



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

**September 8, 2025 - 9:00 AM**

Board Report #364

**Dr. Bradley P Gilbert Center for Learning and Innovation  
9500 Cleveland Avenue - Board Room  
Rancho Cucamonga, CA 91730**

If disability-related accommodations are needed to participate in this meeting, please contact [BoardServices@IEHP.org](mailto:BoardServices@IEHP.org) during regular business hours of IEHP (M - F 8:00 a.m. – 5:00 p.m.)

**PUBLIC COMMENT AT INLAND EMPIRE HEALTH PLAN GOVERNING BOARD MEETINGS:**

The meeting of the Inland Empire Health Plan Governing Board is open to the public. A member of the public may address the Board on any item on the agenda and on any matter that is within the Board's jurisdiction at the time of the meeting when the item listed on the agenda is called. In order to keep track of speakers and to be able to notify the Board of any speakers on a particular agenda item, a speaker slip is requested to be completed and provided to the Board Secretary by the commencement of the public meeting and no later than the time the agenda item has been called so that you may be recognized by the Board to speak. The Board may limit the public input on any item, based on the number of people requesting to speak and the business of the Board.

All public record documents for matters on the open session of this agenda can be viewed at the meeting location listed above or by contacting the Secretary to the Governing Board by phone at (909) 736-6891 or by email at [BoardServices@iehp.org](mailto:BoardServices@iehp.org).

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

<https://youtube.com/live/WMSMpZWD3WY?feature=share>

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**AGENDA**

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

AGENDA

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- VI. Conflict of Interest Disclosure:  
*Please note that Board members who also serve as a member of a legislative body of another public entity, such as San Bernardino County or the County of Riverside, does not by itself constitute a disqualifying conflict of interest that would prevent such members from participating on matters appearing on the agenda for the Inland Empire Health Plan despite their affiliation with both public entities.*
- VII. Adopt and Approve the Meeting Minutes from the August 11, 2025, Regular Meeting of the Governing Board of the Inland Empire Health Plan
- VIII. CONSENT AGENDA

**ADMINISTRATION (Jarrod McNaughton)**

1. Ratify and Approve Amendment 04 to Local Initiative Secondary Contract (23-30257) with the California Department of Health Care Services
2. Approve the Professional Services Agreement with Gallagher Benefit Services, Inc.
3. Ratify and Approve the Professional Services Agreement with Health Management Associates, Inc.

**FINANCE DEPARTMENT (Jarrod McNaughton)**

4. Approve the Third Amendment to the Professional Services Agreement with Health Management Associates
5. Approve the Healthcare Professional Liability/Miscellaneous Medical Policy Renewal
6. Approve the Award of Request for Proposal #24-05873 and Delegation of Authority to Approve the Professional Service Agreement with ABM Industry Groups, LLC.
7. Delegation of Authority to Approve the Professional Services Agreement with Wakely Consulting Group

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

8. Approve the Fifth Amendment to the Professional Services Agreement with Pacific Interpreters, Inc.
9. Delegation of Authority to Approve the Professional Services Agreement with West Monroe Partners, LLC.
10. Delegation of Authority to Approve the First Amendment to the Professional Services Agreement with Clearlink Partners, LLC.

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**INFORMATION TECHNOLOGY DEPARTMENT (Vinil Devabhaktuni)**

11. Rescind Minute Order 25-121, Ratify and Approve the Fourth Amendment to the Prospective Payment Systems Product Schedule with OptumInsight Inc.

**OPERATIONS DEPARTMENT (Susie White)**

12. Ratify and Approve the California Children and Youth Behavioral Health Initiative Network Support, Claims Processing and Payment Remittance Memorandum of Understanding with Carelon Behavioral Health, Inc.

**QUALITY DEPARTMENT (Genia Fick)**

13. Approve the First Amendment to the Professional Services Agreement with Arine, Inc.

**PROVIDER CONTRACTING DEPARTMENT (Susie White)**

14. Approve the Provider Contracting Policies for Template Approval and Execution
15. Ratify and Approve the Fifteenth Amendment to the Hospital Per Diem Agreement with San Bernardino County on behalf of Arrowhead Regional Medical Center - Colton
16. Ratify and Approve the Fourteenth Amendment to the Hospital Per Diem Agreement with Corona Regional Medical Center – Corona
17. Ratify and Approve the Thirteenth Amendment to the Hospital Per Diem Agreement with Inland Valley Regional Medical Center – Wildomar
18. Ratify and Approve the Tenth Amendment to the Hospital Per Diem Agreement with Loma Linda University Medical Center – Loma Linda
19. Ratify and approve the Fourth Amendment to the Hospital Per Diem Agreement with Lancaster Hospital Corporation dba Palmdale Regional Medical Center – Palmdale
20. Ratify and Approve the Thirteenth Amendment to the Hospital Per Diem Agreement with Rancho Springs Medical Center – Murrieta
21. Ratify and Approve the Covered California Only Hospital Per Diem Agreement with Riverside Community Hospital - Riverside
22. Ratify and Approve the Participating Ancillary Provider Agreement – Outpatient Surgery Services with RMC Surgery Center, LLC - Riverside
23. Ratify and Approve the Thirteenth Amendment to the Hospital Per Diem Agreement with Temecula Valley Hospital Inc – Temecula

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24. Approval of the Standard Templates
  - 1) Covered California (CCA) – Policy
  - 2) Medi-Cal (MCL) – Policy
  - 3) Medicare (MCR) – Policy
  - 4) Memorandum of Understanding – Provider Network Expansion Fund Program
  
25. Approval of the Evergreen Contracts
  - 1) El Mirador Medical Plaza Pharmacy Inc dba Desert Hospital Outpatient Pharmacy - Ancillary Agreement - Palm Springs
  - 2) Health Service Alliance - Enhancement Care Management Provider Agreement – Montclair
  - 3) ReSolutionCare PC - Ancillary Agreement - San Mateo
  - 4) Seventh Day Adventists Loma Linda University Medical Center dba Loma Linda University Faculty Pharmacy - Ancillary Agreement – Loma Linda
  - 5) Keck Medical Center of USC dba USC Kenneth Norris Jr Hospital - Hospital Per Diem Agreement – Los Angeles
  - 6) Keck Medical Center of USC - Hospital Per Diem Agreement - Los Angeles
  - 7) Providence Medical Foundation - Ancillary Agreement – Agreement - Victorville
  - 8) Choice Healthcare Associates Inc - Participating Provider Agreement – Specialist - Victorville
  - 9) ATG Designing Mobility Inc dba Numotion - Ancillary Agreement - Cypress
  - 10) Encompass Health Rehabilitation Hospital of Murrieta LLC dba Encompass Health Rehabilitation Hospital of Murrieta - Acute Rehab Agreement - Murrieta
  - 11) Inland Endoscopy Center dba Mountain View Surgery Center - Ancillary Agreement – Redlands
  - 12) Shobi Zaidi MD Inc dba Shobi Zaidi MD Inc. - Ancillary Agreement - Riverside
  - 13) SleepQuest Inc. - Ancillary Agreement - San Carlos
  - 14) VNA of Orange County LLC - Ancillary Agreement – Irvine
  - 15) Christine Holmes, Licensed Clinical Social Worker, Inc., dba Compassionate Heart Counseling - Provider Agreement - Behavioral Health – Corona
  - 16) Simple Solutions Family Therapy dba Simple Solutions Psychotherapy – Participating Provider Agreement - Behavioral Health - Rancho Cucamonga
  - 17) Victor Cordova PsyD D, a Psychological Corporation Agreement - Behavioral Health – Rancho Cucamonga
  - 18) Saad Pediatrics Inc. Open Access Agreement (Excluding Medicare) - Upland
  - 19) Isis Iskander dba Prestige Medical Clinic and Urgent Care Inc - Capitated Primary Care Provider - Pomona
  - 20) West Coast Post Acute Physicians Inc. - Skilled Nursing Facility Attending Physician Agreement (All LOB) - Redlands
  - 21) Ajeet R Singhvi, MD - Participating Provider Agreement – Specialist - Hemet
  - 22) Amandeep Sandhu dba Sand Dermatology PC – Participating Provider Agreement – Specialist - Chino Hills
  - 23) Cal Med Physicians and Surgeons Inc. - Participating Provider Agreement - Specialist - Colton
  - 24) Cal Oaks Therapy Center - Participating Provider Agreement - Specialist - Murrieta
  - 25) Claremont Imaging Associates Inc. - Participating Provider Agreement - Specialist - Pomona

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- 26) Good Hope Psychological Services PC - Participating Provider Agreement – Specialist - Murrieta
- 27) SCB Eye Inc. dba Eye Consultants of Southern California - Participating Provider Agreement – Specialist - Fontana
- 28) Soe Maunglay MD Inc.- Participating Provider Agreement – Specialist – Palm Springs
- 29) Timothy G Yeh, MD - Participating Provider Agreement – Specialist – Chino
- 30) Erasto Gutierrez, MD Inc. dba Pomona Urgent Care - Urgent Care Provider Agreement – Pomona
- 31) Jaehoon Lee Optometry Corp dba Rancho Mirage Eyecare Optometry - Participating Provider Agreement – Vision – Rancho Cucamonga
- 32) Kaitlyn Nguyen Murch dba Starry Eyes Optometry Inc. - Participating Provider Agreement - Vision (Exam Only) - Norco

IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS

**ADMINISTRATION (Jarrod McNaughton)**

- 26. Chief Executive Officer Update
- 27. Board Education - Centers for Medicare & Medicaid Services Hospital Quality Star Rating

**FINANCE DEPARTMENT (Jarrod McNaughton)**

- 28. Monthly Financial Report

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

XI. Board Member Comments

XII. Closed Session – *No Business*

XIII. Adjournment

The next meeting of the IEHP Governing Board will be held on **TUESDAY**, October 14, 2025, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

**Department: ADMINISTRATION**

**1. Title: RATIFY AND APPROVE AMENDMENT 04 TO LOCAL INITIATIVE SECONDARY CONTRACT (23-30257) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

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

**Background & Discussion:**

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

In December 2023, IEHP received the 2024 Secondary Contract with DHCS for Medi-Cal Health Plan Services, aligning with the new 2024 Primary Contract. IEHP and DHCS agreed to comply with the terms and conditions covering specific Medi-Cal State-Supported Services to IEHP members enrolled under the Primary Contract. State-Supported Services include Private Services and Covered Services, as identified in the Primary Contract, for members with Unsatisfactory Immigration Status (UIS), except for pregnancy-related services for UIS members and emergency services as described in the Primary Contract.

IEHP received the finalized fourth amendment from DHCS on June 25, 2025. Effective January 1, 2024, this amendment incorporates updates to the Unsatisfactory Immigration Status (UIS) member definition and retires the change order process. All other items and conditions of the Agreement remain in full force and effect

The previous amendment incorporated updates to the Calendar Year 2025 Capitation Payment rates, effective January 1, 2025.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of the IEHP Ratify and Approve Amendment 04 to Local Initiative Secondary Contract (23-30257) with DHCS effective January 1, 2024, through December 31, 2025.

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> January 1, 2024, through December 31, 2025
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	J. Haines 7/29/2025	N/A	A. Mejia 7/8/2025	L. Nery 7/31/2025	S. White 8/7/2025

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**Department: OPERATIONS**

**2. Title: APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH GALLAGHER BENEFIT SERVICES, INC.**

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

**Background & Discussion:**

The Inland Empire Health Plan (IEHP) holds a contract with the Centers for Medicare & Medicaid Services (CMS) to offer a Dual-Eligible Special Needs Plan (D-SNP), a type of Medicare Advantage (MA) plan. The CMS performs routine Program Audits on all MA and Prescription Drug Plans (PDPs) to evaluate compliance with regulatory and contractual requirements related to the delivery of health care services and medications to Medicare beneficiaries in the Part C and D programs. Deficiencies identified during routine audits are referred by the CMS to the Medicare Parts C and D Oversight and Enforcement Group (MOEG) division for a decision to impose Civil Money Penalties (CMPs), intermediate sanctions, or contract terminations.

BluePeak Advisors (BluePeak), a division of Gallagher Benefit Services Inc.(Gallagher), has a team of consultants, including auditors, clinicians, and former CMS regulators with experience in conducting over 550 CMS Program Mock Audits with health plans.

The CMS Program Mock Audit covers the program audit areas defined by the CMS in the Audit Protocols and Data Requests package (CMS 10171). The program areas included in this mock audit are as follows:

- Compliance Program Effectiveness (CPE)
- Part D Formulary and Benefit Administration (FA)
- Part D Coverage Determinations, Appeals, and Grievances (CDAG)
- Part C Organization Determinations, Appeals, and Grievances (ODAG)
- Special Needs Plans Care Coordination (SNPCC)

**Procurement Solicitation Type:** Single Source

IEHP is seeking a single source approval based on changes in the regulatory landscape placing greater emphasis on compliance including increased penalties for deficiencies identified during program audits. Gallagher has documented experience in working with IEHP to prepare for CMS audits and holds a contract with IEHP to perform a subset of the program audit scope. The single source allows IEHP to accelerate the timeline to conduct a full scope program audit to identify and mitigate the potential risks of Immediate Corrective Action and Corrective Action Requests during a CMS Program Audit. Replacing the reduced audit scope with this single source full mock audit will generate an additional \$16,020 in savings over performing the mock audit by program area.

**Recommendation(s):**

That the Governing Board of IEHP Approve the professional service agreement with Gallagher to conduct a full scope CMS Program Mock Audit for the Medicare line of business for the amount not to exceed \$90,780 effective September 10, 2025 through September 08, 2026.

CONSENT AGENDA

Gallagher methodology includes a review of IEHP's systems, a pre-audit issue summary, questionnaire analysis, primary records review, universe assessment, communications review, policy & procedure analysis, and documentation review to identify potential risks, adherence with regulatory and contractual requirements and action insights for performance improvement. Included with the full scope mock audit is a CMS Audits and Helpful Hints training session. This comprehensive training covers the CMS Program Audit process, detailed review of audit components, audit scoring and trends, common audit findings, and tips for audit success.

If IEHP is notified by the CMS that it will undergo an official Program Audit before Gallagher. has finished providing the agreed-upon mock audit services, then Gallagher will take one of two actions regarding any services that IEHP has paid for but not yet received:

- **Refund Option:** Gallagher will refund IEHP the portion of the payment that corresponds to the services that have not been completed at the time of the CMS audit notice.
- **Credit Option:** Alternatively, instead of a refund, Gallagher will provide IEHP with a credit for the value of the unfinished services. This credit can then be used toward a new contract or scope of work specifically for Gallagher to support IEHP during the actual CMS Program Audit.

The CMS Program Mock Audit will serve as a critical activity in identifying and mitigating any potential audit findings prior to a CMS Program Audit.

IEHP has engaged Gallagher to provide Pharmacy Benefit Management consulting services under a separate agreement for an amount not to exceed \$458,180 through December 31, 2025.

<b>Financial Impact:</b> \$90,780	<b>Not to Exceed:</b> \$90,780 (New PSA)	<b>Term:</b> 09/10/2025 through 09/08/2026
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 7/29/2025	R. Hsieh / M. Perez-Valenzuela 08/15/2025	M. De Nobrega 8/21/2025	L. Nery 7/29/2025	S. White 8/7/2025



**Department: ADMINISTRATION**

**3. Title: RATIFY AND APPROVE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT ASSOCIATES, INC.**

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

**Background & Discussion:**

Health Management Associates, Inc. (HMA) began providing strategic financial consulting services to Inland Empire Health Plan (IEHP) in July 2016. HMA specializes in managed care consulting with deep expertise in health plan financial operations, regulatory compliance, and strategic planning initiatives. The company maintains a dedicated healthcare industry practice with specialized knowledge in areas critical to IEHP's operations, including Managed Long-Term and Support Services (MLTSS), Rate Development Template (RDT) production, In-Home Health Supportive Services (IHSS) expense tracking, and Incurred But Not Reported (IBNR) process enhancement.

To preserve uninterrupted fiscal stewardship while IEHP undertakes a comprehensive search for a new, permanent Chief Financial Officer, the Plan proposes to retain HMA to furnish interim, executive-level financial consulting services. For nearly a decade, HMA has consistently delivered sophisticated financial analysis, strategic guidance, and compliant fiscal oversight integral to the Plan's most significant initiatives, while cultivating a deep, trust-based partnership with the Chief Executive Officer and senior leadership. This extensive, first-hand familiarity with IEHP's operations equips HMA to assume critical responsibilities immediately, thereby minimizing onboarding time, mitigating operational risk, and safeguarding the continuity of financial functions. Engaging HMA during this transition will preserve stakeholder confidence and ensure that all statutory, regulatory, and fiduciary obligations continue to be met until a new Chief Financial Officer is recruited, hired and fully integrated.

**Procurement Solicitation Type:** Single Source

HMA was selected through a single-source procurement based on Minute Order 24-167. HMA continues to demonstrate expertise in managed care financial operations, including revenue optimization, budgeting, expense benchmarking and strategic financial planning. Their deep familiarity with IEHP's existing financial processes and systems offers significant cost and time savings compared to onboarding a new vendor for the same services. Furthermore, with the anticipated departure of our current CFO, there is a critical for uninterrupted, specialized financial advisement that HMA is uniquely qualified to provide.

**Recommendation(s):**

That the Governing Board of IEHP Ratify and Approve the Professional Services Agreement with HMA for Managed Care Consulting Services for an amount not to exceed \$501,000, effective August 15, 2025, through July 31, 2026.

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

- Immediate CEO support during CFO transition period
- Essential support for financing meetings and due diligence processes

CONSENT AGENDA

- Critical coordination within the Finance Department's internal controls framework
- Expert recommendations for internal employee structure optimization and technology around a “Best in Class” finance operation
- Rate Development Template (RDT) production processes optimization
- Incurred But Not Reported (IBNR) process accuracy enhancement

<b>Financial Impact:</b> \$501,000	<b>Not to Exceed Amount:</b> \$501,000	<b>Term:</b> 08/15/2025 - 07/31/2026
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
New Expenditure	L. Herrera 8/15/25	C. Hendricks 8/15/25	M. DeNobrega 8/21/25	D. Guerrero 8/15/25	S. Sood 8/15/25

**Department: FINANCE**

**4. Title: APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH HEALTH MANAGEMENT ASSOCIATES**

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

**Background & Discussion:**

Health Management Associates (HMA) began providing financial analysis services to Inland Empire Health Plan (IEHP) in February 2021. HMA provides specialized actuarial and consulting expertise essential for IEHP's financial operations and strategic initiatives.

