



IEHP  
 January 12, 2026 Governing Board Meeting  
 January 12, 2026  
 9:00 am Pacific Time

## Board Report #368

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

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

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

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

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

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

***<https://youtube.com/live/Hx6zN096e4M?feature=share>***

### **AGENDA**

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

**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 December 8, 2025, Regular Meeting of the Governing Board of the Inland Empire Health Plan**  
A. December 8 2025 Meeting Minutes - Draft**VIII. CONSENT AGENDA****A. ADMINISTRATION (Jarrod McNaughton)**

1. Approve the 2026 Federal and State Policy Agenda and Delegate Administrative Advocacy Authority
2. Ratify and Approve Amendment 09 to Local Initiative Primary Contract (23-30225) with the California Department of Health Care Services

**B. FINANCE DEPARTMENT (Jarrod McNaughton)**

1. Ratify and Approve the Second Amendment to the Lease Agreement with The Life Church

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

1. 2024 Culturally and Linguistically Appropriate Services Annual Evaluation Review
  - i. 2024 CLAS Annual Evaluation Executive Summary Final
2. Approve the 2026 Culturally and Linguistically Appropriate Services Program Description and Services Workplan
3. Approve the Funding Agreement with Riverside County Office of Education
4. Approve The Third Amendment to the Professional Service Agreement with Gallagher Benefit Services, Inc.
5. Approve the Funding Agreement with San Bernardino County Superintendent of Schools

**D. QUALITY DEPARTMENT (Genia Fick)**

1. Approve the 2026 Program Fees for Participation in the Integrated Healthcare Association Measure Year 2025 Align. Measure. Perform. Program
2. Delegation of Authority to Approve the Third Amendment to the Professional Service Agreement with Arine, Inc.

**IX. POLICY AGENDA AND STATUS REPORT ON AGENCY OPERATIONS**

**A. ADMINISTRATION (Jarrod McNaughton)**

1. Chief Executive Officer Update
  - i. CEO Update - Jan 12\_FINAL
2. Board Education - IEHP Foundation Update
  - i. IEHP Foundation Presentation Jan. 2026

**B. FINANCE DEPARTMENT (Jarrod McNaughton)**

1. Monthly Financial Review
  - i. IEHP Board Report Monthly Financials

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

XI. Board Member Comments

XII. Closed Session

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

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

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

1. PUBLIC EMPLOYEE PERFORMANCE EVALUATION:
  - i. Title: Chief Executive Officer, Inland Empire Health Plan

XIII. Adjournment

XIV. The next meeting of the IEHP Governing Board will be held on February 9, 2026, at the Dr. Bradley P. Gilbert Center for Learning and Innovation in Rancho Cucamonga.

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

Mission Inn Hotel and Spa  
San Diego Conference Room – Third Floor  
3649 Mission Inn Avenue, Riverside, CA 92501

***DRAFT - MINUTES OF THE DECEMBER 8, 2025, REGULAR MEETING***

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**Governing Board Members Present:**

Supervisor Yxstian Gutierrez

Supervisor Karen Spiegel

Dr. Dan Anderson

Drew Williams

Eileen Zorn

**Governing Board Members Absent:** Supervisor Curt Hagman & Supervisor Jesse Armendarez

**Governing Board Member Vacancy:** None

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

Jarrod 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, Chief Communications & Marketing Officer  
Tim Rielly, Consultant CFO  
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, Vice President, Government Affairs  
Lourdes Nery, Vice President, Compliance  
Thomas Pham, Vice President, Strategy  
Sandy Wyman, Vice President, Mission  
Annette Taylor, Secretary to the Governing Board  
Stefanie Stubblefield, Board Specialist

**IEHP Staff Absent:** None

**Guest(s):** Jay Henry, Tenfold  
Beth Zachary, Tenfold

**I. Call to Order:**

Chair Gutierrez called the December 8, 2025, regular meeting of the Inland Empire Health Plan Governing Board to order at 9:01 a.m.

**II. Pledge of Allegiance:**

**III. Roll Call:**

**IV. Agenda Changes:** None.

V. Public Comment: None

VI. Conflict of Interest Disclosure: None

VII. Adopt and Approve the Meeting Minutes from November 13, 2025, Meeting of the Governing Board of the Inland Empire Health Plan.

***Action: On motion of Member Anderson and seconded by Member Spiegel, the Meeting Minutes from the November 13, 2025, Regular Meetings of the Governing Board of the Inland Empire Health Plan were approved as presented. (Anderson/Spiegel; Armendarez and Hagman Absent)***

VIII. Consent Agenda:

***Action: On motion of Member Hagman and seconded by Member Armendarez, Items 1 – 4 on the Consent Agenda were approved as presented. (Anderson/Zorn; Hagman Absent)***

IX. Policy Agenda and Status Report on Agency Operations (Board Report #367)

ADMINISTRATION (Supriya Sood):

Ms. Sood presented the following Administration section of the Status Report:

Item 5: Delegation of Authority to Approve the Tenth Amendment to the Employment Agreement for the Chief Executive Officer:

*The Clerk read the following into the record:*

“That the Governing Board of IEHP authorize the Chief People Officer to, upon legal review and approval, execute the Tenth Amendment to the Agreement as follows:

- 1) CEO’s base pay shall remain unchanged; and
- 2) A lump sum one-time employer contribution to the CEO’s retirement account in the amount of \$11,411.40 shall be made no later than December 31, 2025.”

There was no further discussion on this item.

***Action: On motion of Member Williams and seconded by Member Zorn, Item 5 on the Policy Agenda was approved as presented. (Williams/Zorn; Armendarez and Hagman Absent)***

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

**FINANCE DEPARTMENT (Tim Rielly):**

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

**Item 6: Monthly Financial Review:**

*Mr. Rielly presented the financials for PE103125.*

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

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

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

XI. **Board Comments:** *None*

XII. **Closed Session:** *With no reportable action as a result of the day's Closed Session, Chair Gutierrez asked the Clerk to read the item into the record, then adjourned the December 8, 2025, IEHP Governing Board Meeting.*

*The Clerk read the following:*

1. With Respect to Every Item of Business to be Discussed in Closed Session Pursuant to California Government Code Section 54956.87 subdivision (b):
  - a. A meeting for purposes of discussing or taking action on a health plan trade secret

XIII. **Adjournment**

*Chair Gutierrez adjourned the November 13, 2025, IEHP Governing Board meeting at 9:45 a.m.*

The Approved Governing Board Minutes for December 8, 2025, will have a copy of the IEHP Board Report #367 attached

These Meeting Minutes were duly adopted and approved on January 12, 2026.

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Annette Taylor  
Secretary to the IEHP Governing Board

**Department: ADMINISTRATION****A.1. APPROVE THE 2026 FEDERAL AND STATE POLICY AGENDA AND DELEGATE ADMINISTRATIVE ADVOCACY AUTHORITY****Contact:**

Jarrod McNaughton, Chief Executive Officer

**Background & Discussion:**

IEHP's 2026 Federal and State Policy Agenda (Policy Agenda) contains priority principles and policies that serve to provide general policy direction for IEHP's legislative, administrative, regulatory, and budgetary advocacy efforts. This direction provides guidance to the IEHP Government Affairs Department to respond effectively and efficiently to proposals that could significantly impact IEHP's strategic and operational interests.

The IEHP Government Affairs Vice President coordinates and centralizes advocacy efforts to advance policy decisions, legislation and regulatory reforms that improves the ability of IEHP to provide quality health and social service benefits in an efficient manner. The development of an annual Policy Agenda is a critical component of the organization's centralized and strategic approach to maximizing the organization's ongoing success.

**Recommended Action:**

That the Governing Board of the IEHP approve the 2026 Federal and State Policy Agenda and authorize the Chief Executive Officer or his designee to perform associated advocacy activities on behalf of the organization.

The authority granted through approval of the Policy Agenda allows IEHP to proactively engage in legislative, regulatory and budget actions during the year in support of IEHP's Strategic Plan that advances its Mission, Vision, and Values in support of IEHP, its Members, Providers, and Partners. The IEHP Government Affairs Department worked in collaboration with IEHP executive leadership, internal departments and vested Partners at the federal, state, and regional level to develop the following Policy Agenda for the Governing Board's consideration:

**Optimal Care**

1. Support proposals that ensure all eligible individuals receive high-quality, coordinated, timely, health and social services, including physical and behavioral health care.
2. Support proposals that protect existing funding streams that support quality Providers and Hospitals serving Medicaid/Medi-Cal Members.
3. Support proposals that preserve affordable health care options through subsidies, tax credits and other affordability options.
4. Support proposals strengthen and incentivize Providers that deliver high quality, equitable and value-based health care and social services in underserved urban, rural, and suburban areas.

5. Support proposals that streamline and integrate health care and social services to improve health outcomes and ensure long-term sustainability.
6. Support proposals that ensure standards and requirements equitably reflect regional differences and care delivery models.
7. Support proposals that ensure appropriate guardrails are available to ensure timely access to necessary services.

### **Vibrant Health**

1. Support proposals that strengthen and innovate population health models that address health care, social drivers of health, and disparities to improve community outcomes and equity in the Inland Empire.
2. Support proposals that improve Medicaid/Medi-Cal enrollment and retention processes, promote legislative and regulatory implementation flexibilities, and protect continuity of care.
3. Support proposals that ensure the Inland Empire receives a fair and equitable share of state and federal resources for health care and social services.
4. Support proposals that ensure Providers in rural areas receive adequate funding for continued service delivery in the region's most vulnerable areas.
5. Support proposals that foster innovation and creativity to shape the future of health care delivery in the Inland Empire.
6. Support proposals that improve quality of life for the region's most vulnerable residents by addressing access to health care, housing, food, safety, economic mobility, and well-being.

### **Organizational Strength**

1. Support proposals that ensure the Medicaid funding directly and adequately support Medi-Cal Providers while minimizing administrative burden.
2. Support legislation, regulations and other actions that promote informed rulemaking, incorporate Managed Care Plan input, and allow adequate transition periods for implementation of state and federal mandates.
3. Support proposals that increase transparency in the rate-setting and rulemaking process to ensure equitable, timely and actuarially sound funding is available for the provision of quality and equitable health care, mandated benefits and associated operations.
4. Support proposals that enhance operational efficiencies by eliminating conflicting or unnecessary requirements and regulations.

## CONSENT AGENDA

5. Support proposals that promote flexibility and local control through innovative programmatic and reimbursement models that strengthen safety net programs and support cost-effective, public, not-for-profit Managed Care Plans.
6. Support proposals that align policies for Managed Care Plans, counties and other Providers to ensure streamlined service delivery and payment integrity.
7. Support proposals that advance responsible data sharing among entities providing and coordinating health and social services.
8. Support proposals that drive innovation and technology solutions that enhance Member and Provider experiences and yield improved health outcomes.
9. Support proposals that advance the ethical integration of artificial intelligence in ways that protect Members and foster innovation.
10. Support proposals that attract, retain, and incentivize a high-performing workforce contributing to the economic strength and growth for the Inland Empire.
11. Oppose proposals that impose administrative or financial penalties without transparency or meaningful engagement with Managed Care Plans.

Various strategies and advocacy activities may be used to advance the 2026 Policy Agenda including but not limited to: educating legislators at the federal, state and local level; collaborating with vested stakeholders; consensus building; message alignment; testifying at public hearings and forums; and drafting letters of support or opposition for legislation or policy proposals that are consistent with the Board-approved Policy Agenda.

Official IEHP legislative and regulatory positions not considered under the Policy Agenda will be brought to the Governing Board for separate action as needed.

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> N/A
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<b>Fiscal Impact</b>	<b>Financial Review</b>	<b>Procurement Review</b>	<b>Reviewed by Counsel</b>	<b>VP Approval</b>	<b>Chief Approval</b>
None	NA	NA	NA	V. Ostermann 12/15/25	J. McNaughton 12/15/25

**Department: ADMINISTRATION****A.2. RATIFY AND APPROVE AMENDMENT 09 TO LOCAL INITIATIVE PRIMARY CONTRACT (23-30225) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

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

**Background & Discussion:**

As a Local Initiative Medi-Cal Managed Care Plan (MCP), Inland Empire Health Plan (IEHP) contracts with the California Department of Healthcare Services (DHCS) to provide health care services to the Medi-Cal population in Riverside and San Bernardino counties through State funding. In December 2023, IEHP received the 2024 Primary Contract with DHCS for Medi-Cal Health Plan Services. DHCS issued a new Primary Contract to hold health plans to more rigorous standards of care and greater accountability. These enhancements ensure Medi-Cal members receive quality care and the necessary support to manage their health needs. IEHP and DHCS agreed to comply with the terms and conditions of providing health care services to eligible Medi-Cal recipients within the scope of Medi-Cal benefits as defined in the contents of the Primary Contract.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

That the Governing Board of IEHP Ratify and Approve Amendment 09 to Local Initiative Primary Contract (23-30225) with DHCS through December 31, 2026.

IEHP received the finalized Amendment 09 from DHCS on November 17, 2025. Effective January 1, 2026, this amendment sets forth Calendar Year 2026 Capitation Payment rates and extends the Enhanced Care Management (ECM) Risk Corridor an additional year, through December 31, 2026.

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

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> 1/1/24-12/31/26
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	H. Lien 11/20/2025	N/A	A. Mejia 11/25/2025	L. Nery 12/04/25	S. White 12/04/2025

**Department: FINANCE****B.1. RATIFY AND APPROVE THE SECOND AMENDMENT TO THE LEASE AGREEMENT WITH THE LIFE CHURCH****Chief:** Jarrod McNaughton, Chief Executive Officer**Background & Discussion:**

In October 2024, Inland Empire Health Plan (IEHP) purchased real property located at 10769 Hole Avenue, Riverside, CA 92505, a 59,731 square foot commercial building to relocate the current IEHP Community Wellness Center (CWC) in Riverside. As part of this real estate acquisition, IEHP inherited an existing modified gross office lease agreement with The Life Church which occupies 10,130 square feet of space through December 31, 2025. The terms of this inherited lease are as follows.

- First Amendment: Lease term from July 28, 2021, through December 31, 2025.
- Monthly rent rate of \$1.14 per square footage (psf).

IEHP engaged with commercial real estate services firm Lee & Associates to provide brokerage services and negotiate lease renewals with the property tenants at 10769 Hole Avenue. Lee & Associates conducted market analysis of comparable space to ensure the negotiated rental rate is within fair market rent. Lee & Associates identified that the inherited lease rate is below market and recommended increasing the initial extension year rent to \$1.30 psf with 6% annual increases to allow for the rental rate to move closer to market rate throughout the term of this extension without overly burdening the Tenant with a sizable immediate increase.

**Procurement Solicitation Type:** N/A**Recommendation(s):**

That the Governing Board of IEHP Ratify and Approve the Second Amendment to the Lease Agreement with The Life Church for lease of IEHP's office space at 10769 Hole Avenue in Riverside effective January 1, 2026, through December 31, 2030.

This Second Amendment extends the lease agreement for an additional five (5) years and increases the monthly rent to \$1.30 psf with a 6% annual increase. This would provide IEHP an estimated \$890,818.56 in revenue through the term of the lease.

<b>Financial Impact:</b> NA	<b>Not to Exceed Amount:</b> NA	<b>Term:</b> 5 years
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	S. McCalley 12/9/2025	N/A	Make Selection [enter date]	J. Mansour 12/04/25	J. McNaughton 12/12/25

**Department: HEALTH SERVICES****C.1. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES ANNUAL EVALUATION REVIEW**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP)'s Quality Management & Health Equity Transformation Committee (QMHETC) approves an Annual Evaluation Report assessing IEHP's 2024 Culturally & Linguistically Appropriate Services (CLAS) Program. The Annual Evaluation Report reviews the quality and overall effectiveness of the program by reviewing the completed and ongoing activities for culturally and linguistically appropriate services, trending of measures to assess the CLAS Program performance, analysis of initiatives, and barriers.

The objectives of the CLAS Program are to provide effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The CLAS Program seeks to fulfill its mission by establishing a broad set of goals to ensure IEHP and its Provider Network comply with Department of Health Care Services (DHCS) and Federal regulations on Cultural and Linguistic (C&L) services. These goals include:

1. Enhancements in Data Collection and Stratification by Race/Ethnicity, Language, Disability, Sexual Orientation and Gender Identity
2. Improvements in lawful Workforce Diversity, Provider Network Adequacy & C&L Responsiveness
3. Identification and Reduction of Health Care Disparities

Through various mechanisms, such as HEDIS and CAHPS, IEHP reporting identifies disparity gaps for priority preventive care services and care management of chronic conditions. This information is used to drive quality improvement activities and initiatives. IEHP leveraged activities to measure effectiveness of the program which included Population Health Management (PHM) Population Assessment Study, Behavioral Health Member Experience Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey, Grievance and Appeals Annual Study, Assessment of Ethnic and Linguistic Needs Study, Provider Language Competency Study, IEHP Quarterly Telephonic Language Interpreter Report, Provider Experience Survey, and 2024 IEHP Membership Threshold Languages. IEHP identifies at least one quality improvement opportunity to address identified health disparities using this data each year. Below is a summary of the measures included in the 2024 CLAS reporting:

- **Clinical Measures:**

- Stratify by race/ethnicity the following measures to identify areas of opportunity to act: Colorectal Cancer Screening (COL), Controlling High Blood Pressure (CBP), Hemoglobin A1c Control for Patients with Diabetes (HBD), Prenatal and Postpartum Care (PPC), Child and Adolescent Well Care Visits (WCV), Well-Child Visits in the First 30 Months of Life (W30), Breast Cancer Screening (BCS)

- **Clinical Measurable Goals:**

- Reduce the disparity among the Black population for the Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6) measure.
- Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP Members with a diagnosis of hypertension.
- Increase the rate of Well Child Visits among Vietnamese speaking Members.
- Increase the rate of Breast Cancer Screening among Mandarin speaking Members.

- **Experience Measures**

- Stratify by race/ethnicity the following CAHPS® measures to identify areas of opportunity to act: Rating of Health Plan, Rating of Health Care, Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor, Customer Service, How Well Doctors Communicate, Review Member experience and utilization with language services metrics to identify areas of opportunity to act.

- **Experience Measurable Goals**

- Reduce the disparity among the White population for Rating of Health Plan measure.
  - Current White population rate is 5% lower than the overall plan rate.
- Reduce the disparity among the White population for the Getting Care Quickly measure.
  - Current White population rate is 6% lower than the overall plan rate.
- Improve Member experience with language services among Spanish speaking Members.

In 2024, CLAS continued to demonstrate meaningful advancement. IEHP implemented both Clinical and Experience Measure Goals to enhance the effectiveness and impact of the CLAS Program. The CLAS Annual Evaluation provided a comprehensive overview of completed and ongoing activities, including performance measure trends, initiative analyses, and barrier assessments related to CLAS. The evaluation was reviewed by the Chief Health Equity Officer, Health Plan Accreditation Unit, the CLAS Program owners, and community representatives for feedback. Additionally, the CLAS Evaluation was formally shared with IEHP's Community Advisory Committee (CAC). Throughout the year, IEHP remained focused on meeting the program goals and completing all initiatives as outlined in the 2024 Quality Management/Quality Improvement & CLAS Workplan. This work reflects IEHP's ongoing commitment to delivering high-quality, equitable healthcare to its members through continuous process improvement and integration of culturally responsive health initiatives. It is with this commitment that IEHP will reach the 5-Star Health Plan Rating.

**Procurement Solicitation Type:** N/A

**Recommendation(s):**

Review and File

<b>Financial Impact:</b> N/A	<b>Not to Exceed Amount:</b> N/A	<b>Term:</b> N/A
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## CONSENT AGENDA

## Submittals to Inland Empire Health Plan Governing Board

## Staff Reports and Recommendations #368

January 12, 2026

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	G. Uribe 11.25.25	E. Juhn 12/10/25



**2024**

**Culturally & Linguistically Appropriate Services  
(CLAS) Annual Evaluation  
Executive Summary**

**November 2025**

## **MISSION AND VISION**

The purpose of the 2024 Annual Evaluation is to assess IEHP's Culturally and Linguistically Appropriate Services (CLAS) Program. This assessment evaluates the quality and overall effectiveness of the program by examining completed and ongoing activities related to culturally and linguistically appropriate services, trending performance measures to assess the CLAS program performance, analyzing initiatives, and identifying barriers. This annual evaluation reviews various committee and subcommittee structures, clinical quality, Member experience, network/access, provider experience, and subcommittee reports. Overall effectiveness of the program is assessed by analyzing and trending the goals and actions of the studies, reviewing qualitative and quantitative results, providing a causal analysis and defining barriers, interventions, opportunities for improvement and next steps.

