ 2,027,600	\$ 1,393,980	\$ 1,463,679	\$ 4,885,259
5	Information Security Modernization	Continuous	\$ 125,000	\$ 1,025,000	\$ 1,025,000	\$ 2,175,000
6	Infrastructure Modernization	Continuous	\$ 825,000	\$ 100,000	\$ 105,000	\$ 1,030,000
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	\$ 1,890,000	\$ 1,082,000	\$ 1,136,100	\$ 4,108,100
10	Core System	2026 Q2	\$ 5,000,000	\$ 11,900,000	\$ 29,130,000	\$ 46,030,000
Total			\$45,253,126	\$37,599,773	\$45,739,779	\$128,592,678
Overall Total			\$49,698,126	\$70,449,773	\$71,739,779	\$191,887,678



Cash Flow Projections for CY 2026

	Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
Operational & Capital	Aug-25	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	40	37	35	36	35	32	35	35	36	35	36	35	33	33	31	31	30

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



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?



**THE FINANCE COMMITTEE 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

MINUTES OF THE JULY 29, 2025, REGULAR MEETING

Finance Committee Members Present:

Supervisor Yxstian Gutierrez
Eileen Zorn

Governing Board Members Absent: Supervisor Curt Hagman

Inland Empire Health Plan Employees and Legal Counsel Present:

Jarrold McNaughton, Chief Executive Officer	Vitthal Moola, Vice President, IT
Vinil Devabhaktuni, Chief Digital and Information Officer	Carol Chio, Vice President, Actuarial Services
Keenan Freeman, Chief Financial Officer	Leona Liu, Vice President, Finance
Edward Juhn, Chief Medical Officer	Anna Wang, Esq., Vice President, General Counsel
Genia Fick, Chief Qualify Officer	Raymond Mistica, Esq. Deputy County Counsel
Michelle Rai, Chief Communications & Marketing Officer	Cita Hendricks, Director, Procurement, Supply Chain
Supriya Sood, Chief People Officer	Vickie Johnson, Director, Finance Planning & Analysis
Susie White, Chief Operations Officer	Hong Lien, Director, Finance Reporting & Analysis
	Victoria Ostermann, Director, Government Affairs
	Jana Russell, Legal Program Manager
	Annette Taylor, Secretary to the Governing Board
	Tina Kambarian, Program Administrator, Operational Finance

IEHP Staff Absent: None

Guests: Mark Bryant, Office of Supervisor Yxstian Gutierrez

-
- I. Call to Order:
Chair Gutierrez called the July 29, 2025, regular meeting of the Inland Empire Health Plan Finance Committee to order at 2:00 p.m.
- II. Pledge of Allegiance
- III. Roll Call: *Chair Gutierrez requested Annette Taylor conduct Roll Call.*

IV. Agenda Changes: None

V. Public Comment: None

VI. Adopt and Approve the Meeting Minutes from the April 13, 2025, Regular Meeting of the IEHP Finance Committee

Action: On motion of Chair Gutierrez and seconded by Member Zorn, the Meeting Minutes from the April 13, 2025 meeting of the Finance Committee are adopted and approved as presented.

VII. POLICY DISCUSSION ITEMS:

CHIEF FINANCIAL OFFICER'S REPORT (Keenan Freeman)

1. Review of the June 2025 Monthly Financial Report

Keenan Freeman presented the June 2025 Monthly Financial Report to the Finance Committee

- *Keenan Freeman recommended that updated Covered California financial risks be presented at the next Finance Committee meeting.*
- *Keenan also recommended that an assessment be made in 2nd quarter of 2026 regarding the health of the Covered California line of business and decide whether to continue into 2027.*
- *Member Zorn requested that Community Support trends be included in future reports.*

2. Review of the Inland Empire Health Plan Calendar Year 2025 Operational and Capital Budget

Keenan Freeman presented the Calendar Year 2025 Operational and Capital Budget to the Finance Committee

- *Keenan recommended developing a three-year Cash On Hand forecast*

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

IX. Committee Member Comments:

Chairman Gutierrez and Member Zorn expressed their appreciation and gratitude to Keenan Freeman and team for the effort put into the presentations and wish him luck in his future endeavors.

X. Closed Session: No Business

XI. Board Comments: None

XII. Adjournment

Chair Gutierrez adjourned the July 29, 2025, IEHP Finance Committee meeting at 3:40 p.m.