In April 2022, under Minute Order 22-139, the Governing Board approved the First Amendment, which expanded the contract scope to include consulting services for IEHP's launch of Covered California products. In November 2023, under Minute Order 23-271, the Governing Board approved the Second Amendment to continue consulting services for implementation and post-launch stabilization activities for Covered California products through April 30, 2024.

HMA has successfully delivered critical services in support of IEHP's financial stewardship and the launch of IEHP's Covered California product. The vendor's deep expertise in health plan operations, regulatory compliance, and actuarial analysis has been instrumental in navigating complex state and federal requirements. As a result, IEHP's Covered California implementation was completed on time and in full compliance with applicable regulations.

Under Assembly Bill 118 and effective January 1, 2024, the California Department of Health Care Services (DHCS) implemented the Targeted Rate Increases (TRI) to enhance provider reimbursement rates for primary care, obstetric, and non-specialty mental health services. Medi-Cal managed care plans are required to perform complex payment calculations to meet the TRI regulatory requirements. Therefore, additional funding is required to support such significant expansion in the actuarial workload.

The complexity of TRI regulatory requirements necessitates rigorous analysis of IEHP's historical claims data, cost trends, and contracted provider arrangements. It also requires precise documentation and submission of rate methodologies that are subject to DHCS review and potential audit. HMA's knowledge of California's Medi-Cal rate-setting framework, paired with their familiarity with IEHP's operational and financial data, makes them uniquely positioned to provide the advanced actuarial support required.

**Procurement Solicitation Type:** Government Discount

HMA was selected through a government discount in compliance with Section 4.1 (Exemptions to Obtaining Competition) of the IEHP Procurement Policies and Procedures Manual.

- **Government Pricing Structure:** HMA provides IEHP with substantial cost savings through a tiered pricing structure specifically designed for government entities, offering approximately a 65% discount from standard market rates. This includes a 15% discount for government entities and an additional 18% discount for Medi-Cal plans.

CONSENT AGENDA

- **Specialized Government Entity Services:** HMA specializes in actuarial consulting services to other local health plans in California, specifically in the Medi-Cal line of business, which provides unique expertise beneficial to IEHP's operations as a government health plan.
- **Established Government Partnership:** HMA has been providing Financial Analysis services to IEHP since 2021 and has developed extensive knowledge of IEHP's internal processes, Medi-Cal rate development processes, and good understanding of rate histories with DHCS, demonstrating their specialized capability in serving government health plans.
- **Cost-Effective Government Solution:** The vendor's deep familiarity with IEHP's existing processes and systems represents significant cost and time savings compared to onboarding a new vendor, maximizing the value of the government pricing arrangement.

**Recommendation(s):**

That the Governing Board of IEHP approve the Third Amendment to the Professional Services Agreement with HMA for Financial Analysis Consulting Services for an additional amount not to exceed \$600,000. The total amount payable under this agreement shall not exceed \$2,682,000 through February 7, 2026.

Health Management Associates, Inc. will deliver a scope of work that includes:

The requested funding will enable HMA to support the TRI payment calculation, conduct in-depth actuarial modeling compliant with TRI regulatory requirements, support associated regulatory data submissions, and provide strategic guidance throughout the TRI implementation cycle, ensuring IEHP remains compliant while maintaining sound financial oversight in an increasingly complex regulatory landscape.

<b>Financial Impact:</b> \$600,000	<b>Not to Exceed Amount:</b> \$2,682,000	<b>Term:</b> Through February 7, 2026
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	T. Lu 8/7/2025	C. Andrade 8/6/2025	M. Popka 8/13/25	C. Chio 8/5/2025	K. Freeman 8/20/25

**Department: FINANCE**

**5. Title: APPROVE THE HEALTHCARE PROFESSIONAL LIABILITY/MISCELLANEOUS MEDICAL INSURANCE POLICY**

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

**Background & Discussion:**

Aon Risk Services (Aon) was contracted by Inland Empire Health Plan (IEHP) to procure the required insurance based on IEHP's insurance needs.

Last year, IEHP renewed its insurance policy with Illinois Union Insurance Company (Chubb), which provided full policy limits for Abuse and Molestation coverage for exposure resulting from Enhanced Care Management supportive services and Health Navigators program, as well as Good Samaritan coverage for exposure resulting from the Narcan administration program. The policy also provided coverage to allow certain IEHP team members to provide limited clinical services to IEHP members. Coverage procured was \$1 million per incident/\$3 million aggregate with \$50,000 deductible.

IEHP worked diligently with Aon to explore options to secure competitive quotes while ensuring adequate coverage for IEHP's risk exposure. The table below summarizes the final results of IEHP's insurance renewal process.

<b>Item</b>	<b>Expiring Program<sup>(1)</sup></b>	<b>Renewal Program<sup>(1)</sup></b>
Insurance Carrier	Chubb	Beazley
Premium	\$37,074 <sup>(2)</sup>	\$36,000
Deductible	\$50,000	\$50,000 for Abuse and Molestation coverage. \$10,000 for other coverages.
Coverage	\$1 million per incident/\$3 million aggregate	\$1 million per claim/\$3 million aggregate. Full policy limits for Abuse and Molestation coverage where required by written contract, else it's sublimited to \$1 million. Additional Errors and Omissions coverage component with full policy limits to help in the event of "grey" areas of coverage where a contract/service falls out of a medical professional incident.

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

<sup>(2)</sup> Expiring annual premium also includes pro-rated premium of \$74 for adding an IEHP team member to the policy for providing limited clinical services to IEHP members.

**Procurement Solicitation Type:**    N/A

**Recommendation(s):**  
That the Governing Board of IEHP Approve the renewal of the Healthcare Professional Liability/Miscellaneous Medical (aka Healthcare Facilities General and Professional Liability) policy for Policy Period September 1, 2025, through August 31, 2026, for the total amount not to exceed \$43,200, including a 20% contingency.

<b>Financial Impact:</b> \$36,000	<b>Not to Exceed Amount:</b> \$43,200	<b>Term:</b> 12 months
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	C. Chio	NA	NA	C. Chio	J. McNaughton 8/22/25

**Department: FINANCE**

**6. Title: APPROVE THE AWARD OF REQUEST FOR PROPOSAL #24-05873 AND DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICE AGREEMENT WITH ABM INDUSTRY GROUPS, LLC.**

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

**Background & Discussion:**

The Inland Empire Health Plan (IEHP) is currently contracted with ABM Industry Groups, LLC. (ABM Industry) to provide building engineering services for the operation, monitoring, and maintaining of heating, ventilation, air conditioning, plumbing, electrical systems, and other equipment related to the mechanical and electrical plant equipment of IEHP corporate and satellite locations. ABM Industry also provides miscellaneous general property maintenance and assistance with keeping IEHP buildings compliant with city, state, and federal regulations, under its building engineering services contract with IEHP.

IEHP's contract with ABM Industry for building engineering services was procured through a Single Source Justification (SSJ) and is effective through September 30, 2025.

**Procurement Solicitation Type: RFP**

On December 12, 2024, IEHP issued Request for Proposal (RFP) #24-05873 for Building Engineering Services on Bonfire, its public third-party bidding website. As a result, 20 vendors expressed interest, three (3) vendors attended the mandatory job walk on January 7, 2025, and two (2) vendors submitted proposals. The scoring for RFP #24-05873 is as follows:

<b>Bidder</b>	<b>Bidder Response to Questions (45 Points)</b>	<b>Company Profile (20 Points)</b>	<b>Pricing (30 Points)</b>	<b>Local Preference (5 Points)</b>	<b>Final Total Score (100 Points)</b>
ABM Industry Groups, LLC	43.50	15.53	28.4	5	<b>92.45</b>
Servi-Tek Engineering and Facility Solutions, LLC	32.75	15	30	0	<b>77.83</b>

After thorough review, the Evaluation Committee recommended RFP #24-05873 be awarded to ABM Industry. While another bidder offered a competitive proposal, the Evaluation Committee members determined ABM Industry to be the most responsive and responsible bidder. ABM Industry scored the highest in three (3) of the four (4) scoring categories, making them the highest in overall score.

CONSENT AGENDA

**Recommendation(s):**

That the Governing Board of the IEHP Approve the award of RFP# 24-05873 to ABM Industry and authorize the Chief Executive Officer (CEO) or designee to, after legal review and approval, sign the Professional Service Agreement with ABM Industry for Building Engineering Services for an amount not to exceed \$2,820,758.05 for a term of one (1) year effective October 1, 2025, through September 30, 2026.

There are some significant changes under the new Professional Services Agreement, including the following additional services:

- Increased staffing to provide Saturday coverage and support for the newly added San Bernardino, Riverside, Indio, and Warehouse facilities.
- Building HVAC Maintenance
- Boiler Equipment Maintenance
- Ice Machine Preventative Maintenance and Repair
- Backflow Device Testing
- Routine Solar Panel Cleaning

Consolidating these additional services into the new Professional Services Agreement, results in a cost savings of approximately \$180,000 and creates administrative synergies by reducing the total number of service contracts.

IEHP will be including a contingency to cover any standby pay, overtime, and ad hoc projects or requests that occur. The breakdown of the costs for this PSA are as follows:

<b>ABM Onsite Contract Cost Breakdown</b>	<b>Cost</b>
Annual Cost	\$2,420,758.05
Contingency	\$400,000.00
<b>Total</b>	<b>\$2,820,758.05</b>

<b>Financial Impact:</b> \$2,820,758.05	<b>Not to Exceed Amount:</b> \$2,820,758.05	<b>Term: 1 Year</b>
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
Included in CY2025 Budget	S. McCalley 8/20/2025	C. Goss 08/1/25	M. DeNobrega 8/21/25	J. Mansour, 08/18/25	J. McNaughton 08/26/25



**Department: FINANCE**

**7. Title: DELEGATION OF AUTHORITY TO APPROVE PROFESSIONAL SERVICES AGREEMENT WITH WAKELY CONSULTING GROUP**

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

**Background & Discussion:**

Since 2024, Inland Empire Health Plan (IEHP) has utilized Wakely Consulting Group, LLC (a Health Management Associates Company) for Wakely National Risk Adjustment Reporting (WNRAR) and actuarial staffing support. IEHP has maintained a successful partnership with HMA (parent company) since July 2016. Wakely is nationally recognized for risk adjustment solutions and is the sole provider of WNRAR since Affordable Care Act (ACA) inception, serving over thirty (30) ACA plans.

IEHP's 2024 supplemental impact was 0.2% of Plan Level Risk Scores (PLRS), significantly below the market average of 5.6%, potentially leaving \$25 Per Member Per Month (PMPM) (\$12.5 million) annually uncaptured. Current processes only target Primary Care Provider charts, missing substantial specialist value. With IEHP's 2025 Covered California (CCA) risk adjustment transfer payment estimated at \$109 PMPM (\$60 million annually), enhanced capabilities are critical to maintain a competitive position.

Centers for Medicare & Medicaid Services (CMS) requires accurate risk adjustment data submission by April 30 annually, and IEHP is currently undergoing Risk Adjustment Data Validation (RADV) process with January 2026 deadline requiring immediate expert support.

**Procurement Solicitation Type:** Single Source

Wakely offers unique expertise as the sole WNRAR provider since ACA inception with comprehensive understanding of risk adjustment mechanics and global market benchmarking. Their deep familiarity with IEHP's systems, financial methodologies, and urgent CMS deadline requirements justify single source selection. Over thirty (30) ACA plans utilize Wakely's specialized risk adjustment services including RAPID data integrity tools.

Contract negotiations are still in progress, projected to be completed within sixty (60) days of this Board approval. Accordingly, Delegation of Authority is sought to allow contract execution immediately, upon completion of contract negotiations, to meet critical CMS deadlines for risk adjustment data submission and RADV process requirements.

**Recommendation(s):**

That the Governing Board of IEHP authorize the Chief Executive Officer or designee to, after legal review and approval, execute a Professional Services Agreement with Wakely Consulting Group, LLC for comprehensive risk adjustment services for an amount not to exceed \$1,000,000 per year through December 31, 2027. The total amount payable under this Professional Service Agreement shall not exceed \$2,000,000 through December 31, 2027.

CONSENT AGENDA

Under this Professional Services Agreement, Wakely shall support IEHP across several areas including data integrity, revenue integrity, reporting, risk score gap closure, analytics, and general analytic and ad hoc support services. These services may include, but are not limited to, the following:

- **Data Integrity:** Wakely will perform data integrity services leveraging robust algorithms and analytics to identify, categorize, monetize, and prioritize underlying data and claims issues through Risk Adjustment Payments Investigation of Discrepancies (RAPID) and Risk Adjustment Data Integrity Analysis and Lineage (RADIAL) tools for External Data Gathering Environment (EDGE) server analysis and data warehouse comparison
- **Revenue Integrity:** Analysis and consultative support on End Stage Renal Disease (ESRD) and RADV topics, including Medicare ESRD eligibility assessment with eighty-four (84) month retrospective review and Affordable Care Act (ACA) RADV oversight with exposure estimation
- **Cadenced Reporting:** Provide reporting to support IEHP's line of sight into high-level financial and key performance metrics, including financial drivers investigation, joiner-stayer-leaver analysis, and month-over-month trend analysis
- **Risk Score Gap Closure:** Support IEHP's risk score gap closure process through suspecting analytics and chart review, including small-scale chart chase initiatives, Risk Score Opportunities (RSO) tools for ACA and Medicare, and comprehensive chart review with clinical accuracy focus
- **Analytics:** Hierarchical Condition Categories (HCC) Recapture Study participation providing benchmarks on industry averages, risk performance benchmarking, and other specialized analytics
- **Meetings and Ad Hoc Support:** Regular meetings with IEHP risk adjustment and management team, up to two (2) onsite visits annually, and Medicare and Commercial ad hoc analyses as needed

Without these services, IEHP risks underperformance in risk adjustment capture, potential regulatory compliance issues, and loss of competitive position in CCA risk adjustment transfers worth \$60 million in 2025.

<b>Financial Impact:</b> \$2,000,000	<b>Not to Exceed Amount:</b> \$2,000,000	<b>Term:</b> December 31, 2027
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	T. Lu 8/19/25	C. Andrade 8/19/25	M. Popka 8/21/25	C. Chio 8/19/25	K. Freeman 8/19/25

**Department: HEALTH SERVICES**

**8. Title: APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH PACIFIC INTERPRETERS, INC.**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) requires qualified and trained interpreters for Telephonic Interpretation Services between IEHP Team Members, Providers, contractors, Members or prospective Members. This service is mandated by the California Department of Health Care Services (DHCS) under the Medi-Cal contract. Video Remote Interpreting (VRI) is a video telecommunication service that provides American Sign Language (ASL) to individuals who are deaf or hard of hearing. IEHP requires ASL interpretation for Members between IEHP, Urgent Care Facilities, and other business associates.

The Professional Services Agreement with Pacific Interpreters was valued at \$3,600,000, covering the term from November 1, 2020, through October 31, 2025. IEHP initiated a Request for Proposal (RFP) for Telephonic Interpretation Services in March 2025; the RFP process is still underway. To avoid any disruption in services and to provide enough time to thoroughly complete the RFP process and select a new vendor, it is necessary to extend the current Agreement by an additional six months, to ensure that members continue to have access to telephonic interpretation services without interruption while the transition to the new vendor and new eligibility verification process is finalized.

**Procurement Solicitation Type:** RFP

IEHP has procured telephonic and VRI services from Pacific Interpreters through a competitive RFP process approved in March 2020 under Minute Order #20-347. Pacific Interpreters was the most qualified and responsive vendor for telephonic and VRI services.

**Recommendation(s):**

That the Governing Board of IEHP Approve the Fifth Amendment to the Professional Services Agreement (Agreement) with Pacific Interpreters for the provision of Telephonic Interpreter Services and American Sign Language VRI Services for an additional amount of \$676,335 through April 30, 2026.

This service is mandated under both Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Together, these laws require health plans and providers to ensure meaningful access for members with Limited English Proficiency (LEP) at no cost to the member.

<b>Financial Impact:</b> \$676,335	<b>Not to Exceed Amount:</b> \$ 4,276,335	<b>Term:</b> Six Months through April 30, 2026
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
New Expenditure	T. McGinnis 08/07/25	R. Reyes 08/07/25	N/A	G. Uribe 08/08/2025	E. Juhn 08/10/2025

**Department: HEALTH SERVICES**

**9. Title: DELEGATION OF AUTHORITY TO APPROVE THE PROFESSIONAL SERVICES AGREEMENT WITH WEST MONROE PARTNERS, LLC.**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) is required to adhere to the January 2024 released Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F). The final rule focuses on efforts to improve prior authorization processes through policies, technology, and improved data exchange processes. Payers have until January 1, 2027, to meet application programming interface (API) requirements. Effective January 1, 2026, payers must publish prior authorization data from 2025 in a publicly accessible format on their websites, in accordance with reporting requirements. Moreover, affected payers are required to implement specific provisions by January 1, 2026. These regulatory requirements necessitate a quick turnaround time to execute complex operational tasks across multiple IEHP stakeholders.

In June 2025, under Minute Order 25-116, the Governing Board approved the Professional Services Agreement (Agreement) with West Monroe Partners, LLC (West Monroe) for an amount of \$119,500 through July 31, 2025. Under that Agreement, West Monroe assisted IEHP in reviewing current determination guidelines, rationalized a prior authorization (PA) grid across all lines of business, and prepared a framework for ongoing maintenance and regular prior authorization evaluation. With the original agreement now expired, IEHP seeks to establish a new Agreement with West Monroe to continue this critical work and ensure CMS regulatory requirements are fully operationalized by January 1, 2026.

**Procurement Solicitation Type: Single Source**

West Monroe offers unique customized expertise and cost-effective solutions related to project management. They also have a deep understanding of how to implement a PA grid organizationally. In addition, IEHP and the Utilization Management Department (UM) have established a strong partnership with West Monroe through a successful previous engagement. With their extensive expertise in the operations of the UM Department and a proven track record of collaborating with similar payors on implementing the CMS Final Rule, West Monroe is uniquely positioned to deliver invaluable insights. Their knowledge will empower IEHP to adopt best practices that not only ensure compliance with the CMS Final Rule but also pave the way for regulatory excellence and enhanced operational efficiency.

**Recommendation(s):**

That the Governing Board of IEHP authorize the Chief Executive Officer (CEO) or his designee to, after legal review and approval, sign an Agreement with West Monroe, effective September 15, 2025, through March 2, 2026, for an amount not to exceed \$995,130.