The design of IEHP's CLAS Program aligns with IEHP's Mission, Vision and Values (MVV) as it aims to improve the quality of care, access to care, patient safety, and quality of services delivered to all IEHP members regardless of race, color, national origin, creed, ancestry, religion, language, age, sex, gender identity, sexual orientation, sex characteristics, sex stereotypes, intersex traits, marital status, pregnancy or related conditions, health status, evidence of insurability, source of payment, limited English proficiency and primary language, disability, or any combination thereof, ensuring that all covered services are delivered in a culturally and linguistically appropriate manner.

**Mission:** We heal and inspire the human spirit.

**Vision:** We will not rest until our communities enjoy optimal care and vibrant health.

**Values:** We do the right thing by:

- Placing our members at the center of our universe.
- Unleashing our creativity and courage to improve health & well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our members, Providers, Partners, and each other.

## **CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS)**

### **ANNUAL EVALUATION**

IEHP supports an active, ongoing, and comprehensive Culturally & Linguistically Appropriate Services (CLAS) Program, with the primary goal of delivering effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. IEHP is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion. IEHP believes that all persons are entitled to equal employment opportunities and does not discriminate against qualified Team Members or applicants on the basis of race, color, national origin, creed, ancestry, religion, language, age, sex, gender identity, sexual orientation, sex characteristics, sex stereotypes, intersex traits, marital status, pregnancy or related conditions, health status, evidence of insurability, source of payment, limited English proficiency and primary language, disability, disabled veteran or veteran of the Vietnam era or any other characteristic protected by state or federal law.

The purpose of the CLAS Evaluation is to illustrate the Plan's CLAS delivery and outcomes for the Measurement Year (MY) 2024 in accordance with the National Committee of Quality Assurance (NCQA) Health Equity Standard 5, Element B. The CLAS Evaluation will review each Goal and Objective for improving CLAS, pulling key studies, reports, and initiatives to measure progress from one year to the next.

The objectives of the CLAS program are to provide effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. To accomplish this, IEHP has established methods that ensure and promote access and delivery of medically necessary services in a culturally competent manner to all members, including people with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. IEHP has defined the following objectives:

*Clinician-oriented:*

- Provide training, support, technical assistance and resources to Providers and their office staff to assist them in the provision of culturally competent and linguistic services.
- Monitor the clinician credentialing and recredentialing processes for discriminatory

practices at each point of the process.

*IEHP and Member oriented:*

- Educate IEHP Team Members on cultural diversity of the membership and raise awareness of IEHP's Cultural and Linguistic policies, procedures, and resources through annual mandatory training.
- Assess the characteristics of IEHP's membership to identify member needs, review and update its structure, operations, and resources accordingly.
- Evaluate areas such as social determinants of health (SDOH), identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI), members of Limited English Proficiency (LEP), disparities in members of different ethnicity groups, and disparities in members with a primary language other than English.
- Identify threshold languages in the member population of 200 or more members and provide vital information in those languages and alternate formats upon request. Current threshold languages include English, Spanish, Mandarin, Cantonese, and Vietnamese.
- Use competent translators and regularly evaluate the quality of translations to ensure accuracy and cultural relevance.
- Review and approve externally and internally developed member materials for readability, content, accuracy, cultural appropriateness, and non-discrimination using the DHCS Readability and Suitability Checklist.
- Assess member's experience with their utilization of language services to assist with improvements to organizational functions and healthcare encounters.
- Review and stratify Grievance and Appeals (G&A) data by race/ethnicity and language to identify areas of opportunity for improvement.
- Support the development of new recruitment and hiring practices that promote lawful diversity and inclusive policies including:
  - Inclusive job descriptions that use gender neutral language, indicate the job specific salary range, clarify minimum qualification requirements, each emphasizing IEHP's commitment to diversity and inclusion.
  - Require all applicants be reasonably considered for positions for which they meet all minimum qualifications.
  - Hold hiring leaders accountable to conducting fair and equitable interview and selection practices to support and sustain equal representation throughout the organization.
  - Deploy technology designed to reduce unconscious bias in the selection and

hiring process, including resume redaction that removes identifying information such as gender, age, economic status, and ethnicity to ensure a more equitable initial candidate consideration.

- Conduct ongoing assessments of IEHP's membership language profile.
- Commit to all IEHP Team Members to promote a work environment built on the premise of gender and diversity equity that encourages and enforces:
  - Respectful communication and cooperation between all Team Members.
  - Teamwork and Team Member participation permitting the representation of all groups and Team Member perspectives.

The CLAS Program seeks to fulfill its mission by establishing a broad set of goals to ensure IEHP and its Provider Network comply with Department of Health Care Services (DHCS) and Federal regulations on Cultural and Linguistic (C&L) services. These goals include:

1. Enhancements in Data Collection and Stratification by Race/Ethnicity, Language, Disability, Sexual Orientation and Gender Identity.
2. Improvements in lawful Workforce Diversity, Provider Network Adequacy & C&L Responsiveness.
3. Identification and Reduction of Health Care Disparities.

IEHP's core data infrastructure includes functionality to define various member characteristics such as race, ethnicity, language, gender, age, etc. Through various mechanisms, IEHP reporting identifies disparity gaps for priority preventive care services and chronic care management of chronic conditions through the Healthcare Effectiveness and Information Data Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures. This information is used to drive quality improvement activities and initiatives. At a minimum, stratified disparity report results are reviewed by leadership and quality committees at least annually for recommendations and quality initiative resource allocation. Quality committees and subcommittees include internal stakeholders across multiple departments as well as external stakeholders. Each year, IEHP identifies at least one quality improvement opportunity to address health disparities using this data. Below is a summary of measures included in CLAS Reporting:

- **Clinical Measurable Goals**
  - Reduce the disparity among the Black population for the Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure.
  - Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP members with a diagnosis of hypertension.

- Increase the rate of Well-Child Visits among Vietnamese speaking members.
- Increase the rate of Breast Cancer Screening among Mandarin speaking members.
- **Experience Measurable Goals**
  - Reduce the disparity among the White population for the Rating of Health Plan measure.
    - Current White population rate is 5% lower than the overall plan rate.
  - Reduce the disparity among the White population for the Getting Care Quickly measure.
    - Current White population rate is 6% lower than the overall plan rate.
  - Improve member experience with language services among Spanish-speaking members.

## EXPERIENCE MEASURE GOALS

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0 H Survey:** The CAHPS Survey is a standardized member experience assessment for collecting information on enrollees' experiences with health plans and their services. It supports consumers in assessing the performance of health plans. Health Plans can also use the survey results to identify their strengths and weaknesses and target areas for improvement. The CAHPS survey is a vital tool for IEHP to assess member-centered results of the care delivered, identify areas for improvement, and develop improvement initiatives. The survey asks members to report on the aspects of their experiences around healthcare domains such as access to care, how well their doctors communicate, customer service, and coordination of care. The purpose of this study is to analyze the annual CAHPS results for the Medi-Cal Adult and Medicare populations. The analysis can be used to identify opportunities to improve CAHPS measures that are underperforming.
  - Overall, in the Measurement Year (MY) 2023, the Medicaid population showed improvements in reducing racial disparities for key experience measures. The Overall Rating of Health Plan was 71.4%, with the White population rating at 68%, reflecting a 3.4% disparity. This is an improvement from the 5% disparity in MY 2021, meeting the CLAS Experience Measurable goal. Similarly, the Getting Care Quickly measure had a composite rate of 75.2%, with the White population at 72.8%, resulting in a 2.4% disparity. This is lower from 6% in MY 2021, also meeting the CLAS Experience Measurable goal. For the Medicare population, no significant disparities were observed in either measure, with gaps remaining below 5%.

- **Provider Medical Interpretation (PMI) Pilot:** In MY 2023, IEHP launched the Provider Medical Interpretation (PMI) Pilot to improve language services for Spanish-speaking members, aligning with its CLAS Experience Measurable goals. This initiative was driven by findings from the 2024 Facility Site Reviews, which identified 33 provider sites as deficient with DHCS language interpretation standards. In partnership with LanguageLine Solutions, IEHP developed a no-cost training and qualification program for in-network provider staff. The program initially enrolled 196 staff across 38 provider sites, with 122 staff completing the training. The pilot successfully certified 18 provider staff in Spanish medical interpretation, with eight provider offices now equipped with multiple certified interpreters. IEHP remains committed to supporting its Providers and enhancing culturally and linguistically appropriate services.

### CLINICAL MEASURE GOALS

- **HEDIS®:** The Healthcare Effectiveness Data and Information Set, HEDIS®, is one component that is utilized by the National Committee for Quality Assurance (NCQA) in the health plan accreditation process. HEDIS® is used by more than 90 percent of health plans in the United States to measure performance on important dimensions of care and service. IEHP uses HEDIS® results as a tool to help focus its quality improvement efforts and as a way of monitoring the effectiveness of services provided.
  - Clinical Measure Goal #1: Reduce the disparity among the Black population for the Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6) measure:
    - To improve the disparity among the Black population for the Well-Child Visits in the first 30 months of Life, IEHP implemented the Community Based Organization Partnership with Black Infant Health Program. This intervention targeted members who identify as Black and pregnant, referring them to a community-based program designed to support Black pregnant individuals and their infants.
  - Clinical Measure Goal #2: Increase the rate of adequately controlled blood pressure (under 140/90 mm Hg) for Black adult IEHP members with a diagnosis of hypertension:
    - To improve the second Clinical Measure Goal of increasing the rate of adequately controlled blood pressure, IEHP implemented the Collaborative Controlling High Blood Pressure (CBP) Project, which provides counseling to keep Members engaged and ensure all business units have the latest information during engagement or outreach.
  - Clinical Measure Goal #3: Increase the rate of Well-Child Visits among Vietnamese speaking Members:

- IEHP addressed racial and ethnic disparities in well-child visits and immunizations. Initially, the focus was on the Vietnamese-speaking population. However, following the implementation of the Quality Withhold and Incentive program (QWIP) by the California Department of Health Care Services (DHCS), IEHP shifted its focus to the American Indian/Alaskan Native and White populations.
- Clinical Measure Goal #4: Increase the rate of Breast Cancer Screening among Mandarin speaking Members:
  - For the fourth Clinical measure goal regarding an increase in the rate of breast cancer screening among Mandarin speaking Members, IEHP implemented the Mobile Mammography partnership. This intervention was developed to enhance access and address barriers in breast cancer screening availability throughout all populations.

#### IEHP AND MEMBER ORIENTED OBJECTIVES

- **Assessment of IEHP Membership Threshold Languages Study:** Annually, IEHP collects data on the membership languages, including threshold languages and languages spoken by 1 percent (or 200) of individuals in accordance with NCQA Health Equity Standard 2 Element C.
  - For the Medi-Cal line of business, there are 4 distinct languages which are primarily spoken by 200 or more members. 74.86% of Medi-Cal members speak English and 24.16% speak Spanish, 0.65% speak Chinese, and 0.32% speak Vietnamese. For the Medicare line of business, 65.32% of members reported their primary language as English and 34.17% of members reported their primary language as Spanish.
- **2024 Assessment of Ethnic and Linguistic Needs Study:** Annually, IEHP assesses the ethnic, racial, and linguistic diversity of IEHP's Primary Care Physicians (PCPs) and member populations. Per threshold language, IEHP met the language distribution for PCPs to member ratio, exceeding the goal of 1.0 Primary Care Physician (PCP) per 2,000 members for the threshold languages. For race and ethnicity, IEHP met the ethnicity distribution goal for White, Black, and Asian members, but continued to fall short of the goal of 1.0 PCP per 2,000 members for the Hispanic population.
  - In 2024, a total of 90 member grievances were reported related to dissatisfaction concerning ethnicity, language or discrimination. This reflects an increase from the 34 grievances reported in 2023. All reported grievances were reviewed by IEHP's Grievance and Appeals Department and were found to be unsubstantiated, with no issues identified. Additionally, the 90 grievances involved different service

Providers, indicating that no trends or patterns were identified among those Providers.

- IEHP will continue its efforts to support the cultural diversity of IEHP with internal activities such as language assessments for Member Service Representatives, continue to provide member educational materials in English, Spanish, Vietnamese, Chinese (Mandarin and Cantonese). IEHP will continue to promote and improve its cultural competency training programs and program efforts to address disparities faced by underserved/underrepresented groups. IEHP will continue to collect demographic Provider data during the Bi-Annual Provider Verification and continue to collaborate with Provider Services to educate newly contracted In-Network Providers in Cultural & Linguistic best practices.
- **Population Health Management (PHM) Population Assessment Study:** Annually, IEHP assesses the characteristics of the membership to identify member needs and to review and update its structure, strategy, and resources. IEHP assesses areas such as social determinants of health (SDOH), identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI). Health disparities among different populations are identified. The needs of members of different ethnic groups and of those with Limited English Proficient (LEP) are also included in this analysis. Based on this assessment, IEHP will review its PHM structure, activities and other resources such as community programs to ensure that member needs are met.
  - Based on medical and behavioral health claims data, the top diagnoses in the general population are Obesity, Hypertension, hyperlipidemia. For the Seniors and Persons with Disabilities (SPD) population, the most common diagnoses are hypertension, hyperlipidemia, and type 2 diabetes. For children and adolescents, the top diagnoses are obesity, developmental disorder, asthma and anxiety. For Behavioral Health (BH) members, the top diagnoses are anxiety and depression. The SDOH top diagnoses are low income, homelessness, and food insecurity.
  - When assessing language, English and Spanish are the primary languages, followed by Vietnamese and Chinese. Members with limited English proficiency had a primary language of Spanish. Of the members that called IEHP requiring interpretation services, the most requested languages were Spanish, Mandarin, and Vietnamese. Of the members that required a face-to-face interpreter during a medical visit, the most requested languages were Spanish, American Sign Language (ASL), and Arabic.
  - An assessment of members who do not speak English as their primary language revealed disparities in preventative care measures. For the Vietnamese speaking

group, disparities in the Well-Child Visits measure were identified for three consecutive years.

- Based on medical and behavioral health claims data, the top diagnoses in the general Covered California (CCA) population are hypertension, hyperlipidemia, diabetes, and obesity. For children and adolescents, the top diagnoses are acute upper respiratory infections, overweight/obesity, allergic rhinitis, and cough. Asthma, which is a child chronic condition, ranks #9. For Behavioral Health (BH) members, the top diagnoses are anxiety, depression, and nicotine dependence. The SDOH top diagnoses are low income and unemployment.
- When assessing language needs, 21% of IEHP's membership is Spanish speaking, and 79% of face-to-face interpreter requests are for Spanish interpreters. In the race and ethnicity assessment, the most common diagnosis among White, Asian, and Hispanic members are hypertension and hyperlipidemia.
- The findings in the annual population report are used to review and update activities, resources and community resources to better support and meet the needs of the member population.
- **Behavioral Health Member Experience Study:** Annually, IEHP assesses the members' overall experience with the services provided by the Behavioral Health Program and identifies areas of improvement. The survey is conducted annually by the Quality Systems Department in partnership with the Behavioral Health and Care Management Department. The survey assesses the services provided by the Behavioral Health Program which include Behavioral Health Providers and IEHP's Behavioral Health Department. Additionally, an assessment of all grievances against any IEHP Behavioral Health (BH) Provider, or the BH and Care Management (CM) Program staff was also included in the study.
  - The survey was made available to 12,500 randomly selected active adult Medi-Cal members who were continuously enrolled with IEHP for at least six months and received two or more outpatient visits with the same IEHP Behavioral Health (BH) Provider in the MY. A total of 2,057 members responded to the survey, yielding a 17.4% response rate. Of these 2,057 respondents, 1,659 responded "Yes" to Question 1, indicating that they had received counseling, treatment, or medicine for the reasons listed on the survey tool.
  - The study revealed that there was an overall decline in the 2024 overall ratings questions, 'Overall Rating of Health Plan for counseling or treatment' and 'Overall Rating of Counseling and Treatment'.
- **Grievance and Appeals Annual Study:** Annually, the Grievance and Appeal (G&A) Study is conducted to assess member experience with IEHP services by evaluating

grievance and appeals trends. This study reviews case volume and assesses areas of opportunity to improve overall member satisfaction. All grievance and appeals cases were collected and grouped into five categories: Access, Attitude/Service, Billing/Financial, Quality of Care, and Quality of Practitioner Site. Benefits, Compliance and Enrollment/Disenrollment categories were also categorized and used for internal monitoring and reporting.

- IEHP met its goal to identify grievance and appeals trends from 2024 in relation to the established goal. The results of the 2024 Grievance and Appeals annual assessment revealed an overall decrease in grievance cases in the Medi-Cal and Medicare lines of business. The Medi-Cal grievance volume decreased from 36,796 in 2023 to 32,184 in 2024 (13% decrease). The significant decrease is attributed to a reduction in grievances in Attitude Service, with specific trends in Transportation grievances. The Medicare standard grievance volume decreased from 13,146 in 2023 to 11,766 in 2024 (10% decrease). The grievance reduction goal established at 10% was met. The results of the 2024 Grievance and Appeals annual assessment revealed an overall increase in the appeals volume with trends identified in Medi-Cal appeals. IEHP will continue to work on improvement initiatives to address areas with high appeals volume.
- Analysis of both Medi-Cal and Medicare standard grievance volume revealed opportunities for improvement in internal grievances. IEHP will continue to collaborate with internal departments to support grievance reduction efforts and improve overall member experience.
- When grievances were stratified by race and ethnicity, the top three groups with the highest number of grievances were Hispanic members, followed by White and Black populations. These findings highlight an opportunity to improve CLAS delivery.
- **Experience with Languages Services Study:** Annually, IEHP must assess member and health plan staff experience with language services for organizational functions and member experience with language services during health care encounters. The results are further used to identify and prioritize opportunities to improve the Culturally and Linguistically Appropriate Services (CLAS) Program and implement interventions for improvement. This study is conducted in accordance with NCQA Health Equity Standard 6 Element C.
  - The Member Experience Survey on language services demonstrated that the organization met its 85% satisfaction goal across most assessed areas. Spanish and Chinese telephonic interpreters achieved the target across all questions, while Vietnamese interpreters did not. Survey participation was notably low among Chinese (45 responses) and Vietnamese (23 responses) speaking members. To

address this, IEHP's Health Equity Operations team will partner with the Asian American Resource Center to raise awareness of interpreter rights and improve both utilization and response rates. Health Plan staff surveys identified concerns with interpreter service quality, including call disconnections, abrupt terminations, and translation inaccuracies. These issues were prioritized in 2024 through vendor collaboration and interpreter coaching, with outcomes reassessed in 2025. Provider satisfaction improved year-over-year, but did not meet the 85% benchmark, particularly among Specialty and Behavioral Health Providers. Planned interventions will focus on enhancing Specialty Provider experiences, telephonic support for members with limited English proficiency, and face-to-face ASL interpretation. The effectiveness of these efforts will be evaluated through follow-up surveys in 2025.

- In 2023, IEHP's Member Services Department received a total of 60,372 interpreter requests. This is an increase of 2% from the 59,171 requests received in 2022. The top requested languages were Spanish, Mandarin, Arabic, and Vietnamese. Spanish interpreter requests accounted for 77% of the total volume.