CONSENT AGENDA

West Monroe will support the following key areas to ensure IEHP complies with CMS Prior Authorization and Interoperability requirements related to the PA grid, including, but not limited to:

- **ENGAGEMENT, PROGRAM, AND PROJECT MANAGEMENT**
  - Engagement Management will guide cross-program execution and offer mitigation paths to the Steering Committee and Executive Leadership teams when risks and issues are faced
  - Program Management Lead is responsible for driving planning and execution across all active workstreams, developing and maintaining the milestones roadmap, and escalating critical risks and issues to the Steering Committee and Executive Leadership teams
  - UM Project Manager will drive workstream-level requirements validation sessions and coordinate delivery components with all business stakeholders
- **CLINICAL GUIDANCE AND CLINICAL BUSINESS ANALYSIS**
  - Supporting executive leadership to initiate efforts that help verify care decisions align with clinical guidelines and medical necessity while reducing the potential for provider abrasion as operationalization decisions are made
  - Guidance on medical policy, regulatory requirements, and care delivery processes to refine requirements gathering and guide compliance efforts
  - Validation of an initial set of clinical requirements related to the Utilization Management workstream
- **CHANGE MANAGEMENT**
  - Supporting Executive Leadership, as needed, and offering highlighting change strategies

The total for all support West Monroe will provide is \$1,105,700; however, IEHP has secured a 10% partner discount of \$110,570, enabling significant cost savings while enhancing access to high-quality services and solutions.

<b>Financial Impact:</b> \$995,130	<b>Not to Exceed Amount:</b> \$995,130	<b>Term:</b> 9/15/2025 - 3/2/2026
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 8/20/25	R. Hsieh 8/19/25	M. DeNobrega 8/25/25	B. Spargo 8/19/25	E. Juhn 8/22/25

**Department: HEALTH SERVICES**

**10. Title: DELEGATION OF AUTHORITY TO APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH CLEARLINK PARTNERS, LLC.**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) is committed to ensuring that its members are receiving the right care, at the right time, from the right provider, in the right setting. To advance this commitment, the Health Services Utilization Management (UM) teams are focused on process standardization and operational consistency will be beneficial. Implementing standardized workflows, decision templates, and upgraded clinical criteria will help close existing gaps and ensure more efficient, equitable, and timely delivery of service. Without these improvements, delays will impact both member and provider experiences.

To ensure timely, consistent, and evidence-based decision-making, IEHP proposes to broaden its engagement with Clearlink Partners, LLC (Clearlink), an existing vendor with proven familiarity with IEHP's systems and operational workflows. This engagement will focus on standardizing UM processes, enhancing documentation templates, and strengthening the application of appropriate medical necessity criteria. Clearlink's dual expertise in strategic consulting, coupled with practical clinical operations, positions them to deliver immediate value to IEHP in the above areas.

**Procurement Solicitation Type:** Single Source

Clearlink is well-equipped to support IEHP's UM operations through its deep expertise in medical management workflows. Clearlink's existing relationship from Statement of Work # 1 (Rapid UM Assessment), and clinical depth in the areas of standardization and template design make them both a strategic and operational partner that can support IEHP in a timely manner.

Engaging with a new vendor with similar expertise would require extensive strategic sourcing and introduce delays in onboarding, training, and IEHP workflow understanding. This would limit IEHP's ability to quickly optimize efficiency opportunities that in turn would benefit the teams' ability to meet regulatory and operational requirements

**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 First Amendment to the Professional Service Agreement with Clearlink, effective September 15, 2025, through November 14, 2025, for an amount not to exceed \$570,000.

IEHP will expand Clearlink's existing scope of work, to support IEHP in the following key areas, including, but not limited to:

1. Process Standardization
  - a. Piloting standardized UM processes with existing RNs before scaling to broader teams.
  - b. Developing up to 10 job aids and workflows for approved processes.
  - c. Testing and refining standardized processes with MDs to measure impact and adoption.

CONSENT AGENDA

2. Template Creation
  - a. Developing standardized templates for the 20 most common review types, segmented by role (Admin, LVN, RN, MD).
  - b. Creating a communication template and workflow to ensure consistent and timely dissemination of adopted changes.
3. Criteria Review & Upgrades
  - a. Reviewing and documenting current criteria sources (e.g., Medical Policies, DHCS, MCG).
  - b. Defining and recommending a hierarchy of criteria application.
  - c. Identifying policy gaps and recommending the creation of internal policies to close them.
  - d. Drafting or updating up to 10 medical policies and processes using Clearlink’s clinical expertise.
  - e. Assessing alignment of UM decision-making with evidence-based, medical necessity criteria.

Clearlink’s ability to provide strategic and clinical support within a compressed timeline positions this engagement as an important investment in IEHP’s operational performance, enabling efficiency, compliance, and overall organizational effectiveness. In addition, IEHP has secured a 15% discount with Clearlink, enabling significant cost savings while enhancing access to high-quality services and solutions tailored to IEHP.

<b>Financial Impact:</b> \$370,000	<b>Not to Exceed Amount:</b> \$570,000	<b>Term:</b> 9/15/25-11/14/25
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 8/22/25	C. Hendricks 8/21/25	Make Selection [enter date]	B. Spargo 8/21/25	E. Juhn 8/22/25

**Department: INFORMATION TECHNOLOGY**

**11. Title: RESCIND MINUTE ORDER 25-121, RATIFY AND APPROVE THE FOURTH AMENDMENT TO THE PROSPECTIVE PAYMENT SYSTEMS PRODUCT SCHEDULE WITH OPTUMINSIGHT INC.**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) received notice from OptumInsight, Inc. (OptumInsight) to discontinue its Web.Strat claim pricing platform and replace it with the Payment System Interface (PSI) platform as of June 30, 2025. The vendor assured IEHP that PSI offers equivalent and improved capabilities serving as a direct successor to Web.Strat.

Web.Strat and PSI are two systems with distinct capabilities for processing Medicare claims. Web.Strat handles batch processing of 5,000 to 8,000 claims at a time, while PSI can process up to 100,000 claims simultaneously. In terms of Medicare Payment Worksheets, Web.Strat is limited to six PPS worksheets, whereas PSI provides access to all PPS worksheets for every Medicare Payment system licensed from OptumInsight. The Medicare Library in Web.Strat is limited, but PSI offers the entire library, with half of its content including state-specific requirements. Reporting capabilities are basic in Web.Strat but robust in PSI. Web.Strat can only process current claims and does not maintain claim history, while PSI allows for claim history comparison for individual members. Additionally, Web.Strat restricts the number of claims based on covered lives and imposes extra charges for exceeding initial access, whereas PSI does not charge for additional workstation access.

The implementation to transition Web.Strat to PSI will be provided at no additional cost and under the same contractual terms as Web.Strat through June 30, 2026.

Accordingly, on June 3, 2025, under Minute Order 25-121, the Governing Board approved the Delegation of Authority to sign the First Amendment to the Product Attachment A-2 with OptumInsight Inc. to proceed with a no cost implementation of the PSI platform to replace its discontinued Web.Strat claim pricing platform, currently included in IEHP's existing agreement. During the contracting process, it was discovered that additional updates to the Prospective Payment Systems (PPS) Product Schedule were needed, exceeding the delegation given by the Governing Board. To avoid further delay in the implementation of PSI and mitigate cybersecurity risk due to discontinued support to the Web.Strat product, a Fourth Amendment was executed, effective July 1, 2025.

**Procurement Solicitation Type:** N/A

The Fourth Amendment to the PPS Product Schedule is an amendment to PPS Product Schedule with OptumInsight, an incumbent vendor. There is no cost associated with this amendment, and it is required to maintain continuity of service. As such, no competitive procurement is necessary under the current procurement policy; since this amendment qualifies as a micro-purchase as delineated and approved under Minute Order 25-067.



CONSENT AGENDA

IEHP has been using OptumInsight (formerly Ingenix Consulting, Inc.) since 2009. Ingenix Consulting, Inc. (now OptumInsight) was selected after a thorough Request for Proposal (RFP) process as the most responsive and responsible vendor. Between 2009 and 2022, IEHP executed multiple Amendments to the MSLA with OptumInsight for the provision of myriad claims pricing related consulting and software services, including PPS, Web.Strat, and APC Assistant.

**Recommendation(s):**

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

- 1) Rescind Minute Order 25-121
- 2) Ratify and Approve the Fourth Amendment to the Prospective Payment Systems (PPS) Product Schedule with OptumInsight Inc. for the transition from Web.Strat to PSI at no additional cost, effective July 1, 2025, through June 30, 2026.

<b>Financial Impact:</b> \$0	<b>Not to Exceed Amount:</b> \$7,205,806	<b>Term:</b> June 30, 2026
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	K. Tsui 8/13/2025	W. Yanes 8/15/2025	NA	J. Lopez 8/21/2025	V. Devabhaktuni 8/21/2025

**Department: OPERATIONS**

**12. Title: RATIFY AND APPROVE THE CALIFORNIA CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE NETWORK SUPPORT, CLAIMS PROCESSING AND PAYMENT REMITTANCE MEMORANDUM OF UNDERSTANDING WITH CARELON BEHAVIORAL HEALTH INC.**

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

**Background & Discussion:**

As part of the Children and Youth Behavioral Health Initiative (CYBHI), the California Department of Health Care Services (DHCS) and the California Department of Managed Health Care (DMHC) launched the CYBHI Fee Schedule program to coordinate a more robust, preventive, and accessible behavioral health system for California youth. The CYBHI created a pathway for eligible Local Educational Agencies (LEAs) to receive reimbursement from participating managed care plans, like Inland Empire Health Plan, for outpatient mental health and substance use disorder services rendered to a managed care plan's enrolled members at a school or school-linked site.

DHCS engaged Carelon Behavioral Health Inc. (CBH) to manage the CYBHI Fee Schedule implementation and maintain a statewide provider network of behavioral health practitioners. DHCS now requires IEHP to enter into a Memorandum of Understanding (MOU) with CBH that appoints CBH as third-party administrator between LEAs and IEHP and sets procedures for provider credentialing, member eligibility verification, and claims adjudication. Consistent with DHCS guidance, the parties will follow the Interim Clean Claims Payment Model: CBH will receive claims from eligible providers, IEHP will review and fund them, and CBH will remit payment to the providers.

This MOU is intended to be an interim solution to ensure timely payments to LEAs, during the Interim Clean Claims Payment Model period. During this period, CBH and IEHP will transition to the Administrative Services Organization (ASO) Payment Model being worked on by IT. Upon full implementation of the ASO Payment Model, the MOU shall be superseded by a new MOU.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Ratify and Approve the California CYBHI Network Support, Claims Processing and Payment Remittance MOU with CBH effective May 7, 2025.

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> Upon execution of ASO Implementation MOU
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>Director Approval</b>	<b>Chief Approval</b>
None	J. Haines 7/29/2025	C. Goss 7/30/2025	A. Mejia 2/25/25	L. Nery 7/31/2025	Susie White 8/7/2025

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**Department: QUALITY**

**13. Title: APPROVE THE FIRST AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH ARINE, INC.**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) is committed to improving STARS medication adherence measures for its Dual Eligible Special Needs Plan (D-SNP) Members. Performing well in Medicare medication adherence measures is necessary for IEHP to meet its goal of becoming a 4 STAR plan. When Members take their medications correctly and consistently, they experience better health outcomes, fewer hospitalizations, and lower health care costs.

IEHP) is dedicated to elevating medication adherence among Dual Eligible Special Needs Plan (D-SNP) Members because consistent, appropriate medication use improves health outcomes, reduces hospitalizations, and lowers costs, while simultaneously driving the Medicare STARS performance that underpins IEHP's strategic goal of achieving a 4-STAR rating. Medicare STAR ratings—scored from one to five based on factors such as adherence, polypharmacy, care gaps, Member satisfaction, preventive services, and chronic disease management—directly influence IEHP's quality benchmarks, regulatory compliance, competitive position, and ability to expand services. Accordingly, IEHP is deploying structured tracking systems and targeted pharmacy interventions to enhance these metrics and sustain measurable progress for the D-SNP line of business in the 2025 measurement year.

**Procurement process:** Single Source

IEHP's commitment to improving its Medicare STARS performance and Member outcomes by the end of 2025 has created an immediate need to strengthen pharmacy measures. To support a strategic end-of-year push toward improving Measurement Year (MY) 2025 STAR Ratings, we are amending our current pharmacy outreach contract with Arine to expand member engagement to a total of 8,000 Members.

**Recommendation(s):**

That the Governing Board of IEHP approve the First Amendment to the Professional Services Agreement with Arine for an additional \$485,000. The total amount payable under this Agreement shall not exceed \$1,792,000 through December 31, 2026.

The additional \$485,000 will cover costs for the following service changes to CY 2025 services:

- Amend 2025 Engagement Member volume from 4,000 to 8,000 for an additional \$300,000.
- Include Clinical Consultation for 2 months for \$14,000 (\$7,000/month).

CONSENT AGENDA

- Contingent Fees will be modified as follows:

Measure	For every rounded 2 percentage point improvement (incremental, per measure)	3 STAR Bonus (per measure)
Medication Adherence to Hypertension Renin Angiotensin System Antagonist Medications (ADH RAS)	+\$20,000	+\$15,000
Medication Adherence to Diabetes Medications (ADH DM)	+\$20,000	+\$15,000
Medication Adherence to Cholesterol Statins (ADH Statins)	+\$20,000	+\$15,000
	<b>4 STAR Bonus</b>	<b>5 STAR Bonus</b>
Statin Use in Persons with Diabetes (SUPD)	No Bonus	+\$20,000
Statin Therapy for Patients with Cardiovascular Disease (SPC)	No Bonus	+\$20,000

<b>Financial Impact:</b> \$485,000	<b>Not to Exceed Amount:</b> \$1,792,000	<b>Term:</b> 12/31/2026
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	K. Moussa 8/14/25	H. Clear 8/14/25	M. De Nobrega 8/21/25	M. Blatt 8/14/25	G. Fick 8/15/25

**Department: PROVIDER CONTRACTING**

**14. Title: APPROVE THE PROVIDER CONTRACTING POLICIES FOR TEMPLATE APPROVAL AND EXECUTION**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) maintains more than 1,200 active Hospital, IPA, and Provider agreements across the Medi-Cal, Medicare and Covered California lines of business. While these agreements are drafted using IEHP Governing Board-approved templates, IEHP has historically presented each individual provider agreement to the Governing Board for approval, even those with minor variances. This process ensures the Governing Board has strict oversight, but has caused administrative burdens.

In an effort to streamline the approval and execution process for provider agreements, policies have been created for each of IEHP's Medi-Cal, Medicare and Covered California lines of business, authorizing the CEO or designee to execute individual provider agreements, using Board-approved template agreements; thereby increasing efficiency while maintaining appropriate oversight and compliance. These policies also address the evergreen renewal language in any past or current agreements delegating renewal approval to the CEO or designee.

The Medi-Cal, Medicare, and Covered California policies are designed to streamline the approval and execution of agreements, maintain compliance, and ensure efficient and consistent processing of agreements. All three policies include regular reporting and oversight mechanisms to keep the Board informed and uphold regulatory standards. For Medicare and Covered California, significant changes or deviations from approved templates require Board review, while routine updates and minor changes can be handled by designated executives. Covered California specifically emphasizes regular template updates, director-level review of changes, and thorough documentation to manage legal and operational risks.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP approve the Provider Contracting policies for the Medi-Cal, Medicare, and Covered California Product lines of business, effective October 1, 2025.

Approval will preserve full Board oversight while eliminating the need for repetitive monthly agenda items. It will expedite onboarding, renewal, and amendment of critical network partners. In addition to ensuring continuous regulatory compliance through a nimble, standardized contracting framework.

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> NA
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	NA	NA	M. DeNobrega 8/22/25	enter Director & date approved]	Make Selection [enter date]

**Department: PROVIDER CONTRACTING DEPARTMENT**

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

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

**Background & Discussion:**

San Bernardino County on Behalf of Arrowhead Regional Medical Center, is currently a contracted Hospital in the IEHP Network. This amendment is to amend the IGT Medi-Cal Managed Care Capitation Rate Range Increases.

**Recommendation(s):**

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

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**16. Title: RATIFY AND APPROVE THE FOURTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH CORONA REGIONAL MEDICAL CENTER – CORONA**

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

**Background & Discussion:**

Corona Regional Medical Center is currently a contracted Hospital in the IEHP Network. This amendment is to extend the termination date to September 30, 2025.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Fourteenth Amendment to the Hospital Per Diem Agreement for Corona Regional Medical Center - Effective September 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**17. Title: RATIFY AND APPROVE THE THIRTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH INLAND VALLEY REGIONAL MEDICAL CENTER – WILDOMAR**

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

**Background & Discussion:**

Inland Valley Regional Medical Center is currently a contracted Hospital in the IEHP Network. This amendment will extend the termination date to September 30, 2025.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Thirteenth Amendment to the Hospital Per Diem Agreement for Inland Valley Regional Medical Center – Effective September 1, 2025.

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



**Department: PROVIDER CONTRACTING DEPARTMENT**

**18. Title: RATIFY AND APPROVE THE TENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH LOMA LINDA UNIVERSITY MEDICAL CENTER – LOMA LINDA**

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

**Background & Discussion:**

Loma Linda University Medical Center is currently a contracted Hospital in the IEHP Network. This Amendment is to Amend Attachment B – Compensation Rates, Amendment B1 – Compensation Rates – Medicare Advantage Program, Attachment B3 - Compensation Rates – Diabetes Education, Attachment B4 – Community-Based Adult Services, Attachment B5 – Notes to Compensation Rates, Attachment H – Managed Care Medi-Cal Noncapitated or Carve Out Drugs, and Covered California Addendum, Exhibit A, Compensation Rates.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Tenth Amendment to the Hospital Per Diem Agreement for Loma Linda University Medical Center – Effective June 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**19. Title: RATIFY AND APPROVE THE FOURTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH LANCASTER HOSPITAL CORPORATION DBA PALMDALE REGIONAL MEDICAL CENTER – PALMDALE**

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

**Background & Discussion:**

Lancaster Hospital Corporation, dba Palmdale Regional Medical Center, is currently a contracted Hospital in the IEHP Network. This amendment will extend the termination date to September 30, 2025.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Fourth Amendment to the Hospital Per Diem Agreement for Lancaster Hospital Corporation dba Palmdale Regional Medical Center – Effective September 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**20. Title: RATIFY AND APPROVE THE THIRTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH RANCHO SPRINGS MEDICAL CENTER – MURRIETA**

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

**Background & Discussion:**

Rancho Springs Medical Center is currently a contracted Hospital in the IEHP Network. This amendment will extend the termination date to September 30, 2025.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Thirteenth Amendment to the Hospital Per Diem Agreement for Rancho Springs Medical Center – Effective September 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**21. Title: RATIFY AND APPROVE THE COVERED CALIFORNIA ONLY HOSPITAL PER DIEM AGREEMENT WITH RIVERSIDE COMMUNITY HOSPITAL - RIVERSIDE**

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

**Background & Discussion:**

Riverside Community Hospital would like to participate as a contracted per diem hospital in the IEHP Network with the Covered California line of business only. The new Agreement will be tailored to reflect the hospital services offered by Riverside Community Hospital.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Hospital Per Diem Agreement – Hospital Services with Riverside Community Hospital – effective January 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**22. Title: RATIFY AND APPROVE THE PARTICIPATING ANCILLARY PROVIDER AGREEMENT – OUTPATIENT SURGERY SERVICES WITH RMC SURGERY CENTER, LLC - RIVERSIDE**

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

**Background & Discussion:**

RMC Surgery Center, LLC would like to participate as a contracted ancillary provider in the IEHP Network with all lines of business. The Agreement will be tailored to reflect the outpatient surgery services offered by RMC Surgery Center, LLC.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) ratify and approve the Participating Provider Agreement – Ancillary Provider Agreement with RMC Surgery Center, LLC – effective September 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**23. Title: RATIFY AND APPROVE THE THIRTEENTH AMENDMENT TO THE HOSPITAL PER DIEM AGREEMENT WITH TEMECULA VALLEY HOSPITAL INC – TEMECULA**

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

**Background & Discussion:**

Temecula Valley Hospital Inc. is currently a contracted Hospital in the IEHP Network. This amendment will extend the termination date to September 30, 2025.

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) Ratify and Approve the Thirteenth Amendment to the Hospital Per Diem Agreement for Temecula Valley Hospital Inc. – Effective September 1, 2025.

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

**Department: PROVIDER CONTRACTING DEPARTMENT**

**24. Title: APPROVAL OF THE STANDARD TEMPLATES**

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

**Background & Discussion:**

IEHP contracts with physicians and other providers using Governing Board-approved Standard Template Agreements. Periodically, IEHP reviews the IEHP Direct Standard Templates, and upon review, updates are made to the templates as necessary. The Governing Board has authorized the Chief Executive Officer to sign the Agreement in lieu of having the Chair of the Governing Board execute the documents.

The following standard templates are being presented to the Governing Board for approval:

- 1) Covered California (CCA) - Policy
- 2) Medi-Cal (MCL) - Policy
- 3) Medicare (MCR) - Policy
- 4) Memorandum of Understanding – Provider Network Expansion Fund Program

**Recommendation(s):**

That the Governing Board of the Inland Empire Health Plan (IEHP) approves the IEHP Standard Template Agreement, referenced in section (d), and authorize the Chief Executive Officer or his designee to execute the template, wherein the body of the document remains unchanged except for the identifying information of the individual provider and non-material changes per individual provider requirements.

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

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**Department: PROVIDER CONTRACTING**

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

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

**Background & Discussion:**

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

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

Additional one (1) year term:

- 1) El Mirador Medical Plaza Pharmacy Inc dba Desert Hospital Outpatient Pharmacy - Ancillary Agreement - Palm Springs
- 2) Health Service Alliance - Enhancement Care Management Provider Agreement - Montclair
- 3) ReSolutionCare PC - Ancillary Agreement - San Mateo
- 4) Seventh Day Adventists Loma Linda University Medical Center dba Loma Linda University Faculty Pharmacy - Ancillary Agreement – Loma Linda
- 5) Keck Medical Center of USC dba USC Kenneth Norris Jr Hospital - Hospital Per Diem Agreement – Los Angeles
- 6) Keck Medical Center of USC - Hospital Per Diem Agreement - Los Angeles

Additional five (2) year term:

- 7) Providence Medical Foundation - Ancillary Agreement – Agreement - Victorville

Additional one (3) year term:

- 8) Choice Healthcare Associates Inc - Participating Provider Agreement – Specialist - Victorville

Additional five (5) year term:

- 9) ATG Designing Mobility Inc dba Numotion - Ancillary Agreement - Cypress
- 10) Encompass Health Rehabilitation Hospital of Murrieta LLC dba Encompass Health Rehabilitation Hospital of Murrieta - Acute Rehab Agreement - Murrieta
- 11) Inland Endoscopy Center dba Mountain View Surgery Center - Ancillary Agreement – Redlands
- 12) Shobi Zaidi MD Inc dba Shobi Zaidi MD Inc. - Ancillary Agreement - Riverside
- 13) SleepQuest Inc. - Ancillary Agreement - San Carlos
- 14) VNA of Orange County LLC - Ancillary Agreement – Irvine
- 15) Christine Holmes, Licensed Clinical Social Worker, Inc., dba Compassionate Heart Counseling - Provider Agreement - Behavioral Health – Corona
- 16) Simple Solutions Family Therapy dba Simple Solutions Psychotherapy – Participating Provider Agreement - Behavioral Health - Rancho Cucamonga



CONSENT AGENDA

- 17) Victor Cordova PsyD D, a Psychological Corporation dba Participating Provider Agreement - Behavioral Health – Rancho Cucamonga
- 18) Saad Pediatrics Inc. Open Access Agreement (Excluding Medicare) - Upland
- 19) Isis Iskander dba Prestige Medical Clinic and Urgent Care Inc - Capitated Primary Care Provider - Pomona
- 20) West Coast Post Acute Physicians Inc. - Skilled Nursing Facility Attending Physician Agreement (All LOB) - Redlands
- 21) Ajeet R Singhvi, MD - Participating Provider Agreement – Specialist - Hemet
- 22) Amandeep Sandhu dba Sand Dermatology PC – Participating Provider Agreement – Specialist - Chino Hills
- 23) Cal Med Physicians and Surgeons Inc. - Participating Provider Agreement - Specialist - Colton
- 24) Cal Oaks Therapy Center - Participating Provider Agreement - Specialist - Murrieta
- 25) Claremont Imaging Associates Inc. - Participating Provider Agreement - Specialist - Pomona
- 26) Good Hope Psychological Services PC - Participating Provider Agreement – Specialist - Murrieta
- 27) SCB Eye Inc. dba Eye Consultants of Southern California - Participating Provider Agreement – Specialist - Fontana
- 28) Soe Maunglay MD Inc.- Participating Provider Agreement – Specialist – Palm Springs
- 29) Timothy G Yeh, MD - Participating Provider Agreement – Specialist – Chino
- 30) Erasto Gutierrez, MD Inc. dba Pomona Urgent Care - Urgent Care Provider Agreement – Pomona
- 31) Jaehoon Lee Optometry Corp dba Rancho Mirage Eyecare Optometry - Participating Provider Agreement – Vision – Rancho Cucamonga
- 32) Kaitlyn Nguyen Murch dba Starry Eyes Optometry Inc. - Participating Provider Agreement - Vision (Exam Only) - Norco

**Recommendation(s):**

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

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

**Department: ADMINISTRATION**

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

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

**Background & Discussion:**

Chief Executive Officer update for the September 8, 2025, Governing Board Meeting.

**Recommendation(s):**

Review and File



# Governing Board Meeting

**CEO BOARD REPORT** | *Sept. 8, 2025*

# MISSION MOMENT – RECOGNITION BY RIVERSIDE COUNTY

- IEHP was recognized at the July 29 Riverside County Board of Supervisors meeting for our efforts in helping Riverside County become a designated Age-Friendly Community by AARP.
- IEHP led efforts to establish the Inland Coalition on Aging (ICA) to work on developing an Inland Empire Master Plan for Aging (IEMPA).





# IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR – FORECAST	+ OR – LAST MONTH
July 2025	1,532,933	1,539,787	6,854	7,322
August 2025	1,529,599	1,531,619	2,020	(8,168)
September 2025	1,526,248	1,525,200	(1,048)	(6,419)





# MEDICAID/MEDI-CAL ADVOCACY MAKES HEADLINES

- Attended the California Medical Association's annual Medical Group Summit in Sacramento on Aug. 13 as part of a panel about the drastic impact the H.R. 1 bill will have on our communities and the country.
- Both the Los Angeles Times and Southern California News Group featured IEHP in articles on the subject.



# WE MADE THE LIST... AGAIN!

- IEHP was named to PEOPLE's 100 Companies That Care in 2025 for the second year in our organization's history.
- IEHP ranked **#98** this year on PEOPLE's annual list spotlighting companies that go above and beyond to "honor their employees, uplift their communities and make the world a better place."
- Honorees must employ at least 10 U.S. employees and be Great Place To Work Certified™, a designation IEHP earned for the fifth year in a row in June.





# LHPC MEETS AT IEHP

- IEHP hosted Local Health Plans of California (LHPC) CEOs on Aug. 19.
- The special strategy session included discussion on how our health plans can ensure our members and communities continue to have access to care and how we can better support our physicians and providers.





# CONGRESSWOMAN TORRES VISITS IEHP

- IEHP proudly hosted Congresswoman Norma Torres (35<sup>th</sup> District) and her Healthcare Sector Roundtable on Aug. 20.
- Leaders from across the district met to discuss the challenges we are all facing and new opportunities.





# MORENO VALLEY HEALTHCARE HERO AWARD

- IEHP was honored at the Aug. 21 Moreno Valley State of the City luncheon.
- We were recognized as the 2025 Healthcare Hero for all the great work we do in the community.





# PROVIDER DINNER SERIES

- The Aug. 27 dinner was held in Ontario.
- It was attended by area providers and their guests, along with IEHP leaders.
- We shared updates on the H.R. 1 bill and our Pay For Performance (P4P) programs.



August 2025  
Provider Dinner



**DEPARTMENT: ADMINISTRATION**

**27. Title: BOARD EDUCATION – CMS HOSPITAL QUALITY STAR RATING**

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

**Background & Discussion:**

Sylvia Lozan, Chief Transformation Officer, and Nickole DeVries, Senior Director – Care Continuum Transformation, will provide an overview of the CMS Hospital Quality Star Rating.

**Recommendation(s):**

Review and File

# CMS Hospital Quality Star Rating

**Presented By:**

**Sylvia Lozano, Chief Transformation Officer**

**Nikole DeVries, Senior Director – Care Continuum Transformation**



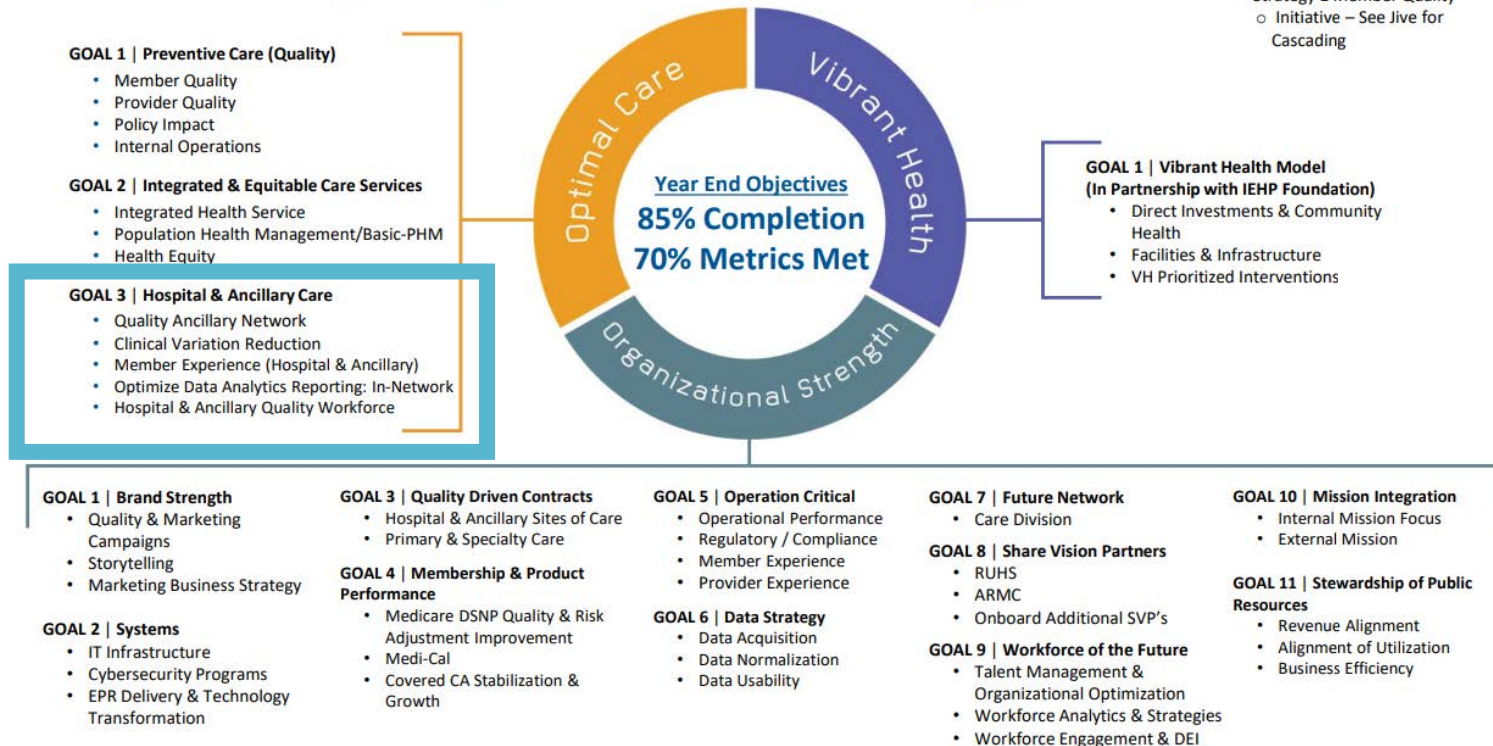
# Unwavering Commitment to Provider Excellence

## Cycle 2 | 2025 Annual Strategic Plan

### Structure Example:

- OC Goal 1 Preventive Care
  - Strategy 1 Member Quality
    - Initiative – See Jive for Cascading

Strategic Plan - Cycle II (2024-2026)

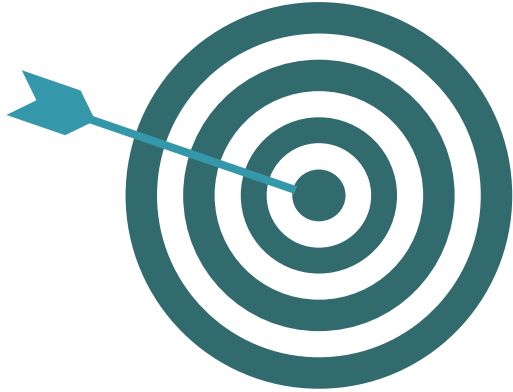




*“We will not rest until  
our region’s hospital care is nationally  
recognized as excellent!”*



# Optimal Care Goal: Hospital



## OPTIMAL CARE - HOSPITAL

By the end of 2026,  
75%+ IEHP network hospitals have a  
**3-star or higher CMS star rating.**





# Selecting CMS Star Rating System

## Other Hospital Rating Systems



- Trusted and validated source of performance assessment with hospital partners.
- Provides a comprehensive evaluation of our hospital partners that aligns with our organizational focus on optimal care.
- Measures can be benchmarked. Focuses on patient safety processes outcomes, patient experience, and structures.
- Facilitates appropriate risk stratification.
- Promotes transparency and empowers consumers to make informed decisions.



# About the Rating

The Hospital Quality Star Rating (Overall Star Rating) summarizes a variety of measures across 5 areas/domains of quality into a single star rating for each hospital.



# Access / Visibility

- The ratings are available publicly via [medicare.gov](https://www.medicare.gov)

**Find hospitals near me**

Find and compare information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers and over 50 military hospitals, across the country.

**MY LOCATION**  
Enter street, ZIP code, city, or state.

**NAME OR TYPE (optional)**  
Enter the hospital name or a type of hospital.

**Search**

[Show past search results](#)

Or want to learn more about an [Data.cms.gov](https://data.cms.gov)

**Filter by:** Distance: 25 mi Overall star rating Patient survey rating Emergency services Hospital type [View All Filters](#)

Showing 1 - 15 of 29 hospitals Sort by: Closest

**1. San Antonio Regional Hospital**

3.6 mi

**ACUTE CARE HOSPITALS**  
999 San Bernardino Road  
Upland, CA 91786  
(909) 985-2811

**Overall star rating**  
★★★★☆

**Patient survey rating**  
★★★★☆

[Compare](#) [Save](#)

**Map:** The map shows the location of San Antonio Regional Hospital in Upland, CA, near the intersection of I-15 and I-215. Other nearby locations labeled include Ontario, Upland, and Rancho Cucamonga.