## **CLINICIAN ORIENTED OBJECTIVES**

- **2024 Provider Experience Study:** The Provider Experience Study assesses the satisfaction of IEHP's Primary Care Providers, Specialty Providers, and Behavioral Health Providers. Specifically, this study examines the satisfaction of the provider network in the following composite areas: Overall Satisfaction, All Other Plans (Comparative Rating), Finance Issues, Utilization and Quality Management, Network/Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, Providers Relations, and Likelihood of Recommending to other Physicians Practices.
  - All composites ranked in the 96<sup>th</sup> percentile or higher compared to other health plans. For the Custom composites (Timely Access, Interpreter Services, and Telehealth), a comparison to other health plans was not available; however, when compared to the prior year, only the Telehealth composite showed improvement. Planned interventions for 2025 to support the Provider experience included improving service levels when interacting with the Provider Call Center (PCP) and enhancing the knowledge of PCC Team Members. Another area of focus is improving the provider claims dispute process with the provision of online Provider Dispute Resolution (PDR) functionality through IEHP's secure portal.
- **2024 Provider Language Competency Study:** Annually, IEHP performs outreach to all active Primary Care Physicians (PCPs) and high-volume impact specialist sites that have reported staff in their office who are able to speak a threshold language. The purpose of this process is to monitor the language capability of our network and ensure up-to-date

information. For each metric set, IEHP met the goal of at least 85%. This means that for PCP and high volume/impact specialist offices and for each threshold language, 85% of the offices confirmed either through fax or phone that the language is spoken at the office. However, improvement is needed for Primary Care Physician (PCP) sites that speak Chinese and specialist sites that speak Vietnamese as both fell below the goal of 85%. This study allows IEHP to gauge how best to assist Providers in the provision of culturally competent and linguistic services to elevate and improve CLAS.

## CONCLUSION

In 2024, the CLAS Program advanced significantly, reinforcing IEHP's commitment to promoting health equity across its diverse membership in San Bernardino and Riverside counties. The objectives of the CLAS program are to provide effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The CLAS Program seeks to fulfill its mission by establishing a broad set of goals to ensure IEHP and its Provider Network comply with DHCS, NCQA and Federal regulations on Cultural and Linguistic (C&L) services. These goals include:

1. Enhancements in Data Collection and Stratification by Race/Ethnicity, Language, Disability, Sexual Orientation and Gender Identity.
2. Improvements in lawful Workforce Diversity, Provider Network Adequacy & C&L Responsiveness.
3. Identification and Reduction of Health Care Disparities.

In addition to the CLAS Goals listed above, IEHP implemented Experience Measure Goals and Clinical Measure Goals to improve the CLAS program. The CLAS evaluation provided a comprehensive overview of completed and ongoing activities supporting culturally and linguistically appropriate services. It trended performance measures, analyzed initiatives and identified barriers. The CLAS annual evaluation was reviewed by the Chief Health Equity Officer (CHEO), the Health Plan Accreditation Unit, and the CLAS Program owners.

The CLAS Evaluation was also presented to the Community Advisory Committee (CAC). The CAC is a member advisory committee that engages IEHP members and community advocates within IEHP's service area. The CAC is primarily composed of IEHP members assisting to maintain community engagement with stakeholders, community advocates, traditional and Safety-Net providers and members. The CAC provides IEHP with recommendations on the provision of equitable health and preventative care practices, educational priorities, CLAS, communication needs, and the coordination of and access to services for members. Feedback

and information from the CAC will also be used to guide IEHP health equity and quality improvement efforts. The CAC reports to the Quality Management & Health Equity Transformation Committee (QMHETC) quarterly. The QMHETC reports on CLAS Workplan initiatives and progress to IEHP's Governing Board.

Throughout the year, IEHP remained focused on meeting the program goals and executing the initiatives as outlined in the 2024 Quality Management/Quality Improvement & Culturally Linguistically Appropriate Services (CLAS) Workplan.

IEHP used reports and studies to measure progress on CLAS performance for Experience Measure Goals. For example, results from the CAHPS survey showed improvement in two Experience Measure Goals related to the Rating of Health Plan and Getting Care Quickly for the White population. In addition, the Provider Medical Interpretation (PMI) Pilot Evaluation helped meet the third Experience Measure Goal in which IEHP improved member experience with language services among Spanish speaking members.

In efforts to meet the Clinical Measure Goals, IEHP used data from HEDIS measures to measure trends and identify opportunities for growth and implemented interventions that would help improve the CLAS program. For example, to improve the first Clinical Measure Goal regarding the disparity among the Black population for the Well-Child Visits in the first 30 months of Life, IEHP implemented the Community Based Organization Partnership with Black Infant Health Program. This intervention focused on members who identify as Black and pregnant, referring them to a community-based program designed to support Black pregnant individuals and their infants.

To advance IEHP's Clinical Measure Goals, targeted interventions were implemented to address key areas of health equity and quality improvement. To support the goal of increasing the rate of adequately controlled blood pressure, IEHP launched the Collaborative Controlling High Blood Pressure (CBP) Project. This initiative provides personalized counseling to maintain member engagement and ensures that all business units are equipped with the most current information during outreach efforts. In pursuit of improving Well-Child Visit rates among Vietnamese-speaking members, IEHP initially focused on addressing racial and ethnic disparities in pediatric care. However, with the introduction of the Quality Withhold and Incentive Program (QWIP) by the California Department of Health Care Services (DHCS), the focus was realigned to prioritize American Indian/Alaskan Native and White populations. Additionally, to improve breast cancer screening rates among Mandarin-speaking members, IEHP implemented a Mobile Mammography partnership. This initiative was designed to reduce access barriers and expand screening availability across all populations, reinforcing IEHP's commitment to equitable preventive care.

In addition to these Clinical Measure Goals, IEHP also implemented Clinician-Oriented and Member/IEHP-Oriented Objectives to enhance the delivery of Culturally and Linguistically Appropriate Services (CLAS) in Measurement Year 2024. These objectives aim to ensure the provision of effective, equitable, understandable, and respectful care that is responsive to members' diverse cultural health beliefs, preferred languages, health literacy levels, and communication needs. For member/IEHP-Oriented Objectives, IEHP utilized several key reports and studies to assess performance and guide improvements, including the Threshold Languages Study, the 2024 Assessment of Ethnic and Linguistic Needs Study, the Population Health Management Population Assessment, the Member Experience Study, and the Grievance and Appeals Report.

For Clinician-Oriented Objectives, IEHP conducted the 2024 Provider Experience Study and the 2024 Provider Language Competency Study. These studies demonstrated progress in supporting providers with the tools and resources necessary to deliver culturally competent and linguistically appropriate care, particularly in improving access to interpreter services. Additionally, IEHP implemented a range of initiatives not directly tied to a specific study but designed to strengthen the CLAS Program. These included the Language Services Rapid Improvement Event (RIE), Inclusion, Diversity, Equity, and Access (I.D.E.A.) Training Program, Diversity, Equity, and Inclusion (DEI) Training, culturally appropriate marketing materials, Pay-for-Performance (P4P) Global Quality initiatives, Sexual Orientation, Gender Identity, and Expression (SOGIE) data collection, and the IEHP Quarterly Telephonic Language Interpreter Report. Collectively, these efforts support the delivery of care that is safe, effective, patient-centered, timely, efficient, and equitable.

IEHP is committed to improving the quality of healthcare delivered to its members through proactive analysis of shared processes and integration of health initiatives that align with the industry and government quality standards; including a preventive health model for outreach and preemptive intervention related to health outcomes. It is with this commitment that IEHP will continue to improve as a Health Plan.

**Department: HEALTH SERVICES****C.2. APPROVE THE 2026 CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES PROGRAM DESCRIPTION AND SERVICES WORKPLAN****Chief:** Edward Juhn, M.D., Chief Medical Officer**Background & Discussion:**

Culturally and Linguistically Appropriate Services (CLAS) are respectful of and responsive to the health beliefs, practices and needs of diverse patients. The CLAS Program fulfills Inland Empire Health Plan (IEHP)'s mission by ensuring that all medically necessary covered services are available and accessible to all members and potential members, including individuals under 21 years of age, regardless of race, color, national origin, creed, ancestry, religion, language, age, gender identity, sexual orientation, sex characteristics, sex stereotypes, intersex traits, marital status, pregnancy or related conditions, health status, evidence of insurability, source of payment, limited English proficiency and primary language or disability, or any combination thereof, and that all covered services are provided in a culturally and linguistically appropriate manner.

**Procurement Solicitation Type:** N/A**Recommendation(s):**

That the Governing Board of IEHP approve the 2026 Culturally and Linguistically Appropriate Services (CLAS) Program Description and Workplan as presented.

The 2026 CLAS Program Description was enhanced to reflect new CLAS processes and initiatives. CLAS activities include Diversity and Equity Inclusion, Language Assistance, Reducing Health Disparities, and Member Experience. Per the National Committee for Quality Assurance (NCQA) accreditation standards, IEHP is required to have a Workplan that tracks ongoing progress of CLAS activities throughout the year. The Workplan must address annual planned CLAS activities and objectives for overall improvement. The CLAS Workplan also includes a timeframe for each activity's completion, the responsible department/business unit, monitoring of previous identified issues and overall evaluation of the CLAS Program. The CLAS Workplan is being shared with the Board as an attachment for review.

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	N/A	N/A	Make Selection [enter date]	G. Uribe 11.25.25	E. Juhn 12.10.25

**Department: HEALTH SERVICES****C.3. APPROVE THE FUNDING AGREEMENT WITH RIVERSIDE COUNTY  
OFFICE OF EDUCATION**

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

**Background & Discussion:**

In accordance with State law, Department of Health Care Services (DHCS) was directed to design and implement the Student Behavioral Health Incentive Program (SBHIP). \$389 million was designated over a three-year period (January 1, 2022-December 31, 2024) for incentive payments to Managed Care Plans (MCPs) that met these predefined goals and metrics. The goal of the incentive payments was to break down silos, improve coordination of student behavioral health services, increase the number of TK-12 students receiving preventative and early intervention behavioral health services get non-specialty services on or near school campuses, and address health equity gaps, inequalities, and disparities in access to behavioral health services.

IEHP partnered with Molina Healthcare (Molina) on the SBHIP initiative for the entire incentive program. A total of 10 Local Education Agencies (LEAs) in the Inland Empire were selected and participated with a total allocated amount of \$50,845,334 (between IEHP and Molina) which was split evenly between the San Bernardino and Riverside County. The allocated funding was earned based on completed milestones and deliverables determined by DHCS including the Needs Assessment Template, Project Plan, Bi-Quarterly reports, and Outcome report.

In May 2025, IEHP was notified that all outcome measures were met, and full funding was awarded. There is a surplus of \$3,103,829.27 from IEHP that is left to pay out to Riverside County.

**Procurement process:** N/A

**Recommendation(s):**

That the Governing Board of IEHP approve the Funding Agreement with Riverside County Office of Education to support implementation of the BRIDGE Program across Riverside County school districts in an amount not to exceed \$3,103,829.27 through June 30, 2027.

The primary purpose of this Program is to expand, strengthen, and integrate behavioral health services across LEAs in order to improve student wellness and support positive educational outcomes.

IEHP's investment will deliver a system-level Return on Investment (ROI) by funding a lead agency to coordinate the Riverside County Wellness Collaborative (RCWC) Align (Advancing Leadership, Integration, and Growth for Mental Health and Wellness) Program implementation across LEAs, provide technical assistance and capacity

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## CONSENT AGENDA

building, and deliver targeted training, ensuring fidelity, faster execution, and consistent adoption of evidence-based behavioral health supports. The RCWC Align Program is one of several Children and Youth Behavioral Health Initiatives (CYBHI), which include SBHIP. CYBHI is a statewide effort to support the behavioral health of young people in California. The RCWE Align Program is designed to expand, strengthen, and integrate behavioral health services across Riverside County by measurable efficiency gains, including standardized processes, reduced administrative burden, enhanced compliance, and improved cross-district data utilization. The program also aims to deliver more effective services through earlier identification of needs, timely and appropriate referrals, and shorter time for intervention. These efforts are ultimately intended to improve student outcomes such as reducing crisis incidents, absenteeism, and disciplinary actions while increasing student engagement and academic achievement. Continuous alignment with program priorities creates a feedback loop that reallocates resources to high-yield strategies, accelerating outcomes while gradually reducing reliance on higher-cost, high-acuity services. Together, these effects translate into near-term implementation efficiencies and long-term cost avoidance, ultimately building sustainable local capacity and enhancing the value of each dollar invested by IEHP and its partner LEAs.

The SBHIP milestone funding is provided by DHCS and is designated specifically for this initiative, with no impact on IEHP's operational budget. IEHP will continue to provide oversight to ensure the County's implementation plan is carried out as intended.

<b>Financial Impact:</b>	<b>Not to Exceed Amount: \$3,103,829.27</b>	<b>Term: June 30, 2027</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>
None	R. Mok 10/07/25	N/A	Make Selection [enter date]	T. Wada 10/09/25	E. Juhn 12/10/25

**Department: HEALTH SERVICES****C.4. APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICE AGREEMENT WITH GALLAGHER BENEFIT SERVICES, INC.**

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

**Background & Discussion:**

Inland Empire Health Plan (IEHP) has been contracted with Gallagher Benefit Services, Inc. (Gallagher) since December 2019 for pharmacy consultation support. IEHP requires general consultation services to build and maintain the pharmacy processes adherent with Center for Medicare & Medicaid Services (CMS), California Department of Health Care Services (DHCS), California Department of Managed Health Care (DMHC) and National Committee for Quality Assurance (NCQA) requirements. In addition to regulatory compliance, Gallagher's service supports IEHP's Pharmacy Department with expert insights on topics including but not limited to pharmacy industry pricing, contracting, and pharmacy operation. Gallagher is a pharmacy benefit consultant that helps clients develop strategies to strengthen their pharmacy programs, while maximizing efficiency and reducing cost.

In December 2024 IEHP contracted with Gallagher under a new Professional Services Agreement under Minute Order #24-167. In July 2025 IEHP contracted with Gallagher under the Second Amendment under Minute Order #24-167 to include additional funding to cover Medical Rebate RFP Procurement support, PBM Contract Renewal Support and term extension for General Consultation Services with Gallagher through December 31, 2026.

**Procurement process:** Single Source

Gallagher has a detailed understanding of IEHP's pharmacy business, as they have been supporting IEHP Pharmacy in various aspects such as pharmacy industry pricing, contracting, pharmacy operational elements, and Pharmacy Benefit Management (PBM) Request for Proposal (RFP) procurement consultation services, PBM implementation support, to name a few. Gallagher has supported IEHP throughout the bidding, evaluation, and scoring process for the PBM RFP with their expertise. In addition, Gallagher has been providing contracting support between IEHP Pharmacy department and the PBM vendor awardee, MedImpact.

**Recommendation(s):**

That the Governing Board of the IEHP Approve the Third Amendment to the Professional Service Agreement with Gallagher, which includes additional funding and an expanded scope of services through December 31, 2026.

Under this amendment, the scope is being extended to include an all-inclusive service bundle priced at \$106,000 per year (or \$26,500 per quarter). This bundle includes PBM RFP support, quarterly and annual financial analysis, and ongoing consultation, and is offered at a discounted rate compared to purchasing these services individually.

In addition, Gallagher will continue to support IEHP by monitoring the current PBM's compliance with contractual obligations, including, but not limited to, rate structures and rebate guarantee. Gallagher will also conduct a PBM market check in 2026 for IEHP's Medicare and Covered California lines of business, in preparation for 2027 rate negotiations.

## CONSENT AGENDA

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January 12, 2025

- Gallagher will deliver a scope of work that includes, but is not limited to:
  - Quarterly/Annual Financial Business Review and Ongoing Consulting
    - Financial Monitoring (Quarterly)
    - Guarantee Validation (Annually)
    - Ongoing Consulting
      - Drug Industry and Marketplace Trends
      - Formulary and Utilization Management and other Cost Containment Strategies
      - Clinical Benchmarking Report
  - PBM RFP Procurement
    - Project Planning and RFP Strategy
    - RFP Development and Distribution (up to 5 Bidders)
    - Bid Distribution and Execution
    - Proposal Evaluations
    - Finalist Selection and Best and Final Offer (BAFO) Request
    - Award of Business & Contract Review

**Financial Impact: \$106,000****Not to Exceed Amount: \$473,400****Term: December 31, 2026**

Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2026 Budget	C. Aguirre 12/2/25	H. Clear 12/1/25	Make Selection [enter date]	S. Jhawar & C. Orneals 11/25/25	E. Juhn 12/10/25

**Department: HEALTH SERVICES****C.5. APPROVE THE FUNDING AGREEMENT WITH SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS**

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

**Background & Discussion:**

In accordance with State law, Department of Health Care Services (DHCS) was directed to design and implement the Student Behavioral Health Incentive Program (SBHIP). \$389 million was designated over a three-year period (January 1, 2022-December 31, 2024) for incentive payments to Managed Care Plans that met predefined goals and metrics. The goal of the incentive payments is to break down silos, improve coordination of student behavioral health services, increase the number of TK-12 students receiving preventative and early intervention behavioral health services receive non-specialty services on or near school campuses, and address health equity gaps, inequalities, and disparities in access to behavioral health services.

IEHP partnered with Molina Healthcare (Molina) on the SBHIP initiative for the entire incentive program. A total of 10 Local Education Agencies (LEAs) were selected and participated in the Inland Empire with a total allocated amount of \$50,845,334 (between IEHP and Molina) which was split evenly between the counties. The allocated funding was earned based on completed milestones and deliverables determined by DHCS including the Needs Assessment Template, Project Plan, Bi-Quarterly reports, and Outcome report.

In May 2025, IEHP was notified that all outcome measures were met, and full funding was awarded. There is a surplus of \$3,103,829.27 from IEHP that is left to pay out to San Bernardino County.

**Procurement process:** N/A

**Recommendation(s):**

That the Governing Board of IEHP approve the Funding Agreement with San Bernardino County Superintendent of Schools to support implementation of a countywide infrastructure to coordinate and elevate school health services across San Bernardino County school districts in an amount not to exceed \$3,103,829.27 through December 31, 2027.

The work is tied to the California Youth and Behavioral Health Initiative (CYBHI), specifically supporting Local Educational Agencies to bill under the Statewide Fee Schedule, thereby greatly increasing mental health services for students.

By funding the countywide Nurse Coordinator, structured convenings, and centralized communication systems, the initiative will strengthen care coordination, standardize training, and reduce fragmentation across schools. Expanded National Provider Identifier (NPI) enrollment and certification of wellness staff will enhance billing readiness and reimbursement capture, while evidence-based practice training and aligned professional development will improve clinical quality and compliance. Adoption of the countywide resource map and health services directory

## CONSENT AGENDA

## Submittals to Inland Empire Health Plan Governing Board

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will streamline referrals and reduce service duplication, and targeted technical assistance on School-Based Health Center (SBHCs), Social Determinants of Health (SDOH), and public health strategies will accelerate implementation of high-impact models. Together, these investments are expected to yield measurable returns on improved student health outcomes, reduce avoidable utilization, increase revenue recovery, and allow for greater operational efficiencies for LEAs and providers.

The SBHIP milestone funding is provided by DHCS and is designated specifically for this initiative, with no impact on IEHP's operational budget. IEHP will continue to provide oversight to ensure the County's implementation plan is carried out as intended.

<b>Financial Impact:</b> \$0	<b>Not to Exceed Amount:</b> \$3,103,829.27	<b>Term:</b> Through December 31, 2027
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
None	R. Mok 9/8/25	N/A	M. DeNobrega	A. Rai 9/9/25 T. Wada 10/09/25	E. Juhn 12/10/25

**Department: QUALITY****D.1. APPROVE THE 2026 PROGRAM FEES FOR PARTICIPATION IN THE INTEGRATED  
HEALTHCARE ASSOCIATION MEASURE YEAR 2025 ALIGN. MEASURE. PERFORM.  
PROGRAM**

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

**Background & Discussion:**

The Align. Measure. Perform (AMP) program uses a standardized measure set, established with the input of participating California provider organizations and health plans, to assess healthcare and health system performance. The AMP program delivers reliable performance results to its participants which will provide Inland Empire Health Plan (IEHP) with a more complete picture of healthcare quality, cost, and resource use, to track progress toward strategic value-based care goals among medical groups and independent physician associations (IPAs). The AMP program has received national recognition for driving meaningful changes that result in reduced costs and improved healthcare quality.

Participation in the AMP program is required by Covered CA. IEHP has determined that AMP participation for the Medi-Cal line of business strategically aligns with our efforts to improve quality performance, enhances transparency and provides objective benchmarking among medical groups in California for key quality measures.

**Procurement Solicitation Type:** N/A**Recommendation(s):**

That the Governing Board of IEHP) Approve the 2026 Program Fees for IEHP participation in the Integrated Healthcare Association (IHA) measure year 2025 AMP. The Annual Fee covers the period January 1, 2026, through December 31, 2026, for Measure Year (MY) 2025.

The benefits to IEHP for participating in the AMP for Medi-Cal are:

- IEHP becomes one of only two Medi-Cal managed care organizations in California who are leading the way in quality measure performance transparency.
- The AMP program will provide aggregated performance data and industry benchmarks that will give IEHP insight into IPA/medical group performance comparisons within the market and among peers.