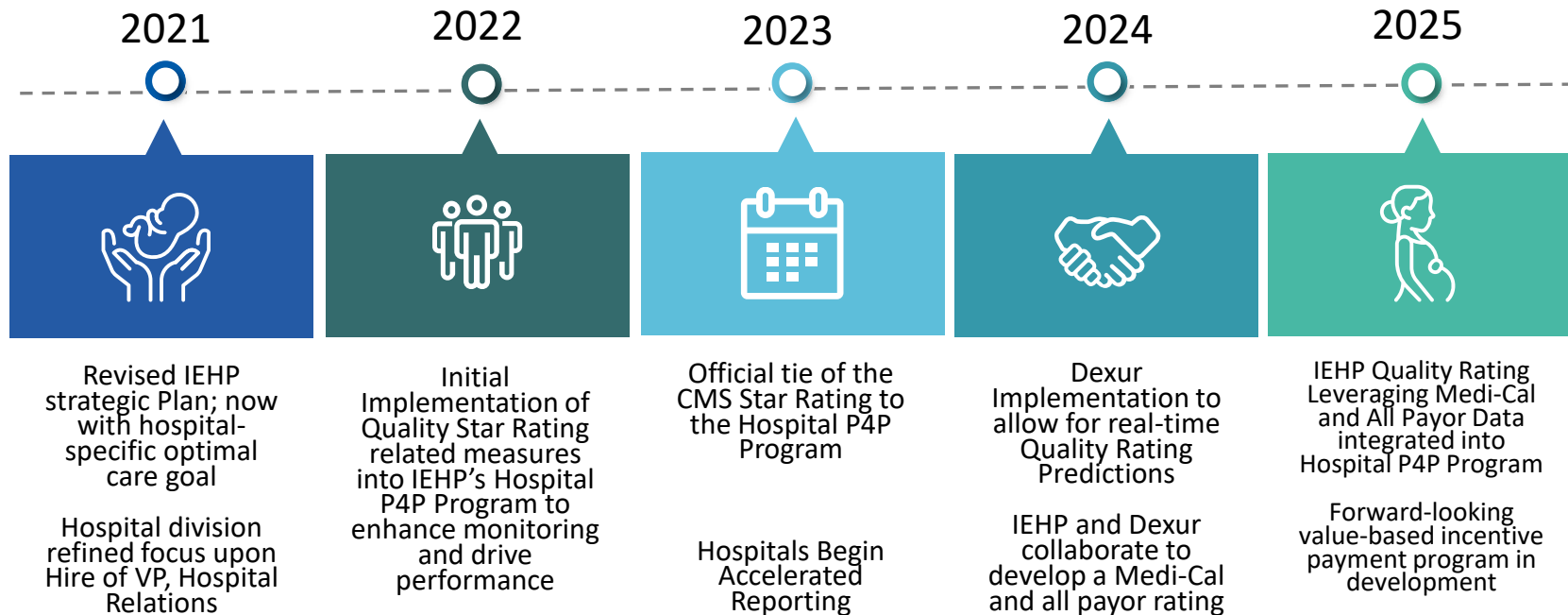
**Sidebar Navigation:**

- Welcome
- Doctors & clinicians
- Hospitals**
- Nursing homes including rehab services
- Home health services
- Hospice care
- Inpatient rehabilitation facilities
- Long-term care hospitals
- Dialysis facilities
- Medical equipment & suppliers

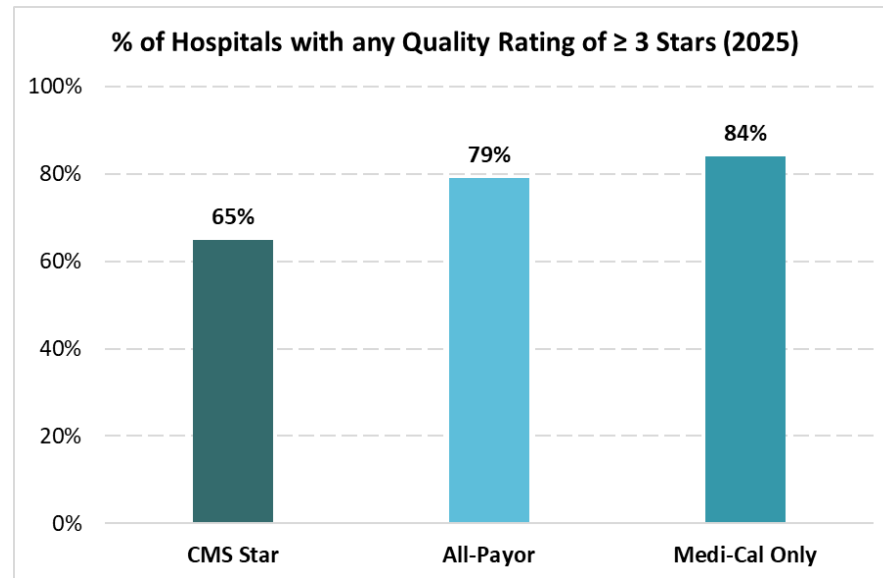
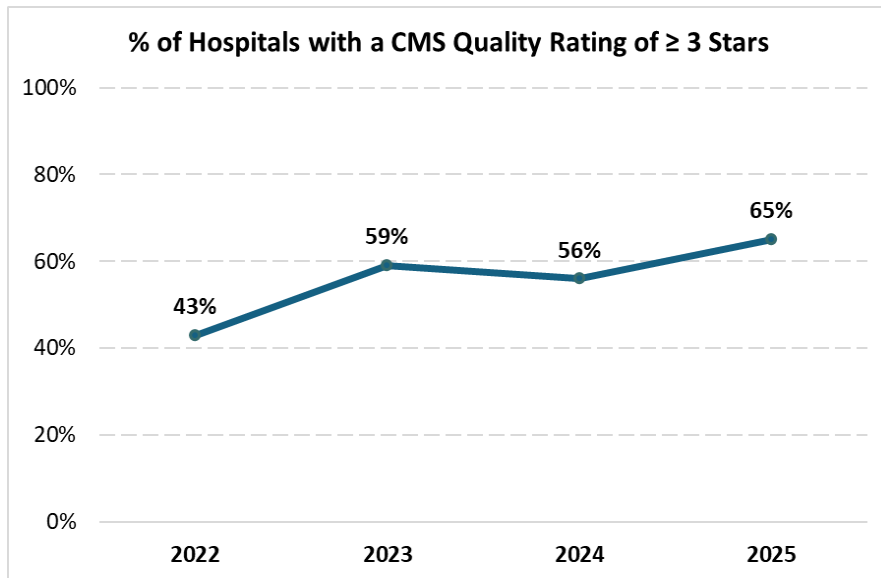


# IEHP's Relationship with the CMS Hospital Quality Rating

## Timeline



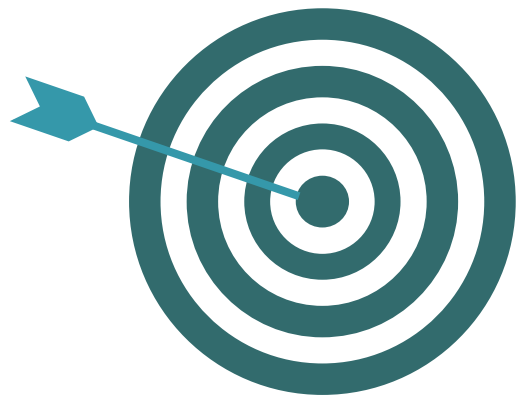
# Progress Toward Goal



Quality Rating	Numerator (# of hospitals receiving a 3+ rating)	Denominator (# of hospitals that qualified for the rating)	% with a 3 or Higher Rating
CMS Star Only	17	26	65%
All-Payor Only Quality Rating	26	33	79%
Medi-Cal Only Quality Rating	26	31	84%



# Looking Forward: Expansion to Ancillary Providers



## OPTIMAL CARE – HOSPITAL & ANCILLARY

By the end of 2026, 75%+ IEHP network hospitals have a **3-star or higher CMS star rating or equivalent**, and transformative efforts have been established in all ancillary sites of care (Hospitalist, Post Acute facilities, SNFist, Home Health, Hospice, and other areas as directed).



# Thank You!



# About the Rating: Data Sources

Data Source	Description	Measure Example	Relevant Domains
Claims	The hospital submits a claim for payment and codes are captured/analyzed to determine measure performance	Readmission	<ul style="list-style-type: none"><li>• Mortality</li><li>• Safety of Care</li><li>• Readmission</li></ul>
Clinical Process	The hospital abstracts data from the medical record and reports it to CMS to determine measure performance	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	<ul style="list-style-type: none"><li>• Timely and Effective Care</li></ul>
Public Health Registry	The hospital uploads and completes information in a public health registry and it is leveraged to determine measure performance	Central line-associated bloodstream infections	<ul style="list-style-type: none"><li>• Safety of Care</li></ul>
Consumer Assessments	Patients discharged from the hospital are sent a survey and rate their experience with the hospital, processes and personnel. Ratings are converted to percentiles and leveraged to determine measure performance.	Patients who understood their care when they left the hospital	<ul style="list-style-type: none"><li>• Patient Experience</li></ul>





# About the Rating: Payor Group

- **Claims-based Measures are calculated using Medicare Fee-For-Service hospital claims data only. These include:**
  - Readmission
  - Mortality
  - Complications
  - Certain Patient Safety and Effectiveness Measures
- **The following measures are calculated using data from all payors:**
  - Patient Experience
  - Hospital-Acquired Infections
  - Process measures
  - Healthcare Personnel Immunizations



# About the Rating: Data Collection Periods

- **Data Collection Periods for measures date back up to 5 years.**
  - Example: For the 2025 Star rating, measures within the mortality domain date back to July 2020

Measure Name	Measure ID	Performance Period
EDAC-30-AMI (AMI - Excess Days in Acute Care)	EDAC-30-AMI	July 2020 to June 2023
READM-30-CABG (CABG - Surgery 30-day Readmission Rate)	READM-30-CABG	July 2020 to June 2023
READM-30-COPD (COPD- 30-day Readmission Rate)	READM-30-COPD	July 2020 to June 2023
EDAC-30-HF (HF - Excess Days in Acute Care)	EDAC-30-HF	July 2020 to June 2023
READM-30-Hip-Knee (30-day readmission rate following elective primary THA and/or TKA)	READM-30-Hip-Knee	July 2020 to June 2023
EDAC-30-PN (PN - Excess Days in Acute Care)	EDAC-30-PN	July 2020 to June 2023
READM-30-HOSP-WIDE (30-day hospital-wide all- cause unplanned readmission (HWR)	READM-30-HOSP-WIDE	July 2022 to June 2023
OP-32 (Rate of unplanned hospital visits after colonoscopy)	OP-32	Jan 2021 to Dec 2023
OP-35 ADM (Rate of inpatient admissions for patients receiving outpatient chemotherapy)	OP-35 ADM	Jan 2023 to Dec 2023
OP-35 ED (Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy)	OP-35 ED	Jan 2023 to Dec 2023
OP-36 (Ratio of unplanned hospital visits after hospital outpatient surgery)	OP-36	Jan 2023 to Dec 2023



**Department: FINANCE**

**28. Title: MONTHLY FINANCIAL REVIEW**

**Chief:**

**Background & Discussion:**

Monthly Financials for Period Ending July 31, 2025

**Recommendation(s):**

Review and File

# FINANCE DIVISION

## July 2025

# MONTHLY FINANCIALS

Presented  
September 8, 2025



# July 2025 Actual vs Budget: Consolidated

	July Month-to-Date			July Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 708,270,541	\$ 701,193,879	\$ 7,076,662	\$ 4,957,368,815	\$ 4,944,233,448	\$ 13,135,367
<b>Total Medical Costs</b>	\$ 678,926,034	\$ 642,023,702	\$ (36,902,332)	\$ 4,729,374,585	\$ 4,670,380,648	\$ (58,993,937)
<b>Total Operating Expenses</b>	\$ 41,215,328	\$ 47,890,526	\$ 6,675,198	\$ 286,801,994	\$ 302,687,439	\$ 15,885,445
<b>Total Non Operating Income (Expense)</b>	\$ 12,543,743	\$ 7,104,234	\$ 5,439,509	\$ 71,409,202	\$ 62,815,019	\$ 8,594,183
<b>Non-Medical Expenses</b>	\$ (280,846)	\$ -	\$ 280,846	\$ (1,249,300)	\$ (859,937)	\$ 389,363
<b>Net Surplus (Deficit)**</b>	\$ 953,769	\$ 18,383,885	\$ (17,430,116)	\$ 13,850,739	\$ 34,840,318	\$ (20,989,579)
<b>Medical Cost Ratio**</b>	95.9%	91.6%	4.3%	95.4%	94.5%	0.9%
<b>Administrative Cost Ratio**</b>	5.8%	6.8%	(1.0%)	5.8%	6.1%	(0.3%)

## Highlights for the Month:

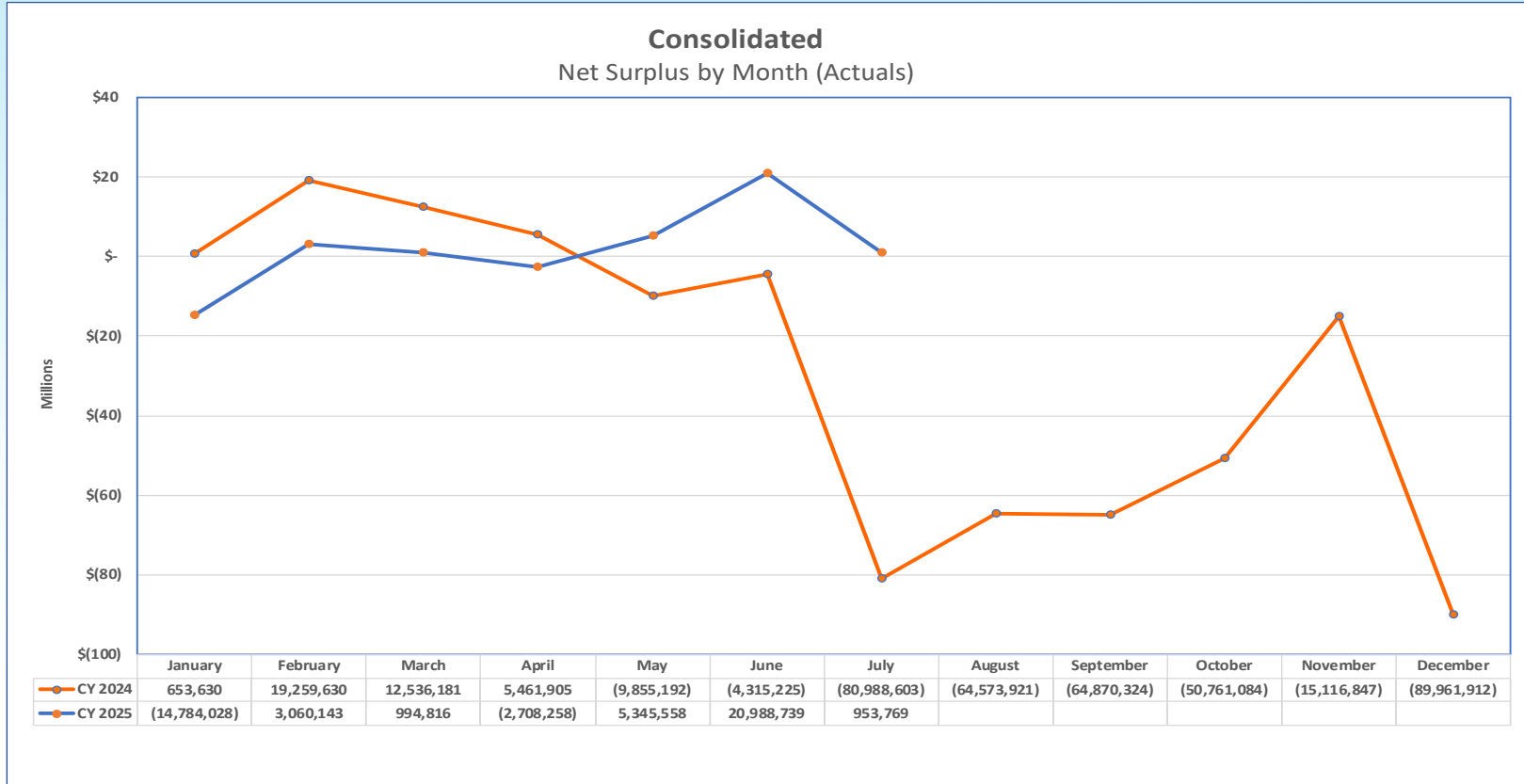
- The favorable revenue variance compared to budget is primarily due to higher-than-expected SPD Non-Dual and MCE Non-Dual member months and unbudgeted quality withhold earned back.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected FFS claims attributed to prior period restatements, increase utilization, and additional Community Supports reserve partially offset by favorable TRI expense.
- 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 escheatment clean-up and investment income.

\*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

	July Month-to-Date			July Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 605,396,986	\$ 592,425,827	\$ 12,971,159	\$ 4,257,775,752	\$ 4,236,280,406	\$ 21,495,346
Total Medical Costs	\$ 576,847,152	\$ 543,836,542	\$ (33,010,610)	\$ 4,072,309,618	\$ 4,020,884,359	\$ (51,425,259)
Total Operating Expenses	\$ 29,723,839	\$ 35,312,089	\$ 5,588,250	\$ 223,958,388	\$ 241,765,314	\$ 17,806,926
Total Non Operating Income (Expense)	\$ 3,533,126	\$ 3,483,442	\$ 49,684	\$ 25,055,072	\$ 25,034,226	\$ 20,846
Net Surplus (Deficit)**	\$ 2,359,120	\$ 16,760,638	\$ (14,401,518)	\$ (13,437,181)	\$ (1,335,041)	\$ (12,102,140)
Medical Cost Ratio**	95.3%	91.8%	3.5%	95.6%	94.9%	0.7%
Administrative Cost Ratio**	4.9%	6.0%	(1.1%)	5.3%	5.7%	(0.4%)

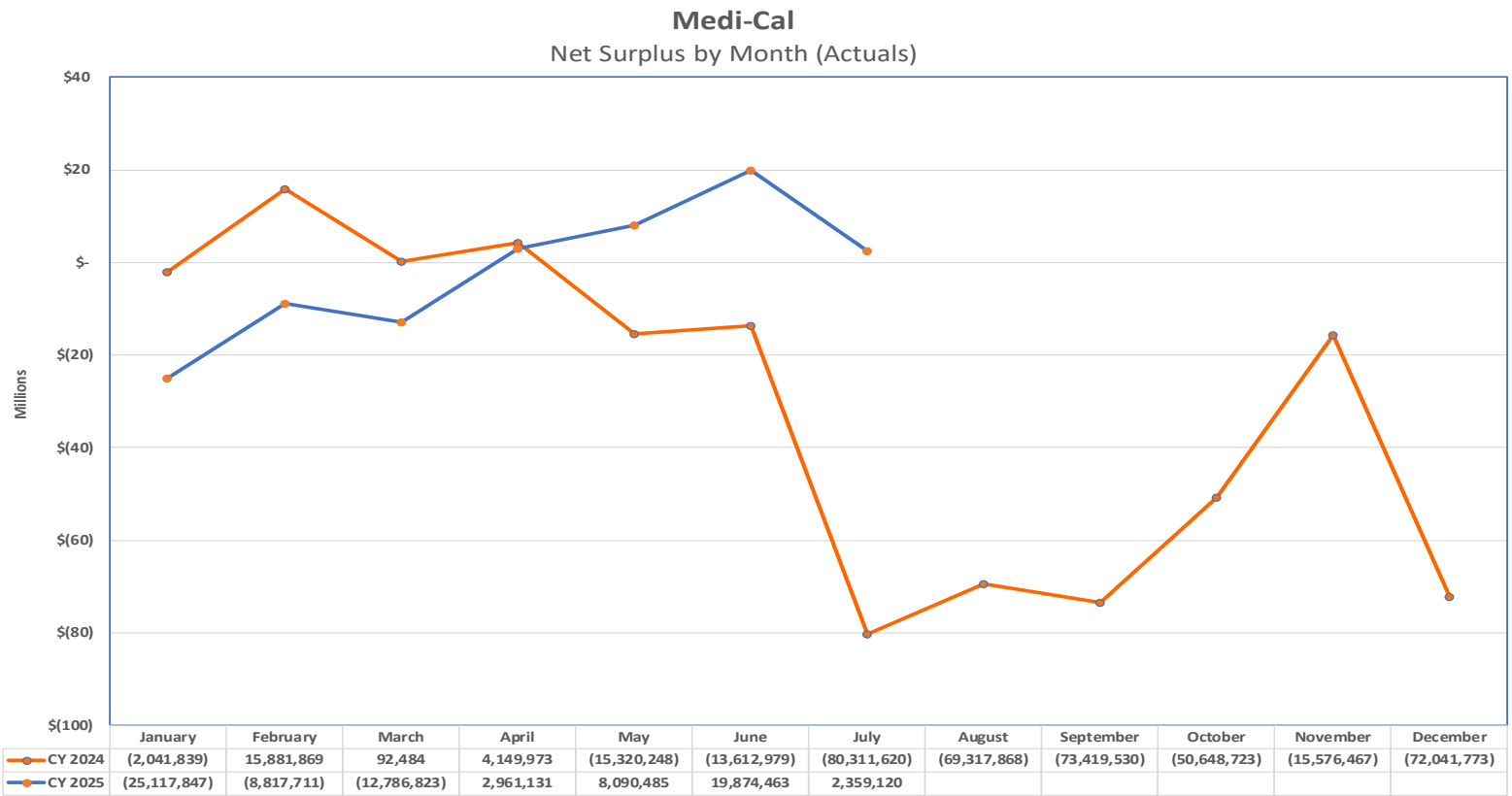
## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to higher-than-expected SPD Non-Dual and MCE 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 attributed to prior period restatement, higher utilization, and additional Community Supports reserve partially offset by favorable TRI expense.
- The favorable operating expense variance compared to budget is primarily due to 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

	July Month-to-Date			July Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 80,315,061	\$ 83,716,217	\$ (3,401,156)	\$ 572,489,463	\$ 574,872,477	\$ (2,383,014)
Total Medical Costs	\$ 82,580,997	\$ 76,482,054	\$ (6,098,943)	\$ 523,873,780	\$ 515,668,795	\$ (8,204,985)
Total Operating Expenses	\$ 6,382,023	\$ 7,401,814	\$ 1,019,791	\$ 33,420,156	\$ 33,459,160	\$ 39,004
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)**	\$ (8,647,958)	\$ (167,650)	\$ (8,480,308)	\$ 15,195,527	\$ 25,744,522	\$ (10,548,995)
Medical Cost Ratio**	102.8%	91.4%	11.5%	91.5%	89.7%	1.8%
Administrative Cost Ratio**	7.9%	8.8%	(0.9%)	5.8%	5.8%	0.0%

## Highlights for the Month:

- The unfavorable revenue variance compared to budget is primarily due to an unfavorable CY25 D-SNP risk sharing adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to prior paid claims restatements and higher-than-expected utilization in FFS claims.

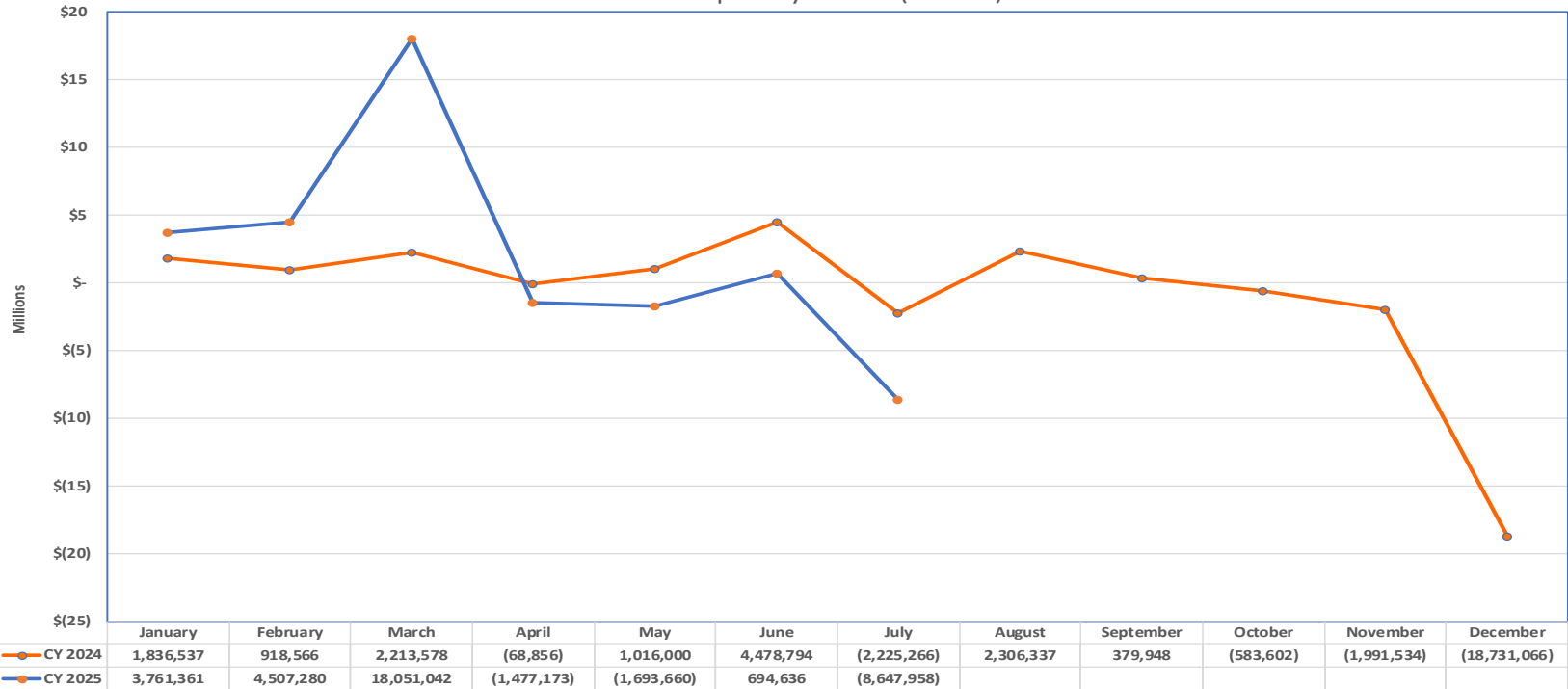
\*\*Differences are due to rounding



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

## D-SNP

Net Surplus by Month (Actuals)



# Actual vs Budget: IEHP Covered (CCA)

	July Month-to-Date			July Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
Total Revenue	\$ 22,559,046	\$ 25,051,835	\$ (2,492,789)	\$ 127,110,602	\$ 133,085,724	\$ (5,975,122)
Total Medical Costs	\$ 19,509,668	\$ 21,705,106	\$ 2,195,438	\$ 133,053,898	\$ 133,685,257	\$ 631,359
Total Operating Expenses	\$ 5,109,477	\$ 5,176,623	\$ 67,146	\$ 29,423,837	\$ 27,462,983	\$ (1,960,854)
Total Non Operating Income (Expense)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Surplus (Deficit)**	\$ (2,060,099)	\$ (1,829,894)	\$ (230,205)	\$ (35,367,133)	\$ (28,062,516)	\$ (7,304,617)
Medical Cost Ratio**	86.5%	86.6%	(0.2%)	104.7%	100.5%	4.2%
Administrative Cost Ratio**	22.6%	20.7%	2.0%	23.1%	20.6%	2.5%

## Highlights for the Month:

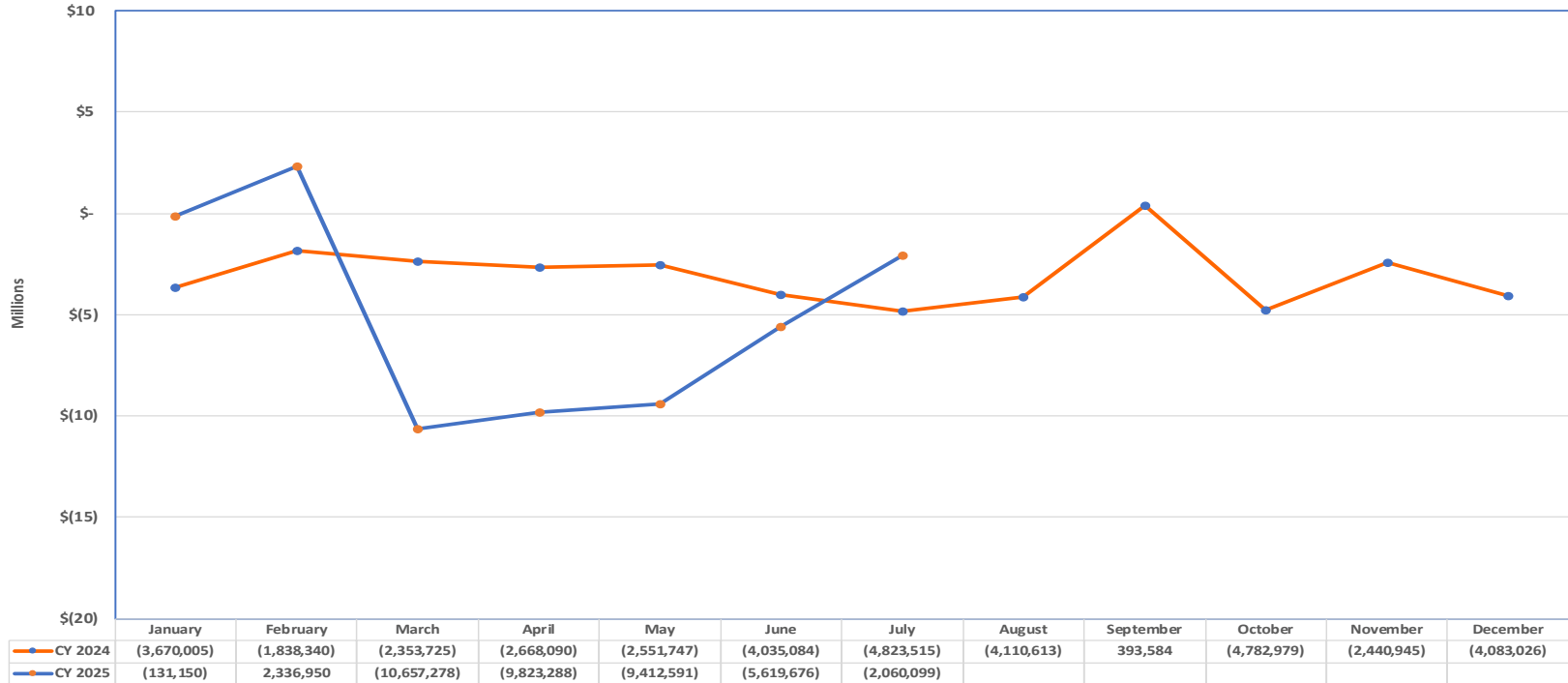
- The unfavorable revenue variance compared to budget is primarily due to unfavorable CCA Silver member months partially offset by CY24 premium revenue adjustment.
- The favorable medical costs variance compared to budget is primarily due to lower-than-expected utilization in FFS claims partially offset by unfavorable pharmacy expense.

\*\*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

	Jul-25	Jun-25	Variance
<b><u>Assets and Deferred Outflows</u></b>			
Current Assets	\$ 2,046,062,201	\$ 2,258,953,576	\$ (212,891,375)
Long Term Receivables	\$ -	\$ -	\$ -
Other Non Current Assets	\$ 67,473,517	\$ 67,473,517	\$ -
Capital Assets	\$ 303,387,119	\$ 301,626,799	\$ 1,760,320
Deferred Outflows of Resources	\$ 83,782,096	\$ 83,775,770	\$ 6,325
Net Other Assets	\$ -	\$ -	\$ -
<b>Total Assets and Deferred Outflows**</b>	<b>\$ 2,500,704,932</b>	<b>\$ 2,711,829,663</b>	<b>\$ (211,124,730)</b>
<b><u>Liabilities, Deferred Inflows, and Net Position</u></b>			
Current Liabilities	\$ 1,361,747,110	\$ 1,574,996,520	\$ (213,249,410)
Long-Term Liabilities	\$ 32,914,206	\$ 31,723,900	\$ 1,190,306
Deferred Inflows	\$ 307,327	\$ 326,721	\$ (19,394)
Net Position	\$ 1,105,736,290	\$ 1,104,782,521	\$ 953,769
<b>Total Liabilities, Deferred Inflows, and Net Position**</b>	<b>\$ 2,500,704,932</b>	<b>\$ 2,711,829,663</b>	<b>\$ (211,124,730)</b>

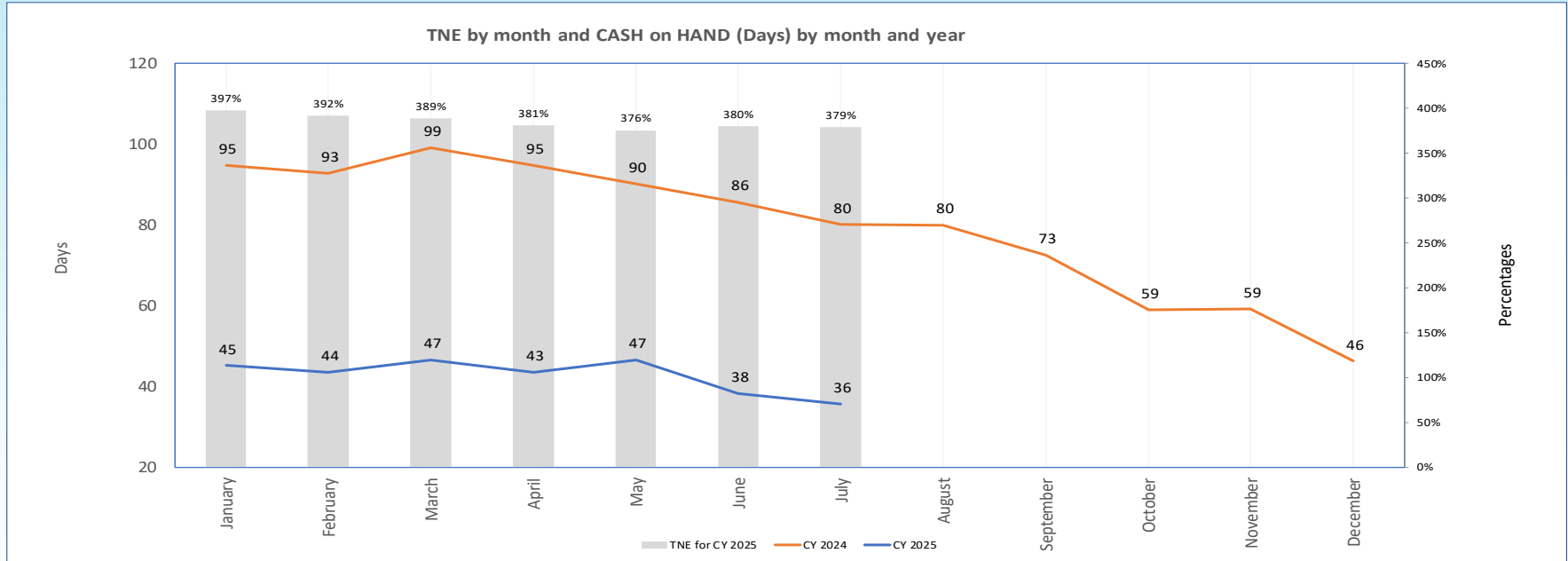
## Highlights for the Month:

- Decrease in Current Assets and Current Liabilities is primarily due to \$188.4M CY25 MCO Tax payment to DHCS and \$26.4M bonus payout.

\*\*Differences are due to rounding



# TNE and Cash On Hand



## Highlights for the Month:

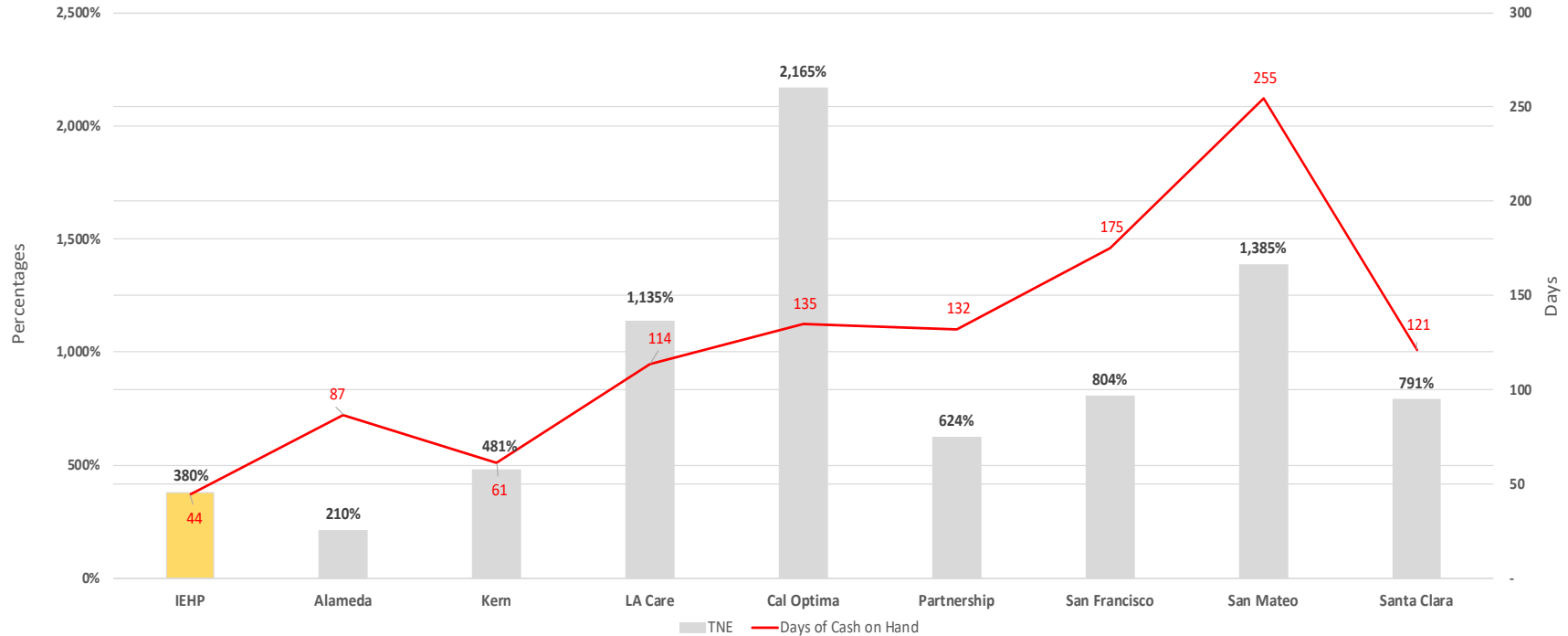
- Decrease in days cash on hand is primarily due to \$26.4M team member incentive payout and an increase in claims related payments.