The Annual Fee charged to IEHP is comprised of a fixed participation fee (Flat Fee) and a variable amount determined on a per member per year (PMPY) basis. The PMPY amount is set by multiplying the PMPY Rate for the year, by the number of IEHP members as of March 31 of the measurement year, as reported on the Department of Managed Health Care (DMHC) website for the designated enrollment categories.

## CONSENT AGENDA

## Submittals to Inland Empire Health Plan Governing Board

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The Fixed Fee and PMPY Rates and enrollment categories will be approved annually by the IHA Program Governance Committee at its third quarter meeting, based on the projected AMP program budget.

Description	Amount
<b>2026 IHA AMP Program Fee</b>  43,574 HMO (Covered CA) Members* 1,487,900 M-CAL members*	<b>\$734,036.25</b>
<b>2026 Discount</b>	<b>(\$504,568.75)</b>
<b>TOTAL</b>	<b>\$229,467.50</b>

\*Q1 2025 enrollment from per DMHC website

2026 Program Fees		
Tier	HMO PMPY	M-CAL PMPY
Tier 1 - members 750,000 and over	\$0.75	\$0.375
Tier 2 - members 500,000 to 749,999	\$0.95	\$0.475
Tier 3 - members 250,000 to 499,999	\$1.00	\$0.50
Tier 4 - members 100,000 to 249,999	\$1.10	\$0.55
Tier 5 - first 99,999 members	\$1.25	\$0.625
Flat Fee	\$25,000	

<b>Financial Impact: \$229,467.50</b>	<b>Not to Exceed Amount: \$229,467.50</b>	<b>Term: NA</b>
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
Included in CY2025 Budget	L. Herrera 12/9/25	NA	NA	J. Diekmann 12/1/25	G. Fick 12/8/25

**Department: QUALITY****D.2. DELEGATION OF AUTHORITY TO APPROVE THE THIRD AMENDMENT TO THE PROFESSIONAL SERVICE 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 5 Star plan. 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. Higher Star ratings drive stronger financial performance through quality bonus payments and rebates, while also boosting member trust and enrollment growth.

IEHP is dedicated to elevating medication adherence among 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 5 Star rating. 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 2026 Measurement Year.

IEHP is currently contracted with Arine to support Medicare Stars outreach efforts. In the current model, outreach calls to members with medication adherence care gaps are conducted by both IEHP and Arine clinical staff. IEHP staff are responsible for approximately 66% of these members, while the remaining 33% are delegated to Arine's clinical team for outreach and engagement. To date, Arine has successfully completed over 15,000 adherence calls, contributing to measurable improvements in all pharmacy-related Stars measures compared to previous years. Their support has played a key role in enhancing IEHP's overall performance in this domain.

**Procurement process:** Single Source

Arine was originally selected through a comprehensive Request for Proposal (RFP) process under Minute Order 24-237 for Medication Therapy Management (MTM) and Comprehensive Medication Review (CMR) services. To ensure seamless integration and alignment across all pharmacy quality efforts, it is critical to maintain a single platform that consolidates tracking and management. IEHP's commitment to improving its Medicare Stars performance and member outcomes through 2026 has created an immediate need to increase Arine's outreach.

**Recommendation(s):**

That the Governing Board of IEHP authorizes the Chief Executive Officer (CEO) or his designee to negotiate and, after legal review and approval, sign the Third Amendment to the Professional Service Agreement for additional funding and scope with Arine through December 31, 2026.

## CONSENT AGENDA

## Submittals to Inland Empire Health Plan Governing Board

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Under this Amendment the scope of service is being amended to delegate 80% of IEHP's Medicare members (up to 30,000 eligible managed members) to Arine in support of achieving its 5-Star rating. This expanded partnership is a key component of IEHP's Stars Strategy, focusing on pharmacy measures that are more controllable than other performance domains. By investing in Arine's capabilities, IEHP aims to drive higher performance in areas that directly influence Star ratings.

Arine's support is central to IEHP's initiative to elevate Pharmacy Stars performance to 4 Stars, which contributes to improved plan ratings and increased bonus eligibility. The contract is projected to result in an additional \$1.48 million in performance-based payments tied to improved medication adherence. Furthermore, outsourcing adherence outreach enables IEHP to reallocate internal pharmacy resources toward Medi-Cal efforts, resulting in approximately \$1.49 million in cost avoidance.

The total estimated return on investment in 2026, factoring in performance incentives and labor reallocation, is approximately \$2.41 million. This strategic engagement positions IEHP to maximize impact in controllable performance areas while supporting long-term quality and financial goals.

Early intervention in the Measurement Year is critical to positively influence final Star ratings. Delays at the beginning of the year can have significant impact on the Plans 2026 Star scores. Therefore, executing this amendment is essential to ensure IEHP will achieve its Star goal.

<b>Financial Impact:</b> \$1,479,000	<b>Not to Exceed Amount:</b> \$3,366,000	<b>Term:</b> December 31, 2026
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Fiscal Impact	Financial Review	Procurement Review	Reviewed by Counsel	Director Approval	Chief Approval
New Expenditure	J. Haines 12/12/25	H. Clear 12/9/25	Make Selection [enter date]	M. Blatt 12/11/25 C. Ornelas 12/11/25	G. Fick 12/8/25

**Department: ADMINISTRATION**

**A.1. CHIEF EXECUTIVE OFFICER UPDATE**

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

**Background & Discussion:**

Chief Executive Officer update for the January 12, 2026, Governing Board Meeting.

**Recommendation(s):**

Review and File



# Governing Board Meeting

**CEO BOARD REPORT | Jan. 12, 2026**

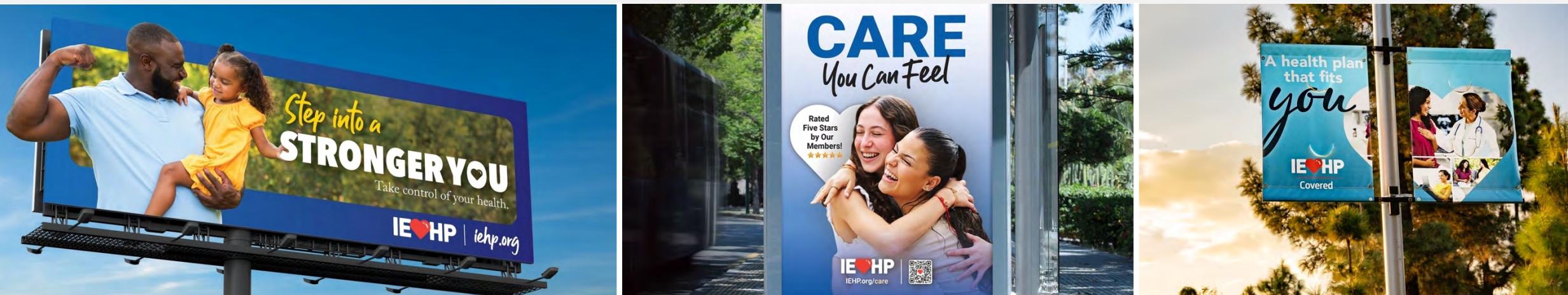
# MISSION MOMENT: CHRISTMAS CHEER ALL YEAR

- IEHP participated in the annual Christmas Cheer All Year giveaway at The Way World Outreach church in San Bernardino on Dec. 22.
- Hosted by former Fox 11 reporter Rick Lozano and his wife, Heather, the event connects families in need to food, resources and so much more.
- Volunteer team members passed out comic books, coloring books and pamphlets on the importance of scheduling your annual checkup in the new year.



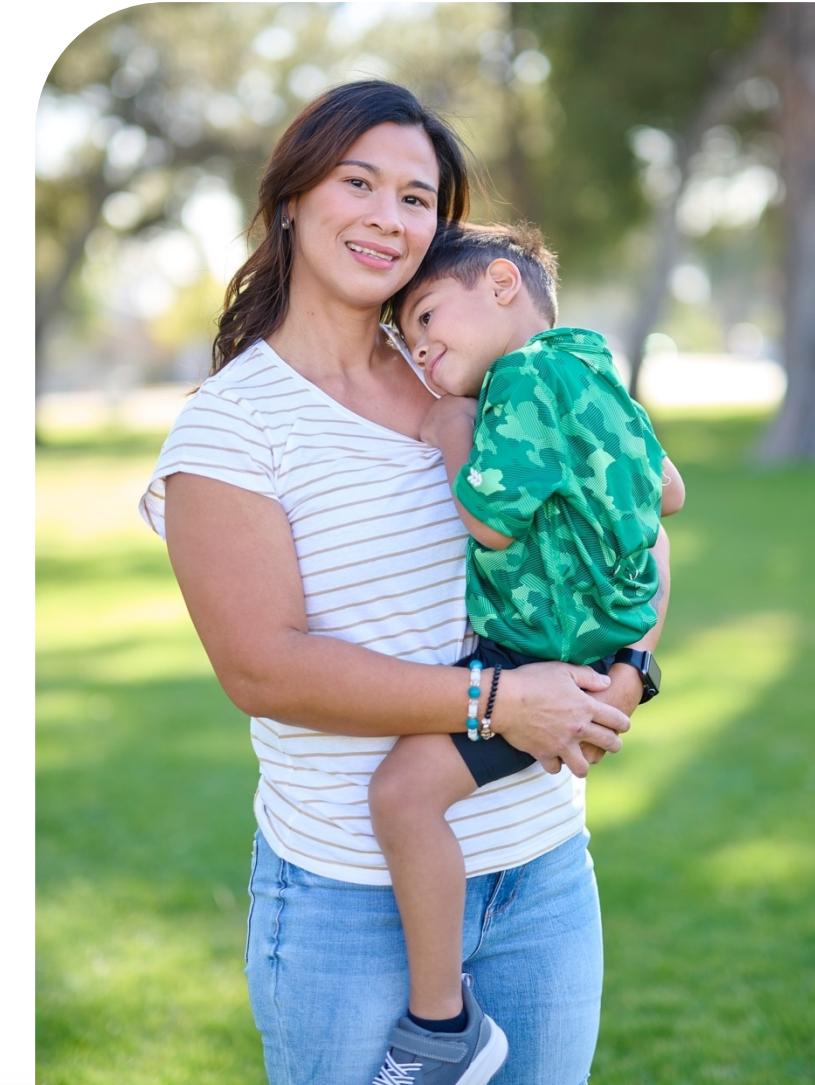
# IEHP MONTHLY MEMBERSHIP REPORT

MONTH	FORECAST MEMBERSHIP	ACTUAL MEMBERSHIP	+ OR - FORECAST	+ OR - LAST MONTH
November 2025	1,519,499	1,519,791	292	(545)
December 2025	1,517,000	1,517,399	399	(2,392)
January 2026	1,507,300	1,468,277	(39,023)	(49,122)



# REDETERMINATION: H.R. 1 IMPACTS - MEMBERS

- All members with Unsatisfactory Immigration Status (UIS) **CURRENTLY** enrolled in Medi-Cal will continue to receive full-scope Medi-Cal coverage as long as they meet eligibility requirements.
- Effective Jan. 1, members **19 years of age or older** with UIS who do not renew their Medi-Cal eligibility by their 2026 redetermination deadline will lose their benefits and won't be able to re-enroll in full-scope Medi-Cal. They will only qualify for emergency care coverage.
- Adults 19 years of age or older with UIS who aren't already enrolled in Medi-Cal won't be able to sign up for full-scope Medi-Cal because of the enrollment freeze under H.R. 1. They can still apply for restricted-scope Medi-Cal, which only covers emergency services, pregnancy-related care and nursing home care.
- People with UIS who are **under the age of 19 or pregnant** can still apply for full-scope Medi-Cal – even if they're not currently enrolled – as long as they meet all eligibility requirements.



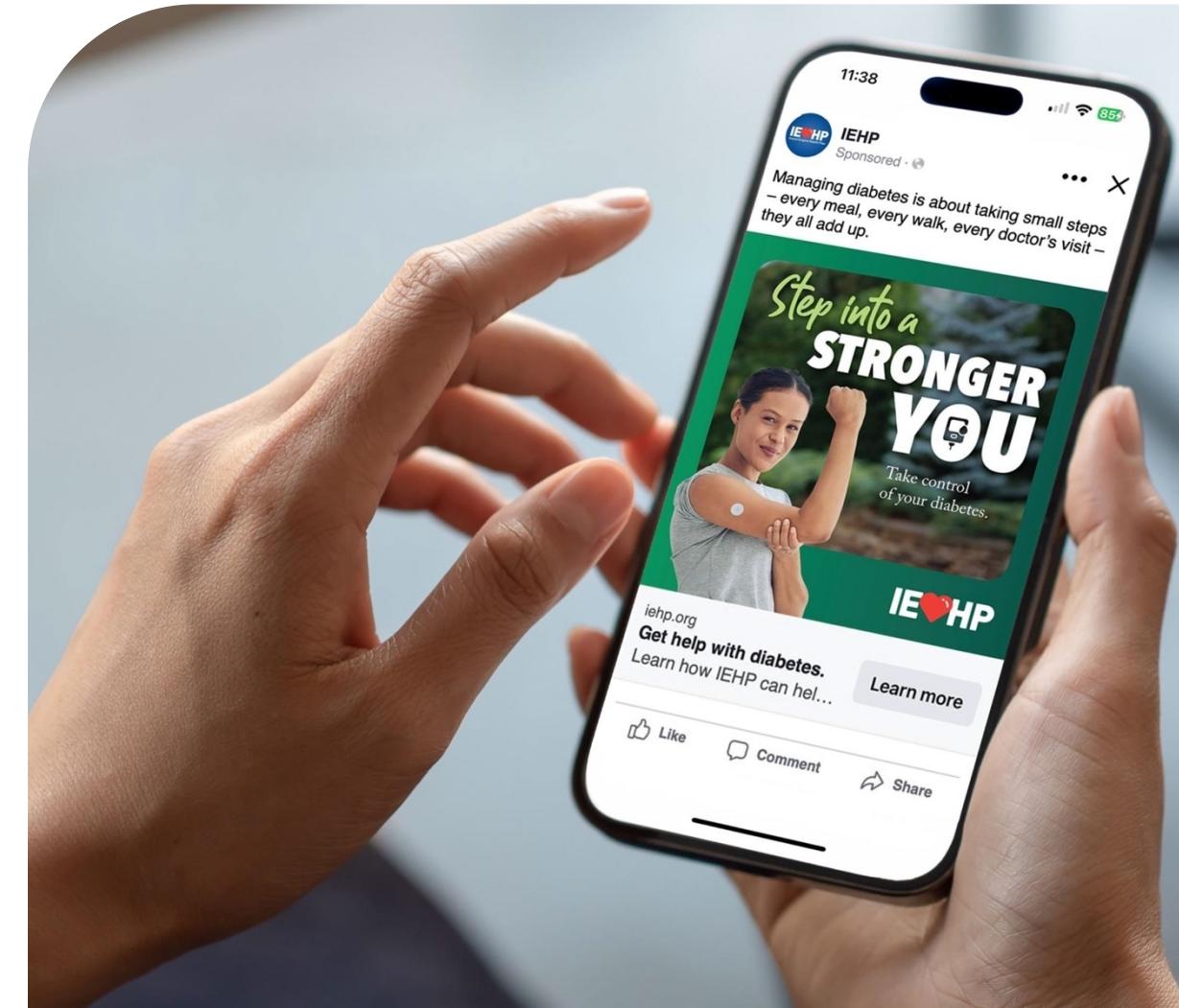
# REDETERMINATION: H.R. 1 IMPACTS - PROVIDERS

- Members with UIS who allow their Medi-Cal eligibility to lapse will be removed from Primary Care Provider (PCP) panel assignment.
- PCPs will no longer receive capitation and qualifying Global Quality Pay for Performance (P4P) payments for these members. In other words, these members will lose access to vital preventive care and other services, and PCPs will see their assigned panels shrink, impacting revenue.
- Specialists and ancillary providers may see a decrease in referrals and continuity of care will be jeopardized.



# REDETERMINATION: H.R. 1 IMPACTS - IEHP

- IEHP is reaching out to members through multiple channels, including social media, dedicated web pages, flyers, text messages, digital ads, mailers, and newsletters.
- We are also partnering with our counties and community-based organizations to help ensure thousands of members maintain their eligibility and access to quality health care services.
- An H.R. 1 toolkit with resources will be sent to providers in mid-January.



# QWI PROGRAM PERFORMANCE

- IEHP achieved maximum performance scores in the state's Quality Withhold and Incentive (QWI) program.
- This led to IEHP earning **\$5.6 million** based on measurement year 2024 performance.
- This program specifically aimed to improve Well-Child Visits rates among our most underperforming populations.
- Thanks to our team's hard work, thousands of members received the preventive care services they needed and positioned IEHP well to achieve the maximum incentive opportunity available through this program.



# CARE DIVISION UPDATE

- IEHP's Care Division launched a pilot Health Services Center at the Victorville Community Wellness Center, created an exam room to expand access, and partnered with Dr. William Jih's practice to deliver care to our first patient on Nov. 19.
- This center serves as the blueprint for future care models, focused on closing care gaps, treating chronic disease and expanding access—especially in underserved areas.
- Through collaboration with community providers, the Care Division is setting the stage for delivering innovative, whole-person care and creating a more connected system of care in 2026.



# 2026 IEHP Quality Report: ELEVATE

- The quality report provides a transparent view of our performance in chronic care, preventive care, behavioral health, hospital care and patient safety.
- It also shares our member and provider satisfaction scores, quality rankings, feature stories, and IEHP awards and accomplishments.
- QR codes included throughout the report take readers to additional resources and video stories as well.

**Philip Chong, MD, FAAP**  
Practice: Water Point Medical Group, Louisville  
Residency: UTHealth McGovern Medical School (UT-Houston)  
Board certification: American Board of Pediatrics

**From the Heart**  
Pediatrician inspires next generation

For Philip Chong, MD, a doctor's office represents more than a place to receive health care.

The interaction with an engaged provider can shape someone's future, or perhaps even set a young person on a career path to help others.

After all, that's exactly what happened to a young boy of Chinese immigrants, who grew up to become the country of Panama and later Florida.

"I was very fortunate to have a great pediatrician, Dr. Mercado, who ignited my interest in health care," said Chong, an Inland Empire Health Plan (IEHP) pediatrician with Water Point Medical Group Pediatrics in Fontana. "Later on, as an adolescent, I served on severe local and international mission trips, and I wanted to be a part of something that would be part of a system that bridges the gap in health disparities at a local or global level."

**THE PARENTHOOD FACTOR**

Dr. Chong and his wife, Michelle, moved to the Inland Empire in 2017. They have two sons, ages 4 and 6, and live in Moreno Valley. As expected, entering parenthood absolutely affected Dr. Chong's work.

"Every family has their own unique circumstances," he said. "As a pediatrician, I want to establish relationships and deliver more culturally sensitive care."

For instance, with modern medicine and rapidly changing technologies, Dr. Chong looks to build trust with his patients about new treatments as well as established care such as immunizations.

"I definitely empathized and felt better equipped to help," he said. "Knowing firsthand about the sleepless nights and challenges of raising a child, I'm able to provide guidance to reference later on regarding their child's condition as well as give any helpful tips from my personal experience."

Dr. Chong also creates educational opportunities for families, building family roots in basic health practices to grow and thrive, he said.

"I want my patients to be inspired to set their own health agendas, such as

**“**Dr. Chong also credits the positive influence of a high school guidance counselor and the opportunity to witness the importance of care to those who lack resources. He remembers pre-future the importance of his heart transplant and how it inspired him to become a pediatrician.

“Dr. Chong aims to provide whole-child care, in communities as culturally and socioeconomically diverse as the IE. That means pre-future the importance of care to non-medical resources like local food banks or communicating in their preferred language.

“Every family has their own unique circumstances,” he said. “As a pediatrician, I want to establish relationships and deliver more culturally sensitive care.”

“I definitely empathized and felt better equipped to help,” he said. “Knowing firsthand about the sleepless nights and challenges of raising a child, I’m able to provide guidance to reference later on regarding their child’s condition as well as give any helpful tips from my personal experience.”

“I consider it a win when I can meet vaccine-hesitant parents where they are to eliminate the hesitancy and start allowing them to choose to receive these life-saving vaccines,” he said.

**HEARTBEAT SUPPORT**

Dr. Chong emphasized that working collaboratively with IEHP sets him and his patients up for success.

**“**“So, the doctor’s office is a place to heal the sick and educate about maintaining health (Mehmet), but it is also a place to inspire the next generation of community leaders,” he said.

“Serving these children and helping them grow is such a fun and rewarding experience!”

2026 QUALITY REPORT 29



## 2026 QUALITY REPORT

# ARMC AWARD

- Congratulations to Arrowhead Regional Medical Center (ARMC) for receiving the 2025 Quality Leaders Award by the California Association of Public Hospitals and Health Systems (CAPH) and the California Health Care Safety Net Initiative (SNI).
- ARMC earned the Population Health Award which highlights its work in improving quality, access and equity in care in our communities.



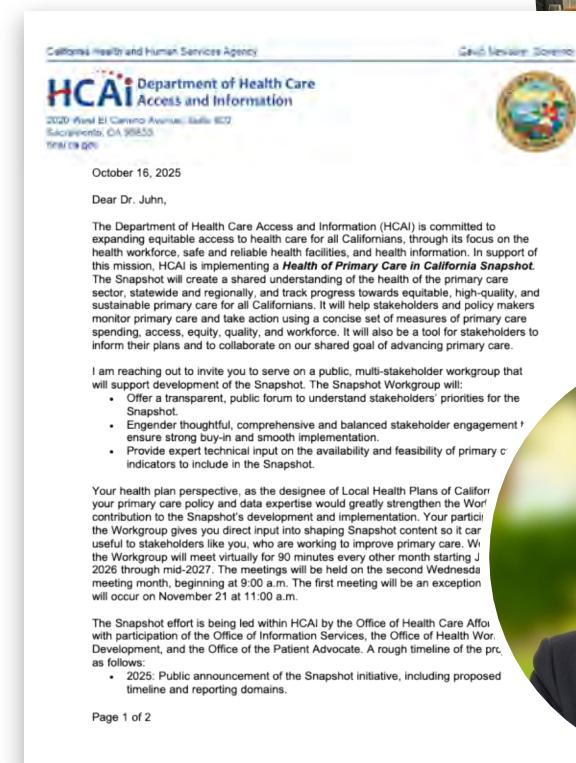
# J.D. POWER AWARD

- IEHP has been recognized for providing outstanding customer experience for phone support from J.D. Power, the global leader in consumer insights, data and analytics. This makes IEHP one of the only health plans in the country to receive this certification.
- J.D. Power assigned an evaluator to study and assess IEHP's work from the top down and collected customer satisfaction feedback from members in both English and Spanish.
- This award reinforces IEHP's commitment to continuous improvement and highlighted the importance of staying connected to our purpose.
- Congratulations to the Member Services team on this amazing recognition!



# IEHP EXECUTIVES SPOTLIGHT

- **CEO Jarrod McNaughton** was the featured speaker at the Inland Empire Economic Partnership C-Suite Forum on Dec. 11. His presentation titled “The Power of Music and Art of Leadership” focused on how leaders and teams can use music to improve communication, collaboration, emotional intelligence, and creativity.
- **CMO Dr. Ed Juhn** was selected to participate in the California Department of Health Care Access and Information (HCAI) Primary Care Snapshot Workgroup. This distinguished group will monitor the primary care system across the state, inform policy development, and motivate stakeholder actions to improve the health of primary care in California.



# TEAM MEMBER SPOTLIGHT

- Team member Darren Moser and his amazing life-sized K-2SO droid puppet was recently featured on the popular “Adam Savage’s Tested” show on YouTube.
- Darren, who works in IT Quality Program Informatics, first built his K-2SO puppet back in 2017 and has since upgraded it with better mechanics, electronics, movement and fluidity.
- For non- “Star Wars” fans, K-2SO is a droid character that appeared in the film “Rogue One” and the Disney Plus series “Andor.”
- Last year, Darren and K-2SO also walked the red carpet at the “Andor” Season 2 premiere in Hollywood and appeared in a special Star Wars-themed commercial for Coca-Cola.





Thank you

**DEPARTMENT: ADMINISTRATION**

**A2. BOARD EDUCATION – IEHP FOUNDATION UPDATE**

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

**Background & Discussion:**

Greg Bradbard, Chief Executive Officer, IEHP Foundation, will provide an update on the IEHP Foundation Activities.

**Recommendation(s):**

Review and File



# Foundation

*Igniting Vibrant Health in the Inland Empire.*



# IEHP Foundation Funding Priorities



## Building Healthy Neighborhoods

-  **Basic Needs** – Access to nutritious food and physical and mental health services.
-  **Meaningful Work & Wealth** – Healthcare and social services workforce development.
-  **Humane Housing** – Quality, affordable rental housing and homeownership.



## Cultivating Healthy Living

-  **Increasing Healthy Behaviors** – Creating environments that encourage nutritious diets, exercise & movement, and healthy social connections.
-  **Decreasing Risky Behaviors** – Alcohol, tobacco, drug use and risky sexual activity.

## 2040 Regional Health Goal

We envision a vibrant Inland Empire where every individual – across all generations – achieves **optimal health and well-being**.

# Igniting Vibrant Health

## Foundation Grantmaking

Since inception...

# \$17 M

Invested in improving health and wellness in the IE.

# 260

IE based nonprofits have received IEHP Foundation grants.



# Building Capacity of Trusted Health Messengers



## Champions for Vibrant Health

**\$4.6M** General Operating support grants over two-years.  
**80** Champions including executive & emerging leaders.  
**40** Organizations serving families & children in San Bernardino & Riverside counties.



## Capacity Building Grants

**25** Small Nonprofit Capacity Building Graduates  
**22** Major Gift Cohort Graduates  
**20** Organizations selected for 2026 Storytelling Cohort  
**\$125k** awarded in grants



## Vibrant Health Forums

Convened over 500 nonprofit leaders to learn about the issues that shape health & strengthen the nonprofit sector, including:

- **Maximizing Individual Giving**
- **Storytelling for Impact**
- **Lessons from the Blue Zones**
- **Serving on California State Boards and Commissions**



## Responsive Grants

**30** Nonprofits funded  
**\$470k** invested in projects supporting CHWs, mental health care, housing, youth programs and more.

# Building Healthier Communities

- Blue Zones Projects are fully staffed and running in Banning, Coachella, Palm Springs, Riverside and Mead Valley.
- Community “Blue Prints” are complete and being implemented with a refresh in early 2026
- Year 1 Implementation concludes March 31, 2026 – all progress goals are on track.

## PEOPLE



**ENGAGEMENT**  
**4,984**

Unique Engagement

**5,011**

Individual participation across Blue Zones Project Signature Activities

**74**

Blue Zones Signature Activities held across the communities.

## PLACES



**3**

Organization achieved a Blue Zones Project Approval

**73**

Grocery stores, restaurants, schools and worksites registered to create healthy environments

## POLICY



**5**

Policy advanced

**1**

Demonstration Project identified



# Building Healthier Communities

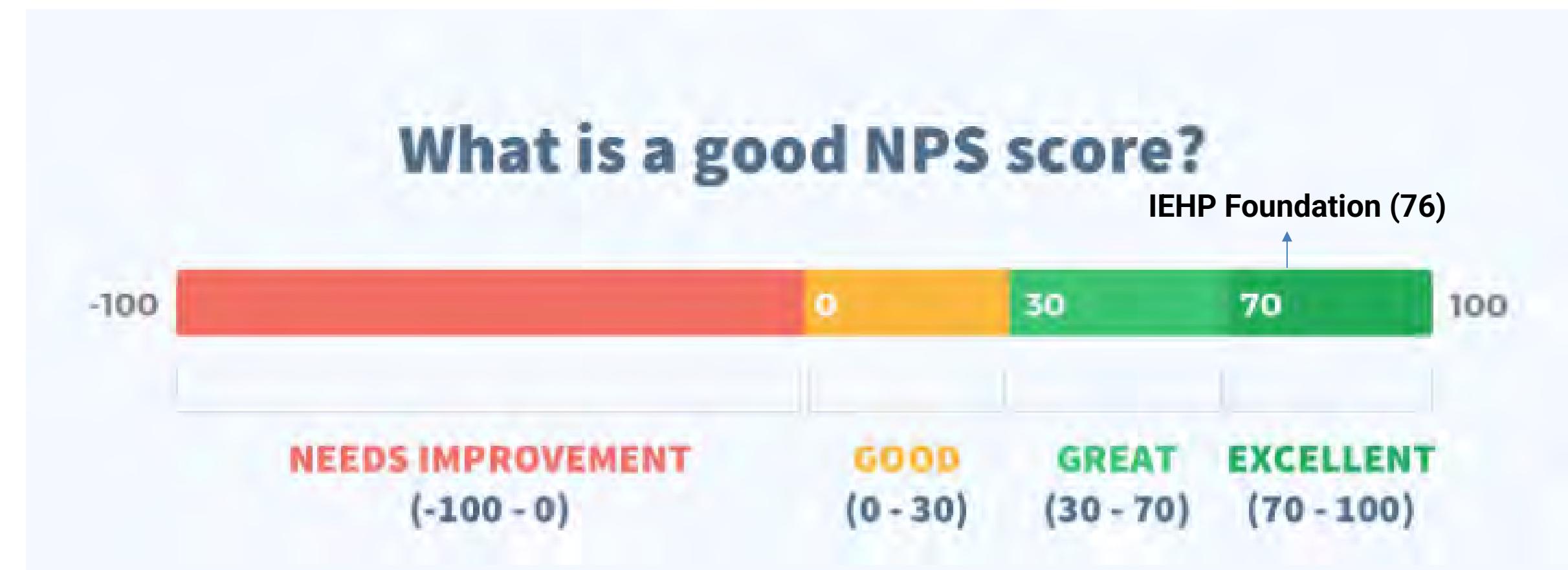
- Launched pilot projects in the cities of **Barstow** and **San Bernardino**.
- \$600,000 investment in **Vibrant Villages Barstow** through partnership with Barstow Community College
  - Hired Executive Director, Juan Rivera
  - Launched weekly food distribution at Barstow Community College (BCC)
  - Harvest Festival - provided food and mobile health care screenings to hundreds of residents
  - Grants awarded to **six Barstow** based organizations totaling **\$50,000**
- **Vibrant Villages San Bernardino** Steering Committee formed and is actively developing a Common Agenda
  - Hired a consultant to create a governance structure, decision making framework, and draft MOUs for participating organizations to lay the groundwork for future collaboration and grant applications.
  - Grants awarded to **four San Bernardino** based organizations totaling **\$40,000**

## VIBRANT VILLAGES



# Creating Measurable Impact

- Average NPS Score across programs: **76** ("Excellent" 8.8/10 score)
- Average Response Rate: **44%**
- Includes scores from:
  - 4 Vibrant Health Forums
  - 2 Capacity Building Cohorts
  - 6 Champions for Vibrant Health Leadership Network Sessions



Source: [What is a Good Net Promoter Score? \(2025 NPS Benchmark\)](#)

# Creating Measurable Impact

## Small NPO Capacity Building (Spring 2025)

Business Core Knowledge	Response (Somewhat Familiar or Familiar)		
	Pre	Post	Change
Mission, Vision and Goals	92.0%	92.0%	0
Compliance and Risk Management	52.0%	92.0%	40
Budgeting	64.0%	92.0%	28
Service Delivery Costs	48.0%	96.0%	48
Nonprofit Stakeholders	48.0%	92.0%	44
Nonprofit Landscape, Competition and Niche	44.0%	92.0%	48
Board Development and Responsibilities	68.0%	92.0%	24
Succession Planning	56.0%	96.0%	40
Monitoring and Evaluation Tools and Strategies	64.0%	92.0%	28
Technology Transfer and Adoption	56.0%	88.0%	32

## Major Gifts & Fundraising (Summer 2025)

Fundraising Core Component	Response (Somewhat or Strongly Agree)		
	Pre	Post	Change
Case for Support	60.0%	86.0%	26
Fundraising Calendar	40.0%	91.0%	51
Stewardship Matrix	45.0%	76.0%	31
Customer Relationship Management	65.0%	86.0%	21
Website	55.0%	66.0%	11
Donor Portfolio Design	40.0%	86.0%	46
Discovery Visit	80.0%	95.0%	15
Cultivation Visit and Action Plan	70.0%	96.0%	26
Proposal Development	75.0%	95.0%	20
Ask Visit	50.0%	91.0%	41

# Creating Measurable Impact

## Responsive Grants: 28 grants awarded

- New EHR systems and technologies
- Behavioral health workforce expansion
- Food delivery Infrastructure
- Collaborative grants and pooled funds
- Staff trainings and professional development

Organizational Strength	%
<b>OS Goal 1:</b> Improve reach/quality of services	75
<b>OS Goal 2:</b> Increase financial resources to improve health	32
<b>OS Goal 3:</b> Improve leadership skills and practices that advance health	36
Systems Change	%
<b>SC Goal 1:</b> Strengthen communications and policy/advocacy efforts	11
<b>SC Goal 2:</b> Strengthen the IE healthcare workforce	25
<b>SC Goal 3:</b> Improve population health outcomes	18

## Leadership Network: Year 1 Growth & Fund Use

- Policy & Advocacy
- Succession Planning
- Wellbeing of Others
- Change Leadership
- Team Development
- Conflict Management
- Communication
- Strategic Thinking
- Self Awareness
- Diversity
- Critical Thinking
- Resilience

Organizational Strength	%
<b>OS Goal 1:</b> Improve reach/quality of services	80
<b>OS Goal 2:</b> Increase Financial resources to improve health	68
<b>OS Goal 3:</b> Improve leadership skills and practices that advance health	75
Systems Change	%
<b>SC Goal 1:</b> Strengthen communications and policy/advocacy efforts	68
<b>SC Goal 2:</b> Strengthen the IE healthcare workforce	45
<b>SC Goal 3:</b> Improve population health outcomes	55

# Meet our Champion for *Vibrant Health*



**OPERATION  
NEW HOPE**

**Russell Degnan**  
Chief Executive Officer, Operation New Hope  
Champions for Vibrant Health Leadership Network Participant



# Open Hearts CAMPAIGN

IEHP's new Team Member Giving Program allows team members to voluntarily contribute a portion of their pay to support the work of the IEHP Foundation through two funds:

- ♥ **Vibrant Health Fund** to support nonprofits addressing urgent community needs including hunger, housing, and mental health.
- ♥ **Employee Emergency Assistance Fund** to help fellow team members experiencing emergencies or hardships.

**Employee Emergency Assistance Fund** will accept applications in January 2026 and will be reviewed by committee of IEHP team members and community members.

Over 250 employees signed up to give, raising over **\$200,000** for 2026!



# Thank You



**Department: FINANCE**

**B.1. MONTHLY FINANCIAL REVIEW**

**Chief:**

**Background & Discussion:**

Monthly Financials for Period Ending November 30, 2025

**Recommendation(s):**

Review and File

# FINANCE DIVISION

## November 2025

# MONTHLY FINANCIALS

Presented  
January 12, 2026



# November 2025 Actual vs Budget: Consolidated

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 713,692,446	\$ 697,735,133	\$ 15,957,313	\$ 7,806,443,298	\$ 7,741,593,567	\$ 64,849,731
<b>Total Medical Costs</b>	\$ 661,207,205	\$ 647,576,786	\$ (13,630,419)	\$ 7,445,104,171	\$ 7,300,706,241	\$ (144,397,930)
<b>Total Operating Expenses</b>	\$ 38,327,655	\$ 46,018,580	\$ 7,690,925	\$ 453,564,344	\$ 491,285,861	\$ 37,721,517
<b>Total Non Operating Income (Expense)</b>	\$ 7,994,452	\$ 7,058,859	\$ 935,593	\$ 109,348,926	\$ 91,142,025	\$ 18,206,901
<b>Non-Medical Expenses</b>	\$ -	\$ -	\$ -	\$ (1,146,800)	\$ 2,190,911	\$ 3,337,711
<b>Net Surplus (Deficit)**</b>	\$ 22,152,038	\$ 11,198,627	\$ 10,953,411	\$ 18,270,509	\$ 38,552,579	\$ (20,282,070)
<b>Medical Cost Ratio**</b>	92.6%	92.8%	(0.2%)	95.4%	94.3%	1.1%
<b>Administrative Cost Ratio**</b>	5.4%	6.6%	(1.2%)	5.8%	6.3%	(0.5%)

## Highlights for the Month:

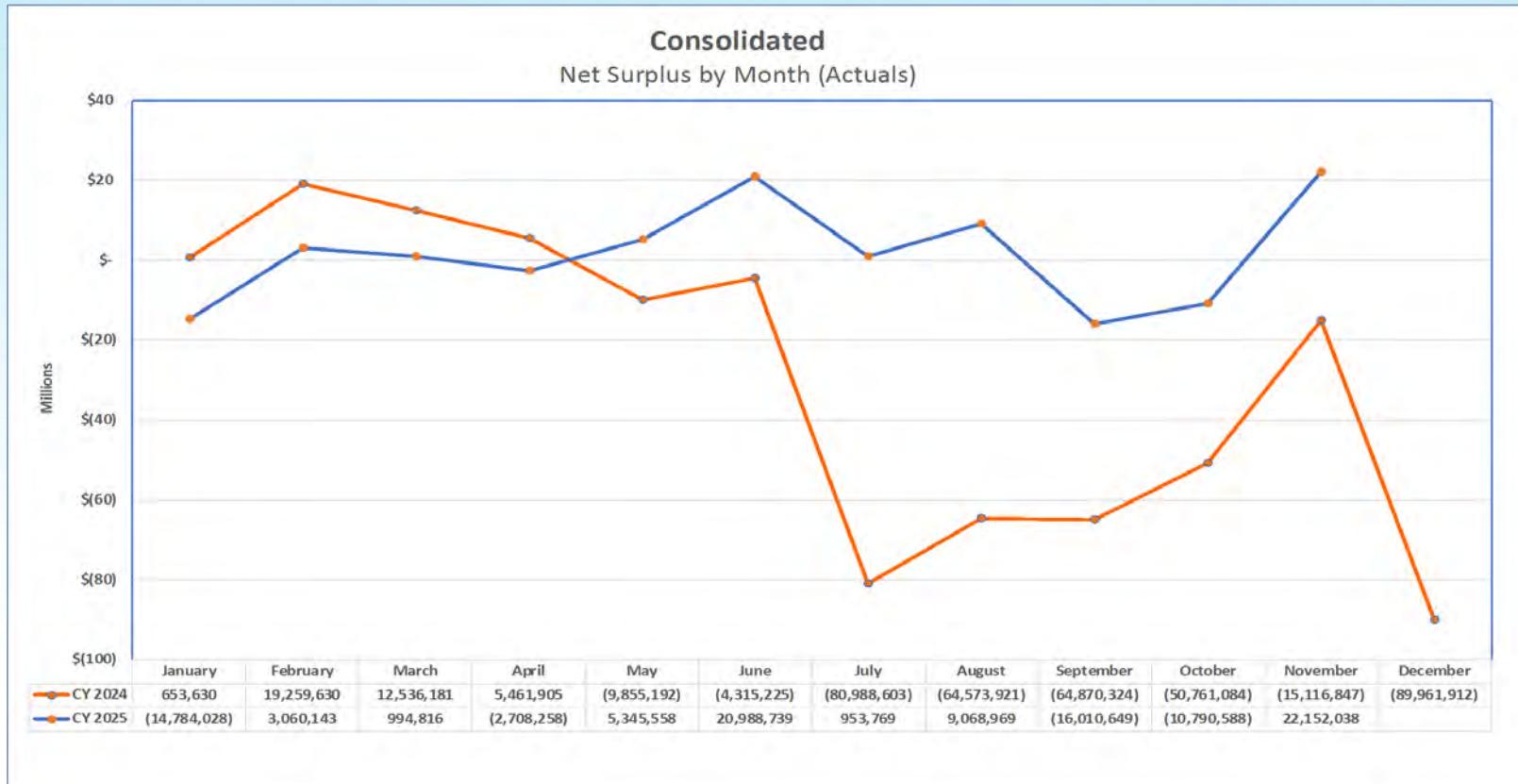
- Overall, we will have a monthly surplus of ~\$22M for November bringing our Year-To-Date surplus to ~\$18M.
- The favorable revenue variance compared to budget is primarily due to the Medi-Cal Quality Withhold Incentive (QWI) program achieved for measurement year 2024, higher-than-expected MCE Non-Dual, Adult, and SPD Non-Dual member months, favorable ECM and MOT risk corridor adjustments, and unbudgeted incentive revenue related to the Medi-Cal quality withhold program, partially offset by CCA risk adjustment transfer estimate.
- The unfavorable medical costs variance compared to budget is primarily due to higher utilization in laboratory, pathology, and FFS claims, unfavorable pharmacy expense, 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.