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



# IEHP vs Other Local Health Plans – June 2025

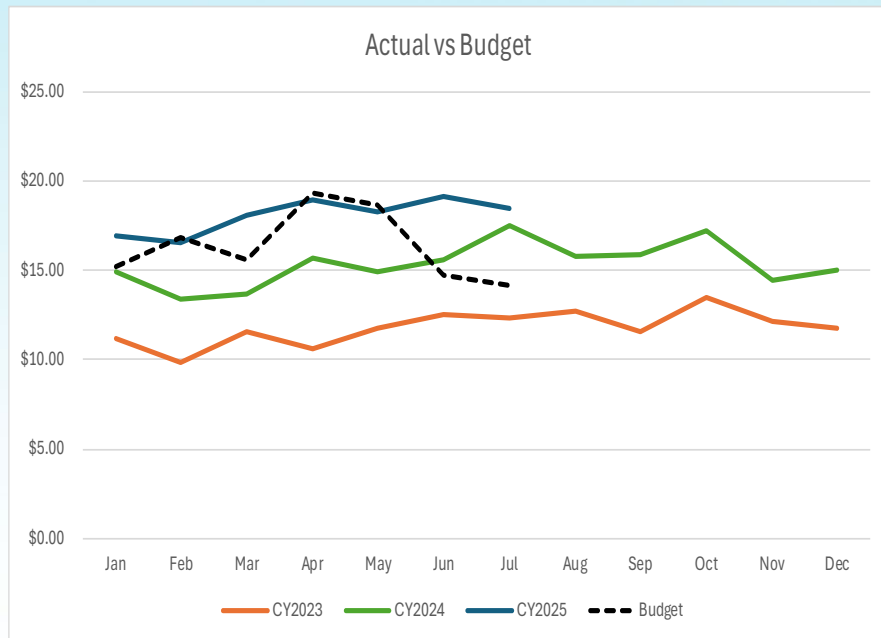
## Tangible Net Equity & Cash on Hand (Days)



Note 1: From the DMHC quarterly Orange Blank report



# Behavioral Health Therapy – Autism

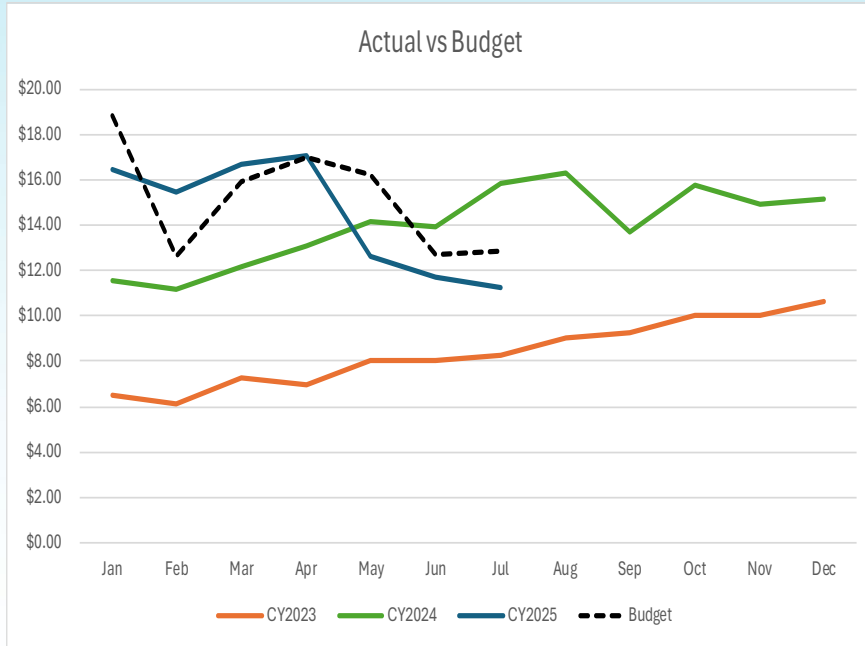


Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$11.17	\$14.94	\$16.93	\$15.19	33.8%	13.3%	11.5%
Feb	\$9.83	\$13.39	\$16.55	\$16.85	36.2%	23.6%	-1.8%
Mar	\$11.55	\$13.70	\$18.09	\$15.60	18.6%	32.1%	16.0%
Apr	\$10.62	\$15.73	\$18.92	\$19.33	48.1%	20.3%	-2.1%
May	\$11.77	\$14.94	\$18.26	\$18.61	26.9%	22.2%	-1.9%
Jun	\$12.56	\$15.63	\$19.09	\$14.71	24.4%	22.2%	29.8%
Jul	\$12.36	\$17.48	\$18.46	\$14.15	41.4%	5.6%	30.4%
Aug	\$12.68	\$15.75			24.2%		
Sep	\$11.57	\$15.92			37.6%		
Oct	\$13.47	\$17.22			27.8%		
Nov	\$12.13	\$14.46			19.2%		
Dec	\$11.73	\$14.99			27.8%		





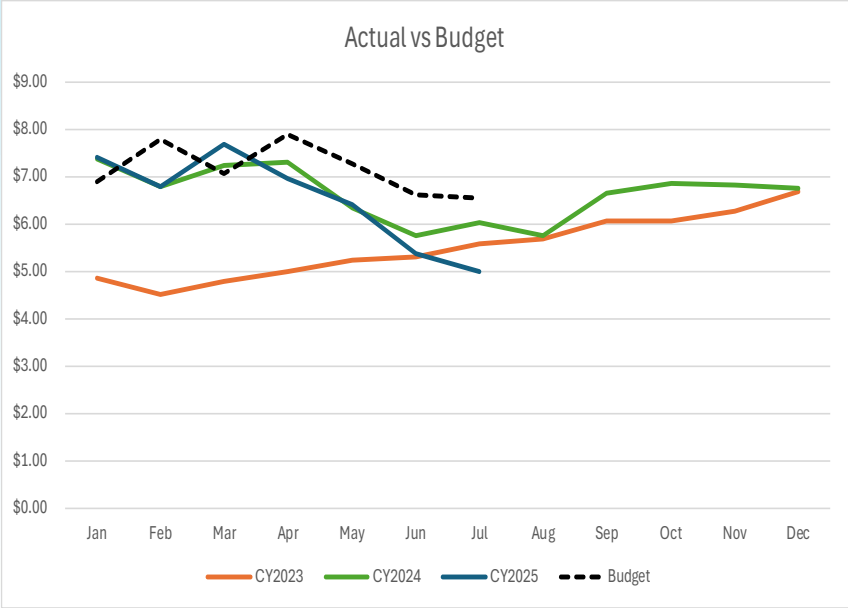
# Transportation



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$6.48	\$11.55	\$16.46	\$18.82	78.3%	42.5%	-12.6%
Feb	\$6.09	\$11.18	\$15.44	\$12.66	83.7%	38.1%	22.0%
Mar	\$7.23	\$12.13	\$16.65	\$15.93	67.7%	37.2%	4.5%
Apr	\$6.99	\$13.09	\$17.06	\$16.99	87.2%	30.3%	0.5%
May	\$8.02	\$14.14	\$12.64	\$16.26	76.4%	-10.6%	-22.3%
Jun	\$8.01	\$13.91	\$11.72	\$12.74	73.6%	-15.7%	-7.9%
Jul	\$8.26	\$15.86	\$11.26	\$12.88	92.0%	-29.0%	-12.6%
Aug	\$9.04	\$16.32			80.5%		
Sep	\$9.24	\$13.67			48.0%		
Oct	\$10.05	\$15.75			56.8%		
Nov	\$10.01	\$14.89			48.7%		
Dec	\$10.61	\$15.18			43.1%		



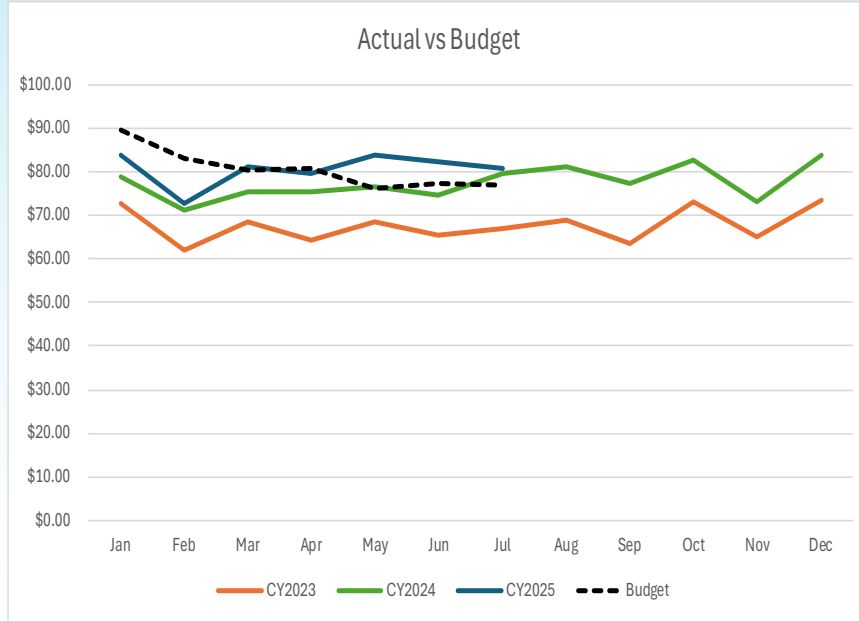
# Home Health



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$4.84	\$7.36	\$7.41	\$6.90	52.1%	0.7%	7.4%
Feb	\$4.50	\$6.79	\$6.80	\$7.80	50.8%	0.2%	-12.8%
Mar	\$4.80	\$7.22	\$7.67	\$7.06	50.6%	6.2%	8.6%
Apr	\$4.99	\$7.30	\$6.96	\$7.90	46.3%	-4.7%	-12.0%
May	\$5.23	\$6.34	\$6.40	\$7.27	21.2%	1.0%	-12.0%
Jun	\$5.31	\$5.75	\$5.37	\$6.62	8.4%	-6.6%	-18.8%
Jul	\$5.58	\$6.03	\$4.99	\$6.55	8.1%	-17.3%	-23.9%
Aug	\$5.67	\$5.75			1.4%		
Sep	\$6.08	\$6.65			9.4%		
Oct	\$6.05	\$6.86			13.3%		
Nov	\$6.26	\$6.84			9.2%		
Dec	\$6.69	\$6.76			1.1%		



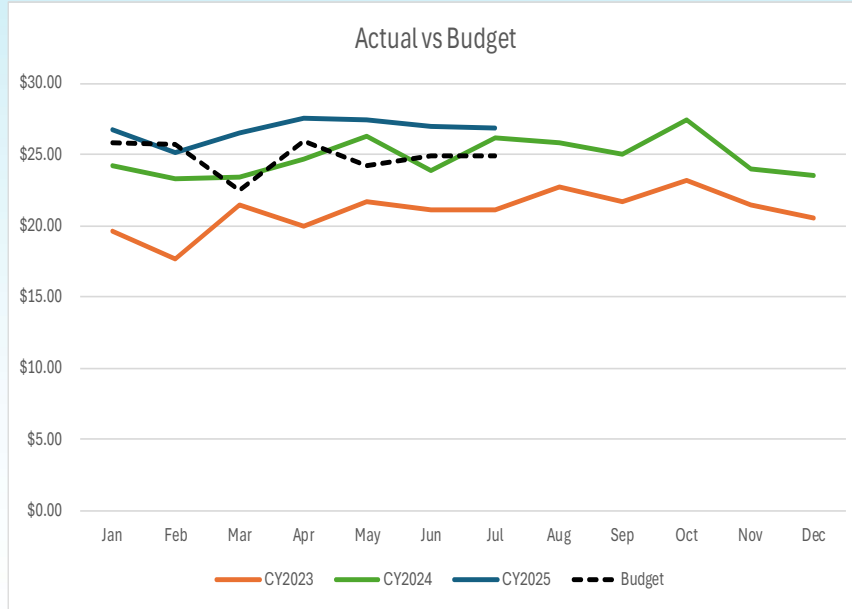
# Inpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$72.81	\$78.64	\$83.88	\$89.54	8.0%	6.7%	-6.3%
Feb	\$61.91	\$71.15	\$72.61	\$83.20	14.9%	2.1%	-12.7%
Mar	\$68.39	\$75.30	\$81.28	\$80.37	10.1%	7.9%	1.1%
Apr	\$64.14	\$75.29	\$79.77	\$80.70	17.4%	6.0%	-1.1%
May	\$68.61	\$76.73	\$83.97	\$76.34	11.8%	9.4%	10.0%
Jun	\$65.37	\$74.70	\$82.37	\$77.23	14.3%	10.3%	6.6%
Jul	\$66.78	\$79.49	\$80.60	\$76.82	19.0%	1.4%	4.9%
Aug	\$68.79	\$81.21			18.1%		
Sep	\$63.59	\$77.35			21.6%		
Oct	\$73.07	\$82.70			13.2%		
Nov	\$65.20	\$73.07			12.1%		
Dec	\$73.33	\$83.83			14.3%		



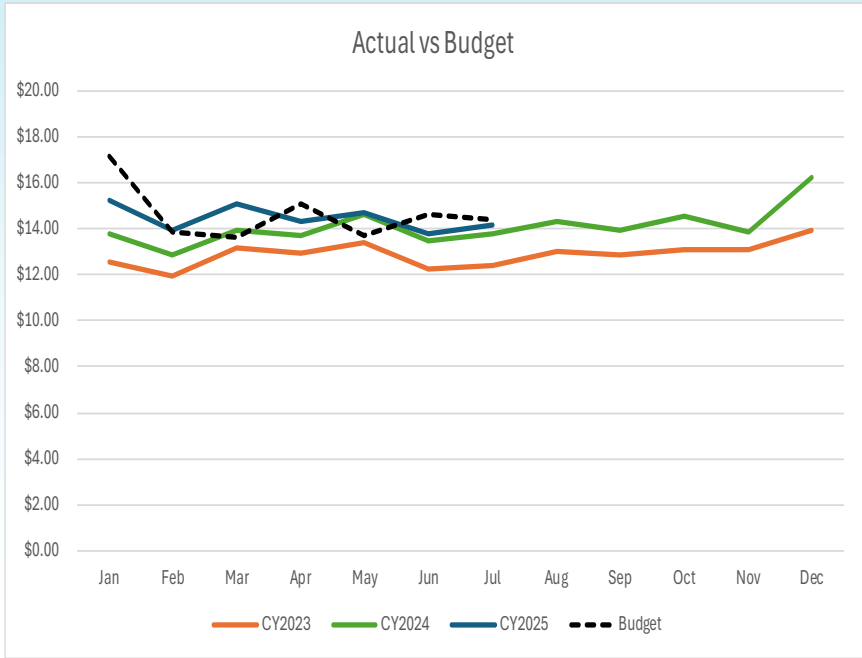
# Outpatient



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$19.64	\$24.28	\$26.70	\$25.85	23.6%	10.0%	3.3%
Feb	\$17.72	\$23.33	\$25.11	\$25.69	31.6%	7.6%	-2.2%
Mar	\$21.50	\$23.45	\$26.47	\$22.53	9.1%	12.9%	17.5%
Apr	\$20.01	\$24.67	\$27.56	\$25.99	23.3%	11.7%	6.0%
May	\$21.75	\$26.24	\$27.38	\$24.26	20.6%	4.4%	12.9%
Jun	\$21.14	\$23.84	\$26.95	\$24.96	12.8%	13.0%	8.0%
Jul	\$21.18	\$26.22	\$26.91	\$24.87	23.8%	2.6%	8.2%
Aug	\$22.76	\$25.84			13.5%		
Sep	\$21.64	\$25.02			15.6%		
Oct	\$23.14	\$27.46			18.7%		
Nov	\$21.47	\$24.04			12.0%		
Dec	\$20.56	\$23.57			14.6%		



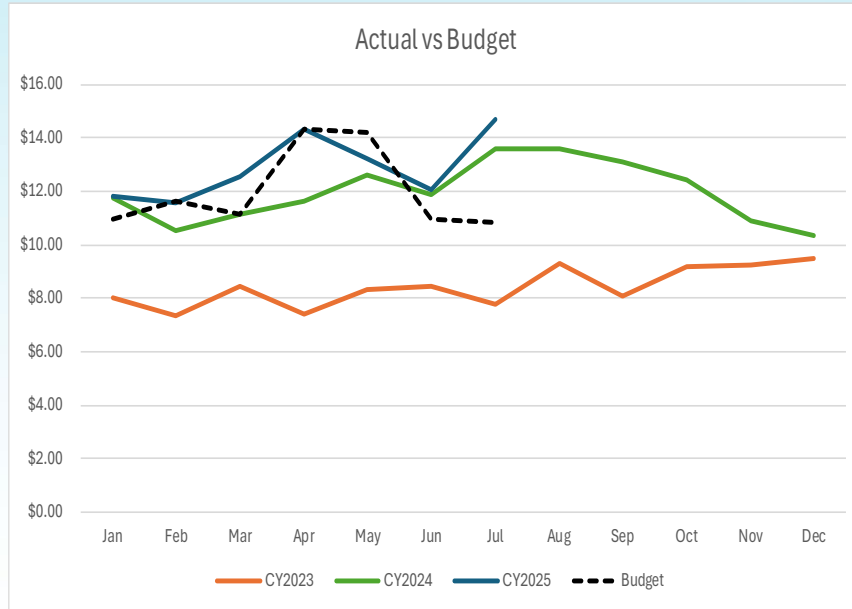
# Emergency Room



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$12.53	\$13.78	\$15.26	\$17.17	10.0%	10.7%	-11.1%
Feb	\$11.95	\$12.88	\$13.93	\$13.89	7.8%	8.1%	0.3%
Mar	\$13.18	\$13.95	\$15.05	\$13.60	5.9%	7.9%	10.7%
Apr	\$12.93	\$13.74	\$14.32	\$15.11	6.3%	4.3%	-5.2%
May	\$13.39	\$14.61	\$14.72	\$13.68	9.1%	0.8%	7.7%
Jun	\$12.28	\$13.49	\$13.81	\$14.65	9.8%	2.4%	-5.7%
Jul	\$12.42	\$13.81	\$14.13	\$14.40	11.2%	2.3%	-1.9%
Aug	\$13.05	\$14.30			9.6%		
Sep	\$12.84	\$13.94			8.5%		
Oct	\$13.05	\$14.56			11.5%		
Nov	\$13.09	\$13.87			6.0%		
Dec	\$13.90	\$16.23			16.7%		