\*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

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 606,762,540	\$ 589,014,597	\$ 17,747,943	\$ 6,673,627,348	\$ 6,599,306,133	\$ 74,321,215
<b>Total Medical Costs</b>	\$ 561,378,839	\$ 547,406,902	\$ (13,971,937)	\$ 6,365,489,943	\$ 6,245,432,318	\$ (120,057,625)
<b>Total Operating Expenses</b>	\$ 27,125,011	\$ 33,715,801	\$ 6,590,790	\$ 341,970,000	\$ 380,450,752	\$ 38,480,752
<b>Total Non Operating Income (Expense)</b>	\$ 3,473,595	\$ 3,438,269	\$ 35,326	\$ 38,975,298	\$ 38,855,062	\$ 120,236
<b>Net Surplus (Deficit)**</b>	\$ 21,732,284	\$ 11,330,164	\$ 10,402,120	\$ 5,142,703	\$ 12,278,124	\$ (7,135,421)
<b>Medical Cost Ratio**</b>	92.5%	92.9%	(0.4%)	95.4%	94.6%	0.7%
<b>Administrative Cost Ratio**</b>	4.5%	5.7%	(1.3%)	5.1%	5.8%	(0.6%)

## Highlights for the Month:

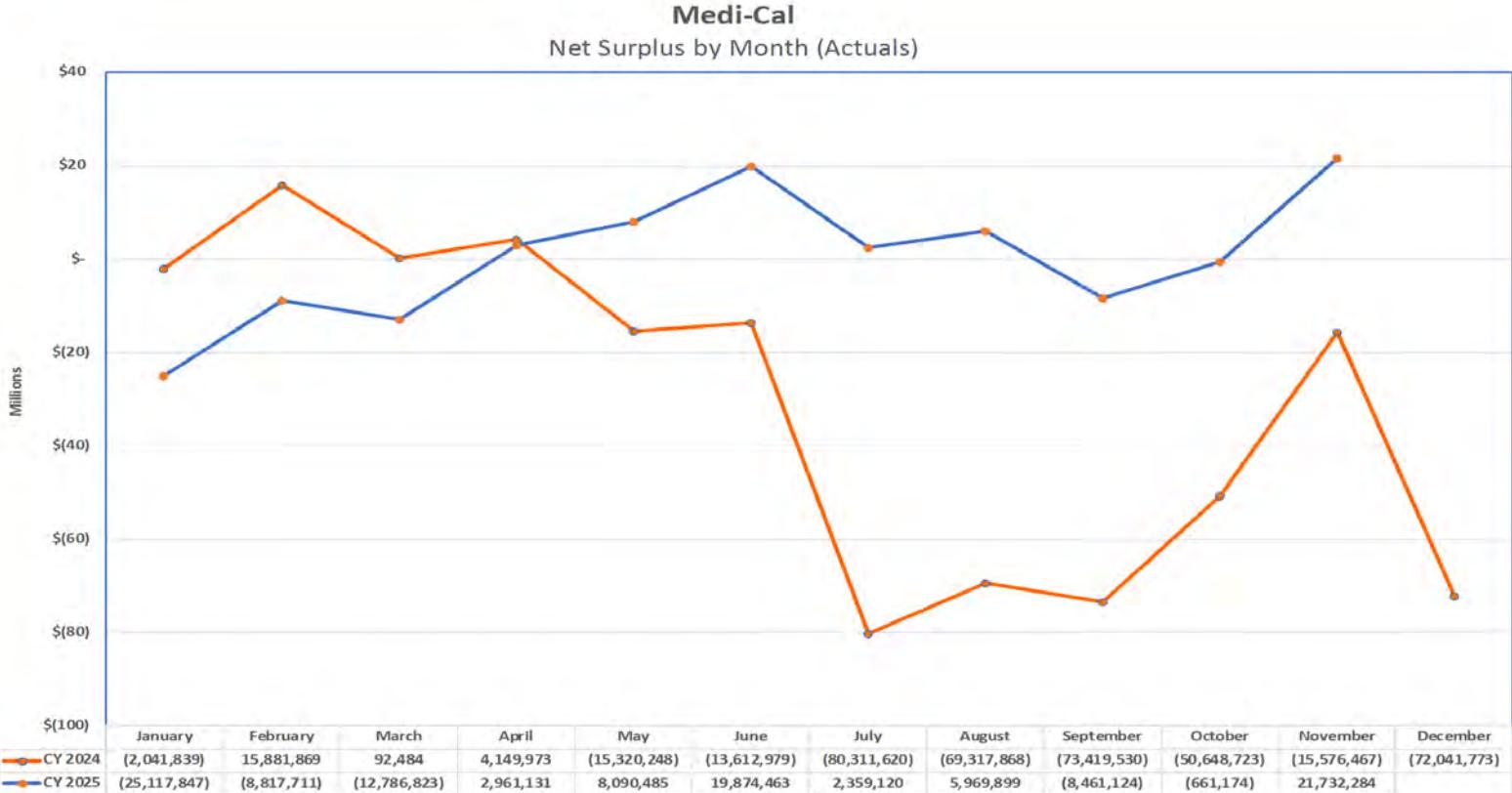
- The favorable revenue variance compared to budget is primarily due to the Quality Withhold Incentive (QWI) program achieved for measurement year 2024, higher-than-expected MCE Non-Dual, Adult, and SPD Non-Dual member months, favorable ECM and MOT risk corridor adjustments and unbudgeted incentive revenue related to the Medi-Cal quality withhold program.
- The unfavorable medical costs variance compared to budget is primarily due to higher utilization in laboratory, pathology and FFS claims, 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.

\*\*Differences are due to rounding



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

## Medi-Cal results drove overall Plan improvement



# Actual vs Budget: D-SNP

	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 85,094,122	\$ 83,092,299	\$ 2,001,823	\$ 908,136,690	\$ 907,533,376	\$ 603,314
<b>Total Medical Costs</b>	\$ 82,121,175	\$ 78,271,303	\$ (3,849,872)	\$ 863,078,866	\$ 832,250,902	\$ (30,827,964)
<b>Total Operating Expenses</b>	\$ 6,132,987	\$ 7,034,053	\$ 901,066	\$ 59,489,842	\$ 62,419,337	\$ 2,929,495
<b>Total Non Operating Income (Expense)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Net Surplus (Deficit)**</b>	\$ (3,160,040)	\$ (2,213,057)	\$ (946,983)	\$ (14,432,017)	\$ 12,863,136	\$ (27,295,153)
<b>Medical Cost Ratio**</b>	96.5%	94.2%	2.3%	95.0%	91.7%	3.3%
<b>Administrative Cost Ratio**</b>	7.2%	8.5%	(1.3%)	6.6%	6.9%	(0.3%)

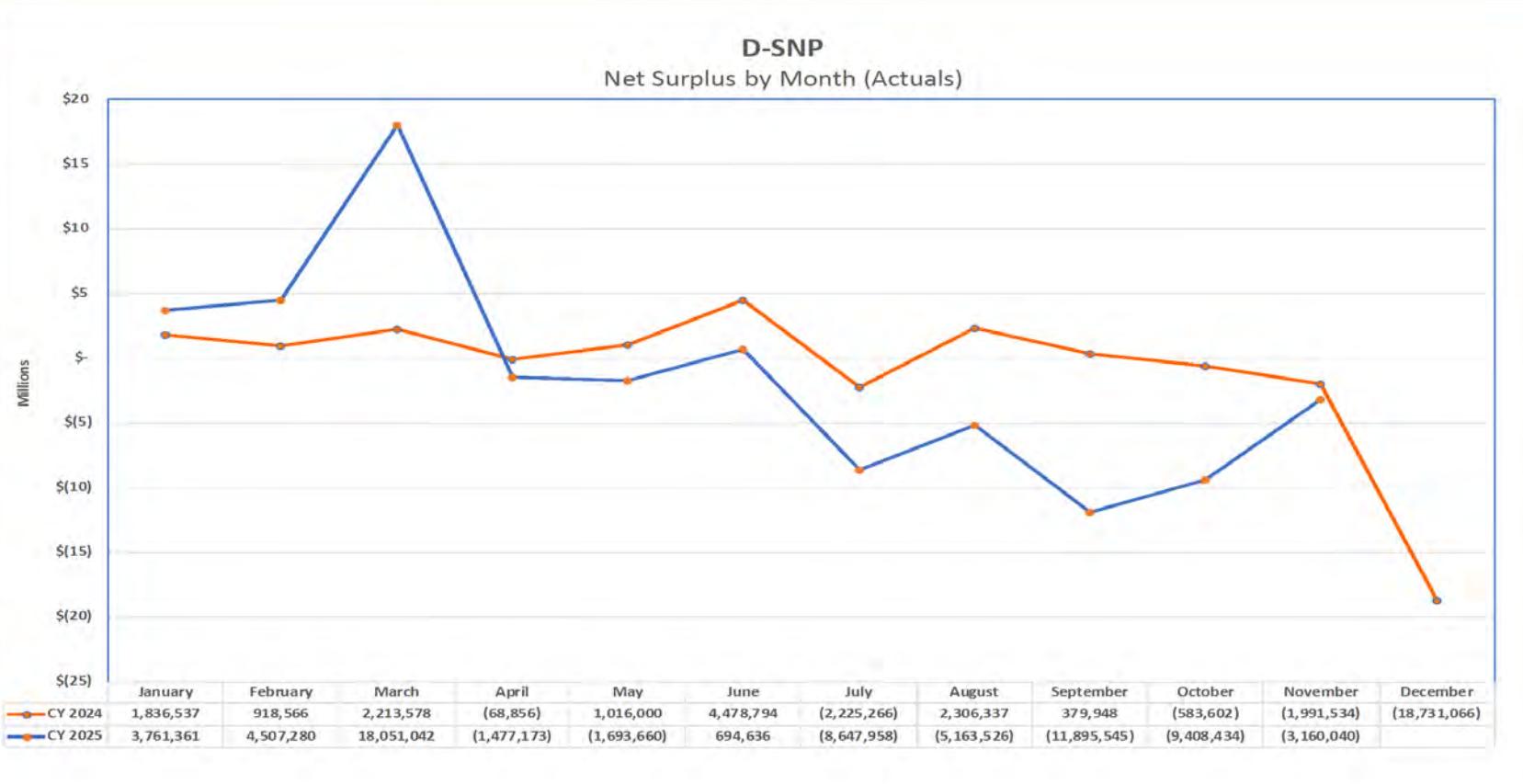
## Highlights for the Month:

- The favorable revenue variance compared to budget is primarily due to favorable CY 2024 risk sharing adjustment.
- The unfavorable medical costs variance compared to budget is primarily due to higher-than-expected FFS claims and unfavorable CY 2025 pharmacy expense.

\*\*Differences are due to rounding



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



# Actual vs Budget: IEHP Covered (CCA)

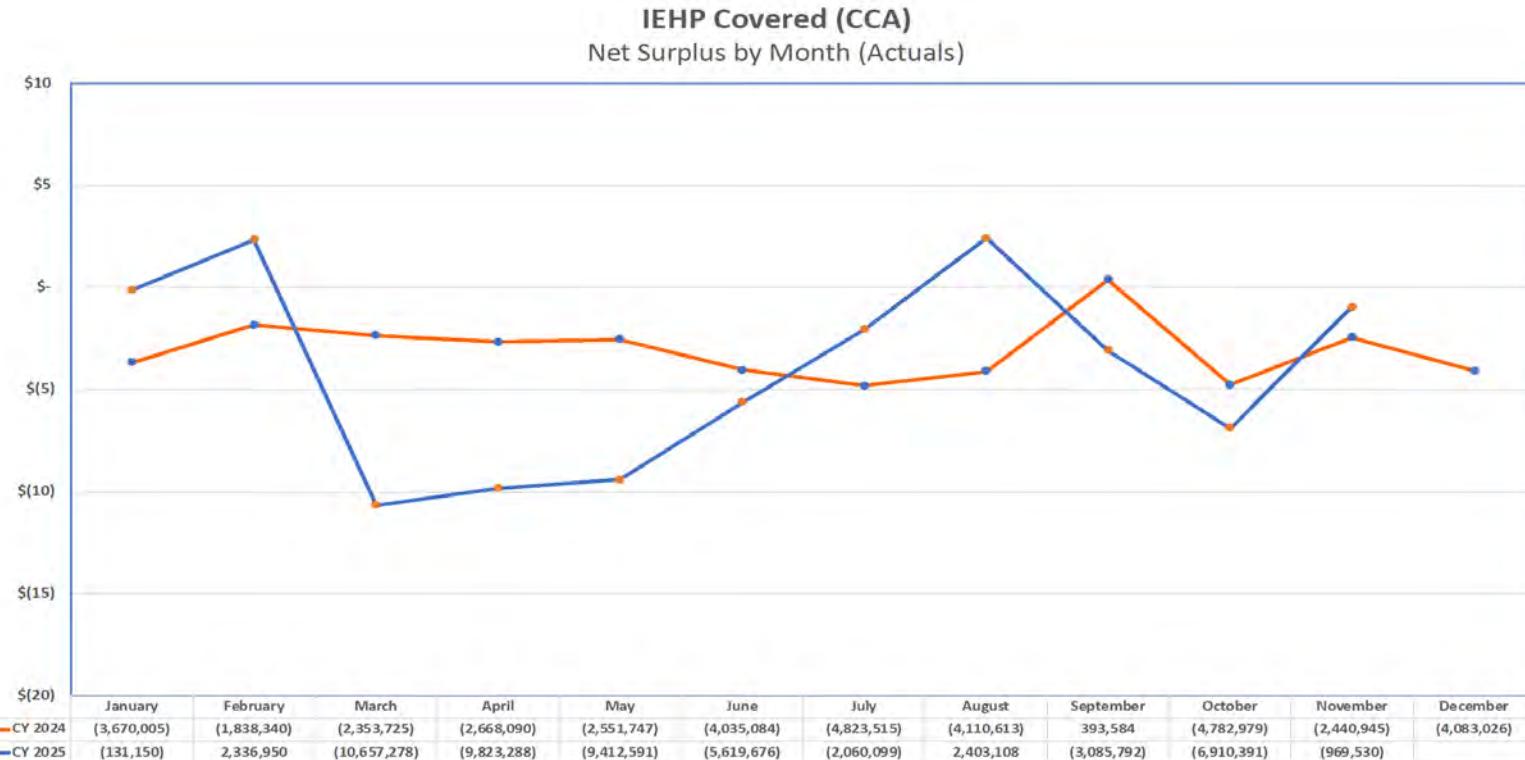
	November Month-to-Date			November Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>Total Revenue</b>	\$ 21,835,785	\$ 25,628,237	\$ (3,792,452)	\$ 224,659,512	\$ 234,759,218	\$ (10,099,706)
<b>Total Medical Costs</b>	\$ 17,735,657	\$ 21,898,581	\$ 4,162,924	\$ 216,485,204	\$ 222,880,784	\$ 6,395,580
<b>Total Operating Expenses</b>	\$ 5,069,657	\$ 5,268,727	\$ 199,070	\$ 52,104,044	\$ 48,415,790	\$ (3,688,254)
<b>Total Non Operating Income (Expense)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Net Surplus (Deficit)**</b>	\$ (969,530)	\$ (1,539,071)	\$ 569,541	\$ (43,929,737)	\$ (36,537,356)	\$ (7,392,381)
<b>Medical Cost Ratio**</b>	81.2%	85.4%	(4.2%)	96.4%	94.9%	1.4%
<b>Administrative Cost Ratio**</b>	23.2%	20.6%	2.7%	23.2%	20.6%	2.6%

## Highlights for the Month:

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



# Balance Sheet: Current Month vs Prior Month

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	Nov-25	Oct-25	Variance
<b>Assets and Deferred Outflows</b>			
Current Assets	\$ 2,302,816,438	\$ 2,220,111,548	\$ 82,704,890
Long Term Receivables	\$ -	\$ -	\$ -
Other Non Current Assets	\$ 70,999,237	\$ 70,999,237	\$ -
Capital Assets	\$ 299,056,436	\$ 300,060,086	\$ (1,003,650)
Deferred Outflows of Resources	\$ 79,181,923	\$ 80,393,212	\$ (1,211,289)
Net Other Assets	\$ -	\$ -	\$ -
<b>Total Assets and Deferred Outflows**</b>	<b>\$ 2,752,054,035</b>	<b>\$ 2,671,564,083</b>	<b>\$ 80,489,952</b>
<b>Liabilities, Deferred Inflows, and Net Position</b>			
Current Liabilities	\$ 1,608,796,303	\$ 1,550,013,916	\$ 58,782,386
Long-Term Liabilities	\$ 32,871,922	\$ 33,297,001	\$ (425,079)
Deferred Inflows	\$ 229,750	\$ 249,144	\$ (19,394)
Net Position	\$ 1,110,156,060	\$ 1,088,004,022	\$ 22,152,038
<b>Total Liabilities, Deferred Inflows, and Net Position**</b>	<b>\$ 2,752,054,035</b>	<b>\$ 2,671,564,083</b>	<b>\$ 80,489,952</b>

## Highlights for the Month:

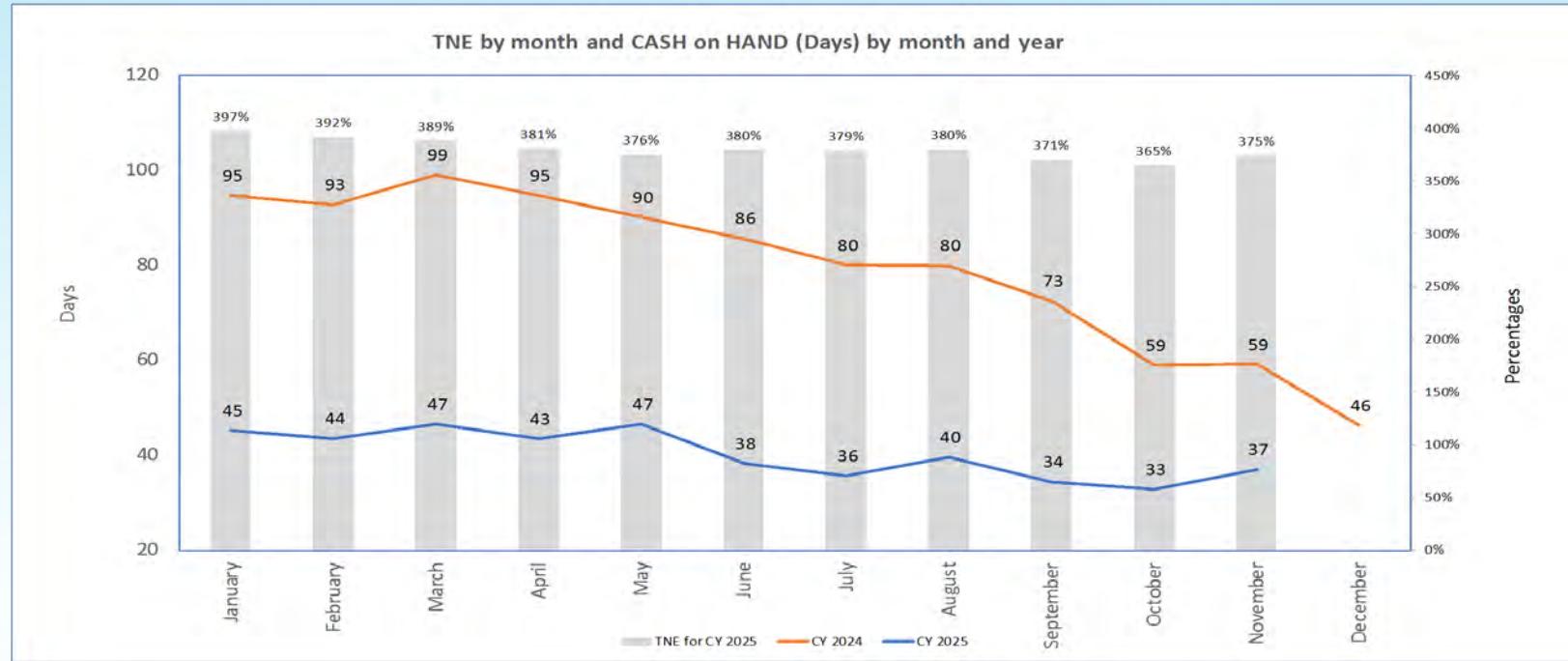
- Increase in Current Assets and Current Liabilities is primarily due to \$65.1M CY 2025 MCO tax accrual.

\*\*Differences are due to rounding



# TNE and Cash On Hand

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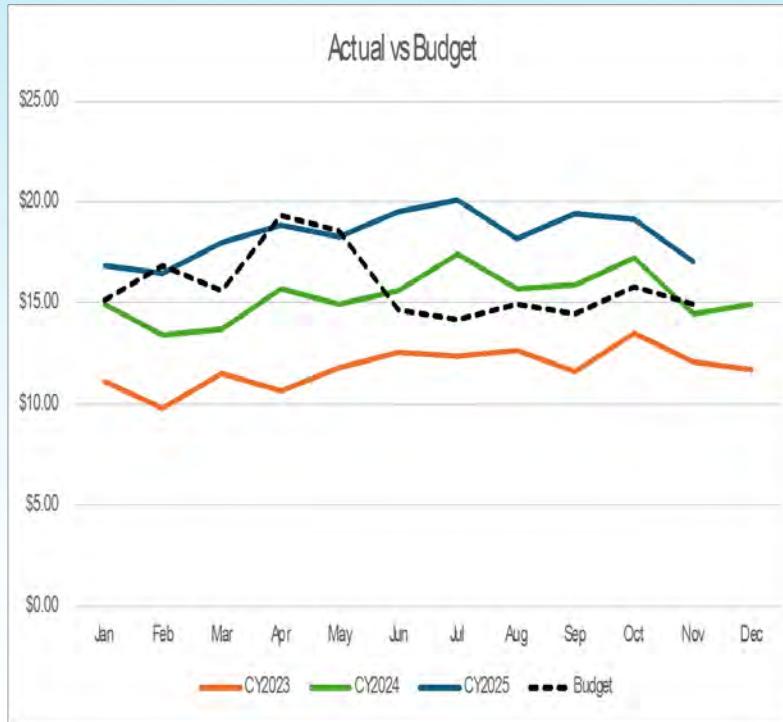
## Highlights for the Month:

- Increase in days cash on hand is primarily due to lower claims paid in November 2025.

Note: Days Cash on Hand calculation excludes pass-thru receipts and payments and early receipt of D-SNP's November premium payment.



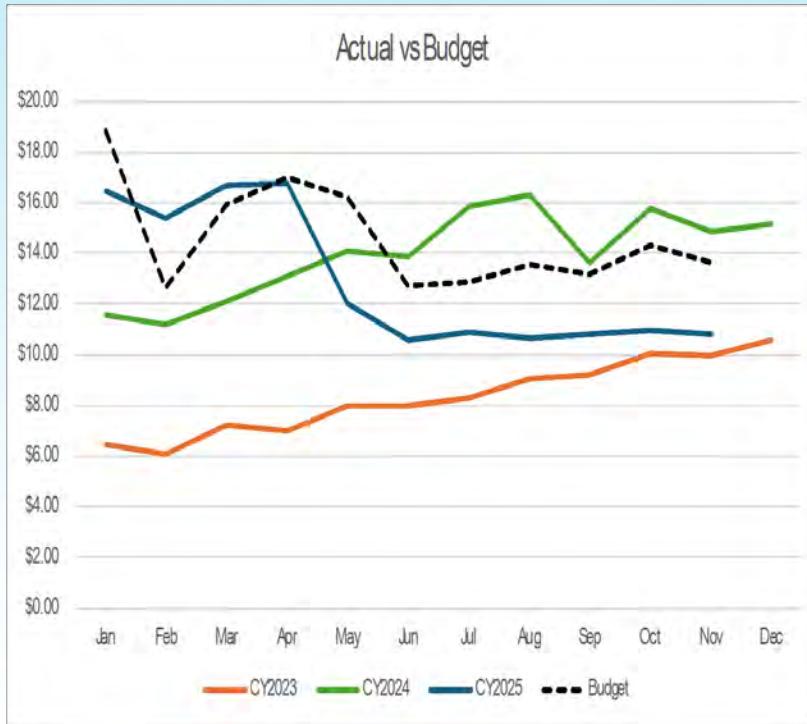
# Behavioral Health Therapy – Autism



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$11.17	\$14.94	\$16.91	\$15.19	33.8%	13.1%	11.3%
Feb	\$9.83	\$13.39	\$16.47	\$16.85	36.2%	23.0%	-2.3%
Mar	\$11.55	\$13.69	\$17.97	\$15.60	18.6%	31.2%	15.2%
Apr	\$10.62	\$15.73	\$18.84	\$19.33	48.1%	19.8%	-2.6%
May	\$11.77	\$14.94	\$18.29	\$18.61	26.9%	22.4%	-1.7%
Jun	\$12.56	\$15.63	\$19.50	\$14.71	24.4%	24.8%	32.6%
Jul	\$12.36	\$17.47	\$20.10	\$14.15	41.4%	15.0%	42.0%
Aug	\$12.68	\$15.74	\$18.18	\$14.94	24.1%	15.5%	21.7%
Sep	\$11.57	\$15.91	\$19.40	\$14.50	37.5%	21.9%	33.7%
Oct	\$13.47	\$17.21	\$19.19	\$15.82	27.7%	11.5%	21.3%
Nov	\$12.13	\$14.44	\$17.02	\$14.95	19.1%	17.9%	13.8%
Dec	\$11.73	\$14.97			27.6%		



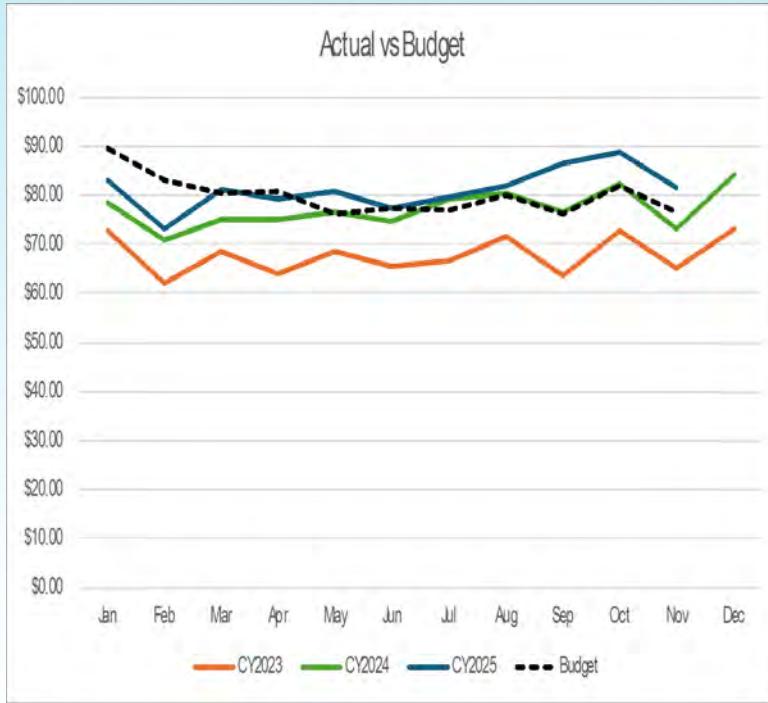
# Transportation



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$6.48	\$11.55	\$16.49	\$18.82	78.3%	42.7%	-12.4%
Feb	\$6.09	\$11.17	\$15.42	\$12.66	83.6%	38.0%	21.9%
Mar	\$7.23	\$12.13	\$16.70	\$15.93	67.7%	37.7%	4.9%
Apr	\$6.99	\$13.09	\$16.75	\$16.99	87.1%	27.9%	-1.4%
May	\$8.02	\$14.13	\$12.04	\$16.26	76.2%	-14.8%	-25.9%
Jun	\$8.01	\$13.90	\$10.58	\$12.74	73.5%	-23.9%	-16.9%
Jul	\$8.26	\$15.85	\$10.86	\$12.88	91.9%	-31.5%	-15.7%
Aug	\$9.04	\$16.30	\$10.64	\$13.59	80.3%	-34.7%	-21.7%
Sep	\$9.24	\$13.66	\$10.79	\$13.16	47.8%	-21.0%	-18.0%
Oct	\$10.05	\$15.74	\$10.93	\$14.34	56.7%	-30.5%	-23.8%
Nov	\$10.01	\$14.87	\$10.79	\$13.62	48.6%	-27.4%	-20.7%
Dec	\$10.61	\$15.17			43.1%		



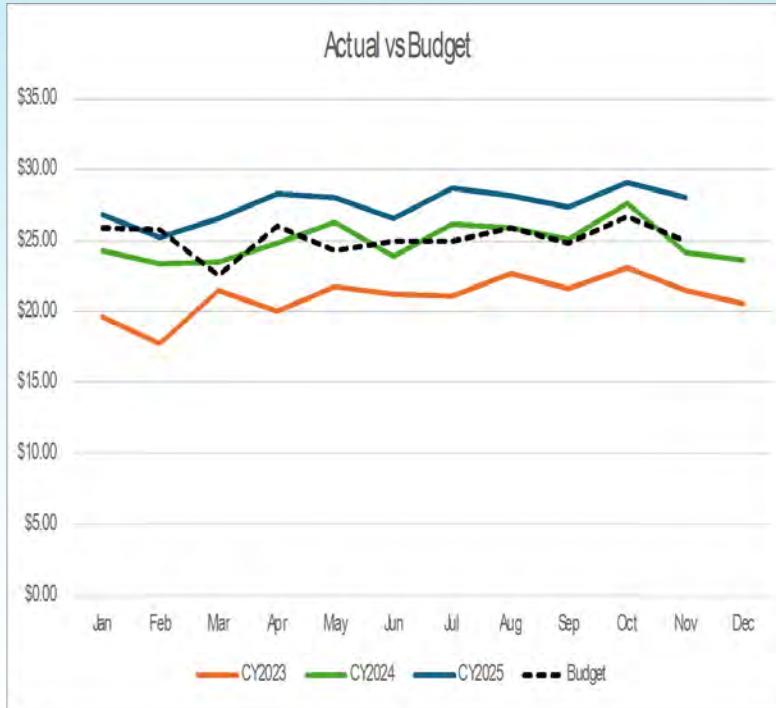
# Inpatient



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$72.81	\$78.69	\$83.09	\$89.54	8.1%	5.6%	-7.2%
Feb	\$61.91	\$71.03	\$73.04	\$83.20	14.7%	2.8%	-12.2%
Mar	\$68.40	\$75.08	\$81.08	\$80.37	9.8%	8.0%	0.9%
Apr	\$64.16	\$75.05	\$79.23	\$80.70	17.0%	5.6%	-1.8%
May	\$68.61	\$76.48	\$80.92	\$76.34	11.5%	5.8%	6.0%
Jun	\$65.52	\$74.59	\$77.47	\$77.23	13.9%	3.9%	0.3%
Jul	\$66.85	\$79.45	\$79.57	\$76.82	18.8%	0.2%	3.6%
Aug	\$71.65	\$80.29	\$82.06	\$79.84	12.1%	2.2%	2.8%
Sep	\$63.43	\$76.75	\$86.57	\$76.20	21.0%	12.8%	13.6%
Oct	\$72.79	\$82.23	\$89.00	\$81.88	13.0%	8.2%	8.7%
Nov	\$65.08	\$73.14	\$81.60	\$76.63	12.4%	11.6%	6.5%
Dec	\$73.10	\$84.25			15.3%		

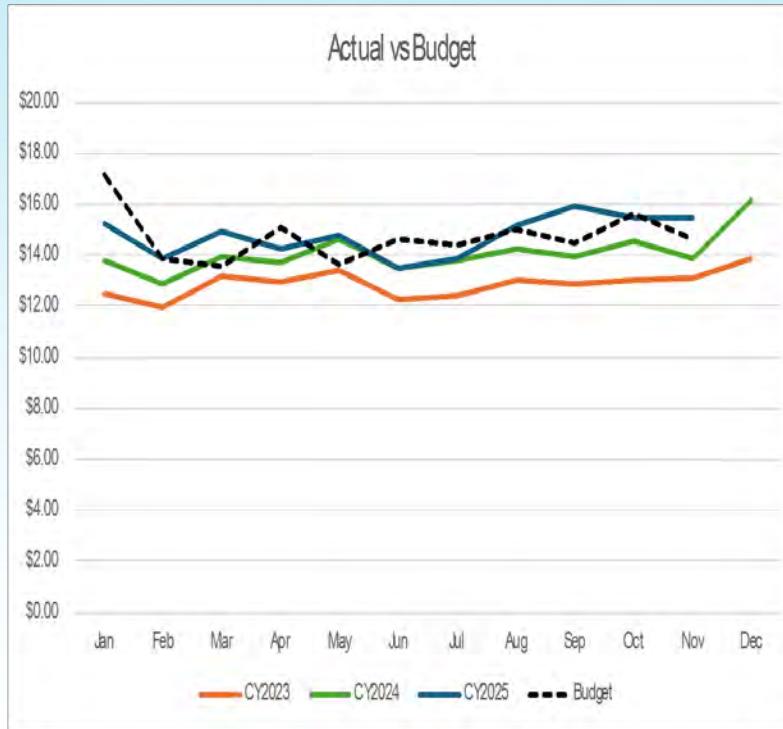


# Outpatient



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$19.64	\$24.29	\$26.79	\$25.85	23.7%	10.3%	3.6%
Feb	\$17.72	\$23.33	\$25.26	\$25.69	31.6%	8.3%	-1.7%
Mar	\$21.50	\$23.44	\$26.49	\$22.53	9.0%	13.0%	17.6%
Apr	\$20.00	\$24.76	\$28.23	\$25.99	23.8%	14.0%	8.6%
May	\$21.74	\$26.26	\$28.02	\$24.26	20.8%	6.7%	15.5%
Jun	\$21.14	\$23.91	\$26.55	\$24.96	13.1%	11.1%	6.4%
Jul	\$21.10	\$26.15	\$28.74	\$24.87	23.9%	9.9%	15.5%
Aug	\$22.67	\$25.90	\$28.17	\$25.90	14.3%	8.7%	8.8%
Sep	\$21.58	\$25.06	\$27.37	\$24.76	16.1%	9.2%	10.5%
Oct	\$23.07	\$27.55	\$29.08	\$26.65	19.4%	5.5%	9.1%
Nov	\$21.41	\$24.13	\$27.98	\$24.98	12.7%	16.0%	12.0%
Dec	\$20.49	\$23.62			15.3%		

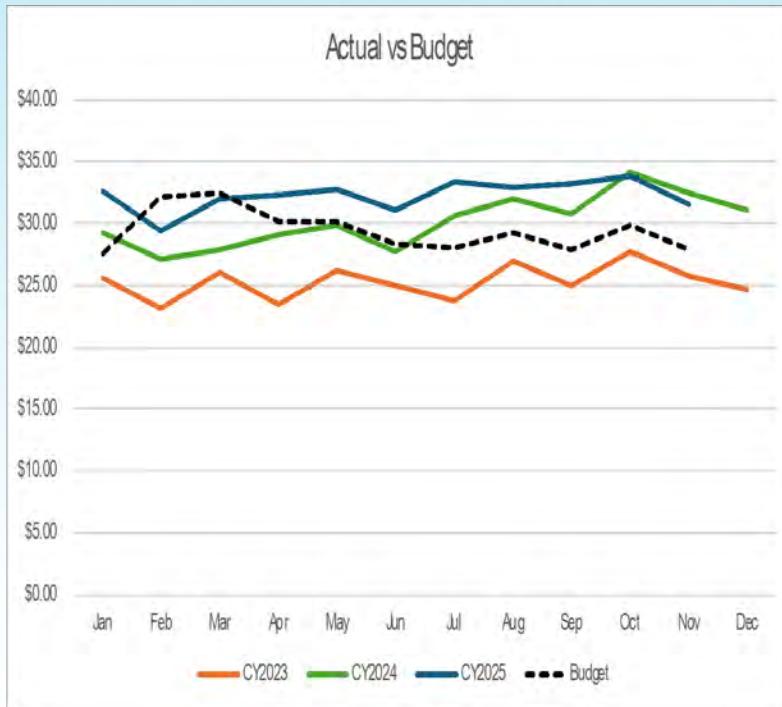
# Emergency Room



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$12.53	\$13.78	\$15.21	\$17.17	10.0%	10.4%	-11.4%
Feb	\$11.95	\$12.88	\$13.88	\$13.89	7.8%	7.8%	-0.1%
Mar	\$13.18	\$13.95	\$14.96	\$13.60	5.9%	7.3%	10.0%
Apr	\$12.93	\$13.73	\$14.23	\$15.11	6.2%	3.6%	-5.8%
May	\$13.39	\$14.61	\$14.77	\$13.68	9.1%	1.1%	8.0%
Jun	\$12.28	\$13.47	\$13.48	\$14.65	9.7%	0.1%	-7.9%
Jul	\$12.42	\$13.80	\$13.85	\$14.40	11.1%	0.3%	-3.8%
Aug	\$13.05	\$14.29	\$15.18	\$15.04	9.5%	6.2%	0.9%
Sep	\$12.84	\$13.92	\$15.94	\$14.45	8.4%	14.5%	10.3%
Oct	\$13.05	\$14.54	\$15.51	\$15.61	11.4%	6.7%	-0.6%
Nov	\$13.09	\$13.85	\$15.49	\$14.66	5.8%	11.9%	5.7%
Dec	\$13.90	\$16.18			16.4%		



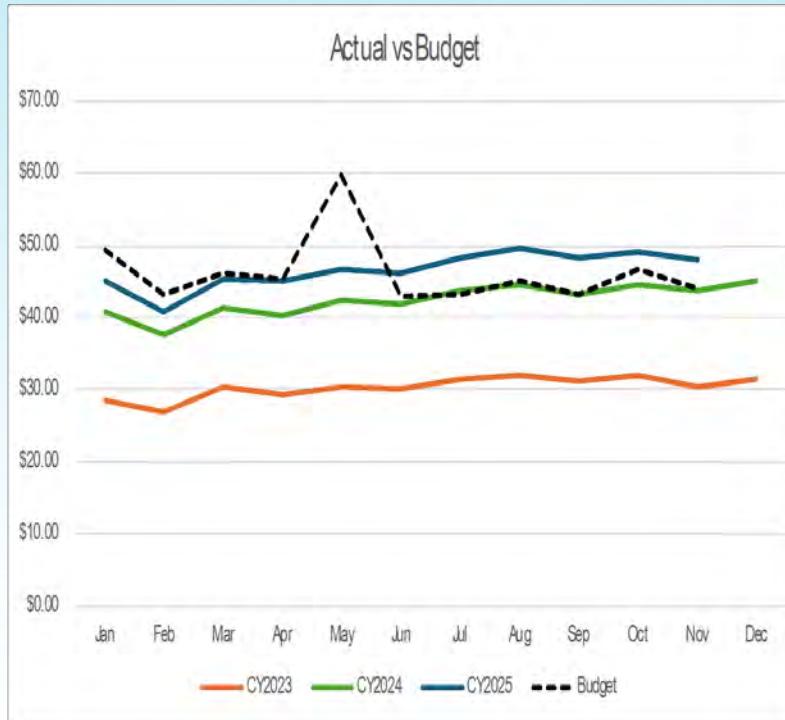
# Specialist Claims



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$25.55	\$29.26	\$32.65	\$27.57	14.5%	11.6%	18.5%
Feb	\$23.21	\$27.06	\$29.44	\$32.16	16.6%	8.8%	-8.4%
Mar	\$26.07	\$27.85	\$32.07	\$32.54	6.8%	15.1%	-1.4%
Apr	\$23.40	\$29.05	\$32.29	\$30.19	24.2%	11.1%	6.9%
May	\$26.16	\$29.80	\$32.81	\$30.19	13.9%	10.1%	8.7%
Jun	\$25.01	\$27.71	\$31.10	\$28.35	10.8%	12.2%	9.7%
Jul	\$23.75	\$30.64	\$33.33	\$28.11	29.0%	8.8%	18.6%
Aug	\$26.99	\$31.96	\$32.89	\$29.20	18.4%	2.9%	12.7%
Sep	\$25.04	\$30.85	\$33.19	\$27.85	23.2%	7.6%	19.2%
Oct	\$27.76	\$34.10	\$33.92	\$29.90	22.8%	-0.5%	13.4%
Nov	\$25.80	\$32.43	\$31.48	\$27.96	25.7%	-2.9%	12.6%
Dec	\$24.70	\$31.10			25.9%		