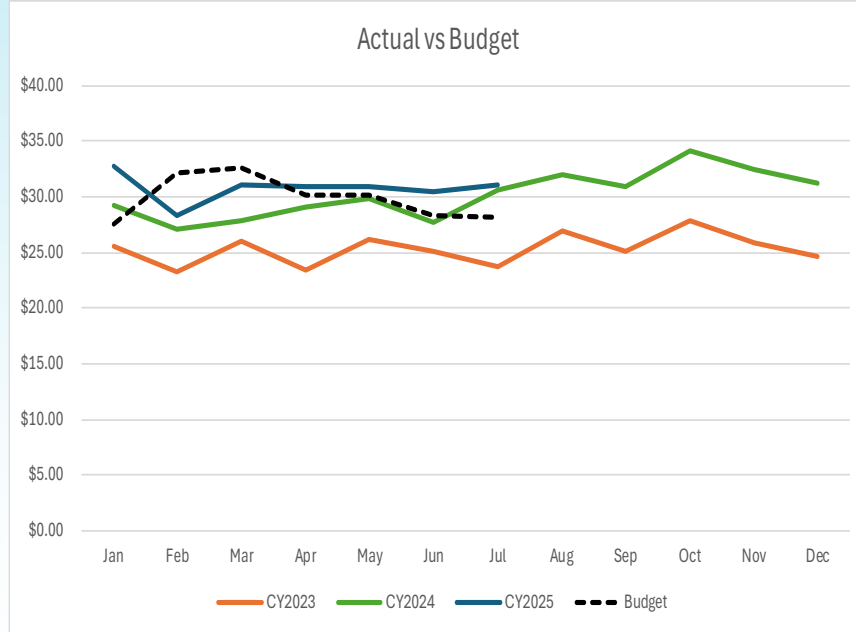


# Other Professional



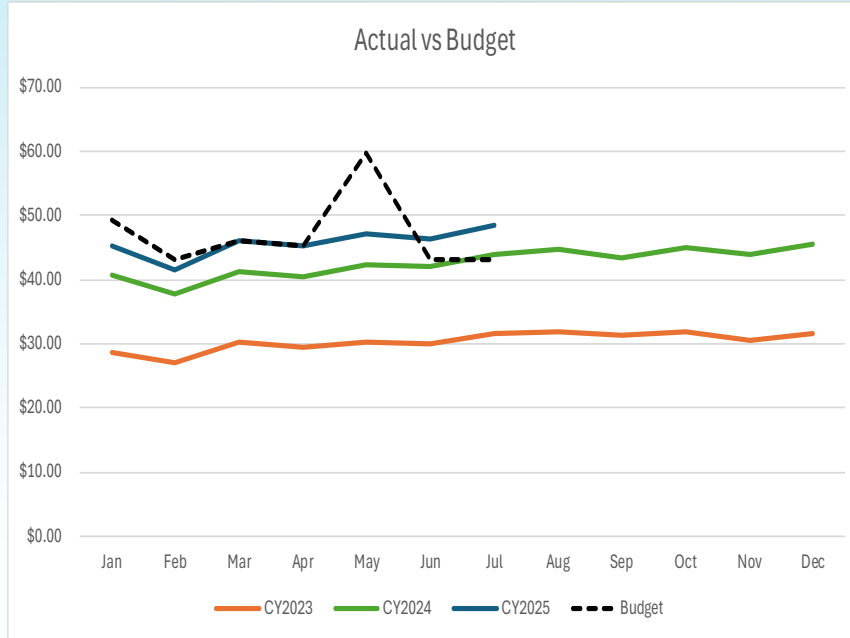
Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$8.04	\$11.74	\$11.84	\$10.99	46.1%	0.8%	7.8%
Feb	\$7.38	\$10.50	\$11.58	\$11.64	42.4%	10.3%	-0.5%
Mar	\$8.44	\$11.13	\$12.57	\$11.13	31.9%	13.0%	13.0%
Apr	\$7.43	\$11.63	\$14.35	\$14.32	56.6%	23.4%	0.2%
May	\$8.35	\$12.63	\$13.21	\$14.22	51.4%	4.5%	-7.1%
Jun	\$8.47	\$11.85	\$12.09	\$10.93	40.0%	2.0%	10.6%
Jul	\$7.79	\$13.61	\$14.68	\$10.83	74.8%	7.9%	35.5%
Aug	\$9.31	\$13.58			45.8%		
Sep	\$8.08	\$13.10			62.1%		
Oct	\$9.18	\$12.40			35.0%		
Nov	\$9.22	\$10.88			18.1%		
Dec	\$9.51	\$10.32			8.5%		

# Physician Specialty



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$25.57	\$29.28	\$32.74	\$27.57	14.5%	11.8%	18.8%
Feb	\$23.22	\$27.10	\$28.38	\$32.16	16.7%	4.7%	-11.7%
Mar	\$26.09	\$27.89	\$31.06	\$32.54	6.9%	11.4%	-4.5%
Apr	\$23.41	\$29.08	\$30.95	\$30.19	24.2%	6.4%	2.5%
May	\$26.18	\$29.83	\$30.88	\$30.19	13.9%	3.5%	2.3%
Jun	\$25.03	\$27.71	\$30.46	\$28.35	10.7%	9.9%	7.5%
Jul	\$23.76	\$30.67	\$31.05	\$28.11	29.1%	1.3%	10.5%
Aug	\$27.01	\$31.99			18.4%		
Sep	\$25.08	\$30.89			23.2%		
Oct	\$27.78	\$34.16			22.9%		
Nov	\$25.82	\$32.48			25.8%		
Dec	\$24.72	\$31.19			26.2%		

# Long Term Care

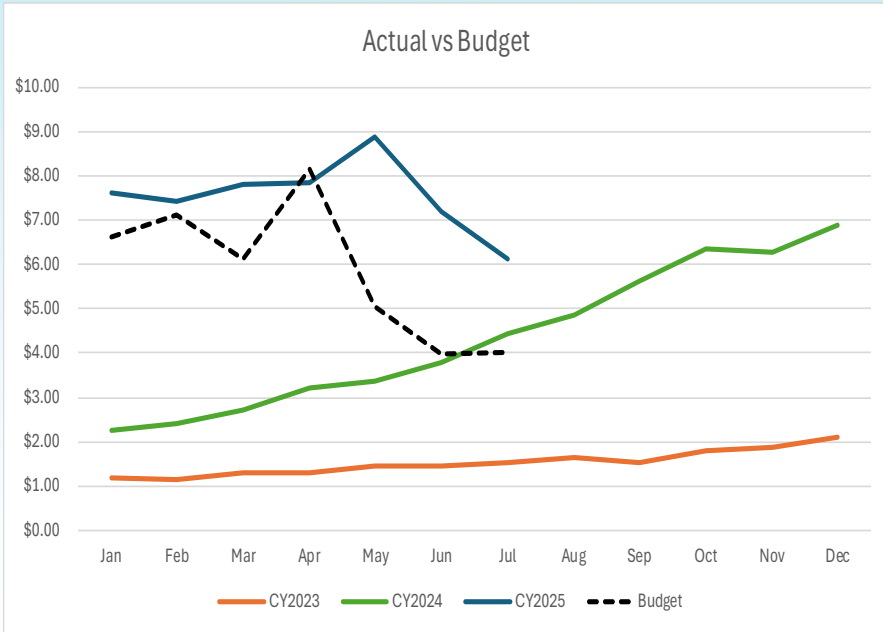


Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$28.62	\$40.82	\$45.40	\$49.32	42.6%	11.2%	-8.0%
Feb	\$27.00	\$37.67	\$41.46	\$43.21	39.5%	10.1%	-4.1%
Mar	\$30.28	\$41.33	\$46.17	\$46.10	36.5%	11.7%	0.2%
Apr	\$29.34	\$40.34	\$45.37	\$45.29	37.5%	12.5%	0.2%
May	\$30.31	\$42.33	\$47.22	\$59.71	39.7%	11.5%	-20.9%
Jun	\$30.02	\$42.02	\$46.42	\$43.04	40.0%	10.5%	7.9%
Jul	\$31.50	\$43.98	\$48.47	\$43.20	39.6%	10.2%	12.2%
Aug	\$31.90	\$44.67			40.0%		
Sep	\$31.36	\$43.47			38.6%		
Oct	\$31.99	\$44.96			40.6%		
Nov	\$30.52	\$43.99			44.2%		
Dec	\$31.58	\$45.57			44.3%		





# Community Supports



Service Month	Incurred PMPM				Trends		Variance to
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	Budget
Jan	\$1.18	\$2.25	\$7.63	\$6.62	91.6%	238.6%	15.4%
Feb	\$1.14	\$2.42	\$7.43	\$7.10	111.9%	207.7%	4.6%
Mar	\$1.29	\$2.72	\$7.80	\$6.12	110.9%	186.3%	27.4%
Apr	\$1.32	\$3.23	\$7.86	\$8.16	144.5%	143.7%	-3.7%
May	\$1.46	\$3.37	\$8.87	\$5.04	130.7%	163.0%	76.1%
Jun	\$1.46	\$3.79	\$7.21	\$3.96	159.9%	90.5%	82.0%
Jul	\$1.54	\$4.45	\$6.11	\$4.00	188.2%	37.2%	52.6%
Aug	\$1.65	\$4.86			194.9%		
Sep	\$1.53	\$5.63			267.2%		
Oct	\$1.80	\$6.35			253.0%		
Nov	\$1.88	\$6.27			232.9%		
Dec	\$2.12	\$6.91			225.6%		



# Acronyms & Definitions

CCA – Covered California  
CMS – Centers for Medicare & Medicaid Services  
CY– Calendar Year  
DHCS – Department of Health Care Services  
D-SNP – Dual Eligible Special Needs Plan (Medicare and Medi-Cal)  
ECM – Enhanced Care Management  
EPP – Enhanced Payment Program  
FFS – Fee for Service  
G&A – General & Administrative  
HQAf - Hospital Quality Assurance Fee  
IBNP – Incurred But Not Paid  
IT – Information Technology  
LTC – Long Term Care  
MCO – Managed Care Organization  
MCE – Medicaid Coverage Expansion  
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



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

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

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***DRAFT - MINUTES OF THE AUGUST 11, 2025, REGULAR MEETING***

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**Governing Board Members Present:**

Supervisor Curt Hagman  
Supervisor Karen Spiegel  
Supervisor Jesse Armendarez

Eileen Zorn  
Drew Williams  
Dr. Dan Anderson

**Governing Board Members Absent:** Supervisor Yxstian Gutierrez

**Governing Board Member Vacancy:** None

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

Jarrold McNaughton, Chief Executive Officer  
Vinil Devabhaktuni, Chief Digital and  
Information Officer  
Genia Fick, Chief Quality Officer  
Edward Juhn, Chief Medical Officer  
Sylvia Lozano, Chief Transformation Officer  
Michelle Rai, Communications & Marketing  
Officer  
Chief Supriya Sood, Chief People Officer  
Susie White, Chief Operations Officer

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

**IEHP Staff Absent:** Keenan Freeman, Chief Financial Officer

**Guest(s):**

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- I. Call to Order:  
Vice Chair Hagman called the August 8, 2025, regular meeting of the Inland Empire Health Plan Governing Board to order at 9:02 a.m.
- II. Pledge of Allegiance: *Dispensed as it was conducted during the IEHP Health Access meeting*
- III. Roll Call: *The Vice Chair Dispensed with Roll Call as it was previously conducted during the IEHP Health Access Governing Board meeting at 9:00 a.m.*
- IV. Agenda Changes: None
- V. Public Comment: None

- VI. Conflict of Interest Disclosure: Vice Chair Hagman announced:  
*“For the record, please note that as members of the San Bernardino County and Riverside County Board of Supervisors, I, nor my colleagues from Riverside County, have any financial interests in Consent Items 2, 9, and 10 that would constitute a disqualifying conflict of interest. Our vote on these items is in our capacity as IEHP Governing Board members”.*
- VII. Adopt and Approve the Meeting Minutes from July 7, 2025, Meeting of the Governing Board of the Inland Empire Health Plan.

***Action: On motion of Member Spiegel and seconded by Member Zorn, the Meeting Minutes from the July 7, 2025, Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Spiegel/Zorn; Gutierrez Absent/Armendarez not present)***

VIII. Consent Agenda:

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

*\*\*Supervisor Armendarez arrived at 9:05 a.m.*

IX. Policy Agenda and Status Report on Agency Operations (Board Report #363)

ADMINISTRATION (Jarrod McNaughton):

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

*\*Vice Chair Hagman announced:*

*“Before we proceed with the Policy items, I would like to defer item 14 to the end of the Policy agenda. The first item will be the Chief Executive Officer Update”.*

Item 14: Delegation of Authority to Approve the Ninth Amendment to the Employment Agreement for Chief Executive Officer: ***This item was deferred to the last item of the Policy section.***

Item 15: Chief Executive Officer Update:

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

*\*Member Spiegel commented on presentation.*

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

FINANCE DEPARTMENT (Keenan Freeman):

Mr. McNaughton presented the following Finance section of the Status Report in Mr. Freeman’s absence:

Item 16: Monthly Financial Review:

*Mr. McNaughton introduced Leona Liu, Vice President, Finance, who presented the financials for PE063025.*

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

*\*\*Member Zorn requested that future reports include a slide for “Community Supports”.*

***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.

*\*\*Ms. White introduced Juan Ortega, Director of Delegation Oversight, who presented Items 17 and 18 as a single presentation.*

Item 17: Covered California Annual Delegation Oversight Audit Results for 2024

Item 18: Medi-Cal and Medicare Annual Delegation Oversight Audit Results for 2024

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

***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 19: Approve the Funding for the 2025 - 2026 Quality Achievement Program

*Ms. Fick presented the HEDIS results for MY2024 and requested approval for the funding for the 2026 Quality Achievement program.*

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

***Action: On motion of Member Zorn and seconded by Member Spiegel, Item 19 on the Policy Agenda was approved as presented. (Zorn/Spiegel; Gutierrez Absent).***

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

**Deferred Item:**

Item 14: Delegation of Authority to Approve the Ninth Amendment to the Employment Agreement for Chief Executive Officer

Secretary to the Governing Board read the following into the record:

“Item 14: Delegation of Authority to Approve the Ninth Amendment to the Employment Agreement for Chief Executive Officer:

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

*\*Member Hagman congratulated Mr. McNaughton on his exemplary performance over the review period.*

**Action: On motion of Member Williams and seconded by Member Anderson, Item 14 on the Policy Agenda was approved as presented. (Williams/Anderson; Gutierrez Absent).**

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

XI. Board Comments: None

XII. Closed Session:

*\*\*Secretary to the Governing Board announced that the below Closed Session matter will be heard at a later date.*

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

a. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:

Title: Chief Executive Officer, Inland Empire Health Plan

XIII. Adjournment

*Vice Chair Hagman adjourned the August 11, 2025, IEHP Governing Board meeting at 10:06 a.m.*

The Approved Governing Board Minutes for August 11, 2025, will have a copy of the IEHP Board Report #362 attached

These Meeting Minutes were duly adopted and approved on September 8, 2025.

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Annette Taylor  
Secretary to the IEHP Governing Board



## **INLAND EMPIRE HEALTH PLAN**

### **Procurement Report**

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

**Items on this summary report are being  
processed in conjunction with the  
September 8, 2025  
Governing Board Meeting**



***Procurement Report  
as of September 8, 2025***

	Vendor	Purpose	Contract Amount	Budget	Effective Date	Department
1	Aha Leadership LLC Second Amendment	Professional Services Agreement (PSA) for Leadership Coaching	\$10,000	Included in CY2025	01/01/26	Administration
2	Charter Communications Holdings, LLC - Spectrum Reach (fka Charter Communications Operating, LLC)	An Enterprise Services Agreement (ESA) and a Service Order for an upgrade to the existing high-speed redundant network connectivity	\$90,500	Included in CY2025	08/13/25	Information Technology
3	Cloudera, Inc. Renewal	An Order Form for Data Platform Private Cloud Base Edition for Data Lake Solutions for HEDIS Reporting	\$91,684	Included in CY2025	08/29/25	Information Technology
4	Compelle LLC First Amendment	A Professional Service Agreement (PSA) for Agency of Record Services	\$0	Included in CY2025	01/01/26	Marketing
5	Deloitte Consulting LLP First Amendment	A Professional Service Agreement (PSA) for Covered California Risk Adjustment - Edge Server Submission	\$3,000	New	08/29/25	Finance
6	Inland Futures Foundation of San Bernardino Community College District Extension	A Professional Services Agreement (PSA) for Public Media Service	\$105,000	Included in CY2025	07/01/25	Marketing
7	KTF, Inc. dba West Coast Services First Amendment	A Professional Service Agreement (PSA) for Window Cleaning Services	\$47,640	Included in CY2025	06/04/25	Operations
8	Maureen Plumstead Second Amendment	A Professional Service Agreement (PSA) for an NCQA Consultant	\$0	Included in CY2025	01/01/26	Quality
9	Potomac Partners DC, LLC First Amendment	A Professional Services Agreement (PSA) for Legislative Advocacy Services	\$360,000	Included in CY2025	09/17/25	Administration
10	The Council of Autism Service Providers, Inc. First Amendment	A Supplemental Order Form for Additional Training Enrollees	\$1,000	Included in CY2025	08/17/25	Health Services
11	The YGS Group, Inc.	A License Agreement for listing rights and branded artwork for the 2025 "People Companies That Care" recognition program	\$9,750	Included in CY2025	08/13/25	Marketing
12	Verint Americas Inc. First Amendment	A Change Order to extend the 120 Risk-Free Period for an additional 90 days, for a total Risk-Free Period of 210 days	\$0	Included in CY2025	08/18/25	Information Technology