# Long Term Care

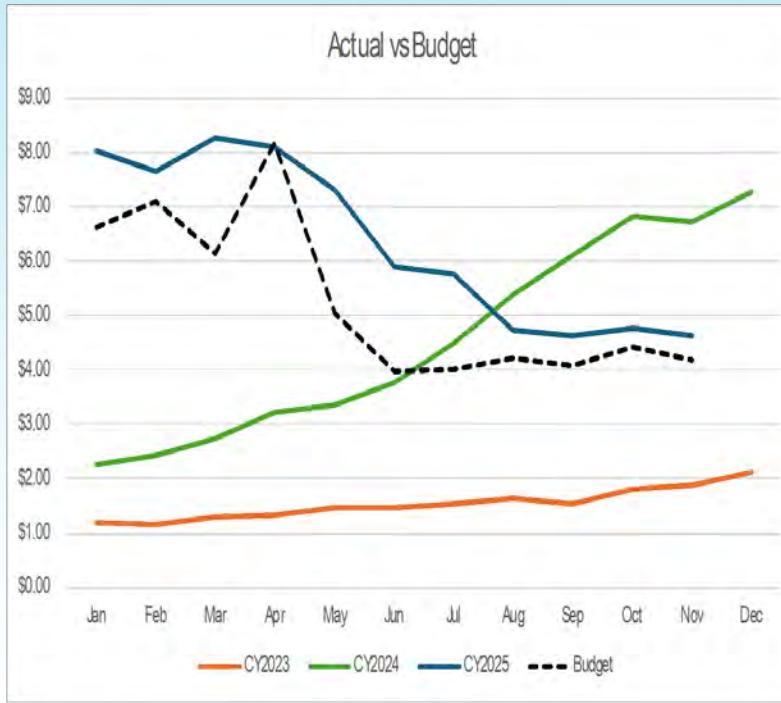


Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$28.61	\$40.83	\$44.98	\$49.32	42.7%	10.2%	-8.8%
Feb	\$26.99	\$37.70	\$40.86	\$43.21	39.7%	8.4%	-5.5%
Mar	\$30.27	\$41.34	\$45.43	\$46.10	36.6%	9.9%	-1.5%
Apr	\$29.33	\$40.30	\$44.94	\$45.29	37.4%	11.5%	-0.8%
May	\$30.31	\$42.31	\$46.61	\$59.71	39.6%	10.2%	-21.9%
Jun	\$30.01	\$41.97	\$46.27	\$43.04	39.8%	10.2%	7.5%
Jul	\$31.48	\$43.83	\$48.15	\$43.20	39.2%	9.9%	11.5%
Aug	\$31.87	\$44.45	\$49.68	\$45.14	39.5%	11.8%	10.1%
Sep	\$31.25	\$43.26	\$48.25	\$43.30	38.4%	11.5%	11.4%
Oct	\$31.95	\$44.66	\$49.20	\$46.77	39.8%	10.1%	5.2%
Nov	\$30.49	\$43.70	\$47.88	\$44.02	43.3%	9.6%	8.8%
Dec	\$31.53	\$45.20			43.4%		



# Community Supports

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Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$1.18	\$2.25	\$8.02	\$6.62	91.6%	255.7%	21.2%
Feb	\$1.14	\$2.41	\$7.64	\$7.10	111.9%	216.5%	7.6%
Mar	\$1.29	\$2.72	\$8.28	\$6.12	110.8%	204.3%	35.3%
Apr	\$1.32	\$3.22	\$8.11	\$8.16	144.4%	151.5%	-0.7%
May	\$1.46	\$3.37	\$7.29	\$5.04	130.3%	116.5%	44.7%
Jun	\$1.46	\$3.78	\$5.91	\$3.96	159.4%	56.4%	49.1%
Jul	\$1.54	\$4.48	\$5.75	\$4.00	190.0%	28.3%	43.6%
Aug	\$1.65	\$5.38	\$4.72	\$4.21	226.1%	-12.3%	12.0%
Sep	\$1.53	\$6.10	\$4.64	\$4.07	297.6%	-23.8%	14.0%
Oct	\$1.80	\$6.82	\$4.76	\$4.43	278.9%	-30.2%	7.4%
Nov	\$1.88	\$6.72	\$4.63	\$4.20	256.7%	-31.1%	10.3%
Dec	\$2.12	\$7.27			242.8%		

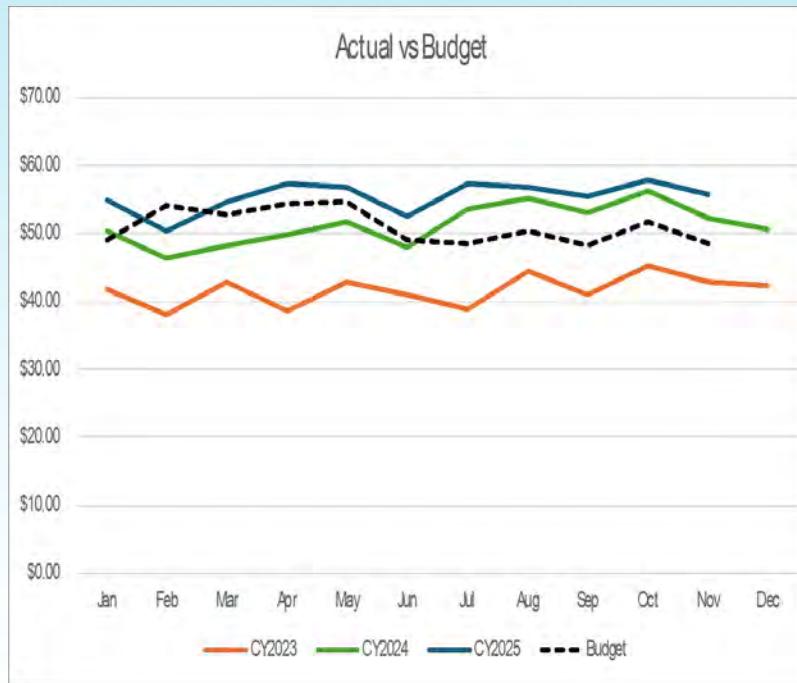
## Community Supports include services:

Asthma Remediation • Community Transition Services/Nursing Facility Transition to a Home • Day Habilitation Programs • Environmental Accessibility Adaptations • Housing Trio • Medically-Supportive Food/Meals/Medically Tailored Meals • Nursing Facility Transition/Diversion to Assisted Living Facilities • Personal Care and Homemaker Services • Recuperative Care (Medical Respite) • Respite Services • Short-Term Post-Hospitalization Housing • Sobering Centers



# Professional (Mental Health - Outpatient Excluded)

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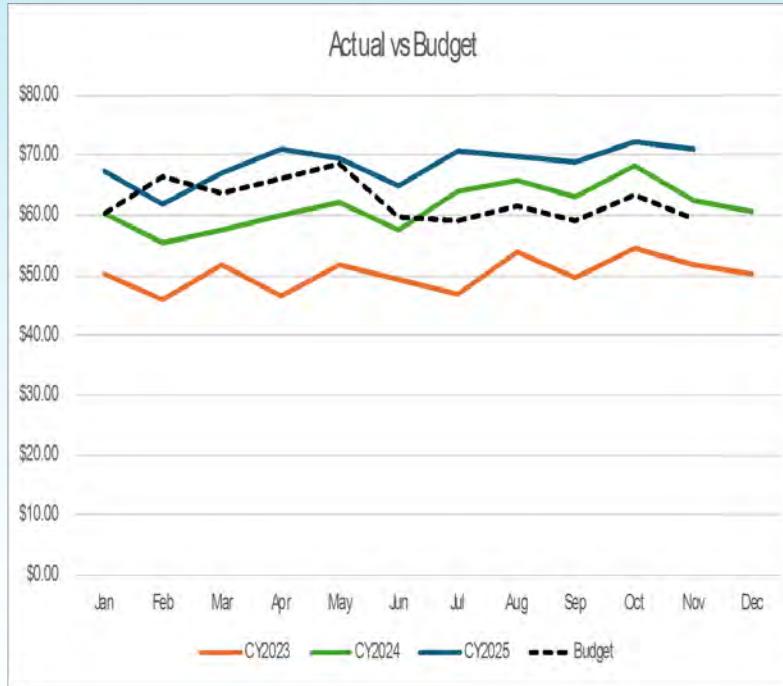


Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$41.82	\$50.32	\$54.87	\$48.91	20.3%	9.0%	12.2%
Feb	\$38.05	\$46.30	\$50.33	\$53.98	21.7%	8.7%	-6.8%
Mar	\$42.92	\$48.09	\$54.70	\$52.74	12.0%	13.8%	3.7%
Apr	\$38.46	\$49.93	\$57.33	\$54.47	29.8%	14.8%	5.3%
May	\$42.76	\$51.83	\$56.71	\$54.61	21.2%	9.4%	3.8%
Jun	\$40.97	\$47.98	\$52.60	\$48.92	17.1%	9.6%	7.5%
Jul	\$38.73	\$53.45	\$57.37	\$48.42	38.0%	7.3%	18.5%
Aug	\$44.45	\$55.23	\$56.90	\$50.39	24.3%	3.0%	12.9%
Sep	\$40.89	\$52.97	\$55.49	\$48.17	29.5%	4.8%	15.2%
Oct	\$45.21	\$56.17	\$57.87	\$51.83	24.2%	3.0%	11.6%
Nov	\$42.93	\$52.15	\$55.76	\$48.54	21.5%	6.9%	14.9%
Dec	\$42.21	\$50.57			19.8%		

## Professional include services:

Physician Primary Care • Physician Specialty • FQHC • Laboratory and Radiology • Mental Health - Outpatient • AIHS • Other Medical Professional

# Professional (Mental Health - Outpatient Included)

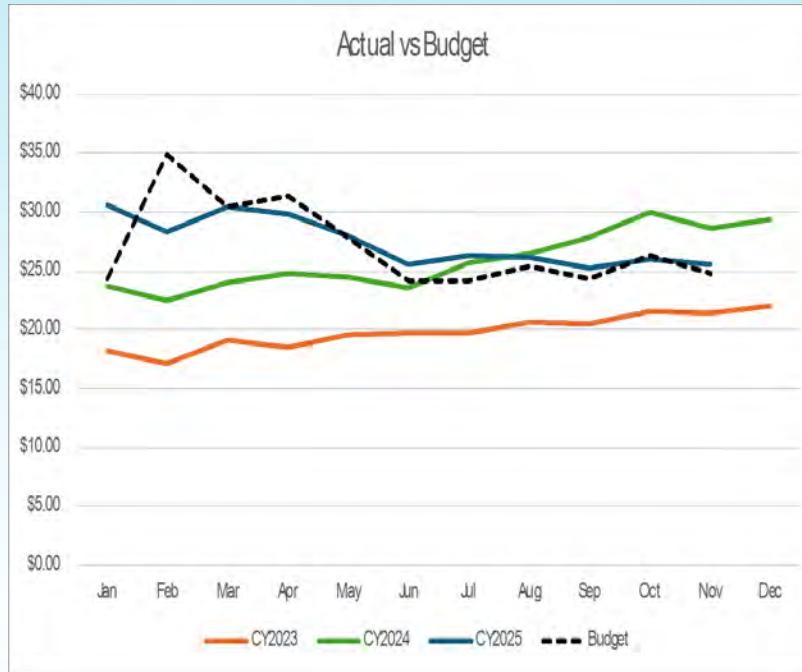


Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$50.32	\$60.24	\$67.35	\$60.17	19.7%	11.8%	11.9%
Feb	\$45.78	\$55.36	\$61.93	\$66.44	20.9%	11.9%	-6.8%
Mar	\$51.80	\$57.42	\$66.99	\$63.81	10.8%	16.7%	5.0%
Apr	\$46.47	\$60.07	\$71.04	\$66.06	29.3%	18.3%	7.5%
May	\$51.62	\$62.26	\$69.47	\$68.60	20.6%	11.6%	1.3%
Jun	\$49.40	\$57.48	\$64.86	\$59.70	16.4%	12.8%	8.6%
Jul	\$46.91	\$63.84	\$70.58	\$59.08	36.1%	10.5%	19.5%
Aug	\$53.95	\$65.71	\$69.68	\$61.52	21.8%	6.0%	13.3%
Sep	\$49.74	\$63.10	\$68.90	\$58.94	26.8%	9.2%	16.9%
Oct	\$54.48	\$68.18	\$72.16	\$63.42	25.2%	5.8%	13.8%
Nov	\$51.85	\$62.48	\$70.95	\$59.52	20.5%	13.6%	19.2%
Dec	\$50.18	\$60.66			20.9%		



# Other (Transportation, BHT Excluded)

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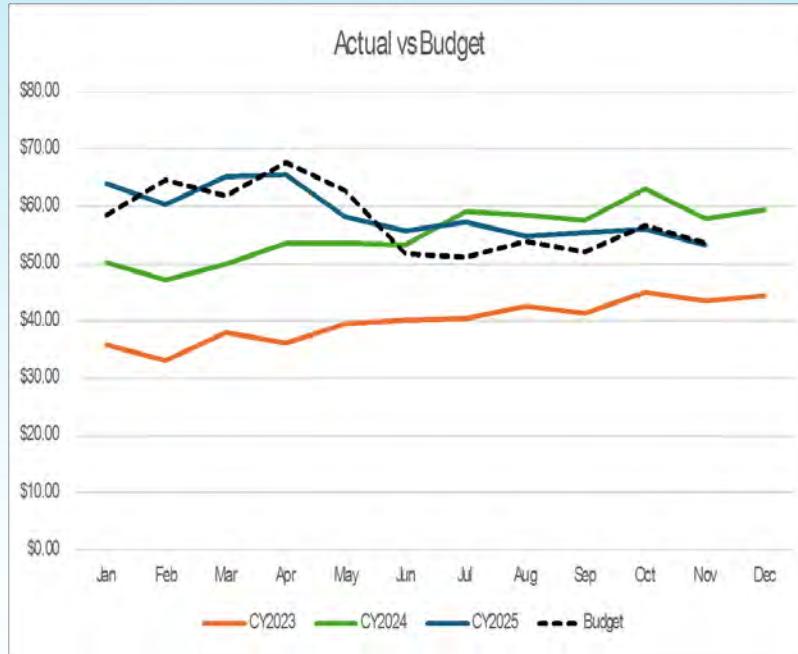
Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$18.14	\$23.77	\$30.55	\$24.40	31.0%	28.5%	25.2%
Feb	\$17.19	\$22.44	\$28.32	\$34.95	30.5%	26.2%	-19.0%
Mar	\$19.16	\$23.96	\$30.50	\$30.45	25.1%	27.3%	0.2%
Apr	\$18.46	\$24.85	\$29.84	\$31.42	34.6%	20.1%	-5.0%
May	\$19.56	\$24.47	\$27.97	\$27.91	25.1%	14.3%	0.2%
Jun	\$19.68	\$23.63	\$25.53	\$24.23	20.1%	8.1%	5.4%
Jul	\$19.82	\$25.65	\$26.35	\$24.23	29.4%	2.7%	8.8%
Aug	\$20.70	\$26.43	\$26.11	\$25.36	27.7%	-1.2%	2.9%
Sep	\$20.58	\$27.85	\$25.27	\$24.38	35.3%	-9.2%	3.6%
Oct	\$21.62	\$30.02	\$25.98	\$26.39	38.8%	-13.5%	-1.6%
Nov	\$21.42	\$28.61	\$25.50	\$24.87	33.6%	-10.9%	2.5%
Dec	\$22.07	\$29.39			33.2%		

## Other include services:

Transportation • BHT Services • HCBS Other • CBAS • Hospice • Palliative Care • MOT • Community Supports • ECM Community - Based Provider • Other Claims



# Other (Transportation, BHT Included)



Service Month	Incurred PMPM				Trends		Variance to Budget
	CY2023	CY2024	CY2025	Budget	CY2024	CY2025	
Jan	\$35.79	\$50.27	\$63.94	\$58.41	40.5%	27.2%	9.5%
Feb	\$33.11	\$47.00	\$60.20	\$64.45	42.0%	28.1%	-6.6%
Mar	\$37.94	\$49.78	\$65.17	\$61.98	31.2%	30.9%	5.2%
Apr	\$36.08	\$53.67	\$65.43	\$67.74	48.8%	21.9%	-3.4%
May	\$39.35	\$53.54	\$58.31	\$62.78	36.0%	8.9%	-7.1%
Jun	\$40.25	\$53.15	\$55.61	\$51.67	32.1%	4.6%	7.6%
Jul	\$40.44	\$58.98	\$57.31	\$51.26	45.8%	-2.8%	11.8%
Aug	\$42.42	\$58.46	\$54.93	\$53.89	37.8%	-6.0%	1.9%
Sep	\$41.39	\$57.43	\$55.46	\$52.05	38.7%	-3.4%	6.6%
Oct	\$45.14	\$62.96	\$56.10	\$56.56	39.5%	-10.9%	-0.8%
Nov	\$43.56	\$57.92	\$53.31	\$53.43	33.0%	-8.0%	-0.2%
Dec	\$44.41	\$59.54			34.1%		



# Acronyms & Definitions

- AIHS – American Indian Health Services
- CCA – Covered California
- CBAS – Community Based Adult Services
- 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
- FFS – Fee for Service
- FQHC – Federally Qualified Health Center
- FTE – Full Time Employee
- G&A – General & Administrative
- HCBS – Home Community Based Services
- IT – Information Technology
- MCE – Medicaid Coverage Expansion
- MCO – Managed Care Organization
- MDP – Manufacturing Discount Program
- MEP – Medical Expenditure Percentages
- MOT – Major Organ Transplant
- PHDP – Private Hospital Directed Payment
- SNF – Skilled Nursing Facility
- SPD – Seniors and Persons with Disabilities
- TNE – Tangible Net Equity
- TRI – Targeted Rate Increases





**INLAND EMPIRE HEALTH PLAN**

**Procurement Report**

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

**Items on this summary report are being  
processed in conjunction with the  
January 12, 2026  
Governing Board Meeting**



**Procurement Report**  
**as of January 12, 2026**

<b>Vendor</b>		<b>Purpose</b>	<b>Contract Amount</b>	<b>Budget</b>	<b>Effective Date</b>	<b>Department</b>
1	CSG-NAM, LLC Second Amendment	A Professional Services Agreement (PSA) for Office Coffee Services	\$175,000	Included in CY2025	01/03/26	Finance
2	Freed & Associates First Amendment	A Professional Services Agreement (PSA) for California Advancing & Innovating Medi-Cal (CALAIM) & Student Behavioral Health Integration (BHI) Incentive Program Implementations	\$79,421	Included in CY2025	01/01/26	Health Services
3	General Datatech, L.P.	A Professional Services Agreement (PSA) for Remote Support Services UCCE Solution	\$198,000	Included in CY2025	01/01/26	Information Technology
4	KP LLC Second Amendment	A Professional Services Agreement (PSA) for Provider Directory and Printing Services	\$1,100,000	Included in CY2025	01/01/26	Operations
5	KSB Consulting Inc.	A Professional Services Agreement (PSA) for Facility Site Review (FSR) System	\$26,400	Included in CY2026	12/09/25	Information Technology
6	Meehan Business Advisers, Ltd. Third Amendment	A Professional Services Agreement (PSA) MBA Life of Contract Reduction	\$0	Included in CY2025	12/16/25	Marketing
7	Victor Valley Community College District	A Professional Services Agreement (PSA) for the Victor Valley Community College - IEHP Community Wellness Center Educational Services Agreement	\$40,000	Included in CY2026	12/16/25	Marketing
8	West Monroe Partners, LLC Second Amendment	A Professional Services Agreement (PSA) for Prior Authorization Grid Operationalization Support	\$0	Included in CY2025	12/10/25	Health Services